

AUSTRALIAN PHARMACISTS' READINESS TO PROVIDE OTC NALOXONE

Authors:

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Introduction and Aims:

Opioid overdose is a significant public health issue, especially among people who inject drugs (PWID). One response to reducing overdose deaths is to expand public access to naloxone. The Australian Therapeutic Goods Administration rescheduled naloxone from prescription only (S4) to pharmacist only over-the-counter (OTC, S3) as of February 2016. To date there has been limited research on pharmacists' perspectives on this change. This study investigated pharmacists' attitudes to and experiences with OTC naloxone in community pharmacy settings.

Method:

Semi-structured interviews were conducted with 26 community pharmacists across Queensland, NSW, ACT and Victoria. Transcripts were entered into NVivo 11 for organisation, coding and analysis. Thematic analysis was performed, guided by broad interest areas of facilitators and barriers to supply.

Key Findings:

A central barrier to pharmacist provision of OTC naloxone was lack of awareness (of naloxone or the reschedule) and preparedness to supply. Just under half the pharmacists were aware of the reschedule but only three had provided OTC naloxone. Pharmacists' currently providing harm reduction services to PWID were more likely to be aware of and willing to provide OTC naloxone. Other barriers to naloxone provision in pharmacies included pharmacy-level logistical challenges and stigma related to PWID.

Discussions and Conclusions:

Pharmacy provision of OTC naloxone offers an important opportunity to contribute to the reduction of overdose mortality. Our study suggests this opportunity is yet to be realised and highlights several individual- and structural-level impediments to the expansion of public access to naloxone via community pharmacies.

Implications for Practice or Policy:

There is a need to develop strategies to improve pharmacist knowledge of OTC naloxone and address other logistical and cultural barriers that limit naloxone provision in pharmacy settings. These need to be addressed at the individual level (training) as well as the system level (information, regulation and supply).

Disclosure of Interest Statement:

This research was made possible through an untied education grant from Indivior, and funding from the University of Queensland, the Australian National University, Canberra Alliance for Harm Minimisation and Advocacy, and Alcohol Tobacco and Other Drug Association ACT.