

Preventing Overdose Deaths by Expanding Naloxone Use





Agenda:

1. Background Data

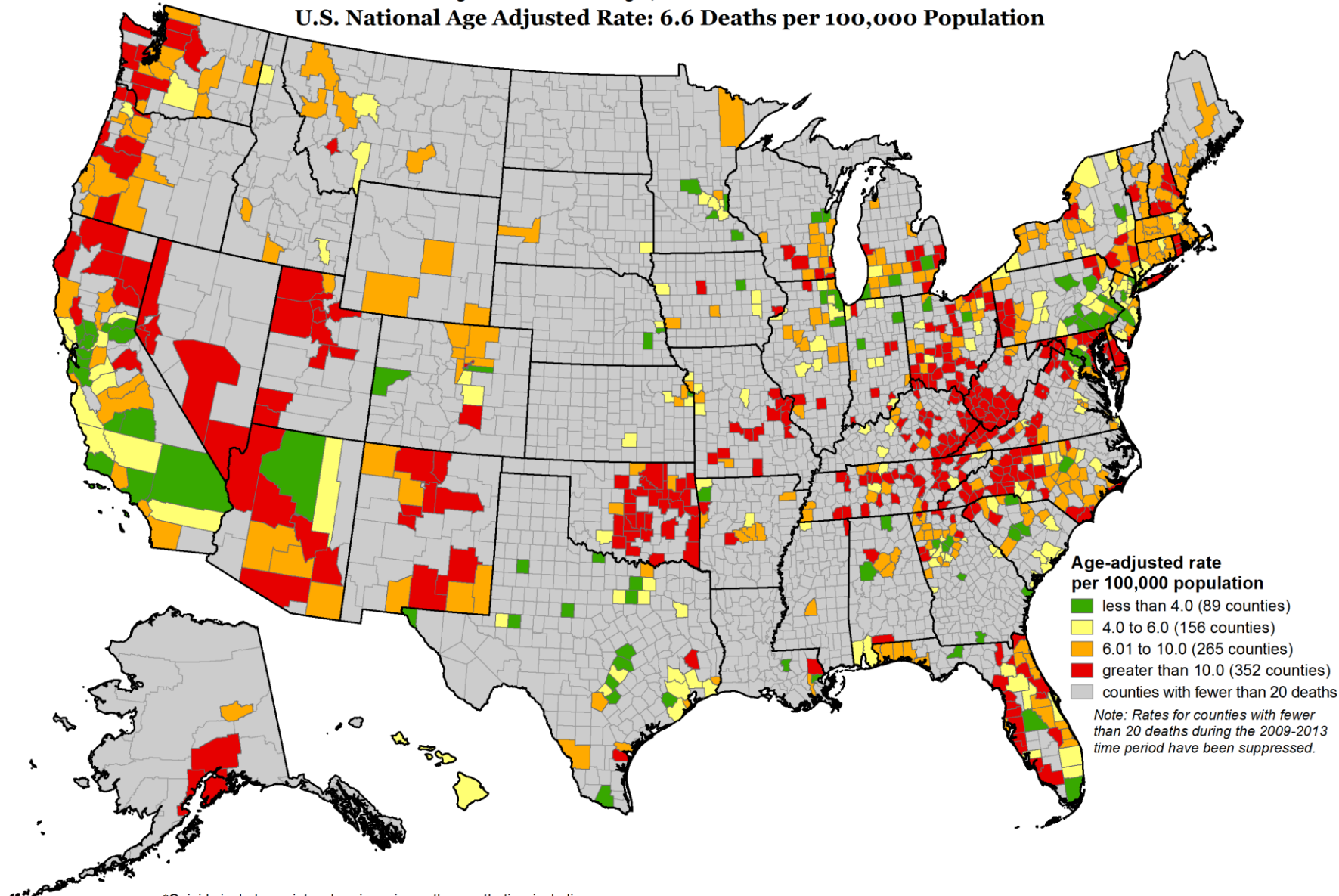
2. Will naloxone make a difference?

3. Naloxone in Portland

4. Naloxone distribution in Lane County

Drug Poisoning Deaths Involving Opioids* by County, 2009-2013

U.S. National Age Adjusted Rate: 6.6 Deaths per 100,000 Population



*Opioids includes opiates, heroin, opium, other synthetics, including prescription pain relievers (ICD-10 codes T40.0 to T40.4).

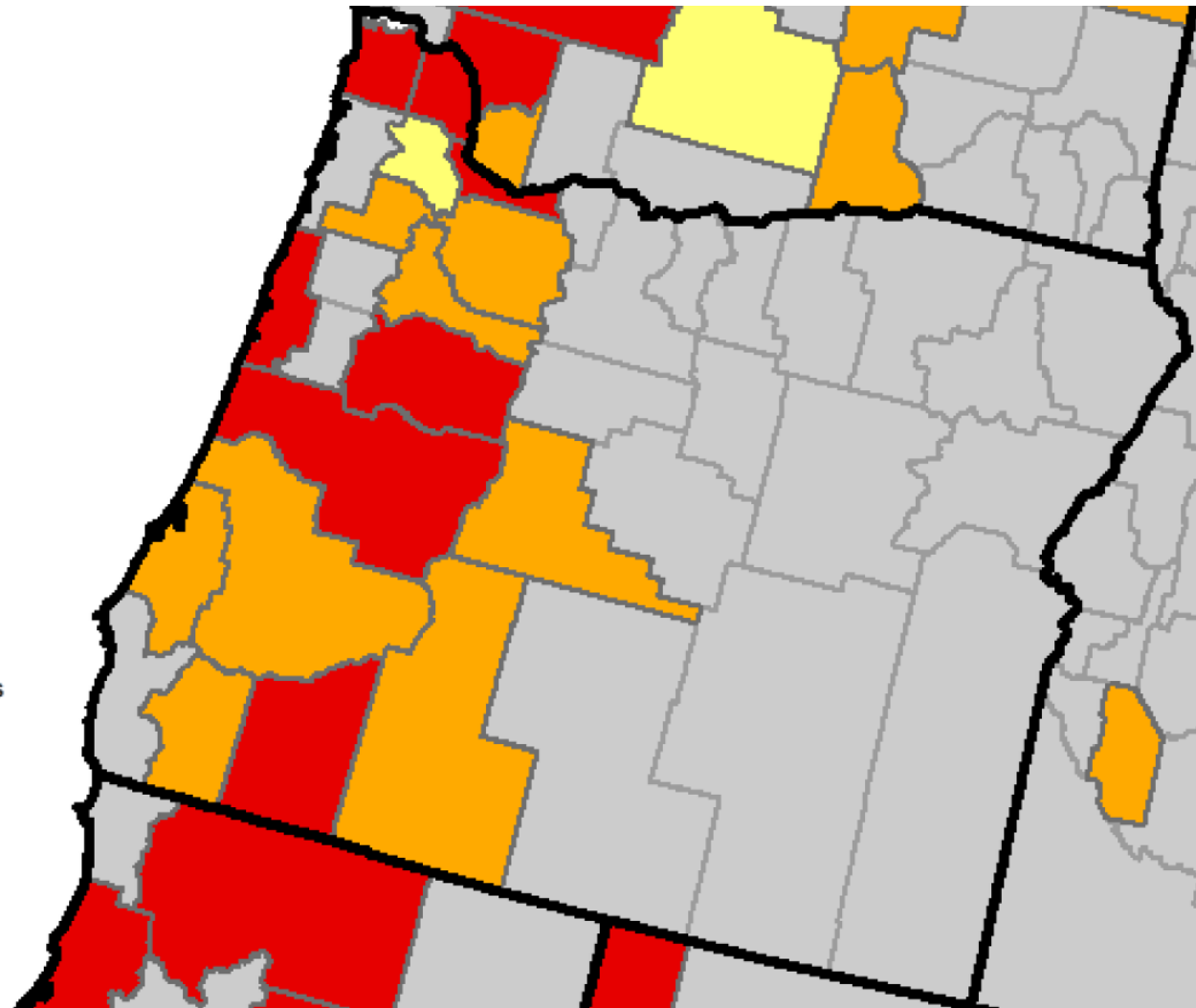
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted January 23, 2015.

Drug Poisoning Deaths Involving Opioids* Oregon, 2009-2013

**Age-adjusted rate
per 100,000 population**

- less than 4.0 (0 counties)
- 4.0 to 6.0 (1 counties)
- 6.01 to 10.0 (8 counties)
- greater than 10.0 (7 counties)
- counties with fewer than 20 deaths

Note: Rates for counties with fewer than 20 deaths during the 2009-2013 time period have been suppressed.

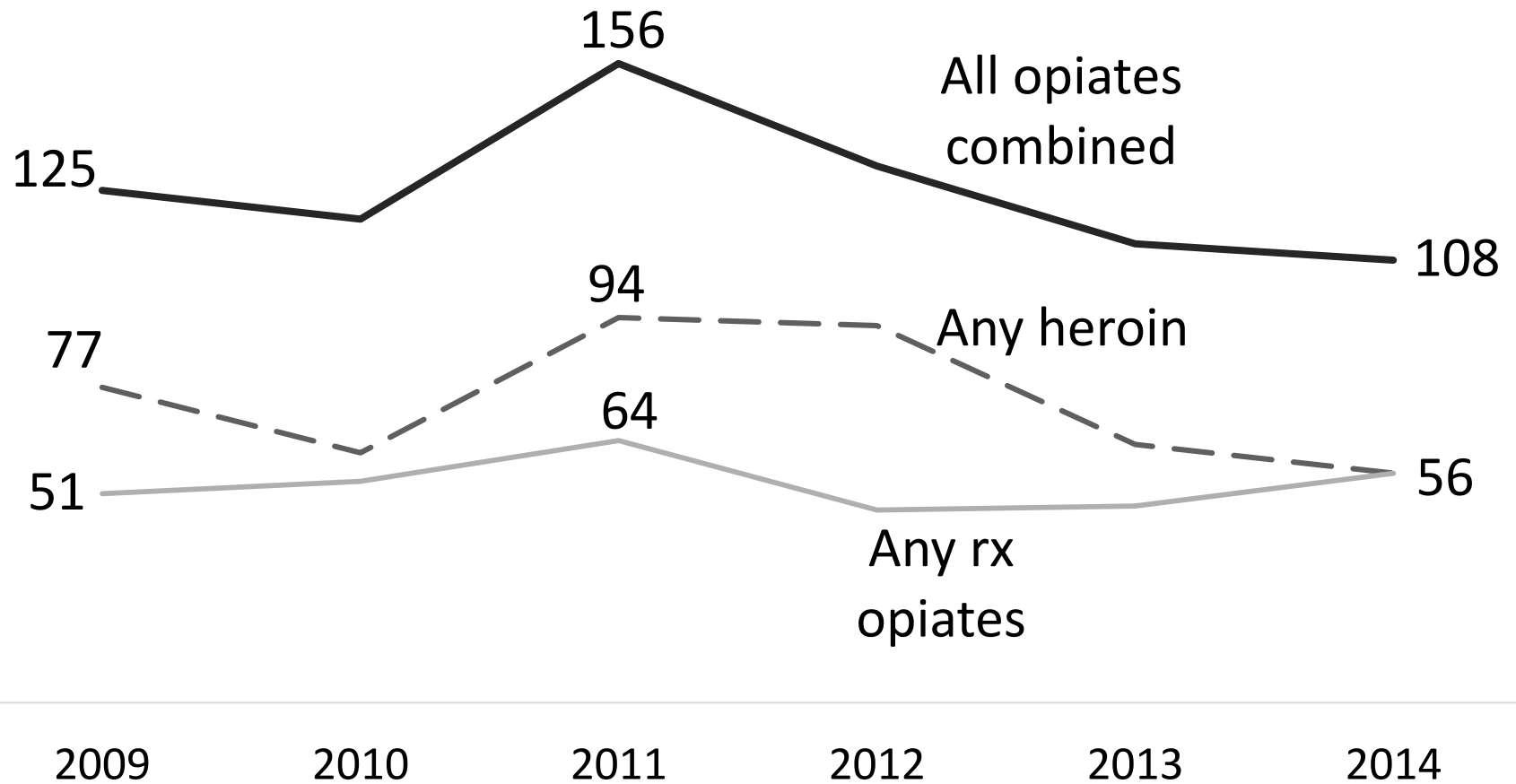


U.S. Age Adjusted Rate:
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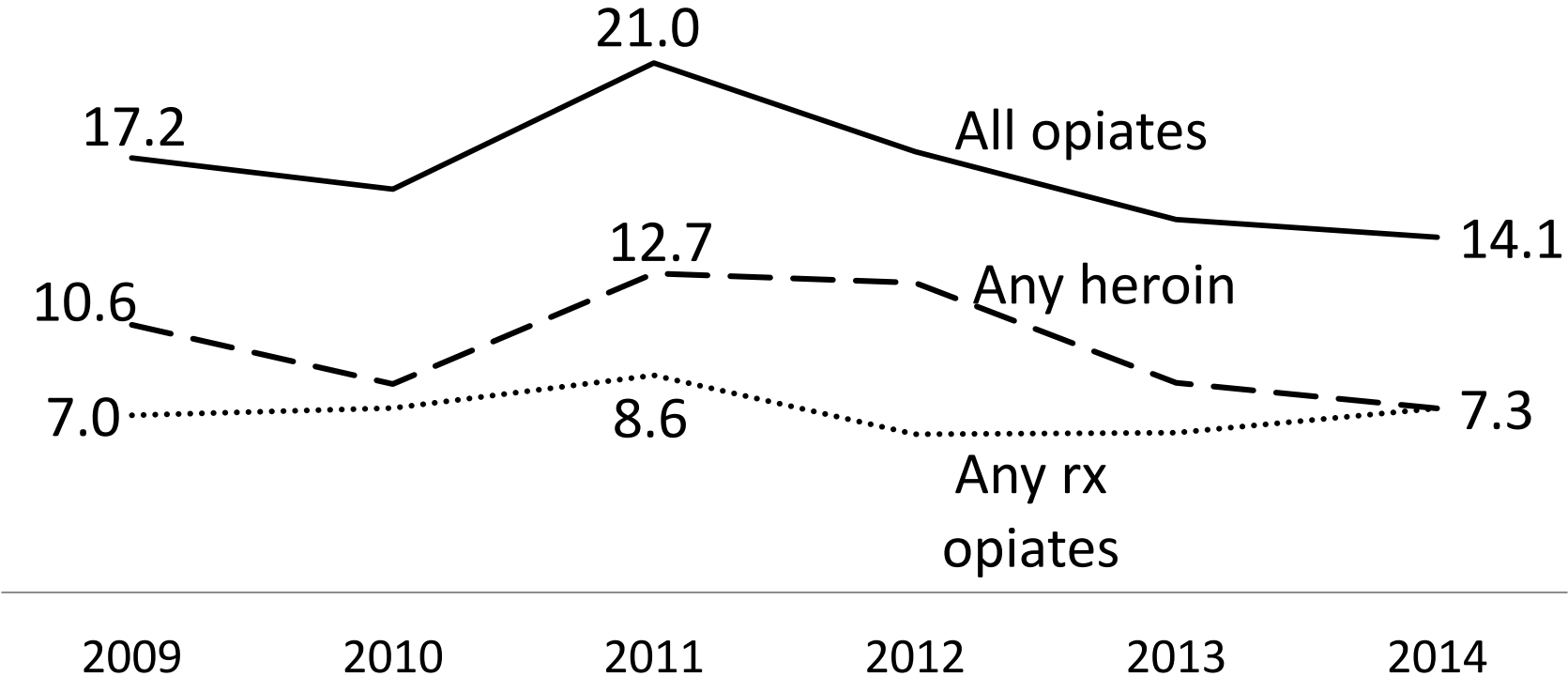
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Number of Opiate Deaths in Multnomah County

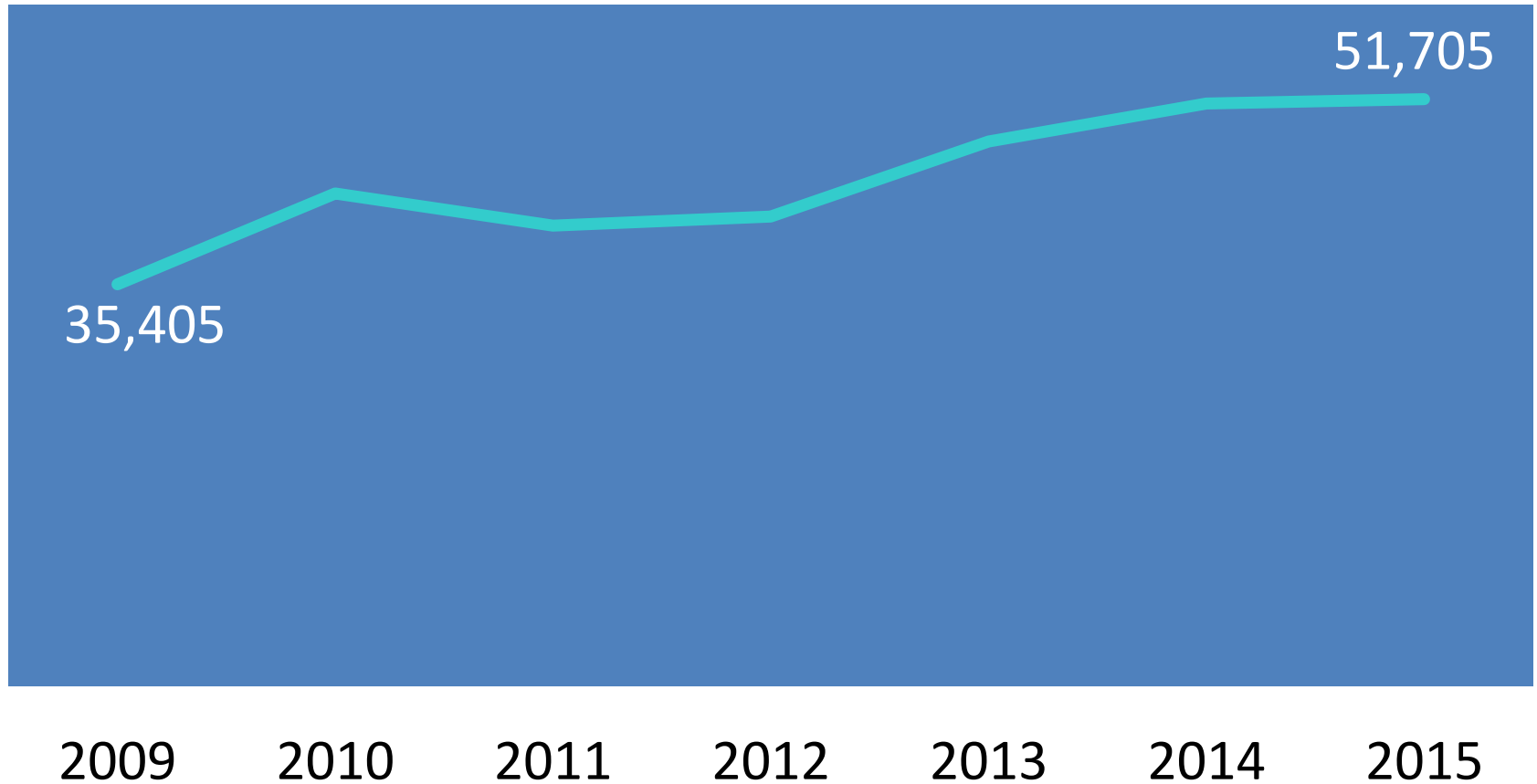


Multnomah County death rates per 100k



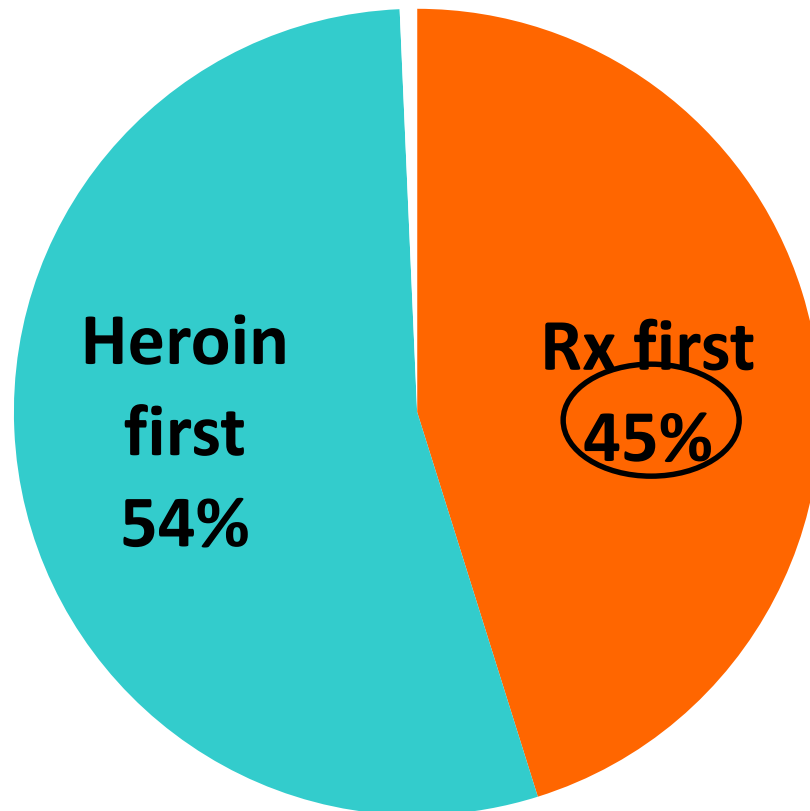
**What does the other data
say?**

Multnomah County syringe exchange visits ↑ 46%



Source: Multnomah County Health Department and Outside In syringe exchange program data

Before you began using heroin, were you hooked on prescription-type opiates?”
(n=431)

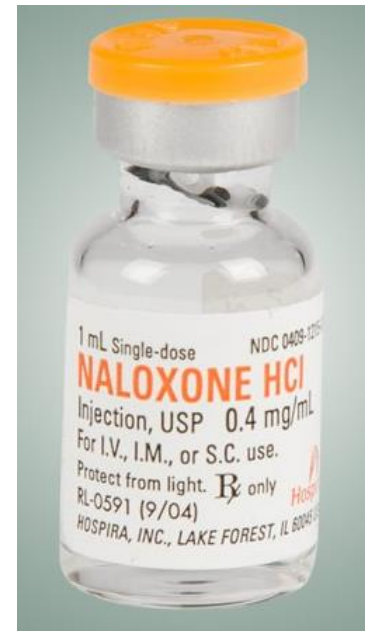


In 2011, our exchange clients said

- 58% had seen someone else OD in the last year
 - Of those, 53% called 911
- 58% had overdosed in their life
- 23% had overdosed in the last year

What is naloxone and will giving it to lay people make a difference?

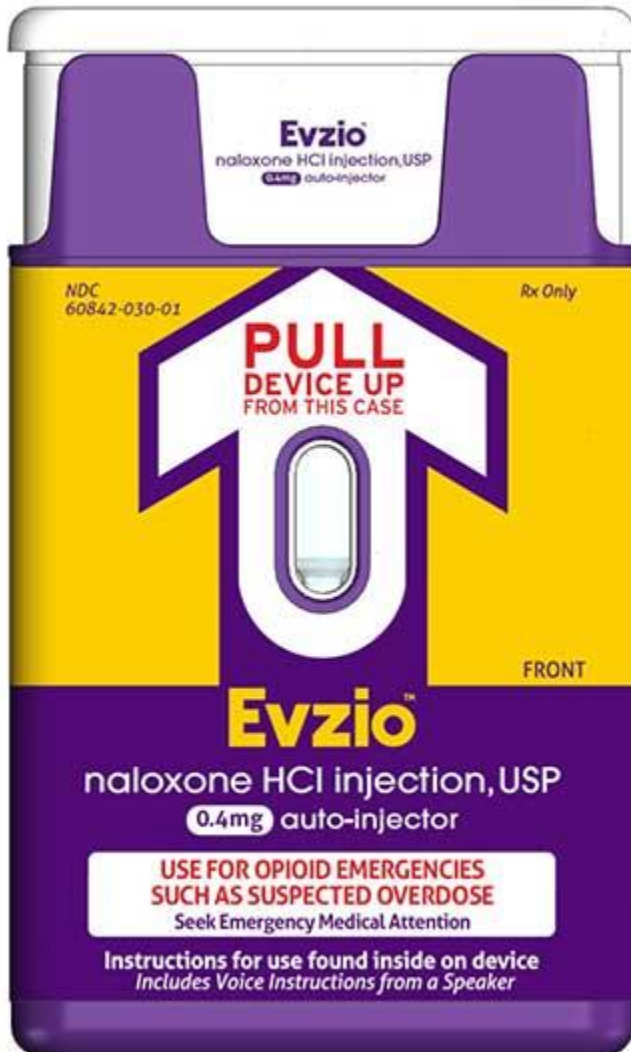
- Pure opioid antagonist
- Overdose antidote
- Administered via injection or nasal aerosolization
- Dose 1mL vial, kits contain 2
- Onset of action 3-15 mins
- Duration of action: 30-45 mins



Nasal naloxone



Auto-injector



New Narcan spray



Why get naloxone to people who actively use and friends & family

CDC Report June 2015 - **Opioid Overdose Prevention Programs Providing Naloxone to Laypersons**

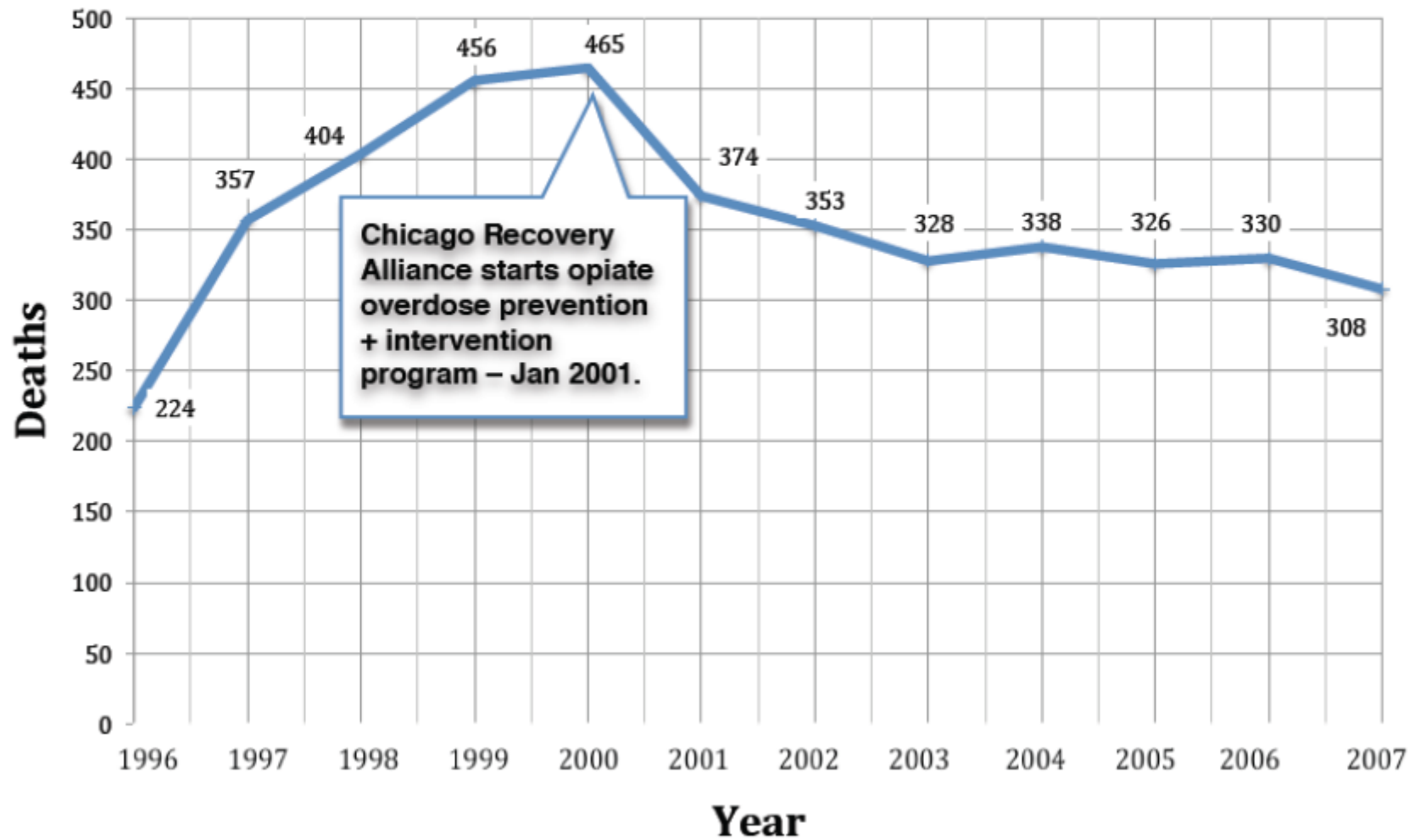
82.8% of the reported reversals were done by people who use drugs and 9.6% by family and friends of a user. Service providers came in at 0.2%.

“An opioid overdose is a life-threatening medical emergency. If laypeople have naloxone, they can start the process of reviving the person before paramedics or law enforcement come through the door.”

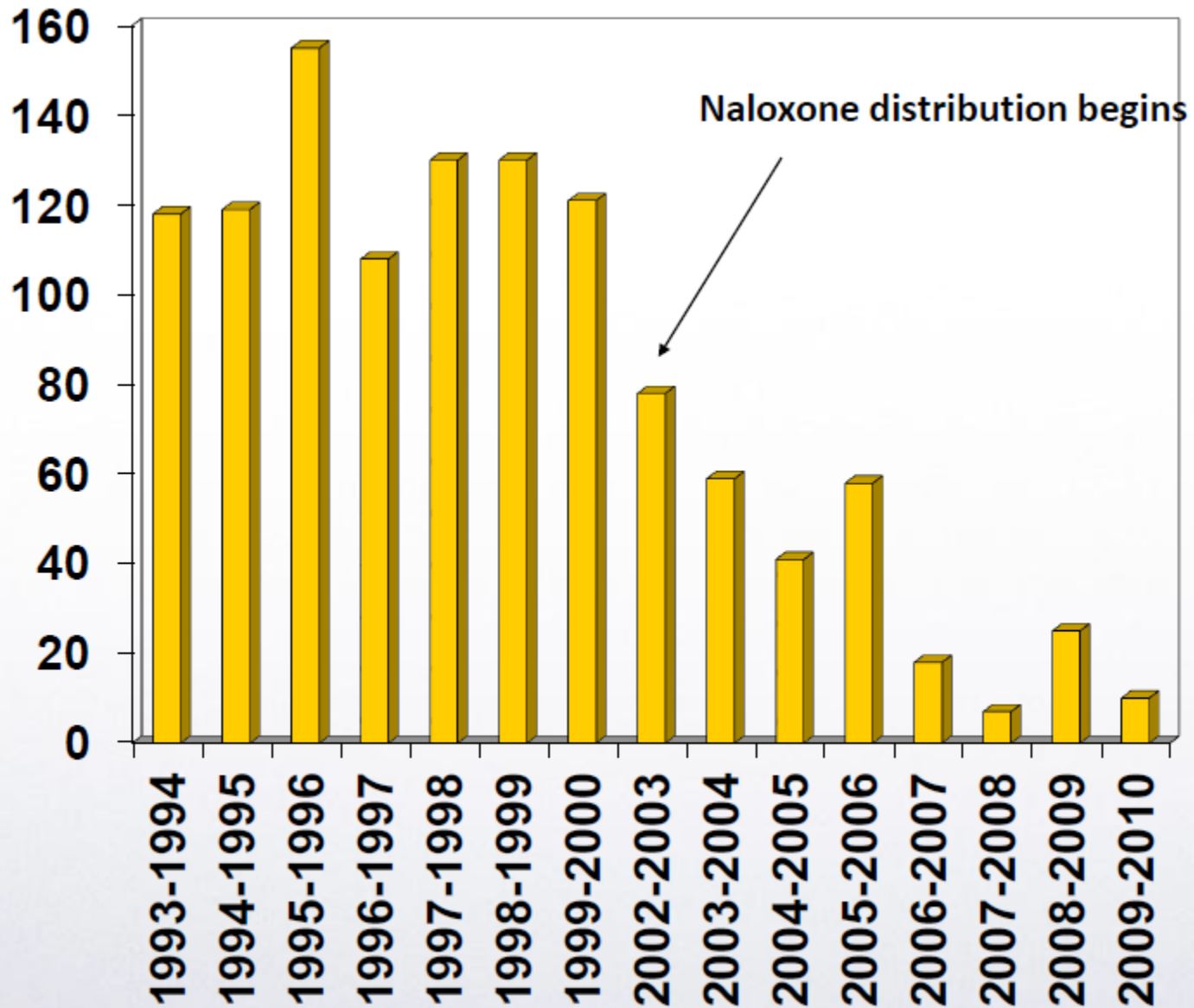
Dr. Stephen Jones, researcher and author of the report

Heroin-related Overdose Deaths in Cook County 1996 - 2007

Source: Cook County Medical Examiner's Office



Heroin-related deaths, San Francisco



Naloxone Distribution in the U.S. 1996 - 2014

644 sites in 30 states

150,000+ lay participants

26,000+ overdoses reversed

Enrolled
Senate Bill 384

Sponsored by Senators BATES, KRUSE; Senators BURDICK, COURTNEY, DEVLIN, DINGFELDER, GIROD, HASS, MONNES ANDERSON, MONROE, ROBLAN, ROSENBAUM, STEINER HAYWARD, THOMSEN, WINTERS, Representatives GREENLICK, KENY-GUYER, WILLIAMSON (Pre-session filed.)

CHAPTER

AN ACT

Relating to opiate overdose treatment; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2013 Act is added to and made a part of ORS chapter 689.

SECTION 2. (1) As used in this section:

(a) "Opiate" means a narcotic drug that contains:

- (A) Opium;
- (B) Any chemical derivative of opium; or
- (C) Any synthetic or semisynthetic drug with opium-like effects.

(b) "Opiate overdose" means a medical condition that causes depressed consciousness and mental functioning, decreased movement, depressed respiratory function and the impairment of the vital functions as a result of ingesting opiates in an amount larger than can be physically tolerated.

(2) The Oregon Health Authority shall establish by rule protocols and criteria for training on lifesaving treatments for opiate overdose. The criteria must specify:

- (a) The frequency of required retraining or refresher training; and
- (b) The curriculum for the training, including:

- (A) The recognition of symptoms and signs of opiate overdose;
- (B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and proper positioning of the victim;

(C) Obtaining emergency medical services;

(D) The proper administration of naloxone to reverse opiate overdose; and

(E) The observation and follow-up that is necessary to avoid the recurrence of overdose symptoms.

(3) Training that meets the protocols and criteria established by the authority under subsection (2) of this section must be subject to oversight by a licensed physician or certified nurse practitioner and may be conducted by public health authorities, organizations or other appropriate entities that provide services to individuals who take opiates.

(4) Notwithstanding any other provision of law, a pharmacy, a health care professional with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute unit-of-use packages of naloxone, and the necessary medical supplies to administer the naloxone, to a person who:

What do the bills say?

- You can use naloxone on someone else.
- You will not be liable if something bad happens (mostly).
- Someone has to train you:
<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Documents/naloxone/naloxone-training-protocol.pdf>
- An MD or NP must “oversee” the training.
- A variety of organizations can train and give naloxone.
- You can also take a “certificate” to a pharmacy.
- Pharmacists can train/prescribe. New House Bill 4124
- Social service agencies: trained staff use, not just by individual named employee. New House Bill 4124

Naloxone Training

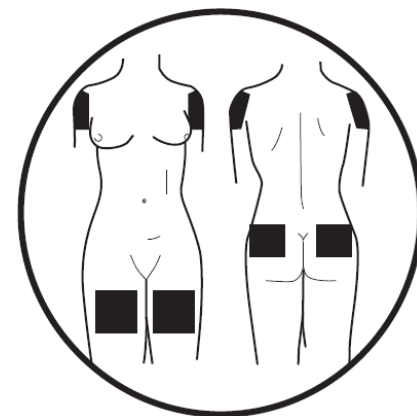
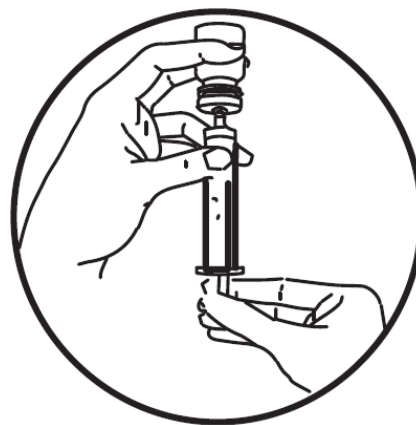
OAR 333-055-0100 through 333-055-0110

- Oregon law authorizes a wide range of organizations to provide training on lifesaving treatments for opiate overdose including public health authorities, and organizations and other appropriate entities that provide services to individuals who take opiates.
- Training that meets the criteria must be presented under the general oversight of a licensed physician or a nurse practitioner with prescriptive privileges. The overseeing practitioner does not need to be present during training.



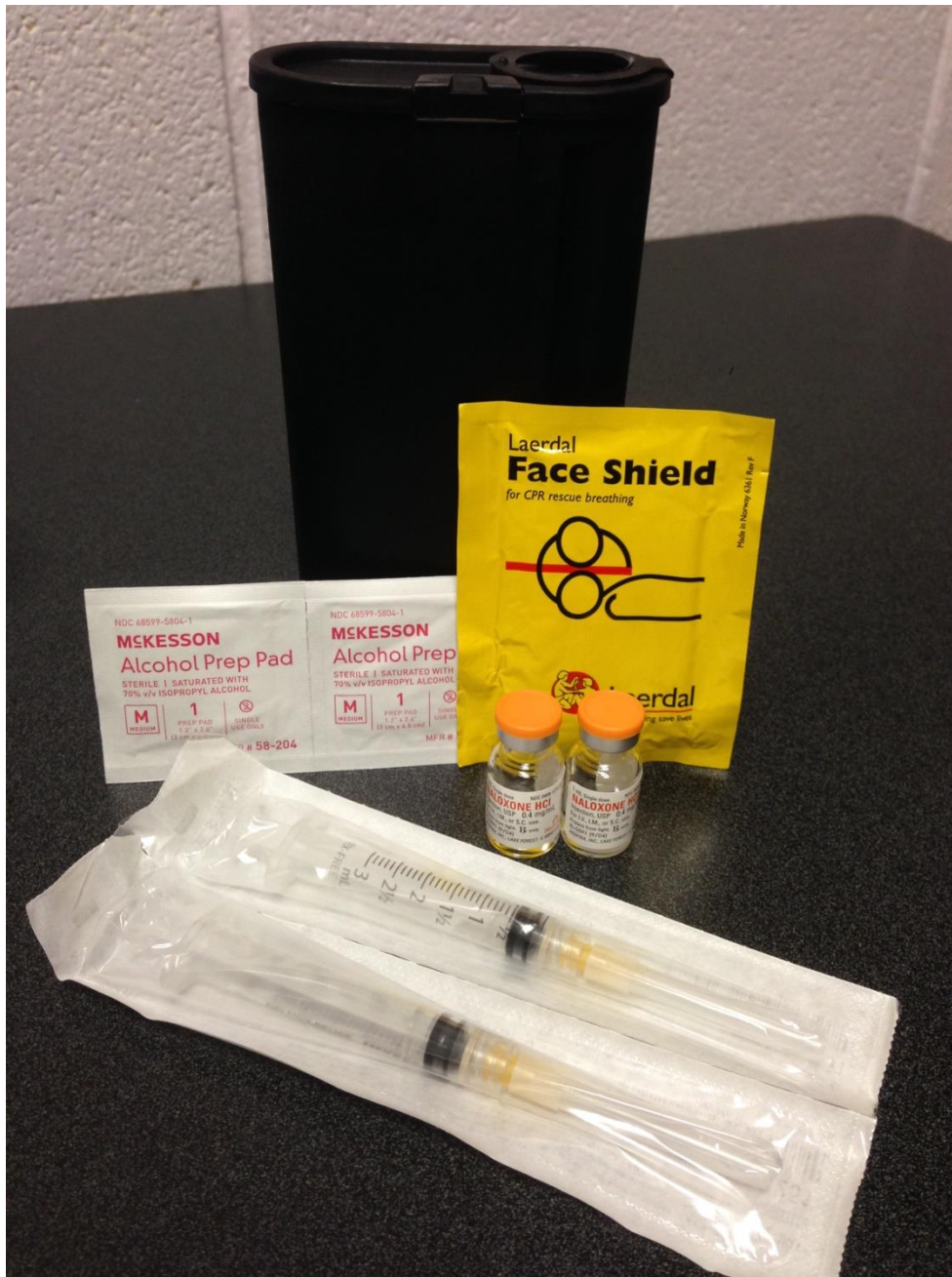
Naloxone Training continued...

- The training must meet the protocols and criteria established by the Oregon Health Authority, Public Health Division. The approved training protocol and criteria for the treatment of opiate overdose is available at OHA's website.
- Individuals trained to respond to opiate overdose must be retrained at least every three years.



<https://www.youtube.com/watch?v=wsN0ijLnK2k&feature=youtu.be>

Naloxone in Portland



MCHD kit

- Naloxone
- Syringes
- Face shield
- Alcohol wipes
- Sharps container

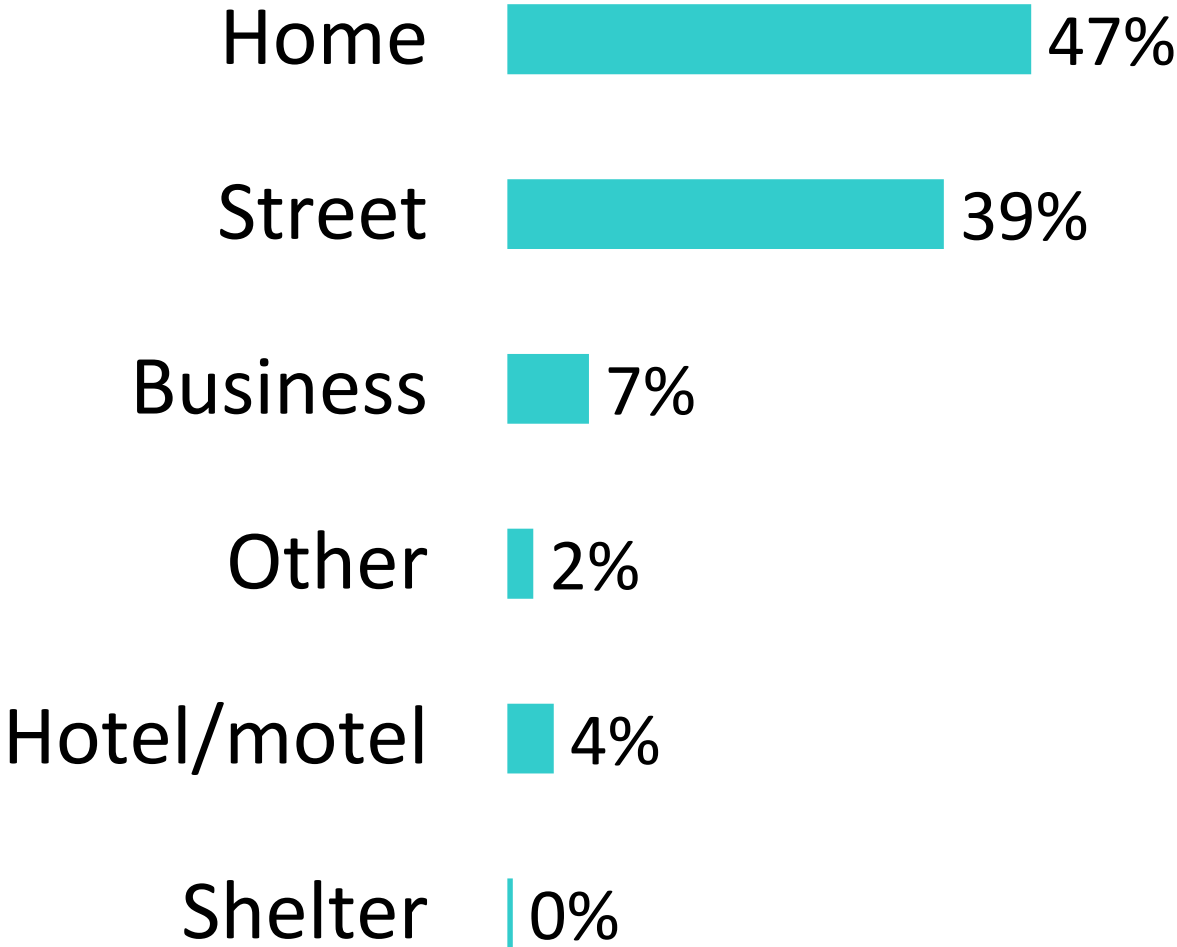
Outside In + MCHD naloxone

As of April 1, 2016:

2,437 trained

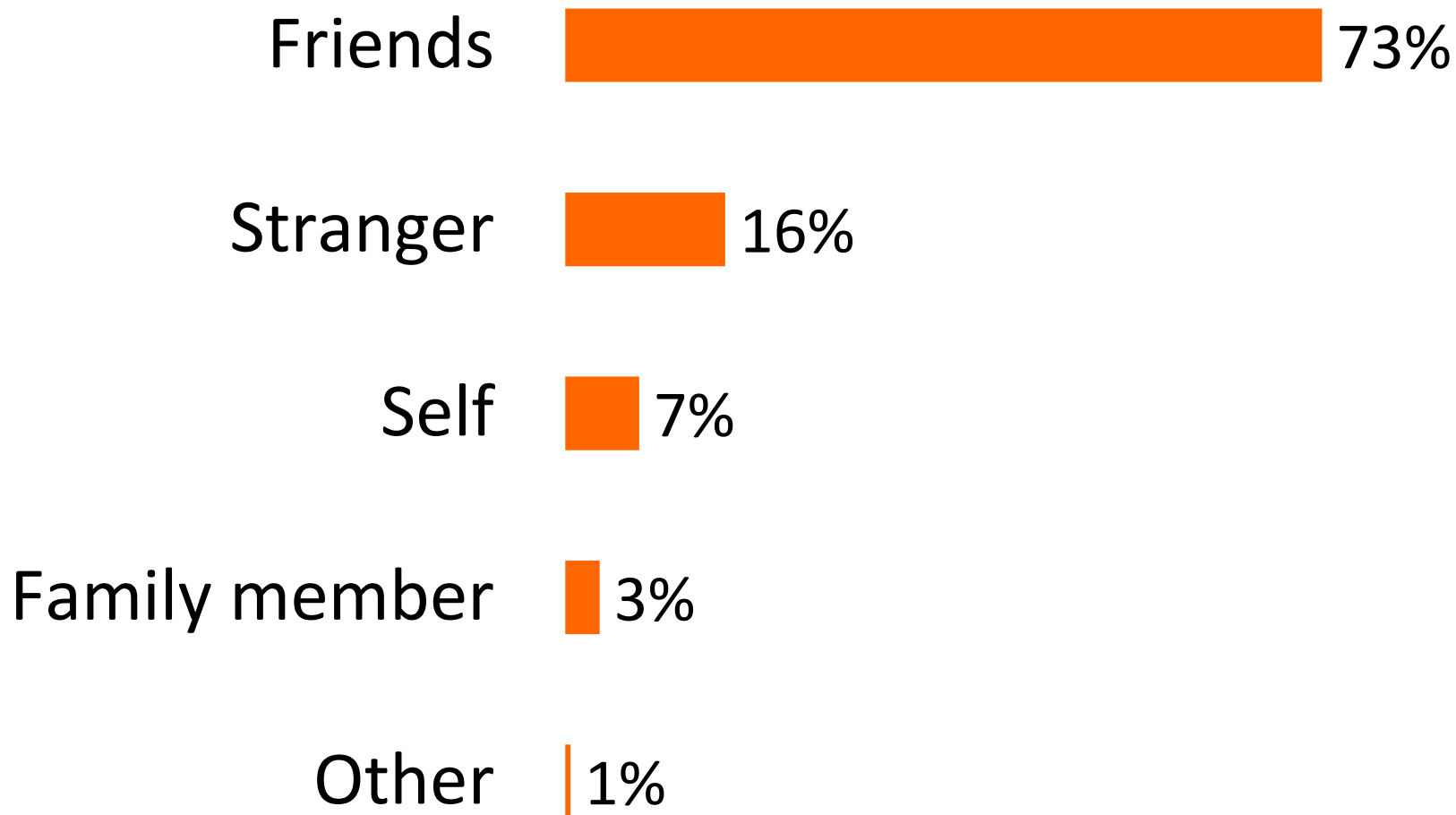
1,295 rescues

Where did the overdose happen

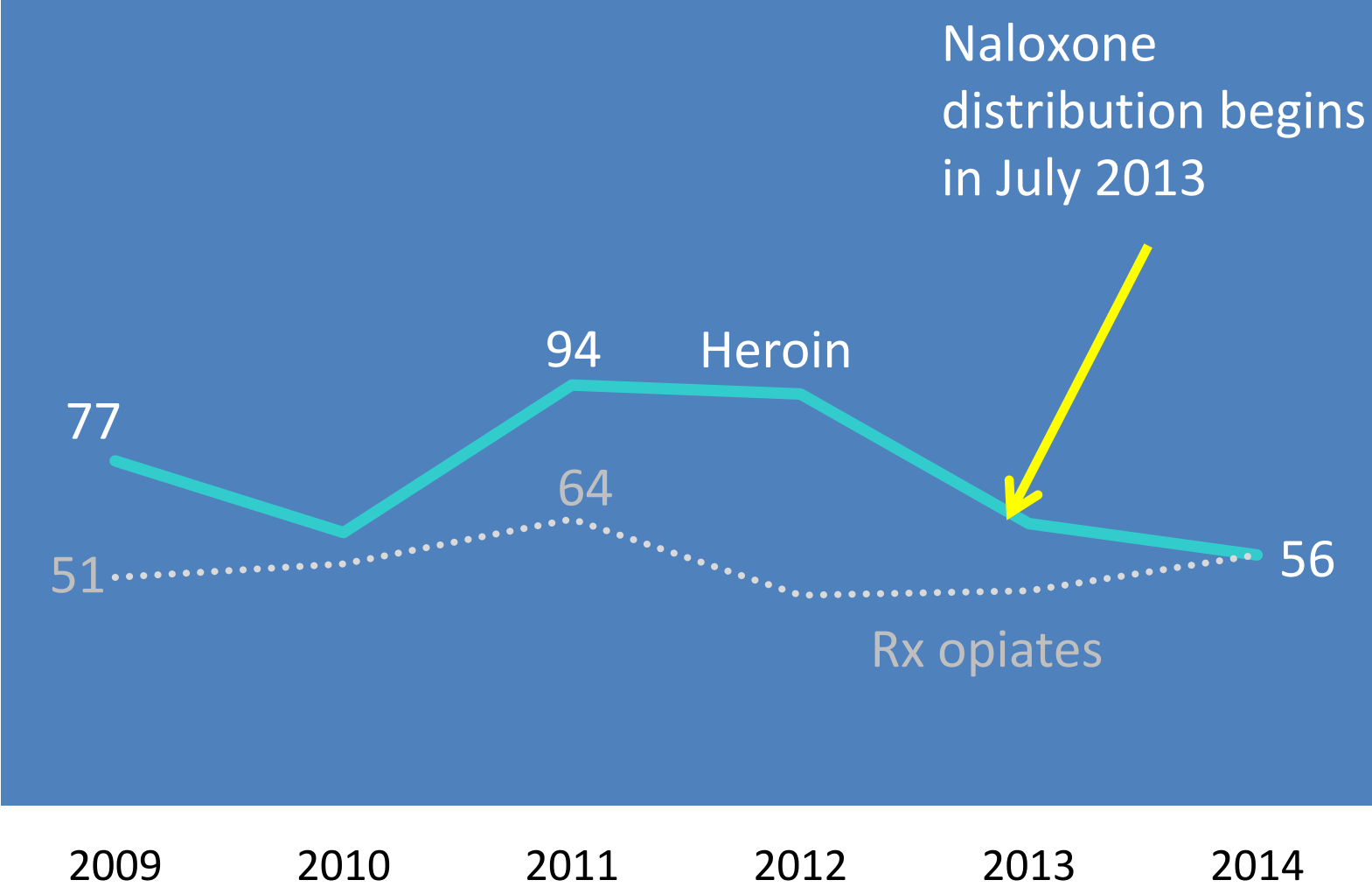


Source: Outside In and MCHD Syringe Exchange programs

Who was the naloxone used on?



Opiate-Related Deaths by Year, Multnomah County



Source: "Opiate Trends, Multnomah County 2004-2014," <https://multco.us/file/47548/download>

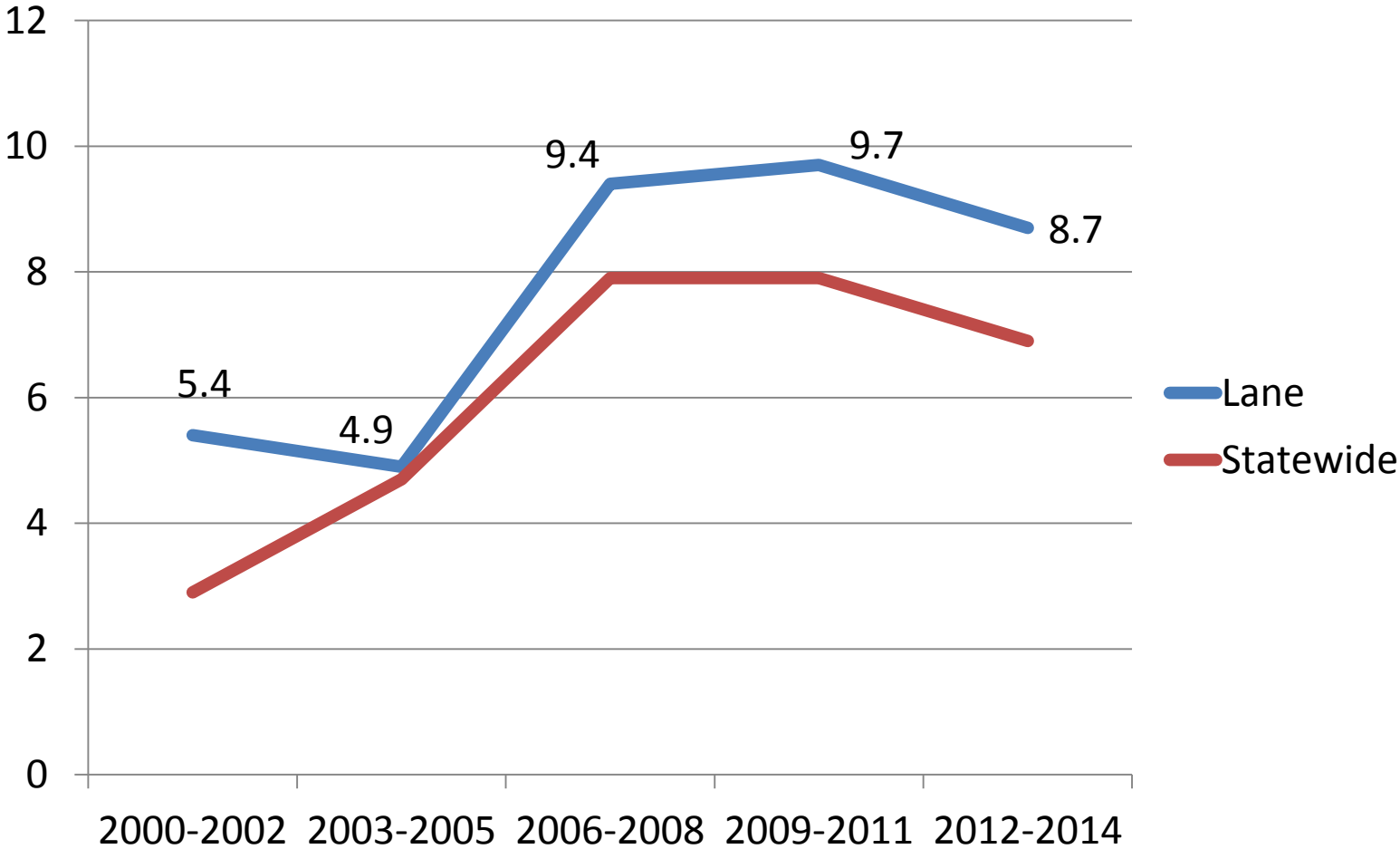
CAHOOTS

Crisis Assistance Helping Out On The Streets

- Mobile crisis intervention
- Currently administers naloxone
 - Frequency of use
 - Next steps after administering



Overdose Deaths per 100,000 (any opioid)



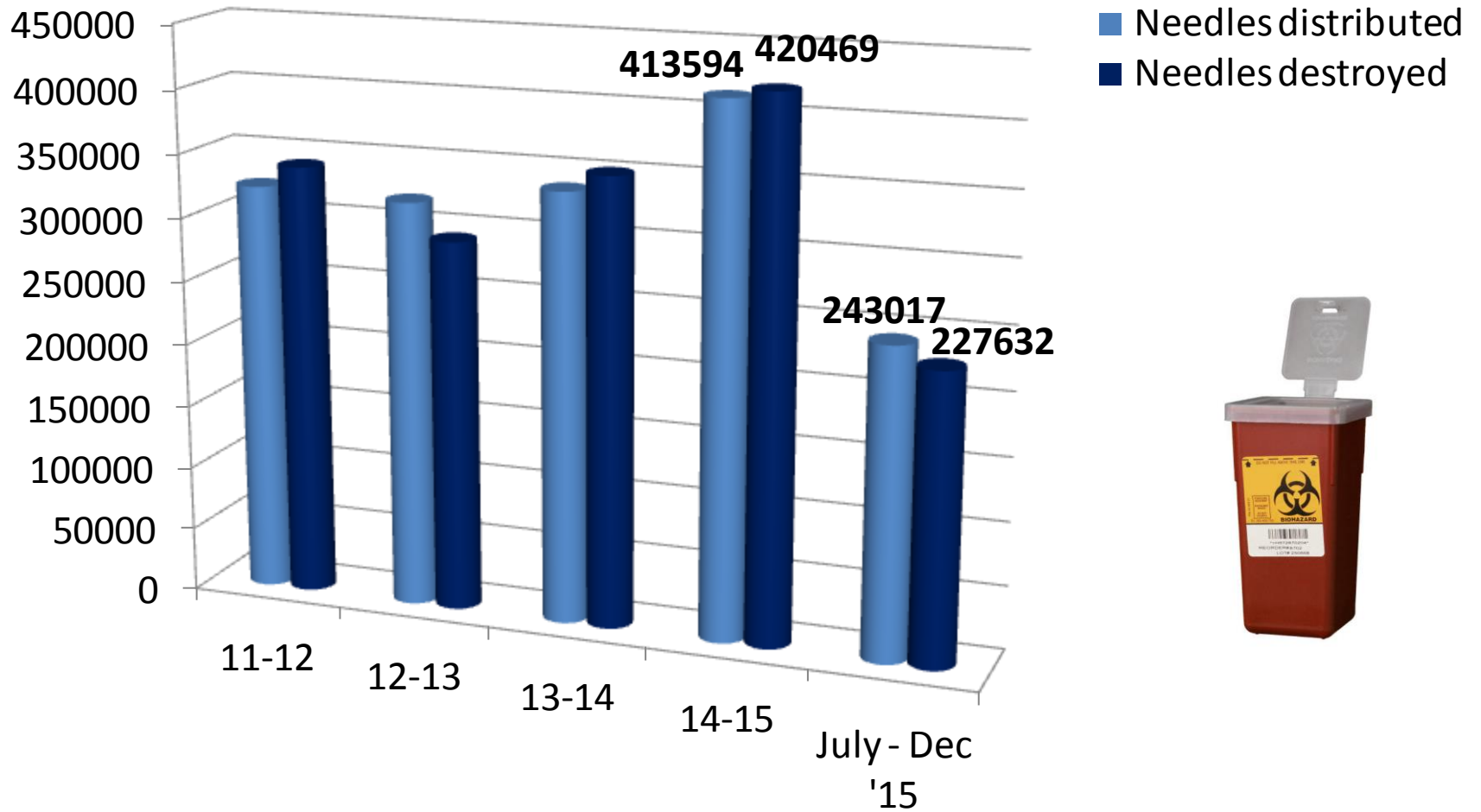
HIV Alliance Needle Exchange Services

- Syringe Exchange and Supplies
- Wound Care
- HIV/HCV Testing
- HCV Community Health Worker
- Referrals
- Harm Reduction Coalition of So Oregon

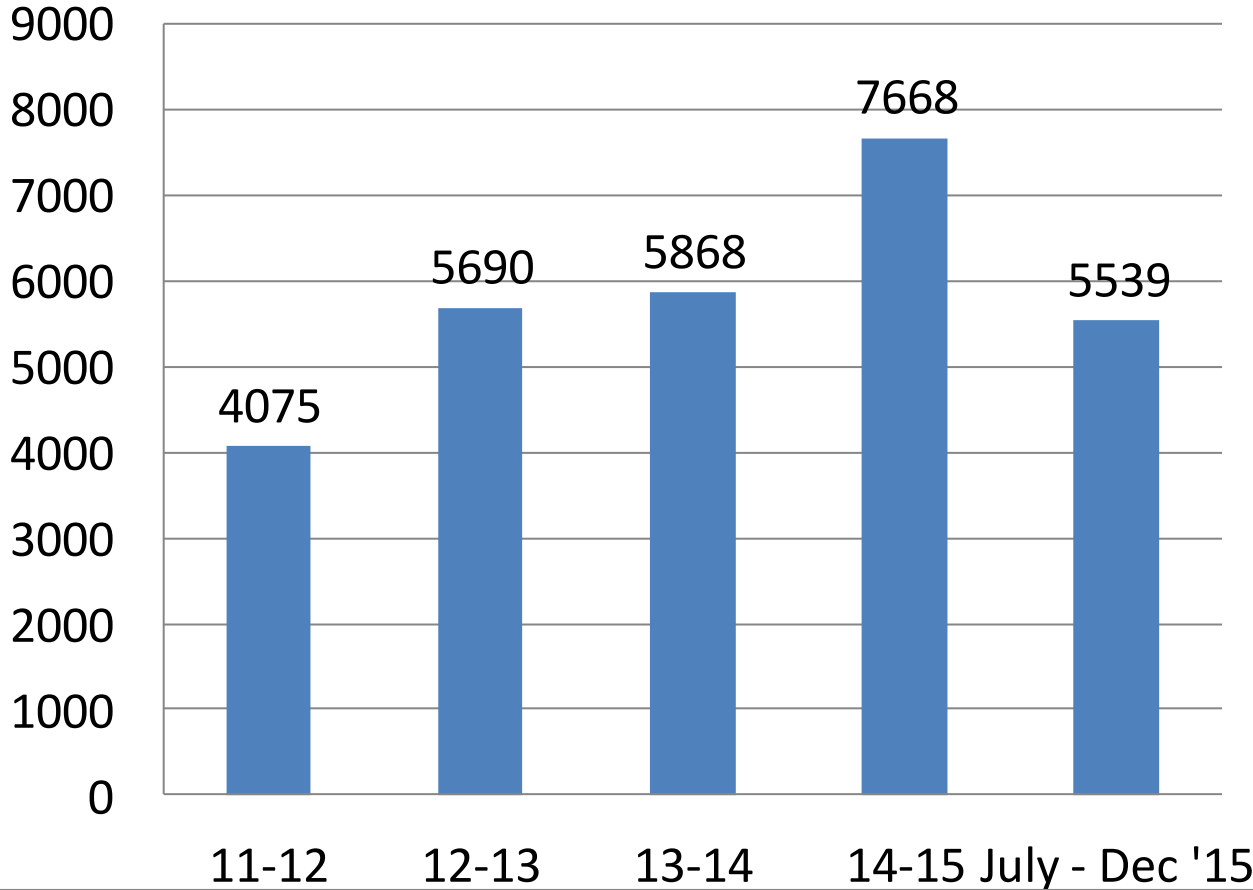


NEX Van at Blair Site

Needles Exchanged 2011-2015 (Lane County)



NEX CONTACTS



A contact occurs every time a client comes to NEX. Contact is not the same as client count.

NEX survey

Have you witnessed a drug overdose in the last 12 months?

35% reported YES

What type of insurance do you have?

OHP	63%
None	27%
Medicare	5%
VA	3%
Private	2%

HIV Alliance Naloxone Distribution

- AG Rosenblum Settles with Pharmaceutical Company, 2015
- Settlement results in funding to help prevent opioid abuse and misuse in the state
- Funding through Lines for Life
- Distributing injectable Naloxone at NEX
- Modeled after Multnomah County project

Challenges (NEX & Naloxone)

- Funding syringe exchange
- Grant did not include funding for staff
- Finding safe and suitable service sites
- Lack of education/awareness around NEX benefits and efficacy
- Funding for Naloxone beyond 18 months

Common questions raised around naloxone

- Can it be used to get a person high?
- If given to a person who has not taken opioids, will it have any effect on them?
- Is it effective even if opioids are taken with alcohol or other drugs?
- Will this encourage people to risk using more?

Parallel efforts

Support appropriate opiate prescribing

Increase access to non-opiate chronic pain treatment

Increase access to opiate-addiction treatment

Prevention

Acknowledgments

- **Outside In staff and volunteers:**
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- **MCHD staff:**
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- **External:**
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