



The Walley Wallop: The use of naloxone to prevent overdose

Brianne Fitzgerald PMHNP, FNP, CARN-AP



Objectives

- Describe the epidemiology of overdoses (OD)
- Review existing OD prevention efforts and the evidence for them
- Integrate OD prevention and naloxone rescue kits into the medical setting



Drug OD in the United States

- OD have more than tripled 1990-2008
- Where do persons get the opioids
 - 71 % Family and friends
- Where do family and friends get opioids
 - 82% get them from ONE prescriber
- Reformulation of ER oxycodone in 2010 (non tamper proof version)
 - Decrease in abuse exposures 36% w ER use, 20% increase in other OC forms, 42% in heroin use

Samhsha.gov/daofa/NSDUH/2012

Drug OD's now leading cause of injury related deaths

- 44,000 people die from drug OD's every year and this number has doubled over the past 14 years.
- 36 states and D.C OD deaths exceed motor vehicle related deaths.
- West Virginia 33.5/100,000
- North Dakota 2.6/100,000
- 34 states and D.C have "rescue drug" laws in place, double the number since 2013
- Every state EXCEPT Missouri has some form of PMP in place, only 25 states require some mandatory use.

www.Medicape.com/viewarticle/846634

About naloxone

- Reverses opioid related sedation and respiratory depression
- Naloxone is a PURE opioid antagonist
 - Not psychoactive, no abuse potential
 - May cause withdrawal symptoms
- May be administered IM, IV, SC and IN
- Acts within 2-8 minutes
- Lasts 20-90 minutes and OD may return
- May be repeated
- Naloxone = Narcan (SA). Naltrexone (LA)

Opioids affect breathing

- Slows and stops breathing
- Reduced sensitivity to O2 and CO2
- Decreased tidal volume, respiratory frequency and failure due to hypoventilation
- OD's can take from minutes to hours to occur.
 - Additive effects may result in hours before the OD is noted

Intoxicated or Overdose?

Steps to teach patients, family, friends, caregivers

Intoxicated

Small pupils

Drowsy, but arousable

Responds to sternal rub

Speech is slurred

Drowsy, but breathing

8 or more times per minute

Overdose

Small pupils

Not arousable

No response to sternal rub

Not speaking

Breathing slow or stopped

- < 8 times per minute
- May hear choking sounds or a gurgling/snoring noise
- Blue/gray lips and fingertips

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Risk factors for OD: teach patients how to prevent and OD

- Mixing drugs
 - Synergistic actions gabapentin, promethazine, clonidine
- Previous OD
- Social isolation
- Chronic medical issues
- Abstinence= low tolerance
- Unknown source
- Long acting opioids last longer (fentanyl)
- Word on the street

How to Respond in an Overdose

Steps to teach patients, family, friends, caregivers



What to do

- Call out name, call 911, try sternal rub, do rescue breathing
 - Clear airway
 - Hand on chin, tilt head back to open airway, pinch nose closed
 - 2 slow rescue breaths making sure chest rises then
 - 1 breath every 5 seconds until patient can breathe on own or
- Administer naloxone
- Continue rescue breathing 1 breath every 5 seconds until EMT's arrive
- After 3-5 minutes if no response w slow or no breathing administer another dose of naloxone

Naloxone Access

For updates, see <http://lawatlas.org/>

25 States

Naloxone Access Laws

Twenty-five jurisdictions now have laws that address access to naloxone for people at risk of opiate overdose.



Jurisdictions: 25 (CA, CO, CT, DC, GA, IL, KY, MA, MD, ME, MN, NC, NJ, NM, NY, OH, OK, OR, RI, UT, VA, VT, WA, WI)

18 States

Immunity from Criminal Prosecution Provided for Prescribers

Eighteen jurisdictions provide criminal immunity for prescribers who prescribe, dispense, or distribute naloxone to laypersons.



Jurisdictions: 18 (CA, CO, CT, GA, IL, KY, MA, ME, MN, NC, NJ, NM, NY, OH, RI, UT, VA, WI)

11 States

Prescription by Standing Order Authorized

Eleven jurisdictions authorize naloxone users to have standing orders for prescriptions of naloxone, allowing them to receive the drug without visits and new prescriptions by a physician.



Jurisdictions: 11 (CA, IL, KY, ME, MN, NC, NJ, RI, TN, VT, WI)

2015



Legal Issues

- Naloxone is not a controlled substance
- There are always risks
 - Prescribing to own patients is consistent w state and federal laws
 - Many states have passed laws further limiting naloxone liability as well as allowing "third party" prescriptions
- Any medication prescribed
 - must ensure that it is done in good faith
 - in the usual course of practice
 - for a legitimate medical purpose

Models for Prescribing Naloxone

Model 1	Model 2	Model 3
Prescriber writes prescription Patient fills at pharmacy	Prescriber writes prescription and dispenses pre-packaged kit	Pharmacy provides naloxone directly to customer
Setting: clinic with insured patients Pharmacies alerted to prescribing plans May need to have atomizers on-site for intranasal formulation Consider providing informational brochure	Setting: medical care with resources to have and maintain kits on-site	Without prescriber contact under a collaborative practice agreement (CPA) or standing order Encourage naloxone co-prescribing

Third Party Prescribing: Example Language

(A) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to:

- (i) a person at risk of experiencing an opiate-related overdose or
- (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

(B) Such practitioner shall not, as a result of the professional's acts or omissions, be subject to any civil or criminal liability, or any professional disciplinary action.

The Good Samaritan Law

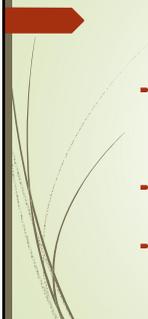
- "we want people to call 911 and good Samaritan laws remove the fear of calling for help in most cases...Addiction can happen to anyone, your brother, your daughter, sister or son...if we can save one life, it's worth it!"

• Det. Gary Martin, Palm beach County Sheriff's Office



Pharmacist practice

- In many states (including NC, MT, NM, Indian Health Service and VA) a pharmacist may dispense w/o a patient seeing a prescriber first
- Issues with charging for pharmacy consult????



Resources

- Special thanks to Doctor Alex Walley for his tireless efforts to make naloxone available in the community, by training police officers, EMT's and community people; the parents, friends and other loved ones of those at risk for overdose here in Massachusetts. It is through his efforts that we are in the forefront of this effort to save lives
- SCOPE of Pain
 - Scope of pain.com
 - www.opioidprescribing.com/naloxone. Alex Walley teaches this!
 - www.asam.org/docs/public-policy-statements/1naloxone-1-10.pdf.
