

Opioid Use Disorder Medication Accessibility in Central and Outlying Texas Counties



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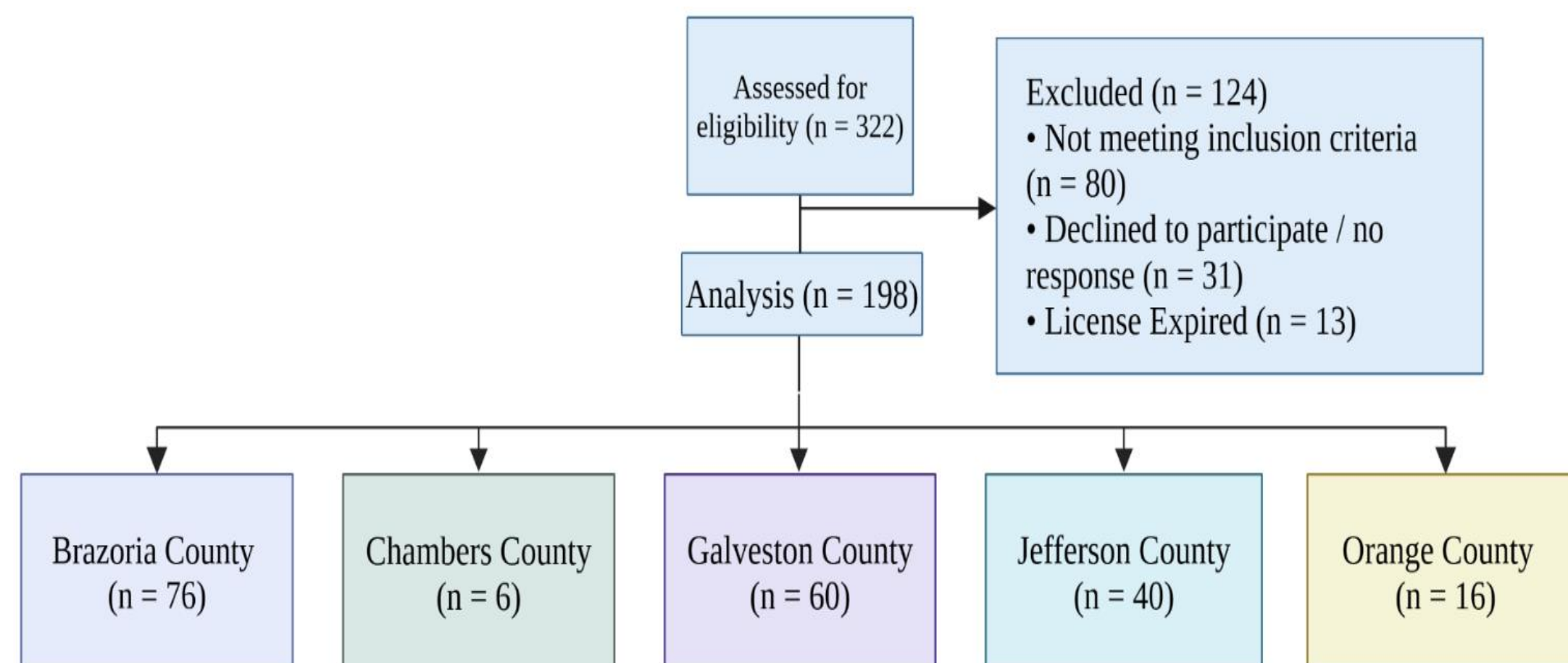
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Introduction

- This study evaluates the availability and accessibility of naloxone nasal spray (NNS) and buprenorphine-naloxone (BUP/NX) in retail pharmacies across smaller Southeast Texas counties, where opioid-related deaths are disproportionately high.
- By comparing availability across chain, independent, and other pharmacies, this research probes structural barriers limiting access to life-saving medications.
- While NNS is more accessible via over-the-counter approval and BUP/NX no longer requires an X-waiver, stigma, cost and logistical barriers continue to impede access.
- Understanding regional disparities in medication access is critical for shaping local policy and expanding harm reduction strategies to reduce opioid-related mortality.

Methods

- Pharmacy Screening:** Southeast Texas county pharmacies from the Texas State Board of Pharmacy Website were categorized as chain, independent, or other (e.g. compounding and hospital-affiliated outpatient pharmacies).



- Survey Collection:** A cross-sectional telephone survey was conducted April 30 to June 6, 2024 among Southeast Texas county pharmacies using a standardized script focused on same-day availability and dispensing restrictions for NNS and BUP/NX. Information on stock, ordering timelines and pricing was gathered.
- Data Analysis:** Accessibility of NNS and BUP/NX were compared across pharmacy types using Fisher's exact test. Statistical analyses were conducted using SAS version 9.4 and R version 4.4.2, with significance determined at $p < 0.05$.

Results

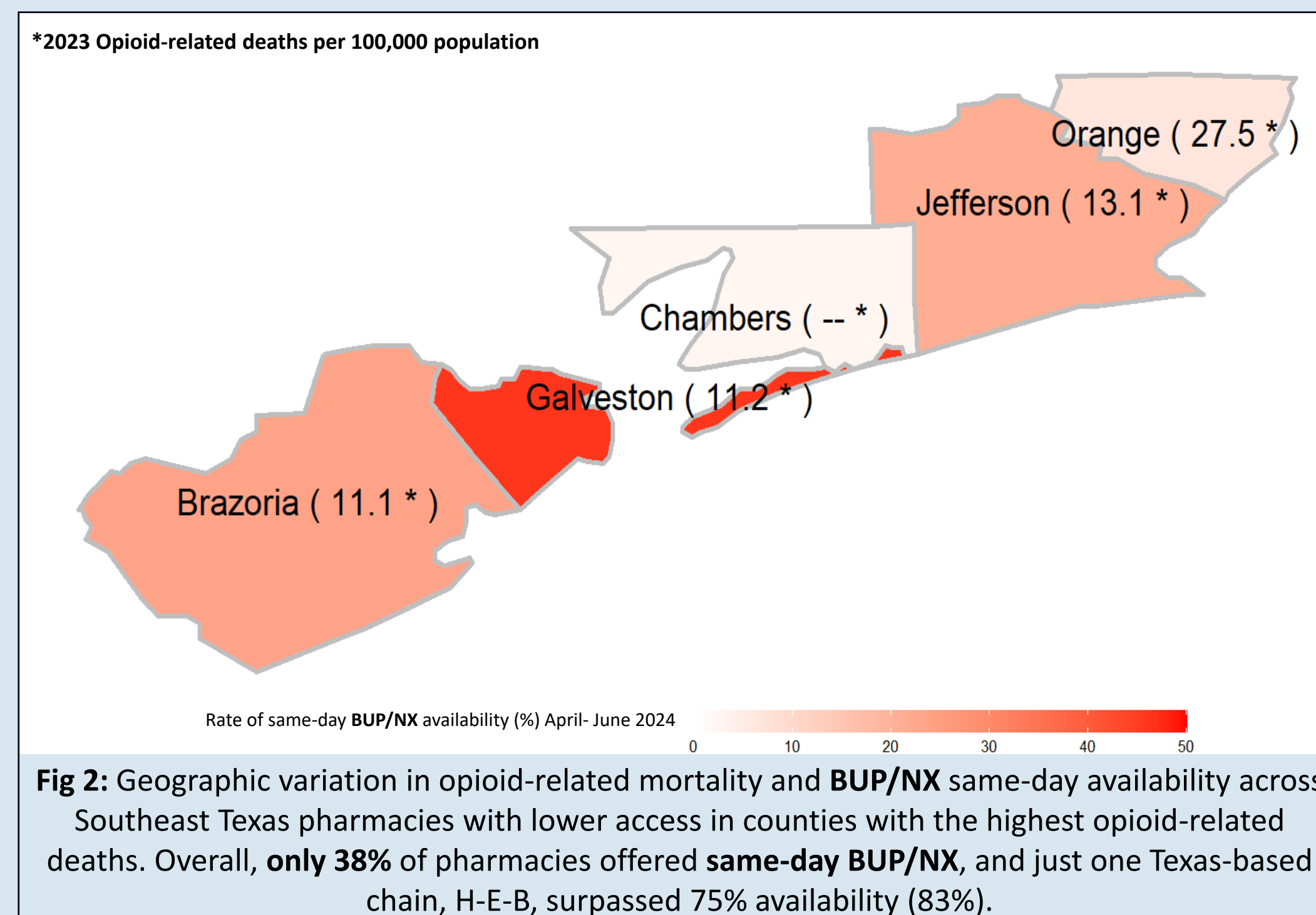
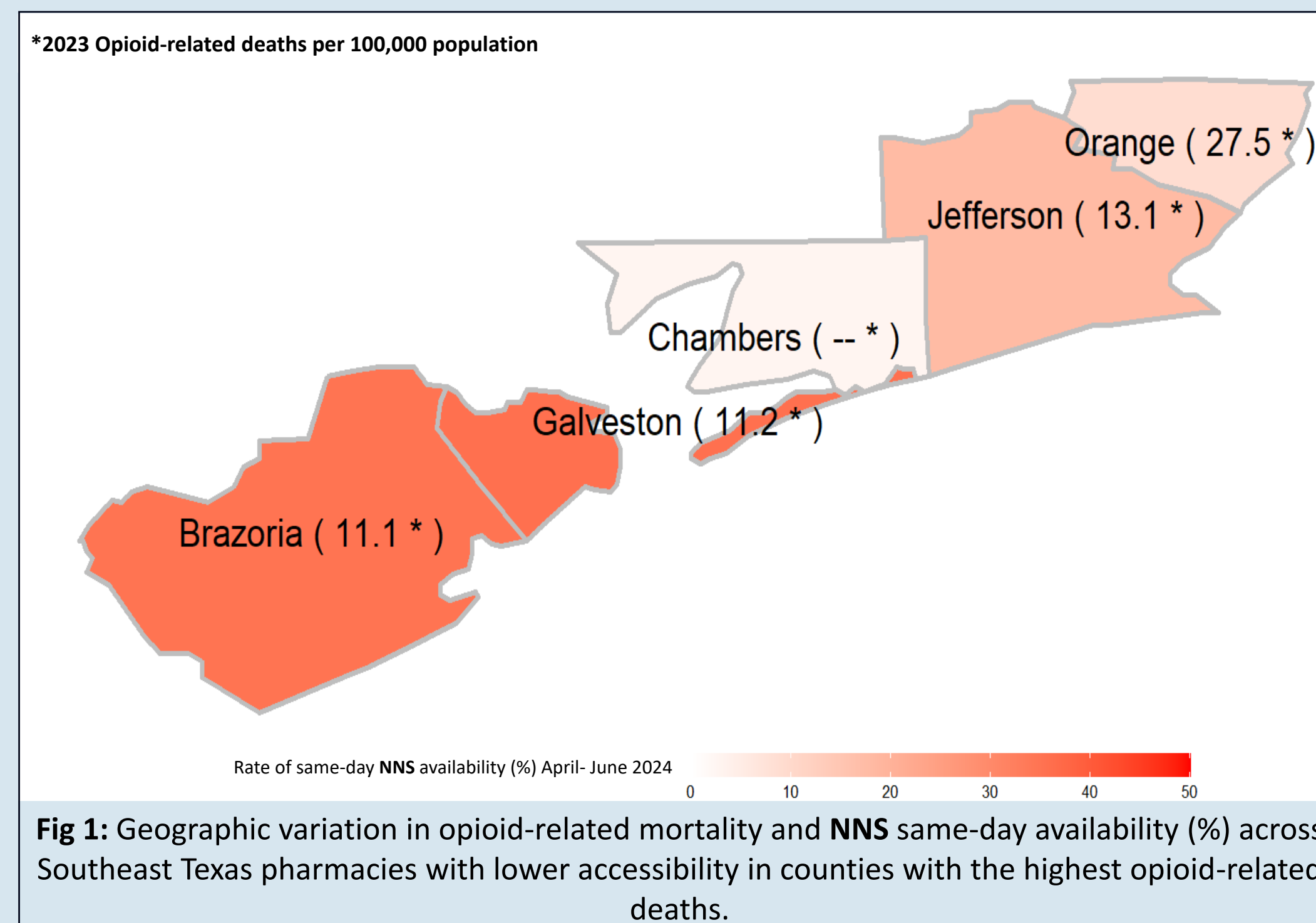


Fig 2: Geographic variation in opioid-related mortality and BUP/NX same-day availability across Southeast Texas pharmacies with lower access in counties with the highest opioid-related deaths. Overall, **only 38%** of pharmacies offered same-day BUP/NX, and just one Texas-based chain, H-E-B, surpassed 75% availability (83%).

NNS and BUP/NX availability by pharmacy type

Medication, n (%)	Overall (n=198)	Chain (n=132)	Independent (n=57)	Other (n=9)	P-value
NNS	146 (74%)	119 (90%)	24 (42%)	3 (33%)	<0.0001*
BUP/NX	76 (38%)	58 (44%)	16 (28%)	2 (22%)	0.0357*

Table 1: Same-day availability of NNS and BUP/NX in select Texas counties is limited and significantly varies with chain pharmacies having greater availability compared to independent and other pharmacies. *p-values using Fisher's exact test.

Conclusion

- Barriers to access:** Despite NNS availability in 76% of pharmacies, 55% of pharmacies had at least one restriction to access such as behind-the-counter storage, locked cabinets, and ID requirements, limiting NNS availability.
- Abysmal availability:** Chain pharmacies had better availability of BUP/NX (44%) compared to independent pharmacies (28%) with differences among chains highlighting influences of pharmacy location, classification, and corporate policies on access to MOUD. Poor access places burden on providers to verify availability and on patients accessing their preferred or in-network pharmacies. Real impacts fall on the individuals seeking life-saving MOUD.
- Policy & Future Research Needs:** Addressing pharmacy restrictions on NNS, improving BUP/NX stocking, investigating supply chain disparities, and addressing stigma could enhance MOUD accessibility.
- Study Limitations:** MOUD prescriber access and NNS distribution via harm reduction programs such as free NNS automats were not assessed.

References

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