

# USE AND DISTRIBUTION OF NALOXONE (NARCAN) FOR REVERSAL OF OPIOID OVERDOSE

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MONO COUNTY HEALTH DEPARTMENT

2020

# OBJECTIVES

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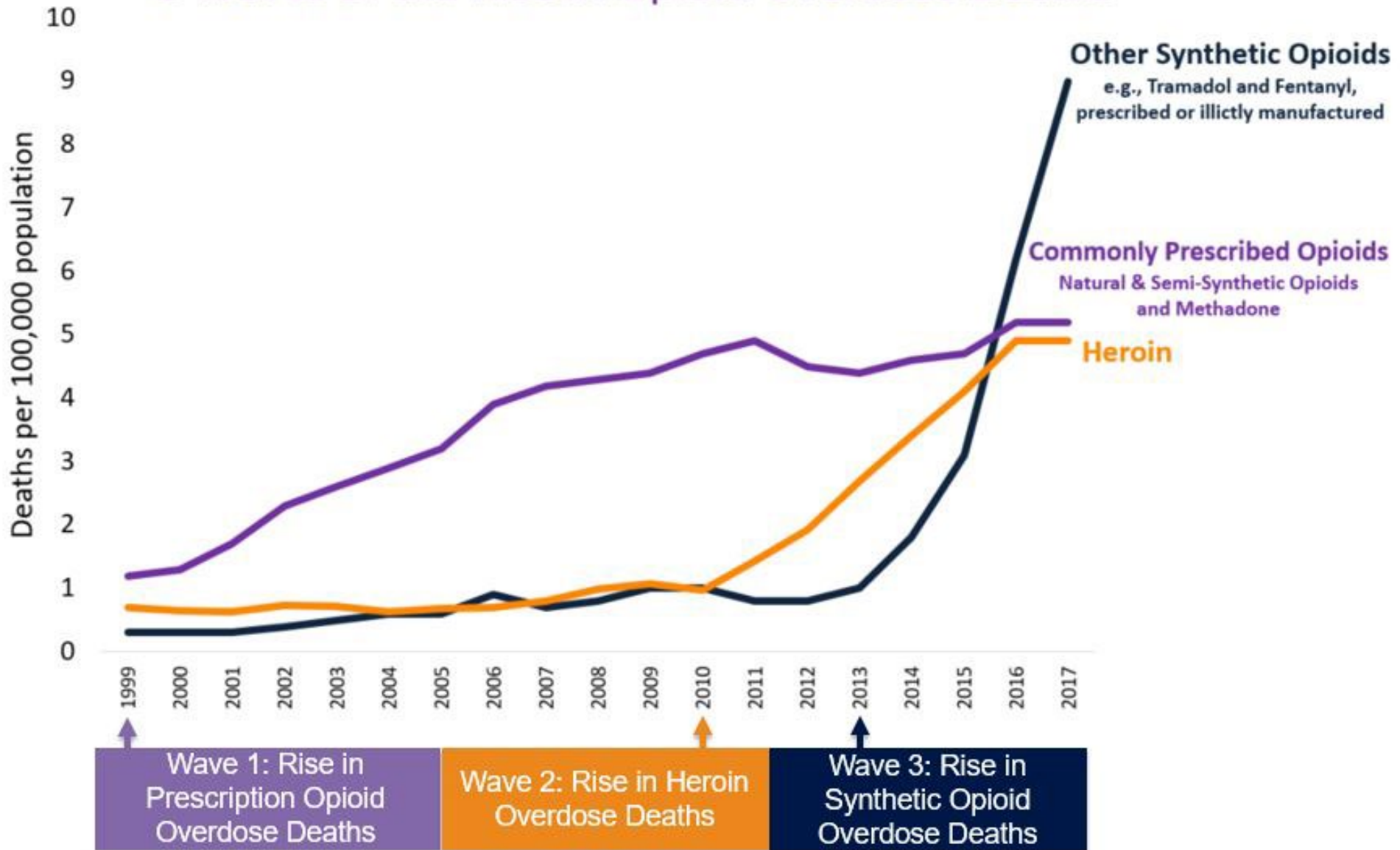
- Empower participants to confidently administer intranasal naloxone for treatment of suspected opioid overdose
- Enable participants to distribute naloxone to community members who might be able to save a life
- Increase average participant's knowledge of substance use disorders, local treatment and harm reduction resources

# OPIOID EPIDEMIC

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- Prescription Rx epidemic → heroin rise → synthetic opioids (fentanyl, etc)
- 70,000 drug overdose deaths 2017
  - Mostly opioids or opioid-involved
- USA saw decline 2018 but rates may have increased again during pandemic
- We've had deaths locally (Inyo)

## 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.



# OPIOID OVERDOSE

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- Opioids kill by suppressing the impulse to breathe
- Opioid molecules attach to receptors in brain
  - Reduces nerve cell activity in certain areas of brain and spinal cord
  - Some opioid receptors are in the respiratory center (brainstem)
  - Pain relief, euphoria/dysphoria, diminished breathing
- Artificial ventilation (e.g. rescue breathing, bag-mask) will prevent death
  - BLS protocol calls for CPR for person who is not breathing
- Naloxone (med) forces opioid molecules off the receptors and blocks reattachment, reversing effects

# NALOXONE-OPIOID REVERSAL AGENT (AKA NARCAN®)

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- Medication used intravenously (fastest reversal), intramuscular injection or as intranasal spray
- SAFE- No serious side effects in healthy volunteers
  - Allergic reaction possible with any medication
  - Safety in pregnancy not studied
- Adverse effects related to reversing opioid effects and precipitating withdrawal
  - Some persons may require hospitalization after near-death overdose and rescue
  - Agitation, rapid heart rate, sweats, abdominal cramps, goose bumps, diarrhea
  - Increased pain if they have been taking opioids for pain
- Reversal may not last
  - Long-acting opioids may last longer than naloxone
  - Patients need to be monitored to ensure they don't slip back into unconsciousness (may need repeat naloxone administration)

# PROTOCOL: NARCAN® NASAL SPRAY, 4 MG

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- Call 911
- Place spray device into a nostril
- Firmly depress the plunger with thumb
- Basic life support (BLS): CPR OR rescue breathing, if necessary
- Repeat if needed in few minutes (no harm in giving too much)
- <https://monohealth.com/public-health/naloxone>

# NALOXONE CAN BE GIVEN SAFELY EVEN IF THE CAUSE OF UNCONSCIOUSNESS IS NOT KNOWN!

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- Standard EMS and ER practice with ALOC (altered level of consciousness)
  - E.g. Check glucose, give naloxone while ordering or waiting for labs, CT brain scan, etc.
- Will not harm someone with a head injury, low blood sugar, or other overdose
- If ALOC due to other sedative drugs or alcohol, naloxone will have no effect (only works for opioids)
- If ALOC due to combination of drugs naloxone will only reverse opioid component



# LEGAL BASIS FOR DISTRIBUTION OF OPIOID OD REVERSAL AGENTS

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- Statewide (nationwide) effort
- Section 1714.22 of the California Civil Code
- Response to opioid OD epidemic
- Decreases OD deaths substantially if you can get enough out there in the community where it might be needed
- Health Officer order (Nov 2018) allows distribution without prescription
  - Developed in collaboration with Mono County Counsel
- Anyone who has received training such as this is authorized to distribute intranasal Narcan, accompanied by brief education (video)

# STATE EFFORTS TO PROMOTE NALOXONE ACCESS

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- Naloxone is available over the counter
  - May be purchased without prescription but is not cheap
  - Pharmacists who dispense without prescription must complete online education module so they can teach clients when and how to use it
- New CA law (Jan 1, 2019) **requires** physicians to prescribe naloxone to all patients on high doses of opioids or a combination of opioids and drugs in the Valium family (benzodiazepines-includes Ativan, Xanax, Klonopin, Restoril)
- MediCal covers it, private insurance coverage seems to vary

# PEOPLE DYING OF OD CANNOT GIVE THEMSELVES NALOXONE....

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- Naloxone provided to person with opioid problem will not protect that individual unless people with them know what and where it is and how to use it
- **Family members and friends of people with Opioid Use Disorder** are important targets
- Opioid users often save other opioid users
- The more naloxone out there the greater potential for it to save lives

# SUBSTANCE USE DISORDERS (ADDICTION)

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- Repeated use of substance for short term benefit despite evidence of harm
  - Harm to health, family, job, friend relationships; legal/justice system issues, etc
- Relapse is typical
- Measurable changes in brain activity
- Driven by dopamine: brain chemical (neurotransmitter) in brain areas involved in our most powerful biological drives (food, water, sex, etc)
- Genetics account for 70% of risk of opioid addiction
  - Risk of addiction varies person to person
- It's a disease not a character defect



# ADDICTION IS DEFINED BY BEHAVIORS

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- Not defined by physiological dependence on substance  
(i.e. presence of withdrawal)
- Although dependence/withdrawal is a common feature of addiction its not the only thing
- “Four C’s” **C**ravings, lack of **C**ontrol, and **C**ompulsion to use despite **C**onsequences
- <https://www.youtube.com/watch?v=66cYcSak6nE>

# DRUG DISORDERS PROGNOSIS & TREATMENT

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- Many will recover and live better lives
- Some people will die as a result of their addiction
- We want to increase the chances of recovery and reduce the chances of death and disease
- No magic bullets
- Relapse common

# SUD/DRUG ADDICTION TREATMENT

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- Counselling/Behavioral Treatment
- Support Groups, e.g. 12 Step (AA, NA, etc)
- Medication Assisted Treatment (MAT)
  - For some drug use disorders
- Combination treatment usually preferred over any one approach

# SOCIETY: SUBSTANCE USE TREATMENT MAKES ECONOMIC SENSE

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- Every dollar spent on SUD treatment saves estimated \$7 dollars in reduced crime-related costs
- Factor in healthcare cost savings and cost benefit increases to 1:12
- Does not include additional workplace/productivity benefits  
([www.drugabuse.gov](http://www.drugabuse.gov) , *National Institute for Drug Abuse*)



# HARMS OF OPIOID USE DISORDER (OUD)

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- Overdose death
- Injection drug use carries risk of blood-borne pathogens (Hep C, HIV, Hep B and bacterial infections (e.g. Staph, MRSA etc)
- Abscesses and internal *Staph* infections, e.g. endocarditis
- Family, employment, legal, other social effects

# REDUCING RISK OF DEATH AND DISABILITY RELATED TO OPIOID USE DISORDER LOCALY

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Access to treatment plus evidence-based harm reduction measures:

- Medication-assisted Treatment (MAT) is standard of care
  - Far more effective than abstinence only/ 12 step programs alone
  - May reduce risk of death by more than 60%
- Harm reduction
  - Naloxone distribution
  - Safe syringe access
  - Testing for bloodborne viral pathogens (Hep C and B, HIV)
  - Fentanyl testing (of drugs)

# MAT

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Term usually refers to medications for Opioid Use Disorder

- Buprenorphine (Suboxone), Methadone, Naltrexone

MAT for smoking

- Nicotine replacement (patches, gums, lozenges, e-cigarettes)
- Chantix, Zyban

Alcohol use disorder (alcoholism)

- Several medications may help; Naltrexone, Acamprosate, Disulfiram (aka Antabuse) are FDA approved
- Topiramate, Gabapentin, others may have a role
- No magic bullets

# MAT FOR OPIOIDS

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**Methadone** (opioid)-effective; used for decades

**Buprenorphine** (Suboxone, others) safer and comparably effective

- Controls cravings, treats withdrawal, stabilizes behavior
- Safer-Little risk of overdose death

**Naltrexone** (Vivitrol) seems less effective for most people

- No potential for abuse/diversion
- Does not treat withdrawal or cravings

■ Treatment duration depends on the patient/individual

■ Generally MAT should be combined with behavioral therapy/addiction counselling

- Stabilizing patients with Suboxone may make them able to engage in therapy



# MAT SAVES LIVES & MONEY & REDUCES CRIME

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- Methadone or buprenorphine (aka Suboxone, others) maintenance reduces rates of OD death, crime, recidivism
  - (Keep in mind that not all people with OUD engage in antisocial behavior)
- MAT much more effective than abstinence-only therapy
  - Reduces death!
  - Eliminates or reduces the symptoms of addiction (behaviors)

# THE MYTH OF HITTING BOTTOM

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“The key to recovery is not misery.  
The key to recovery is hope and connection.”

Vitka Eisen, HealthRight360

# OVERDOSE SURVIVORS

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- High risk of repeat OD (highest risk of fatal overdose)
- After near-fatal OD people may be more receptive to interventions & change
- Mono County Public Health made Opioid OD a reportable event
  - ✓ Mandates healthcare providers and EMS to report OD to health department so we can try to reach out to survivors
  - ✓ Order does not apply to law enforcement or fire, but the principles apply
  - ✓ Encourage you to let us know

# TREATMENT & HARM REDUCTION GO HAND IN HAND

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- Link Treatment and Harm Reduction (bi-directional)
- Relapse is common
- Harm reduction for everyone to keep them alive and as healthy as possible whether or not they seek treatment
  - Keeping treatment doors open
  - Establishing stigma-free relationships
  - Building trust
  - Sharing information



# STIGMA

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Defined as “a mark of shame or discredit”

Negative attitudes towards individuals or groups

A lot of stigma around addiction in our society  
embarrassment and shame

Can prevent people from getting help

More productive to think of addiction as a disease

Never give up hope

# FAQ'S: NALOXONE

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## Storage/temperature range

- Rec 59-77F but 39-104F acceptable
- Don't freeze
- Shelf-life is longer than the manufacturer's expiration date suggests
- FDA extended expiration date for Narcan/Naloxone

<https://healthcrisisalert.com/news/21857-fda-approves-extended-shelf-life-for-narcan-nasal-spray/>

- Old stuff in the bathroom is likely to work in an emergency

# HOW LONG DOES IT TAKE NALOXONE TO WORK?

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**IV-** Fastest (2 minutes or less for response)

**Intranasal-**

- Blood levels detectable within couple minutes
- 2/3 – 3/4 people responded within 8-10 minutes
- As fast or faster than intramuscular (IM) injection

# HOW LONG DOES IT TAKE TO DIE OF OVERDOSE?

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Depends, Varies:

- ✓ Drug-fentanyl, for example, may be significantly faster
- ✓ Route (how it's taken, e.g IV faster than oral)
- ✓ Other drugs? (e.g. benzodiazepines, barbiturates, alcohol)
- ✓ Health condition of person using drug

Death can occur in minutes but more commonly it is slower-hours



# WHAT IS THE 911 GOOD SAMARITAN LAW?

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In CA and some other states if you call 911 for an overdose you and other people on the scene are protected from arrest for drug possession or intoxication

- ✓ Health and Safety Code section 11376.5
- ✓ Not blanket protection from arrest for all crimes

# RESOURCES

<b>Mono County Health Department</b>	<b>Mono County Behavioral Health</b>	<b>Eastern Sierra Substance Use Project</b>
760 924-1830	760 924-1740	
<a href="https://monohealth.com">https://monohealth.com</a> <a href="https://monohealth.com/public-health/naloxone">https://monohealth.com/public-health/naloxone</a>	<a href="https://www.monocounty.ca.gov/behavioral-health">https://www.monocounty.ca.gov/behavioral-health</a>	<a href="https://monohealth.com/public-health/page/eastern-sierra-substance-use-project">https://monohealth.com/public-health/page/eastern-sierra-substance-use-project</a>

- Substance abuse counselling - Mono Co BH, Sierra Park Family Medicine/Mammoth Hospital, private providers
- Buprenorphine MAT- Both Mammoth Hospital and County Behavioral Health may offer MAT ....soon
  - No. Inyo Hospital Rural Health Clinic
    - MAT Team (patient navigator, prescribers, social worker/counselor, RNs)
    - Prescribers in Rural Health Clinic and ER
  - Toiyabe- active MAT program in Bishop. I believe Rachel K in Coleville is also bup. Prescriber...
  - Bright Heart Health ([www.brighthearthealth.com](http://www.brighthearthealth.com)) via WWW
- Naloxone prescriptions, HIV & hepatitis testing-Primary care providers throughout Mono & Inyo Counties
- Free Naloxone, HIV and hepatitis testing available at Mono County Health Department
- Syringes-legally available without Rx at pharmacies\*
  - Safe syringe program Mono Co Behavioral Health (in process)

# MONO COUNTY HEALTH DEPARTMENT NALOXONE DISTRIBUTION PROGRAM

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Who can distribute?

1. County staff
2. Contractors are covered, eligible to distribute but for non-county entities they have to sign some waiver form related to liability and insurance.
3. The Mammoth Lakes PD has signed waiver.

**\*Business, or MMSA or a CBO, in order to distribute naloxone that we procure, need to sign the waiver.**

# NALOXONE DISTRIBUTION PROTOCOL

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- Available to anyone, priority those more likely to encounter OD
- People who use drugs, family, friends, people who encounter people at risk in their work
- Instructional video <https://monohealth.com/public-health/naloxone>
- Answer questions
- Enter in spreadsheet (minimal, non-identifying information)
- Provide Narcan intranasal spray (one box with 2 doses)
- Accompanying handouts
- Face shield for rescue breathing if available