NALOXONE ACCESS

The Baltimore Case Study on the Successful Implementation of Naloxone Distribution & Training
The Center for Government Excellence (GovEx) and Johns Hopkins University would like to acknowledge and thank the following for this report:

- **Dr. Leana Wen**, Commissioner of Health for the City of Baltimore
- Miriam Alvarez, Opioid Overdose Education and Naloxone Distribution (OEND) Coordinator, Behavioral Health Systems Baltimore (BHSB)
- **Mark O’Brien**, VP of State and Local Affairs, Addiction Policy Forum
- Morgan Gliedman, Baltimore City Health Department
Introduction

Would we ever ask someone who has diabetes why they are still on insulin, or deny someone whose throat is closing from a peanut allergy an EpiPen because it might encourage them to keep eating peanuts? Dr. Leana Wen, Baltimore City Health Commissioner, posed these rhetorical questions at last year’s CityLab Baltimore, underscoring her efforts to decrease the stigma around opioid addiction. Dr. Wen reminded the government and nonprofit leaders in attendance that addiction is a disease that can kill, but there are evidence-based treatments that work, and she is focused on the importance of saving lives in part by getting the life saving antidote naloxone into the hands of every resident.

According to the Centers for Disease Control, the increase in opioid-involved deaths is an epidemic. In Baltimore, 523 people died from opioid-related intoxication deaths in the first three quarters of 2017 -- the most recent period for which data is available -- compared with 443 during the same time period in 2016. As shown in the chart below, opioid related deaths in Baltimore City comprise 90 percent of total drug and alcohol intoxication deaths.

Leana S. Wen, M.D., MSc., FAAEM
Health Commissioner, Baltimore City
This case study examines the practices that made Baltimore’s implementation of its naloxone access and training policy a success, and provides recommendations for cities that are working to address the opioid epidemic on their own. The final section includes resources for cities, as well as information on addiction counseling and treatment for residents.
Advocate for and implement state & local policy change

In October 2015, Baltimore City became the first jurisdiction in Maryland to issue a standing order for naloxone. Dr. Wen’s decision to write a blanket prescription expanding naloxone access to all of Baltimore City’s more than 600,000 residents is part of her three-pronged plan to prevent overdose. The City and its partners provide training along with the naloxone kits, to help the public recognize and take action if they witness an opioid overdose.

Baltimore has been distributing naloxone and providing education through the Baltimore City Health Department (BCHD) Needle Exchange Program since 2003, teaching injection drug users, drug treatment clients and providers, inmates, and correctional officers about how to prevent drug overdoses. Until 2015, BCHD could distribute naloxone only if a physician was present to write individual prescriptions. Driven by this administrative burden and the dramatic increase in heroin and fentanyl-related deaths, Baltimore City advocated for change at the state level.

In 2015, the Public Health – Overdose Response Program (ORP) bill expanded access to naloxone by allowing jurisdictions to issue standing orders. The Department of Health and Mental Hygiene (DHMH) issued a statewide standing order for Maryland, eliminating the need for individual prescriptions. Now, any community organization, public safety agencies, or healthcare provider that presented a certificate showing they had been trained by a state approved entity could receive a naloxone dose.

In 2017, the State Heroin and Opioid Prevention Effort eliminated the training requirement. Most community providers and city agencies that distribute naloxone still provide training, but the state policy change eliminated administrative burdens.

Increasing access to this life-saving drug has been seen by some as enabling addiction, but that stigma is disappearing. A number of organizations that represent public health interests and cities have supported community-based overdose education and naloxone distribution programs through expanding naloxone access laws. Today, 50 states and the District of Columbia have naloxone access laws; nearly half adopted their policies in 2016, likely as a response to the growing epidemic. The District of Columbia, Hamilton County, OH (which includes Cincinnati), and the City of Boston have all expanded naloxone access.

And it’s working; a February 2017 study published in the National Bureau of Economic Research that reviewed cause-of-death mortality files from 1999-2014 concluded that the “adoption of naloxone access laws is associated with a 9 to 11 percent reduction in opioid-related deaths.” After two years, adoption of Naloxone access laws “is associated with a 21 percent reduction in opioid-related deaths.”
Targeted outreach helps use limited resources judiciously

Because drug users are often first responders to an overdose situation, targeting opioid overdose training and naloxone kits to laypersons who might witness an opioid overdose can help reduce opioid overdose mortality. Located near the City jail and close to an encampment for people experiencing homelessness, Healthcare for the Homeless Maryland (HCHMD) helps vulnerable Baltimoreans access health care and supportive services, with a focus on harm reduction. Harm reduction helps to reduce health risks and stigma for people who engage in substance abuse. Medical providers and outreach workers at HCHMD hold trainings in the lobby of their clinic, as well as during substance abuse recovery group meetings.

A little farther uptown, the Behavioral Health System Baltimore (BHSB) street outreach program, led by Miriam Alvarez, goes to “hot spots” and talks to anyone they encounter about what opioid overdose looks like. Some people are resistant to speak with the street outreach team because they say they are not affiliated with drugs or drug users, so the information does not apply to them. In those instances, Miriam and her team tells stories like the one about the elderly woman who accidentally doubled up on her prescription and overdosed, or the young boy who got a hold of his grandmother’s prescription, overdosed, and died.

BCHD coordinates closely with organizations like HCHMD and BHSB that already work with populations at risk of overdose, in part by conducting the hotspot analysis. Every day, EMS sends reports of non-fatal overdoses, which BHCD analyzes to identify overdose spikes. BHCD then sends rapid response teams, coordinates with street outreach teams like the one led by Alvarez, and informs mental health and substance use disorder treatment providers.

Authorizing community providers to distribute naloxone and provide training allows the Baltimore City Health Department (BHCD) to expand naloxone training and distribution beyond participants of its needle exchange program. Nationally, the number of organizations that distribute naloxone kits to laypersons and local sites that provide naloxone increased from 2010 to 2013. Overdose education and naloxone distribution (OEND) programs have shown a reduction in fatal overdoses, by training and equipping potential witnesses to respond to overdose. In these cities, coordination among the City Health Department and community providers is key.
Dr. Wen has publicly called for President Trump to declare a State of Emergency over the opioid epidemic. Wen’s leadership and messaging that addiction is a disease that requires treatment has sent the signal that this is a critical issue, and her messaging has caused a networking effect in which people are discussing opioid overdose with friends and neighbors. Reinforcing key messages allows the City to galvanize community partners behind the same goal.

When Dr. Wen compares addiction to a peanut allergy, she is reinforcing that opioid addiction is a disease in order to invoke compassion and to remind people that there is no evidence showing that increasing naloxone access encourages drug use. Dr. Wen’s public presence raising awareness of the severity of the overdose crisis and working to destigmatize it has been a major asset. In Baltimore City, dontdie.org is a multi-media campaign to reduce stigma and promote treatment for people addicted to opioids, as well as informing the public of what an overdose looks like and how they can prevent overdose deaths.

Programs that serve the community directly help to spread the message of the public health campaign. In Baltimore, the Enoch Pratt Free Library system shares signage and information as part of the City’s public health messaging campaign, has opted in to provide access to digital resources on opioid addiction, and is considering whether to offer naloxone training for staff like some libraries are doing elsewhere in the state. The Baltimore Department of Recreation and Parks (BCRP) have trained about 150 recreation center staff to administer naloxone. Further, as a result of the 2017 “Start Talking Maryland Act,” all Baltimore City public schools have naloxone on their campuses. Recently, the Health Department trained University of Maryland, Baltimore police in using naloxone.

Collaboration among prescribers, health providers and the community can also provide coordination among substance use disorder treatment centers to ensure there is no duplication of services and resources, and this coordination can lead to conversations about improving the treatment system. BHCD has convened community leaders and leaders from the treatment system to discuss improving treatment services, and listen to and address concerns that communities may have about treatment centers located in their neighborhoods.
Provide a pathway to addiction treatment

Expanding access to treatment is a key part of Baltimore’s approach to responding to opioids. The Health Department has also worked with city agencies and community service providers including hospital emergency departments to develop a treatment-centered framework that will increase access to medication-assisted opioid treatment. This group discusses options for mobile treatment, and a pilot to provide methadone through pharmacies. BHCD also convenes and visits pharmacies, hospitals, medical schools, physicians, and other providers to share recommendations and best practices from CDC and other sources.

According to Mark O'Brien with the Addiction Policy Forum, naloxone distribution and training, as well as education, should all be pathways to addiction treatment, and these interventions need to happen quickly. And because of the nature of the disease of addiction, the brains of people experiencing addiction are telling them to avoid treatment. He added that by asking people to go to treatment, we are really asking them to feel worse - with opioids, pain is part of the process of getting healthy. “When doing harm reduction initiatives, if you are not connecting people to treatment, you’re not thinking it through. Harm reduction should be a point along a continuum of healthcare for people with addiction.”
Measure effectiveness

Measuring the effectiveness of naloxone distribution and training, while difficult, is an important piece of the puzzle. Overdose reversals are an indication that naloxone distribution is working, and to date, 1,300 people have said they have reversed an overdose. However, this data is self-reported, and may be flawed in other ways - for instance, there is no way of knowing whether 911 would have been called and the person would have survived. But the City is operating under the hypothesis, which is supported by research, that increasing the odds that someone on the scene of an overdose will be equipped to reverse the overdose will reduce the number of opioid deaths and help more people access treatment.

Identifying a blend of outcome and output measures is helpful to track progress as well as effectiveness of the initiative. Monthly, the health department collects data on output measures such as the number of people trained and the number of kits distributed. The Health Department also reports on performance measures annually in the City budget. In its FY 2018 budget, the City collected performance measures on:

- # of clients receiving mental health services through the public behavioral health system (PBHS)
- # clients receiving substance use disorder services
- # of calls to the Crisis, Information, and Referral Line
- % of clients retained in outpatient substance use disorder treatment for at least 90 days
- Rate of alcohol and drug related Emergency Room visits in Baltimore City (per 100,000 people)

Including these measures in the budget clarifies that the intended outcome of the City’s investment in substance abuse is treatment.
Conclusion

The adoption of naloxone access laws by all 50 states, and the national increase in organizations that provide naloxone to laypersons, reveal that governments and community partners are taking action to address the opioid epidemic. Dr. Wen’s recommendations for effective implementation are summarized below:

- **Assess your resources.** Even in cities that do not have health departments, it’s critical that staff in the Mayor or City Manager’s office are aware of the work that is happening in their City. Mayors in cities like Philadelphia have convened a task force to coordinate people working in public health and law, as well as community members, to develop recommendations for individual and collective action.

- **Convene.** A critical role that local governments can play is to channel partnerships and coordinate efforts. The City of Boston has developed a plan to nurture relationships with service providers, advocacy groups, and community groups, led by Mayor Walsh. The goal is to develop a comprehensive, coordinated response to the opioid epidemic based on partnerships between public safety, the business community, juvenile justice, etc.

- **Target hotspots.** Other cities can replicate the hotspot analysis by using data to identify areas where overdose spikes occur. This may require data sharing agreements.

- **Accountability.** Finally, city government should take responsibility for developing clear roles and responsibilities, measures of success, and regular check ins to keep participants on track.
Addiction treatment resources

24 Hour Mental Health & Substance Use Disorder Help Line - Information & Referral Line: 410-433 5175

Find a training

Map of substance abuse treatment providers in Baltimore City

Implementation resources

Model Naloxone Access Act, National Alliance for Model State Drug Laws, August 2016

Opioid Overdose Toolkit, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services, January 2014

Baltimore City standing order

Baltimore City pharmacy standing order procedures for naloxone distribution

CNPC naloxone access guide for pharmacists

Maryland naloxone resources

National League of Cities and National Association of Counties recommendations

U.S. Conference of Mayors toolkit

A number of organizations that represent public health interests and cities have supported community-based overdose education and naloxone distribution programs through expanding naloxone access laws, including:

- U.S. Conference of Mayors
- American Medical Association
- American Public Health Association
- National Association of Drug Diversion Investigators
- US Department of Health & Human Services (HHS)
- Safe States Alliance
- American Society of Addiction Medicine
Appendix A

Timeline of policy change in MD and Baltimore

- October 2013: DHMH establishes Maryland Overdose Response Program (ORP)
- January 2015, Dr. Wen declared opioid overdose a public health emergency, with access to naloxone as a key component of her three-pronged plan to prevent overdose
- 2015 Legislative Session: Maryland Law SB 516: Public Health – Overdose Response Program expands access to naloxone, requires ORP training and certification
- October 2015: As a result of the legislation, Baltimore City became the first jurisdiction in Maryland to expand access to naloxone using a standing order
- December 2016: Congress passed the 21st Century Cures Act, which authorized $1 billion over two years to address the opioid epidemic
- March 2017: Governor Hogan declared a State of Emergency in response to the heroin and opioid crisis
- June 1, 2017: Heroin and Opioid Prevention Effort or HOPE Act (SB967/HB1329) went into effect, removing the previously-required training to receive a naloxone prescription.
- July 1, 2017: Heroin and Opioid Education and Community Action Act of 2017 (Start Talking Maryland Act) went into effect, requiring public schools and institutions of higher learning to offer drug education and stock naloxone