Caring for ME, UNE and Portland’s Public Health Department

“Opioid Use Disorder, Overdose, and Naloxone”

Tuesday, June 5, 2018
12 – 1 PM

Audio is available through your computer speakers.

For audio by phone, call (408) 638-0968
and enter webinar code: 463-937-124
Mission

Maine Quality Counts is a member driven nonprofit located in Manchester, Maine.

We are working to improve the health of all Maine people (and beyond) by transforming the way healthcare is delivered.
QC Brings Together the People Who Give, Get and Pay for Healthcare to Address Shared Priorities:

- Improve the alignment of healthcare systems to transform health for all Maine people
- Provide quality improvement assistance to practices
- Engage consumers in healthcare
- Promote the integration of physical and behavioral health
Connect With Us

Join our email list
mainequalitycounts.org

Engage and be social
Important Webinar Notes

• You are in listen-only mode. Please use the Q&A function to ask questions or make comments.

• Video screen size and location is adjustable.

• Tomorrow you’ll receive an email with links to slides and recordings.
• Disclosure: Today’s speaker does not have any relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

• CME will be available for participants who have signed into the live webinar. If there are multiple people at one computer, please type their names and email addresses into the chat box for our attendance records.

• We do not have separate nursing CEUs- but you can get a CME certificate.

• A CME evaluation survey will be sent after the webinar via email the day following the webinar.

• Please complete the survey via Survey Monkey within 2 weeks.

• UNE will be completing the CME and Pharmacists CEUs are available.

• Please reach out to Melanie Caldwell at mcaldwell4@une.edu with any questions regarding CMEs and/or CEUs.
This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS), Grant T0BHP30025.

Funding for Maine Quality Counts Caring for ME is provided by Maine Board of Licensure in Medicine.
Caring for ME – Be Part of the Solution!

www.mainequalitycounts.org/caringforME

• In April 2016, Maine Quality Counts (QC) and Maine Medical Association (MMA) launched “Caring for ME”, a collaborative effort that aims to bring together a wide set of partners to promote shared messages, educational resources, and practical tools for health care providers.

  ❑ Support prevention efforts
  ❑ Maintain a compassionate and trauma-informed approach to chronic pain management
  ❑ Improve the safety of opioid prescribing
  ❑ Appropriately diagnose addiction when it exists
  ❑ Improve access to effective treatments for patients with substance use disorder

Join QC & MMA in Caring for Maine and be part of the solution!
Objectives

1. Describe the risk factors for opioid overdose
2. Identify the signs and symptoms of an opioid overdose
3. Demonstrate knowledge of how to respond to an opioid overdose
4. Describe naloxone’s preparations
5. Explain Maine laws related to naloxone
**Zoe Brokos**

Zoe has been working in harm reduction since 2009. She is a Community Health Promotion Specialist with the City of Portland’s Public Health Division and oversees the daily operations of the Portland Needle Exchange Program. Zoe helped to implement both a community sharps box campaign and a naloxone distribution protocol. In 2012, Zoe helped form I AM HERE Outreach Team, which is volunteer-run and does street-based needle exchange, harm reduction, overdose response education and safe sharps disposal. This team is responsible for organizing the International Overdose Awareness March and Vigil that is held each year in Portland. Zoe is a co-founder of the Maine Harm Reduction Alliance and chairs the education committee and sits on the Overdose Prevention Task Force for the City of Portland, the Amistad Community Board and Dignity for Opiate Users. Currently Zoe and the needle exchange team are focusing on their opioid overdose reporting in and reversal data collection, agency trainings on harm reduction and overdose prevention and community naloxone distribution events.

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Stephanie Nichols, Pharm.D.,BCPS,BCPP
Stephanie is an Associate Professor of Pharmacy Practice at Husson School of Pharmacy, an Adjunct Clinical Assistant Professor of Psychiatry at Tufts School of Medicine, and a Psychiatric and Substance Use Disorder Pharmacist practicing at Maine Medical Center. She is highly engaged in interprofessional education of students, residents, and lifelong learners, both in the classroom and in the clinical setting. Her research has been published in: Pain, Current Psychiatry, Journal of Psychopharmacology, Journal of Studies on Alcohol and Drugs, Pharmacotherapy, Pharmacology, and Psychosomatics.

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Overdose and Naloxone
Prevention, Recognition, and Response

Zoe Brokos
Needle Exchange Program, City of Portland Public Health Division
Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.
In this training, we will cover:

- Opioids - A brief introduction
- How to Recognize an Overdose
- Risks of Opioid Overdose
- How to Respond:
  - Responding as a Layperson & Getting Professional Help
  - Good Samaritan Laws - do we have one?
  - Utilizing the Recovery Position

- Naloxone
  - What is it?
  - Different Preparations
  - How is it Used?
  - How to Access it
  - Naloxone in Maine - Current Policies and Areas of Interest
<table>
<thead>
<tr>
<th>Opiates</th>
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<tbody>
<tr>
<td>Opium</td>
<td></td>
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<tr>
<td>Morphine</td>
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<tr>
<td>Codeine</td>
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<table>
<thead>
<tr>
<th>Semi-Synthetic</th>
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<tr>
<td>Heroin</td>
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<tr>
<td>Hydrocodone</td>
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<tr>
<td>Hydromorphone</td>
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<td>Oxycodone</td>
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<td>Oxymorphone</td>
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<tr>
<td>Buprenorphine</td>
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<table>
<thead>
<tr>
<th>Synthetic</th>
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<tbody>
<tr>
<td>Fentanyl</td>
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<tr>
<td>Methadone</td>
<td></td>
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<tr>
<td>Tramadol</td>
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</table>
Illicit use of pharmaceutical fentanyl first appeared in the mid-1970s in the medical community.

The first documented presence of fentanyl on the streets was in Los Angeles, CA 1979 under the name of “China White”.

Illicitly Produced Fentanyl (IPF) is NOT the same as pharmaceutical grade fentanyl.
# What’s the Difference?

<table>
<thead>
<tr>
<th><strong>Heroin</strong></th>
<th><strong>Fentanyl</strong></th>
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<tbody>
<tr>
<td>• Derived from the alkaloids found in the Poppy plant.</td>
<td>• Human made through chemicals</td>
</tr>
<tr>
<td>• Formulated to be 15 times stronger than morphine</td>
<td>• Formulated to be 100-120 times stronger than morphine</td>
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<tr>
<td>• Schedule I drug with no recognized legitimate use</td>
<td>• Schedule II drug with limited medical use</td>
</tr>
<tr>
<td>• Stimulates opioid receptors in the brain</td>
<td>• Stimulates opioid receptors in the brain</td>
</tr>
<tr>
<td>• Will show up on a routine general opioid screening test</td>
<td>• Will <strong>NOT</strong> show up on a routine general opioid screening test</td>
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</table>
Transdermal Absorption of Fentanyl: True or False?

“The American College of Medical Toxicology has drafted a position statement about the possible routes of fentanyl exposure, debunking the likelihood that transdermal fentanyl absorption is clinically significant.” -Jeanmarie Perrone, M.D., director of the division of medical toxicology in the department of emergency medicine at the University of Pennsylvania

“Fentanyl, applied dry to the skin, will not be absorbed. There is a reason that the fentanyl patches took years [for pharmaceutical companies] to develop,” -Ed Boyer, M.D., Ph.D., a medical toxicologist at Harvard Medical School and Brigham and Women’s Hospital

FALSE.
What are some risk factors for overdose?

- Mixing drugs
  - Using an opioid (heroin, fentanyl, methadone, etc.) with alcohol, benzodiazepines, crack, cocaine or other substances increases the risk for overdose.

- Reduced tolerance
  - Repeated use of the same drug leads to an increased tolerance of its effects on your body.
  - If you take a break from a drug, your tolerance is lowered. Reasons might include:
    - Prison
    - Compulsory Drug Treatment Center
    - Voluntary treatment
    - Sickness/hospitalization
What are some risk factors for overdose?

- Unfamiliar supply/changes in quality
  - If you use a new dealer or your dealer gets a new supply, it may be of a different strength than what your body is used to. It may also be “cut” or mixed with other drugs. Fentanyl and other synthetic opiates are present in communities and impacting the rate of overdose.

- Having someone else inject you. If you are relying on someone else to inject you, then they are in control of your dose.

- Physical Health (liver functioning, weight loss, asthma, immune system problems, dehydration, malnutrition, etc.)

- Using Alone
  - Though using alone doesn’t increase the potential for overdose, it means that no one is around to help you if something does happen. It is always best to have someone else around who knows what to do in case an overdose does occur.
What are some risk factors for overdose?

- Key messages:
  - Don’t use alone – if you do, try to let someone know where you are, don’t lock the door, use a buddy system
  - Be careful about mixing drugs
  - Know when your tolerance is lowered – after a break in use, don’t use the same amount you were accustomed to using before the break.
  - Be careful about changes in quality – if you notice a cluster of overdose cases, it may be the result of changes in drug quality.
  - Be mindful of your health- being dehydrated, HCV+ or having kidney issues can increase your risk of an overdose
How to Recognize and Respond to an Opioid Overdose
How to Recognize an Overdose

• Might not happen right away – could happen 1 – 3 hours after injection. (NOTE: Synthetic opioids, like fentanyl, often cause overdoses 1-3 MINUTES after use, or less)

• Telltale signs:
  • blue lips and nails
  • slow, shallow, gurgling breath
  • Pinpoint pupils

• Unresponsive when you call their name, shake them, or rub their sternum (rub your knuckles hard up and down their breastbone)
Recognizing a *Depressant OD*

<table>
<thead>
<tr>
<th>REALLY HIGH</th>
<th>OVERDOSE</th>
</tr>
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<tbody>
<tr>
<td>Muscles become relaxed</td>
<td>Deep snoring or gurgling (death rattle) or wheezing</td>
</tr>
<tr>
<td>Speech is slowed/slurred</td>
<td>Blue skin tinge- usually lips and fingertips show first</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Pale, clammy skin</td>
</tr>
<tr>
<td>Will respond to stimulation like yelling, sternum rub, pinching, etc.</td>
<td>Heavy nod, will not respond to stimulation</td>
</tr>
<tr>
<td>Nodding out</td>
<td>Breathing is very slow, irregular, or has stopped/faint pulse</td>
</tr>
</tbody>
</table>

*Source: Harm Reduction Coalition, DOPE Project*
How the Overdose Occurs

1. Slow breathing
2. Breathing stops
3. Lack of oxygen may cause brain damage
4. Heart stops
5. Death

• Opioids repress the urge to breathe
• Carbon dioxide levels increase
• Oxygen levels decrease
• Process takes time
• There is time to respond, but no time to waste

Source: Harm Reduction Coalition, DOPE Project
How to Respond
to any opioid overdose

- Call 911
- GIVE NALOXONE: every 2-3 minutes until help arrives or the person wakes up
- Stay with the person until help arrives or they wake up

***If you are trained in CPR or rescue breathing, please consider***

using these techniques
Calling 911 Dispatch

• If you determine that the person is unresponsive, have someone call 911 and state that the person is NOT BREATHING, UNRESPONSIVE, POSSIBLE OVERDOSE

• Make sure the door is unlocked, keep cell phone near by

• When EMS arrives, let them know how much naloxone was given and any other information that might help
Naloxone Administration

- Naloxone!
- Naloxone is a safe antidote to opioid overdose that has no risk of abuse or dependency. Naloxone displaces (or “kicks out”) the opioids from the receptors, and then blocks the receptors (and the effects of the opiate) for 30-90 minutes.
Nasal Narcan
NEW Auto-Injector Naloxone Devices
2mgs
Naloxone in the Brain

Opioid receptors activated by heroin and prescription opioids

Pain Relief
Pleasure
Reward
Respiratory Depression

Opioid broken down and excreted

Reversal of Respiratory Depression
Opioid Withdrawal

Source: projectlazarus.org
Naloxone

- Stay with the person. If they don’t respond after three minutes, you may need to give them more than one dose.

- In the meantime, continue attempts to rouse the person.

- When they wake up, explain to them what happened, and that you gave them naloxone.

- One side effects of naloxone can be withdrawal symptoms. The more naloxone that is given, the better chances that the person will experience some of these. The person may experience headache, nausea, or vomiting, and may be aggressive. These symptoms - if they occur - will wear off.
Naloxone

- Discourage the person from taking more drugs. They might want to inject again right away to lessen any withdrawal symptoms. THIS MAY CAUSE THE OVERDOSE TO RETURN.

- The effects of the opioid are usually longer than the effects of naloxone. This means that when the naloxone wears off in 30-90 minutes, the person will again feel the drugs’ effects. Taking more drugs could cause another overdose when the naloxone wears off.

- Encourage the person to get medical attention and go to the hospital for an evaluation once the first responders arrive.
What NOT to do

- Don’t leave the person alone – they could stop breathing
- Don’t put them in a bath – they could drown
- Don’t induce vomiting – they could choke
- Don’t give them something to drink – they could vomit
- Don’t inject them with *anything* besides naloxone (such as saltwater, other drugs, or milk) – it won’t work any more than physical stimulation, and can waste time or make things worse depending on what you inject
- Don’t kick their chest – it won’t open their heart valves, but could hurt them
The Recovery Position

- Recovery position
  - If you have to leave the person for any reason, put the person in the recovery position
  - This will help keep their airway open and prevent them from choking on fluids
Maine DOES NOT have a Good Samaritan Law that protects layperson responders in the event of an overdose. This means it is possible to get arrested if there are drugs or paraphernalia at the scene. This is a reason why some people don’t call 911 in the event of an overdose. A fatal overdose in March 2018 could have been avoided if Maine had a Good Sam Law.

There IS a medical Good Samaritan Law that protects ANYONE-acting in good faith- responding to ANY medical emergency from possible liability if victim dies. This could be an overdose, but could also be a car accident or heart attack.

Good Samaritan Laws
Naloxone in Maine

- LD 1686 passed in 2014 and made Naloxone available with a doctor’s prescription.

- In April 2016, LD 1547, “An Act to Facilitate access to Naloxone Hydrochloride” was passed to make Naloxone more accessible.

- In June 2017, LD 1594, “An Act Regarding the Dispensing of Naloxone Hydrochloride by Pharmacies” was passed. This law will:
  - bring Maine in line with the rest of New England states
  - allow Naloxone to be purchased at pharmacies without a prescription

- As of April 2018: Bill that allows over-the-counter naloxone for people younger than 21 clears Maine Senate- A rule that would allow pharmacists to dispense the antidote only to those over the age of 21 is still pending before the Board of Pharmacy*

*Portland Press Herald, April 13, 2018
Statement of disclosure

- I have no conflicts of interest (other than my passion)
Proper storage and expiration of naloxone

- Store naloxone:
  - in an easily accessible place
  - in the original package
  - at room temperature.

- Tell others in your household and those with whom you inject where the naloxone is located.

- Avoid light exposure and excess heat or cold.

- The shelf life of naloxone is generally 12 to 18 months.
  - If stored properly, naloxone should be effective until at least the expiration date on the packaging.

- Monitor the expiration date on naloxone and replace before it expires.
  - When there are no other alternatives, expired naloxone can be administered but may not be as effective. It will not be harmful but should not be relied on routinely.
• With the kit,
  • Do not insert naloxone into the prefilled syringe until ready to use.
  • Once inserted, it expires within 2 weeks.
• With the Autoinjector,
  • Do not remove the red guard until you are ready to administer.
    • Once this is removed, the drug must be used immediately.
  • Store at room temperature in its outer case
  • Occasionally check the viewing window to assure the solution remains clear and particle free and the expiration date has not passed.
Counseling components and required education to provide to a patient

1. Instruct the person to whom naloxone is dispensed to summon emergency services as soon as possible either before or after administering naloxone.

2. Personally provide the service of oral counseling and written education materials to the person to whom naloxone is dispensed, appropriate to the dosage form of the naloxone dispensed, including, but not limited to, all of the following:
   - A. Risk factors of opioid overdose;
   - B. Strategies to prevent opioid overdose;
   - C. Signs of opioid overdose;
   - D. Steps in responding to an overdose;
   - E. Information on naloxone;
   - F. Procedures for administering naloxone;
   - G. Proper storage and expiration of naloxone product dispensed;
   - H. Information on where to obtain a referral for substance use disorder treatment.
Required Documentation

- Pharmacists must document in the pharmacy management system each person who receives a naloxone prescription and documentation shall include:
  - 1. Name of the patient at risk, if known, or the name of the person requesting the naloxone prescription;
  - 2. Name of the person to whom the prescription was dispensed;
  - 3. Name of the product;
  - 4. Dose and route of administration and required delivery service;
  - 5. Date dispensed;
  - 6. Name of the prescribing pharmacist or practitioner; and
  - 7. Name of the dispensing pharmacist who reviewed and provided the patient or caregiver receiving naloxone, educational materials appropriate to the dosage form of naloxone dispensed

Required Notice to Patient Provider

• Within 7 days of prescribing or dispensing naloxone, the pharmacist shall provide to the provider of the patient at risk, written notification via fax or other appropriate designated method that naloxone was provided to the provider’s patient under this protocol.

• The notification shall include the
  • person’s name,
  • the naloxone prescribed or dispensed by the pharmacist and
  • date dispensed.

• If the provider is unknown, it shall be so noted in the pharmacy management system.
Emergency Rescue Kits

- A Board-authorized pharmacist may prescribe naloxone emergency rescue kits or upon a standing order or collaborative drug therapy management agreement.

- The kit must be labeled and include the expiration date.

- Prepared patient information must be provided with the kit and the pharmacist must have a complete understanding of the information distributed to the person, caregiver or first responder.

- A record of prescribing and dispensing rescue kits must be maintained.
The required elements of the protocol include:

- Training requirements for the pharmacist to prescribe naloxone
- Eligible recipients
- Prescription and dispensing
- Documentation
- Notice to the person’s provider
- Prescribing rescue kits
- Counseling the patient on naloxone and educating them about opioid overdose
NALOXONE ACCESS:  
A Practical Guideline for Pharmacists  
http://cpnp.org/guideline/naloxone

OPIOID USE DISORDERS:  
Interventions for Community Pharmacists  
http://cpnp.org/guideline/opioid
### Improving Naloxone Distribution in Maine

**Maine Pharmacist-Provider Task Force, Spring 2018**  
Questions, comments, corrections: Nichols@husson.edu

<table>
<thead>
<tr>
<th>Types of Naloxone</th>
<th>Naloxone IV Injection</th>
<th>Naloxone nasal kit (contains vial with nasal adapter)</th>
<th>Narcan NS (naloxone nasal spray)</th>
<th>Evzio (naloxone auto-injector)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose</td>
<td>0.4 – 2mg</td>
<td>2mg-4mg</td>
<td>4mg</td>
<td>2mg (0.4mg no longer made)</td>
</tr>
<tr>
<td>Route</td>
<td>IV, SQ, IM</td>
<td>1/2 vial (1mg) sprayed in each narc</td>
<td>4mg dose sprayed in single narc</td>
<td>2mg IM with spoken instructions</td>
</tr>
<tr>
<td>Strength Available</td>
<td>1mg/ml (2ml syringe)</td>
<td>1mg/ml (2ml syringe)</td>
<td>2mg/0.1ml², 4mg/0.1ml</td>
<td>0.4mg/0.4ml², 2mg/0.4ml</td>
</tr>
<tr>
<td>Storage requirements</td>
<td>59-86 °F (syringe) 58-77 °F (vial) Fragile: Glass.</td>
<td>59-86 °F (syringe) Fragile: Glass.</td>
<td>Store at 59-77 °F Excursions from 39-104 °F</td>
<td>Store at 59-77 °F Excursions from 39-104 °F</td>
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- Abbreviated document available via the Maine Pharmacist Association Website:

  https://mparx.us4.list-manage.com/track/click?u=78190e0c6103a82a86ed83736&id=a197426c8b&e=7dc0a780ba
I WANT YOU
To Prescribe Naloxone
Thank you!

Stephanie Nichols, PharmD BCPS BCPP
Nicolss@Husson.edu
Questions?
Contact Information

- **Amy Belisle**, MD, Director of Child Health Quality Improvement, Maine Quality Counts, abelisle@mainequalitycounts.org 207-620-8526, x1002
- **Kayla Cole**, Project Manager, QC for Kids, 207-620-8526 x1027 kcole@mainequalitycounts.org
- **Jackie Tiner**, QC for Kids Administrative Coordinator, 207-620-8526 x1036 jtiner@mainequalitycounts.org

QC Website:  https://mainequalitycounts.org/
Upcoming Webinars!

• Tues, June 12, 2018, 12-1 pm: Integrated Care for Pregnant and Parenting Women with Opioid Use Disorders: Best Practice with Limited Resources, Daisy Goodman, DNP, Zoom Registration

• Tues, July 17, 2018, 12-1 pm: A Look at Opioid Prescribing in Maine Following Two Years of Experience with Chapter 488, Gordon Smith ESQ, Zoom Registration

• Tues, August 21, 2018, 12-1 pm: Broadening Behavioral Health Integration around Substance Use Disorder, Jesse M Higgins, NP, Zoom Registration

• Tues, September 18, 2018, 12-1 pm: Parallels Between Opioid Overdose and Suicide- Engaging the Conversation, Greg Marley, Zoom Registration