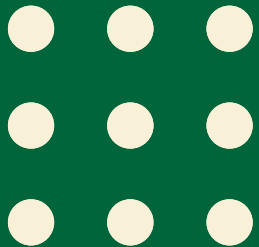




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**Strategies to Address the Opioid  
Overdose Epidemic Webinar Series**

# **Community Naloxone Distribution**

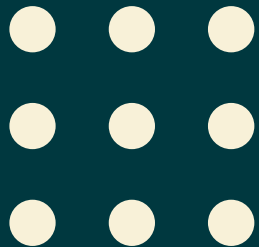
February 26, 2024



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# Welcome and Introduction

Nidhi Sachdeva, NCACC





# Agenda

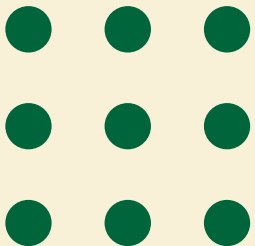
- Welcome and Introductions
- Current Trends and State Initiatives
- Naloxone Access
- Community Partners and Local Strategies



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# Remediation Strategies

In line with the National Settlement Agreement, funds “may support **programs or services...that serve persons with Opioid Use Disorder (OUD)** or any cooccurring Substance Use Disorder (SUD) or mental health condition.”





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# NC MOA: High Impact Abatement Strategies (Option A)

1. Collaborative strategic planning

2. Evidence-based addiction treatment

3. Recovery support

4. Housing

5. Employment

6. Early intervention

7. Naloxone distribution

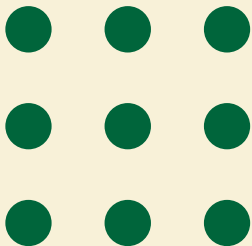
8. Post-overdose response

9. Syringe service programs (SSPs)

10. Legal system diversion

11. Addiction treatment for incarcerated persons

12. Reentry programs

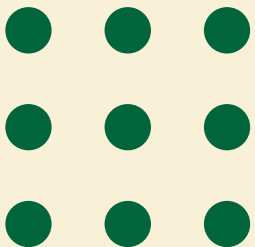




# Naloxone distribution

## A.7.

- **Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks**, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs.
- Programs or organizations involved in community distribution of naloxone may, **in addition**, provide naloxone to first responders.





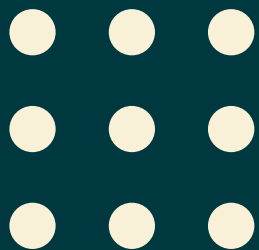
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# Current Trends and State Initiatives

Tyler Yates and Amanda Isac

Injury and Violence Prevention Branch

NC DHHS Division of Public Health

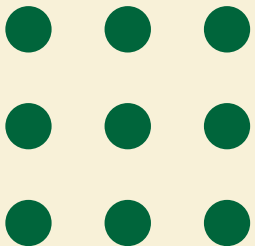
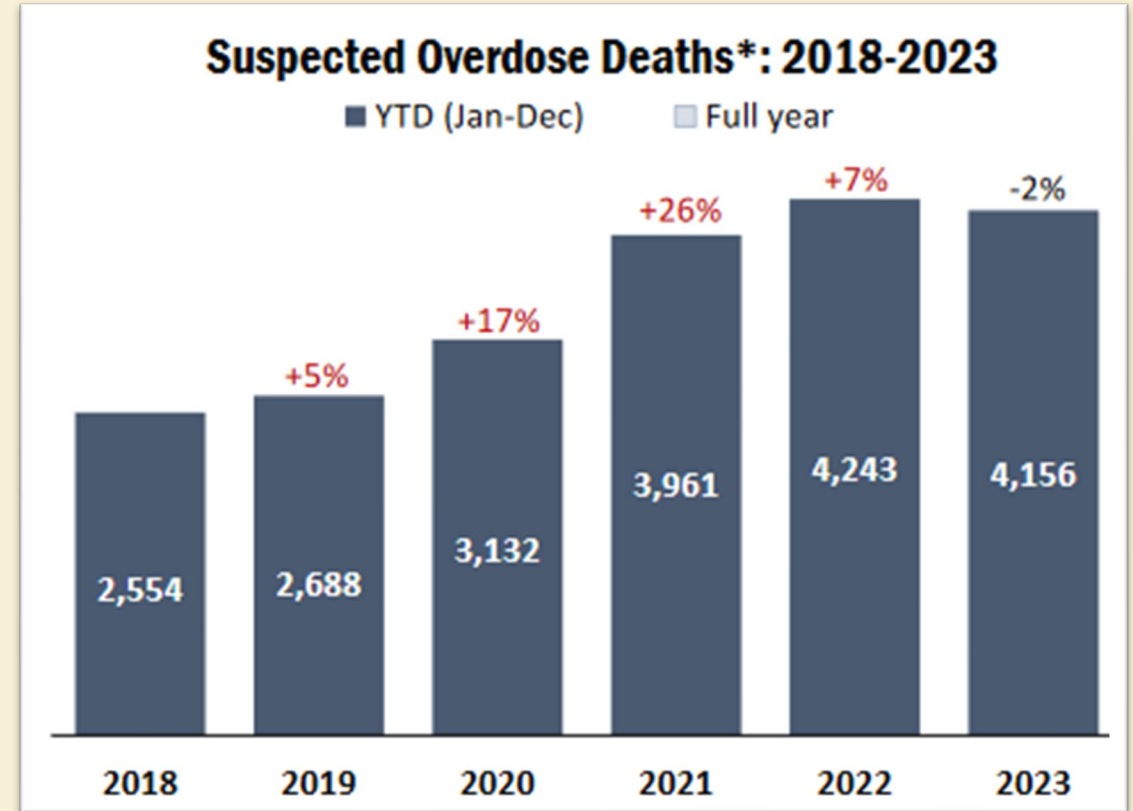




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# Current Trends

- 72% increase in overdose fatalities from 2019 to 2023
- 16,932 total med/drug overdose ED visits in 2023
- Majority of these were for opioids
- Nearly 80 percent of all overdose deaths involved illicitly manufactured Fentanyl in 2021

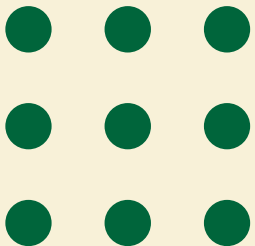
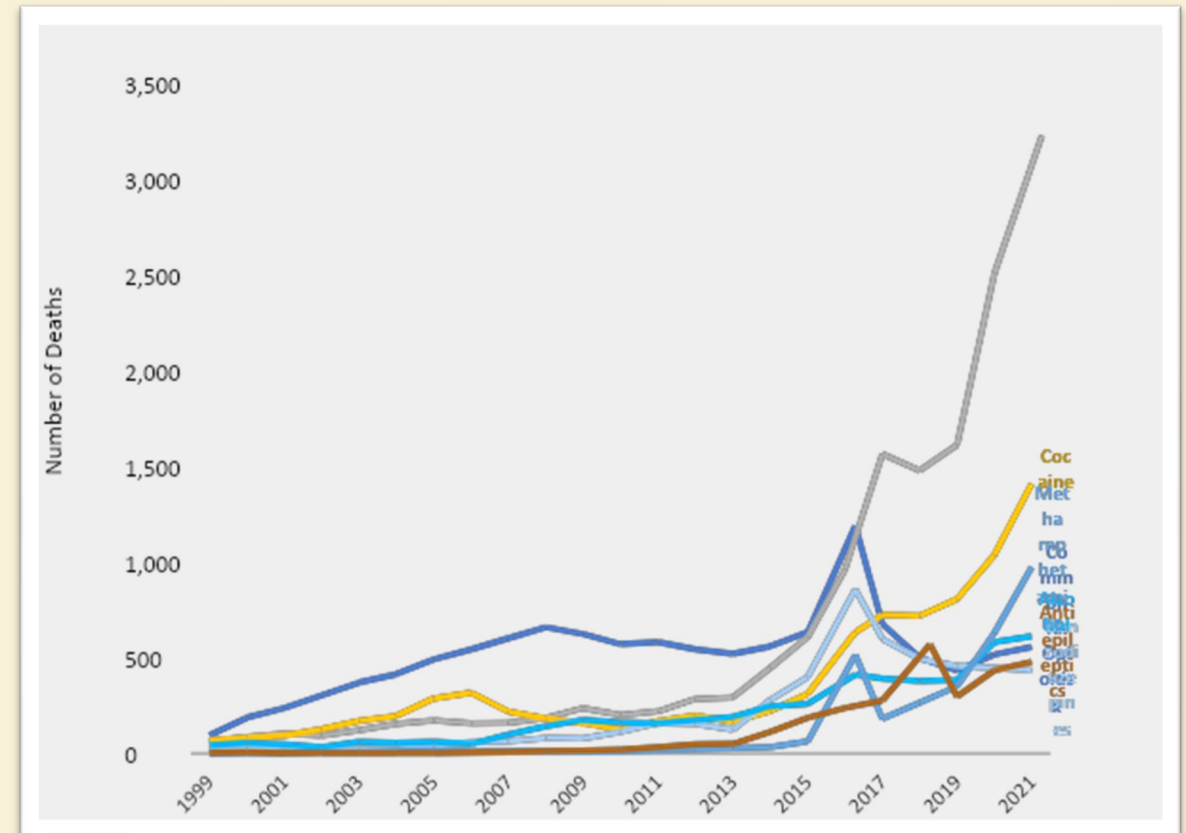






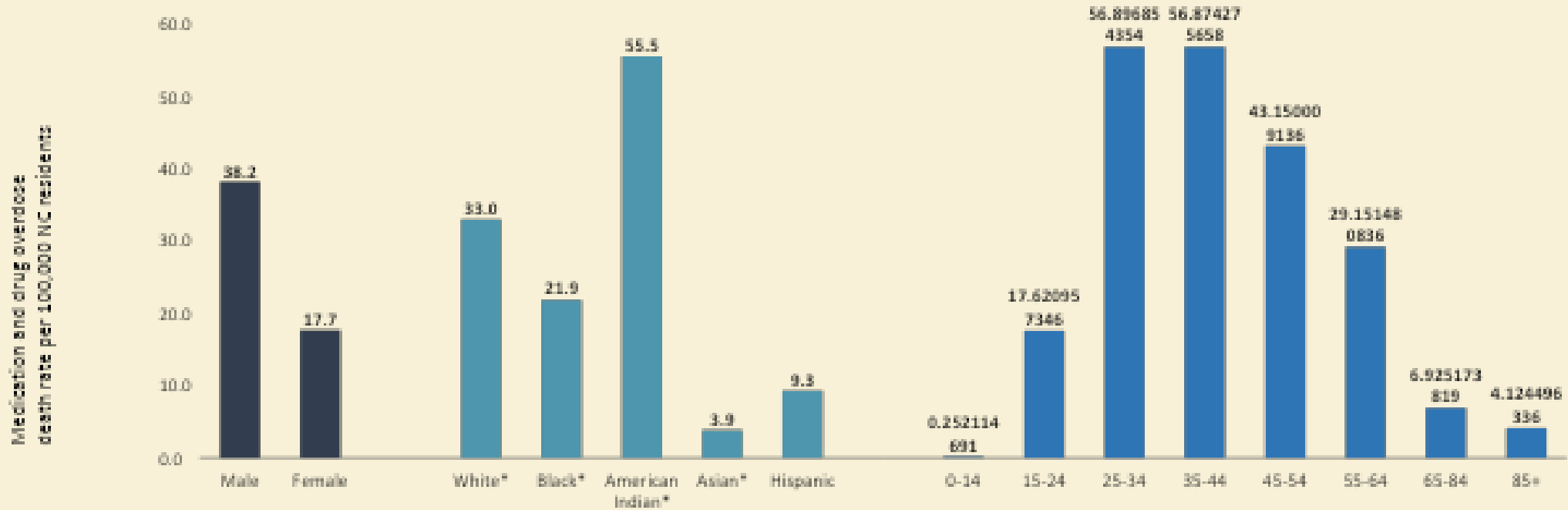
# Poly-substance use

- Increasing numbers of poly-substance positive deaths (multiple drugs)
- Fentanyl was involved in 78% of fatal cocaine overdose deaths in 2021
- Fentanyl was involved in 75% of fatal Methamphetamine overdose deaths in 2021
- Increased prevalence of xylazine nationwide and in NC





# Overdose death rates highest among males, American Indians\* and NH whites\*, and those 25-54 years old, 2017-2021



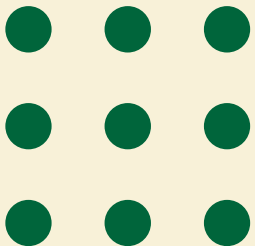
Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85  
 Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2016-2020; Population-NCHS, 2012-2020 (2020 used as 2021 proxy)  
 Analysis by Injury Epidemiology and Surveillance Unit



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# Community Distribution of Naloxone in NC

- Provision added in 2017 to NC G.S. 90-12.7
- Allows for distribution of naloxone by 'organizations that promote scientifically proven ways of mitigating health risks associated with substance use disorder'
  - Distribution standing order required unless distributing an over-the-counter naloxone product
- Law provides immunity for organization and its agents

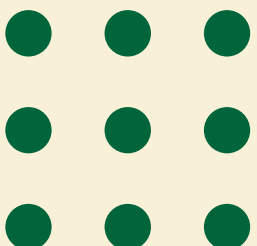
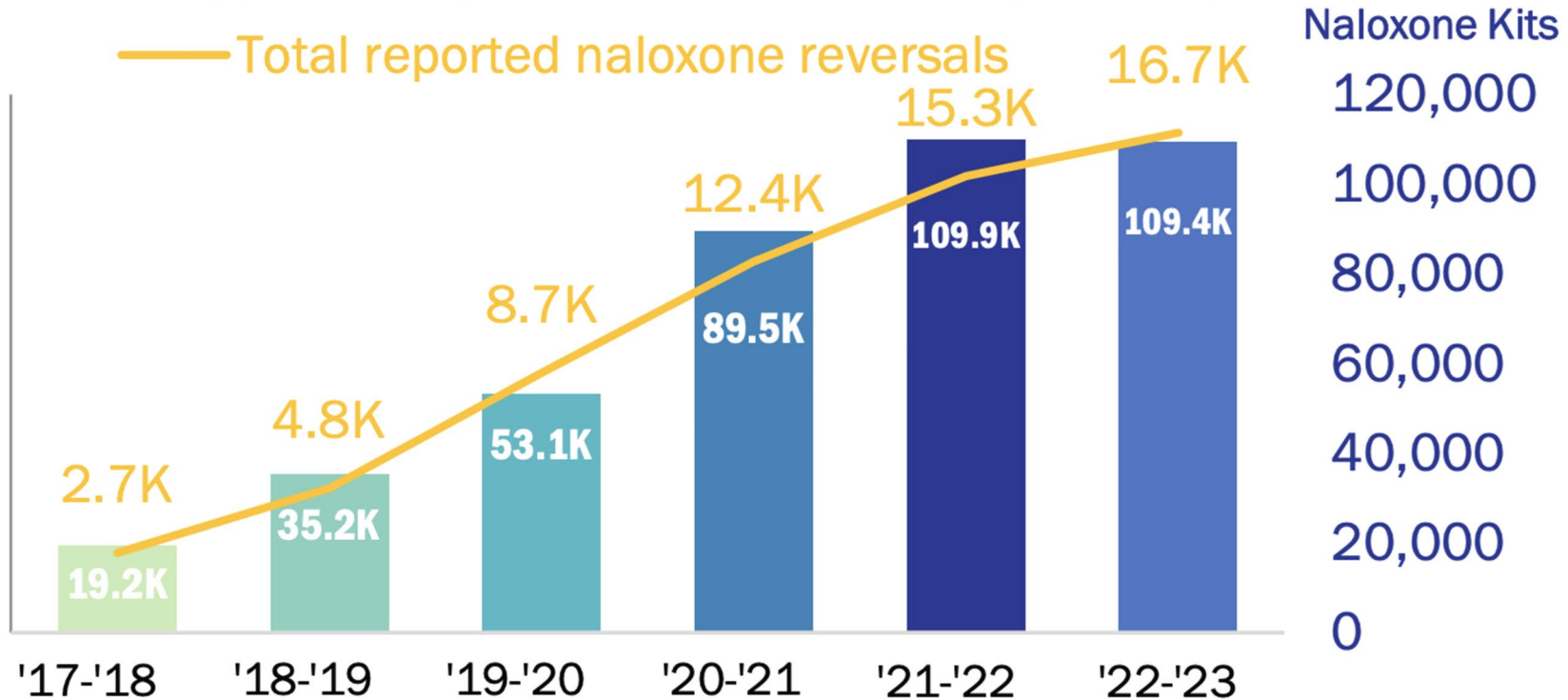




# Community Distribution Increasing in NC

SSPs distributed **109,351** naloxone kits in the 2022-2023 reporting year.

This is approximately the same amount as the previous year.

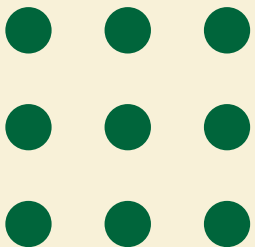




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# NC DHHS Support of Naloxone

- Naloxone distribution is a key priority of the NC Opioid and Substance Use Action Plan
- Since 2020, NC DHHS has provided nearly 800,000 doses of naloxone to agencies
- Funding primarily from SAMHSA's State Opioid Response (SOR) grant
- **Demand far exceeds available resources**

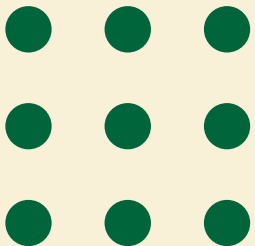




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# NC Naloxone Distribution & Saturation Plan

- Required component of SOR grant funding received by NC DHHS
- Priority populations
  - Individuals currently using drugs and their family members/friends
  - Individuals with a history of substance use disorder
  - Pregnant individuals either in active use or those with a history of use
  - Individuals leaving a correctional facility
  - Agencies serving historically marginalized populations, with a focus on tribal communities
  - Agencies located in counties with higher than average overdose fatality rates

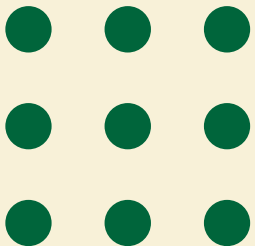




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# Maximizing Resources

- Additional resources for low-cost naloxone is critical to further expanding access across the state
- Work with your local harm reduction organization(s) to prioritize getting naloxone into the hands of those most likely to experience or witness an overdose – this is where the evidence is! *Early Intervention = Positive Outcomes*



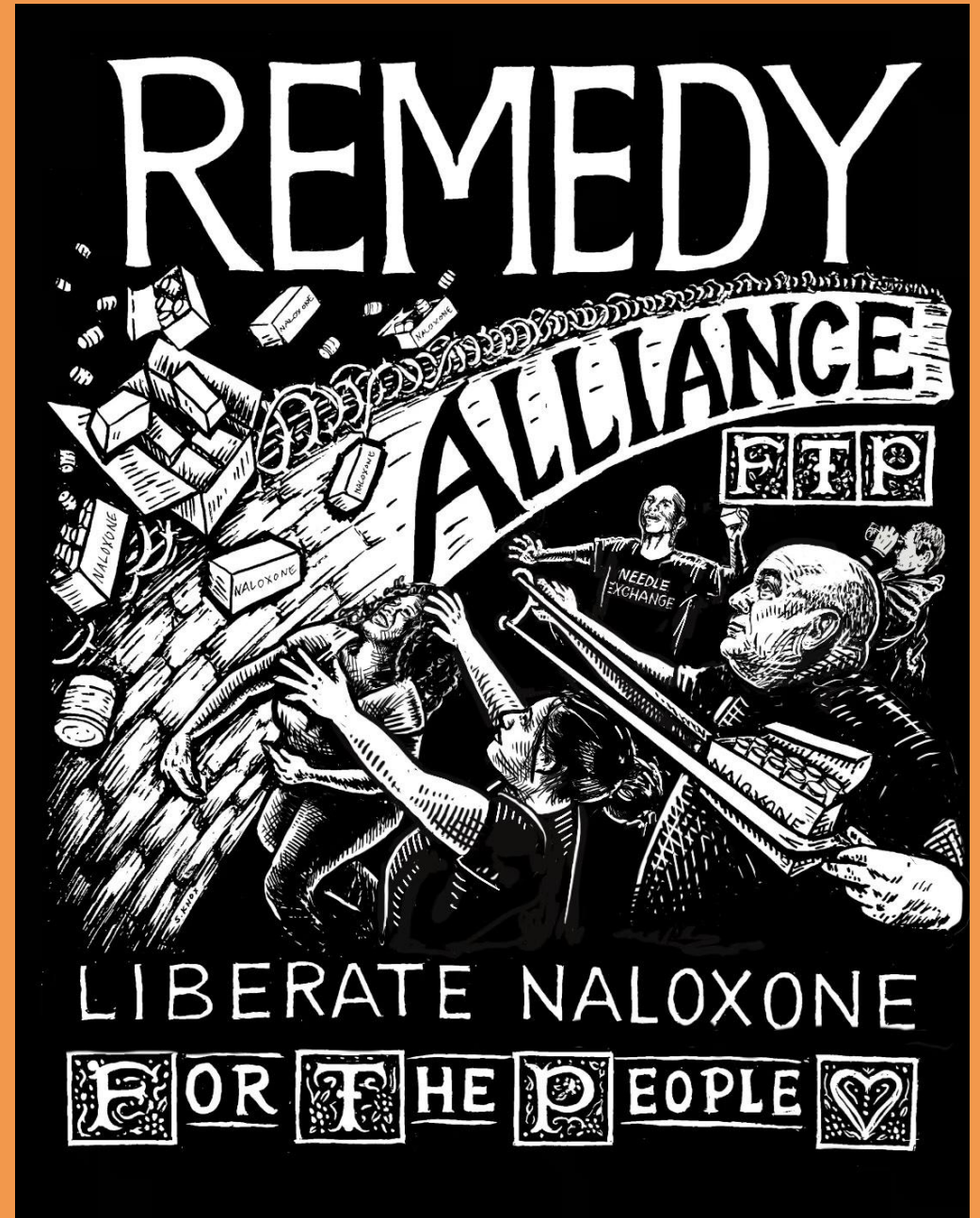
# *Remedy Alliance*

A solution for naloxone saturation  
budget busting

**Remedy Alliance // For The People**

RemedyAllianceFTP.org

Eliza Wheeler, Maya Doe-Simkins





We ensure harm reduction programs have *sustainable* & *equitable* access to low-cost naloxone for distribution in their communities.

*remedy (n, v)*

*a medicine*

*a correction*

*a redress for a wrong*

# Goals for this presentation:

- Learn how to access low cost intramuscular (IM) and intranasal (IN) naloxone via Remedy Alliance
- Brainstorm barriers to adding new vendors
- Hear practical experiences of institutional partners
- Articulate value-added of working with harm reduction-led suppliers



# Values

- We highly value supply-chain transparency and part of Remedy's mission is to look critically at how resources (money & naloxone) flow from pharma manufacturers & distributors to the end recipient.
- We believe harm reduction programs should have more autonomy and control over where their supplies come from, who buys them, and from which companies.
- Not all naloxone manufacturers, wholesalers and purchasers act with the best interest of harm reduction programs in mind, and some have been extractive of our communities, and constrict our ability to meet the true need.
- We are agnostic about route of administration (injectable versus nasal).
- We are *not agnostic* about overdose profiteering, misallocation of resources and systemic marginalization of harm reduction programs and the people they serve.



# Who are we?

- Naloxone access since 2003 (MA)
  - First “adapted” nasal
  - First statewide standing order
  - First municipal police & fire dept
  - First (and next few) MMWRs
  - First effectiveness study
  - First naloxone saturation quantification study
- San Francisco in 2009 (EW), Chicago in 2008 (MDS)
- OSNN nlx buyers club 2012
- Predate funding, laws



# About Remedy Alliance / For The People

- Formerly OSNN naloxone buyers club- all vol, est in 2012
- Incorporated as RAFTP in 2021, launched Aug 2022
- Cheap generic injectable naloxone; nasal Jan 2024
- Currently ~380 orgs in 44 states
- 2,536,416 doses Aug 2022-Feb 2024
- Non-profit
- Also provide drug checking TA
- Sales: 2022- \$1.7MM, 2023-\$6MM

# First 19 months:

Aug 2022 to February 2024

Year one goal:  
Transitioning from  
a scarcity  
mentality to an  
expectation of  
abundance

## ALL injectable naloxone

392,169 doses (FREE to un-funded programs)

1,435,322 doses (At-cost to funded non-profits)

500,007 doses (Below-market to govt/inst purchasers)

90,304 Assembled 2-dose kits (x2=180,608 doses)

1,810 Assembled 3-dose kits (x3=5,430 doses)

Total injectable: 2,513,536\*

## RiVive 3mg nasal spray (January-February 2024)

11,440 units (x2=22,880 doses)

Total naloxone doses to harm reduction programs in 19 months:  
2,536,416 (injectable and nasal)

\*Total cost of ~2.5M injectable doses to *funded programs* was ~\$5.9M. The cost for this quantity of *nasal/nlx* @ current avg of \$41.00 is \$51.5M, at previous cost of \$75 (public interest price 2015-2022) would have been \$94.2M

**First 19  
months:  
North  
Carolina  
Aug 2022 to  
February 2024**

Remedy Alliance  
sends our *second  
highest* volume of  
naloxone to North  
Carolina harm  
reduction programs  
(after Minnesota!)

**Below Market naloxone**

- 45 orders
- 78,800 doses

**At-cost naloxone**

- 57 orders
- 161,044 doses

**Free naloxone**

- 40 orders
- 32,931 doses

**RiVive® 3mg Nasal Naloxone Spray (January-February 2024)**

- 11 orders
- 1,685 2-dose boxes
  
- **49** programs in NC
  - **30** Actively ordering
  - **19** Have never ordered
  - **2** Have applied, been approved but have not activated account
  - **12** County programs with accounts

# What does Remedy Alliance offer?





# What does Remedy Alliance offer?

|   |            |
|---|------------|
| Cheap generic injectable naloxone         | \$3.75     |
| Assembled 2-dose injectable naloxone kits | \$19.05    |
| RiVive™ 3mg nasal naloxone spray          | \$36       |
| Julie™ emergency contraceptive            | \$0        |
| Drug checking implementation assistance   | \$200/hour |
| Advice & technical assistance             | \$0        |
| Weekly virtual drop-in                    | \$0        |

## Why 3mg nasal?

- We've been asking for this for years!!!
- Fent-phobia has been capitalized upon, without corresponding evidence for need
- Harm Reduction Therapeutics is a nonprofit
- Harm Reduction program participants want it

**Who does  
Remedy  
Alliance  
work with?**

# **Organizations apply to purchase from RA**

- **Direct to community for free**
- **No reselling/billing insurance**
- **Low threshold provision**
- **Majority to PWUD**
- **Nonprofit\***
- **Cannot supply police, fire, EMS, hospitals, pharmacies\***
  - **Can provide access to EMS leave-behind programs or initiatives where PWUD are the *recipients* of naloxone**

**Why does  
Remedy  
Alliance  
require an  
application?**

- **Evidence base**
- **Course correcting**



# OEND: Evidence-based

- “OEND is an evidence-based intervention to prevent fatal opioid-involved overdose.”
- The evidence is based on a model with key characteristics:
  - How much
  - By whom
  - To whom
- Innovation & adjustments **ONLY** after EBM satisfied

Walley A Y, Xuan Z, Hackman H H, Quinn E, Doe-Simkins M, Sorensen-Alawad A et al. **Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis** BMJ 2013.



## Saturation: How do we know?!?

- Differentiate between community naloxone (distro through SSPs) vs naloxone acquired by police, schools, etc
- Use multiple metrics, e.g. community doses of naloxone per capita (Walley), doses per fatal overdose event (Bird), volume (Irvine)
- Metrics are a starting point, not the end point. Use to compare locations
- Focus as locally as possible (huge variation between cities or neighborhoods, urban vs rural, etc)



## Identifying an abundance mindset:

- Do you have enough naloxone to give every person as much as they ask for every time they ask for it?
- How often do you give participants 10+ kits at a time?
- How do you encourage secondary distribution?
- How to do identify & eliminate barriers (like lengthy training/forms/etc)?
- Do you use an opt-out approach?
- Do you “negotiate up”?

## Program characteristics

- Initial/screening
  - Program target population/access to PWUD
  - Dexterity with naloxone products
  - **Meaningful** role for peers
  - Encourage/discourage secondary distribution
- Ongoing information
  - Other types of services (syringes, snorting & smoking, drug checking)
  - Volume of naloxone
  - Hours of availability
  - Frequency & volume of expired



# Saturation mixture: IM and Nasal

# Moving towards saturation with naloxone mix

|   | Remedy Alliance   |         |         |        |                      |                           |                            |   |  | EmBi, Teva,<br>Sandoz, Padagis,<br>Other IN nlx spray |
|---|-------------------|---------|---------|--------|----------------------|---------------------------|----------------------------|---|--|---|
|   | Assembled IM kits | RiVive  |         |        |                      |                           |                            |   |  |   |
| Product (2 doses)   | \$19.05           | \$36    |         |        |                      |                           |                            |   |  | \$41  |
| Tax (local+state)   | 0%                | 6.50%   |         |        |                      |                           |                            |   |  | 6.50%   |
| Total   | \$19.05           | \$38.34 |         |        |                      |                           |                            |   |  | \$43.67   |
| Budget  | Allocation        |         | IM Kits | RiVive | Approx.<br>IM:RiVive | IM + RiVive<br>Total Kits | Other IN nlx<br>Total Kits | % More Kits than other IN<br>(IM+RiVive vs. Other IN nlx) |  |   |
| \$100,000   | 100%              | 0%      | 5,249   | -      | 1 : 0                | 5,249                     | 2,290                      | 129%  |  |   |
|   | 90%               | 10%     | 4,724   | 261    | 18 : 1               | 4,985                     | 2,290                      | 118%  |  |   |
|   | 80%               | 20%     | 4,199   | 522    | 8 : 1                | 4,721                     | 2,290                      | 106%  |  |   |
|   | 70%               | 30%     | 3,675   | 782    | 5 : 1                | 4,457                     | 2,290                      | 95%   |  |   |
|   | 60%               | 40%     | 3,150   | 1,043  | 3 : 1                | 4,193                     | 2,290                      | 83%   |  |   |
|   | 50%               | 50%     | 2,625   | 1,304  | 2 : 1                | 3,929                     | 2,290                      | 72%   |  |   |
|   | 40%               | 60%     | 2,100   | 1,565  | 1.3 : 1              | 3,665                     | 2,290                      | 60%   |  |   |
|   | 30%               | 70%     | 1,575   | 1,826  | 1 : 1.2              | 3,401                     | 2,290                      | 48%   |  |   |
|   | 20%               | 80%     | 1,050   | 2,087  | 1 : 2                | 3,136                     | 2,290                      | 37%   |  |   |
|   | 10%               | 90%     | 525     | 2,347  | 1 : 4.5              | 2,872                     | 2,290                      | 25%   |  |   |
|   | 0%                | 100%    | -       | 2,608  | 0 : 1                | 2,608                     | 2,290                      | 14%   |  |   |
| <p>\$100,000 will purchase 2,290 two-dose Narcan Nasal Spray kits (other manufacturers/pharma distro price similar)</p> <p>\$100,000 will purchase 2,608 two-dose RiVive Nasal Spray kits</p> <p>\$100,000 will purchase 5,249 two-dose IM assembled kits</p> |                   |         |         |        |                      |                           |                            |   |  |   |



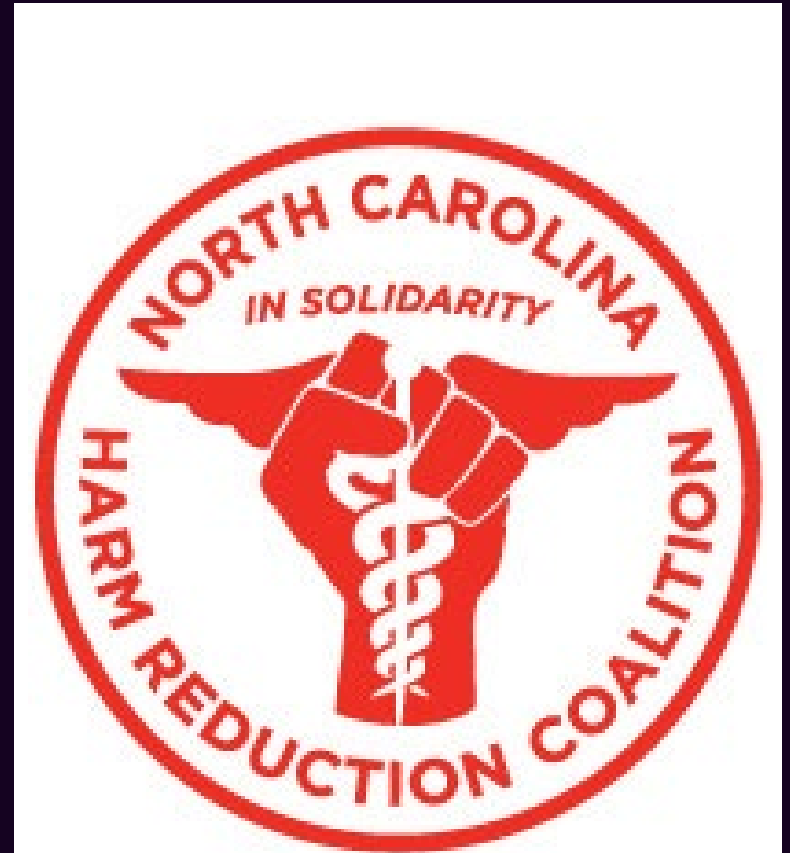
# Questions or thoughts?

[eliza@remedyallianceftp.org](mailto:eliza@remedyallianceftp.org)  
[maya@remedyallianceftp.org](mailto:maya@remedyallianceftp.org)

**Remedy Alliance // For The People**  
**RemedyAllianceFTP.org**

# NORTH CAROLINA HARM REDUCTION COALITION

- The North Carolina Harm Reduction Coalition (NCHRC) is a statewide grassroots organization dedicated to the implementation of harm reduction interventions, public health strategies, drug policy transformation and justice reform in North Carolina.
- NCHRC has distributed over 224,000 naloxone kits
- How do we distribute naloxone?
  - Community distribution through volunteers & peer networks
  - Harm Reduction outreach programs
    - NCHRC operates 8 SSPs, serving residents of 20 counties and the Lumbee Nation
    - Several partner SSPs also distribute under our OPP (Community Hope Alliance, Tsalagi Public Health, etc.)
  - Statewide mail-based distribution/partnership with NEXT Distro
  - Jail-based distribution in several counties (Catawba, Durham)



# EXAMPLE: ROBESON COUNTY

- Robeson county partnered with NCHRC using opioid settlement funds to support community-based harm reduction outreach, including naloxone distribution
- Benefits of using harm reduction partners to distribute naloxone:
  - Naloxone gets directly to the people who need it most. We prioritize those who are more likely to experience or witness an opioid OD and who are less likely to be able to access naloxone via traditional means (rx, health depts)
  - Reduces the distribution burden on counties- we are already conducting outreach directly to people, and so already have pre-established outreach routes, sites and hours
  - Outreach workers have built trusting relationships with the people they serve, which means that they can more easily engage people and provide training and education.
  - We can integrate the naloxone with other overdose prevention tools, like fentanyl and xylazine test strips, to multiply the benefits of overdose prevention
- Robeson county is a physically large county, where many people lack transportation access. We are able to distribute naloxone directly to people who most need it because we have built trusting relationships, through pre-established distribution routes, and with community partners.

# STATEWIDE MAIL-BASED NALOXONE DISTRIBUTION

Via a partnership with NEXT Distro, NCHRC offers online overdose prevention training and mail-based naloxone distribution statewide to anyone who qualifies

During 2023, we mailed **1,448 naloxone kits to 645 people** statewide

- We mailed naloxone to people living in **85 of NC's 100 counties**
- Of those 85 counties:
  - **55 are rural**
  - **30 have no Syringe Services Programs**, not even outreach from a program in a neighboring county

*To qualify a person must simply indicate that they are actively using, in recovery, living in the same household with someone actively using, and/or coming home from prison or jail*





**Established in 2015**

**Coalition of agencies, community organizations, physical and behavioral health providers, and community members**

**• Focus Areas**

- Prevention
- Harm Reduction
- Treatment
- Recovery

**For more information**

Wendy Growcock

[wgrowcock@stanlycountync.gov](mailto:wgrowcock@stanlycountync.gov)

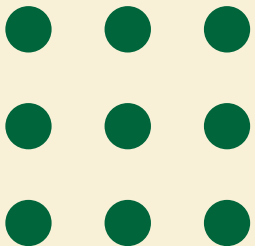




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# Technical Assistance Available

Please contact [naloxonesaves@gmail.com](mailto:naloxonesaves@gmail.com) or [OpioidSettlement@ncacc.org](mailto:OpioidSettlement@ncacc.org) if you have any questions related to implementing a naloxone program, ordering naloxone, or need connections to local programs in NC.





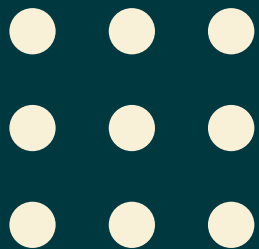


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# Resources

## CORE-NC: [ncopioidsettlement.org](https://ncopioidsettlement.org)

- **NC MOA Resource Center, \*FAQs\***
  - [morepowerfulinc.org/opioid-settlements/nc-memorandum-of-agreement](https://morepowerfulinc.org/opioid-settlements/nc-memorandum-of-agreement)
- **Payment schedule**
  - [ncopioidsettlement.org/data-dashboards/payment-schedule](https://ncopioidsettlement.org/data-dashboards/payment-schedule)
- **Data by County**
  - [ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard](https://ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard)
- **Training**
  - [ncacc.org/opioidsettlement](https://ncacc.org/opioidsettlement)





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# Thank you!

Questions and curiosities, clarifications,  
comments, complaints or celebrations?

