

# SCALING UP NALOXONE DISTRIBUTION TO MAXIMIZE IMPACT: DIFFERENCES IN OVERDOSE HISTORY AMONG NALOXONE RECIPIENTS BY AGENCY TYPE IN KENTUCKY, USA

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## Background:

Few United States (US) communities have sufficient organizations providing no-cost overdose education and naloxone distribution (OEND). Given resource constraints, identifying the types of organizations most likely to reach people at elevated overdose risk is important. This study examines associations between organizational type and OEND recipients' history of overdose and witnessing overdose.

## Methods:

From July 2022 to December 2023, 105 organizations established or expanded OEND during the HEALing Communities Study in eight Kentucky counties. Organizations collected recipient data on demographics, history of overdose, and history of witnessing overdose. Multivariate models of history of overdose and history of witnessing overdose compared recipients across medication for opioid use disorder programs (MOUD; reference category), jails, specialty courts, syringe service/harm reduction, outpatient healthcare, first responder leave-behind, non-MOUD treatment/recovery organizations, and social services programs, while adjusting for demographics and county.

## Results:

Of 13,045 units of naloxone distributed, 49.1% were distributed by 9 syringe service/harm reduction programs, 22.1% by 36 MOUD programs, 10.8% by 7 jails, 3.5% by 10 social service programs and <1% by 10 first responder leave-behind programs. About 50.1% had experienced overdose and 77.4% had witnessed overdose. Compared to MOUD programs, recipients reached via social services programs (adjusted odds ratio, AOR=2.55,  $p<.001$ ), syringe service/harm reduction (AOR=2.18,  $p<.001$ ), first responder leave-behind (AOR=1.88,  $p=.01$ ), and jails (1.59,  $p<.001$ ) were more likely to report a history of overdose, while odds were lower for recipients in specialty courts (AOR=0.75,  $p=.02$ ) and healthcare (AOR=0.33,  $p<.001$ ). Patterns of associations were largely similar in the model of witnessing overdose.

## Conclusion:

Expanding access to OEND is important, but certain settings may be more impactful if resources for OEND are limited. As expected, syringe service/harm reduction programs achieved high reach to people at elevated overdose risk. Although the reach of social services programs was modest, they served people at elevated overdose risk.

## Disclosure of Interest Statement:

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