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CeDAR Looks to Protect Patients from Opioid Overdose

By Tyler Smith

Like other substance abuse treatment facilities around the country, the Centers for Dependency, Addiction and Rehabilitation (CeDAR) at University of Colorado Hospital is treating a growing number of patients addicted to opioids, including prescription painkillers. In addition to helping these patients get on the road to recovery, CeDAR has taken steps to help those who have relapsed get another shot at sobriety.

Patricia Pade, MD, and Patrick Fehling, MD, helped to launch CeDAR program to distribute naloxone kits to parents and spouses of patients in recovery from opioid addiction.

The effort, launched last week, centers on a small green kit containing a simple device filled with a substance called naloxone. The drug is capable of reversing the effects of an opioid overdose. The device in the CeDAR kit delivers an intranasal spray; the medication can also be injected.

The kits, funded by a CeDAR grant, are distributed to parents and spouses who complete CeDAR's Family Week. They receive education on recognizing the signs of overdose and calling 911 immediately, and they get practice administering the spray on a mannequin.

In addition, CeDAR providers are giving education and prescriptions for naloxone to chronic pain medication patients prescribed opioids at the AF Williams Family Medicine Clinic at Stapleton, said Patricia Pade, MD, assistant professor of Family Medicine with the University of Colorado School of Medicine.

Relapse reality. The naloxone kits are a response to a pair of uncomfortable truths, said Patrick Fehling, MD, an attending psychiatrist at CeDAR. First, the number of people addicted to opioids is steadily rising, mainly because of a massive increase in the number of people prescribed narcotic painkillers during the last decade and a half. Second, many people who complete a recovery program will relapse.

Individuals in recovery should have a naloxone-filled intranasal spray device or syringe on hand to reverse an OD just as those with peanut allergies should keep an EpiPen handy to counteract anaphylactic shock, Fehling said.

"We're supportive and empathetic to patients and family members and our goal is to promote recovery," he said. "But so many people are dying of opioid overdose. Sometimes people in recovery require more than one treatment. They can't go back to treatment if they're dead."

As CeDAR Executive Director Steve Millette put it, "Many new to recovery will need multiple treatment attempts to achieve long-term abstinence-based recovery. We need to keep them around long enough to have that opportunity."

Casualties of the pain battle. The rising tide of addiction and death caused by opioids, which include heavily prescribed narcotic pain relievers, such as Vicodin and Oxycontin, as well as illicit drugs, such as heroin, has drawn national attention and recently

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led to tougher state and federal controls over their distribution and use. According to the Centers for Disease Control and Prevention (CDC), 55 percent of the more than 41,000 drug overdose deaths in the United States in 2011 were related to pharmaceuticals. Of those, three-quarters involved opioids. Opioids were involved in 30 percent of the 1.4 million emergency department visits that involved misuse of pharmaceuticals in 2011, according to the CDC.

Fehling holds the small green kit bag that holds the naloxone dose.

The effects of opioid misuse and addiction at UCH are difficult to quantify with precision. The percentage of patients treated for opioid addiction at CeDAR ticked upwards between fiscal years 2013 and 2014 and stands at around 13 percent when an opioid is identified as the primary drug of addiction, according to Millette. "Many more are addicted to opioids secondary to other drugs of addiction," he said.

Kennon Heard, MD, section chief of medical toxicology at the CU School of Medicine, said his service sees more cases of opioid overdose than any other. He estimated the number at six or seven a month.

Heard said naloxone is part of an order set in Epic for patients at risk of opioid overdose. He described it as safe, with no downside.

"More physicians are aware that it is an option and that it has been endorsed by major institutions," he said. "It's become more widely accepted."

The acceptance was bolstered in Colorado with the passage last year of Senate Bill 13-014, which provides legal protection for individuals and licensed medical providers who administer an "opiate antagonist" such as naloxone to a person they believe is suffering from an opiate-related drug overdose.

Reducing harm. Making naloxone more widely available to individuals is part of a "harm reduction strategy" similar to distributing clean syringe needles to reduce the risk of hepatitis C and HIV infection among intravenous drug users and widening access to condoms to prevent sexually transmitted diseases, Fehling said.

The component parts of the device used to administer the intranasal spray.

The approach is pitted against the long-held notion that abstinence is the most effective method to reduce the prevalence of harmful behaviors, including drug abuse, he added.

"The concept was, 'Why would we imagine that your son or daughter that we're treating is going to fail and relapse? If everyone is committed to never using heroin again, we shouldn't even have to worry about this.' But it's a fallacy," Fehling said.

Addiction treatment outcomes "fall on a continuum from reducing harm, including unintended overdose deaths, to long-term abstinence-based recovery," Millette said. "The concepts are not mutually exclusive but should be integrated in a strategy that allows room for both."

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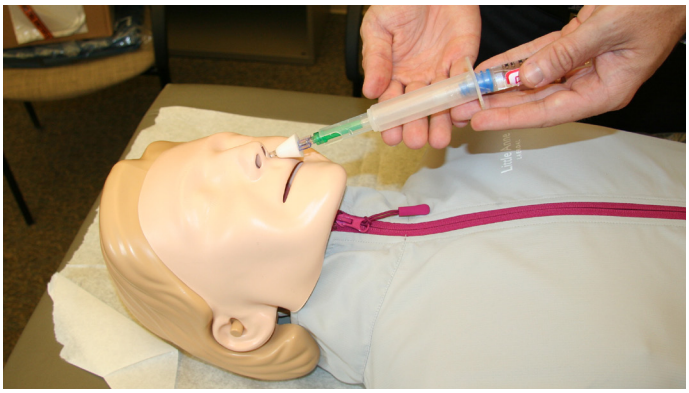
In Denver, the Harm Reduction Action Center (HRAC) is a leading advocate for raising awareness of naloxone among individuals and providers and making it as widely available as possible. Among those attending a memorial service for drug overdose victims Aug. 29 at HRAC's offices near downtown Denver was Dawn O'Keefe, RN, a nurse in UCH's Emergency Department. She has more than a passing interest in finding ways to prevent fatal drug overdoses.

"The face of addiction has changed," O'Keefe said. The people damaged by substance abuse include those in suits and khakis as well as the homeless, the mentally ill, and kids on the street.

O'Keefe said the sea of legal painkiller prescriptions has spawned unprecedented numbers of people caught up in a spiral of substance abuse. "When they are cut off by providers, that often leads them to the pathway of illegal substances," she said.



Individuals who attended Family Week at CeDAR practice administering the naloxone spray on a mannequin.

Hitting home. She speaks from experience. A little more than two years ago, her son, now 30, received a prescription for oxycodone after injuring his leg on the job as a low-voltage electrician in the Seattle area. After troublesome swelling in his leg healed, his providers discontinued the oxycodone prescription, O'Keefe said, and he went through several months of physical therapy.

But the gate to addiction had been opened, and her son turned to the streets for relief. Heroin became the substitute for prescription painkillers. A police officer in Seattle stopped and questioned him one night. Although her son was not involved in anything illegal, the officer was concerned enough about his well-being to give O'Keefe a call. She jumped on a plane and flew to Seattle, where she met the police officer. After getting her son into a detox facility, she flew with him back to Colorado and got him into CeDAR for treatment.

During his stay, O'Keefe learned about naloxone and was eager to get a prescription for it. With help from Heard, she convinced her son's skeptical provider to prescribe it. Her son, no longer living with her, has the naloxone and his girlfriend knows how to administer it. Her son has been in recovery since Nov. 22, 2013 and so far hasn't needed the naloxone, O'Keefe said.

For O'Keefe, her son's example shows that the problem of drug abuse must be attacked on many fronts. The roots of addiction are often a tangle of medical and psychological issues, yet the flood of prescription opioids has swamped the available mental health and substance abuse treatment resources in Denver and elsewhere. In her view, providers need more education about the complexities of drug dependency and the ways to treat it. Too often, she maintained, society stigmatizes the addict, shoving him or her deeper into concealing shadows.

Making naloxone widely available is not a solution to these complex issues, O'Keefe said, but it does offer the addict one precious commodity: another chance at life.

"There may be resistance to it among those who consider it enabling," she said. "But we don't punish diabetics for their disease by withholding insulin. No one would choose the life of addiction voluntarily. The biggest thing we can do is to break down that stigma and embrace the reality of this illness."

Dawn O'Keefe and Jason Hoppe, MD, from the ED are working with Patricia Pade and others from CeDAR on an opioid addiction committee. For more information or to get involved, contact O'Keefe at 303-725-9999.