

THE BIG PICTURE

- Naloxone leave-behind programs are helpful in getting naloxone to individuals at risk of experiencing drug overdose.
- Naloxone leave-behind programs can serve as a way to connect individuals to other community services.
- Leave-behind programs can look very different from one community to the next.

Naloxone leave-behind programs typically are a collaboration between public health and public safety that allows emergency medical services (EMS) clinicians to leave pre-packaged naloxone with patients regardless of whether they accept transport to the emergency department.

Why implement naloxone leave-behind programs?

According to the National Harm Reduction Coalition, people who have experienced a nonfatal drug overdose have a higher risk of a fatal overdose in the future. By providing naloxone kits to at-risk patients such as drug overdose survivors, as well as to their family, friends, and roommates, EMS personnel can help reduce the risk of fatal overdoses. Leave-behind programs can also increase and improve linkages to care in the community. Providing naloxone to those who are at risk of drug overdose opens a dialog for EMS professionals to connect patients to other organizations in the community that dispense naloxone refills or provide other harm reduction resources.

What do naloxone leave-behind programs look like in Kentucky?

There are several different types of naloxone leave

behind programs in Kentucky, and each one looks a bit different from the next. Some involve simply leaving a naloxone kit with overdose patients, while other include a follow-up visit and/or additional resources with the kit. One example of the latter is the partnership between the Jessamine County Health Department and Jessamine County EMS. Jessamine County's leave-behind program, which is supported in part through the Kentucky Injury Prevention and Research Center by the Overdose Data 2 Action program, has two distinct phases. In the first phase, when EMS responds to a drug overdose incident, clinicians offer the patient and any family, friends, or roommates on scene a naloxone leave-behind kit. These kits include a drawstring backpack filled with the following:

- two doses of naloxone nasal spray with instructions;
- a folder containing educational materials about the Jessamine County Health Department's harm reduction services; treatment and recovery support resources like FindHelpNowKY.org, the Hepatitis C Clinic, buprenorphine and other medications for opioid use disorder (MOUD); local bus routes, and other local resources;
- fentanyl test strips;
- a sharps container;
- a safe sex kit;
- a wound care kit; and
- a CPR mask.

The second phase of Jessamine County's naloxone leave-behind program includes a follow-up visit with the patient. Within 72 hours of the drug overdose, a local paramedic and a peer support specialist do a wellness check at the home address of the patient and offer a second leave-behind kit. During this visit they will talk to

continued on reverse

PEER 2 PEER:

INFORMATION FOR PEER SUPPORT SPECIALISTS, CARE NAVIGATORS, AND OTHERS DEDICATED TO SUPPORTING RECOVERY

the patient about the resources in the kit and substance use disorder (SUD) treatment options, harm reduction services offered by the Jessamine County Health Department, and other local resources.

What advice does Jessamine County have for other counties or organizations interested in leave-behind programs?

Jessamine County leave-behind program staff have learned that having a navigator or peer support specialist present at follow-ups with patients has been incredibly valuable. Peer support specialists are especially helpful because they can talk about their own lived experiences and can relate with patients. This helps to build trust so that the patient knows the program staff are there to help them rather than get them in trouble. Another piece of advice that

Jessamine County staff have for others is to dress casually and avoid using job titles like “case manager” or “deputy director” that may lead patients to think that they are in trouble or at risk of being in trouble.

HELPFUL LINKS

- <https://jessaminehealth.org/harm-reduction/>
- <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/>
- <https://findnaloxone.ky.gov/Pages/index.aspx>

Please help us improve our services by completing a brief survey. Scan the QR code below to access the survey.



Peer 2 Peer is a product of the Kentucky Injury Prevention and Research Center, a partnership between the University of Kentucky College of Public Health and the Kentucky Department for Public Health (DPH). For more information, visit www.kiprc.uky.edu. This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement 1 NU17CE010186 totaling \$10,814,838 with 0% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC, HHS, or the U.S. government. For more information, please visit CDC.gov.