Rates of HCV infection higher among pregnant women with opioid use disorder

Pregnant women with opioid use disorder (OUD) have substantially higher rates of HCV infection than pregnant women without OUD, according to a study on HCV infection prevalence at hospital delivery. During 2000–2015, the rate of maternal HCV infection for women with OUD increased from 87.4 to 216.9 per 1000 deliveries, whereas the rate of maternal HCV infection for women without OUD increased from 0.7 to 2.6 per 1000 deliveries (see figure below). Researchers also found that Native American women, women with publicly billed deliveries (Medicaid or Medicare), and women from areas with a median income of <$42,000 were more likely to have a diagnosis of HCV infection and/or OUD. The authors suggest that there is a link between the opioid epidemic and increases in HCV infection and conclude that “[HCV] testing remains important to identify infections, engage infected women in postpartum treatment, and identify infants who might have been exposed.”

Data was collected from the 2000–2015 Healthcare Cost and Utilization Project’s National Inpatient Sample. HCV infection was identified from *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) codes 070.41, 070.44, 070.51, 070.54, 070.70, 070.71, and V02.62, while opioid use disorder was identified from ICD-10-CM codes 304.00–304.03, 304.70–304.73, and 305.50–305.53 in accordance with *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* criteria.
Increase in buprenorphine/naloxone prescribing associated with decrease in high-dose opioid analgesic prescribing in Kentucky

There is a significant reciprocal relationship between high-dose opioid analgesic (OA) prescribing and buprenorphine/naloxone prescribing, according to data from a longitudinal study in Kentucky. For every additional 1,000 residents receiving high-dose OA prescribing, there was a subsequent 12 resident increase in buprenorphine/naloxone prescribing. Conversely, for every additional 1,000 residents receiving buprenorphine/naloxone prescribing, there was a subsequent 6 resident decrease in high-dose OA prescribing. These findings align with statewide trends in Kentucky, which show an increase in buprenorphine/naloxone treatment and a decrease in high-dose OA prescribing. According to the authors, this relationship can be attributed to “the fact that high-dose OA prescribing was associated with increased risk of OUD, which can be treated effectively with buprenorphine/naloxone” and to “evidence of discontinuing prescription OAs if a person received buprenorphine/naloxone treatment for OUD.”

![State Rates of High-Dose Opioid Analgesic Prescribing and Buprenorphine/Naloxone Prescribing by Quarter, Kentucky 2012-2017](image)

From the first quarter of 2012 to the fourth quarter of 2017, the state level rate of high-dose OA prescribing per 1000 residents with OA prescriptions decreased from 75 to less than 50, while the state level of buprenorphine/naloxone prescribing per 1000 residents with OA prescriptions increased from less than 20 to almost 70.
Data was collected from opioid prescription reports to the Kentucky All Schedule Prescription Electronic Reporting program from 2012 to 2017. High-dose OA prescribing at the person level was defined as at least seven consecutive days with a daily cumulative dose of 100 morphine milligram equivalents or more. Buprenorphine/naloxone prescribing at the person level was defined by at least one buprenorphine/naloxone trans-mucosal prescription.


Opioid Policy Updates

Barriers to naloxone use and acceptance among emergency responders and users in New Hampshire

A recent study conducted with opioid users and emergency responders in New Hampshire identified a number of barriers to naloxone use and acceptance. Among responders, two common concerns was that increasing naloxone availability would enable greater and riskier opioid use and that naloxone fails to address long-term issues of addiction. Among opioid users, barriers to naloxone use and acceptance included cost, legal concerns, stigma, and lack of knowledge regarding its administration, availability, and effectiveness. To address responder concerns, the authors suggested placing greater emphasis on naloxone use as a harm-reduction strategy rather than a treatment plan. To address barriers to naloxone use and acceptance among opioid users, the authors suggested further education on the current status of harm-reduction policies (e.g., the Good Samaritan Law), the mechanisms and effectiveness of naloxone use in reversing overdose, and whether laypersons are qualified to administer naloxone. The authors also emphasized the importance of choosing naloxone distribution locations that are accessible in a diverse array of community settings and widely communicating these locations.

Data was collected from a total of 112 semi-structured interviews. 76 opioid users and 36 emergency responders ages 18 or older throughout six counties in New Hampshire (Hillsborough, Cheshire, Grafton, Rockingham, Strafford, and Sullivan counties) were recruited using a multi-pronged approach, including snowball sampling, posting flyers at public centers, and placing advertisements on Craigslist. Opioid users were residents of New Hampshire with a self-reported recent or ongoing history of opioid use. Emergency responders were emergency department providers, emergency medical services providers, firefighters, and/or police officers.


FDA continuing efforts to increase availability and accessibility of all forms of naloxone

The Food and Drug Administration (FDA) released a statement outlining ongoing FDA efforts to make naloxone more readily available and accessible. To encourage the development of generic naloxone products, the FDA is granting priority review to all generic applications for emergency opioid overdose products. This priority review includes shorter goal dates or earlier reviewer deadlines, enhanced agency communication with sponsors, and expanded agency engagement. The FDA also recently designed and tested a model Drug Facts label with pictogram instructions, which drug companies can now use to obtain approval for over-the-counter naloxone products. Additional FDA efforts include working with manufacturers to see if shelf-life extensions are possible,
considering situations where co-prescribing naloxone may be appropriate, and conducting further research on naloxone.