

2018

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Recommended Citation

Goldberg, Eli, "Incorporating Naloxone Education Into Routine Primary Care" (2018). *Family Medicine Clerkship Student Projects*. 418.

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Incorporating Naloxone Education Into Routine Primary Care

Eli Goldberg :: November 2018

Northern Green Mountain Family Practice :: Michael Corrigan, MD



Problem Identification

Opioid overdoses are a growing public health concern in Vermont.

- Between 2012 and 2017, the number of fatal opioid overdoses in Vermont nearly doubled, from 51 to 101.¹
- Of all Vermont counties, Franklin County has the 3rd highest rate of fatal opioid overdoses.¹
- Nationally, up to 49% of adults personally know someone who has faced opioid addiction, and 10% know someone who has died because of it.²

Naloxone can save lives... if people know how to use it.

- Only 20% of American adults know what naloxone is; that it can be given by a layperson; and that it is available without a prescription.³
- When informed about naloxone, up to 68% would be willing to use it to help someone who had overdosed.³
- For every overdose fatality in Vermont, 5 other people are saved by community-administered naloxone.⁴

Public Health Cost

“[P]revious estimates of the economic cost of the opioid crisis greatly understate it by undervaluing the most important component of the loss – fatalities resulting from overdoses.”

Advisors⁵

– White House Council of Economic

- In 2015, opioid overdoses killed 41,033 people in the United States. The White House Council of Economic Advisors estimates the “cost” of these deaths at \$431.7 billion.⁵
- The cost of two units of Narcan (naloxone nasal spray) is approximately \$150.⁶
- A 2013 NIAID study found that naloxone distribution to heroin users was cost-effective, with an incremental cost effectiveness ratio of \$14,000 in the most conservative scenario.⁷
- More recent data from Vermont indicate much greater cost effectiveness. In 2018, one Vermont social service agency that distributes naloxone kits estimated a cost per life saved of \$325-\$450.⁸

Community Perspective

Interview with Karen Heinlein-Grenier, Katie DeForge, and Maria Carlson, staff at Turning Point Center of Franklin County:

- Turning Point has distributed free Narcan for 4 years, and has noted steadily increasing interest during that time.
- Requests for Narcan come from a mixture of active users, people in treatment/recovery, and non-users.
- They do not always have follow-up with people who receive Narcan kits, so are not sure how often kits are used.
- Recently they have seen more requests from elderly people, and more people referred by healthcare providers.
- People may find it difficult to get Narcan from a pharmacy because:
 - They are concerned about stigma from pharmacists and other customers, and lack of privacy at the pharmacy counter.
 - They worry that asking for Narcan will broadcast that they have opioids and make them a target.
 - They do not know that it is available without a prescription, how much it will cost, or whether insurance will cover it.

Community Perspective, continued

Interview with Karen Heinlein-Grenier, Katie DeForge, and Maria Carlson, staff at Turning Point Center of Franklin County:

- It is beneficial for people to carry Narcan even if they don't know of anyone who abuses opioids:
 - If someone in their home has an opioid prescription, they may accidentally take an excess dose because of memory decline or polypharmacy; or a child may gain access to the medication.
 - A friend, family member, or coworker may be a “closet user.”
 - Opioids may be cut into other drugs, such as marijuana or cocaine.
 - People may encounter someone who has overdosed in a public setting – for example, slumped over the steering wheel in a parking lot.
- Interviewees were enthusiastic about the idea of incorporating naloxone education into routine primary care encounters, noting that this could provide the opportunity to educate a “captive audience” and may have a positive normalizing effect.

Intervention & Methodology

- During the course of routine primary care visits, patients who were not being prescribed opioids or receiving treatment for opioid use disorder were asked:
*“Many of our patients have friends and family who are affected by the opioid epidemic. There is a medication called naloxone that you could use to save a life if someone around you were to overdose. **Would you like to learn more about naloxone while you’re here today?**”*
- Patients who consented were instructed in how to use Narcan and given:
 - A quick reference sheet summarizing when and how to use Narcan nasal spray, and what to do afterward
 - A list of local organizations that distribute free Narcan kits, and local pharmacies with prices
- The reference sheet was developed based on similar resources from the CDC, Vermont Department of Health, and the Narcan package insert, and has a Flesch-Kincaid grade level of 3.4 (i.e., a 3rd grade reading level).

Use naloxone when

- someone has **used opioids**
- they don't respond when you **shout their name** or **rub your knuckles *hard* on their chest**
- they are **breathing very slowly** or **not breathing**

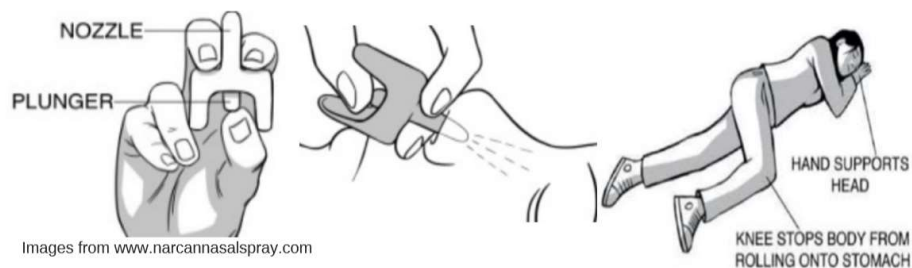
First, call 911!

Say "Someone here is **unconscious / isn't breathing,**" and the address.

Stay there until rescue arrives.

To use naloxone nasal spray:

Lay the person **on their back.** Put the plunger **in their nose.** Press the plunger **down all the way.** Roll them into **this position:**



You may need to give another dose

if the person is not **conscious and breathing** within **2-3 minutes.**

Give rescue breaths or start CPR

if you know how, or if the **911 operator** instructs you.

Free Naloxone Kits

These places distribute Narcan (naloxone nasal spray) kits from the Vermont Department of Health at no cost. Please call in advance to set up a good time to come in.

In Swanton:

NOTCH Swanton Health Center

26 Canada St., (802) 868-2454

Monday-Friday, 7:30 AM – 5:00 PM

In St. Albans:

Howard Center

172 Fairfield St., (802) 524-7265

Monday-Friday, 9:00 AM – 4:00 PM

Turning Point of Franklin County

182 Lake St., (802) 782-8454

Monday-Thursday, 9:30 AM – 4:30 PM

Friday 9:30 AM – 3:00 PM

Saturday 10:00 AM – 3:00 PM

BAART Behavioral Health Services

10 Crest Rd., (802) 370-3545

Monday-Friday, 5:30 AM – 2:00 PM

Saturday-Sunday, 6:00 AM – 10:00 AM

Local Pharmacies

In Vermont, you don't need a prescription to get naloxone from a pharmacy. **Vermont Medicaid, and many other insurance policies, will cover naloxone even if you don't have a prescription.**

If you do not have insurance coverage, here is the out-of-pocket cost for Narcan (naloxone nasal spray) at some local pharmacies. **Before paying out of pocket, remember that you can get a Narcan kit for free at the community centers listed on the left!**

In Swanton:

Swanton Rexall: \$

In St. Albans:

Walmart: \$143.88

Hannaford: \$165

Price Chopper: \$145. Also available as a syringe with atomizer for \$30 – this is also sprayed into the nose, and the pharmacist can teach you how to use it.

Kinney Drugs: \$125

In Enosburg Falls:

Rite Aid / Walgreens: \$135.99

(Last updated November 4, 2018)

Results

- Over the course of 7 days in clinic, naloxone education was offered to all patients who were not receiving opioid prescriptions – a total of 7 patients; 2 said yes (28%).
- After naloxone education:
 - 100% said that they plan to obtain naloxone.
 - 100% said that they would not be surprised if they witnessed an overdose in the next 12 months.
 - 100% said that they would feel confident about administering naloxone if necessary.
- Patient feedback:
 - **“Honestly, you really never know when you might need this”** – recently passed a driver who was pulled over unconscious with a child in the car, and called 911, but would have used naloxone if she’d had it
 - Had heard of Narcan but “I had no idea that anyone can get it, or that it’s so simple to use – **this is definitely life-changing information**”

Evaluation & Limitations

Although naloxone education was well-received by those patients who received it, the number of patients participating in this project was very small, for three reasons:

- 1. The duration of the project was very short.**
- 2. The vast majority of patients encountered were not part of the target group for this project,** because they were receiving opioids (either as a component of medication-assisted treatment or for chronic pain).
- 3. Almost three-quarters of eligible patients declined naloxone education,** largely because they did not perceive it as personally relevant.
 - Most declined because to their knowledge, none of their friends or family members used opioids.
 - One patient has a household member who is prescribed opioids, but did not perceive him to be at risk of overdose.
 - One patient stated that he did not believe that people who overdose should be revived.

Future Recommendations

Potential directions for future work in this area include:

- Conducting a longer trial of this project, possibly in a different population in which fewer patients are being prescribed opioids.
- Develop materials that convey to patients that even if they do not know of friends or family who abuse opioids, they may still be in a position to save someone's life.
- Determine demographic characteristics of patients who are more likely to consent to naloxone education, and develop recommendations regarding who should be offered naloxone education, when, and how often.
- Initiate collaboration with the Vermont Department of Health or other community agencies in order to distribute free Narcan kits from the office.
- Hold focus groups with community members to identify other needs and strategies for supporting family and friends of opioid users in a primary care setting.

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