

DATE: June 29, 2020

TO: Community Organizations, Harm Reduction Organizations, Substance Use Disorder Treatment and Services Providers, Prepaid Inpatient Health Plans

FROM: The Michigan Department of Health and Human Services (MDHHS)

SUBJECT: MDHHS Strategy and Guidance on Naloxone Distribution

In 2018, opioid overdoses killed over 2,000 Michiganders, at a rate of over five people every day. Turning the tide on the epidemic is an urgent priority for Governor Whitmer, the Michigan Opioids Task Force, and the Department of Health and Human Services (MDHHS).

Naloxone saves many lives by reversing the effects of an opioid overdose and is an integral aspect of Michigan’s response to the opioid epidemic. However, a recent study found that only 25 percent of individuals using opioids in southeast Michigan had access to naloxone.¹ Expanding naloxone access, especially for individuals at high risk of overdosing, is imperative. This brief outlines MDHHS’s strategy and tactics for naloxone distribution. MDHHS encourages all groups distributing naloxone to adopt similar tactics.

Guiding Principles for Naloxone Distribution

1. Target Distribution to Individuals Actively Using Opioids

Individuals actively using opioids and other substances that can be mixed with opioids are most likely to need naloxone – and often best placed to respond immediately to overdoses. Individuals often use substances together, and when a person overdoses, the individuals using with them can act immediately to administer naloxone. While family, friends, and allies of individuals in active use play an important role, people actively using opioids remain by far the most likely to need and use naloxone.

2. Ensure that Individuals at Highest Risk of Overdose Have Naloxone

Some individuals in active use face heightened risk of overdose and equipping them with naloxone is especially impactful. For example, individuals using opioids intravenously have higher risk of overdose. Similarly, when individuals using opioids abstain even for a brief time their tolerance falls significantly, and they face very high overdose risk if they return to use. High-risk groups include:

- Individuals leaving incarceration
- Individuals in abstinence-based treatment or leaving detoxification programs
- Individuals who have experienced a non-fatal overdose
- Post-partum women who have a history of opioid use disorder

¹ [Understanding disparities in access to Naloxone people who inject drugs in Southeast Michigan using respondent driven sampling](#); Journal of Drug and Alcohol Dependence, Volume 206.

3. Make It as Easy as Possible to Access Naloxone

Making naloxone access as simple as possible maximizes the chances that an individual in active use will successfully obtain it. Distributing naloxone at locations that individuals already visit simplifies access significantly, as does removing barriers to access. For example, lengthy required training on how to use naloxone can create a barrier; therefore, training should be kept as short as possible to convey required information (e.g., 5 minutes or less), with any longer training offered as optional only. Stigma can also dissuade individuals from seeking naloxone and distribution plans should take this into consideration.

Tactics for Naloxone Distribution

Acting on these principles, MDHHS aims to offer naloxone to individuals using opioids as easily as possible in locations they already visit, especially those at highest risk of overdose.

Strategy	Distribution To:	Details	
Reach individuals actively using	Individuals using syringe service programs (SSPs) and harm reduction services	MDHHS has offered all SSPs and harm reduction groups free naloxone. They may also request kits through MDHHS’s online naloxone portal .	
Reach individuals with highest overdose risk	Individuals leaving prisons	MI Department of Corrections offers free naloxone to individuals leaving prison with a history of opioid use and provides naloxone in Offender Success Housing.	
	Individuals leaving jails	MDHHS has offered all jails free naloxone. Jails may also request kits through the portal .	
	Individuals leaving treatment or detoxification	MDHHS has offered all substance use disorder treatment providers free naloxone. Providers may also request kits through the portal .	
	Individuals who have experienced a non-fatal overdose		MDHHS strongly encourages physicians and hospitals to provide naloxone to overdose survivors and is funding a pilot to do so in 10+ hospitals.
			MDHHS is working with first responders to develop “leave behind” naloxone programs after overdose calls.
Post-partum women who have a history of opioid use disorder		MDHHS strongly encourages physicians and hospitals to prescribe naloxone to post-partum women with opioid use disorder.	
Make it easy to access naloxone	Community locations where individuals using substances spend time	MDHHS strongly encourages PIHPs, local health departments, and community groups to distribute naloxone to these areas. This will vary by community but could include: motels, liquor stores, convenience/ corner stores, bus stations, libraries, homeless shelters or encampments, and fast food restaurants. Street outreach may also be effective in some communities. Community groups may request kits through the portal .	