Social Workers’ Role in Preventing Opioid Overdose: Opportunities and Barriers

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Objectives:

1. Describe the scope of opioid overdose epidemic in Ohio.
2. Understand the clinical approach of harm reduction and its application with opioid use.
3. Describe the scope of practice for Social Workers as it relates to Naloxone Education and Distribution.
The Problem

National Overdose Deaths
Number of Deaths from Rx Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder

NIDA, Feb. 2015
The Problem

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder

NIDA, Feb. 2015
The Problem

Drug overdose death rates
(Age-adjusted rates per 100,000, from 2011 to 2013)

The Washington Post, June 17, 2015
The Problem

Unintentional drug overdoses in Ohio

AVERAGE ANNUAL DEATHS PER 100,000, 2008-2013.

- Less than 10
- 10.1 to 16
- 16.1 to 21
- More than 21.1
- Not applicable

SPECIFIC DRUG INVOLVEMENT BY YEAR

<table>
<thead>
<tr>
<th>DRUG CATEGORY</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>All opioids</td>
<td>735</td>
<td>783</td>
<td>979</td>
<td>1,154</td>
<td>1,272</td>
<td>1,539</td>
</tr>
<tr>
<td>Prescription opioids</td>
<td>546</td>
<td>550</td>
<td>694</td>
<td>789</td>
<td>680</td>
<td>726</td>
</tr>
<tr>
<td>Heroin</td>
<td>233</td>
<td>283</td>
<td>338</td>
<td>426</td>
<td>697</td>
<td>983</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>154</td>
<td>211</td>
<td>300</td>
<td>364</td>
<td>311</td>
<td>328</td>
</tr>
<tr>
<td>Cocaine</td>
<td>252</td>
<td>220</td>
<td>213</td>
<td>302</td>
<td>326</td>
<td>405</td>
</tr>
<tr>
<td>Alcohol</td>
<td>181</td>
<td>173</td>
<td>195</td>
<td>221</td>
<td>282</td>
<td>304</td>
</tr>
<tr>
<td>Methadone</td>
<td>170</td>
<td>169</td>
<td>155</td>
<td>157</td>
<td>123</td>
<td>112</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>14</td>
<td>9</td>
<td>26</td>
<td>30</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>3</td>
<td>5</td>
<td>13</td>
<td>11</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Other/unspecified</td>
<td>475</td>
<td>396</td>
<td>343</td>
<td>376</td>
<td>389</td>
<td>319</td>
</tr>
<tr>
<td>Total unintentional poisoning deaths</td>
<td>1,475</td>
<td>1,423</td>
<td>1,544</td>
<td>1,765</td>
<td>1,914</td>
<td>2,110</td>
</tr>
<tr>
<td>Crude annual death rate per 100,000</td>
<td>12.8</td>
<td>12.3</td>
<td>13.4</td>
<td>15.3</td>
<td>16.6</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health
The Response

- WHO Community Management of Opioid Overdose (2014):
  - Naloxone Distribution
    - “People whose work brings them into contact with people who overdose (health care workers, police, emergency service workers, people providing accommodation to people who use drugs, peer education and outreach workers).”
Who is at risk for overdose?

- people with opioid dependence, in particular following reduced tolerance (following detoxification, release from incarceration, cessation of treatment);
- people who inject opioids;
- people who use prescription opioids, in particular those taking higher doses;
- people who use opioids in combination with other sedating substances;
- people who use opioids and have medical conditions such as HIV, liver or lung disease or suffer from depression;
- household members of people in possession of opioids (including prescription opioids).

(WHO, Community Management of Opioid Overdose, 2014.)
Why Social Workers?

• Unique position to serve vulnerable populations.
• Community-based practice.
• We are good at it! (Doyon, et.al., 2013)
• Legislative Backing
A Harm Reduction Model

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Policy and practice allow drug users to be engaged in service in a supportive, non-coercive way.
- Empower individuals to make decisions on their behaviors.
Naloxone Rescue Kits Training for VA Staff
What Does an Overdose Look Like?

- No breathing or slow breathing?
- Lips & fingertips blue or gray?
- Is the person turning blue?
- Can’t talk or walk? Unresponsive?
- Slow or no pulse? Eyes rolled back?
things to do in recognizing and responding to an opiate/heroin overdose using naloxone

Stimulation
- can they be awakened?

Call for help
- if the person is not responsive

Airway
- make sure nothing is inside the person's mouth stopping the breathing.

Rescue breathing
- breathe for them – two quick breaths every five seconds

Evaluate
- are they any better? can you get naloxone and prepare it quick enough that they won’t go for too long without your breathing assistance?

Muscular injection
- inject 1cc of naloxone into a muscle

Evaluate+support
- Is the person breathing on their own?
- Is another dose of naloxone needed?
- Naloxone wears off in 30-90 minutes. Seek help and comfort him/her so he/she will not use any more drugs until the naloxone wears off.

Naloxone is a medication prescribed for the reversal of opiate intoxication. The person possessing naloxone has been trained in its safe usage and has demonstrated competency in managing opiate/heroin overdose situations.

This program is designed to reduce the nearly 500 opiate-related overdose deaths in Chicagoland each year. Your cooperation is appreciated.

For more information, please contact:

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Naloxone is not a Scheduled Drug – it has no potential for abuse

can cause withdrawal in a person with a habit
withdrawal can harm someone
more than one shot may be needed to stop overdose
overdose may return when naloxone wears off (about one hour)

is also called Narcan®
is a pure antidote to opiates including heroin – it reverses the effects of heroin for about an hour
does not eliminate heroin
has no effects of its own using it without having opiates in you is like injecting water.
Syringe Type Naloxone Kit
VA Naloxone Kit Contents

- 2 Boxes Intranasal Naloxone
- 2 Nasal Atomizers
- 1 Pair of Gloves
- 1 Face Shield
- 1 Blue Nylon Bag
- 1 Quick Reference Guide
Assembling the Atomizer

How to Give Nasal Spray Narcan

1. Pull or pry off yellow caps
2. Pry off red cap
3. Clip clear plastic wings
4. Insert capsule of naloxone into tube of syringe
5. Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose; use half of the capsule into each nostril
6. If no reaction in 3-5 minutes, give the second dose.
Nasal Atomizer in Use
Auto Injectors

Trainer for EVZIO

Trainer
Outer Case

EVZIO

EVZIO
Outer Case
Auto Injectors

EVZIO

- Speaker
- LEDs
- Base
- Safety Guard

Outer Case

- Outer Case
- Viewing Windows

Instructions for use found inside on device. Includes voice instructions from a speaker.
Process Improvement: Getting Started

• Recognition of the Problem
  1. Community action and programs
  2. Changes in legislation
  3. First responders and lay persons carrying Naloxone
  4. Clinical observations of veterans
Process Improvement: What Social Workers Need to Consider

• Weighing social workers’ ethical responsibilities (NASW Code of Ethics), agency policies and relevant legislation
• Determining if distributing, educating, and administering Naloxone falls within the scope of practice for social workers
• Interdisciplinary buy-in from prescribers and management
Process Improvement: Steps Taken

1. Collaboration with Psychiatry and Pharmacy for the prescription
2. Tracking and presenting statistics to management
3. Presenting to the Ohio Social Work Board
4. Writing a hospital policy to be approved by Medical Executive Committee
5. Determining a process for educating social workers (yearly competency), tracking Naloxone kits, updating clinical privileges at the Medical Center, storing medication
Future Considerations

• Collaboration with jails and prisons
• OARRS – Federal and State system interface
References


Questions?