

# NOW

END THE EPIDEMICS

## NEW YORK STATE PREVENTS FATAL OPIOID OVERDOSES THROUGH A STATEWIDE NALOXONE DISTRIBUTION PROGRAM

**TARGET POPULATION**

Individuals at risk of experiencing or witnessing an opioid overdose and the organizations which serve them.

**LOCATION**

New York State (NYS)

**PROGRAM DESIGN**

Opioid Overdose Prevention Programs (OOPPs) provide naloxone and administer trainings focused on treating opioid overdoses.

**ESTIMATED COST**

The current approximate annual cost for naloxone is \$10 million.

**FUNDING SOURCE**

The program has been primarily state-funded since 2006 with all resources flowing through the New York State Department of Health (NYSDOH). Some of this funding comes from the NYS Office of Addiction Services and Supports (OASAS). In the past, there has also been funding from the NYS Department of Criminal Justice Services to support a roll-out of the initiative to law enforcement personnel.

### SUMMARY

In response to the rising opioid overdose related deaths that occurred in New York State, the Health Commissioner was given authority to approve OOPPs and set standards for their operations. The core functions of OOPPs are twofold: training and naloxone provision. The training targets non-medical individuals and focuses on recognizing opioid overdoses and responding appropriately by calling 911, administering naloxone and providing support for overdosed individuals until EMS arrives. The naloxone provision is done either directly by the OOPPs or through referral to pharmacies which have standing orders for this medication. There are approximately 2,600 pharmacies in NYS with naloxone standing orders.

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### BACKGROUND

This initiative was first conceived in the 2000s. The Public Health Law Section 3309, which became effective April 2006, provides the statutory framework by giving the Health Commissioner authority to approve OOPPs and set standards for their operations. The statute also provides liability protection for OOPPs and responders. Subsequent changes in the law permit standing orders for naloxone and give criminal liability protection to individuals calling 911 and the overdosed person. The standards pertaining to OOPPs are in 10 NYCRR 80.138.

This initiative builds on partnerships between the NYSDOH AIDS Institute's Office of Drug User Health (ODUH) and agencies registered as OOPPs. It is also nurtured by ongoing collaborations with other government and community stakeholders. The OOPPs, today numbering more than 800, include syringe exchange programs (SEPs), other community-based organizations, health care practitioners and facilities, substance use disorder (SUD) treatment programs, local health departments, public safety agencies, other government agencies, colleges, and school districts.

### CORE ACTIVITIES

Core activities of the initiative parallel those of the individual OOPPs: meeting training needs and ensuring adequate naloxone capacity in the community. Training and naloxone provision have been addressed in written guidance provided by NYSDOH since 2006. In 2019, a significant update was issued: "Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs." This resource delineates roles of OOPP staff and trained responders; outlines training elements; addresses reporting and recordkeeping requirements; provides instructions on ordering and storing supplies and gives direction on incorporating pharmacies as a source for naloxone. It has specific recommendations for critical settings, including SEPs, emergency rooms, primary care offices and opioid treatment programs. It also provides direction in addressing the needs of specific targeted responders

including law enforcement personnel, fire fighters, and staff in secondary schools. A re-framed element in this guidance pertains to resuscitation techniques to be taught by OOPPs. Based on recommendations in 2016 from a Technical Working Group (TWG) convened by NYSDOH with national subject-matter experts, rescue breathing is no longer an essential element in all trainings. If there is time and opportunity to include training in a resuscitation technique—whether it is rescue breathing, chest compression-only CPR or full CPR—that is optional for OOPPs. Administering naloxone and calling 911 remain the priorities and must be underscored in all trainings.

The responders trained by the OOPPs are individuals who may witness an overdose. Bystanders, when equipped with the knowledge and medication to reverse an overdose, are well-positioned for saving lives so long as they act quickly. These responders do not replace EMS, but rather ensure persons remain alive until EMS arrives. The trained responders include persons who use illicit drugs or take opioid analgesics, their family members, others in their social networks, staff in agencies serving persons at risk, and others who are likely to encounter an overdose. To train responders, OOPPs must have staff knowledgeable in overdose-related issues. The New York City Department of Health and Mental Hygiene (NYCDOHMH), Harm Reduction Coalition (HRC), and NYSDOH staff have provided "train-the-trainers" in the past, and some new programs have obtained training guidance from nearby experienced registered programs. In 2019, NYSDOH expanded the options that OOPPs have for building staff training capacity by releasing an online, interactive training at [www.hivtrainingny.org](http://www.hivtrainingny.org).

NYSDOH provides the following at no cost to registered programs: overdose kit bags, which include certificates of completion for trained overdose responders, two doses of naloxone, intramuscular syringes, face shields used for rescue breathing, alcohol wipes, instructions on Opioid Overdose Recognition and Response, information on the Naloxone Co-payment Assistance Program (N-CAP), and zippered nylon bag for holding kit contents; educational materials; training guidance; and technical assistance. Two formulations of naloxone are offered:

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Narcan nasal spray and naloxone for intramuscular injection. Two doses of naloxone are furnished to each trained responder, with the OOPPs assembling kits prior to furnishing them to responders. The NYCDOHMH provides naloxone to registered programs in NYC as well as guidance to supplement that given by NYSDOH.

A reliable supply chain for naloxone and other materials is essential for maintaining a successful initiative. To facilitate this, key steps have been taken: 1) NYSDOH has contracts with vendors for competitive pricing and reliable fulfillments; 2) all ordering by OOPPs, NYSDOH review of the orders, and shipment tracking is handled through an online platform on which NYSDOH, vendors and OOPPs interact. NYSDOH does not directly ship overdose program supplies other than printed publications.

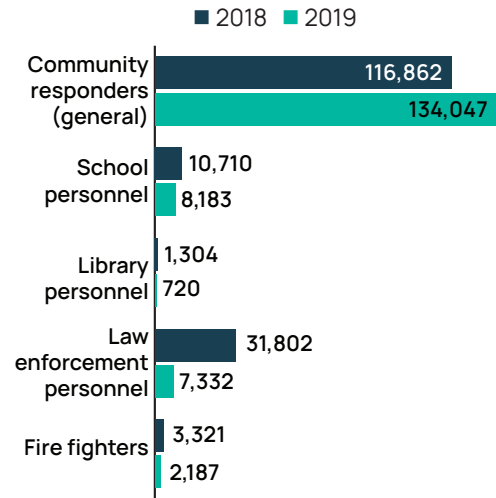
Ensuring rapid response to a changing landscape is a priority for the NYS naloxone initiative. That has included incorporating fentanyl in the 2019 guidance and issuing a supplemental guidance in mid-April 2020 pertaining to the COVID-19 pandemic. The broad 2019 guidance, the TWG report and the COVID-19 supplemental guidance are all available as links from [www.health.ny.gov/overdose](http://www.health.ny.gov/overdose).

NYSDOH uses an internally-developed, cloud-based platform, the NYS Opioid Overdose Prevention Program System (NYSOOPPS), to handle registrations, provide educational information and materials, receive orders for supplies, communicate orders to NYSDOH vendors, and track fulfillments.

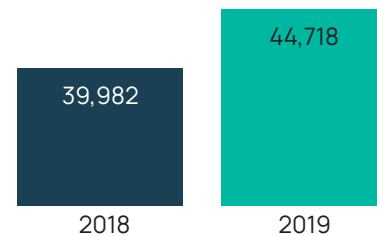
### DATA

OOPPs use the NYSOOPPS to submit mandated reports. The reports are of two types: 1) quarterly summaries reflecting the number of responders who have been trained and the quantity of naloxone furnished; and 2) reports of naloxone administrations by community (non-public safety) responders. Naloxone administrations reported by law enforcement agencies and by EMS do not use this system. Registered programs access NYSOOPPS through a link at [www.health.ny.gov/overdose](http://www.health.ny.gov/overdose).

Number of responders trained by program category in two most recent years as reported by OOPPs:

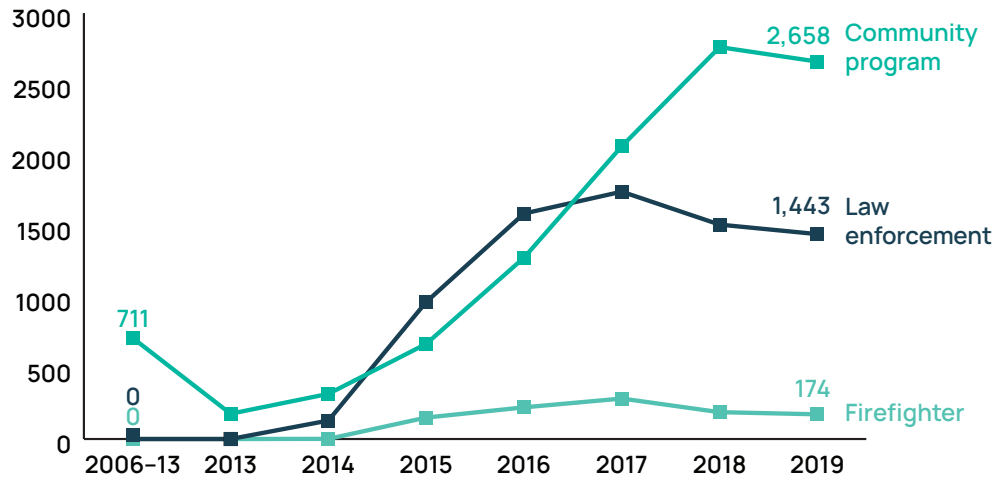


Number of individuals referred to pharmacies for naloxone by OOPPs:



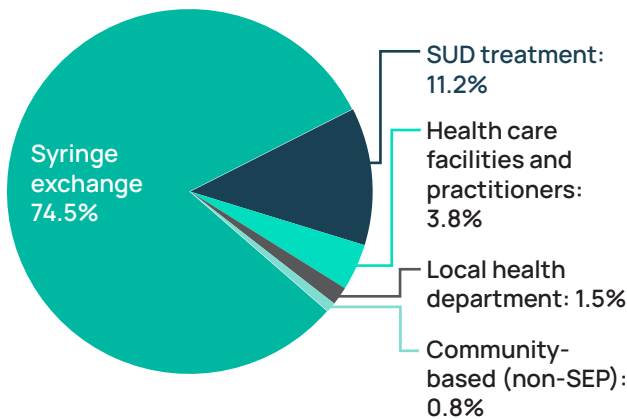
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Number of naloxone administrations reported to NYSDOH as of March 10, 2020 by year and responder type:



Community naloxone administration reporting is known to significantly underreport actual naloxone administrations.

Percent of community naloxone administrations in 2019 (N=2,658) reported by mutually exclusive program type:



### EVALUATION

Overdose burden as measured by ER visits, hospitalizations, and mortality is assessed against the location of OOPPs and the quantity of naloxone going to those locations. The most current county-level data on naloxone burden are published quarterly online by NYSDOH at [www.health.ny.gov/statistics/opioid](http://www.health.ny.gov/statistics/opioid) and include both frequency and case rates. Those reports also include the number of naloxone administrations by community, law enforcement, and EMS responders.

There is ongoing process evaluation in which the quantity of naloxone provided to OOPPs is assessed against quarterly reports from OOPPs containing data on the number of persons trained and the quantity of naloxone distributed.

### OUTCOMES

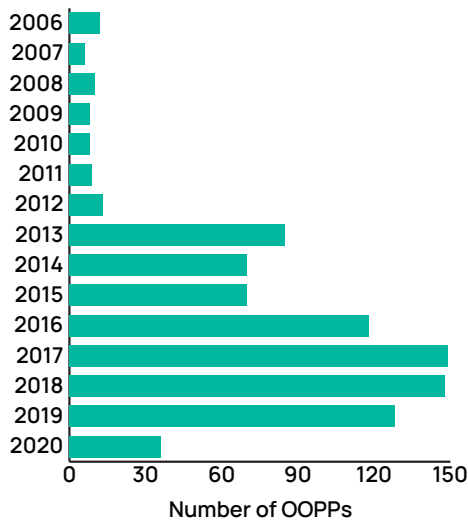
- The first OOPPs were SEPs. They continue to submit a plurality of naloxone administration reports.
- All NYS prisons provide overdose training. Persons upon release are offered naloxone. Similar efforts are taking place in a growing number of county jails.
- A standard of care for the state's treatment programs is providing naloxone. The plurality of OOPPs as well as of naloxone furnished is through SUD treatment programs.
- In 2014, overdose trainings began for the state's police officers. A similar rollout took place the following year for firefighters.
- NYS has rolled out a curriculum and protocol for training secondary school personnel in districts opting for onsite overdose response capacity.

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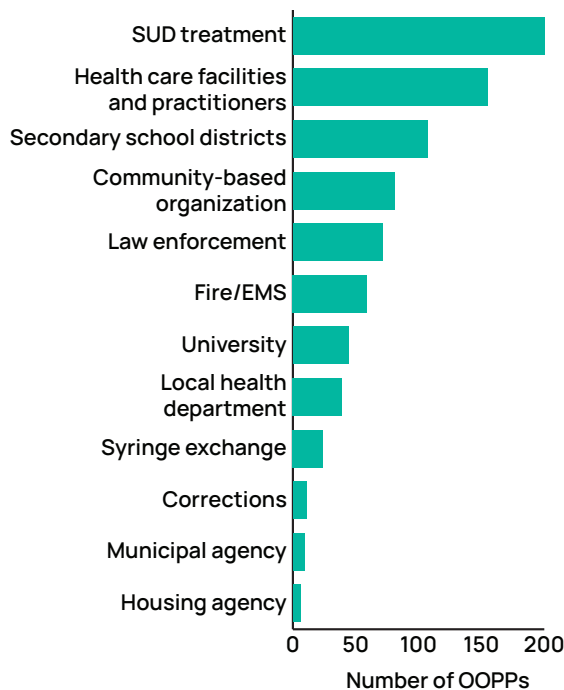
- Security personnel at all SUNY campuses have trained staff and naloxone. Naloxone is also being rolled out to campus residential halls.

- Registered OOPPs as of March 31, 2020: 806

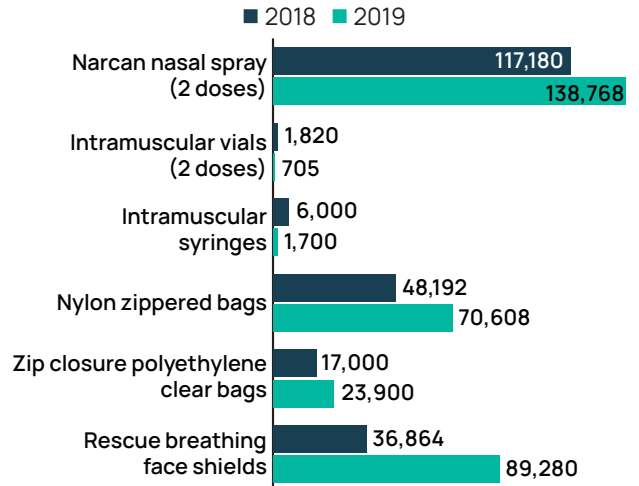
Number of these OOPPs by year of initial registration:



Number of these OOPPs by mutually exclusive program type:



Quantity of overdose supplies shipped in two most recent years



### STRENGTHS

- Statewide approach
- Broad range of programs, including experienced community providers with deep history of serving persons at risk
- On-line “one-stop” platform for integrating initiative functions
- Rapid turnaround in providing supplies to programs
- Initiative is part of AIDS Institute’s Office of Drug User Health, in which syringe access, MAT and all issues pertaining to health of a vulnerable population are addressed
- Cross-agency and intra-agency coordination
- Train-the-trainer capacity
- Data-driven approach
- Expanding focus on post-overdose linkages
- Standing orders in pharmacies to complement naloxone access provided by OOPPs

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### LIMITATIONS

- Reporting of naloxone administrations is imperfect, resulting in underreporting of initiative's impact

### STAKEHOLDERS

- OOPPs and responders trained by them
- NYSDOH: Lead government agency, regulatory entity and provider of naloxone
- OASAS: Partner and regulator of SUD programs
- NYS Division of Criminal Justice Services: Partner in developing curriculum and protocols for public safety personnel and rolling out trainings to law enforcement
- NYS Department of Corrections and Community Supervision: Provides trainings and naloxone to persons leaving state correctional facilities
- State Education Department: Partner in developing curriculum and protocols for schools
- Harm Reduction Coalition Consultant in drug-user health
- NYCDOHMH: Partner in supporting OOPPs in NYC and providing naloxone to them
- Vendors: Adapt Pharma and amfAR

### PROGRAM CONTACTS

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