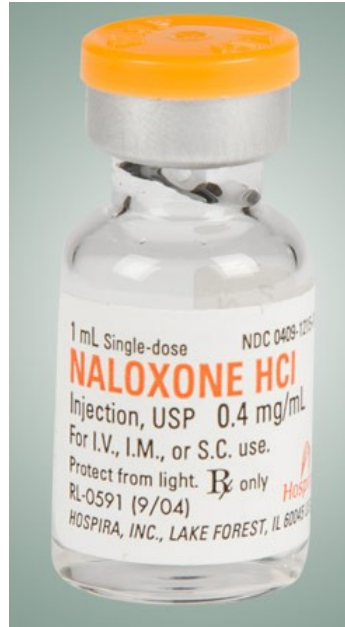


Overdose Prevention



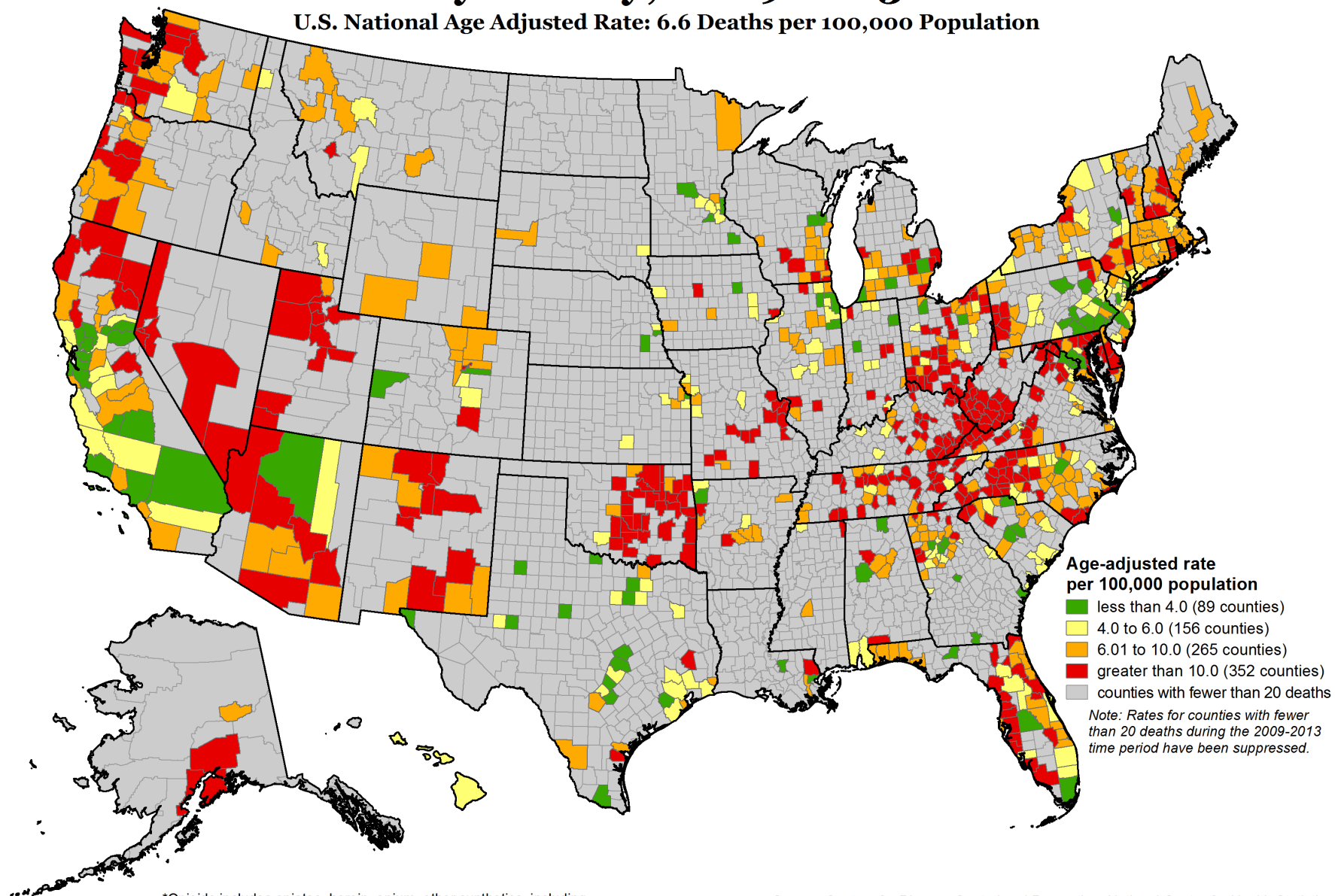
Lindsay Jenkins, MPH, MPA

Kim Toevs, MPH



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.

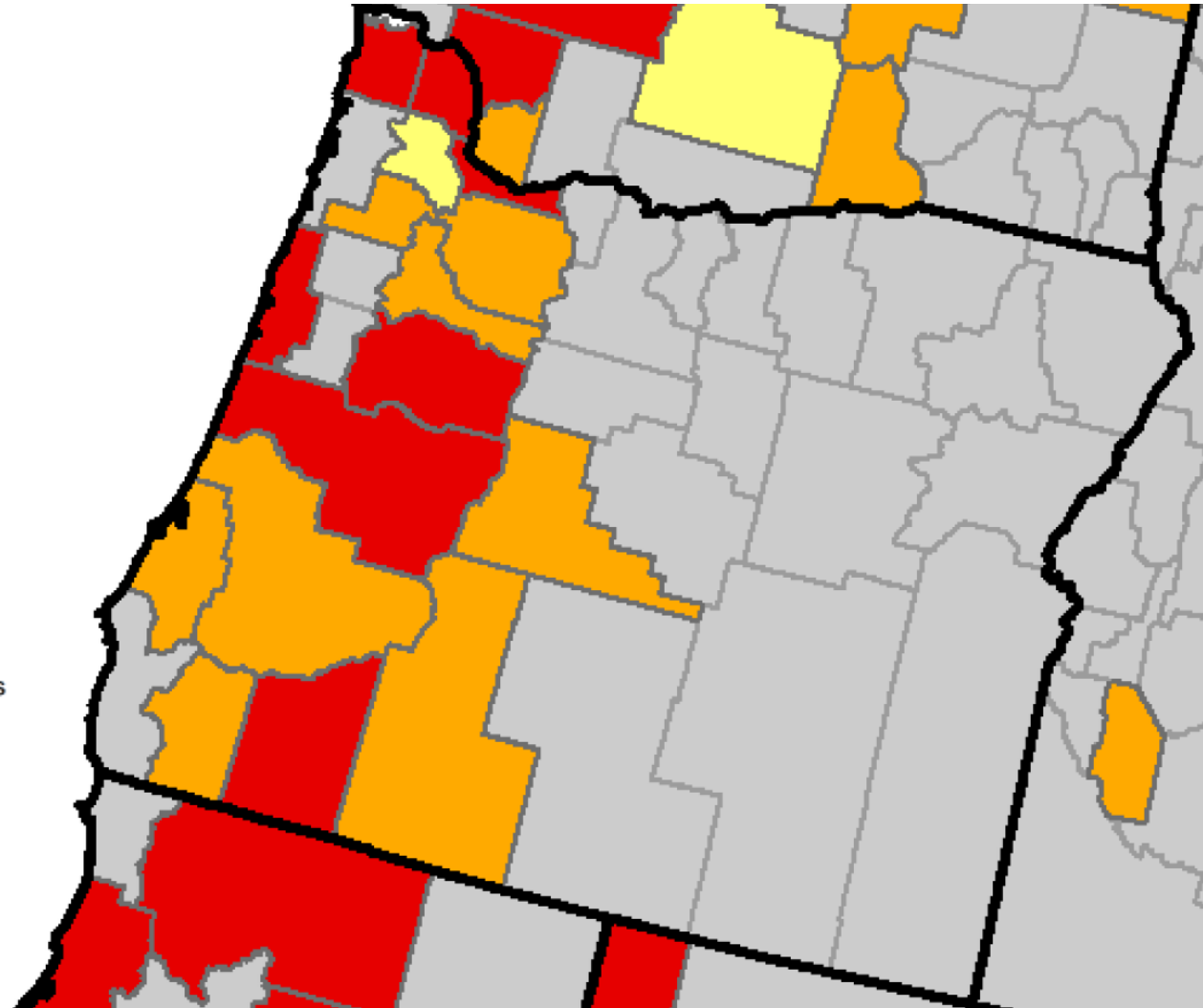
Drug Poisoning Deaths Involving Opioids*

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.



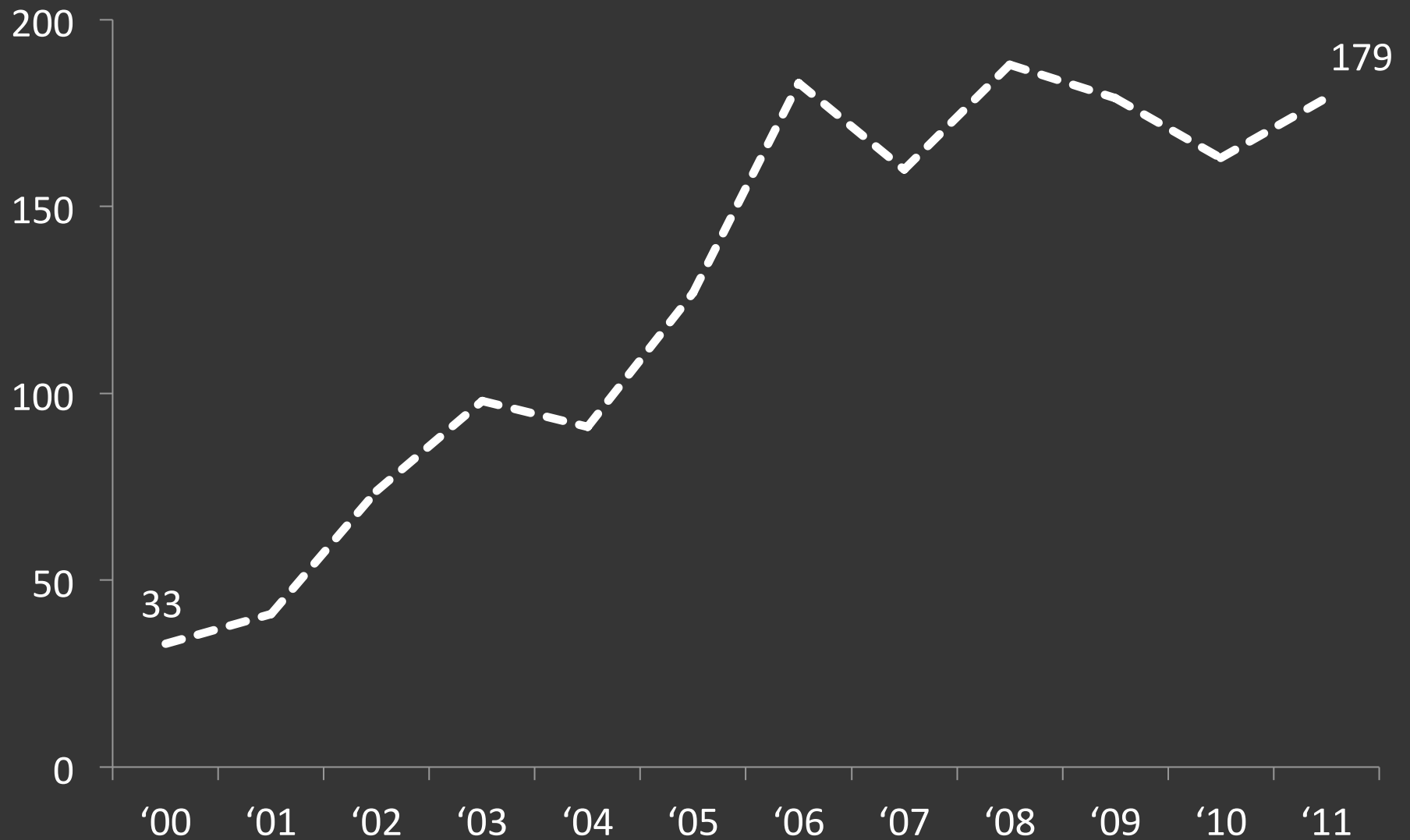
U.S. Age Adjusted
Rate:

6.6 per 100,000

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

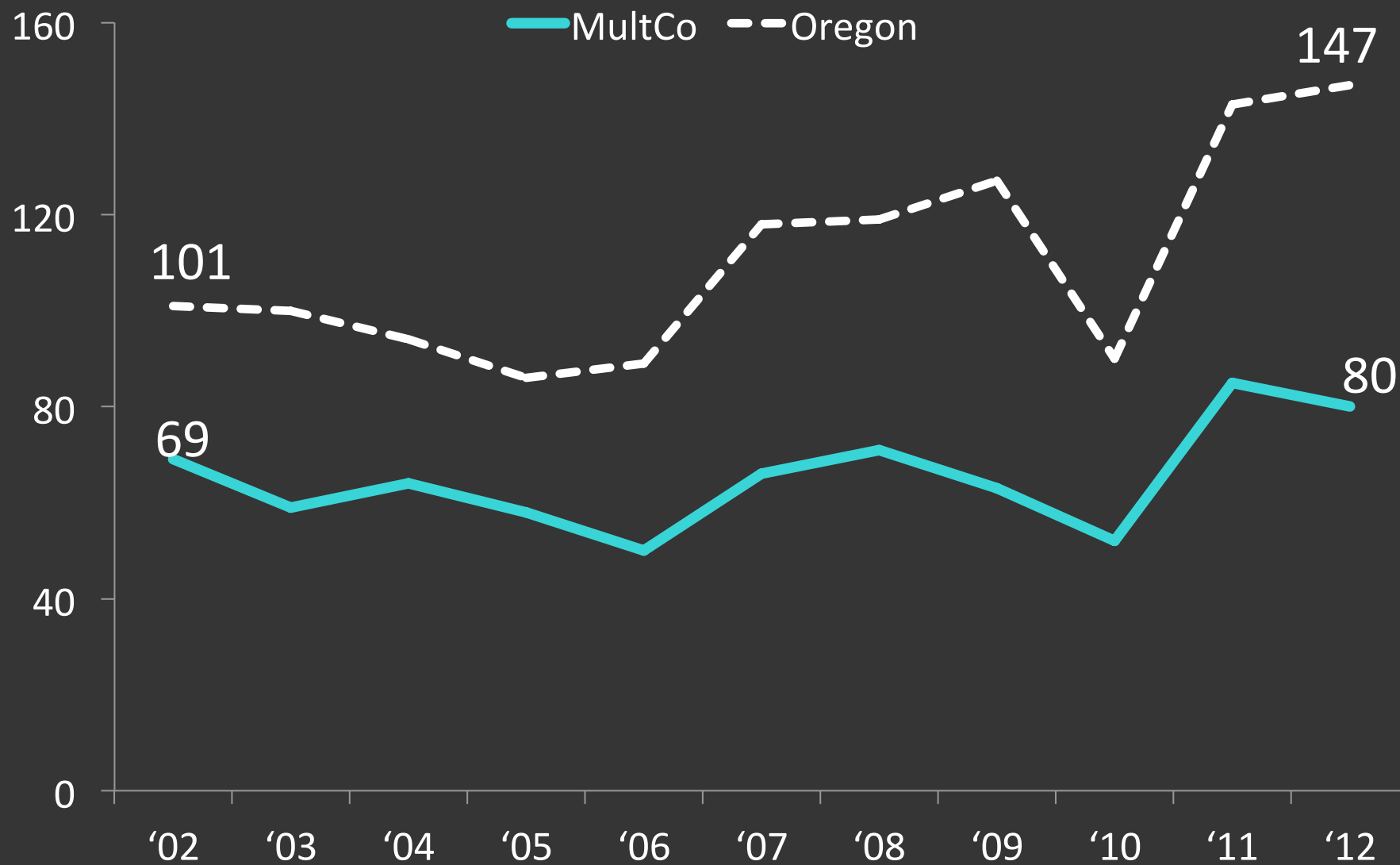
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted January 23, 2015.

Rx Opioid-related Deaths (Oregon)



Source: Dagan Wright, Oregon Health Authority (via Vital Records)

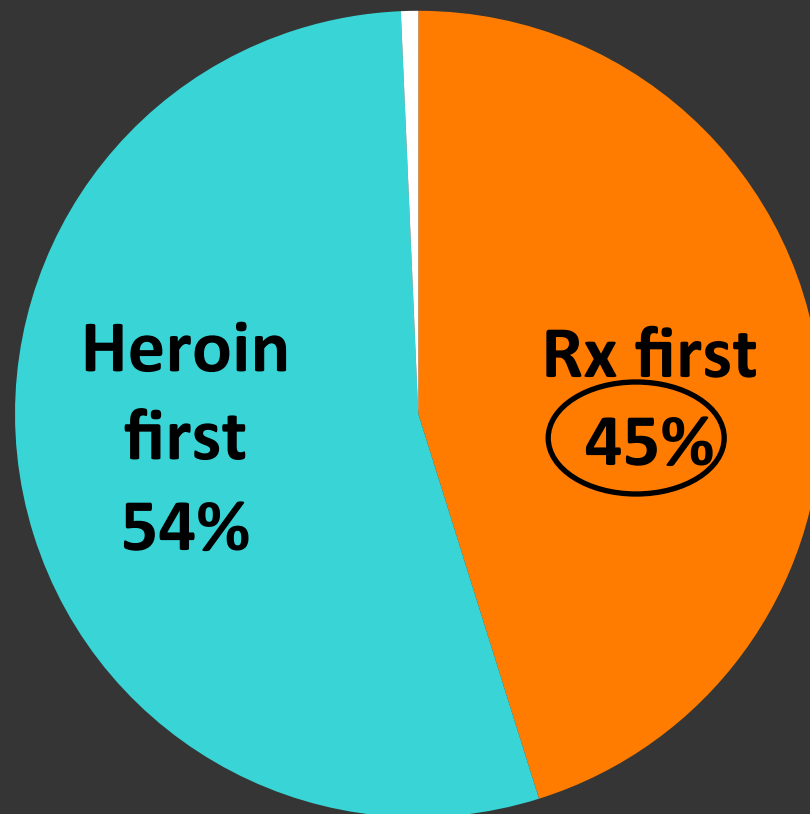
Heroin-related Deaths



Source: Multnomah County Health Department (MC data) and Oregon State Medical Examiners (OR data)

“Before you began using heroin, were you
hooked on prescription-type opiates?”

(n=431)

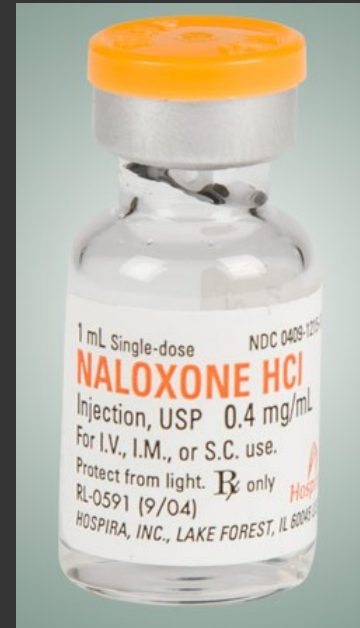


In 2011, our exchange clients said:

- 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?

- 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

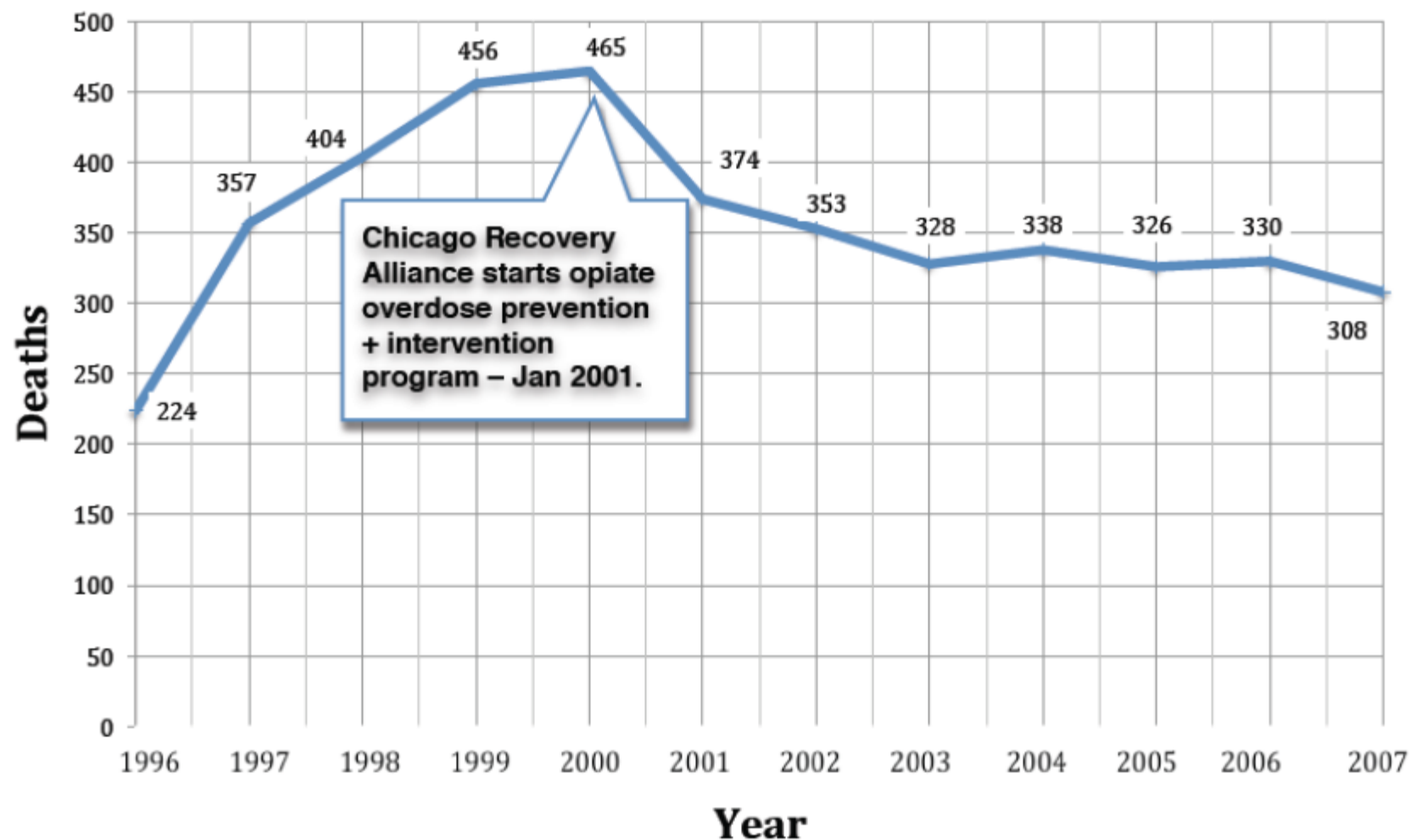


Will more naloxone make a difference?

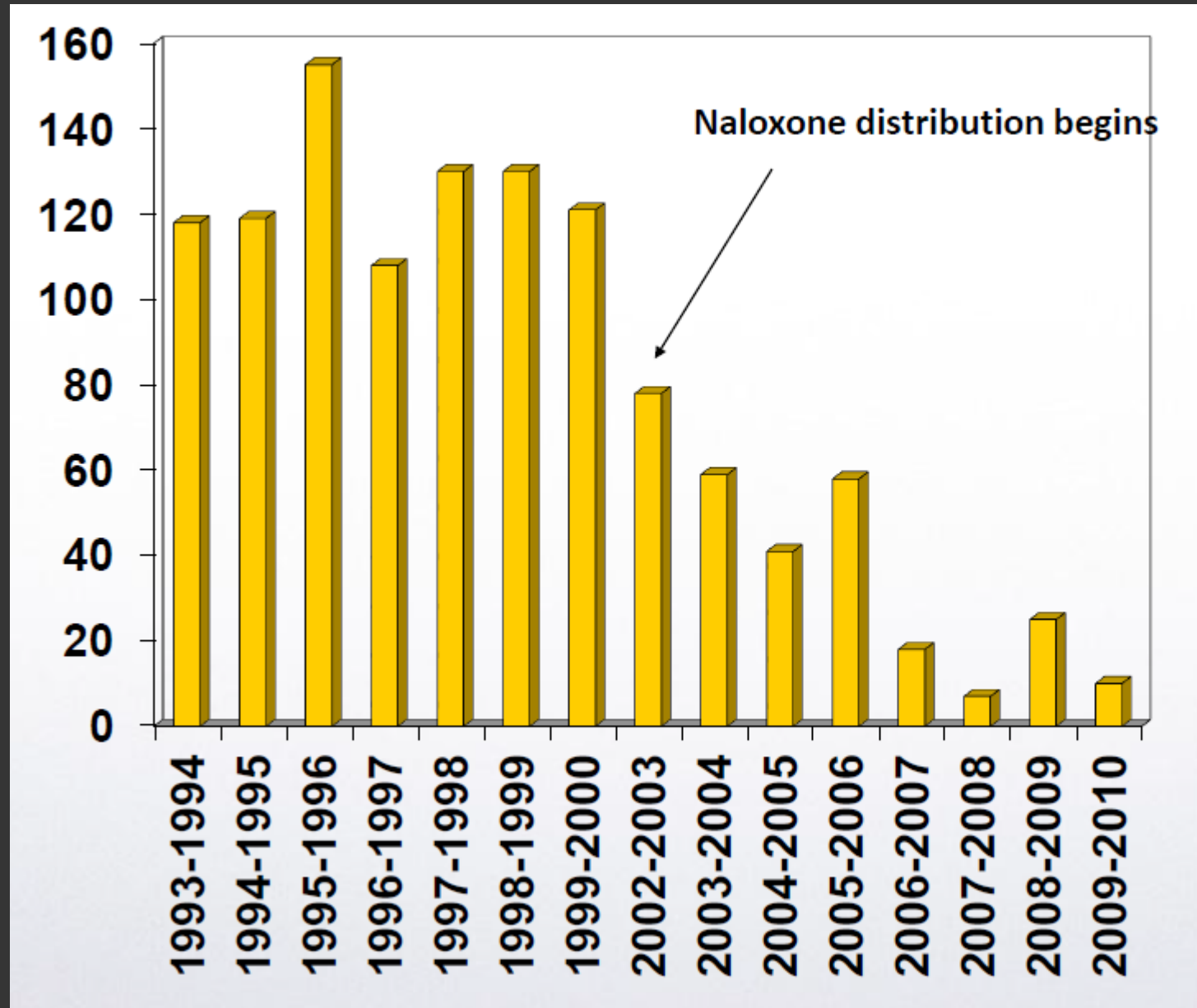
- Overdoses are usually witnessed
- Death takes a while
- 911 and EMS not routinely accessed
- Naloxone is very safe and effective
- More rapid reversal with naloxone improves outcomes
- Cost-effective

Heroin-related Overdose Deaths in Cook County 1996 - 2007

Source: Cook County Medical Examiner's Office



Heroin-related deaths, San Francisco

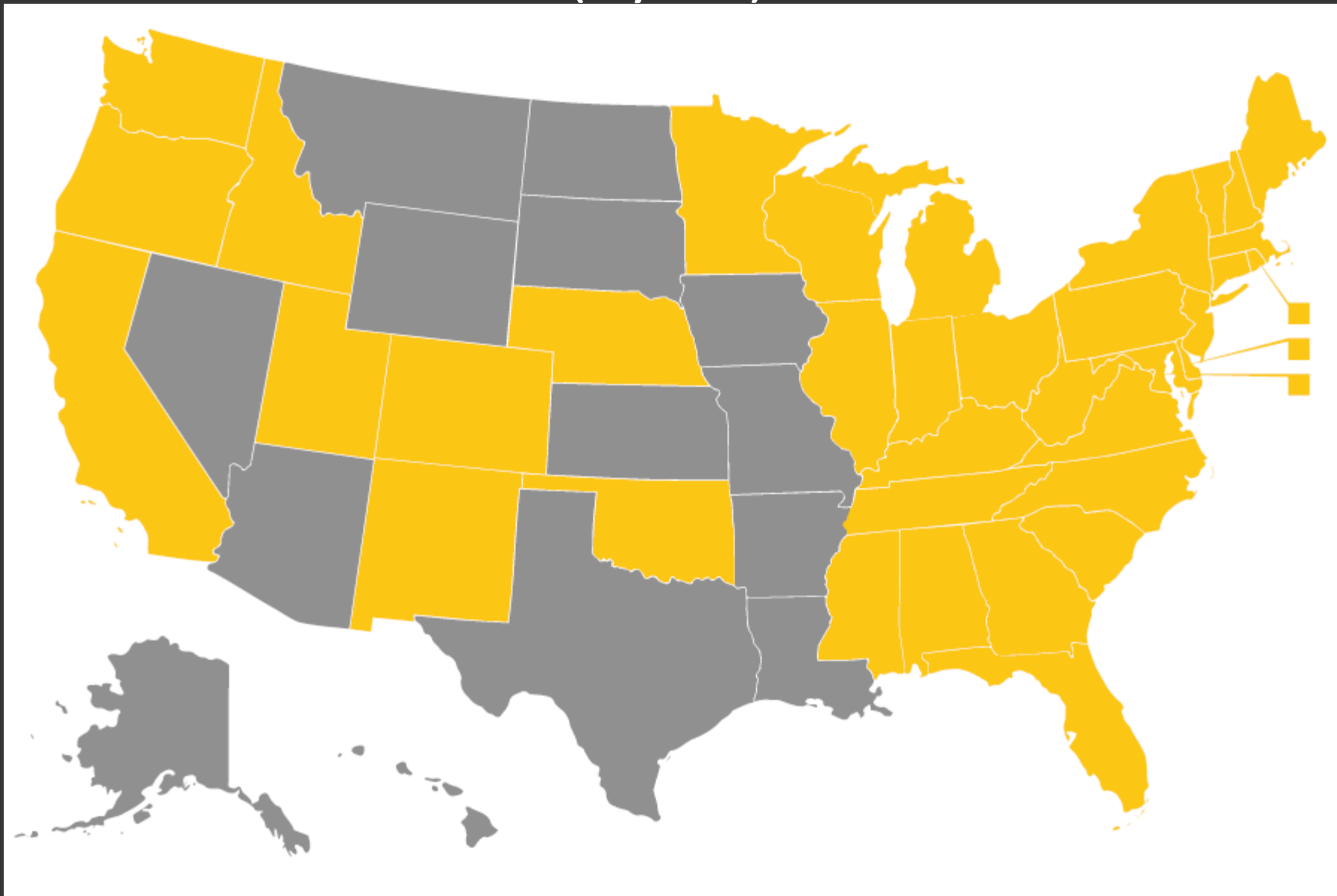


Naloxone Distribution in the U.S. 1996 - 2010

- 188 programs
- 53,032 participants
- 10,171 overdoses reversed

States with naloxone laws, as of Oct 2015

(in yellow)



Source: LawAtlas Policy Surveillance Report, Query Report on Naloxone Overdose Prevention Laws Dataset

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 (Presession 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 does the bill 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 “prescription” to a pharmacy.

WE NOW OFFER
RAPID TESTING
FOR BOTH
HIV NEW! **AND HEP-C!**

- ☆ ONLY TAKES 20 MIN!
- ☆ NO BLOOD DRAW NEEDED!
- ☆ IT'S FREE AND AVAILABLE
MON-FRI NOON-4PM!

DO YOU WANT **NALOXONE?**

RESPOND TO OVERDOSE + SAVE LIVES!

- * ONLY TAKES 20 MIN TO TRAIN!
- * BE AWESOME + HELP YOUR FRIENDS!
- * TALK TO HAVEN OR MIKE

AVAILABLE MOST DAYS

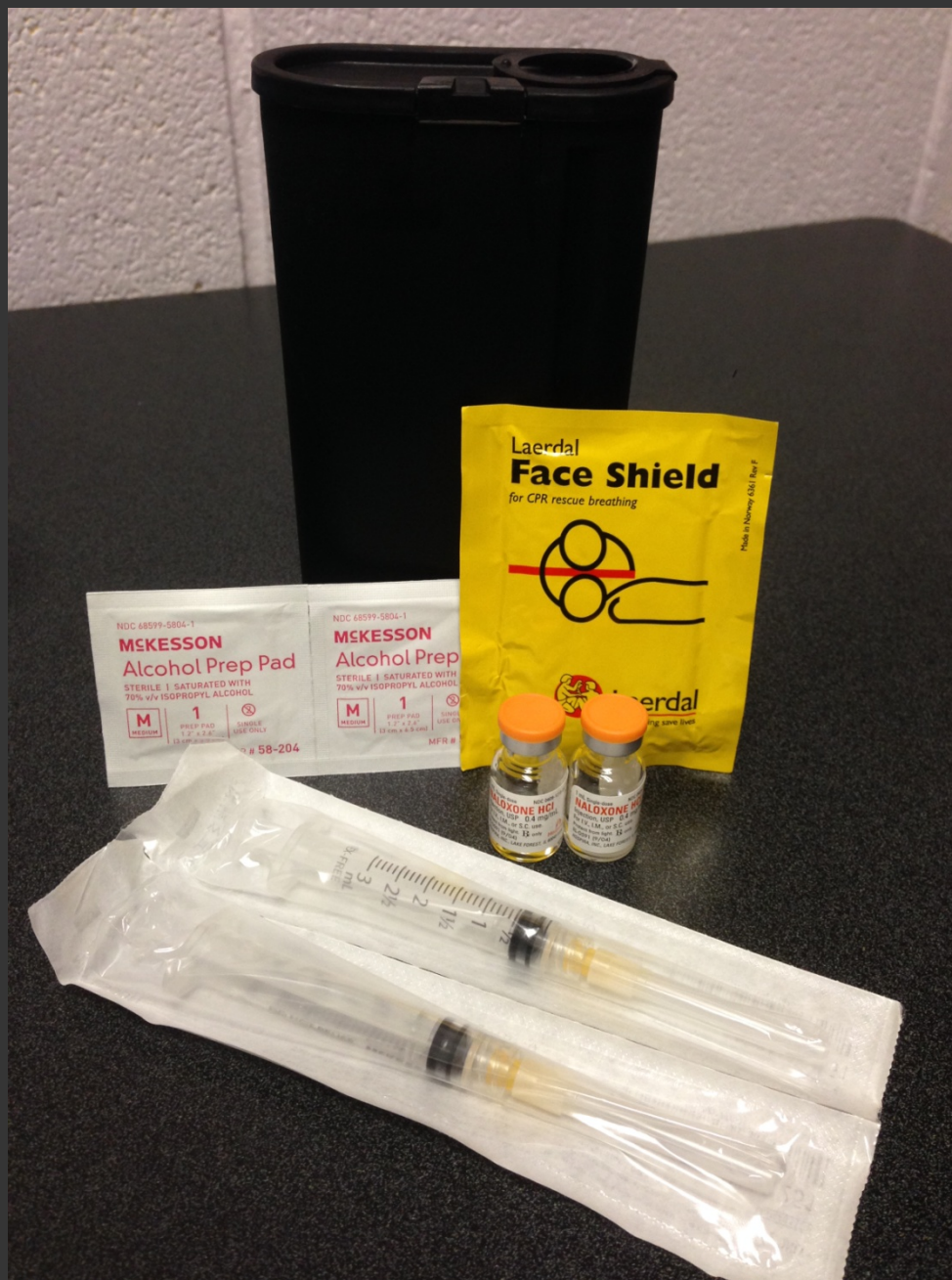
NOON - 4PM



PLEASE
-DO NOT:-

- * BUY, SELL, OR USE
WITHIN 3 BLOCKS!!
- * LEAVE TRASH/DIRTIES
IN FRONT OF EXCHANGE/CHURCH
- * HAKASS, ANNOY, DISTURB
OR GENERALLY BE A DICK TO OUR
NEIGHBORS. DON'T MAKE 'EM CALL THE
COPS!! ♡ - NEEDLE EXCHANGE STAFF





Naloxone Training Video





NALOXONE KIT

CONTENTS: intranasal naloxone (2 doses),
rescue breathing mask, and gloves.

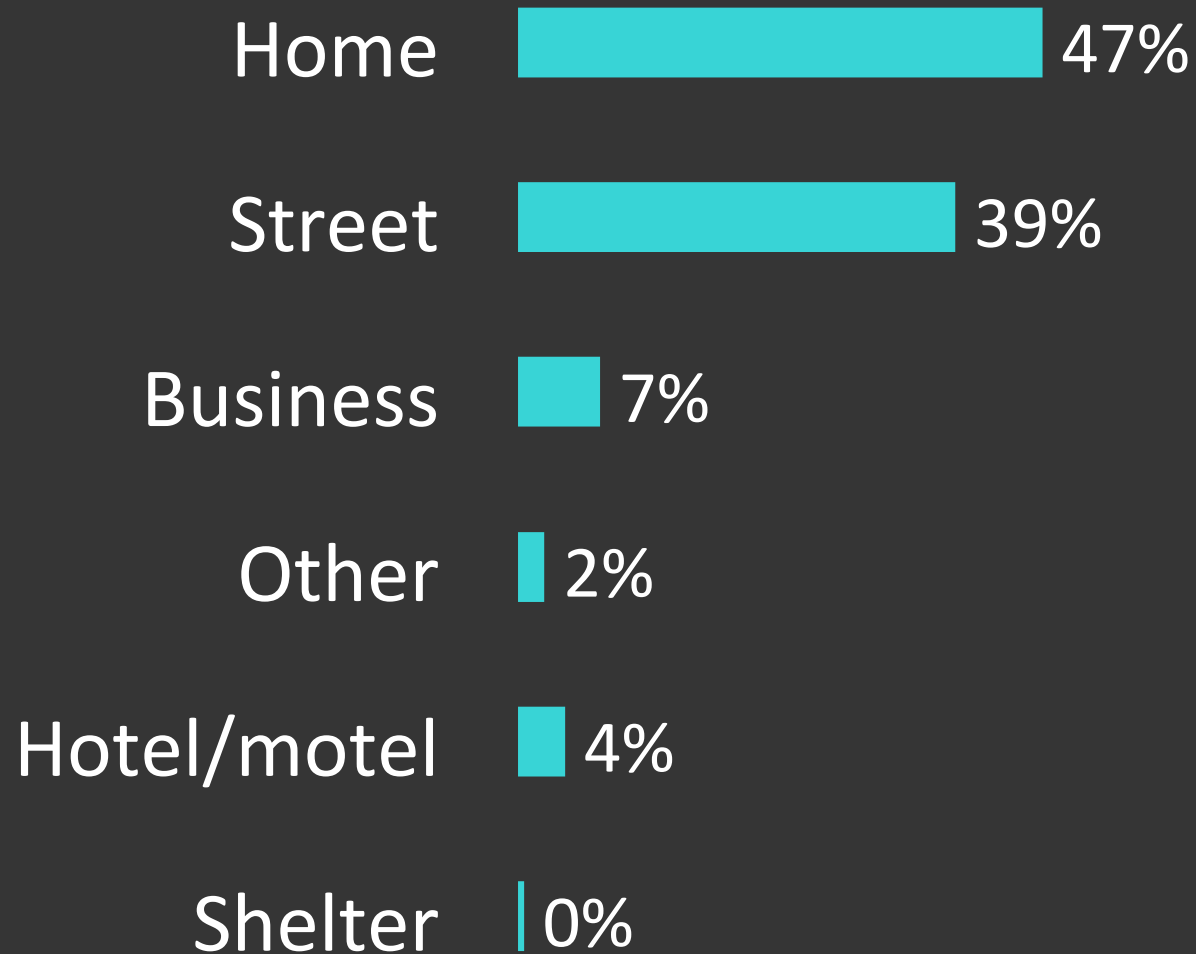
Always call 911 when responding to an
overdose.

Outside In + MCHD naloxone

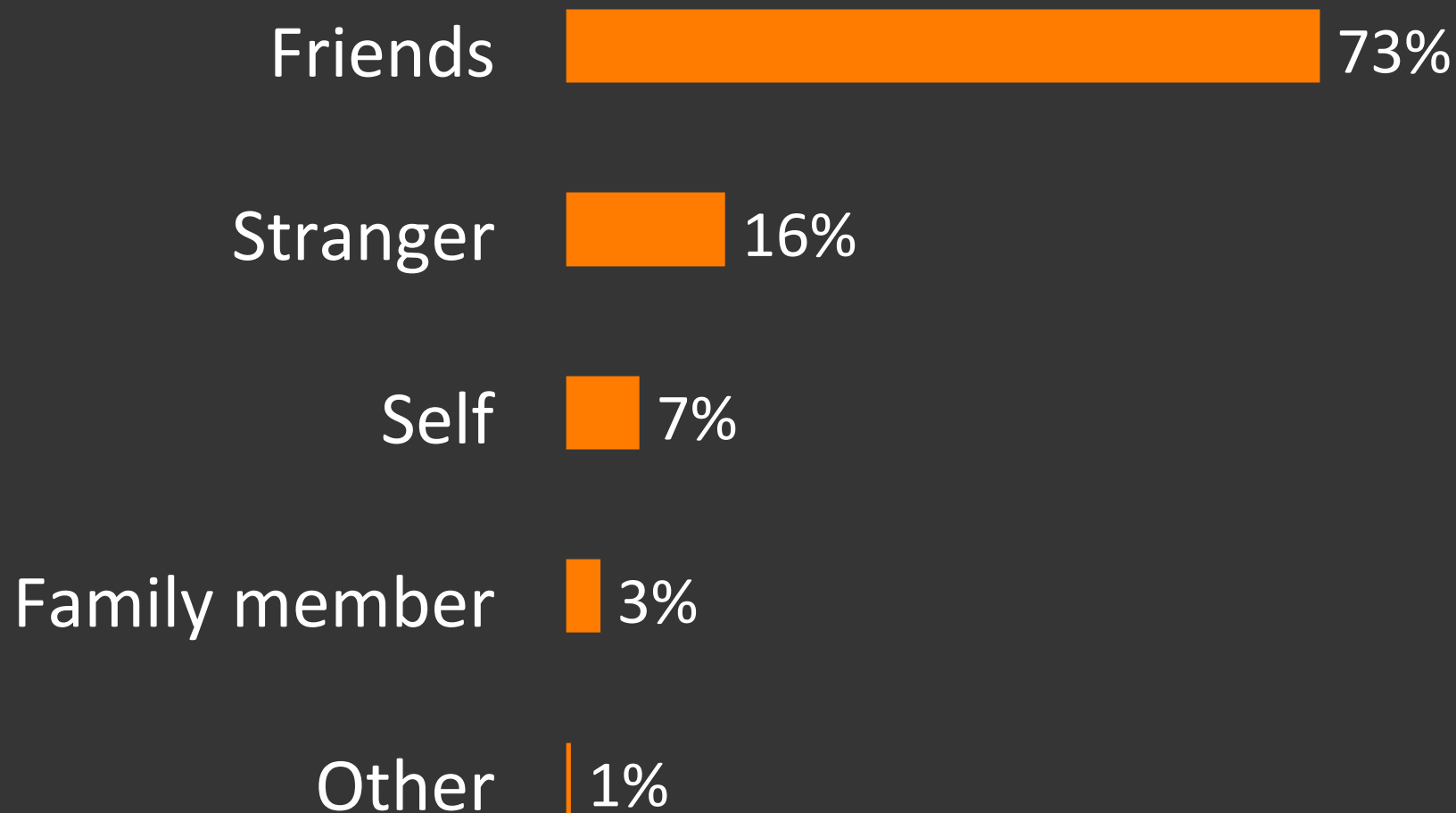
As of September, 2015:

- 2,061 clients trained
- 1,045 overdoses reversed

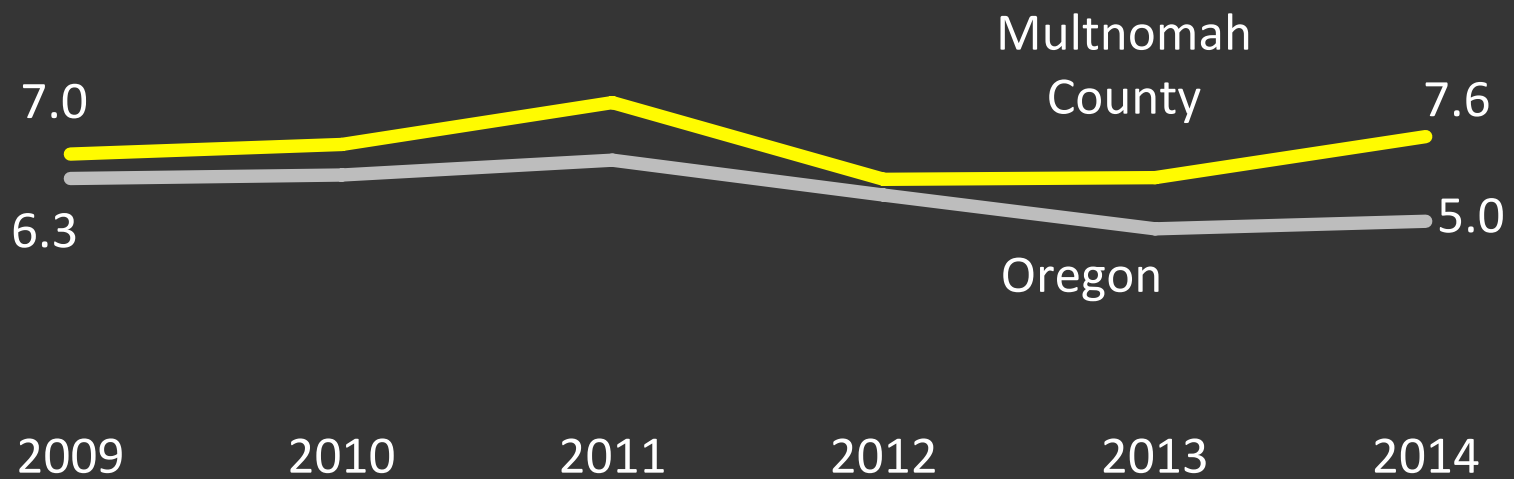
Where did the overdose happen?



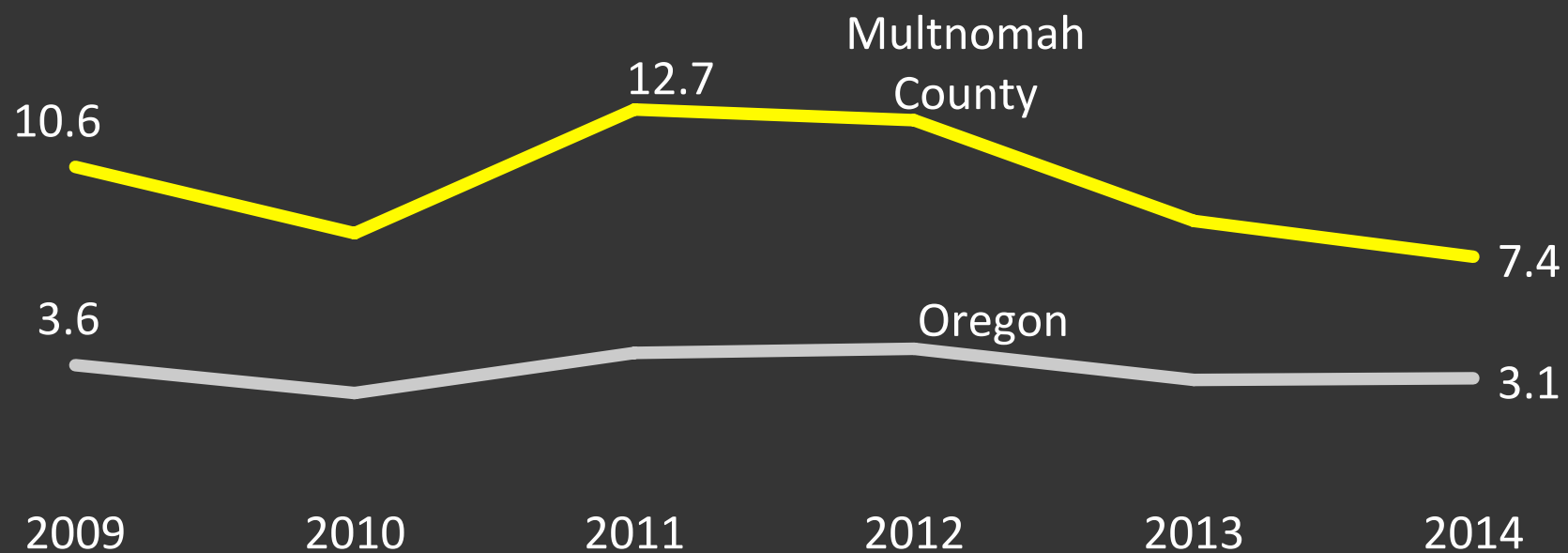
Who was the naloxone used on?



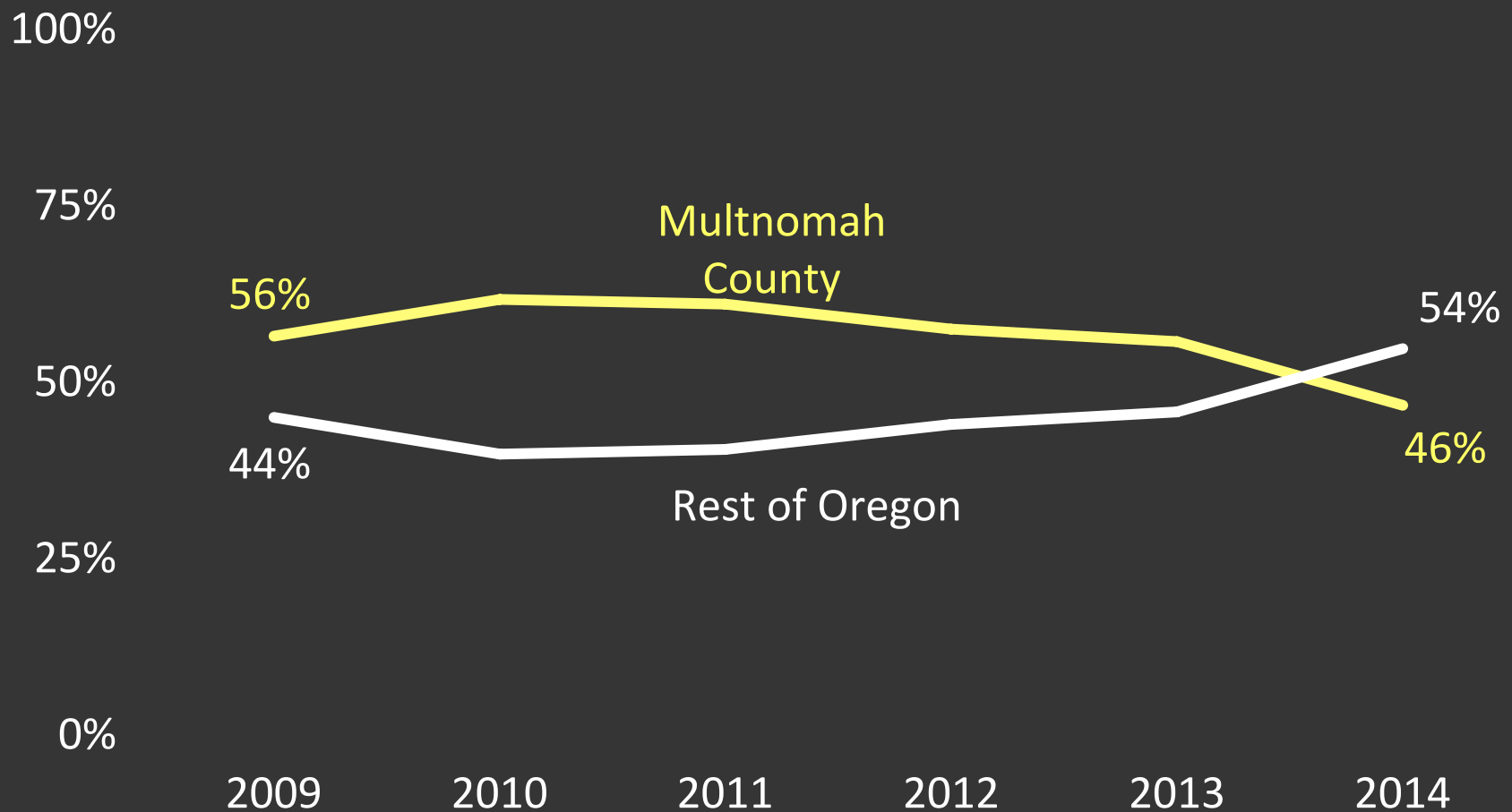
Rx Opiate-Related Death Rates per 100,000



Heroin-Related Death Rates per 100,000

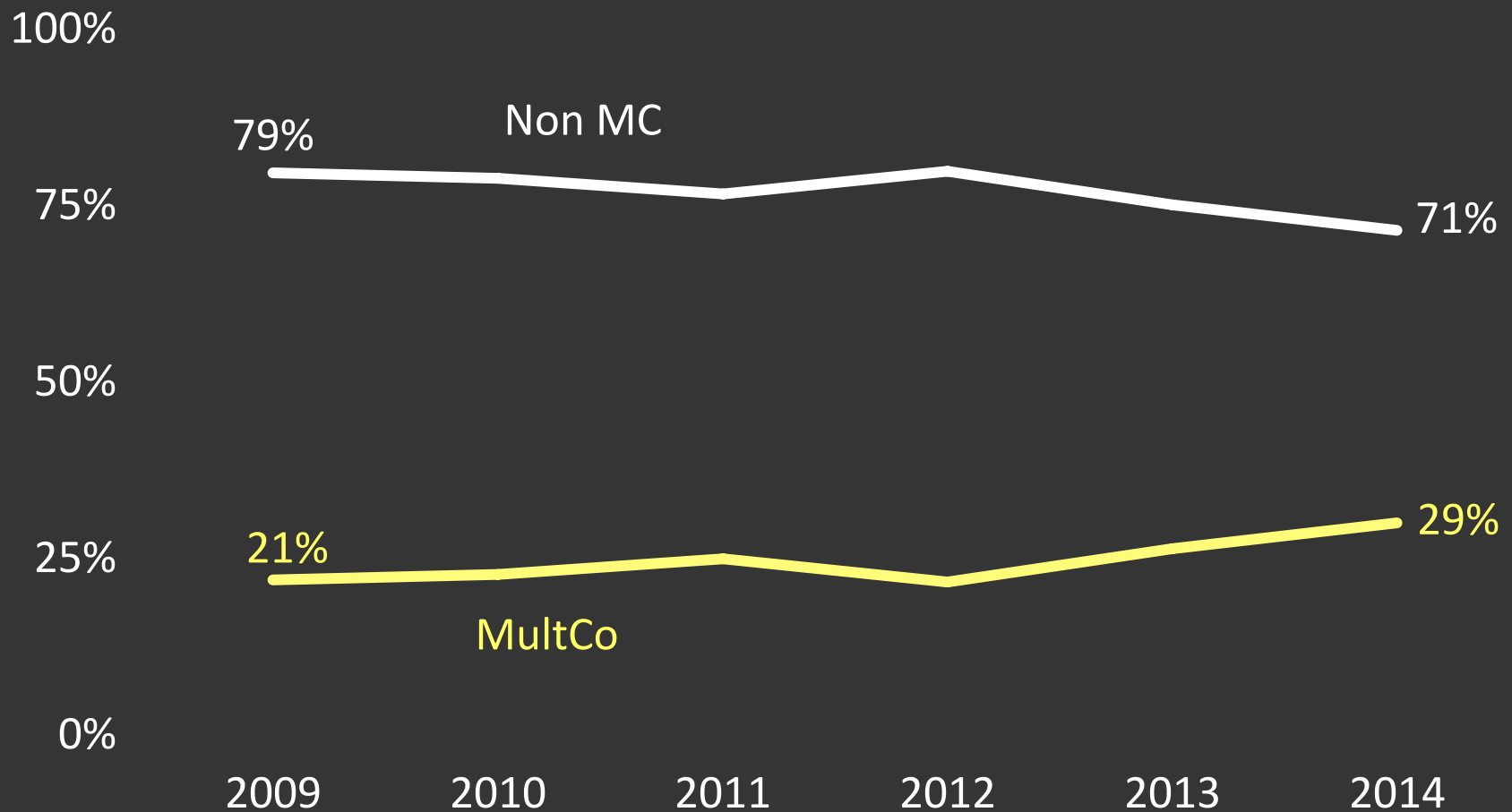


% Heroin Deaths in Oregon



Source: Multnomah County Health Department analysis of Oregon State Medical Examiner data

% Rx Opiate Deaths



Source: Multnomah County Health Department analysis of Oregon State Medical Examiner data

What's next?

Beyond syringe exchange:

- Social service providers
- Addictions Treatment providers
- Primary care—co-prescribing with Rx opioids and/or to clients at risk form illicit use
- Corrections, law enforcement
- Pharmacies
- OTC? Change training portion of ORS?

Acknowledgments

- **Outside In staff and volunteers:**
Haven Wheelock, Tanya Page, Kathy Oliver, John Duke, Erin Reid
- **MCHD staff:**
Gary Oxman, Jennifer Vines, Paul Lewis, Kathy Thomes, Claudia Black, Jessica Guernsey, Tab Dansby, Justin Denny, Kim Toevs, Aviel Forster, Maayan Simckes, Carol Casciato, Heather Heater, Erin Browne, Ismael Garcia
- **External:**
Jim Shames (Jackson County), Alan Bates and Jeff Kruse (senators), Eliza Wheeler (Harm Reduction Coalition), Phillip Coffin (SF Health Dept), Caleb Banta-Green (Univ. of WA), Todd Beran (OHA), Geralynn Brennan (OHA), Dagan Wright (OHA), LaKeesha Dumas (Urban League)

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Questions?

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