

Experts urge better opioid rescue drug access to save lives

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Jessie Blanchard started small nearly five years ago, just trying to get enough of the rescue drug naloxone that reverses opioid overdoses to keep her daughter from dying from an overdose.

She pleaded with colleagues at the college where she's an adjunct teacher in Albany, Georgia, to use their prescription benefits to get two doses every six months.

Now she loads her Jeep every week and heads out with a few other volunteers to bring the antidote—commonly known by its brand name Narcan—to hundreds of others in the town of 70,000.

At parking lots and intersections she also supplies clean needles, fentanyl test strips and a nonjudgmental sounding board—an effort now partly funded by a state government grant. At least nine times in December alone, Blanchard said, rescue drugs she provided were used to reverse overdoses.

"I've got story-after-story, story-after-story of people coming up to me," said Blanchard, a nurse whose organization is called 229 Safer Living Access, a reference to the Albany area code the group's work covers. "They say, 'Miss Jessie, they had to Narcan me the other day and I'd have died if it wasn't for you.'"

Naloxone, available as a nasal spray and in an injectable form, is a key tool in the battle against a nationwide overdose crisis linked to the deaths of more than 100,000 people annually in the U.S. State and federal policy changes have removed some major obstacles to getting it into the hands of police, firefighters, people who use drugs and their loved ones. But it's still often frustratingly inaccessible in the moments when overdoses happen.

Stephen Murray, an overdose survivor and former paramedic who researches overdoses at Boston Medical Center, is so committed to naloxone access that he proclaims it on his personalized license plate: NARCAN.

"My vision for it is to be in every 24-hour gas station in the state, free or 25 cents a dose," he said. "It'll be between the Tylenol and the condoms. ... It has to be just as easy as buying heroin, basically."

There's more naloxone than ever thanks to federal and state policies, and groups like Blanchard's that distribute it in their communities. It's available free in old newspaper vending boxes in Michigan, which now hold naloxone kits, and in a vending machine in Philadelphia. One group, NEXT Distro, mails it nationwide for free. But Murray's vision is not close to being realized in most places.

An influx of money is on the way, intended to help deal with the national overdose crisis [that killed 107,000 people in 2021—the highest tally ever](#) — most involving fentanyl and other powerful illicit synthetic opioids.

Drug makers, distribution companies and pharmacies have settled lawsuits with state and local governments, and the first funding totaling more than \$50 billion is going out. Most of it must be used to address the opioid epidemic, though exactly how will be up to governments receiving the money. Some settlements are being delivered partly in doses of naloxone.

In a 2021 report, [public health experts](#) convened by the Johns Hopkins Bloomberg School of Public Health listed expanding naloxone access as the first strategy for using settlement funds, noting that 40% of overdose deaths happen when someone else is present and possibly able to administer the life-saving drug.

As with other harm-reduction strategies, there's been pushback from those who believe making naloxone available enables [drug use](#). But Jeff Breedlove, policy chief for the Georgia Council for Recovery, said he no longer sees that as much of an issue.

Instead, he said, funding and distribution programs remain spotty because they don't have enough support from government and private groups such as chambers of commerce. "Until they treat it like an epidemic," Breedlove said, "we will continue to have more and more funerals."

Since 2016, the [federal government](#) has allowed and encouraged federal funds to be used to buy naloxone.

Officials in every state have given standing orders to pharmacies allowing people to buy it, even without prescriptions.

That's a major factor for the massive increase in how much has been distributed through retail pharmacies. A report by the American Medical Association and IQVIA Institute for Human Data Science found there were just over 1,000 orders filled in 2012. By 2021, it was nearly 1.2 million.

But not all pharmacies carry it. And it comes at a cost: For those without insurance coverage, it can be around \$50 for two doses.

The U.S. Food and Drug Administration is considering allowing some forms of naloxone to be sold [over-the-counter](#) without a prescription, a move that could lower the cost.

Randy Anderson, who is in recovery himself and works as a recovery consultant, said he's handed out some 100,000 doses of naloxone in Minnesota. He believes from his time using drugs that pharmacy availability doesn't do much to help people who need it most.

"There was no way I would spend \$10 for something to save my life when I needed that money to buy drugs," he said.

Aside from cost, there are other barriers to getting naloxone to drug users.

In Alabama, for instance, a pharmacist, physician or public health nurse must be involved in the distribution. But the state does have a program to mail the antidote to anyone who requests it.

Maya Doe-Simkins, a co-director of Remedy Alliance/For The People, which helps provide naloxone to groups working to prevent overdose deaths, said programs don't always prioritize getting the antidote to people who use drugs.

"If they're not matched up and directed where they should be, we're going to see more and more naloxone sitting on the shelves of church basements, expiring," she said.

Colin Dwyer, a former social entrepreneur-in-residence at the Stanford School of Business, founded the Overdose Crisis Response Fund to try to boost small distribution efforts across the country, including Blanchard's in Albany.

"All I actually care about is what has the probability of saving the most lives the fastest," Dwyer said.

One of his grantees, Talia Rogers, distributes naloxone and other supplies in Kirksville, Missouri, through a one-person operation, Show Me Harm Reduction, which she initially funded with money she made working as a nanny.

She's now a consultant for the Missouri Institute of Mental Health and gets naloxone through the state's use of a federal grant.

"If they're not getting Narcan or naloxone through me, they're not getting

it," Rogers said.

Ron Stewart, an emergency preparedness planner for Adair County, which includes Kirksville, said it provides naloxone only to first responders now, but he's hopeful a state program will soon make it available to the public, too.

In Albany, Blanchard gets [naloxone](#) through Georgia Opioid Prevention, which receives a state grant.

In 2022, she handed out more than 1,800 doses—far more than the public health district for Southwest Georgia, which gave out 280 doses to people who showed up at health department offices in an isolated corner of Albany and to community organizations.

One of her clients, who asked to be identified only by his first name, Jomo, because he uses illegal drugs, said he's glad for the supplies. "Because this is something we're going to do anyway," he said.

Blanchard said 26 people have come to her group for help getting into treatment programs, and 19 are currently not using.

She recalled her desperation in 2018, trying to help her daughter, then a teenager. Now 22, her daughter is still using.

"She's so beautiful and so perfect," Blanchard said. "And because of harm reduction, she's still alive and she's healthy and she's thriving."

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