Video Education for Bystander Opioid Overdose Response and Naloxone Administration

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Opioid overdoses driving increase in drug overdoses overall

Drug overdose deaths involving opioids, by type of opioid, United States, 2000-2014

Deaths per 100,000 population

- Deaths involving any opioid
- Natural & semi-synthetic opioids (e.g., oxycodone, hydrocodone)
- Heroin
- Other synthetic opioids (e.g., fentanyl, tramadol)
- Methadone

SOURCE:
MMWR 2015.
www.cdc.gov/drugoverdose
Opioid Epidemic

- MA is one of 13 states that had a statistically significant increase in overdose deaths from 2013-2014
- In 2014 there were 1,289 drug overdose deaths in MA, an 18.8% increase from 2013

http://www.cdc.gov/drugoverdose/data/statedeaths.html
Policy Responses to Opioid Epidemic

• Limiting prescriptions
  • New MA legislation (March 2016)
  • Increase community penetrance of naloxone
    • First responders
    • Embedding in community
Naloxone Formulations

- Intramuscular
- Intranasal
- Autoinjector
How Do Community Members Get Naloxone?

- Patients and bystanders
  - Municipal distribution
  - Prescription
  - Standing order
  - Emergency department distribution
Patients who arrive to the ED after an opioid overdose should be counseled prior to discharge about overdose and prevention.

If appropriate, patients should be prescribed intranasal naloxone.
“Physicians should discuss naloxone and its use to reverse overdoses. Physicians should offer to prescribe naloxone to their patients after such discussions.”
Does community naloxone reduce overdose deaths?

- Heroin overdose deaths decreased in Chicago after initiation of participant education and naloxone prescription program

Maxwell SS. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose.
Does community naloxone reduce overdose deaths?

- Massachusetts communities that implemented overdose education and nasal naloxone distribution programs between 2006 and 2009 had lower opioid overdose fatality rates.

Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A et al. Opioid overdose
ED Naloxone Distribution Programs

- BMC
- RIH
- Project DAWN (Ohio)
- Vancouver
Barriers to ED Distribution

- Pharmacy policy
- Cost
- Legal
- Patient education
• **The problem:** educating patients on opioid overdose response and naloxone use adds task-time to provider load

• **Our proposed solution:** video education may be effective in educating patients on opioid overdose and naloxone use
Objectives

• **Aim 1**: To determine patients’ perceived level of competency using naloxone rescue therapy for opioid overdose

• **Aim 2**: To determine patients’ acceptance and attitudes toward the use of video education in recognition and response to opioid overdose

• **Aim 3**: To describe the rate of recurrent opioid overdose and use of bystander naloxone in a 1-month period following an emergency department encounter and evaluation
Methods Overview

- Enrollment of patients presenting to the UMass Emergency Department after unintentional opioid overdose

- Assessed for clinical sobriety and ability to consent to participation
Target Population

- **Inclusion criteria:**
  - Age >18 years
  - English-speaking
  - Able to provide written informed consent
- Subjects at risk of opioid overdose:
  - Received emergency medical care involving opioid intoxication or poisoning
  - Suspected or disclosed history of substance abuse or nonmedicinal opioid use
  - Voluntary request from patient, caregiver, or emergency department physician
Target Population

- Exclusion criteria:
  - Age <18
  - Non English-speaking
  - Prisoners
  - Under the influence of alcohol or drugs as determined by clinical exam at the time of consent
  - Subjects on sustained-release or high-dose opioids for chronic pain without suspicion of substance abuse or nonmedicinal use of other sedating medications (including alcohol, benzodiazepines, and antidepressants)
Overdose Patients as Future Bystanders

- 87% of take-home naloxone administered by users to friends

Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A et al. Opioid overdose
Patient identified at risk of opioid overdose, fits inclusion criteria, free of acute intoxication. Primary team notifies study team.

Patient approached by study staff, consents to process

Intake questionnaire completed

Educational video shown

Post-video questionnaire

Follow-up contact at 1 month; follow-up questionnaire completed
VIDEOS

Patient Education Videos

- 1 BREATH EVERY 5 SECONDS
  - substance use disorder Video by Overdose Prevention Education Network (5min2sec)

- When Overdose Happens: What To Do Video by Overdose Prevention Education Network (5min22sec)

- Introduction to Naloxone for People with Opioid Use Disorders. Video by Veterans Health Administration.

PAGES IN THIS SECTION

- Materials
- Videos
  - Videos for Download
  - Online Training
Outcomes

- Change in understanding of opioid overdose response and naloxone administration immediately after video and retention at 1 month

- Description of rates of opioid overdose and naloxone use in 1 month

- Participant perception of video education
Potential Limitations

- Convenience sample
- Intranasal naloxone training
- Requires patients obtain naloxone at outpatient pharmacy
The Goal

• Every patient presenting to the emergency department after an opioid overdose (or a friend/family member) leaves with take-home naloxone and the knowledge and confidence to use naloxone to respond to an opioid overdose.
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