

NARCAN (NALOXONE HYDROCHLORIDE) SPECIAL REPORT

Overdose Prevention: Narcan - A Lifeline to Recovery

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Center for Chemical
Addictions Treatment

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Overdose Deaths – An Epidemic:

Overdose deaths are now the leading cause of accidental death in the United States, exceeding even motor vehicle accidents among people ages 25 to 64. Overdose (OD) happens when a toxic amount of a drug or combination of drugs is taken into the body. Overdoses can result in serious harm or death.

According to the Ohio Department of Health, “From 1999 to 2011, Ohio’s death rate due to unintentional drug poisonings **increased 440 percent**, and the increase in deaths has been driven largely by prescription drug overdoses. On average approximately five people died each day in Ohio due to drug overdose.”¹

Many deaths caused by opioid overdose are preventable if Narcan (Naloxone Hydrochloride) is administered along with an immediate call to 911. A person is more likely to overdose when he or she has abstained for a length of time such as during treatment in a rehab program or following incarceration. This is because tolerance is lowered, causing a previously normal quantity to potentially become fatal.

Narcan is an opportunity to put lifesaving help in the hands of an opioid overdose victim. After being brought back from overdose, a person has a second chance at treatment – and we know that treatment works. Family members benefit because they are not faced with the trauma and grief associated with the sudden death of a loved one. And our shared community benefits when someone who has been brought back from the brink of death becomes a productive member of society again.

The Mission of the Center for Chemical Addictions Treatment (CCAT) is to *“save lives and rebuild families by providing tools for lifelong recovery and sobriety thereby reducing costs to our community associated with untreated addiction.”*

In keeping with our mission to save lives, CCAT’s physicians have begun prescribing Narcan upon discharge to patients diagnosed with opioid dependence, putting it directly into the hands of those most at risk for overdose. Patients are thoroughly educated on the signs and symptoms of overdose as well as how to properly administer Narcan and call 911.

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What is Narcan:

Narcan is a safe prescription rescue medication that reverses opioid overdose. Our physicians prescribe the type that comes as a premeasured mist in a nasal spray. The purpose of Narcan is to break the opioid attachment to the brain and respiratory system in order to prevent death. When administered, Narcan causes a person to experience withdrawal almost immediately. The person begins breathing and is brought to consciousness quickly, avoiding potential death from the overdose.

Narcan is safe and easy to administer, has no potential for abuse and is harmless if given to someone not experiencing overdose. At less than \$25 a dose, it is very cost effective, especially when compared to the expensive costs of emergency room visits and hospital stays caused by overdose. [See box right.¹]

Narcan: The Challenges

CCAT views Narcan as a rescue medication just like an *Epi-Pen* (epinephrine) is a first-line treatment for life-threatening allergic reactions (anaphylaxis). Gaining widespread acceptance of Narcan, however, is at times a challenge. Tessie Castillo, Advocacy and Communications Coordinator at the North Carolina Harm Reduction Coalition had this to say, “Like all harm reduction measures, Narcan distribution is controversial due largely to opposition from advocates of an abstinence-only approach to drug use.”² And according to the national Harm Reduction Coalition, “Opponents . . . believe that distributing Narcan to patients engaged in treatment sends a mixed signal and goes against the abstinence-only rehab model. In fact, there is no evidence that discussing overdose prevention and response with individuals in drug treatment results in relapse.”³

The Coalition goes on to say, “Since many overdoses occur while someone else is present, a patient’s Narcan may actually end up being used to save someone else’s life (i.e. peers or family members). Telling a person in treatment that he or she has the potential to save a life is a very positive message, particularly for those new in treatment that may be struggling to feel good about themselves.”³

Opponents also claim that use of Narcan will tempt addicts to use more frequently and even at higher quantities, thinking that Narcan will reverse an overdose. However, PrescribetoPrevent.org, an internet-based resource geared towards the medical community counters this by saying that “people who received overdose prevention and management training with naloxone actually reported less drug use and more treatment access than prior.”⁴

Another challenge is dealing with societal stigma of opiate addiction. As a disease that remains largely misunderstood, some people attach a moral judgment to saving the life of an addict who has overdosed. According to neuroscience journalist Maia Szalavitz in *The Conspiracy Against Naloxone*, opposition to Narcan is a “moral discomfort among drug warriors who apparently feel that the wages of drug use should be death.”⁵ Thus, it becomes even more important to educate our community that opioid dependence is a brain disease, *not a moral failing*. For some, drug use can begin as a choice, but frequent use can cause the brain cells to change the way they work. With repeated use, the brain “resets” itself to believe the drug is necessary for survival. We must work together to eliminate the stigma of addiction by dispelling myths and raising awareness of this disease so that more lives can be saved.

We also need to work towards increasing distribution channels for Narcan. Under current Ohio law, the only first responders lawfully allowed to administer Narcan are paramedics. Expanding this to include EMTs, law enforcement and other first responders can help save more lives.

“Drug overdoses are associated with high direct and indirect costs. Unintentional fatal drug poisonings cost Ohioans \$1.9 billion on average each year in medical and work loss costs; while non-fatal, hospital-admitted drug poisonings cost an additional \$40 million.”

-Ohio Department of Health¹

Adding to the problem is the fact that nearly everyone experiencing an overdose is unconscious and unable to self-administer the antidote; they require someone else to save them. However, at present, Ohio law limits physicians in prescribing Narcan to the *patient only*, not his or her family members. We need to support legislation that will allow for distribution to family members who are often nearby a loved one who has overdosed.

Lastly, many bystanders fear prosecution if they step in to save someone in a place where illegal drug use is taking place. Those fears can be laid to rest through the passage of Good Samaritan legislation in Ohio.

Narcan – A Lifeline:

The good news is that Ohio House Bill 170, co-sponsored by Rep. Terry Johnson (R-District 90) and Rep. Michael Stinziano (D-District 18) addresses many of the challenges faced. HB170 will get Narcan into the hands of three key groups of people who are in a position to help: friends and family members of addicts, law enforcement, and emergency medical responders.

HB170 passed the House in October of 2013 and moves to the Senate during this session. “I’ve seen Narcan save lives in the emergency room,” said Johnson. “But people don’t always make it to the ER. The first people on the scene are often law enforcement and our emergency medical responders. By allowing them to administer this drug in emergency situations, we can help continue our downward trend in drug deaths that we’ve seen in the past year and a half.”⁶

Additionally, HB170 expands access to this life-saving medicine to family members and friends of the addict and puts into place a Good Samaritan law that protects people from prosecution if they assist an individual who is experiencing an opioid-related overdose.

Passion in Advocacy and Education:

Even the best legislation however, can never match the passion of a family member who has lost a loved one due to an overdose that could have been prevented. That passion often becomes a voice for advocacy and education – as CCAT’s *Voices of Hope* group often demonstrates. *Voices of Hope* members serve as ambassadors to raise awareness to the treatment needs of addicts and their families through outreach to the community. Following their lead, our community can support and encourage those addicted to seek treatment so they and their families can begin to heal.

Joining with legislators and others who support changes to existing Narcan laws can help save lives. But ultimately, we must make treatment a priority or we risk losing many more precious lives.

Addiction still carries a stigma that is hard to break.

Good Samaritan laws in 17 states protect people from prosecution if they call 911 to assist an individual at risk of an opioid-related overdose. More states are considering medical amnesty laws, including Ohio, but in a very limited form.

If you or someone you know has a drug or alcohol problem and needs help, contact one of our Admissions professionals in confidence at (513) 381-6672 or visit our website www.ccatsober.org for more information.

Center for Chemical Addictions Treatment, Est. 1970

Center for Chemical Addictions Treatment (CCAT) has provided alcohol and drug treatment to adults for more than forty years. The staff of sixty-five persons, including nurses, physicians, counselors and professional staff, assures that quality care is provided 24 hours a day, 7 days a week in the medical Detox and short-term residential programs at one location, Ezzard Charles Drive in Cincinnati, Ohio.

As a not-for-profit, the majority of operating revenue comes from public sources, the largest being the Hamilton County Mental Health and Recovery Services Board. CCAT served more than 1,500 men and women last year. Continuous accreditation by the Joint Commission since 1975 is a testament to the quality of services and administration. Additionally, the Ohio Department of Alcohol and Drug Addiction Services certify the agency to provide residential and outpatient care. CCAT was the winner of the Better Business Bureau's Torch Award for Marketplace Ethics in 2006, a 2010 Honoree and proudly displays the GuideStar Wise Giving Seal.

Voices of Hope stands alongside CCAT to raise awareness to the treatment needs of addicts and their families through outreach to the community, to raise funds for treatment enhancement and to serve as ambassadors to break the stigma associated with addiction. Its purpose is to harness the passion and compassion of family members and friends for the benefit of addicts working toward recovery from a substance abuse disorder. The group meets the first Monday of each month at 6:00 pm at CCAT's facility at 830 Ezzard Charles Drive. Contact CCAT's Development Office at (513) 381-6672 Ext. 124 for further information.

- 1 Ohio Department of Health. *Prevalence and Trends in Unintentional Drug Overdose*. <http://www.healthy.ohio.gov/vipp/drug/dpoison.aspx>
- 2 Castillo, Tessie. "We Can End Opiate OD Deaths." *The Fix*. 20 February 2013. <http://www.thefix.com/content/naloxone-Narcan-OD-harm-reduction-access-nonmedical8434>
- 3 Harm Reduction Coalition. *Worksheet: Training Tips for Different Settings. Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*. <http://www.harmreduction.org/our-work/overdose-prevention>
- 4 Prescribe to Prevent.org. *Strategies to Address Barriers to & Concerns with Implementing Overdose Prevention including Naloxone Distribution/Prescription (OPND) in Opiate Treatment Programs*
- 5 Szalavitz, Maia. "The Conspiracy Against Naloxone." *The Fix*. 14 March 2012. <http://www.thefix.com/content/naloxone-Overdose-remedy-over-the-counter>
- 6 Johnson, Terry. "Johnson Introduces Bill to Expand Access to Narcan." *Ohio House of Representatives 130th General Assembly*. <http://www.ohiohouse.gov/terry-johnson/press/johnson-introduces-bill-to-expand-access-to-narcan>