



# OVERDOSE RESPONSE PROGRAM

## FY16 REPORT

September 1, 2016

### SUMMARY

In Fiscal Year 16 (FY16), July 2015 – June 2016, Maryland’s Overdose Response Program (ORP) reached 188% more people with critical overdose response training than the previous year. Under the direction of the Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration’s (BHA) Overdose Prevention Office, the Overdose Response Program (ORP) authorizes agencies to train and certify qualified individuals most likely to assist someone experiencing an opioid overdose to carry and administer naloxone, an opioid antagonist used to reverse an opioid overdose. For a description of the ORP, program guidance documents, a list of authorized programs, and upcoming trainings, visit the BHA website: <http://bha.dhmh.maryland.gov/NALOXONE/Pages/Home.aspx>.

FY16 was the second full year of operation for the ORP and the program experienced significant growth. BHA authorized **17** local educational training programs; **21,860** people were trained in how to respond to an opioid overdose; and **26,340** doses of naloxone were dispensed at the time of training. BHA received reports of **863** administrations of naloxone in the community.

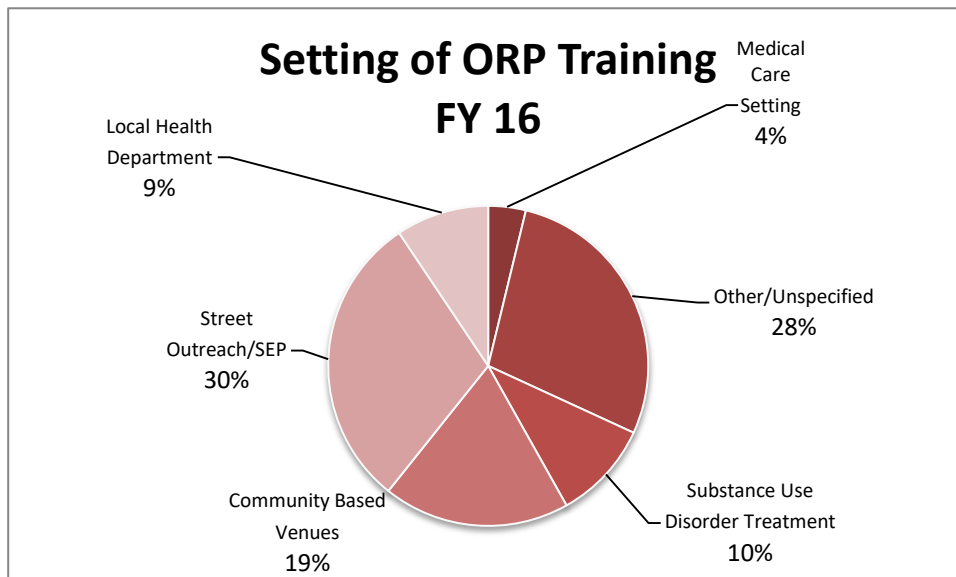
Policy and program changes led to diversification of training locations, naloxone distribution models, and populations served. During FY16, changes to the ORP law passed during Maryland’s 2015 legislative session went into effect. The impact can be seen in the diversity of local ORPs, the variety of training settings reported, and overall increase in number of people trained. A higher number of people than previous fiscal years received training because of their likelihood to respond to an overdose as a result of their social experience, reflecting efforts to reach people who use drugs or are close associates of those at risk for overdose. BHA continues to work to reduce barriers to training and increase access to naloxone.

### PROGRAM STRUCTURE

In FY16, BHA authorized 17 new ORPs bringing the total to 52. All of Maryland’s local health departments and Behavioral Health Systems Baltimore continued to provide community-based training. Public Safety includes law enforcement agencies as well as correctional settings and criminal justice workforce development agencies.

<b>Authorized Overdose Response Programs by Type</b>	
Local Health Department	25
Substance Use Disorder Treatment	7
Public Safety	9
Public or Private- Education	5
Advocacy Organization	3
Professional Education	2
Pharmacy	1
Primary Care	2

During FY16, most trainings, 30%, took place as street-based outreach or through Baltimore City’s mobile Syringe Services Program. Twenty-eight percent (28%) of trainings did not fall into an existing category, and include public libraries, volunteer fire departments, detention centers, and continued training for law enforcement personnel. Nineteen percent (19%) of training occurred in community-based venues such as community centers, homeless shelters and transitional housing settings. ORP training increased in substance use disorder treatment programs (both medication-assisted and residential programs.) Medical care settings include primary care practices, emergency departments, hospitals, and pharmacies. Training in detention centers was additionally support by funding from the Governor’s Task Force and accounted for 4% of all individuals trained in FY16.



Greater diversity of ORPs and training settings can be attributed to a number of factors, including programmatic changes such as:

**Standing Orders**

As of October 1, 2015, ORP statute, Health-General § 31-1308 Annotated Code of Maryland, allows the prescribing practitioner associated with an ORP to delegate the dispensing of naloxone to an employee or volunteer. Without the need for a prescriber to be present at the time of training to provide naloxone, trainings can now take place with greater flexibility. Thirteen (13) ORPs took advantage of this change in FY16 and established standing orders.

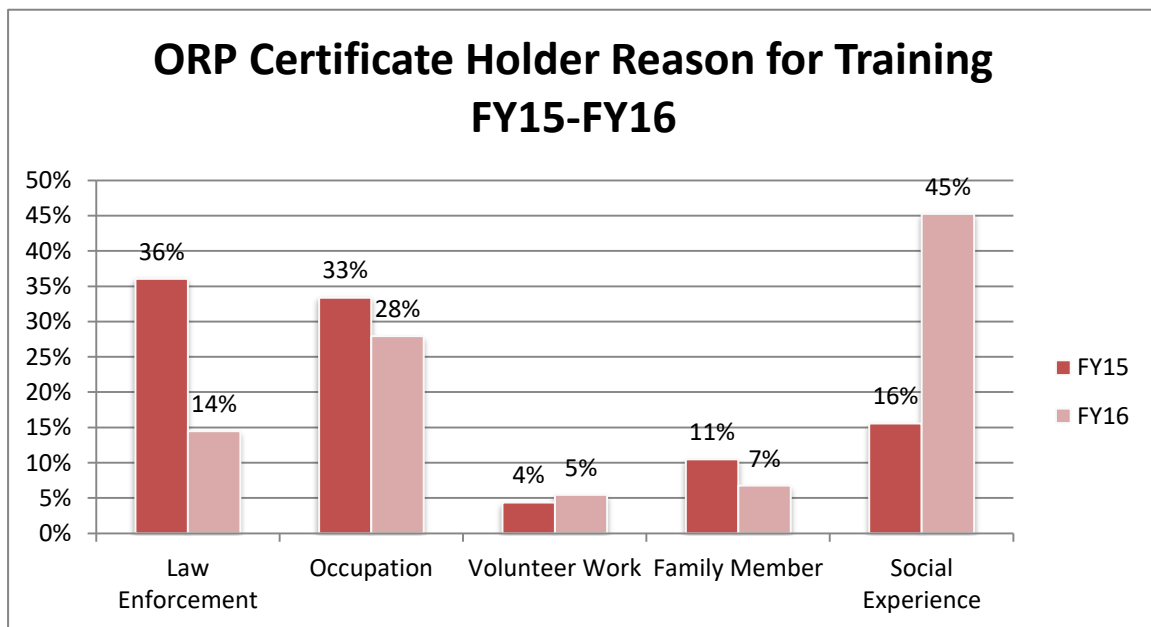
On December 14, 2015, Dr. Howard Haft, DHMH Deputy Secretary for Public Health Services, issued a statewide standing order allowing all Maryland-licensed pharmacists to dispense naloxone without a prescription to individuals trained and certified under the ORP. Certificate holders need only present their certificate at participating pharmacies to receive naloxone. During FY16, 10 ORPs relied on the statewide standing order to provide naloxone to their trainees.

**Core Curriculum**

In FY16, BHA released a shortened version of the ORP Core Curriculum. This version of the curriculum is intended to increase efficiency of training when provided to individuals with prior knowledge of opioids, overdose and naloxone. The longer curriculum is still recommended for individuals without prior knowledge. ORP entities have used the new version of the curriculum to establish street-based training models and implementation in emergency departments and substance use disorder treatment settings.

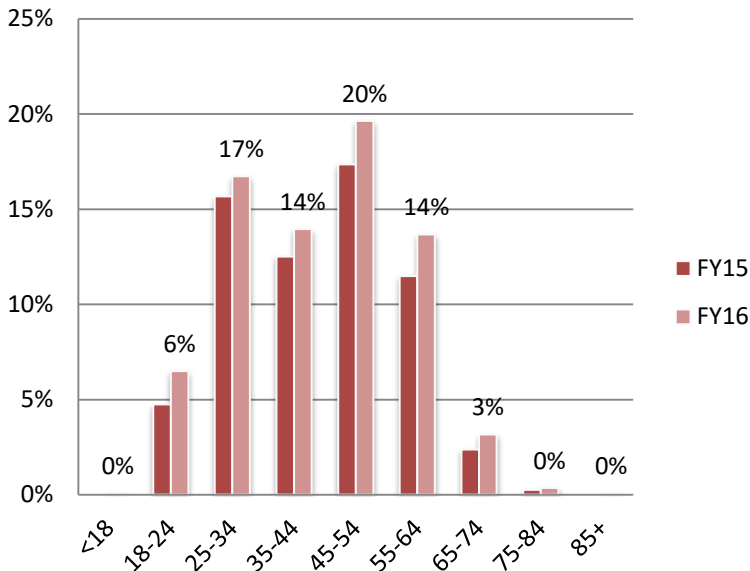
## TRAINING

Since the initiation of the ORP in 2014, 30,727 individuals have been trained, 29,648 certificates have been issued and 34,254 doses of naloxone were provided to ORP certificate holders at the time of training. During FY16, ORP entities collectively trained 21,716 people and issued 20,970 ORP certificates. In addition, 26,046 doses of naloxone were dispensed. The figure below shows the number of individuals trained each fiscal year and their reason for training, either social experience, for a family member, or as a result of a work or volunteer position. During FY16, 45% of all of those trained under the ORP sought training because of their social experience. This is a large increase from FY15, where 16% of those reached with training reported these motivations. Moreover, 28% of people trained attended for their occupation and 14% because of their affiliation with law enforcement and/or public safety. In FY15 law enforcement/public safety and occupation accounted for 36% and 33% of those trained.

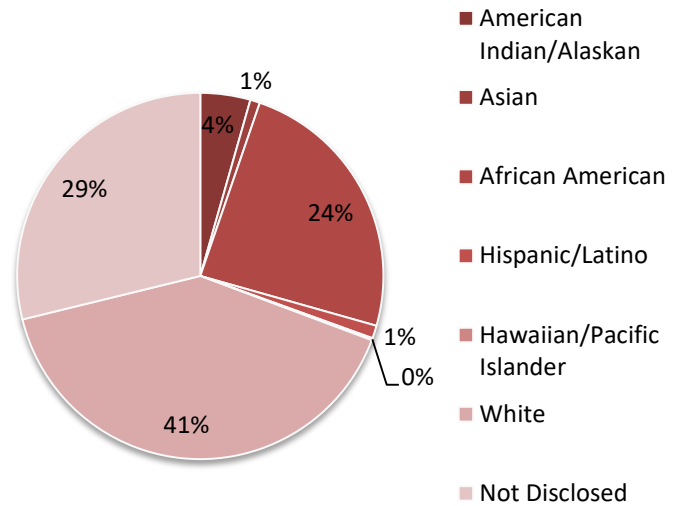


In FY16, ORP entities reached a greater number of individuals between the ages of 45-54 as well as more individuals who identify as Black/African American. About 30% of individuals trained do not report race or gender. Of those that did, 30% identified themselves as male, and 30% female; 41% selected White and 24% Black/African American.

## ORP Certificate Holder Age FY 15 - FY 16



## ORP Certificate Holder Race/Ethnicity FY16



## NALOXONE DISTRIBUTION

During FY16, ORP entities dispensed 26,046 doses of naloxone. Most ORP entities provided Amphastar’s pre-filled naloxone syringe for intranasal administration with a mucosal atomization device (MAD), but began incorporating Adapt Pharma’s Narcan nasal spray when it went to market in February 2016. Naloxone is provided in a ‘kit,’ typically a zip-lock bag or nylon pouch, containing complementary supplies. BHA distributed \$805,000 to local health departments to support the provision of free naloxone kits at the time of training.

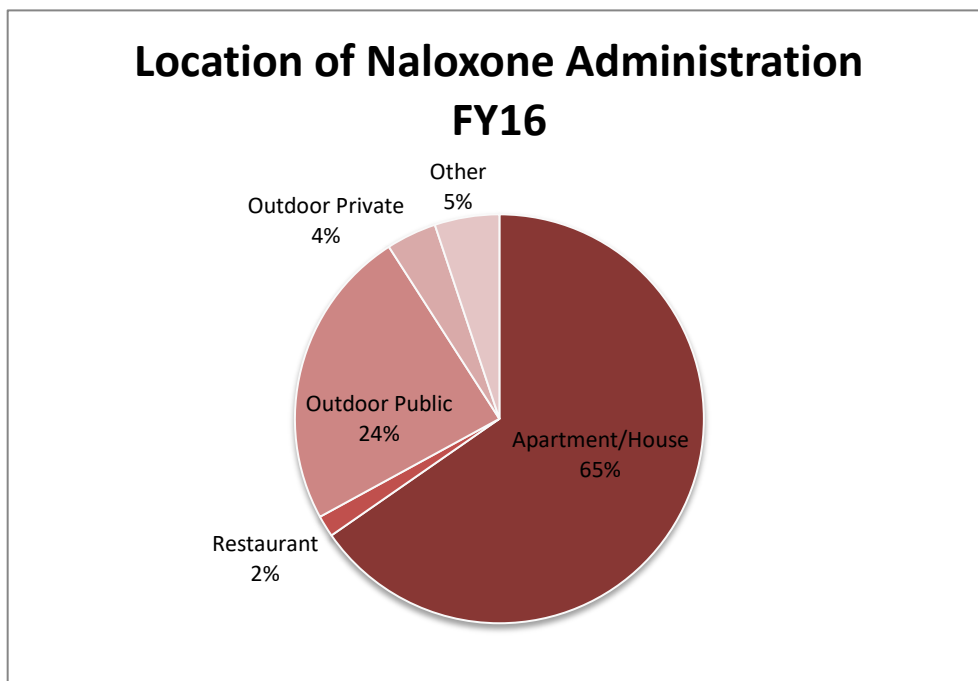
## PROGRAM HIGHLIGHTS

### Community Naloxone Use

During FY16, BHA received reports of 863 administrations of naloxone in the community. The majority were reported in Central Maryland, which includes Baltimore City, Anne Arundel County, and Baltimore County. BHA received 464% more reports in FY16 than in FY15. For ORP certificate holders, reporting use of naloxone is voluntary. ORP entities encourage certificate holders to notify the Maryland Poison Center (MPC) in the event of a naloxone administration, which is organized to track these reports and relay collected data to BHA. Local ORP entities also document details of naloxone use when notified and provide the information to BHA.

In FY16, 64% of community naloxone use was by law enforcement personnel. The rest were by strangers, friends, or family members of the person who overdosed. Forty-two percent (42%) of those who received naloxone were between the ages of 25-34.

Of naloxone administrations reported directly to BHA (not including those collected by the MPC), 65% took place in a private residence; 92%, of those to whom naloxone was administered survived and 83% were transported to an emergency department.



### Peer-Delivered Outreach in Baltimore City

BHA partnered with Behavioral Health Systems Baltimore (BHSB) to develop a model for street-based outreach and training that incorporated the requirements of the ORP. BHSB developed protocols for conducting outreach, tailored the core curriculum and developed materials to be delivered one-on-one or in small groups. Standing orders were also established by the program’s supervising physician, allowing training to occur without the prescriber present. Outreach is now conducted in various neighborhoods throughout Baltimore City, with a particular focus on those where overdoses have occurred. Outreach is also used by the syringe services program staff to expand the reach of Staying Alive, an existing naloxone distribution program. Through this model, over 4,300 people were trained during FY16, the majority of which took the training because of their social experience.

### CHALLENGES

While ORP entities successfully trained many individuals, got naloxone into the hands of people that need it, and saw the impact of their efforts through reported naloxone administrations, there are a number of barriers that prevent ORPs from achieving full training potential that are actively being overcome locally and by DHMH. These include,

- Recruitment of people at risk for overdose for training
- Cost of naloxone and administration supplies
- The collection of reports of naloxone administrations
- Fentanyl-related overdoses

## MOVING FORWARD

The program must remain flexible to adapt to the dynamic public health problem of opioid use and overdose. DHMH plans to make the ORP more efficient and improve the capacity of local programs to provide multiple training and distribution models, reflecting the varied settings in which overdose education and naloxone dispensing can take place. BHA is continuing to provide funding to local health departments to support program operations and expansion.

DHMH is committed to expanding access to naloxone and furthering the ORP's impact in FY17, with an even greater focus on people at risk of overdose and their loved ones. DHMH plans to enhance technical assistance for ORPs to include training of trainers and workshops focused on specific overdose education and naloxone distribution models such as street-based outreach. Moreover, DHMH will pursue online ORP training and certification. To reach people at risk for overdose, DHMH plans to expand programs in local detention centers and encourage opioid treatment programs to take measures to provide access to naloxone to clients.

Community outreach about the ORP, naloxone, and overdose prevention generally will continue into FY16 and will be aimed at expanding the reach of this program. BHA provides continuing education units for professionals such as social workers, psychiatrists, and peer recovery coaches that complete ORP training. Promotion of training to these professionals who interact with people at risk of overdose will enable them to be prepared in the event of an overdose and to also pass knowledge about the program along to clients. Moreover, DHMH continues to support education of physicians regarding safe prescribing practices, co-prescribing naloxone with opioids, and the use of the Prescription Drug Monitoring Program to address patient overdose risk.