

# Expanding Access to Overdose Prevention Supplies in PA

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Launching the Pennsylvania  
Overdose Prevention Program

*August 30, 2023*



# Today's Agenda

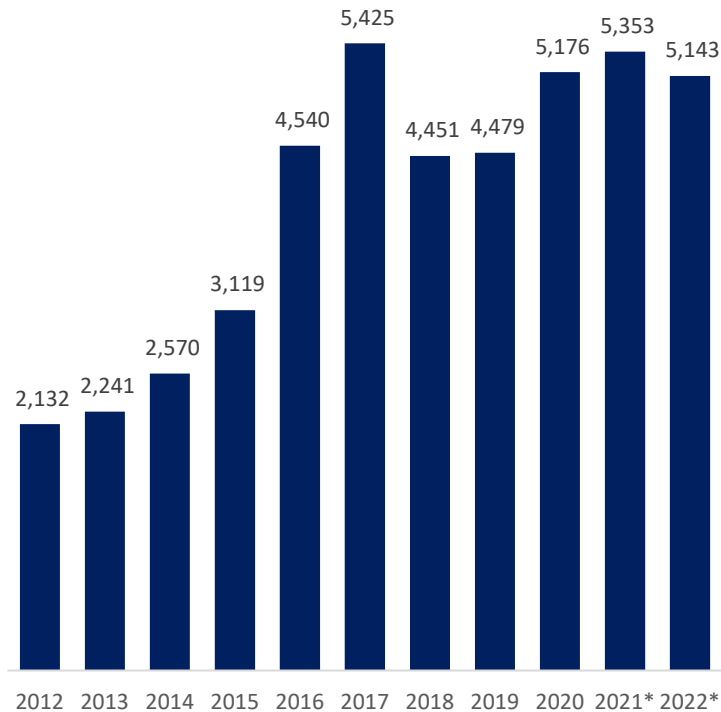
1. Welcome
2. Overview – PA Overdose Trends – *DDAP staff*
3. Expanding Access to Overdose Prevention Supplies in PA – *PCCD staff*
  1. Naloxone for First Responders Program
  2. NEW – PA Overdose Prevention Program
4. Ask the Experts: Drug Checking Strips – *Carla Sofronski (PA Harm Reduction Network) & Julia Hilbert (Prevention Point Pittsburgh)*
5. Ask the Experts: Naloxone Formulations 101 – *Dr. Michael Lynch (DDAP)*
6. Questions & Answers



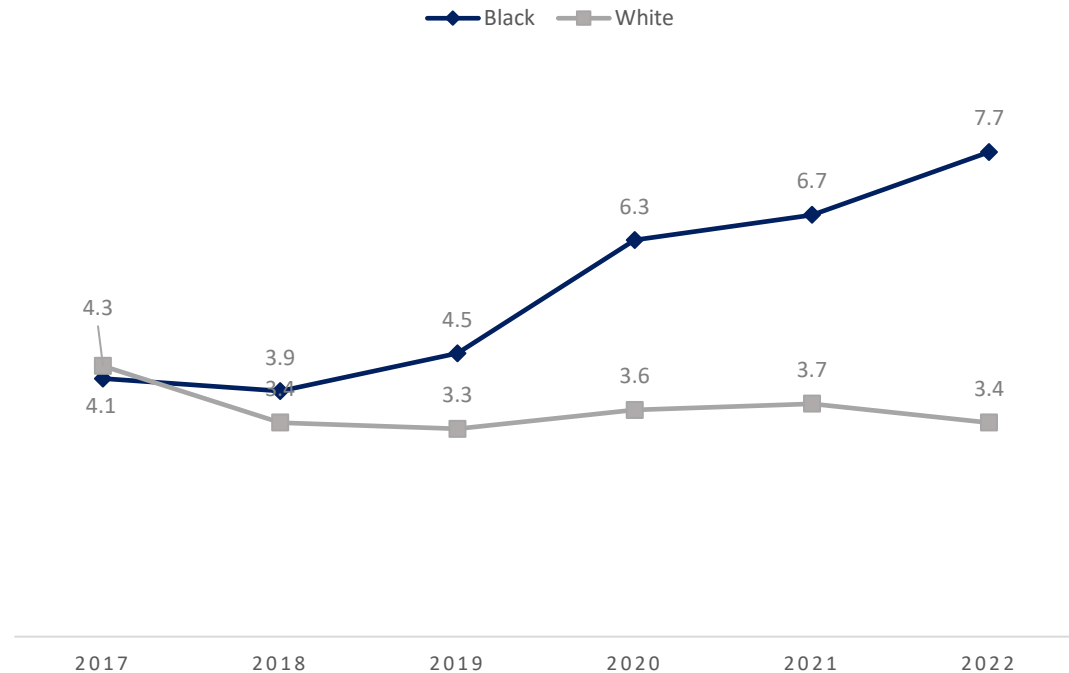
**PA's opioid overdose crisis has evolved significantly over the past five+ years.**

# PA's Evolving Overdose Epidemic

Number of Overdose Deaths Per Year (2012-2022)\*

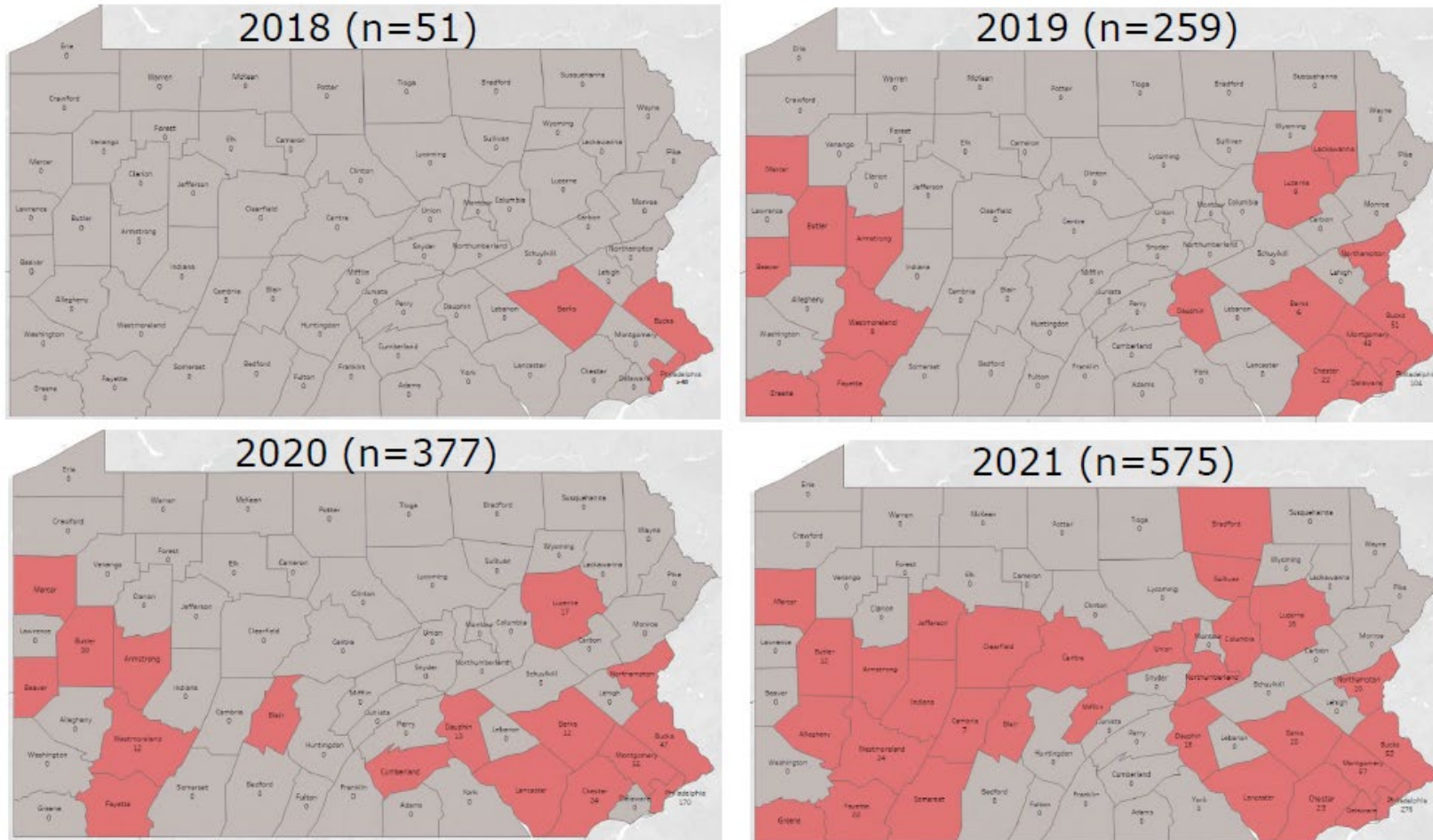


Fatal Overdose Rate, Black vs. White PA'ians (2017-2022)



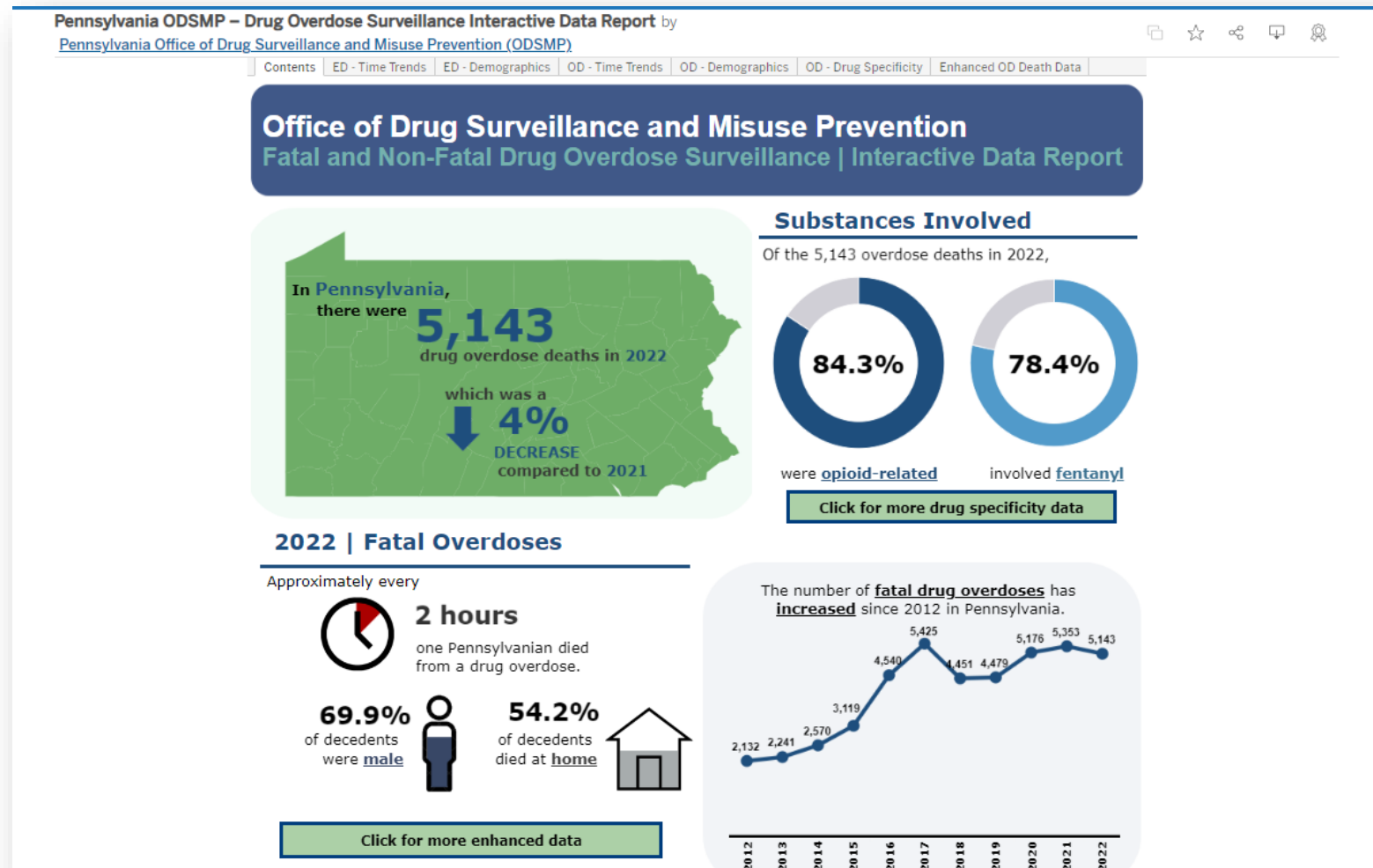
\*Data source: PA Department of Health, Office of Drug Surveillance and Misuse Prevention. 2021 and 2022 death data subject to change, based on death record data reported to DOH as of July 2023. Death investigations and overdose death records are often delayed 3-6 months and 2021/2022 counts will likely be higher than currently reported.

# Emerging Overdose Trends - Xylazine



■ Xylazine Noted as Contributing to Death

# Resource - Overdose Surveillance Data



Over the past 5 years, PA has made significant progress in expanding access to lifesaving overdose reversal medication through the Naloxone for First Responders Program and other efforts.

**Nov. 2017:**  
Naloxone for First Responders Program launches using state funds (GGO). CCEs identified and onboarded.

**2019-2020**  
PCCD adjusts program guidelines to provide annual formula-based allocations to CCEs and an 'on demand' request process. \$1.5M SOR funding provided by DDAP to support the program.

**2018-2019**  
Network of CCEs receive bi-annual supplies of naloxone and report distribution to local first responders. DOH hosts statewide Narcan distribution days.

**Mar. 2020**  
Emergency supply of naloxone provided to CCEs and statewide harm reduction orgs early in the COVID-19 pandemic.



**Fall 2020**

Statewide mail-to-home naloxone program established (Prevention Point Pittsburgh / NEXT Distro).

**Mar. 2021**

PCCD launches new Statewide NFRP Portal, allowing groups to request naloxone directly from the state in addition to supplies available through their CCEs.

**2020-2021**

\$9M in SOR funds provided by DDAP. NFRP Program Guidelines revised to emphasize reaching harm reduction orgs and other priority first responder groups as well as encourage innovative distribution methods.

**2021-2023**

Significant increase in availability of funding to support the NFRP (thanks to investments by DDAP via SOR funds). Launch of new Naloxone Distribution Expansion Grants for CCEs (2023).

# Who are 'first responders'?



## Community Groups

- Harm Reduction Organizations
- Syringe Service Programs
- Recovery Orgs
- Other CBOs



## Healthcare & Hospitals

- Emergency Dept.
- EMS/EMT/Fire
- Primary Care Settings
- Clinics



## Criminal Justice & Reentry

- Prisons/Jails
- Law Enforcement
- Probation/Parole
- Reentry Coalitions



## Human Services

- Mental & Behavioral Health Providers
- Shelters
- Treatment Providers
- Social Services



## Education

- K-12 Schools
- Postsecondary Institutions

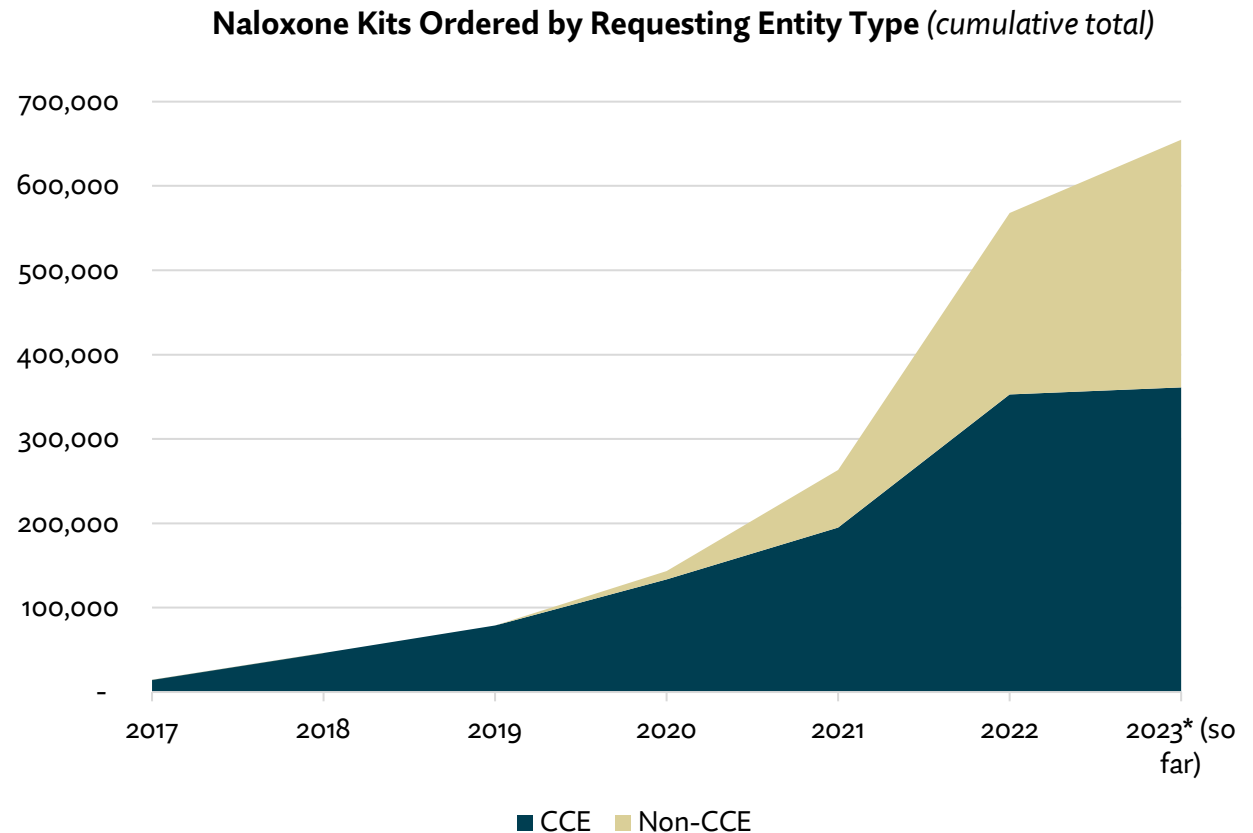


## Other Groups

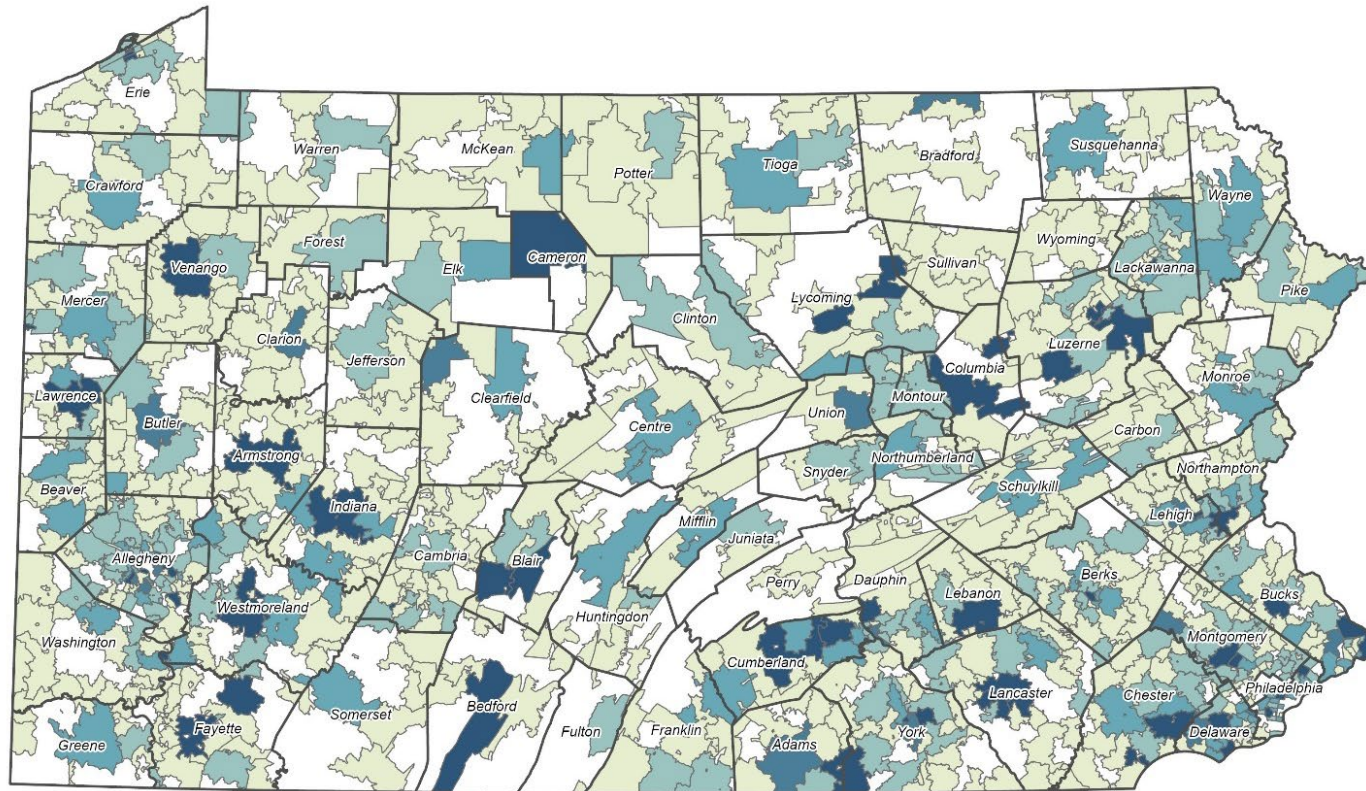
- Parks & Recreation
- Restaurants & Bars
- Hospitality
- Small Businesses
- Transportation

# More than 1.3 million doses of naloxone have been distributed since 2017.

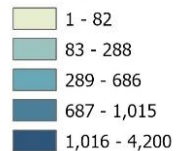
- **PCCD has purchased 654,756 kits (1,309,512 doses) since NFRP's launch in 2017.**
- Since creating a statewide allocation in the wake of COVID-19 and the subsequent launch of the NFRP Portal in March 2021, harm reduction groups, treatment providers, and other community-based organizations have represented a growing share of the Program's reach.



# Naloxone kits have been distributed across the Commonwealth through NFRP.



Distributed and Ordered Kits 2017 to 2022

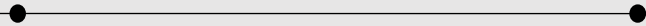




**At least 24,000 overdose reversals have been made using naloxone purchased by PCCD since NFRP's launch.**

**Fall 2022**

Passage and enactment of [Act 111 of 2022](#), decriminalizing drug checking strips (e.g., fentanyl test strips, etc.) in PA.



**Aug. 2023**

Launch of the next chapter of the NFRP: the PA Overdose Prevention Program (POPP).

**The new Pennsylvania Overdose Prevention Program will build on this progress by making additional harm reduction supplies available to people and communities.**

# PA Overdose Prevention Program

- A one-stop 'shop' for individuals and organizations seeking naloxone (multiple formulations) and related harm reduction supplies (e.g., fentanyl and xylazine test strips).
- Clearinghouse for information, training, and technical assistance to help groups involved in harm reduction work.
- Continued emphasis on statewide and regional 'saturation' and accessibility, with a focus on getting naloxone and harm reduction supplies into the hands of people who use drugs and those that serve them.
- **Program Launch:** August 31, 2023



# Moving from the NFRP → POPP

## What's New?

- Naloxone only → **Naloxone plus drug checking strips** (*fentanyl test strips, xylazine test strips*)
- Single naloxone formulation (e.g., intranasal 4 mg) → **Multiple naloxone formulations available** (e.g., intranasal, intramuscular)
- Formula-based allocations → **Demand-based requests**
- CCEs → **“Recognized Entities”**
  - Note: CCEs will retain status through year-end (12/31/2023), with option to request ‘Recognized Entity’ status beyond that point.
- Single CCE per service area → **Multiple “Recognized Entities” serving a single service area**

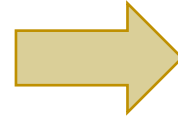
# Moving from the NFRP → POPP

## What Won't Change (*\*More or Less*)?

- **Providing harm reduction supplies and medication at no cost to individuals and organizations in Pennsylvania.**
- \*Focus on reaching highest need populations/individuals (e.g., people using substances, people at higher risk of experiencing overdose, etc.).
  - *This may look different for naloxone vs. drug checking strips.*
- \*Program guidelines establishing expectations for organizations receiving and distributing PCCD-purchased supplies (e.g., inventory controls and management, data tracking/reporting, etc.).

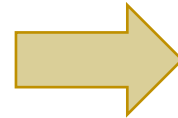
# How Can I Get Supplies?

Individuals seeking for personal use.



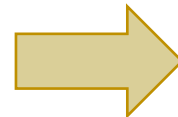
- **Mail-to-home program** (NEXT Distro)
- **Pharmacies** via DOH Standing Order
- **POPP Resource Map** (naloxone + test strips within your community)

Orgs/groups seeking small supply for their own use/distribution (e.g., treatment center for patients at discharge).



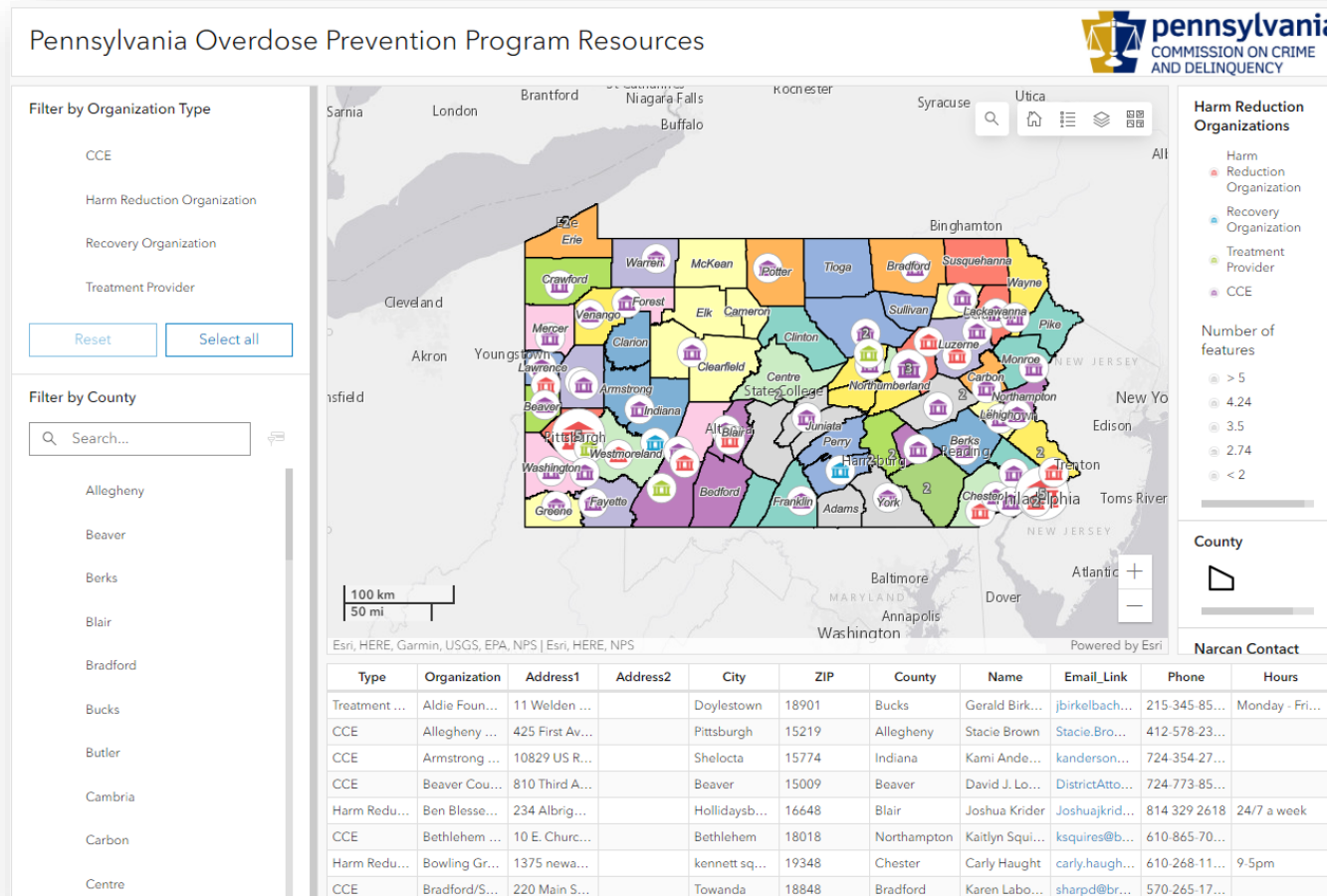
- PA Overdose Prevention Program**
- *Seeking supply from a Recognized Entity via POPP Resource Map*
  - *POPP Request Form*

Orgs/groups seeking larger supply for distributing within their community (e.g., harm reduction org).



- PA Overdose Prevention Program**
- *Apply to be a Recognized Entity*
  - *Seek a one-off supply via POPP Request Form*

# Interactive Resource Map




- To help Pennsylvanians quickly find what they're looking for, PCCD is building an **interactive PA Overdose Prevention Program resource map** that allows users to search by location, type(s) of resource(s) or service(s), and other relevant data.
- This map will highlight **'POPP Recognized Entities'** who meet PCCD/DDAP criteria for distribution of harm reduction supplies and other services.

# Requesting Supplies through POPP

- Groups can request naloxone and FTS/XTS supplies through the [POPP Request Form](#).
  - Quantity of product(s) requested, following instructions provided;
  - Brand preference (if applicable); and
  - Need and planned distribution activities.

## PA Overdose Prevention Program Request Form

### Description of Need and Planned Use of Requested Supplies

\* 11. Please provide a brief description of your planned distribution activities for harm reduction supplies requested from PCCD, including the type(s) of products you are requesting and why those supplies are needed. (NOTE: Be sure to include any relevant information that will 'make the case' for why you need the type and amount of product(s) you are requesting.)  0

# POPP 'Recognized Entities'

- POPP Recognized Entities play an important role in ensuring access to life-saving harm reduction resources by distributing and providing supplies on demand in their communities.
- PCCD will prioritize providing recognized entities with naloxone and drug checking strips available through the POPP by reserving product to support local distribution.

**Note:** *Recognized Entities can opt to distribute naloxone and/or drug checking supplies. Recognized Entities can choose what formulation(s) and brand(s) they would like to receive and distribute based on available options provided by PCCD (in consultation with DDAP).*

# Responsibilities of Recognized Entities



Serve as a primary local point of contact for supplies in a specific county/region

Develop distribution + outreach strategy focused on people + orgs with greatest need

Quarterly data reporting

Keep PCCD posted on any changes or needs

# Becoming a POPP Recognized Entity

Submit application via  
POPP Request Form

1



Answer questions +  
provide information on  
experience, community  
connection +  
capabilities

2



Describe planned  
distribution strategy  
(including what  
product/s you'll  
distribute)

3



Complete an  
agreement with  
PCCD/DDAP  
confirming your org's  
ability to comply with  
program requirements

4





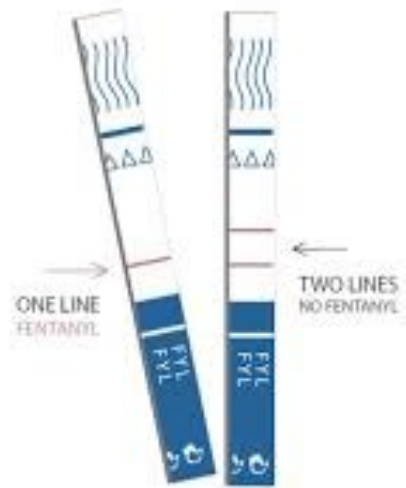
# NEW - Drug Checking Strips

- In 2022, Pennsylvania's drug laws were amended to recognize drug test strips as a preventative, life-saving tool for reducing overdose deaths. ([Act 111 of 2022](#))
- Approximately \$2 million is available at the state level to support purchase of fentanyl test strips (FTS) and xylazine test strips (XTS).
- Groups can now request FTS and XTS supplies through the [POPP Request Form](#).

***NOTE: Test strips are intended for personal drug checking and harm reduction purposes only. They should not be used for urine testing or investigative purposes.***

# Drug Checking Strips 101

- Many stakeholders have expressed interest in distributing fentanyl and xylazine test strips in their communities, as well as a desire to learn more about how these tools work.



# Fentanyl Test Strips & Xylazine Test Strips

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**Julia Hilbert, MSW**

Overdose Prevention Specialist - Prevention Point Pittsburgh  
Founder & Volunteer - Pittsburgh DanceSafe

## Recommendations for Distribution - CCEs

- Give to people who use drugs and people close to people who use drugs
- EMS leave behinds for past overdose calls
- Hospitals
- Treatment providers
- **People and organizations in your counties who are already reaching people who use drugs, *especially* those currently reaching people who use drugs with naloxone and harm reduction information**

## Myths & Uses of Drug-Checking Strips

- Fentanyl test strips and Xylazine test strips are *not* for checking urine for the presence of these substances
  - Please do not distribute them for this purpose. This is a grassroots, harm reduction centered program aimed at people who use drugs, not to be used punitively
- Halloween candy does not need to be tested for fentanyl or other drugs
- It is not possible to overdose from casual contact with fentanyl

## Drug-Checking Tools are a Bandaid on a Bigger Issue

- We need safe supply for people who use drugs
- We need more syringe service programs (SSPs) and statewide legalization of syringe service programs. These programs are the most qualified to distribute drug-checking tools to people who use drugs

# Fentanyl Test Strip Demonstration

- Add an amount of substance (powder, rock, crushed pill) about the size of a grain of 2 grains of rice, or residue to a cooker or bottle cap
- Fill the cap with water
- Dip the white end of the test strip in the water
- Hold the strip in the water for 15 seconds
- Lay strip on a flat surface and wait for results

**1 line = Positive**

**2 lines = Negative (even if second line is faint)**

**No lines = Invalid test**

## Have Questions about Drug-Checking?

Please email me directly [julia@pppgh.org](mailto:julia@pppgh.org) to follow-up on any information included in this presentation, or for further education about fentanyl and/or xylazine test strips, and the different brands of these strips that are available

Questions about further drug-checking measures (reagent drug-checking kits) and Dancesafe are also welcome




# PA Harm Reduction Network


**Testing Strips: A Harm  
Reduction Approach**


**By**

**Carla Sofronski**

**Executive Director**

The logo for the Pennsylvania Harm Reduction Network (PA HRN) is displayed on a black rectangular background. It features the letters "PA" in a large, white, sans-serif font, with a red heart symbol positioned to the right of the "A". Below "PA" are the letters "HRN" in a larger, white, sans-serif font. Underneath "HRN", the words "PENNSYLVANIA", "HARM REDUCTION", and "NETWORK" are stacked in a smaller, white, sans-serif font.

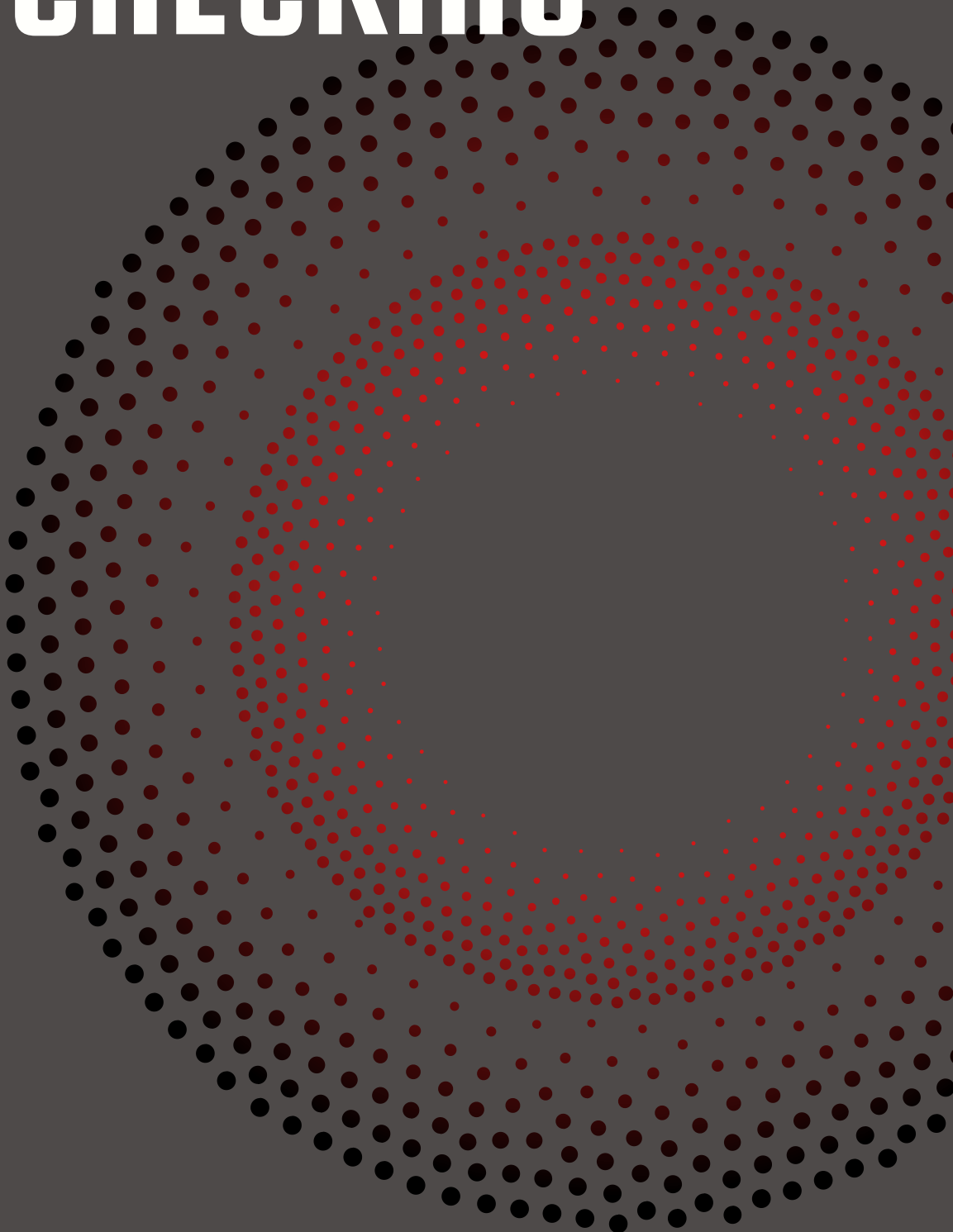
**PA**   
**HRN**  
PENNSYLVANIA  
HARM REDUCTION  
NETWORK



**HB 1393:  
SIGNED BY  
GOVERNOR  
WOLF**

1. ALL drug-checking tools used to test for the presence of illicit substances are legal and do not qualify as paraphernalia. This includes current product and future developments.
2. Covers ALL 3rd-party possession AND distribution.
  - a. The removal of “personal use” from the Pennsylvania CSA covers 3rd-parties.
3. Does not cover other “paraphernalia” items such as; safer use supplies, syringes (outside of Pittsburgh and Philadelphia), etc.

# COMMUNITY BASED DRUG CHECKING



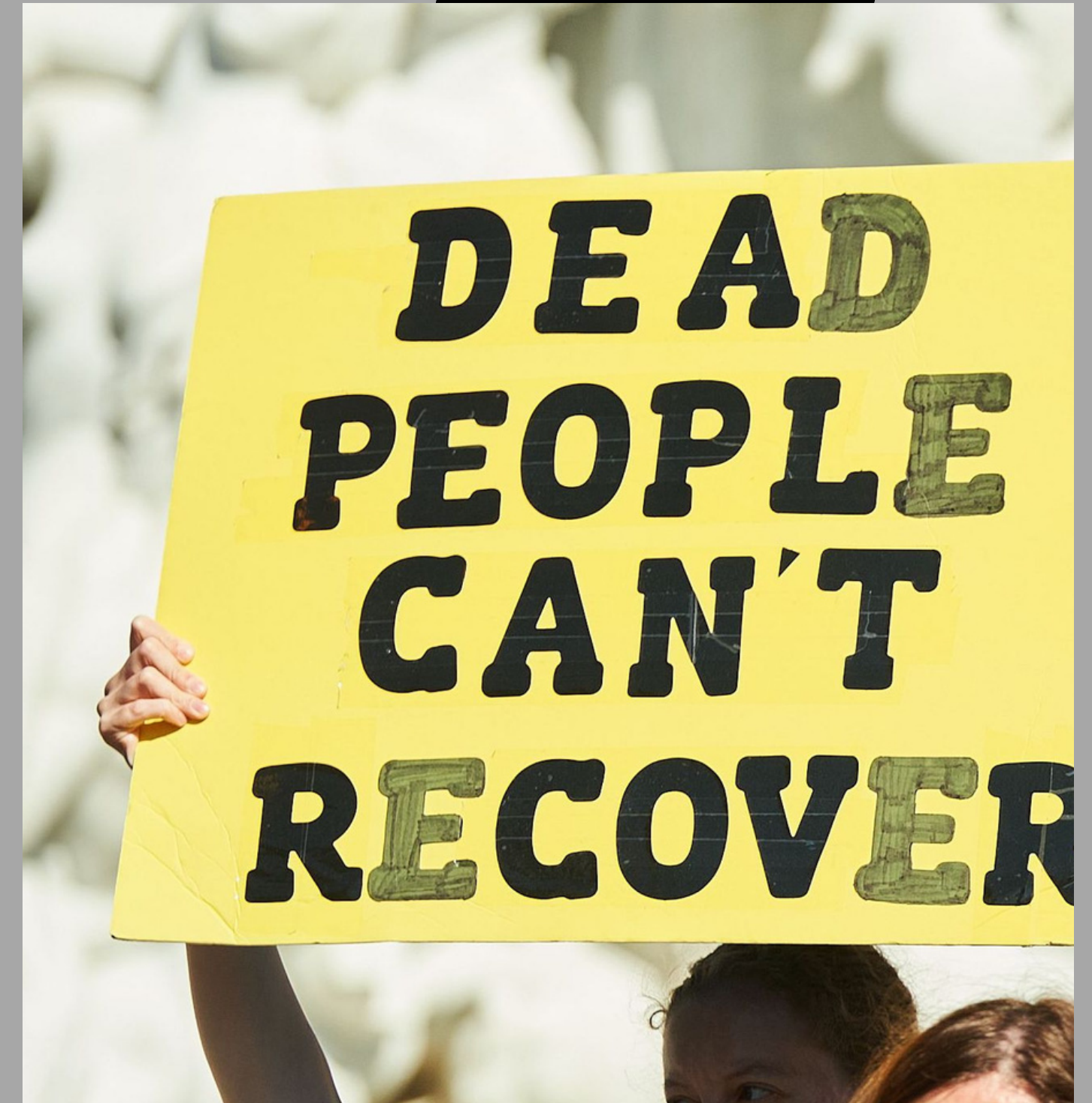
Test strips are drug checking technology that detect the presence of fentanyl in a small sample of the drug. They allow individuals to make informed decisions about their substance use, potentially reducing the number of fentanyl-related deaths and promoting safer drug use practices. Policymakers have embraced their use as a harm reduction strategy to protect the health and safety of individuals who use drugs.

# PEOPLE WHO USE DRUGS

- **Daily User:**
  - **Daily opioid users know they are consuming fentanyl; Xylazine testing is essential in this context.**
- **Weekend Partier:**
  - **These users may not be aware of the existing drug supply issues.**
  - **Sporadic usage equates to lower tolerance.**
  - **This group is less open about using opioids and methamphetamine but is more commonly found using party drugs such as MDMA, GHB, psychedelics, etc.**
- **Experimenting, Teenagers and Young Adults:**
  - **This group is primarily unaware of current drug trends, which increases the likelihood of harm.**
- **Disability Community:**
  - **This group lacks awareness of current drug trends and harm reduction strategies.**

**Pairing drug checking with interventions like naloxone and syringe distribution can enhance overdose mitigation by encouraging mutually reinforcing risk-reduction behaviors.[30]**

**Drug checking also creates a pathway for engaging clients and connecting them with other services, including Hep C/HIV testing and care and substance use treatment.[31]**



## **Drug Checking: Knowledge is Power**

### **Real-time knowledge empowers individuals to make more informed decisions about their drug use.**

Drug checking has been shown to lead to positive behavioral changes among people who use drugs, such as reducing consumption, using more slowly, or altering the route of administration, which can help to reduce risks. Studies have found that individuals who receive test strips from service providers often share them with peers, indicating that peer-to-peer distribution is an effective outreach strategy. Positive results from drug checking tests can also lead to changes in drug-using behavior. For example, individuals who had a positive fentanyl test result were 5 times more likely to report changing their drug-using behavior compared to those whose drugs did not test positive for fentanyl.

# STIGMA-COMMON OBJECTIONS

**There is no evidence that HR programs increase drug use.**

- Drug checking encourages drug use
- Syringes Services encourages drug use
- People who want to use drugs will use those drugs anyway— with or without drug checking or any other risk-reducing products.
- In the same way that passing out free condoms does not promote sex, drug checking does not promote drug use, but it does encourage safer behavior.

**Thank You for adding life  
saving tools to the tool box!**

For additional harm reduction support and training

Carla@pahrn.org  
pahrn.org  
@paharmreduction



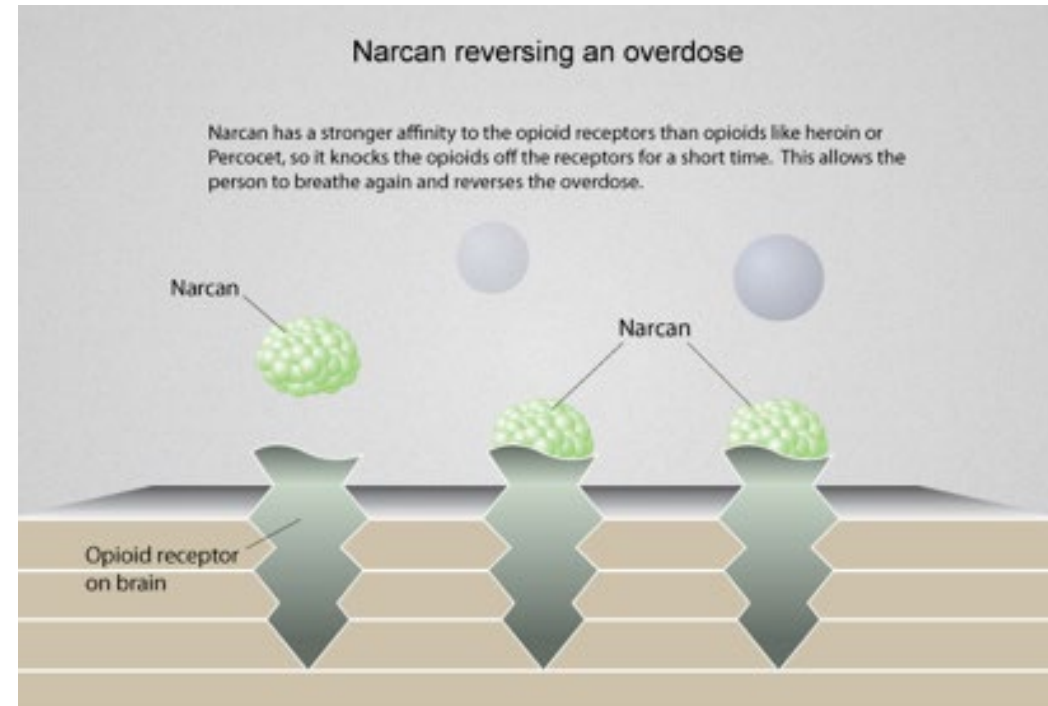
# Naloxone Formulations 101

- Groups can now request multiple formulations of naloxone (e.g., intranasal 4mg, intranasal 8 mg, intramuscular – vials only).
- Many stakeholders have expressed a desire to learn more about how these different formulations work.



# Naloxone (NARCAN®)

- $\mu$ -opioid receptor antagonist
- No observed effect in individuals without acute opioid toxicity or chronic opioid dependence
- Rapid onset
- Short duration of action
- Adverse effects are rare(<1%)<sup>1</sup>
- Available routes of administration: intravenous, intranasal, intramuscular, subcutaneous, endotracheal



1. Clark AK et al. A systematic review of community opioid overdose prevention and naloxone distribution programs. J Addict Med. 2014 May-Jun; 8(3): 153-63.

# Layperson Utilization of Naloxone

- From 1996-2014, 152,283 naloxone kits provided to laypersons
- 26,463 overdose reversals reported

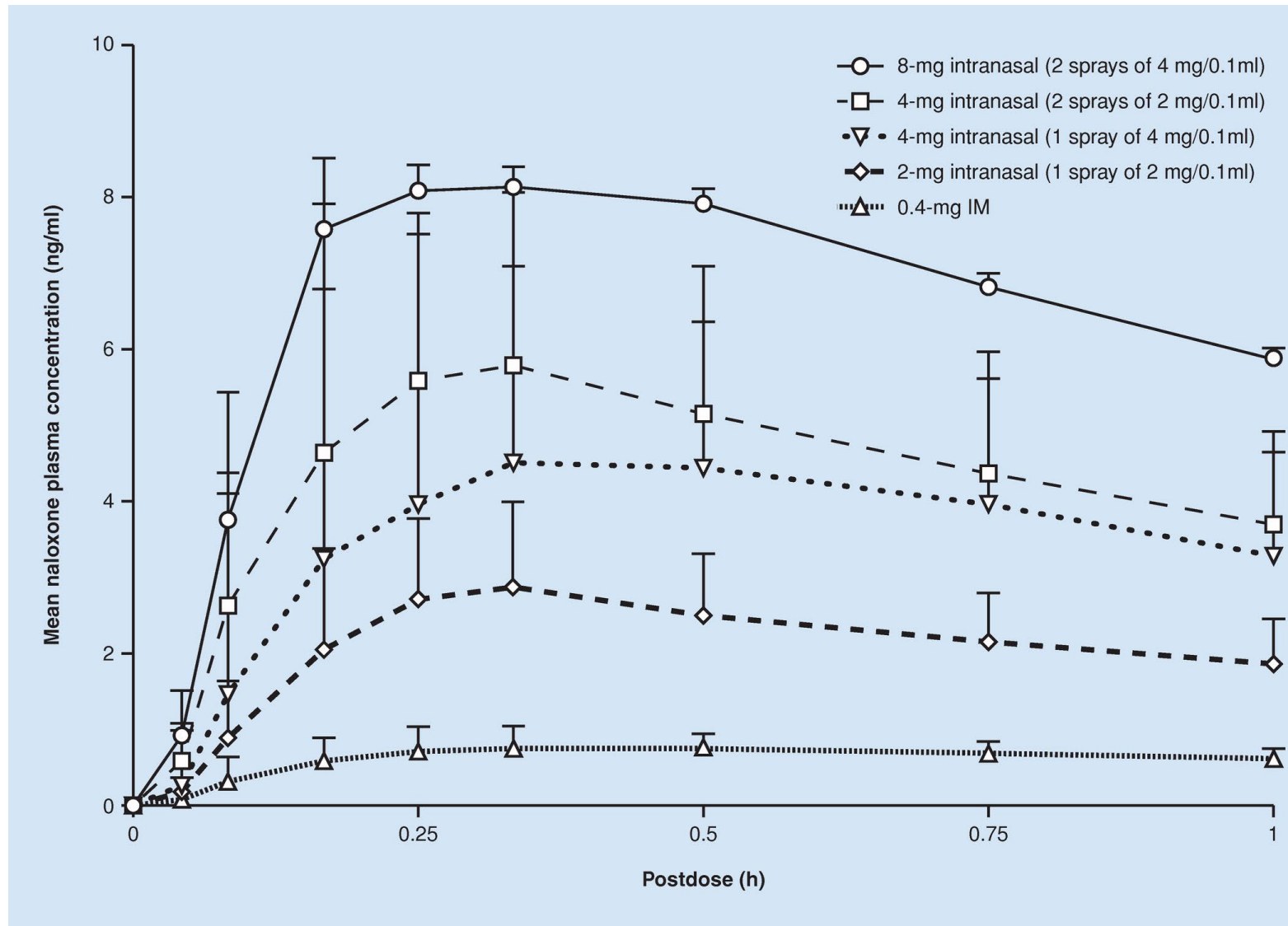
**One reversal for every 6 kits distributed**

- Wheeler E et al. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons-United States, 2014. MMWR Morb Mortal Wkly Rep. 2015 Jun 19; 64(23):631-5

# Naloxone Dosing

- **Lowest dose necessary to restore spontaneous ventilation and airway protection**
- Assist ventilation for any patient with inadequate respiration
- IM
  - 0.4-2mg IM
  - If inadequate response after 3-4 minutes, repeat the dose
  - Continue assisted ventilation until emergency medical personnel arrival
- Intranasal
  - 4mg or 8mg IN
  - If inadequate response after 3-4 minutes, then repeat the dose
  - Continue assisted ventilation until emergency medical personnel arrival
- Reasons for ineffectiveness
  - Not an opioid overdose
  - Co-occurring sedative toxicity (e.g. benzodiazepines, xylazine, etc.)
  - Irreversible brain injury has already occurred

# Peak Naloxone Serum Levels



# More is NOT Always Better

- Data suggesting consistent need for unusually high doses of naloxone is weak and limited primarily to anecdote<sup>1</sup>
- Adverse effects associated with higher doses of naloxone:
  - Precipitated withdrawal including pain, vomiting, diarrhea<sup>2</sup>
  - Aversion to treatment and future naloxone administration<sup>3</sup>
  - Aspiration and pulmonary edema (>4.4mg)<sup>4</sup>
- While repeat dosing is occasionally required, most opioid overdoses (including fentanyl) are reversed with traditional doses of naloxone<sup>1,5</sup>

1. Hill LG, Zagorski CM, Loera LJ. Increasingly powerful opioid antagonists are not necessary. *Int J Drug Policy*. 2022 Jan;99:103457. doi: 10.1016/j.drugpo.2021.103457. Epub 2021 Sep 21. PMID: 34560623; PMCID: PMC8454200.
2. Pursell R., Godwin J., Moe J., Buxton J., Crabtree A., Kestler A., et al. Comparison of rates of opioid withdrawal symptoms and reversal of opioid toxicity in patients treated with two naloxone dosing regimens: A retrospective cohort study. *Clinical Toxicology*. 2021;59(1):38–46.
3. Neale J., Strang J. Naloxone—does over-antagonism matter? Evidence of iatrogenic harm after emergency treatment of heroin/opioid overdose. *Addiction*. 2015;110(10):1644–1652.
4. Farkas A, Lynch MJ, Westover R, Giles J, Siripong N, Nalatwad A, Pizon AF, Martin-Gill C. Pulmonary Complications of Opioid Overdose Treated With Naloxone. *Ann Emerg Med*. 2020 Jan;75(1):39-48. doi: 10.1016/j.annemergmed.2019.04.006. Epub 2019 Jun 8. PMID: 31182316.
5. Carpenter J, Murray BP, Atti S, Moran TP, Yancey A, Morgan B. Naloxone Dosing After Opioid Overdose in the Era of Illicitly Manufactured Fentanyl. *J Med Toxicol*. 2020 Jan;16(1):41-48. doi: 10.1007/s13181-019-00735-w. Epub 2019 Aug 30. PMID: 31471760; PMCID: PMC6942078.

# Other Updates: Narcan® Over-the-Counter

- OTC status expected in the next few weeks...
- Box packaging will look different for OTC compared to Rx (pink in stores, white for public interest)



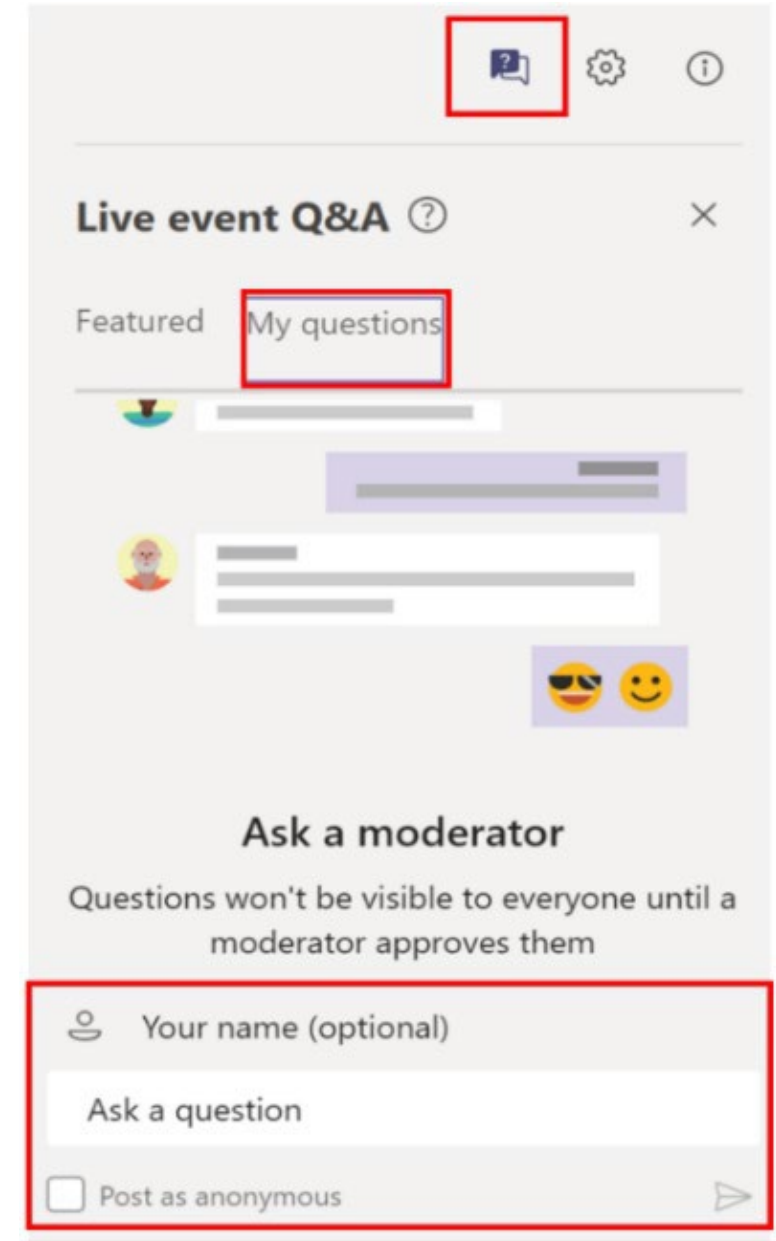


# Questions?

Please use the “Q&A” feature to submit your question(s), if you haven’t already done so.

PCCD staff are reviewing and will answer as many questions/topics as we can over the next few minutes.

As a reminder, to the extent possible, any questions that we are not able to get to today will be addressed through other communications.





**Thank you!**

# Questions?

Contact us!

[ra-cdpa-overdos-prev@pa.gov](mailto:ra-cdpa-overdos-prev@pa.gov)

