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## Recommendation on Naloxone Education and Distribution

Montgomery County Unintentional Drug Poisoning Coalition

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## Montgomery County Unintentional Prescription Drug Poisoning Coalition

### Naloxone Sub-Committee Recommendation

#### Background

The naloxone sub-committee met March 15, 2011, to discuss the distribution of naloxone to opioid users who are at risk of unintentional overdose. The Coalition and the sub-committee examined the naloxone issue to meet a project objective specified in the contract between Public Health-Dayton & Montgomery County/Ohio Department of Health and WSU.

Present at the sub-committee meeting were: James Brown, M.D., Robert Carlson, Ph.D., Raminta Daniulaityte, Ph.D., Russel Falck, M.A., Tim Lane, M.Ed. and Chris Stieritz, R.Ph. Doug Teller, M.D., submitted written comments before the meeting.

The sub-committee reviewed the medical and scientific literature on naloxone as well as information on existent naloxone education and distribution programs. Such programs exist in at least 17 states in the US. It was noted that adverse events related to naloxone distribution have not been reported or are extremely rare. The following points were also discussed:

- Use of naloxone is standard procedure by EMTs when a person is unresponsive and there is some possibility that opioids are involved. Use of other drugs in combination with opioids (such as benzodiazepines) is not a contraindication in using naloxone.
- Undeniably high benefit-to-risk ratio in implementing naloxone distribution.
- Naloxone has no abuse potential.
- Locally, EMTs use intranasal as well as injectable naloxone.
- Concerns of first responders, including safety of naloxone distribution to non-professionals and possible unintended consequences.
- Most naloxone education and distribution programs work with people who inject heroin and may use other opioids.
- Project Lazarus in North Carolina distributes intranasal naloxone through physicians' offices to pharmaceutical opioid users and significant others. This program may serve as a useful model.
- The Opioid Overdose Prevention and Reversal Trainer's Manual used by the Boston Public Health Commission may be a useful tool to provide some guidance.
- Potential benefits to distributing naloxone and education through private physician offices when opioids are prescribed for 30 days or more. Person prescribed opioids pays for naloxone.
- Potential obstacles to this approach in reaching those most at risk. Various options for identifying prospective recipients and informing them of advantages of naloxone use to prevent overdose deaths.

- Distributing naloxone to people who come to EDs as a result of opioid-related unintentional overdoses.
- Potential to operate naloxone education and distribution programs through substance abuse treatment programs.
- Medical/legal concerns of prescribing and dispensing naloxone.
- Advantages of intranasal naloxone administration, based on drug use patterns revealed by Poisoning Death Review process.
- Take advantage of lessons learned from extensive experience of existing naloxone education and distribution programs in overcoming variety of barriers.
- Possible content and methods of education at point of prescription or dispensing are in question.
- Possible advantages of surveying attitudes of ED physicians, substance abuse treatment providers, and perhaps others, regarding naloxone education and distribution programs.
- Possible advantages of having someone who operates a naloxone education and distribution program come and discuss the issues of implementation with the coalition.

Based on the sub-committee's review of the issues noted above, and input from medical experts, the sub-committee recommends that the Coalition endorse the following recommendation to Public Health-Dayton & Montgomery County and the Ohio Department of Health.

### **Recommendation**

*Given the overwhelming evidence that naloxone can save lives, coupled with the high medical benefit-to-risk ratio of its use, the Coalition recommends that naloxone education and distribution programs be implemented in Ohio. The Coalition realizes that an assortment of medico-legal, financial, and social marketing issues must be addressed before programs can be implemented. The Coalition believes these issues will be creatively and effectively addressed at the executive levels of local and state government. Pilot studies in different locales of the state may help inform the process. The Coalition realizes that a naloxone education and distribution program is but one of many public health efforts needed to address the problem of unintentional overdose deaths related to opioid use in Ohio.*

**At its September 6, 2011, meeting the Montgomery County Unintentional Drug Poisoning Coalition unanimously endorsed this recommendation.**