

Overdose Prevention and Naloxone Rescue Kits for Prescribers and Pharmacists

Provide Naloxone, Save a Life



Chobanian & Avedisian School of Medicine
Barry M. Manuel Center for Continuing Education

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Obtaining Your CME Credit

To receive CME, CNE, or ACPE credit at the conclusion of this program, you must:

- Register
- Pass a post-test with a score of 70% or greater
- Complete an evaluation

2

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Program Support

This program is provided by Boston University Chobanian & Avedisian School of Medicine. The development of the original content was supported by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.



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Educational Objectives

At the conclusion of this activity, participants will be better able to:

- Provide overdose prevention and response education to their patients
- Increase access to naloxone for patients and communities
- Understand and explain the naloxone legal environment

Video Vignettes

You can find a library of brief videos that demonstrate model conversations between prescribers, pharmacists, and patients, the link for which can be found in the right navigation bar on this page.

Faculty

Alexander Y. Walley, MD, MSc
Boston University Chobanian & Avedisian School of Medicine

Jeffrey Bratberg, PharmD, FAPhA
University of Rhode Island College of Pharmacy

Corey Davis, JD, MSPH
The Network for Public Health Law

Faculty have no relevant relationships to disclose. Faculty do not plan on discussing off-label/investigational uses of a commercial product.

Overdose Prevention and Response Education for Patients

1. Overdose Epidemiology and Societal Costs of Opioids
2. How Opioids Cause Overdose
3. Taking an Overdose History and Making a Safety Plan
4. Overdose Response and Naloxone Rescue

Alexander Y. Walley, MD, MSc

Boston University Chobanian & Avedisian School of
Medicine

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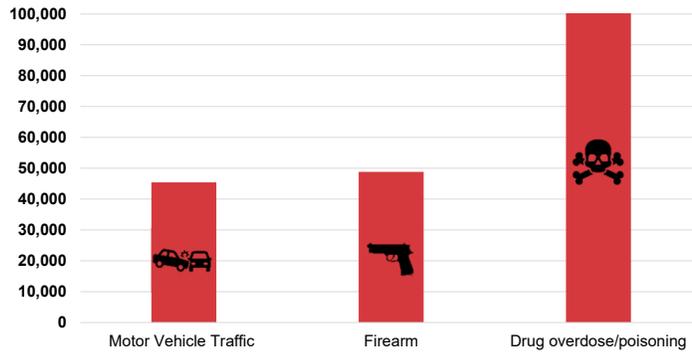
Overdose Epidemiology and Societal Costs of Opioids

8

Overdose

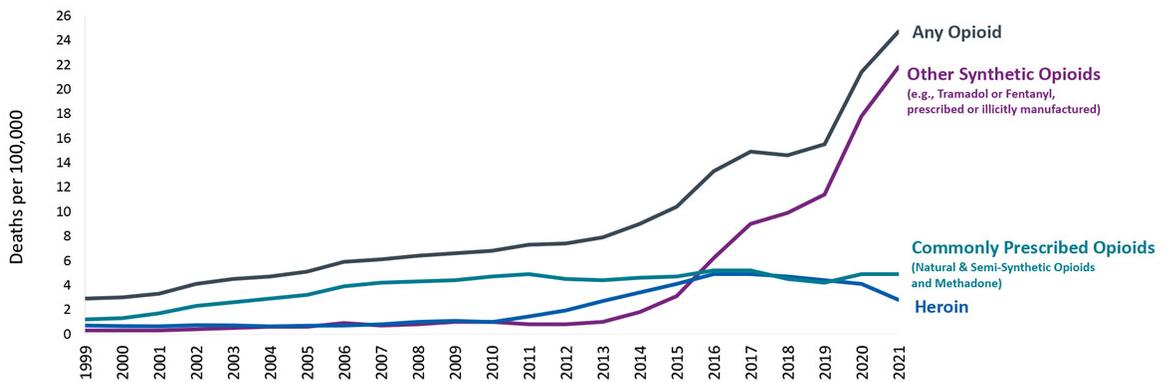
Now leading cause of accidental injury death...by far

Deaths From Drug Overdose, Car Accidents and Gun Violence from 2021



www.cdc.gov/nchs/fastats/injury.htm

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

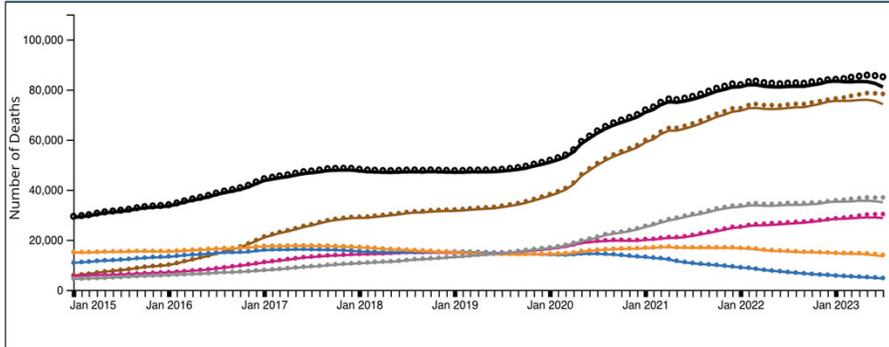
Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

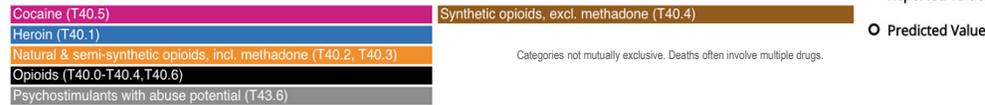
SOURCE: National Vital Statistics System Mortality File.

Fentanyl is driving increases in overall drug overdoses

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class



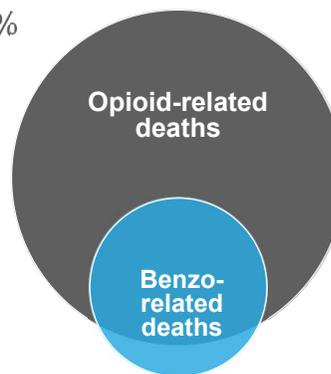
Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

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- Benzodiazepines are present in 31% of opioid-related overdose deaths
- Opioids are present in 75% of benzodiazepine-related overdose deaths¹
- Among people prescribed opioids, the risk of overdose deaths is 3.8 times higher for people prescribed benzodiazepines also²



Benzodiazepines and Opioids

Jointly contribute to overdose deaths

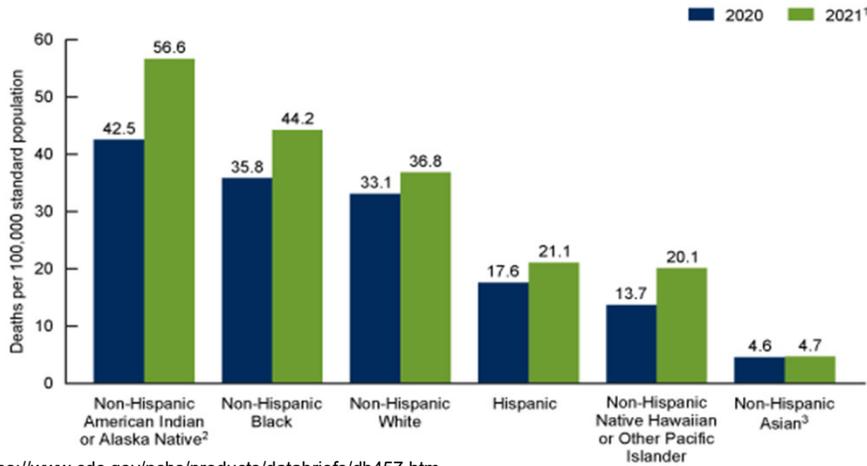
1. Jones CM and McAninch JK. Am J Prev Med. 2015 Oct;49(4):493-501.
2. Park TW, et al. BMJ. 2015 Jun 10;350:h2698.

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Overdose deaths are highest and increasing faster among American Indian-Alaskan Native and Black Americans

Age-adjusted rate of drug overdose deaths, by race and Hispanic origin
United States, 2020 and 2021



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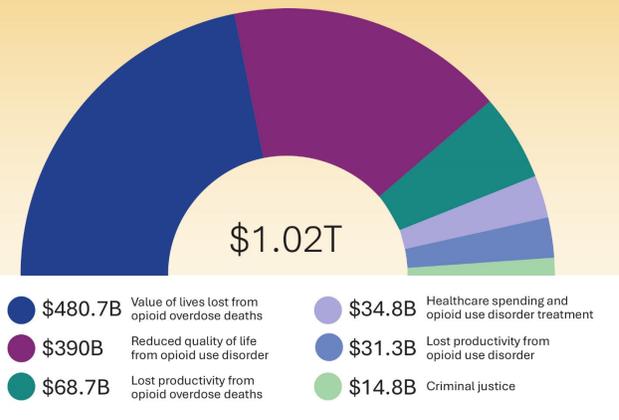


Cost and Economic Burden of Opioids in the United States

www.cdc.gov

In 2017, opioid overdose deaths and opioid use disorder cost the U.S. **\$1.02 trillion**.

Here is what is included in the total cost:



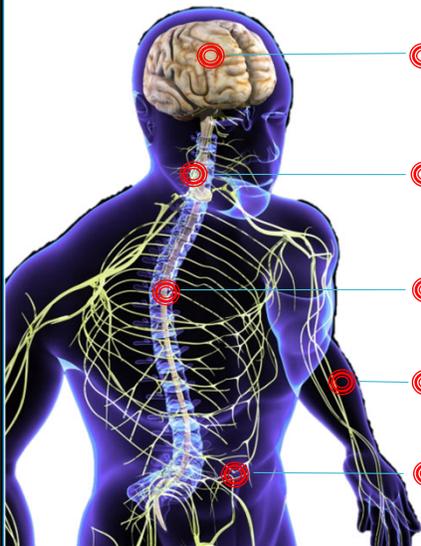
The Congressional Democratic Joint Economic Committee estimated the opioid epidemic cost the United States nearly \$1.5 trillion in 2020 alone—up 37% from 2017, when the CDC last measured the cost.

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How Opioids Cause Overdose

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Opioid Receptors Throughout the Body

BRAIN

Opioid receptors in the cerebellum, nucleus accumbens and hypothalamus control pain perception, emotion, reward and addiction

BRAINSTEM

Opioid receptors in the medulla oblongata control breathing and heart rate. Reduced breathing rate is typically the cause of opioid overdose death

SPINAL CORD

Opioids dampen transmission of peripheral pain signals through the dorsal horn of the spinal cord

PERIPHERAL NEURONS

Opioids bind pain receptors in the peripheral tissues reducing pain sensation

INTESTINE

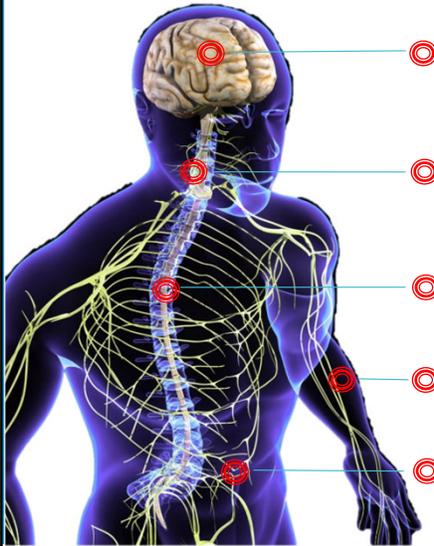
Opioids inhibit peristalsis which can lead to constipation

What are the effects of opioids?

cd0

16

16



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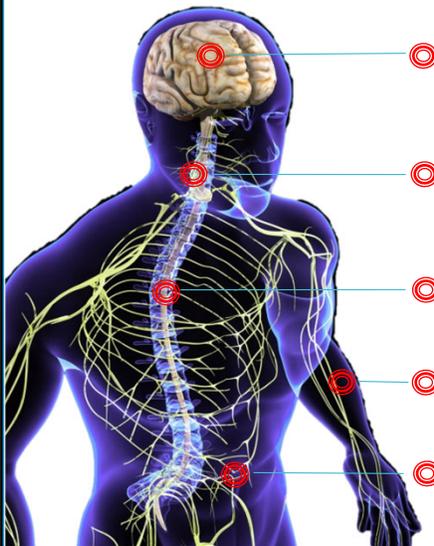
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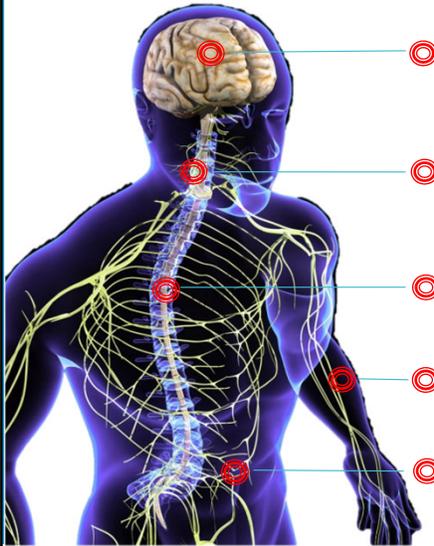
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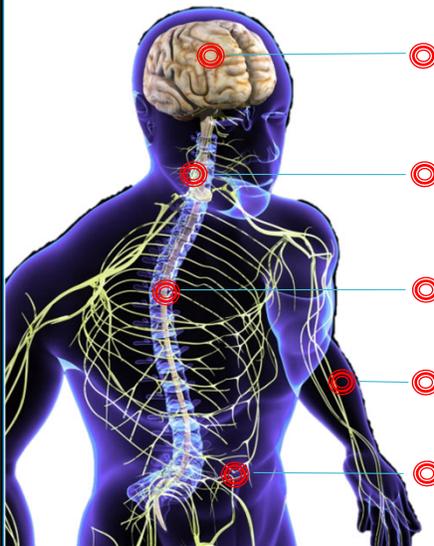
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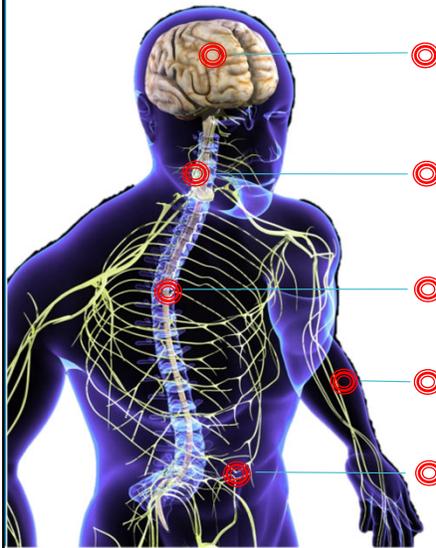
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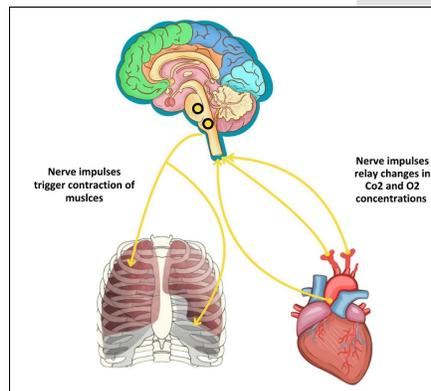
Opioid Overdose Causes

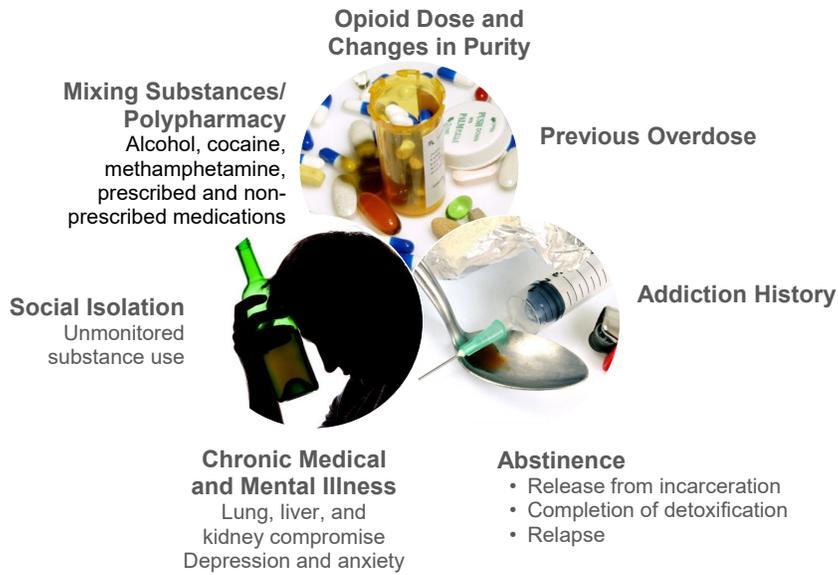
- Reduced sensitivity to changes in O₂ and CO₂ outside of normal ranges
- Decreased tidal volume and respiratory frequency
- Respiratory failure and death due to hypoventilation

Opioid Overdose Toxidrome Develops Over Seconds to Hours

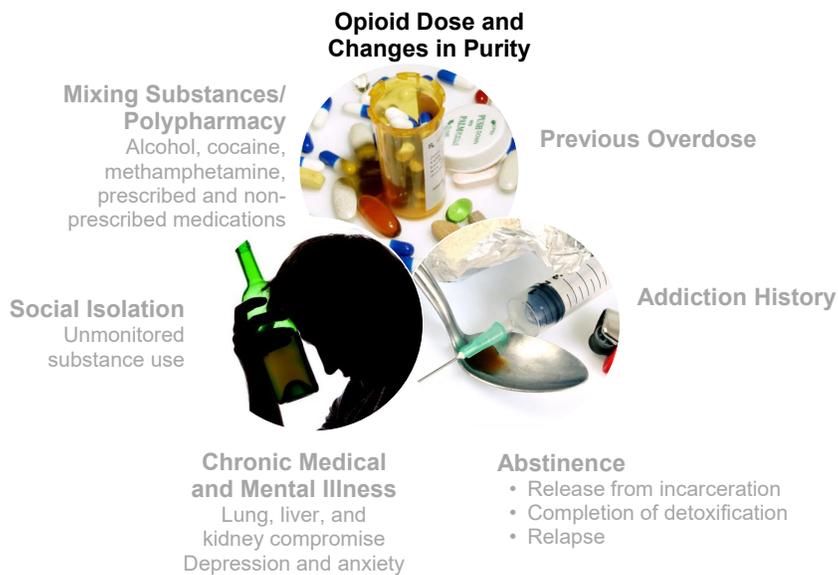
- Decreased respiratory rate, blood pressure, heart rate, body temperature
- Unresponsiveness
- Miosis – pinpoint pupils
- Blue/gray lips and nails

Opioid Overdose

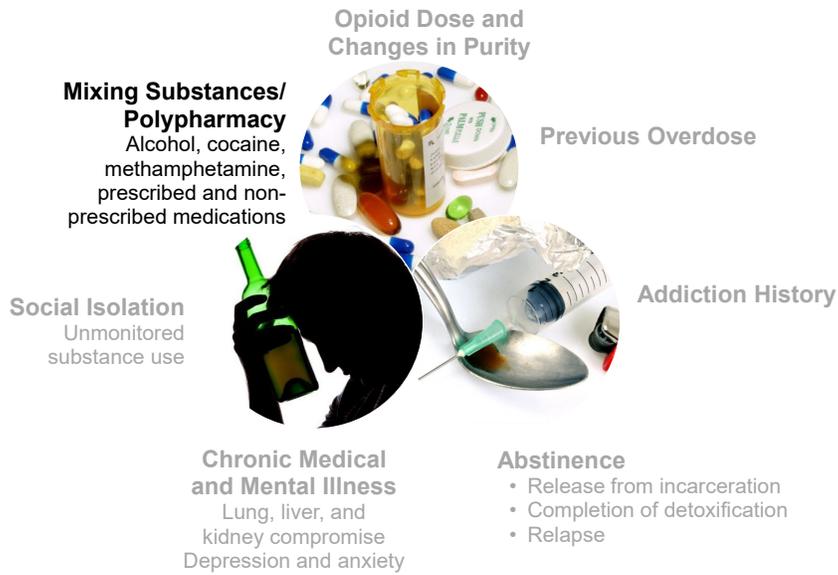




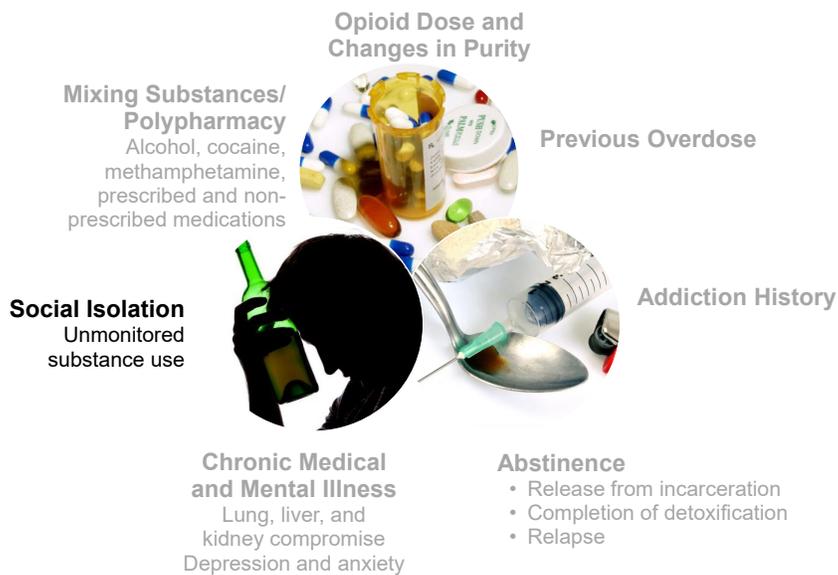
Common Risks for Opioid Overdose



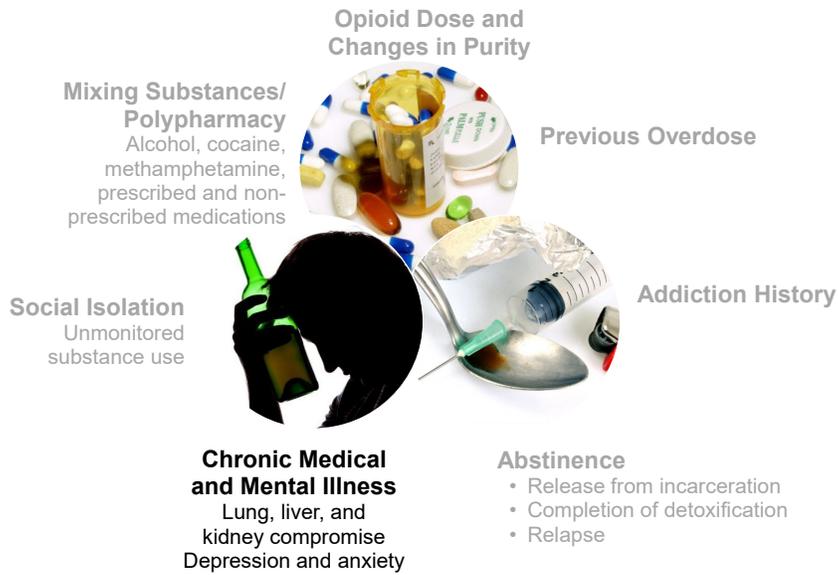
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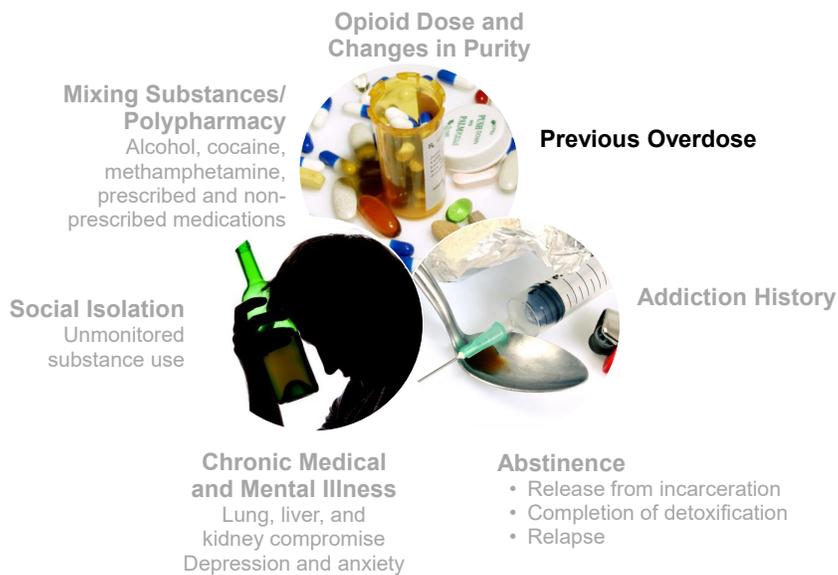
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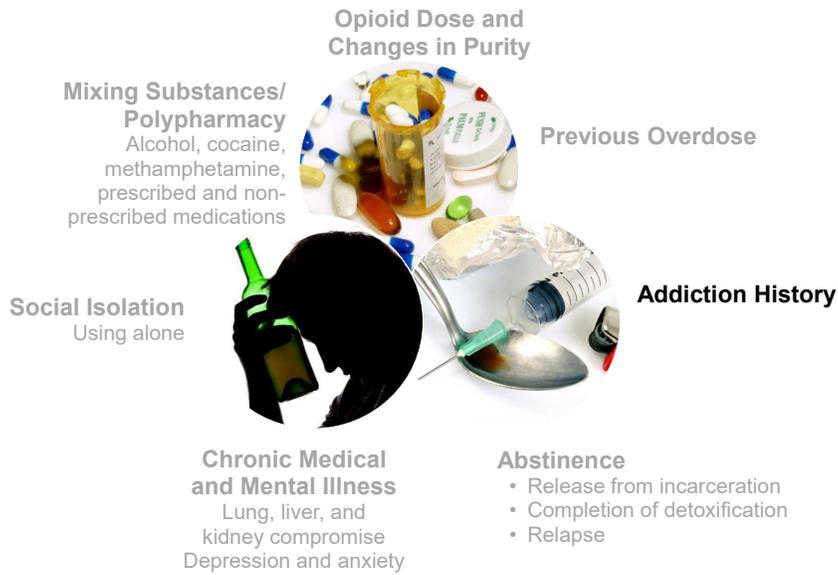
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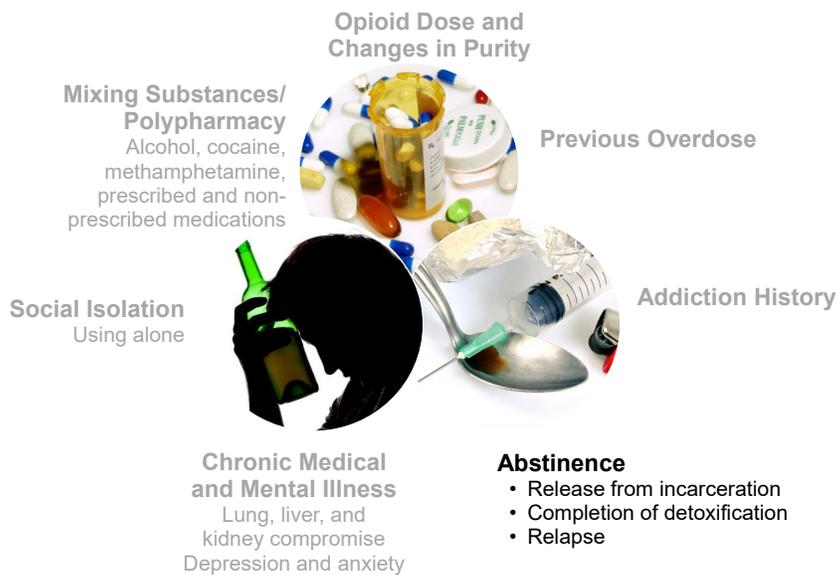
Common Risks for Opioid Overdose



Common Risks for Opioid Overdose



Common Risks for Opioid Overdose



Common Risks for Opioid Overdose

Taking an Overdose History and Making a Safety Plan

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- Review medications and check the prescription monitoring program
- Review medical and social histories
- Take a substance use history
- Take an overdose history
 - Where is the patient at as far as overdose?



For Prescribers:
Assess
Overdose Risk

as part of a
Patient's History

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Ask your patients:

- How do you protect yourself against overdose?
- How do you keep your medications safe at home?

And their loved ones:

- What is your plan if you witness an overdose in the future?
- Have you received training to prevent, recognize, or respond to an overdose?



Making a Safety
Plan with Your
Patients

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- **Test your drugs before using, when possible**
 - Fentanyl test strips
 - Community drug checking
- **Start low and go slow**
 - Use a small amount and give slowly to gauge potency
- **Have an overdose safety plan**
 - Use with other people present
 - Take turns to prevent simultaneous overdose
 - Have naloxone ready and a way to call for help
 - If using alone, connect with someone by phone or video to monitor while and immediately after using

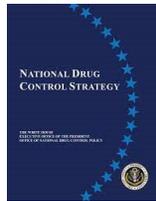
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Making a Safety
Plan with Your
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Overdose Response and Naloxone Rescue



Naloxone Access Endorsements for People at Risk for Overdose or who Know People at Risk for Overdose



Naloxone is available over the counter beginning 2023

- 3mg and 4mg doses of naloxone nasal spray are available for purchase over the counter in pharmacies and other retailers, in store and online, beginning in the Fall of 2023
- These can be obtained anonymously without providing identifiable information
- Insurance may cover with a copays of \$0 or higher. Health Savings or Flexible Spending Accounts may cover.



Naloxone HCl Nasal Spray, 4 mg – Emergency Treatment for Opioid Overdose – Rapid-Response Opioid Overdose Reversal, 2 Dose Single Use Nasal Spray

Visit the Padagis Store [4.7 \(8 reviews\) | 1/10/23](#) Search this page

\$33.99 \$112.00 / 11.00

prime Same-Day

Did you know? There's no annual fee for Prime Visa. Get a \$100 Amazon Gift Card instantly upon approval. [Learn more](#)

Brand

Special Feature Unscented

Item Weight 4 Milligrams

Item dimensions 3.74 x 1.75 x 5.91 inches

L x W x H

Product Benefits Single Use Spray

About this item

- **QUICK & EFFECTIVE:** Padagis Naloxone HCl Nasal Spray delivers a dose of naloxone, designed to provide quick and effective reversal of opioid overdose symptoms.
- **SIMPLE TO USE:** With a simple nasal spray mechanism, Padagis Naloxone HCl Nasal Spray is user-friendly, allowing for ease of use in emergency situations. Safe to use even when opioids aren't present.
- **COMPACT & CONVENIENT:** Each packet contains a nasal spray device and can be easily carried in pockets, purses, or emergency

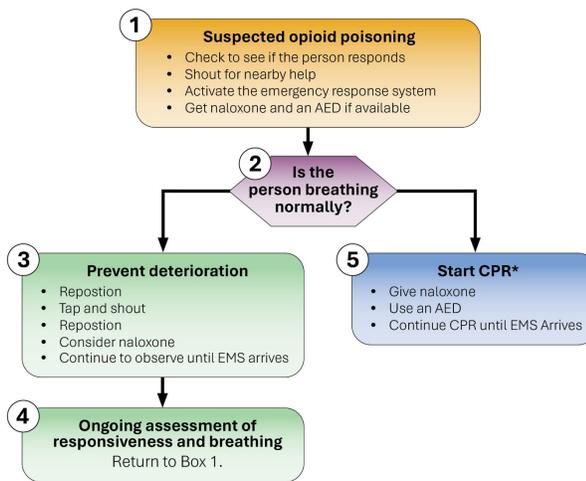
Steps to responding to an overdose with naloxone

Step 1: Is the person responsive?
->Get help

Step 2: Is the person breathing normally?
->Administer naloxone

Step 3: Monitor until help arrives and for repeat dosing
->Treat the survivor with kindness

Opioid-Associated Emergency for Lay Responders Algorithm



*Responders should perform compression and rescue breaths for opioids-associated emergencies if they are trained. Responders without formal training should perform Hands-Only CPR.

Step 1: Is the person responsive?
-> If not, get help

- First try, letting the know you are there to help and ask them if they are OK.
- Then, shake their shoulders and ask if they are okay
- Then, attempt a sternum rub



- Then, tell them you may have to give them naloxone to help them breathe
- **Shout for nearby help and activate the emergency response system (Call 911)**

- **IF they respond to any of these, they do not need immediate naloxone administration**



Step 2: Is this person breathing? If not, give naloxone

- While feeling, watch the person's chest to see if it is rising and falling
- If they are not breathing or the breathing is slow and they have signs of an opioid overdose, then:

Give naloxone



Signs of Opioid Overdose



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Is this person overdosing or just intoxicated?

INTOXICATED	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Clammy skin, blue lips, fingertips
Nodding	Heavy nod
Will respond to yelling, sternal rub, "verbal naloxone"	Not responsive

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Is this person overdosing or just intoxicated?

INTOXICATED	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling
Speech is slurred	Very infrequent or no breathing
Sleeping	Not responsive
Nodding	
Will respond to yelling, sternal rub, "verbal naloxone"	

Stimulate and observe

**Give naloxone
Rescue breathe
Chest compressions**

Step 2: Give Naloxone -> Nasal Spray



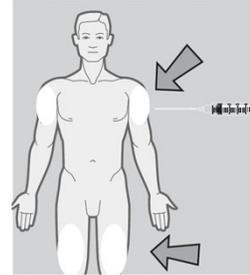
Step 2: Give Naloxone -> Intramuscular injection



Take the orange cap off the vial and stick the needle through the rubber stopper.



Draw all the fluid into the needle by pulling back on the plunger. Be sure the syringe fills with liquid — not air.



Inject the needle straight into muscle in the shoulder (like a flu shot) or into the front of the thigh. Push down on the plunger to empty the syringe. It is OK to inject through clothing.

Rescue Breathing

- Opioid overdoses **reduce breathing rate**
- Naloxone can **take time** to reverse this affect
- Meanwhile, a person will become **hypoxic**
- Hypoxia is **reversed using rescue breathing**

How to give rescue breaths:

1. Make sure there is nothing in the mouth
2. Tilt head back, lift chin, pinch nose
3. Give a breath every 5 seconds
 - watch for chest rise and fall
 - if not, recheck head is tilted and mouth is clear
4. Keep doing rescue breathing until the person breathes on their own or until medical help arrives



Masks for rescue breathing

- **Bag-valve masks (BVMs)**

- If regularly responding to overdoses, consider carrying
- To use a BVM effectively, training and practice are needed



- **Pocket mask**

- Creates a barrier
- Uses a one-way valve



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Chest compressions



Chest compressions are an alternative to ventilation and may reduce the risk of COVID-19 transmission, compared to mouth-to-mouth resuscitation.

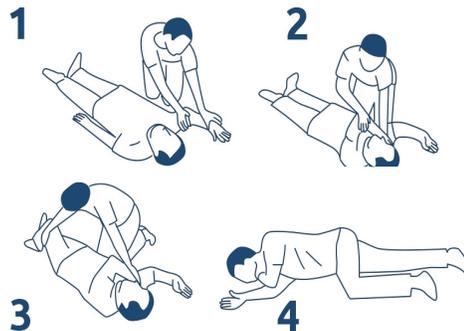
How to perform chest compressions (AFTER giving first naloxone dose):

1. Ensure that person is laid down flat on their back, on a firm surface
 - Knee pads can help responders with comfort
2. Place the heel of one hand on center of person's chest
3. Place the heel of other hand on top of first hand
4. Keep arms straight and shoulders directly over hands
5. Push straight down (hard!), and then quickly come back up
 - Compress the person's chest at least 2 inches
 - Let the person's chest rise between each compression
 - Compression rate: 100-120 times per minute (beat of Stayin' Alive – Bee Gees)
6. Stop every 3 minutes to give another naloxone dose
7. Repeat until help arrives

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Step 3: Monitor
until help arrives
and for repeat
dosing
->Treat the
survivor with
kindness

- After giving naloxone, continue to give a rescue breath every 5 seconds
- If the person is still not breathing after 3 minutes, give another dose of naloxone and continue rescue breathing
- Once the person begins breathing on their own, then put them in the **rescue position**, monitor their breathing, and wait for EMS



Treat the
survivor with
kindness

- Waking up from an overdose can be traumatizing and scary.
- Gently let the person know what happened and that they are safe and going to be OK.
- Give them physical space.
- Avoid arguing, shaming, blaming, or shouting.

**Naloxone can cause
withdrawal symptoms:**

Anxiety
Runny nose and eyes
Chills and muscle aches
Disorientation
Nausea and/or vomiting
Diarrhea

Overdose Rescue and Response with Naloxone

Jeffrey Bratberg,
PharmD, FAPhA
Clinical Professor
Department of Pharmacy
Practice and Clinical Research
University of Rhode Island
College of Pharmacy



Addressing Barriers to Naloxone Distribution

- Before starting and periodically during continuation of opioid therapy, clinicians should **evaluate risk for opioid-related harms and discuss risk with patients.**
- Clinicians should work with patients to incorporate into the management plan strategies to mitigate risk, **including offering naloxone.**

The Centers for Disease Control and Prevention

2022 *Clinical Practice Guideline for Prescribing Opioids for Pain*



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<https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html> Accessed on 5 February 2025.

3

3

Education / Awareness

- Standing order rules
- integration into pre- and post-licensure training

Pharmacy Stocking

- Recalls / Shortages
- Refusal to stock / Limited formulations stocked

Cost

Stigma

- Public / Caregivers
- Pharmacists / Prescribers
- Patients

Access by High-Risk Populations

- Criminalization of drug use
- Corrections OEND limitations
- Lack of harm reduction and syringe service programs

Health Records Integration

- Electronic health record (EHR) / prescription record integration
- Prescription drug monitoring program (EHR & naloxone integration)

Barriers



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4

4

“I’ve learned that even if I have personal beliefs, it’s the patients’ safety that matters the most, so I need to put my personal beliefs aside and promote and dispense naloxone for the safety of others. I will do my duty as a pharmacist to promote the health and well-being of the community as a whole and that means doing my part in spreading awareness about naloxone.”

– UNM Student Pharmacist

“I believe we have to, as pharmacists, expand what we’re doing instead of just pill pushers, per se. We have to really help, pretty much help the healthcare system out and perform these services [counsel on overdose prevention] which we could easily perform and pretty much it would be a lot more convenient for people, too ... I mean, that’s what we were trained to do. And it would be nice to actually use some of those skills.”

– Pharmacist, PRI231, p17

Bachyrycz A, et al. *Curr Pharm Teach Learn*. 2019 Feb;11(2):166-171.
Zaller ND, et al. *Subst Use Misuse*. 2013 Jun;48(8):590-9.

Pharmacist Responsibility for Overdose Prevention

5

Many factors contribute to the problem.



- Most (71%) of Medicare prescriptions for naloxone required a copay compared to 42% for commercial insurance
- Primary care providers only prescribed about 2 naloxone prescriptions for every 100 high-dose opioid prescriptions
- Naloxone dispensing is 25 times greater in the highest-dispensing counties than the lowest

CDC Opioid Prescribing Guideline: <https://bit.ly/2howXqN>
HHS Opioid Guideline: <https://bit.ly/2EEh8YO>
<https://www.cdc.gov/vitalsigns/naloxone/index.html>

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NALOXONE Available for Over-the-Counter (OTC) Purchase

Naloxone (also known as Narcan®) is a safe medicine that can reverse an opioid overdose – such as an overdose caused by fentanyl or heroin. In addition to being available through community-based organizations and pharmacies, naloxone is now available for over-the-counter purchase.



QUESTIONS?
Contact your healthcare provider or pharmacist.

THREE WAYS TO GET NALOXONE:

COMMUNITY ACCESS	PHARMACIES	OVER THE COUNTER
FREE	COVERED BY MOST HEALTH INSURANCE Co-pays may vary. Medicaid co-pay is \$0.	RETAIL PRICE IS EXPECTED TO BE \$40 to \$50
Intranasal spray and/or vial for injection	Intranasal spray and/or vial for injection	Intranasal spray
No identifiable patient information on product packaging. Visit PreventOverdoseRI.org/get-naloxone to order directly and receive from US mail or find information on home delivery and walk-in services from: <ul style="list-style-type: none"> Recovery community centers Harm reduction organizations Harm reduction vending machines 	Product includes a label with the patient's name. Can receive at a local pharmacy with or without a prescription. Often available through home delivery and drive-through pharmacies.	No identifiable patient information on product packaging. Beginning in fall 2023, anyone can purchase naloxone over the counter at pharmacies and other retailers both in store and online.



PREVENT OVERDOSE RI

THE UNIVERSITY OF RHODE ISLAND | COLLEGE OF PHARMACY

The Rhode Island Good Samaritan Law provides certain legal protection when you call 911 when someone is overdosing, whether you have drugs on you or not.



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<https://health.ri.gov/sites/g/files/xkqbur1006/files/publications/factsheets/three-ways-to-get-naloxone.pdf> accessed on 5 February 2025.

Naloxone formulation and dosing, adverse events, and fentanyl response

FDA Approved Medications for Opioid Overdose

PREFERRED

**NALOXONE
(NARCAN, RIVIVE)**



- AVAILABLE THREE WAYS**
- Community access ~\$0
 - Over-the-counter - \$30-45
 - Prescription ~\$0-50

PRO

- First-line for opioid overdose (including fentanyl)
- Known safety profile in real world setting.
- Low cost (FREE)

- PRECIPITATED WITHDRAWAL DURATION**
- 30-40 minutes

ALTERNATIVE TREATMENTS

**HIGH-DOSE
NALOXONE**



- PRESCRIPTION ONLY**
- Kloxxado ~\$141
 - Zimhi ~\$141

PRO

- More milligram per dose

CON

- Risk for severe precipitated withdrawal
- Limited real world data
- More expensive

- PRECIPITATED WITHDRAWAL DURATION**
- 30-40 minutes

**NALMEFENE
(LONG ACTING)**



- PRESCRIPTION ONLY**
- OpVee ~\$113

PRO

- Smaller risk of recurrent respiratory depression

CON

- Risk for prolonged precipitated withdrawal
- Limited real world data
- More expensive

- PRECIPITATED WITHDRAWAL DURATION**
- 6-11 hours

PRECIPITATED WITHDRAWAL SYMPTOMS:

AUTONOMIC SURGE- ELEVATED HEART RATE, BLOOD PRESSURE, NAUSEA/VOMITING (ASPIRATION RISK), DIARRHEA, MUSCLE CRAMPS, AND ANXIETY

CREATED BY ELISA PIRAINO, URI PHARM D '24

ALL DRUG PRICING - GOODRX.COM (ACCESSED ON NOVEMBER 6, 2023)



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INTRAMUSCULAR VIAL & PRE-FILLED SYRINGE
0.4 mg/1 mL



SINGLE-STEP NASAL SPRAY
4 mg/0.1 mL and 3 mg/0.1 mL



MULTI-STEP NASAL SPRAY
2 mg/2 mL



Preferred Types of Naloxone

Dispense:
2 doses

Regimen:
1-2 doses
2-3 minutes apart



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A more powerful naloxone is on the way. The question is whether it's needed.



“There’s a paranoia that comes with the emergence of new drugs in the U.S. that repeatedly leads to warnings about potency that are unhinged from the practical experience of people who use drugs,” said Nabarun Dasgupta, an epidemiologist who studies naloxone at the University of North Carolina’s Gillings School of Global Public Health.

“Biomedically, the solutions we have with naloxone work. It may take some patience and some skill. But those are things that can be taught and learned.”

<https://www.washingtonpost.com/health/a-more-powerful-naloxone-is-on-the-way-the-question-is-whether-its-needed/2021/05/17/> Accessed on 5 February 2025.

INTRAMUSCULAR VIAL & PRE-FILLED SYRINGE
0.4 mg/1 mL & 5 mg/0.5 mL



SINGLE-STEP NASAL SPRAY
3 mg, 4 mg & 8 mg formulations



Higher
Potency
Naloxone
Formulations

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Reasons to develop, approve, and use higher dose naloxone formulations

- Unrelenting overdose crisis
- Naloxone safety and efficacy
- Availability bias
- Responder panic
- Media reporting and consumption

Why higher dose formulations are not needed

- Newer formulations not titratable
- Potential for longer, more severe precipitated withdrawal → less naloxone use/possession
- Need not driven by harm reduction organizations nor people who use drugs
- **No relationship between fentanyl (+) and doses admin**
- 1-2 doses/reversal still effective in fentanyl-related overdoses

Factors Involved in Higher Dose Naloxone Need

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Characteristic Reported	8 mg n=101 (%)	4 mg n=253 (%)	RR (95% CI)	P-value
Survived	100 (99)	248 (99.2)	0.81 (0.07-8.99)	0.86
Perceived Anger or Combativeness	11 (10.9)	20 (7.9)	1.42 (0.66-3.09)	0.37
Opioid withdrawal sign or symptom: Nausea, vomiting, "sick feeling"	38 (37.6)	49 (19.4)	2.51 (1.51-4.18)	<0.001

Comparison of Administration of 8-Milligram & 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023

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American College of Medical Toxicology and the American Academy of Clinical Toxicology:

Nalmefene should not replace naloxone as the primary opioid antidote at this time

Recommendations on Use of Nalmefene

- Continue to recommend naloxone as the **preferred first- line agent** until, and if, more robust clinical and cost data are available to support the routine use of nalmefene.
- **Conduct additional clinical studies of nalmefene** (via the intravenous, intramuscular and intranasal routes) to determine the effectiveness of the drug in its anticipated clinical setting (overdose patients in hospital and out-of- hospital environments).
- **Evaluate important safety endpoints for nalmefene use**, particularly related to complications of opioid reversal, such as acute respiratory distress syndrome and prolonged precipitated withdrawal.
- **Perform comparative studies with naloxone** to determine differences in effectiveness, adverse outcomes, effect on emergency department length of stay and other relevant clinical measures, effect on initiation of medications for opioid use disorder, medication and healthcare cost and overall resource utilization.

Stolbach AI, Mazer-Amirshahi ME, Nelson LS, Cole JB. American College of Medical Toxicology and the American Academy of Clinical Toxicology position statement: nalmefene should not replace naloxone as the primary opioid antidote at this time. *Clinical Toxicology*. Published online 2023;1-4. doi:[10.1080/15563650.2023.2283391](https://doi.org/10.1080/15563650.2023.2283391)

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	Naloxone 4mg (Narcan nasal spray)	Nalmefene 2.7 mg (Opvee nasal spray)
Onset of effect	2 to 3 minutes	5 to 10 minutes
Duration of action	1 hour	4 to 24 hours
Half life	1 to 2 hours	8 to 11 hours
Age limit	No age limit	Approved only for patients 12 and older
Status	Prescription or over-the-counter	Prescription only
Dosage/ administration	1 spray into 1 nostril Repeat in 2 to 3 minutes if needed	1 spray into 1 nostril Repeat in 2 to 5 minutes if needed

Naloxone

Vs.

Nalmefene



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Opvee (Nalmefene) [package insert]:Santa Monica, CA: Opiant Pharmaceuticals, Inc; 2023. Stolbach AI, Mazer-Amirshahi ME, Nelson LS, Cole JB. American College of Medical Toxicology and the American Academy of Clinical Toxicology position statement: nalmefene should not replace naloxone as the primary opioid antidote at this time. *Clinical Toxicology*. Published online 2023;1-4. doi:[10.1080/15563650.2023.2283391](https://doi.org/10.1080/15563650.2023.2283391)

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FACTS



Family members of people at risk of overdose are highly motivated to obtain and use naloxone

Good Samaritans, people who live, work with, and care about people who use opioids all may ask for naloxone at the pharmacy

Most people who died from opioid overdose in one state had visited a pharmacy for opioid prescriptions in the month prior to death

Heroin users who had access to naloxone decreased their drug use and accessed treatment more frequently

Essential Naloxone Facts



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FACTS



Serious Effects: Although serious adverse events have been reported from naloxone, **most events are related to opioid withdrawal**

Side Effects: Naloxone has **no adverse effects**, in people who have **no opioids** in their body

Education: Naloxone users can be effectively trained in minutes

Storage Issues: No changes in naloxone drug concentration followed exposure to heat or freeze-thaw cycles for up to 28 days compared to room temperature maintenance

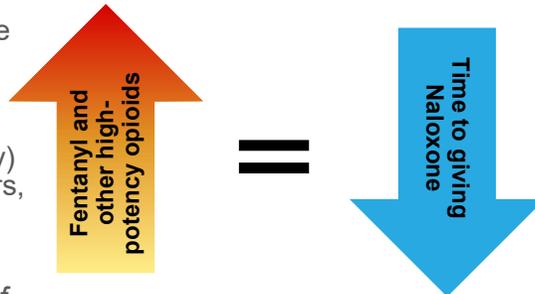


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- Fentanyl acts in seconds to minutes, so administration of naloxone needs to be faster
- When respiratory depression (a breathing emergency) due to fentanyl occurs, the faster the first dose of naloxone is administered, *the greater the chance of benefit and lives saved*



Fentanyl and Naloxone

- **Carry naloxone**
- **Tell others where it is**
- **Keep it handy**



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Addressing Fentanyl Misinformation

- Fentanyl **not absorbed** by the skin in powder form, nor can it be easily aerosolized to cause an inhalation danger
- Responders can display symptoms of panic attack – hyperventilation, nervousness, sweating
 - These are the exact opposite symptoms of opioid overdose and resolve on their own
- Universal Precautions: Both fentanyl and xylazine can be handled safely using standard precautions
 - *Gloves, Sharps safety, Masks/Eyewear, Bag Valve Masks*
 - *Avoid hand sanitizer*



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Feldman R, Weston BW. Accidental Occupational Exposure to a Large Volume of Liquid Fentanyl on a Compromised Skin Barrier with No Resultant Effect. *Prehospital and Disaster Medicine*. Published online 2022:1-3. doi:[10.1017/S1049023X22000905](https://doi.org/10.1017/S1049023X22000905)

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Addressing Fentanyl Misinformation

“Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date,

we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids.”

Moss MJ, Warrick BJ, Nelson LS, et al. ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. *J Med Toxicol.* 2017;13(4):347-351. doi:[10.1007/s13181-017-0628-2](https://doi.org/10.1007/s13181-017-0628-2)

ACMT & AACT
Position
Statement:
Preventing
Occupational
Fentanyl and
Fentanyl
Analog
Exposure to
Emergency
Responders



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Better Provider-Patient Communication

Offering a naloxone prescription can increase communication, trust and openness between patients and providers

“By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way.”

– *San Francisco primary care provider*

Naloxone can increase:

- Communication
- Trust
- Openness



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San Francisco Department of Public Health. Opioid Stewardship and Chronic Pain: A Guide for Primary Care Providers. San Francisco, CA. October 2017. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-OpioidStewardshipChronicPain.pdf> Accessed on 15 June 2021.

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- Only take prescription opioids prescribed to you and as directed
- If you have a problem with opioids, I can help you be safer and find treatment
- Ensure your prescribers and pharmacists know of all medications you are on
- It's best not to mix opioids with other drugs or alcohol



For Patients:
How to Prevent
Overdose



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- Be extra careful if you miss or change doses, feel ill, or start new medications
- Store medication in a safe and secure place; appropriately dispose unused medication
- Abstinence - not taking opioids for a period can reduce tolerance and increase overdose risk
- Teach friends/family how to respond to an overdose and the role of naloxone in an overdose

For Patients: How to Prevent Overdose



Give the person accurate, specific, personalized information that makes sense to them, allow them to make "informed consent"

"Your _____ (medications/alcohol use/ conditions/other factors) significantly increase your risk of a breathing emergency."

Use analogies that are visceral and understandable

"Naloxone as a "fire extinguisher", it does not cause you to start a fire, but is there if the fire starts accidentally."



=



Key Communication Skills

1. Discover and validate concerns or beliefs to avoid face loss; listen and avoid arguing with patient/caregiver

- “I hear that from a lot of people.”
- “That is a common concern that people have about _____.”
- “It sounds like you have done a lot of research on _____.”
- “It seems that you are concerned about _____.”
- “It sounds like you had a bad experience with _____.”

Refer to overdose as a “breathing emergency” when someone is resistant to messages of their personal risk of overdose

Use of Motivational Interviewing (MI) for Opioid Use Disorder

Key Steps

- The word “overdose” may have negative connotations and prescription opioid users may not relate to it

Some patients have overdosed and don’t realize it

- Out of 60 patients on opioid therapy for pain, 22 (37%) had stopped breathing or required help to be woken up due to opioids

45% of these patients denied overdosing calling it a bad reaction

Communicating with Patients About Naloxone

Key Steps of MI

2. Ask permission before giving information

- “Would it be OK if I gave you some information about _____?”
- “Would it be OK if I talk to you about your _____?”

3. Ask for patient/caregiver thoughts on the new information

4. Address concerns and reframe when needed:

- “So you’re wondering...” “That’s a great question...”
- Conditional commitment: “It sounds like if X could be managed/avoided/provided you would consider Y...”

Common Mistakes to Avoid

Discrediting inaccurate information or myths that a person believes, without first validating that you heard the information, and assuring the patient it is not “wrong” or “crazy” or “stupid”

Belief that naloxone is only for people who overdose on heroin (stigma)

Not explaining in enough detail for people to really understand their condition/risk

“I take my medications as prescribed, why would I be at risk for an overdose?”

“Sugarcoating” or not stating the potential risk of overdose/other risks

Combination benzodiazepine + opioid is not “a little risky...”

Addressing naloxone misinformation

Does naloxone distribution increase drug use?



Naloxone



Risk
Compensation
and Moral
Hazard

Addressing naloxone misinformation

Naloxone distribution does not increase drug use



Naloxone



Risk
Compensation
and Moral
Hazard

SUBSTANCE USE

Things to consider

- 1 Addiction is a chronic medical condition. It is not an indication of a lack of morals, courage or willpower.
- 2 A substance use condition is a chronic disease, like type 2 diabetes or asthma. Like other diseases, it can be managed with treatment that is appropriate to the condition, such as medication, counseling, and/or behavioral therapies.
- 3 Treatment for substance use conditions, like treatment for other conditions, is sometimes met with setbacks. When this happens, the setback can be part of the treatment process.
- 4 Sharing success stories and highlighting that treatment is available can encourage people to seek help.

SAY:

a person with a substance use condition, has a substance use condition

person in recovery

opioid use disorder

substance use

living with an addiction

addressing the drug overdose crisis

experienced a recurrence of symptoms, had a reoccurrence

medication used to assist individuals with a substance use condition, medication for opioid use disorder

medication is a treatment tool

person arrested for a drug violation

stayed substance-free

tested positive

DON'T SAY:

addict, junkie, druggie, drug user, user, has a substance use disorder

former addict/alcoholic, recovered addict/alcoholic, reformed addict/alcoholic

opioid abuse

drug abuse, substance abuse

battling/suffering from an addiction

combatting the opioid crisis

non-compliant, bombed out, relapsed

medication-assisted treatment, medication for addiction, medication for opioid addiction

medication is a crutch

drug offender

stayed clean

had a dirty drug screen

<https://bhdh.ri.gov/sites/g/files/xkqbur411/files/2022-07/WordsMatterGuide%2007.05.2022.pdf> Accessed on 5 February 2025.

**Non-Judgmental Language
"Words Matter"**



How Stigmatizing Language Impacts Treatment



Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *Int J Drug Policy*. 2010;21(3):202-207.

Pharmacist Offers Universal Screening

“We offer naloxone to everyone who takes these medications.
I can answer your questions and tell you how to use them.”

Patient and Caregiver Requests

“Where can I get naloxone?”

Do your part!

Actively offer naloxone and honor requests

Prescriptions

- Any opioid prescription > 50 MME
- Has prescription for both IR and ER opioid
- Any risky opioid/benzodiazepine combination
- Any buprenorphine product, particularly OUD treatments

Patients

- Previous naloxone use
- Opioid Use Disorder diagnosis
- Opioid Overdose
- Substance Use Disorder (SUD)
- Alcohol Use Disorder (AUD)
- Mental health conditions
- Respiratory or neurologic conditions that affect breathing

Populations

- Friends and family of those at risk
- OTC syringe buyers
- People entering/leaving:
 - Opioid treatment
 - SUD treatment
 - Correctional institutions
 - Behavioral health

Offer Naloxone for Higher Risk Scenarios

» Safety Policies

As service providers and public health professionals who work with people who use drugs, we know that sometimes people use drugs in our facilities. Particularly in the case of injection drug use, a bathroom or other private area at a trusted services agency may be the safest and most secure location when the alternative is using outdoors, in business bathrooms, or similarly problematic places.

Many programs, and even businesses, have taken steps to improve safety and hygiene in places where people might use drugs. The first goal is to protect clients and staff. When done thoughtfully, such strategies can also foster therapeutic relationships by promoting open and frank dialog with drug using clients.



Examples of steps that can be taken include:

- Training staff on overdose response including the use of naloxone, equipping spaces or individuals with overdose rescue kits, and adopting policies and procedures for overdose management. *This is a sample policy developed for on-site overdoses – it was created for pharmacies, but can easily be adapted to different venues.*
- In an annual survey, 17% of pharmacists in Rhode Island and Massachusetts reported having responded to an overdose at their practice site
- 34% had a protocol in place for responding and knew where to find it
- Having a protocol and knowing where to find it is associated with greater comfort in providing naloxone education to patients

Green TC, Soipe A, Baloy B, et al. Subst Abus. 2020 Mar 18:1-5.

On-site Overdose Response Protocol



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Legal Environment

Corey Davis, JD, MSPH
The Network for Public Health Law



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Naloxone Legal Environment

1. What is the legal landscape?
2. What is 3rd party prescribing?
3. What about dispensing to patients who have not seen a prescriber?
4. How does community distribution work?
5. What about legal liability?

2

What is the basic legal landscape regarding prescribing and dispensing naloxone?



3

Several naloxone formulations are now available over the counter (OTC)

Over the counter naloxone has the same legal status as other OTC medications

While OTC naloxone may improve access for some individuals, it may create financial barriers for others

Insurance coverage of OTC naloxone may vary. In many cases it may be covered under a standing order

Prescription naloxone continues to be available and may be a better option for some individuals and organizations

Naloxone Legal Overview

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Prescribing to your own patient is fully consistent with state and federal law

Risk of liability is no higher than with other medications, and likely lower than many

All states have passed laws further limiting naloxone-related liability

Most states permit naloxone prescription to third parties and via standing orders and similar mechanisms

Most states permit naloxone to be distributed by individuals not otherwise permitted to distribute medications



*Davis CS, Carr D, Southwell J, Beletsky L. *Engaging Law Enforcement in Overdose Reversal Initiatives: Authorization and Liability for Naloxone Administration*. American Journal of Public Health 2015; 105(8):1530-7.

Naloxone Legal Overview



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What is third-party prescribing of naloxone?



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Regular prescribing flow looks something like this:



Third party prescribing permits the prescriber to **skip directly to step 3**, the prescribing of the appropriate medication

Third Party Prescribing



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- Many patients at risk of overdose are not seen by a clinician due to:
 - Expense, particularly for uninsured/underinsured individuals
 - Stigma, shame
 - Lack of knowledge
 - Lack of access to providers
- Often, a family member or friend will seek assistance from a trusted practitioner. Third party prescribing permits those practitioners to prescribe naloxone to that individual, even though they aren't the person at risk.

Third Party Prescribing



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- Legal risk of third party prescribing is no different than traditional prescribing
- Typically, prescription is in name of person who will be called on to help (friend, family member)

Third Party Prescribing



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- As of May 2024, 18 states mandate that naloxone be prescribed or offered in certain situations
- Eleven states (AZ, AR, FL, IN, NJ, NM, NY, RI, VT, VA, WA) require certain medical professionals to *prescribe* naloxone in some circumstances, while seven states (CA, CO, IL, KY, OH, SC, TN) only require that a prescriber or pharmacist *offer* naloxone
- Circumstances that trigger these requirements vary from state to state, but most are related to co-prescribing of opioids or where the patient is at increased risk of overdose

Naloxone Prescription Mandates



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Network for Public Health Law, Naloxone prescription mandates. Available at <https://www.networkforphl.org/wp-content/uploads/2023/09/2024-Fact-Sheet-Naloxone-Prescription-Mandates.pdf>

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Is it possible for pharmacists to dispense naloxone to patients who haven't first seen a prescriber?



As noted before, some naloxone products are now available OTC

In addition, pharmacists may dispense Rx naloxone w/o patient first seeing another prescriber via one or more mechanisms:

- Pharmacist prescribing
 - Permitted in 13 states as of 2024 (AK, CT, CO, HI, ID, ME, MN, ND, NM, OK, OR, VT, WY)
- Statewide protocols or standing orders
 - Permitted in 47 states

Pharmacist Practice

- Standing orders and protocol orders are non-patient specific prescriptions
- They authorize naloxone to be dispensed to any person who meets specified criteria, as opposed to a named patient
- 47 states explicitly permit prescription and dispensing of naloxone via one of these mechanisms
- In at least 23 states standing orders for naloxone distribution have been issued by a state official, and pharmacy chains have issued them for their pharmacies

Standing Orders and similar mechanisms



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How does community distribution work?



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Thirty-nine states permit Rx naloxone to be distributed by laypeople

Liability protections generally apply to community distribution just as traditional dispensing

In most states, naloxone can be distributed outside of medical settings via standing orders

OTC naloxone can generally be freely obtained and distributed by anyone

Community-Based Distribution



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Does state law address concerns related to legal liability?



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Nearly every state provides civil and/or criminal immunity to naloxone prescribers, dispensers, and administrators

- Prescriber civil immunity: 43 states
- Dispenser civil immunity: 43 states
- Lay administrator civil immunity: 48 states

Lack of explicit immunity does not mean naloxone activity is problematic, only that general rules apply



Addressing Naloxone Liability Concerns



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Overdose bystanders often do not call 911

- Sometimes people are afraid of getting arrested for drugs that they may have, or because they may be on probation or parole
- Many times they don't want to get the person who overdose in trouble, even if they themselves have nothing to fear



Overdose Good Samaritan Laws



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- D.C. and every state except Wyoming have a law that provides limited criminal immunity to Good Samaritans who summon help in an overdose
- This immunity is typically limited to minor drug-related crimes, but recent laws are more protective
 - Many states now provide protection from violations of probation and parole
 - Maine provides protection from all but a list of enumerated offenses
- Education and buy-in is sometimes lacking



Overdose Good Samaritan Laws



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- Naloxone prescription, distribution, and administration is now a very mainstream activity
- Naloxone is often available in the community, but medical providers still play an important role
- OTC naloxone removes many barriers, but may increase costs in the pharmacy setting
- Legal risk of prescribing/dispensing naloxone is no higher than any other medication, and may be lower

Review of Legal Environment



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