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# Naloxone Grant Program Final Report July 2020

**Injury and Violence Prevention Branch  
Center for Healthy Communities  
California Department of Public Health**

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## Background and Definitions

California Senate Bill (SB) 833 (Chapter 30, Statutes of 2016) added Part 6.2, Section 1179.80 to the California Health & Safety Code to require the California Department of Public Health (CDPH) to establish the Naloxone Grant Program. The goal of the program was to reduce the number of fatal overdoses in California from opioid drugs, including prescription opioids and heroin, by increasing access to the life-saving drug naloxone. The California Legislature allocated a one-time appropriation of \$3 million from the General Fund in the Budget Act of 2016 to support this program through June 30, 2019.

**Drug overdose** (poisoning) is the leading cause of unintentional injury death in the United States, causing more deaths than motor vehicle crashes. Opioids – both prescription painkillers and heroin – are responsible for most of those deaths. The number of Californians affected by prescription and non-prescription opioid misuse and overdose is substantial, with rates varying significantly across counties, and even within counties.

**Naloxone** is a medication that works almost immediately to reverse opiate overdose. Naloxone is currently a prescription drug, but is not a controlled substance. It has few known adverse effects, no potential for abuse, and can be rapidly administered through intramuscular injection or nasal spray. While most professional first responders and emergency departments are equipped with naloxone, emergency service providers may not arrive in time to revive overdose victims. Trained and equipped bystanders such as friends, family, and other non-health care providers and drug users themselves can effectively respond and reverse an opioid overdose.

## Naloxone Distribution

CDPH's Injury and Violence Prevention Branch (IVPB) released a Request for Application on March 27, 2017, offering non-competitive grants of naloxone product (Narcan nasal spray) and funding to all local health departments (LHDs) to distribute naloxone. LHD grant recipients were required to conduct outreach to local entities within their jurisdictions and distribute naloxone to entities that served populations at risk for opioid overdose. An algorithm and formula was used to calculate allocations to LHDs based on potential for saving lives. The formula: 1) addressed the need for naloxone by using county-level data, adding together the number of opioid-related (including heroin) overdose deaths and emergency department visits, and calculating a five-year average; 2) utilized naloxone distribution and reversal data from a Centers for Disease Control and Prevention (CDC) report to determine an approximate four to one kit-to-save ratio<sup>1</sup>, and; 3) incorporated the average cost of the naloxone products and a minimum number of kits for each county. Additionally, LHDs were offered funding to cover administrative costs, capped at 5 percent. CDPH purchased the naloxone product directly from the manufacturer (Adapt Pharma) and had it shipped to each LHD.

## Results

CDPH distributed 69,830 doses of naloxone to 60 LHDs. Table One depicts the number of naloxone doses received by each LHD. Many LHDs declined the offer of funding for associated administration costs and instead chose to receive additional naloxone product.

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<sup>1</sup> <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>

LHDs submitted final reports to CDPH with information on the types of entities that received naloxone, the target populations and number of individuals that received naloxone from these local entities, and if possible, the number of overdose reversals that can be attributed to the Naloxone Grant Program.

Table Two displays the top eight types of local entities that most frequently received naloxone from the LHDs. Of the numerous types of entities, law enforcement agencies most frequently received naloxone, totaling 14,648 doses, followed by substance use disorder services and fire services that received 11,092 and 1,770 doses, respectively. LHDs reported that Syringe Exchange Services/Naloxone Distribution Programs received and distributed the highest number of naloxone doses, totaling 21,398 (30.95%) doses.

LHDs collectively reported 3,080 known overdose reversals using naloxone distributed through this program. The actual number may be higher due to underreporting of overdose events. Entities that reported naloxone overdose reversals to LHDs included law enforcement, first responders, substance use disorder treatment centers, and homeless shelters/encampments.

LHDs indicated that through this program, they were able to strengthen and build new community partnerships, increase public awareness of opioid use disorder, and reduce stigma surrounding naloxone and other medication assisted treatment and harm reduction services. Several LHDs reported that offering training along with the naloxone product was a successful approach to distribution, especially to those entities that previously showed resistance to carrying naloxone.

Notable challenges reported by LHDs included the delayed engagement or lack of interest in the program from some community partners and local agencies. Some local agencies needed to develop new policies and procedures before agreeing to carry naloxone, and this requirement caused a delay in product dissemination. Some LHDs reported they were unable to supply all requests for naloxone because the demand from local agencies and the community was too high to meet the need. Lastly, many LHDs indicated that although their efforts reduced stigma surrounding opioid use disorder and the use of naloxone, this stigma was still a challenge.

## Conclusion

CDPH's IVPB is responsible for developing and implementing policies and program interventions and conducting surveillance activities to prevent deaths and disability from injury and violence. In 2015, with funding from the CDC, IVPB began promoting a multi-faceted statewide public health response to opioid and other drug overdoses which includes, among other strategies, supporting CDPH's

***“We have been able to reestablish relationships with community organizations that we haven't worked with closely in the past, creating opportunities for continual collaboration to provide lifesaving services to our community.”***

***- Solano County LHD***

***“We could not have expanded our program and saved so many lives without the support of the California Department of Public Health Naloxone Grant Program.”***

***- Ventura County Behavioral Health***

Statewide Opioid Safety Workgroup and funding local opioid safety coalitions that promote safe prescribing, use of naloxone, and expansion of medically assisted treatment options.<sup>2</sup> And, IVPB research scientists developed the California Opioid Overdose Surveillance Dashboard to display statewide and local data demonstrating the severity of the problem.<sup>3</sup>

The Naloxone Grant Program further strengthened California’s public health response to opioid-related overdoses by making naloxone more readily available at a critical time when it was more difficult for many to obtain. To further facilitate the distribution and use of naloxone, and specifically address concerns about not having a written order from a physician, CDPH issued a statewide standing order signed by the State Public Health Officer and created a training video on how to administer the drug in an overdose situation.

The California Department of Health Care Services now distributes, by request, no cost naloxone product utilizing funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>4</sup> Efforts to sustain a high level of naloxone available at the community level will result in more lives saved, and increased opportunities for individuals to seek treatment for opioid dependency.

## Exhibits

**Table 1: Number of Naloxone Doses Received by Local Health Departments**

<b>Name of Local Health Department</b>	<b>Number of Doses Received</b>	<b>Name of Local Health Department</b>	<b>Number of Doses Received</b>
Alameda	2,042	Orange	6,218
Alpine	30	Pasadena	268
Amador	264	Placer	644
Berkeley	282	Plumas	270
Butte	850	Riverside	3,936
Calaveras	270	Sacramento	2,900
Colusa	270	San Benito	270
Contra Costa	1,642	San Bernardino	2,888
Del Norte	288	San Diego	6,620
El Dorado	270	San Francisco	2,732
Fresno	1,668	San Joaquin	1,818
Humboldt	716	San Luis Obispo	684
Imperial	476	San Mateo	694
Inyo	264	Santa Barbara	926
Kern	1,968	Santa Clara	1,276
Kings	292	Santa Cruz	1,008
Lake	308	Shasta	842

<sup>2</sup> [www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx](http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/PrescriptionDrugOverdoseProgram.aspx)

<sup>3</sup> <https://discovery.cdph.ca.gov/CDIC/ODdash/>

<sup>4</sup> <https://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx>

Name of Local Health Department	Number of Doses Received	Name of Local Health Department	Number of Doses Received
Lassen	270	Sierra	270
Long Beach	270	Siskiyou	270
Los Angeles	11,358	Solano	780
Madera	330	Sonoma	1,130
Marin	420	Stanislaus	1,104
Mariposa	270	Sutter	270
Mendocino	318	Tehama	282
Merced	442	Trinity	270
Modoc	282	Tulare	864
Mono	264	Tuolumne	282
Monterey	788	Ventura	2,288
Napa	270	Yolo	280
Nevada	282	Yuba	282

**Table 2: Top Eight Entities that Received Naloxone from Local Health Departments**

Number and Type of Entity	
83	Law Enforcement
67	Substance Use Disorder Services
42	Fire Services
31	Local Health Department
28	Mental Health Services
25	Homeless Services
23	Syringe Exchange Services/ Naloxone Distribution Program
11	Emergency Medical Services

For additional program information, please contact the Naloxone Grant Program Inbox: [NGP@cdph.ca.gov](mailto:NGP@cdph.ca.gov)