

ATTENDEES

Allison Newman, ADAI/Stopoverdose.org; Liz Anderson, JCPH/Social Media; Anya Callahan, BHC CAP; Lori Fleming, CHIP/BHC.

Overview: Meeting was set to explore smart ways to map out naloxone access and to develop Naloxone access messaging for community members that can be used/customized across a variety of BHC Member agencies, including Law Enforcement, EMS, Hospital, Providers, and JCPH.

Allison Newman provided the info below prior to our meeting:

Questions for Consideration: What is the exact message that your group is trying to get across related to naloxone? Who is the target audience? This will guide what type of outreach you do.

- An underused resource for naloxone is pharmacies. Under the statewide standing order anyone can go directly to a pharmacy to obtain naloxone and have it charged to their insurance. In WA there is no copay for naloxone if someone has Medicaid. Are there any local pharmacies that you all have a good relationship with? Although any pharmacy can legally provide naloxone, some are more prepared to do so.
- There is a naloxone map on stopoverdose.org that shows the locations where anyone can walk in and obtain a naloxone kit. It looks like Jefferson County Public Health is the only community site in your area. Please let me know if there are other locations in Jefferson County that I should add.
- There is also a [handout that describes how people can access naloxone](#), including via prescription or pharmacy.

GROUNDING

- Allison Newman, ADAI/Stopoverdose.org trains communities, organizations and individuals around opioids, overdose, naloxone, Syringe Services Programs (SSP) – which just wrapped up their [biannual \(2021\) SSP Survey](#). She also does qualitative research with people who use drugs (PWUD) and a lot of organizations and counties working to get the word out about naloxone.
- Lori Fleming, CHIP/BHC, overviewed the Jefferson County Behavioral Health Consortium (BHC) membership who are all stakeholder agencies, organizations, and community advocates focused on improving access to the county's behavioral health services.

DISCUSSION NOTES AND NEXT STEPS

- Liz Anderson, JCPH Social Media, noted baseline demographics for FB are primarily people who identify as female, 65-up. 60% of Instagram audience is 35-44.

Platforms/What Message-From Whom/Desired Audience/

- Allison noted Snapchat is where the younger/youth audience is, as well as TikTok. A surprising number of people of all ages use Youtube to access health information. Many landscapes to consider.

Naloxone Landscape in WA

- SB 5195 requires all hospitals to provide Naloxone upon discharge if that person is at risk for overdose; Behavioral Health Agencies must offer Naloxone and ideally bill to Medicaid of their insurance – so messaging for people to ask for it and that BH are implementing availability currently. **Action:** Raise JHC?/JCPH/DBH/Pharmacy, etc. profile on naloxone.
- Not everyone who uses drugs is at the hospital/clinic or BH service. Get message on how to get Naloxone to them and to friends and families of people at risk for overdose. (And, here we've recognized PH protocol needs to be sorted out.) **Action:** Liz to update us on that?
- Summary: three buckets of messaging to: People in hospital/clinic/BH service; people who are not in care; friends and family of people at risk of overdose.

Data to Clarify Desired Demographic

- Data of who is overdosing in Jeffco; what drugs are they taking; where are they when overdosing (hospital? Home?)
- Challenge around people with unstable housing are overrepresented. Rapid increase in fentanyl deaths statewide; younger people are making up a larger number – these may well be trends that point to broaden naloxone access to younger folks and their friends and family. If you overdose, you can't give naloxone to yourself.
- **Action:** LF to get coroner's data and pass to Anya/Liz – and any other data she can find.

Community Education

- Goal is to have folks directly impacted by OUD or SUD have more community support and less stigma – so they don't have to hide their efforts on behalf of their friends and family. See King County – who has great posters about naloxone, saving life. Use those identify messaging around how anyone can obtain Naloxone, timing; letting them know a statewide standing order exists at a pharmacy. **Action:** Identify what pharmacies are available; develop a partnership with a pharmacy, clarify co-pay.
- Also consider bus stops for Naloxone poster, info, etc.

- Explore the opportunity increasing access by having Public Health to raise their profile as a welcoming place to learn how to get services, connect with SSP (may start with adding a phone # for SSP included on the Yellow Resource Card.)
- Explore where we can get clear messaging about the Good Samaritan law. Consider Law Enforcement making a recording about this law?
- Explore recording a radio spot for free if you're a nonprofit...ex: Vermont had a hepatitis C advert and the reach was incredible.
- **Action:** Liz is going to start doing some informational research and connecting it with appropriate existing promotional resources out there.
- Allison Newman is happy to have us reach back to her for content, etc. There is upcoming funding from legislative funding for fentanyl campaign. (Alison Newman, MPH, ADAI, University of Washington, alison26@uw.edu, 206-685-5632 (office), <http://stopoverdose.org/>, <https://www.learnabouttreatment.org/> , Twitter: @nomoreoverdose, Facebook: @stopoverdose.org