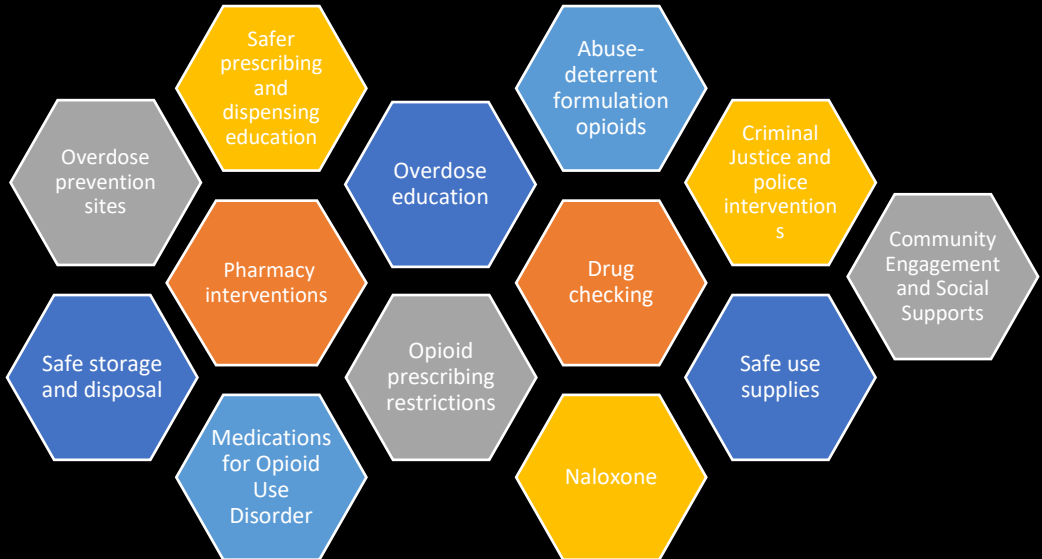


Strategies for Opioid Responses



Prevention & Harm Reduction: Strategies for Naloxone Expansion



Traci Green, PhD, MSc

Professor and Director

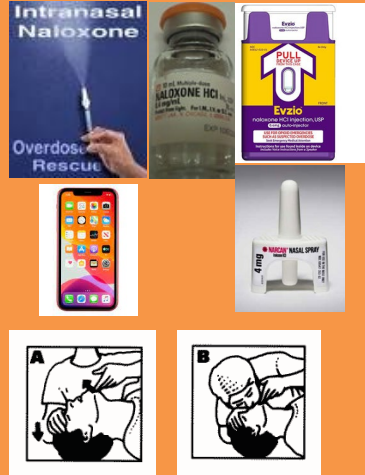
Opioid Policy Research Collaborative, Brandeis University

Deputy Director

COBRE on Opioids and Overdose, Rhode Island Hospital

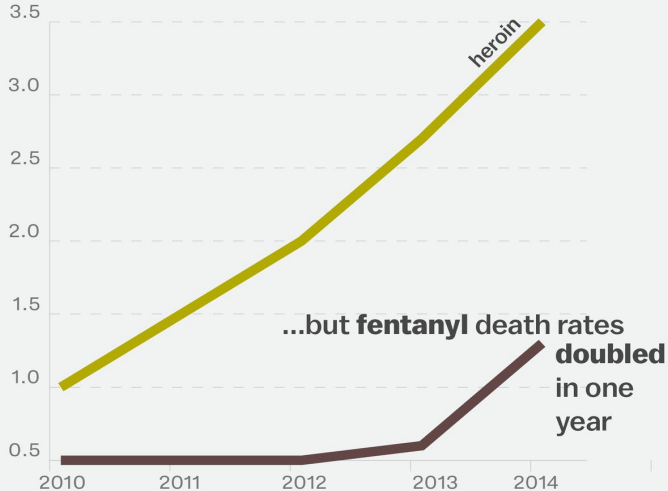
Effective Interventions for Opioid Overdose

- Naloxone (Narcan), an intranasal or intramuscular-administered opioid antagonist used to reverse respiratory depression caused by opioids
 - 26%-47% reduction in overdose mortality
- Call or TEXT 911
- Rescue breathing



Heroin is the leading opioid in drug overdose deaths in the US...

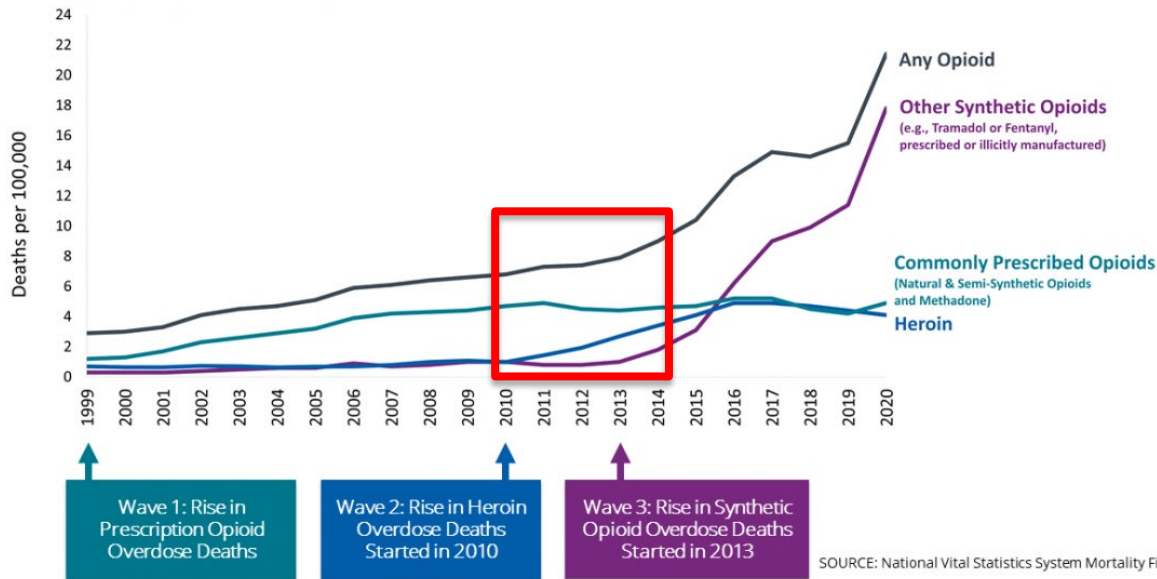
Age-adjusted death rates for every 100,000 people



Source: National Center for Health Statistics

Vox

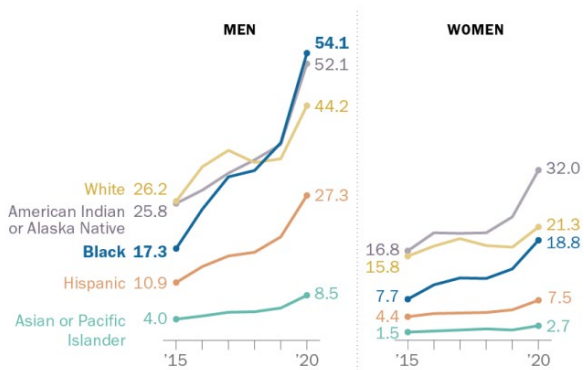
Three Waves of Opioid Overdose Deaths



An evolving crisis

Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

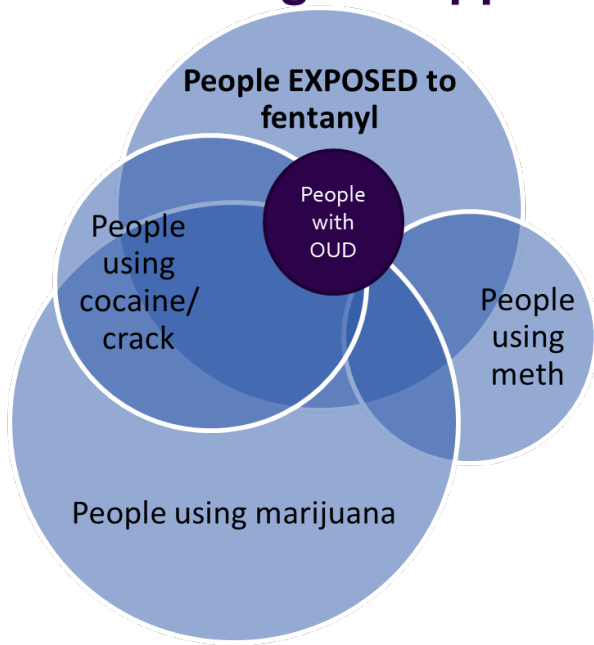
U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)



Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.

Source: Centers for Disease Control and Prevention.

Reconsidering our approach



Discussion Today

01

Naloxone
basics

02

Access to the
tools of harm
reduction

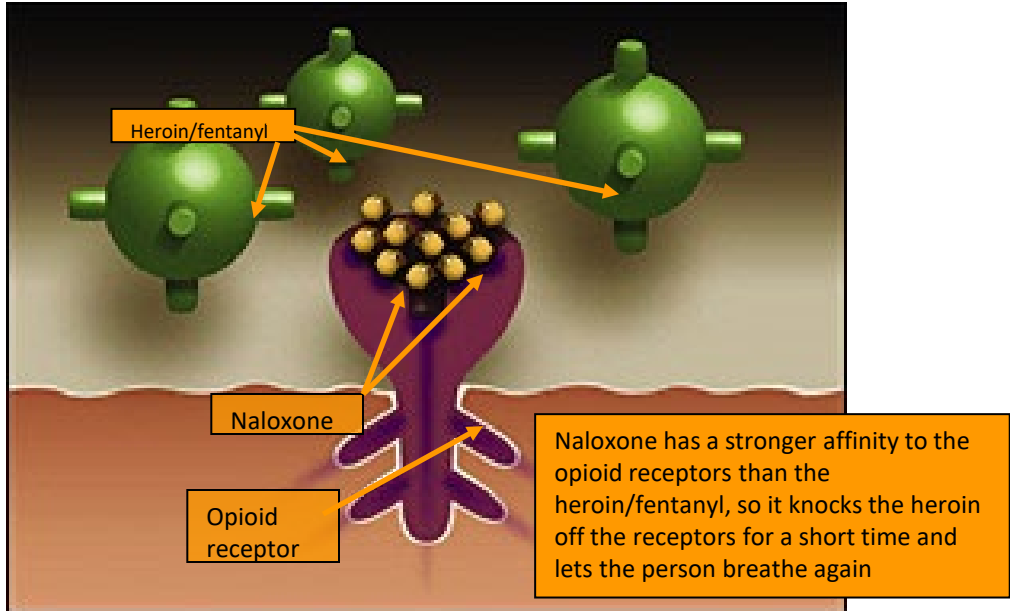
03

Key laws and
policies

04

Empowerment
and anti-
stigma

How Naloxone Reverses Opioid Poisoning



Rationale for Overdose Education and Naloxone Rescue Kits

- Most people who use opioids do not use alone
- Known risk factors:
 - Fentanyl/high dose opioids, co-use of benzodiazepine + opioid, alcohol + opioid, mixing substances, change in tolerance (incarceration), abstinence, using alone, chronic medical illness
- Opportunity window:
 - Opioid overdoses take minutes to hours (shorter for fentanyl, *so want to keep naloxone nearby use*)
 - Reversible with naloxone
- Bystanders are trainable to recognize and respond to overdoses
- Fear of public safety



Evaluations of Overdose Education and Naloxone Distribution Programs

- Piper et al. Subst Use Misuse 2008: 43; 858-70.
- Doe-Simkins et al. Am J Public Health 2009: 99: 788-791.
- Enteen et al. J Urban Health 2010:87: 931-41.
- Bennett et al. J Urban Health. 2011: 88; 1020-30.
- Walley et al. JSAT 2013; 44:241-7. (Methadone and detox programs)

Feasibility



Increased knowledge and skills

- Green et al. Addiction 2008: 103;979-89.
- Tobin et al. Int J Drug Policy 2009: 20; 131-6.
- Wagner et al. Int J Drug Policy 2010: 21: 186-93.



No increase in use, increase in drug treatment

- Seal et al. J Urban Health 2005:82:303-11.
- Doe-Simkins et al. BMC Public Health 2014 14:297.



Reduction in overdose in communities

- Maxwell et al. J Addict Dis 2006:25; 89-96.
- Evans et al. Am J Epidemiol 2012; 174: 302-8.
- Walley et al. BMJ 2013; 346: f174.

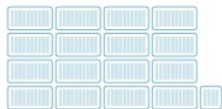


Cost-effective
\$438 (best)
\$14,000 (worst)
per quality-adjusted
life year gained

Coffin and Sullivan. Ann Intern Med. 2013 Jan 1;158(1):1-9.

Benefit:

164 naloxone scripts = 1 prevented death

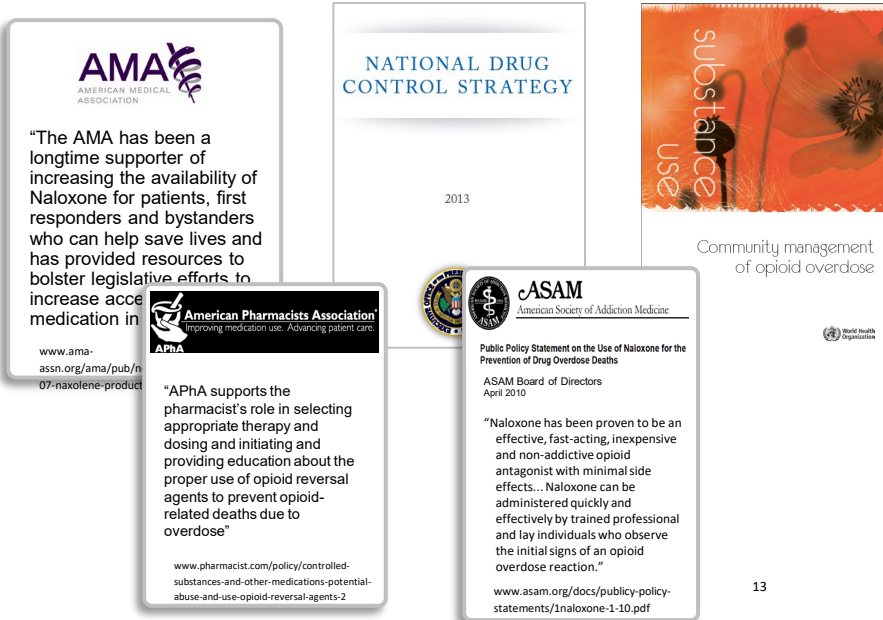


Naloxone access

- Broader access to naloxone reduces overdose mortality.
- States have adopted differing models for expanding naloxone and syringe access through community pharmacies, medical prescribers, communities.
- Mathematical models indicate that distribution of naloxone through **community programs, pharmacies, and prescribers** can help ensure that naloxone is available to people for overdose reversal.
- There are known barriers to health professional, law enforcement, institutional supports for naloxone as with other harm reduction supplies.
 - *Cost, stigma, perceptions of being judged, discomfort and lack of training amongst professionals, misinformation, stocking of medicines/ syringes*



Endorsement for broad access to naloxone





Access to the tools of harm reduction

*I heard back from one patient who said that they were giving it to a friend, like a friend who's not in treatment with us and would it be okay if they gave it to them. And I said, sure, you know, 'cause they said, oh, they mentioned it to a friend who is using and has concerns about, you know, what's in these street drugs.... And so she was very excited to be able to give it to a friend of hers who wasn't in treatment and didn't have access to the resources that she does being in treatment. –**Opioid Treatment Program provider, Taunton, MA***

Secondary distribution, Peer Learning, Affirm Recovery and Harm Reduction Capital

Modeling

Estimated naloxone need for each U.S. state and found **significant gaps in access to and distribution** of this life-saving opioid overdose intervention.

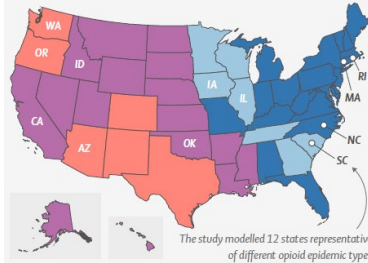
Modelling suggests that **community-based and pharmacy-initiated naloxone distribution** were more effective at averting opioid overdose deaths than prescriber-based approaches.

www.naloxoneneededtosave.org

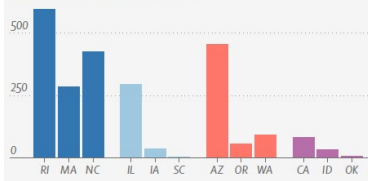
Naloxone is effective against a wide range of opioids but community naloxone distribution is greatest in fentanyl-dominated states

Fentanyl epidemic Fentanyl-mixed epidemic
Heroin and prescription opioid epidemic Prescription opioid epidemic

Epidemic type by state, 2017

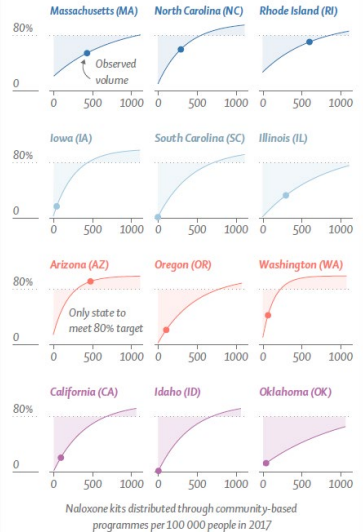


Naloxone kits distributed through community-based programmes per 100 000 people in 2017



A substantial increase in access to naloxone is needed in almost all states to achieve an 80% intervention rate

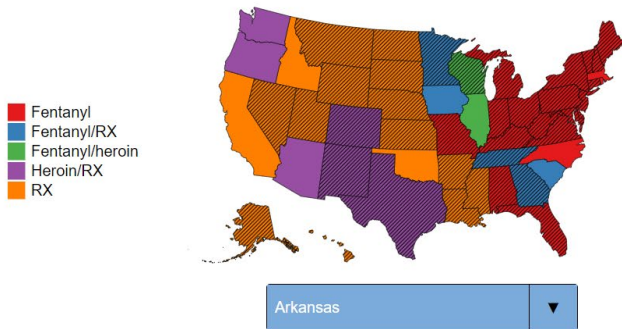
Projected rate of naloxone intervention during a witnessed overdose, by number of kits distributed per 100 000 people



[https://www.thelancet.com/article/S2468-2667\(21\)00304-2/fulltext](https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext)

Infographic <https://www.thelancet.com/pb-assets/Lancet/infographics/naloxone-usa/naloxone.pdf>

How much naloxone do we need to save lives?



www.naloxoneneededtosave.org

MA Irvine, D Oller, J Boggis, B Bishop, D Coombs, E Wheeler, M Doe-Simkins, AY Walley, BDL Marshall, J Bratberg, TC Green. Estimating Naloxone Need in the United States Across Fentanyl, Heroin, and Prescription Opioid Epidemics: A Modelling Study *Lancet Public Health*, 2022.

What boosts naloxone distribution?

Secondary Distribution and Peer-driven models

Massive volume through peers

Ambassador models with peers from local communities

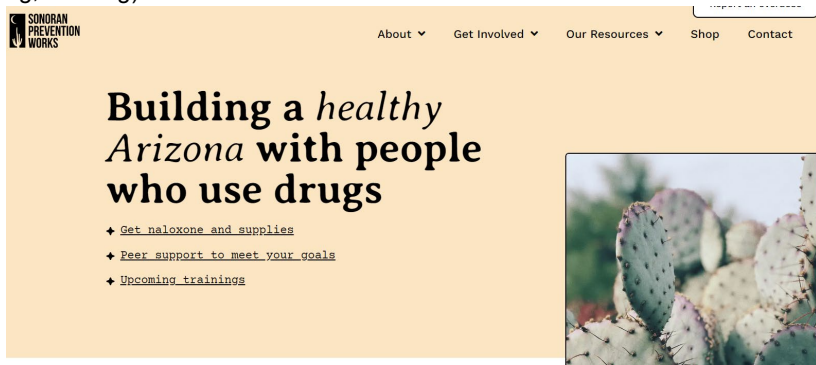
Nontraditional community-based settings (barbershops, bodegas, churches, food pantries, soup kitchens, parks)

Bundling harm reduction strategies

- Naloxone
- Syringes, injection hygiene
- Safer use supplies (smoking, snorting)
- Fentanyl test strips



<https://spwaz.org/>



Laws and Policies for Naloxone Access:

Improvements needed

Prescription status of naloxone requires workarounds:

- Standing orders, collaborative practice agreements, protocols
- **Opportunities for legislative caretaking:** co-prescription laws, mandate insurance coverage, no co-pays, no formula limits, no education/counseling requirements, no limits on mailing

OTC products coming in 2023!

- **Opportunities for legislative caretaking:** Low unit pricing, insurance coverage of OTC products, central and accessible product placement/site security around product in pharmacy (i.e., @ cashier, unlocked)

Stigma Reduction

- **Advocacy, legislative caretaking:** Life insurance protections, remove all age restrictions, remove any ID requirements

Mail-based programs, Vending machines

Caracole, Inc, an AIDS Service Organization in Cincinnati, Ohio pilots harm reduction vending machines that include naloxone, fentanyl test strips, safer sex, smoking and injection materials

Naloxone “on-demand”



Naloxone “Leave- Behind”

After responding to an overdose or other opioid-involved injury, **first responders leave naloxone rescue kits behind** for the survivor and witnesses.

“Naloxone on-point”

- **Massachusetts EMS Naloxone Leave-Behind**
 - [Statewide Treatment Protocol 6.13](#)
 - Authorizes EMS to leave-behind naloxone at scene

Laws and Policies for Naloxone Use

Good Samaritan Laws (GSL)

- Provide limited immunity for drug-involved charges (e.g., possession of controlled substances, paraphernalia) for someone that seeks aid for someone experiencing a suspected overdose
- Provides protection for the victim of an overdose from being charged or prosecuted for possession of controlled substances or paraphernalia
- Provides protection to those that administer first aid, including naloxone, in “good faith”
- Some states have expanded to include protections for the “3 Ws: Weapons, Weight, Warrants” to encourage 911 help seeking
- To encourage calling 911, other protections could include housing, immigration

Strategies: amend GSL to expand protections, address fentanyl test strip possession/ distribution, include drug checking, consider overdose prevention sites

Treatment as Prevention: Broaden Access to Medications for Opioid Use Disorder

- Buprenorphine (Suboxone) treats opioid withdrawal and opioid use disorder. The MAT Act of 2022 removed the X-waiver; states have unique barriers to medication treatment that need revision.
- In some states pharmacists can do so too (with or without prescriber collaboration), making medication on-demand, but these paths need clarity, support, and (for pharmacists) recognition of provider status.
- Financial incentives can encourage prescribing and sustain innovative access.
- Buprenorphine is “like body armor” to protect against overdose. Some states (VT, RI, OR) have decriminalized possession of buprenorphine to signal tolerance of broader use.

Strategy: build on the momentum of national efforts

Empowerment & Anti-Stigma Strategies

Message Framing

- People who survive, shine
- Too many lives have been lost, too much missed opportunity
- There are too many treatment gaps in the current system; treatment and criminal-legal system fails people with SUD
- Personalize: history, those lost to SUD

Approach

- Network and collaborate with recovery, harm reduction leaders
- Involve and hire people with lived experience, celebrate diversity
- Identify other key leaders, collaborators who support recovery

Caretaking

- Choose images that empower not victimize,
- Lead by example with person centered language: words matter
- Correct media

**THANK
YOU!**



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