

NALOXONE MINI-GRANT OUTCOMES REPORT, FEDERAL FY 2020

GRANT OVERVIEW

With funding from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response grant (SOR), the Idaho Office of Drug Policy (ODP) was tasked with providing naloxone kits for first responders and other agencies to prevent and reduce opioid-related overdose deaths in Idaho. Each kit includes two doses of 4mg Narcan Nasal Spray. Since Fiscal Year 2019, ODP has been fortunate to facilitate the distribution of 6,254 naloxone kits to government and non-profit organizations throughout the state. The SOR grant has funded more than half of these kits (3,750).

“THERE IS MORE DEMAND FOR NARCAN THAN WE HAVE AVAILABLE” —TREATMENT PROVIDER

FY20 GRANT SUMMARY

ODP PROVIDED 2,046 NALOXONE KITS TO 58 AGENCIES

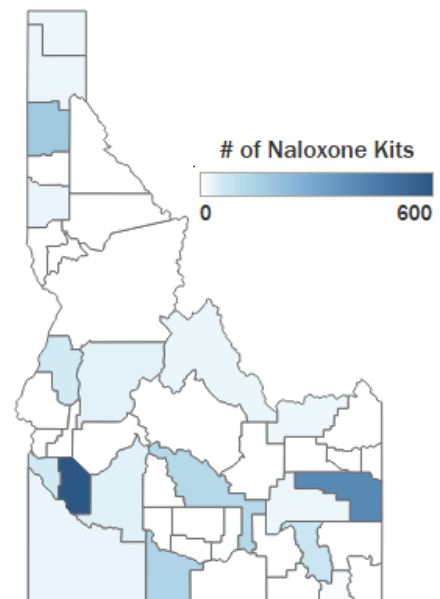
This report covers the FY20 SOR grant period between October 1, 2019 and September 30, 2020. During that time, ODP provided 2,046 SOR-funded Narcan kits (or 4,092 doses) to 58 agencies. The grant also provided 135 Rescue Shot carrying cases and 17 NaloxBox wall-mount units for installation. During FY20, the grant spent \$153,450 on Narcan kits, \$1,438.47 on carrying cases, and \$4,439.81 on NaloxBox units. Naloxone requests frequently exceeded the funding allotted, which resulted in two amendments for additional funds.

The majority of the entities requesting naloxone kits (34) were first responders, including law enforcement, emergency medical services, and fire departments. Together, they received one-third (762) of the naloxone kits distributed under the grant. Harm reduction entities received the next largest number of kits (410). Six corrections agencies, including parole and probation, received ten percent (241) of the kits. Other entities receiving kits were treatment and recovery support centers, as well as crisis and health centers.

Narcan kits were sent to 31 cities in 19 counties. Ada County received the most kits with 844 going to Boise-based and 145 going to Meridian-based entities. Bonneville County received 409, the next largest number, followed by Kootenai County at 174. Only two of the 19 counties received less than 10 kits. See the map for statewide distribution by county.

Naloxone grant recipients agreed to submit quarterly reports to ODP accounting for the use and distribution of the naloxone, as well as

DISTRIBUTED NALOXONE BY COUNTY



providing other overdose information from their communities. Eighty-eight percent (88%) of SOR naloxone recipients through August 2020 submitted at least one quarterly report to ODP. The remainder of this summary will discuss data from these reports.

OVERDOSES REPORTED

222 OVERDOSES AND 47 DEATHS REPORTED

During the FY20 grant period, agencies reported 222 suspected or known opioid overdoses within their jurisdiction or service community and 47 opioid overdose deaths. The number of overdoses reported in quarters three (April through June) and four (July through September) were over twice those reported in the first two

quarters. However, there were more grant recipients reporting in the later quarters. Reports show that more than 60% of those experiencing an opioid overdose were transported to the hospital, but only one patient was transferred from the emergency department to a drug treatment center. Nearly 30% of the agencies reporting hospital transports did not know the status of transfers from the emergency department.

“THE OPIOID PROBLEM IN OUR COMMUNITY IS NOT OBVIOUS AS IT IS IN OTHER PLACES. WE LIVE IN A RURAL AREA SO IT IS MUCH EASIER FOR THE PROBLEM TO REMAIN HIDDEN.” – FIRE DEPARTMENT

NALOXONE ADMINISTRATIONS

GRANTEES REPORTED 115 NALOXONE ADMINISTRATIONS AND 88 OVERDOSE REVERSALS

Twenty (20) agencies from around the state reported administering naloxone. Nearly three-quarters (74%) of agency-submitted reports indicated that naloxone had been used during the reporting period. The naloxone administrations were mostly successful. Of the 115 administrations, 88 (77%) reversed the overdose while 18 (16%) failed to do so. An additional nine administrations (8%) resulted in an unknown outcome. Frequently these reports came from first responders (70%) such as law enforcement, fire departments and emergency medical services.

“ONE RECIPIENT ACTUALLY HAD THREE NALOXONE ADMINISTRATIONS AND SUBSEQUENT TRANSPORTS TO THE EMERGENCY DEPARTMENT IN A TEN-DAY PERIOD. SHE IS NOW 130 DAYS IN RECOVERY.” – RECOVERY SUPPORT CENTER

NALOXONE DISTRIBUTION

GRANTEES DISTRIBUTED 1,025 NALOXONE DOSES TO AT-RISK INDIVIDUALS AND THEIR FAMILIES AND FRIENDS

Eighteen grantees reported distributing 1,025 naloxone doses to individuals other than agency employees including both individuals personally at risk for an opioid overdose and friends, family, or other individuals in a position to administer naloxone in the event of an overdose. The number of doses distributed during any given reporting period ranged from 1 to 300. Harm reduction and recovery agencies distributed the largest amounts of naloxone (98%). Although most community-based agencies are unable to keep track of how the distributed naloxone is used, five agencies reported 21 known overdose reversals from naloxone distributed to individuals.

OTHER NALOXONE DOSE ACCOUNTING

Agencies were asked to report the status of unused naloxone, namely whether any doses were lost or expired. No doses were reported lost and three agencies reported that 24 doses expired during the last two reporting periods. As naloxone granted during this reporting period has a two-year shelf life, agencies were reporting on naloxone previously received under ODP grants.

SUCCESSSES

SAVED LIVES ARE THE MOST REPORTED SUCCESS

As part of each report, grantees were asked to convey successes and barriers related to opioid overdose. Grantees described a variety of successes throughout the year. Overdose reversals were the most often reported success – 22 reports or 35% of reported successes. Having no overdoses to report was cited as a success in 14 reports. Another frequently reported success was providing Narcan training (14) either to staff or the public, as well as providing community outreach and promotion (6 reports). Other agencies were grateful to have the naloxone available to their community (9) and an additional 6 agencies cited the ability to distribute kits to individuals.

“DURING THIS PERIOD, WE BEGAN TO ESTABLISH MORE PARTNERSHIPS WITH COMMUNITY PROGRAMS TO CONDUCT OVERDOSE PREVENTION OUTREACH. HOWEVER DUE TO THE CURRENT COVID-19 PANDEMIC, ALL SCHEDULED DATES HAD TO BE CANCELED AND TALKS WITH THESE ORGANIZATIONS ARE POSTPONED UNTIL OUR OWN ORGANIZATION CAN RETURN TO NORMAL FUNCTION. “

—MEDICAL SCHOOL

BARRIERS

COVID-19 CREATED BARRIERS FOR MOST GRANTEEES

Far fewer barriers were reported compared to successes (25 barriers to 63 successes). However, COVID-19 was commonly cited as a barrier to accessing clients and providing training. Lack of education was next frequently cited as a barrier for a variety of reasons. Education is still needed to counteract community stigma toward naloxone, as well as training for individuals to recognize the signs of an overdose. Another issue mentioned was the lack of data to timely address areas of need.

FUTURE PLANS

CONTINUING TO HAVE NALOXONE ON HAND AND TRAINING WERE CITED AS MOST COMMON FUTURE PLANS

The majority of reports (78) indicated future plans pertaining to opioid overdose and carrying/administering naloxone. Over half of reports (40) mentioned continuing to issue naloxone to employees or to keep on hand to administer if needed, and 17% intend to continue or start distributing naloxone in the community. Twenty-eight percent (28%) said their future plans involve naloxone training for staff, while 12% indicated community outreach and education.

“WE PLAN TO CONTINUE TO CARRY NARCAN AS OPIOIDS ARE BECOMING MORE COMMON AND WE HAVE EXPERIENCED OUR FIRST FENTANYL RELATED DEATH IN THE COUNTY.” —LAW ENFORCEMENT