

# Naloxone Action Planning Meeting

**May 14, 2024**



# Organizers



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**



University of Wisconsin  
**Whitewater**

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Center for Inclusive Transition,  
Education and Employment

This event is made possible through funding from the U.S. Department of Health & Human Services, Substance Use Prevention Treatment and Recovery Services Block Grant CFDA 93.959.

# Continuing Education Units

This meeting has been approved for a total of about 3 continuing education units through the UW-Whitewater Department of Social Work.

Watch your email for a link to an evaluation survey following this meeting.

Complete this evaluation survey to receive your continuing education units certificate of completion via email in about 4 to 6 weeks.

# Naloxone Saturation Strategy

This meeting is designed to provide an overview of efforts to ensure sustainable and equitable access to naloxone for distribution to people who use drugs and people who may witness an overdose.

# Naloxone Saturation Strategy

We will be hosting invite-only in-person regional meetings this summer to support the development of local plans to achieve the state's naloxone saturation goals. The regional meetings are for key community overdose prevention decision-makers and harm reduction partners.

# Today's Agenda

- Opening remarks
- Current state of naloxone saturation in Wisconsin
- Data on naloxone availability and need in Wisconsin
- Achieving naloxone saturation with a mail-order program
- Break
- A model for community-based naloxone distribution
- Closing remarks

# Zoom Webinar Logistics

- Your camera and microphone have been disabled.
- We invite you to ask questions using the Q&A feature.
- We will post a summary of the questions and answers with the recording of this meeting on the DHS website.

# Opening Remarks



Kirsten Johnson



[Watch the opening remarks video from  
DHS Secretary-designee Kirsten Johnson](#)

# Current State of Naloxone Saturation in Wisconsin



Teresa Steinmetz  
Jenny Ullsvik

# Presenters

## **Teresa Steinmetz**

Director

Bureau of Prevention Treatment and Recovery

Division of Care and Treatment Services

## **Jenny Ullsvik**

Director

Bureau of Community Health Promotion

Division of Public Health

# NARCAN® Direct Program – Community Agencies

- Provides free NARCAN® for community distribution to those most at-risk for experiencing or witnessing an overdose
- 144 agencies; 15,517 cases
- Total funding: \$5,001,072
  - Opioid Settlement Funds
  - State Opioid Response
  - Substance Use Prevention, Treatment, and Recovery Services Block Grant

# **NARCAN® Direct Program – Law Enforcement Agencies**

- Provides free NARCAN® for community distribution by law enforcement agencies
- 167 agencies; 1,524 cases
- Total funding: \$750,000  
Opioid Settlement Funds

# Naloxone in Jails

- “Non-addictive, non-narcotic, injectable medication-assisted treatment service within the jail setting” grant provides naloxone to all program participants upon departure from incarceration
- 15 jails
- Total funding: \$750,000 (funds more than naloxone)  
General purpose revenue (state tax dollars)

# Law Enforcement Opioid Abatement

- Provides naloxone to all medications for opioid use disorder in jail participants upon departure from incarceration
- Provides naloxone for jail diversion programs to distribute in the community as part of outreach efforts
- 11 grantees
  - 6 medications for opioids use disorder in jail
  - 5 jail diversion programs
- Total funding: \$3,000,000 (funds more than naloxone)  
Opioid Settlement Funds

# Tribal Overdose Prevention

- Naloxone provided as part of culturally and linguistically appropriate secondary prevention strategies to reduce overdose-related deaths and adverse events in tribal communities
- 3 tribal nation grantees
- Total funding: \$850,000/year for five years  
Substance Abuse and Mental Health Services Administration Grant



# Injection Drug Use Prevention

- Services focus on outreach and education, pre-treatment services, and naloxone training and distribution.
- 3 grantees
- Total funding: \$749,961  
Substance Use Prevention, Treatment, and Recovery Services  
Block Grant

# Public Health Vending Machines

- Units stocked with naloxone and other lifesaving tools placed in a variety of community locations
- 40 units statewide
- Total funding: \$2,553,518
  - Opioid Settlement Funds
  - Substance Use Prevention, Treatment, and Recovery Services Block Grant

# EMS Leave Behind Program

- Overdose prevention tools and resources “left behind” with the patient and/or their social networks (family, friends, roommates, etc.) at the scene of care or after transport to a hospital
- 21 grantees (July 2023-June 2024)
- Total funding: \$572,159  
Opioid Settlement Funds

# Harm Reduction Response Team

- Targets unserved/underserved communities with syringe services program resources as well as HCV/HIV/STI testing and naloxone training and distribution
- Team focused on southern Wisconsin in place, with team focused on northern Wisconsin due to be in place this year
- Total funding: \$5,200,000
  - Opioid Settlement Funds
  - Centers for Disease Control and Prevention Health Disparities Grant

# Naloxone Availability and Need in Wisconsin



Jeremy Becker, Ph.D.

# Purpose and Objectives

- Overview of data surrounding the overdose crisis and things to consider
- Understand the scope and state of naloxone throughout Wisconsin
- Key takeaways and opportunities

# Data Overview

# Things to Consider

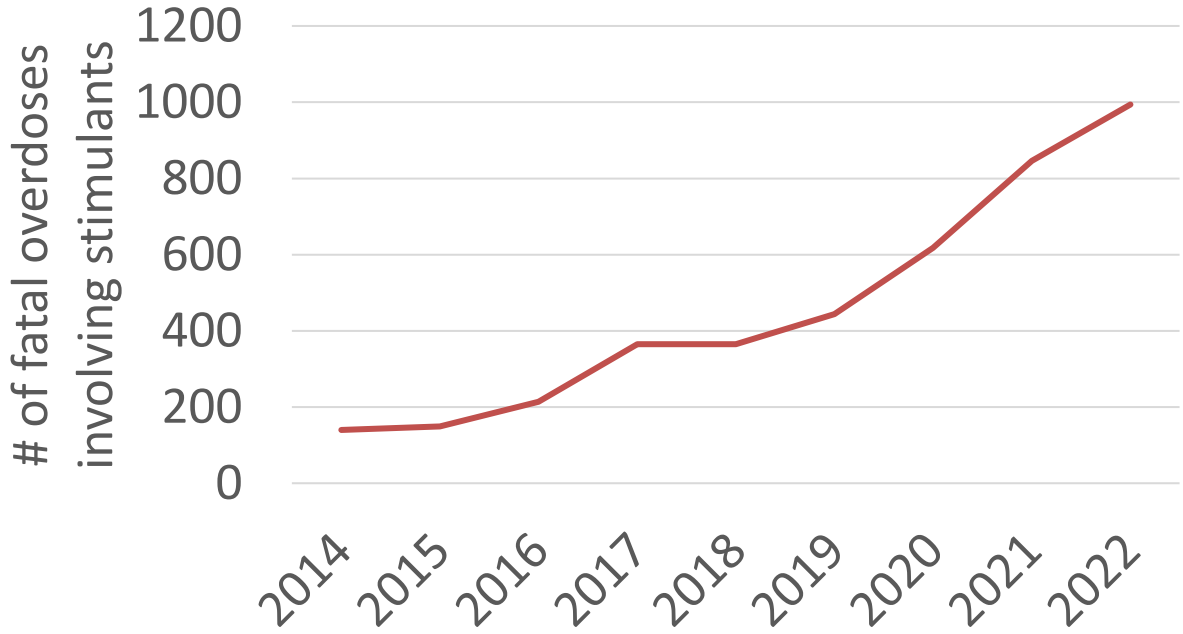
- The overdose crisis in Wisconsin is incredibly complex.
- Opioid use and its effects present differently across the state.
- Potential solutions also work differently across the state.



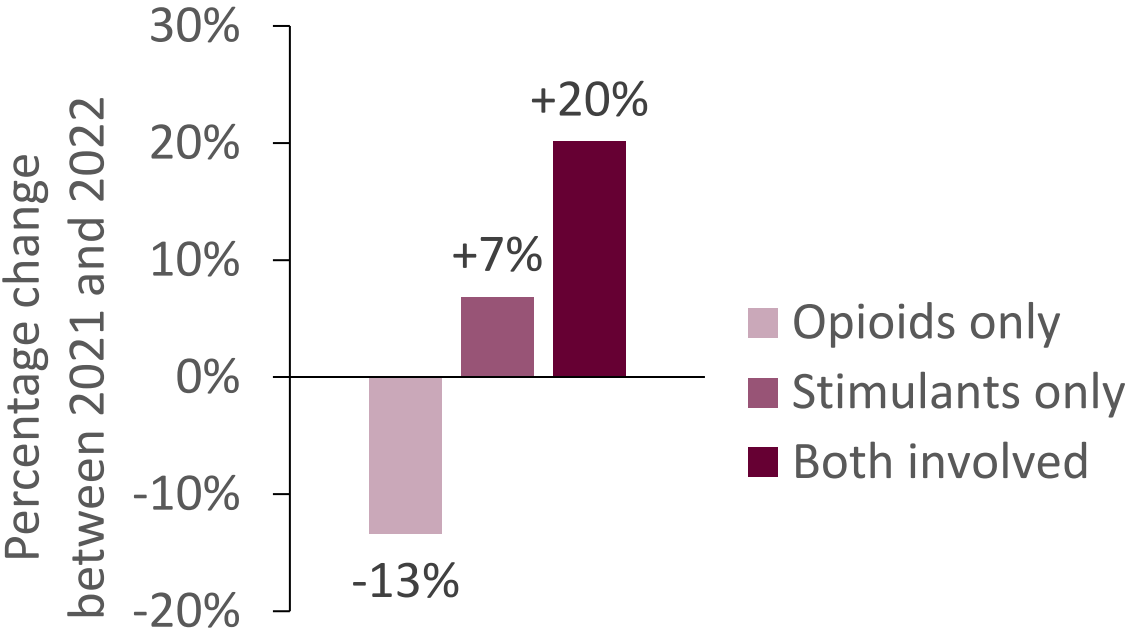
# Things to Consider

- Real-world data are imperfect.
- Reporting can be done incorrectly/infrequently due to training, staff turnover, etc.
- Verification of data can result in lag.
- Despite these issues, data can tell us a lot about what the status of problems are and what strategies are effective in certain circumstances.

# Fatal Polysubstance Overdoses

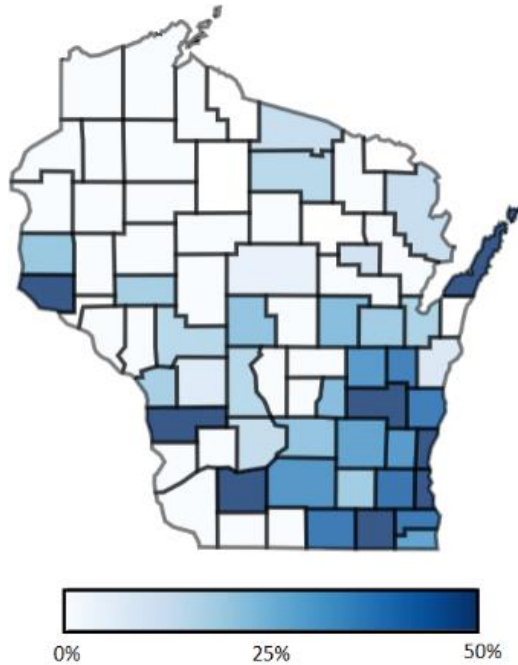


Fatal overdoses involving stimulants (examples: cocaine, methamphetamine) are increasing

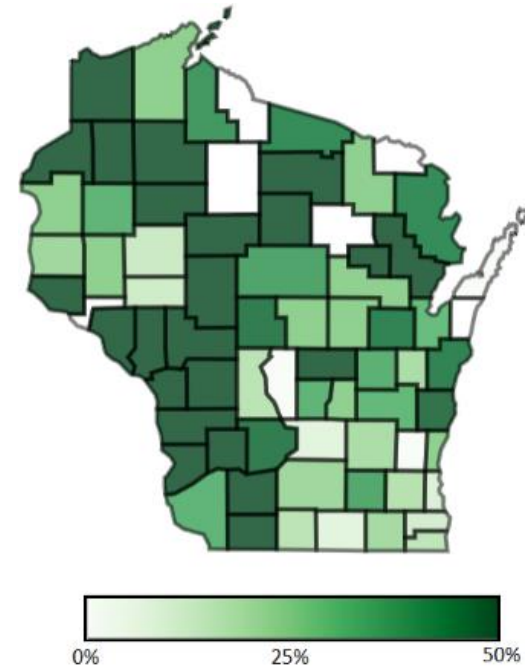


Increase in fatal stimulant overdoses are driven by polysubstance overdose

# Type of Stimulant Involved in Fatal Polysubstance Overdoses

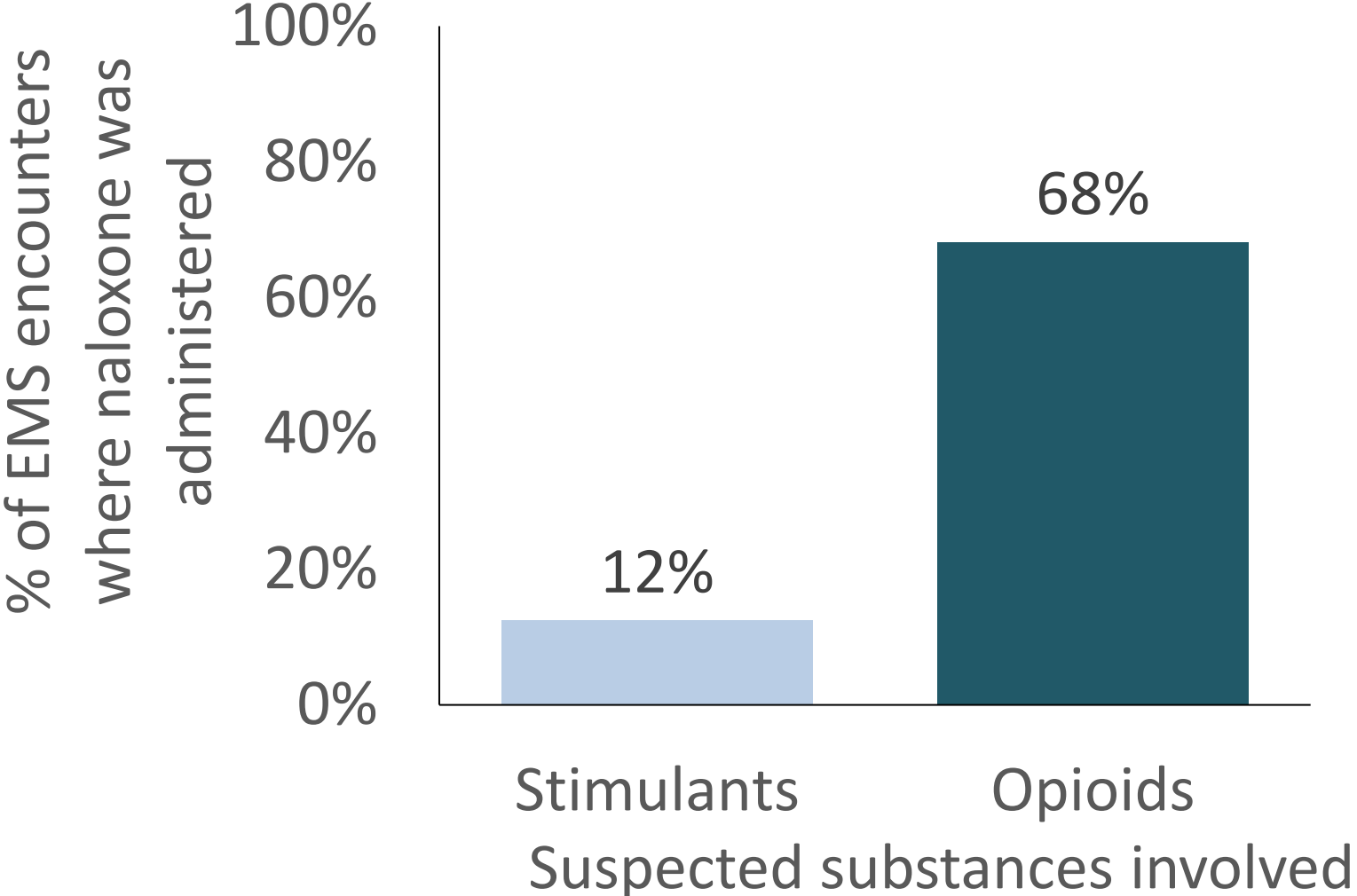


The percentage of fatal opioid overdoses that also involved **cocaine** in 2022



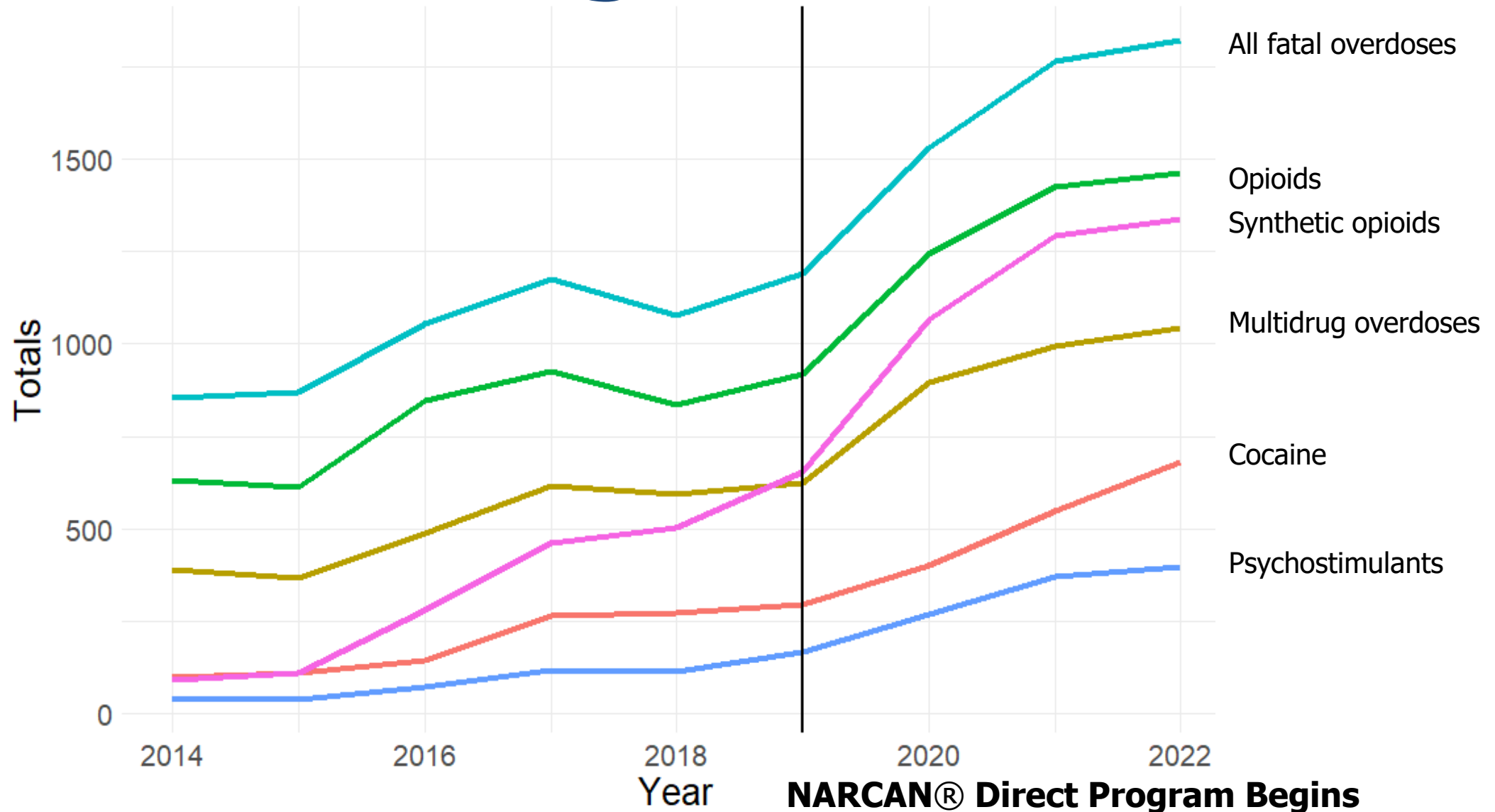
The percentage of fatal opioid overdoses that also involved **psychostimulants** (example: meth) in 2022

# Naloxone Administration and Ambulance Encounters



When stimulants are suspected in an overdose situation, EMS are **less likely** to administer naloxone

# Statewide Drug Overdose Deaths

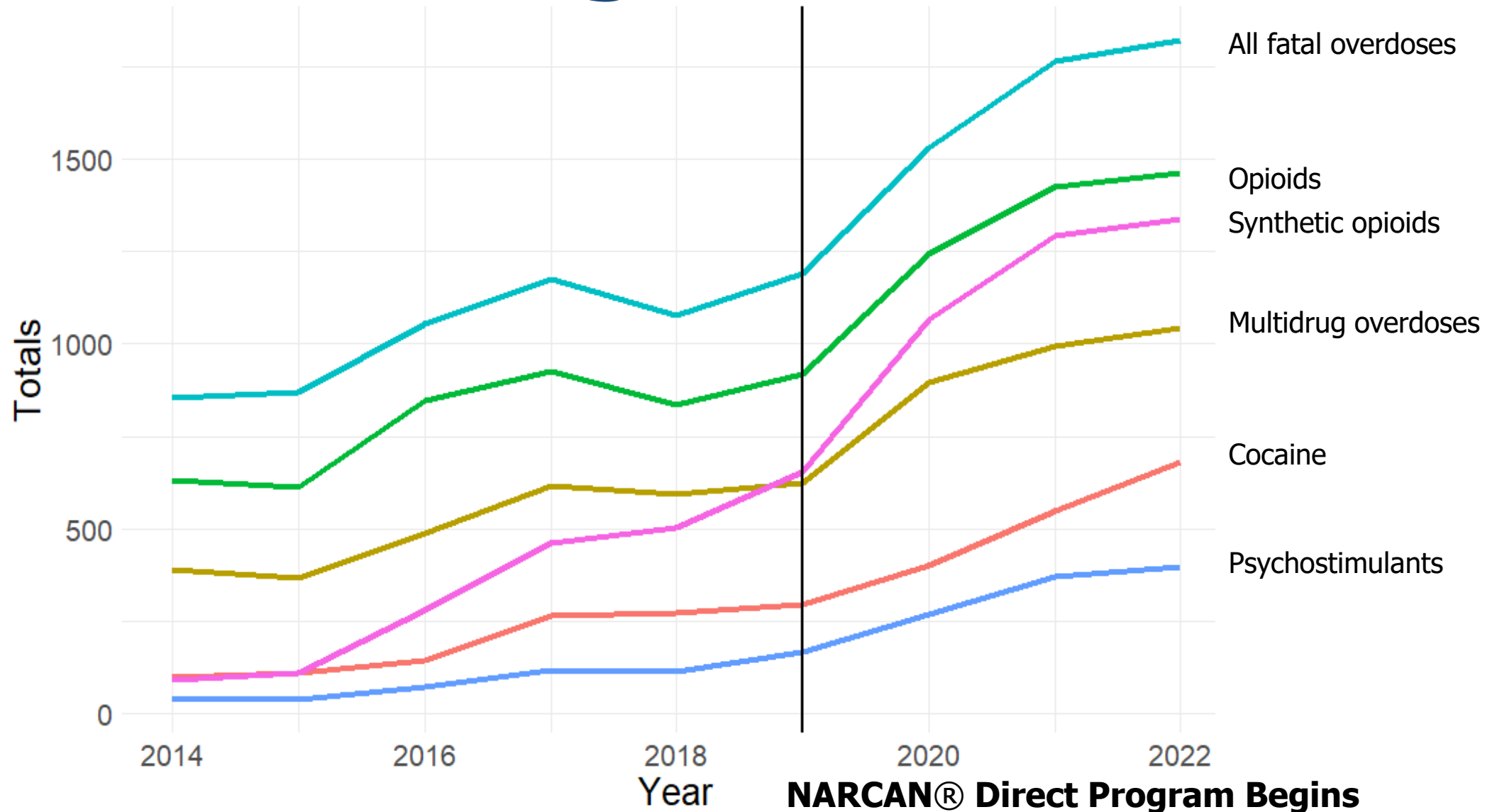


# Naloxone in Wisconsin

# Naloxone Distribution

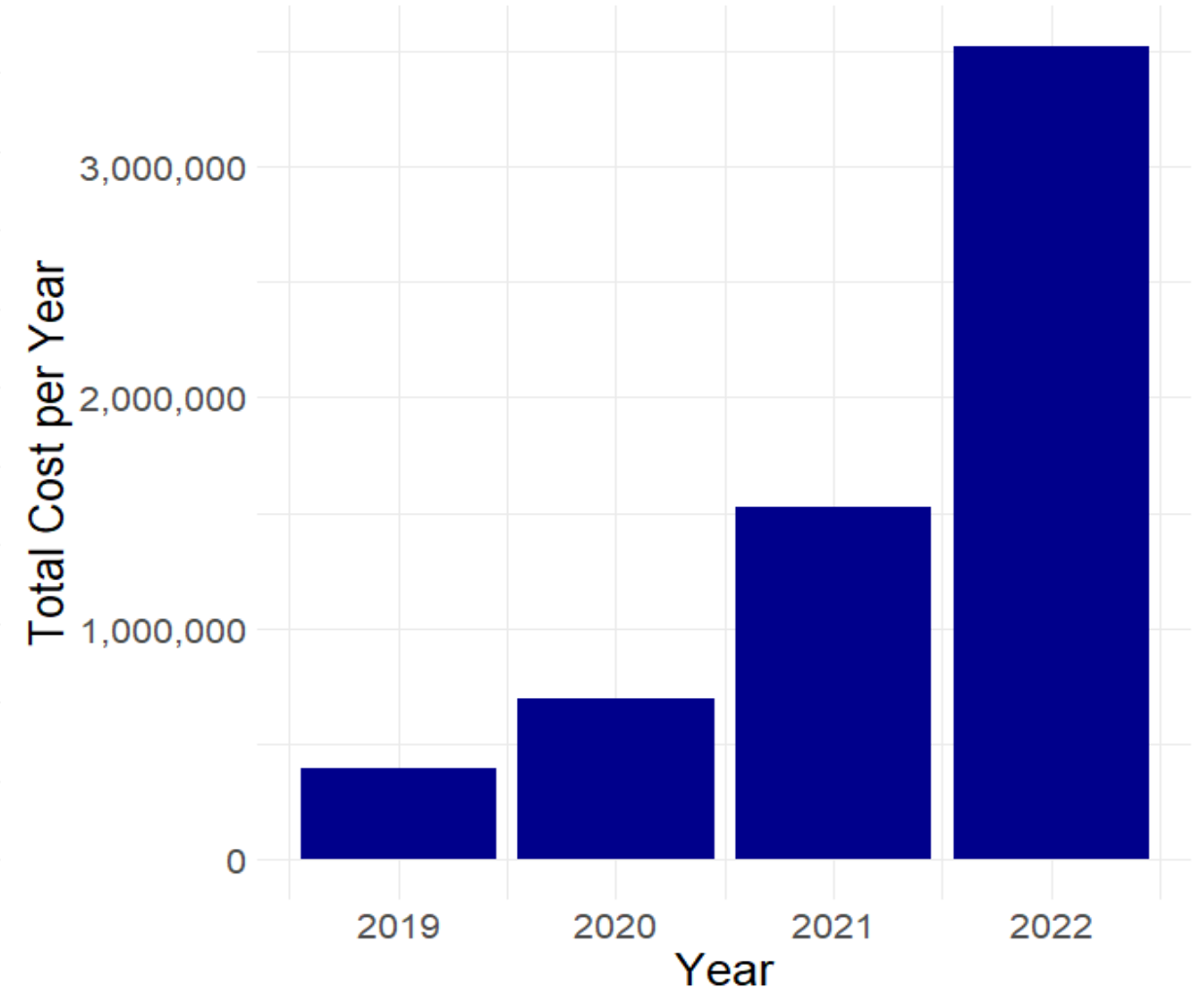
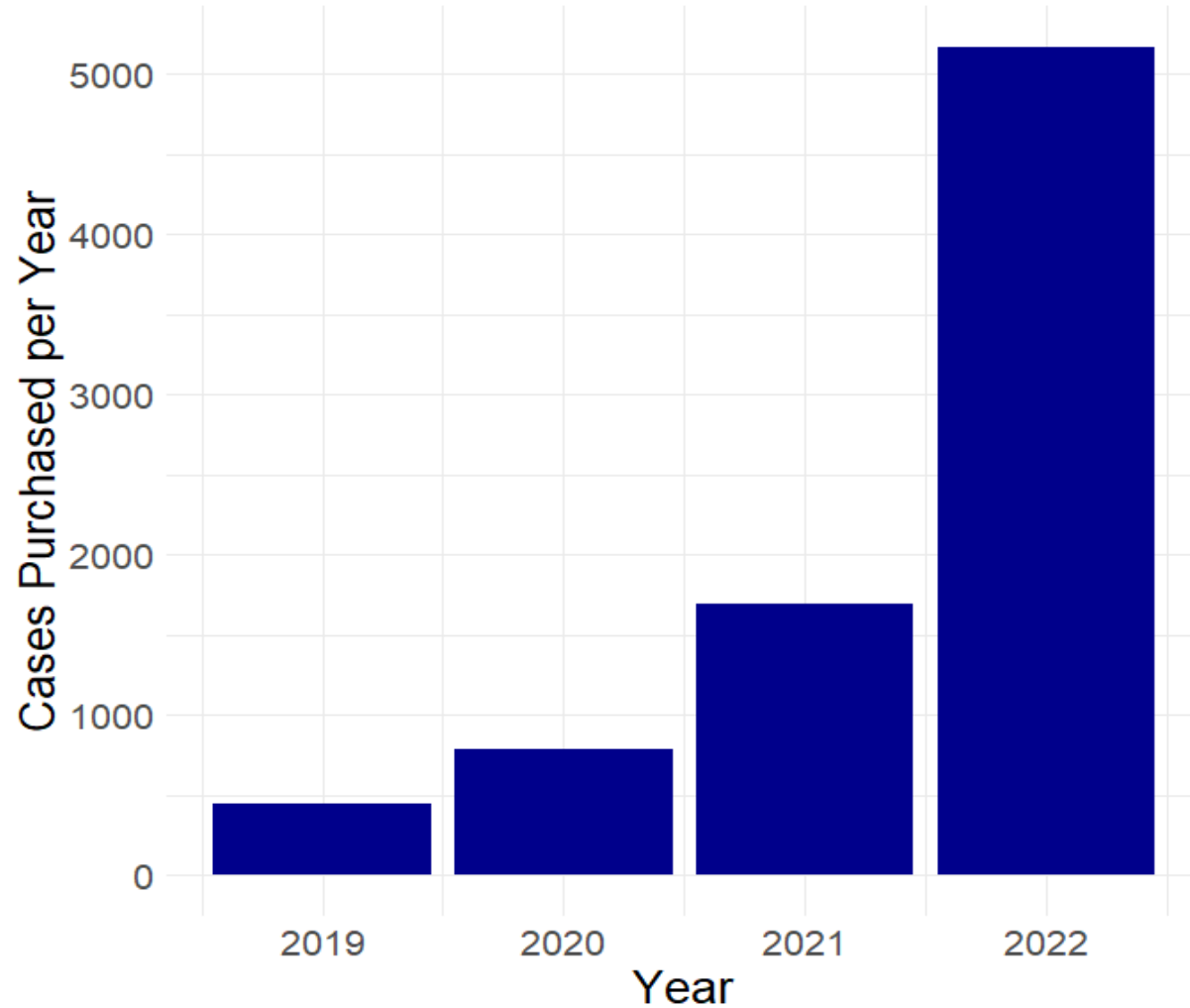
- Naloxone in Wisconsin primarily distributed through the NARCAN® Direct Program: opioid treatment programs, syringe services providers, county human services agencies, tribal/county/municipal health departments, recovery community organizations
- Broad approach: Agencies have knowledge to best serve their areas with the guidance that getting NARCAN® to people who need it the most is paramount

# Statewide Drug Overdose Deaths





# Naloxone in Wisconsin



# Naloxone in Wisconsin

Year	Opioid Deaths	Cases of NARCAN®	Cost per Year
2019	920	440	\$397,800
2020	1,241	782	\$696,600
2021	1,425	1,694	\$1,524,600
2022	1,460	5,171	\$3,519,720

Despite funding and cases of NARCAN® increasing, we are not seeing an associated decrease in opioid-related deaths

This suggests inadequate saturation and distribution.

# NARCAN® Distribution

Method	Count
Community members	565
Mail order	15
Vending option	61
Other agency distribution	136
Other agency use	187

Target	Count
People who use drugs	482
People who use drugs-social	367
Other agency use	263
Other agency distribution	98
BIPOC	129
LGBTQ+	95
Elderly	106
Young	144
Jail/prison release	149

Geography	Count
In-county	540
City-In-county	241
Neighborhood-In-county	124
Out-county	98
City-out-county	91
Neighborhood-out-county	61

# Key Takeaways

# Key Takeaways

- The overdose crisis in Wisconsin is inherently complex. What it “looks like” in any given part of the state is different than other parts of the state – geographically, demographically, and culturally
- The bulk of overdoses and deaths in Wisconsin are a result of polysubstance use.
- Overdose prevention efforts must evolve to match the changing drug supply and shifting drug use trends.

# Key Takeaways

- Despite increasing funding and providing more naloxone, the number of overdose deaths remains the same or even increases each year.
- Important that those who distribute NARCAN® or other naloxone products prioritize individuals with the highest need: prime opportunity for interagency collaboration.
- Do not lose the humanity in the numbers and the scale of the problem: Each datapoint represents Wisconsinites – our families, our neighbors, our friends.

# Achieving Naloxone Saturation Through a Mail Order Program



# Scenario 1

Your agency installed a public health vending machine. The vending machine is temporarily out-of-order while you wait for a repair technician.

Your community, which has transportation barriers to other naloxone distribution sites, has come to trust that naloxone will be available at this vending machine location.

You could post a sign on the vending machine directing people to contact your agency for confidential, discrete mailing of naloxone directly to their home while the vending machine is undergoing repairs.



# Scenario 2

You have a staff member who goes into areas of the community that struggle with transportation access to distribute naloxone.

This program is going to be unavailable for some time due to a staff resignation.

You could provide information to your established clientele about the gap in services and the opportunity to get supplies through the mail while the agency hires a new staff member.

# Scenario 3

You have a relationship with someone who has been getting supplies from your agency for a long time.

They unexpectedly become homebound due to illness. They reach out to you because they are not able to get to your office to refill the naloxone they just used on their friend.

You could mail them supplies while they are temporarily homebound.

A background image featuring a complex network diagram with interconnected nodes and lines. The nodes are represented by circles of various sizes and colors, including dark grey, gold, and light blue. The lines connecting them are thin and dark. The overall aesthetic is modern and technological, with a color gradient from warm tones (orange, red) on the left to cool tones (blue, green) on the right.

# EXPANDING THE CIRCLE OF CARE

Gwayakobimaadiziwin  
Bad River Needle  
Exchange

# BACKGROUND ON GWAYAKOBIMAADIZIWIN BAD RIVER HARM REDUCTION

- Formed in 2014 after several drug overdose deaths in Bad River
- Received significant start-up support from ARCW, CRA, White Earth Harm Reduction
- Serve everyone and around 55% of participants are Native; a majority of our participants are women
- Historically run by volunteers and program participants, with funding administered by the Bad River Tribal Government, transitioned to a formalized program with paid staff in 2022 with funding from Vital Strategies



# HARM REDUCTION METHODOLOGY

## Services/supplies provided:

- Sterile syringes, injection supplies
- Sharps containers of all sizes
- Smoking supplies (bubs, pipes, mouthpieces, lip protectant, etc.)
- Self-testing (HIV, HCV, Syphilis, Covid)
- Drug checking
- Hygiene supplies
- Warm outdoor clothing (jackets, hats, gloves, socks, boots)
- Snacks and respite in a safe space :)
- Social support
- Concierge medical services (patient advocacy, rides to appointments, etc.)
- Justice advocacy

- Provision of services and supplies must be calibrated to the population's comfort level
- In rural reservation areas, this means protecting the person's identity
- Confidential delivery in person (within service area) and mail order
- Trauma-informed design

# HARM REDUCTION VIA MAIL ORDER

- Bad River Tribe has partnered with NextDistro to offer mail order harm reduction throughout the state.
- Focusing outreach to Native Americans and others in rural counties without easy access to traditional brick and mortar harm reduction programs.

[nextdistro.org/wisconsin](https://nextdistro.org/wisconsin)



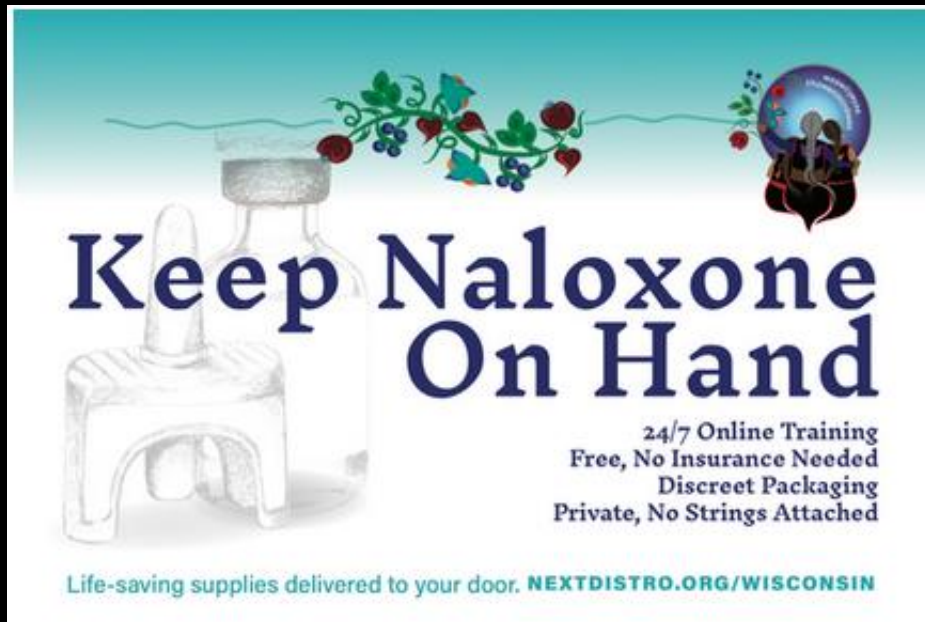
# ORDERING PROCESS

## NALOXONE AND HARM REDUCTION SUPPLIES BY MAIL

- Naloxone (IM and nasal) and sterile injection supplies available via mail [nextdistro.org/wisconsin](http://nextdistro.org/wisconsin).  
Complete naloxone training (if applicable) and questionnaire
- Data is received by NextDistro in NYC and transmitted to Bad River for order fulfillment.
- Orders are packaged in non-descript packaging by tribal staff and sent within 72 hours of request.
- All data is securely stored and confidential.



# MAIL ORDER NALOXONE POSTCARDS



We will ship you quantities of promotional postcards to give away.

nextdistro.org → Get Supplies <tab> → drop down to “promotion”

<https://nextdistro.org/promotion>

POSTCARD REQUEST FORM

Name (required)

First Name

Last Name

Email (required)

We will email you if we have any questions about your request.

Mailing Address (required)

Country

United States

Address Line 1 (required)



# IMPACTS – 2023

- Completed over 2,000 in-person deliveries and 1,900 mail deliveries
- Served people who use drugs, friends, and service providers in 63 counties in Wisconsin
- Distributed over 14,800 doses of naloxone and 165,000 syringes
- Collected and safely disposed of over 700 pounds of medical waste



MIIGWETCH GAA-  
BIZINDAAWIYEG!

THANK YOU  
FOR  
LISTENING!

For more information:

[badriverharmreduction.org](http://badriverharmreduction.org)

Eli Corbine  
hrc@badriver-nsn.gov



# Break

**This meeting will resume at 10:00 a.m.** with a presentation by Remedy Alliance / For the People on a model for community-based naloxone distribution.