POLICY PROFILE

Statewide Standing or Protocol Order

RAND-USC SCHAEFFER OPIOID POLICY TOOLS AND INFORMATION CENTER

Establish a statewide framework that allows any pharmacist in the state (who meets qualifications specified in the protocol) to dispense naloxone without a patient-specific prescription under the pre-defined conditions outlined in the order. Unlike collaborative practice agreements, this policy does not require pharmacists to have a partnering prescriber.

A panel of experts rated how they expect this type of policy to affect four outcomes: *naloxone distribution* through pharmacies, *opioid use disorder (OUD) prevalence*, rates of *nonfatal opioid overdose*, and *opioid overdose mortality*. Another panel of experts rated the policy on four implementation criteria: *acceptability* to the public, *feasibility* of implementation, *affordability* from a societal perspective, and *equitability* in health effects.

POLICY RECOMMENDATION ACCORDING TO EXPERT RATINGS

OPPOSE	UNCERTAIN	**SUPPORT**

SUMMARY OF EXPERT RATINGS

OUTCOMES	EFFECT RATING		
Naloxone Pharmacy Distribution	HARMFUL	LITTLE-TO-NO	**BENEFICIAL**
OUD Prevalence	HARMFUL	**LITTLE-TO-NO**	BENEFICIAL
Nonfatal Opioid Overdose	HARMFUL	**LITTLE-TO-NO**	BENEFICIAL
Opioid Overdose Mortality	HARMFUL	LITTLE-TO-NO	**BENEFICIAL**
CRITERIA	**IMPLEMENTATION RATING**		
Acceptability	LOW	MODERATE	**HIGH**
Feasibility	LOW	MODERATE	**HIGH**
Affordability	LOW	MODERATE	**HIGH**
Equitability	LOW	MODERATE	**HIGH**

SUMMARY OF EXPERT COMMENTS

- Experts expect this policy to increase naloxone pharmacy distribution significantly enough to yield meaningful decreases in fatal overdoses.
- Experts think the policy is acceptable to the public because of its successful adoption without much public pushback.
- Experts believe the policy could be feasible—conditional on pharmacist willingness and lack of opposition from prescribers concerned about professional scope creep.
- Experts rated the policy as affordable because it eliminates the costs of prescriber office visits and has lower administrative costs compared to collaborative practice agreements.
- Experts believe the policy to be equitable because it would increase the number of pharmacies where people can access naloxone while removing the need to access prescribers.

THE PANELS AND RESULTS INFORMING THIS POLICY PROFILE ARE FULLY DOCUMENTED IN

Smart, Rosanna, and Sean Grant. (2021). "Effectiveness and implementability of state-level naloxone access policies: Expert consensus from an online modified-Delphi process." *International Journal of Drug Policy,* 98, 103383. As of July 31, 2023: https://www.rand.org/t/EP68824.html

Grant, Sean, and Rosanna Smart. (2022). "Expert views on state-level naloxone access laws: A qualitative analysis of an online modified-Delphi process." *Harm Reduction Journal*, 19(1), 64. As of July 31, 2023: https://www.rand.org/t/EP69032.html

For a complete list of OPTIC Policy Profiles, visit www.rand.org/policy-profiles.

To view this Policy Profile online, visit www.rand.org/t/RBA3054-12.

Outcomes Summaries

NALOXONE PHARMACY DISTRIBUTION

Amount of naloxone dispensed through retail pharmacies (e.g., chain pharmacy stores, independent community pharmacies).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	Agreement with all pharmacies in a state lowers important barriers for all patients to access naloxone through pharmacies (patient need to get a prescription, pharmacy need to arrange agreement with a prescriber).	"Has the most potential to increase low barrier access to naloxone in pharmacies. Having a partnering prescriber is cumbersome"
LITTLE-TO-NO	N/A	N/A
HARMFUL	N/A	N/A

OPIOID USE DISORDER PREVALENCE

Percentage of the general population with a pattern of opioid use leading to clinically and functionally significant impairment, health problems, or failure to meet major responsibilities.

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	N/A	N/A
LITTLE-TO-NO	No credible mechanism linking statewide standing orders and OUD prevalence.	"I don't see this getting those with OUD to enter remission without being connected to treatment in some meaningful way. I feel like most of these supply side policies will have limited impact on OUD without a treatment component"
HARMFUL	Potential for revival from overdose could (1) have a small, indirect, and mechanistic impact on OUD prevalence due to increased survivorship (rather than new cases of OUD), (2) lead to continued opioid misuse, and (3) lead to the identification of cases.	"Pharmacy provides easier access to health systems. During the naloxone dispensing process, hidden cases might be identified"

Outcomes Summaries

NONFATAL OPIOID OVERDOSE

Per capita rates of nonfatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	Could facilitate pharmacist identification of patients at risk for an overdose.	"Would allow pharmacists in community pharmacies to identify at risk patients from a wider range of prescribers and would allow for more doses to be available in the community"
LITTLE-TO-NO	No credible mechanism linking statewide standing orders and nonfatal overdoses.	"I do not think this has an effect on the instances of overdoses"
HARMFUL	Potential for revival from overdose could (1) have a small, indirect, and mechanistic impact on nonfatal overdoses due to increased survivorship and (2) lead to continued opioid misuse.	"Survival increased nonfatal incidence"

OPIOID OVERDOSE MORTALITY

Per capita rates of fatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	Significant increase in naloxone pharmacy distribution (by removing the barrier of patients needing to get a prescription and pharmacies needing to arrange an agreement with a prescriber) would yield meaningful decreases in fatal overdoses.	"Making Naloxone more accessible to anyone who wants it and removing the barriers to get it (such as seeking out a prescription from a doctor) would lead to more nonfatal opioid overdoses and less fatal opioid overdoses"
LITTLE-TO-NO	Concerns about not addressing pharmacist knowledge of and attitudes toward naloxone.	"Addressing stigma among pharmacists is critical. Even for [buprenorphine], I have many arguments with pharmacists who refuse to stock it. I can bring them paper, or show them the evidence, but they just say they won't stock it, they refuse to, 'you can't make me.' How do we overcome this, especially for mom and pop pharmacy stores?"
HARMFUL	N/A	N/A

Implementation Criteria Summaries

ACCEPTABILITY

The extent to which the policy is acceptable to the general public in the state or community where the policy has been enacted.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Successful adoption without much public pushback (likely due to its commensurability with obtaining other types of medication from pharmacists).	"Given how many states have done this with little blowback, it seems quite acceptable to the public"
MODERATE	N/A	N/A
LOW	N/A	N/A

FEASIBILITY

The extent to which it is feasible for a state or community to implement the policy as intended.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Feasible so long as pharmacists are willing to dispense naloxone without physician involvement and there is no opposition from prescribers concerned about professional scope creep.	"Fairly easy to implement this policy as long as the pharmacist is willing to"
MODERATE	Concerns about getting pharmacists to stock and dispense naloxone.	"Research has found that many pharmacists refuse to dispense naloxone even [with a] standing order. Education is necessary, followed by enforcement"
LOW	N/A	N/A

POLICY PROFILE: STATEWIDE STANDING OR PROTOCOL ORDER

Implementation Criteria Summaries

AFFORDABILITY

The extent to which the resources (costs) required to implement the policy are affordable from a societal perspective.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Eliminates costs associated with prescriber office visits. Added benefit of less administrative costs compared with collaborative practice agreements (i.e., one statewide policy versus multiple agreements).	"This could both reduce societal costs by reducing fatal overdose, as well as reducing costs associated with seeking naloxone because it would not require an office visit, and instead someone could go to a pharmacy in the community whenever it is open. There would be lesser administrative costs for pharmacies compared to the collaborative practice model"
MODERATE	Depends on the costs of naloxone.	"I am concerned that on this item, the 'policy' and the cost of the 'naloxone' are two different things. The naloxone can be pricy and there is not a crystal-clear mechanism to reimburse or pay private or chain pharmacies for doing this"
LOW	Creates costs for pharmacies.	"Would require significant infrastructure if these are [centrally] located pharmacists without patient contact"

EQUITABILITY

The extent to which the policy is equitable in its impact on health outcomes across populations of people who use opioids.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Increases the number of pharmacies where people can access naloxone while removing the need to access prescribers.	"It could definitely increase health equity if a person could walk into any pharmacy and ask for naloxone"
MODERATE	Concerns about potential pharmacist bias and limited access to pharmacies.	"Access gaps in places without pharmacies, patients without insurance coverage, pharmacists with stigma/other bias/ discrimination"
LOW	N/A	N/A

This Policy Brief was developed by the RAND-USC Schaeffer Opioid Policy Tools and Information Center (OPTIC), a multidisciplinary research center dedicated to improving the effectiveness of opioid policies by enhancing opioid policy science. OPTIC is a collaboration between the RAND Corporation and the USC Leonard D. Schaeffer Center for Health Policy and is funded by the National Institute on Drug Abuse (P50DA046351). RAND is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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