INTERVIEW FINDINGS BY CATEGORY: EXPERIENCES WITH NARCAN

Experiences with Narcan

OPIOID CONSUMERS

Interviewees were asked about their access to Narcan, as well as experiences being administered and/or administering the opioid antagonist. Emergent themes all appear to be barriers to access and use of Narcan.

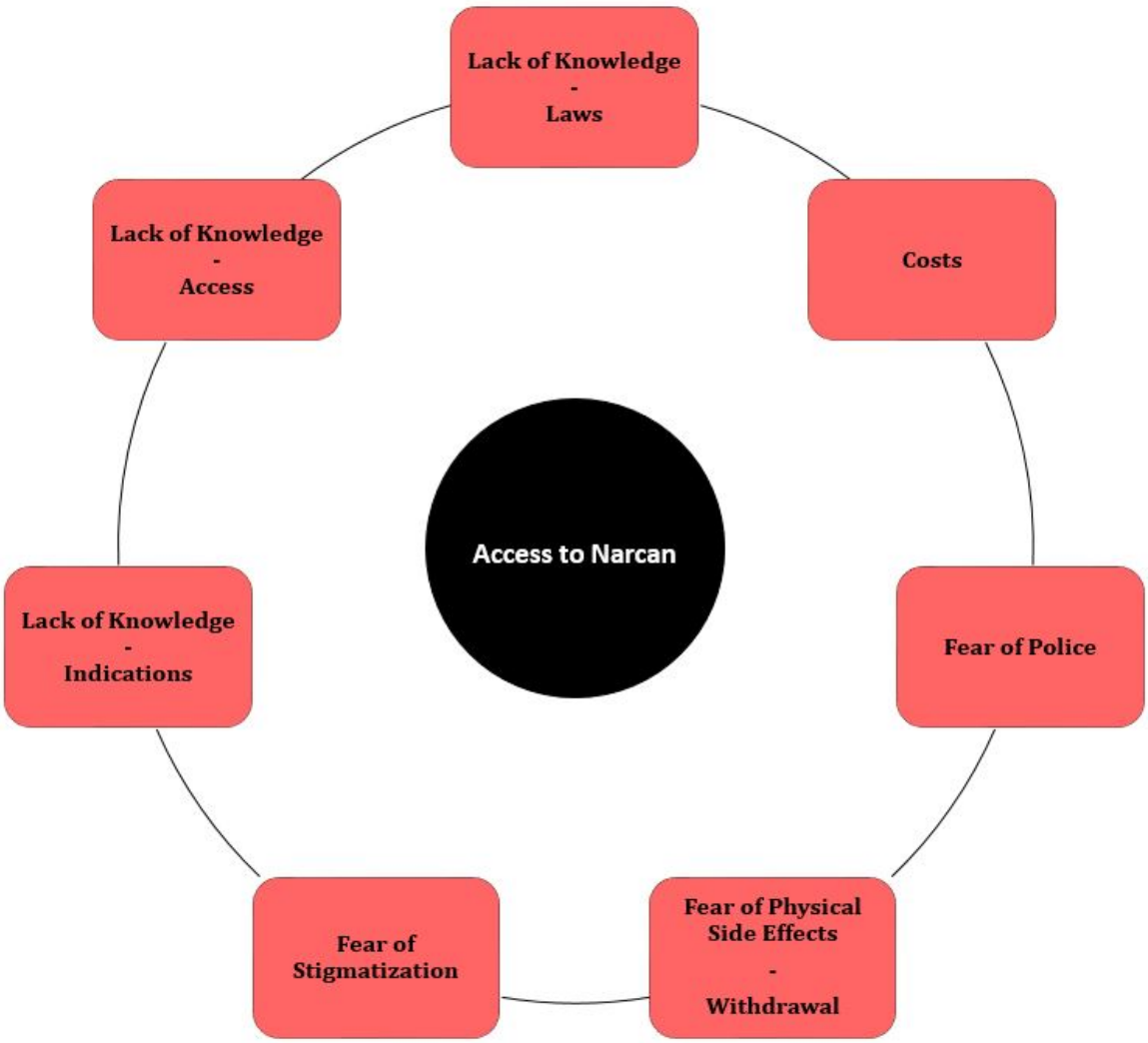

Figure 10. Perceived Barriers to Accessing Narcan Among Opioid Consumers

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Lack of knowledge and/or awareness was a common denominator for many of the interviewees' comments on the subject of access to Narcan:

"I wouldn't even know [where to find it]"

"You always see flyers about it but you have to travel to get it"

"Yeah, when I came to Groups they asked me if I wanted to get a prescription for Narcan but I said no because I know I am not going to overdose…I was so grateful for Suboxone and I'm not going to overdose. Plus, I never shot up my pills"

"I don't know if people actively go and try and acquire it… I'm not sure if you need a prescription…I've never tried to acquire it myself"

These consumer quotes are representative of a pervasive lack of knowledge about how to access Narcan, lack of knowledge about indications for the use of Narcan, lack of awareness of laws on widespread standing orders (open script) at pharmacies across New Hampshire, and lack of interest.

Levels of knowledge about access varied but there was a pervasive sense that consumers don't want or need it. Perceived costs combined with a false sense of security pose a significant barrier to access for many: ***"'Nobody thinks they're gonna OD… Nobody is gonna spend $50 bucks, especially if they have a problem [opioid addiction].' 'It doesn't seem like they're affordable unless you get it for free from an outreach center. It's not high on your priority to go to a place like that when you got stuff that you got to do. That and you don't want someone Narcanning you when you don't think that you need it because it feels really horrible.'"***

This latter sentiment introduces another often-cited barrier, namely that the physical side effects (e.g. withdrawal) from Narcan that some have experienced, and that all seemingly have heard about, are to be avoided at all costs. When asked about side effects of Narcan administration, it became clear that consumers understand how Narcan works – it acts quickly to displace the opioids from the opioid receptors in the brain and in so doing, precipitates near immediate withdrawal symptoms.

It is well known that people dependent on opioids will continue to use opioids despite severe negative consequences simply to avoid becoming sick or going into full opioid withdrawal. Thus, it is unsurprising that consumers describe the physical side effects of being administered Narcan in the following highly descriptive, vivid ways: ***"[You feel] fucking miserable and hate whoever did it to [you]"*** and ***"The only effects I've witnessed after you use it is the person is instantly***

sick. The thing is once they're in instant withdrawals, the first thing they're going to do when they leave the hospital is they're going to go out and find some heroin to make themselves feel better…I've always told people that if I was OD'ing, try and get me to come back on their own and worst case use Narcan but I don't want it used on me." This quote summed up why Narcan is aversive to many – it causes immediate withdrawal. Therefore, it is common for consumers who have been administered Narcan to use opioids within hours of their reversals. "***It's sad but it's what they do."*** No other physical side effects were noted by consumers.

Perceived stigma is another barrier to accessing Narcan. One consumer said that he ***"hear[s] that now in NH they are trying to have an open prescription at the pharmacy and I have a problem with the pharmacy thing…a lot of users don't trust the pharmacies…its legal but most stores are not participating."*** Another consumer thought that you can go to the police station or the fire station or a hospital to get Narcan if ***"you want it for the right reason,"*** but he doesn't ***"think they would give it to a strung-out addict who is just gonna overdose and try and bring himself back."*** And yet another consumer acknowledges that he stole his Narcan kit so he doesn't ***"know how normal people get this shit."*** The sense that pharmacies are choosing not to participate in the open prescription movement, that one might not be worthy of a kit, or that consumers are not "normal" all point to the perceived stigmatization of this population and how it impacts access to and the use of Narcan.

Fear of the police, a result of a lack of confidence in the good faith application of the Good Samaritan law, is another identified obstacle. For example, one young man said, ***"I think people say it and it's like nobody believes it [Good Samaritan Law]. Somebody says, 'Oh you can call, you won't get in trouble' and people are like 'Dude you're fucking dumb. I'm not calling!'"***

One final deterrent to widespread access and use of Narcan is the rage that some people suggest consumers express to the first responders and/or friends who administer Narcan after an overdose. Exemplifying this sentiment, one consumer said, ***"You are pissed. Pretty much every time I've overdosed, and everybody that I know has overdosed, has said, 'I wasn't overdosing. I was just really high, and you ruined it.' But then the paramedic's there saying, 'No, no, you were dead.'"*** Notably, just under half of this consumer subsample had personal experience with Narcan, though many of those in this category have witnessed its administration on friends or family.

FIRST RESPONDERS AND EMERGENCY DEPARTMENT PERSONNEL

R/ED personnel were asked several questions about Narcan. There was a prevalent sense of amazement among responders at the life-saving effects of Narcan (e.g., ***"If there's any miracle drug out there for that type incident, that's it"*** *(Fire).)* However, many R/ED personnel were

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quick to note that Narcan ***"'is a short-term fix, unfortunately, for a very long-term problem"*** *(EMS)*; ***"I think it's a necessary evil. I mean, plain and simple, it saves lives and I think nobody wants to see another human being die"*** *(EMS).*

Some responders feared that the public has misconceptions about Narcan given that patients are sometimes beyond the point of revival: "***I could dump a gallon of Narcan into them and it's not going to wake them up, and have the family wonder why. Narcan has been billed as a miracle drug by politicians, and bureaucrats, and so called experts. When the timing is right, it is a miracle drug. However, it doesn't help everybody"*** *(EMS).* One responder wanted to be sure that those who are unfamiliar with Narcan understand that people who are overdosing are unable to give Narcan to themselves. Another explained that the reversal effects of Narcan can wear off quickly and send the patient back into an overdose.

R/ED personnel also had mixed viewpoints about whether administering Narcan intravenously or intranasally is safer and more effective. While some believe that intravenous administration allows providers to be ***"a lot more nuanced in how we use Narcan, so we've learned to tailor it to, really, just their respiratory drive as opposed to having them be both wide awake sitting upright, staring at you in withdrawal"*** *(ED),* others believe that intranasal administration is safer for both patients and providers, as long as providers wait a sufficient amount of time after administering each dose.

> ***"When you gave an IV, if you administered it too fast, people would wake up instantly. They would be incredibly violent and angry, so now you have an angry, combative patient and a contaminated sharp needle in the back of a very small ambulance, and that posed a huge risk for us. Now, being able to give it intranasally is much safer for administering it. The problem with it is that it definitely takes much longer to be absorbed into the bloodstream, and EMS professionals and healthcare providers tend to not be that patient. What used to take 30 seconds, maybe 60 seconds to work, sometimes can take 5, maybe even a full 10 minute before it fully wakes the patient up. People become impatient, so they give more of it. Next thing you know, you wake the patient up too quickly and they're combative and they wanna tear your head off. But intranasally is a much safer route for administering Narcan." (EMS)***

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The vast majority of R/ED personnel reported no unanticipated side effects caused by Narcan. There was one account of a Narcan administration resulting in a nose bleed due to improper administration by a layperson who forgot to attach the atomizer. Additionally, one ED provider cited pulmonary edema as a known side effect but explained it is caused by administering too much Narcan or giving it too quickly. R/ED personnel had never heard of brain damage as a result of Narcan administration and conjectured that any reports of brain damage ***"could have been caused by lack of oxygen to the brain prior to the administration [of Narcan]"*** *(Fire).* While withdrawal symptoms are a potentially anticipated effect of Narcan, R/ED personnel explained that these symptoms can be attenuated through careful administration: ***"If you give it nice and slow, you can get the exact effect you want, but you just need to be mindful about that"*** *(Fire).*

R/ED personnel reported that the availability of Narcan has increased in communities: ***"It's so easy, there's so much Narcan out there. Everybody's giving it out"*** *(Fire).* One EMS provider discussed a program in which he and his team ***"actually distribute Narcan out to the previous overdoses that we have in town"*** *(EMS).* However, R/ED personnel had conflicting opinions regarding whether the public should have access to Narcan. Some believed that public availability is beneficial: ***"It can appropriately be in places where addiction overdoses are known to incur. That includes private homes, or party areas"*** *(ED).* Others thought that making Narcan available to laypeople is counterproductive: ***"Making it more widely available, they're only living to use another day, as opposed to changing the lifestyle or the behaviors that are leading them to use. I think that actually will at some point be contributing to the problem and not making it better"*** *(Fire).*

There was greater consensus that responders should carry Narcan. ***"In the medical setting it is an essential drug. I like it in the hands of all first responders, including police, and fire, and EMS"*** *(ED).* However, one responder expressed concerns that some medical professionals may need more education to know that administering Narcan is only appropriate for opioid overdoses and not for other types of overdoses.

> ***"I think the bad side is I don't think we're called as much now. I think they're just using the Narcan and then just saying, 'We don't want the police or the EMS there.'" (EMS)***

Several potential unintended negative consequences were noted as a result of Narcan's availability in communities. A few R/ED personnel had heard of "Narc parties" or "Lazarus parties," in which people use Narcan with a sober friend so that they can use more or a higher potency of an opioid. Others believed that consumers who have been given Narcan by a bystander may not seek professional treatment. Many R/ED personnel also worried that Narcan may give a false sense of

security: ***"I am mindful that when a patient who has opiate addiction disorder possesses Narcan, they sometimes make a cognitive mistake thinking, 'Well, I will be able to survive even an overdose, so I can really push my high right to the edge.' That is foolish thinking caused by their addiction, and it can kill them"*** *(ED).* One responder noted there is so much Narcan available that ***"we don't even know the extent of the overdoses anymore"*** *(Fire).* Another responder speculated that Narcan is over-utilized, claiming that ***"people hear overdose, and the first thing they want to do is give Narcan" (****Fire).*

SUMMARY

Overwhelmingly, opioid consumers report significant barriers to accessing and using Narcan in New Hampshire, including high costs, fear of police, fear of stigmatization, lack of knowledge (e.g., access, indications and laws), and fear of side effects. Side effects, notably withdrawal and anger associated with withdrawal, were a deterrent from wanting Narcan administered during an overdose.

Conversely, R/ED personnel state Narcan is widely available and a lifesaving medication. Although there are mixed beliefs on whether it should be available to the public, there was consensus that responders should carry it. R/ED personnel also shared mixed recommendations on whether it is safer or more effective administered intravenously or intranasally, but agreed that side effects beyond anger associated with withdrawal have not been observed.