NC Harm Reduction Coalition

OVERDOSE PREVENTION PROGRAM
2015
OVERVIEW

- Overdose Epidemiology
- 911 Good Samaritan and Access to Naloxone Law
- Updates to 911 Good Samaritan Law
- Naloxone
- Responding to Overdose
- Myths of Naloxone
- NCHRC’s Naloxone Distribution Model
- Questions
Overdose Epidemiology

STATE OF OVERDOSE IN NORTH CAROLINA
Substances Contributing to Medication or Drug Overdose Deaths
North Carolina Residents, 1999-2014*

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2014 (*2014 data is provisional and subject to change)
Analysis by Injury Epidemiology and Surveillance Unit
Steady Rise in Medication or Drug Overdose Death in North Carolina since 1999

Analysis: Injury Epidemiology and Surveillance Unit
North Carolina's 911 Good Samaritan/Naloxone Access law

- Passed in 2013
- Encourages people to call 911 to report an overdose
- The law provides legal immunity from prosecution for the caller and the victim on the following
  - Small amounts of most drugs
  - Drug paraphernalia
  - Underage drinking or possession of alcohol
2015 Changes to Good Samaritan law

- Extends legal immunity from prosecution to the victim and caller on the following:
  - Violating conditions of parole, probation or post-release
  - Also gives the victim legal immunity from prosecution for underage drinking or possession of alcohol
Healthcare providers can prescribe naloxone to anyone at risk of an overdose or to anyone who may be at the scene of an overdose.
Prescribers can prescribe naloxone through a **standing order**

**Standing order**: A broad, general prescription that allows naloxone to be distributed to people at risk for an overdose or to anyone who may be at the scene of an overdose. This differs from the traditional prescription named specifically for individuals.
Immunity from Civil and Criminal Liability

Anyone may administer naloxone to someone they believe to be experiencing an overdose.

All parties acting as authorized by law are immune from civil or criminal immunity so long as they act in good faith.
Pharmacists are authorized to dispense naloxone under a physician’s standing order and are also immune from civil or criminal liability for doing so, as of Aug. 1, 2015.
NALOXONE AKA NARCAN®

WHAT IS IT? WHAT DOES IT DO?
NALOXONE

- Non-addictive prescription medication reverses opiate overdose
- Naloxone distribution is associated with up to a 50% drop in OD fatalities

- Administer via intramuscular injection or nasal spray
- **Cannot** be abused nor cause overdose

- Restores breathing and consciousness
- **Onset:** One to three minutes
- **Duration:** 30 to 90 minutes
HOW DOES NALOXONE WORK?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.

Opioid receptor on brain

Opioids fit exactly on receptor

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.

Narcan

Opioid receptor on brain
NALOXONE

Storage

- Keep out of direct sunlight
- Room temperature is ideal
- Gammon et al. clinical study:
  - Naloxone maintained close to a 90% concentration when subjected to cycling between ~21° and ~129° degrees Fahrenheit temperatures every twelve hours for 28 days
- In day to day use, naloxone is a durable drug

Gammon et al. clinical study:

Alteration in prehospital drug concentration after thermal exposure

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Abstract

The aim of the study was to determine the remaining concentration of 26 commonly carried emergency medical services medications used in the United States after they have experienced thermal exposure that have been documented in the prehospital environment for a period of 1 month. Methods: Pharmaceuticals were thermally cycled (~4°C and 14°C) every 12 hours and then assayed by high-performance liquid chromatography. Results: High(81%) of the 25 pharmaceuticals showed a remaining concentration of less than 80% with strong correlation to thermal exposure time. These included lidocaine, diltiazem, atropine, nitroglycerin, propranolol, metoprolol, hydrochlorothiazide, and naloxone. Conclusion: A decrease in concentration was found to be statistically significant in 8 (32%) of 25 commonly carried emergency medical services pharmaceuticals. These results provide new information and perspective regarding stability of emergency medications in the prehospital environment by evaluating a broader range of pharmaceuticals as well as by using thermal exposure points that have been documented in the United States.

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RESPONDING TO AN OPIOID OVERDOSE

**SIGNS OF AN OVERDOSE**

- UNRESPONSIVENESS TO LOUD NOISES OR SHARP PAIN
- BLUE SKIN/LIPS/FINGERNAILS
- SHALLOW BREATHING
- STRANGE, GURGLING OR SNORING-LIKE NOISES
RESPONDING TO AN OPIOID OVERDOSE

1. PERFORM A **STERNUM RUB** TO CHECK FOR RESPONSIVENESS
2. Call 911
- Clearly state address
- Tell the operator that the person is not breathing
- North Carolina’s 911 Good Samaritan Law will protect you from prosecution for some drug offenses if you call 911 to report an overdose
3. ADMINISTER NALOXONE

Draw all liquid from the vial into a syringe and inject it into the person’s thigh, upper arm or butt
Responding to an opioid overdose

Rescue Breathing (if not breathing)
Lay the person flat on their back, tilt the head back, clear the airway, pinch the nose and give 1 breath every 5 seconds until he/she can breathe on their own.
RESPONDING TO AN OPIOID OVERDOSE

RECOVERY POSITION
If you need to leave the victim to find your phone or naloxone kit, leave them in recovery position.
NALOXONE MYTH
IF YOU GIVE AN OVERDOSE ANTIDOTE TO DRUG USERS, THEY WILL ABUSE MORE DRUGS
Studies report that naloxone does not encourage drug use, and in fact, has been shown to decrease it in some circumstances. By blocking the effects of opiates, naloxone can produce unpleasant withdrawal symptoms, which nobody wants, especially not an active drug user.
NALOXONE
MYTH
NALOXONE MAKES PEOPLE VIOLENT
People wake up disoriented and can be in a fight or flight mode when revived by law enforcement or EMS. Overdose victims are less likely to become agitated when reversals are performed by friends or family members.
NALOXONE MYTH
We can't trust a person who is high to respond appropriately in a life-threatening situation
Since 1996, over 26,000 overdose reversals have taken place using naloxone. The vast majority of these were done by active drug users. Many of them were probably high.

82.8% of the reported reversals were done by people who use drugs
9.6% by family and friends of a user
0.2% by service providers

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm?s_cid=mm6423a2_e
NALOXONE MYTH
Naloxone will keep drug users from seeking treatment
DEATH keeps people from seeking treatment
NALOXONE DISTRIBUTION MODELS

HOW DO WE GET NALOXONE INTO THE HANDS OF PEOPLE WHO NEED IT?
Peer distribution

AN EFFECTIVE WAY TO GET NALOXONE INTO NETWORKS OF PEOPLE WHO ACTIVELY USE
Distribution at Medication-Assisted Treatment Clinics

Another effective way to get naloxone into networks of people who actively use
LAW ENFORCEMENT

LAW ENFORCEMENT ARE OFTEN FIRST RESPONDERS IN EMERGENCY SITUATION
Volunteer distribution

COMMUNITY RESOURCES OF NALOXONE FOR PEOPLE THROUGHOUT THE STATE
NCHRC has a program that distributes naloxone to people at risk for OD and their loved ones along with training on how to use it.

Contact Hyun Namkoong at hnamkoong88@gmail.com or 919-218-4505 for more information.