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Overcoming Barriers to Reach Community Saturation

A number of factors prevent communities from reaching naloxone saturation:

- Stigma and [privacy concerns](#)
- Limited [pharmacy stocking](#), especially in low income areas
- Poor [understanding](#) of naloxone access laws
- [Misinformation](#) about naloxone
- Fear of [law enforcement](#) encounters
- Insurance coverage and out-of-pocket [cost](#) of the medication

Barrier(s) Addressed Legend

yes **depends**

Barrier(s) addressed:

- Privacy concerns
- Poor understanding of naloxone access laws

Barrier(s) addressed:

- Cost
- Poor understanding of naloxone access laws
- Stigma
- Privacy concerns

EXPLAINER

Policies to Improve Naloxone Access

June 2023

Naloxone Background

The opioid antagonist naloxone has been U.S. Food and Drug Administration (FDA)-approved for overdose reversal since [1971](#) and available through community-based organizations such as syringe service programs (SSPs) since the [1990s](#). In recent years, as opioid-involved overdoses have [skyrocketed](#) across the United States, the life-saving medication has become an essential part of the harm reductionist’s toolkit, and it is more [widespread](#) than ever before. Naloxone saves [tens of thousands of lives](#) across the United States each year (perhaps hundreds of thousands), and an estimated [16.95 million](#) doses were dispensed in 2021.



How much naloxone is needed?

To truly curb overdoses, research indicates that communities must reach saturation, defined as sufficient naloxone availability to reverse [80 percent](#) of witnessed overdoses. In response, states have enacted [naloxone access laws](#) to allow people to purchase the drug at pharmacies without a prescription. However, [few](#) communities have achieved saturation.

These issues affect both access to naloxone and uptake of the medication by people who use drugs, as well as their friends and family members. While policy alone cannot solve all of the above problems, it can reduce some barriers to help communities achieve greater saturation.



Less Restrictive, More Consistent Naloxone Access Laws

Although naloxone is extremely [safe](#) and [non-addictive](#), current access laws vary considerably by state. Ideal policies would ensure low-barrier, prescription-free access to all laypeople, including individuals who are at risk for an overdose and potential bystanders. Access laws should not require people to provide identification or complete lengthy paperwork to obtain naloxone, and should allow dispensing to third parties. Furthermore, minimalist and consistent laws across states will help pharmacy professionals and residents understand and take advantage of naloxone access.



Expand Over-the-Counter (OTC) Status

Earlier this year, the FDA approved Narcan, an intranasal naloxone product, for over-the-counter (OTC) [sales](#) (with a second intranasal product under [consideration](#)). Proponents [argue](#) that OTC status will expand access beyond the pharmacy shelves, reduce stigma and potentially drive down the medication’s [price](#). However, skeptics claim that the move [jeopardizes](#) insurance coverage and other funding mechanisms that have kept out-of-pocket costs manageable. Indeed, [research](#) suggests that while shifting to OTC status often leads to modest product price decreases and market growth, it often results in increased out-of-pocket costs to consumers, especially if insurers cease coverage and government programs reduce supplemental funding.

To avoid this pitfall, policy should actively foster competition—especially the approval of [generics](#)—and consumer choice to help ensure OTC naloxone improves, rather than hampers, access. To do this, the FDA should consider additional OTC applications not only for more intranasal naloxone products, but also for the more affordable vials of [liquid naloxone](#), that may be administered via [injection](#) or [intranasal atomizer](#).



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Barrier(s) addressed:



Fear of law enforcement encounters

Barrier(s) addressed:



Stigma



Privacy concerns



Cost



Fear of law enforcement encounters

Barriers addressed:



Cost

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Enact and Strengthen Good Samaritan Laws

Good Samaritan Laws provide criminal-legal protections to individuals who administer naloxone or call for emergency medical assistance in the event of an overdose. Almost every state has enacted some **version** of this legislation, which have been shown to lead to fewer overdose fatalities. However, the details—including what activities and which people (caller or person who overdosed) are protected—vary from state to state. Research **suggests** that the benefits of Good Samaritan Laws can be enhanced by extending protections to overdose victims and all witnesses.



Permit and Fund Syringe Service Programs

While pharmacy and health care providers remain an important source of naloxone for many, the above issues prevent others from using them as a resource. As a result, roughly half the doses **distributed** in a given year are provided by community and public health organizations such as SSPs. These organizations play a fundamental role in providing overdose prevention (and reversal) education and tools. Significantly, they do so in a stigma-free environment while often offering a range of public health and wraparound services.

SSPs have operated since the 1980s in the United States, and have proliferated in recent years as communities across the country have **reduced legal** barriers to them in an effort to combat the overdose crisis. However, as of **June 2022**, 12 states lacked legislation permitting SSPs to operate and many others had **overly restrictive** regulations that hindered their services. Policies should permit the operation of SSPs, offer protections to clients and employees, and allow the use of public funds toward evidence-based practices.



Continue State and Federal Funding Mechanisms

The out-of-pocket **cost** of naloxone is widely recognized as **hindering** access. In 2018, a single naloxone prescription cost uninsured individuals an average of **\$250**, whereas those with insurance paid an average of \$18. And while the anticipated OTC price of **\$40 to \$50** for two doses may benefit some people without health insurance, harm reductionists argue that the price will still present a barrier to many who might otherwise benefit from the more streamlined access afforded by the new status.

Government funding mechanisms, from **Medicaid** coverage to grants available through **states** and federal resources, such as the **Substance Abuse and Mental Health Services Administration** have helped keep the drug accessible to many vulnerable populations. Such programs should be continued, even if more naloxone products are granted OTC status. In addition to government-based assistance, **manufacturer's** medication assistance programs—such as those available for PrEP—can help make naloxone access more equitable.