

Opioid Overdose Prevention & Naloxone Training

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



June 30, 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

Amanda Isac, PharmD, MPH

PHARMACIST - NC DIVISION OF PUBLIC HEALTH



Dr. Isac serves as a pharmacist for the Injury and Violence Prevention Branch at the North Carolina Division of Public Health. In this role, she helps support the expansion of various clinical programs and policies around increasing access to medication-assisted treatment, integration of harm reduction strategies into health systems, and education around safer prescribing practices. Dr. Isac's work also includes coordination of naloxone distribution across North Carolina for a variety of community-level and state partners. As a practicing community pharmacist, she has been actively engaged for several years in leading key pharmacist initiatives on addressing the opioid crisis including safer syringe sales, naloxone training, and implementation of medication take-back programs. She received her Doctor of Pharmacy and Master of Public Health degrees from the University of South Carolina and completed a postgraduate pharmacy residency at the University of Georgia.

NC Department of Health and Human Services

Opioid Overdose Prevention & Naloxone Training

Amanda Isac, PharmD, MPH
Pharmacist
NC Division of Public Health

June 30, 2021



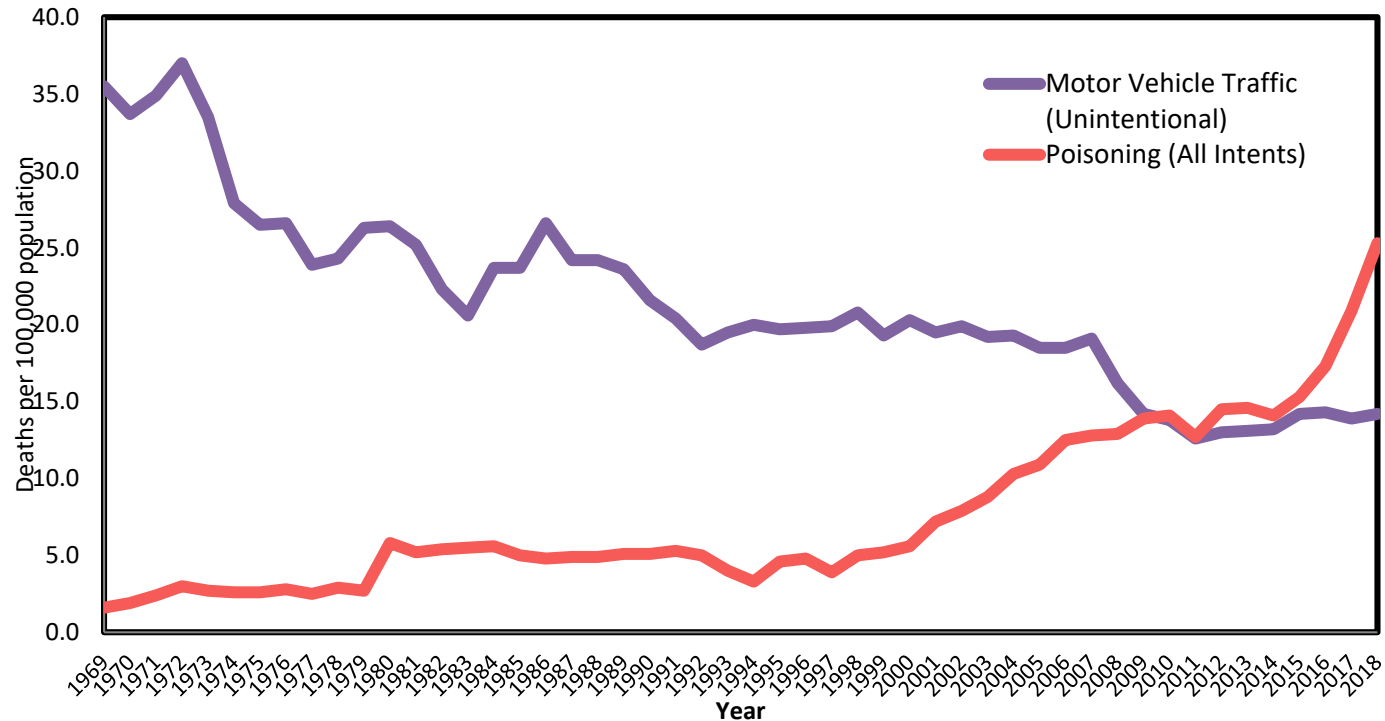
Objectives

- Identify trends in opioid overdose rates across North Carolina
- Describe the signs and symptoms of an opioid overdose
- Review steps to responding to an overdose, including administration of naloxone

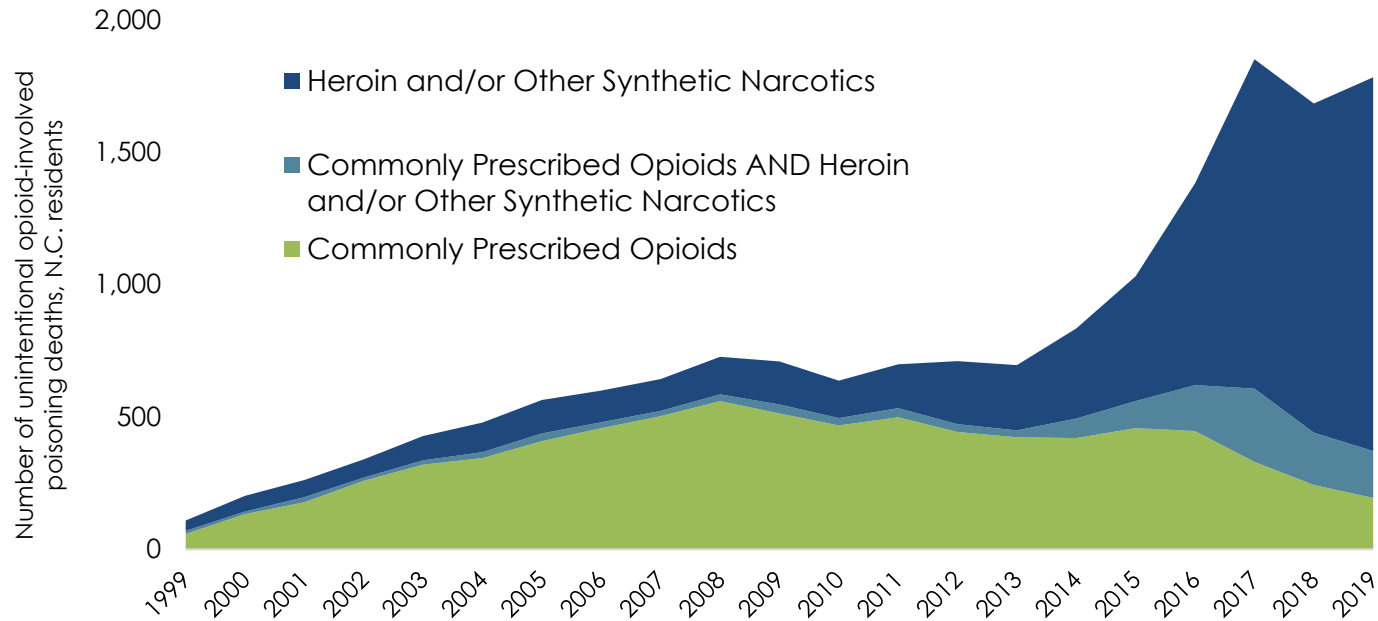
A map of the United States with state boundaries outlined in white. North Carolina is highlighted in orange and labeled "NORTH CAROLINA" in orange text. The text "In 2019, nearly 6 North Carolinians died each day from an unintentional medication or drug overdose." is overlaid on the map.

In 2019, nearly 6 North Carolinians died each day from an unintentional medication or drug overdose.

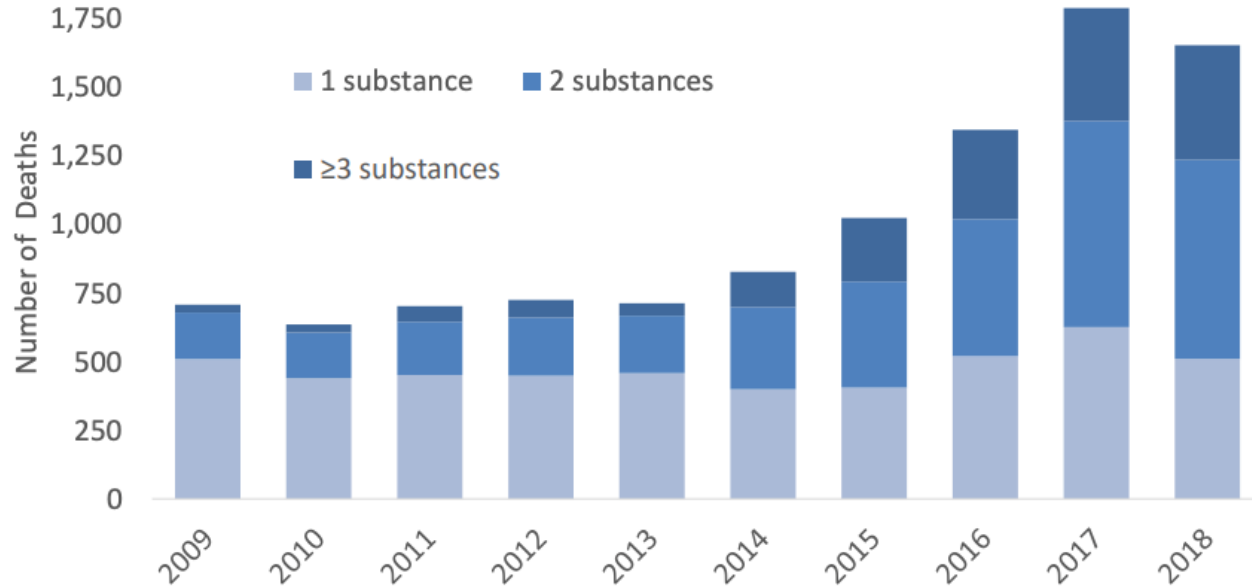
Poisoning death rates are higher than traffic crash death rates in NC



Illicit opioids were involved in approximately 78% of unintentional opioid overdose deaths in 2019

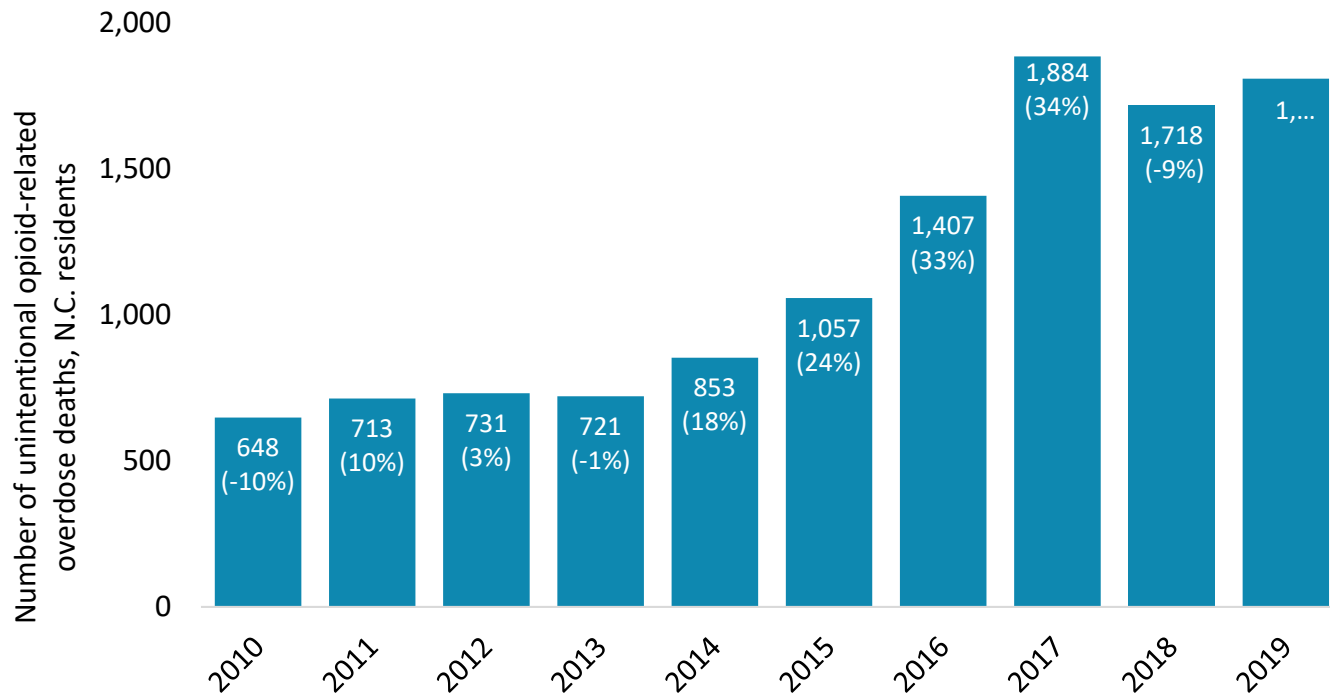


Most overdoses now include several substances



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2009-2018, Unintentional Opioid Overdose Deaths (X40-X44 with any mention of specific T-codes by drug type).

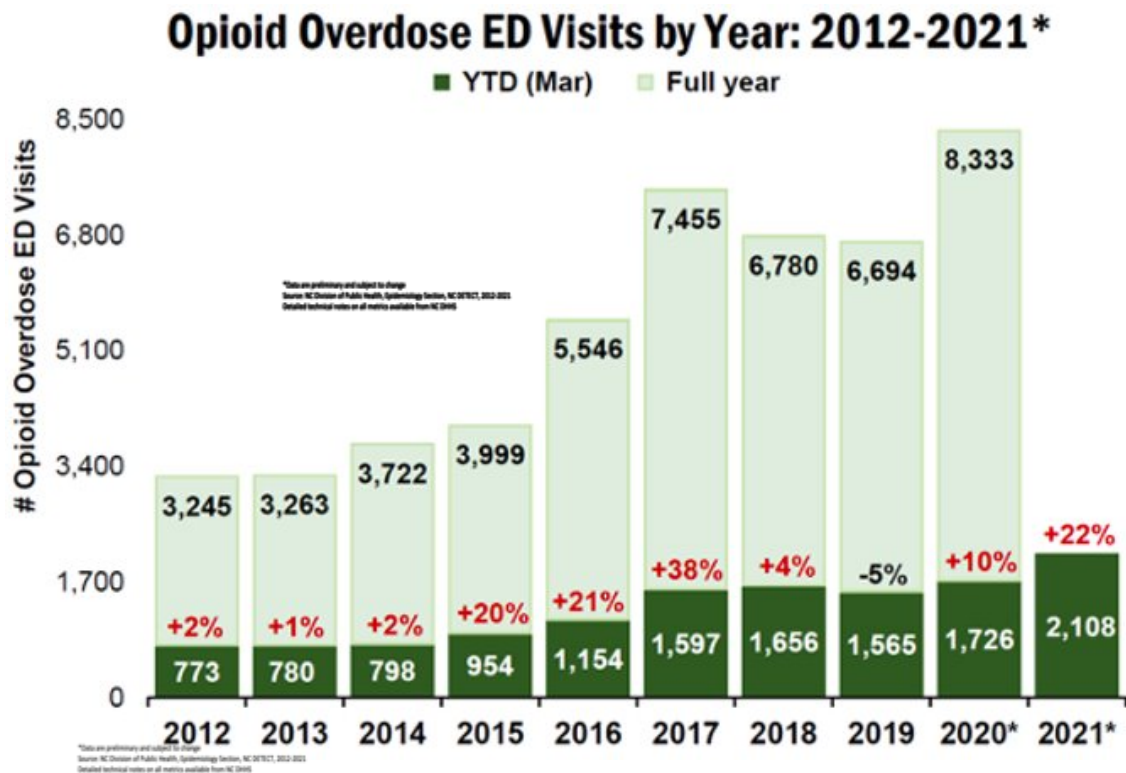
From 2018 to 2019, NC saw 5% Increase in Opioid-Related Overdose Deaths



Impact of COVID-19 on the Opioid Crisis

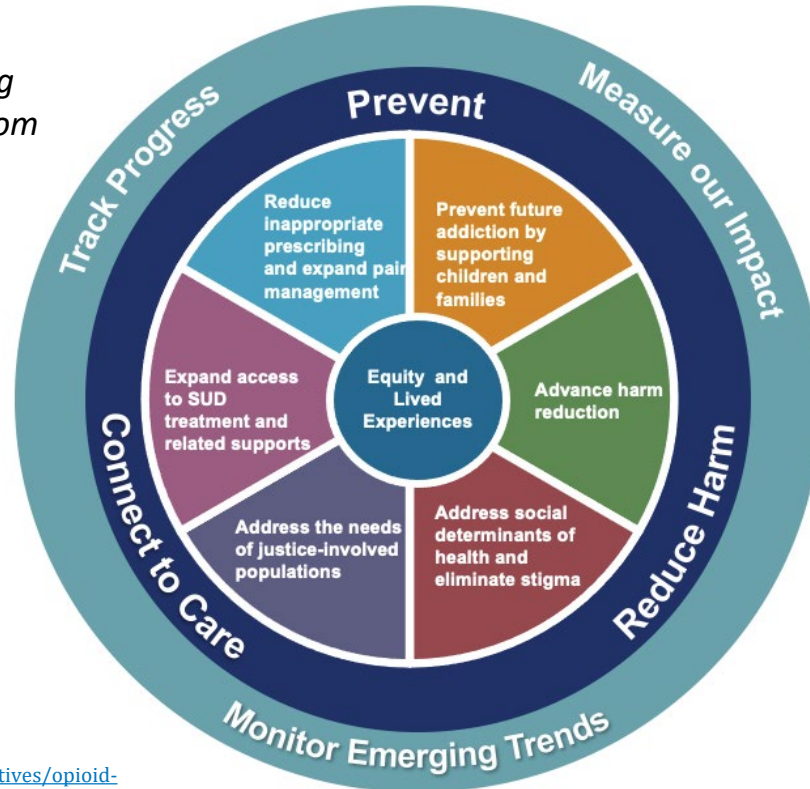
- Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period
- Synthetic opioids appear to be the primary driver of the increases in overdoses
- Overdose deaths involving psychostimulants increased by 34%

In 2020, NC Saw a 24% Increase in Opioid Overdose ED Visits



NC's Opioid and Substance Use Action Plan

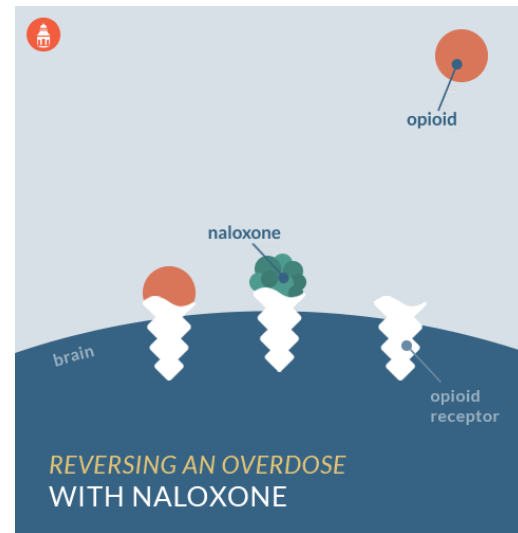
Goal: Reduce all drug overdoses by 20% from expected by 2024



Make naloxone more widely available

Naloxone

- Opioid antagonist
 - High affinity for mu receptor
 - Onset of 2-5 mins
 - Duration of 20-90 mins
- Adverse effects
 - Generally safe
 - Withdrawal symptoms may occur
- No effect if given in the absence of opioids
- Non-addictive and no potential for misuse
- Can be used in pregnancy with caution

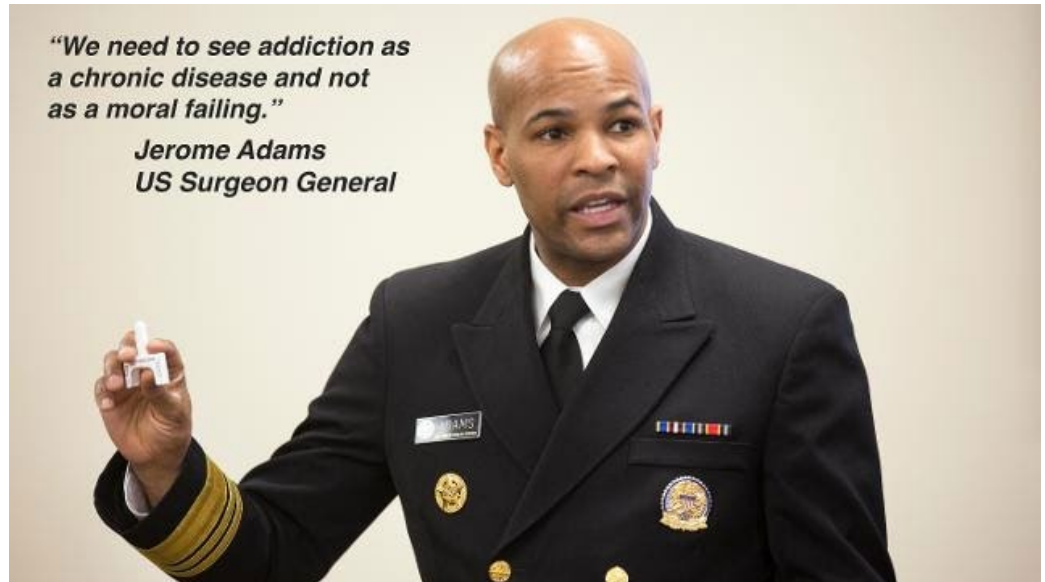


<https://sdtreatmentcenter.com>

2018 U.S. Surgeon General's Advisory

Public health advisory issued in 2018 urging Americans to carry naloxone and know how to use it.

- Public health advisory issued in 2018
- Urged more Americans to carry naloxone and know how to use it



NC Naloxone Access Law (G.S. 90-12.7)

- Passed in 2013
- Allowed healthcare providers to prescribe naloxone, directly or by standing order, to persons at risk of an overdose and to those in a position to help others at risk (3rd party prescribing)
- Provided immunity for people prescribing and administering naloxone



NC Statewide Standing Order

- Legislation passed in June 2016
- Allows pharmacists licensed by the NC Board of Pharmacy to dispense naloxone to:
 - Individuals at risk of experiencing overdose
 - Family/friends of individuals at risk
 - Individuals in a position to assist a person experiencing an overdose
- Can be processed under insurance
- Basic education must be provided
- No age limits



[cdc.gov](https://www.cdc.gov)

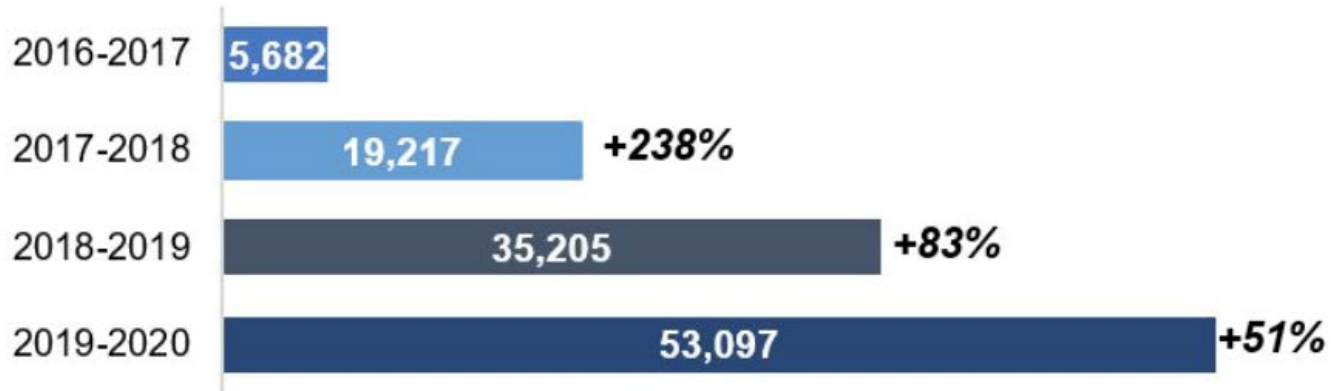
Community Distribution of Naloxone

- Provision added in 2017
- Allowed distribution of naloxone by organizations that promote scientifically proven ways of mitigating health risks associated with substance use disorder
 - Organization must have a distribution standing order signed by a health care practitioner
 - Must provide basic education
 - Organization and agents distributing are given immunity for distributing



Community Distribution of Naloxone Is Increasing!

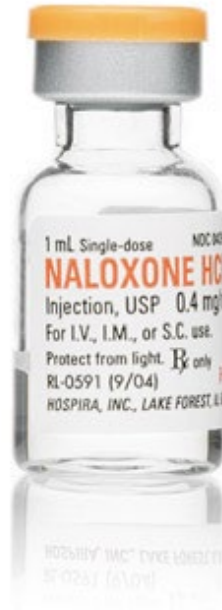
Naloxone kits distributed by NC Syringe Service Programs:



Who should receive a prescription of Naloxone?

- Receiving high doses of opioids (≥ 50 MME/day)
- History of substance use disorder or overdose
- Take medications to treat opioid use disorder
- Concomitant use with benzodiazepines or other central nervous system depressants
- Recent incarceration or detoxification
- Anyone who voluntarily requests naloxone and believes they may be in a situation to assist.

Naloxone Formulations

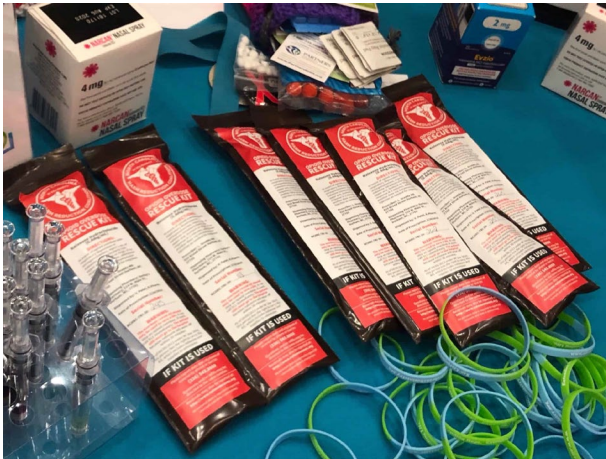


Naloxone Product Summary

	Naloxone HCl 0.4 mg/mL Single-dose vial	NARCAN® 4 mg Nasal Spray	Naloxone HCl 2 mg/2mL Prefilled Syringe
Route of Administration	Intramuscular	Intranasal	Intranasal
Directions (For all: repeat after 2-3 minutes if no to minimal response)	Inject 1 mL intramuscularly	Administer single spray in one nostril	Administer 1 mL (1/2 syringe) in each nostril
Additional Materials Required	3 mL syringe 23-25 gauge 1-1.5" needle	None	Mucosal atomizing device (MAD)
Cost	\$	\$\$	\$

Where Else Can I Find Naloxone?

- Local health departments
- Syringe service programs
- Treatment facilities



northcarolinahealthnews.org



wral.org

Debunking Naloxone Myths

“Giving naloxone enables drug use”

- Communities with naloxone distribution and education programs have decreased rates of overdose fatalities¹
- Training on naloxone administration decreased heroin use in San Francisco pilot ²

“Giving naloxone prevents people from seeking treatment”

- No evidence to support this
- Often, a near-death experience is a catalyst to seeking treatment

¹<https://www.bmj.com/content/346/bmj.f174>

²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2570543/>

Let's Learn How to Respond to an Overdose!

Signs of Overdose

Know the Signs



Not Responding

Doesn't move and can't be woken.



Slow or Not Breathing

A breath every 5 seconds is normal.



Making Sounds

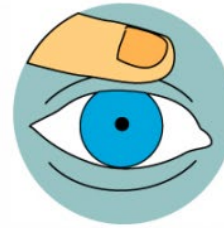
Choking, gurgling sounds or snoring



Blue Lips & Nails



Cold or Clammy Skin



Tiny Pupils

Steps for Responding to an Overdose

- Try to wake the person up
- Call 911
- Administer naloxone
- Perform rescue breathing, if trained
- Place the person in recovery position and stay with them until help arrives
 - Recovery position helps prevent choking



NARCAN® 4mg Nasal Spray

- Administer single spray in one nostril
- Each kit comes with 2 doses
 - Administer the second dose in the opposite nostril if there is little to no response after 2-3 minutes

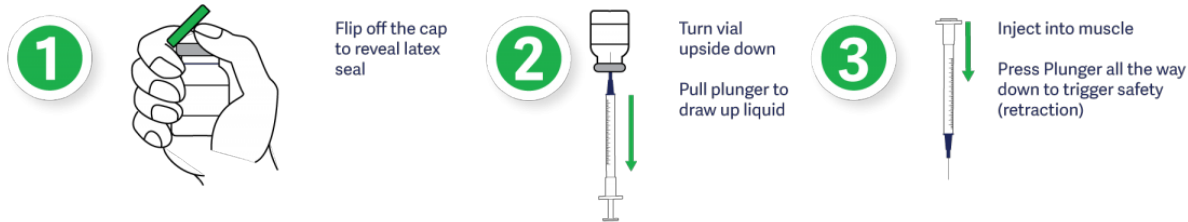
How to administer Narcan Nasal Spray



StopOverdose.Org

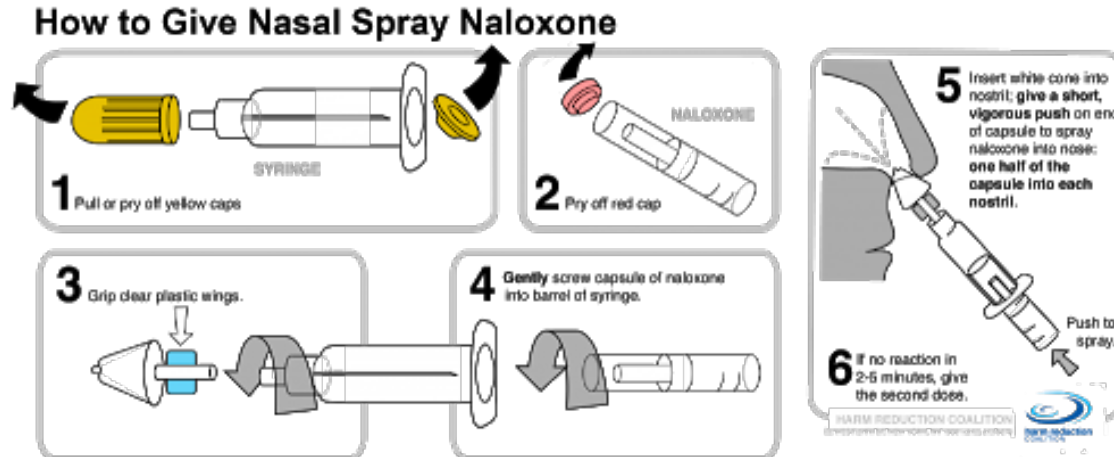
Naloxone 0.4 mg/mL Vial

- Draw up contents of vial (1mL) using appropriate syringe
- Inject into muscle of upper arm or thigh
- Each kit comes with 2 doses
 - Administer second dose in 2-3 minutes if little to no response



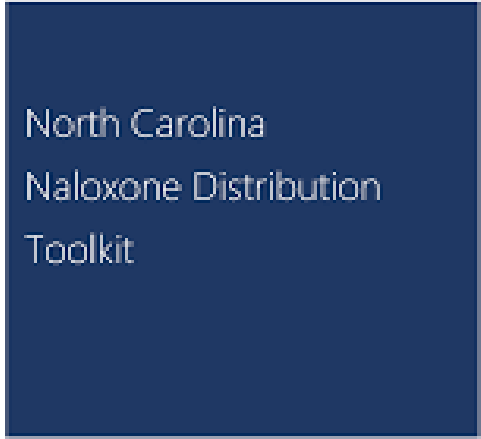
Naloxone 2 mg/mL Prefilled Syringe

- Requires mucosal atomization device (MAD)
- Insert ½ of contents into each nostril
- Each kit comes with 2 doses
 - Administer second dose in 2-3 minutes if little to no response



Additional Resources – NC Naloxone Toolkit

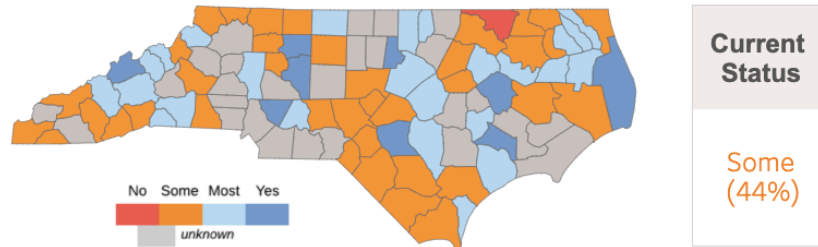
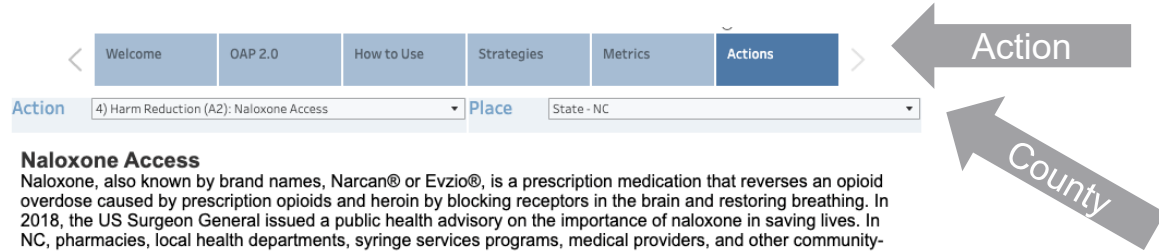
- Background
- Laws/policies
- Comparison of standing orders
- Frequently asked questions
- Implementation and sustainability planning
- Templates
- Available at:
www.injuryfreenc.ncdhhs.gov/

The image shows the cover of a toolkit. It is a dark blue rectangle with the title 'North Carolina Naloxone Distribution Toolkit' written in white text. The text is arranged in four lines: 'North Carolina' on the first line, 'Naloxone Distribution' on the second line, 'Toolkit' on the third line, and a small gap on the fourth line.

North Carolina
Naloxone Distribution
Toolkit

North Carolina Division of Public Health
Injury and Violence Prevention Branch

Additional Resources – NC Opioid Action Plan Data Dashboard



Definitions

Yes: The county has naloxone dispensing or distribution through pharmacies, EMS, the health department, and other organizations/agencies (all four).

Some / Most: The county has naloxone dispensing or distribution through at least one of the following locations: pharmacies, EMS, the health department, and other organizations/agencies.

Opioid Overdose and Prevention Best Practices

- Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose.
- Ensure access to treatment for individuals who are using opioids or who have a substance use disorder.
- Ensure ready access to naloxone
- Use medication lock boxes for safe storage
- Encourage the public to call 911
- Encourage prescribers to use state prescription drug monitoring programs (PDMPs)

Thank You For Helping Us Saves Lives!

Questions?

Amanda Isac, PharmD, MPH

Pharmacist

NC Division of Public Health

amanda.isac@dhhs.nc.gov

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 optical 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*

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