

Overdose Education  
and Naloxone  
Prescribing/  
Distribution Programs:  
Nuts and Bolts of  
Implementation

# SAVE SOME NALOXONE

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**Heartland Health Outreach**  
National Health Care for the Homeless Conference & Policy Symposium  
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### Disclosures & Assumptions

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
  - MDS: none (working on SAMHSA curriculum)
  - ASA: none
  - JK: none
- Depending on interest, we are prepared to include discussion of “off-label” ROA:
  - Naloxone is FDA approved as an opioid antagonist
  - Naloxone delivered as an intranasal spray with a mucosal atomizer device has not been FDA approved and is off label use
- We assume prior knowledge of layperson naloxone access initiatives; this session is designed to support implementation

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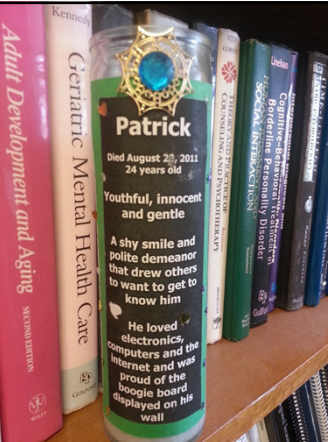
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“There are decades where nothing happens; and there are weeks where decades happen” – Vladimir Lenin




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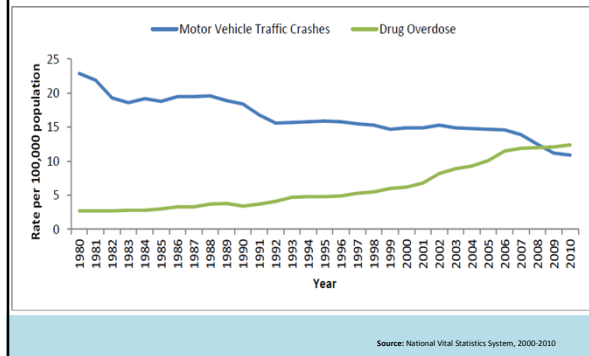
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Figure 1. Rates of motor vehicle traffic and drug overdose deaths, United States, 1980-2010.



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### Opioid overdose costs

- \$20.4 billion per year in 2009
  - \$2.2 billion direct costs
    - inpatient, ED, MDs, ambulance
  - \$18.2 billion indirect costs
    - lost productivity from absenteeism and mortality
- \$37,274 cost per opioid overdose event

Inocencio TJ et al. Pain Medicine 2013

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### Key vulnerable groups

- People experiencing homelessness
  - #1 cause of death (Baggett, 2012)
- People experiencing incarceration
  - #1 cause of death (Binswanger, 2013)
- People undergoing Tx for OUD
  - Detox riskier than AMA or nothing (Strang, 2003)
- People living with HIV/AIDS
  - 74% higher if HIV+ (Green, 2012)

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**OEND**

- No increase in use, increase in drug treatment
  - Seal et al. J Urban Health 2005;82:303-11
  - Galea et al. Addict Behav 2006;31:907-912
  - Wagner et al. Int J Drug Policy 2010; 21: 186-93
  - Doe-Simkins et al. BMC Public Health 2014; 14:297
- Cost effective
  - Coffin & Sullivan Ann Internal Med 2013; 158: 1-9
- Reduction in overdose deaths
  - Walley et al. BMJ 2013 346:f174
- Should center around PWUD
  - Rowe et al. Addiction 2015; 1360-0443




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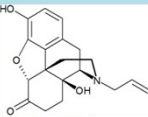


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### Naloxone (Narcan®) basics

- Shelf life ~ 2 years
- Half life ~30-90 minutes
- Bioavailable – **IV, IM, SC, IO, IN**, but not PO or SL
- Effective dose depends on opioid dose
- Narcan can **neither** be abused nor cause overdose
- Contraindication known sensitivity, which is very rare
- Adverse effects are opioid withdrawal
- naloxone ≠ Suboxone<sup>1</sup> ≠ naltrexone (Vivitrol®, Revia®)

<http://www.inchem.org/documents/antidote/antidote/ant01.htm#SectionNumber2.6>

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### Launching HHO's OD prevention & naloxone initiative

1. Organizational/administration level activities
  - State-specific requirements (?)
  - Policy
  - Sourcing/formulations
  - Medical oversight (?)
  - \$\$\$
2. Staff
  - Training & orientation to policy additions/changes
  - Identify champions to sustain the program
  - TOT for staff champions to deliver to participants
3. Participants
  - Addressing OD- acute
  - Addressing OD- ongoing
4. Access & milieu

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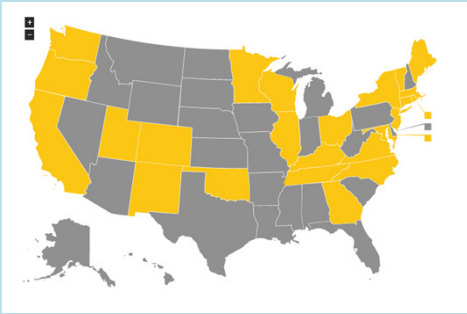
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### Naloxone- legal overviews

- Rx naloxone during regular med practice= OK



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### CREATING A POLICY: LET'S PRACTICE

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**SOURCING, FORMULATION,  
STORAGE DECISIONS: Q&A**

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**Medical oversight**

- Standing orders
- Collaborative practice agreements
- 3<sup>rd</sup> party prescribing
- “Behind the counter”

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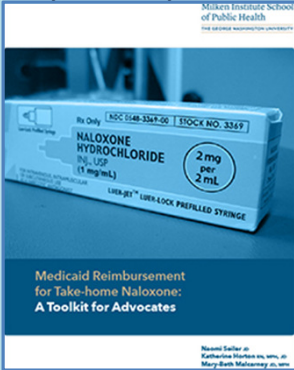
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**Money, money, money**

- SAMHSA block grants
- State funds
- Asset forfeitures
- Private foundations
- Insurers



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**Staff**

- Training
- Processing experiences
- Addressing liability concerns &/ ethical dilemmas

REACH FOR ME

FIGHTING TO END THE AMERICAN DRUG OVERDOSE EPIDEMIC

“Providing naloxone to opioid users is harm reduction on a really intimate, yet grand scale because every OD death that is prevented is hundreds if not thousands of people prevented from grieving. With each OD death prevented, it's all that sorry, grief, and loss prevented.”

LEE HERTEL  
LEE'S BIG HUB

Production: @reach4me

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**Engage clients/patients/ participants as a fellow community member**

FIGHTING TO END THE AMERICAN DRUG OVERDOSE EPIDEMIC

“Naloxone matters because it's about saving a life. It's about helping someone. It's about stitching together as a family.”

ELIZABETH OWENS  
VOCAL-NY

Production: @reach4me

**HEROIN  
ADDICT**

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**Ongoing remembrance; Trauma awareness**

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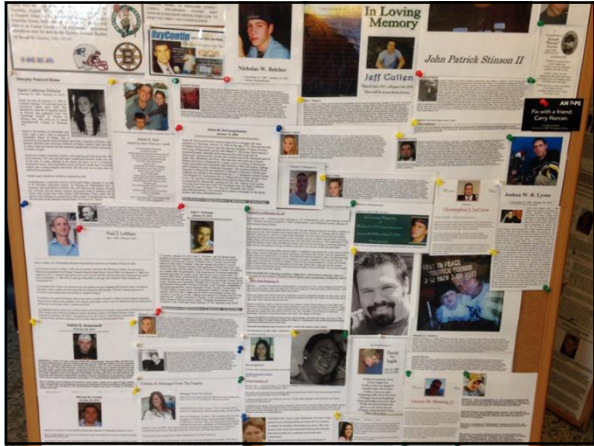
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Door sticker advertisement

**I HAVE NARCAN**

PLEASE ASK FOR MY HELP!

I AM TRAINED TO HELP WITH AN OVERDOSE

The Dope Project

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Bathrooms are injection facilities  
How to make them safer for staff & participants?

- Secure sharps boxes
- Good lighting
- Mirrors
- Doors that open out
- Call button
- Intercom system
- Monitor with timer
- Safer injection equipment
- Naloxone rescue kit

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Changing perception of risk- consider (universal?) co-prescription

**Do you take strong pain medications?**

For example:  
Percocet, Vicodin, methadone, oxycodone, morphine, MScontin, Dilaudid, fentanyl, or any other "opiate" medication?

**Ask your provider for naloxone!!**

Naloxone is an antidote sprayed into the nose if you are too sleepy or can't be woken up due to these pain medications.

Talk to your provider for more information.

[PrescribeToPrevent.org](http://PrescribeToPrevent.org)

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**Opportunities to address overdose in treatment**  
Guidance for substance use disorder treatment providers

<p><b>Waitlists</b></p> <p>Anyone placed on a waiting list should get information on opioid safety and overdose response, regardless of stated drug of choice.</p>	<p><b>Screening/Assessment</b></p> <p>Language about overdose can be added to intake forms, including screening for trauma.</p>
<p><b>Counseling</b></p> <p>Individual and group counseling can discuss past overdose experiences as well as prevention and intervention skills. Family support groups can also cover overdose.</p>	<p><b>Induction/Orientation</b></p> <p>Induction of medication-assisted treatment is a high-risk time for overdose; prevention and education should be addressed. All treatment orientations can acknowledge the risk of misuse and overdose.</p>
<p><b>Positive Drug Screens</b></p> <p>Discussing concerns about overdose in the event of a positive drug screen can reduce tension by emphasizing the importance of the client's safety.</p>	<p><b>Discharge</b></p> <p>Discharge may be one last chance to ensure clients that people have the skills, information, tools, and materials to keep themselves safe.</p>

Any time a client overdoses and on International Overdose Awareness Day, every year on August 31

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**Resources**

- Overdose Prevention Alliance
- Harm Reduction Coalition
- AnyPositiveChange.org
- StopOverdoseIL.org
- StopOverdose.org
- PrescribeToPrevent.org

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*Activists, advocates & drug users who have fought to save lives*

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