UTILIZING NALOXONE FOR OVERDOSE PREVENTION

Haley Coles, Sonoran Prevention Works
Rick Christensen, PA, Community Medical Services
Among the 20.2 million individuals aged 12 or older in 2013 who were classified as needing substance use treatment but who did not receive treatment in the past year, only 4.5% reported that they perceived a need for treatment for their illicit drug or alcohol use problem.

Source: NSDUH 2013
US & ARIZONA

- 28,000 opiate overdoses in US in 2014
- 1200+ overdose deaths in 2014
- 500-900 could be opiate-related
- 1 rx death every day

ADHS, Poisoning Report, 2014
Opioids attaching to receptors

The brain has many, many receptors for opioids. An overdose occurs when too much of an opioid, such as heroin or oxycodone, fits in too many receptors slowing and then stopping the breathing.

- opioid
- opioid receptor on brain
- opioids fit exactly on receptor
SOLUTIONS

- Prescribing guidelines
- Good Samaritan legislation
- Risk Reduction Education
- Naloxone
NALOXONE

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.
ARTICLE 4. OPIOID ANTAGONISTS

36-2266. Prescribing and dispensing; immunity; good faith statement; definition

A. A PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17, A NURSE PRACTITIONER LICENSED PURSUANT TO TITLE 32, CHAPTER 15 AND AUTHORIZED BY LAW TO PRESCRIBE DRUGS OR ANY OTHER HEALTH PROFESSIONAL WHO HAS PRESCRIBING AUTHORITY AND WHO IS ACTING WITHIN THE HEALTH PROFESSIONAL'S SCOPE OF PRACTICE MAY, DIRECTLY OR BY A STANDING ORDER, PRESCRIBE OR DISPENSE NALOXONE HYDROCHLORIDE OR ANY OTHER OPIOID ANTAGONIST THAT IS APPROVED BY THE UNITED STATES FOOD AND DRUG ADMINISTRATION FOR USE ACCORDING TO THE PROTOCOL SPECIFIED BY THE PHYSICIAN, NURSE PRACTITIONER OR OTHER HEALTH PROFESSIONAL TO A PERSON WHO IS AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE, TO A FAMILY MEMBER OF THAT PERSON, TO A COMMUNITY ORGANIZATION THAT PROVIDES SERVICES TO PERSONS WHO ARE AT RISK OF AN OPIOID-RELATED OVERDOSE OR TO ANY OTHER PERSON WHO IS IN A POSITION TO ASSIST A PERSON WHO IS AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE.
## Recognizing an Overdose

<table>
<thead>
<tr>
<th>High</th>
<th>Overdosed</th>
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<tbody>
<tr>
<td>Muscles become relaxed</td>
<td>Pale or gray, clammy skin</td>
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<tr>
<td>Speech is slowed or slurred</td>
<td>Breathing is infrequent or has stopped</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Deep snoring, gurgling, or rattling</td>
</tr>
<tr>
<td>Responsive to shouting, sternal rub, or ear lobe pinch</td>
<td>Unresponsive to any stimuli</td>
</tr>
<tr>
<td>Normal heart rate and/or pulse</td>
<td>Slow or no heart rate and/or pulse</td>
</tr>
<tr>
<td>Normal skin tone</td>
<td>Blue or gray lips and/or fingertips</td>
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</tbody>
</table>
RESPONDING TO AN OVERDOSE

1. Stimulation – Sternum rub
2. Call 911
3. Rescue breathe
4. Administer naloxone
5. Continue rescue breathing
• Suggested syringe: 3cc, 25g, 1”
• If possible, use alcohol swab on skin first
• Use all liquid in vial for each dose
• After 2 minutes no response, administer 2nd dose
INTRANASAL NALOXONE

How to Give Nasal Spray Naloxone

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 syringe.

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 2-5 minutes, give the second dose.
WHO SHOULD HAVE NALOXONE?

- CDC: 83% of people who administered naloxone were people who use drugs (2015)
- Friends & family
- Jails, prisons, intake, probation, distribute upon release
- Detox, treatment centers, sober living
- Homeless shelters & services
- Law enforcement
MYTHS

• Naloxone encourages drug use
• Reversal without hospital admission delays drug treatment
• Reduces the likelihood that EMS will be called
• Overdose reversal requires medical professional
MODELS

- Direct distribution to patients/clients
- Writing prescription
- Referring to outside organization
- Pharmacy – standing order / dispense without rx
- Co-prescribing with rx opioids
- Community trainings
Thank you!!