Saving Veterans Lives through Implementation of Opioid Overdose Education and Naloxone Distribution (OEND)

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July 1, 2015
Acknowledgments

• National
  – VA OEND National Support & Development Workgroup; VA OEND Spanish Translation Workgroup
  – Pharmacy Benefits Management Services (PBM); National Academic Detailing Program
  – Office of Mental Health Operations (OMHO); Dan Kivlahan (Mental Health Services; MHS)
  – MHS Web Services Team and Matthew McCaa (OEND SharePoint)
  – Employee Education System (EES; Peggy Knotts, Andrew Stephens, Lynn Helton, Terri Ducey)
  – VA HSR&D Quality Enhancement Research Initiative (RRP 13-446)

• VISN/Facility
  – Jesse Burgard, Veterans Integrated Service Network (VISN) 10
  – Initial VA OEND pilot programs: VISN 10, Atlanta, Brockton, Palo Alto, Salt Lake City, San Francisco, Providence

• Community
  – Eliza Wheeler and Sharon Stancliff: Harm Reduction Coalition
  – Alexander Walley: Boston University, Massachusetts Dept. of Public Health
  – Phillip Coffin: UC San Francisco, San Francisco Dept. of Public Health
Overview

- VA OEND Implementation
- Lessons Learned
VA OEND Implementation

**TOPICS**
- Zeitgeist
- Background Information
- Leadership and Policy Support
- Technical Assistance
- Implementation Considerations
VA OEND Implementation: Zeitgeist

- Holidays 2011—Concern surrounding OEF/OIF overdoses; Blue ribbon panel
- February 2012—CDC MMWR article (Wheeler et al.)
- April 2012—FDA, Office of the Assistant Secretary for Health, NIDA, and CDC public workshop: “Role of Naloxone in Opioid Overdose Fatality Prevention”
- January 2013—Mortality and cost-effectiveness (Walley et al.; Coffin & Sullivan)
- April 2013—Cleveland VA champions OEND
- May-July 2013—Other VAs interested; VA/DoD CPG for patients at risk for suicide
- August 2013—**Cleveland VA dispenses 1st VA naloxone kit**; SAMHSA toolkit release
- November 2013—PBM endorses request for National OEND program
- December 2013—Establish VA OEND National Support & Development Workgroup
- February 2014—VA Leadership support for OEND implementation
- March-May 2014—develop standard VA naloxone rescue kits; add to National Drug File; centralize distribution through CMOP; **dispense 1st VA national kit May 2014**
Minimizing Adverse Events

- Opioid Overdose Education and Naloxone Distribution (OEND) is one component of an overall VA emphasis on providing effective treatments for opioid use disorders and pain management in a manner that minimizes risk of adverse events.

- VA facilitates providers using specific tools to minimize these risks, including:
  - Engaging in a risk-benefit discussion and obtaining informed consent for chronic opioid therapy
  - Urine Drug Screening for illicit drug use and prescription adherence monitoring
  - Minimizing co-prescription of sedatives
  - Substance Use Disorder (SUD) specialty treatment
  - Opioid Agonist Treatments (OAT) such as buprenorphine and methadone
  - Mental health treatment, suicide prevention and safety planning
• Opioid Overdose Education (OE)
  – Provide patient education on how to *prevent, recognize, and respond* to an opioid overdose

• Naloxone Distribution (ND)
  – Provide patient with a *naloxone kit*
    • Train patient on how to use naloxone kit (e.g., how to assemble components)
3 models

1. **Initial Public Health model**
   - Distribution to high-risk individuals in the community (primarily injection heroin users)
   - Evidence for effectiveness and cost-effectiveness

2. **Expanded Public Health model**
   - Distribution to high-risk populations and self-identified potential bystanders
   - Evidence for reduced mortality

3. **Health Care model**
   - Distribution to patients by health care systems and providers
   - Scotland—evidence from urban and rural pilot programs

**Gaps in evidence-base**
- Limited evidence for OEND to patients prescribed opioids
- Intranasal device not FDA-approved for naloxone delivery
- Newly released auto-injector (EVZIO®)
- No evidence regarding OEND among Veterans
VA Need for OEND

- Opioid overdose epidemic
  - Veterans **twice** as likely to die from accidental overdose compared to non-Veterans (Bohnert et al., 2011)
- Successful VA pilots
  - In fall 2013 Cleveland VA was first to implement OEND; inspired VISN 10 to implement OEND in every facility in FY14 as part of a phased roll-out
  - Overwhelmingly positive response

**OEND SAVES LIVES!**
- 5400+ kits dispensed from 115 VA facilities with 79 reported opioid overdose reversals (as of 6/23/15)
VA Leadership and Policy Support

VA Central Office—Under Secretary for Health’s Information Letter

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

May 13, 2014

UNDER SECRETARY FOR HEALTH’S INFORMATION LETTER

IMPLEMENTATION OF OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION (OEND) TO REDUCE RISK OF OPIOID-RELATED DEATH

4. VA providers should consider providing OEND to Veterans who are at significant risk of opioid overdose. Clinical judgment about risk/benefit and patient-centered care involving Veterans and their significant others in shared decision-making should guide decisions on provision of OEND.
VA Leadership and Policy Support

• **VA Pharmacy Benefits Management (PBM) Services**
  – VA Consolidated Mail Outpatient Pharmacy (CMOP)
    • Developed standard intramuscular and intranasal naloxone kits and added them to National Drug File (NDF); added auto-injector to NDF
    • Centralized distribution; mail directly to patients and facilities
  – Recommendations For Use
  – “Free-to-Facilities” Naloxone Kit Initiative
    • Potential to provide up to 28,000 kits—paid for by PBM—to be dispensed to VA patients without the medical center incurring the cost of the kits (standard Veteran co-payment rules apply to the kits; NOTE: legislative proposal submitted to waive patient co-pay)

• **VA OEND National Support & Development Workgroup**
  – Develop national implementation and evaluation plans and materials (e.g., national training and education)
### VA Naloxone Kit Components

#### VA Intranasal Naloxone Kit
- 2 mucosal atomizer devices
- 2 Luer-lock prefilled syringe naloxone 1 mg/mL (2mL)
- 1 Laerdal face shield
- 1 pair nitrile gloves
- 1 opioid safety brochure
- 1 intranasal naloxone kit brochure
- 1 blue zippered pouch

#### VA Intramuscular Naloxone Kit
- Two 3 ml, 25g, 1-inch syringes
- 2 vials naloxone 0.4 mg/mL (1 mL) injection
- 1 Laerdal face shield
- 1 pair nitrile gloves
- 2 alcohol pads
- 1 opioid safety brochure
- 1 intramuscular naloxone kit brochure
- 1 black zippered pouch

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**NDC 09999-9991-07**

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**NDC 99999-9991-08**
VA Auto-injector Naloxone Kit
(includes FDA approved Evzio® naloxone auto-injectors)

- Carton/box contains:
  - 1 auto-injector trainer
  - 2 naloxone 0.4 mg auto-injectors
  - 1 prescribing info
  - 2 instructions for use
- 1 Laerdal face shield
- 1 pair nitrile gloves
- 1 opioid safety brochure
- 1 auto-injector kit brochure
VA Naloxone Kit Brochures: Opioid Safety (in every naloxone kit)

OPIOID DO’S AND DON’TS

**DO’s**
- Take opioid and non-opioid medications as prescribed
- Inform all providers that you are using opioids, including non-VA opioids
- Tell your primary provider if another provider prescribes an opioid for you
- Be cautious about driving or operating machinery
- Never drive or operate machinery if you feel sleepy/confused
- Try to remain under the care of one primary provider
- Get help from family and friends
  - Tell them that you use opioids
  - Ask them to help you use opioids safely
  - Tell them where you keep the naloxone kit and how to use it

**DON’Ts**
- Don’t take extra doses of opioids
- Don’t drink alcohol or take “street” drugs when using opioids; they can impair your ability to use opioids safely
- Don’t share, give away, or sell your opioids
- Don’t stop taking opioids on your own
  - You may have flu-like withdrawal symptoms
  - Your provider can help you stop safely
  - You may overdose if you start using opioids again after an opioid-free break

RESOURCES

**Taking Opioids Responsibly for Your Safety and the Safety of Others**

**SAMHSA Opioid Overdose Prevention Toolkit**
- Contains safety advice for patients and resources for family members
  - [SAMHSA Opioid Overdose Prevention Toolkit](http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742)

**Community-Based Overdose Prevention and Naloxone Distribution Program Locator**
- Identifies programs outside of the VA that distribute naloxone
  - [http://hopeandrecovery.org/locations/](http://hopeandrecovery.org/locations/)

**Prescribe to Prevent**
- Patient resources and videos demonstrating overdose recognition and response, including naloxone administration
  - [http://prescribethoprevent.org/ideal](http://prescribethoprevent.org/ideal)

**VA Substance Use Disorder Treatment Locator**
- [http://www2.va.gov/directoryguide/SUD_Fsh.asp?isFlash=1](http://www2.va.gov/directoryguide/SUD_Fsh.asp?isFlash=1)

**Veterans Crisis Line**
- 1-800-273-TALK (8255)

**Opioid Safety**

[Image of medications and a healthcare provider]
VA Naloxone Kit Brochures:
Opioid Safety (tri-fold 15”w x 5.5”h)

WHAT ARE OPIOIDS?

Opioids are drugs which affect brain and basic bodily functions, such as breathing and digestion. Opioids are found in some pain and other prescription medications and in some illegal substances of abuse (e.g., heroin).

Opioid medications are used for treating pain, cough, and addiction
- Common opioid medications
  » Codeine (Tylenol with Codeine No. 3)
  » Fentanyl (Duragesic)
  » Hydrocodone (Vicodin, Norco, Lortab)
  » Hydromorphone (Dilaudid)
  » Methadone
  » Morphine (MS Contin, Kadian)
  » Oxycodone (OxyContin, Percocet, Roxicodone)
  » Oxymorphone (Opana)

Opioid harms
- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be habit-forming and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with others. Others may not be tolerant.

WHAT IS AN OPIOID OVERDOSE?

Opioid overdose occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).
- A person can overdose on opioids and stop breathing seconds to hours after taking opioids; this could cause death.

Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.
- Naloxone is not a substitute for safe use of opioids.
- Often opioid overdoses occur so rapidly that the user cannot react, or no one is present to give naloxone.

Signs of an opioid overdose
- Heavy rodding: deep sleep
- Snoring, gurgling, choking
- No response to shaking or shouting the person’s name
- No or slow breathing (less than 1 breath every 5 seconds)
- Blue or gray lips and fingernails
- Pale, clammy skin

NOTE: If a person seems excessively sedated, sleepy or “out of it,” or has fallen into a deep sleep, bystanders should monitor the person constantly to make sure the person does not overdose and stop breathing. If the person does not respond to shaking, shouting his/her name, or to your firmly-rubbing his/her sternum—i.e., bone in center of chest where ribs connect—with your knuckles (hand in a fist), call 911 immediately and give naloxone if available.

SAFE USE OF OPIOIDS

Safe use of opioids means preventing opioid overdose and other opioid harms from happening to not only you, but also family, friends and the public.

To use opioids safely
- DON’T mix your opioids with
  » Alcohol
  » Benzodiazepines (Alprazolam/Lunesta, Lorazepam/Aktan, Clonazepam/Klonopin, Diazepam/Valium) unless directed by your provider
- Medicines that make you sleepy
  » Know which pill and drugs you’re taking (color/shape/size)
  » Take your opioid medication exactly as directed
  » Follow the Opioid Dos’ and Don’ts listed in this brochure
  » Review the booklet “Taking Opioids Responsibly for Your Safety and the Safety of Others” with your provider

Keep naloxone on hand in case of opioid overdose
- Tell family and significant others where you keep the naloxone kit
- Encourage family and significant others to learn how to use naloxone (see “Resources” section)
- Store your naloxone kit at room temperature, away from light
- Keep your naloxone kit out of the heat (e.g., do not store in your car), otherwise naloxone will lose its effectiveness
How to Use the Naloxone Auto-Injector

1. Pull the auto-injector from the outer case.
2. Pull firmly to remove the red safety guard (do not touch the black base).
3. Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds.

*This brochure is not meant to replace the auto-injector instructions. Please review the instructions included with your auto-injector.

Kit Instructions
- Keep two auto-injectors with you at all times
- Store auto-injectors at room temperature, away from light
- Keep auto-injectors out of the heat or cold—e.g., do not store in your car—otherwise naloxone will lose its effectiveness
- If you use an auto-injector or your auto-injectors expire, contact your provider as soon as possible for a replacement
- Contact your pharmacy about the proper disposal of your auto-injectors
- Be sure to properly dispose of used auto-injectors; they cannot be reused

Check for a Response--Give Naloxone--Call 911--Airway Open (Rescue breathing or Chest compressions)--Consider naloxone again--Recovery position

1. Check for a Response
- Give person a light shake, say person’s name, firmly pull person’s sternum (i.e., bone under center of person’s breastbone) with brachial, hand in a fist
- If person does not respond (i.e., without normal stop breathing)—Give Naloxone—Call 911

2. Give Naloxone—Call 911
- Pull auto-injector from case and follow voice instructions
- When calling 911, give the address and say the person is not breathing

3. Airway Open
- Till head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

4. Consider Naloxone Again
Two situations in which to consider naloxone again:
1. If person doesn’t start breathing in 2-3 minutes, give second dose of naloxone
2. If person starts breathing after first dose, because naloxone wears off in 30 to 90 minutes, a second dose may be needed if person stops breathing again

5. Recovery Position
- If the person is breathing but unresponsive, put the person on their side to prevent choking if person vomits
Discuss naloxone as an **opioid harm reduction / risk mitigation option** with patient and/or family/carer and document the discussion in the patient’s medical records.

**Offer** naloxone kits to **Veterans prescribed or using opioids** who are at increased risk for opioid overdose or whose provider deems, based on their clinical judgment, that the Veteran has an indication for a naloxone kit.
VA Technical Assistance

- **VA National OEND SharePoint** (Step-by-step instructions for implementation; VA OEND Quick Guide; **TWO** VA Patient Education Brochures: (1) patients with opioid use disorder and (2) patients prescribed opioids; Posters; “Program Models”)

- **VA OEND Videos**
  - Intro for People with Opioid Use Disorders [https://youtu.be/-qYXZDzo3cA](https://youtu.be/-qYXZDzo3cA)
  - Intro for People Taking Prescribed Opioids [https://youtu.be/NFzhz-PCzPc](https://youtu.be/NFzhz-PCzPc)
  - How to Use the VA Auto-Injector Naloxone Kit [https://youtu.be/-DQBCnrAPBY](https://youtu.be/-DQBCnrAPBY)
  - How to Use the VA Intranasal Naloxone Kit [https://youtu.be/WoSfEf2B-Ds](https://youtu.be/WoSfEf2B-Ds)
  - How to Use the VA Intramuscular Naloxone Kit [https://youtu.be/lg1LEw-PeTE](https://youtu.be/lg1LEw-PeTE)

- **VA Academic Detailing and VA OEND Naloxone Kit Distribution Report** (described in Panel 9 by Dr. Melissa Christopher)

- **Opioid Safety Initiative (OSI) & Psychotropic Drug Safety Initiative (PDSI)**

- **Forthcoming resources** (EES accredited provider training; Spanish-translated patient education brochures)
Step 1
Identify
Identify clinical champion(s) and target population(s).

Step 2
Garner Support
Garner support for OEND Implementation.

Step 3
Train & Implement
Train staff members and implement OEND.

Step 4
Evaluate
Evaluate OEND implementation.

Program Models

VA OEND Resources
Resources to help implement VA OEND programs

VA National OEND Resources
- VA Under Secretary for Health Information Letter
- Pharmacy Recommendations for Use (RFU)
- Creating Naloxone Kits (CMOP)
- Naloxone Kit Distribution Report
- Patient Education Brochure (patients with SUD)
- Patient Education Brochure (patients prescribed opioids)
- Quick Start Guide to facilitate Patient-Provider Discussion
- Quick Start Guide Script
- General Poster (fire extinguisher)
- General Poster (pigeons)
- Poster (patients with SUD)
- Poster (pain medications)
- OEND Resource List

Sample Materials from VA OEND Programs
- Sample SOP
- Sample Business Proposal
- Sample Flow Chart
- Sample CPRS Note Template with Refill
- Sample Flyer for Facility-Wide Training
- Sample Trainer’s manual
- Sample Presentation (leadership)
- Sample Presentation (staff)
- Sample Presentation (patients)
- Sample TMS training
- Sample Nursing Competency
- Sample Facility E-mail about OEND Program
- Sample Training Log
- Sample Patient Feedback Survey
VA Opioid Overdose Education and Naloxone Distribution (OEND) Program

**What is OEND?**
The VA OEND Program aims to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans. Key components of the OEND program include education and training regarding opioid overdose prevention, recognition of opioid overdose, opioid overdose rescue response, and issuing naloxone kits.

**What is Naloxone?**
Naloxone is a medication intended for reversing a life-threatening opioid overdose. Naloxone has no other effects and cannot be used to get high.

**What puts people at risk of overdose?**
1. Loss of tolerance to opioids
2. Mixing opioids with other depressant drugs or alcohol
3. Poor or compromised physical health
4. Variation in strength and content of drugs

**Who should be prescribed naloxone kits?**
Offer naloxone kits to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems, based on his/her clinical judgment, that the Veteran has an indication for a naloxone kit. See PBM’s Recommendations for Issuing Naloxone Kits if additional guidance is needed.

**Who are generally not good candidates for a naloxone kit?**
Hospice/palliative care patients. OEND should be considered on a case by case basis and not routinely in these patients.

**Patient education and training**

<table>
<thead>
<tr>
<th>When to give naloxone</th>
<th>Life threatening opioid overdose → no response, no or very slow breathing (1 breath every 5-8 seconds), bluish-purple or ash-gray appearance</th>
</tr>
</thead>
</table>
| **How to give naloxone** | • Ask Veterans to demonstrate assembly and administration.  
• Is he/she unable to assemble or administer naloxone properly and in a timely fashion despite several practice trials? If not, consider naloxone auto-injector. |
| **How to call for emergency medical services** | “911” |
| **How to provide rescue maneuvers** | • Rescue breathing (if overdose is witnessed)  
• Chest compressions (if collapse is unresponsive)  
• Rescue position (if person is breathing but unresponsive) |
| **When to consider a second dose of naloxone** | • If the person doesn’t start breathing 5-5 minutes after the first naloxone dose, give a second dose.  
• Remind the Veteran that naloxone only lasts 30-90 minutes so calling 911 and being prepared to give a 2nd dose of naloxone if the person stops breathing again is important. |
| **How to properly dispose of sharps** | • Give sharps to ambulance crew for disposal.  
• Use alternative sharps disposal receptacles, such as a heavy-duty plastic household laundry detergent container. The container should be leak-resistant, remain upright and stable during use, have a tight fitting, puncture-resistant lid, and have a 'hazardous waste' warning label affixed to it. Follow local or community guidelines for proper disposal of the container. |
| **When to ask for a naloxone refill or replacement** | • After naloxone has been used to reverse opioid overdose.  
• When naloxone expires or the container is damaged or cracked.  
• When naloxone solution becomes discolored or cloudy.  
• When in doubt about naloxone potency after prolonged exposure to extreme temperatures. |

**Questions to ask after naloxone has been used for a rescue**

<table>
<thead>
<tr>
<th>1. Date of use</th>
<th>10. Was 911 called?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Patient information</td>
<td>11. Did you provide rescue breathing or chest compressions?</td>
</tr>
<tr>
<td>3. Who administered naloxone?</td>
<td>12. Did you place the victim in the rescue position?</td>
</tr>
<tr>
<td>4. Who overdosed?</td>
<td>13. Did police, EMTs, and/or firefighters arrive?</td>
</tr>
<tr>
<td>5. Where did the overdose occur?</td>
<td>14. Did you stay with the victim until the naloxone were off or until the person got medical attention?</td>
</tr>
<tr>
<td>6. What was the victim’s condition when found? (responsiveness, breathing rate, skin color, pulse present/absent?)</td>
<td>15. Did the person live?</td>
</tr>
<tr>
<td>8. Did the naloxone work?</td>
<td>17. Do you have anything else you’d like to talk about with your provider?</td>
</tr>
<tr>
<td>9. How many doses were given?</td>
<td>18. Naloxone refill prescribed?</td>
</tr>
</tbody>
</table>

For more information please refer to the Recommendations for Use of Naloxone Kits at [www.pbm.va.gov](http://www.pbm.va.gov).

Remember:
- Naloxone kits and overdose education complement, and do not replace, safe and responsible opioid use.
- Don’t ignore an opioid use problem or disorder. Consider getting treatment or accepting a referral for treatment.
- Discuss the risks and benefits of using opioids for pain with your provider. Together you may decide whether the risks outweigh the benefits.
Choose Before You Use

If at all possible, do not use. There is no safe dose of opioids. Help is available, contact your local VA. But if you do use—Choose!

1. Go Slow - Not taking drugs for even a few days can drop your tolerance, making your “usual dose” an “overdose,” which can result in death. If you choose to use, cut your dose at least in half.

2. Wait - If you choose to use, wait long enough after you use to feel the effects before you even consider doing again (regardless if IV, snorting, smoking).

3. Let Someone Know - Always let someone know you’re using opioids so that they can check on you. Many who overdose do so when dosing alone.

Buddies take care of Buddies. Share this card with a friend or family member.

You are at higher risk for opioid overdose or death when

- You’ve not used for even a few days, such as when you are in the hospital, residential treatment, detoxification, domiciliary, or jail/prison. Lost tolerance = higher risk for overdose (OD).

- You use multiple drugs or multiple opioids, especially: downers/ benzodiazepines/ barbiturates, alcohol, other opioids, cocaine (cocaine wears off faster than the opioid).

- You have medical problems (liver, heart, lung, advanced AIDS).

- You use long-acting opioids (such as methadone) or powerful opioids (such as fentanyl).

- You use alone, and don’t let someone know you are using opioids.

Ask a VA clinician if a naloxone kit is right for you

Important considerations:

- During an overdose the user cannot react, so someone else needs to give naloxone.

- Encourage family and significant others to learn how to use naloxone (see “Overdose Resources” section).

- If you have a naloxone kit, tell family and significant others where you keep it.

- Store naloxone kit at room temperature, out of the heat, cold, and light (e.g., do not store in your car), otherwise naloxone will lose its effectiveness.

Overdose Resources

SAMHSA Opioid Overdose Prevention Toolkit
- Contains safety advice for patients and resources for family members

Community-Based Overdose Prevention and Naloxone Distribution Program Locator
- Identifies programs outside of the VA that distribute naloxone
  http://hopeandrecovery.org/locations/

Prescribe to Prevent
- Patient resources and videos demonstrating overdose recognition and response, including naloxone administration
  http://prescribetoprevent/video/
Signs of Overdose

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Blush or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

- If the person shows signs of an overdose, see next section “Responding to an Overdose”

*Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.*

## Resources

Consider seeking long-term help at your local VA substance use disorder treatment program

## Help on the Web

- VA Substance Use Disorder Program Locator: [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)
- Substance Use Disorder Treatment Locator for non-Veterans: [http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx](http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx)
- VA PTSD Programs: [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)

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### Responding to an Overdose

1. **Check For A Response**
   - Lightly shake person, yell person’s name, firmly rub person’s sternum (bone in center of chest where ribs connect) with knuckles, hand in a fist
   - If person does not respond—**Give Naloxone, Call 911**

2. **Give Naloxone, Call 911**
   - If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
   - If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks
   - If you have the naloxone auto-injector, pull device from case and follow voice instructions
   - When calling 911, give address and say the person is not breathing

3. **Airway Open**
   - **Rescue Breathing (if overdose is witnessed)**
     - Place face shield (optional)
     - Tilt head back, lift chin, pinch nose
     - Give 1 breath every 5 seconds
     - Chest should rise

   - **Chest Compressions (if overdose is witnessed)**
     - Place heel of one hand over center of person’s chest (between nipples)
     - Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
     - Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
     - Place face shield (optional)
     - Give 2 breaths for every 30 compressions

4. **Consider Naloxone Again**
   - If person doesn’t start breathing in 2-3 minutes, or responds to the first dose of naloxone and then stops breathing again, give second dose of naloxone
   - Because naloxone wears off in 30 to 90 minutes be sure to stay with the person until emergency medical staff take over or for at least 90 minutes in case the person stops breathing again

5. **Recovery Position**
   - If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits

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Help is Available Anytime

- Local Emergency Services: 911
- National Poison Hotline: 1-800-222-1222
- Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255
Opioids (e.g., heroin, pain medications) can slow down breathing and lead to accidental death!

Naloxone is an antidote that can be sprayed into your nose or injected into your muscle/under your skin if you have decreased breathing due to opioids.

Ask a clinician if a naloxone kit is right for you.

Talk to a clinician for more information.
If You Try To
“Sleep It Off”
You May Never Wake Up

Drug overdose is the #1 cause of accidental death for adults taking opioids (e.g., prescription pain medications, heroin)

Learn how to spot an overdose and how to reverse it with naloxone (Narcan®)

To learn more contact:
Opioid Safety Initiative (OSI) and Psychotropic Drug Safety Initiative (PDSI)

- OSI and PDSI initiatives focus on increasing guideline recommended practices to reduce adverse event risk in mental health and pain patients.
- **OSI Toolkit and OSI Dashboard**
  - Toolkit contains documents to aid clinical decisions about starting, continuing or tapering opioid therapy and other challenges related to safe opioid prescribing.
  - Suggest considering OEND for patients on OSI dashboard who are:
    - Prescribed > 200 MEDD
    - Co-prescribed opioids and benzodiazepines
- **PDSI Dashboard**
  - Includes 20 measures with real-time patient trackers to facilitate case review and panel management; identifies patients with an opioid use disorder.
- **Stratification Tool for Opioid Risk Mitigation (STORM)**
  - Real-time predictive model-based tool for patient risk stratification; can identify high risk cases in need of OEND (alpha testing).
Implementation Considerations

- Numerous resources available to facilitate implementation
- High-risk patients seen across services (e.g., SUD/MH tx, PACT, ED, Detox); encourage leadership to work across services to develop implementation strategy to ensure high-risk patients receive OEND
  - However, getting OEND implemented in *at least one setting* has been helpful
- Training strategies should take into consideration that effective use of naloxone requires training bystanders/family in overdose response
- Implementation approaches that encourage referral to a regular OEND group might help maximize resources
  - Individual training should still be available within each clinic/program
- Utilization of point-of-care panel management tools that incorporate naloxone
Lessons Learned

• Universal lessons
  – Stand on the shoulders of giants (e.g., community partners; Scotland)
  – Prior to auto-injector, need to develop naloxone kits (especially demo kits)
  – Impact of varying Good Samaritan Laws

• Unique lessons (health care system implementation)
  – One tool in clinical armamentarium—not a panacea, not just about naloxone!
  – Collaboration and communication across medical settings and disciplines
  – Developing training materials and resources for patients and providers
    • Tailor message; ensure provider comfort; chart templates/screenshots; SOPs; videos
    • Opioid use disorder—provider and patient concerns about iatrogenic effect
    • Prescribed opioids—lack of effectiveness data; need to identify at-risk patients
  – Issues surrounding scopes of practice, accreditation, liability
  – Look/sound alike: NaLOXone and NaLTREXone
  – Co-payments for training and for kits; Coding guidance
Take-Home Points

• Opioid overdose is a growing cause of preventable death

• Increasing data supporting the effectiveness of OEND to reverse opioid overdose and prevent opioid overdose mortality
  – Most evaluated implementation has used a public health approach. Models of implementation in health care systems are emerging.
  – Data suggest effectiveness and cost-effectiveness when targeting persons with opioid use disorders. Data is limited on programs targeting higher risk patients prescribed opioid medication.

• OEND provides a promising risk mitigation strategy to prevent opioid overdose mortality among Veterans and VA facilities are encouraged to initiate programs
  – Under Secretary for Health’s Information Letter supports implementation
  – Naloxone kits are on national formulary and currently “Free-to-Facilities”
  – PBM Recommendations For Use
  – Technical assistance: OEND SharePoint (OMHO), Academic Detailing
Please Send Questions/Concerns/Feedback about VA OEND Implementation to Elizabeth.Oliva@va.gov
Addendum Slides
Key Events Prompting VA Interest in OEND

• Holidays 2011—Concern surrounding OEF/OIF overdoses
  – January 2012—Blue ribbon panel constituted (charter drafted May 2012)
• February 2012—CDC MMWR article (Wheeler et al.)
• April 2012
  – FDA, Office of the Assistant Secretary for Health, NIDA, and CDC public workshop: “Role of Naloxone in Opioid Overdose Fatality Prevention”
  – OMHO began contacting opioid overdose prevention programs (community-based and Fort Bragg’s OpioidSAFE program) to inform VA implementation
• May-October 2012—various agencies support OEND
  – U.K. Advisory Council on the Misuse of Drugs (May); American Medical Association (June); American Public Health Association (October)
• November 2012—OEF/OIF/OND workgroup began working on a patient education brochure (officially approved August 2013)
• January 2013—Mortality and cost-effectiveness studies (Walley et al.; Coffin & Sullivan)
Key Events Leading to VA National OEND Program

• April 2013—Cleveland VA champions OEND (first kit dispensed 8/30/13)
  – MHS provides OEF/OIF/OND patient education brochure
  – OMHO provides materials gathered on OEND implementation
  – OEND implementation included in VISN 10 FY14 strategic plan (October 2013)

• May-July 2013—Additional VAs express interest in OEND
  – Need for SharePoint (launched October 2013; document repository)
  – VA/DoD CPG for patients at risk for suicide (June 2013)

• August 2013—OMHO and MHS present to PBM’s Psychopharmacology Field Advisory Committee; SAMHSA toolkit released

• November 2013—OMHO and MHS propose national OEND program to PBM MAP & VPEs (endorsed; requested action plan)

• December 2013—Establish VA OEND National Support & Development Workgroup (first meeting January 2014)
VA National OEND Program: The First Year

• January 2014—First VA OEND National Support & Development Workgroup meeting identified goals to develop:
  – standard kit(s) for national formulary status
  – an implementation plan that defines target patients, educate/trains leaders and staff, and provides models of distribution and tools
  – an evaluation plan

• February 2014—PBM obtains samples of naloxone rescue kits from pilot programs (Cleveland, Dayton, Palo Alto, and Salt Lake City); national workgroup suggests standard kit components
  – VA leadership meet with not-for-profit Harm Reduction Coalition and Kaleo (auto-injector application pending with FDA); support for OEND
  – VA MH RRTP Continuing Education presentation
VA National OEND Program: The First Year

• March 2014—PBM develops and adds standard intranasal and intramuscular rescue kits to National Drug File; auto-injectors to be added once available
  – Plan centralized distribution via VA’s Consolidated Mail Outpatient Pharmacy
  – Human Rights Watch interview regarding VA OEND (July 2014 publication)
  – VA Chiefs of Staff presentation

• April 2014—CMOP tests process of distributing rescue kits
  – Rescue kit brochures finalized and printed
  – VA/DoD/IHS Medication Use Crisis Conference presentation

• May 2014—VA national rescue kits available through CMOP; dispense first national rescue kit
  – Under Secretary for Health Information Letter
  – Begin developing patient education brochures (available June 2014)
VA National OEND Program: The First Year

- June 2014—2 reversal reports; PBM releases Recommendations For Use and adds auto-injector to National Drug File
  - Employee Education Services team assembled (videos; provider training)
  - Begin developing posters (available July 2014)
  - Begin research evaluation of OEND implementation in VISNs 10 and 21
  - National Pain Management Leadership Group presentation
- July 2014—2 reversal reports; PBM releases Auto-Injector Abbreviated Drug Review and funds intranasal and intramuscular rescue kits (no charge to VA medical facilities)
  - Human Rights Watch report includes VA OEND Program description
  - VA National Nurse Executives, VA Clinical Practice Program Nurses and VA Opioid Treatment Program Leaders Presentations
VA National OEND Program: The First Year

• August 2014—2 reversal reports
  – Developed Quick Start Guide; updated patient education brochure
  – Present to VA National Pain Management Leadership and Specialty Team Workgroups

• September 2014—2 reversal reports; PBM revises RFU
  – VA National OEND SharePoint revamped (step-by-step resources; program models)
  – Present on VA HSR&D Spotlight on Pain Management Cyberseminar and VISN 23 SUD Programs Conference

• October 2014—4 reversal reports; PBM webinar (465 attendees)
  – Begin scripting training videos (filmed January 2015; released May 2015)
VA National OEND Program: The First Year

• November 2014—3 reversal reports
  – Establish VA OEND Spanish Translation Workgroup
  – VISN Mental Health Leads, VA Academic Detailing and VA/DoD Federal Recovery Coordinators Presentations

• December 2014—3 reversal reports; PBM Webinar (368 attendees)
  – Interview with Al Jazeera America (TV news report released same month)
  – VA Under Secretary for Health for Operations and Management Network Directors Presentation

• January 2015—9 reversal reports
  – VA/DoD Suicide Prevention Conference Presentation
“Program Models”

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<th>Location</th>
<th>Program Description</th>
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| Battle Creek | - **Program:** Facility-wide implementation  
- **Route(s) of Nasal Gavage Administration:** Intranasal preferred; intramuscular also available  
- **Training:** Individual training by nurses and doctors in primary care and inpatient units; group training for RRTP Veterans by mental health clinical pharmacy specialists  
- **Unique feature(s):** Developed a facility-wide modal of implementation that has penetrated RRTPs, inpatient units, and primary clinics including CDOS. Developed a local TMS training for staff in need. Kit orderable only through completion of Restricted Medication Request Note which allows for easy identification of veteran specific risk factors for overdose and documentation of veteran and/or caregiver training. | Staff TMS Training (PowerPoint format)  
Presentation for staff on how to order naloxone kits through CPRS  
Staff TMS Competency Exam  
E-mail to Facility about OEND Program |
| Cincinnati   | - **Program:** Primary Care and Pain Clinics  
- **Route(s) of Nasal Gavage Administration:** Intranasal  
- **Training:** Group and individual training by NPs and MDs weekly walk-in OEND groups for patients, significant others, and staff who would like to be trained. Patients are given the opportunity to practice administering using a demonstration kit. A CPR manikin is used for instruction on rescue breathing. Trainings are also held in the Chronic Pain Clinic for those on high-dose opioids (monthly) and via video conferencing in the domiciles.  
- **Unique feature(s):** Developed a CPRS Note template, Patient complete pre- and post-training surveys. They are targeting both patients with an opioid use disorder (OUD) as well as those on chronic opioid therapy (COT) for pain at morphine equivalent doses of 50 mg/day or more. A weekly walk-in COT OEND Clinic is under development. They are also working with VAO and county jails to incorporate OEND. They have a thoughtful approach for opening up OEND training that draws upon patients’ emotional connection to the topic (see Program Summary and Project DAWN link for more information). | Program Summary  
Proposal  
CPRS Note Template  
Patient Education Brochure  
Flyer for Facility-Wide Training  
http://www.healthy.ohio.gov/stp/drug/ProjectDAWN.aspx [begin OEND training by showing 15-minute video from Ohio’s Project DAWN] |
| South Texas  | - **Program:** Targeting IV drug users and patients prescribed greater than 400 mg oral morphine equivalents by VA.  
- **Route(s) of Administration:** Intranasal  
- **Training:** Separate education groups are held for SUD population and chronic pain patients. Patients will be offered the opportunity to bring friends and family for a joint education session on intranasal naloxone administration.  
- **Unique feature(s):** DATAMART is used to identify patients prescribed high opioid doses (greater than 400 mg oral morphine equivalents daily dose). After being identified, patients are invited to an opioid overdose education and naloxone distribution group. Patients receiving hospice and/or palliative care will be excluded. | Standard Operating Procedures |
What are Opioids?

Opioids are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person’s normal breathing function.

Opioid harms
- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addicting and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

Safe Use of Opioids

Safe use of opioids prevents opioid harms from happening to not only you, but also to family, friends and the public.

To use opioids safely
- Know what you’re taking (e.g., color/shape/size/name of medication)
- Take your opioid medication exactly as directed
- Review the booklet Taking Opioids Responsibly for Your Safety and the Safety of Others with your provider
- DON’T mix your opioids with:
  - Alcohol
  - Benzodiazepines (Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium) unless directed by your provider
  - Medicines that make you sleepy

Ask a VA clinician if a naloxone kit is right for you

Important considerations:
- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again
- During an overdose the user cannot react, so someone else needs to give naloxone
- Encourage family and significant others to learn how to use naloxone (see “Overdose Resources” section)
- If you have a naloxone kit, tell family and significant others where you keep it
- Store naloxone kit at room temperature, out of the heat, cold and light (e.g., do not store

Resources

Local Emergency Services: 911
National Poison Hotline: 1-800-222-1222
Veteran Crisis Line: 1-800-273-TALK (8255), or text – 838255

Taking Opioids Responsibly for Your Safety and the Safety of Others

VA Substance Use Disorder Treatment Locator
- [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)

VA Posttraumatic Stress Disorder (PTSD) Treatment Locator
- [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)
**Opioid Overdose**

Opioid overdose occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

> Overdose can occur seconds to hours after taking opioids and can cause death.

**Signs of an Overdose**

**Check:** Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

**Listen:** Slow or shallow breathing (less than 1 breath every 6-8 seconds); snoring; raspy, gurgling, or choking sounds

**Look:** Bluish or grayish lips, fingernails, or skin

**Touch:** Clammy, sweaty skin

> If the person shows signs of an overdose, see next section “Responding to an Overdose”

* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

**Overdose Resources**

**SAMHSA Opioid Overdose Prevention Toolkit**
Contains safety advice for patients and resources for family members


**Community-Based Overdose Prevention and Naloxone Distribution Program Locator**
Identifies programs outside of the VA that distribute naloxone

- [http://hopeandrecovery.org/locations/](http://hopeandrecovery.org/locations/)

**Prescribe to Prevent**
Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- [http://prescribetoprevent.org/video/](http://prescribetoprevent.org/video/)

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**Responding to an Overdose**

1. **Check For A Response**
   - Lightly shake person, yell person’s name, firmly rub person’s sternum (bone in center of chest where ribs connect) with knuckles, hand in a fist
   - If person does not respond— **Give Naloxone, Call 911**

2. **Give Naloxone, Call 911**
   - If you have intranasal naloxone, spray one half of the naloxone cartridge into each nostril
   - If you have intramuscular naloxone, inject 1 mL into muscle of upper arm, upper thigh, or outer buttocks
   - If you have the naloxone auto-injector, pull device from case and follow voice instructions
   - When calling 911, give address and say the person is not breathing

3. **Airway Open**
   - **Rescue Breathing (if overdose is witnessed)**
     - Place face shield (optional)
     - Tilt head back, lift chin, pinch nose
     - Give 1 breath every 5 seconds
     - Chest should rise
   - **Chest Compressions (if collapse is unwitnessed)**
     - Place heel of one hand over center of person’s chest (between nipples)
     - Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
     - Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
     - Place face shield (optional)
     - Give 2 breaths for every 30 compressions

4. **Consider Naloxone Again**
   - If person doesn’t start breathing in 2-3 minutes, or responds to the first dose of naloxone and then stops breathing again, give second dose of naloxone
   - Because naloxone wears off in 30 to 90 minutes be sure to stay with the person until emergency medical staff take over or for at least 90 minutes in case the person stops breathing again

5. **Recovery Position**
   - If person is breathing, place them in Trendelenburg position on their back to prevent aspirating if person vomits
Future Directions

- Submitted legislative proposal to waive patient co-pays for naloxone
- Submitted query to Office of the General Counsel
  - Can non-licensed and/or non-medical staff: (1) administer naloxone, (2) provide training on how to use naloxone (scope of practice; liability)?
  - Can VA prescribe naloxone to Veterans prior to release from incarceration?
  - Co-payment for preventive intervention?
- Coding guidance workgroup
- Identifying other ways to increase patient interest and knowledge about OEND (e.g., testimonials)