Overdose Prevention with Naloxone

Background:
Drug overdose deaths in the United States are quickly approaching motor vehicle accidents, the leading cause of injury deaths in the United States. Out of the 36,500 drug related deaths in 2008, nearly 15,000 were due to opioid pain medications and about 3,000 were due to heroin.[1] In a San Francisco sample, almost 1 out 4 injection drug users reported a heroin overdose in the last year.[2] In this same population of young injectors, using heroin in the last 30 days constituted the highest risk of death over the ten year period.[3]

To address this problem, the San Francisco Drug Overdose Prevention and Education (DOPE) project has distributed “take home” naloxone to injection drug users since 2003. After 6 years of follow up, 1,942 patients were trained and dispensed naloxone which was used in 399 overdose events. Overdoses were successfully reversed 89% of the time.[4] Similar programs have been implemented in other communities. In a rural county in North Carolina, a multifaceted overdose prevention program targeting prescription opioids (Project Lazarus) provided naloxone to patients with risk factors for opioid-induced respiratory depression.[5] The overdose death rate in this county dropped from 46.6 per 100,000 in 2009 to 29 per 100,000 in 2010. A recent survey of naloxone programs across the United Stated found 48 respondent programs that trained and distributed naloxone to 53,032 persons. This resulted in 10,171 overdose reversals.[6]

In order to expand access to naloxone in San Francisco County, Community Behavioral Health Services adopted a naloxone distribution program on October 4, 2012. Core components include full formulary status, availability of provider and patient education materials, and in-clinic distribution.

References
Scope:
Patients who use prescription or illicit opioids should be offered naloxone to be used in case of opioid overdose.

Training:
CBHS staff should review the “Naloxone Training for Providers” document prior to prescribing or dispensing naloxone. This document is available on the CBHS website (http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp.) under “Medication Resources.” Patients should receive onsite training by the CBHS clinical pharmacist, designated staff, or psychiatrist.

Supplies:
Overdose Prevention Rescue Kits will be supplied to CBHS clinics by CBHS Pharmacy Services.

<table>
<thead>
<tr>
<th>Intransanal Kit Contents</th>
<th>Intramuscular Kit Contents</th>
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<tbody>
<tr>
<td>Zip type clear bag 6 x 10in</td>
<td>Fit Pack Black 10 x 1ml sharps container</td>
</tr>
<tr>
<td>Opioid Overdose Prevention and Survival Brochure</td>
<td>S.C.A.R.E.M.E rescue label</td>
</tr>
<tr>
<td>2 X Intranasal Mucosal Atomization Device</td>
<td>2 X 3ml Luer Lock Tip W/22G X 1 ½”</td>
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Naloxone will be prescribed by the CBHS clinical pharmacist, nurse practitioner, or psychiatrists and dispensed along with the appropriate kit onsite at the CBHS clinic.

Recommended SIG:

<table>
<thead>
<tr>
<th>Naloxone 2mg/2ml prefilled syringe, #2</th>
<th>Nalxone 0.4mg/ml single dose vial, #2</th>
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</thead>
<tbody>
<tr>
<td>SIG: Spray one-half of syringe into each nostril upon signs of opioid overdose. Call 911. May repeat x 1.</td>
<td>SIG Inject 1 ml intramuscularly upon signs of opioid overdose. Call 911. May repeat x 1.</td>
</tr>
</tbody>
</table>

Please consider the patient/caregiver preference when selecting intranasal or intramuscular routes of administration.