Opiate Epidemic Task Force: Naloxone Workgroup Updates

Erie County Health Department

May 1, 2017

Trainings this quarter

- Continued naloxone trainings conducted, including:
  - Community members
  - Expanding TOTs
  - Emergency Departments
  - College students
  - High school teachers and administrators
  - Volunteer firefighters
  - Security staff: Colleges, malls
  - Law enforcement
  - Street outreach – Community Wellness staff
  - New plans: meeting with volunteers on Tues, train NA, NarAnon members? Have regular community access points?
- We're analyzing the data from the "naloxone usage forms"
  - Both the Police/Fire and the Community forms; a snap shot follows

Note: Be Alert for Carfentanil!

- Carfentanil is one of the more potent fentanyl analogues
  - Legal applications as a large animal tranquilizer (elephants, etc.)
  - 10,000 times more potent than morphine
- Carfentanil has been found NYS (downstate) in an overdose in Yonkers
  - Person thought they were purchasing
- Won't appear any different in a street purchase
- Can still be reversed with Narcan, it may just take more doses

# Lethal amounts of Heroin, Fentanyl, and Carfentanil compared
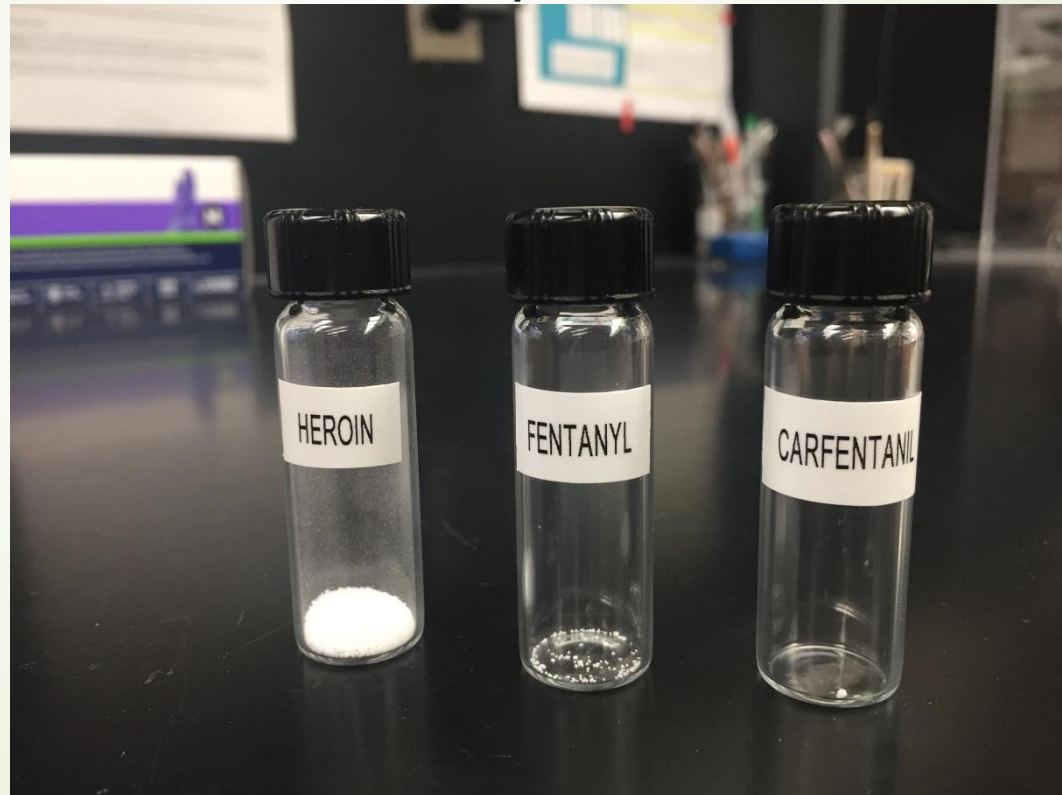
What's happening with naloxone/Narcan usage in WNY

- The following slides were created from the "opiate overdose reversal forms" that we collect from first responders and from community members
  - This has helped us understand the community affected
  - Each new batch of forms improves our data; so keep turning in those forms!
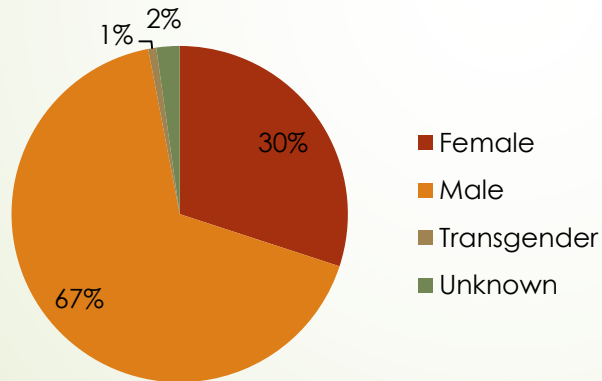
Opiate Overdose Reversals Reported by Month (Police/Fire: N=1,292)
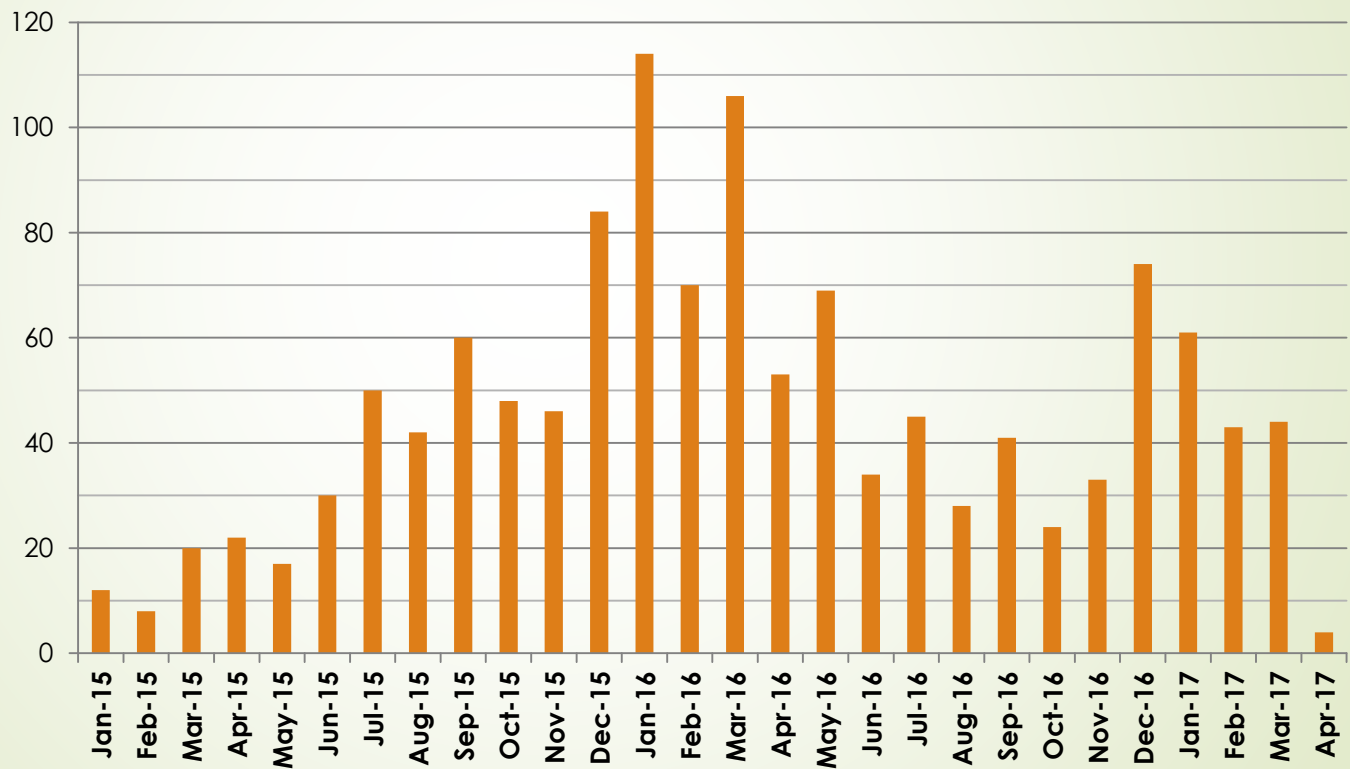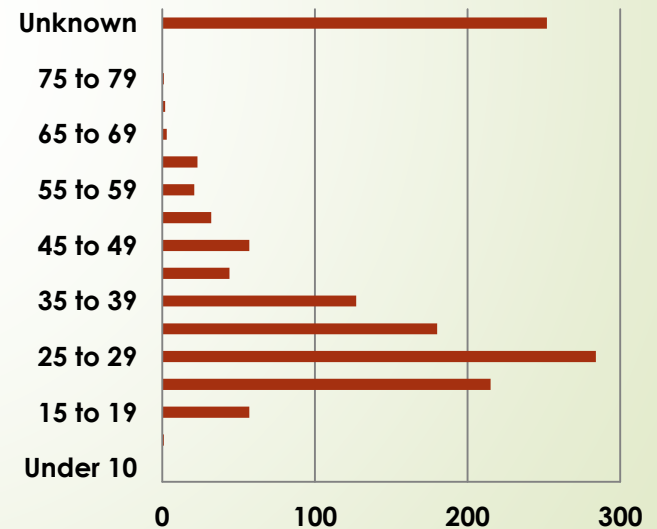
Demographics (Police/Fire forms)

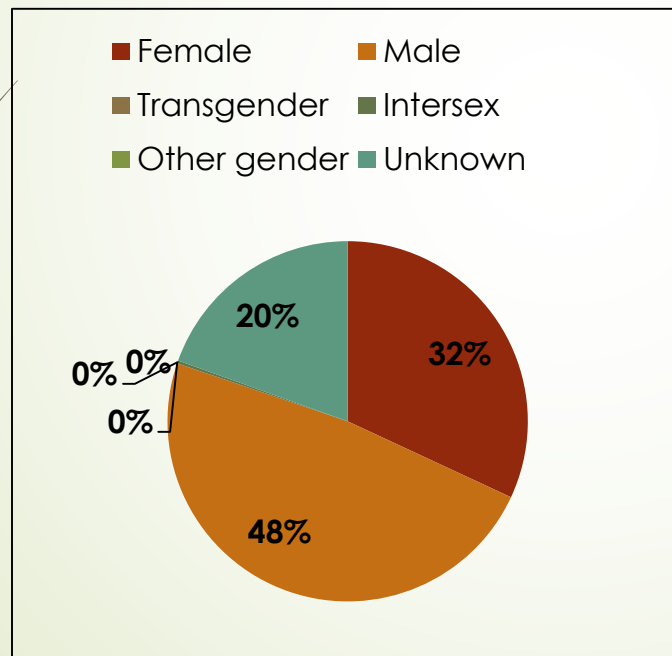## Gender of Person Overdosing, N = 1,299

Gender, OD

Legend:
- Female
- Male
- Transgender
- Unknown

Values shown: 30%, 67%, 1%, 2%

Age at Reversal, N = 1,299

Age, OD Reversal

Age categories (y-axis): Unknown, 75 to 79, 65 to 69, 55 to 59, 45 to 49, 35 to 39, 25 to 29, 15 to 19, Under 10

x-axis: 0, 100, 200, 300

Demographics (Community forms)

Gender of Person Overdosing, N = 379

Legend:
- Female
- Male
- Transgender
- Intersex
- Other gender
- Unknown

- 32%
- 48%
- 20%
- 0%
- 0%
- 0%

Race/Ethnicity, excluding Other/Unknown, N = 238

Legend:
- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- Caucasian/White

- 6%
- 0%
- 5%
- 1%
- 2%
- 87%
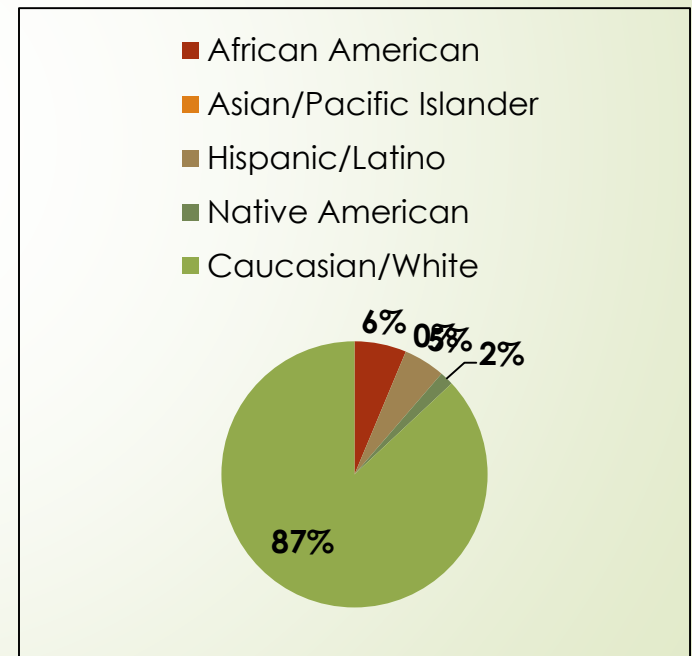
Timing of Overdoses, 24-Hour Cycle (Police/Fire Forms, N = 1,140)

Time of OD Reversal, excluding Unknowns
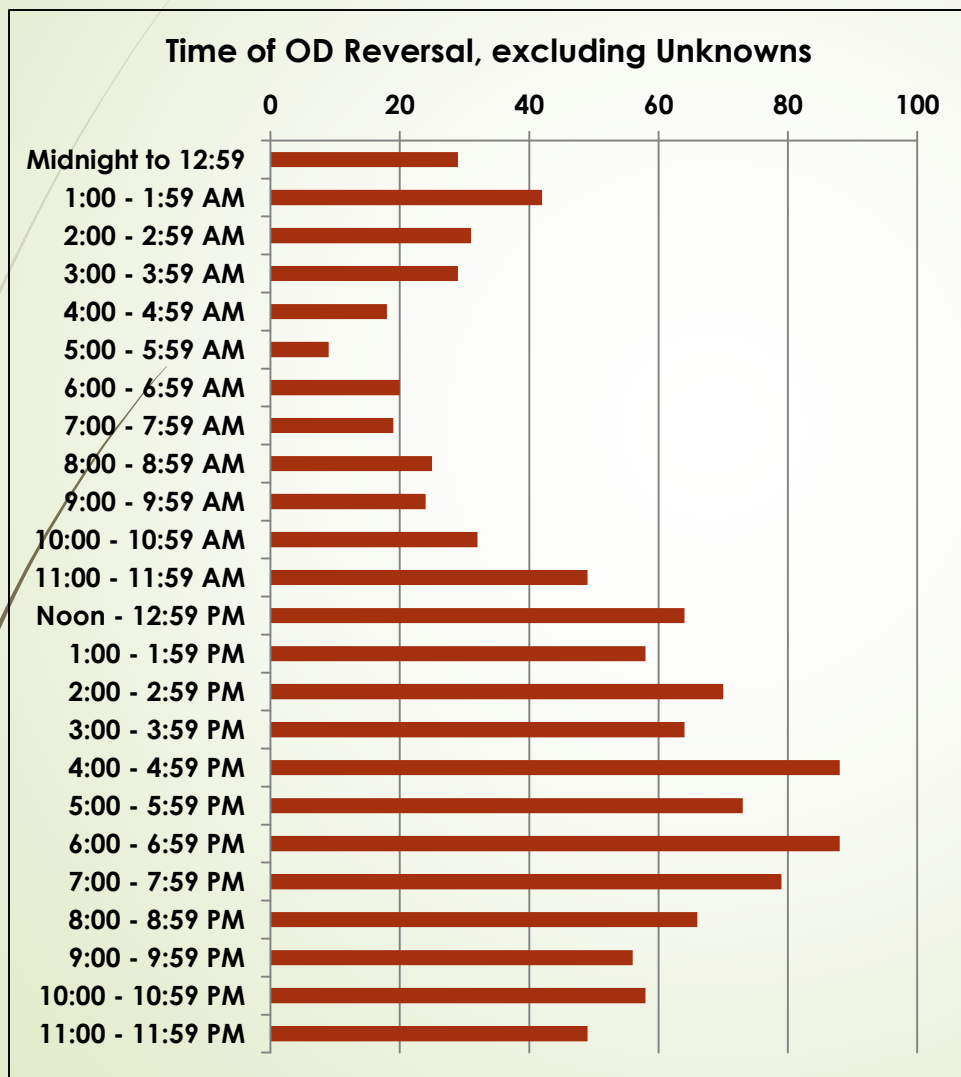
- Time: 1-hour blocks, excl. Unknowns
- We think many people with SUDs have regular schedules
  - Lowest point 5 – 6 AM: Most people asleep?
  - Small spike at noon: lunch break?
  - Small dip 5 – 6 PM: evening commute?

Location of Overdoses (Community Forms, N=287)

- ■ **House/apartment**
- ■ **Business (store, bar, restaurant)**
- ■ **On the street/outside**
- ■ **SRO (single residence occupancy)**
- ■ **Shooting gallery**
- ■ **Shelter**
- ■ **Other**
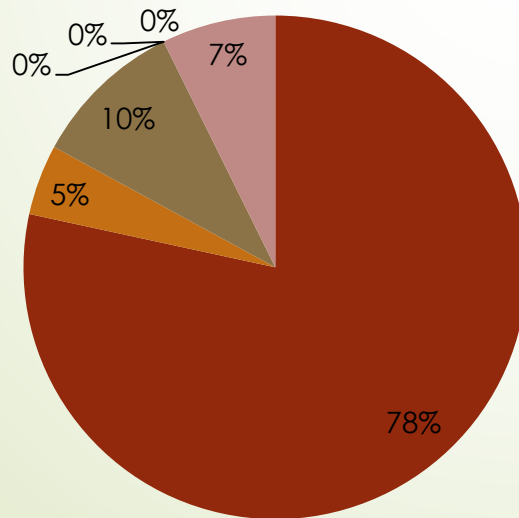
➡ This question isn't on the Police/Fire forms

➡ Excludes "Unknown" and "not reported" values

0% 0% 0% 7% 10% 5% 78%

Number of Vials Used to Reverse Overdoses

Police/Fire (First Responder, Civilian, and EMS, N = 1,299)

Community (N = 378)

Total Vials Used

	0	1	2	3	4	5	6	Unk
■ Total doses, Amphastar	11	329	606	229	44	5	2	8
■ Total doses, Adapt	1	32	25	7	0	0	0	0

Legend: ■ 0 ■ 1 ■ 2 ■ 2+ ■ Not Reported

Pie chart values: 19%, 15%, 59%, 6%, 1%
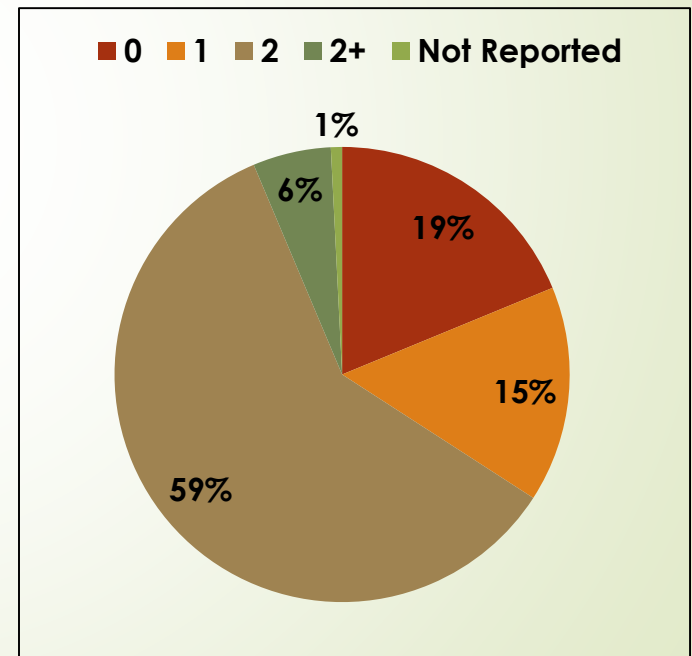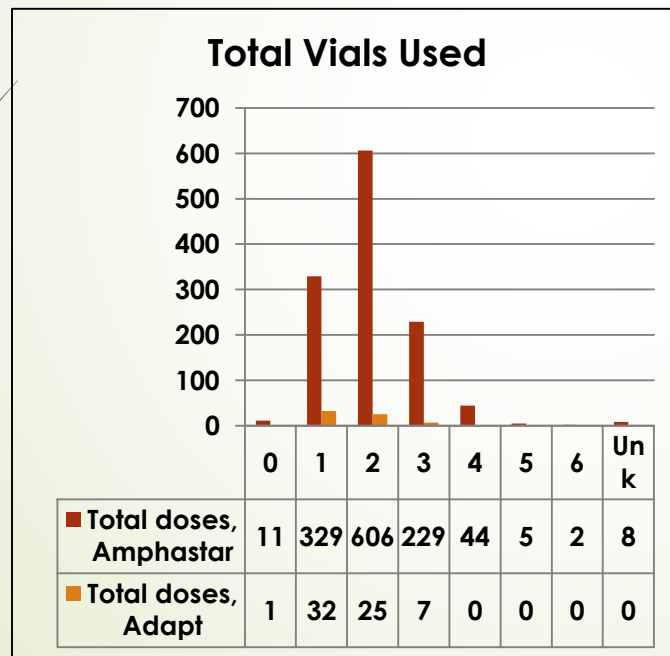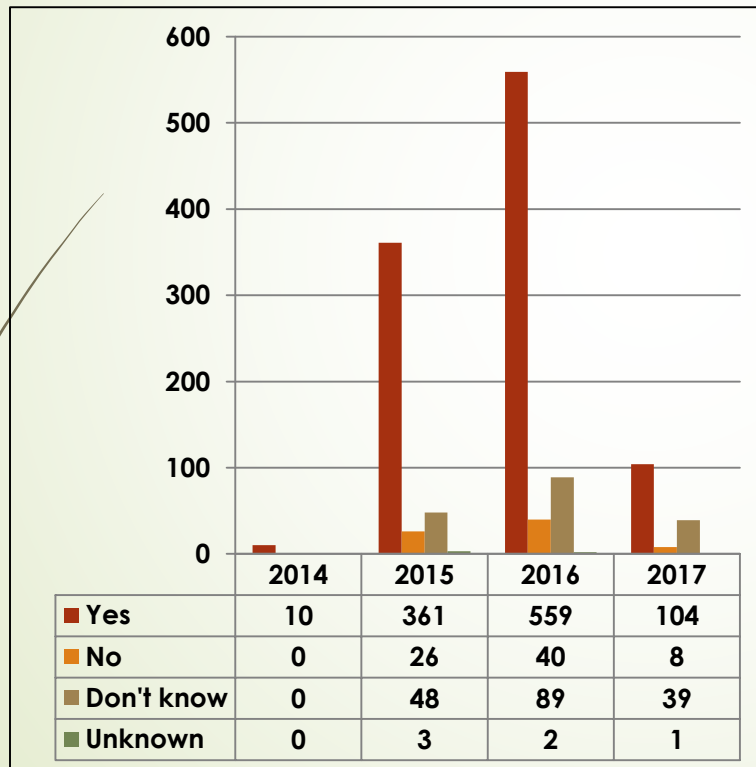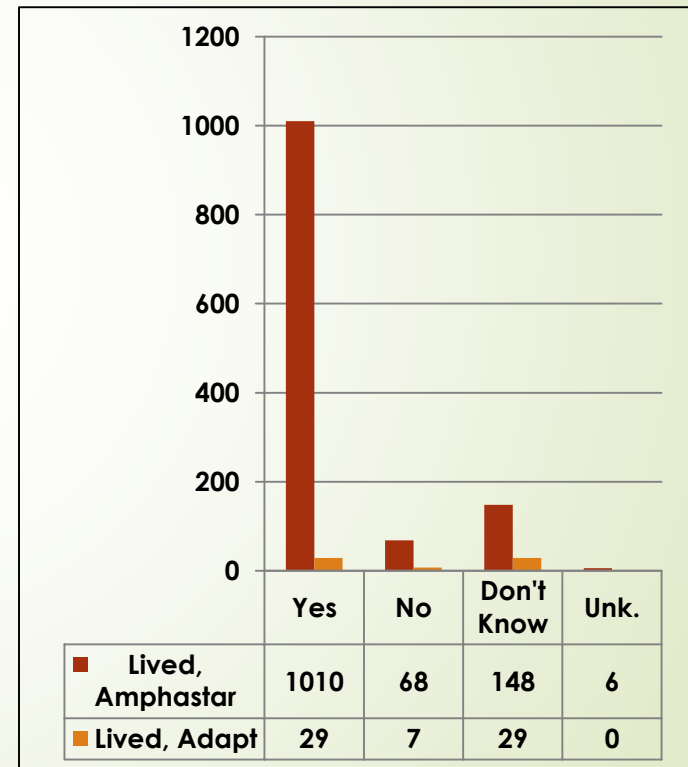
Outcomes by Year: Police/Fire

Did the Person Live:

Police/Fire: N = 1,290

Breakdown by Product:
Amphastar vs. Adapt (N=1,291)

	2014	2015	2016	2017
Yes	10	361	559	104
No	0	26	40	8
Don't know	0	48	89	39
Unknown	0	3	2	1

	Yes	No	Don't Know	Unk.
Lived, Amphastar	1010	68	148	6
Lived, Adapt	29	7	29	0

Outcomes by Year: Community

Outcomes by Year (N=369)

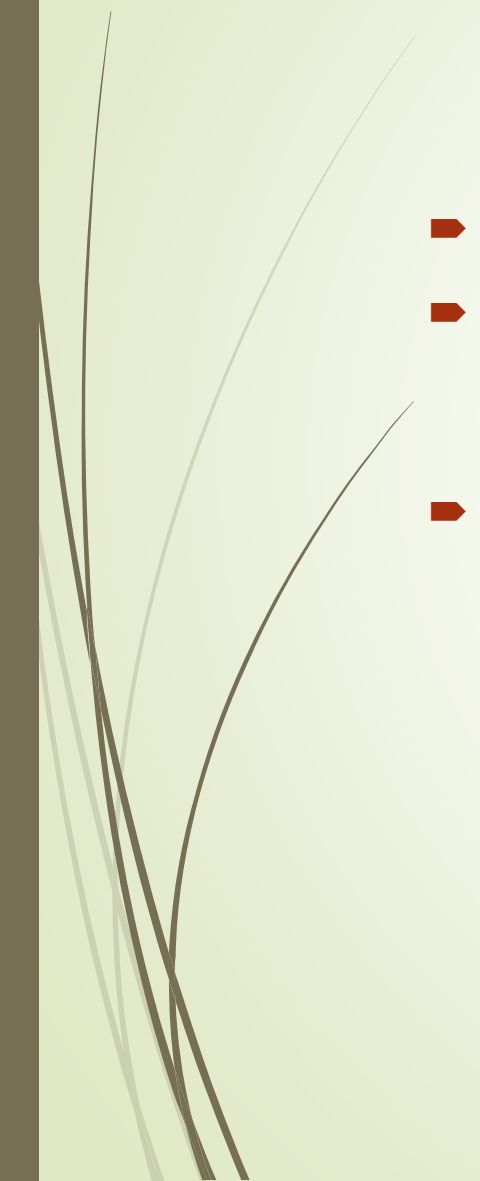|	2015	2016	2017
Yes	8	238	43
No	1	4	1
Unknown	0	57	17
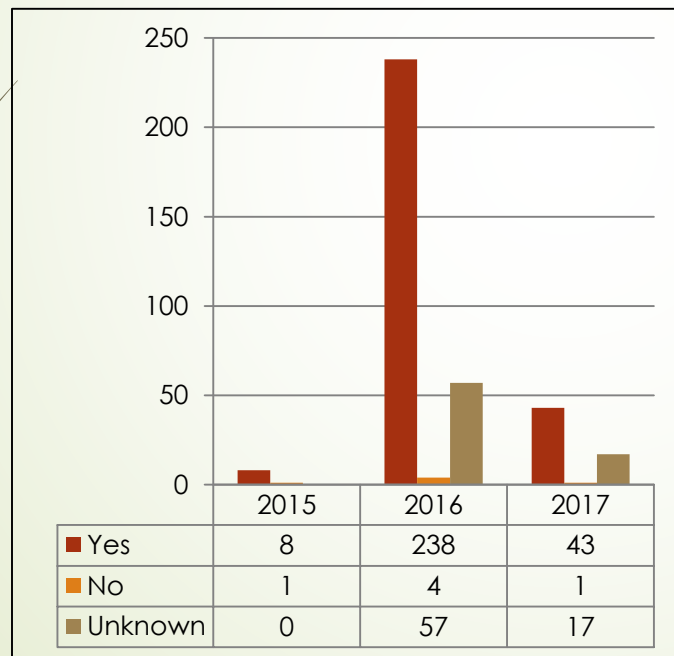
Was EMS/911 Contacted (N=377)

Yes · No · Unknown · Not reported

0%

20%

26%

54%
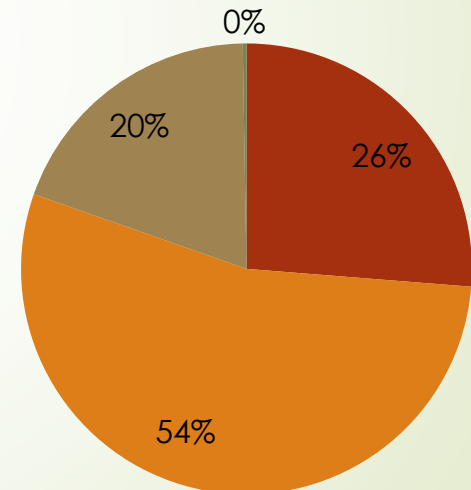
Additional Naloxone Workgroup Activities

- Applying for grants to fund expanded efforts –

- 1. Submission to CARA to coordinate and streamline naloxone reporting and linkage to treatment responses at time of overdoses.

- 2. Collaborating with local treatment and prevention providers to implement OASAS Coalition grant, recently awarded.

Where We're Going for the Future

- We are investigating a new app-based program to record opiate overdose calls (might replace the paper forms)
  - Pros: Simple, free, real-time, automatically creates maps for us
  - Cons: does not collect demographic information (age, gender, etc.)
- Deploying billboards across Erie County to raise awareness through NYSDOHAI funding from the CDC
  - Three themes: Treatment, Recovery, and Removing the Stigma
  - Billboards will go up in May
- Collaborating with Provider Education Workgroup to create PSAs that will air in movie theaters