Engaging the Fire and EMS Community to Help Combat the Opiate Epidemic

By

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And

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Learning Objectives

• Understanding the strengths of Fire/EMS culture
• Identifying the barriers for Fire/EMS when addressing the opiate epidemic
• Identify available tools to engage Fire/EMS in supporting recovery
• Capitalizing on the ability of Fire/EMS personnel to gain access to and create partnerships with entities in the addiction community with much greater speed than traditionally encountered by social service personnel
Hepatitis A Outbreak Cases by County, Ohio, 2018-2019

June 3, 2019

Data analyzed 06/03/19. Outbreak Response and Bioterrorism Investigation Team, Bureau of Infectious Diseases, Ohio Department of Health, 2019.
Why Fire/EMS?

Even cops have heroes.

You said I could call 911 if I needed anything.

I need a glass of water.
Culture of the Fire Department

- Tradition, rigid, resistant to change, pride
- Circle of trust
- Desensitization
- Compassion fatigue
- PTSD / Anxiety, other mental health disorders
- Adapting to education and white collar mentality
- The job is their life
- Little tolerance for self destructive behavior
Barriers to Overcome

• True understanding of the science of addiction
• Exposure to the recovery community
• Stigma of drug addiction
• Identification of the health of the organization
• The more tenure, the greater the rank, the more influence
• Financial capabilities
• Political support of addiction prevention, harm reduction, education practices
• Relationship with law enforcement partners
Strengths to Utilize

• Treatment providers love badges with no firearms
• Relationships with schools, businesses, local organizations, individual residents, local medical providers, etc.
• Not police officers, no warrant checks
• Ability to medically screen and safely manage common issues
  • Abscesses
  • Blood Infection
  • Pregnancy during active addiction
Helpful Engagement Tools

• Must gain support from the leaders within the department
• Educate on the “big picture” of the addiction community and its impact on the fire department’s workload
• Develop interesting and challenging trainings
• Share best practice or proven models as a component of local programming
• Make the programming personal
• If possible, invoke the help of respected member of Fire/EMS community to help rollout programming
City of Whitehall Division of Fire

2015: 121 doses of Naloxone on 98 overdoses
2016: 123 doses of Naloxone on 103 overdoses
2017: 138 doses of Naloxone on 110 overdoses
WPD 30 doses of Naloxone on 21 overdoses  TOTAL 168/131
2018: 119 doses of Naloxone on 104 overdoses
WPD 31 doses of Naloxone on 20 overdoses  TOTAL 150/124

Overdoses per capita
Whitehall 150 per 100,000
Franklin County 29.42 per 100,000
Ohio 22.45 per 100,000
Whitehall Division of Fire

- 5.2 Square miles
- Population 18,403
- Household demographics:
  - White (alone) 58.8% 82.7%
  - Black (alone) 29.3% 12.2%
  - Hispanic / Latino 9.9% 3.1%
- Persons per square mile 3,435.8 282.3
- Median household income $33,693 $48,081
- Median home value $88,187 $127,000
W.H.O.
Whitehall’s Help for Overdoses

• Harm Reduction/Prevention
• Town hall meetings (prevention and education)
• Narcan, Fentanyl test strips
• Community Paramedic role
• ODMap

https://odmapl2.hidta.org/
Chief1521od
https://odmaptest.hidta.org/Account/Login
Randy.jones@Whitehall-oh.us
Whfd1419!
Harm Reduction/Prevention Implementation

• **Town Hall Meetings**
  - Held at local nonprofits/schools for no cost
  - Advertise through City social media, have e-tickets available but don’t require them
  - Must be free
  - Partner with local Project Dawn provider to train and hand out free naloxone

• **Narcan & Fentanyl Test Strips**
  - Gain permission from Medical Director
  - Gain political support from City Administration
  - Find distributor
  - Create partnership with FCPH for large quantity distribution

• **Community Paramedic**
  - Became legal in 2015, ORC 4765.361, OAC 4765-17-03, 42 US code 1395, 42 US code 1320A-7b
  - 240 hours clinical time, 80 hours in-seat certificate program
  - Medical Director Support
  - Stakeholders? What do they need?

• **ODMap**
  - Contact HIDTA, enroll, have ability to utilize web-based software.
  - Standard MDT will work to run the programs
  - Battalion Chiefs, or Crew Supervisor entering data
Harm Reduction/Prevention Lessons Learned

• Town Hall Meetings
  • Having treatment, prevention, and education resources available on site.

• Narcan
  • Multiple doses to be handed out if fentanyl is in your community

• Fentanyl Test Strips
  • Hand out multiple test strips
  • Education is needed
  • Expect some negative reactions from community

• Community Paramedic
  • Data, Data, Data --- no detail is too small. Don’t know what we don’t know until we realized we needed it
  • Crew level documentation adequate at best

• ODMAP
  • It’s best if multiple jurisdictions are entering in the data
  • Ok, now we have data, what are we going to do with it?
  • Do we want to be reactive or proactive
S.A.F.E. Stations

- Origin of the model, why the fire department
- Identification of the barriers we had to overcome
  - Acceptance of the program, organizational culture, education of the needs of addiction/recovery
- Barriers the client has to overcome.
  - Insurance, transportation, immediate/timely access, number of beds, intake criteria (levels of substance in your system)
- Compassion fatigue, secondary trauma
712 Patients:

- 149 Repeat patients
- 412 Males (58%)
- 300 Females (42%)
- 642 White (90%)
- 61 Black (9%)
- 5 Hispanic (1%)
- 1 Asian
- 3 Native American (<1%)
- 0 Hawaiian (0%)

- Whitehall 26 (4%)
- Local Homeless 5 (1%)
- Homeless 169 (24%)
- Franklin County 422 (59%)
- Ohio 88 (12%)
- Non-Ohio 1 (<1%)

50.4% of all transported patients have completed detox, residential, sober or recovery housing with linkage to IOP.

- 2 Ages 18-19
- 291 Ages 20-29
- 298 Ages 30-39
- 86 Ages 40-49
- 31 Ages 50+

Average Age 32.50

AS of 06/04/2019
S.A.F.E. Station Implementation

• Must develop SOG as well as Medical Protocol
  • Worked with the referral partners to ensure everything they needed was captured by the crews (also update regularly based on any new questions they ask)

• Roll Out for the Crews
  • Show Heroin (e) on Netflix, provides context to the Fire/EMS world
  • AC & Community Paramedic shared SOG and answered questions
  • Community Partner presented on their model and addressed questions on intake, eligibility, etc.
  • FC Project Coordinator explained where this model came from and expanded upon what addiction is and the important role Fire/EMS can play as a gateway to treatment.

• Media roll out
S.A.F.E. Station Lessons Learned

• Build it and they will come
  • Ability to handle capacity
• Still working with a Union
  • Attempted expansion to use peer supporter, not well received
• Multiple treatment partners needed
  • Polysubstance
  • The rise of meth and the use of benzo’s
  • Couples/Friends/Family seeking treatment at the same time
• NOT EVERYONE WILL BE ON BOARD, and that’s ok
• You will have repeat clients
  • The only requirement to get into treatment is to be alive.
• Care packages to take to treatment (personal hygiene)
• Resources for Families
  • The Addicts Parents United (TAP United)
  • Prevention Action Alliance
  • Annie Highwater
## Overall Impact

### 2017 and 2018 Overdose Deaths in Bexley, Whitehall and Surrounding Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>2017 Total Deaths</th>
<th>2017 By Gender</th>
<th>2017 By Race/Ethnicity</th>
<th>Drugs</th>
<th>2017 Total Deaths</th>
<th>2017 By Gender</th>
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<th>Drugs</th>
<th>2018 Total Deaths</th>
<th>2018 By Gender</th>
<th>2018 By Race/Ethnicity</th>
<th>Drugs</th>
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<tbody>
<tr>
<td><strong>Bexley</strong></td>
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<tr>
<td>43209</td>
<td>3</td>
<td>Male: 3 Female: 0</td>
<td>White: 2 AA: 1</td>
<td>Fentanyl-Related: 3 Cocaine-Related: 1 Meth-Related: 0 Benzo-Related: 0</td>
<td>12</td>
<td>Male: 9 Female: 3</td>
<td>White: 6 AA: 5 Other: 1</td>
<td>Fentanyl-Related: 9 Cocaine-Related: 6 Meth-Related: 1 Benzo-Related: 2</td>
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<tr>
<td>43219</td>
<td>8</td>
<td>Male: 6 Female: 2</td>
<td>White: 2 AA: 5 Hispanic: 1</td>
<td>Fentanyl-Related: 7 Cocaine-Related: 3 Benzo-Related: 0 Meth-Related: 0</td>
<td>7</td>
<td>Male: 6 Female: 1</td>
<td>White: 3 AA: 4</td>
<td>Fentanyl-Related: 4 Cocaine-Related: 5 Meth-Related: 0 Benzo-Related: 0</td>
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How Important are politics?

• Surgeon General
• Senator Portman
• Representative Brown
• Comprehensive Opioid Abuse Site Based Project (COAP) funded as a result of the CARA Act.
References

- https://public.tableau.com/views/FranklinCountyOHEmergencyRoomSuspectedDrugOverdoseVisits/EREMSSuspectedOD?%5Bexcel-direct.0cd17181u587c1a5x6917o4xpn%5D.%5BNewid%5D~s0=50&:sync_session=vizql%2F7B9A72C1AEA24665A95FC31598FD42F9-0.0&:exclude=Sheet:+Forward+to+Data+icon&:showVizHome=no
- https://www.sos.state.oh.us/elections/voters/about-this-election/#gref