The Opioid Epidemic & Naloxone (Narcan)

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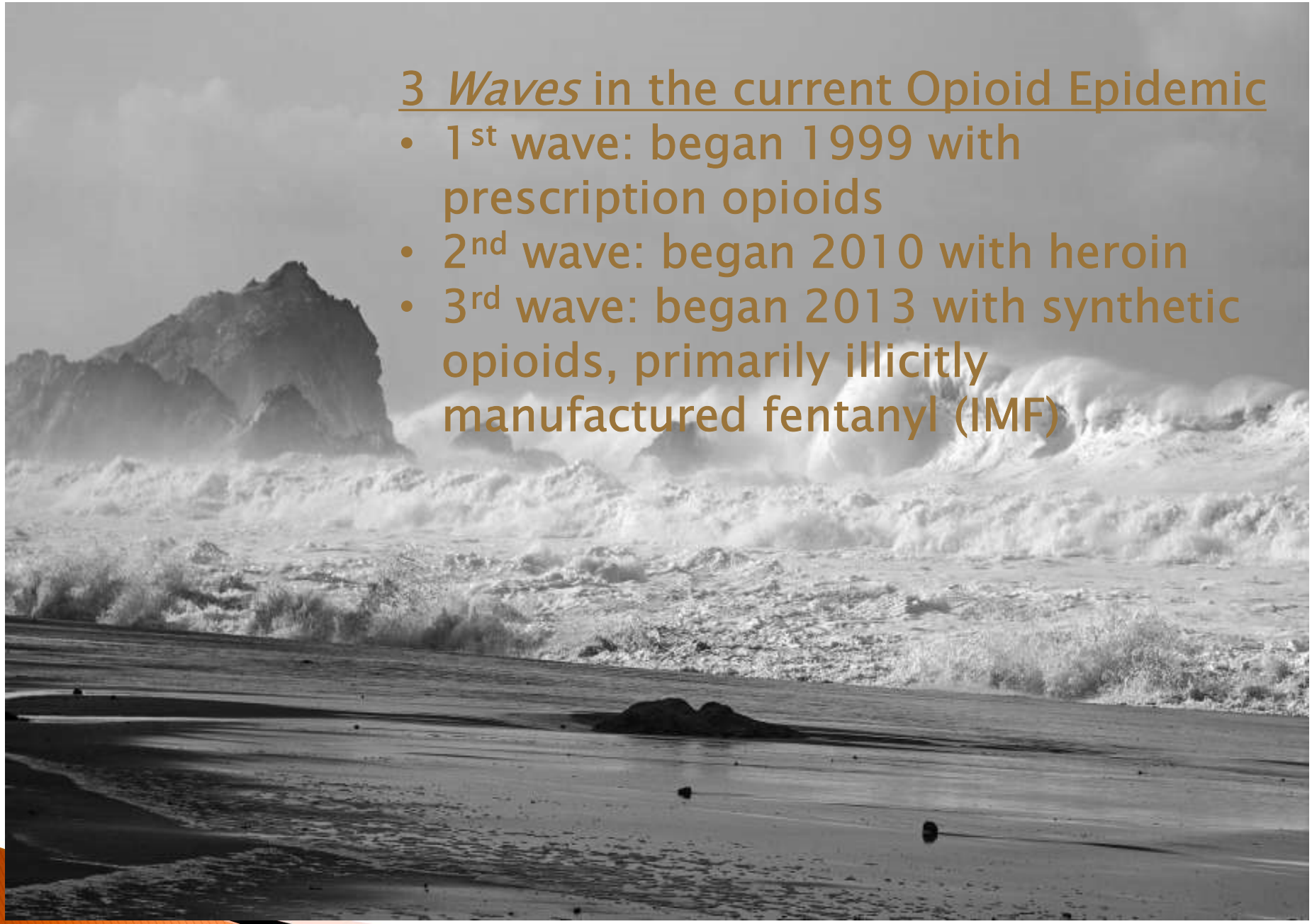
DMHAS

Disclosure Statement:

I have no relevant financial relationships with commercial interests now nor within the last 12 months.



3 *Waves* in the current Opioid Epidemic

- 1st wave: began 1999 with prescription opioids
- 2nd wave: began 2010 with heroin
- 3rd wave: began 2013 with synthetic opioids, primarily illicitly manufactured fentanyl (IMF)

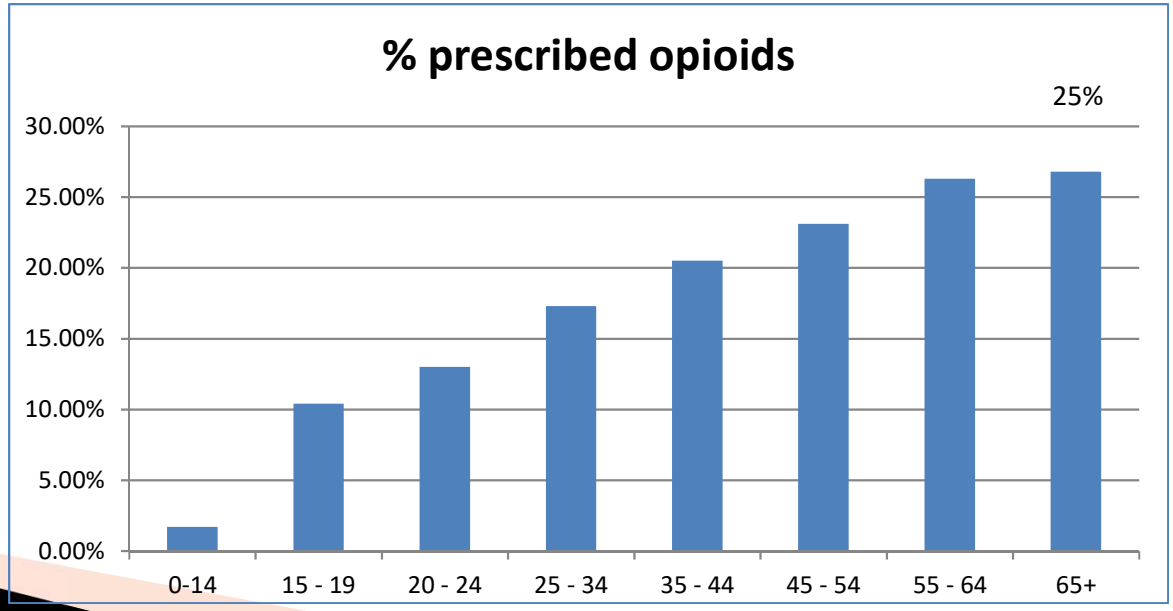
CDC MMWR, 66 (34) Sept 1, 2017: 897-903

Prescription Opioid Misuse

- People may still start with prescribed opioids, even if they transition
- Between 1999 – 2010 US prescribing of opioids nearly quadrupled
- People keep unused prescription opioids, but don't lock them up
- Most prescription opioids that are misused come from family and friends
- Lack of perceived risk of prescribed opioids

2019 Annual Surveillance Report of Drug-Related Risks and Outcomes, U.S.

- In 2018: 168,158,611 opioid prescriptions filled at retail pharmacies
- 49,515,948 persons (15% of the US population) filled at least one opioid prescription in 2018 (avg = 3.4 prescriptions)
  - 12.8% males and 17.2% females
  - Most went to older age groups:



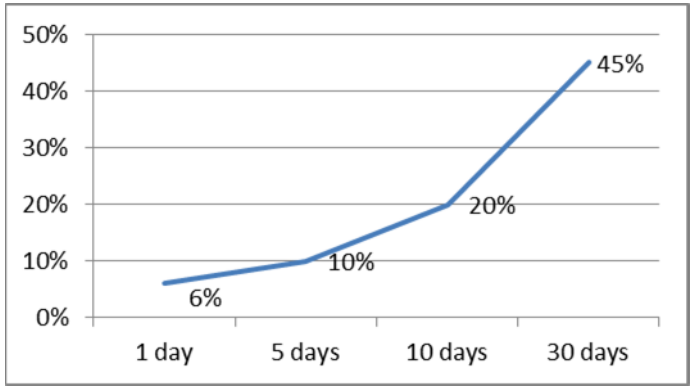
2019 Annual Surveillance Report of Drug-Related Risks and Outcomes, U.S., 2006 – 2018

	2006	2018	change
Prescribing Rate of all Opioids	72.4/100 persons	51.4/100 persons	↓
Prescribing Rate for High-dose Opioids	11.5/100 persons	3.9/100 persons	↓
Days of supply per prescription: $\geq$ 30	17.6	22.0	↑
Days of supply per prescription : < 30	54.7	29.4	↓
Avg. daily dose (MME) per prescription	59.7	42.9	↓
Avg. MME per prescription	828.2	828.1	–
Avg. days supply per prescription	13.3	18.4	↑

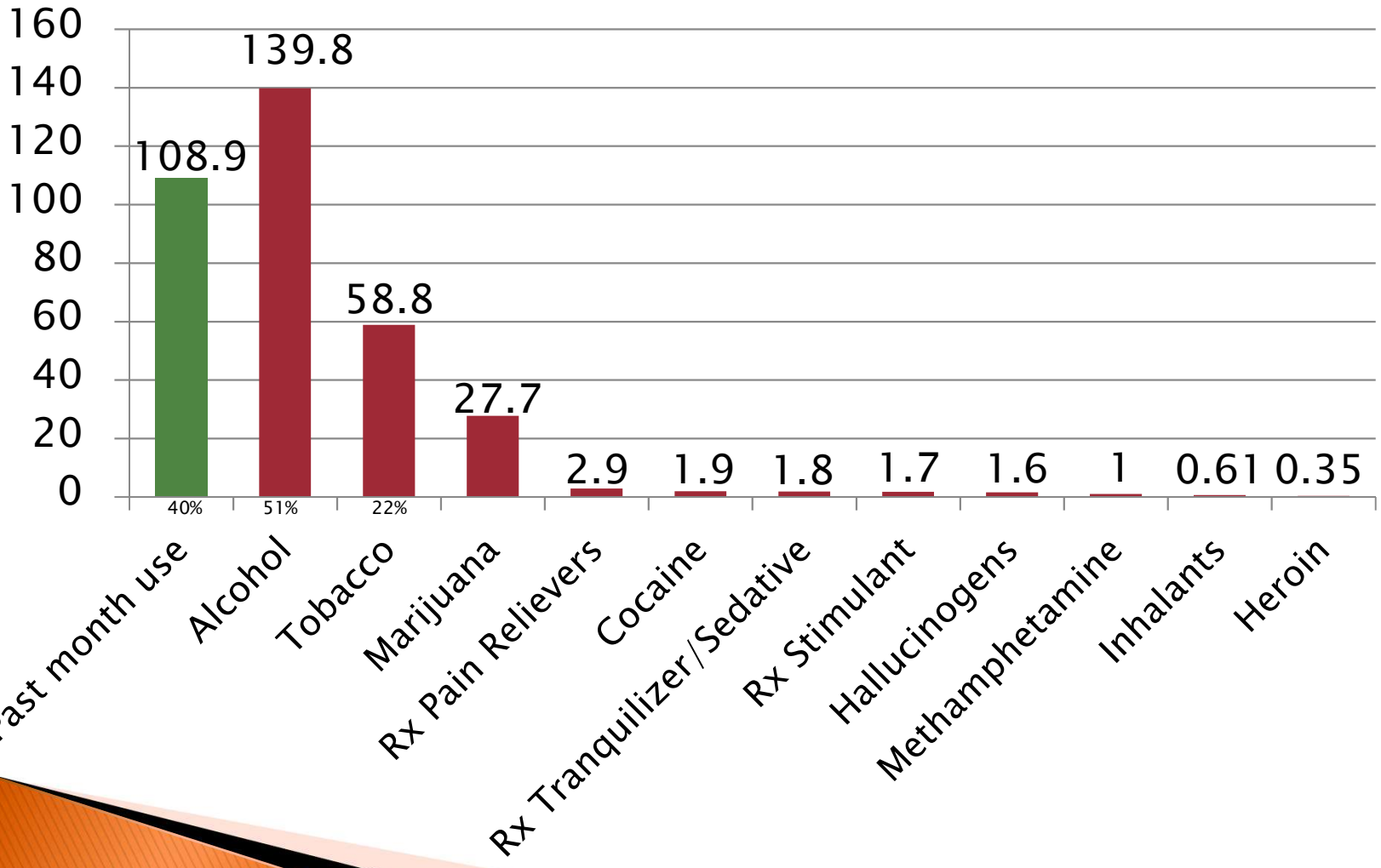
Characteristics of Initial Prescription Episodes & Likelihood of Long-Term Opioid Use (CDC: MMWR Mar 17, 2017/66 (10): 265-9)

- 1.3 m patients who were 18+, cancer-free, with no history of opioid abuse with at least 1 opioid prescription between June '06 – September '15 were followed over time
- An initial prescription for 1 day of opioids resulted in a 6% chance of being on opioids at one year
- The longer the initial opioid prescription, the greater the risk of long-term use

Chance of still using opioids at one year



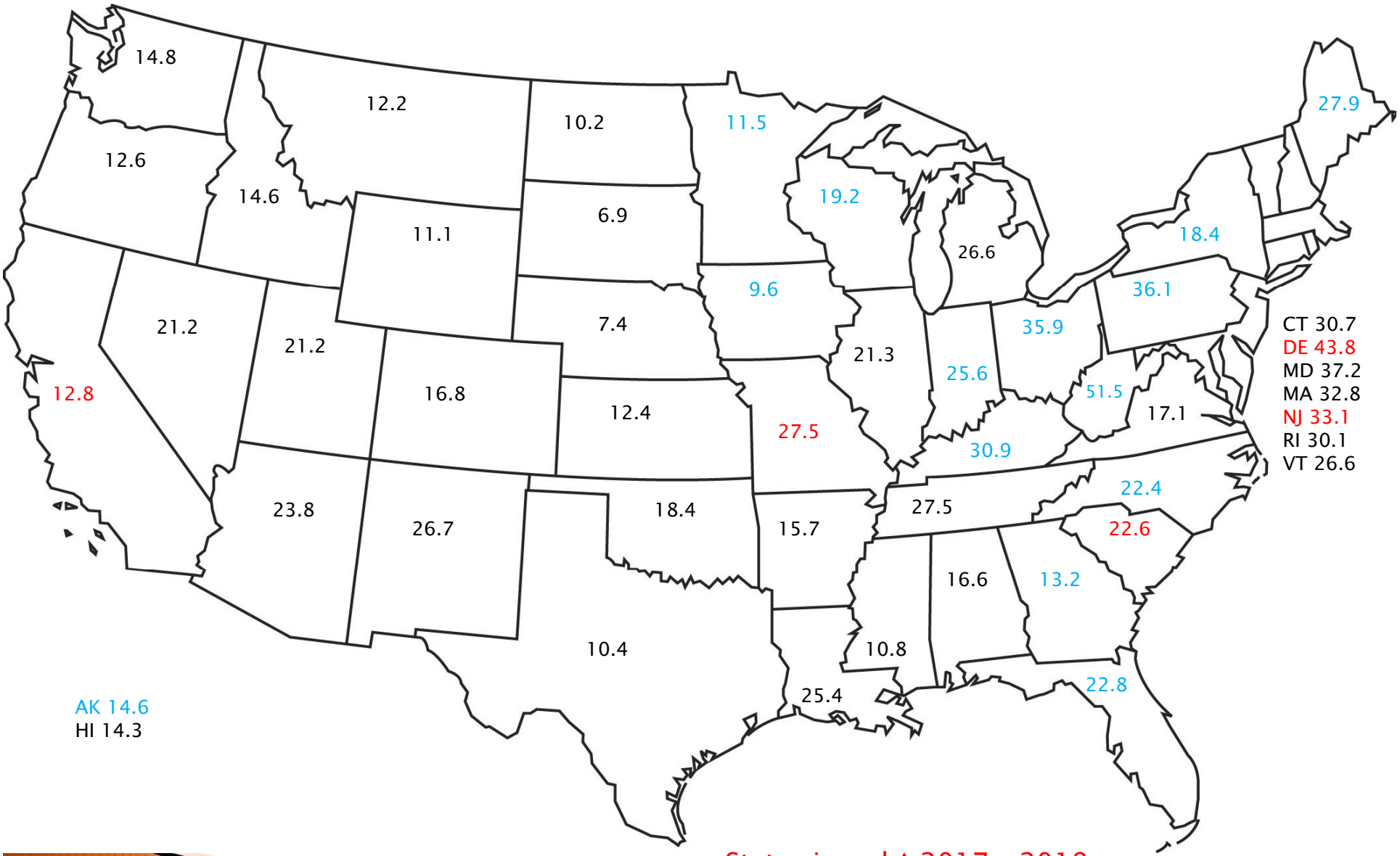
Past Month Substance Use among Persons 12 and Older: (in millions)



NSDUH 2018

67,367 fatal drug ODs in the U.S. - 2018

2018 Overdose Death Rates; national average = 20.7/100,000



States in red ↑ 2017 – 2018
States in blue ↓ 2017 – 2018

2018 Fatal OD Deaths – national statistics

1: W. Virginia 51.5
2. Delaware 43.8
3. Maryland 37.2
4. Pennsylvania 36.1
5. Ohio 35.9
6. New Hampshire 35.8
7. New Jersey 33.1
8. Massachusetts 32.8
9. Kentucky 30.9
10. Connecticut 30.7
11. Rhode Island 30.1
12. Maine 27.9
13. Missouri/Tennessee 27.5
15. New Mexico 26.7
16. Michigan/Vermont 26.6
18. Indiana 25.6
19. Louisiana 25.4
20. Arizona 23.8
21. Florida 22.8
22. S. Carolina 22.6
23. N. Carolina 22.4
24. Illinois 21.3
25. Nevada/Utah 21.2
27. Wisconsin 19.2
28: New York/Oklahoma 18.4
30. Virginia 17.1
31. Colorado 16.8
32. Alabama 16.6
33. Arkansas 15.7
34. Washington 14.8
35. Alaska/Idaho 14.6
37. Hawaii 14.3
38. Georgia 13.2
39. California 12.8
40. Oregon 12.6
41. Kansas 12.4
42. Montana 12.2
43. Minnesota 11.5
44. Wyoming 11.1
45. Mississippi 10.8
46. Texas 10.4
47. N. Dakota 10.2
48. Iowa 9.6
49. Nebraska 7.4
50. S. Dakota 6.9

CT Accidental OD Deaths

- 2015: 723
- 2016: 917
- 2017: 1036
- 2018: 1018
- 2019: 1200

Opioids Involved	94%
Fentanyl	82%
Heroin	32%
Prescription Opioid (oxycodone, hydrocodone, hydromorphone)	10%
Xylazine (veterinary tranquilizer)	6%
Any opioid & Benzodiazepine	22%
Cocaine in any overdose death	39%

US: 66%

OCME datact.gov

Typical OD Victim in CT in 2018

A non-Hispanic white male between the ages of 30 – 59 who was using opioids, probably fentanyl and other substances. On the day he overdosed, so did two – three other people.

OCME data

Who is at Risk with Opioids?

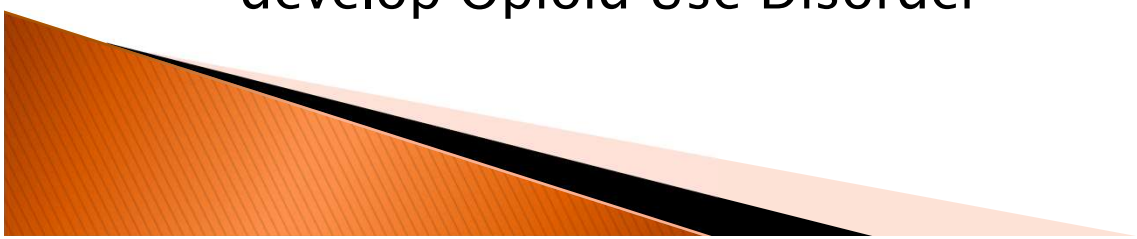
- Children/Adolescents/Adults who access unsecured medications
- Teenagers experimenting/partying
- Seniors prescribed multiple medications who may have cognitive & medical issues
- Chronic pain patients on long-term opioids
- Medicaid patients prescribed more opioids
- Young adults (18-25) who use at higher rates

Greatest Risk of Overdose

- History of Overdose
- History of Substance Use Disorder (SUD)
- Taking Opioids and Benzodiazepines (BZDs)
- ↓ Tolerance for opioids due to a break in use (incarceration, detox, hospitalization, rehab)
- On doses of opioids > 50 MME/day

CDC Guidelines for prescribing opioids for chronic pain

1. Don't start with an opioid
2. Set goals for pain and for function
3. Discuss risks/benefits & provider/patient responsibilities
4. Start with immediate release (not ER/LA)
5. Start with lowest effective dose (avoid > 90 MME)
6. Prescribe for expected duration of pain
7. Regularly assess risks & benefits
8. Assess risk factors and take steps to reduce risk
9. Check PDMP (web-based database of CS dispensed)
10. Urine drug screening
11. Don't combine Opioids and Benzodiazepines
12. Arrange for MAT (methadone/suboxone) for those who develop Opioid Use Disorder

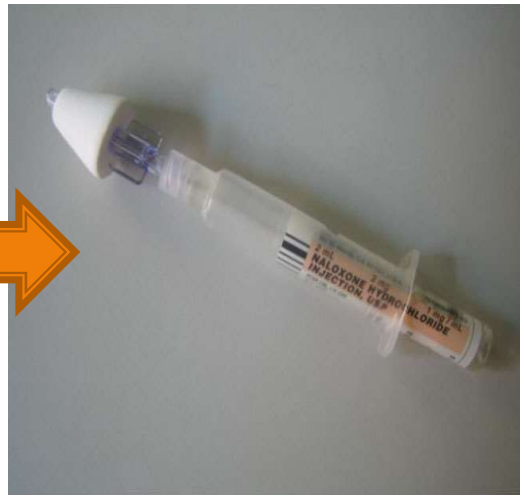


Naloxone Distribution Programs

- Naloxone has been around since 1971
- Naloxone Distribution Programs started in 1996
- All 50 states now have naloxone access laws
- Strategies/legislation vary by state
- Education is an expectation

CDC: MMWR June 19, 2015/64 (23): 631 – 635

Naloxone (Narcan): IM & IN

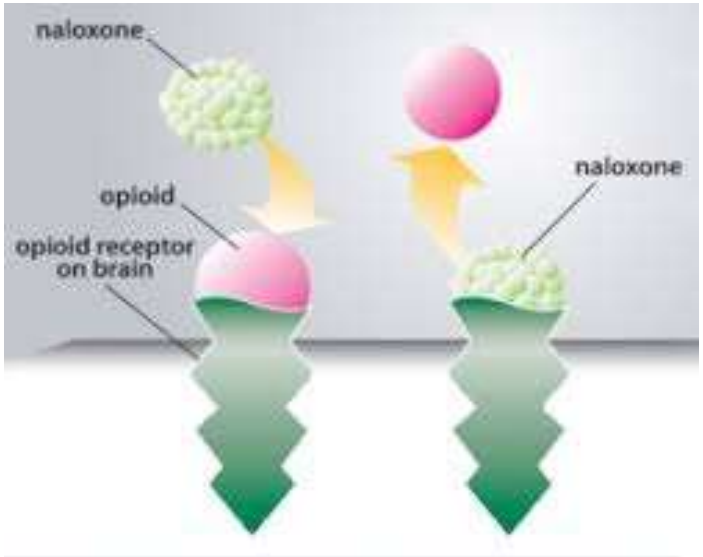


Naloxone (Narcan)

- Prescription medication
- Safe medication
- Only has an effect if the person has opioids in their system
- You cannot get high from it, it has no abuse potential/street value, and if you are dependent, it causes withdrawal
- Its only function is opioid overdose reversal

How does Narcan Work?

- In an opioid overdose, the automatic drive to breathe is diminished
- Narcan "steals the spot" of the opioid in the brain receptor site for 30 – 90 minutes – so breathing resumes while the Narcan lasts
- Works on any opioid



Standard Training on Naloxone (Narcan)

- Identifying an Opioid Overdose
- Naloxone (Narcan) administration
- Calling 911
- Resuscitative efforts
- Recovery Position

Identifying an Opioid Overdose

- Unresponsive or minimally responsive
- Blue or gray face, especially fingernails and lips
- Shallow breathing with rate less than 10 breaths per minute or not breathing at all
- Pinpoint pupils
- Loud, uneven snoring or gurgling noises

- Other evidence: known opioid user, track marks, syringes, pills or pill bottles, information from bystanders

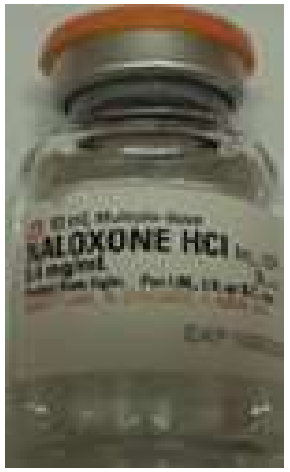
Try to rouse them

- Call their name and shake them
- Check for a pain response: rub hard up and down on the person's sternum with your knuckles

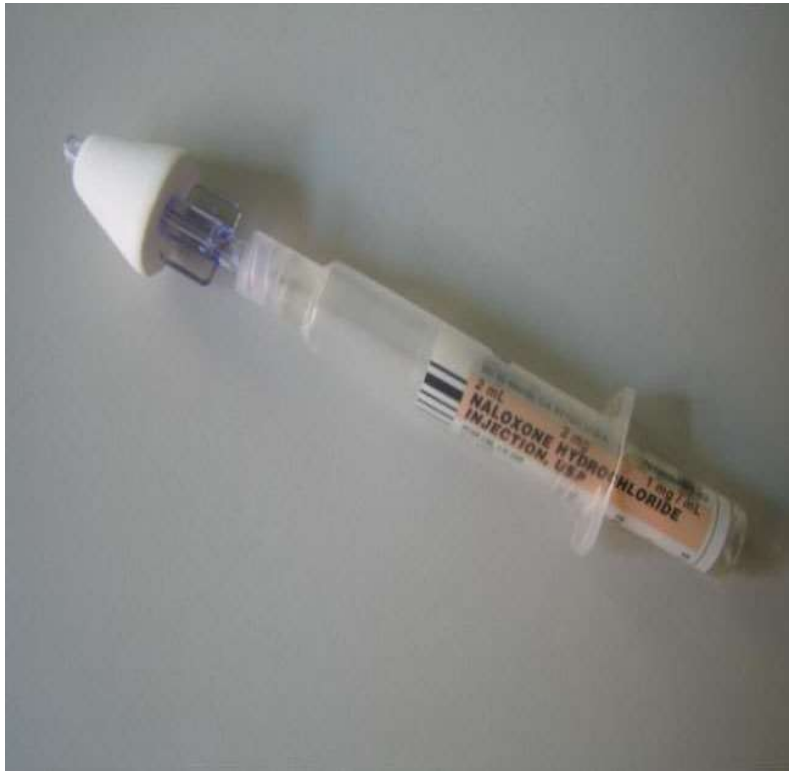
- IF NO RESPONSE: Administer Naloxone and CALL 911

Intramuscular Administration

- Clean with alcohol wipe
- Inject into muscle (shoulder or thigh) at 90°
- Push in plunger



Intranasal Naloxone Device



- Pull off plastic caps, screw spray device onto syringe
- Pull plastic cap off the vial and screw into bottom of syringe
- Spray half of vial up one nostril and half up the other

Auto-Injector Naloxone Device

Talks you through the process.

Narcan Nasal Spray

- With one hand under their neck, tilt their head back
- With the other hand, insert the device into one nostril until top of fingers touch bottom of nose
- Press firmly on the plunger & spray into nose

Call 911

- Provide as much information as possible, including about the person's breathing
- Describe exactly where the person is located
- They may provide instructions

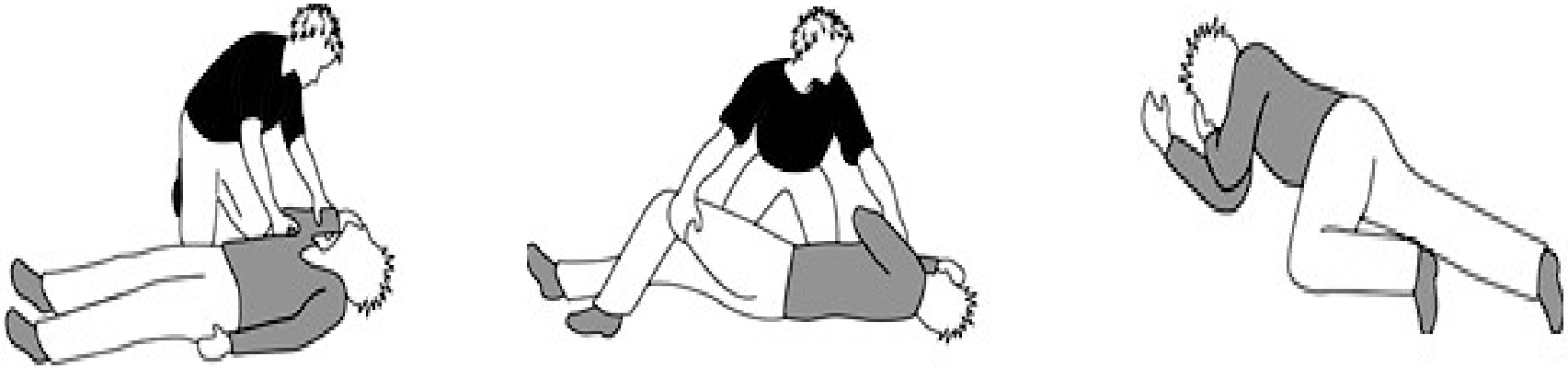
Resuscitation

- **Rescue Breathing**
- AHA Guidelines (1/2018) for suspected Opioid OD:
  - if not breathing normally, but has pulse – provide rescue breaths every 5-6 seconds
  - if no pulse – provide CPR and administer naloxone (and use mobile phone to call 911 & put on speaker)

How do the different formulations of naloxone compare?

- All formulations are in the standard dose range (0.4– 2.0 mg) except Narcan Nasal Spray (4.0 mg)
- CT Medicaid and most commercial insurance will cover (may be co-pay/deductible)
- Cost varies considerably, but for 2 doses out of pocket:
  - $60–$100
  - $75 “public interest organization” or $120–150
  - Started $800

Rescue Position



Afterwards

- People usually revive in 2 – 3 minutes, feeling dazed and/or confused and not realizing that they've overdosed
- They might be in withdrawal (about 1% are agitated)
- If the person doesn't respond to the Naloxone within 2-3 minutes, give a second dose
- The person could re-overdose based on how much they used and how long the Naloxone lasts; don't let them use more opioids
- They should be monitored for at least one hour

CT Narcan Legislation

- PA 11-210: Good Sam Law; ↑ calls to 911
- PA 12-159: Naloxone can be prescribed to anyone, but only prescribers protected
- PA 14-61: Person administering protected
- PA 15-198: Certified pharmacists can prescribe/dispense; CMEs; checking PDMP
- PA 16-43: 7 day limit on opioid prescribing; PDMP entries by next business day & weekly for veterinarians; expanded definition of "authorized agents" that can check the PDMP

CT Narcan Legislation: PA 17-131

- **More Opportunity to Dispose of Controlled Substances (CS)**
  - DCP can take custody of/destroy excess/unwanted
  - Nursing Homes/OP Surgery Centers can dispose with 2+ leaders
  - Home Health Agency RNs can dispose
- **Electronic Transmission of CS Prescriptions**
  - Exceptions: technical/electronic lack/problem, prescriber anticipates harmful delay/negative impact on patient care, or an out of state pharmacy is dispensing
- **Revised limit on Prescribing Opioids to Minors**
  - From 7 to 5 days with same exceptions/documentation as before
  - Risks to be discussed with patient: addiction/OD, mixing with alcohol/ Benzodiazepines (BZDs), reason for opioid
- ASAM Criteria for Substance Use Treatment Admissions
- Each municipality will have at least one 1st responder trained/equipped with naloxone
- DCP can share CPMRS info with other state agencies
- Mandatory Insurance Coverage of Inpatient Detox
- Voluntary Non-Opioid Directive Form
- DPH will post info on how prescribers can prescribe Suboxone
- ADPC assignments

CT Narcan Legislation: PA 18-166

- Study feasibility of drug courts
- Persons with unwanted CS may return them to prescriber;
- Emergency: prescribers can prescribe/dispense/administer 72 hours of CS to themselves/family/household relatives
- Agreements between prescribers & organizations wanting to distribute/train on naloxone; staff must be trained 1st; agreement must cover: storage, handling, labeling, recalls & recordkeeping
- ADPC will create workgroup to look at data and investigate other strategies for responding to the opioid crisis

PA 19 – 191 An Act Addressing Opioid Use

- Consultation offered when picking up Rxs
- Pharmacy techs can access PDMP for pharmacist
- Drug wholesaler/manufacturers will report suspicious orders/possible diversion to DCP
- Can't deny life insurance just for narcan Rx
- 12+ wks opioid Rx for pain must have treatment agreement/care plan in medical record: Tx goals, Opioid risks, UDS, Why opioids would be D/C, other tx options
- Colleges/universities must have naloxone policies
- SUD tx programs will provide training & narcan/prescription for narcan to clients/significant others
- Hospitals & EMS will report Overdoses to DPH; DPH will share OD data with health departments where ODs occurred

Storage and Expiration

- Store in moderate temperatures
- Out of direct sunlight
- Not in refrigerator
- Generally expires after 12 – 24 months

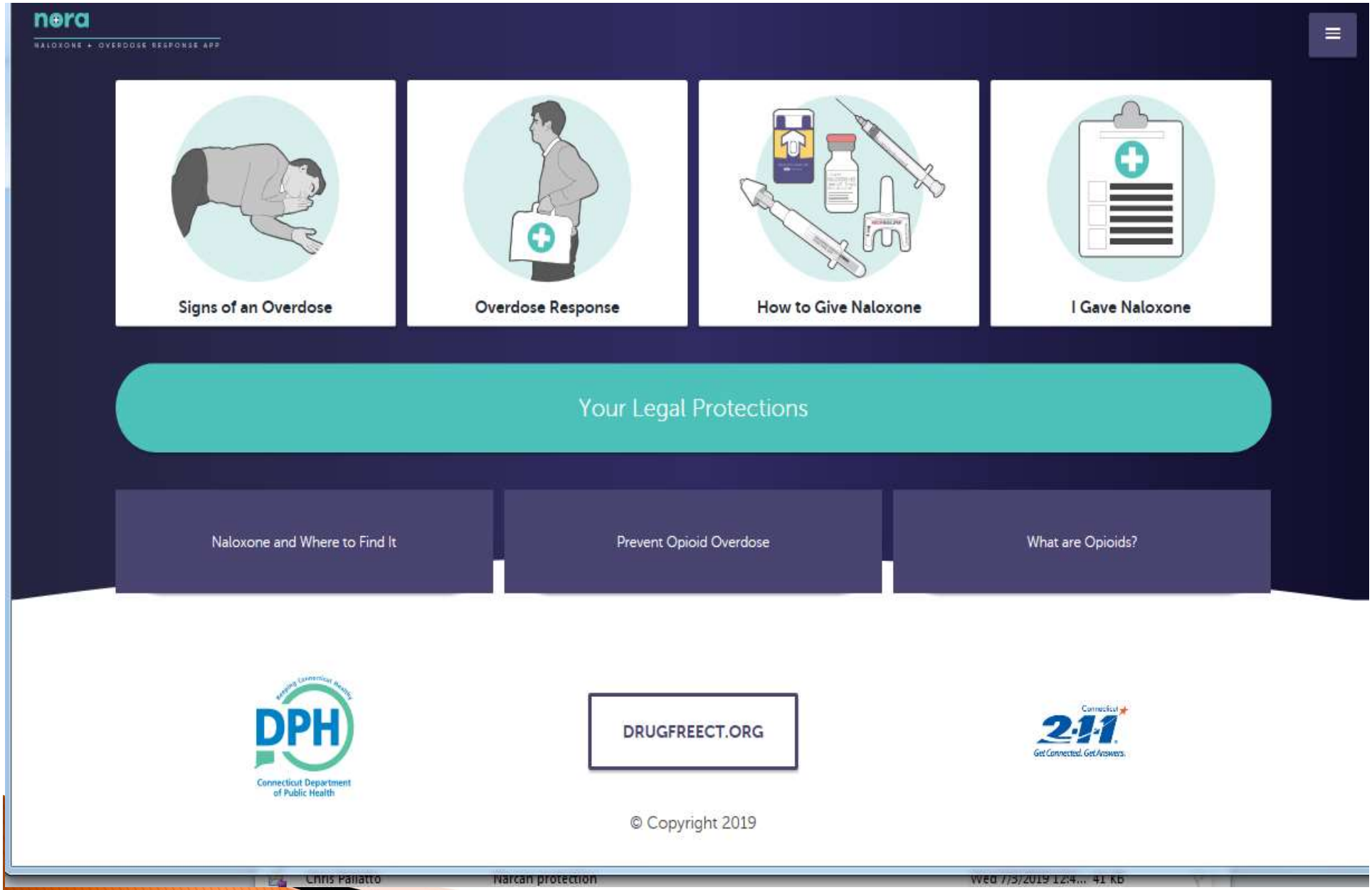
Security & Disposal

- Medication lock boxes
- Medication drop boxes
- DEA take back days
- Pharmacy disposal bags

NORA

- A free tool from the CT Department of Public Health
- A progressive website, rather than an app per se, for desktop or phone use
- go to www.norasaves.com to add to your phone (instructions also on the website)
- Covers everything you need to know, including how to access narcan, how to administer it, legislation, submitting data, etc.

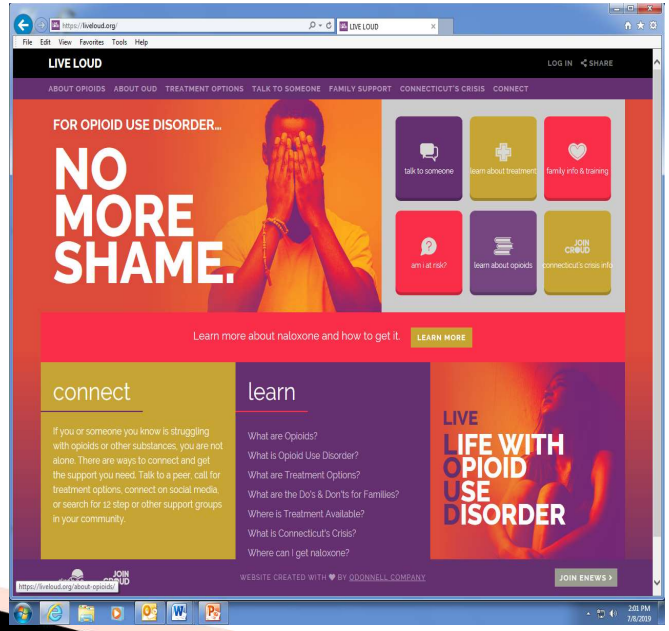
NORA = Naloxone & Overdose Response App



Change the Script, Live Loud &DrugFreeCT.org

Raise awareness of risks of prescription drugs

Info about opioids, treatment connections, recovery supports & harm reduction



drugfreeCT.org

Covers the continuum, scope of the crisis, storage/disposal, OD prevention & treatment/recovery supports

Other Resources

- DMHAS website: http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650
- Prescribe to Prevent. org
- DMHAS help for opioid use: 1-800-563-4086
- Naloxone Prescribing Pharmacists: https://data.ct.gov/Health-and-Human-Services/Naloxone-Prescribing-Pharmacists/qjtc-pbhi
- Susan (Wolfe) Bouffard, PhD
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Questions/Discussion