

# 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

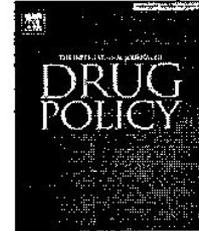
# IMPORTANCE OF OVERDOSE REVERSAL REPORTING



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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  $\geq 18$  years, self-reported injection drug use in the past 30 days, enrolled as a client of either SEP, and witnessed an overdose within the past 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 Hurliaux, 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

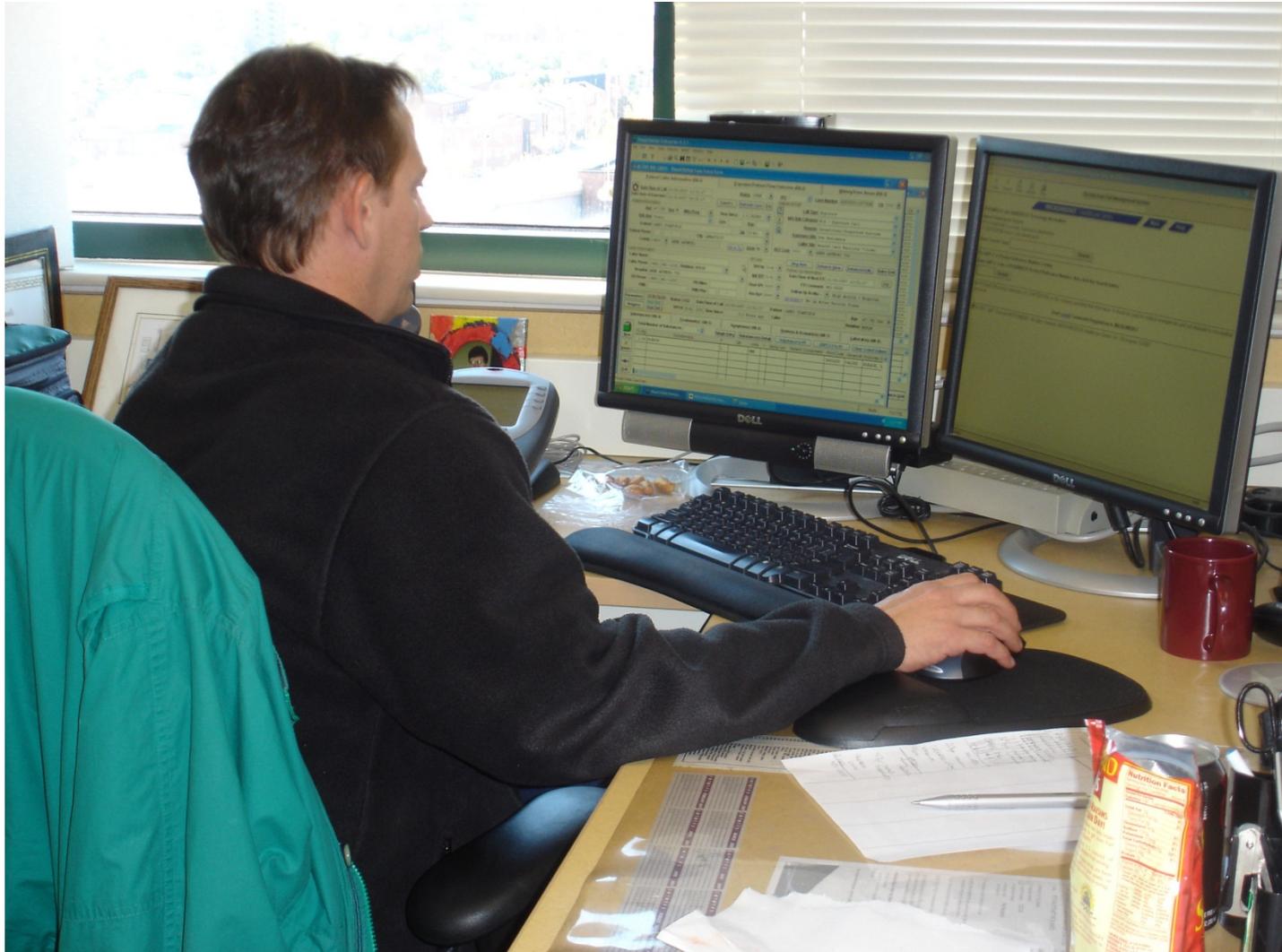
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## **Different approach in Maryland**

**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

# IMPORTANCE OF OVERDOSE REVERSAL REPORTING



\*\*\* Internal MPC Use Only \*\*\*  
Maryland Overdose Response Program (ORP)  
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)

Sunday August 2, 2015 through Saturday August 8, 2015

**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)**

Caller: NURSE	Date: 08/02/2015	Age: 28 YR	County: SAINT MARY'S	Substance(s) FENTANYL
Caller: NURSE	Date: 08/04/2015	Age: 68 YR	County: BALTIMORE (CITY)	Substance(s) OTHER/UNKNOWN
Caller: POLICE	Date: 08/05/2015	Age: 36 YR	County: ANNE ARUNDEL	Substance(s) HEROIN COCAINE ETHANOL: BEVERAGE
Caller: POLICE	Date: 08/06/2015	Age: 27 YR	County: HARFORD	Substance(s) OTHER/UNKNOWN
Caller: POLICE	Date: 08/07/2015	Age: 60 YR	County: CARROLL	Substance(s) OTHER/UNKNOWN

# IMPORTANCE OF OVERDOSE REVERSAL REPORTING

**12 month review**

**38 cases**

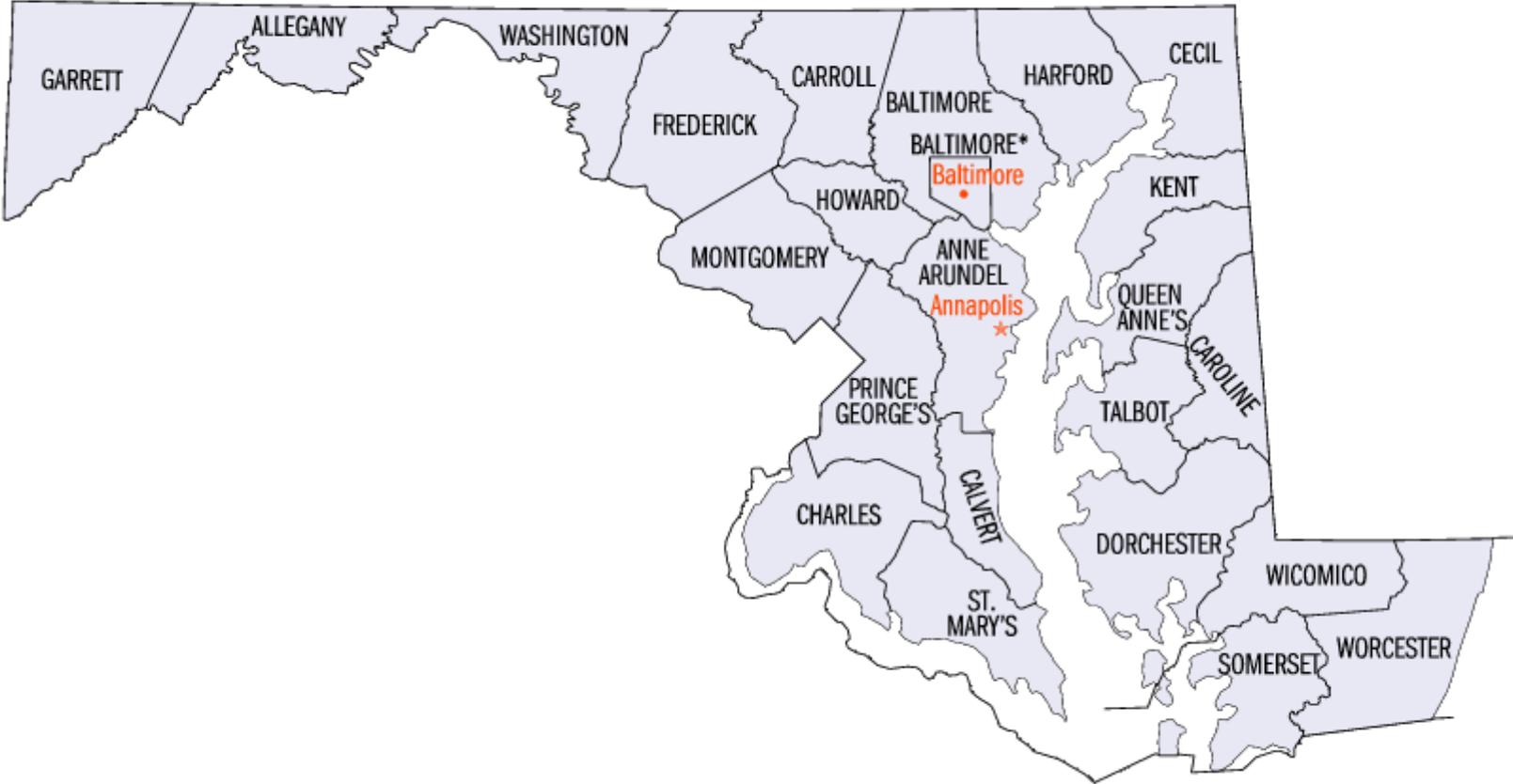
**Calls placed within 1-2 hours of event**

**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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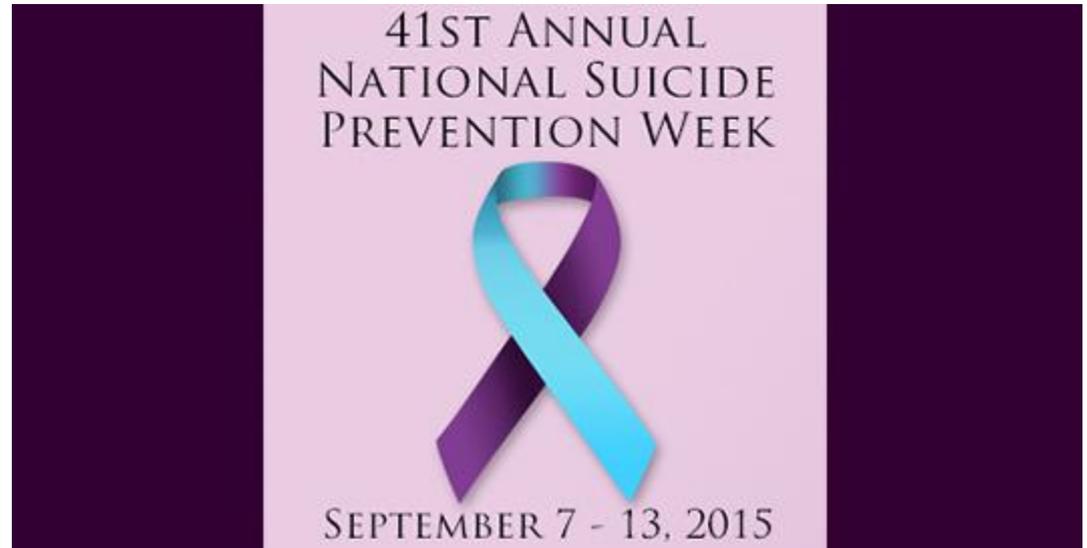
**36/38 police-administered naloxone**



# IMPORTANCE OF OVERDOSE REVERSAL REPORTING

## Reason for exposure:

- 33 use/abuse
- 3 unknown
- 2 suicide attempts



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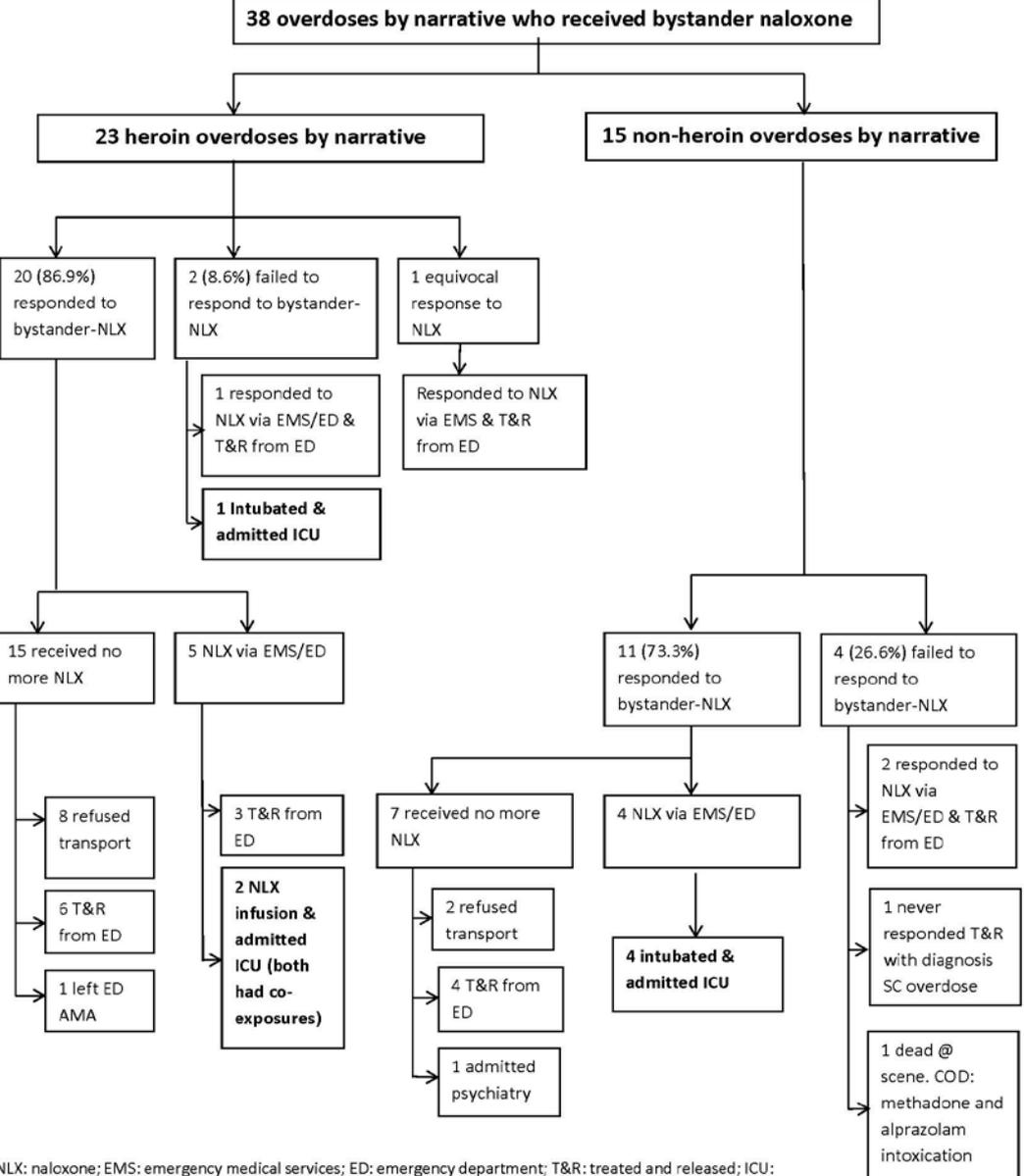
**Median dose of naloxone: 2 mg**

**Route of administration: INTRANASAL**

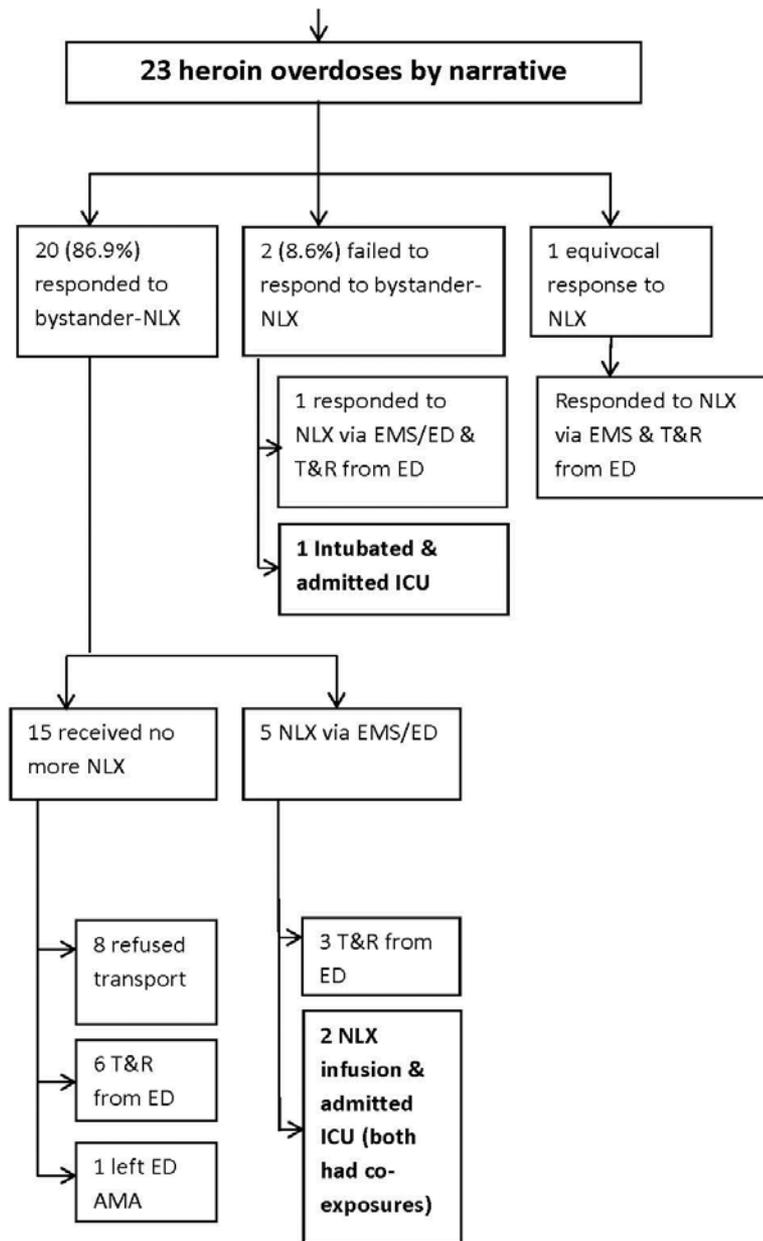
**Overall response rate 81%**

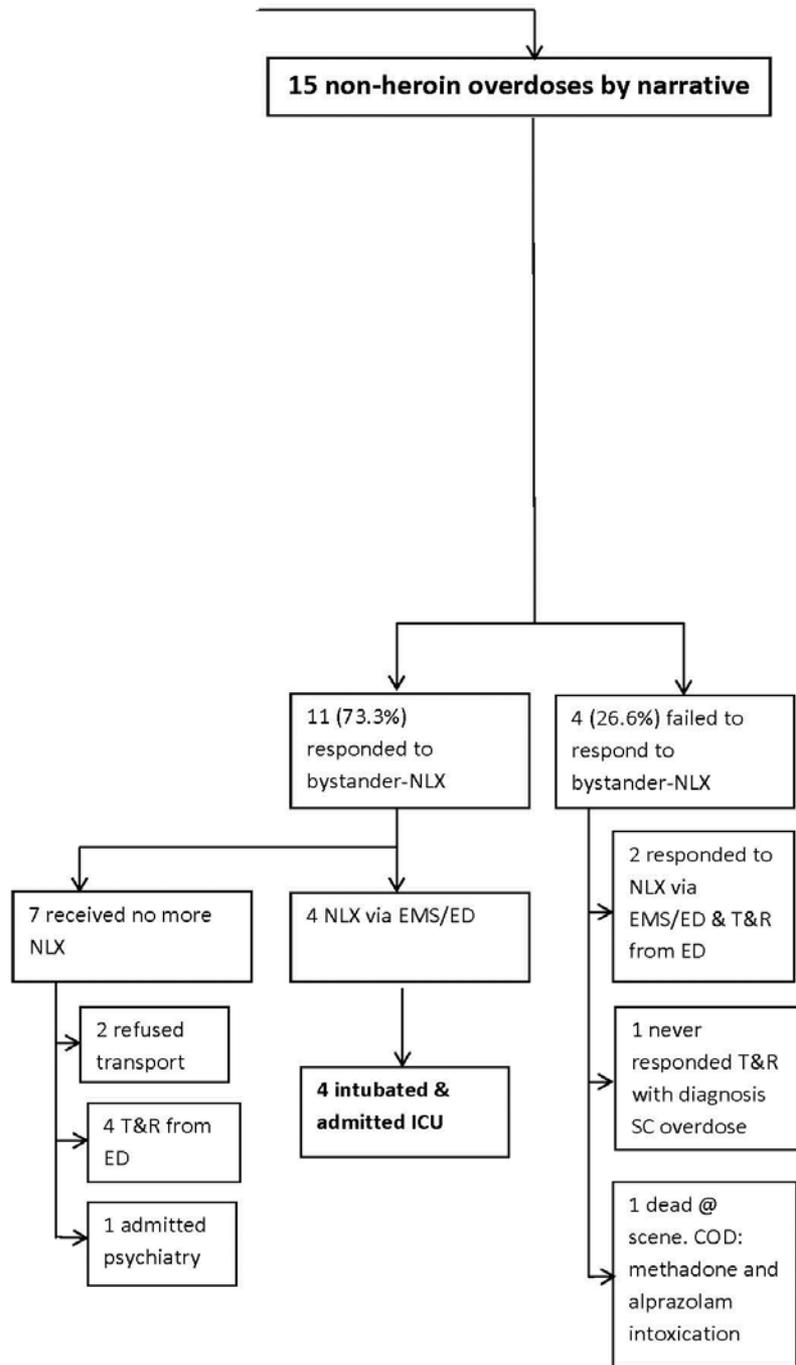
- 87% in heroin users
- 73% in non-heroin users (Rx opioids, 1 baclofen, 1 synth cannab)

Figure 1. Outcomes associated with bystander administration of naloxone to 38 persons suspected of opioid overdose.



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;





# IMPORTANCE OF OVERDOSE REVERSAL REPORTING

**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**

# IMPORTANCE OF OVERDOSE REVERSAL REPORTING

## 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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