The Walley Wallop: The use of naloxone to prevent overdose
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Objectives
- Describe the epidemiology of overdose (OD)
- Review existing OD prevention efforts and the evidence for them
- Integrate OD prevention and naloxone rescue kits into the medical setting

Drug OD in the United States
- OD have more than tripled 1999-2008
- Where do persons get the opioids
  - 71% Family and friends
- Where do family and friends get opioids
  - 40% get them from Opioid prescribing
- Reformulation of ER oxycodone in 2010 (non-tamper proof version)
  - Decrease in abuse exposures 34% in ER use, 30% increase in other OC forms, 42% in heroin use

Source: Samsha.gov/data/NSDUH/2012
Drug OD’s now leading cause of injury related deaths

- 44,000 people die from drug OD’s every year and this number has doubled over the past 14 years.
- 34 states and D.C. OD deaths exceed motor vehicle related deaths.
- West Virginia 33.5/100,000
- North Dakota 2.6/100,000
- 34 states and D.C. have “rescue drug” laws in place, double the number since 2013.
- Every state EXCEPT Missouri has some form of PMP in place, only 25 states require some mandatory use.

About naloxone

- Reverses opioid related sedation and respiratory depression
- Naloxone is a PURE opioid antagonist
- Not psychoactive, no abuse potential
- May cause withdrawal symptoms
- May be administered IV, SC and IM
- Acts within 2-8 minutes
- Lasts 20-90 minutes and OD may return
- May be repeated
- Naloxone = Narcan (SA). Naltrexone (LA)

Opioids affect breathing

- Slows and stops breathing
- Reduced sensitivity to O2 and CO2
- Decreased tidal volume, respiratory frequency and failure due to hypoventilation
- OD’s can take from minutes to hours to occur
- Additive effects may result in hours before the OD is noted
### Intoxicated or Overdose?

<table>
<thead>
<tr>
<th>Intoxicated</th>
<th>Overdose</th>
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</thead>
<tbody>
<tr>
<td>Small pupils</td>
<td>Small pupils</td>
</tr>
<tr>
<td>Drowsy, but arousable</td>
<td>Not arousable</td>
</tr>
<tr>
<td>Responds to aural rub</td>
<td>No response to external rub</td>
</tr>
<tr>
<td>Speech is slurred</td>
<td>Not speaking</td>
</tr>
<tr>
<td>Drowsy, but breathing</td>
<td>Breathing slow or stopped</td>
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<tr>
<td>8 or more times per minute</td>
<td>— 8 times per minute</td>
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<td></td>
<td>— May hear choking sounds or snoring noises</td>
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<tr>
<td></td>
<td>— Bluish grey lips and fingernails</td>
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</tbody>
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### Risk factors for OD: teach patients how to prevent and OD

- Mixing drugs
- Synergistic actions: gabapentin, promethazine, clonidine
- Previous OD
- Social isolation
- Chronic medical issues
- Abstinence: low tolerance
- Unknown source
- Long acting opioids last longer (fentanyl)
- Word on the street

### How to Respond in an Overdose

1. Recognize the overdose
2. Call 911 for help
3. Natural breathing: Check breath
   - Tense and long
   - Shallow and rapid
   - No breathing
4. Assist respirations
5. Stay calm and help others
   - Recovery position
   - Lay patient down
What to do

- Call out name, call 911, try internal rub, do rescue breathing
- Clear airway
  - Hand on chin, tilt head back to open airway, pinch nose closed
  - 2 slow rescue breaths making sure chest rises then
- 1 breath every 5 seconds until patient can breathe on own or
- Administer naloxone
- Continue rescue breathing: 1 breath every 5 seconds until EMT’s arrive
- After 3-5 minutes if no response w/slow or no breathing administer another dose of naloxone

Legal Issues

- Naloxone is not a controlled substance
- There are always risks
  - Prescribing to own patients is consistent w/state and federal laws
  - Many states have passed laws further limiting naloxone liability as well as allowing “third party” prescriptions
- Any medication prescribed
  - must ensure that it is done in good faith
  - in the usual course of practice
  - for a legitimate medical purpose
The Good Samaritan Law

- "we want people to call 911 and good Samaritan laws remove the fear of calling for help in most cases….Addiction can happen to anyone, your brother, your daughter, sister or son...If we can save one life, it's worth it"

Det. Gary Martin, Palm Beach County Sheriff's Office
Pharmacist practice

- In many states (including NC, MT, NM, Indian Health Service and VA) a pharmacist may dispense without a patient seeing a prescriber first.
- Issues with charging for pharmacy consult

Resources

- Special thanks to Doctor Alex Walley for his tireless efforts to make naloxone available in the community, by training police officers, EMT's and community people, the patients, friends and other loved ones of those at risk for overdose here in Massachusetts. It is through his efforts that we are in the forefront of this effort to save lives.
- SCOPE of Pain
  - Scope of pain.com
  - www.scopetreatment.com/naloxone. Alex Walley teaches this!