

# Opioid Overdose Education and Naloxone Distribution (OEND): Preventing and Responding to an Opioid Overdose

Elizabeth M. Oliva, PhD

VA National OEND Coordinator

VA Program Evaluation and Resource Center

Office of Mental Health Operations

Spotlight on Pain Management Cyberseminar

September 2, 2014

# Acknowledgments

- National
  - VA OEND National Support & Development Workgroup
  - Dan Kivlahan (MHS), Francine Goodman, Mike Valentino, and Tom Emmendorfer (PBM), and Robert Sproul
  - Peggy Knotts (EES)
- VISN/Facility
  - Jesse Burgard (VISN 10)
  - Initial pilot programs (VISN 10, Atlanta, Brockton, Palo Alto, Salt Lake City, San Francisco, Providence)
- Community
  - Eliza Wheeler (Harm Reduction Coalition)
  - Alexander Walley (Boston University; MA Dept of Public Health)
  - Phillip Coffin (UCSF; SF Dept of Public Health)

# Objectives

- Brief overview of Opioid Overdose Education and Naloxone Distribution (OEND)
- Describe national tools and resources available to facilitate OEND implementation
- Highlight the types of pain patients who may be prime candidates for OEND

# Objectives

- Brief overview of Opioid Overdose Education and Naloxone Distribution (OEND)
- Describe national tools and resources available to facilitate OEND implementation
- Highlight the types of pain patients who may be prime candidates for OEND

# Why Opioid Overdose Education and Naloxone Distribution (OEND)?

- **Opioid overdose is a growing cause of preventable death**
- **Increasing data supporting effectiveness of OEND to reverse overdose and reduce overdose deaths**
  - Most evaluated implementation has used a public health approach. Models of implementation in health care systems are emerging.
  - Data suggest effectiveness and cost-effectiveness when targeting persons with opioid use disorders. Data is limited on programs targeting higher risk patients prescribed opioid medication.
- **OEND provides a promising risk mitigation strategy for reducing opioid overdose deaths in Veterans and VA facilities are encouraged to initiate programs**

# Why OEND in VA?



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington, DC 20420

May 13, 2014

IL 10-2014-12  
Reply to: 10P4

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

IMPLEMENTATION OF OPIOID OVERDOSE EDUCATION AND NALOXONE  
DISTRIBUTION (OEND) TO REDUCE RISK OF OPIOID-RELATED DEATH

- Over 55,000 VA patients with an Opioid Use Disorder
- 440,000 VA patients prescribed opioids
  - HVAC hearing on 10/10/2013, Between Peril and Promise: Facing the Dangers of VA's Skyrocketing Use of Prescription Painkillers to Treat Veterans

Naloxone Kits RFU

## NALOXONE KITS

**Interim** Recommendations for Issuing Naloxone Kits  
for the VA Overdose Education and Naloxone Distribution (OEND) Program

June 2014

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives  
in collaboration with the VA OEND National Support and Development Work Group

VA's opiate overload feeds  
veterans' addictions,  
overdose deaths

Sep 28, 2013



Aaron Glantz  
Veterans Reporter



Department of Veterans Affairs  
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-00895-163

Healthcare Inspection - VA Patterns  
of Dispensing  
Take-Home Opioids and Monitoring  
Patients on Opioid Therapy

May 14, 2014

Medical News & Perspectives

Back From the Brink  
Groups Urge Wide Use of Opioid Antidote to Avert Overdoses

Bridget M. Kuehn, MSJ

# Rationale for OEND

- Overdose usually witnessed
- Death takes a while
- EMS not routinely accessed
- Naloxone very safe and very effective
- More rapid reversal with naloxone improves outcomes
- Community-level mortality reduced
- Training is feasible and relatively short

Davidson et al., J Urban Health, 2003; Gonzva, Am J Emerg Med, 2013; McGregor, Addiction 1998; Piper et al., Harm Reduction J, 2007; Sporer, Ann Intern Med 1999; Strang et al., BMJ, 1996; Walley et al., BMJ, 2013

# Evidence-base for OEND

- 3 models
  - 1. Initial Public Health model**
    - Distribution to high-risk patients in the community
      - Primarily injection heroin users at needle exchanges
    - Evidence for effectiveness and cost-effectiveness
  - 2. Expanded Public Health model**
    - Distribution to high-risk populations and other interested self-identified potential bystanders
      - e.g., social service agency staff, family, friends of opioid users
    - Evidence for reduced mortality
  - 3. Health Care model**
    - Distribution to patients by health care systems and providers
    - Scotland—evidence from urban and rural pilot programs
- Gaps in evidence-base
  - Limited evidence for OEND to patients prescribed opioids
  - Intranasal device not FDA-approved for naloxone delivery
  - Newly released auto-injector (EVZIO<sup>®</sup>)

# Objectives

- Brief overview of Opioid Overdose Education and Naloxone Distribution (OEND)
- Describe national tools and resources available to facilitate OEND implementation
- Highlight the types of pain patients who may be prime candidates for OEND

# VA OEND Resources

- Under Secretary for Health's Information Letter
- Interim Recommendations for Use of Naloxone Kits and Abbreviated Review of the Naloxone Auto-injector from PBM
  - Posted on PBM intranet
- Naloxone kits (intramuscular, intranasal, auto-injector) added to National Drug File
  - PBM's Naloxone Kit Initiative
    - Potential to provide up to 28,000 kits—paid for by PBM—to be dispensed to VA patients without the medical center incurring the cost of the kits (standard Veteran co-payment rules apply to the kits)
- VA National OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
  - National Patient Education Brochures, Quick Start Guide, Posters
- **Forthcoming Resources**
  - Provider and patient videos
  - EES training for providers (TMS) and patient education tools



**DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington, DC 20420**

**IL 10-2014-12  
Reply to: 10P4**

**May 13, 2014**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**IMPLEMENTATION OF OPIOID OVERDOSE EDUCATION AND NALOXONE  
DISTRIBUTION (OEND) TO REDUCE RISK OF OPIOID-RELATED DEATH**

4. VA providers should consider providing OEND to Veterans who are at significant risk of opioid overdose. Clinical judgment about risk/benefit and patient-centered care involving Veterans and their significant others in shared decision-making should guide decisions on provision of OEND.

## NALOXONE KITS

### Interim Recommendations for Issuing Naloxone Kits for the VA Overdose Education and Naloxone Distribution (OEND) Program

June 2014

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives  
in collaboration with the VA OEND National Support and Development Work Group

**Offer naloxone kits to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems, based on their clinical judgment, that the Veteran has an indication for a naloxone kit.**

#### Comparison of Routes of Administration

<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Formulation manufactured for this route</li> <li>• Seems to have similar responder rates vs. IV naloxone in prehospital settings<sup>2</sup></li> <li>• Involves fewer steps to assemble</li> <li>• Simpler for some people (e.g., those familiar with using injections)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduces risk of blood-borne virus transmission in a high-risk population</li> <li>• Reduces risk of needlestick injuries</li> <li>• Obviates need for needle disposal</li> <li>• Easy access to nares</li> <li>• May be preferred by people with aversion to needles or injections</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Risk of blood-borne virus transmission (e.g., HIV, HBC, HCV)</li> <li>• Risk of needlestick injuries</li> <li>• Risk of injury from improper injection technique</li> <li>• Proper use requires competence in techniques for extraction of drug from vial and injection</li> <li>• Requires adequate muscle mass</li> </ul>	<ul style="list-style-type: none"> <li>• May have lower bioavailability vs. IM route<sup>3</sup></li> <li>• Similar<sup>4</sup> or slower<sup>5</sup> onset vs. IM route</li> <li>• Similar<sup>4</sup> or slightly lower<sup>5</sup> responder rates vs. IM naloxone</li> <li>• May be more likely to require supplemental doses of naloxone<sup>4</sup></li> <li>• Not manufactured in a formulation for this route (the injectable form is aerosolized)</li> <li>• Nasal abnormalities (e.g., epistaxis, trauma, deformity, mucous) and prior intranasal drug use may reduce effectiveness<sup>9</sup></li> <li>• Involves more steps to assemble</li> </ul>

**Figure 1 Classification of OEND Candidates**

<p><b>Direct Association with Benefit</b></p>	<p><b>Indirect Association with Potential Benefit</b></p>	<p><b>Clinical Judgment of Potential Benefit</b></p>
<p>Risk criteria used in community health OEND programs associated with reduction in opioid overdose deaths*</p> <ul style="list-style-type: none"> <li>• Heroin or other injection drug use</li> <li>• Substance use</li> <li>• Opioid or drug use disorder diagnosis</li> <li>• High likelihood of opioid overdose or witnessing an opioid overdose.</li> </ul> <p>High risk individuals have been targeted in the following settings:</p> <ul style="list-style-type: none"> <li>○ Medication Assisted Treatment Program</li> <li>○ Inpatient 'withdrawal management' (particularly individuals recently released from abstinence programs)</li> <li>○ HIV education / prevention program</li> <li>○ Syringe access program</li> <li>○ Outpatient and residential SUD treatment programs</li> <li>○ Community meetings / Support group programs for SUD</li> <li>○ Emergency departments (recent medical care for opioid poisoning / overdose or intoxication)</li> <li>○ Homeless shelters</li> <li>○ Primary health care</li> </ul>	<p>Factors associated with an increased risk for fatal or nonfatal opioid overdose or any drug overdose death in U.S. Veterans. Some of these criteria have been used by an established OEND program without outcome data.</p> <p>Identified Patient Risk Factors</p> <ul style="list-style-type: none"> <li>• SUD diagnosis</li> <li>• PTSD or other MH diagnosis</li> <li>• Suspected or confirmed history of heroin or nonmedical opioid use</li> <li>• Male Veterans 30–59 years old</li> <li>• Any opioid prescription and known or suspected smoking, COPD, emphysema, asthma, sleep apnea, other respiratory system disease; renal or hepatic disease; alcohol use</li> </ul> <p>Identified Prescription Risk Factors</p> <ul style="list-style-type: none"> <li>• High-dose opioid prescription (50 to 100 mg or more MEDD)</li> <li>• Long-acting non-tramadol opioid</li> <li>• Methadone initiation in opioid-naïve patients</li> <li>• Opioid prescription with concomitant benzodiazepine use or concurrent antidepressant prescription</li> </ul> <p>Situational Risk Factors or Criteria</p> <ul style="list-style-type: none"> <li>• Loss of opioid tolerance and likely to restart opioids (e.g., recent release from jail or prison / post-incarceration re-entry programs)</li> <li>• Remoteness from or difficulty accessing [emergency] medical care</li> <li>• Voluntary patient request</li> </ul> <p>Settings Used to Target Those at Risk</p> <ul style="list-style-type: none"> <li>• Pain management clinics</li> <li>• Single room occupancy hotels [e.g., affordable housing for homeless people and people with mental illness or AIDs].</li> </ul>	<p>Common factors found in drug overdose deaths in nonveterans; factors associated with increased risk for nonfatal overdose or for respiratory depression from opioid therapy, and other clinical factors suggested by experts</p> <p>Identified Patient Risk Factors</p> <ul style="list-style-type: none"> <li>• Previous suicide attempt or on high-risk suicide list</li> <li>• Outpatient opioid prescription with the following: <ul style="list-style-type: none"> <li>○ Unstable renal or hepatic disease</li> <li>○ Cardiac illness</li> <li>○ HIV/AIDS</li> <li>○ Age 65 years or older, cognitive impairment or debilitated condition</li> <li>○ Voluntary caregiver request</li> </ul> </li> </ul> <p>Identified Prescription Risk Factors</p> <ul style="list-style-type: none"> <li>• Home-based continuous intraspinal opioid infusion</li> <li>• Home-based patient-controlled opioid infusion</li> <li>• Opioid rotation to methadone</li> <li>• Opioid induction, upward titration or rotation (for SUD or pain)</li> </ul> <p>Situational Risk Factors</p> <ul style="list-style-type: none"> <li>• Fear of police arrest (reluctance to call 911)</li> <li>• Aberrant opioid use / misuse (e.g., early fills; extra doses; overlapping, multi-site fills).</li> </ul>

# Naloxone Injection (EVZIO, Auto-injector)

## National PBM Abbreviated Drug Review

July 2014

VHA Pharmacy Benefits Management Services,  
Medical Advisory Panel, and VISN Pharmacist Executives

*The PBM prepares abbreviated reviews to compile information relevant to making formulary decisions. The manufacturer's labeling should be consulted for detailed drug information. VA clinical experts may provide input on the content. Wider field review is not sought. Documents no longer current will be placed in the Archive section.*

### Executive Summary:

- The naloxone auto-injector for intramuscular or subcutaneous injection was fast-tracked approved by the Food and Drug Administration (FDA) as the first naloxone product to be marketed for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression, and is intended for immediate administration by laypersons as emergency therapy in any settings where opioids may be present.
- Approval was based on a bioequivalence study with the reference naloxone syringe injection product; no clinical safety or efficacy studies were required by the FDA.
- The main advantages of the naloxone auto-injector over naloxone kits include
  - Simplicity of use even without training;
  - Compact size and sturdy case for convenient portability;
  - A retractable needle that may reduce the risks of accidental needle sticks and reuse of the syringe for injection drug use;
  - An encased needle that is not seen during the injection, which may be a desirable feature for persons who have an aversion to the sight of needles.
- Potential disadvantages include restriction to IM or SC route of administration, lack of human factor testing in non-English speaking individuals and lack of field testing by Overdose Education and Naloxone Distribution (OEND) programs.

**Conclusions:** The naloxone auto-injector is the first naloxone product designed for use by laypersons in the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. It is intended for immediate, emergency therapy in a wide range of scenarios where opioid overdose may occur (i.e., any "settings where opioids may be present"). The auto-injector was designed for use by laypersons, although the product information does not specify to whom physicians may prescribe naloxone auto-injectors (e.g., to family or friends of an at-risk person). There are potential advantages of the naloxone autoinjector that may make it preferable over the formulary naloxone kits for certain individuals.

# National Resources

- VA OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- VA OEND Quick Start Guide
- VA Naloxone Kit Brochures
- VA Patient Education Brochures
- VA Posters

# National Resources

- **VA OEND SharePoint**
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- VA OEND Quick Start Guide
- VA Naloxone Kit Brochures
- VA Patient Education Brochures
- VA Posters

# National Resources

- VA OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- **VA OEND Quick Start Guide**
- VA Naloxone Kit Brochures
- VA Patient Education Brochures
- VA Posters



## VA Opioid Overdose Education and Naloxone Distribution (OEND) Program

### What is OEND?

The VA OEND Program aims to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans. Key components of the OEND program include education and training regarding opioid overdose prevention, recognition of opioid overdose, opioid overdose rescue response, and issuing naloxone kits.

### What is Naloxone?

Naloxone is a medication intended for reversing a life-threatening opioid overdose. Naloxone has no other effects and cannot be used to get high.

### What puts people at risk of overdose?

1. Loss of tolerance to opioids
2. Mixing opioids with other depressant drugs or alcohol
3. Poor or compromised physical health
4. Variation in strength and content of drugs

### Who should be prescribed naloxone kits?

Offer naloxone kits to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems, based on his/her clinical judgment, that the Veteran has an indication for a naloxone kit.

See PBM's *Recommendations for Issuing Naloxone Kits* if additional guidance is needed.

### Who are generally not good candidates for a naloxone kit?

Hospice/ palliative care patients. OEND should be considered on a case by case basis and not routinely in these patients.

**Remember: Naloxone kits and overdose education complement, and do not replace, safe and responsible opioid use.**

For more information please refer to the Recommendations for Use of Naloxone Kits at [www.pbm.va.gov](http://www.pbm.va.gov)

# National Resources

- VA OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- VA OEND Quick Start Guide
- **VA Naloxone Kit Brochures**
  - Every kit comes with an Opioid Safety brochure and either an Intramuscular or Intranasal brochure
- VA Patient Education Brochures
- VA Posters

## OPIOID DO'S AND DON'TS

### DO's

**DO** take opioid and non-opioid medications as prescribed

**DO** inform all providers that you are using opioids, including non-VA opioids

- Tell your primary provider if another provider prescribes an opioid for you

**DO** be cautious about driving or operating machinery

- Never drive or operate machinery if you feel sleepy/confused

**DO** try to remain under the care of one primary provider

**DO** get help from family and friends

- Tell them that you use opioids
- Ask them to help you use opioids safely
- Tell them where you keep the naloxone kit and how to use it

### DON'Ts

**DON'T** take extra doses of opioids

- You could overdose and die

**DON'T** drink alcohol or take "street" drugs when using opioids; they can

- Impair your ability to use opioids safely
- Cause severe harm or death

**DON'T** share, give away, or sell your opioids

- This is dangerous and illegal

**DON'T** stop taking opioids on your own

- You may have flu-like withdrawal symptoms
- Your provider can help you stop safely
- You may overdose if you start using opioids again after an opioid-free break

## RESOURCES

### [Taking Opioids Responsibly for Your Safety and the Safety of Others](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)

- [http://www.ethics.va.gov/docs/policy/Taking\\_Opioids\\_Responsibly\\_2013528.pdf](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)

### [SAMHSA Opioid Overdose Prevention Toolkit](http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742)

- Contains safety advice for patients and resources for family members
- <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

### [Community-Based Overdose Prevention and Naloxone Distribution Program Locator](#)

- Identifies programs outside of the VA that distribute naloxone
- <http://hopeandrecovery.org/locations/>

### [Prescribe to Prevent](http://prescribetoavoid.org/video/)

- Patient resources and videos demonstrating overdose recognition and response, including naloxone administration
- <http://prescribetoavoid.org/video/>

### [VA Substance Use Disorder Treatment Locator](http://www2.va.gov/directory/guide/SUD_flash.asp?isFlash=1)

- [http://www2.va.gov/directory/guide/SUD\\_flash.asp?isFlash=1](http://www2.va.gov/directory/guide/SUD_flash.asp?isFlash=1)

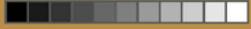
### [Veterans Crisis Line](tel:1-800-273-TALK/8255)

- 1-800-273-TALK/8255

# Opioid Safety



05/2014



## WHAT ARE OPIOIDS?

**Opioids** are drugs which affect brain and basic bodily functions, such as breathing and digestion. Opioids are found in some pain and other prescription medications and in some illegal substances of abuse (e.g., heroin).

**Opioid medications** are used for treating pain, cough, and addiction

- Common opioid medications
  - » Codeine (Tylenol with Codeine No. 3)
  - » Fentanyl (Duragesic)
  - » Hydrocodone (Vicodin, Norco, Lortab)
  - » Hydromorphone (Dilaudid)
  - » Methadone
  - » Morphine (MS Contin, Kadian)
  - » Oxycodone (OxyContin, Percocet, Roxicodone)
  - » Oxymorphone (Opana)

### **Opioid harms**

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be habit-forming and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with others. Others may not be tolerant.

## WHAT IS AN OPIOID OVERDOSE?

**Opioid overdose** occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

- A person can overdose on opioids and stop breathing seconds to hours after taking opioids; this could cause death.

**Naloxone** works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.

- Naloxone is not a substitute for safe use of opioids.
  - » Often opioid overdoses occur so rapidly that the user cannot react, or no one is present to give naloxone.

### **Signs of an opioid overdose**

- Heavy nodding: deep sleep
- Snoring, gurgling, choking
- No response to shaking or shouting the person's name
- No or slow breathing (less than 1 breath every 5 seconds)
- Blue or gray lips and fingernails
- Pale, clammy skin

*NOTE: If a person seems excessively sedated, sleepy or "out of it", or has fallen into a deep sleep, bystanders should monitor the person constantly to make sure the person does not overdose and stop breathing. If the person doesn't respond to shaking, shouting his/her name, or to your firmly rubbing his/her sternum--i.e., bone in center of chest where ribs connect--with your knuckles (hand in a fist), call 911 immediately and give naloxone if available.*



## SAFE USE OF OPIOIDS

**Safe use of opioids** means preventing opioid overdose and other opioid harms from happening to not only you, but also family, friends and the public.

### **To use opioids safely**

- DON'T mix your opioids with
  - » Alcohol
  - » Benzodiazepines (Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium) unless directed by your provider
  - » Medicines that make you sleepy
- Know which pill and drugs you're taking (color/shape/size)
- Take your opioid medication exactly as directed
- Follow the Opioid Do's and Don'ts listed in this brochure
- Review the booklet [Taking Opioids Responsibly for Your Safety and the Safety of Others](#) with your provider

### **Keep naloxone on hand in case of opioid overdose**

- Tell family and significant others where you keep the naloxone kit
- Encourage family and significant others to learn how to use naloxone (see "Resources" section)
- Store your naloxone kit at room temperature, away from light
- Keep your naloxone kit out of the heat (e.g., do not store in your car), otherwise naloxone will lose its effectiveness

# HOW TO GIVE INTRAMUSCULAR NALOXONE

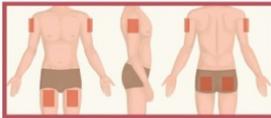
1. Put on gloves (optional), remove cap from naloxone vial and uncover the needle.



2. Insert needle through rubber plug with vial upside down. Pull back on plunger and pull down to 1 mL.



3. Inject 1 mL of naloxone at a 90° angle into a large muscle (upper arm/thigh, outer buttocks).



4. If no reaction in 3-5 minutes or if the person stops breathing again, give the second dose of naloxone (i.e., using new needle and naloxone vial, inject 1 mL of naloxone into a large muscle).

## KIT INSTRUCTIONS

- Keep naloxone kit with you at all times
- Store naloxone kit at room temperature, away from light
- Keep naloxone kit out of the heat--e.g., do not store in your car--otherwise naloxone will lose its effectiveness
- If you use your naloxone kit or it expires, see your provider as soon as possible to replace the kit
- Contact your pharmacy about the proper disposal of your naloxone kit
- Be sure to properly dispose of used needles; do not reuse them



## Opioid Overdose Rescue with Naloxone



Intramuscular Kit

05/2014

40014 9:17 AM

# Call 911--Give naloxone--Airway open (Rescue breathing or Chest compressions)--Consider naloxone again--Recovery position

## 1. Call 911

### CHECK FOR A RESPONSE

- Give person a light shake, say person's name, firmly rub person's sternum (i.e., bone in center of chest where ribs connect) with knuckles, hand in a fist
- If person does not respond (i.e., wake up and stay awake)—CALL 911
- Give the address and say the person is not breathing



## 2. Give Naloxone

- Inject 1 mL into the muscle of upper arm, upper thigh, or outer buttocks
- See other side for detailed instructions

### How to give naloxone:

- Put on gloves (optional), remove cap from naloxone vial and uncover the needle
- Insert needle through rubber plug with vial upside down
- Pull back on plunger and pull down to 1 mL
- Inject 1 mL of naloxone at a 90° angle into a large muscle (upper arm/thigh, outer buttocks)



## 3. Airway Open

Make sure nothing is in person's mouth

(if overdose is witnessed; i.e., you see the person stop breathing)

### Rescue Breathing

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise



(if overdose is unwitnessed; i.e., you find someone not breathing)

### Chest Compressions

- Place heel of one hand over center of person's chest (between nipples)
- Place other hand on top of first hand, keeping elbows straight with shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (optional)
- Give 2 breaths for every 30 compressions



## 4. Consider Naloxone Again

Two situations in which to consider naloxone again:

1. If person doesn't start breathing in 3-5 minutes; give second dose of naloxone
2. If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed if person stops breathing again
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again

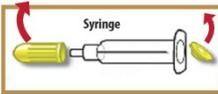
## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits

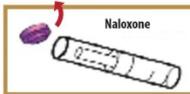


# HOW TO GIVE INTRANASAL NALOXONE

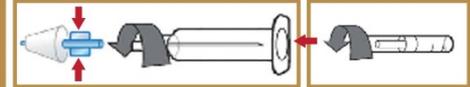
1. Pull or pry off end caps



2. Pry off end cap

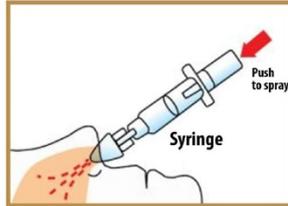


3. Grip clear plastic wings below cone; screw into tip of syringe



4. Screw cartridge of naloxone into syringe barrel

5. Insert cone into nostril; give a short, vigorous push on end of naloxone cartridge to spray naloxone into nose; spray one half of the naloxone cartridge into each nostril



6. If no reaction in 3-5 minutes or if the person stops breathing again, give the second dose of naloxone (spray one half of the second cartridge into each nostril)

## KIT INSTRUCTIONS

- Keep naloxone kit with you at all times
- Store naloxone kit at room temperature, away from light
- Keep naloxone kit out of the heat--e.g., do not store in your car--otherwise naloxone will lose its effectiveness
- If you use your naloxone kit or it expires, see your provider as soon as possible to replace the kit
- Contact your pharmacy about the proper disposal of your naloxone kit



## Opioid Overdose Rescue with Naloxone



Intranasal Kit

05/2014

5/19/14 12:13 PM

# Call 911--Give naloxone--Airway open (Rescue breathing or Chest compressions)--Consider naloxone again--Recovery position

## 1. Call 911

### CHECK FOR A RESPONSE

- Give person a light shake, say person's name, firmly rub person's sternum (i.e., bone in center of chest where ribs connect) with knuckles, hand in a fist
- If person does not respond (i.e., wake up and stay awake)—CALL 911
- Give the address and say the person is not breathing



## 2. Give Naloxone

- Spray one half of the naloxone cartridge into each nostril
- See other side for detailed instructions

### How to give naloxone:

- Pull end caps off both ends of the syringe
- Pry end cap off naloxone
- Grip clear plastic wings below cone; screw into tip of syringe
- Screw cartridge of naloxone into syringe barrel
- Insert cone into nostril; give a short vigorous push on end of naloxone cartridge to spray one half of the naloxone cartridge into each nostril



## 3. Airway Open

Make sure nothing is in person's mouth

(If overdose is witnessed; i.e., you see the person stop breathing)

### Rescue Breathing

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise



(If overdose is unwitnessed; i.e., you find someone not breathing)

### Chest Compressions

- Place heel of one hand over center of person's chest (between nipples)
- Place other hand on top of first hand, keeping elbows straight with shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (optional)
- Give 2 breaths for every 30 compressions



## 4. Consider Naloxone Again

Two situations in which to consider naloxone again:

1. If person doesn't start breathing in 3-5 minutes give second dose of naloxone
2. If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed if person stops breathing again
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again

## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits



# National Resources

- VA OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- VA OEND Quick Start Guide
- VA Naloxone Kit Brochures
- **VA Patient Education Brochures**
- VA Posters

## What are Opioids?

**Opioids** are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person's normal breathing function.

### Opioid harms

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addictive and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

**Share this card with a friend  
or family member.**

## Safe Use of Opioids

**Safe use of opioids** prevents opioid harms from happening to not only you, but also to family, friends and the public.

### To use opioids safely

- Know what you're taking (e.g., color/shape/size/ name of medication)
- Take your opioid medication exactly as directed
- Review the booklet [\*Taking Opioids Responsibly for Your Safety and the Safety of Others\*](#) with your provider
- DON'T mix your opioids with:
  - » Alcohol
  - » Benzodiazepines (Alprazolam/Xanax, Lorazepam/ Ativan, Clonazepam/ Klonopin, Diazepam/ Valium) unless directed by your provider
  - » Medicines that make you sleepy

### Ask a VA clinician if a naloxone kit is right for you

Important considerations:

- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again
- During an overdose the user cannot react, so someone else needs to give naloxone
- Encourage family and significant others to learn how to use naloxone (see "Overdose Resources" section)
- If you have a naloxone kit, tell family and significant others where you keep it
- Store naloxone kit at room temperature, out of the heat and light (e.g., do not store in your car), otherwise naloxone will lose its effectiveness



## Resources



Local Emergency Services: 911  
National Poison Hotline: 1-800-222-1222  
Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

### Taking Opioids Responsibly for Your Safety and the Safety of Others

- [http://www.ethics.va.gov/docs/policy/Taking\\_Opioids\\_Responsibly\\_2013528.pdf](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)

### VA Substance Use Disorder Treatment Locator

- [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)

### VA Posttraumatic Stress Disorder (PTSD) Treatment Locator

- [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Employee Education System

# Opioid Overdose

► **Opioid overdose** occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

» Overdose can occur seconds to hours after taking opioids and can cause death

## ► Signs of an Overdose\*

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Bluish or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

• If the person shows signs of an overdose, see next section "Responding to an Overdose"

\* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

## ► Overdose Resources

### SAMHSA Opioid Overdose Prevention Toolkit

Contains safety advice for patients and resources for family members

- <http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742>

### Community-Based Overdose Prevention and Naloxone Distribution Program Locator

Identifies programs outside of the VA that distribute naloxone

- <http://hopeandrecovery.org/locations/>

### Prescribe to Prevent

Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- <http://prescribetoprevent.org/video/>

# Responding to an Overdose

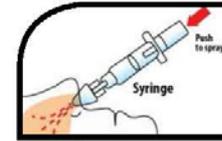
## 1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum (*bone in center of chest where ribs connect*) with knuckles, hand in a fist
- If person does not respond—**CALL 911**
- Give address and say the person is not breathing



## 2. Give Naloxone

- If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
- If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks



intranasal



OR  
intramuscular

## 3. Airway Open Rescue Breathing

(if overdose is witnessed)

- Place face shield (*optional*)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

## Chest Compressions

(if collapse is unwitnessed)

- Place heel of one hand over center of person's chest (*between nipples*)
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (*optional*)
- Give 2 breaths for every 30 compressions



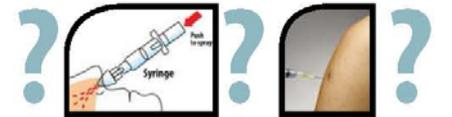
Rescue Breathing  
(if overdose is witnessed)



OR  
Chest Compressions  
(if collapse is unwitnessed)

## 4. Consider Naloxone Again

- If person doesn't start breathing in 3-5 minutes, give second dose of naloxone
- If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again



## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits



## What are Opioids?

**Opioids** are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person's normal breathing function.

### Opioid harms

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addictive and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

**Share this card with a friend  
or family member.**

## Safe Use of Opioids

**Safe use of opioids** prevents opioid harms from happening to not only you, but also to family, friends and the public.

### To use opioids safely

- Know what you're taking (e.g., color/shape/size/ name of medication)
- Take your opioid medication exactly as directed
- Review the booklet [\*Taking Opioids Responsibly for Your Safety and the Safety of Others\*](#) with your provider
- DON'T mix your opioids with:
  - » Alcohol
  - » Benzodiazepines (Alprazolam/Xanax, Lorazepam/ Ativan, Clonazepam/ Klonopin, Diazepam/ Valium) unless directed by your provider
  - » Medicines that make you sleepy

### Ask a VA clinician if a naloxone kit is right for you

Important considerations:

- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again
- During an overdose the user cannot react, so someone else needs to give naloxone
- Encourage family and significant others to learn how to use naloxone (see "Overdose Resources" section)
- If you have a naloxone kit, tell family and significant others where you keep it
- Store naloxone kit at room temperature, out of the heat and light (e.g., do not store in your car), otherwise naloxone will lose its effectiveness



## Resources

Local Emergency Services: 911  
National Poison Hotline: 1-800-222-1222  
Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

### Taking Opioids Responsibly for Your Safety and the Safety of Others

- [http://www.ethics.va.gov/docs/policy/Taking\\_Opioids\\_Responsibly\\_2013528.pdf](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)

### VA Substance Use Disorder Treatment Locator

- [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)

### VA Posttraumatic Stress Disorder (PTSD) Treatment Locator

- [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Employee Education System

## What are Opioids?

**Opioids** are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person's normal breathing function.

### Opioid harms

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addictive and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

**Share this card with a friend  
or family member.**

## Safe Use of Opioids

**Safe use of opioids** prevents opioid harms from happening to not only you, but also to family, friends and the public.

### To use opioids safely

- Know what you're taking (e.g., color/shape/size/ name of medication)
- Take your opioid medication exactly as directed
- Review the booklet [\*Taking Opioids Responsibly for Your Safety and the Safety of Others\*](#) with your provider
- DON'T mix your opioids with:
  - » Alcohol
  - » Benzodiazepines (Alprazolam/Xanax, Lorazepam/ Ativan, Clonazepam/ Klonopin, Diazepam/ Valium) unless directed by your provider
  - » Medicines that make you sleepy

### Ask a VA clinician if a naloxone kit is right for you

Important considerations:

- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again
- During an overdose the user cannot react, so someone else needs to give naloxone
- Encourage family and significant others to learn how to use naloxone (see "Overdose Resources" section)
- If you have a naloxone kit, tell family and significant others where you keep it
- Store naloxone kit at room temperature, out of the heat and light (e.g., do not store in your car), otherwise naloxone will lose its effectiveness



## Resources

Local Emergency Services: 911  
National Poison Hotline: 1-800-222-1222  
Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

### Taking Opioids Responsibly for Your Safety and the Safety of Others

- [http://www.ethics.va.gov/docs/policy/Taking\\_Opioids\\_Responsibly\\_2013528.pdf](http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf)

### VA Substance Use Disorder Treatment Locator

- [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)

### VA Posttraumatic Stress Disorder (PTSD) Treatment Locator

- [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Employee Education System

# Opioid Overdose

► **Opioid overdose** occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

» Overdose can occur seconds to hours after taking opioids and can cause death

## ► Signs of an Overdose\*

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Bluish or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

• If the person shows signs of an overdose, see next section "Responding to an Overdose"

\* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

## ► Overdose Resources

### SAMHSA Opioid Overdose Prevention Toolkit

Contains safety advice for patients and resources for family members

- <http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742>

### Community-Based Overdose Prevention and Naloxone Distribution Program Locator

Identifies programs outside of the VA that distribute naloxone

- <http://hopeandrecovery.org/locations/>

### Prescribe to Prevent

Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- <http://prescribetoprevent.org/video/>

# Responding to an Overdose

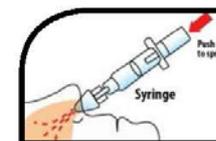
## 1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum (*bone in center of chest where ribs connect*) with knuckles, hand in a fist
- If person does not respond—**CALL 911**
- Give address and say the person is not breathing



## 2. Give Naloxone

- If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
- If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks



intranasal



intramuscular

## 3. Airway Open Rescue Breathing (if overdose is witnessed)

- Place face shield (*optional*)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

## Chest Compressions (if collapse is unwitnessed)

- Place heel of one hand over center of person's chest (*between nipples*)
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (*optional*)
- Give 2 breaths for every 30 compressions



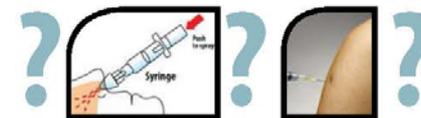
Rescue Breathing  
(if overdose is witnessed)



Chest Compressions  
(if collapse is unwitnessed)

## 4. Consider Naloxone Again

- If person doesn't start breathing in 3-5 minutes, give second dose of naloxone
- If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again



## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits



# Opioid Overdose

► **Opioid overdose** occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

» Overdose can occur seconds to hours after taking opioids and can cause death

## ► Signs of an Overdose\*

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Bluish or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

• If the person shows signs of an overdose, see next section "Responding to an Overdose"

\* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

## ► Overdose Resources

### SAMHSA Opioid Overdose Prevention Toolkit

Contains safety advice for patients and resources for family members

- <http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742>

### Community-Based Overdose Prevention and Naloxone Distribution Program Locator

Identifies programs outside of the VA that distribute naloxone

- <http://hopeandrecovery.org/locations/>

### Prescribe to Prevent

Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- <http://prescribetoprevent.org/video/>

# Responding to an Overdose

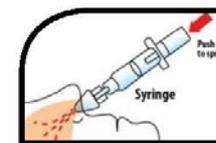
## 1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum (*bone in center of chest where ribs connect*) with knuckles, hand in a fist
- If person does not respond—**CALL 911**
- Give address and say the person is not breathing



## 2. Give Naloxone

- If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
- If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks



intranasal



intramuscular

## 3. Airway Open Rescue Breathing

(if overdose is witnessed)

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

## Chest Compressions

(if collapse is unwitnessed)

- Place heel of one hand over center of person's chest (between nipples)
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (optional)
- Give 2 breaths for every 30 compressions



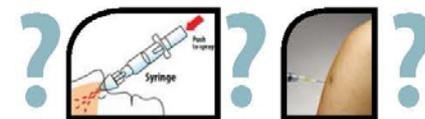
Rescue Breathing  
(if overdose is witnessed)



Chest Compressions  
(if collapse is unwitnessed)

## 4. Consider Naloxone Again

- If person doesn't start breathing in 3-5 minutes, give second dose of naloxone
- If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again



## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits



# National Resources

- VA OEND SharePoint
  - <https://vaww.portal2.va.gov/sites/mentalhealth/OEND/default.aspx>
- VA OEND Quick Start Guide
- VA Naloxone Kit Brochures
- VA Patient Education Brochures
- VA Posters

# Do you take pain medications such as:

Oxycodone (Percocet®, Oxycontin®), Hydrocodone (Vicodin®), Hydromorphone (Dilaudid®), Methadone, Morphine (MS Contin®), Fentanyl, or any opioid medication?



Naloxone is an antidote that can be sprayed into your nose or injected into your muscle/under your skin if you have decreased breathing or can't be woken up due to these pain medications.

## Ask a clinician if a naloxone kit is right for you.

*Talk to a clinician for more information.*

VA



U.S. Department  
of Veterans Affairs

**Got a Fire  
Extinguisher?**



***Just in case  
of a fire?***



**Opioid pain medications  
can slow down breathing  
and lead to accidental death!**

**Got Naloxone?**



***Just in case  
of an  
accidental  
overdose?***

***Naloxone is an antidote that can be sprayed into your nose or injected into your muscle/under your skin if you have decreased breathing due to opioids.***

**Ask a clinician if a naloxone kit is right for you.**

***Talk to a clinician for more information.***

**VA**



**U.S. Department  
of Veterans Affairs**

# If You Try To “Sleep It Off” You May Never Wake Up



Drug overdose is the #1 cause of accidental death for adults taking opioids (e.g., prescription pain medications, heroin)

***Learn how to spot an overdose and how to reverse it with naloxone (Narcan®)***

To learn more contact:

VA



U.S. Department  
of Veterans Affairs

# Objectives

- Brief overview of Opioid Overdose Education and Naloxone Distribution (OEND)
- Describe national tools and resources available to facilitate OEND implementation
- Highlight the types of pain patients who may be prime candidates for OEND

# Recommendations

- Encourage leadership to work across services to develop a local implementation strategy to ensure that high-risk patients receive OEND
  - High-risk patients may be seen across services (e.g., PACT teams, ED)
  - Substance use disorder programs, and MH RRTPs are current early adopters
  - Training strategies should take into consideration that effective use of naloxone requires that bystanders/family are trained in overdose response

**Figure 1 Classification of OEND Candidates**

Direct Association with Benefit	Indirect Association with Potential Benefit	Clinical Judgment of Potential Benefit
<p>Risk criteria used in community health OEND programs associated with reduction in opioid overdose deaths*</p> <ul style="list-style-type: none"> <li>• Heroin or other injection drug use</li> <li>• Substance use</li> <li>• Opioid or drug use disorder diagnosis</li> <li>• High likelihood of opioid overdose or witnessing an opioid overdose.</li> </ul> <p>High risk individuals have been targeted in the following settings:</p> <ul style="list-style-type: none"> <li>○ Medication Assisted Treatment Program</li> <li>○ Inpatient 'withdrawal management' (particularly individuals recently released from abstinence programs)</li> <li>○ HIV education / prevention program</li> <li>○ Syringe access program</li> <li>○ Outpatient and residential SUD treatment programs</li> <li>○ Community meetings / Support group programs for SUD</li> <li>○ Emergency departments (recent medical care for opioid poisoning / overdose or intoxication)</li> <li>○ Homeless shelters</li> <li>○ Primary health care</li> </ul>	<p>Factors associated with an increased risk for fatal or nonfatal opioid overdose or any drug overdose death in U.S. Veterans. Some of these criteria have been used by an established OEND program without outcome data.</p> <p>Identified Patient Risk Factors</p> <ul style="list-style-type: none"> <li>• SUD diagnosis</li> <li>• PTSD or other MH diagnosis</li> <li>• Suspected or confirmed history of heroin or nonmedical opioid use</li> <li>• Male Veterans 30–59 years old</li> <li>• Any opioid prescription and known or suspected smoking, COPD, emphysema, asthma, sleep apnea, other respiratory system disease; renal or hepatic disease; alcohol use</li> </ul> <p>Identified Prescription Risk Factors</p> <ul style="list-style-type: none"> <li>• High-dose opioid prescription (50 to 100 mg or more MEDD)</li> <li>• Long-acting non-tramadol opioid</li> <li>• Methadone initiation in opioid-naïve patients</li> <li>• Opioid prescription with concomitant benzodiazepine use or concurrent antidepressant prescription</li> </ul> <p>Situational Risk Factors or Criteria</p> <ul style="list-style-type: none"> <li>• Loss of opioid tolerance and likely to restart opioids (e.g., recent release from jail or prison / post-incarceration re-entry programs)</li> <li>• Remoteness from or difficulty accessing [emergency] medical care</li> <li>• Voluntary patient request</li> </ul> <p>Settings Used to Target Those at Risk</p> <ul style="list-style-type: none"> <li>• Pain management clinics</li> <li>• Single room occupancy hotels [e.g., affordable housing for homeless people and people with mental illness or AIDs].</li> </ul>	<p>Common factors found in drug overdose deaths in nonveterans; factors associated with increased risk for nonfatal overdose or for respiratory depression from opioid therapy, and other clinical factors suggested by experts</p> <p>Identified Patient Risk Factors</p> <ul style="list-style-type: none"> <li>• Previous suicide attempt or on high-risk suicide list</li> <li>• Outpatient opioid prescription with the following: <ul style="list-style-type: none"> <li>○ Unstable renal or hepatic disease</li> <li>○ Cardiac illness</li> <li>○ HIV/AIDS</li> <li>○ Age 65 years or older, cognitive impairment or debilitated condition</li> <li>○ Voluntary caregiver request</li> </ul> </li> </ul> <p>Identified Prescription Risk Factors</p> <ul style="list-style-type: none"> <li>• Home-based continuous intraspinal opioid infusion</li> <li>• Home-based patient-controlled opioid infusion</li> <li>• Opioid rotation to methadone</li> <li>• Opioid induction, upward titration or rotation (for SUD or pain)</li> </ul> <p>Situational Risk Factors</p> <ul style="list-style-type: none"> <li>• Fear of police arrest (reluctance to call 911)</li> <li>• Aberrant opioid use / misuse (e.g., early fills; extra doses; overlapping, multi-site fills).</li> </ul>

# Important Role of Pain Management Staff in VA OEND Implementation

- Invaluable role, especially regarding advocacy as well as patient identification and education
- In addition to TMS training and provider educational videos, what else can we do to involve and train pain management staff on this life-saving intervention?
- Questions/concerns about OEND?



# Addendum

Additional Slides Describing  
Rationale and Resources for OEND  
Implementation

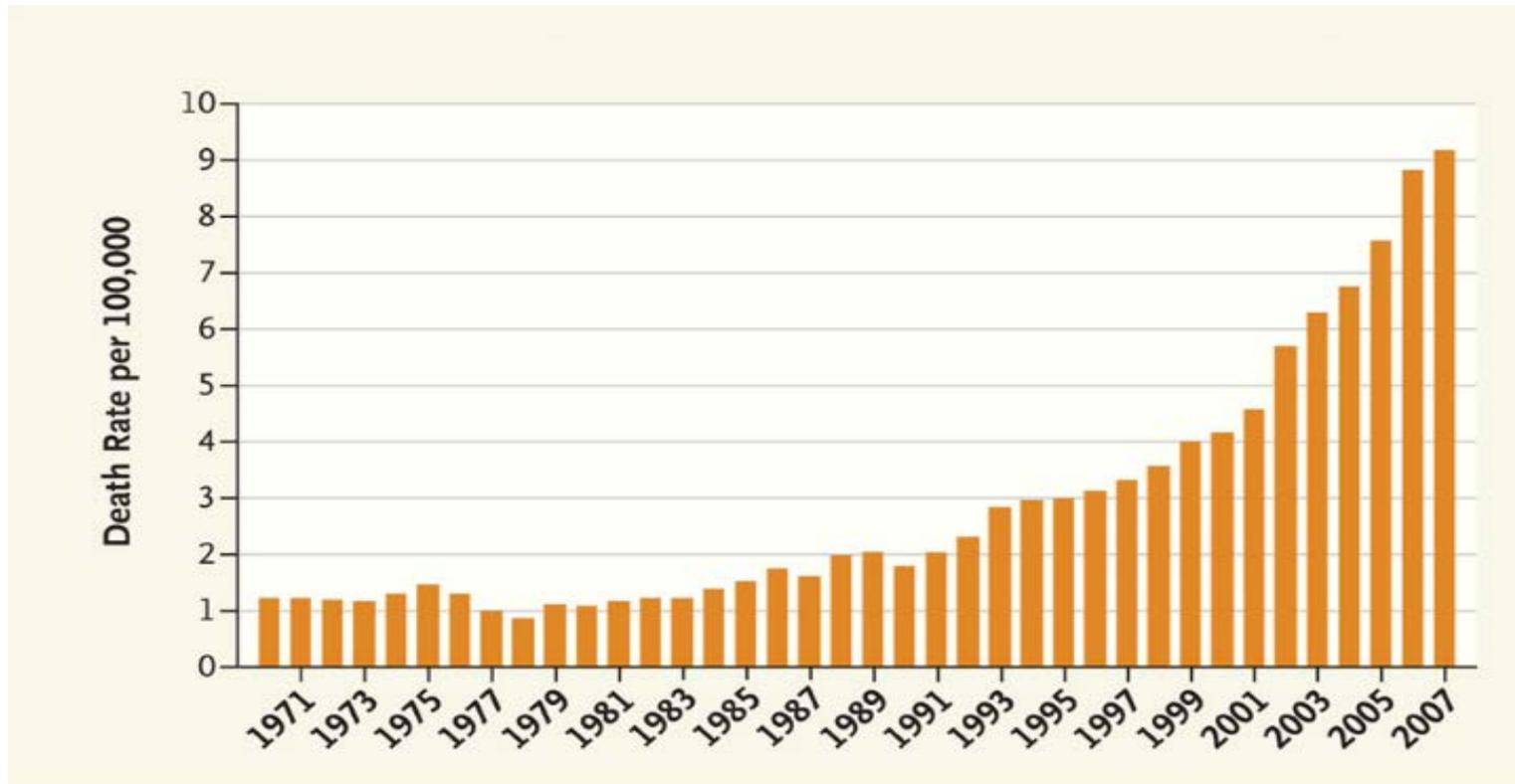
# Overview

- Mortality Statistics
- Overdose Education and Naloxone Distribution (OEND)
- Status of OEND within VA

# Overview

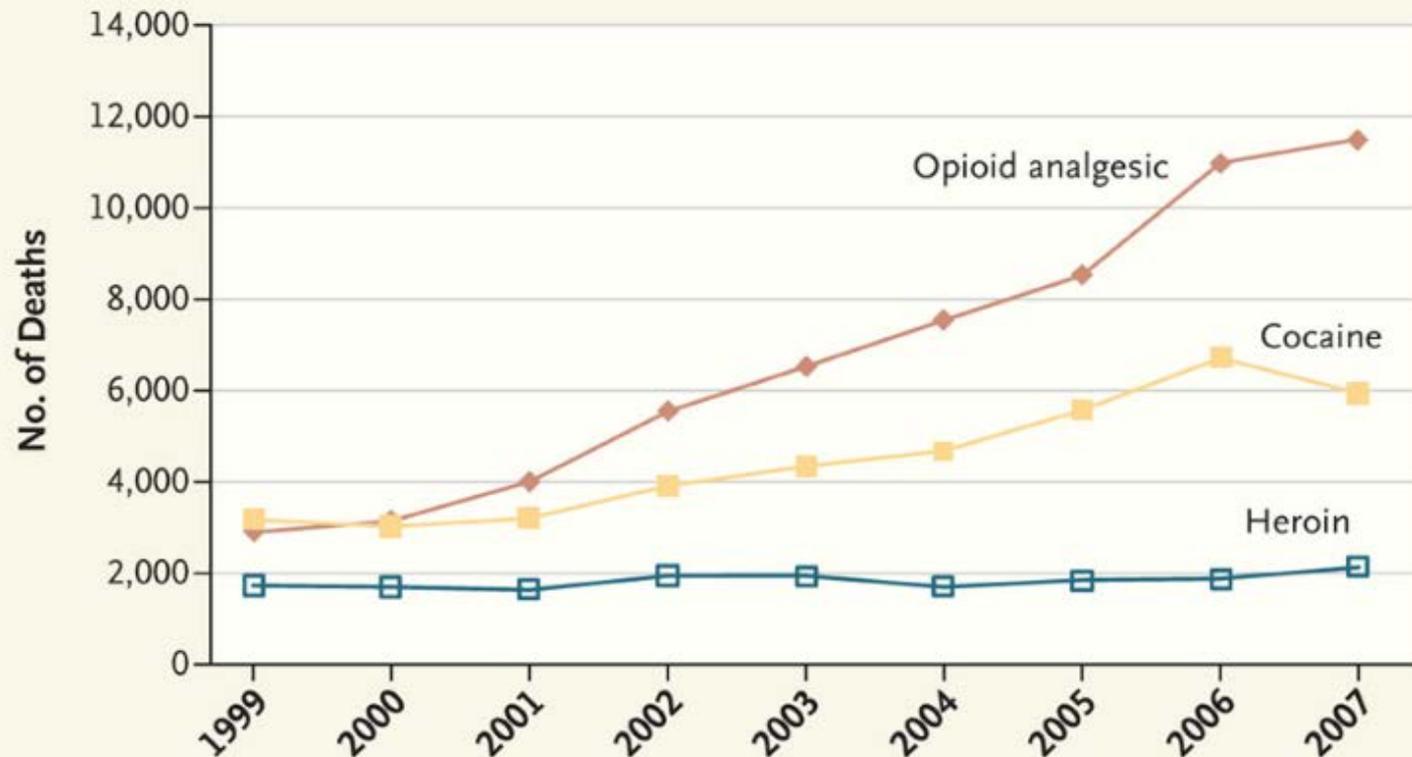
- **Mortality Statistics**
- Overdose Education and Naloxone Distribution (OEND)
- Status of OEND within VA

# Death Rate from Unintentional Overdose, United States



Data from National Vital Statistic System, CDC

# Deaths from Unintentional Overdose by Type of Drug, United States



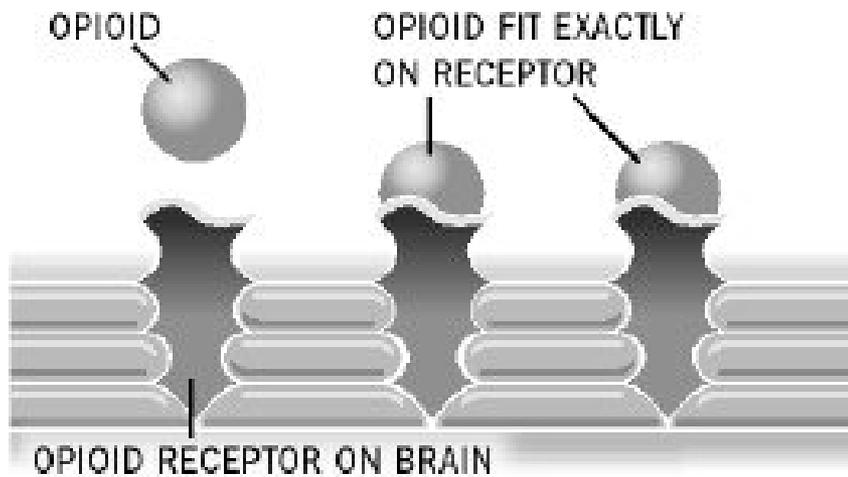
Data from National Vital Statistic System, CDC

# Overview

- Mortality Statistics
- Overdose Education and Naloxone Distribution (OEND)
- Status of OEND within VA

## OPIOID OVERDOSE

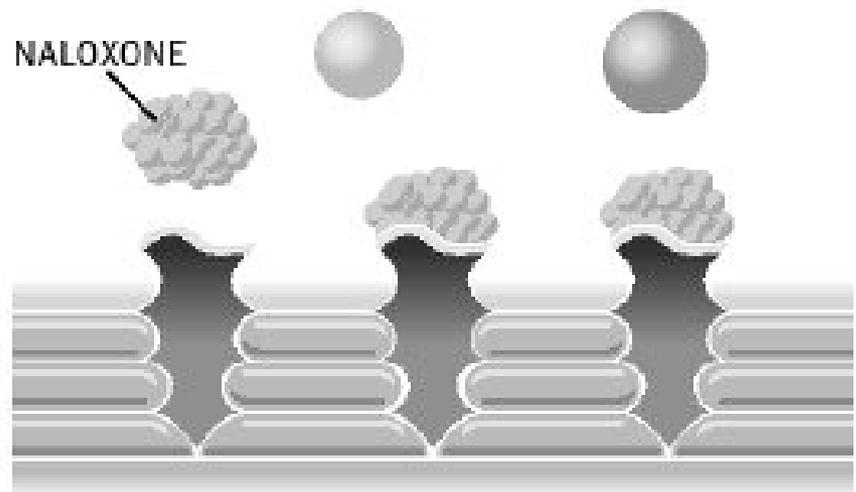
The brain has many receptors for opioids. An overdose occurs when too much of an opioid, such as heroin or Oxycodone, fits in too many receptors, slowing and then stopping breathing.



Source: Harm Reduction Coalition

## NALOXONE REVERSING AN OVERDOSE

Naloxone has a stronger affinity to the opioid receptors, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



THE COLUMBUS DISPATCH

- Naloxone, on formulary, is a highly effective treatment for reversing opioid overdose if administered at time of overdose
- It takes 1 – 3 hours to die from an opioid overdose
- Naloxone acts quickly, usually within 5 minutes
- Naloxone's effects start to wear off after ~30 minutes and are gone by ~90 minutes

# Overdose Education and Naloxone Distribution (OEND)

- Numerous agencies advocating for overdose education and consideration/distribution of naloxone
  - VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide
  - SAMHSA Opioid Overdose Prevention Toolkit
  - AMA and APHA policy statements
  - Advisory Council on the Misuse of Drugs
- In 2010, Scotland became first country to implement a national naloxone program

# Initial Public Health Model Community-Based OEND Training

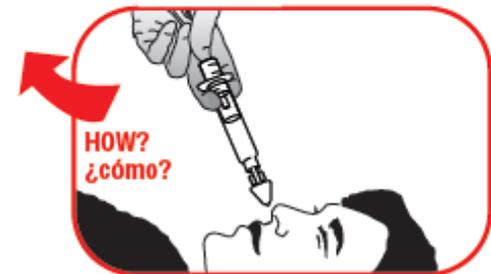
- 5-10 minutes
- Includes:
  - Opioid overdose risk factors and prevention strategies
  - Recognizing an overdose
  - Responding to an overdose, including stimulation (sternal rub), calling 911, performing rescue breathing and administering naloxone
  - Complete paperwork, issue kit to participant



**1.** CALL 911  
Llame al 911



**2.** RESCUE BREATHING  
Respiración  
de Boca a Boca



**3.** GIVE NARCAN  
Administra Narcan



# Effectiveness Among Community-Based Opioid Overdose Prevention Programs Providing Naloxone

Program size (by no. of vials of naloxone provided annually)	No. of local programs	No. of naloxone vials provided to participants annually	No. of program participants from beginning of program through June 2010	Reported opioid overdose reversals from beginning of program through June 2010
		N	N	N
Small <100	24	754	1,646	371
Medium 101–1,000	18	5,294	13,214	3,241
Large 1,001–10,000	74	9,792	26,213	5,648
Very large >10,000	72	23,020	11,959	1,091
<b>Total</b>	<b>188</b>	<b>38,860</b>	<b>53,032</b>	<b>10,171</b>

# Expanded Public Health Model

- Massachusetts public health program (Walley et al., BMJ, 2013)
  - Implemented OEND among 19 communities
  - 2,912 potential bystanders trained; 327 rescues
  - Communities that implemented OEND had significantly reduced deaths related to opioid overdose compared to those that did not implement OEND
- San Francisco County Jail
  - Recently began offering OEND to individuals in re-entry pod

# Health Care Model

Scotland established national program in 2010

- Implementation strongly supported by successful pilot programs in both urban and rural areas of Scotland
  - McAuley et al., *Drugs: education, prevention, and policy*, 2012
- Patient Group Direction allows qualified nurses or pharmacists to supply naloxone to **anyone** they identify as at-risk of opioid overdose; may also be given to family/friends of at-risk person (with consent) and staff who work with at-risk populations
- Primarily distributed via harm reduction (needle exchange and outreach) and SUD treatment programs
- Developing a general practice model
  - Matheson et al., *BMC Family Practice*, 2014

# Gaps in Evidence Base

- Increasing interest yet limited experience with naloxone distribution to patients prescribed opioids
  - Fort Bragg OpioidSAFE (intranasal)
    - Modeled on Project Lazarus—community-based, multi-faceted
    - Use risk stratification to identify appropriate patients
  - San Francisco Department of Public Health (intranasal)
    - Prescribe naloxone to all patients on chronic opioid therapy (>3 months of enough opioids to take at least 1 pill daily) in 6 clinics
  - **Limited data**
    - Project Lazarus—Preliminary unadjusted data: Overdose death rate (per 100,000) in Wilkes County dropped from 46.6 in 2009 to 29.0 in 2010
      - Albert et al., *Pain Medicine*, 2011
- Interest for suicide prevention and previous overdose patients
  - **No data**
- Intranasal device not FDA-approved for naloxone delivery
- Newly released EVZIO auto-injector

# Overview

- Mortality Statistics
- Overdose Education and Naloxone Distribution (OEND)
- Status of OEND within VA

# Initial VA OEND Implementation

- Inconsistent overdose education in at-risk patients
- A few locally-initiated VA pilots
  - VISN 10—Implementation VISN-wide part of FY14 strategic plan (intranasal)
    - Cleveland – RRTP (Aug 2013); individual and group training
    - Dayton – Opioid agonist program (Feb 2014); group training for pts and family members
    - Cincinnati – Individual overdose education in 4 clinics (May 2014): buprenorphine screening, methadone screening, residential rehab screening, and OP detox
    - Chillicothe—Pts discharged from suboxone clinic for non-compliance (May 2014)
    - Columbus – Awaiting kits; late planning stage
  - Palo Alto – Domiciliary (Jan 2014; intramuscular); group training
  - Salt Lake City—Developing facility-wide implementation plan (Nov 2013; intranasal)
  - Atlanta – initially in OAT program (April 2014; intranasal); plan to target high-risk patients within facility using 2 nurses in OAT program as POCs for entire hospital
  - Providence – OAT program (May 2014; intramuscular); individual & gp trng by RN
  - San Francisco – OAT program (April 2014; intramuscular)

# Challenges

- Models of delivery within health care systems have not been standardized
- High risk patients may engage with the health care system in wide range of clinical settings
  - (e.g., SUD programs, ED, primary care, mental health, pain clinics, residential programs, inpatient units)
- Effective use of naloxone requires that bystanders/ family are trained in overdose response
- Providers that identify high-risk patients may or may not be the best people to provide overdose education and naloxone training

# Original Patient Brochure (MH RRTP)

## Choose Before You Use

If at all possible, do not use. Help is available. Contact your local VA for immediate help. But if you do use—Choose!

1. Go Slow - Not taking drugs for even a few days can drop your tolerance, making your “usual dose” an “overdose,” which can result in death. If you choose to use, cut your dose at least in half.
2. If you choose to use, wait after you use long enough to feel the effects before you even consider dosing again (regardless if IV, snorting, smoking).
3. Let Someone Know - Always let someone know you’re getting high so that they can check on you. Many who overdose do so when dosing alone.

Buddies take care of Buddies. Share this card with a friend or family member.

Date Created: 3/6/13

## You are at higher risk for opioid overdose or death when

- You’ve not used for even a few days, such as when you are in the hospital, residential treatment, detoxification, domiciliary, or jail/prison.  
Lost tolerance = higher risk for overdose (OD).
- You use multiple drugs or multiple opioids, especially: downers/ benzodiazepines/barbiturates, alcohol, other opioids, cocaine (cocaine wears off faster than the opioid).
- You have medical problems (liver, heart, lung, advanced AIDS).
- You use long-acting opioids (such as methadone) or powerful opioids (such as fentanyl).
- You use alone, and don’t let someone know you are getting high.



[www.mentalhealth.va.gov/substanceabuse.asp](http://www.mentalhealth.va.gov/substanceabuse.asp)

## CHOOSE BEFORE YOU USE



## OPIOID OVERDOSE PREVENTION



**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century

## Signs of Overdose

- **Check:** Appears sleepy, hard to arouse, or vomiting
- **Listen:** Slow or shallow breathing, snoring, raspy or gurgling sounds
- **Look:** Bluish or grayish lips, fingernails, or skin
- **Touch:** Clammy, sweaty skin

## Resources

Consider seeking long-term help at your local VA facility substance abuse program:



## Help is Available Anytime

Local Emergency Services: 911

National Poison Hotline: 1-800-222-1222

Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

## Help on the Web

VA Substance Use Disorder Program Locator:  
[www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)

VA PTSD Programs:  
[www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)

## Responding to an Overdose

Check to see if they can respond

- Shake them lightly, yell their name. Any response? Are they breathing?
- If no response, rub the the center of their ribs with your knuckles for 10 seconds

### 1. Don't hesitate: Call 911

- You don't need to mention drugs on the call – stick to the basics:
  - Give the address and location
  - Say "my friend is unconscious and I can't wake him/her up" or "my friend isn't breathing" or "my friend is awake but not breathing well"



1. CALL 911  
Llame al 911

### 2. Rescue Breathing

- Make sure nothing is in their mouth
- Tilt head back, lift chin, pinch nose
- Give a breath every 5 seconds



2. RESCUE BREATHING  
Respiracion  
de Boca a Boca

### 3. If available, give Naloxone

- If you have the Nasal Spray Naloxone, spray half up one nostril, half up the other
- If you have the injectable Naloxone, inject 1cc into the muscle of the upper arm, upper thigh, or upper/outer quarter of the butt
- Continue rescue breathing if they haven't started breathing on their own
- Give 2nd dose of Naloxone if there is no response after 3 minutes



3. GIVE NALOXONE  
Administra Naloxone

After Naloxone

- Lay them on their side (in case they vomit)
- Remind the person that Naloxone will wear off in about 30-45 minutes
- Stay with them until they go to the hospital, or the Naloxone wears off, to make sure the overdose doesn't come back

# Updated brochure

## Choose Before You Use

**If at all possible, do not use.** There is no safe dose of opioids. Help is available, contact your local VA. But if you do use—Choose!

1. Go Slow - Not taking drugs for even a few days can drop your tolerance, making your “usual dose” an “overdose,” which can result in death. If you choose to use, cut your dose at least in half.
2. Wait - If you choose to use, wait long enough after you use to feel the effects before you even consider dosing again (regardless if IV, snorting, smoking).
3. Let Someone Know - Always let someone know you’re using opioids so that they can check on you. Many who overdose do so when dosing alone.

**Buddies take care of Buddies.  
Share this card with a friend  
or family member.**



[www.mentalhealth.va.gov/substanceabuse.asp](http://www.mentalhealth.va.gov/substanceabuse.asp)

(Adapted from the Harm Reduction Coalition, Oakland, CA)  
Date Created: 8/14

## You are at higher risk for opioid overdose or death when

- You’ve not used for even a few days, such as when you are in the hospital, residential treatment, detoxification, domiciliary, or jail/prison.  
**Lost tolerance = higher risk for overdose (OD).**
- You use multiple drugs or multiple opioids, especially: downers/ benzodiazepines/ barbiturates, alcohol, other opioids, cocaine (cocaine wears off faster than the opioid).
- You have medical problems (liver, heart, lung, advanced AIDS).
- You use long-acting opioids (such as methadone) or powerful opioids (such as fentanyl).
- You use alone, and don’t let someone know you are using opioids.

## Ask a VA clinician if a naloxone kit is right for you

Important considerations:

- During an overdose the user cannot react, so someone else needs to give naloxone.
- Encourage family and significant others to learn how to use naloxone (see “Overdose Resources” section).
- If you have a naloxone kit, tell family and significant others where you keep it.
- Store naloxone kit at room temperature, out of the heat and light (e.g., do not store in your car), otherwise naloxone will lose its effectiveness.

## CHOOSE BEFORE YOU USE

# OPIOID OVERDOSE PREVENTION

## Overdose Resources

### SAMHSA Opioid Overdose Prevention Toolkit

- Contains safety advice for patients and resources for family members  
<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

### Community-Based Overdose Prevention and Naloxone Distribution Program Locator

- Identifies programs outside of the VA that distribute naloxone  
<http://hopeandrecovery.org/locations/>

### Prescribe to Prevent

- Patient resources and videos demonstrating overdose recognition and response, including naloxone administration  
<http://prescribetoprevent.org/video/>

VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
Employee Education System

# Signs of Overdose

## Signs of an Overdose\*

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Bluish or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

- If the person shows signs of an overdose, see next section "Responding to an Overdose"

*\* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.*

## Resources

Consider seeking long-term help at your local VA substance use disorder treatment program



## Help on the Web

- » VA Substance Use Disorder Program Locator: [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)
- » Substance Use Disorder Treatment Locator for non-Veterans: <http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>
- » VA PTSD Programs: [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)

## Help is Available Anytime

- » Local Emergency Services: 911
- » National Poison Hotline: 1-800-222-1222
- » Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

# Responding to an Overdose

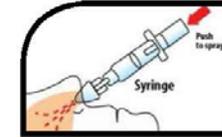
## 1. Check For A Response

- Lightly shake person, yell person's name, firmly rub person's sternum (*bone in center of chest where ribs connect*) with knuckles, hand in a fist
- If person does not respond—**CALL 911**
- Give address and say the person is not breathing



## 2. Give Naloxone

- If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
- If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks



intranasal



intramuscular

## 3. Airway Open

### Rescue Breathing (if overdose is witnessed)

- Place face shield (*optional*)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

### Chest Compressions (if collapse is unwitnessed)

- Place heel of one hand over center of person's chest (*between nipples*)
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (*optional*)
- Give 2 breaths for every 30 compressions



Rescue Breathing  
(if overdose is witnessed)



Chest Compressions  
(if collapse is unwitnessed)

## 4. Consider Naloxone Again

- If person doesn't start breathing in 3-5 minutes, give second dose of naloxone
- If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed
  - » Be sure to stay with person until emergency medical staff take over or for at least 90 minutes to make sure person doesn't stop breathing again



## 5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits



# Approximate Cost and Components

- Approximate cost is ~\$37-\$46
- Intranasal naloxone kits (~\$37):
  - 2 mucosal atomizer devices
  - 2 Naloxone 1 mg/ml (2ml)
  - 1 Laerdal face shield
  - 1 pair nitrile gloves
  - 1 opioid safety brochure
  - 1 intranasal naloxone rescue brochure
  - 1 blue zippered pouch
- Intramuscular naloxone kits (~\$46):
  - Two 3 ml, 25g, 1-inch syringes
  - Two .4 mg/ml vials of naloxone
  - 1 Laerdal face shield
  - 1 pair nitrile gloves
  - 2 alcohol pads
  - 1 opioid safety brochure
  - 1 intramuscular naloxone rescue brochure
  - 1 black zippered pouch

