Naloxone Distribution for Healthcare Providers

Private Psychiatric Inpatient Provider Conference October 25, 2013

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 todays program

- background
- project dawn public and private partnerships
- discussion
The Background

- Governor Kasich GCOAT (2011)
- State Opiate guidelines
- Cuyahoga County Opiate Task Force
- ODMHAS Opiate guidelines
The Background

- Approximately 3000 confirmed Opiate dual diagnosis admissions per month
- Almost all patients are admitted through ED
- Our responsibility to assure comprehensive care at discharge: including aftercare
- Involvement of non-profit providers and County Mental Health Boards
- Project DAWN a tool which saves lives
Project Dawn

- Project DAWN a tool which saves lives.
- Has been implemented at NBH
- Process is secure and will be rolled out state wide
- Our process may serve as a model for other inpatient facilities.
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Joan Papp, MD FACEP,
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MetroHealth Medical Center

MetroHealth and Case Western Reserve University, affiliated since 1914, partners in advancing patient care through research and teaching.
The Opioid Epidemic in Ohio

• In 2007, unintentional poisoning became the leading cause of injury death in Ohio

• This surpassed death by MVA and suicide for the first time

• ODH reported an increase in overdose death between 1999 and 2011 of 440%

• Nearly 2/3 of the deaths in 2011 were related to opioids
What can we do?

Prescribing guidelines
OARRS
Care plans
SBIRT
NALOXONE Project DAWN
Project DAWN

Deaths Avoided With Naloxone

- Developed by ODH to address opioid epidemic facing our state
- First Ohio program in Portsmouth July 2012
- Launched March 2013 in Cuyahoga County
What is Project DAWN?

• Opioid education and naloxone distribution program (OEND program)

• Educate at-risk opioid users on:
  – RISK FACTORS for overdose
  – RECOGNITION of opioid overdose
  – RESPONDING by calling 911, administering rescue breathing and NASAL NALOXONE
Naloxone (Narcan®)

• Naloxone is an opioid antagonist that blocks the effects of opioid mu-receptors in the brain to restore breathing in an overdose victim.

• It is a prescription drug, but is not a controlled substance and has no potential for abuse.
The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.
• Only reverses opioids like heroin, morphine, methadone, OxyContin, Percocet and Vicodin

• It has no effect on other drugs such as benzodiazepines or alcohol
Overdose Kits contain:

- 2 vials of Naloxone 2 mg/2 ml
- 2 nasal atomizers
- Educational DVD
- Quick reference guide and educational pamphlet
- ID card
- Information on drug treatment programs in the community
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How is a person rescued?

- Administration by a 3\textsuperscript{rd} party similar to an Epi-pen would be given to a person having an allergic reaction.

- By law, the drug can only be given to the person who is the intended recipient.

- Family and friends are encouraged to attend, but the drug (by state law) can only go to the user.
• Community based programs have been providing naloxone for administration by laypersons since 1996 for overdose reversal

• New York, San Francisco, Chicago, Boston, Rhode Island, Baltimore and many more cities and states have programs in place

• 188 programs in existence as of February 2012

OEND programs
1. Does this encourage drug use?

2. Is it safe for lay responders to give?

3. Does this discourage utilization of hospital services?
Does this encourage drug use?

Naloxone puts users into withdrawal which is an unpleasant experience.

Several studies have shown that access to naloxone does not encourage people to use more drugs or use in riskier ways.

Participants were trained in overdose prevention and their knowledge of heroin overdose management increased while heroin use decreased.

Same study also showed that drug treatment entry increased after participation in OEND program.

Participants in naloxone programs reported no interest in increasing their dosage or injecting more frequently as a result of naloxone availability.
YES. It has been shown that with basic training drug users are able to recognize and respond to an opioid overdose.

In fact, Green et al. found that trained drug users were as competent as medical experts in recognizing opioid overdose and indication for naloxone.
Does this discourage utilization of hospital services?

NO. A NYC program reported that 74% of participants in their OEND program called 911 which is similar to the rate at which non-participants will utilize EMS.
Institutional Supporters of Naloxone Programs

- Office of National Drug Control Policy
- United Nations Office on Drugs and Crimes
- National Coalition Against Prescription Drug Abuse
The AMA supports OEND programs

- The AMA adopted a policy in June of 2012 to support further implementation of community-based programs that offer naloxone and other opioid overdose prevention services.
Ohio State Medical, Pharmacy, and Nursing Board Joint Regulatory Statement

- Purpose: to endorse the prescription of naloxone to high risk individuals by educating prescribers on the proper use of naloxone to those who are high risk for opioid overdose

- To promote wider utilization of naloxone by high-risk individuals
• Massachusetts Experience- decrease in opioid overdose mortality in communities with OEND programs


*Do these programs really make a difference?*
Cost/Benefit Estimate

- Total Cost of Project DAWN Kit = $50.00
- Medical Cost of a Fatal Drug Overdose: $2,980
- Naloxone can prevent complications that result in costly drug overdose-related hospital stays. In 2008, the average in-patient treatment charge for a drug overdose is $10,488.
Heroin-related Deaths
San Francisco, 1993-2011
Naloxone distribution in your practice setting

- Community distribution sites
- Outpatient clinics
- Health Depts
- Emergency Dept
- Inpatient units
Action Plan

1. Develop a plan- who is my target (inpatient, outpatient, community?) Where will my patients get refills?
2. Prescription or homegoing med?
3. Estimate your annual goal (how many kits?)
4. Sample Budget
5. Approach you hospital leadership with your plan
6. Call ODH – Dept of Injury Prevention to get materials- they can provide the files for materials with your own branding
Prescription Naloxone

**PROS**

- NPs and PAs have prescriptive authority
- Ease
- No storage
- Buy-in

**CONS**

- Cost
- Availability
- Reliability
Collaborate with your community

- Find resources in your community
- Do I have an opiate coalition?
- Who are my stakeholders?
- Funding sources
- Social Media, networking
Coalition building

- Community groups (Solace) and schools
- County Coroner/Medical examiner
- Local health dept
- Pharmacy representatives
- ADAMHS Board
- Media
- Legal system
  - Parole board
  - Drug court
  - Local Municipal court
- County and federal govt organizations
Do you practice in Northeast Ohio, Cincinnati, Canton, Ross or Scioto county?
We have done everything for you!

- All you need to do is stock your offices and pharmacy
- Contact ODH for printed materials

MetroHealth

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• www.healthy.ohio.gov/vipp/drug/ProjectDAWN
Cuyahoga County Board of Health
5550 Venture Drive        Fridays 9 am until noon

The Free Medical Clinic of Greater Cleveland located
12201 Euclid Ave, Cleveland 44106

Fridays 1pm until 5 pm
NBH Program

• NBH Opiate patient population
• SAMI counselor participates in the Cuyahoga Opiate task force
• Initially partnered with Free Clinic and MetroHealth
• Developed an internal process
Naloxone distribution at Inpatient setting

- Patients are identified as Opiate dependent
- SAMI counselor completes intake and training.
- Social Worker duplicates and reinforces the program. Meets with family and friends.
- Pharmacy is notified
- Discharge prescription is completed
- Nursing and or pharmacy Reviews discharge plan with patient and locations for refills
Benefits

• NBH Opiate patient population better served
• Risk reduction
• Connection to Broader Community of SAMI
• Turn Key operation (customizable)
• Sharing Expertise
• Developed an internal process for inpatient setting
Partnerships

• Broad Organizational Mandate
• Formulate a Guiding Coalition
• Identify shared need: in healthcare
  – Quality
  – Access
  – Cost
• Stakeholders in the coalition
Stakeholders in the Coalition

- Leadership positions with clear operational understanding.
- Bold: “Can do Mentality”
- Insightful
- Creative.