

Mainstreaming naloxone rescue kits from harm reduction programs to pharmacies, police and fire responders

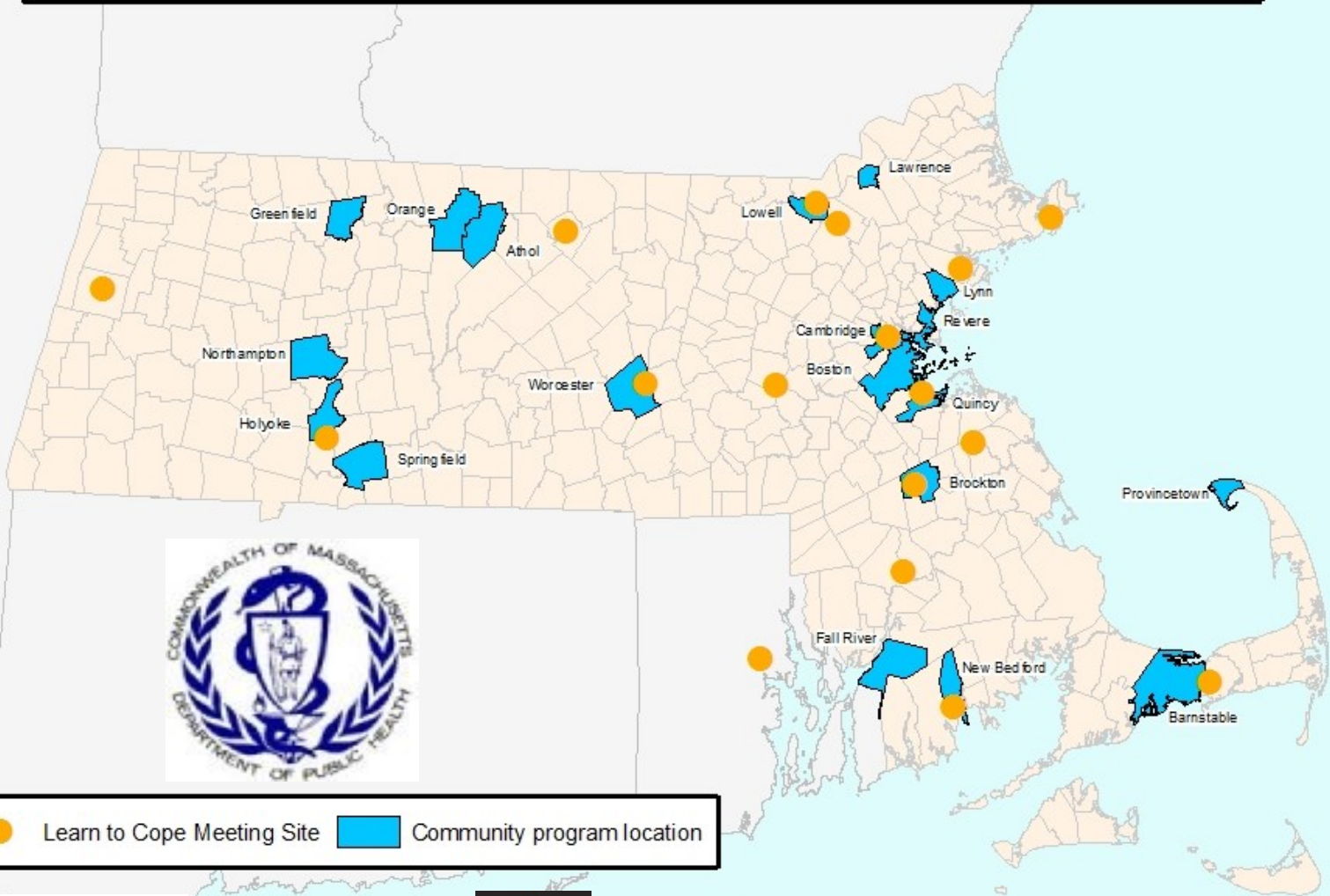
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Boston University School of Medicine

ThINC Bergen 2015
Conference on Overdose Awareness
Tuesday, September 1, 2015
3:45-4:15pm

Disclosures – Alexander Y. Walley, MD, MSc

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - None
- My presentation will include discussion of “off-label” use of the following:
 - 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

Massachusetts Department of Public Health Overdose Education and Naloxone Rescue Kit Program Locations, 2015

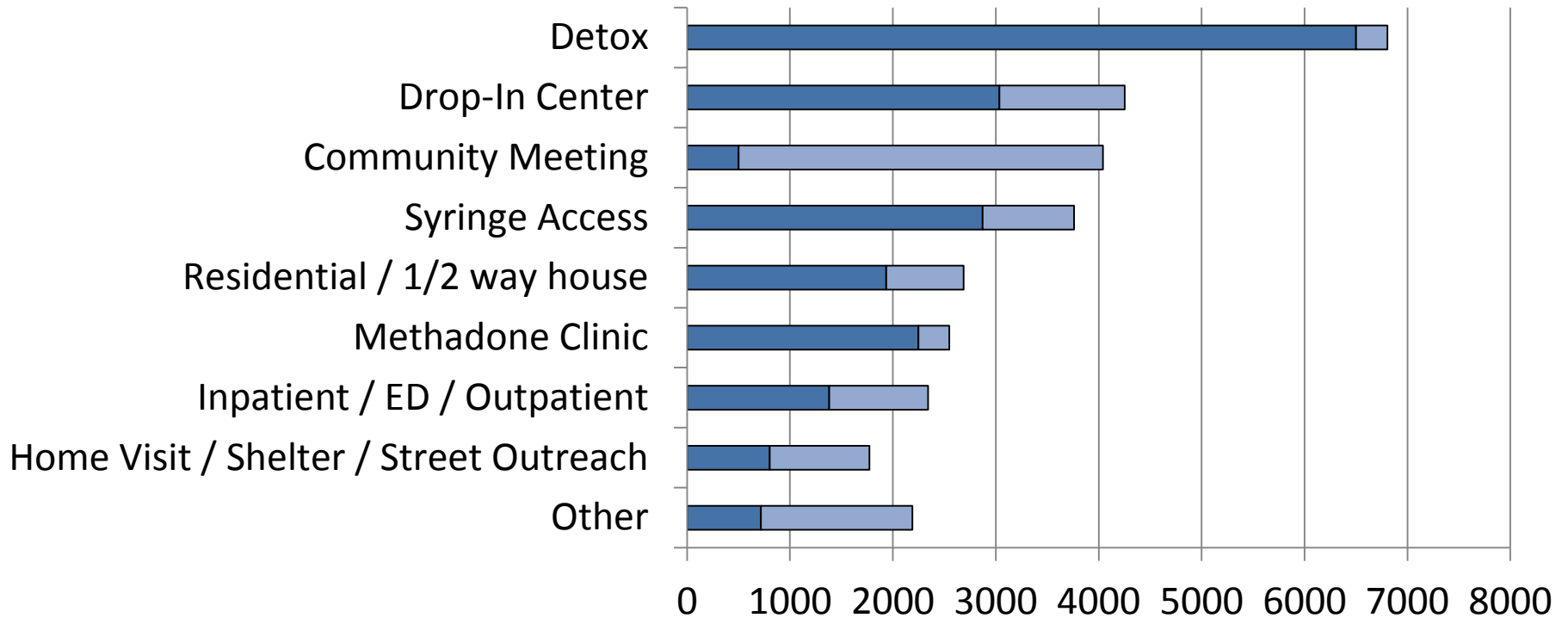


● Learn to Cope Meeting Site ■ Community program location



Enrollment locations: 2008-2014

■ Using, In Treatment, or In Recovery ■ Non Users (family, friends, staff)



Program Data

Program data from people with location reported: Users: 20,012 Non-Users: 10,415

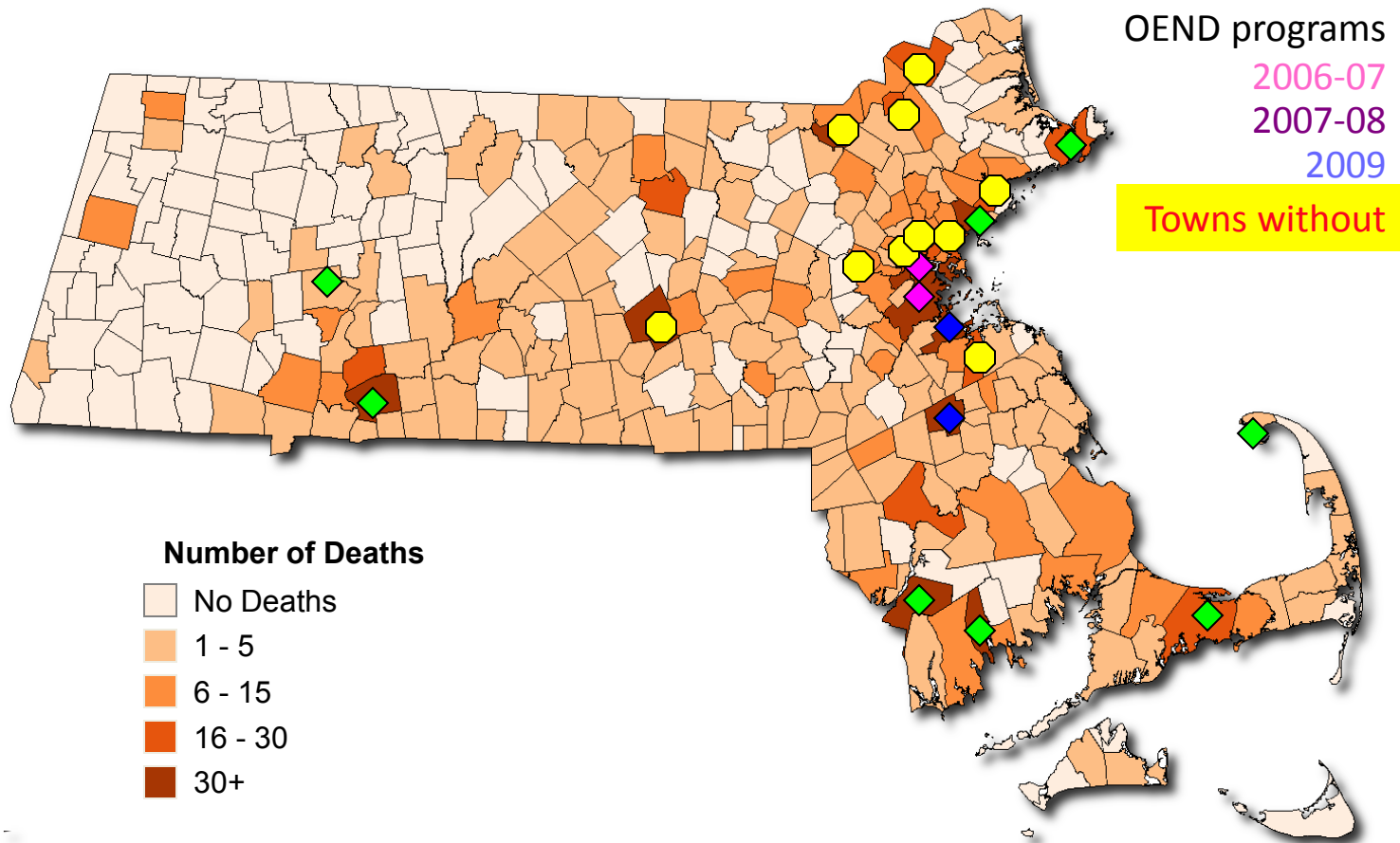
Currently > 36,000 enrollees (28 per day) and
> 5200 overdose rescues documented (5 per day)

Enrollee characteristics: 2006-2014

	User n=21,296	Non-User n=11,016
Witnessed overdose ever	74%	40%
Lifetime history of overdose	46%	
Received naloxone ever	39%	
Inpatient detox, past year	61%	
Incarcerated, past year	24%	
Reported at least one overdose rescue	9.2%	2.4%

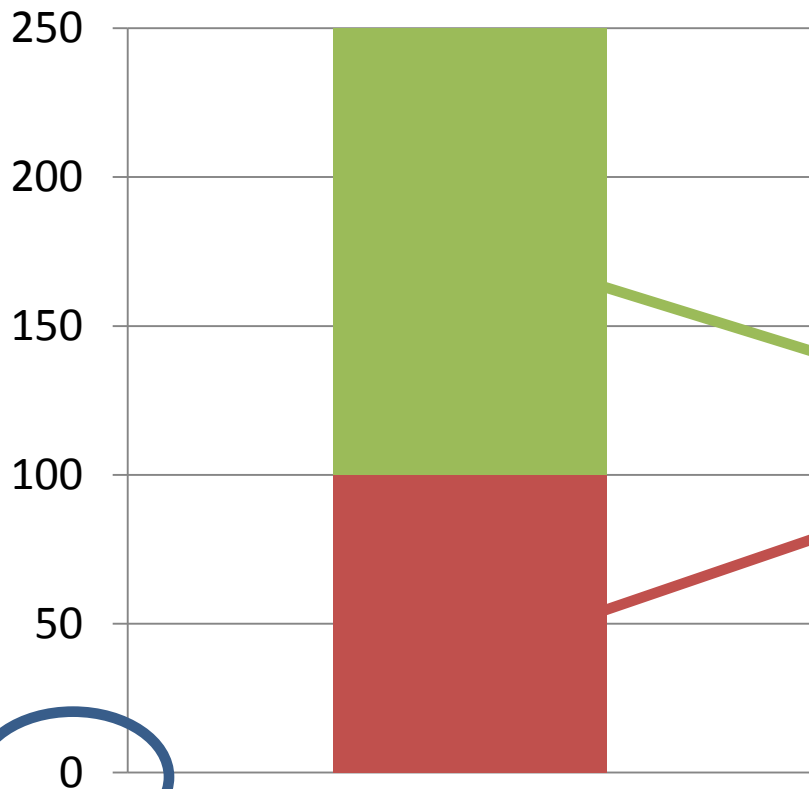
Program data

Opioid Overdose Related Deaths: Massachusetts 2004 - 2006

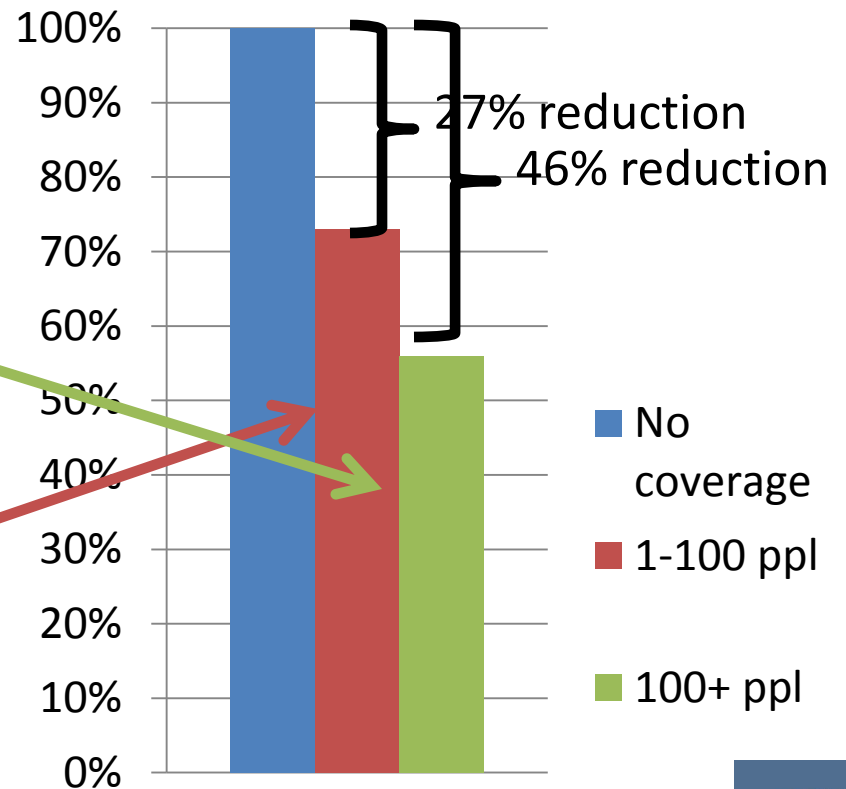


Fatal opioid overdose rates reduced where OEND implemented

Naloxone coverage per 100K



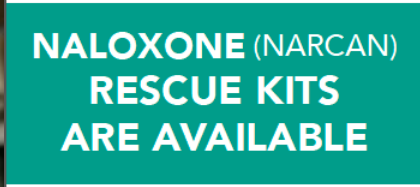
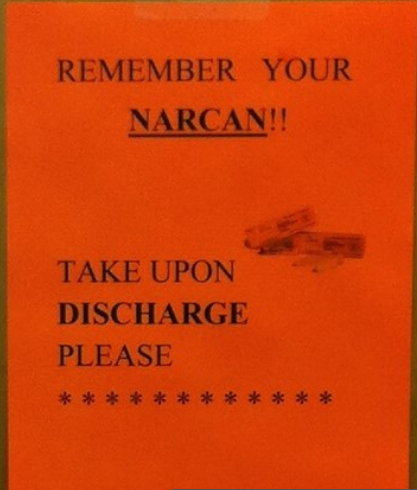
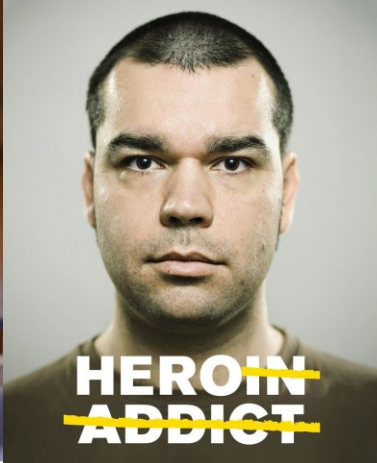
Opioid overdose death rate



Walley et al. *BMJ* 2013; 346: f174.

INPEDE OD Study Summary

1. Fatal OD rates were decreased in MA cities-towns where OEND was implemented and the more enrollment the lower the reduction
2. No clear impact on acute care utilization



Opioids include hydrocodone, oxycodone, codeine, hydromorphone, morphine, fentanyl, buprenorphine, methadone, oxymorphone, and heroin.

Someone who has overdosed will be unresponsive, have trouble breathing, and can die without immediate help.

If someone overdoses, call for help and use Narcan.

SAVE A LIFE.

Visit the BMC Shapiro Pharmacy today at 725 Albany St. for a NARCAN kit.

Mainstreaming naloxone rescue kits



“The **AMA** has been a longtime supporter of increasing the availability of Naloxone for patients, first responders and bystanders who can help save lives and has provided resources to bolster legislative efforts to increase access to medication in

www.ama-assn.org/ama/pub/new-naloxene-product-appr



“**AphA** supports the pharmacist’s role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose”

www.pharmacist.com/policy/controlled-substances-and-other-medications-potential-abuse-and-use-opioid-reversal-agents-2

NATIONAL DRUG CONTROL STRATEGY

2013



ASAM

American Society of Addiction Medicine

Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths

ASAM Board of Directors
April 2010

“Naloxone has been proven to be an effective, fast-acting, inexpensive and non-addictive opioid antagonist with minimal side effects... Naloxone can be administered quickly and effectively by trained professional and lay individuals who observe the initial signs of an opioid overdose reaction.”

www.asam.org/docs/public-policy-statements/1naloxone-1-10.pdf



Community management of opioid overdose



Law that limits liability and promotes help-seeking, third party prescribing Massachusetts - August 2012:

Good Samaritan provision:

- Protects people who overdose or seek help for someone overdosing from being charged or prosecuted for drug possession
 - Protection does not extend to trafficking or distribution charges

Patient protection:

- A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

Prescriber protection:

- Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

Standing orders in Massachusetts

1. Standing order at DPH that permits the distribution of naloxone kits by public health workers
2. State wide protocol that permits EMTs and first responders to use naloxone during an overdose rescue
3. Pharmacy standing order that permits retail pharmacies to furnish naloxone to customers without a specific prescription
 - Known as a collaborative practice agreement in many states
4. Inpatient/ emergency department standing orders that allow a hospital pharmacy to furnish naloxone to patients upon discharge

Training family members at support group meetings

	Received OEN (<i>n</i> = 92)
Reported benefits of OEN training	% (<i>n</i> / <i>d</i>)
Greater sense of security	74% (68/92)
Improved confidence to handle overdose	62% (57/92)
Greater understanding of overdose prevention and management	60% (55/92)
Educate others about OEN	33% (30/92)
Was able to reverse an overdose	29% (27/92)

Bagley et al. Overdose Education and Naloxone Rescue Kits for Family Members of Individuals Who Use Opioids: Characteristics, Motivations, and Naloxone Use. *Substance Abuse* 2015.

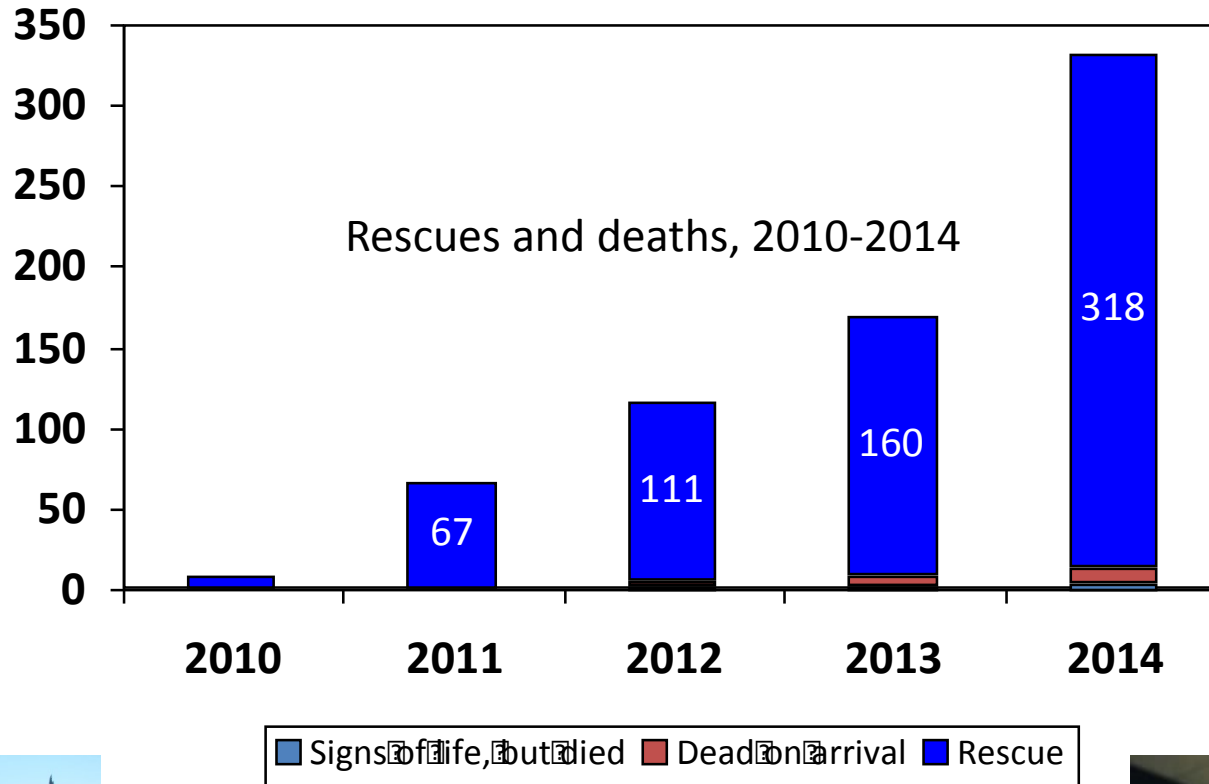
Training family members at support group meetings

	Response
Characteristics of last witnessed overdose rescue	% (n/d)
<i>Relationship to overdose victim*</i>	
Parent	40% (2/5)
Grandparent	20% (1/5)
Stranger	20% (1/5)
Friend	20% (1/5)

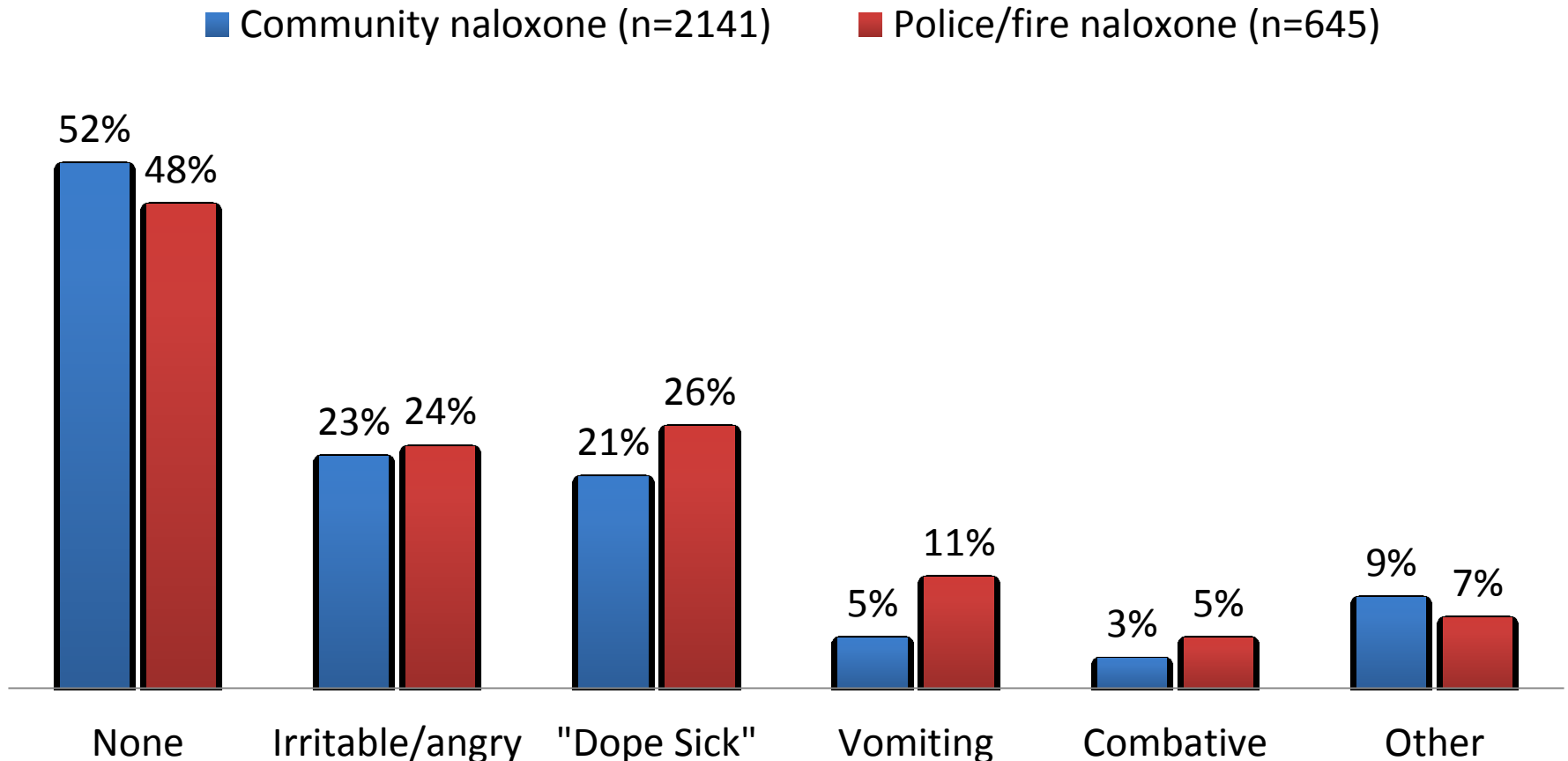
Bagley et al. Overdose Education and Naloxone Rescue Kits for Family Members of Individuals Who Use Opioids: Characteristics, Motivations, and Naloxone Use. *Substance Abuse* 2015.

Police and Fire naloxone rescues in MA 2010-2014

Massachusetts DPH First Responder Pilot



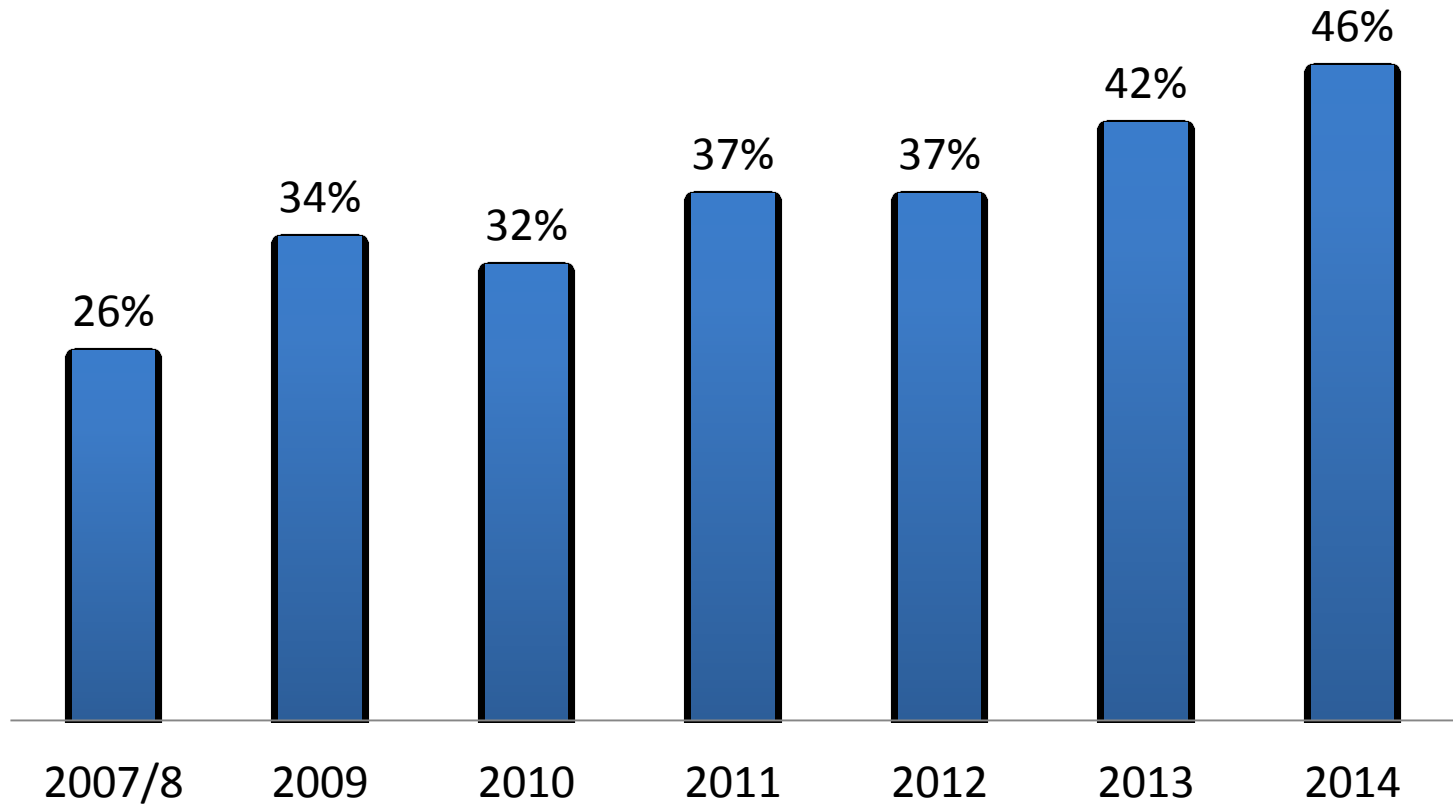
Withdrawal symptoms after naloxone rescue 2010-2014



Program data – 2008-2014

Other = confused, disoriented, headache, aches and chills, cold, crying, diarrhea, happy, miserable

Help-seeking (calling 911 or EMS present) by people reporting rescues with MDPH naloxone



Program data

Implementing OEND in MMT and detox

Model	Advantages	Disadvantages
1. Staff provide OEND on-site	<ul style="list-style-type: none"> • Good access to OEND • OD prevention integrated 	<ul style="list-style-type: none"> • Patients may not disclose risk
2. Outside staff provide OEND on-site	<ul style="list-style-type: none"> • OD prevention integrated • Interagency cooperation • Low burden on staff 	<ul style="list-style-type: none"> • Community OEND program needed
3. OE provided onsite, naloxone received off-site	<ul style="list-style-type: none"> • OD prevention integrated • Interagency cooperation 	<ul style="list-style-type: none"> • Increased patient burden to get naloxone
4. Outside staff recruit near MMT or detox	<ul style="list-style-type: none"> • Confidential access to OD prevention 	<ul style="list-style-type: none"> • OD prevention not re-enforced in treatment • Not all patients reached

Among 29 MMT and 93 detox staff who received OEND, 38% and 45% respectively reported witnessing and overdose in their lifetime.

Challenges for community programs

- Naloxone cost is increasing, funding is minimal
- Missing people who don't identify as drug users, but have high risk
- Agencies are CBOs which target IDU, people w/ substance use disorders, HIV prevention

Opportunities for prescription naloxone

- Co-prescribe naloxone with opioids for pain
- Co-prescribe with methadone/ buprenorphine for addiction
- Insurance should fund this
- Increase patient, provider & pharmacist awareness
- Universalize overdose risk

Models for Prescribing Naloxone

**Prescriber writes prescription
Patient fills at pharmacy**

Setting: clinic with insured patients

Pharmacies alerted to prescribing plans

May need to have atomizers on-site for intranasal formulation

Consider providing informational brochure

Prescriber writes prescription and dispenses pre-packaged kit

Setting: medical care with resources to have and maintain kits on-site

Pharmacy provides naloxone directly to customer

Without prescriber contact under a collaborative practice agreement (CPA) or standing order

Encourage naloxone co-prescribing

Prescribe to Prevent: Overdose Prevention and Naloxone Rescue Kits for Prescribers and Pharmacists

Naloxone for Overdose Prevention

patient name _____

date of birth _____

patient address _____

patient city, state, ZIP code _____



prescriber name _____

prescriber address _____

prescriber city, state, ZIP code _____

prescriber phone number _____

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needling syringe
(NDC 0548-3369-00)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

prescriber signature _____

date _____

Go to
prescribetoprevent.org

**BOSTON
UNIVERSITY**

**Boston University School of Medicine
Continuing Medical Education**

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed

- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds

- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone

- Teach your family + friends how to respond to an overdose



Are they breathing? → Call 911 for help

Signs of an overdose

- Slow or shallow breathing
- Gasping for air when sleeping or waking snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on stomach)

All you have to say:

"Someone is unresponsive and not breathing." Give clear address and location.



Airway → Rescue breathing

Make sure nothing is inside the person's mouth.

Rescue breathing

Oxygen saves lives. Breathe for them. One hand on chin, the head back, pinch nose closed. Make a seal over mouth & breathe in 1 breath every 5 seconds. Chest should rise, not stomach.



Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?



1 Pull or pry off yellow caps



2 Pry off red cap



3 Grip clear plastic wings



4 Gently screw capsule of naloxone into barrel of tube.



5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose; one half of the capsule into each nostril.



6 If no reaction in 3-5 minutes, give the second dose.

Evaluate + support

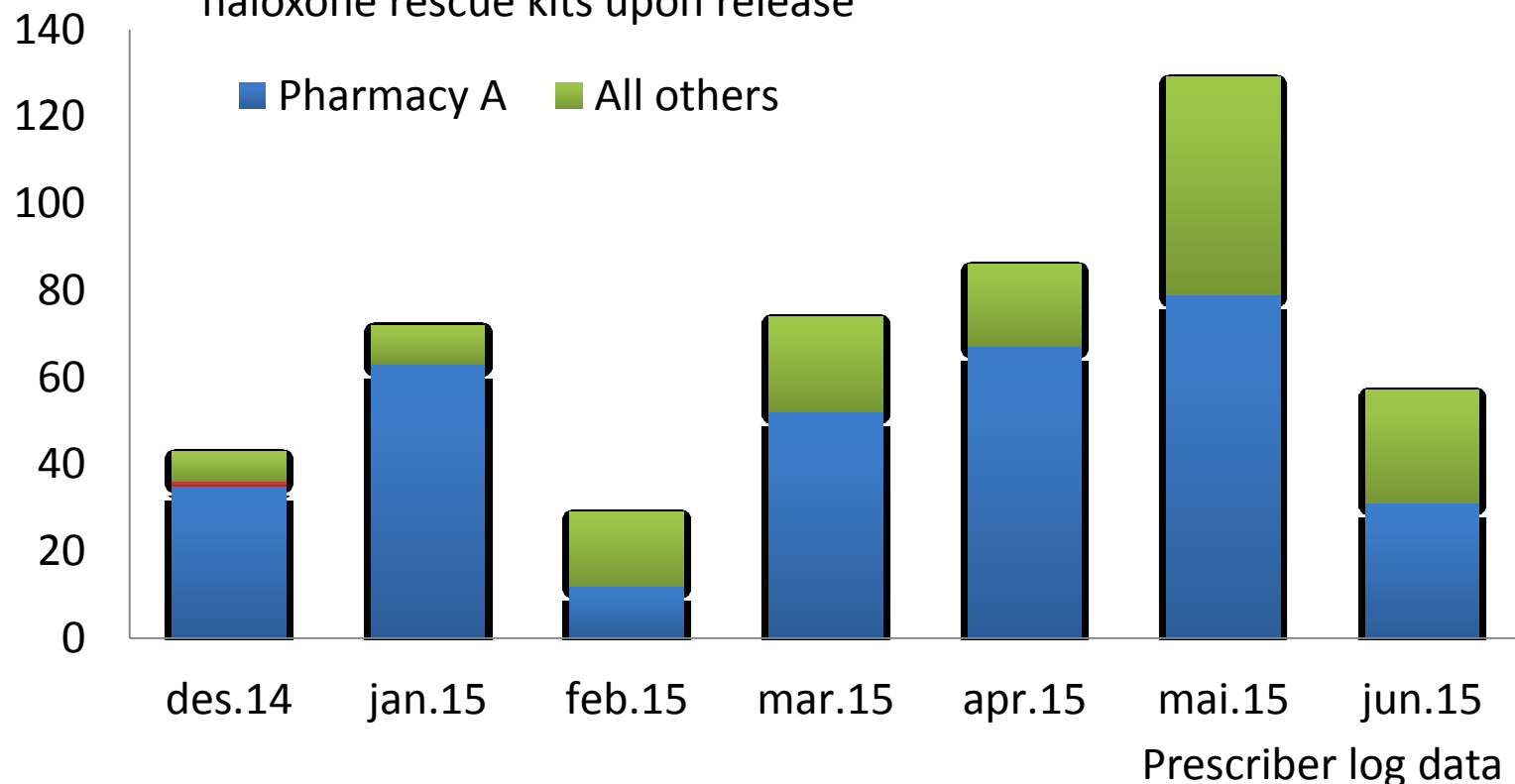
- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiates right away
- Encourage survivors to seek treatment if they feel they have a problem

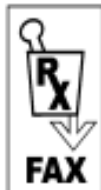
Poison Center
1-800-222-1222
(free & anonymous)

For More Info
PrescribeToPrevent.com

Partnerships between addiction treatment programs and retail pharmacies

- A large pharmacy chain with 87 stores in Massachusetts ready to stock and fill naloxone via prescription or pharmacy standing order
 - Dispensed 487 naloxone rescue kits from 58 stores 12/2014 – 6/2015
 - 68% (333) of the rescue kits were dispensed from 1 store
 - This store has an agreement with a residential detox program to fill naloxone rescue kits upon release





Number 89
August 14, 2015

Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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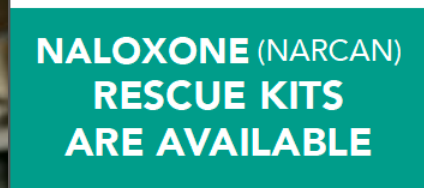
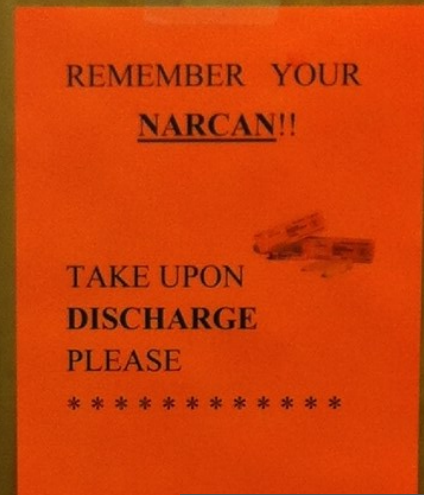
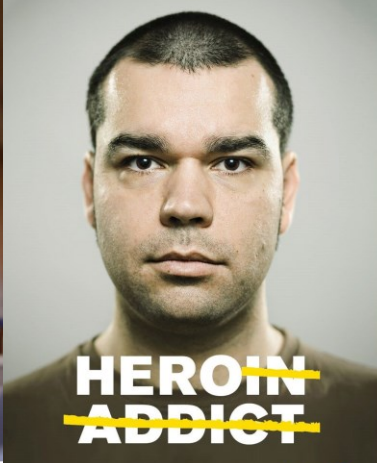
• Editor: Vic Vangel • Contributors: Paul Jeffrey, Kim Lenz, James Monahan, Nancy Schiff •

Nasal Naloxone Rescue Kits

Background

The purpose of this edition of Pharmacy Facts is to inform pharmacies about Nasal Naloxone Rescue Kits and how to bill MassHealth for their distribution.

individual *without a prescription from that individual's prescriber*. A standing order for Nasal Naloxone Rescue Kits between a prescriber and pharmacy is permitted by the Drug Control Program at DPH and by the Board of Registration in Pharmacy. Standing orders must be signed by a physician



Opioids include hydrocodone, oxycodone, codeine, hydromorphone, morphine, fentanyl, buprenorphine, methadone, oxymorphone, and heroin.

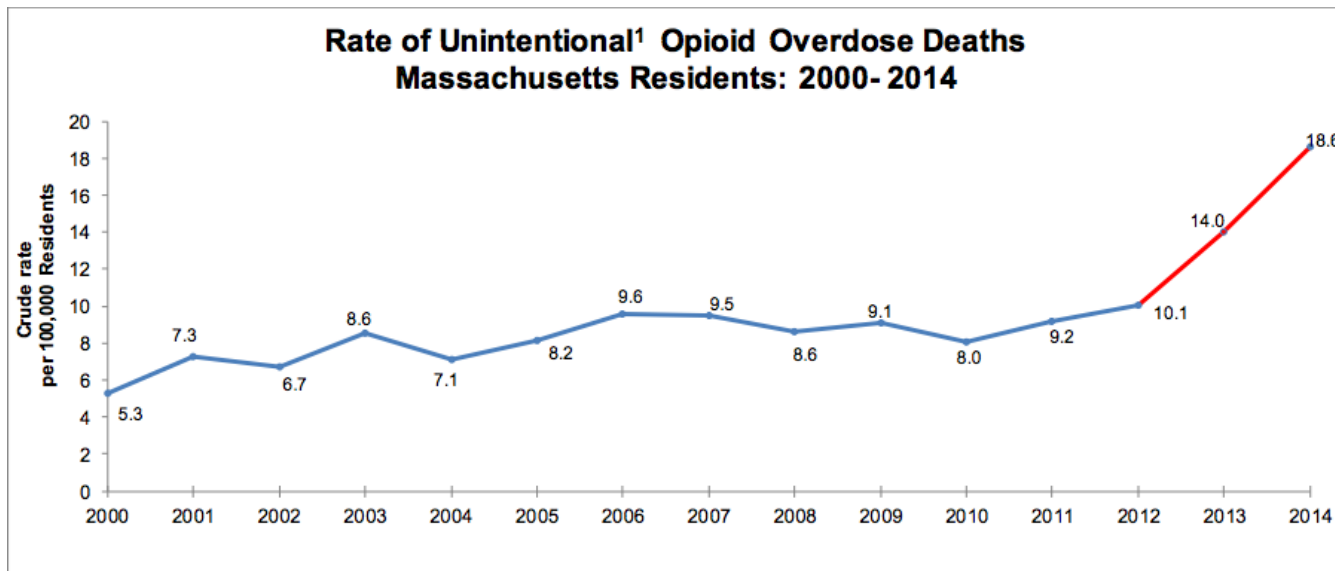
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Visit the BMC Shapiro Pharmacy today at 725 Albany St. for a NARCAN kit.

Thank you
awalley@bu.edu



¹ Unintentional includes unintentional and undetermined intents to account for a change in policies related to assignment of manner of death in overdose deaths that occurred in 2005. Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately.

