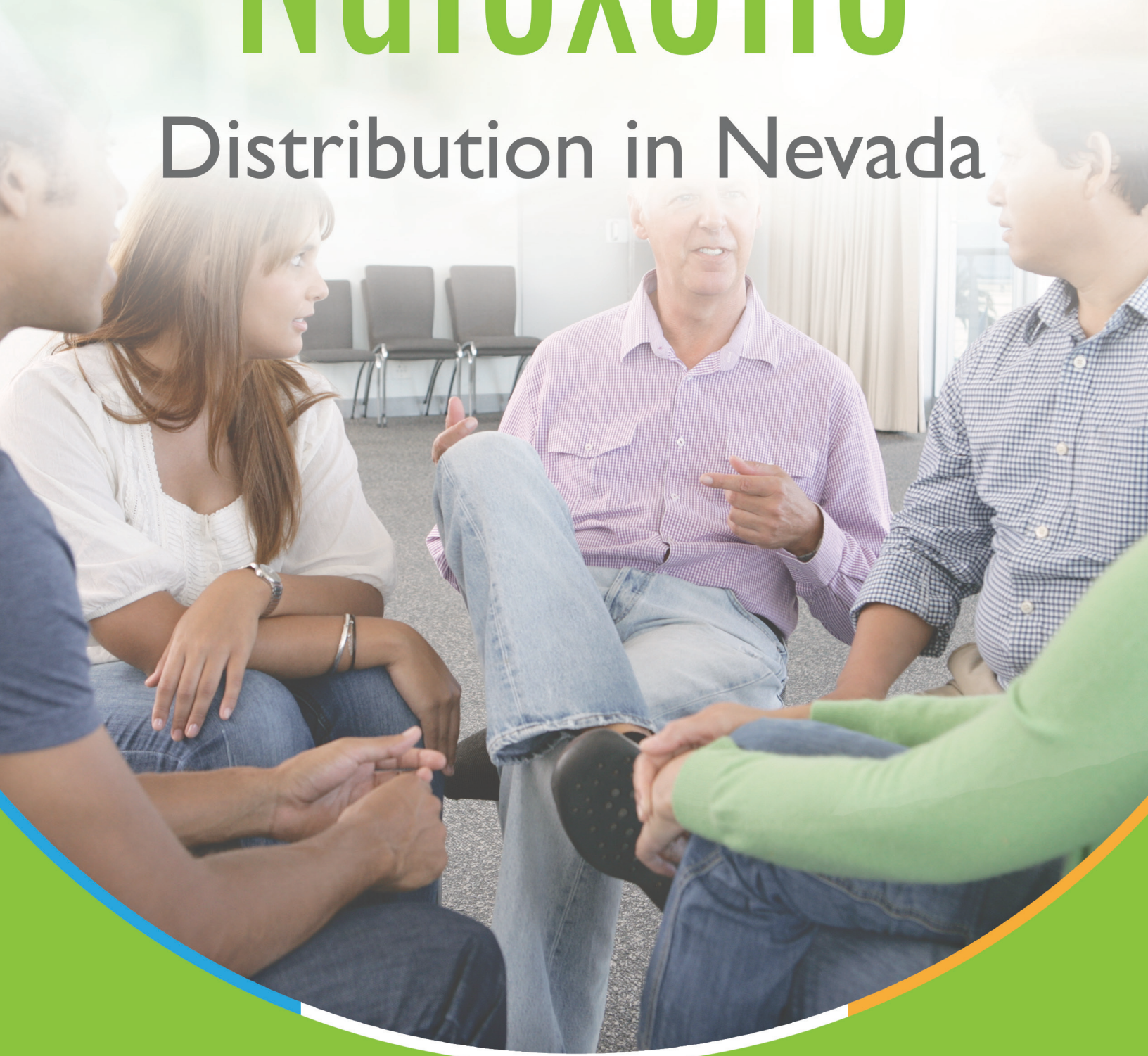


Naloxone

Distribution in Nevada



**Guidelines and Best Practices
for Community-Based Organizations**

Community-Based Organization Involvement

COMMUNITY-BASED ORGANIZATIONS AND THEIR ROLE IN PREVENTION OF OPIOID OVERDOSE

A Community-Based Organization (CBO) is a public or private nonprofit organization of demonstrated effectiveness that provides the following:

- (A) is representative of a community or significant segments of a community; and
- (B) provides educational or related services to individuals within the community.⁷

HOW COMMUNITY-BASED ORGANIZATIONS (CBO) CAN HELP

- CBO's can store and distribute naloxone.
- CBO staff can perform the critical function of teaching individuals who use or misuse drugs, along with their friends, family members, and other individuals in a position to assist in the event of an overdose, how to recognize, understand and respond to an overdose emergency.



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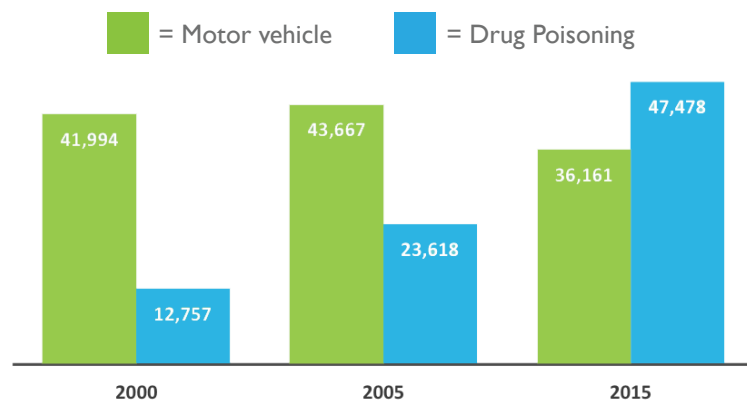
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Overdose

is the leading cause of injury-related death in the U.S.

100 PEOPLE DIE FROM DRUG OVERDOSE EVERYDAY IN THE UNITED STATES.

Fig 1.
Death by Cause of Injury
(Per 100,000)¹



Note: Poisoning ICD-10 Codes include X40-49

DRUG OVERDOSE DEATHS IN NEVADA ARE STATISTICALLY HIGHER THAN THE NATIONAL AVERAGE.

Fig 2.
Drug Overdose Deaths²

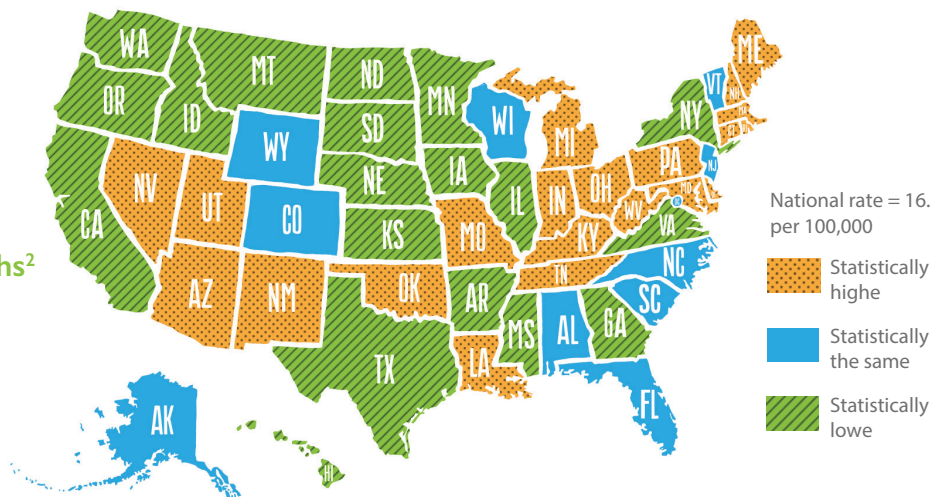


Figure 2. Age-adjusted overdose death rates, by state: United States, 2015. Reprinted from Drug Overdose Deaths in the United States, 1999-2015, by H. Hedegaard, M. Warner, and A.M. Minino, 2017, NCHS data brief, no 273. Hyattsville, MD: National Center for Health Statistics. Reprinted with permission.

Opioid

Overdose Overview

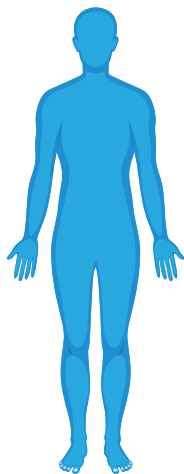
Opioids include illicit drugs such as heroin and prescription medications used to treat pain and/or addiction such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine. Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors in the brain can also trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

The first overdose education and naloxone distribution program in the US was founded in 1996 by the Chicago Recovery Alliance.³ Since then over 600 programs nationwide have provided education and take-home naloxone kits to over 150,000 individuals at risk for opioid overdose and other people in a position to assist those at risk. By expanding access to naloxone, communities can be better equipped to provide life-saving assistance to individuals who may experience an opioid overdose.

Accidental opioid overdose is preventable

Having experienced a non-fatal overdose is a risk factor for opioid overdose.⁴ In 2016, one in ten patients hospitalized in Nevada for drug related overdoses died within the following year, with 17% of those deaths due to an accidental drug overdose.⁵

OTHER FACTORS THAT INCREASE RISK OF OVERDOSE:



Reduced Tolerance:

Period of abstinence, change in dose, release from prison

Genetic Predisposition

Concomitant Use of Substances:

Benzodiazepines, alcohol, cocaine

The majority of opioid overdose deaths involve at least one other drug, including benzodiazepines, cocaine or alcohol.⁶

OVER THE PAST FEW YEARS THE STATE OF NEVADA CREATED AN ACTION PLAN AND PASSED NEW LAWS INCLUDING SENATE BILL 459 TO ADDRESS THE ISSUE OF OPIOID OVERDOSE.

The major policy changes put forth within Senate Bill 459 include:

- Improved access to naloxone
- The passage of civil and professional liability protections for individuals who, acting in good faith and with reasonable care, can prescribe, dispense or administer naloxone.
- Passage of 911 Good Samaritan protection to encourage individuals to seek medical help for a person experiencing a drug or alcohol overdose. Individuals who act in good faith are protected against arrest, charge, prosecution, and conviction for charges related to drug paraphernalia possession, minor drug possession, use of controlled substance, or violation of restraining orders, parole or probation.

The 911 Good Samaritan law does NOT offer protection from arrest for charges related to: possession with intent to sell/distribute, child neglect/endangerment or for individuals with active warrants for their arrest.



Distribution of Naloxone

Please note that the distribution of naloxone to community-based organizations interested in becoming distribution sites, is a collaborative effort by the State of Nevada STR grant and the Southern Nevada Health District (SNHD) First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) Grant.

The following CBO types are eligible to become naloxone distribution sites under the Nevada STR and FR-CARA projects:

- Needle Exchange Programs
- SAPTA certified and Medicaid eligible providers providing treatment services
- Federally Qualified Health Centers (FQHC)
- Jails
- Peer Recovery Community
- Health Districts
- Other STR funded treatment and recovery support entities^{iv}
- Other sites as designated by Southern Nevada Health District FR-CARA Project

Exemptions to this criteria may be applied in rural and frontier high need areas or in cases of Public Health Emergency

STEPS TO BECOMING A DISTRIBUTION SITE

If you are a qualified organization your next steps will be:

1. Develop internal Policies and Procedures (P&P's) for the storage and distribution of naloxone.
2. Complete a Standing Order and provide an estimate of initial quantity your organization will distribute over a 6 month period.
3. Send P&P's along with Standing Order and initial quantity your organization will distribute over a 6 month period to STR and SNHD staff: Jamee Millsap: jmillsap@casat.org and Brandon Delise: delise@SNHD.org (initial review may take up to 10 business days).
4. Once P&P's have been reviewed and approved, an MOU will be established with the CBO, STR and SNHD that outlines the particular service area and population to be served.
5. Once all of the above is in place, the CBO will request a training for CBO staff from project staff: CASAT/STR/SNHD FR-CARA (Jamee Millsap: jmillsap@casat.org and Brandon Delise: delise@SNHD.org).

Should you have any questions regarding this process, please reach out to both Jamee Millsap and Brandon Delise. Naloxone order will be placed upon successful completion of CBO training.

CBOs must provide distribution metrics as designated by the STR and FR-CARA project

i) NRS 453C.110 Authorization to store and dispense opioid antagonist. Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the registration and licensing provisions of chapter 639 of NRS and may dispense an opioid antagonist if those activities are undertaken without charge or compensation. (Added to NRS by 2015, 111)

ii) This includes: reducing administrative barriers to the provision of take-home kits; providing flexible and responsive services available on-demand, when possible; and providing support and opportunities to access other services if and when requested.

iii) The focus of this distribution should be on making naloxone available to laypeople; separate mechanisms exist for increasing naloxone availability for use by EMSs, law enforcement officers, and other uniformed first responders for use in their official capacity.

iv) Please note, Law Enforcement Agencies fall under different criteria.

GUIDING PRINCIPLES FOR CBOs

Under Nevada's Good Samaritan Drug Overdose Act, [NRS 453C.110⁸], CBOs may:

1. Provide and dispense naloxone under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist (e.g., a qualified medical director⁹).
2. Store and dispense naloxone under a standing order, provided that those activities are undertaken without charge or compensation. See example standing order in the appendix.

Based on the experience and expertise provided by prior programs, the following broad guidelines are provided for delivery of opioid overdose education and naloxone take-home kits:

1. CBOs should prioritize distributing naloxone to people who use drugs, who are not only most at risk for overdose themselves, but also the most likely to be present and able to respond in the event of someone else's overdose.

Opioid STR and FR-CARA Priority Populations Include: overdose survivors; Individuals released or discharged from controlled environments following detox (e.g., jails, detox facilities, residential treatment centers, prisons); individuals who self-identify as at-risk (e.g., needle exchanges).

2. CBOs should deliver, at a minimum, education about how to prevent, recognize, and respond appropriately to an opioid overdose including how to administer naloxone.
3. CBOs should determine what works best for their organization and their clientele, in terms of the length of educational sessions, route of delivery (e.g., group sessions, one-on-one, video), and supplemental content.
4. CBOs should supply naloxone in the formulation that is most acceptable to their clientele (e.g., intramuscular, intranasal) and, if possible, should provide multiple options.
5. CBOs should strive to lower barriers to overdose education information and naloxone.
6. When resources are available, CBOs should also distribute naloxone to friends, family members, and other individuals in a position to assist those who may experience an overdose.^{ii,iii}
7. Under Section 8 of Nevada's Good Samaritan Overdose Act, a CBO is not subject to the provisions of NRS 639, requiring the labeling of the container of a drug, but CBOs may want to provide some of the information listed below so the naloxone is never confiscated from the individual by police.

1. The date.
2. The name, address and prescription serial number of the practitioner who filled the prescription.
3. The names of the prescribing practitioner and of the person for whom prescribed.
4. The number of dosage units.
5. The symptom or purpose for which the drug is prescribed, if included by the practitioner pursuant to NRS 639.2352.
6. Specific directions for use given by the prescribing practitioner.
7. The expiration date of the effectiveness of the drug or medicine dispensed, if that information is included on the original label of the manufacturer of that drug or medicine. If the expiration date specified by the manufacturer is not less than 1 year after the date of dispensing, the practitioner may use a date that is 1 year after the date of dispensing as the expiration date.
8. The proprietary or generic name of the drug or medicine as written by the prescribing practitioner.
9. The strength of the drug or medicine. The label must contain the warning: Caution: Do not use with alcohol or nonprescribed drugs without consulting the prescribing practitioner.

Naloxone

also called 'Narcan'

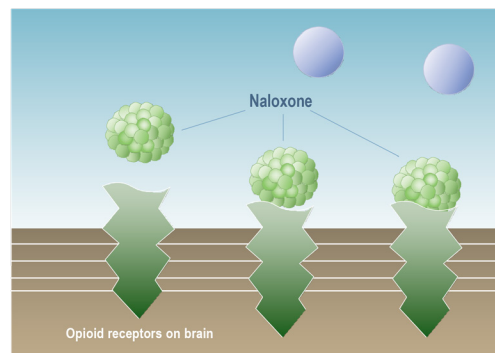
Naloxone is an antidote to opioid overdose. It is an opioid antagonist that is used to reverse the effects of opioids. Naloxone works by blocking opiate receptor sites. It is not effective in treating overdoses of benzodiazepines (such as Valium®, Xanax®, or Klonopin®), barbiturates (Seconal® or Fiorinal®), clonidine, Elavil®, GHB, ketamine, or other non-opioid drugs. It is also not effective in treating overdoses of stimulants such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful in reversing the effects of the opioid, which could help restore breathing.

Naloxone benefits include:

- Highly specific, high-affinity opioid antagonist used to reverse the effects of opioids.
- Can be safely administered by laypersons via intramuscular or intranasal* routes, with virtually no side effects and no effect in the absence of opioids.
- Effects last 30-90 minutes; usually sufficient for short-acting opioids but help should always be sought. When naloxone wears off the overdose can come back and the person could stop breathing again.
- While high doses of intravenous naloxone by paramedics have been associated with withdrawal symptoms, lower lay-administered doses produce much more mild symptomatology.⁹

Fig 3.
Naloxone Mechanism of Action¹⁰

Naloxone has a higher affinity to the opioid receptors than opioids like heroin or oxycodone, so it knocks other opioids off the receptors for 30-90 minutes. This reverses the overdose and allows the person to breathe.



THE AMERICAN MEDICAL ASSOCIATION HAS ENDORSED THE DISTRIBUTION OF NALOXONE TO ANYONE AT RISK FOR HAVING OR WITNESSING AN OPIOID OVERDOSE.¹¹

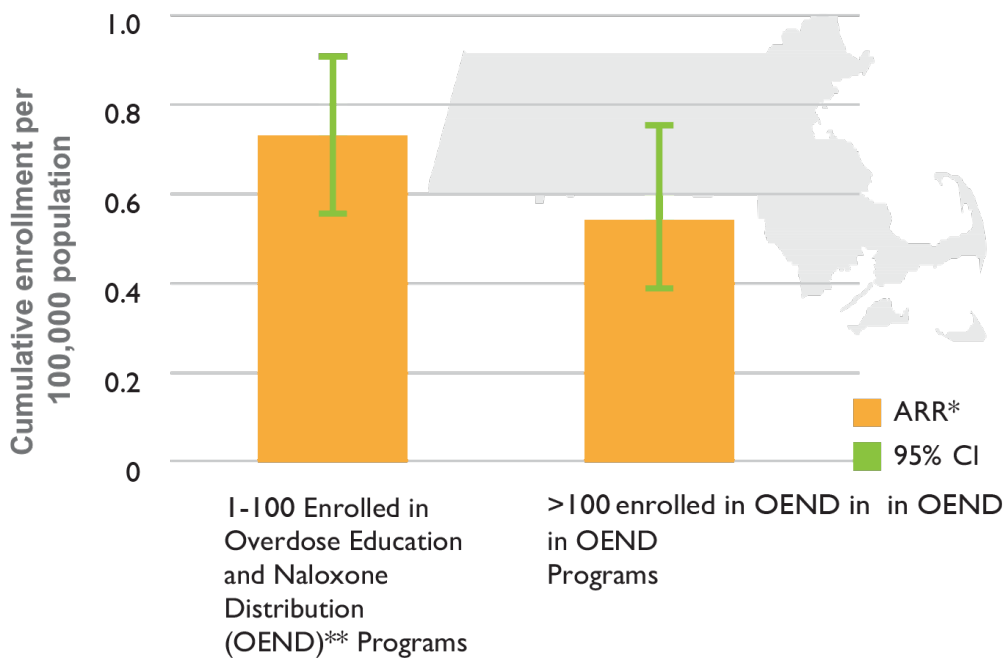
From 1996 through June 2014, naloxone has been distributed to over 152,000 people and more than 26,400 overdose reversals have been reported.¹²

* Intranasal is available in both FDA approved and off-label formulations. Both are supported by the American Medical Association and are the preferred route for many emergency responders.

Naloxone is Effective

Fig 4.

Fatal Opioid Overdose Rates by Naloxone Implementation in Massachusetts¹³



* Adjusted Rate Ratios (ARR) adjusted for population age <18, male; race/ethnicity; below poverty level; medically supervised inpatient withdrawal, methadone and buprenorphine treatment; prescriptions to doctor shoppers, year

** OEND programs train opioid user and bystander enrollees on how to recognize the signs of an overdose, seek help, begin chest compressions, when necessary, and administer naloxone.

Safety

Considerations

Naloxone is remarkably safe, especially when used in low doses and administered properly. When given to individuals who are not opioid-intoxicated or opioid-dependent, naloxone produces no clinical effects, even at high doses. Therefore it is better to give naloxone to a person with a suspected overdose rather than wait to confirm. Naloxone can cause unpleasant withdrawal symptoms in people who are opioid dependent; however, in most cases these symptoms are not life-threatening.

BELOW ARE SOME IMPORTANT REMINDERS WHEN USING NALOXONE.

- It is safe: The FDA has approved injectable naloxone, intranasal naloxone (called NARCAN Nasal Spray), and a naloxone auto-injector (called Evzio®).
- More than one dose of naloxone may be needed to revive someone who is overdosing. Patients who have taken longer-acting opioids may require further doses or an infusion of naloxone.¹⁴
- Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. Some persons become agitated or combative when this happens and need help to remain calm.
 - * *The responder should try to stay with the overdose patient and discourage him/her from using more drugs to relieve the withdrawal symptoms. Not only will the opioids not work when naloxone is on board, but when the naloxone wears off in 30-90 minutes the overdose can come back and the person could stop breathing again.*
- Naloxone can be used in life-threatening opioid overdose circumstances in pregnant women.¹⁵
- Always call 911 as emergency medical care is vital in any real or suspected overdose.

Overall, naloxone is very safe; however, it may cause dizziness, drowsiness, or fainting.

These effects may be worse if it is taken with alcohol or certain medicines.

For more information, see:

<http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm472923.htm>

The risk factors for accidental opioid overdose (OD) include:

- Toxic amount: Simply taking too much of the substance.
* Prevention tip: reduce amount and do tester shot.
- Mixing: this includes mixing opioids and alcohol, opioids and stimulants, etc. The effects of the drugs can be amplified;
* Prevention tip: reduce amounts, inject first if mixing with alcohol.
- Tolerance: lowers during periods of non-use (e.g., detox/jail/no money);
* Prevention tip: reduce amounts after a period of abstinence and do tester shot.
- Quality: drugs can vary in strength and purity;
* Prevention tip: try to use known source and do tester shot.
- Using Alone: if something goes wrong – nobody to help;
* Prevention tip: fix w/friend, unlocked door, and call someone trusted.

How to recognize an accidental overdose?

- Over-amp: Stimulants (cocaine/speed) make the body speed up.
- Overdose: Heroin and other downers (alcohol/benzos) make the body slow
* Signs of accidental overdose: Unresponsive, unconscious, breathing slow/shallow (12 or fewer breaths per minute); pale, clammy, loss of color; blue/gray (esp. lips/nails); loud/uneven snoring/gurgling; not breathing; faint/no pulse.

Overdose Myths

Some people have experience using these methods. However, these methods may not work and can cause harm.

- **Do Not:** Slap or punch and individual to resuscitate, it may lead to the bruising or breaking of the nose/jaw.
- **Do Not:** Place an unconscious individual in cold water or use ice
This makes the body cold, slow even more, and can lead to hypothermia

What to do if

Overdose Occurs



Assess

- Check responsiveness. Ask, "Are you okay?", shake foot, use sternum rub.
- Are they breathing?
- Look, listen and feel, if no response, call 911.

Call 911 - Good Samaritan Immunity Law (SB 459)

- Quiet the scene (or go to a quiet area), be calm and speak clearly, and do not argue.
- Give exact address/location, person not breathing or turning blue.
- You do not have to say: it is an overdose, give a name, or if drugs were involved.
- Tell the paramedics everything known about the situation when they arrive.

Perform Rescue Breathing or CPR^{iv}

- Check for clear airway. If blocked, roll on side and use finger sweep to clear.
- Roll onto back, tilt head back and pinch nose.
- Give 2 regular breaths.
- Look, listen and feel.
- If still not breathing give 1 breath every 5 seconds.
- Continue until person revives or help arrives.
- Once they start breathing, put them in the recovery position.*

*Recovery Position



- Roll the person on their side, with one arm under their head.
- Pull the top knee and arm over their body to keep them on their side.
- This will help prevent them from choking if they vomit.

- Remember to keep breathing for them. Brain damage starts occurring 4 minutes after loss of oxygen.

Note: Some organizations, including the American Heart Association, recommend providing CPR (ventilation and chest compressions), especially if you do not know how long someone has been unconscious or if you are not confident that it is an opioid overdose.

Use Naloxone (If Deemed Necessary for Second Dosage)

- Give one dose and continue to give rescue breathing.
- Additional doses can be administered if the first one does not take affect within 3 minutes.

Wait for Emergency Medical Services (EMS) to arrive

- If the person wakes up, they may experience withdrawal symptoms (i.e., "feel dopesick").
 - * Discourage the person from using more opioids and encourage them to wait for the paramedics.
- Naloxone only lasts for 30-90 minutes and an overdose can come back after the naloxone wears off.

Calling 911, giving naloxone, and rescue breathing are the SAFER METHODS for responding to opioid overdoses.

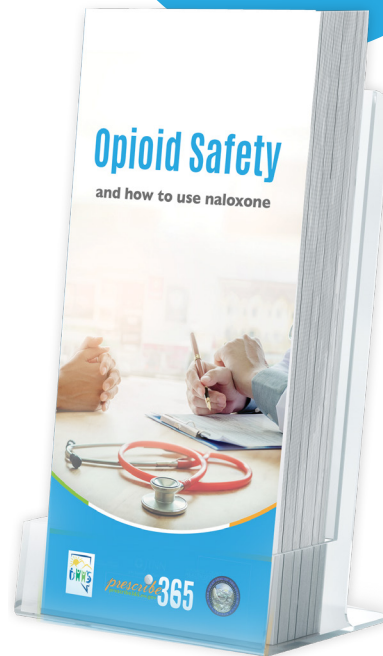
iv) In 2016 the New York State Department of Health convened a working group to evaluate the evidence related to providing resuscitation training in the context of naloxone distribution programs. The working group acknowledged that there are different protocols being used in different programs, but that "there are insufficient data to make a strong recommendation prioritizing chest compressions and/or rescue breathing." Therefore, programs are encouraged to consult with their clinical personnel and constituents to determine which protocol they will follow in their program. The complete report from the working group can be found here: https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/resuscitation_training.pdf

Naloxone patient

Education

Data suggest that brief educational encounters (5-10 minutes) are sufficient to increase patients' comfort with overdose recognition and response and naloxone administration.¹⁶

Brochures remind individuals and caregivers how to manage an overdose. Downloadable brochures can be found at: prescribe365.nv.gov



OPIOID SAFETY LANGUAGE

The word “overdose” has negative connotations and prescription opioid users may not relate to it.

Instead of using the word “overdose,” consider using language like “accidental overdose,” “bad reaction” or “opioid safety.” You may also consider saying:

“Opioids can sometimes slow or even stop your breathing.”

“Naloxone is the antidote to opioids—to be [sprayed in the nose/injected] if there is a bad reaction where you can’t be woken up.”

“Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”

Impact

of Overdose on Family/Friends

SAMHSA has developed a comprehensive tool kit around recovering from opioid overdose. A few important messages to convey to your staff include:

- Survivors of opioid overdose have experienced a very traumatic event. They likely are dealing with the emotional consequences of overdosing, such as embarrassment, guilt, anger, and gratitude, while simultaneously feeling the physical discomfort of opioid withdrawal. Most will need the support of family and friends to move forward.
- Many factors can contribute to an opioid overdose, however in most cases it was not planned. Often the underlying problem that led to opioid use in the first place (ie pain or substance use disorder)—still remain and also require attention.
- Family members and friends also may experience the effects of the event in the sense of feeling judged or inadequate because they could not prevent the overdose of their loved one. It is important for the family to work together to help the overdose survivor obtain help.
- Family or friends who have responded to the overdose may be experiencing stress or trauma related to the event. It is also important that programs provide an opportunity for overdose responders to debrief and seek support, if they need it.



The full toolkit can be found at

<https://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf>

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A. Administration Instructions

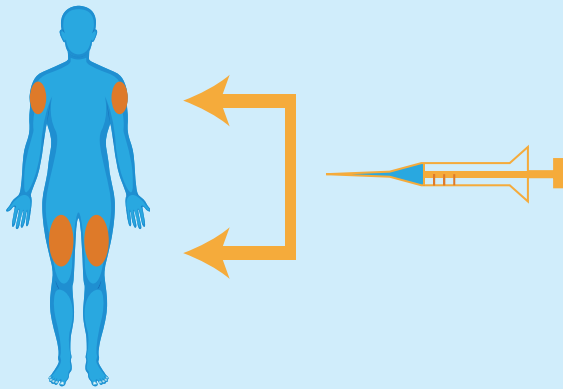
Instructions for use of injectable naloxone and NARCAN Nasal Spray

How to administer injectable naloxone:

Step 1: Remove cap from naloxone vial and uncover the needle.

Step 2: Turn vial upside down and insert needle through rubber plug. Pull back on Plunger and draw 1ml (1cc) of liquid. Get rid of excess air.

Step 3: Inject into an upper arm, thigh muscle, or buttocks and empty the syringe.



Step 4: If no or minimal reaction in 2-3 minutes, give a second dose.

Nevada's Good Samaritan Law offers protection from arrest to individuals who seek medical assistance for a person experiencing a drug or alcohol overdose.

**Now that you have naloxone . . .
Tell someone where it is and how to use it.**

How to administer NARCAN Nasal Spray:

Step 1: Remove NARCAN Nasal Spray from box and peel back the tab to open it.



Step 2: Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 3: Insert tip of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of the person's nose. Tilt the person's head back and place your hand under the neck for support.



Step 4: Press the plunger firmly to give the entire dose into one nostril.



Step 5: If no or minimal reaction in 2-3 minutes, repeat with a new NARCAN Nasal Spray device into other nostril.

Nevada's Good Samaritan Law offers protection from arrest to individuals who seek medical assistance for a person experiencing a drug or alcohol overdose.

**Now that you have naloxone . . .
Tell someone where it is and how to use it.**

B. Example Standing Order

[Program Name] Naloxone Standing Order

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally or intramuscularly as an injection.

1. This standing order authorizes [Program Name] to maintain supplies of Narcan Nasal Spray naloxone kits for the purposes of distributing them at no charge to persons at risk for opioid overdose or other people in a position to assist.
2. This standing order authorizes [Program Name] to possess and distribute nasal or naloxone kits for the purposes of distributing them at no charge to persons at risk for opioid overdose or other people in a position to assist to individuals who have completed overdose prevention and naloxone training.
3. Before distributing naloxone, individuals receiving the naloxone shall be trained on:
 - a. Overdose prevention techniques
 - b. Recognizing the signs and symptoms of overdose
 - c. Calling 911 and the Good Samaritan Law
 - d. Rescue breathing and/or chest compressions
 - e. Naloxone storage, carrying, and administration
 - f. Post-overdose follow-up and care
4. After training, the trainer will assess the individual's understanding of the information and their comfort with the basic components of overdose response before distributing
5. **Narcan Nasal Spray Rescue Kits** contain the following at a minimum:
 - a. Naloxone HCL 4mg/0.1mL – the pre-packaged kits include 2 single-use spray devices
 - b. Patient information pamphlet with overdose prevention information and step by step instructions for overdose responses and naloxone administration.
6. **Directions for use:** Administer nasal naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:
 - a. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.
 - b. Peel back the package to remove the device
 - c. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the person's nose.
 - d. Press the plunger firmly to release the entire dose into the person's nose.
 - e. Continue rescue breathing
 - f. Repeat with a new Narcan Nasal Spray device into other nostril, if no or minimal response after 2-3 minutes.
 - g. If possible, remain with the person until he or she is under the care of a medical professional, like a physician, nurse or emergency medical technician.
 - h. *Do not administer nasal naloxone to a person with known hypersensitivity to naloxone.*

Nevada License # [1/1/2018]

Physician's Signature and License No.

Date

[Physician Name]

[4/30/2019]

C. Resources

Resources for CBOs and Prescribers



Prevent & Protect:

Resources for community members, health departments, community-based organizations and collaborations

www.prevent-protect.org



Know your Pain Meds:

Information about prescription drug abuse and awareness in Nevada

www.knowyourpainmeds.com



Division of Health and Human Services (DHHS):

Naloxone resources for providers, naloxone legal status, trainings and contact information

prescribe365.nv.gov

Contact DHHS for additional questions at 775-784-8090 or 800-273-8255 or opiodstrgrant@health.nv.gov.



Stop Overdose:

Resource on overdose education, naloxone distribution, and the role that drug courts, first responders, health care providers, pharmacists, and treatment providers can play in preventing overdose

www.stopoverdose.org



Get Naloxone Now:

Online training on naloxone administration

www.getnaloxonenow.org



Project Lazarus:

Resource on provider education, hospital emergency department policies, diversion control, pain patient support, harm reduction, addiction treatment, community education, evaluation, public awareness, and coalition action

www.projectlazarus.org



Harm Reduction Coalition:

Resource for CBOs on overdose prevention, naloxone distribution, and advocacy

www.harmreduction.org



Nevada State Targeted Response Grant:

www.casat.org/str



Southern Nevada Health District:

For information and public health related services.

www.southernnevadahealthdistrict.org

Resources for Overdose Survivors, Friends, and Family Members

It takes courage for a person or family member to ask for help when dealing with the trauma of an overdose. Health care and behavioral health professionals can provide that structured therapeutic support and feedback. Depending on whether the underlying problem is pain or substance use, one should contact a pain specialist or a substance use treatment professional who will then provide further help. Recovery is a challenging process but counseling is a great step towards living a healthier lifestyle.

In addition to receiving support from family and friends, overdose survivors can access a variety of community-based organizations and institutions, such as:

- Health care and behavioral health providers.
- Peer-to-peer recovery support groups
 - Narcotics Anonymous: www.na.org
 - SMART Recovery: www.smartrecovery.org
 - Nar-Anon (for family): www.nar-anon.org
 - Celebrate Recovery (family and survivor): www.celebraterecovery.com
- Faith-based and educational organizations.
- Government agencies.
- Family, and community.

Treatment Locators

- National Helpline 1-800-662-HELP (4357) or 1-800-487-4889 (TDD—for hearing impaired) A confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.
- Behavioral Health Treatment Services Locator: www.findtreatment.samhsa.gov to search by address, city, or zip code
- Buprenorphine Treatment Physician Locator: www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- State Substance Abuse Agencies: www.findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx

D. Safe Storage and Disposal

Safe Storage and Disposal of Prescription Medication

- Always store medication in a safe, hidden place out of childrens' reach.
- Your prescription is written specifically for you, do not share your medication with anyone.
- Unused or expired prescription drugs in the home can be a public safety issue and lead to accidental overdose, poisoning and abuse.

Two Prescription Drug Round-up Take Back Days are held each year-one in October and one in April. Check www.takebackday.dea.gov for exact dates and drop off locations in Nevada.

Follow these steps if you are unable to bring your medication to a substation for disposal.

1. Collect all expired or unused medications.
2. Dump all solid medications into a sealable plastic bag.
3. Add an absorbent product (kitty litter; coffee grounds, etc.).
4. Add liquid medications.
5. Seal or tape bag shut.
6. Place sealed bag in trash.
7. Remove and destroy ALL identifying personal information (prescription label) from all medication containers before recycling them or throwing them away, or
8. Take your unused medications back to a local pharmacy that accepts and disposes of unused medications. Certain pharmacies have scheduled days they accept unused medications. Check with your pharmacy.

Disposal Locations

DEA Collection Location Search Tool www.apps.dea.diversion.usdoj.gov/pubdispsearch

AwareRX www.nabp.pharmacy/initiatives/awarxe/drug-disposal-locator

Rx Drug Drop Box www.rxdrugdropbox.org

Walgreens www.walgreens.com/topic/pharmacy/safe-medication-disposal.jsp

Syringe Disposal Locations

It is important to provide patients with information about how to safely dispose of used needles/syringes to prevent the spread of infectious diseases like HIV and viral hepatitis. Below are national and Nevada-specific resources for safe needle/syringe disposal.

National Resources:

Safe Needle Disposal www.safeneedledisposal.org

Republic Services www.republicsharps.com

Clark County

AFANAid for AIDS Nevada

Free disposal of used points

1120 Almond Tree Ln.

Las Vegas, NV 89104

www.afanlv.org

Trac-B Exchange, Las Vegas, Nevada

Free disposal of used points

Phone Number: 702-840-6693

Email Address: cheatom.tracbexchange@gmail.com

Point of contact: Chelsi Cheatom

Huntridge Family Clinic

Free disposal of used points

1830 E Sahara Ave, Las Vegas, NV 89104

www.huntridgefamilyclinic.org

Pain in the Drain

Pain in the Drain provides information to dispose of unwanted or expired medications at LV Metro, Boulder City Police Dept., and City of Henderson Police Dept. Republic Services Dispose of needles, syringes and sharp containers.

www.paininthedrain.com

Drop-off locations

Henderson Transfer Station

560 Cape Horn Drive, Henderson, NV 89011

702.735.5151

Recycle Center

333 W. Gowan Road, Las Vegas, NV 89032

702.599.5852

Hours for Household Hazardous Waste

Wednesday thru Saturday from 9 a.m. to 1 p.m.

Instructions

1. Place waste in tin can.
2. Seal and label container with the contents.
3. Must bring a copy of your last Republic Services residential bill and valid photo ID.

Washoe County

Waste Management Drop-Off Center

wm.com | (775) 326 - 2409

1390 E Commercial Row

Reno, NV 89512

(775) 326-2409

Washoe County residents can dispose of sharps (lancets, syringes, needles) at Waste Management, Monday - Friday 7:00am–3:30pm, free of charge, no questions asked. Any business can dispose of sharps containers at Waste Management for a fee. Used sharps must be placed in a puncture-resistant, screw top container (detergent or bleach bottle). The puncture-resistant container must be closed and sealed with strong tape. The container should be labeled “contains sharps.”

Northern Nevada HOPES

Change Point Harm Reduction Center

nnhopes.org | (775) 997-7519

445 Ralston Street

Reno, NV 89503

CHANGE POINT is Nevada's first legal Syringe Services Program. CHANGE POINT offers free drop-off and pick-up of used sharps for any registered Syringe Services Program participant. If you find a loose syringe in the community, call Northern Nevada Hopes at (775) 997-7519.

Washoe County Health District

Residential Sharps Collection Program

healthweb@washoecounty.us | (775) 328-2434

Washoe County residents can contact the WCHD for free sharps containers to dispose of used sharps. To use this program, one must have an established residence and mobility issues.

Northern Nevada Outreach Team (NNOT)

nnot.org | (775) 328-6147

NNOT does street outreach in the community and can provide loose syringe pickup upon request. Please call for more information.

In other communities call your waste disposal company for assistance.



About this Publication:

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The recommendations contained in this brochure are general and informational only; specific clinical decisions should be made by providers on an individual case basis.