An abstract graphic on the left side of the page, composed of overlapping, semi-transparent blue triangles and polygons of various shades, creating a complex, crystalline or mosaic-like pattern that tapers towards the right.

Hot Topics in Opioid Education and Naloxone Barriers

BY MICHAEL DEJOS & MATTHEW COLLINS

Overview

1

Identify opioid-related overdoses present in patients

2

Review education on how to properly administer Naloxone as well as a general overview of the medication

3

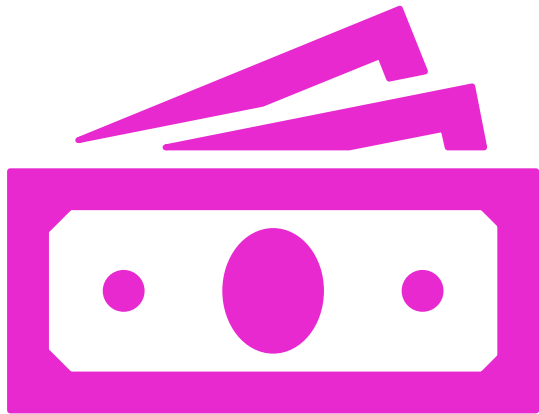
Recognize potential barriers a patient may have when being prescribed Naloxone

4

List solutions to potential barriers a patient may encounter when prescribed Naloxone

5

Explain alternative pain agents in place of an opioid medication



Disclosure

NO FINANCIAL DISCLOSURES TO REPORT

Background

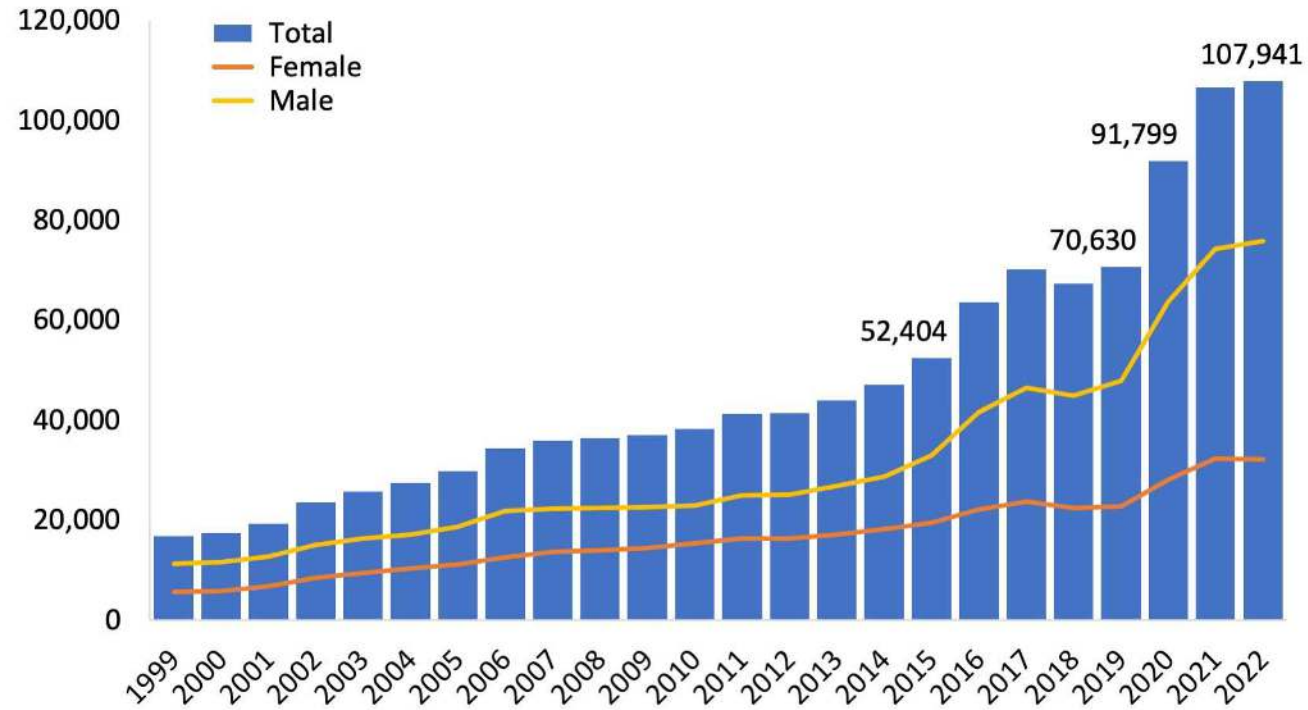
Approximately 125 million opioid prescriptions were dispensed in the United States in 2023

From 1999-2022, approximately 294,000 people have died from overdoses involving opioid prescriptions alone

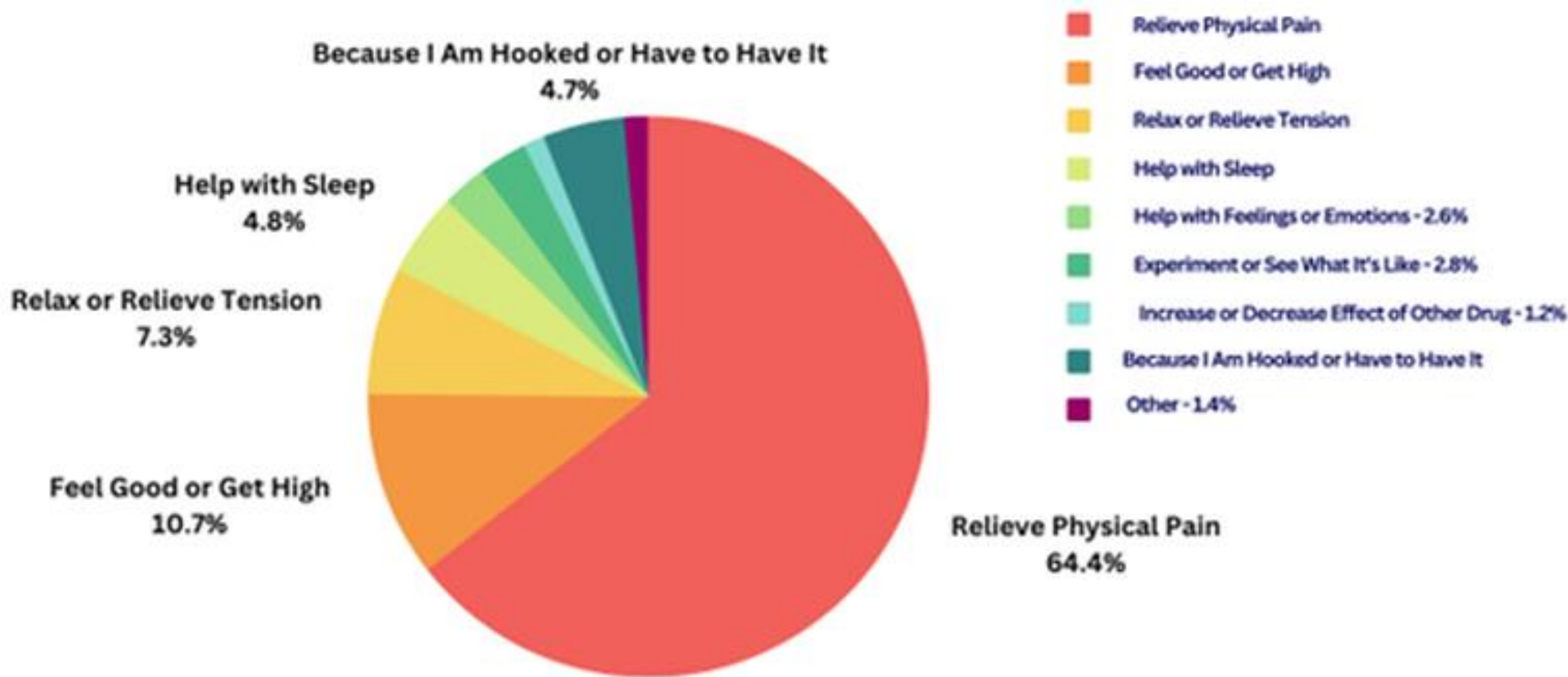
- Does not include illicit use

Of the opioid-related deaths, 43% of the deaths reported in 2022 could have been prevented

Figure 1. U.S. Overdose Deaths* by Sex, 1999-2022



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.



Common Misuses for Opioids

Common Opioids Prescribed

Hydrocodone

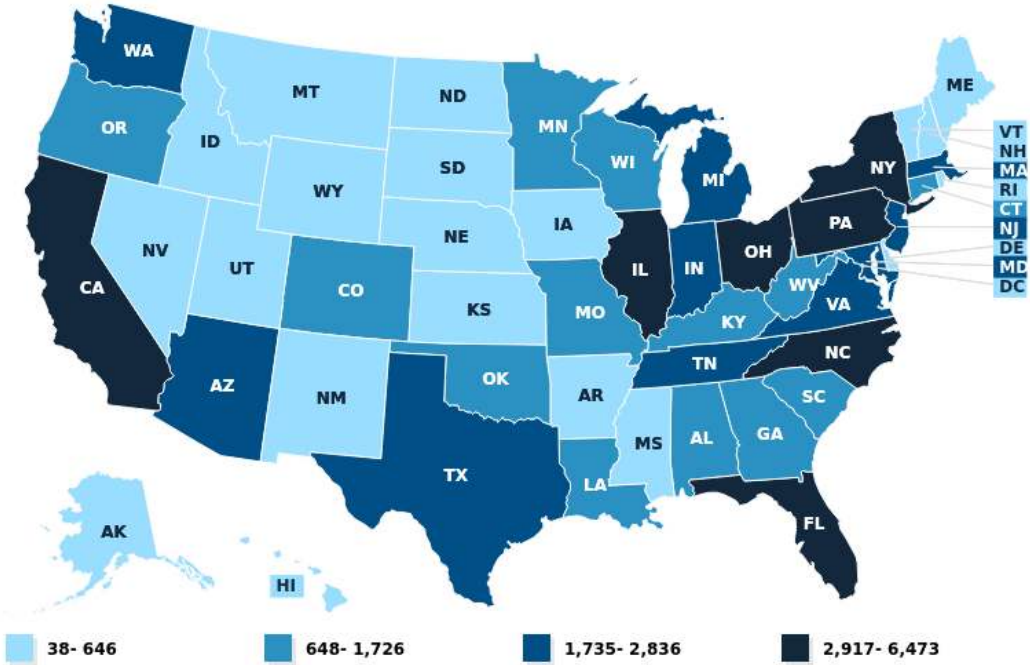
Oxycodone

Morphine

Fentanyl

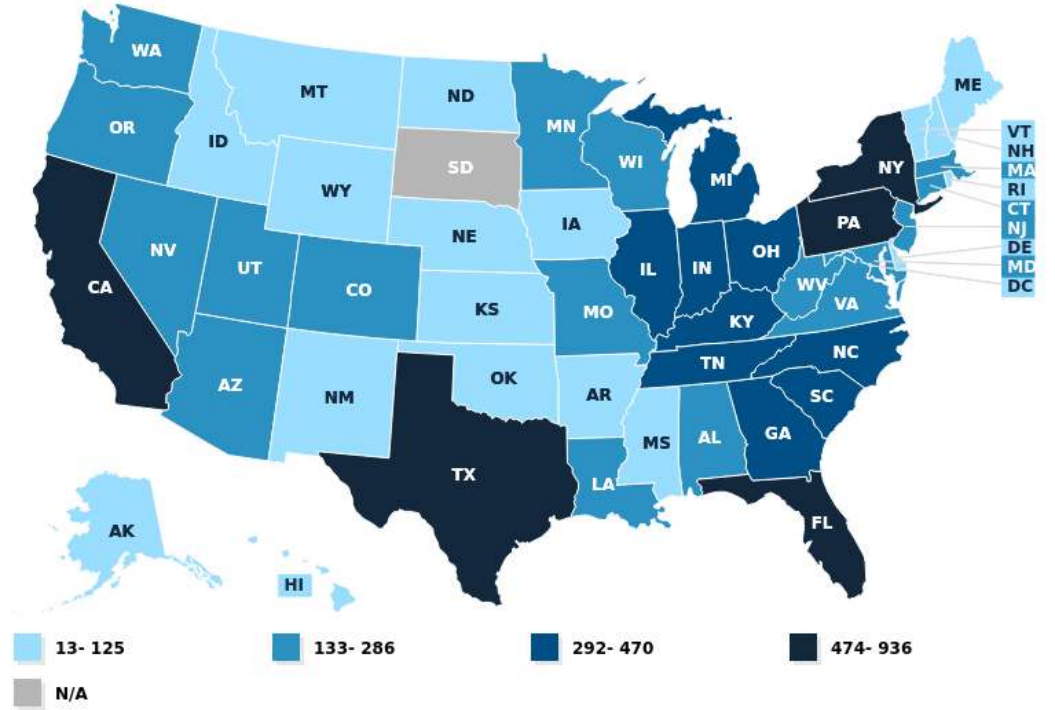
Codeine

Opioid Overdose Deaths by Type of Opioid: Synthetic Opioids, other than Methadone (e.g. fentanyl, tramadol), 2



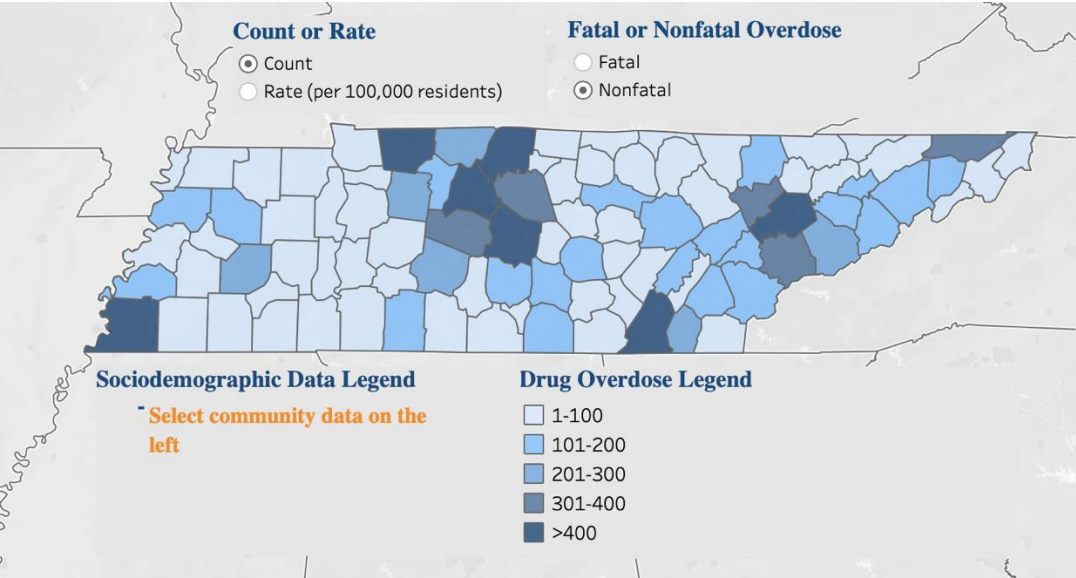
SOURCE: KFF's State Health Facts.

Opioid Overdose Deaths by Type of Opioid: Natural and Semisynthetic Opioids (e.g. oxycodone, hydrocodone), 2

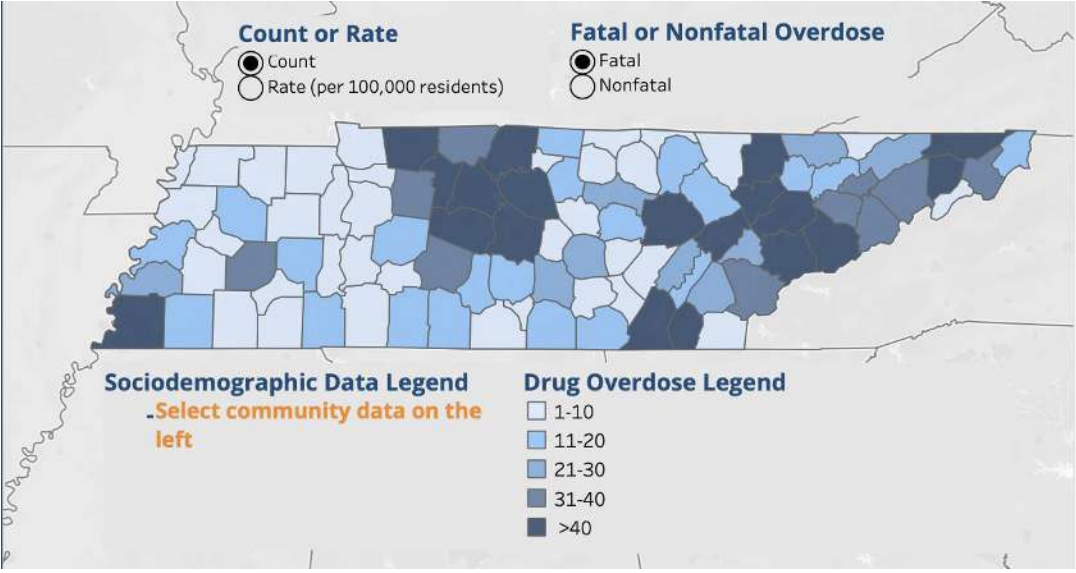


SOURCE: KFF's State Health Facts.

Nonfatal Overdoses in TN 2022



Fatal Overdoses in TN 2022



Signs of an Opioid Overdose

Blue or purple
fingernails and
lips

Unresponsive
to voice or
touch

“Pinpoint”
sized pupils

Slow
heartbeat or
blood pressure

Slow, irregular,
or stopped
breathing

Pale, clammy
skin

Responding to an Opioid Overdose

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP

1



SHOUT & SHAKE
their name & their shoulders

STEP

2



CALL EMERGENCY DISPATCH
613-575-2000

STEP

3



GIVE NALOXONE:
1 spray into nostril or inject vial/ampule into arm or leg.

STEP

4



PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS

STEP

5



IS IT WORKING?
If **no** improvement after 2-3 minutes, repeat step 3 & 4. **Stay with them.**

RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

Head should be tilted back slightly to open airway



Hand supports head

Knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp



Naloxone (Narcan)

Opioid antagonist
used to reverse
opioid affects

Available IV, IM,
SubQ, and Nasal

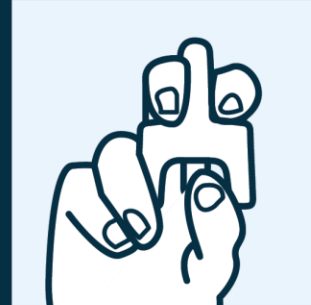
Immediate effect

PREVENTING OPIOID OVERDOSES

How to Administer Narcan



Remove Narcan from box



Hold with your thumb,
first and middle finger



Insert tip into
either nostril



Press the plunger firmly

If you suspect an overdose is occurring, **call 911**. Administer rescue breathing and naloxone (Narcan).

Proper Administration Technique

Barriers of Naloxone within Communities



AFFORDABILITY



LACK OF
EDUCATION



SOCIAL STIGMA



“UNNECESSARY”
MEDICATION

Affordability



Over-the-Counter Price

Ranges from \$40-80 per box



Prescription

Ranges from \$5-40 per box

Lack of Education

Unfamiliar
medication

No counseling on
medication when
discharged from
hospital

Unaware of
medication uses
and/or opioid
overdosing

Social Stigma

“It won’t happen to me.”

“I am not a drug addict.”

“I won’t be on the opioid for long, for I don’t need it.”

“Why would I buy something I won’t use?”

“No thanks, I heard bad things about this medication.”

“Unnecessary” Medication

Medication only used
for emergencies



Opioid effects last
longer than Naloxone,
so may require
multiple dosing



Naloxone stays in
system for up to 30
minutes

Potential Solutions

Affordability

- Several organizations offer free Naloxone and additional education

Lack of Education

- Concise pamphlets containing proper education of uses and administration

Social Stigma

- Promote awareness of opioid overdose and the importance of Naloxone medication

Unnecessary Medication

- Educate patients to recognize an opioid overdose in themselves as well as others

Putting it All Together

Opioids are utilized for pain management; however, it is important to be able to recognize the signs and symptoms of a potential opioid overdose

Naloxone is a safe and effective medication used to reverse opioid overdose effects

There are barriers patients experience when purchasing Naloxone alongside an opioid prescription

Pain Management with Opioids



PHYSICIANS PRESCRIBE OPIOIDS FOR SEVERE, ACUTE OR CHRONIC PAIN (PAIN SCALE 8-10)



ONLY ORAL MEDICATION THAT OFFERS IMMEDIATE AND EFFECTIVE RELIEF OF SEVERE PAIN



OFTEN USED IN A MULTIMODAL PAIN REGIMEN

Alternative Recommendations

Acetaminophen

NSAIDs

Anticonvulsants

Antidepressants

Musculoskeletal
Agents

Anxiolytics

Key Takeaways

Regardless of alternative regimens, opioids may still be needed in managing a patient's pain episodes

It is important to utilize a multi-modal pain regimen, so opioids are not relied upon

If an opioid is introduced into a patient's pain regimen, counsel patient on possible side effects as well as overdose symptoms

Counsel patients on Naloxone and how to utilize the medication in an instance of an overdose

Review Question #1

Which of the following is **not** considered a sign of an opioid overdose?

- A. Unresponsive to voice or touch
- B. Warm, burning skin
- C. Slow heartbeat
- D. “Pinpoint” pupils

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Review Question #2

Which of the following is **true** about Naloxone (Narcan)?

- A. This medication can only be given intravenously.
- B. Its medication class is an opioid agonist.
- C. It cannot be administered in an outpatient setting.
- D. Its onset of action is quick/immediate.

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Review Question #3

Which of the following barriers is seen with Naloxone within communities? (Select all that apply)

- A. Lack of Education
- B. Social Stigma
- C. “Unnecessary” Medication
- D. Affordability

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Review Question #4

Which of the following is the best solution for a patient struggling to afford their Naloxone medication?

- A. Give the patient an educational handout
- B. Advise the patient to not pick up the medication
- C. Offer the patient resources or organizations that can provide Naloxone for free
- D. Tell them they must pay for it to receive their opioid medication

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Review Question #5

A patient comes to you asking for advice about pain they have been experiencing. They are reluctant to take opioids and were wondering what else they could take for their pain. What are some medications you can recommend to the patient? (Select all that apply)

- A. NSAIDs
- B. Anti-hypertensive agents
- C. Acetaminophen
- D. Statin agents

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Questions?



QR Code to
Survey

How to Claim Your CE Credit

1

Visit <http://utcop.learningexpressCE.com> and create an account or log in. If it's your first time to our site, you'll need to create an account. Make sure to have your NABP ePID and DOB handy!

2

When you are logged in, click on the "My Account" tab and navigate to Pending/Private Activities.

3

Scroll to the bottom of Pending/Private Activities and type in the access code provided to you at your session.

Questions?

Contact our office using the "Contact Us" form on our website or give us a call at 865-974-6605. Please note that, consistent with A CPE's policy, University of Tennessee College of Pharmacy is unable to award or correct credit for any reason, if more than 60 days have passed from the date of the activity.

4

Select Register Now once you have arrived to your program's page. After registering you will then complete the evaluation for this activity.

After you complete your evaluation, attendance will be cross-checked against log-in records. A report will then be sent to CPE Monitor, using the NABP ePID and DOB you have stored in your profile. (see step 1)

5

Allow up to 48 hours to see your CE credit online in your NABP Profile.

The UFHSC logo, with 'UF' in orange and 'HSC' in white.

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Your private event code for this program is: **MLH24122**

*This will be the code you enter at the bottom of the Pending/Private Events page.

Hot Topics in Opioid Education

QR Code for CEUs

