



Naloxone Distribution in Maryland and the STOP Act of 2022

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Fast Facts

- STOP = Statewide Targeted Overdose Prevention
- Administration bill (sponsored by the Governor's Office)
- Creates a new law
- Passed unanimously through both chambers
- Goes into effect July 1, 2022, earlier than most bills
- Most aggressive naloxone mandate in the country
- Implementation overseen by the Dept of Health Center for Harm Reduction Services

Center for Harm Reduction Services

- Backbone of harm reduction in Maryland
- Purchase and distribution naloxone to all organizations (160+ local distribution sites)
- Approve, monitor and oversee harm reduction programs
- Grant funding and technical assistance

Goals

01

Get more naloxone in people's hands using a public policy lever

02

Improve and/or increase likelihood of institutionalization of naloxone in implicated organizations

03

Increase likelihood of a budget allocation for naloxone long term

04

Create opportunities for training, capacity building, and other harm reduction initiatives at implicated organizations

Justification

- Saturation goals
- Not nearly enough distribution, despite great advancements in Maryland
- High-risk individuals need naloxone
- Identified through DORM

Saturation

- Different ways to approach it
- Can answer questions about the math behind it in Q&A
- We use it to determine how much is enough
- And to prioritize certain populations

STOP Act of 2022 Parts

- I. EMS Providers
- II. Naloxone Mandate – homeless services organizations, criminal-legal system, outpatient behavioral health providers
- III. Regulations
- IV. Overdose Response Program – terminology and businesses
- V. Naloxone Mandate – hospitals

STOP Act – Part I EMS Providers

(f) (1) Subject to the rules, regulations, protocols, orders, and standards of the EMS Board and subject to medical direction, while providing emergency medical services:

(i) A cardiac rescue technician, an emergency medical technician, or a paramedic **may**:

(i) Perform specified medical procedures as authorized by the 30 EMS Board;

(ii) Administer specified medications or intravenous solutions; [and]

(iii) OFFER AN OPIOID OVERDOSE REVERSAL DRUG APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION TO AN INDIVIDUAL WHO RECEIVED TREATMENT FOR A NONFATAL DRUG OVERDOSE OR WAS EVALUATED BY A CRISIS EVALUATION TEAM; AND

(iv) Provide emergency medical transport;

Stop Act – Part II Naloxone Mandate

1. A HOMELESS SERVICES PROGRAM; on or before June 30, 2024 shall have a protocol to offer opioid overdose reversal drugs approved by the FDA free of charge to those individuals who have an opioid use disorder or are at risk of experiencing a drug overdose when the individual receives services from them
2. AN INTENSIVE OUTPATIENT PROGRAM; and AN OPIOID TREATMENT PROGRAM; on or before June 30, 2023, each shall have a protocol to offer an opioid overdose reversal drug approved by the FDA, free of charge, when an individual receives services from them

Stop Act – Part II Naloxone Mandate

3. STATE AND LOCAL CORRECTIONAL FACILITIES shall have a protocol to offer an OORD approved by the FDA free of charge to sentenced individuals who have an opioid use disorder or who are at risk of experiencing a drug overdose before the individual's release

and 4. THE DIVISION OF PAROLE AND PROBATION shall have a protocol to offer an OORD approved by the FDA free of charge to individuals under supervision who have an opioid use disorder or are at risk of experiencing a drug overdose.

Note: the mandate is in effect if MDH pays for the naloxone.

STOP Act – Part III Regulations

The Secretary may adopt regulations to carry out this section.

STOP Act Part IV – ORP, Standing Order, and Protections Changes

1. Change of each mention of “naloxone” to “opioid overdose reversal drug approved by the FDA”
2. Update of the authority of the statewide standing order to include OORD approved by the FDA
3. A cause of action may not arise against any business or business owner for any act or omission when the business or business owner in good faith makes OORDs available to the employees or patrons of the business along with the necessary paraphernalia for administration of the OORD to an individual under 13-3104 or 13-3106.

STOP Act Part V – Hospitals

Each HOSPITAL shall have a protocol for discharging a patient who was treated by the hospital for a drug overdose or was identified as having a substance use disorder; on or before June 30, 2023, that protocol shall require offering OORDs approved by the FDA free of charge to a patient who received treatment for a SUD, OUD, or nonfatal drug overdose event

Summary

Maryland homeless services organizations, OTPs, IOPs, detention centers, parole and probation and hospitals are required to offer OORD (naloxone) to people at risk of an overdose

EMS *can* offer naloxone, supporting their ability to participate in naloxone leave behind programs

MDH will write regulations for the implementation of this mandate, that may include additional ORP requirements

MDH will purchase naloxone for implicated entities

No one can bring a cause of action against a business (they can't get sued) for making naloxone available

We will hit the ground running July 1, 2022.