

Over-the-counter Narcan: A big win for public health

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Narcan, the naloxone nasal spray used to reverse opioid overdose, was approved Wednesday for over-the-counter sale by the Food and Drug Administration. It's a major victory for harm-reduction advocates and

public health professionals—and a much needed step toward preventing thousands of overdose deaths each year. The Centers for Disease Control and Prevention reports that almost half of fatal overdoses had a bystander present.

"This is a big win and long time coming," says Sachini Bandara, an assistant professor in Mental Health who earned a Ph.D. in Health Policy and Management from the Bloomberg School of Public Health in 2018. "Naloxone is one of the most effective strategies we have at preventing [overdose](#) deaths. At a time when overdose deaths are at an all-time high, it is critical that we reduce barriers to making Narcan readily available and this decision does just that."

The approval means that "by late summer, over-the-counter [naloxone](#) will be available for sale at supermarkets, online retailers, chain stores," she says.

"The increased availability of Narcan can only be a good thing. We need it to be everywhere, and for everyone to know how to use it," says Travis Rieder, an associate research professor at the Berman Institute of Bioethics.

But we have to be cautious not to reduce access to existing harm-reduction programs and education, or contribute to naloxone shortages, says Health, Behavior and Society professor Susan Sherman, who earned a Ph.D. in Health Policy and Management from the Bloomberg School of Public Health in 2000. "Hopefully [OTC Narcan] is a bonus, and not a replacement."

How quickly Narcan's sales catch on could depend on how readily it's accepted by the public.

Bandara points out that "several counties [in Maryland] already had

standing order prescriptions for Narcan in place," meaning pharmacists in those counties are legally allowed to dispense naloxone, including any necessary supplies for administration, to anyone.

But "the fact that relatively few people kept it on them," says Rieder, "says more about societal will than availability." There are still crucial obstacles to saving lives, he adds, like "the stigma that leads people to use drugs alone, the criminal laws that force them to hide, and some people's disinterest in trying to help this population."

Sherman sees expanded availability of Narcan as a pathway to humanizing a marginalized population. "If you buy naloxone with the intention of using it on people that you may not even know," she says, "you innately treat them as human beings."

Strategic placement could help destigmatize Narcan's purchase. In a tweet, Amesh Adalja, assistant professor at the Bloomberg School of Public Health and senior scholar at Johns Hopkins University Center for Health Security, recommended that it be available in public places, as fire extinguishers and AEDs are, or for sale in vending machines. Sherman says placing it on an end cap with [educational materials](#) would be ideal, adding that it's an opportunity for "big chains that just had opioid settlements to do some good."

But "in order for this policy to reach its full potential," Bandara says, "it will be critical that the price of Narcan is affordable. Policies to address financial barriers to using naloxone, like subsidies, will be important."

Now, the battle is to encourage the public to purchase—and use—the spray.

"We all need to double down on an effort to get people to buy it, carry it, store it in [public places](#), and be willing to use it, if need be," Rieder says.

And for skeptics who believe that the approval could encourage reckless substance use, Bandara points to a strong body of evidence showing that naloxone use does not increase drug use. Evidence also shows "that naloxone is safe and highly effective at reversing [opioid overdose](#)," she says.

"At a time when [overdose deaths](#) are at an all-time high, it is vital that we make every effort to increase availability of this lifesaving tool."

Provided by Johns Hopkins University

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