

The Deployment of Naloxone to Prevent Opiate Overdose Fatalities

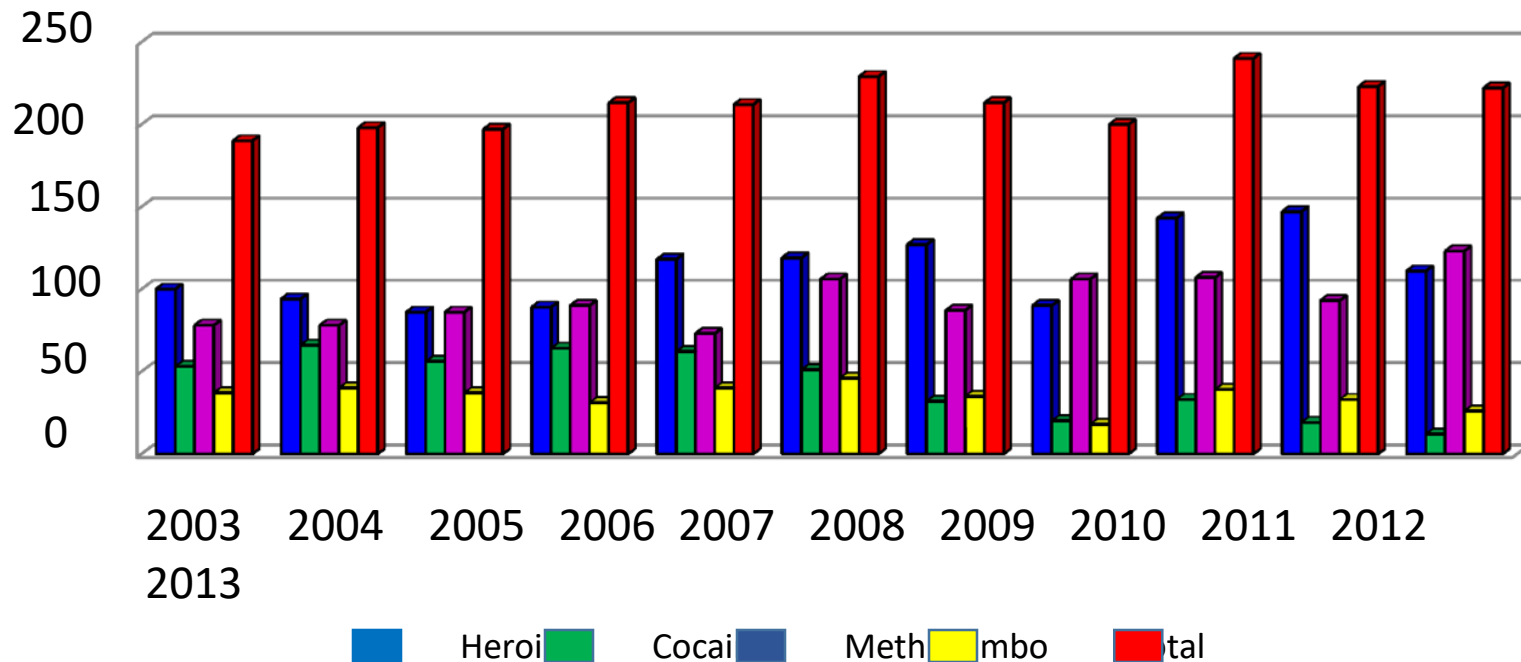


Sgt. Geoff Kirkpatrick
And
Corporal Chris Dode

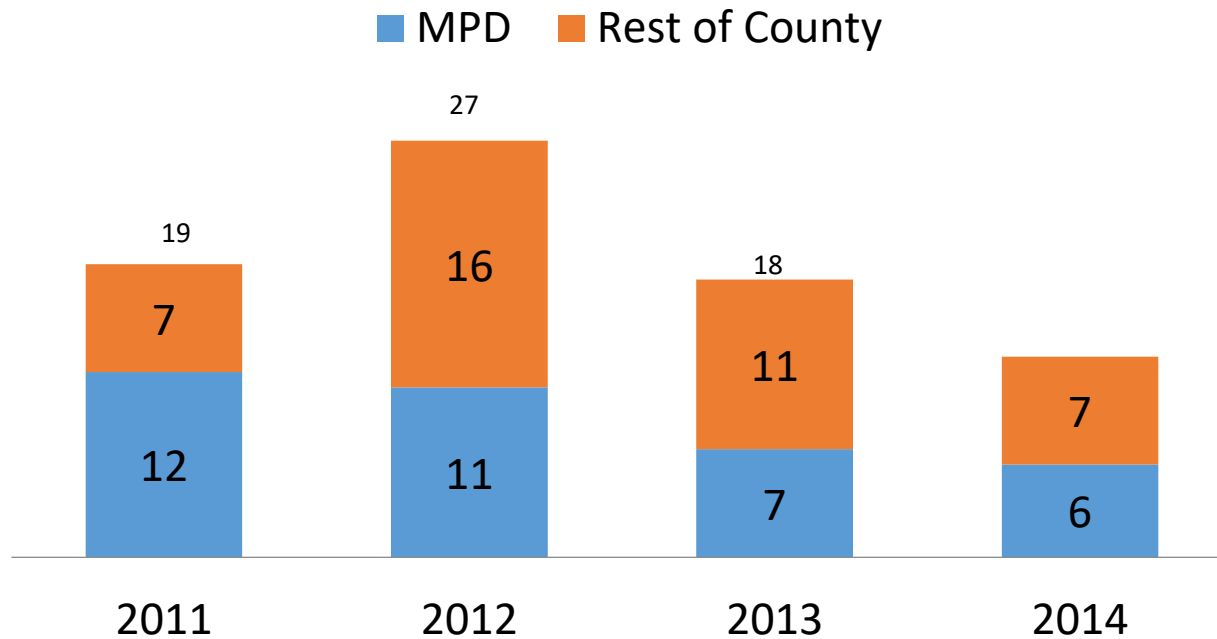
Your Police. Our Community

The Problem?

Oregon Statewide Drug Related Deaths (OSP
Medical Examiner Program)

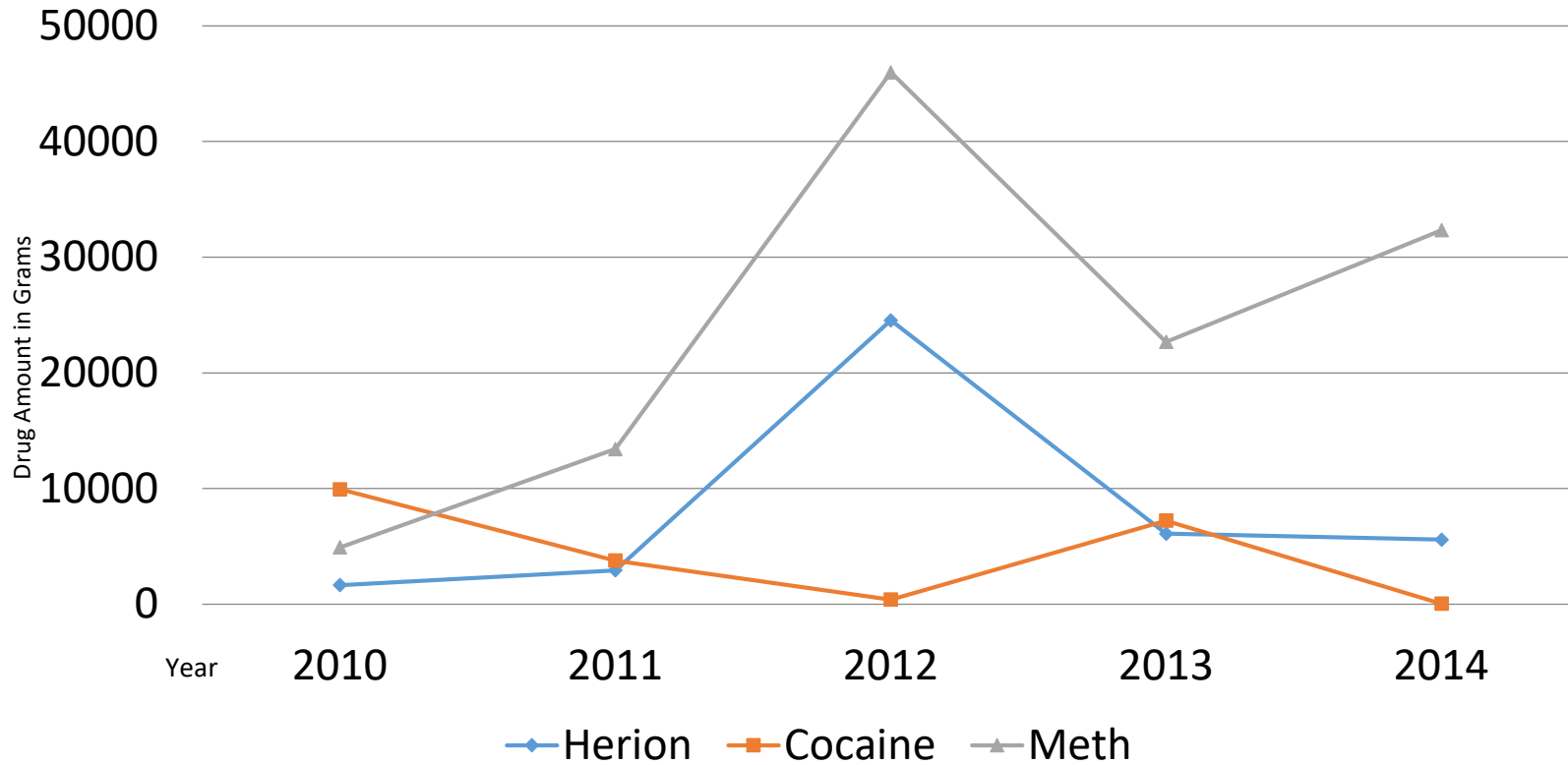


Opiate Overdose Deaths in Jackson County



Courtesy of Jackson County Medical Examiners Office

Drug Seizure (Medford Area Drug and Gang Enforcement)

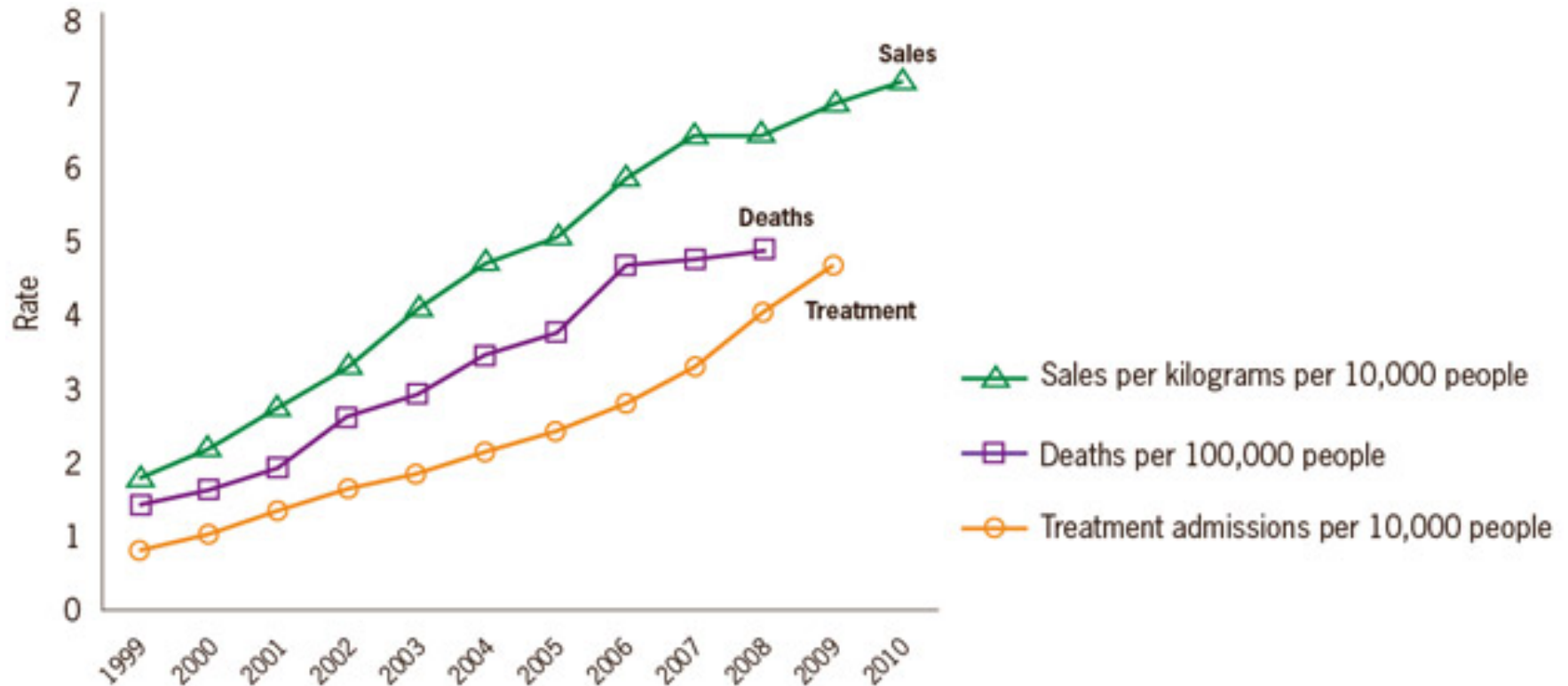




The Real Problem

- - Jackson County, Oregon population: 206,4312
- - Average Opioid prescription per year: 250,000
- - As a nation, the US is 4.6% of the world population but consumes 80% of the world supply of opioids.....

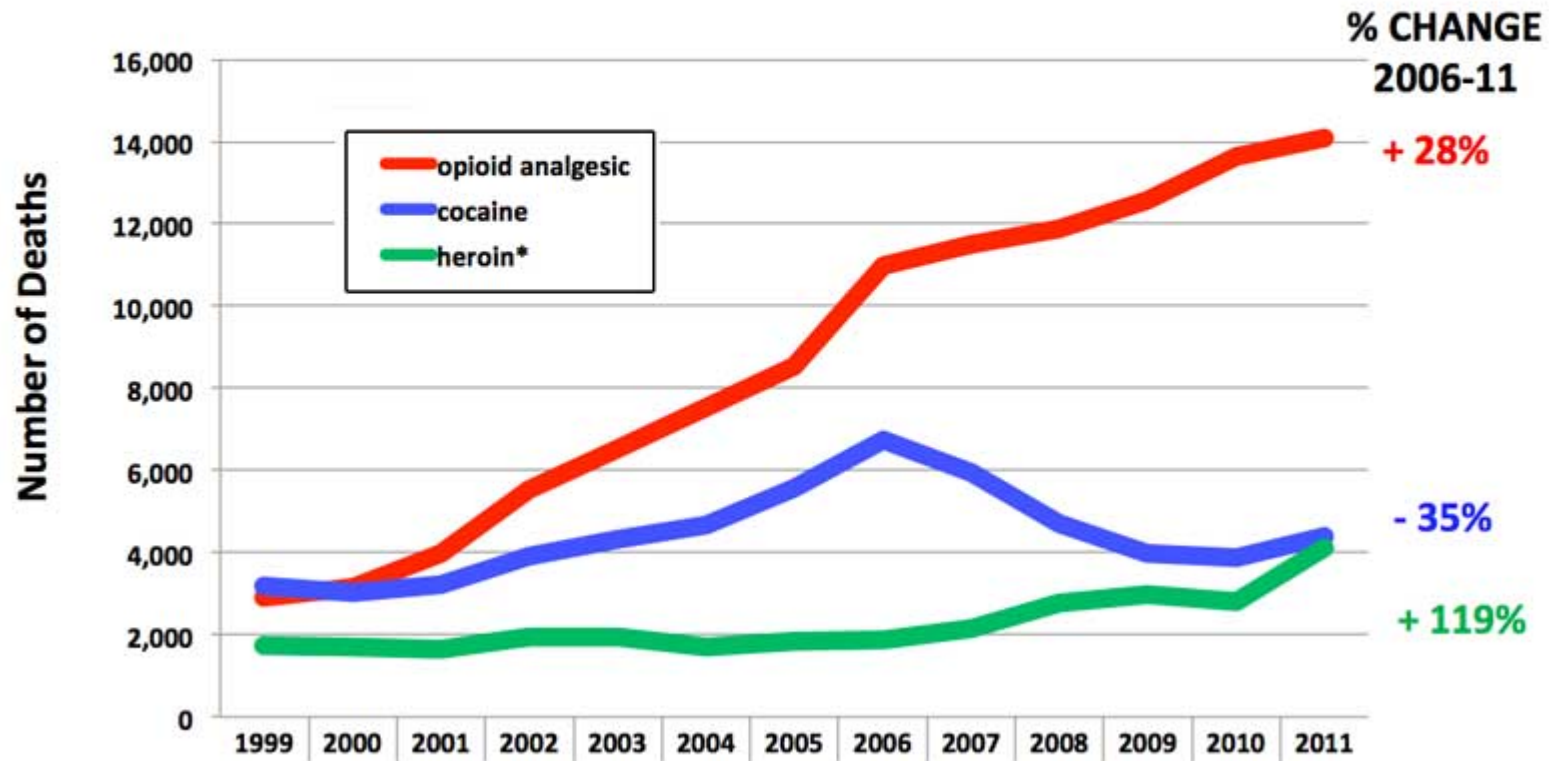
Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)



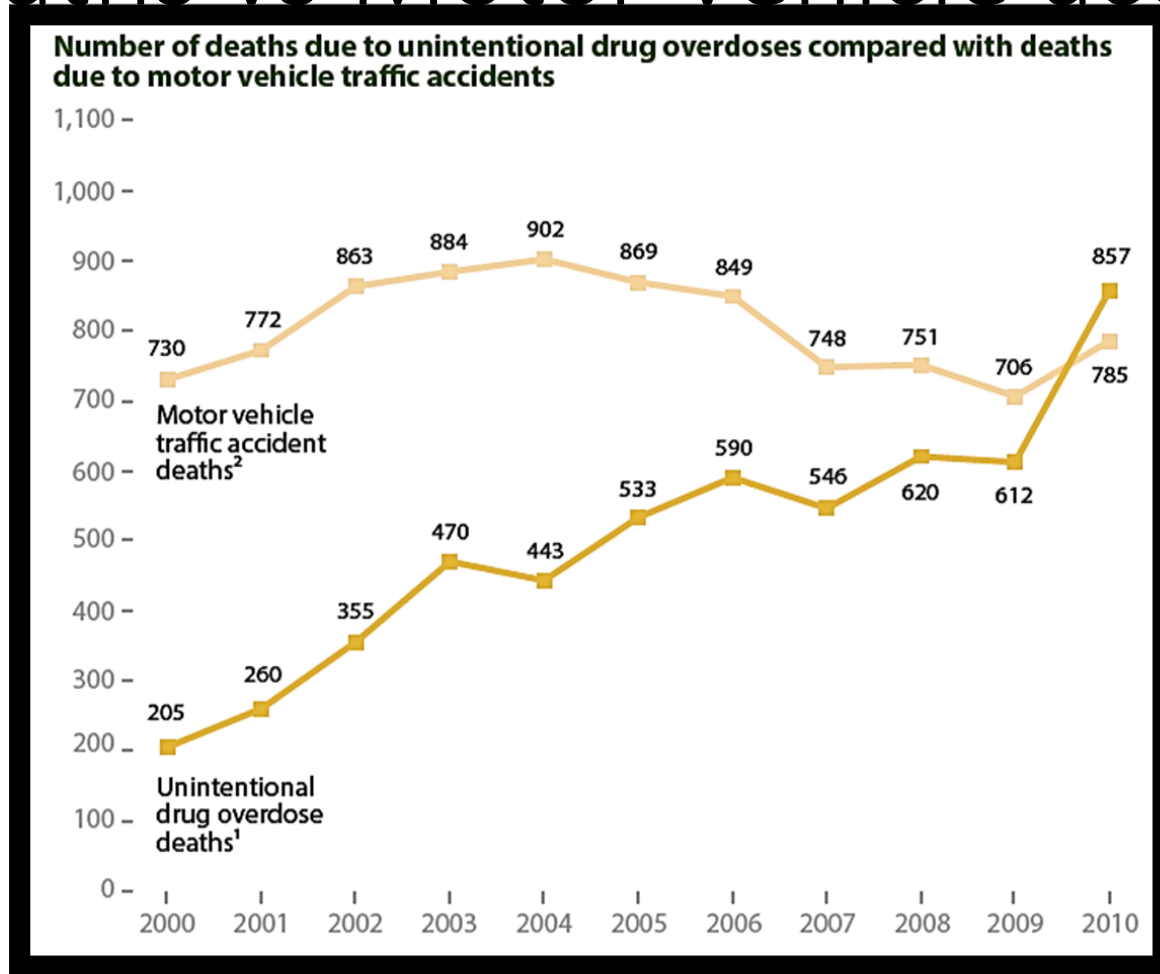
SOURCES: National vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the DEA, 1999-2010; Treatment Episode Data Set, 1999-2009

Overdose Deaths in the US

Unintentional Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2011



State of Kentucky Overdose Deaths vs Motor Vehicle accidents

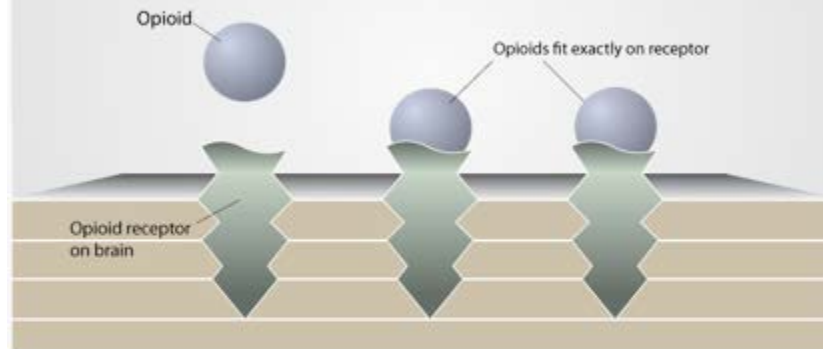


SOURCE: Kentucky Health News

Naloxone

What is an opioid overdose ?

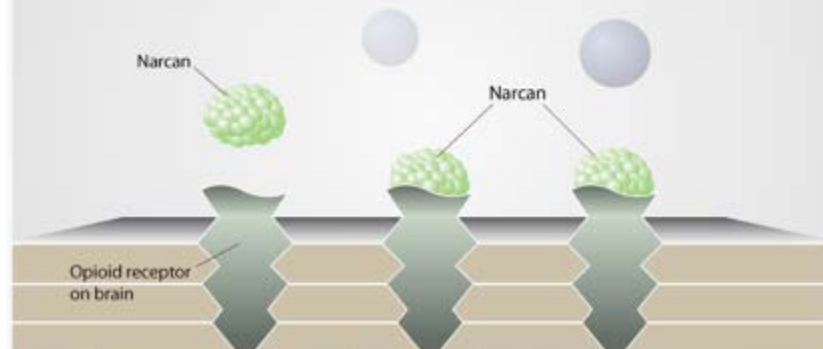
The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



Graphics: Maya Doe-Simkins

Narcan reversing an overdose

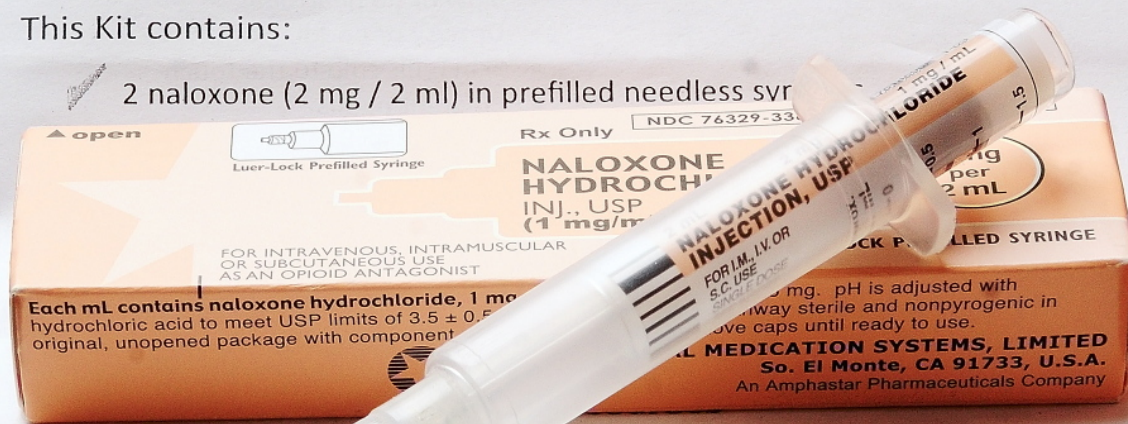
Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



Emergency Opiate Overdose Kit Instructions

This Kit contains:

2 naloxone (2 mg / 2 ml) in prefilled needlless svr



Poison Control Center: 1-800-458-5231 (toll-free and confidential)
Maine Crisis Line: 1-800-458-5231
MaineGeneral Hospital: 621-3770
MaineGeneral Hospital & Substance Abuse Services: 1-877-777-9393

MedSmart
Medication Education for Drug Safety
Integrated Risk Reduction

NYPD receives funding to equip officers with life-saving heroin antidote naloxone

By Rande Iaboni, CNN

updated 4:17 PM EDT, Thu May 29, 2014



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State sends agencies heroin antidote

By DANIEL FLATLEY
TIMES STAFF WRITER
PUBLISHED: MONDAY,

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Police carry special drug to reverse heroin overdoses

QUINCY, MA / WUSA



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April 16th, 2014 BRENT WALTH | News Stories

Moving the Needle

A new law expanding the use of an anti-overdose drug is cutting the number of heroin deaths.



INJECTING HELP: An Oregon law expanding access to naloxone—a drug that revives people experiencing a heroin overdose—took effect July 9, 2013. Outside In started distributing naloxone the next day. “We had been chafing at the bit to do this,” says executive director Kathy Oliver. — IMAGE: Natalie Behring

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nse of Giving Naloxone to



pm EDT | Updated: 05/06/2014 3:59 pm EDT



most recent article on the rise of peer-based naloxone distribution

TheFix.com, I received a kind email from the mother of a drug

user thanking me for questioning the efficacy of naloxone programs that distribute

to law enforcement instead of active drug users. While the mother thanked me for

What is the SOLUTION?

- -Fall of 2014 Approached by Medford PD Administration to implement a program
 - Medical oversight
 - How do we do it?
 - How do we pay for it?



Medical Oversight



- Finding a physician to oversee our program was our biggest hurdle. Having a physician is a requirement under OAR.

- *Finding a physician*

- *Approval*

- Our Solution?



JACKSON COUNTY
Health & Human Services

How do we do it?

- Authority under OAR

333-055-0100

Purpose

(1) The purpose of OAR 333-055-0100 through 333-055-0110 is to define the protocols and criteria for training on lifesaving treatments for opiate overdose.

(2) Nothing in these rules is meant to require training for health care professionals that are otherwise authorized to administer naloxone within their scope of practice.

(3) Opiate overdose requiring lifesaving treatment occurs in a wide variety of settings and circumstances, creating a need for training a variety of overdose responders. In recognition of this need, 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. The Oregon Public Health Division interprets providing services to opiate users broadly and includes but is not limited to clinical, substance abuse, social services, public health, law enforcement and criminal justice, and other providers.

How do we do it?

- Done in Conjunction with
- Medford Fire Department
- - Purchasing and Training



- All officers trained in procedure

Opiate Overdose Treatment: Naloxone Training Protocol

Training that meets the criteria below 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. Use of the images below is optional.

Signs and symptoms of opiate overdose

- Unresponsiveness to yelling or stimulation, like rubbing your knuckles up and down the person's sternum, or breast bone (also called a sternum rub) [This symptom effectively draws the line between overdosing and being really high but not overdosing.]
- Slow, shallow, or no breathing
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring/gurgling/choking sounds
- Body very limp
- Throwing up

Opiate overdose treatment overview

1. Check for responsiveness and breathing.
2. Call 911.*
3. Start rescue breathing if not breathing.
4. Administer naloxone.
5. Resume rescue breathing if the person has not yet started breathing.
6. Conduct follow-up – administer a second dose of naloxone if no response after 3 minutes.

* If you have to leave the person, put the person in the recovery position.

Responding to an opiate overdose

1. Check for responsiveness.
 - a. Yell.
 - b. Give a sternum rub. Make a fist and take your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
 - c. Check for breathing. See if the person's chest rises and falls and put your ear near the person's face to listen and feel for breaths.
 - d. If the person does not respond or is not breathing, proceed with the steps listed below.
2. Call 911. [If you have to leave the person, put the person in the recovery position – see details below.]
 - a. State that someone is unconscious and indicate if the person is not breathing.
 - b. Give the address and location.

How do we do it?

- Statement of Completion



Opiate Overdose Response Training – Statement of Completion

This certifies that:

Address:

has completed an approved training program covering recognition of opiate overdose and its treatment, including proper administration of naloxone. This training and treatment is authorized by Oregon Laws 2013, chapter 340 and OAR 333-055-0100 to 333-055-0115 of the Oregon Health Authority, Public Health Division. Under these laws and rules the above-named trained individual is authorized to administer naloxone in an opiate overdose emergency.

Signature of Authorized Trainer

Date Trained

Authorization to Obtain Naloxone

To Pharmacist:

The individual listed on this completed form is authorized to obtain an emergency supply of naloxone. This authorization is good for three (3) years from the date on front of form.

Signature of overseeing nurse practitioner/physician

Date

Printed name of nurse practitioner/physician

License #

In accordance with OAR 855-041-2330, the pharmacist who dispenses naloxone doses under this rule shall also generate a written prescription for his or her files, as in the case of an oral prescription for non-controlled substances, and file the same in the pharmacy. The generated prescription is based on the prescriptive authority of the overseeing nurse practitioner or physician. The pharmacist may dispense two (2) unit-of-use doses of naloxone per filling. The pharmacist will generate a new prescription for each filling and document the dispensing on this card up to six (6) times until the card expires (3 years from the date on the front of this form). Return certificate to the trained individual.

Please record dates and number of unit-of-use doses of naloxone prescribed and dispensed below

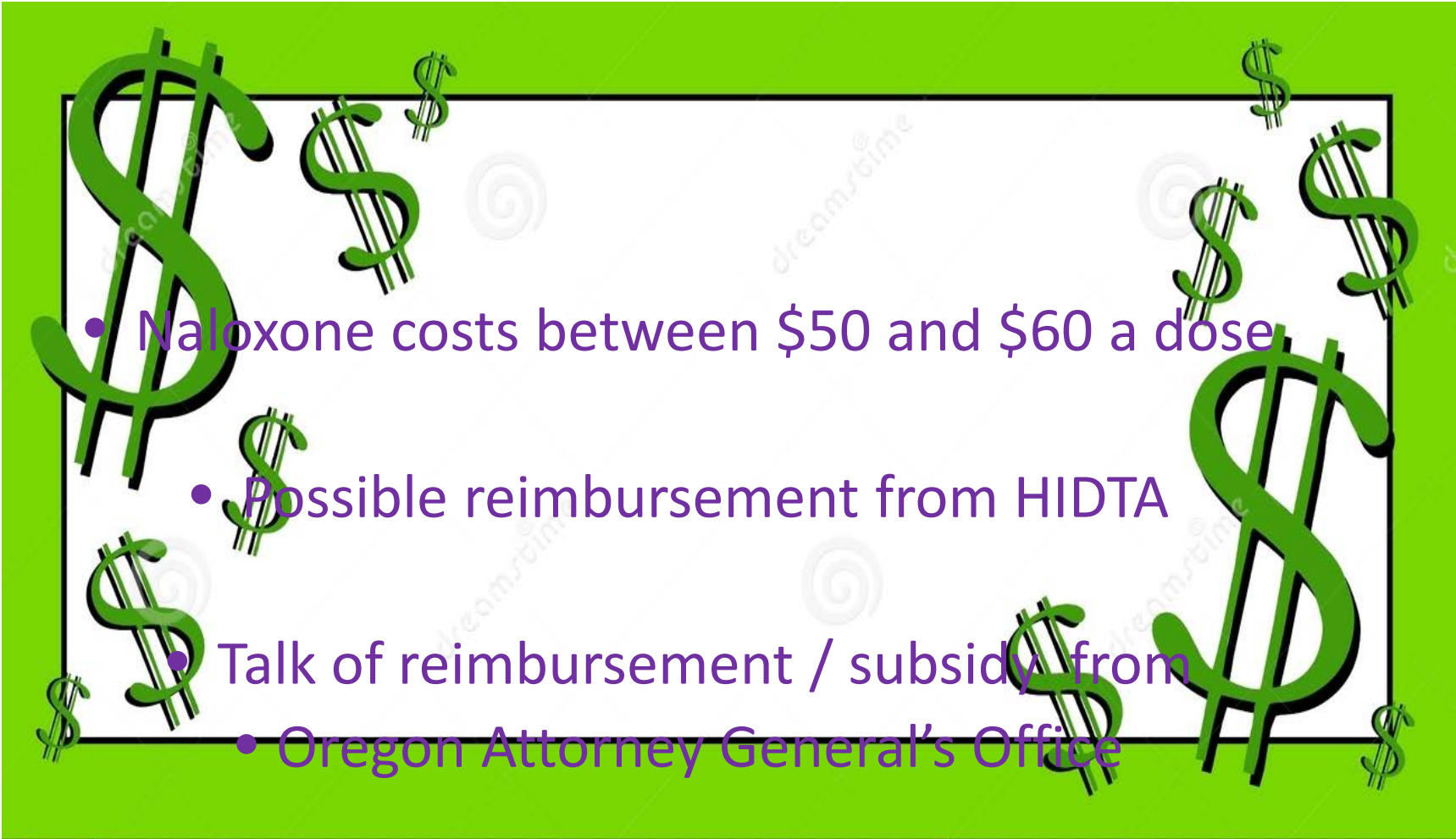
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

How do we do it?

- Stored in patrol vehicles / Issued to Investigators



How do we pay for it?

- 
- Naloxone costs between \$50 and \$60 a dose
 - Possible reimbursement from HIDTA
 - Talk of reimbursement / subsidy from
 - Oregon Attorney General's Office

Medford PD Deployment

- **February 2015 department fully trained**

- First deployment on March 9th, 2015
- Since program was initiated we have had a total of 9 deployments
- 8 of 9 had desired effect
 - the one without desired effect nothing was observed, until IV therapy/intervention

