Naloxone Distribution from the Ground Up: A Local Approach to Saturation

Chris Smith, Overdose Prevention Liaison

June 17, 2025







Chris Smith, RN-BSN

Overdose Prevention Liaison Kentucky Department for Public Health



- Emergency Medical Technician
 - 3 years
- Registered Nurse
 - Emergency Department
 - 5 years
 - Public Health/Harm Reduction
 - 7 years

The 2025-2026 Kentucky Naloxone Saturation **Strategic Plan** is readable, actionable, and shareable.

Kentucky Naloxone Saturation Strategic Plan: 2025-2026



To reduce overdose mortality in an equitable manner across the commonwealth, government agencies and community-based organizations must collaborate to distribute naloxone, the drug used to reverse opioid overdose. Implementing this naloxone saturation strategic plan will maximize the impact of resources, support coordination across agencies and enable Kentucky to significantly reduce overdose mortality in disproportionately affected communities.

Saturation means that naloxone is available for at least 80% of witnessed overdoses (Irvine et al., 2022). Saturation in Kentucky will require delivery of Overdose Education and Naloxone Distribution (OEND) to people most likely to witness overdose. Strategic planning will focus resources proactively by promoting naloxone saturation across key agencies on a statewide level (top-down), while simultaneously prioritizing local saturation at the county level based on need and readiness (bottom-up). This approach will address changing patterns of substance use in a rapidly evolving risk environment.

As the landscape of risk continues to change, rates of opioid overdose remain elevated in Kentucky, particularly among Black, Hispanic, and Appalachian Kentuckians.

Opioid overdose deaths among Kentucky residents by ethnicity and race, 2019-2023

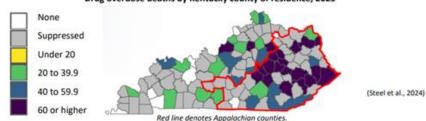
Race	2019	2020	2021	2022	2023	2022-2023 % change	2019-2023 % change
Hispanic	7.8	12.2	13.7	22.1	17.8	-19%	+128%
Non-Hispanic Black	22.2	38.6	53.4	59.3	58.6	-1%	+164%
Non-Hispanic White	25.2	40.5	44.4	40.8	36.4	-11%	+44%

Opioid overdose deaths among Kentucky residents by Appalachian region, 2019-2023

Region	2019	2020	2021	2022	2023	2022-2023 % change	2019-2023 % change
Appalachian counties	21.7	39.4	51.6	47.2	47.4	0%	+118%
Non-Appalachian counties	24.1	36.9	39.3	38.1	32.8	-14%	+36%

Rates have been age-adjusted using the US Standard 2000 population and are presented as the number of deaths per 100,000 population.

Drug overdose deaths by Kentucky county of residence, 2023



Strategic planning will focus resources proactively by promoting naloxone saturation across key agencies on a statewide level (top-down), while simultaneously prioritizing local saturation at the county level based on need and readiness (bottom-up).

Top Down

Provide technical assistance to support statewide agencies to develop and implement policies to standardize naloxone distribution to people most likely to witness overdose.

This will help increase local acceptance of carrying naloxone and being ready to reverse an overdose.



Bottom Up

Provide technical assistance to support local communities to choose and implement naloxone distribution strategies focused on people most likely to witness overdose.

Our successes and challenges will further inform our strategic approach to statewide naloxone saturation.

Top-down

This plan will support critically positioned agencies across Kentucky by providing technical assistance with policy creation to implement standardized distribution of naloxone to individuals likely to witness overdose. These policies will emphasize opt-out, hand-to-hand distribution over written prescriptions. The following distribution settings will be offered technical assistance to implement agency-wide naloxone distribution policies.

- · Administrative Office of the Courts
 - o Pretrial Services
 - o Alternative Sentencing Program
 - Specialty Courts
- · Community Mental Health Centers
- · Regional Prevention Centers
- · Department of Corrections
 - State Prisons
 - Regional Jails
- · Probation and Parole

- · Federally Qualified Healthcare Centers
- · Rural Health Clinics
- Hospitals
 - Emergency Departments
 - Labor and Delivery, Perinatal Units
- · Kentucky Board of Emergency Medical Services
- Local Health Departments
- Narcotic Treatment Programs
- · Recovery Community Centers

Bottom-up

Local saturation will require tailored technical assistance to implement naloxone distribution strategies that focus on people most likely to witness overdose. The Kentucky Department for Public Health Overdose Prevention Liaison will work with Local Health Departments, Kentucky Income Reinvestment Program's Target 4 Project Health Education Coordinators, and local Collaboration Specialists embedded in Community Mental Health Centers to provide capacity-building technical assistance to communities in response to trends in overdose mortality.

This team will evaluate local factors contributing to overdose trends and help partners select and tailor strategies that promote naloxone saturation within each community's unique social-ecological landscape. Working from materials published on the Find Naloxone Now KY website, this technical assistance will support Local Health Departments and community-based organizations to collaborate with people with lived experience and provide OEND to people most likely to witness overdose.

Saturation Plan

What: Distribute naloxone, the drug used to reverse opioid overdose.



Who and Where:

Distribute naloxone to the people most likely to witness overdose in the places where it is needed most.



How:

Active distribution strategies bring naloxone to people, meeting them where they are and offering support.

- . Community OEND Events
- Culturally Responsive OEND Materials
- · First Responder Leave-Behind
- Mail Order
- · Opt-Out Hand-to-Hand Distribution
- Secondary or Peer-to-Peer Distribution
- Quick Response Teams (Post-Overdose Response Teams)

Passive distribution strategies make naloxone available to communities. conveniently and anonymously.

- · Harm Reduction Vending Machines
- Emergency Naloxone Storage Boxes
- Naloxone Kiosks

Looking Forward

Through implementation of this plan, top-down and bottom-up strategies merge to inform a dynamic and evolving approach to statewide naloxone saturation. Standardized naloxone distribution policies across identified agencies will further normalize carrying naloxone across the commonwealth. This increased acceptance will, in turn, expand local opportunities for capacity building and technical assistance. Through publication and dissemination, this plan will also serve as a resource for independent and local implementation of the outlined strategies. The collaborative partnerships that result from all of these efforts will help us continue to identify new agency partners, distribution locations, and innovative strategies as we work to ensure that naloxone is available when and where it is needed most.

Acknowledgements

Chase Barnes, MPH, Harm Reduction Program Manager, Kentucky Department for Public Health John Bowman, Kentucky Senior Campaign Coordinator, Dream.org

Ben Goldman, MA, Community Health Administrator, Behavioral Health Equity Team, Louisville Metro Public Health and Wellness

Caitlyn Hood, PhD, Project Director, Kentucky Overdose Response Effort, Assistant Director, Kentucky Division of Substance Use Disorder, Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

Van Ingram, Executive Director, Kentucky Office of Drug Control Policy

Josiah Jaggers, PharmD, Director of Pharmacy Public Health Programs, Kentucky Pharmacy Education and Research Foundation

Katherine Marks, PhD, Commissioner, Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

Chris Smith, RN, BSN, Overdose Prevention Liaison, Kentucky Department for Public Health, Vital Strategies Shelly Steiner, CPS, Prevention/Harm Reduction Implementation Specialist, Kentucky Overdose Response Effort, Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

References

Irvine, M. A., Oller, D., Boggis, J., Bishop, B., Coombs, D., Wheeler, E., Doe-Simkins, M., Walley, A. Y., Marshall, B. D. L., Bratberg, J., & Green, T. C. (2022). Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. The Lancet. Public health, 7(3), e210–e218. https://doi.org/10.1016/S2468-2667(21)00304-2

Steel, M., Mirzaian, M., Daniels, L. (2024). Kentucky Resident Drug Overdose Deaths, 2019–2023: Annual Report, Updated May 2024. Kentucky Injury Prevention and Research Center. https://kiprc.uky.edu/sites/default/files/2024-07/2023 2019 od2a overdosemortalityannualreport.pdf





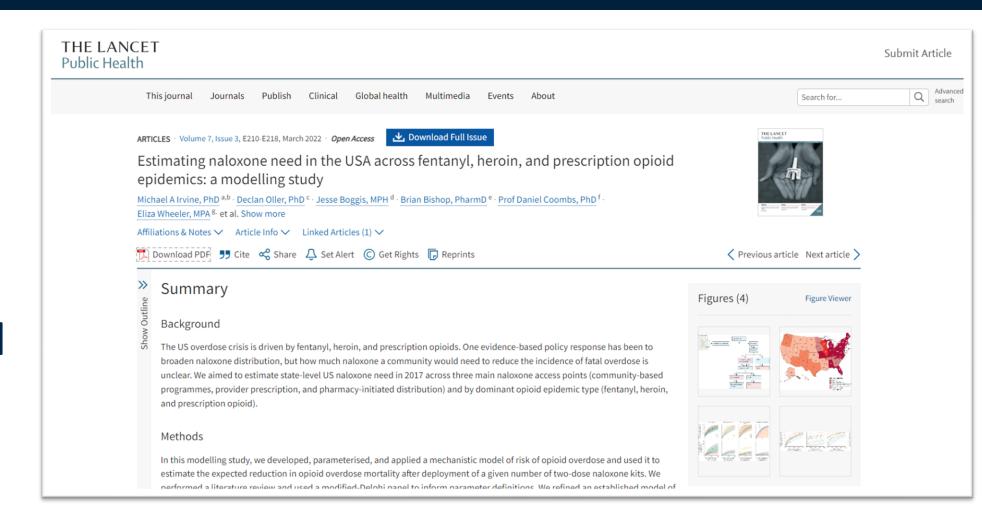
The 2025-2026 Kentucky Naloxone Saturation Strategic Plan is a collaborative effort:

- Kentucky Department for Public Health
- Dream.org
- Louisville Metro Public Health and Wellness
- Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
- Kentucky Pharmacy Education and Research
 Foundation
- Kentucky Overdose Response Effort
- Kentucky Office of Drug Control Policy

What is naloxone saturation?

Saturation means that naloxone is available for at least 80% of witnessed overdoses.

(Irvine et al., 2022)



What is naloxone saturation in Kentucky?



Saturation in Kentucky will require delivery of Overdose Education and Naloxone Distribution (OEND) to people most likely to witness overdose.

As the landscape of risk continues to change, rates of opioid overdose remain elevated in Kentucky, particularly among Black and Hispanic Kentuckians.

Opioid overdose deaths among Kentucky residents by ethnicity and race, 2019–2023

Race	2019	2020	2021	2022	2023	2022-2023 % change	2019-2023 % change
Hispanic	7.8	12.2	13.7	22.1	17.8	-19%	+128%
Non-Hispanic Black	22.2	38.6	53.4	59.3	58.6	-1%	+164%
Non-Hispanic White	25.2	40.5	44.4	40.8	36.4	-11%	+44%

Rates have been age-adjusted using the US Standard 2000 population and are presented as the number of deaths per 100,000 population.

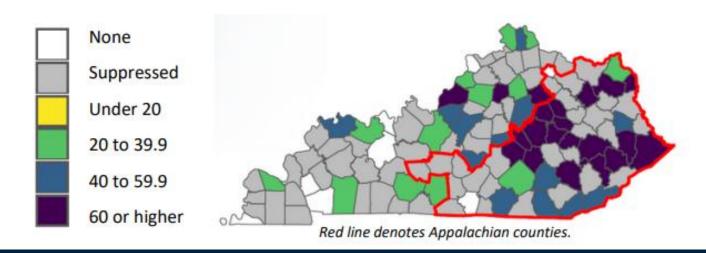
Steel et al., 2024

As the landscape of risk continues to change, rates of opioid overdose remain elevated in Kentucky, particularly among Appalachian Kentuckians.

Opioid overdose deaths among Kentucky residents by Appalachian region, 2019–2023

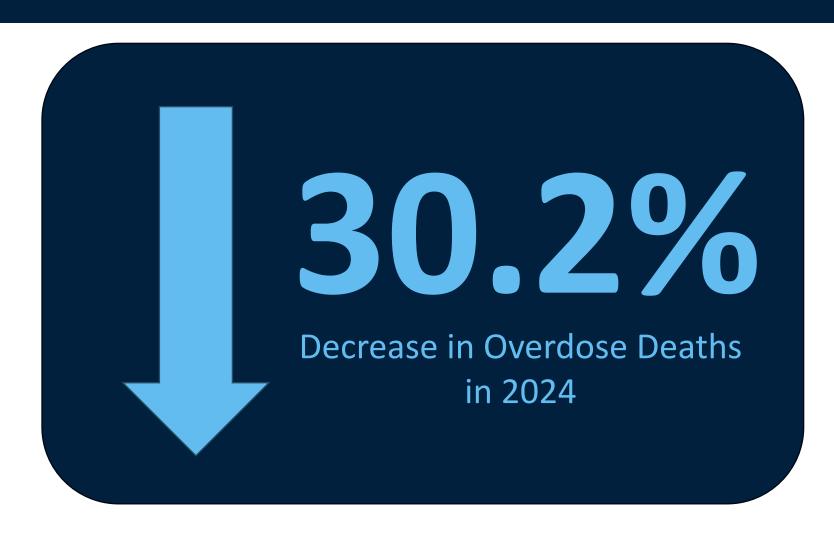
Region	2019	2020	2021	2022	2023	2022-2023 % change	2019-2023 % change
Appalachian counties	21.7	39.4	51.6	47.2	47.2	0%	+118%
Non-Appalachian counties	24.1	36.9	39.3	38.1	32.8	-14%	+36%

Rates have been age-adjusted using the US Standard 2000 population and are presented as the number of deaths per 100,000 population.



Steel et al., 2024

We are starting to see significant improvement.



Steel & Daniels, 2025

Disparities remain but are improving, too.

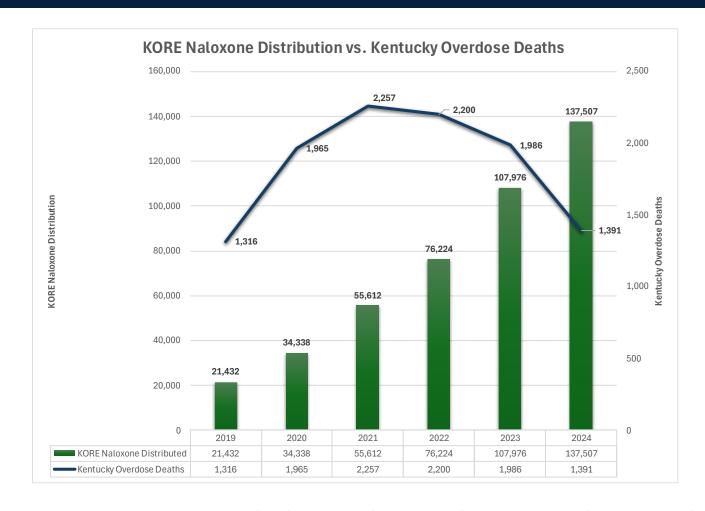
Drug overdose deaths among Kentucky residents by race, 2022–2024

Race	2022	2023	2024	2023-2024 % change
Black	67.5	69.2	43.3	-37.4
White	51.3	45.7	31.6	-30.9
Other	20.2	16.7	12.2	-26.9

Rates have been age-adjusted using the US Standard 2000 population and are presented as the number of deaths per 100,000 population.

Steel & Daniels, 2025

Decreased overdose mortality is correlated with increased naloxone distribution.



Data Sources: Kentucky Pharmacy Education and Resource Foundation, Kentucky Injury Prevention Resource Center

Strategic planning focuses resources proactively.

by promoting naloxone saturation across key agencies on a statewide level, while simultaneously prioritizing local saturation at the county level based on need and readiness.

Top Down

Provide technical assistance to support statewide agencies to develop and implement policies to standardize naloxone distribution to people most likely to witness overdose.



Bottom Up

Provide technical assistance to support local communities to choose and implement naloxone distribution strategies focused on people most likely to witness overdose.

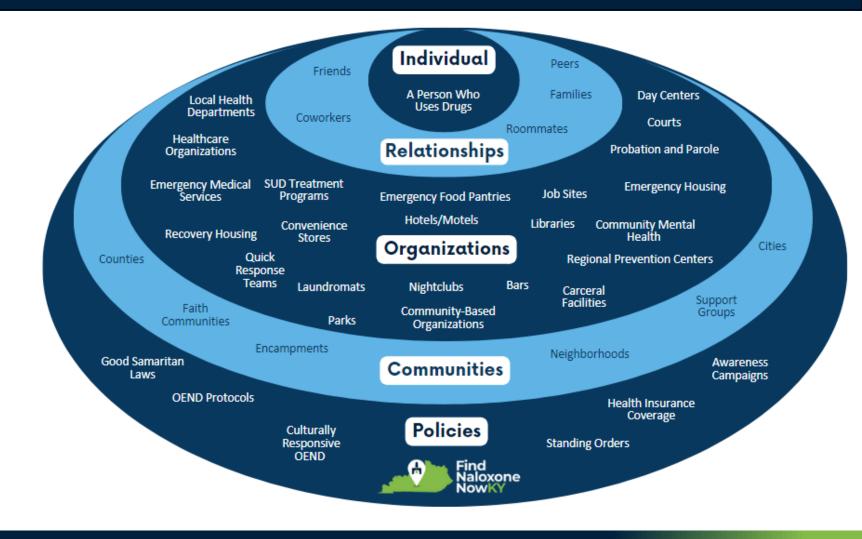
What?

Who?

Where?



Distribute naloxone to the people most likely to witness overdose in the places where it is needed most.



How?

Who?

Where?

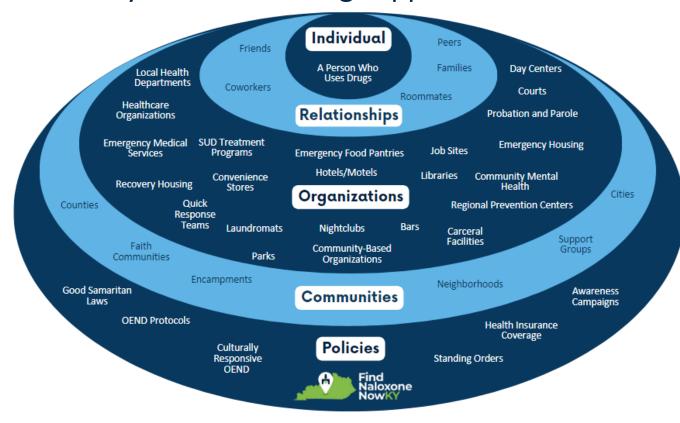
Active distribution strategies

bring naloxone to people, meeting them where they are and offering support.

- Community OEND Events
- Culturally Responsive OEND Materials
- First Responder Leave-Behind
- Mail Order
- Opt-Out Hand-to-Hand Distribution
- Secondary or Peer-to-Peer Distribution
- Quick Response Teams (Post-Overdose Response Teams)

Passive distribution strategies make naloxone available to communities, conveniently and anonymously.

- Harm Reduction Vending Machines
- Emergency Naloxone Storage Boxes
- Naloxone Kiosks



"...government agencies and community-based organizations must collaborate to distribute naloxone..."





Kentucky
Harm Reduction Coalition
Engage Educate & Empower



















Prevent. Promote. Protect.

Harm Reduction

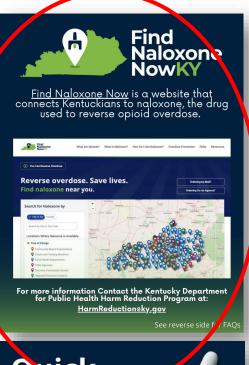


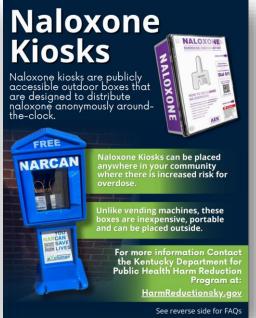




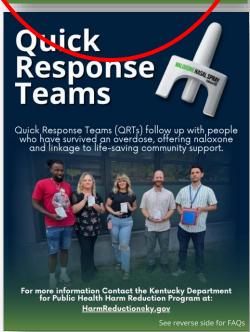
Overdose Education and Naloxone Distribution





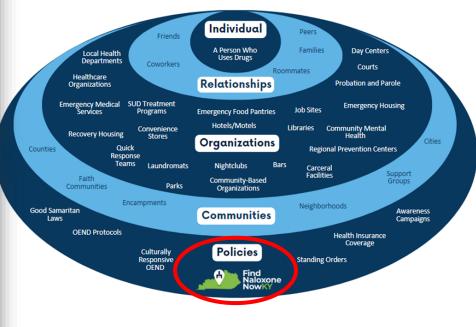






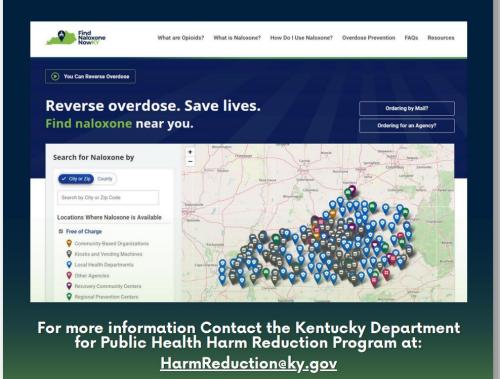




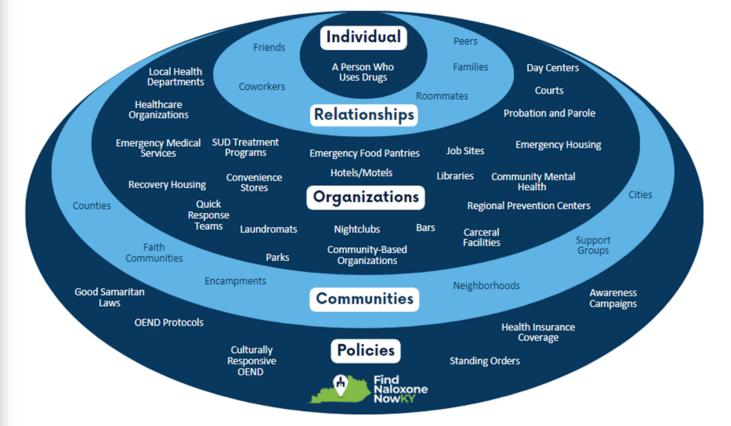




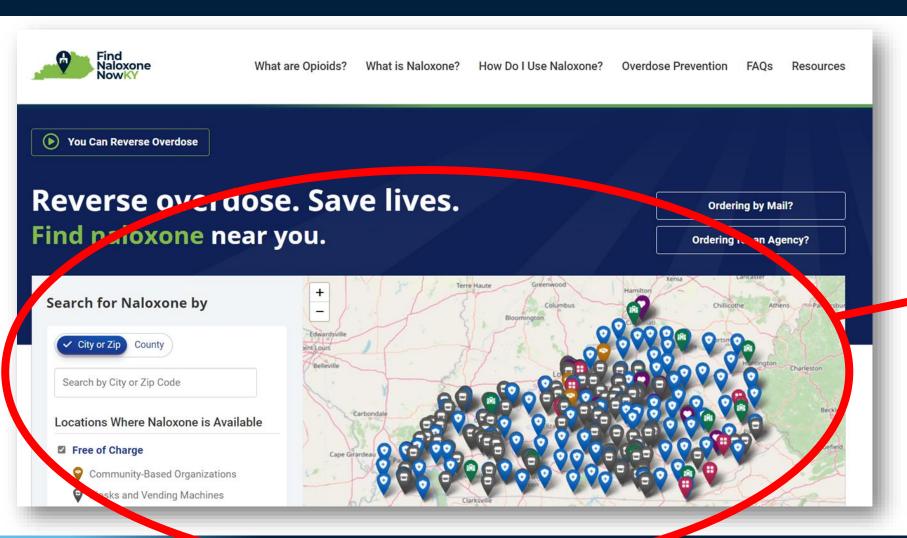
Find Naloxone Now is a website that connects Kentuckians to naloxone, the drug used to reverse opioid overdose.



See reverse side for FAQs

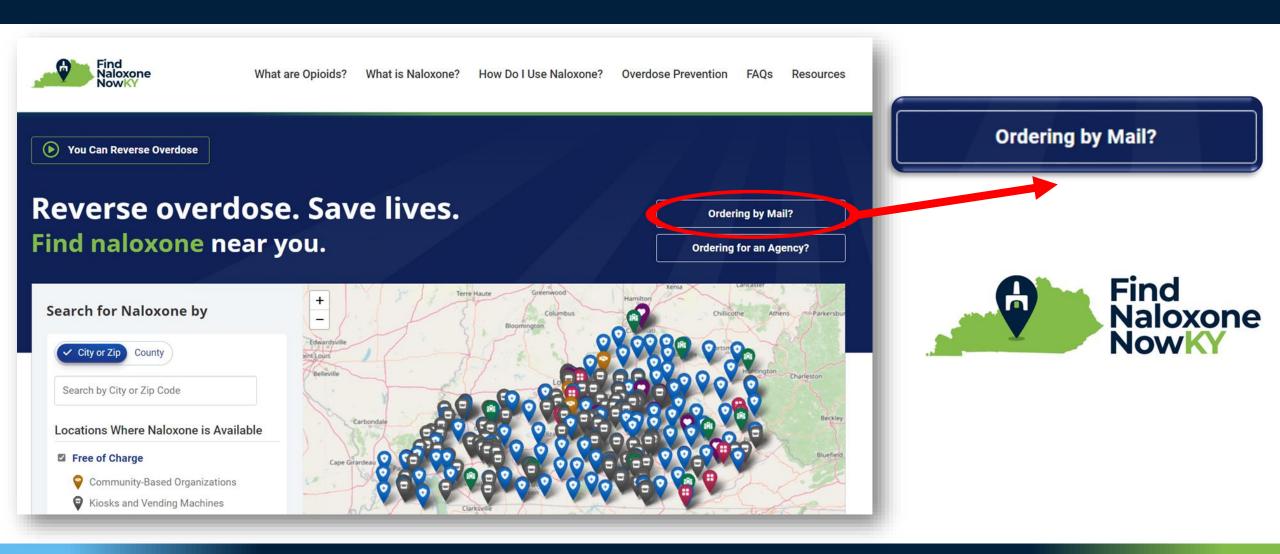


Find Naloxone Now KY

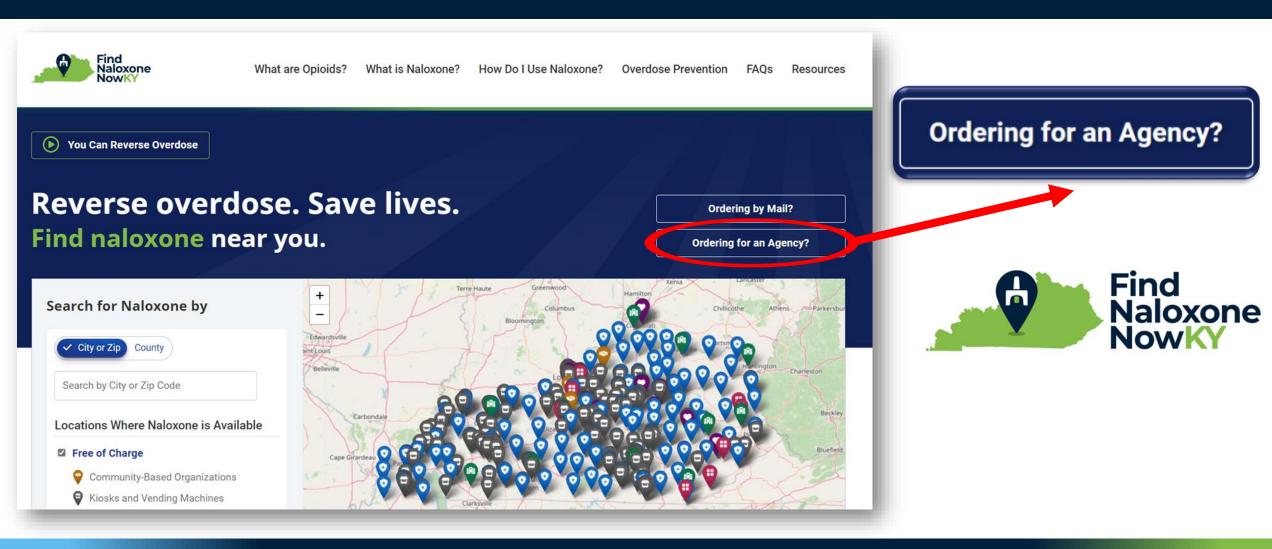




Ordering by Mail?



Ordering for an Agency?

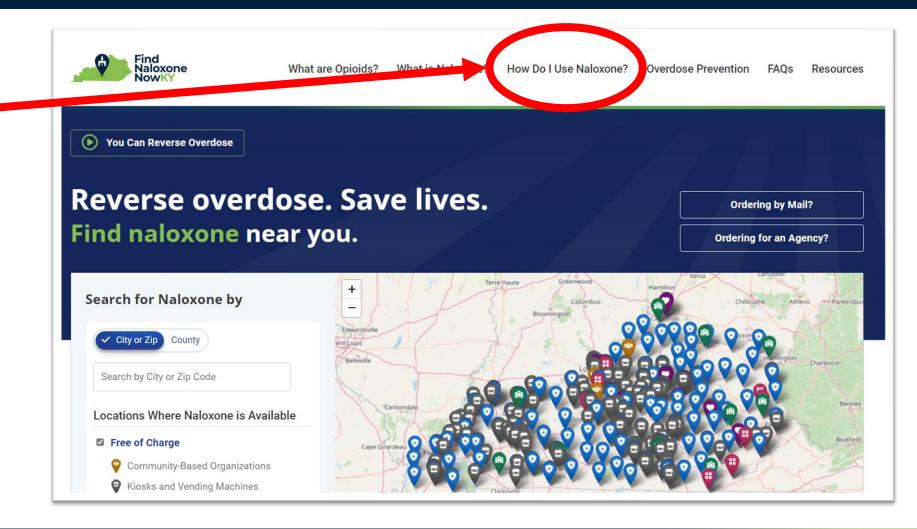


Find Naloxone Now KY: How Do I Use Naloxone?

Overdose response training materials are available on Find Naloxone

Now KY, Kentucky's naloxone access website.

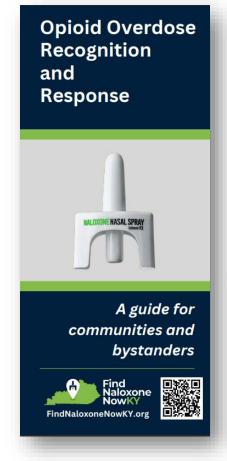




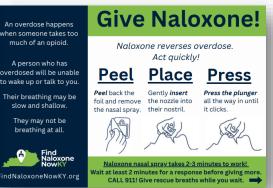
Overdose Response

Click the How do I Use Naloxone? tab for overdose response training materials including:

- trifold brochures,
- palm cards,
- and a four-minute animated video.











them onto their side in recovery position





Never Use Alone



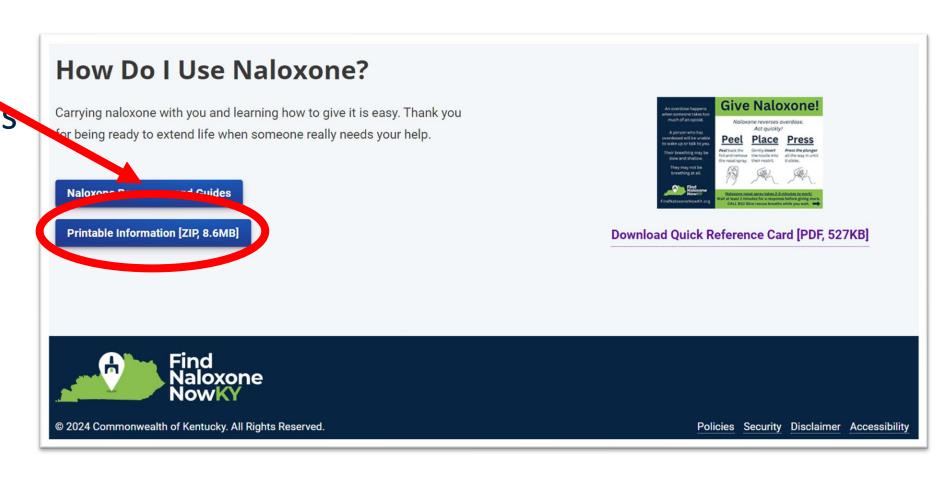
Toll-free national overdose prevention, detection, life-saving crisis response and medical intervention services for people who use drugs while alone.

Never Use Alone's peer operators are available 24-hours a day, 7 days a week, 365 days a year.

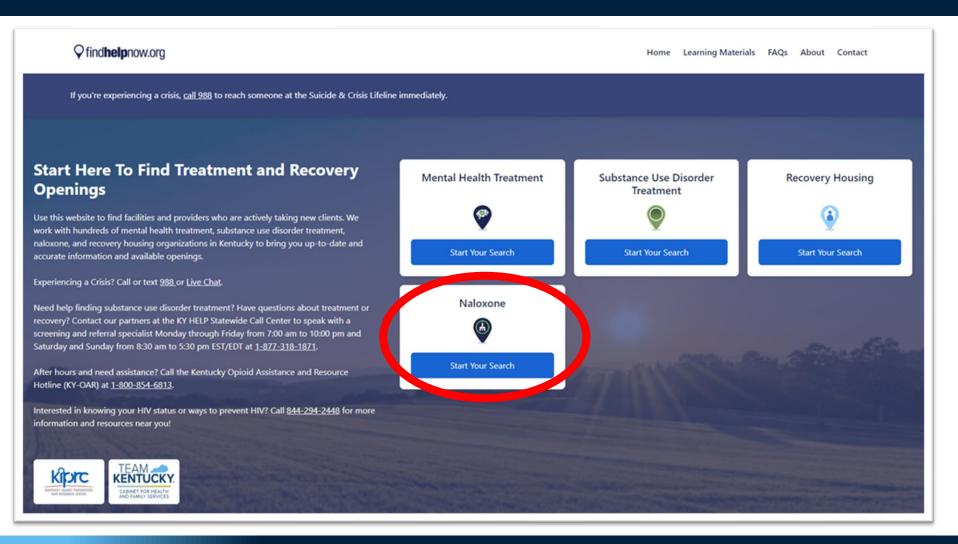
No stigma. No judgment.

Find Naloxone Now KY: Printable Information

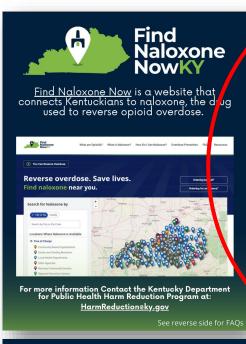
A zip folder containing printable versions of all this information can be found at the bottom of the Find Naloxone Now KY homepage.



Find Naloxone Now KY is part of Find Help Now.









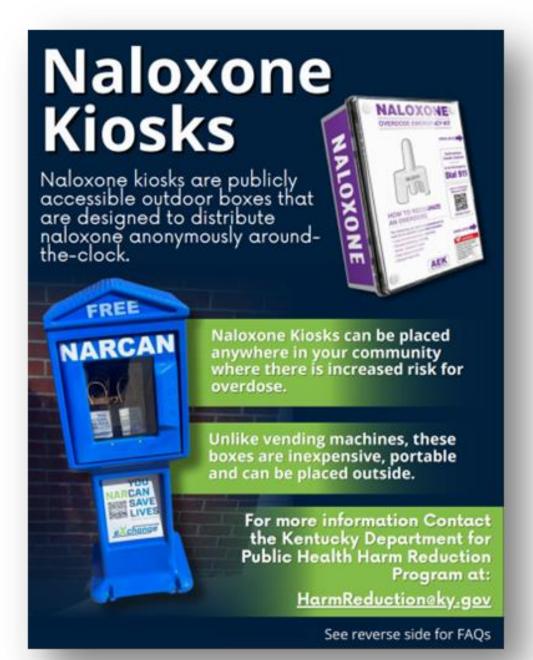


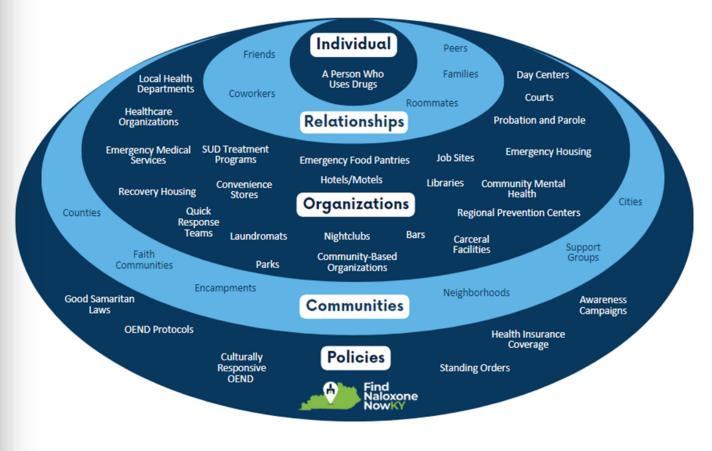










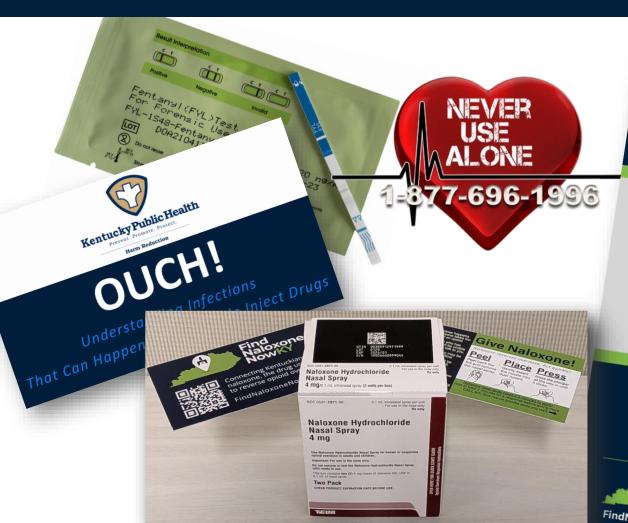




Naloxone kiosks offer people what they need to prevent overdose.



North Central District Health Department



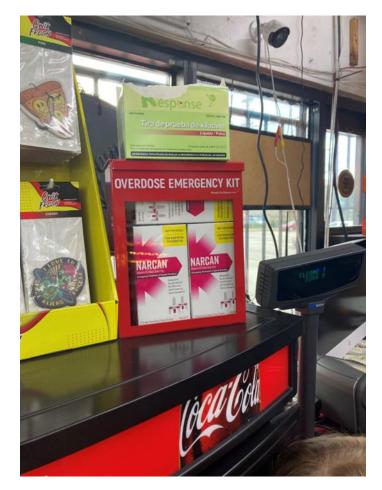
Opioid Overdose Recognition and Response

A guide for communities and bystanders





Naloxone kiosks can be anything.



Louisville Metro Public Health and Wellness









Kentucky Harm Reduction Coalition

Naloxone kiosks can be inexpensive and creative.



Future Problem Solvers of Olive Hill KY





Naloxone kiosks are accessible.

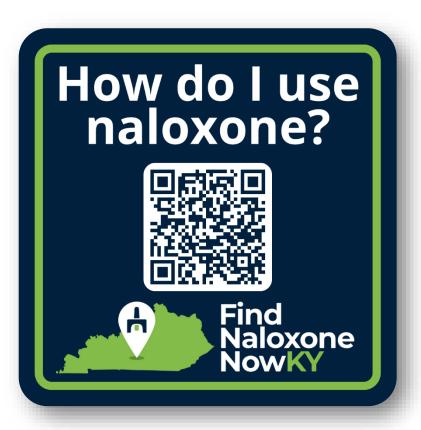








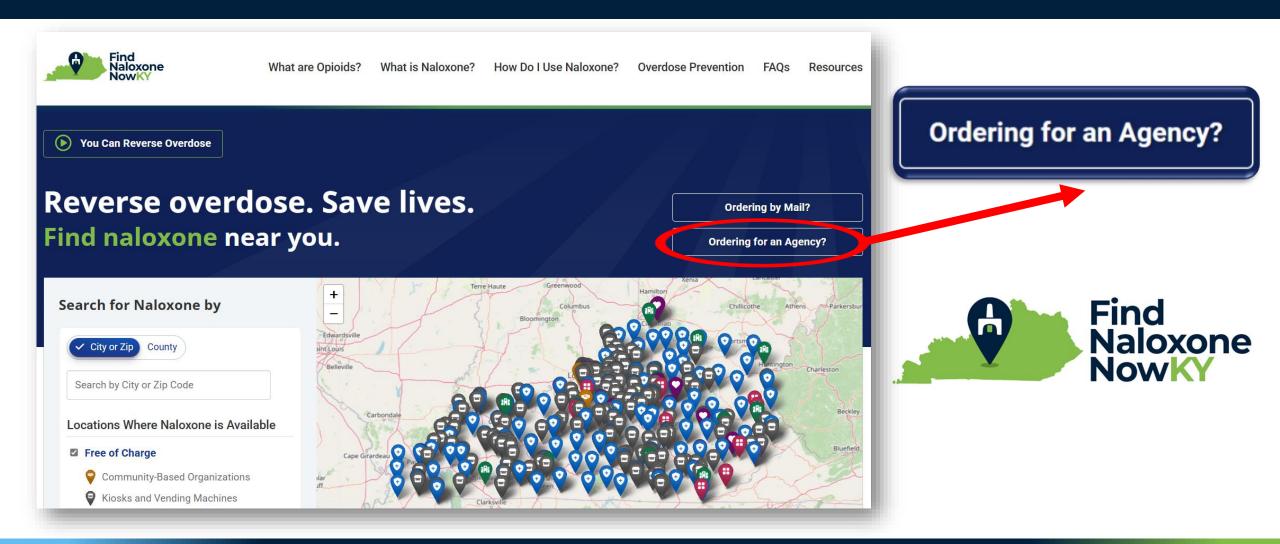
Find Naloxone Now KY resources support Naloxone Kiosks.

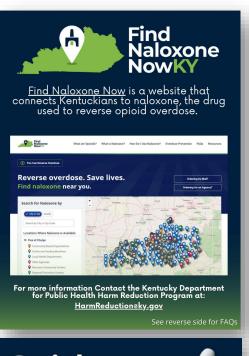


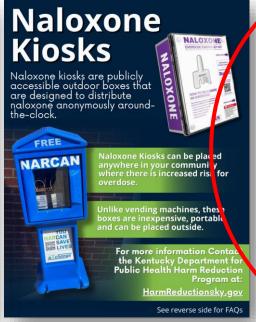




How do we get naloxone to place in kiosks?



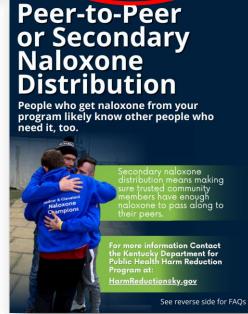


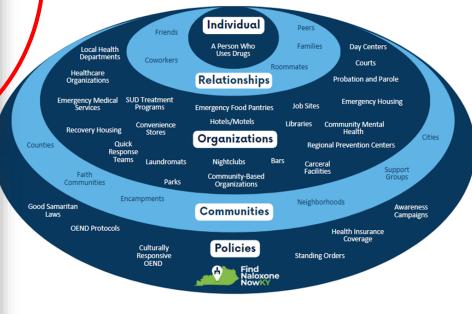




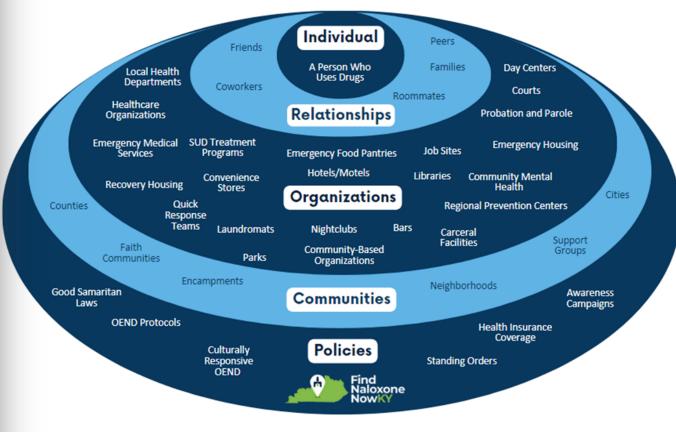












Why should First Responders distribute naloxone?

Because they work with people who need it!

- Most bystander overdose reversals occur in private residences.
- Placing naloxone kits in the hands of the friends and families of people at risk helps to ensure that overdoses are reversed as rapidly as possible.

Why should First Responders distribute naloxone? (continued)

- Non-fatal overdose is a significant risk factor for fatal opioid overdose
 - in the next 48 hours
 - and beyond.
- First Responder touch points are opportunities to offer life-saving naloxone!

How do First Responders identify people that need naloxone?

 People who use drugs are more likely than anyone else to witness an overdose.

We encourage First Responders to offer naloxone to people who use drugs, their friends, and their families.

Negotiate up! Offer multiple kits!

Treatment Refusals Are Common After Overdose

If someone refuses further care after an overdose, before you leave, First Responders can make sure that someone else on the scene

- ✓ has naloxone,
- knows how to use it,
- ✓ and can administer it, if needed.



JEMS – Journal of Emergency Medical Services

Leave Naloxone Behind





Whitley County Health Department

Local Health Departments and Community Based Organizations have historically led collaboration with First Responders to Leave Naloxone Behind.



Jessamine County Health Department





Whitley County Health Department



Kentucky Harm Reduction Coalition

KBEMS Naloxone Leave Behind protocols are now in place.

The Kentucky Board of Emergency **Medical Services** (KBEMS) has recently published a new **Leave Behind** Naloxone Protocol.

Leave Behind Naloxone Protocol



INDICATION

- -Any patient with known or suspected opioid overdose, history of opioid use, risk for opioid overdose, or person who requests opioid overdose antidote (naloxone) kit.
- -Any EMS provider may use this protocol

CONTRAINDICATION

None per se

ASSESSMENT/ TREATMENT GUIDELINES

Each service's individual kit selection and the availability of certain types of kits may vary. It is the responsibility of the service to provide specific training on the use of each kit's specific contents and use of the contents.

GENERAL INSTRUCTIONS

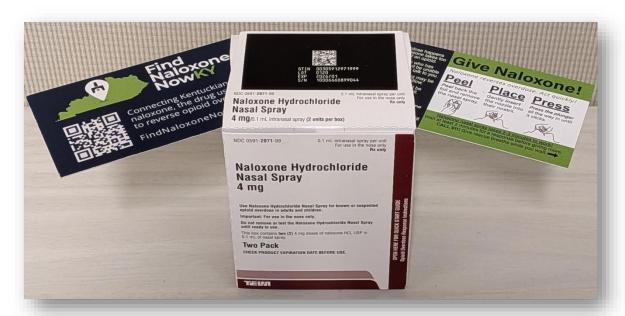
- -Naloxone kits may be given to anyone who is at risk for overdose, who may witness an overdose, or who requests a kit.
- -Every effort should be made to give a naloxone kit any patient who has been revived with naloxone
- -Naloxone kits should be left with the patient or bystander even if the patient is transported to the hospital
- -Instruct the recipient on indications for use of intranasal naloxone
- -Advise the recipient to carry the kit with them and have it handy for use in case they witness an overdose
- -Give the recipient information on naloxone information, such as on the following sheet (free to print and distribute. Advise the recipient that they are allowed to have it, and that if they use it to help a person who has overdosed they are protected by Kentucky's laws.

Do First Responders provide naloxone training?

- Most agency Naloxone Leave Behind protocols will require making sure that someone who receives naloxone knows how to use it.
- Depending on context, training may be as simple as passing along printed information or could include detailed demonstrations and time for questions.
 - Extensive training should never be a barrier to receiving naloxone when a brochure or card would suffice.
- As the drug supply changes, rescue breathing has become an increasingly important part of overdose response.
 - Make sure to emphasize rescue breathing in your conversations about naloxone.

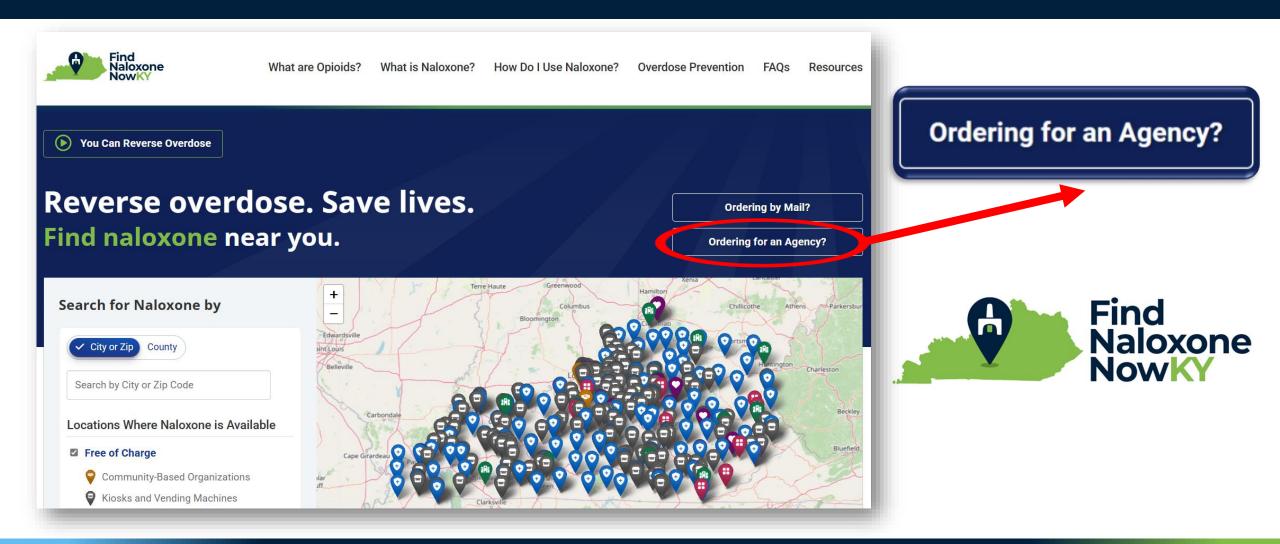
Where does this naloxone come from?

The Kentucky Office of the Attorney General negotiated a settlement with Teva pharmaceuticals to provide more than 20,000 two-dose units of naloxone annually to first responders for Leave Behind programs.

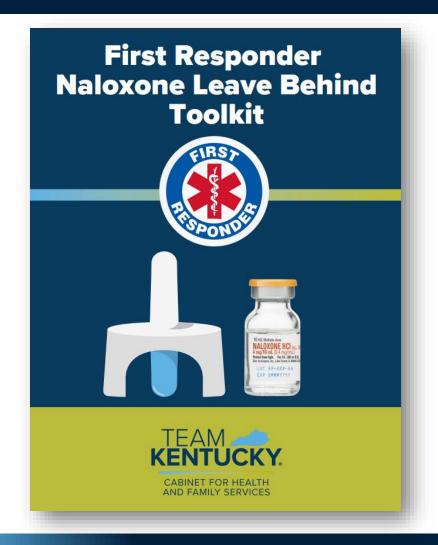


The Kentucky Pharmacy Education and Research Foundation responds to requests for this no-cost naloxone and ships the product directly to First Responder agencies.

How do First Responders get Naloxone to Leave Behind?

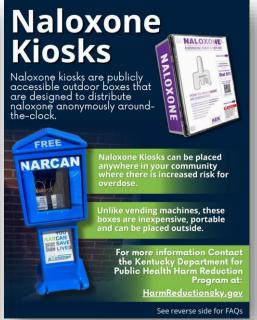


Team Kentucky supports Naloxone Leave Behind.



The First Responder Naloxone Leave **Behind Toolkit** provides detailed technical assistance and links to training.





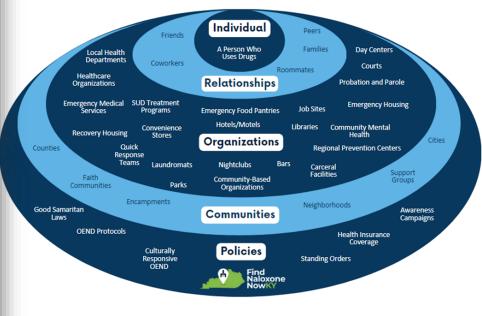


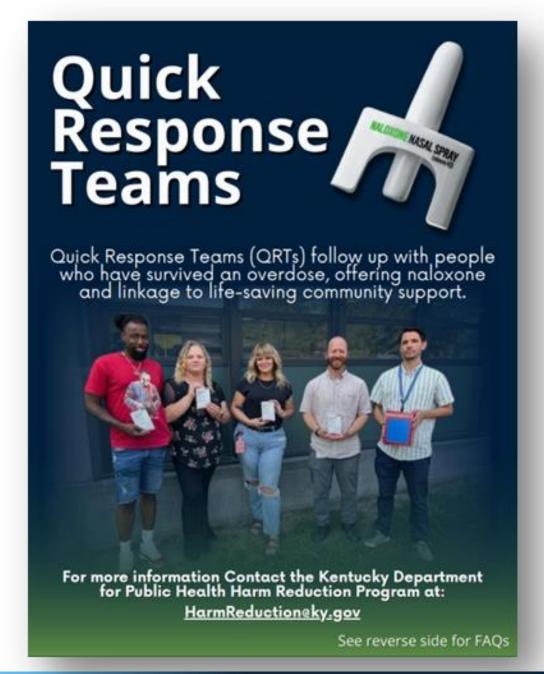


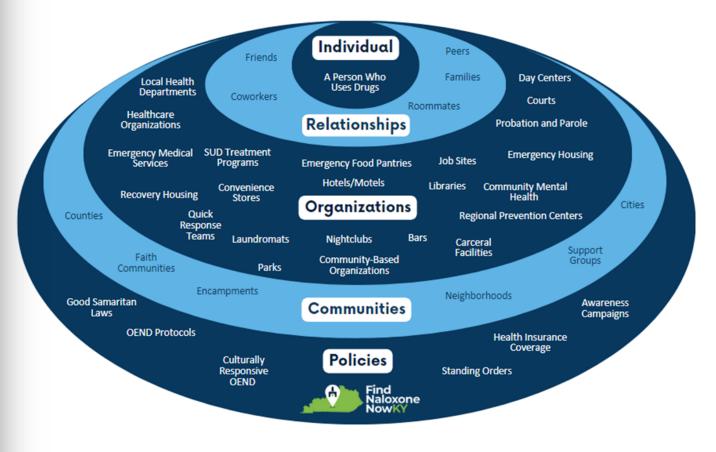


See reverse side for FAQs









"We are here for you, and we care."

"Here's what we can offer to help."

- linkage to harm reduction programs and other supportive community services
- referrals to substance use disorder treatment, when requested
- information and resources
- naloxone



within 72 hours immediately following an overdose

QRTs model responses to substance use that support people at risk.







Louisville Metro Public Health and Wellness



QRTs collaborate around the Situation Table and seek solutions together.



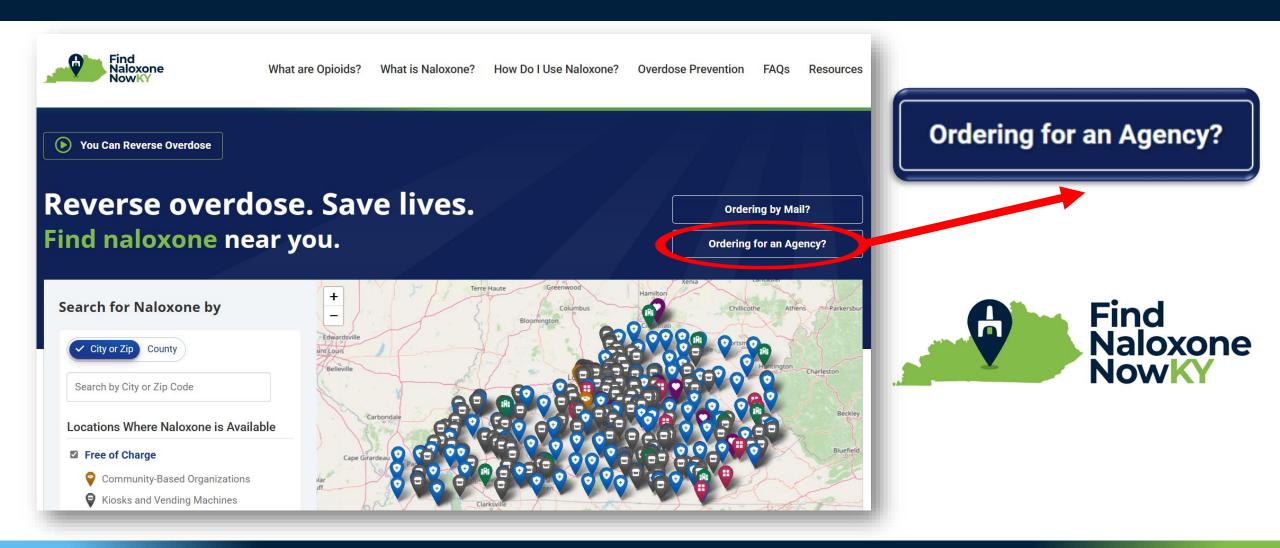
Perry County QRT

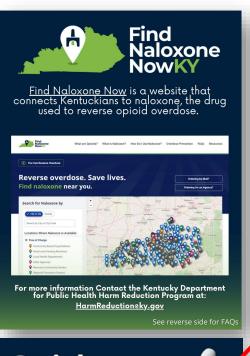
QRT National provides technical assistance to QRTs in Kentucky.





How do QRTs get Naloxone?





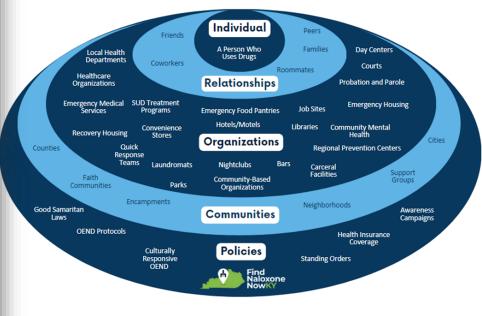


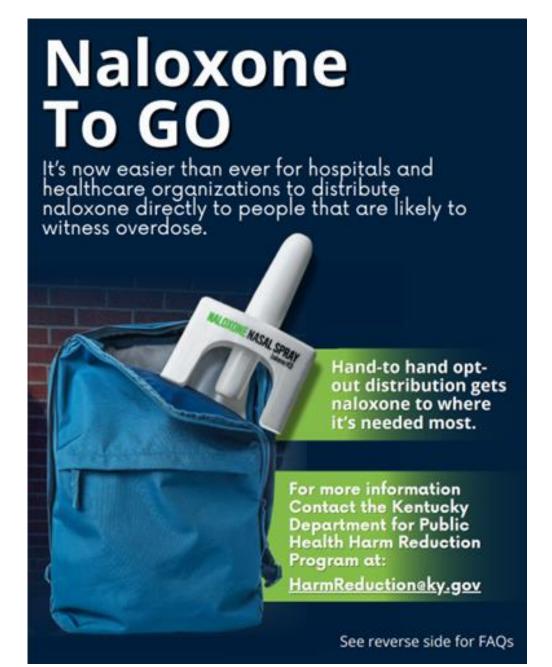


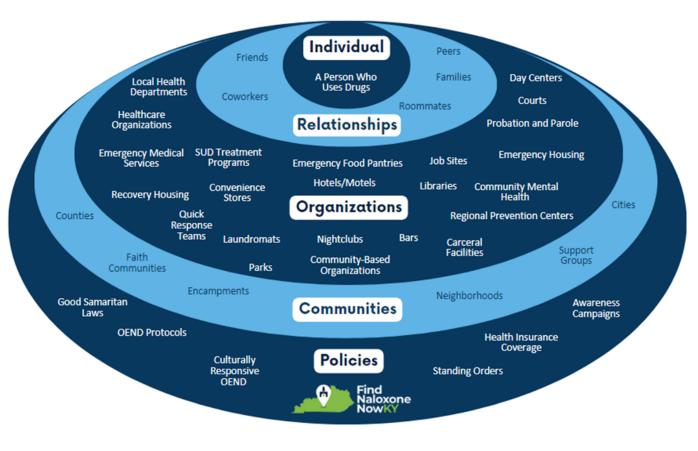












Naloxone kits should be offered, without judgement, whenever you see any sign of substance use.

Here, an opt-out, hand to hand approach is best.

"Ok, we've got you ready to go.

Here's a naloxone kit

and some information about using it."

 This direct handoff is always more effective than a written prescription.

KY-SOS ED Bridge Program Naloxone To GO Pilot

- Baptist Health-LaGrange
- Carroll County Hospital
- Med Center Health-Bowling Green
- Mercy Health-Marcum and Wallace
- Mercy Health-Lourdes
- Saint Joseph London
- Saint Joseph Mount Sterling
- Harrison Memorial Hospital
- Monroe County Medical Center

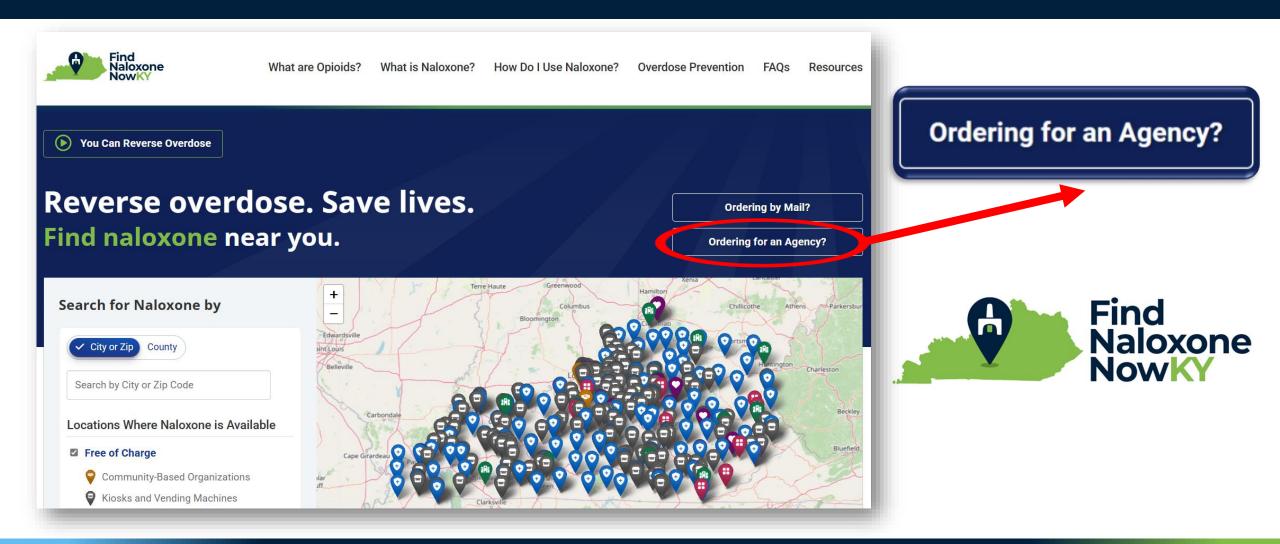


KyPQC Naloxone To GO Pilot: The 5 Ps



- 1. Did any of your **Parents** have problems with alcohol or drug use?
- 2. Do any of your friends (Peers) have problems with alcohol or drug use?
- 3. Does your **Partner** have a problem with alcohol or drug use?
- 4. Before you were pregnant did you have problems with alcohol or drug use? (Past)
- 5. In the past month, did you drink beer, wine or liquor, or use other drugs? (Pregnancy)

How do healthcare organizations get naloxone?





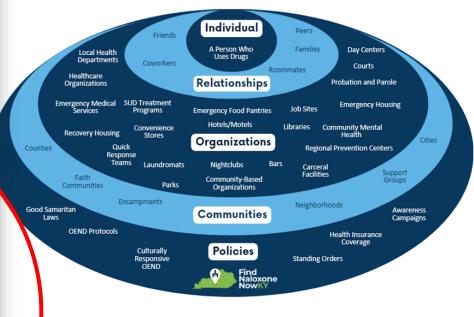








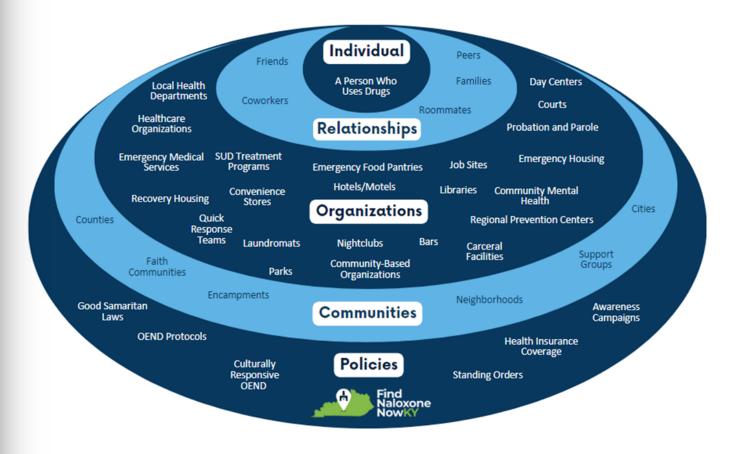




Peer-to-Peer or Secondary Naloxone Distribution

People who get naloxone from your program likely know other people who need it, too.





People who get naloxone from your program likely know other people who need it, too.

• Who is a peer?

- A peer is anyone who knows someone likely to witness an overdose.
 - » Peers may be people who use drugs, their friends, roommates or family members. These are the people most likely to witness overdose.
- A peer is a community member.
 - » Ensuring that naloxone is available in these communities is crucial to preventing overdose deaths.

People who use drugs face barriers when accessing support services and naloxone distribution programs:

- transportation
- lack of community representation
- limited hours
- medical mistrust
- fear of being recognized
- fear of law enforcement
- stigma
- fear of surveillance

Peers overcome these barriers to become Naloxone Champions.

- transportation
- lack of community representation
- limited hours
- medical mistrust
- fear of being recognized
- fear of law enforcement
- stigma
- fear of surveillance



Talk Social Justice

Programs that provide naloxone can recognize participants who are highly involved and well-connected in their communities.

These participants might say things like:

- "Everyone in my building knows I always have it (naloxone)."
- "I don't use opioids, but I know people who do."
- "I'm going to take this (naloxone) back to the camp."
- "A lot of my friends think this place is a setup. Can I bring some (naloxone) to them?"

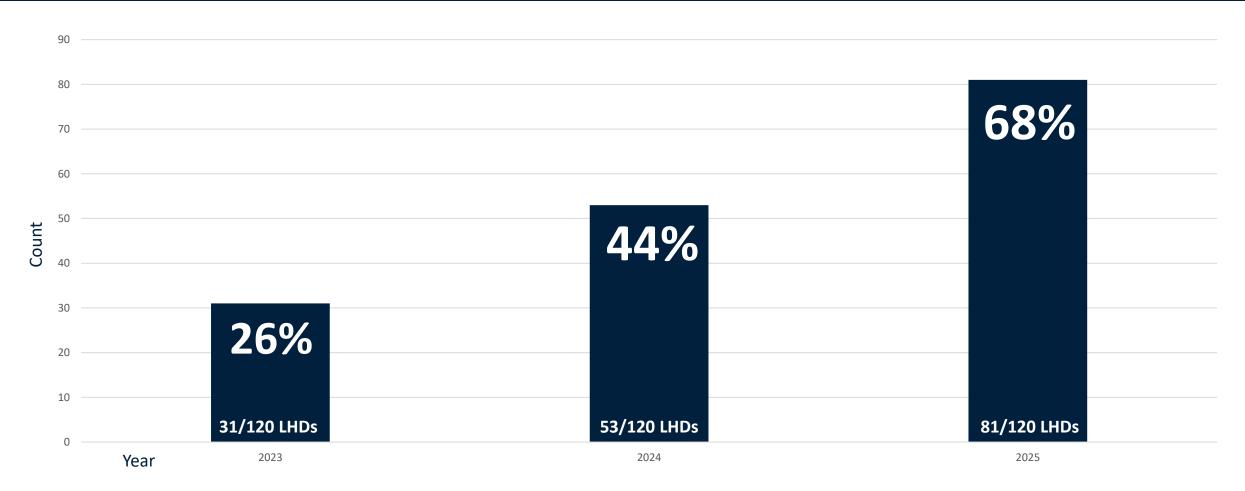
Negotiate up!

When you recognize a peer,

ask:

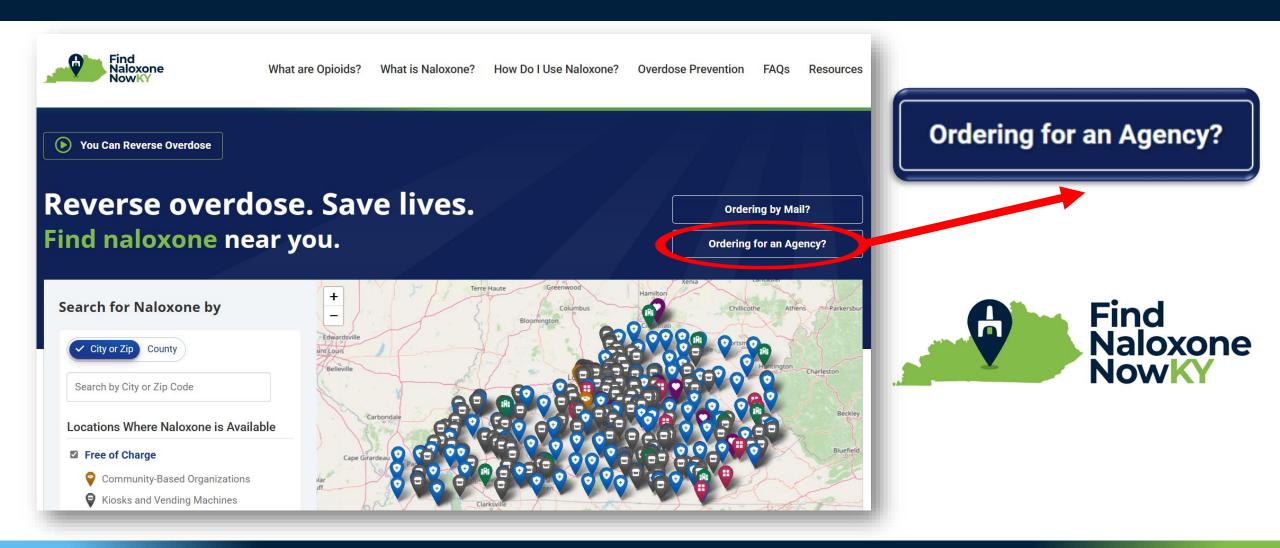
- "How many kits do you need?"
- "Do you know other people who need naloxone?
- "You can help us make sure everyone has as much naloxone as they need. Can you help distribute a box of 12 kits?"

Local Health Departments in Kentucky Offering Secondary Naloxone Distribution, 2023-2025



Data Source: Annual KDPH Harm Reduction Needs Assessment

Find Naloxone Now KY supports secondary distribution.



Bottom Up

Estill County is the first to receive local overdose prevention technical assistance.



Overdose Task Force

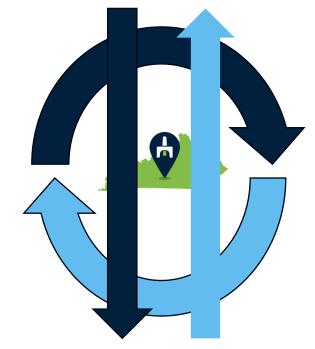
- Estill County Health Department
 - » Syringe Service Program
- Mercy Health
 - » Peer Support Specialists
- ASAP Board
- EMS
- Law Enforcement
- QRT

Looking forward

Top Down Naloxone Saturation Bottom Up

Statewide agencies will standardize naloxone distribution to people most likely to witness overdose.

This will increase local acceptance of carrying naloxone and being ready to reverse an overdose.



Local communities will strategically distribute naloxone to people most likely to witness overdose.

Local successes and challenges will further inform our strategic approach to statewide naloxone saturation.

References and Links (by slide number)

- Slide 27: Never Use Alone
- Slides 22-26, 27, 28: Find Naloxone Now KY; Overdose Prevention and Response Printable Information
- Slide 29: <u>Find Help Now KY</u>
- Slide 42:
 - Barefoot, E. H., Cyr, J. M., Brice, J. H., Bachman, M. W., Williams, J. G., Cabanas, J. G., & Herbert, K. M. (2021). Opportunities for Emergency Medical Services Intervention to Prevent Opioid Overdose Mortality. *Prehospital emergency care*, 25(2), 182–190. https://doi.org/10.1080/10903127.2020.1740363
 - Hood, J. E., Aleshin-Guendel, S., Poel, A., Liu, J., Collins, H. N., Sadinle, M., Avoundjian, T., Sayre, M. R., & Rea, T. D. (2023). Overdose and mortality risk following a non-fatal opioid overdose treated by Emergency Medical Services in King County, Washington. Drug and alcohol dependence, 253, 111009. https://doi.org/10.1016/j.drugalcdep.2023.111009
 - Wichmann S, Nielsen SL, Siersma VD, et al. (2013). Risk factors for 48-hours mortality after prehospital treatment of opioid overdose Emergency Medicine Journal 2013;30:223-225. https://doi.org/10.1136/emermed-2012-201124
 - Caudarella, A., Dong, H., Milloy, M. J., Kerr, T., Wood, E., & Hayashi, K. (2016). Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs. Drug and alcohol dependence, 162, 51–55. https://doi.org/10.1016/j.drugalcdep.2016.02.024
- Slide 43: SAMHSA's Overdose Prevention and Response Toolkit
- Slide 47: Kentucky Board of Emergency Medical Services (KBEMS); Leave Behind Naloxone Protocol

Questions?

Chris Smith, Overdose Prevention Liaison

chriss@ky.gov

Kentucky Naloxone Saturation Strategic Plan: 2025-2026





