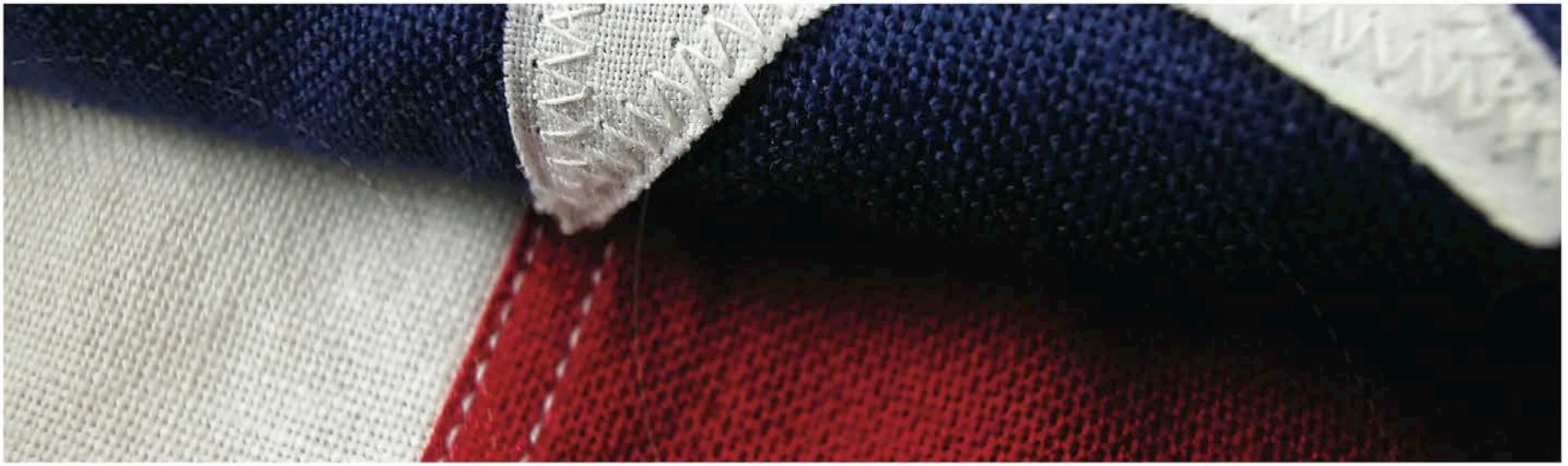


Saving Veterans Lives with Opioid Overdose Education and Naloxone Distribution (OEND): Critical Role for Grant and Per Diem Programs

Elizabeth M. Oliva, PhD
VA National OEND Coordinator
VA Program Evaluation and Resource Center
VA Office of Mental Health Operations

May 1, 2018

Grant and Per Diem Low Demand Providers and VA Liaisons Call

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Opioid Overdose Is Preventable

Surgeon General's Advisory on Naloxone and Opioid Overdose

I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, ***knowing how to use naloxone and keeping it within reach can save a life.***

BE PREPARED. GET NALOXONE. SAVE A LIFE.

If you or someone you know meets any of the following criteria, there is elevated risk for an opioid overdose.

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanil).
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naltrexone.
- Being recently discharged from emergency medical care following an opioid overdose.
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder.

It should be noted that, in addition to the above patient populations, patients taking opioids as prescribed for long-term management of chronic pain, especially those with higher doses of prescription opioids or those taking prescription opioids along with alcohol or other sedating medications, such as benzodiazepines (anxiety or insomnia medications), are also at elevated risk for an overdose.

Information for Patients and the Public

- **You have an important role to play in addressing this public health crisis.**
- Talk with your doctor or pharmacist about obtaining naloxone.[6]
- Learn the signs of opioid overdose, like pinpoint pupils, slowed breathing, or loss of consciousness.[7]
- Get trained to administer naloxone in the case of a suspected emergency.[8]
- If you have an opioid use disorder, effective treatment is available. Research shows a combination of medication, counseling, and behavioral therapy can help people achieve long-term recovery. Call SAMHSA's National Helpline 1-800-662-HELP (4357) or go to https://www.findtreatment.samhsa.gov/
- **Naloxone may be covered by your insurance or available at low or no cost to you.**[9]

Outline

- Overview of Opioid Overdose Education and Naloxone Distribution (OEND)
- VA OEND Innovations
- OEND Opportunities in GPD programs

Context: Minimizing Adverse Events

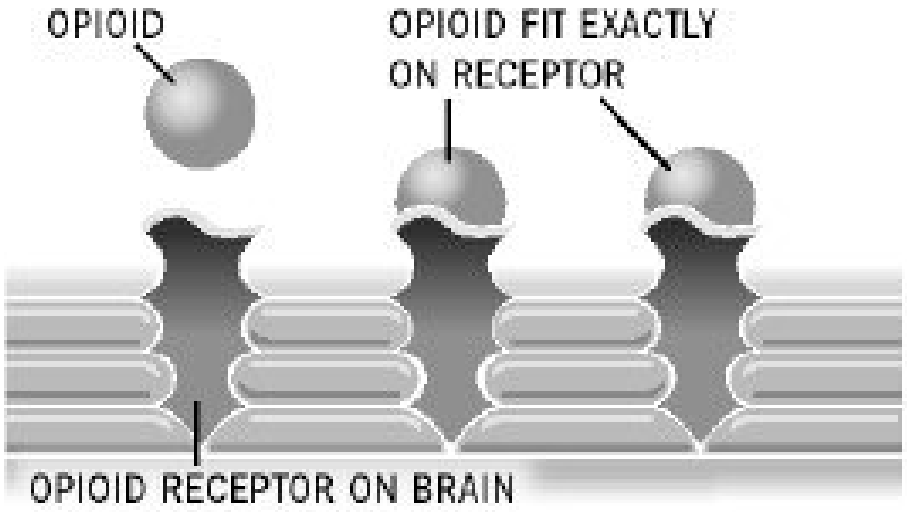
- Opioid Overdose Education and Naloxone Distribution (OEND) is **one component** of an overall VA emphasis on providing effective treatments for opioid use disorders and pain management in a manner that minimizes risk of adverse events
  - **Target patient populations for OEND: (1) opioid use disorder, (2) prescribed opioids**
- VA facilitates providers using specific tools to minimize these risks, including:
  - Engaging in a risk-benefit discussion and obtaining informed consent for chronic opioid therapy
  - Urine Drug Screening for illicit drug use and prescription adherence monitoring
  - Minimizing co-prescription of sedatives
  - Substance Use Disorder (SUD) specialty treatment
  - Opioid Agonist Treatments (OAT) such as buprenorphine and methadone
  - Mental health treatment, suicide prevention and safety planning
  - VA Stratification Tool for Opioid Risk Mitigation (STORM) to help identify patient-centered risk mitigation strategies

What is OEND?

- Risk mitigation initiative that aims to prevent opioid-related overdose deaths
- Opioid Overdose Education (OE)
  - Provide patient education on how to ***prevent, recognize, and respond*** to an opioid overdose
- Naloxone Distribution (ND)
  - Provide patient with ***naloxone***
    - Train patient and potential bystanders on how to use naloxone

OPIOID OVERDOSE

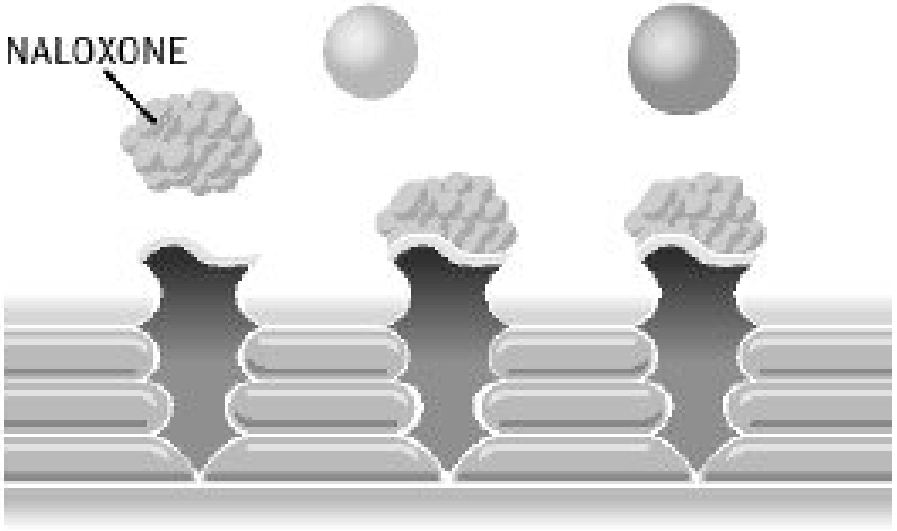
The brain has many receptors for opioids. An overdose occurs when too much of an opioid, such as heroin or Oxycodone, fits in too many receptors, slowing and then stopping breathing.



Source: Harm Reduction Coalition

NALOXONE REVERSING AN OVERDOSE

Naloxone has a stronger affinity to the opioid receptors, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



THE COLUMBUS DISPATCH

- Naloxone, on formulary, is a highly effective treatment for reversing opioid overdose if administered at time of overdose
- It can take minutes to hours to die from an opioid overdose
- Naloxone acts quickly, usually within 5 minutes
- Naloxone's effects start to wear off after ~30 minutes and are gone by ~90 minutes
- Excellent safety profile; **inert unless opioids are present**

VA Outpatient Naloxone Prescriptions

Naloxone Nasal Spray (4 mg)

Carton/box contains:

- Two 4 mg naloxone nasal sprays (each spray includes a Quick Start Guide)
- 1 prescribing information and patient instructions for use

Naloxone Auto-Injector (2 mg)

Carton/box contains:

- 1 auto-injector trainer
- 2 naloxone 2 mg auto-injectors
- 1 prescribing info
- 2 instructions for use

Evidence-base for OEND

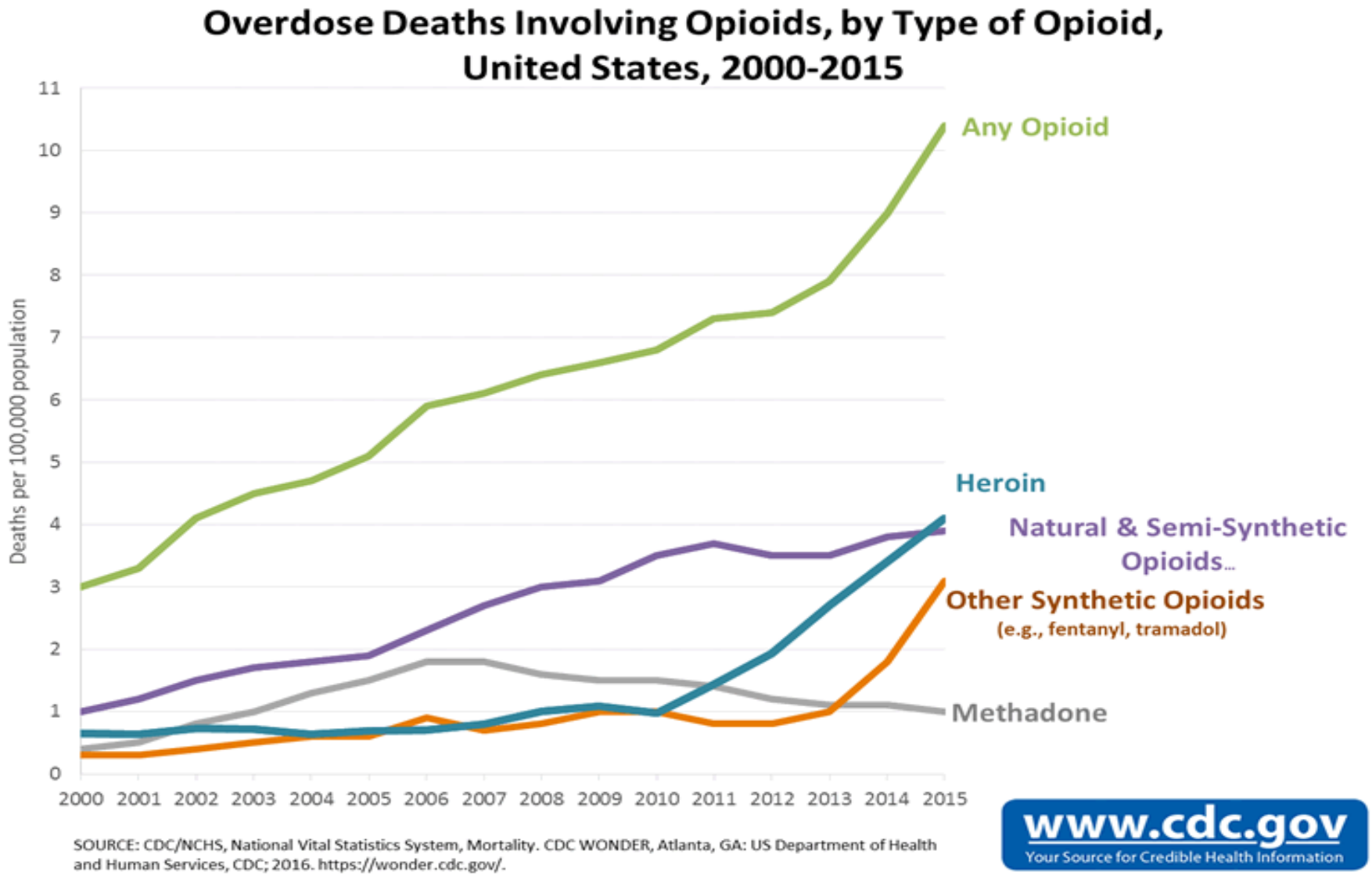
3 models

1. **Initial Public Health model**
   - Distribution to high-risk individuals in the community (primarily injection heroin users)
   - Evidence for effectiveness and cost-effectiveness

2. **Expanded Public Health model**
   - Distribution to high-risk populations and self-identified potential bystanders
   - Evidence for reduced mortality

3. **Health Care model**
   - Distribution to patients by health care systems and providers
   - Limited, but growing evidence

Overdose Crisis



Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00895-163

VA Need for OEND

Healthcare Inspection - VA Patterns of Dispensing Take-Home Opioids and Monitoring Patients on Opioid Therapy

- Opioid overdose crisis
  - Opioid overdoses have quadrupled since 1999 (CDC, 2016)
  - 91 Americans die every day from an opioid overdose
  - Veterans **twice** as likely to die from accidental overdose compared to non-Veterans (Bohnert et al., 2011)

OEND SAVES LIVES!

- **172 reported opioid overdose reversals (2/2/16)**
- **New National Naloxone Use Note**

Medical News & Perspectives

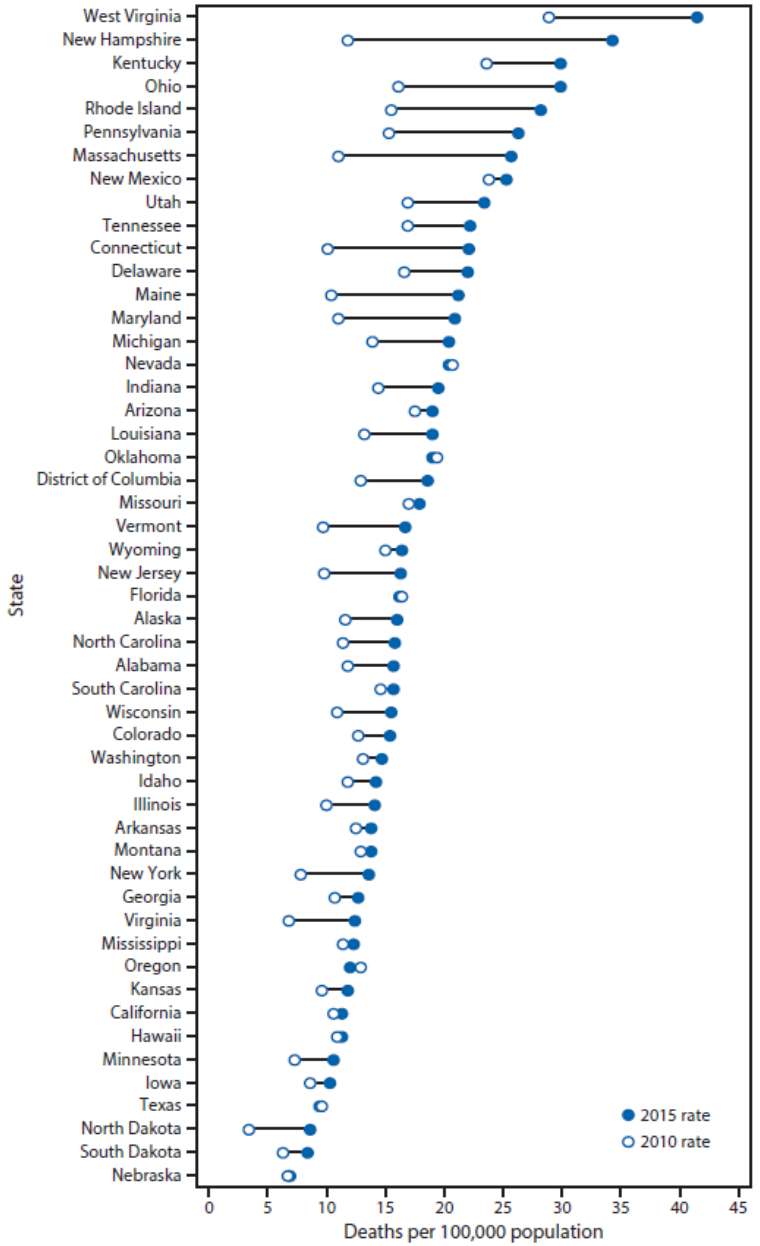
JAMA February 12, 2014 Volume 311, Number 6

Back From the Brink

Groups Urge Wide Use of Opioid Antidote to Avert Overdoses

Bridget M. Kuehn, MSJ

FIGURE. Age-adjusted rate* of drug overdose deaths,† by state — 2010 and 2015§



Rudd et al., 2016, MMWR

Impact on Veterans and Staff

"About a year ago, one of the nurses that works for me and I went to the funeral of a young man that was 30….He did pass away from an overdose. One of the hardest things that I ever did was go to his funeral and see his eight year old daughter crying at the casket. I knew then that we had to find something, anything that would give these folks a chance. Because, like we said, if they die, then you've lost all chance of helping them. So, I would say that I was very highly motivated to start this [OEND]. It hasn't turned out to be a difficult thing."

Health Care Model: Fort Bragg, NC

Interagency meeting hosted by FDA on the "Role of Naloxone in Opioid Overdose Fatality Prevention"

Dr. Mike Bartoszek—Chief of interventional wing in the pain clinic "….We began this sort of robust education program with an emphasis on the risks of overdose and also the indications and the instructions for a naloxone rescue. **And since we've been doing that in our highest-risk patients, what we've noticed is we've had absolutely zero naloxone reversals at all. We've also had zero overdoses and zero deaths at Fort Bragg in the past one year since we've been doing all this….what I'd like to emphasize, is the prevention piece….when I prescribe the naloxone for the patients and their family and support system, there's the education, but then there's that actual moment where you give them the naloxone. And there's that realization of how important this is and how serious this is in their eyes. And it's not just the soldiers' families. It's the soldiers' unit that is not about to let one of their own fall victim to their medication**…" (FDA, 2012)

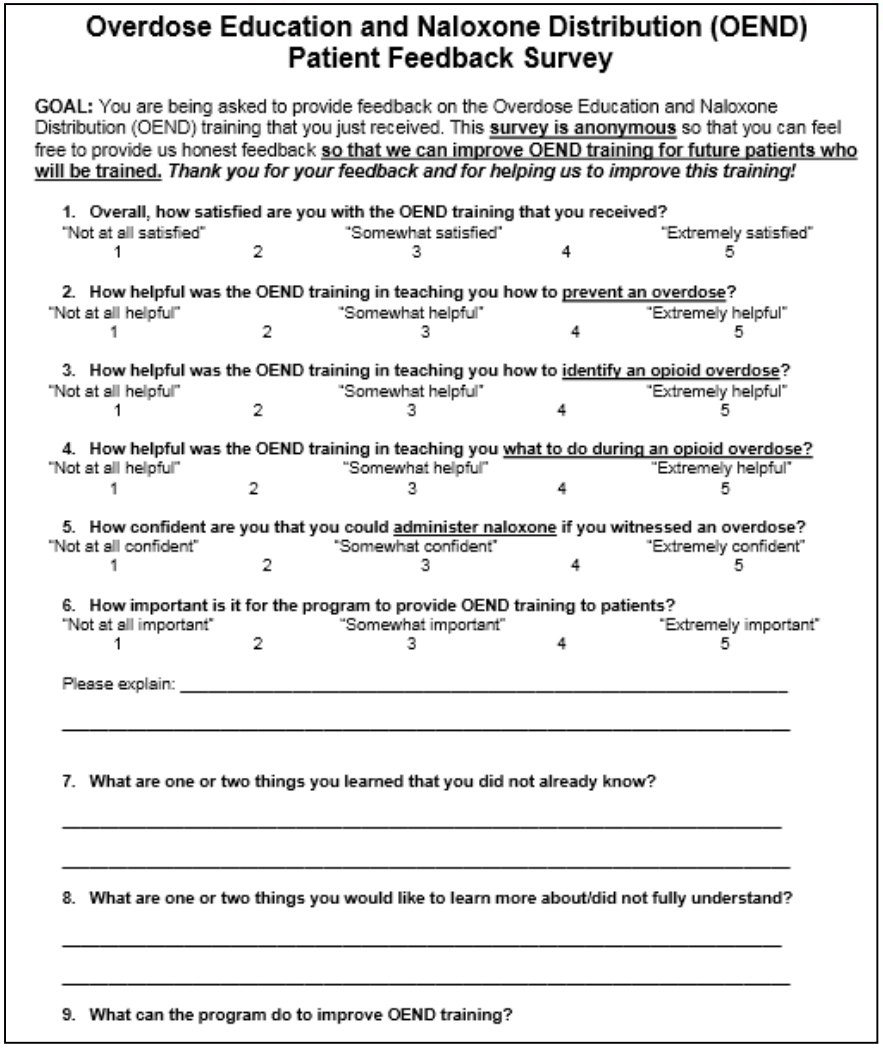
Veterans WANT and NEED OEND

Cincinnati VA studies
(Tiffany et al., 2015; Wilder et al., 2015)

- 90 Veterans receiving opioids for ≥ 3 months
  - 52 Opioid Substitution Clinic (OSC); 38 Pain Management Clinic (PMC)
  - **High risk**→Average risk factors for opioid overdose—6 PMC, 8 OSC
- Perception of risk
  - **~70% believed their overdose risk was BELOW that of the average American adult**
- Opioid overdose experience
  - **52%** of OSC and **21%** PMC Veterans had **experienced** an opioid overdose
  - **83%** of OSC and **50%** PMC Veterans had **witnessed** an opioid overdose
- Knowledge about and interest in naloxone
  - ~1/3 had heard of naloxone (46% OSC, 18% PMC); none had a kit
  - **After a brief explanation, 73% of OSC and 55% of PMC Veterans wanted a kit**
  - NOTE: Among patients NOT interested in naloxone kits—23% were using benzos and 23% were using additional opioids NOT prescribed by the VA (**other risk mitigation strategies are also needed**)

VA Facility Patient Feedback Survey

- Administered after OEND training for quality improvement purposes
- Questions identify whether OEND training is meeting the intended goals (how to prevent, identify, respond to an overdose), and ways to improve training



Overdose Education and Naloxone Distribution (OEND)
Patient Feedback Survey

GOAL: You are being asked to provide feedback on the Overdose Education and Naloxone Distribution (OEND) training that you just received. This **survey is anonymous** so that you can feel free to provide us honest feedback **so that we can improve OEND training for future patients who will be trained.** ***Thank you for your feedback and for helping us to improve this training!***

1. **Overall, how satisfied are you with the OEND training that you received?**
"Not at all satisfied" 1 2 3 4 5 "Extremely satisfied"

2. **How helpful was the OEND training in teaching you how to prevent an overdose?**
"Not at all helpful" 1 2 3 4 5 "Extremely helpful"

3. **How helpful was the OEND training in teaching you how to identify an opioid overdose?**
"Not at all helpful" 1 2 3 4 5 "Extremely helpful"

4. **How helpful was the OEND training in teaching you what to do during an opioid overdose?**
"Not at all helpful" 1 2 3 4 5 "Extremely helpful"

5. **How confident are you that you could administer naloxone if you witnessed an overdose?**
"Not at all confident" 1 2 3 4 5 "Extremely confident"

6. **How important is it for the program to provide OEND training to patients?**
"Not at all important" 1 2 3 4 5 "Extremely important"

Please explain: _____

_____

7. **What are one or two things you learned that you did not already know?**

_____

_____

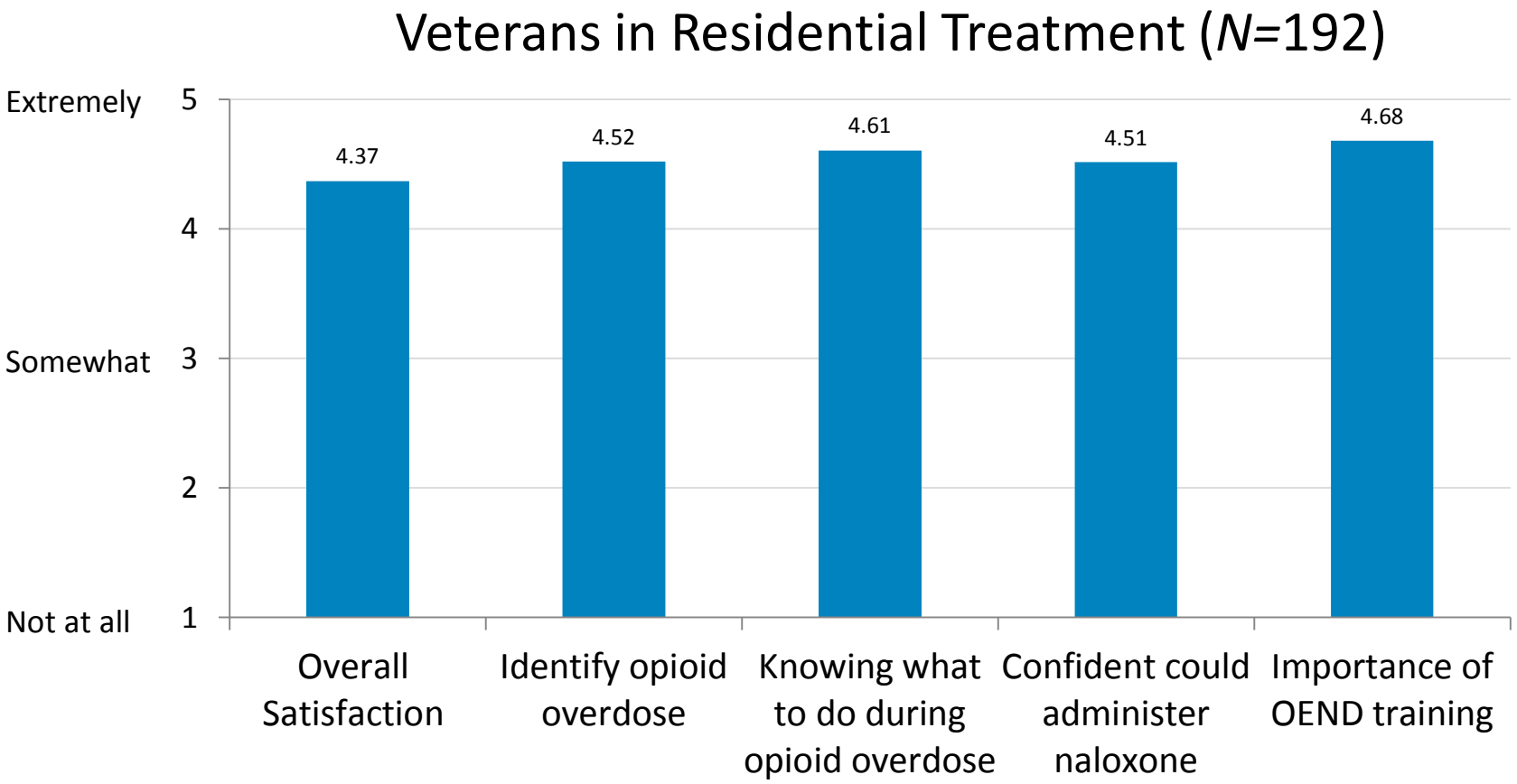
8. **What are one or two things you would like to learn more about/did not fully understand?**

_____

_____

9. **What can the program do to improve OEND training?**

OEND Patient Feedback Survey



OEND Patient Feedback Survey

Open-ended Questions	Sample Responses
How important is it for the program to provide OEND training to patients?	**"Everybody needs to be aware of these things even though they don't intend to use. You never know."** "Because I've had to try and save people on overdoses before."
What are one or two things you learned that you did not already know?	**"I did not know about Naloxone before today or the signs and symptoms of an O.D."** **"How easy it is to overdose after not using for so long."**
What are one or two things you would like to learn more about/did not fully understand?"	"The difference between 'Benzos' and other depressants including Opioids" "More on CPR training"
What can the program do to improve OEND training?	"More time and more hands on training" "Maybe have hands on training with the dummies. Maybe have a short clip video on scenarios that actually shows opioid [overdose reversal] naloxone" **"Give everyone a kit to keep in case of emergency"** **"Make it mandatory"**

Patient perspectives on VA OEND (Oliva et al., 2016)

- Benefits
  - Training is interesting, novel, and empowering; **Kits will save lives**
- Concerns
  - Legal and liability issues; Challenges of involving family in training; Kits may contribute to relapse (among non-opioid users NOT opioid users; opioid users—kits not a relapse trigger)
    - **"Whether it increases, decreases or triggers someone to go out and use it, at least we have a means to save a life"**
- Suggestions for improvement
  - **Increasing OEND awareness and access to OEND**
  - Active learning (hands-on practice)

Risk compensation
(discussed in Oliva et al., 2016)

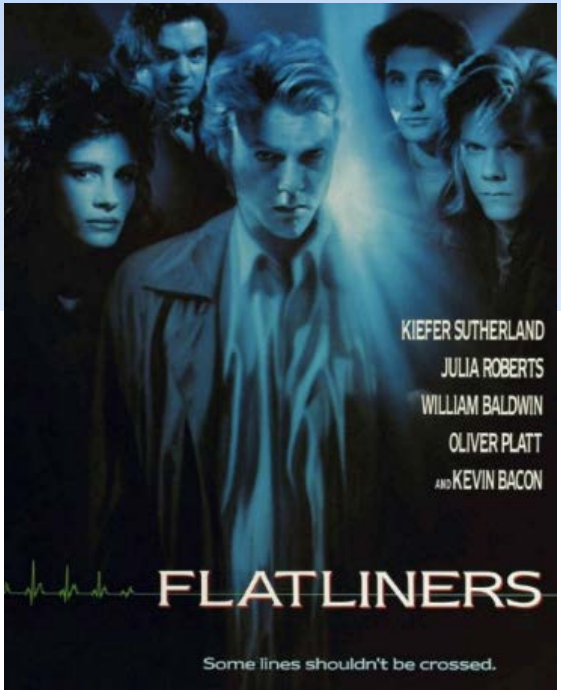
- Minority of individuals in two studies self-reported considering riskier opioid use[1], however, studies of observed behavior find overall drug use remains level or decreases following OEND training[2]
- Focus group results: Concerns about naloxone kits triggering relapse were primarily raised by non-opioid users; opioid users—kits not a relapse trigger
  - **"Whether it increases, decreases or triggers someone to go out and use it, at least we have a means to save a life"**
- While issue may not come up frequently among treatment-seeking individuals, clinicians should be prepared to discuss concerns
  - **Opportunity to discuss recovery and review relapse prevention plans**
- "Even if greater access to naloxone does induce greater risk taking, it seems unlikely the damage incurred would exceed the benefit of the greater access"[3]

[1]Strang et al., 1999; Seal et al., 2003
[2] Davis et al., 2015; Doe-Simkins et al., 2014; Galea et al., 2006; Green et al., 2015; Seal et al., 2005; Wagner et al., 2010
[3] Humphreys, 2015

Risk Compensation and Moral Hazard ->> Narcan Party Urban Legend = Fake News

'Drug dealers are throwing Narcan parties'

- Aug. 2016 previous assertions by two legislators in PA:
  - http://www.upgruv.com/lawmakers-hesitant-to-expand-narcan-access-1957206979.html
- The TV story March 2017 in PA:
  - http://www.wgal.com/article/police-raising-concerns-about-narcan-parties-offering-drugs-and-antidote-to-users/9165193



Naloxone distribution does *not* increase drug use

- Maxwell et al. Journal of Addictive Diseases, 2006;
- Seal et al., Journal of Urban Health, 2005;
- Wagner et al., 2010 International Journal of Drug Policy;
- Doe-Simkins et al, BMC Public Health, 2014
- Jones et al. Addictive Behaviors 2017:71:104-6

Similar examples:

- Seat belts do not cause more motor vehicle deaths, but reduce them
- Syringe distribution does not increase HIV transmission, but reduces
- Vaccinations & condoms do not increase sexually transmitted infections
- Fire extinguishers do not cause fires, but reduce their consequences

Slide courtesy of Dr. Alexander Walley

CENTER BOSTON MEDICAL
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Overdose Outbreak Public Health Messaging

Freeman and French *Public Health Reports* 1995 survey
21% surveyed had actively searched for fentanyl after hearing about the overdoses during 1991 NY-NJ outbreak

Kerr et al. *Addiction* 2013 qualitative interviews
A 2011 overdose warning campaign appeared to be of limited effectiveness and also produced unintended negative consequences that exacerbated overdose risk

Soukup-Baljak et al. *IJDP* 2015 qualitative interviews
Communication guidelines for consideration:

- Use language on drug alert postings that implies harm
- Indicate what drug effects to look for
- Suggest appropriate responses to overdose, such as the use of naloxone
- Date posters and remove them in a timely manner so as to not desensitize

Slide courtesy of Dr. Alexander Walley

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Reversal of overdose on fentanyl being illicitly sold as heroin with naloxone nasal spray: A case report (Fareed et al., 2015)

- Describes reversal of fentanyl overdose with naloxone nasal spray
  - Patient was unaware that fentanyl was being sold as heroin
  - Required 2 doses
- Implemented OEND in Evaluation, Stabilization and Placement (ESP) substance abuse outpatient assessment clinic
  - Provided educational sessions for 63 Veterans and their families
  - Prescribed 41 naloxone kits
  - 3 reports of opioid overdose reversals
- **Strongly advocate for dissemination of OEND**
  - **Easily implemented and low cost**

VA Support for OEND

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

IL 10-2014-12
Reply to: 10P4

May 13, 2014

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

IMPLEMENTATION OF OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION (OEND) TO REDUCE RISK OF OPIOID-RELATED DEATH

4. VA providers should consider providing OEND to Veterans who are at significant risk of opioid overdose. Clinical judgment about risk/benefit and patient-centered care involving Veterans and their significant others in shared decision-making should guide decisions on provision of OEND.

- Naloxone layperson formulations added to National Drug File
- "Free-to-Facilities" Naloxone Initiative
  - VA Pharmacy Benefits Management Services (PBM) has funding remaining to provide naloxone—paid for by PBM—to be dispensed to VA patients without the medical center incurring the cost of naloxone (standard Veteran co-payment rules apply to naloxone medications)
- CARA Section 915. *ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS*
  - Exempts copays for naloxone as well as training on naloxone (when visit is solely for naloxone)
- Recommendations for Issuing Naloxone (July 2017; RFU)

Naloxone Rescue: Recommendations for Issuing

Naloxone Rescue [Naloxone HCl nasal spray (Narcan®) or Naloxone HCl autoinjector (Evzio®)] for the VA Opioid Overdose Education and Naloxone Distribution (OEND) Program

July 2017

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives
in collaboration with the VA OEND National Support and Development Work Group

Assess the risk of opioid-related adverse events***. Discuss*** the provision of naloxone rescue as an opioid risk mitigation option with patients and/or family/carers. ***Offer*** naloxone rescue to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems, based on their clinical judgment, that the Veteran has an indication for ready naloxone availability. ***Educate*** patients and carers on the proper use and storage of naloxone rescue medications. ***Document*** OEND-related discussions and opioid overdoses in patients' medical records and through appropriate diagnostic coding, including documenting any reversal events with VA naloxone rescue medications using a nationally recommended and standardized note template (see VA National OEND SharePoint for more information).

- ***Assess*** risk
- ***Discuss*** naloxone as an option
- ***Offer*** naloxone
- ***Educate*** patients and caregivers
- ***Document*** OEND-related discussions and opioid poisonings and overdoses (including reversal events)

VA Technical Assistance

- **VA National OEND SharePoint** Step-by-step instructions for implementation; Quick Guide; **TWO** VA Patient Education Brochures (English and Spanish): (1) patients with opioid use disorder and (2) patients prescribed opioids; Posters; "Program Models"
- **VA OEND Videos** **(links to all videos)**
  - Intro for People with Opioid Use Disorders https://youtu.be/-qYXZDzo3cA
  - Intro for People Taking Prescribed Opioids https://youtu.be/NFzhz-PCzPc
  - How to Use the VA Naloxone Nasal Spray https://youtu.be/0w-us7fQE3s
  - How to Use the VA Auto-Injector Naloxone Kit https://youtu.be/-DQBCnrAPBY
- **VA Academic Detailing**
  - Patient education brochures, "Kit" brochures, DVDs for providers and patients—order through depot
- **Panel Management Tools**
  - OEND Patient Risk Dashboard; Stratification Tool for Opioid Risk Mitigation; Opioid Therapy Risk Reduction Report
- **VA OEND Naloxone Kit Distribution Report**
- **Accredited TMS training:** TMS trainings 27440 and 27441
- **Opioid Safety Initiative (OSI) & Psychotropic Drug Safety Initiative (PDSI)**

VA Patient Education Brochure: Patients with Opioid Use Disorder

Choose Before You Use

If at all possible, do not use. There is no safe dose of opioids. Help is available, contact your local VA. But if you do use—Choose!

1. Go Slow - Not taking drugs for even a few days can drop your tolerance, making your "usual dose" an "overdose," which can result in death. If you choose to use, cut your dose at least in half.

2. Wait - If you choose to use, wait long enough after you use to feel the effects before you even consider dosing again *(regardless if IV, snorting, smoking)*.

3. Let Someone Know - Always let someone know you're using opioids so that they can check on you. Many who overdose do so when dosing alone.

Buddies take care of Buddies.
Share this brochure with a friend or family member.

www.mentalhealth.va.gov/substanceabuse.asp

(Adapted from the Harm Reduction Coalition, Oakland, CA)

Date Revised: 6/16

You are at higher risk for opioid overdose or death when

- You've not used for even a few days, such as when you are in the hospital, residential treatment, detoxification, domiciliary, or jail/prison.
  Lost tolerance = higher risk for overdose (OD).
- You use multiple drugs or multiple opioids, especially: downers/ benzodiazepines/ barbiturates, alcohol, other opioids, cocaine *(cocaine wears off faster than the opioid)*.
- You have medical problems *(liver, heart, lung, advanced AIDS)*.
- You use long-acting opioids *(such as methadone)* or powerful opioids *(such as fentanyl)*.
- You use alone, and don't let someone know you are using opioids.

Ask a VA clinician if naloxone is right for you

Important considerations:

- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.
- During an overdose the user cannot react, so someone else needs to give naloxone.
- Encourage family and significant others to learn how to use naloxone *(see "Overdose Resources" section)*.
- If you have naloxone, tell family and significant others where you keep it.
- Store naloxone at room temperature (59° to 77° F), away from light. Avoid extremes of heat or cold (e.g., do not freeze).

Overdose Resources

SAMHSA Opioid Overdose Prevention Toolkit
- Contains safety advice for patients and resources for family members
  http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742

Community-Based Overdose Prevention and Naloxone Distribution Program Locator
- Identifies programs outside of the VA that distribute naloxone
  http://hopeandrecovery.org/locations/

Prescribe to Prevent
- Patient resources and videos demonstrating overdose recognition and response, including naloxone administration
  http://prescribetoprevent.org/video/

"How To" VA Naloxone Video
- *VA Naloxone Auto-Injector: https://youtu.be/-DQBCnrAPBY*

U.S. Department of Veterans Affairs
Veterans Health Administration
Employee Education System

Signs of Overdose

Signs of an Overdose*

Check: Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting
Listen: Slow or shallow breathing *(1 breath every 5 seconds)*; snoring; raspy, gurgling, or choking sounds
Look: Bluish or grayish lips, fingernails, or skin
Touch: Clammy, sweaty skin

- If the person shows signs of an overdose, see next section "Responding to an Overdose"

* *Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.*

Resources

Consider seeking long-term help at your local VA substance use disorder treatment program

Help on the Web

» VA Substance Use Disorder Program Locator: www2.va.gov/directory/guide/SUD.asp
» Substance Use Disorder Treatment Locator for non-Veterans: http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx
» VA PTSD Programs: www.va.gov/directory/guide/PTSD.asp

Help is Available Anytime

» **Local Emergency Services: 911**
» **National Poison Hotline: 1-800-222-1222**
» **Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255**

Responding to an Overdose

1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum *(bone in center of chest where ribs connect)* with knuckles, hand in a fist
- If person does not respond—**Give Naloxone, Call 911**


Rub Sternum

2. Give Naloxone, Call 911

- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the tip of the nozzle into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull device from case and follow voice instructions
- When calling 911, give address and say the person is not breathing


Nasal Spray (4 mg)

OR


Auto-injector

3. Airway Open

Rescue Breathing
(If overdose is witnessed)

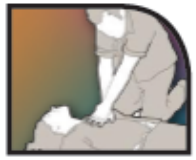
- Place face shield *(optional)*
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

Chest Compressions
(If collapse is unwitnessed)

- Place heel of one hand over center of person's chest *(between nipples)*
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield *(optional)*
- Give 2 breaths for every 30 compressions


Rescue Breathing
(if overdose is witnessed)

OR


Chest Compressions
(if collapse is unwitnessed)

4. Consider Naloxone Again

- If person doesn't start breathing in 2-3 minutes, or responds to the first dose of naloxone and then stops breathing again, give second dose of naloxone
- Because naloxone wears off in 30 to 90 minutes be sure to stay with the person until emergency medical staff take over or for at least 90 minutes in case the person stops breathing again


5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits

VA Patient Education Brochure: Patients Prescribed Opioids

What are Opioids?

Opioids are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse *(e.g., heroin)*. In certain situations, opioids can slow or stop a person's normal breathing function.

Opioid harms

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addicting and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

Share this brochure with a friend or family member.

Safe Use of Opioids

Safe use of opioids prevents opioid harms from happening to not only you, but also to family, friends and the public.

To use opioids safely

- Know what you're taking *(e.g., color/shape/size/name of medication)*
- Take your opioid medication exactly as directed
- Review the booklet *Taking Opioids Responsibly for Your Safety and the Safety of Others* with your provider
- DON'T mix your opioids with:
  - » Alcohol
  - » Benzodiazepines *(Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium)* unless directed by your provider
  - » Medicines that make you sleepy

Ask a VA clinician if naloxone is right for you

Important considerations:

- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.
- During an overdose the user cannot react, so someone else needs to give naloxone.
- Encourage family and significant others to learn how to use naloxone *(see "Overdose Resources" section)*.
- If you have naloxone, tell family and significant others where you keep it.
- Store naloxone at room temperature (59° to 77° F), away from light. Avoid extremes of heat or cold (e.g., do not freeze).

Resources

Local Emergency Services: 911
National Poison Hotline: 1-800-222-1222
Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

Taking Opioids Responsibly for Your Safety and the Safety of Others

- http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf

VA Substance Use Disorder Treatment Locator

- www2.va.gov/directory/guide/SUD.asp

VA Posttraumatic Stress Disorder (PTSD) Treatment Locator

- www.va.gov/directory/guide/PTSD.asp

"How To" VA Naloxone Video

- *VA Naloxone Auto-Injector:* https://youtu.be/-DQBCnrAPBY

Date Revised: 6-16

U.S. Department of Veterans Affairs
Veterans Health Administration
Employee Education System

Opioid Overdose

Opioid overdose occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing *(i.e., respiratory depression)*.

» Overdose can occur seconds to hours after taking opioids and can cause death

Signs of an Overdose*

Check: Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

Listen: Slow or shallow breathing *(1 breath every 5 seconds)*; snoring; raspy, gurgling, or choking sounds

Look: Bluish or grayish lips, fingernails, or skin

Touch: Clammy, sweaty skin

- If the person shows signs of an overdose, see next section "Responding to an Overdose"

* *Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.*

Overdose Resources

SAMHSA Opioid Overdose Prevention Toolkit

Contains safety advice for patients and resources for family members

- *http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742*

Community-Based Overdose Prevention and Naloxone Distribution Program Locator

Identifies programs outside of the VA that distribute naloxone

- *http://hopeandrecovery.org/locations/*

Prescribe to Prevent

Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- *http://prescribetoprevent.org/video/*

Responding to an Overdose

1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum *(bone in center of chest where ribs connect)* with knuckles, hand in a fist
- If person does not respond—**Give Naloxone, Call 911**

Rub Sternum

2. Give Naloxone, Call 911

- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the tip of the nozzle into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull device from case and follow voice instructions
- When calling 911, give address and say the person is not breathing

Nasal Spray (4 mg)

OR

Auto-injector

3. Airway Open

Rescue Breathing
(if overdose is witnessed)

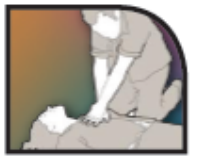
- Place face shield *(optional)*
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

Chest Compressions
(if collapse is unwitnessed)

- Place heel of one hand over center of person's chest *(between nipples)*
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield *(optional)*
- Give 2 breaths for every 30 compressions

Rescue Breathing
(if overdose is witnessed)

OR



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5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits

VA Academic Detailing OEND SharePoint Site

Provider Materials

Quick Reference Guide

IB#: 10-788 | Order

Preventing Rx Overdoses

Centers for Disease Control

Opioid Overdose Toolkit

SAMHSA

Patient Materials

Naloxone Instructions

Naloxone Nasal Spray

IB#: 10-926 | Order

Naloxone Auto-injector

IB#: 10-780 | Order

Brochures & Handouts

Opioid Safety Brochure
(For Patients on Opioids)

IB#: 10-784 | Order
Spanish: View | IB#: 10-783 | Order

Opioid Safety Brochure
(For Patients w/ SUD)

IB#: 10-786 | Order
Spanish: View | IB#: 10-785 | Order

Opioid Safety Brochure
A Quick Reference Guide

IB#: 10-787 | Order

Order DVDs

Patient (IB#: 10-769) | Provider (IB#: 10-770)

Liaisons Can Order Materials for You!!

If You Try To
"Sleep It Off"
You May Never Wake Up

Drug overdose is the #1 cause of accidental death for adults taking opioids (e.g., prescription pain medications, heroin)

Learn how to spot an overdose and how to reverse it with naloxone (Narcan®)

To learn more contact:

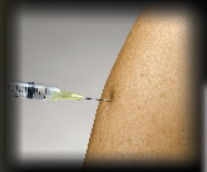
VA | U.S. Department of Veterans Affairs

Got a Fire Extinguisher?

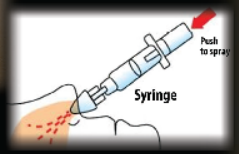
Just in case of a fire?

Opioids (e.g., heroin, pain medications) can slow down breathing and lead to accidental death!

Got Naloxone?



Nasal spray



Just in case of an accidental overdose?

<u>Naloxone is an antidote</u> that can be sprayed into your nose or injected into your muscle/under your skin if you have decreased breathing due to opioids.

Ask a clinician if a *<u>naloxone kit</u>* is right for you.

Talk to a clinician for more information.

VA | U.S. Department of Veterans Affairs

Do you take pain medications such as:

Oxycodone (Percocet®, Oxycontin®), Hydrocodone (Vicodin®), Hydromorphone (Dilaudid®), Methadone, Morphine (MS Contin®), Fentanyl, or any opioid medication?

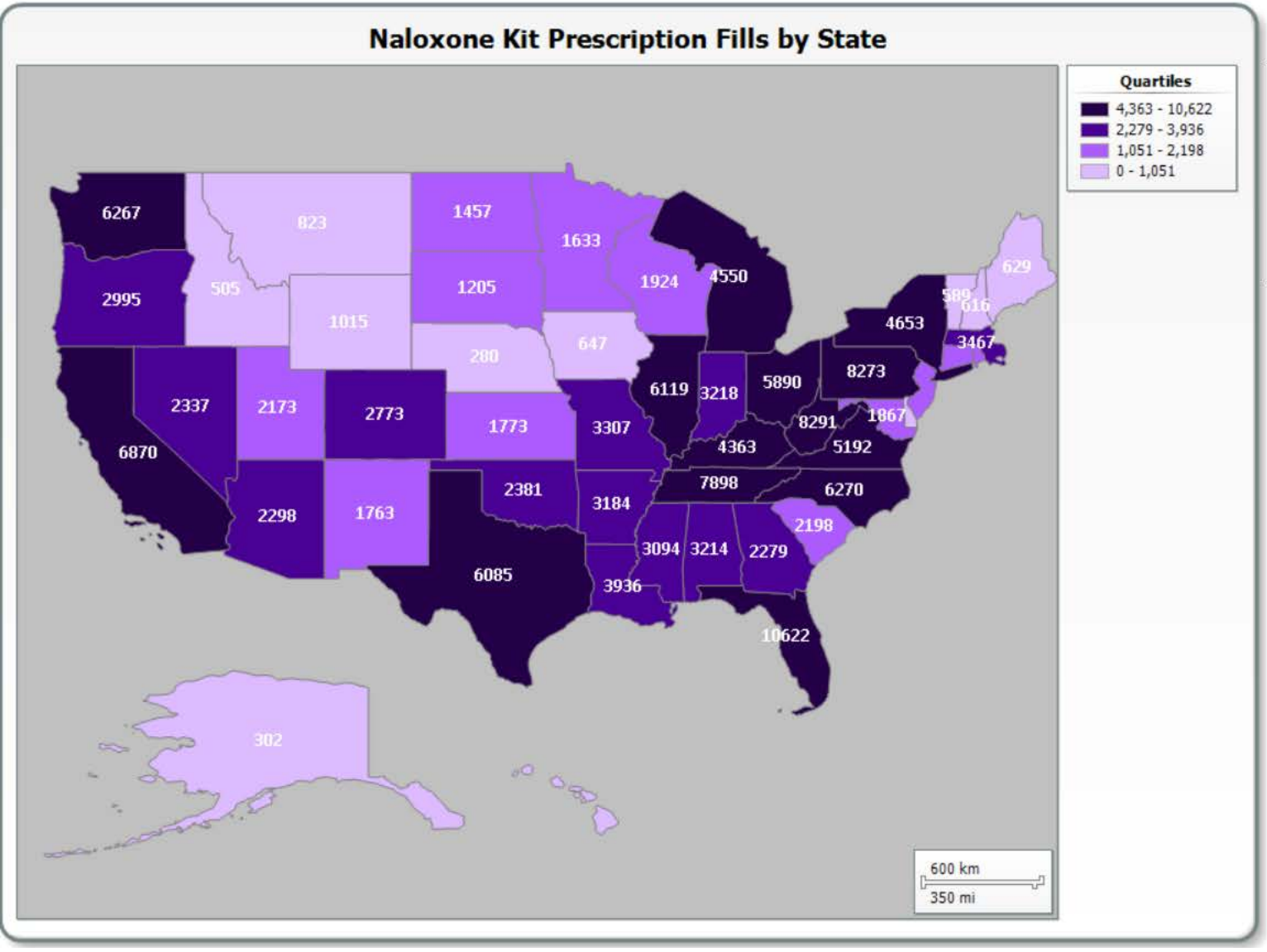
Naloxone is an antidote that can be sprayed into your nose or injected into your muscle/under your skin if you have decreased breathing or can't be woken up due to these pain medications.

Ask a clinician if a *naloxone kit* is right for you.

Talk to a clinician for more information.

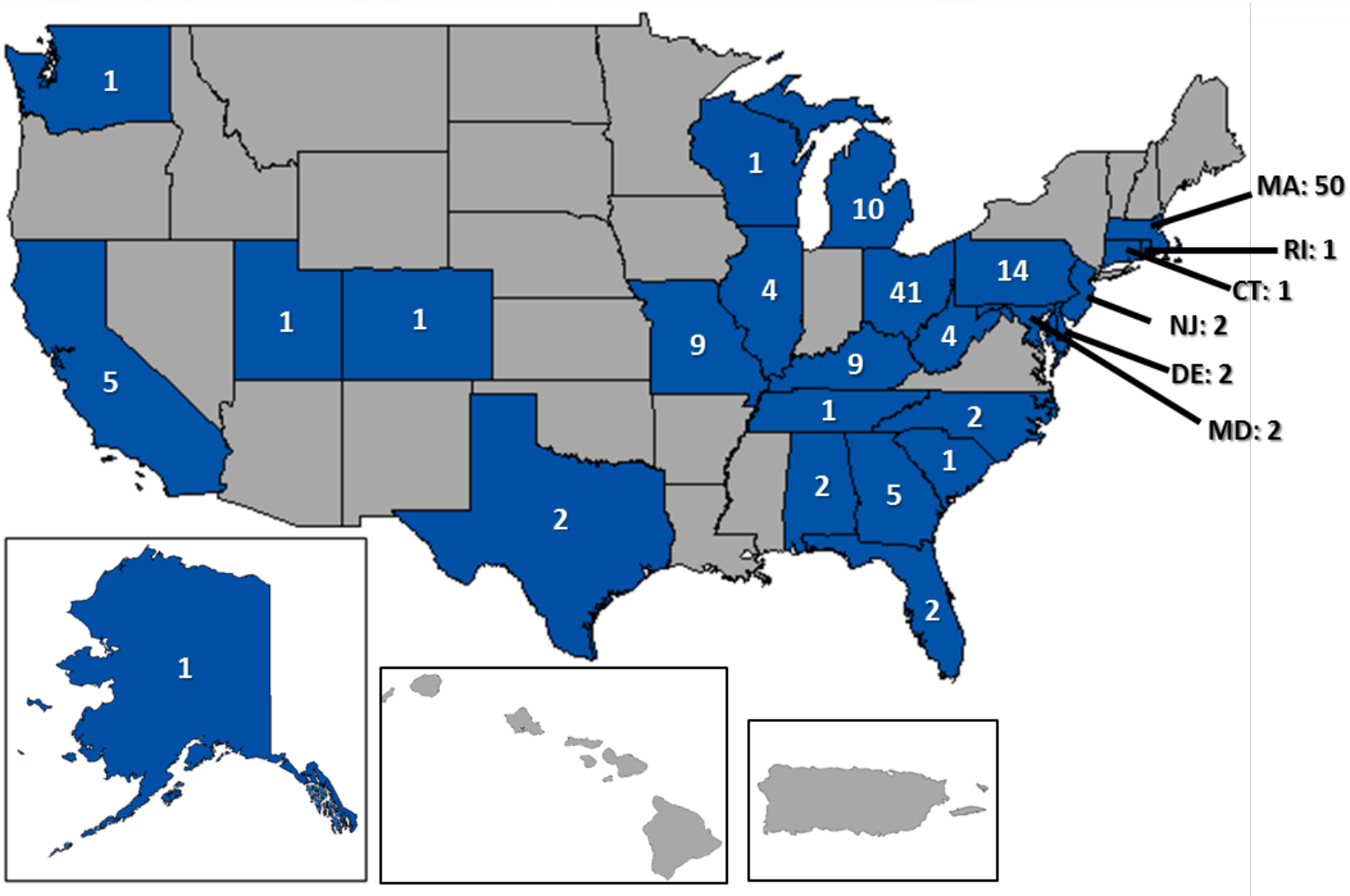
VA | U.S. Department of Veterans Affairs

Naloxone Prescriptions Released by State (4/30/18) Total=155,022



State	Kit Rx Fill Count
DE	1,051
NJ	1,139
Manila	10
Puerto Rico	441
RI	1,104

Reported Opioid Overdose Reversals by State (2/2/16)



VA OEND Innovations

Opioid Overdose Reversal through Rapid Availability of Naloxone: A Diffusion of Excellence Gold Status Practice

Three Elements (Boston VA model)

1. **Overdose Education and Naloxone Distribution (OEND) to VA patients**
   - **Boston VA**—over 100 rescues

2. **VA police** equipped with naloxone and trained in its use
   - **Boston VA**—10 rescues

3. **AED cabinets equipped with naloxone**
   - Deployed to in accordance with The Joint Commission (TJC) guidance
   - **Boston VA—**2 rescues

http://www.boston.va.gov/features/VA_Boston_Training_Program_to_Prevent_Opio.asp
https://medium.com/vainnovation/spreading-innovations-across-va-9c9b15c314b2
http://www.blogs.va.gov/VAntage/38858/nationwide-opioid-epidemic-prompts-va-to-implement-life-saving-idea/

Resources to support Gold Status Model implementation

Facility-wide Implementation		
Location	**Program Description**	**Resources**
National	• **Program:** Diffusion of Excellence Initiative • **Route of Administration:** Nasal spray • **Training:** Recommend training, materials, and videos developed by the National OEND Program (Accredited VA OEND TMS training is available--TMS courses 27440 and 27441; key materials and videos--including materials that can be ordered to stock locally such as VA OEND Patient Education brochures--are also available on VA Academic Detailing Services' OEND campaign page https://vaww.portal2.va.gov/sites/ad/SitePages/OEND.aspx) • **Unique feature(s):** A Gold Status practice and Shark Tank Winner--goal is to expand rapid naloxone availability and have naloxone available for first responders via having naloxone in select AEDs and equipping VA Police with naloxone.	AED Cabinet Naloxone Program Toolkit Miami VA Police Memo Miami VA--Naloxone Police In-service 2-8-17 SOP Naloxone Administration Miami VA VISN 8 naloxone pouch purchase

MIAMI VA HEALTHCARE SYSTEM
MIAMI, FLORIDA

HEALTHCARE SYSTEM POLICY MEMORANDUM
NO……..132-10-16 October 10, 2016

INTRA-NASAL NALOXONE

I. PURPOSE:

To establish standing orders for the assessment and treatment of suspected opiate over dosages with intra-nasal naloxone by the Miami VA Police acting as first responders.

II. POLICY:

Responding officers will begin prompt and targeted evaluation of every patient with a suspected opiate overdose.

III. DEFINITIONS:

None

IV. RESPONSIBILITIES:

A. The Medical Center Director is responsible for insuring that policy and procedure related to assessment and use of intra-nasal naloxone are established and are consistent with standards of care and practice as well as patient safety goals.

B. The Chief of Police is responsible for the implementation of this policy and oversight of clinical practice.

C. Chief of Pharmacy is responsible for providing training to all Police Officers.

National Naloxone Use Note: Goals

Develop a process that:

- Encourages recording of naloxone use for overdoses in the electronic health record
- Ensures these events have a prominent place in the medical record
- Promotes consideration of patient-centered treatment needs and risk mitigation post-overdose
- Allows data to be retrieved from VA's Corporate Data Warehouse for outcomes analysis and population management activities
- Emphasizes both technological solutions and clinician education

OEND Opportunities in GPD Programs

HOW CAN YOU HELP?

- Increase Staff Awareness and Train Staff in OEND
  - Patient Identification
    - Patients with opioid use disorder and patients prescribed opioids
- Increase Patient Awareness
  - Broad education on opioid overdose ***prevention, recognition, and response*** *(all residents could benefit!)*
- Support Treatments to Reduce Overdose Risk
  - e.g., Medication Assisted Treatment for Opioid Use Disorder
- Naloxone Use Note
  - Work with liaisons to ensure Naloxone Use Note is completed when appropriate
- Help develop model(s) of OEND in GPD!
  - Can be shared on VA Monthly OEND Call and SharePoint

Increase Staff Awareness and Train Staff in OEND

- Staff are key potential bystanders and first responders to overdose events
- Discuss OEND during regular staff meetings
  - VA OEND Videos on YouTube; could even use these slides!
- Encourage/Allow staff to take accredited VA OEND TMS training (27440)
  - Non-VA staff can take VA OEND training on www.train.org→https://www.train.org/main/course/1064943
- Our community partners recommend this training: http://www.getnaloxonenow.org/
  - NOTE: This training is not as detailed regarding administration, but over 90% of individuals were able to administer FDA-approved naloxone products with no training
- Highlight opioid overdose epidemic, how patient education on opioid overdose *prevention, recognition, and response* can be done with a single trifold brochure—**a few minutes of training that could save a life!**
  - OE—Opioid Overdose Education—part of OEND within scope of many providers
  - ND—Naloxone Distribution—identify how to make it available to staff and patients

Increase Patient Awareness about OEND

- Posters and Direct-To-Consumer brochure can help raise awareness and encourage patients to self-identify/seek OEND training
- Trifold brochures available from VA Academic Detailing
  - Patients with opioid use disorder (English and Spanish)
  - Patients prescribed opioids (English and Spanish)
  - These can be placed in GPD program settings
- Various facilities have used letter-based approaches to increase patient awareness
  - VA Monthly OEND Call compared and contrasted different approaches (LYNC recording available upon request)
  - Important to be thoughtful when employing this approach to decrease potential iatrogenic effects!

Critical Junctures for OEND

- **Patient identification**
  - Intake/Screening—prescribed opioids; history of opioid use disorder
  - Clinical decision support tools—e.g., OEND Patient Risk Dashboard, Stratification Tool for Opioid Risk Mitigation—with automated risk calculations can help broach OEND in patient-centered, non-judgmental way
    - e.g., use STORM risk score, risk factors, and risk mitigation interface to open up shared decision making discussion with patients
  - Allow patients to self-identify
- **Patient education**
  - Provide at INTAKE/SCREENING
  - Provide at PROGRAM START (opportunity to review/re-educate)
  - Provide at APPOINTMENTS/GROUP SESSIONS
- **KEY: Ensure at-risk patients are trained in OEND and provided with naloxone; identify ways to ensure potential first responders/bystanders have access to naloxone**

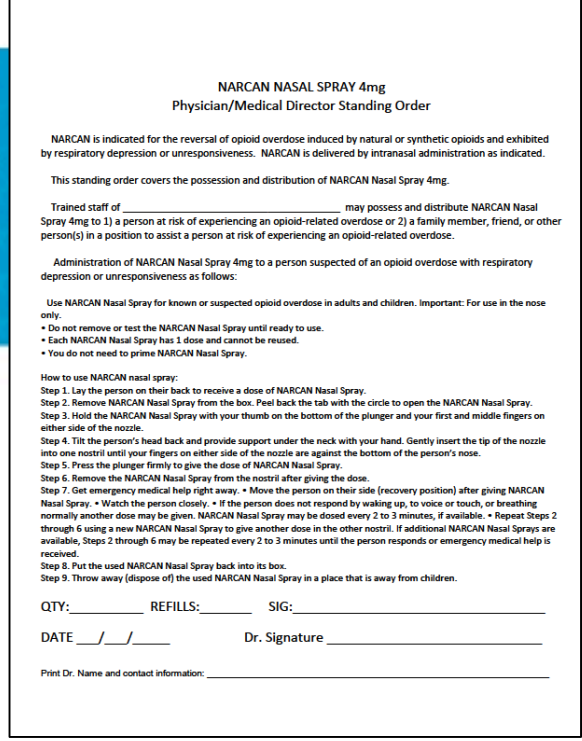
Where To Get Naloxone: Residents

- For Veterans receiving treatment through VA who have an indication for naloxone (e.g., at-risk for opioid overdose)
  - Work with GPD liaison to ensure provision of naloxone
  - NOTE: OE part of OEND could be provided immediately (brochures, videos, etc.)
- For other residents
  - GPD program could partner with community-based programs
    - http://prevent-protect.org/
    - http://hopeandrecovery.org/locations/
      - Link directly above may be outdated, so please contact Elizabeth.Oliva@va.gov if you are having trouble locating a community-based program and she can try to assist
  - Naloxone may also be available through community pharmacies such as CVS, Walgreens, Rite Aid, Kroger, and AmerisourceBergen/Good Neighbor Pharmacy
  - From Surgeon General's Advisory: **Naloxone may be covered by insurance or available at low or no cost to your patients.**[9]

[9]National Institute on Drug Abuse. Opioid Overdose Reversal with Naloxone (Narcan, Evzio). January 2018, Available at https://www.drugabuse.gov/related-topics/opioid-overdosereversal-naloxone-narcan-evzio.

Where To Get Naloxone: Programs

- Community-based partners suggest that programs budget for naloxone (as they would for fire extinguishers or other safety equipment)
- Narcan® Nasal Spray ($75)
  - "A valid NARCAN® (Naloxone HCl) Nasal Spray 4mg prescription, standing order or pharmacy license for the total number of NARCAN® (Naloxone HCl) Nasal Spray 4mg packs ordered from Adapt Pharma is required to be sent along with a completed purchase order. Purchasers should send the completed paperwork to Adapt's Customer Service via email to customerservice@adaptpharma.com or via fax to 484.367.7815."
    - NOTE: Adapt's Customer Service can also help with identifying if there is a standing order that may be able to cover your program



NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of _____ may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

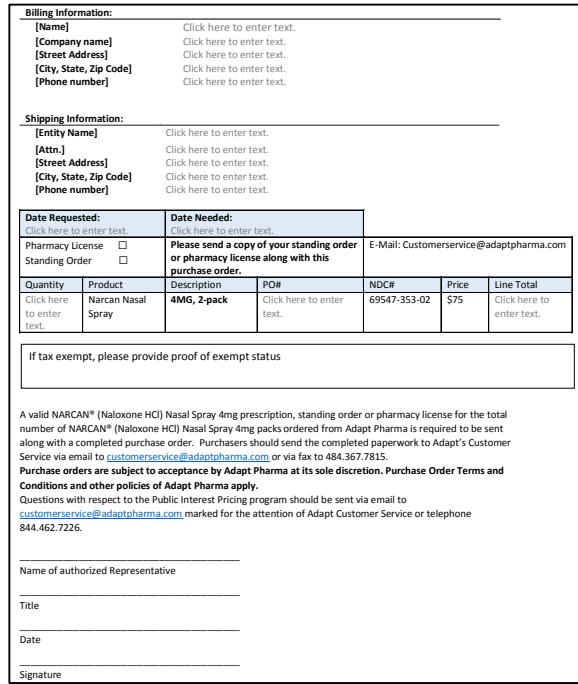
Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.
- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:
Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
Step 8. Put the used NARCAN Nasal Spray back into its box.
Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY:_____ REFILLS:_____ SIG:_____

DATE ___/___/_____ Dr. Signature _____

Print Dr. Name and contact information: _____



Billing Information:

[Name]	Click here to enter text.
[Company name]	Click here to enter text.
[Street Address]	Click here to enter text.
[City, State, Zip Code]	Click here to enter text.
[Phone number]	Click here to enter text.

Shipping Information:

[Entity Name]	Click here to enter text.
[Attn.]	Click here to enter text.
[Street Address]	Click here to enter text.
[City, State, Zip Code]	Click here to enter text.
[Phone number]	Click here to enter text.

Date Requested: Click here to enter text.	Date Needed: Click here to enter text.	
Pharmacy License ☐ Standing Order ☐	**Please send a copy of your standing order or pharmacy license along with this purchase order.**	E-Mail: Customerservice@adaptpharma.com

Quantity	Product	Description	PO#	NDC#	Price	Line Total
Click here to enter text.	Narcan Nasal Spray	**4MG, 2-pack**	Click here to enter text.	69547-353-02	$75	Click here to enter text.

If tax exempt, please provide proof of exempt status

A valid NARCAN® (Naloxone HCl) Nasal Spray 4mg prescription, standing order or pharmacy license for the total number of NARCAN® (Naloxone HCl) Nasal Spray 4mg packs ordered from Adapt Pharma is required to be sent along with a completed purchase order. Purchasers should send the completed paperwork to Adapt's Customer Service via email to customerservice@adaptpharma.com or via fax to 484.367.7815.
Purchase orders are subject to acceptance by Adapt Pharma at its sole discretion. Purchase Order Terms and Conditions and other policies of Adapt Pharma apply.
Questions with respect to the Public Interest Pricing program should be sent via email to customerservice@adaptpharma.com marked for the attention of Adapt Customer Service or telephone 844.462.7226.

_____
Name of authorized Representative

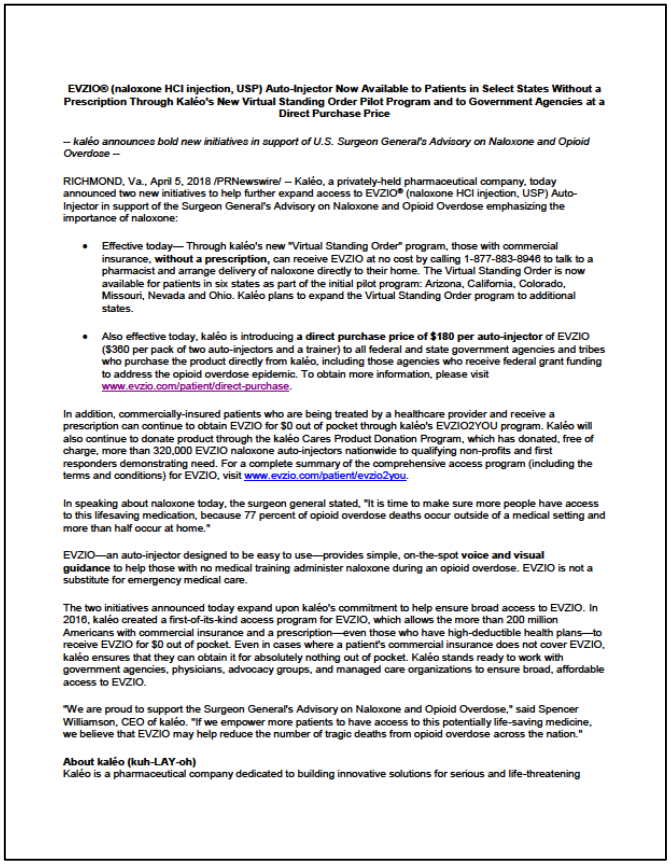
_____
Title

_____
Date

_____
Signature

Where To Get Naloxone: Programs

- Evzio® Auto-Injector ($360+)
  - "Effective today— Through kaléo's new "Virtual Standing Order" program, those with commercial insurance, **without a prescription,** can receive EVZIO at no cost by calling 1-877-883-8946 to talk to a pharmacist and arrange delivery of naloxone directly to their home. The Virtual Standing Order is now available for patients in six states as part of the initial pilot program: Arizona, California, Colorado, Missouri, Nevada and Ohio. Kaléo plans to expand the Virtual Standing Order program to additional states."
  - "Also effective today, kaléo is introducing **a direct purchase price of $180 per auto-injector** of EVZIO ($360 per pack of two auto-injectors and a trainer) to all federal and state government agencies and tribes who purchase the product directly from kaléo, including those agencies who receive federal grant funding to address the opioid overdose epidemic. To obtain more information, please visit www.evzio.com/patient/direct-purchase."



EVZIO® (naloxone HCl injection, USP) Auto-Injector Now Available to Patients in Select States Without a Prescription Through Kaléo's New Virtual Standing Order Pilot Program and to Government Agencies at a Direct Purchase Price

-- kaléo announces bold new initiatives in support of U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose --

RICHMOND, Va., April 5, 2018 /PRNewswire/ -- Kaléo, a privately-held pharmaceutical company, today announced two new initiatives to help further expand access to EVZIO® (naloxone HCl injection, USP) Auto-Injector in support of the Surgeon General's Advisory on Naloxone and Opioid Overdose emphasizing the importance of naloxone:

- Effective today— Through kaléo's new "Virtual Standing Order" program, those with commercial insurance, **without a prescription,** can receive EVZIO at no cost by calling 1-877-883-8946 to talk to a pharmacist and arrange delivery of naloxone directly to their home. The Virtual Standing Order is now available for patients in six states as part of the initial pilot program: Arizona, California, Colorado, Missouri, Nevada and Ohio. Kaléo plans to expand the Virtual Standing Order program to additional states.
- Also effective today, kaléo is introducing **a direct purchase price of $180 per auto-injector** of EVZIO ($360 per pack of two auto-injectors and a trainer) to all federal and state government agencies and tribes who purchase the product directly from kaléo, including those agencies who receive federal grant funding to address the opioid overdose epidemic. To obtain more information, please visit www.evzio.com/patient/direct-purchase.

In addition, commercially-insured patients who are being treated by a healthcare provider and receive a prescription can continue to obtain EVZIO for $0 out of pocket through kaléo's EVZIO2YOU program. Kaléo will also continue to donate product through the kaléo Cares Product Donation Program, which has donated, free of charge, more than 320,000 EVZIO naloxone auto-injectors nationwide to qualifying non-profits and first responders demonstrating need. For a complete summary of the comprehensive access program (including the terms and conditions) for EVZIO, visit www.evzio.com/patient/evzio2you.

In speaking about naloxone today, the surgeon general stated, "It is time to make sure more people have access to this lifesaving medication, because 77 percent of opioid overdose deaths occur outside of a medical setting and more than half occur at home."

EVZIO—an auto-injector designed to be easy to use—provides simple, on-the-spot **voice and visual guidance** to help those with no medical training administer naloxone during an opioid overdose. EVZIO is not a substitute for emergency medical care.

The two initiatives announced today expand upon kaléo's commitment to help ensure broad access to EVZIO. In 2016, kaléo created a first-of-its-kind access program for EVZIO, which allows the more than 200 million Americans with commercial insurance and a prescription—even those who have high-deductible health plans—to receive EVZIO for $0 out of pocket. Even in cases where a patient's commercial insurance does not cover EVZIO, kaléo ensures that they can obtain it for absolutely nothing out of pocket. Kaléo stands ready to work with government agencies, physicians, advocacy groups, and managed care organizations to ensure broad, affordable access to EVZIO.

"We are proud to support the Surgeon General's Advisory on Naloxone and Opioid Overdose," said Spencer Williamson, CEO of kaléo. "If we empower more patients to have access to this potentially life-saving medicine, we believe that EVZIO may help reduce the number of tragic deaths from opioid overdose across the nation."

About kaléo (kuh-LAY-oh)
Kaléo is a pharmaceutical company dedicated to building innovative solutions for serious and life-threatening

Naloxone Overdose Prevention Laws

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Naloxone Overdose Prevention Laws

FOCUS EXPLORE

CREATED BY: Legal Science
UPDATED THROUGH: July 1, 2017

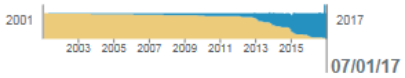
Unintentional drug overdose is a leading cause of preventable death in the United States. Administering naloxone hydrochloride ("naloxone") can reverse an opioid overdose and prevent these unintentional deaths. This dataset focuses on state laws that provide civil or criminal immunity to licensed healthcare providers or lay responders for opioid antagonist administration.

This is a longitudinal dataset displaying laws from January 1, 2001 through July 1, 2017.

DATA CODEBOOK PROTOCOL SUMMARY SUBSCRIBE

Explore Policy

Explore and filter by policy questions

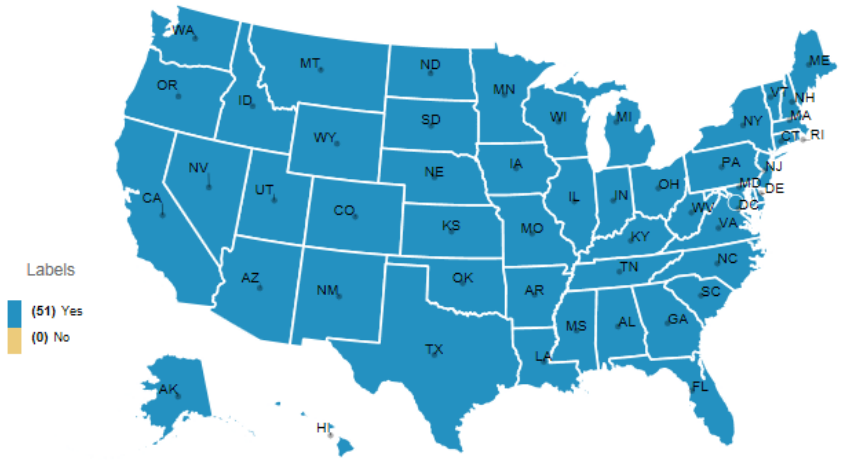


EXPLORE FILTER RESET

1. Does the jurisdiction have a naloxone access law? Explore
2. Do prescribers have immunity from criminal prosecution for prescribing, dispensing or distributing naloxone to a layperson? Explore
   - 2.1. Is participation in a naloxone administration program required as a condition of immunity? Explore
   - 2.2. Are prescribers required to act with reasonable care? Explore
3. Do prescribers have immunity from civil liability for prescribing, dispensing or distributing naloxone to a layperson? Explore
   - 3.1. Is participation in a naloxone administration program required

Profiles Map Share

7/1/17 Does the jurisdiction have a naloxone access law?



Download Table

Search:

Jurisdiction	1. Does the jurisdiction have a naloxone access law?

VET

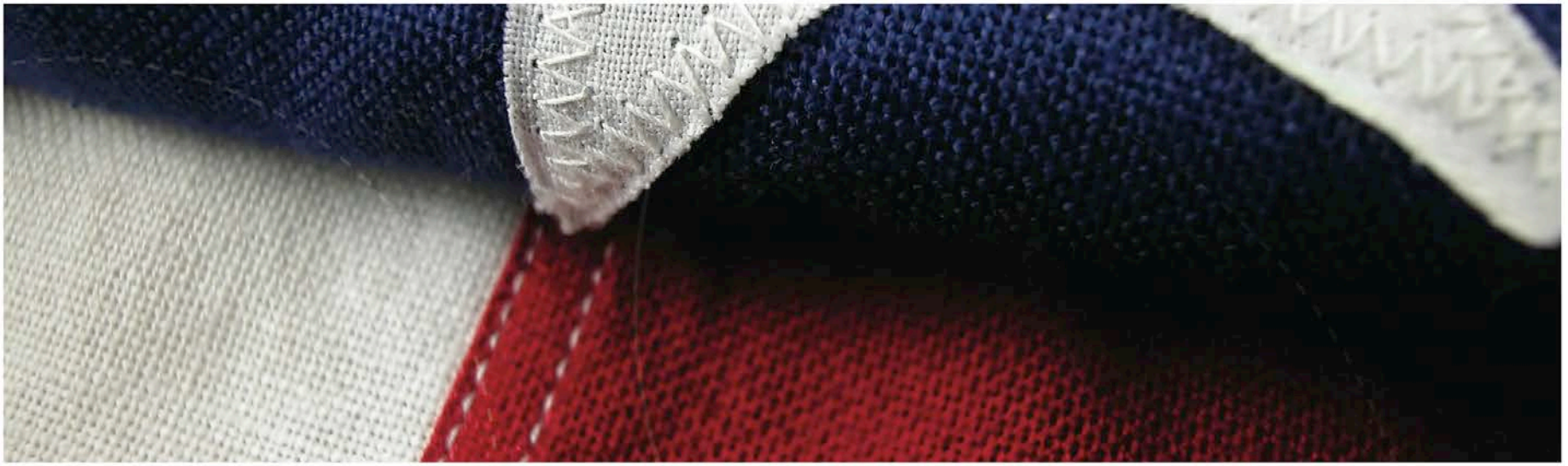
//pdaps.org/

General Resources

- SAMHSA Opioid Overdose Prevention Toolkit: *http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742*
- Prescribe to Prevent: *http://prescribetoprevent.org*
- Surgeon General's Advisory
- Naloxone Overdose Prevention Laws

Opioid Overdose Is Preventable!

Lets Work Together to Ensure We Don't Lose Any More People to This Crisis!



Please Send Questions/Concerns/Feedback about VA OEND Implementation to Elizabeth.Oliva@va.gov

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

VA OEND Innovations

Identifying At-Risk Patients

- Two approaches, both rely on VA administrative data and have been automated and incorporated into clinical decision support tools
- Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD; Zedler et al., 2015)
  - Validated in both US Veterans and the general population
  - 15-items, 10 risk classes
  - OEND Patient Risk Dashboard helps identify patients in various risk classes
- VA Stratification Tool for Opioid Risk Mitigation (STORM; Oliva et al., 2017)
  - ***identifies patients*** at-risk for drug overdose or suicide
  - ***lists risk factors*** that place patients at-risk (e.g., benzo Rx, previous adverse events, MH dxes, MEDD)
  - ***displays risk mitigation strategies, including non-pharmacological treatment options,*** that have been employed and/or could be considered
  - ***displays patients' upcoming appointments and current treatment providers*** to facilitate care coordination
  - ***includes hypothetical risk report*** *that estimates patient risk when considering initiating opioid therapy*

STORM Very High Case Example

Risk Estimates

Risk Factors

Risk Mitigation Strategies

Non-pharmacological Pain Treatments

Patient Details	Risk Estimates (Click + for details)		Clinical Detail on Risk Factors		Risk Mitigation Strategies		Non-pharmacological Pain Tx		Appointments		Care Providers
	Overall Risk 3 yr Suicide-related event, Overdose, Falls or Accidents	Specific Risk 1 yr Suicide-related event or Overdose	Relevant Diagnoses	Relevant Medications	Strategy	Status	Therapy	Status	Recent	Upcoming	
John Doe Last Four: 0000 Gender: F Station: Facility A	Very High 74% risk of suicide-related event, overdose, falls or accidents in the next three years	Very High 41% risk of suicide-related event or overdose in the next year	SUD Dx: OUD AUD Mental Health Dx: PTSD Depression Bipolar Other MH Medical Dx: Chronic Pulm Dis. Electrolyte Disorder Deficiency Anemia	Active Opioids: Oxycodone - Chronic (Dr. ABC) Sedating Evidence-based Pain Meds: Topiramate (Dr. ABC)	MEDD <= 200** Naloxone Kit Opioid Signed Informed Consent Timely Follow-up Timely UDS Psychosocial Assessment Psychosocial Tx Active SUD Tx Opioid Agonist Tx Bowel Regimen Med. Reconciliation	☑ MEDD: 68 ☐ ☑ 6/22/15 ☑ 10/31/15 ☑ 10/23/15 ☑ 10/22/15 ☑ 10/22/15 ☐ ☐ ☑ 10/22/15 ☑ 10/23/15	Active Therapies CAM Therapies Chiropractic Care Occupational Therapy Pain Clinic Physical Therapy Specialty Therapy	☑ 1/16/16 ☐ ☐ ☐ ☑ 1/15/16 ☑ 1/16/16 ☐	Primary Care 10/23/2015 Mental Health 10/31/15 Mental Health Clinic - Ind Pain Clinic 7/12/2015 Other 10/23/2015 X-Ray	Primary Care 10/21/16 Mental Health 1/18/2016 11:00 AM Substance Use Disorder - Ind Pain Clinic 10/21/16 Other None	Recent Opioid Prescriber Dr. ABC Primary Care Provider Dr. DEF MH Tx Coordinator Jane Doe BHIP Team Team A

Louis Stokes Cleveland VAMC Naloxone Education and Distribution

- In 2015 Social Work Service developed a policy for independently licensed Social Workers in the State of Ohio to be granted the clinical privilege to provide education on, carry and dispense naloxone, consistent with recent changes in state legislation and Scope of Practice outlined by the state licensing board.
- Policy allows Social Workers working in an outreach capacity with high risk populations (e.g., jail/prison release, Housing First, long-term opioid managed chronic pain) to provide Naloxone and carry it in the event a potential overdose is encountered. Consistent with 2014 WHO recommendations.

OEND Homeless Program Models

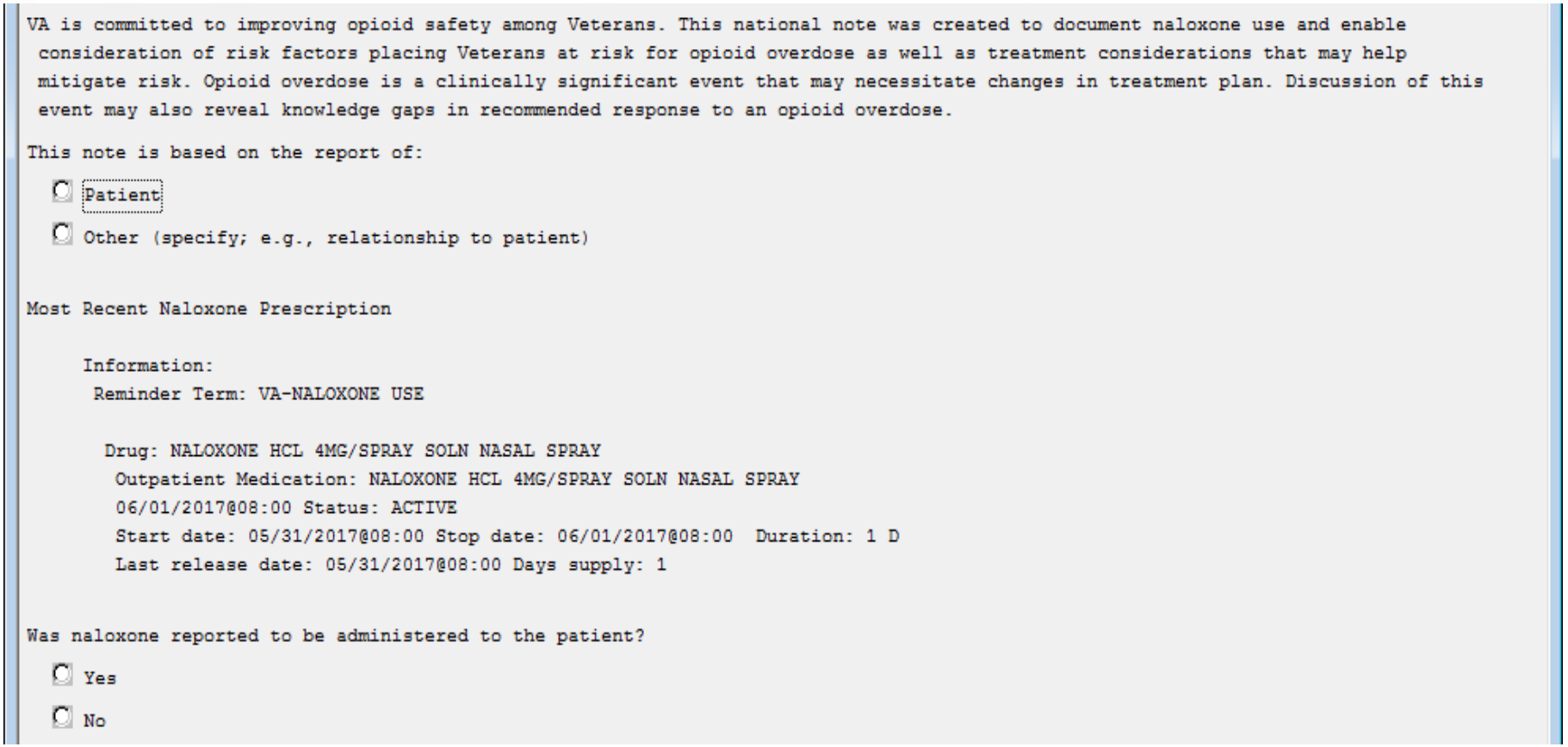
- Portland VA (CRRC)
  - Social workers, MH provider and PCP all ask about need
  - Have a supply of naloxone right in the clinic to hand out and then write the order and document training in CPRS
  - Dr. Bane, "Not sure how many we have given but **people are quite receptive. One homeless Vet used it on an unresponsive guy he found in the bathroom with great results.** We gave him a new kit."
- Cleveland VA (Homeless Outreach Social Workers)
  - Approval from Medical Executive Committee for **LIP social workers to carry, educate, and use (in an emergent situation) naloxone rescue kits**
    - Pertains primarily to community outreach social workers for homeless Veterans
  - Great documentation and amazing SOP!

Cleveland Domiciliary Model (w/ VOA)

- Setting
  - Domiciliary adjacent to VA grounds; connected by a "skywalk" but VA police aren't allowed to go there
  - If there is a medical emergency, the Veteran has to be transported to ER via ambulance
- Innovation
  - 2014—Mounted naloxone in lockboxes underneath AEDs
  - Developed naloxone protocol and standing order for Domiciliary (see attached)
  - Trained all VOA staff in OEND
  - VOA monitors stationed adjacent to the AED/Lock boxes (monitored 24/7)
  - Nursing & VOA staff conduct monthly required equipment rounds on lockboxes; expiration of naloxone added to the checklist
  - Pharmacy also monitors expiration dates of naloxone in lockboxes

Two Pathways

First asks if the veteran received the naloxone and then adjusts the questions accordingly:



VA is committed to improving opioid safety among Veterans. This national note was created to document naloxone use and enable consideration of risk factors placing Veterans at risk for opioid overdose as well as treatment considerations that may help mitigate risk. Opioid overdose is a clinically significant event that may necessitate changes in treatment plan. Discussion of this event may also reveal knowledge gaps in recommended response to an opioid overdose.

This note is based on the report of:

- ○ Patient
- ○ Other (specify; e.g., relationship to patient)

Most Recent Naloxone Prescription

Information:
Reminder Term: VA-NALOXONE USE

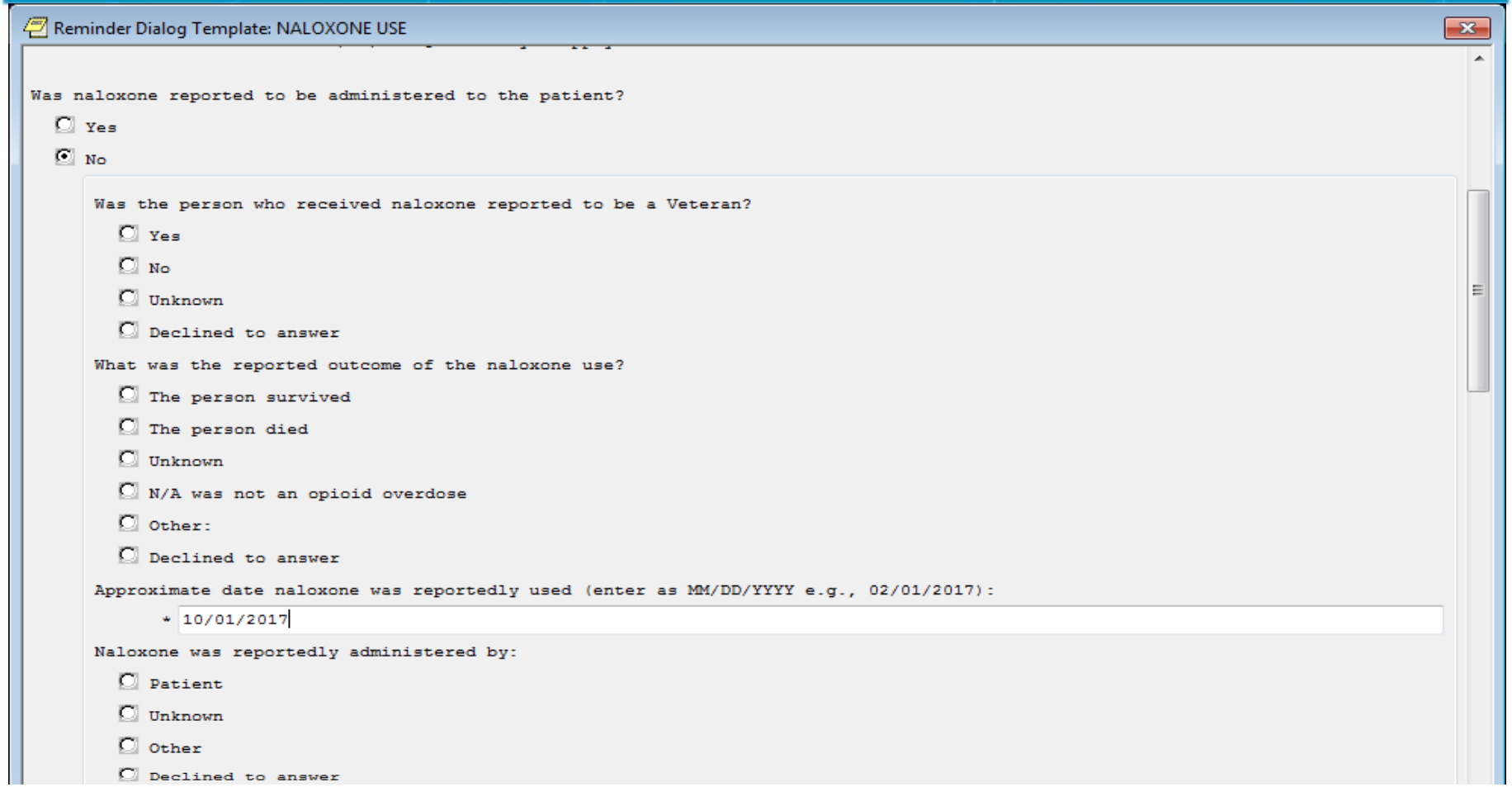
Drug: NALOXONE HCL 4MG/SPRAY SOLN NASAL SPRAY
Outpatient Medication: NALOXONE HCL 4MG/SPRAY SOLN NASAL SPRAY
06/01/2017@08:00 Status: ACTIVE
Start date: 05/31/2017@08:00 Stop date: 06/01/2017@08:00 Duration: 1 D
Last release date: 05/31/2017@08:00 Days supply: 1

Was naloxone reported to be administered to the patient?

- ○ Yes
- ○ No

- Yes—Longer note
- No—Shorter note

“No” Note


Reminder Dialog Template: NALOXONE USE
Was naloxone reported to be administered to the patient?
Yes
No
Was the person who received naloxone reported to be a Veteran?
Yes
No
Unknown
Declined to answer
What was the reported outcome of the naloxone use?
The person survived
The person died
Unknown
N/A was not an opioid overdose
Other:
Declined to answer
Approximate date naloxone was reportedly used (enter as MM/DD/YYYY e.g., 02/01/2017):
* 10/01/2017
Naloxone was reportedly administered by:
Patient
Unknown
Other
Declined to answer

“No” Note, continued

Are any negative consequences reported in relation to the naloxone use/ opioid overdose event (e.g., patient was arrested by, or had issues with, the police/paramedics/fire department)?

- ○ No
- ○ Yes (describe)

☑ Additional Comments:

☑ THIS SECTION TO BE COMPLETED BY PATIENT'S TREATMENT PROVIDER, CLICK BOX TO CONTINUE

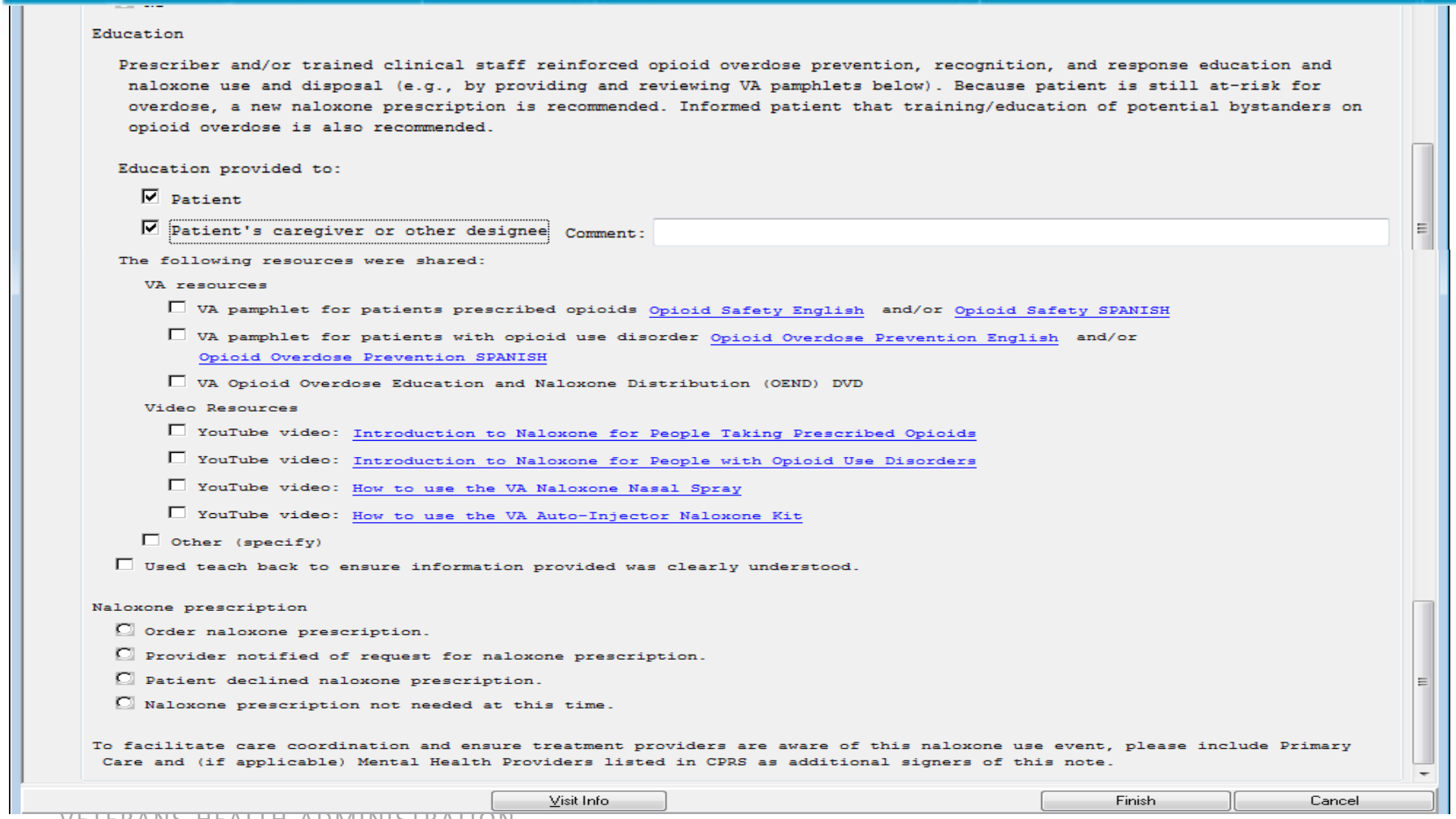
Did the overdose impact the patient (e.g., increase anxiety/depression) or should there be changes in the treatment plan (e.g., because the patient is around people that are overdosing)?

- ◉ Yes Comment: *

  Does the patient need immediate care?

  - ◉ Yes
    - ○ Warm handoff to Primary Care-Mental Health Integration (PCMHI) or Mental Health Team
    - ○ Escort to emergency department
    - ○ Other (explain)
  - ◉ No
    - ☐ Refer to primary care provider
    - ☐ Refer to Primary Care-Mental Health Integration (PCMHI) or mental health provider
    - ☐ Refer to substance use disorder (SUD) treatment provider
    - ☐ Refer to pain specialist
    - ☐ Other:
    - ☐ Patient declined referral
- ○ No

“No” Note, continued



Education

Prescriber and/or trained clinical staff reinforced opioid overdose prevention, recognition, and response education and naloxone use and disposal (e.g., by providing and reviewing VA pamphlets below). Because patient is still at-risk for overdose, a new naloxone prescription is recommended. Informed patient that training/education of potential bystanders on opioid overdose is also recommended.

Education provided to:

- [x] Patient
- [x] Patient's caregiver or other designee Comment:

The following resources were shared:

VA resources

- [ ] VA pamphlet for patients prescribed opioids Opioid Safety English and/or Opioid Safety SPANISH
- [ ] VA pamphlet for patients with opioid use disorder Opioid Overdose Prevention English and/or Opioid Overdose Prevention SPANISH
- [ ] VA Opioid Overdose Education and Naloxone Distribution (OEND) DVD

Video Resources

- [ ] YouTube video: Introduction to Naloxone for People Taking Prescribed Opioids
- [ ] YouTube video: Introduction to Naloxone for People with Opioid Use Disorders
- [ ] YouTube video: How to use the VA Naloxone Nasal Spray
- [ ] YouTube video: How to use the VA Auto-Injector Naloxone Kit

- [ ] Other (specify)

- [ ] Used teach back to ensure information provided was clearly understood.

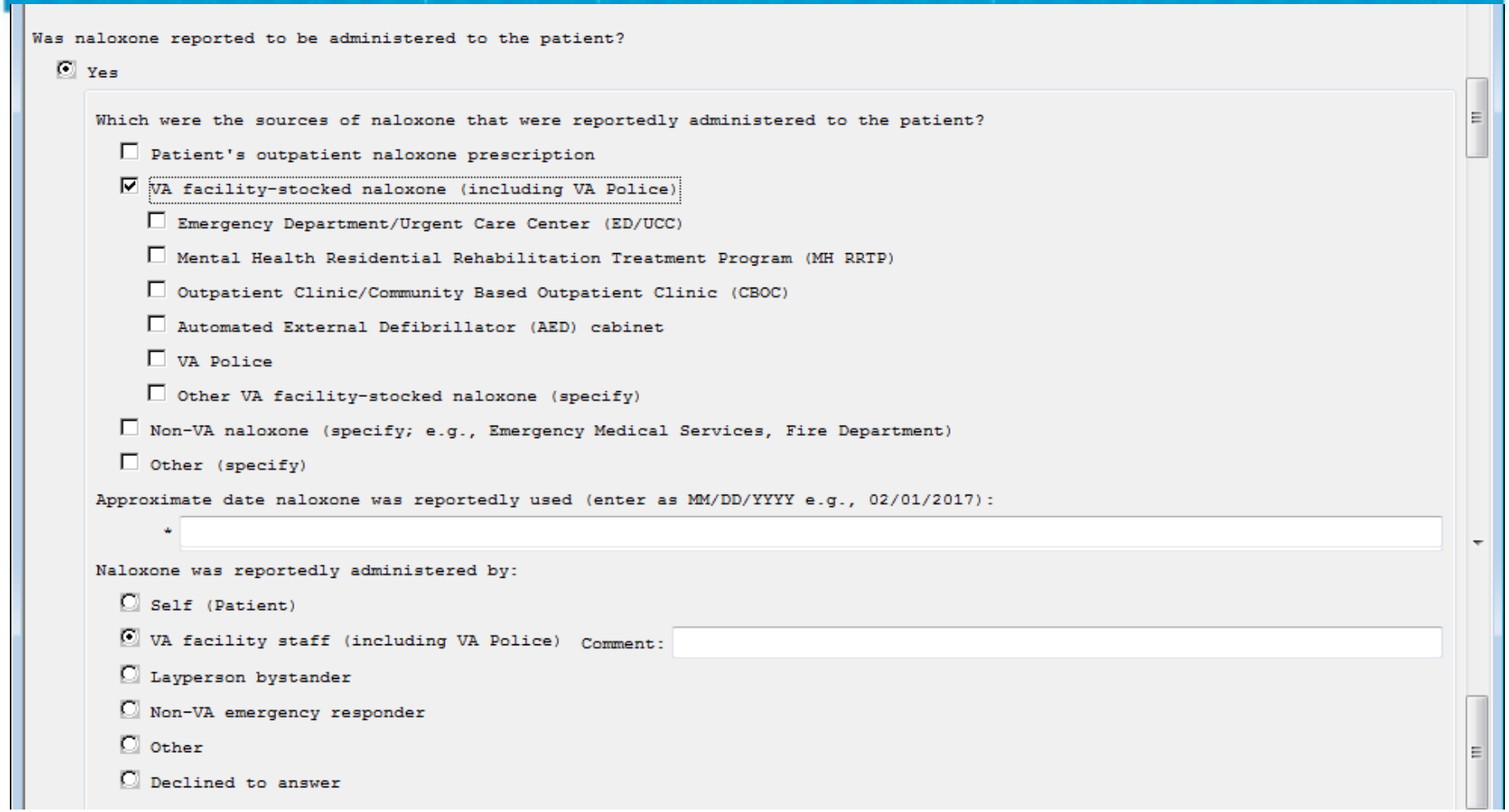
Naloxone prescription

- ( ) Order naloxone prescription.
- ( ) Provider notified of request for naloxone prescription.
- ( ) Patient declined naloxone prescription.
- ( ) Naloxone prescription not needed at this time.

To facilitate care coordination and ensure treatment providers are aware of this naloxone use event, please include Primary Care and (if applicable) Mental Health Providers listed in CPRS as additional signers of this note.

Visit Info Finish Cancel

“Yes” Note



Was naloxone reported to be administered to the patient?

- (•) Yes

Which were the sources of naloxone that were reportedly administered to the patient?

- [ ] Patient's outpatient naloxone prescription
- [x] VA facility-stocked naloxone (including VA Police)
  - [ ] Emergency Department/Urgent Care Center (ED/UCC)
  - [ ] Mental Health Residential Rehabilitation Treatment Program (MH RRTP)
  - [ ] Outpatient Clinic/Community Based Outpatient Clinic (CBOC)
  - [ ] Automated External Defibrillator (AED) cabinet
  - [ ] VA Police
  - [ ] Other VA facility-stocked naloxone (specify)
- [ ] Non-VA naloxone (specify; e.g., Emergency Medical Services, Fire Department)
- [ ] Other (specify)

Approximate date naloxone was reportedly used (enter as MM/DD/YYYY e.g., 02/01/2017):

*

Naloxone was reportedly administered by:

- ( ) Self (Patient)
- (•) VA facility staff (including VA Police) Comment:
- ( ) Layperson bystander
- ( ) Non-VA emergency responder
- ( ) Other
- ( ) Declined to answer

“Yes” Note, continued

What was the reported outcome of the naloxone use?

- ○ The patient survived
- ○ The patient died
- ○ Unknown
- ○ N/A was not an opioid overdose
- ○ Other:

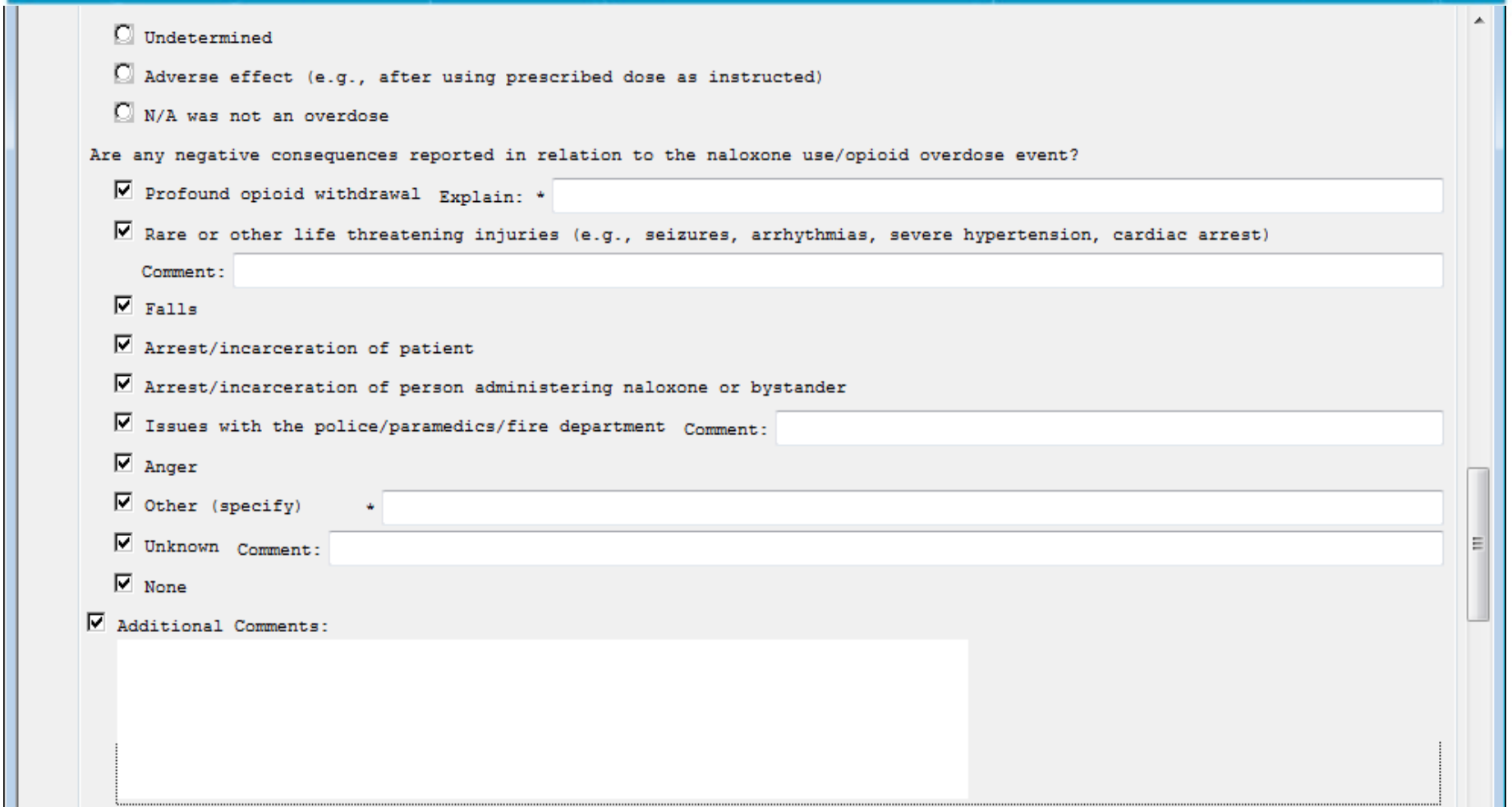
Was the overdose reported as?

- ○ Accidental
- ◉ Intentional
  - ☐ Alert Suicide Prevention Coordinator

    What known substances were reported to be involved in the overdose?
    - ☐ Heroin
    - ☐ Methadone
    - ☐ Fentanyl
    - ☐ Suboxone, Subutex, Buprenorphine
    - ☐ Opioids other than those listed above
    - ☐ Benzodiazepines
    - ☐ Barbiturates
    - ☐ Cocaine/crack
    - ☐ Alcohol
    - ☐ Amphetamines/other psychostimulants
    - ☐ Other substances (indicate type)
    - ☐ Unknown

Each choice here expands to drug list as above

“Yes” Note, continued



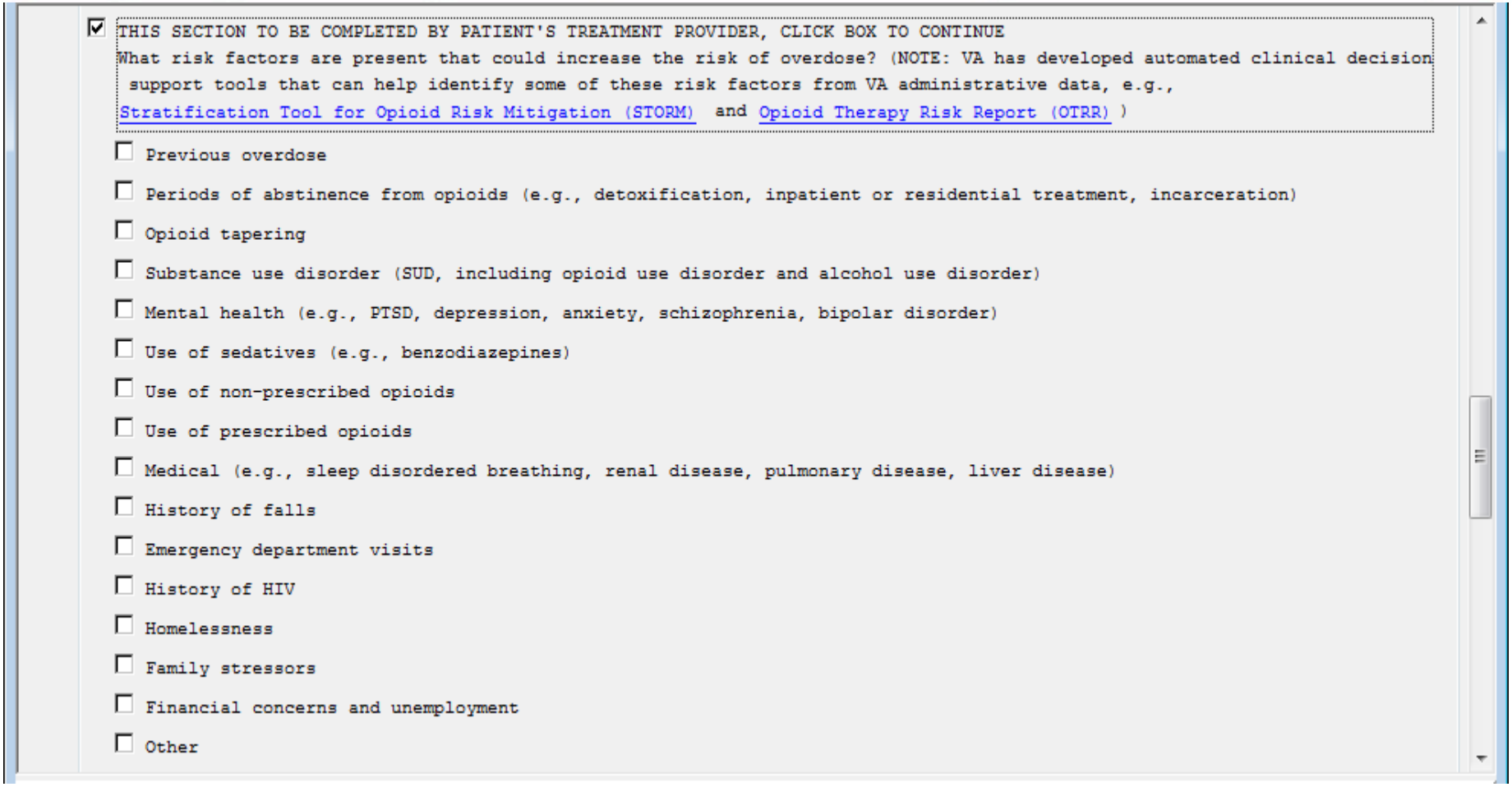
- ○ Undetermined
- ○ Adverse effect (e.g., after using prescribed dose as instructed)
- ○ N/A was not an overdose

Are any negative consequences reported in relation to the naloxone use/opioid overdose event?

- ☑ Profound opioid withdrawal Explain: *
- ☑ Rare or other life threatening injuries (e.g., seizures, arrhythmias, severe hypertension, cardiac arrest)
  - Comment:
- ☑ Falls
- ☑ Arrest/incarceration of patient
- ☑ Arrest/incarceration of person administering naloxone or bystander
- ☑ Issues with the police/paramedics/fire department Comment:
- ☑ Anger
- ☑ Other (specify) *
- ☑ Unknown Comment:
- ☑ None

☑ Additional Comments:

“Yes” Note, continued

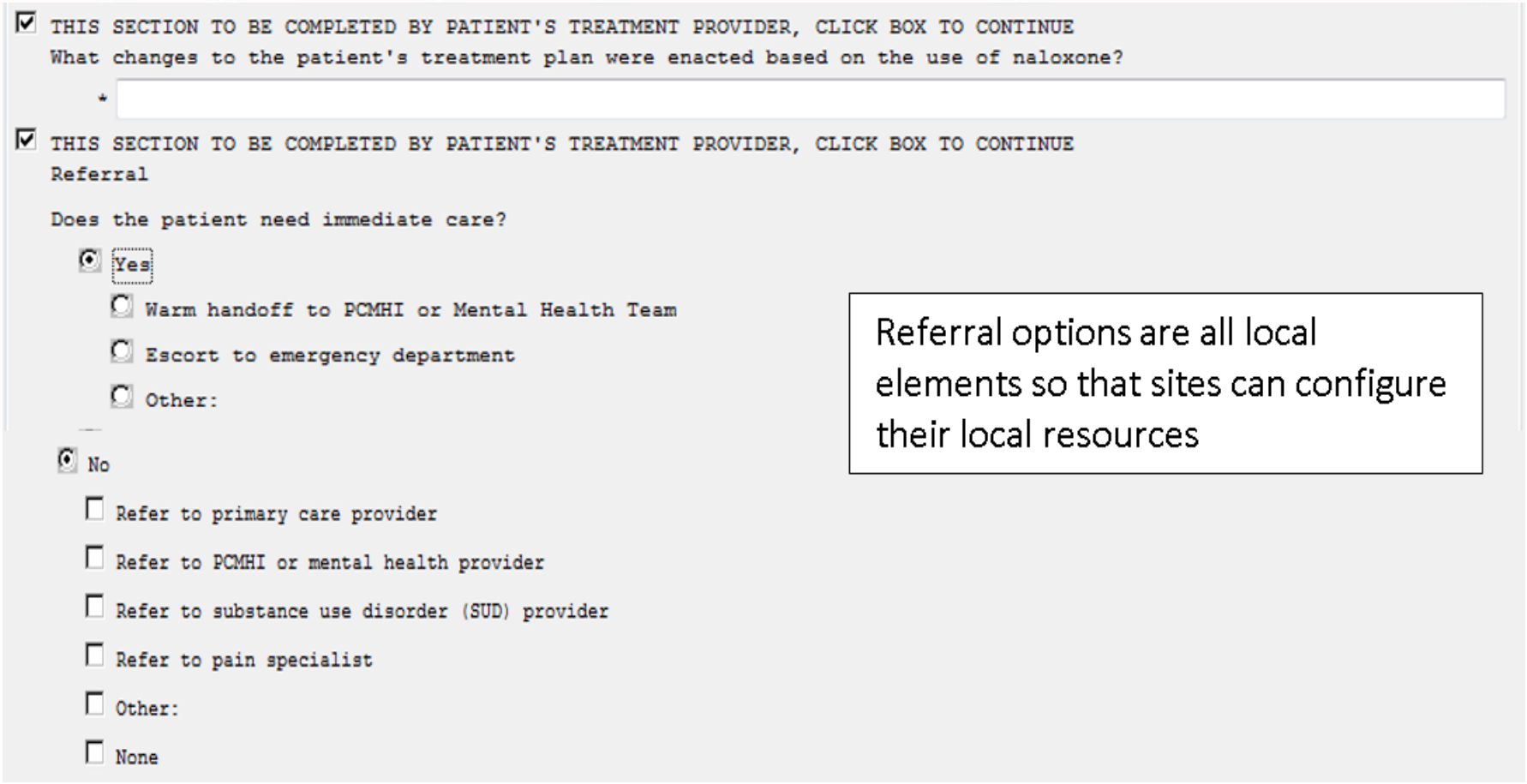


- [x] THIS SECTION TO BE COMPLETED BY PATIENT'S TREATMENT PROVIDER, CLICK BOX TO CONTINUE

What risk factors are present that could increase the risk of overdose? (NOTE: VA has developed automated clinical decision support tools that can help identify some of these risk factors from VA administrative data, e.g., Stratification Tool for Opioid Risk Mitigation (STORM) and Opioid Therapy Risk Report (OTRR))

- [ ] Previous overdose
- [ ] Periods of abstinence from opioids (e.g., detoxification, inpatient or residential treatment, incarceration)
- [ ] Opioid tapering
- [ ] Substance use disorder (SUD, including opioid use disorder and alcohol use disorder)
- [ ] Mental health (e.g., PTSD, depression, anxiety, schizophrenia, bipolar disorder)
- [ ] Use of sedatives (e.g., benzodiazepines)
- [ ] Use of non-prescribed opioids
- [ ] Use of prescribed opioids
- [ ] Medical (e.g., sleep disordered breathing, renal disease, pulmonary disease, liver disease)
- [ ] History of falls
- [ ] Emergency department visits
- [ ] History of HIV
- [ ] Homelessness
- [ ] Family stressors
- [ ] Financial concerns and unemployment
- [ ] Other

“Yes” Note, continued



Referral options are all local elements so that sites can configure their local resources

"Yes" Note, continued

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Cover Sheet Reminder Component

- To ensure that the patient's treatment provider is aware of the naloxone use and to encourage follow-up with the patient to ensure patient safety, sections of the note should be completed by the patient's treatment provider
- If the sections below are not completed at the time the note is entered, there is a cover sheet reminder that would come due
- If note is FULLY COMPLETE, there will be NO Cover Sheet Reminder