

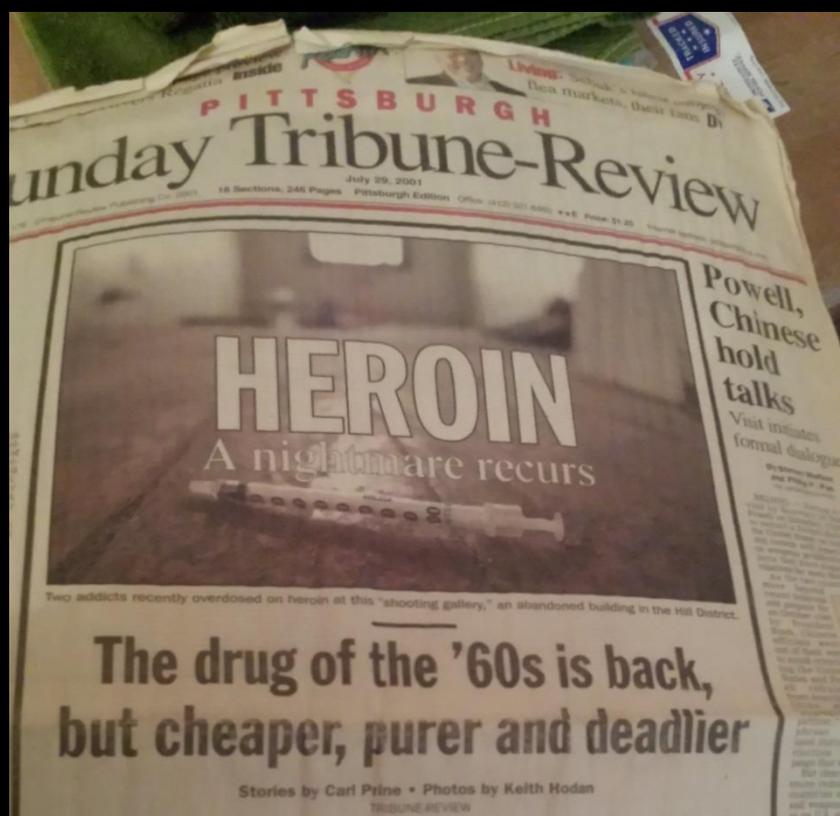
# Harm Reduction Strategies to Public Health Crisis



Alice Bell, L.C.S.W.  
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Prevention Point Pittsburgh

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"The 'war on drugs' is the worst-named war ever," .... "By even framing the question like that, you've made drugs, the people who profit from their sale and the people who make them rich by buying the junk into a criminal issue. It isn't. It's a social issue, and we're all paying for it.

"By the time law enforcement becomes involved, it's too late. We will never stamp out drugs. People will always want to get high. And others will always look for a quick way to make money by doing something illegal. If you want to stop heroin - stop all

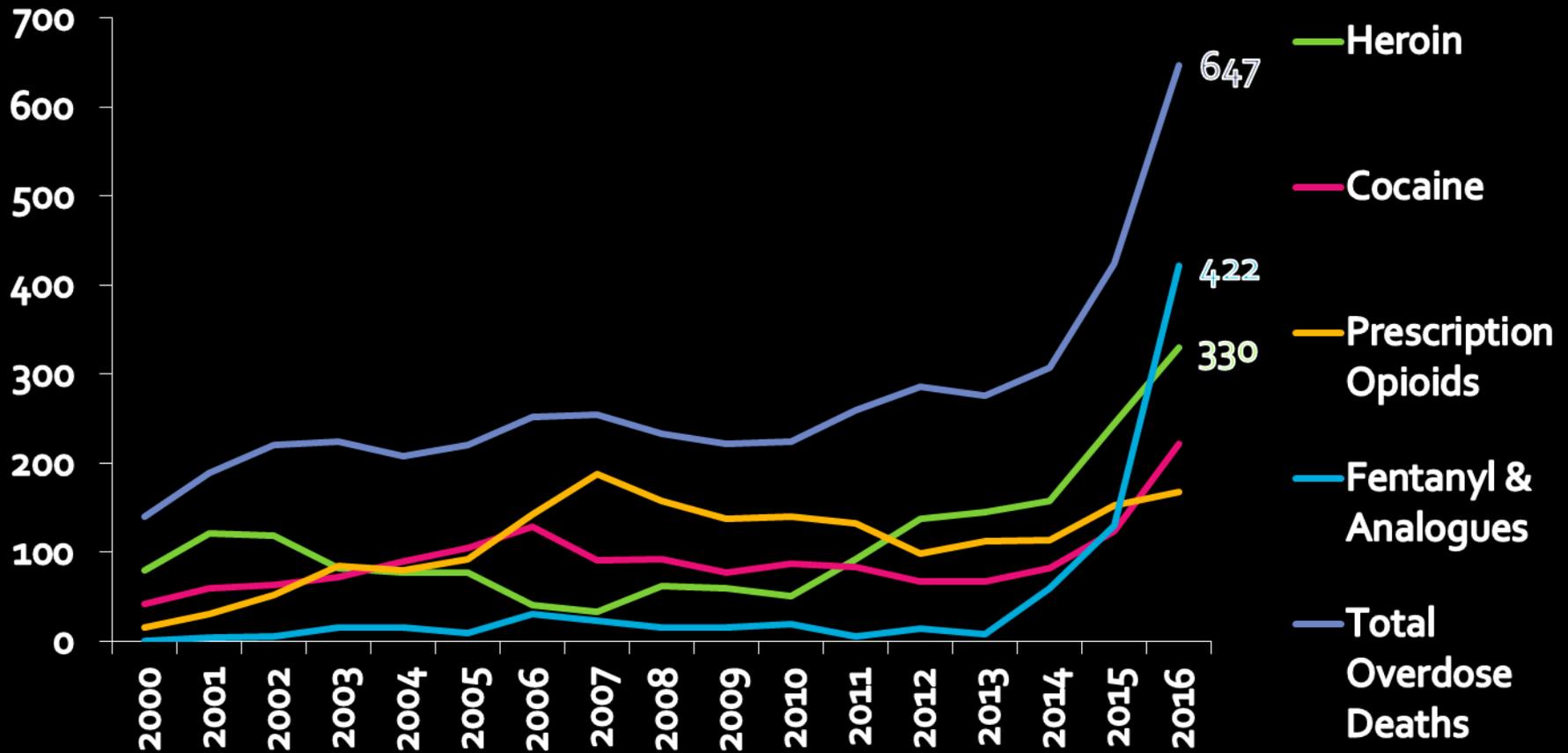
drugs, really - then we need more drug education, more treatment of drug addicts and a renewed commitment to helping retrain these people for a lifetime of meaningful work.

"No one wants to talk about that, because of the politics, but that's what we need. We'll continue to enforce the laws we've sworn to do. But heroin isn't a fad issue. It's not a criminal issue. It's a humane issue. We need to give these people back their lives, their souls."

**Pittsburgh Police Chief Robert McNeilly Jr. July 29, 2001**

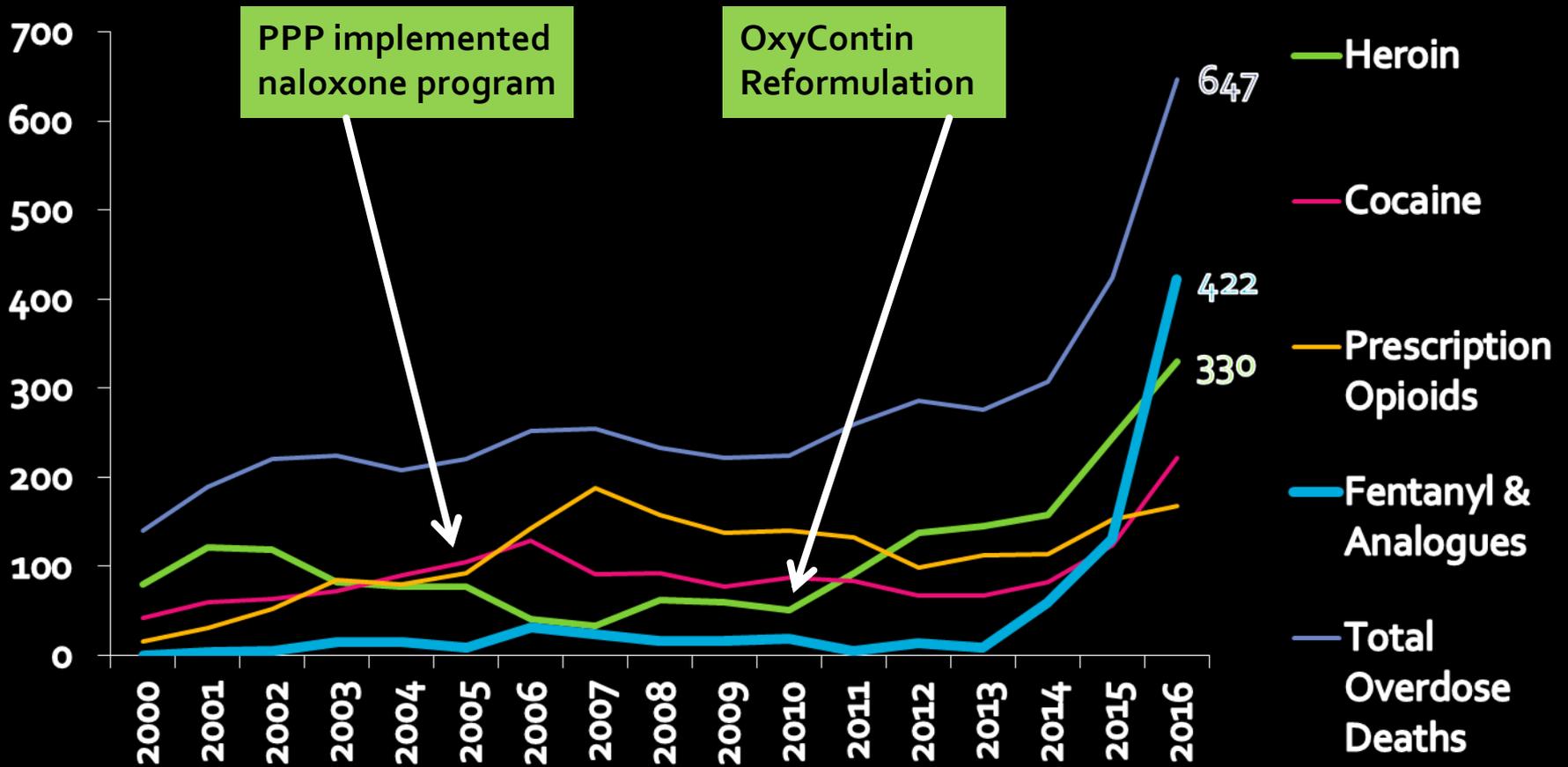
# Allegheny County Accidental Drug Overdose Deaths 2000-2016\*

85% of cases include more than one drug



\* Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances..

# Allegheny County Trends in Accidental Drug Overdose Deaths 2000-2016 \*

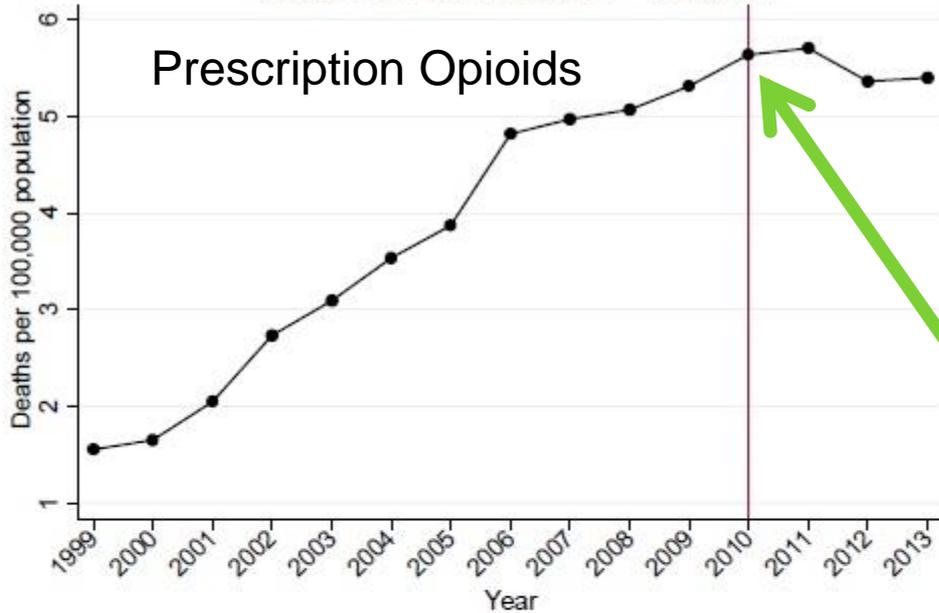


PPP implemented naloxone program

OxyContin Reformulation

\* Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances.

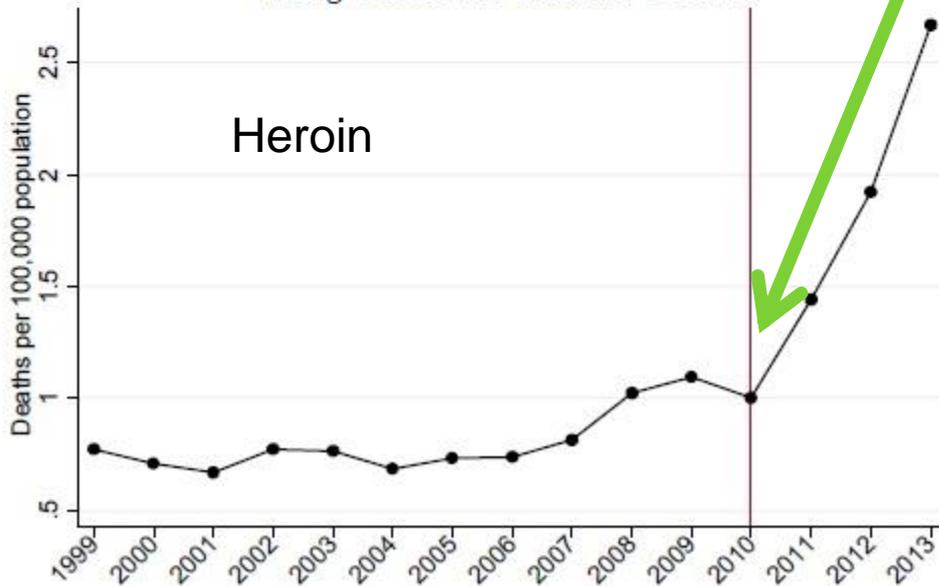
Drug Overdose Deaths - Opioids



Each percentage point reduction of OxyContin misuse due to reformulation is shown to increase heroin mortality by 3.1 deaths per 100,000.

## OxyContin Reformulation

Drug Overdose Deaths - Heroin



No evidence that reformulation affected overdose rates overall (across all drugs).

**Substitution of heroin and illegal fentanyl unraveled benefits of reformulation in three years following reformulation.**

*Supply-Side Drug Policy in the Presence of Substitutes: Evidence from the Introduction of Abuse-Deterrent Opioids*, Alpert, Powell, Pacula .  
National Bureau of Economic Research, Jan. 2017

# Supply Reduction Without Access to Treatment and to Naloxone = Devastating Consequences.

- Efforts to reduce supply of prescription opioids
- Prescription Opioid Overdose deaths plateaued, but heroin deaths have increased by more than 300% nationally.
- 2016 illicit fentanyl overdose deaths accounted for 63% of deaths in Allegheny County, more than heroin.
- Hepatitis C infections have increased 150% since 2010; primarily among adolescents/ young adults, white, living in non-urban areas. Rural states have seen Hep C increase of 364%.
- 2015 – 188 injection-related HIV cases in rural Scott County, Indiana. Concern for other rural areas. CDC has designated entire state of Pennsylvania as at risk for this type of outbreak.

# Parallels drawn between HIV/AIDS and opioid epidemic

- Gov. Chris Christie: Similarities between opioid addiction epidemic and the HIV and AIDS crisis in the 1980s.
  - "People who are in denial about the lives that are being lost; certain value judgements that are being placed upon the conduct of people who then get this disease."
- Josiah D. Rich, M.D., M.P.H., Director of the Center for Prisoner Health and Human Rights:
  - "Deaths documented by the Centers for Disease Control and Prevention have been on the rise, and that profile bears a striking resemblance to the beginning stages of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic,"

# Doctor says man got AIDS through saliva

Knights News Service

SAN JOSE, Calif. — Anxious federal health officials are conducting exhaustive tests to determine whether an ailing 72-year-old San Bruno man is the nation's first person to have contracted AIDS

recent months, he has suffered numerous pneumonias that have dropped his weight to 100 pounds. Although the man's exact source of infection is still unknown, he has suffered

# Early Days of the AIDS Epidemic

# AIDS fear cuts blood donations

# AIDS fear: dentist ban on gays

SOME DENTISTS in Australia have refused to treat homosexual patients because they fear catching AIDS, according to Melbourne's gay community.

Mr Adam Carr, a spokesman for the new Victorian AIDS action committee, said there had also been cases of homosexual patients being put into hospital isolation wards even though they showed no symptoms of AIDS.

Mr Carr said the aim of his committee was to stop "the AIDS-inspired scapegoating of gays, and to put the issue in perspective."

The committee was established after an AIDS information and medical forum attended by more than 300 homosexuals in Melbourne.

"It is essential to realise that AIDS is not a gay disease, but that the activities of the media and medical establishment have made AIDS a gay problem," Mr Carr said.

He said his group rejected strongly any proposition that acquired immune deficiency syndrome (AIDS) was a "gay plague."

"We will be resisting any attempts by people to use AIDS as a vehicle to restrict gay rights," he said.

Mr Carr said that in the U.S., homosexuals had lost their jobs and housing due to the AIDS scare.

"I think it will eventually be discovered that AIDS is a new virus that just happened to first strike the homosexual community," he said.

Mr Carr called on both Federal and State Health Ministers to consult the gay community about the disease.

These posters, collected by the Wellcome Trust, reveal the various messages displayed around the world, amid widespread fear, ignorance, and misinformation about the epidemic.

Some people think you can catch AIDS from a glass.



# HIV in the '80s: 'People didn't want to kiss you on the cheek'

By Elizabeth Landau, CNN

# Embalmers fear AIDS risk

'HAPPENING ALL OVER'

**News Service**  
A Toronto AIDS support group says the discriminatory attitude of most R.C. funeral homes is true across Canada.  
"It's happening all over," said Paul Shaw, spokesman for the AIDS Committee of Toronto.  
"There's only a small number of funeral homes that we can refer people to, even here in Toronto."  
In St. Catharines, Ont., one funeral director quit the job to lobby against area doctors who don't warn embalmers about diseases the AIDS in bodies they see.

In Halifax, the Nova Scotia Embalmer's Association wants bodies of people who have died of infectious diseases to bear labels with bold, five-centimetre-high lettering spelling out the nature of the illness.  
The Ontario Funeral Directors' Association has expanded its code of ethics to eliminate discrimination against AIDS victims.  
But it said funeral directors can adapt services to one funeral director quit the job to lobby against area doctors who don't warn embalmers about diseases the AIDS in bodies they see.

tion which represents all but a handful of the province's nearly 70 funeral homes, told The Province fewer and fewer embalmers will touch the bodies of AIDS victims.  
"The majority of operators would not like to deal with an AIDS victim — actually do the embalming," he said. "And I know people who have and don't want to say more."  
Said Landau: "They don't pay us enough money. I've got a family and I'm not willing to take the chance."  
Landau, who works for Bona-fides Funeral Home on East Broadway, said in an interview he once had to be treated for blood-borne virus.  
Hanson told The Province system they force one to do an AIDS case. I would gladly go," he said.  
Others told the same way despite formal and practical guidelines.  
Embalmers working on AIDS cadavers must don disposable paper jump suits, boots to three-pointed rubber gloves, goggles and even face masks. The extra equipment, disinfectant and other costs can add between \$50 and \$200 to the bill.  
Labor and Consumer Services Minister Loui Hanson said he will soon form an advisory board to review funeral home legislation.

## Aids Fear Has Police Fighting Crime With Rubber Gloves

July 29, 1987 | By Eric Zorn.

For weeks, both the squadrol and the ``deathmobile`` at the Elgin Police Department smelled like Lysol disinfectant.

Elgin`s finest, rattled by a too-close encounter with an AIDS victim, were taking no chances. They scrubbed and sterilized all surfaces that had come into contact with the man. The watchwords in the ranks were: ``You never know.``



ACT UP demonstrators who were angry at the federal government's response to the AIDS crisis effectively shut down the headquarters of the Food and Drug Administration in Rockville, Md., on Oct. 11, 1988.

J. Scott Applewhite/AP

YOU ARE HERE: LAT Home → Collections

Advertisement

## Police Arrest AIDS Protesters Blocking Access to FDA Offices

October 11, 1988 | United Press International

ROCKVILLE, Md. — Protesters demanding faster access to AIDS treatments were arrested by police today as they attempted to take over the headquarters of the Food and Drug Administration in an act of civil disobedience.

Police officers, wearing surgical gloves and helmets, started rounding up the hundreds of demonstrators and herding them into buses shortly after 8:30 a.m. Some protesters blocked the buses from leaving for 20 minutes.

# Recent Media Reports on Opioid Overdose

Drug officials: "Fentanyl can kill you just by touching it"

Updated: 5:56 PM MDT



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## POISON TOUCH Cop overdoses after simply TOUCHING Fentanyl – a drug 100 times more powerful than heroin – after arresting suspected pusher

Justin Buckle, 25, and Cortez Collins, 24, were arrested during the bust in East Liverpool, Ohio, USA, that led to Officer Chris Green being rushed to hospital

By Tom Michael

CBS/AP / May 15, 2017, 12:07 PM

## Officer nearly dies from fentanyl overdose after traffic stop

EAST LIVERPOOL, Ohio -- Police say an officer suffered an accidental overdose following a drug arrest in Ohio when he touched powder on his shirt

## DEA warns first responders of accidental overdose risk

By Victoria Knight, CNN

Updated 6:20 PM ET, Thu June 8, 2017

### Story highlights

Police Officer unknowingly wipes off fentanyl off uniform and immediately collapses

Green overdosed on opioid drug by absorbing it through his skin

system through his hands. The officer had apparently encountered the opioid earlier in the day while making a drug bust.

"This is scary. He could have walked out of the building and left and he could have passed out while he was driving. You don't even know it's there on his clothes," East Liverpool Police Chief John Lane told CNN.

"His wife, kids and his dog could be confronted with it and boom, they're dead. This could never end."

It happened last Friday night after East Liverpool officers made a traffic stop and detained two men they believe were involved in a drug transaction.

(CNN) — Here's a frightening reminder of the dangers of fentanyl, a powerful opioid that can be lethal even in tiny amounts

A police officer in East Liverpool, Ohio, collapsed and was rushed to the hospital after he brushed fentanyl residue off his uniform, allowing the drug to enter his

system through his hands. The officer had apparently encountered the opioid earlier in the day while making a drug bust.

"This is scary. He could have walked out of the building and left and he could have passed out while he was driving. You don't even know it's there on his clothes," East Liverpool Police Chief John Lane told CNN.

"His wife, kids and his dog could be confronted with it and boom, they're dead. This could never end."

It happened last Friday night after East Liverpool officers made a traffic stop and detained two men they believe were involved in a drug transaction.

## The Baltimore Sun

...deputy began to suddenly feel ill and dizzy and had a rapid heart rate. On-scene EMS personnel administered the opioid-reversing drug Narcan.

A county volunteer fire spokesman says the two emergency providers were treated for varied symptoms, but not given Narcan.

Kahler says preliminary tests indicate they were potentially exposed to heroin and fentanyl, *but how hasn't been determined.*



Then – moments after the man being treated by paramedics came to – the overdose hit.

"My face felt like it was burning. I felt extremely light-headed. I felt like I was getting dizzy," he said. "I stood there for two seconds and thought, 'Oh my God, I didn't just get exposed to something.' I just kept thinking about the carfentanil."

Carfentanil came to mind because just hours earlier, Phillips' boss, Harford County Sheriff Jeffrey Gahler, sent an email to deputies saying the synthetic opioid so powerful that it's used to tranquilize elephants had, for the first time ever, showed up in a toxicology report from a fatal overdose in the county. The sheriff had urged

"It's scary, period," Gardiner said. "Every time we walk into a room, building, we don't know what we're going to encounter. It's a whole level of something new."



## Narcan-Resistant Strain Of Fentanyl Hits Western Pennsylvania

April 28, 2017 5:34 PM By Julie Grant

Filed Under: Acryl Fentanyl, Bradley Johnson, David Battiste, DEA, Fentanyl, Julie Grant, Mark Hoyer, Narcan, Opioid Crisis



Watch & Listen LIVE  

PITTSBURGH (KDKA) — A strain of fentanyl that’s resistant to Narcan has made its way to Western Pennsylvania. It’s hundreds of times more powerful than morphine and is already causing overdose deaths.

“If Acryl fentanyl is introduced into the population, it can have devastating effects,” said DEA Special Agent in Charge, David Battiste. “You would have to reuse Narcan if you are revived from Narcan at all.”

According to the DEA, it's still unclear just how resistant it is and why it's resistant.

"If Narcan cannot be used to reverse the effects of these overdoses, something has to be done," said Denise Zyskowski of Robinson Township.

"It's something paramedics are going to have to be prepared to deal with that this treatment might not work," said Bradley Johnson of Pittsburgh.

"To find out that something like that is in the community and people won't know what it is, I think that's the problem. They think it's something and it's not what they think it is," said Mark Hoyer of Youngwood.

Julie Grant is a reporter, anchor and legal editor at KDKA.

The image shows a screenshot of a news website. At the top left is the logo for WSB-TV Atlanta 2. To the right of the logo is a navigation menu with links for WEATHER, NEWS, LIVE, VIDEO, TRAFFIC, SPORTS, CONSUMER, TRENDING, COMMUNITY, and MORE. Below the navigation menu is a blue banner with the text "Fentanyl resistant to Narcan appears in Georgia" and a play button icon. To the right of the banner is the main article title "Fentanyl resistant to Narcan appears in Georgia" in a large, bold font. Below the title is the byline "by: Tom Regan Updated: Jun 28, 2017 - 10:40 AM".

The Georgia Bureau of Investigation is sounding the alarm over a new strain of the illicit synthetic opioid. This one is called Acrylfentanyl.

It was detected in a drug seizure submitted by the Forsyth County Sheriff's Office in early spring.

"There are multiple reports showing that this drug is resistant to Naloxone," Nelly Miles with the GBI said.

Naloxone and Narcan are lifesaving antidotes to opioid overdoses, but in many cases, they don't seem to work to reverse the effects of Acrylfentanyl.

In Cook County Illinois, officials cite 44 overdose deaths so far this year caused by Arcrylfentanyl.

"So now it's in our state," Miles said.

# New strains of fentanyl are resistant to Narcan

Naloxone-resistant fentanyl is making its way into Ohio

Tyler Carter  
Published: May 3, 2017, 8:44 pm

# New Naloxone-resistant Fentanyl strain coming to Central PA, say EMS workers

He estimates a patient overdosing on Acryl fentanyl could go through four doses of Naloxone to revive, and that may not even be enough.

dly drug making its way into Ohio.

## Antidote concerns with new strains of fentanyl in B.C.

Fears naloxone-resistant fentanyl coming to B.C.

Kendall said he knows of at least 40 different fentanyl analogues... difficult to detect with standard drug tests.

He suspects acryl fentanyl may be one of those analogues. **That version of fentanyl promises a longer high and has started emerging in the United States, raising concerns because it's highly resistant to the Narcan antidote.**

**Panic over two Narcan-resistant strains of fentanyl in Georgia: Scientists warn the synthetic drugs are lethal to touch, can kill with just one grain and have NO antidote**

- Police have found two Narcan-resistant strains of the opioid fentanyl in Georgia
- Acrylfentanyl, linked to deaths in Illinois, can kill with just 0.00015 grams

# Is it surprising that we end up here?

## Let overdoses die? Ohio councilman stuns with his take on opioid abuse

[Keith BieryGolick](#), [kbierygolick@enquirer.com](mailto:kbierygolick@enquirer.com)

Published 10:02 p.m. ET June 29, 2017 | Updated 7:54 a.m. ET June 30, 2017



**The Washington Post**  
*Democracy Dies in Darkness*

National

## As opioid overdoses exact a higher price, communities ponder who should be saved

By Tim Craig and Nicole Lewis July 15

—  
Most Read



"There are lessons learned from the HIV/AIDS epidemic that should be heeded and should drive a parallel response to today's crisis."

Fear and ignorance leads to public panic

Stigma against population most affected leads to slow response.

Some people think you can catch AIDS from a glass.



October is National AIDS Awareness Month

**You can't.**

The California Medical Association and public health officials agree: AIDS is not spread through the air. AIDS is not spread by touching someone. AIDS is not spread by hot tubs. AIDS is not spread through the preparation or serving of food or beverage in restaurants or homes. The virus that causes AIDS is spread by unprotected sex with an infected person, or by contaminated blood entering the blood stream—such as by sharing drug needles.

Fight the fear with the facts:  
 800-367-AIDS / 800-922-AIDS  
(Toll-free in So. Calif.)  
 800-342-2437  
(Toll-free in So. Calif.)

Presented as a Public Service by:






See your physician or pharmacist for free information or call your local Health Department

IGNORANCE = FEAR



SILENCE = DEATH

FIGHT AIDS ACT UP

© K. Haring '87

# The Viral Story About the Cop Who Overdosed by Touching Fentanyl Is Nonsense

The terrifying tale has been reported as fact, but toxicologists doubt that it is medically possible.

By *Jeremy Samuel Faust*



Photo illustration by Lisa Larson-Walker. Photos by Jeremy Yap/Unsplash and Thinkstock.

In the middle of May, a police officer in East Liverpool, Ohio, Chris Green, was responding to a traffic call when he realized that white powder had spilled inside the car he was investigating. He put on gloves to protect himself from what he would later learn was a formulation of fentanyl, a potent prescription opioid, as



Fentanyl cannot cause clinically significant effects, let alone near-death experiences, from mere skin exposure.

...medical and toxicology professionals...agreed that it's implausible that one could overdose from brushing powder off a shirt. Skin cannot absorb even the strongest formulations of opioids efficiently or fast enough to exert such an effect. "There is a reason that the fentanyl patches took years [for pharmaceutical companies] to develop,"

Ed Boyer, M.D., Ph.D., medical toxicologist,  
Harvard Medical School

“Could Green’s overdose have been the result of him accidentally inhaling the powder...?” ... actively inhaling (i.e. snorting) visible amounts of fentanyl could cause a life-threatening overdose. If a person were to snort a “line” of the substance (thinking, perhaps, it was cocaine), or sample visible quantities of powder formulations of fentanyl orally, it could certainly cause an overdose. But Green was not intentionally inhaling or swallowing the powder—he was just brushing it away from him.

Perhaps when he moved to brush the substance off his shirt, some of it stuck to his fingers and he later inhaled it, or accidentally ingested it. But the amount that could have transferred from the car to the shirt to the fingers to the mouth or nose would not be a clinically significant quantity, even accounting for fentanyl’s potency. Such a chain of events would be extremely unlikely, the odds of an overdose from such a freak incident are infinitesimally small—if not strictly impossible.”

“This may help explain why it appeared to take so much naloxone to revive the officer after he passed out. The reports state that 16 mg of naloxone were given (four nasal doses, typically 4 mg apiece). That’s an enormous quantity.... in medicine, when a medication with well-established and consistent efficacy such as naloxone does not work at its usual dose, it’s usually because we are treating the wrong illness—we’ve made a diagnostic error—not because the known treatment is flawed...loss of consciousness that does not respond to multiple doses of naloxone is likely not to have been opioid-related at all.”

David Juurlink, M.D., a toxicologist at the University of Toronto, who has published dozens of articles on the dangers of opioids concluded: “it would be ‘hard to imagine someone would need multiple doses of naloxone after transient skin contact with powdered fentanyl,’ ...it was more likely that naloxone had simply been deployed against the wrong problem.”

**“What troubles me most is that the local and national media ran with this story without stopping to ask the right people the right questions.”**

**“Unfortunately, this anecdote could serve to stoke more unnecessary fear in our communities around an already frightening public health crisis.”**

**Jeremy Samuel Faust** is an emergency medicine physician at Brigham and Women's Hospital in Boston and a clinical instructor at Harvard Medical School.

# Facts about fentanyl, acryl fentanyl, and other analogues from the Office of National Drug Control Policy in response to recent news reports.

- Fentanyl and its analogues, including acrylfentanyl, are synthetic opioids.
- Acrylfentanyl is not a new kind of synthetic opioid. Rather, it belongs to the family of fentanyl analogues that are well-known to the medical and law enforcement communities nationwide.
- Acrylfentanyl is not more powerful than other fentanyls used in the illicit market. It has the same morphine equivalency, about 50-100, as fentanyl
- If administered quickly and at a sufficient dose, naloxone and other opioid antagonists are effective against all opioids regardless of their potency.

# Facts about fentanyl, acryl fentanyl, and other analogues from the Office of National Drug Control Policy in response to recent news reports.

- Naloxone's duration of action [30-90 minutes] is shorter than that of most opioids. A patient resuscitated by naloxone may appear to overdose again as the naloxone leaves the brain. This does not mean the naloxone is ineffective, but rather that an additional administration of naloxone is necessary to fully resuscitate the patient.
- When administered within the right amount of time, for example before brain death, heart failure, or other complication sets in, and at the right dosage level, naloxone will effectively reverse the effects of an overdose and prevent death for any opioid, acrylfentanyl included.

ACRYLFENTANYL AND NALOXONE EFFECTIVENESS

Kemp Chester, Acting Director ONDCP, 30 May 2017



## We have the antidote.



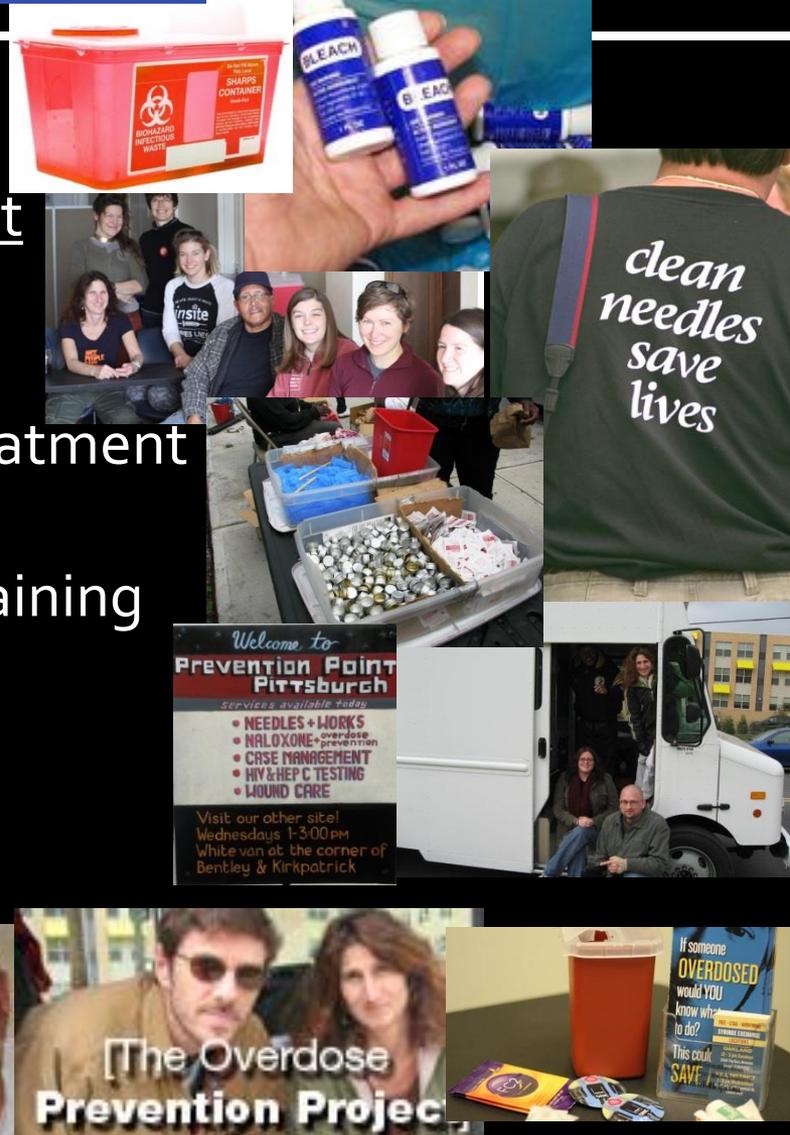
- Most deaths involve opiate/opioid (heroin, fentanyl, pain medications)
- Deaths from Opioid/Opiate Overdose are almost entirely preventable if oxygen is maintained through rescue breathing.
- In addition, we have a highly effective, very safe antidote, naloxone, that reverses the effects of opiate overdose.

# Prevention Point Pittsburgh

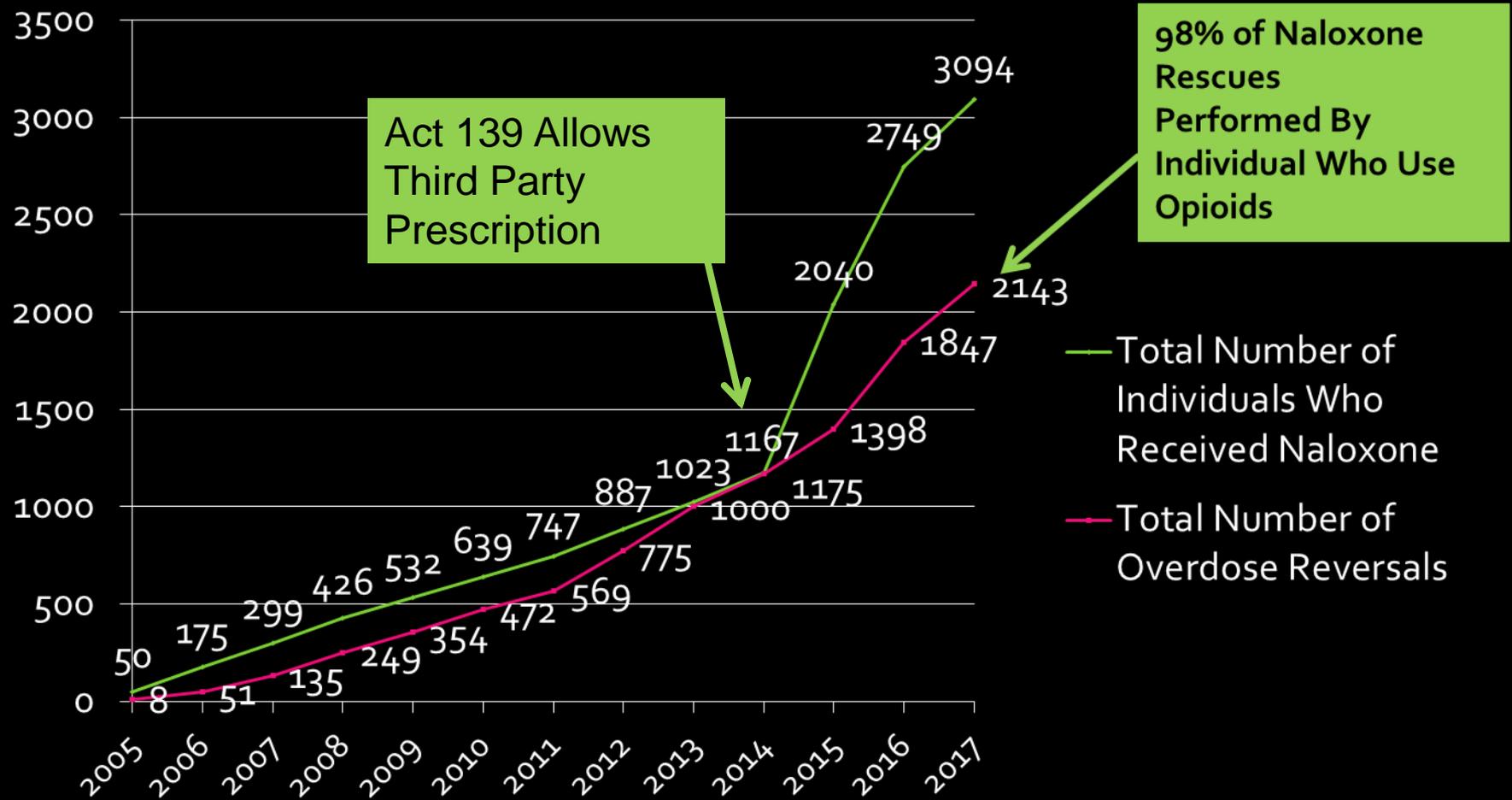


## Harm Reduction Services

- Providing Sterile Injection Equipment to prevent HIV & Hep C since 1995.
- Testing for HIV and Hepatitis C
- Case Management, assistance to treatment
- Crisis Intervention & Counseling
- Overdose Prevention & Response Training
- Naloxone Distribution since 2005.
- Wound Care Consultation Clinic
- Education on safer injection.
- All Services Free of Charge
- Anonymous/Confidential
- Low Threshold



# Prevention Point Pittsburgh Naloxone CUMULATIVE DATA - July 2005- June 2017



# What We Know

- We have skyrocketing deaths from opioid overdose. naloxone quickly and effectively reverses respiratory arrest from opioid overdose, restores breathing and saves lives if administered quickly enough.
- Time is of the essence, particularly as we see increasing high potency/fast-acting fentanyl in the heroin supply. Essential to insure naloxone is immediately available at the scene of an opioid overdose.
- Individuals who use illicit drugs, most likely to be present at the scene when overdoses occur. Several years of data show lay administration of naloxone can be done effectively with a minimum of training.
- Buprenorphine or methadone have been clearly demonstrated to reduce the risk of overdose deaths in individuals who receive ongoing treatment on long term basis.

# Our Experience Reflects Research Findings

- Fentanyl narrows the window for rescue with naloxone. Drug users are far more susceptible to death while waiting for care to begin and during relapses.
- A Rhode Island Hospital/Brown University study found the majority of people surveyed use heroin or cocaine to stave off withdrawal and were not interested in the intense risks associated with fentanyl.
- They found a high degree of fear around fentanyl in the drug using community, resignation around lack of alternative options leading people to rely on unsafe product and take daily chances in managing their addiction.
- British Columbia study found of 242 PWUD who tested positive for fentanyl, 73% did not knowingly use fentanyl. Fentanyl found in cocaine and meth.
- And, those directly supplying users often do not know the content of their product. Countering the image of the ruthless drug dealer, there were reports of informing customers and even buying back product found to be fentanyl.

# Harm Reduction Strategies in the Age of Fentanyl

- Naloxone! Should be readily available everywhere!
  - Drug users should have naloxone, drug dealers should have naloxone, naloxone SHOULD be present at parties.
- Prevention Messages for People Who May Be Using Fentanyl:
  - Use less, do a test shot, slow down.
  - Use Fentanyl /heroin test strips to check your dope if possible.
  - Don't use alone
  - Take turns: Wait for your buddy to go before you do.
  - Don't delay calling 911 (Good Samaritan Laws), Do rescue breathing!
- Other Important Policy Strategy Take Aways:
  - Increase Syringe Exchange Programs. SEP's are the main place that people who use drugs get naloxone.
  - Buprenorphine should be easier to get than fentanyl
  - No one has ever died of overdose in a Safer Injection Facility.

# Naloxone In the age of fentanyl:

## Are 2 doses enough?

Naloxone kits traditionally contain 2 doses, of naloxone, either 0.4mg/ml injectable or 2-4mg nasal.

- Research is limited and more needs to be done.
- Although many recent governmental alerts for fentanyl and analogues advise extra doses may be necessary.
- The DOPE project in San Francisco did not find more than 2 doses necessary in 2015, despite over 300 reports of fentanyl reversals.
- About 1/4 of reversal did take more than 5 minutes.
- Reports of extra doses often turned out to be cases where 3 or more doses were administered in the first few minutes, likely before the 1<sup>st</sup> dose took effect.
- Survey of NYS Police: in only 7% were 3 doses given.



144

Views

0

CrossRef citations

Original Articles

## Incidence of Naloxone Redosing in the Age of the New Opioid Epidemic

Ronald Klebacher , DO, Matthew I. Harris , MD, Navin Ariyaprakai , MD, Ammundeep Tagore , MD, MSHA, MBA, Vince Robbins , FACHE, Larissa Sophia Dudlev . MD. ...show all

**Conclusion:** In this prehospital study, we confirmed that intranasal naloxone is effective in reversing suspected opioid toxicity. Nine percent of patients required two or more doses of naloxone to achieve clinical reversal of suspected opioid toxicity. Two percent of patients received a third dose of naloxone.

**Study Objective.** Naloxone, an opioid-antagonist deliverable by an intranasal route, has become widely available and utilized by law enforcement officers as well as basic life support (BLS) providers in the prehospital setting. This study aimed to determine the frequency of repeat naloxone dosing in suspected narcotic overdose

Article

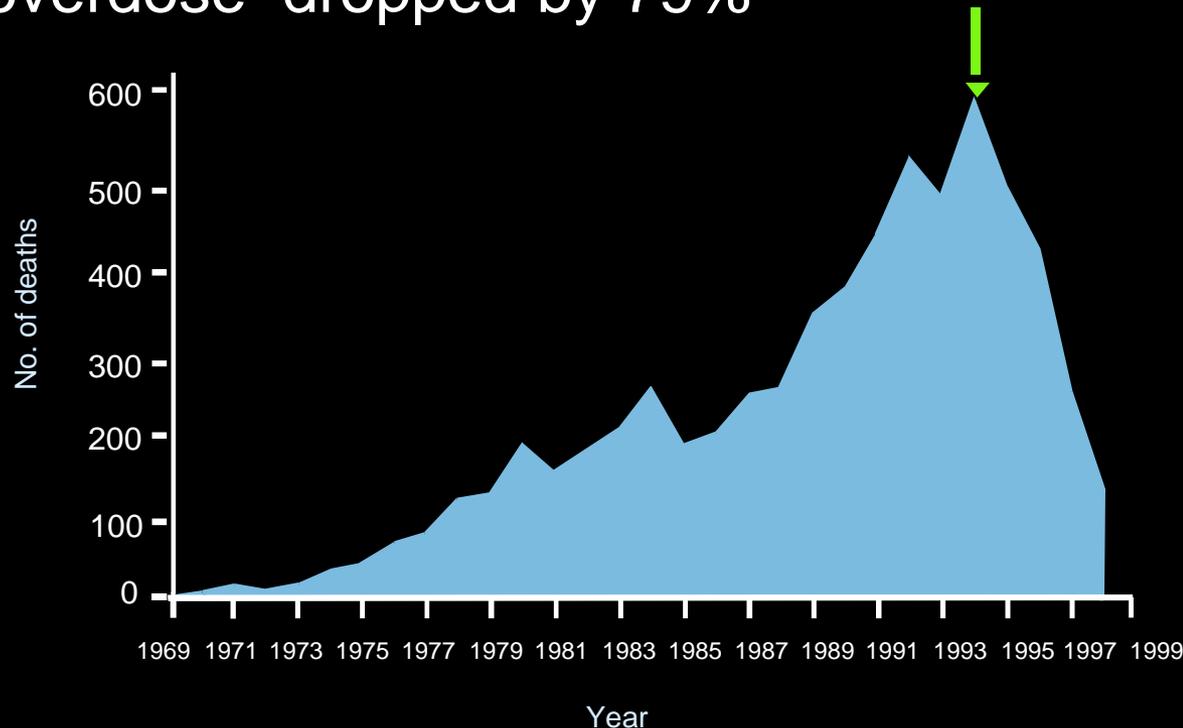
[Use of Intranasal Naloxone by Basic Life](#)

# Prevention Point: 1-2 doses of naloxone still used in 93% of cases.

- 2013 – 2016 percentage of deaths involving fentanyl/analogues in Allegheny County increased from 2.9% to 65.12% (ACMEO)
- Prevention Point documented 1,072 overdose reversals with naloxone and in these years.
- In our program, we have not seen an increase in the number of doses needed to reverse overdose in most cases.
- Despite the widespread introduction of fentanyl into the heroin supply. Use of 3 or more doses remains rare.

# Suboxone and Methadone Maintenance Therapies prevent overdose deaths and death from HIV and Hep C

Since the institution of physician prescribed buprenorphine and methadone maintenance in 1996 in France, heroin overdose dropped by 79%



Medication assisted treatment also has resulted in reduced HIV and hepatitis by reducing needle sharing

- **Safer Injection Facilities – reduce the spread of infectious diseases like HIV, AIDS and hepatitis C.**
- **Wherever there is street drug use, an SIF makes the area safer by diminishing open drug use and curtailing litter, such as used needles.**
- **Finally, they've been shown to reduce overdose deaths.**
- **There has not been a single overdose death in an SIF ever!**



Illicit drug overdose deaths in Vancouver's Downtown Eastside dropped by 35 per cent after the establishment of Insite, North America's first supervised injection facility, according a new study by researchers at the University of British Columbia and the British Columbia Centre for Excellence in HIV/AIDS.



# Public Health Recommendations: From AIDS to Opioids – How to Combat an Epidemic

- The evidence indicates that maintenance therapy with methadone or buprenorphine, without arbitrary restrictions on length of care, results in the greatest likelihood of retention in treatment and greatest reduction in mortality.
  - Yet, in 40% of U.S. counties there is no physician authorized to prescribe buprenorphine.
  - Thousands receive medical treatment to relieve opioid withdrawal only during brief detoxification admissions, lose their tolerance to opioids, are discharged to medication-free programs. 70-90% quickly relapse and face a high risk of overdose death.
  - Lawmakers in 16 states in the U.S, mainly in the South, have directed their Medicaid programs not to cover methadone maintenance at all; West Virginia, with by far the worst drug death rate in the nation, has banned the opening of new methadone clinics, regardless of funding, since 2008.
- Federal funding should promote effective models of evidence-based treatment rather than supporting outdated treatment programs that are unwilling or unable to evolve.

# Public Health Recommendations: Consensus Report of National Academies of Science

- Invest in research on intersection between use and misuse of opioids, pain, and emotional distress.
  - Policies restricting prescription opioid access should consider potential increased demand for illegal opioids and take steps to mitigate those effects.
  - Best practices and reporting formats should portray epidemiology of pain and opioids use disorder accurately, objectively, and in relation to one another.
- Remove impediments to full coverage of medications to treat Opioid Use Disorder.
  - Public and private payers should reimburse for evidence-based and cost-effective treatment modalities.
  - States with assistance from SAMHSA should provide universal access to evidence-based treatment for OUD, including use of medication in hospitals, criminal justice settings, and SUD Tx programs.
- Remove barriers to accessing naloxone and safe injection equipment.
  - Reduce harms of opioid use, including death by overdose and transmission of infectious disease.
  - Permit sale or distribution of syringes, exempt syringes from laws prohibiting sale/distribution of drug paraphernalia, and explicitly authorize syringe exchange.

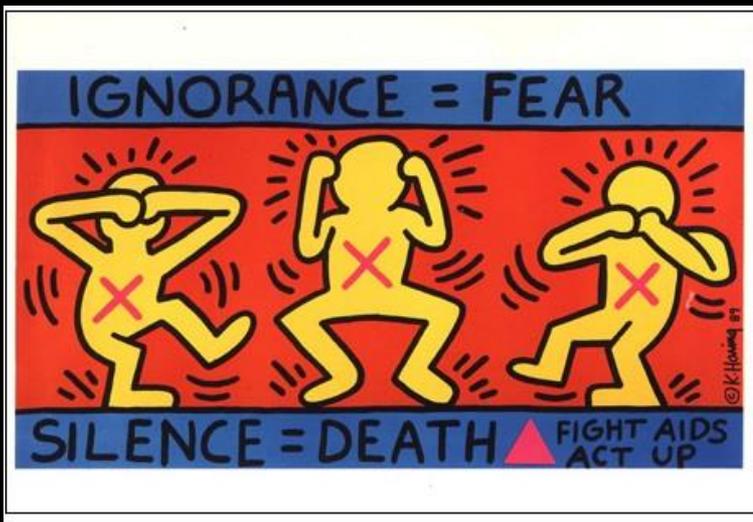
# Recommendations for Action

Researchers: Traci Green, Boston University; Josiah Rich, Brandon Marshall Brown University; Yngvild Olsen, Institutes for Behavioral Resources; Joshua Sharfstein, Elizabeth Fracica, Chis Beyrer, Susan Sherman, G. Caleb Alexander, Colleen Barry, Andrea Gielen, Johns Hopkins Bloomberg School of Public Health.

- Declare the fentanyl overdose crisis to be a national public health emergency.
- Rapidly expand evidence-based treatment.
  - Start overdose patients on MAT before discharge from ED
  - Start or continue MAT upon incarceration or detention.
  - Deploy teams of physicians (Commissioned Corps /Public Health) to highly impacted areas.
  - DEA/SAMHSA re-establish mobile methadone programs.
- Purchase naloxone under federal contract, similar to purchase of ciprofloxacin during anthrax attacks of 2001.
  - Distribute to people actively using illicit drugs.
  - To achieve greater naloxone coverage, reinforce and expand syringe service programs and point-of-service pharmacy policies.
- Establish anonymous drug-checking services to assess illicit drugs for fentanyl and analogues.
- Support communities that make a decision to establish safe consumption sites.

# Harm Reduction (aka Rational Public Health) Suggested Strategies

- Adopt a Vaccine Model for Naloxone Distribution: Federal government could purchase large quantities at low cost and distribute through SEP's, Jails, Health Clinics, SUD Tx Programs, and other locations as well as providing support to communities considering letting people die because of the cost of naloxone.
- Create a program like the AIDS Drug Assistance Program (ADAP), (that now exists in every state and territory) to cover addiction treatment medications and naloxone.
- Make methadone or buprenorphine maintenance treatment a mandated benefit under Medicaid/Medicare.
- Require all government funded programs to provide an option for medication addiction.
- Canadian Model: Expand access to methadone or buprenorphine through directly observed daily dosing in local pharmacies, implement HAT.



"There are lessons learned from the HIV/AIDS epidemic that should be heeded and should drive a parallel response to today's crisis."

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Some people think  
you can catch  
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National  
AIDS  
Awareness  
Month

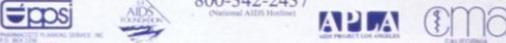
**You can't.**

The California Medical Association and public health officials agree: AIDS is not spread through the air. AIDS is not spread by touch. AIDS is not spread by food or beverage. AIDS is not spread by the preparation or serving of food or beverage.

The virus that causes AIDS is spread by unprotected sex with an infected person, or by contaminated blood entering the blood stream—such as by sharing drug needles.

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800-342-2437  
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Alice Bell, L.C.S.W.  
Overdose Prevention Project  
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