Naloxone Distribution for Opioid Overdose Prevention in New Jersey.

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NJHPG Meeting
May 15, 2014
Presentation outline

• Background on DPA & the context of the *Overdose Prevention Campaign*
• Recap of the *Overdose Prevention Act*
• Naloxone basics
• Implementation efforts
• Naloxone in action
• Next steps
Drug Policy Alliance (DPA)

• Non-profit advocacy organization dedicated to advancing public health and social justice through drug policy reform

• Nat’l organization with New Jersey Policy Office based in Trenton

• NJPO’s recent initiatives
  – New Solutions Campaign
  – Campaign for a Healthier New Jersey
  – Overdose Prevention Campaign

www.drugpolicy.org/newjersey
Harm Reduction principles

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects.

- Understands drug use as a complex, multi-faceted phenomenon...

- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies. 

- Calls for the non-judgmental, non-coercive provision of services...

- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use.

- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

In policy terms, this means focusing on public health instead of a criminal justice approach that prioritizes prohibition and punishment.

http://harmreduction.org/about-us/principles-of-harm-reduction/
A public health and wellness issue

• Calling for help must always take precedence over punishing behavior
• The opportunity for recovery is lost forever with fatal overdose—no life is disposable!
• Overdose prevention contributes to holistic wellness

Overdose Prevention in New Jersey
Opioids/Opiates

- Deaths from overdose usually involve opioids
- Examples: Opium, morphine, codeine, heroin, hydrocodone/Vicodin, oxycodone/OxyContin/Percocet, methadone, fentanyl
- Act on the central nervous system—effects include pain relief, sedation, and respiratory depression
Policy context

• Overdose is the leading cause of accidental death
• These deaths are largely preventable!

• Acknowledging the truth about overdose:
  – Most people overdose in the presence of others
  – Overdose victims may not pass away for up to 3 hours after taking a drug
  – Many are hesitant to call for help for fear of police involvement
  – The medication naloxone reverses the effects of opioid overdose and can be safely administered by laypeople
Clinical context

- Anyone using opioids for any reason is vulnerable to overdose
- Risk is higher if drugs are mixed, after a period of abstinence, if there is a prior history of overdose
- Public health and social service providers tend to interface with clients who are at higher risk for overdose, and therefore are in a unique position to help prevent needless deaths
- Overdose prevention is an integral aspect of relapse management and various treatment modalities and interventions can include overdose prevention education
- Contributes to holistic wellness
Human context

Overdose Prevention Campaign

Patty DiRenzo:
My Son’s Story

My name is Patty DiRenzo and I’m from Blackwood. I was blessed with two children, Blake, who is 31 years old, and Salvatore, who would have been 28 last April. Sal was an amazing son, brother and father – a beautiful soul who unfortunately struggled with addiction. We tragically lost Sal due to an accidental fatal overdose. His death, like so many others in New Jersey, could have been prevented if the people with whom he was using drugs had called 911 for help; but they didn’t, most likely for fear of legal repercussions. Instead of helping to save a life by seeking emergency medical services, my son was left alone to die, without the help he needed and deserved. I lost my son, and my grandson lost his Daddy, because someone was afraid to call 911.

I’m a cancer survivor – I am winning my battle with my disease because it doesn’t carry the stigma of addiction. While I was able to get the cancer treatment I needed, my son Sal suffered as those in society judged him as weak. Sal lost his battle with addiction, even after desperately seeking treatment. For years, my daughter and I tried to help get Sal into drug treatment – treatment that he wanted but couldn’t afford or access. We were turned away from hospitals and rehab facilities, one after another, due to a lack of beds and underfunding. In June of 2010, we finally got Sal into rehab and our family was overjoyed and hopeful for the future. Much to our dismay, just 11 days into his program, Sal was involuntarily released because funding had run out. He overdosed in September, shortly thereafter.

With resources and proper treatment, I firmly believe Sal could have beaten his addiction and was well on his way at this time last year, but this opportunity was lost forever with his passing. The majority of overdose victims do not actually die one to three hours after they have initially taken a drug, and most of these deaths occur in the presence of others. This leaves a significant amount of time for witnesses to intervene and call for medical help, but the fear of arrest and prosecution prevents many from making that call. These legal barriers should be removed, so that calling 911 is never a crime. Saving a life is far more important than punishing those who seek help.

In New Jersey, drug overdose is the leading cause of accidental death. Almost 6,000 people have died from drug overdoses in New Jersey since 2004. Our state could prevent countless deaths like Sal’s by passing a “Good Samaritan Law,” which would provide protection for those who call 911 in the event of a drug overdose and for overdose victims themselves.

It’s been almost a year since Sal’s passing and the loss I feel hasn’t changed. Any parent who has lost a child knows the horrific pain I experience, but realizing that Sal’s death could have been prevented is unbearable. I can think of no better way to honor my son’s memory than to support Senate Bill 851/Assembly Bill 578. It’s extremely important that we prevent future overdose deaths and spare other families the grief that mine has endured.

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NJ’s *Overdose Prevention Act*

“*Good Samaritan*” policy encouraging people to call 911 in overdose situations by providing protections from arrest and prosecution on drug charges.
NJ’s Overdose Prevention Act

Promotes expanded access to the opioid overdose antidote, **naloxone**

– Offers protections from criminal and civil liability for health care professionals who prescribe and dispense naloxone and laypeople who administer it

– Definition of “patient” includes those who may be in a position to help someone in an overdose
“Patient Overdose Information”

- Overdose prevention and recognition
- Rescue breathing and resuscitation
- Naloxone dosage and administration
- Importance of calling 911
- Care for the overdose victim following the administration of naloxone
Recognizing an overdose

• Person is unconscious

• Breathing very slowly (especially with a rattling/snoring sound) or not at all

• Turning blue around the lips/mouth and/or fingers

• Person does not respond to yelling their name or rubbing your knuckles briskly over their sternum (breastbone)
Naloxone basics

- Brand name Narcan®
- Prescription classification
- Works by blocking uptake at opioid receptors in the brain, reversing respiratory depression associated with opioid overdose
- Several forms of safe and easy administration
- No abuse potential (no “high”)
- Effective but short-acting
- Only works on opioids, will induce withdrawal
Intranasal naloxone

MAD300 Nasal Atomizer can be purchased for approximately $4.00/piece in bulk
Implementation efforts

- Outreach—the law cannot have the intended impact of saving lives if stakeholders aren’t aware
- Educational materials—fact sheets, posters and palm cards
- “Don’t Run, Call 911” billboards
- Law enforcement credit OPA with saving lives
- Naloxone distribution at NJ’s Syringe Access Programs
- First responders begin carrying naloxone
Naloxone distribution through SJAA

- Began in November 2013
- ARCH Nurse provides patient overdose information to individuals and groups and dispenses the medication via Standing Order
- Over 500 doses of naloxone distributed to 258 individuals
- 8 reports of lives saved so far!

Kit includes:
- Vial(s) of the medication
- Intramuscular syringes
- Breathing shield(s)
- Gloves
- Alcohol pads
- Educational materials
EMT waiver

• Signed by Commissioner O’Dowd on March 20, 2014
• Governor Christie publicly endorsed naloxone programs for first responders at a press conference on April 2, 2014, announcing pilot programs moving forward in Ocean and Monmouth Counties
• EMTs in Toms River became the first in the State to administer naloxone to save a life on April 24, 2014
Dr. Ken Lavelle began training Ocean County law enforcement on administration of intranasal naloxone in December 2013.

In April 2014, police in Ocean County saved the lives of 6 individuals who are all under 30 years old.
# Naloxone in action

![Naloxone bottles](http://www.hospira.com)

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<thead>
<tr>
<th>Resource</th>
<th>Link</th>
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<tbody>
<tr>
<td>How to Assemble a Nasal Naloxone Kit (Boston Public Health Commission)~5 minutes</td>
<td><a href="https://www.youtube.com/watch?v=Ug6AxrEY3Vk">https://www.youtube.com/watch?v=Ug6AxrEY3Vk</a></td>
</tr>
<tr>
<td>Prevent an Overdose, Save a Life (NYC Dept. of Health)~8.5 minutes</td>
<td><a href="https://www.youtube.com/watch?v=bgU2s9fwNjU">https://www.youtube.com/watch?v=bgU2s9fwNjU</a></td>
</tr>
<tr>
<td>Using Injectable Naloxone to Reverse Opiate Overdose (Chicago Recovery Alliance)~13 minutes</td>
<td><a href="https://www.youtube.com/watch?v=U1frPJoWtkw">https://www.youtube.com/watch?v=U1frPJoWtkw</a></td>
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Next steps

• Continue educational outreach with all stakeholders, including your clients, colleagues, community leaders, medical professionals and law enforcement

• Advocate that naloxone be prescribed/dispensed to anyone who is vulnerable to overdose or may be in a position to help

• Push for additional naloxone distribution programs

• Demand funding for overdose prevention efforts
Useful resources

South Jersey AIDS Alliance’s Oasis Drop-In Center (free overdose prevention kits targeted at active drug users—intramuscular form of administration):
Contact Georgett Watson at gwatson@sjaids.org or 609-572-1929

Dr. Ken Lavelle (provides trainings with intranasal kits at a group rate):
KLavelle@EmergencyTraining.net

Harm Reduction Coalition’s Overdose Prevention Tools & Best Practices:


The Network for Public Health Law’s Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws:

SAMHSA Overdose Prevention Toolkit:
Questions & Discussion…

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