The Opioid Crisis

URBAN FIRE FORUM
SEPTEMBER 20-22, 2017
Every day in the United States, 144 people die as a result of an opioid overdose.

Prescription drug abuse is the fastest growing drug problem in the United States.
“Heroin deaths are surging, but deadliest drugs still come in pill bottles”

“Drug overdoses kill more people than car crashes and firearms.”

“Prescription drug overdoses continue to be the leading cause of injury death for Americans.”
More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Heroin, and Inhalant abusers

COMBINED!!!
Overdose now surpasses car crashes as the leading cause of accidental death in the US.

In 2014, opioid overdose deaths occurred at an average rate of 1 every 17 minutes. Centers for Disease Control (CDC) (January 2016)

The First Count of Fentanyl Deaths in 2016: Up 540% in Three Years
Fentanyl and its analogs
Fentanyl and Fentanyl Analogues The New Trend

Fentanyl has become the leading cause of opioid deaths.

Opioid-based drugs have been in high demand since Oxycodone was removed from the market in 2012.
Basic Pharmacological Effects of Opioids

- Analgesia
- Drowsiness
- Changes in Mood (Euphoria, Dysphoria)
- Mental Clouding
- Respiratory Depression
- Suppression of Cough Reflex
- Increase Tone of the Anal Sphincter
- Nausea and Vomiting
- Pupillary Constriction
- Histamine Release
- Decrease Propulsive Movements of Small and Large Intestines
Fentanyl - Medical Use

Potent Narcotic Analgesic

- Relieves pain
- Euphoria
- CNS Depressant

High potency (50 x heroin), rapid onset and short duration

Legitimately administered as:

- Patch
- Lollipop
- Tablets
- Spray
- Injectable/IV
**Dosage Of Fentanyl**

Effective dose: ~100 micrograms

**Lethal dose**: ~2,000 micrograms (2 mg)

1 kg pure Fentanyl can produce 500,000 lethal doses

1 gram (sugar packet)
1/10 gram (1/10 sugar packet)
1/1000 gram (1/1000 sugar packet)

Fentanyl dose range
Carfentanyl

Gambling With Your Life

• Carfentanyl is currently the most potent commercial opioid in the world.
• Carfentanyl is meant to sedate large zoo animals like:
  • Moose
  • Buffalo
  • Elephants
Responder SAFTEY

Fentanyl is very potent and fast acting
  ◦ Absorbed through the skin
  ◦ Inhaled
  ◦ Ingested
  ◦ Injected

Signs of Exposure (very rapid)
  ◦ Disorientation
  ◦ Coughing
  ◦ Sedation
  ◦ Respiratory Distress
  ◦ Cardiac Arrest

AVOID
  ◦ Touching Mouth/Nose or Mucous Membrane
  ◦ Eating, drinking, smoking in the presence of fentanyl
  ◦ Hand sanitizer
Responder SAFTEY

Immediate Treatment
- Move to fresh air
- Rinse exposed area
- If ingested, wash out mouth with water
- Seek medical attention
- Administer NARCAN (Opiate Antagonist)

Seizures
- Wear PPE (gloves/mask/suit)
- Have EMS at standby with NARCAN
- HAZMAT

Remember: Field Testing may test positive for Heroin, but could be Fentanyl
Fentanyl Lab Protection - LE
DEA Level “A” High-Hazard Certification Program

Developed and conducted by the Special Testing and Research Lab, TRDC, and ODS
Innovation in Opioid Response

Post Overdose Response Team

Boston Fire Department
Employee Assistance Program
Boston Public Health Commission
In May 2014, Local 718 President Richard Paris, Mayor Walsh and Commissioner Finn worked together to ensure that firefighters and first responders were equipped with Narcan.
NARCAN Administered by BFD

1500 lives saved by Boston Fire
FAITH INITIATIVE

➢ Faith is the City of Boston’s initiative to actively address substance use and addiction through collaboration between the public health commission, and first responder.

➢ Partnerships between the Boston Fire Department, Boston Police Department, Boston Emergency Medical Services, & Boston Public Health Commission.
Mayor Martin J. Walsh invites you to attend:
Community Overdose
Prevention & Narcan Trainings
Hosted by the Boston Fire Department

THURSDAY, AUGUST 4TH
6:00-7:00 PM
ENGINE 18 - DORCHESTER
1884 DORCHESTER AVE.

Includes:
- How to identify signs and symptoms of overdose
- How to respond to an overdose (including Good Samaritan Law and nasal Naloxone/Narcan)
- Connect with community recovery resources

Upcoming Dates:
August 11th: Jamaica Plain
746 Centre St. (Engine 29)
August 25th: West Roxbury
1940 Centre St. (Engine 30)
August 18th: Hyde Park
60 Fairmount Ave. (Engine 48)
September 1st: Roxbury
174 Dudley St. (Engine 14)

Additional neighborhoods to be scheduled in Fall 2016

Trainings are co-sponsored by the Boston Fire Department, Boston Public Health Commission & the Mayor’s Office of Recovery Services

Questions or comments? Email blittle@bphc.org
As of April 2017, there has been an 8% increase in narcotic-related transports, and a **59% increase in fatal overdoses** compared to the same time last year.

In 2016: 2,880 total OD patients and **1,200 patients** with a documented Boston home address

Over half of all fatal overdoses in 2016 and year-to-date 2017 **occur in homes**.
Provides education and information to individuals who have experienced an OD and their families at their homes

In operation for 1 year (June 2016-June 2017)

The program is referred to as Knock and Talk.
BFD Employee Assistance Program, Boston Firefighters & BPHC Harm Reduction Specialist

- Lived experience & understanding of continuum of care
- BPHC providers naloxone & harm reduction supplies
- 3 people for each visit (2 firefighters, 1 harm reduction specialist)
- The 6 firefighters involved with team are License Alcohol Drug Counselors, Certified Employee Assistance Professionals and Recovery Coaches.
Operations

- OD data from BEMS (department of BPHC) & BFD
- Coordinator identifies OD’s in homes & creates map
- The Team uses maps to do in-person home outreach across city (all neighborhoods)
- Engage with individual who OD’d, their family or neighbors
- Approach is person-centered and responsive to context
- Offer education, information and access to treatment
In its first year, follow up visits to homes of people who experienced OD in Boston

- Someone was home 59% of the time

- If at home, **73% were willing to engage**
  - 40% family
  - 33% individual who experienced OD
  - 18% family & individual together
  - 9% other (neighbor usually)
High rates of engaging in services:
- Overdose prevention training & naloxone Kits given 72% of the time
- Access to care & referral information given 67% of the time
- Information for family support services given 33% of the time
Knock and Talk Next Steps

- We now have our fire alarm division fill out a form every time our Firefighters respond to an overdose.
- The next morning a member of the team will call fire alarm and get a list of addresses where overdose 321(N) occurred the day before.
- The team will coordinate and dispatch to the addresses of the overdoses within 24 hours.
- Through the pilot program we found we had the most success when we responded the next day.
- Focusing on an a prevention component assisting in an Opioid Youth Summit.
Minimum Personal Protective Equipment and Precautions

• Gloves, respiratory protection (minimum P100 rated mask), and eye protection.

• Do not handle any substance suspected to contain fentanyl or a fentanyl-related compound. Follow department's protocols regarding notification of law enforcement and hazardous materials personnel.

• Be aware of signs of exposure and prepare for the administration of Naloxone (Narcan) if indicated. Multiple doses of naloxone may be required.
Fire departments should:

- Build sufficient resources to assure rapid delivery and administration of **naloxone** to a victim.

- Collaborate with local law enforcement to assure **scene safety** and mitigation of intervention.

- Lead **education programs** to address responding to opioid overdose.
  
The most fatal opioid-related emergencies are witnessed, and patients with severe opioid toxicity won’t be able to administer their own treatment.
RESPONDING TO THE OPIOID CRISIS TOOLKIT

Firefighters and EMS providers are often called to respond to situations involving opioid-related emergencies. Many people take opioids to manage both chronic and acute pain. More than 260 million opioid prescriptions are filled in the U.S. each year. The most commonly misused prescription opioids are methadone, oxycodone, hydrocodone, and fentanyl. Overdose now surpasses car crashes as the leading cause of accidental death in the U.S. In 2014, opioid overdose deaths occurred at an average rate of 1 every 17 minutes.

As 9-1-1 calls for opioid-associated emergencies continue to increase, EMS providers of all levels must be properly trained to respond to these life-threatening emergencies, including the administration of naloxone (NARCAN).

Although the number of organizations providing naloxone kits to laypersons is increasing, in 2013, 20 states had no such organization, and nine had less than one layperson per 100,000 population who had received a naloxone kit. Among these 29 states with minimal or no access to naloxone kits for laypersons, 11 had age-adjusted 2013 drug overdose death rates higher than the national median.