

Orange County: Naloxone Kits

Going First, and Making it Work

Focus Area: Unintentional Poisoning or Opioid Overdose

Orange County Burden: 16 deaths (2008-2012)

Approach: Policy Change, Environmental Change, Education

Target Population: Orange County residents at-risk of experiencing or being in a position to assist someone experiencing an opioid overdose

Program Overview

In October 2013, the Orange County Health Department (OCHD) became the first in the state to pursue a standing order to allow public health nurses to dispense the drug naloxone to its clinic patients. Naloxone, also known as Narcan, is an antidote that reverses opiate overdoses within minutes of being administered via intramuscular injection or intranasal spray. OCHD's naloxone kit distribution is one innovative and replicable way to tackle North Carolina's growing problem with opioid-related deaths, which have increased by 300 percent since 1999.

Selection and Development

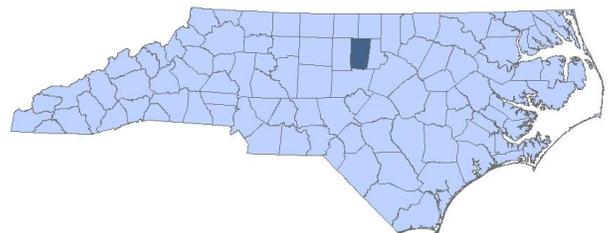
The groundwork for naloxone kit distribution was laid when community stakeholders identified substance use, abuse and overdose as prevalent behaviors in the 2011 Community Health Assessment. With the support of the Board of Health, Health Department and the community coalition Healthy Carolinians of Orange County (HCOC), OCHD began looking into evidence-based approaches to address substance abuse and reduce overdose. Staff members were inspired by the work of Project Lazarus, a statewide initiative of community-based overdose prevention and opioid safety.

In spring 2013, the passage of Senate Bill 20 (SB20), the Good Samaritan Law/Naloxone Access paved the way for progress by allowing doctors to prescribe naloxone by standing order. That October, OCHD decided to build upon this policy by issuing a standing order through the medical director that also allows all health department public health nurses to provide education and naloxone kits. Public health nurses were considered a natural choice for kit distribution because of the significant role they play in clinical care.



Population: 140,352

Median Household Income: \$55,241



Key Program Partners: Orange County Health Department Board of Health and Health Director, Healthy Carolinians, Project Lazarus, Injury and Violence Prevention Branch, and Boards of Nursing and Pharmacy

Funding Source: Project Lazarus

Implementation

According to their new protocol, public health nurses screen OCHD clinic patients for risk for opioid overdose, or for risk of witnessing an overdose. If the patient responds positively and expresses interest in obtaining a naloxone kit, he/she is shown an educational video, provided with the naloxone kit and given the opportunity to practice injecting into a foam orange ball. Portable and discreet, the kits are designed to be all-inclusive prevention tools. Kits include: naloxone, syringes, alcohol pads, a disposable CPR mask and information on how to recognize and respond to an opioid overdose.

Orange County's naloxone kit program embraces the motto "Go first and make it work." This philosophy, however, is easier said than done. Despite the support of the Boards of Nursing and Pharmacy, the need for regulation changes delayed implementation. Additionally, the OCHD and clinic staff had to work through many logistics regarding naloxone kit distribution, such as where the patient flow screening and dispensing would take place and where in the chart these processes would be documented.

However, the largest barrier was not rooted in logistics or bureaucracy, but in medical culture. Doctors, nurses and pharmacists found that dispensing medicine to be used by or for someone who may not be their patient, at their discretion, goes against some of the fundamental tenants of their clinical training. This mindset made naloxone a harder sell that required a cultural shift. To negotiate these challenges and "make it work," OCHD worked alongside local non-profit organizations like Project Lazarus and the N.C. Harm Reduction Coalition, state partners like Community Care of North Carolina and the N.C. Department of Health and Human Services, and existing successful models in other parts of the county (e.g. Massachusetts, Illinois, New Jersey). They also emphasized a harm reduction model when educating clinic staff about naloxone.

Evaluation and Impact

The early impact of OCHD's naloxone kits is undeniable, as their work has allowed all N.C. health department public health nurses to dispense naloxone after receiving the proper training. The program also expands naloxone access by integrating screening into a variety of clinical services and by assessing both the patient and their social circle's risk.

As the pilot site, OCHD recognizes the importance of data collection and evaluation. Health Department staff log the number of kits dispensed and refilled, and the reason the drug was refilled. They also work in collaboration with local and state partners to develop a unified system for collecting naloxone and overdose related process and outcome indicators.

Keys to Success

Orange County's experience highlights several important lessons for other communities:

- Avoid recreating the wheel by referring to similar national and local programs
- Collaborate with all levels of clinic staff during program planning, implementation and follow-up quality improvement
- Given the medical culture around prescribing, discuss the opiate overdose epidemic and emphasize the harm reduction paradigm when educating public health nurses and others about naloxone
- Work with local coalitions, like Healthy Carolinians, to combine community awareness and harm reduction efforts

Special thanks to Meredith Stewart and Susan Young at Orange County Health Department.