Expanding Naloxone Distribution in County Jails

Recommended Practices for Implementation and Expansion of Jail-Based Naloxone Distribution Programs

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This toolkit is provided for informational and educational purposes only.
The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work envisions communities in which research, data, and best practices are used by multiple stakeholders to enhance the optimal wellbeing of individuals with mental illness and/or substance use disorders who come in contact with criminal-legal systems.

With over a decade of experience facilitating collaboration between criminal-legal stakeholders and community-based treatment systems, the CBHJ currently serves as an external facilitator across Michigan. These engagements are focused on coordinating efforts to divert and deflect individuals from jail and prison through the implementation of best and innovative practices at every intercept of the criminal-legal continuum.

Acknowledgements

The CBHJ would like to thank our partners in the jails across Michigan who provided insight on their current naloxone distribution efforts, shared their expertise on the resources necessary to implement a naloxone distribution program, and identified barriers that often make it difficult to do so. This toolkit has been made possible by funding from the Michigan Department of Health and Human Services.

Toolkit Origin and Goals

An effective method for reducing opioid overdose in the community is providing naloxone upon release from custody in county jail. Naloxone is an FDA-approved medication that is nearly 100% effective in reversing the effects of an opioid overdose. It is often administered nasally under the common brand Narcan®, and available in an injectable form as well. While it is considered a prescription medication, there is a “standing order” in place in Michigan and many states across the nation which allows access to naloxone without an individual prescription.

Naloxone is safe, carries no risk for misuse, has no effect on an individual if opioids are absent, and still works for opioids even if other substances are present. The utility and safety of naloxone makes it a simple yet lifesaving tool for reducing overdoses involving opioids.

Providing barrier free naloxone for everyone released from jail is the primary objective of this toolkit.

With support from the Michigan Opioid Partnership and the Michigan Health Endowment Fund, the CBHJ has been working with county jails and treatment providers across the state of Michigan to intervene on behalf of individuals who are at the highest risk for overdose. Individuals with opioid use disorder (OUD) who have recently been released from jails or prisons experience an elevated risk for overdose, often with no path to engage in community-based treatment and no access to tools that can mitigate their immediate overdose risk.

The intended audience for this toolkit includes Sheriff’s Offices, jail administrators, local health departments, and community-based organizations that are interested in implementing a naloxone distribution program or expanding current naloxone distribution efforts in their county jail. Access to naloxone for justice-involved individuals can save lives by reducing the incidence of fatal opioid overdose in the community.

Naloxone reverses overdoses and saves lives.

For assistance implementing any of the strategies described in this toolkit or for more information about naloxone, please contact the CBHJ at cbhj@wayne.edu.
What is this life-saving medication?

Naloxone has been a standard medication used in emergency medicine for over 40 years. It can reverse an overdose from ANY opioid including heroin, prescription medications, and fentanyl.

To summarize the research: Not providing naloxone to jail detainees is contributing to rising rates of fatal overdose in the United States.

Opioid overdose occurs when an individual consumes higher levels of opioids than their body can handle, resulting in shut-down of the body’s circulatory and respiratory systems. Signs of opioid overdose may include: unconsciousness, very small pupils, slow or shallow breathing, vomiting, inability to speak, a faint heartbeat, limp arms and legs, pale skin, or purple lips and fingernails. People experiencing an opioid overdose will die without the administration of naloxone.

Naloxone is the only antidote for an opioid overdose.

Naloxone works by knocking opioids off the receptors in the brain and replacing opioids with naloxone, to block opioids from re-attaching. Sometimes it can take multiple doses of naloxone to reverse an overdose, depending on the level of opioids present in the individual’s brain at the time of administration. However, there is no opioid that cannot be reversed by administering enough naloxone, only .08% of reversals are unsuccessful. Individuals cannot become “immune” to naloxone, meaning it is still effective at reversing an opioid overdose for an individual who had a reversal previously.

Addressing Safety and Liability Concerns

Naloxone is completely safe for anyone to carry and use when encountering an individual experiencing an overdose. Adverse effects are extremely rare when administering naloxone to someone experiencing an opioid overdose and naloxone will have no effect on an individual at all if they do not have opioids in their system. Naloxone does not make people violent – about 2.1% of individuals experience agitation, and about 2.8% of individuals experience withdrawal symptoms when naloxone is administered. Naloxone cannot be abused.

There is no liability risk for providing naloxone to jail detainees. In the state of Michigan, there are several Public Acts in place to protect those who administer or distribute naloxone, including the “Good Samaritan” and related Public Acts.

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1 Michigan “Good Samaritan” Act (PA 307-308 of 2016), PA 39 of 2019, PA 311-314 of 2014; Good Samaritan Laws Across the U.S.
For more myths and facts on naloxone, fentanyl, and medications for opioid use disorder, visit the DOTS Project.

Building Capacity to Provide Naloxone to All

Post-release opioid overdose mortality is the leading cause of preventable death among individuals exiting a correctional setting. Overdose typically occurs within the first two weeks of release and is the leading cause of death among former inmates.

The risk of overdose death is up to 130 times greater for an individual within two weeks following their release from incarceration than for someone without criminal/legal system involvement.

Supporting widespread distribution of naloxone — providing access to everyone released from jail — is the primary objective of this toolkit. The goal should be providing naloxone to as many people as possible with minimal time and effort required, reducing harm not just for opioid-involved individuals but for the community as a whole.

This toolkit describes several strategies to guide your facility in implementing a naloxone distribution program or expanding your current distribution efforts. When widespread distribution is not feasible, there are other lower impact strategies described in the following sections to guide distribution for specific populations or provide information about where individuals can access naloxone in the community following release.

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2 Jourdrey, 2019
3 NEJM 2013
4 AIM 2009
Regardless of which strategies are selected, increasing awareness of and access to naloxone will help prevent fatal overdose and save lives in your community.

The CBHJ recommends developing a clear communication plan to delineate who is responsible for completing the various tasks of a naloxone distribution program. These tasks may include maintaining supply of naloxone kits, administering screening, provision of overdose prevention training, tracking participation, or arranging for distribution of naloxone kits. A sample communication plan can be accessed in Appendix D.

Free Naloxone for Jails and Community Organizations

The Michigan Department of Health and Human Services has made it possible for local jails, law enforcement, and community organizations to request free nasal naloxone kits for distribution. To request a supply of naloxone kits, organizations should submit the request form by clicking here or by completing the MDHHS Naloxone Request Form in Appendix A and emailing the completed form to MDHHS-NalxneRqst@michigan.gov. If your agency is outside of Michigan, NEXT Distro offers kits and training to all, just select your state and find the agency closest to you.

Following submission of the order form, your organization can expect the naloxone kits to arrive within one to four weeks. If you do not receive your requested kits within this time frame, it is recommended that you send an email to MDHHS-NalxneRqst@michigan.gov to troubleshoot any problems related to your request.

Storage of Naloxone

Naloxone should be stored at room temperature (between 59 and 86 degrees Fahrenheit) and in a dry area not exposed to direct sunlight. We recommend monitoring naloxone supplies to ensure you have enough for distribution and to prompt a new order when necessary. A sample supply tracking spreadsheet can be accessed in Appendix B.

Expired naloxone is safe to use, can be just as effective as non-expired medication for up to 10 years, and should not be thrown away.
Identification of Target Population through Screening

Many people leaving jail want naloxone not for themselves but because they are returning to communities where family members, friends, and neighbors use opioids and are at risk for overdose. The CBHJ recommends making naloxone available to all jail detainees, not just those who are at risk for opioid use or other behavioral health disorders.

Some jails prefer to identify a target population to receive naloxone at release but must first develop a process or standard for identifying these individuals. Participation in behavioral health programming, or identification as opioid-involved, or at risk of opioid use, are good indicators an individual should receive naloxone.

A self-report screening at booking or initial medical intake is an easy way to identify opioid-involved individuals. The Rapid Opioid Dependence Screen (RODS) is a validated tool that can be administered at booking and is very effective at identifying people who may be at risk for opioid use disorder. Any YES response to items 1a-1d on this assessment can be used to determine eligibility to receive naloxone at release. Some jails administer this assessment as a printed document that is filled out by hand; others have electronically embedded the assessment into their jail management system. The CBHJ recommends electronic collection of these types of assessments whenever possible.

A copy of the RODS can be accessed in Appendix C.

Brief Overdose Prevention Training

Naloxone is an inherently safe medication that can be used by anyone and requires very minimal training. Training can be as brief as providing a one-page document with the naloxone kit that is distributed, a somewhat more-involved video training, or an extensive overdose prevention class. For ease of management, the CBHJ recommends distribution of a one-page instructional sheet and/or showing a brief training video. In addition, the business card of a local harm reduction agency may be included as they typically offer naloxone trainings. Sample training videos and brief instructional guides can be accessed below.

Training Videos

- Narcan® nasal spray training video
- Naloxone training videos for community members, recovery programs, law enforcement, and health centers developed by the Grand Rapids Red Project

Instructional Guides

- Narcan® quick start guide
- Opioid safety and how to use naloxone (ca.gov)
- naloxone-pamphlet.pdf (mass.gov)

Jails may want to track who has received overdose prevention training to identify those who should receive a naloxone kit at release. A sample spreadsheet to track overdose prevention or naloxone training can be accessed in Appendix B.

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Davidson, 2019
Strategies for Distribution

Overdose-Reversal Vending Machine

High Impact: ★★★★★

A new approach to naloxone distribution in jails involves the use of vending machines. The machines are placed in jail lobbies, release areas, or other public spaces near a jail where released inmates could easily access naloxone. This strategy has been successfully implemented in Los Angeles County and other jails across the United States but has yet to be implemented in Michigan at the time this toolkit is being compiled.

If your jail is interested in being one of the first in Michigan to adopt this innovative approach, contact the CBHJ at cbhj@wayne.edu.

Each vending machine can hold up to 300 naloxone kits, which means the need to refill the machine will be very limited. In most cases, vending machines will be refilled by partners from your local health department or community mental health agency, eliminating the need for jail staff to manage distribution at all.

Los Angeles County, California

Los Angeles County Jail implemented an Overdose Education and Naloxone Distribution (OEND) program in June 2019 which provides overdose prevention and response video training and access to free naloxone for every individual who is released from the LA County Jail. During the first 9 months of 2020, more than 20,000 doses of naloxone were distributed through free self-serve vending machines located in the secure release area of the LA County Jail. Compared to other distribution methods, jail vending distribution achieved distribution at 2.5x the rate being achieved in the community during the same time period.

Grab-and-Go Fishbowl

High Impact: ★★★★★

The release area “stopping point” is a prime location to place a fishbowl or other large container that holds multiple naloxone kits. The container should include a label that indicates the naloxone is free to take as individuals are being released. This strategy allows for easy viewing of the naloxone supply so your staff know when to refill the container or reorder additional kits. The CBHJ recommends identifying an individual or department that will be responsible for refilling the container and reordering additional supply of kits.
Placement in Property Box

Automatic for all Detainees – High Impact: ★★★★★

Automatic placement in an individual’s property box prior to release is one of the best ways to ensure that person will receive a naloxone kit when they leave your facility. The CBHJ recommends that a property officer or other responsible individual automatically puts a naloxone kit into each and every property box that comes through to be catalogued.

Target Population Only – Moderate Impact: ★★★★

Jails may prefer to determine eligibility to receive naloxone by an individual’s participation in a specific program or for people who have been identified as being at-risk for opioid use disorder. When detainees are identified as eligible to receive naloxone, a property officer or other responsible individual puts a naloxone kit into that person’s property box to receive at release.

Kent County, Michigan

By screening all jail detainees at booking, Kent County Correctional Facility is able to identify individuals who may be at risk for opioid use disorder to link them with recovery and overdose prevention resources. All individuals at risk for opioid use disorder receive an internal “O-alert” which notifies the behavioral health manager to automatically place a naloxone kit in their property box. Each naloxone kit also includes a business card for the Opioid Treatment Ecosystem Case Manager and for Red Project, a local harm reduction agency, as well as a flier that includes an array of local recovery and overdose prevention resources.

While targeted distribution is sometimes considered ideal by corrections agencies, it can be a complex process to approach distribution in this way. If a jail implements this targeted approach, it is imperative that roles and responsibilities of involved organizations are clearly identified. More information on this approach can be accessed in the Identification of a Target Population section.
Referral to Community-Based Naloxone Distribution

Low Impact: ★★★★★

Several community-based organizations provide free naloxone to anyone who requests it. Harm reduction agencies, local health departments, community mental health agencies, and other community-based organizations often provide free naloxone and overdose prevention training, among other supportive resources that may be useful for someone recently released from incarceration.

Making a direct referral to one of these types of organizations informs the person being referred about a specific location they can go to obtain naloxone, but also provides the specified organization with information about why this individual is requesting naloxone. The CBHJ recommends contacting local organizations prior to making referrals to confirm they are currently distributing naloxone.

Two of the largest harm reduction agencies in Michigan are the Red Project and Harm Reduction Michigan. In addition to naloxone distribution and overdose prevention training, these organizations provide safe syringe exchange services, peer recovery coaching, case management, and connection to other health resources. HarmReduction.org is a national resource for harm reduction practices and overdose prevention. NEXT Distro is a national platform on which individuals would select their state to learn about pharmacies that carry naloxone, receive naloxone training, and even have naloxone mailed to the individual directly.

- The Red Project (serves Allegan, Kent, Lake, Mason, Muskegon, Newaygo and Ottawa counties)
- Harm Reduction Michigan (serves Emmett, Grand Traverse, Jackson, Kalkaska, Lake, Midland, Washtenaw, Wayne, and Wexford counties)
- NEXT Distro is a national organization that provides free naloxone and training

Behavioral health services in Michigan are coordinated by local community mental health services programs. Contact information for your local community mental health organization can be accessed by selecting your county on the map located here.

Local health departments promote healthy communities, prevent outbreaks and disease, and help prepare for and respond to disasters and emergencies. Contact information for your local health department can be accessed by selecting your county on the map located here.

A sample referral form can be accessed in Appendix E.
**Informational Sign, Brochure, or Business Card**

**Low Impact:** ★★★★★ Hanging informational signs and distributing flyers, brochures, or business cards to inmates with their property at release are other effective tools for widely sharing information on how to access naloxone following release. Distributed materials should be brief, but may include more information than would be included on a poster or sign. If not in the booking or release area, signage should be in a place of high-traffic where individuals will have time to read the information completely.

Materials should include some basic information about naloxone, including:

- Naloxone saves lives
- Naloxone is safe to use and is highly effective at reversing opioid overdose
- List the names and contact information for several community-based organizations or pharmacies where naloxone can be accessed for free
- Link to access free naloxone online

A sample flyer can be accessed in Appendix F.

A sample business card can be accessed in Appendix G.

**OpiRescue App**

**Low Impact:** ★★★★★

No matter where you’re located, OpiSafe is a national online resource that both care providers and individuals can use.

**Providers** can access information on best prescribing practices and overdose prevention and can also be used as a data collection platform.

**Individuals leaving jail** can download the OpiRescue app from any phone to access resources in their community related to MOUD and overdose prevention, as well as step by step instructions on how to administer naloxone during an overdose event. Jails can facilitate access to this app by distributing business cards with a QR code that can be scanned for easy download.

For assistance implementing any of the strategies described in this toolkit or for more information about naloxone, please contact the CBHJ at cbhj@wayne.edu.
Appendix A: Naloxone Request Form

**MDHHS Naloxone Request Form**

If the Submit Form button does not work, please email the request form to MDHHS-NaloxoneRqst@michigan.gov to ensure the form is received.

Naloxone distributed through this portal by the State of Michigan is meant to provide additional naloxone capacity, beyond existing efforts through the state, the Prepaid Inpatient Health Plans, community organizations, non-profit organizations, and other channels.

By checking this box, I affirm that my organization will maintain any existing effort, including financial resources, devoted to naloxone distribution after receiving these doses. These doses will be additional resources and will not substitute for or displace existing resources provided by my organization. I affirm that MDHHS is not liable for any claim related to or arising from the distribution or use of the naloxone provided by MDHHS according to this agreement. I affirm: [ ]

1. Please provide the following information:
   - Organization Name:
   - Contact Person Name:
   - Phone Number:
   - Email Address:
   - Address Line 1 (for FedEx delivery):
   - Address Line 2:
   - City, State, Zip:
   - Type of Organization: Community Organization

If this request is a re-order from the portal, please indicate the counties targeted for distribution of this order. Of the previous order, please indicate the number of kits used in the community and, if known, the number of uses that resulted in overdose reversal:

2. Please very briefly describe your organization’s mission and work (50 words):

3. Number of kits requested (kit requests must be in a quantity of 12):
   Please confirm by typing the requested number of kits:
   12

4. Approximate number of clients served by your organization annually:

5. If different, estimate number of clients with opioid use disorder served by your organization annually:

*Please continue to the following page*
6. Research suggests that of distributed naloxone kits, approximately 80 – 90 percent of naloxone doses are administered by individuals actively using substances. Furthermore, risk of overdose is highest among certain populations, including:
   • individuals who have reduced tolerance of opioids (e.g., after leaving incarceration or abstinence-based treatment; post-partum women who have stopped using; people who have gone through withdrawal);
   • individuals using opioids intravenously;
   • individuals who have previously experienced an opioid overdose; and
   • individuals using opioids with certain other substances
   • individuals with opioid use disorder and complex co-occurring medical conditions.

Please describe specifically how your organization will distribute these doses to individuals at highest risk of overdose (100 words):

7. Please describe your organization’s past or current efforts to distribute naloxone to high-risk populations, including any data collected around kits distributed and overdose reversals reported (100 words):

All requests are subject to approval by MDHHS. Completion of this form does not guarantee that the product will be provided to the organization or in the amounts requested.

Naloxone provided by MDHHS is done so under the Naloxone Standing Order. For more information, please refer to http://www.legislature.mi.gov/documents/2015-2016/publicact/pdf/2016-PA-0383.pdf.

Educational Resources can be viewed and downloaded at the following links:
   https://www.narcan.com/patients/patient-resources
   https://beawarebeprepared.com/resources/

If your entity wishes to obtain printed copies of these educational resources and/or demonstration/training devices, please submit a request via email to narcancustomerservice@ebsi.com.
Appendix B: Distribution and Supply Monitoring

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<tr>
<th>Distributor Information</th>
<th>Recipient Information</th>
<th>Inventory</th>
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<td>First Name</td>
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*Should the # of remaining kits available for distribution fall below XX, notify your shift supervisor immediately for re-stocking.*
Appendix C: Rapid Opioid Dependence Screen

Rapid Opioid Dependence Screen (RODS)

Inmate ID: ___________________________

Date Administered: ____________________

Please complete the screen below on all bookings except for US Marshals and ICE bookings.

Instructions (to be read aloud): When individuals stop using opioids, there may be physical withdrawal symptoms that require medical attention. We want to better understand the need for services for opioid use or withdrawal. To help with this, I am going to ask a few questions about opioid use in the last 12 months. This should take less than 2 minutes to complete. Your answers will only be used to help us determine the need for programs and services and will NOT impact any charges or probation or parole violations.

| 1a. Have you used heroin in the last 12 months? | ○ Yes | ○ No |
| 1b. In the last 12 months, have you abused or misused any of the following prescription drugs? (Abuse/misuse means taking without a prescription or taking more than prescribed.) |
| • Vicodin | ○ Yes | ○ No |
| • Norco | ○ Yes | ○ No |
| • Oxycodone/Oxycotin ("Oxy") | ○ Yes | ○ No |
| • Percocet | ○ Yes | ○ No |
| • Other opioids such as morphine, Fentanyl, Dilaudid, Lortab, Codeine, or Tramadol | ○ Yes | ○ No |
| 1c. In the last 12 months, have you used any of the following? |
| • Buprenorphine? (also known as Suboxone, Subutex, or Zubsolve) | ○ Yes | ○ No |
| IF YES, have you abused/misused it? | ○ Yes | ○ No | ○ NA |
| • Methadone | ○ Yes | ○ No |
| IF YES, have you abused/misused it? | ○ Yes | ○ No | ○ NA |
| 1d. Are you currently taking any prescribed medication assisted treatment (MAT) to help treat your opioid use disorder? (if yes, which one?) |
| • Buprenorphine/Suboxone/Subutex/Zubsolve | ○ |
| • Methadone | ○ |
| • Naltrexone/Vivitrol | ○ |

If there are any "Yes" responses to 1a, 1b, or 'abuse/misuse' in 1c, please complete the questions below. If 1a, 1b, and 1c abuse/misuse items are all "No", stop the screen here.

In the last 12 months...

| 2. Did you ever need to use more opioids to get the same high as when you first started using opioids? | ○ Yes | ○ No |
| 3. Did the idea of missing a dose (or fix) ever make you anxious or worried? | ○ Yes | ○ No |
| 4. In the morning, did you ever use opioids to keep you from feeling "dope sick" or did you ever feel "dope sick"? | ○ Yes | ○ No |
| 5. Did you worry about your use of opioids? | ○ Yes | ○ No |
| 6. Did you find it difficult to stop or not use opioids? | ○ Yes | ○ No |
| 7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high? | ○ Yes | ○ No |
| 8. Did you ever miss important things like doctor's appointments, family/friend activities, or other things because of opioids? | ○ Yes | ○ No |

When finished:

1) If any "Yes" responses, provide a copy to Medical
2) Place completed document in the SOR tray located at the booking counter

Revised 3/10/2020

*Muskegon**Screen_number*
Appendix D: Roles & Communication Plan

Naloxone Distribution Program
Roles & Communication Plan

This document is designed to be used by corrections, jail medical staff and behavioral health/SUD staff in [INSERT COUNTY NAME] County to identify roles and contact information for all involved parties.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Monitor naloxone supply and re-order</td>
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<td>Phone: Email:</td>
</tr>
<tr>
<td>Provide naloxone training and document participation</td>
<td></td>
<td>Phone: Email:</td>
</tr>
<tr>
<td>Place naloxone kit in property boxes</td>
<td></td>
<td>Phone: Email:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: Email:</td>
</tr>
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## Appendix E: Harm Reduction Referral Form

### Harm Reduction Referral Form

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<tr>
<td>Notes: ____________________________</td>
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</tbody>
</table>
Appendix F: sample content for Naloxone Flyer or brochure

Free Naloxone (NARCAN®) Available upon Request

What is Naloxone?
It is often administered nasally under the brand name NARCAN®.
Naloxone is an FDA-approved antidote medication that is nearly 100% effective in reversing the effects of an opioid.

How does it work?
Naloxone is an opioid antagonist that works by attaching to opioid receptors to block and reverse the effects of opioids. It can quickly save a person if their breathing has slowed or stopped because of an opioid overdose.

Where can I get a Naloxone Kit?
Right here, at the Jackson County Jail! Ask the on-duty officer for your free kit.
Free Naloxone is also made available by local Prepaid Inpatient Health Plans (PIHP), community organizations and non-profit organizations.
Individuals may access Naloxone from their local pharmacy without a prescription.

Who can use it?
Following a brief training, Naloxone can be safely administered by people who use, or know of a person who uses opioids, first responders, medical providers, behavioral health providers, and lay persons.

Is it safe?
Yes – Naloxone has no risk for misuse.
Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.
Naloxone is FDA-approved medication.

Where can I get addiction help for opioid use disorder (OUD), locally?
Victory Clinical Services
3300 Lansing Avenue · Jackson, MI 49202
517-784-3030
Victory Clinic provides optimal outpatient services for individuals with opioid use disorders through medicated assisted treatment and an integrated network of care.

Mid-State Health Network
1-844-405-3095
The above Access Management System (AMS) agency will answer questions regarding alcohol and drug use, and discuss options for those needing treatment services. If services are determined to be appropriate, the agency will assist callers in choosing a provider that meets their needs, and will make the necessary referral.

For Addiction Help 24/7: Contact 1-800-662-4357
Appendix G: Business Card

FRONT

Naioxone (Narcan®) saves lives! This medication rescues friends and family from an opioid overdose. Free and available 5 days a week!

Phone: (616) 456-9603
Email: info@redproject.org

BACK

Location(s) and Hours of Operation

No Appointment Necessary

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
<th>Location</th>
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<tbody>
<tr>
<td>Monday - Friday</td>
<td>9am - 5pm</td>
<td>401 Hall St, Sd</td>
</tr>
<tr>
<td>Monday</td>
<td>6pm - 8pm</td>
<td>54 S Division (Heartside Ministries)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>5pm - 7pm</td>
<td>Stocking and Sth (Mobile Health Unit)</td>
</tr>
<tr>
<td>Thursday</td>
<td>6pm - 8pm</td>
<td>54 S Division (Heartside Ministries)</td>
</tr>
<tr>
<td>Friday</td>
<td>3pm - 4:30pm</td>
<td>Fuller Ave and Adams St (Mobile Health Unit)</td>
</tr>
<tr>
<td>Friday</td>
<td>5pm - 6:30pm</td>
<td>Burton and Division (Mobile Health Unit)</td>
</tr>
</tbody>
</table>