

Department of Public Health
Bureau of Substance Abuse Services

Overdose Education and Naloxone Distribution
(OEND) Pilot Expansion

Fiscal Year 2015



Introduction

In an effort to combat the rising number of opioid related overdose deaths in Massachusetts, the Department of Public Health (DPH; the Department) began the Overdose Education and Naloxone Distribution (OEND) program in November 2007 to train and provide nasal naloxone rescue kits free of charge to potential bystanders (any person likely to witness an overdose) of an opioid overdose in the community.

In 2010, DPH added the Quincy Police Department and the Revere Fire Department to the pilot program. By 2014, the pilot included six first responder departments (police and fire): the Quincy and Gloucester Police Departments, the Revere, Weymouth and Saugus Fire Departments, and the New Bedford Police and Fire Departments. As of August 2014, there were five first responder communities participating in the pilot as Gloucester voluntarily opted out and continued a program on its own.

In recent years, many communities have experienced an increase in fatal and non-fatal opioid overdoses. In response, municipalities have expressed an interest in establishing first responder naloxone programs and have approached the Department for technical assistance and/or funding. The Department was limited in its ability to assist these communities due to funding and regulatory constraints until a public health emergency was declared in March 2014 in response to the opioid crisis. Subsequently, emergency regulations were adopted allowing municipalities to establish first responder naloxone programs, and the FY2015 state budget included a new \$1,000,000 appropriation (Line Item 4512-0204) to support expansion of the number of naloxone programs. Specifically, the budget language requires that "...funds shall be expended to expand distribution to not less than 10 first-responder pilot communities and 7 bystander distribution communities; provided further, that the selection of these pilots are to be determined by the need and high incidence of overdoses;..." The funding can be used to support the purchase of naloxone and atomizers, training of first responders and bystanders, and the administration of the initiative.

First Responder Expansion

Overview:

Through the funding discussed above, the Department of Public Health has awarded grants for police and fire departments to carry and administer naloxone, an opioid overdose antidote, in municipalities that are most affected by this epidemic. Municipalities that met the criteria listed below were invited to apply for this grant, which provides funding to purchase naloxone and cover some other related costs, as well as receive technical assistance on program implementation that will be provided by MassTAPP (a Bureau of Substance Abuse Services-funded prevention technical assistance provider). Grant amounts were expected to vary between \$10,000 and \$50,000 per department based upon the size of the municipality and expressed budget needs and request.

Grant Eligibility Criteria:

Eligibility criteria were established by determining the maximum number of high need communities that could be funded by the appropriation. Communities that were eligible to apply had an average annual rate of unintentional/undetermined opioid overdose deaths above 6.0 per 100,000 and had

an average annual count of 4 or above for the 2008-2012 period according to DPH vital records data. These standard measures are used by DPH to compare the level of need by community. This threshold resulted in applications from 23 eligible first responder communities including the five communities currently in the DPH First Responder Pilot. Eligible communities were invited to complete a simple online application to assess individual community needs.

Grantees and Program Costs:

The grant recipients were announced in November 2014.

Allowable expenditures of the grant funds include:

- Purchasing naloxone and atomizers;
- Purchasing other supplies that support the program such as pouches or containers for the naloxone;
- Paying a fee associated with the hospital or prescriber providing the standing order through a Memorandum of Agreement (MOA);
- Paying a medical director for medical control;
- Paying for staff time for initial training;
- Costs associated with community education related to access to treatment and other resources or related to awareness of the 911 Good Samaritan law.

The following 23 municipalities were awarded grants to help with the costs of implementing a first responder nasal naloxone administration program. Every eligible community that applied was funded at the level requested in their application. Of the municipalities that received funding, 5 were instituting new programs, 9 were expanding an existing program by adding a new first responder department, and 9 were using the funding to continue current programs.

Municipality	Grant Amount	Average Naloxone Kits (Est. \$75 kit)	Amount for purchasing Naloxone	Amount for other budget items
Barnstable	\$32,440.00	48	\$3,600.00	\$28,840.00
Boston	\$50,000.00	640	\$48,000.00	\$2,000.00
Brockton	\$43,200.00	576	\$43,200.00	\$0.00
Chelsea	\$68,000.00	324	\$24,360.00	\$43,640.00
Everett	\$10,060.00	76	\$5,760.00	\$4,300.00
Fall River	\$40,500.00	480	\$36,000.00	\$4,500.00
Fitchburg	\$10,500.00	140	\$10,500.00	\$0.00
Framingham	\$15,000.00	200	\$15,000.00	\$0.00

Haverhill	\$22,000.00	282	\$21,200.00	\$800.00
Holyoke	\$12,765.33	144	\$10,800.00	\$1,965.33
Lowell	\$30,964.61	120	\$9,000.00	\$21,964.61
Lynn	\$48,894.00	560	\$42,000.00	\$6,894.00
Malden	\$6,000.00	80	\$6,000.00	\$0.00
New Bedford	\$27,000.00	360	\$27,000.00	\$0.00
Quincy	\$44,185.00	380	\$28,500.00	\$15,685.00
Revere	\$38,844.40	156	\$11,700.00	\$27,144.00
Saugus	\$5,000.00	66	\$5,000.00	\$0.00
Somerville	\$17,924.00	64	\$4,800.00	\$13,124.00
Stoughton	\$2,400.00	32	\$2,400.00	\$0.00
Taunton	\$26,056.60	81	\$6,100.00	\$19,956.60
Weymouth	\$12,953.55	0	\$0.00	\$12,953.55
Winthrop	\$18,303.74	32	\$2,400.00	\$15,903.74
Worcester	\$17,782.08	160	\$12,000.00	\$5,782.08
Total	\$600,777.31			

At approximately the same time the grants were awarded, Amphastar, the sole manufacturer of the naloxone formulation suitable for nasal use, significantly increased the price of the product. The average cost of a kit purchased by DPH was \$42 when the grant application was released but has since increased to nearly \$75 per kit. The intranasal naloxone rescue kits funded through this program contain two doses of 2mL/2mg Naloxone and two atomizers.

In November 2014, the Commonwealth of Massachusetts also accepted a donation from Kaleo, the manufacturer of a new FDA-approved naloxone auto-injector product, called Evzio. Kaleo donated 4,000 doses, or 2,000 cartons, which are the equivalent of traditional nasal naloxone “kits”. All eligible first responder communities were offered a share of the Kaleo donation to supplement their grant funding and to offset the price increase of the product suitable for nasal use.

Community Bystander Program Expansion

Overview:

As mentioned above, the Massachusetts Department of Public Health has implemented an Overdose Education and Naloxone Distribution (OEND) program in community-based settings. These programs have trained individuals likely to witness an overdose (bystanders) on how to reduce overdose risk, recognize signs of an overdose, access emergency medical services, and administer intra-nasal naloxone. Potential bystanders are instructed to deliver naloxone when opioid overdose occurs in addition to taking other actions (e.g. rescue breathing and contacting the emergency medical system). The rescue kit includes instructions, two syringes prefilled with Naloxone Hydrochloride, and two nasal atomizers.

Current Program:

Prior to the FY15 appropriation, there were 19 bystander pilot sites and 12 Learn to Cope family support meeting locations where naloxone was distributed. As of January 6, 2015, there have been a total of 31,827 individual participants trained and given a naloxone kit and 4,033 reported opioid overdose reversals using DPH bystander pilot program naloxone.

Expansion Plans:

Line item 4512-0204 requires that seven new bystander distribution communities be added to the DPH bystander nasal naloxone pilot program. The remaining funding (\$399,226.69) is enough to add ten new pilot sites in the locations listed below as well as support additional naloxone purchase in currently existing sites. The new sites were chosen in part to fill geographic gaps in naloxone distribution across the state and were targeted toward areas of need. All of the communities listed below are new to the bystander pilot with the exception of Boston, where the Boston Living Center is being added to increase capacity to reach high-risk individuals in the city. Of the ten sites listed below, five will be operated by agencies and five will distribute through Learn to Cope. Pittsfield appears on the list twice, with one program administered by an agency and another administered by Learn to Cope. Since the Berkshires region is an area of need, and these two groups attract different end users, duplication of services is not a concern. As of January 6, 2015, four of these new sites were fully operational. DPH anticipates that they will all be operational by the end of FY15 or earlier.

Municipality	Bystander Program Site	Average Annual Naloxone Kits	Cost of Naloxone (Est. \$75 kit)
Athol	Center for Human Development	300	\$22,500
Boston	Boston Living Center, Victory Programs	500	\$37,500
Dedham	Learn to Cope	300	\$22,500
Framingham	Learn to Cope	300	\$22,500
Gardner	Learn to Cope	300	\$22,500
North Adams	Tapestry Health	300	\$22,500
Orange	Center for Human	300	\$22,500

	Development		
Pittsfield	Tapestry Health	300	\$22,500
Pittsfield	Learn to Cope	300	\$22,500
Taunton	Learn to Cope	300	\$22,500
Statewide	Overall expansion of bystander program statewide	2,123	\$159,225
			\$399,225.00

Report Highlights:

- As part of the state’s overall efforts to address the rise in opioid overdose deaths in the Commonwealth, the FY15 GAA included an investment of \$1,000,000 to support expansion of first responder and bystander naloxone programs. This plan exceeds the required number of first responder and bystander naloxone programs using this appropriation.
- Emergency regulations put in place subsequent to the declaration of a Public Health Emergency relative to the opioid crisis make it possible for first responders to establish naloxone programs. These changes allowed DPH to transition the First Responder Pilot to a larger grant program for high need communities to support new programs as well as the expansion and maintenance of current first responder naloxone programs.
- Many local police and fire departments had expressed an interest in equipping police officers and fire fighters with naloxone. However, municipalities often face budget constraints that make implementation challenging.
- This funding allows more departments to equip police officers and fire fighters with this life-saving overdose antidote.
- This funding allows greater geographic coverage for bystander naloxone access.