Identifying Barriers to Dispensing Naloxone:  
A Survey of Community Pharmacists in North Carolina

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Background: Over the past decade, increased use of both prescription and illicit opioids has become an epidemic in the United States. Furthermore, even when used for legitimate medical purposes, the risks of opioid-induced respiratory depression and death are apparent. These risks often increase with certain comorbidities and concurrent medications. Naloxone is a life-saving medication that can be used in an overdose emergency to reverse the effects of opioids. In June 2016, North Carolina followed a precedent set by many other states and issued a standing order to improve patient access to naloxone. This allowed pharmacists to dispense this opioid reversal agent without a patient-specific prescription.

Objective: The primary objective of this study is to identify barriers to dispensing naloxone under the North Carolina statewide standing order in the community pharmacy setting. Secondary objectives include identifying areas for additional training and preferred methods of training. Statistical analysis included descriptive statistics and Pearson correlation.

Methods: This study was conducted as a cross-sectional survey distributed to community pharmacists in North Carolina through an internet-based questionnaire platform. The survey was designed as a series of closed-ended questions consisting of both multiple choice prompts and Likert Scale assessments. Overall, the questions assessed pharmacists’ prior training regarding naloxone, willingness to dispense naloxone, knowledge of naloxone/opioid overdose, perceived barriers to implementing a naloxone distribution program, preferred method of receiving educational training, and demographic information.

Results: Of the community pharmacists in North Carolina that successfully received the email invitation to participate in this research project, 7.4% did complete the survey. Only 30% of survey respondents scored >90% on the knowledge assessment portion of the survey. Furthermore, >50% of respondents indicated that they were not very comfortable dispensing naloxone based on their responses to a series of Likert Scale statements. A statistically significant positive correlation (r = 0.288, p < 0.001) was found between pharmacists’ knowledge of naloxone/opioid overdose and willingness to dispense naloxone under the standing order. The majority of respondents indicated that lack of training was a major barrier to dispensing naloxone. Additional training needs included information regarding naloxone, strategies to initiate patient discussion, identifying eligible patients, and workflow implementation. Over 95% of respondents did indicate that the pharmacy in which they are employed would benefit from such additional naloxone training.

Conclusion: Most community pharmacists in North Carolina would like to receive additional training regarding naloxone and opioid overdose. Given the statistically significant positive correlation between knowledge of naloxone/opioid overdose and willingness to dispense naloxone, it is possible that increased pharmacist training would lead to great willingness to dispense naloxone under the statewide standing order. The authors of this study intend to use the results of this survey to gain insight into trends in naloxone dispensing under the North Carolina standing order. Furthermore, these results can be used in a meaningful way to determine the best ways to better educate pharmacists on naloxone and improve patient access to this life-saving medication.