REACT-ing Well to Addiction and Mental Health Challenges

Locating, Recruiting & Managing the Patient with Opioid Addiction

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How Has PFD Responded to Rising Heroin Deaths?

- Philly’s heroin OD deaths rising every year
- Increase naloxone inventory
- Put naloxone on all engines, ladders
- Collect daily naloxone use data by zip code
  - Use as surveillance tool
  - Bad batch of heroin, fentanyl, carfentanil
  - Share with other agencies
This map depicts a count of Narcan administrations by Philadelphia Fire and EMS across Philadelphia ZIP Codes.

Total: 1258

Top 5 ZIP Codes:
- 19134 – 253
- 19124 – 92
- 19133 – 92
- 19140 – 69
- 19135 – 49

Narcan Administrations
Heroin Count YTD (June 2015)

- 0
- 1 - 16
- 17 - 32
- 33 - 49
- 50 - 92
- 93 - 253
2017 EMS STATE OF THE SCIENCE: Gathering of Eagles XIX

Responding to Opiate Ground Zero

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Medical Director Columbus Division of Fire

Associate Professor Ohio State University Wexner Medical Center
Tracking data on CFD Naloxone Use

- Age
- Gender
- Race
- Impression
- Hour of Day
- Transport Status
- Destination Facility
- Day of week
- Day of Month
- Zip code
- Multiple Narcan Uses
Opiate Surge Notification

• Each discipline has identified their critical indicator/trigger for initiating a conference call.

**Fire/EMS departments -**

*Double the average of 8 in a 24 hour period, of EMS suspected opiate-related runs in the City of Columbus based on the discretion of the EMS Chief*

**Law enforcement departments –**

*Columbus Division of Police: A seizure of narcotics that, upon testing, reveals the presence of fentanyl, carfentanil, or another fentanyl analogue and there is reasonable suspicion that there may be a substantial amount in circulation.*

**Public health departments:**

*A validated increase of drug overdose visits (to ED/Urgent Care) data through EpiCenter.*

**Medical/hospitals:**

- An increase in the number of patients presenting to the ED either over a 24 hour time frame or in a short period of time;
- A higher than normal amount of doses of Narcan/naloxone are being given;
- Patients with a diagnosis of opioid overdose are presenting with symptoms that are at a higher level of acuity and require more definitive treatment than usual.

*If the critical indicator/trigger point has been reached, the Initiating Agency will call the Columbus Fire Alarm Office (CFAO) to schedule a conference call to discuss opiate overdose surge activity.*
Recovery Outreach

Naloxone Kit

- Naloxone Hydrochloride
- Corylene
- CPR Face Shield
RREACT Program

Rapid Response Emergency Addiction and Crisis Team

12 hours/day-7 days a week
• Mental health nurse
• Social worker
• In addition, there will be an EMS supervisor and paramedic crews from the Columbus Fire Department.

In response to opiate overdose, the RREACT team will be requested by EMS/Dispatch communication center for response to the receiving ED or on-scene location (if patient refuses transport). This initial outreach effort will be to assess the patient’s current use and immediate service needs; facilitate engagement and build rapport; and collect demographic information for future follow-up. Family supports will be provided as needed to include Project Dawn kits, counseling and support groups, and other appropriate referrals.

In response to mental health crisis response, the RREACT team may be requested by EMS/Dispatch communication center for on-scene response. The team will provide support to paramedics; assess for lethality if necessary; offer brief crisis intervention; and collect information on current linkage to services and facilitate re-linkage if appropriate.
STOPPING THE REVOLVING DOOR OF NARCOTIC ABUSE

Kenneth A Scheppke, MD
Medical Director
Palm Beach County Fire Rescue
• What is the current system for treating narcotic overdose?

• Is there something we can do to keep our patients from repeat overdose?

• How do we prevent the revolving door of narcotic overdose?
• 2010 Florida is the “Pill Mill Capital” of the USA
• 650 Million Oxycontin Tablets shipped to Florida
• Then Law Enforcement efforts, “Pain Clinics” shut, Doctors sent to prison for knowingly being a part of the drug trafficking trade
• 52% Drop in Oxycontin Death rate 2010 -2012
WITH OXYCONTIN GONE, OUR OLD NEMESIS HEROIN MAKES A COMEBACK, BUT THIS TIME ITS NOT ALONE...

426% increase in Fentanyl related overdose in 2013
1800% Increase in Narcotic Death Rate 2012 – 2015. So far 2016 is double again or 3600% increase in death rate since 2012
IS THIS A NATIONAL PROBLEM?
THE NEXT EPIDEMIC…

25 Million Substance Users in USA
4 Million Addicted
PBC Data: 2/3 have Hep C
HIV Rates Rising Rapidly
HOW DO WE CURRENTLY DEAL WITH OVERDOSE PATIENTS?

- Palm Beach County EMS Spent about $500,000.00 on Narcan in 2016
- Narcan is over the counter drug now
- Police have Narcan
- Addicts and their friends and family have Narcan
- But the death rate keeps rising….
THE REVOLVING DOOR
HOW DO WE CURRENTLY TREAT OPIATE ADDICTS?

HOW SHOULD WE TREAT THEM?

No soup for you! NEXT!
HOPE ON THE HORIZON

• DATA Passed 2000 Allows for treatment outside of federal drug centers (methadone clinic)
• Buprenorphine approved by DEA for MAT of withdrawal
MAT MODEL

Perfect fit – Maximum opioid effect.
No Withdrawal Pain
Euphoric opioid effect

Buprenorphine
Empty Receptor
Opioid receptor in the brain
Withdrawal Pain
Full-Agonist Opioid

Imperfect fit – Limited opioid effect
Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

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BARRIERS TO CARE

• Lack of insurance/financial resources
• Lack of transportation
• Lack of program space
• Pain/fear of withdrawal
• Lack of positive support structure
PALM BEACH COUNTY MAT PILOT PROGRAM
RESOURCES FOR MORE INFORMATION

• https://www.naabt.org/education/literature.cfm

• http://www.samhsa.gov/
QUESTIONS?

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