AZ Naloxone Program for High-Risk Populations

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SONORAN PREVENTION WORKS
Among the 19.3 million individuals aged 12 or older in 2015 who were classified as needing substance use treatment but who did not receive treatment in the past year, only 4.6% reported that they perceived a need for treatment for their drug or alcohol use problem.

America’s Need For & Receipt of Substance Use Treatment in 2015, SAMHSA
Layperson Naloxone

- Used 1990’s in lay communities
- Required special legislation
- Acute withdrawal only side effect, less acute when not IV
- Easy to administer
- CDC: 83% of reversals in community performed by drug users
Naloxone Myths

• Naloxone encourages drug use
• It sends the wrong message
• It could hurt somebody not ODing
• Reversal requires medical professional
Unintentional overdose deaths, New York City, 2004-2010
Opiate overdose deaths, Cook County, Illinois, 1996-2003
2016 HB 2355

- **2016 HB 2355** (Rep. Carter)
  - Any person in a position to assist may administer
  - Standing order allowed
  - Pharmacists may sell without prescription

- **ARS 36-2266**: A health professional who has prescribing authority... may, directly or by a standing order, prescribe or dispense naloxone to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk, or to any other person who is in a position to assist a person who is experiencing an opioid-related overdose.
Intramuscular Naloxone
Intranasal Naloxone
Who Should Have Naloxone?

- CDC: 83% of people who administered naloxone were people who use drugs (2015)
- Friends and family
- Law enforcement
- Jails, prisons, probation
- Treatment centers, sober living
- Homeless shelters & services
Tiffany
2017 AHCCCS Partnership

- Statewide naloxone distribution and OD prevention education
- Every county and reservation
- 20,000+ naloxone kits
- Targeting high risk persons, family members, law enforcement
- Assisting agencies to set up their own programs
- Website: Where to get naloxone
- Pharmacist/provider training & CMEs
Partnerships

• Started September 2016, Maricopa Co.

• Heavily depend on informal networks of drug users, people in recovery, friends, and family to distribute to those at highest risk

• Sep 2016 – Mar 2017
  • 5119 kits (10,238 doses)
  • 474 reported reversals

• Apache, Cochise, Coconino, Gila, Graham, Maricopa, Mohave, Navajo, Pima, Pinal, Yavapai Counties

• Salt River, Pascua Yaqui, San Carlos Apache Reservations
Technical Assistance

Overdose Prevention & Naloxone Policy and Procedures

Effective date:

I. PURPOSE
The purpose of this policy is to provide approved staff with guidelines to utilize naloxone in order to reduce fatal opioid overdose while engaging clients in the treatment setting.

II. POLICY
It is the policy of [Your agency] for trained staff to administer naloxone, in accordance with state law and the administrative medical director’s guidelines and oversight, to persons suffering from opioid overdose at the earliest possible opportunity to minimize chance of death.

III. DEFINITIONS
A. **EMS:** Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury
B. **Naloxone:** An opioid antagonist and antidote for opioid overdose produced in intramuscular and intranasal forms
C. **Opioids:** Catchall term for prescription, synthetic, semi-synthetic, or natural opiate drugs
D. **Opiates:** Naturally derived drugs from the poppy plant, such as heroin, morphine, or opium
E. **Opioid Overdose:** An acute condition caused by the flooding of the opioid receptors in the brain by opioids. It can cause extreme physical illness, decreased level of consciousness, respiratory arrest, or death.
F. **IM Naloxone:** Refers to the intramuscular (IM) administration of naloxone, either from a vial and syringe (manufactured by Hospira) or an auto-injector (manufactured by Kaleo, branded Evzio)
G. **IN Naloxone:** Refers to the intranasal (IN) administration of naloxone, either from a nasal spray device (manufactured by Adapt, branded Narcan) or a 2mg/2ml syringe with nasal adaptor (manufactured by IMS/Amphastar)
Partnerships

- Emergency departments (MIHS Maricopa Medical Center)
- Jails (Maricopa County Jails)
- Law enforcement (Navajo County Sheriff, Fort McDowell Tribal Police, Tucson PD)
- Syringe access programs (Southern AZ AIDS Foundation)
- Behavioral health (Terros, Lifewell)
- Treatment centers (Intensive Treatment Systems)
- HIV/AIDS care (Northland Cares)
- Sober living homes (Ktizio, TLC)
- County health departments
Barriers

- Hospitals under direct Board of Pharmacy oversight may not be able to dispense naloxone outside of a pharmacy
- Outpatient pharmacies not open 24/7, may be difficult for patients to access
- Finding time for patient education
- Uninsured/underinsured patients
- Stigma
Recommendations

- Dispense naloxone, don’t just write a prescription
- If writing a prescription, have staff accompany patient to pharmacy OR utilize pharmacy delivery
- Consider including naloxone not just for overdose patients, but for patients with injection-related wounds/infections
- Train staff on drug-related stigma
- Contact SPW for free naloxone kits for high-risk patients
- Go to www.prescribetoprevent.org
Thank you!

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