

Recommendations for Federal Partners and Health Departments Navigating Naloxone Supply July 2021

Naloxone Supply Overview

In spring 2021, pharmaceutical manufacturers and distributors notified syringe services programs (SSPs) and partners that there would be significant interruptions in the supply of injectable/intramuscular (IM) naloxone. Currently, production and distribution delays are expected to last until fall 2021. This will specifically affect SSPs because IM naloxone is the most affordable formulation, and therefore is most commonly utilized by programs that distribute large volumes of naloxone to reduce fatal overdose rates. From 2017-2020, harm reduction programs with access to low-cost IM naloxone purchased and distributed over 3.7 million doses of naloxone directly to PWUD. Inadequate supply of IM naloxone is particularly worrisome while the United States continues to experience high rates of fatal overdose during the COVID-19 pandemic. Steps to address the shortage must consider the social, economic, and racial disparities in health and access to medications that have worsened during the pandemic (e.g., reduced naloxone dispensing via pharmacies). Despite these challenges, SSPs in the U.S. have navigated naloxone shortages before and can offer guidance on how best to proceed now. Review the guidance below and speak to your jurisdictional harm reduction organizations and funding partners about how best to support programs and the people they serve. NASTAD's Drug User Health team will continue to update members and public health partners as the situation develops. Please contact NASTAD at

<u>DrugUserHealthTA@NASTAD.org</u> with questions or additional strategies.

Recommendations for Federal Partners

- Negotiate the price of naloxone with manufacturers and/or make bulk naloxone purchases to ensure low-cost naloxone is available for SSPs, harm reduction programs, and people who use drugs (PWUD).
- Increase and ensure flexibility with spending down funds used to purchase naloxone. Allow for No Cost Extensions (NCEs) or carryovers in order for states and programs to purchase high volumes of low-cost IM naloxone once the supply issue is resolved.
- Advise grant recipients to consider the risks and benefits of purchasing more expensive naloxone in order to spend down funds at the close of fiscal years/grant periods. In the context of limited funding, access to low-cost naloxone is often necessary for SSPs and communitybased overdose prevention programs to meet the needs of PWUD. While it may provide more immediate access to naloxone, utilizing funds on more expensive products will not allow for the volume of naloxone needed for distribution to PWUD.

 Urge Single State Agencies (SSAs) and health departments to prioritize naloxone for PWUDs. Evidence indicates that naloxone in the hands of PWUD is the most likely to be used during an overdose to save a life.

Until there is sufficient naloxone availability, priority triaging for naloxone distribution should focus on the following, from highest to lowest priority: PWUD (including PWUD leaving incarceration and PWUD engaged in SUD treatment); families of PWUD; summoned responders (law enforcement, non-EMS fire, park rangers; and community services (libraries, schools, public transportation). SSPs and harm reduction programs make up the largest source of naloxone that is distributed directly to PWUD in the country, and therefore must be prioritized for naloxone supply and distribution.

Recommendations for Health Departments

 Assess the needs of naloxone distribution programs. Reach out to naloxone distribution programs in your jurisdiction, especially SSPs, to assess their naloxone supply and current/projected naloxone distribution needs for PWUD.

• Coordinate naloxone supply sharing within your jurisdiction, if possible. Currently there is coordination for shared resources happening among SSPs across the country and in many cases, this type of coordinated inventory assessment and resource sharing might be more efficient and cost effective if facilitated within jurisdictions.

• Ensure flexibility with funds used to purchase naloxone. If there are requirements or expectations for current naloxone funds to be expended within the next few months, work with your state and federal funders to approve No Cost Extensions (NCEs) or carryovers for programs in order to ensure the funds are still available for programs to purchase low-cost IM naloxone once the supply issue is resolved.

 Weigh the risks and benefits of purchasing more expensive naloxone products simply to meet grant/budget spend down requirements. While other naloxone products are available for purchase, they are more expensive than lowcost IM naloxone. Bulk purchasing more expensive naloxone products solely for the purposes of expending funds by a grant/budget deadline may not allow for the volume of naloxone that must be distributed to meet the needs of PWUD.

 Prioritize naloxone for SSPs and community-based overdose prevention programs. As mentioned previously, SSPs and harm reduction programs are the largest source of naloxone distributed directly to PWUD in the country and must be prioritized for naloxone access.