

# 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.

### **Educational Objectives**

At the conclusion of this activity participants should be able to:

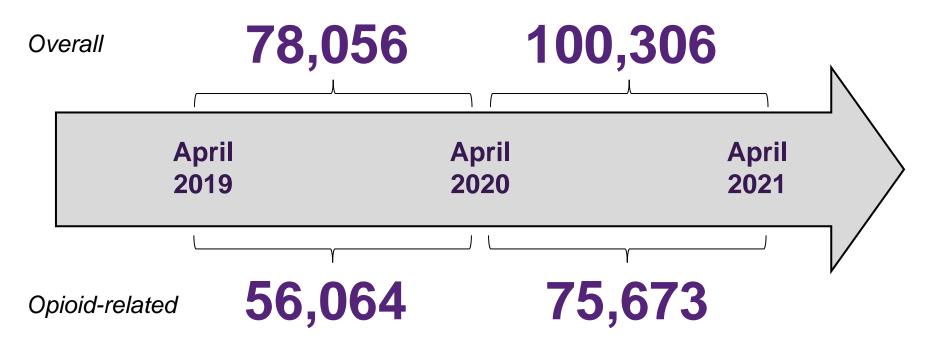
- Discuss the risks associated with opioid use, particularly in older adults
- Describe how to recognize an opioid-related overdose
- Explain how to access and use naloxone for the reversal of opioid overdoses

## The Opioid Epidemic

# What words come to mind when you hear the phrase "opioid epidemic"?



#### U.S. Overdose Deaths



Text UICCEOFFICE878 to 22333 once to join, then A, B, C, or D

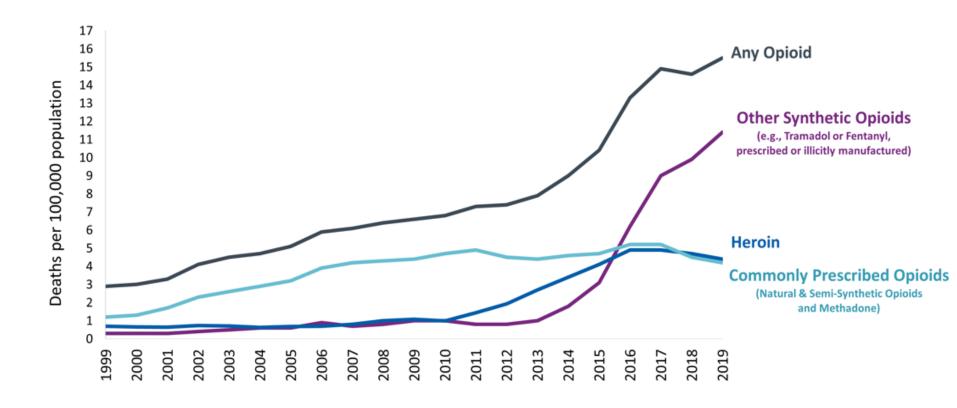
# Which of the following opioids do you think contributes to the most overdose deaths in the US?

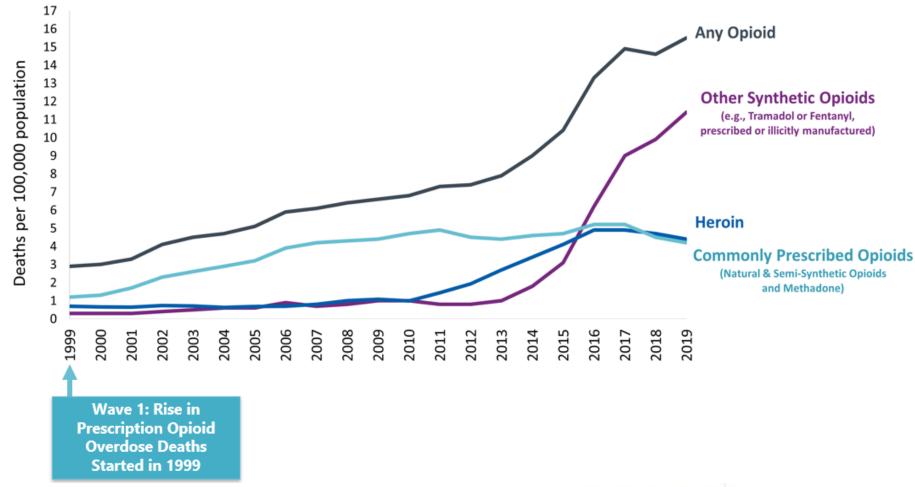
Heroin A

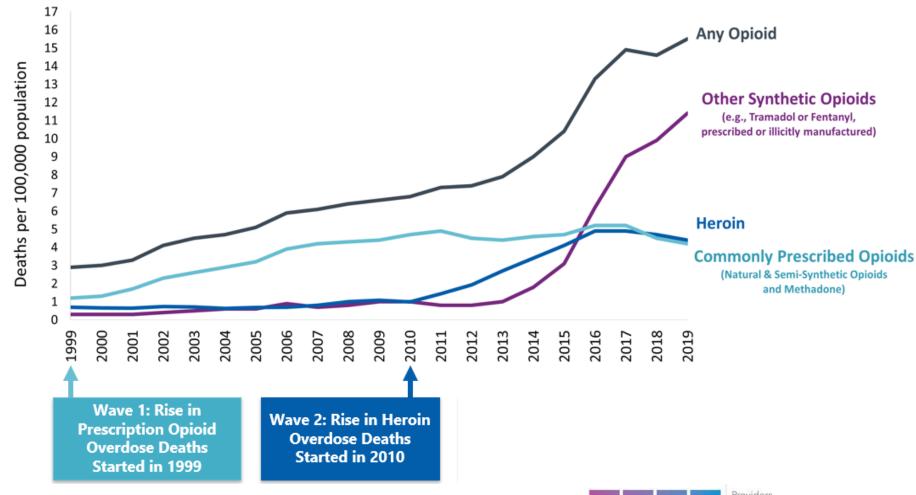
Oxycodone B

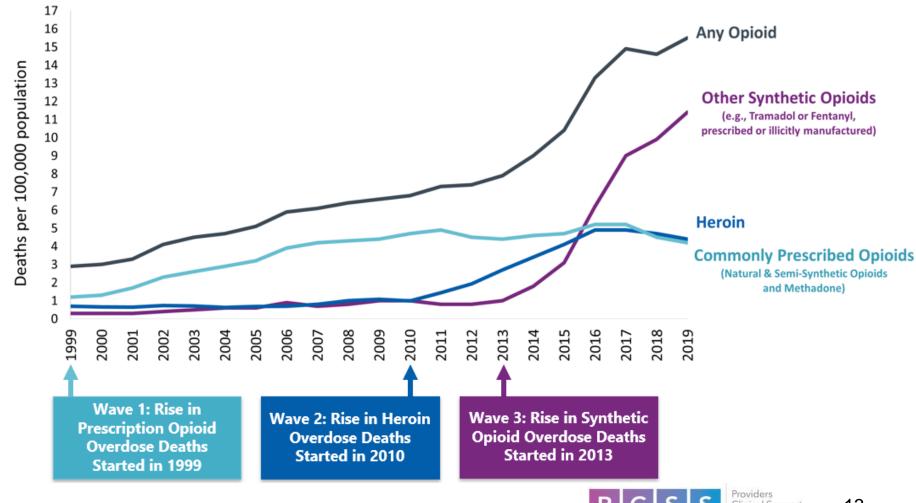
Methadone c

Fentanyl **P** 

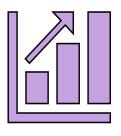








### Prescription Opioids in 2019









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.

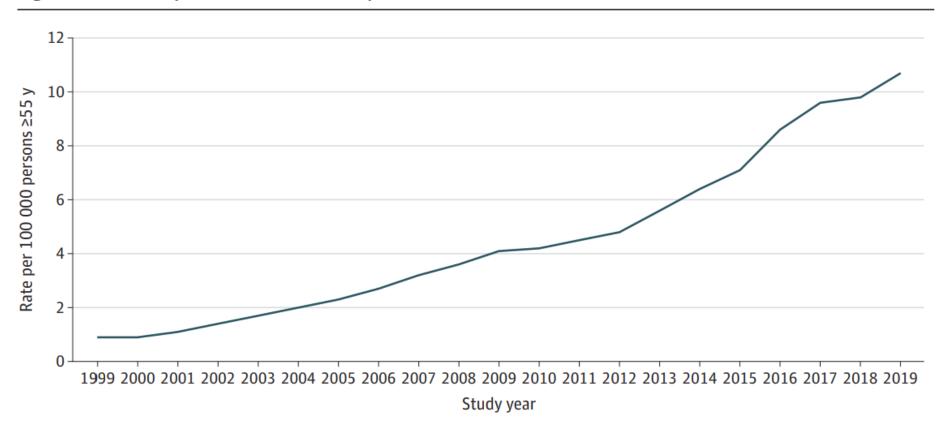
**Fact** 

Fiction

### 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

Dementia

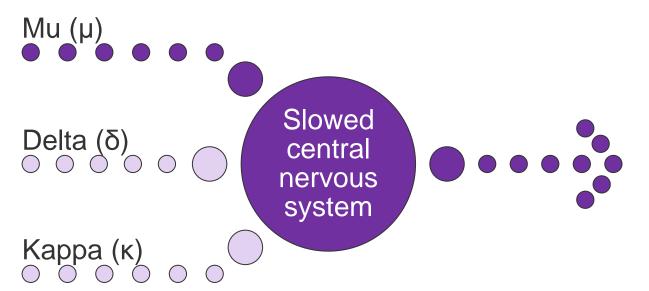
Zolpidem, eszopiclone

Sleep apnea

Muscle relaxers

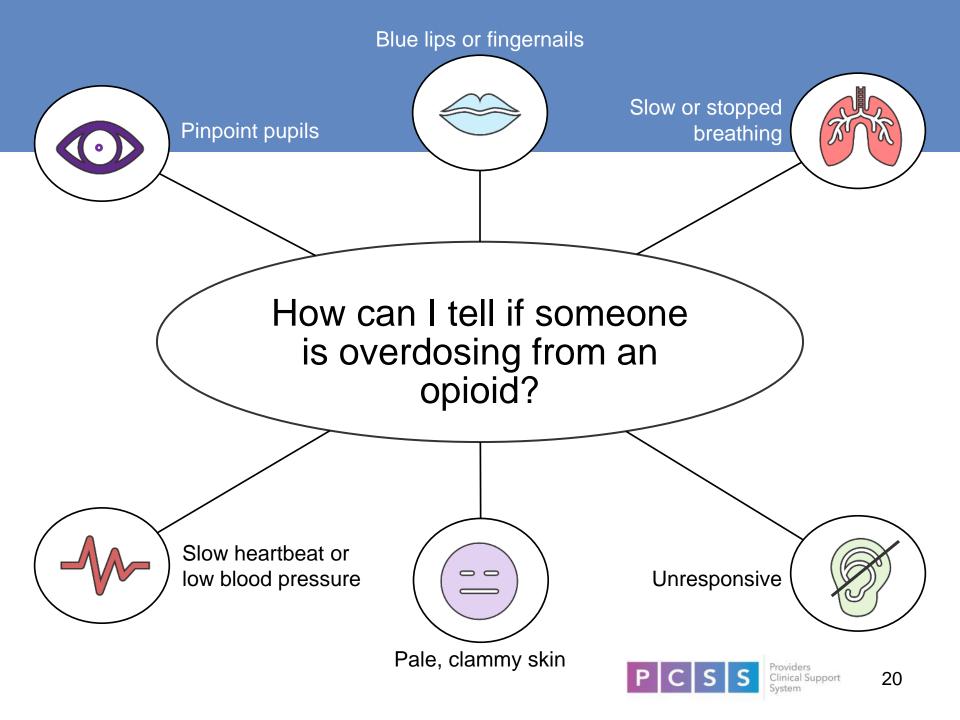
COPD, lung disease

# How Does Opioid Overdose Occur?



#### Slows:

- Brain's drive to breathe
- Level of consciousness
- Heart rate



#### 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 multifaceted
- 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

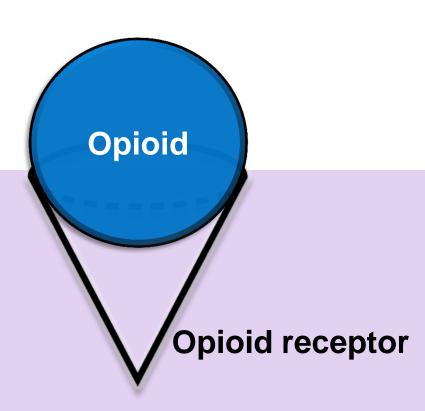


Naloxone Access

### Naloxone

#### How Does Naloxone Work?





### Naloxone: Fact or Fiction

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

**Fact** 

Fiction

### Naloxone Formulations

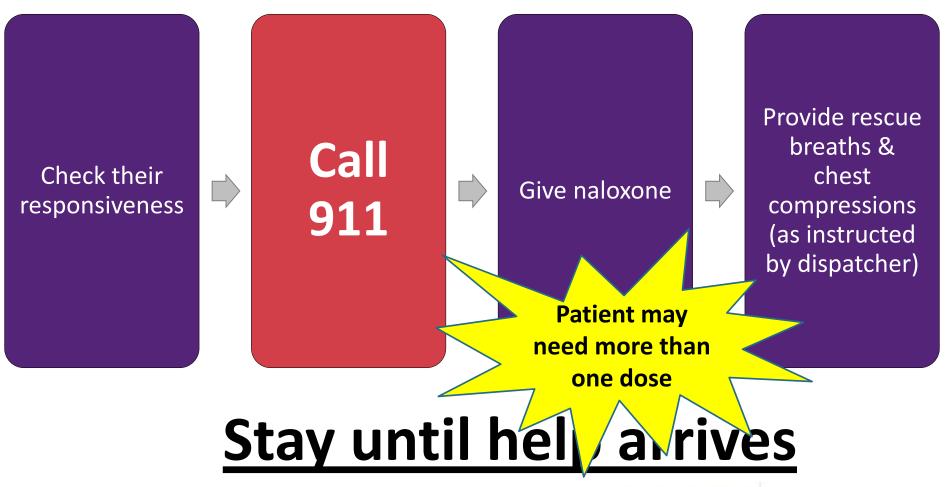








# What Do I Do in the Event of an Opioid Overdose?



Text UICCEOFFICE878 to 22333 once to join

# Fact or fiction: I can only get naloxone if I have a prescription from my doctor.

**Fact** 

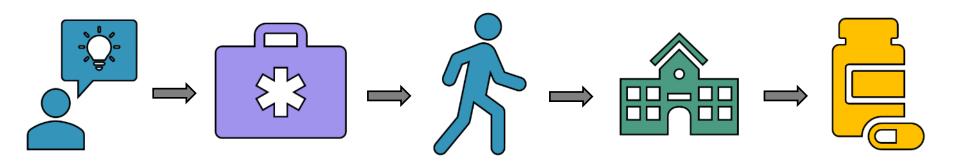
Fiction

### What is a Standing Order?

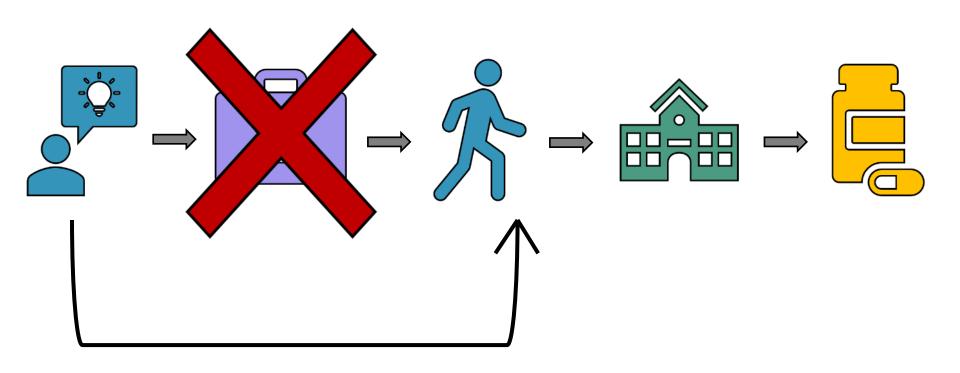
One prescription order that can be used for a large group of people

Any person may obtain a medication at a pharmacy without a prescription from a provider

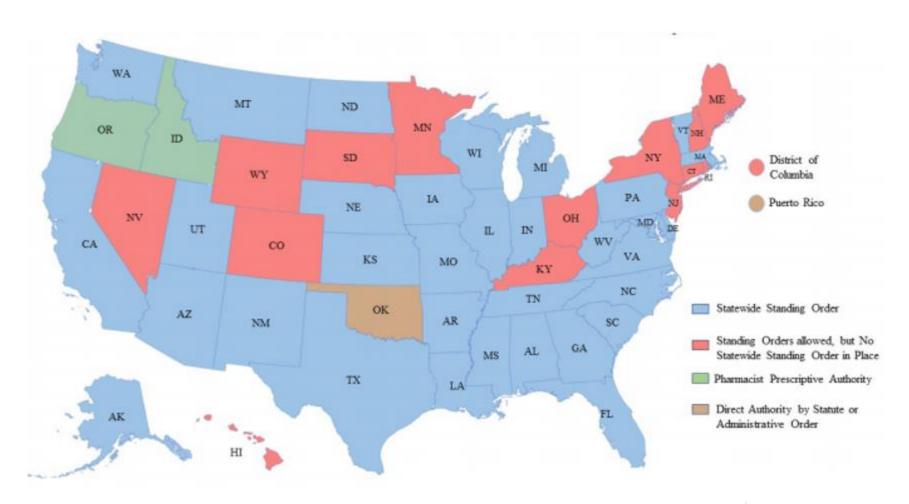
## Traditional Prescription



## Standing Order



# Accessing Naloxone Without a Prescription



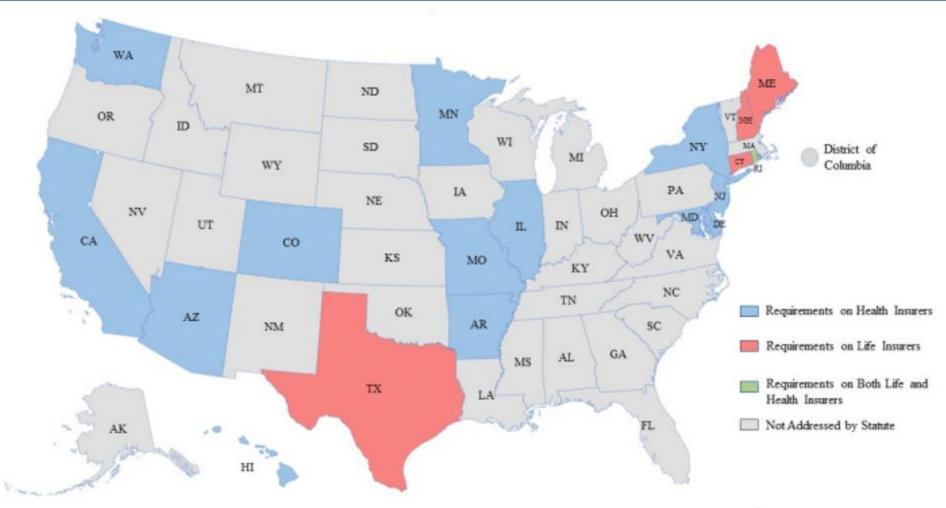
### ⊕ Respond at pollev.com/uicceoffice878 ≡ Text UICCEOFFICE878 to 22333 once to join, then A or B

Fact or fiction: My insurance will not cover naloxone if I do not have a prescription.

Fact A

Fiction **B** 

## Insurer Requirements for Naloxone

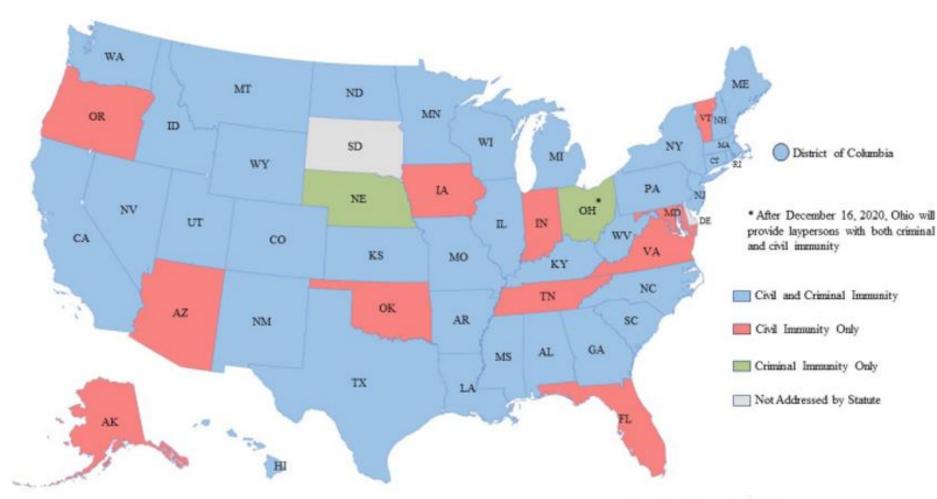


## Fact or fiction: I can get arrested or fined for giving naloxone to someone I don't know.

**Fact** 

Fiction

## 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

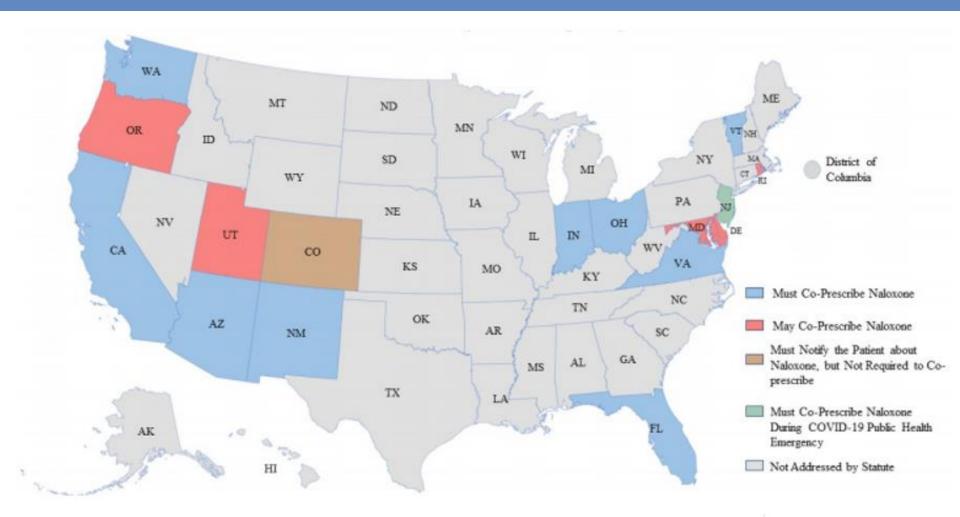
## Co-Prescribing Access to Naloxone

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?

· Being more likely to fall

· Feeling depressed

Overdosing

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

#### 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

We now know there are better ways to help with ongoing pain.

#### 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

#### 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

Only take how much medicine your doctor prescribed.

Only take it as often as they say.

If you have any questions about opioids, talk to your health care provider.



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#### 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 lips
- Snoring or making noises but won't wake up



### 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.
- Then, push the plunger to spray the medicine.

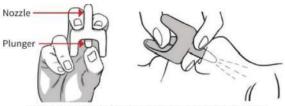


Image adapted from Naloxone Fact Sheet: San Francisco Department of Public Health

#### I gave someone naloxone. What if they are still not breathing normally?

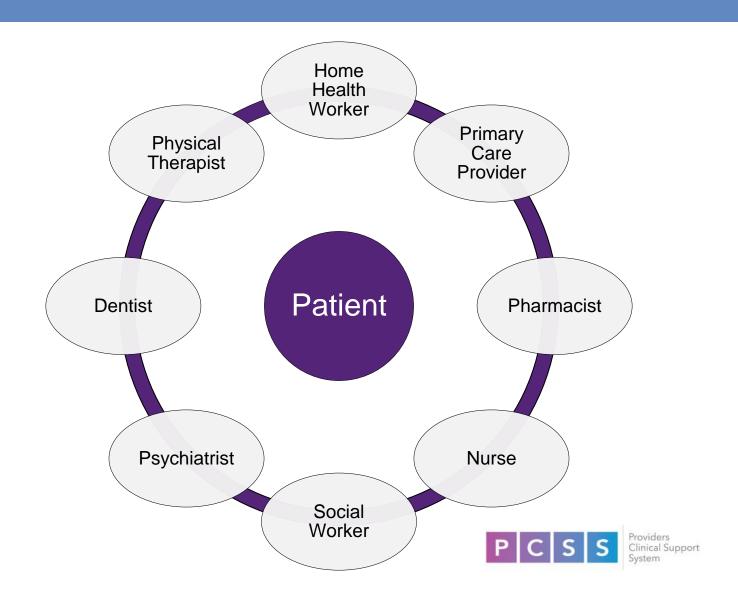
You can give them another dose 2-3 minutes after the first dose.

#### 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.

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## The Interprofessional Team



## 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

<u>Liaison between older adult and provider</u>

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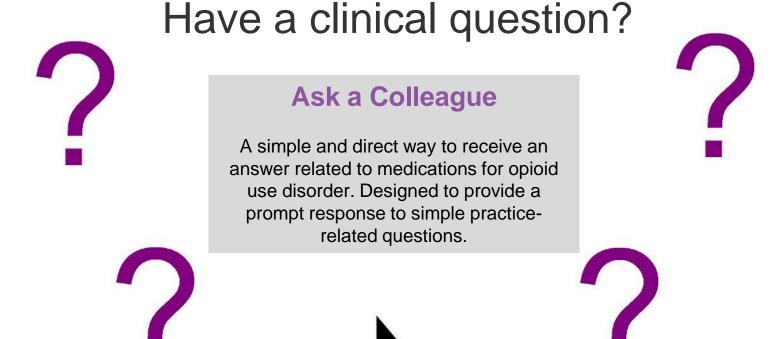
## PCSS Mentoring Program

- 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/

## PCSS Discussion Forum



http://pcss.invisionzone.com/register



**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
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