Opioid Summit:
“Building Bridges and Finding Answers: The Opioid Crisis in Connecticut”
Part Two - Reporting Day
First Responders

The Quinnipiac Opioid Summit
Quinnipiac University
June 7, 2019
Opioid Epidemic:  
The First Responder Role

Emergency Medical Services are on the front Lines of the Opioid Epidemic

Encounter Patients at highest risk for fatal overdose
Those at highest risk for overdose

- Prior non-fatal opioid overdose
- Opioid use disorder leaving controlled settings (e.g. residential treatments, detoxification, incarceration) who have lowered opioid tolerance
- Prescribed doses of opioid analgesics greater than 90 milligram morphine equivalents (MME) per day
- Taking (co-prescription or co-use) opioids and benzodiazepines
- Alcohol and opioids
- Injecting opioids
- Exposed to high potency opioids (fentanyl, W-18)
- Low levels of physical tolerance (new initiates)
- Sleep disordered breathing (e.g. sleep apnea)
Opioid Epidemic: The EMS Role

Emergency Medical Services traditionally provide:
• Treatment/Transport

Opportunity to contribute
• Prevention Intervention
• Community Medicine
• Data Collection
#1 Problem: No Training in Addiction

Addiction is a Brain Disease

Widespread First Responder Belief: Drug Usage is a Character Flaw
Stigma - Definitions

• “An association of disgrace or public disapproval with something, such as an action or condition” - American Heritage® Dictionary of the English Language

• “a stain or reproach, as on one’s reputation.”
  • -Random House Kernerman Webster's College Dictionary
Stigma Related to Opioid Use

**Firefighter investigated for Facebook post against Narcan, addicts**

Narcan is the worst drug ever created, let the bags die....I for one get no extra money for giving narcan and these losers are out of the hospital and using again in hours, you use you should loose!

3 hours ago  •  Like  •  Reply

FireRescue1 Staff

WEYMOUTH, Mass. — A firefighter is under investigation after posting a Facebook status criticizing addicts and the drug Narcan.

"The comments posted do not reflect the philosophy or values we hold as a fire department or town," Chief Stark said. "The incident remains under investigation."
New Narcan:
from an EMS Bullentin Board

• https://www.youtube.com/watch?v=6ssDVoPZiGA
Crux

- Normal People
- Given Powerful Drugs by Trusted Doctors
- Big Pharma lied about the danger
- Drugs Permanently damaged brains of users, many of who were still young and developing
- Society stigmatized them
- Many driven away from their homes and communities/treated as criminals
- Need our empathy
Empathy in EMS

• The ability to see life through your patient’s eyes, without judgement

• Empathy leads to kindness

• Empathy and kindness are two hallmarks of the EMS provider
State has free-online program and has hosted several half-day forums across the state, but nothing is mandated.
Harm Reduction Pamphlets

Anyone can help.

For help finding treatment, call the Department of Mental Health & Addiction Services Hotline: 1.800.563.4086

5 KEY POINTS TO PREVENT A FATAL OVERDOSE:

1. Don't use alone. If you do, do so in a place where you can be immediately spotted if you OD.
2. Always have naloxone available. Naloxone can be obtained at many pharmacies who will write you a prescription.
3. When using from a new source or new batch, start with a test shot.
4. Don't mix opioids with benzodiazepines.
5. Call 911 immediately if an overdose is suspected. You will not be prosecuted.

To obtain naloxone:

- Most substance use treatment programs provide free naloxone kits.
- Many pharmacies can prescribe and dispense naloxone.
- Any doctor can prescribe naloxone to you.
- Most insurance plans, including Medicaid, will cover the cost of the prescription.

See inside for important information.
Hartford SEP Schedule
Phone: 860-922-3173

Monday - Friday:
7:15 AM - 9:45 AM (Park & Hungerford St)
11:00 AM - 12:45 PM (Albany Ave & Bedford St by CHS)
2:00 PM - 2:50 PM (Park & Hungerford St)
EMS Naloxone Distribution

- In some states EMS leaves Naloxone on scene of overdose refusals with family and friends
NC city launches first fire, EMS-based syringe exchange

“This program is another tool to save lives. We think it will make a difference,” Havelock Fire Rescue Chief Rick Zaccardelli said

Dec 15, 2017

By FireRescue1 Staff

HAVELOCK, N.C. — The first syringe exchange program led by fire and EMS agencies has been implemented in North Carolina in their effort to fight the opioid epidemic.

Huffington Post reported that Havelock Fire Rescue and Jones County EMS started the program in November after looking into research on syringe exchanges and the public health benefits.

“Right now EMS is being reactive to the opioid problem,” Craven County Medical Director Stanley Koontz said. “We want to be proactive. It's either do nothing or do something and syringe exchange has a good track record.”
In a Florida county, paramedics, under physician order, provide home doses of suboxone for 7 days
Data Collection/Surveillance

**CT EMS**
Statewide Opioid Reporting Directive

- Call CT Poison Control after any call where the patient is suspected of opioid use, causing decreased responsiveness, respiratory depression or death.
- Naloxone does not have to be given.

**SWORD**

Connecticut has embarked on mandatory EMS opioid overdose reporting.
Data inputted into real-time OD Map accessible to local health and public safety government agencies
Key Hartford Findings

• 89% of overdoses were transported to hospital.
• 98% of overdoses where opioid was known involved heroin/fentanyl.
• 33% of overdoses did not require naloxone.
• 63% Hartford overdoses occurred in public areas.
• 34% of all overdoses were men between the ages of 35-49.
• 10% of patients overdosed more than once.
• 50% of the time first responders or lay people administered naloxone before the arrival of the ambulance.
Early Warnings/Monthly Reports

• Early Warning Alerts, including reports of fentanyl contaminated cocaine were issued in near real time.

• Reports of overdoses linked to heroin brands.

• Demographic and Naloxone use data shared monthly with community partners such as harm reduction agencies.
Recap

• Require first responder education in addiction and harm reduction.

• Support community paramedicine and harm reduction programs that link EMS services with community groups.

• Provide regular feedback to first responders on their opioid reporting.
QU First Responders Committee

- John Grasso, Stacey Durante, Brien LaForge, Adam Rinko, Catherine Citta, Karen Ragaisis, Peter Canning