

## RESOLUTION 2024-B

SUBJECT: Expanding Naloxone and Other Opioid Reversal Agent or Antagonist Availability and Accessibility: Promoting Emergency Use in Communities

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Public Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Adopted as Amended

1 **Whereas**, in 2018 more Michiganders (2 809) died from drug overdoses than car accidents<sup>1</sup>,  
2 killing about 47 000 people per year nationwide<sup>6</sup>; and

3  
4 **Whereas**, in 2020 142.8 million prescriptions of opioids were filled in Michigan<sup>1</sup>; and in 2021,  
5 the per capita cost of a fatal opioid overdose in Michigan was \$2357<sup>2</sup>; and

6  
7 **Whereas**, having naloxone and other opioid reversal agent or antagonist accessible in public  
8 areas such as grocery stores, pharmacies, gas stations, libraries, and community centers has been  
9 suggested to allow community members to promptly reverse opioid overdoses and establish  
10 greater trust among individuals using opioids<sup>6</sup>; and

11  
12 **Whereas**, facilitating access to the opioid reversal agent, naloxone and other opioid reversal  
13 agent or antagonist, in areas of high need through agencies like Families Against Narcotics'  
14 HARM:LESS and Harm Reduction Michigan could work towards improving the safety of  
15 patients struggling with substance use<sup>5,8</sup>; and

16  
17 **Whereas**, the implementation of naloxone and other opioid reversal agent or antagonist in local  
18 public buildings across Michigan counties has been met with a positive response from local  
19 communities<sup>7,8</sup>; and the implementation of increasing community access to naloxone and other  
20 opioid reversal agent or antagonist could decrease emergency room visit costs, deaths, and  
21 stigma around addiction; and

22 **Whereas**, there is a significant financial barrier to obtaining naloxone and other opioid reversal  
23 agent or antagonist as one-unit retails for about \$135, and; while a prescription is not needed to  
24 obtain naloxone and other opioid reversal agent or antagonist, many pharmacies require the  
25 patient to be evaluated by a healthcare professional before selling naloxone and other opioid  
26 reversal agent or antagonist, thereby introducing a potential financial and logistical burden; and

27  
28 **Whereas**, state-wide community focused support groups such as Families Against Narcotics  
29 work to provide evidence-based services to people affected by addiction but continue to  
30 primarily be sustainable through inconsistent sources of funding; and

31  
32 **Whereas**, naloxone and other opioid reversal agent or antagonist are shelf-stable for three years,  
33 therefore, most expenses related would be triannual; and existing channels of funding for

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naloxone and other opioid reversal agent or antagonist coming to market are already established through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Michigan Department of Health and Human Services (MDHHS); and

**Whereas**, additional funding can be acquired through partnerships with local cities and their police departments; and now, therefore be it

**RESOLVED**, that MOA advocate to the Michigan State legislature to consider the implementation of a steady funding program for community programs to increase the accessibility of naloxone and other opioid reversal agent or antagonist coming to market through federal, state, and local channels; and

**RESOLVED**, that the MOA submit this resolution to the American Osteopathic Association for consideration to implement such programs across additional states.

#### REFERENCES

1. *Opioid Resources*. (2024). State of Michigan. Retrieved from <https://www.michigan.gov/opioids>
2. Centers for Disease Control and Prevention. (2021, April 16). State-level economic costs of opioid use disorder and fatal opioid overdose. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Retrieved from <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7015a1-H.pdf>
3. Wasilevich, E. (2021). Public Use Dataset EMS Responses to Probable Opioid Overdose. Department of Health and Human Services.
4. *About the Epidemic*. (2024). State of Michigan. Retrieved from <https://www.michigan.gov/opioids/about-the-epidemic>
5. *HARM:LESS*. (n.d.). Families Against Narcotics. Retrieved from <https://www.familiesagainstnarcotics.org/harmless>
6. White ND. Increasing Naloxone Access and Use to Prevent Opioid Overdose Death and Disability. *Am J Lifestyle Med*. 2018 Oct 20;13(1):33-35. doi: 10.1177/1559827618803874. PMID: 30627074; PMCID: PMC6311609.
7. Woods, M. (2023, January 22). *Wayne State University program provides free Narcan in vending machines*. ClickOnDetroit. Retrieved March 31, 2024, from <https://www.clickondetroit.com/health/2023/01/22/wayne-state-university-program-provides-free-narcan-in-vending-machines/>
8. Gustafson, A. (2023, July 2). *These bins once held newspapers. Now they hold Narcan — and hope*. *Michigan Advance*. Michigan Advance. Retrieved March 31, 2024, from <https://michiganadvance.com/2023/07/02/these-bins-once-held-newspapers-now-they-hold-narcan-and-hope/>