

Expanding Access to Naloxone in Maryland

Opioid-related deaths are on the rise in Maryland. In 2013, there were 316 prescription opioid-related deaths and 464 heroin-related deaths (total-780 opioid-related deaths).⁽¹⁾ The number of deaths in 2014 will likely surpass 2013. In response to this epidemic, Maryland state agencies are engaging in a comprehensive, cross-agency effort to reduce opioid overdose deaths.⁽²⁾ These efforts include the Maryland Overdose Response Program (ORP) and a new Good Samaritan law.

The introduction of ORPs into at-risk communities has resulted in decreased mortality rates.⁽³⁾ Implemented in March 2014, the Maryland ORP provides training and certification for individuals ("bystanders") to administer naloxone to a victim of an opioid overdose. The training includes the following:

- 1) identification of opioids, licit and illicit, and non-opioids
- 2) recognition of opioid overdose (vs opioid use)
- 3) attempts to awaken victim
- 4) call 911 (emphasized)
- 5) administration of rescue breathing
- 6) administration of naloxone intramuscularly (IM) or intranasally (IN)
- 7) placing victim in left lateral decubitus position while awaiting for EMS
- 8) aftercare, including calling the Maryland Poison Center for assistance and to report

After the bystander is trained, he/she receives a prescription for naloxone and referral to a local pharmacy, or a prescription and a kit with naloxone. The dose of naloxone in the kit is 0.4 mg IM, 1 mg IM, or 2 mg IN; kits include two doses. All bystanders who administer naloxone are trained to call 911. Historically, 911 is activated in only 10-60% of cases.^(4,5,6) One study observed very low rates because of the study setting: homeless persons in an urban environment.⁽⁷⁾ Regardless of the setting, study subjects across the board reported concerns of police involvement as the major reason for not calling. In response to this issue, some states have enacted Good Samaritan laws providing protection from arrest if bystanders call 911. The state of Maryland sought to do the same in 2014.

Naloxone has traditionally been administered by Advanced Life Support (ALS) providers in Maryland. Intranasal (IN) naloxone is now being used by Basic Life Support (BLS) providers as well as some police officers. Two studies reported that IN naloxone was as efficacious as IV in the prehospital setting and that precipitation of opioid withdrawal was slower in onset and lesser in intensity with the IN route of administration.^(8,9) Police officers in Anne Arundel County started to administer naloxone IN (2 mg IN, 1 mg per nostril) in May 2014. Reversal rates have been high and adverse event rates, low. The majority of victims have been transported to the local EDs and treated and released. Administration of naloxone by police officers in Maryland is set to expand in future months.

The Maryland Poison Center is interested in tracking all overdose victims who receive naloxone via EMS, police, or bystanders. The poison center is an integral part of the ORP. Police officers who administer naloxone routinely call the poison center. Bystanders are also asked to call the poison center from the scene, after contacting 911.

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Did you know?

Efforts to encourage bystanders to call 911 for opioid overdoses are now in place.

The new Maryland Good Samaritan law passed earlier this year establishes that, "a person who, in good-faith, seeks, provides, or assists with the provision of medical assistance for a person experiencing an alcohol- or drug-related medical emergency (such as an overdose) may be immune from criminal prosecution for specific violations if the evidence was obtained solely as a result of the person reaching out for medical assistance. This law also protects the victim under the same conditions".

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References

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