

34 LIVES SAVED IN FIRST YEAR! OKLAHOMA STATE DEPARTMENT OF HEALTH'S NALOXONE DISTRIBUTION PROGRAM FOR EMS PERSONNEL

INITIATIVE OF THE INJURY PREVENTION SERVICE

PUBLIC HEALTH ISSUE

Unintentional poisoning (UP) is the leading cause of accidental death in Oklahoma. UP mortality increased more than 500% from 1999 to 2013, with 127 deaths in 1999 and 730 deaths in 2013. Of the more than 4,600 UP deaths from 2007-2013, 78% involved prescription drugs and 87% of those deaths

involved opioid analgesics.

One strategy to prevent opioid-related deaths is to

equip first responders to use naloxone, an opioid antagonist used to reverse heroin and prescription drug overdoses. The Oklahoma State Department of Health's (OSDH) efforts to expand intranasal naloxone availability are a part of a comprehensive program in Oklahoma to prevent overdose deaths. Adults aged 35-54 have the highest death rate from prescription drug overdoses of any age group.

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The OSDH Injury Prevention Service initiated efforts to expand intranasal naloxone availability and use among emergency medical service (EMS) agencies and emergency medical response agencies (EMRAs) across Oklahoma. In 2013, legislation was enacted to authorize dispensing of naloxone to

trained family members, friends, and first responders.

A new protocol was added to the State of Oklahoma 2014 Emergency

Medical Services Protocols allowing the use of intranasal naloxone; however, few basic and intermediate level EMS agencies and EMRAs had adopted the practice.

Preventive Health and Health Services (PHHS) Block Grant funds were used to expand training of naloxone administration across the state, with a focus on first responders. The OSDH worked with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to

Unintentional poisoning deaths have risen dramatically over the past decade.

Oklahoma ranks eighth in the nation for drug overdose death rates, 49 percent higher than the national rate. Drug overdoses are the leading cause of injury death in Oklahoma, surpassing motor vehicle crashes. Prescription painkillers are now the most common class of drugs involved in overdose deaths (87% of prescription drug-related deaths, with 464 opioid-involved deaths in 2013).

expand a previously existing training program for law enforcement and to adapt it to EMS and EMRAs. OSDH provided naloxone kits to all agencies that participated in the program. The earlier program had coverage gaps throughout the state,

especially in rural areas. To improve recruitment and involvement with key stakeholders, the creation and implementation of the program was developed through a unified effort with existing partnerships across agencies.

Training locations were prioritized by identifying counties with high opioid-related overdose death rates, limited naloxone availability, and agencies with limited paramedic-level personnel. OSDH conducted eight regional Train the Trainer trainings for emergency medical personnel. Basic and intermediate-level agencies received one naloxone starter kit and up to two replacement kits or atomizers per ambulance. An atomizer is a device used to reduce medication to a fine spray or

aerosol. Starter kits consisted of two doses of naloxone in pre-filled Luer Lock syringes and two atomizers.

As of November 2015, 54% of all certified agencies (including EMS and EMRAs) in Oklahoma had been trained on appropriate administration of intranasal naloxone. Over 760 emergency medical personnel from 174 agencies have trained on the protocol. More than half the EMS agencies and EMRAs trained signed memorandums of agreement (MOA) between the agency and OSDH, adopted the naloxone protocol, and received the kits or atomizers. The OSDH distributed 185 naloxone kits and 108 atomizers at the trainings. The naloxone trainings have had a positive response, especially among rural agencies, where the

nearest emergency room may be 45 minutes away.

Thirty-four people have received this life-saving naloxone treatment because of this program. OSDH recognizes the value of each life and the life-saving potential of this treatment. Naloxone is now more readily available during the critical period between scene arrival and advanced medical care, thereby reducing opioid-related mortality. The increase in training and availability of naloxone coverage among the basic and intermediate level personnel enable them to act quickly. Ongoing activities and support are needed to sustain program success and to reach the goal of training 100% of basic and intermediate level personnel and agencies in intranasal naloxone use.

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