

# Naloxone Awareness and Perceptions in Opioid Populations (NAPOP) Study: Preliminary Results and Implications

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## Background

Naloxone is a potent opioid antagonist that is administered to individuals in order to reverse an opioid overdose.

CDC opioid prescribing guidelines identify multiple risk factors for opioid overdose, suggesting naloxone may be beneficial to significantly different opioid populations.

The objective of this study was to compare risk, awareness and perceptions associated with naloxone across two opioid using populations considered to be at increased risk of opioid overdose:

- Individuals with a history of **opioid use disorder (OUD)**;
- Individuals diagnosed with chronic pain and treated with prescription opioid medications who are at greater risk of opioid overdose (**Chronic Pain Opioid Users, CPOU**)

## Methods

### Arm 1: OUD Online Questionnaire, June 2020 (n=152)

- Treatment-seeking individuals with opioid use disorder(OUD) and no history of chronic pain, previously participating in a national opioid study

### Arm 2: CPOU Online Questionnaire, June 2020 (n=190)

- Individuals identified through a market research firm as:
  - Diagnosed or treated for chronic pain (>3 months)
  - Taking a high-dose prescription opioid (>50 daily MME)
  - OR Co-prescribed and opioid and a benzodiazepine
  - Excluded if prior history of self or other with OUD, illicit drug use, healthcare employment

## Results

### CPOU Risk

- 73.2% were high dosage users ( $\geq 50$  MME daily dose)
  - Just 5.8% classified prescription as ‘high dosage’
- 52.6% used benzodiazepines with their opioid medication
  - Only 47% aware of risk associated with benzo use
- 67.4% had at least one co-morbid high-risk condition (mental health, sleep disorder, kidney/liver disease, COPD)
- **60.0% were ‘not at all concerned about overdosing’** (OUD, 28.9%)
- **62.1% believed that had ‘no risk’ of overdosing from their opioids** (OUD, 19.1%)

### Naloxone Awareness and Perceptions

- 98.0% OUD aware of naloxone, significantly more than CPOU (75.3%).
  - Only 13.5% of CPOU considered themselves to have a good level knowledge about naloxone.
- 84.1% OUD can recognize overdose symptoms, compared to just 47.1% of CPOU.
- **71.8% of CPOU believed they did not need to regularly keep naloxone, compared to 48.3% of the OUD sample.**
- **65.5% indicated they have never been encouraged or recommended to obtain naloxone, compared to 37.0% of the OUD sample.**
- **Only 22.6% indicated any likelihood of obtaining naloxone in the future, and only 35% of those with OUD.**

### Sources of naloxone knowledge and influence

- CPOU considered their pharmacist and healthcare provider to extremely knowledge about naloxone (65.0%)
  - Only 16-22% of those with OUD considered healthcare professionals to be extremely knowledgeable.
- CPOU sample was more likely to indicate they would get naloxone from a healthcare provider (34.7%), or emergency services/first responders (26.7%)
  - OUD sample were more likely to access it from a mental health/addiction resource (32.9%) or a community/social program (17.1%).
- The OUD sample was much more likely to have experienced some form of stigma from healthcare professionals as a result of their opioid use (72.5%) compared to the CPOU sample (33.7%).

## Conclusions

Despite having multiple risk factors for opioid overdose, CPOU had low perceived risk or concern of overdose.

While CPOU had very low perceived need for naloxone, OUD also had substantial low recognized need, with both groups having low likelihoods of obtaining naloxone.

Data suggest that interventions surrounding naloxone knowledge and access may need to stem from different sources depending on the opioid population

Changes in the access or distribution of naloxone need to be supported by data evidence and carefully evaluated.