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First Responder Attitudes about Naloxone Use for Prevention of Drug Overdose Deaths

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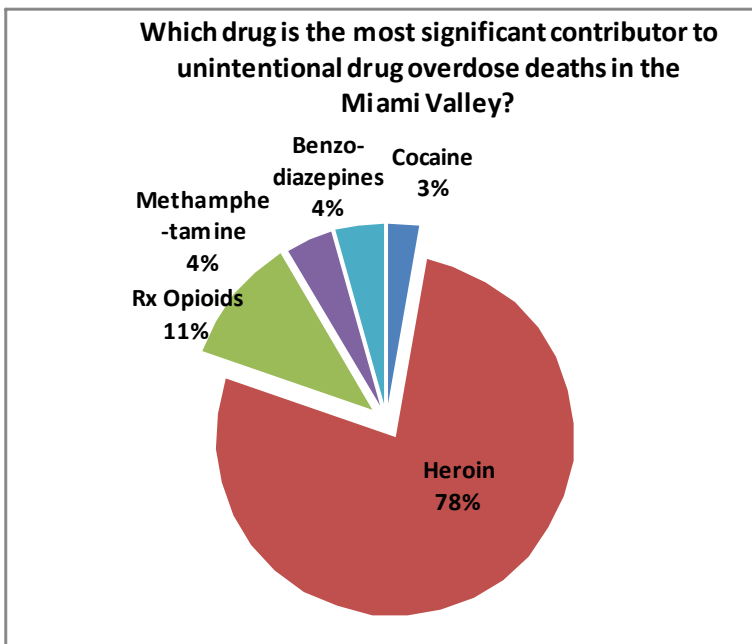
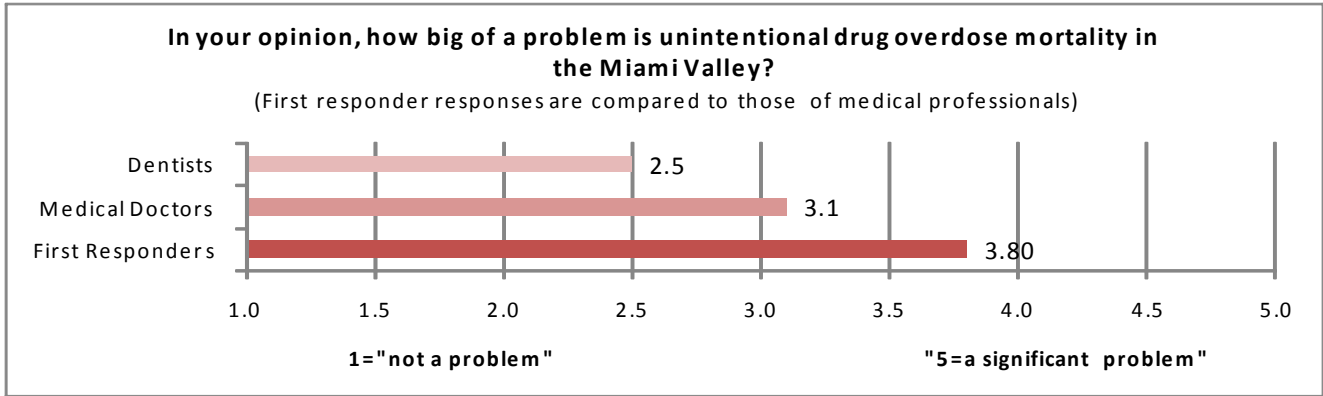
**First Responder Attitudes About Naloxone Use for
Prevention of Drug Overdose Deaths**

Preventing Unintentional Prescription Drug Poisoning
Sponsor: Public Health - Dayton & Montgomery County

December 15, 2010

Center for Interventions, Treatment, and Addictions Research
Department of Community Health
Boonshoft School of Medicine
Wright State University

To identify first responder attitudes about the role of naloxone distribution programs in prevention of *Unintentional Prescription Drug Poisoning*, a web-based survey was created and administered in November, 2010. The survey contained 19 questions and took about 5-7 minutes to complete. A total of 72 people completed the on-line survey. Survey results indicate that first responders viewed unintentional prescription drug overdose mortality as a significant problem in the Miami Valley, but the majority did not think that naloxone training and distribution to drug users would be an effective or appropriate prevention strategy. The main limitation of the results of this pilot survey is that the sample is small and not randomly selected. Thus, survey results must be interpreted cautiously and not generalized to all EMS first responders in the area.

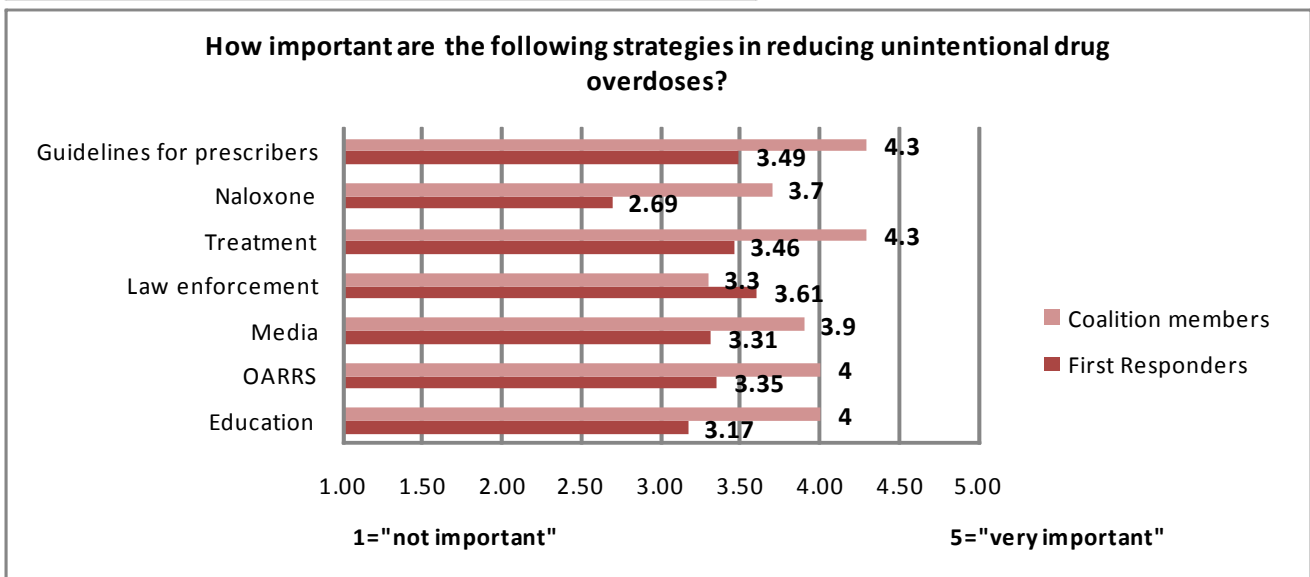


Some of the respondents offered the following comments regarding strategies to reduce unintentional drug overdoses:

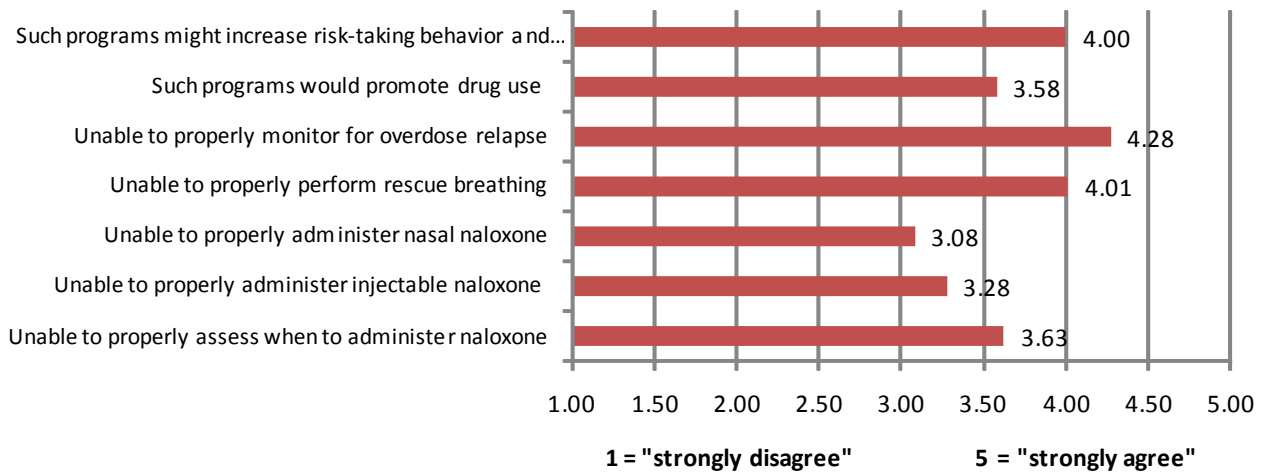
"In many instances, the system, itself, is responsible for creating prescription drug abusers. Education must start at the top before it can be trickled down to the masses. ER Physicians MUST discontinue the practice of handing out narcotics..."

"As far as prescription drug abuse goes doctors need to be regulated more strictly. Oxy-Contin for back pain is unacceptable...legal drug dealers...some of these doctors are."

"Spreading the Gospel of Christ - yes I'm serious!"



What concerns do you have about naloxone training and distribution programs to drug users?



Some of the respondents offered the following comments regarding their concerns about naloxone training and distribution programs to drug users:

“Distributing Narcan to the drug-abusing community is a bad idea. It will simply give them an even more care-free attitude.”

“It is illegal to use these drugs, so why give them Narcan for self use?”

“If there was a 10 available for the question "will distribution of Narcan to drug users increase drug use?" I would have answered 10. If there was a 20, I would have put 20. This concept will simply promote and validate bad behavior.”

“It is absolutely asinine to believe that drug abusers would know how/what to do when someone overdoses. It is equally asinine to believe that drug users (bystanders) would be coherent enough to be able to administer Narcan.”

“They can't deal with the associated issues like we can. Aspiration for one example.... Leave EMS to EMS.”

“In incident after incident, when we give someone Narcan who is gray and breathing two times per minute, as soon as they wake up they are MAD that we ruined their high. No matter that in another two to three minutes they would be dead, all they care about is their drug high.”

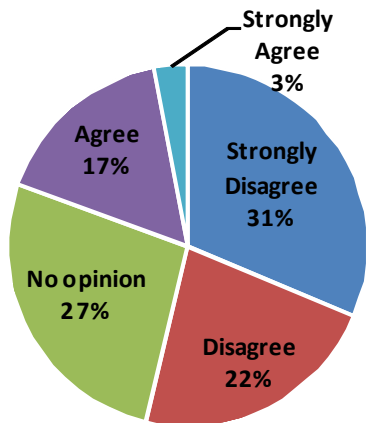
“Drug users don't care about a drug that will take away their high.”

“It's a good bet at-risk people are probably not interested in Narcan training. They are interested in keeping their supply of narcs up because it makes them feel good and is used for cash/trade on the streets. Access to EMS is so easy; why would anyone want to learn about narcan/cpr/diabetes control when he/she can just call 911 and someone else can fix the problem for them?”

“In my humble opinion, most opiate ODs that I have seen have been done by a person who is alone. An unconscious person who is alone will be unable to give themselves any kind of Narcan.”

“Spending money on Narcan training programs is inappropriate.”

Overdose prevention programs that distribute naloxone are suitable for people who abuse (but do not inject) pharmaceutical opioids.



“If you want to help the users, educated them on recognizing the signs of when someone has overdosed and how to call 911 for help.”

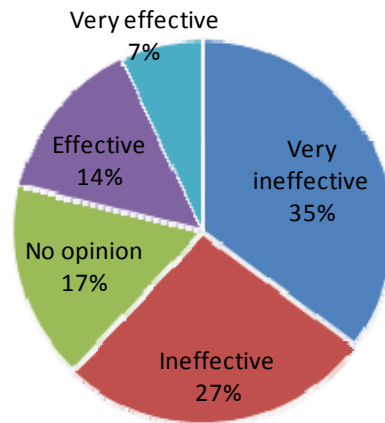
“At risk users family need to be aware of the signs of use and overdose.”

“Allow EMT B and first responders to administer the drug in a mist.”

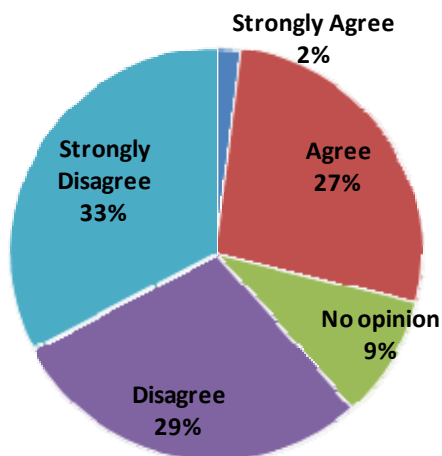
“Prescribing Narcan to drug users will allow them to self-treat, and potentially not call for assistance. My fear is that the abusers will see this as an easy fix to a prevalent problem. Not a good idea!”

“This is a stupid idea.”

How effective do you think training drug users to administer naloxone (Narcan) would be in reducing overdose deaths?



Naloxone education and distribution to the adult opioid abusing community is a good idea (N=52).



“Leave EMS to EMS.”