# Concurrent Session 2: Naloxone Distribution

Moderator: Alison Proctor, RTI International



- Lucas County, Ohio, Corrections Center Naloxone Vending Machine Project
  - Speakers: Mahjida Berryman, Lucas County, Ohio
- Post-fatal Incident: How Coroners Can Play a Role in Overdose Prevention
  - Speakers: Allison Bilton and Talia Wahl, Berkeley County, South Carolina





# **Naloxone Distribution**

# Disclaimer

This project was supported by Grant No. 15PBJA-23-GK-02250-COAP awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



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## **Naloxone Distribution**

#### **Overview**

- Evidence-based strategy in reducing opioid fatalities
- Importance of low-barrier access to naloxone

#### **Targeted Naloxone Distribution**

- Focus on high-risk individuals, areas, and critical touchpoints
- Using data from OFR programs to identify high-risk areas for opioid overdoses and potential gaps in naloxone accessibility

#### **Benefits**

Impact of wide distribution of naloxone on reducing opioid fatalities



# Integrating Naloxone Distribution Into Overdose Fatality Reviews (OFRs)

# **Strategies for Effective Integration**

- Developing protocols for naloxone distribution with participating agencies as part of OFR program recommendations
- Training OFR team members and local first responders in naloxone administration
- Establishing partnerships with Overdose Education and Naloxone Distribution (OEND) program partners





# Naloxone Vending Machines Learning Community

#### **Community-based Distribution Models**

- Integration of community-based naloxone distribution with vending machines in justice settings and community locations to enhance accessibility
- Using data-driven strategies to better engage with community
- Exploration of innovative distribution solutions and accessibility



# Lucas County Corrections Center (LCCC) Naloxone Vending Machine Project



# **Toledo-Lucas County**



#### Lucas County has a population of ~426,643

Toledo, the county's largest city, has a population of ~266,301

In 2022, there were 231 opioid-related fatalities reviewed by the Lucas County Coroner occurring in Lucas County

**Approximately 83%** of fatal opioid overdoses occurred in the city of Toledo



### **Overdose Fatality Review Committee**

- Began in 2018 as a result of an Ohio Department of Health grant, which ended in 2023
- Facilitator and data analyses are completed by the Toledo-Lucas County Health Department (TLCHD)
- Quarterly meetings
- Data sources used include coroner's reports, criminal records, EMS reports, and Quick Response Team (QRT) follow-up
  - Data limitations exist due to inconsistent investigation reports

Coalition Representation			
Health Department	Mental Health Board		
Local Fire Departments	Local Police (VICE Unit)		
Treatment Agencies–Medications for Opioid Use Disorder (MOUD)	QRT/Drug Abuse Response (DART) Team		
Coroner (available, not present)	Members of the Community		
Homelessness Board	Local Hospital		



# **Establishing a Trend**

Time Between Leaving Incarceration and Fatality		2021	2022
1 Week Post-incarceration	5	5	3
1 Month Post-incarceration	2	4	
1 Year Post-incarceration	4	1	1
General History of Incarceration With No Time Frame Provided		11	20
Total:	11	21	24



#### **Lucas County Corrections Center**

- Full-service detention facility located in downtown Toledo
- Houses a capacity of 403 individuals in incarceration
- Booking area can hold a maximum of 65 individuals and averages 15,430 a year
- Lucas County Corrections Center (LCCC) offers:
  - Counseling services
  - Religious services
  - Drug and alcohol treatment
  - Medical services
- Began partnering with local health department in 2018 for naloxone distribution to individuals incarcerated
  - · One event per month
  - Two trainings per visit (male and female units)
  - Limitations:
    - Not all individuals entering the facility had the opportunity to receive this training/resource (only about 40/month)
    - There was no way to ensure naloxone was placed with belongings



# **Establishing a Trend**

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General History of Incarceration With No Time Frame Provided		11	20
Total:	11	21	24

#### March 2020:

Because of the COVID-19 pandemic, health department staff were no longer allowed to enter LCCC for naloxone trainings.



### **Pandemic Response**

Problem: Health department staff are no longer able to distribute naloxone to individuals in incarceration.

- Solutions Explored:
  - Reaching individuals through alternative screening processes for opioid use disorder (OUD)
  - Telehealth trainings
  - Train the Trainer Model with LCCC staff
- Limitations/Challenges:
  - Competing priorities
  - Low staffing due to pandemic
  - Short timeline, individuals were being released very quickly because of COVID-19 protocols



# **HEALing Communities Study**

# Lucas County was a Wave 1 HEALing Communities Study (HCS) county beginning in June 2020

- Three Required Evidence-based Practices for HCS
  - Opioid Overdose Prevention Education and Naloxone Distribution (OEND) in highrisk populations
    - Have had a prior opioid overdose
    - Have reduced opioid tolerance (e.g., completing medically supervised or socially managed withdrawal or release from institutional settings such as jail, residential treatment, or hospital)
    - Use other substances (e.g., alcohol, benzodiazepines, cocaine, amphetamine-like substances)
    - Have concomitant major mental illness (e.g., major depression, bipolar disorder, schizophrenia, anxiety disorders)
    - Have concomitant major medical illness (e.g., cirrhosis, chronic renal insufficiency, chronic obstructive pulmonary disease (COPD), asthma, sleep apnea, congestive heart failure; infections related to drug use)
    - Inject drugs



### **HEALing Communities Study**

**Targeted OEND Strategy:** Provide OEND to individuals in or leaving incarceration from LCCC and participating in Adult Drug Court

#### • Team

- HCS
- Lucas County Sheriff's Office Drug Abuse Response Team (DART)
- TLCHD/Project DAWN
- Lucas County Adult Drug Court/TASC of NW Ohio

#### Implementation Plan

- Provide OEND to individuals being released from the jail. DART officers will
  provide naloxone education and training through the use of specialized iPads
  and submit electronic intake forms to TLCHD per protocol
- Provide OEND to all participants in the Adult Drug Court, not just participants in active drug treatment. Naloxone training will be provided to participants in drug court by use of court-provided cell phones. Naloxone will be provided to participants by TASC of NW Ohio via TLCHD or directly to participants' residences by a DART officer
- Both programs are offered as an "opt out" process, ensuring that access barriers are removed and all inmates have access to naloxone



## **Lucas County Sheriff's Drug Abuse Response Team**

#### **About DART:**

Officers assigned to DART meet in the community with overdose victims and their families, building strong relationships of trust. These officers transport individuals battling substance use disorder to effective local treatments that are available. Providing encouragement, the officers monitor and engage the individuals as they progress through their treatment and recovery process.





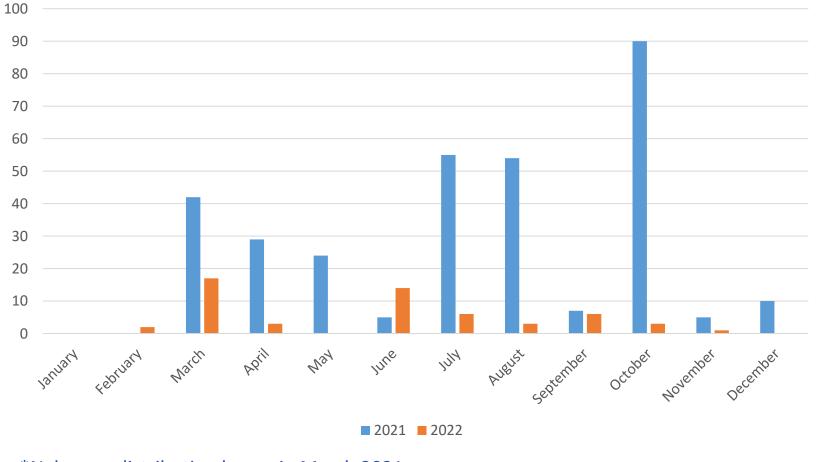
### **Implementation**

- Direct Service Purchase Needs
  - Purchase two iPads Completed and implemented for use
- TLCHD to pilot virtual naloxone training for Adult Drug Court probation officers
  - Optional training, not well attended
  - No clear path to obtaining naloxone was established
- Train DART Officers to provide OEND
  - No challenges
- Establish a model for DART to provide OEND in LCCC
  - Began OEND in March 2021



## **Results of HCS Strategy**





<sup>\*</sup>Naloxone distribution began in March 2021



## **Results of HCS Strategy**

- Challenges with naloxone distribution
  - Staff limitations and competing priorities
  - Gaps in data collection
  - Turnover in Adult Drug Court
- Success story
  - A quote from Lieutenant Steve Rogers, Lucas County Sheriff's Office DART

"We don't generally receive feedback that is straight from our mission statement. Our mission reads: 'to stop the profound number of deaths caused by overdoses while helping victims to overcome their addictions, and to educate and support family and friends of these victims of overdose.' One of the most successful ways that we can achieve our mission and decrease the number of deaths by overdose is through the distribution of naloxone. According to the Ohio Department of Health, over 500,000 overdoses have been reversed with naloxone in Ohio since 2014. Without this important medication, countless lives would have been lost not only in Ohio, but across the country. That's why we're thankful for the partnership with Toledo-Lucas County Health Department that allows us to continue to distribute naloxone to members of our community."



### **Vending Machine Strategy**

#### **Funding:**

The National Center for State Court and the Bureau of Justice Assistance (BJA) through the Regional Judicial Opioid Initiative (RJOI)

- Purchased 20 vending machines to be distributed and placed within correctional facilities in seven states, including:
  - Michigan
  - Indiana
  - Ohio
  - North Carolina
  - West Virginia
  - Kentucky
  - Tennessee
- Lucas County was one of two Ohio counties that accepted a vending machine through this initiative





#### **Implementation**

- TLCHD determined a need for both naloxone and condoms to be placed in the jail lobby for the public entering the jail and individuals leaving incarceration and consulted with other state partners who have implemented similar vending models
  - Safe-sex supplies were added due to a syphilis outbreak in Lucas County
- TLCHD staff worked through DART to build connections with the sheriff and his team at LCCC
  - Coordinated delivery and placement of vending machine
  - Enthusiastic support for naloxone
  - Some pushback for safe-sex supplies
- TLCHD staff followed the Ohio Board of Pharmacy guidance to develop protocols for the automated naloxone dispensing machine
  - Education to be displayed on the outside of the vending machine to include:
    - How to identify an opioid overdose and instructions to call 9-1-1
    - How to use naloxone
    - Proper storage of naloxone



# **Results of Vending Machine Strategy**

# Challenges/Limitations With Vending Machines

- Basic vending machine, little to no data collection
- Location may be prohibitive to some who need to access naloxone

#### Successes

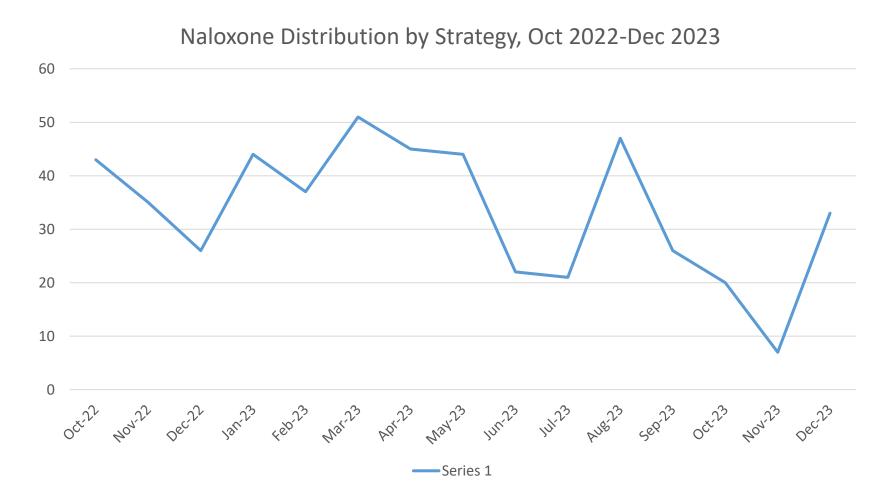
- Reports of an increase in sheriff's office employees accessing naloxone
- Stigma reduction
- Total of 501 naloxone kits distributed between implementation and December 2023
- Total of 243 safe-sex kits distributed between implementation and December 2023





# **Results of Vending Machine Strategy**

#### The LCCC Vending Machine Strategy launched in October 2022.





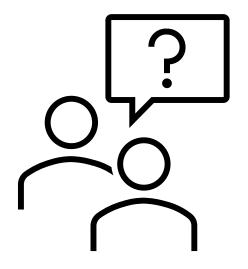
### **Additional Ways to Reach Population**

#### **Local Reentry Programs**

- "Going Home to Stay" Reentry Resource Program
  - The Reentry Coalition of Northwest Ohio is a group of service agencies and individuals with the mission to reduce recidivism and promote public safety by creating partnerships and shared accountability for successful community reentry of persons from prisons and/or jail
  - Connects "restored" citizens (persons released from incarceration), family members, and/or significant others with services such as medical resources, banking, housing, legal assistance, and driver's licenses
- TLCHD began naloxone distribution at this event in April 2023
  - To date, has:
    - Distributed 448 naloxone kits
    - Trained 199 individuals on OEND
      - Over half (53%) identify as Black/African American



# **Questions & Answers**







# Post-fatal Incident: How Coroners Can Play a Role in Overdose Prevention



Allison Bilton Berkeley County Coroner's Office Community Outreach Coordinator B.C. OFR Facilitator



Talia Wahl Ernest E. Kennedy Center PFS Project Coordinator B.C. OFR Data Manager



# SITE INFO

# Moncks Corner, South Carolina (SC) Berkeley County

Berkeley County OFR does not receive any direct funds.

Currently, recommendations are assisted through various partner grants and funding streams.

- SAMHSA Partnership For Success (PFS) Grant
- S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)
- S.C. Opioid Recovery Funds

Started OFR

June 2023

Overdose deaths per year

+08

Estimated population

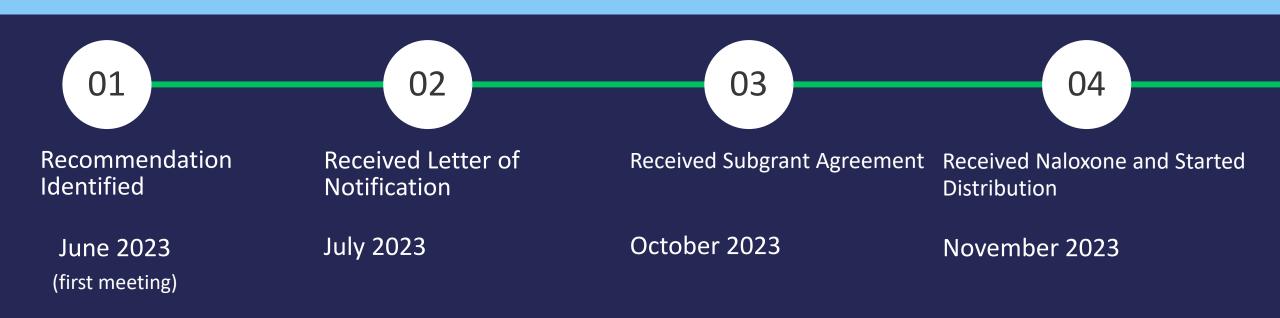
245,117

(U.S. Census Bureau, July 2022)



# RECOMMENDATION

- By November 2023, we will facilitate connections for households affected by recent fatal overdoses that are at high risk for a subsequent overdose
- We will do this by empowering the Berkeley County Coroner's Office to distribute free naloxone, fentanyl test strips, and treatment resources with written endorsements from local agencies (e.g., the Kennedy Center)
- This will include on-scene distribution of informational pamphlets and the presence of a substance use disorder (SUD) peer recovery support specialist to encourage counseling services for additional household members dealing with SUD/opioid use disorder (OUD)





# HOW DID WE GET HERE?

Whether it was a call to police, emergency medical services (EMS), fire, or the coroners . . .

Each agency found itself coming to the <u>same</u> households and neighborhoods.

#### **POLICE**

"In 2023, we noticed that there were at least 6 different residencies that had experienced multiple ODs within months of each other. There was also one hotel that had 3 separate ODs within the year."

- Danielle, Goose Creek PD

#### **FIRE**

"We've had to use our [naloxone] 5 times at the same household."

- Lee, Berkeley County Fire Chief

#### **EMS**

"There would be a call to a certain address and in my mind, I already knew the house we would be going to was for an overdose."

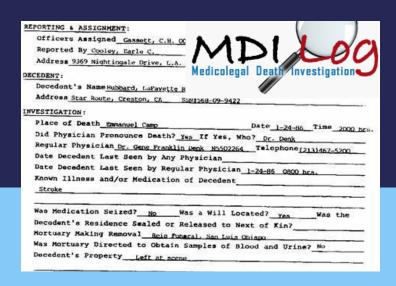
- Stuart, Berkeley County EMS

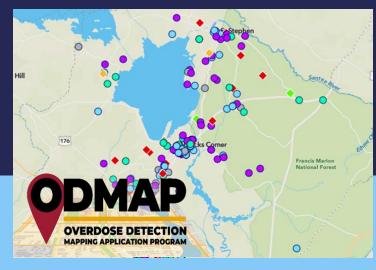
#### **CORONERS**

"I've been on post-fatal scenes and noticed other individuals in the household appeared to be under the influence of something—and could be possibly also using."

- April, Berkeley County Coroners

# AGGREGATE AND CASE-LEVEL DATA







#### **CORONERS**

Decedent Demographics and Case Narratives



#### **ODMAP**

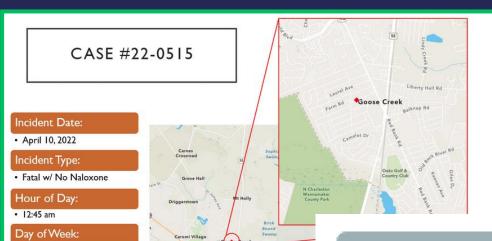
Nonfatal Overdoses and Geospatial Location



#### **EMS**

Overdose Contacts and Naloxone Administrations





Sunday

**ODMAP** 

OVERDOSE DETECTION

# Naloxone Left By Law Enforcement?

No.

# Naloxone Left By EMS?

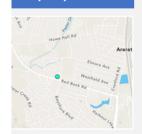
No.

# Naloxone Left By Bystander?

No.

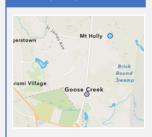
#### 04/11/2022

-DAY PERIOD



Red Bank Rd. ingie-dose naloxone (Opioid)

#### 04/12/2022



Red Bank Rd. Najoxone unknown (Heroin)

Goose Creek -Montague Plantation Rd. No naloxone (Unknown)

#### No naloxone

(Heroin)

Goose Creek -Caromi Village Naloxone unknown (Fentanyl & Xylazine)

Goose Creek -Old Back River Rd. Single-dose naloxone (Fentanyl)

# A "Leave Behind" Program ...

#### Respond

EMS
 personnel
 respond to a
 nonfatal
 overdose.

#### Assess

 EMS identifies patient(s) and/or their support network.

#### Leave Behind

 EMS provides naloxone and referrals to patient(s) or bystanders.











#### Respond

Coroner personnel respond to a fatal overdose

#### **Assess**

 Coroners identify next-of-kin (NOK) and/or bystanders on-scene

#### Leave Behind

Coroners provide naloxone & resource bag

# Engage

- Coroners connect to the Kennedy Center's Certified Peer Support Specialist (CPSS)
- Provide the contact info of the individual left the naloxone
- CPSS makes contact within 48–72 hours



ODMAP

OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM

5/21/2021

Fatal

Fentanyl

Analyte	Result	Units
Methamphetamine	3900	ng/mL
Amphetamine	480	ng/mL
Synonyms: Adderall®, metabolite of Methamphetamine, metabolite of Vyvanse®		
Phenylpropanolamine	65	ng/mL
Synonyms: Metabolite of Ephedrine/Pseudoephedrine/Amphetamine		

1/26/2022

Fatal

Fentanyl

Special Request Finding(s)	Positive		001 - Peripheral Blood	ł
4-ANPP	Presump Pos	ng/mL	001 - Peripheral Blood	ı
Benzoylecgonine	540	ng/mL	001 - Peripheral Blood	- 1
Cocaine	28	ng/mL	001 - Peripheral Blood	- 1
11-Hydroxy Delta-9 THC	1.0	ng/mL	001 - Peripheral Blood	- 1
Delta-9 Carboxy THC	28	ng/mL	001 - Peripheral Blood	- 1
Delta-9 THC	1.5	ng/mL	001 - Peripheral Blood	- 1
Fentanyl	4.8	ng/mL	001 - Peripheral Blood	- II
Norfentanyl	1.5	ng/mL	001 - Peripheral Blood	- II
Cocaine / Metabolites	Presump Pos	ng/mL	003 - Urine	- 1
Benzodiazepines	Presump Pos	ng/mL	003 - Urine	- 1
Cannabinoids	Presump Pos	ng/mL	003 - Urine	- 1

10/18/2022

Fatal

Fentanyl

Analyte		Result	Units	Thresho
Methamphetamine		330	ng/mL	
Benzoylecgonine		47	ng/mL	
Synonyms: BE, Cocaine metabolite/hydrolysis product				
Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)				
Analyte		Result	Units	Thresho
Fentanyl		7.2	ng/mL	

2/19/2023

**Non-Fatal** 

**Non-Fatal** 

3/12/2023 Non-Fatal







# WHY CORONERS?

Someone who can take that additional step in a crucial time to help someone seek treatment and receive resources

At-risk Populations in Timely
Manner
Similar trends of generational/social substance use in a household

Trained to Engage
Background in NOK interviews, speaking with household

Already Provide Additional Services to Community

Providing connections to grief support and other local entities

residents/family members

O4 Dealing With the Issue
Overdoses directly impact them

Ready to Act on the Recommendation

# WHAT IS REQUIRED



- Collaboration with local treatment agency (i.e., the Kennedy Center)
  - Helps secure the community distributor endorsement
  - Provides informational brochures and pamphlets on prevention and treatment
  - Potential fentanyl (and xylazine) testing strips
  - Implementation of a Certified Peer Support Specialist (CPSS)











## IMPORTANCE OF A CPSS

- Overdose death is a traumatic event for a household
- Coroner leaves behind resource bag with one person, requests a possible contact number/email (if individual is comfortable sharing it)
- Info is passed to the CPSS and attempts to make contact in 48–72 hours
- Follow-up can create linkages to various types of support, treatment, and resources





# WHEN CORONERS ARRIVE ON A SCENE...

They do not know if the person(s) in the household will be a...

...but main thing in common is the crucial moment to <a href="educate">educate</a>

#### BYSTANDER

Never had met the decedent but is on the scene

(e.g., a person who found them in a public area, a concerned neighbor)

GENERAL INFO ON OVERDOSE SIGNS, NALOXONE, RESOURCES

#### **CURRENT USER**

Unknown relationship to decedent but admits to currently using (or was using) at the time of the overdose

(e.g., dealer, buyer, romantic partner, friend)

INFO ON NEVER USE ALONE #, TESTING STRIPS,
TREATMENT SERVICES

## FAMILY/FRIEND

Knows the decedent well and may know (or not know) the drug history

(e.g., a parent/sibling/child, NOK, romantic partner, friend)

INFO ON GRIEF SUPPORT, TREATMENT SERVICES, ETC.

#### POTENTIAL USER

Unknown relationship to decedent but could be at higher risk for future drug use or overdose

(e.g., parent/sibling/child, romantic partner, friend)

INFO ON ADDICTION, FAKE PILLS, FENTANYL #,
PREVENTION SERVICES

# POTENTIAL BARRIERS

Stigma, Discomfort, Offense

01

Both individual coroners and those on the scene

02

Collecting Additional Data/Naloxone Use

QR Code Survey with South Carolina Department Alcohol and Other Drug Abuse Services Naloxone

03

Follow-up and Communication

NOK is not the one on fatal scene, unable to establish or make a contact

04

Additional Partnerships or Costs

CPSS/Need for texting capabilities

# LEVERAGING YOUR COUNTY CORONER

# **Elected Position**

- Political
- Moral
- Financial

History of Prevention Work

30+ years of collaboration with Berkeley County Prevention Board





IMPORTANCE OF *ALL* PARTNERS

During the Opioid Epidemic



# THANK YOU!



### **ALLISON BILTON**

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TALIA WAHL

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# REFERENCES

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- •SC Department of Health and Environmental Control Bureau of EMS & Trauma, 2024
- •Biospatial Inc, 2024. https://www.biospatial.io/
- •Becca M. Scharf, David J. Sabat, James M. Brothers, Asa M. Margolis, & Matthew J. Levy, (2021), Best Practices for a Novel EMS-based Naloxone Leave Behind Program, Prehospital Emergency Care, 25:3, 418–426, DOI: 10.1080/10903127.2020.1771490

# Additional Support Available!



#### **OFR Email Exchange**

Great way to network with your peers!



#### **OFR Message Exchange Sign-Up**

The OFR message exchange is a platform for those involved in Overdose Fatality Reviews to engage with one another. Enrollment in this message exchange is by permission only, and the <u>terms of use</u> apply.

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#### Training and Technical Assistance (TTA) Request

- Expertise is available to support your OFR efforts
- We are here to help you troubleshoot day-to-day challenges as they arise



#### **Training and Technical Assistance Request**

Regardless of funding source, anyone can request OFR training and technical assistance. Expertise is available to support the expansion and development of overdose fatality review (teams) through a variety of formats, including but not limited to:

- Host one-on-one calls to troubleshoot day-to-day challenges
- · Identify available resources and materials
- Connect TTA requestor to peers in the field
- · Present to team or meeting attendees
- · Convene professionals to address a need
- · Facilitate virtual meetings and workshops



# OFR Mentor Site Opportunities



- The purpose of the Overdose Fatality Review (OFR) Mentor Program is to elevate, communicate, and leverage OFR promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers
- Interested sites can apply here





# Questions?

