

NALOXONE MINI-GRANT OUTCOMES REPORT, 2018

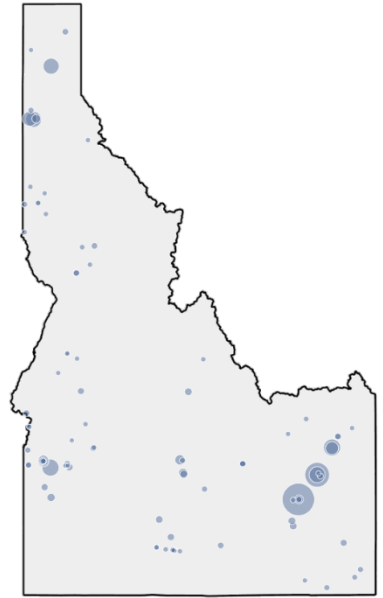
OVERVIEW

ODP ADMINISTERED 4,368 DOSES OF NALOXONE TO 93 AGENCIES.

With funding from the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Targeted Response to the Opioid Crisis grant (STR), the Office of Drug Policy (ODP) was tasked with dispensing naloxone, an opioid antagonist, to first responder agencies to reduce opioid-related overdose deaths in Idaho. During the grant period, between October and April of state fiscal year 2018 (SFY18), ODP provided 2,184 naloxone kits, including two doses each, to 93 agencies. See the map to the right for locations and relative quantities. Seventy-three agencies (78%) submitted at least one bimonthly report to ODP; on average, these agencies completed nearly 80% of their required number of reports. The remainder of this summary will discuss only data from these reports.

Over 38% of reporting agencies were law enforcement, followed by emergency medical services (EMS) (26%), fire departments (16%), recovery centers (12%), and other agencies (7%) which included coroner's offices, hospitals, and health departments.

LOCATION AND QUANTITY OF DISPENSED NALOXONE



OVERDOSES

MORE THAN 17% OF PATIENTS EXPERIENCING AN OVERDOSE WERE TRANSPORTED TO A DRUG TREATMENT CENTER.

During the grant period, there were 103 known overdoses reported by these agencies. These included any overdoses within a jurisdiction, not excluding those in which the agency did not have contact. More than 19% of those experiencing an overdose died, 96% were transported to the hospital, and over 17% were transported directly from the emergency department to a drug treatment center.



DEPUTIES RESPONDED TO A REPORTED **HEROIN OVERDOSE** AND FOUND A **NON-RESPONSIVE FEMALE** WHOSE FRIENDS ADVISED OVERDOSED ON HEROIN. NASAL **NARCAN WAS ADMINISTERED** AND PATIENT BEGAN TO IMPROVE, **SHE WAS TRANSPORTED AND SURVIVED.**

Sheriff's Office

NALOXONE ADMINISTRATION

GRANTEES ADMINISTERED NALOXONE 97 TIMES AND SAVED AT LEAST 36 LIVES.

Reporting agencies received 91% (1,992) of the total number of naloxone kits provided by ODP. Over 19% (14) of reporting agencies administered 97 doses of naloxone during the grant period. The number of administrations ranged from one to six among 13 of the 14 agencies. One EMS agency administered naloxone 69 times during the grant period. After excluding this outlying agency, EMS agencies still administered the most naloxone on average (0.7 doses per agency), followed by law



NALOXONE WAS DISTRIBUTED TO EMERGENCY RESPONDERS AND LAW ENFORCEMENT PERSONNEL ON THE FOREST. WE ARE PREPARING FOR FIELD SEASON AND INCREASED RECREATIONAL USE DURING THE SUMMER. **WE FEEL PREPARED TO RESPOND TO AN OPIOID OVERDOSE** SHOULD ONE ARISE THIS SUMMER.

Emergency Medical Services

enforcement (0.4), and fire departments (0.3). None of the recovery centers or other agencies reported administering naloxone.

Over 43% of naloxone administrations resulted in an unknown outcome, 37% of administrations reversed the overdose, and nearly 20% failed to reverse the overdose. At least 36 overdoses were reversed from naloxone provided by this grant.

Seven agencies reported that 15 doses of naloxone were somehow made unusable during the reporting period, including nine that were left in cold vehicles, four that were lost, one used during training, and one used to rule out a possible overdose in an unconscious patient. Still, approximately 97% of naloxone doses provided by this grant remain useable by these agencies.

SUCCESSSES

NOT HAVING OVERDOSES TO RESPOND TO WAS THE MOST REPORTED SUCCESS.

Over 64% of the successes reported included not having any overdoses within their jurisdiction, or arriving at a scene when another agency already administered naloxone to revive a patient. Nearly 13% of reporting agencies reported successes in training. Another 13% of reported a case in which naloxone was administered and saved a life. Five percent of the successes included having naloxone available.

BARRIERS

POLICY, ACCESS TO TREATMENT, AND INABILITY TO HELP THOSE WHO DO NOT CALL 911 WERE COMMON BARRIERS.

Twenty percent of the barriers reported discussed policy-related issues, including carrying and storing naloxone. Another 20% reported treatment related barriers including cost, transportation, public awareness, and availability. Another 20% reported that they are unaware how to provide outreach or help those needing services who do not contact their agency. Half of the remaining 40% reported data-related barriers, including not knowing the number of drug overdoses in their jurisdictions, and the other half reported not always being able to revive patients who were experiencing an overdose.

FUTURE PLANS

CONTINUING TO CARRY NALOXONE AND INCREASING TRAINING WERE CITED AS PLANS FOR MOST GRANTEEES.

The majority planned to continue to carry naloxone. Forty percent reported that they will continue or begin to educate or train their agency or the public. The remaining 12% reported they planned to participate in prescription drug take back days, reduce barriers to substance abuse treatment, monitor naloxone usage and overdose data, and improve public awareness.

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WE RESPONDED TO A **22 YEAR OLD MALE** NOT BREATHING AND NO PULSE. CPR STARTED BY FAMILY. WE GAVE PATIENT **TWO DOSES OF NARCAN** BUT THE PATIENT WAS **DOWN TOO LONG** AND A KNOWN DRUG USER. **HE STRUGGLED WITH ADDICTION.**

Ambulance

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SUMMERTIME IS COMING WHEN WE EXPECT MANY VACATIONERS AND RECREATIONAL VISITORS. THIS USUALLY BRINGS **EXTRA CALLS** WHERE THE PATIENT IS SUFFERING FROM ACUTE OVERDOSE. **WE ARE PREPARED** FOR THIS YEAR WITH SUPPLIES DONATED **THROUGH THIS GRANT.**

Fire Department