

### **What is the problem?**

- Across the US there has been a dramatic increase in the rate of unintentional drug overdose deaths, driven largely by opioids
  - Opioids is a class of drugs that includes illicit drugs like heroin, and also legal prescription medications like oxycodone, hydrocodone, methadone, morphine, and fentanyl
- In 2010, unintentional drug poisoning deaths overtook motor vehicle accidents as the leading cause of accidental death in the country. (<http://www.cdc.gov/nchs/data/databriefs/db81.pdf>)
- The CDC reports that the rate of increase in deaths related to prescription opioids may be slowing, but deaths related to heroin are on the rise
  - From 2010 to 2013, the rate of deaths related to heroin nearly quadrupled. Death from heroin overdose increased among all ages, all races/ethnicities, and in all regions of the country. (<http://www.cdc.gov/nchs/data/databriefs/db190.pdf>)

### **What is the overdose situation in Nevada?**

- In a publication in the CDC Morbidity and Mortality Weekly Report in 2012, analysis of the data from the National Vital Statistics System placed Nevada in the top quartile of overdose deaths
- The rate of increase in overdose deaths in Nevada is similar to what we are seeing across the country – from 1999 to 2013, the rate of deaths doubled, from 8.9 per 100,000 to 17.5 per 100,000
  - Using the same criteria as was used in the CDC analysis, there were 507 unintentional drug overdose deaths in Nevada in 2013
  - The increase was even steeper in Washoe county, where the rate increased from 6 per 100,000 in 1999 to 22 per 100,000 in 2013

### **What can we do about it?**

- There is a whole set of interventions that need to be implemented to provide a comprehensive approach to this epidemic. For example:
  - Prescription drug monitoring programs can help physicians and pharmacists get more information about the different types of prescriptions patients are receiving
  - Effective drug abuse prevention interventions can help keep people from getting addicted in the first place
  - Effective substance abuse treatment, like medication assisted therapy, can help people deal with their addiction
  - Drug takeback days can help reduce drug diversion by taking unused opioid medications out of circulation so that they are not accidentally consumed by someone else
  - Overdose education and naloxone distribution programs train people to prevent, recognize, and respond to opioid overdoses.

### **What is naloxone?**

- Naloxone is a medication that has been used since the 1970s by paramedics, anesthesiologists, and other health care professionals to reverse the effects of opioids
- Opioid overdoses kill by slowing and eventually stopping the victim's breathing. Naloxone goes to the same place in the brain where the opioids are and blocks the receptor. This allows the victim to start breathing again.
- Naloxone is a legal, non-scheduled medication that is available with a prescription. It has no other indications other than to reverse the effects of opioids, and it is considered very safe with few side effects.
- Since 1996, programs in the US have been training people at risk for overdose, their friends, family members, and community members how to prevent, recognize and respond to opioid overdoses using naloxone.
- That same CDC MMWR that I referred to earlier reported that as of 2010, there had been over 50,000 people in the US trained in overdose prevention and naloxone administration, and over 10,000 overdose reversals reported by those individuals

### **How do these programs work?**

- Typically, programs or health care providers provide some basic education, either in a one-on-one or group setting. The education covers how to prevent having an overdose, how to recognize an opioid overdose, and how to respond appropriately when someone witnesses an opioid overdose.
  - Risk factors for dying of an opioid overdose include:
    - Mixing drugs (this includes opioids and other drugs or alcohol, opioids and stimulants, or opioids and other prescription medications)
    - Using opioids after a period of abstinence, like in the period after someone gets out of drug treatment, detox, or jail/prison
    - Using alone, since if someone overdoses when they are alone there won't be anyone there to help
  - Recognition means looking for signs like:
    - Slow or stopped breathing
    - Lips/nails turning blue
  - Appropriate response includes:
    - Stimulating the victim in a safe manner that won't cause injury
    - Calling 911 to mobilize emergency medical services
    - Providing rescue breathing
    - Administering naloxone

- After someone is educated, they receive a prescription for naloxone. Programs work best when they can dispense the naloxone on site, rather than asking patients to go to a pharmacy or separate location to pick up the medication. But either way can work.

### **Are there any legal issues to be aware of?**

- It is important to remember that naloxone is already a legal, non-scheduled prescription medication. Even so, many states are changing their laws to make naloxone more available and help prevent overdose deaths in other ways.
- Legal reform comes in two forms: naloxone access laws and 911 Good Samaritan laws. There are currently 28 states that have changed their laws to allow expanded access to naloxone, and 22 states that have changed their laws to include 911 good Samaritan provisions
  - Naloxone Access laws include a number of provisions to expand access to the medication
    - It is important to remember that naloxone is already considered safe, is legal, and is available by prescription. These laws just expand the options for pharmacists, doctors, and other health care professionals so that they can make it more easily available for their patients, and the friends, family members, and other people in the community
  - 911 Good Samaritan laws help to encourage people to call 911 in the event of an overdose
    - We know that people are often afraid to call when a friend overdoses, because they are afraid that the police will arrest someone. In research across the country on average it is about 50% of the time that witnesses report calling 911. This can be deadly, because delayed medical response means that an overdose victim is not breathing for longer and has a greater likelihood of dying
    - 911 Good Samaritan laws offer limited protections against arrest, charges, and prosecution for low level drug crimes, so that people are less afraid to call 911 and more willing to seek the medical attention that their friends and family members need
- Currently in Nevada there are two Bill Draft Requests that will hopefully create legal reform to expand access to this life saving medication, and also make it easier for people to call 911 to get medical help when the witness an overdose
  - BDR 1199 (Sandoval)

- BDR 40-214 (Kieckhefer)
- Nevada is perfectly positioned to join the ranks of more than half the states in the US that are taking solid, public-health minded steps to deal with the opioid overdose epidemic
- Expanding access to this life saving medication is critical to avoiding more preventable deaths in Nevada

**Won't giving people the antidote to an overdose just make people more likely to use more drugs? Doesn't this create a safety net and take away consequences?**

- Concerns about whether providing overdose prevention education and naloxone to people at risk for dying of an overdose have been expressed. However, the available data do not support this concern and even suggest that the opposite is true.
  - In studies in California, New York, and Chicago, researchers have found that people who participated in overdose prevention education and naloxone distribution programs reported no increases in their drug use or even decreases in their drug use after participation in the program
    - This might be because providing this service creates an opportunity for people to talk about their drug use and access treatment resources
  - The studies in California and Chicago also found that there was an increase in the number of people who were in drug treatment after participating in an overdose prevention education and naloxone program
  - Most importantly, two published studies have now shown that overdose death rates can be lowered when communities make naloxone available to people at risk for dying of drug overdoses.

**Aren't there safety concerns? I heard that naloxone makes people violent.**

- The only effect that naloxone has is to reverse the effects of opioids. In a person who is dependent on opioids, receiving naloxone can cause the person to experience withdrawal symptoms, which can be very uncomfortable and unpleasant. People experiencing severe withdrawal symptoms after receiving naloxone to reverse an overdose can be understandably upset and might be a little difficult to manage until they understand what just happened. The important thing to remember is that without the naloxone, the overdose victim may have died due to the respiratory depression. So, on balance, managing an upset person who is experiencing uncomfortable withdrawal symptoms is preferable to having that person die from the overdose.
- Importantly, the effects of naloxone do not last as long as most opioids. This means that the naloxone can wear off before the opioids, which could send the person back into respiratory depression if their body has not metabolized all the opioids. This is why it is

very important that people are properly trained, and that they call 911 to mobilize emergency medical assistance as soon as they recognize the overdose.

- In some very rare cases, people who come out of an overdose can experience other medical symptoms. And, if there were other drugs involved in the overdose or an underlying medical condition, they may require other medical intervention. Again, this is why it is so important that people feel safe calling 911 and do so immediately to summon medical assistance. But having naloxone and knowing how to do rescue breathing can mean the difference between life and death during the time that EMS is on their way.

## Overdose and Naloxone Resources

For prescribers and pharmacists

- [prescribetoprevent.org](http://prescribetoprevent.org)
- [prescribetoprevent.org/pharmacists/](http://prescribetoprevent.org/pharmacists/)

News + research on overdose prevention

- [Overdosepreventionalliance.org](http://Overdosepreventionalliance.org)

International overdose prevention efforts

- [Naloxoneinfo.org](http://Naloxoneinfo.org)

Opioid overdose prevention education

- [Stopoverdose.org](http://Stopoverdose.org)
- <http://getnaloxonenow.org/>
- <http://harmreduction.org/issues/overdose-prevention/>

Legal reform

- [www.networkforphl.org/\\_asset/qz5pvn/network-naloxone-10-4.pdf](http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf)
- [https://www.networkforphl.org/topics\\_resources/topics\\_resources/drug\\_overdose\\_prevention\\_and\\_harm\\_reduction/](https://www.networkforphl.org/topics_resources/topics_resources/drug_overdose_prevention_and_harm_reduction/)

Toolkits and advice about how to set up a program

- <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>
- <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/>

CEU's for Pharmacists

- <http://web.uri.edu/pharmacy/2014/02/14/opioidsaddiction/>

Naloxone and overdose resources for Law Enforcement

- <https://www.bjatrainng.org/tools/naloxone/Naloxone+Background>
- <http://getnaloxonenow.org/>

Resources for Parents

- <http://grasphelp.org/>
- <http://anewpathsite.org/>
- <http://www.momsunited.net/>