

Narcan Prescribing to Reduce Opioid Overdose Death

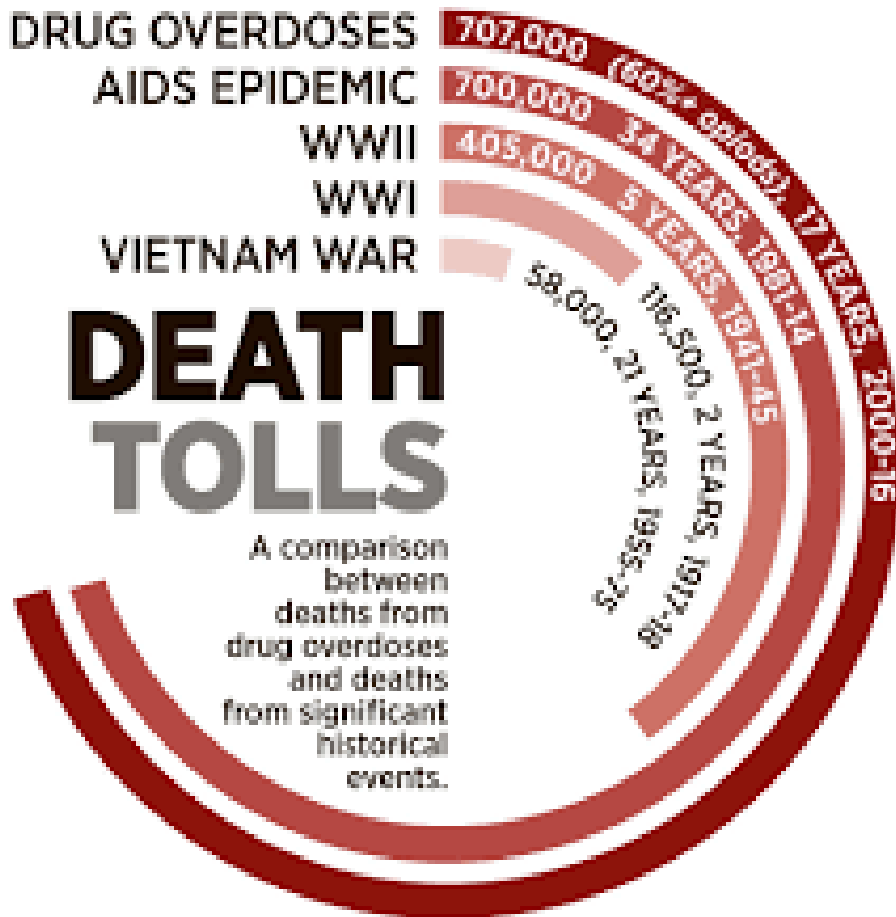
ECHO 8/1/18

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Anchor Point, AK

Overdoses now leading cause of death of Americans under 50

By DEAN REYNOLDS CBS NEWS June 6, 2017, 8:00 PM



SOURCES: US DEPARTMENT OF VETERAN AFFAIRS, NEW YORK TIMES, CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)

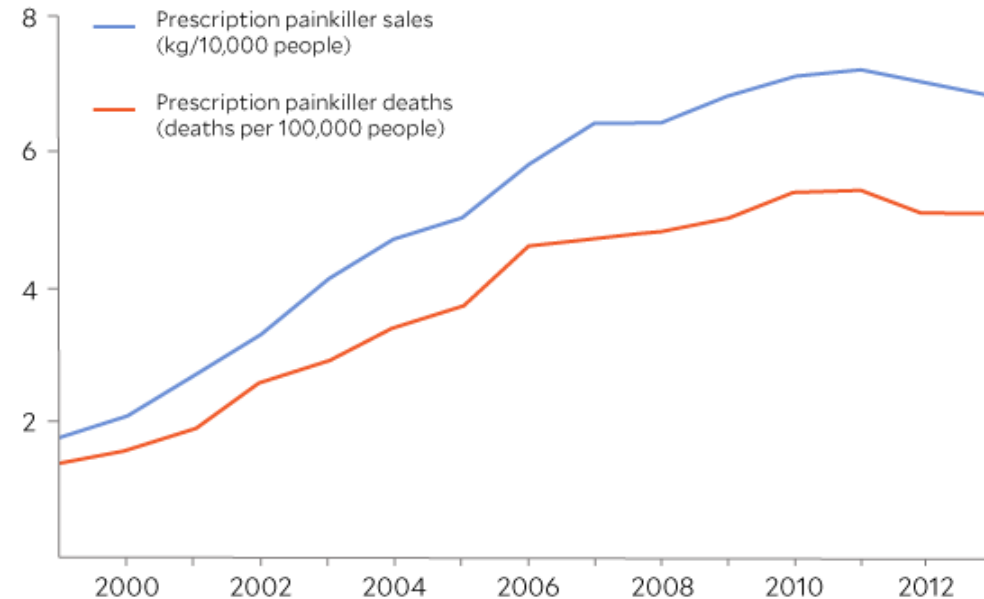
Table 2: Estimated Cost of the Opioid Crisis in 2015 (2015 \$)

VSL Assumption	Fatality Costs	Non-fatality Costs	Total Costs
Age-dependent	\$431.7 billion	\$72.3 billion	\$504.0 billion
Low	\$221.6 billion	\$72.3 billion	\$293.9 billion
Middle	\$393.9 billion	\$72.3 billion	\$466.2 billion
High	\$549.8 billion	\$72.3 billion	\$622.1 billion

Note: We assign the VSL of 18 to 24 year-olds for fatalities in the 0 to 17 year-old group, and we assign the VSL of 55 to 62 year-olds for fatalities in the over-62 year-old group. Two fatalities had no reported age; they were assigned the average VSL over all other fatalities. We also adjust Aldy and Viscusi's figures for the effects of inflation and real income growth, following the procedure described in the U.S. DOT (2016), p. 8.

Source: Aldy and Viscusi (2008); U.S. Department of Transportation (2016); CDC WONDER database, multiple cause of death files; Substance Abuse and Mental Health Services Administration (2016); Ruhm (2017); CEA calculations.

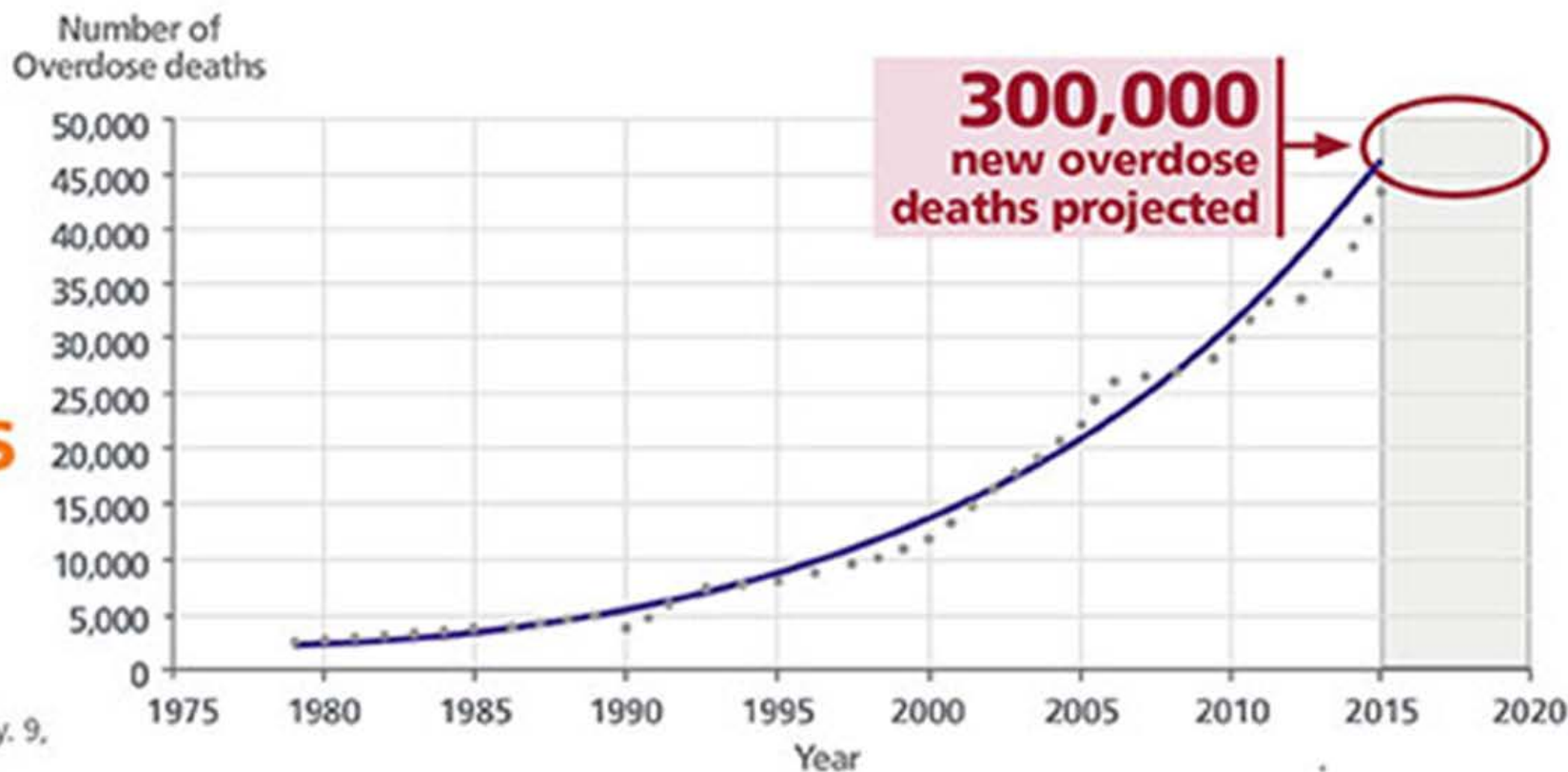
Prescription Opioid Sales and Deaths, 1999-2013



Sources: National Vital Statistics System, Drug Enforcement Administration

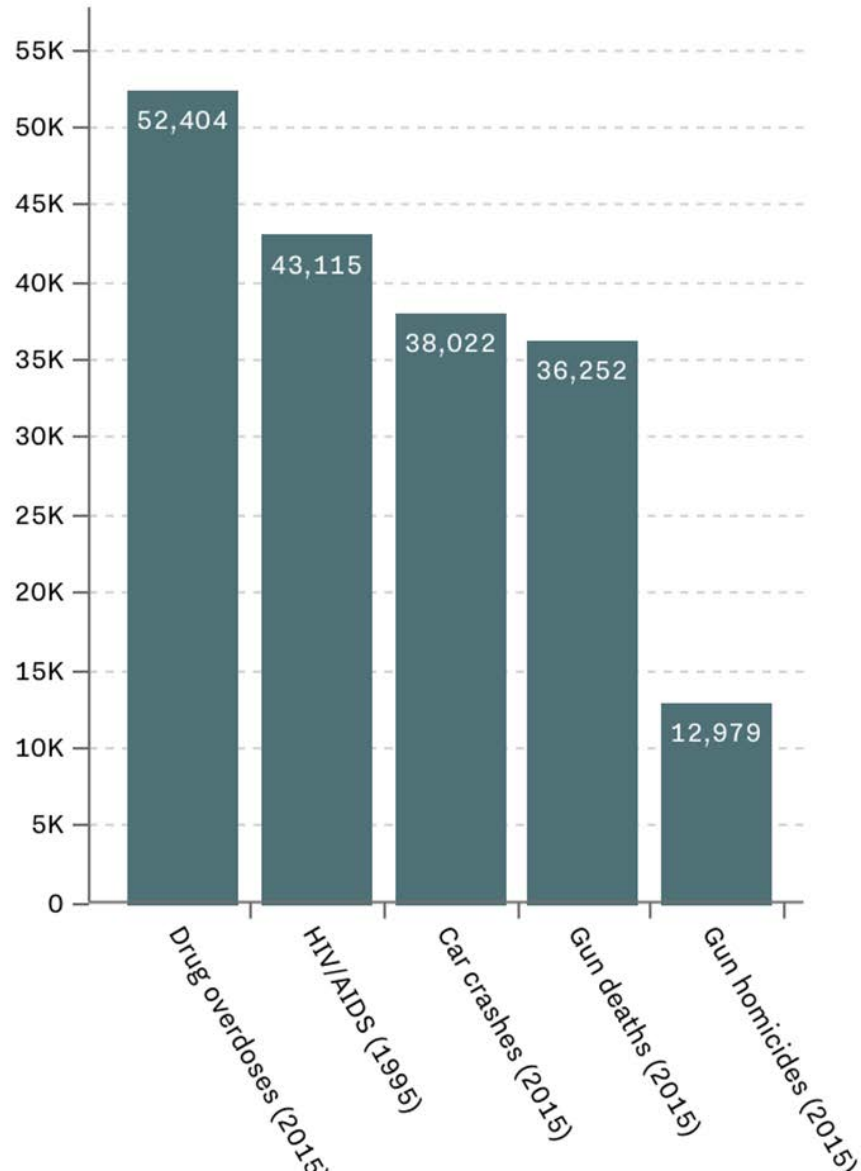


Exponential Growth in Drug Overdose Deaths

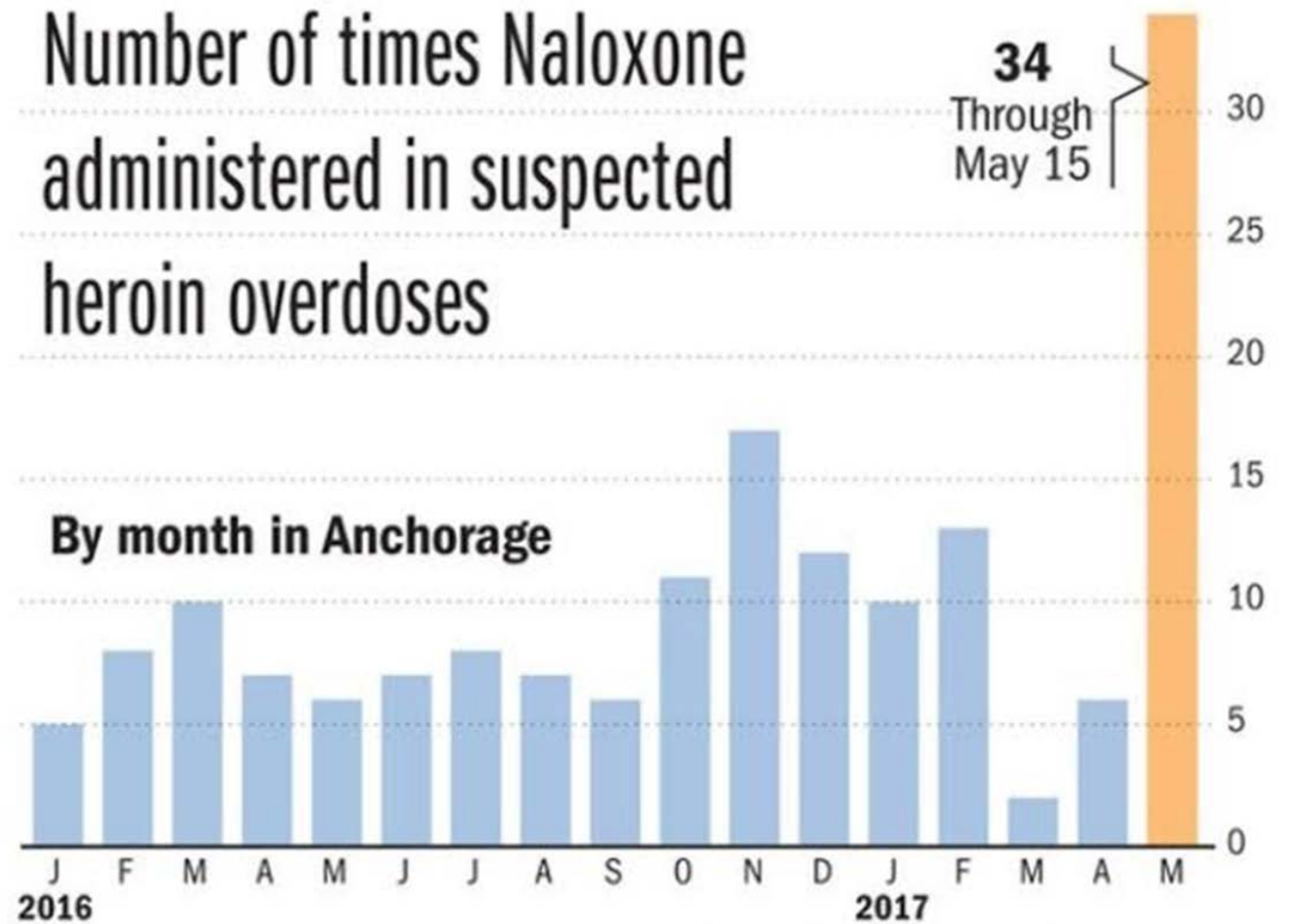


Source: bioRxiv. Exponential growth of the USA overdose epidemic. Preprint first posted online May. 9, 2017; doi: <http://dx.doi.org/10.1101/134403>. [PDF]

Total deaths in America by cause and year



Number of times Naloxone administered in suspected heroin overdoses



Source: Anchorage Fire Department

KEVIN POWELL / Alaska Dispatch News

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

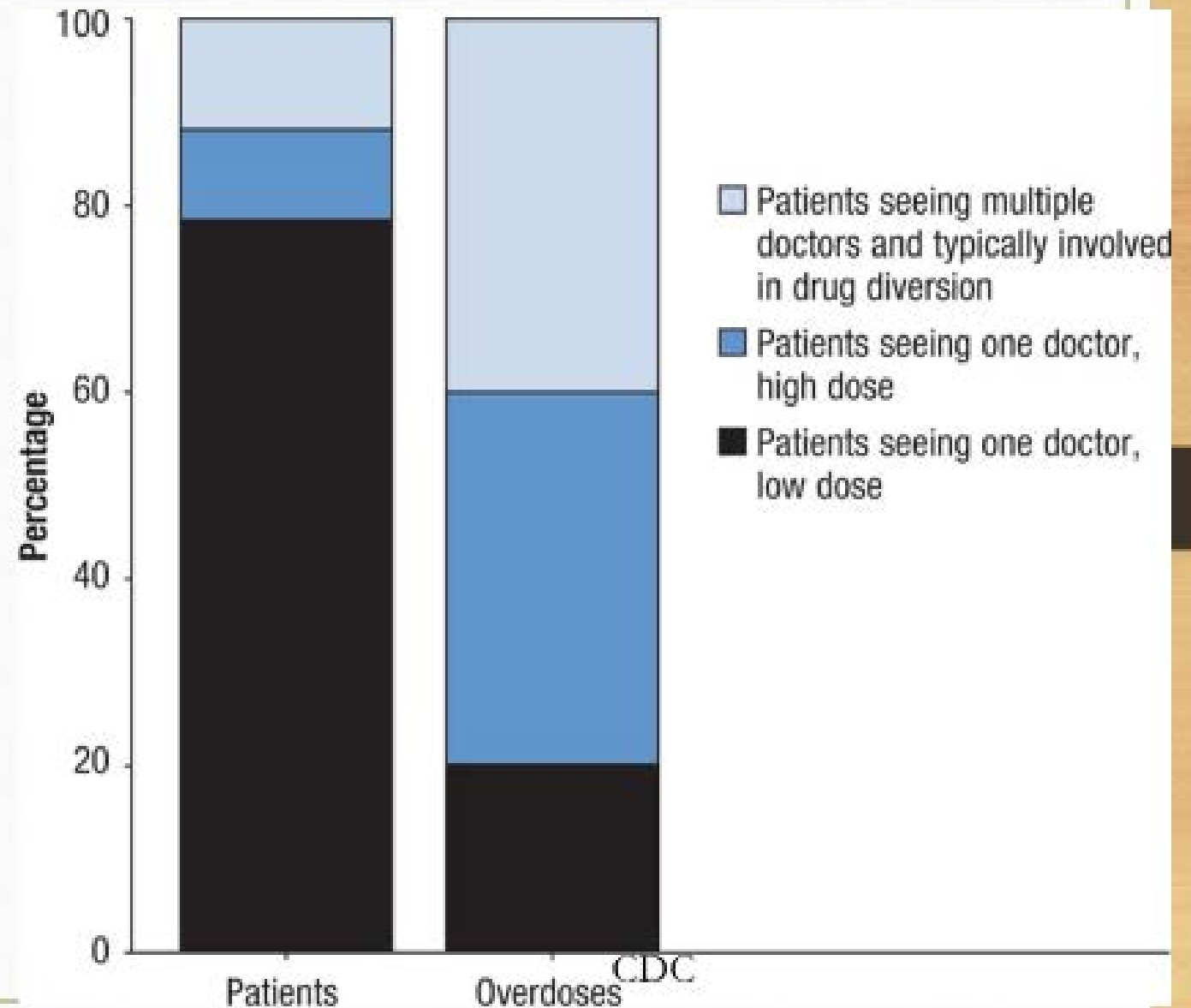
Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Overdose Risk Factors:

- **High dose** prescription opioid (or household members)
- **Heroin** (unknown potency, cut with **fentanyl**)
- Mixing drugs (**alcohol, sleeping pills, benzos**)
- **Reduced tolerance** (**relapse** after rehab/incarceration)
- Poor health (**lung disease, kidney disease, diabetes**)
- Route (**IV** highest risk)
- **Using alone** (most overdoses are witnessed)

Veterans were selected only if they filled a prescription for an opioid medication and had a diagnosis of chronic pain of any kind during the years 2002 to 2009, and had not filled another opioid prescription in the last two years. The researchers included veterans who had been prescribed codeine, morphine, oxycodone, hydrocodone, oxymorphone, hydromorphone, fentanyl, meperidine, pentazocine, propoxyphene, or methadone.

The researchers contrast their study, which looked at dose on a continuous scale of MEM levels, to past studies that broke prescription strengths into groups of 10 or 20 MEM each. In such studies, all prescriptions over 100 MEM were lumped together as the highest doses. In the group of veterans studied for this paper, **less than 25 percent of the non-overdosing veterans had prescriptions above 50 MEM, but 60 percent of those who died of an overdose had a prescription over 50 MEM.**

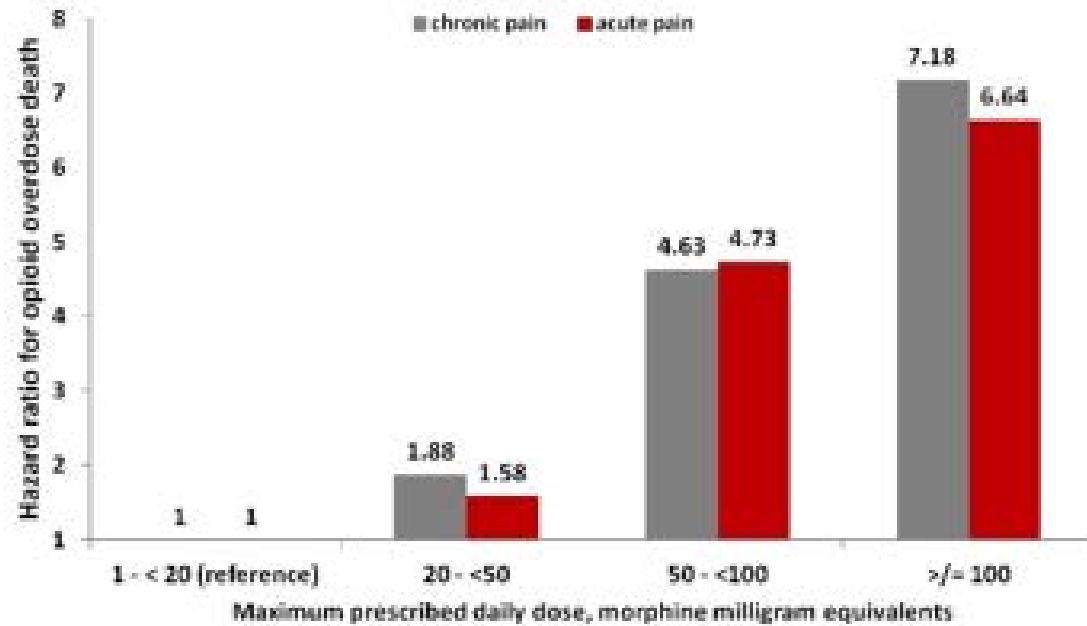


ORIGINAL CONTRIBUTION

JAMA 2011;305:1315-1321

Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths

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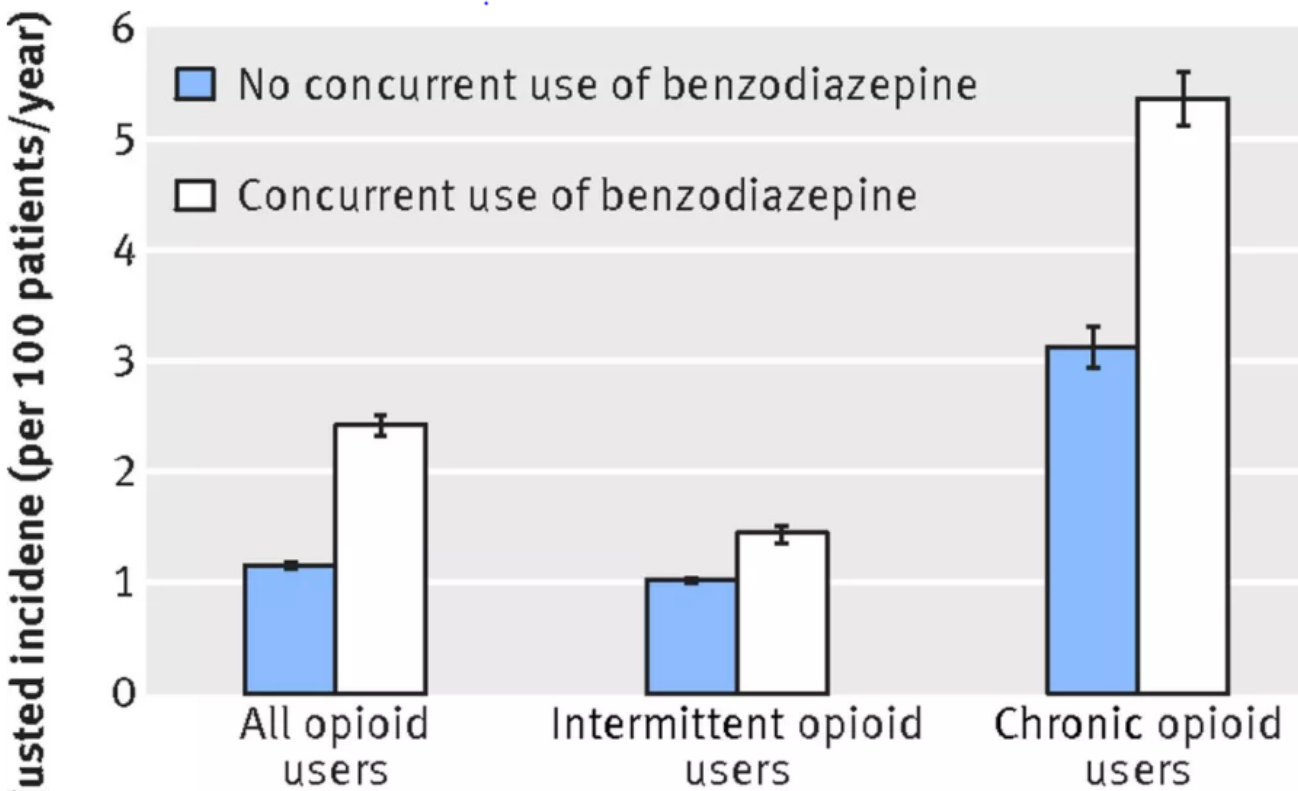


91%
of people who
overdose continue
to get painkillers
refilled by a doctor.

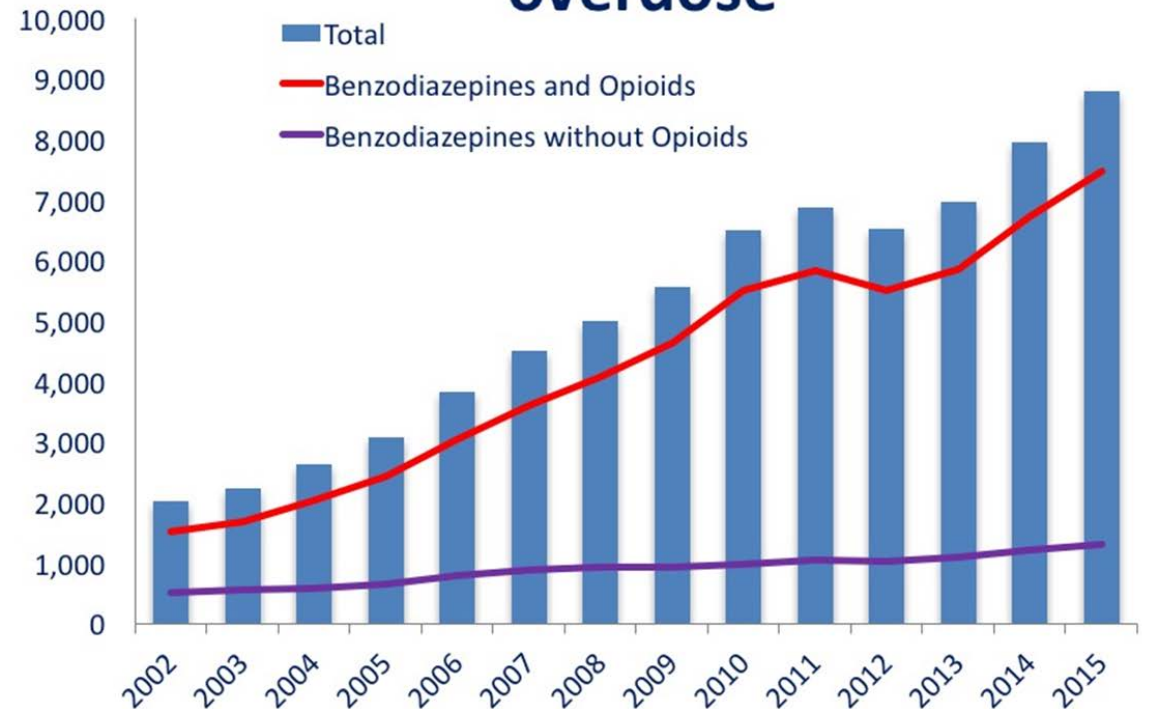


Opioids+Benzo = DANGER

The study found that among all opioid users, concurrent use of benzodiazepines more than doubled the risk of an emergency room or inpatient visit for a drug overdose.



Opioid involvement in benzodiazepine overdose



Source: National Center for Health Statistics, CDC Wonder

**Much of the increase in heroin deaths
is related to contamination with newer
synthetic opioids**

The counterfeit oxycodone tablet actually contained fentanyl.
(Courtesy of Alaska Dept. of Health and Social Services.)

**Pink (U47700) is
10X stronger than Heroin
Fentanyl is 50 X stronger than Heroin
Carfentanil is 1000X stronger than Heroin**



May take multiple doses of Narcan to reverse!!!

Evaluations of Overdose Education and Naloxone Distribution Programs

Feasibility

- Piper et al. Subst Use Misuse 2008; 43: 858-70.
- Doe-Simkins et al. Am J Public Health 2009; 99: 788-791.
- Enteen et al. J Urban Health 2010;87: 931-41.
- Bennett et al. J Urban Health. 2011; 88; 1020-30.
- Walley et al. JSAT 2013; 44:241-7. (Methadone and detox programs)

Increased knowledge and skills

- Green et al. Addiction 2008; 103;979-89.
- Tobin et al. Int J Drug Policy 2009; 20; 131-6.
- Wagner et al. Int J Drug Policy 2010; 21: 186-93.

No increase in use, increase in drug treatment

- Seal et al. J Urban Health 2005;82:303-11.
- Doe-Simkins et al. BMC PublicHealth 2014 14:297.

Reduction in overdose in communities

- Maxwell et al. J Addict Dis 2006;25; 89-96.
- Evans et al. Am J Epidemiol 2012; 174: 302-8.
- Walley et al. BMJ 2013; 346:f174.

Cost-effective

\$438 (best)
\$14,000 (worst)
quality-adjusted
gained per
life year

Coffin and Sullivan. Ann Intern Med. 2013
Jan 1;158(1):1-9.

-Community/Lay person administration studied for over a decade

-In Massachusetts they saw a 50% reduction in overdose death rates in the communities with the most training

-Over the past 15 years over 25,000 overdoses have been reversed by lay people

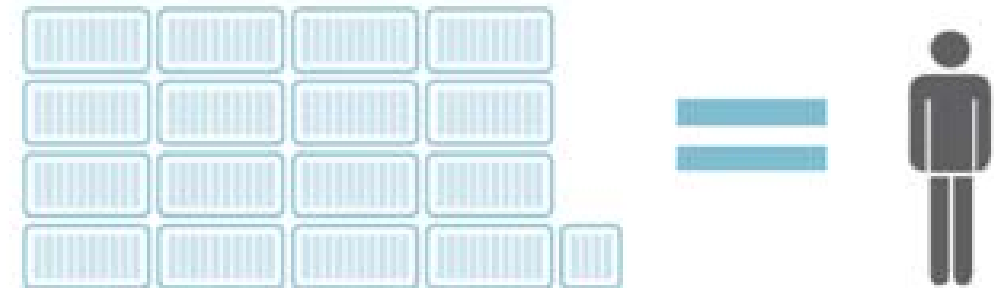
Naloxone Cost-Effectiveness

Cost:



Benefit:

164 naloxone scripts = 1 prevented death

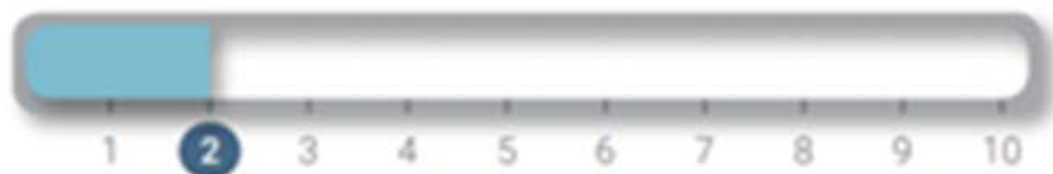


Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost-saving and **36 prescriptions** would prevent one death.

OPIOID SAFETY LANGUAGE

The word “overdose” has negative connotations and prescription opioid users may not relate to it.

Patients prescribed opioids (including high-risk persons with a history of overdose) reported their risk of “overdose” was 2 out of 10.”



Instead of using the word “overdose,” consider using language like “accidental overdose,” “bad reaction” or “opioid safety.” You may also consider saying:

“Opioids can sometimes slow or even stop your breathing.”

“Naloxone is the antidote to opioids — to be [sprayed in the nose/injected] if there is a bad reaction where you can’t be woken up.”

“Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”

Examples of Candidates for Naloxone Rescue include *but are not limited to*:

Veterans with:

- Opioid use disorder diagnosis (including individuals on Opioid Agonist Therapy; inpatient, residential, outpatient treatment; attending support groups)
- Prescription opioid misuse or injection opioid use
- History of previous opioid overdose
- Chronic hepatitis, cirrhosis, alcohol use disorder or other substance use disorder, sleep apnea or pulmonary disease and taking opioid

Veterans taking:

- An extended-release or long-acting prescription opioid
- ≥ 50 mg morphine equivalents per day
- A prescription benzodiazepine with an opioid

Veterans who receive VA or non-VA care in these situations:

- HIV education / prevention program (which may provide care to injection opioid users)
- Syringe access program
- Emergency departments (e.g., for opioid poisoning / overdose or intoxication)
- Primary health care (e.g., for follow-up of recent opioid poisoning / overdose or intoxication)
- Inpatient residential care or community-based treatment for homeless Veterans taking an opioid

Narcan Nasal Spray 0.4mg/0.1ml

Sig: For suspected opioid overdose, spray one dose into nostril and call 911. If no response in 3 mins repeat with second dose.

Disp: One Kit

Refill PRN

NARCAN[®] (naloxone HCl) **NASAL SPRAY**

QUICK START GUIDE Opioid Overdose Response Instructions

Key Points:

-You can't hurt anyone with Narcan

-It only works for opioids

-The person doesn't have to be breathing for it to work

-Always call 911
It may take multiple doses to revive someone
And it wears off after 45 mins

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
 - Breathing is very slow, irregular, or has stopped
 - Center part of their eye is very small, sometimes called "pinpoint pupils"
- Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

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

Gently insert the tip of the nozzle into either nostril.

- 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.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

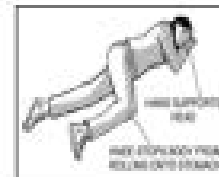
Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

How to give
Naloxone Nasal Spray
for opioid overdoses


<https://youtu.be/WkWXX5DPmpg>

0:06 / 1:21

Administering Naloxone Nasal Spray

<https://youtu.be/aR3qA63TrAI>

Actor Portrayal



Please see Full Prescribing Information at NarcansNasalSpray.com

NARCAN^(naloxone HCl)
NASAL SPRAY 4mg

0:48 / 7:26

Advantages of EMS Intranasal naloxone administration

- The majority of patients requiring EMS treatment for opioid overdose are IVDU
- The rate of Hepatitis C infection in IVDU is 50-80%
- IVDU patients often have very difficult IV access due to collapsed and scarred veins
- One of the biggest occupational health risks for EMS responders is exposure to blood borne pathogens
- Intranasal medication administration reduces risk of needle stick injuries to EMS responders