



Commonwealth of Massachusetts  
The Office of Health and Human Services  
Department of Public Health  
75 State Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

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Lieutenant Governor

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Secretary

MONICA BHAREL, MD, MPH  
Commissioner

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January 26, 2016

Steven T. James  
House Clerk  
State House Room 145  
Boston, MA 02133

William F. Welch  
Senate Clerk  
State House Room 335  
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Line 4512-0204 of Chapter 46 of the Acts of 2015, please find enclosed a report from the Department of Public Health entitled "*Overdose Education and Naloxone Distribution (OEND) and First Responder Naloxone Grants.*"

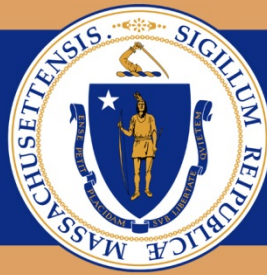
Sincerely,

Monica Bharel, MD, MPH  
Commissioner  
Department of Public Health

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**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Monica Bharel, MD, MPH**  
Commissioner

# **Overdose Education and Naloxone Distribution (OEND)**

## **First Responder Naloxone Grants**

**January 2016**



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## **Legislative Mandate**

The following report is hereby issued pursuant to Line 4512-0204 Chapter 46 of the Acts of 2015 as follows:

### **Nasal Narcan Pilot Expansion**

For the purchase, administration, and training of first-responder and bystander naloxone distribution programs; provided, funds shall be expended to maintain funding for first responder naloxone grants and bystander distribution in communities with high incidence of overdose; provided further, that the commissioner of public health may transfer funds between this item and item 4512-0200, as necessary, under an allocation plan which shall detail the distribution of the funds to be transferred and which the commissioner shall file with the house and senate committees on ways and means 30 days before any such transfer; and provided further, that the department of public health shall submit a report to the house and senate committees on ways and means not later than October 1, 2015 on: (i) the communities included in the pilot program expansion; (ii) the number of participants for each community; and (iii) the amount of naloxone purchased and distributed, delineated by community

## **Executive Summary**

The Fiscal Year 2016 budget (see Line Item 4512-0204 of Chapter 46 of the Acts of 2015) allocated \$1,000,000 to the Nasal Narcan Pilot Expansion to support:

- First Responder Naloxone Grants
- Overdose Education and Naloxone Distribution (OEND) at community bystander sites

To better support the implementation of this legislatively mandated review and report, staff has submitted the following report to update the House and Senate Committees on Ways and Means on the status of these grants and related naloxone programs.

Enclosed in this report you will find a background of the nasal naloxone programs in MA and the current status of the First Responder Naloxone Grants and community bystander program.

## Introduction

In an effort to combat the rising number of opioid related overdose deaths in Massachusetts, the Department of Public Health (DPH; the Department) began the Overdose Education and Naloxone Distribution (OEND) program in November 2007 to train and provide nasal naloxone rescue kits free of charge to potential bystanders (any person likely to witness an overdose) of an opioid overdose in the community.

In 2010, DPH added the Quincy Police Department and the Revere Fire Department to the pilot program. By 2014, the pilot included six first responder departments (police and fire): the Quincy and Gloucester Police Departments, the Revere, Weymouth and Saugus Fire Departments, and the New Bedford Police and Fire Departments. As of August 2014, there were five first responder communities participating in the pilot as Gloucester voluntarily opted out and continued a program on its own.

In recent years, many communities have experienced an increase in fatal and non-fatal opioid overdoses. In response, municipalities have expressed an interest in establishing first responder naloxone programs and have approached the Department for technical assistance and/or funding. The Department was limited in its ability to assist these communities due to funding and regulatory constraints until a public health emergency was declared in March 2014 in response to the opioid crisis. Subsequently, emergency regulations were adopted allowing municipalities to establish first responder naloxone programs, and the FY15 state budget included a \$1,000,000 appropriation (Line Item 4512-0204) to support expansion of the number of naloxone programs. This line item (4512-0204) has continued in the Acts of 2015 Chapter 46 and the language requires that funds shall be expended *“for the purchase, administration, and training of first-responder and bystander naloxone distribution programs; provided, funds shall be expended to maintain funding for first responder naloxone grants and bystander distribution in communities with high incidence of overdose;...”*

## **First Responder Naloxone Grants**

### **Overview:**

In FY15, the Department of Public Health awarded grants to 23 municipalities. Using the funding discussed above, the Department of Public Health will be awarding FY16 grants to expand the program to 31 municipalities. These grants will allow more police and fire departments to carry and administer naloxone, an opioid overdose antidote, in municipalities that are most affected by this epidemic. Municipalities that meet the criteria listed below were invited to apply for this grant, which provides funding to purchase naloxone and cover some other related costs. FY16 Grant amounts range between \$10,000 and \$50,000 per department based upon the size of the municipality and expressed budget needs and request. Grantees that were funded in FY15 were able to reapply for the FY16 grant.

### **Grant Eligibility Criteria:**

Eligibility criteria were established by determining the maximum number of high need communities that could be funded by the appropriation. Communities that were eligible to apply had an average annual rate of unintentional/undetermined opioid overdose deaths above 6.0 per 100,000 and had an average annual count of 4 or above for the 2009-2013 period according to DPH vital records data. These standard measures are used by DPH to compare the level of need by community.

### **Grantees and Program Costs:**

The FY16 Grant Awards are as follows:

| <b>Municipality</b> | <b>Grant Award Amount</b> |
|---------------------|---------------------------|
| BARNSTABLE          | \$ 16,000.00              |
| BEVERLY             | \$ 20,000.00              |
| BROCKTON            | \$ 45,000.00              |
| CHELSEA             | \$ 20,000.00              |
| CHICOPEE            | \$ 11,319.80              |
| EVERETT             | \$ 20,000.00              |
| FALL RIVER          | \$ 29,218.60              |
| FALMOUTH            | \$ 15,000.00              |
| FITCHBURG           | \$ 12,750.00              |
| FRAMINGHAM          | \$ 15,000.00              |
| HAVERHILL           | \$ 20,125.00              |
| LAWRENCE            | \$ 35,000.00              |
| LEOMINSTER          | \$ 20,000.00              |
| LOWELL              | \$ 50,000.00              |
| LYNN                | \$ 9,469.85               |
| MALDEN              | \$ 10,900.00              |
| MEDFORD             | \$ 25,000.00              |
| NEW BEDFORD         | \$ 45,000.00              |



|                    |                      |
|--------------------|----------------------|
| NORTH ATTLEBOROUGH | \$ 15,000.00         |
| PLYMOUTH           | \$ 20,000.00         |
| QUINCY             | \$ 16,100.00         |
| REVERE             | \$ 25,000.00         |
| SALEM              | \$ 11,296.00         |
| SAUGUS             | \$ 15,000.00         |
| SOMERVILLE         | \$ 28,920.00         |
| TAUNTON            | \$ 25,000.00         |
| WESTFIELD          | \$ 7,561.90          |
| WEYMOUTH           | \$ 13,956.50         |
| WINTHROP           | \$ 15,000.00         |
| WORCESTER          | \$ 46,103.97         |
| YARMOUTH           | \$ 10,000.50         |
| <b>TOTAL</b>       | <b>\$ 668,722.12</b> |

The remaining \$31,277 can be used to purchase naloxone for the community bystander program. This would be combined with the \$300,000 from 4512-0204 that is currently set aside for the bystander naloxone program.

Allowable expenditures of the grant funds include:

- Purchasing naloxone and atomizers
- Paying a fee associated with a hospital or prescriber providing a Memorandum of Agreement (MOA) for medical control
- Purchasing other supplies that support the program such as pouches or containers for the naloxone or other equipment such as bag valve masks
- Covering staff time for training
- Costs associated with community education related to access to treatment and other resources or related to awareness of the 911 Good Samaritan law. These costs would include strategies such as distribution of educational materials at overdose calls, hosting community forums, or outreach to substance abuse treatment programs, homeless shelters, or recovery support services program participants related to the 911 Good Samaritan Law and encouraging people to call 911 in the event of an overdose

## **Community Bystander Overdose Education and Naloxone Distribution Program**

### **Overview:**

In addition to the first responder grant program, the Massachusetts Department of Public Health has implemented an Overdose Education and Naloxone Distribution (OEND) program in community-based settings. These programs have trained individuals likely to witness an overdose (bystanders) on how to reduce overdose risk, recognize signs of an overdose, access emergency medical services, and administer intra-nasal naloxone. Potential bystanders are instructed to deliver naloxone when opioid overdose occurs in addition to taking other actions (e.g. rescue breathing and contacting the emergency medical system). The rescue kit includes instructions, two syringes prefilled with Naloxone Hydrochloride, and two nasal atomizers.

### **Current Program:**

Presently, there are 16 community based agencies participating in the OEND pilot program. There are currently 23 Learn to Cope meeting sites across the Commonwealth providing OEND services. Since the start of the OEND program in 2007 thru January 5, 2016, there have been a cumulative total of 39,285 individual participants trained and given a naloxone kit and 6,326 reported opioid overdose reversals using DPH bystander pilot program naloxone. Any remaining funding from the First Responder Naloxone grant program, once awarded and appropriated, will be designated for the purchase of naloxone to support the continuation of OEND programming statewide.

OEND program sites are currently located in the following communities. In addition, many of the surrounding communities are also served:

BOSTON, BROCKTON, CAMBRIDGE, FALL RIVER, GREENFIELD, HOLYOKE, HYANNIS, HULL, LAWRENCE, LOWELL, LYNN, NEW BEDFORD, NORTH ADAMS, NORTHAMPTON, ORANGE, PITTSFIELD, PROVINCETOWN, QUINCY, REVERE, SPRINGFIELD, WORCESTER

## Conclusion

### Report Highlights:

- As part of the state's overall efforts to address the rise in opioid overdose deaths in the Commonwealth, the FY16 GAA included an investment of \$1,000,000 to continue the support of first responder and bystander naloxone programs.
- Many local police and fire departments have already implemented a naloxone program or have expressed an interest in equipping police officers and firefighters with naloxone. However, municipalities often face budget constraints that make implementation challenging.
- This funding allows more departments to equip police officers and firefighters with this life-saving overdose antidote.
- This funding allows continued broad geographic coverage for bystander naloxone access.