Overdose Prevention and Naloxone Training

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Office of Substance Abuse and Mental Health
TRAINING OBJECTIVES

This training will teach you…

• How to Define Opioids
• About the Scope of the Problem (U.S. and FL)
• How to Recognize and Respond to Opioid Overdose
• About Florida’s Overdose Prevention Laws
WHAT ARE OPIOIDS/OPIATES?

• Prescription (Rx) medication to treat and manage pain
  - Hydrocodone, oxycodone, morphine, Vicodin, dilaudid, fentanyl

• Illicit drugs (heroin)
Scope of the Problem: Across the U.S. and in Florida
Scope of the Problem

• In 2014, CDC reported...
  – Drug overdose passed car accidents as leading cause of unintentional injury death in U.S. among people ages 25-64 yrs. old
  – 1.5xs more deaths from OD than car crashes
  – 47,055 drug OD deaths in U.S.
  • 28,647 (61%) involved some type of opioid (Rx or heroin)
# 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2014

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<th>Rank</th>
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<th>5-9</th>
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Scope of the Problem

- Age-adjusted mortality rate for opioid overdoses (Rx and heroin) 2000-2014
  - National = 5.8 per 100,000 individuals
  - Florida = 6.8 per 100,000 individuals
Scope of the Problem

• Doctors wrote 259 million Rx for opioids in 2012
  – Enough for every American adult to have a bottle of pain pills

• Doctors struggle to treat/manage pain without overprescribing
  – Heavily overprescribed Rx opioids over past decade with little education/training re: risks/addictive potential
Scope of the Problem

• Drugs Identified in Deceased Persons Report (2013 + 2014)
  – 3,788 opioid-caused deaths in 2013 + 2014
  – 3,736 of these were opioid overdose

• 5 Floridians lost per day to opioid overdose
Recognizing and Responding to Opioid Overdose
What happens in an opioid overdose?

- Pain relief
- Intoxication
- Respiratory depression
- Death
The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
Risk Factors for Overdose

- Mixing different types of drugs
  - Opiates with alcohol and/or cocaine, benzodiazepines (Xanax)
- Quality of drug
  - Black market heroin commonly laced with much stronger opiates (fentanyl)
- Low tolerance
  - Period of abstinence due to drug treatment, detox, incarceration
- Using alone
  - No one to call 911 and administer naloxone
- Weak immune system/illness
- Stressful or new environments (set and setting)
WHO IS AT RISK FOR OPIOID OVERDOSE?

- People using Rx opioids as prescribed
- People with history of opioid abuse being released from jail/prison (low tolerance)
- People being discharged from drug treatment, especially abstinence-based (low tolerance)
- People in medication-assisted treatment (methadone is long-acting)
- People using heroin
Signs of Opioid Overdose

- Unresponsive
- Blue/pale skin, lips, nails
- Slow heartbeat
- Slow/irregular breathing, or no breathing at all
  - Choking, gargling, snoring sound, “death rattle”
- Vomiting
- Passing out
Myths of Overdose Reversal

- Letting the person “sleep it off”
- Putting the person in the shower
- Induce vomiting
- Giving the person coffee or water
- Beating, punching, or kicking the person
- Injecting the person with other substances (saltwater, stimulants, milk, etc.)
Responding to an Opioid Overdose

1. Sternal Rub
2. Call 911
3. Rescue Breathing
4. Administer Naloxone
Check Responsiveness – Sternal Rub

• Lay person on their back
• Make a fist with your hand, and press on chest or upper lip of unresponsive individual
• If no response, move to next step (call 911)
Call 911

- Person is unresponsive and not breathing
- Clearly state address
Rescue Breathing

- Tilt head back, clear air passage
- Pinch nose
- Open mouth
- 1 breath every 5 seconds
  - Chest should rise
  - Perform rescue breathing while preparing naloxone to administer and while waiting for naloxone to take effect
Administer Naloxone Kit
**Naloxon**

- FDA approved
- Safe and effective Rx medication that reverses opioid overdose (opioid/opiate antagonist)
- Used by paramedics for 40+ years
- Cannot be abused or cause overdose
- Does not work on other overdoses (cocaine, alcohol, benzodiazepines, etc.)
- If naloxone is administered to someone not overdosing opioids, it has no adverse effects
Naloxone

- Restores breathing and consciousness
- Can be administered via intramuscular (IM), intranasal (IN), or intravenous (IV)
- Onset: 1-3 minutes
- Duration: 30-90 minutes
  - Person can slip back into overdose after naloxone wears off, should be supervised under medical care, may need additional doses of naloxone
How Naloxone Works

• When naloxone is administered, the opioid is knocked off the receptor site and replaced by naloxone → breathing is restored

• Naloxone also blocks the opioid from reattaching (antagonist) until the naloxone wears off
The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.
Administer Naloxone

- Intramuscular naloxone
  - Kit with 2 vials and 2 syringes or auto-injector product available
  - Thigh, upper arm, or butt
  - 0.4mg / 1 mL

- Continue rescue breathing while waiting for naloxone to take effect and EMS to arrive
Administer Naloxone

• Intranasal naloxone
  – Spray into 1 or both nostrils, depending on product
  – 1mg/1mL or 4mg/1mL, depending on product

• Continue rescue breathing while waiting for naloxone to take effect and EMS to arrive
Recovery Position
Side Effects of Naloxone

- Fatigue
- Loss of bowel/bladder function
- Fever, sweating
- Upset stomach/vomiting
- Confusion, disorientation
- Increased heart rate/breathing
- Pain/aches
- Withdrawal symptoms in opioid-dependent individuals
  - Sometimes severe, but still alive
Naloxone Storage

- 2 year expiration date
- Keep out of direct sunlight
- Adhere to package insert storage information of product you purchase
- Most naloxone is recommended to be stored at 20-25°C (68-77°F)
  - Most products permit temperature “excursions” between 4-40°C (39-104°F)
- Gammon et al. clinical study:
  - Naloxone maintained close 90% concentration when subjected to ~21 and ~129 degrees Fahrenheit temperatures every twelve hours for 28 days
Naloxone Cost

- Varies depending on product
  - Generic intramuscular the cheapest, cost $10 - $30
  - Nasal spray products can cost $40 - $150
  - Auto-injector can cost up to $4,500
Naloxone
Myth vs. Fact
**Misconceptions About Naloxone**

- **Myth:** Naloxone provides a safety net to active users and encourages or increases drug use.

- **Fact:** Studies report that naloxone does not encourage drug use, and in fact, has been shown to decrease it in some circumstances and increase users’ desire to seek drug treatment. Naloxone also causes unpleasant withdrawal symptoms in opiate-dependent people, an experience no active user aims to achieve.

*Florida Department of Children and Families*
*MyFLFamilies.com*
Misconceptions About Naloxone

• Myth: Naloxone will replace calling 911.

• Fact: All overdose prevention programs teach people to call 911. Naloxone is meant to keep people alive long enough for EMS to arrive and provide medical care, if necessary.
Misconceptions About Naloxone

• Myth: Naloxone will prevent drug users from seeking treatment.

• Fact: Death prevents people from seeking treatment. Naloxone keeps people alive long enough and provides people with another chance to receive treatment.
**Misconceptions About Naloxone**

- **Myth:** A person under the influence of drugs cannot be trusted to respond appropriately to an overdose.

- **Fact:** Community members, including active drug users, can be easily trained in OD recognition/response. Since 1996, over 50,000 community members have been trained on naloxone and over 10,000 overdose reversals have taken place using naloxone. The vast majority of these overdose reversals occurred in the community by active drug users. Most overdose prevention programs train active drug users how to reverse an overdose with naloxone and see great success in community overdose reversals.
Misconceptions About Naloxone

• Myth: Naloxone makes people violent.

• Fact: “Fight or flight response / people waking up swinging” generally only seen at very high naloxone doses administered IV, not seen in many individuals with lower doses and a slower route of administration (intramuscular or intranasal)
What is Florida doing to prevent overdose deaths?
Overdose Prevention Legislation

• 911 Good Samaritan Act

• Emergency Treatment and Recovery Act
911 Good Samaritan Act

• Encourages people to call for help during life-threatening overdose
• In the majority of overdose situations, an individual is at the scene who can intervene and call 911 and/or administer naloxone.
• In 50% of overdose cases, no one called 911 and the number one reason was fear of arrest/police involvement.
Florida 911 Good Samaritan Act

- SB 278 passed during 2012 legislative session, 893.21, F.S.
- Effective October 1, 2012
Florida 911 Good Samaritan Act

• In an overdose situation, protects the person who calls 911 (caller/help-seeker) and the overdose victim from...
  – Being charged, prosecuted, or penalized for possession of small amounts of controlled substances (if found as result of seeking emergency medical care)
Calling for help shouldn’t be a crime.

Save a Life! Don’t think twice! Call 911

NJ’s Good Samaritan Law protects people who seek help for victims of overdose.

“No life is disposable. A life saved from overdose can be a life restored.”
Governor Chris Christie - May 2, 2013


FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MyFLFamilies.com
IF YOU WITNESS AN ALCOHOL OR DRUG OVERDOSE...

DON'T RUN. CALL 911.

The Good Samaritan Overdose Law Protects You From Arrest
Naloxone Access Laws

• Increase access to naloxone among first responders, people who use drugs, caregivers, bystanders
• Offer liability protections
• Allow naloxone distribution from pharmacies and community organizations
  – Significantly reduce overdose deaths community-based distribution
Florida Naloxone Law

- HB 751 passed during 2015 legislative session
- Effective June 10, 2015
- Emergency Treatment and Recovery Act, 381.887, F.S.
- Expanded during 2016 legislative session with the passage of HB 1241
Florida Naloxone Law

- Allows authorized health care practitioners to prescribe naloxone to anyone at risk of experiencing or witnessing an opioid-related overdose

  - Third party Rx – prescribing a medication to someone with the intent that they will use it on someone else (friend/family of person overdosing)
    - Necessary component as no one can use naloxone on themselves
  - Prescribers are immune from any civil or criminal liability for prescribing naloxone, pharmacists are immune for dispensing
Florida Naloxone Law

- Emergency responders (law enforcement, paramedics, EMTs) and laypersons in the community can possess, store, and administer naloxone to someone believed in good faith to be experiencing an opioid overdose.
Florida Naloxone Law

Beginning in July...

– Pharmacies can dispense naloxone via standing order (auto-injector, nasal spray)
– Similar to CVS operating under a standing order to administer flu shots to the general public
– Helps reduce barriers to naloxone
  • Doctor appointment (fees, transportation, time off work)
  • Some doctors hesitant to prescribe
I SAVED MY BEST FRIEND’S LIFE

SAVE SOME NALOXONE

NALOXONE CAN TEMPORARILY REVERSE THE EFFECTS OF OPIOID OVERDOSE

For more information on being supplied with and trained to use naloxone, ask at your local drug service or needle exchange.

WWW.NALOXONE.ORG.UK / WWW.SDF.ORG.UK

YOU CAN SAVE_a_LIFE WITH_a_SPRAY

Naloxone, given as a nasal spray, can reverse the effects of an opioid overdose and Save a Life.

Give someone a second chance... to recover and live.

Attend a free training session.
Call 410-222-0100
for more information and to register.

www.AAHealth.org

Supported by SAMHSA and the Maryland Behavioral Health Administration
"I need your help to fight overdose!"