

Intervening Factors: Overdose Prevention Project May 2, 2007

Prevention Point Pittsburgh

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The Overdose Prevention Project is a project of Prevention Point Pittsburgh, the needle exchange program for Allegheny County. Prevention Point has been in existence since 1995, providing sterile syringes to injection drug users to prevent the spread of blood-borne disease such as HIV and Hepatitis C as well as providing other services to reduce drug related harm.

The Overdose Prevention Project was started in 2002 through an initial grant from the Tides Foundation, in response to the alarming increase in overdose deaths in Allegheny County. As we heard more and more routinely of deaths and near deaths from overdose, we saw that data from the Medical Examiner's office confirmed the dramatic rise in overdose in Allegheny County.

The Project is one of 2 programs in Pennsylvania, specifically providing overdose prevention services, the other program was started in Philadelphia in 2005, based on the model used here in Pittsburgh.

Overdose deaths have increased across the nation, however the rate of increase has been higher here than in the U.S. as a whole. Between 1999 – 2004, overdose deaths increased by 62% nationally, compared to a 97% increase for the same period in Allegheny County.

Overdose Prevention Task Force

Including representatives from:

- Law enforcement
- Corrections
- Emergency Medical Services
- Drug Treatment and Mental Health Services
- Medical Professionals
- Human Services
- Needle Exchange

With the goal of developing practical strategies for curtailing the rising number of deaths, in 2003, the Overdose Prevention Project facilitated the establishment of the Overdose Prevention Task Force, including representatives from law enforcement, corrections, emergency medical services, drug treatment and mental health providers, medical professionals, human services, and the needle exchange program.

Overdose Prevention Task Force

To discuss and explore options for reducing overdose fatalities, including:

- Teaching people who use drugs how to prevent and respond to overdose
- Reducing obstacles to calling 911
- Making naloxone directly accessible to individuals who use drugs and are most often present when overdoses occur

The Task Force looked at local overdose statistics, shared information on existing protocols for responding to overdose emergencies, and identified obstacles that drug users perceive to calling 911.

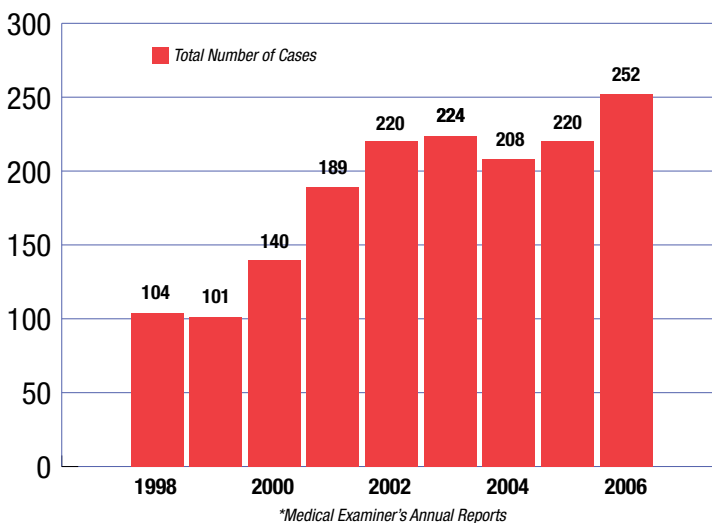
With input from Task Force members, especially Pittsburgh City EMS, the ODP Project developed a curriculum on Overdose Prevention & Response to provide training to individuals likely to be at risk of overdose themselves and individuals who might be likely to be present at the scene of an overdose and in a position to save someone's life.

Because data indicated that 75% of overdose deaths were related to heroin. So, the project focused on providing information to heroin users.

Studies on overdose indicate that while people who die of overdose are often found alone, they are generally NOT alone when they overdose, there is time and opportunity for others to intervene. Therefore trainings also targeted individuals likely to be present at the scene of an overdose.

Trainings were implemented in the summer of 2003, in the County Jail, at local methadone treatment programs, the needle exchange, and other programs that provide services to individuals who might be at risk, as well as with staff of various agencies, including social workers, nurses, medical students and residents and other staff of agencies providing services to drug users.

Total Number of Accidental Drug Overdose Deaths in Allegheny County, 1998–2006*



Between 1998 and 2002, overdose deaths in Allegheny County doubled.

Overdose Prevention Project

Developed Curriculum on Overdose Prevention & Response

- Over 6,500 individuals trained to date
- Allegheny County Jail – Over 4,500 inmates trained to date

Trainings include:

- **Risk Factors:** How to Reduce the Risk of Overdose
- **Symptoms:** How to Identify Overdose
- **Dangerous/Ineffective practices** (ice, saline injection)
- **Instruction and Demonstration** of Rescue Breathing
- **Calling 911:** When to Call/What to Expect
- **Naloxone: What is it?** How and When to Use It.
Where Can You Get It?

Pre/Post Test Evaluation indicates 250% knowledge gain
Anecdotal Reports on Successful Use of Training Information

Trainings have been extremely well received. To date over 6,500 individuals have been trained, including about 4,700 inmates in the County Jail.

The program in the jail is seen as model program, nationally. We have been asked to present on this program at national conferences and the program is now being emulated in other parts of the country.

Trainings include information on Factors that Increase Risk of Overdose ; Identifying Symptoms of an overdose, dispelling dangerous/ineffective myths about what to do in case of an overdose; and instruction on Rescue Breathing; what to expect in calling 911 and information about naloxone.

Pre/Post Test Eval indicates 250% increase in knowledge, but more significant are the stories we have heard – the man came up to me after a training to say “if I would have had this training a year ago, I think my daughter would be alive today.”

Another “ I had this training a year ago when I was in jail, last week my girlfriend overdosed and I knew just what to do....I saved her and she is alive because of what I learned.”

Why Are People Dying?

- Overdose Deaths are preventable
- Naloxone
- Safe, reliable antidote to opiate overdose
- Pittsburgh EMS
- 2-3 calls per day involving drug overdoses
- 911 and fear of arrest

Overdose deaths in Allegheny County, and throughout the U.S., primarily involve some opiates such as heroin and other types of opiates or synthetic opiates.

Naloxone, more commonly known by the brand name, Narcan, is the antidote to opiate overdose, routinely used by paramedics to reverse the effects of opiate overdose. Naloxone is extremely safe, one of the few medications that has virtually no side effects, and extremely effective. In the city of Pittsburgh, EMS typically responds to 2-3 OD calls a day and they save a lot of lives.
So, if we have an antidote, why are people dying?

Deaths often occur because people don't call 911 or delay in calling 911 because of fear of police involvement.

Based on surveys at the needle exchange in Pittsburgh, individuals who have witnessed an overdose, report calling 911 only about 1/3 of the time.

- Of 258 overdose deaths in 2006, 182 involved at least one substance whose effects are reversible with naloxone administration.
- How many of these lives could have been saved by administering naloxone?

Because naloxone is so safe and effective, programs have been initiated in a number of cities, counties, and states to provide naloxone on a prophylactic basis to individuals who use opiates and may be at risk of overdose.

In collaboration with other members of the Overdose Prevention Task Force, Prevention Point established a Naloxone Prescription Program in July of 2005, based on successful models used in Chicago, Baltimore, and New Mexico.

Individuals are trained in Overdose Prevention & Response with specific instruction in how to administer naloxone. Volunteer physicians prescribe and dispense naloxone through this program at Prevention Point's Oakland Needle Exchange site.

Overdose Prevention Project Naloxone Prescription Program

- Between July 2005 - April 1, 2008, 336 individuals received naloxone, prescribed and dispensed by a physician.
- These 336 individuals reported witnessing 1,586 overdoses in the course of their lives and 110 deaths.
- 911 was called only 33% of the time.
- Between July 2005 - April 1, 2008, 336 individuals received naloxone, prescribed and dispensed by a physician.
- These 336 individuals reported witnessing 1,586 overdoses in the course of their lives and 110 deaths.
- 911 was called only 33% of the time.

Success of Naloxone Program

Survey of program participants who used naloxone (n=173)

- 172 reported successful use of naloxone
- One death reported – suspected suicide
- 90 reported performing rescue breathing, in addition to naloxone administration (61%).
- Evaluation of program found no increase in drug use among program participants as a result of having naloxone
- Out of 153 cases where 911 was not called, 95 (72%) gave the reason for not calling 911 as “fear of police involvement.”

We have received first hand reports of 172 successful overdose reversals using naloxone obtained through this program.

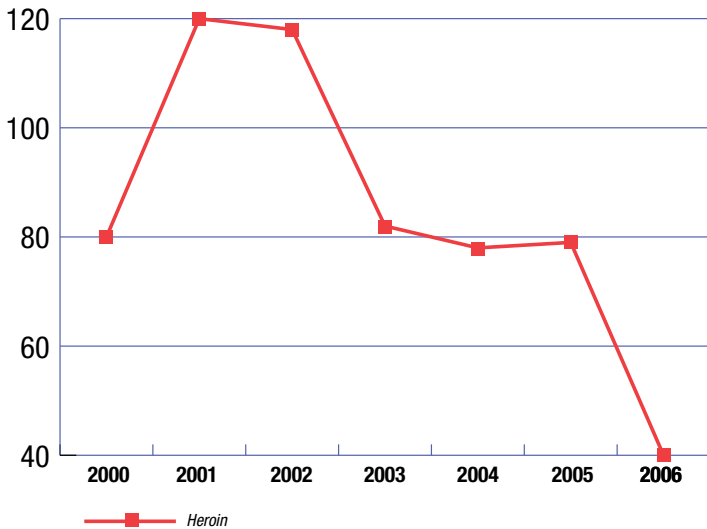
One death has been reported, a suspected suicide.

An Evaluation of the Project conducted by Eric Hulsey, Ph.D., Graduate School of Public Health, University of Pittsburgh, found no increase in drug use as a result of having naloxone.

72% of the cases where 911 was not called gave the reason as fear of police involvement, the second most common reason involved fear of stigma associated with drug use

With 172 reversals among 336 individual who were given naloxone, Pittsburgh has an extremely high ratio of reports of use of naloxone compared to other cities. Other programs report a 10-25% rate of use, while we are seeing around 50% here.

Allegheny County Accidental Drug Overdose Deaths Involving Heroin, Alone or in Combination With Other Drugs 2000-2006



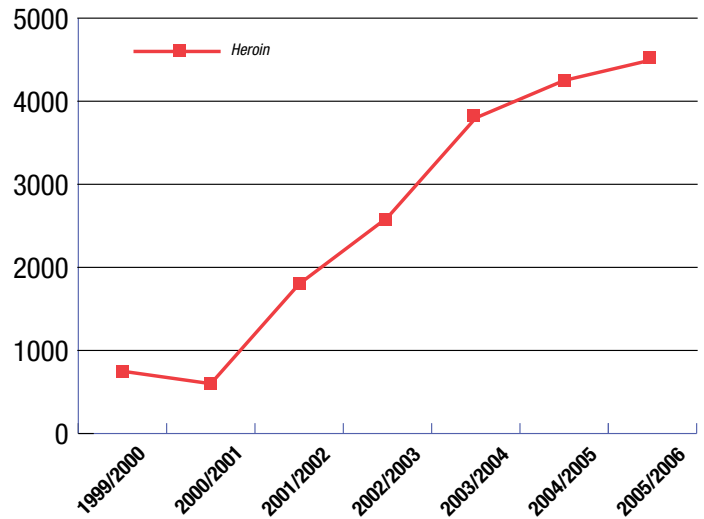
Again, prior to the establishment of the ODP Project, 75% of overdose deaths in Allegheny County involved heroin. Therefore the Overdose Prevention Project focused efforts on reaching heroin users.

With the implementation of the Project in 2003, we began to see a decline in heroin-related overdose deaths, this decline has continued, with a significant drop since the beginning of the Naloxone Prescription Program in 2005.

In fact, by 2006, heroin was involved in only 16% of overdose deaths in Allegheny County.

Heroin Use in Allegheny County by Fiscal Year

* Data from Pennsylvania Department of Health



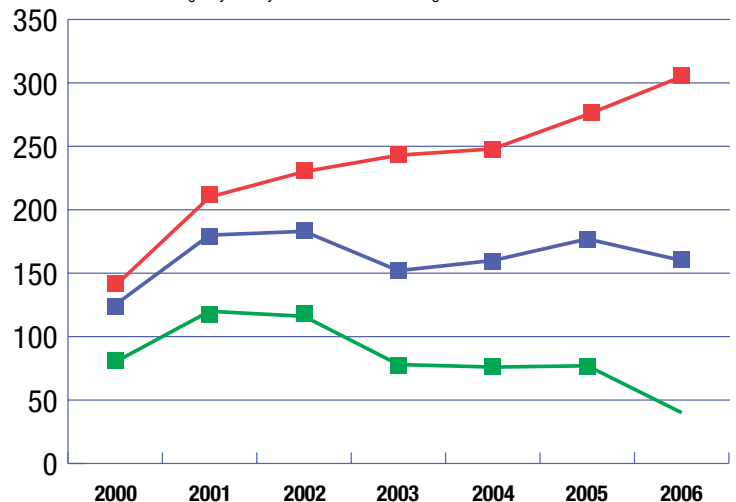
According to data available from the Pennsylvania Department of Health, the reduction in heroin related overdose deaths in Allegheny County does NOT appear to be a result of decreased USE of heroin.

In fact, this data indicates an INCREASE in heroin use in Allegheny County over the past 6 years.

Despite reports of increasing heroin use, heroin users are dying less frequently from overdose. With over 6,500 individuals trained in Overdose Prevention and Response and 336 individuals received naloxone, it appears that we have been successful in our efforts to provide overdose prevention tools and information to this population.

But Overdose Deaths Continue to Rise

Allegheny County Trends in Accidental Drug Overdose Deaths 2000-2006*

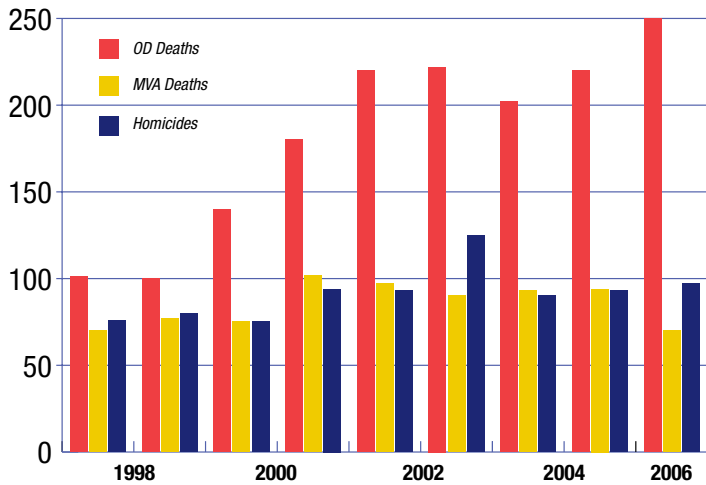


*Data is from Allegheny County Medical Examiners Annual Reports and includes all overdose deaths where these drugs were present at time of death, not necessarily cause of death.

Unfortunately, the reduction in overdose deaths involving heroin, has been overshadowed by a dramatic increase in overdose death from prescription opioids and the total number of overdose deaths has continued to climb.

In addition to prescribed opiates, in 2005/2006 we saw a dramatic spike in overdose deaths as a result of illegally manufactured Fentanyl throughout the Midwest and north-eastern U.S.

Overdose Deaths in Comparison With MVA Deaths and Homicides 1998-2006



In 2006, the Medical Examiner reported a total of 252 overdose deaths. Pittsburgh City EMS responded to 735 overdose calls, a 51% increase over 2005. County wide, EMS responded to 2,608 overdose calls in 2006.

At this point, more people are dying, annually of drug overdose in Allegheny County, than motor vehicle deaths and homicides COMBINED.

This increase in deaths from prescribed pain killers is consistent with national trends with the CDC reporting an increase in overdose deaths from opioid analgesics of 160% between 1999 and 2004.

During this time, 1000 deaths were attributed to illicitly manufactured Fentanyl, spurring an unusual collaborative effort in various parts of the country between law enforcement and public health organizations. Prevention Point began collaborating with a national working group of federal, state and local agencies that arose out of this crisis and continues to work to increase awareness of overdose as a significant public health risk.

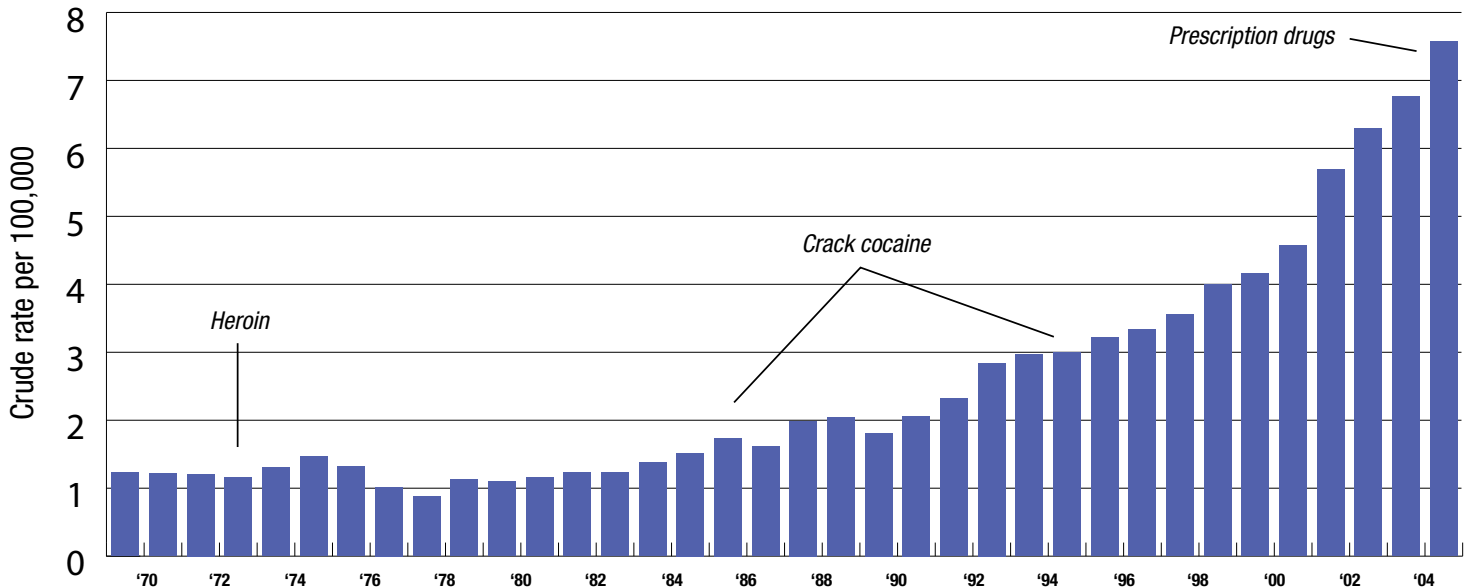
This collaborative effort is being promoted as a positive model for increasing effectiveness in addressing the problem of overdose in the future.

Meeting the Challenge

- Access to naloxone
- Clinics and physician practices
- Obstacles to calling 911
- Collaborate with Police and District Attorney
- Advocate for policy change
- Dissemination of ODP training
- ER staff and patient discharges

The Overdose Prevention Project is building on our success, developing strategies to make Overdose Prevention & Response education and naloxone accessible to prescription opiate users with equal effectiveness as our efforts to reach heroin users have shown.

Epidemics of Unintentional Drug Overdose Deaths in the United States, 1970-2005



These strategies include:

Increasing availability of naloxone through:

- Methadone clinics – WPIC recently began to include naloxone prescription as part of it's orientation process.
- Primary health care settings – The Birmingham Free Clinic is in the process of beginning to offer naloxone prescription to individuals who may be at risk for opiate overdose.
- Pain clinics and other settings where opiates are prescribed –we look forward to hearing this afternoon about North Carolina's efforts to implement naloxone prescribing as a routine measure when opiates are prescribed.

2.Reducing obstacles to calling 911 through collaboration with police and DA to reduce fear of arrest. Considering policy changes similar to those implemented in New Mexico with the 911 Good Samaritan Law. We look forward to hearing more about what may be possible on this front when Scott Burris presents later today. Increasing availability of information on Overdose Prevention and Response and possible naloxone prescribing in ER settings at the time of an overdose.

And we look forward to hearing other ideas and suggestions that will come out of the working groups this afternoon.

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