



## Project HOPE

Harm-Reduction, Overdose Prevention, and Education

Harm Reduction Strategies: Overdose Interventions

# Program Overview

## Program Purpose

- The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by **training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths** and implementing **secondary prevention strategies, including the purchase and distribution of naloxone to first responders.**
- Educating stakeholders on the effects of opioid overdoses and training them on how to prevent an overdose will create high capacity communities comprising trained responders, including opioid-dependent individuals, their families and friends, staff of agencies who work with people who use drugs, law enforcement personnel, firefighters, drug treatment providers, prison guards, prisoners about to be released and their family members, schools, and others.
- Equipping stakeholders with naloxone will expand the current availability of and access to the overdose reversal drug, which will increase the proportion of overdoses reversed and the number of lives saved.

# Program Overview

## Proposed Approach

- Alaska's Project HOPE (Harm-reduction, Overdose Prevention, and Education) will focus on two priority areas:
  - Opioid overdose education, prevention, and community outreach.
  - Establishing a whole community based naloxone distribution program.
- For both focus areas, Alaska intends to promote and support the high need communities through a collaboration of established partnerships of regional, tribal, state, and non-governmental entities
- Jurisdictions highest in need
  - Municipality of Anchorage
  - Matanuska-Susitna Borough
  - Kenai Peninsula Borough
  - Fairbanks North Star Borough
  - City and Borough of Juneau
  - State of Alaska

# Program Overview

## Jurisdictional Focus Areas

- Utilizing Department of Health and Social Services (DHSS) data sets which include:
  - SAMHSA Treatment Episode Data Set (TEDS)
  - Alaska Medicaid Billing
  - Alaska Violent Death Reporting System (AKVDRS)
  - Alaska Bureau of Vital Statistics (AKBVS) Mortality Database
  - Alaska Uniformed Response Online Reporting Access (AURORA)
  - Alaska State Troopers Annual Drug Report
  - Alaska Hospital Discharge Data System (HDDS)

# Outreach, Education, and Prevention

## Outreach, Education, and Prevention Efforts

- The Strategic Prevention Framework Partnerships for Success (PFS) grant program, which is one of DBH's federal grants, is a five-year program (FY16-FY20) providing funds to Alaska communities to implement strategies targeted at preventing and reducing non-medical use of prescription opioids, heroin use, and associated consequences.
- Prevention strategies include:
  - Multi-level media campaigns to: 1) increase knowledge among adults about risks of easy social access to Rx opioids, 2) increase knowledge among adults about how to prevent social access to Rx opioids, 3) increase knowledge of safe disposal practices and sites for medications
  - Create safe, convenient, and recognized medication disposal sites
  - Implement prescription drug take-back programs
  - Educate prescribers on the risks of overprescribing and to increase utilization of opioid prescribing guidelines among local prescribers
  - Increase the perception of risk for harm among youth and young adults for misusing/abusing Rx opioids and heroin
  - Educate community members on the signs of opioid abuse and overdose



# Outreach, Education, and Prevention

## Current Activities:

## Overdose Prevention, Recognition, and Response Training

- Overdose prevention and response trainings can be done even if you are not yet able to distribute Naloxone
- Education on Rescue Breathing, calling an ambulance and other basic first aid response can be lifesaving
- Incorporate into existing group meetings and one-on-one interactions with participants
- Cost: staff time and printing materials, optional: rescue breathing mouth shields and rescue breathing dummies
- Can be done in various settings and using different models

# Outreach, Education, and Prevention

Current  
Activities:

Overdose  
Prevention,  
Recognition, and  
Response  
Training

- 10 minutes → 60 minutes in length
  - Depends on setting and experience of trainees
  - Groups, pairs, individuals
  - Web based, DVD, flash drive, in person
- Components of a Training
  - What is an overdose?
  - What causes an overdose?
  - Prevention messages
  - Recognition
  - Response
  - Aftercare

# Naloxone Distribution Program

## Whole Community Based Naloxone Distribution Program

- Put naloxone in the hands of first responders.
- A naloxone distribution program puts the antidote directly into the hands of those most likely to witness an overdose and respond first – drug users, their families, outreach workers and even the police.
- DHSS will increase infrastructure capability and capacity by increasing the availability of naloxone to trained opioid overdose first responders
- Common barriers to implementing an Naloxone Distribution Program
  - Liability concerns
  - Resources and time
  - Agency policies
  - Community opposition
  - Ideological differences, lack of buy-in to Harm Reduction model

# Naloxone Distribution Program

Naloxone  
Distribution:

Can we do it?

- How is naloxone distributed?
  - Distribution—programs obtain supply of naloxone and distribute to participants without prescriptions or medical provider oversight.
  - Standing Order—issued by Health Department or physician to empower health care providers like nurse practitioners or trained outreach staff to distribute naloxone
  - Prescription—program has medical provider sign off on a prescription for individuals who participate in a training and complete a short medical history/clinical registration form, health care professional must be present or available to sign prescriptions.

# Pros and Cons of Distribution

## Pros:

- Gets naloxone to the people who need it, without having to wait for “official” approval.
- Less paperwork, lower threshold

## Cons:

- Limited resources or funding to support program or purchase supplies
- Potentially inconsistent supply of naloxone
- Could put program and/or individuals distributing naloxone at risk for “practicing medicine without a license.”
- Could put program participants at risk for arrest for carrying prescription medication without documentation that it was prescribed to them

# Pros and Cons of Prescriptions

## Pros:

- Protects participants from arrest for possession of a prescription drug without a prescription
- Documentation (paper trail) protects prescribing medical professional in terms of liability

## Cons:

- Higher threshold (more paperwork required)
- Some medical providers still wary of providing naloxone in this manner
- Technically, provider must be present when naloxone is distributed, which requires time and resources
- Limited availability of providers can mean limited times that naloxone can be distributed.

# Pros and Cons of Standing Orders

## Pros:

- Allows programs more freedom to distribute naloxone without the need for a medical professional on-site at the time of the trainings
- In states like Massachusetts, the Standing Order actually empowers NON-medical staff to distribute naloxone

## Cons:

- Unclear if Standing Orders are legally feasible for naloxone distribution, has not been legally “tested.”
- Medical providers can be skeptical of using Standing Orders and may want more oversight of the program if their license is on the line

# Naloxone Distribution Program

## Starting a Naloxone Distribution Program:

- Identify the scope of the overdose problem in your community (what drugs, who, where, etc.)
- Find a medical director or licensed physician that is willing to prescribe naloxone (cite research, enabling laws and put in touch with currently prescribing doctors and medical directors).
- Purchase naloxone (with MD's license number, through pharmacy or health department) and other supplies for kits.
- Train program participants, satellite exchangers, peer educators, outreach workers, health educators, etc. who can do the overdose prevention and response trainings.
- Work on getting community buy-in, especially first-responders like ambulance workers and police to prevent confiscation and harassment
- Network with prisons, drug treatment, parents groups, etc. to expand distribution

# Considerations

## Starting a Naloxone Distribution Program:

- Given your agency's/jurisdictions facilities, policies, and staff, what are the potential barriers to developing an overdose prevention campaign, and naloxone distribution program?
- What training would your agency/jurisdiction need in order to put this program into action?
- What resources do you already have? And what do you need?

# Moving Forward

## Current Activities

- SAMHSA Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths
  - Funding Mechanism: Cooperative Agreement
  - Anticipated Total Available Funding: \$11,000,000
  - Anticipated Number of Awards: Up to 11
  - Anticipated Award Amount: \$1,000,000
  - Length of Project: Up to five years
  - Cost Sharing/Match Required: No
- Emergency Medical Services (EMS) Regulations
  - ETT, EMT-1
- Website
- Naloxone kit development