

Holistic Response to the Opioid Epidemic: The District of Columbia Experience

MWCOG Regional Opioid and Substance Abuse Summit

Public Safety Panel Session:

Developing a Holistic Response to the Opioid Epidemic

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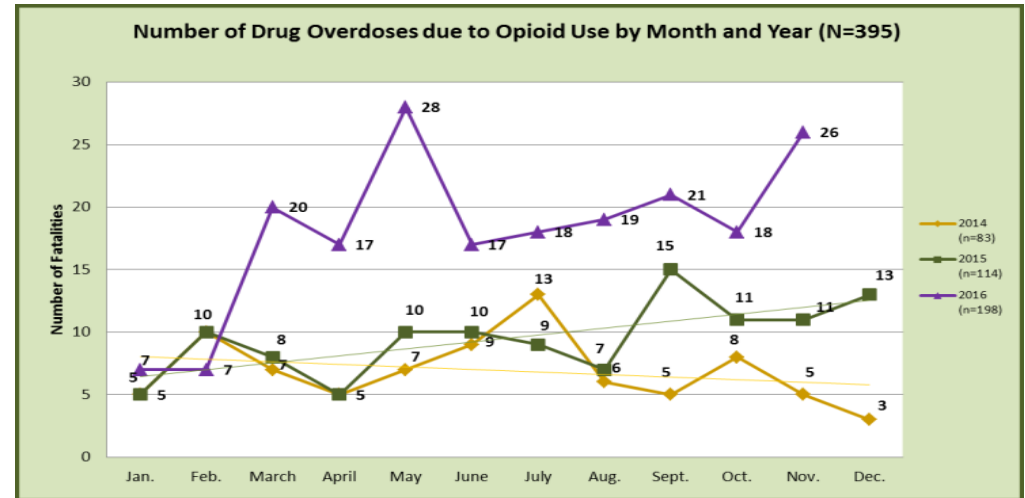
Opioid Overdose in DC: Scope of the Issue

Fatal overdoses due to opioid use in DC:

2014: 83
 2015: 114
 2016: **198**

102% increase in fatal overdoses due to opioid use from 2014 to 2016

In 2016, approximately **59%** of fatal opioid cases had either fentanyl or a fentanyl analog (fentanyl, furanyl-fentanyl, despropionyl-fentanyl, or p-fluoroisobutyryl-fentanyl) on board.



DC Fire & EMS Narcan administration:

2014: 1,520
 2015: 1,731
 2016: **3,074**

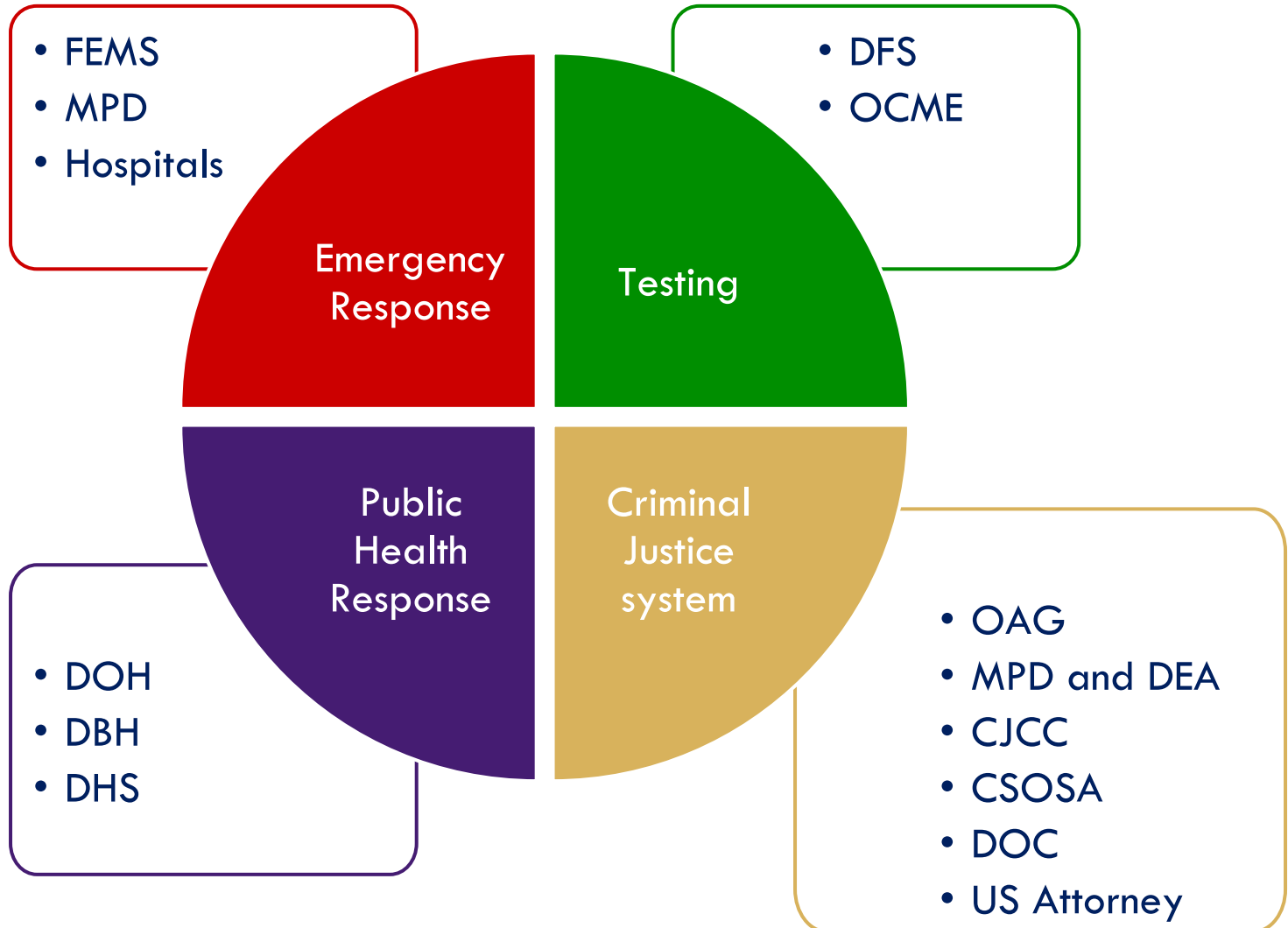
102% increase in Narcan administration by EMS from 2014 to 2016

DC Fire & EMS Naloxone (Narcan) Administration Count, CY 2014-2016

| | 2014 | 2015 | 2016 |
|-------|-------|-------|--------------|
| Total | 1,520 | 1,731 | 3,074 |

Sources: D.C. Office of the Chief Medical Examiner; D.C. Fire & EMS.

The Holistic Response



Key Elements of the D.C. Approach to the Opioid Overdose Epidemic

1. **Build a Big Table**: Convene government working groups that involve all relevant disciplines: including public health, public safety, and criminal justice. Share information across silos.
2. **Use Big Data**: Use public health epidemiological resources and techniques to analyze big data sets (EMS, hospital, medical examiner) to learn where, when, who and what is driving the epidemic in your community.
3. **Prevent Death**: Get Narcan to the patient; keep them alive.
4. **Guide People to Treatment**: Use big data and research findings to drive targeted community and individual public health interventions.

Build a Big Table: Convene government working groups that involve all relevant disciplines: including public health, public safety, and criminal justice. Share information across silos.

Key Working Groups:

Focus of group:

Heroin Working Group

Chaired by the Director of the Department of Health, meets monthly. All DC govt. public health and public safety agencies participate, plus external guest agencies such as DEA. Develops recommendations for the Executive, implements city-wide policy.

Public Health and Epidemiological approach, with input and participation from Public Safety

Criminal Justice Coordinating Council (CJCC) New Psychoactive Substances (NPS) Work Group

Meets bi-monthly, overlapping membership with above, plus criminal justice, courts (pre-trial services), probation and parole, corrections, etc. Facilitates collaboration on public safety issues involving multiple criminal justice or public safety agencies.

Public Safety and Criminal Justice, with input and participation from Public Health

Washington Regional Threat and Analysis Center (Fusion Center) Opioid Work Group

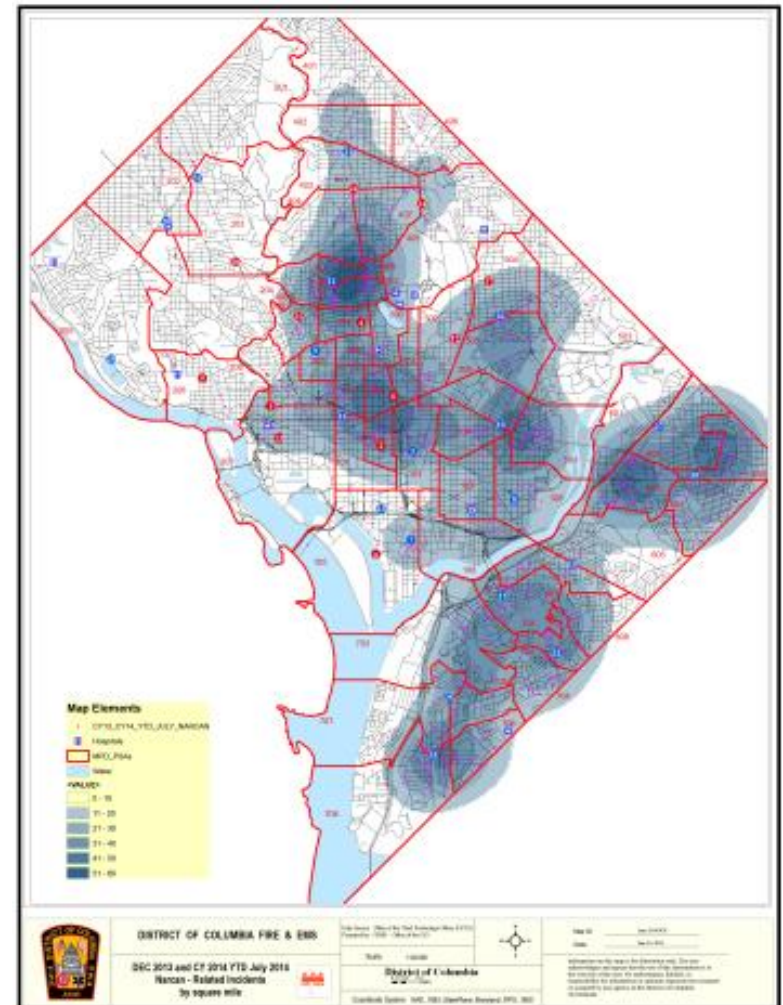
Meets on an ad hoc basis to foster exchange of information and intelligence related to the opioid epidemic.

Law Enforcement, with input and participation from Public Health, Criminal Justice, and Public Safety

Use Big Data: Use public health epidemiological resources and techniques to analyze big data sets (EMS, hospital, medical examiner) to learn where, when, who and what is driving the epidemic in your community.

Key big data sets that can inform and guide your opioid overdose prevention and response strategy:

- EMS
- Hospitals
- Medical examiner



Use Big Data: Use public health epidemiological resources and techniques to analyze big data sets (EMS, hospital, medical examiner) to learn where, when, who and what is driving the epidemic in your community.

Where and when:

- Narcan administration can be used (with limitations) as a surrogate tool to alert you in real time to potential geographic and temporal (rate-of-rise) overdose clusters. Enable push notifications from your ePCR system.
- Density mapping using ArcGIS and EMS datasets. (Key point: geospatial (x-y) coordinates should be converted to hundred-blocks or polygons to avoid identifying individual addresses.)
- Leverage your existing syndromic and bio-surveillance systems: CRISP (Chesapeake Regional Information System for our Patients), ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics), FirstWatch, etc.
- HIPAA is your friend, not your enemy—involve your general counsel and/or HIPAA compliance officer on the front end when designing your programs. Create formal data-sharing agreements with key partners.

Use Big Data: Use public health epidemiological resources and techniques to analyze big data sets (EMS, hospital, medical examiner) to learn where, when, who and what is driving the epidemic in your community.

Who:

EMS data, properly managed and reviewed, can be a useful source of information on drug use trends and biostatistics in your community.

Key point: If using Narcan administration as a vector to identify opioid overdose, manual review is necessary to screen out false positives.

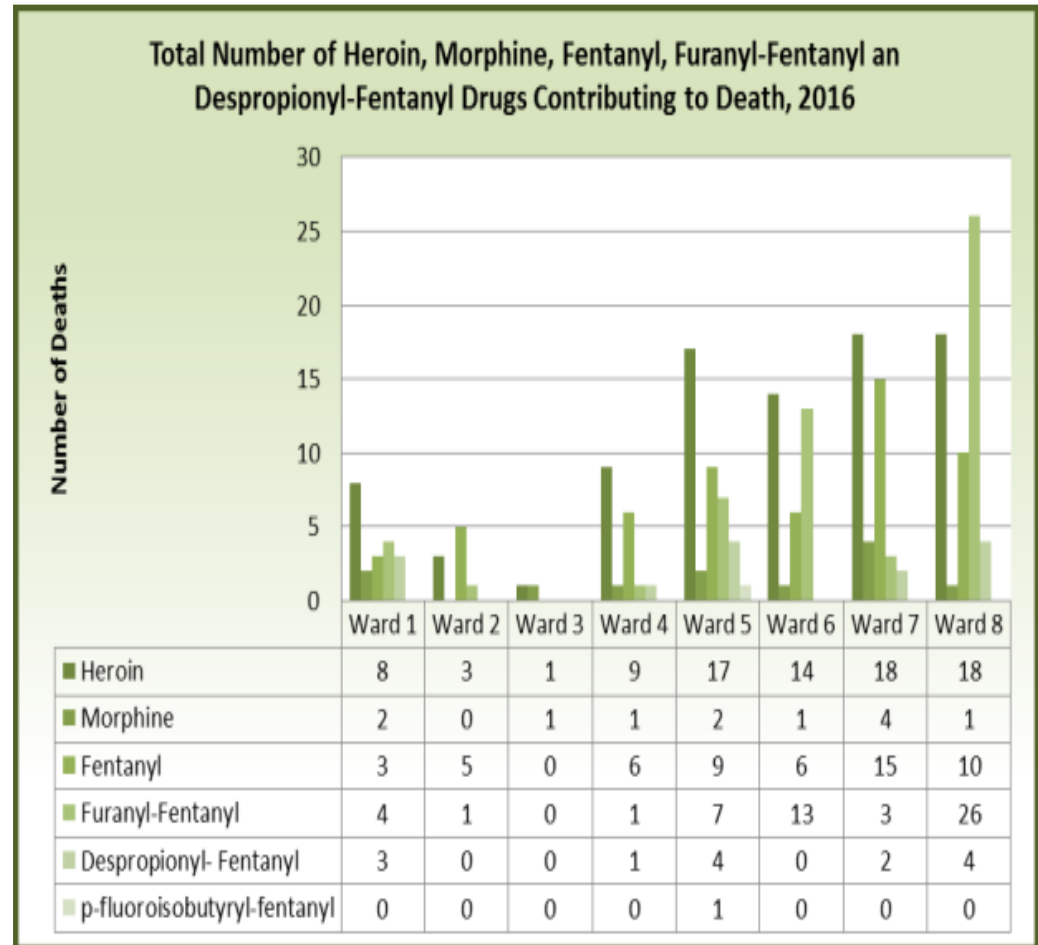
Demographics of suspected opioid overdoses treated by DC Fire & EMS, Summer 2015

| | |
|-------------|---|
| Age range | 19 to 68 years |
| Average Age | 51.3 years |
| Median Age | 55 years |
| Gender | <ul style="list-style-type: none">• 81% male• 19% female |
| Race | <ul style="list-style-type: none">• 83% African-American• 15% White• 2% Hispanic |
| Residency | <ul style="list-style-type: none">• 87% DC residents• 6% MD residents• 5% VA residents• 2% other |

Use Big Data: Use public health epidemiological resources and techniques to analyze big data sets (EMS, hospital, medical examiner) to learn where, when, who and what is driving the epidemic in your community.

What:

Medical examiner data can reveal what compounds are driving fatal overdoses. This information, in turn, can be mapped to the location of the overdose and/or the neighborhood of the victim.



Prevent Death: Get Narcan to the patient; keep them alive.

- Narcan has been a Basic Life Support (BLS) drug for DC EMS since 2002.
- Every fire truck and ambulance in the city carries Narcan.
- Every firefighter, EMT and Paramedic can give Narcan.
- DC Fire & EMS administered Narcan to over 3,000 unique patients in 2016.
- Administered nasally to reduce risk of injury.
- Available by prescription to DC residents.
- Health department coordinates training and distribution of Narcan kits to lay personnel who work with drug users.



Guide People to Treatment: Use big data and research findings to drive targeted community and individual public health interventions.

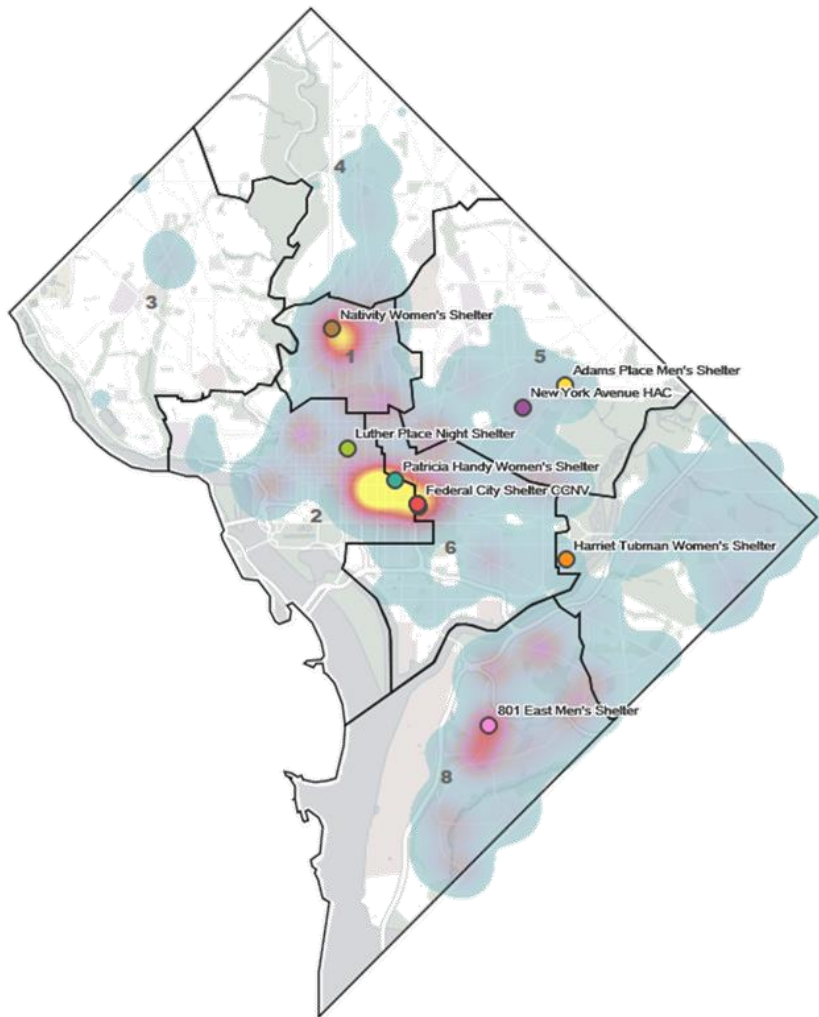
Fire & EMS and Department of Behavioral Health Partnership:
2015 Heroin Screening, Brief Intervention and Treatment (SBIRT) Pilot Program

Goal: Home visit from clinical outreach team within seven days of suspected heroin overdose for every victim in DC. Voluntary offer of referral and immediate transport to treatment.

Results: 54% of persons contacted committed to treatment plan (including 21% who were transported directly to treatment intake).



Guide People to Treatment: Use big data and research findings to drive targeted community and individual public health interventions.



2017 SBIRT II Pilot Program:

Use EMS data to drive targeted intervention by Department of Behavioral Health outreach teams to a core group of repeat synthetic cannabinoid overdose victims at the District's largest homeless shelter.

Acknowledgements

Grateful acknowledgment is made of the leadership and contributions of the following persons in the fight to reduce death and disability from opioid use and overdose in the District of Columbia.

The opinions expressed in this presentation may not necessarily represent those of the District of Columbia government or these persons. The presenter is solely responsible for any errors or omissions.

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