

* Naloxone Distribution Programs: Saving Lives in Ohio

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Ohio Department of Health
Project DAWN Webinar
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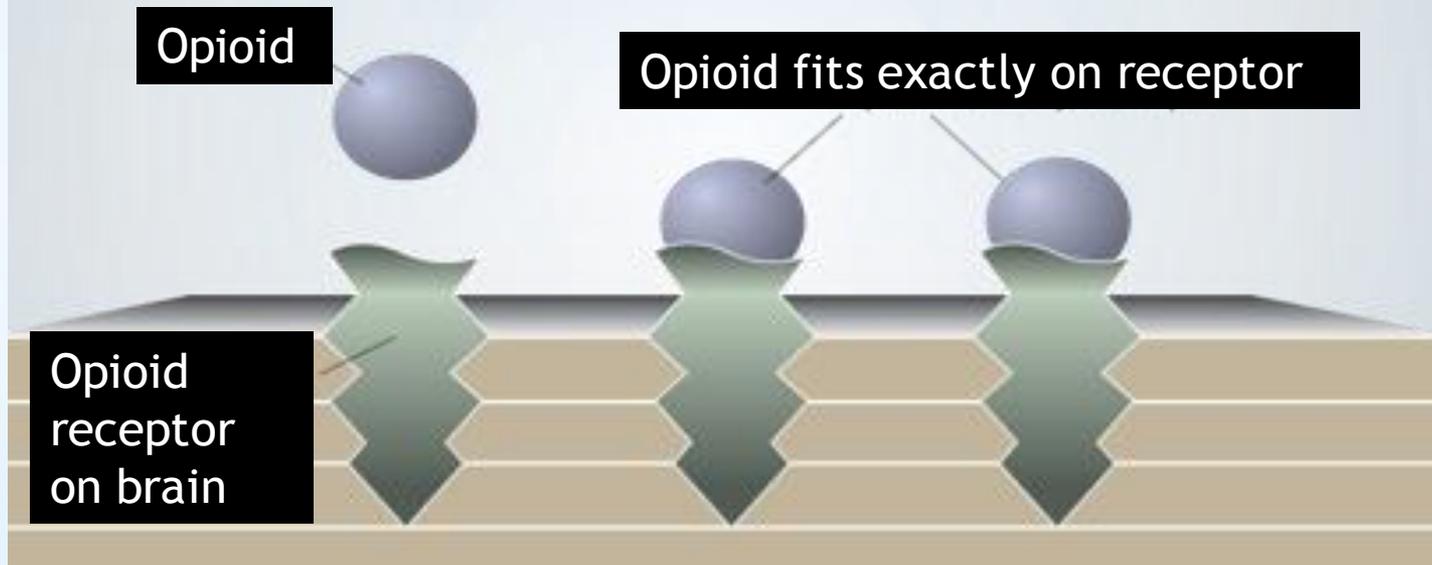
1. Describe naloxone and its benefits.
2. Describe how a fatal opioid overdose occurs and how naloxone works to reverse an overdose.
3. Describe the key components for Ohio's Overdose Education and Naloxone Distribution Program, Project DAWN.
4. Provide an opportunity for current Project DAWN programs to describe their successes and challenges.
5. Provide time for questions/concerns.

 **Objectives**

- * Naloxone is a prescription opioid antagonist widely utilized by medical professionals.
- * Ejects heroin and other opioids from receptors in the brain reversing the respiratory depression caused by an overdose.

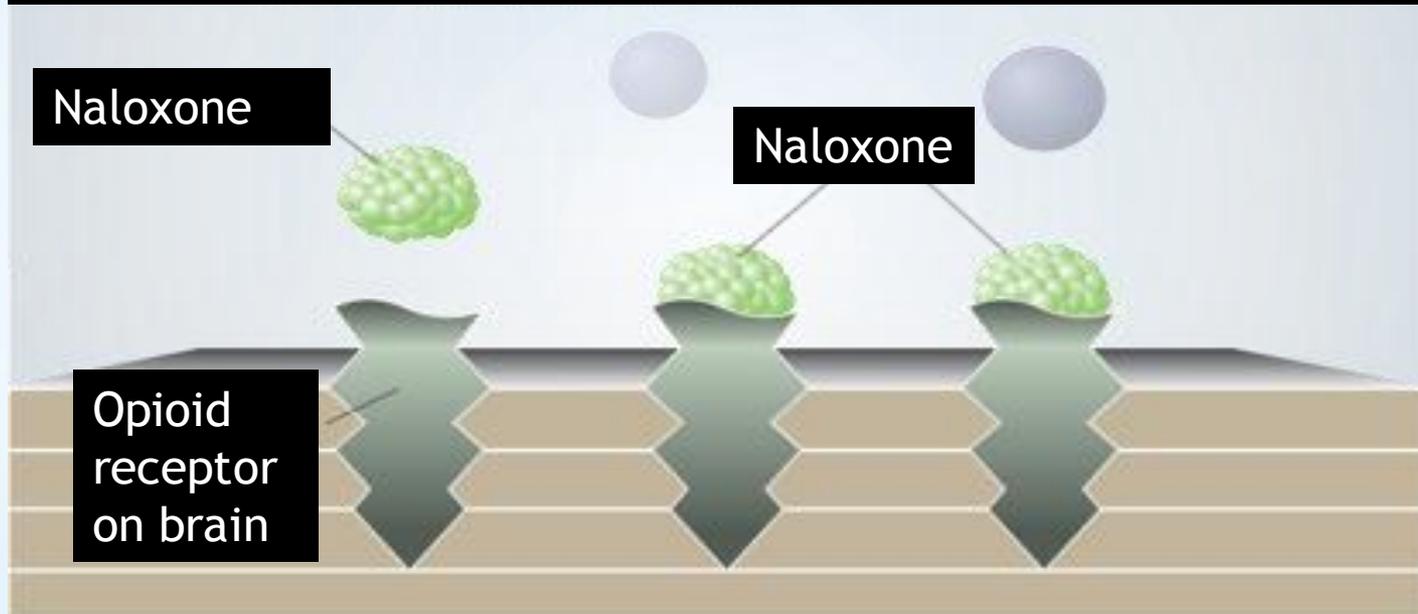
*** What is Naloxone?**

An overdose occurs when an opioid fits in too many opioid receptors in the brain resulting in the slowing and then stopping of a person's breathing.



* Naloxone is an opioid antagonist

Naloxone has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a brief time. This allows the person to breathe again and effectively reverses the overdose.



* Naloxone is an opioid antagonist

- * Has no pharmacological effect and has no potential for abuse (non-scheduled).
- * Can be safely administered by intranasal, intravenous or intramuscular injection.
- * Works rapidly (2-8 min.) and wears off in 20-90 minutes.



* More About Naloxone

- * No effect if opioids are not present.
- * Naloxone, much like epinephrine, must be administered by a third-party because the overdose victim is unconscious or otherwise incapable of administering the medication personally.

* More About Naloxone

- * Few serious negative side effects reported with administration are usually associated with the onset of withdrawal symptoms or health problems unrelated to naloxone.
- * Withdrawal is unpleasant but not life threatening.

*** Naloxone is Safe**

*Overdoses are still going to occur despite prevention efforts.

1. Fatal overdoses can be prevented.

*Witnessed.

*Overdose death typically occurs 1-3 hours.

2. Naloxone can prevent complications that result in costly drug overdose-related hospital stays.

3. Knowledge can save lives.

*Overdose Education and Naloxone Distribution Programs

*Cost/Benefit Estimate

- Total Cost of Project DAWN Kit = \$50.00
- Medical Cost of a Fatal Drug Overdose: \$ 2,980
- Naloxone can prevent complications that result in costly drug overdose-related hospital stays. In 2008, the average in-patient treatment charge for a drug overdose is \$10,488.

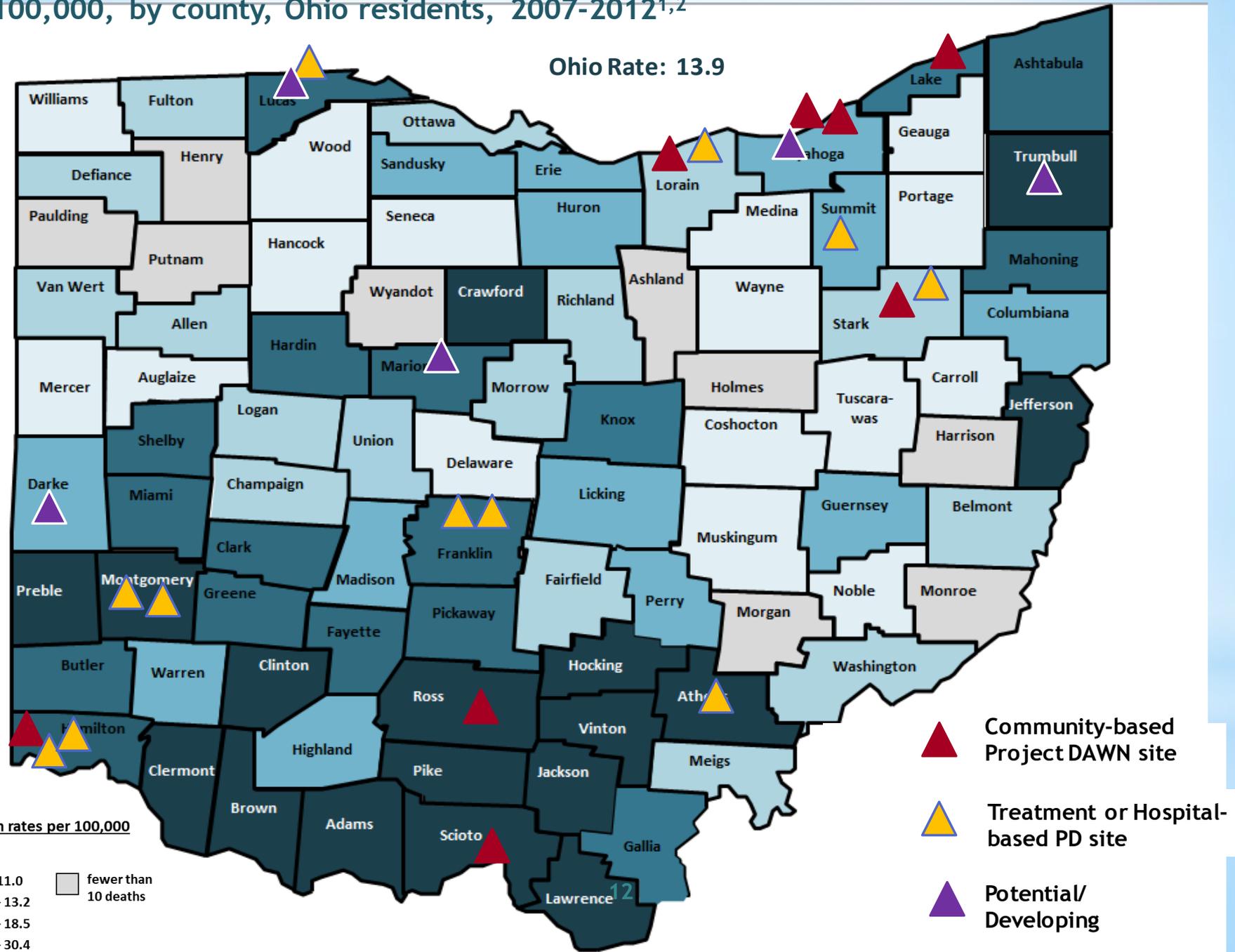




**(Deaths
Avoided with
Naloxone)**

Average, age-adjusted unintentional drug overdose death rate per 100,000, by county, Ohio residents, 2007-2012^{1,2}

Ohio Rate: 13.9



1. Identify a lead or coordinating agency that has the ability to administer a Project DAWN program in a community-based setting where individuals can obtain training and an overdose reversal kit that contains naloxone.
2. Identify an implementing agency/agencies (May be the same as the lead agency)
 - * Implementing agency must be able to dispense naloxone on-site (as evidenced by an existing Terminal Distributor License (TDL) from the Ohio Board of Pharmacy or the intent to apply for one) or through a participating local pharmacy.
3. Identify or hire staff to implement the program:
 - * Physician to serve as Medical Director;
 - * Project Manager/Coordinator; and,
 - * Prevention Educator (May be the same as the Project Manager)

* Steps to implement a Project DAWN program

4. Develop policies and procedures that include:

- * Plan for program operation and training of staff on overdose prevention through administering naloxone (Training DVD available from ODH);
- * Identification of the project setting, phone contact and hours of operation;
- * Intake form and procedure for participant intake/registration;
- * Procedure for program participants to receive naloxone prescription and kits;
- * Refill form and procedure for refill;
- * Procedure for secure storage of naloxone;
- * Plan for recruiting and training program participants;
- * Tracking form - Sample form available from ODH.
Need to track:
 - * Number of individuals trained and received kits;
and,
 - * Number of overdose reversals.

5. Develop and order materials for project:
 - Quick Reference Guide - ODH can provide the template;
 - Training DVD - ODH can provide the template; and,
 - Naloxone kits - List of components can be obtained from ODH.
6. Advertise program and recruit program participants through community partnerships and the media - See *Outreach Plan Guidance Document*.
7. Train program participants - May train and prescribe naloxone to third parties (not just the at-risk person) as a result of Ohio House Bill 170. See Ohio House Bill 170.
8. Evaluate program through use of tracking form and participant feedback.

* Project DAWN uses best practice as used by older programs in the U.S.:

■ Education components include:

1. Overdose prevention techniques
2. Recognizing signs and symptoms of overdose
3. Calling 911
4. Airway and breathing assessment/Rescue breathing/Recovery position
5. Naloxone storage, carrying, and administration in an emergency situation
6. Reporting of overdose and refill procedures
7. Post-overdose follow-up care

- Program emphasizes the importance of talking with family members. Ohio law permits teaching overdose response techniques including the administration of Naloxone to Naloxone recipients and others who might be in a position to administer it.

* Project DAWN Target Population

1. Emergency medical care for opioid poisoning
2. Suspected illicit or nonmedical opioid user
3. High-dose opioid prescription (>80 mg morphine equivalence/day)
4. Any methadone prescription to opioid naïve patient
5. Any opioid use and smoking/COPD/emphysema or other respiratory illness or obstruction
6. Any opioid use and renal dysfunction or hepatic disease
7. Any opioid use and HIV/AIDS
8. Any opioid use and known or suspected concurrent alcohol use
9. Any opioid use and concurrent benzodiazepine use or any concurrent sedating medication use
10. Any opioid use and concurrent SSRI or TCA anti-depressant use
11. Released prisoners
12. Release from opioid detoxification or mandatory abstinence program
13. Voluntary request
14. Patients entering methadone maintenance treatment programs (for addiction or pain)

*Overdose Prevention Kit



- * Kit with 2 doses of 1 mg/1 mL naloxone hydrochloride in pre-filled needleless syringes, nasal adaptors, breathing mask, instructions, referrals to local substance abuse/dependence treatment/ owner card
- * Must use 300 MAD adaptor for intranasal use
- * Take-home DVD to share with significant others and friends
- * Total cost=approx. **\$50**

* Start up costs (excluding staff):

- * Purchase of naloxone
- * Purchase of nasal atomizer
- * Printing of quick reference guide - ODH template
- * Purchase of kit bag
- * Purchase of DVDs for training - ODH can provide a master DVD and some quantity of the DVDs.
- * Outreach/publicity - Some programs develop a brochure/flyer.

Total: Approximately \$3,000 - \$4,000

* Costs for Start-up

* Reaching out to Ohio Medicaid and managed care to look at potential billing opportunities/changes to formulary.

* Potential billing of private insurance.

* Central Pharmacy to reduce costs.

*** Future Funding /
Sustainability**

* House Bill 170

March 11, 2014

- Naloxone can now be prescribed to a friend, family member or other individual who is in a position to provide assistance to an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.
- The prescription must be issued by a physician or other health care professional who is authorized to prescribe drugs. Under this law, a physician (including a podiatrist) or an advanced practice registered nurse or physician assistant who is authorized to prescribe drugs may prescribe or personally furnish naloxone for administration to an individual at risk or overdosing on opioids. ***In other words, the naloxone prescription no longer has to be only for the person who is believed to be at risk of an overdose.***

* House Bill 170

- * The health care professional must instruct the individual to whom the drug is prescribed or furnished to summon emergency services immediately before or immediately after administering the naloxone. This means the training provided by Project DAWN must include instructions to call 911 as part of the response to an overdose in addition to administering the naloxone.
- * Immunity provided for those acting in good faith.
- * Ohio House Bill 363 – Introduced: Provides immunity from arrest for possession of drugs in certain circumstances.

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