

# Naloxone in the Community Setting: Updates and Education on the Newly Approved Over the Counter Opioid Reversal Agent

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# Disclosures

- No personal or financial disclosures to declare.
- This presentation does not reflect the opinions or stances of the United States Veterans Health Administration.

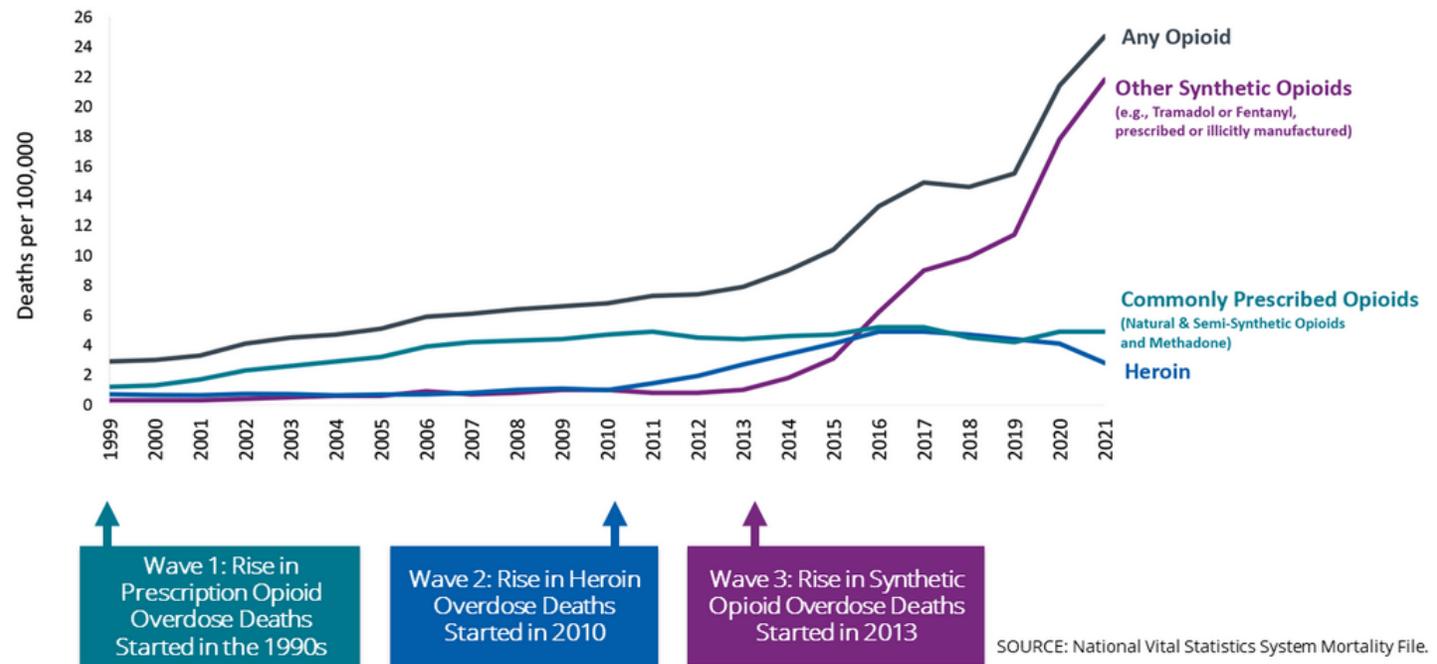
# Learning Objectives

1. Understand the current state of the opioid epidemic in the United States.
2. Identify the barriers that exist to individuals' ability to obtain naloxone.
3. Know key counseling and education points to provide patients interested in obtaining naloxone.

# Current State of the Opioid Epidemic

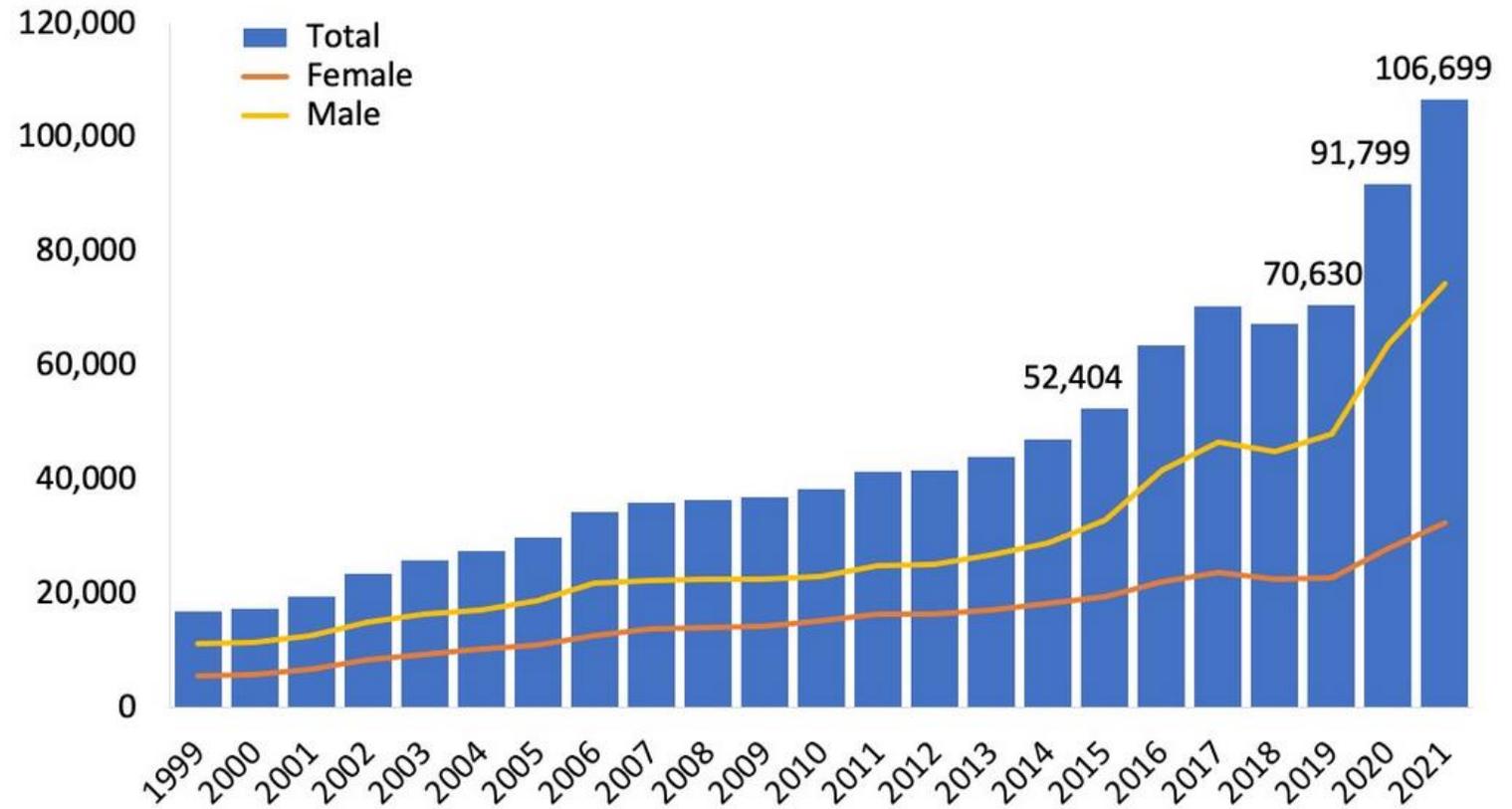
- Beginning in the late 1990s, opioid misuse and abuse has resulted in an unprecedented public health crisis in the United States
- From 1999-2021, nearly **645,000** individuals have died from an overdose involving any opioid
  - Including prescription and illicit opioid substances

## Three Waves of Opioid Overdose Deaths



# Overdose Death Statistics

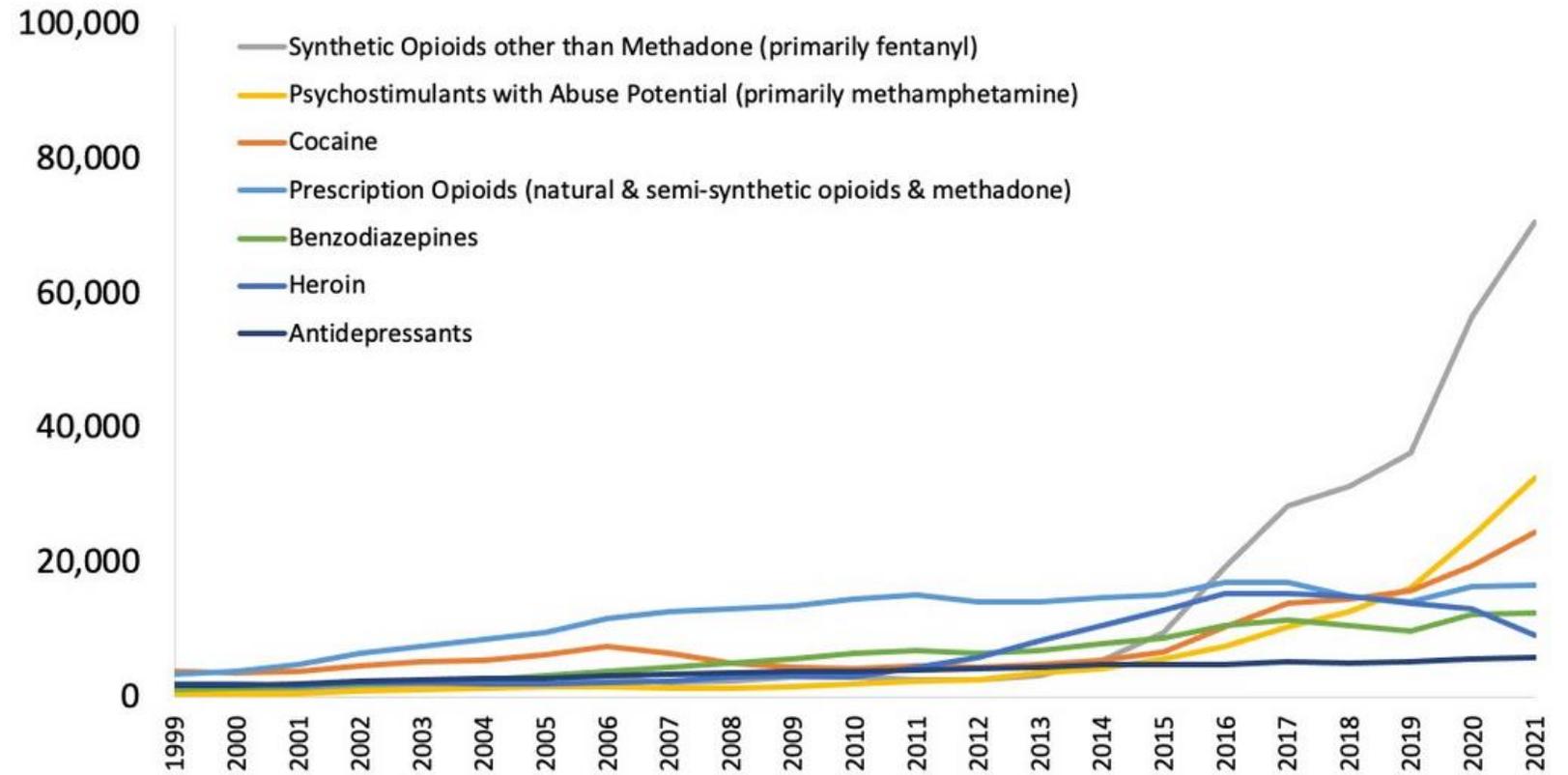
Figure 1. National Drug-Involved Overdose Deaths\*,  
Number Among All Ages, by Gender, 1999-2021



# Overdose Deaths Involving Opioids

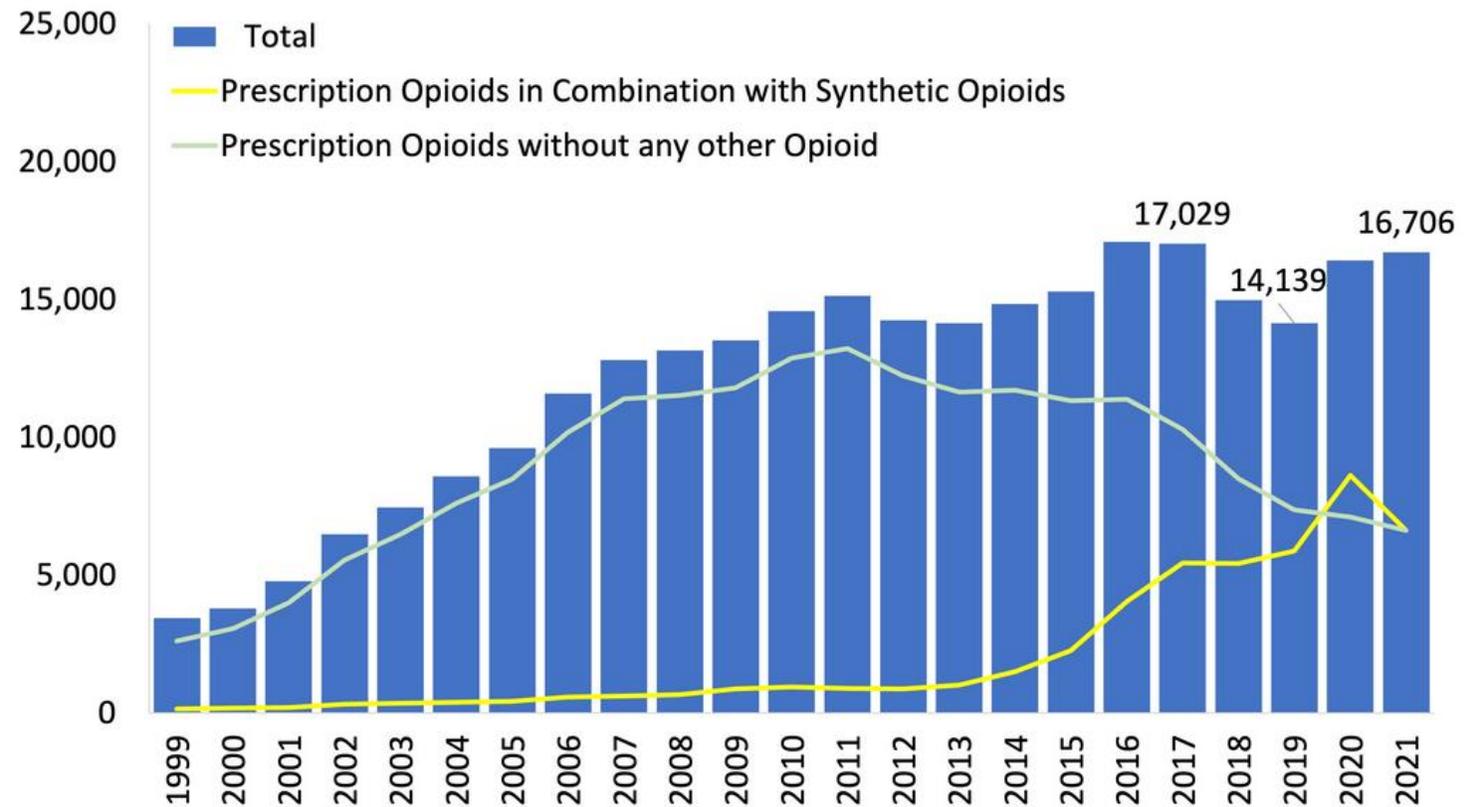
Of the 106,000 overdose deaths in 2021, **over 75%** were due to an opioid involved overdose

## Figure 2. National Drug-Involved Overdose Deaths\*, Number Among All Ages, 1999-2021



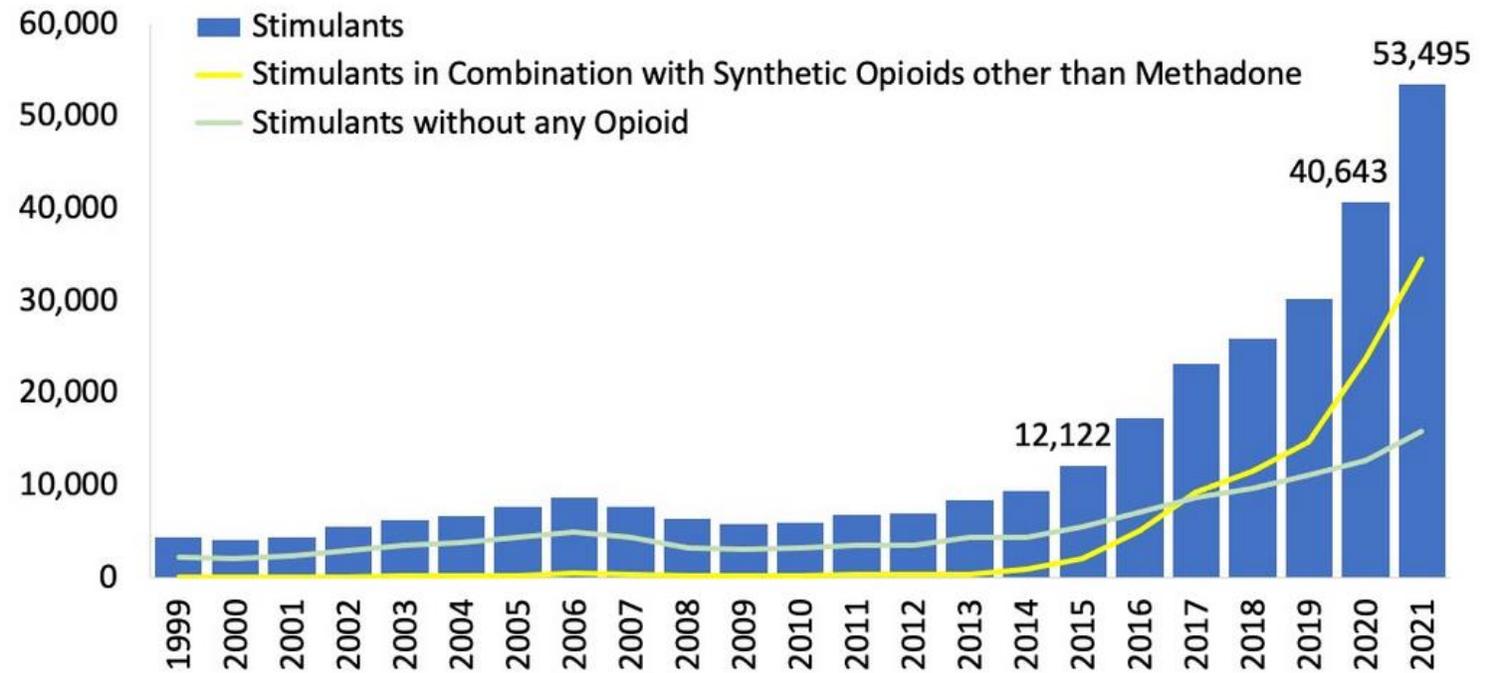
# Overdose Deaths Involving Prescription Opioids

Figure 4. National Overdose Deaths Involving Prescription Opioids\*, Number Among All Ages, 1999-2021



# Overdose Deaths Involving Opioids and Stimulants

Figure 6. National Overdose Deaths Involving Stimulants (Cocaine and Psychostimulants\*), by Opioid Involvement, Number Among All Ages, 1999-2021



# Harm Reduction with Naloxone

- Targeted naloxone distribution
  - Evidence-based harm reduction strategy
  - Decrease rates of opioid overdose in our communities
  - Studies have shown that individuals with an opioid prescription who are co-prescribed naloxone have almost **50% fewer visits to the emergency department** in the 6 months after receiving the prescription (**63%** after 1 year)
- **Principle of naloxone harm reduction:** any individual at risk themselves or knowing/around any individual at risk of an opioid overdose has access to naloxone
- In nearly 40% of overdose deaths, someone else was present.
  - Having naloxone available allows bystanders to assist in a fatal overdose and save lives

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Naloxone is an opioid antagonist that reverses the effects of opioid agonists

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Life-saving medication can be used to reverse an opioid overdose

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First injection approved in 1970s

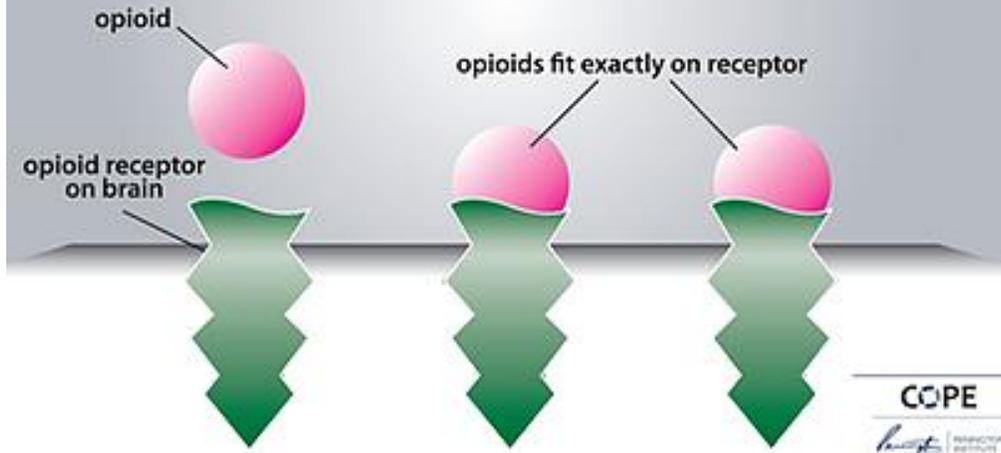
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Now approved in multiple formulations for use in the healthcare and community setting

What is  
Naloxone?

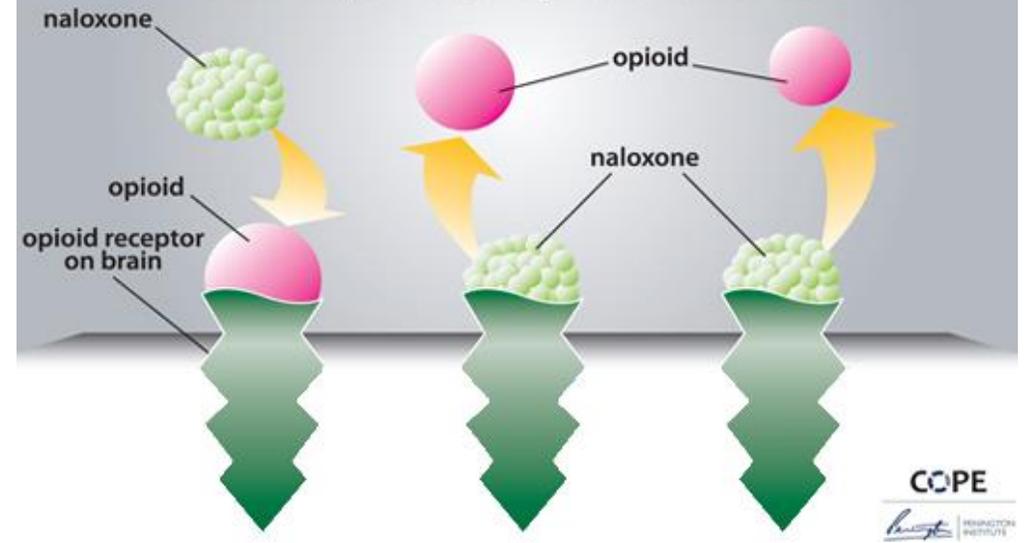
## Opioids attaching to receptors

The brain has many, 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 the breathing.



## Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



# How Naloxone Reverses an Opioid Overdose

# Naloxone Formulations

- First intranasal formulations approved for over-the-counter designation by the FDA in 2023
- Injection is still prescription only

\*Note: all intranasal formulations come in a 2 pack (2 doses)



# Naloxone Pearls

- Safe to use in virtually any patient
  - No contraindications other than naloxone hypersensitivity (very rare)
- Effectiveness will depend on quantity and potency of opioid agonist causing the overdose
  - Multiple doses may be needed to reverse overdose
- Short half-life (~2 hours)
- Will only work to reverse an opioid caused overdose
  - Specific to mu-opioid receptor
  - No opioid ->no effect

# Who Could Benefit from Naloxone Access

Any patient with an opioid prescription

- Especially chronic opioid therapy
- $\geq 50$  MME/day

Patients prescribed both opioids and benzodiazepines

Individuals with a substance use disorder

Patients who have friends or family at risk of opioid overdose

Individuals who interact with others at risk for opioid overdose

Caretakers

Health care professionals

First responders

Anyone interested in obtaining naloxone

- Remarkably high safety profile

# How Individuals can Access Naloxone



Prescription from a health care provider



Any pharmacy (standing order)



Government/non-profit organizations

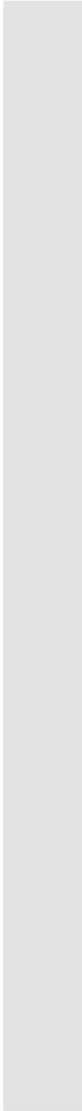


Over-the-counter



# Using Naloxone

Identifying and responding to an opioid overdose



## Signs and Symptoms of an Opioid Overdose

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Small, constricted “pinpoint pupils”

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Falling asleep or losing consciousness

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Slow, weak/shallow, or no breathing

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Chocking or gurgling sounds

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Limp body

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Cold and/or clammy skin

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Discolored blueish/purple skin (lips and nails)

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# Responding to an Opioid Overdose

## 1. Identify the signs of an opioid overdose

- Attempt to wake/arouse the patient
  - Shout name
  - Shake
  - Sternal rub

# Responding to an Opioid Overdose

## 2. Call 911

- Inform the dispatch of the potential opioid overdose
- Give clear location and description
- Indicate whether you have naloxone on hand

# Washington State Good Samaritan Law

- In WA State, anyone trying to help in a medical emergency is generally protected from civil liabilities by [RCW 4.24.300](#).
  - WA State's [911 Good Samaritan Overdose Law RCW 69.50.315](#) gives additional, specific protections against drug possession charges:
- If you seek medical assistance in a drug-related overdose, you cannot be prosecuted for drug possession.
- The overdose victim is also protected from drug possession charges
- The immunity applies to any good faith effort to seek medical help such as calling 911, taking the overdose victim to an emergency room, or running to get a neighbor who is a nurse.

# Responding to an Opioid Overdose

## 3. Administer naloxone

- Can repeat administration every 2-3 minutes until patient responds
  - Dose required for overdose reversal will depend on opioid taken, time since opioid use, and amount of opioid used
  - Many documented cases of overdose with synthetic opioids (ex. illicit fentanyl) requiring many naloxone doses before achieving overdose reversal
- Give rescue breaths
- Compressions (full CPR) needed only if there is not a pulse

# Intranasal Naloxone Administration



# Injectable Naloxone Administration



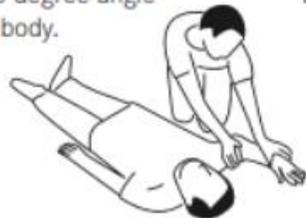
# Responding to an Opioid Overdose

## 4. Monitor response

- Place individual in recovery position
- Try to keep the person awake and breathing
- Stay with the patient until emergency services arrives if possible

### RECOVERY POSITION

**Figure 1:** Kneel by the person. Raise the arm closest to you and place the arm out at a 90 degree angle to the body.



**Figure 2:** Place the other hand under their head against their cheek, to support their head.



**Figure 3:** Lift the leg furthest away from you and place their foot on the floor.

**Figure 4:** Using their knee as a lever gently pull the person onto their side, towards you.

Tilt the head back and ensure airway is open and clear.



# What to expect after naloxone administration

## Evaluate patient response

- Return to spontaneous breathing
- Full arousal not required

## Patient reaction

- Confusion
- Anger
- Irritability
- Nausea/vomiting
- Opioid Withdrawal

## Naloxone effect will last only 30-90 minutes

- Risk of re-overdose (shortest acting opioids last about 4 hours)
- Naloxone will only be effective in overdoses involving opioids
- More naloxone than what you have on hand may be needed to reverse the overdose
- Important to ensure emergency services are contacted

# Patient Education

- Ensure patients know how to obtain naloxone if indicated or interested
- Discuss the importance of having naloxone on hand if they or anyone they are around is at risk for opioid overdose
  - Epi-pen metaphor
- Provide counseling and instructions on administering naloxone, as well as the steps to responding to an opioid overdose
- Ensure patients understand how to identify an opioid overdose
- Educate patients not to take opioid medications with other substances, such as alcohol or illicit drugs

# Patient and Community Resources

- WA State Standing Order
  - <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf>
- WA State Good Samaritan Law
  - <https://apps.leg.wa.gov/rcw/default.aspx?cite=69.50.315>
- Obtaining Naloxone
  - <https://stopoverdose.org/>
- Identifying and Responding to an Opioid Overdose
  - <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/opioid-overdose-prevention>
- National Drug Overdose Information/Statistics
  - <https://www.cdc.gov/drugoverdose/index.html>
- Spokane Overdose and Harm Reduction Resources
  - <https://drugpreventionspokane.org/>

Barriers to  
Obtaining  
Naloxone

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Stigma

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Access

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Cost

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Patient Education

# Addressing Stigma- Enhancing Patient Education

Naloxone stigma by both patients and providers has been identified as a barrier to naloxone access in our communities

Normalize the conversation

Use non-judgmental language

Do not associate naloxone only with people with opioid use disorder

Carrying naloxone is no different than carrying an EpiPen for someone with allergies., providing an extra layer of protection for those at a higher risk for overdose

# Addressing Access- Over the Counter Approval

- First naloxone product, Narcan nasal spray, was approved for OTC use in March 2023
  - Sold to consumers beginning in September 2023
- Allows naloxone to be sold direct to consumers, drug stores, grocery stores, gas stations, and online
- Requirements for OTC approval, the manufacturer has to show:
  - The medication was safe and effective for use as directed on the product labeling, and
  - Consumers can understand how to use the drug safely and effectively without healthcare professional supervision
- Goal: facilitate greater access to naloxone
  - Increases number and variety of locations to obtain naloxone
  - Decrease wait times/stigma of asking for the product

## Current cost of prescription naloxone products: 0-\$100/2 doses

- Medicaid->\$0
- Medicare->Tier 3 medication
- Private Insurance->varies
- \*Insurance will only cover the medication if the enrolled patient has an eligible opioid prescription\*

## OTC Cost

- Narcan: \$45
- RiVive: TBD

Addressing  
Cost

## Future Directions

- Second OTC naloxone product, RiVive (3 mg naloxone nasal spray) approved for OTC use in July 2023
  - Harm Reduction Therapeutics pledges to make RiVive available for free or low breakeven cost
- FDA strongly encourages generic naloxone manufacturers to file for OTC approval
  - Help to address cost?
- Nalmaphene (Opvee) nasal spray approved in May 2023
  - Rx only (adults and children 12 years +)
  - Opioid antagonist with longer half-life (~11 hours) than naloxone
- Continue to educate providers and patients on the importance of having naloxone on hand

The opioid epidemic is an unprecedented public health crisis that is seeing its highest rates of overdose deaths to date

Synthetic opioids (ex. Illicit fentanyl) are a driving force in these astonishingly high rates of opioid overdoses

Naloxone is a life-saving medication that has proven safe and effective to reverse opioid overdose in the community or healthcare setting

Naloxone should be discussed with and offered to a variety of patients and individuals, not only those at risk of opioid overdose themselves

OTC approval increases individuals' physical access to naloxone. However, stigma, cost, and patient education still present as barriers to obtaining naloxone presentation.

## Summary of Key Points

# Assessment Question 1

The rates of overdose deaths involving synthetic opioids have drastically risen in recent years.

a. True

b. False

## Assessment Question 2

Signs and symptoms of opioid overdose include the following EXCEPT:

- a. Unresponsiveness
- b. Tachycardia
- c. Pinpoint pupils
- d. Cyanosis

## Assessment Question 3

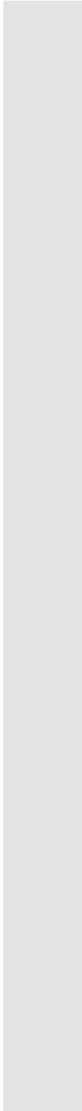
Naloxone is safe to use for patients with the following comorbidities (select all that apply):

- a. Asthma
- b. Pregnancy
- c. Chronic Kidney Disease
- d. Hepatic Encephalopathy

## Assessment Question 4

Although there are now OTC approved naloxone products, barriers to naloxone access in our community still include (select all that apply):

- a. Cost
- b. Stigma
- c. Patient Education



# Questions?

Thank you!