

Opiate Antagonist (Naloxone) Bulk Purchase Fund

2023 Legislative Report

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Title:

Opiate Antagonist Bulk Purchase Fund 2023 Legislative Report

Submitted by:

Overdose Prevention Unit within the Prevention Services Division of the Colorado Department of Public Health and Environment

Statute:

C.R.S. § 25-1.5-115

Due annually on October 1, and made available to the House and Senate appropriations committees.

The report must include:

- (I) Revenue received by the fund.
- (II) Revenue and expenditure projections for the forthcoming fiscal year and details of all expenditures from the fund.
- (III) The eligible entities that purchased opiate antagonists.
- (IV) The amount of opiate antagonists purchased by each eligible entity.
- (V) The discount procured through bulk purchasing.

Date:

October 1, 2023

This report covers activities of the program for State Fiscal Year 2022-23 (July 1, 2022 - June 30, 2023)

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Summary

What is the Naloxone Bulk Fund?

The Opiate Antagonist Bulk Purchase Fund, commonly known as “The Naloxone Bulk Fund,” equips first responders, harm reduction organizations, local public health agencies, schools, community organizations, and other overdose prevention partners across the state with access to life-saving naloxone.

What is Naloxone?

Naloxone is an opiate antagonist and a medicine that rapidly reverses an opioid overdose. Naloxone is a key tool in the broader work of overdose prevention in Colorado. Naloxone provides crucial time for emergency medical professionals to arrive and provide required care and transportation to a medical facility. According to the 2022 article “[Evidence based Strategies for Prevention Opioid Overdose: What’s Working in the United States](#)” published by the Centers for Disease Control and Prevention (CDC), increasing access to naloxone is an overdose prevention best practice.

Naloxone in Colorado

The Naloxone Bulk Fund distributes naloxone to as many eligible entities as possible. These are entities that work with, support, live with, or interact with individuals at risk of an overdose. This distribution is vital because [drug overdose deaths in Colorado nearly doubled from 2015 to 2022](#) (from 15.6 per 100,000 to 29.9 per 100,000). The Vital Statistics Program at the Colorado Department of Public Health and Environment (CDPHE) reports that the increase is driven by fentanyl-involved deaths (CDPHE, 2021). Progression to respiratory depression and cardiac arrest occurs more swiftly in the case of a fentanyl overdose, making it all the more important that eligible organizations have this life-saving medication on site.

The Naloxone Bulk Fund, authorized in § 25-1.5-115 of the Colorado Revised Statutes (C.R.S.), is housed in the Overdose Prevention Unit in the Prevention Services Division (PSD) at CDPHE and exists to:

- Reduce the financial burden of purchasing naloxone for key partners by providing naloxone to them at no cost.
- Promote public health and safety for Coloradans.
- Increase access to naloxone, which is used to reverse opioid overdoses and save lives.

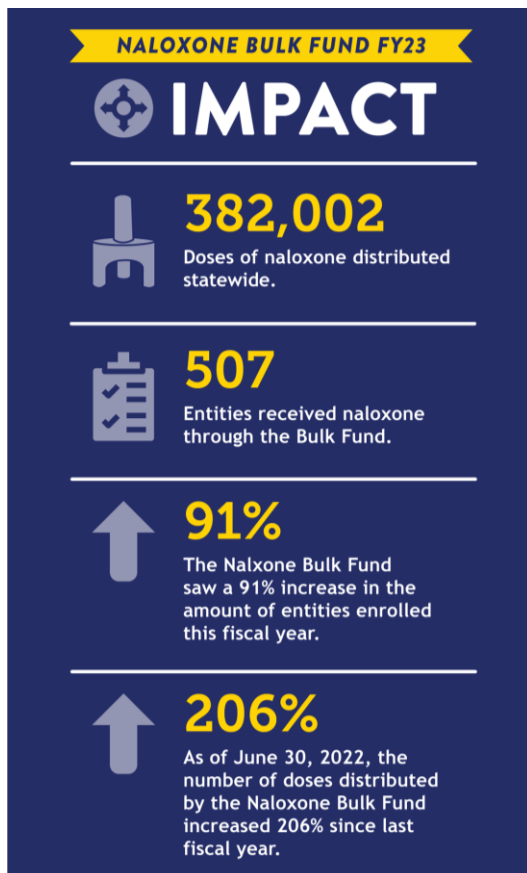
The Naloxone Bulk Fund is utilized primarily by five types of entities:

1. Law enforcement/ First responder agencies
2. Harm reduction agencies
3. Schools and school districts
4. Community service organizations
5. Units of local government

The majority of doses are distributed to law enforcement/first responder agencies and harm reduction agencies.

Impact: Naloxone Bulk Fund

In its fourth year, the Naloxone Bulk Fund distributed 382,002 doses of naloxone to agencies throughout Colorado. The Naloxone Bulk Fund has led to more entities accessing naloxone, and increased access to naloxone has resulted in lives saved. Additionally, more entities and communities have been trained in how to administer naloxone. Training expands the capacity of Coloradans to recognize an opioid overdose, properly administer naloxone, and to save lives. Each life saved provides an opportunity for an individual to access support, treatment, and behavioral health services.



About Standing Orders

To receive naloxone through the Naloxone Bulk Fund, eligible entities must have a current standing order from a medical provider authorizing the distribution of naloxone by trained employees to persons at risk of experiencing an overdose. Pursuant to § 12-36-117.7 C.R.S., a physician with the authority to prescribe controlled substances can issue standing orders for naloxone to be dispensed by eligible entities and their employees, expanding statewide naloxone access to those who need it most. Visit www.cdphe.colorado.gov/overdose-prevention to learn more.

The Naloxone Bulk Fund Overview

Senate Bill 19-227 created the Opiate Antagonist Bulk Purchase Fund, commonly known as “The Naloxone Bulk Fund (C.R.S. § 25-1.5-115),” to increase the availability of affordable opiate antagonists to eligible entities. The Overdose Prevention Unit in the Prevention Services Division of the Colorado Department of Public Health and Environment (CDPHE) manages the Naloxone Bulk Fund (NBF).

Eligibility to Use the Fund

In order to determine that eligibility meets the requirements of state statute, CDPHE created an online application system for entities to apply to utilize the fund. The Naloxone Bulk Fund coordinator reviews each application, the applicant’s current standing order, and verifies that the applicant’s policies permit the organization to acquire, maintain, and administer naloxone safely. If the entity is determined eligible for the Naloxone Bulk Fund, the coordinator provides additional program information and a naloxone order form. If an entity is determined ineligible, information is provided to attain naloxone through other partners. The Naloxone Bulk Fund saw a 91% increase in the amount of entities enrolled this reporting year.

Purchasing Agreement to Increase the Efficiency of Naloxone Distribution

To support the distribution of naloxone, the statute allows CDPHE to contract with a prescription drug outlet organization for the purchasing and distribution of naloxone. Currently, the department purchases naloxone at a discount price through Minnesota Multistate Contracting Alliance for Pharmacy Infuse, or MMCAP Infuse, and contracts with Cardinal Health and its mountain west regional distribution centers to distribute naloxone products to entities who are eligible to utilize the Naloxone Bulk Fund. The Naloxone Bulk Fund coordinators manage the Cardinal Health contract and provide the infrastructure, program support, and logistical assistance to maintain the fund. The Naloxone Bulk Fund coordinators work with each entity that applies to use the fund, coordinates all orders, manages invoices, and ensures delivery of naloxone. Additionally, the coordinators provide technical assistance to ensure each entity has the correct training and meets the requirements to acquire, maintain, and administer naloxone safely.

Program Successes (FY 2022-23)

Revenue received and expended by the fund

Through various funding sources, the Naloxone Bulk Fund utilized \$9,391,570 to provide key overdose prevention partners across the state with access to life-saving naloxone. Table 1 depicts each funding source and the total dollar amount.

TABLE 1
Multiple funding sources contributed to the Naloxone Bulk Fund.

The funding source and corresponding dollar amount spent for FY 2022-23.

Naloxone Bulk Fund Funding Sources	Amount
State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Administration (SAMHSA) via Interagency Agreement from the Behavioral Health Administration	\$1,966,681 +\$29,769 (exhausted amount from the \$813,483 Interagency Agreement)
SOR grant from SAMHSA via Interagency Agreement from the BHA	\$677,637
American Rescue Plan Act (ARPA) Interagency Agreement	\$5,848,543 (\$19,487,000)
Bureau of Justice Assistance	\$868,940
Total	\$9,391,570

Organizations that received Naloxone from the Naloxone Bulk Fund

As of June 30, 2023, **507 entities in Colorado** received free doses of naloxone from the Naloxone Bulk Fund. **The number of doses distributed more than tripled since last fiscal year.**

The Naloxone Bulk Fund offers four types of naloxone products, allowing flexibility to meet the needs of each entity and the people they interact with. Narcan nasal spray was the most common type of naloxone requested and distributed.

Harm reduction and law enforcement agencies are the most common entities requesting and utilizing naloxone in Colorado. These entities received the overwhelming majority of the naloxone distributed throughout the state, over 200,000 doses.

Discount received through bulk purchasing

The discount received through MMCAP Infuse and by using Cardinal Health’s pharmaceutical distribution ranges from 60% savings for Narcan nasal spray (the most utilized form of naloxone) to less than 7% for other forms.

CDPHE is responsible for paying only for the naloxone products each entity requests with no other processing costs. The Naloxone Bulk Fund dollars were able to go further when CDPHE’s cost of Narcan nasal spray was reduced from \$67 to \$45 per kit at the beginning of FY 2022-23. With the anticipated release of over-the-counter Narcan nasal spray, CDPHE can expect another cost savings, allowing the fund stretch even further.

Revenue and expenditure projections for FY 2023-24

Table 3 outlines future Naloxone Bulk Fund funding sources and amounts. This funding will support ongoing life-saving measures by providing naloxone at no cost to eligible entities. CDPHE is dedicated to seeking additional funding to meet this need. Future funding for the upcoming fiscal year includes a one-time appropriation from the American Rescue Plan Act and continued funding from Behavioral Health Administration’s SAMHSA State Opioid Response grant, and funds from the Overdose Data to Action.

TABLE 2
Revenue projections for FY 2023-24.

Naloxone Bulk Fund Funding Sources	Amount
American Rescue Plan Act funds (via HB22-1326)	\$13,638,457
State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Administration (SAMHSA) via Interagency Agreement from the Behavioral Health Administration	\$1,267,510
OD2A	\$400,000
Bureau of Justice Assistance	\$244,799
Total	\$15,550,766

Legislative Update

House Bill 22-1326

The Fentanyl Accountability & Prevention Act (HB22-1326) passed during the 2022 legislative session. It addressed criminal penalties related to possession and distribution of fentanyl, and directed funds to various state agencies for harm reduction, treatment, and prevention programming. In addition to \$19.7 million in American Rescue Plan Act (ARPA) funding appropriated to the Naloxone Bulk Fund, the bill significantly expanded eligibility for other entities to receive naloxone through the Naloxone Bulk Fund, and allowed CDPHE's chief medical officer to issue naloxone standing orders to these newly eligible entities.

The ARPA funds appropriated from July 1, 2022 - June 30, 2024 are intended to significantly increase the amount of free naloxone distributed across the state through the Naloxone Bulk Fund. In the first year of the ARPA funding, the Naloxone Bulk Fund tripled the number of entities enrolled and more than doubled the number of entities that received naloxone this fiscal year.

Current Landscape

Fentanyl continues to be increasingly present in the illicit drug supply. Fentanyl is a potent synthetic drug that is manufactured in illicit labs and is often intentionally added to other drugs to increase potency or unintentionally added through cross-contamination during preparation for distribution. While illicit fentanyl is typically found in other illegal opiates such as heroin, it also has been found in illegally produced and/or counterfeit benzodiazepines and stimulants. This means people who use drugs are not always aware if a substance contains fentanyl.

The unpredictability of the illicit drug supply increases an individual's risk of overdose because they may be exposed to more potent drugs. Polysubstance use, or the use of more than one drug at a time, also increases the risk of overdose. The effects of fentanyl on overdose rates cannot be overstated. Because of its potency, fentanyl can cause a quicker overdose progression, making it essential to quickly respond to any suspected opioid-related overdose with naloxone. The onset of respiratory depression from a fentanyl-related overdose is significantly quicker than that of a heroin suspected overdose. The onset of respiratory depression from fentanyl can happen within an average of 0-2 minutes compared to the 5-30 minute window that has been documented for heroin (Coffin, P.O. (2021, October 21). Adapting to fentanyl: Public health responses to the latest overdose crisis [webinar]).

The fentanyl-mentioned drug overdose death rate in Colorado increased from .75 per 100,000 in 2015 to 15.6 per 100,000 in 2022. The prevalence of fentanyl in the illicit drug market comes from a multitude of factors: it is cheap and easy to produce; synthetic drug production is not affected by climate change as is the case with poppy production; and it is a cost-effective way to enhance the potency of other illicit drugs to increase the likelihood of substance use disorder and expand profit.

In Colorado, the age adjusted rates of overdose deaths involving opioids increased from 24.8 per 100,000 in 2020 to 31.7 per 100,000 in 2021 and slightly dropped to 29.9 per 100,000 in 2022 (Opioid Overdose Prevention Program, Colorado Department of Public Health and Environment. Drug Overdose Dashboard. Accessed 08/2023). Although we are encouraged by this slight decrease, we know that the majority of overdose deaths are largely driven by fentanyl. **To continue decreasing these staggering statistics, a best practice is to have naloxone in the hands of as many people who work with, support, live with, or interact with individuals at risk of an overdose as possible** (Centers for Disease Control and Prevention, 2020). The Naloxone Bulk Fund successfully distributed life-saving naloxone to community members and overdose prevention partners throughout this fiscal year.

CDPHE saw a significant increase in the number of schools, districts, and charters accessing naloxone through the Naloxone Bulk Fund. CDPHE distributed 8,448 doses to 80 unique school settings, representing 15.8% of entities through the Naloxone Bulk Fund this fiscal year. The number of schools, districts, and charters enrolled has grown exponentially compared to the six districts enrolled in March 2022 and the three districts enrolled in Fall of 2021. This increase suggests that schools recognize their role in harm reduction, supporting the safety of young people, and caregivers through naloxone. Naloxone Bulk Fund staff also fielded questions from districts who are interested in allowing their students to access naloxone.

The Naloxone Bulk Fund has seen an increase in requests from jails and sheriff's offices for increased amounts of naloxone to support the mandate for jails to provide medically assisted treatment to incarcerated people suffering from substance use disorder. The El Paso County Sheriff's office reported, "We provide approximately 60 kits per month to [folks] that are released [from our facilities]."

Additionally, Naloxone Bulk Fund staff have actively reached out to all of Colorado's rural law enforcement agencies, some of whom may not have funding to support naloxone purchasing, to inform them of the Naloxone Bulk Fund and the resources it can provide. This outreach helps ensure these agencies have naloxone available both for their staff and to distribute in their communities directly to affected friends and family members of people who use drugs. This allows folks to immediately respond to suspected opioid overdose while they wait for emergency services to arrive on the scene. The Overdose Prevention Unit refers to this strategy as "naloxone leave behind," and reports that agencies large and small are participating. As one police department acknowledges, "Providing naloxone to the public as well as our officers can greatly reduce fatal encounters."

Community Impact

CDPHE's partners express appreciation of the impact the funding for naloxone makes for their community. Here are just a few notes of appreciation NBF staff received from recipients.

“We greatly appreciate this program. The Longmont Department of Safety has saved approximately 100 lives with Narcan [we’ve been carrying naloxone since 2017].”

“[Our small] rural mountain, [does] not have a large budget to purchase our own Narcan. We are a ski resort/vacation area so we see a lot of drugs in our town due to people coming here to vacation and party. We have already had fentanyl related deaths in our community. Our officers were able to save an individual overdosing on Oxy/Fentanyl last week due to this [fund] providing us Narcan.”

“[Our university] has launched an overdose prevention initiative that provides Narcan to student groups at highest risk for overdose.”

“The Fire District (Grand Valley Fire Protection District) has been a helpful community resource for getting needed supplies out to those in need. Since the pandemic, we have seen an increase in opioid related emergencies. We believe that our centrally located fire station is a good place for disbursement.”

Conclusion

The Naloxone Bulk Fund provided more than 300,000 doses of naloxone at no cost to 507 overdose prevention partners across the state during this reporting period. As a result of increased access to naloxone through the fund, CDPHE helped save lives by distributing more naloxone to individuals at risk of an overdose, and by working with more agencies to provide naloxone training. Each training increases the capacity of Colorado citizens to properly administer naloxone, recognize an opioid overdose, and save a life. With the funding this fiscal year, the Naloxone Bulk Fund was able to exponentially increase the amount of naloxone distributed, supporting eligible partners throughout the state by providing necessary naloxone while also providing education and training to help decrease stigma against people who use substances.

By partnering with eligible entities throughout the state, the program will continue to make naloxone readily available to those most at risk of experiencing an opiate-related overdose and normalize the practice of carrying naloxone.