

# COLORADO NALOXONE PROJECT



**2022 Annual Report**

[www.naloxoneproject.org](http://www.naloxoneproject.org)

# ABOUT THE COLORADO NALOXONE PROJECT

## What We Do

The Colorado Naloxone Project is an ambitious effort to address the opioid overdose crisis and improve quality of care for patients at risk of overdose. Our goal is for all Colorado hospitals and emergency departments (EDs) to distribute naloxone, placing this life-saving antidote directly in the hands of at-risk patients prior to departure from the hospital.

## Who We Are

The Colorado Naloxone Project (CNP) is a collaborative effort. The project's initial support was provided by the Sandgaard Foundation, the Colorado Office of Behavioral Health, and the Colorado Consortium for Prescription Drug Abuse Prevention. Implementation, technical expertise, and leadership is provided by Stader Opioid Consultants LLC, a Colorado-based medical consulting firm with a focus on opioid stewardship, harm reduction, and addiction treatment through innovative initiatives and project management across the country. The core CNP team then supports hospital partners to establish naloxone dispensing.

This year, the Colorado Naloxone Project changed its name to the "Naloxone Project," incorporated as a Colorado nonprofit, and filed with the IRS to become a nationally recognized 501(c)(3) organization, with the goal of increasing its reach both within Colorado and nationally. Thus, the Colorado Naloxone Project will become the first state chapter of the Naloxone Project.



## Our Vision

To address the opioid overdose crisis by building medical harm reduction and naloxone distribution infrastructure that our nation needs and our patients deserve.



## Our Missions

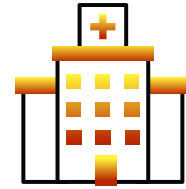
To build an efficient and sustainable system in which all hospitals and EDs dispense naloxone directly to at-risk patients, placing naloxone — a lifesaving medication — in patients' hands prior to their departure from the hospital.

To extend this service further into the community through prehospital providers, first responders and law enforcement - encouraging them to not only carry naloxone, but have the ability to leave behind naloxone with individuals at risk of overdose or individuals who may be in a position to respond to an overdose.

To work with harm reduction agencies to provide not only naloxone, but medically accurate information on overdose risk, harm reduction and treatment of opioid use disorders.

## Who We Are: At A Glance

**106** participating hospital facilities, trained in overdose recognition and naloxone provision.



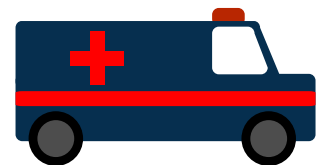
These facilities received **1.9M** emergency department visits in the last year, which is nearly **97%** of all ED visits for the state of Colorado.

CNP has **22** government, nonprofit, and other partners supporting its work.



**6** labor and delivery units (L&D) are participating in pilot programs that dispense naloxone to mothers affected by substance use.

**1** naloxone "leave-behind" program with emergency medical services and the police department in rural northwest Colorado.



**30** CNP participants are rural or critical access facilities.

# Our Partners



**SANDGAARD  
FOUNDATION**



**COLORADO  
CONSORTIUM**  
for Prescription Drug Abuse Prevention



**COLORADO**  
**Office of Behavioral Health**  
Department of Human Services



**COLORADO  
PHARMACISTS  
SOCIETY**



**COLORADO CHAPTER  
American College of Emergency Physicians**  
ADVANCING EMERGENCY CARE



**COLORADO**  
**Department of  
Regulatory Agencies**  
Division of Insurance



**DENVER  
HEALTH**  
— est. 1860 —



# Our Hospitals

- Aspen Valley Hospital
- Banner Health
  - Fort Collins Medical Center
  - McKee Medical Center
  - North Colorado Medical Center
  - Sterling Regional Medcenter
- Boulder Community Hospital
- Centura Health
  - Avista Adventist Hospital
  - Castle Rock Adventist Hospital
  - Emergency & Urgent Care - Southmoor
  - Littleton Adventist Hospital
  - Longmont United Hospital
  - Mercy Regional Medical Center
  - Penrose Hospital
  - Porter Adventist Hospital
  - Southlands ER Parker Adventist
  - St. Anthony Hospital
  - St. Anthony Keystone Mountain Clinic
  - St. Anthony North Health Campus
  - St. Anthony Summit Medical Campus
  - St. Francis Medical Center
  - St. Mary Corwin Medical Center
  - St. Thomas More Hospital
  - West Littleton ER
  - 84th Ave. Neighborhood Health Center
  - Emergency & Urgent Care - Arvada
  - Emergency & Urgent Care - Frederick
  - Emergency & Urgent Care - Golden
  - Emergency & Urgent Care - Lakewood
  - Emergency & Urgent Care Meridian
  - Parker Adventist Hospital
- Children's Hospital Colorado
  - Anschutz
  - Colorado Springs
  - North Campus
  - South Campus
- Colorado Canyons Hospital & MC
- Community Medical Center
- Conejos County Hospital
- Delta Health
- Denver Health Medical Center
- East Morgan County Hospital
  - Mountain Clinic & ED
- HealthONE
  - Centennial Hospital
  - Medical Center of Aurora
  - North Suburban Medical Center
  - North Suburban MC Northeast ER
  - Presbyterian St. Lukes Medical Center
  - Rocky Mountain Hospital for Childrens
  - Rose Medical Center
- Sky Ridge Medical Center
- Sky Ridge South Parker ER
- Swedish Medical Center
  - Belmar ER: Community Clinic/ED
  - Southwest ER: Community Clinic/ED
- Heart of the Rockies Regional Medical Center
- Kiowa County Hospital District
- Lincoln Community Hospital
- Memorial Regional Health
- Middle Park Health - Granby
- Middle Park Health - Kremmling
- Montrose Memorial Health
- Mt. San Rafael Hospital
- Parkview Medical Center Inc
  - Emergency Services at Pueblo West
- Prowers Medical Center
- Rangely
- Rio Grande Hospital
- Rocky Mountain Regional VA Medical
- San Luis Valley Regional Medical Center
- SCL Health
  - Good Samaritan Medical Center
  - Lutheran Medical Center
  - Platte Valley Medical Center
  - Saint Joseph Hospital
    - Northglenn: Community Clinic/ED
  - St. Mary's Medical Center
- Southwest Memorial Health
- St. Vincent General Hospital District
- Telluride Regional Medical Center
- UCHHealth
  - Broomfield Hospital
  - ER - Arvada: Ralston Road: Community Clinic/ED
  - East Mississippi Ave: Community Clinic/ED
  - Commerce City Community Clinic/ED
  - Fountain Community Clinic/ED
  - Green Valley Ranch ED
  - Colorado Springs Community Clinic/ED
  - Parker Community Clinic/ED
  - Powers Community Clinic/ED
  - Thornton Community Clinic/ED
  - Woodman Community Clinic/ED
  - Grandview Hospital
  - Greeley Hospital
  - Harmony Freestanding ER
  - Highlands Ranch Hospital
  - Longs Peak
  - Medical Center of the Rockies
  - Memorial Hospital Central
  - Memorial Hospital North
  - Pikes Peak Regional Hospital

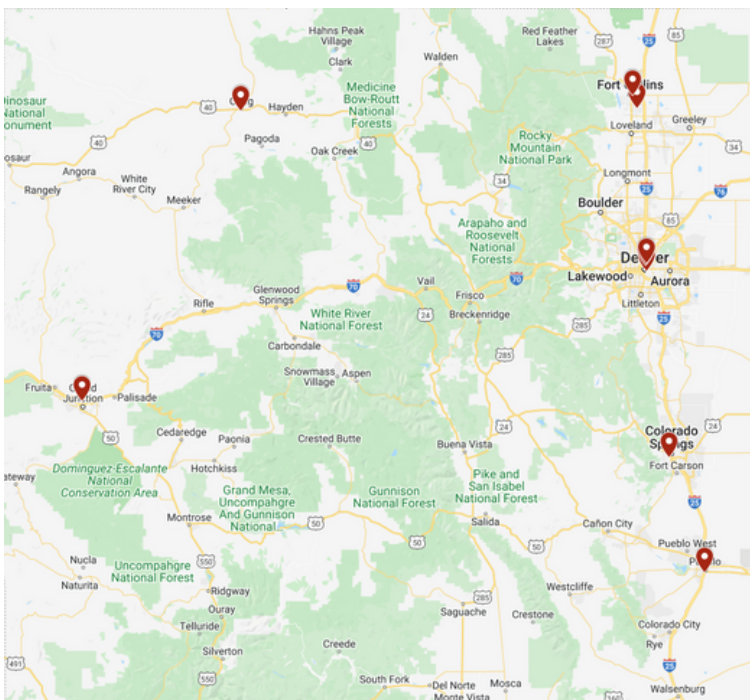
# Harm Reduction Agencies

While hospital systems and EDs are the main focus of the Colorado Naloxone Project, harm reduction agencies also play a vital role in addressing the opioid crisis. The CNP has proudly created unique harm reduction kits, assembled by volunteers and distributed to harm reduction agencies across the state free of cost.

These harm reduction kits contain naloxone, a syringe and needle, alcohol pad, and overdose education.



## Agencies Receiving Donated Naloxone



- Harm Reduction Action Center - Denver
- Rural Response to the Opioid Epidemic - Moffat County
- Young People in Recovery - Denver
- Summit Stone Health - Fort Collins
- Southern Colorado Harm Reduction - Pueblo
- Northern Colorado Health Network - Fort Collins
- Western Colorado Health Network - Grand Junction
- BeyondDope - Denver
- Southern Colorado Health Network - Colorado Springs
- Street Medicine Group - Aurora

# THE NEED

## The Need is Great

Data collected by the Colorado Hospital Association (CHA) suggest that over 70,000 patients who visited Colorado hospitals in 2021 are at risk of overdose. Nearly 10% of these patients are seen in rural or underserved areas, with minimal access to harm reduction resources.

## The Need is Growing

The opioid epidemic has worsened with the arrival of fentanyl. Opioid overdoses rose by 54% in 2020, accounting for nearly two in three overdose deaths in Colorado. Fentanyl overdoses, the sole driver of increased opioid overdose deaths, more than doubled between 2019 and 2020 and have increased by 10 times since 2016. Preliminary 2021 data shows fatal overdose deaths in Colorado from fentanyl at 767, a 42% increase over 2020. Colorado's increase in fentanyl overdose deaths ranked second in the country from 2019 to 2021.

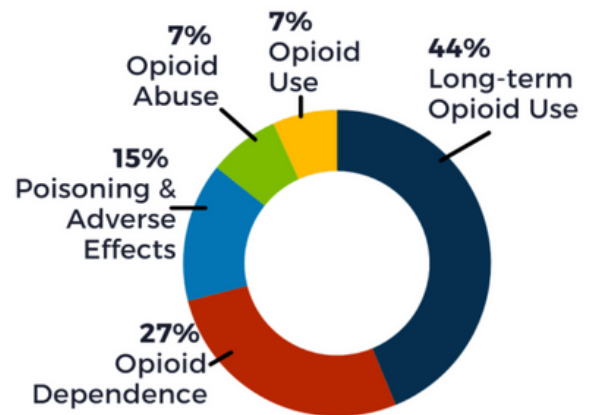
## We Need a More Equitable Solution

Written prescriptions are not fixing the disparities in naloxone distribution. While fill rates of prescriptions written for naloxone have historically been dismally low, particularly for those patients most at risk (< 2%), these rates dropped even further at the start of the COVID-19 pandemic. One report of individuals with Medicare and commercial insurance found that weekly naloxone prescription fill rates dropped by over 25% in March 2020 and have remained low since.

## Hospitals Can Help

Hospitals and EDs are at the forefront of the opioid overdose crisis. They are among the best areas to screen patients at risk of overdose and intervene with naloxone and evidence-based recommendations, given by practicing clinicians and healthcare professionals. With participating hospitals covering every area of the state, even the most rural and underserved areas will have access to naloxone and overdose education.

*Fig 1: Type of overdose risk for Colorado hospital visits, 2021. Data from CHA.*





# WHAT WE HAVE DONE

## Participating Hospitals

CNP currently has **106** hospitals, free-standing emergency departments (FSEDs), and hospital-owned community clinics participating in CNP. Over **85%** of Colorado hospital facilities have joined.

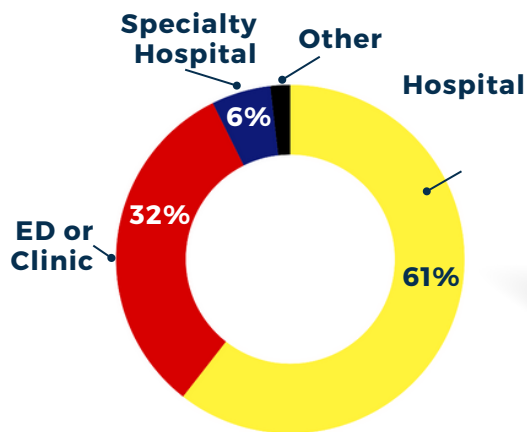


Fig 2: Proportion of participating facilities by type.

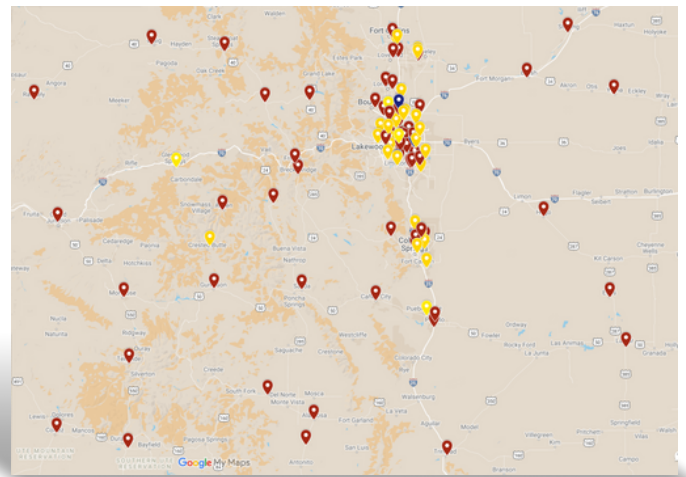
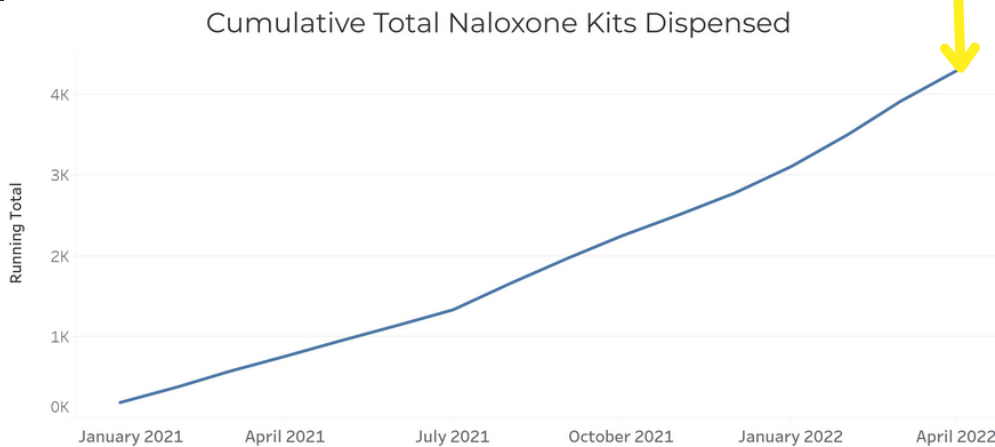


Fig 3: Geographical spread of participating hospital facilities.

From January 2021 through April 2022, these facilities have dispensed

# 4,294



life-saving naloxone kits to at-risk patients visiting their hospitals.

# CNP Timeline

CNP officially launched in March 2021. The program has steadily grown across the last year.

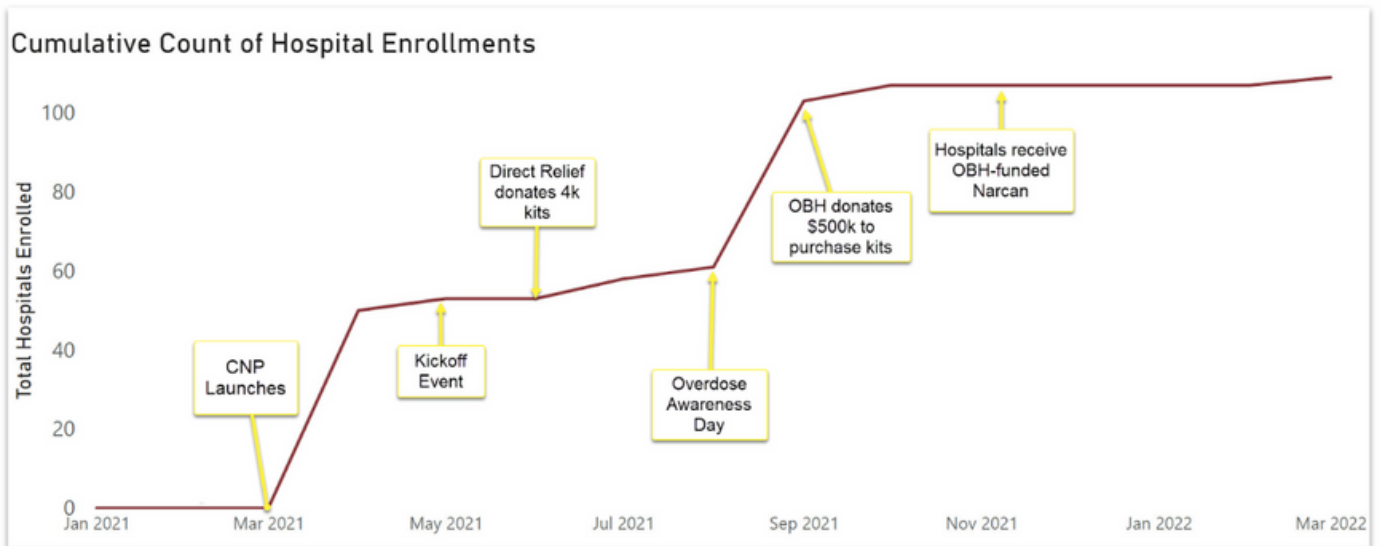
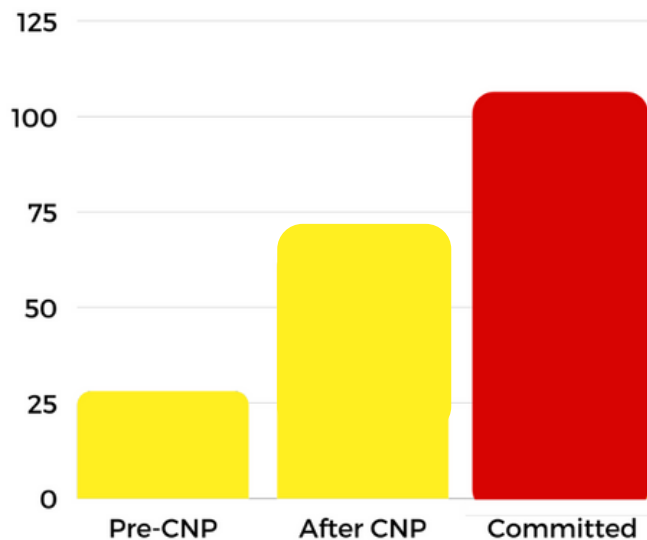


Fig 4: Timeline of the Colorado Naloxone Project with hospital enrollments.

## Total Dispensing Hospital Facilities

Prior to CNP, it was uncommon for hospitals to directly dispense naloxone to at-risk patients. The availability of naloxone in hospitals has more than doubled across the state since CNP began, with the remaining participants anticipated to begin dispensing by mid-2022.

Fig 5: Total dispensing facilities in CO.



CO has seen nearly a

**3x increase**

in the number of facilities dispensing naloxone since CNP's inception.

## Our Progress

The Colorado Naloxone Project provides hope and clear vision for how the medical community can help address the opioid overdose crisis. Our innovative model of dispensing naloxone from the hospital and ED is rooted in scientific evidence and made possible by addressing systemic obstacles and developing deep partnerships around our shared goal. Our goal of 100% of Colorado hospitals and EDs dispensing naloxone seemed daunting, especially in the face of an ongoing COVID pandemic and hospital staffing crisis. However, in its first year the CNP made significant progress, enrolling 106 facilities or 86% of hospitals and EDs.

The work of the Colorado Naloxone Project couldn't come at a better time, as fentanyl has arrived in Colorado and driven a significant increase in overdoses and overdose deaths. Of the 106 hospitals and EDs recruited, 70% have "gone live" with naloxone dispensing, with the remaining 30% actively addressing barriers, building dispensing infrastructure, and planning to launch in the coming months. The CNP has provided key assistance to hospitals in developing naloxone take-home programs, training staff, and providing implementation kits and patient information that have made this innovation in clinical care easy to implement.



## Sourcing Naloxone

### Total Narcan and Naloxone Kits Donated



To date, we have received **12,076** donations of Narcan and injectable naloxone, valued at over **\$639,700**.

A key to enrolling hospitals in the program has been answering the central questions of where hospitals will get naloxone and how they can pay for programs in the future. The answer partially lies in Colorado HB-20-1065, which stipulates that Colorado private insurers must reimburse hospitals for dispensed naloxone. However, as the regulations and payment mechanisms were still developing, the Colorado Naloxone Project partnered with the Colorado Office of Behavioral Health and Signal Behavioral Health Network through grants. The Office of Behavioral Health provided a \$500,000 grant to fund a bulk purchase of naloxone, which was then equitably distributed to participating hospitals. The grant allowed CNP and Signal to provide over 6,000 kits of naloxone to hospitals; naloxone from this grant came at no cost to hospitals or patients. As of April 2022, these hospitals have since distributed 4,294 doses of naloxone to at-risk patients, including 1,061 of these donated kits.

Emergent BioSolutions provided Narcan kits for the labor and delivery pilot programs, allowing CNP to experiment with expanding the program's reach outside of the emergency department. Direct Relief donated over \$100,000 worth of injectable naloxone and syringes for CNP to provide to harm reduction agencies.

# Making Naloxone Available

Most hospitals have chosen to dispense naloxone through their EDs, where there is ample scientific literature to support the practice. However, the Colorado Naloxone Project sought to expand its reach within the medical system. Patients at risk of opioid overdose are seen in all areas of medical care. CNP spearheaded innovation in naloxone provision, starting Colorado's first Labor and Delivery Unit (L&D) based naloxone dispensing programs for mothers and families affected by substance use. CNP has since grown the L&D program to include six pilot sites throughout the state. In addition, CNP partnered with Memorial Health in Moffat County to launch an EMS and law enforcement "leave behind" program. CNP has worked tirelessly to make naloxone access a reality for rural counties, a patient population historically dealing with numerous health disparities, and proudly partners with the great majority of rural and critical access hospitals throughout the state. Lastly, there has been a dramatic rise in overdose of children within Colorado. To meet this need, CNP has partnered with Colorado Children's Hospital, so that minors affected by substance abuse and their families can receive naloxone in their facilities.



Outside the medical system, CNP has been a partner and ally to community-based harm reduction efforts. CNP developed overdose prevention kits with injectable naloxone donated by Direct Relief. Over 5,500 doses of naloxone have been donated to harm reduction agencies across the state.

Finally, the project has united more than 20 leading medical organizations under the common goal of addressing Colorado's overdose crisis.

There is much work to be done to address the opioid overdose crisis, and the Colorado Naloxone Project firmly believes that the best way to build on our successful first year is together.

# LEGISLATIVE UPDATE

## Moving Toward Sustainability

On May 25, 2022, HB-22-1326 was signed into law by Governor Polis. This sweeping and complex legislation has several provisions that directly support our hospitals and their ability to dispense naloxone. Following HB-20-1065, passed in 2020, Colorado now has multiple statutes that support the vision and mission of the Colorado Naloxone Project.



### HB-22-1326 stipulates:

- Colorado hospitals or emergency departments shall receive reimbursement under the medical assistance program (Medicaid) for the cost of dispensing an opioid antagonist upon discharge.
- Colorado Prescribers, Hospitals, and Medical settings, other than an outpatient pharmacy, are not required to comply with laws relating to labeling, storage, or record keeping for opioid antagonists.

### HB-20-1065 stipulates:

- A carrier that provides coverage for opiate antagonists must reimburse a hospital if the hospital provides a covered person with an opiate antagonist upon discharge.

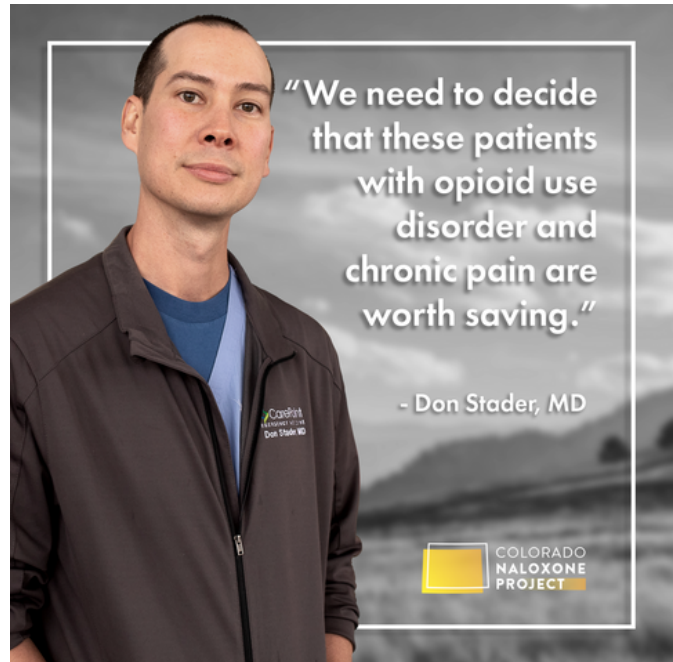
Together, HB-22-1326 and HB-20-1065 provide a pathway by which hospital-based naloxone dispensing is reimbursed by most major payers and creates an environment in which hospital-based naloxone is sustainable and not dependent on grants. In addition, many of the regulations viewed as hindrances to naloxone dispensing have been removed. Combined with Colorado's good Samaritan laws and standing orders, Colorado has some of the most forward-thinking laws in the nation.

# WHAT IS NEXT?

## A Letter from Our Chair

The opioid overdose crisis will not end without new ideas and new ways of tackling our most pressing issues. In 2021, we lost over 100,000 Americans to overdose and over 1,900 Coloradans. While the opioid crisis requires a comprehensive and multifaceted approach, a good place to start and make rapid headway in decreasing overdose deaths is with naloxone dispensing. The innovation proposed by the Colorado Naloxone Project can directly reduce overdose deaths, as hospitals and EDs can readily identify patients at risk of overdose and provide those patients with a way to reverse an overdose as well as education to mitigate overdose risk. While simple in concept, the steps needed to accomplish this simple intervention have been significant.

To provide naloxone and start take-home programs in 86% of Colorado hospitals and EDs, we had to recruit facilities; fundraise; supply naloxone; navigate regulatory requirements for direct dispensing; build sustainability; and meet the training, implementation, and educational needs of the 106 facilities that honored us with their commitment. In addition, we endeavored to dispense naloxone from different areas within hospitals, starting with some of the first L&D based naloxone dispensing programs in the nation and championing a rural leave-behind naloxone program in Moffat County. The success in accomplishing all of this, in the face of an ongoing COVID-19 pandemic, has been nothing short of miraculous.



This work would never have been possible without the tireless efforts of our CNP staff, valuable contributions from skilled contractors, partnership with leading local organizations, and the financial support of our generous donors. The results, as touted in this report, speak for themselves. We are proud that Colorado, through this project, has become a national thought and practice leader in naloxone dispensing, but we are prouder of the individual stories that we hear from our frontline partners and hospitals:

“

**One of my care coordinators just told me that she gave out one of our harm reduction kits to a community member. In the past week or so, the community member used the naloxone on a friend who was experiencing an overdose. As a result of having the naloxone on-hand, the girl (18 years old) survived. So...NALOXONE WIN!**

”

“

**We had a patient come to the ER for an opiate NON-related complaint and was given Narcan by one of my colleagues. Later, we got feedback that the kit was used, and saved a life. Good job to CNP!**

”

Reports like these, from all corners of our state, highlight the importance of our work. They also highlight why this first year is just the beginning. So, **what comes next** for The Colorado Naloxone Project?

First comes a name change. The Colorado Naloxone Project is now simply the Naloxone Project. CNP becomes the local state chapter of a larger organization. The Naloxone Project hopes to positively affect more lives and grow our work within Colorado and beyond. Within Colorado, we will continue to focus on starting novel naloxone programs, working with partners on sustainability and enrolling the last remaining facilities that have yet to join our initiative. We will also focus on a new and underserved group, one which we've only begun to reach in our first year: pregnant mothers and their families. We know that overdose is the number 1 or 2 killer of Colorado mothers year after year. It is our belief that every L&D unit, maternity ward, and obstetric provider should screen for overdose risk and be able to dispense naloxone. We cannot afford to lose one more pregnant mother or child to a preventable opioid overdose.



In 2022, the Naloxone Project will grow to new states, and share our model of collaboration, innovation, and sustainability with others. We are already in discussion with leaders spanning from Washington, DC to Honolulu, Hawaii, and are hopeful to found five to 10 additional state chapters in the coming year. These new chapters will champion naloxone dispensing to new populations and strengthen our movement with new energy and intellect. Together, we will work on creating a national model of sustainable naloxone dispensing and reimbursement.

In closing, I want to remember the 108,000 Americans who died of drug overdose in 2021. Each death leaves in its wake a grieving family and community. We are losing far too many mothers, fathers, sons, daughters, brothers, sisters, and friends to overdoses that are preventable and opioid use disorders that are treatable. Naloxone is a key intervention and one which we must fully integrate into our medical infrastructure. It is our duty to not relent and to continue to work diligently and collaboratively until it is so.



A handwritten signature in black ink, appearing to read 'D. Stader'.

Don Stader  
Chair, Colorado Naloxone Project  
Emergency & Addiction Medicine Physician.

The Naloxone Project has recently been incorporated as a 501c3 public charity. If you are interested in donating to the Naloxone Project or in volunteering to advance our mission, please contact us through scanning this code.

