

Naloxone Pilot Project – Data Brief

Naloxone Kit Distribution and Refill

Background

Opioids are a highly addictive class of drugs that include pain relievers such as oxycodone, codeine, fentanyl and morphine, and street drugs such as heroin, as well as methadone and buprenorphine used to treat opioid addiction. Deadly heroin and fentanyl overdoses have been rising in Vermont.¹ To save lives, the Vermont Department of Health distributes nasal naloxone (Narcan®), a medication that can reverse an opioid overdose, to community-based partners that then dispense the drug to at-risk clients and their families and friends.

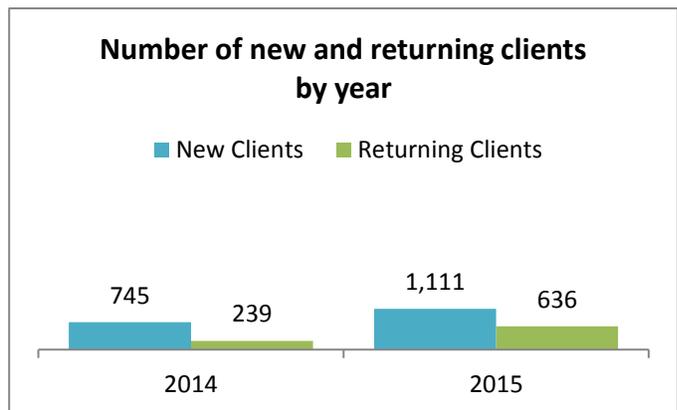
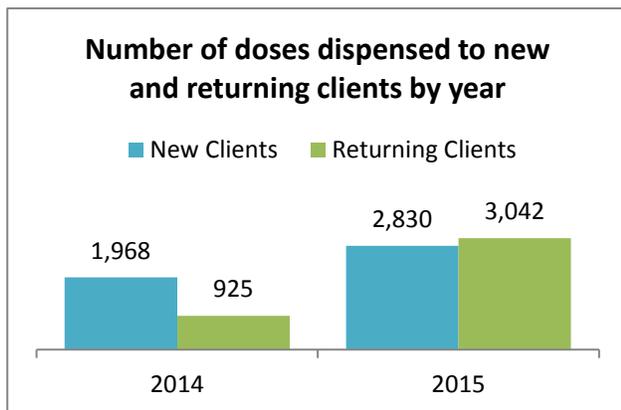
In an overdose, opioids can slow breathing to the point of death. Naloxone, when sprayed into the nose of someone who has overdosed, blocks the opioids and restores normal breathing. Naloxone should be administered as quickly as possible after an overdose. Naloxone is safe, easy to administer, and has no potential for abuse.

How the Program Works

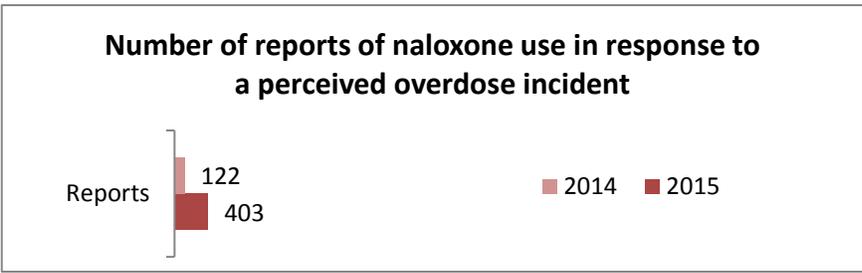
Community-based partners such as treatment centers, harm reduction programs and recovery centers, distribute nasal naloxone to at-risk clients and their families and friends. Individuals receive prevention and overdose response training designed and approved by the Health Department. Upon dispensing naloxone, the community partner enters de-identified data into a form that allows the Health Department to track the number of people receiving naloxone, and those returning for additional doses. For more information visit <http://healthvermont.gov/adap/treatment/naloxone>

Data Overview

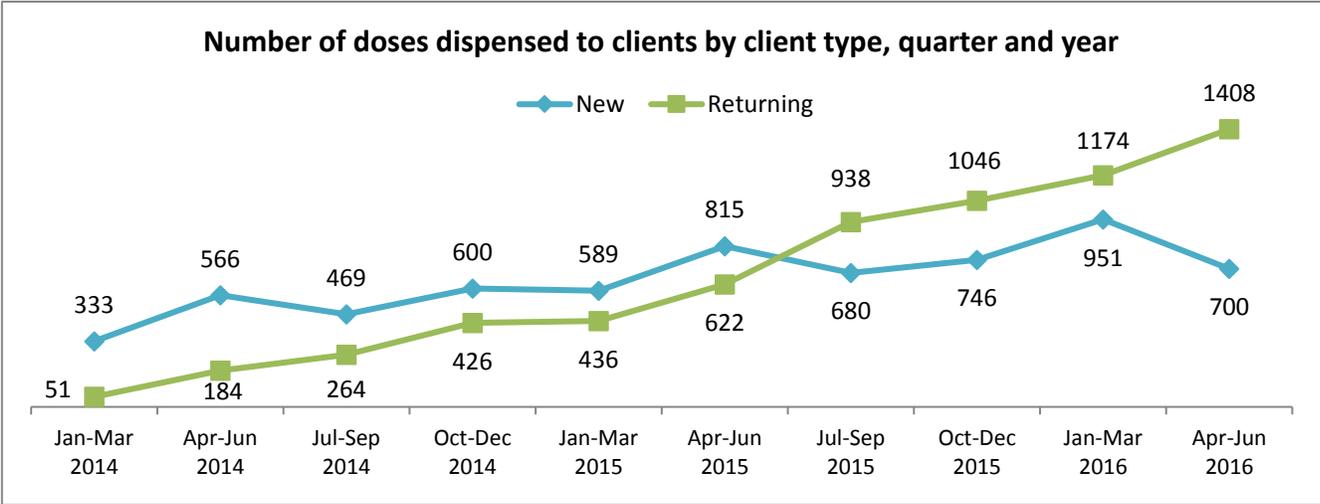
Depending on the client's situation, staff dispense the appropriate number of doses of naloxone. This means that staff sometimes dispense more than the standard two doses at one visit. The first graph depicts the number of doses of naloxone distributed to new clients who are receiving naloxone for the first time, and returning clients who need a refill. The second graph shows the actual number of new and returning clients. The third graph shows the number of reports of naloxone use in response to a perceived overdose incident. This number more than tripled from 2014 to 2015 – the number is dependent on how many individuals are in the community carrying naloxone, so it is to be expected that it will increase as the drug becomes more widely available.



¹ http://healthvermont.gov/research/documents/databrief_drug_related_fatalities.pdf



The graph below depicts the number of doses dispensed to new and returning clients by quarter. In the summer of 2015, the number of doses dispensed to returning clients outstripped the number going to new clients.

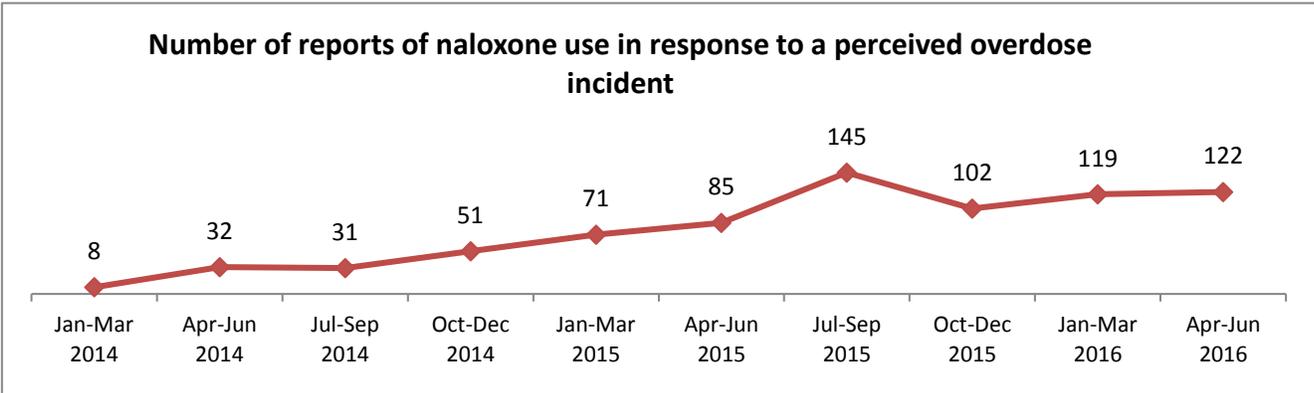


Information on naloxone used in perceived overdose settings

The majority of refills are requested for reasons other than overdose – many times clients lose or give away naloxone. However, in over 760 cases from December 2013 to June 2016, clients have reported naloxone use in response to a perceived overdose incident. Data are based on information reported by the individual seeking a refill, not by medical personnel, and are not a census of naloxone used in the field. Note the graph below depicts incidents, not doses.

>760

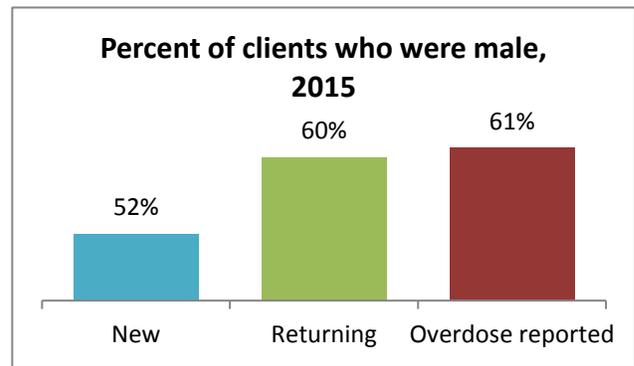
That is how many incidents have been reported in which naloxone was used in a perceived overdose setting by lay people.



Annual 2015 Profile*

The majority of new clients were white (93%), and non-Hispanic (97%). Clients returning for refills were more likely to be male than those coming for the first time. In 2015, 60% of returning clients were male as compared to 52% of new clients, and 61% of individuals administered naloxone in a perceived overdose setting.

The average age of new clients was 35 years old compared to 34 years old for returning clients.



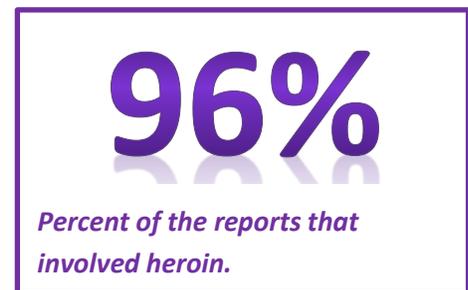
Most individuals seeking naloxone fall between the ages of 20 and 40 years old. Among new clients, 20% were non-users, 38% were active users, 33% were in treatment and 10% were in recovery.

Health and social indicators for new clients, 2015

Of new clients, 59% had witnessed at least one overdose in their life and 32% reported having overdosed at least once in their life. Of those 32% who reported overdosing, 65% reported using heroin, 38% reported having been administered naloxone by medical personnel, and 7% reported having been administered naloxone by a lay person. When asked if they wanted a referral to treatment, 38% reported they were in treatment, 21% said they would like a referral, 19% refused, 8% reported being on a waiting list, for 11% a referral was not appropriate (non-users or in clients in recovery).

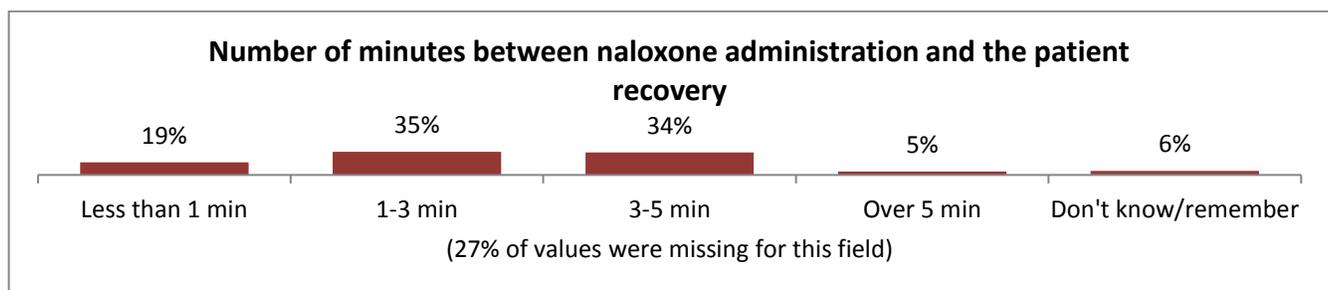
Reports of naloxone use in response to a perceived overdose incident, 2015

Among the 403 cases in 2015 in which clients reported naloxone use in response to a perceived overdose incident, 96% reported that heroin was the drug involved in the overdose. In 64% of the cases the client reported that naloxone was used on a friend, in 15% of the cases the naloxone was used on the client themselves.



In 47% of cases one dose of naloxone was used, two doses were used in 40% of cases, and three or more doses were used in 13% of cases (13% of the values were missing for this field). In 2015, four people reportedly died (in most of these cases naloxone was likely administered after the person's heart had stopped beating).

Thirty-four percent of clients reported that 911 was called during the incident. When EMS was present on the scene 52% of clients reported a positive experience with EMS, 30% reported a neutral experience, 18% reported a negative experience. The vast majority of individuals recovered within five minutes (graph below).



*Note - this data is self-reported and information is not always reported for all data fields. Missing values were excluded from the calculation of percentages. Data points are noted when there were data missing for more than 10% of reporting clients.