Overdose Education and Naloxone Distribution

PCNA - March 2018

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Objectives

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- Understand the current crisis
- Awareness of national and state strategic goals
- Define at risk individuals
- Understand the components of Overdose Education and Naloxone Distribution (OEND)
- Increased knowledge of and compassion towards Opioid Use Disorder

Define Terms

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- Opioid Use Disorder (OUD)
  - A problematic pattern of opioid use leading to clinically significant impairment or distress, as defined by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5).
- Overdose Education and Naloxone Distribution (OEND)
  - Standardized education to reduce the risk of overdose and the distribution of naloxone with instructions for its indications and use should an overdose occur. Can take in place in community or hospital settings.

Addressing our Biases

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- What comes up when you think of “an addict”?
- Recognition of personal experience
- Shift towards a chronic illness perspective
- Evidence Based Practice

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Background

The growing opioid crisis

Deaths from drug poisoning in the United States

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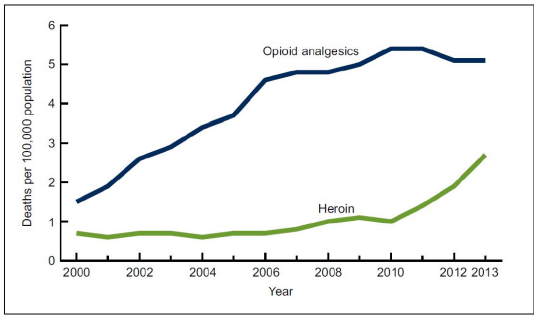

Deaths from drug poisoning Washington State

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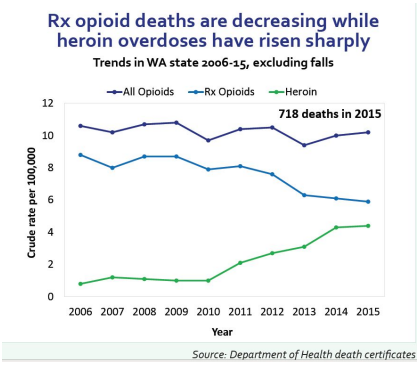

Source: Department of Health death certificates

National Strategic Priorities

Substance Abuse and Mental Health Services Administration (SAMHSA)

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5 strategies to prevent opioid-related overdose deaths

1. Education for healthcare providers, first responders, patients at risk, family and friends
2. Increase access to substance abuse treatment
3. Increase access to and provide education on the use of naloxone
4. Enact state Good Samaritan laws
5. Monitor and standardize prescription guidelines

Washington State Targeted Response

Workgroups

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- **Prevention workgroup**
  - goal is to prevent opioid misuse and abuse
- **Treatment workgroup**
  - goal is to increase availability of treatment support services
- **Naloxone workgroup**
  - Goal is to intervene in opioid overdoses to prevent death
- **Data workgroup**
  - Goal is to use data and information to detect, monitor, and evaluate interventions

Translation to Clinical Practice

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- **Prevention workgroup**
  - **Decrease rx**
  - **Pain management**
- **Treatment workgroup**
  - **Prescribing or linking to MAT**
  - **Increase supportive transitions**
- **Naloxone workgroup**
  - **Patient and family/friend/community education**
  - **Naloxone distribution**
- **Data workgroup**
  - **Ongoing dada review and process adjustment**

Recommendations for Practice

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All patients at risk for opioid overdose be provided with standardized 1 on 1 overdose prevention, recognition, and response education and be given a naloxone kit on discharge.

At-risk Patients

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- **Received emergency medical care involving opioid OD**
- **Suspected history of substance abuse**
- **Prescribed methadone or buprenorphine**
- **Receiving an opioid Rx for pain:**
  - Higher dose
  - Rotated from one opioid to another
  - Respiratory comorbidities such as COPD, smoking, sleep apnea
  - Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
  - Known or suspected concurrent alcohol use
  - Concurrent benzo or other sedative Rx
  - Concurrent antidepressant Rx
- **Patients who may have difficulty accessing emergency medical services**
- **Voluntary request**

Nasal Naloxone Kit

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- Two Naloxone 1mg/2ml luer-lock prefilled syringes
- Two mucosal atomization devices
- Risk factor information and assembly directions.
  - Step by step instructions
  - Department of Public Health (DPH) Opioid Overdose and Prevention Programs Information Sheets

Patient Education

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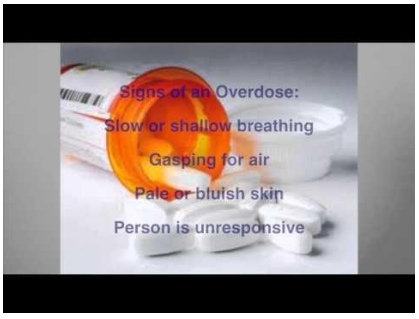

Naloxone Availability

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- Outpatient Pharmacy at SCH
  - Monday – Friday, 0900-1700
- Walgreens in Lakewood on Bridgeport
  - In stock
  - 7 days/wk, 24 hours/day
  - Drive through window
- Walmart in Lakewood, on Bridgeport
  - 7 days/week, 24 hours/day
  - On order to stock in next 3 months
- WA state prescription laws

Long term goals

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- Follow up with staff, pharmacy regarding workflow and reception of information by patients
- Data collection
  - Volume of patients who met criteria for Naloxone Distribution
  - Number of Naloxone Kits distributed –vs. – number of prescriptions dispensed in off hours
  - Population of patients who refused Naloxone education or Rx/kit
- 24 hour distribution
- Increased patient and provider satisfaction

Evidence Based Practice

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- Hawk, K. F., Vaca, F. E., & D'Onofrio, G. (2015). Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies. The Yale Journal Of Biology And Medicine, 88(3), 235-245.
- McDonald, R., & Strang, J. (2016). Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. Addiction (Abingdon, England), 111(7), 1177-1187.
- Mueller, S. R., Walley, A. Y., Calcaterra, S. L., Glanz, J. M., & Binswanger, I. A. (2015). A Review of Opioid Overdose Prevention and Naloxone Prescribing: Implications for Translating Community Programming Into Clinical Practice. Substance Abuse, 36(2), 240-253.
- Donroe, J. H., Holt, S. R., & Tetrault, J. M. (2016). Caring for patients with opioid use disorder in the hospital. CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne, 188(17-18), 1232-1239.

Resources

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- http://prescribetoprevent.org/
- http://stopoverdose.org/
- http://harmreduction.org/
- https://nasen.org/about/
- https://www.yestoscs.org/

Take-away

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- It is possible to reduce the harm related to Opioid Use Disorder.
- This is a nurse driven initiative, and will only work if nurses strive to bring best practice to all patients, including those who have historically been stigmatized by, or alienated from, formal healthcare settings.
- By offering patients life saving treatment you tell them that their lives are worth saving.