

Project D.A.W.N. (Deaths Avoided With Naloxone) Overdose Reversal Project



Ohio Drug Overdose Facts

- Drug overdoses have increased in Ohio by **372 percent** from 1999 to 2010.ⁱ
- Opioids, prescribed for the treatment of pain, are the main contributor to the increase in overdose fatalities. Prescription opioids such as (OxyContin®) and hydrocodone (Vicodin®) are involved in more overdose deaths than heroin and cocaine combined.ⁱⁱ
- In Scioto County, the fatal overdose rate is 2.2 times the state average.ⁱⁱⁱ
- Drug overdose fatalities cost Ohioans **\$4.9 million each year** in direct medical costs.^{iv}

What is Naloxone?

- Naloxone is a generic, low-cost, non-narcotic (i.e. non-habit forming) medication that blocks the brain cell receptors activated by opioids like oxycodone (e.g. OxyContin®), hydrocodone (Vicodin®) and heroin.
- It works within two to eight minutes to restore breathing, returning the victim to consciousness.
- It is a safe medication used by emergency medical professionals for 40 years that has one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent the ultimate adverse event, death.

Naloxone Distribution Programs

- In response to the growing overdose fatalities attributed to opioids, several states and localities have implemented Naloxone Distribution Programs (NDPs). NDPs provide overdose training and take-home doses of Naloxone, to be administered nasally or by muscular injection, to those who are deemed high-risk for an overdose.
- Since 1996, more than 53,000 individuals have been trained by NDPs resulting in more than 10,000 overdose reversals using Naloxone.^v
- As of November 2010, there were more than 194 sites where naloxone is being distributed in 15 states.^{vi}
- Under current Ohio law, **Naloxone can be legally prescribed/dispensed to a person at-risk for an overdose** and can be administered to an individual who possesses a valid prescription (similar to that of an epi-pen).^{vii}
- Six states have enacted legislation to formally authorize and/or provide liability protections to NDPs and participants.

What is the DAWN Overdose Reversal Project?

Building on its commitment to stem the dramatic increase in drug overdose deaths in Ohio, the Ohio Department of Health has allocated seed money to initiate Project DAWN (Deaths Avoided with Naloxone), Ohio's first Overdose Reversal Project. Project DAWN will be housed at the Portsmouth City Health Department and will serve the entire county of Scioto. Participants will be trained in overdose prevention that includes:

- Recognizing the signs and symptoms of overdose;
- Distinguishing between different types of overdose;
- Rescue breathing and the rescue position;
- The importance of calling 911;
- Proper administration of Naloxone (intranasal); and
- Discussion of substance abuse treatment options (where appropriate).



An Example of Intranasal Naloxone

Project DAWN will build capacity at the Portsmouth City Health Department by complimenting three existing programs- the "Prescription for Community Recovery" overdose prevention program, the "Prevention Not Permission" Syringe Exchange Program (SEP) for IV Drug Users, and the Regional HIV Prevention and Treatment Program. Project DAWN will be sustained beyond the initial funding period through integration with existing harm reduction services, which generate revenue through billable services and as well as additional grant funding.

Frequently Asked Questions

Why a Naloxone Distribution in Scioto County?

- **Overdoses are preventable.** Death from an opioid overdose most commonly occurs 1 to 3 hours after use and often occurs in the presence of others.
- According to the 2011 Scioto County Poison Death Review, 87% decedents were not alone at the time of their death, with predominantly adult family members or significant others present when they died. Fatalities such as these may have been prevented if comprehensive overdose reversal interventions such as Project DAWN had been in operation.
- Naloxone can prevent complications that result in costly drug overdose-related hospital stays.^{viii} The cost of a Project DAWN overdose reversal kit is \$30, while the average in-patient treatment charge for a drug overdose is \$10,488.^{ix}

Is Naloxone Dangerous?

- Naloxone was approved by the FDA in 1971 and has been used safely and effectively for over 40 years in ambulances and emergency rooms across the country.
- Numerous studies from the US and Europe demonstrate that Naloxone can be safely administered in a non-hospital setting with few serious complications.^{x xi xii xiii} A 2004 study of 1193 patients found that only 0.03% of overdoses treated with Naloxone were associated with serious complications requiring hospitalization.^{xiv}
- Project DAWN will utilize intranasal Naloxone which will eliminate the danger of needle-stick injuries.

Does providing Naloxone promote illicit drug use?

- While there is no evidence to suggest that the fear of an overdose is a deterrent to drug users, a 2006 study of injection drug users found that surviving an overdose may actually lead an individual to seek treatment. In fact, one in four drug users (26.2%) sought treatment within 30 days after their last overdose.^{xv}
- A 2005 review of a Naloxone pilot in San Francisco found that during the six months following training in naloxone administration, participants had a statistically significant decrease in injection frequency.^{xvi}

Why Not Dial 9-1-1?

- Emergency Medical Services are critical in saving the life of an overdose victim. However, qualitative research, including a Scioto County Poison Death Review, indicates that fear of police harassment is a significant barrier to calling emergency services during an overdose event. Instead, witnesses may try other methods (injecting saline, ice baths, etc.) to revive a person before finally calling 9-1-1, which can significantly reduce the time EMS providers have to reverse an overdose.
- EMTs (known as EMT-basics) and First responders comprise a majority (55%) of Scioto's emergency medical services.^{xvii} Per the Ohio Administrative Code^{xviii}, EMTs and First Responders are **not** permitted under their current scope of practice to administer Naloxone for a suspected drug overdose.

ⁱ ODH Office of Vital Statistics

ⁱⁱ ODH Office of Vital Statistics

ⁱⁱⁱ ODH Office of Vital Statistics

^{iv} Burden of Poisoning Report. Ohio Department of Health, 2008.

^v Unpublished Survey -Harm Reduction Coalition, Eliza Wheeler, November 2010

^{vi} Unpublished Survey -Harm Reduction Coalition, Eliza Wheeler, November 2010

^{vii} Legality of Prescribing Take-Home Naloxone to Treat Opiate Overdose in Ohio (2007). Temple University Beasley School of Law, Project on Harm Reduction in the Health Care System, 1-20.

www.temple.edu/lawschool/phrhcs/Naloxone/OH_DPA_Memo.pdf

^{viii} Is early discharge safe after naloxone reversal of presumed opioid overdose? Canadian Journal of Emergency Medicine. <http://www.cjem-online.ca/sites/default/files/pg156.pdf>

^{ix} Burden of Poisoning Report. Ohio Department of Health, 2008.

^x Galea, S., Worthington, N., Piper, T.M., Nandi, V., Curtis, M., Rosenthal, D.M. (2006). Provision of Naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. Addictive Behaviors, 31, 907-912.

^{xi} Vilke, G., Sloane, C., Smith, A., Chan, T. (2003). Assessment for Deaths in Out-of-hospital Heroin Overdose Patients Treated with Naloxone Who Refuse Transport. Academic Emergency Medicine, 10(8), 893-896.

^{xii} Yealy DM, Paris PM, Kaplan RM, Heller MB, Marini SE. The safety of prehospital naloxone administration by paramedics. Ann Emerg Med. 1990; 19:902-5.

^{xiii} Sporer KA, Firestone J, Isaacs SM. Out-of-hospital treatment of opioid overdoses in an urban setting. Acad Emerg Med. 1996; 3:660-7.

^{xiv} Buajordet, I., Naess, A.C., Jacobsen, D., Brors, O. (2004). Adverse events after Naloxone treatment of episodes of suspected acute opioid overdose. European Journal of Emergency Medicine, 11(1), 19-23.

^{xv} Polloni, R., McCall, L., Mehta, S., Vlahov, D., & Strathdee, S. (2005). Non-fatal overdose and subsequent drug treatment among injection drug users. Drug and Alcohol Dependence, 83(2), 104-110.

^{xvi} Seal KH, Thawley R, Gee L, Bamberger J, Kral AH, Ciccarone D, Downing M, Edlin BR: Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. J Urban Health. Kime' 2005, 82(2):303-311.

^{xvii} Ohio Department of Public Safety, Office of EMS

^{xviii} <http://codes.ohio.gov/oac/4765-15-04>