Naloxone (Narcan): The Opioid Overdose Antidote

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DMHAS
Past 30 days Illicit Drug Use among Persons 12 and Older: 2014 (in millions)

- No Past month use: 238.1 (89.8%)
- Marijuana: 12.2
- Prescription Medications: 6.5
- Cocaine: 1.5
- Hallucinogens: 1.2
- Inhalants: 0.5
- Heroin: 0.4
- Sedatives: 0.3
- Stimulants: 1.6
- Tranquilizers: 1.9
- Pain Relievers: 4.3

NSDUH 2014
Why the Concern about Prescription Drugs?

- In 2010, enough painkillers were prescribed to medicate every adult American around the clock for a month.
- People think they are safe.
- Risk of Tolerance, Dependence, Addiction, Overdose, and Death.
- Diversion: 66% come from friends/family.
- Transition: past misuse of prescription opioids is the strongest risk factor for heroin initiation and use.
Overdose Death Rates (2014)
Prescribing/Overdoses vary greatly by state

Alaska – 16.8
Hawaii - 10.9

VT - 13.9
#3 NH – 26.2

CT – 17.6
NJ – 14.0
DE – 20.9
MD – 17.4

CDC MMWR Dec 18, 2015, Vol. 64
While anyone can overdose...

- **Women**: 5X ↑ OD deaths from opioid painkillers between 1999 – 2010
- **Baby Boomers/ 50+**: higher substance use rates; more pain/medical issues/prescriptions; those 55-64 had 6X ↑ OD deaths from opioid painkillers between 1999-2011
- **Chronic Pain Clients**: 3% of Americans; there is no convincing evidence of long-term efficacy of opioids for chronic pain
- **Medicaid Recipients**: prescribed painkillers at 2X the rate of non-recipients and have 6X the rate for painkiller overdose
Connecticut Data:
DMHAS Admissions to Substance Use Services
Primary Substance at Admission

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Other Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>14,214</td>
<td>2,475</td>
</tr>
<tr>
<td>2014</td>
<td>15,102</td>
<td>1,941</td>
</tr>
<tr>
<td>2015</td>
<td>16,975</td>
<td>1,972</td>
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</tbody>
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45% of substance use services admissions are for opioids compared to 35% for alcohol.
Naloxone Distribution Programs

- Naloxone Distribution Programs started in 1996
- As of June 2014, there were 644 sites distributing kits & reporting 26,463 opioid overdose reversals
- Many states now have programs
- Strategies/legislation vary by state
- Education is an expectation
CT Narcan Legislation

- 11-210 (21a-279): Good Sam law; ↑ calls to 911
- 12-159 (17a-714): Narcan could be prescribed to anyone; Prescribers protected from civil liability/criminal prosecution
- 14-61 (17a-714): 3rd party administering narcan is protected from civil liability and criminal prosecution
- 15-198: Governor’s Omnibus Bill: Pharmacist prescribing/dispensing; CMEs; checking CPMRS; clarify 2012; ADPC
Naloxone (Narcan)

- Prescription medication
- Safe medication
- Only has an effect if the person has opioids in their system
- Replaces the opioid at the receptor site and reverses its effects for 30-90 minutes
- Has no abuse potential or street value so you cannot get high from it and if you are high on opioids, it causes withdrawal
Standard Training on Naloxone (Narcan)

- Overdose Risk Factors
- Identifying an Opioid Overdose
- Calling 911
- Rescue Breathing
- Naloxone (Narcan) administration
- Recovery Position
Resources

- Susan.Wolfe@ct.gov; 860-418-6993
- Harm Reduction Coalition; Harm Reduction.org
- Prescribe to Prevent.org