

Naloxone and Overdose Prevention

Welcome!

- All lines are muted, so please ask your questions in Q&A

We will get started shortly!



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

Opioid Overdose Prevention & Naloxone Training



July 14, 2021

Hosted by:

Elizabeth "Libby" Bickers, LCSW

AIM Manager, Behavioral Health for Alliant Quality



Elizabeth "Libby" Bickers, LCSW

CLINICAL SOCIAL WORKER

I have been a social worker for over 20 years in multiple areas of healthcare, primarily hospice. I have also worked in dialysis, home health, long term care and inpatient hospital settings. I also worked in higher education as Director of Field Instruction at my alma mater, Valdosta State University. I have been a clinical reviewer, for over 5 years, with Alliant Health Solutions. I have been married for 23 years and have 2 children, a daughter and a son.

I enjoy being outside with my 2 rescue dogs, family outings to local places of interest and time with my extended family as well. We are active in our church and participate in mission work throughout the year. I love many kinds of music and you may often find me cooking while enjoying some fun music.

Contact: elizabeth.bickers@alliantaso.org



Shelby Meaders, MPH

**OVERDOSE PREVENTION COORDINATOR IN THE OFFICE
OF SUBSTANCE ABUSE AND MENTAL HEALTH
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**



Shelby Meaders, MPH is the Overdose Prevention Coordinator in the Office of Substance Abuse and Mental Health at the Florida Department of Children and Families. Shelby earned her Master of Public Health in 2018 with a specialization in health policy and management. Shelby joined the Department in 2018 with experience in various sectors of healthcare. She is a proud harm reductionist and currently serves as the Diversity and Inclusion Chair for St. Pete Young Professionals.

Opioid Overdose Prevention: Recognition and Response Training

- SHELBY MEADERS, MPH
- FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
- OFFICE OF SUBSTANCE USE AND MENTAL HEALTH



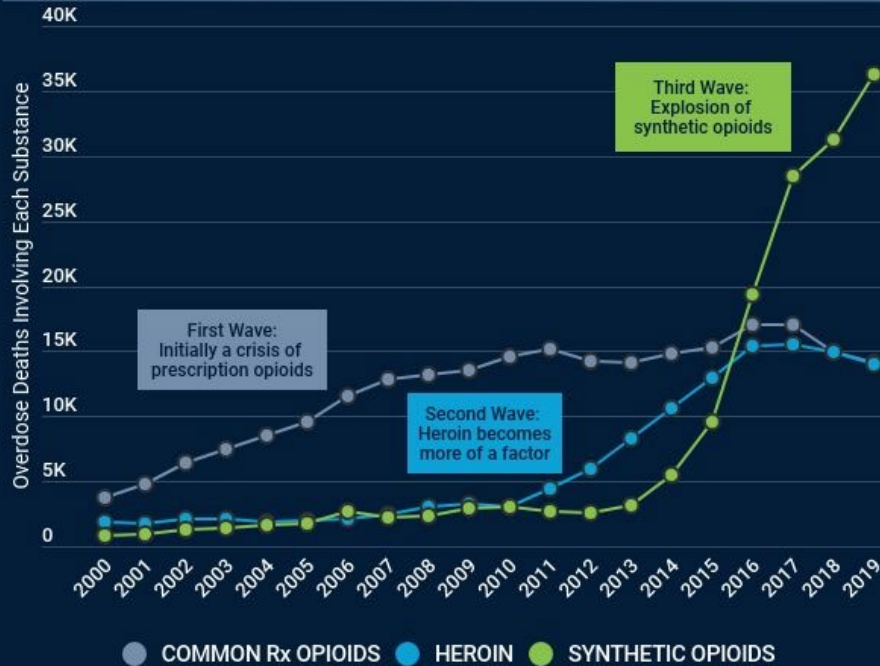
Learning Objectives

- Explore the components of Harm Reduction
- Identify the role of Naloxone as a harm reduction strategy
- Learn how to recognize and respond to an opioid overdose (OD)
- Understand Florida's 911 Good Samaritan Act, Emergency Treatment & Recovery Act, and Syringe Exchange Program Law
- Learn how to enroll in the State's Naloxone Program



Third wave still going strong:

Synthetic opioid deaths climbing rapidly while deaths involving other opioids declining

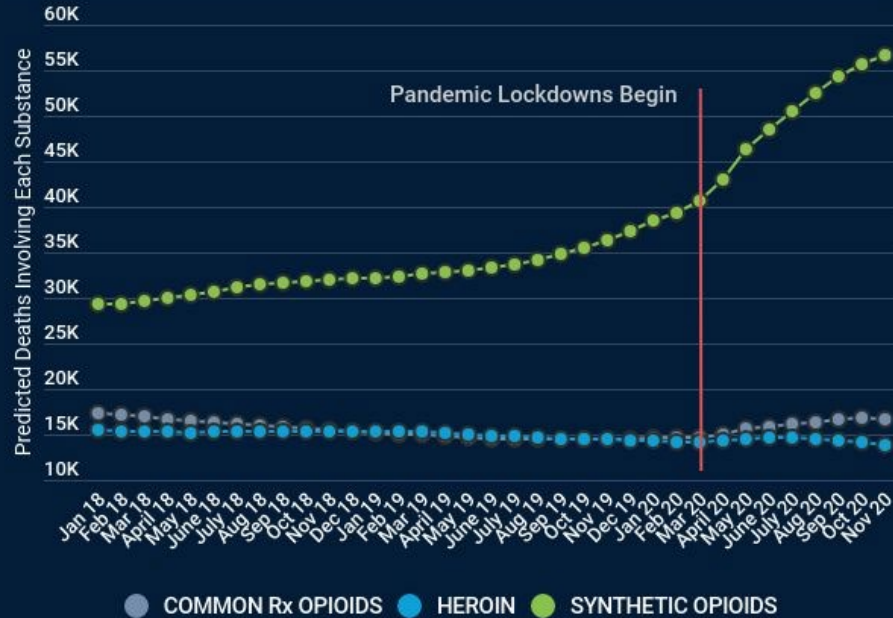


Categories not mutually exclusive; a single death may involve multiple substances.

Overview of Overdoses



Provisional Data Point to an Increase in Opioid Deaths Coinciding with the Pandemic



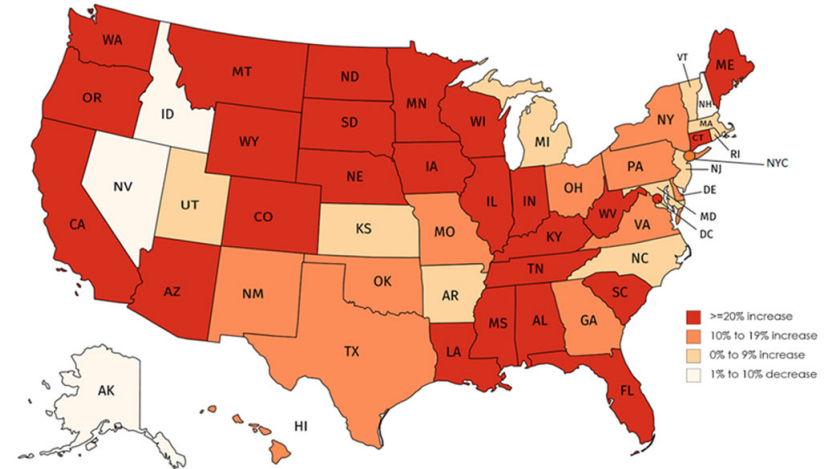
Categories not mutually exclusive; a single death may involve multiple substances.

Provisional data represent the number of deaths in the 12-month period ending in the month indicated. Numbers reported here are based on data as of June 9, 2021 and are predicted provisional deaths reflecting CDC adjustments for delayed reporting. Data are subject to change and are not comparable to final counts reported elsewhere.

Overdoses During COVID-19

What's Happening in FL?

- In Florida, predicted cases of drug overdose deaths in 2019 was 5,127 deaths but had a 38.4% increase to 7,098 provisional drug overdose deaths for the current 12-months reporting period from July 2019 to July 2020. In the US, overdose deaths during this time increased by 24.2% for an estimated total of over 86,000.



Understanding Harm Reduction

- Minimize harmful effects of substance use
- Non-judgmental approach
- Center the voices and experiences of people who use drugs
- Respecting rights of people who use drugs
- Avoidance of stigma
- Meeting people “*where they are*”

Understanding Harm Reduction

- Ask someone what they need
- Provide access to tools or services to enable people to make safer and healthier choices *(if they wish to do so)*



Overdose Prevention Goal: Prevent Opioid Overdose Deaths

Centers for Disease Control and Prevention (CDC)
recommendations:

- Improve opioid prescribing
- Prevent Opioid Use Disorders
- Treat Opioid Use Disorders
- Reverse Overdose (naloxone)

Florida's 911 Good Samaritan Act

- 893.21, F.S.; enacted in 2012
 - Amendments passed in 2019
- Encourages people to call for help during an overdose *without fear of arrest*
 - Provides limited protections for certain offenses
- In the majority of overdoses, someone is there to call for help, but 50% of the time, no one was calling 911 due to fear of arrest/police involvement.

Florida's 911 Good Samaritan Act

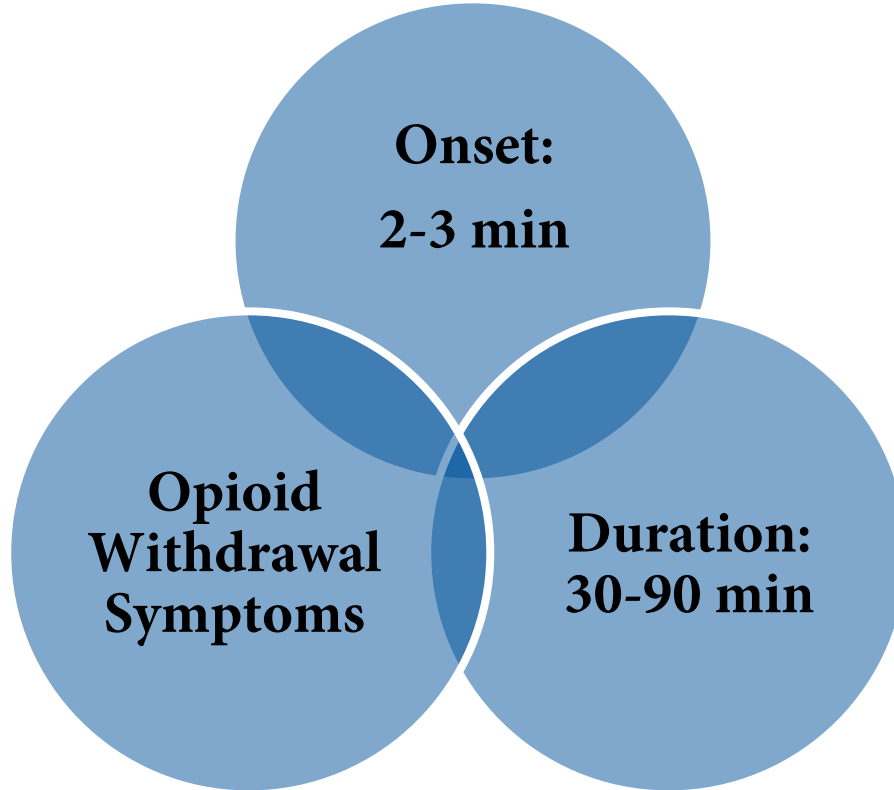
- Person who, acting in good faith, seeks medical assistance for someone experiencing an alcohol or drug-related overdose, and a person experiencing an alcohol or drug-related overdose who is in need of medical assistance, *may not be arrested, charged, prosecuted, or penalized for*:
 - Use/possession of drug paraphernalia [893.147(1)]
 - Possession of small/personal amounts of controlled substance [893.13(6), excluding paragraph (c)]
- Violation protections extended to people on probation, parole, or pretrial release

Naloxone 101

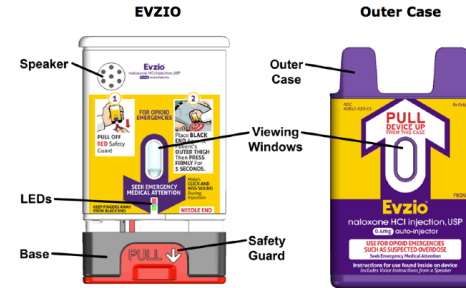
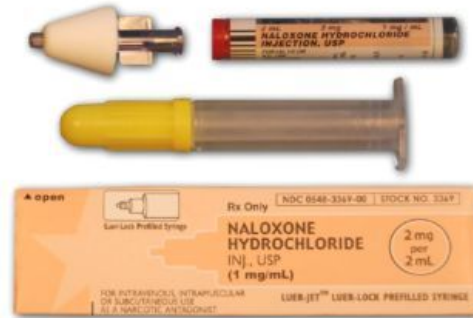
- Not Medication-Assisted Treatment
- Opioid overdose ONLY
- Emergency service use for 40+ Years
- Food and Drug Administration approved
- Opioid antagonist
- Prescription medication



Naloxone



Types of Naloxone

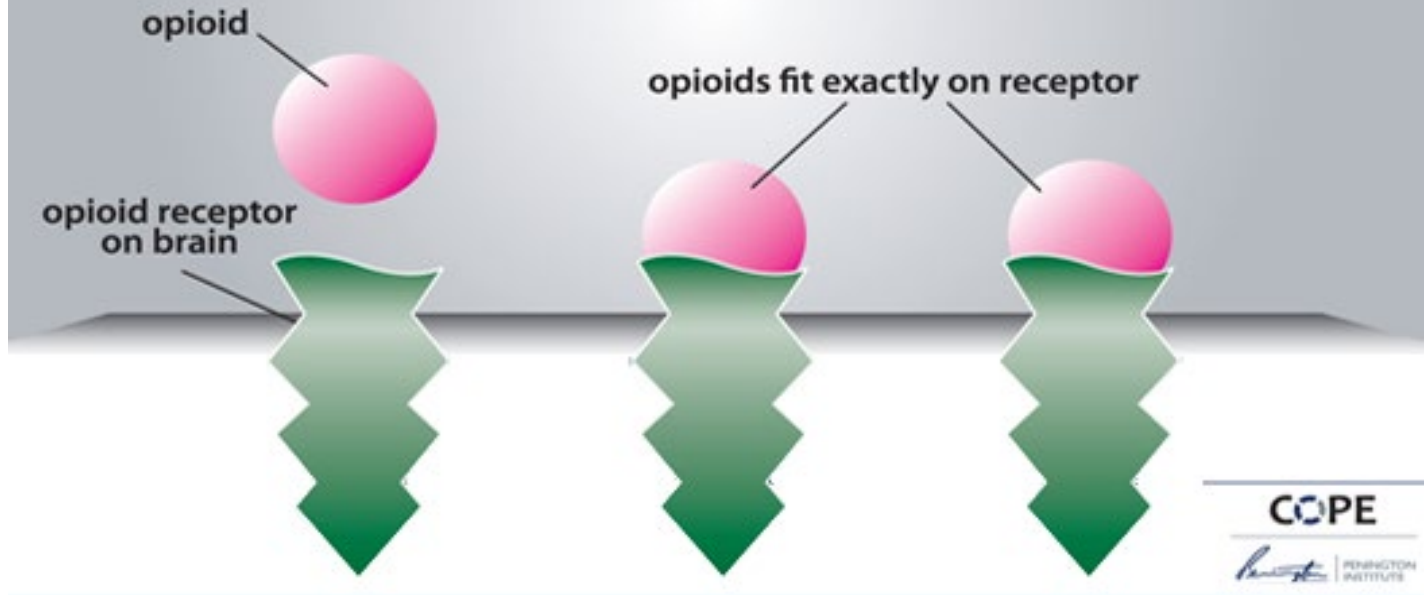


NARCAN Nasal Spray



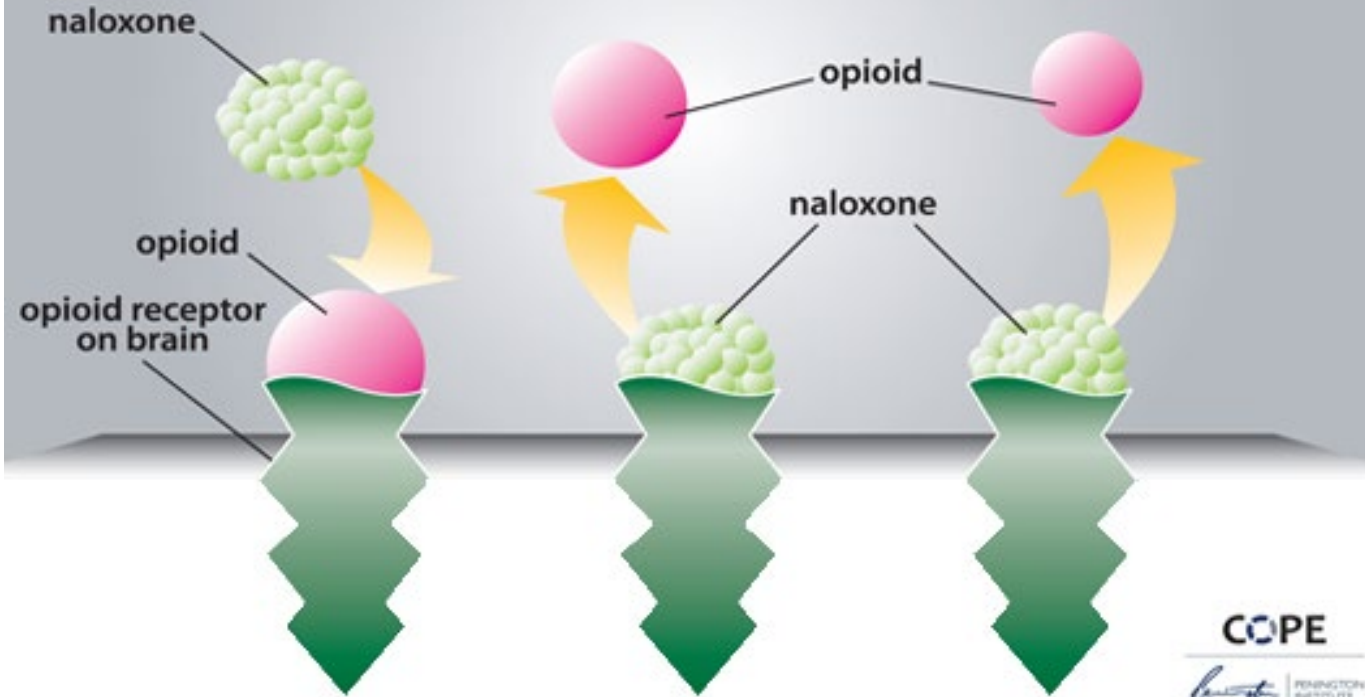
Opioids attaching to receptors

The brain has many, 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 the breathing.



Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



Fentanyl

- You cannot overdose by touching fentanyl
 - Studies completed and supported by American College of Medical Toxicology and the American Academy of Clinical Toxicology
- 50-100x more potent than morphine
- Naloxone works to reverse fentanyl overdoses
- Can cause fentanyl-induced chest rigidity
 - “Wooden chest syndrome”



Eutylone: Emerging Substance

- Synthetic cathinone and new psychoactive substance (NPS)
- Referred to as “bath salts”
- Likely sold as MDMA; looks almost identical but weaker in effect
- Popular party/festival scene
- In 2019, FL accounted for 67% (3,026) of 4,514 cases in US

Florida's Emergency Treatment and Recovery Act

- Allows naloxone to be prescribed/dispensed to:
 - People at risk of experiencing an opioid OD
 - Caregivers that may witness an opioid OD (friends, family, others likely to witness an OD)
- Authorizes individuals to possess, store, and administer naloxone
- Allows pharmacies to operate under standing orders
- Provides civil and criminal liability protections to healthcare practitioners/pharmacists that prescribe and dispense naloxone

Pharmacy-Based Naloxone

- Some (*but not all*) pharmacies in FL operate under standing orders where you can purchase naloxone from the pharmacy without an individual prescription
 - All CVS and Walgreens pharmacies have this policy
- Not over the counter (OTC) like Advil
 - Advocates want naloxone moved to OTC status at the federal level
 - FDA has authority to re-classify an existing naloxone product as OTC
- Co-pays vary depending on insurance; can cost \$100-250 per naloxone kit without insurance

Risk Factors for Overdose

Mixing Drugs

Using opioids with alcohol, benzodiazepines, and other substances increase risk of OD

Quality of Drug

Difficult to know what is in drugs bought on the street

Low Tolerance

After period of abstinence due to detox, abstinence-based treatment, or incarceration

Using Alone

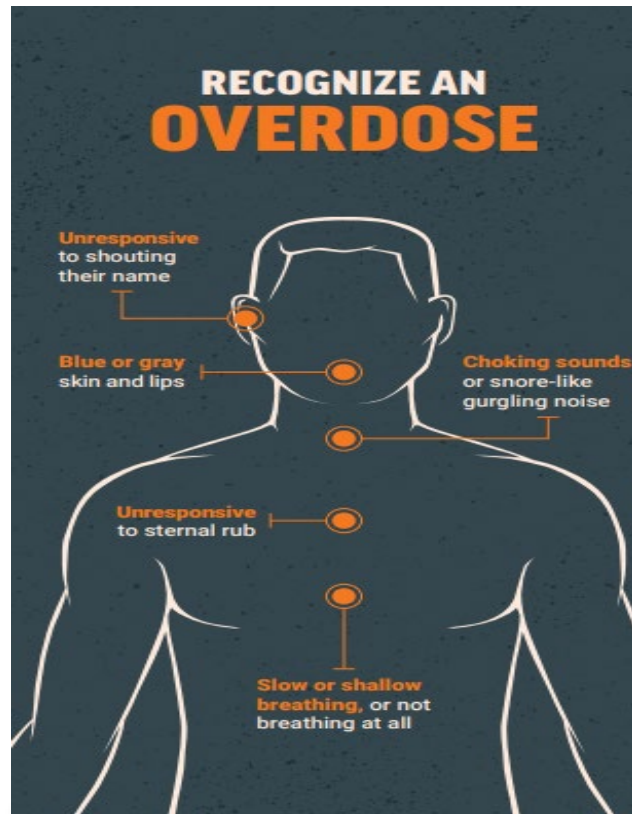
Make sure someone is nearby to give naloxone and call 911 if you overdose



Never Use Alone Hotline
(800) 484-3731

Signs of an Opioid Overdose

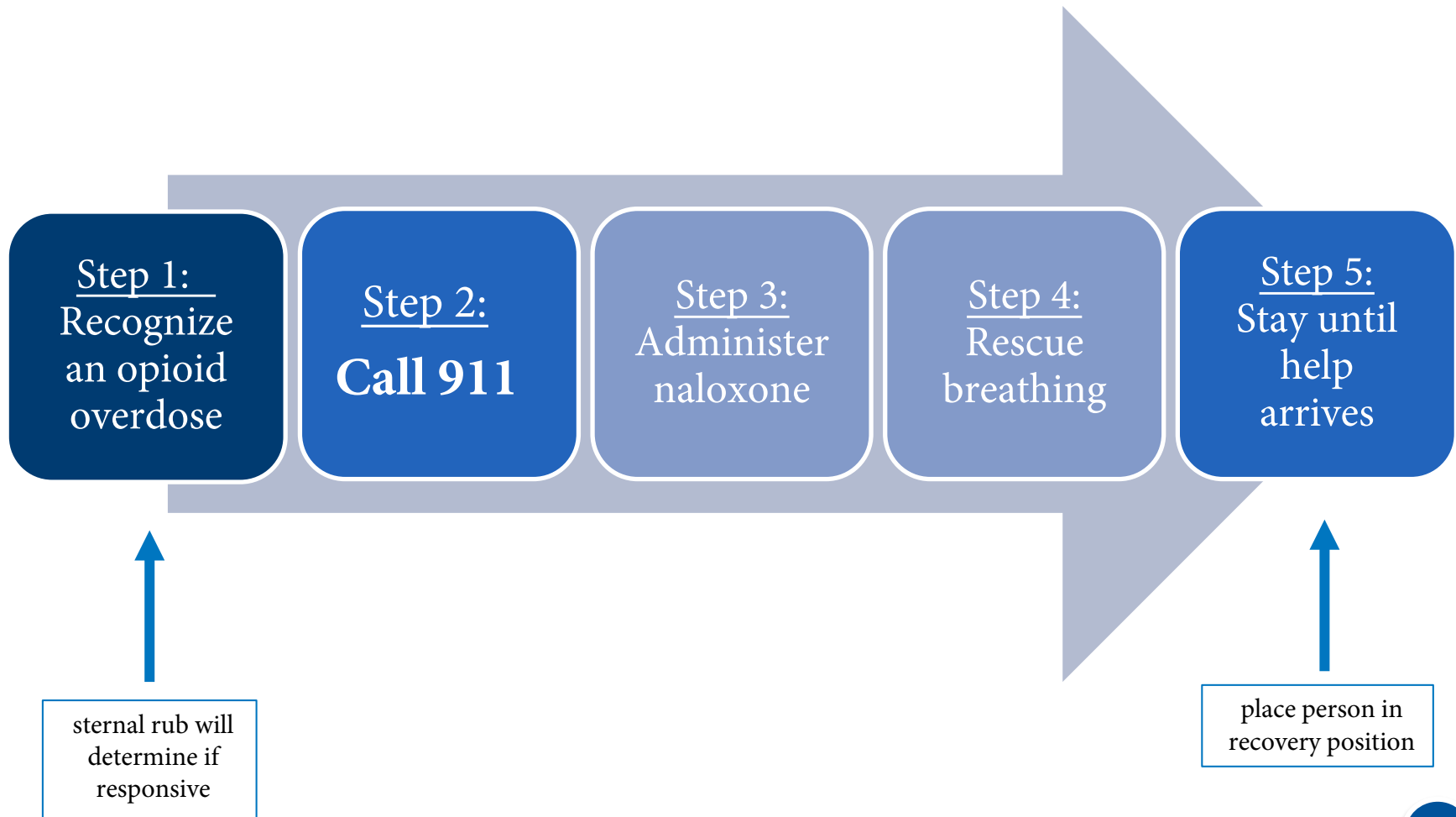
- UNRESPONSIVE
- Blue skin, nails, lips
- Slow or shallow breathing (can sound like snoring)
- Slow heart rate
- Pinpoint pupils



Opioid Overdoses: Things to Avoid

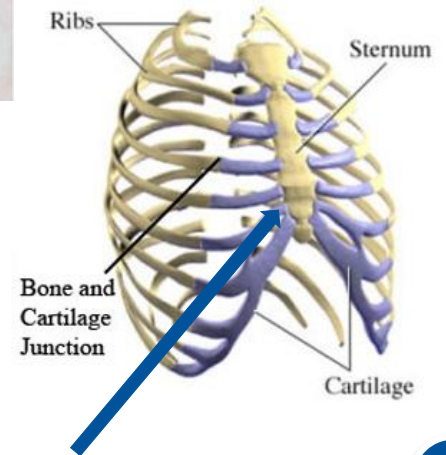
- **Don't encourage others to**
 - Take an ice or cold bath
 - “Sleep it off”
 - Punch or kick the person
 - Give the person additional substances (*unless naloxone*)





Check Responsiveness - Sternal Rub

1. Lay person on their back (*make sure nothing in mouth/throat*)
2. Make a fist with your hand, and press on chest of unresponsive person



Call 9-1-1

- Tell the operator that the person is unresponsive and not breathing
- Clearly state address



Give NARCAN

KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY:

PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

PRESS



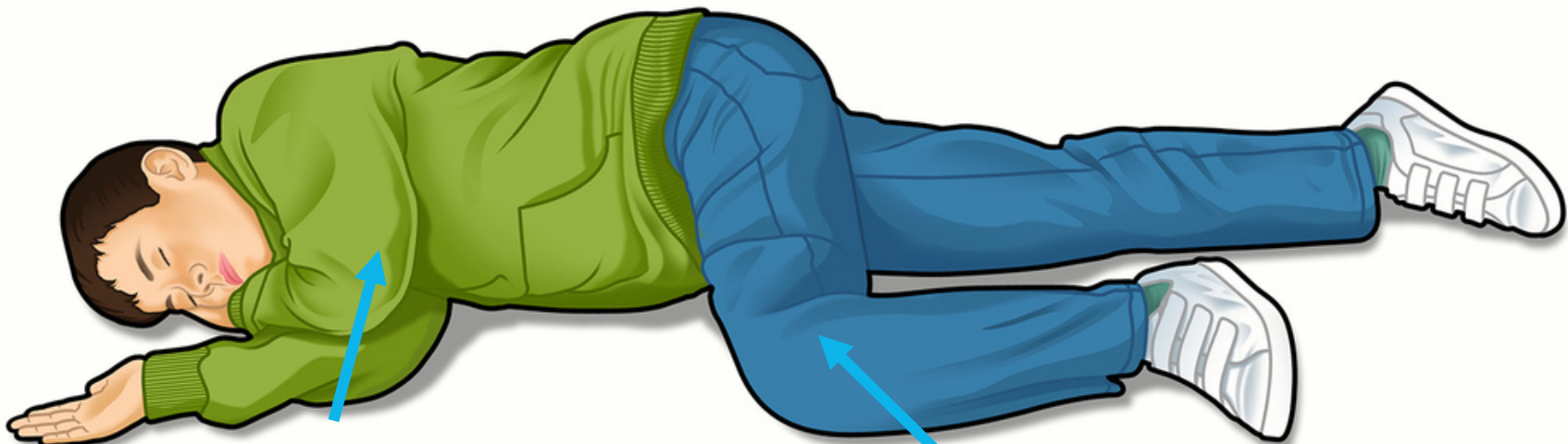
Press the plunger firmly to release the dose into the patient's nose.

Rescue Breathing

- Tilt head back, clear air passage
- Pinch nose
- Open mouth
- 2 slow breaths, then 1 breath every 5 seconds
 - Chest should rise
 - Perform rescue breathing while waiting for naloxone to take effect or if you do not have naloxone



Recovery Position



Hand supports
head

Knee prevents person from
rolling onto stomach

Facts and Myths Regarding Naloxone

Myth

- Having naloxone available encourages substance use
- Individuals won't seek treatment if they have their own naloxone
- Not effective for fentanyl ODs

Fact

- Access to naloxone does not change the level of substance use as naloxone revival can be painful
- No evidence of this – by staying alive someone can seek treatment
- Is both safe and effective, but may take more than one dose

Distributing Naloxone to People Who Use Drugs (PWUD)

- PWUD are commonly the first responders at the scene of an OD and can immediately administer naloxone to someone who is not breathing and save their life.
- Research shows that PWUD deploy take-home naloxone to save a life at a rate nearly 10 times that of laypeople who do not use drugs.
- Naloxone distribution should also include secondary distribution so that the person who picks up naloxone kits can distribute kits among their networks of PWUD and peers.

Community-Based Naloxone Distribution

- Organizations in the community operate under standing orders and hand out free naloxone kits *directly to PWUD, others at risk of overdose, and friends/family that may witness an OD*
- Benefits of community-based naloxone distribution:
 - Offer free naloxone directly to people who need it most
 - Distribute large amounts of naloxone to individuals so they can provide to their friends/family in need (not limiting people to 1 naloxone kit at a time)
 - Provide continuous, low-barrier access to naloxone
 - Reduce barriers like cost and access/transportation to a pharmacy
 - PWUD much more likely to get naloxone from a trusted community organization than from a pharmacy

Settings for Naloxone Distribution

- Methadone clinics
- Upon release from jail/prison
- Homeless outreach
- SUD Treatment Providers
- Hospital EDs
- EMS/Fire Leave Behind Programs
- Community-based organizations
- Harm reduction organizations /Syringe Exchange Programs
- County Health Departments (CHDs)
- FQHCs

Willingness and capacity to distribute naloxone to persons at risk of witnessing or experiencing an opioid overdose

Florida's Naloxone Program

- Provides free Narcan to non-profit organizations that distribute free kits directly to PWUD, people with a history of drug/opioid use/overdose, others at risk of overdose, and their friends and family that may witness an overdose
- Florida State Hospital purchases and ships Narcan to pharmacies identified by participating organizations
- Monthly reporting requirements
 - No identifying information
- Always ensure people have a way to get a replacement kit if needed

Department of Children and Families Naloxone Program

- 215 participating providers across Florida
- Aug 2016 – June 2021:
 - Over **150,000** kits distributed to people at risk of opioid overdose or witnessing overdose
 - Over **8,500** opioid overdose reversals self- reported

ISAVEFL Naloxone Locator Map

- Can look up a provider that offers free naloxone to individuals for themselves or their friends/families.
 - Do not have to be a patient or enrolled in other services at the provider to get naloxone.
- If a person is not near a provider, or for any reason cannot access naloxone or does not want to go in-person to a provider, we can ship free naloxone in the mail to them directly.
 - Email to request naloxone is listed on <https://isavefl.com/locator.shtml>

Expired Naloxone

- If Narcan expires, **do not throw away**
- Providers can contact DCF Naloxone Program to ship back expired kits
- Studies have shown that expired Narcan is still effective many years later
- <https://nextdistro.org/mightynaloxone>

Syringe Exchange Programs (SEPs)

- 1st legal SEP started on December 1, 2016 - IDEA Exchange in Miami-Dade County
- Authorized a 5-year pilot SEP in Miami-Dade County operated by University of Miami
- Legislation passed in 2019 allows for more SEPs across Florida

Syringe Exchange Programs (SEPs)

County commissions can “opt-in” and pass ordinances to authorize local SEPs and to contract with eligible entities to operate the programs

Eligible entities include:

- Hospitals licensed under ch. 395
- Health care clinics licensed under part X of ch. 400
- 501(c)(3) HIV/AIDS service organizations
- Licensed addictions receiving facilities as defined in s. 397.311(26)(a)(1)
- Medical schools accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation

Syringe Exchange Programs (SEPs)

- Letter of agreement must be entered into with local CHD for ongoing advice, consultation, recommendations
- SEPs must provide onsite counseling or referrals for drug use prevention/education/treatment, HIV and HCV screening, and naloxone

Syringe Exchange Programs (SEPs)

- Restrictions on 1:1 exchange and on the use of state, county, and municipal funding
- Anonymous program
- Various annual reporting requirements (demographics, # syringes/needles received and distributed, etc.)



Naloxone Access and COVID-19

- Always offer people more than one kit
- Ask if they know anyone else that may also need naloxone kits
- Ensure person knows how to get replacement kits
- Visit www.isavefl.com for a free naloxone locator
- Visit www.harmreduction.org for additional guidance for PWUD

References

- Bennett, A. S., Bell, A., Doe-Simkins, M., Elliott, L, Pouget, E., & Davis, C. (2018). From Peers to Lay Bystanders: Findings from a Decade of Naloxone Distribution in Pittsburgh, PA. *Journal of Psychoactive Drugs*, 50(3), 240-246.
- Centers for Disease Control and Prevention (CDC). (2020, October 9). *Overdose Prevention*. <https://www.cdc.gov/drugoverdose/prevention/index.html>.
- Fla. Stat. § 381.0038 (West)
- Fla. Stat. § 381.887 (West)
- Fla. Stat. § 893.21 (West)
- Jackson County Combat. (2020, October 1). *Naloxone Myths & Facts*. <https://www.jacksoncountycombat.com/317/Naloxone-Myths-Facts>.
- Keane, C., Egan, J. E., Hawk, M. (2018). Effects of Naloxone Distribution to Likely Bystanders: Results of an Agent-Based Model. *International Journal of Drug Policy*, 55, 61-69.
- I Save Florida. (2020, October 1). <https://www.isavefl.com/>.
- Infectious Disease Elimination Act (IDEA). (2020, November 1). <http://www.floridahealth.gov/programs-and-services/idea/index.html>.
- National Harm Reduction Coalition. (2020, October 1). <https://harmreduction.org/>.
- Next Distro. (2020, October 1). *Can I use expired naloxone?* <https://nextdistro.org/mightynaloxone>.
- Substance Abuse and Mental Health Services Administration (SAMHSA). *Opioid Overdose*. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/opioid-overdose>.

Shelby Meaders, MPH

Partnerships for Success Grant Coordinator Office
of Substance Abuse and Mental Health Florida
Department of Children and Families

Shelby.Meaders@myflfamilies.com

(850) 491-6676

CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

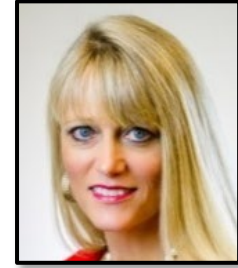
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

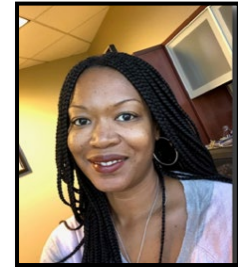
- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

Making Health Care Better *Together*



Georgia, Kentucky,
North Carolina and Tennessee
Leighann Sauls

Leighann.Sauls@AlliantHealth.org



Alabama, Florida and Louisiana
JoVonn Givens

JoVonn.Givens@AlliantHealth.org

Program Directors

Making Health Care Better *Together*

ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE



@AlliantQualityOrg



Alliant Quality



@AlliantQuality



Alliant Quality

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement or that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO-TO1-FL-21-838-07/07/21



**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

**ALLIANT
QUALITY**

The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS