

# **ADOPTING NALOXONE STANDING ORDERS**

TOOLKIT FOR NORTH CAROLINA  
LOCAL HEALTH DEPARTMENTS

**N.C. Department of Health and Human Services  
Division of Public Health**

Injury and Violence Prevention Branch  
Local Technical Assistance and Training and Public Health Nursing and Professional  
Development Branch

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North Carolina Department of Health and Human Services  
Division of Public Health

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Governor

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Secretary DHHS

June 2015

Danny Staley  
Acting Division Director

Dear N.C. Local Health Directors:

Medication and drug overdoses continue to impact our state and nation; we currently experience 1,000 overdose deaths a year in North Carolina.

The enactment of the *N.C. Good Samaritan Law/Naloxone Access* ([SL 2013-23](#)) provided a powerful tool to combat overdose deaths from this epidemic. The law was strengthened on June 19, 2015 when Governor McCrory signed the *Clarifying the Good Samaritan Law* ([SL 2015-94](#)).

These two laws enable widespread distribution and access to naloxone (Narcan<sup>®</sup>), an opioid overdose antagonist, and encourage people to call 911 for medical assistance in the event of an overdose. This also provides limited immunity from prosecution for reporting an overdose; gives immunity to prescribers, dispensers, and bystanders who administer naloxone; and, allows for third party prescribing and dispensing to a person at risk of experiencing an overdose or to a family member, friend, or other person in a position to assist.

Since passage of the *N.C. Good Samaritan Law/Naloxone Access*, communities across the state have established naloxone prescription, dispensing, and distribution programs:

- The N.C. Harm Reduction Coalition has distributed over 10,000 rescue kits and reported more than 575 reversals,
- Community Care of N.C. is distributing naloxone through their physician networks and pharmacies,
- The Orange County Health Department established one of the first local health department standing orders and distribution programs for naloxone,
- Twenty more local health departments in North Carolina are in the process or have adopted naloxone standing orders, and another 32 local health departments are in the planning stages of adopting standing orders.

The lessons learned from these initial programs have been collected in a newly developed toolkit to guide local health departments through the process of adopting naloxone standing orders and implementing naloxone distribution programs. The toolkit includes information on identifying and engaging internal stakeholders and external partners to establish buy-in, implementation tools (e.g. patient education and staff training materials, costs), lessons learned, and case studies.

We hope this toolkit will be a valuable resource as your local health department considers opportunities to prevent overdose deaths. A contact in the N.C. Injury and Violence Prevention Branch in the Division of Public Health is available to provide technical assistance needed in using the toolkit and can be reached at 919.707.5428. You can also email [nidhi.sachdeva@dhhs.nc.gov](mailto:nidhi.sachdeva@dhhs.nc.gov).

Local health departments that have established naloxone programs are seeing positive results; they are playing a key role in reducing overdose deaths.

I encourage you to work with your staff and community partners to identify populations at risk (active drug users, acute and chronic pain patients, recent releases from prison/jail, family and loved ones who use opioids) and provide them access to naloxone and training. We encourage all local health departments to make naloxone widely available in their communities and thank you for joining us in this collaborative effort that is saving lives.

  
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## EXECUTIVE SUMMARY

North Carolina today faces a deadly, and often overlooked, epidemic: unintentional drug overdose. As numbers of deaths caused by overdose continue to grow, drug overdose may soon become the leading cause of accidental death in our state. The North Carolina General Assembly passed a “Good Samaritan Law/Naloxone Access” that permits and encourages increased and widespread access to naloxone. Local health departments (LHD) can help make this happen.

This toolkit is intended for local health departments in North Carolina (NC) regardless of size, resource, or readiness to adopt a standing order for naloxone. After conducting interviews with LHDs and statewide partners working to prevent drug overdose, the Injury and Violence Prevention Branch’s (IVPB) Capstone team created this digital toolkit to assist LHDs with easily creating standing orders for naloxone dispensing and distribution.

Resources and recommendations come from numerous sources, including: 1) results of a 2015 Community Readiness Survey of NC LHD health directors, 2) interviews with counties that have been successful in adopting Naloxone standing orders, 3) community partners who have been influential in overdose prevention in NC, and 4) resources from literature and other advocacy organizations. This toolkit utilizes these diverse sources to demonstrate the ease of adopting and implementing standing orders for naloxone dispensing and distribution within NC LHDs through a comprehensive digital information portal. Using this document digitally preserves the user-friendly links to contacts and online resources.

## KEY DEFINITIONS

- **Overdose:** When a drug is swallowed, inhaled, injected, or absorbed through the skin in excessive amounts and injures the body. Overdoses are either intentional or unintentional. If the person taking or giving a substance did not mean to hurt themselves or others, then it is unintentional.
- **Opioid:** Chemicals either derived from the opium poppy or synthetically manufactured as pharmaceuticals. Opioids are analgesics (pain relievers), but can also cause respiratory depression. These drugs include heroin and prescription drugs such as methadone, oxycodone, and hydrocodone.
- **Naloxone:** A medication that temporarily binds to the same brain receptors as opioids, reversing all effects of the opioids (e.g. pain relief and respiratory depression). Naloxone is also known as Narcan®.
- **Standing Order:** A signed prescription order from a medical provider which describes the parameters for specified situations under which a health care provider may carry out specific orders for a patient presenting symptoms or needs addressed in the standing order – including treatment or dispensing medications (i.e. “if \_\_\_ happens, do \_\_\_”).
- **Protocol:** A procedure, written and signed by a physician, describing the process for distributing or administering naloxone by non-licensed personnel working in community based organizations, law enforcement, or other agency.

## ADDITIONAL RESOURCES

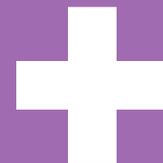
In order to make this document user-friendly, some resources have been included in additional folder (Educational and Training Resources). These valuable resources are helpful for gaining buy-in from stakeholders and partners within your community. For more information on any content in this toolkit and access to these materials from the Injury and Violence Prevention Branch, please contact:

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# SECTION 1

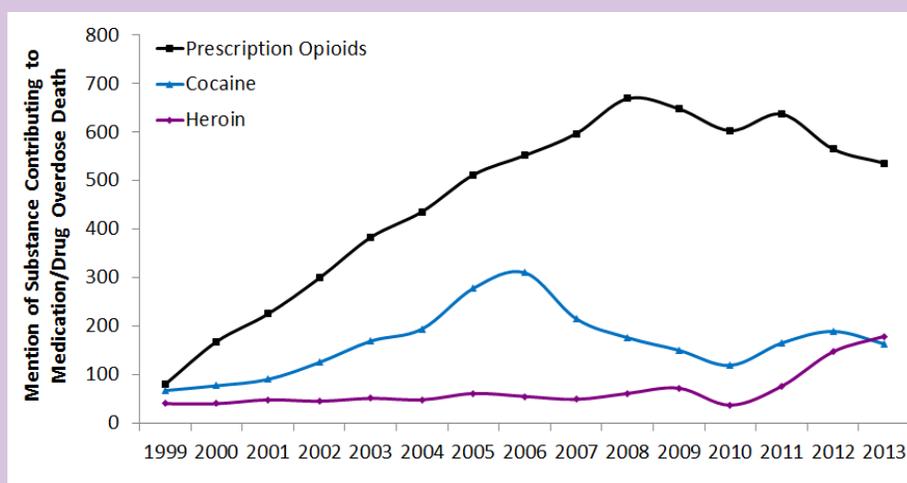
# BACKGROUND



## UNDERSTANDING PRESCRIPTION DRUG AND OPIOID OVERDOSE IN NC

In North Carolina, the 2013 rate of unintentional medication or drug overdose deaths was 10.1 per 100,000 NC residents. This epidemic has increased by 333% since 1999, with prescription opioids greatly contributing to the increase in incidence of overdose deaths. Other drugs such as heroin have also added to an increase in the number of deaths in recent years. Between 2011 and 2012, the number of heroin-related deaths in NC nearly doubled from 79 deaths in 2010 to 148 deaths in 2012. Since 1999, 10,952 NC residents have lost their lives from unintentional poisonings. If current trends continue, unintentional poisoning deaths will surpass motor vehicle deaths as the leading cause of injury death in NC by 2017.

### MEDICATIONS/DRUGS CONTRIBUTING TO UNINTENTIONAL MEDICATION/DRUG OVERDOSE DEATHS NORTH CAROLINA RESIDENTS: 1999-2013



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2013.<sup>1</sup>  
 Analysis by Injury Epidemiology and Surveillance Unit

The public health burden of drug overdose is immense for both the medical system and the wider community. Nationally, emergency department visits for prescription drug poisoning or overdose have doubled in only five years. In NC, there were over 1000 deaths and nearly 4000 hospitalizations in 2012; and for every medication or drug overdose death, there were nearly four hospitalizations and over eight emergency department visits. Given increasing drug overdose trends and its severe impact on North Carolina's health system, drug overdose requires immediate attention and coordinated public health response.

## **PREVENTING DRUG OVERDOSE DEATHS BY INCREASING NALOXONE ACCESS**

### **NALOXONE: THE OVERDOSE ANTIDOTE**

Opioid overdose can be reduced through the use of naloxone (commercially known as Narcan<sup>®</sup> or Evzio<sup>®</sup>), an effective, quick acting, non-addictive prescription medication that can reverse overdose through an intramuscular injection, IV fluid, or a nasal spray (CDC, 2014). Naloxone blocks the effects of opioids in the brain and restores breathing to the person experiencing the overdose. Naloxone has no potential for abuse and laypersons can easily be trained to use it to reverse overdose. Work already being done at NC LHDs has shown this to be a method both feasible and acceptable to community members.

### **NC'S GOOD SAMARITAN LAW/NALOXONE ACCESS**

As of December 2014, 26 states and the District of Columbia have passed laws to increase community access to naloxone. One such policy is NC's Good Samaritan Law/Naloxone Access, which was adopted and immediately effective on April 9, 2013. "The purpose of the law is to remove the fear of criminal repercussions for calling 911 to report an overdose, and to instead focus efforts on getting help to the victim." "The Naloxone Access portion of the law also removes civil liabilities from doctors who prescribe and bystanders who administer naloxone."<sup>9</sup> A copy of this law can be found in [Appendix 1-A](#) along with new clarifying legislation passed June 19, 2015 in [Appendix 1-B](#).

NC's Good Samaritan Law/Naloxone Access is considered one of the most comprehensive drug overdose prevention laws in the nation. The law changes the status quo surrounding drug overdose by addressing the lack of access to overdose reversal medication.<sup>10</sup> Furthermore, the NC Good Samaritan Law/Naloxone Access attempts to address the fear of prosecution that individuals experiencing an overdose or witnesses of an overdose may have in seeking assistance from law enforcement or medical personnel. As such, the Good Samaritan Law/Naloxone Access creates a critical opportunity to reduce drug overdose deaths and improve access to naloxone for all North Carolinians.



## FAQ: FACTS ABOUT NALOXONE

### 1. Naloxone only works for overdose cases caused by opioids.

**True.** Naloxone reverses the effects of opioids, such as heroin, methadone, morphine, opium, codeine, or hydrocodone. It does not reverse the effects of drugs such as benzodiazepines (drugs including diazepam, midazolam, or alprazolam), antihistamines (like pheniramine or phenergan), alcohol, or other sedatives (drugs such as phenobarbital) or stimulants such as cocaine and amphetamines.

### 2. Naloxone is not addictive.

**True.** Naloxone's only purpose is to reduce the effect of opioids. It is not possible for a person to become dependent on or abuse naloxone. It cannot make a person high.

### 3. Naloxone has very few to no serious negative side effects.

**True.** There are very few serious negative side effects of naloxone. One potential side effect of naloxone is that a person will experience opioid withdrawal. The risk of withdrawal increases for large doses of naloxone and for the strength of a person's drug dependency. Withdrawal symptoms can include aches, irritability, sweating, runny nose, diarrhea, nausea, and vomiting. **The risks of using naloxone are far fewer than the risks associated with a drug overdose.** If people experiencing drug overdose receive naloxone it can restore breathing and ultimately save lives.

### 4. A person cannot overdose on naloxone.

**True.** It is not possible to overdose on naloxone. Instead, a person may experience opioid withdrawal symptoms if they receive a large dose of naloxone while already having opioids in his or her system.

### 5. A person cannot develop a tolerance to naloxone.

**True.** Naloxone can work on a person who has used it in the past. It can be used in every opioid overdose situation no matter how many times a person has used naloxone previously. People may respond differently to naloxone each time, but that is likely due to how old the naloxone is, how it has been stored, and what types of drugs the person used.

*Source: Naloxone Info, (n.d.)*



## FAQ: FACTS ABOUT NALOXONE

### 6. Naloxone can expire. It can also maintain its effectiveness under high temperatures, though not ideal.

**True.** To extend the lifetime of naloxone, it should be stored in a dark and dry place. Naloxone can become less effective over time and after being exposed to too much cold, heat or sunlight. Expired naloxone is not harmful, but it reduces its ability to prevent drug overdose.

Even after exposure to extreme temperature change, naloxone still works. In clinical [studies](#), naloxone maintained a concentration 89.62 +/- 1.33% even when subjected to ~21 and ~129 degrees Fahrenheit temperatures every twelve hours for 28 days. Nevertheless, it is recommended that naloxone be kept at room temperature and/or stored in UV ray resistant materials.

### 7. If you give naloxone to drug users, they will not use more drugs.

**True.** Studies report that naloxone does not encourage drug use, and in fact, has been shown to [decrease](#) it in some circumstances. By blocking the effects of opiates, naloxone can produce unpleasant withdrawal symptoms, which nobody wants, especially not an active drug user.

### 8. Naloxone may encourage drug users to seek treatment.

**True.** Death keeps people from seeking treatment! Naloxone gives people another chance to get help if they choose; and often, the near-death experience of drug overdose and being saved with naloxone acts as a catalyst to encourage people to get into treatment.

### 9. Naloxone does not make people violent.

**True.** While naloxone can cause confusion and "fight or flight" response when administered at high doses, in smaller amounts, naloxone rarely causes overdose victims to become combative.

### 10. Intramuscular naloxone is safe.

**True.** Many people avoid intramuscular naloxone because it involves the use of a syringe; however, it is just as safe and effective as naloxone administered through other measures, such as intranasally. With intranasal naloxone, less is absorbed into the body, which means it can be slower to take effect, and is also less likely to cause withdrawal symptoms or induce combativeness. However, intramuscular naloxone has been shown to have a slightly quicker effect, which means that life-saving breathing function is restored sooner.

Source: *Naloxone Info*, (n.d.) and <http://www.huffingtonpost.com/tessie-castillo/top-seven-crazy-myths-about-naloxone-5065414.html>

## STANDING ORDERS AND NALOXONE

**Standing orders** are a medical order that authorizes the dispensing of a medication to any person who meets criteria designated by the prescriber. Standing orders have been used in health departments for a long time. For example, health departments commonly have standing orders that allow RNs to administer and/or dispense antibiotics for sexually transmitted infections and tuberculosis if and when patients test positive or meet other disease criteria.



### FAQ: DEFINITION OF A STANDING ORDER

A medical order that authorizes the dispensing of a medication, like naloxone, to any person who meets criteria designated by the prescriber.

Traditionally, a prescriber could only prescribe medicines to a person who they have a patient-provider relationship with; however, this arrangement does not work well in the naloxone context because 1) many of the people at high risk for overdose do not regularly see a prescriber, and, 2) naloxone cannot be self-administered if and when someone is experiencing an overdose (the victim is unconscious).

The NC legislature has changed the law so that prescribers can issue prescription or standing orders that authorize the dispensing or distribution of naloxone to any person who meets the criteria that the law specifies, even if they are not traditional patients of that provider. In the health department context this is actually how things have worked for a long time – nurses can dispense medications under standing orders without them being ordered for a specific patient.

Following the passage of NC's Good Samaritan Law/Naloxone Access, there was an effort to increase availability of naloxone in LHDs for individuals at risk for overdose. However, there was a small barrier – at the time, naloxone was not on the short list of medications that public health department nurses are authorized to dispense (formulary) in NC. The NC Department of Health and Human Services approached the North Carolina Board of Pharmacy to make a modification to the current formulary list and remove this barrier. This modification was supported by the NC Medical Board, which encourages the widespread distribution of naloxone. In January 2014, the NC Board of Pharmacy expanded the LHD nurses formulary to include naloxone. This ratification can be found in [Appendix 1-C](#) and [1-D](#) and successfully broadens potential naloxone distribution in the state of North Carolina.

Since naloxone is now on that formulary, the health department's medical director just needs to write a standing order for naloxone to be dispensed by RNs in a local health department.

Another difference with naloxone is that it can be dispensed for use on another person, other than the person it was prescribed to. Under the Good Samaritan Law/Naloxone Access, a practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe naloxone to a *third party* – a family member, friend, or any other person in a position to assist a person at risk of experiencing an opiate-related overdose.



## COUNTY FOCUS: ORANGE COUNTY

### NURSES DISPENSE NALOXONE WITH STANDING ORDER

In 2013, the Orange County Health Department (OCHD) was the first in North Carolina to adopt a standing order to allow public health nurses to dispense naloxone to clinic patients. Having identified substance use, abuse, and overdose as priorities in the 2011 Community Health Assessment, OCHD was committed to evidence-based solutions to prevent overdose. The 2013 passage of NC's Good Samaritan Law/ Naloxone Access paved the way for standing orders. Public health nurses were a natural choice for naloxone kit dispensing given their significant clinical role.

## PROTOCOLS FOR DISTRIBUTING NALOXONE BY COMMUNITY BASED ORGANIZATIONS OR OTHER AGENCIES

Following the passage of NC's Good Samaritan Law/Naloxone Access, there was an effort to increase availability of naloxone in the community for individuals at risk for overdose. The new law removed other barriers to naloxone access and use. When there is a protocol in place signed by a physician, naloxone can now be administered by lay health workers, first responders, law enforcement, and others who are more likely to witness an overdose or be in a better position to respond more quickly outside of a traditional medical setting. Also, naloxone protocols can be written to allow distribution to potential bystanders, such as friends or family, expanding 'just-in-time' access to naloxone.

Standing orders or protocols for naloxone dispensing are an effective and evidence-based strategy for increasing community access to naloxone. San Francisco, Colorado, and Massachusetts have developed standing orders through their city- and state- public health departments. In NC, the NC Harm Reduction Coalition (NCHRC) has developed a standing order similar to that of Massachusetts following the passage of NC's Good Samaritan Law/Naloxone Access. Under prescriptive authority of NCHRC's Medical Director, NCHRC outreach workers have dispensed over 11,000 overdose rescue kits resulting in over 627 confirmed overdose reversals as of July 6, 2015.

Great strides have been made in North Carolina, with numerous counties swiftly adopting standing orders to enable naloxone dispensing through their health departments. In just two years, eleven NC health departments have adopted standing orders, with many others in the process of adopting or in the midst of developing policy and protocols. These counties differ greatly in size, available resources, and geographic region. Furthermore, over 40 more health departments from across the state are keenly interested in starting this process in the near future. Based on these results, there is strong expectation that diverse counties can be successful in adopting standing orders and protocols.



## COUNTY FOCUS: NC COUNTIES WITH LHD STANDING ORDERS AND PROTOCOLS

As of March 2015, the nine LHDs in NC that reported they already have standing orders for naloxone are in Alexander, Duplin, Durham, Hoke, Orange, Pender, Pitt, Union, and Wilkes counties. Many others are in the process of adopting their own standing orders and protocols for naloxone dispensing and distribution.

## STANDING ORDER SPECIFICS FOR DISPENSING AND DISTRIBUTION LOCATIONS

Standing orders can be tailored to counties with diverse dispensing needs. NC LHDs can use one of three methods for dispensing naloxone within and from the health department. These differing methods for dispensing must be incorporated into the standing order document to ensure a clear process. Note: Please follow the NC Board of Pharmacy rules for storage, inventory and prescription reconciliation when dispensing from within the Health Department.

1. Internal Pharmacy within the LHD with a staff pharmacist
2. Contracted pharmacist that works for a certain number of hours at the LHD
3. Contracted pharmacy external to the LHD.

A standing order/protocol is critical to determine how health departments dispense naloxone. Numerous counties with adopted standing orders/protocols are in the process of implementing community education and outreach to engage a greater portion of their constituents.

## INTERNAL STAKEHOLDERS AND EXTERNAL PARTNERS TO ENGAGE

Various stakeholders and partners should be involved in developing and implementing a naloxone standing order. For the purposes of this toolkit, key members to engage have been categorized as internal stakeholders, people involved in the adoption of standing orders at local health departments, and additional external partners, or community members and organizations that may not take part in the adoption of standing orders but will be impacted by changes in policy. Below are internal stakeholders and external partners, with those in bold are featured in depth throughout various sections of this document. This is not an exhaustive list. Suggestions for Stakeholder Engagement are provided in Section 2 as well as in Tailored Materials for Stakeholders and Partners noted in Sections 4 and 5, respectively.

<p><b>Internal Stakeholders</b></p> <p>Members of the local Health Department that are critical to adopting a LHD standing order process.</p> <p><i>Tailored Stakeholder Materials are available in Section 4.</i></p>	<ul style="list-style-type: none"> <li>✓ <b>Medical Providers (Clinic Staff, Physicians, Nurses, Providers, Prescribers, Pharmacists, Directors)</b></li> <li>✓ <b>Health Director, Board of Health Members, and LHD Staff</b></li> <li>✓ <b>Legal Counsel</b></li> <li>✓ Health educators, social workers, and home visitors</li> <li>✓ County Commissioners</li> </ul>
<p><b>External Partners</b></p> <p>Community members or external organizations that may not take part in adopting standing orders but will be impacted by the policy.</p>	<ul style="list-style-type: none"> <li>✓ <b>Law enforcement</b></li> <li>✓ <b>First responders (EMS and Fire)</b></li> <li>✓ <b>Prisons and jails</b></li> <li>✓ <b>Departments on Aging</b></li> <li>✓ <b>Board of Pharmacy and External Pharmacists</b></li> <li>✓ Older adult facilities and assisted living communities</li> <li>✓ Pharmacies</li> <li>✓ Hospitals, urgent care centers</li> </ul>

*Tailored Partner Materials  
are found in Section 5.*

- ✓ Homeless shelters
- ✓ Schools and universities
- ✓ Worksite wellness
- ✓ Veterans and military
- ✓ Local Management Entities (LME) and Managed Care Organizations (MCO)
- ✓ Substance abuse treatment services/ detox/rehabilitation clinics
- ✓ ...and many more!

# SECTION 2

## ENGAGING INTERNAL STAKEHOLDERS



Buy-in from a variety of stakeholders and groups both internal and external to the health department is critical to successfully implementing a naloxone standing order in a LHD. Considering all groups and planning tailored communication can help facilitate the adoption of a standing order and implementation of a LHD distribution program. The first step is to identify these key stakeholders and partners, that may include, but are not limited to, those listed in Section 1. Once these key stakeholders and partners have been identified, buy-in can be gained through materials in the Educational and Training Resources folders. To access these materials in a format that can be customized to your county from the NC Injury and Violence Prevention Branch, please visit [www.InjuryFreeNC.org](http://www.InjuryFreeNC.org) or contact:

Scott Proescholdbell, MPH: [scott.proescholdbell@dhhs.nc.gov](mailto:scott.proescholdbell@dhhs.nc.gov)

Nidhi Sachdeva, MPH: [nidhi.sachdeva@dhhs.nc.gov](mailto:nidhi.sachdeva@dhhs.nc.gov)

### EDUCATIONAL RESOURCES

One quick strategy that can be used to raise awareness and buy-in from key stakeholders, including the medical director and Board of Health members, is to provide research articles to accompany proposals. Several key articles provide examples of how standing orders for naloxone dispensing in LHDs have been successful and impactful. For example, if support for NC's Good Samaritan Law/Naloxone Access in general is needed, an article from the 2012 Public Health Law Conference, found in the Educational Resources folder, can be utilized as a resource. A 2011 Journal of Pain Medicine article, found in the Educational Resources folder, provides additional information on community impact and overdose deaths. This article demonstrates successes from rural North Carolina through the work of Project Lazarus, Inc. in Wilkes County. This work to distribute naloxone, led to the overdose death rate dropping from 46.6 per 100,000 in 2009 to 29 per 100,000 in 2010.

### EDUCATIONAL RESOURCES FOLDER

- *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention* from the 2012 Public Health Law Conference
- *Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina*, published in the Journal of Pain Medicine in 2011
- *NC Medical Board Position Statement on Drug Overdose Prevention* encouraging naloxone
- Flyers to use within the Health Department or in the community
- Naloxone Clinic Standing Order used by Orange County Health Department
- Patient Counseling Sheet used by Orange County Health Department
- Patient education palm/pocket cards and brochures for distribution in kits

As more and more LHDs adopt standing orders and protocols, more materials will be added to this folder as it is collected. So, check back for updates and new additions.

## TRAINING RESOURCES

Another opportunity for LHDs to increase stakeholder engagement and knowledge of how LHDs distribute naloxone is to provide a training session for nurses and staff. Training specific for Public Health Nurses must be arranged with an approved pharmacist. Please contact the NC Local Technical Assistance and Training and Public Health Nursing and Professional Development Branch and the NC Pharmacist for more information.

*Denise M Perry, RPh, MS:* [Denise.Perry@wakegov.com](mailto:Denise.Perry@wakegov.com)

*Phyllis M. Rocco, RN, BSN, MPH:* [Phyllis.Rocco@dhhs.nc.gov](mailto:Phyllis.Rocco@dhhs.nc.gov)

The North Carolina Harm Reduction Coalition (NCHRC) offers free trainings to interested organizations and individuals, as well as provides resources for additional information and awareness. To date they have trained more than 100 local agencies and departments throughout the state on overdose response and needle stick prevention. Additional training materials can be found in the Training Resources folder. If you are interested in setting up training or want more information on North Carolina's Good Samaritan Law /Naloxone Access, please contact:

*Robert Childs, MPH:* [robert.bb.childs@gmail.com](mailto:robert.bb.childs@gmail.com)

In addition, Regional Consultants or Chronic Pain Initiative (CPI) Coordinators with Project Lazarus of Community Care of North Carolina (CCNC) are also able to provide or arrange for training in some areas. Please contact:

CPI at CCNC, *Theo Pikoulas, PharmD:* [tpikoulas@n3cn.org](mailto:tpikoulas@n3cn.org)

Eastern Region, *Anne Thomas, MPH:* [athomas@n3cn.org](mailto:athomas@n3cn.org)

Central Region, *Mark Sullivan, MSW:* [msullivan@n3cn.org](mailto:msullivan@n3cn.org)

Western Region, *Fred Brason:* [fbrason@projectlazarus.org](mailto:fbrason@projectlazarus.org)

## TRAINING RESOURCES FOLDER

- NC Division of Public Health, Local Technical Assistance and Training and Public Health Nursing and Professional Development Branch, Training for Public Health Nurses
- Overdose Rescue/Naloxone Training sample curriculum from the DOPE Project of San Francisco's Department of Public Health
- Sample staff training PowerPoint used by Orange County Health Department
- Sample training PowerPoint used by NC Harm Reduction Coalition
- Overdose Prevention Manuals in English and Spanish created by Project Lazarus, Inc.
- Sample pre- post- training test that can be utilized to measure staff members' increased knowledge about naloxone use.

To access these materials from the NC Division of Public Health, Injury and Violence Prevention Branch or for more information, please visit [www.InjuryFreeNC.org](http://www.InjuryFreeNC.org) or contact:

*Scott Proescholdbell, MPH:* [scott.proescholdbell@dhhs.nc.gov](mailto:scott.proescholdbell@dhhs.nc.gov)

*Nidhi Sachdeva, MPH:* [nidhi.sachdeva@dhhs.nc.gov](mailto:nidhi.sachdeva@dhhs.nc.gov)

## **HEALTH DIRECTOR, BOARD OF HEALTH MEMBERS, AND LHD STAFF**

Health departments are well positioned to bring together community leaders, including local hospitals, the medical community, government, law enforcement, social services, and schools to address individual and community health concerns. LHDs are also critical in collecting and disseminating information on local issues that affect the health of our communities. Health Departments should take the following steps:

- Recognize opioid overdose as a public health concern
- Be part of or facilitate a community-wide task force/coalition that addresses substance abuse, mental health, and/or injury prevention (e.g. local Project Lazarus community coalitions). Organize interested parties from as many sectors as possible to create a community response to the issue of drug overdose
- Promote education among the medical community with respect to safe opioid prescribing practices and monitoring through the Controlled Substances Reporting System (CSRS)
- Educate the public regarding potential danger and proper use, storage, and disposal of prescription opioids
- Promote, lead, and support programs that supply naloxone, the antidote to opioid overdose
- Support increases in the availability of addiction treatment and chronic pain patient services
- Collect real time data pertaining to prescription drug overdose mortality, emergency department visits and hospitalizations pertaining to substance use, school based incidences, and local crime data regarding diversion and addiction.

## **MEDICAL PROVIDERS**

### **CLINIC STAFF, PHYSICIANS, NURSES, PROVIDERS, PRESCRIBERS, PHARMACISTS, MEDICAL DIRECTORS**

North Carolina is a leader in provider buy-in for naloxone distribution. Project Lazarus of Community Care of NC (CCNC), a community initiative that began in Wilkes County and has since been expanded statewide through CCNC, emphasizes that overdose prevention requires comprehensive approaches by providers as well as schools, law enforcement, and drug treatment centers. In addition, providers must feel comfortable prescribing naloxone as part of their normal clinical practice. The NC Medical Board released a statement of concern regarding the rise in overdose deaths, and encouraged programs to make opioid antagonists, such as naloxone, available to overdose victims or bystanders.

Providers have an important role in helping monitor opioid use through the Controlled Substance Reporting System (CSRS), North Carolina's Prescription Drug Monitoring Program (PDMP) Database. Helpful recommendations for providers trying to reduce the rise in prescription drug overdose are provided below.

## TIPS FOR PROVIDERS - PRESCRIPTIONS FOR CONTROLLED SUBSTANCES

1. **Assess the patient.** Obtain a complete history of the patient's past use of drugs, over the counter preparations, and alcohol. If patients indicate that they have a history of using controlled substances, it requires further investigation.
2. **Select appropriate medication.** Depending on the severity of symptoms, the reliability of the patients in taking the medication, and the potential for the medication to produce dependency, consider co-prescribing naloxone if prescribing an opioid.
3. **Use the state prescription drug monitoring programs database.** This database, NC CSRS, can help providers identify patients who might be at risk of overdose.
4. **Obtain informed consent.** Informed consent ensures that the patient knows the risks and benefits of the medication.

*Source: Project Lazarus, 2013*

Medical providers have numerous priorities when consulting with a patient or following through with LHD processes and clinic protocol. When implementing an adopted naloxone standing order that addresses cost and liability concerns as well as clinic policies, consider these ideas for your general practice:

- Distribute naloxone kits that include training materials for patients
- Modify LHD policies and procedures to identify those persons at risk or those who may be in a position to assist those at risk, and to provide patient education and naloxone. This could be as simple as a screening question that asks: "Do you or someone you know take an opioid?" Do your best to integrate this into the normal clinic workflow or otherwise make sure that patients have it available and can take advantage of the service you are providing.
- Educate, advocate, and encourage the establishment of policies at local medical and treatment clinics to encourage consistent use of the CSRS to identify patients at risk for overdose
- Know local referral sources and become familiar with the referral process
- Advocate for or implement peer specialists and all support systems along the recovery-oriented system of care
- Advocate, educate, and introduce non-abstinence directed initiatives into publicly funded treatment. Non-abstinence directed treatment initiatives incorporate a spectrum of strategies such as safer drug use or managed drug use (prescriptions or other) to meet people who use drugs "where they are," addressing conditions of use along with the use itself. In effect, these initiatives accept any positive change as desirable to reduce the negative consequences of drug use.

## **MESSAGING BY PRIORITY AREA**

LHDs have numerous priorities for keeping their communities safe and healthy. Many of these priority areas (e.g. chronic disease, substance abuse, suicide) can be directly linked to overdose prevention and can be used to gain buy-in for naloxone standing order adoption. A seven-question survey was conducted by the UNC Injury Prevention Research Center (IPRC) and the UNC IVPB Capstone team and administered to all NC LHD Health Directors. The purpose of this survey was to determine awareness of the Law, readiness to implement overdose prevention activities and to inform messaging for specific LHD priority areas. These tailored messages based on survey results can be used to garner support from internal LHD stakeholders, external partners, and community members. For detailed messaging information, see [Appendix 2-B](#).

## **LEGAL COUNSEL**

NC's Good Samaritan Law/Naloxone Access ensures that it is legal for a health care practitioner, exercising reasonable care, to prescribe naloxone to anyone, including a person at-risk, a friend/family of a person at-risk, or anyone else in a position to assist in the event of an overdose. This law removes civil liabilities from prescribers and bystanders who administer naloxone. Both practices are recommended by CDC, endorsed by the Center for Law and Public Health, and encouraged by the NC Medical Board, NC Board of Pharmacy, NC State Legislature, and many others. North Carolina joins numerous states in protection of third-party administrators of naloxone from liability. An explanation of the law can be found in [Appendix 2-C](#).

It is recommended that you work with your county-level legal counsel/lawyers if needed.

# SECTION 3

# IMPLEMENTATION



## STANDING ORDER PROCESSES

Creating a naloxone standing order is a straightforward process that can be adopted in any county. Many tools and resources already exist from LHDs that have adopted naloxone standing orders, and have been highly effective in helping other counties easily adopt and implement standing orders. A list of NC counties who have already adopted a standing order for naloxone is included in [Appendix 3](#). Please reach out to any of them to get examples of their standing orders and share additional lessons learned.

As of Spring 2015, over 20 local health departments have adopted or are in the process of adopting a naloxone standing order. This section examines the process of adopting these standing orders and lessons learned from successful counties.

## IMPACT AND TRACKING

The overall impact of naloxone standing orders is undeniable, as they expand access to naloxone to save lives. Reporting overdose reversals or attempts is one of the biggest challenges that naloxone distribution programs face. Tracking systems for naloxone kits are one way in which counties can determine the impact of their standing orders. For instance, in Orange County, the health department is currently logging the number of kits dispensed and refilled through their pharmacy, as well as reasons for drug refill.

The University of North Carolina at Chapel Hill's Injury Prevention Research Center's (IPRC) [universal tracking number system \(Naloxonesaves.org\)](#) provides a statewide system for tracking naloxone kits and outcomes for attempted reversals. This system allows naloxone users to simply answer a few anonymous questions online and enter the naloxone kit number. It is highly recommended that LHDs utilize this tracking and kit numbering system to understand impact and track reach. Details on how to participate in this initiative can be found in [Appendix 3-C](#). For more information on the naloxone saves tracking system, please email [IPRC](#).

Ideally, organizations dispensing and distributing naloxone will give people lots of easy reporting options. Consider text, phone, in-person, social media, online form, pre-stamped postcards and other less intrusive options; and this helpful article with a [list of tips](#) to tracking reversals.

Even with these tools, reversals and attempts are often underreported.

## LESSONS LEARNED

For sample templates of a naloxone standing orders, see [Appendix 3-B](#). Successful counties have shared important lessons learned from adopting a naloxone standing order. A few of these have been mentioned above, but below is a summary of important lessons to consider when creating a naloxone standing order.

- **Focus on the positive.** The end result of adopting a standing order is that people will have access to a first aid tool that can save lives.
- **Data speak volumes.** Presenting drug overdose statistics to the community and health department staff is a powerful way to start a dialogue surrounding prevention and need.
- **Seek support from local coalitions.** These groups can help raise community awareness about the drug overdose epidemic and the usefulness of naloxone, and help distribute overdose reversal kits.
- **Adopting a standing order can be easier than you think.** Health departments in smaller communities found that it is fairly simple to adopt a standing order given that they already have strong relationships with key stakeholders and partners, in addition to statewide support.
- **Collaborate with clinic staff during program planning, implementation, and follow-up.** It is important for clinic staff to have a voice in the development of standing orders, as their work will be impacted directly.
- **Use existing resources instead of recreating the wheel.** National programs, such as the Harm Reduction Coalition, and local programs, such as the NC Harm Reduction Coalition, Project Lazarus of CCNC, and the Division of Public Health have many useful resources.
- **Funding can be brought in from numerous creative and diverse sources.** Successful counties found support through partnerships, donations, private, federal, state, and local sources.
- **Flexibility is key.** Health departments found that it is worthwhile to be open to the involvement of stakeholders and various avenues for distribution.



### COUNTY FOCUS: ALEXANDER COUNTY ADOPTING A STANDING ORDER

In this tight-knit county, adopting a standing order was as simple as a signature. The Health Director wrote a standing order for naloxone distribution through the Alexander County Health Department. Having seen the data on the impact of drug overdose on the community, the Alexander County Medical Director immediately signed the standing order. Then, the Board of Health swiftly adopted the order and the county began distributing naloxone.

## HOW TO MAKE A NALOXONE KIT AND PRICING INFORMATION

Creating a naloxone overdose rescue kit to distribute through a local health department is both easy and affordable. This guide will outline the cost differences between various routes of naloxone administration, buying commercially available naloxone, and the components of a complete kit.



### FAQ: METHODS OF NALOXONE ADMINISTRATION

- Intramuscular
- Intranasal
- Autoinjector (Evzio®)

Please note that the price of naloxone has been rising nationally, thus these prices are approximations and may have changed.

For a comprehensive guide to creating a kit and step-by-step instructions (patient education materials) for intramuscular, intranasal, and Evzio® administration, see [Appendix 3](#).

## ROUTES OF ADMINISTRATION AND KITS

### INTRAMUSCULAR ADMINISTRATION

Using this method, naloxone is administered using a needle to the upper arm muscle (deltoid), outer thigh or buttocks. This is the most affordable option for complete kit purchase. For step-by-step instructions in both English and Spanish for intramuscular administration, see [Appendix 3-E](#).

#### *Sample Kit Pricing and Purchase Options*

1. Orange County Health Department: \$20.68 per kit
  - \$2.08 – CPR Mask (bought in bulk with other HD supplies)
  - \$0.02 – Alcohol prep pads x2 (bought in bulk with other HD supplies)
  - \$0.08 – Gloves (bought in bulk with other HD supplies)
  - \$2.95 – Case (so many options, Orange County uses a semi-hard, zippered eyeglass case with an imprint on it)
  - \$1.50 – Professionally printed education card (Orange County prints in house to minimize this cost)
  - \$0.15 – 2 Intramuscular syringes (bought in bulk with other HD supplies)
  - \$13.00 – 2 vials naloxone hydrochloride (0.4 mg/mL) (through pharmacy vendor)
2. NC Harm Reduction Coalition: \$10 donation per reversal kit. Free technical assistance provided. NCHRC kits include:
  - Ziploc bag with an external pouch
  - Printed prescription ¼ sheet, black and white
  - Tri-fold printed brochure, black and white
  - 2 IM syringes
  - 2 naloxone vials (0.4 mg/mL each)
  - UV protective zip lock bag to store naloxone vials

To order kits, please contact *Tessie Castillo*: [tswopecastillo@gmail.com](mailto:tswopecastillo@gmail.com).

## INTRANASAL ADMINISTRATION

Naloxone can also be administered through the nose with a foam tip (nebulizer, adapter, or atomizer) that is put on a syringe and then placed into the nostril. The use of the atomizer for intranasal naloxone has not been approved by the FDA (i.e., it is an "off-label" delivery method), but can be legally prescribed by a physician or dispensed by pharmacists. This option is more expensive than intramuscular administration but many LHDs have found this option very convenient. For step-by-step instructions in both English and Spanish for intranasal administration, please see [Appendix 3-F](#).

### *Sample kit pricing and purchase options*

Project Lazarus, Inc.: \$12 per kit + the cost of the nasal naloxone (~\$34+ per dose x recommended 2 doses) = ~\$80 and can be obtained through [Project Lazarus, Inc.](#), by completing the [form](#), scanning, and emailing back to [rescuekit@projectlazarus.org](mailto:rescuekit@projectlazarus.org) or fax to 866-400-9915, or call 336-667-8100 and request by phone. Project Lazarus Inc. kits include

- 1 box (hard square case with imprint)
- 2 nasal atomizers
- Instruction booklet
- DVD
- Good Samaritan card
- Kit location card
- (Naloxone sold separately, Two prefilled syringe doses 2mg/1mL vials
  - NDC 76329-3369-1

## EVZIO AUTOINJECTOR

EVZIO is a take-home, hand-held, single-use naloxone auto-injector that may be used wherever an opioid overdose occurs. This is the most expensive option. For step-by-step instructions for EVZIO administration, please see [Appendix 3-G](#).

### *Sample Kit Pricing and Purchase Options*

EVZIO can be purchased online through the manufacturer [website](#).

## BUYING NALOXONE

Source: *NC Harm Reduction Coalition, 2012*

Method of Administration	Manufacturer	Dosage and ordering information
Intramuscular	Hospira	0.4/mL in 10 mL multidose vial (NDC 0409-1219-01) and 1 mL single dose vial (NDC 00409-1215-01)
Intranasal	International Medication Systems (IMS)-Amphastar	2mg/mL (NDC 76329-3369-1)
Auto-injector	EVZIO	0.4 mg/0.4 mL naloxone HCl solution in a pre-filled auto-injector

Some secondary distributors of medical products and medications also carry naloxone manufactured by these companies.

Health departments are not required to provide free naloxone kits to patients or community members. Charging a fee is an option. Also, when billing a patient's insurance for reimbursement for naloxone, keep in mind that NC Medicaid and some private insurance cover naloxone with copay. Some insurance may not cover the intranasal form of naloxone. If a patient has not obtained a rescue kit for free, they may have to pay the cash price for two nasal adaptive devices.

## STORING AND LABELING NALOXONE

Source: *NC Harm Reduction Coalition, 2012*

Naloxone's shelf life is approximately two years. Naloxone should be kept out of direct light, and at room temperature (between 59 and 86 degrees Fahrenheit). However, naloxone is an impressively stable medication and can withstand some variations of extreme cold and heat and still retain potency. Naloxone should be labeled following all prescription requirements. The NC Board of Pharmacy has specified that the prescription label should be affixed to the kit in a stable manner. Naloxone inventory must be tracked and signed in and out of a pharmacy on a pharmacy log.<sup>15</sup> If no in-house pharmacy or contracted pharmacist on site is available, an alternative naloxone tracking system must be provided for use by the proprietary pharmacy. Sample dispensing and distribution logs are included in [Appendix 3-L](#) and 3-M.

## DATA SOURCES

Data is helpful to make a case for adopting a standing order through your health department. Specifically, data can help gain staff, Board of Health, and community buy-in for naloxone standing orders. [NC DETECT](#) is a useful tool for county-level statistics on drug overdose in North Carolina. Additional sources of data are listed below.



### FAQ: DATA SOURCES

- City and [State Health Departments](#)
- NC DETECT, Local emergency rooms
- Emergency Medical Services (Ambulance, Fire), NC PreMIS
- [Injuryfreenc.org](#)
- Community Health Assessments
- State or Local Offices of Vital Records
- Medical Examiner's or Coroner's Offices
- Police reports of drug arrests or calls

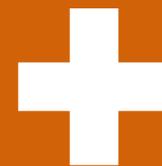


### COUNTY FOCUS: WILKES COUNTY USING DATA TO ESTABLISH A STANDING ORDER

Wilkes County has a strong history of engaging community members to address overdose prevention. For buy-in to adopt a standing order through the Wilkes County Health Department, data has been key. By stressing the history of overdose within the county and sharing statistics about incidence, Wilkes County has been able to make strides towards the adoption of a standing order. County level data can be found through this [NC DETECT map](#).

# SECTION 4

# SUSTAINABILITY



## OUTREACH TO COMMUNITY MEMBERS

Naloxone is intended to prevent drug overdose deaths, but its effectiveness depends on the number of people who have access to the medication. Thus, outreach and distributing naloxone to community members are important focuses of this toolkit.

LHDs have a unique role in serving communities and preventing drug overdose deaths. However, some members of the community, especially those at higher risk of overdose, may feel uncomfortable obtaining naloxone from an LHD clinic. A public awareness campaign and community education about naloxone and other prevention or harm reduction strategies should be a part of your overall overdose prevention effort.

First, it is important to gather information about overdose in your community. This could come from formal sources, such as NC DETECT (see below for more details), the Medical Examiner's office, or from community members who are involved in drug overdose prevention work, such as the DPH's IVPB. It is important to know the groups in your community that are at risk for drug overdose and potential locations for outreach. By providing education to groups at risk for opiate overdose or by targeting street level education in areas of high overdose incidence, we can actively impact overdose in our communities.

Law enforcement, other first responders, and correctional officers are partners well positioned to engage people at risk for drug overdose. Naloxone is often provided free to some law enforcement agencies, which makes them a key group to engage. These partnerships could also enable a greater range of response within the community. Data from these partners is invaluable to understanding prevalence and incidence of overdose.

Similar to the list of potential community stakeholders, possible sources of local data and information include the following:

High Risk Groups	Locations for Outreach
<ul style="list-style-type: none"> <li>● Active drug users</li> <li>● Veterans</li> <li>● Recently-released inmates</li> <li>● Residents of rural and tribal areas</li> </ul>	<ul style="list-style-type: none"> <li>● Injection drug user hangouts</li> <li>● Prisons and jails</li> <li>● Methadone programs</li> <li>● Hospital-based and private detoxification programs</li> <li>● Local drug treatment centers</li> <li>● Pharmacies and local health-care clinics</li> </ul>

High Risk Groups	Locations for Outreach
<ul style="list-style-type: none"> <li>● People completing drug treatment/detox program</li> <li>● Some young adults</li> <li>● Chronic pain patients</li> </ul>	<ul style="list-style-type: none"> <li>● Mental and behavioral health centers</li> <li>● HIV/AIDS service organizations and other community-based organizations</li> <li>● Laundromats and parking lots</li> <li>● Senior centers</li> <li>● Churches, Faith-based organizations</li> <li>● Schools</li> <li>● Syringe exchange programs in other cities and states</li> </ul>

## FUNDING OPPORTUNITIES

Funding for a naloxone distribution program can be obtained through numerous funding sources at the private, federal, state, and local levels. Options also exist for cost saving measures through partnerships and sponsorships.

### PRIVATE

Many local and national foundations provide funding for work done through new and innovative programs. As naloxone distribution is a budding and evidence-based intervention, some local health departments have had success obtaining private funding (e.g. foundations, donors) to purchase supplies. Hospital foundations or funds under community benefit programs may also be sources of funding.

### FEDERAL

There are numerous funding sources that provide support for overdose related programs through diverse federal channels. Many times, funding is provided through Health and Human Services (HHS), Department of Justice, and Substance Abuse and Mental Health Service Administration. For data and justification for grant writing purposes, see [Appendix 4-A](#).

### STATE AND LOCAL

Numerous counties have leveraged state and local funding to adopt standing orders. LHDs can seek funding through the local governments' general fund to fund the purchase of naloxone. Counties with adopted standing orders recommend seeking funding through county funds, local foundations, and funding agencies. Some counties have also reached out to the Board of Health and County Commissioners for funding. Statewide agencies such

#### COUNTY FOCUS: DURHAM COUNTY FUNDING NALOXONE DISTRIBUTION

Durham was quick to seek out funding from diverse sources following the adoption of their widely supported naloxone standing order. They reached out to state advocacy organizations, the Durham County Commissioners, and county Health Department for funding. They were also awarded state funding to specifically focus on naloxone kit purchases. Durham County was easily able to fund the bulk of their dispensing by connecting with existing partners within their community.

as the Chronic Pain Initiative and Project Lazarus of CCNC, Division of Public Health Chronic Disease and Injury Section, NC Injury and Violence Prevention Branch, and Project Lazarus, Inc. also provide financial and resource support for LHDs interested in purchasing naloxone and beginning distribution programs.

## **PARTNERSHIPS AND SPONSORSHIPS**

Several local health departments with adopted standing orders suggest partnering with surrounding counties to purchase naloxone at a bulk rate. This effective practice allows for widespread regional distribution and highly discounted prices. Some LHDs also choose to charge a fee for naloxone to assist in offsetting the cost of purchasing naloxone.

LHDs can also partner with county groups that will be directly impacted by the distribution of naloxone, such as EMS (Emergency Medical Services), Department on Aging and senior centers, Local Management Entity/Managed Care Organization (LME/MCO) agencies on mental health, law enforcement, and substance abuse treatment services. These creative collaborations provide opportunities to increase reach within the community and funding options. Funding can also be reallocated from existing programs or through Medicaid (which covers naloxone). Resources can also be sought from universities or other educational and medical institutions that are interested in conducting research on overdose prevention.

Companies that distribute and manufacture naloxone are often open to providing donations to new and effective programs nationwide. These donations can be made directly to the LHD or may often be distributed through a community partner, such as law enforcement agencies.

# SECTION 5

## BUILDING PARTNERSHIPS



External and community organizations may not take part in passing a standing order, but may be impacted by the dispensing of naloxone in health departments. Examples of such partnerships may include first responders, including law enforcement and emergency medical services (EMS), local prisons and jails, the Department on Aging, senior centers, and pharmacies.

### LAW ENFORCEMENT

Law enforcement is often the first to be called in an emergency overdose, and as such, they can swiftly respond and administer naloxone. To establish a protocol for law enforcement to administer naloxone, a memorandum of agreement between county EMS and the local law enforcement agency may be helpful. See [Appendix 5-A](#) for a sample memorandum of agreement for the use of naloxone by first responders. Next, it is critical to provide law enforcement the knowledge and tools needed to administer naloxone in the community. For information on the NC Harm Reduction Coalition free one-session law enforcement training on handling an opioid overdose, please contact:

*Robert Childs:* [robert.bb.childs@gmail.com](mailto:robert.bb.childs@gmail.com)

An example of a law enforcement Incident Report form is included in [Appendix 5-B](#) to track and monitor the use of naloxone.

The NC Office of EMS has also sponsored a opioid overdose prevention training for law enforcement and first responders, ideally to be delivered by local EMS. The training is available here: <http://www.ncems.org/pdf/OpioidOverdosePrevention.pdf>.

### FIRST RESPONDERS (EMS AND FIRE)

Developing statewide protocols for first responder naloxone administration is a promising strategy to improve overdose response and naloxone use. NC EMS vehicles are equipped with naloxone and can provide crucial assistance in cases of overdose. It is essential to ensure that EMS providers are aware of increased distribution of naloxone within the community and that they are privy to any new information on legal policy in the community or state. Expanding naloxone access to fire departments and responders can reduce the time between discovering an overdose victim and when they receive emergency medical assistance. Fire department protocols are similar to the law enforcement protocols discussed in the previous section. [Appendix 5-A](#) contains an example of a memorandum of agreement that can be used to help expand the distribution of naloxone to first responders.

## JAILS AND PRISONS

Upon re-entry back into the community, some formerly incarcerated individuals are at a heightened risk of overdose mortality within the first weeks of release. Overdose prevention programs should focus on treatment and services within jails and prisons, and train those at-risk to administer naloxone upon release. In February 2015, the Durham jail became the first in North Carolina to dispense naloxone kits to inmates as they are leaving the facility.

## DEPARTMENT ON AGING

Older adults are another potential high-risk population for drug overdose because they often have multiple prescription drug medications and complicated health conditions. Older adults are also a potential risk group for suicide with a strong connection to intentional medication-based overdose. Communities should take care to ensure that outreach occurs in this setting and that representatives at Senior Centers and the Department on Aging are actively engaged following the adoption of an LHD standing order.

## PHARMACISTS

Another strategy to increase naloxone availability is to build on pharmacist, patient, and physician interactions. This includes pharmacist training and educating patients on how to use their opioid medications, but also informing them on the benefits of naloxone and then requesting a prescription from physicians if patients express interest. Pharmacists in communities with increased efforts for naloxone distribution should ensure that they consistently carry a full stock of naloxone. For a list of community-based pharmacies currently distributing naloxone, see [Appendix 5-C](#).

## REFERENCES

- North Carolina State Center for Health Statistics, Statistical Services Branch, Vital Statistics. Death Certificate Data: 2013 [Data file].
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# APPENDIX 1

## BACKGROUND

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<b>1-A</b>	NC Good Samaritan Law/Naloxone Access, S.L. 2013-23, S.B. 20
<b>1-B</b>	Clarifying the Good Samaritan Law, S.L. 2015-94, S.B. 154
<b>1-C</b>	North Carolina Board of Pharmacy – “Order of the Board” January 21, 2014
<b>1-D</b>	Proposed Amendments to Rule 21 NCAC 46 .2401 and .2403 – Dispensing in Health Departments, February 2014

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GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2013

SESSION LAW 2013-23  
SENATE BILL 20

AN ACT TO PROVIDE LIMITED IMMUNITY FROM PROSECUTION FOR (1) CERTAIN DRUG-RELATED OFFENSES COMMITTED BY AN INDIVIDUAL WHO SEEKS MEDICAL ASSISTANCE FOR A PERSON EXPERIENCING A DRUG-RELATED OVERDOSE AND (2) CERTAIN DRUG-RELATED OFFENSES COMMITTED BY AN INDIVIDUAL EXPERIENCING A DRUG-RELATED OVERDOSE AND IN NEED OF MEDICAL ASSISTANCE; TO PROVIDE IMMUNITY FROM CIVIL OR CRIMINAL LIABILITY FOR (1) PRACTITIONERS WHO PRESCRIBE AN OPIOID ANTAGONIST TO CERTAIN THIRD PARTIES AND (2) CERTAIN INDIVIDUALS WHO ADMINISTER AN OPIOID ANTAGONIST TO A PERSON EXPERIENCING A DRUG-RELATED OVERDOSE; AND TO PROVIDE LIMITED IMMUNITY FROM PROSECUTION FOR CERTAIN ALCOHOL-RELATED OFFENSES COMMITTED BY PERSONS UNDER THE AGE OF 21 WHO SEEK MEDICAL ASSISTANCE FOR ANOTHER PERSON.

The General Assembly of North Carolina enacts:

**SECTION 1.** Article 5 of Chapter 90 of the General Statutes is amended by adding a new section to read:

**"§ 90-96.2. Drug-related overdose treatment; limited immunity.**

(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance.

(b) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the person seeking medical assistance for the drug-related overdose.

(c) A person who experiences a drug-related overdose and is in need of medical assistance shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the drug-related overdose and need for medical assistance.

(d) Nothing in this section shall be construed to bar the admissibility of any evidence obtained in connection with the investigation and prosecution of other crimes committed by a person who otherwise qualifies for limited immunity under this section."

**SECTION 2.** Article 5 of Chapter 90 of the General Statutes is amended by adding a new section to read:

**"§ 90-106.2. Treatment of overdose with opioid antagonist; immunity.**

(a) As used in this section, "opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(b) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the



practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:

- (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.
- (2) The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose:
  - a. A family member, friend, or other person.
  - b. In the position to assist a person at risk of experiencing an opiate-related overdose.

(c) A person who receives an opioid antagonist that was prescribed pursuant to subsection (b) of this section may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist.

(d) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section:

- (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.
- (2) Any person who administers an opioid antagonist pursuant to subsection (c) of this section."

**SECTION 3.** Chapter 18B of the General Statutes is amended by adding a new section to read:

**"§ 18B-302.2. Medical treatment; limited immunity.**

Notwithstanding any other provision of law, a person under the age of 21 shall not be prosecuted for a violation of G.S. 18B-302 for the possession or consumption of alcoholic beverages if law enforcement, including campus safety police, became aware of the possession or consumption of alcohol by the person solely because the person was seeking medical assistance for another individual. This section shall apply if, when seeking medical assistance on behalf of another, the person did all of the following:

- (1) Acted in good faith, upon a reasonable belief that he or she was the first to call for assistance.
- (2) Used his or her own name when contacting authorities.
- (3) Remained with the individual needing medical assistance until help arrived."

**SECTION 4.** This act is effective when it becomes law.  
In the General Assembly read three times and ratified this the 4<sup>th</sup> day of April, 2013.

s/ Daniel J. Forest  
President of the Senate

s/ Thom Tillis  
Speaker of the House of Representatives

s/ Pat McCrory  
Governor

Approved 4:39 p.m. this 9<sup>th</sup> day of April, 2013

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

SESSION LAW 2015-94  
SENATE BILL 154

AN ACT TO CLARIFY THE OPERATION OF THE LIMITED IMMUNITY FROM PROSECUTION FOR CERTAIN DRUG- OR ALCOHOL-RELATED OFFENSES COMMITTED BY AN INDIVIDUAL EXPERIENCING A DRUG- OR ALCOHOL-RELATED OVERDOSE AND AN INDIVIDUAL WHO SEEKS MEDICAL ASSISTANCE FOR AN INDIVIDUAL EXPERIENCING A DRUG- OR ALCOHOL-RELATED OVERDOSE; TO PROVIDE ADDITIONAL REQUIREMENTS AND CONDITIONS THAT MUST BE MET BEFORE THE LIMITED IMMUNITY IS ESTABLISHED; TO PROVIDE THAT A PERSON SHALL NOT BE SUBJECT TO ARREST OR REVOCATION OF PRETRIAL RELEASE, PROBATION, PAROLE, OR POST-RELEASE IF BASED UPON AN OFFENSE FOR WHICH THE PERSON IS IMMUNE FROM PROSECUTION; TO PROVIDE THAT A LAW ENFORCEMENT OFFICER SHALL NOT BE SUBJECT TO CIVIL LIABILITY FOR ARRESTING OR CHARGING A PERSON ENTITLED TO IMMUNITY FROM PROSECUTION IF THE LAW ENFORCEMENT OFFICER ACTED IN GOOD FAITH; TO PROVIDE THAT A PHARMACIST MAY DISPENSE AN OPIOID ANTAGONIST UPON RECEIVING A PRESCRIPTION ISSUED IN ACCORDANCE WITH G.S. 90-106.2; AND TO PROVIDE THAT A PHARMACIST WHO DISPENSES AN OPIOID ANTAGONIST IN ACCORDANCE WITH G.S. 90-106.2 IS IMMUNE FROM CERTAIN CIVIL OR CRIMINAL LIABILITY.

The General Assembly of North Carolina enacts:

**SECTION 1.** G.S. 90-96.2 reads as rewritten:

**"§ 90-96.2. Drug-related overdose treatment; limited immunity.**

(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance.

(b) ~~A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the person seeking medical assistance for the drug-related overdose.~~Limited Immunity for Samaritan. – A person shall not be prosecuted for any of the offenses listed in subsection (c3) of this section if all of the following requirements and conditions are met:

- (1) The person sought medical assistance for an individual experiencing a drug-related overdose by contacting the 911 system, a law enforcement officer, or emergency medical services personnel.
- (2) The person acted in good faith when seeking medical assistance, upon a reasonable belief that he or she was the first to call for assistance.
- (3) The person provided his or her own name to the 911 system or to a law enforcement officer upon arrival.
- (4) The person did not seek the medical assistance during the course of the execution of an arrest warrant, search warrant, or other lawful search.



(5) The evidence for prosecution of the offenses listed in subsection (c3) of this section was obtained as a result of the person seeking medical assistance for the drug-related overdose.

~~(c) A person who experiences a drug-related overdose and is in need of medical assistance shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the drug-related overdose and need for medical assistance.~~ Limited Immunity for Overdose Victim. – The immunity described in subsection (b) of this section shall extend to the person who experienced the drug-related overdose if all of the requirements and conditions listed in subdivisions (1), (2), (4), and (5) of subsection (b) of this section are satisfied.

(c1) Probation or Release. – A person shall not be subject to arrest or revocation of pretrial release, probation, parole, or post-release if the arrest or revocation is based on an offense for which the person is immune from prosecution under subsection (b) or (c) of this section. The arrest of a person for an offense for which subsection (b) or (c) of this section may provide the person with immunity will not itself be deemed to be a commission of a new criminal offense in violation of a condition of the person's pretrial release, condition of probation, or condition of parole or post-release.

(c2) Civil Liability for Arrest or Charges. – In addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be entitled to immunity under this section shall not be subject to civil liability for the arrest or filing of charges.

(c3) Covered Offenses. – A person shall have limited immunity from prosecution under subsections (b) and (c) of this section for only the following offenses:

(1) A misdemeanor violation of G.S. 90-95(a)(3).

(2) A felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine.

(3) A felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin.

(4) A violation of G.S. 90-113.22.

~~(d) Nothing.~~ Construction. – Nothing in this section shall be construed to ~~bar~~ do any of the following:

(1) Bar the admissibility of any evidence obtained in connection with the investigation and prosecution of (i) other crimes committed by a person who otherwise qualifies for limited immunity under this section or (ii) any crimes committed by a person who does not qualify for limited immunity under this section.

(2) Limit any seizure of evidence or contraband otherwise permitted by law.

(3) Limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation of, or to effectuate an arrest for, any offense other than an offense listed in subsection (c3) of this section.

(4) Limit or abridge the authority of a probation officer to conduct drug testing of persons on pretrial release, probation, or parole."

**SECTION 2.** G.S. 18B-302.2 reads as rewritten:

**"§ 18B-302.2. Medical treatment; limited immunity.**

(a) Limited Immunity for Samaritan. – Notwithstanding any other provision of law, a person under the age of 21 shall not be prosecuted for a violation of G.S. 18B-302 for the possession or consumption of alcoholic beverages if law enforcement, including campus safety police, became aware of the possession or consumption of alcohol by the person solely because the person was seeking medical assistance for another individual. This section shall apply if, when seeking medical assistance on behalf of another, the person did all of the following: all of the following requirements and conditions are met:

(1) The person sought medical assistance for an individual experiencing an alcohol-related overdose by contacting the 911 system, a law enforcement officer, or emergency medical services personnel.

(1a) Acted. The person acted in good faith, faith when seeking medical assistance, upon a reasonable belief that he or she was the first to call for assistance.

- ~~(2) Used—The person provided his or her own name when contacting authorities to the 911 system or to a law enforcement officer upon arrival.~~
- ~~(3) Remained with the individual needing medical assistance until help arrived.~~
- ~~(4) The person did not seek the medical assistance during the course of the execution of an arrest warrant, search warrant, or other lawful search.~~
- ~~(5) The evidence for prosecution of a violation of G.S. 18B-302 for the possession or consumption of alcoholic beverages was obtained as a result of the person seeking medical assistance for the alcohol-related overdose.~~

(b) Limited Immunity for Overdose Victim. – The immunity described in subsection (a) of this section shall extend to the person who needed medical assistance if the requirements in subdivisions (1), (1a), (4), and (5) of subsection (a) are satisfied.

(c) Probation or Release. – A person shall not be subject to arrest or revocation of pretrial release, probation, parole, or post-release if the arrest or revocation is based on an offense for which the person is immune from prosecution under subsection (a) or (b) of this section. The arrest of a person for an offense for which subsection (a) or (b) of this section may provide the person with immunity will not itself be deemed to be a commission of a new criminal offense in violation of a condition of the person's pretrial release, condition of probation, or condition of parole or post-release.

(d) Civil Liability for Arrest or Charges. – In addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be entitled to immunity under this section shall not be subject to civil liability for the arrest or filing of charges."

**SECTION 3.** G.S. 90-106.2 reads as rewritten:

**"§ 90-106.2. Treatment of overdose with opioid antagonist; immunity.**

...

(b) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:

- (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.
- (2) The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose:
  - a. A family member, friend, or other person.
  - b. In the position to assist a person at risk of experiencing an opiate-related overdose.

(b1) A pharmacist may dispense an opioid antagonist to a person described in subsection (b) of this section pursuant to a prescription issued in accordance with subsection (b) of this section. For purposes of this section, the term "pharmacist" is as defined in G.S. 90-85.3.

...

(d) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section:

- (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.
- (2) Any pharmacist who dispenses an opioid antagonist pursuant to subsection (b1) of this section.
- ~~(2)(3)~~ Any person who administers an opioid antagonist pursuant to subsection (c) of this section."

**SECTION 4.** This act becomes effective August 1, 2015, and applies to offenses committed on or after that date.

In the General Assembly read three times and ratified this the 10<sup>th</sup> day of June, 2015.

s/ Daniel J. Forest  
President of the Senate

s/ Tim Moore  
Speaker of the House of Representatives

s/ Pat McCrory  
Governor

Approved 10:05 a.m. this 19<sup>th</sup> day of June, 2015

**North Carolina Board of Pharmacy- "Order of the Board", January 21, 2014**

**NORTH CAROLINA BOARD OF PHARMACY**

In re: )  
 )  
21 N.C.A.C. 46.2510 ) **ORDER OF THE BOARD**  
Partial Waiver of Enforcement of )  
21 N.C.A.C. 46.2401 and )  
21 N.C.A.C. 46.2403 )  
 )

Pursuant to authority granted by 21 N.C.A.C. 46.2510, the Board of Pharmacy ("Board") hereby partially waives enforcement of 21 N.C.A.C. 46.2401 and 21 N.C.A.C. 46.2403 as follows:

1. 21 N.C.A.C. 46.2510, promulgated by the Board pursuant to statutory authority, states that "Board may waive the enforcement of specific rules" under certain circumstances.
2. The North Carolina General Assembly has passed, and the Governor has signed into law, G.S. 96-106.2, which provides statutory authority for authorized practitioners to prescribe naloxone, an opioid antagonist medication, to a person at risk of experiencing an opiate-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.
3. G.S. § 90-85.34A, authorizes registered nurses in a local health department to dispense prescription drugs and devices with certain conditions. Among them, the registered nurse may dispense "[o]nly prescription drugs and devices contained in a formulary recommended by the Department of Health and Human Services and approved by the Board."
4. Acting State Health Director Robin Gary Cummings, M.D., has recommended that naloxone be added to the formulary from which health department registered nurses may dispense.
5. 21 N.C.A.C. 46.2401(a)(1) provides that a "registered nurse employed by a local health department may dispense prescription drugs or devices under the following conditions: (1) Drugs and devices may be dispensed only to health department patients."
6. 21 N.C.A.C. 46.2401(a)(4) provides that "[o]nly the general categories of drugs or devices listed in Rule .2403 may be dispensed by a health department registered nurse." Neither naloxone specifically, nor opioid antagonist medications generally, are among the prescription drugs that may be dispensed pursuant to 21 N.C.A.C. 46.2403.

7. The Board partially waives enforcement of 21 N.C.A.C. 46.2401 to allow registered nurses in local health departments to dispense naloxone to a health department patient or to others as permitted by G.S. 90-106.2.

8. The Board partially waives enforcement of 21 N.C.A.C. 46.2403 to allow registered nurses in local health departments to dispense an opioid antagonist prescribed pursuant to G.S. 90-106.2.

9. The Board has determined that a partial enforcement waiver of 21 N.C.A.C. 46.2401 and .2403 will: (i) positively impact the delivery of pharmaceutical care; and (ii) will not compromise patient health and safety. 21 N.C.A.C. 46.2510(1), (2).

10. Any registered nurse at a local health department who chooses to dispense an opioid antagonist medication pursuant to this partial waiver of enforcement shall conform to the policies and procedures set forth in a naloxone standing order submitted to, and reviewed by, the Board on January 21, 2014. 21 N.C.A.C. 46.2510(3).

11. The partial enforcement waiver of 21 N.C.A.C. 46.2401 and .2403 is subject to continuing study by the Board. 21 N.C.A.C. 46.2510(4). The waiver shall continue until such time as the Board either promulgates amendments to 21 N.C.A.C. 46.2401 and .2403, or Board determines, after appropriate notice and hearing, that continuation of the waiver would no longer meet the standards of 21 N.C.A.C. 46.2510.

This is the 21st day of January, 2014.

NORTH CAROLINA BOARD OF PHARMACY

by:



Jack W. Campbell IV  
Executive Director

## 21 NCAC 46 .2401 MEDICATION IN HEALTH DEPARTMENTS

A registered nurse employed by a local health department may dispense prescription drugs or devices under the following conditions:

- (1) Drugs or devices may be dispensed only to health department ~~patients;~~ patients, with the exception of opioid antagonists, which may be dispensed either to health department patients or to others as permitted by G.S. 90-106.2;
- (2) No drugs or devices may be dispensed except at health department clinics;
- (3) The health department shall secure the services of a pharmacist-manager who shall be responsible for developing and supervising a system of control and accountability of all drugs dispensed from the health department;
- (4) Only the general categories of drugs or devices listed in Rule .2403 may be dispensed by a health department registered nurse;
- (5) All drugs or devices dispensed pursuant to G.S. 90-85.34A and these rules shall be packaged in suitable safety-closure containers, where appropriate, and shall be properly labelled (including necessary auxiliary labels) so as to provide information necessary for use and all other information required by state and federal law;
- (6) A suitable and perpetual record of drugs or devices dispensed shall be maintained in the health department. The pharmacist-manager shall verify the accuracy of the records at least weekly, and where health department personnel dispense to 30 or more patients in a 24-hour period per dispensing site, the pharmacist-manager shall verify the accuracy of the records within 24 hours after dispensing occurs;
- (7) The duties of the pharmacist-manager set out in Paragraphs (1) through (6) in this Rule may be delegated to a pharmacist licensed by the Board. The pharmacist-manager shall remain personally responsible for compliance with all statutes, rules, and regulations governing the practice of pharmacy and dispensing of drugs.

*History Note:* Authority G.S. 90-85.6; 90-85.34A; 90-106.2;  
Eff. March 1, 1987;  
Amended Eff. August 1, 2014; May 1, 1989.

## 21 NCAC 46 .2403 DRUGS AND DEVICES TO BE DISPENSED

(a) Pursuant to the provisions of G.S. 90-85.34A(a)(3), prescription drugs and devices included in the following general categories may be dispensed by registered nurses in local health department clinics when prescribed for the indicated conditions:

- (1) Anti-tuberculosis drugs, as defined by the latest edition of Drug Facts and Comparisons, as published by Facts and Comparison Div., J.B. Lippincott Co., or as recommended by the Tuberculosis Control Branch of the North Carolina Division of Health Services, when used for the treatment and control of tuberculosis;
- (2) Anti-infective agents used in the control of sexually-transmitted diseases as recommended by the United States Centers for Disease Control;
- (3) Natural or synthetic hormones and contraceptive devices when used for the prevention of pregnancy;
- (4) Topical preparations for the treatment of lice, scabies, impetigo, diaper rash, vaginitis, and related skin conditions; ~~and~~
- (5) Vitamin and mineral ~~supplements; and supplements.~~
- (6) Opioid antagonists prescribed pursuant to G.S. 90-106.2.

(b) Regardless of the provisions set out in this Rule, no drug defined as a controlled substance by the United States Controlled Substances Act, 21 U.S. Code 801 through 904, or regulations enacted pursuant to that Act, 21 CFR 1300 through 1308, or by the North Carolina Controlled Substances Act, G.S. 90-86 through 90-113.8, may be dispensed by registered nurses pursuant to G.S. 90-85.34A.

*History Note:* Authority G.S. 90-85.6; 90-85.34A; 90-106.2;  
Eff. March 1, 1987;  
Amended Eff. August 1, 2014; May 1, 1989.

# APPENDIX 2

## ENGAGING INTERNAL STAKEHOLDERS

<b>2-A</b>	Checklist: How to Adopt a Naloxone Standing Order
<b>2-B</b>	Communication: Tailored Priority Area Messaging – Making your case
<b>2-C</b>	NC Public Health Law: Explanation of S.L. 2013-23 (S20), Good Samaritan Law/Naloxone Access
<b>2-D</b>	Legal Interventions to Reduce Overdose Mortality in North Carolina – Fact Sheet
<b>2-E</b>	C. Davis, S. Webb, and S. Burris. <i>Changing Law from Barrier to Facilitator of Opioid Overdose Prevention</i> . 2012 Public Health Law Conference: Practical Approaches to Critical Challenges. Spring 2013.

# HOW TO ADOPT A NALOXONE STANDING ORDER

## 1. IDENTIFY ALL INTERNAL STAKEHOLDERS AND EXTERNAL PARTNERS

- Identify stakeholders necessary to support adopting a standing order
- Reach out to stakeholders to determine if they are on board
- Provide educational materials to stakeholders

## 2. ENGAGE INTERNAL STAKEHOLDERS WITHIN THE LHD

### *Health Director*

- Use provided template to tailor standing order language
- Continue to encourage internal stakeholders within the LHD of the ease of adopting a standing order by providing educational resources and data of overdose prevalence

### *Board of Health and Medical Director*

- Assist Health Director in tailoring standing order
- Provide opportunities to present educational information to health department staff

### *Pharmacists*

- Explain Board of Pharmacy allowance of Naloxone
- Share information about tailoring standing order to county pharmacy type (external, contract pharmacist, or contract pharmacy)
- Provide opportunities to present educational information to health department staff

### *Nursing Director and Nurses*

- Share information about clinic procedures for standing order tailoring

## 3. ADOPT THE STANDING ORDER

- Encourage any internal stakeholders and external partners of the benefits of overdose prevention and increasing naloxone access by sharing data and educational resources
- Medical director signs the standing order

## 4. IMPLEMENT AND SUSTAIN NALOXONE DISTRIBUTION PROGRAM

### *Internal Stakeholders*

- Seek out funding for Naloxone purchase through diverse strategies provided in toolkit
- Purchase naloxone and assemble naloxone kits
- Arrange for pharmacist to train nurses in naloxone distributing procedures
- Complete nurse trainings for naloxone distributing
- Train and educate health educators, social workers, and other LHD staff

### *External Partners*

- Gain data from external community partners for county trends and risk groups
- Connect with community partners for outreach and distribution outside of the LHD

## Tailored Priority Area Messaging

Priority Area	Data to Support Connection to Overdose Prevention	Messaging for Naloxone Standing Order
<b>Chronic disease</b>	<p>Opioid prescriptions are commonly used in chronic disease management. In North Carolina, and across the US, overdose from opioid analgesics (methadone, oxycodone, hydrocodone) are the most common causes of unintentional poisoning deaths (Austin &amp; Finkbeiner, 2013).</p>	<p>Opioids are important tools to help those with chronic pain and those who have cancer and other serious illnesses. However, when used incorrectly, these medications can end a life. Investigations have revealed that many of those dying are pain patients who may not have received or understood instructions from their doctors or pharmacists. Co-prescribing naloxone can prevent these deaths (adapted from Project Lazarus).</p>
<b>Substance abuse</b>	<p>In 2011, 4,102 people died as an unintended consequence of heroin overdoses across the US (CDC), compared to 2,789 deaths in 2010—a 47 percent increase in a single year (National Institutes of Health, 2014).</p> <p>Naloxone injection has been approved by FDA and used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate persons who otherwise might have died in the absence of treatment (SAMHSA, n.d.).</p>	<p>Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. During the period of time when an overdose can become fatal, respiratory depression can be reversed by giving the individual naloxone.</p> <p>Since the Overdose Prevention Project (OPP) became operational August 1, 2013 NCHRC has dispensed over 8,800 overdose rescue kits that include naloxone (as of 3/20/2015) and have received 397 confirmed reports that the lifesaving medication was administered successfully by lay individuals across North Carolina.</p>
<b>Suicide</b>	<p>In the US, poisoning is a leading method in suicide deaths, and drugs and/or alcohol make up 75% of suicide deaths due to poisoning. Prescription drugs such as those in the opioid, benzodiazepine, and antidepressant class (e.g. oxycodone, diazepam, and fluoxetine) were the leading type used in suicide deaths. From 2005 to 2007, 79% of suicides due to substance overdose were due to prescription drugs only (n=2165). (CDC, n.d.).</p>	<p>As we move to prevent suicide by limiting people's access to lethal means- drug overdose must be considered, as it is the leading method causing suicide deaths. Increasing access by citizens to naloxone can assist in preventing suicides via overdose. Thus co-prescribing and naloxone standing orders through LHDs are vital to addressing the issue of suicide in NC counties.</p>

## North Carolina Public Health Law

### **S.L. 2013-23 (S 20). Good Samaritan Law/Naloxone Access**

[S.L. 2013-23 \(http://ncleg.net/EnactedLegislation/SessionLaws/PDF/2013-2014/SL2013-23.pdf\)](http://ncleg.net/EnactedLegislation/SessionLaws/PDF/2013-2014/SL2013-23.pdf) enacts several provisions intended to encourage individuals to seek help for themselves or others experiencing drug overdoses or alcohol-related medical emergencies. It also establishes the conditions under which a health care provider may prescribe naloxone (an antidote to opiate overdoses) to a person at risk of experiencing an opiate-related drug overdose, or to someone who may be in a position to assist such a person.

The legislation enacts G.S. 90-96.2, which provides limited immunity from prosecution for certain drug-related offenses committed by a person who experiences a drug overdose and needs medical assistance, as well as for a person who seeks medical assistance for a person experiencing a drug overdose. The offenses for which immunity may apply include use or possession of drug paraphernalia and possession of certain small amounts of controlled substances. The immunity from prosecution applies only if the evidence was obtained as a result of the need for medical assistance by the person experiencing the overdose, or as a result of the good faith actions of an individual in seeking medical assistance for another person's overdose.

New G.S. 90-106.2 authorizes a "practitioner" to prescribe naloxone hydrochloride, an opiate antagonist that acts to mitigate the harmful effects of opiate overdoses. (The term practitioner is defined by the NC Controlled Substances Act to include certain health care providers and facilities that are permitted by law to distribute, dispense, or administer controlled substances. G.S. 90-87(22).) The practitioner may, directly or by standing order, prescribe naloxone to a person at risk of experiencing an opiate-related overdose, or to a family member, friend, or other person who may be in a position to assist a person at such risk. The practitioner must exercise reasonable care and act in good faith. In order to show good faith, the practitioner may require a written statement of the factual basis for the conclusion that the person qualifies for the prescription because he or she is either at personal risk of an opiate overdose, or in a position to assist a person at risk of an opiate overdose. A practitioner who prescribes naloxone pursuant to this new law is immune from civil or criminal liability that might otherwise arise.

The new law also authorizes a person who receives a naloxone prescription because he or she is in a position to assist at-risk persons to administer the naloxone to another person, provided he or she believes in good faith the other person is experiencing an overdose and exercises reasonable care. A person who receives a prescription in order to assist others should receive basic instruction and information in the administration as naloxone in advance, as the statute provides that this constitutes evidence of the use of reasonable care. A person who administers naloxone pursuant to this provision is immune from civil or criminal liability that might otherwise arise.

Finally, the legislation enacts new G.S. 18B-302.2, which provides that a person under the age of 21 who seeks medical assistance for another will not be prosecuted for underage possession or consumption of alcohol, if law enforcement becomes aware of the violation solely because the person sought medical assistance on behalf of another. To qualify for this limited immunity, the underage person must have a reasonable and good-faith belief that he or she was the first to call for assistance, must use his or her own name when contacting authorities, and must remain with the individual who needs the medical assistance until help arrives.

# Lessons Learned from the Expansion of Naloxone Access in Massachusetts and North Carolina

*Corey S. Davis, Alexander Y. Walley, and Colleen M. Bridger*

## Background

States are rapidly modifying law and policy to increase access to the opioid antidote naloxone, and the provision of naloxone rescue kits (NRK) for use in the event of overdose is becoming increasingly common.<sup>1</sup> As of late 2014 the majority of states had passed laws increasing naloxone access, and nearly as many have modified emergency responder scope of practice protocols to permit Emergency Medical Technicians (EMTs) and law enforcement officers to administer the medication.<sup>2</sup> While the text of these laws is generally similar, their implementation varies among states.

This article outlines experiences and lessons learned from two diverse states, Massachusetts and North Carolina. In Massachusetts naloxone access initiatives were well underway before formal legislative action occurred, while in North Carolina the passage of a naloxone access law served as a catalyst for the creation of new programs and facilitated the scale-up of existing ones. In both states legislative action was necessary to permit the prescription and dispensing of naloxone to the friends and family members of people who use opioids, a key legal change.

## Lessons Learned from Two Diverse States

### *Massachusetts*

In Massachusetts, several programmatic, legislative, and regulatory innovations have expanded access to

overdose prevention education and NRK distribution. The key legal component of much of this rollout has been the issuance of standing orders that permit naloxone to be distributed without direct interaction between the prescriber and the person receiving the medication.

Community overdose prevention education programs that include the distribution of NRKs began in Massachusetts in 2006. These programs, started in response to a local surge in opioid-related overdose deaths, were initially directed towards people who inject heroin in Boston and the neighboring city of Cambridge. The NRKs were based on those used by the local EMS service and included two doses of medication, two nasal atomizers, and instructions on how to assemble the naloxone delivery device and administer the medication. In 2007, the program was expanded to four other community-based agencies by the Massachusetts Department of Public Health (MDPH), with further expansion from 2009 through 2014 to include 16 agencies across the state.

In August 2012, the Massachusetts Legislature passed a law that permits the prescription of naloxone to “a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose” (often referred to as “third-party” prescriptions), and permits individuals to administer naloxone to a person experiencing an overdose. The law also provides protection from charge and prosecution for victims and bystanders who summon emergency assistance in the event of an overdose (often referred to as “Good Samaritan” provisions).<sup>3</sup> In March 2014, Massachusetts Governor Deval Patrick further enhanced these efforts by declaring a public health emergency that led to regulations permitting

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all first responders to carry naloxone under a medical director's supervision, and in July 2014 a law took effect that permits pharmacists to furnish NRKs pursuant to a standing prescription order.<sup>4</sup>

There are currently four types of naloxone standing orders in place in Massachusetts: (1) a statewide order issued as part of the MDPH overdose prevention pilot program that permits the distribution

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**In Massachusetts, several programmatic, legislative, and regulatory innovations have expanded access to overdose prevention education and NRK distribution. The key legal component of much of this rollout has been the issuance of standing orders that permit naloxone to be distributed without direct interaction between the prescriber and the person receiving the medication.**

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of NRKs by public health workers; (2) a statewide protocol adopted by the MDPH's Office of Emergency Medical Services that permits EMTs and first responders to administer naloxone for opioid overdose; (3) a prescriber-issued standing order for pharmacists to furnish NRKs without a patient-specific prescription; and (4) hospital standing orders that allow a hospital pharmacy to furnish NRKs to patients upon discharge.

Perhaps the most comprehensive of these programs is one in which trained community health workers distribute NRKs statewide under a standing order issued by the MDPH program's medical director. These kits are distributed in a broad array of venues including inpatient detoxification programs, syringe access programs, drop-in HIV prevention centers, methadone maintenance clinics, addiction treatment programs, emergency departments, homeless shelters, and community meetings. Police officers and firefighters in six Massachusetts towns have been trained and equipped to administer naloxone during an overdose under the same standing order.<sup>5</sup>

By late 2014 over 30,000 individuals in Massachusetts had been trained and equipped to administer naloxone and over 3,500 successful reversals have been reported. Together, the four standing order programs and associated training and education initiatives have greatly increased community access to naloxone, likely reducing rates of opioid overdose death.<sup>6</sup>

### *North Carolina*

While community groups have been distributing naloxone to people at risk of opioid overdose in North Carolina since 2010, these initiatives were limited in part by lack of third-party prescription authority and ambiguity regarding the scope of standing prescription orders.<sup>7</sup> This changed in 2013, when the North Carolina General Assembly nearly unanimously passed a law designed to increase naloxone access. Like the Massachusetts law, this legislation permits prescribers to issue prescriptions for third parties, and protects both the prescriber and administrator from civil and criminal liability. It also provides protection from criminal charges for the overdose victim and bystanders who act in good faith to summon emergency responders, and explicitly permits the prescription of naloxone via standing order.<sup>8</sup>

In 2014 the Orange County Health Department (Department) became the first health department in the state to implement a standing order-based naloxone distribution program. The county Board of Health had identified reducing unintentional drug overdose deaths as a priority after the Department's Community Health Assessment revealed a 300% increase in unintentional prescription drug overdose deaths. The Department became involved with a community coalition focused on the issue. While the community coalition worked to implement community education, diversion control and provider education interventions, the Department has focused on harm reduction initiatives. Based on positive reports from other areas, including Massachusetts, the Board of Health directed the Department to begin offering NRKs at no charge to opioid patients as well as friends and family members of individuals at risk of opioid overdose through a standing order issued by the Department's medical director.

This program quickly met with an unexpected hurdle in the form of a North Carolina Board of Pharmacy regulation that limited the medications that public health nurses are permitted to dispense under a standing order. The county Health Director, the director from a nearby health department, representatives from the state health department, and staff from the state Board of Pharmacy held informal conversations to discuss the effect of the rule in limiting the effect of the recently passed law. Within months the Department petitioned the state Board of Pharmacy to add naloxone to the list of approved medications. The Board of Pharmacy acted swiftly, suspending the existing rule and fast-tracking the addition of naloxone to the public health nurse formulary.

The Department then worked to ensure a standardized approach for training and dispensing, and developed a standing order that was shared throughout the state. Once the naloxone was ordered and the NRKs were put together and ready for dispensing, the final hurdle was getting the word out that the free NRKs were available. The Department is currently working with numerous partners to publicize the program and develop an inventory and reporting system to be able to track overdose reversals associated with the kits.

Nonprofit organizations also quickly began working to expand naloxone access. The North Carolina Harm Reduction Coalition, a statewide nonprofit, distributed more than 7,500 NRKs in the first 20 months after the law went into effect, and received more than 325 reports that the kits were used to reverse an overdose. In part spurred by the success of these efforts, state health officials have taken actions to increase access to naloxone in other venues. The state Department of Public Health developed a web-based training that can be accessed by any public health nurse in the state, and Project Lazarus, a comprehensive community-based overdose prevention intervention that includes the distribution of NRKs, has been funded to expand statewide. Additionally, the state Office of Emergency Medical Services (EMS) modified the statewide EMS scope of practice to include the administration of naloxone by all first responders, including law enforcement officers, acting under a standing order issued by the county EMS medical director.<sup>9</sup> Several lessons were learned through the process of passing overdose prevention legislation and implementing naloxone access programs in North Carolina. First, “other states are doing it” is not always a persuasive argument. The great work being done in Massachusetts was not compelling to some of the more conservative elected decision makers in the state — although most of these elected officials eventually supported the law, perhaps partly because it was endorsed by law enforcement actors including the influential state Sheriffs Association.<sup>10</sup> Second, not all harm reduction messages resonate as well as “seat belts save lives.” Even some public health officials in the state continue to hold the false belief that naloxone access enables addiction. Finally, it was discovered that some first responders are unfamiliar with the evidence base supporting the expanded use of naloxone, although initial response among first responders newly equipped with naloxone has been positive.

## Conclusion

Both Massachusetts and North Carolina have made great progress in increasing access to naloxone, of which changes to law and policy have been a critical

factor. However, while legal change may be a necessary component of increased access, it is not sufficient. Several barriers remain in both states. First, health care providers often do not see the prescription and provision of naloxone as part of their duty to patients and their families. Substantial work is needed to educate and engage frontline providers including prescribers, pharmacists, nurses, first responders, and social workers in the importance of naloxone in reducing overdose risk (one example of a free online multidisciplinary program can be found at [opioidprescribing.com](http://opioidprescribing.com)). Second, existing naloxone formulations either require assembly (intranasal), pose a risk of needle stick injury (intramuscular), or carry a high cost (Evszio auto-injector). Formulations that are affordable, require little training, and are easily accessible are urgently needed. Insurance coverage for NRKs (which are highly cost effective) should also be a priority.<sup>11</sup> Finally, naloxone’s status as a prescription medication reduces NRK access and its potential to save lives. The likely benefits of making NRKs available over-the-counter warrant consideration as a promising next step in overdose prevention.

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# APPENDIX 3

## IMPLEMENTATION

<b>3-A</b>	List of Local Health Departments with Standing Orders/Protocols
<b>3-B</b>	Sample Standing Order from the Orange County Health Department
<b>3-C</b>	UNC Injury Prevention Research Center: NC Distribution of Naloxone – A Tracking and Monitoring How To
<b>3-D</b>	Harm Reduction Coalition: Naloxone kit materials
<b>3-E</b>	Patient Education: Assembling and using intramuscular naloxone
<b>3-F</b>	Patient Education: Assembling and using nasal naloxone (English and Spanish)
<b>3-G</b>	Patient Education: EVZIO
<b>3-H</b>	NC Harm Reduction Coalition Naloxone Kit Label
<b>3-I</b>	Patient Education: NC Harm Reduction Coalition Prevention and Survival Pamphlet
<b>3-J</b>	Patient Education: The DOPE Project “Quick and Dirty” Narcan Training Checklist
<b>3-K</b>	Patient Education: Orange County Palm Pocket Cards/Kit insert (English and Spanish)
<b>3-L</b>	LHD Pharmacy Dispensing and Inventory Log and Evaluation Sample
<b>3-M</b>	NC Harm Reduction Coalition Distribution Log
<b>3-N</b>	Clinic Flyer

**NC COUNTIES WITH STANDING ORDERS**

**LOCAL HEALTH DIRECTORS' CONTACT INFORMATION FOR COUNTIES WITH STANDING ORDERS**

<b>County</b>	<b>Contact</b>
<b>ALEXANDER</b>	<p><b>Director:</b> Leeanne Whisnant</p> <p><b>Contact Information</b>            Email: <a href="mailto:lwhisnant@alexandercountync.gov">lwhisnant@alexandercountync.gov</a>            Phone: (828) 632-9704            Fax: (828) 632-9008            Website: <a href="http://www.co.alexander.nc.us/health/health.htm">http://www.co.alexander.nc.us/health/health.htm</a>            Address: 338 1st Avenue SW, Suite 1 Taylorsville, NC 28681</p>
<b>DUPLIN</b>	<p><b>Director:</b> Ila Davis</p> <p><b>Contact Information</b>            Email: <a href="mailto:ilad@duplincountync.com">ilad@duplincountync.com</a>            Phone: (910) 296-2130            Fax: (910) 296-2139            Website: <a href="http://www.duplincountync.com">http://www.duplincountync.com</a>            Address: 340 Seminary Street, Po Box 948, Kenansville, NC 28349</p>
<b>DURHAM</b>	<p><b>Director:</b> Gayle B. Harris</p> <p><b>Contact Information</b>            Email: <a href="mailto:gharris@dconc.gov">gharris@dconc.gov</a>            Phone: (919) 560-7650            Fax: (919) 560-7652            Website: <a href="http://www.dconc.gov/publichealth">http://www.dconc.gov/publichealth</a>            Address: 414 East Main Street, Durham, NC 27701</p>
<b>HOKE</b>	<p><b>Director:</b> Helene Edwards</p> <p><b>Contact Information</b>            Email: <a href="mailto:hedwards@hokehealth.org">hedwards@hokehealth.org</a>            Phone: (910) 875-3717            Fax: (910) 875-6351            Website: <a href="http://www.hokecounty.net">http://www.hokecounty.net</a>            Address: 683 East Palmer Road, Raeford, NC 28376</p>

County	Contact
<b>JOHNSTON</b>	<p><b>Director:</b> Marilyn Pearson</p> <p><b>CONTACT INFORMATION</b>            Email: <a href="mailto:marilyn.pearson@johnstonnc.com">marilyn.pearson@johnstonnc.com</a>            Phone: (919) 989-5200            Fax: (919) 989-5208            Website: <a href="http://www.johnstonnc.com/mainpage.cfm?category_level_id=450">http://www.johnstonnc.com/mainpage.cfm?category_level_id=450</a>            Address: 517 N Bright Leaf Blvd, Smithfield, NC 27577</p>
<b>ORANGE</b>	<p><b>Director:</b> Colleen Bridger</p> <p><b>Contact Information</b>            Email: <a href="mailto:cbridger@co.orange.nc.us">cbridger@co.orange.nc.us</a>            Phone: (919) 245-2400            Fax: (919) 644-3007            Website: <a href="http://www.co.orange.nc.us/health">http://www.co.orange.nc.us/health</a>            Address: 300 West Tryon Street, Po Box 8181, Hillsborough, NC 27278</p>
<b>PENDER</b>	<p><b>Director:</b> Carolyn Moser</p> <p><b>Contact Information</b>            Email: <a href="mailto:cmoser@pendercountync.gov">cmoser@pendercountync.gov</a>            Phone: (910) 259-1230 (main)            Fax: (910) 259-1258            Website: <a href="http://www.penderhealthdept.com">http://www.penderhealthdept.com</a>            Address: 803 S Walker Street, Burgaw, NC 28425</p>
<b>PITT</b>	<p><b>Director:</b> John Morrow</p> <p><b>Contact Information</b>            Email: <a href="mailto:jhmorrow@pittcountync.gov">jhmorrow@pittcountync.gov</a>            Phone: (252) 902-2305            Fax: (252) 413-1446            Website: <a href="http://www.pittcountync.gov/depts/health">http://www.pittcountync.gov/depts/health</a>            Address: 201 Government Circle, Greenville, NC 27834</p>
<b>UNION</b>	<p><b>Director:</b> Phillip Tarte</p> <p><b>Contact Information</b>            Email: <a href="mailto:philliptarte@co.union.nc.us">philliptarte@co.union.nc.us</a>            Phone: (704) 296-4800            Fax: (704) 296-4807            Website: <a href="http://www.co.union.nc.us/gov_offices/health/health.htm">http://www.co.union.nc.us/gov_offices/health/health.htm</a>            Address: 1224 West Roosevelt Blvd, Monroe, NC 28110</p>

County	Contact
<b>WAKE</b>	<p><b>Director:</b> Sue Lynn Ledford</p> <p><b>Contact Information</b>            Email: <a href="mailto:sue.ledford@co.wake.nc.us">sue.ledford@co.wake.nc.us</a>            Phone: (919) 250-4516            Fax: (919) 250-3984            Website: <a href="http://www.wakegov.com">http://www.wakegov.com</a>            Address: 10 Sunnybrook Road, PO Box 14049, Raleigh, NC 27620-4049</p>
<b>WILKES</b>	<p><b>Director:</b> Ann Absher</p> <p><b>Contact Information</b>            Email: <a href="mailto:aabsher@wilkescounty.net">aabsher@wilkescounty.net</a>            Phone: (336) 651-7464            Fax: (336) 651-7389            Website: <a href="http://www.wilkeshealth.com">http://www.wilkeshealth.com</a>            Address: 306 College Street, Wilkesboro, NC 28697</p>

(List updated August 2015)

**If you know of additional NC Local Health Departments with standing orders for naloxone, please contact Nidhi Sachdeva:**

**Nidhi Sachdeva, MPH**

*Injury Prevention Consultant*

Injury and Violence Prevention Branch  
 N.C. Department of Health and Human Services  
 Chronic Disease and Injury Section  
 Division of Public Health

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## Orange County Health Department Naloxone (Narcan) Standing Order

Naloxone is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. It is contraindicated in patients known to be hypersensitive to naloxone hydrochloride.

This standing order covers the possession and distribution of naloxone kits, to include naloxone hydrochloride, intramuscular syringes, alcohol pads and related injection supplies, and overdose prevention materials.

Registered Nurses (RN) at the Orange County Health Department, who have been appropriately trained by the NC Board of Pharmacy training, may possess and distribute naloxone kits to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

### Assessment:

#### Subjective Findings:

- Client is at risk of experiencing an opiate-related overdose or is in a position to assist a family member, friend, or other person at risk of experiencing an opiate-related overdose.
- Client reports no known sensitivity or allergy to naloxone hydrochloride.

#### Objective findings:

- Client is oriented to person, place, and time and able to understand and learn the essential components of overdose response and naloxone administration.

### Plan of Care:

- Provide education regarding preventing, recognizing, and responding to a suspected opioid overdose.
- Dispense one naloxone kit, to include at a minimum:

#### For intramuscular injection kits:

- Prescription label
- Two 1mL vials of naloxone hydrochloride
- Two intramuscular syringes (at least 1 inch)
- Disposable CPR shield
- Alcohol pads and gloves
- Instructions for use
- Printed materials regarding overdose prevention and treatment, to include information regarding recognizing and responding to suspected opioid overdose and the importance of summoning emergency responders

### Nursing/Provider Actions:

- Screen client for contraindications/precautions to prescription or dispensing.
- If a contraindication/precaution exists, refer client to medical provider for evaluation.
- Show Opioid Overdose Prevention video (if available) to client and answer any client questions.
- Authorized dispenser will dispense naloxone kit and explain contents to client.
- Authorized dispenser will log all dispensed kits on a form approved by the ordering physician.
- Provide information and/or referral for substance abuse or behavioral health treatment options.

**Follow Up Requirements:**

- Instruct client/parent/guardian to call medical provider if questions, concerns or problems arise.
- Instruct client/parent/guardian to return for refill as needed, subject to use and expiration of naloxone (18 months).
- Encourage opioid user to communicate with primary care provider regarding overdose, use of naloxone, and availability of behavioral health services.
- Refer client as needed for other needed services (i.e. well child care, WIC, Maternity Care Coordination, Child Care Coordination, Health Check, other providers, etc.).

**Legal Authority:**

- Nurse Practice Act, G.S. 90-171.20 (7) (f) & (8) (c)
- Good Samaritan Law/Naloxone Access, G.S. 90-106.2

**Indications and Usage**

- Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness.

**Precautions**

- Pre-existing cardiac disease or seizure disorder
- Persons who are known or suspected to be physically dependent on opioids (including newborns of mothers with narcotic dependence. Reversal of narcotic effect will precipitate acute abstinence syndrome.)
- Use in Pregnancy:
  - Teratogenic Effects: pregnancy category C, no adequate or well-controlled studies in pregnant women.
  - Non-teratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms as well.
- Nursing Mothers: caution should be exercised when administering to nursing women due to transmission in human milk. Risks and benefits must be evaluated.
- Geriatric Use: choose lower range doses taking precautions for potential decreased hepatic, renal and cardiac function, as well as, concomitant disease and other drug therapy.
- If a contraindication/precaution exists, refer client to medical provider for evaluation.

**Contraindications**

- Patients known to be hypersensitive to naloxone hydrochloride.
- If a contraindication/precaution exists, refer client to medical provider for evaluation.

**Adverse Reactions**

- Adverse reactions are related to reversing dependency and precipitating withdrawal (fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgias, diaphoresis, abdominal cramping, yawning, sneezing.) These symptoms may appear within minutes of Naloxone administration and subside in approximately 2 hours. The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.
- Adverse effects beyond opioid withdrawal are rare.

## **Dosage and Administration**

### Intramuscular Injection

#### Dosage

- 1 mL vial of 0.4 mg/mL naloxone
- Administer with at least a 1 inch needle

Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. If practical, activate emergency medical services
2. If indicated, initiate rescue breathing
3. Remove lid from naloxone vial
4. Insert syringe into vial and draw up 1mL of naloxone
5. If practical, don gloves and prepare injection site with alcohol pad
6. Administer 1mL of naloxone via intramuscular injection into upper arm, buttock or thigh
7. Continue rescue breathing and monitor respiration and responsiveness of naloxone recipient
8. If no response in 3-5 minutes, repeat naloxone.

This standing order shall remain in effect for one (1) year, until May 31, 2015.

**Approved by:** \_\_\_\_\_  
Medical Director

**Date:** \_\_\_\_\_

# Naloxone Tracking and Evaluation Proposal/Plan



UNC  
INJURY PREVENTION  
RESEARCH CENTER

Take-home naloxone labeling system and evaluation plan

## Context

Naloxone, the antidote for opioid overdose, is starting to be distributed to pain patients, drug users, and concerned family members to prevent deaths in North Carolina through bystander administration.

## Problem Statement

Local health departments, civil society organizations, substance abuse treatment clinics, physicians networks, and others have begun distributing naloxone in their local areas; first responders and others are becoming increasingly involved after authorization legislation was enacted in 2013 by the General Assembly. Centralized data collection would improve assessment of the relative feasibility, utilization, and effectiveness of this intervention. North Carolina benefits from a well-connected group of motivated individuals who are working on this intervention, as well as a robust scientific data environment. In this proposal we intend to leverage these two factors to create a tracking system and evaluation plan for take-home naloxone.

## Values

An evaluation plan (and the labeling system) will be **efficient** in that it minimizes excessive or repeat reports and consolidates collection from as few discrete distribution networks as possible. It will be **robust**, allowing for data depth at the level individuals and organizations need. It will be **trusted**, both by users because of the anonymity provided them and their belief in its utility to their community, and by responders because of its usefulness in documenting their missions. Study data will be reported back to each distributing organization and be useful to that organization's operations and evaluation.

## Approach

We suggest a combination of a **Labeling System** and a **Web-based data collection**.

## Research Objectives

1. To assess the feasibility and acceptability of implementing a multi-party tracking system for take-home naloxone.
2. To document utilization proportion of take-home naloxone, and determine how it differs by distribution modality: i.e., street outreach, health departments, first responders, pain patients, and drug treatment programs.
3. To document the length of time between take-home naloxone distribution and utilization, and determine how time-to-utilization rates differ by distribution modality.

## Potential Partners

- NC Harm Reduction Coalition (NCHRC)
- Injury Prevention Research Center, UNC
- Injury and Violence Prevention, Division of Public Health
- DHHS nurse responsible for training on naloxone
- Project Lazarus and Community Care of NC
- EMS Performance Improvement Center
- NC DETECT
- NC Health Departments
- Police and fire officials
- Others?

## Stage One (Summer 2014) – Pilot data collection system

Focus on peer-distribution via NCHRC, Project Lazarus, Inc., Community Care of NC, and Orange County Health Department. These sources are already distributing take-home naloxone.

## Stage Two (Fall 2014) – Statewide take-home naloxone

Expand to include peer-distribution via other health departments, first responders, and others.

## Stage Three (TBD) – Professionally administered naloxone

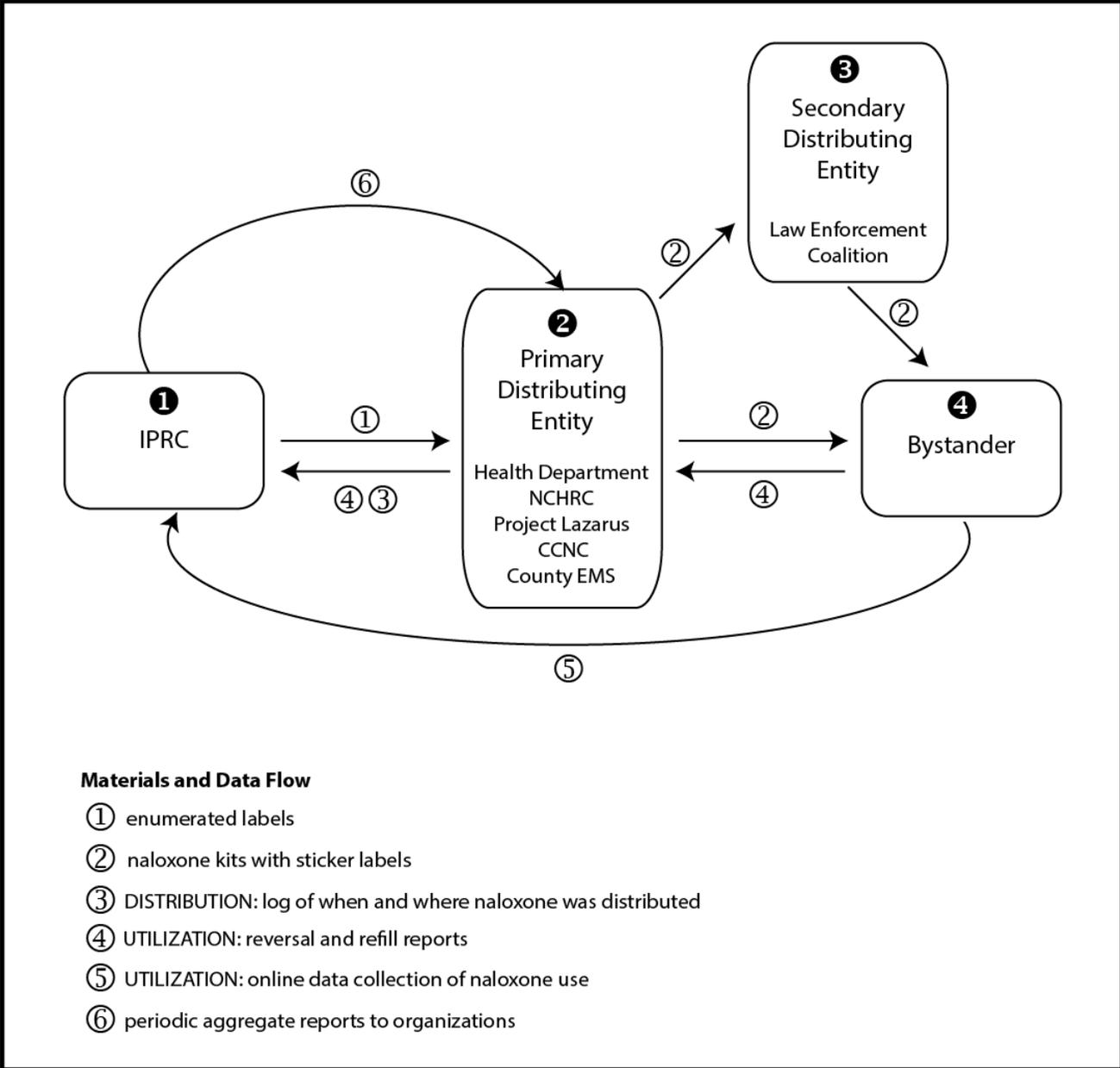
Use secondary data sources (NC DETECT PreMIS, FireHouse, pharmacy logs, etc.) to collect additional information on naloxone administration by first responders and emergency medical personnel.

## Labeling System: Information Flow

The labeling system is built on mark-and-capture philosophy. The Labeling System will be kept as simple as possible to maximize partner adherence and data quality. The system will accommodate phone-ins or web-use of by lay users and peer network.

There are four entities who either hold data or naloxone: IPRC, the primary and secondary distributing entities, and the bystander who reports naloxone administration.

There are six potential transfers of either naloxone or information. These are illustrated in the figure below.



For each label there will be three points of data collection: 1) from IPRC to the organization distributing naloxone; 2) the point of distribution to a potential end user, and 3) the point of administration. The labeling system will be implemented using a duplicate label paradigm. The organization purchasing the naloxone will be responsible for recording where (county) and when (date) it is distributed in a log. (The analogous system is pharmacy tracking for signatures for picking up controlled substances prescriptions.) These logs will be collected and used to determine when a kit was released. When a kit is used, we hope that the experience will be entered in the study database by one or more of the following: 1) the end user (via web-based reporting), 2) distribution entity (via refills, replacement), or 3) by emergency personnel (EMS on scene). A kit could be used twice (since there are two vials within each kit), so there is a chance for duplicate kit numbers with potentially a different use date. If possible, the physical kit could be relabeled before released again after a refill.

## Labeling System: Coded Distribution

Kits will be labeled with an alpha-numeric code with three parts separated by dashes. The first part will be a county code, the second a distributor number, and lastly a kit number.



Aspect name	Description
County code	Three-letter county code (Project Lazarus, Inc., NCHRC and CCNC are considered “counties”)
Distributor code	2-digit distributor identifier (e.g. 1=Health Department, 2=Police, 3=Fire, ... , or CCNC network)
Kit number	Sequential enumeration starting at 1 (Variable length)

Example label numbers:

- **ORA-01-42** [Orange County, Health Department, Kit #1]
- **PRL-00-33** [ProLaz Inc., Kit #33]
- **CCN-12-789** [CCNC, Northern Piedmont, Kit # 789]

**Please see the Appendix A for a code dictionary.**

## Survey: Web address and Content

User/peer kits will need at least two parts: (1) a kit-connected flyer or label clarifying anonymity and importance/buy-in and (2) an easy-to-read web address.

The survey will be embedded in an easy to remember website (naloxonesaves.org). This website may eventually grow to serve as a multi-partner clearinghouse for information on naloxone access, legislation and use in North Carolina.

The survey itself: (1) reiterates and clarifies issues related to anonymity, confidentiality, and importance/buy-in, (2) describes the use of this data, and (3) presents the questions themselves.

The questions are presented in an order that balances importance and emotional content; and, to account for the likelihood of incomplete surveys, are ordered by relevance to the evaluation.

Survey questions are included in Appendix B.

## Data Home

UNC Injury Prevention Research Center will house this data survey, will maintain the naloxonesaves.org website, and has already secured IRB approval.

## Required Training for Evaluation Plan

As part of the “roll-out” training for naloxone distributors, the following training points need to be communicated for this labeling schema and website. This is just a preliminary list and will be expanded as new partners begin distributing naloxone.

- Teaching how to apply easy-to-use labels on kits. Labels should be placed as close to the naloxone vial as possible and inside the kit so they are less likely to be lost. For example, the NC Harm Reduction Coalition is placing the labels on the UV protective bag holding the naloxone vials inside the kit. The Orange County Health Department and Project Lazarus, Inc. will place labels on the inside of the kit on the underside of the lid. Sharpies and other low-cost methods should also work.
- Outreach workers and health department staff distributing naloxone kits will need to encourage those receiving the kits to report when and if they use the kit and direct them to the naloxonesaves.org website to report the overdose.
- Because all administrations of Naloxone in the field by Police or Fire should require an EMS call, Police and Fire need to be trained to give the label or kit to EMS to document and dispose of. This funnels documentation to EMS (who are already trained in documenting into a medical record that is captured by NC DETECT). Police and fire could code these kits in their incident reports or FireHouse data systems as appropriate for further depth.
- According to EMS, this collaboration with Police and Fire is also an opportunity to train on related activities of hands-only CPR and defibrillation, and in general tie support service communication together for better future collaboration.
- EMS could act as a partner for tracking kit usage. Likely would be recorded in notes anyway – just need to add kit number to documentation. Perhaps should include in standard “Sharps securing” protocols.



# Appendix A

## Code Dictionary

### EXAMPLES

**ORA-01-42** [Orange County, Health Department, Kit #1]

**PRL-00-33** [ProLaz Inc., Kit #33]

**CCN-12-789** [CCNC, Northern Piedmont, Kit # 789]

Aspect name	Description
County code	Three-letter county code (Project Lazarus, Inc., NCHRC and CCNC are considered “counties”)
Distributor code	2-digit distributor identifier (e.g. 1=Health Department, 2=Police, 3=Fire, ... , or CCNC network)
Kit number	Sequential enumeration starting at 1 (Variable length)

NC COUNTY OR OTHER ENTITY	COUNTY CODE
NC Alamance	ALA
NC Alexander	ALE
NC Alleghany	ALL
NC Anson	ANS
NC Ashe	ASH
NC Avery	AVE
NC Beaufort	BEA
NC Bertie	BER
NC Bladen	BLA
NC Brunswick	BRU
NC Buncombe	BUN
NC Burke	BUR
NC Cabarrus	CAB

NC Caldwell	CAL
NC Camden	CAM
NC Carteret	CAR
NC Caswell	CAS
NC Catawba	CAT
NC Chatham	CHA
NC Cherokee	CHE
NC Chowan	CHO
NC Clay	CLA
NC Cleveland	CLE
NC Columbus	COL
NC Craven	CRA
NC Cumberland	CUM
NC Currituck	CUR

NC Dare	DAR
NC Davidson	DAV
NC Davie	DAI
NC Duplin	DUP
NC Durham	DUR
NC Edgecombe	EDG
NC Forsyth	FOR
NC Franklin	FRA
NC Gaston	GAS
NC Gates	GAT
NC Graham	GRA
NC Granville	GRN
NC Greene	GRE
NC Guilford	GUI
NC Halifax	HAL
NC Harnett	HAR
NC Haywood	HAY
NC Henderson	HEN
NC Hertford	HER
NC Hoke	HOK
NC Hyde	HYD
NC Iredell	IRE
NC Jackson	JAC
NC Johnston	JOH
NC Jones	JON
NC Lee	LEE
NC Lenoir	LEN
NC Lincoln	LIN
NC Macon	MAC
NC Madison	MAD
NC Martin	MAR
NC McDowell	MCD
NC Mecklenburg	MEC
NC Mitchell	MIT
NC Montgomery	MON
NC Moore	MOO
NC Nash	NAS
NC New Hanover	NEW
NC Northampton	NOR

NC Onslow	ONS
NC Orange	ORA
NC Pamlico	PAM
NC Pasquotank	PAS
NC Pender	PEN
NC Perquimans	PER
NC Person	PES
NC Pitt	PIT
NC Polk	POL
NC Randolph	RAN
NC Richmond	RIC
NC Robeson	ROB
NC Rockingham	ROC
NC Rowan	ROW
NC Rutherford	RUT
NC Sampson	SAM
NC Scotland	SCO
NC Stanly	STA
NC Stokes	STO
NC Surry	SUR
NC Swain	SWA
NC Transylvania	TRA
NC Tyrrell	TYR
NC Union	UNI
NC Vance	VAN
NC Wake	WAK
NC Warren	WAR
NC Washington	WAS
NC Watauga	WAT
NC Wayne	WAY
NC Wilkes	WIL
NC Wilson	WIS
NC Yadkin	YAD
NC Yancey	YAN
NC Harm Reduction Coalition	HRC
Community Care of NC (CCNC)	CCN
Project Lazarus, Inc	PRL

<b>CCNC NETWORK - DISTRIBUTOR</b>	<b>CCNC CODE</b>
Accesscare	ACS
Carolina Collaborative Community Care	CCC
Carolina Community Health Partnership	CCH
Community Care of Greater Mecklenburg	CGM
Community Care of Eastern Carolina	CEC
Community Care of Southern Piedmont	CSP
Community Care of the Lower Cape Fear	LCF
Community Care of the Sandhills	CSH
Community Care of Wake & Johnston	CWJ
Community Care of Western Carolina	CWC
Community Health Partners	CHP
Northern Piedmont Community Care	NPC
Northwest Community Care	NWC
Partnership for Community Care	PCC

<b>DISTRIBUTOR</b>	<b>CODE NUMBER</b>
County Health Department	1
Pharmacy	2
County Coalition	3
Police Department	4
Fire Department	5
County EMS	6
Substance Abuse Treatment	7
Pain Clinic	8

# Appendix B

## NaloxoneSaves.org: Reversal Survey Questions

Welcome to naloxonesaves.org!

These questions are only for community members who directly used naloxone (Narcan) to reverse an overdose.

You **MUST** be 18 years old to complete the survey. If you are not 18, please exit this survey and don't forget to refill your naloxone.

All responses are anonymous and will remain confidential. Your participation is voluntary and you are free to skip any questions you would rather not answer.

The responses to these questions help us understand the way naloxone is being used in our communities and will help us get more naloxone to the people who need it.

If you have any questions, please feel free to email our team at [iprcoverdose@gmail.com](mailto:iprcoverdose@gmail.com)

**When answering these questions, think about the most recent time you used naloxone. When did you use naloxone? Please click on the day in the calendar below/write the date as MM/DD/YYYY below.**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

### **How did you use the naloxone?**

- In the nose (1)
- Injected with a syringe (2)
- Injected using Evzio (talking) auto-injector (3)
- Other (please describe) (4) \_\_\_\_\_

### **What happened during the overdose event? Check all that apply. This includes the time shortly before and shortly after you used naloxone.**

- Someone did rescue breathing for the person who overdosed (9)
- The person woke up from the overdose (2)
- The person threw up or vomited (3)
- The person went to the hospital (4)
- The person did NOT wake up from the overdose or died (5)
- Someone called 911 (1)
- EMTs or paramedics were there (17)
- Police were there (6)
- Someone was arrested (7)

**In which North Carolina county did you use naloxone? If you used the naloxone outside of North Carolina, select the option at the end of the list.**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alamance (2)    | <input type="checkbox"/> Dare (29)      | <input type="checkbox"/> Lincoln (56)     | <input type="checkbox"/> Rowan (81)                   |
| <input type="checkbox"/> Alexander (3)   | <input type="checkbox"/> Davidson (30)  | <input type="checkbox"/> Macon (57)       | <input type="checkbox"/> Rutherford (82)              |
| <input type="checkbox"/> Alleghany (4)   | <input type="checkbox"/> Davie (31)     | <input type="checkbox"/> Madison (58)     | <input type="checkbox"/> Sampson (83)                 |
| <input type="checkbox"/> Anson (5)       | <input type="checkbox"/> Duplin (32)    | <input type="checkbox"/> Martin (59)      | <input type="checkbox"/> Scotland (84)                |
| <input type="checkbox"/> Ashe (6)        | <input type="checkbox"/> Durham (33)    | <input type="checkbox"/> McDowell (60)    | <input type="checkbox"/> Stanly (85)                  |
| <input type="checkbox"/> Avery (7)       | <input type="checkbox"/> Edgecombe (34) | <input type="checkbox"/> Mecklenburg (61) | <input type="checkbox"/> Stokes (86)                  |
| <input type="checkbox"/> Beaufort (8)    | <input type="checkbox"/> Forsyth (35)   | <input type="checkbox"/> Mitchell (62)    | <input type="checkbox"/> Surry (87)                   |
| <input type="checkbox"/> Bertie (9)      | <input type="checkbox"/> Franklin (36)  | <input type="checkbox"/> Montgomery (63)  | <input type="checkbox"/> Swain (88)                   |
| <input type="checkbox"/> Bladen (10)     | <input type="checkbox"/> Gaston (37)    | <input type="checkbox"/> Moore (64)       | <input type="checkbox"/> Transylvania (89)            |
| <input type="checkbox"/> Brunswick (11)  | <input type="checkbox"/> Gates (38)     | <input type="checkbox"/> Nash (65)        | <input type="checkbox"/> Tyrrell (90)                 |
| <input type="checkbox"/> Buncombe (12)   | <input type="checkbox"/> Graham (39)    | <input type="checkbox"/> New Hanover (66) | <input type="checkbox"/> Union (91)                   |
| <input type="checkbox"/> Burke (13)      | <input type="checkbox"/> Granville (40) | <input type="checkbox"/> Northampton (67) | <input type="checkbox"/> Vance (92)                   |
| <input type="checkbox"/> Cabarrus (14)   | <input type="checkbox"/> Greene (41)    | <input type="checkbox"/> Onslow (68)      | <input type="checkbox"/> Wake (93)                    |
| <input type="checkbox"/> Caldwell (15)   | <input type="checkbox"/> Guilford (42)  | <input type="checkbox"/> Orange (69)      | <input type="checkbox"/> Warren (94)                  |
| <input type="checkbox"/> Camden (16)     | <input type="checkbox"/> Halifax (43)   | <input type="checkbox"/> Pamlico (70)     | <input type="checkbox"/> Washington (95)              |
| <input type="checkbox"/> Carteret (17)   | <input type="checkbox"/> Harnett (44)   | <input type="checkbox"/> Pasquotank (71)  | <input type="checkbox"/> Watauga (96)                 |
| <input type="checkbox"/> Caswell (18)    | <input type="checkbox"/> Haywood (45)   | <input type="checkbox"/> Pender (72)      | <input type="checkbox"/> Wayne (97)                   |
| <input type="checkbox"/> Catawba (19)    | <input type="checkbox"/> Henderson (46) | <input type="checkbox"/> Perquimans (73)  | <input type="checkbox"/> Wilkes (98)                  |
| <input type="checkbox"/> Chatham (20)    | <input type="checkbox"/> Hertford (47)  | <input type="checkbox"/> Person (74)      | <input type="checkbox"/> Wilson (99)                  |
| <input type="checkbox"/> Cherokee (21)   | <input type="checkbox"/> Hoke (48)      | <input type="checkbox"/> Pitt (75)        | <input type="checkbox"/> Yadkin (100)                 |
| <input type="checkbox"/> Chowan (22)     | <input type="checkbox"/> Hyde (49)      | <input type="checkbox"/> Polk (76)        | <input type="checkbox"/> Yancey (101)                 |
| <input type="checkbox"/> Clay (23)       | <input type="checkbox"/> Iredell (50)   | <input type="checkbox"/> Randolph (77)    | <input type="checkbox"/> Outside North Carolina (103) |
| <input type="checkbox"/> Cleveland (24)  | <input type="checkbox"/> Jackson (51)   | <input type="checkbox"/> Robeson (79)     | <input type="checkbox"/> Unsure (102)                 |
| <input type="checkbox"/> Columbus (25)   | <input type="checkbox"/> Johnston (52)  | <input type="checkbox"/> Rockingham (80)  |   |
| <input type="checkbox"/> Craven (26)     | <input type="checkbox"/> Jones (53)     |   |   |
| <input type="checkbox"/> Cumberland (27) | <input type="checkbox"/> Lee (54)       |   |   |
| <input type="checkbox"/> Currituck (28)  | <input type="checkbox"/> Lenoir (55)    |   |   |

**Please enter the code found on your naloxone kit. The code is found below the Naloxone Saves label, as in the example below.**



- Kit Code (1) \_\_\_\_\_
- Didn't use a Kit (4)
- Don't have the Kit Code (3)

**In which county was the naloxone obtained?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alamance (2)    | <input type="checkbox"/> Iredell (50)        | <input type="checkbox"/> Watauga (96)                    |
| <input type="checkbox"/> Alexander (3)   | <input type="checkbox"/> Jackson (51)        | <input type="checkbox"/> Wayne (97)                      |
| <input type="checkbox"/> Alleghany (4)   | <input type="checkbox"/> Johnston (52)       | <input type="checkbox"/> Wilkes (98)                     |
| <input type="checkbox"/> Anson (5)       | <input type="checkbox"/> Jones (53)          | <input type="checkbox"/> Wilson (99)                     |
| <input type="checkbox"/> Ashe (6)        | <input type="checkbox"/> Lee (54)            | <input type="checkbox"/> Yadkin (100)                    |
| <input type="checkbox"/> Avery (7)       | <input type="checkbox"/> Lenoir (55)         | <input type="checkbox"/> Yancey (101)                    |
| <input type="checkbox"/> Beaufort (8)    | <input type="checkbox"/> Lincoln (56)        | <input type="checkbox"/> Outside North<br>Carolina (103) |
| <input type="checkbox"/> Bertie (9)      | <input type="checkbox"/> Macon (57)          | <input type="checkbox"/> Unsure (102)                    |
| <input type="checkbox"/> Bladen (10)     | <input type="checkbox"/> Madison (58)        |  |
| <input type="checkbox"/> Brunswick (11)  | <input type="checkbox"/> Martin (59)         |  |
| <input type="checkbox"/> Buncombe (12)   | <input type="checkbox"/> McDowell (60)       |  |
| <input type="checkbox"/> Burke (13)      | <input type="checkbox"/> Mecklenburg (61)    |  |
| <input type="checkbox"/> Cabarrus (14)   | <input type="checkbox"/> Mitchell (62)       |  |
| <input type="checkbox"/> Caldwell (15)   | <input type="checkbox"/> Montgomery (63)     |  |
| <input type="checkbox"/> Camden (16)     | <input type="checkbox"/> Moore (64)          |  |
| <input type="checkbox"/> Carteret (17)   | <input type="checkbox"/> Nash (65)           |  |
| <input type="checkbox"/> Caswell (18)    | <input type="checkbox"/> New Hanover<br>(66) |  |
| <input type="checkbox"/> Catawba (19)    | <input type="checkbox"/> Northampton<br>(67) |  |
| <input type="checkbox"/> Chatham (20)    | <input type="checkbox"/> Onslow (68)         |  |
| <input type="checkbox"/> Cherokee (21)   | <input type="checkbox"/> Orange (69)         |  |
| <input type="checkbox"/> Chowan (22)     | <input type="checkbox"/> Pamlico (70)        |  |
| <input type="checkbox"/> Clay (23)       | <input type="checkbox"/> Pasquotank (71)     |  |
| <input type="checkbox"/> Cleveland (24)  | <input type="checkbox"/> Pender (72)         |  |
| <input type="checkbox"/> Columbus (25)   | <input type="checkbox"/> Perquimans (73)     |  |
| <input type="checkbox"/> Craven (26)     | <input type="checkbox"/> Person (74)         |  |
| <input type="checkbox"/> Cumberland (27) | <input type="checkbox"/> Pitt (75)           |  |
| <input type="checkbox"/> Currituck (28)  | <input type="checkbox"/> Polk (76)           |  |
| <input type="checkbox"/> Dare (29)       | <input type="checkbox"/> Randolph (77)       |  |
| <input type="checkbox"/> Davidson (30)   | <input type="checkbox"/> Richmond (78)       |  |
| <input type="checkbox"/> Davie (31)      | <input type="checkbox"/> Robeson (79)        |  |
| <input type="checkbox"/> Duplin (32)     | <input type="checkbox"/> Rockingham (80)     |  |
| <input type="checkbox"/> Durham (33)     | <input type="checkbox"/> Rowan (81)          |  |
| <input type="checkbox"/> Edgecombe (34)  | <input type="checkbox"/> Rutherford (82)     |  |
| <input type="checkbox"/> Forsyth (35)    | <input type="checkbox"/> Sampson (83)        |  |
| <input type="checkbox"/> Franklin (36)   | <input type="checkbox"/> Scotland (84)       |  |
| <input type="checkbox"/> Gaston (37)     | <input type="checkbox"/> Stanly (85)         |  |
| <input type="checkbox"/> Gates (38)      | <input type="checkbox"/> Stokes (86)         |  |
| <input type="checkbox"/> Graham (39)     | <input type="checkbox"/> Surry (87)          |  |
| <input type="checkbox"/> Granville (40)  | <input type="checkbox"/> Swain (88)          |  |
| <input type="checkbox"/> Greene (41)     | <input type="checkbox"/> Transylvania (89)   |  |
| <input type="checkbox"/> Guilford (42)   | <input type="checkbox"/> Tyrrell (90)        |  |
| <input type="checkbox"/> Halifax (43)    | <input type="checkbox"/> Union (91)          |  |
| <input type="checkbox"/> Harnett (44)    | <input type="checkbox"/> Vance (92)          |  |
| <input type="checkbox"/> Haywood (45)    | <input type="checkbox"/> Wake (93)           |  |
| <input type="checkbox"/> Henderson (46)  | <input type="checkbox"/> Warren (94)         |  |
| <input type="checkbox"/> Hertford (47)   | <input type="checkbox"/> Washington (95)     |  |
| <input type="checkbox"/> Hoke (48)       |  |  |
| <input type="checkbox"/> Hyde (49)       |  |  |

**How long after the first vial was a second vial of naloxone given?**

- Only one vial was given (1)
- Within 5 minutes (2)
- Within 10 minutes (6)
- Within 1 hour (3)
- After 1 hour (4)
- Unsure (5)

**How would you describe the gender of person who overdosed?**

- Male (1)
- Female (2)
- Transgender (3)
- In another way (please specify if you wish) (4) \_\_\_\_\_

**Which of the following best describes the age of the person who overdosed?**

- 17 years or under (1)
- 18 to 30 years (2)
- 31 to 50 years (3)
- 51 years or older (4)

Please feel free to leave any additional comments in the space below. We would especially like to know if you had a good or bad experience with professionals like police, first responders, or hospital staff. If you have any questions about this survey, please contact us at [iprcoverdose@gmail.com](mailto:iprcoverdose@gmail.com). Please click the Submit button when you are finished.

Thank you. Don't forget to refill your Naloxone!

To find out more about replacement naloxone, please visit <http://www.nchrc.org/program-and-services/overdose-prevention-project/>.

If you want to talk to a professional about witnessing or being involved in an overdose, please call 211 or visit [nc211.org](http://nc211.org).

## Naloxone Kit Materials

## APPENDIX 3-D

There are different ways you can assemble naloxone kits. You will need some kind of container, like a bag or a small sharps container like a [Fitpak](#) (see images below for examples).

- If you are distributing 10ml vials of naloxone, include at least 10 muscle syringes so that participants have one syringe per 1ml injection. 3ml 25g 1” syringes are recommended, but different gauges and point lengths are sometimes used, like 3ml 22g 1 ½”. Any option is ok as long as the point is at least 1” long so that it can reach the muscle.
- If you are distributing 1ml vials of naloxone, include at least two vials in the kit, with 2 muscle syringes.
- If you are distributing 2ml vials and needleless luer-lock syringes for intranasal administration, include two boxes of naloxone/syringe and rubber band an atomizer (Mucosal Atomization Device) to each box.
- Optional items for the kits include alcohol pads, rescue breathing masks, rubber gloves, prescription cards or an educational insert. You can put your kits in plastic baggies, or you can purchase bags with zippers.
- [Download a template for the stickers seen on the fitpack in the photo below](#) .



Injectable Naloxone Kit Photo: Nabarun Dasgupta

You may want to provide participants with some written materials about overdose prevention and using naloxone. These should be tailored to your community, and produced in the languages that are most common among your participants. Written materials should summarize the training so they can be referenced later and they should include easy-to-understand visuals. Written materials should include, but are not limited to the following:

- Overdose Prevention strategies
- Risk for Overdose
- Recognizing an Overdose
- Responding to an OD, including stimulation, 911, rescue breathing and naloxone administration instructions
- Aftercare information
- Contact information for getting naloxone refills



Overdose prevention programs have created many great brochures and educational pamphlets. Please feel free to draw inspiration from them to create your own. Alternatively, existing materials can be adapted for non-commercial purposes providing that all Harm Reduction Coalition logos and contact details remain unaltered.

- [How to Give Nasal Spray \(Intranasal Naloxone\)](#) (English)
- [How to Give Nasal Spray \(Intranasal Naloxone\)](#) (Español)
- [How to Give Nasal Spray \(Intranasal Naloxone\)](#) (English & Español)

# Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code



prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 0.4 mg/mL (Narcan)

1 x 10 mL as one fliptop vial (NDC 0409-1219-01) OR

2 x 1mL single dose vials (NDC 0409-1215-01)

Refills: \_\_\_\_\_

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: \_\_\_\_\_

Refills: \_\_\_\_\_

Sig: For suspected opioid overdose,  
inject 1mL IM in shoulder or thigh.

Repeat after 3 minutes if no or minimal response.

prescriber signature

date

Detach for patient



## Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)



## Call 911 for help

All you have to say:

"Someone is unresponsive and not breathing."

Give clear address and location.



## Airway

Make sure nothing is inside the person's mouth.



## Rescue breathing

Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

Chest should rise, not stomach



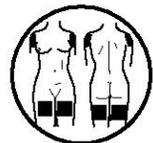
## Evaluate

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?



## Prepare naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)



## Muscular injection

inject 1cc of naloxone into a big muscle (shoulder or thigh)



## Evaluate + support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

# APPENDIX 3-E

## How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
  - Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

For More Info  
[PrescribeToPrevent.com](http://PrescribeToPrevent.com)

Poison Center  
1-800-222-1222  
(free & anonymous)

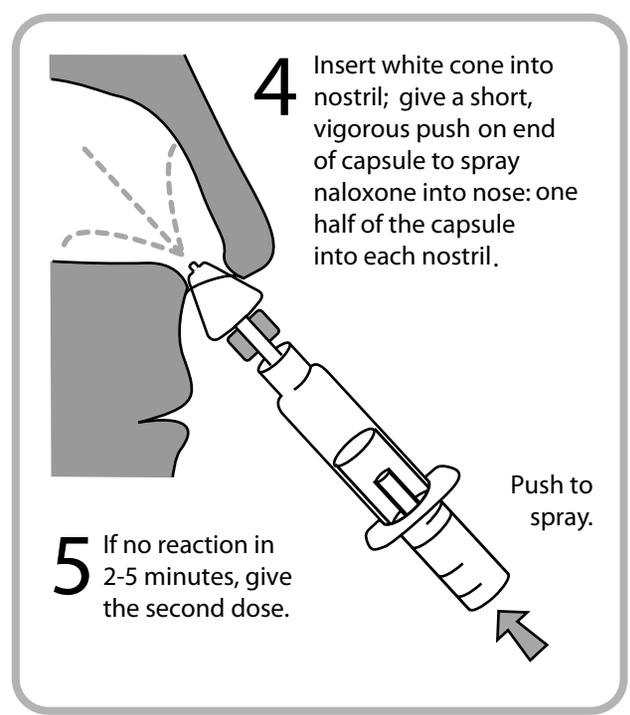
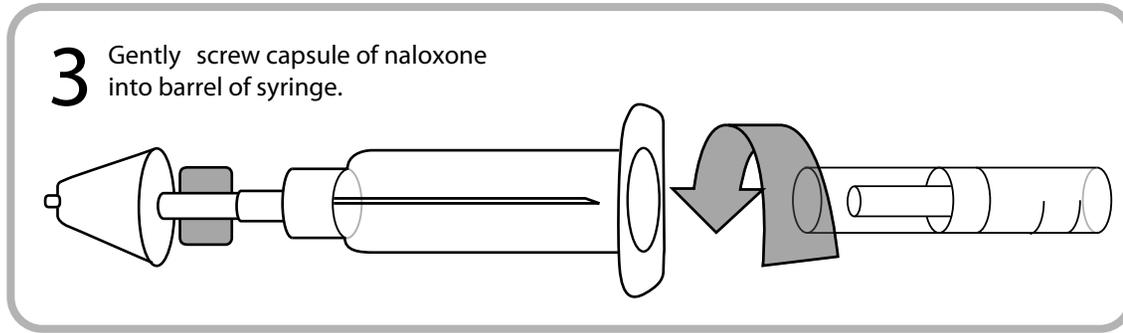
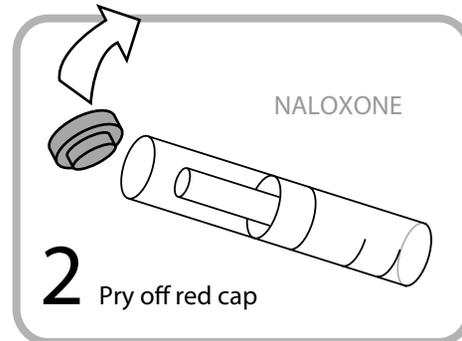
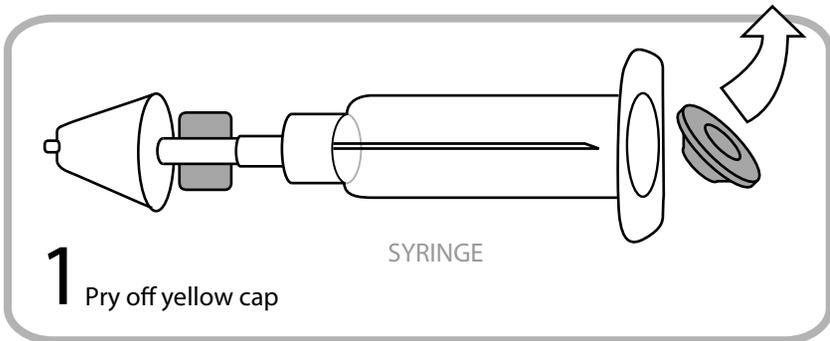
## Assembling the nasal spray device (partly)

Each dose of naloxone comes in a tan/orange box that contains a syringe with yellow caps on each end, and a capsule of naloxone with a red cap. Each syringe should be screwed onto a white cone, called a Mucosal Atomization Device (MAD), which turns the liquid naloxone into a spray. With these two pieces screwed together, anyone using the kit does not have to lose time putting them together during an emergency.

### Here's how to do it:

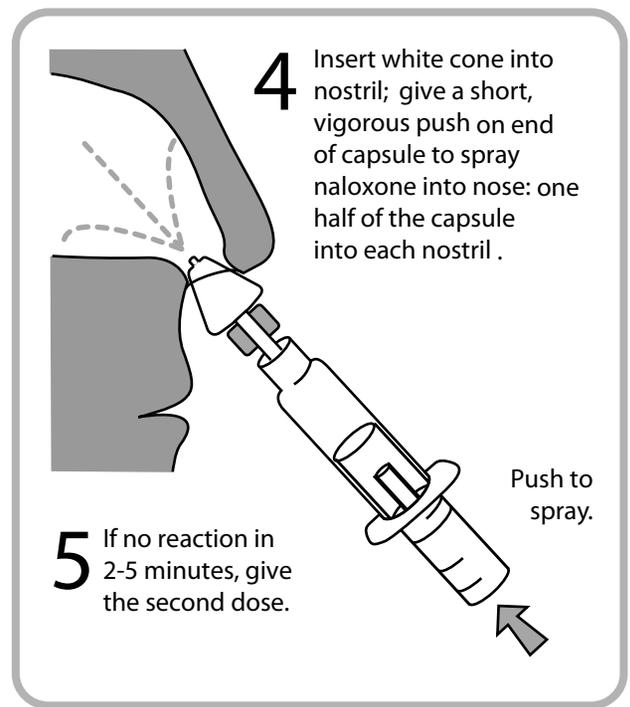
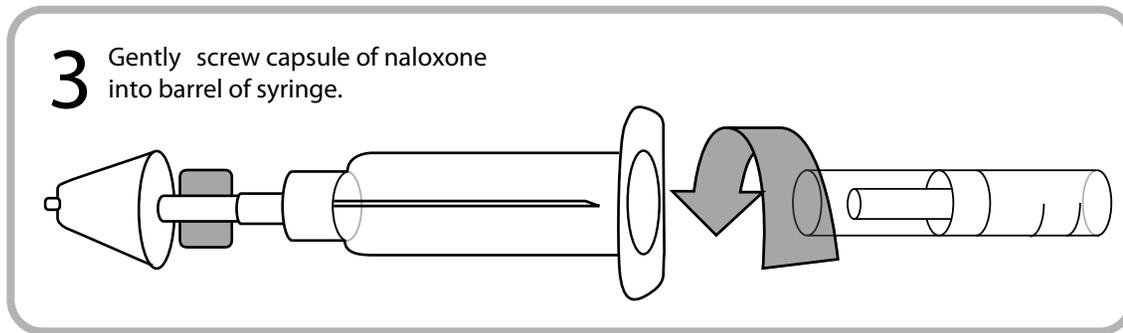
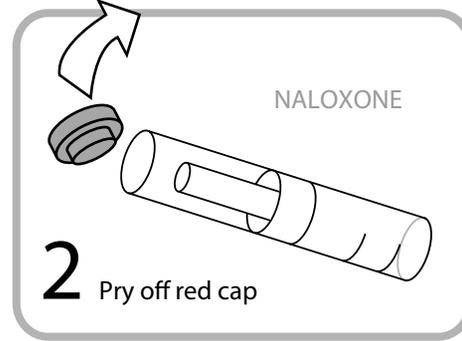
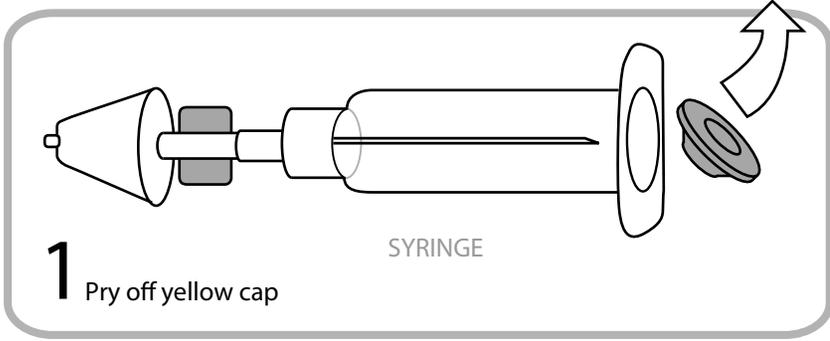
1. Open the tan/orange box at the end that does **not** have the expiration date. This way the date can easily be seen. The expiration date is also printed on the naloxone capsule, but it's hard to read. An easy way to open the undated end of the box is to squeeze the wide sides together so that the sealed end distorts its shape and the flaps are easily grasped to pull apart.
2. Remove the syringe from the box, leaving the naloxone capsule with the red/purple cap inside.
3. Remove the large yellow cap from the tip of the syringe
4. Tear open the plastic wrapping of the MAD without removing it from the bag or touching it. (Look closely at the bag to find where to tear it along the dotted line on one of its long sides.)
5. Hold the MAD through its bag to keep it untouched while screwing the syringe onto it. Grip the clear plastic 'wings' on the MAD through the bag; that will make it easier to hold while screwing. (We are trying not to touch the MAD, because when the kit is used, it will be put into the nose of the person being rescued. Another way of keeping the MAD clean is to wear latex gloves while handling it.)
6. After screwing the MAD onto the syringe, put them into the tan/orange box. The end with the MAD should be put into the box first. This way, the wide part of the syringe keeps the naloxone capsule from falling out, and the MAD squeezed into the box keeps the syringe from sliding out.
7. Put 2 doses into each blue bag, along with one set of instructions.





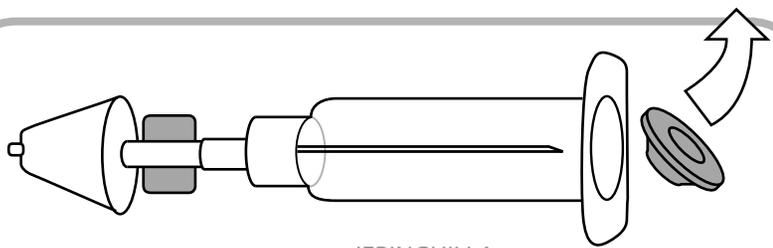
  
HARM REDUCTION  
COALITION

22 WEST 27TH ST, NEW YORK,  
NY 10001 (212) 213-6376  
www.harmreduction.org



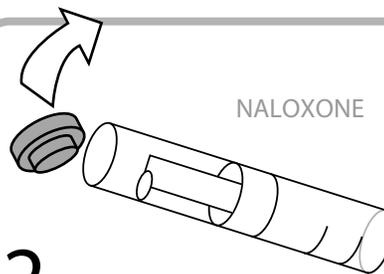
  
HARM REDUCTION  
COALITION

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www.harmreduction.org



**1** Hala o saca las tapas color amarilla

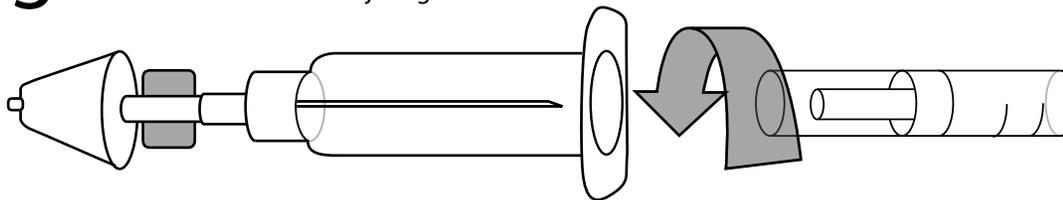
JERINGUILLA



**2** Hala o saca la tapa color roja

NALOXONE

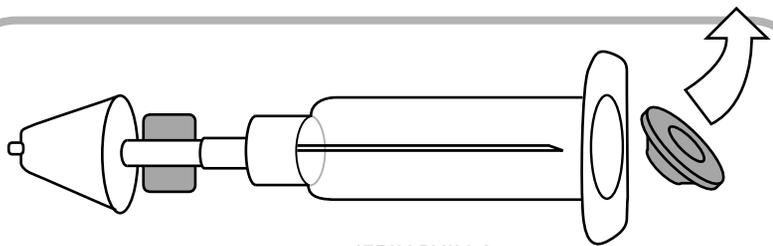
**3** Delicadamente, enrosca la capsula de nalozone en el barril de la jeringuilla.



**4** Inserta el cono blanco dentro de la ventana de la nariz, dale un mpuje corto y vigoroso al final de la capsula para rociar el nolozone dentro de la nariz: rocea la mitad de la capsula dentro de cada ventana de la nariz.

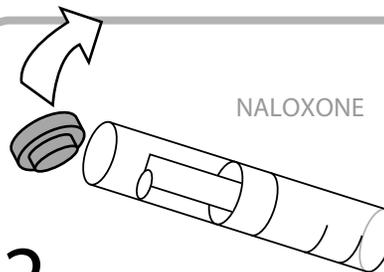
**5** Si no reacciona dentro de 2-5 minutos administra una segunda dosis.

Empuje



**1** Hala o saca las tapas color amarilla

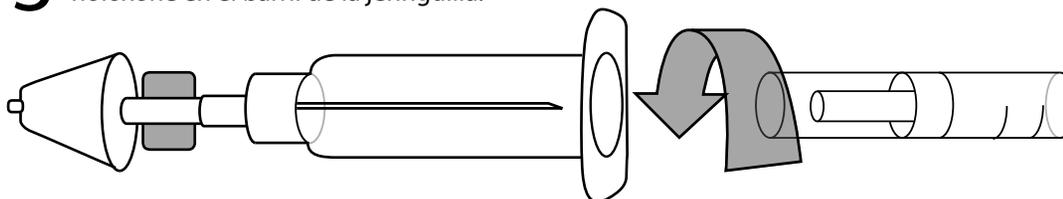
JERINGUILLA



**2** Hala o saca la tapa color roja

NALOXONE

**3** Delicadamente, enrosca la capsula de nalozone en el barril de la jeringuilla.



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## How to Use EVZIO

### How do I use EVZIO if I overdose on my opioid?

If you have an opioid overdose, a family member, friend, or other caregiver will probably have to **use EVZIO by following these 4 simple steps:**



**1**

**Pull EVZIO from the outer case.**

**Do not** go to Step 2 (do not remove the **red** safety guard) until you are ready to use EVZIO. **If you are not ready to use EVZIO, put it back in the outer case for later use.**



**2**

**Pull off the red safety guard.**

To reduce the chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

**Note:** The **red** safety guard is made to fit tightly. **Pull firmly to remove.**

**Do not replace the red safety guard after it is removed.**

### **IMPORTANT SAFETY INFORMATION** *(continued)*

**3. Get emergency medical help right away after using the first dose of EVZIO.**

4. The signs and symptoms of an opioid emergency can return within several minutes after EVZIO is given. If this happens, give additional injections using a new EVZIO auto-injector every 2 to 3 minutes and continue to closely watch the person until emergency help is received.

**Please see additional Important Safety Information on page 11.**



**Place the black end of EVZIO against the outer thigh, through clothing, if needed. Press firmly and hold in place for 5 seconds.**

If you give EVZIO to an infant less than 1 year old, pinch the middle of the outer thigh before you give EVZIO and continue to pinch while you give EVZIO.

**Note:** EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.



**4**

**After using EVZIO, get emergency medical help right away.**

If symptoms return after an injection with EVZIO, an additional injection using another EVZIO may be needed. Give additional injections using a new EVZIO auto-injector every 2 to 3 minutes and continue to closely watch the person until emergency help is received.

EVZIO cannot be reused. After use, place the auto-injector back into its outer case. Do not replace the **red** safety guard.



**Check Point #4:** If someone thinks you are having an opioid overdose—even if they're not quite sure—they should still **use EVZIO and immediately seek emergency medical help.**

**OPIOID OVERDOSE RESCUE KIT**  
**NORTH CAROLINA HARM REDUCTION**  
**COALITION**

Naloxone Hydrochloride (0.4mg/mL)

**Directions:** In event of opioid overdose with respiratory depression or unresponsiveness, inject 1 mL of naloxone intramuscularly into upper arm, buttock or thigh. If no response in 2 minutes, administer another dose via intramuscular injection as needed for response.

Prescriber: L. Graddy MD 910 Broad Street Durham, NC 27705  
 Dispensing Pharmacy: Gurley's Pharmacy, 114 W. Main St., Durham, NC, 27701  
 Dispensed by: V. Patel, R.Pharm.  
 Date of Prescription: 5/26/2015  
 Serial Number: NCHRC-AVL-12-

**WARNING:** The overdose rescue kit should only be used to save a life. It can stop an opioid overdose. If used, call 911 immediately. The patient still must go to the hospital because naloxone will wear off within 30 minutes.

*As of 04/09/2013 under NC law SB20, this person has the right to carry this kit, which includes naloxone and supplies to administer.*

**If kit is used,** please report date and city/town of reversal by phone or text to (336) 543-8050. Questions/refills can be directed to same number. Reversals can also be reported at: <http://www.naloxonesaves.org>  
*No personal data is required to report OD Reversals and data is anonymous.*

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## North Carolina Harm Reduction Coalition

*The North Carolina Harm Reduction Coalition (NCHRC) is North Carolina's only comprehensive harm reduction program.*

NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for law enforcement and those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis.

We believe that the key to bringing sex workers, crack smokers, injection drug users and others who engage in high-risk activities closer to prevention and health services is to treat every person, regardless of their circumstance or condition, with dignity and respect.



NCHRC maintains staff in Fayetteville, Asheville and Durham, NC.

**336-543-8050**

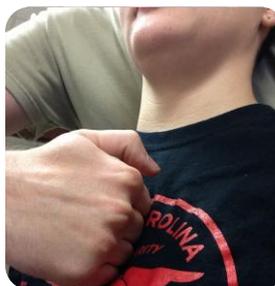
**robert@nchrc.net**

**Office Location:**  
904 Broad St  
Durham, NC 27705

**Mailing Address:**  
PO BOX 13761,  
Durham, NC, 27709

### Sternal Rub

Check if they are responsive by rubbing your fist up and down their chest along the sternum. If they don't wake up, call 911.



### Call 911

State what you see:

"The person is unconscious and not breathing." Clearly state the address of the overdose.

### Give Naloxone

Inject naloxone straight into a muscle (upper arm, butt, or thigh).



### Give Rescue Breathing

Tilt their head back slightly, pinch their nose, and give 1 breath every five seconds.



**North Carolina Harm Reduction Coalition**

# Opiate Overdose Prevention and Survival

**If you suspect an overdose,**

## **Call 911**

You **cannot** be prosecuted for:

- Small amounts of drugs
- Possession of drug paraphernalia
- Underage possession or consumption of alcohol

# Opiate Overdose Prevention and Survival



## 911 Good Samaritan and Naloxone Access Law

**Naloxone (Narcan) is an effective, prescription medication that reverses opioid drug overdose.**

**For Overdoses:** As of April 9<sup>th</sup>, 2013, a person who seeks medical assistance for someone experiencing a drug overdose **cannot** be prosecuted for possession of small amounts of drugs or for possession of drug paraphernalia if evidence for the charge was obtained as a result of the person seeking help. The victim is protected from these charges as well.

**For Alcohol Poisoning:** As of April 9<sup>th</sup>, 2013, an underage person who seeks medical assistance for someone experiencing alcohol poisoning **cannot** be prosecuted for possession or consumption of alcohol if evidence for the charge was obtained as a result of the person seeking help. However, the person must give their real name when seeking help and then remain with the victim until help arrives.

**Immunity:** Doctors and other providers who prescribe naloxone AND the people who administer naloxone in the case of an overdose will be immune from any civil or criminal charges as long as they act in good faith.

## Signs of an Overdose

The #1 sign of an OD is:  
**Unresponsiveness**

Other signs include:

- Not breathing, turning blue, deep snoring
- Vomiting
- Gasping, gurgling



Risk Factors:

- **Mixing** different types of drugs (opiates with alcohol and/or benzos)
- **Quality** and difference in purity levels based off batch
- **Low Tolerance** due to not using opiates after incarceration, detox, or drug-free drug treatment
- **Using Alone** behind locked door, unable to be found
- **Compromised Health** due to an infection, lack of sleep
- **Stressful or new environments**

## Overdose Myths

The following **do not** work to reverse opiate and opioid-based overdoses, but are not limited to:

- Cold shower
- Letting them sleep it off
- Giving someone coffee or making them walk around
- Injecting with anything other than naloxone (salt water, milk, mayonnaise)

**The only viable option when someone is experiencing an opiate overdose is to initiate rescue breathing, administer naloxone and seek medical assistance.**

**To find a drug treatment center near you, visit:**

<http://findtreatment.samhsa.gov>

**or call**

**1-800-662-(HELP) 4357**

## The DOPE Project “Quick & Dirty” Narcan Training Checklist

- 1) **Sign-in Sheet:** full name, mother’s name, date of birth (unique identifier code)
- 2) **Mechanism of overdose:** when someone dies it’s because their breathing slows to the point where they stop getting enough oxygen to stay conscious, and without air, eventually the heart stops. With an upper overdose, the heart stops, or person has seizures or stroke.
- 3) **Risk Factors:**
  - a) Mixing: opioids with alcohol/pills, or cocaine → *Prevention:* use one drug at a time, don’t mix highest risk ones.
  - b) Tolerance: exiting jail, hospital, detox, esp. methadone detox → *Prevention:* use less when tolerance at these times.
  - c) Quality: unpredictable → *Prevention:* tester shots, use reliable/consistent dealer.
  - d) Using Alone: behind closed, locked door, where cannot be found, esp. in SROs. → *Prevention:* fix with a friend. Leave door unlocked. Call someone.
  - e) Health: liver, breathing problems (asthma), compromised immune system, active infections, lack of sleep, dehydration, malnourishment all increase risk of OD → eat, drink, sleep, see doctor, carry inhaler, treat infections, etc.
- 4) **Recognition:** The line between high vs. overdosing: **unresponsive**. Other signs to look for: slow, shallow breathing, pale, blue, snoring/gurgling for opiate OD; chest pains, difficulty breathing, dizziness, foaming at the mouth, lots of sweat or NO sweat, racing pulse, puking, seizures, loss of consciousness for stimulant OD.
- 5) **Response (upper/stimulant OD):**
  - a) There is no antidote to a stimulant OD, like Narcan—**call 911** if you see the signs of a seizure, heart attack or stroke.
  - b) If the person is still conscious, have them sit. Loosen any clothing around waist, chest and neck.
  - c) Breathing into a bag can help reduce panic and hyperventilation. Make sure they are getting some air and the room is ventilated (open a window if you have one!) Benzos (like ONE benzo) can help with overamping, similar to a panic attack. This is what they would give you if you went to the ER.
  - d) If they are having a seizure, make sure there is nothing within reach that could harm them (objects that could fall, furniture they could bump themselves on, etc).
  - e) Do not hold the person down, if the person having a seizure thrashes around there is no need for you to restrain them, just make sure objects are out of the way.
  - f) Do not put anything in the person's mouth. Contrary to popular belief, a person having a seizure is incapable of swallowing their tongue so you do not have to stick your fingers or an object into their mouth.
  - g) Do not give the person water, pills, or food until fully alert
  - h) If overheated and/or they have stopped sweating, cool them down with ice packs, mist or fanning.
  - i) If they pass out or become unresponsive, open their airway and immediately **call 911!**
  - j) If the person is unconscious, check for breaths/pulse. Begin rescue-breathing/CPR if needed!
- 6) **Response (downer/opiate OD):**
  - a) Noise: call name, yell “cops, or I’m going to narcan you!”
  - b) Pain: shake, slap, sternum rub.
  - c) Airway: head tilt, chin lift.
  - d) Check breathing and clear airway (check for syringe caps, undissolved pills, cheeked Fentanyl patches, toothpicks, gum, etc.)
- 7) **Recovery Position:** put person on their side if you have to leave them alone to call 911.
- 8) **Calling 911:**
  - a) Say: (location), “someone is unconscious, not breathing.” Not: “overdose.”
  - b) Cops in SF generally do not arrest; there to help paramedics and 1<sup>st</sup> to respond in medical emergency.
  - c) *Narcan only works on opiates*, not benzos or alcohol. Need 911 as backup.
- 9) **Rescue Breathing**
  - a) If you’re alone with the overdosing person, start rescue breathing and then go get narcan after you’ve given a few breaths. If you’re not alone, start rescue breathing while other person goes to get the narcan.
  - b) Head tilt, chin lift
  - c) Look, listen, feel: to see if chest rises/falls; listen/feel for breath.

- d) Two breaths: normal sized, not quick, not a hurricane!
- e) One breath every five seconds (count one-one thousand, two-one thousand...)
- f) Explain need: brain damage/death after 3-5 min. without oxygen to brain, ambulance may take longer, have to breathe for person until narcan kicks in or paramedics arrive.

**10) Administering IM Narcan**

- a) Assembling shot: remove cap on vial, draw up 1cc of Narcan into muscling syringe.
- b) Site location: arm (deltoid), thigh, butt. Shoot into muscle, not vein, not abscess.
- c) Administering shot: clean with alcohol wipe (if available). Insert at 90° angle. Push in plunger.

**Administering Nasal Narcan**

- a) Pull off yellow caps, screw spray device onto syringe
- b) Pull red cap of the vial of Narcan and gently screw into bottom of syringe
- c) Spray half of vial up one nostril, half up the other

**11) While you're waiting for the narcan to kick in...**

- a) Start rescue breathing again, until you see the person start to breathe on their own.
- b) Wait 2-3 minutes (it seems like forever!) until you give a second dose of narcan. Give it a chance to work, it doesn't always work instantaneously.
- c) If you get no response after 2-3 minutes, give a second dose and start rescue breathing again. If there is still no response, continue breathing until paramedics arrive and let them take over, and if you haven't called 911 yet, do it now! There could be something else wrong, they may have taken different drugs that narcan doesn't work on, or it could be too late for narcan to work.

**10) Aftercare:**

- a) Takes several minutes to kick in; wears off in 30-45 minutes
- b) Person won't remember overdosing; explain what happened
- c) Don't allow to do more opioids--will be wasting drugs, could OD again
- d) Need to watch person for at least an hour
- e) Could need to administer another dose of Narcan

**11) Narcan care:**

- a) Keep out of sunlight, and keep at room temperature (not too hot, not too cold—don't put in fridge!)
- b) Expires in about two years—date will be on your narcan itself.

**12) Logistics:**

- a) IM Narcan Kit contents: 2x 3cc musclers, 2x 1cc vials of narcan, prescription card
- b) Nasal Narcan Kit contents: 2 doses of 2cc Narcan with Atomizer device, prescription card, instructions
- c) Complete Clinical Registration and fill out prescription card and stickers for Narcan.
- d) Legality: cops know about program, should not harass or confiscate, contact DOPE if they do
- e) Follow-up: come back for re-fill if used, lost, or confiscated

*updated 7/2011*

how to  
**recognize and respond**  
 to an  
**opioid/heroin overdose**  
**naloxone**  
**(narcan)**



**What should you do?**

- 1. DO NOT LEAVE THEM ALONE TO SLEEP IT OFF.**
- 2. TRY TO WAKE THEM.** Call their name. Rub your knuckles on their sternum or upper lip.
- If they don't respond, **CALL 911.**



**What should you do?**

- 4. BREATHE FOR THEM.** (rescue breathing) Make sure nothing is blocking their airway. Tilt their head back, pinch their nose, and give two quick breaths. Continue with one breath every five seconds until paramedics arrive.
- 5. EVALUATE.** Are they any better? Can you get to the naloxone (Narcan) quickly so they won't go too long without you helping them breathe?



**What should you do?**

- 6. GIVE THEM NALOXONE (NARCAN).** Uncap the bottle and pull all of the liquid into the syringe. Inject straight into their **UPPER ARM** or **THIGH**.
- 7. CONTINUE RESCUE BREATHING** until paramedics arrive. If you need to leave the person, put them in the **RESCUE POSITION** on their left side.



**What should you do?**

- 8. EVALUATE AND SUPPORT.** If the person doesn't start breathing after 3-5 minutes, give them the **SECOND VIAL OF NALOXONE.**
- 9. WHEN THEY WAKE UP,** they may be very angry and feeling withdrawal symptoms. The effects of naloxone (Narcan) only last 30-90 minutes, so it is important for them to get medical help and not use more drugs.

**What Does an Overdose Look Like?**

- No breathing or slow breathing?
- Skin looks bluish or gray?
- Fingertips or lips look dark (blue/purple)?
- Unresponsive?
- Slow or no pulse?
- Eyes rolled back?

**DON'T BE AFRAID TO CALL 911.**

- **GOOD SAMARITAN LAW.** As of April 2013 in North Carolina, if you seek help for someone who is overdosing, you and the victim cannot be prosecuted for possession of small amounts of drugs, or paraphernalia. An underage person reporting alcohol overdose also can't be prosecuted for underage possession or consumption of alcohol.
- **NALOXONE (NARCAN)** is not a substitute for medical care when someone overdoses. **CALL 911.**

**About naloxone:**

- Is used to reverse overdose from opioids, like RX painkillers (oxycodone, methadone) and heroin
- Has no potential for abuse
- Has no effects of its own—using it without having opiates in you is like injecting water
- Is also called Narcan®
- Can cause withdrawal in someone who uses opioids or heroin regularly
- Does not eliminate heroin or opioids
- Overdose can return when naloxone wears off (30-90 minutes)

**How to Prevent Drug Overdose**

- If you take opioid pain medications or heroin, try to be with other people who can help you if something goes wrong.
- If you have been drug free for a while, you are more likely to overdose. Take less than you are used to.
- Don't mix opioids with other drugs or alcohol. Make sure your doctor knows all of the medications you take.
- If you or someone you know has problems with alcohol or drugs, **there is help.** Talk to a healthcare provider or visit [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

**Naloxone Kit**

This medication is prescribed for the reversal of opioid overdose. The person possessing naloxone has been trained in its safe usage.

Contains: 2 vials naloxone hydrochloride (0.4 mg/mL), gloves, alcohol swabs, syringes, and CPR mask

If your kit expires or you need a new one, call **919-245-2400.**

This kit is made possible by the Orange County Health Dept. and Project Lazarus.



cómo  
**reconocer y responder**  
a una  
sobredosis de **opioides/heroína**  
**naloxona**  
**(narcan)**



### ¿Qué debe hacer?

1. **NO DEJE A LA PERSONA SOLA PARA QUE SE LE PASE EL EFECTO DURMIENDO.**
2. **TRATE DE DESPERTARLE.** Llámeme por su nombre. Frótle el esternón o el labio superior con sus nudillos.
3. Si no responde, **LLAME AL 911.**



### ¿Qué debe hacer?

4. **AYÚDELE A RESPIRAR.** (respiración de rescate/salvamento) Asegúrese de que no hay nada bloqueando las vías respiratorias de la persona. Inclínele la cabeza hacia atrás. Pínchele la nariz y soplele aire en la boca rápidamente dos veces. Continúe dándole un soplo de aire en la boca cada cinco segundos, hasta que lleguen los paramédicos.
5. **EVALÚE.** ¿Está mejorando la persona? ¿Puede obtener la naloxona (Narcan) rápidamente para que la persona no pase mucho tiempo sin su ayuda para respirar?



### ¿Qué debe hacer?

6. **DELE NALOXONA (NARCAN).** Destape el recipiente y saque todo el líquido con la jeringuilla. Inyéctelo directamente en la parte **SUPERIOR DEL BRAZO** o **EN EL MUSLO.**
7. **CONTINÚE LA RESPIRACIÓN BOCA A BOCA** hasta que lleguen los paramédicos. Si necesita dejar a la persona sola, póngala en **POSICIÓN DE SEGURIDAD**, sobre el lado izquierdo.



### ¿Qué debe hacer?

8. **EVALÚE Y DÉ APOYO.** Si la persona no comienza a respirar después de 3 ó 5 minutos, dele **LA SEGUNDA AMPOLLETA/VIAL DE NALOXONA.**
9. **CUANDO DESPIERTE,** la persona puede estar muy enojada y sintiendo síntomas de abstinencia. Los efectos de la naloxona (narcan) sólo duran de 30 a 90 minutos, por lo tanto es importante que la persona busque asistencia médica y no use más drogas.

### ¿Qué ocurre durante una sobredosis?

- ¿No respira o la respiración es lenta?
- ¿La piel se ve de un color azulado o gris?
- ¿La punta de los dedos o los labios se ven de un color negro oscuro / morado?
- ¿La persona no responde a los estímulos?
- ¿No hay pulso o el pulso es lento?
- ¿Los ojos están en blanco?

### NO TENGA MIEDO DE LLAMAR AL 911

- **LA LEY DEL BUEN SAMARITANO.** A partir de abril del 2013 en Carolina del Norte, si usted busca ayuda para alguien que esté sufriendo una sobredosis, usted y la víctima no pueden ser procesados por poseer pequeñas cantidades de drogas o parafernalia. Lo mismo ocurre en casos donde un menor de edad llama para reportar una sobredosis de alcohol.
- **NALOXONA(NARCAN)** no sustituye la atención médica cuando alguien sufre una sobredosis. **LLAME AL 911.**

### Información sobre naloxona:

- se usa para revertir los efectos de sobredosis de opioides, como los medicamentos recetados para el dolor (oxicodona, metadona) y la heroína
- también se llama Narcan®
- no es adictiva
- no elimina la heroína o los opioides del cuerpo
- no tiene efectos propios - usarla sin tener opiáceos en el cuerpo es como inyectarse agua
- puede causar síntomas de abstinencia en personas que usan opioides o heroína con regularidad
- la sobredosis puede regresar cuando se pasa el efecto de la naloxona (de 30 a 90 minutos)

### Cómo prevenir una sobredosis de drogas

- Si toma medicamentos para el dolor opiáceos o heroína, trate de estar con otras personas que puedan ayudarle si algo va mal.
- Si ha estado sin consumir drogas durante un tiempo, la probabilidad de sobredosis es mayor. Use una cantidad menor de lo que usted está acostumbrado usar.
- No mezcle opiáceos con otras drogas o alcohol. Asegúrese de que su doctor sabe todas las medicinas que está tomando.
- Si usted, o alguien que usted conozca, tiene problemas con el alcohol o las drogas, **hay ayuda disponible.** Hable con su doctor o visite al sitio de internet [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).

### Equipo de Naloxona

Este medicamento es recetado para revertir los efectos de una sobredosis de opioides. La persona que posee naloxona ha sido entrenada en su uso seguro.

Contiene: 2 ampollitas/viales de clorhidrato de naloxona (0.4 mg/mL), guantes, toallitas de alcohol, jeringuillas, y mascarilla de resucitación

Si su equipo caduca o necesita uno nuevo, llame al **919-245-2400.**

Este equipo es auspiciado por el Proyecto Lazarus y el Departamento de Salud del Condado de Orange



NALOXONE DISPENSING RECORD

DATE (MM/DD/YYYY)	RX NUMBER	PARTICIPANTS'S FULL NAME and DOB	Prescriber/ Dispenser Name	PLEASE COMPLETE THIS SECTION TO HELP US EVALUATE THE PROGAM
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
				<input type="checkbox"/> 1 <sup>st</sup> Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated

PHARMACIST REVIEW SIGNATURE \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_



# DO YOU OR SOMEONE YOU KNOW USE PRESCRIPTION PAIN MEDICINE OR HEROIN?

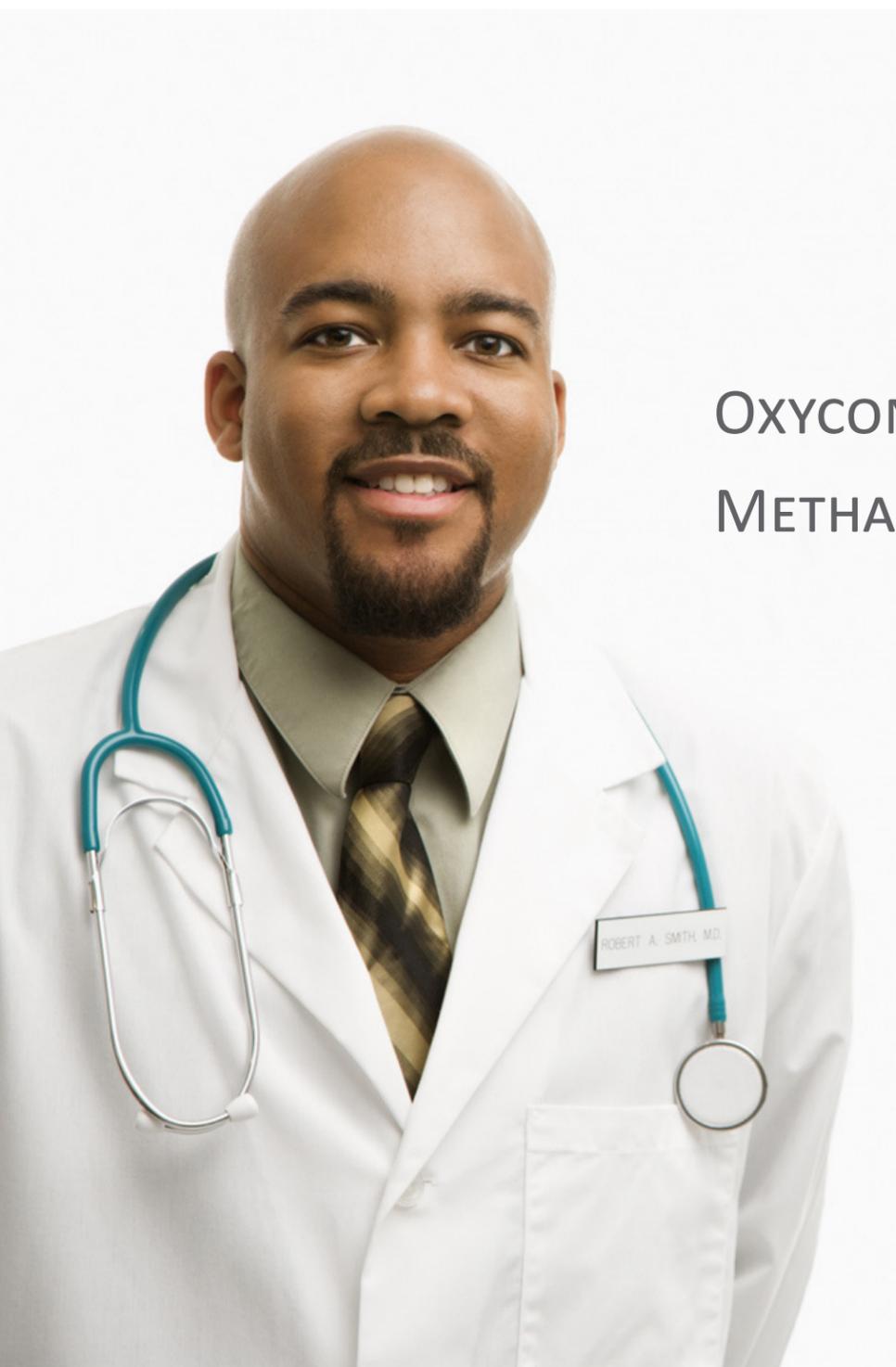


OXYCONTIN, MORPHINE , PERCOCET,  
METHADONE, FENTANYL, HYDROCODONE



HEROIN

If so, ask your doctor or nurse today about **NALOXONE**,  
a prescription medicine that could help *save their lives*  
from overdoses on these drugs.



# APPENDIX 4

## SUSTAINABILITY

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<b>4-A</b>	List of Federal Resources
<b>4-B</b>	Justification for Grant Applications

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## Federal Resources

- Centers for Disease Control and Prevention (<http://www.cdc.gov>)
  - Morbidity and Mortality Weekly Report (<http://www.cdc.gov/mmwr/>)  
CDC Grand Rounds: Prescription Drug Overdoses – a U.S. Epidemic (MMWR/January 13, 2012/Vol. 61/No. 1)  
<http://www.cdc.gov/mmwr/pdf/wk/mm6101.pdf>
  - National Center for Health Statistics
    - Healthy People 2020 Progress Review  
Substance Abuse and Mental Disorders: Early Detection, Prevention and Treatment  
[http://www.cdc.gov/nchs/ppt/hp2020/hp2020\\_MH\\_MD\\_and\\_SA\\_progress\\_review\\_presentation.pdf](http://www.cdc.gov/nchs/ppt/hp2020/hp2020_MH_MD_and_SA_progress_review_presentation.pdf)
  - National Center on Violence and Injury Prevention and Control
    - Saving Lives and Protecting People: Preventing Prescription Painkiller Overdoses
      - Vital Signs “Prescription Painkiller Overdoses in the US, November 2011”  
<http://www.cdc.gov/vitalsigns/painkilleroverdoses/index.html>
      - Vital Signs “Prescription and Painkiller Overdoses: Use and Abuse of Methadone as a Painkiller, July 2012”  
<http://www.cdc.gov/vitalsigns/methadoneoverdoses/index.html>
      - Drug Overdose in the United States – Fact Sheet  
<http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>
  - Public Health Law Program (<http://www.cdc.gov/phlp/>)
    - Prescription Drug Overdose: State Laws  
<http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/index.html>
  - Office of Communications
    - Division of News and Electronic Media  
Opioids drive continued increase drug overdose deaths, February 20, 2013  
[http://www.cdc.gov/media/releases/2013/p0220\\_drug\\_overdose\\_deaths.html](http://www.cdc.gov/media/releases/2013/p0220_drug_overdose_deaths.html)
- Food and Drug Administration
  - Center for Drug Evaluation and Research
    - Division of Drug Information
      - Misuse of Prescription Pain Relievers  
<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/MisuseofPrescriptionPainRelievers/default.htm>

- National Institutes of Health (<http://www.nih.gov>)
  - National Institute on Drug Abuse (<http://www.drugabuse.gov>)
    - Research Report, “Prescription Drugs: Abuse and Addiction”  
<http://www.drugabuse.gov/publications/research-reports/prescription-drugs>
    - NIDAMED  
<http://www.drugabuse.gov/nidamed/etools>
  
- Office of National Drug Control Policy
  - “Epidemic: Responding to America’s Prescription Drug Abuse Crisis”  
[http://www.whitehouse.gov/sites/degault/files/ondcp/policy-and-research/rx\\_abuse\\_plan.pdf](http://www.whitehouse.gov/sites/degault/files/ondcp/policy-and-research/rx_abuse_plan.pdf)
  
- Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov>)
  - Center for Behavioral Health Statistics and Quality
    - Division of Surveillance and Data Collection  
2012 National Survey on Drug Use and Health (NSDUH)  
[http://www.samhsa.gov/data/NSDUH/2k12MH\\_FindingsandDetTables/Index.aspx](http://www.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/Index.aspx)  
The NHSDUH Report: Non-Medical Use of Prescription-Type Drugs, by County Type, April 11, 2013  
<http://www.samhsa.gov/data/2k13/NSDUH098/sr098-UrbanRuralRxMisuse.htm>
  
  - Center for Substance Abuse Treatment
    - Division of Services Improvement
      - Addiction Technology Transfer Center  
<http://www.attcnetwork.org>
      - Connect to Fight Prescription Drug Abuse  
<http://www.attcnetwork.org/topics/rxabuse/home/htm>
    - Division of Pharmacologic Therapies
      - Opioid Overdose Toolkit  
[http://store.samhsa.gov/shin/content/SMA13-4742/Overdose\\_Toolkit\\_2014\\_Jan.pdf](http://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf)
  
- United States Department of Health and Human Services
  - Office of the Secretary
    - Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee  
“Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities,” September 2013  
[http://www.cdc.gov/HomeandRecreationalSafety/overdose/hhs\\_rx\\_abuse/html](http://www.cdc.gov/HomeandRecreationalSafety/overdose/hhs_rx_abuse/html)

## JUSTIFICATION FOR GRANT APPLICATIONS

### INFORMATION TO MAKE THE CASE FOR OVERDOSE RESPONSE WITH NALOXONE

Global Fund proposals approved in the past that included support for overdose prevention have not gone into extensive detail to justify why naloxone is needed, or to explain how it will be operationalized. (See previous page.) It is important, however, to give reasons for the inclusion of overdose response with naloxone in your proposal, and to be prepared with the necessary justifications, evidence and costs, in case you are asked for more information. Below are recommendations for what information and supporting materials to gather to make the case for naloxone and to plan an effective overdose response with clear targets.

#### *Include National Data.*

- Such as:
  - ✓ Total number of people who use drugs, and the number who use opioids
  - ✓ The number of overdose deaths in your country, and how this ranks compared to other causes of death, especially among young people
  - ✓ Total number of HIV positive people
  - ✓ Proportion of HIV infections related to drug use
  - ✓ What proportion of deaths among people with HIV were the result of an overdose
- If you're missing data, gather information from countries where the drug use and socio-economic situations are similar to yours.<sup>12</sup>

#### *Supply Supporting Information.*

- Investigate if surveys or research has been done in your country on overdose experiences. Look for information such as:
  - ✓ What proportion has seen a fatal or nonfatal overdose?
  - ✓ What proportion has experienced a nonfatal overdose themselves?

#### **SOME INDICATORS ON NALOXONE TO INCLUDE IN PROPOSALS**

- ✓ Number of naloxone ampoules distributed
- ✓ Number of overdose reversals with naloxone
- ✓ Number of harm reduction staff and clients trained in overdose prevention and response with naloxone

#### *Cost Out Various Components for Budget Calculations.*

- Depending on the interventions you decide to include, the proposal may cover:
  - ✓ naloxone (often less than 1USD per dose, but differs significantly from one country to the next)
  - ✓ muscle syringes
  - ✓ costs for developing appropriate overdose prevention and response educational materials (Information, Education and Communication materials)
  - ✓ costs to conduct trainings and develop training materials (Behavioral Change Communication)

<sup>12</sup> See, for example, Eurasian Harm Reduction Network. 2008. *Overdose: A Major Cause of Preventable Death in Central and Eastern Europe and Central Asia*. Available online at [http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/overdose\\_20080801](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/overdose_20080801).

# **APPENDIX 5**

## **BUILDING PARTNERSHIPS**

<b>5-A</b>	First Responder Memorandum of Agreement (MOA)
<b>5-B</b>	Orange County Law Enforcement Reporting Form
<b>5-C</b>	Community Pharmacies with Project Lazarus Naloxone Kits 2015

## FIRST RESPONDER

### Memorandum of Agreement: For the Use of Nasal Naloxone by First Responders under Massachusetts Statewide Treatment Protocols

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This Agreement is made and entered into on July 30, 2014 and is between **Alexander Y. Walley, MD, MSc**, hereinafter known as “the medical director”; and **Massachusetts State Police Department**, hereinafter known as “the FIRST RESPONDER agency.”

This Agreement is required pursuant to Massachusetts Department of Public Health regulations 105 CMR 171.000 (Office of Emergency Medical Services training regulations) for FIRST RESPONDER agencies that elect to implement a program for the use of Intranasal Naloxone in accordance with 105 CMR 700.003(D) (Drug Control Program regulations). First Responders employed by the FIRST RESPONDER agency will function under the medical control supervision of a physician Medical Director.

This Agreement is in place for the purpose of implementing a Nasal Naloxone Rescue Kit program (“program”).

THEREFORE THE PARTIES NOW MUTUALLY AGREE AS FOLLOWS:

The Medical Director Agrees;

1. To assume responsibility for all medical control aspects of the program and ensure that the administration of the program is in compliance with 105 CMR 171.000, and First Responders are administering Nasal Naloxone in accordance with the applicable Statewide Treatment Protocols, 105 CMR 171.000 (**Treatment protocols, quality assurance**);
2. To approve training programs for the use of Nasal Naloxone which meet the minimum standards established by the Department’s Administrative Requirement 2-100 and are in accordance with applicable Statewide Treatment Protocols, pursuant to 105 CMR 171.000 (**Training**);
3. To establish policies for the proper acquisition, storage, replacement, and disposal of the Nasal Naloxone rescue kits (See Amendment A) (**Acquisition and replacement of devices**);
4. To authorize the purchase of nasal naloxone rescue kits by the FIRST RESPONDER agency under his/her medical license (**Acquisition and replacement of devices**).
5. To complete and file an Application for Massachusetts Controlled Substances Registration (MCSR) for municipalities and non-municipal public agencies for use of naloxone in accordance with the Controlled Substances Act, M.G.L. Chapter 94C. Form available at: <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/naloxone-nerve-antidote-epi-form.pdf> (**Acquisition and replacement of devices**).

**FIRST RESPONDER**  
**Memorandum of Agreement: For the Use of Nasal Naloxone by First Responders under**  
**Massachusetts Statewide Treatment Protocols**

---

The FIRST RESPONDER agency Agrees;

1. To designate one qualified officer to serve as a liaison to the Medical Director and FIRST RESPONDER agency leader of the Nasal Naloxone Rescue Kit Program;
2. To participate in all quality assurance and or remediation procedures established by the Medical Director (**Quality assurance**);
3. To ensure First Responders complete initial and refresher training in cardiopulmonary resuscitation in accordance with the First Responder Training Regulations, at 105 CMR 171.000 (**Training, treatment protocols**);
4. To ensure all First Responders within the agency successfully complete training programs approved by the Medical Director for the use of Nasal Naloxone which meet the minimum standards established by the Department's Administrative Requirement 2-100 and are in accordance with the applicable Statewide Treatment Protocols, pursuant to 105 CMR 171.000 (**Training**);
5. To abide by policies for proper acquisition, storage, replacement, and disposal of the Nasal Naloxone rescue kits approved by the Medical Director and in accordance with the U.S. Food and Drug Administration's approved manufacturer's product label recommendations (see Amendment A) (**acquisition and replacement of devices, shelf life of the medication and proper storage and disposal conditions**);
6. To purchase naloxone rescue kits and equip personnel in a manner consistent with Massachusetts' drug control regulations, including maintaining an active Massachusetts Controlled Substances Registration (MCSR) for municipalities and non-municipal public agencies for use of naloxone in accordance with the Controlled Substances Act, M.G.L. Chapter 94C. Form available at: <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/naloxone-nerve-antidote-epi-form.pdf> (**Acquisition and replacement of devices**).
7. To work collaboratively with the local ambulance service and fire department to assure continuity of care when transferring overdose victims to the emergency medical service;
8. To provide to the Medical Director, for quality assurance purposes, individual trip record and a summary report of the system-wide database of overdose trip records filed by First Responders, including all First Responder use of Nasal Naloxone; submit summary reports to the Medical Director every quarter (every 3 months) (See Amendment B for sample trip record) (**Quality assurance, record keeping**);
9. To maintain in a manner reasonably safe from water and fire damage, for a period of not less than seven (7) years, at the main office of the FIRST RESPONDER agency, current, accurate records documenting successful completion of first aid training, including the use of Nasal Naloxone and cardiopulmonary resuscitation training for each First Responder (**Record keeping, training**);

**FIRST RESPONDER**  
**Memorandum of Agreement: For the Use of Nasal Naloxone by First Responders under**  
**Massachusetts Statewide Treatment Protocols**

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It is AGREED TO BY ALL PARTIES:

1. That any party may terminate this Agreement within sixty (60) days written notice.
2. That nothing contained in this Agreement is intended to induce, encourage, solicit, or reimburse the referral of any patient or business, including any patient or business funded in whole or in part by a state or federal health care program, to any party hereunder.

Medical Director

\_\_\_\_ Alexander Y. Walley, MD, MSc \_\_\_\_  
Print name

\_\_\_\_ Medical Director \_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_ July 29, 2014 \_\_\_\_  
Date

FIRST RESPONDER agency Director/Chief

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FIRST RESPONDER**  
**Memorandum of Agreement: For the Use of Nasal Naloxone by First Responders under**  
**Massachusetts Statewide Treatment Protocols**

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Amendment A

Acquisition, storage, replacement, and disposal of the Nasal Naloxone rescue kits

**Acquisition** – The components of the nasal naloxone rescue kits will be acquired by the State Police medical unit and assembled into kits that include:

- Two 2 mL Luer-Jet luer-lock syringes prefilled with naloxone (concentration 1mg/mL) [NDC 76329-3369-1]
- Two mucosal atomization devices – Teleflex MAD 300
- One pair of medical gloves
- Information pamphlet with overdose prevention information and step by step instructions for overdose response and naloxone administration.
  - [www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dis-pensing-of-naloxone-by-standing-order-.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dis-pensing-of-naloxone-by-standing-order-.html)

**Storage** – The nasal naloxone rescue kits should be stored in first aid kits. During extreme hot or cold temperatures or for extended leave time, kits should be removed from vehicles and maintained at room temperature (59-86 degrees F/ 15-30 degrees C) and away from direct sunlight.

**Replacement** - Officers issued nasal naloxone rescue kits will notify the naloxone lead officer when a replacement kit is needed. The naloxone lead officer will place an order for the replacement with the pharmacy supplier for delivery of the replacement kit components to the Medical Unit from whom the officer will receive the replacement kit.

**Disposal** – After use or in the case of breakage, the MAD, syringe, and naloxone vial should be disposed of in a biohazard sharps container.

# Orange County Law Enforcement Overdose Reversal and Naloxone Administration Reporting Form

## APPENDIX 5-B

Complete this form after you have responded to an incident that required the use of naloxone.

Today's Report Date

OCA#

Orange County Department (Select one)

Officer First Name

Officer Last Name

Officer E-mail

1. Naloxone Kit ID#

2. Date of Incident (MM/DD/YYYY)

3. Approximate Time Naloxone Used (0000-2359)

4. Location of Incident (Select one)

Private residence

Hotel or motel

Drug treatment center

Shelter

Sidewalk or street

Nursing home or assisted living

Other

5. Physical clues that made you administer naloxone (Select all that apply)

Person looked blue

Person was not breathing or stopped breathing

Person did not respond to sternal rub or painful stimuli

Drugs or drug paraphernalia at scene

Known history of drug use

Other

6. Did someone administer naloxone before you arrived?

Yes

No

7. Were bystanders at the scene when you arrived?

Yes

No

**8. How much naloxone was administered?**

Half the tube (1 mL)

Whole tube (2 mL)

Other amount

**9. What happened after you gave the person naloxone? (Select all that apply)**

Person woke up from the overdose

Person threw up or vomited

Person went to the hospital

Person did not wake up from the overdose or died

I am not sure what happened

Other

**10. Did you need to use force on the person after you administered naloxone?**

No

Yes. Describe the level of force.

**11. Was an arrest made?**

Yes

No

**12. Did you have any problems keeping your kit with you?**

No

Yes. Please describe.

**13. Other comments, notes, questions? (Optional)**

**Thank you** for providing this important information! Your response will help improve overdose prevention programs in our community.

Once the form is complete, please **click the SUBMIT** button below to send it to the UNC Injury Prevention Research Center and Orange County EMS. Also, **PRINT** a copy to give to your county's EMS Naloxone Program Coordinator listed below:

Carrboro – Chris Atack (catack@townofcarrboro.org)

Chapel Hill – Mike Mineer (mmineer@townofchapelhill.org)

Hillsborough – Robert Whitted (robert.whitted@hpdnc.org)

**Don't forget to get a refill of naloxone for your kit!**



**Community Pharmacies with Project Lazarus Naloxone Kits  
As of 5-13-15**

Network	County	Pharmacies stocking PL naloxone kits	Address
Northwest Community Care	Yadkin	D-Rex Pharmacy	450 Winston Rd., Jonesville, NC Phone: 336-835-6407
		Yadkin Valley Pharmacy	207-A Ash St., Yadkinville, NC Phone: 336-677-5000
	Stokes	King Drug Company	142 S. Main St., King, NC Phone: 336-983-3147
	Davidson	Tyro Family Pharmacy	4320 S NC Hwy. 150, Lexington, NC Phone: 336-853-2744
		Thomasville Family Pharmacy	116 Lexington Ave., Thomasville, NC Phone: 336-313-6143
	Surry	Gates Pharmacy	N. South St., Mount Airy, NC Phone: 336-789-5050
	Davie	Foster Drug Company	495 Valley Rd., Mocksville, NC Phone: 336-751-2141
	Wilkes	Brame Huie Pharmacy	1920 W. Park Dr., N. Wilkesboro, NC Phone: 336-838-8988
	Forsyth	MLK Pharmacy	1489 New Walkertown Rd., W-S, NC Phone: 336-722-0077
		South Park Family Pharmacy	1215A W. Clemmons Rd., W-S, NC Phone: 336-293-4755
		Wake Forest Baptist Outpatient Pharmacy	Main Floor North Tower, Medical Center Boulevard W-S, NC Phone: 336-716-3363
		Downtown Health Plaza Pharmacy	1200 N. Martin Luther King Jr. Dr. W-S NC Phone: 336-713-9677
		Novant Health Forsyth Medical Center Pharmacy	3333 Silas Creek Pkwy. W-S, NC Phone: 336-277-8990
		Jonestown Pharmacy	300-5 Jonestown Rd., W-S, NC Phone: 336-744-1445
Partnership for Community Care	Guilford	Bennett's Pharmacy	301 East Wendover Avenue, Suite 115, Greensboro, NC Phone: 336-272-7477
		Deep River Drug	2401-B Hickwood Road, High Point, NC Phone: 336-454-3784
	Randolph	Carolina Pharmacy	534 Greensboro Street, Asheboro, NC Phone: 336-625-6146
	Rockingham	Carolina Apothecary	726 South Scales Street, Reidsville, NC Phone: 336-342-4090
		Eden Drug	103 West Stadium Drive, Eden, NC Phone: 336-627-4854
		Madison Pharmacy	125 West Murphy Street, Madison, NC Phone: 336-548-0049



## Community Pharmacies with Project Lazarus Naloxone Kits As of 5-13-15

<b>Community Care of Southern Piedmont</b>	Cabarrus	Moose Pharmacy of Concord	270 Copperfield Blvd, Ste. 101 Concord, NC Phone: 704-784-9613
		Moose Pharmacy of Mt. Pleasant	8374 W. Franklin St, Mt Pleasant, NC Phone: 704-436-9613
		Moose Pharmacy of Kannapolis	1113 North Main St, Kannapolis, NC Phone: 704-932-9111
		Moose Pharmacy of Midland	12925 US Hwy 601 South, Ste. 310 Midland, NC Phone: 704-888-2114
	Rowan	Moose Pharmacy of Salisbury	1408 West Innes St, Salisbury, NC Phone: 704-636-6340
<b>Community Care of the Lower Cape Fear</b>	Bladen	Anderson Drug Store	206 South Poplar Street, Elizabethtown, NC Phone: (910) 862-8411
		Dickerson's Pharmacy	503 Doctors Dr, Elizabethtown, NC Phone: (910) 862-3465
	Brunswick	Galloway Sands Pharmacy	58 Physicians Dr NW # 5, Supply, NC Phone: (910) 754-7200
		Thomas Drugs	7917 E. Oak Island Dr., Oak Island, NC Phone: (910) 278-6050
	Columbus	Guiton's Drug Store	801 South Madison St, Whiteville, NC Phone: (910) 642-4188
		Baldwin Woods Pharmacy	607 Jefferson St., Whiteville, NC Phone: (910) 642-8141
		Koonce Medicine Mart	112 East 7th Avenue, Chadbourn, NC Phone: (910) 654-4194
	New Hanover	Seashore Discount Drugs	2059 Carolina Beach Rd, Wilmington, NC Phone: (910) 762-0695
		Winterpark Pharmacy	5220 Wrightsville Ave., Wilmington, NC Phone: (910) 791-2346
	Onslow	Realo Locations (including but not limited to)	423 Yopp Road #200, Jacksonville, NC Phone: (910) 347-9684
		Snead's Ferry Family Pharmacy	1016 Old Folkstone Road, Sneads Ferry, NC Phone: (910) 327-2454
	Pender	Realo	15441 U.S. 17 #801, Hampstead, NC Phone: (910) 821-1066
		Dee's Drug	111 South Wright Street, Burgaw, NC Phone: (910) 259-2116
		Village Pharmacy of Hampstead	14057 Hwy 17 Suite 100, Hampstead, NC Phone: (910) 319-6050
		Rocky Point Pavilion Pharmacy	7910 US Hwy 117 Suite 110, Rocky Point, NC Phone: (910) 210-2030
	<b>Community Care of Wake and Johnston Counties</b>	Wake	Holly Park Pharmacy
Zebulon Drug Store			303 N. Arendell Ave., Zebulon, NC Phone: (919)269-7481
Johnston		Beddingfield Drug Co	325 E. Main St., Clayton, NC Phone: (919) 553-7805
		Wood Pharmacy	1302 N Johnson St., Benson NC Phone: (919) 207-1446



## Community Pharmacies with Project Lazarus Naloxone Kits As of 5-13-15

<b>Carolina Collaborative Community Care</b>	Cumberland	Eastover Drug	3591 Dunn Rd., Eastover, NC Phone: (910) 483-4555
		Stedman Drug	7445 Clinton Rd., Stedman, NC Phone: (910) 323-4555
<b>Northern Piedmont Community Care</b>	Durham	Gurley's Pharmacy	114 West Main St., Durham, NC Phone: 919-688-8978
		Josefs Pharmacy	3421 N. Roxboro St., Durham, NC Phone: 919-680-1540
		Main Street Pharmacy	213 W. Main St., Durham, NC Phone: 919-688-1368
		Duke South Outpatient Pharmacy	40 Duke Medicine Cir., Durham, NC Phone: 919-684-2908
	Vance	Medical Arts Pharmacy	2726 Croasdaile Dr. #104, Durham, NC Phone: 919-383-7495
<b>Community Care of Western North Carolina</b>	Buncombe	Blue Ridge Pharmacy (East Asheville)	511 Ruin Creek Rd. Suite 102, Henderson, NC Phone: 252-492-3404
	Henderson	The Free Clinic Pharmacy	948 Tunnel Rd, Asheville NC 28805 Phone: 828-298-3636
	McDowell	Marion Pharmacy	841 Case St., Hendersonville, NC Phone: 828-697-8422
	Mitchell	Bakersville Pharmacy	232 S. Main St., Marion, NC Phone: 828-652-4661
	Yancey	The Prescription Pad of Burnsville	580 Crimson Laurel Way, Bakersville, NC Phone: 828-688-3241
			730 E Main St., Burnsville, NC Phone: 828-678-3914

**Please contact Theo Pikoulas (contact info below) if Project Lazarus Naloxone Kits are placed into additional community pharmacies:**

**Theodore Pikoulas, PharmD, BCPP**

Associate Director of Behavioral Health Pharmacy Programs  
Community Care of North Carolina  
2300 Rexwoods Drive, Suite 100  
Raleigh, NC 27607

☎ 919-745-2387 | 📠 919-745-2352 | ✉ [tpikoulas@n3cn.org](mailto:tpikoulas@n3cn.org)

[www.communitycarenc.org](http://www.communitycarenc.org)







North Carolina  
Injury & Violence   
 PREVENTION Branch