Overdose Prevention and Response Training: Lessons from Rhode Island

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Accidental Drug Overdose in RI July 2013 - Feb 2015

- Total accidental drug deaths
- Opioid of any type
- Fentanyl of probable illicit source

Source: RI Office of State Medical Examiner
Training

- Do we need training in overdose recognition and response, or can the product speak for itself?
- Who needs training, and in what? How much training is needed?
- How do we measure training? Should we evaluate?
**Need for training:** *Overdose prevention is more than naloxone distribution and administration*

- Counsel on risks to self, network, household & protective behaviors that can be undertaken

  **PWID:** start low, go slow  |  **Prescriber:** consider buprenorphine prescribing  |  **Pharmacist:** encourage Rx disposal unit at pharmacy  |  **Law enforcement:** Apply Good Samaritan Law

- Clarify roles before, during, after overdose emergency
- Can connect to care, seek services
- Underscores connection to trainer
- Behavior change theories clearly indicate utility
- Reiterate rescue breathing & calling 911
- Review of relevant state laws (Good Samaritan, naloxone-specific)
- Simulations show affordable products not intuitive, but trainings are beneficial, effective
# Who needs training, and in what?

<table>
<thead>
<tr>
<th>Training Approach</th>
<th>Specification</th>
<th>Training goals beyond naloxone use</th>
<th>Length of training</th>
</tr>
</thead>
</table>
| Universal         | Pharmacy: patient initiated (*can I have some naloxone?*) or pharmacist initiated (*would you like some naloxone today?*) | • Overdose recognition  
                    • Reduce stigma | • 5-10 minutes |
Populations at Risk

- People using opioids at risk of overdose
- People using heroin/misusing opioids, not by injection
- PWID/network not using harm reduction services
- PWID/network use harm reduction services

Universal

Targeted
RI Trainings For Active Drug Users, Family, Friends

- Long-standing program
- Located in urban setting, grassroots effort
- Distributes lowest cost formulation, for free, to highest risk individuals
- Trains in prison/jail, outreach, & other places as needed
- Partners with recovery centers, hospital
- Limitations
  - Volunteer-based, geographic reach, limited use by non-PWID/newer users
  - Operated as pilot study under IRB
  - Sensitive to cost of naloxone

Certified Recovery Coaches counsel nonfatal overdose survivors at bedside, train in Nlx, connect to treatment/recovery supports post discharge

Pharmacists provide naloxone upon request, initiate prescription
Pharmacy Naloxone Access Models

Patient or Other Authorized Recipient Sees Provider

- **Pharmacist**
  - Trained in overdose prevention

- **Prescriber**
  - (MD, DO, NP, PA)

Screening for Risk Factors (prescription or medical history, protocol criteria, physical exam)

- Provides Nlx
  - Via Collaborative Practice Agreement w/ Prescriber
    (e.g., WA, RI)
  - Patient/Other Authorized Recipient Consents to CPA

- Provides Nlx
  - Via Standing Order Issued by Prescriber
    (e.g., VA, GA)

- Provides Nlx
  - Via Protocol Order
    (e.g., CA, NV)

- Prescribes Nlx
  - (e.g., NM, ID)

- Prescribes Nlx
  - (all states)
  - Rx filled by Pharmacist

Product Selection and Dispensing

- Rx filled by Pharmacist

Billing, Overdose Patient Education and Medication Counseling

Documentation of Medication Receipt Per Protocol, Agreement, Law
RI Collaborative Practice Agreement for Naloxone

- Established fall 2012, pilot 2012-2013, state-wide fall 2013
- All Walgreens (26 stores, 95 pharmacists), All CVS (63 stores, 295 pharmacists), independent, hospital pharmacies
- Naloxone on Medicaid, private insurer formularies
Professionals: Prescribers and Pharmacists

- Continuing medical education
  - Addressing naloxone in context of safe opioid prescribing CME
  - Focused training on naloxone prescribing, dispensing

Safe Opioid Prescribing: Maximizing Benefits and Minimizing Risks

Rhode Island has one of the highest opioid-overdose rates in the country. Learn how to safely prescribe opioids using evidence-based practices.

This CME course is designed to provide prescribers basic tools to safely prescribe opioids using an SBIRT (Screening, Brief Intervention and Referral to Treatment) approach to managing pain and prescription opioid abuse.

Date: Saturday, June 6, 2015
Time: Registration 8:00 am – 9:30 am - 12:30 pm (ET)
Where: Butler Hospital, Ray Hall
345 Blackstone Blvd., Providence, RI
Who: Physicians, dentists, and other health professionals
Fee: $25

Educational Objectives:
After completing this training, participants should be able to:
1. Describe negative consequences that may occur in patients who receive prescriptions for opioid medication
2. Perform an initial assessment and baseline measurement of a patient requesting opioid therapy
3. Implement a monitoring framework to protect the safety of patients receiving ongoing opioid therapy
4. Address concerning behaviors of patients on chronic opioid therapy
Training results: Prescribers, Pharmacists

- **RI:** 363 pharmacists trained, 96% retail pharmacy
- **Prescribe to Prevent:** 620 pharmacists trained
- **1253 Prescribers trained, 81% MDs**

### Anticipated Barriers, post training

<table>
<thead>
<tr>
<th>Pharmacists</th>
<th>Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None</td>
<td>• “Patient's unwillingness to listen, adherence, education”, “Knowledge among caregivers”, stigma</td>
</tr>
<tr>
<td>• “Patients reaction to information provided to them...defensive”</td>
<td>• “It’s a new concept so just making people understand that it’s ok to prescribe naloxone and it DOESNT mean you are assuming your patient is going to overdose.”</td>
</tr>
<tr>
<td>• “Patients being afraid to discuss kits”</td>
<td>• Co-pay responsibilities and insurance coverage limiting factor</td>
</tr>
<tr>
<td>• Corporate policies</td>
<td>• Logistics of clinic visit too short to discuss and train on naloxone</td>
</tr>
<tr>
<td>• “Finding an MD or practitioner who prescribed the Nlx in a timely manner”</td>
<td>• Staff acceptance</td>
</tr>
<tr>
<td>• Cost/billing/insurance</td>
<td></td>
</tr>
<tr>
<td>• Time/business of pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Overcoming hesitancy to discuss these issues</td>
<td></td>
</tr>
<tr>
<td>• Community being unaware of Nlx availability</td>
<td></td>
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</tbody>
</table>
Health press release: Walgreens pharmacy Nlx program, Good Samaritan Law noted

CVS Pharmacy Nlx program, Emergency Dept Recovery Coach program

Acetyl Fentanyl Outbreak: community naloxone, pharmacy pilot
Extant videos did not address specific risks, inappropriate for prison viewing, “triggers” (Green et al., 2014)

19-minute DVD: *Staying Alive on the Outside*
- Social learning theory, peer stories
- Documentary film maker (G. Hildebrand)
- Adult learning principles, low literacy
- Focus on challenges of prison reentry, reentry-specific overdose risks

Recruitment of video participants in local recovery community

*Altruism & Resiliency*
Overdose Simulation
Training results: Criminal Justice

- **Increase & retention** of opioid overdose identification, naloxone administration knowledge over study period (p<.001)

- Increases in **self efficacy** to recognize overdose symptoms, perform rescue breathing, administer naloxone (p<.001)

- 70% Increased 0 to >1 protective behaviors post-release (p<.01)
  - 67% overall engaging in protective behaviors against overdose

- **Overall response beneficial** in 94% of simulations
  - Assembly & administration **58 seconds**, comparable to paramedics, faster than Edwards et al., 2015: 2.0 ± 2.15 min
Overdose is a disaster in our communities
- Disaster Medical Assistance Team (DMAT), Medical Research Corps (MRC)

NOPE-RI: Overdose Prevention & Education for Health & Safety professionals
- 66 credentialed trainers (5% of MRC)

2014 to date: 1939 trained
187 behavioral health professionals, 335 primary care providers and staff, 104 corrections professionals, 824 law enforcement/public safety, 489 other public trainings
Training results: Law Enforcement

- Pre-post evaluation N=316
  - 38% of all law enforcement trained by NOPE-RI
- In RI, training & equipping local police may have largest impact

<table>
<thead>
<tr>
<th># of overdoses responded to in past 3 months</th>
<th>All Police N=316</th>
<th>State Police N=39</th>
<th>Capitol/Sheriffs N=88</th>
<th>Municipal Police N=189</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>160 (52.1%)</td>
<td>32 (86.5%)</td>
<td>65 (77.4%)</td>
<td>63 (33.9%)</td>
</tr>
<tr>
<td>1-5</td>
<td>108 (35.2%)</td>
<td>4 (10.8%)</td>
<td>18 (21.4%)</td>
<td>86 (46.2%)</td>
</tr>
<tr>
<td>6-10</td>
<td>23 (7.5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>23 (12.4%)</td>
</tr>
<tr>
<td>&gt;10</td>
<td>8 (2.6%)</td>
<td>1 (2.7%)</td>
<td>0 (0%)</td>
<td>7 (3.8%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8 (2.6%)</td>
<td>0 (0%)</td>
<td>1 (1.2%)</td>
<td>7 (3.8%)</td>
</tr>
</tbody>
</table>
### Training results: Law Enforcement

- **Increased knowledge**: overdose identification, naloxone administration \((p<.001, \text{BORRA})\)
- **Improved self efficacy**: Identify signs of opioid overdose, Know when to give naloxone, Counsel witnesses in overdose prevention, Refer witnesses to get more info on how to identify & respond to overdose \((p<.001)\)
- **58% (154/265) Inactive \(\rightarrow\) Active response**
  - Overall Active Response  Pre: 16% to Post: 62%

> "Good Samaritan laws shield individuals who all 911 to help someone experiencing an overdose from being charged or prosecuted with possession of narcotics or controlled substances if these substances are found at the scene of the event."

<table>
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<tr>
<th>Good Samaritan Law</th>
<th>All Police N=316</th>
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<th>Capitol/ Sheriffs N=88</th>
<th>Municipal Police N=189</th>
</tr>
</thead>
<tbody>
<tr>
<td>(pre) True (%)</td>
<td>203 (79.9)</td>
<td>13 (61.9)</td>
<td>47 (72.3)</td>
<td>143 (85.1)</td>
</tr>
<tr>
<td>(post) True (%)</td>
<td>270 (97.8)</td>
<td>17 (94.4)</td>
<td>80 (98.8)</td>
<td>173 (97.7)</td>
</tr>
<tr>
<td>% Difference (p-value)</td>
<td>17.9 (p&lt;0.001)</td>
<td>32.5 (p=0.03)</td>
<td>26.5 (p&lt;0.001)</td>
<td>12.6 (p&lt;0.001)</td>
</tr>
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RI Statewide Naloxone Distribution
Jan 2014-May 2015

- Community Distribution (n=950)
  - 39%
- Dept of Corrections (n=20)
  - 1%
- Hospital Emergency Depts (n=223)
  - 9%
- Treatment Facilities (n=682)
  - 28%
- Pharmacies (n=572)
  - 23%
Conclusions

- Diversify & evaluate trainings across a range of professionals, populations at risk or able to respond
- Vulnerable populations can be trained to recognize and respond to overdose; can retain and apply this knowledge in overdose situations
- Professionals require longer trainings, diverse topics to assure, clarify roles & expectations
  - Technical assistance, monitoring warranted
- Barriers to training low compared to cost barriers
Thank you!

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