# Introduction

The State Opioid Response (SOR) grant (through the Substance Abuse and Mental Health Services Administration, [SAMHSA]) requires states to develop a naloxone distribution and saturation plan particularly focused on areas with high rates of overdose mortality. To ensure North Dakota reaches naloxone saturation (meaning that 90% of overdoses will have naloxone available), this assessment has been created to understand current distribution of naloxone and identify gaps in distribution.

**Attachment A: Naloxone Saturation Guideline** shows how many kits of naloxone would need to be distributed in one year to reach naloxone saturation in the state. Please note that the goal is to reach saturation, but it is not a requirement to distribute the number of kits identified in Attachment A

Each Community Implementation Grantee is required to complete a naloxone assessment and use the assessment to guide naloxone distribution in their region.

**Due Date**: This template must be submitted to Amy Lies at amlies@nd.gov by **December 16, 2022**

**Questions:** For any questions, contact Amy Lies at amlies@nd.gov or 701-328-8933

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| **Name of Community Grantee** |  |
| **Name of individual completing this form**  |  |

# Step 1: Identify Individuals at Highest Risk of Experiencing or Witnessing an Overdose

The first step in a naloxone distribution assessment is to identify individuals who are at highest risk of experiencing an overdose or witnessing an overdose. Below are examples of high-risk individuals.

**INSTRUCTIONS:** add any additional individuals identified to be at highest risk of experiencing an overdose in your community. Add rows as needed. If no additional individuals are identified, move to Step 2.

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| Individuals with a new opioid prescription or high dosage prescription  |
| Recent emergency department visit due to misusing opioids |
| Individuals receiving treatment for opioid use disorder including methadone, buprenorphine, or naltrexone |
| Recent release from jail or prison |
| Recent release from a detoxification program |
| Recent release from a residential substance use disorder treatment program |
| Individuals experiencing homelessness |
| Individuals injecting opioids |
| Individuals participating in outpatient treatment |
| Individuals with a mental health or substance use disorder diagnosis  |
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# Step 2: Identify Touchpoints of High-Risk Individuals

After it has been identified who is at highest risk of experiencing or witnessing an overdose, the next step is to identify who or where a high-risk individual might interact with, also known as touchpoints. Below you will identify common touchpoints to help guide naloxone distribution.

The table below lists some categories of touchpoints. Additional touchpoint categories may be added as applicable to your community. These are very broad and intended to guide thought process in the completion of *Chart 2.*

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| **Examples of Touchpoints** |
| Homeless shelters/housing authorities  | Correctional settings – Jails and prisons | Pain management clinics |
| Syringe Service Programs | Parole/probation officers  | Public libraries  |
| Office-based opioid treatment programs (OBOTs) | Drug courts | Public Transportation  |
| Opioid Treatment Programs (OTPs) | Pre-trial services | Human Service Zones |
| Residential treatment programs | Recovery Support Groups | Pharmacies |
| Outpatient treatment programs | Family support groups  | Local Public Health Unit |
| Emergency rooms | Churches | Outdoor gathering spaces |
| Healthcare clinics/prescribers  | Businesses/restaurants/public facilities | Fire department |
| Ambulance personnel  | Law enforcement |  |
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**INSTRUCTIONS:**

1. Add any additional high-risk individuals from Step 1 into the first column.
2. For each individual identified as high-risk, identify touchpoints for that individual/population. Each touch point should be specific to your local community and include specific names of businesses, entities, organizations, etc. See first row for an example.

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| **Touchpoints** |
| ***Example******Individuals with a new opioid prescription or high dosage opioid prescription***  | *Pharmacy** *Thifty White Drug*
* *ABC Drug*
* *XYZ Drug*
 | *Clinic** *Helping Hands Medical Center*
 | *Physical Therapy** *New Start Physical Therapy*
* *Free Physical Therapy*
 | *Chiropractor** *Living Free Chiropractic Care*
* *Breathe Chiropractic Care*
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| **Individuals with a new opioid prescription or high dosage opioid prescription**  |  |  |  |  |  |  |  |  |
| **Recent emergency department visit due to misusing opioids** |  |  |  |  |  |  |  |  |
| **Individuals receiving treatment for opioid use disorder including methadone, buprenorphine, or naltrexone** |  |  |  |  |  |  |  |  |
| **Recent release from jail or prison** |  |  |  |  |  |  |  |  |
| **Recent release from a detoxification program** |  |  |  |  |  |  |  |  |
| **Recent release from a residential substance use disorder treatment program** |  |  |  |  |  |  |  |  |
| **Individuals experiencing homelessness** |  |  |  |  |  |  |  |  |
| **Individuals injecting opioids** |  |  |  |  |  |  |  |  |
| **Individuals participating in outpatient treatment** |  |  |  |  |  |  |  |  |
| **Individuals with a mental health or substance use disorder diagnosis**  |  |  |  |  |  |  |  |  |
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# Step 3: Identify Current Distribution Efforts and Plans to Continue to Begin Distribution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Now that common touchpoints have been identified, the next step is to assess if naloxone distribution is happening at those touchpoints. If naloxone distribution is happening, what can be done to continue efforts and increase distribution? If distribution is not occurring at a touchpoint, how can distribution begin to happen? Are there barriers to distribution at touchpoint?

**INSTRUCTIONS:**

1. List all specific touchpoints from Step 2.
2. Identify if each touchpoint currently receives naloxone from you.
3. Identify if each touchpoint uses the naloxone provided from you to further distribute to individuals.
4. Determine plans for naloxone distribute for each touchpoint. If you already providing naloxone, what can be done to continue or enhance efforts. If you are not providing naloxone, what are the plans to get naloxone to this touchpoint. Barriers should be included if applicable.

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| **Touchpoint** | **Is this touchpoint receiving Naloxone currently?*****Yes or No*** | **Does this touchpoint distribute to individuals?** ***Yes/No/NA*** | **Distribution plans for this touchpoint or barriers** (needs to be completed for all touch points)  |
| *Example: ABC Drug* | *Yes* | *Yes* | *Continue to work with Matt (owner, pharmacist) to ensure naloxone is provided to this pharmacy*  |
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# Step 4: Final Distribution Plan

These final tables will put together the previous steps into a distribution plan. This plan should be regularly reviewed and revised as needed to guide community naloxone distribution efforts.

**INSTRUCTIONS:**

1. List all specific touchpoints from Step 3 that need naloxone distribution.
2. Identify the quantity of naloxone to be distributed to each touchpoint
3. Describe plans for ensuring naloxone remains available at this touchpoint.

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| List all Naloxone Distribution Locations  | Quantity of naloxone to be distributed  | Date to be distributed | Sustainability plan to ensure Naloxone continues to be at each location |
| *Example: ABC Drug* | *25* | *12/15/2022* | *Matt (owner) contacts us when supply drops below 5 kits, we provide 25 kits within 2 days of notification.*  |
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**INSTRUCTIONS:**

1. List any touchpoints where you have identified naloxone distribution but there are barriers to that distribution
2. Describe the barrier to distribution and the plan to address this barrier.

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| **Gaps in Distribution**Where naloxone is needed but you are unable to distribute  | Barrier to Distribution and Plan to Move Forward |
| *Example: XYZ Drug* | *This pharmacy has been unresponsive when attempts to reach out, will continue to reach out and build good relationship*  |
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**Attachment A: Naloxone Saturation Guidelines**

The chart below identifies the total number of doses a Local Public Health Unit would need to distribute within their service area in a year to ensure that 90% of overdoses witnessed by another individual would have naloxone available for use per “*Estimating Naloxone Need in the United States Across Fentanyl, Heroin, and Prescription Opioid Epidemics: A Modelling Study Lancet Public Health, 2022” by MA Irvine, D Oller, J Boggis, B Bishop, D Coombs, E Wheeler, M Doe-Simkins, AY Walley, BDL Marshall, J Bratberg, TC Green.”*

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| **Local Public Health Unit** | **Total doses of naloxone**  |
| Bismarck-Burleigh Public Health | 985 |
| Cavalier County Health District | 37 |
| Central Valley Health Unit | 235 |
| City-County Health Department | 127 |
| Custer Health Unit | 497 |
| Dickey County Health District | 50 |
| Emmons County Public Health | 33 |
| Fargo Cass Public Health | 1845 |
| First District Health Unit | 972 |
| Foster County Community Health | 34 |
| Grand Forks Public Health Department | 732 |
| Kidder County District Health Unit | 24 |
| Lake Region District Health Unit | 239 |
| LaMoure County Public Health Department | 41 |
| McIntosh District Health Unit | 25 |
| Nelson/Griggs District Health Unit | 53 |
| Pembina County Health Department | 68 |
| Ransom County Public Health Department | 57 |
| Richland County Health Department | 165 |
| Rolette County Public Health District | 122 |
| Sargent County District Health Unit | 39 |
| Southwestern District Health Unit | 488 |
| Steele County Public Health Department | 18 |
| Towner County Public Health District | 22 |
| Trail District Health Unit | 80 |
| Upper Missouri District Health Unit | 677 |
| Walsh County Health District | 106 |
| Wells County District Health Unit | 40 |
| **Statewide Total** | **7810** |