



Treating the Chronic Disease—OUD and EMS

- Kimberly Pruett MD Albuquerque NM
- C. Crawford Mechem MD Philadelphia PA
- Randy Katz DO Hollywood FL
- David Miramontes MD San Antonio TX
- Kenneth A. Scheppke MD Florida Dept Health

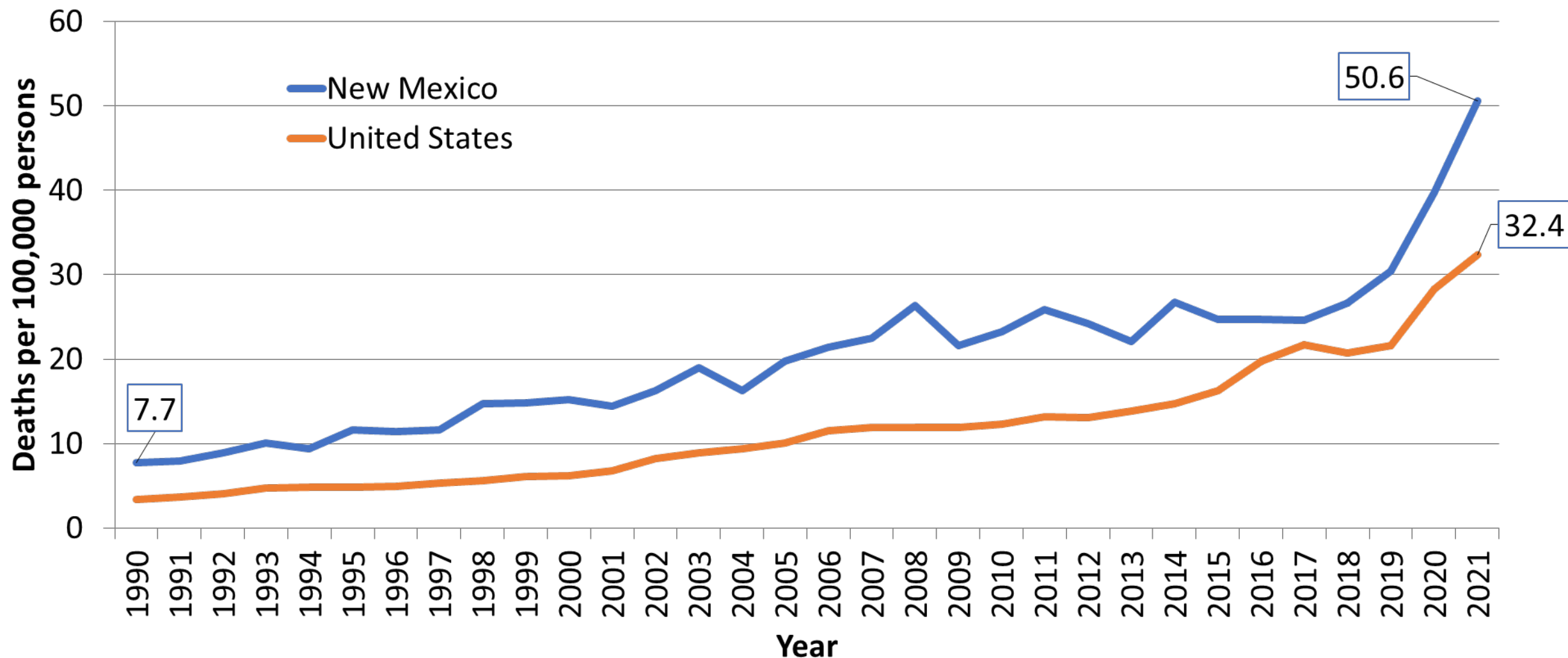




Dispatched to a 2-year-old having a seizure

Drug Overdose Death Rates

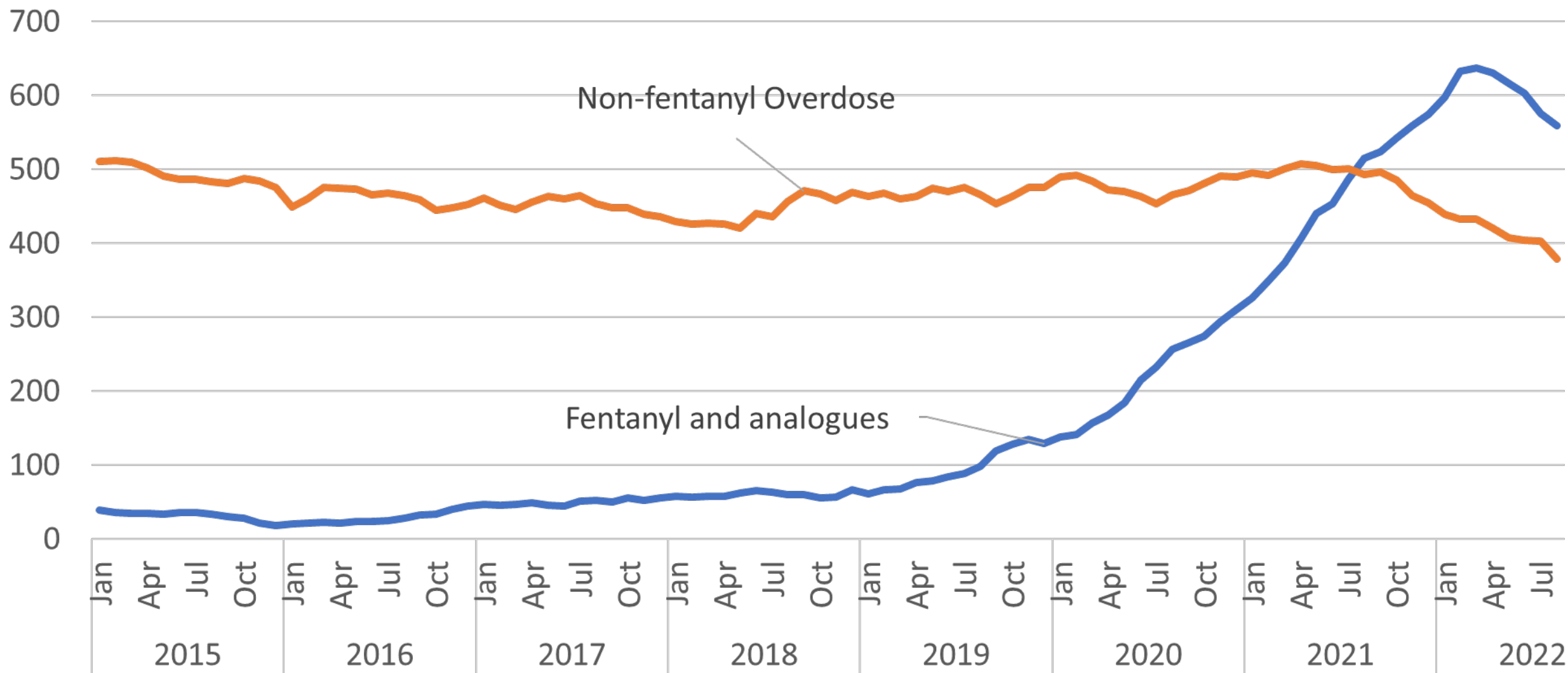
New Mexico and United States, 1990-2021



Rates are age adjusted to the US 2000 standard population

Source: United States: CDC Wonder; New Mexico: NMDOH BVRHS death data

12 Month Running Totals of Overdose Deaths by Fentanyl Involvement, NM 2016-2022 (provisional)



Each point represents the sum of the prior 12 months
2022 data are provisional as of 12/31/22 and subject to change
Source: NM DOH Bureau of Vital Records and Health Statistics death data



DEA: Almost half of tested pills contain **>2mg** of fentanyl (adult lethal dose)



Ingestion and Inhalation

Oral ingestion, breast milk, object contamination (pacifier, etc), secondhand smoke

Warrant issued for Albuquerque mother after toddler overdoses on fentanyl

Brittany Costello | KOB
June 5, 2023 - 5:18 PM



ALBUQUERQUE, N.M. — First responders were called a La Quinta Inn in northwest Albuquerque in March. A two-year-old

Police: Albuquerque parents in jail after toddler's fentanyl overdose

Brittany Costello | KOB
Updated: June 5, 2023 - 3:53 PM
Published: May 29, 2023 - 6:58 PM



The Albuquerque EMS Experience

- 15 Narcan administrations to peds <16yo in the last year
- >50% to children younger than 2 years old
- Averaging 1 child per month (that we catch)
- Three x 2 year old overdoses in the last month

Other Stakeholders

Child Abuse Response Team Referral Data:

- Prior to 2020 : 2 consults for fent exposure
- July 2020 – July 2022:
 - 13 consults pediatric fentanyl exposures/ingestion
 - 23 consults for other exposure/ingestion

All affected patients < 4 years old

- Youngest affected patient 3 months old
- Approximately 50% required PICU admission

Poison Control toxic exposure surveillance system

- Statewide 10/14 pediatric fent exposures this year are < 5yo
- 96 total pediatric opioid exposures last year

OMI: 5 dead toddlers positive for fentanyl this year



These Kids Are Disguised

Call Types:

- Fainting/Syncope
- Choking
- Seizure
- Sick
- Trouble breathing
- Cardiac arrest



Pediatric Signs and Symptoms of Overdose

- Onset of somnolence and abrupt collapse
- Hypotonia (floppy) followed by rigidity/jaw clench
- Respiratory depression/apnea
- Seizure-like activity
- Cyanosis
- +/- Pinpoints pupils

**Exposure to other stimulants
causes mixed clinical picture**



Remember This

1

Consider opiate
overdose in young
children

2

Give Narcan to
unresponsive
children

3

Do NOT give
narcotics

Vetting the Vet-Drug: How Has the Explosion of Xylazine Use Affected EMS and OD Management ?



C. Crawford Mechem, MD
EMS Medical Director
Philadelphia Fire Department

Department of Emergency Medicine
University of Pennsylvania School of Medicine



The Context

- Decades-long drug problem
- In 2021, 1276 drug OD deaths
- 82% related to opioids
 - Mostly fentanyl, almost no heroin left
- 67% involved stimulants
 - Mostly combined with opioids



Along Comes “Tranq”

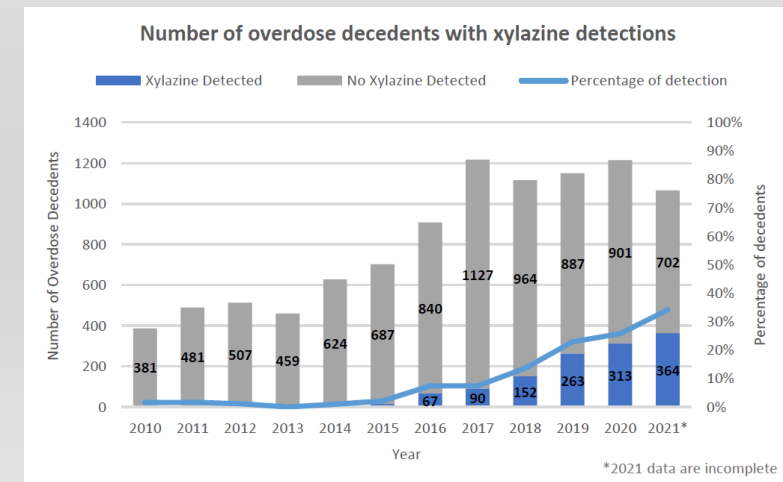
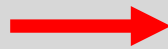
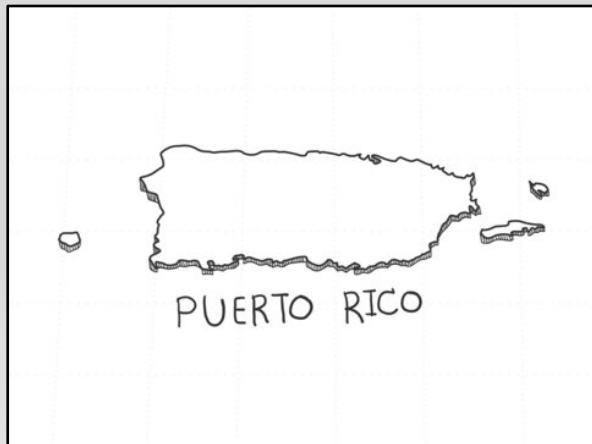
- In 2021, 34% of deaths involved xylazine (“tranq”)
- Often combined with fentanyl (“tranq dope”)
- Non-opioid veterinary tranquilizer
- Structurally similar to clonidine (α -2 agonist)
- Not FDA-approved for human use



Horse Tranquilizer

History of Xylazine

- First detected in Puerto Rico in early 2000s
- Outside Puerto Rico, Philadelphia has 2nd largest Puerto Rican population
- Detected in Philly drug supply in 2006
- In 2021, present in 90% of street opioid samples



Xylazine – Clinical Effects

- CNS, respiratory depression, miosis
- Hypotension, bradycardia, hypothermia
- Unique taste
- Amnesia, zombie walk
- Dependence, so withdrawal symptoms
- And severe, painful wounds...



How Xylazine Causes Wounds

- Trauma from “skin popping”
- Causes vasoconstriction, hypoperfusion
- Cellulitis, abscesses, ulcers, osteomyelitis
- Slow to heal - need ongoing wound care, antibiotics, surgery including amputation
- Complicated by homelessness, food insecurity, barriers to care, constant concern for withdrawal





Why Add Xylazine?

- Lasts longer than fentanyl so prolongs the “high”
- A kg of xylazine powder from China costs \$6-20
- Inexpensive, lucrative adulterant for fentanyl
- Maximizes profits. Customers like it.
- Good for business
- Not a federally controlled substance (for now)
 - PA added to list of Schedule III drugs effective June 3



How to Treat Xylazine Toxicity

- When in doubt, give naloxone
- Won't reverse xylazine but will reverse opioids
- No proven reversal agents in humans
- Supportive care, including wounds
- Anticipate, treat withdrawal

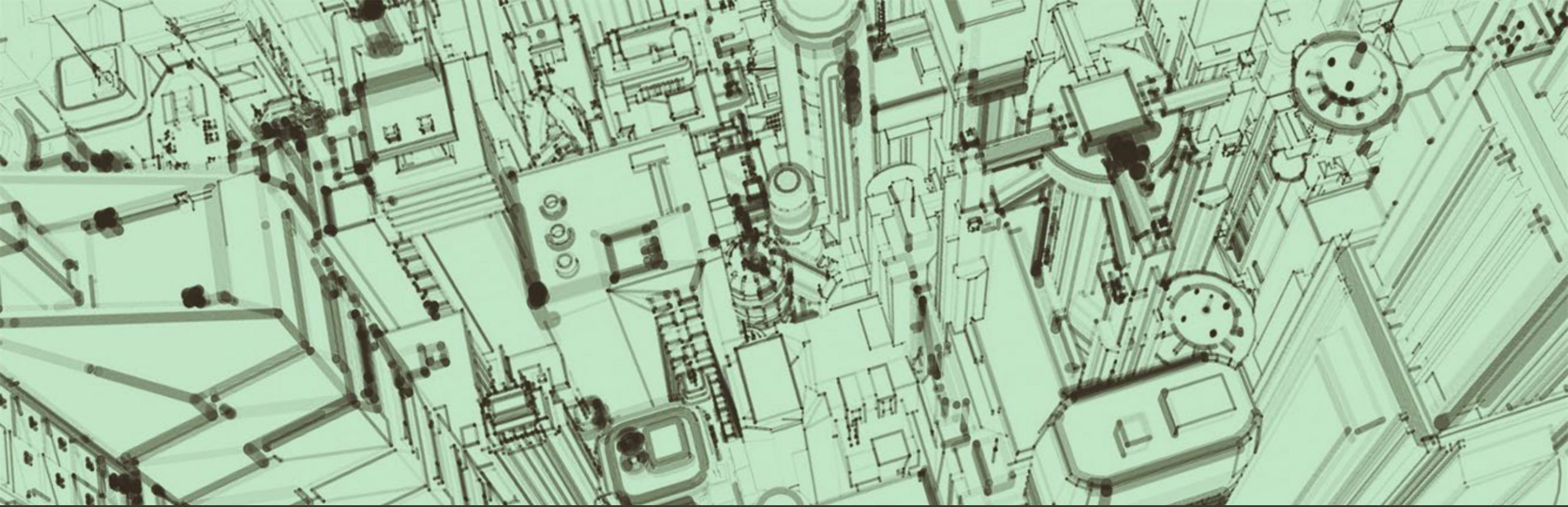
Wounds and Rehab

- Barrier to rehab programs
- Many programs won't accept clients with active wounds
- Path becomes ED → admission → rehab
 - Pts often leave hospital due to withdrawal sx
- Increasing number of community-based wound care clinics, street side first-aid stations, mobile wound care units



Conclusions

- Xylazine is growing problem in Philadelphia
- Driven by market forces
- Additive effects when combined with opioids
- Not reversed by naloxone
- Wounds are difficult to manage, barrier to rehab



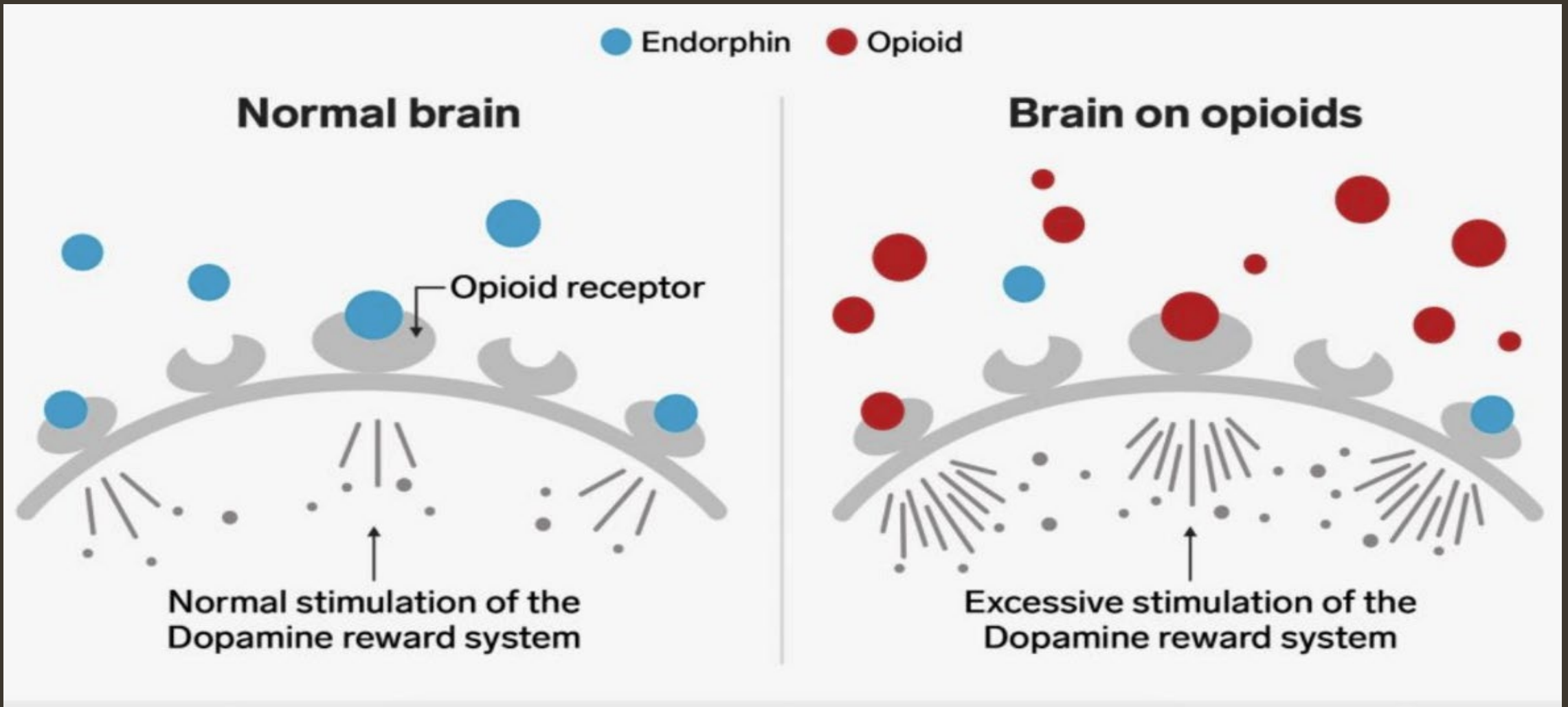
Putting out the Welcome “MAT”

Rand Katz, DO, FACEP – City of Hollywood Fire Rescue & Memorial Healthcare System

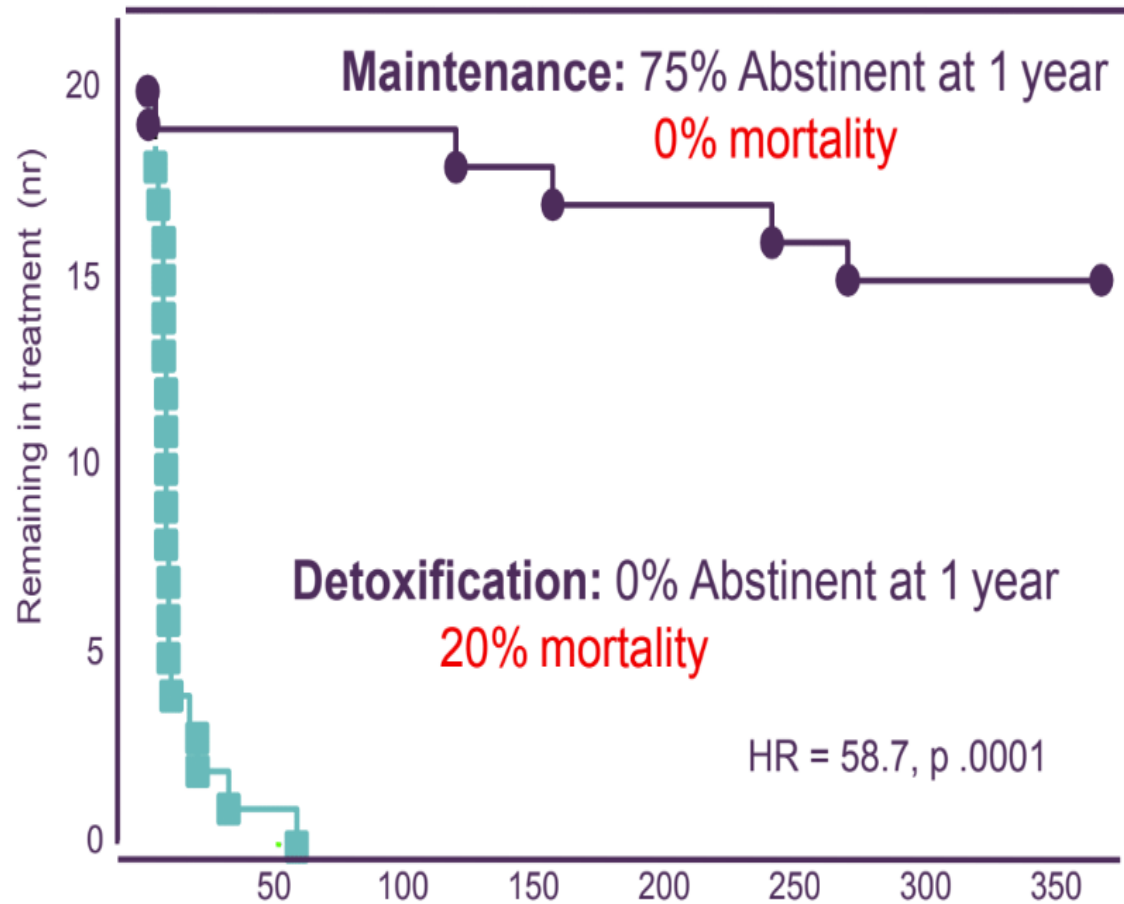


How Do Opiates Affect the Brain?

DOPAMINE DISINIBITION

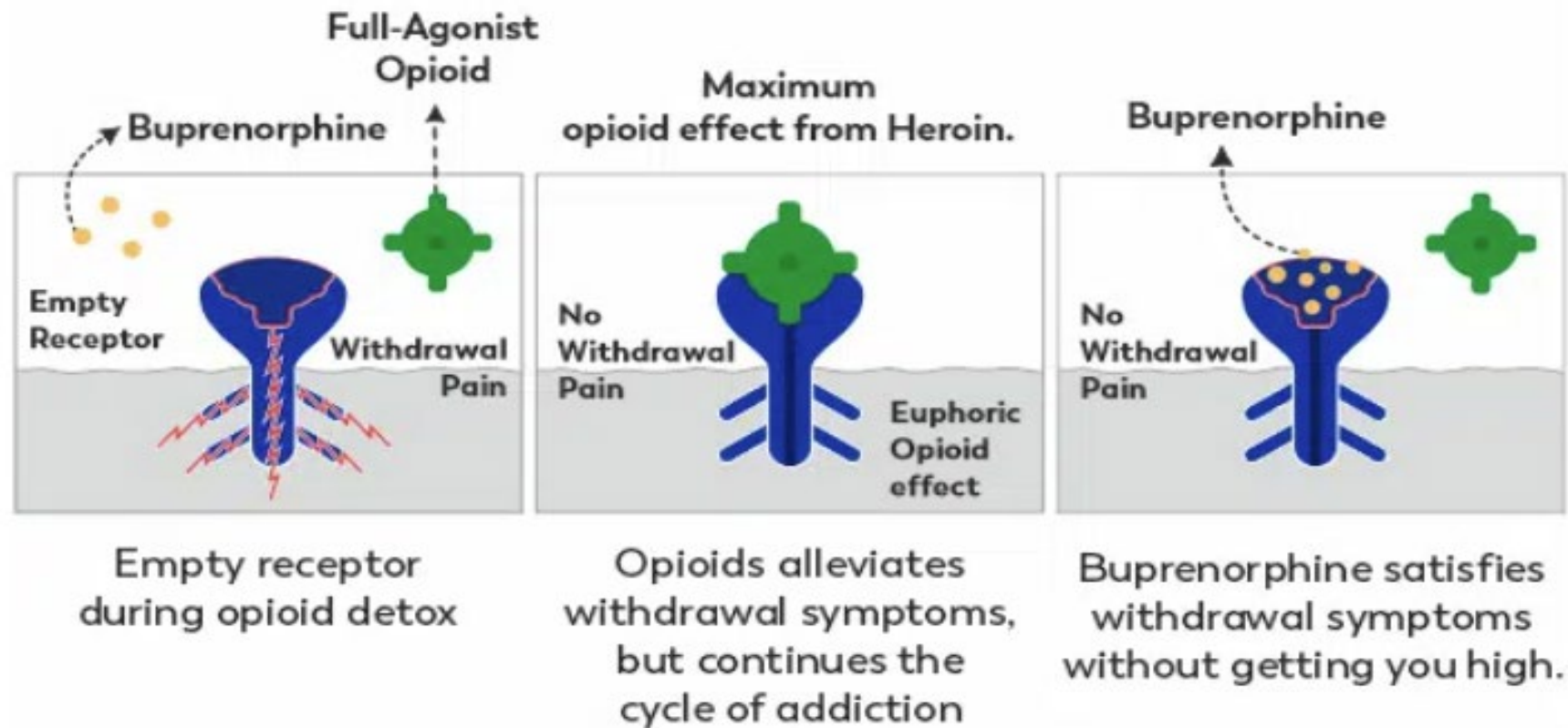


CHRONIC DISEASE MANAGEMENT



WHY BUPRENORPHINE?

How Buprenorphine Works



HARM REDUCTION STRATEGY

- Are we just replacing one “drug” with another “drug”?
- You can’t help someone when they are DEAD!
- Reduction in OD call volume for EMS
- Reduction in HIV and Hep C transmission
- Reduction in infant mortality
- Crime Reduction

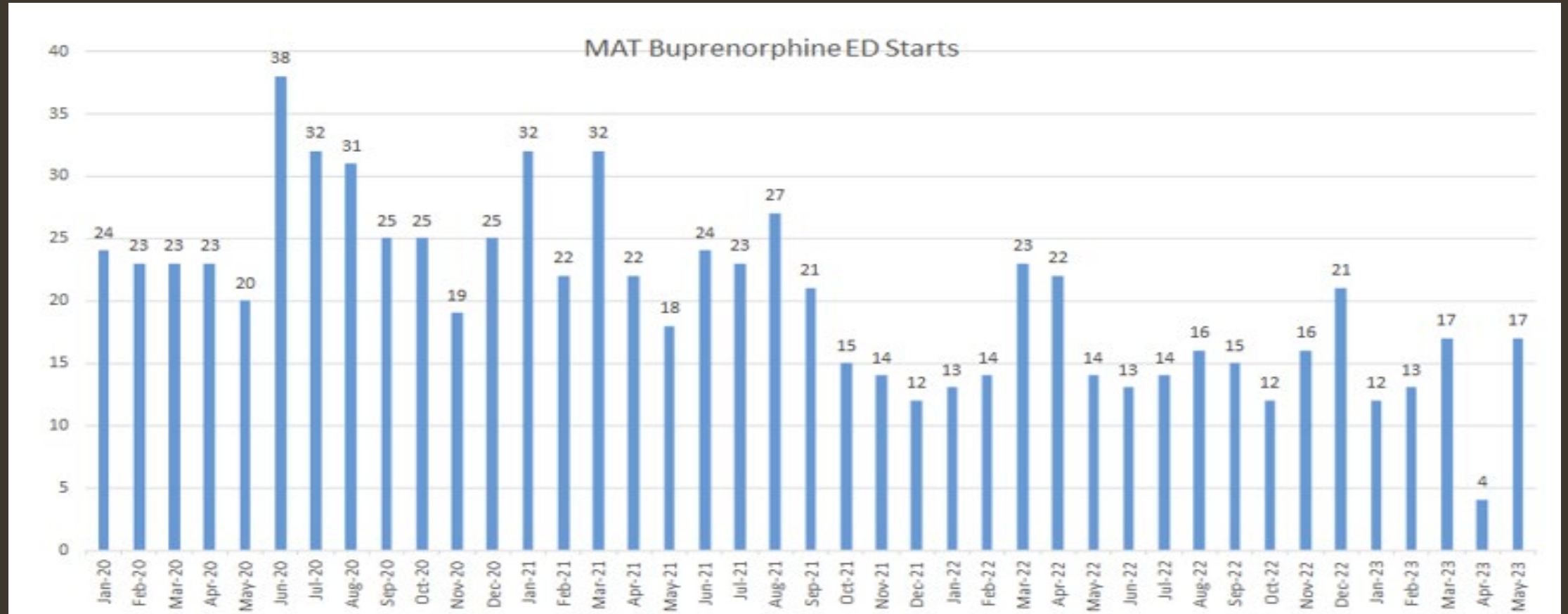
MAT in the Emergency Department

- Memorial Regional Hospital – Program started in 2018
- 6 Peer Specialists – 8A – 11P (7 days a week)
- 2 ED psychiatrists
- Integrated behavioral clinic
- Over 2,500 patients treated with approximately 50% retention at 30 days
- DEA X-waiver requirement – Lifted in 2023

2019 – 2023

Emergency Department Suboxone Inductions

Memorial Regional Hospital



BUPRENORPHINE BY EMS FOR OPIOID WITHDRAWAL- A COMMUNITY HARM REDUCTION INTERVENTION

DR. DAVID MIRAMONTES MD FAEMS FAEMS EMT-P
EMS MEDICAL DIRECTOR SAN ANTONIO FIRE DEPARTMENT

UT HEALTH SAN ANTONIO

PARAMEDIC JOHN DE LA GARZA
SAN ANTONIO FIRE DEPARTMENT



THE PROBLEM

10 OD
Cases
a day



“ BUT DOC I JUST USE
METH.....

WHY DID I OD?

” I GET DOPE SICK EVERY MORNING
AND NOW I HAVE TO USE
EVERYDAY.....



WHAT IS HARM REDUCTION?

“ YOU CAN'T HELP SOMEONE IF THEY ARE DEAD”

- PREVENTION OF DEATHS FROM OVERDOSE
- DECREASE INFECTIONS AND WOUNDS FROM IVDA
- HEALTHIER PREGNANCY
- DECREASE USE OF 911 RESOURCES FOR OPIOID CALLS
- TREATMENT OF OUD BENEFITS:
 - LOWERS HIV AND HEP C- LESS USE SHARED NEEDLES
 - CRIME REDUCTION
 - ACCESS TO PRIMARY HEALTHCARE AND CANCER SCREENING
 - PATIENTS RETURN TO SCHOOL/WORK ENVIRONMENTS





THE SAFD MIH OPIOID PREVENTION CRISIS TEAM



- 1 ADMINISTRATIVE TEAM LEADER (SAFD MIH)
- 3.5 EXISTING MEDICAL DIRECTORS (UT HEALTH)
- 4 OVERTIME PARAMEDICS (SAFD MIH)
- 2 TTOR MEDICS AND 2 MAT MEDICS MEET WITH OUD CLIENTS, PROVIDE OPIOID EDUCATION AND OFFER ENROLLMENT INTO AN APPROPRIATE PROGRAM

SAFD MIH PARAMEDIC EQUIPMENT

- Zoll Monitor (12 lead EKG Monitor)
- Thermo scan
- Advanced Airway and Trauma Kits
- Standard SAFD Bandages and Dressings (Major & Minor Trauma)
- Standard SAFD Medications (ALS, BLS, Controlled Meds)
- Standard equipment found on SAFD ALS Ambulance



(Addresses hidden)

7/27/2021 12:14:03 PM	0717718	M44	SAN ANTONIO	Toxic Ingestion - Known Substance (Other Info)
7/27/2021 12:22:36 PM	0717724	E16	SAN ANTONIO None Voiced	Welfare Check Toxic Ingestion - Suspected Opioid
7/27/2021 1:03:42 PM	0717747	M08	SAN ANTONIO Chest Pain	Cardiac - Chest Pain
7/27/2021 3:02:24 PM	0717820	M45	SAN ANTONIO None Voiced	Welfare Check
7/27/2021 3:07:44 PM	0717826	M09	SAN ANTONIO Fall	Injury - Ankle
7/27/2021 3:52:34 PM	0717860	E39	SAN ANTONIO	
7/27/2021 4:15:24 PM	0717872	M21	SAN ANTONIO	Hyperglycemia
7/27/2021 5:02:44 PM	0717907	E39	SAN ANTONIO Poisoning/Overdose - Intentional Med OD	
7/27/2021 5:05:44 PM	0717909	M40	SAN ANTONIO Poisoning/Overdose - Intentional Med OD	Psych - Suicide Attempt
7/27/2021 5:07:19 PM	0717910	M28	SAN ANTONIO	Toxic Ingestion - Known Substance (Other Info) Cardiac - Tachycardia
7/27/2021 5:41:14 PM	0717931	M07	SAN ANTONIO	Toxic Ingestion - Known Substance (Other Info) Altered Mental Status
7/27/2021 7:03:08 PM	0717981	M39	SAN ANTONIO Poisoning/Overdose - Substance Abuse	Toxic Ingestion - Known Substance (Other Info)

TEXAS OPIOID NALOXONE INITIATIVE (TONI) TONI KIT

CONTENTS



2 x
Naloxone
(Intranasal)

CPR
equipment

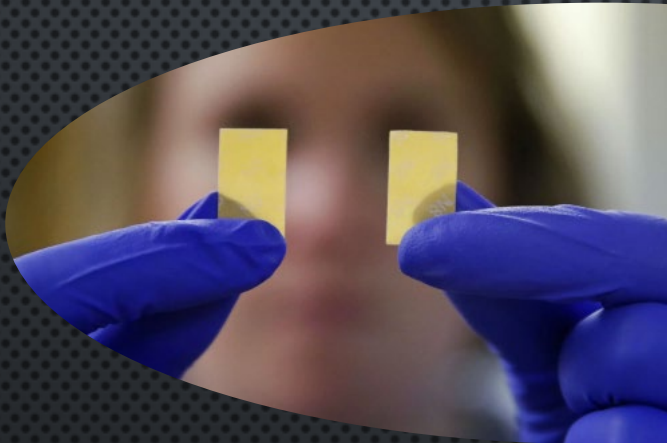
Gloves

Directions on
the use of all
products

TONI
Business
Card

Addiction
Assistance
brochure

BUPRENORPHINE AND NALOXONE SUBLINGUAL FILM



CLINICAL OPIOID WITHDRAWAL SCALE

Note: Give first dose when COWS score ≥ 7
SCORE: **5-12 = Mild**
 13-24 = Moderate
 25-36 = moderately severe
 More than 36 = severe withdrawal

? Is COWS >4 OK To Start ?

	DATE/TIME:	DATE/TIME:
Resting Pulse Rate: (record beats per minute) <i>Measured after patient is sitting/lying for one minute.</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120		
Sweating: <i>Over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 one subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face		
Restlessness: <i>Observation during assessment.</i> 0 able to sit still 1 report difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds		
Pupil Size: 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only rim of the iris is visible		
Bone or Joint aches: <i>If patient was having pains previously, only the additional component attributed to opiate withdrawal is scored.</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort		
Runny nose or tearing: <i>Not accounted for by cold symptoms or allergies.</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks		
GI Upset: <i>Over last ½ hour</i> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stools 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting		
Tremor: <i>Observation of outstretched hands</i> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching		
Yawning: <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute		
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable, anxious 4 patient so irritable or anxious that participation in the assessment is difficult		
Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection		
Total Score		
Observers Initials		
Blood Pressure/Pulse		
Dose of Buprenorphine/naloxone Given		

SAFD MAT PROTOCOL (BUPRENORPHINE)



- BASIC PHYSICAL ASSESMENT AND VITALS
- COWS SCORE >8 ? (we go lower if high risk OD)
- LAST USE HEROIN >24 HRS or Methadone>3 days ?
- TREATMENT PLAN
 - ZOFRAN 8 MG ODT
 - BENDRYL 25-50 MG PO
 - IMMODIUM 2 TABS PO PRN
 - BUPRENORPHINE 16 24 or 32 MG SL STRIPS
 - IF LESS 24 HRS LAST USE ---CAN USE CLONIDINE 0.2 PO Q12 HRS.

EXCLUSION CRITERIA

- OPIOID USE WITHIN 24 HOURS OR ANY LONG-ACTING OPIOID WITHIN 72 HRS. (METHADONE.)
- CHRONIC PAIN PATIENTS WHO ARE PRESCRIBED OPIOIDS.
- CURRENT EVIDENCE OF INTOXICATION TO ALCOHOL OR OTHER SUBSTANCES. OR HX BENZO USE
- CURRENT PREGNANCY. (RELATIVE)
(MAY BE TREATED WITH MEDICAL DIRECTION CONSULTATION)
- PRESENCE OF SEVERE CIRRHOSIS, LIVER FAILURE OR RENAL FAILURE (DIALYSIS).
- UNSTABLE VITAL SIGNS OR SIGNS OF HEMODYNAMIC OR RESPIRATORY INSTABILITY. ACTIVE INFECTION OR TRAUMA NEEDING MEDICAL ATTENTION.

ANOTHER WAY--BUP INDUCTION AFTER NARCAN INDUCED WITHDRAWAL

Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services

Gerard Carroll, MD*; Keisha T. Solomon, PhD; Jessica Heil, MS; Brendan Saloner, PhD; Elizabeth A. Stuart, PhD; Esita Y. Patel, PhD; Noah Greifer, PhD; Matthew Salzman, MD; Emily Murphy, MD; Kaitlan Baston, MD; Rachel Haroz, MD

**Corresponding Author. E-mail: Carroll-Gerard@cooperhealth.edu.*

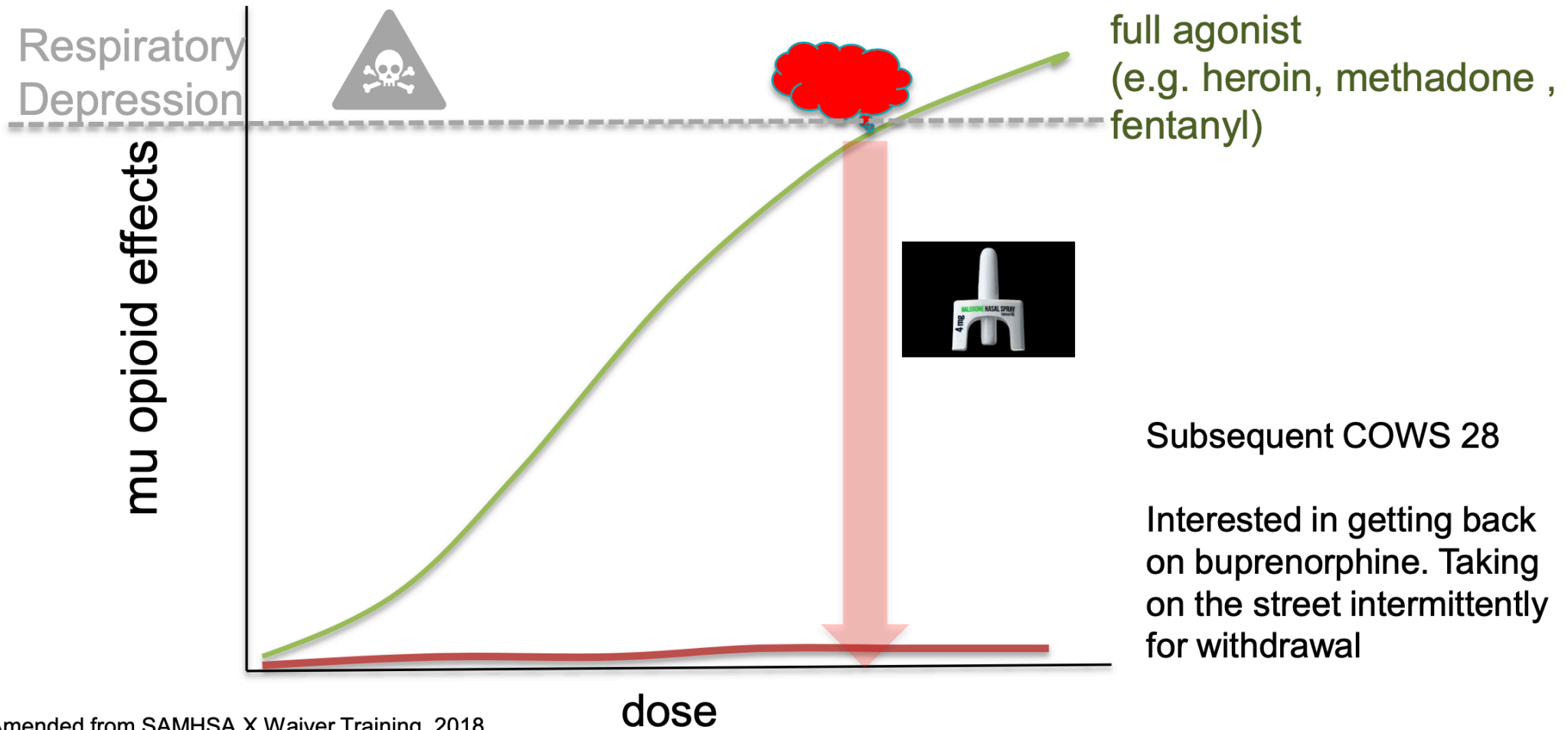
Study objective: To evaluate the efficacy and safety of utilizing emergency medical services units to administer high dose buprenorphine after an overdose to treat withdrawal symptoms, reduce repeat overdose, and provide a next-day substances use disorder clinic appointment to initiate long-term treatment.

Methods: This was a retrospective matched cohort study of patients who experienced an overdose and either received emergency medical services care from a buprenorphine-equipped ambulance or a nonbuprenorphine-equipped ambulance in Camden, New Jersey, an urban community with high overdose rates. There were 117 cases and 123 control patients in the final sample.

Results: Compared with a nonbuprenorphine-equipped ambulance, exposure to a buprenorphine-equipped ambulance was associated with greater odds of engaging in opioid use disorder treatment within 30 days of an emergency medical services encounter (unadjusted odds ratio: 5.62, 95% confidence interval, 2.36 to 13.39). Buprenorphine-equipped ambulance engagement did not decrease repeat overdose compared to the comparison group. Patients who received buprenorphine experienced a decrease in withdrawal symptoms. Their clinical opiate withdrawal scale score decreased from an average of 9.27 to 3.16. buprenorphine-equipped ambulances increased on-scene time by 6.12 minutes.

Conclusion: Patients who encountered paramedics trained to administer buprenorphine and able to arrange prompt substance use disorder treatment after an acute opioid overdose demonstrated a decrease in opioid withdrawal symptoms, an increase in outpatient addiction follow-up care, and showed no difference in repeat overdose. Patients receiving buprenorphine in the out-of-hospital setting did not experience precipitated withdrawal. Expanded out-of-hospital treatment of opiate use disorder is a promising model for rapid access to buprenorphine after an overdose in a patient population that often has limited contact with the health care system. [Ann Emerg Med. 2022;■:1-11.]

NALOXONE-PRECIPITATED WITHDRAWAL

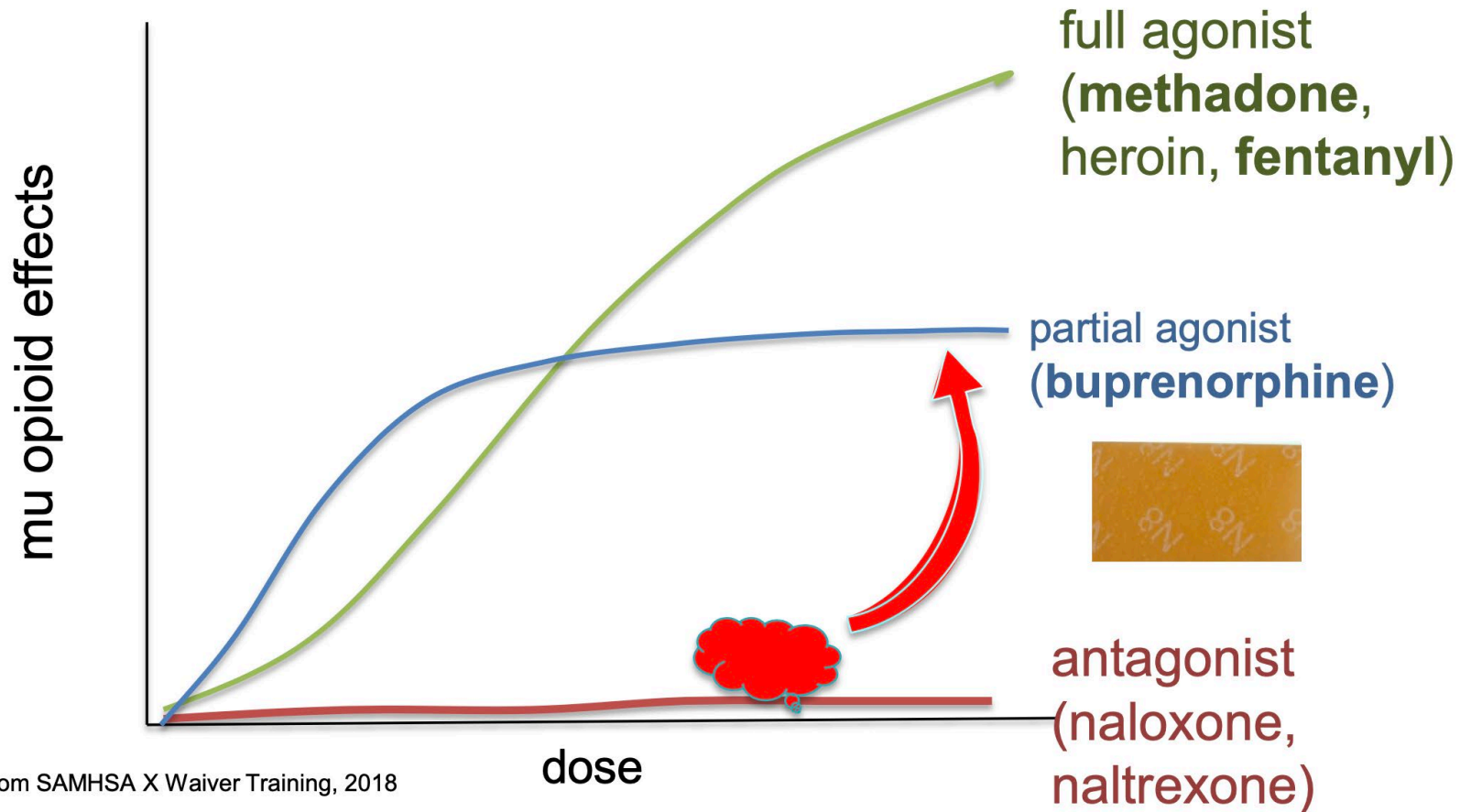


Amended from SAMHSA X Waiver Training, 2018

JOHN WEEMS, MD Assistant Professor, Internal Medicine, Dell Medical School at The University of Texas at Austin



BUPRENORPHINE AFTER ANTAGONIST



Amended from SAMHSA X Waiver Training, 2018

JOHN WEEMS, MD Assistant Professor, Internal Medicine, Dell Medical School at The University of Texas at Austin

CAMDEN NJ RESULTS-- VERY IMPRESSIVE

- NO PRECIPITATED WITHDRAWAL
16/24 MG DOSE- **VERY SAFE !!!!**
- COWS 9 TO 3 POST TREATMENT--
- **FANTASTIC !**
- 42 % ACTUALLY WENT TO
OUTPATIENT APPT!

Experience during EMS encounter

No buprenorphine side effects	0.96 (0.20)
16 mg of buprenorphine	0.79 (0.41)
24 mg of buprenorphine	0.21 (0.41)
Reported Initial COWS score	9.27 (4.64)
Reported Repeat COWS score	3.16 (2.55)
Attended scheduled appointment	0.42 (0.50)

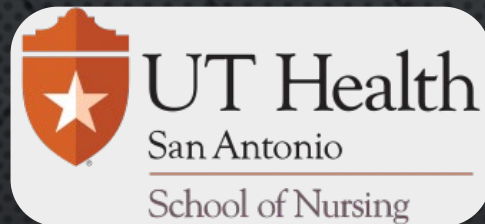
<https://doi.org/10.1016/j.annemergmed.2022.07.006>



San Antonio Fire Department

Texas Targeted Opioid Response

TTOR Fiscal Year 2022		
Individual Patients 842	Patient Contacts 1412	Patient Referrals 112





San Antonio Fire Department

Medication Assisted Treatment (MAT)

MAT Fiscal Year 2022		
Individual Patients 861	Patient Contacts 1854	Patient Referrals 203





DAVID MIRAMONTES MD FACEP FAEMS EMT-P

210-265-7891

MIRAMONTESD@UTHSCSA.EDU



Florida's CORe Network

Coordinated Opioid Recovery Network



Kenneth A Scheppke, MD, FAEMS
Deputy Secretary for Health
Florida Department of Health

Opioid Use Disorder

The face
of Substance
Use Disorder

ReDACTED PIC



How do we Currently Treat Opioid Use Disorder Patients?

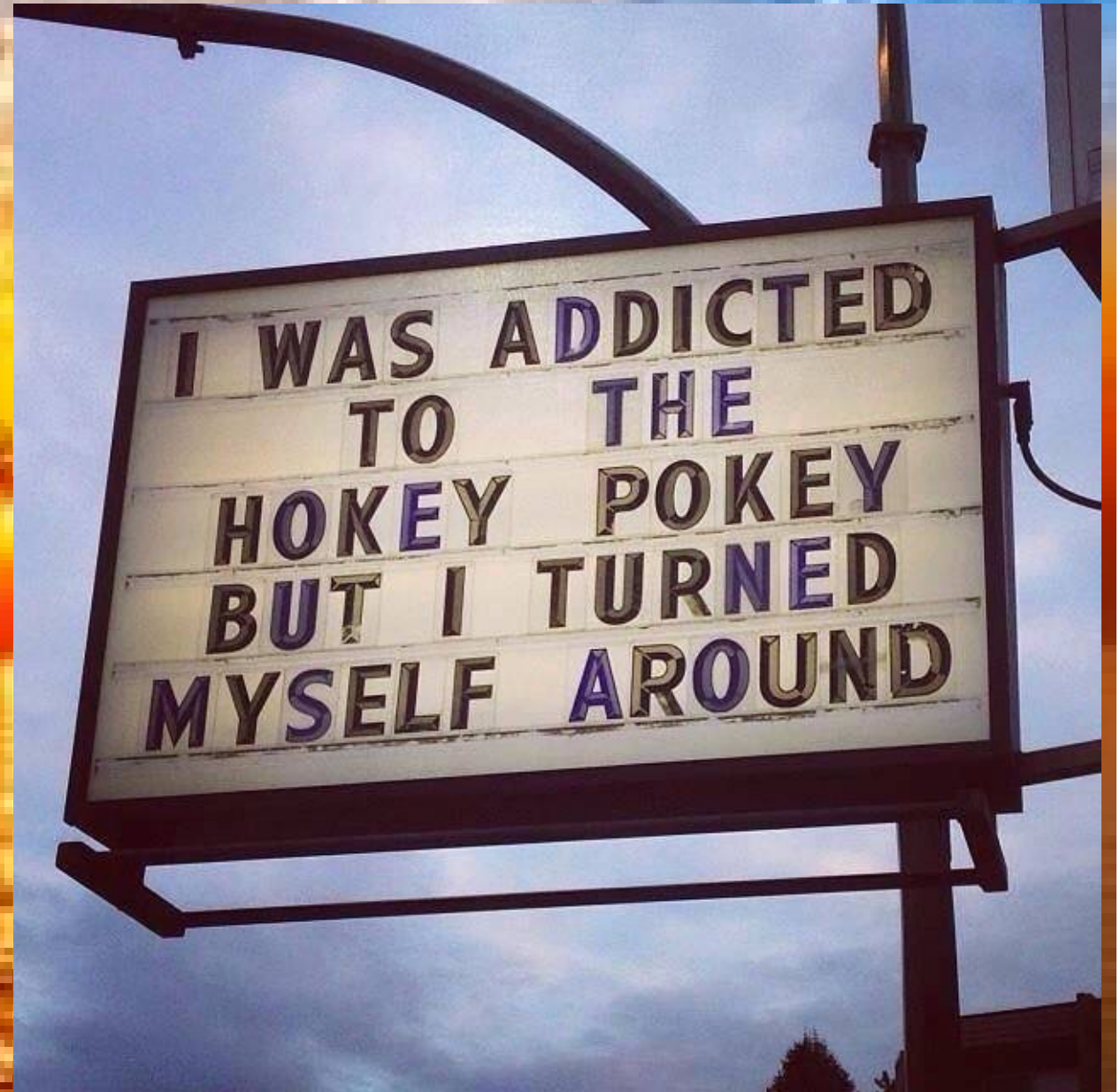


HOW SHOULD WE
TREAT THEM?

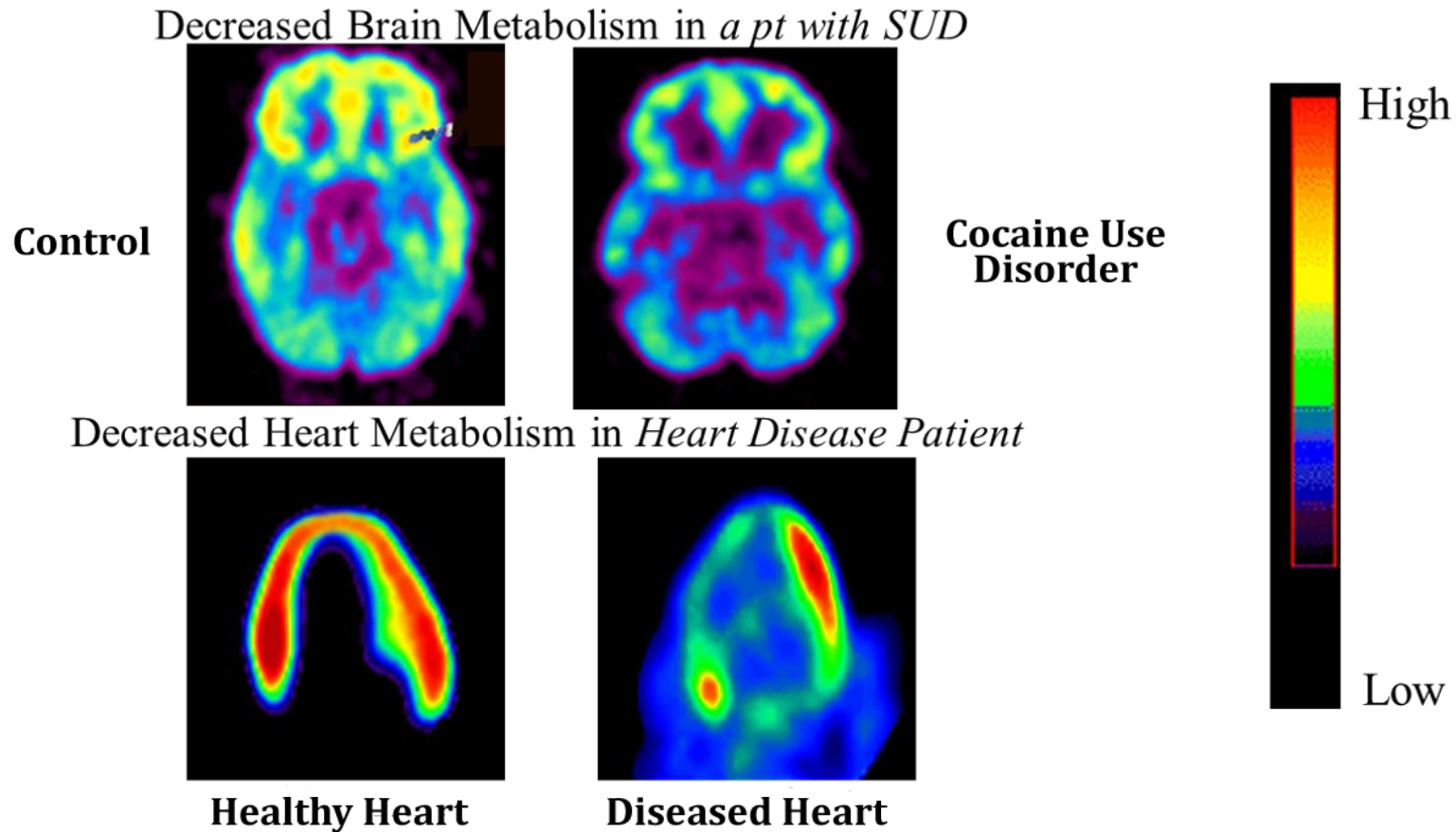
Hope on the Horizon

DATA Passed 2000 Allows for treatment outside of federal drug centers (methadone clinic)

Buprenorphine approved by DEA for MAT of withdrawal



Addiction is a Brain Disease



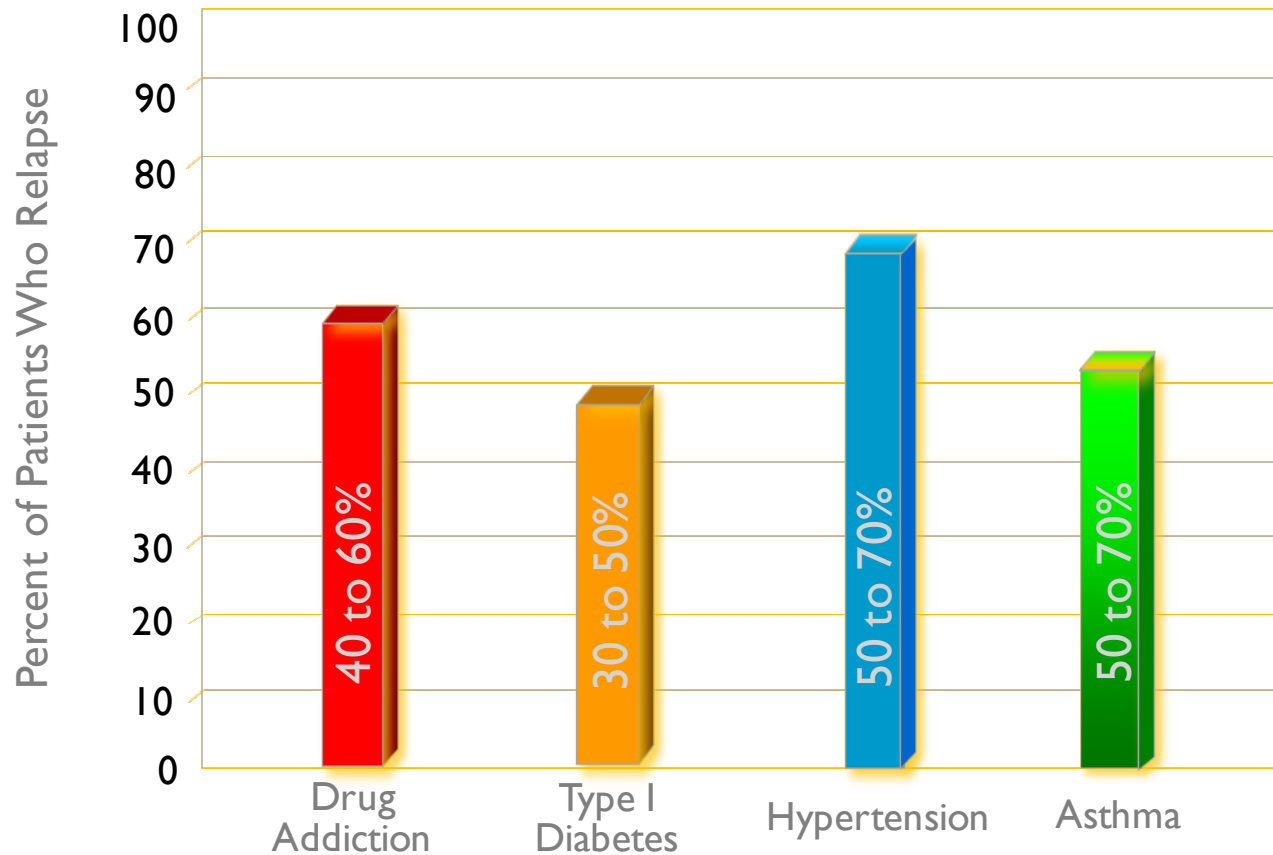
Sources: From the laboratories of Drs.N.Volkow and H. Schelbert

Don't We Treat All Other Chronic Diseases With Medications?

Addiction is
a Brain
Disease



Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



Source: McLellan et al., JAMA, 2000



Centralized Addiction Stabilization Center

- Concentration of expertise and resources
- EMS bypass to this facility
- 24/7 EM and Psych
- Collocated with 7 day/week outpatient substance use disorder clinic
- Staffed by Board Certified Psych/Addiction MD
- Funded by taxpayers
- Community Paramedicine care of patients during clinical off hours



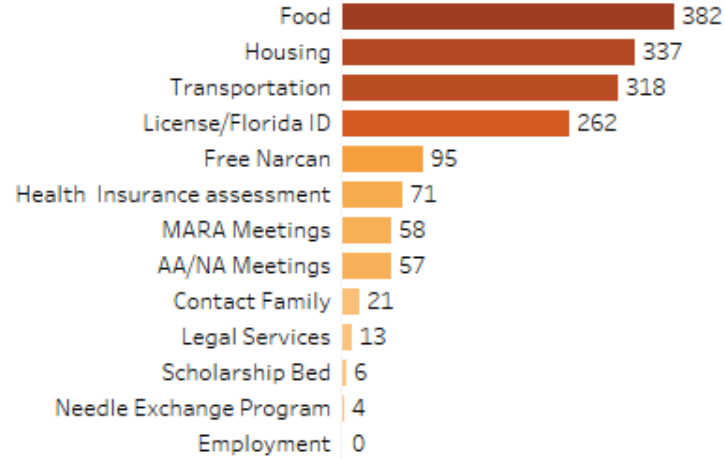
SUBSTANCE USE DISORDER (SUD) CLINIC

Lewis & Mangonia

Start Date 10/1/2021
End date 3/29/2022

Data collected starting 10/1/2021

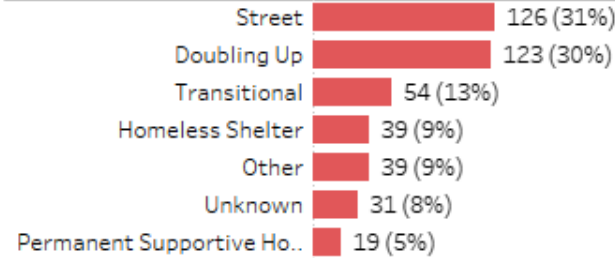
NEEDS THAT REQUIRE CARE COORDINATION



%
HOMELESS

48.6%

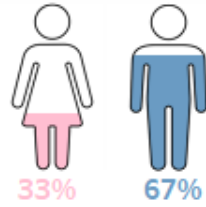
HOMELESS TYPE



DEMOGRAPHICS

Unique Patients

802



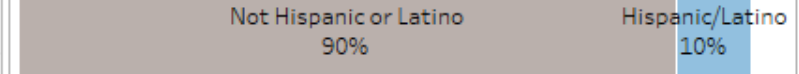
AGE DISTRIBUTION



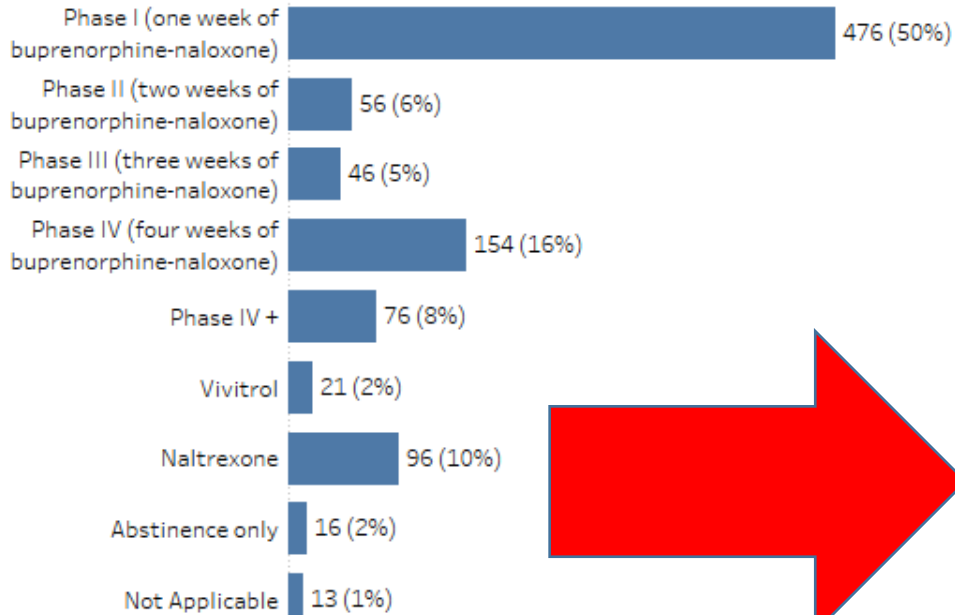
RACE



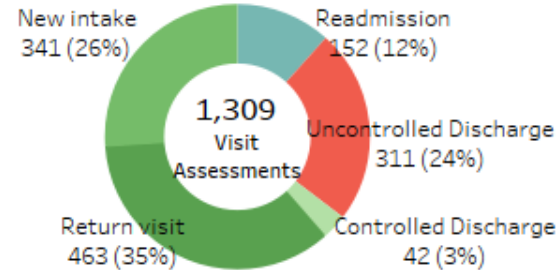
ETHNICITY



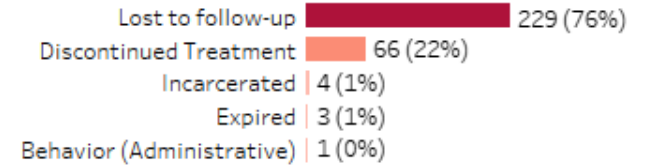
PHASE OF TREATMENT



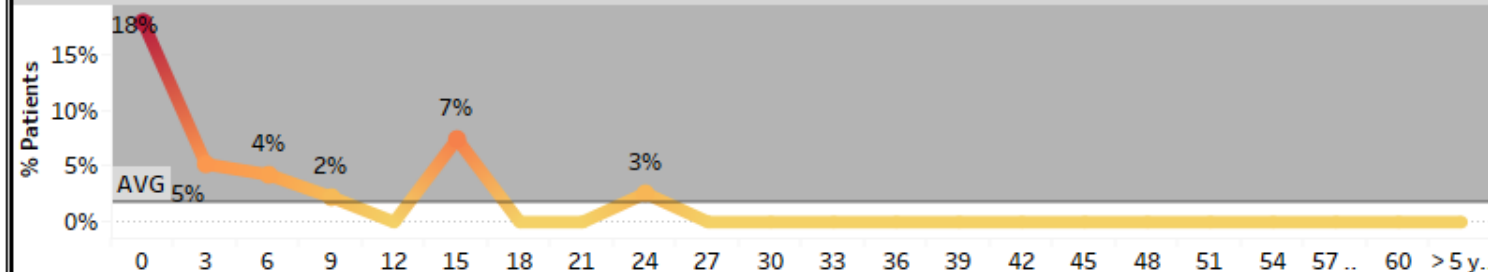
VISIT TYPE



UNCONTROLLED DISCHARGE



% OF PATIENTS WITH AT LEAST ONE OVERDOSE IN THE PAST 3 MONTHS



Outcome Measures



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

BRIEF ADDICTION MONITORING (BAM) BY TIME INTERVAL IN MONTHS

Total Surveys

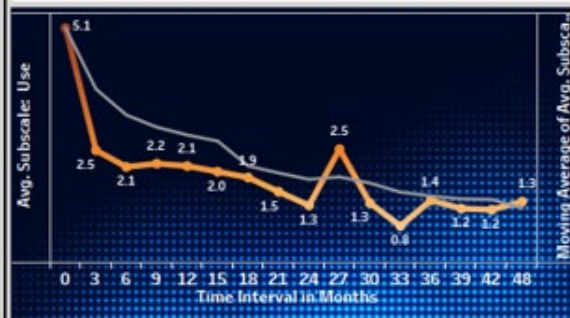
4,033



Cumulative BAMs since 2/2018

AVERAGE USE SCORES

Any Alcohol use, Heavy Alcohol use, Any Drug use
Scores range from 0 to 12 with higher scores meaning more Use



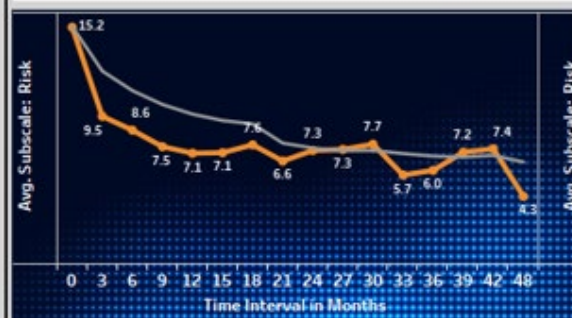
SCORING DEFINITION

Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

- In the past 30 days, how many days did you drink ANY alcohol?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5 ounce glass of wine.]
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

AVERAGE RISK SCORES

Physical Health, Sleep, Mood, Cravings, Family prob., Risky Situations
Scores range from 0 to 24 with higher scores meaning more Risk



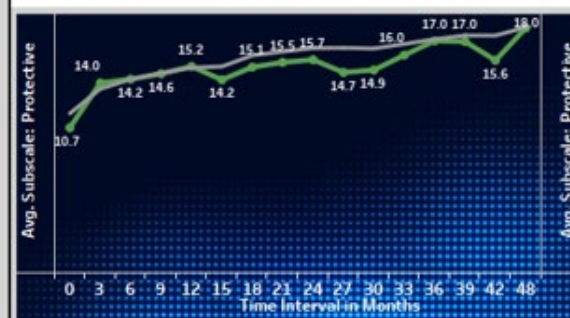
SCORING DEFINITION

Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)

- In the past 30 days, would you say your physical health has been:
Excellent (0) Very Good (1) Good (2) Fair (3) Poor (4)
- In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

AVERAGE PROTECTIVE SCORES

Confidence, Self Help, Religion, Work/School participation, support
Scores range from 0 to 24 with higher scores meaning more protection



SCORING DEFINITION

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more protection)

- How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days? Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- Does your religion or spirituality help support your recovery?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)
- In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)
- Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents? No (0) Yes (4)
- In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

Coordinated Opioid Recovery Network

The Palm Beach County Model

OUTCOMES INCLUDE

- Three-year retention rate of over **50%** of patients in original cohort.
- 0% of patients “experienced an overdose in the past three months.”
- Over 45 months, average patient use reduced from 5.2 times to **0**.

The model is comprised of a three-prong approach that includes rescue response, stabilization, and long-term treatment.

One Disease to Rule Them All...

- **Substance Use Disorder - Fix this and we help fix:**
 - HIV
 - Hep C
 - Hep A
 - Homelessness
 - Mental Health
 - Crime
 - Unemployment
 - Family Dynamics



The Effects of Treating Chronic Illness



3 Years After Beginning Treatment...

Redacted PICS



We can return patients to
good health and healthy
lifestyles



The CORE Network - A First of its Kind

CORE Network's Connected Care Model aims to eliminate the stigma of addiction and treat substance use disorder as a disease, just like all other chronic diseases, with the same level of continuous and ongoing care.

CORE CONNECTED CARE MODEL

LIFE-SAVING CARE

- Overdoses connected through 911 taken to specialized hospital.
- Community paramedicine to engage with those at highest risk.

SPECIALIZED STABILIZATION

- Addiction specialists stabilize patient.
- Hospital connects to sustainable recovery through peer navigators to identify short and long term needs.

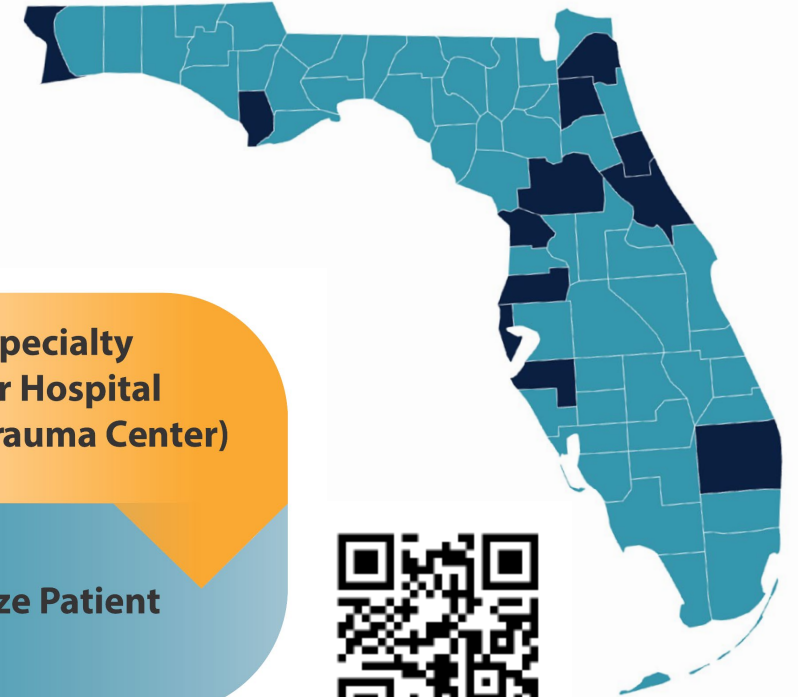
SUSTAINABLE RECOVERY

- Medication-assisted treatment.
- Mental health support.
- Primary care.
- Social services.

13 Counties So Far...

Expansion to 30 Counties Planned

Brevard	Citrus	Clay	Duval	Escambia	Flagler
Gulf	Manatee	Marion	Pasco	Pinellas	Volusia

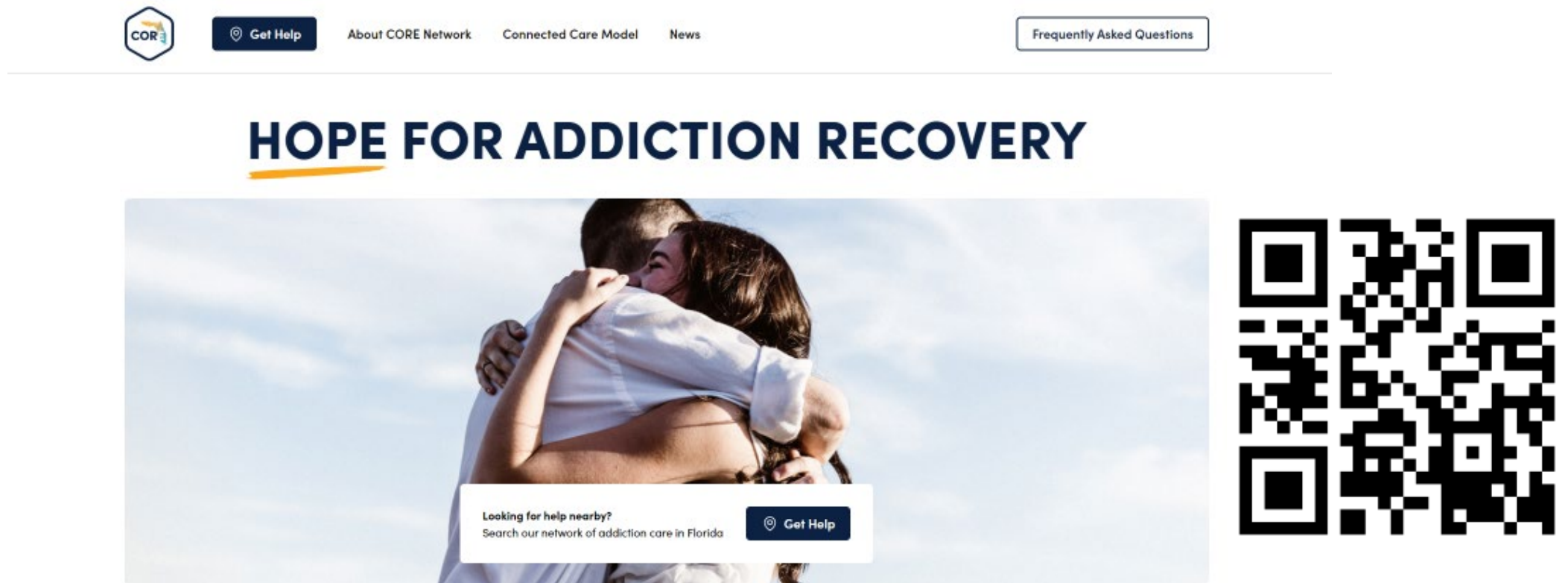


Neary 3000 Patients Placed on MAT Since Inception

FLCoreNetwork.com

CORE WEBSITE

The CORE website is now live, allowing Floridians to find treatment near them – even outside of the CORE network: www.FLCORENetwork.com



The screenshot shows the homepage of the CORE website. At the top, there is a navigation bar with the CORE logo, a 'Get Help' button, and links for 'About CORE Network', 'Connected Care Model', and 'News'. A 'Frequently Asked Questions' button is also present on the right. The main heading is 'HOPE FOR ADDICTION RECOVERY', with 'HOPE' underlined. Below the heading is a large image of a man and a woman embracing. In the bottom left corner of the image, there is a white box with the text 'Looking for help nearby? Search our network of addiction care in Florida' and a 'Get Help' button. To the right of the image is a large QR code.

Thank You!

