



## **How to become a Registered Opioid Overdose Prevention Program** *Requirements and Challenges*

### **Registration**

The New York State Department of Health is responsible for approving persons and agencies that are interested in becoming registered opioid overdose prevention programs (OOPPs). Registration is simple; it requires completion of a few forms. All information pertaining to registration is located at the following address:

[www.health.ny.gov/overdose](http://www.health.ny.gov/overdose)

Each OOPP is required to have a Program Director and Clinical Director. The Program Director manages and has overall responsibility for the program, either directly or by delegation. The Clinical Director must be a physician, physician assistant or nurse practitioner, and has clinical oversight for the program. All naloxone kits dispensed by the OOPP will be under the Clinical Director's prescription. In order for the OOPP to dispense naloxone without the Clinical Director's physical presence, he or she can authorize non-medical persons to dispense naloxone under their "standing order." Please see link above for exact duties.

### **Ordering Supplies**

*Each naloxone kit must include:*

- 2 doses of naloxone (either intranasal or intramuscular)
- 2 Atomizers of 3cc syringes (depending on the formulation)
- Instruction on how to use assemble the device and administer naloxone
- Educational Insert: How to recognize and respond to opioid overdose
- OASAS-toll free help number and website
- 1 face mask for rescue breathing
- 1 pair non- latex gloves
- Prescription or dispensing label (acts in place of prescription for the person allowed to furnish kit to trainee under prescriber's standing order)

As a registered OOPP, naloxone will be provided to you free of charge by either the State or City Health Department.

If your program is a New York State licensed Drug Treatment Program (e.g. detoxification, rehabilitation, residential, outpatient, etc.), you will order both intranasal and intramuscular naloxone from New York State Department of Health.

If you *not* a licensed drug treatment program, you will order your intranasal naloxone from the New York City Department of Health and Mental Hygiene. Intramuscular naloxone can be ordered from New York State Department of Health.

The remaining supplies are ordered from other vendors; you will receive information about vendors upon completion of program registration.



## Getting Trained and Training Others

Once you're registered as an OOPP, those individuals in your program who will be dispensing naloxone should attend a Training of Trainers (TOT) in order to learn how to best provide overdose prevention trainings to others. TOTs are held by Bill Matthews at the Harm Reduction Coalition every other month. You can contact him at [Matthews@harmreduction.org](mailto:Matthews@harmreduction.org). TOTs cover the essential elements of opioid overdose prevention trainings. If you need additional training assistance, you can contact Monique Wright at [mwright8@health.nyc.gov](mailto:mwright8@health.nyc.gov) or Lara Maldjian at [lmaldjian1@health.nyc.gov](mailto:lmaldjian1@health.nyc.gov).

## Reporting

As a registered OOPP, you will be required to report a few data points about your naloxone distribution on a quarterly basis. This includes the number of kits you have dispensed, how many reversals have been reported, how many people were trained, and general inventory of your naloxone supply. All reporting forms and program guidelines are provided to programs who receive supplies from the New York City Department of Health.

## Challenges and Recommendations Opioid Overdose Programs Encounter

- *Lack of Clinical Staff with Prescribing Authority*
  - Programs that do not have clinical staff on site or connections with a physician, physician assistant or nurse practitioner are unfortunately unable to register as opioid overdose prevention programs. Naloxone is a regulated substance that requires a prescription. *Recommendation:* Your program can refer interested clients to a growing number of places to get naloxone. One of the most accessible settings to get naloxone *without* a prescription is a pharmacy. Pharmacists can now dispense naloxone. To find a local pharmacy please see here: <https://a816-healthpsi.nyc.gov/DispensingSiteLocator/mainView.do>. You can also google search "DOHMH Site locator."
- *Implementation with multi-site, multi-level agencies*
  - Implementing a new program within dynamic agency structure usually creates a challenge. Persons responsible need to be identified, additional works flows need to be created, job duties may require adjustment. In addition, these tasks usually require approval from executive leadership of the organization. As you can imagine, these processes are more challenging across multiple sites with many levels of management. *Recommendation:* The person(s) spear-heading the OOPP initiative should start small, i.e. one site with a small team of people. In addition, we strongly encourage prospective overdose programs to write, adapt, and periodically review policies and procedures of this new program. It is important to dedicate planning time with all of the necessary people involved to have a successful program that operates smoothly.
- *Staff Turnover*
  - It is common for staff members to leave an agency. It is also common for their institutional knowledge to go with them. At times, overdose prevention programs will have one person who is responsible for managing the program due to a program's capacity. While this may work in the moment, abrupt turnover exposes this capacity issue. *Recommendation:* While planning your policies, procedures and operations, include a transition plan. Who will take over if the director leaves? What if the director is unavailable to direct the program? How often will the agency review this plan to make sure it is up to date? How will the transfer skills and knowledge occur

with other appropriate colleagues? Questions as such are important prior to implementation, and monitoring.

- *Planning Trainings*
  - Some programs have a hard time planning trainings. There are many factors to include when planning trainings and a host of issues can ensue. Do you have a space to have the training? Have you adequately marketed to people to come to the training? Do you have all of your supplies needed for the training? Is training happening at the right time of the day? Is the training space comfortable for your participants? How comfortable are you with public speaking and demonstration? *Recommendation:* Decide which type of trainings are the most conducive to the agency. Naloxone trainings can happen a number of ways, i.e. short 10 –minute interventions to full-scale 2-hour training. Which works best? Visit other training sessions to see how other people do it. Incorporate simple evaluations into your training sessions, ranging from surveys for participants to fill out, to simply asking, “What did you learn, and what could we do better?”