

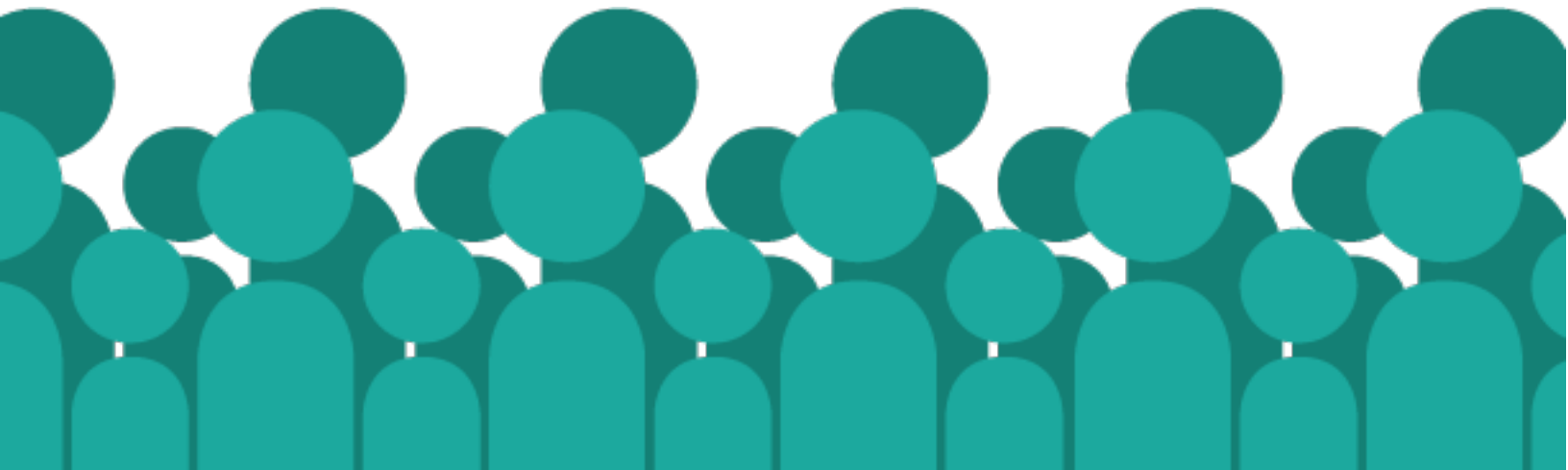


Healing Cortland

Community Based Naloxone Distribution Strategy: A Review of Existing Data and Literature

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Cortland Area Communities That Care engages the community to promote a healthy culture for positive youth development. Our vision is for a community where all youth have the opportunity to be healthy and successful.



Key Points

Naloxone Distribution: Measurable Objectives and Goals

- By the end of project implementation, Healing Cortland will support increases in the number of naloxone kits distributed, number of people trained, and improvements in the sharing of distribution data.
- Improved data availability and analysis will lead to better coordinated distribution events targeting people and areas most in need.

Cortland County Distribution and Administration Data

- The Cortland County Health Department has distributed over 2000 naloxone kits since 2016.
- Family and Children’s Counseling Services has distributed over 300 kits since October 2020 through pop-up events, in-person trainings, and virtual trainings.
- OOPPs that serve Cortland County have begun sharing quarterly distribution data. At least 263 Narcan kits were distributed in the county during the First Quarter of 2021.
- NYS OASAS reports that naloxone was administered on 278 occasions between 2015 and 2019. The majority of these administrations were reported by EMS (185), followed by law enforcement (67) and OOPPs (26). These numbers are at best a minimum indicator, as many administrations go unreported.

Literature Review

- One agent-based modeling study showed that the use of secondary distribution (handing our multiple kits to individuals in order for them to further distribute kits) was more effective than increasing the number of distribution sites.²
- Multiple studies have shown that pairing naloxone distribution with other services like syringe exchange programs is the most effective in reducing overdose deaths.^{2,7,8,9}
- Research shows that pharmacies are effective in distributing naloxone and helping reduce stigma around its use.¹² However, an NIH review shows that naloxone prescriptions and pharmacy-based distribution is lagging behind high-dose opioid dispensing, especially in rural communities.¹¹
- Multiple studies show that prescribers are more willing to prescribe naloxone to their patients, but education, training, and stigma-based hurdles still exist.^{14,15}

Introduction

Multiple studies have shown that targeted naloxone distribution is an effective strategy for reducing opioid overdose deaths.^{1,2,3} As such, Healing Cortland aims to increase the number of people and community-based organizations trained to provide Opioid Overdose Education and Naloxone Distribution (OEND). Much of this work has been done in conjunction with our project partners and through the Naloxone Distribution Working Group (formed in July 2020). In this strategy report, we will describe community resources, identify existing data and gaps, and provide a brief overview of literature that better informs our efforts to reduce overdose deaths in Cortland County.

Utilizing this report, Healing Cortland will build upon current naloxone distribution practices already in place and identify areas for improvement that can be incorporated into our strategic planning process. In the following sections, we will outline existing distribution resources, preliminary naloxone administration (use of a kit) and distribution data, and our plans for further data collection. Finally, we provide a brief overview of pertinent literature and best practices that could apply to Cortland County cases and our plans for further data collection and planning.

This report will be updated as further research and data collection is completed during the Healing Cortland needs assessment process (December 2020 – June 2021).

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Cortland County Naloxone Data

Opioid Overdose Prevention Programs (OOPPs)

OOPPs provide training on how to recognize an overdose and administer naloxone. Upon completion of training, community members, professionals, concerned family members, etc. receive a naloxone kit to take with them. Listed below are the OOPPs registered with the NYS Department of Health that serve Cortland County:

- Cortland County Health Department
- Guthrie Cortland Medical Center*
- Healing Heart Collaborative
- Family & Children's Counseling Services
- Southern Tier AIDS Program (STAP)
- Central Region Addiction Resource Center
- REACH Project
- Prevention Network

*Note: While Guthrie Cortland Medical Center is technically a registered OOPP, their current naloxone distribution efforts are through private channels (hospital pharmacy).

In an open-ended survey conducted by Healing Cortland staff, respondents from OOPP agencies provided an estimated number of kits they distributed in the past 6 months (covering mid-2020). The responses ranged from a minimum of eight to *hundreds*. However, some programs did not answer that survey question, suggesting a need for more formal data sharing. Below is additional information on select survey question results:

- *Identified gaps/barriers related to Narcan distribution* (from agencies who report distributing Narcan, n=7, responses paraphrased): 2 agencies indicated none, 2 agencies indicated challenges in keeping enough kits; people needing 2-3 kits at a time; training review; resource limitations(, time and money), and distrust of a government agency to provide Narcan.
- *Identified gaps/barriers related to getting Narcan into those at highest risk of overdose* (from agencies who report distributing Narcan, n=7, responses paraphrased): 2 agencies reported not having a syringe exchange (easy place for people at risk to access), 2 agencies reported people at highest risk of experiencing or witnessing an overdose are not getting kits, 1 agency reported not having Narcan in public places (like an AED), and 1 agency reported none.

*Note: The survey was sent to a list of agencies involved in substance use activities in Cortland County. Some of the agencies actively distribute Narcan, but others agencies on the list do not directly distribute Narcan in the community. For the purposes of this report, we only included data from agencies who reported distributing Narcan in the community.

Pharmacies in Cortland County

In order to improve access to naloxone, over 2600 pharmacies in New York have standing orders. This means that people may acquire naloxone in these pharmacies without bringing in a prescription. Listed below are participating pharmacies in Cortland County:⁴

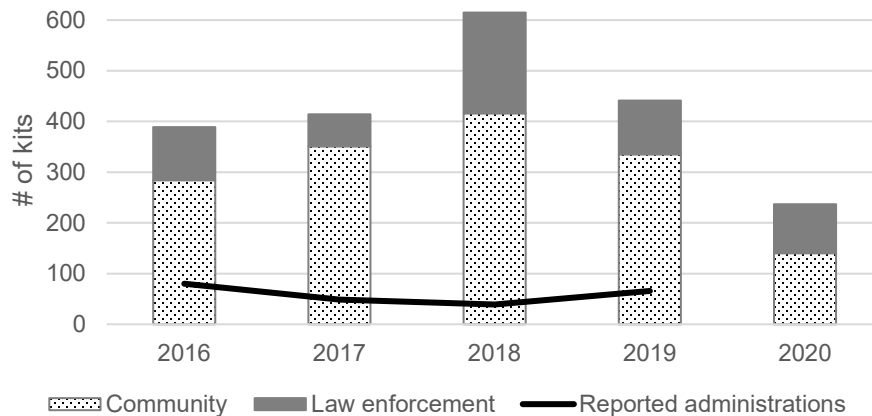
- CVS (Port Watson)
- Kinney Drugs (Clinton)
- Kinney Drugs (Rte. 281)
- Rite Aid (Rte. 222)
- Rite Aid (Port Watson, now a Walgreens)
- Walgreens (Rte. 281)
- Price Chopper Pharmacy
- Walmart Pharmacy

Cortland County Naloxone Distribution Data

One of Cortland County's main naloxone providers is the Cortland County Health

Department. The graph below shows the number of naloxone kits the Department distributed to community members and law enforcement from 2016 through 2020.⁵ In addition, the graph shows the number of reported naloxone administrations for each year in Cortland County.⁶

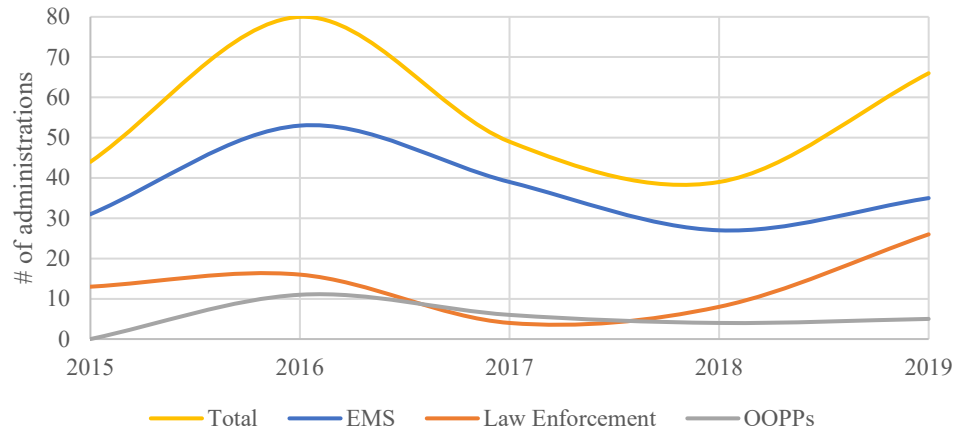
Figure 1. Cortland County Health Dept naloxone distribution to law enforcement and community members (and state reported administrations), 2016-2020.



Family and Children’s Counseling Services (FCCS) has been a major provider of overdose education and naloxone kits in Cortland County. Utilizing virtual and in-person trainings and mobile pop-up events around the county, FCCS has distributed over 300 kits since October 2020 (as of this publication) with 170 kits distributed in the First Quarter of 2021. In addition, Guthrie Cortland Medical Center and the Southern Tier AIDS Program distributed an additional 40+ kits in the First Quarter of 2021.

Cortland County Naloxone Administration Data

The NYS Office of Addiction Services and Supports (OASAS) collects naloxone administration counts from emergency medical services (EMS), law enforcement, and OOPPs. The chart below shows the reported number of times a kit was used.⁶ (These numbers represent a minimum, as not all naloxone administrations are reported.)

Figure 2. Naloxone Administrations by sector, 2015-2019

Literature Review

Community Distribution of Naloxone

- One study collected data from providers and individuals at risk of opioid overdose in Allegheny County, PA, to inform an agent-based model comparing different naloxone distribution methods.² Researchers used existing literature to identify behavioral variables to include in the model (social contact, opioid use, overdose, giving away naloxone, administering naloxone, calling emergency services etc.). In addition, the researchers created different distribution scenarios to model their effectiveness in reducing overdoses: no naloxone distribution, 1 kit per visit (no secondary distribution), secondary distribution (1 kit per visit), 10 kits per visit (no secondary distribution), 10 kits per visit, secondary distribution: 10 kits per visit plus syringe exchange site, 10 kits per visit plus syringe exchange site (no secondary distribution).

Results showed that adding secondary distribution opportunities were more effective than increasing the number of distribution sites:

- Naloxone distribution at one site, with one kit picked up per visit, decreased overdose deaths by 6% compared to no naloxone distribution.
- Adding secondary distribution to a single site with ten kits per visit decreased overdose deaths by 42.5%.
- Ten sites, with ten kits distributed, but no secondary distribution resulted in a 39.9% reduction in overdose deaths.
- If multiple kits are picked up per visit, secondary distribution is at least as effective as increasing the number of sites. Increasing number of sites and including secondary distribution further reduced deaths.

However, having naloxone distribution through a syringe exchange site resulted in the largest reduction in deaths (65.5%) and, in this case, adding secondary distribution did not result in further reduction in death.

- Multiple studies have shown the effectiveness of pairing naloxone distribution with other services.^{7,8,9} Combining naloxone training and distribution with syringe exchange programs (SEPs) was proven to be an effective tactic in reducing overdose deaths in a study in NYC;⁷ and a more in-depth review of combined efforts shows that SEPs can be effective in providing education and naloxone distribution because they deliver tailored outreach and services to populations at highest risk of overdose.⁸

Pharmacy Distribution

- NYS has taken effective steps to increase the accessibility of naloxone to interested parties. There is a standing order in over 2600 pharmacies statewide and the naloxone copayment assistance program (N-CAP) allows for up to \$40 of patient copay to be billed to the program rather than insurance.¹⁰
- However, an NIH review shows that naloxone prescriptions and pharmacy-based distribution is lagging behind high-dose opioid dispensing, especially in rural communities.¹¹ Additional research shows that pharmacies are effective in not only distributing naloxone but helping reduce stigma around its use.¹²
- In a 2018 study in California (which has a state-wide standing order), only 23.5% of 1,147 pharmacies had Narcan available; and in a 2018 Pennsylvania study, only 45% of 682 pharmacies with a standing order said Narcan was available.¹³ These regional studies show that standing orders do not always equal availability.

Primary Care/Medical Distribution

- A review of OEND literature examined how community-based prevention strategies could be translated into medical settings.¹⁴ The review determined reasons why medical providers may not want to prescribe naloxone including concerns about ability for people to identify and respond to an overdose, the cost of naloxone, condoning drug use, and legal concerns. Several studies showed that bystanders are willing to respond to an overdose and at least one study (reviewing six OEND programs) concluded that trained bystander respondents scored similarly to medical experts in recognizing an overdose. The main takeaway is that current evidence shows providers should be engaged in providing OEND and integrating such efforts into their medical practice.
- One nationwide survey illustrated the effectiveness of integrating OEND into healthcare and social services.⁹ In this case, the Veteran Health Administration (VHA) proved to be effective in providing education and distribution services to people using opioids. While this specific study speaks to healthcare-driven distribution, it shows the effectiveness of institutional adoption of community-based approaches.

- The CDC, SAMHSA, and AMA all recommend physicians co-prescribe naloxone to high-risk individuals.¹³ High-risk includes individuals with a history of overdose, history of substance use disorder, higher opioid dosages, or concurrent benzodiazepine use.
- An assessment of peer reviewed articles that related to naloxone prescribing feasibility and prescriber/patient perspectives showed that 90% (2016) and 99% (2017) of prescribers are willing to prescribe naloxone.¹⁵ In 7 of 9 reviewed studies, physicians were concerned with prescribing naloxone, lack of knowledge about educating patients about naloxone, and an inability to determine which patients would need a prescription. Other studies recommended a universal model of prescribing (for patients on opioid longer than 3 months for chronic non-cancer pain or otherwise at risk) because there is not enough research on how to predict risk factors for overdose. The major takeaway is that prescribing naloxone in primary care settings is feasible and acceptable amongst both providers and patients.

Next Steps

The findings of this literature review and data report will be presented to key naloxone distribution stakeholders in Cortland County. Since a Naloxone Distribution Workgroup is already in place as part of Healing Cortland, we will place initial efforts into streamlining data collection and identifying areas of improvement for distribution through existing OOPPs. An AmeriCorps staff member is exploring pharmacy and co-prescribing distribution strategies.

As the literature notes, standing orders at pharmacies does not necessarily mean that naloxone is readily available. To examine this discrepancy, Healing Cortland staff are planning a pharmacy-focused survey to capture local availability and perceptions regarding naloxone (launching June/July 2021). In addition, we will be incorporating questions on naloxone distribution into our community perceptions micro-survey process. We are working with our community partners to streamline the regular collection of naloxone distribution data – number of people trained, number of kits distributed, etc. which we have used to create quarterly fact sheets to share with community partners. All of these efforts will contribute to a larger strategy exploring what the Cortland County community has the capacity to do to improve naloxone distribution.

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