



**DATE:** March 15, 2021

**SUBJECT:** **FY 2020-22 Opioid Command Center Strategy and Guidance on Statewide Naloxone Distribution**

**FROM:** **Pennsylvania Commission on Crime and Delinquency (PCCD), Pennsylvania Department of Drug & Alcohol Programs (DDAP), and Pennsylvania Department of Health (DOH)**

In 2019, more than 4,348 Pennsylvanians died from an overdose; more than 80 percent of these drug-related overdose deaths were opioid-related.<sup>1</sup> Pennsylvania’s overdose death rate (36.1 per 100,000 people, respectively) is the fourth highest in the country,<sup>2</sup> and while the Commonwealth saw some improvement in 2018 and 2019, early estimates suggest the number of overdose incidents has sharply increased in 2020.<sup>3</sup>

Naloxone is a lifesaving medication that reverses the effects of an opioid overdose. Increasing access to naloxone for Pennsylvanians – whether through statewide giveaway days, the [Naloxone for First Responders Program \(NFRP\)](#), or via the Secretary of Health’s [statewide standing order](#) – has been a core component of the Commonwealth’s response to the overdose epidemic. Recognizing the significant challenges wrought by the coronavirus pandemic in 2020, the need to ensure access to naloxone for individuals at high risk of overdosing is greater than ever.

This memo outlines the Pennsylvania Opioid Command Center’s objectives and strategies for no-cost naloxone distribution statewide, including operating guidelines for a new request portal for community organizations and a mail-to-home initiative. These efforts are aligned with the statewide priorities identified within the Opioid Command Center’s [2020-2023 Strategic Plan](#) and the NFRP’s FY 2020-22 program and operations goal, as described below.

OCC Strategic Plan Priority Area	NFRP Goal (FY 2020-22)
<p>RESCUE: Establish sustainable methods to provide life-saving measures and increase access to harm reduction services.</p> <p>➤ <i>Goal #1: Ensure the availability, procurement, and deployment of naloxone.</i></p>	<p>Increase the availability of life-saving medication for individuals at greatest risk of opioid overdose as well as the systems most likely to interact with these individuals.</p>

While these guidelines were developed to inform state-level naloxone distribution strategies, the Opioid Command Center encourages all groups distributing naloxone to adopt similar principles and practices.

**Guiding Principles for Naloxone Distribution in Pennsylvania**

- Prioritize Distribution to Individuals Actively Using Opioids and Other Substances**  
Data and research suggest people who use drugs, as well as their friends and family, are the most likely to witness an overdose.<sup>4</sup> People actively using substances often use with others, putting them in a position to immediately respond to an overdose if equipped with

naloxone.<sup>5</sup> While friends and family members may witness overdose, active drug users are the most likely group of individuals to experience and intervene when overdoses occur. For this reason, the Commonwealth believes it is critical for people who use drugs to have access to naloxone to save lives.

**2. Increase Naloxone Access for Individuals with Highest Risk of Opioid Overdose**

Providing naloxone to individuals actively using opioids and other substances face a higher risk of overdose is critical to preventing overdose deaths. Higher-risk groups include:

- Individuals actively using opioids and other substances;
- Individuals leaving state prisons and county jails;
- Individuals engaged in and/or leaving treatment or withdrawal management and those who are in recovery;
- Individuals who have experienced a non-fatal overdose; and
- Post-partum women who have a history of opioid use disorder (OUD).

**3. Make Naloxone Available for Organizations Serving People with Greatest Need**

Wherever possible, accessing naloxone – especially for individuals with the highest levels of risk and need – should be made as easy and straightforward as possible. Making naloxone available at locations that individuals already visit increases the likelihood of obtaining the medication. **NOTE:** Barriers to access – such as lengthy forms or training requirements, processes that reinforce stigma, etc. – should also be taken into account when developing naloxone distribution strategies.

**Objectives and Strategies for No-Cost Naloxone Distribution in Pennsylvania**

Guided by the principles described above, the Pennsylvania Opioid Command Center aims to increase access to no-cost naloxone for individuals using opioids and other substances – especially people with the highest risk of overdose – through the places and systems with which they already interact.

**1. Objective 1: Prioritize distribution of no-cost naloxone to individuals at greatest risk of overdose and the systems they engage.**

- a. Strategy 1.1: PCCD’s [\*FY 2020-22 NFRP Guidelines for CCEs\*](#) includes an updated list of Priority First Responder Groups that County/Regional Centralized Coordinating Entities (CCEs) must prioritize in their naloxone distribution efforts based on levels of risk and need.
  - i. Funding Level & Naloxone Reserves: PCCD has reserved 60% of available federal State Opioid Response (SOR) funds to provide naloxone to County/Regional CCEs for distribution to priority first responder groups using a multi-factor formula.
- b. Strategy 1.2: Develop and launch new protocols to allow eligible organizations to request and receive no-cost naloxone to enhance their community-based distribution efforts, with a focus on reaching individuals with the greatest risk.
  - i. Funding Level & Naloxone Reserves: PCCD has reserved 40% of available federal SOR funds as a Statewide Allocation to support these distribution efforts. Of this share, 75% will go to organizations, 10% will support mail-

to-home naloxone for individuals, and 15% will be reserved for need-based reallocation.

**NFRP Statewide Naloxone Allocation Reserves (Based on Population Served)**

Type of Population	% of Statewide NFRP Allocation
Individuals using Syringe Service Programs (SSPs) and Harm Reduction Services	20%
Individuals leaving state prisons and county jails	20%
Individuals engaged in and/or leaving treatment or detox	20%
Individuals who have experienced a nonfatal overdose	15%
Reserve for Need-based Reallocation	15%
<i>Mail-to-home program (other individuals)</i>	<i>10%</i>

**2. Increase the number of county jails implementing naloxone reentry programs for individuals with substance use disorder (SUD) and/or opioid use disorder (OUD) leaving their facilities.**

- a. Strategy 2.1 - Universal (Statewide) County Jail Strategies: The PA Sheriff’s Association, utilizing funds provided by Vital Strategies to support administrative costs, will work with PCCD to support statewide outreach and engagement for county jails utilizing a network of wardens, sheriffs, and other stakeholders. In addition to intranasal naloxone provided by County/Regional CCEs, county jails interested in developing or expanding naloxone reentry programs will also be able to request cases of naloxone reserved for them based on population data and other factors.
  - a. Funding Level & Naloxone Reserves: PCCD will make up to 20% available via the NFRP’s Statewide Allocation for the purchase of naloxone for county jails not eligible to receive kits through Targeted Strategies identified below.
  
- b. Strategy 2.2 - Targeted (County-Specific) Strategies: PCCD will identify county jail points of contacts for each site (15 counties, including one county participating in both projects) and will determine what portion of annual need can be met using dedicated funding sources. Additional needs will be coordinated with County/Regional CCEs as well as utilizing available Statewide Allocation reserves.
  - a. Funding Level & Naloxone Reserves: Approximately \$880k in SOR Supplemental funds will support purchase of naloxone to county-based sites to support reentry needs and other priorities. In addition, federal COSSAP funding will support the purchase of naloxone to provide to eight (8) identified county-based sites to support reentry needs in combination with implementation of comprehensive county jail-based screening, training, and technical assistance over a three-year period.

### 3. Increase access to naloxone for other individuals through mail-to-home initiatives.

- a. Strategy 3.1: Pennsylvania will continue to support mail-to-home naloxone programs to increase access to intranasal naloxone for individuals who may be unable to acquire medication through other means.
  - i. Funding Level & Naloxone Reserves: OCC, through PCCD, will utilize available federal State Opioid Response (SOR) II funds to continue partnership with NEXT Distro and Prevention Point Pittsburgh for a statewide mail-to-home initiative. PCCD can also support local mail-to-home initiatives to supplement statewide efforts, as requested and appropriate. At least 10% of available *NFRP* Statewide Allocation naloxone will go towards this strategy.

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<sup>1</sup> "Department of Health: Preliminary 2019 Overdose Death Data Shows Approximately One Percent Decrease Across State," Commonwealth of Pennsylvania, PA Department of Health, July 28, 2020, <https://www.media.pa.gov/pages/Health-details.aspx?newsid=931>.

<sup>2</sup> *Drug Overdose Mortality by State (2018)*, Centers for Disease Control and Prevention, accessed 11/30/2020.

<sup>3</sup> Megan Guza, "[Pa. overdose deaths likely to increase because of pandemic disruption](#)," *TribLIVE*, January 26, 2021.

<sup>4</sup> "[Expanded Access to Naloxone Can Curb Opioid Overdose Deaths](#)," *Issue Brief*, The Pew Charitable Trusts, October 20, 2020.

<sup>5</sup> "[Expanded Access to Naloxone Can Curb Opioid Overdose Deaths](#)," *Issue Brief*, The Pew Charitable Trusts, October 20, 2020; Hanson, B.L., Porter, R.R., Zöld, A.L. *et al.* [Preventing opioid overdose with peer-administered naloxone: findings from a rural state.](#) *Harm Reduct J* **17**, 4 (2020); Schwartz, D.G., Ataiants, J., *et al.* [Layperson reversal of opioid overdose supported by smartphone alert: A prospective observational cohort study.](#) *EClinicalMedicine* **25** (2020).