

### Program #40011C - Overdose Prevention Strategy

**Program Contact:** Kim Toevs

**Department: Health Department Program Offer Type:** Innovative/New Program Program Offer Stage: As Requested

**Related Programs:** 40011A, 4011B

Program Characteristics: Backfill State/Federal/Grant, Out of Target

#### **Executive Summary**

Heroin overdose deaths in Oregon increased 46% over 10 years (from 2002 to 2012). Multnomah County accounts for 50-60% of all heroin deaths in Oregon each year. Naloxone is a prescription medication that reverses opiate overdoses, bringing the overdose victim back to life. By distributing and training people on how to use naloxone, the Overdose Prevention Strategy has contributed to a 30% reduction in heroin deaths in Multnomah County. Naloxone saves lives and is a key component of a comprehensive regional, statewide, and national strategy to address the opiate epidemic.

#### **Program Summary**

Naloxone distribution to injection drug users has been shown to be a very cost-effective means to reduce opiate overdose deaths. Drug users are considered most likely to witness an overdose and therefore be most able to rescue someone using naloxone.

In 2013, County contractor Outside In launched their naloxone training program at needle exchange sites. Multnomah County Health Department (MCHD) followed suit in 2014. From 2014-2016, MCHD has used a capacity-building grant from the Oregon Health Authority (OHA) to develop and test community prevention strategies using naloxone. Leveraging grant funding, MCHD has built up robust naloxone distribution and overdose prevention education components, and supported the capacity of multiple social service and health agencies and first responders to do their part to respond to opiate overdose. For example, MCHD has trained 23 Multnomah County Sheriff deputies and command staff with plans to train an additional 80 staff this spring.

MCHD has established an innovative and effective intervention to save lives. The reduction in overall population mortality demonstrates that this strategy focuses at the most effective scale and targets the highest-risk networks. It is essential that this work be integrated into public health practice because the outcomes are clear: community-based prevention using naloxone is an efficient and effective new way to get to zero preventable overdose deaths.

Currently, naloxone training is offered at the five syringe exchange sites operated by MCHD and Outside In and at the Health Department's new harm reduction clinic. In 2015, MCHD had trained more than 41% of clients served at Health Department needle exchange sites since training began. Approximately 200 new clients are served per month through MCHD and Outside In sites; these clients can be trained in use of naloxone. This community-based strategy most effectively targets the growing population of new heroin users. Multnomah County has been a leader in the field of public health interventions for injection drug users (IDU). Early efforts prevented an HIV epidemic among IDU. Today, MCHD has an opportunity and an obligation to prevent overdose deaths and their tragic impact on families and communities.

| Performance Measures |                             |                |                   |                  |               |  |  |  |  |
|----------------------|-----------------------------|----------------|-------------------|------------------|---------------|--|--|--|--|
| Measure<br>Type      | Primary Measure             | FY15<br>Actual | FY16<br>Purchased | FY16<br>Estimate | FY17<br>Offer |  |  |  |  |
| Output               | Number of clients trained.  | 1,088          | NA                | 785              | 750           |  |  |  |  |
| Outcome              | Number of rescues reported. | 544            | NA                | 540              | 500           |  |  |  |  |

### **Performance Measures Descriptions**

1) Quantifies the reach of program; studies have shown that decreases in opiate overdose deaths have a dose-response relationship. Training more people means fewer deaths. 2) Quantifies how many trainees actually use their naloxone in an overdose event and save a life.

2/18/2016

## Revenue/Expense Detail

|                      | Proposed General<br>Fund | Proposed Other<br>Funds | Proposed General<br>Fund | Proposed Other<br>Funds |  |
|----------------------|--------------------------|-------------------------|--------------------------|-------------------------|--|
| Program Expenses     | 2016                     | 2016                    | 2017                     | 2017                    |  |
| Personnel            | \$0                      | \$0                     | \$83,071                 | \$0                     |  |
| Contractual Services | \$0                      | \$0                     | \$50,000                 | \$0                     |  |
| Materials & Supplies | \$0                      | \$0                     | \$43,632                 | \$0                     |  |
| Total GF/non-GF      | \$0                      | \$0                     | \$176,703                | \$0                     |  |
| Program Total:       | \$                       | \$0                     |                          | \$176,703               |  |
| Program FTE          | 0.00                     | 0.00                    | 0.00                     | 0.00                    |  |

| Program Revenues |     |     |     |     |  |
|------------------|-----|-----|-----|-----|--|
| Total Revenue    | \$0 | \$0 | \$0 | \$0 |  |

# **Explanation of Revenues**

## **Significant Program Changes**

## Last Year this program was:

Funding in this Program Offer covers 1.15 FTE budgeted in temporary.