

FR-CARA YEAR 1 REPORT



PROJECT OVERVIEW

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) has awarded the Southern Nevada Health District (SNHD) with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant. The purpose of this program is to allow first responders and members of other key community sectors to administer naloxone for emergency treatment of known or suspected opioid overdose. Each kit that is distributed includes one dose of intranasal naloxone, one pair of latex gloves, a referral to Integrated Opioid Treatment Center, an instructional card, and a CPR face shield. The project period for the FR-CARA project is from September 2017 to September 2021.

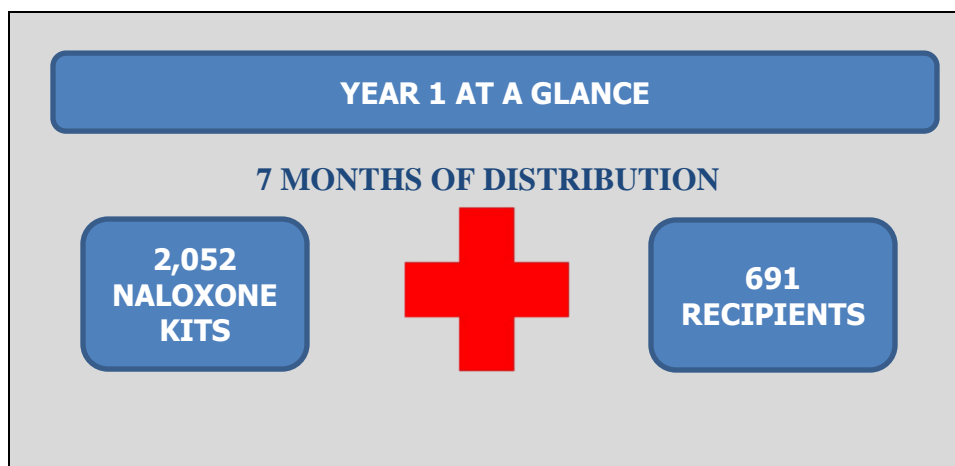
The FR-CARA activities are concentrated in, but not limited to, Clark County, NV. In the FR-CARA model, training and naloxone are provided primarily through presentations to first responders (e.g., EMS, Fire, and law enforcement) and lay responders (e.g., people who use opioids, their friends and family, and service providers). Overdose education and naloxone distribution to first responders and lay responders began in March 2018.

Data on naloxone distribution and overdose reversals are collected through:

1. Post-training surveys, completed after attending a naloxone training.
2. Refill surveys, completed whenever a replacement kit is issued (e.g., due to expiration, use in an overdose).
3. Training sign-in sheets, filled out for each naloxone training.
4. Naloxone distribution logs, filled out after the distribution of naloxone.

Among first responder and lay responder recipients, 125 (18%) recipients completed a post-training survey.

This report outlines the progress and outcomes of overdose education and naloxone distribution in Year 1 (distribution beginning March 7th and ending September 30th, 2018) of the FR-CARA project.



NALOXONE DISTRIBUTION

VOLUME TOTALS

Between March 7th and September 28th, 2018, the FR-CARA project distributed 2,052 naloxone kits to 691 individuals, including 255 first responders and 436 lay responders. Naloxone distribution to recipients by county is detailed in Table 1.

Figure 1: Naloxone Distribution by County

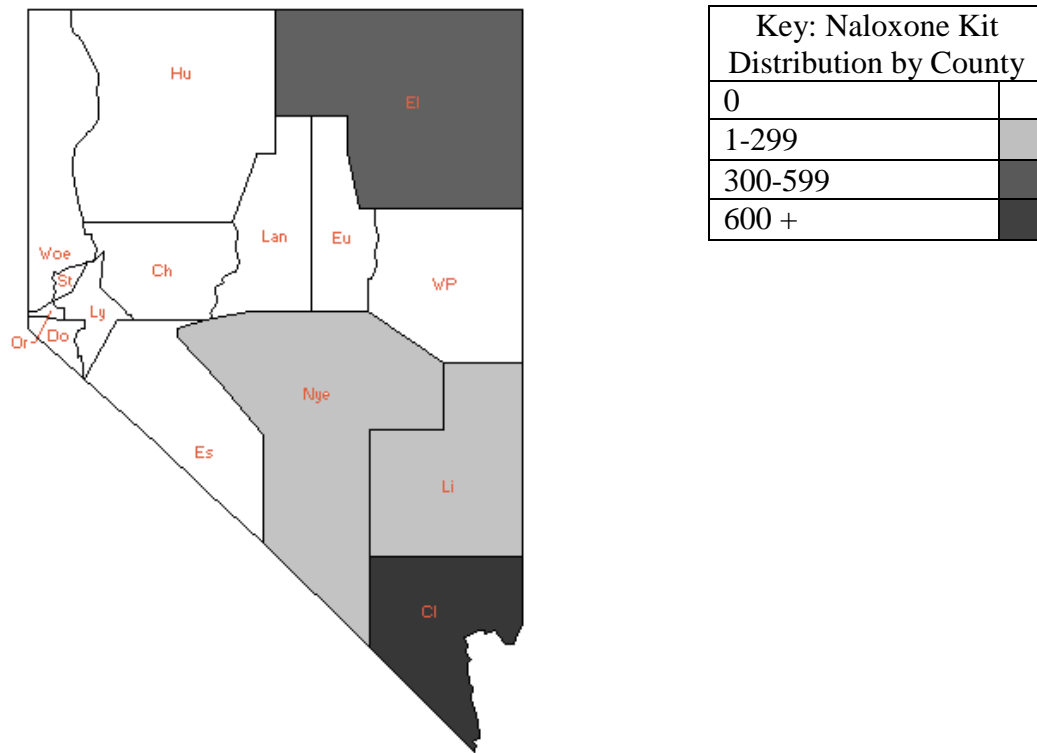


Table 1: Naloxone Kit Distribution by County

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Clark County	1,353
Nye County	279
Lincoln County	20
Elko County	400
Total	2,052

FIRST RESPONDERS

The 255 first responders that went through the overdose response and naloxone administration training included law enforcement personnel from the Las Vegas Metropolitan Police Department, Bureau of Land Management – Red Rock, Gaming Control Board of Las Vegas, Gaming Control Board of Elko, and Drug Court (District Court #8); EMS personnel from AMR/MedicWest, Nye County Search and Rescue, Lincoln County Fire, and the Rural EMS conference in Elko; and security officers at the Las Vegas Sands Corporation.

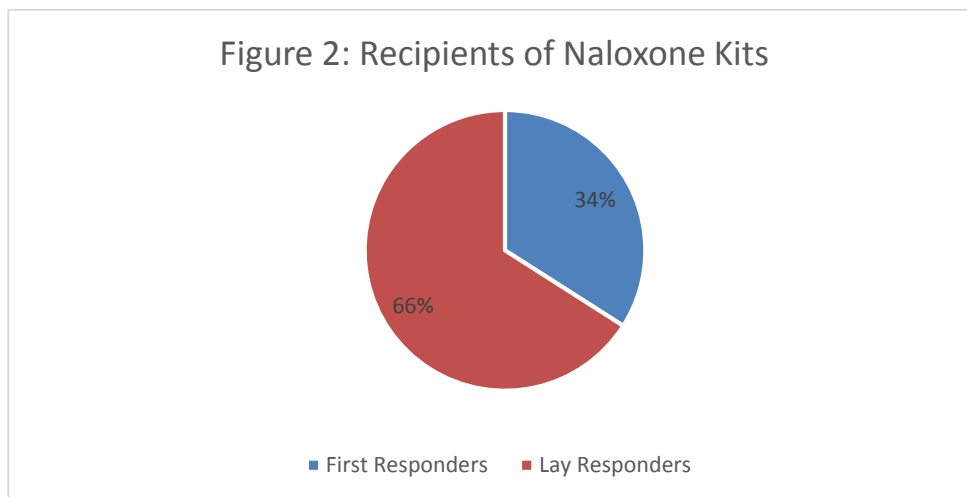
LAY RESPONDERS

The 436 lay responders that went through the overdose response and naloxone administration training included individuals from Mission Treatment, New Beginnings, Kindred at Home, CARE Complex, PACT Coalition, CARE Coalition, The Harbor, Adelson Clinic, Indian Springs Center, Trac-B, Nye County Community Coalition, Westcare, Association of Professional Piercers Annual Convention, Bridge Counseling, and Recovery Institute. Lay responders’ demographics were captured with the sign-in sheets prior to each presentation. Overall, lay responders were primarily White followed by Hispanic/Latino. See Table 2 for a further breakdown of race and ethnicity.

Table 2: Demographics of Lay Responder Naloxone Recipients

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White	54.9%
Hispanic/Latino	10.2%
Black	4.3%
Asian	5.3%
Other	1%
Refused	24.4%
Note: Demographics not mutually exclusive	

Figure 2: Recipients of Naloxone kits



OUTCOMES OF OVERDOSE RESPONSE AND NALOXONE TRAINING

The vast majority of recipients reported high levels of confidence to respond to an overdose and administer naloxone (Figures 3-4). The majority of participants also reported learning something new (Figure 5) and that family and friends of substance users should carry naloxone (Figure 6).

Figure 3: Confidence to Respond to an Overdose Following the Training

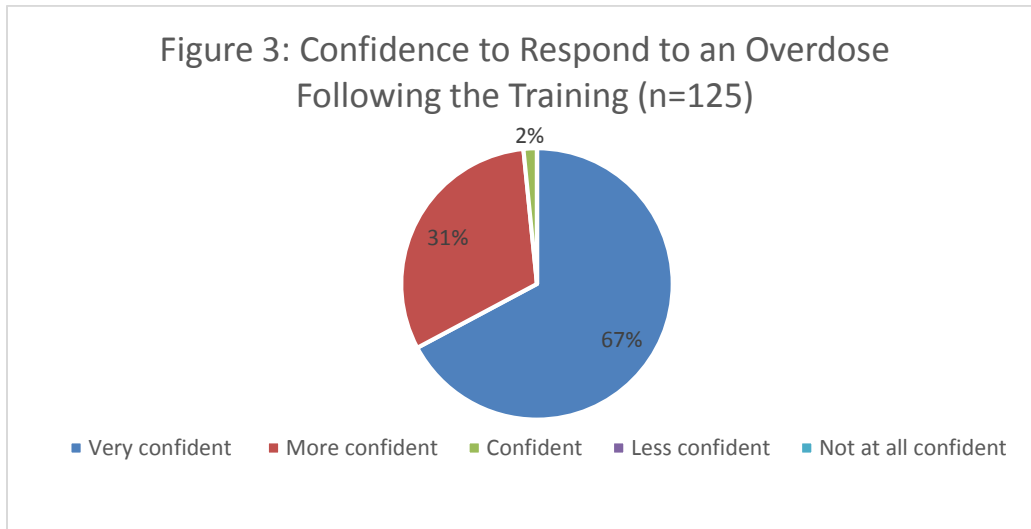


Figure 4: Confidence to Administer Naloxone Following the Training

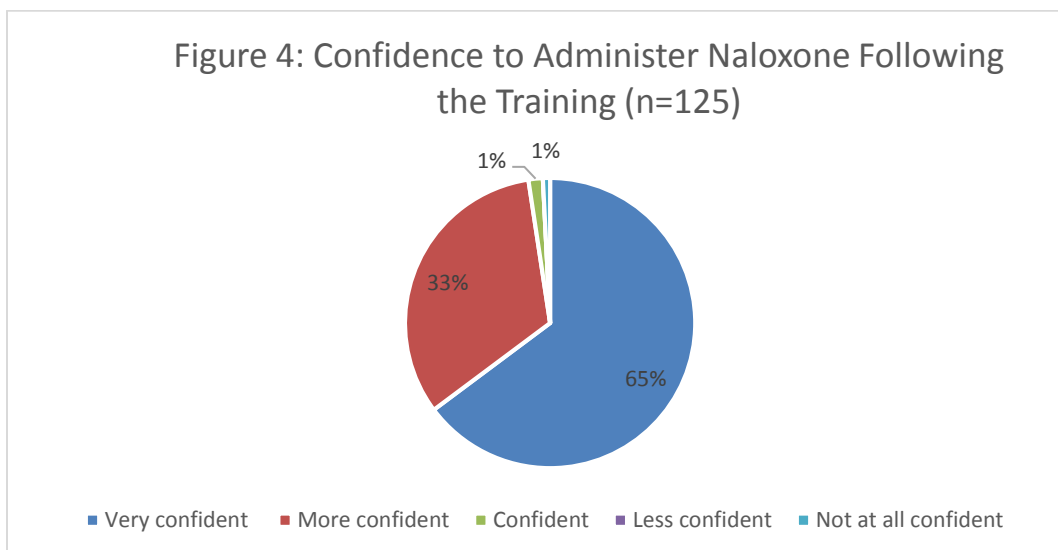


Figure 5: Agreement Level of Learning Something New During the Training

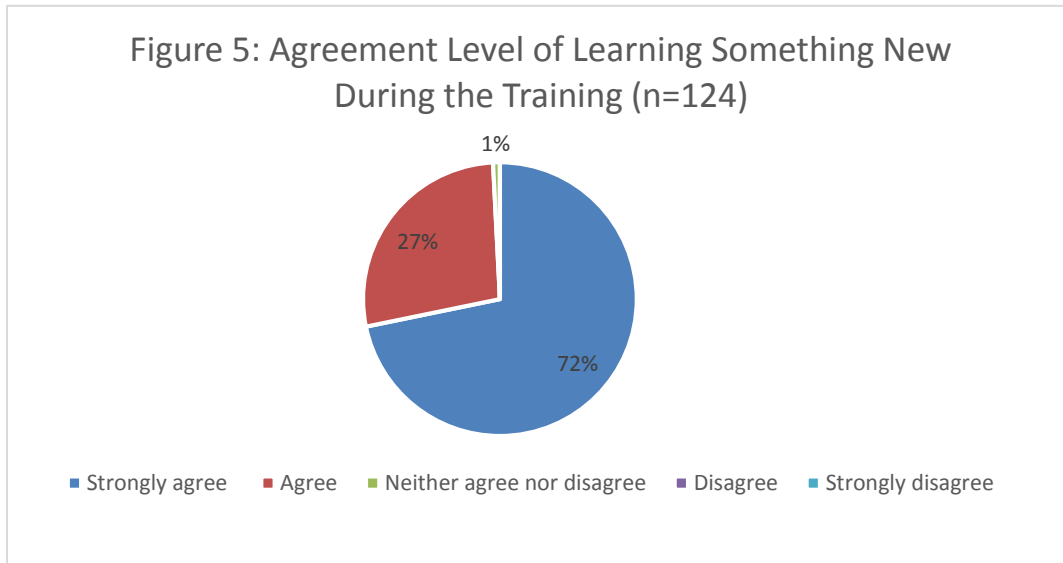
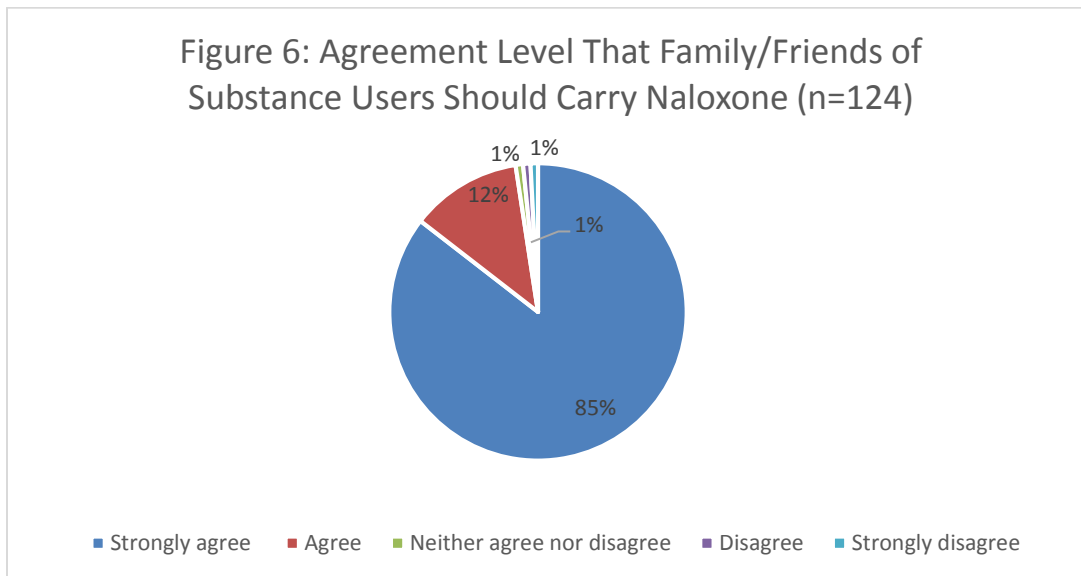


Figure 6: Agreement Level That Family/Friends of Substance Users Should Carry Naloxone



KEY CONCLUSIONS FROM YEAR 1

- **SNHD's FR-CARA Project is effectively reaching first responders and lay responders throughout Nevada.**
- **SNHD'S FR-CARA Project training efforts increased first responders and lay responders reported knowledge, skills, and confidence to prevent and intervene with opioid overdoses.**
- **Concentrating naloxone distribution through education presentations is an effective strategy to reach first responders and lay responders as well as to ensure they know how to recognize and respond to an opioid overdose.**