ERIE COUNTY OPIOID OVERDOSE DATA

HEALTH CARE PROVIDER EDUCATION AND POLICY REFORM ACTIVITIES ACTIVITIES UPDATE
Erie County New York
Peer and First Responder Response After Overdose Utilizing ODMAP
Task Force Mission:
To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices through timely sharing of information to assist individuals and their loved ones fighting the disease of addiction and to undertake prevention efforts that educate the community on the perils of addiction.
Creating a collaborative response to the Opioid Overdose Epidemic in Erie County NY between First Responders, Public Health, and Peers in recovery

Steps to development
Where are we today
Lessons learned
Changes being implemented
2012 – 2018 OPIOID RELATED DEATHS
ERIE COUNTY

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 11/9/2018
Steps to development:

- The Erie County Medical Examiners office noted an increase in opioid related deaths starting in 2014
- Concurrently, NYNJHIDTA, the local DEA, and the local Drug Commanders Task Force noted an increase in heroin and other increasingly potent synthetic opioid seizures (start of the Chinese fentanyl identification)
- A joint “Heroin” conference was hosted collaboratively by public health and law enforcement to investigate the trends and look at potential solutions. Attendees included police, physicians, substance abuse treatment providers and harm reduction practitioners.
Opioid Identification at the Erie County CPS Forensic Lab

CPS= Central Police Services
Steps to development:

- ECDOH and NYNJ HIDTA officer jointly researched possible solutions. Early promising programs included the Gloucester Massachusetts program, PAARI and the Arlington Massachusetts Rapid Response after OD program.
- Conference held for local law enforcement departments and drug commander task force representatives to present these program. Chief Camponello, one of the program originators was brought to town by NYNJ/HIDTA to do the presentation, ECDOH hosted conference, providing logistic support.
- Concepts were discussed, no firm plans were made.
Steps to development:

- Naloxone training for law enforcement was provided by the public health department. Tracking of use of naloxone and provision of supplies offered the opportunity to forge new relationships with local police departments.
- The frustration and burnout by officers with multiple uses of naloxone on individuals was occurring and was noted, a new response to the incidents was needed as overdoses often were not learned about by treatment providers or public health surveillance until long after the occurrence of the event, well outside the window of opportunity to intervene and offer the individual assistance.
Steps to development:

- At the same time the Erie County Executive created the Erie County Opiate Epidemic Task Force (ECOETF) through Executive Order 14 in the year 2016.
- The seven workgroups that create the ECOETF work collaboratively to look at the epidemic and create solutions to address and save lives. They include REAP (law enforcement); Families and Consumers; Community Education; Physicians and other medical providers; Naloxone Access; Emergency Department and Hospitals; and Treatment Providers.
- Baltimore HIDTA presented a new tool to track overdoses and naloxone usage electronically in a real time GIS environment.
- Training for local first responders and law enforcement departments was co-sponsored by the Naloxone and the REAP workgroups of the task force. Participants were offered the opportunity to register for use on the spot.
Steps to development:

- Cheektowaga Police reached out to ECDOH looking for solutions to their increasing deaths in their town, local champions included a Councilwoman and Police Lieutenant.
- A response pilot was developed collaboratively taking parts of existing promising practices.
- Trainings were provided for select officers with leading roles within the department.
- Introductions were made between officers and health department staff they would be working with, numerous face to face meetings were held to begin to establish trust.
- The question was how the real time knowledge of the overdoses would be provided.
- ODMAP met the need. This created a real time police record that is accessible through the foil process by public health so a response can be provided and help offered to the individual who has overdosed in a timely way.
ZIP Codes, excluding Unknowns,
N = 1,790
2014 - Present
ECDOH Response after Overdose Program – ODMAP Screenshot
Immediate Response to Overdoses

Overdose Occurs; 911 is called

First responders arrive; treat overdose documented with **ODMap**

Overdose documented with **ODMap**

Responding officer drops off “care package” and Connection to Care letter

- Reversal Successful: Person transported to hospital, if willing
- Reversal Successful: Person released on own recognizance
- Reversal Unsuccessful: person transported to ME’s office

**Erie County Opiate Epidemic Task Force**

**REAP**

*The Benefits of Recovery*

*Appropriate Placement*
Immediate Follow-up After Overdose

- **Police Department** pulls OD reports for the last 24 hrs. Overlays OD reports with drug court participant roster, provided by drug court representatives. Ignores fatal overdoses; pulls files of addresses for daily visits.

  - **Daily Process:** EC DOH does the following:
    - Reviews ODMAP for successful reversals in pre-specified ZIP codes for the last 24 hours.
    - Emails contacts at Cheektowaga PD for copy of OD report.
    - Contacts ME’s office to verify survival status of people who were transported with uncertain outcomes.

- **Drug court participants**: if already linked with case management, referred to existing case managers (HOPE Project, UB). If not already linked, can be connected.

  - ECOOH assigns peer to daily visits.

- **Peer and assigned officer coordinate for home visit**

  - Peer and officer travel to residence in separate cars; officer makes introductions, leaves. Peer takes over.

- **Offer services, referrals, same-day access to MAT; Naloxone training for household.**

  - If nobody is home, or residents do not wish to talk, peer drops off “care package” with contact information and date/time follow-up visit will be attempted. One follow-up attempt will be made.

  - Person not interested in services; officer and peer navigator leave

- **Release of information:** very specific, only for 30, 60, 90-day follow up

  - Peer refers individual directly to MAT

  - Peer links individual with Addict-2-Addict

  - (Both, if client requests)
Long Term Follow-up

ECDOH does follow-up with client: 30 days, 60 days, 90 days. Reconnects to care if necessary and client is willing.

ECDOH creates monthly report with de-identified data and numbers of engagement to care.
Where are we today?

- Preliminary outcomes are from 1 year pilot implementation in 1 local police department with strong internal leadership and support for the project. Modifications were made at multiple times throughout the year.
- 9/1/17 – 9/1/18
- 80 clients interacted with by Peer
Where are we today?

Client Gender

- Male: 80%
- Female: 20%
Where are we today?

Client Race

- White: 96%
- Hispanic: 3%
- Other: 1%
- Black: 0%
Where are we today?

Client Source

- 75% OD's
- 25%
Where are we today?

Client connected to care or in treatment

ODMap  Referrals

30 Days  60 Days  90 Days
Lessons Learned:

- Collaboration and trust are essential to success.
- Use Data!
- If something isn’t working, change it and move on.
- Constantly assess data and results, work as a team to create new processes to increase connection to care. Develop community provider relationships to assist clients with accessing care in a timely manner.
Lessons Learned:

- Provide consistent evidence based training for Peers and Police
- Families and loved ones can be the person struggling with SUD’s best support or worst barrier to care. Working with them is essential.
- Relapse will happen, assist the person with reconnection to care, do not judge, assist first responders in dealing with their frustrations.
Changes Being Implemented:

- Formal release of information process being developed to allow Peer to follow up with providers to hopefully assist with relapse prevention support at a higher rate with access to provider recommendation as well as individual reports of treatment success.
- Support for law enforcement being developed in future training
- Recognition of lifesaving efforts of officers being implemented.
- Team is meeting weekly to assess data, working with Peer team to develop new and additional strategies for keeping clients connected with care.
OPIOID RELATED DEATHS
ERIE COUNTY

As of 11/9/2018
2012 – 2018 OPIOID RELATED DEATHS
ERIE COUNTY

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 11/9/2018
2014 – 2018 Erie County Opioid Related Deaths

By Gender

<table>
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<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
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<tr>
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<td>42</td>
<td>85</td>
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<tr>
<td>2015</td>
<td>69</td>
<td>187</td>
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<td>2016</td>
<td>68</td>
<td>233</td>
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<td>2017</td>
<td>67</td>
<td>184</td>
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<tr>
<td>2018</td>
<td>38</td>
<td>87</td>
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Source: Erie County Medical Examiners Office, *Closed Cases Reported thru 11/9/2018*
2014 - 2018 ERIE COUNTY OPIOID RELATED DEATHS

BY RACE

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<thead>
<tr>
<th>Year</th>
<th>Other</th>
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<td>0%</td>
<td>100%</td>
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<td>2016</td>
<td>301</td>
<td>0%</td>
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<tr>
<td>2017</td>
<td>251</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
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<tr>
<td>2018</td>
<td>125</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
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SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 11/9/2018
2015 – 2018 Erie County Opioid Related Deaths by Age

Number of Deaths

Source: Erie County Medical Examiners Office, *Closed Cases Reported thru 11/9/2018
# 2017 Census Estimates

**Erie County, New York**

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<thead>
<tr>
<th></th>
<th>Number</th>
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<tr>
<td><strong>Total Population</strong></td>
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<tr>
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<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
<td>477,561</td>
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<tr>
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<td>447,967</td>
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<td><strong>Age</strong></td>
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<td>15-19</td>
<td>59,044</td>
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<td>20-29</td>
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<td>70+</td>
<td>110,453</td>
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## Opioid Death Statistics

- **2017:** 84% White
- **2018*:** 80% White

- **2017:** 73% Male
- **2018*:** 70% Male

- **2017:** 55% 20-39 years of age
- **2017:** 29% 30-39 years of age

- **2018*:** 65% 20-39 years of age
- **2018*:** 34% 30-39 years of age

*2018 Preliminary Data – As of 11/9/2018

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3% Increase in Females

5% Increase in 30-39 year olds
2017 - 2018 Erie County Opioid Related Deaths by Residence

2017
N = 251

- Buffalo: 43%
- Suburbs: 43%
- Rural: 10%
- Other/Unknown: 4%

2018
N = 125

- Buffalo: 43%
- Suburbs: 36%
- Rural: 14%
- Other/Unknown: 7%

59 Pending

28% of persons who live in Erie County reside in the City of Buffalo

Source: Erie County Medical Examiners Office, *Closed Cases Reported thru 11/9/2018*
2017 AND 2018 ERIE COUNTY OPIOID RELATED DEATHS
BY TYPE OF OPIOID

Fentanyl Related²
54%

Heroin Related¹
18%

Other Opioids³
18%

Fentanyl & Heroin Related⁴
18%

2017
N=251

2018
N=125
(59 Pending)

Fentanyl Related²
62%

Heroin Related¹
14%

Other Opioids³
14%

Fentanyl & Heroin Related⁴
19%

All Fentanyl = 78%
All Heroin = 29%

All Fentanyl = 82%
All Heroin = 25%

¹ NO FENTANYL; POSSIBLE OTHER DRUGS INVOLVED
² NO HEROIN; POSSIBLE OTHER DRUGS INVOLVED
³ NO FENTANYL OR HEROIN; POSSIBLE OTHER DRUGS INVOLVED
⁴ POSSIBLE OTHER DRUGS INVOLVED

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 11/9/2018
Projects

- Trainings/conferences
- Research
- SBIRT roll out
Medical Teamwork:
The Evolution of Pain Management

Conference is FREE to attend. Register online now!

DATE AND TIME:
Saturday, November 17, 2018; 8:00AM - 1:00PM
(8:00 - 8:30AM Registration and Breakfast)

LOCATION:
Erie County Fire Training Academy
3357 Broadway
Cheektowaga, NY 14277

TARGET AUDIENCE:
Physicians, nurse practitioners and health care providers.

CONTINUING EDUCATION CREDITS:
Attendees will get 1 CME credit per course attended.

SPECIAL GUEST SPEAKERS:
Keynote Speaker: Michael C. Geraci, Jr., MD, PT
Closing Speaker: Gale R. Burstein, MD, MPH, FAAP

CONFERENCE SCHEDULE OVERVIEW:
• Registration and Breakfast - 8:00 - 8:30AM
• Keynote Speaker Presentation - 8:30 - 9:45AM
• Two 60 Minute Sessions with 5 courses running concurrently
• Session 1: 10 - 11AM; Session 2: 11:15 - 12:15PM
• Attendees can choose one course per session
• Closing Speaker Presentation - 12:30 - 1PM

SESSION 1: 10 - 11AM
Select one course:
Course 1: The Pain Pathway: How to Guide Your Patient Toward Conservative Care
Course 2: Role of Complimentary and Alternative Therapies in the Management of the Opioid Epidemic
Course 3: Beyond Pain: Case Studies and Success Stories!
Course 4: Medical Spine Care: Treatment Based on the Use of the Pain Mechanism Classification System
Course 5: How Chiropractic Can Assist with the Opioid Crisis

SESSION 2: 11:15 - 12:15PM
Choose one course from the selection above.

COURSE INFORMATION:
Course 1: The Pain Pathway: How to Guide Your Patient Toward Conservative Care
Instructor: Marcia Spoto, PT, DC, OCS
Course Objectives:
1. Describe the characteristics of a care pathway
2. Appreciate the role of a care pathway in managing select health conditions
3. Explain the impact of first-touch providers on patient outcomes and healthcare costs
4. Appreciate the importance of communication among members of a health care team

Course 2: Role of Complimentary and Alternative Therapies in the Management of the Opioid Epidemic
Instructor: Teresa M. Miller, PT, PhD, GCFP
Course Objectives:
1. Discuss alternatives to opioid use with their patients
2. Cite evidence for each of the alternatives
3. Analyze options available for treatment of pain and addiction
4. Compare accessibility, benefits, and obstacles to using various complimentary and alternative therapies for different patients

Please contact Cheryl Moore at Cheryl.Moore@erie.gov or at (716) 858-7695 with any questions.

For more detailed course information visit:
https://www.nypta.org/page/ConferenceNov17
UB Interprofessional Forums

• 2016-2018

• Educated 2284 students from the 12 professional programs about opioid epidemic and management and mitigation strategies

Participating UB Professional Programs

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<tr>
<th>Athletic Training</th>
<th>Medicine</th>
<th>Nursing</th>
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<tr>
<td>Dental Medicine</td>
<td>Healthcare Management</td>
<td>Physical Therapy</td>
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<td>Dietetics</td>
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<td>Health Law</td>
<td>Pharmacy</td>
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Interprofessional Forums

UB Interprofessional Forums educate future health care professionals to improve health care delivery through collaboration. The Office of IPE hosts IP Forums in the Spring and Fall.

Interprofessional Forums

Fall 2018 IP Forum - Confronting Opioid Use Disorder

The Office of Interprofessional Education to host its third annual Interprofessional Forum addressing the recognition of and solutions for the burgeoning opioid epidemic in our country. Over 750 students from 12 professional programs will bring their unique expertise...
• Service providers, community leaders and organizers, public health officials, members of educational institutions and those directly impacted
• Understand why drug policies have been unsuccessful in the past
• Learn to utilize models that are proven to save lives.
More Training

• SBIRT
• Buprenorphine certification
• Planning defense lawyer trainings to understand MAT and advocating for client for evidenced-based care
• Presentations to community groups
The Medicaid Drugs in Erie County with the Most Filled Prescriptions are:

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<thead>
<tr>
<th></th>
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<th>2016</th>
<th>2017^A</th>
<th>2018^A</th>
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<tr>
<td>1</td>
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<td>Atorvastatin Calcium</td>
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<tr>
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<td>3</td>
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<tr>
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<tr>
<td>5</td>
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<td>Lisinopril</td>
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<tr>
<td>6</td>
<td>Ventolin HFA</td>
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<td>Gabapentin</td>
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<tr>
<td>11</td>
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<td>Amoxicillin</td>
<td>Vitamin D</td>
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<tr>
<td>12</td>
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<td>Aspirin</td>
<td>Vitamin D</td>
<td>Amoxicillin</td>
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Research

- Partnering with UB Clinical and Translational Science Institute (CTSI)
Erie County Opioid Mortality Review Board

• Mortality Review Team conducts case review
  o HIPAA compliant review of autopsy records, medical health histories, mental health histories, key informant interview
  o summarize de-identified case findings
  o present to Review Board

• Look for root causes and patterns

• Use results to develop interventions to address identified gaps
Women’s Health SBIRT roll out