

## Bystander Naloxone and the Poison Center

The United States is experiencing an epidemic of drug overdose deaths with 47,055 deaths reported in 2014, an increase of 137% since 2000. More than 28,000 (61%) of those deaths involved opioid analgesics (e.g. oxycodone, hydrocodone, methadone) and/or illicit opioids (e.g. heroin, fentanyl). In Maryland, the number of intoxication deaths has nearly doubled since 2010, and in 2015, 86% of the 1,259 intoxication deaths were related to opioids. In an attempt to reverse this trend, state and local health departments and other agencies have instituted education programs to promote responsible prescribing of opioids, prescription drug monitoring programs to track the prescribing and dispensing of opioids, and expanded access to naloxone as a harm-reduction measure.

Naloxone is primarily administered by health care professionals, but programs have been developed to train those who are able to help someone at risk of dying from an opioid overdose when emergency medical services are not immediately available. Maryland's Overdose Response Program (ORP) was implemented by the Maryland Department of Health and Mental Hygiene (MD DHMH) in March 2014 to train "bystanders" (e.g. family members, friends, treatment program staff, school staff, law enforcement officers) how to recognize and respond to an opioid overdose. Training includes proper rescue breathing technique and how to properly administer naloxone and care for the individual until emergency medical help arrives. The importance of calling 911 is stressed as well as reporting the naloxone administration to the Maryland Poison Center (MPC) within two hours.

From its inception through October 12, 2016, 34,799 people have been trained through ORP, 37,755 doses of naloxone have been dispensed, and 1,181 naloxone administrations have been reported to MD DHMH by trainers as well as the MPC. When called after naloxone has been given, the MPC gathers data and tracks hospitalizations and medical outcomes of patients transported to the emergency department. The MPC has collected data on 448 cases from March 2014 through September 2016; 298 of those cases have occurred in the first three quarters of 2016. A retrospective review of 78 cases reported to the MPC in the first 16 months of the ORP program showed that 76% of patients had a positive response to naloxone (able to breathe, speak or walk). The majority (88%) received naloxone by law enforcement officers and the most common route of administration was intranasal (97%) (*Amer J on Addictions 2016;25:301-306*). Additional data collected by the MPC from March 2014 through September 2016 shows similar results: 75% showed improvement in respirations, 83% of administrations were by law enforcement officers, 95% received naloxone intranasally and 88% of cases were followed by the MPC throughout their hospitalization. Sixteen patients died despite being given naloxone.



Photo courtesy of St. Mary's County Health Department

### Did you know?

**There is a statewide standing order that allows pharmacists licensed in Maryland to dispense naloxone without a prescription.**

On December 14, 2015, Dr. Howard Haft, MD DHMH Deputy Secretary for Public Health Services, issued an order that allows all Maryland pharmacists to dispense naloxone to individuals trained and certified under the ORP. Those who have completed the naloxone training must show their certification card at the pharmacy to receive naloxone. Maryland law also allows health care providers who are licensed to prescribe drugs in Maryland to prescribe naloxone to their patients who are at risk of overdosing or to those who are likely to witness an overdose. A Good Samaritan law protects those who prescribe, dispense and use naloxone.

For more information on Maryland's ORP: <http://bha.dhmv.maryland.gov/>

Lisa Booze, PharmD. CSPI



@MPCToxTidbits