



PER_XU

Program Evaluation and Research Unit

Naloxone and Naloxone Education



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Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

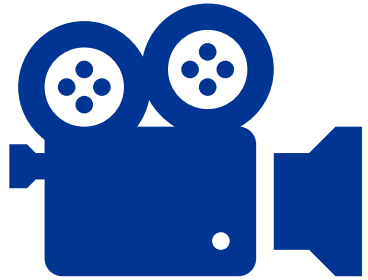


This menu allows you to **control**:

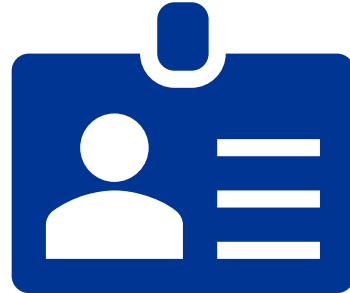
- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping



This session is being recorded to **Tomorrow's Healthcare**



If you used a forwarded link, we need your **email address**



Pose questions in the chat to **all participants**



Please complete the post-session **evaluation**



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Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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Acknowledgements

- The Centers of Excellence is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

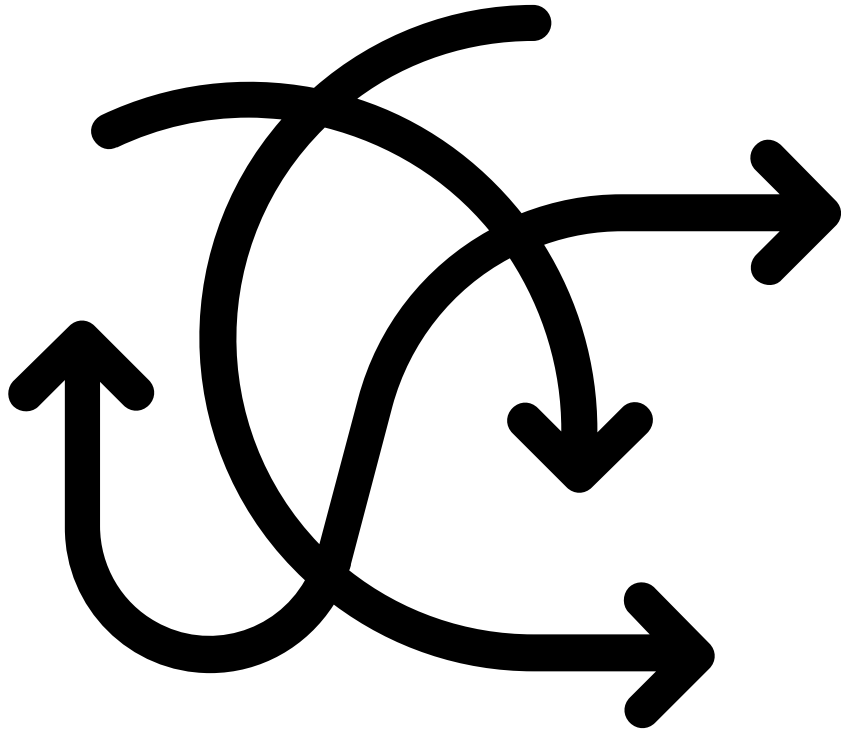


Learning Objectives

- Discuss the importance of naloxone and naloxone education.
- List best practices for naloxone policies for organizations
- Identify resources for procuring naloxone and providing client education

Opioids and Overdose

Effects of opioids



- drowsiness
- confusion
- nausea
- constipation
- euphoria
- **slowed breathing**

Recognizing an opioid overdose

Signs of Opioid Overdose



small, constricted
pinpoint pupils

falling asleep or loss
of consciousness

slow, shallow
breathing

choking or
gurgling sounds

pale, blue
or cold skin

blue nails
or lips

CALL 911 IMMEDIATELY
if you see these overdose signs



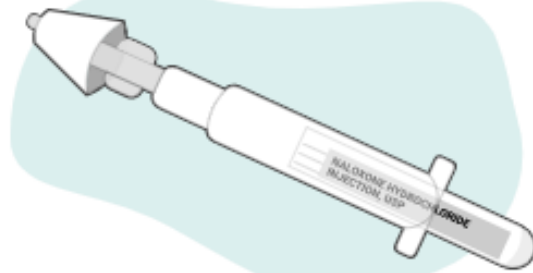
- pale, blue, clammy, or cold skin
- unresponsive to voice or touch
- cannot be woken up
- slow, shallow, or not breathing
- choking or gurgling sounds
- blue nails or lips
- **small, constricted “pinpoint” pupils**
- slow or stopped heartbeat
- dizziness or disorientation

Naloxone

Naloxone Overview

- Naloxone is the chemical name for the active ingredient in **opioid overdose reversal medications** sold under brand names including Narcan[®], Kloxxado[™], and Evizio[™]
- Used to **stop or ‘reverse’** an opioid overdose
- **Temporarily blocks** the effects of opioids
- **Restore** breathing and other **life functions**

Common Naloxone Formats



What Opioids Does Naloxone Work On?

- Any chemical that binds to opioid receptors

Examples of opioids and brand names

- Heroin Hydrocodone
- Codeine Oxycodone
- Demerol Levorphanol
- OxyContin Tylenol 3
- Percocet Morphine
- Percodan Vicodin
- Codeine Demerol
- Morphine Darvocet
- Fentanyl Dilaudid
- Methadone Opium
- Opium Tylox

Naloxone Considerations

- The duration effect of naloxone is **shorter than some opioids**.
- **Additional doses** may need to be administered if an individual took large quantities of opioids, long-acting opioids, or very potent opioids.
- Naloxone **does not reverse overdoses from other substances**.
- Naloxone may put individuals **into immediate withdrawal**.

When Should Naloxone Be Used?

- When there is any potential for an opioid overdose
- This is not limited to illicit opioids
- Prescription pain medications can cause opioid overdoses



Reactions to Naloxone Administration

- Confusion
- Agitation
- Discomfort
- Involuntary movements
- Adrenaline surge



What happens to a person experiencing an opioid overdose after receiving Naloxone?

According to NIDA (2022),

“People with **physical dependence on opioids** may have withdrawal symptoms **within minutes** after they are given naloxone.”

- Effects may range from mild to severe.
- Though unpleasant, usually not life threatening

Procuring Naloxone

- **Mail-to-home distributions** such as NextDistro
- Naloxone **distribution events** held across Pennsylvania by municipalities and non-profits
- **Naloxone storage cabinets** (E.g., NaloxBox and other brands) which are often situated near Automatic Electronic Defibrillators (AEDs) in schools, municipal buildings, emergency departments, and other locations
- Law Enforcement Officers, EMS, and Fire Department personnel with **leave behind programs**

PA's Standing Order for Naloxone

- Intended to ensure **all persons in a position to assist a person at risk of experiencing an opioid-related overdose can obtain naloxone**
- Standing Order **acts as**
 - **a prescription for naloxone** for all PA residents
 - **third-party prescription for community-based organizations (CBOs)** to obtain and distribute naloxone
 - Permits **CBOs** to provide naloxone **in person** or **via mail**

Liability for Naloxone Administration

PA Act 139 of 2014 or David's Law: Naloxone Administration

- Provides **civil, criminal and professional immunity** for all persons who administer naloxone to a **person suspected** of experiencing an **opioid overdose**
 - Acting in **good faith** and exercising **reasonable care**
- **PA approved training creates rebuttable presumption** BUT not necessary for immunity

PA Title 42 (Emergency Response Provider and Bystander Good Samaritan Civil Immunity, 1978)

- Provides **catchall protections** to individuals rendering emergency care (including administering naloxone)
- Applies to any person who **acts in good faith to provide emergency care, treatment, first aid, or rescue** in response to an emergency care
- Exception: intentional harm or grossly negligent act

Naloxone Education

Naloxone Distribution Policies and Procedures

- Inclusion Criteria/Screening Protocol
- Naloxone Storage and Retrieval
- Patient Education
- Documentation Requirements

Checklist

Overdose Education Checklist

The information provided below could be life-saving.

- ✓ Mixing drugs/medications—particularly opioids with benzodiazepines (e.g. Xanax) or alcohol—puts a person at especially high risk for overdose.
- ✓ Most fatalities come when a person is using alone. If a person uses alone, nobody is there to help if something goes wrong.
- ✓ Signs of overdose are: extreme sleepiness, slower breathing, non-responsive to verbal/touch, turning blue.
- ✓ Always call 9-1-1 immediately if you are witnessing an overdose. Even if the person is revived with Naloxone, they may still be at risk of death from return of overdose or other overdose-related medical complications.
 - ✓ Good Samaritan laws protect the person who OD'ed and the person who called 9-1-1 from arrest, as long as both remain at the scene.
- ✓ Rescue Breathing: no one dies from opiate overdose if they can be kept breathing!!! On back, forehead back, tip chin to open airway. Clear mouth and pinch nose, seal your mouth over theirs. 2 quick breaths, then 1 breath every 5 seconds
- ✓ Naloxone –
 - ✓ Store away from light and at room temperature.
 - ✓ Do NOT “test” the device. The entire contents will spray!
 - ✓ Spray one unit into one nostril. Breathe for them until naloxone starts to work and they start breathing on their own. If not working in 3 minutes, spray the second dose. If 2nd dose doesn't work, something else may be wrong. → GET HELP. Call 911 immediately!
- ✓ Return of overdose – Naloxone lasts 30-90 minutes in the blood. If you can't get them to a hospital, stay with them for 1 1/2-2 hours. Make sure they are okay once Naloxone wears off. Heroin OD may last 2 hours.

Education

- Overdose reversal instructions and directions for use
- Risk factors for opioid overdose
- Strategies to reduce overdose risk
- How to recognize and respond to an overdose
- How to administer naloxone
- Potential for withdrawal symptoms
- Potential for return of overdose symptoms
- Need for observation and medical care
- Importance of not using opioids immediately after naloxone
- Good Samaritan laws

Questions?

References

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