




Preventing Fatal Opioid Overdose Among Injection Drug Users

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I have no relevant financial
interests to disclose for this
presentation.

ARCW Injection Drug User Programs

- ▶ Clean Needle Exchange (1994)
- ▶ Intensive Outpatient (1998)
- ▶ Preventing Fatal OD (2005)

Working Definition of Harm Reduction

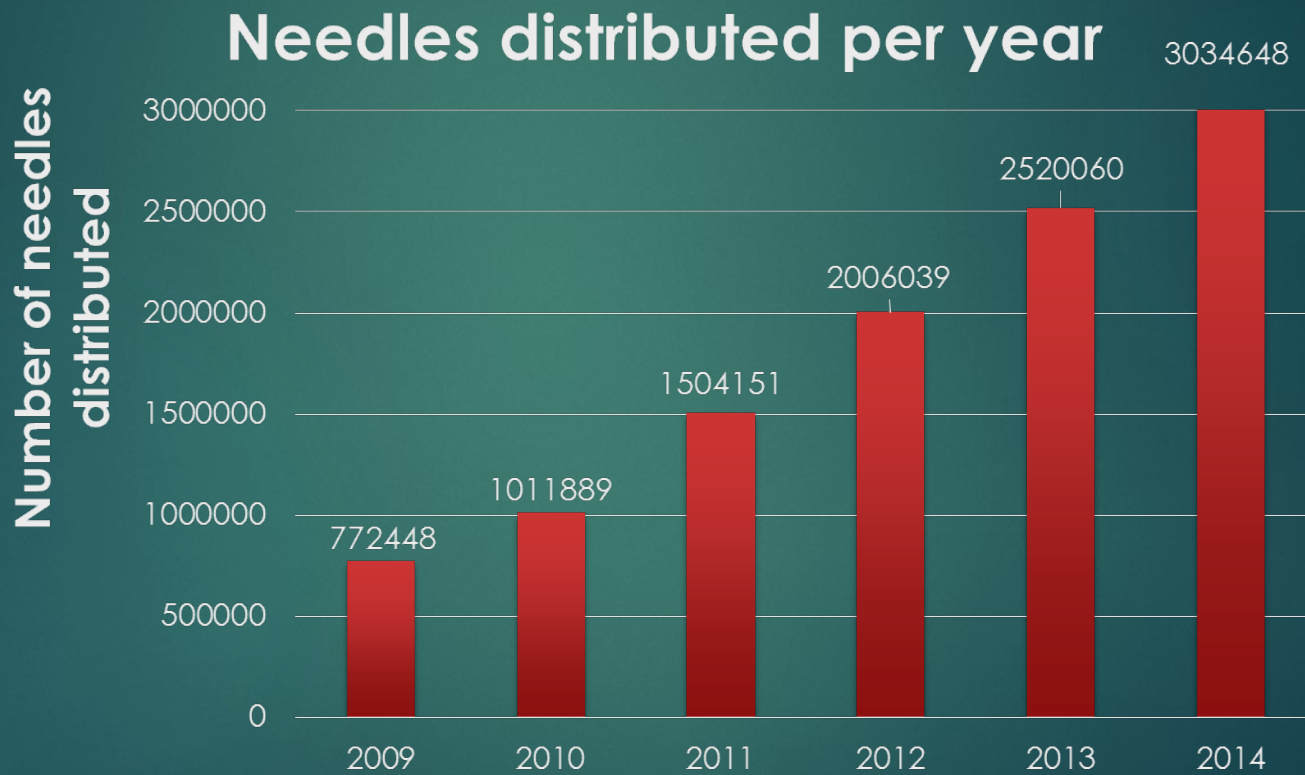
A set of practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities.

Key Principles



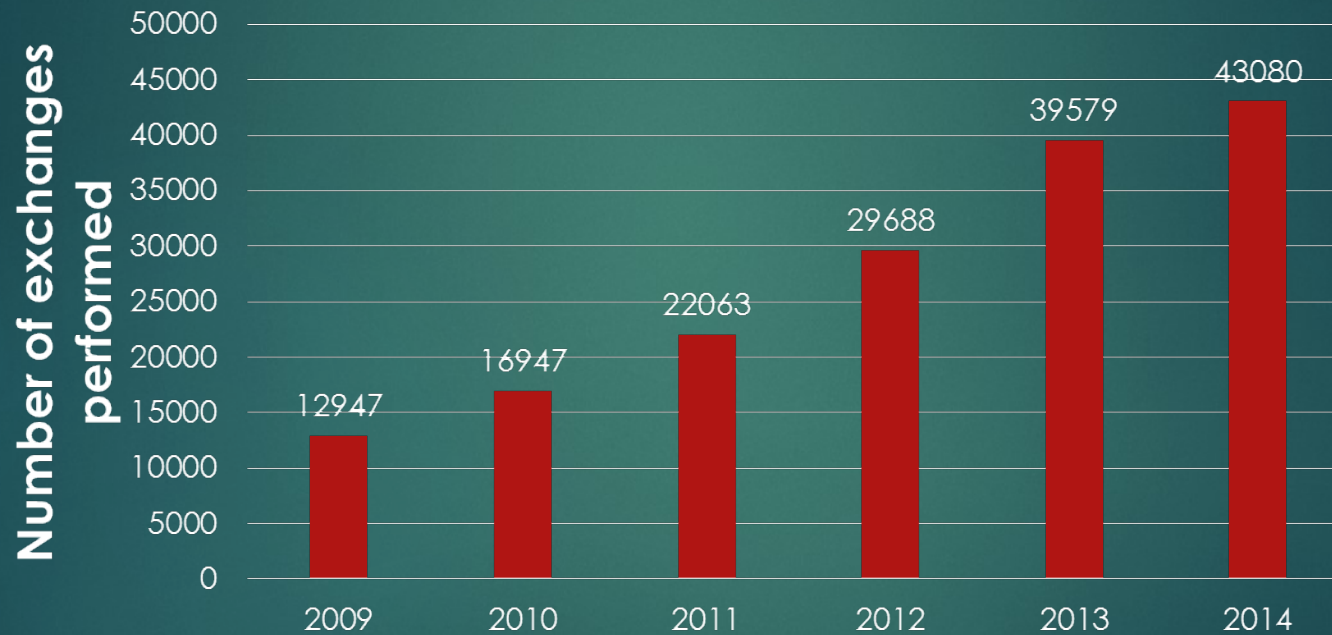
- **Ensures** that people who use drugs have a real voice in the creation of programs.
- **Affirms** people who use drugs are the primary agents of change.
- **Empowers** communities to share information and support each other

Sterile Injection Equipment Distributed



Syringe Exchange Transactions

Exchanges per year



Preventing Fatal Opiate Overdose

- ▶ 85% of all overdoses are witnessed
- ▶ Active drug users will respond
- ▶ Naloxone (Narcan) reverses an overdose

How Do We Respond to an Overdose?

- ▶ Stimulate – can they be awakened
- ▶ Call 911
- ▶ Airway
- ▶ Rescue Breathing
- ▶ Evaluate
- ▶ Muscular Injection
- ▶ Evaluate & Support

ARCW's Impact 2014

- ▶ 2,072 People Trained
- ▶ 1,038 Peer Rescues Reported
- ▶ 215 Facilitated Referrals to Treatment

Still A Long Way To Go



- ▶ Expand Training
 - Parents/Family/Friends
 - Corrections & Treatment Facilities
- ▶ 911 Good Samaritan Law
 - Expand Immunity to OD Victims
- ▶ Naloxone Shortage/Price Gouging

Acknowledgements



- ❖ Doug Nelson Past ARCW CEO
- ❖ Mike Gifford Current ARCW CEO
- ❖ Dr. Randy Brown Medical Director

SCAODA 911 Good Samaritan Ad Hoc Group

- ▶ The group consisted of stakeholders from:
 - ▶ UW Center for Addictive Disorders
 - ▶ Public Health Madison & Dane County
 - ▶ AIDS Resource Center of Wisconsin
 - ▶ Winnebago County Coroner
 - ▶ Center for Urban Population Health
 - ▶ Madison Police Department
 - ▶ Waukesha County District Attorney's Office
 - ▶ Wisconsin Department of Justice
 - ▶ Connections Counseling
 - ▶ Rosecrance Health Network

Charge to the 911 Good Samaritan Committee

- ▶ There is growing evidence that drug overdose deaths are increasing nationally and in Wisconsin. The increasing number of deaths caused by heroin and opiates, prescription drugs like OxyContin®, Vicodin® and morphine, is a major concern. Poisoning deaths have surpassed vehicle crashes as the number one cause of accidental death in Dane County and two-thirds of these poisoning deaths are drug overdoses. In recognition of this growing problem, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) established the 911 Good Samaritan Ad-hoc Committee in January 2012. The Ad-hoc Committee was charged with researching and discussing the incidence of opiate overdoses in Wisconsin and 911 Good Samaritan Laws as a tool to reduce fatal overdoses. The Ad-hoc Committee will report out on their findings and develop recommendations to SCAODA for possible legislation as it relates to overdose prevention.

Recommendations

- ▶ *Recommendation 1:* Draft a 911 Good Samaritan Law to meet Wisconsin's needs.
 - ▶ Language providing limited immunity from prosecution for possession to those who call for or receive medical assistance in an overdose situation.
 - ▶ Language providing deferred prosecution with the option of treatment for persons who call for or receive medical assistance in an overdose situation.
 - ▶ Language incorporating the provision of Screening Brief Intervention and Referral to Treatment (SBIRT) services for persons who call for or receive medical assistance in an overdose situation (see "Additional Recommendations", pg. 24 for more information on SBIRT).
 - ▶ Language providing individuals, acting in good faith, the legal right to receive, possess, or administer naloxone to an individual suffering from an apparent overdose
- ▶ *Recommendation 2:* Provide education and outreach regarding legislation to all stakeholders.

Recommendations

- ▶ *Recommendation 3:* Pass a 911 Good Samaritan Law that allows a person acting in good faith to receive a naloxone prescription, possess naloxone, or administer naloxone to an individual suffering from an apparent overdose without penalty.
- ▶ *Recommendation 4:* Adapt and deliver research-based educational materials and training curricula to paraprofessionals and others who may administer naloxone; e.g. police officers, fire fighters, non-paramedic EMTs.
- ▶ *Recommendation 5:* Train substance abuse treatment providers and their clients, including medication assisted treatment programs in overdose education and response.

Recommendations

- ▶ *Recommendation 6:* Provide education within correctional facilities in overdose prevention and reversal.
- ▶ *Recommendation 7:* Conduct surveys to gather information on public perception of current laws and practices as well as establishing factual accounts of emergency medical services and law enforcement practices related to life-saving calls for overdose assistance.
- ▶ *Recommendation 8:* Develop standards for reporting incidents of fatal overdoses such that reports are consistent across jurisdictions/departments and the presence of individual drugs is specified.

Recommendations

- ▶ *Recommendation 9:* Provide ongoing support for the monitoring of opioid overdoses and fatalities as well as other consequences that opiates have on the community at the state and county level.
- ▶ *Recommendation 10:* Create a workgroup to address the problem of heroin addiction.
- ▶ *Recommendation 11:* Increase access to substance use disorders (SUDs) and AODA treatment.
- ▶ *Recommendation 12:* Establish Drug Treatment Courts throughout the State.

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Questions?