



Joining Forces:

Innovative EMS Approaches to the Opioid Epidemic

TASC's Center for Health & Justice
July 28, 2022



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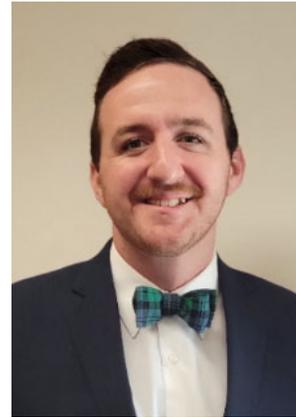
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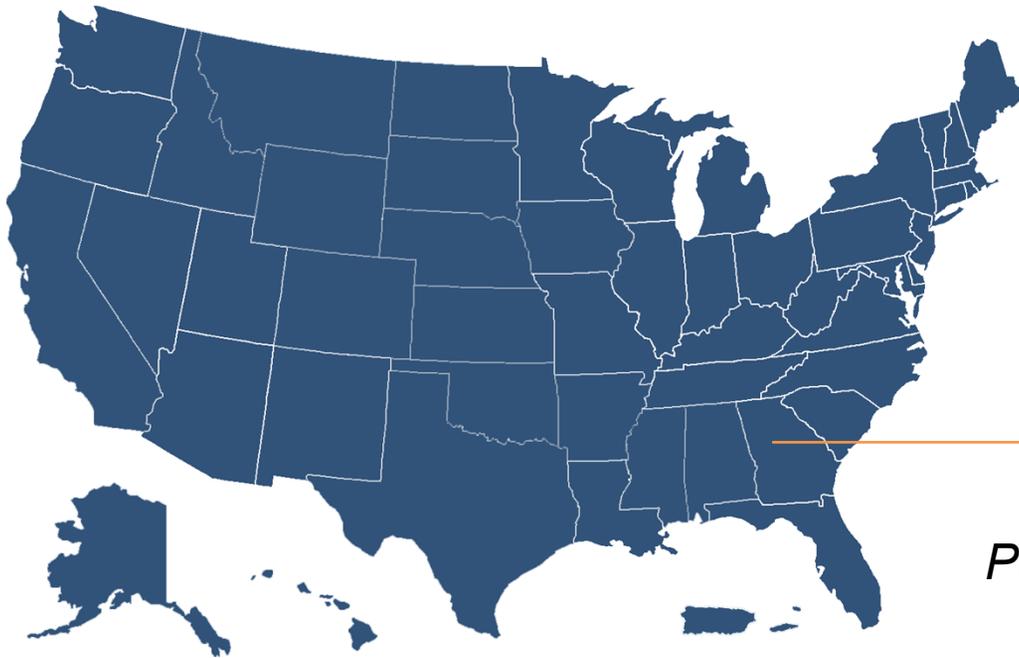
TTA provider for COSSAP first responder deflection/diversion grantees since 2017



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June 23, 2022



Using EMS Data for Collaborative Action

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OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

Acknowledgement

- This presentation is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$10.965M with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



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OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



COLLABORATE across public health and public safety sectors



SHARE data, insights, and trends we are seeing related to drug overdose in our communities



INFORM AND HELP local communities develop local solutions to reduce overdoses and save lives



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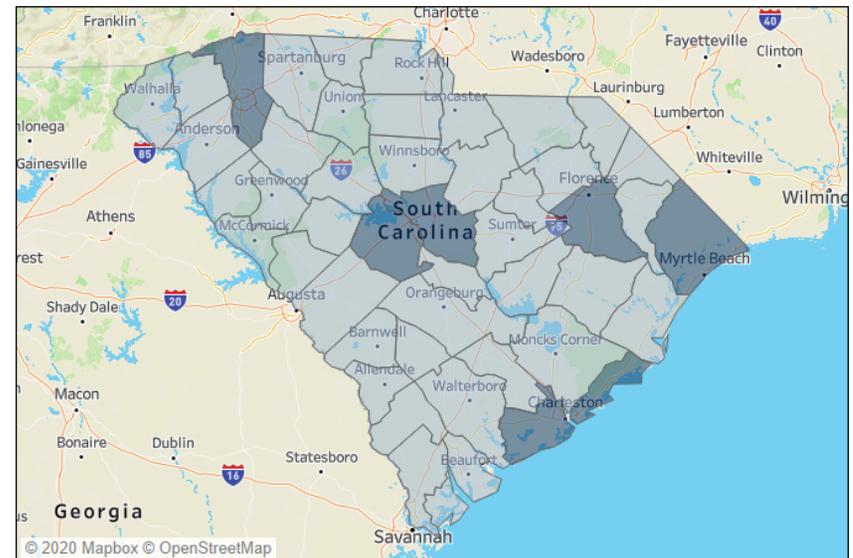
Objectives

- Describe how connecting EMS data to the Overdose Detection Mapping Application Program (ODMAP) has enabled stakeholders to identify hotspots and trends
- Describe use of EMS and other data sources to identify drugs, circumstances, and demographics of focus to deploy interventions



Context: South Carolina

- Centralized health department
- Separate state behavioral health agency with county authorities
- Elected county coroners
- Statewide submission of EMS data

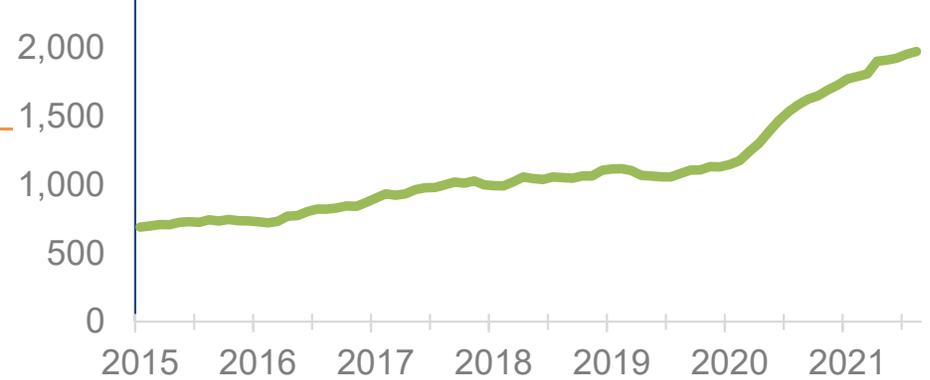


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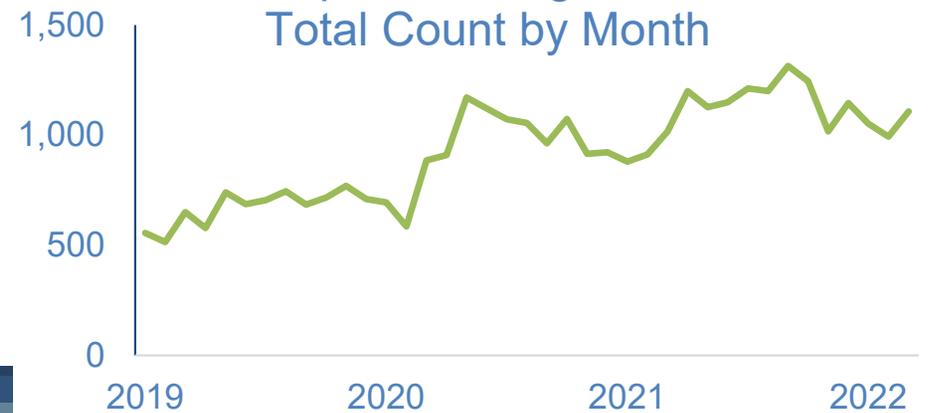
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Drug Overdose Deaths –

12 Month-Ending Provisional Counts



EMS Suspected Drug Overdoses – Total Count by Month

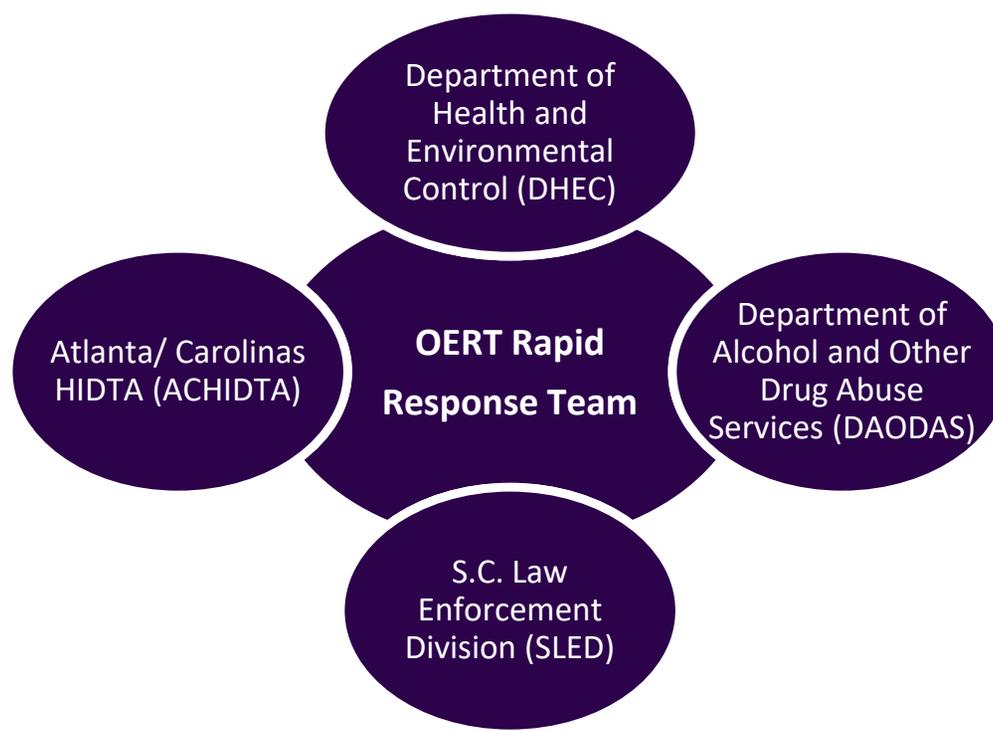


Sources: [CDC, National Center for Health Statistics](#); DHEC Bureau of EMS and Trauma

State Rapid Response Team

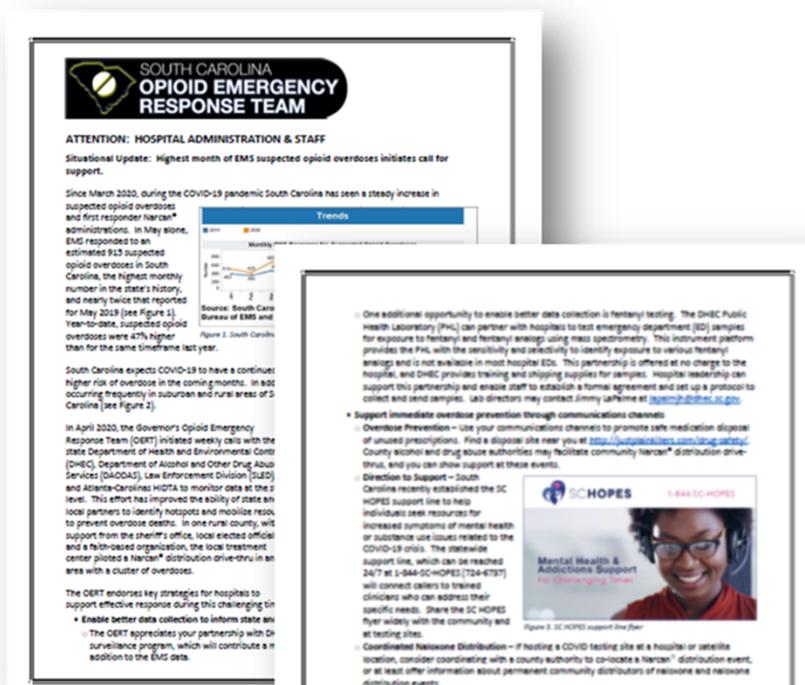
Goals

- Identify high-burden areas to target strategies
- Synchronize response efforts across state agencies and mobilize local partners



Alerting Partners to Emerging Trends

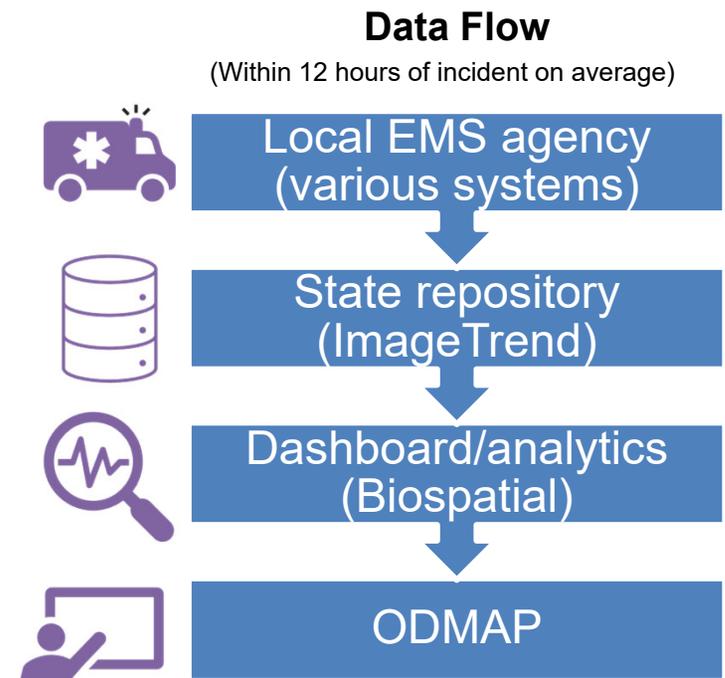
- Bulletins to specific audiences:
 - Hospitals
 - Coroners
 - Public safety
 - Prescribers and dispensers



Source: SC Opioid Emergency Response Team

ODMAP Overview

- Statewide integration of non-fatal suspected overdoses with EMS response since June 2021
- County-by-county fatal overdose information
- Primary users: Coroners, law enforcement, fire departments, EMS, 911 dispatch, county alcohol and drug authorities
- Overdose Response Strategy and Overdose Data to Action ODMAP trainer support ODMAP registration and utilization



Focusing Interventions on Hotspots



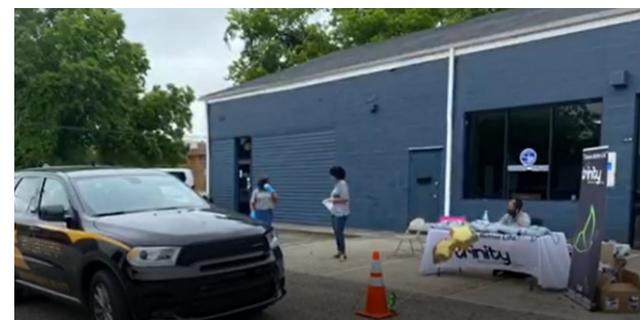
Trinity Behavioral Care presents
Poppin Pills Pop Dreams
Drive Thru
NO REGISTRATION REQUIRED
WE WILL BE GIVING AWAY.....

FREE NARCAN NASAL SPRAY
Reverse Opioid overdose until EMS can arrive

FREE DETERRA PACKETS
Dispose of Prescription medications that are unused or expired

MAY 18
11am-1pm

LOCATION
THE SWORD OF TRUTH
105 CHERAW STREET, BENNETTSVILLE SC
(PARKING LOT)



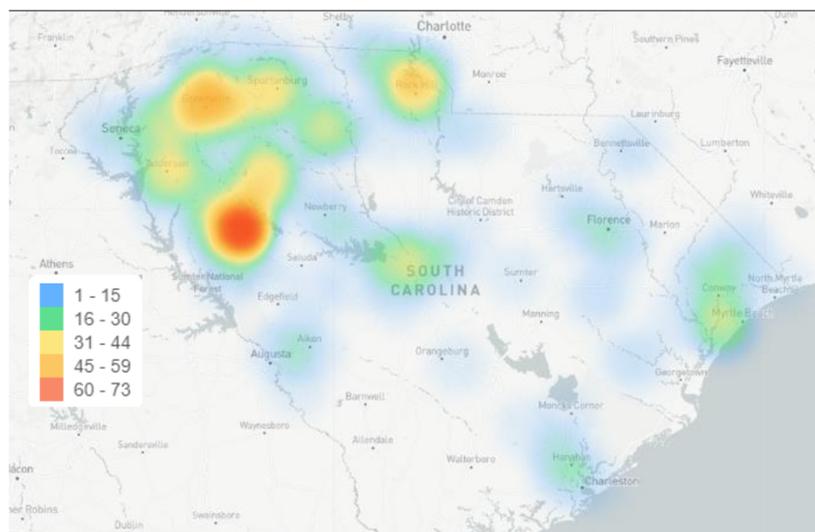
First, thank you for the info showing we had two OD hotspots...

Secondly, we are grateful that you suggested we aggressively go to the areas with outreach...

-- County Authority Staff

Source: SC Opioid Emergency Response Team, Trinity Behavioral Care

Focusing Interventions on Drug Types



EMS suspected overdoses involving "blue pills"
(January 2020–June 15, 2021)

Source: Biospatial



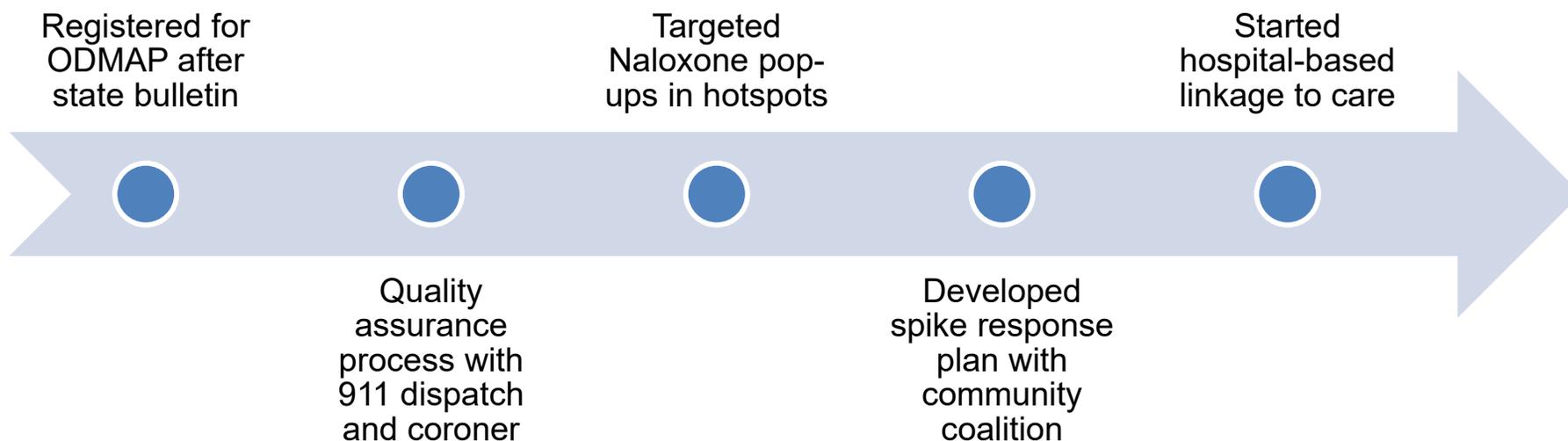
**ATTENTION: PARTNERS IN GREENWOOD & UNION COUNTIES
AND SURROUNDING AREAS**

**Advisory: Warning about potent counterfeit Roxicodone* ("blue pills"), dangers of using
drugs purchased without prescriptions**



Source: SC Opioid Emergency Response Team

Greenwood County, SC



Problem-Solving Using EMS Data



Questions EMS Data Can Help Answer	What Partners Can Do
Do locations of fatal and non-fatal overdoses differ?	Promote naloxone and Good Samaritan Laws to reduce fatal overdoses
Are treatment centers and other resources reaching populations at risk?	Deploy mobile resources and promote prevention, treatment, harm reduction, and recovery resources
When is overdose activity highest during the holiday season?	Ramp up public communications campaigns
Where are transport rates following overdoses highest and lowest?	Develop hospital-based linkage to care and paramedic-led post-overdose outreach
What locations experience multiple overdoses over time?	Place environmental signage, conduct outreach with business owners, and ensure naloxone availability



Measures of Effectiveness



- **Information-sharing activities**
 - Instances of outreach within counties and statewide
 - Reach of notifications
 - Additional data sources shared
 - Process/policy/program improvements
- **ODMAP utilization and engagement**
 - Number of registrations and county coverage
 - User feedback through surveys
 - ODMAP workshop participation
- **Community and systems change**
 - Increased real-time knowledge of overdose trends and faster response
 - Expanded uptake of evidence-based initiatives and innovative strategies
 - Greater targeting of resources to address opioid overdose burden
- **Mitigating growth in morbidity/mortality**
 - Bending the curve or reducing overdoses

Challenges and Next Steps

- Synthesizing other data sources to validate trends
- Improving ability to monitor stimulants and other drugs
- Continuing to build capacity of ODMAP user community to apply data effectively for local response



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Takeaways: Keys to Success

- Learn in real time
- Make information sharing routine
- Combine data sources for the full picture
- Leverage public safety, public health, and treatment/recovery resources
- Collaboration and feedback loops are mutually beneficial to all partners



Questions?

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CDC Foundation*

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EMS, the Opioid OD Crisis & Compassionate Outreach

- Arnold Alier, EdD, NRP
- Director of Prehospital Medicine Research & Overdose Prevention
- Bureau of Public Health & Preparedness



Introduction

- The opioid overdose crisis has been increasing at an unrelenting pace in South Carolina for over a decade
- While many states saw a decline in 2018, South Carolina was one of five states with an increase in overdoses and deaths that year
- The COVID-19 pandemic exacerbated the opioid crisis in the state with a 53% increase of fatalities in the first full year of the pandemic (2020)
- The general public, EMS and healthcare perceptions of the opioid overdose epidemic do not line up with the actual crisis numbers
- EMS attitudes and misperceptions are often out of compassion fatigue or lack of empathy



Common Misconceptions

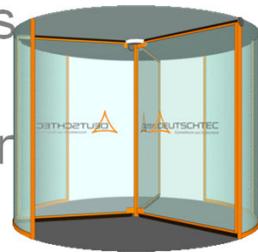
- Having Narcan available enables people who abuse opioids
- There is way too much Narcan in the street
- EMS gives Narcan to all opioid overdose patients it encounters
- Most of the naloxone EMS administers in the field are to the same overdose victims they encountered (“Narcan Repeater”)
- Most repeaters get naloxone more than 6 times a year from EMS or another first responder
- The dose of Narcan that law enforcement and firefighters is provided to administer is too high (4 mg)





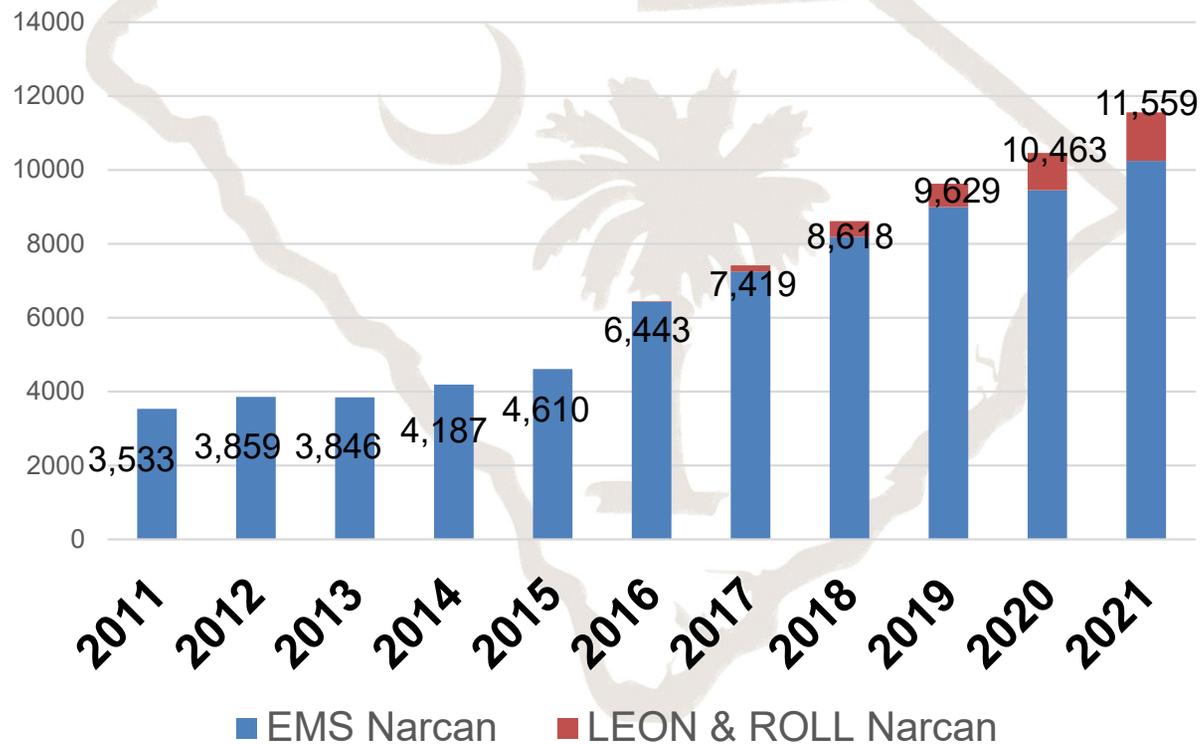
Narcan “Repeaters”

- To be consistent in defining terms, a Narcan repeater is a person that EMS has responded to and administered Narcan more than once within 12 months of the last administration
- Narcan repeaters AKA “super-users”, “frequent flyers”, “regulars” or “revolving doors”
- While difficult to track because of privacy issues, repeaters can be tracked using the EMS data system and the prescription monitoring program (or PMP) in South Carolina
- The preliminary repeater data has not been explored every year for various reasons (major NEMSIS updates, EMS repository changes COVID-19, etc.)
- Note that frequent location for overdose does not necessarily mean the same person is overdosing





South Carolina Prehospital Narcan Administrations

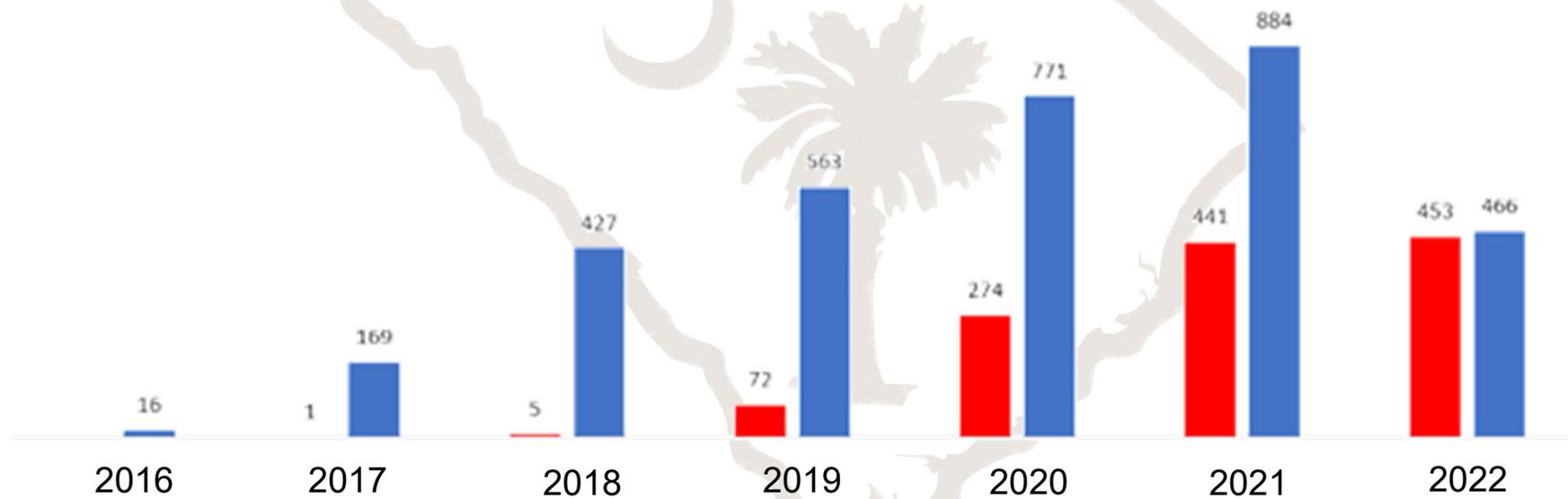


Data collected from SC EMS, LEON and ROLL Data Systems





South Carolina Fire & Law Enforcement Narcan Administrations



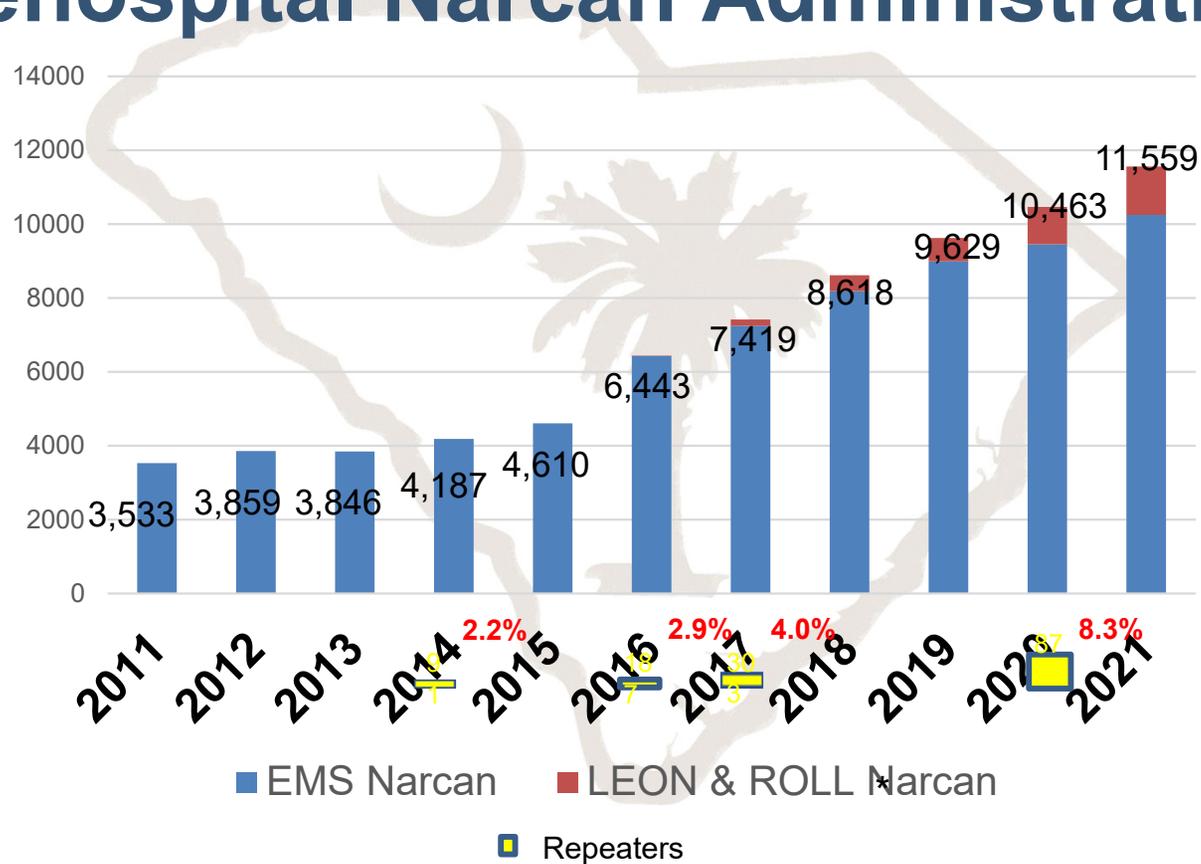
■ Law Enforcement
■ Fire

“Changing the Culture”





South Carolina Prehospital Narcan Administrations



1/2021 – 5/2022
PMP To Date #

* Data collected from SC EMS, LEON and ROLL Data Systems

Data collected from SC PMP Data Systems



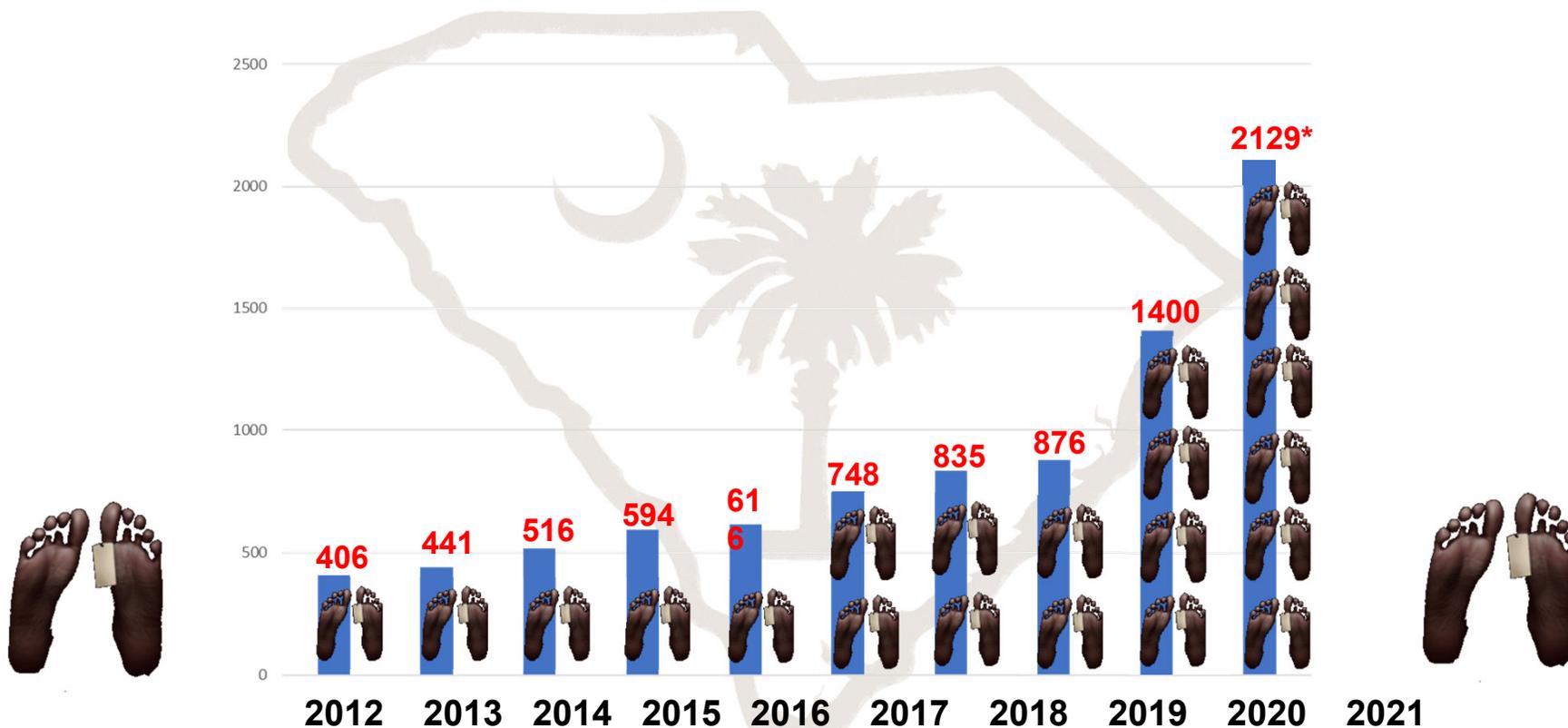


ERvive and the PMP

- Since **January 2021**, healthcare facilities and all first responders have been required to report Narcan administrations to DHEC (S.C. Code Ann. § 44-130-60 & S.C. Code Ann. § 44-130-80)
- Appriss Health ERvive is the database that is used to collect the South Carolina Naloxone administrations
- This database is integrated with S.C.'s Prescription Monitoring Program (PMP) to allow clinicians to see Narcan administrations if the patient has an existing PMP report.
- EMS, LEON, and ROLL administrations are forwarded from the existing data repository



South Carolina: Opioid Overdose Fatalities



* Preliminary data: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Compassion Fatigue and EMS

- Continuous exposure to human misery which can lead a sense of numbness and to the inability to empathize
- It strips both the patient/victim and the caretaker of their humanity
- Empathy or compassion fatigue is a defense mechanism. It is the body's way of telling you to step back take care of yourself and to get a fresh perspective
- Opioid crisis was bad enough by itself, the pandemic made things worse for EMS
- COPE was developed for EMS to have a fresh perspective on the opioid crisis and re-engage overdose victims that had been rescued with Narcan by EMS, LEON or ROLL



Empathy Fatigue

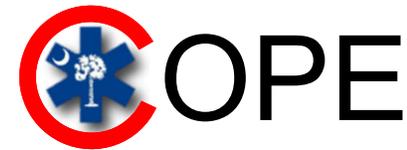
- Because of the workload, the constant exposure to tragedy, and the physical and emotional vulnerability, EMS providers go from heartbreak to callous, and then to cynical
- Empathy fatigue is the cost of caring and no one is immune just like no one is immune to muscle fatigue
- Mitigation steps to Empathy Fatigue:
 - Awareness – pay attention of how you feel and show yourself some self-compassion. Get physical rest. Cultivate emotional intelligence.
 - Balance – do not obsess over bad news. Focus on what you can control: eat well, get sleep. Do stuff you enjoy when you are off duty.
 - Connection – talk with a trusted friend or family member or if need be, a professional counsellor. We are by nature social creatures. Reach out...talk
- You cannot take care of others if you don't take care of yourself

Empathy Fatigue: Death & Dying



- One of the most impactful aspects of the concurrence of the pandemic and the opioid crisis has been the greater exposure to death and dying
- Because EMS responders are part of their communities, they are not immune to the opioid overdose tragedies nor the vulnerability of Covid-19 exposures
- They have lost family members, friends, coworkers to the opioid crisis, to the Covid-19 pandemic, or to suicide
- Mental health mitigation and access to our field personnel remain as an “undiscovered country.” Fear and stigma keep many from reaching out in a profession that still has the “pick myself up by my own bootstraps” mindset

EMS Community Outreach



- Community Outreach Paramedic Education (COPE) was developed for EMS to have another outlet beyond Narcan rescues
- COPE is based on the Community Paramedic model of following up on patients with chronic conditions that are frequently picked up by EMS and seen in the emergency room
- Viewing Substance Use Disorder (SUD) as a treatable chronic condition rather than a pariah, and looking beyond the stigma of MAT
- COPE focuses on compassionate outreach, paramedic patient education, promoting harm reduction, and getting SUD individuals into treatment/rehab
- COPE tailors the outreach to the individual needs of SUD patient

Harm Reduction



- Needs assessment to evaluate what specific harm reduction strategies (HRS) work best in the target area (e.g., IV drug use vs. pill usage) and what treatment facilities are nearby
- Harm reduction is more than just leaving naloxone behind, it requires a culture change within EMS
- Empathy and compassionate care humanizes both us as EMS providers and the individual with SUD we are attempting to reach
- Our COPE agencies have partnerships with local peer counselors, LEON/ROLL partners (Law Enforcement and Fire Departments), and available treatment/rehab partners

The Hope of COPE



- The COPE team consists of a paramedic and an addiction counselor (peer or professional) and a LEON provider when available
- The goal is recovery by providing Harm Reduction Strategies (HRS) and getting SUD individuals into treatment
- We intend to expand our HRS beyond information and rapid Hep C/HIV testing to include Leave Behind Narcan and Fentanyl Test Strips
- There are other services we would like to expand and offer that NGO's and other state agency partners currently offer if certain barriers are overcome
- For counties with limited paramedic resources, we have recently hired a COPE team member to work from our state central office

Community Outreach Paramedic Education



Going beyond the rescue and reaching out to the community...



Resources

- https://www.ems.gov/pdf/NHTSA_Fatigue_in_EMS_Systems_Aug_2019.pdf
- <https://health.clevelandclinic.org/empathy-fatigue-how-stress-and-trauma-can-take-a-toll-on-you/#:~:text=%E2%80%9COver%20time%2C%20we%20start%20to,back%20to%20care%20for%20yourself>
- <https://www.ems.gov/projects/fatigue-in-ems.html#:~:text=Researchers%20have%20found%20that%20half,shifts%2C%20and%20poor%20sleep%20quality>
- <https://www.ems1.com/fatigue/articles/the-lack-of-ems-sleep-and-wellness-IKucHV5JR2Xp4vHW/>
- <https://nasemso.org/projects/fatigue-in-ems/>



Questions?



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<https://www.cossapresources.org/Program/TTA>

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