

Drug Overdose Prevention Needs Assessment

# Promising Practices

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**This report on best practices informs a needs assessment on the capacity of Nebraska systems to respond to surges or clusters of intentional, unintentional, and unknown drug overdoses, especially in high-burden areas and with a focus on opioids.**



## Findings

Opioid-related overdose deaths are rising through the U.S. Even though Nebraska ranks among the states with the fewest drug overdose deaths, opioid use creates safety concerns for first responders and leads to strained resources in many jurisdictions. Many first responders are frustrated at their perceived inability to impact opioid use in their community. Still, numerous ongoing prevention and response efforts in Nebraska and elsewhere include increased access to naloxone for civilians and non-civilians, statewide Prescription Drug Monitoring Programs, training for first responders on opioid overdoses, and the enactment of the Good Samaritan Laws.

Increased training and awareness has been identified as a need in many healthcare systems. Nebraska public health departments are administering community health surveys in an effort to identify community concerns. Elsewhere in the U.S., health care systems and community programs have collaborated to significantly increase the number of drug users entering recovery. These collective efforts are expected to continue.



## Report Details

Support and Training for the Evaluation of Programs (STEPs) at the University of Nebraska at Omaha is a leader in conducting evaluations of and needs assessments for social service programs and policies. The Nebraska Department of Health and Human Services contracted with STEPs in Fall 2018 to complete a statewide needs assessment that includes a literature and web review of promising practices on communities' capacity to respond to opioid overdoses in Nebraska and beyond. This literature review targets national and state statistics on opioid use, availability of naloxone in Nebraska and surrounding states, and effect of the opioid crisis on sectors that include healthcare providers and first responders.

This literature review includes a combination of scholarly articles, federal and state agency documents, and key stakeholder publications such as the Nebraska Coalition to Prevent Opioid Abuse. Local news sources were also reviewed to capture current information relevant to Nebraska communities.



## Next Steps

This foundational report informs the quantitative surveys and qualitative interviews STEPs will conduct with healthcare providers, law enforcement officials, fire department staff, and emergency medical staff in Nebraska. This report can be used by the Drug Overdose Prevention Program to develop state and community-level crisis response plans to reduce opioid-related fatal and non-fatal overdoses in Nebraska.



The rates of opioid use and opioid overdoses have been rising in recent years across the United States. Opioid use can negatively affect every aspect of a person's life, in addition to the lives of their friends, family, and loved ones. Increasing rates of opioid use and opioid-related overdoses also impact larger systems, such as education, politics, culture, economics, and social service provision. This section of the literature review provides statistics on opioid use and opioid overdose for the United States and Nebraska over the past three years. This data is provided to show differences in state and national rates and to create a baseline for future comparison.



## Opioid Use Statistics

### National

Centers for Disease Control and Prevention. (2018). *2018 Annual surveillance report of drug-related risks and outcomes*.

- In 2016, 56,935,332 people (17.4% of the population) filled a prescription for an opioid.
- In 2016, approximately 11,824,000 people age 12 and older reported opioid misuse in the past year.

### Nebraska

National Institute on Drug Abuse. (2018, February). *Nebraska opioid summary*.

- In 2015, there were 72.8 opioid prescriptions written per 100 people. The U.S. average was 70 opioid prescriptions per 100 people in the same year.

## Opioid Overdose Statistics

### National

Centers for Disease Control and Prevention. (2018). *2018 Annual surveillance report of drug-related risks and outcomes*.

- In 2016, 42,249 people in the United States died of drug overdoses involving opioids.
- In 2016, 17,087 of the opioid-involved overdose deaths involved prescription opioids.
- In 2016, 14,432 of the prescription opioid-related overdose deaths were unintentional

### Nebraska

National Institute on Drug Abuse. (2018, February). *Nebraska opioid summary*.

- In 2016, 44 people died of opioid-related overdose.

Quintana-Zinn, F. (2018). *Opioid crisis response grant*.

- In 2017, at least 59 people died of an opioid-related overdose.
- In 2016, at least 38 people died of an opioid-related overdose.
- In 2015, at least 54 people died of an opioid-related overdose.
- 35% of all drug overdose deaths in 2016 were due to opioids.



The “Promising Practices” section of this literature review provides information on the current capacity to respond to opioid overdoses, accessibility and availability of naloxone, and information related to opioid overdose response and prevention in Nebraska communities and surrounding states. The states chosen were those that border Nebraska and those with published responses to opioid-overdose related policies and protocols. Recommendations from the American College of Emergency Physicians (ACEP), a professional organization for emergency medicine physicians, on potential emergency department protocols for prescribing opioids and naloxone were also included.

## Capacity to Respond to Opioid Overdoses

### Nebraska

Gaul, K. & Seacrest, L. (2018). The opioid epidemic: Nebraska’s response to a national crisis. Legislative Research Office.

- LB 471: Nebraska is the first state to create a program that tracks each prescription drug dispensed within the state, strength of drug, quantity of drug, to whom it is dispensed, and other identifiers. This program began on January 1, 2017 with the initial requirement that prescriptions for controlled substances be reported.
- LB 223: Training is required for users of the drug-monitoring program, technical changes are made to ensure the program is HIPPA-compliant, and, as of July 1, 2018, veterinarians are also required to enter controlled substances they dispense.
- LB 390: Immunity from administrative action or criminal liability is provided to health professionals who dispense naloxone, friends and family members who administer naloxone in good faith, and emergency responders who administer naloxone.
- LB 487: Limited protection from prosecution is provided to individuals who call for help when they or another person is experiencing an overdose, provided they stay on the scene and cooperate with first responders.

Stewart, K. (2018). Local first responders carry opioid overdose antidote naloxone recommended by Surgeon General. Live Well Nebraska.

- The Omaha Police Department has 350 naloxone kits, which were all received through donations. Naloxone kits are carried on all Omaha ambulances, fire engines, and ladder trucks.
- The Bellevue Emergency Medical Services department administered naloxone on 48 calls in 2017, and expect to use it on at least 80 calls in 2018.

Panhandle Public Health District. (2018, July). Naloxone for first responders.

- Dr. David Cornutt, an emergency medicine specialist, created a brief training video for first responders that includes how to administer naloxone, indicators of an overdose, disposal of naloxone, and storage of naloxone. This video is available to the public, but is intended for first responders in the Panhandle Public Health District.
- First responders in the Panhandle Public Health District are instructed to watch the training video to receive a standing order for Narcan that is eligible for reimbursement.
- Panhandle Law Enforcement Agencies are to contact Dr. Cornutt for the standing order. Fire departments and EMS are to contact their medical director for the standing order.



## Capacity to Respond to Opioid Overdoses

Nebraska Coalition to Prevent Opioid Abuse. (2017). *Charting the Road to Recovery: Nebraska's Response to Opioid Abuse*.

- In partnership with Behavioral Health Education Center and Mid-America Addiction Technology Transfer Center, the Department of Health and Human Services Division of Behavioral Health will be training “advanced practice nurses, physician assistants, and physicians to prescribe buprenorphine” (p. 7).
- The Nebraska Medical Association and DHHS are partnering to create Nebraska Pain Management Guidelines which will align with the CDC Guidelines for Prescribing Opioids for Chronic Pain.
- Nebraska MEDS, a coalition involving DHHS, the Nebraska Pharmacists Association, the Nebraska Medical Association, and the Nebraska Regional Poison Control Center is continuously growing the network of Nebraska pharmacies that are drop-off locations for unused prescriptions.

Telegraph Staff Writers. (2018, October 20). Narcan provided for law enforcement, EMS. *The North Platte Telegraph*.

- Through a grant from the SAMHSA, the Community Connections Substance Abuse Prevention System will be providing naloxone to law enforcement and volunteer emergency personnel throughout Lincoln County.
- Region II Human Services will also be distributing Narcan to the following counties: Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas.

Juarez, V. (2018, July 18). Grand Island fire and police departments using Narcan to help prevent opioid overdoses. *Nebraska TV*.

- Chief Russ Blackburn of the Emergency Medical Services division for the Grand Island Fire Department said that EMS has carried Narcan for at least 25 years.
- The Grand Island Police Department received two dozen Narcan kits, some of which were free through a grant. These kits are being put in some patrol cars and some are sent out with drug and criminal investigators.
- At the time of this article, GIPD officers had not been trained to administer naloxone on others, but had it on hand in the case they needed to treat themselves after contact with a drug.
- If a GIPD officer came into contact with someone needing naloxone, they would call the Grand Island Fire Department to administer it.

North, I. (2018, September 29). Health care, emergency responders and others examine opioid misuse. *Star-Herald*.

- Morrill County Sheriff Milo Cardenas purchased a naloxone kit for each one of his deputies.
- Panhandle Public Health District Health Programs Coordinator, Tabi Prochazka, stated, “My priority by March 2019 is all law enforcement, first responders carry it and all schools have it.”



## Capacity to Respond to Opioid Overdoses

### Other Geographic Areas

Doran, K. M., Raja, A. S., & Samuels, E. A. (2018). Opioid overdose protocols in the emergency department: Are we asking the right questions? *Annals of Emergency Medicine*, 72(1), 12-15.

- The American College of Emergency Physicians (ACEP), a professional organization for emergency medicine physicians, created three guiding principles as a response to the opioid epidemic:
  1. ACEP recommends that physicians co-prescribe naloxone in conjunction with an opioid prescription for patients at an elevated risk for an intentional or unintentional drug overdose.
  2. ACEP supports evidence-based, coordinated pain treatment guidelines that promote adequate pain control, health care access, and flexibility for physician clinical judgment.
  3. If opioids are prescribed, physicians should use the lowest dose of short-acting opioids for a limited duration (e.g., < one week).

### Arizona

Arizona Department of Health Services (ADHS). (2018). *Real time opioid data*.

- ADHS created a website which displays real-time opioid-related data, including the number of suspected opioid deaths, the number of suspected opioid overdoses, the number of neonatal abstinence syndrome diagnoses, the number of naloxone doses dispensed, and the number of naloxone doses administered.
- All opioid prescriptions written in Arizona counties with high opioid overdose rates will be required to be sent digitally to pharmacies (e-prescribing) by January 1, 2019. Sending opioid prescriptions digitally reduces the likelihood of error and fraud.

## Naloxone Accessibility and Availability

### Nebraska

Nebraska Coalition to Prevent Opioid Abuse. (2017). Strategic initiatives report: 2017.

- The Nebraska Department of Health and Human Services (NDHHS) Division of Public Health conducted a needs assessment with Emergency Medical Services (EMS), fire departments, law enforcement, physicians, pharmacists, and substance abuse treatment facilities on awareness and accessibility of naloxone. The results of the needs assessment guided the development of educational videos about access and use of naloxone. A media awareness campaign was created by stakeholders and completed in early 2018. The radio announcement recordings are available [here](#).



Gaul, K. & Seacrest, L. (2018). The opioid epidemic: Nebraska's response to a national crisis. Legislative Research Office.

- LB 390: Immunity from administrative action or criminal liability is provided to health professionals who dispense naloxone, friends and family members who administer naloxone in good faith, and emergency responders who administer naloxone in good faith.
- On April 6, 2018, the preliminary standing order for naloxone was sent directly to all pharmacies in Nebraska.





## Naloxone Accessibility and Availability

- In accordance with LB 390, NDHHS Chief Medical Officer Tom Safranek issued a standing order for Naloxone products to all pharmacies in Nebraska. This standing order increased both the availability and accessibility of Naloxone.

### Surrounding States

#### Colorado

Harm Reduction Action Center. (2018). Stop the clock Colorado.

- Colorado has a standing order for naloxone making it available and accessible to anyone in the state. The website links to a map showing pharmacies within Colorado that carry naloxone.

Colorado Consortium for Prescription Drug Abuse Prevention. (2018). Prescription drug abuse prevention: A Colorado community reference. Colorado Department of Human Services, Office of Behavioral Health.

- This report outlined information about naloxone, including when to administer it, how often it should be administered, and what forms of naloxone are available. Awareness and education resources on opioid overdose are also provided, including a link to OpiRescue, a mobile phone app that walks individuals through the steps for responding to a suspected opioid overdose.

#### Iowa

Iowa Department of Public Health (IDPH). (2017). Opioid update for Wednesday, December 13, 2017.

- Through Iowa's Opioid State Targeted Response (STR) Grant, IDPH was able to fund the purchase of 400 naloxone kits for the Department of Public Safety (DPS).
- State-funded nonprofits can purchase naloxone at reduced cost. "Public entities" such as EMS and First Responders were able to purchase naloxone at a reduced price of \$75 for a two-pack kit of the nasal spray. As of December 2017, nonprofit organizations that receive funding from the state have the ability to purchase naloxone at the same reduced price.

#### South Dakota

South Dakota Department of Health (SD-DOH). (2017). The naloxone project: South Dakota state targeted response to the opioid crisis, EMS naloxone training guide.

- For EMS and first responders to understand the overdose crisis, how opioids work, overdose risk factors, recognizing an opioid overdose, and responding to an overdose. Education on medications used for opioid treatment are also included:
  - Suboxone (Buprenorphine + naloxone) is used for treatment of opioid addiction. The naloxone is added to discourage injecting or snorting.
  - Subutex (Buprenorphine only) is used for opioid addiction treatment for pregnant women.
  - Methadone, also known as Dolophine and Methadose, is used for treatment of opioid addiction or pain.





## Naloxone Accessibility and Availability

### Important Information to Consider

Green, T. C., Heimer, R., & Grau, L. E. (2008). Distinguishing signs of opioid overdose and indication for naloxone: An evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction, 103*(6), 979-989.

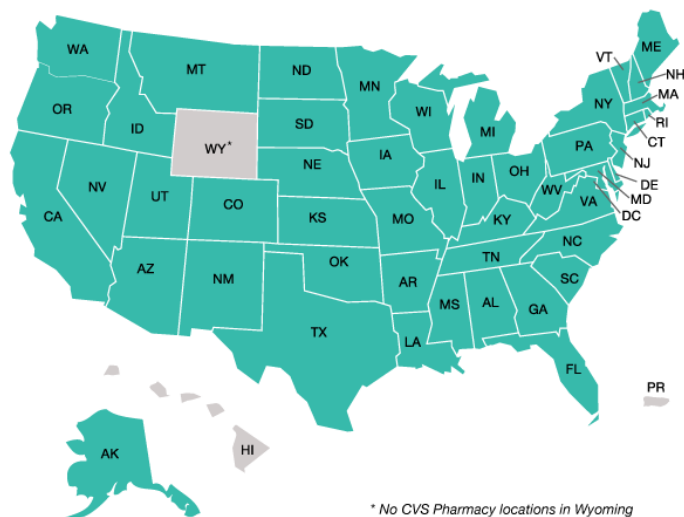
- Research conducted for this journal article showed life-saving benefits of training laypersons, those that are not medical experts, in overdose recognition and naloxone administration. According to this research:
  - Upon training completion, laypersons “were comparable to medical experts in identifying situations in which an opioid overdose was occurring and when naloxone should be administered.”
  - These training programs improved recognition and response to opioid overdoses significantly.
  - People who have been trained in overdose–response techniques and who feel confident in their ability to recognize an opioid overdose may effectively prevent overdose mortality.

DeMio, T. (May 31, 2017). More victims of ODs: First responders suffer compassion fatigue. *The Enquirer*.

- The quantity of naloxone doses needed for a fentanyl overdose could be two or more times greater than the normal amount dispensed by pharmacies in Nebraska. A fentanyl overdose could require more than the two 1 ml vials intramuscular naloxone or two 2 ml naloxone nasal spray doses typically used.
- According to Hamilton County Public Health in Ohio, “Two milligrams used to be a common dose, but since the deadly opioid fentanyl and its other forms got in the mix, medics find themselves using four, even eight or more doses, to restore proper breathing in a patient.” This could be problematic for Nebraska first responders who are not carrying sufficient quantities of naloxone to meet the needs of individuals experiencing a fentanyl overdose.

CVS Health. (2018). Naloxone opioid overdose reversal medication.

- CVS pharmacists are now able to dispense naloxone to any patient without an individual prescription in 48 states due to statewide protocols.
- Wyoming and Hawaii are the only states not included in the CVS list.



\* No CVS Pharmacy locations in Wyoming



Sectors affected by the opioid overdose epidemic were identified as healthcare, including emergency departments, hospitals, and clinics; public health, including peer recovery and community services; and first responders, including law enforcement, fire department, and emergency medical staff. Some of the needs identified for healthcare systems were awareness of high-risk characteristics for opioid abuse, training on the use of prescription drug monitoring systems, and navigating barriers to using that system. First responders have experienced a strain on resources and have expressed concerns around the safety of personnel when assisting overdose victims, specifically when fentanyl is a factor.

## Healthcare Systems

Police Executive Research Forum. (2017, September). *The unprecedented opioid epidemic: As overdoses become a leading cause of death, police, sheriffs, and health agencies must step up their response.*

- The Baltimore Health Department is asking doctors to provide a naloxone prescription with every opioid pain pill prescription. This is intended to get prescribers to think twice before prescribing opioids.

Chouinard, S., Prasad, A., & Brown, R. (2018). Survey assessing medical student and physician knowledge and attitudes regarding the opioid crisis. *Wisconsin Medical Journal*, 117(1), 34-37.

- In Wisconsin, 228 medical students and physicians were surveyed to assess their knowledge and attitudes towards opioids.
- Both groups viewed physicians prescribing practices as a key factor in the availability of opioids fueling the crisis.
- Both groups failed to identify which factors put a patient at the highest risk for opioid overdose.
- Participants indicated they wanted further education on opioid addiction and alternative prescribing strategies for managing chronic pain.
- Participants indicated support for increased access to naloxone as a harm-reduction strategy.

Lin, D. H., Lucas, E., Murimi, I. B., Jackson, K., Baier, M., Frattaroli, S., Gielen, A., Moyo, P., Simoni-Wastila, L., & Alexander, G. C. (2017). Physician attitudes and experiences with Maryland's prescription drug monitoring program (PDMP). *Addiction*, 112(2), 311–319.

- In Maryland, 405 physicians responded to a survey regarding attitudes and experiences with the prescription drug monitoring program (PDMP).
- 75% of participants indicated that using the PDMP increased their comfortability when prescribing opioids and decreased the amount of opioids they prescribed.
- 20% of participants indicated difficulty accessing the PDMP data.
- Of the physicians who indicated they do not use PDMP, 18% reported barriers to use include lack of time, 36% lack of knowledge on how to register, and 48% lack of awareness of PDMP.



## Healthcare Systems

### Public Health

#### Nebraska

Nebraska Panhandle Public Health District (NPPHD). (2017). *Nebraska Panhandle community health needs assessment*.



- The Nebraska Panhandle Public Health District (PPHD) administered the Community Health Survey, both by paper and electronically (through the PPHD website, social media, and email) to residents of all Nebraska panhandle counties seeking their opinions on major health concerns. Over 1,500 panhandle residents (n=1,568), and 77 non-residents responded to the survey.
- The Community Health Survey asked respondents to rank the three most risky behaviors in the community (see Figure 108). The top three risky behaviors were:
  - 1) alcohol abuse (n=919),
  - 2) drug abuse (n=795), and
  - 3) being overweight, followed by lack of exercise, poor eating habits, and tobacco use.
- Respondents to the Community Health Survey were also asked to rate their three biggest concerns for the Nebraska Panhandle. The top two concerns were poverty (n=456) and mental health problems (n=424). There were no specific ranking choices for substance use/abuse on the survey, however, a substance use disorder is considered a mental health issue.

#### Other Geographic Areas

Garza, A. (2016). EMS data can help stop the opioid epidemic. *Journal of Emergency Medical Services*.

- In Tom's River, New Jersey, recovery coaches (who are recovering addicts themselves) are deployed to hospital emergency rooms 24/7 when notified of an opioid overdose patient who received naloxone. The coaches offer immediate access to an inpatient recovery unit or follow-up care in the community if the patient opts out of treatment.
- With this program, success rates of drug users entering recovery has risen from 20% to 80% for Barnabas Health Institute for Prevention.

## First Responders

### Law Enforcement

Ray, B., O'Donnell, D., & Kahre, K., (2015). Police officer attitudes towards intranasal naloxone training. *Drug and Alcohol Dependence*, 146, 107-110.



- In 2015, 117 police officers from the same district in Indianapolis were administered the Opioid Overdose Attitudes Scale following a naloxone training.
- Officers indicated largely positive feelings towards the training and feelings of competency towards administering intranasal naloxone.
- Officers who had responded to the scene of an opioid overdose more often indicated more positive attitudes towards the training.



## First Responders

Nebraska Coalition to Prevent Opioid Abuse. (2017). *Charting the Road to Recovery: Nebraska's Response to Opioid Abuse*.

- Nebraska Coalition to Prevent Opioid Abuse will request the Drug Enforcement Administration (DEA) expand their 360 Strategy to Omaha. The 360 Strategy coordinates the efforts of law enforcement, diversion, and community outreach to address the opioid epidemic.

Police Executive Research Forum. (2017, September). *The unprecedented opioid epidemic: As overdoses become a leading cause of death, police, sheriffs, and health agencies must step up their response*.

- Because some users may seek out a stronger batch, law enforcement notify drug treatment providers who can inform their customers, rather than release the information publicly.
- In Massachusetts, officers and public health clinicians visit the homes of overdose victims 12 to 24 hours after the overdose to offer resources to the victim, family members, or loved ones. Police Chief Michael Botieri and his officers expected to be turned away by over half the overdose victims. However, out of all 27 police agencies in the county that adopted this practice, they had never been turned away at the time of this report.
- Other response strategies implemented by police departments include creating a smartphone app that shares real-time data on fatal and nonfatal overdoses; high-level officials from affected sectors meeting quarterly to address the gaps in response; medication-assisted treatment being provided in jails and prisons; daily mapping of drug samples obtained by police and the type of drug(s); creating a checklist of actions for law enforcement to take when responding to the scene of an overdose; bringing in a mental health professional to talk to officers about wellness.

Police Executive Research Forum. (2017, September). *The unprecedented opioid epidemic: as overdoses become a leading cause of death, police, sheriffs, and health agencies must step up their response*.

- Nationally, law enforcement and public health agencies are trying to expedite the toxicology report process in the case of overdoses to determine if there were traces of fentanyl or carfentanil. Overdose deaths often occur in the same region and within a matter of days or hours of each other if the drug was obtained from the same lethal batch sold by a certain drug dealer.



## First Responders

Green, T. C., Zaller, N., Palacios, W. R., Bowman, S. E., Ray, M., Heimer, R., & Case, P. (2013). Law enforcement attitudes toward overdose prevention and response. *Drug & Alcohol Dependence, 133*(2), 677-684.

- In 2011, 13 law enforcement agents and 143 key informants from three small town locations in Connecticut and Rhode Island were interviewed to evaluate law enforcement attitudes towards overdose prevention and response.
- Officers indicated a sense of frustration and a loss of empathy around the drug problem. Officers indicated a greater sense of empathy for those users who were prescribed medication for pain and later became addicted because they were not associated with illegal drug crimes. Chronic pain patients who became addicted were viewed by officers as victims of the medical system.
- At the time of the interviews, officers could not carry or administer naloxone and they indicated frustration around only being equipped to administer first aid. Naloxone was viewed negatively by some as a “get out of jail free card.”
- Officers indicated feelings of futility regarding limited local drug treatment, the cycle of addiction, their inability to affect prescribing practices of doctors, and the accessibility of prescription opioid medication.
- Officers indicated feeling as though arrest was the best tool available for law enforcement to help drug users. Overdose prevention and response were also viewed as “good police-community relations” (p. 677).

Banta-Green, C. J., Beletsky, L., Schoeppe, J. A., Coffin, P. O., & Kuszler, P. C. (2013). Police officers and paramedics experiences with overdose and their knowledge and opinions of Washington State’s drug overdose naloxone, Good Samaritan law. *Journal of Urban Health, 90*(6), 1102-1111.

- In 2011, 251 police officers and 28 paramedics were interviewed and administered a survey in Seattle, Washington.
- Few officers or paramedics were aware of the laws providing take-home naloxone for bystanders and protection against drug possession charges.
- 77% of officers indicated they needed to be at the scene of an overdose to protect medical responders and 34% indicated their role was to enforce the law.
- 16% of officers knew about the Good Samaritan Law. Of those 36 officers, 58% knew the law provided immunity including possessions and 46% knew the law applied to both overdose victims and bystanders.
- Of the 240 participants who responded to the drug possession immunity items, “20% somewhat or strongly in support, 31% neutral, and 45% somewhat or strongly against the law” (p. 1106).
- Only 1% of officers felt their police department provided clear guidance on the Good Samaritan Law.



## First Responders

Ray, B., O'Donnell, D., & Kahre, K., (2015). Police officer attitudes towards intranasal naloxone training. *Drug and Alcohol Dependence*, 146, 107-110.

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Edgar, D. (2018, Jan 20). 'When you're talking about a non-beating heart, all you have is seconds.' *University Wire*.

- A bill recently passed in Starkville, Mississippi allowing all law enforcement agencies to carry and administer naloxone.
- However, the Starkville Police Department and Starkville Fire Department are not carrying the drug because, according to EMS Director Michael Hunt, "To get 100 units in the field, it will cost about \$9,000, and our law enforcement agencies don't have money to cover that cost just laying around. It also has a short shelf-life, and if officers don't use it by the time it expires, then it is essentially a waste."

## Fire Department

Kamp, J. (2016, Aug 30). Fire stations open their doors to addicts; New Hampshire city hit by opioid crisis takes a novel approach to getting people help. *Wall Street Journal*.



- Manchester, NH launched the "Safe Station" program in May of 2016, which designates any of their 10 fire stations as a place where anyone can walk in, be checked by firefighters for any medical issues that might require a ride to the hospital, and be connected to a nearby nonprofit, such as Hope for New Hampshire Recovery.
- In the first three months of the program, 370 people have used the "Safe Station" program and been connected to a recovery center, outpatient program, or other nonprofit resource.
- This program costs \$300,000 a year, but Christopher Hickey, the fire department EMS officer who created Safe Station, estimated 70% of people who have shown up at fire stations seeking help have gone into treatment for various substance use disorders.
- Safe Station provides firefighters an opportunity to do more than hand out information pamphlets and does not hold the same fear of arrest for addicts as seeking out law enforcement for help.



## First Responders

Edgar, D. (2018, Jan 20). 'When you're talking about a non-beating heart, all you have is seconds.' *University Wire*.

- Starkville, Mississippi, Fire Chief Charles Yarbrough noted that the fire department usually arrives at the scene of an overdose three to four minutes after the initial call, while paramedics arrive five to six minutes after the initial call.
- All firefighters are required to attend a class to learn how to administer naloxone, what dosage is needed in different cases and how to properly handle a victim coming off their high.
- According to Yarbrough, "Administering Narcan reverses their high instantaneously, and after coming down from it, the person will often be very combative. They [the overdose victims] don't realize their heart was already stopped, or that they were on the verge of dying. They just know their high, that could have cost them a lot of money, was taken away."

## Emergency Medical Services

Swayze, D. (2017). The community paramedicine approach to the opioid epidemic. *Journal of Emergency Medical Services*.



- According to a recovering addicts support group and an interviewed detective, law enforcement and EMS often insult overdosing addicts after resuscitating them.
- Many EMS providers begin to believe that "overdoses are a necessary risk and a consequence of the patient's choices" and hope that the "threat of death" will motivate the patient to stop their drug use (p. 5).
- Community paramedics and recovery specialists are able to visit recovering addicts in their home to provide medical support and assistance in non-emergent situations. This relieves the resource strain on EMS that is caused by addicts unnecessarily using 9-1-1 services to receive healthcare.

EMS1 Editor. (2017, November 1). What EMS providers need to know to protect themselves from fentanyl exposure. *EMS1*.

- The top recommendations for personal protective equipment to protect first responders from exposure to fentanyl include:
  - Dust mask (protection against aerosolized fentanyl inhalation),
  - Nitrile, single-use examination gloves (protection against skin exposure and transdermal transmission),
  - Safety glasses (protection against mucosal membrane absorption),
  - Immediate washing of exposed or contaminated skin,
  - Remove and clean any uniform exposed to fentanyl, blood, or other infectious material.





## First Responders

### Compassion Fatigue



Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research, 94*, 218–229.

- Top five reasons first responders do not access mental health care:
  - Difficulty scheduling an appointment,
  - Not knowing where to get help,
  - Difficulty getting time off,
  - Leaders discouraging mental health treatment,
  - Not having adequate transportation.
- Most common stigma items: fear services would not be confidential, fear that seeking psychological services would impact their career, feelings of judgment from coworkers and leadership.

Page, K. S. & Jacobs, S. C. (2011). Surviving the shift: Rural police stress and counseling services. *Psychological Services, 8*, 12-22.

- In 2008, 85 rural Oklahoma police officers were surveyed to uncover the biggest contributors to police stress.
- The strongest predictors of general life stress in police officers were the level of support they received from friends and the level of stress related to organizational aspects of police work (such as supervisors and shift work).
- The high visibility factor of rural police officers was not found to be related to increased stress for the officers. However, “lack of funds, insufficient training, old equipment, lack of proper resources, outdated technology (mostly reflected in radio communications), and fewer colleagues” were noted by participants as areas that lead to stress in rural agencies.
- Officers who indicated it was difficult to talk to their peers reported higher stress levels, which is believed to be related to smaller rural departments.
- The majority of officers (70.6%) indicated they preferred speaking with a peer officer, rather than a therapist.
- Most officers (62.5%) indicated that more counseling services were needed in their area. This question did not specify whether the services were needed by the officers themselves.



Wilson, H. D., Dansie, E. J., Kim, M. S., Moskovitz, B. L., Chow, W., & Turk, D. (2013). Clinicians Attitudes about Opioids Scale (CAOS). *APA PsychNET*.

- The purpose of the Clinicians Attitudes about Opioids Scale is to assess physicians' attitudes about opioids and opioid use in patients with chronic pain. This 38-item tool uses a 0-10 point Likert scale (strongly disagree to strongly agree).
- There are five subscale groupings: 1) Impediments and Concerns, 2) Perceived Effectiveness, 3) Schedule II vs III Opioids, 4) Medical Education, 5) Tamper Resistant Formulations and Dosing. Example questions include “Prescribing opioids for long periods of time is burdensome for physicians” and “My education regarding pain evaluation and treatment during medical school was appropriate.”

Williams, A. V., Strang, J., & Marsden, J. (2013). Opioid Overdose Knowledge (OOK) scale. *APA PsychNET*.

- The purpose of the Opioid Overdose Knowledge scale is to evaluate opioid overdose knowledge for addiction professionals, patients, and family members. Items assess knowledge around risk factors for overdose, indicators of overdose, actions needed in an overdose situation, effects of naloxone, how to administer naloxone, and aftercare actions.
- This 45-item questionnaire uses 4 multiple-choice questions, 4 forced-choice responses, and 6 true/false/don't know questions. Example questions include “If the first dose of naloxone has no effect a second dose can be given” as a true/false/don't know item and “Which of the following should be done when managing an opioid overdose?” as a multiple-choice item.
- The OOK is scored by total points ranging from 0-45, with each correctly answered item counting for 1 point.

Rudski, J. (2016). Victim Blaming Measure–Modified Version. *APA PsychNET*.

- The purpose of the Victim Blaming Measure–Modified Version is to assess perspectives on expanding naloxone access to non-first responders through take-home naloxone.
- This 4-item tool uses a 6-point Likert scale (strongly disagree to strongly agree). Example questions include “A person who overdoses deserves what happened to them” and “Overdoses are caused by a person's own behavior.”

Williams, A. V., Strang, J., & Marsden, J. (2013). Opioid Overdose Attitudes Scale. *APA PsychNET*.

- The purpose of the Opioid Overdose Attitudes Scale is to assess attitudes towards opioid overdose management.
- This 28-item tool uses a 5-point Likert scale from (completely disagree to completely agree). The tool is grouped into three subscales: Competence, Concerns (about intervening in an overdose situation), and Readiness (willingness to intervene).

Rudski, J. (2016). Attitudes towards naloxone measure. *APA PsychNET*.

- The purpose of the Attitudes towards Naloxone Measure is to assess perspectives on expanding naloxone access to non-first responders through take-home naloxone.
- This 12-item tool uses a 6-point Likert scale (strongly disagree to strongly agree). Example questions include “Providing naloxone kits can be seen as condoning illicit opioid use” and “A user has less reason to stop using opioids knowing that they have access to an agent that will reverse overdoses.”



1. 360 Strategy - The United States Drug Enforcement Agency (DEA) developed a three-pronged approach that (a) coordinates law enforcement actions against drug cartels and heroin traffickers; (b) initiates diversion control enforcement actions against DEA registrants operating illegally; and (c) develops local community partnerships to provide empowering outreach.
2. Buprenorphine - A semisynthetic opioid to control moderate to severe pain and to treat opioid use disorder. Brand names: Bunavail, Buprenex, Butrans, Subutex, Suboxone, and Zubsolv.
3. Compassion Fatigue - This happens when typically caring people find themselves unable to empathize anymore because the frequency of the appeals for their help is so overwhelming.
4. Dependence - The state in which metabolic status and functioning are maintained through the sustained presence of a drug; manifested as a mental or physical disturbance or withdrawal upon removal of the substance.
5. Depressant - Psychoactive substance that decreases levels of physiological or nervous system activity in the body decreasing alertness, attention, and energy through decreased heart rate, blood pressure, and respiration rates.
6. Fentanyl - A potent opioid synthetically produced in laboratories, that activates the reward centers of the brain to produce sensations of euphoria and provide pain relief. Fentanyl is 50 to 100 times more potent than morphine, and is available in legal prescription form, and increasingly, in illegal illicit forms. Also known as Apache, China Girl, or Jackpot.
7. Naloxone - An opioid antagonist, similar to Naltrexone, that works by blocking opioid receptors in the brain, thereby blocking the effects of opioid agonists (e.g., heroin, morphine). Naloxone has poor bio-availability when taken sublingually. Naloxone has a high affinity to the mu opioid receptor, yet not as high of an affinity as buprenorphine, at the mu receptor. Brand name: Narcan.
8. Opioid - A family of drugs used therapeutically to treat pain, that also produce a sensation of euphoria (a “high”) and are naturally derived from the opium poppy plant (e.g., morphine and opium) or synthetically or semi-synthetically produced in a lab to act like an opiate (e.g., methadone and oxycodone). Chronic repeated use of opioids can lead to tolerance, physical dependence, and addiction.
9. PDMP - The Nebraska Prescription Drug Monitoring Program (PDMP) is a unique statewide tool that collects dispensed prescription information and is housed on the Health Information Exchange platform. The Nebraska PDMP is a public health model focusing on patient safety. Starting January 1, 2018, all dispensed prescriptions will be reported to the PDMP. The PDMP stores the information in a secure database and makes it available to healthcare professionals as authorized by law.



10. Peer-Support Group – These mutual help organizations, peer support groups are structured, non-clinical relationships in which individuals participate in activities that engage, educate, and support patients recovering from substance use disorder. Peer-to-peer groups include such organizations as Alcoholics Anonymous, Narcotics Anonymous, Smart Recovery, All Recovery groups, LifeRing, Women for Sobriety, and online forums.
11. Relapse - Relapse often indicates a recurrence of substance use. More technically, it would indicate the recurrence and reinstatement of a substance use disorder and would require an individual to be in remission prior to the occurrence of a relapse.
12. Relapse - Relapse often indicates a recurrence of substance use. More technically, it would indicate the recurrence and reinstatement of a substance use disorder and would require an individual to be in remission prior to the occurrence of a relapse.
13. Suboxone - Approved by the FDA in 2002 as a medication treatment for opioid dependence, Suboxone contains the active ingredients of buprenorphine hydrochloride and naloxone. The mixture of agonist and antagonist is intended to reduce cravings while preventing misuse of the medication.
14. Substance Abuse - A term sometimes used to describe an array of problems resulting from intensive use of psychoactive substances. It has also been used as a diagnostic label.
15. Substance Use Disorder - The clinical term describing a syndrome consisting of a coherent set of signs and symptoms that cause significant distress and or impairment during the same 12-month period.
16. Withdrawal - Physical, cognitive, and affective symptoms that occur after chronic use of a drug is reduced abruptly or stopped among individuals who have developed tolerance to a drug.



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