The Maine Naloxone Distribution Initiative (MNDI): An Overview

A Presentation of the Governor's Opioid Response Seminar Series

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- Mission
- T1 Catchment Areas
- Tiered Distribution System (T1/T2s)
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· Naloxone "101"

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- Upcoming MNDI Website "getmainenaloxone.org"
- OD-ME Mobile App

MNDI Background & Distribution Logistics

Presenter: Alexander Rezk (The University of Maine)

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Mission of the Maine Naloxone Distribution Initiative (MNDI)

- Governor Mills' 2019 Executive Order directing action to combat the Opioid Epidemic called to:
 - "Make Naloxone more widely and readily available, affordable and accessible."
- As part of this effort, OBH and SAMHS funds have been used to acquire intra-nasal and intra-muscular Naloxone for
 distribution to organizations and end-users unable to acquire Naloxone via other means, and/or organizations providing
 harm reduction services to high-risk, high-need end-user populations.
- The MNDI has grown to provide multilateral naloxone distribution and training across the State bolstered by multimedia
 resources for public education and de-stigmatization around OD response such as the #HaveltOnHand and Know Your
 OPTIONS campaigns run by OBH, as well as the OD-ME Mobile App developed and released by OBH and UMaine.

- The Maine Naloxone Distribution Initiative (MNDI) is a state-based naloxone distribution program that assigns all counties in Maine into one of three catchment areas.
 - Each catchment area is assigned a primary "Tier 1" naloxone distributor:
 - Bangor Public Health (BPH): Northern and Downeast Maine
 - MaineGeneral (MG): Central/Western/Midcoast Maine
 - Portland Public Health (PPH): Greater Portland Area/Southern Maine
 - A fourth Tier 1 provides statewide peer-to-peer naloxone distribution and training:
 - Maine Access Points (MAP): Statewide

What is the MNDI?



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The Tiered Distribution System

- Each T1 is responsible for distributing naloxone to requesting agencies or persons within their respective catchment areas per their individual protocols.
- Once an agency receives state-funded naloxone from a T1 they become a "Tier 2" (shorthand T2).

The Tiered Distribution System Cont'd.

 Based on agency characteristics and how they use their naloxone, T2s are broken into two general categories:

- Have-it-on-Handers:
 - T2s who request small batches of naloxone for internal or institutional use, usually as a preventative safety measure. May or may not make follow-up requests.
- Redistributors:
 - The primary vehicle of MNDI-supplied naloxone, T2
 Redistributors are agencies who request naloxone with
 intent to distribute into the community of end users
 experiencing SUD within their areas of practice. Typically
 request resupply to support ongoing harm reduction
 efforts.

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How to become a T2 Naloxone Recipient or Redistributor

- Requests for naloxone can be made via the Office of Behavioral Health's (OBH) Naloxone Request Form at this link:
 - https://www.maine.gov/dhhs/samhs/documents/UM-NALOXONE-SURVEY-FORM.pdf
- Maine Drug Data Hub:
 - https://mainedrugdata.org/maine-drug-data-hub/distribute-naloxone/

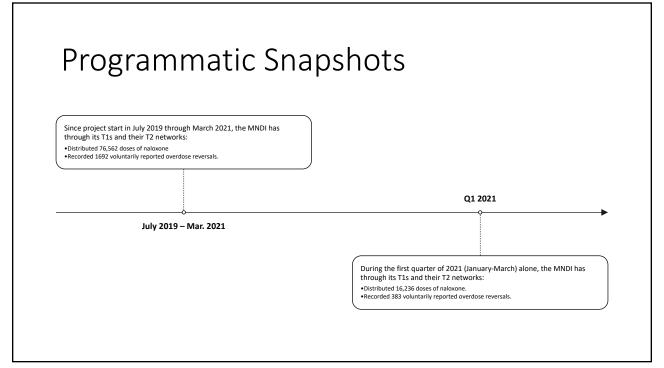
OR

Direct contact with T1s

- Each T1 has unique protocols and stipulations for partner agencies looking to enlist as T2 "have-it-on-handers" or redistributors in the MNDI.
- Generally, it is contractually required of the T1s to ensure that their T2s:
 - Are covered by an active Standing Order.
 - Abide by a mutually agreed-upon MOU.
 - Are trained in naloxone administration (can also include "train-the-trainer" instruction).

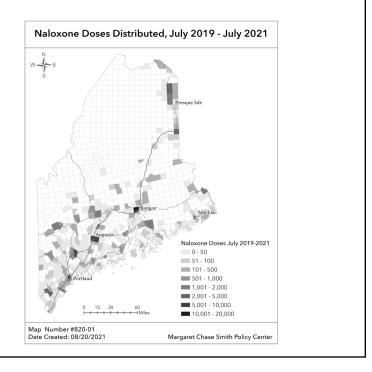
T2 Onboarding Process

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MNDI Distribution Across Maine Visualized

- Over 100,884 doses of naloxone distributed since project start.
- Diverse distribution across urban and rural contexts, effect of major highway corridors clear.



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Public Health, Public Safety, and Emergency Response Partnerships

- The MNDI also supports growing collaboration between public health and public safety entities in providing novel services to Mainers suffering overdose:
 - The OPTIONS Program
- Upcoming support for emergency response-based naloxone distribution:
 - EMS Leave-Behind Naloxone

Naloxone "101"

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Naloxone "101": Some Common Questions

- What is the potential Liability for distribution sites?
 - For individuals who administer naloxone?
 - For individuals who choose NOT to administer?
- Who can carry naloxone? Is it legal?
- What is the status of the Good Samaritan Law?

- Can naloxone hurt someone who isn't overdosing?
- · Can someone overdose on naloxone?
- Are people stealing naloxone/Narcan to sell back to people who use drugs?
- Is naloxone safe to use on everyone?
- Is there a difference in effectiveness between intramuscular (IM) and intranasal (IN) naloxone?
- If I administer someone naloxone, will they wake up and be violent or aggressive?
- Am I in danger of overdose myself if I touch someone who is overdosing while I administer naloxone?

Naloxone "101" Cont'd.

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T1 Distributors in Profile

Presenter: Hilary Eslinger

Maine Access Points



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Maine Access Points Programmatic Profile

- MAP is a harm reduction organization that works with Mainers to grow community capacity for overdose prevention and naloxone distribution, safer drug use, and the necessary support systems for people who use drugs.
- Their programmatic goals include:
 - Reducing overdose deaths by making naloxone accessible to everyone in Maine
 - Providing aftercare and support for people who use drugs, people who reverse overdoses, and people experiencing grief or loss
 - Creating accessible Syringe Access Programs throughout rural Maine
 - · Forming networks of community care and advocacy
- Unique among the T1s, MAP serves all sixteen counties in Maine, with a particular focus on geographically isolated and rural
 communities, operating distribution efforts both to community organizations and harm reduction practitioners of various kinds,
 as well as via a robust peer-to-peer network of volunteers and end-users of naloxone.

Maine Access Points Distribution

- Community Distribution Network:
 - MAP Community Distributors:
 - Provide community trainings on overdose education
 - Enroll participants and distribute naloxone
 - Support organizing, policy reform, and mutual aid work across Maine communities and statewide.
 - Who can be a MAP distributor?
 - Anyone who is interest in being part of the MAP network, i.e.; harm reductionists, people who use drugs, people in recovery, community organizers, and caregivers.
 - How do I become a MAP distributor?
 - · Contact MAP directly.

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Maine Access Points Distribution Cont'd.

- · MAP T2 Expectations & Reporting
 - Monthly check-ins with Director of Overdose Prevention Programs
 - Complete registration and refill processes with participants and provide monthly documentation
 - Maintain updated naloxone inventory with monthly reporting cadence
 - Align work within MAP's mission & values
- MAP provides comprehensive distributor and naloxone training.
- Other T1 Distribution insights from MAP...

Contact Us!

Hilary Eslinger, MAP Executive Director

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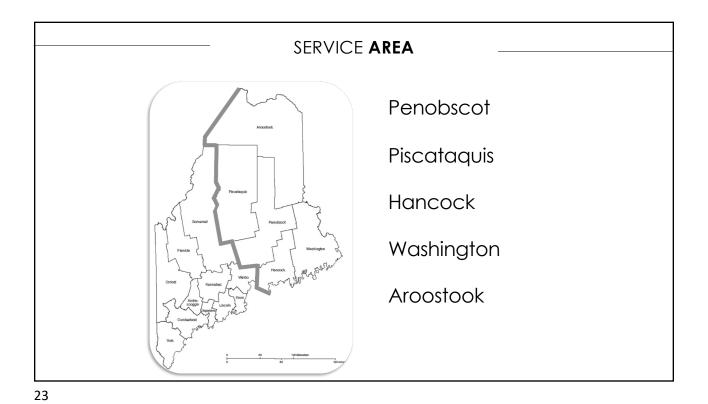


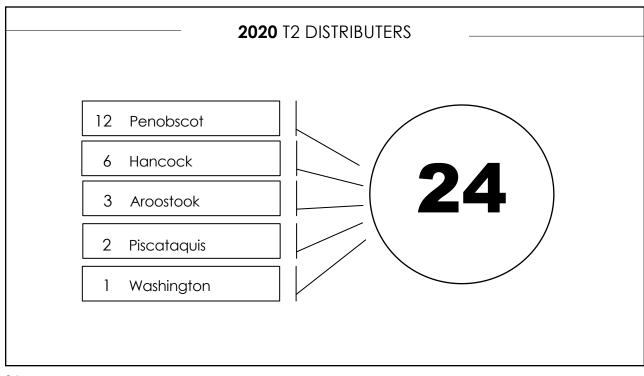
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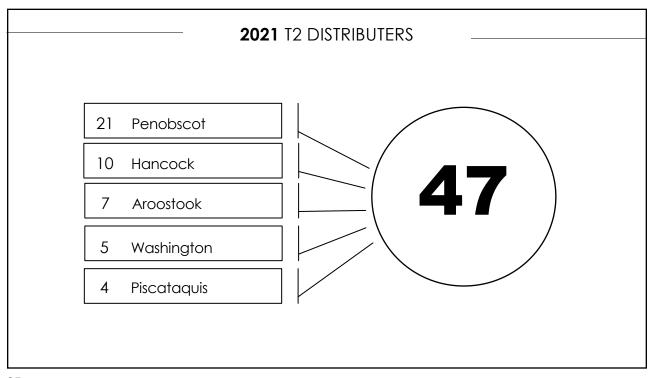


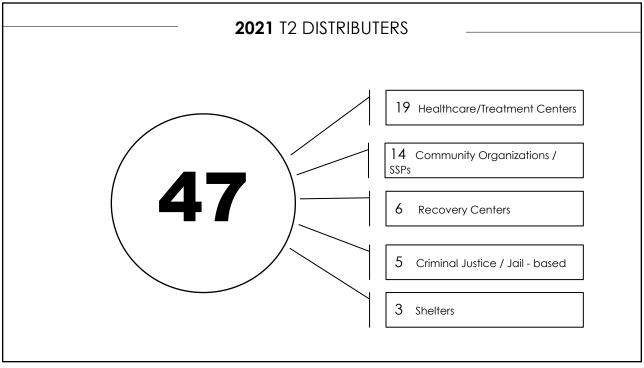
Bangor Public Health

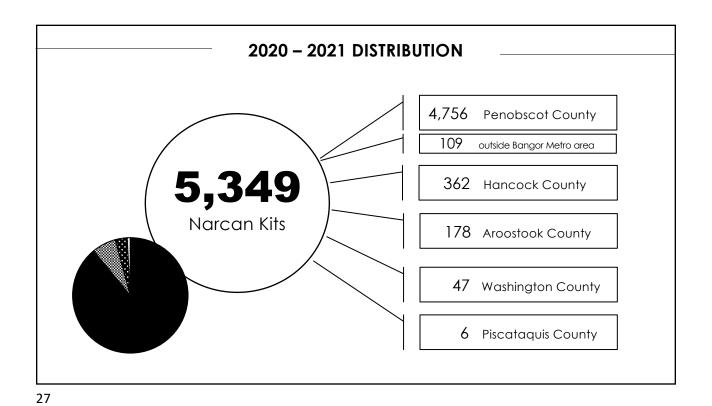
Presenter: Denise Smith



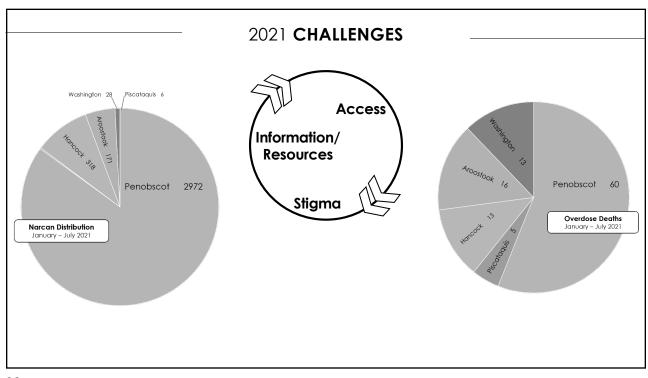












Become a T2 with BPH

- Must Fulfill Documentary Requirements
- Data Tracking/Reporting on Distribution and Compliance
- Ideal training and education to end-users should include:
 - General opioid overdose prevention strategies
 - How to recognize signs of opioid overdose
 - Rescue breathing and resuscitation protocols
 - Understanding of how to dose and administer provided Naloxone
 - How to contact 911/EMS
 - How to care for OD victim while waiting for EMS post-Naloxone administration

CONTACT INFO

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BANGOR PUBLIC HEALTH & COMMUNITY SERVICES

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MaineGeneral



Presenter: Shane Gallagher

Narcan (naloxone) should be widely available throughout our service area.

MaineGeneral Programmatic Outlook

Efforts should be focused on reducing stigma associated with naloxone possession and administration.

Naloxone prescriptions should be encouraged in clinical settings when possible.

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Geographically spread out, covering approx. 1/3 of State of Maine

• Fewer areas of concentration

MaineGeneral's T2 Network

63 Organizations currently in distribution network

- These include groups such as:
 - 31 Healthcare Organizations (Hospitals, FQHCs, PCPs, Behavior Health Providers)
 - 7 Treatment Organizations
 - 8 OPTIONS Program Liaisons
 - 4 Correctional Facilities
 - 11 Other Community Agencies

- 2,135 Naloxone Kits Distributed May 2020 August 2021
- Next Step Needle Exchange
 - Locations in:
 - Augusta
 - Waterville
- Direct distribution of naloxone to program members
- Receives overdose reversal information from program members

MaineGeneral Distribution

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Become a T2 with MG

- Must Fulfill Documentary Requirements:
 - All T2 partner agencies must sign an MOU w/ MG
 - $\bullet \quad \text{If your agency is an existing member of MaineHealth, you are covered by pre-existing MOU.} \\$
 - Anyone else must sign a new MOU before receiving Naloxone.
 - If non-medical staff will be distributing Naloxone they will need to be covered by a Standing Order.
 - If your agency has a prescriber on staff, they should provide.
 - If not, MG will provide a SO for you.
 - If only medical personnel will be distributing, SO unnecessary.

Become a T2 with MG Cont'd.

- Naloxone Distributor Training Requirement:
 - All distributing T2s working with MG must complete a training which covers:
 - · Introduction to Opioids
 - Risk factors for Opioid Overdose
 - · Signs and Symptoms of Overdose
 - Overdose Response
 - Aftercare
 - · Good Samaritan Law
 - Naloxone FAQ
 - Data Collection
 - · Naloxone Storage
 - · Reporting Requirements

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MaineGeneral Lessons Learned

Good Intentions

T2s initially overestimated volume

Information Sharing

 Exchange members more open/sharing with overdose information



Please Contact Us!

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Portland Public Health

Presenter: Bridget Rauscher



- Naloxone Distribution Objectives at Portland Public Health
 - Ensure widespread access to naloxone throughout York and Cumberland Counties
 - · Advocate for individuals with the means to access naloxone via pharmacy
 - Provide education and training opportunities for recognizing and responding to opioid overdoses
 - · Promote MNDI and increase T2 engagement

Naloxone Distribution Programmatic Snapshot

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Portland Public Health's Distribution Profile

- Serves Cumberland and York Counties
 - Perhaps the most urban distribution profile due to its coverage of Southern Maine
- Since project start has distributed naloxone to approx. 52 network members including:
 - Public Health Partners
 - · Healthcare Providers
 - Community Organizations
 - Public Safety Entities
 - OPTIONS Program Liaisons
- Operates Portland Syringe Service Program

Become a T2 with PPH

Sign a Naloxone Distribution Acknowledgement agreeing to the following:

- Will adhere to the State of Maine Community Naloxone Distribution Guidelines.
- Will conduct adequate and timely Naloxone training to recipients of state supplied Narcan, utilizing messaging adopted and shared by Portland's Public Health Division.
- Will collect and report de-identified data (for distribution as well as overdose reversals).
- Will collaborate with PPH for any technical assistance needs.

Establish a Standing Order: An agency can provide their own – or have the option to be covered by PPH's.

Provide us with a distribution protocol for your agency.

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Become a T2 with PPH Cont'd.

• Training Requirements:

- T2 staff should be trained in the following areas:
 - Opioids: What they are and what they do
 - Recognizing signs of opioid related overdose
 - Naloxone (Narcan): How it Works
 - Efficacy & Duration
 - Proper Administration
 - Post-Administration Monitoring
 - Good Samaritan Law
 - Community Support Services
 - Documentation Requirements
 - Ordering & Proper Storage

Please Contact Us!

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Challenges and Barriers to Naloxone Distribution in Maine

- · Cultural Hurdles:
 - Stigma
 - Despite progressive change, stigma surrounding SUD and persons experiencing it is still prevalent in Maine.
 - Stigma is an issue both amongst the general public, and even in professional circles:
 - · Law Enforcement
 - Clinical Practitioners
 - · Pharmacy Staff
 - End-User Marginalization
 - Many persons experiencing SUD do not experience it in a vacuum, but rather at the nexus of compounding psychosocial and socio-economic factors.
 - Poverty, transience, rurality, lack of mobility, racial inequity, lack of child-care, lack of connection to goods and services, mental health crises, physical disability, chronic illness etc.

Challenges and Barriers to Naloxone Distribution in Maine Cont'd.

- · Logistical Hurdles:
 - · Legislative and Law Enforcement Inconsistencies:
 - Over time, there has been an uneven application or understanding of standards such as Community Distribution Rules and the Good Samaritan Law.
 - This is improving but has posed a historic barrier to potential onboarding agencies and end-users who have feared criminal justice repercussions for participating in harm reduction.
 - · Lack of Naloxone Education:
 - Widespread misunderstanding of basic Naloxone concepts persists statewide pertaining to:
 - Proper storage of Naloxone (hot/cold temp. exposure)
 - Proper administration of Naloxone
 - Dosage
 - Time to wait for efficacy
 - These gaps in education can lead to significant Naloxone waste or misuse, costing resources and potentially lives.

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Key Lessons Learned So Far...

Bystanders are key to overdose reversal in Maine:

- The importance of active bystanders cannot be overstated
 - Family
 - Friends
 - Use-Partners
 - Good Samaritans
- Saturation of community in "have-it-onhand" doses can provide a potentially lifesaving safety net.

Education is integral

 Proper training on Naloxone storage and use is necessary to ensure supplied doses are effective long-term. Lessons Learned Cont'd. • Importance of Gathering Data About Clients:

- The more demographic and SUD specific data T2s can gather about their clients, the better that harm reduction policies can be tailored to meet their needs:
 - Are they "homeless" or unstably housed?
 - Have they had multiple overdose events?
 - Do they have a safety plan?
 - Do they want to engage in treatment and recovery?
 - Is something stopping them from doing so?
 - Are they using alone?

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Upcoming MNDI Website

getmainenaloxone.org



Under Construction – Content Areas

Content Areas

Cont'd.

• Will serve as a hub for:

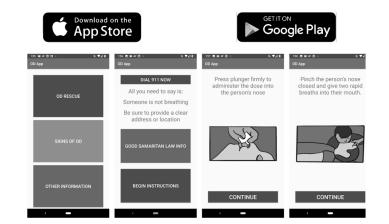
- Locating naloxone via:
 - MNDI:
 - · Onboarding as a T2
 - Acquiring MNDI naloxone from SSPs
 - 211/MAP Referrals
 - Public Facing T2s with open distribution (later)
 - · Pharmacy Access
 - · General naloxone availability statewide
- Programmatic Information about MNDI
- Info on legal status of naloxone:
 - · Information on Good Samaritan Law
 - Executive Order and OAG distribution background language

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- Educational materials related to naloxone
 - OD-ME Mobile App and its resources
 - Multimedia educational materials collected from public domain resources and T1/T2 collaboration
- Metric Snapshots of Success Stories
 - Infographics/Counters for:
 - Reversals
 - Non-fatal OD
 - · Naloxone distribution
- Links to MNDI data on mainedrugdatahub.org
- And more...

OD-ME Mobile App

- The University of Maine, in partnership with the Office of Behavioral Health, developed and launched the OD-ME Mobile App for Android and iOS as a low-barrier naloxone administration and overdose reversal educational tool. Simply search for OD-ME in the Google Play or Apple App Store.
- · Includes:
 - Audio/visual walkthrough for IM/IN Naloxone
 - Option to dial 911 from within app
 - Education on signs of OD
 - Opioid Information
 - Links to Good Samaritan Law, 211, Public Health Resources
 - · Option OD reversal reporting survey



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Questions?

Thank You for Attending