

Naloxone Saves: Preventing and Responding to Opioid Harm



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Presented by

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The Opioid Crisis: Nationally



42,249

People died from overdosing on opioids²



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



15,469

Deaths attributed to overdosing on heroin²



17,087

Deaths attributed to overdosing on commonly prescribed opioids²

What is an opioid?

- ▶ Opioids are natural and man-made chemicals that activates receptors found throughout our body:
 - Opioid receptors in the brain and spinal cord block pain signals, cause drowsiness, may induce euphoria, and can reduce breathing impulses
 - Opioid receptors throughout the body can reduce pain signals
 - Opioid receptors in the digestive tract can slow down movement causing constipation
 - All opioids have risk of side-effects or overdose

Hydrocodone
Heroin

Oxycodone
Opium

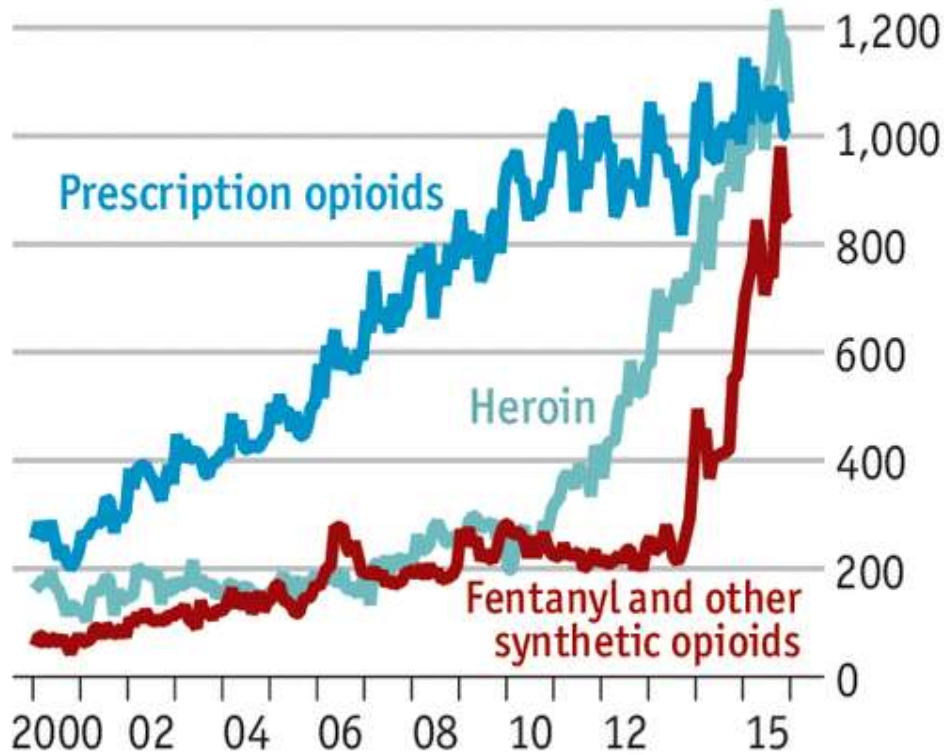
Morphine
Fentanyl

Oxymorphone
Buprenorphine

Methadone
Codeine

New highs

United States, drug overdose deaths*, monthly



Source: Centres for Disease Control and Prevention

*Deaths involving more than one drug are counted multiple times

12 TO 17 YEAR OLDS
ABUSE
PRESCRIPTION
DRUGS
MORE OFTEN THAN ECSTASY,
CRACK/COCAINE, HEROIN
AND METHAMPHETAMINE
COMBINED

GEORGIA
PREVENTION PROJECT
www.georgiapreventionproject.org

US Health Care Spend on Prescription Medications and Related Problems (2009-2010)



\$290 Billion

“Medications”

+

\$290 Billion

Spent on “medication related problems” created by prescription medications.

Impact of Medication Management on Hospital Readmissions

33%

1 out of 3 hospital readmissions are associated with medication-related problems (MRP) or complications.



NEHI Issue Brief, October 2012; Improving Medication Adherence and Reducing Readmissions; <http://www.nacds.org/pdfs/pr/2012/nehireadmissions.pdf> & Frankl SE, et al. Am J Med 1991 Jun;90(6):667-74; <http://www.ncbi.nlm.nih.gov/pubmed/2042681>

National Action Plan for ADE Prevention

- ▶ Focus on Big 3: Opioids, Anticoagulants and Diabetes medicines
- ▶ Seniors are especially vulnerable due to polypharmacy, altered pharmacokinetics and/or cognitive decline
 - 35% of inpatient stays : 53% inpatient stays with ADE
 - 2-3 times as likely to experience ADE requiring physician office or ED visit
 - 7 times as likely to experience ADE requiring hospital admission
- ▶ National trend of increased prescription use and aging population
 - Senior population will more than double from 40.2 million in 2010 to 88.5 million in 2050
 - Prescription expenditures will double by 2020 from \$259 billion in 2010



STANDARD
CAPSULE
Side 1
Side 2
May Cause Dizziness
Take Medication On
An Empty Stomach
1 Hour Before Or
2 Hours After A
Meal Unless
Otherwise Directed
By Your Doctor

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Take Medication On
An Empty Stomach
1 Hour Before Or
2 Hours After A
Meal Unless
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By Your Doctor

DATE 04/14/
SITS
DO NOT TAKE BEFORE
May Cause
Dizziness, Do Not
Drive Or Perform
Other Potentially
Dangerous Tasks
Until You Know How
The Medicine
Affects You

Side 1
Side 2: 75
Take This Medicine
On An Empty
Stomach
Take This Medicine
With A Full Glass
Of Water
Take In The
Morning

May Cause Dizziness
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An Empty Stomach
1 Hour Before Or
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Who is Responsible for Medication Management?



Patient



Physician



Pharmacist

**The
Triad**

Universal Recommendations for Medication Management

- ▶ Ask Me 3[®]
- ▶ Personal Health Record
- ▶ Medication Reconciliation
- ▶ Know Your Pharmacist, Know Your Medicine

Ask Me 3[®]

- ▶ What is my main problem?
- ▶ What do I need to do?
- ▶ Why is it important for me to do this?

Personal Health Record

- ▶ Patient Portal/Electronic Access is new normal
- ▶ Personal and Contact Information
- ▶ Health care assessments, labs
- ▶ Medical History
- ▶ Medication List
- ▶ Treatment Plan
- ▶ Visits/Billing Records

I will "Do My Part" and
Take Charge of My Health.

I will fill this out and...

- Take this Personal Health Record with me to all medical appointments, hospitalizations and when I travel.
- Bring all medications to every doctor's visit.
- Complete a "Living Will" and have a "Power of Attorney" for my health care.
- Use "Ask Me 3" questions every time I talk to my doctor:
 1. What is my main problem?
 2. What do I need to do?
 3. Why is it important for me to do this?
- Exercise regularly.
- Eat healthy.



Medication Reconciliation

MATCH Study

- ▶ 39% of patients have medication error on admission
- ▶ 85% attributable to error in medication history
- ▶ Reviewing Meds significantly reduces error rate



- ✓ **Every** Medication
- ✓ **Every** Health Care Provider
- ✓ **Every** Time

Know Your Pharmacist, Know Your Medicine

- ▶ Most Accessible Members of health care team
- ▶ Medication experts
- ▶ Access to additional pharmacy services

↓
After you have the medicine, and before you leave the pharmacy

- Look to be sure you have the right medicine. If you've bought the medicine before, make sure this medicine has the same shape, color, size, markings, and packaging. Anything different? Ask your pharmacist. If it seems different when you use it, tell your pharmacist, doctor, or other healthcare professional.
- Be sure you know the right dose for the medicine and you know how to use it. Any questions? Ask your pharmacist.
- Make sure there is a measuring spoon, cup, or syringe for liquid medicine. If the medicine doesn't come with a special measuring tool, ask your pharmacist about one. (Spoons used for eating and cooking may give the wrong dose. Don't use them.)
- Be sure you have any information the pharmacist can give you about the medicine. Read it and save it.
- Get the pharmacy phone number, so you can call back.

Go to
www.fda.gov/usemedicinesafely
to learn about

- choosing the medicine that's best for you
- buying medicine from sources you can trust
- using medicine to increase its safety and effectiveness



U.S. Department of Health and Human Services
Food and Drug Administration
www.fda.gov • 1-888-INFO-FDA

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STOP
Stop and remember that all medicines have risks

LEARN
Learn how to use your medicine to increase the benefits

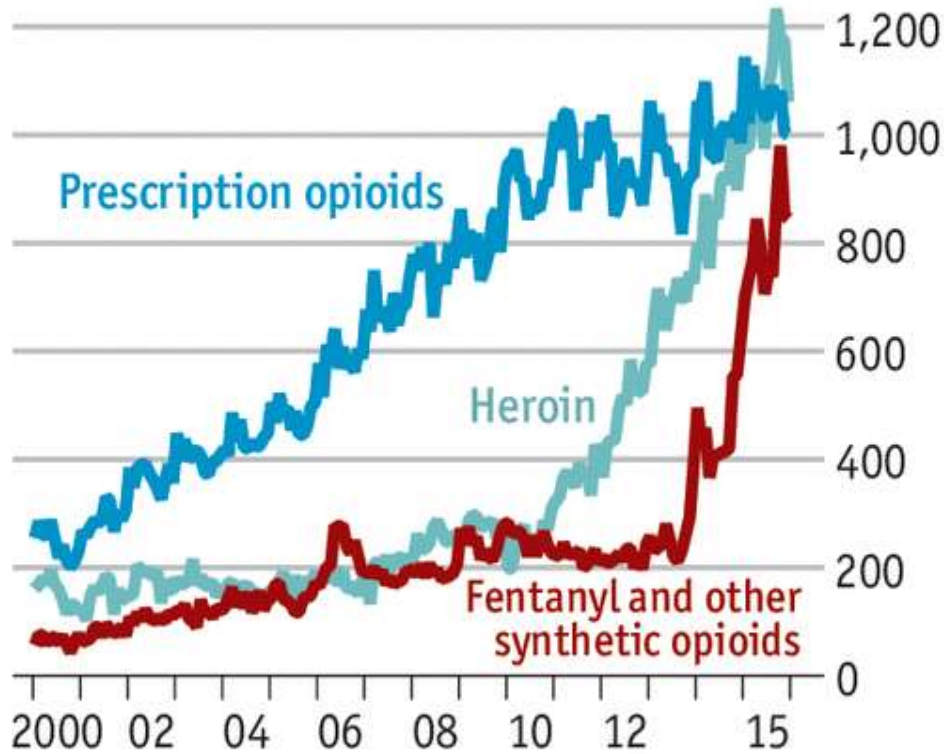
GO
Go inside this brochure for the U.S. Food & Drug Administration's

Tips for Talking with Your Pharmacist
to learn how to use medicines safely

U.S. Department of Health and Human Services
Food and Drug Administration

New highs

United States, drug overdose deaths*, monthly



Source: Centres for Disease Control and Prevention

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COMBINED

**GEORGIA
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A SCORECARD:

Tracking Georgia's Progress Towards Eliminating the Prescription Opioids and Heroin Epidemic

By the Substance Abuse Research Alliance (SARA)...a program of the Georgia Prevention Project

“Opioid addiction and overdose have ravaged the physical and mental health of thousands of North Carolinians, hurting our people and our economy, and we’re taking action to fight it,”
NC Gov. Roy Cooper,
June 2017

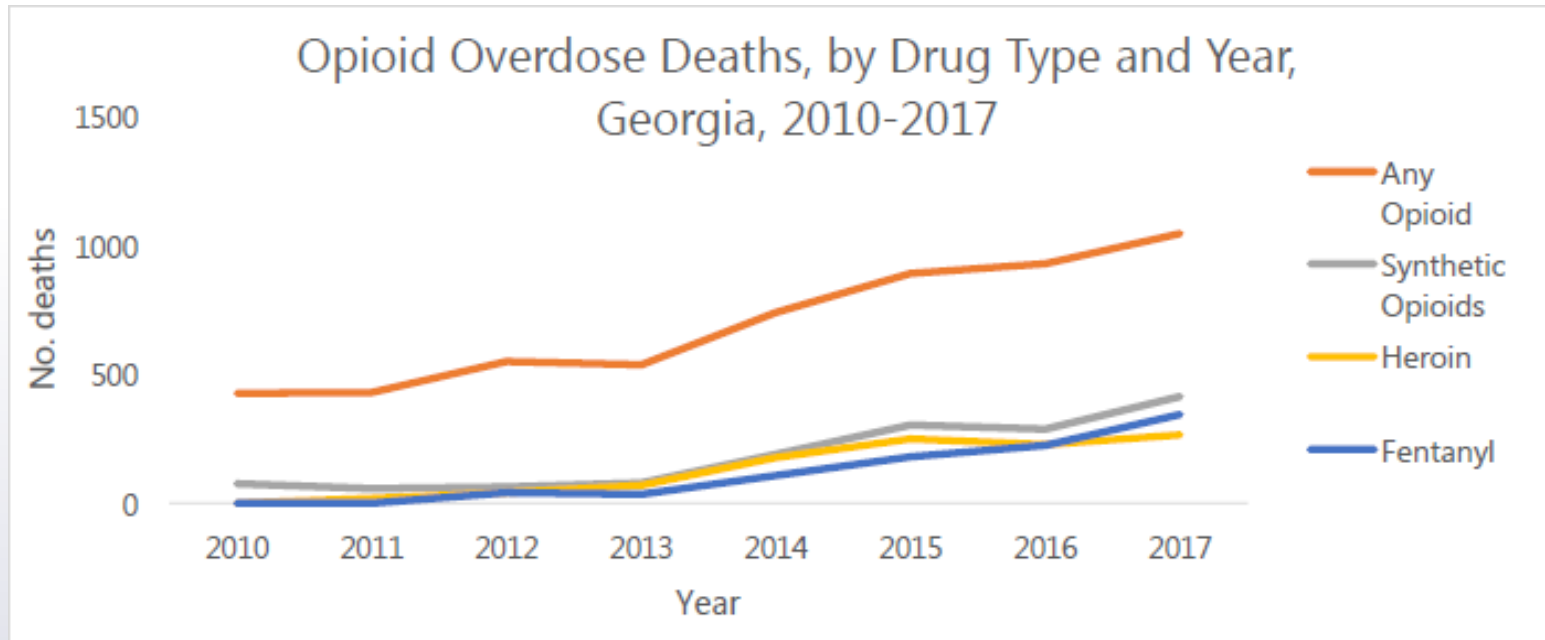
RECOMMENDATIONS TO THE GEORGIA GENERAL ASSEMBLY:

1. Increase access to Naloxone.



COMMENTARY: The Georgia General Assembly enacted SB121 in the spring of 2017, making naloxone available over-the-counter. Since the summer of 2017, the DPH – with assistance from the pharmacy associations in the state – has worked to ensure that naloxone is widely available in pharmacies. Department of Behavioral Health and Developmental Disabilities (DBHDD) has also created public awareness messaging about the importance of having naloxone available in the event of an overdose. Much work still needs to be done to educate the public about the use of naloxone and to be sure that the medication is widely distributed.

Overdose Death Rates Increasing

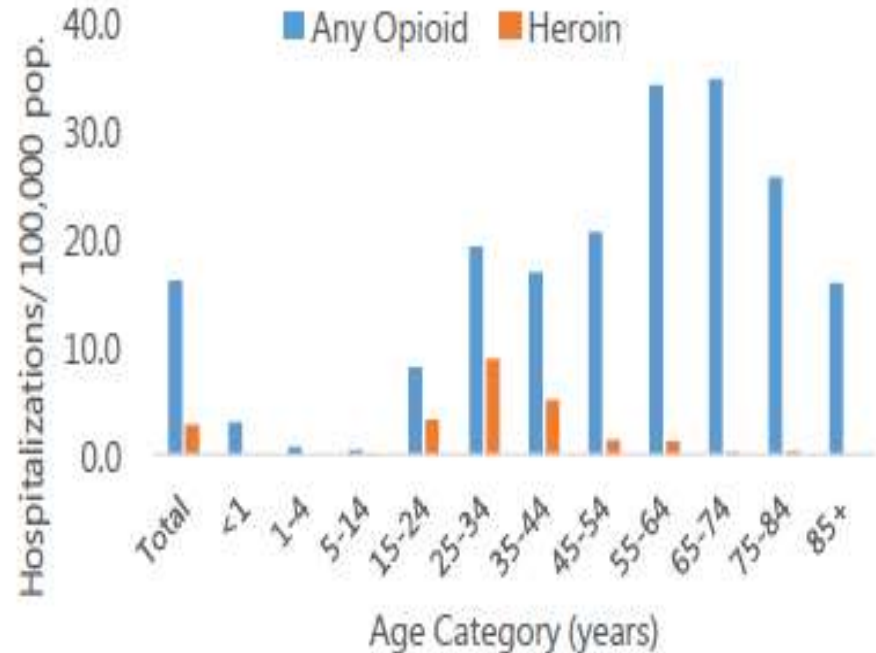


- ▶ Beginning in 2013 fentanyl-related overdose deaths contributed to largest increases
- ▶ Fentanyl-involved deaths increased 53% between 2016 and 2017
- ▶ But...fentanyl-involved deaths account for less than 25% of total

Death Rates Aren't the Only Measure

- ▶ Death rates highest among younger populations (25-34 y.o.)
- ▶ Hospitalization rates are higher in older populations (55-84 y.o.)
- ▶ Patterns of opioid exposure differ between age groups:
 - More heroin, fentanyl in younger population
 - More prescription opioids in older populations

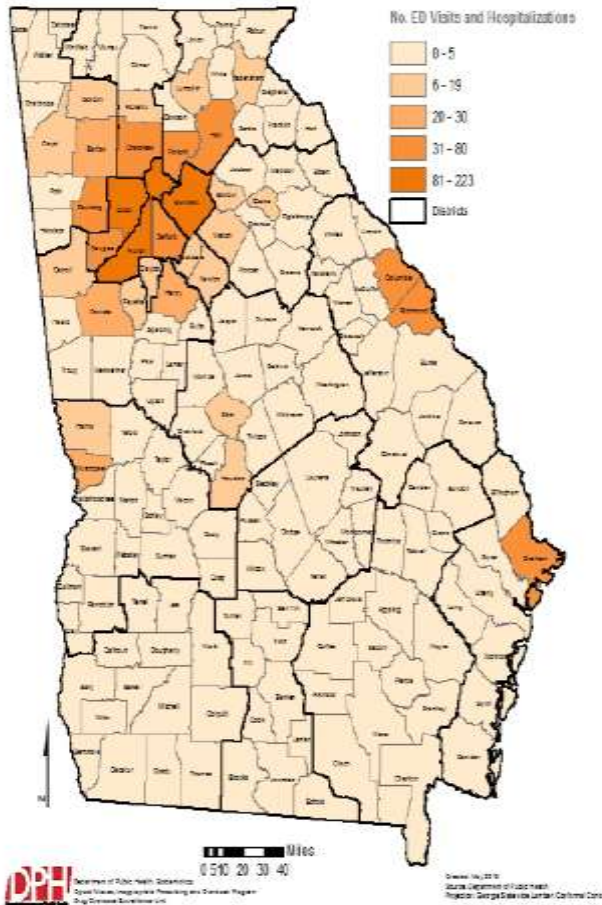
Opioid Overdose Hospitalization Rates, by Drug Type and Age, Georgia, 2017



Geography matters in Heroin vs Any-Opioid Harm

HEROIN-INVOLVED OVERDOSES

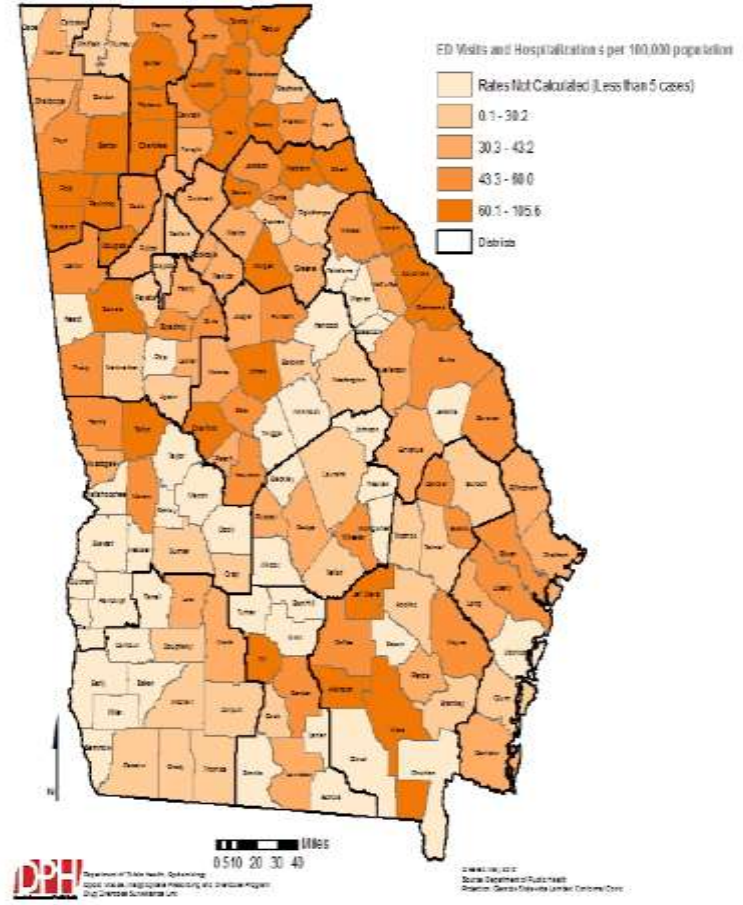
Emergency Department Visits and Hospitalizations, by County, Georgia, 2017



NOTE: Rates could not be calculated for some counties due to the low number of heroin-involved overdose deaths, ED visits and hospitalizations. Therefore, the number (count, not rate) of overdoses are presented in this map.

ANY OPIOID-INVOLVED OVERDOSES

Emergency Department Visits and Hospitalizations, by County, Georgia, 2017



Source: Georgia Department of Public Health, Opioid Overdose Surveillance, Preliminary Report 2017

Who is at Risk for Opioid Breathing Emergency? *

How do you define “high risk” for opioid
related harm among the people you serve?

Who is at Risk for Opioid Breathing Emergency? *

- ▶ Past history of Overdose, Opioid Use Disorder
- ▶ Recent Abstinence: Inpatient care, rehab, jail
- ▶ High daily dose opioids >90MME/day
- ▶ High potency; methadone, fentanyl; ER/LA
- ▶ History of Mental Illness
- ▶ Use benzodiazepines, sleep medicine, alcohol
- ▶ Older adults
- ▶ Multiple chronic conditions/medications (polypharmacy)

* Not a Comprehensive list of risk factors

Opioid Risk Tool (ORT)

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

- ▶ Typically used for chronic pain patients in primary care setting
- ▶ Self-administered/ reported; fast (~1min)
- ▶ Scoring:
 - Low Risk: ≤ 3 pts
 - Mod. Risk: 4 – 7 pts
 - High Risk: ≥ 8 pts

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

Description	Y/N	Score
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:		
Opioid dependence?		15
Chronic hepatitis or cirrhosis?		9
Bipolar disorder or schizophrenia?		7
Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)		5
Chronic kidney disease with clinically significant renal impairment?		5
Active traumatic injury, excluding burns? (e.g., fracture, dislocation, contusion, laceration, wound)		4
Sleep apnea?		3

- ▶ Developed in a study of patients at Veteran's Health Administration

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

Does the patient consume:		
An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)		9
Methadone? (Methadone is a long-acting opioid, so also write Y for "ER/LA formulation")		9
Oxycodone? (If it has an ER/LA formulation [e.g., OxyContin], also write Y for "ER/LA formulation")		3
A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)		7
A prescription benzodiazepine? (e.g., diazepam, alprazolam)		4

- ▶ Multifactorial assessment includes opioid exposure, history of dependence, chronic conditions, mental health, current health

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

Is the patient's current maximum prescribed opioid dose:		
>100 mg morphine equivalents per day?		16
50-100 mg morphine equivalents per day?		9
20-50 mg morphine equivalents per day?		5
In the past 6 months, has the patient:		
Had 1 or more ED visits?		11
Been hospitalized for 1 or more days?		8
Total Score		115

- ▶ Risk score is directly correlated to likelihood of opioid-induced respiratory depression occurring

Look for Signs of Opioid Over-sedation, Dependency or Misuse

- ▶ Slurred speech
- ▶ Dizziness or recent falls
- ▶ Confusion or acute change in cognition
- ▶ Difficulty staying awake
- ▶ Slow, shallow breathing
- ▶ Pale or clammy skin

Naloxone Saves – Preventing and Responding to Opioid Overdose

Surgeon General's Advisory on Naloxone and Opioid Overdose

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.***









BE PREPARED. GET NALOXONE. SAVE A LIFE.

What is Naloxone?

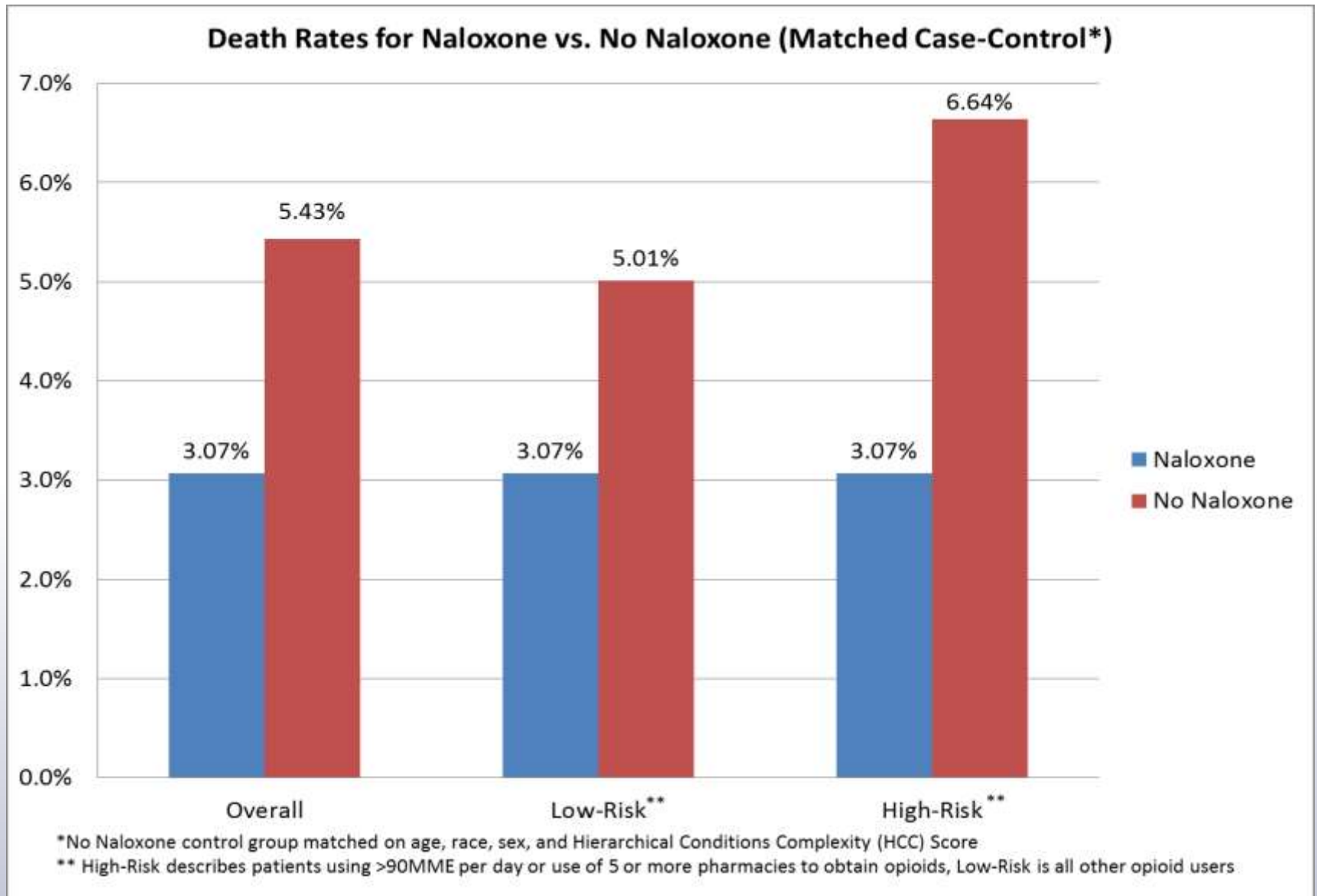
- ▶ Naloxone is a man-made chemical that binds to opioid receptors throughout the body without activating them:
 - Naloxone knocks the opioid off the receptor halting the activity of the opioid
 - Naloxone can immediately cause a person to ‘go into withdrawal’
 - Naloxone doesn’t last in the body as long as some opioids – calling 911 is necessary after using naloxone, and more naloxone may be needed

Naloxone Intramuscular Injection Intravenous Infusion Nasal Spray w/ Adapter
Narcan Nasal Spray Evzio Auto-Injector

Naloxone Product Comparison							
	Injectable (and intranasal- IN) generic	Intranasal branded		Injectable generic ¹		Auto-injector branded	
Brand name		Narcan Nasal Spray				Evzio Auto-Injector	
Product comparison							
			(Product not yet released ²)			(yellow & purple)  (Formulation to be discontinued ³)	(blue & purple) 
FDA approved Labeling includes instructions for layperson use	X (for IV, IM, SC)	X	X	X	X	X	X
Assembly required	X				X		
Fragile	X						
Can titrate dose	X				X		
Strength	1 mg/mL	4 mg/0.1 mL	2mg/0.1mL	0.4 mg/mL	4 mg/10 mL	0.4 mg/0.4mL	2 mg/0.4mL
Storage requirements (All protect from light)	Store at 59-86 °F Fragile: Glass.	Store at 59-77 °F Excursions from 39-104 °F		Store at 68-77 °F Breakable: Glass.		Store at 59-77 °F Excursions from 39-104 °F	
Cost/kit ⁴	\$\$	\$\$		S		\$\$\$	
Prescription variation							
Refills	Two	Two		Two		Two	
Rx and quantity	#2 2 mL Luer-Jet™ Luer-Lock needleless syringe plus #2 mucosal atomizer devices (MAD-300)	#1 two-pack of two 4 mg/0.1 mL intranasal devices	#1 four-pack of four 2 mg/0.1 mL intranasal devices	#2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#1 10mL multidose vial PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#1 two-pack of two 0.4 mg/0.4 mL prefilled auto-injector devices	#1 two-pack of two 2 mg/0.4 mL prefilled auto- injector devices

Naloxone is either injected: Pre-Filled Syringe(PFS); vials
or Evzio Auto-injector
OR, sprayed in the nose: Narcan; PFS with Nasal Adapter

The Far-Reaching Impact of Naloxone



How do we put naloxone in the hands of people who may need it? *

Do you prescribe or dispense medications?

Do you help manage medications?

Do you assist with patient mobility, activities of daily living or socialization?

Where Can We Get Naloxone?



People with Insurance Coverage

- ▶ Ask pharmacist to use the State Standing Order for Naloxone
- ▶ Not every pharmacy stocks, uses order



People without ability to pay:

- ▶ Harm Reduction Organizations can provide for free
- ▶ Availability may be limited



<https://www.georgiaoverdoseprevention.org/get-a-kit>

<http://www.nchrc.org/programs-and-services/getting-naloxone-from-nchrc/>

Georgia's Standing Order for Naloxone

- ▶ Similar to immunization protocol law – allows pharmacists to dispense naloxone to eligible persons or entities without a patient-specific Rx
- ▶ Eligible Persons or Entities include:
 - Opioid user, friend, family member or co-worker
 - Schools, First-Responders, Harm Reduction Organizations
 - Any other person or Entity
- ▶ Law does not require specific training for dispensers or recipients but strongly advises one such as the program available at <https://dph.georgia.gov/approved-training>

Pharmacy Tips for Success

Naloxone Saves

Tips for Pharmacies to Save Lives with the State Standing Order for Naloxone

From U.S. Surgeon
General Jerome
Adams, MD MPH:

*"Each day we lose 115 Americans to an opioid overdose. It is time to make sure more people have access to this lifesaving medication. Be prepared. Get naloxone. **Save a life.**"*

How Pharmacists Can Help

Since December 2016, Georgia pharmacies are authorized to dispense naloxone without a patient-specific prescription under the State Standing Order for Naloxone.

Dispensing pharmacies are required to keep a copy of the current standing order: dph.ga.gov/naloxone

Everyone is Eligible to Obtain Naloxone

Anyone person or entity who may be in a position to respond to an opioid-related overdose including an opioid user, friend, relative, co-worker, health worker, bus driver, church, clinic or business.



Tips for Success

- 1 Screen Patients for Opioid Risk.** Define "high-risk" criteria to trigger a recommendation based on the opioid prescription, PDMP record and history.
- 2 Fit the Standing Order into your workflow.** Activate technicians in screening, processing claims and preparing the prescription with education materials.
- 3 Have Naloxone Ready when Recommending.** Avoid delays, coverage surprises and hesitancy by preparing naloxone along with the rest of the patient's medicines.
- 4 Stock Nasal Spray and Injectable Forms.** Cost and coverage varies but most patients who accept your recommendation will accept the formulation that is covered or affordable.
- 5 Avoid Stigma when Counseling.** Think risky medicines not risky people. Instead of overdose use bad reaction or opioid breathing emergency. Consider risks to anyone in the household.
- 6 Promote Naloxone.** Use posters, counter signs, banner ads, social media posts, marquee and more to alert your customers and community to start the conversation.

For more resources and tips on how to improve opioid safety and increase naloxone availability to your patients and community, visit Alliant Quality's Opioid Safety page: alliantquality.org/content/opioid-safety




This material was prepared by Alliant Health Solutions for Alliant Quality, the Medicare Quality Innovation Network - Quality Improvement Organization for Georgia and North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS) on behalf of the U.S. Department of Health and Human Services. The content presented does not necessarily reflect CMS's policy. Publication No. 1123W-000209-10/19

www.alliantquality.org

- ▶ Screen patients for risk
- ▶ Use your workflow
- ▶ Be ready to dispense
- ▶ Stock both formulations
- ▶ Counsel without stigma
- ▶ Promote broadly

Talk About Opioid Safety

- ▶ Know your meds and make sure your prescribers do to
- ▶ Know the signs of over exposure
- ▶ Don't take differently than prescribed
- ▶ Don't stockpile or share
- ▶ Don't take with alcohol or other drugs



Do's and Don'ts of Pain Medicines

These tips can help you or anyone know to safely use opioid pain medicines.

DO	Know your medicines: Talk to your doctor or pharmacist about HOW and WHY you take each medicine.
DO	Know the signs of overdose: Ask others in your home to help you watch out for: <ul style="list-style-type: none">• slurred speech• confusion• difficulty staying awake• dizziness• vomiting• trouble breathing• pale or clammy skin <i>Talk to your doctor or pharmacist about naloxone, a medicine to treat opioid overdose.</i>
DO	Store your medicines safely: Keep them in the original, labeled packaging where others can't access them. Dispose of old or unused medicines.
DO	Tell every member of your health care team: Bring all of your medicines to every doctor or hospital visit so they can be reviewed.
DON'T	Don't take any medicine that was not prescribed to you, and don't share your medicine with others.
DON'T	Don't take any medicine left over from an earlier treatment.
DON'T	Don't change the dose or how often you take your medicines without talking to your doctor.
DON'T	Don't take pain medicines with alcohol or other drugs, and don't take them with other medicines without checking with your doctor.


Glossary:

Opioid – A "narcotic" pain medicine that reduces the feeling of pain

Overdose – Your body's response to too much medicine, can be deadly

Medicine disposal – Throw away medicines in the trash or talk to your pharmacist about other disposal options

This material prepared by QMCP, for Alliant Quality, the Medicare Quality Innovation Network – Quality Improvement Organization for Georgia and North Carolina, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 1150W-QMCPQIN-C361-17-02



Talk About Naloxone

LET'S TALK ABOUT NALOXONE – IT SAVES LIVES

Pharmacists are well positioned to optimize opioid safety and foster harm reduction with naloxone. Coprescribing naloxone to patients taking opioids has been shown to significantly reduce opioid-related harms. Greater access to naloxone has been associated with:

- » 63% fewer emergency department visits¹
- » 27%–46% fewer opioid overdose deaths¹

Patients at higher risk of overdose who need naloxone:

- » OTC sterile syringe purchase
- » History of overdose
- » Untreated substance use disorder
- » Period of abstinence (e.g., patients recently released from criminal justice system, detoxification, or rehabilitation programs)

Step 1: Initiate a conversation about naloxone.^{2A}

Patient Characteristics	Pharmacist's Advice
Diagnosed with pre-existing respiratory (e.g., sleep apnea, COPD) and/or mental-health (e.g., anxiety, depression) condition	"Pain medications can be helpful but have a range of side effects, including slowing down or even stopping your breathing. Because you have a history of [sleep apnea, COPD, etc.], you are especially at risk for this happening. Naloxone is a medicine I can give you that will help you breathe normally, when administered by your [spouse, caretaker, etc.]"
Chronically taking high opioid doses (i.e., >50 oral morphine milligram equivalents [MME]/day) ³	"Even if you have been on this medication/these medications for long periods of time and have taken it/them as prescribed, a bad reaction or breathing emergency can still occur. Risks can increase when opioid medications are combined with other medications potentially from other prescribers."
Taking long-acting opioid	
<u>Any/New Patients</u>	"One of the risks with opioid medications is they could cause your breathing to slow or stop, especially at night while you are sleeping. Because you are taking an [opioid and CNS depressant] OR [opioid] at this dose, there is a risk that this could happen to you. Would you mind if I talk to you about naloxone, an antidote which could save your life if this does happen?"
Taking potentially harmful medication combinations (e.g., opioids and other respiratory depressants, such as benzodiazepines, antidepressants, and/or sedatives)	"One of the risks with opioid medications is they could cause your breathing to slow or stop. Because you are taking an [opioid and CNS depressant] OR [opioid] at this dose, there is a greater risk that this could happen to you."
For families/loved ones with opioid-related concerns	"Opioid medications can help manage pain for patients who need it. However, they can also increase the risk of a breathing emergency for the person who takes them, as well as anyone in the household, especially children, if they ingest the medication. If this happens, you could save a life with naloxone." "Let's keep you, your friends, and your family as safe as possible with these medications in your house. Just in case, get naloxone."
Using medications for opioid use disorder treatment (e.g., methadone, buprenorphine, naltrexone)	"Have you had any concerns about your friends or family who may have bad reactions to opioids? If so, we are encouraging all of our customers to consider getting naloxone to help others in case of an emergency."

- ▶ Avoid stigma: risky drugs not risky people
- ▶ Avoid 'trigger words'
 - Overdose/OD
 - Abuse
 - Addict, abuser, junkie
- ▶ Be ready to dispense or refer to a naloxone source

Where Can We Learn More?

STEP ONE



Give
Naloxone

STEP TWO

CALL
911

STEP THREE



First
Aid

Learn more at

OpioidOverdoseRescue.com

Connect with us!



@AlliantQualityOrg



Alliant Quality



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Alliant Quality

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MAKING HEALTH CARE BETTER