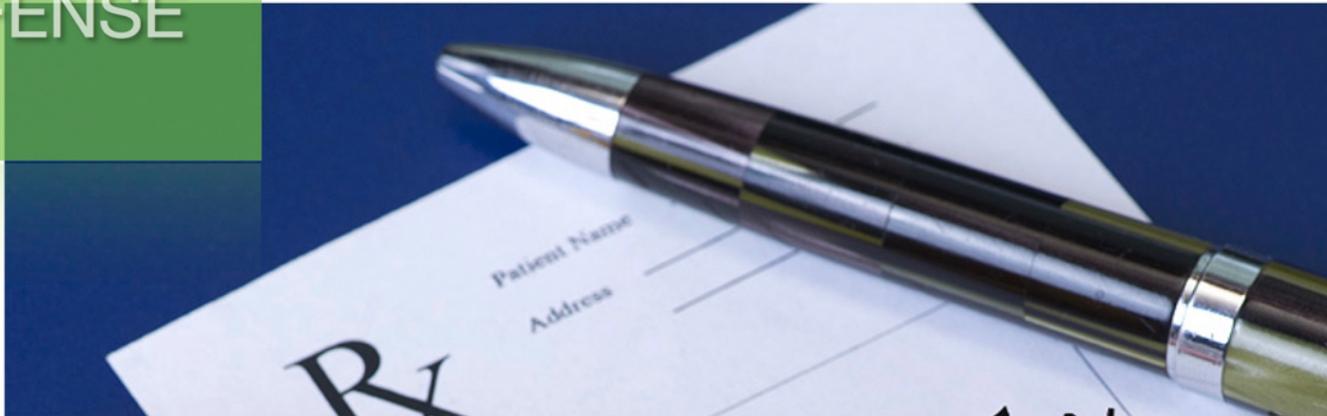


# THE LAST LINE OF DEFENSE



## WE'RE FACING AN EPIDEMIC OF NATIONAL PROPORTION AND LOSING

When looking at addiction and overdose, one cannot overlook the connection between prescription medicine and heroin.



A 360°  
PERSPECTIVE

# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

Through improved knowledge, understanding, and alignment of resources,  
we will achieve greater momentum in the battle against opioid addiction and overdose.

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- i -vi. An incidental journey.  
The information in this presentation is intended to improve understanding, alignment of resources, and to advance our efforts against the battle of opioid addiction and overdose.

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### CLOSING COMMENTS

- i -vi. Together we can do this.

DRUG  
OVERDOSE  
#1 CAUSE  
for  
ACCIDENTAL  
DEATH

#1

prescription medicine  
and heroin driving fatality rates



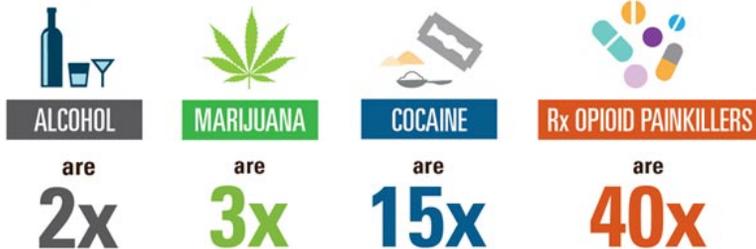
90%

OF PRESCRIPTION  
DRUG ADDICTIONS

start in teenage years

360

People who are addicted to...



...more likely to be addicted to heroin.

One  
person  
dies  
every



11 MINUTES

from drug overdose  
in the United States.

This increasing trend  
is driven by Rx painkillers  
and heroin.

# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## FOREWARD

I can't imagine the heartache of a parent, sibling, or family whose loved one is fighting the battle against prescription medicine or heroin addiction. I can't imagine the grief when that battle is lost.

I have heard from those who have lost a child or a spouse.

They say in disbelief,

*"If it happened to me, it can happen to anyone."*

They will surely add,

*"There isn't a moment in the day that goes by when I don't think of..."*



It isn't just the picture in the living room, the shoes in the hallway, or the bedroom which remains unchanged that provides the every day reminder. It may be on the way to work they pass the school where they once attended, a park where they would hold hands or play, or the restaurant where they once filled up with conversation, laughter, and friendly banter that reminds them of what was, but will never be again.

*"Always on my mind. Forever in my heart."*

For those who have lost someone dear due to a prescription medicine or heroin overdose, or other addictive behavior, may you forever hold those loving memories in your heart. I wish you peace and comfort when facing the days and years ahead.

*ms*

# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## FOREWARD *continued*

A friend and board member of a non-profit asked for my help with their organization's marketing. This same organization provided he and his wife the support, and push in the right direction, that resulted in the successful recovery of their son's heroin addiction.

Not familiar with this industry and the effects of heroin, I began to conduct industry research. I was shocked to learn how far reaching and devastating this epidemic has become.

- **Heroin does not discriminate.** It destroys users and their families of any age, race, sex or other. The Midwest has overtaken the Northeast and West as the region of the country most likely to see heroin overdoses. Minnesota is leading the way.
- **When looking at addiction and overdose, one cannot overlook the connection between prescription medicine and heroin.** Four out of five heroin users started by misusing prescription opioid pain medications. Since 1999, the rate of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) nearly quadrupled.
- **Drug overdose is the #1 cause for accidental deaths in America.** Prescription medicine and heroin are driving these fatality rates.
- **There is no indication that deaths by opioid overdoses is slowing.** Overdose deaths from legal and illegal opioids spiked sixfold in Minnesota from 2000 in 2014. In 2014, the U.S. reported the greatest annual increase in opioid related deaths in at least 15 years.



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## FOREWARD *continued*

When speaking with families coping with the ongoing battle of addictive behavior or attempt to recover from a terrible loss, you hear consistent themes.

- At first many blame themselves.
- Communications begin to breakdown, divisiveness begins to set in.
- There can be a sense of embarrassment or shame, leading to greater isolation from friends and family.
- The high cost of treatment requires many to make tough choices, adding greater stressors to an already difficult situation.
- Whether having won the battle against addiction, or suffered a terrible loss, there is a general feeling that more needs to or should have been done, to support.
- The journey was difficult. Too often the journey ends not in celebration but in the mourning of a tragic defeat.



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## FOREWARD *continued*

To help those who seek to improve their understanding about the facts of our opiate epidemic, and to share perspectives from different departments and organizations who are on the front lines of this battle, via this presentation I highlight those key findings from my research and 360° discovery.

I want to give a special thanks to those individuals, departments, or companies who generously contributed to my discovery:

Eden Prairie  
Minneapolis Fire Department  
City of Prior Lake  
City of Shakopee  
Allina Health  
Adapt Pharma

Rob Reynolds, Chief of Police  
Amber Lage, EMS Training Officer  
Frank Boyle, City Manager and Mark Elliott, Chief of Police  
Jef Tate, Police Chief, Emergency Management Director  
Susan Long, Director, Clinical & Support Services - EMS  
Thom Duddy, Executive Director - Marketing & Communications



### Overview of findings:

1. There is no denying the facts, we are facing an opioid crisis. It is an epidemic of national proportion.
2. There are selfless individuals and organizations, and well trained departments deserving of praise and recognition for their efforts in fighting our opioid epidemic.
3. There is more that can and must be done.
- ✓ 4. Naloxone should be universally accepted as a lifesaving last line of defense.



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## FOREWARD *continued*

While improvement is needed in the areas of building awareness, education and training, and enhancing our medical practices, we have an exceptional last line of defense in response to the opioid medical crisis. This last line of defense should be embraced and universally accepted. **I am specifically referring to the use of lifesaving naloxone.**

Naloxone, the antidote used to reverse opioid overdose, is among the safest drugs known and is on the World Health Organization list of essential medicines. Hundreds of programs around the world have provided naloxone directly to drug users, their families and friends to use to rescue loved ones from opioid overdose.

**Naloxone is a low cost solution. It has no potential for abuse. So easy to administer that lay persons can easily be trained to use it to reverse overdose.**



I implore all Minnesota municipalities to embrace the thoughts of Rob Reynolds (Eden Prairie, Chief of Police) and Amber Lage (Minneapolis Fire Department, EMS Training Officer) and the practices of their departments with the use of naloxone.

- ✓ 1. There is a need. People are dying.
- 2. Our communities expect it of us.
- 3. We can do it.

**WE  
CAN  
DO  
THIS.**

# “THE LAST LINE OF DEFENSE.”

A 360° Perspective.  
We Can Do This.

prepared by  
Tamarack Consulting Group, LLC.  
a strategic marketing and creative services firm.

The information in this presentation is intended to improve understanding, alignment of resources, and to advance the efforts in response to opioid addiction and overdose.

The opinions, takeaways, recommendations, or any implied endorsements made are solely that of the Tamarack Consulting Group.  
[www.Tamarack-Consulting.com](http://www.Tamarack-Consulting.com)

## Drug overdose is a problem of epidemic proportions.

Drug overdose is the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic.

- 18,893 overdose deaths related to prescription pain relievers
- 10,574 overdose deaths related to heroin.

These two account for 29,467 or 63% of 2014 drug overdose deaths.

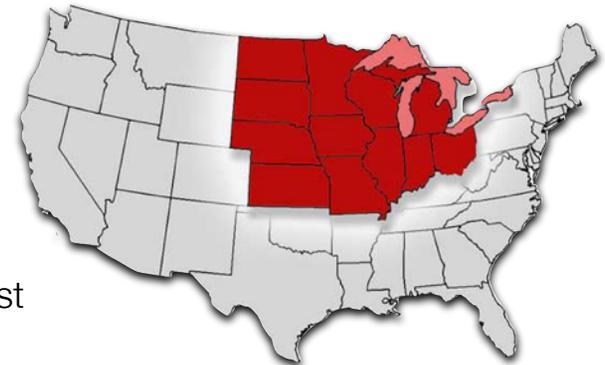
While the epidemic is national, some jurisdictions have experienced especially high numbers of fatalities associated with overdose.

The Midwest, has overtaken the Northeast and West as the region of the country most likely to see heroin overdoses. **Overdose deaths from legal and illegal opioids spiked sixfold in Minnesota from 2000 in 2014.**

*On one Sunday, a Minnesota Sheriff's Deputy responded to two separate lethal overdoses. In both cases, opioids were the prime suspect. The Chaska county examiner released their report on Prince Roger Nelson's (aka Prince) death. It indicates opioid abuse and overdose was the leading contributor.*

A survey of 9,000 patients at treatment centers around the country found that 90 percent of heroin users were white men and women. Most were relatively young.

- Three-quarters said they first started not with heroin but with prescription opioids like OxyContin.



## Prescription medicine is a gateway to heroin.

The U.S. Conference of Mayors reports that in 2012, healthcare providers wrote 259 million prescriptions for opioid pain medications, that is enough for every American adult to have a bottle of pills.

Opioids are a class of prescriptions pain medications that includes oxycodone, hydrocodone, codeine, morphine, fentanyl and others. Heroin belongs to the same class of drugs, and four out of five heroin users started by misusing prescription opioid pain medications.

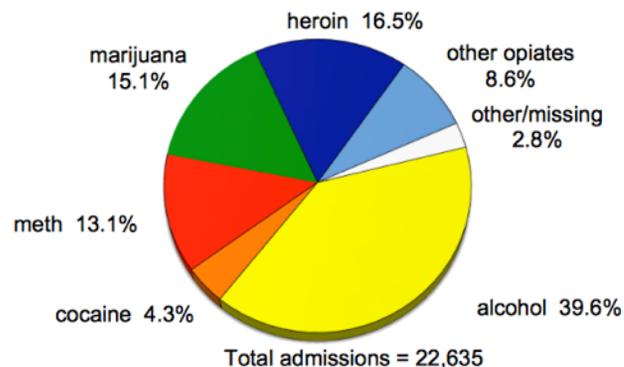


## Twin Cities heroin treatment at an all time high.

The number of people entering treatment for heroin addiction in the Twin Cities reached a historic high last year, according to the April 2016 [Minneapolis/St. Paul Drug Abuse Trends report](#).

Treatment for heroin (16.5%) and other opiates (8.6%) accounts for over one-quarter of Twin Cities admissions. This is 10 percentage points greater than marijuana and second only to alcohol admissions.

Minneapolis/St. Paul area addiction treatment program admissions by primary substance problem: 2015

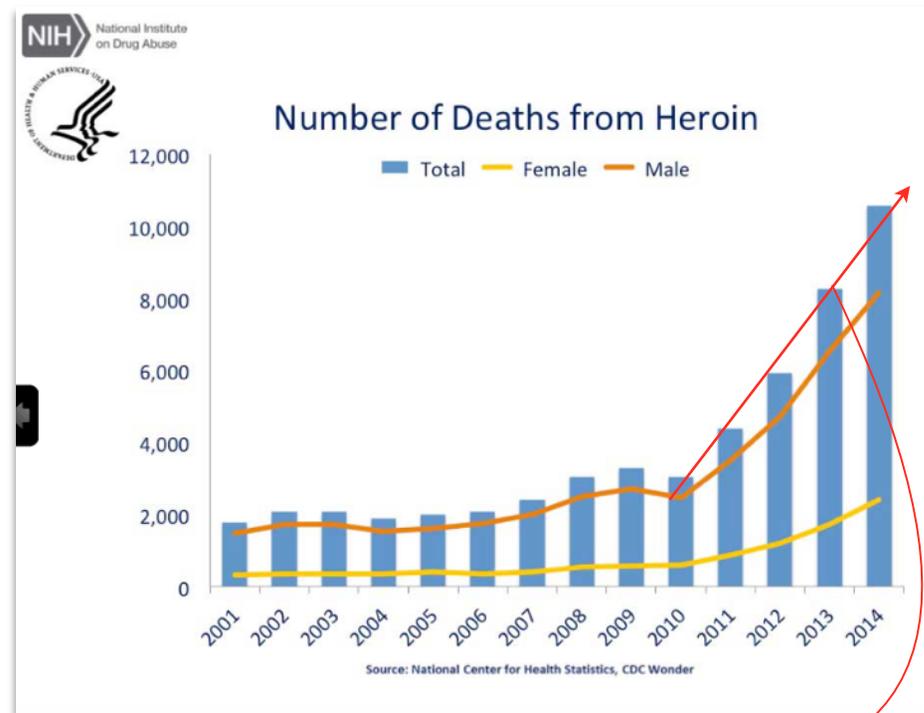
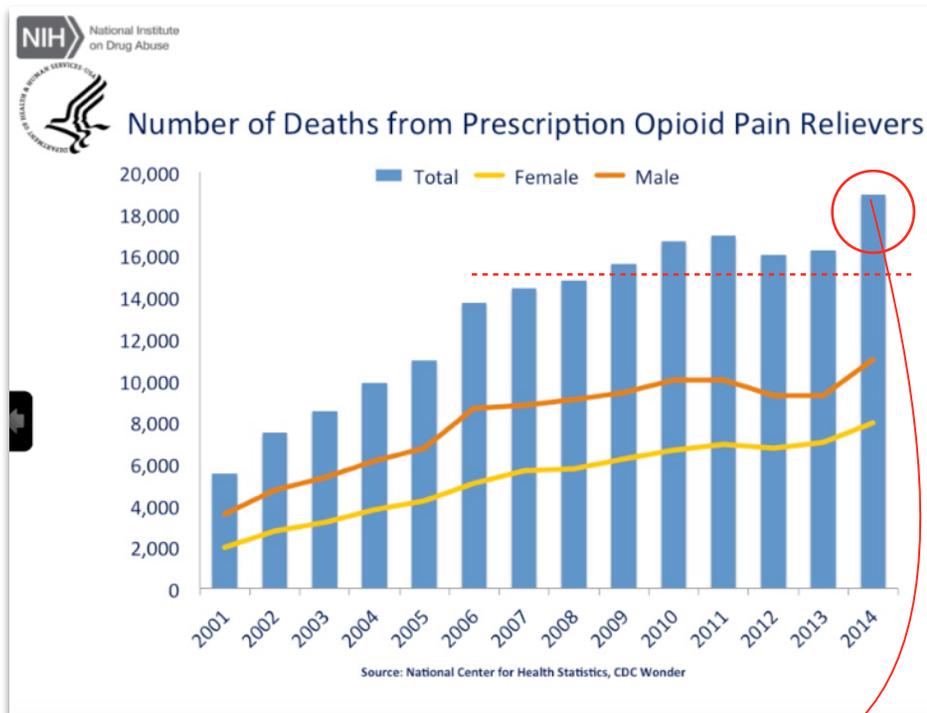


SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2016.

**Prescription drug and heroin abuse affects every community in the country.**

## Drugs is the # 1 cause of unintentional deaths in America - a closer look.

Unintentional poisoning deaths in the adult population were not prevalent until the early 1990s. Since then this category has skyrocketed to 1st place, driven by unintentional drug overdose - predominantly from prescription painkillers, followed by the rapidly increase in heroin related deaths.



2014 reported deaths represents a significant increase over the prior 8 year's average. This is a concern among health care officials.

The past 5 years increase in overdose deaths caused by heroin is unprecedented and alarming.

## Top three reasons for accidental deaths.

### #1: Drug Poisoning

There's a reason people warn against abusing drugs - IT KILLS.

Drugs account for more than 10 times the amount of poisoning deaths of all other substances, according to the Centers for Disease Control. **Top culprits are opioid pain medications, such as oxycodone, hydrocodone and methadone, with heroin and cocaine ranked second and third.**

Drug poisoning took over motor vehicles as the number one reason for accidental death in 2009, seven years ago.

### #2: Motor Vehicle

If motorists would stop texting, cell-phone talking, applying makeup and eating while driving, we would surely have fewer deaths associated with motor vehicle crashes.

Distracted driving is the No. 1 offender and young adults are the No. 1 offenders, with their fatal crash rate three times higher than any other age group.

### #3: Falls

Falls into the Grand Canyon may make the headlines, but falls around the home are the ones killing people at an alarming rate.

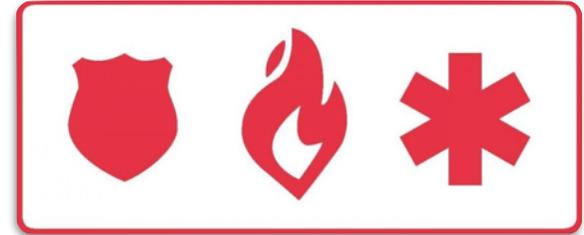
One person dies every  **11 MINUTES** from drug overdose in the United States.

This increasing trend is driven by Rx painkillers and heroin.

In 2009, **THE NUMBER OF PEOPLE KILLED BY DRUG POISONING,** driven by large increases in painkiller abuse, **SURPASSED MOTOR VEHICLE FATALITIES FOR THE FIRST TIME EVER.** 

## Minutes matter. People are dying.

The chance of surviving an opioid overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance. It makes sense that we arm our first responders, those who arrive first at the scene, with the training and resources to aid and potentially save lives.



The Good Samaritan law, aka “Steve's Law,” which Minnesota legislature unanimously supported and enacted in 2014, was created to protect family, friends, or others from liability in the event they need to administer naloxone (often referred as Narcan, a brand name) to an unconscious victim. This law was championed by the Steve Rummler Hope Foundation.

Naloxone is an opioid antagonist. This “lifesaving antidote” is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities. It is used to counteract the effects of overdose by blocking opioid receptors in the brain and restoring normal breathing.

The law also allows a prescriber to write a prescription to a family member or a friend (a third party), allowing them to take home naloxone for emergency first aid. For example, if a person with cancer is discharged from the hospital on morphine pain medication, a family member could request to have a prescription filled for naloxone to be used in the event of an unexpected reaction to the morphine.



## Life saving naloxone (aka. Narcan) comes in several forms.

To meet a person's or department's skill, budget, or operational needs, naloxone is available in 0.4mg vials (IV, IM, SC), auto-injectors (IM), 2mg pre-filled syringes (IM, IV, SC), and 4mg intranasal sprays (IN).



Naloxone is not a controlled substance. It can be administered by either highly skilled medical experts or ordinary citizens. Naloxone was first approved by the US Food and Drug Administration in 1971. It has no abuse potential.

Naloxone is currently administered by paramedics and emergency room personnel to treat opioid overdose, but could prevent far more deaths through widespread distribution to law enforcement and other first responders, and to the general public for in-home use with high risk persons.

The United States Conference of Mayors encourages cities to equip all first responders with naloxone and expand awareness and education efforts.

# The United States Conference of Mayors.

## 2014 Adopted Resolutions

### **SAVING LIVES THROUGH OVERDOSE PREVENTION; WHEREAS...**

- Drug overdose is the leading cause of injury death in the United States, ahead of both motor vehicle crashes and firearms; and
- One hundred Americans die every day from overdoses; overdose deaths are more commonly due to prescription painkillers than any other drug category; and
- During the 2006-2010 period, overdose deaths involving heroin increased 45 percent and deaths involving opioid analgesics increased 21 percent; and
- The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic; and
- Heroin and prescription drug abuse affect every community in the country; and
- Death from opioid overdose is preventable through the use of naloxone, a medication that reverses the respiratory depression that causes death from overdose; and
- Naloxone can be a tool to guide people into recovery by helping people seek treatment; and
- Naloxone is effective, affordable and safe, does not have serious side effects other than those associated with opioid withdrawal, works within minutes, is not addictive, cannot be abused, and has no psycho-pharmacological effects; and
- Naloxone is currently administered by paramedics and emergency room personnel to treat opioid overdose, but could prevent far more deaths through widespread distribution to law enforcement and other first responders; and
- Police departments across the country in communities large and small now provide officers with naloxone; and
- The Food and Drug Administration approved a hand-held naloxone auto-injector specifically designed to simplify administration; and
- Establishing emergency “Good Samaritan” laws to protect people who call 911 from prosecution would increase timely medical attention to overdose victims; and
- 18 states and the District of Columbia have enacted “Good Samaritan” laws; and
- The National Drug Control Strategy acknowledges that drug problems are most effectively handled at the community level and the strategy emphasizes the importance of local, community based efforts,



**NOW, THEREFORE, BE IT RESOLVED, that The United States Conference of Mayors encourages cities to equip all first responders with naloxone and expand awareness and education efforts; and**

**BE IT FURTHER RESOLVED, that The United States Conference of Mayors supports the continued establishment of emergency “Good Samaritan” policies to encourage individuals to call 911 in the case of an overdose, without fear of prosecution.**

Other organizations urging the use of naloxone include: American Medical Association, National Association of Drug Diversion Investigators, and American Public Health Association.

## What is Steve's Law?

Steve's Law, named after Steve Rummier, who died of a opioid overdose in 2011, and after whom the [Steve Rummier Hope Foundation](http://www.SteveRummierHopeFoundation.org) was formed and named, is Minnesota's Good Samaritan + Naloxone legislation which follows 19 other states and the District of Columbia in establishing Good Samaritan laws and/or access to naloxone.

Steve's Law SAVES LIVES by:

- Providing immunity to those who call 911 in good faith to save a life, and
- Allowing law-enforcement and the public to access and administer naloxone (brand name Narcan), to save lives.



## Good Samaritan Laws Saves Lives

The chances of surviving an opioid overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance.

Witnesses to heart attacks rarely think twice about calling 911, but witnesses to an overdose often hesitate to call for help, or in many cases, simply don't make the call because they often fear arrest, even in cases where they need professional medical assistance for a friend or family member.

The best way to encourage overdose witnesses to seek medical help is to exempt them from criminal prosecution, an approach referred to as Good Samaritan immunity laws.

## Naloxone Saves Lives

Naloxone is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities.

Naloxone is a non-addictive opioid antagonist use to counteract the effects of opiate overdose.

Naloxone is not a controlled substance, has no abuse potential and can be administered by ordinary citizens with little or no formal training. A study published in the Annals of Internal Medicine found that distribution of the overdose antidote naloxone could prevent as many as 43,000 deaths.



# DON'T RUN CALL 911

When in an emergency, don't hesitate to call 911.  
What you should know.



## For Alcoholic Poisoning

As of August 1, 2013, an underage person who seeks medical assistance for someone experiencing alcohol poisoning cannot be prosecuted for possession or consumption of alcohol when that person is seeking help.

## For Overdoses

As of July 1, 2014, a person who seeks medical assistance for someone experiencing a drug overdose cannot be prosecuted for possession of drugs or for possession of drug paraphernalia if found as a result of that person seeking help. The overdose victim is protected from prosecution as well.

## When administering and prescribing Naloxone...

What you should know.

### What is Naloxone?

Naloxone (aka. Narcan) is an effective, non-addictive prescription that reverses opioid drug overdoses. It can be given intramuscular, as a nasal spray using a special applicator, or intravenously.

### Prescribing

As of May 9, 2014, doctors and other medical providers can prescribe naloxone to people at risk of an overdose and to family members, friends, or other persons who could administer naloxone in the case of a drug overdose.

### Immunity

Doctors and other providers who prescribe naloxone and other people who administer naloxone in the case of a drug overdose will be immune from any civil or criminal charges as long as they act in good faith.



## Drug overdose deaths in the United States hit record numbers in 2014.

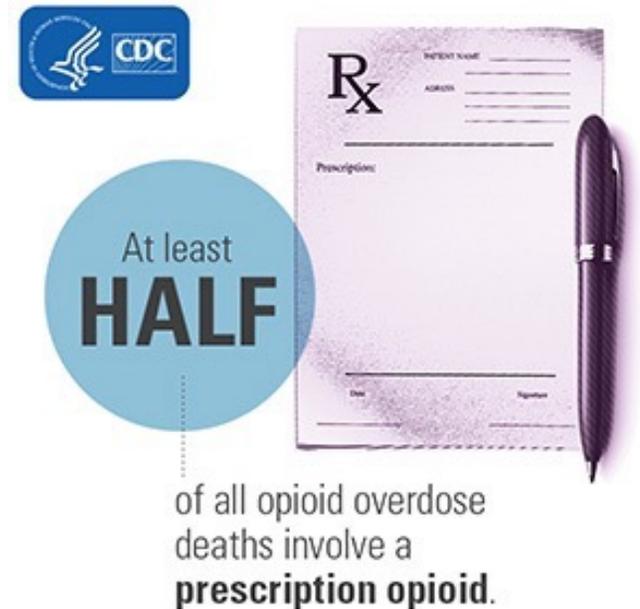
**More people died from drug overdoses in 2014 than in any year on record.**

The majority of drug overdose deaths (more than six out of ten) involve an opioid. Since 1999, the rate of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) nearly quadrupled.

From 2000 to 2014 nearly half a million people died from drug overdoses. 78 Americans die every day from an opioid overdose.

We now know that overdoses from prescription opioid pain relievers are a driving factor in the 15-year increase in opioid overdose deaths. **Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report.**

The most common drugs involved in prescription opioid overdose deaths include: methadone, oxycodone (such as OxyContin®) and hydrocodone (such as Vicodin®)



## CDC looks at four categories of opioids.

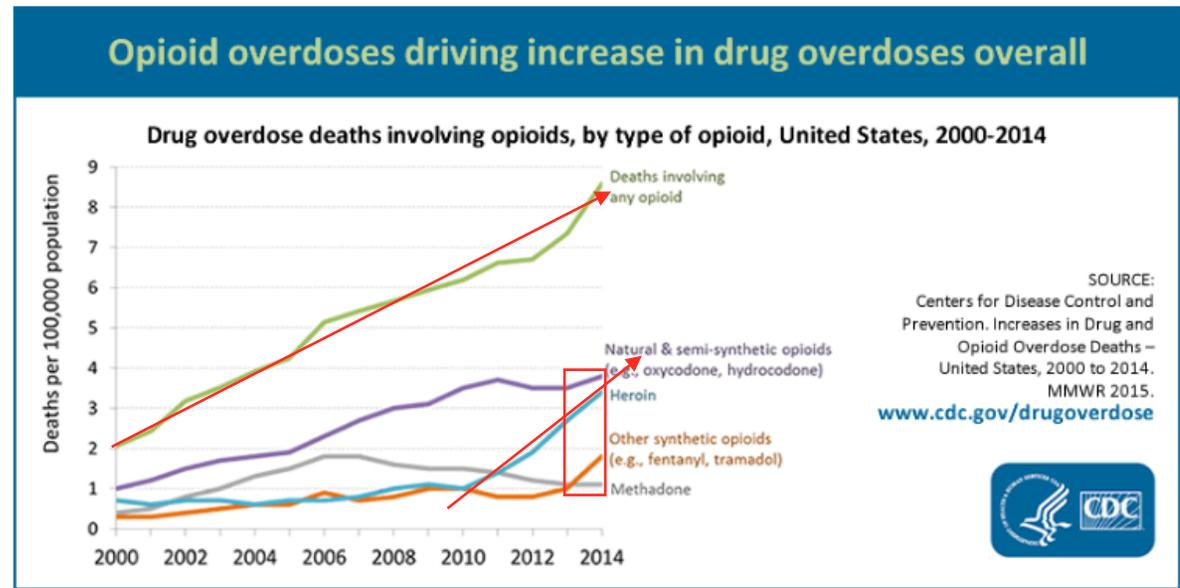
1. **Natural opioid analgesics**, including morphine and codeine, and **semi-synthetic opioid analgesics**, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone.
2. **Methadone**, a synthetic opioid.
3. **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl.
4. **Heroin**, an illicit (illegally-made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.



In 2014 there were almost 19,000 deaths involving prescription opioids, equivalent to about 52 deaths per day. This is an increase from approximately 16,000 or 18.75% over 2013.

The findings show that two distinct but interconnected trends are driving America's opioid overdose epidemic:

1. A 15-year increase in deaths from prescription opioid overdoses.
2. The recent surge in illicit opioid overdoses driven mainly by heroin and illegally-made fentanyl. Both of these trends worsened in 2014.



## Prescription opioids.

Prescription opioids can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.

Natural opioids, semi-synthetic opioids, methadone, and some other type of synthetic opioids are commonly available by prescription.

✓ **Providers wrote nearly a quarter of a billion opioid prescriptions in 2013—with wide variation across states. This is enough for every American adult to have their own bottle of pills. Anyone who takes prescription opioids can become addicted to them. In fact, as many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction.**

Research shows that some risk factors make people particularly vulnerable to prescription opioid abuse and overdose, including:

- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription pain relievers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.



✓ **Once addicted, it can be hard to stop. In 2014, nearly two million Americans either abused or were dependent on prescription opioid pain relievers.**

## Today's Heroin Epidemic.

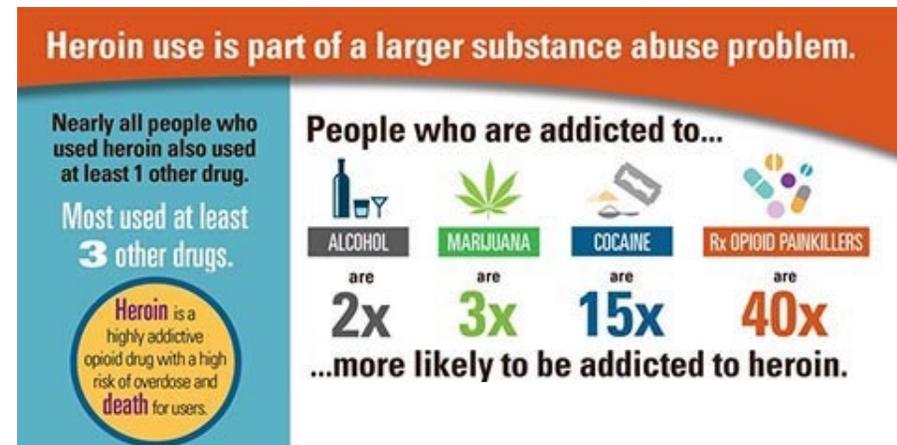
Heroin use has increased sharply across the United States among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes.

Heroin is an illegal, highly addictive opioid drug. Heroin is typically injected but is also smoked and snorted. When people inject heroin, they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.

Heroin is a part of a larger abuse problem. Nearly all people who use heroin also use at least one other drug, especially cocaine and prescription opioid pain relievers, or alcohol. This practice is especially dangerous because it increases the risk of overdose.

### Those who are most at risk of heroin addiction:

- People who are addicted to prescription opioid pain relievers.
- People who are addicted to cocaine.
- People without insurance or enrolled in Medicaid.
- Non-Hispanic whites.
- Males.
- People who are addicted to marijuana and alcohol.
- People living in a large metropolitan area.
- 18 to 25 year olds.



As heroin use has increased, so have heroin-related overdose deaths. Between 2002 and 2014, the rate of heroin-related overdose deaths more than quadrupled, and more than 10,500 people died in 2014.

## A last line of defense.

### Naloxone saves lives.

The chances of surviving an opioid overdose, like that of surviving a heart attack, depends greatly on how fast one receives medical assistance.

Naloxone is an opioid antagonist that has been available to first responders for 40 years. This “lifesaving antidote” is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities. It is used to counteract the effects of overdose by blocking opioid receptors in the brain and restoring normal breathing.

Naloxone is so easy and safe to administer, it can be administered by ordinary citizens with little or no formal training.



### Minutes matter.

A challenge we have is that most overdoses occur in the home. A major pharmaceutical company reports on a national average it takes 9.5 minutes for a first responder to arrive. But, it takes less than 4.0 minutes for irreparable brain damage to set in.

Many first responders, law enforcement or fire department personnel, are neither authorized or trained in using lifesaving naloxone. This puts those persons who have suffered an opioid overdose, whether it be from prescription medicine or heroin, lives at greater risk.

## Is your city's first responders carrying life-saving naloxone?

**Opioid overuse kills more Minnesotans than homicide.** The runaway use and abuse of prescription opioid painkillers such as oxycodone and hydrocodone has emerged as a public health threat in Minnesota. Then add the incremental factor of heroin, we begin to realize the how great this problem is.

Aware of the magnitude of our state's and country's opioid addiction problem, I reached out to my city's City Manager and Mayor, to learn if our first responders carry naloxone.

The City Manager was quick to respond. Unaware of our city's practice, he reached out to our Fire Chief and Chief of Police. He was told that our first responders do not carry naloxone. The initial explanation given was that Allina has better credentials and better response times.

Allina Health Emergency Medical Services is one of the region's largest ambulance and medical transport services serving over 100 Minnesota communities, including Prior Lake. Their services include priority medical dispatch, 911 pre-arrival instructions, emergency and non-emergency ambulance response, and other.



I responded to the City Manager and Mayor with a brief list of facts and benefits of using naloxone. Shared that there is available funding earmarked by the state for procurement and training, and explained how Steve's Law encourages first responders to carry Narcan and gives immunity to those who call for the purpose to save lives.

Wanting to learn more, the City Manager reached out to the Chief of Police for additional insights and instructed him to respond on behalf of the City. **The following section is dedicated to our City's response and their rationale as to why City of Prior Lake first responders should not carry lifesaving naloxone.**

## A disappointing and fact-less response.

The City of Prior lake does not authorize its first responders to carry or administer lifesaving naloxone. The City provided **eight reasons** why he recommends that they not. **Lacking any specifics or supporting facts** it did little to shed insights as to the reasons why they should not be best prepared in the event of an opioid related emergency.

**The response came across as dismissive.** Maybe they felt the topic was either inconvenient or unimportant? Furthermore, the reasons cited were often contrary to facts known, as previously shared, and to known industry practices.

To move the conversation to a fact based dialogue, I asked specific questions to each of his explanations to improve my understanding and our alignment. No answers were provided.

The recommendation that City of Prior Lake first responders neither carry nor be trained to administer naloxone is contrary to our State's recommendation, past and ongoing legislative efforts. Minnesota believes that naloxone is such an important and effective tool, it earmarked \$290,000 for its distribution and training to improve our first responders efforts and response.

**The practice of administering lifesaving naloxone is a matter deserving improved focus and attention. It should be universally accepted among first responders, because:**

1. There is a need. People are dying.
2. Our communities expect it.
3. We can do it.

This section lists those eight reasons the City of Prior Lake gave to not carry lifesaving naloxone. A response to each reason was given, explaining why those arguments may be misguided and hope that there would be additional consideration and a changed position.



## Reasons reported why first responders should not carry naloxone.

### 1. ADDITIONAL STAFFING IS REQUIRED.

Municipalities across the Twin Cities area and state have demonstrated the ability to partner with nearby hospitals to improve first responders medical training and emergency preparedness.

There are non-profit organizations, such as the Steve Rummel Hope Foundation, that offer training to assist those that don't have the resources to self manage. SRHF will either directly train, or train the trainer, to improve organization efficiency.

Reported training times range between 1- 4 hours.



*Eden Prairie police works on a 2-year operational work cycle toward continued improvement. Chief of Police, Rob Reynolds, shares, "We incorporated our desire to improve our response to opioid and heroin related cases into our long term (sustainable) planning. No additional staffing was needed."*

*The Minneapolis Fire Department was able to implement this new emergency medical service (EMS) protocol with no change to their existing staffing levels, including the procurement, distribution and training. They shared, "We are continuously training to keep our skills current and to stay up to date with new medical procedures and equipment which made the Narcan training attainable and easily accepted by MFD employees."*

*Hennepin County Sheriff reports there was no need to increase staff. It was managed within existing staff levels.*

*Shakopee Chief of Police shares, "We will not be adding any additional staff."*

Naloxone related activities can be well managed within first responders departmental planning cycles and existing staffing levels.

### NO ADDITIONAL STAFFING IS REQUIRED.

## Reasons reported why their first responders should not carry naloxone.

### 2. EMERGENCY MEDICAL SERVICES APPEAR ON THE SCENE FIRST.

Response times vary. Law enforcement usually arrives before emergency medical services (EMS).

*Eden Prairie reports, “Police officers arrive at the scene first with EMT arriving just a few minutes later.”*

*Allina response times vary, but on average when they receive a call from dispatch to arrival on the scene about two minutes after first responders:*

- *In the metro areas Allina averages 6 minutes*
- *In the suburban and more rural areas they average 8.5 minutes*

*Allina response times can be faster than first responders in some rural areas, where a department may be volunteer based.*



First responders most often arrive at the scene first. EMS arrive promptly, often averaging a few minutes later depending on the geography (urban, suburban, rural). In an emergency where minutes matter, it makes sense that all first responders be resourced and skilled in the administration of naloxone. Similar to their being skilled in other standard emergency procedures.

**EMERGENCY MEDICAL SERVICES ARE GENERALLY NOT THE FIRST TO ARRIVE ON THE SCENE.**

## Reasons reported why first responders should not carry naloxone.

### 3. EMERGENCY MEDICAL SERVICES ARE MORE SKILLED.

Yes. Generally speaking, emergency medical services personnel are more skilled than first responders. The requirements to be a paramedic are extremely rigorous and their skills are great.

A paramedic is trained and certified to perform advanced life support (ALS), which includes administering IV fluids, injections, medications and performing advanced respiratory procedures. A paramedic also performs many of the same functions as a basic EMT, such as treating wounds, performing CPR, delivering babies, and performing patient assessments.

The greater skills of a paramedic or EMT should not preclude our first responders from being skilled in the administration of naloxone in the event of an opioid emergency. Similar to their being required to be skilled in the administration of other standard emergency procedures.

Naloxone comes in several forms, any of which is safe administer. So easy, hundreds of programs around the world have provided naloxone directly to drug users, their families and friends to use to rescue someone from opioid overdose.



**FIRST RESPONDERS CAN EASILY BECOME PROFICIENT IN ADMINISTERING LIFESAVING NALOXONE.**

## Reasons reported why first responders should not carry naloxone.

### 4. COSTS TO PURCHASE NALOXONE IS PROHIBITIVE

Naloxone comes in varying forms, depending on a department and/or individual skill level.

- 0.4 mg vials Intravenous (IV), Intramuscular (IM), Subcutaneous (SC)
- Auto-injectors IM
- 2 mg pre-filled syringes IM, IV, SC
- 4 mg intranasal sprays Intranasal (IS)

For those departments finding the cost to procure naloxone and/or train prohibitive, there are several options.

Cost vary between \$35 per kit (typical for trained first responders) to the most expensive option for the Evzio auto injector module (ideal for general public use, those with little or no medical training).

- The State of Minnesota's earmarked \$290,000, \$70,000 alone for the Twin Cities area, for the purchase and training of naloxone.
- The National Association of Counties, National League of Cities and United States Conference of Mayors, with the U.S. Communities Purchasing Alliance and Premier, Inc., have secured industry-leading discounts for naloxone and medications containing buprenorphine.
- Grant monies are available.
- Reallocate non-essential spending dollars is a relatively in-house solution.

**NALOXONE DISTRIBUTION PROGRAMS ARE INEXPENSIVE, OFTEN FREE.**



## Reasons reported why first responders should not carry naloxone.

### 5. STORAGE IS A PROBLEM.

Naloxone veils, syringes, nasal sprays, and complete emergency kits are small, compact and require little space. It simply requires to be stored at room temperature.

The Minneapolis Fire Department has a minimal supply of naloxone that is kept in each medical bag's "Narcan Kit." An accountability system in place for easy tracking and security purposes. The Narcan Kit is carried in their medical bag, which is kept in the cab of the rig at a constant temperature for safe storage.

Inventory control is standard practice with check-in/check-out during each officer's shift with the Hennepin County Sheriff's office.

The naloxone emergency kit marketed by the Steve Rummeler Hope Foundation, which is primarily for general public use, requires the most space for storage. This compact kit is 7" x 4" x 5/8" and weighs 8 ounces. About the same size and weight as a larger smart phone. the SRHF naloxone emergency kit includes:

- 3 Evzio auto injector modules: two live and one trainer
- 2 alcohol swabs
- 1 rescue breathing face shield
- 1 pair of latex gloves
- 1 two-sided instructional guide
- 1 Kaleo prescribing information pamphlet
- 1 Kaleo information & instructions for use pamphlet
- 1 SRHF overdose prevention rescue kit carrying case



For first responders needing space for either the 2 mg pre-filled syringes or 4 mg intranasal spray, it requires no more space than a Sharpie marker.

### STORAGE IS MANAGEABLE.

## Reasons reported why first responders should not carry naloxone.

### 6. PRODUCT AVAILABILITY IS A PROBLEM.

Municipalities report standard 1-2 year planning cycles and none indicated that acquiring naloxone and its associated medical supplies was a problem.



### 7. SHELF LIFE IS A PROBLEM.

Naloxone is required to have an expiration date of at least 12 months later than the date it is prescribed, and typically has a shelf life of 18 - 24 months.

Hennepin County Sheriff's Office, Minneapolis Fire Department, and Eden Prairie Police each report a naloxone shelf life of 2-years.



**THERE HAVE BEEN NO AVAILABILITY OR SHELF LIFE PROBLEMS REPORTED BY MUNICIPALITIES AND FIRST RESPONDER DEPARTMENTS.**

## Reasons reported why first responders should not carry naloxone.

### 8. SAFETY IS OF CONCERN.

You cannot develop tolerance to naloxone, so it can be used in every opioid overdose situation no matter how many times a person has overdosed in the past.

In the worst case scenario, naloxone will simply do nothing. In the best case scenario it will save a life.

Minneapolis Fire Department (MFD) shares, *“Our firefighters are trained to administer Narcan with a small dosage and repeat if needed; this allows the patient to become conscious enough to breath on their own, and decreasing the likelihood of a patient becoming aggressive when regaining consciousness.”*

MFD's Narcan Kit consists of a Naloxone pre-filled, needle-less syringe that attaches to a intranasal mucosal atomization (IMA) device.

Another attractive naloxone option is Narcan nasal spray. This needle free option requires no assembly and is ready-to-use.

Naloxone loses its impact over time as well as from too much heat or cold, or exposure to sunlight. Expired naloxone will not hurt the victim, but may not work as well as new naloxone.

### **NALOXONE IS A SAFE.**

Of the eight reasons cited by the City of Prior Lake to not carry lifesaving naloxone, none were collaborated by other first responder departments as being either factually correct or unmanageable.



## Planning for success.

With well managed businesses or organizations, major activity is planned in advance. It is commonplace to be managing either a one or two year operating plan, while working on the subsequent planning cycle.

The larger or more complex the organization, the greater the need for disciplined planning and communication to effect change and improve chances for success.

When creating business plans and managing ongoing activity, consider:

1. What is it that you want to do? *What is the end goal?*
2. Does it make sense? *Is it on strategy?*
3. How are you going to do it? *Execute with excellence.*



While it is important for business or organizations to have a strong strategic orientation, you should remain open minded, flexible, and quick to respond to take advantage of arising opportunities or mitigate internal or external threats. Those who do not, risk underperforming and will likely fail.

**The rapid rise and risks associated with our opioid epidemic is a good example of the importance and need to respond to an external threat.**

**PLAN YOUR RESPONSE TO TODAY'S NATIONAL EPIDEMIC.  
OPIOID ADDICTION AND OVERDOSE AFFECTS EVERY COMMUNITY.  
THE COST OF FAILURE - THE LOSS OF LIFE - IS TOO GREAT**

## Example of first responders successful planning. Eden Prairie Police.

Rob Reynolds, Eden Prairie Police Chief, shared, “A few years ago there was a sudden and sharp rise in heroine cases. In a short period of time they experience three overdose deaths of which one was Steve Rummer, the namesake for the Steve Rummier Hope Foundation and eventual passing of Steve’s Law. We changed our approach to better respond to the increase in opioid prescription and heroin related calls because:

- 1) There was a need.
- 2) Our community expects it.
- 3) We could do it.



Reynolds added, “**We changed our approach from traditional police work**, which include securing and controlling people at the scene, preserving evidence and assessment, for the purpose to obtain an arrest to doing more about the underlying cause.”

He also shares, “It is important to note, in our area, 9 out of 10 heroin cases come from prescription dependency. Increasing the challenge is the purity of heroin and that we are also seeing cases where heroin is jacked-up with **fentanyl**, a synthetic pain killer that is 50 to 100 times more powerful than morphine. Users unaccustomed to the potency are at a high risk. **There is never a good batch of heroin.**”

Eden Prairie Police work to do more about the underlying cause includes:

- 1) **Education.** This includes our own and the public. We have made great inroads to schools and community groups. Improving awareness and understanding is key to improving our response.
- 2) **Providing better response tools.** This includes making available and administering naloxone. “I think its is an absolutely great thing,” says Reynolds.
- 3) **Preventive measures.** Education is a component and efforts such as the acquisition, co-marketing and distribution of Deterra. Deterra is a safe neutralizing kit that allows homeowners to safely dispose unused medicines



## Example of first responders successful planning.

### Minneapolis Fire Department and Hennepin County Medical Center.

Amber Lage, EMS Training Officer with the Minneapolis Fire Department shared, “The fire service is an ever-revolving field of emergency response. **Over the last few years the Minneapolis Fire Department (MFD) has seen a steady increase in the number of opioid overdoses it was responding to.** As these numbers continued to rise, MFD felt compelled to adjust to the medical needs of those we serve.”

Hennepin County Medical Center EMS Education provided MFD with the initial Nasal Narcan training. The course was 4 hours long and took 6 weeks for MFD’s 413 firefighter/EMT’s to complete (19 stations). A 2 hour refresher is required every 2 years.

The 4 hours training encompasses the entire protocol, from patient assessment through the storing, handing, and administering Narcan.

Lage added, **“We are continuously training to keep our skills current and to stay up to date with new medical procedures and equipment which made the Narcan training attainable and easily accepted by MFD employees.”**

*Between May 3- May 16, MFD administered Narcan 10 times. All successful. “It is amazing how it works, how it turns around the status of a patient. There was definitely a needed,” said Lage.*



Hennepin County Medical Center

## Example of first responders successful planning.

### Hennepin County Sheriff and Hennepin County Medical Center.

Deputy Shane, Intergovernmental Relations, with the Hennepin County Sheriff's Office (HCSO) comments, **“Over the years we witnessed a large increase in the number of drug overdoses, predominately from heroin and prescription medicines.”**

Shane added, “We have ramped up our education program, educating our deputies on the facts about the opioid crisis and have prepared them to respond.”

HCSO has 300 sworn deputies and partnered with Hennepin County Medical Center (HCMC) where naloxone training is held at an HCSO facility. HCMC conducts an initial 4-hour training with a 1-hour refresher course each year.

HCSO uses the nasal delivery system which comes in a glass vial. Each kit is about \$35.00 each. Their deputies carry it in a Sharps Shuttle, which is a secured protective plastic container.

“There has been no need to increase staff. Procurement education, training, and administration is managed within existing staff levels. We have been able to acquire naloxone from HCMC Pharmacy in a timely fashion,” adds Shane.

In a cooperative effort with Hennepin County Public Works and other cities, eight medicine disposal drop off boxes are strategically located throughout the county for residents to safely dispose of unused prescription medications.



Hennepin County Medical Center

## Example of first responders successful planning.

### Shakopee Police, Allina Health and St. Francis Regional Hospital

Shakopee is the **first in the state** to join a national movement of police guiding residents with drugs or alcohol addiction toward rehabilitation and away from jail cells.

Recycling money seized during drug arrests, Shakopee police offers financial support to addicts for treatment. This program, titled Recovery Assistance Program (RAP), is modeled after a Police Assisted Addiction and Recovery Initiative born in Gloucester, Mass.

Jeff Tate, Shakopee Police Chief and Emergency Management Director, shares, **“We know we’re not going to arrest our way out or ticket our way out of this issue.** We began our RAP almost two months ago. The response has been beyond expectations. We have six scholarships awarded. One just finished treatment and went out for job interviews, with letters of recommendation from our police department and he got a great job in his field of study.”

To complement their nation leading preventive measures, Shakopee is in the process of outfitting their eight sergeants with Narcan (\$40 - \$60 per unit), modeling their practice after Anoka County. Narcan is a needle-free, ready-to-use nasal naloxone spray use to block or reverse the effects of opioids, especially in overdose.

Tate cites the reason for carrying Narcan, “Our ambulance service here is great and we often don’t see a big difference between when we get there and when the ambulance arrives, but, **we want to make sure we are doing all we can if we come across an overdose.**”

Shakopee police is working with Allina Health and St. Francis for training to implement its lifesaving naloxone practices.

Tate goes on to express two areas of concern that they will manage their way through. Narcan is temperature sensitive and we must to be mindful of Minnesota’s warm summer and cold winter months. Another concern is a patient becoming aggressive when regaining consciousness. This is particularly a problematic when an officer is working alone.



## Example of first responders successful planning.

### Allina Health and Coon Rapids

Susan Long, Director of Allina Health Clinical & Support Services, spoke about their longstanding cooperative efforts with Coon Rapids.

Long said, “Coon Rapids was one of the first cities to work with Allina in the education, training and administration of Naloxone. They acted because of the need and their community expected them to. Coon Rapids self funded the purchase of Naloxone and Allina provided the training as part of their ongoing cooperative relationship.”

Allina provides a comprehensive 2-hour training to first responders they work with. Their course includes airway management and refinement of skills, which includes: recognizing signs and symptoms, airway... and safety. Only a small part of their time is spent training first responders with the actual administration of naloxone.

Susan Long, Director of Allina Health Clinical & Support Services, also spoke about the dangers of purchasing of heroin and illegal drugs, and her concern about the recent increase in **fentanyl** cases. Long shared, **“Another challenge we are facing today is that a person may not be sure what they are getting when purchase drugs on the street, it is certainly not an FDA regulated industry.”**

**Fentanyl** is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is one of the strongest opiate drugs on the market. So potent that an amount the size of three grains of sugar is lethal to an adult

*According to a press release from the Ramsey, Minnesota, office, Prince's death was an accident caused by “fentanyl toxicity” which was self-administered*



## Steve Rummmler Hope Foundation - A non-profit perspective.

### The beginning.

In honor and remembrance of their their son, Bill and Judy Rummmler founded the Steve Rummmler Hope Foundation. Their story reads like many others.



Steve was surrounded by the love of family, friends, and a fiancé. He was a Dean's List student at the University of Minnesota with a degree in Economics. He ran marathons and excelled in sports and was a gifted musician. He became a successful financial advisor having won major honors and recognized as a rising star.

In December 1996 Steve suffered a life-changing injury to his back. His condition caused him to seek help from medical and mental health professionals. The constant pain and the lack of a treatable diagnosis led Steve to become depressed. Steve was prescribed anti-depressants which helped, but did not eliminate his symptoms. In 2005, he was prescribed opioids (narcotic painkillers). He became addicted to the painkillers and by 2009 he was getting prescriptions for opioids from more than one doctor.

The disease of addiction had “hijacked” Steve’s brain. He once wrote about the painkillers, ***“At first they were a lifeline. Now they are a noose around my neck.”***

Like so many others, Steve lost the battle to opioid addiction. When Steve ran out of prescribed medicines he sought out heroin for relief. He overdosed on heroin and died July 1, 2011, at the age of 43. Until the night of his death, Steve had never taken an opioid that had not been prescribed to him.



**The Steve Rummmler Hope Foundation was founded with the goal of helping others who suffer from chronic pain and the disease of addiction.**

## Steve Rummier Hope Foundation - A non-profit perspective. Enacting legislative change.

SRHF and its staff is recognized by industry peers, medical community, law enforcement, MN legislature, and general public for their tireless, selfless effort, and exemplary performance. **They have been successful in increasing awareness, heightening interest, educating, training, and passing legislation to improve Minnesota's fight against opioid abuse and addiction.**

A SRHF crowning achievement was their passing of Steve's Law, aka The 911 Good Samaritan Law which Minnesota legislature unanimously supported and enacted in 2014. It's purpose is to protect family, friends, or others from liability in the event they need to administer naloxone to an unconscious victim. It changed traditional police work, prioritizing victim's safety and resuscitation over arresting drug users.



“With Minnesota opioid addiction, abuse, and related deaths at an all time high and rates increasing at well above national averages, there is so much more that must be done,” tells Michon Jenkin, Vice President of Programs, SRHF.”

Jenkins shares, “The opioid crisis affects every community. It could happen to any family, anyone. I never thought it would happen to me. I lost my daughter, Ashley, at the age of 28 due to a lethal overdose of Oxycodone, Xanax and Tramado. If the 911 Good Samaritan Law was a general practice across the U.S., I believe Ashely would be alive today.”

## Steve Rummler Hope Foundation - A non-profit perspective. Demonstrating excellence.

SRHF consistently demonstrates their collaborative approach and ability to overachieve.

They are regularly recruited to participate in industry forums, asked to give special appearances, procure naloxone, package and distribute overdose prevention rescue kits, conduct training for individuals, families and first responders, and they ongoing advise and support other industry related non-profit organizations.



Jenkin adds, "We understand it takes time to change well entrenched attitudes and learned behavior. But, we are facing a national epidemic and there are simple steps we can and must take that will save lives."

**"A major first step is to improve an understanding about those who become addicted and overdose on opioids and the heartache it causes families."**



"Not too long ago I attended a conference which included leaders from medical health, law enforcement, and other community agencies. I passed through the metal detector screening at the government center where the meeting was being held. A security officer asked where I was going. I told him I was attending the conference about heroin overdose.

As I passed through, I overheard him tell his fellow officer, **"We should just let them all die."**

"I understand he may be hardened by years of work and his thoughts are not representative of most. But, this officer's unsympathetic tone hit me hard. He didn't know that I lost my daughter, my only child, just two years ago. **It reinforced the importance of our needing to do a better job educating first responders about this national epidemic. To improve overall understanding and empathy, reinforce how much we value their work, and tell them important they are in our winning this battle against opioid addiction and overdose,**" shared Jenkin.

## Steve Rummler Hope Foundation - A non-profit perspective. There is so much more to do - people are dying.

“Naloxone is an amazing drug. It saves lives. Every first responder should carry and be trained to use naloxone.”

In 2015, Minnesota earmarked \$290,000 to cover the cost for municipalities to purchase and train first responders. As of April 2016, none of it had been tapped and if it isn't used by the end of the year, the money rolls over to the state's general fund,” tells Jenkin.

“It is a crime that we aren't doing better. **The state is encouraging and offering funding for municipalities and first responders who carry naloxone are reporting successes.** We need broader acceptance and improved practices. People are dying,” implores Jenkin.



**Many first responders may have a misguided opinion about addiction.** I fear their opinions may change only after they experience a personal loss or rapid increase in opioid related deaths in their community. This is a lesson we simply cannot afford.

SRHF is not alone when tasked to do more with less. They are reporting delays and shortages of either donated or discounted naloxone from their pharmaceutical partners.

“This pains us. Because of the much increased cost for product, we are now having to turn down training and turn away individuals and families who so desperately need our support. **Our inability to help others will result in the most tragic of consequences,**” shares Jenkin.

## Adapt Pharma - A pharmaceutical company perspective. A closer look at NARCAN® - Innovating to Save Lives.

NARCAN® Nasal Spray (NNS) is the first and only FDA-approved needle-free naloxone nasal spray a life-saving medication that can stop or reverse the effects of an opioid overdose.

*“Combating the opioid abuse epidemic is a top priority for the FDA,” said Stephen Ostroff, M.D., acting commissioner, Food and Drug Administration. “We cannot stand by while Americans are dying. While naloxone will not solve the underlying problems of the opioid epidemic, we are speeding to review new formulations that will ultimately save lives that might otherwise be lost to drug addiction and overdose.”*

**NNS does not require assembly and delivers a consistent, measured dose when used as directed. This product can be used by those on the frontline of this growing epidemic, first responders (i.e. police, fire, EMS) as well as friends and family.**

Adapt Pharma provides low-cost access to NNS through their Public Interest Price at \$75 per carton (2 devices delivering 4mg HCl each), which is available to public agencies and organizations like law enforcement, harm reduction groups...working to help those who are battling addiction and vulnerable to opioid-related overdose.

This Public Interest Price of NNS is a 40 percent discount off of the wholesale acquisition cost of \$125 per carton and can be purchased through the U.S. Communities Purchasing Alliance and Premier, Inc.

In regards to the general public, Adapt Pharma is working with payers and managed care organizations to improve access to and coverage of NNS. It is available through wholesalers for retail chains and independent pharmacies to purchase, and Adapt Pharma is working with retail pharmacies to improve availability across the country.

**ADAPT  
PHARMA**



## Adapt Pharma - A pharmaceutical company perspective. Legislative reform with improved medical solutions saves lives.

When asked for their 3-5 year outlook, Adapt Pharma shared, “According to the Center for Disease Control and Prevention (CDC), 89 people die every day from opioid-related overdose and this number is even larger in certain states hardest-hit by opiate abuse. While our government has recently taken several steps toward addressing and preventing further abuse and addiction, we believe there will be a constant need for intervention in the event of an opioid overdose by those closest to the situation and when seconds matter”



Adapt Pharma adds, “While we believe such policies will reduce the amount of opioids prescribed to individuals as well as expand addiction treatment and recovery facilities, there will be a constant need for intervention in the event of an overdose when someone least expects it and when seconds matter. **Legislative reform combined with access to effective overdose reversal tools can help bring the number of fatalities down.**”

When asked about examples of best practices, Adapt Pharma tells, “Any state that has adopted or is in the process of adopting a Standing Order has taken a huge leap towards access to naloxone. This allows everyday people to purchase naloxone from participating retail pharmacies, like CVS, Walgreens, and Rite Aid, without a prescription.”

“Moreover, most states have adopted Good Samaritan laws, granting immunity to callers and to the person overdosing from arrest, charging, prosecution, conviction and penalization for a minor drug possession offense. States are also increasingly supporting and funding community-based overdose prevention programs to receive naloxone.”



## Adapt Pharma - A pharmaceutical company perspective. Showcasing best practices.

Adapt Pharma highlights Pennsylvania for their efforts. Pennsylvania has implemented multiple policies addressing its very high rate of opioid overdoses.

- Pennsylvania was one of the early adopters of a statewide standing order for naloxone in April 2015 and recently announced that police have reversed 1,033 incidents of opioid overdoses with naloxone in the last year.
- Governor Wolf's administration has also proposed allocating \$34 million of their 2016-17 budget for construction of 50 treatment centers and noted strong bipartisan support for changing the way the state and its agencies handle opioid addiction and abuse.
- Additionally, this past April, the Wolf administration accepted Adapt Pharma's offer to supply every high school with NARCAN®.



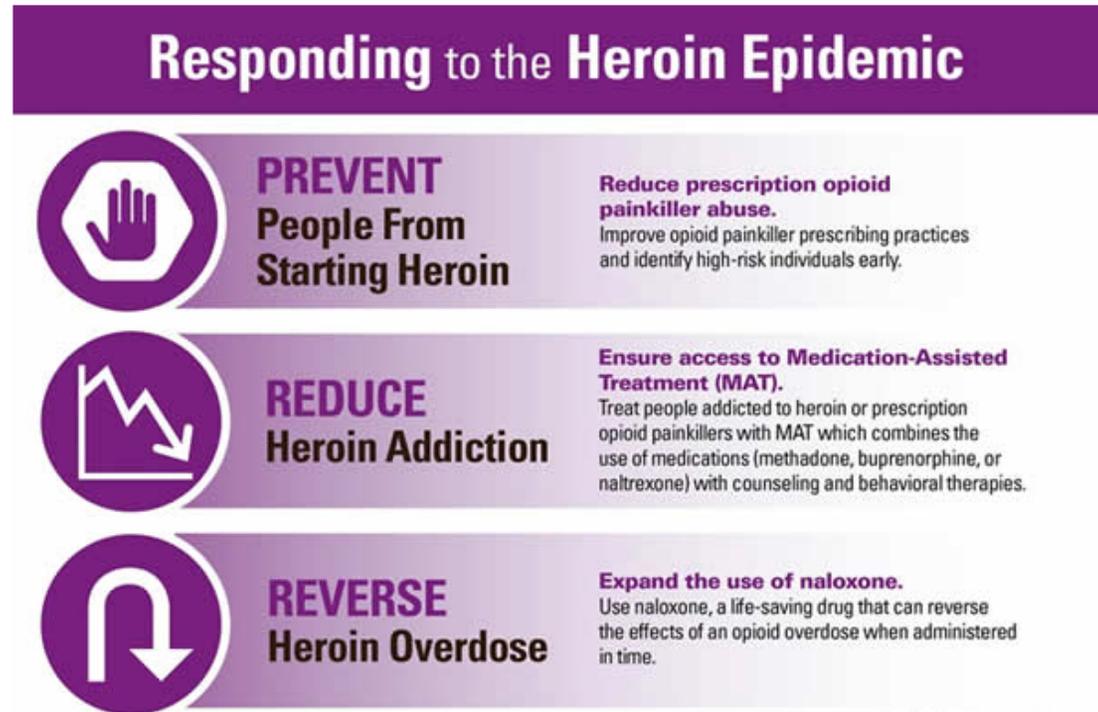
**Citizens are becoming more aware of this epidemic, particularly their increased role in reversing an overdose.**

Similar to how bystanders can save someone reacting to a food allergy with an EpiPen, NARCAN® Nasal Spray makes the immediate need to reverse an opioid overdose a lot easier. It can provide a sense of security to everyday people knowing they have a tool they can use in case of an emergency and can help reduce the number of opioid-related overdose deaths each year. Naloxone, and products like NARCAN® Nasal Spray, ultimately give patients a second chance to enter into long-term addiction treatment and recovery.

## Preventing overdose deaths.

### What can be done at the legislative level?

1. We need to improve prescribing of opioids, expand treatment of addiction, and reduce access to illegal opioids.
2. Expand access to evidence based substance abuse treatment, such as Medication-Assisted Treatment, for people already struggling with opioid addiction.
3. **Expand access and use of naloxone—a safe antidote to reverse opioid overdose.**
4. Promote the use of state prescription drug monitoring programs, which give health care providers information to improve patient safety and prevent abuse.
5. Implement and strengthen state strategies that help prevent high-risk prescribing and prevent opioid overdose.
6. Improve detection of the trends of illegal opioid use by working with state and local public health agencies, medical examiners and coroners, and law enforcement.



## Fighting the battle of opioid addiction and overdose.

Ten grassroots action items.

You have the capacity to influence and contribute.

### 1. Improve Acceptance

Unless you have been personally affected by prescription painkillers or heroin addiction or overdose, it may be difficult to understand or accept how far reaching this national epidemic is.

It is real. It kills. Seven years ago, drug poisoning took over motor vehicles as the #1 reason for accidental death in 2009. It does not discriminate and it affects every community, including yours. Furthermore, recent year's fatality rates by drug poisoning (driven by prescription painkillers and heroin) is not slowing, but increasing at a record rate.



### 2. Heighten Awareness

Share with your friends and family your concern about the rising rates and risks associated with opioid addiction and overdose. Tell them in person, over the phone, through Facebook or other social media.

Simply, get the message out. You may learn someone close to you is now struggling with this matter and they were uncomfortable to share. Your outreach will provide others a greater sense of community and support they so desperately need.

Awareness is the greatest agent for change.

## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 3. Help Educate

When a message is supported with fact, it is incrementally more credible, believable, and powerful.

Forward this deck or share other reference materials. Pull a nearly every day story from your local news about another drug poisoning fatality. Reference the official announcement that Prince died of an overdose of fentanyl, a powerful opioid painkiller that is up to 50 times more potent than heroin.

Naloxone is a low cost, readily available, safe, and easy to use opioid antagonist. It is an effective last line of defense to save lives in the event of an opioid related overdose.



### 4. Investigate to Learn

Do you know if your area's first responders are authorized and trained to carry lifesaving naloxone? Reach out to your city's mayor, manager, or council members and ask them. They should be able to quickly answer if they do or explain why they do not.

The use of naloxone is recommended by: World Health Organization, American Medical Association, National Association of Drug Diversion Investigators, and American Public Health Association, U.S. Conference of Mayors, State of Minnesota, other leading organizations and branches of government

## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 5. Recognize and Reward

Many municipalities, first responder departments, and non-profits are doing great work in the area of education, training, response, and prevention. Just a few examples have been provided via this presentation.

If you know of them, give them a call or drop a note to give thanks, or offer support where you can. If you don't personally know them, search on-line for the names of city, department, organizational heads. Then share your appreciation for their work.

Too often they only hear from us when we feel something is wrong or if there is a problem.

### 6. Question to Better Understand

If you learn that your municipality or first responder department is not authorized to administer lifesaving naloxone, ask why.

Consider sharing this deck to improve their understanding. Demonstrate how other cities and first responders have implemented practices to improve their response and success to this national epidemic.



## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 7. Challenge to Prompt Change

If the response you receive appears vague or dismissive, don't be accepting of it. It may be they haven't given it the thought that it deserves. It may be that their decision is based on emotion rather than fact. Perhaps they're embarrassed because they don't know more. Maybe they're in the difficult position of having to enforce a policy they do not agree with.

Continue respectful dialogue.

If the conversation remains less than what you expect, elevate it to city leadership, whether it be the City Manager, Mayor, City Council, or other. Minimally, you will heighten awareness and educate others about our national epidemic, while reinforcing the benefits of using naloxone as a last line of defense to save lives.

This may be a learning opportunity.

### 8. Be Patient, Be Persistent

We are creatures of habit. If an activity is in opposition of our personal opinion, if it is thought to be difficult to implement or believed it may cost more, the greater the likelihood a proposed change will receive resistance.

Fortunately, we have case studies from first responders indicating that with a well designed annual plan that we can improve community service and response to an opioid emergency. This can be done with little disruption to every day activity and at little to no additional cost. **The benefit, lives saved. Failure to implement, lives lost.**



**change is good**  
**change is needed**

## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 9. Offer Your Support

Consider seeking a non-profit whose purpose is specifically to win the battle against drug addiction and overdose. There are three areas where you can help, it's easy.

#### Give Time

It seems every non-profit is taxed beyond their means, volunteer your time. It may be your time and valued insights may benefit a board or help with an important special project. Perhaps the non-profit can benefit from your professional services: legal, accounting, marketing, fundraising, event management, or other.

#### Give Product

Maybe you or your company manufacturers, distributes, or sells a product that can directly benefit from. It may be naloxone, emergency kit supplies, printing of brochures, or fliers. Practical gifts such as office supplies (paper, pen, computers, phones...), gas cards, or food and beverages for office staff and guests is always welcomed. High value ticket items for silent auction is another way to financially support.

#### Give Money

Non profits are dependent on a generous donor base. Whether you give \$5, \$50, or \$5,000, your contribution is needed and appreciated. You can give to their general operations or earmark money for a specific activity.

If you belong or own a large business, consider sponsoring a non profit. Cause related marketing is a mutually beneficial relationship, which goes well beyond the good will that comes along with the charity.



## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 10. Thoughts and Prayers

Whether you are religious or not, let's give our thoughts and/or prayers to those individual and families facing the stronghold and heartache of prescription drug addiction and overdose, and those service providers.

#### Individual and their families

We must remember about that those who are struggling – they are our mothers, fathers, children, coworkers, neighbors and friends.

We must advocate for a better environment for recovery and improve the dignity, quality of life and access to services for all who are struggling with addiction.

Let's not forget how it effects those families. Let them know you are there for them. They don't have to feel alone, embarrassed, or ashamed when they battle this addiction that consumes every thought and every moment of their day.

#### First responders, doctors and medical staff

We will pay the price for thinking of this addiction (prescription medicine and heroin) as a moral disorder – we are standing in the way of medical and public health progress.

May our city leaders or department heads who have not accepted naloxone as a last line of defense. May they be enlightened and change their minds to allow those on the front line to be best prepared to respond to an opioid related medical emergency.

Let us provide those on the front line the training and resources, so when faced with an opioid related medical emergency that they perform swiftly, with great skill, and achieve success.

There is a need. Our community expects it of us. We can do it.

## Preventing overdose deaths.

You have the capacity to influence and contribute.

### 10. Thoughts and Prayers *(continued)*.

#### **Legislative**

Funding and policy change to improve treatment and the restoration of individuals and those families struggling with opioid addiction is needed. It requires governmental and public acceptance and broad support.

May our government leaders, legislative bodies, business, and generous citizens have the wisdom and tenacity, to generously give and to neither lose focus or patience.

Let us achieve sustainable gains to save those individuals and families battling the stronghold of addictive behavior.

#### **Non Profits**

Our tireless warriors. Many have made it their life mission to see that other families don't suffer the same heartache that they have. The pain of losing a child, sibling, spouse, or other seems irrecoverable.

They will tell you, 'If it happened to me, it can happen to anyone.'

They passionately and selflessly serve, to educate and change the attitudes and behaviors of those who are yet either unaware or unaccepting of the realities of drug addiction. They generously those individuals and families in the midst of the battle, knowing the cost of failure is too great.

May it be today, tomorrow, or the near future that our collective selves are enlightened about the realities of addictive behavior and that we eliminate those barriers to progress and ultimately achieve success.

# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS

**People are dying.** We must remember that those struggling are not just addicts - they are our parents, children, siblings, friends, coworkers, and neighbors.

**Drug overdose is the leading cause of accidental death in the United States** with 47,055 lives lost in 2014. Specifically, opioid addiction is driving this epidemic with 18,893 overdose deaths related to pain medications – 10,574 of which were related to heroin.

**Recent years reporting indicates no signs of deaths from prescription opioid overdoses slowing.** In fact, the Center of Disease control reported that in 2014, deaths involving any opioid, rose as its greatest rate since at least 2000. Amplifying the concerns was a Minnesota Department of Health report stating that in 2015, 572 deaths were attributed to drug overdoses. 330 overdose deaths involving any opioid; 216 related to prescription opioid medications and 114 related to heroin.

Lives are being lost, giving reason enough to capture public attention, investment, and enacting proven and safe emergency lifesaving practices.

**This epidemic started with the hospice movement approximately 30 years ago.** What was intended to help chronically ill patients became a consumer regimen. Postsurgery, postpartum, healing bones – there appeared to be no end to the prescribing of opioids.



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS *continued*

Once someone is addicted to pain killers, where obtaining an initial prescription is typically easy or routine, retaining the ability to get more becomes either too expensive or too difficult. This often leads people to seek heroin - a street drug - in an unregulated, unsafe manner. Four out of five heroin users started by misusing prescription opioid pain medications.

As stated by Thomas McLellan, co-founder and Chief Executive Officer of the Treatment Research Institute, **“We will pay the price for thinking of this (heroin addiction) as a moral disorder – we are standing in the way of medical and public health progress.”**

Naloxone is an opioid antagonist, a last line of defense. This “lifesaving antidote” is a safe way to immediately reverse an opiate overdose and an effective way to halt the growing toll of accidental overdose fatalities. It is used to counteract the effects of overdose by blocking opioid receptors in the brain and restoring normal breathing.

So safe and easy to carry, administer, and effective in reversing an opioid overdose, government and organizations urging the use of naloxone by first responders includes:

- World Health Organization
- President of the United States
- State of Minnesota
- American Medical Association
- American Public Health Association
- United States Conference of Mayors
- National Association of Drug Diversion Investigators

**Naloxone is currently administered by paramedics and emergency room personnel. Naloxone could prevent far more deaths through widespread distribution to law enforcement and other first responders, and to the general public for in-home use with high risk persons.**



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS *continued*

President Obama proposed a \$1.1 billion bill for new funding to combat the epidemic surrounding prescription opioid abuse and heroin use through provider education, increased access to treatment, and the training and use of naloxone.

Minnesota legislature unanimously supported and enacted in 2014 the Good Samaritan Law, aka “Steve's Law.” It was created to provide immunity to those who call 911 in good faith to save life and allow law-enforcement and the public to access and administer naloxone to save lives.

Further reinforcing the desire and benefit for widespread naloxone use, the State of Minnesota earmarked \$290,000 for its distribution and training to improve first responders efforts and response.

Despite the urging of government and recommendations of leading medical and health associations, and funding made available for the purchase and training of naloxone, many Minnesota law enforcement or fire department personnel are not authorized or trained in using lifesaving naloxone.

**One of the barriers of achieving broad acceptance of naloxone is the stigma associated with opioid overdose, especially heroin. The traditional mindset is to address opioid addiction and overdose as a criminal justice matter rather than a health care issue.**

The above thought was shared by multiple sources, including other first responders, major pharmaceutical companies, families, and medical health professionals. The decision to authorize the use of naloxone is made at either the department or municipality level. **It remains the only remaining barrier to its broad use.**



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS *continued*

Those municipalities, departments, and first responders who have evolved and advanced their practices, expressed nearly the same thought process as to why they accept naloxone as a practical last line of defense:

1. **There is a need.**
2. **Our community expects it of us.**
3. **We can do it.**

Among the first responder departments interviewed, which consisted of some of the largest and most complex organizational structures in the state, they report being able to incorporate the use of naloxone with relative ease. Further reinforcing the need, the Minneapolis Fire Department reported immediate successes (lives saved) upon their authorizing its use.

Understanding the rising risk and associated costs with opioid addiction and overdose, several Twin City area first responder departments are doing even more. This includes education within their department and community and incorporating other preventive measures, such as:

Hennepin County Sheriff	Medicine disposal drop off boxes placed throughout the county.
Shakopee Police	Money seized during drug arrests goes to support treatment.
Eden Prairie Police	Distribution of Deterra; a safe neutralizing kit for in-home prescription medicines.

Change can be difficult. Especially, when it is believed that those activities associated with it may be disruptive, thought to require additional staffing, or that there may be additional costs. Then add a mindset, framed by years of practical experience or personal prejudice, that may not be aligned with the ultimate goal. **But, when confronted with the facts and evidence of success, barriers to success are often eliminated.**



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS *continued*

“When you look at the facts of opioid addiction and overdose, understand the ease of use and effectiveness of naloxone, consider the broad endorsements and available state funding, review case studies of advancing first responders who integrated this medical practice and celebrate their success... it is difficult to accept anything less than 100% acceptance of naloxone as a last line of defense.”

For those Minnesota municipalities and first responders who are using lifesaving naloxone, and those who have implemented even additional preventive measures, we thank you.

For those Minnesota municipalities and first responders who remain unsure about the practicality or benefit of accepting naloxone, I implore you to carefully reconsider your position.

**Learn from others.** Reach out to other first responder organizations who have accepted and successfully implemented naloxone. Leverage your partnership with your nearby hospital or health care center. Consider working with a non-profit who is resourced to assist in the education and training of lifesaving naloxone.

The Steve Rummier Hope Foundation is consistently mentioned as an industry leader by; first responders, their non-profit peers, government representatives, and major pharmaceutical companies. They may be able to directly assist, they will at least point you in the right direction.

**Incorporate naloxone training during your next planning cycle**



# WE ARE IN THE MIDST OF A NATIONAL EPIDEMIC AND WE ARE LOSING.

## CLOSING REMARKS *continued*

For those of you who are either not employed by or are doing work with the community battling opioid addiction and overdose, there are several ways in which you can contribute.

1. Volunteer your time, donate product, or generously give money.
2. Ask your local municipality if your first responders are carrying naloxone. If they are thank them for their wise decision. If they are not, probe for an improved understanding and campaign for change.
3. Get the word out to heighten awareness of this national epidemic which tragically takes more lives each year than that of automobile accidents, and whose rate of fatalities is showing no signs of slowing, but in fact is rapidly increasing.

**The cost of not accepting lifesaving naloxone as a last line of defense is simply too great. Together, we can do this.**



## A SPECIAL THANKS TO OUR FIRST RESPONDERS.

The next time you hear a siren in the distance, don't just say a prayer for the victim and their family.

Remember to give prayer for the people who face these these tragedies every day and do the best they can to protect and save. The person whose hand they are holding, whose shoulder they are hugging, or cradling in their arm may be your child, spouse, friend, or neighbor. It may be you.

Thank you for all that you do.

A special thanks to those who contributed to my discovery.



Steve Rummel®  
**HOPE FOUNDATION**  
Providing HOPE for those with Chronic Pain and Addiction



And major pharmaceutical companies.

The information in this presentation is intended to improve understanding, alignment of resources, and to advance our efforts against the battle of opioid addiction and overdose.



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