

**Christopher M. Jones, Phar.D., D.P.H., Director, National Center for Injury Prevention and Control,
Centers for Disease Control and Prevention, Department of Health and Human Services**

Questions for the Record
House Energy & Commerce Committee, Subcommittee on Health
Responding to America's Overdose Crisis:
An Examination of Legislation to Build Upon the SUPPORT Act
Wednesday, June 21, 2023

The Honorable Earl L. “Buddy” Carter

Pharmacists play a critical role in patient care and are often the first line of defense. As we continue to battle the opioid and fentanyl epidemic, we need to ensure we are empowering pharmacists to be as much of a part of the solution as possible.

1. Dr. Jones, can you comment on the role of the pharmacist in combatting the opioid and fentanyl epidemic, including their role in increasing access to naloxone?

A: Pharmacists are an essential part of the health care team. On the front lines of dispensing opioid pain medications and providing medication-related services, pharmacists can play a key role by engaging in prevention, treatment, and harm reduction (e.g., dispensing naloxone) efforts to address opioid misuse, use disorder, and overdose.

Standing orders for naloxone have been in place in most states for several years, allowing pharmacists to dispense naloxone to people at risk for experiencing or responding to an overdose without a prescription. With the FDA’s approval of nonprescription Narcan, pharmacists will now have another critical role to play in educating individuals about how and when to use this life-saving drug. They also have an opportunity to link individuals to care for substance use disorders through these interactions with the public. By normalizing the sale and dispensing of naloxone, pharmacists can help reduce the stigma that surrounds substance use disorders and make it easier for individuals to ask for help and get access to treatment.

In addition, pharmacists can help manage patients who are receiving opioid analgesics and other pain treatments as well as patients who are receiving medication treatment for opioid use disorder. A recent [study](#) in the New England Journal of Medicine reported on a successful pilot program in Rhode Island that utilized pharmacists to initiate patients on buprenorphine and provide ongoing follow-up care.

Recognizing their important role, CDC has developed materials to support pharmacists, including resources to help better communicate with patients, assist with answering pain management questions, help patients who might be struggling with a substance use disorder, prevent misuse and overdose, and help patients keep themselves safe. These resources are available at <https://www.cdc.gov/stopoverdose/implementation-toolkits/pharmacists.html>.

The Honorable Troy Balderson

We can all agree that Naloxone is a life-saving medication, and we must do everything we can to ensure that it is widely distributed. However, there is a need to educate consumers, patients, and caregivers that Naloxone is not self-administered.

The CDC [website](#) states clearly that, “Because you can’t use naloxone on yourself, let others know you have it in case you experience an opioid overdose.” However, the next statement on your website states that, “Carrying naloxone is no different than carrying an epinephrine auto-injector (commonly known by the brand name EpiPen) for someone with allergies.”

To the contrary, Naloxone, or “Narcan” is very different from an EpiPen in that an EpiPen can be self-administered. Experts [agree](#) that Naloxone cannot be self-administered (“[U]nlike an EpiPen that people can self-administer if they are having a serious allergic reaction, naloxone is given when a person is unconscious and therefore must be given by someone else. That means if a person overdoses alone, which frequently occurs, naloxone will not help.”

1. Do you agree that Naloxone cannot be self-administered? If so, how is the CDC educating patients and consumers about this fact, i.e., that naloxone, unlike an Epi Pen, is not self-administered? Lastly, would the CDC be willing to clarify and amplify this message on its website?

A: CDC agrees that naloxone cannot be self-administered if an individual is experiencing an overdose and that this information needs to continue to be amplified to help stop drug overdose deaths. CDC supports harm reduction messaging about naloxone by including information about naloxone on its “Stop Overdose” [webpage](#). CDC’s “Lifesaving Naloxone” [website](#) includes important information about naloxone, how to use it, how to administer it, and where to access it. It also includes an [FAQ page](#) that addresses self-administration directly. While there are differences between Epi-Pen administration and naloxone, CDC is aiming to decrease stigma related to carrying naloxone for a lay person.

CDC will continue enhancing the dissemination of information regarding naloxone through social media, diverse communication channels, and partnerships, including with health systems, harm reduction organizations, and public health departments. CDC shares details on naloxone, its usage recommendations, and related materials through its website and external communications. Additionally, CDC continues to provide funding opportunities for states and localities under its Overdose Data to Action program for activities such as bystander education, training on naloxone administration, and supporting rapid response teams.