



Engaging Emergency Medical Services in Naloxone Distribution

Emergency Medical Services (EMS) personnel are on the front lines of the overdose crisis.

In 2021, the CDC reported a record 94,000 overdose deaths—an increase of 30% from January 2020 to January 2021.

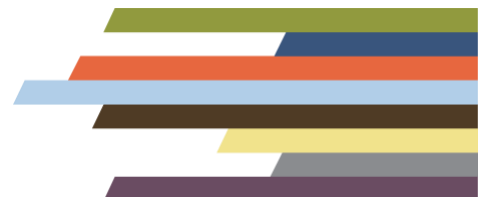
Naloxone safely and effectively reverses an opioid overdose, can be used by lay individuals, and, if widely available, will have an impact on overdose mortality. EMS have been using naloxone for decades when treating unresponsive patients. Current community-based naloxone distribution strategies include syringe service programs, overdose education, and naloxone distribution sites established through expanded naloxone access laws, by public health agencies, law enforcement overdose response, and pharmacies by standing order. In addition, the CDC advises health care providers to offer naloxone when other prescriptions increase risk of overdose. Unfortunately, despite tremendous advances in access, the U.S. is experiencing a national shortage of this life-saving medication.

"As the severity of the opioid epidemic escalates, it is essential that we find innovative methods of reducing the morbidity and mortality associated with opioid overdose and the cascading negative consequences for the families and communities impacted by the crisis."
Becca M. Scharf, MSc, Data and Performance Analyst, Howard County Department of Fire and Rescue Services

Reducing overdose deaths

The greatest impact on overdose mortality is achieved through targeted naloxone distribution. Furthermore, people who have recently experienced an overdose should be prioritized because of the unfortunate reality that people who have nearly died of an overdose have a high chance of overdosing again, and that one being fatal. According to the U.S. Office of the Surgeon General, "increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic."

EMS providers are well-positioned to improve access to naloxone. The "EMS leave-behind" initiative is a promising method of bringing naloxone to those who need it most. Through this program, EMS providers give a naloxone kit directly to people who experience an overdose, their social network, and their family immediately after the event. The goals of an EMS leave-behind program are to improve the patient's experience and self-efficacy to use naloxone in the event of an overdose, reach patients with this critical information in their home environments, and improve patient awareness of community resources for substance use disorder.



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EMS providers offering naloxone to people at risk of overdose and connecting them to prevention resources is a critical, underutilized approach. For example, patients who receive a kit are 5.16 times more likely to be connected to peer support specialists. Leave-behind programs also have multiple benefits for EMS providers. They bolster existing overdose prevention activities, address stigma, and improve naloxone access for vulnerable populations. In addition, since people will be revived by the time EMS arrives, it actually makes their job easier while increasing the chances of a person's overdose survival.

Why ask EMS to distribute naloxone?

- This is an evidence-based intervention to increase naloxone access among a population at high risk of overdose death.
- Prejudice directed at people with substance use disorders affects their ability to access needed services. A leave-behind program is based on harm reduction, and the associated training can reduce stigmatizing attitudes and beliefs among EMS personnel.
- The program is an opportunity to align EMS with other local overdose prevention activities such as peer recovery specialist, crisis hotlines, outreach teams, and harm reduction programs.
- When providing naloxone, EMS providers can encourage individuals to seek out additional resources and treatment throughout the interaction.
- This will increase community trust in EMS providers and the likelihood that individuals will call 9-1-1 in the event of an overdose.

How do I bring this to my community?

Overdoses have soared since the advent of the COVID-19 pandemic, making access to naloxone more important than ever. This brief will provide an overview of naloxone leave-behind programs currently implemented by local EMS agencies in the US, and highlights three agencies that have received national recognition for their programs.

Implementation

What pieces need to be in place?

EMS leave-behind is supported by policy, naloxone access laws, and partnership with public health agencies to obtain the naloxone and other kit materials.

1. The first step to successfully launching an EMS leave-behind program is establishing protocols that incorporate the program into a provider's scope of practice. Determine if EMS protocols are overseen locally or at a state level.
2. The second consideration should be the state naloxone access laws. Naloxone is a prescription medication, and expanded access laws allow for its distribution outside of the patient-provider relationship. Each state has a different naloxone access law. The law will also stipulate the legality of naloxone standing orders. Once clarified, the EMS agency will need to establish a standing order to allow providers to distribute kits.

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3. Naloxone kits typically contain two doses of medication. EMS personnel will need to obtain the kits from a public health partner, along with any other kit supplies such as a bag, gloves, and rescue breathing shield.
4. Finally, identify a point person for the program who will assist with training, coordination of partners, and data collection for reporting on program progress.

Who needs to be involved?

Developing new EMS protocols require buy-in at multiple levels: state, local, medical director, and EMS providers themselves. Involve EMS leadership early on in the process. Apply grassroots efforts to connect one on one with key stakeholders at all levels of the agency. Moreover, a strong relationship between public health and EMS is very important to the success of a program. The public health agency purchases the naloxone for leave-behind (not for overdose response).

Coalitions have much to contribute to the success of a program's launch. They may encourage EMS agencies to consider the program, increase the buy-in of local leadership, and help with programmatic oversight where appropriate. Prevention professionals can assist with program evaluation and efforts to identify and reduce stigma. Medical professionals in the coalition can support communication about the program and training for other medical personnel. Coalition engagement may also help build rapport between EMS and public health agencies for long-term support of the program.

Do EMS providers need training?

Training is critical to the success and sustainability of a naloxone leave-behind program. While a program can be launched with minimal training (EMS providers are already familiar with overdose, naloxone, and how to use it), education on the *why* of the program increases buy-in.

Training is best conducted peer-to-peer and in-person (or a live virtual session); however, an online pre-recorded session will allow greater reach. It can also be more easily incorporated into web-based training platforms and mandated, if appropriate. EMS providers are comfortable recognizing the signs of an overdose and responding with naloxone, but they need education on the why of a leave-behind program. This includes public health concepts, harm reduction 101, and motivational interviewing. Comprehensive training will encourage EMS providers to challenge preconceived stigmatizing behaviors and provide education on the benefits of a public health program like community-based naloxone distribution.

What is required of EMS personnel?

EMS personnel will need to maintain a stock of naloxone kits for community distribution on the ambulance or other support vehicle. They will need to identify who on their team will provide the naloxone kit and brief education on its use. When indicated, EMS personnel will offer the patient a naloxone kit. They will review the materials in the naloxone kit, including any resource cards and referral information. If trained, the EMS providers apply skills in motivational interviewing to encourage the patient to seek out additional resources and ensure they are connected to any available follow-up care such as a visit from a peer support specialist.

Additionally, EMS personnel will need to document the naloxone kit distribution in their medical records. This data will be critical to evaluating the program's implementation, answering

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questions such as: Were all indicated patients offered a kit? How many kits were distributed in a given time period?

Michigan

Policy: In Michigan, naloxone leave-behind programs are facilitated by a state-level protocol. When state-level EMS protocols are updated, local Medical Control Authorities (MCAs) have the opportunity to review and decide if they want to adopt them in their jurisdictions.¹ In Michigan, there are 83 counties covered by 59 MCAs with their own medical directors.

In participating MCAs, naloxone is offered to all patients whose condition improves after receiving naloxone or who have an opioid use disorder. A kit may also be offered to friends and family. MCAs order naloxone through a web-based portal then put together the kits for distribution. The kit includes naloxone, a local resource card with information about treatment options, recovery services, harm reduction program locations, etc., advertising for the Michigan Veterans Affairs Agency hotline, and an optional rescue breathing shield.

Who's involved: Federal grants managed by the state department of health support the purchase of naloxone (Narcan® nasal spray) for the leave-behind program. Local coalitions were key players in developing buy-in from their jurisdiction's MCA. Coalitions with medical providers engaged their local MCA and EMS providers to discuss the program.

Training: Michigan rolled out naloxone leave-behind statewide and created a one-hour online education to reach a large number of providers. There is a 10-question quiz at the end, and participants earn one CEU. In addition to the online training, live virtual and in-person training options are available. An in-person session is preferred to allow for discussion of the new concepts.

The education covers that the program is not just leaving a kit but also addressing a larger issue. Stigma is a core component. The training content first covers opioid use disorder as a medical condition and provides a general overview of addiction. It then gives brief guidance on motivational interviewing techniques to use when talking with patients and their families. The training also covers the benefits to leave-behind, myths about naloxone, current overdose statistics, and finally wraps up with a section on the statewide protocol.

Keys to success

- Patience and persistence throughout program implementation. Champions of the program may need to recommend it multiple times before its adopted.
- Providers also need to be patient and persistent with patients.
- Ongoing dialogue with partners is critical to establishing buy-in and continued support. Coalition support from the state advanced the program in Michigan.

¹ A medical control authority is an organization designated by the department to supervise and coordinate an emergency medical services (EMS) system, as prescribed, adopted, and enforced through department-approved protocols for a particular geographic region.

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508-132260--,00.html

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Vermont

Policy: Vermont's EMS naloxone leave-behind program is required of all local transportation agencies, which standardizes implementation and clarifies roles. EMS providers are expected to leave a naloxone kit with all patients identified as "high risk" or declined transport to a hospital. Naloxone is provided to the patient along with information about addiction support and treatment programs.

Who's involved: The Department of Health provided leadership for the launch of the program. There are still varying levels of buy-in among local EMS agencies. Federal grants cover the cost of the medication.

Training: With the revision of the protocols, training was kept to a minimum; however, the state has received feedback that additional training on why the program is needed and would support broader implementation.

Keys to success

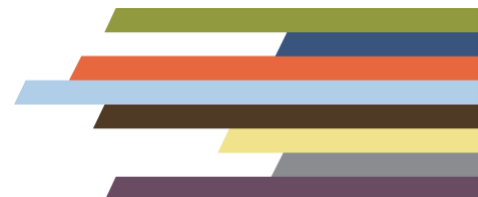
- Vermont got a statewide leave-behind program off the ground because of strong state-level buy-in.
- The purpose is clear in the protocol: keep people alive. This inspires a solid commitment to this program from local EMS as many feel it aligns with what brought them to this work in the first place.

Maryland

Policy: Maryland's EMS oversight is centralized with the Maryland Institute for Emergency Medical Services System (MIEMSS). In 2018, MIEMSS adopted protocols allowing local agencies to opt-in to a naloxone leave-behind program. The protocols required the local EMS agency to make MIEMSS aware of their plans to implement a program and otherwise allowed for local innovation in its application. Howard County in Maryland was one of the first jurisdictions to adopt the naloxone leave-behind program and has received particular attention for its comprehensive program and success in aligning leave-behind with other overdose prevention initiatives.

Who's involved: Local EMS agencies partner with the health department in their jurisdiction to obtain naloxone kits for leave-behind. The cost of naloxone is covered with federal grants by the Maryland Department of Health and shipped to local health departments, which prepare kits for EMS.

EMS agencies that are not operated by fire and rescue have been slower to adopt leave-behind, as many are volunteer-run. However, in Howard County, the fire department goes beyond leaving a naloxone kit and connects patients with a health department peer recovery support specialist. This allows for warm hand-off to other services and follow-up engagement opportunities.



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Training: Maryland does not require any training of EMS agencies to conduct a naloxone leave-behind program. In Howard County, a one-hour recorded webinar provided an overview of the program and why it is important. This aligned with grassroots efforts to promote the program to EMS clinicians around the county.

Keys to success

- EMS clinician and community buy-in was obtained through grassroots efforts to advocate for the program
- Partnership and coordination with the local health department
- Addressing compassion fatigue and cumulative stress throughout program implementation
- Record keeping and data sharing among partners to continue fostering support for the program
- Partners simultaneously address the barriers to treatment that people face. EMS providers are constantly exploring new ways to connect people to needed services
- Engaging an individual's family and social network in a nonjudgmental manner when offering connections to treatment and recovery resources contributes to success

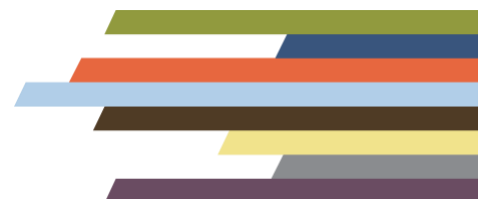
What is the role of EMS in the overdose crisis?

- Improve the health and wellbeing of their communities
- Key partners in the public health response to the overdose crisis since they are the first point of contact for overdose survivors at high risk of overdose death
- They have an opportunity to target naloxone to a high-risk population (people who have survived an opioid overdose) and connect them to other needed resources, including harm reduction programs, peer recovery support services, and substance use disorder treatment
- Through positive interaction with patients, EMS can increase the likelihood that people will call 911 when they witness an overdose, saving more lives.

Where can I learn more?

While EMS distribution of naloxone is an emerging best practice, there are several resources on naloxone:

- [Naloxone Resources in the Great Lakes Region](#)
- [Get Naloxone Now](#)
- [SAMHSA: What is Naloxone](#)



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