

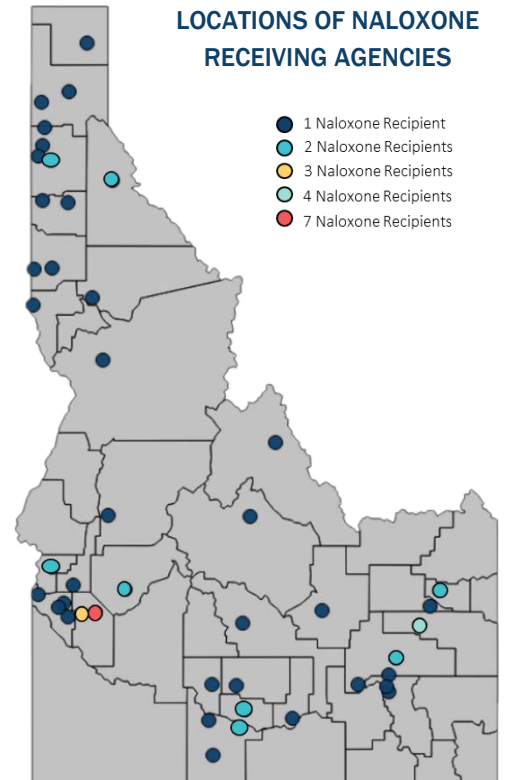
NALOXONE MINI-GRANT OUTCOMES REPORT, FEDERAL FY 2019

OVERVIEW

ODP PROVIDED 2,944 DOSES OF NALOXONE TO 65 AGENCIES

With funding from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response grant (SOR), the Office of Drug Policy was tasked with providing naloxone kits for first responders and other agencies to prevent and reduce opioid-related overdose deaths in Idaho. During the grant period, between November 2018 and September 2019, ODP provided 1,472 naloxone kits, each kit including two doses of 4mg Narcan Nasal Spray, to 65 agencies. See the map to the right for locations. Sixty-two agencies (95%) submitted at least one quarterly report to ODP; these agencies completed 94% of their required reports. The remainder of this summary will discuss data from these reports.

Over 48% of reporting agencies were law enforcement, followed by Substance Use Disorder (SUD) treatment providers (15%), emergency medical services (11%) and fire departments (11%), other agencies (10%) which included corrections, universities, and a training organization, and recovery support (5%).



OVERDOSES

MORE THAN 60% OF PATIENTS EXPERIENCING AN OVERDOSE WERE TRANSPORTED TO THE HOSPITAL.

During the grant period, agencies reported 181 suspected or known opioid overdoses. These included any overdoses within their jurisdiction or service community, not excluding those in which the agency did not have contact. These may not be 181 different individuals, as the same individuals may have experienced multiple overdoses. Agencies reported 18.7% of those experiencing an overdose died, 60.2% were transported to the hospital, and 16.6% were transferred from the emergency department to a drug treatment center.

“THERE WERE THREE SUSPECTED OVERDOSES AND THEY WERE ALL TRANSPORTED TO THE HOSPITAL. NO DEATHS THAT I KNOW OF.”

—SHERIFF’S OFFICE

NALOXONE ADMINISTRATIONS

GRANTEES REPORTED 46 NALOXONE ADMINISTRATIONS AND 37 OVERDOSE REVERSALS

Reporting agencies received 99% (1,459) of the total number of naloxone kits provided by ODP. Over 30% (19) of reporting agencies administered—or received reports that clients had administered—46 doses of naloxone during the grant period. The number of administrations ranged from one to eight. Law enforcement administered 28 doses (60.9%), recovery support administered 12 doses (26.1%), EMS administered 4 doses (8.7%), and fire departments administered 2 doses (4.3%). On average, recovery centers administered 1 dose per agency, law enforcement administered .93 doses per agency, EMS administered .57 doses per agency, and fire departments administered .29 doses per agency. None of the other agencies reported naloxone administrations.

Five (10.8%) naloxone administrations resulted in an unknown outcome, 37 (80.4%) administrations reversed the overdose, and four (8.7%) administrations failed to reverse the overdose.

One agency reported that 1 dose of naloxone provided during the reporting period was made unusable due to being lost. Multiple agencies received naloxone to replace supplies that they received through a previous grant cycle and were expiring at some point during the grant period. Approximately 97% of naloxone doses provided by this grant remain useable by these agencies.

“PATIENT WAS FOUND NOT BREATHING WITH NO PULSE. NARCAN WAS ADMINISTERED WITH CPR. STRONG PULSE REESTABLISHED, BUT STILL NEEDED ASSISTANCE BREATHING. PATIENT WAS IN ICU FOR 2 DAYS ON A VENTILATOR BEFORE THE FAMILY DECIDED TO REMOVE. THE PATIENT DIED AT THE HOSPITAL.” — SHERIFF’S OFFICE

NALOXONE DISTRIBUTION

GRANTEES DISTRIBUTED 179 NALOXONE DOSES TO AT-RISK INDIVIDUALS, THEIR FRIENDS, AND FAMILY.

Eight grantees reported distributing 179 naloxone doses (6.1% of total doses provided to reporting agencies) to individuals other than agency employees including both individuals personally at risk for an opioid overdose and friends, family, or other individuals in a position to administer naloxone in the event of an overdose. The number of doses distributed ranged from 1 to 42. Two SUD treatment providers distributed nearly 47% of the doses, followed by two recovery support agencies (28%), and a mental health training program (18%). Seven percent of doses were distributed by other agencies.

“EIGHT KITS WERE PROVIDED TO INDIVIDUALS AT THE ER BY RECOVERY COACHES AFTER PRESENTED WITH A NON-FATAL OPIOID OVERDOSE. WE KNOW OF 1 THAT WAS USED 3 DAYS AFTER IT WAS RECEIVED IN THE ER. THAT INDIVIDUAL SURVIVED THE 2ND OPIOID OVERDOSE AND ENGAGED IN TREATMENT”

—RECOVERY CENTER

SUCCESSSES

NOT HAVING OVERDOSES TO RESPOND TO WAS THE MOST REPORTED SUCCESS

Grantees reported 80 distinct successes during the reporting period. Some agencies reported multiple successes. Thirty percent of successes reported involved not having overdoses within their jurisdiction and not needing to administer naloxone. Over 21% involved effectively using naloxone to reverse an overdose, followed by nearly 18% related to successes in training and providing to staff who now have the ability to respond to an overdose. According to one Sheriff's Office, *"Fifty-five first responders (Sheriff's Deputies) have received training as how to properly store and use Narcan if needed. Patrol deputies were issued Narcan and the pouch to carry it on their uniform so it is accessible at all times. The County Jail has doses in the booking area where all inmates are initially assessed."*

Over 12% of reported successes pertained to educating and training the public and high risk individuals. Notable successes were also reported relating to providing naloxone to high risk individuals (7.5%).

BARRIERS

POLICY AND ADMINISTRATIVE ISSUES, AND TIME TO ACCESS PATIENTS WERE COMMON BARRIERS

Far fewer barriers were reported compared to successes, and those that were reported varied greatly. The most commonly reported barrier (25%) involved issues getting agency policy approved to carry and / or distribute naloxone. The second most common barrier (20%) was the difficulty responding in enough time in rural areas. Various other barriers were reported one or two times including lack of coordination to treatment after an overdose, ongoing stigma about needing and carrying naloxone, and issues with tracking and reporting.

"RURAL AREA MAKES RESPONSE TIME POTENTIALLY CHALLENGING. ONE OVERDOSE THIS PERIOD WAS REPORTED WELL AFTER NECESSARY TIME FRAME FOR USE OF NALOXONE AND POTENTIAL REVIVAL."

—FIRE DEPARTMENT

FUTURE PLANS

CONTINUING TO HAVE NALOXONE ON HAND AND TRAINING WERE CITED AS MOST COMMON PLANS

Grantees reported many future plans during the reporting period. Some agencies reported future plans that related to multiple categories or reported the same future plans for multiple quarters. A majority of future plans reported (55%) involved continuing to issue naloxone to employees or keep on hand to administer if needed. Eighteen percent involved training staff, whether new staff or regular training for existing staff. Ten percent involved community outreach and education, and the remaining 17%—in order from most to fewest reports—involved getting more naloxone and carrying cases, distributing to high-risk patients and their friends / family, implementing/changing administrative policies, and improving communication between treatment providers and first responders.