Public Access to Naloxone: Provider Awareness and Prescribing Attitudes

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Background

Across the globe, drug overdose has become a devastating epidemic, sparing no motor vehicle collision as the leading cause of adult accidental death in the U.S. Of the annual U.S. death toll, pharmaceuticals contributed to approximately 22,767 overdose deaths with 71.3% related to opioid pain medications. This problem has been directly associated with inappropriate prescription of opioid medications by healthcare providers, who wrote nearly 259 million opioid prescriptions in one year.

RESEARCH QUESTIONS
1. Does level of knowledge regarding naloxone distribution laws correlate with NPs’ intention to prescribe take-home naloxone to laypersons?
2. Do attitudes or perceptions correlate with NPs’ intention to prescribe take-home naloxone?
3. Does NPs’ prescription of take-home naloxone vary between practices in rural versus urban clinical sites?

Purpose

The purpose of this project is to explore factors influencing nurse practitioners’ (NPs’) intention to prescribe take-home naloxone to laypersons in Tennessee emergency departments (EDs), primary care settings, and pain management clinics.

Methods

• Correlational and descriptive study
• Theoretical framework used for survey design – Theory of Reasoned Action

DATA COLLECTION TOOL
Web-based survey emailed to NPs using secure software

Participants
6,196 Tennessee NPs were sent the initial survey; 181 participants met the study’s inclusion criteria.

PROCEDURES
Emails sent to 6,196 Tennessee NPs with study explanation, consent, and survey link
• Monetary incentive: one winner selected for $100 Visa Prepaid gift card
• NPs were encouraged to pass survey link to colleagues who did not meet study criteria
• SPSS statistical analysis of responses – chi square correlational tests
• Thank you emails sent to participants on education on naloxone distribution

PRELIMINARY RESULTS
Data collection is STILL IN PROGRESS and will be completed by December 1, 2015. When data collection is completed, final statistical analyses will be performed to determine if significant differences exist among the variables.

Currently, 505 participants have completed the survey, but only 181 participants met the study’s inclusion criteria. The following graphs display preliminary descriptive data from 181 participants as of October 12, 2015.

CONCLUSIONS
Due to the descriptive nature of the study’s preliminary data, conclusive correlations have not been determined at this stage. Still, preliminary data suggests that most NPs are unaware of the naloxone laws in their state. NPs mostly agree that laypersons should be allowed to administer naloxone to opioid overdose victims. While NPs were either unsure or opposed to writing a prescription for take-home naloxone, NPs overwhelmingly agreed that they would avoid prescribing take-home naloxone if prescribing protocols were in place. Based on this data and information found in the literature, healthcare providers are unaware of naloxone laws, unwilling to prescribe, and desire defined standards for prescribing. Without prescriptive involvement in the naloxone distribution movement, it cannot be measured to the true impact of naloxone distribution laws on opioid overdose deaths.

NURSING OPPORTUNITIES
While pharmacists, physicians, attorneys, and public health officials have been involved with naloxone distribution efforts, nurses remain underrepresented in this discussion. As patient advocates, APRNs should be more involved in opioid overdose prevention and public health legislative initiatives on state and federal levels. APRNs should also be involved with prescribing take-home naloxone, naloxone laws, and will be complete by December 1, 2015.

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13. Davis, C. (2015). Beyond Tennessee have a law that permits providing laypersons with naloxone to use in non-hospital emergency treatment situations? Carryover for use in non-hospital emergency situations. NPs’ prescription of take-home naloxone vary between practices in rural versus urban clinical sites? Thank you emails sent to participants on education on naloxone distribution
14. Email messages sent to 6,196 Tennessee NPs with study explanation, consent, and survey link, with a monetary incentive for the top winner
15. Data collection is complete and will be complete by December 1, 2015. When data collection is complete, final statistical analyses will be performed to determine if significant differences exist among the variables.
16. Preliminary Results
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