

## CASE 6

### CASE 6 IN DETAIL

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**Short Description:** Maryland's Department of Health and Mental Hygiene reported in December 2012 that heroin overdoses were on the rise in Maryland (up 41% from the same reporting period in 2011). Naloxone, an opioid antagonist, is highly effective in reversing opioid overdoses with few negative side effects if given in time to restore breathing. In order to decrease the number of overdose deaths, some public health officials are recommending the prescription of Naloxone to friends and relatives of opioid users who are often in the best position to administer the drug at the time of the overdose. Students taking part in this activity will discuss the pros and cons of this proposal and draft recommendations for legislation that would create such a program in Maryland.

**Background:** The Maryland Department of Health and Mental Hygiene (DHMH) released data in December 2012 that show an increase in overdose deaths related to heroin. Following a decline from 2007 to 2011, there were 205 heroin-related overdose deaths in the first seven months of 2012, compared to 145 during the same period in 2011, an increase of 41 percent. Central Maryland experienced a 47 percent increase in heroin overdose deaths, while Southern Maryland and the Eastern Shore have also seen substantial increases of 54 percent and 80 percent, respectively. Nationally, drug overdose death rates have increased steadily since 1979. In 2008, a total of 36,450 drug overdose deaths were reported, with prescription opioid analgesics and heroin the drugs most commonly involved.

Naloxone is an [opioid](#) antagonist that is the standard of care to counter the effects of opiate overdose by counteracting life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone, and Narcanti. Naloxone is most commonly injected intravenously for fastest action, which usually causes the drug to act within a minute, and last up to 45 minutes. It can also be administered via intramuscular or subcutaneous injection. In addition, a wedge device (nasal atomizer) attached to a pre-filled syringe may be used to create a mist which delivers the drug to the nasal mucosa. Although this solution is widely used outside of the hospital context, it is not approved by the Food and Drug Administration.

Heroin is a schedule I drug according to the Controlled Substances Act of 1970, making it illegal to possess without a DEA license. Opioids can be legally prescribed by physicians for pain management but can be abused by patients or illegally diverted to non-patients.

**Discussion:** You are a member of a DHMH task force that is studying the creation of a community-based opioid overdose prevention program in which friends and family members would be trained to identify the signs and symptoms of an overdose and administer Naloxone if appropriate. Discuss the pros and cons of such a program and what potential concerns and issues might be raised by different stakeholders including physicians, pharmacists, legislators, opioid users/patients, first responders, and community members. If you agree to pursue such a program, please set for the components that you would like to be part of the legislatively-created program.

<b>6. Staying Alive – Is Use of Naloxone by Intimates Beneficial in Opioid Overdose Situations?</b>  <b>Collaboration led by</b> Diane Hoffmann, Law	<b>Participating faculty</b> Ellen Weber, Law  Christopher Welsh, Medicine  Linda Simoni-Wastila, Pharmacy  Suzanne Doyon, Pharmacy/Medicine  Jay Unick, Social Work	<b>Max Enrollment:</b> 56  <b>Location:</b> Krongard Room, 1st floor, UM Carey School of Law
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