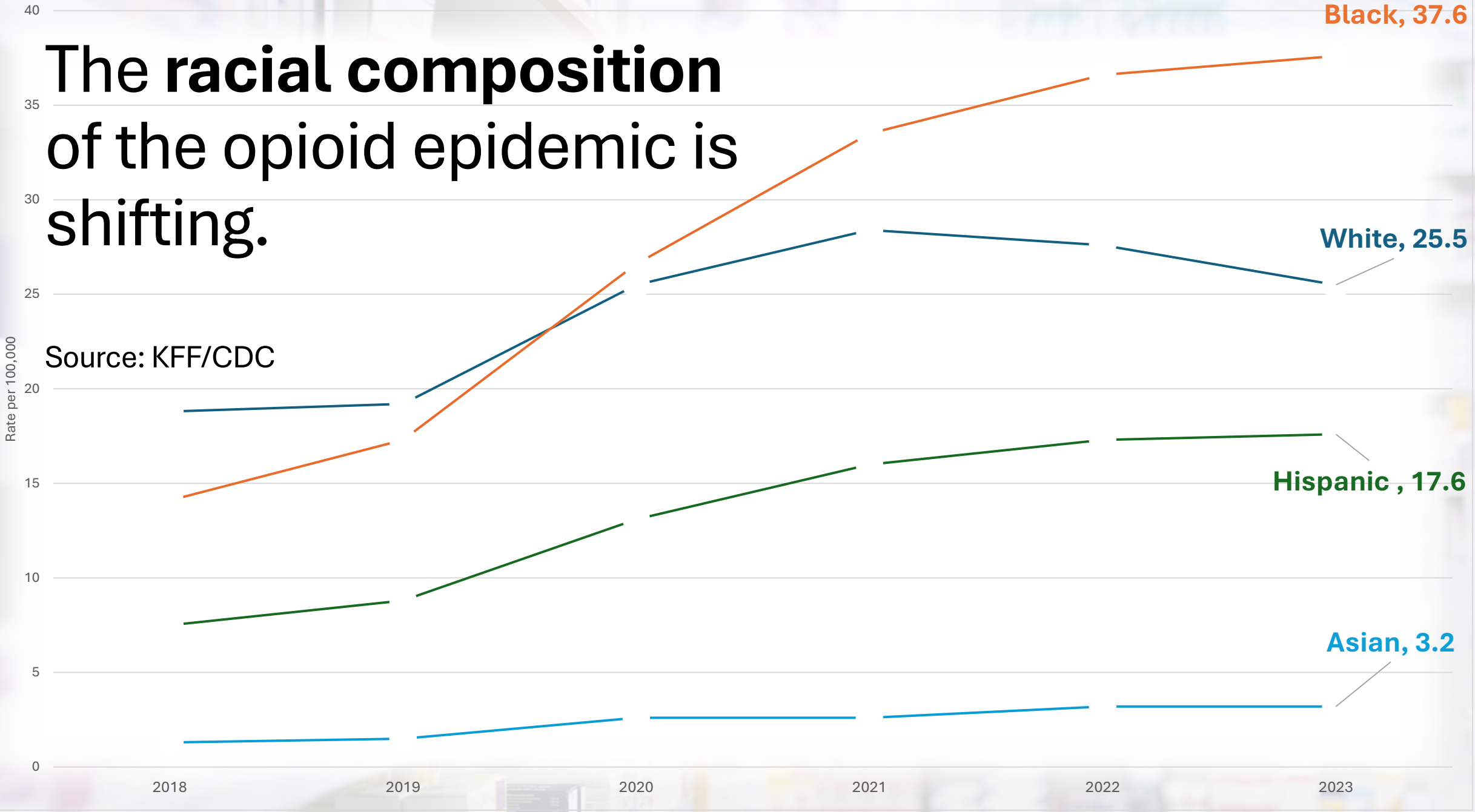
Racial Disparities in the Naloxone Care Cascade

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The **racial composition** of the opioid epidemic is shifting.



Source: KFF/CDC

Naloxone is a life-saving, community-administered medication.



The naloxone **care cascade** is a useful framework when considering access.



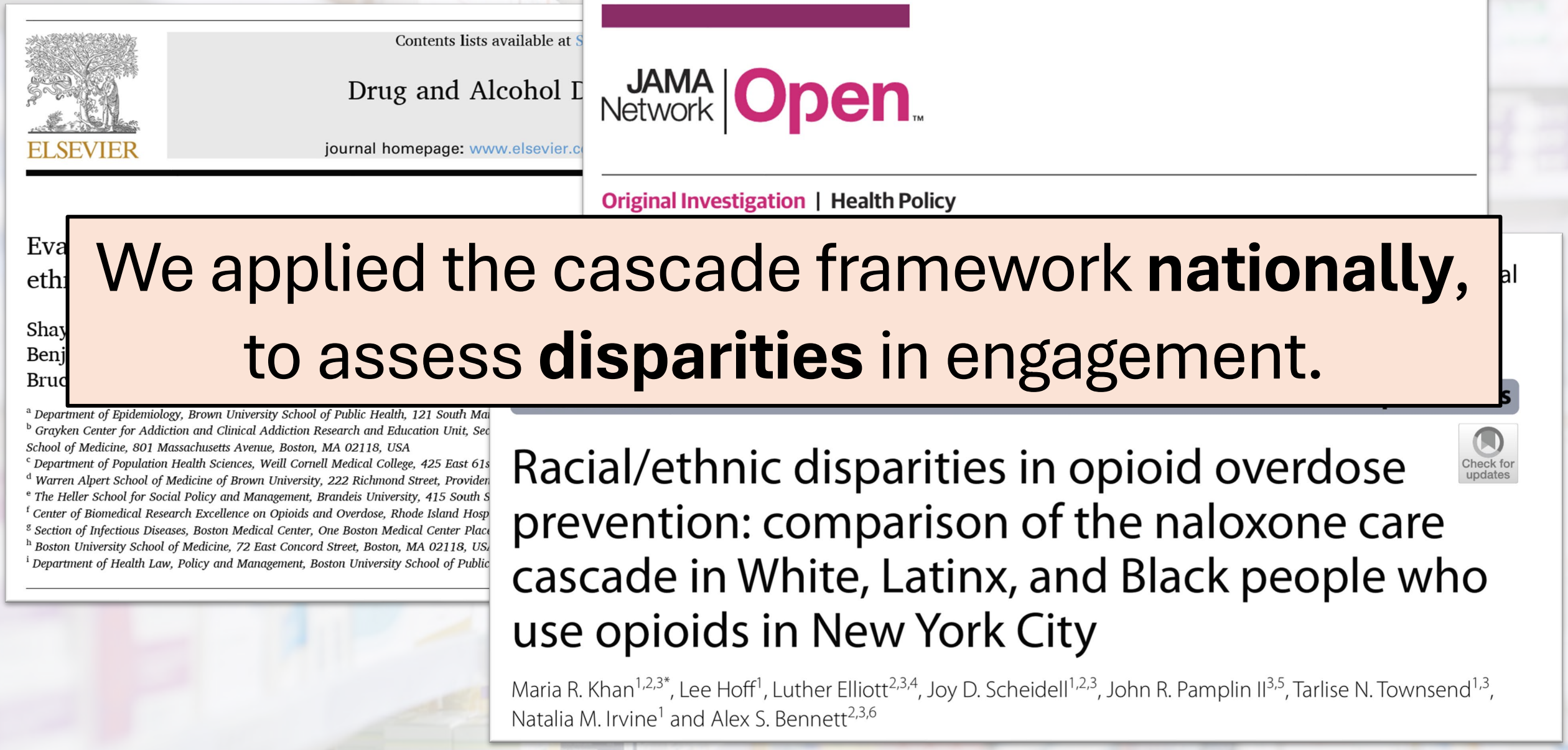
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Awareness and access to naloxone necessary but not sufficient: Examining gaps in the naloxone cascade

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However, **access is uneven.**



We used the Survey of Non-Medical Use of Prescription Drugs (**NMURx**).



JOURNAL OF MEDICAL INTERNET RESEARCH Black et al

Original Paper

An Online Survey for Pharmacoepidemiological Investigation (Survey of Non-Medical Use of Prescription Drugs Program): Validation Study

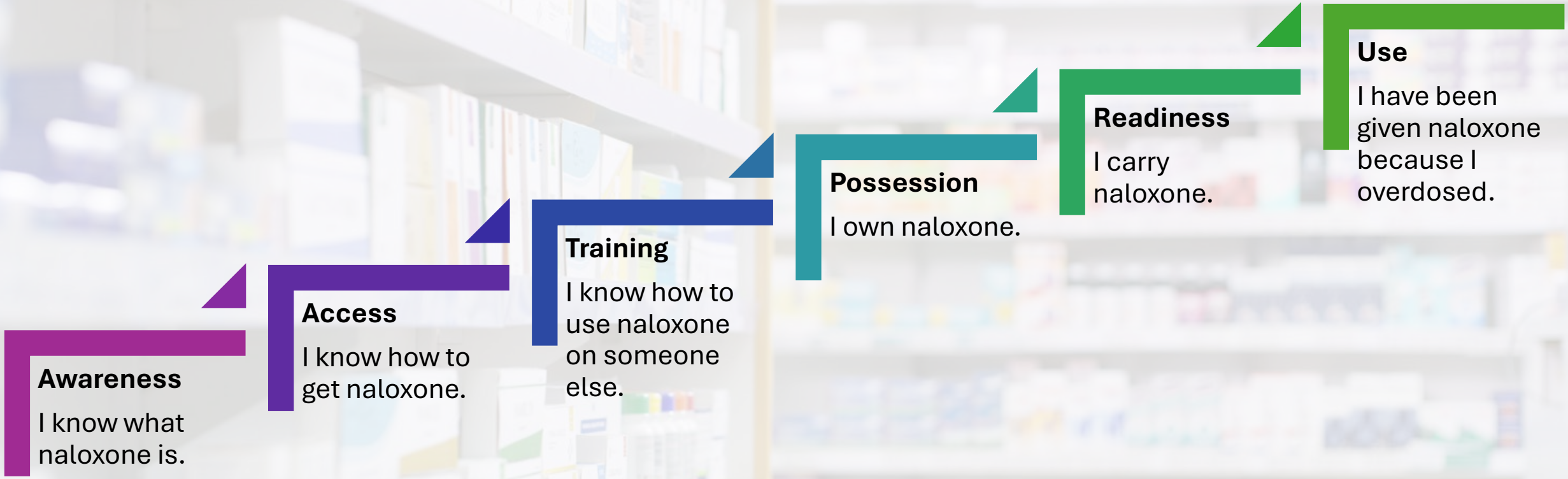
Joshua Curtis Black[1], PhD; Karilynn Rockhill[1], MPH; Alyssa Forber[1], MSc; Elise Amioka[1], MSc; K Patrick May[1], MSc; Colleen M Haynes[1], MPH; Nabarun Dasgupta[1,2], MPH, PhD; Richard C Dart[1], MD, PhD

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- Online, repeated cross-sectional survey on drug use
- General adult U.S. population who use and do not use drugs
- Total sample size in 2024 = 57,719

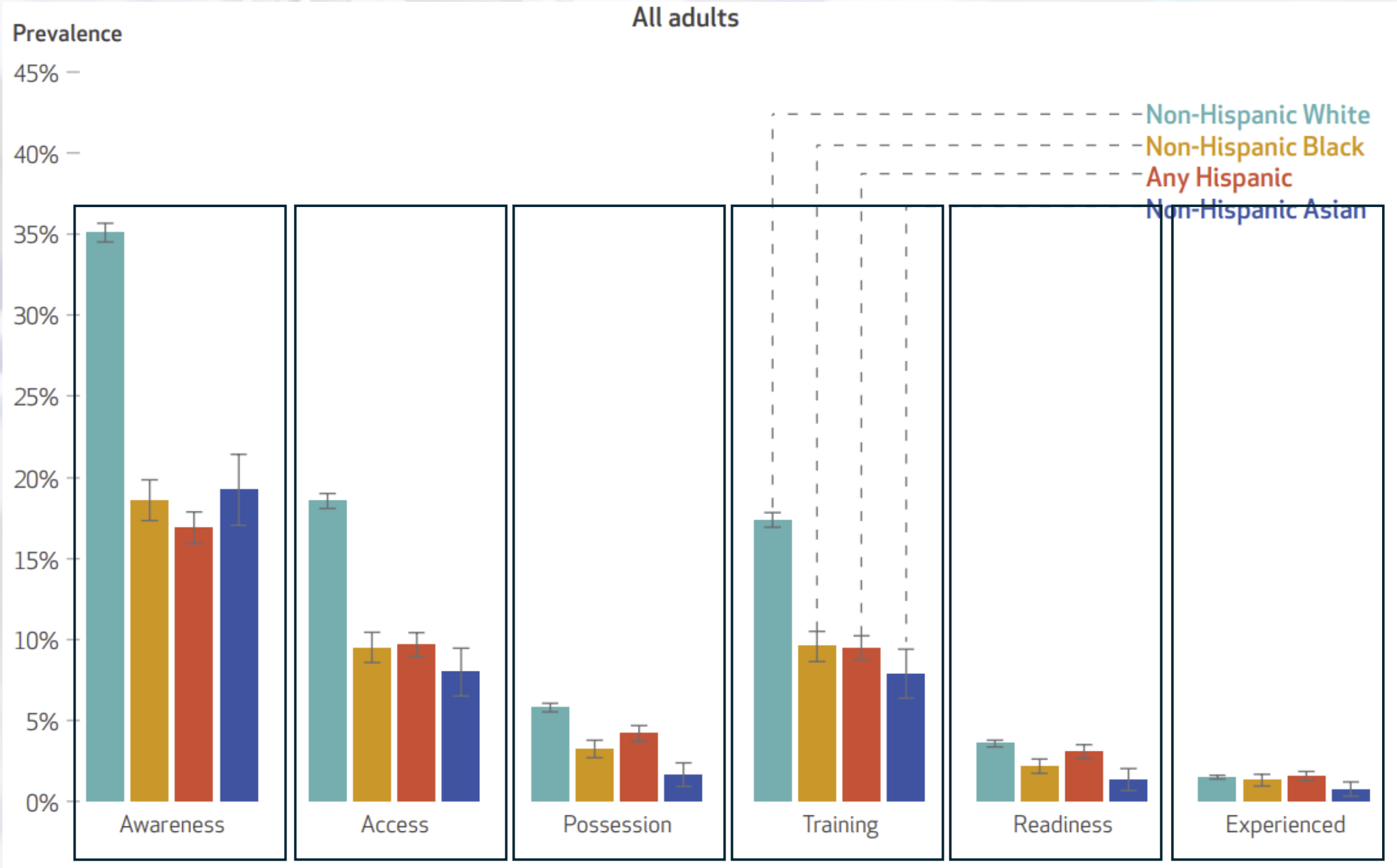
“What do you know about naloxone (Narcan®, Kloxxado®)? Please select yes or no for each statement.”

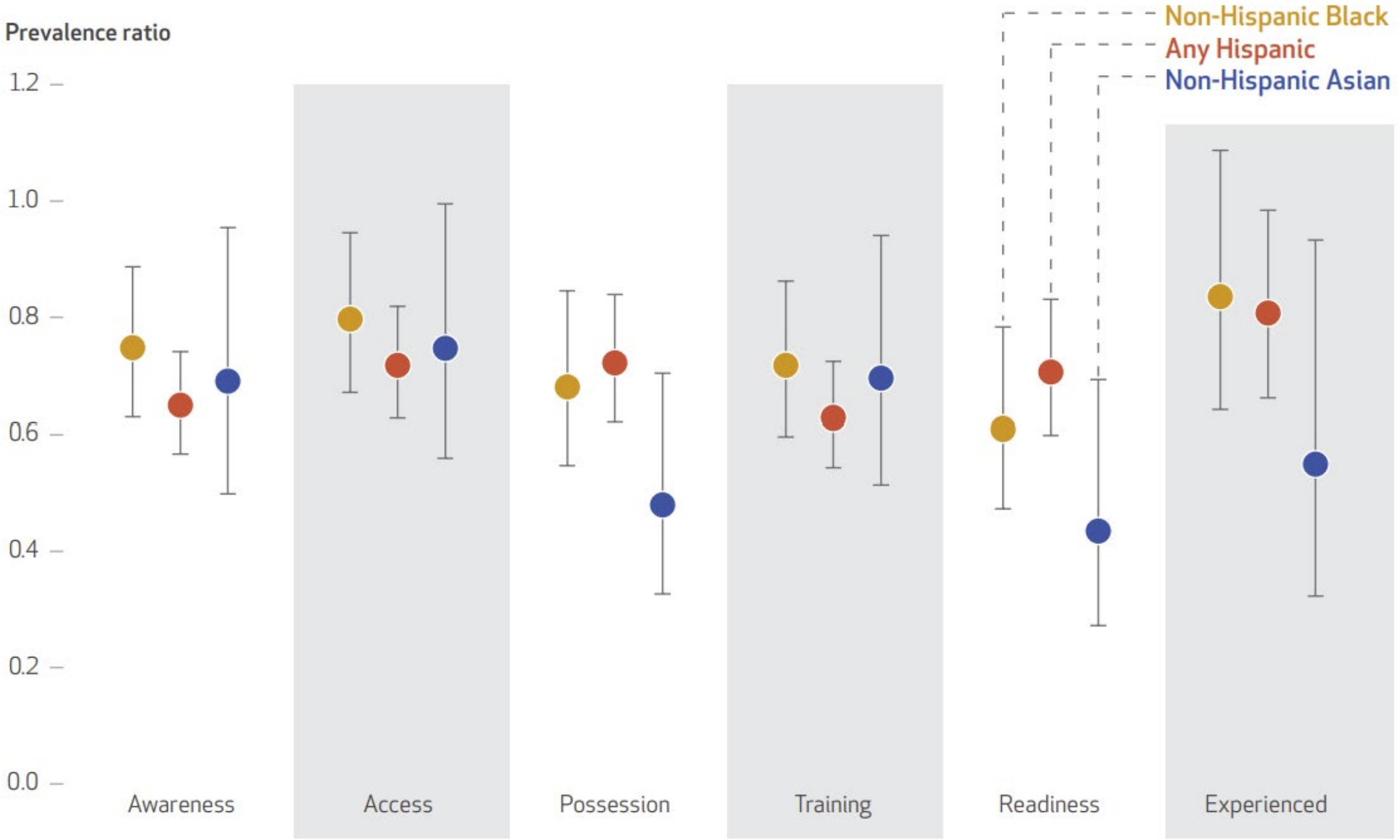


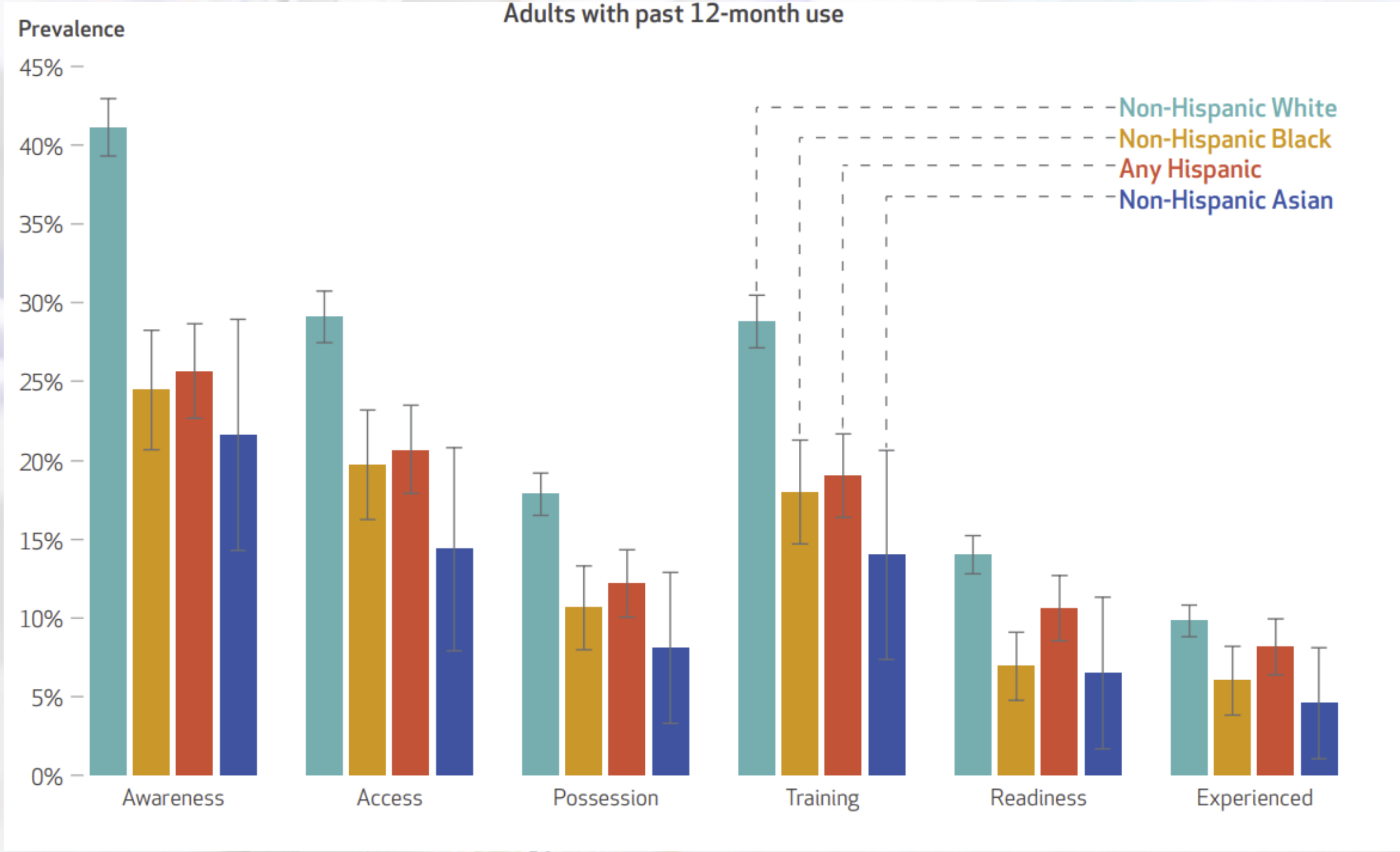
To identify racial disparities across the naloxone care cascade, we:

- Included **general population** and **high-risk users** (illicit/prescription opioid use).
- Calculated **race-specific prevalence** for each step of the naloxone care cascade.
- Used **weighted Poisson regressions** to test differences by race.
- **Adjusted** for key factors: age, gender, income, education, opioid use, SUD status, rurality, and region.
- Calculated **adjusted prevalence ratios (aPRs)** comparing each group to Non-Hispanic White adults.

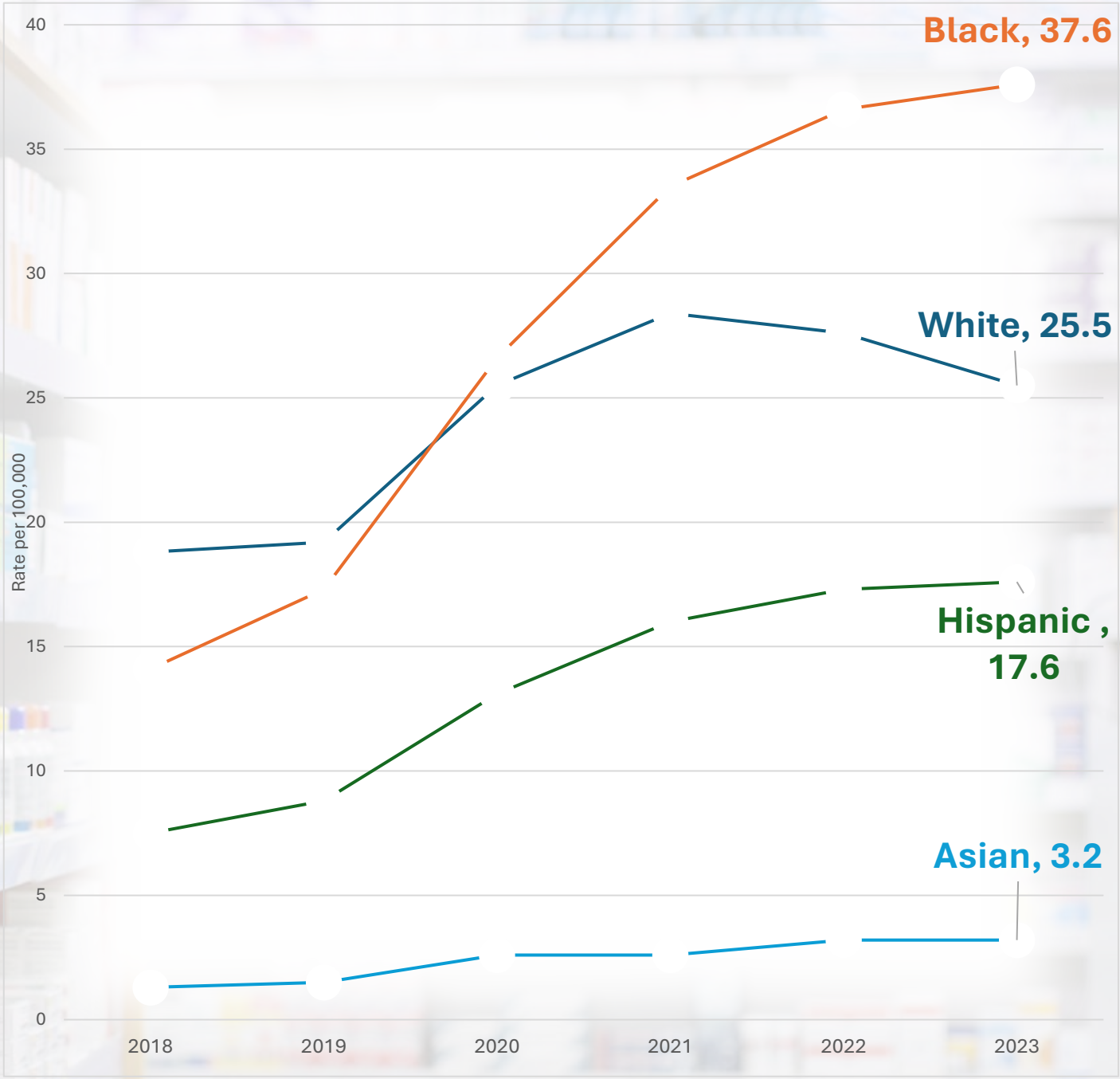
	General population (n = 57,719)		Reporting access (n = 10,775)		Reporting possession (n = 4,539)	
Characteristics	%	95% CI	%	95% CI	%	95% CI
Sex						
Male	48.3	47.8, 48.9	42.9	41.7, 44.1	45.3	43.3, 47.4
Female	50.6	50.1, 51.1	55.7	54.5, 57.0	53.3	51.3, 55.4
Nonbinary	1.1	0.9, 1.2	1.4	1.1, 1.7	1.3	0.8, 1.8
Age, years						
18-30	20.9	20.4, 21.3	15.2	14.2, 16.2	19.3	17.4, 21.1
31-55	42.4	41.9, 42.9	47.9	46.7, 49.1	55.1	53.0, 57.1
56+	36.8	36.3, 37.3	36.9	35.7, 38.1	25.7	23.9, 27.4
Race and ethnicity						
Asian only	3.8	3.6, 4.0	1.9	1.6, 2.3	1.2	0.7, 1.8
Black or African American only	10.4	10.1, 10.7	6.3	5.7, 6.9	6.6	5.5, 7.7
Any Hispanic	15.5	15.1, 15.9	9.5	8.8, 10.3	12.7	11.3, 14.1
White only	66.2	65.7, 66.7	78.1	77.1, 79.2	75.1	73.3, 76.9
Prescription opioid use in the last 12 months						
Use as intended	12.3	12.0, 12.6	20.7	19.7, 21.6	25.2	23.5, 26.9
Nonmedical use	8.8	8.5, 9.1	13.9	13.1, 14.7	24.8	23.2, 26.5
Illicit opioid use in the last 12 months	1.5	1.3, 1.6	4.4	4.0, 4.9	11.8	10.6, 13.0
Likely substance use disorder	6.4	6.2, 6.7	14.3	13.5, 15.1	29.3	27.5, 31.1


All adults
Prevalence
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Non-Hispanic White
Non-Hispanic Black
Any Hispanic
Non-Hispanic Asian
Awareness
Access
Possession
Training
Readiness
Experienced


Prevalence ratio
1.2
1.0
0.8
0.6
0.4
0.2
0.0
Non-Hispanic Black
Any Hispanic
Non-Hispanic Asian
Awareness
Access
Possession
Training
Readiness
Experienced


Adults with past 12-month use
Prevalence
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Non-Hispanic White
Non-Hispanic Black
Any Hispanic
Non-Hispanic Asian
Awareness
Access
Possession
Training
Readiness
Experienced

Non-Hispanic White adults consistently reported **higher engagement** than Black, Hispanic, and Asian groups, even among those at **high overdose risk**.



Disparities are driven by **structural** barriers, **not** just individual behavior

Problem	Solution
OTC naloxone access doesn't reach most high-risk individuals	

Naloxone is now available **over the counter** in pharmacies, but most high-risk individuals do **not** obtain naloxone this way.

- Barriers include:
  - Cost and insurance coverage issues
  - Stigma or fear of judgment at the pharmacy
  - Lack of awareness about OTC availability
- OTC access alone is **not sufficient** to ensure racial equity in naloxone engagement.

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OTC naloxone access doesn’t reach most high-risk individuals	Expand free community distribution channels (harm reduction, OEND, mobile delivery)

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Community programs are underfunded and geographically limited	Increase sustained public investment in local harm reduction infrastructure, perhaps with settlement $

Thank you!

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