SAFE – Home Opioid Management Education in Older Adults: Naloxone and Opioid Awareness Program (SAFE-HOME)

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Disclosures

Drs. Jarrett and Elmes have no conflicts of interest to disclose in relation to this presentation.
Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
At the conclusion of this activity participants should be able to:

- Discuss the risks associated with opioid use, particularly in older adults
- Describe how to recognize an opioid-related overdose
- Explain how to access and use naloxone for the reversal of opioid overdoses
The Opioid Epidemic
What words come to mind when you hear the phrase "opioid epidemic"?
136 people die every day from an opioid overdose (including Rx and illicit opioids).
U.S. Overdose Deaths

Overall

April 2019: 78,056
April 2020: 100,306
April 2021: 100,306

Opioid-related

April 2019: 56,064
April 2020: 75,673
April 2021: 75,673
Which of the following opioids do you think contributes to the most overdose deaths in the US?

- Heroin (A)
- Oxycodone (B)
- Methadone (C)
- Fentanyl (D)
Three Waves of the Rise in Opioid Overdose Deaths

- **Any Opioid**
- **Other Synthetic Opioids** (e.g., Tramadol or Fentanyl, prescribed or illicitly manufactured)
- **Heroin**
- **Commonly Prescribed Opioids** (Natural & Semi-Synthetic Opioids and Methadone)
Three Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999
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Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Any Opioid
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Heroin
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Three Waves of the Rise in Opioid Overdose Deaths

- **Wave 1:** Rise in Prescription Opioid Overdose Deaths Started in 1999
- **Wave 2:** Rise in Heroin Overdose Deaths Started in 2010
- **Wave 3:** Rise in Synthetic Opioid Overdose Deaths Started in 2013

*Graph showing the rise in deaths per 100,000 population from 1999 to 2020.*
Prescription Opioids in 2019

- Overdose deaths involving Rx opioids more than quadrupled from 1999 to 2019
- From 1999 to 2019, nearly 247,000 people died from overdoses involving Rx opioids
- 28% of overdose deaths involved a Rx opioid
- 38 people died everyday from an overdose involving a Rx opioid
Fact or fiction: Someone can still overdose even if they follow the directions on the opioid prescription.
What’s the Risk in Older Adults?
U.S. Opioid Overdose Deaths in Older Adults

Figure 1. Rates of Opioid Overdose Deaths per 100,000 Persons 55 Years and Older, 1999 to 2019
Opioids in Older Adults

- More likely to be prescribed long-term opioids for chronic pain
- More likely to take other medications that interact with opioids
- More likely to have comorbidities that increase overdose risk
- More likely to experience worse opioid side effects

- Gabapentin, pregabalin
- Zolpidem, eszopiclone
- Muscle relaxers
- Dementia
- Sleep apnea
- COPD, lung disease
How Does Opioid Overdose Occur?

- **Mu (μ)**
- **Delta (δ)**
- **Kappa (κ)**

**Slows:**
- Brain’s drive to breathe
- Level of consciousness
- Heart rate
How can I tell if someone is overdosing from an opioid?

- Blue lips or fingernails
- Slow or stopped breathing
- Pinpoint pupils
- Unresponsive
- Pale, clammy skin
- Slow heartbeat or low blood pressure
Harm Reduction

Not all harm reduction views are supported by the federal government or SAMHSA, though some harm reduction approaches have demonstrated promising results.
What words come to mind when you hear the phrase "harm reduction"?
Principles of Harm Reduction

- Drug use is complex and multi-faceted
- Drug-related harm is affected by social inequities

Recognize

- Quality of life and well-being over cessation of all drug use

Prioritize

- Harmful effects of drug use rather than ignore or condemn

Minimize

- Non-judgmental, non-coercive services

Provide

- People who use drugs to be the primary agents of reducing harms

Empower

- People who use drugs have a voice in the programs and policies that serve them

Ensure
Examples of Harm Reduction

- Needle Exchange
- Safe Consumption Sites
- Safe Substance Disposal
- Referral to Treatment
- Naloxone Access
Naloxone
How Does Naloxone Work?

Naloxone

Opioid

Opioid receptor
Naloxone: Fact or Fiction
Fact or fiction: Naloxone can harm someone who does not have opioids in their system.

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Naloxone Formulations

DISCONTINUED
What Do I Do in the Event of an Opioid Overdose?

Check their responsiveness

Call 911

Give naloxone

Provide rescue breaths & chest compressions (as instructed by dispatcher)

Patient may need more than one dose

Stay until help arrives
Fact or fiction: I can only get naloxone if I have a prescription from my doctor.

Fact

Fiction
What is a Standing Order?

One prescription order that can be used for a large group of people

Any person may obtain a medication at a pharmacy without a prescription from a provider
Traditional Prescription
Standing Order
Accessing Naloxone Without a Prescription
Fact or fiction: My insurance will not cover naloxone if I do not have a prescription.

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Insurer Requirements for Naloxone
Fact or fiction: I can get arrested or fined for giving naloxone to someone I don't know.
Layperson Immunity
Fact or fiction: Increasing access to naloxone will only enable people who use drugs to use more.

Fact  Fiction
Accessing Naloxone Saves Lives

States with naloxone access laws and Good Samaritan laws had **14% decrease** in opioid-related mortality between 2000-2014

Estimates predict ~20% reduction in overdose deaths with high-distribution naloxone programs

No evidence that easier access to naloxone increases opioid use
Co-Prescribing Access to Naloxone

Co-prescribing: naloxone prescribed with opioids

Benefits:
- 63% fewer ED visits within 1 year
- Patients felt increased sense of security after receiving naloxone
Co-Prescribing Requirements
What’s the Problem?

Older adults taking opioids:

• Are unaware of their risks
• Don’t know how to access naloxone
Communication Strategies for the Older Adult

- Avoid medical jargon
- Speak slowly, loudly, clearly
- Sit face to face
- Write down key points
- Check their understanding
- Summarize key points
- Allow time for questions
Educational Tools
Opioid Medications for Older Adults: What You Need to Know

What are opioids?
Opioids are pain medicines, usually for very bad pain. You need a prescription for them. You might have heard of morphine, oxycodone, and fentanyl.

What are the side effects of opioids?
- Trouble sleeping
- Feeling confused
- Having low energy
- Constipation
- Being more likely to fall
- Feeling depressed
- Overdosing

How are side effects different for older adults?
Your body processes medicine slower as you get older. Opioids stay in your body longer. You might be at risk for more health problems or side effects from opioids.

Are opioids safe for long-term use?
You can become dependent on opioids after taking them for just a few days. You could also:
- Start to feel you have to take more and more to function
- Still be in pain, even on opioids
- Be at risk for serious side effects, such as an overdose

I am following my doctor’s orders. Can I still overdose on opioids?
You can still overdose, even if you follow your doctor’s directions. Many things can make your risk higher:
- Sleep apnea
- Lung disease
- Alcohol use
- Taking other medicines that make you sleepy

What can I do for my ongoing pain?
There are other ways to help pain. The first thing to do is talk to your doctor. Your doctor can work with you to stop opioids slowly. Your doctor can help you find another way to deal with your pain.

What are other ways to manage pain?
- Other medicines (non-opioid)
- Physical therapy
- Tai Chi
- Exercise
- Rest
- Massage
- Acupuncture

We now know there are better ways to help with ongoing pain.
Opioid Overdoses: What You Need to Know about Naloxone

What are opioid overdoses?
Opioids are pain medicines. An opioid overdose happens when someone takes too much. It is serious. It can cause death.

What are the signs of an opioid overdose?
- Not waking up or being very sleepy
- Pinpoint pupils (very small centers of the eyes)
- Trouble breathing
- Blue or gray tips
- Snoring or making noises but won’t wake up

CATCH-ON
Common Opioid Medicines:
- Morphine
- Oxycodone
- Fentanyl

What can I do?
Naloxone (Narcan®) is a medicine. It can undo the effects of opioids.
You can:
- Get naloxone without a prescription
- Keep it on hand and save a life
- Use naloxone to help people who overdose on opioid medication or illegal opioid drugs, like heroin

Important! It’s not a crime to give naloxone to someone you think is overdosing on opioids.

How do I use naloxone?
It’s easy to use. You spray it into the nose of a person who is unconscious from an opioid overdose.
Use it right away if you think someone is having an opioid overdose.

What to do:
The medicine comes in a nose spray:
1. Put the nozzle in one of the person’s nostrils.
2. Then, push the plunger to spray the medicine.

I gave someone naloxone.
What if they are still not breathing normally?
You can give them another dose 2-3 minutes after the first dose.

What should I do after I give someone naloxone?
After you give someone naloxone, call 911 or get them to a hospital. They must get medical help right away, even if they think they feel better.
The Interprofessional Team

- Home Health Worker
- Primary Care Provider
- Physical Therapist
- Dentist
- Psychiatrist
- Social Worker
- Nurse
- Pharmacist

Patient
The Role of Home Health Workers

May be called…
Home Health Worker
Care Coordinator
Patient Navigator
Etc.

May be trained as…
Social Worker
Nursing
Licensed Counselor
Etc.

Provide services including…
Assist with tasks related to medical and social needs
*Liaison between older adult and provider*
References


PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD).

- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: [https://pcssNOW.org/mentoring/](https://pcssNOW.org/mentoring/)
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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Educate. Train. Mentor

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