### 2018-2019

FINAL REPORT

## UniverCity Year

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# Increasing bystander naloxone distribution and training for prevention of opioid overdoses in Green County

POPULATION HEALTH SCIENCES 780: PUBLIC HEALTH: PRINCIPLES AND PRACTICE





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### UniverCity Year Green County Acknowledgement

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Many thanks to the Green County Human Services Department (GCHSD) Alcohol & Other Drug Abuse (AODA) unit, Green County Sheriff's Department, and State Line Area Narcotics Team (SLANT) who provided information for this report. The input was thoughtfully incorporated into the plan and will help guide planning interventions and evaluations for opiate overdose prevention throughout the coming years.

#### **Abbreviations**

AODA - Alcohol & Other Drug Abuse
APHA - American Public Health Association
ARCW - AIDS Resource Center of Wisconsin
BNDT - Bystander Naloxone Distribution and Training
GCHSD - Green County Health Services Department
OD - Overdose
SLANT - State Line Area Narcotics Team

#### **Summary Statement**

Green County Health Services Department's (GCHSD) Alcohol & Other Drug Abuse (AODA) unit is committed to helping individuals in their community fight chemical dependencies and substance abuse through primary treatment services, recovery, prevention, emergency care, and the dissemination of information on addiction. In 2018, GCHSD AODA recognizes that there is capacity to improve the resources for managing opioid-related overdoses (ODs) in their community through the distribution of naloxone kits. Our proposed interventions will seek to address this issue by increasing access to bystander naloxone as well as providing brief educational trainings to potential carriers on the recognition of signs of OD, the appropriate response to OD, and the proper administration of naloxone.

#### **Public Health Issue**

Since 2015, opioid-related deaths in Green County, Wisconsin, have been increasing (see Appendix A)(B. Gibson, personal communication, September 17, 2018). While the number of opioid-related deaths in Green County is less than that of neighboring Dane County, when correcting for population sizes, the per capita rate of opioid-related deaths in Green County is greater than that of Dane County (B. Gibson, personal communication, September 17, 2018). Between 2013-2015, Green County had 7 overdose deaths involving opioids with a rate of 6.3 opioid overdose deaths per 100,000 persons. Furthermore, in general, there has been a ten-fold rise in Green County hospital encounters involving opioids since 2006 (Wisconsin DHS, 2017). In the state of Wisconsin, Green County falls in the top quintile for rates of hospitalizations attributed to opioids (58.7 hospitalizations per 100,000 persons), opioid prescriptions (40.6 hospitalizations per 100,000 persons), and heroin poisoning (13.5 hospitalizations per 100,000 persons). Additionally, Green County has seen an increase in ambulance responses requiring naloxone administration, rates of neonatal abstinence syndrome, and number of residents seeking opioid treatment at GCHSD (B. Gibson, personal communication, September 17, 2018).

Green County is not alone in their struggles with the opioid epidemic that is a predominant health issue throughout the United States. One of the mainstays in combating opioid-related deaths is an opioid-blocking drug called naloxone, sold under the brand name of Narcan, which can effectively reverse opioid overdoses within minutes of administration (SAMHSA, 2015). The laws regarding access to naloxone vary by state, but it is becoming more common for not only first responders such as paramedics, but also law enforcement agencies to carry this life saving medication. Many states are even allowing the sale of naloxone to occur over-the-counter so that friends and family members of opioid users can have access to a potentially life saving resource (PDAPS, 2017). Wisconsin, specifically, has made strides to combat the opioid epidemic through a set of legislation known as the HOPE Agenda (see Appendix B), which mandates criminal immunity for bystanders and those overdosing when calling emergency services, increased funding for treatment programs, and expanded availability of naloxone to emergency services and through standing orders.

Green County is currently interested in strategies to expand the availability of naloxone in their community to counter the increasing rates of opiate cases and opioid-related deaths. The county has taken steps to work with organizations such as the AIDS Resource Center of Wisconsin (ARCW) to raise awareness on the issue of opioid-related deaths in their community. However, they are concerned that they are still not reaching their potential in the community in this regard as evidenced by a complete absence of community members visiting a booth sponsored by the department on naloxone education at the recent county fair.

Further evidence and information that will be useful for Green County moving forward in their goal to increase naloxone availability includes a cost analysis of naloxone in its various forms of administration and evidence from continuing opioid-related death prevention programs across the United States that have been successful in similar communities. Additionally, they would benefit from an easily accessible and concise reference to current Wisconsin laws regarding naloxone regulation and accessibility.

Questions to be addressed regarding interventions for this issue include the availability of various opioids in Green County, the best form of administration of naloxone to use in this community, and the risks of administering naloxone and increasing bystander availability. A cost-benefit analysis of the different forms of naloxone would guide questions regarding resource management including: how will the potential increased use of naloxone be tracked, how to balance supply and demand for naloxone, and how to best increase awareness and inform the public. Additional policy issues that will need to be addressed include an understanding of who can have access to naloxone and where it can be accessed.

#### **Community and Partnerships**

Green County is a rural county in southwest Wisconsin with a population of just under 37,000 that is predominantly white (97.2%). The median household income is \$57,416,and about 8.2% of people live in poverty (United States Census Bureau, 2018). The target population within Green County is any person who is at risk of opioid-related OD or family and friends of persons at risk of opioid-related OD. Naloxone distribution and education interventions will directly benefit persons in Green County who use prescribed, illicit, or synthetic opioids. These interventions will provide a tertiary prevention that will complement services already being provided by GCHSD AODA unit in combating opioid addiction in Green County.

We have aimed to implement existing department resources to develop an intervention. GCHSD AODA unit has already been working to distribute naloxone kits through their existing programs and grants as well as raise awareness of naloxone in conjunction with ARCW and other local groups. However, there is still room for improvement in increasing awareness and utilization of naloxone in Green County, and expanding partnerships will be crucial to this effort.

Law enforcement, including the Sheriff's office and State Line Area Narcotic Team (SLANT), will be useful resources for information on where ODs are occurring in Green County as well as for data of the demographics of persons experiencing ODs. These offices could also provide information on the causes of ODs in Green County (e.g. prescription, illicit, or synthetic). Pharmacies in Green County will also be beneficial partners for not only distributing naloxone but also for collecting information from those who receive it. After conducting phone interviews with the pharmacies in Green County, we identified some pharmacies that were not currently carrying naloxone yet would be interested in participating in a program that supplied naloxone (see Appendix E).

Future partnerships could be made through developing needle exchange programs, addiction treatment centers or clinics, and Treatment Alternatives & Diversion (TAD) programs. Currently, no needle exchanges exist in Green County although these organizations have been shown to be successful locations for distribution and educational interventions for naloxone. GCHSD AODA unit is presently the only local treatment center for residents of Green County; however, if more clinics should be created in the future, they would be prime targets for partnership towards these efforts. The closest TAD program (more commonly known as drug courts) to Green County is located in neighboring Rock County, and at present, Green County's parole office does utilize the services provided by this TAD program (B. Gibson, personal communication, October 26, 2018).

#### **Health Equity Focus**

The American Public Health Association (APHA) defines health equity to say that "everyone has the opportunity to attain their highest level of health" (2018). This proposal focuses on providing health equity to Green County through increasing awareness and access to naloxone. As discussed above, Green County is facing an increase in opioid related ODs that rivals their neighboring counties, yet they have fewer resources for all levels of prevention regarding these cases. Our proposal is taking an initial step to establishing health equity in Green County by increasing tertiary prevention with naloxone distribution and educational interventions. In order to direct future interventions and resources, our proposal also includes plans to collect and analyze data on the demographics of opioid-related ODs and those who may benefit the most from future directions. The target population for this proposal includes the entire Green County community and not just persons with opioid use disorder because any bystander to opioid overdoses have the potential to help someone experiencing an overdose with naloxone.

#### **Evidence-Based Strategies**

We were able to identify consistent themes across the evidence from our literature review to inspire the design of an intervention that suits the needs of Green County. Based on the resources available in Green County, we recommend The Bystander Naloxone Distribution and Training program (BNDT). The proposed program would make naloxone distribution and training available at local participating pharmacies (see Appendix E) in Green County. While many previous studies utilized needle exchange programs and treatment centers as their distribution and training sites, BNDT utilizes the social networks of local pharmacies as there are no needle exchanges and only one treatment center currently in Green County (B. Gibson, personal communication, September 17, 2018).

Primarily, the systematic reviews that we identified discussed that the enrollment in opioid overdose prevention programs has been associated with lower rates of opioid overdose deaths (Clark, Wilder, & Winstanley, 2014). Clark et al. (2014) also supports that a barrier to preventing deaths during some overdose cases is the fear of police and legal persecution preventing bystanders from contacting emergency health services. The implementation of programs to decrease the burden of overdoses has considered the role of bystanders and institutional resources. Across the evidence, success was observed in programs focused on distributing resources and providing overdose response training to users and bystanders. Although the level of notification of emergency services varied, participants showed increased use of

appropriate strategies demonstrated in the training. In a specific observational study in Massachusetts, intervention OEND (overdose education and Narcan distribution) included supplying nasal naloxone kits to participants and overdose training to prevent, recognize, and respond to opioid overdoses (Walley et al., 2013). Training sites included syringe access programs, HIV education centers, addiction treatment programs, emergency/primary care settings, community meetings, and family support groups. In the evaluation of the intervention, a reduced overall death rate was observed, but the improvement cannot definitively be attributed to the intervention for the reduction in overdose deaths due to the nature of the study. Moreover, most rescue attempts occurred in private settings, and naloxone administered by lay people was successful in the 98% of those cases. These results support utilizing resources to design a bystander training program.

Further evidence from another systematic review that focused on bystander administration of naloxone supports our proposed intervention. Bystander naloxone administration and overdose education were found to be safe and effective approaches to increase the odds of overdose recovery and improve overdose management in private settings (Giglio, Li, & DiMaggio, 2015). Training involved overdose recognition, briefing on naloxone distribution, and overdose management and response. Overall success among layperson administration was observed which supports our proposal to implement brief training on naloxone in the pharmacy setting in Green County. Furthermore, in the rural county setting, subsequent training could lead to informal training of friends and family as seen in a cohort study in England that aimed to train take-home naloxone users (Strang et al., 2008). Therefore, this program will improve awareness in the community. The pharmacies will serve as a resource to train take-home community members.

Other specific interventions provided evidence for future development of this program. One training program compared the impact of naloxone training programs according to administration type (injection or nasal) and participant type (friend/family, provider, or other) in a mid-sized metropolitan area in the northeast (Ashrafioun, Gamble, Herrmann, & Baciewicz, 2016). In analysis, confidence was higher among those who were trained using the intranasal naloxone compared to those who were trained using the intramuscular injection naloxone. Additionally, confidence was higher among friends and family members compared to other groups. This evidence supports providing naloxone kits to friends and family of users in Green County and suggests that the nasal form of administration may be the optimal form. Another opioid overdose prevention program that supports our program design included intranasal naloxone education and distribution of the spray to potential bystanders. The intervention implemented 15-minute bystander training including techniques in overdose prevention (Doe-Simkins, Walley, Epstein, & Moyer, 2009). Staff completed a checklist to ensure participant comprehension, and overdose prevention kits included instructions. After 15

months, the program provided training and intranasal naloxone to 385 participants who reported 74 successful overdose reversals, and problems with intranasal naloxone were uncommon. Therefore, In Green County, we propose that the participating pharmacies and pharmacists would operate in a similar fashion during training and distribution.

#### **Evaluation**

The Bystander Naloxone Distribution and Training program (BNDT) aims to provide residents of Green County with the resources and training necessary to provide tertiary prevention of opioid overdose deaths to improve the recovery rates of opioid overdose victims. It is also expected that BNDT will improve the public's awareness of the risks involved with opioid abuse and other services provided by GCHSD. These improvements in the public's awareness should reduce the overall opioid abuse observed in Green County. Frequent and consistent communication with a variety of community stakeholders will be important in evaluating the effects and success of BNDT. To evaluate the progress of BNDT, monthly reports should be gathered from the local hospitals, SLANT task force, and participating pharmacies. An Action Plan and Logic Model are also provided in Appendix B and C, respectively.

Local hospitals will be asked to report any E-codings for drug poisonings or any direct diagnosis of drug poisonings, so an accurate measure of the opioid overdoses observed can be reported monthly (Slavova, Bunn, & Talbert, 2014). Local medical evaluators and coroners would need to report observed opioid overdose related deaths within the area so that an estimate of the recovery rates from opioid overdoses in Green County can be measured. Improving the recovery rate for opioid overdoses in Green County is the main measure in determining the success of BNDT. Monthly reports for the recovery rate will be gathered and evaluated on a quarterly and yearly basis so the BNDT's effectiveness and any possible trends in the average recovery rates can be determined. To ensure that BNDT is being implemented efficiently, monthly reports from the SLANT task force and participating pharmacies will also be gathered.

The SLANT task force will be asked to report the frequencies of opioid related incriminations and 911 calls to estimate the prevalence of opioid abuse occurring in Green County. This information will be evaluated on a yearly basis to determine if any long-term effects on opioid abuse are occurring due to the increased education and training on opioid overdoses provided by BNDT. The SLANT task force will also be asked to specify the town or city in which each incident is reported so that any spatial trends on opioid abuse can be determined. If any spatial trends are observed, travel times to the closest pharmacy carrying naloxone (see Appendix E) should be calculated so that we can ensure that BNDT is reaching the target population. If over 90% of the observed opioid abuses are occurring within 25 minutes driving time to a pharmacy carrying naloxone, it can be reasonably determined that BNDT is effectively reaching the target population. However, longer term solutions may need to be implemented in order to address the needs of opioid users who do not have a vehicle.

Participating pharmacies will be asked to survey the purpose of the naloxone recipient to determine whether they are a user, friend or family member of a user, or another category of interested citizen. The relationship the recipient has with an opioid user is important for ensuring that naloxone is available when an overdose occurs as most rescue attempts occur in private settings (Walley et al., 2013). The level of participation should also be reported by the pharmacies to assess the demand for naloxone and the public's awareness of BNDT. The curriculum of the overdose response training and naloxone consultation should also be compared among pharmacies to ensure that any information provided by BNDT is consistent, accurate, and meets the needs of the program. Specifically, the curriculum should cover the limitations and effects of naloxone, identification of an overdose, immediately contacting emergency medical services, administering naloxone, and performing rescue breathing (Giglio et al., 2015).

Along with these monthly reports, a voluntary registry of BNDT participants will be created. Since naloxone has a shelf life of around 18-24 months (NCHRC, 2018), evaluations of the voluntary registry will be performed annually to ensure that unused naloxone is either still effective or discarded. These evaluations will also be used to gauge the utilization of naloxone among the BNDT participants and determine their current status with opioid use. It is hopeful that those that join the voluntary registry would reduce or eliminate their opioid use (Giglio et al., 2015)

Short term impacts of BNDT would be associated directly with implementing the training and distribution of naloxone through participating pharmacies in Green County. The community should see direct effects of this as the knowledge and awareness of GCHSD AODA resources to aid users and families improves, trustful relationships between opioid users, first responders, and law enforcement is built, and awareness of the risks involved with opioid abuse increases. As BNDT is maintained as a reliable resource, opioid-related overdoses should decrease to previous levels seen in 2013 in Green County (see Appendix A), and more accurate estimates of the severity of opioid abuse in Green County will be made with improved measurements of opiate use. Longer term impacts of BNDT will involve decreasing opioid-related overdoses to below previous levels (see Appendix A) and improving the recovery rate of opioid overdoses to a 100% recovery rate. While this last impact appears to be a lofty goal, a recent systematic

review of programs similar to BNDT observed that there was a 100% recovery rate among 39 overdoses treated with naloxone by a layperson (Giglio et al., 2015).

There are numerous benefits in utilizing BNDT, but consideration for possible unexpected and adverse effects must be considered and adjusted for in order to ensure that implementing BNDT will not cause harm to the community. Green County's SLANT task force brought up possible concerns about increasing opioid abuse due to BNDT supporting a false sense of security for the user (C. Erdmann, personal communication, November 15, 2018). While the possibility of such a moral hazard is certainly a valid concern, BNDT addresses this specific issue during the training and consultations provided by the pharmacists. It is imperative that these consultations stress the limitations of naloxone as multiple doses may be required. The effects will only last for a limited amount of time (NCHRC, 2018) and should only be used to increase the time window for the emergency medical team to arrive. Also, previous programs have shown that the risk of abusing naloxone kits is very low, and the supplemental training has decreased the use of opioids (Giglio et al., 2015). BNDT may also increase the amount of acute hospitalizations due to the overdose response training involving contacting emergency services (Walley et al., 2013). While this increase should be offset by the amount of successful recoveries performed by bystanders, it is important to note that this increase may also be considered a benefit towards improving the recovery rate of opioid overdoses, as it would include more individuals seeking help that may have otherwise died from an overdose.

Finally, further collaboration and funding sources should be sought after by Green County to ensure that the BNDT program is sustainable and that ongoing interventions and improvements are made. GCHSD should seek to expand on their current partnerships with Rock County and reach out to other neighboring communities and organizations to create new partnerships. These newly created and expanded partnerships will be vital for developing programs and services that would support BNDT. Some recommendations include: developing a local needle exchange program in Green County to provide additional safety resources to opioid users, utilizing a targeted ad or poster campaign to improve the community's awareness of the risks of opioid abuse and services provided by GCHS AODA, and utilizing some of GCHS's current structural resources to host a group training for the participating pharmacists to ensure that their consultations and trainings are consistent among the practices and involve removing any possible moral hazards involved in the program. There are multiple sources for funding and resources for the BNDT program and supplementary programs including the State Targeted Response to the Opioid Crisis (STR) grant (SAMHSA, 2017), state grant money from 2013 Wisconsin Act 195, 2013 Wisconsin Act 197, and 2017 Wisconsin Act 32, and possible aid through the AIDS Resource Center of Wisconsin (Gibson, personal communication, September 17, 2018). As the goals of the BNDT program are reached, there could be increased possibilities for funding sources.

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#### **Appendices**



#### A: GCHSD Opioid Use Data



#### **B: Action Plan**

Objective	Action Steps/Strategies			
Determine the need for intervention.	<ul> <li>Collaborate with Green County law enforcement and other first responders to determine: <ul> <li>Prevalence and extent to which opioid overdoses are being seen as an issue</li> <li>Spatial trends of opioid overdoses</li> <li>Demographic characteristics of those who are overdosing</li> <li>Percentage of overdoses reported that have resulted in death</li> </ul> </li> <li>Collaborate with Green County Human Services Department (GCHSD) and health care providers to determine: <ul> <li>Current programs aiming to address opioid overdoses</li> <li>Current services available for opioid users</li> </ul> </li> <li>Look at the current Wisconsin legislation to determine the legality of the program and possible protections for those involved.</li> </ul>			
Determine an effective strategy to address this need and weigh the possibility of secondary outcomes to the program.	<ul> <li>Compare various forms of naloxone to determine: <ul> <li>Which forms of naloxone are the safest/easiest to administer</li> <li>Which forms of naloxone are affordable for the county to distribute</li> </ul> </li> <li>Look at previously successful programs implemented elsewhere to determine: <ul> <li>What programs may be available to assist with the cost of the program</li> <li>If providing naloxone to users would result in an increase in opioid use or overdose.</li> </ul> </li> <li>Compare reports from Green County law enforcement on spatial trends of opioid use to availability of naloxone in pharmacies to determine if the program will reach the target population.</li> </ul>			
Create partnerships with community infrastructure and organizations to assist in the implementation and evaluation of the program.	<ul> <li>Create partnerships with pharmacies in the area to: <ul> <li>Distribute naloxone kits to interested clients</li> <li>Provide training on opioid overdose recognition and appropriate overdose response to those who receive naloxone kits</li> <li>Create a voluntary registry of naloxone recipients to actively follow up with those recipients</li> </ul> </li> <li>Work with the police department and/or hospital emergency rooms to determine if the program was successful in: <ul> <li>Reducing the prevalence of opioid use and opioid overdoses</li> <li>Reducing the percentage of opioid related overdose deaths</li> </ul> </li> </ul>			

#### **C: Logic Model**

#### Project: Green County - Naloxone Rescue Kit Availability and Community Outreach

Situation: Since 2015, opioid-related deaths in Green County, Wisconsin have been increasing. While the number of opioid-related deaths in Green County is less than that of neighboring Dane County, when you correct for population sizes, the per capita rate of opioid-related deaths in Green County is greater than that of Dane County (B. Gibson, personal communication, September 17, 2018). One of the mainstays in combating opioid-related deaths is naloxone, which can effectively reverse opioid overdoses within minutes of administration (SAMHSA, 2015). The laws regarding access to naloxone vary by state, but it is becoming more common for not only paramedics, but also law enforcement agencies to carry this life saving medication; many states are even allowing the sale of naloxone over-the-counter so friends and family members of opioid users can have access (PDAPS, 2017).

Inputs	→	Outputs		→	Outcomes / Impacts		
- Understanding of naloxone regulations in Wisconsin		Activities - Literature review for	Participation - GCHSD AODA unit staff		Short Term	Medium Term	Long Term
		interventions utilizing			- Implementation of	- Lower Green County	- Decrease Green
- Knowledge of opioid		naloxone to prevent opioid	- Green County		training and distribution	opioid-related OD	County
related overdoses (OD) in		related OD deaths	pharmacies in distribution		of naloxone in	cases to previous	opioid-related OD
Green County			and training		participating community	levels	cases below
		- Literature review on			pharmacies in Green		previous levels
- Understanding of effective		Wisconsin regulations of	- Green County Sheriff's		County	- Improve the	
naloxone interventions for		naloxone	Department, State Line		6.55 (H.	measurement of	- Evaluate program
preventing opioid related			Area Narcotics Team		- Increase community	opiate cases and	effectiveness
overdose deaths		- Meetings with GCHSD	(SLANT) recording		knowledge and	records	
12 26 26 269 20		AODA officials	monthly/annual		awareness of GCHS		- Decrease in
- Partnership with Green			overdoses		AODA resources to aid	- Maintain a reliable	overdose fatalities
County Human Services		- Communication with			users and families	program as a new	
Department (GCHSD)		Green County Sheriff's	- Collaboration between			resource for the	
Alcohol & Other Drug Abuse		Department	opioid users' families, first		- Foster trust between	members of Green	
(AODA) unit			responders, and law		users, families, first	County	
		- Communication with	enforcement		responders, and law		
- Partnership with		Green County pharmacies			enforcement		
pharmacies in Green County							
		- Proposing effective			- Improved community		
		awareness campaign			knowledge of opioid risks		
		methods					
·	-					1	

### Assumptions External Factors - Willingness of community members, pharmacies, etc. to participate - Political and economic factors that may foster increased addiction rates - Collaboration between participating entities - Changes in availability and access to opioids in the county

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# D: Summary of Wisconsin Legislation on Opioids Use Disorder Treatment & Naloxone

Modified from the HOPE Agenda Legislation: <u>https://legis.wisconsin.gov/assembly/hope/legislation/</u>

Wisconsin Law	Content
2013 Wisconsin Act 194	Provides immunity from criminal prosecution for possession of drug paraphernalia or a controlled substance for a person who is aiding another individual who has overdosed on controlled substances. This includes bringing the person to a hospital, calling emergency services including law enforcement or medical services, or calling 911.
2013 Wisconsin Act 195	Provides grants for communities for regional comprehensive opioid treatment programs in rural and underserved high-needs areas. Programs will offer assessment to determine individual treatment needs, counseling, medication-assisted treatment, referral to residential programs if needed, abstinence-based treatment, and transition to county-based or private post-treatment care.
2013 Wisconsin Act 197	Requires counties that receive grant money for Treatment Alternative and Diversion (TAD) programs to regularly submit data to DOJ. Increases funding for TAD programs by \$1.5 million annually.
2013 Wisconsin Act 200	Allows all levels of emergency medical technicians, first responders, police, and fire the ability to administer naloxone or other opioid antagonists after receiving the necessary training. Law enforcement & fire departments can enter into agreements with an ambulance service or physician for obtaining naloxone and receiving training in using naloxone. Provides civil and criminal immunity for any person administering naloxone if their actions are consistent with Wisconsin's Good Samaritan law.
2015 Wisconsin Act 115	Expands access to naloxone by offering the drug for purchase from certain pharmacies without a prescription via standing order.
2017 Wisconsin Act 27	Provides funding to establish more regional treatment facilities in underserved areas, expanding 2013 Wisconsin Act 195.
2017 Wisconsin Act 28	Provides a Doctor-to-Doctor Consultation program. This can be a resource for doctors with patients experiencing addiction and who are not well versed in addiction medicine to consult other physicians with more expertise in treating addiction.
2017 Wisconsin Act 29	Allows personnel at schools (including residence hall directors) who have received necessary training to administer an opioid antagonist if a person on school grounds is experiencing an overdose. Persons administering life saving medications are immune to civil liability.
2017 Wisconsin Act 32	Provides additional funding for TAD programs, to expand TAD to new counties, and for pre-booking diversion pilot program.
2017 Wisconsin Act 33	Expands 2013 Wisconsin Act 194 to offer same limited immunity from criminal prosecution for possession of drug paraphernalia or a controlled substance to the person who is overdosing.

### E: Green County Pharmacies

Current Status of Naloxone Availability in Pharmacies in Green County						
Town	Store	Carrying Naloxone (Yes/No)	Interest in Participating (Yes/No/Maybe)			
Monroe	Walmart	Yes (nasal spray)	No			
	Shopko	No	Yes			
	Walgreens	NA	No			
	Schultz hometown	No	Maybe			
	Monroe Clinic	No	Yes			
New Glarus	Hometown	Yes (nasal spray)	Maybe			
Brodhead	Pinnow Hometown	Yes (nasal spray)	Yes			

Information obtained via phone interview with on-duty pharmacist or manager (personal communication, November 7, 2018).

### About Univer<mark>City</mark> Year

UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create better places together.





univercityalliance@wisc.edu 608-890-0330 univercity.wisc.edu