

Naloxone Training

Overview and Administration

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 Overdose Lifeline, Inc.

Naloxone (Narcan®)

Overview and Administration Training

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The Opioid Public Health Crisis



Addiction

Addiction is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who have a substance use disorder.

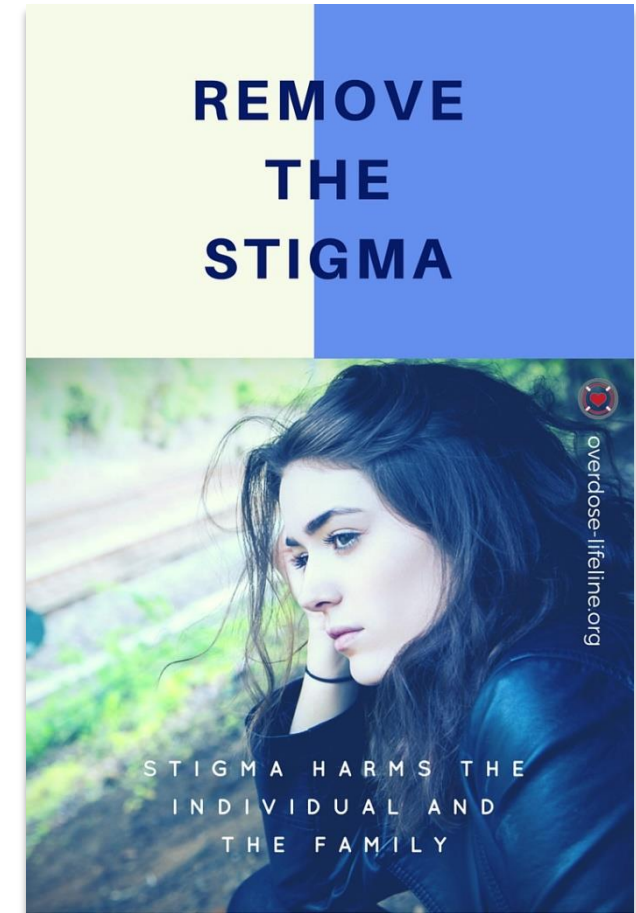




Reduce the Stigma Associated with Addiction

Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care.

"Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need." - Michael Botticelli, White House Office of National Drug Control Policy





The U.S. is in the midst of an **opioid overdose epidemic** with every American state, county, socio-economic and ethnic group impacted. Opioids were involved in 47,600 deaths in 2017, and opioid overdose deaths were six times higher in 2017 than 1999.

*Drug overdose is the **leading cause of accidental death** in the United States. Since 1999, the rate of overdose deaths involving opioids, including prescription opioid pain relievers.*

Source: CDC www.cdc.gov/drugoverdose/data/

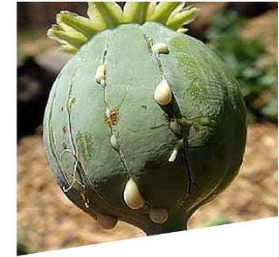


A Brief History of Opiates

- Derived from the Opium Poppy Plant
 - Has legitimate medical use
 - High potential for addiction and abuse and overdose
 - Prescription pain relievers and heroin are from this family
- Opioids—prescription and illicit—are the main driver of drug overdose deaths
- Overdose is the leading cause of accidental death in the United States, even surpassing motor vehicle crashes.

Natural

Morphine - Codeine



Semi-Synthetic

Heroin - Oxycodone



Fully Synthetic

Fentanyl - Methadone
- Buprenorphine





Commonly Prescribed Opioids

Codeine	Morphine	Methadone
Demerol	Lorcet	- Used in Medication Assisted Treatment
Vicodin	Opium	- Liquid Methodone (difficult to divert)
OxyContin	Heroin	- As a pain medicine, it can be abused
Hydrocodone		



Opioid Addiction Medications

Suboxone, Subutex (buprenorphine)

Revia, Vivitrol (naltrexone)

Methadone



Paths to heroin use

- Prescription pain drug misuse
- Availability and Cost
- Purity – Seeking stronger effect
- Other drugs



Source: CDC www.cdc.gov/drugoverdose/opioids/heroin.html



Indiana Laws

- IC 16-31-12
 - Expands first responder use of naloxone to EMT's, Police Officers and Firefighters
- IC 16-42-27 Aaron's Law
 - Expands the use of naloxone to the general public.
 - Statewide standing order removes need for prescriptions. (Standing order from State Health Commissioner)
 - Must be trained
 - Must alert 911 immediately after use of naloxone
 - Must receive information about addiction service



Signs of heroin or prescription opioid misuse



PHYSICAL	HEALTH	BEHAVIOR	ENVIRONMENT / WHAT YOU MAY NOTICE OR FIND	
Constricted pinpoint pupils	Weight loss	“Nod off” to sleep	Missing money, credit cards, checks and/or valuables	Empty Ziploc baggies or paper folded w/ a waxy substance. Small balloons.
Track marks on arms, covering arms w/ long sleeves	Nausea/Vomiting	Start using laxatives	Pawn slips	Spoons with burn marks or missing spoons
Itches and scratches on skin	Constipation	Lose friends they’ve had for a long time	Purchases returned for refunds	Loose change with powder substance on it
Overall unhealthy look	In women, not getting period	Problems in school or work	Constant requests for money	Aluminum foil or gum wrappers with burn marks
Lack of hygiene	Depression	Spend more time away from home	More frequent, secret phone calls	Cans with tops torn off and burn marks
Slurred speech	Changes in appetite or sleep	Trouble with police	Bottles of vinegar or bleach	Straws cut in half and/or empty pens
Poor coordination		Loss of interest in activities/hobbies	Cotton Balls	Syringes and tourniquet (shoe laces, belts)



People at Risk of an Overdose

People who receive opioids from multiple prescribers	Elderly people prescribed opioids
People who use opioids for non-medical reasons (misuse)	Children who accidentally take opioids
People who use drugs prescribed to others	Anyone on high doses of opioids, even if taking medications correctly
People who inject drugs	People using pain-reliever patches incorrectly
Former opioid users recently released from prison or treatment facilities/programs	People taking multiple respiratory depressants (alcohol, benzodiazepines such as Valium and Xanax)
	People with chronic lung disease or sleep apnea taking opioids



Factors that increase overdose risk

- Taking more than prescribed
- Elderly patients with changes in metabolism (UTI and other infections)
- Taking a larger than usual dose
- Switching between smoking and injecting heroin
- Using heroin with other substances (ex. alcohol or sleeping pills)
- Increase in heroin purity
- Using heroin while no one else is present
- Using heroin after not having used for a while- after incarceration or treatment relapse is highly probable.



Am. J. Ph.] 7 [December, 1901

BAYER Pharmaceutical Products
HEROIN—HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

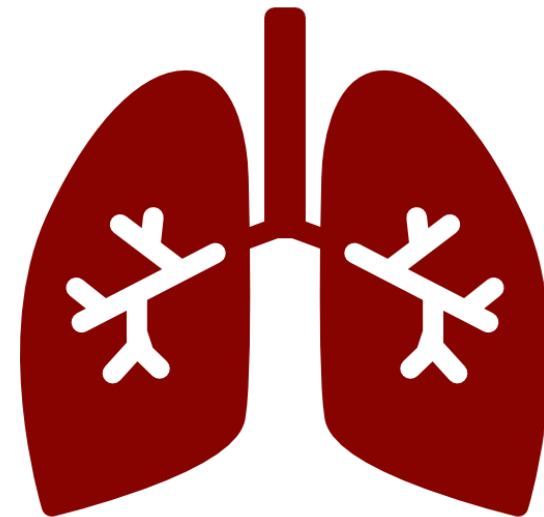
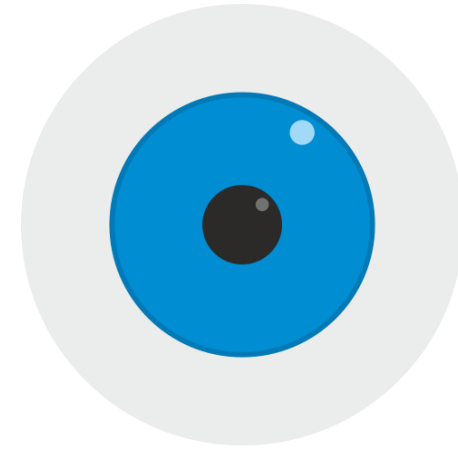
The Cheapest Specific for the Relief of Coughs
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO
FARBENFABRIKEN OF ELBERFELD COMPANY
SELLING AGENTS
P. O. Box 2100 40 Stone Street, NEW YORK



Physical Signs of an Overdose

- Unresponsive to sternum rub
- Three things to look for
 1. Constricted or “pinpoint pupils”
 2. Unconsciousness
 3. Decreased respiration
- A history of opioid use, recent or otherwise, given from bystanders





Environmental Signs of Overdose

- Spoons
- Needles
- Tourniquet
- Lighter
- Balloons or Baggies
- Pill Bottles





Harm reduction is ...

Sunscreen	Bike Helmets	Vaccines
Bug Spray	Condoms	Nicotine Gum / Patch

Automotive Harm Reduction
Seat Belts
Car Seats
Air Bags
Designated Drivers

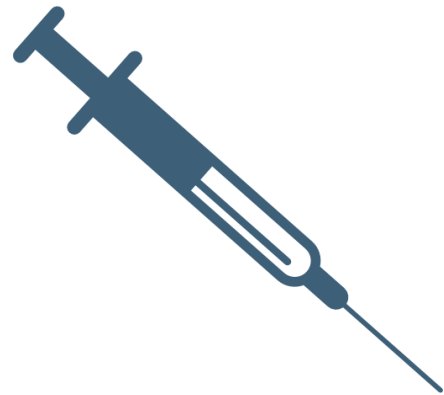
Opioid Harm Reduction
Syringe Services Programs
Naloxone – Overdose Reversal Drug
Medication Assisted Treatment (MAT)
▪ Methadone, Suboxone, Vivitrol



Brief History of Naloxone



- Use in Pre-hospital emergencies
 - Paramedics have used naloxone/Narcan for over 40 years to treat opioid overdoses.
- Surge in opioid overdose
 - From 2013 to 2015 there was a significant spike in opioid overdose.
 - Marion County, IN saw a rate that nearly doubled, treating 1,225 persons with naloxone in 2015.





Naloxone delivery devices



INTRAVENOUS – Healthcare / Hospital Settings



INTRAMUSCULAR

- Needle draw and injection
- Autoinjector (Evzio)



INTRANASAL

- Amphastar with MAD
- Narcan[®] Nasal Spray by Adapt



Why Use Naloxone?

- No side effects
- Safe
 - Even if a person isn't overdosing on an opioid
 - Same concept as: CPR, AEDs, EpiPens
 - Proven track record
 - From 1996 through June 2014:
 - 152,283 laypersons trained
 - 26,463 reversals reported
- Saves Lives
 - A life saved can be a life restored





Myths About Opioid Overdose

1. Naloxone encourages addicts to use more.

False. Studies have shown that areas where Narcan is commonly used and available are have seen decreases in opioid misuse.

2. Naloxone makes the recovered violent.

Not quite. Naloxone at high dose can cause a quick reversal of an overdose, leading the body to go to “fight-or-flight” mode. This is because the user’s addiction relies on the opiate for survival, without it withdraw kicks in and a person may become combative.

3. Naloxone prevents substance abusers from seeking treatment.

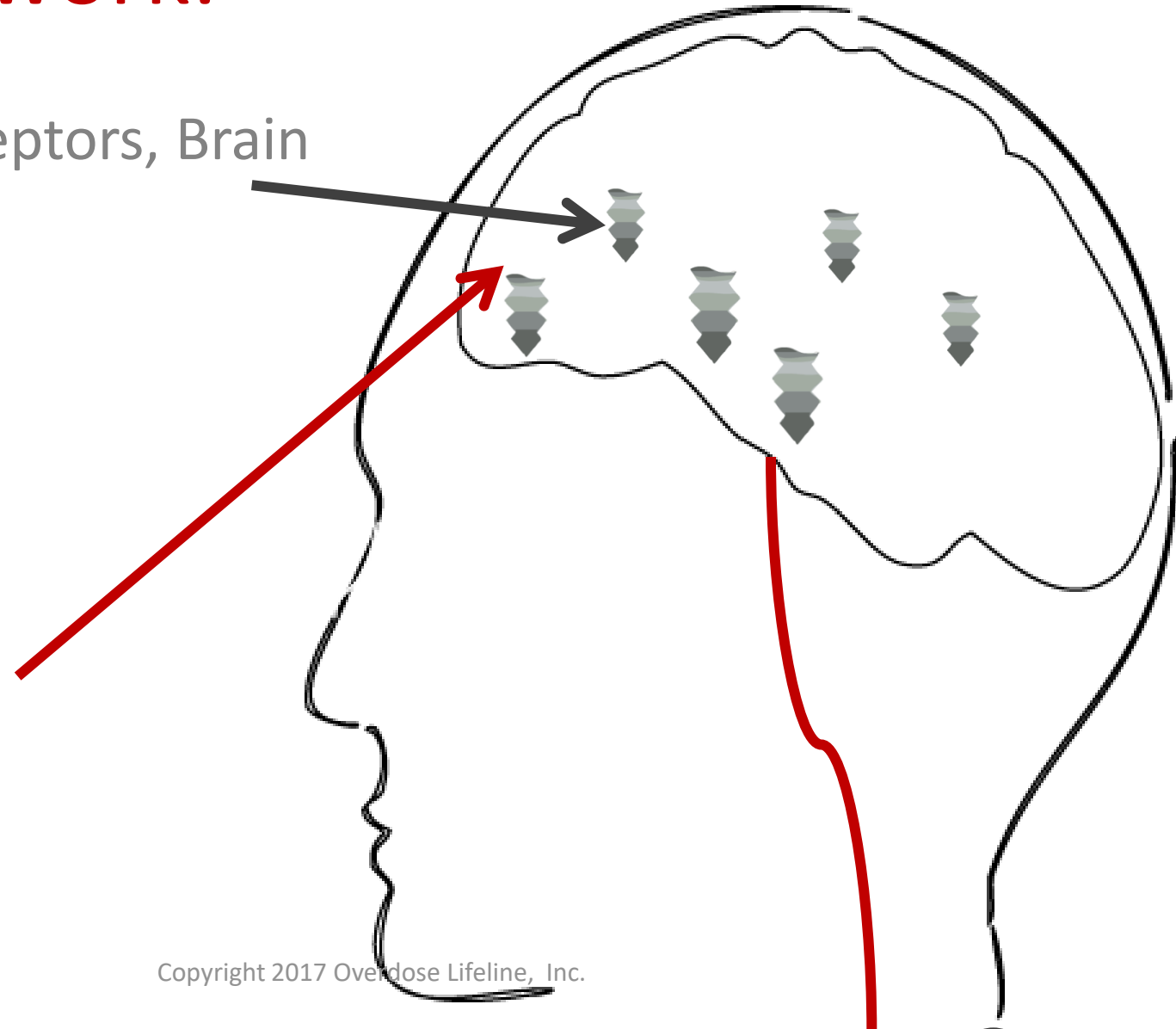
False. Areas with naloxone distribution have seen higher rates of treatment seeking among those saved by the drug.



How Opioids work:

Opioid Receptors, Brain

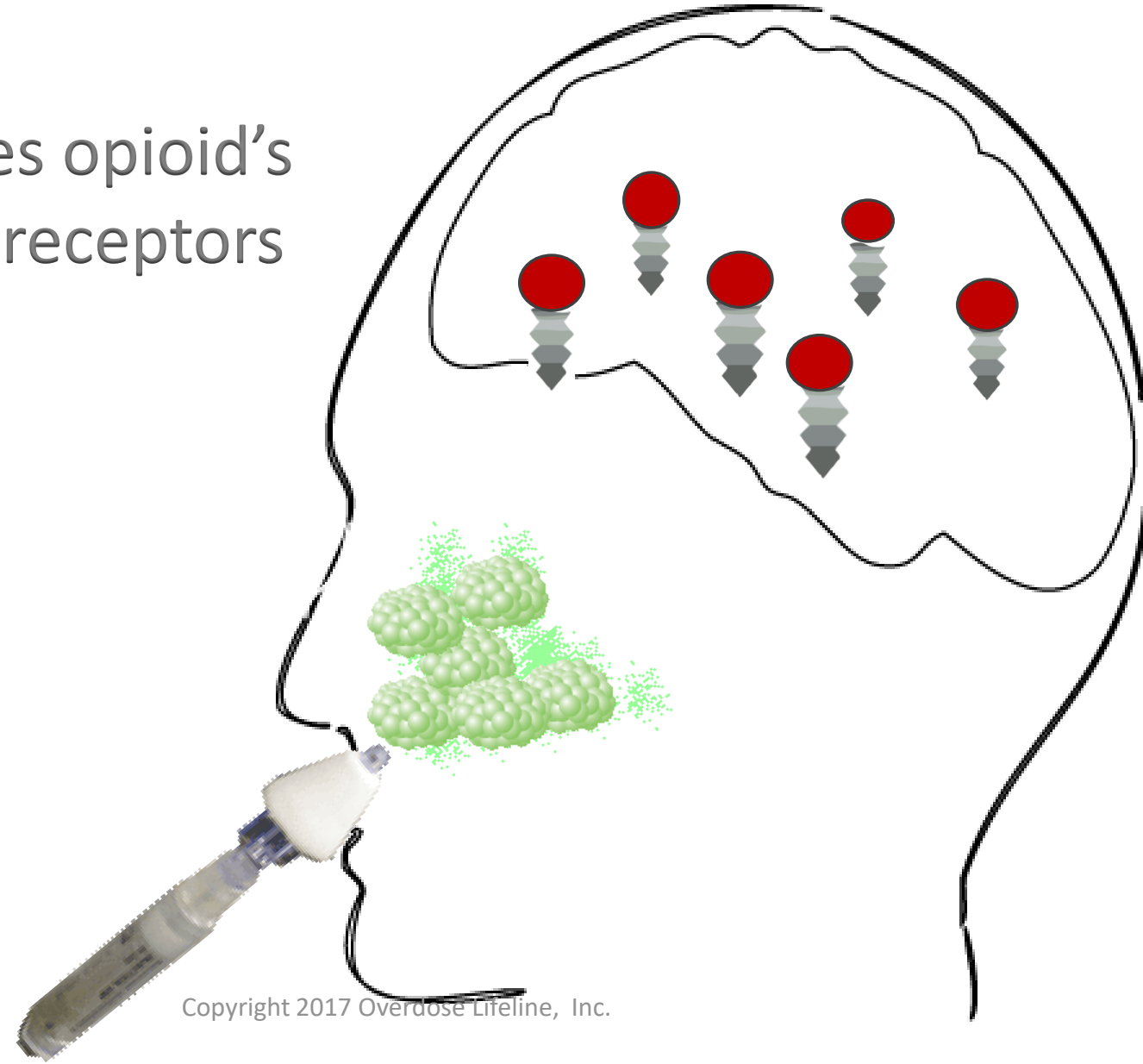
Opioid





How Naloxone works in an Overdose:

Neutralizes opioid's
effect on receptors





Intranasal Naloxone

Amphastar Pharmaceuticals-

A syringe containing one dose of medication. 2mg/2ml



Teleflex Medical-

MAD - Medication Atomizing Device

Turns the liquid medication into a mist that is absorbed in the nares (nasal passages)





Intranasal Naloxone

Adapt Pharma

NARCAN[®] Nasal Spray containing one dose of medication. 4 mg/.1ml

Recently FDA approved for use.





Administration

1. Suspect the individual is suffering from an overdose
2. Call 9-1-1. Ensure EMS is on the way
3. Administer naloxone according to directions

If you are currently trained and certified in rescue breathing you may use your training. However, this should be an agency policy and it is not a technique trained through Overdose Lifeline, Inc.



Administration using MAD Device

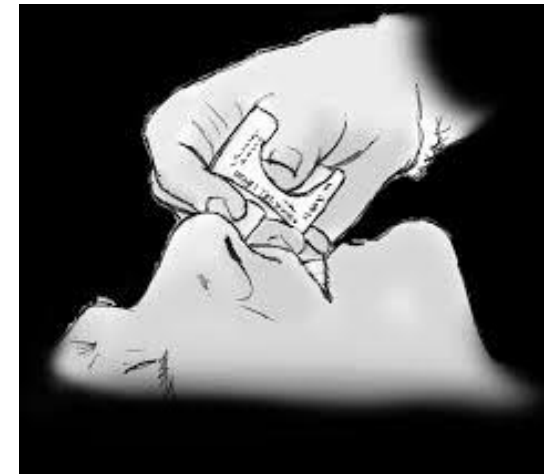
1. Ensure EMS is on the way
2. Open the medication package
3. Remove the two safety caps
4. Screw the device together
5. Open the MAD
6. Remove the syringe cap
7. Screw the MAD onto the syringe tip
8. Inject approximately half of the solutions into each nare (nostril)





Administration using ADAPT

1. Ensure EMS is on the way.
2. Open the medication package
3. Tilt the person's head back, provide support under the neck
4. Gently insert the tip of the nozzle into one nostril until your fingers are against the bottom of the person's nose
5. Press the plunger firmly to give the entire dose into one nostril fingers on either side of the nozzle





Effects of Administering Naloxone

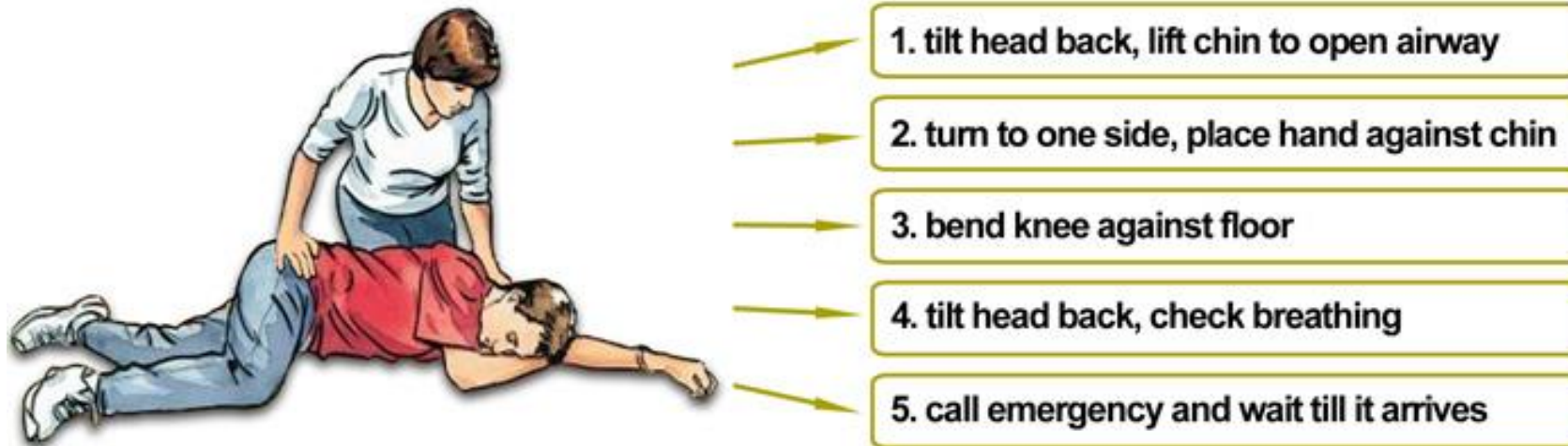
- Following administration
 - Pupils may begin to dilate (get larger)
 - Patient may begin to wake-up
 - Respirations may begin to increase
- There is a remote possibility of vomiting and/or combativeness as the patient comes around. Based on the dose and route (intra nasal) that you will be administering.



Recovery Position

Once you have administered the naloxone, turn the person on their left side. This will help ensure that if they do vomit, their airways will not be blocked.

Overdose Recovery Position





Post Administration

- Make sure an ambulance is on the way
 - The patient may require additional naloxone and should be evaluated by a physician to make certain they do not relapse.
- When the ambulance arrives, let them know you administered naloxone, how much, and approximately what time.
- Typically, the patient will be confused for a few minutes as they come around. They may be disoriented as to person, place, time, and event during this period.



General Information

- Naloxone has no adverse effect on persons not suffering an opiate overdose
- A repeat dose of naloxone may be administered if no response in 2-3 minutes.
- Multiple doses have been needed in some cases due to the strength or dose of the opiate.
- Storage: Do not expose to extreme temperatures (hot/cold)
- The effects of naloxone typically last around 1 hour after administering



This has been brought to you by Overdose Lifeline, Inc. an Indiana nonprofit dedicated to helping individuals, families and communities affected by the disease of addiction / substance use disorder.

overdose-lifeline.org