



OHIO INJURY PREVENTION PARTNERSHIP

Prescription Drug Abuse Action Group

**Prescription Drug Abuse Action Group(PDAAG)*
Harm Reduction Committee**

Ohio Injury Prevention Partnership**

January 29, 2016

Recommendation to the Ohio Supreme Court Specialized Docket Section that a bench order be instituted requiring naloxone training of all drug court participants:

Unintentional overdose deaths from illicit and prescribed opiates have more than tripled in the past fifteen years (Meyer et al., 2014). Individuals addicted to opiates are at especially high risk for overdose death following release from jail or prison because tolerance to opiates decreases substantially during periods of incarceration (Dolan et al., 2005; Strang, 2014).

Naloxone (also known as Narcan) is a safe and effective antidote to all opioid-related overdoses, including heroin and fentanyl. Naloxone is nonaddictive, nonintoxicating, poses minimal risk of medical side effects, and can be administered by nonmedically trained laypersons (Barton et al., 2002; Kim et al., 2009). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes; becoming a critical tool in preventing fatal opioid overdose.

The Centers for Disease Control and Prevention (2012) estimates that more than 10,000 potentially fatal opiate overdoses have been reversed by naloxone administered by nonmedical laypersons. Studies in the U.S. and Scotland confirm that educating at-risk persons and their significant others about ways to prevent or reverse overdose, including the use of naloxone, significantly reduces overdose deaths (National Institute on Drug Abuse, 2014; Strang, 2015).

According to a National Institute on Drug Abuse (NIDA) treatment guide, “Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)”, 40% to 60% of patients receiving treatment will relapse. Thus, providing naloxone to patients and/or family members or friends upon discharge who were admitted with a diagnosis of opioid addiction provides the means to reverse an overdose and save a life. Making naloxone available to individuals in early recovery is essential. Drug court, residential rehab facilities and jails are critical points to reach individuals at risk and their family members.

Naloxone has only one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent death. Naloxone has no potential for abuse. If naloxone is given to a person who is not experiencing an opioid overdose, it is harmless. When naloxone is administered to a person who is dependent on opioids, it will produce withdrawal symptoms. Withdrawal, although uncomfortable, is not life-threatening.

Naloxone does not reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g. Xanax, Klonopin and Valium), methamphetamines, or alcohol.

Finally, the National Association of Drug Court Professionals stated in their Adult Drug Court Best Practice Standards a support of overdose prevention with naloxone distribution. Recognizing that some Drug Court professionals may fear providing naloxone could give the unintended message to participants that continued drug use is acceptable or anticipated. On the contrary, educating participants about drug overdose delivers a clear message about the potentially fatal consequences of continued drug abuse. Moreover, drug-abstinent participants may find themselves in the position of needing to save the life of a non-sober family member or acquaintance. Preparing participants to respond effectively in such circumstances delivers the prosocial message that they have a responsibility to help fellow citizens.

To effectively distribute naloxone, the PDAAG recommends a **bench order** for naloxone training per drug court participation. Opportunities for naloxone training and distribution can be coordinated with local health departments, [Project DAWN programs](#) and [pharmacies](#) providing naloxone without a prescription.

Drug court staff can learn more about naloxone via an online Ohio based training [video](#). Additional resources available from the [Harm Reduction Coalition](#) explain in detail how the end user will recognize, respond and reverse an overdose victim.

This recommendation is being submitted by Megan Hatta, RN, at the request of the PDAAG Harm Reduction Committee and with the support of the OIPP Leadership Team.

*The Prescription Drug Abuse Action Group (PDAAG) is an action group of the OIPP that focuses on promoting policy recommendations to prevent prescription drug misuse, abuse and overdose deaths.

**Ohio Injury Prevention Partnership (OIPP): The OIPP is a statewide group of professionals representing a broad range of agencies and organizations concerned with building Ohio's capacity to address the prevention of injury, particularly related to the group's identified priority areas which are Child Injury, Prescription Drug Abuse and Falls Among Older Adults. The OIPP mission is to prevent injuries in Ohio using data and collaborative partnerships. The OIPP is coordinated by the Ohio Department of Health (ODH) with funds from the Centers for Disease Control and Prevention (CDC) and advises and assists ODH and the Violence and Injury Prevention Program with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio.

References:

Barton, E.D., Ramos, J., Colwell, C., Benson, J., Baily, J., & Dunn, W. (2002). Intranasal administration of naloxone by paramedics. *Prehospital Emergency Care*, 6(1), 54–58.

Dolan KA, Shearer J, White B, Zhou J, Kaldor J, Wodak AD. Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection. *Addiction*. Jun 2005;100(6):820-828.

Kim, D., Irwin, K.S., & Khoshnood, K. (2009). Expanded access to naloxone: Options for critical response to the epidemic of opioid overdose mortality. *American Journal of Public Health*, 99(3), 402–407.

Meyer, R., Patel, A.M., Rattana, S.K., Quock, T.P., & Mody, S.H. (2014). Prescription opioid abuse: A literature review of the clinical and economic burden in the United States. *Population Health Management*, 17(6), 372–387.

National Institute on Drug Abuse (2014). Nora's Blog: Naloxone—A potential lifesaver. Retrieved from <http://www.drugabuse.gov/about-nida/noras-blog/2014/02/naloxone-potential-lifesaver>

Strang J. [Death matters: understanding heroin/opiate overdose risk and testing potential to prevent deaths.](#)

Addiction. 2015 Jul;110 Suppl 2:27-35

Strang, J., Bird, S.M., Dietze, P., Gerra, G., & McLellan, A.T. (2014). Take-home emergency naloxone to prevent deaths from heroin overdose. *British Medical Journal*, 349, g6580. doi:10.1136/bmj.g6580