

Opioid Overdose Education and Naloxone Distribution

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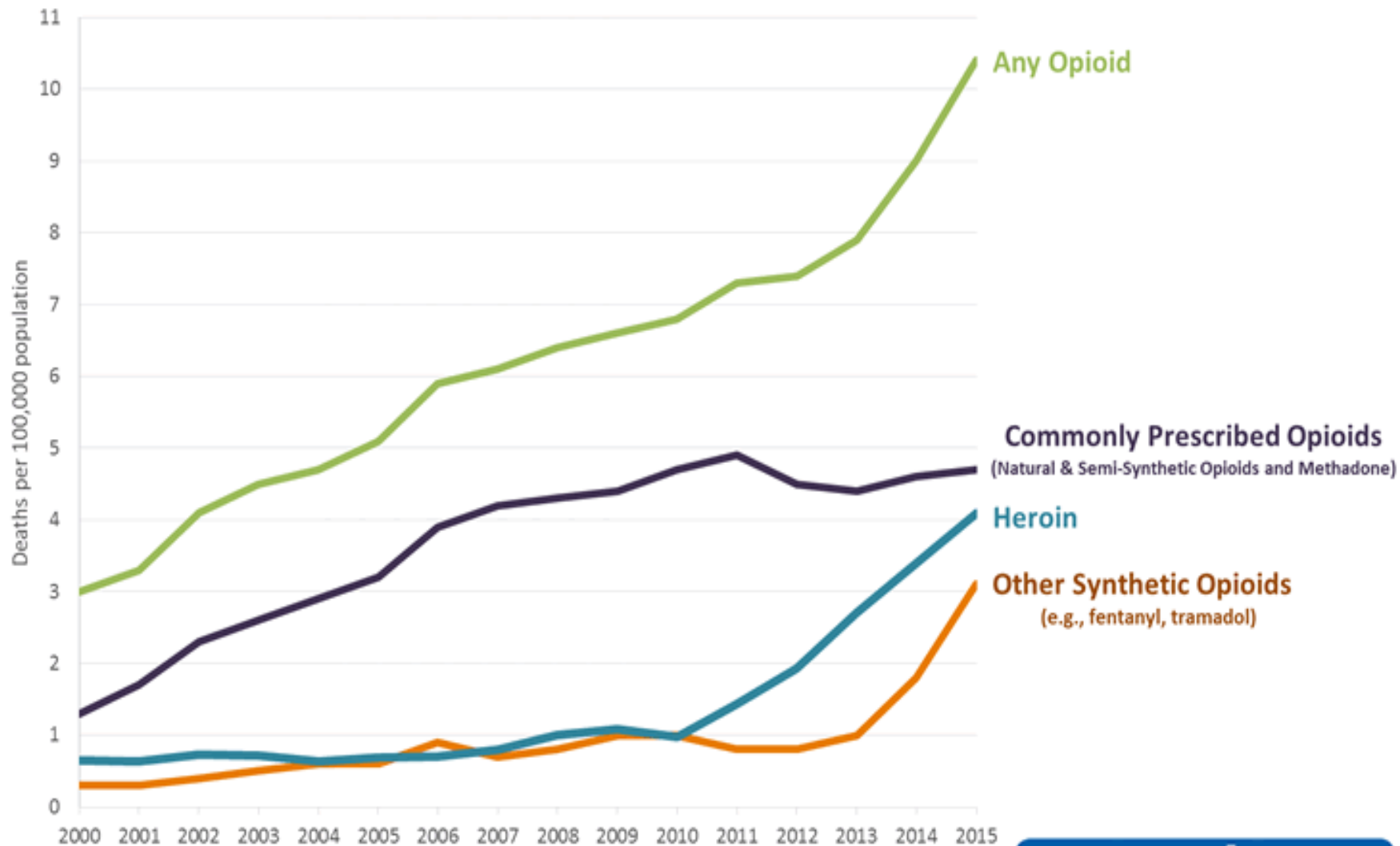
Disclosures

- Emily Stoukides and Nicole Brunet are employees of VA Maine Healthcare System, and have no relevant financial disclosures

Objectives

- Discuss the VA Maine Opioid Overdose Education and Naloxone Distribution (OEND) academic detailing campaign
- Develop strategies for OEND implementation in your workplace
- Identify risk factors for opioid overdose
- Explain how to recognize and respond to an opioid overdose by administering naloxone (intramuscular and intranasal)

Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

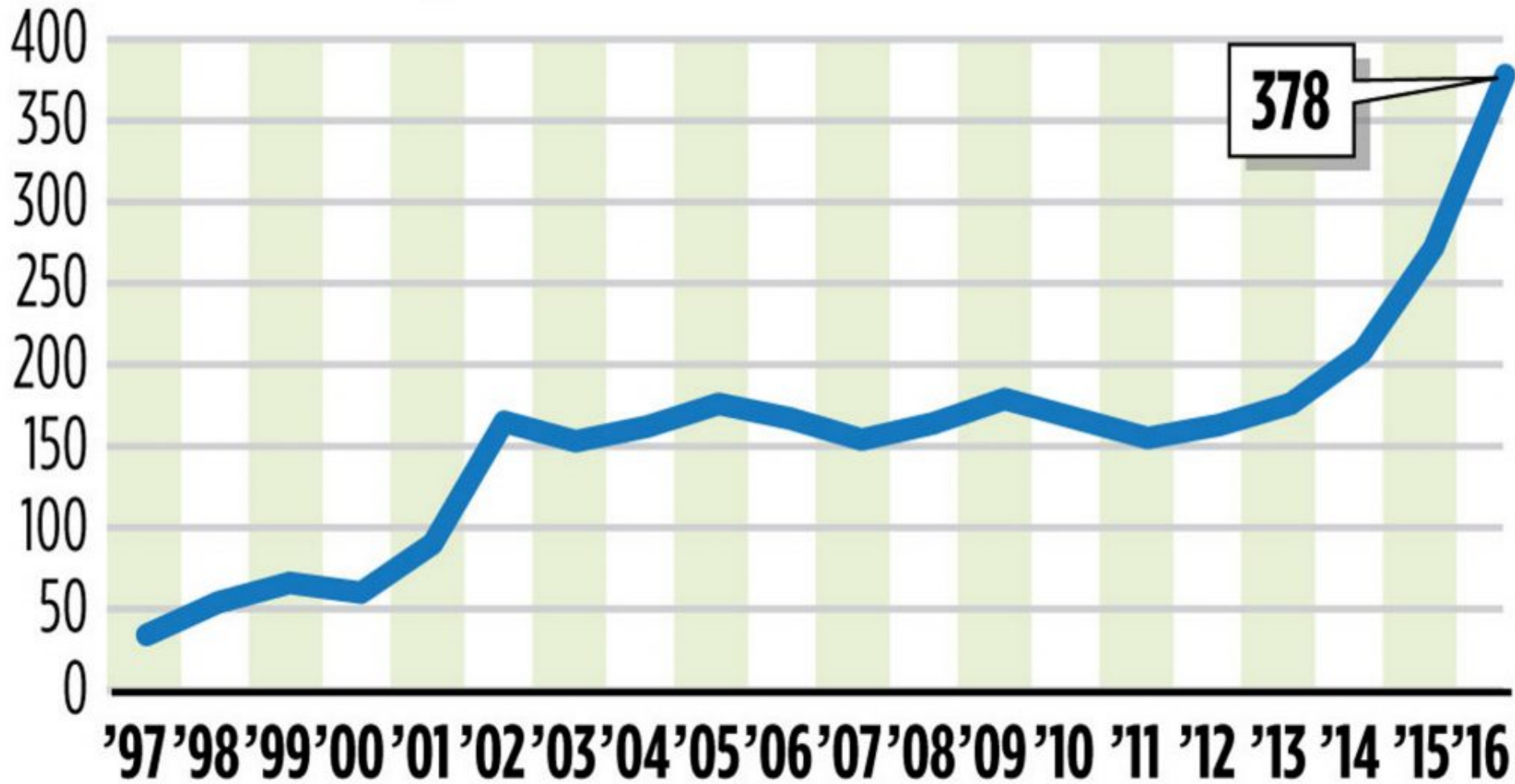
www.cdc.gov
Your Source for Credible Health Information

On an average day (U.S.)

Opioid prescriptions dispensed	More than 650,000
Initiate nonmedical opioid use	3,900 people
Initiate heroin use	580 people
Die from an opioid-related overdose	91 people



Maine drug overdose deaths

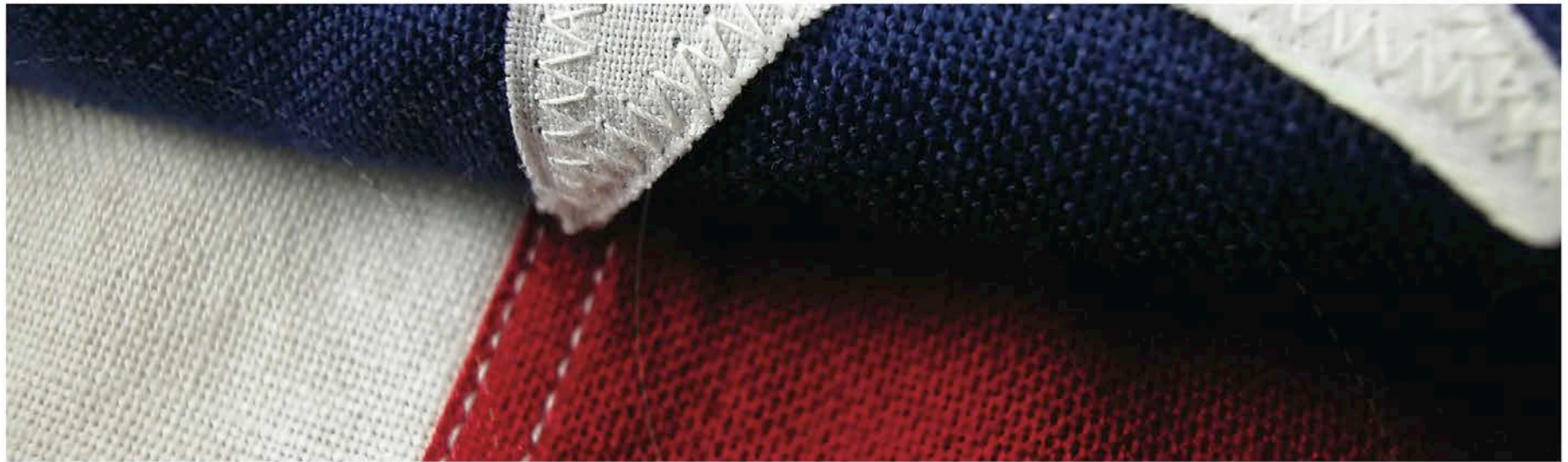


SOURCE: University of Maine, Maine Office of the Attorney General

STAFF GRAPHIC | MICHAEL FISHER

Portland Press Herald





Overdose Education and Naloxone Distribution

OEND Key Messages

- Identify individuals at **high risk for opioid overdose**
- Provide **overdose education**
- **Prescribe naloxone** to high risk individuals

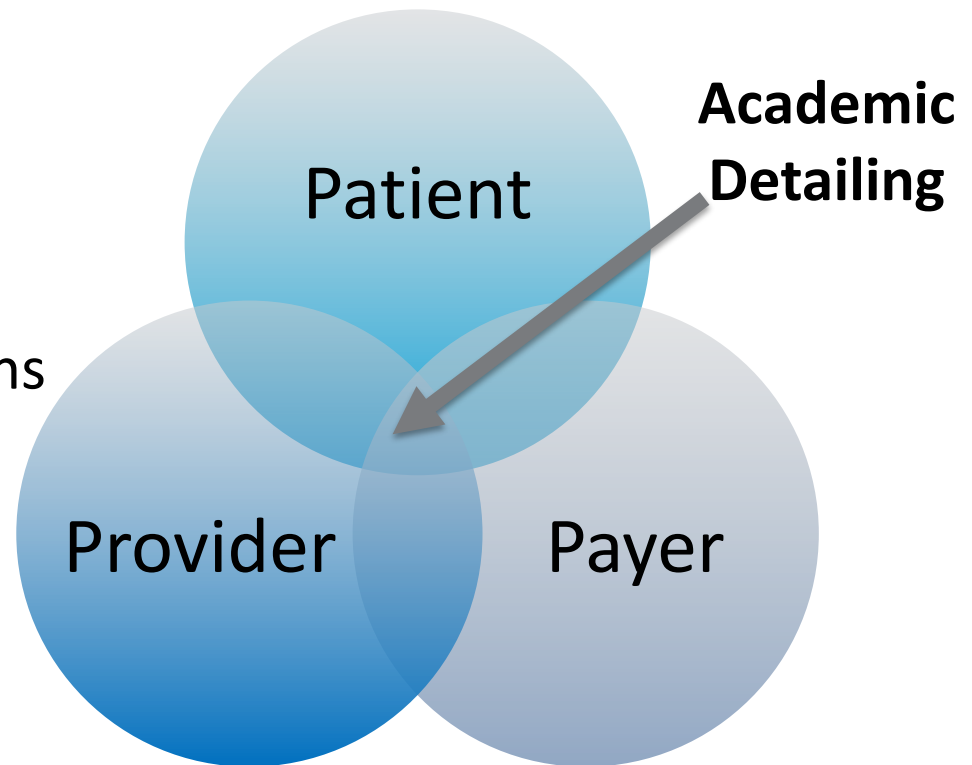
OEND Background

- April 2013 Cleveland VA champions OEND
- August 2013 Cleveland VA dispenses 1st VA naloxone kit
- December 2013 Establish VA OEND National Support and Workgroup
- March-May 2014 Develop standard VA naloxone rescue kits, centralize distribution
- October 2015 Academic detailing begins at VA Maine

What is Academic Detailing

Educational outreach

- One-on-one dialog
- Evidence-based and balanced recommendations
- Proven results to engage prescribers and modify prescribing practices



Components of a Successful OEND Campaign

- Involvement of ENTIRE facility
- Leadership involvement and support
- Frequent provider education and reminders
- Patient centered education

OEND at VA Maine

- Academic detailing specific to OEND began in 2015
 - As of July 31, 2015 – only 2 naloxone kits dispensed by VA Maine Pharmacy
- Mental health providers received education in October 2015
- Primary care providers – January 2016
- Opioid Safety Initiative academic detailing also began in January 2016
 - Included some education about OEND

OEND at VA Maine

- Academic detailing for OEND continued with focused education to other service lines
 - Pain clinic
 - Hospice and palliative care
 - Clinical pharmacy
 - Primary care
 - Mental health (inpatient and outpatient)
 - Home based primary care
 - Inpatient geriatrics/long term care
 - Women's clinic
 - Social work
 - VET Center

OEND at VA Maine

- Beginning in October 2016, VISN 1 began measuring number of patients defined as high risk that were dispensed naloxone
 - Defined high risk as:
 - Morphine equivalent daily dose > 100mg
 - Any dose of opioid co-prescribed with any dose of benzodiazepine
- At that time, only 9% of this population had been dispensed a naloxone kit

OEND Group Education

- Group began in November 2016
- Held once weekly
- Advertised to providers at monthly meetings
- Patient flyers were placed at check-in desks and posters hung around the facility
- Patients could schedule an appointment or walk in for group

OEND Group Education

- Group had limited utilization
- Difficulty scheduling patients
 - Conflicting appointments
 - Stigma associated with OEND
- Many barriers
 - Only available once a week
 - Only available at main hospital
 - Patients may not identify themselves as being at risk of overdose

OEND Consult Service

- Beginning in March 2017, consult made available in electronic medical record
- Any provider could request education by a pharmacist
- Inpatient and outpatient consult available
 - Improved access to OEND for inpatients prior to discharge

Next Steps – Involve Other Members of the Healthcare Team

- Needed to improve access to all patients
- Primary care nurses have a unique opportunity to educate patients
- In Spring 2017 – new goal for each primary care team to educate at least 50% of their “high risk” patients on naloxone

Methods of OEND Education at VA Maine

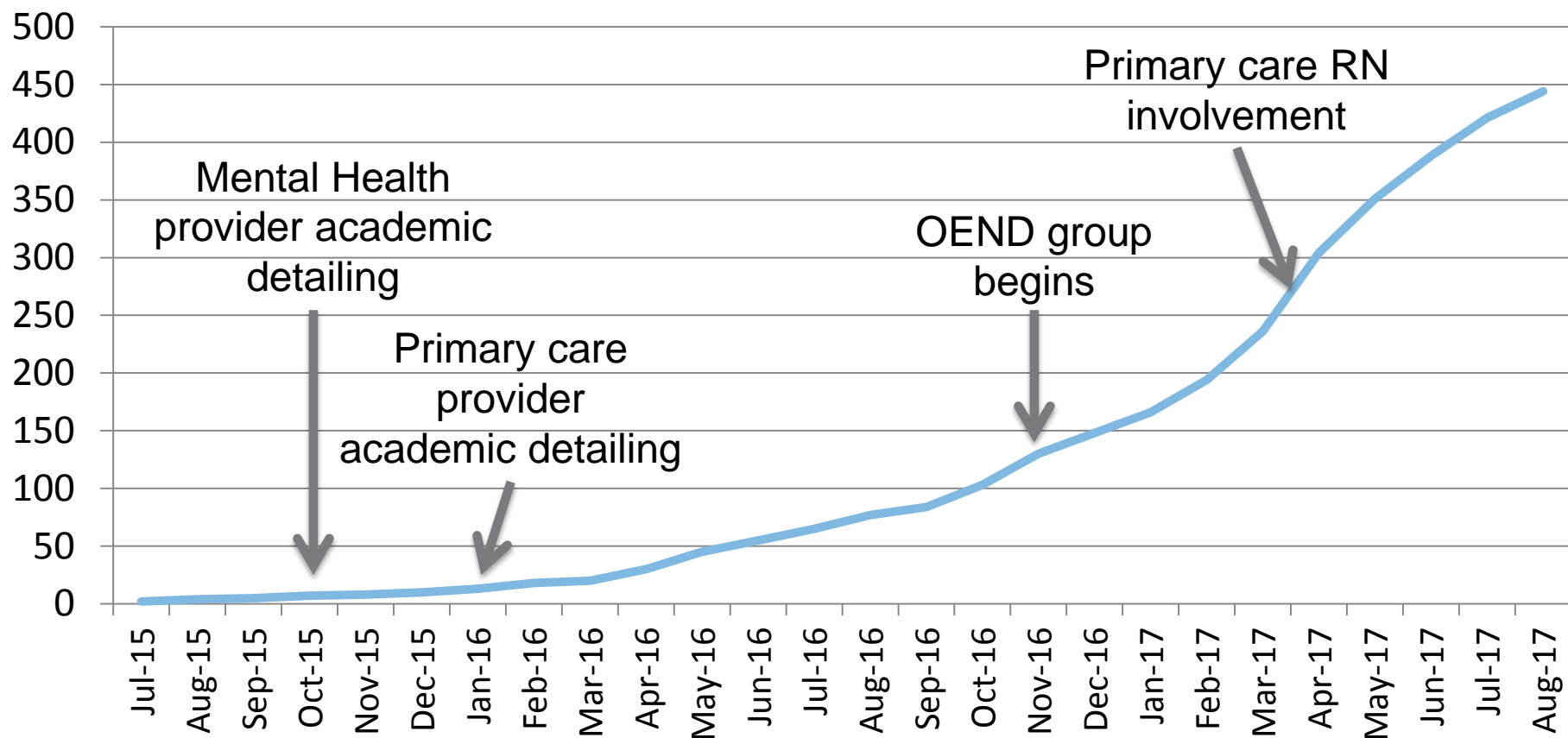
- Pharmacist led education
 - Individual appointments
 - Integration into Intensive outpatient program for patients with substance use disorder
 - Consult service – inpatient and outpatient
 - Group education (November 2016 – April 2017)

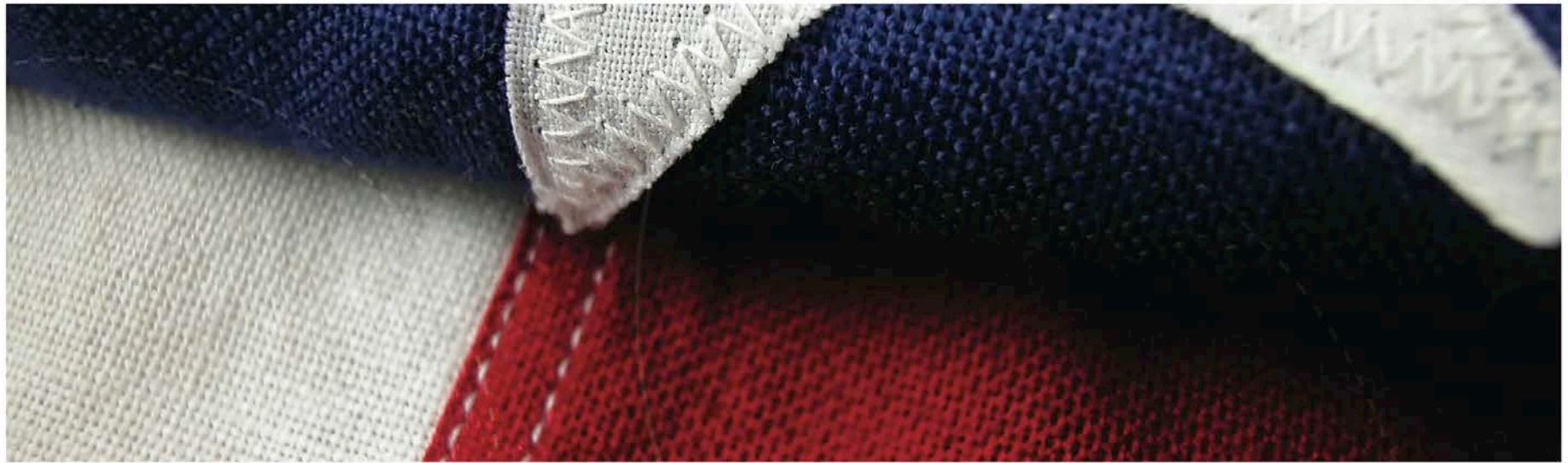
Methods of OEND Education at VA Maine

- Nurse led education
 - Primary care RNs identify patients at risk on their panels, and provide education
 - Home based primary care RNs provide education in patients' homes
- Provider led education
 - Providers identify patients at risk, and either provide education during the visit, request that their RN schedule education, or pharmacy consult is entered

Naloxone Distribution at VA Maine

Cumulative Naloxone Kits Dispensed





OEND Training for Patients

Education is Crucial

- In 6 primary care clinics in San Francisco, enrolled 1985 patients receiving long term opioids for pain
- Educated ~40% of patients about overdose and provided prescriptions for naloxone
- Patients who received education had 47% fewer opioid-related ED visits within 6 months
 - 63% fewer visits after 1 year

Starting the Conversation about OEND

- Risk reduction initiative
- Analogies can help
- Accidental overdose can happen to anyone
- Individualize the education – all patients have unique risk factors

Who is at the highest risk?

- History of opioid overdose
 - Recently received emergency care for opioid overdose
- High doses of opioids
- Substance/opioid use disorder
- Recent opioid detoxification or period of abstinence from opioids
 - Treatment facility
 - Incarceration

Who else is at risk?

- “Doctor shopping” or “pharmacy shopping”
- Comorbid psychiatric conditions
- History of substance use/opioid use disorder
- Co-prescription of opioid + other sedating substance
 - Benzodiazepines, sleep medications, alcohol
- Chronic, compromising medical conditions
 - Respiratory (COPD, asthma, sleep apnea)
 - Renal or hepatic dysfunction

Hospice/Palliative Care Patients

- Typically utilize high doses of opioids for end of life pain management
- Signs/symptoms of the normal dying process may be mistaken for an opioid overdose
- Naloxone should be considered on a **case-by-case basis**

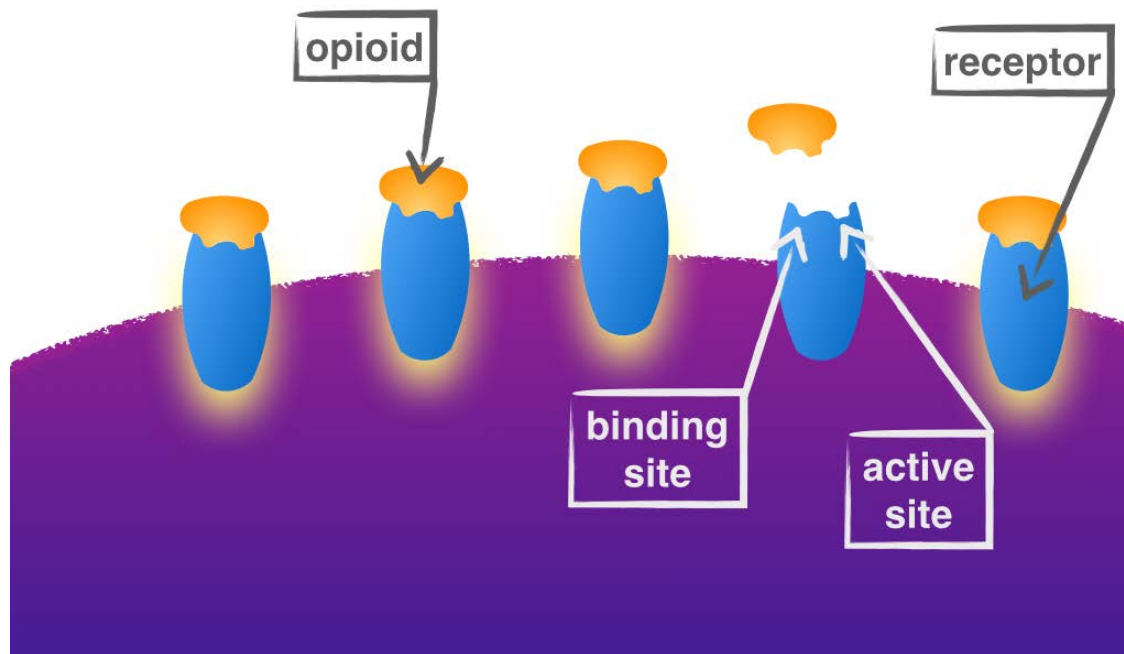
Patient Education: Opioids

- Opioids are medications that are commonly prescribed to patients for pain management
- Examples include: oxycodone, hydrocodone, morphine, fentanyl, buprenorphine, tramadol, methadone, and heroin
- An **opioid overdose** can occur when a patient takes a dose of opioids that their body cannot handle, and can lead to their **breathing slow down or even stopping**

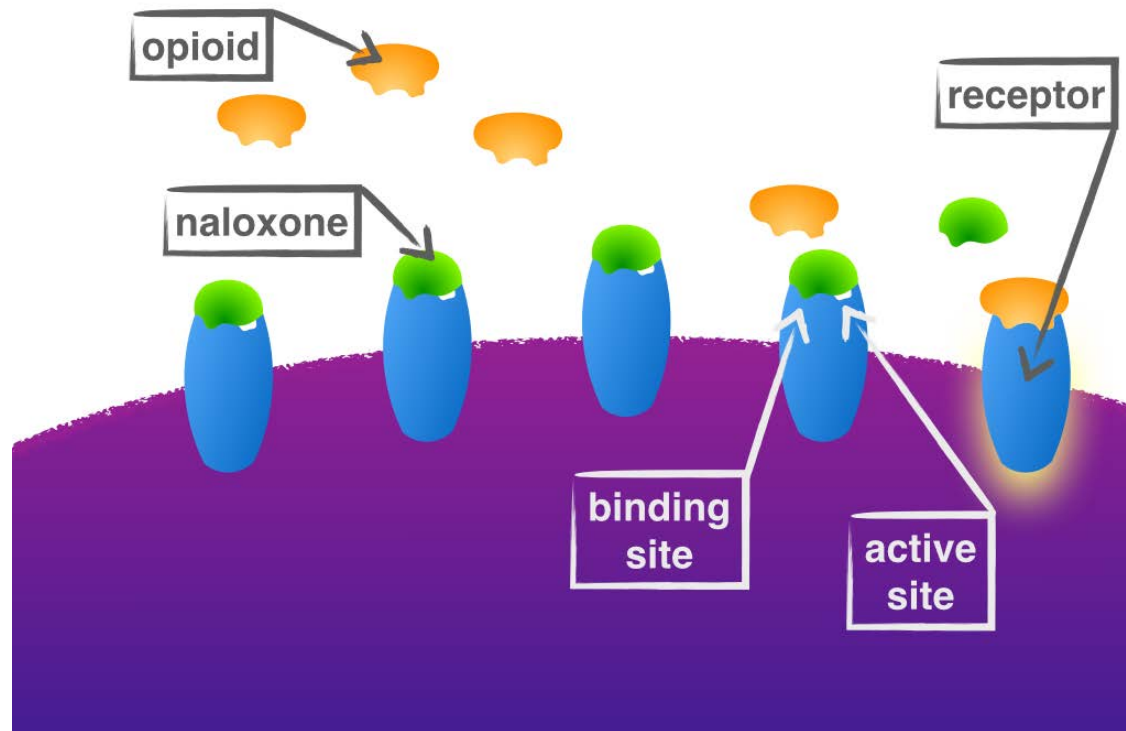
Patient Education: Naloxone

- A medication used to **reverse** a life-threatening opioid overdose
- Displaces opioids that are bound to opioid receptors
- Naloxone has **no effect** on other types of overdoses
- Naloxone has no abuse potential – cannot be used to get high

Normal Opioid Binding



Effect of Naloxone on Opioid Binding



Patient Education: Naloxone

- Opioid withdrawal is **not** fatal
- Naloxone induces opioid withdrawal
 - Tachycardia (increased heart rate)
 - Tremor
 - Anxiety
 - Hypertension (higher blood pressure)
 - Nausea/vomiting

Signs/Symptoms of Opioid Overdose

- Heavy nodding or deep sleep
 - Unable to arouse patient
- Snoring, gurgling, choking
- No response to shaking or shouting person's name
- Slowed or stopped breathing
 - Less than 1 breath every 5 seconds
- Blue or gray lips and fingernails
- Pale, clammy skin

Responding to an Overdose

- **CALL 911**
- Attempt to identify if person has overdose on an opioid
 - Potential clues: known opioid use, pill bottles or other drug paraphernalia near the person
- Attempt to wake the person up
- Administer naloxone if available
 - If the person doesn't wake up in 2-3 minutes, repeat naloxone

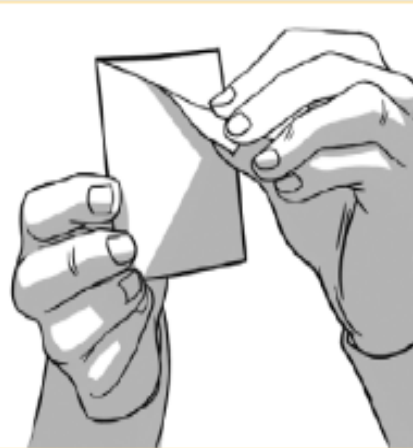
Naloxone Formulations



Narcan Nasal Spray

❶ Remove naloxone nasal spray from the box.

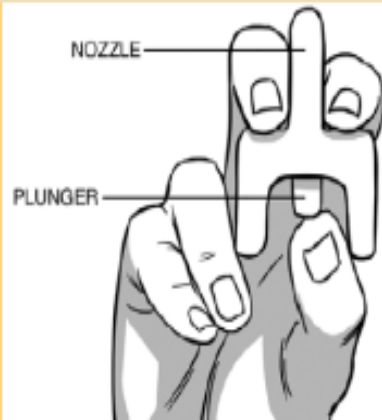
❷ Peel back the tab with the circle to open the naloxone nasal spray.



❸ **DO NOT PRIME OR TEST THE SPRAY DEVICE.** Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into *one* nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



❹ Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



❺ Press the plunger firmly to give the entire dose of naloxone nasal spray. Remove the naloxone nasal spray from the nostril *after* giving the dose.

❻ If no reaction in **2–3 minutes** or if the person stops breathing again, give the second dose of naloxone in the *other nostril* using a *new* naloxone nasal spray.

Evzio Autoinjector

❶ Pull the auto-injector from the outer case



❷ Pull firmly to remove the red safety guard (do not touch the black base)

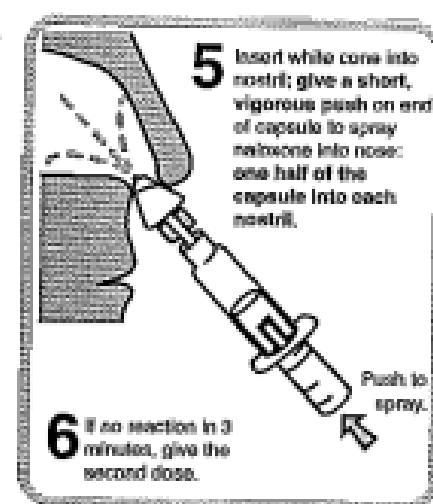
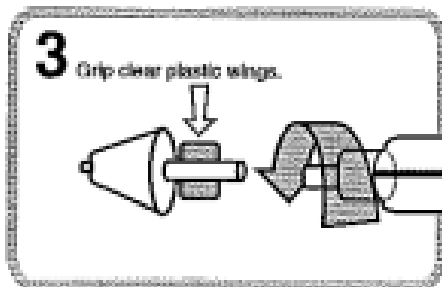
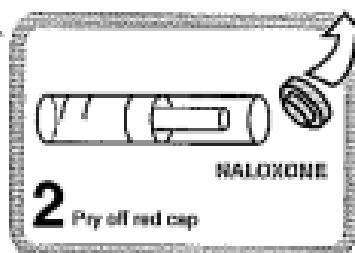
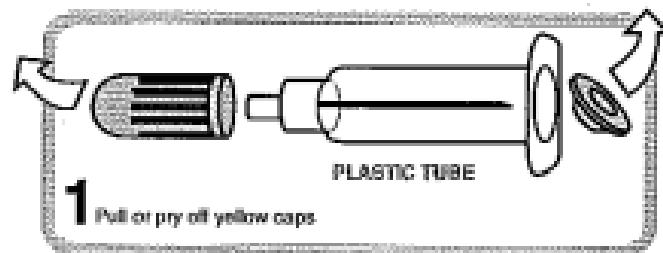


❸ Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds



❹ If no reaction in 2–3 minutes or if the person stops breathing again, give the second dose of naloxone using new auto-injector

Nasal Spray Atomizer



Source: HarmReduction.org

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 opiate right away
- Encourage survivors to seek treatment if they feel they have a problem



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Other Important Information

- Narcan nasal spray and Evzio may be safely used for children
- Naloxone should be stored at room temperature
- Naloxone lasts 30-90 minutes
 - Some patients will require multiple doses
- Patients **must** call 911 after an overdose

Barriers to OEND

- Stigma
- Cost and availability
- Concerns about safety
- Time

Stigma

- Patients and providers often have negative views of naloxone
- Some examples:
 - “Only for heroin users”
 - “Only for medical providers (not lay people)”
 - “Encourages risky behavior”
- Patients often feel accused of abusing their medications
 - Or that their providers will no longer prescribe opioids

Does having naloxone increase “risky behaviors” ?

- Small study conducted in New York City
- Provided overdose education and naloxone training to patients currently using heroin, and those on medication assisted treatment
- At 1 and 3 months after training
 - DECREASE in heroin and poly-drug use in BOTH groups

Naloxone Availability in Maine

- Currently only available by prescription
- Board of Pharmacy is working on clarifying legislation that will make naloxone available without a prescription
 - Current wording would limit availability to people over 18 years old
- Some needle exchange programs may offer naloxone

Expense to Patients

- Depends on the formulation and insurance coverage
 - Typically – cheapest options are nasal spray with atomizer or pre-assembled Narcan nasal spray
 - Autoinjector is extremely expensive
- Any Veteran eligible for VA care can receive naloxone at without a copay

Is Naloxone Cost Effective?

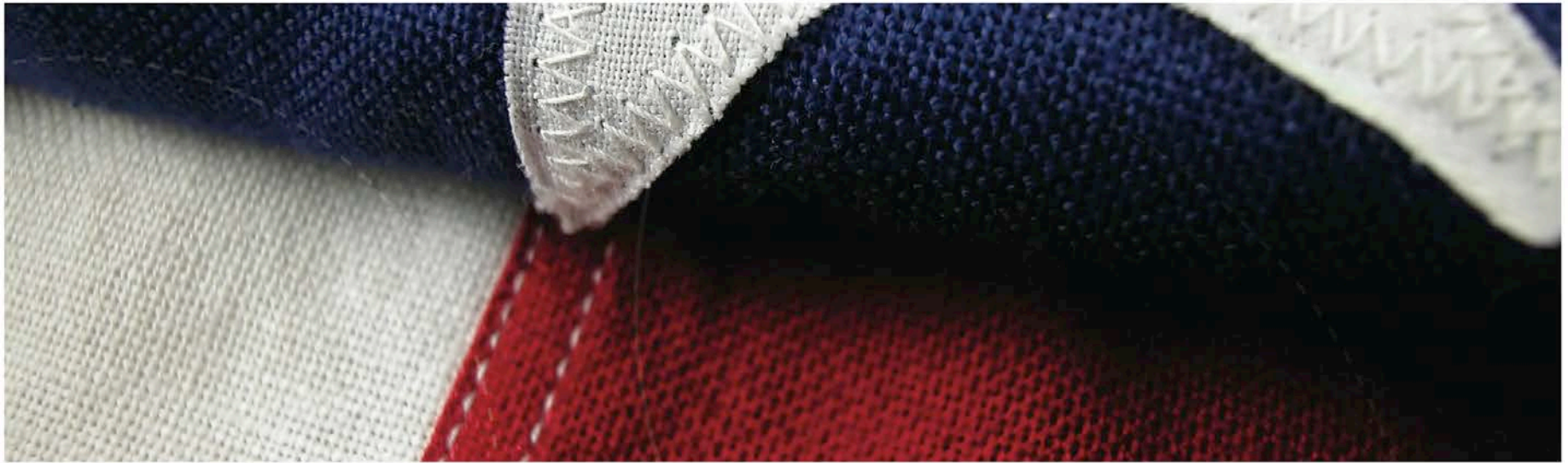
- Cost effectiveness studies do support the distribution of naloxone for lay person overdose reversal
- Estimated that to prevent one overdose death, need to dispense 101 kits
 - Difficult to get exact estimates
 - Rates of opioid overdose are not always accurate

Is Naloxone Safe?

- Wide distribution of naloxone is new... but naloxone itself has been used for many years
- Opioid withdrawal is not fatal
- Naloxone administration and subsequent opioid withdrawal may cause:
 - Agitation/anger
 - Tremor, nervousness
 - Nausea/vomiting
 - VERY RARE: respiratory distress

Doesn't this take a long time?

- OEND education typically only takes 15-30 minutes
- Many different members of the healthcare team can provide this education
 - Utilize other members of your team
 - Giving the patient a brief description of the education tends to make them feel less accused/concerned/nervous



Integrating OEND into YOUR Practice

Facility Wide Involvement

- Involve the entire facility
- **ANYONE** can identify someone at risk of an overdose
- Empower entire staff to either provide education, or refer to another provider who can provide the education

Leadership Support

- Get leadership team involved to make OEND a priority for your practice site
- Set goals for the facility
- Identify barriers to OEND early
 - Utilize leadership team to overcome barriers before they become a significant problem

Education for the ENTIRE Healthcare Team

- Single sessions of education typically aren't enough
- May take multiple attempts to get all members of the team invested in the effort
- Identify a “champion” to serve as a resource

Opportunities for OEND

- Overall – make OEND a priority in your workplace
- Provide patients with naloxone prescriptions until it is available without a prescription
- Identify stigma and barriers, and work with your team to figure out how to work through any concerns or problems

Opportunities for OEND

- Countless opportunities based on where you practice
- Discharge counseling
 - Work with inpatient/emergency room providers to identify patients at risk
 - Provide education before the patient leaves the facility
 - Have the patient take home naloxone if available
- Group education
 - Integrate OEND into current existing groups/programs
 - Start a new group for patients who are interested in OEND

Opportunities for OEND

- Emergency rooms
 - Have someone available to provide education after an overdose before the patient leaves the facility
- Outpatient clinics
 - Identify any high risk patient early – start the conversation during a previously scheduled visit
 - Utilize other members of the team to make OEND a part of your daily workflow

Opportunities for OEND

- Outpatient pharmacies
 - Identify patients who may be at high risk of an overdose
 - When naloxone becomes available without prescription – encourage all members of the team to screen for high risk patients
- If you care for Veterans who are eligible for VA care
 - Encourage patient to reach out to their provider to ask for naloxone
 - Naloxone is available to them without a copay

Conclusions

- Opioid overdose is a growing problem nationwide, especially in Maine
- Begin working with your team to make OEND a priority in your practice
- Screen all patients for risk factors and provide naloxone and education as needed
- Opioid overdose and naloxone education **saves lives!**



Questions?

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