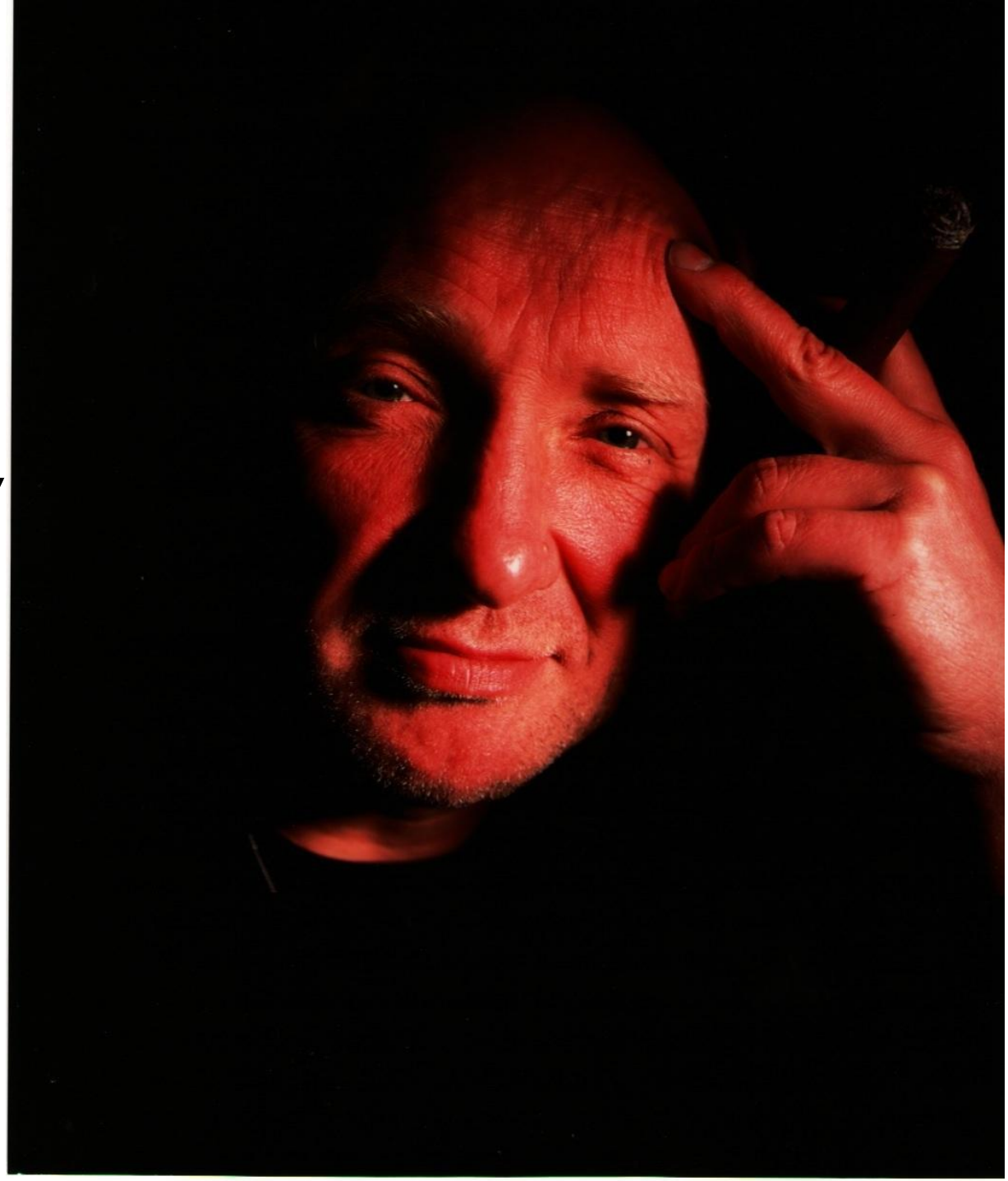
John Szyler

Aka
"Division Street"

Formulated Recovery as 'Any Positive Change'

Died of OD/AIDS in May 1996



THE PURE ANTIDOTE…

Hit market in 1971 – What happened for first 25 years of market availability re access to those most at risk? Why? What lessons to learn from this delay?

Long off patent as naloxone (generic) although name and/or administration device may be on patent protection

1cc vial was ~ 20 cents, 10cc vial was $1.63 in late 1990's

Value of Using even if NOT opioid-related OD. Why?

Since 1919 Supreme Court case (**Webb v. US - 249 U.S. 96)** medical providers have been prevented from using OST for Opioid Dependence…

"If a practicing and registered physician issues an order for morphine to an habitual user thereof, the order not being issued by him in the course of professional treatment in the attempted cure of the habit, but for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, such order is not a physician's prescription…"

https://supreme.justia.com/cases/federal/us/249/96/case.html

Opioid Overdose Prevention: Lessons Learned

NEVER FORGET WHY…

Rank Priority Groups (especially w/ cost issues)

CRA's experience:

K.I.S.S. → ID OD (sternal/upper lip rub)

- (over 8,000 reports of reversal received)

- return of OD after initial reversal very rare

- **strong OD prevention impact noted**
- **0.4mg/ml IM seems sufficient**

- serial dosing a result of impatience more than needed

Timeline for OD Prevention/Intervention with Naloxone at Chicago Recovery Alliance

- Fall of 1996 – Began working with volunteer prescribers to develop program
- March of 1997 – Spoke publically about naloxone distribution at ICRDRH in Paris
- January 2001 - Rolled out Refined Program Throughout Agency
- January 2010 – IL State Law Changed re NX
- Through May 2016 – 53,019 unique reached, and 7,388 reports of peer reversal received.

- **Journal of Addictive Diseases**
- Volume 25, 2006 - Issue 3

Prescribing Naloxone to Actively Injecting Heroin Users: *A Program to Reduce Heroin Overdose Deaths*

- Sarz Maxwell MD, FASAM , Dan Bigg CRADC , Karen Stanczykiewicz CADC & Suzanne Carlberg-Racich MSPH
- Pages 89-96 | Published online: 23 Sep 2008
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- **Abstract**
- Heroin overdose deaths have increased alarmingly in Chicago over the past decade. Naloxone, an opioid antagonist with no abuse potential, has been used to reverse opiate overdose in emergency medical settings for decades. We describe here a program to educate opiate users in the prevention of opiate overdose and its reversal with intramuscular naloxone. Participant education and naloxone prescription are accomplished within a large comprehensive harm reduction program network. Since institution of the program in January 2001, more than 3,500 10 ml (0.4 mg/ml) vials of naloxone have been prescribed and 319 reports of peer reversals received. The Medical Examiner of Cook County reported a steady increase in heroin overdose deaths since 1991, with a four-fold increase between 1996 and 2000. This trend reversed in 2001, with a 20% decrease in 2001 and 10% decreases in 2002 and 2003.

Timeline for OD Prevention/Intervention with Naloxone at AIDS Resource Center of WI

- 2005 – OD Prevention Program began
- ARCW will train anyone who needs it anywhere in State
- ARCW provides approximately 3,000 trainings/year
- ~15,000 individuals trained to date
- ~5,100 reports of peer reversal received.


EVZIO
Outer Case
Speaker
Outer Case
Viewing Windows
LEDs
Base
Safety Guard
PULL
Evzio

$$$$$$$$$$$$$$$


NALOXONE HYDROCHLORIDE

$$$$


PREVENT DRUG OVERDOSE
911

Cents - $


Nozzle
Plunger

x2

$$$$ - ????

$$ from Washington DC??

President Obama's submitted budget - $12 million

Congressional shave → $5 million

Chicago Recovery Alliance yearly cost of naloxone at direct from manufacturer pricing $3.6 million

For the nation's OD prevention efforts annually???

TRUST IS AN ISSUE… Who wants to save a life?

Future?

Pharma Opioid Considerations maybe different than injection-related OD…

-Characteristics of drugs are known

-Speed of onset highly variable but known

-Length of action highly variable but known

-Known drug interactions exist and are known

NEW Essentials of SUCCESS: - Overcome shame/stigma/isolation and realize alliance should be with life not abstinence, AND

Imagine an APP which you enter all variables and TIME of greatest OD risk is calculated… wake ups, sternal rubs, pulse oximeter, etc

PDMPs

- No evidence of effectiveness at reducing ODs
- Tons of $$ is thrown at them as if they are the solution (lessening opioids prescribed does not equal less OD), when in fact today they seem to more represent:
- **P** ressing
- **D** ocs to be
- **M** alevolent towards their
- **P** atients

Alternative for Future…

Collaboration based on Positive Change…

PARSIMONY and SIMPLICITY

For example, all opioid prescriptions begin a relationship which continues with evidence of abuse or dependence and requires prescribers to work with their patients a minimum of two years with full ability to prescribe all medicines to assist relief of abuse/dependence or integrate them into addiction care to terminate relationship…

Opioid Overdose Prevention: Future Challenges

$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$

Open Markets → OTC and/or Other

Affordable and Accessible or BUST

Empowering office-based methadone/ buprenorphine for addiction

Request Exceptions to Federal and State laws to allow these office-based practices!

IN SHORT…

1) RELEASE THE PURE ANTIDOTE → NALOXONE

2) EMPOWER BEST ABUSE/DEPENDENCY TREATMENT PRACTICES AMONG ALL PRESCRIBERS

SELF CARE for Pioneers/Trailblazers…

Field of Dreams…

- Life trumps punishment

- Value and promote any positive change

- All life is precious and irreplaceable