

UTILIZING NALOXONE FOR OVERDOSE PREVENTION

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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.



HARM
REDUCTION
MEANS
Another
Chance

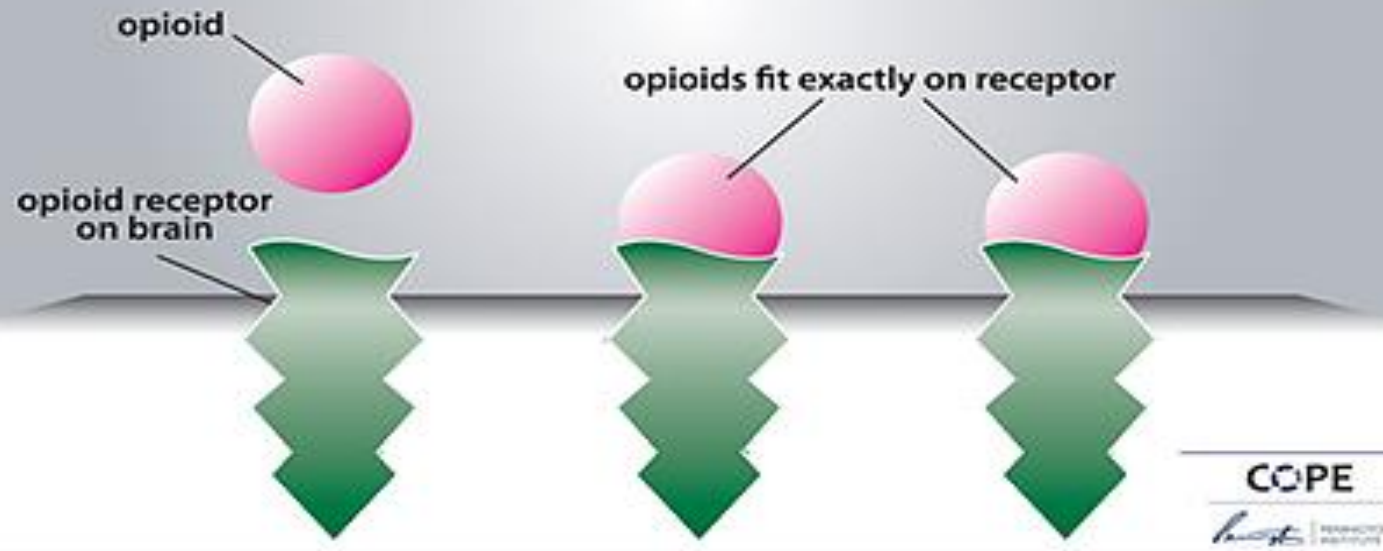
US & ARIZONA

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

OPIOIDS & OVERDOSE

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.



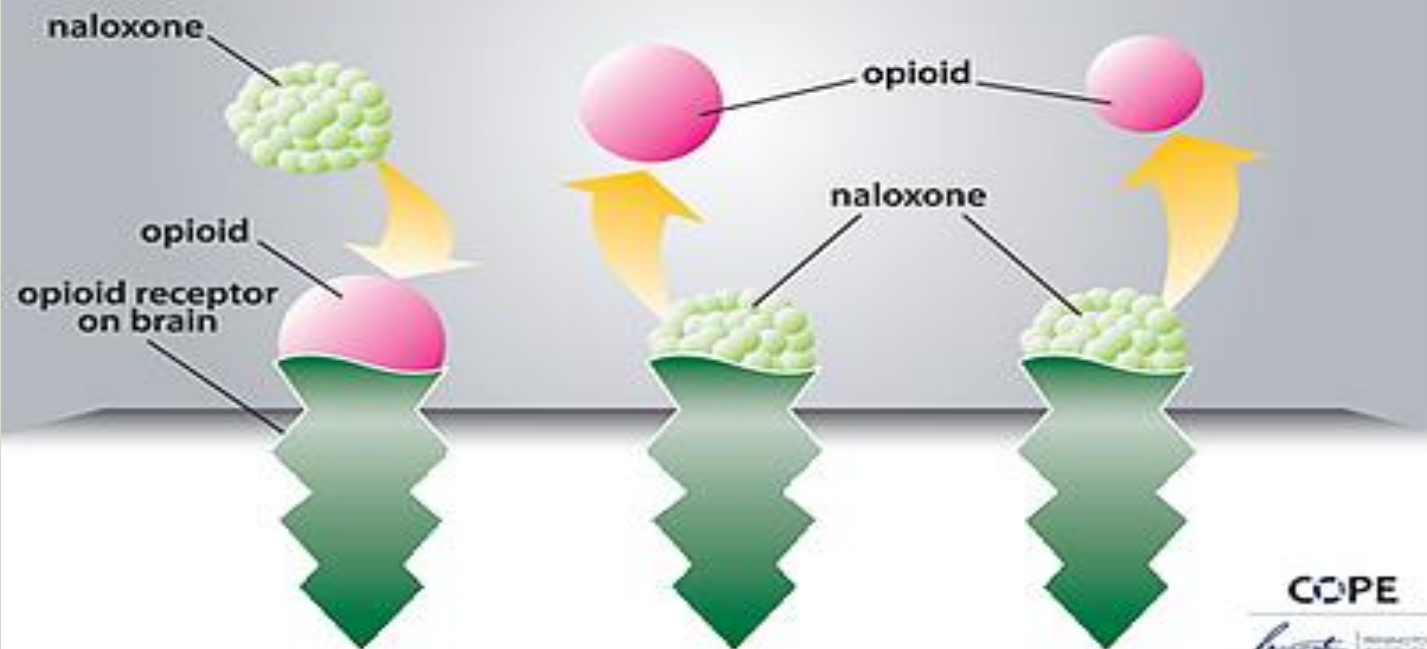
SOLUTIONS

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

NALOXONE

Naloxone reversing an overdose

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

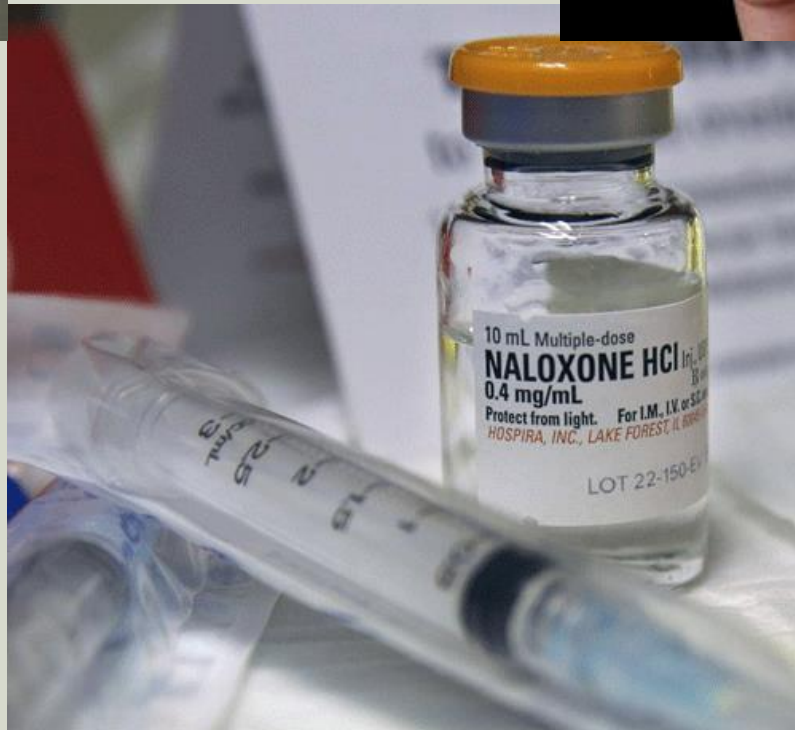
A. A PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17, A NURSE PRACTITIONER LICENSED PURSUANT TO TITLE 32, CHAPTER 15 AND AUTHORIZED BY LAW TO PRESCRIBE DRUGS OR ANY OTHER HEALTH PROFESSIONAL WHO HAS PRESCRIBING AUTHORITY AND WHO IS ACTING WITHIN THE HEALTH PROFESSIONAL'S SCOPE OF PRACTICE 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

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

RESPONDING TO AN OVERDOSE

1. Stimulation – Sternum rub
2. Call 911
3. Rescue breathe
4. Administer naloxone
5. Continue rescue breathing

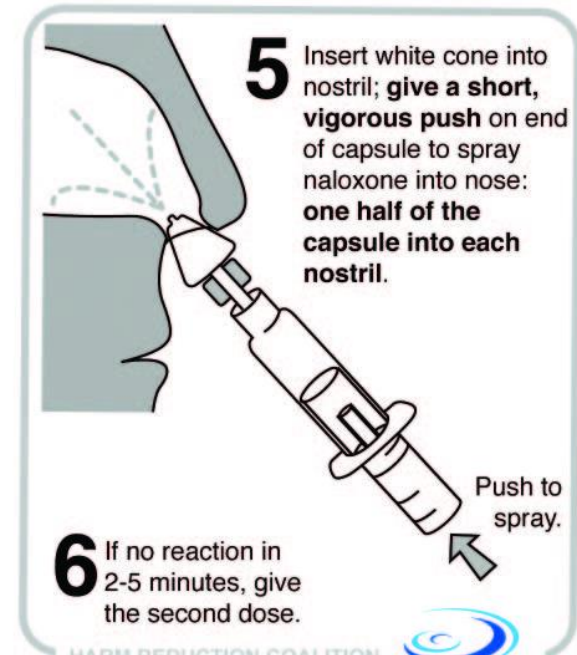
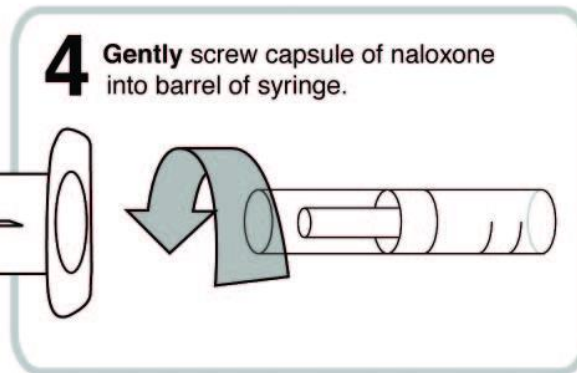
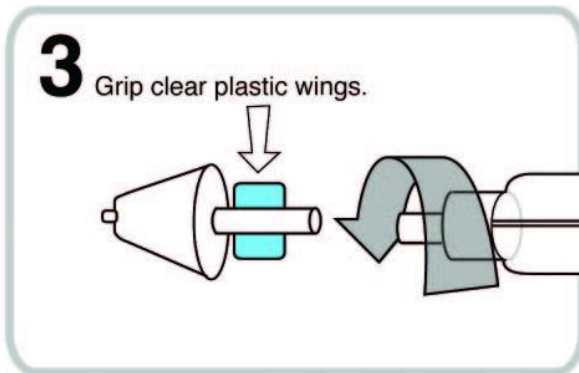
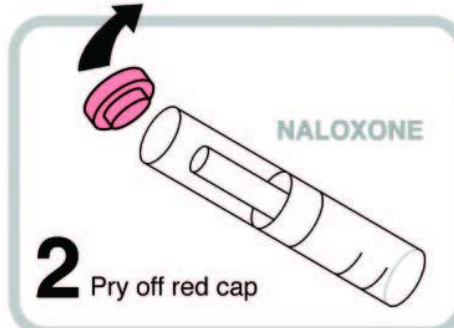
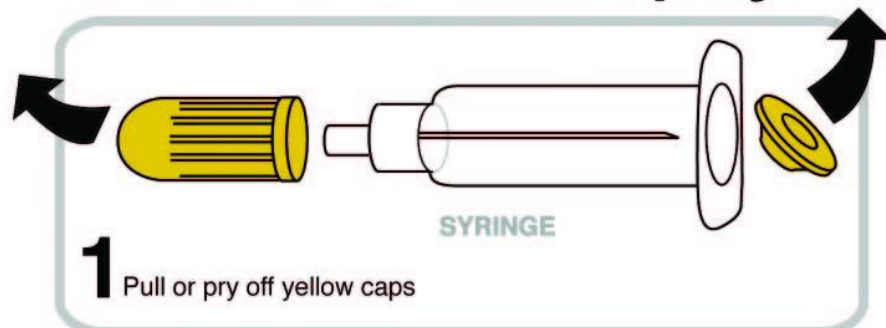


INTRAMUSCULAR NALOXONE

- 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



6 If no reaction in 2-5 minutes, give the second dose.

HARM REDUCTION COALITION
22 WEST 27TH ST. NEW YORK, NY 10001 (212) 213-6376



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!!