

STORIES FROM THE FIELD

Providing community members with naloxone via EMS Leave-Behind programs

LUCAS COUNTY, OHIO



COMMUNITY PROFILE



Lucas County, Ohio, and the Opioid Crisis

Lucas County, in the northwest corner of the state, experienced 296 deaths from opioid-related overdoses in 2020. This is a 12% increase from the previous year, according to the county coroner's toxicology lab. There were 2,800 opioid overdose Emergency Medical Services (EMS) runs in 2021 alone.

This spike was largely attributed to the COVID-19 crisis. According to the Centers for Disease Control and Prevention, US drug overdose deaths increased from 17,415 in 2000 to 72,151 in 2019 to 100,306 in 2021 (a 39% increase from 2019).

Authors: Jennifer L. Brown, PhD, Department of Psychological Sciences, Purdue University and Jason T. McMullan, MD, Department of Emergency Medicine, University of Cincinnati College of Medicine



EMERGENCY MEDICAL SERVICES AGENCIES

The EMS agencies of Toledo, Ohio, the largest city in Lucas County and fourth largest in the state, frequently respond to 911 calls for opioid overdose or other conditions affecting people with opioid use disorder.

EMS plays an integral role in overdose care. For example, patients who refuse transport to a hospital, which is common, are at much greater risk of a subsequent nonfatal overdose.

Lucas County EMS Leave-Behind Program

Community coalitions in Ohio working to address the opioid crisis identified 22 agencies in six counties, both urban and rural, that had the desire and need for the EMS naloxone leave-behind intervention. Lucas County was identified as one of these counties.



Challenge: Individuals who overdose often are treated at the site of the overdose but are not transported to the hospital

Nontransport to the hospital prevents any emergency-department-based efforts, such as Overdose Education and Naloxone Distribution (OEND), medication for opioid use disorder (MOUD), or linkage to care. Consequently, individuals would benefit from receiving naloxone, even if not transported for hospital-based care, by keeping them alive in case of a subsequent overdose and allowing for the future possibility of MOUD and linkage to care.



Strategy Approach:

Lucas County's EMS Leave-Behind programs were modeled after the successful 2015 launch of the [Colerain Township Quick Response Team](#) in Hamilton County, Ohio. This was an EMS leave-behind and linkage-to-care initiative, which resulted in a 42% decrease in EMS overdose calls between 2017 and 2019.

The Colerain Township Assistant Fire Chief/EMS Leave-Behind Coordinator, Chief Will Mueller, who championed those efforts, subsequently provided invaluable expertise to Lucas County to develop and implement their own naloxone leave-behind programs.

The Toledo Fire & Rescue Department (TFRD) partnered with the Lucas County Health Department to develop a protocol and implement procedures for leaving naloxone with individuals who are at risk, particularly when

LUCAS
COUNTY

not transported to an emergency department for further care. Additionally, the initiative worked to streamline data collection to better inform accurate and timely reporting of overdose information and naloxone distribution.

A consistent, free supply of naloxone is provided by the Health Department through [Project DAWN](#) (Deaths Avoided With Naloxone), an Ohio Department of Health initiative that ensures naloxone availability across the state.

As a result, in June 2020, TFRD personnel arriving on the scene of an overdose began to “leave behind” intranasal naloxone with individuals who sign an Against Medical Advice order after an overdose reversal. Fire crews that reverse an opioid overdose with naloxone also educate the person or family/friends and provide educational materials about caring for someone who is experiencing an opioid overdose.

According to the State of Ohio Board of Pharmacy Protocol, from August 5, 2022, Ohio EMS agencies are permitted to personally furnish naloxone under Ohio law to any of the following:

1. An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose.
2. A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

To do this, EMS agencies must adhere to the Board of Pharmacy Protocol, which includes the following:

1. Update the organization’s protocol to include the authorization for EMS personnel to personally furnish naloxone (sample protocol: [Personally Furnishing Naloxone by Emergency Medical Service Personnel](#)).
2. Comply with Board of Pharmacy labeling requirements.
3. Comply with Board of Pharmacy recordkeeping requirements.

“*That is the selling point. Fifty lives have been positively impacted by having one of the naloxone kits TFRD handed out.*

—Lieutenant Zakariya Reed, TFRD, EMS Bureau Supervisor



OUTCOMES AND OTHER BENEFITS

In addition to protocol and procedure development, data collection, dissemination guidance, and connection to a sustainable naloxone supply, other EMS agency efforts include staff training assistance, computer tablet purchases for data collection, and IT assistance with ESO (prehospital electronic patient care reporting system) software or [ODMAP](#) (Overdose Detection Mapping Application Program) to provide real-time overdose data and allow for targeted interventions.

Two new programs emerged from the TFRD strategy. First, the Toledo Police Department followed TFRD's lead by partnering with the Lucas County Health Department to develop their own naloxone leave-behind program.

Second, TFRD developed a novel program called Medics on Bikes (MOB). The MOB team is used during large-scale, open-air events to provide emergency care and harm reduction to citizens. The smaller vehicles, which include bicycles and an all-terrain vehicle, can maneuver through large crowds to an emergent situation in ways that the typical EMS vehicle cannot. They are equipped with lifesaving equipment and medications and are capable of stabilizing critical patients following an overdose. The MOB team also provides OEND by distributing leave-behind naloxone kits, educational materials, and information about treatment facilities.

TFRD has documented incidents where patients are (almost) alert and oriented by the time EMS arrive on scene.

**AS OF MARCH
2023, TFRD HAS
DISTRIBUTED**



**580 kits, with
about 50 kits**

being used in the field
after repeat overdoses.

“One life saved by this simple act [of naloxone leave-behind] is unmeasurable success! A simple idea during the height of COVID has turned into inspiration for fire departments all over the state, and further (Pennsylvania and North Carolina). I am proud of that!”

—Lieutenant Zakariya Reed

Not only do they leave behind naloxone at the site of an overdose, but TFRD has also hosted at least one naloxone giveaway event and participates in other community events when possible, providing naloxone kits, drug deactivation bags to safely dispose of leftover medications, and educational materials to the community.

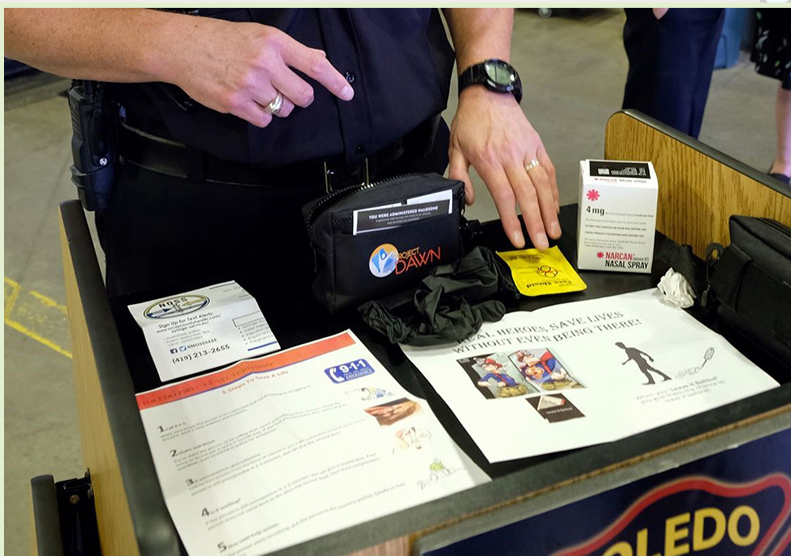
These efforts in Lucas County and other Ohio counties have spread across the state and beyond, into Pennsylvania and North Carolina.

TIPS FOR YOUR COMMUNITY

LESSONS LEARNED



- Identify a **leave-behind program champion** in a well-respected department/agency.
- Make it simple for the EMS crew, even if it is complicated for administrators. **Use existing processes and technology** as much as possible to limit the barriers to leaving behind naloxone.
- **Initial trainings should be led by the program champion** (can also be co-taught with a physician), but it is useful for agencies to see that it is “their” program.
- **Do not record trainings** because it limits open discussion about stigma that tends to come up.
- Focus the discussion on **stigma during training, toward the end**, after it has naturally come up during training. Helpful resources and guidance can be found in the [Anti-Stigma Toolkit: A Guide to Reducing Behavioral Health Disorder Stigma](#).
- If an agency has staff who are the main point of contact to hand out **naloxone kits**, have the agency leadership/medical director do **“check ins”** on their well-being because it can be hard for staff to hear the many heartbreaking tales of opioid addiction and its wide-ranging impact on families and communities.



Lake Erie

Source: The Blade: Toledo Fire & Rescue announces “Leave It Behind” naloxone program, 9/10/2020