Partnership for a Drug-Free New Jersey
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Public Health Barriers in Addressing the Opioid Epidemic

July 27, 2023

In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Partnership for a Drug-Free New Jersey. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- The link to apply for credit will be provided on the last slide.
- The link will also be provided in the chat at the end of the program.
- The link will also be sent to you in a follow-up email tomorrow.
- The link will be active for 30 days after today's event.

PA Planner Dean Barone discloses that he serves on the speakers bureau of Ethicon. All faculty and other planners have nothing to disclose.

Additional Information About Continuing Education

- This webinar has also been approved by NJ OEMS for 1 EMT Elective CEU and 1 CHES/MCHES continuing education credit.
- Attendees seeking 1 EMT Elective CEU or 1 CHES/MCHES credit will be provided different links to apply for credit at the end of the webinar and in the follow-up email tomorrow.

Featured Presenters

Josiah D. Rich, MD, MPH
Professor of Medicine and Epidemiology, Brown University;
Attending Physician, The Miriam and Rhode Island Hospitals

Josiah D. Rich, MD, MPH, is professor of medicine and epidemiology at Brown University and attending physician at The Miriam and Rhode Island Hospitals. He is a clinical researcher with over 25 years of continuous federal research funding and a board-certified infectious disease and addiction specialist with over 30 years of clinical experience. Dr. Rich is a consultant to the Rhode Island Department of Corrections where he has provided weekly clinical care since 1994. He has testified in the US Congress, is an elected member of the National Academy of Medicine, has presented at conferences across the country, and has authored over 250 peer-reviewed publications in academic journals.

Michele Calvo, MPH
Director of Opioid Response and Policy, New Jersey Department of Health

Michele Calvo is the Director of Opioid Response and Policy at the New Jersey Department of Health. In this role, she oversees the Department's portfolio of surveillance and prevention activities to prevent opioid overdose and advises on opioid overdose policy. Michele is co-Principal Investigator of New Jersey's CDC Overdose Data to Action grant and is working collaboratively with stakeholders to expand evidence-based harm reduction and overdose prevention services throughout New Jersey. As a Senior Program Officer with the New York Academy of Medicine, she led a range of research/evaluation, policy analysis and implementation, and technical assistance efforts to advance health equity.

Richard T. Jermyn, DO, FAAPMR
Interim Dean, Rowan-Virtua School of Osteopathic Medicine

Richard T. Jermyn, DO, FAAPMR, is a pioneer in treatment, education and research in the field of pain management and, more recently, addiction medicine. His career has focused on underserved communities and spans HIV, chronic pain and addiction medicine. Appointed Interim Dean of the Rowan-Virtua School of Osteopathic Medicine in February, Dr. Jermyn has oversight of all academic, research, and clinical affairs at the medical school. In addition, his deep commitment to helping others was never more evident than during the COVID epidemic when he led efforts to bring life-saving vaccinations to South Jersey's migrant, homeless and other underserved groups.

Josiah D. Rich, MD, MPH
Professor of Medicine and Epidemiology,
Brown University;
Attending Physician, The Miriam and Rhode Island Hospitals

Michele Calvo, MPH
Director of Opioid Response and Policy
New Jersey Department of Health

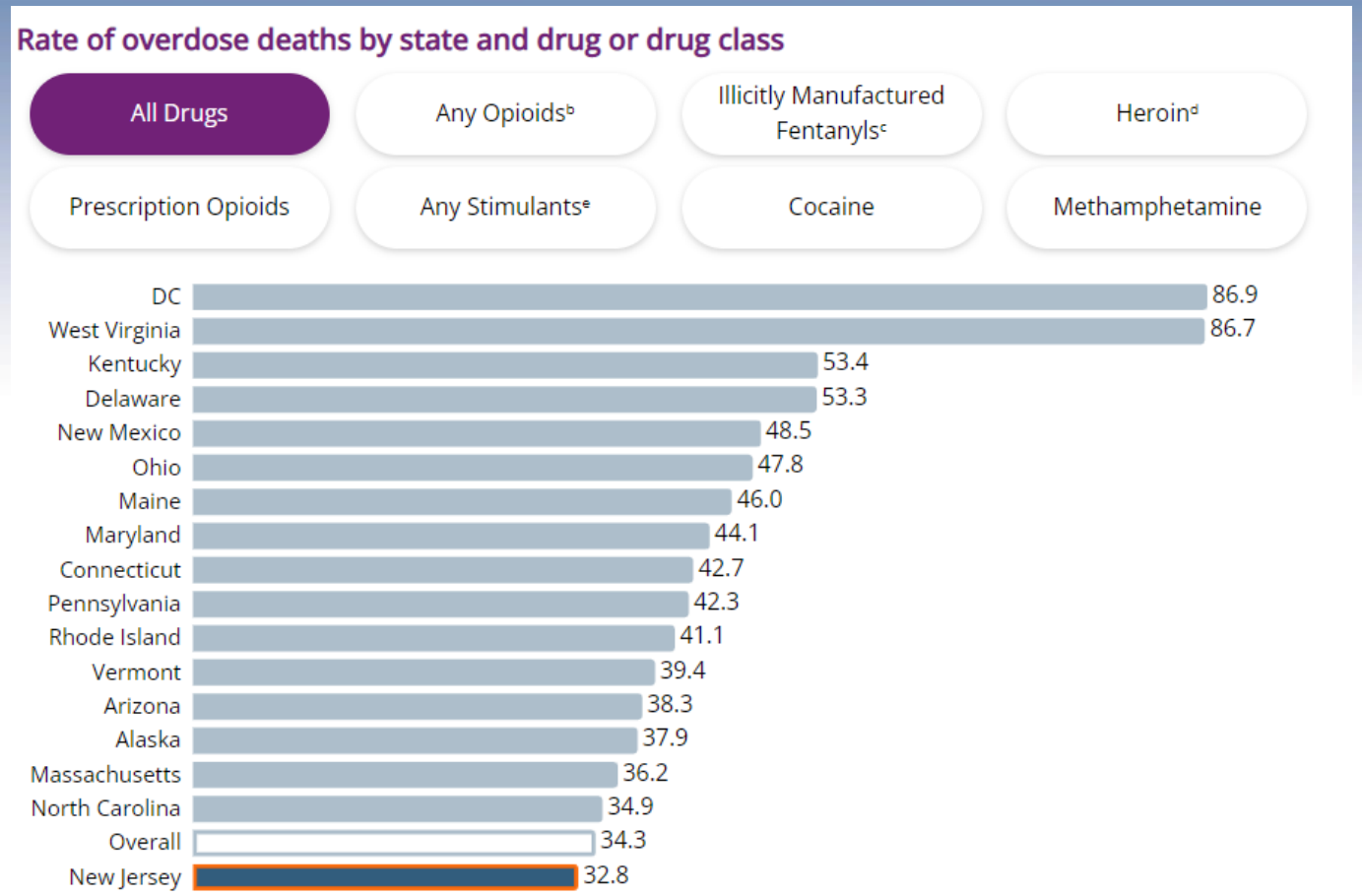
Public Health Data to Action: Overdose Prevention in New Jersey

Knockout Series

Michele Calvo, MPH
Director, Office of Opioid Response and Policy

July 27, 2023

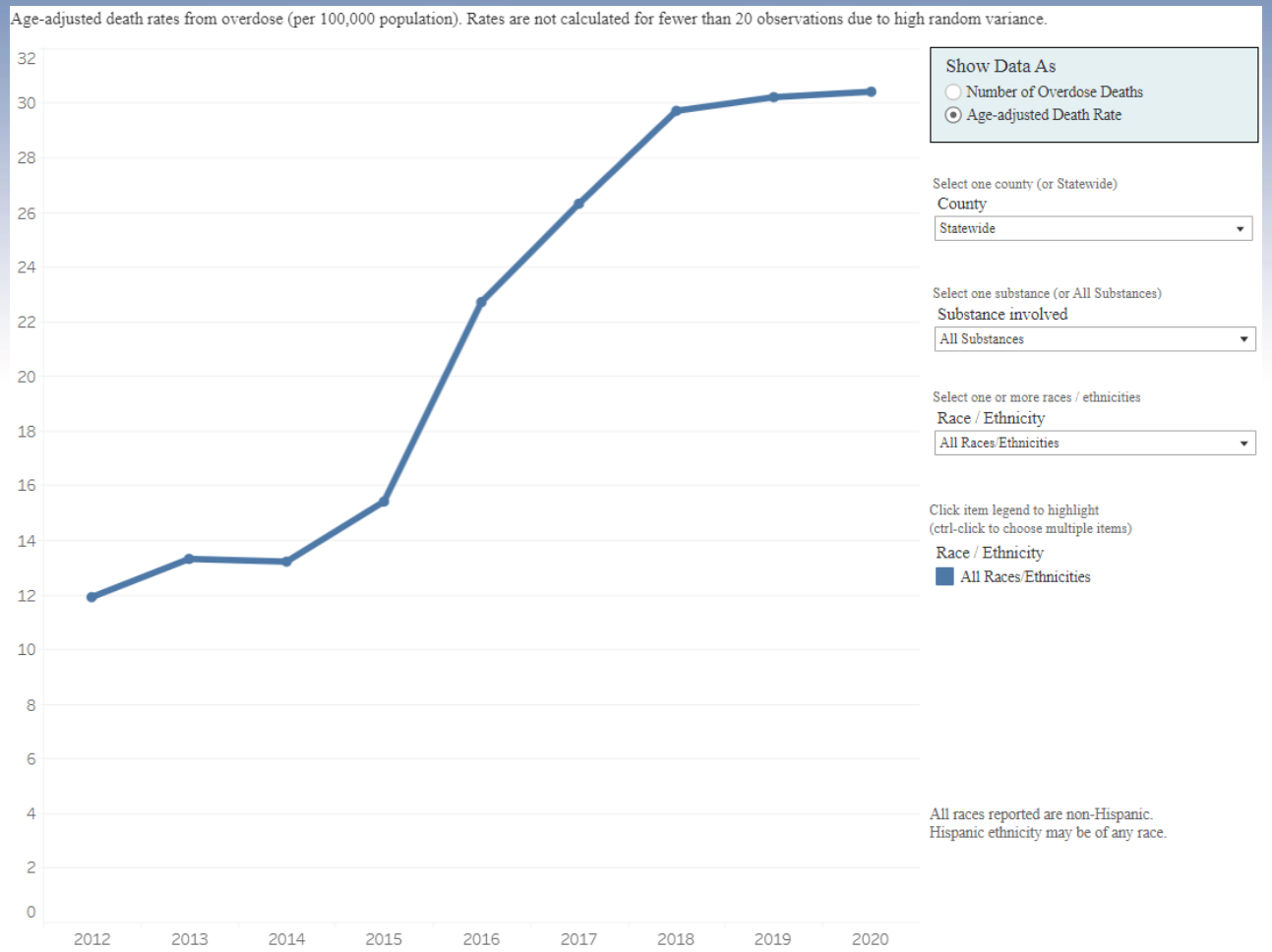
Overdose deaths in New Jersey (2021)



Source: CDC SUDORS Dashboard.
https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html.

NJ Health
New Jersey Department of Health

Overdose deaths over time (2012-2020)



Source: New Jersey State Unintentional Drug Overdose Reporting System (NJ SUDORS), v04032023. Trenton, NJ: Center for Health Statistics, New Jersey Department of Health, 2023.

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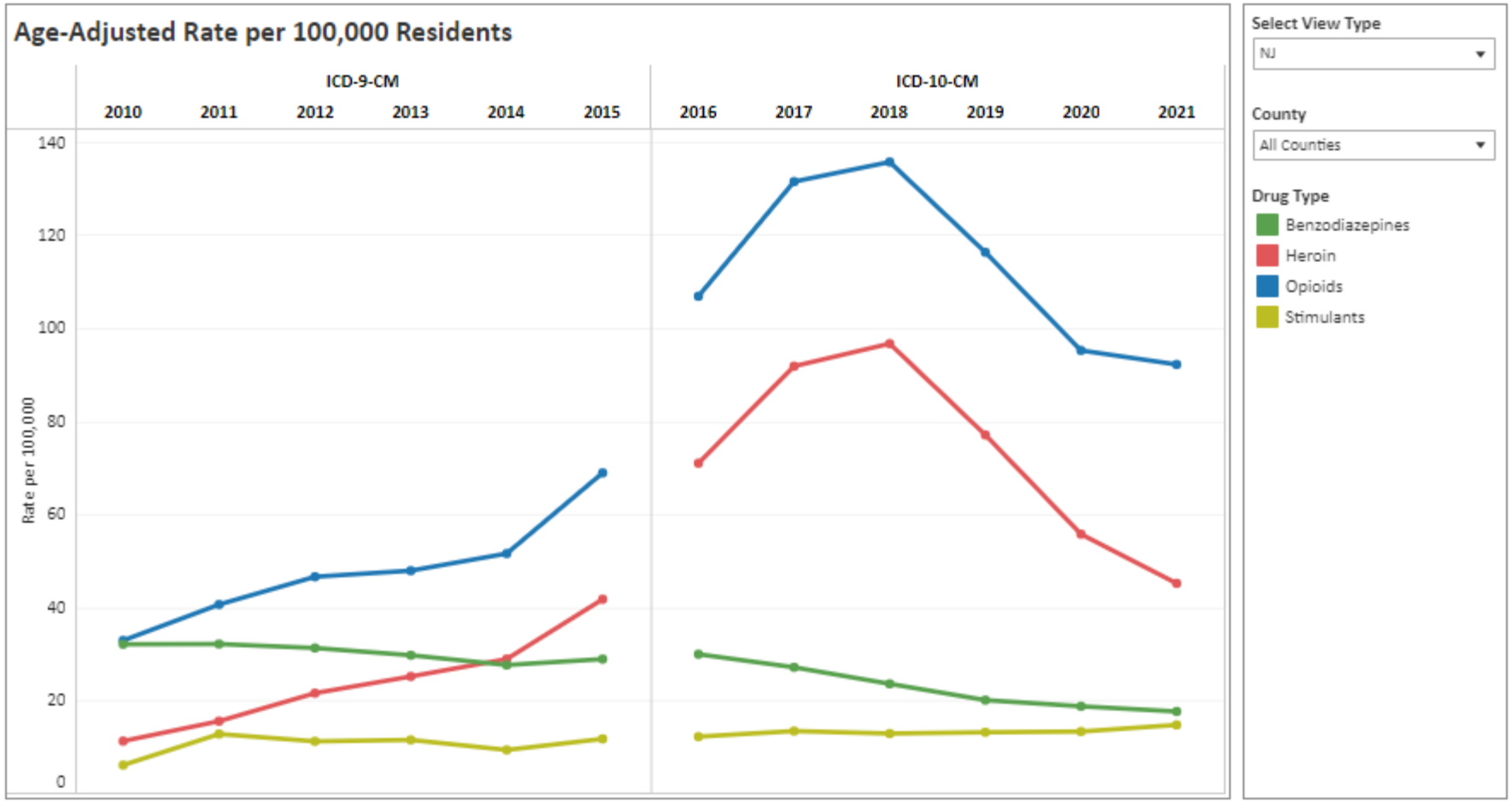
New Jersey Department of Health

Drug-related hospital visits over time (2016-2021)



Source: NJ Department of Health Overdose Dashboard - Drug-related Hospital Visits. https://www.nj.gov/health/populationhealth/opioid/opioid_hospital.shtml. Accessed June 6, 2023.

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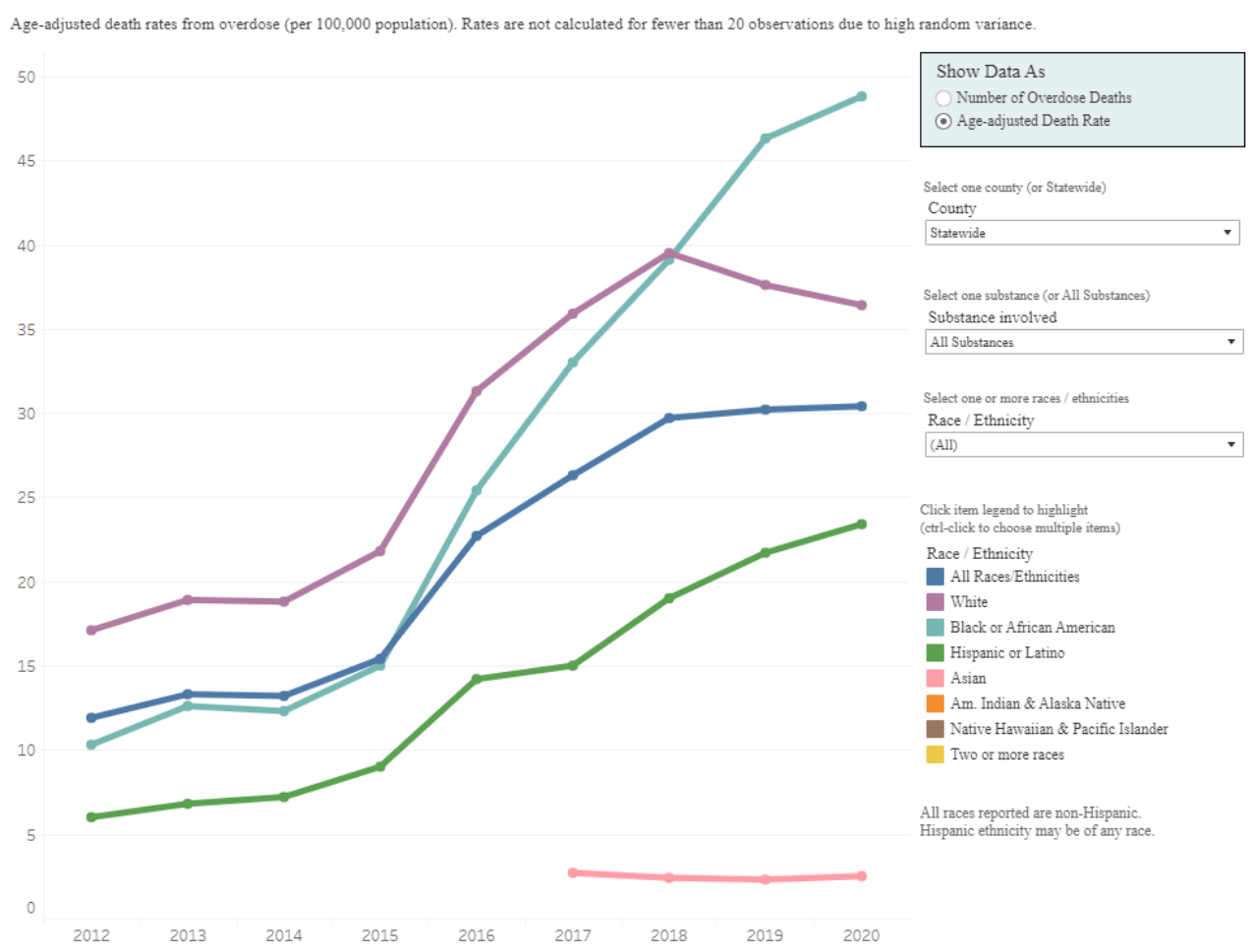
New Jersey Department of Health

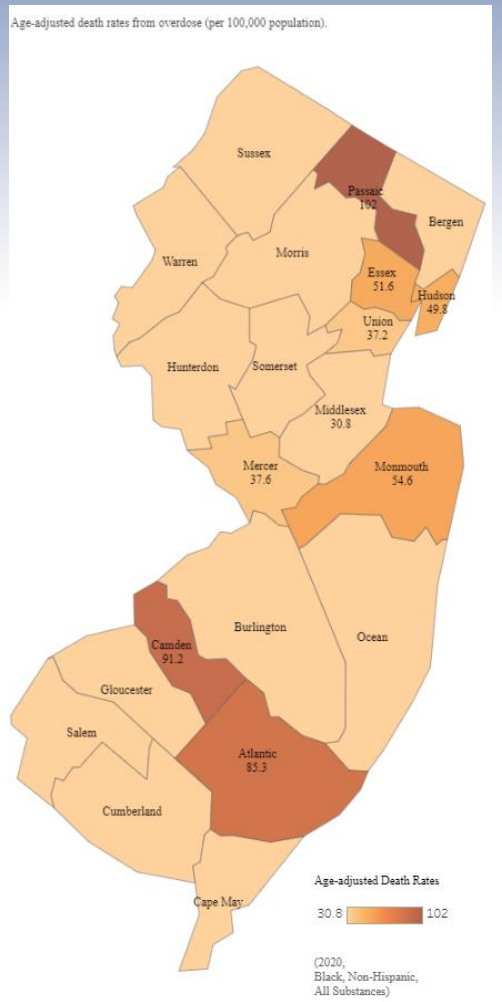
Overdose deaths by race/ethnicity over time (2012-2020)



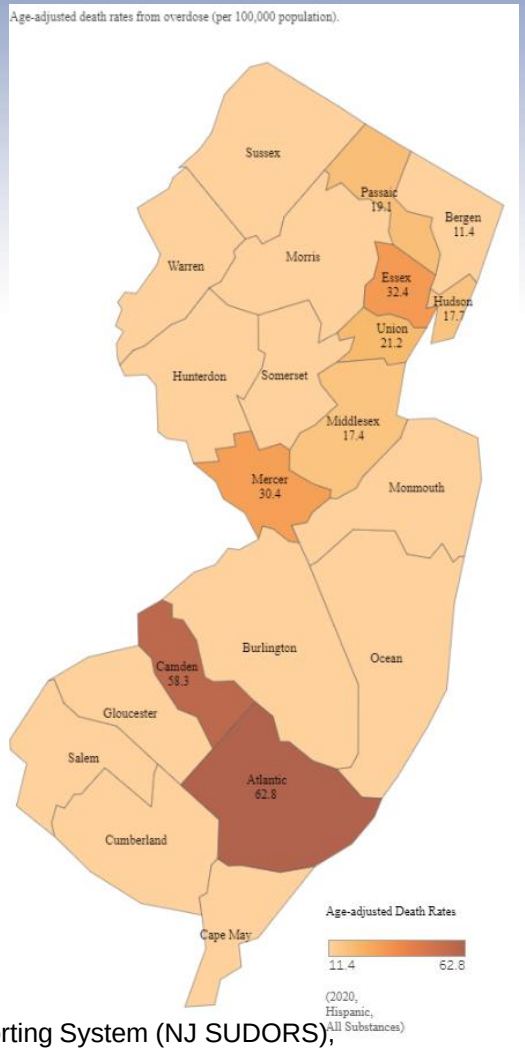
Source: New Jersey State Unintentional Drug Overdose Reporting System (NJ SUDORS), v04032023. Trenton, NJ: Center for Health Statistics, New Jersey Department of Health, 2023.

Geographic variation in overdose deaths by race/ethnicity (2020)*

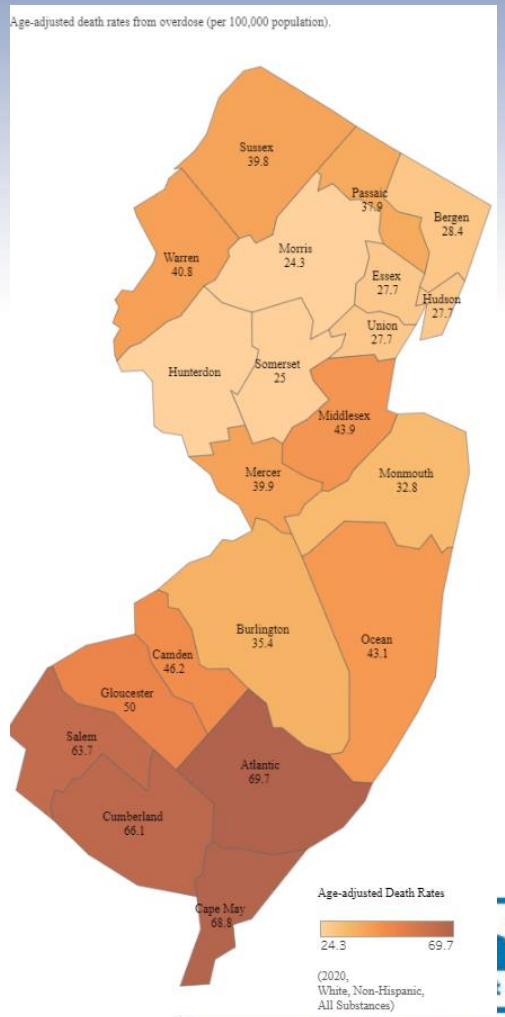
Black Residents



Hispanic Residents



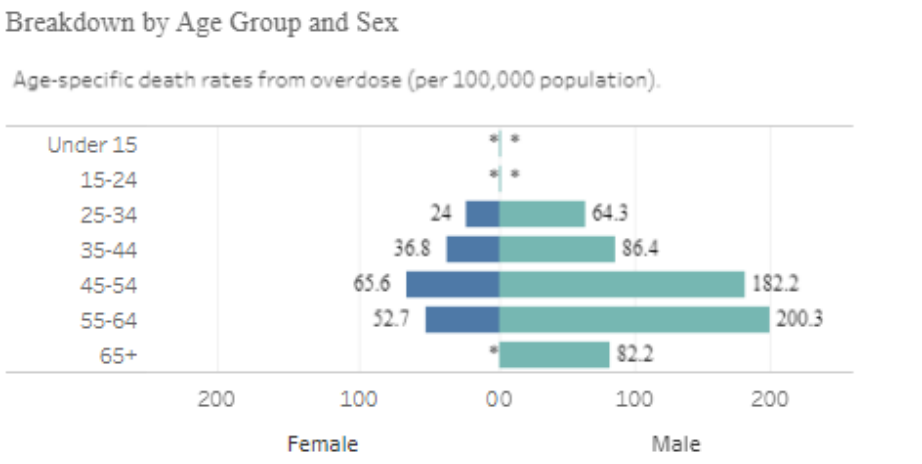
White Residents



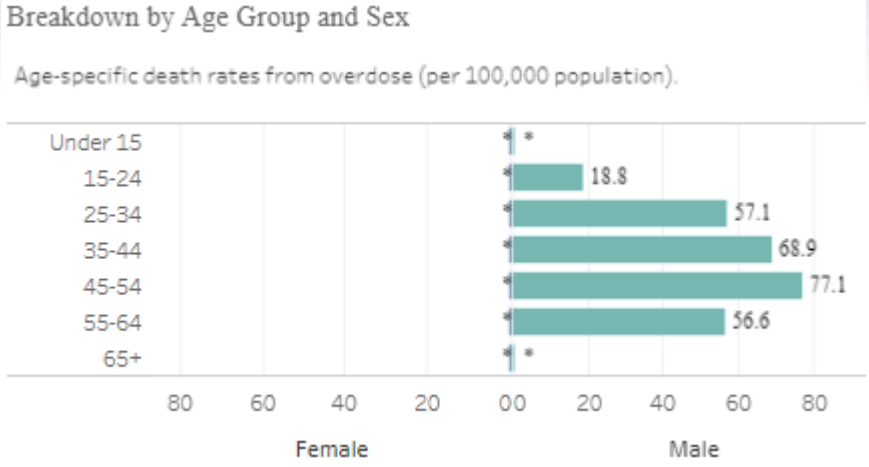
Source: New Jersey State Unintentional Drug Overdose Reporting System (NJ SUDORS), v04032023. Trenton, NJ: Center for Health Statistics, New Jersey Department of Health, 2023. *All races are non-Hispanic. Hispanic residents can be any race.

Demographic variation by race/ethnicity* (2020)

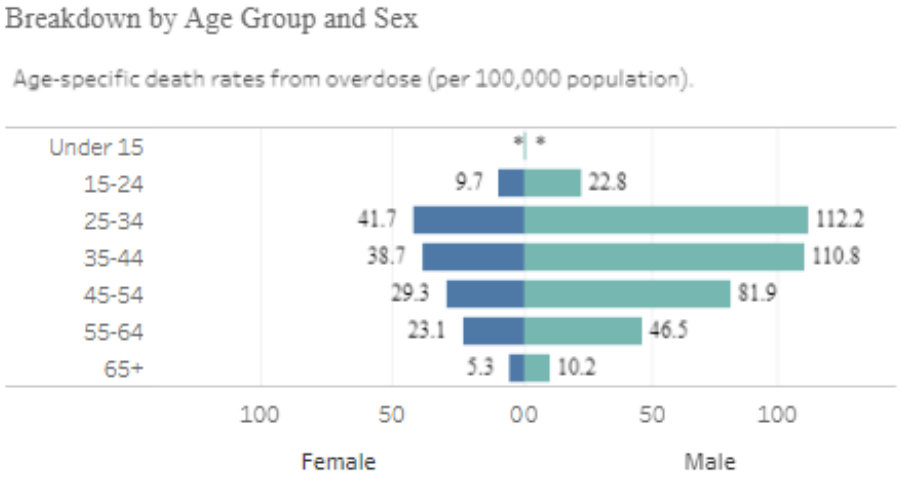
Black Residents



Hispanic Residents



White Residents



Source: New Jersey State Unintentional Drug Overdose Reporting System (NJ SUDORS), v04032023. Trenton, NJ: Center for Health Statistics, New Jersey Department of Health, 2023.

*All races are non-Hispanic. Hispanic residents can be any race.

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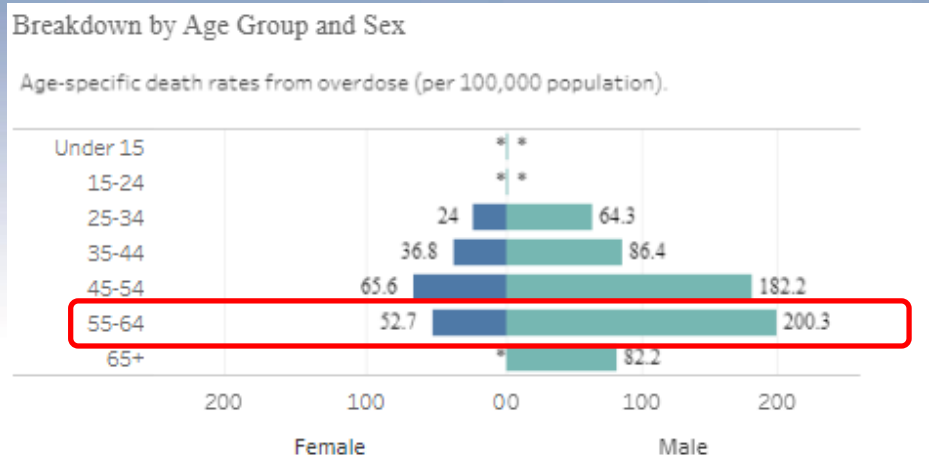
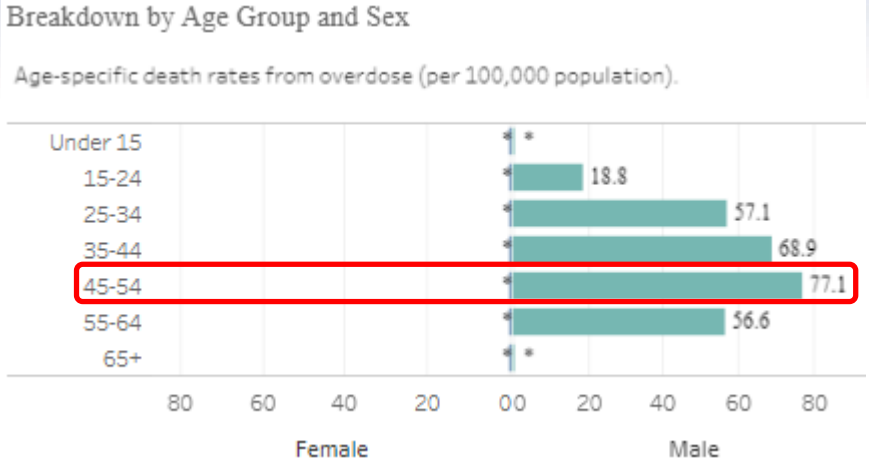
Demographic variation by race/ethnicity* (2020)

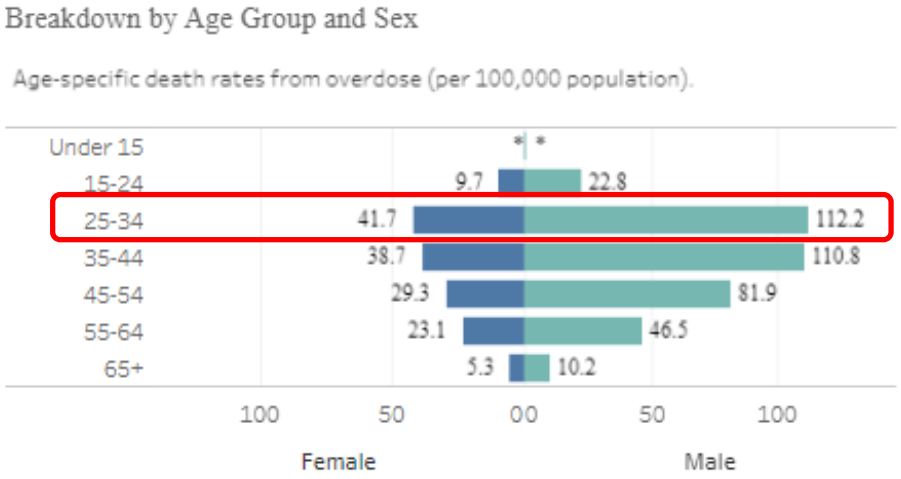
Black Residents



Hispanic Residents



White Residents



Source: New Jersey State Unintentional Drug Overdose Reporting System (NJ SUDORS), v04032023. Trenton, NJ: Center for Health Statistics, New Jersey Department of Health, 2023.

*All races are non-Hispanic. Hispanic residents can be any race.

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Emergence of xylazine

- **Xylazine or "tranq"** – veterinary tranquilizer not approved for use in humans
- **36%** of heroin/fentanyl in 2022 adulterated with xylazine in 2022[1]
- **10%** of overdose deaths (Jan-June 2022) involved xylazine[2]
- Complicating overdose response
  - Heavy sedation
  - Not an opioid, thus not reversed by naloxone
- Severe wounds

Sources: 1. New Jersey State Police, Office of Drug Monitoring & Analysis, 2022 Fourth Quarter Report. West Trenton, NJ. February 7, 2023. 2. New Jersey Violent Death Reporting System (NJVDRS). NJ State Unintentional Drug Overdose Reporting System (NJ SUDORS). Center for Health Statistics, Office of Population Health, NJ Department of Health. May 25, 2023

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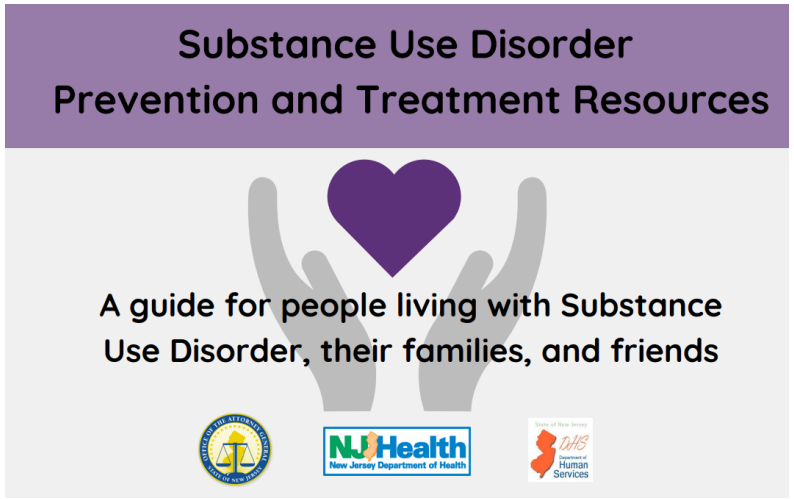
Promoting Standards of Care - EMS



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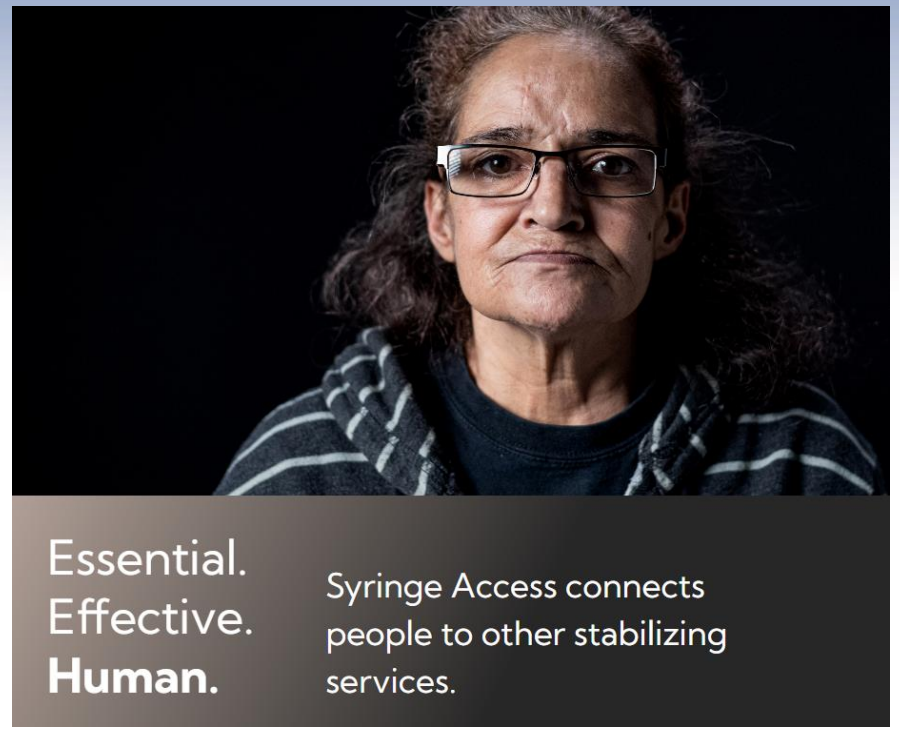
Harm Reduction Centers

Education	• Risk reduction education for HIV and viral hepatitis • Education on safer sex and safer injection practices • Overdose prevention education • Trauma-informed harm reduction education sessions • Counseling and education on PrEP/PEP
Equipment	• Prevention supplies such as ○ syringes, needles, tourniquets, band-aids, alcohol wipes, sharps containers, cotton, cookers, antiseptic ointments, hygiene/dignity kits • Safe disposal of injection equipment • Access to naloxone and fentanyl test strips
Care	• Nurse/healthcare services • Low-threshold medication-assisted treatment • Referrals and linkages to drug treatment, medical care, and social/mental health services



Source: New Jersey Harm Reduction Coalition

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Harm Reduction Expansion

- Removal of municipal ordinance with P.L. 2021, c. 396, the Bloodborne Disease Harm Reduction Act
- N.J.S.A. 26:5C-25 through 31
  - Any eligible entity including any entity with capacity to provide harm reduction services as determined by NJDOH may provide harm reduction services with NJDOH approval via registration process
- N.J.A.C. 8:63
  - outlines how eligible entities may apply for registration, the operational requirements, and the standard for the management of entities authorized to provide harm reduction services
- Rules and application form: https://www.nj.gov/health/hivstdtb/hrc/
- Request for Applications forthcoming
- Questions? HRC@doh.nj.gov
- **Long-term goal:**

  Expand services to all 21 counties

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Overdose Fatality Review Teams (OFRTs)

- LHDs create multidisciplinary/ multispecialty teams to review overdose deaths within their jurisdiction (city- or county-level).
- Conduct case reviews, or **Social Autopsies**, to identify missed opportunities to improve prevention efforts or areas for change within their current systems of care.
- Use this information to generate recommendations and inform local and state overdose and opioid misuse prevention strategies, as well as increase partnerships through collaboration.

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OFRTs in New Jersey

OFRT Type as of FY 23

- County OFRT only
- City OFRT only (Elizabeth)
- County and City OFRT (Atlantic City)
- County OFRT operating without DOH funding

County Key

1 Essex
2 Hudson
3 Union
4 Passaic

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OFRTs in New Jersey

Theme identified by OFRT	Action taken by county/municipality
¼ of cases occurred in area motels.	• Outreach at area motels with education, naloxone, and straight to treatment linkage.
Increased number of methamphetamines found in toxicology reports.	• New contingency management program for stimulant use disorder.
Families of decedents often unaware of available resources.	• Offering SUD related resources for families in overdose location hotpots.
Many cases had a history of incarceration.	• One county provided training to law enforcement agencies on SUD and stigma. • One county providing peer recovery services for people with SUD leaving jail. • One county mailed addiction/mental health services information to all attorneys in the county.
Case reviews revealed fragmented referral systems and limited data sharing between agencies.	• Two organizations agreed to leverage a technology to pilot electronic referrals.
OFRT noticed a spike in overdoses among older adults.	• Hosted an Older Adult Fair providing resources on substance use and Narcan to attendees.

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Overdose Hotspot Initiative

- **Using location data, identified overdose hotspots**
- **Multi-pronged approach:**
  - Outreach events with health educators, supplies, naloxone
  - Supplying key partners doing outreach with supplies (e.g., food, naloxone, hygiene kits)
  - Outreach to priority venues with naloxone kits for storing alongside AEDs + education about overdose reversal/naloxone
  - Communications campaign re: naloxone and harm reduction expansion

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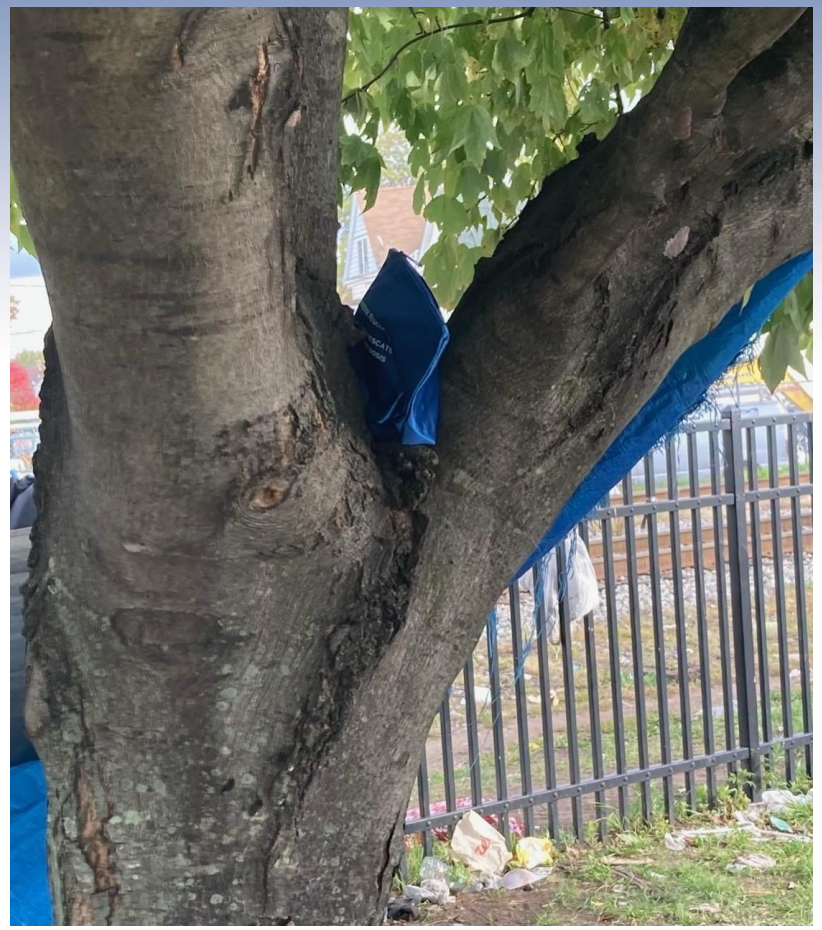
Overdose Hotspot Initiative



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Mail-based harm reduction supplies

Source: New Jersey Harm Reduction Coalition

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Health Communications

XYLAZINE: What to Know

Xylazine or "tranq", a non-opioid veterinary sedative being mixed into the illicit New Jersey drug supply, is NOT safe or FDA approved for human use.

36%

One-third (36%) of all heroin/fentanyl contained xylazine in 2022[1]

Risks of Xylazine Use

- Confusion
- Heavy sedation
- Dry mouth
- Drowsiness
- Reduced heart rate
- Difficulty breathing
- Coordination difficulties
- Coma

*Xylazine use has also been associated with severe, painful wounds that worsen quickly.

How To Stay Safer

- If you suspect an overdose, call 911
- Carry Naloxone (Narcan)
- Tell someone you're using
- Take extra care if using alone

1. New Jersey State Police, Office of Drug Monitoring & Analysis, 2022 Fourth Quarter Report. West Trenton, NJ. February 7, 2023.

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Health Alert: Xylazine in the New Jersey Illicit Drug Supply

Overview

Xylazine or "tranq" is becoming increasingly more prevalent in the illicit drug supply throughout the United States. Xylazine is a veterinary tranquilizer that is not approved for human use and is not an opioid. On April 12, 2023, the White House Office of National Drug Control Policy (ONDCP) officially designated fentanyl adulterated or associated with xylazine as an emerging threat to the United States and it is increasingly identified in New Jersey's drug supply.[1]

Xylazine may complicate an existing opioid overdose, as it does not respond to naloxone.[2] On November 8, 2022, the U.S. Food and Drug Administration (FDA) released an alert warning health care professionals about the risks associated with xylazine, including severe wounds, dependence and withdrawal, and complicated toxicity, given that naloxone is not effective in reversing xylazine overdoses since it is not an opioid.[3] However, bystanders, emergency responders, and health care providers should continue to administer naloxone in the event of a suspected overdose, as xylazine is nearly always mixed with fentanyl or other opioids. They should also administer other supportive therapies for patients who are non-responsive to naloxone administration (see "What to do During a Suspected Overdose" below).[4]

Accompanying this health alert is a flyer with basic information about the substance including wound care, safer use, overdose reversal best practices, and harm reduction resources that your organization can distribute to people who use drugs and who may be encountering xylazine. If you are interested in receiving additional information/training regarding xylazine, please reach out to Amanda Gan, Public Health Analyst, at Amanda.Gan@doh.nj.gov.

Xylazine Prevalence and Xylazine-Related Deaths

In 2022, one-third of suspected heroin/fentanyl seizures contained xylazine.[5] For the first quarter of 2023, this proportion increased to 45%.[6] It is important to note that nearly all xylazine also contains fentanyl: 99% of all drug seizures containing xylazine also contained fentanyl.[7]

There is evidence that xylazine-involved overdose deaths have occurred in NJ since 2016.[8] However, according to New Jersey's Unintentional Drug Overdose Reporting System (SUDORS), xylazine-involved overdose death rates significantly increased from 2020 to 2021.[9] In 2021, nearly 8% of overdose deaths involved xylazine and from January-June 2022 (the latest period with full data abstraction in NJ SUDORS), this proportion increased to 10%.[10] Nearly all xylazine-involved deaths also involve opioids such as fentanyl and heroin, and very often other substances as well.[11] Deaths associated with xylazine use are mostly among Non-Hispanic White males, however xylazine has been an increasing factor in fatal overdoses in Black and Hispanic communities as well.[12] By age, most overdose deaths involving xylazine were among adults 25-44 years of age, but approximately 20% of deaths are among those over 55 years of age.[13]

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Health Communications

UPDATE

new jersey harm reduction coalition

EMERGENT: Drug Supply Disruption in Camden, Burlington, Ocean, Cape May, & Gloucester Counties

On Thursday, April 27, the U.S. Attorney's Office District of New Jersey shut down a pain treatment practice in Cherry Hill that was serving 300-400 patients across Camden, Burlington, Ocean, Cape May, & Gloucester Counties.

For anyone who uses secondhand prescription medicines in these counties (i.e., not directly from the pharmacy or a script in your name), you may be at **increased risk of overdose** due to the practice shut down. Available secondhand (also known as diverted*) pills are less likely to be pharmaceutical grade, and more likely to be pressed pills that mimic prescription medications. This means pills not directly from a pharmacy are more likely to contain fentanyl, which increases the risk of an opioid-related overdose.

Prohibition creates an unregulated and unsafe street drug supply, and fentanyl now shows up in places we might not expect it to be, like stimulants or benzos or pressed pills. Supply disruptions make an unsafe supply even more risky. We can survive this—and it's up to us to look out for one another and keep each other as safe as possible.

Fentanyl now shows up in places we might not expect it to be... It's up to us to look out for one another and keep each other as safe as possible.

Reducing Your Risk During Supply Disruptions

There are some simple strategies compiled by people who use drugs over the years to keep one another safe.

1. Use fentanyl test strips to test your pills/bag so that you can make the most informed decisions possible for yourself.

- We recommend **using a test strip to test each new purchase**, including pressed pills or pills you purchase secondhand, and drugs you don't expect to contain fentanyl, like coke, meth, and other stimulants.
- If testing is not an option, assume that there is a possibility that **fentanyl is present.**

2. Testing or not, you can stay safest by practicing these overdose prevention strategies:

- **Do a test bump or use less to start.** The margin of error is much smaller with fentanyl. Test strips can tell you IF there is fentanyl in your bag, but not how much. Start low so you can find the best dose for you.
- **Go slow.** Fentanyl acts fast, & using slowly gives your body time to adjust, time to see how the dose will hit. You can always use more, but you can't un-use too much.
- **Carry naloxone & know how to use it.** Let friends know you have naloxone/Narcan, and make sure they know how to use it too.
- **If you inject, try snorting or smoking instead.** Switching routes of administration, or how you use, can reduce your risk of overdose and other harms. Keep in mind that overdose is still possible, so always start slow no matter which route you use.
- **Use with a group or partner.** If possible, stagger turns and make sure you have naloxone and that you all know how to use it.
- **Try to not use alone — but if you must, then use extra caution!** Using alone means no one is there to respond if you fall out, so double down on other safety strategies, especially going slow. Leave naloxone out and visible. You can also arrange for someone you trust to check in on you, or share your location with them in case you don't respond.

3. Connect to your local Harm Reduction resources! Locations and contact info provided below.

NJ Harm Reduction Coalition

Mails **naloxone kits** and **fentanyl test strips** for free and confidentially to anyone who needs them, regardless of insurance status. You can call or text 1-877-4NARCAN or visit nextdistro.org/newjersey.

Camden Area Health Education Center (AHEC)

Syringe Access Program - Lifeworks
2600 Mt. Ephraim Avenue (by Produce Mkt), Camden, NJ 08102
P: 856-963-2432 ext. 219
Hours: Mon & Thurs 8:30-11:30am

South Jersey AIDS Alliance (SJAA)

Oasis Drop-In Center
32 S. Tennessee Avenue
Atlantic City, NJ 08401
P: 609-572-1929
Hours: Tues 10:00am-2:00pm

Cooper Medical School of Rowan University Outreach Alliance

Overdose Prevention Support
Broadway & Chestnut in Camden, NJ
Every Thursday 10:00am-2:00pm; Rotating Sundays
cmsruoutreachalliance.org

*Medication diversion is an adaptive tactic that people use to survive the War on Drugs and lack of access to a regulated drug supply. For more information see Reducing Collateral Damage in Response to the Opioid Crisis by Jennifer J. Carroll et. al. and Today's Fentanyl Crisis: Prohibition's Iron Law, Revisited by Leo Beletsky and Corey S. Davis.

njhrc

@njharmreduction

LEARN MORE AT njharmreduction.org/update

NJ Health New Jersey Department of Health

PHAB Advancing public health performance

Thank you!

Contact info: michele.calvo@doh.nj.gov

NJ Health
New Jersey Department of Health

Richard T. Jermyn, DO, FAAPMR
Interim Dean, Rowan-Virtua School of Osteopathic Medicine

Implementing Best Practices for Co-Prescribing Naloxone in Your Agency

Welcome to this Enduring Online CME Activity

Presented by Rowan-Virtua School of Osteopathic Medicine &
The New Jersey Overdose Treatment Access Collaborative (NJ-OTAC)

Sponsored by Substance Abuse and Mental Health Services Administration (SAMSA)

Richard Jermyn, DO
Interim Dean
Rowan-Virtua School of Osteopathic Medicine
113 E Laurel Rd, Stratford, NJ 08084

ROWAN-VIRTUA
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Disclaimer

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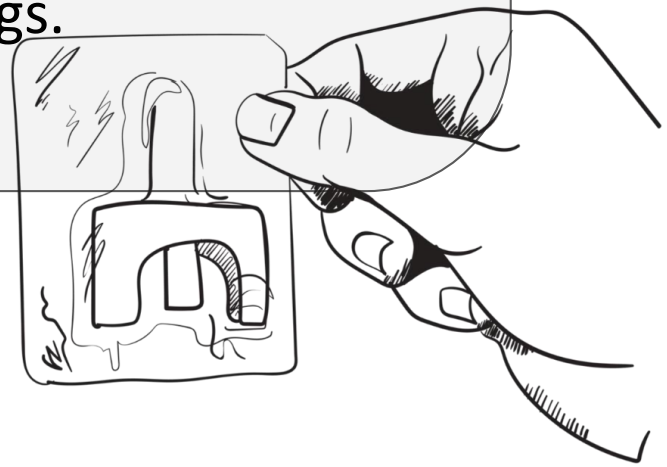
Overview

This webinar uses a standardized, evidence-based curriculum to train and inform healthcare providers on the best practices and guidelines regarding naloxone utilization in the current healthcare landscape along with instructions on how to implement a naloxone co-prescription program in academic, outpatient, and institutional settings.



Agenda

- Introduction
- History of the Opioid Crisis
- Background on Naloxone
- Naloxone Co-Prescription Programs
- Steps to Implementing a Best Practices Naloxone Co-Prescription Program
- Case Studies : Implementing a BPNCP Program in JerseyCare and a Family Medicine Practice
- Considerations for different practice settings
- Sample Implementation Timeline

What are the Best Practice Guidelines?

Systematically developed statements of recommended practice in specific clinical areas which….

- *Provide* direction to practitioners and managers in their decision making;

- *Evolve* based on ongoing key expert experience, judgement, perspective, and continued research

History of Naloxone

1961

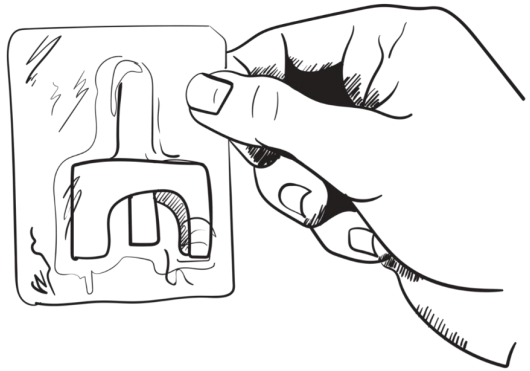
Naloxone is recognized as an opioid antagonist

1971

The FDA approves naloxone for treating opiate overdoses via IV/IM injection

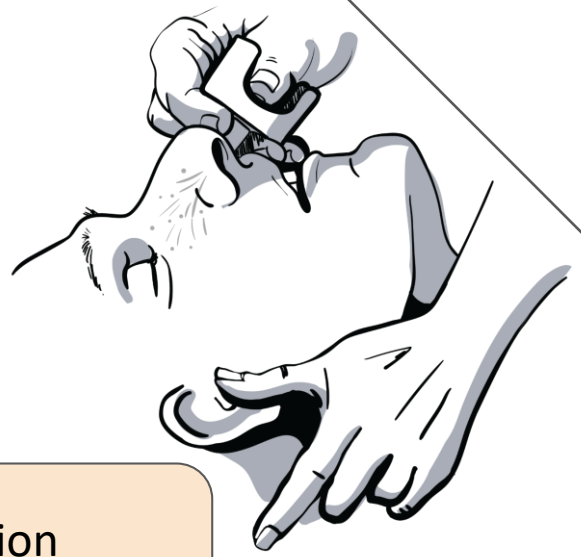
2012-2015

Intranasal applicator is developed and approved by the FDA



The naloxone intranasal applicator…

Most common form: Narcan (Naloxone-HCl)

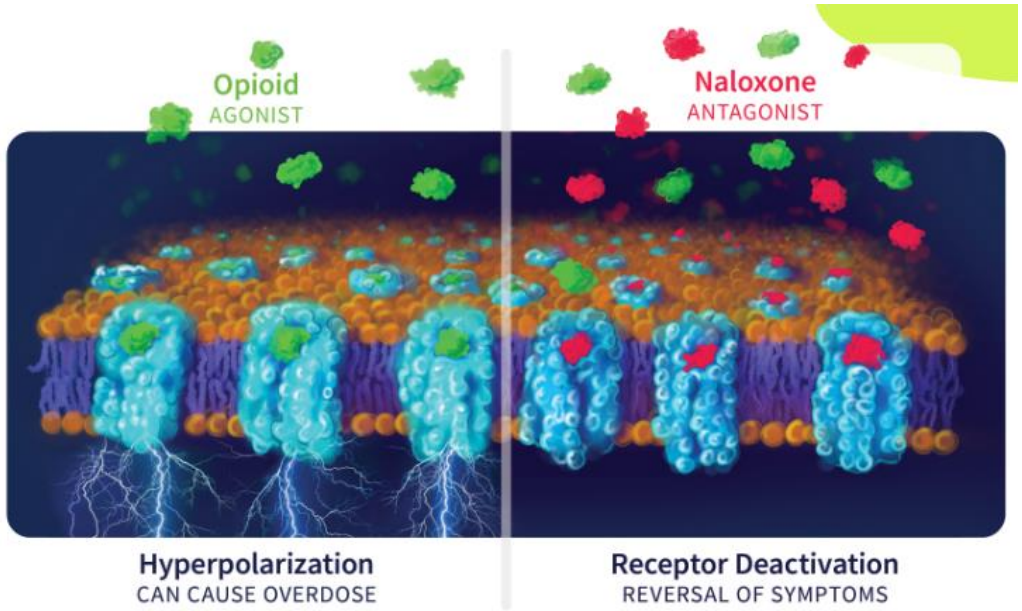


Easier to use than IM/IV injection

Always supplies a consistent dose

What is Naloxone?

- A *short-acting opioid antagonist* that can rapidly reverse an opioid overdose
- Binds to mu (μ) opioid receptors with a **stronger affinity than typical opioids** (including fentanyl, morphine, and codeine)
- Takes 2-5 minutes to begin working and stays in system for about 60 minutes
    - Half-life in adults can range from 30 to 81 minutes*
- Carries **no risk for addiction, tolerance, or overdose**



*Jordan MR, Morrisonponce D. Naloxone. [Updated 2022 Jul 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441910/

Pharmacokinetics of Naloxone

1. Onset
2. Duration
3. Metabolism
4. Half-Life
5. Excretion

Onset Time

Typically…

1-2 minutes for IV

2-5 minutes for intranasal

2-5 minutes for SubQ or IM

*Can vary based on Individual.

Duration

- Typically 45-180 minutes
  - Varies depending on on route of administration and type of opioid taken
  - Repeat doses may be needed

- New guidelines recommend administering higher initial doses of naloxone (4-8mg) to account for possible fentanyl contamination
  - Narcan : 4mg per spray
  - KLOXXADO (approved 2021) : 8mg per spray

Metabolism

- Metabolized in liver via glucuronidation conjugation
- Major metabolite: naloxone-3-glucoronide

*Half-life can vary from 30-81 minutes, with a mean of 64 minutes (Jordan and Morrisponce, 2022)

Jordan MR, Morrisonponce D. Naloxone. [Updated 2022 Jul 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK441910/

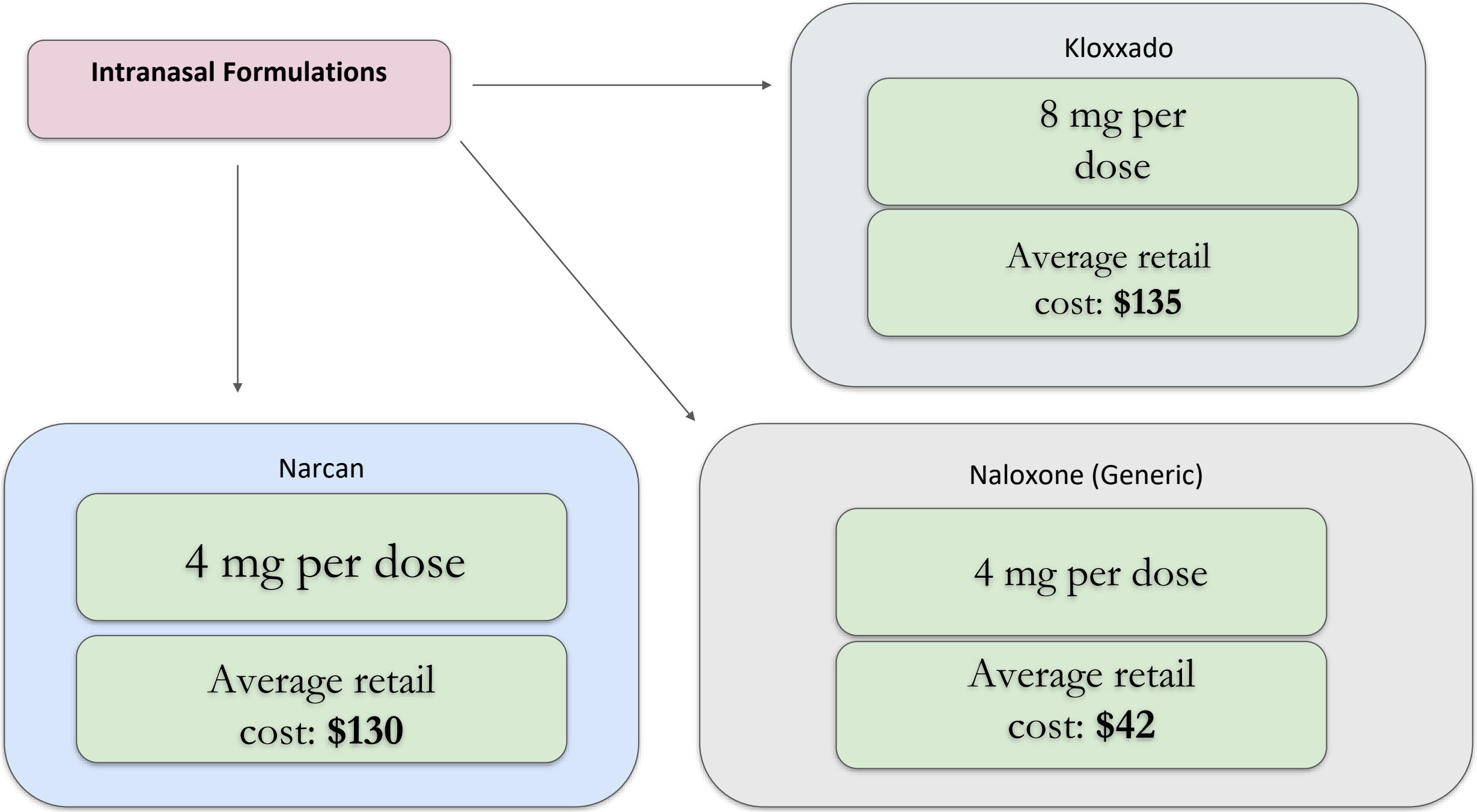
Excretion

After intravenous injection…

- Metabolic Clearance Rate = 2500 L/day
- 50% of dose excreted in one day
- 60-65% excreted through urine as metabolites

Formulations of Naloxone

1. Intranasal (Narcan)
2. Intranasal (Generic)
3. Intranasal (Kloxxado)
4. Intramuscular
5. Autoinjector*


Intranasal Formulations
Kloxxado
8 mg per dose
Average retail cost: $135
Narcan
4 mg per dose
Average retail cost: $130
Naloxone (Generic)
4 mg per dose
Average retail cost: $42

Intranasal Formulations: Dosing Instructions

- Deliver single dose at any time
- May administer additional doses in the absence of a response, **every 2-3 minutes**
- If additional doses are required, administer in alternating nostrils

*If no response is observed after administration of 10mg of naloxone (or two sprays of Kloxxado), the diagnosis of opioid-induced toxicity should be questioned

Intravenous Formulation

Naloxone-HCl (Generic)

0.4 or 1 mg/mL injectable solution

Average retail cost: **$80** (*can be reduced significantly with coupon**)**

Dosing Instructions:

administer every 2-3 minutes to desired degree of reversal

- Adults: 0.1-0.2 mg
- Neonates: 0.01 mg/kg
- Children: 0.01 mg/kg; if no response, increase to 0.1 mg/kg

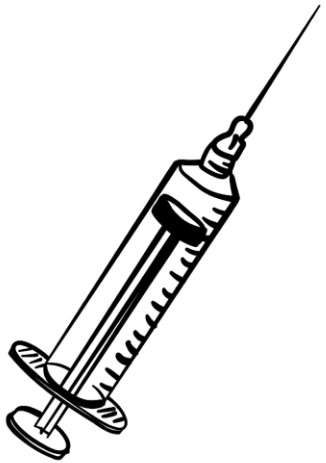
How can patients get Naloxone in New Jersey?

Prescription?

- Through a pharmacy with or without insurance
- Certain prescribers can write prescriptions and dispense onsite

No Prescription?

- Major pharmacy chains stock Narcan and have naloxone kits (CVS, Walgreens, Walmart/Sam's Club)
- Community health organizations frequently provide kits
- Needle exchange sites in NJ carry naloxone



Legal Considerations

Co-Prescribing Naloxone in New Jersey

1. Standing Order Laws
2. Good Samaritan Laws

New Jersey Standing Order Laws

What are standing orders?

- A clinician's order that can be carried out by other healthcare workers once certain conditions have been met

Why are they important?

- Standing orders allow harm reduction workers to train people in the community on overdose response and equip them with naloxone

New Jersey Standing Order Laws

For pharmacists:

Requirements:

- Name
- License Number of Pharmacist-in-Charge

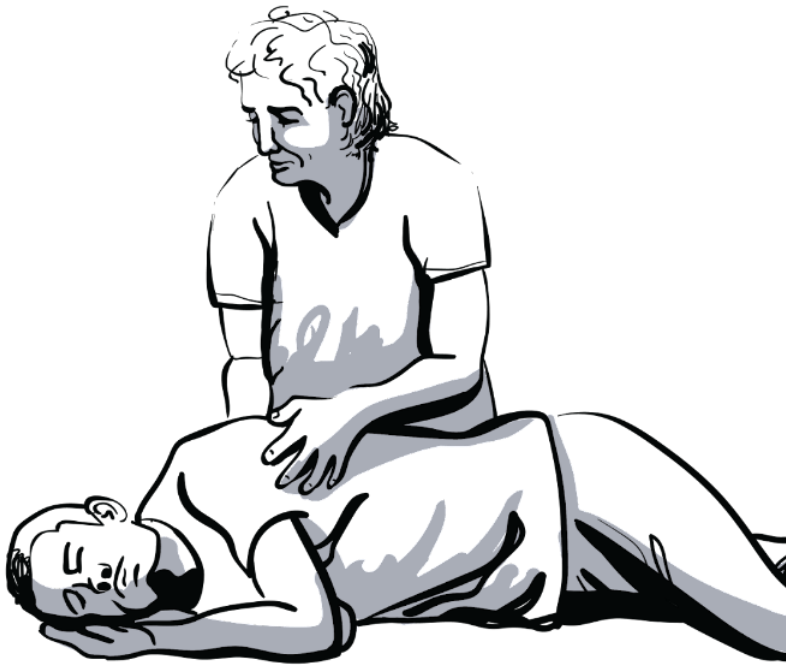
Ensure the Following Information is Supplied to the Recipient

1. Information on opioid overdose prevention and recognition
2. Instructions on how to perform rescue breathing and resuscitations
3. Information on opioid antidote dosage and instructions on opioid antidote administration
4. Information describing the importance of **calling 911** emergency telephone service for assistance with an opioid overdose
5. Instructions for appropriate care of an overdose victim after administration of the opioid antidote

Good Samaritan Laws

Good Samaritan Fatal Overdose Prevention Statute (NJSA 2C: 35-30,31), (a.k.a. the Overdose Prevention Act)

- Allows people to report possible drug overdoses without fear of being arrested
- People who seek medical assistance for themselves or someone experiencing a drug overdose are immune from being…
  - Arrested, charged, prosecuted, or convicted for…
  - Obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of a controlled substance



Is there a liability risk to co-prescribing naloxone?

There is virtually no liability risk to prescribing naloxone.

- Davis et al. (2016) concludes that prescribing naloxone in good faith to patients at risk of overdose or an associate of such patient carries no liability risk

Davis, C. S., Burris, S., Beletsky, L., & Binswanger, I. (2016). Co-prescribing naloxone does not increase liability risk. *Substance Abuse*, *37*(4), 498-500. https://doi.org/10.1080/08897077.2016.1238431.

Co-Prescription Recommendations per Agency

Co-Prescribe Naloxone to…

- Patients receiving high-dose opioids **(>50 morphine milliequivalents per day**)
- Patients being co-prescribed opioids and **benzodiazepines**
- Patients with known **substance use disorders**

Co-Prescription Recommendations per Agency

"Clinicians should strongly consider co-prescribing naloxone and providing education about its use for the following patients…

1. Patients prescribed opioids who have:

- >50mme/day dosage
- Respiratory conditions (COPD, sleep apnea)
- Benzodiazepine co-prescriptions
- Non-opioid SUD
- Any mental health condition

2. Patients at high risk for responding to overdose including…

- Those using heroin, synthetic opioids, or misusing prescription opioids
- Those using other illicit drugs (meth, cocaine, etc.)
- Those receiving treatment for opioid-use disorder, including MAT
- Those with a history of opioid misuse who were recently released from incarceration or other controlled settings

The New Jersey Co-Prescription Mandate

An Act Concerning Opioids Amending P.L.2017

(P.L.2021, c.54)

- Requires a practitioner to co-prescribe naloxone to a patient if:
  - The patient has a history of substance use disorder;
  - The prescription for the opioid drug is for a dose of more than 90 mme/day
  - The patient holds a current and valid prescription for a benzodiazepine drug that is a Schedule III/IV dangerous substance
- Does **not** prohibit practitioner from issuing additional prescriptions for an opioid antidote upon the patient's request or when the practitioner determines there is a need for the additional prescription

Essentials of a Naloxone Co-Prescription Program

- Adopt a naloxone co-prescribing **checklist**
- **Identify and train** facilitators
- **Define roles** within your agency
- **Train providers** at your practice
- Create a plan for **patient education**
- Acquire **resources** and secure **partnerships**
- Utilize **social marketing** to patients

A Co-Prescription Workflow

1. Assessing Opioid Dosage
2. RIOSORD
3. Recommend to Certain Patients
4. Offer to Co-Prescribe
5. Prescribe Naloxone
6. After Writing the Prescription
7. Naloxone Renewal

Assess the patient's dosage

- **Calculate** the total daily morphine equivalent dose of opioids from all sources
- **Assess** the time frame that the patient will be on the opioid prescription(s)

Calculating MED
CONVERSION FACTORS

Codeine	**0.15**
Fentanyl *transdermal (mcg/hr)*	**2.4**
Hydrocodone	**1**
Hydromorphone	**4**
Methadone:	
1-20 mg/day	**4**
21-40 mg/day	**8**
41-60 mg/day	**10**
≥ 61-80 mg/day	**12**
Oxycodone	**1.5**
Oxymorphone	**3**

RIOSORD

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:

Opioid dependence? If YES check here →	☐ 9
Chronic hepatitis or cirrhosis?	☐ 9
Bipolar disorder or schizophrenia?	☐ 7
Chronic pulmonary disease? e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)	☐ 5
Chronic kidney disease with clinically significant renal impairment?	☐ 5
Active traumatic injury, excluding burns? e.g., fracture, dislocation, contusion, laceration, wound	☐ 4
Sleep apnea?	☐ 3

Does the patient consume:

An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? e.g.,OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol	☐ 9
Methadone? If yes, check BOTH this item and the the item above (ER/LA formulation)	☐ 9
Oxycodone? If it is an ER/LA formulation (e.g., OxyContin), also check ER/LA above	☐ 3
A prescription antidepressant? e.g., fluoxetine, citalopram, venlafaxine, amitriptyline	☐ 7
A prescription benzodiazepine? e.g., diazepam, alprazolam	☐ 4

In the past 6 months, has the patient:

Had 1 or more ED visits?	☐ 11
Been hospitalized for ≥ a day?	☐ 8

Is the patient's current max prescribed opioid dose:

>100 MME per day?	☐ 16
50-100 MME per day?	☐ 9
20-50 MME per day?	☐ 5

Calculate the total **RIOSORD Score** and **OIPD probability**, then enter the results in the Prescriber's Checklist, page 39.

TOTAL RIOSORD SCORE
SUM OF ALL CHECKED ITEMS ABOVE

____ **OUT OF 115**

OIPD PROBABILITY
SEE CHART BELOW

____ **%**

Probability of experiencing Opioid Induced Respiratory Depression (OIRD) according to RIOSORD score

OIRD probability →	**3%**	**14%**	**23%**	**37%**	**51%**	**55%**	**60%**	**69%**	**75%**	**86%**
RIOSORD score →	0–24	25–32	33–37	38–42	43–46	47–49	50–54	55–59	60–66	≥ 67

Strongly recommend to patients…

- With RIOSORD score ≥18
- With an opioid prescription of ≥90mme/day
- On long-acting opioids in conjunction with short-term opioids
- With difficulty accessing emergency medical services

- Receiving any opioid Rx for pain, plus:
  - History of underlying mental health condition increasing susceptibility to overdose
  - High risk of returning to high dose or risk of low tolerance (e.g. after release from incarceration or inpatient detox)
  - History of overdose
  - ≥65 years old
  - Switched from one opioid to another due to possible incomplete cross-tolerance

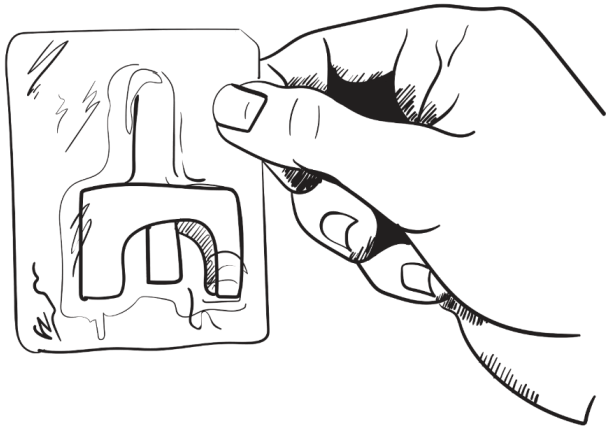
Offer to co-prescribe to:

- Every patient receiving an opioid prescription or on a controlled dangerous substance;
- Patients that are in households with people at risk of overdose;
- Patients that have witnessed an overdose or received training to respond to an overdose
- Healthcare practitioners, family and friends of people who have an opioid use disorder, and community members who frequently encounter people at risk for opioid overdose

Prescribe Naloxone

- Discuss forms of naloxone (intranasal and injectable) and prescribe based on patient preferences and affordability

- Healthcare Receiving any opioid Rx for pain, plus:
  - Medicare, Medicaid, and private health insurance all cover naloxone prescriptions in New Jersey!



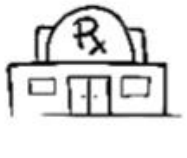
After Writing the Rx

Develop/re-evaluate opioid treatment agreement plan

Make sure that people receiving Naloxone prescription understand:

- **Signs of an opioid overdose**
- **Importance of calling EMS via 911**
- **Steps of caring for an overdose victim**

Patient receives opioid overdose and naloxone education from designated member of the healthcare team



Follow-up in 30 days to see if they filled the Rx, if not, identify the barriers to receiving naloxone, and develop solutions

Consider assigning high risk overdose patients to a LCSW that can provide naloxone education to patients and their family and friends

Provider can recommend alternative evidence-based recommendations for managing specific chronic pain

Naloxone Renewal Practices

Discuss circumstances surrounding the usage of naloxone (was it for themselves, friend, colleague, etc)

Emphasize that the Good Samaritan law protects them and the user from any legal ramifications

Discuss the ease of use and whether they would like to switch to a different formulation

Discuss and strongly recommend **medication assisted treatment**

Recommend evidence-based recommendations for managing specific chronic pain

Administer urine drug screen to patients that have been co-prescribed naloxone with an opioid or enrolled in a substance abuse program

Patient Education

1. Who provides patient education?
2. What is included in patient education?
3. Providing Naloxone Education to Patients and Supporters
4. Patient Teaching Methods

Who provides patient education?

A variety of staff can provide education to a patient after being co-prescribed naloxone:

- Dentists
- Nurses
- Medical Students
- Medical Assistants
- Physician Assistants
- Physicians
- Pharmacists

What can patient education include?

- Identifying an opioid overdose
- Importance of calling 911
- Steps to care for an overdose victim
- How to administer naloxone
- Importance of carrying naloxone
- Legal considerations
- Stigma reduction materials
- Take-home materials

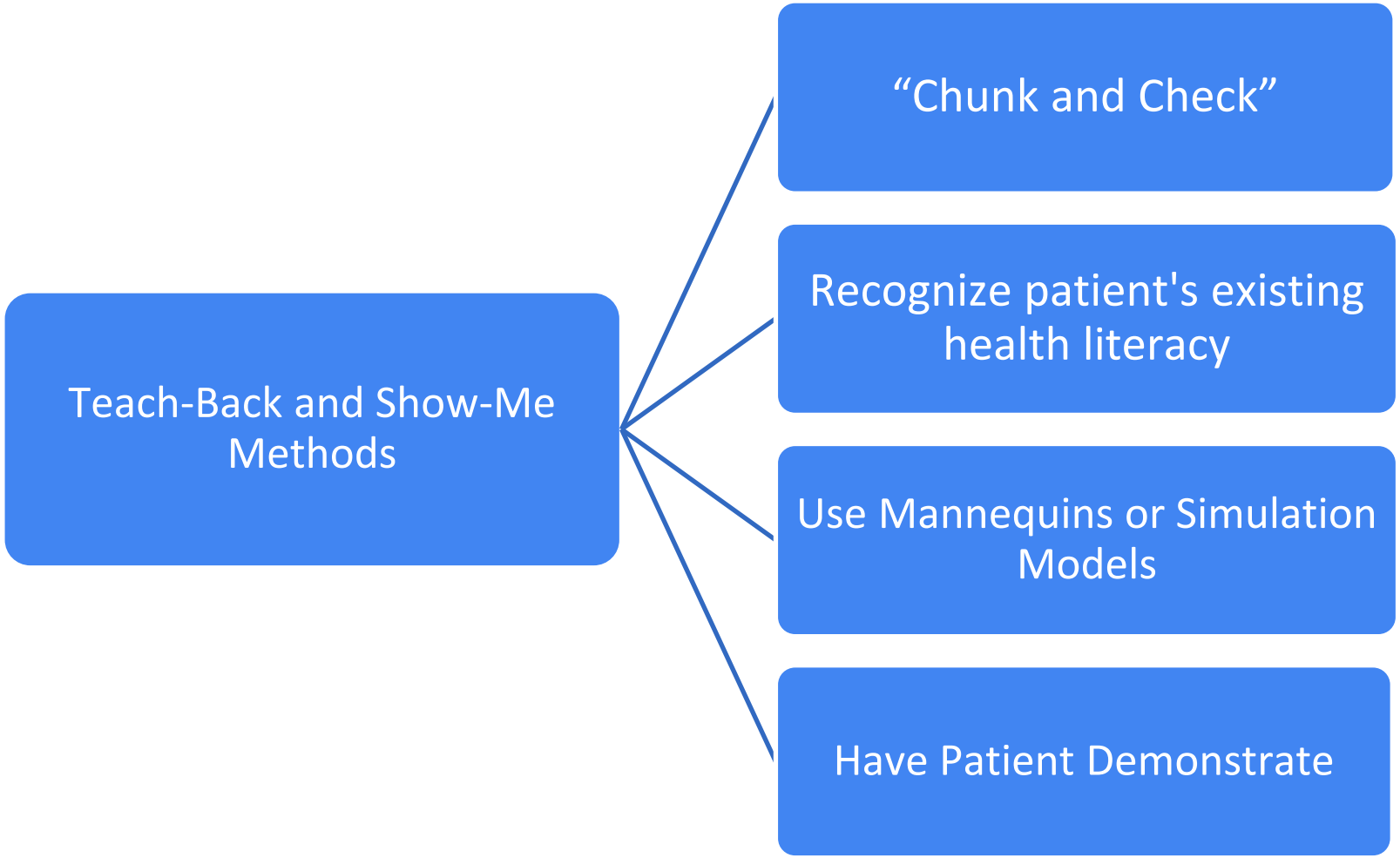
Providing Naloxone Education to Patients and Family Members

Have patient **identify** who would be most likely to provide them with naloxone in case of overdose

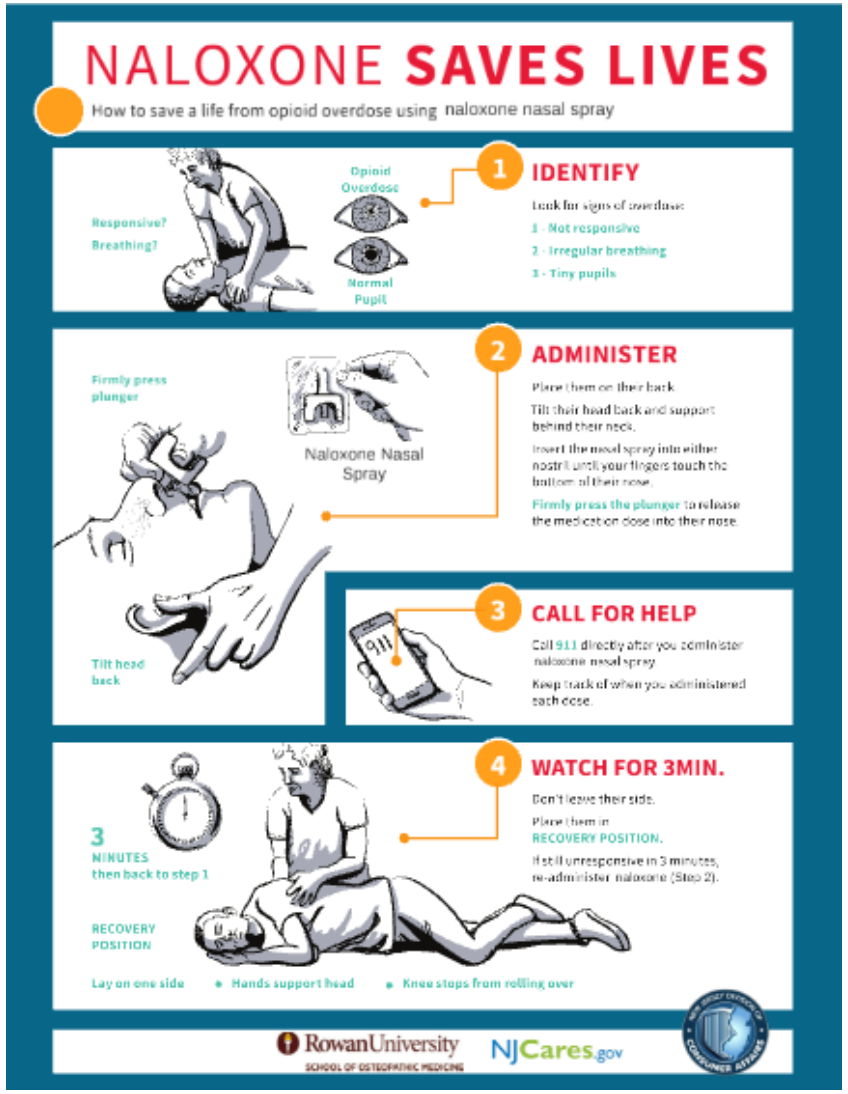
Education provided by designated medical personnel (nurse, med student, med assistant, etc.)

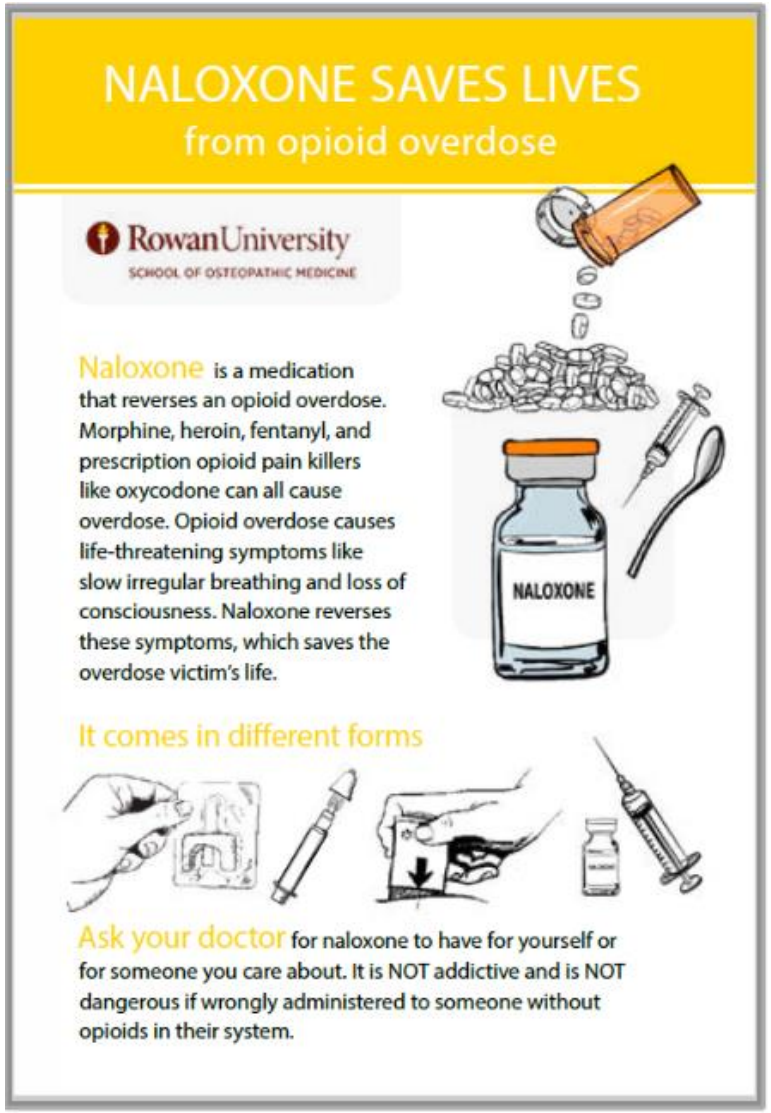
"Train the Trainer"

Teaching Methods



Providing Naloxone Education to Patients and Family Members: Take Home Handouts





Summary

1. Co-prescribing naloxone is most effective when implemented using a sustainable framework and program
2. Establishing a culture of cooperation in your agency will help ensure success
3. Important to stay up to date with co-prescribing mandates and statutes
4. Patient education and motivation are critical

We are saving lives!

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