Overdose follow-up interventions: 

After naloxone, what’s next?

Caleb Banta-Green
Alison Newman
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Stopoverdose.org
• This webinar is funded through the Washington State Division of Behavioral Health and Recovery

• The information here is not medical or legal advice. This webinar is for educational purposes only.
Moderators

Caleb Banta-Green
Principal Research Scientist
UW-ADAI

Alison Newman
Continuing Education Specialist
Center for Opioid Safety Education
UW-ADAI
Goal: Introduce the topic of overdose follow-up interventions and provide examples from Washington.

Overview of data around overdose in Washington

• What do we mean by overdose follow up interventions?
• Examples from Washington State:
  • David Doran, RN-Clallam County Public Health
  • Kurt Gordon-Tacoma Fire
  • Abe Gardner-Mason County Public Health
• Questions and discussion via chat
Overdose follow up interventions

• Naloxone only lasts 30-90 minutes.
• People could benefit from strategies to reduce their overdose risk and connect them to treatment and other resources to improve their overall health and well-being.
• Naloxone-6% reduction in deaths from overdose
• Buprenorphine-methadone reduce risk from death by overdose by 50%
Syringe exchange survey results - 2017

How interested are you in reducing or stopping your opioid use? (among opioid users not in drug treatment)

- Very interested: 51%
- Somewhat interested: 21%
- Not sure: 8%
- Not interested: 20%

These represent potential opportunities to engage people in steps to reduce their risk from dying by overdose.

In the last year among opioids users:

- Had an overdose: 19%
- Has used the ER: 60%
- Had been in jail or prison: 42%
- Had been in treatment or social support at some point: 48%
- Had received methadone, buprenorphine, or naltrexone: 31%
Referrals

• Work with community stakeholders to identify appropriate resources and referrals for overdose follow up.

• Identify what types of providers should be involved and bring them together:
  • Housing services
  • Syringe exchange
  • Drug treatment providers
  • Public Health
  • Opioid treatment programs
  • Buprenorphine prescribers
  • Others?
Continuum of care for opioid misuse

**Prevent**
- Inappropriate initiation of opioids

**Treat**
- Opioid use disorder

**Manage**
- Pain & opioids safely

**Improve function & Reduce morbidity & mortality**
- Overdose
- Infectious disease

**Death**

**Populations**
- General public
- Prescribers
- Patients
- Youth

**Interventions**

**Supply reduction**
- Law enforcement
- Prescribing practices
- Pain management practices
- Lock boxes
- Rx disposal
- Prescription Monitoring

**Demand reduction**
- Education
  - Health beliefs
  - Medication beliefs
  - Pain/Stress

**Settings**
- Medical care/Pharmacy
- Schools
- Homes

**Interventions**

- Opioid treatment meds
- Psychosocial
- Social/recovery support
- Health care/Pain management
- Complementary health
- Housing

**Settings**
- Medical
  - Clinic
  - Hospital/ER
- Community agencies
  - Public health
  - Social services
  - Homeless services
- Drug treatment programs
- Drug court
- Jail/Prison

**Interventions**

- Health care/Pain management
- Opioid treatment meds
- HIV/HCV treatment meds
- Housing
- OD ed./Naloxone
- Syringe exchange
- Safe consumption sites
- Good Samaritan Response

**Settings**
- Community agencies
  - Public health
  - Social services
  - Homeless services
- Medical
  - Clinic
  - Hospital/ER
  - Pharmacy
- Drug treatment programs
- Drug court
- Jail/Prison

Developed by Caleb Banta-Green
calebbg@uw.edu  02/01/18
Referrals

• Help someone get to the next step in their health and safety:
  • Naloxone kit and overdose education
  • Syringe exchange and clean injection supplies
  • Methadone, buprenorphine or naltrexone
  • Other drug treatment and social support
  • Primary care
  • Housing, other social services
National examples

• **AnchorED in Rhode Island**: a peer recovery coach visits someone in the ED or at home after an overdose.

• **Naloxone Plus in Illinois**: enhanced strategies for first responders and law enforcement to make referrals to treatment and support.

• **Post-Overdose Response Team (PORT) in Boston**: after an overdose team approach to connect people to care, harm reduction services, and referrals.
Clallam County Overdose Follow-up
• Before becoming a nurse worked at Graymarsh Dairy Farm in Sequim, and as a commercial fisherman.
• Registered Nurse since 1990.
• 2013 started working for Clallam County doing disease investigations and running syringe exchange.
• Started performing case investigations after opioid overdoses in 2016.
• Email: ddoran@co.clallam.wa.us
Clallam County

- Started naloxone distribution through the syringe services program in 2015.
- In 2016 became the first county in Washington to make fatal and non-fatal opioid overdoses a notifiable condition.
- We provide direct services after non-fatal overdose as part of our case investigation
  - Naloxone distribution
  - Referral to a chemical dependency profession
  - Notification of all prescribers of controlled substances by reviewing the PMP
  - Creating of a quarterly opioid dashboard for the community

Opioid overdose

REPORTING

A. Purpose of Reporting and Surveillance

1. To identify individuals who might benefit from receiving a naloxone kit to prevent future overdose events
2. To identify individuals for drug treatment counseling, at a time that they might be most receptive to initiating treatment
3. To collect timely information on opioid-related overdoses to assess the burden of the problem in our community, evaluate the impact of the naloxone distribution program, and establish baseline data to evaluate future intervention programs
4. To provide reliable data to other interested stakeholders in the community who are working to improve substance abuse prevention, treatment, and harm reduction

B. Legal Authority

1. WAC 246-101-505 (3) Each local health officer has the authority to: (d) Require the notification of additional conditions of public health importance occurring within the jurisdiction of the local health officer

C. Legal Reporting Requirements

1. To limit the burden of reporting as much as possible, notification will initially be required only of those health care entities most likely to see overdose victims including:
   - Olympic Medical Center Emergency Department
   - Forks Community Hospital Emergency Department
   - Clallam County Coroner
2. Time frame for reporting: notifiable to local health jurisdiction within 24 hours
## OPIOID OVERDOSE

**REPORT SOURCE**

**FAX WITHIN 24 HOURS OF RESPONSE TO:**
Clallam County Department of Health and Human Services – Public Health Section
360-452-4492
Attn: Public Health Nurse

**PATIENT INFORMATION**

Name (last, first) ____________________________  
Address_________________________________________  
City ____________________________  
Phone(s) ____________________________  
Alt contact ☐ Parent/guardian ☐ Spouse ☐ Other  
Name ____________________________  
Primary Health Care Provider name ____________________________  
Reporter Name ____________________________  
Hospital ____________________________  

**OVERDOSE DETAILS**

Date of overdose event _____/____/____  
Time of overdose event ____________________________  
Location ____________________________  
City ____________________________  
Suspect substance ____________________________  
Prescribed ☐ Yes ☐ No ☐ Unknown  

**FOR SUSPECTED OPIOIDS (check all that apply)**

☐ Lethargy or altered mental status  
☐ Decreased respiratory rate  
☐ Constricted pupils  
☐ Other Specify ____________________________  

Was naloxone used? ☐ Yes ☐ No ☐ Unknown  

Response to naloxone? ____________________________

**TOXICOLOGY SCREEN (check all that apply)**

☐ Not performed  
☐ THC/Marijuana  
☐ Cocaine  
☐ Opiates  
☐ Oxycodeone  
☐ Methamphetamine  
☐ Barbiturates  
☐ Benzodiazepines  
☐ Alcohol  
☐ Acetaminophen

**NOTES**
### CASE NAME:

**INVESTIGATION**
- Notification Date: __/__/__
- Reporter Name: ____________
- Reporter Affiliation: ____________
- Phone: ____________
- Date of Patient Contact: __/__/__

**DETAILS OF OVERDOSE EVENT**
- Drugs used by recipient at time of overdose (check all that apply):
  - Speedballs
  - Crack cocaine by itself
  - Heroin by itself
  - Powder cocaine by itself
  - Methadone
  - Methamphetamine by itself
  - Buprenorphine/Suboxone
  - Downers/Benzos
  - Alcohol
  - Rx. Pain Medications
  - Other: ____________

  Where did the overdose take place? (e.g., neighborhood, intersection): ____________

  Was this location:  
  - Private residence: ___  
  - On the street/outside: ___  
  - Commercial setting: ___  
  - In a shelter: ___  
  - Other: ___

  Was naloxone (e.g., Narcan or Evzio) administered before medical personnel arrived?  
  - Yes: ___  
  - No: ___  
  - Unk: ___

  If so, who administered the naloxone?  
  - Self: ___  
  - Friend/Acquaintance: ___  
  - Family member: ___  
  - Stranger: ___  
  - Unknown: ___  
  - Other: ____________

  How many doses of naloxone were administered?: ____________

  Where did the naloxone come from?  
  - SSP: ___  
  - Health care provider: ___  
  - Unknown: ___  
  - Other: ____________

**DRUG USING HISTORY**

**OUTCOME**
- Not transported to hospital: ___  
- Not needed: ___  
- Refused: ___  
- Transported to hospital: ___  
- Hospital name: ____________

- Evaluated in emergency department and released: ___  
- Hospitalized at least overnight: ___  
- Hospital name: ____________

- Admit date: __/__/__  
- Discharge date: __/__/__

- Died from overdose: ___  
- Death date: __/__/__  

- Autopsy?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

**PUBLIC HEALTH ACTIONS**
- Was patient contacted?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

- Was patient offered naloxone kit?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

- If yes, did patient accept?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

- Was patient told about Syringe Services Program?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

- Was patient told about SSP case management?:  
  - Yes: ___  
  - No: ___  
  - Unk: ___

**NOTES**
CLALLAM COUNTY HEALTH & HUMAN SERVICES (Syringe Services Program)

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: ____________________________  DOB: ____________

This Authorization for Release of Information shall enable Clallam County Health & Human Services/ Syringe Services Program to:

___ Request from or ___ Disclose to or ___ Mutually exchange my personal health information with the following:

Purpose of Request/Disclosure/Exchange:

<table>
<thead>
<tr>
<th>Reflections Counseling Services</th>
<th>Klallam Counseling Services</th>
<th>Trillium Treatment Center</th>
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<tbody>
<tr>
<td>3430 E Hwy 101</td>
<td>1026 E 1st St #2</td>
<td>528 W 8th St</td>
</tr>
<tr>
<td>Port Angeles, WA 98362</td>
<td>Port Angeles, WA 98362</td>
<td>Port Angeles, WA 98362</td>
</tr>
<tr>
<td>(360) 452-4062</td>
<td>(360) 452-4432</td>
<td>(360) 457-9200</td>
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<tr>
<th>Cedar Grove Counseling</th>
<th>Peninsula Behavioral Health</th>
<th>Olympic Personal Growth</th>
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<tr>
<td>221 N Race St</td>
<td>118 E 8th St</td>
<td>390 E Cedar St</td>
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<tr>
<td>Port Angeles, WA 98362</td>
<td>Port Angeles, WA 98362</td>
<td>Sequim, WA 98382</td>
</tr>
<tr>
<td>(360) 452-2443</td>
<td>(360) 457-0431</td>
<td>(360) 681-8463</td>
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<th>Specialty Services II – Inpatient</th>
<th>Peninsula Housing Authority</th>
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<td>825 E. 5th Street</td>
<td>825 E. 5th Street</td>
<td>114 E 6th St</td>
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<tr>
<td>Port Angeles, WA 98362</td>
<td>Port Angeles, WA 98362</td>
<td>Port Angeles, WA 98362</td>
</tr>
<tr>
<td>(360) 477-4795</td>
<td>(360) 477-4790</td>
<td>(360) 452-7631</td>
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</table>

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<thead>
<tr>
<th>Other _________________________</th>
<th>Other _________________________</th>
<th>Other _________________________</th>
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</thead>
</table>

I authorize* the following personal health information to be received or disclosed and I understand this disclosure may include mental health/psychiatric information, Intake, Treatment Plan & Level of Service, evaluations, test & summaries, Med Notes, medication & labs, drug/alcohol, HIV/AIDS/STD

Please describe specific health information or specific dates you wish to include or exclude: ____________________________
July 1, 2016

Dear Dr. XXXX

A patient under your care was recently diagnosed with an opioid overdose.

Patients name:
Date of overdose:

This is a form letter and does not speak to the specific nature of your patient’s opioid overdose which may or may not have involved prescribed medications.

Like much of the United States, Washington is experiencing an overdose crisis involving prescription opioids and heroin. As part of a comprehensive response to this epidemic, the Clallam County Board of Health requires “Opioid Overdoses” be reported as a notifiable condition to Clallam County Health and Human Services. We are using these opportunities to remind prescribers of a few guidelines to decrease the risk of harm to our patients.

No high-quality studies support the effectiveness of long-term opioid therapy (> 1 year) in improving pain, function, or quality of life in patients with non-cancer chronic pain. There is, however, growing evidence demonstrating substantial harm of long-term opioid use for many patients including an increased risk of overdose.

Studies suggest high-risk situations for overdose often involve:
Following up

Clallam County Opioid Surveillance Dashboard

The purpose of this Dashboard is to share current, relevant data to inform practice decisions and interventions. The Dashboard will be updated quarterly with new indicators and new data as available. The contents are organized in four sections: Adverse Outcomes, Treatment, Prescribing Practices, and Prevalence and Perceptions.

# Opioid Overdoses Reported to CCHHS

Available: 2016-

The OMC ED and Clallam County Coroner began reporting all opioid-related overdose events to CCHHS in December 2015.

62 overdoses were reported in 2016; 19 in first half 2017.

Fatal overdose: 12%

Where did overdoses occur?
- Port Angeles: 64%
- Sequim: 11%
- West End: 21%
- East/Sequim: 11%, 4 per 10,000
- Unknown: 4%

# Opioid Related Deaths (Clallam residents)

Available: 2010-

Death data are as reported on the death certificate and as determined from post-mortem toxicology results. WA State Dept. of Health releases preliminary data quarterly and should be interpreted with caution.

2015 By gender: 33% female; 67% male
2015 By age group:
2015 By location (zip code) of residence:
Tacoma Fire Department
CARES
• 17 years at Tacoma Fire Department
• 9 years as a firefighter paramedic
• Pioneered a naloxone leave-behind program at TFD that began on January 26th, 2018
• Partnering with Pierce County Jail to pilot opioid-related education to all inmates and distribute naloxone kits to some upon release from jail
• kgordon@cityoftacoma.org
• 253-961-0634 mobile
• Response area of 72 mi
• Over 225,000 citizens in response area
• 5 Medic Units
• Staffed with two firefighter paramedics
• 3 ALS Engines
• Staffed with two firefighter EMTs and one firefighter paramedic
• 17 BLS Engine & Ladder Companies
• Approx. 38,000 medical calls in 2017
• Estimated 282 possible opioid-related calls 2016 - present
Naloxone Kits

- Partnered with Point Defiance AIDS Project & Needle Exchange
- Project launched on January 26th, 2018
- Forecasted to distribute approx. 15 kits per month
- Kits given to patient after OD resuscitation
- Designed to be easily changed/modified based on needs and best practices
- Slim design – easy for patient to keep in backpack or purse
Naloxone Kits

- Information sheets from stopoverdose.org
- Two doses of nasal naloxone
- Phone number to reach Point Defiance AIDS Project for a kit refill
- Phone number to access follow-up care with “TFD CARES”
TFD Cares
Non-Emergency Medical Services

- Tacoma Fire Department
- Community
- Assistance
- Referral
- Education
- Service

- Managed and staffed by Tacoma Fire Department employees, not by an outside referral agency

TFD CARES is an expanded fire department service based on Washington State Legislation, RCW 35.21.930
• Coordination of care for patients, connecting them to needed services:
  • Physical Health
  • Chronic illnesses
  • Pharmacy services
  • Mental Health and Wellbeing
  • Substance Use Disorder
  • Social Health
  • Food
  • Transportation

• In 2017, TFD CARES achieved:
  • 94% reduction in ED use by individual users
  • 38% increase of referrals from the previous year
  • 97% reduction in 911-EMS
• Patient has choice to opt-in to TFD CARES program after OD resuscitation
• Patient provides phone number and signature
• Current goal to contact patient by phone within 24-72 hours
• Identify all health needs/wants
• Access to detox, inpatient & outpatient services, MAT referral, and other social services
• Patient able to call TFD CARES at any time to initiate services
• Phone number listed on naloxone kit
• All patient contact and support is done telephonically
• We keep in mind that the kit itself is not the magic bullet, instead it acts as the mechanism to help connect the patient to treatment and services
My Thoughts on Getting Started, Forecasting & Planning

• Get started, even if it is a small start
• Be willing to launch the program with the chance that it may not be 100% perfect
• Remain agile when it is not perfect
• Kit redesign?
• Ineffective distribution model?
• Keep a pulse on best-practices and trends
• Naloxone distribution from fire stations?
• Needle exchange at fire stations?
• Community Health Work / Community Paramedicine
• Unused medication collection by mailbag
• Mobile MAT?
• Network/collaborate with area partners and experts
Overdose Prevention Project

Mason County
Introduction

• D. Abraham Gardner
  • Mason County Community Services-Public Health
    • Community Health Program Assistant
    • Peer Recovery and Prevention Specialist
Mason County at a Glance

- County Population
  - 61,060 people, 2016 US Census
- Opioid related deaths from 2012-2016
  - 14.7 per 100,000 in Mason County
    - 2nd highest county rate
  - Compared to 9.6 per 100,000 in the state
Mason County Opioid Response

• Overarching Goal: Eliminate opiate overdose deaths
  • Through the following components
    • Prevention
    • Access to Treatment
    • Reduce Deaths
    • Use Data Wisely
Response Plan Includes

- Increase **awareness** and education about benefits of Naloxone
- Increase **access** to Naloxone
- Consider a public distribution program for Naloxone
- Keep track of non-fatal overdose
- Increase access to harm reduction information
- Establish support groups for families and friends of opioid users who are not in treatment
Overdose Reporting

• Mason County’s (MC) health officer, Diana Yu, M.D.
  • Overdose reportable in Mason County in 2016

• What does MC’s overdose reporting look like?
  • Hospital-obligated
  • First responders-willing community partners

• What does the flow of information look like?
  • Differs depending on reporting source
    • Hospital vs. First Responders
Overdose Follow-Up

• Follow-up is based upon reporting source
  • Nurses collect as much contact and/or medical information as possible about survivor and overdose situation

• Attempt direct contact with overdose survivor
  • Program Assistant initiates contact via call or text
  • Time frame dependent on survivor’s circumstances
Overdose Follow-Up

• How does MC’s program assistant frame the conversation?
  • Emphasis on survivor’s safety and ask if we can provide immediate harm reduction options i.e. naloxone, medically assisted treatment (MAT) resources, etc.
  • Small number of cases where referrals to local recovery services have been provided.
Challenges

- Standardize overdose reporting
- Consistent access to a central location for workshops/education/naloxone distribution
- Effective overdose follow-up protocol
- Acquiring overdose reports from first responders
Contact Information

D. Abraham Gardner
agardner@co.mason.wa.us
360.427.9670 ext. 131
360.463.2238 (Work Cell)

Mason County’s Overdose Prevention Project is funded by the Washington State Department of Health
Discussion via chat

- Questions for presenters
- What other topic areas related to this are of interest?
- Are there other programs we should highlight for future webinars?
• To learn more check out stopoverdose.org
• To join our listserve, email info@stopoverdose.org
• Other questions call or email Alison at:

  alison26@uw.edu
  206-685-5632

Thank you!