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Abstract

Opioid use is increasing at never-before-seen rates. As a result, it is imperative that medical facilities educate and provide resources for those who may be at risk of an opioid overdose. With our study, we aimed to see the demographics of our population here at Rowan Medicine and identify associations of those participating in our naloxone co-prescription program. Majority of enrollees in our program were aged 50 or older and identified as Caucasian. A large proportion also reported being unable to work. Given this information, improvements in our naloxone co-prescription program may include spreading more awareness of the benefits of naloxone to minority populations, as well as to the younger population at risk of an opioid overdose.

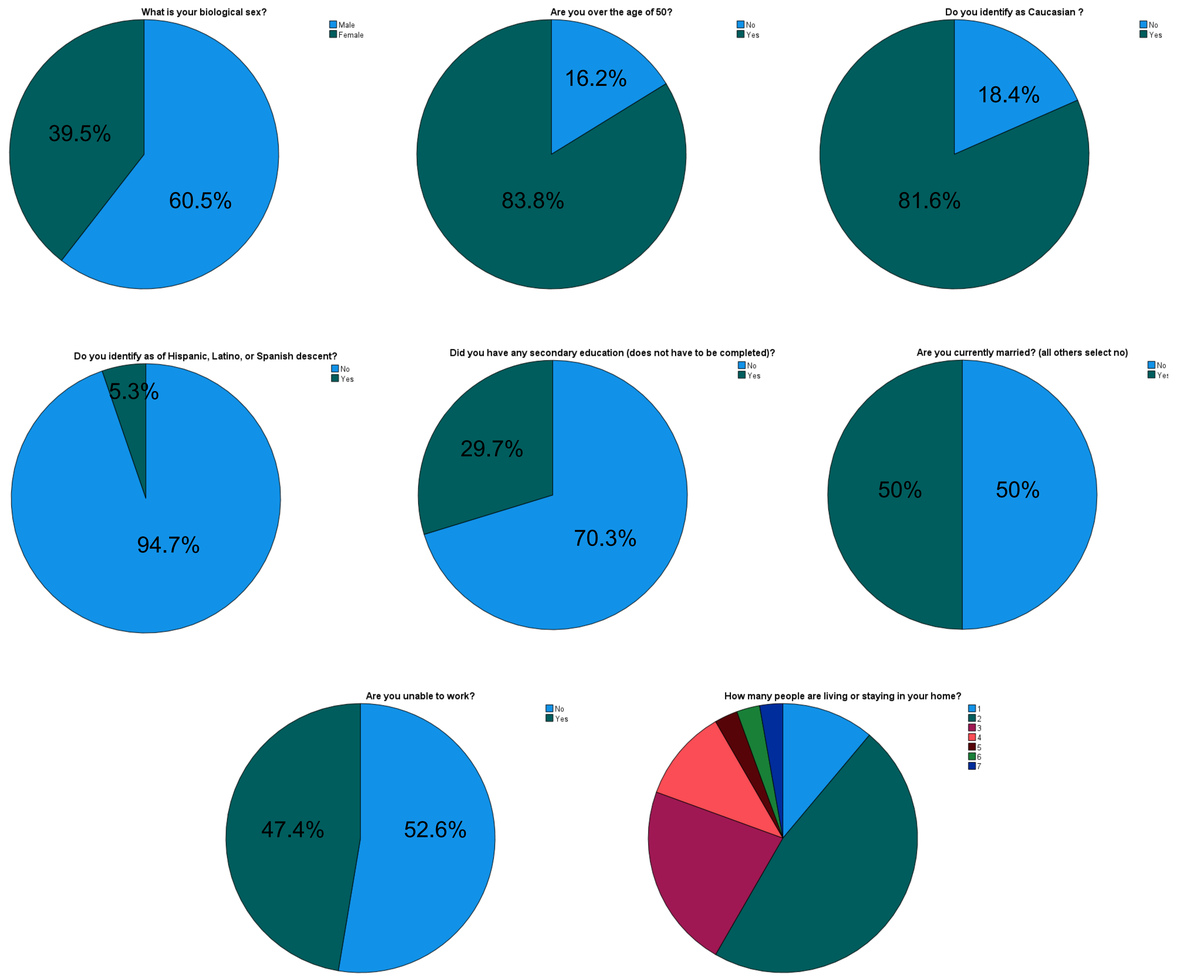
Introduction

Opioids are a class of medications that have garnered mass attention in media in recent years, with approximately 3-4% of the U.S. adult population having been prescribed a long-term opioid therapy for their chronic pain.[1] However, opioid use presents with a plethora of serious risks, with more than 165,000 people having died of an opioid overdose from 1999 to 2014.[2,3] Opioid misuse and overdoses have continued to increase over time, and as a result, the United States Food and Drug administration has released recommendations in July of 2020 for health care professionals to discuss naloxone co-prescription with all patients who are at an increased risk of an opioid overdose.[4,5] With such recommendations, our research aimed to look at the effectiveness of a phone call naloxone co-prescribing program with all patients who are at an increased risk of an opioid overdose, particularly studying the demographics of participants involved within such a program at Rowan Medicine. It has been shown that community efforts to increase access to naloxone are cost-effective and reduce mortality associated with opioid overdoses; however, there is limited data regarding targeted naloxone distribution and effectiveness of individual naloxone co-prescription programs.

Methods

Participants involved in this study were recruited by the principal investigator through a retrospective chart review. Individuals who were identified as one who would benefit from having a naloxone prescription through various criteria were initially contacted by phone, and upon verification of their eligibility, were asked to complete a Qualtrics survey sent via email. Twelve questions asked in the survey, were regarding the population's demographics. Answers to these questions were then compiled, and results were run through the statistical analyses program IBM SPSS. Pearson correlation tests were utilized when indicated.

Fig. 1-6: Responses to Survey Questions Regarding Participants' Demographics



Conclusions

Majority of the participants in our study identified as Caucasian and were over the age of 50. As a result, there is possible correlation between ethnicity and risk of opioid use/overdose, specifically a higher risk in the Caucasian population. Age may also be a potential factor in one's risk of opioid use, thereby increasing the chance that participants in a naloxone co-prescription program are a certain age or older. Older patients are more likely to be using opioid medications for treatment of pain and other health issues, thereby increasing the chance that an older patient will be in a naloxone co-prescription program, as opposed to a younger individual who is not taking as many medications. There was also another trend which was seen regarding work status. A large proportion of those enrolled within this program, almost half, reported that they were unable to work. While we did not ask reasons as to why one may not be able to work, one's unemployment may be related to use of opioids and risk. Further studies are required to identify stronger trends and associations. A study involving a larger and more diverse population would help to see where improvement efforts can be guided, such as increasing naloxone awareness within populations or identifying who is more at risk of an adverse opioid use event.

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