

FIRST RESPONDERS NALOXONE GUIDE

Idaho Office of Drug Policy

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The Idaho Office of Drug Policy is providing this First Responders Naloxone Guide as a source of general information for Idaho's first responders. The statements in this First Responders Naloxone Guide are not intended as any form of legal advice and should not be construed as such. Any legal issues or questions should be discussed with the legal counsel for the first responder's agency or other private legal counsel.

Much of the information in this guide is from Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions, by Leo Beletsky, JD, MPH. Beletsky's document is the outcome of the July 31, 2014, U.S. Attorney General's Expert Panel on Law Enforcement and Naloxone.

INTRODUCTION

The United States is in the midst of a public health crisis: Every year, more than 24,000 Americans die from opioid overdose. In 2015, in Idaho alone, there were at least 150 accidental drug-poisoning deaths, according to the Idaho Bureau of Vital Records and Health Statistics; that's approximately one death every two days. Overdose caused by prescription opioids and heroin is now the leading cause of accidental death, surpassing automobile accidents, AIDS, and other high-profile killers.

This guide provides first responders with the knowledge and tools to reverse opioid overdoses in the field. It supports an initiative, announced by the federal government in October 2015, that recognizes opioid abuse as a national crisis and boosts public and private sector efforts to address it. Expansion of naloxone dispense and training programs are important components of this effort.

Opioid Overdose: Who's at Risk

Overdose does not discriminate, reaching all geographic, economic, and racial divides. However, some groups are more vulnerable than others. Veterans, residents of rural and tribal areas, newly released inmates, and those who have recently detoxed are more likely to die of an opioid overdose than the general population. Additionally, those with concomitant health issues—especially respiratory conditions—experience higher risk.

The Connection Between Prescription Drugs and Heroin

Healthcare providers wrote 259 million prescriptions for opioid pain medications in 2012—enough for every American adult to have a bottle of pills.¹ Opioids are a class of prescription pain medications that includes hydrocodone, oxycodone, morphine, and methadone. The majority of opioid overdoses are accidental and result from taking inappropriate doses of opioids or mixing opioid drugs with other substances.

Heroin belongs to the same class of drugs, and four in five new heroin users started out by misusing prescription opioid pain medications.²

1 Centers for Disease Control and Prevention, "Opioid Painkiller Prescribing," *CDC Vital Signs*, July 2014, <https://www.cdc.gov/vitalsigns/opioid-prescribing>

2 American Society of Addiction Medicine, *Opioid Addiction 2016 Facts & Figures*, 2016, <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

What is naloxone?

An opioid overdose causes death by slowing and eventually stopping a person's breathing. Naloxone, marketed as NARCAN® and EZVIO®, restores respiration within two to five minutes of being administered, and may prevent brain injury and death. Naloxone works on overdoses caused by opioids, which include prescription painkillers and street drugs like heroin. Naloxone has no potential for abuse.

Opioid poisonings typically take 45–90 minutes to turn fatal, creating a critical window of opportunity for lifesaving intervention. Across the United States, first responder agencies are increasingly training to carry naloxone in an effort to stem the tide of overdose fatalities.

How First Responders Benefit from an Overdose Reversal Program

First and foremost, an overdose reversal program offers a potential lifesaving opportunity. Additionally, individual first responders have cited improved job satisfaction rooted in an improved ability to “do something” at the scene of an overdose. First responder agencies that have implemented an overdose reversal program report improved community relations, leading to better intelligence-gathering capabilities. Similarly, collaboration between law enforcement, public health, drug treatment, and other sectors on overdose response initiatives lead to improved cross-agency communication, and helps take a public health approach to drug abuse.

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NALOXONE

When to Administer

Naloxone only works on overdoses caused by opioids. Naloxone will not reverse overdoses resulting from non-opioid drugs like cocaine, benzodiazepines (“benzos”), or alcohol.

However, in cases of multiple drug overdose (e.g., an opioid and a benzodiazepine), emergency responders should still administer naloxone, as it will remove the effects of the opioid and may reverse the overdose.

If a person is unresponsive and it is not known whether opioids are the cause, it is standard practice to administer naloxone just in case.

Who Should Administer: Law Enforcement or Emergency Medical?

Ideally, opioid overdose victims can receive timely attention from emergency medical responders. However, depending on the jurisdiction and the geographic setting, law enforcement officers may be in the position to save lives by providing the initial emergency assistance—i.e., administering naloxone.

Law enforcement, EMS, and fire agencies should collaborate as they develop their overdose rescue programs, creating protocols that map how victim care will flow during an overdose response.

How to Administer

First responders have three ways to administer naloxone:

- 1) spraying naloxone into the nose (intranasal);
- 2) giving a shot with a needle (intramuscular); or
- 3) using an auto-injector, a prefilled, ready-to-use dose that is pressed against a person’s thigh.

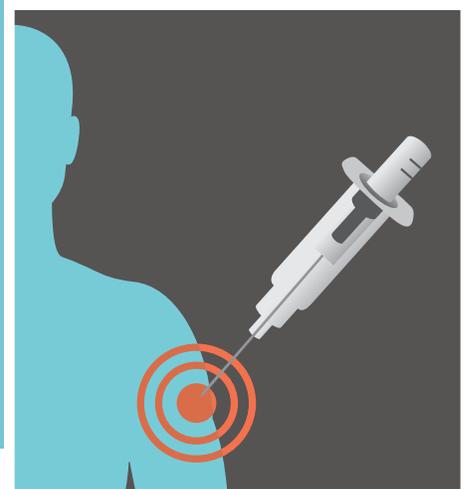
INTRANASAL

Intranasal (IN) is currently the most common method. This can be delivered in one of two ways: 1) Adapt Pharma's NARCAN Nasal Spray is preloaded and ready for immediate use. 2) Responders can use a product in which they connect a naloxone vial to an atomizer device that converts the naloxone liquid into a fine mist.



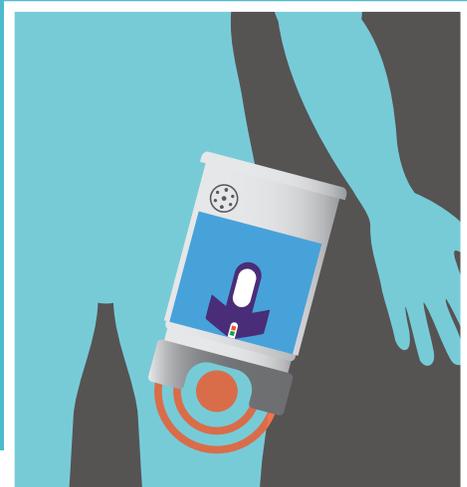
INTRAMUSCULAR INJECTION

Intramuscular injection (IM) has been used in medical settings for decades. Many community-based prevention programs distribute IM naloxone to families and other potential opioid overdose bystanders because of its lower cost. With IM, naloxone is drawn from a vial into a syringe and then injected into the victim's upper arm, thigh, or buttocks.



AUTO-INJECTOR

EVZIO is an auto-injector that provides step-by-step instructions using voice prompts and visuals printed directly on the device. Its fully retractable needle system is designed to eliminate the risk of NSI. EVZIO's retail price is substantially higher than IN or IM products, but the manufacturer, kaléo, offers a discount program to law enforcement agencies.



NALOXONE

Side Effects

Naloxone may result in acute opioid withdrawal (agitation, nausea, vomiting, diarrhea, “goose flesh.” tearing, runny nose, and yawning). When victims experience these symptoms, they may become irritable and anxious. It is uncommon, however, for the revived victim to become violent or combative. Intranasal naloxone delivery is less likely to result in severe withdrawal symptoms than an injection.

On rare occasions, reviving an opioid overdose victim may restart existing health problems or uncover the effect of other drugs the victim had taken. This may result in heart palpitations or seizures. In all cases of overdose, it is critical victims be transferred to the care of medical professionals.

Storage and Shelf Life

Naloxone is a fairly stable medication, with a shelf life between 18 months and two years. IN naloxone should be stored between 59 and 77 degrees Fahrenheit; IM naloxone between 58 and 86 degrees. EVZIO maintains stability at temperatures of up to 104 degrees for six months. Avoid storing naloxone in extreme hot or cold environments.

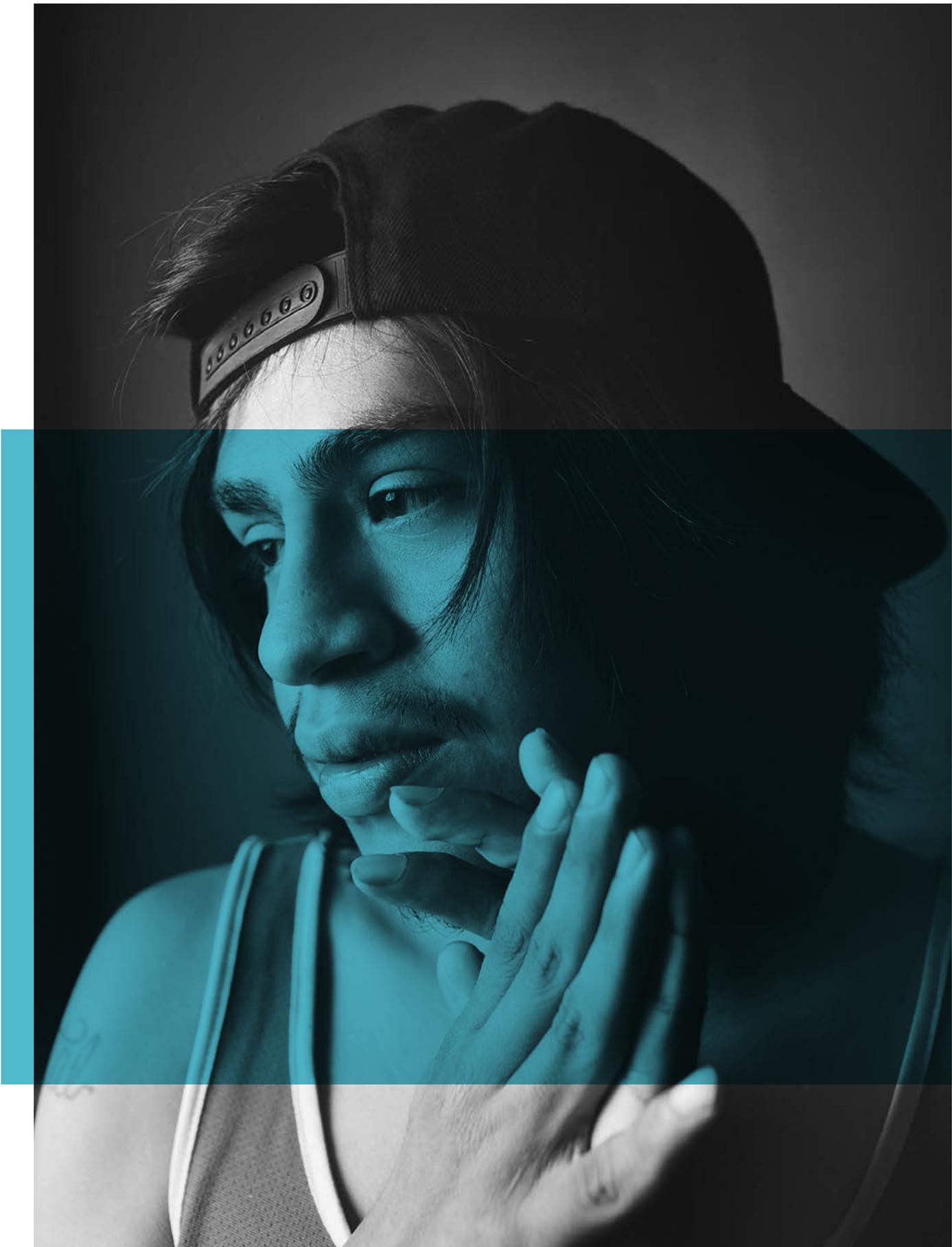
In most first responder settings, naloxone can be stored in the cab of the vehicle or with automated external defibrillator (AED) units during a shift. Naloxone should not be left in the vehicle long-term, and should instead be properly stored inside the agency facility. Naloxone kits can be maintained by the individual responders or, alternately, issued at roll call and checked in at the end of the shift. Upon expiration, supplies of the medication should be replaced.

Acquiring Naloxone

Naloxone is a prescription medication, but it is not a controlled substance. This means authorization is needed to allow possession and administration of the drug by first responders. In most cases, a protocol called a “standing order” can be issued for an entire department by any provider holding a license to write prescriptions.

Naloxone Grants

The Idaho Office of Drug Policy (ODP) has a standing order on file for distribution to all first responders who are awarded ODP First Responder Naloxone Grants. These grants provide funding for the purchase of naloxone kits and training first responders in their usage. The simple grant application can be found at <https://form.jotform.us/spustejovsky/naloxone-request>. For more information, contact Sharlene Johnson at sharlene.johnson@odp.idaho.gov or (208) 854-3048.



FIRST RESPONDER AGENCY CONSIDERATIONS



Should every first responder agency implement an overdose rescue program?

All agencies should consider whether overdose rescue is appropriate as a potential tool, based on their role, jurisdiction, and design of emergency medical services. Overdose reversal training and naloxone supply are particularly beneficial to rural, tribal, and other high-risk settings where professional emergency medical response may be significantly delayed by geographic, resource, and other factors. Not all agencies will incorporate overdose rescue, and may focus instead on other prevention and treatment efforts like community education; prescription drug take-backs; and encouraging high-risk groups to seek help.

The way law enforcement conducts itself during overdose response events is critical to community perceptions of—and partnership with—the agency. Officers who create a culture of trust between first responders and members of the public maximize the chances bystanders will call 911 during overdose events. Basic outreach at the scene can help educate families, friends, and other bystanders to be vigilant for signs and symptoms of overdose, since many victims experience more than one such event over their lifetime.





IMPLEMENTATION

Policies and Procedures

Although not mandated, it is strongly recommended that in-house policies and protocols are in place regarding the appropriate use of naloxone: steps to be taken upon administration; follow-up care protocols; proper disposal of used, expired, or adulterated units; and proper reporting procedures.

The Idaho Office of Drug Policy strongly recommends in-house policies state that prompt medical assistance must be summoned at the scene of an overdose and that only those who have completed approved online training may administer the medication. ODP features videos on naloxone administration on its website, www.odp.idaho.gov, and can provide technical assistance to first responders in carrying naloxone. Please feel free to contact ODP with questions at (208) 854-3040.

Each agency is encouraged to establish standard operating procedures (SOPs) for overdose response activities. These procedures should be drafted in consultation with the governing laws of the jurisdiction. If applicable, policies should integrate the provisions of relevant 911 Good Samaritan laws, as well as the department's policy on information gathering, searches, arrests, and other activities at the scene of an overdose. Any triage plans developed with EMS and fire agencies can also be reflected in the SOPs.

Sample Policies and Procedures Document

ODP has created a sample document that Idaho law enforcement and emergency medical services agencies can download and customize. It is available at <https://prevention.odp.idaho.gov/wp-content/uploads/sites/33/2017/09/LEA-Naloxone-Policy.pdf>.

Please direct questions to Sharlene Johnson at sharlene.johnson@odp.idaho.gov or (208) 854-3048.

Occupational Risks

Providing first aid to an opioid overdose victim carries the same general occupational risk inherent to other first-aid activities. Given that a substantial proportion of opioid overdose victims are people who inject drugs, first responders should be aware of the high likelihood that hypodermic needles may be present on the victim's person and elsewhere on the scene.

Injection of intramuscular (IM) naloxone carries a remote risk of an accidental NSI. If the responder experiences an NSI after administering the drug, there is a risk of contracting a blood borne infection such as Hepatitis C or HIV. Aftermarket atomizers enable intranasal administration of naloxone without using a needle. Most agencies have determined that the added expense of purchasing atomizers is worth the occupational safety gains from not having to use needles to administer the drug. The retractable needle system of the EVZIO auto-injector is designed to prevent needle stick injury.

Overdose victims rescued by naloxone may experience opioid withdrawal symptoms. In very rare instances when such symptoms are severe, the victim may become combative. This is reported in about one percent of all rescues.

Training

Overdose response program trainings typically last from 40 to 90 minutes. At the very least, training includes three basic elements: 1) how to recognize signs of an opioid overdose, 2) how to provide basic life support and proper administration of naloxone, and 3) an opportunity to practice skills.

Most trainings also cover some combination of the following content:

- Drug abuse basics, including the chronic nature of addiction
- Mechanisms by which opioids can cause overdoses and the reversal properties of naloxone
- Occupational safety considerations
- Legal considerations, including naloxone authorization and applicable Good Samaritan laws or policy provisions covering overdose victims and bystanders
- Standard operating procedures for the administration of naloxone
- Overdose education and naloxone distribution programs available to community members
- Substance abuse treatment resources available in the jurisdiction

Programs that meet best practices cover information and skills that equip first responders to engage in prevention and treatment program referral. The particular mix of training content and delivery channels depends on local needs and circumstances. Employees who hold existing medical response certifications such as CPR or basic life support may require an abridged training.

Please check the ODP website at <https://odp.idaho.gov> for future naloxone training sessions.

IMMUNITY

Idaho House Bill 108, signed by Governor Butch Otter in 2015, provides reassurances to a 911 caller that they cannot get in trouble for witnessing and reporting an overdose. This is designed to encourage friends and loved ones to seek emergency medical services as soon as they suspect an overdose is occurring.

Here is the text:

54-1733B.

- (2) Notwithstanding any other provision of law, any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose. As soon as possible, the administering person shall contact emergency medical services.
- (3) Any person who prescribes or administers an opioid antagonist pursuant to subsection (1) or (2) of this section shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts.



COMMUNITY COLLABORATION AND RESOURCES

In many communities, law enforcement overdose response programs help create a united front in the fight against overdose and other drug-related issues. Law enforcement officers already play a leadership role in cross-agency collaboration and information-sharing in the domain of drug abuse. Law enforcement officers also frequently come into contact with hard-to-reach populations most at risk of opioid overdose. Local and regional opioid overdose taskforces can collaborate with criminal justice, public health, judicial, and other resources in creating a comprehensive response to this ongoing crisis using promising practices.

Examples of promising programs include:

Multi-agency public education campaigns

These larger initiatives often receive heightened media coverage and result in improved awareness about opioid overdose and its prevention.

Programs to encourage opioid overdose witnesses to seek help

Many opioid overdoses are witnessed, but bystanders do not call 911 because they do not recognize the signs and symptoms of an overdose, or because they are concerned about legal repercussions.

Targeted education and outreach to high-risk groups

Veterans, residents of rural and tribal areas, recently-released inmates, people completing drug treatment/detox programs, and some young adults are at an especially high risk of opioid overdose. Law enforcement and correctional officers are uniquely positioned to engage in initiatives targeting these high-risk groups, thereby helping prevent fatalities by engaging in outreach initiatives. Individuals re-entering society after a period of incarceration are especially vulnerable. In the first two weeks, formerly incarcerated individuals are approximately 30 times more likely to die of a drug overdose than members of the general public. A number of programs engage law enforcement and correctional staff in educating this population about overdose risk, how to avoid and respond to overdose, and any provisions covering criminal liability of those who seek help.

Warm Handoffs

State agencies are researching implementing a warm handoff process whereby overdose survivors are transferred directly from the emergency department to a drug-treatment facility. Once the model is complete, ODP will work with stakeholders to encourage implementation.

COMMUNITY COLLABORATION AND RESOURCES

Pharmacy take-back programs

A recent survey released by CVS Health found that one in three people in the US report having unused medication in their home, and one in five say they or someone they know has had prescription medication stolen from their home. This data leads experts to believe that one contributing factor to the prescription drug abuse issue is pervasive availability to pain medication, typically obtained from a home medicine cabinet.

In response, the Drug Enforcement Administration expanded the options available to collect controlled substances from ultimate users for the purpose of disposal through the Secure and Responsible Drug Disposal Act of 2010. The Disposal Act allows for ultimate users to transfer prescription medications to retail pharmacies for disposal. Studies have shown that prescription drug drop-box programs can be an effective strategy in combating prescription drug abuse. A two-year study of prescription medication drop boxes placed in a rural area concluded that “drug donation boxes can be an effective mechanism to remove controlled substances from community settings” (Gray, Hagemeyer, Brooks & Alamian, 2015). Researchers further assert that pharmacies are an “ideal venue to collect and destroy” unused prescription medications (Garey, Johle, Behrman & Neuhauser, 2004).

ODP and the Idaho Board of Pharmacy (IBOP) believe that increasing the number of medication disposal locations throughout the state will decrease the amount of prescription medication available for misuse, abuse, and diversion. ODP and the IBOP provide mini-grants to pharmacies throughout the state to implement a prescription drug drop-box program. The application can be found at <https://form.jotform.us/spustejovsky/rx-disposal-mini-grant-application>.

For more information, contact Sharlene Johnson at sharlene.johnson@odp.idaho.gov or (208) 854-3048.





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<https://odp.idaho.gov/opioids-and-overdoses>

