

UR Medicine Recovery Center of Excellence

Crossing Miles to Save Lives: Touchless Naloxone Delivery in Rural Communities

HRSA Rural Communities Opioid Response Program (RCORP)

Rural Center of Excellence in Substance Use Disorder

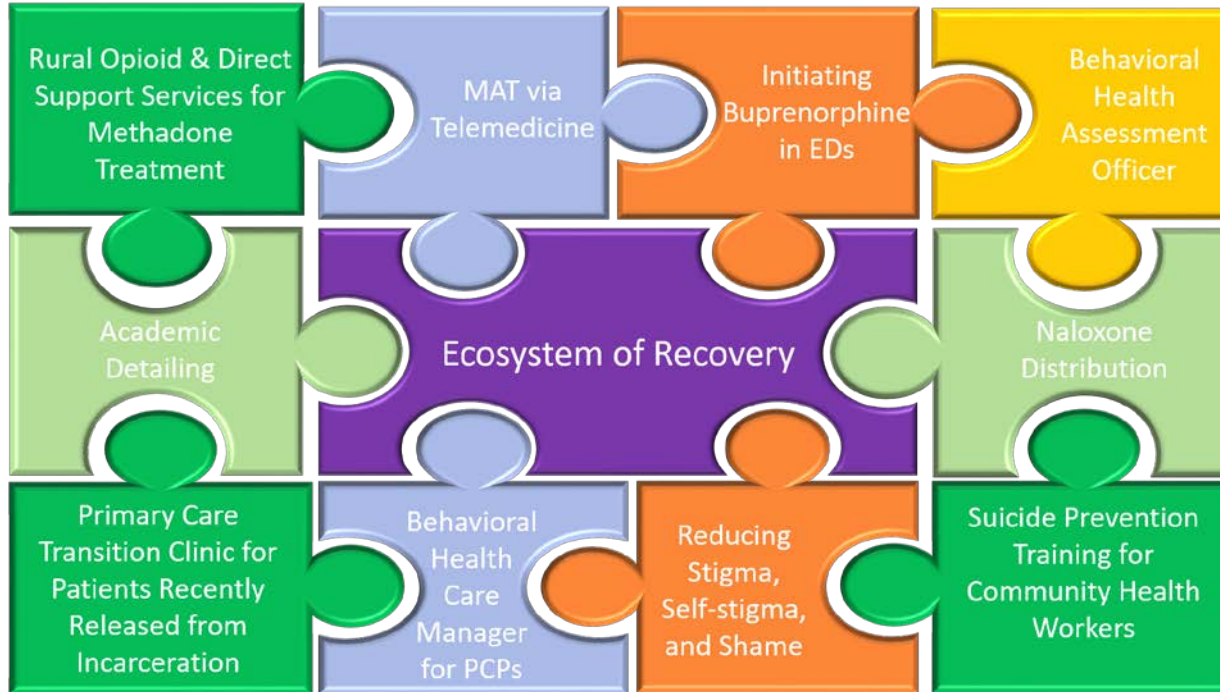
July 13, 2020

MEDICINE *of* THE HIGHEST ORDER



UR Medicine Recovery Center of Excellence

Reducing morbidity, mortality & other harmful effects of substance use disorder (SUD)—particularly from synthetic opioids—by combining CDC evidence-based practices¹ with emerging best practices from Appalachian partners to provide new rural-focused resources and hands-on technical assistance



UR Medicine Recovery Center of Excellence: Service Area

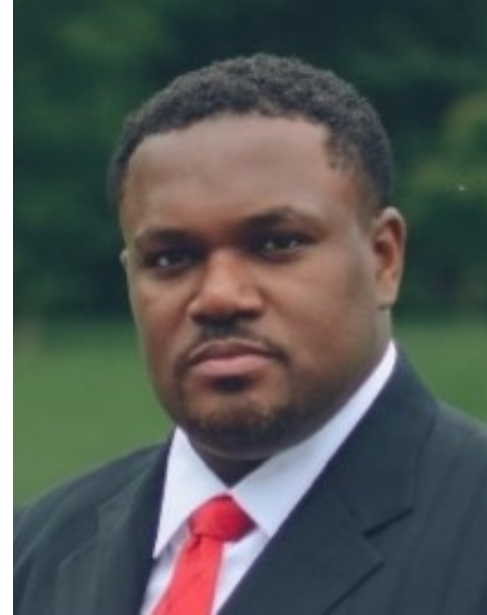


- Partnering with 23 counties in Appalachian KY, OH, NY, and WV
- Support and resources for rural communities across the U.S.

Presenters



Gloria J. Baciewicz, MD
Strong Recovery



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Strong Recovery

A 'Critical Tool'

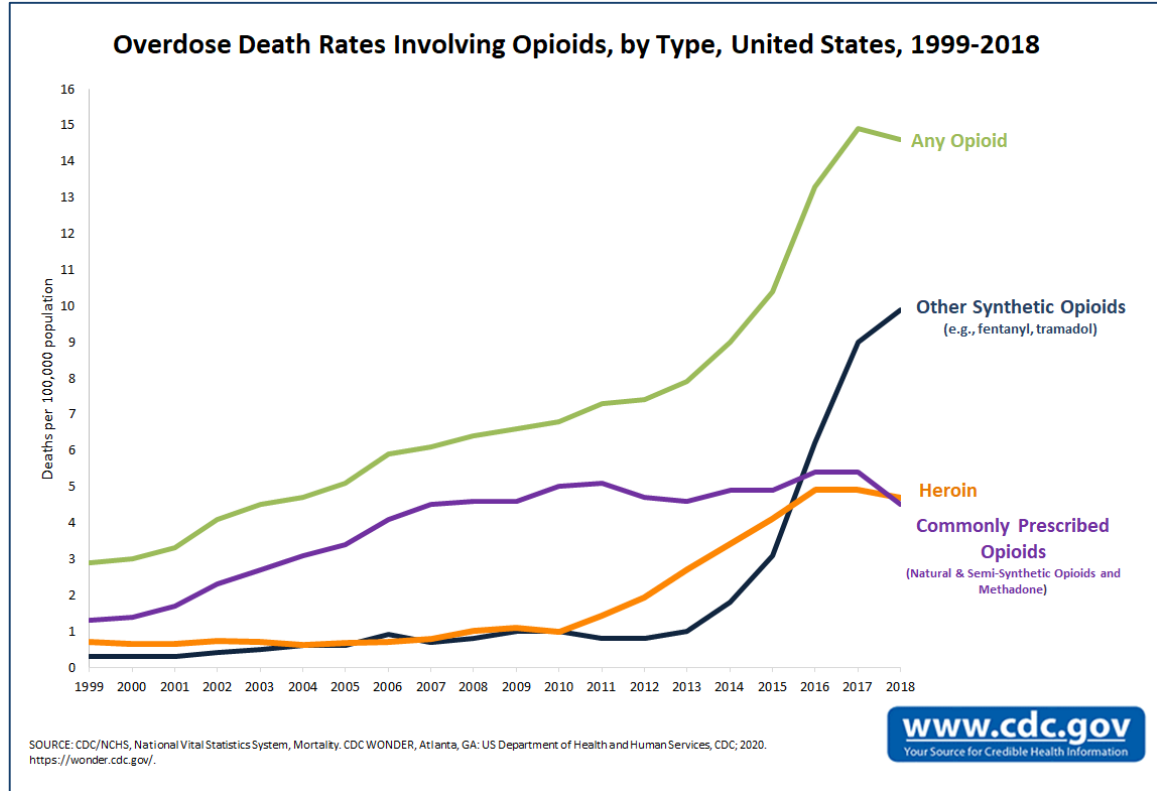
- “Naloxone is a critical tool for individuals, families, first responders and communities to help reduce opioid overdose deaths. Access to naloxone, however, continues to be limited in some communities.”²
- “Naloxone ... carries no risk of abuse and has no effect on individuals who do not already have opioids in their system.”³
- A systematic review of naloxone distribution programs found they lead to reduced opioid overdose mortality in communities; adverse events are rare and more than offset by benefits.⁴
- “From 1996 through June 2014, surveyed organizations ... received reports of 26,463 overdose reversals” from naloxone kits provided to laypersons.⁵



Image by GraphicLoads.

Synthetic Opioids

- In 2018, 67% of opioid-related deaths involved synthetic opioids.⁶
- That year, synthetics like fentanyl remained “the most lethal category of illicit substances” in the U.S.⁷
- “Increased availability of naloxone ... is needed to address a large and growing percentage of opioid overdose deaths involving fentanyl and fentanyl analogs.”⁸
- “Higher doses of naloxone are needed in the synthetic opioid era.”⁹



Source for figure: CDC, [Opioid Data Analysis and Resources](#) (Page last reviewed 3/19/2020).

Challenges to Implementation in Rural Communities

Physical locations traditionally used for naloxone training and distribution may not fully address travel and privacy concerns.

Additionally, we are now faced with coronavirus risks and potential increase in overdoses during the pandemic.¹⁰

Remote training and touchless distribution can:

- Reduce need for travel
- Offer privacy
- Align with social distancing

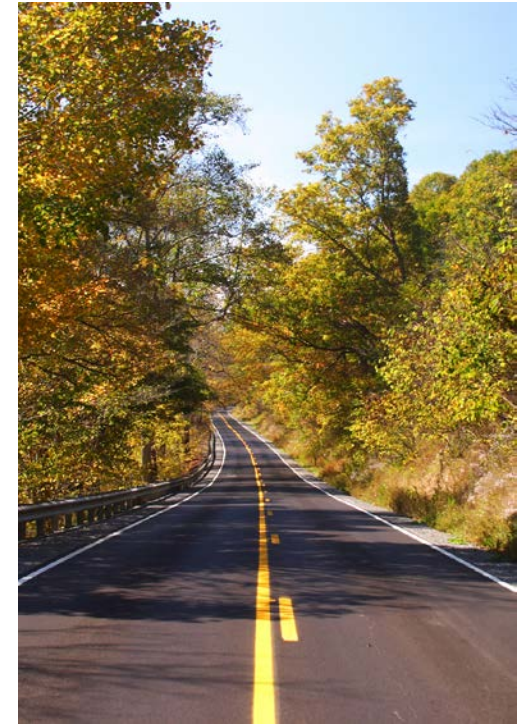


Photo by John Brueske. Source: Shutterstock.

Getting Started: Questions for Administration

Step 1: How can we get trained ourselves?

Step 2: How can we become a registered program in our state?

Step 3: How can we get naloxone?

Step 4: What should training for community members cover?

Step 5: How can we distribute naloxone to people who have been trained?



Image by qimono. Source: Pixabay.

Getting Started as a Community Based Organization

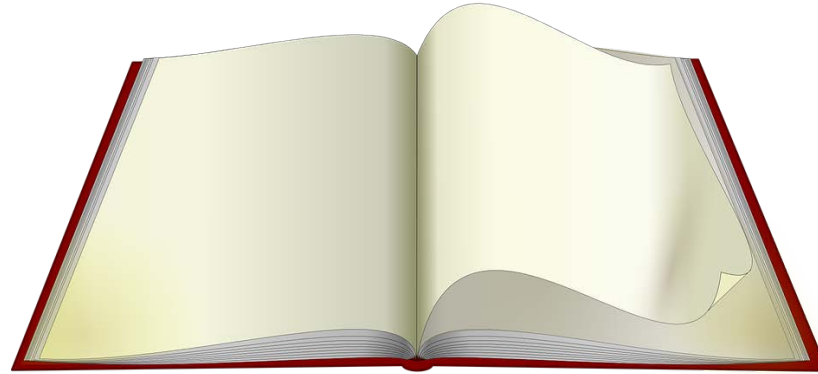
In order to distribute naloxone to community members, Community Based Organizations:

- Contact their state regulatory authority and/or [Harm Reduction Coalition](#) to advise on:
 - Selecting & training a naloxone program lead
 - Acquiring & completing registration paperwork
- Coordinate “train-the-trainer” for all program staff
- Work with regulatory authority or naloxone supplier to obtain naloxone to be distributed
- Train community members & deliver naloxone along with related materials

OR

- Advise trainees on how to obtain naloxone via third-party means

Step 1: How Can We Get Trained Ourselves?



Train-the-trainer resources available through:

KY: [Kentucky Harm Reduction Coalition](#)

OH: [Project DAWN](#) (Dept of Health)

NY: [Dept of Health](#)

WV: [Office of Emergency Medical Services](#); [Help&Hope WV](#)

For resources in other states, contact the [Harm Reduction Coalition](#) or our [Technical Assistance Center](#):
1-844-263-8762 (1-844-COE-URMC).

Image by OpenClipart-Vectors. Source: Pixabay.

Step 2: How Can We Become a Registered Program in Our State?

Federal Guidance

- [SAMHSA](#)

Kentucky

- [Office of Drug Control Policy: Stop Overdoses](#)

New York

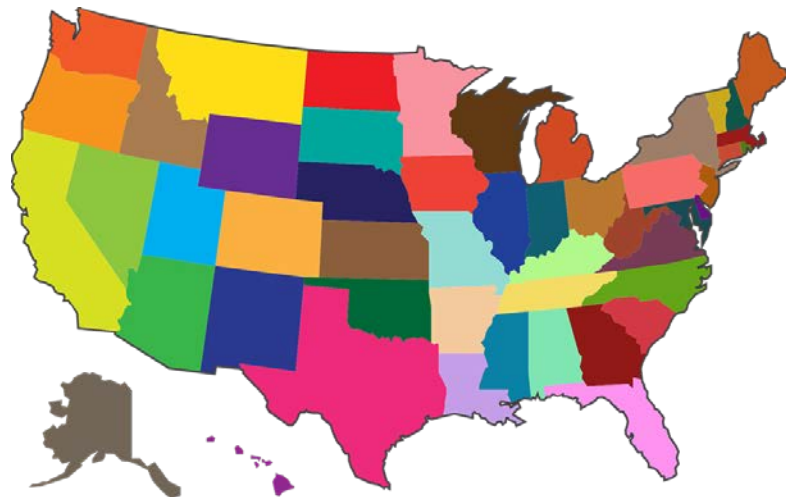
- [Opioid Overdose Prevention Program](#)

Ohio

- [Project DAWN](#), Ohio Department of Health
- [Registration form](#); [toolkit](#)

West Virginia

- [Office of Drug Control Policy](#)
- [Bureau for Behavioral Health](#)



Other resources:

NEXT Naloxone: [State-by-state information](#)

SAFEProject: [State naloxone rules & resources](#)

Image by fajarbudi86. Source: Pixabay.

Naloxone Laws

Kentucky:

- 201 KAR Naloxone dispensing
- KRS 217.186 Provider prescribing or dispensing naloxone
- KRS 218A.133 Exemption from prosecution for possession of controlled substance or drug paraphernalia if seeking assistance with drug overdose

New York:

- Public Health Law 3309
- 911 Good Samaritan Law

Ohio:

- O.R.C. 2925.61 Lawful administration of naloxone
- O.R.C. 3707.562 Administration of naloxone; protocol
- O.R.C. 4731.94 Authority to supply naloxone
- O.R.C. 2925.11 Possession of controlled substances

West Virginia:

- WV Code 16-46 Access to Opioid Antagonists Act (recently amended, HB 4102 2020)

**State laws
provide limited
immunity &
address liability**

Step 3: How Can We Get Naloxone?

Distribution programs:

- Once registered, ordering through state agency
- Working with harm reduction groups like [NEXT Distro](#), using standing orders in their states

Individuals can also obtain naloxone through:

- Pharmacies, often without Rx and with low/no copay, depending on insurance
- Harm reduction organizations

Funding:

While naloxone can be obtained at no/low cost, distribution programs' costs vary depending on staffing & workflow. Funding sources include:

- SAMHSA: [block grants](#)
- State and local support



Step 4: What Should the Training for Community Members Cover?

Minimal training is needed¹¹ with just a few key topics to cover:¹²

- Evaluate for signs of overdose
- Call 911 for help
- Understand laws
- Administer naloxone
- Support the person's breathing
- Monitor the person
- **Additional doses may be needed—especially for synthetic opioids**



Photo by Felix Hu. Source: Pixabay.

How to Make Training for Community Members Touchless



Avoiding travel to physical spaces:

- Can be completed in minutes
 - Examples: brief explanation, infographic
 - Brochures may be required by state ([WV](#))
- Online
- By phone
- Should confirm comprehension with questions (brief verbal or online survey)

Image by GraphicLoads.

Step 5: How Can We Distribute Naloxone to People Who Have been Trained?

Targeted distribution—to people likely to experience or witness overdose¹³

Touchless approaches programs can consider:

- Mailing naloxone
- Curbside pickup
- Home delivery/drop-off
- Vending machines

Individuals can also use touchless options through pharmacies:

- Drive-through pickup
- By mail

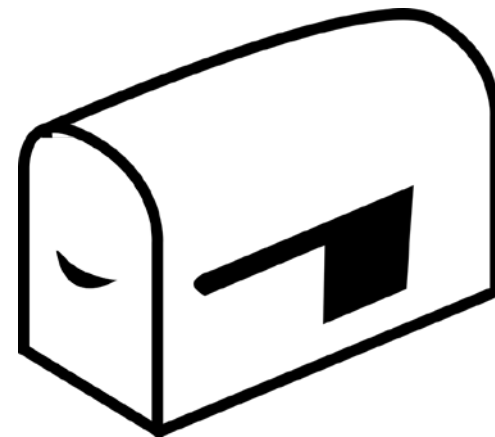


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Community Engagement

Challenge: community acceptance and support of naloxone distribution programs

- Engaging community partners and local champions to amplify support for the program
- Connecting with others engaged in naloxone education and distribution in the state/region/county to share ideas and best practices
- Incorporating community members' input to ensure method of naloxone distribution and promotion of program is appropriate to the community
- Addressing privacy and liability concerns of community members receiving training and naloxone through remote/touchless options and education about laws

Recap

Step 1: How can we get trained ourselves?

- Train-the-trainer

Step 2: How can we become a registered program in our state?

- State regulatory authority

Step 3: How can we get naloxone?

- State agency once registered

Step 4: What should training for community members cover?

- Readily available, concise, online/phone

Step 5: How can we distribute naloxone to people who have been trained?

- Touchless options
- Community engagement

Naloxone Is a Beginning: Next Steps

Finding treatment

State hotlines:

- **KY:**
 - [Hope and Help KY](#): 1-833-8KY-HELP (1-833-859-4357) or text HOPE to 96714
- **NY:**
 - [HOPEline](#): 1-877-8-HOPENY (1-877-846-7369) or text 467369
- **OH:**
 - [TakeChargeOhio](#): 1-877-275-6364
 - [Crisis Text Line](#): Text “4hope” to 741 741
- **WV:**
 - [Help4WV](#): Call or text 1-844-HELP4WV (1-844-435-7498)

Coordination with PCP

Chemical dependency evaluation

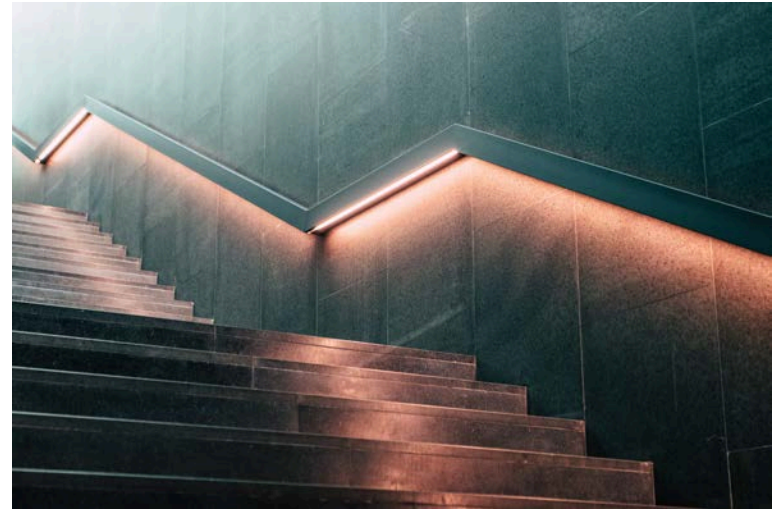


Photo by Alessia Cocconi. Source: Unsplash.

Behavioral Health Assessment Officer
Medication Assisted Treatment (MAT)

- [Coming Soon](#): Webinar on MAT via Telemedicine

Discussion



Image by GraphicLoads.

We look forward to your input and questions!

UR Medicine Recovery Center of Excellence

Technical Assistance Center

- Phone: 1-844-263-8762 (1-844-COE-URMC)
- Email: URMedicine_Recovery@urmc.Rochester.edu

Website: recoverycenterofexcellence.org

Twitter: [@URMC_Recovery](https://twitter.com/URMC_Recovery)

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