

Naloxone Primers



BNPD

BentonPolice.org



Disclosures and Objectives

- We do not have any financial interests or other disclosures of conflict for this program.

Objectives

- Discuss how Naloxone does and does not work.
- Demonstrate how Naloxone access can protect law enforcement officers as well as the public.
- Provide tools and resources for future needs regarding Naloxone.

Background



- Drug overdose is now the leading cause of injury death in the United States.
- Opioid analgesics, such as ***prescription painkillers***, account for about 80 percent of those deaths.
- Overdose rates have increased five-fold since 1990.

BNPD OFFICERS SAVE LIFE WITH NALOXONE KIT

Benton – Officers with the Benton Police Department saved the life of an individual late Sunday through the use of a Naloxone kit and through their previous Naloxone training.

“I think it is an understatement how important the Naloxone kits and training are to the public,” Chief Kirk Lane said. “Today the kits combined with our officers training saved the life of an individual and that is why we felt the Naloxone was so important to bring to and instill in this department. We were the first agency in the state to give Naloxone kits to every officer and the first to train every officer with Naloxone kits. We hope this incident in which Naloxone was used to save a life will positively influence every agency, across the state and country, to acquire Naloxone kits.”

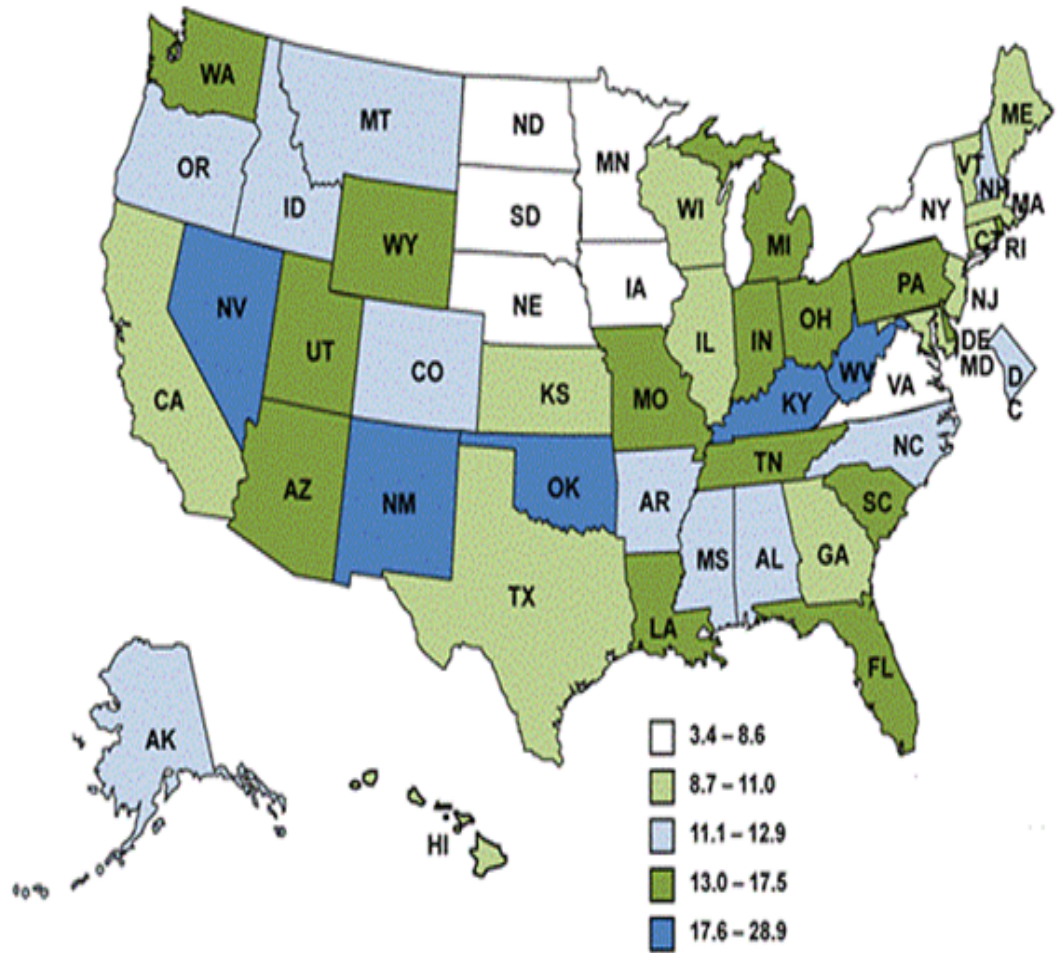
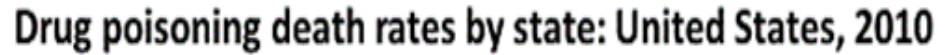
At approximately 11:58 p.m. Sunday, officers responded to the I-30 Courts for a report of a person possibly overdosed from suspected heroin. The individual was found unresponsive with labored breathing. Officers administered the Naloxone into the right nostril of the individual, but received no response. Officers administered the Naloxone a second time into the left nostril of the individual as Emergency Medical Technicians from Saline Memorial Hospital MedTran unit arrived and began giving oxygen to the individual.

An officer also rode with the individual in the ambulance, continuing to administer oxygen to the individual, while enroute to the Saline Memorial Hospital Emergency Room. Officers said the individual became responsive upon arrival to the Emergency Room.

Arkansas

Arkansas has the 25th highest drug overdose mortality rate in the United States, with 12.5 per 100,000 people suffering drug overdose fatalities

*Trend was stabilized with PMP implementation



*Age-adjusted deaths per 100,000 standard population



SEP. 23, 2016

\$1.5 Million Federal Grant To Help State Police Combat Heroin Epidemic

Connecticut's Department of Emergency Services and Public Protection was the latest to receive a federal grant aimed at combating the heroin and opioid crisis that has killed hundreds in recent years. DESPP will get \$1.5 million from the federal Department of Justice's Anti-Heroin Task Force Program,...



SEP. 21, 2016

Amid Opioid Epidemic, Fentanyl Discussed As Growing Problem

Louis Ahearn had been using heroin for a couple of weeks before he died, his mother said. Gina Mattei found her son the morning on Feb. 17 suffering from an overdose. Despite paramedics using naloxone to reverse the effects of the opioids, he went into cardiac arrest, she said. It would prove that...



SEP. 14, 2016

11 Hartford SWAT Officers Exposed To Heroin, Fentanyl During Drug Raid

A flash-bang grenade tossed into a stash house on Forest Street Tuesday night kicked up powdered fentanyl and heroin that SWAT officers raiding the building breathed in, police said. Eleven of the officers were taken to a hospital to be treated for their exposure to the deadly opioid. Following...



SEP. 12, 2016

State Gets \$5 Million In Grants To Combat Opioid Crisis

Facing an opioid crisis that continues to claim hundreds of lives every year, officials say the state will get an infusion of more than \$5 million in federal money to increase access to treatment and bolster abuse prevention efforts. "The prescription pain medication and heroin crisis continues..."

Opioid epidemic's hidden hazard: SWAT officers treated for fentanyl exposure during drug raid

By **Lindsey Bever** and **J. Freedom du Lac** September 14 



(Hartford Police Department)



Officer Safety Alert

Drug Enforcement Administration

Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis

Carfentanil is a synthetic opioid approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. The presence of carfentanil in illicit U.S. drug markets is cause for concern, as the relative strength of this drug could lead to an increase in overdoses and overdose-related deaths, even among opioid-tolerant users. The presence of carfentanil poses a significant threat to first responders and law enforcement personnel who may come in contact with this substance. **In any situation where any fentanyl-related substance, such as carfentanil, might be present, law enforcement should carefully follow safety protocols to avoid accidental exposure.**

Officer & Public Safety Information

Carfentanil and other fentanyl analogues present a serious risk to public safety, first responder, medical, treatment, and laboratory personnel. These substances can come in several forms, including powder, blotter paper, tablets, patch, and spray. Some forms can be absorbed through the skin or accidentally inhaled. If encountered, responding personnel should do the following based on the specific situation:

- **Exercise extreme caution.** Only properly trained and outfitted law enforcement professionals should handle any substance suspected to contain fentanyl or a fentanyl-related compound. If encountered, contact the appropriate officials within your agency.
- **Be aware of any sign of exposure.** Symptoms include: respiratory depression or arrest, drowsiness, disorientation, sedation, pinpoint pupils, and clammy skin. The onset of these symptoms usually occurs within minutes of exposure.
- **Seek IMMEDIATE medical attention.** Carfentanil and other fentanyl-related substances can work very quickly, so in cases of suspected exposure, it is important to call EMS immediately. If inhaled, move the victim to fresh air. If ingested and the victim is conscious, wash out the victim's eyes and mouth with cool water.
- **Be ready to administer naloxone in the event of exposure.** Naloxone is an antidote for opioid overdose. Immediately administering naloxone can reverse an overdose of carfentanil, fentanyl, or other opioids, although multiple doses of naloxone may be required. Continue to administer a dose of naloxone every 2-3 minutes until the individual is breathing on his/her own for at least 15 minutes or until EMS arrives.



2 milligrams of powder next to a penny.



DEA Fentanyl Warning

<https://youtu.be/zMKvJ7sE0io>

Or go to youtube and look at DEA
Fentanyl Warning

Pharmacy Prescription Drug Losses 106 Totals for Arkansas

Drug	2010	2011	2012	2013	2014	2015	2016
Alprazolam (Xanax)	73,633	42,953	9,844	8,323	24,935	29,986	12,253
Hydrocodone	459,276	213,639	103,988	128,864	196,027	131,870	243,577
Oxycodone	16,538	32,422	18,448	28,336	65,163	74,555	108,639
Codeine	4,005	8,878	3,726	44,878	16,345	7,485 tabs 104,317 ml	4,358 Tabs 89,857ml

Burglaries / Robberies in Arkansas?

- 2016 – 6 Robberies, 68 Break Ins
- 2015 – 5 Robberies, 56 Break Ins
- 2014 – 5 Robberies, 33 Break Ins
- 2013 – 7 Robberies, 48 Break Ins
- 2012 – 8 Robberies, 38 Break Ins
- 2011 – 6 Robberies, 39 Break Ins
- 2010 – 9 Robberies, 44 Break Ins
- 2009 – 3 Robberies, 59 Break Ins
- 61 Break Ins in 2006
- **TALK TO YOUR STAFF ABOUT THIS**

2015 Prescription Drugs Dispensed

Drug	# of RX	Quantity	Average Per RX
Hydrocodone	1,714,600	111,987,967	65.31
Tramadol	762,766	58,672,813	76.92
Alprazolam	689,292	44,543,911	64.62
Oxycodone (all)	646,333	50,244,192	77.74
Zolpidem	568,550	17,718,692	31.16

2016 Prescription Drugs Dispensed

Drug	# of RX	Quantity	Average Per RX
Hydrocodone	1,691,895	108,648,138	64.22
Tramadol	770,322	59,400,035	77.11
Alprazolam	690,386	43,493,832	63.00
Oxycodone (all)	652,912	49,716,481	76.15
Zolpidem	552,912	17,402,324	31.47

DRUGS

PAINKILLERS 4 ALL!

WHAT ABOUT
OUR
PAIN?



DESIGNER
OPIOIDS!

JUST IN!
FENTANYL

FAMILIES
of
ADDICTS

Signe 9.30
16

OPIDEMIC

STOP THE OPIDEMIC

WHAT ARE OPIOIDS?

TAKE ACTION

TREATMENT

OVERDOSE

**OPIOID ABUSE
IS A UTAH EPIDEMIC**



80% of opioids consumed in us



[All](#) [News](#) [Images](#) [Shopping](#) [Videos](#) [More](#) [Settings](#) [Tools](#)

About 2,560,000 results (0.73 seconds)

Americans consume almost all of the global opioid supply - CNBC.com

www.cnbc.com/.../americans-consume-almost-all-of-the-global-opioid-supply.html ▼

Apr 27, 2016 - Americans consume vast majority of the world's opioids. Americans are in more pain than any other population around the world. At least, that's the conclusion that can be drawn from one startling number from recent years: Approximately 80 percent of the global opioid supply is consumed in the United States.

US: 5% of World Population; 80% of Opioid Consumption - AllGov

www.allgov.com/.../us-5-percent-of-world-population-80-percent-of-opioid-consump... ▼

Dec 15, 2014 - U.S.: 5% of World Population; 80% of Opioid Consumption. Studies have shown that the United States, with less than 5% of the world's population, uses 80% of the global supply of opioid drugs. A new report has put that use in perspective, pinpointing how Americans' dependence on the drugs has become a national problem.

[PDF] The American Society of Interventional Pain Physicians (ASIPP) Fact...

<https://www.asipp.org/documents/ASIPPFactSheet101111.pdf> ▼

The number one cause of death in 17 U.S. states is prescription drug abuse, ... Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply, ...

Americans Take 80% of World's Opioid Supply - VOA Learning English

learningenglish.voanews.com/a/americans-take-80-world-opioid.../3244249.html ▼

Mar 19, 2016 - The United States has 4.6 percent of the world's population. But a report says Americans consume 80 percent of the world's opioid supply.

America Consumes 80% Of The World's Opioids ... - The Daily Caller

dailycaller.com/.../america-consumes-99-of-the-worlds-hydrocodone-and-other-crazy... ▼

Oct 23, 2016 - "The startling fact that U.S. citizens consume approximately 80% of the global opioid supply means that it's probably time doctors and other ...

Why Do Americans Consume 80 Percent Of All Prescription Painkillers ...

www.zerohedge.com/.../why-do-americans-consume-80-percent-all-prescription-pain... ▼

Mar 15, 2016 - In the United States today, approximately 4.7 million Americans are addicted to ... If Americans are so happy, then why do we consume 80 percent of the ... Opioids, a type of powerful painkiller that requires a prescription, were ...



PRESCRIPTION DRUG ABUSE IN COLLEGE

Many college students think that prescription drugs are safe. They are, but only if they're taken the right way. The danger becomes real when these drugs are abused.

1 in 4

college students has used a prescription drug illegally.

College students are more likely to abuse prescription drugs if they have a mental illness.

Students misuse or abuse prescription drugs to:

- Improve concentration
- Reduce stress
- Diet
- Be a better athlete
- Ignore problems
- Get high



DRUGS ABUSED IN COLLEGE

Stimulants (Ritalin, Adderall, Concerta)

Anxiety meds/Sleeping pills (Xanax, Valium, Ambien)

Painkillers (OxyContin, Oxycodone, Vicodin)



[90%]

of students can get stimulants from their peers or friends.



1 in 3

college students use stimulants that aren't prescribed to them to stay up late and study.



1/2

of college students have been offered prescription drugs by sophomore year.

54%

of undergrads with stimulant prescriptions have been asked to sell, trade or give away their medication.



College students who abuse stimulants:

90%

are binge drinkers

3x

more likely to use marijuana

8x

more likely to use cocaine

5x

more likely to abuse prescription painkillers



Potential side effects of prescription drug abuse:

- High blood pressure or heart rate
- Slowed breathing
- Organ damage
- Seizure
- Heart attack
- Stroke
- Overdose
- Death

Sources:

http://www.uwc.edu/sites/default/files/mce-uploads/node drug s/other/_files/pd-gettheadbooklet.pdf

<https://www.csbsju.edu/Documents/Counseling%20and%20Health%20Promotions/Prescription%20Drug%20Abuse%20Misuse.pdf>

<http://www.samhsa.gov/data/special/Special094-College-Prevention-Drug-Use.pdf>

<http://abclocal.go.com/wabc/story/section-news/politics?id=9141066>

LAKEVIEW
HEALTH SYSTEMS
www.lakeviewhealth.com

The Opioid Epidemic Is Actually Two Epidemics

50-year-olds are dying from overdoses of prescription painkillers, while heroin is claiming more people in their 20s.

Posted on April 19, 2017, at 7:01 a.m.



Dan Vergano

BuzzFeed News Reporter

In a new analysis of overdose patient and emergency room data, Unick found that among younger drug users, heroin addiction appears to have split off as a phenomenon from the larger prescription painkiller epidemic, with deaths increasing fastest among people in their 20s. The approximately 15,000 people who die from painkiller overdoses, meanwhile, tend to be older, concentrated among people in their 50s and early 60s.

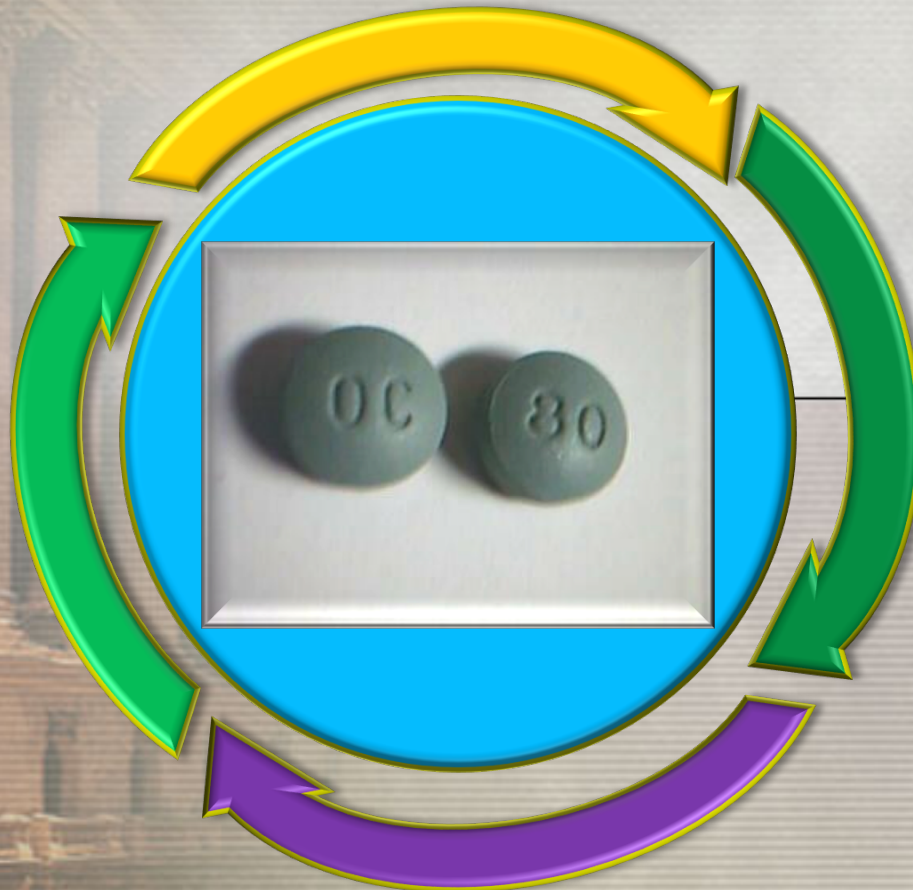
Circle of Addiction

& the Next Generation

Hydrocodone

Oxycodone

Heroin



OxyContin

Take BACK

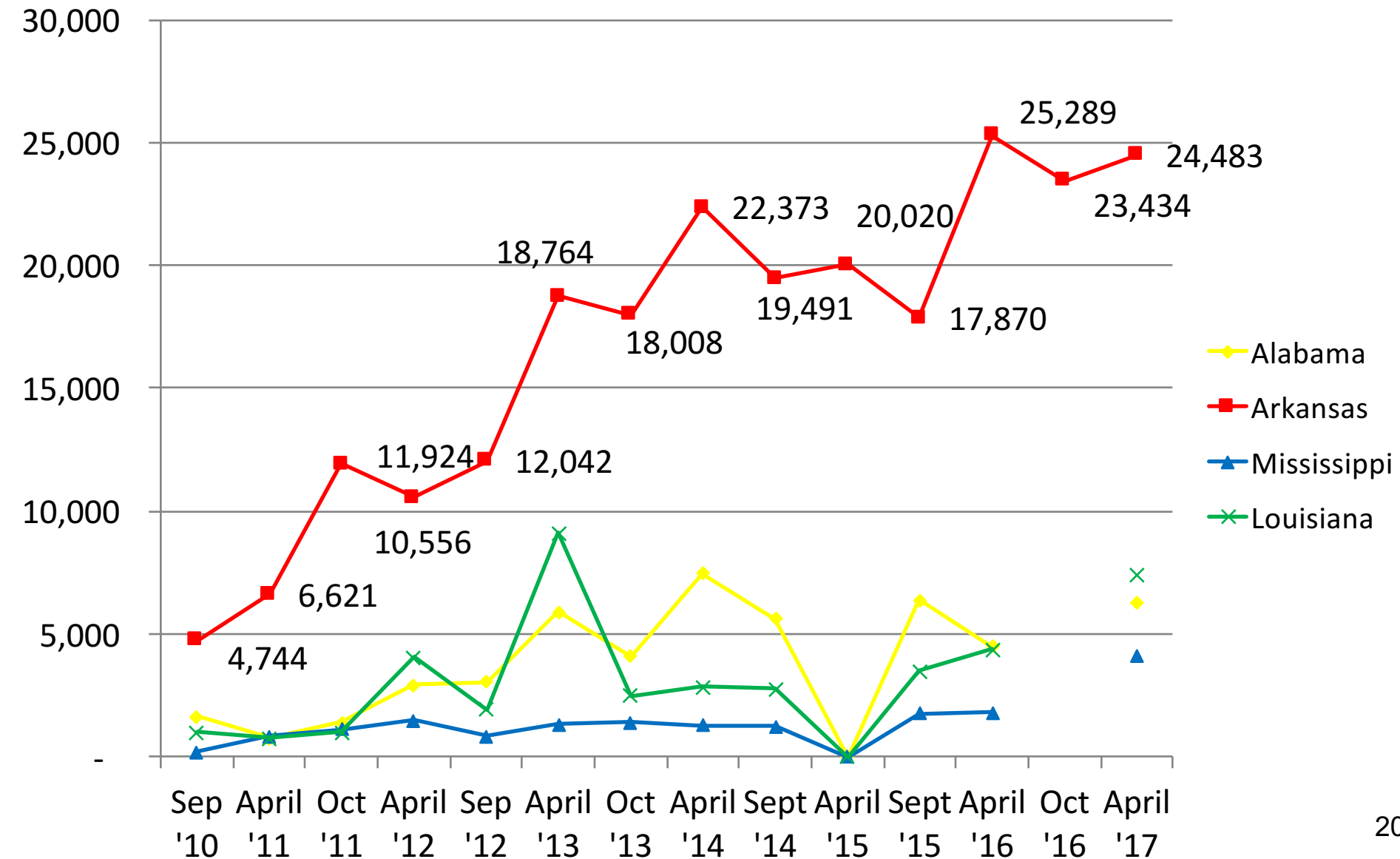
APRIL 2016 Take BACK

25,289 Pounds

APRIL 2017 Take BACK

24,483 Pounds

Drug Take Back – Quantity in Pounds?



The Solution – What is Naloxone?

Most users attempt to achieve abstinence from drugs, but on average this process takes 9 years and 4 episodes of care.

Known by several names: (Narcan®, Evzio®, Naloxone)
Naloxone is the actual generic name of the drug

Naloxone is an Opioid Antagonist meaning that it is a drug used to reverse/block the effects of opioids.

Naloxone is safe and effective.

Naloxone has no effect on non-opioid overdoses.

20-13-1602 Legislative findings

The General Assembly finds that:

(1) Naloxone is a relatively inexpensive opioid antagonist developed to counter the effects of opiate overdose, specifically the life-threatening depression of the central nervous and respiratory systems;

(2) Naloxone will not adversely affect the human body if the person who receives Naloxone is suffering from an overdose of a drug that is not an opioid;

(3) Naloxone is clinically administered via intramuscular, intravenous, or subcutaneous injection;

(4) Naloxone is administered outside of a clinical setting or facility intranasally via a nasal atomizer, similar to the use of a common, otc anticongestion nasal spray;

20-13-1602 Legislative findings

(5) The American Medical Association has supported the lay administration of this lifesaving drug since 2012;

(6) Similar Naloxone access laws have reversed more than ten thousand (10,000) opioid overdoses by lay people in other states;

(7) The American Medical Association has acknowledged that more must be done to prevent these unnecessary opioid overdose fatalities that devastate families and communities;

(8) The National Institutes of Health have found that Naloxone lacks any addictive qualities that could lead to potential abuse and that medical side effects or unintended consequences associated with the drug have not been reported; and

(9) Any administration of Naloxone to an individual experiencing an opioid overdose must be followed by professional medical attention and treatment.

The Solution: 20-13-1604 Opioid antagonist – Immunity-ACT 1222 of 2015

(a) A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist to:

(5) A first responder;

(6) A law enforcement officer or agency; or

(b) A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed under section (a) of this section.

(c) The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section:

(3) A person other than a healthcare professional who administers an opioid antagonist under subsection (b) of this section.

In The United States

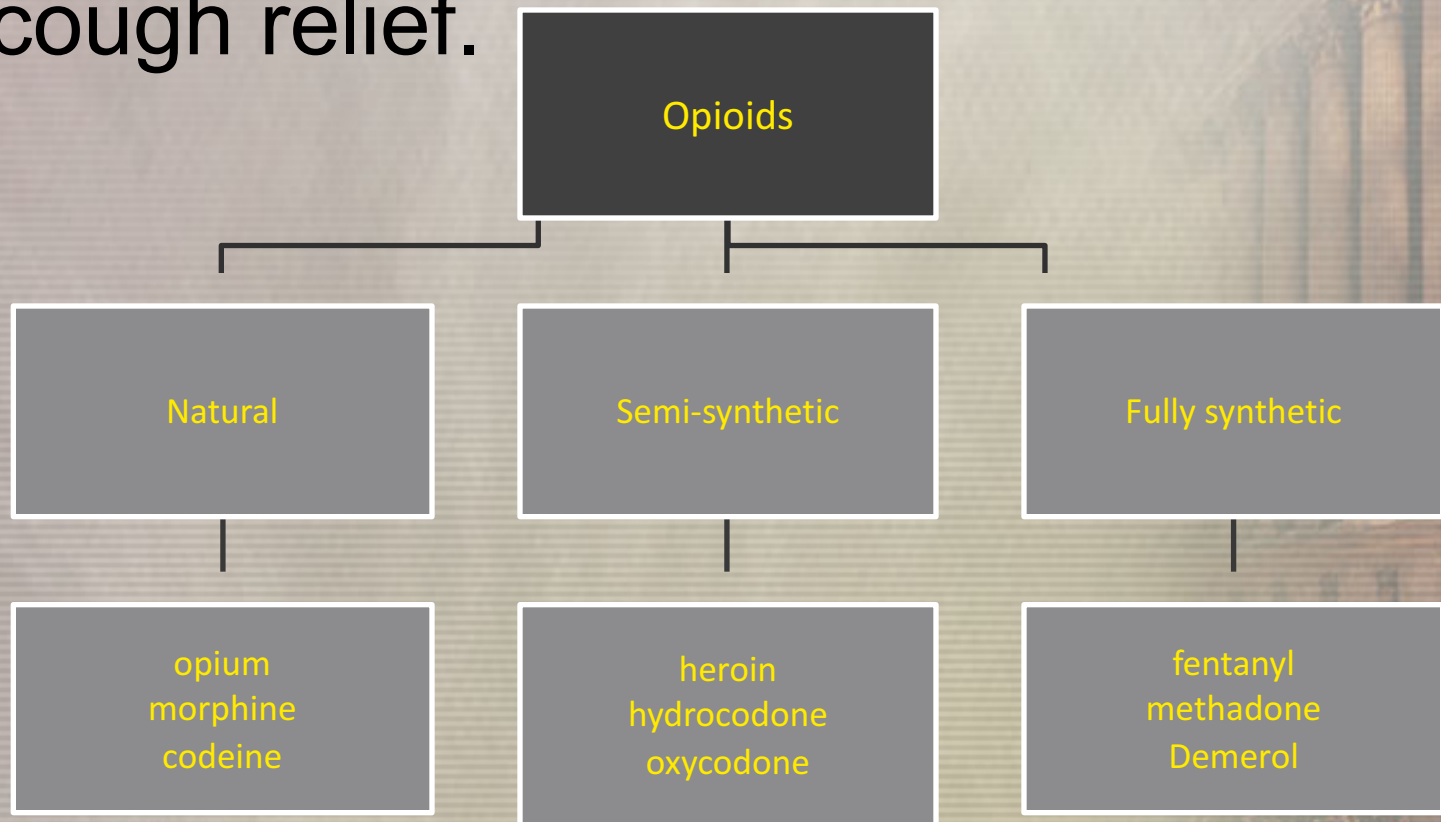
- Over 180 naloxone programs
- Over 50,000 people trained
- Over 10,000 overdose reversals (lives saved)

Training Video

<http://adaptpharma.com/news-events/press-kit/>

Opioid Basics

Opioids are used primarily in medicine for pain relief, treatment of opioid use disorders, and cough relief.

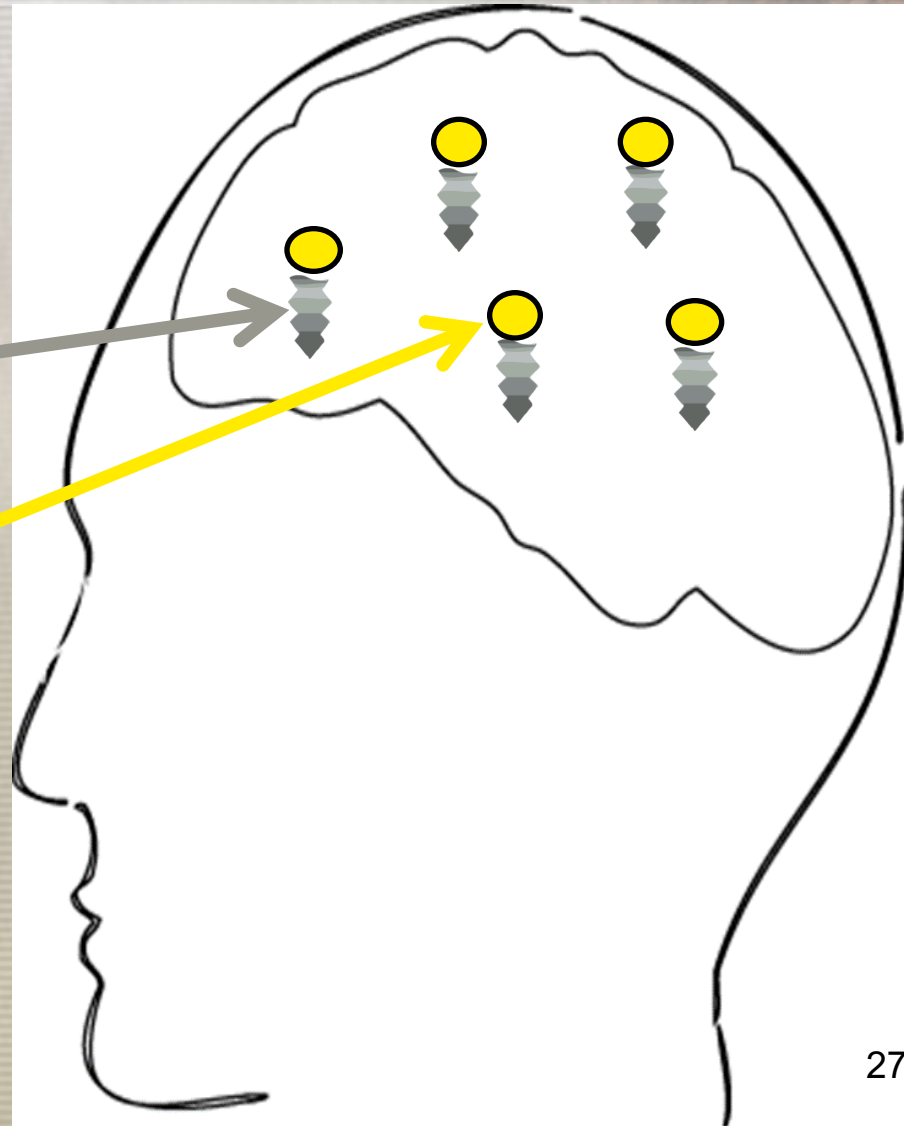


How do opioids affect breathing?

OVERDOSE

Opioid Receptors

Opioid

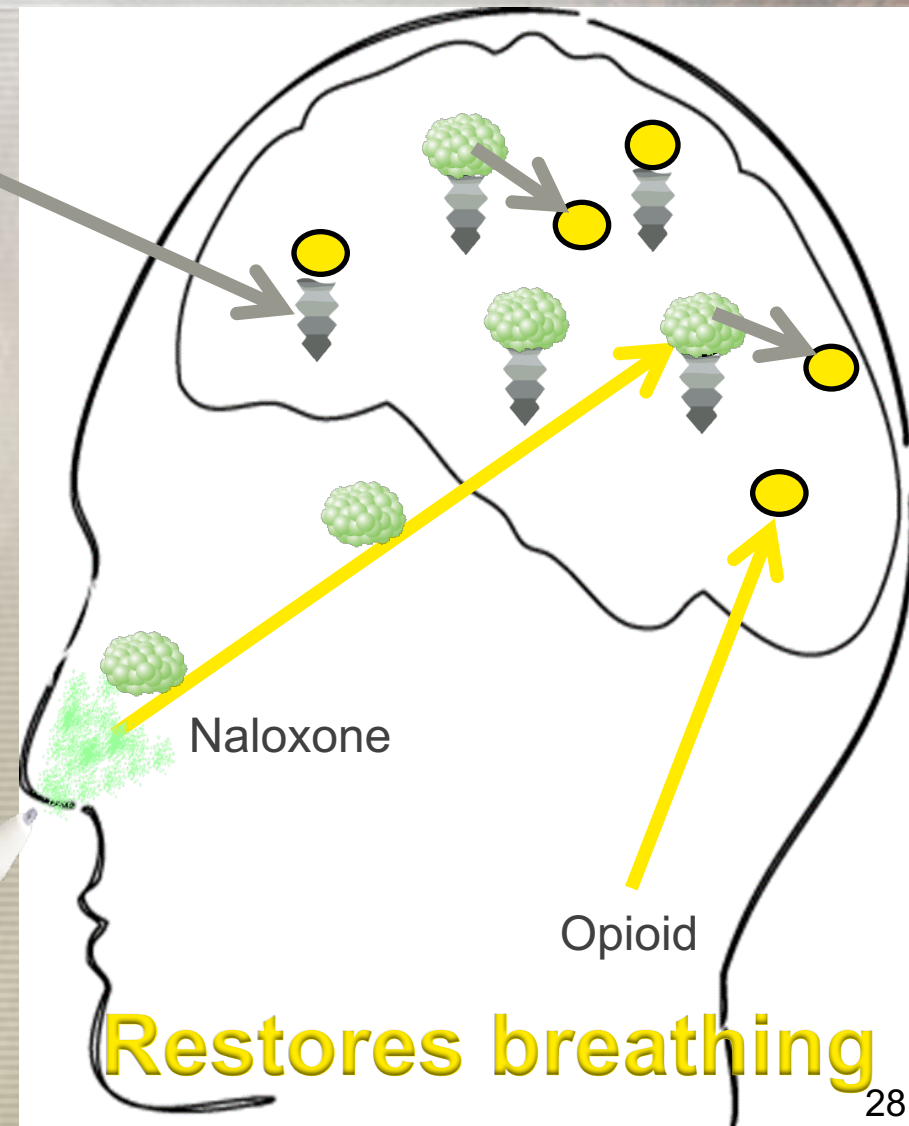


Naloxone Restores Breathing

Opioid Receptors

Naloxone occupies
Opioid Receptors
Displacing the
Opioid and
Reversing the
Overdose

*note that the opioid is still present thus
the need for further medical treatment
as Naloxone wears off



Opioid Basics

- Naloxone knocks the opioid off the opiate receptor
- Only blocks opioid receptors; no opioids = no effect
- Not harmful if no opioids in system
- Temporarily takes away the “high,” giving the person the chance to breathe
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes
- Naloxone can neither be abused nor cause overdose
- Only known contraindication is sensitivity, which is rare
- Too much Naloxone can cause withdrawal symptoms such as:

Nausea/Vomiting
Diarrhea

Muscle Discomfort
Disorientation

Combativeness
Chills

Identifying an Opioid Overdose

The despair here echoes across the country. But the opioid crisis is particularly [acute in Ohio](#). Last year, a record 3,050 people in the state died of drug overdoses. Overdoses from the potent opioid [fentanyl](#) more than doubled, to 1,155.



East Liverpool Police posted this image of overdosed adults and a child on the city's Facebook page. The child's face has been blurred by STAT.

Opiates

Signs & Symptoms

Central Nervous System

Slow Pulse
On the Nod
Slow Respirations
Confusion

Eyes

Constricted Pupils
Pupils-Minimal Reaction to Light
Droopy Eyelids

Mouth

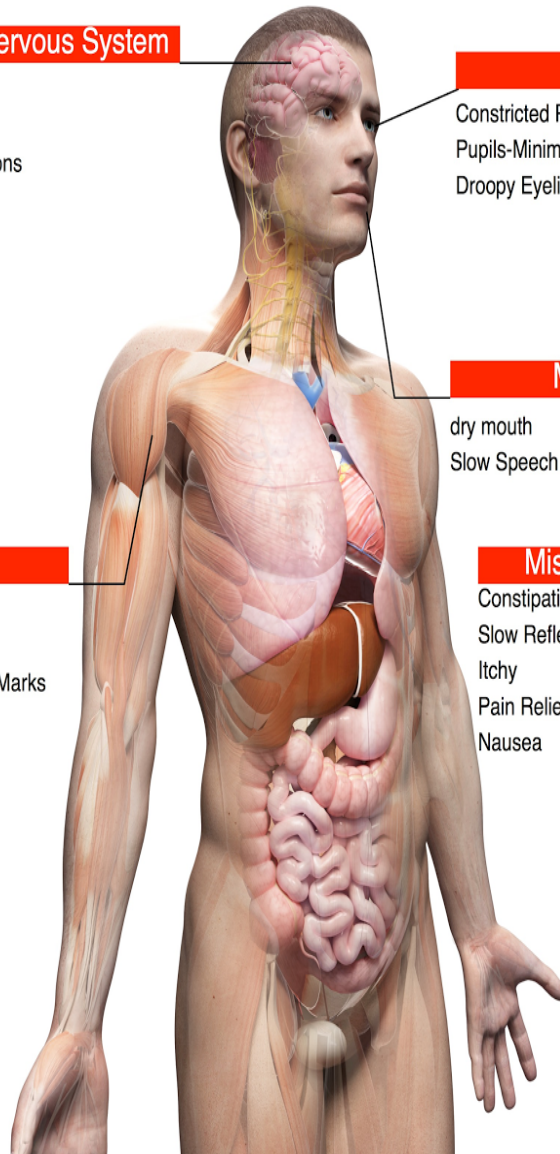
dry mouth
Slow Speech

Body

Relaxed Muscles
Goose Bumps
Possible Injection Marks

Misc Symptoms

Constipation
Slow Reflexes
Itchy
Pain Relief
Nausea



Identify an Opioid Overdose

REALLY HIGH	OVERDOSE
Pupils pinned	Pupils pinned
Nodding, but arousable (responds to sternal rub)	Not arousable (no response to sternal rub)
Speech is slurred	Very infrequent or no breathing
Sleepy, intoxicated, but breathing <ul style="list-style-type: none">• 8 or more times per minute	Breathing slow or stopped <ul style="list-style-type: none">• Less than 8 times per minute• May hear choking sounds or gurgling/snoring noises• Blue lips, blue fingertips
Stimulate and observe	Rescue breathe + give naloxone

Environmental Clues



1. Recognize overdose

symptoms +

2. Recognize drug

paraphernalia +

3. Recognize the drug = ***Recognize need for naloxone***

***Look for symptoms,
but if uncertain - land on the side of naloxone***

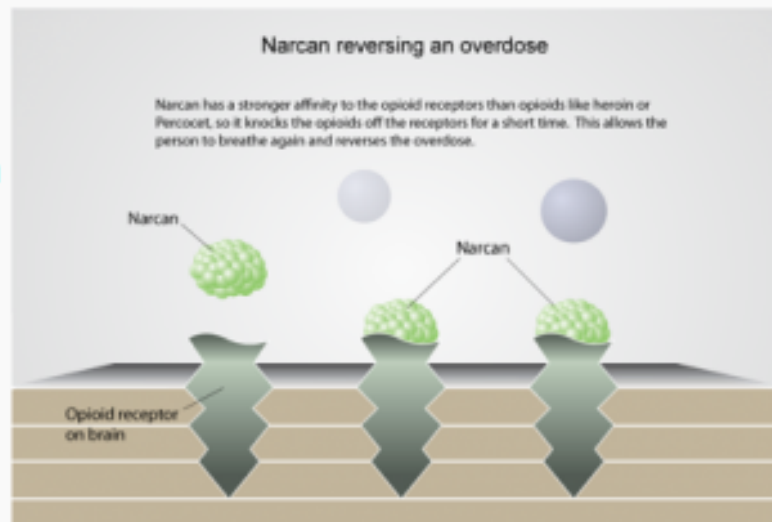
5 Minutes Is All It Takes To Identify and Reverse an Overdose

LEARN TO SAVE A LIFE IN UNDER 10 MINUTES!

Harm Reduction Coalition's [Eliza Wheeler](#) says “**Access to naloxone should be low-threshold and does not require extensive instruction.**” New research says: *brief is effective.*

New evidence released today suggests that 5-10 minutes of education is all it takes to effectively recognize and respond to an overdose with the lifesaving drug naloxone. The findings, published in the journal Drug and Alcohol Dependence, contribute to a growing body of evidence that brief overdose education to opioid users is sufficient for effective [naloxone](#) distribution.

For the past 12 years the [Drug Overdose Prevention and Education Project](#) (DOPE) has been distributing naloxone and educating people on how to use it. The benefit of naloxone is that it is a short acting [opioid antagonist](#) which rapidly reverses the life-threatening depression of the central nervous system and respiratory system stemming from an opioid overdose, allowing the person to breathe normally. Harm Reduction Coalition's DOPE Project distributes naloxone through low-threshold drug services such as [syringe access programs in San Francisco](#), with education lasting between 5 -10 minutes. The aim of the study was to determine if a 5-10 minute brief intervention was sufficient to educate people on how recognize and manage an overdose and how to respond by administering naloxone.



Graphics: Maya Doe-Simkins

Remember Scene Safety

- Oncoming traffic
- Unstable surfaces
- Leaking gasoline
- Downed electrical lines
- Potential for violence
- Fire or smoke
- Hazardous materials
- Other dangers at crash or rescue scenes
- Crime scenes
- Needles

Assume all body fluids present a possible risk for infection>> wear personal protective equipment!

Responding to an Opioid Overdose

1. Stimulate
2. Alert EMS
3. Administer naloxone
4. CPR – Rescue
breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing

Respond: Stimulate and Alert EMS

1. Stimulate victim with
a sternal rub

2. If no response,
delirious, or altered
consciousness, call
for EMS support



Respond: Administer Naloxone

3. If no response from stimulation,

give naloxone

Kit contents:

- One (1) individual pre-filled syringes of Naloxone
- One (1) mucosal atomizer
(nose pieces/spray device)

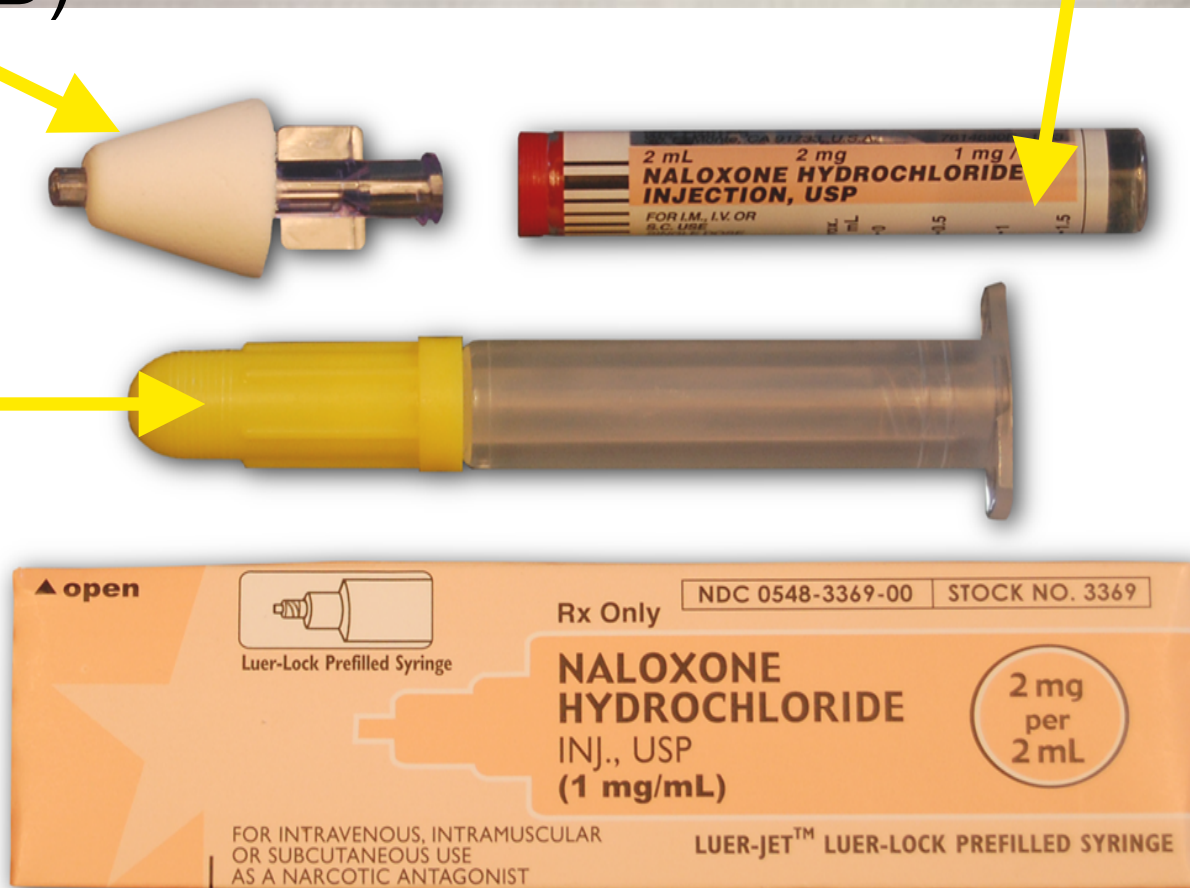


Naloxone Intervention

Mucosal Atomization Device (MAD)

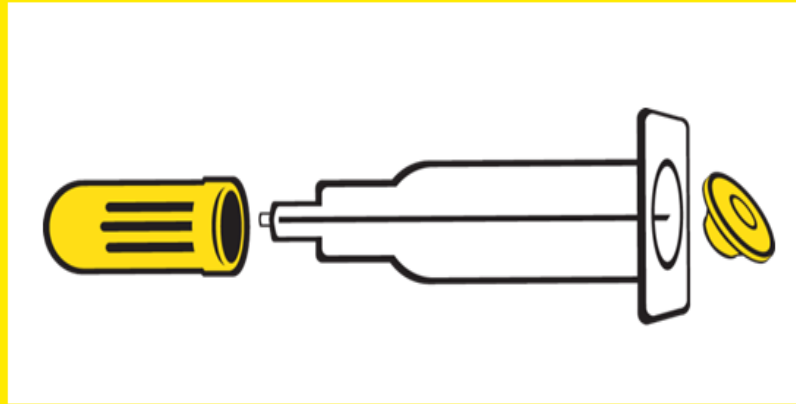
Prefilled ampule of naloxone

Luer-lock syringe

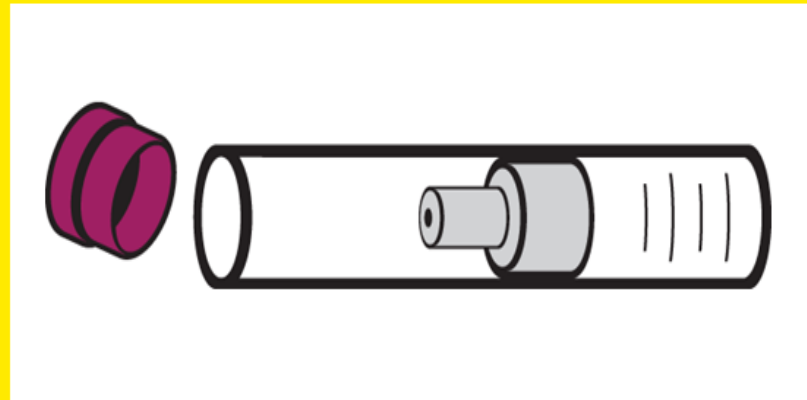


How to Administer Intranasal Naloxone

1. Remove yellow caps from delivery device

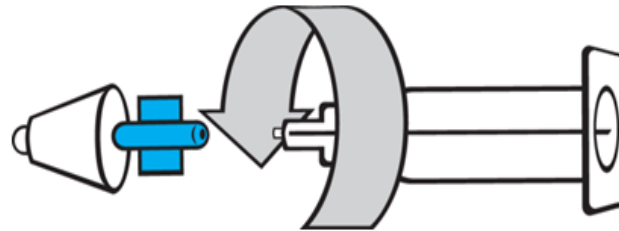


2. Remove purple cap from medication vial

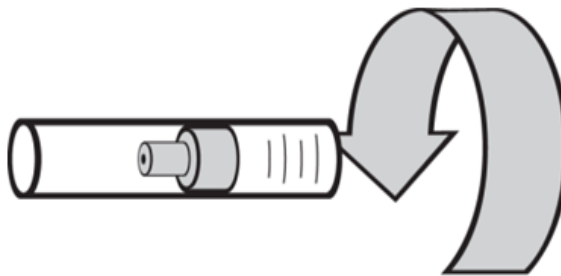


How to Administer Intranasal Naloxone

3. Thread atomizer on to the top of the delivery device

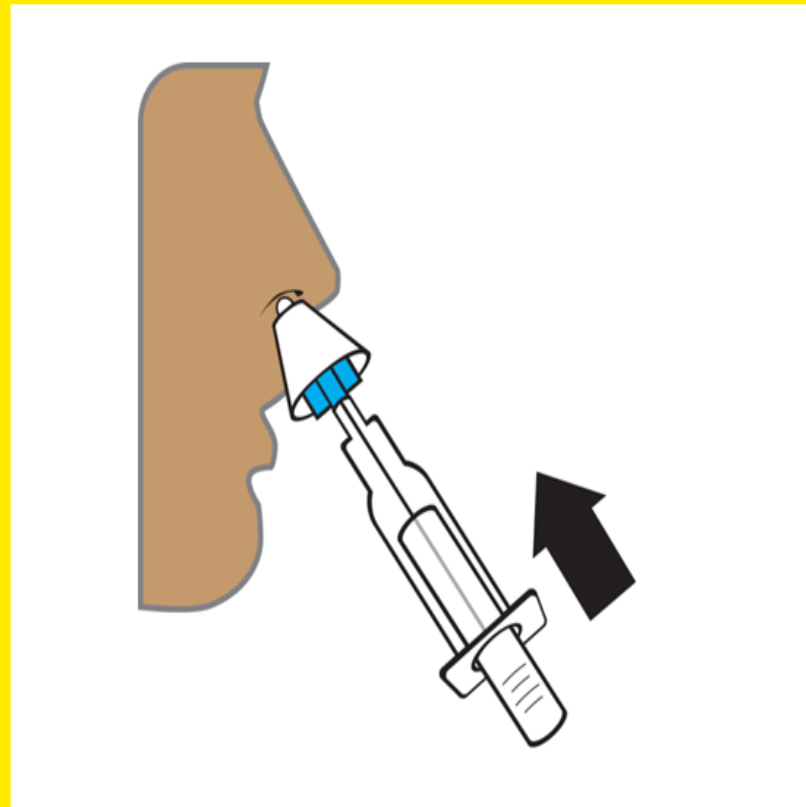


4. Gently screw the medication vial into the delivery device until you feel it catch.



How to Administer Intranasal Naloxone

5. Spray half (1 ml) up one nostril and half up the other nostril.



Respond: Rescue Breathing

4. Give rescue breaths, if you have proper safety equipment and training
 - Place 1 hand on the chin and tilt head back to open airway
 - Make sure the airway is clear and remove anything in their mouth
 - Pinch the nose closed
 - Give 2 slow rescue breaths into the mouth
 - Use a rescue breathing mask if available
 - Use a bag valve mask if you are trained

Respond: Rescue Breathing

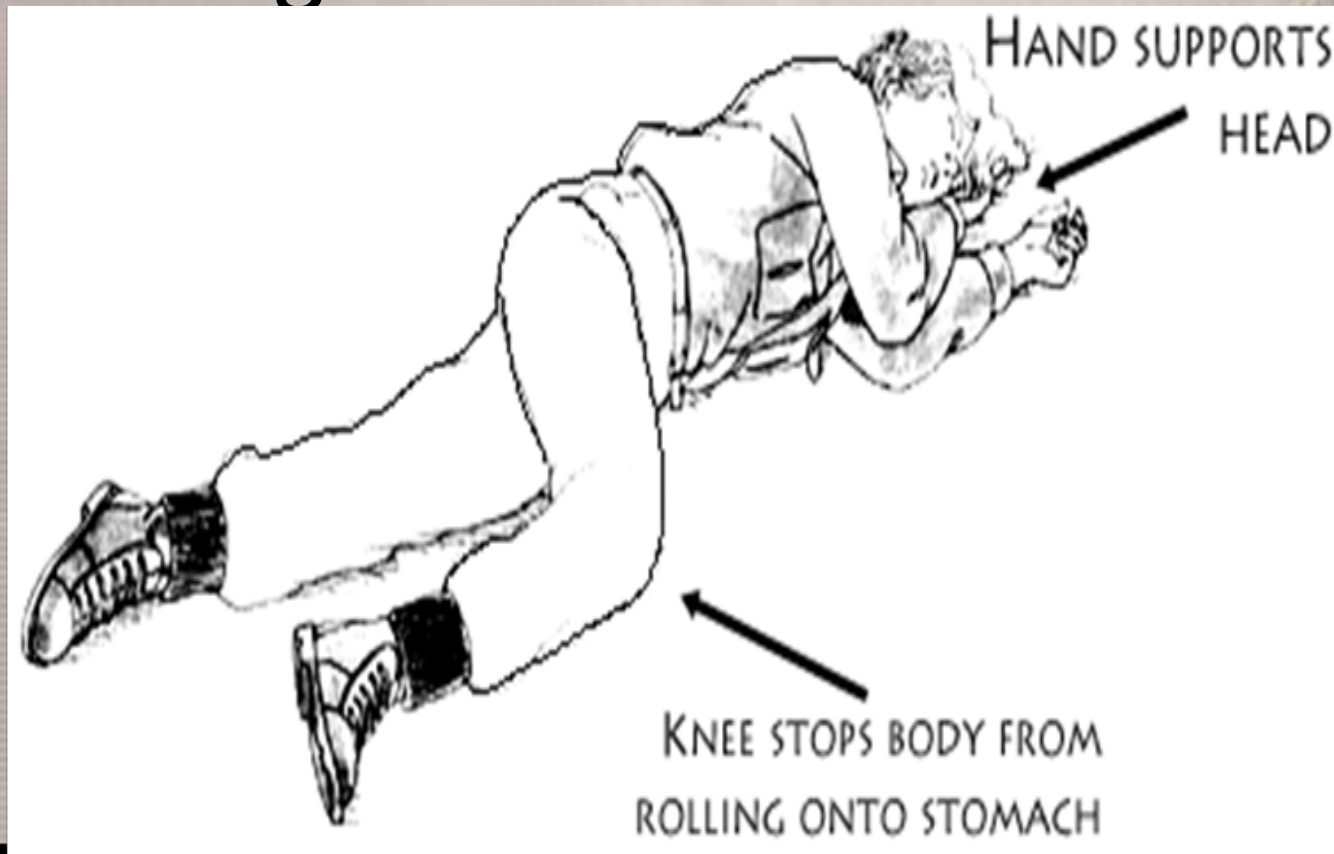
4. Give rescue breaths, if you have proper safety equipment and training
 - Make sure the chest (not the stomach) is rising with the breaths
 - Give 1 breath every 5 seconds until the person can breath on their own
 - If no pulse, start CPR

Respond: Repeat 3 & 4 if Necessary

5. After 3-5 minutes, if the victim is still unresponsive with slow or no breathing, administer another dose of naloxone and continue rescue breathing.

Respond: Recovery Position

6. Recovery position, when breathing is restored



Review: Respond to Opioid Overdose

1. Stimulate
2. Alert EMS
3. Administer naloxone
4. CPR – Rescue
breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing

Respond: Talk to EMS

Make sure you tell EMS
if you have administered
Naloxone upon their
arrival.

Documentation

The background of the slide features a faded, sepia-toned photograph of a grand classical building. The building has multiple stories with prominent columns and ornate architectural details, including a pediment and decorative carvings. The image is slightly out of focus, creating a sense of depth and historical context.

Write a detailed report documenting what you saw at the scene, what you were told by others at the scene, what actions you took at the scene, information you gained through follow-up interviews if possible.

Naloxone Video

- <http://adaptpharma.com/news-events/press-kit/>

There's an App for that

<https://opirescue.com/>

<https://vimeo.com/189994768>



Other Resources



Already a Member? [For Patients](#) | [For Providers](#)

All-In-One Support for Opioid Prescribers

OpiSafe is the best way to prescribe and monitor opioids. Our solution performs risk stratification for each patient on the basis of Morphine Equivalent dosing ranges, Pain and Function scores, Opioid Misuse Risk scores and automated PDMP checks.

In addition to saving time and creating peace of mind, using OpiSafe may also qualify you for savings on your Malpractice Insurance.

Try it free in your practice for 2 weeks!

[Try OpiSafe Now](#)

Patient/Provider Agreement

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to assure that you and your physician comply with all state and federal regulations concerning the prescribing of controlled substances. A trial of opioid therapy can be considered for moderate to severe pain with the intent of reducing pain and increasing function. The physician's goal is for you to have the best quality of life possible given the reality of your clinical condition. The success of treatment depends on mutual trust and honesty in the physician/patient relationship and full agreement and understanding of the risks and benefits of using opioids to treat pain.

1. You should use no more than **2** physicians to prescribe and monitor all opioid medications and adjunctive analgesics.
2. You should use no more than **2** pharmacies to obtain all opioid prescriptions and adjunctive analgesics prescribed by your physician.
3. You are required to maintain a **90%** OpiSafe compliance score every month during the course of therapy.
4. The following items are requirements of this agreement, if checked:
 - No Alcohol Use
 - No Recreational Marijuana Use
 - No Medical Marijuana Use
5. You should inform your physician of all medications you are taking, including herbal remedies, since opioid medications can interact with over-the-counter medications and other prescribed medications, especially cough syrup that contains alcohol, codeine or hydrocodone.
6. You will be seen on a regular basis and given prescriptions for enough medication to last from appointment to appointment, plus usually two to three days extra. This extra medication is not to be used without the explicit permission of the prescribing physician unless an emergency requires your appointment to be deferred one or two days.
7. Prescriptions for pain medicine or any other prescriptions will be done only during an office visit or during regular office hours. No refills of any medications will be done during the evening or on weekends.
8. You must bring back all opioid medications and adjunctive medications prescribed by your physician in the original bottles.
9. You are responsible for keeping your pain medication in a safe and secure place, such as a locked cabinet or safe. You are expected to protect your medications from loss or theft. Stolen medications should be reported to the police and to your physician immediately. If your medications are lost, misplaced or stolen, your physician may choose

Best Practices. For Your Practice.



**Assess Pain,
Function & Risk**



**Comorbidity
Tracking**



**Automated PDMP
Checking**



**Manage
Lab Results**



**Increase
Reimbursements**

Last Points

Prescription Drugs are Worth More
Once they are Stolen or Diverted

Circle of Addiction shows that as
we do a better job with
Prescription Drug Abuse, Issues
with Heroin will increase

What is Next?

Act 284 of 2017 by Senators Bledsoe and Eads as well as Representative Boyd will allow easier access to naloxone:

“Pursuant to a statewide protocol, a pharmacist may initiate therapy and administer or dispense, or both, Naloxone”

Post Test Questions

1. Will naloxone be harmful to a patient not taking opioids?

A. Yes

B. No

Post Test Questions

2. When a healthcare provider or law enforcement agent administers naloxone to a patient that patient can sue them for administering the drug?

- A. True
- B. False

Post Test Questions

3. Naloxone is available OTC throughout Arkansas?

- A. True
- B. False

Questions?

Kirk R. Lane
Chief of Police
Benton Police
Department

114 S. East Street

Benton, Arkansas 72015

501-776-5983

John Clay Kirtley,
PharmD

Executive Director
Arkansas State

Board of Pharmacy

Pharmacyboard.arkansas.gov

501-682-0190

Monitor, Secure and Dispose

Patients should

- Know what they are taking and how much they have
- Secure their prescription medications
- Properly dispose of prescription drugs

- www.smarxtdisposal.net
- www.ioit2me.com
- www.artakeback.org



What Else are We Doing?

[Home](#) / [FAQs](#) / [Collection Site Search](#)



ARKANSAS TAKE BACK



HOME

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COLLECTION SITES

[Drop Off Locations](#)

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Locate a [Collection Site](#) Near You

Arkansas Take Back has over 100 collection sites around the state, chances are there is one close to you

[Find a Site](#)

www.artakeback.org

• Updated Website with New Info



Resources/News

Make sure you check out the resources section of our website for helpful and educational information about the growing problem in our state.



FAQ's

Our FAQ section of the website has answers to common questions you may have. Keep checking back, we update them regularly!



Myths & Facts

What are some of the common disposal myths? Find out the facts here.



Partners

Businesses and Organizations that have partnered with us on this initiative.



Helpful Links

Helpful links to other websites and information. Keep checking back, we are adding more links on a regular basis.



Media & Videos

Commercials, PSA's, and more about the Take-Back can be found here.

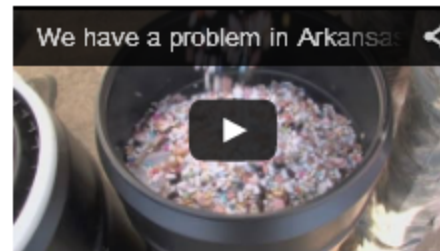
Latest from the ARTake back



Take-Back this Saturday

📅 24-Apr-2013

Arkansas's next prescription drug take back will be held Saturday, April 27, 2013, from 10 AM until 2 PM.



We have a problem in Arkansas

📅 24-Apr-2013

Our teenagers are dying from recreational prescription drug abuse