IMPORTANCE OF OVERDOSE REVERSAL REPORTING

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IMPORTANCE OF OVERDOSE REVERSAL REPORTING

More than 20 studies looking at OEND
Most focus on feasibility
Many report on overdose reversals
Most report overdose reversals by number of kit distributed
  • Based on interviews of returnees
  • Questionnaires via postcards
  • Limitations
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Research paper

“I felt like a superhero”: The experience of responding to drug overdose among individuals trained in overdose prevention

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Recruitment and eligibility

Recruitment occurred between December 2008 and March 2010. We used convenience sampling at the SEP sites to enroll both persons who had received OPP training and untrained persons. The study interviewer approached potential participants in the waiting areas of the two programmes and used a brief screening survey to determine eligibility, based on the following criteria: aged ≥18 years, self-reported injection drug use in the past 30 days, enrolled as a client of either SEP, and witnessed an overdose within the last 12 months. Among trained participants, the witnessed overdose had to have occurred after receiving overdose prevention training (training status and date of training was confirmed using programme records). We recruited a total of 106 participants (76 untrained, 30 trained). We conducted this analysis using qualitative data from the 30 trained participants who, by design, had all witnessed an overdose and responded in some way since being trained. The Institutional Review Board at Children’s Hospital Los Angeles approved all study procedures.

Data collection

lifetimes was 8.5 (IQR: 4–12; range: 2–100), while the median number of witnessed overdoses in which participants had tried to help was 5.5 (IQR: 3–10; range: 1–20). Ninety-three percent of respondents believed they had saved someone’s life by responding to an overdose.

Positive effects

Participants described a number of positive effects that were associated with being trained as an overdose responder and responding to overdoses. Most used words such as “inevitable” to explain the experience of witnessing overdose in their everyday lives. They attributed this to a sense that drug overdose is a “normal” part of the life of a drug user. After being trained in overdose prevention, however, respondents expressed a new sense of confidence in their ability to deal with the frequent overdoses that they witnessed. Some also experienced a sense of heroism after using their skills to save an overdose victim. And, many noted that others recognized their new expertise, which re-enforced their new role as an “overdose responder” in the community.
Overdose Prevention and Naloxone Prescription for Opioid Users in San Francisco

Lauren Enteen, Joanna Bauer, Rachel McLean, Eliza Wheeler, Emalie Huriaux, Alex H. Kral, and Joshua D. Bamberger

Participants who receive refills following naloxone administration complete a brief interview with DOPE Project staff. The standard questionnaire captures information about to whom naloxone was administered (e.g., “girlfriend,” “spouse,” “friend,” “stranger,” “self”), and whether participants used other prevention strategies covered in DOPE Project training: sternum rub; awaken victims; call emergency services; rescue breathing; waited with them. Participants are
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Different approach in Maryland

Maryland ORP curriculum incorporated poison center services. Why?

- 24/7
- Real time (as close to the event as possible)
- Centralized
- State-wide
- Electronic reporting capability
- CAPACITY FOR FOLLOW UP
  - 2-3 telephone follow ups if victim is seen in ED & discharged
  - Multiple follow ups if victim hospitalized
  - Follow up with OCME
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Bystander Naloxone Calls to Maryland Poison Center

Sunday August 10, 2014 through Saturday August 16, 2014

Results

0 Call(s) to the Maryland Poison Center
0 Naloxone Administration Exposure Call(s)
0 Naloxone Drug Information Call(s)
# Results

6 Call(s) to the Maryland Poison Center  
6 Naloxone Administration Exposure Call(s)  
0 Naloxone Drug Information Call(s)

## Administration Exposure Call(s)

<table>
<thead>
<tr>
<th>Caller:</th>
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</table>
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12 month review
38 cases
Calls placed within 1-2 hours of event
Median age 29 years
66% males
Places of occurrence:
  • 28 home
  • 5 public places (one high school)
  • 3 car
  • 1 shelter
  • 1 recovery house
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36/38 police-administered naloxone
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Reason for exposure:

• 33 use/abuse
• 3 unknown
• 2 suicide attempts
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Median dose of naloxone: 2 mg
Route of administration: INTRANASAL
Overall response rate 81%
- 87% in heroin users
- 73% in non-heroin users (Rx opioids, 1 baclofen, 1 synth cannab)
Figure 1. Outcomes associated with bystander administration of naloxone to 38 persons suspected of opioid overdose.

38 overdoses by narrative who received bystander naloxone

23 heroin overdoses by narrative

- 20 (86.9%) responded to bystander-NLX
  - 1 responded to NLX via EMS/ED & T&R from ED
  - 1 intubated & admitted ICU
- 2 (8.6%) failed to respond to bystander-NLX
- 1 equivocal response to NLX

15 non-heroin overdoses by narrative

- 11 (73.3%) responded to bystander-NLX
  - 4 (26.6%) failed to respond to bystander-NLX

- 5 NLX via EMS/ED
- 4 NLX via EMS/ED

- 8 refused transport
- 6 T&R from ED
- 1 left ED AMA

- 7 refused transport
- 4 T&R from ED
- 1 admitted psychiatry
- 1 intubated & admitted ICU

NLX: naloxone; EMS: emergency medical services; ED: emergency department; T&R: treated and released; ICU: intensive care unit; AMA: against medical advice; SC: synthetic cannabinoids; COD: cause of death.
23 heroin overdoses by narrative

- 20 (86.9%) responded to bystander- 
  NLX
  - 1 responded to 
    NLX via EMS/ED & 
    T&R from ED
  - 1 Intubated & 
    admitted ICU
- 2 (8.6%) failed to respond to 
  bystander- 
  NLX
  - Responded to NLX 
    via EMS & T&R 
    from ED
- 1 equivocal 
  response to 
  NLX

- 15 received no more NLX
  - 8 refused transport
  - 6 T&R from ED
  - 1 left ED AMA

- 5 NLX via EMS/ED
  - 3 T&R from 
    ED
  - 2 NLX 
    infusion & 
    admitted 
    ICU (both had co- 
    exposures)
15 non-heroin overdoses by narrative

11 (73.3%) responded to bystander-NLX

4 (26.6%) failed to respond to bystander-NLX

7 received no more NLX

- 2 refused transport
- 4 T&R from ED
- 1 admitted psychiatry

4 NLX via EMS/ED

4 intubated & admitted ICU

2 responded to NLX via EMS/ED & T&R from ED

1 never responded T&R with diagnosis SC overdose

1 dead @ scene. COD: methadone and alprazolam intoxication
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A second (or third) dose of naloxone was administered in:

- 30% of heroin overdoses
- 40% of non-heroin overdoses

Adverse effects: 1 agitation
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Anecdotes

High school
Shopping mall
Shared between EMS/police
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Summary

Naloxone is safe

Naloxone may be re-administered

Naloxone is effective with overall response rate of 81%
  • 87% in heroin users
  • 73% in non-heroin

Future....
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