

## IHI Open School Recover Hope Campaign

### Action Area #2: Saving Lives from Overdose by Administering Naloxone

#### The Urgent Challenge: Deaths from overdose

In 2017, more than 72,000 people in the United States died from drug overdoses – that’s nearly 200 every day.<sup>1</sup> Each person who overdoses is someone’s friend, child, parent, neighbor, and loved one. They are people with long-time substance use disorders, and people using a substance for the first time. They are dying in private homes in wealthy suburbs, and they are dying alone on street corners. But there is hope. The problem is not that nothing can be done to help individuals once they overdose; the problem is that they are often not reached in time with naloxone, also known by its brand name, Narcan, which instantaneously reverses the effects of an overdose on opioids. Though the road to recovery can be long and complex, the first step is to prevent deaths from overdose, and it is within reach.

#### Our Response: Learn and teach others to administer naloxone

Campaign projects focused on **Saving Lives from Overdose** aim to increase access to and training in administering naloxone, the opioid overdose rescue drug, to save lives and start people with opioid use disorder on the path to treatment and recovery.

#### Why Increase Access to Naloxone?

Naloxone reverses the effects of an overdose on opioids by binding to receptors in the brain, preventing the binding of opioids on those receptors. Naloxone typically takes effect within 2-5 minutes after the medication is administered and wears off within 30 to 90 minutes, providing enough time to get the individual to emergency treatment. Naloxone has a high rate of success and few negative side effects.

According to the Centers for Disease Control, Naloxone is credited with reversing more than 10,000 overdoses from 1996 to 2010.<sup>2</sup> Opioid use has become so prevalent that in April 2018, the Surgeon General of the United States issued an official advisory recommending that more Americans routinely carry naloxone.<sup>3</sup> Many states have implemented laws that permit the prescribing of naloxone to members of the public through standing orders at pharmacies.<sup>4</sup>

Naloxone is becoming more widely available in the United States, but disparities in access exist across geography, race, and socioeconomic status.<sup>5</sup> Cities are more likely to have higher availability than suburban and rural areas, and many communities lack funding or the necessary nearby pharmacies to offer naloxone. Even when a pharmacy can provide naloxone in theory, in practice, cost and supply challenges often get in the way.

Exacerbating existing inequities in access to naloxone is the effect of implicit bias, which can influence who we perceive worthy of help. Race, economic status, and gender can influence how likely a bystander may be to help someone in crisis.<sup>6</sup>

## Your Choice Now: Lead a Project

*Explore this list of project ideas as a starting point for leading change. This list is by no means comprehensive; there are many ways to improve access to naloxone and offer trainings. The important thing is to get started and improve as you go!*

### Wright State University

The Open School Chapter at Wright State University launched the Student Opioid Coalition to distribute naloxone more widely to reduce the overdose death rate in Dayton, Ohio, a city particularly hard hit by the opioid epidemic. Read more about their work on the IHI Open School blog.

**Temple University:** After students at Temple University noticed daily overdoses in the neighborhood near campus, the student government passed a binding resolution that called on the university to teach students to administer naloxone. Students partnered with a local nonprofit that provides services to prevent substance use and encourage recovery to learn to host naloxone trainings.

## Ways to Get Started

1. **Research** the current state of overdoses on campus and in the surrounding community, the availability of naloxone, and the state and local legislation governing the use of naloxone, so you can design a project that meets local needs
2. **Undergo in-person or online training** to administer naloxone and invite others to join you. The Boston Public Health Commission and the organization Get Naloxone Now offer free online courses
3. **Visit a pharmacy and request naloxone** to understand the barriers to access
4. **Host a naloxone training** with your peers and share the simple Administer Naloxone handout available on the Harm Reduction Coalition website

## Leverage Open School resources to strengthen your project:

- **Visit the Chapter Map** to find and connect with an IHI Open School Chapter near you
- **Download the Chapter Leader Toolkit** to start a Chapter at your university or organization
- **Take our quality improvement courses** to learn to design a strong improvement project
- **Join the Leadership & Organizing for Change course** in March 2019 to learn to launch your campaign project and meaningfully engage others in your vision for change
- **Get inspired by the IHI Open School blog**, which highlights Chapters' work to engage their peers in health improvement efforts
- **Explore videos and activities** to learn concepts and tools to strengthen your projects
- **Email openschool@ihi.org** to receive coaching on how to get started

*[www.IHI.org/OpenSchool](http://www.IHI.org/OpenSchool)*

### References:

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3. Surgeon General's Advisory on Naloxone and Opioid Overdose. Website of the Surgeon General. <https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>
4. Medications to Treat Opioid Use Disorder. National Institute on Drug Abuse. June 2018. <https://www.drugabuse.gov/publications/medications-to-treat-opioid-addiction/naloxone-accessible>
5. Expanding Naloxone use could reduce drug overdose deaths and save lives. Centers for Disease Control and Prevention media release. April 2015. <https://www.cdc.gov/media/releases/2015/p0424-naloxone.html>
6. Gaertner S, Dovidio J, Johnson G. Race of victim, nonresponsive bystanders, and helping behavior. *The Journal of Social Psychology*. 2010;117(1):69-77. <https://www.tandfonline.com/doi/abs/10.1080/00224545.1982.9713409>