



**New Jersey HIV/AIDS Planning Group**

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**Opioid Overdose Prevention and Naloxone Distribution**

**NJHPG RECOMMENDATIONS to DHSTS:**

- **The Division of Mental Health and Addictions (DMHAS) and DHSTS to partner in a collaborate initiative to support the purchase and distribution of Naloxone,**
- **Join National Alliance of State and Territorial AIDS Directors (NASTAD) and other states in requesting the Food and Drug Administration (FDA) to clear intranasal Naloxone as the method of choice for administering Naloxone. New Jersey HIV Planning Group (NJHPG) recommends researching the intranasal syringe adapter as a viable option to eliminate the need for a syringe,**
- **Join NASTAD other states in requesting the FDA to allow over-the-counter sale of Naloxone.**

**PURPOSE**

To reduce morbidity and mortality resulting from opioid overdose.

**POLICY**

The New Jersey HIV Planning Group supports the broad distribution of Naloxone in an attempt to reverse overdose death from opioid substance use. Naloxone, is an opiate antagonist that is used to reverse the effects of an opiate overdose. It is both safe and effective and has no potential for abuse. It is not a controlled substance but is a scheduled drug that requires a prescription. Naloxone prevents narcotics from attaching to the brain causing respiratory depression and death.

The benefits of overdose prevention will be high not only for those at risk, but parents, law enforcement, and other interested parties. The intervention is accompanied by training that includes a variety of prevention strategies for the injector that includes administration of Naloxone. We must capitalize on any opportunity to take advantage of a “teachable moment” whereby active injection drug users consider their addiction and are motivated to consider or enter detoxification to begin to address their addiction.

**LEGAL BASIS FOR THE PROGRAM**

Opioid overdose deaths represent a public health crisis requiring innovative and evidence-based responses. Community-based overdose education and Naloxone distribution programs demonstrate promising approaches with the potential to be scaled up and adapted to a range of settings and populations at risk for overdose from prescription opioid analgesics and heroin. New Jersey Public Law P.L.2013,c46 (S2082\_2R) states that Naloxone is an inexpensive and easily administered antidote to an opioid overdose. Encouraging the wider prescription and distribution of Naloxone or similarly acting drugs to those at risk for an opioid overdose, or to members of their families or peers, would reduce the number of opioid overdose deaths and be

in the best interests of the citizens of this State. The law further stated that opioid overdose prevention, recognition, and response education projects in syringe access programs, drug treatment centers, outreach programs, and other programs operated by organizations that work with, or have access to, opioid users, their families and the community. Opioid overdose recognition and response training, including rescue breathing, in drug treatment centers and for other organizations that work with, or have access to, opioid users and their families and communities.

## **LITERATURE REVIEW**

Emblematic of this new cycle of opiate misuse is the dramatic rise in unintentional drug which currently represent the second leading cause of injury related death in the United States and the leading cause of death for 35 to 54 year old<sup>1</sup>. Prescription opioid-related overdoses represent the largest source of unintentional drug poisonings and their incidence has been increasing since the early 1990s<sup>2</sup>. This increase in prescription opioid-related overdoses has led to an increase in health care utilization that is troubling for both its high social and health care related costs<sup>3</sup>.

Evidence from the Drug Abuse Warning Network (DAWN) shows a significant increase in the number of Emergency Department admissions associated with oxycodone and hydrocodone overdose. Particularly alarming is the rise in prescription opioid-related overdose deaths, especially in rural areas. Between 1999 and 2004 prescription opioid-related overdose deaths increased 52% in large urban counties in contrast to 371% in non-urban counties<sup>5</sup>.

The February 17, 2012 Morbidity and Mortality Weekly Report (MMWR) published by the CDC reports that drug overdose death rates have increased steadily in the United States since 1979. In 2008, a total of 36,450 drug overdose deaths (i.e., unintentional, intentional [suicide or homicide], or undetermined intent) were reported, with prescription opioid analgesics (e.g., oxycodone, hydrocodone, and methadone), cocaine, and heroin the drugs most commonly involved. Community based opioid overdose prevention programs that exist in the USA, most of which pass out Naloxone as either intranasal or intramuscular forms of delivery. Over 53,000 laypersons have been trained with successful reversal reported in over 10,000 patients. At least 15 states have existing programs. This report was featured in Time magazine where the authors suggest this should be made an over the counter therapy and that the FDA will be considering this in the spring of 2012<sup>6</sup>.

The Food and Drug Administration (FDA) held a public workshop on April 12, 2012, to hear 24 expert presentations and public witness testimony regarding increasing access to Naloxone.

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<sup>1</sup> Warner M, Chen LH, Makuc DM, National Center for Health Statistics (U.S.) (2009) Increase in fatal poisonings involving opioid analgesics in the United States, 1999–2006. Hyattsville, MD: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. 7 p

<sup>2</sup> CDC (2010) Emergency department visits involving nonmedical use of selected prescription drugs - United States, 2004–2008. MMWR Morb Mortal Wkly Rep 59: 705–709

<sup>3</sup> Masson CL, Sorensen JL, Batki SL, Okin R, Delucchi KL, et al. (2002) Medical service use and financial charges among opioid users at a public hospital. Drug Alcohol Depend 66: 45–50. doi: 10.1016/S0376-8716(01)00182-X

On July 18, 2012, a bipartisan group of 17 Members in the U.S. House of Representatives sent 5 a letter to HHS Secretary Sebelius calling on her to undertake a “coordinated public health initiative focused on preventing opioid overdose deaths.”

On August 2, 2012, a bipartisan group of Members in the U.S. House of Representatives introduced the Stop Overdose Stat (S.O.S.) Act, calling for broader federal support and funding for overdose education and Naloxone distribution programs.

Multiple studies have shown that programs that educate laypeople/bystanders on how to recognize the signs and symptoms of overdose and train individuals on how to intervene by using rescue breathing, administering Naloxone, and calling emergency personnel result in opioid overdose reversals and save lives. A 2008 study concluded that, after basic training, laypeople did just as well as medical professionals in recognizing the symptoms of an overdose and determining when to use the medication. In 2009, the American Journal of Public Health (AJPH) published a study showing that overdose prevention programs that include the distribution of intranasal Naloxone by non-medical personnel are feasible for city public health departments.

#### **NEW JERSEY**

The Star Ledger reported on January 25, 2014 that according to the Mercer County medical examiner’s office, 35 heroin or opioid overdoses were reported in 2013, up from 32 in 2012. The Ocean County death toll from overdoses soared to 112 in 2013 more than double the number in 2012, with the majority heroin-related, roughly ten percent of a state total of 1,188 overdose deaths. Three Ocean County residents have already overdosed in 2014 with heroin stamped “Bud Light”; Ocean County police now carry NALOXONE in their vehicles. Police in Hunderton, Vineland, Camden and Cape May counties, where the problem has reached epidemic proportions, are considering or are carrying NALOXONE in their vehicles.

#### **NEW JERSEY SYRINGE ACCESS PROGRAMS (SAPs)**

A growing body of evidence and experience supports innovative community-level approaches to preventing opioid overdose deaths in the broader context of efforts to reduce the risk of overdose through primary prevention of opioid misuse (see alternative strategies below). These community-level strategies draw upon the lessons learned about drug user health and insights gained from harm reduction programs. Including syringe access programs, with respect to engaging individuals at risk of opioid overdose and their peers as active agents in overdose prevention, has been proven effective when accompanied with education and training in how to respond effectively to opioid overdose.

Numerous pilot programs and evaluations have demonstrated the feasibility and viability of providing education and training on overdose risk factors, signs, and symptoms; appropriate responses to an overdose, and emergency administration of an opioid antidote to revive individuals experiencing an overdose. Lessons and best practices from these pilot community programs have broad relevance and likely beneficial applications to the current and growing opioid overdose<sup>5</sup>.

Centered at five urban areas of New Jersey (Atlantic City, Camden, Newark, Jersey City and Paterson) the Syringe Access Programs (SAPs) have enrolled over 7,373 active injection drug users who were potentially at risk of dying from an opiate overdose in 2013. Using an overdose

prevention curriculum that stresses preventing and recognizing an overdose, calling 911, administering rescue breathing and lastly administering nasal Naloxone, the SAPs received 27 self-reports of successful overdose reversals by participants. The cost of Naloxone vials for injection is approximately 63 cents per dose while intranasal is determined to be a cost at \$185 per episode per OD reversal. An opportunity to administer intranasal Naloxon via a syringe adapter is a viable option to remove the injection risk and is currently being researched.

South Jersey AIDS Alliance (SJAA) launched New Jersey's first Naloxone distribution overdose prevention program on November 26, 2013. The program is located at SJAA's Oasis Drop-In Center in Atlantic City. This groundbreaking initiative is the result of the enactment of the *Overdose Prevention Act* signed by Governor Chris Christie in May at a public event surrounded by supportive parents and advocates

Sixteen other states, Virginia, California, Connecticut, Illinois, Massachusetts, New Mexico, New York, Rhode Island, North Carolina, Oregon, Colorado, Kentucky, Maryland, Vermont, Oklahoma and Washington State, as well as the District of Columbia, have enacted similar laws providing legal protection from civil or criminal liability for medical professionals and laypeople who prescribe or administer Naloxone to those at risk for drug overdose death<sup>7</sup>.