

St. Charles County Ambulance District

Overdose Referral Program Overview

Background

To address the growing number of opiate overdose incidents and deaths in our area, the District has developed an Overdose Referral Program where we have partnered with substance abuse treatment providers, and law enforcement to link our patients to treatment regardless of transport status. Our working group is called the St. Charles County Substance Use Recovery Response Team, or SURRT.

The scope of this project was to develop a comprehensive Overdose Referral Program that ensures substance abuse patients at high risk for death are given the opportunity to be referred to treatment rehabilitation providers regardless of transport to an emergency room.

A growing body of evidence suggests dependence on prescription opioids and heroin is quickly becoming a major health concern in our region, as well as the nation as a whole. Opiate overdoses and related deaths are proportionally on the rise, with our county experiencing double the rate of incidence of opiate overdose and death from 2007-2015. Patients frequently present apneic and are resuscitated, and their opiate coma reversed with one or more subsequent doses of naloxone, an opioid receptor antagonist. Offering referral and encouraging patients to seek treatment addresses the underlying disease of addiction and is expected to lead to better outcomes than opiate coma reversal alone.

Program Overview

Encourage Transport

After successful resuscitation of an overdose victim, paramedics encourage transport to the closest appropriate Emergency Room. This is SCCAD's desired outcome for patients experiencing overdose related issues.

- If the patient adamantly refuses despite encouragement, ensure they know the risks of not seeking further medical treatment (potential for poly-substance interactions, naloxone half-life is less than that of heroin/opiates leaving the potential for relapse into coma &/or death).
- This is a high-risk refusal and should warrant contact with medical control.
- Ultimately, adult patients who are awake, alert, oriented, and who demonstrate capacity can refuse care and or transport.

Additional Narcan For Transport Refusals

For patients who meet opiate overdose protocol criteria (18 years or older, breathless and not pulseless) and are awake, alert, and are demonstrating capacity to refuse transport should be offered an additional 2 mg IM dose of naloxone. The half-life of naloxone is 30-80 minutes, shorter than the half-life of heroin and most prescription opioids. The concern is that occasionally, patients will fully awaken after treatment and refuse further treatment and transport, opting to refuse against medical advice. An additional dose of naloxone addresses the concern for recrudescence of coma or apnea. Administer additional IM naloxone with caution in patients with history of chronic opiate abuse due to the potential for inducing a dynamic state of withdrawal from opiate use.

- This additional dose of narcan may be refused by the patient.

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Actively Encourage Participation In Referral to Treatment

All overdose patients (regardless of whether they are transported or not) should be encouraged to participate in SCCAD's Overdose Referral Program.

- The key instrument of the program is a HIPAA release that, when properly executed, allows for one of the SCCAD Mobile Integrated Health (MIH) paramedics to follow-up with the patient and link them to participating substance abuse treatment providers or counselors (Bridgeway, Preferred Family Health, Crider, NCADA, BHR).
 - For insured patients, a treatment program is relatively easy to get into. If you have no insurance, the typical process puts the patient on a 45 day waiting list, which hardly ensures a successful outcome. What is unique about SCCAD's program is that the treatment providers all have agreed to give our patients, who NOW pose the highest risk for death, a pass to the front of the line regardless of ability to pay, depending on bed availability.
- With the patient's consent, a SCCAD MIH paramedic will facilitate a meeting (typically) within 24-48 hours of the overdose event with a counselor, SCCAD medic, and law enforcement (as needed for scene safety support) for the patient to receive substance abuse counseling and referral to treatment.
- Not every patient seen in the Emergency Room is provided access to counseling and treatment. SCCAD seeks to ensure all patients are given the opportunity for a chance at a drug-free life.
- In addition to the patient's consent for participation, any additional contact information for family or friends who are present may be useful in encouraging the patient to follow-through on the upcoming counseling visit. The information obtained is listed on the referral form with the patient's consent. This is demonstrated by having the patient initial after explanation.

Naloxone Access For Those At Risk Of Overdose.

SCCAD has also partnered with the Missouri Institute for Mental Health and the NCADA to provide education and public access to naloxone for those at risk of experiencing or witnessing an overdose. When appropriate, SCCAD paramedics educate and provide FREE intra-nasal naloxone to those at-risk. Funding for training and doses of naloxone is provided by a SAMSHA-funded 5-year, \$5 million grant to reduce opioid overdose deaths in the eastern region of Missouri.

Results

SCCAD has experienced a 21% increase in responses to suspected opiate overdoses over this same period last year (January-June). The overdose referral program has been active since March of 2017, and from its inception through the end of June 2017, we have had a total of 141 patients conscious and fully awake after an overdose event that were capable of consenting to referral to treatment. Of these, 69 have consented (48.9%). Of those consenting, 37 actually were linked to treatment (26.24%).

Our program has been active for four months and the results have been extremely positive, showing over a quarter of our overdose patients linked to treatment who otherwise would have continued along the deadly path of addiction. We are confident that this program saves lives by our paramedic crews' engagement during the critical moments surrounding an overdose event.