ATCEMS Community Health Paramedic

OPIOID USE DISORDER SUPPORT

AND BUPRENORPHINE BRIDGE PROGRAMS

Addressing Opioid Use in The City of Austin/Travis County

The Opioid Use Disorder Support Program and its sub-program, the Buprenorphine Bridge Program were created by and are components of the Community Health Paramedic Team at ATCEMS

Mission – *to reduce morbidity and mortality associated with opioid use disorder and help bring support and recovery resources to people with opioid use disorder*

Acknowledgements

- Opioid use and Opioid Use Disorder are significantly different from other drugs of abuse in how they start, and how opioid addiction works and it's effects- it's unique from other substances
- Withdrawal from opioids, while not potentially lethal as with alcohol, is a wretched condition that few people can tolerate
- Successful treatments for Opioid Use Disorder exist, but many patients are not aware or are poorly informed about the true facts

Why Emergency Medical Services?

30% of Opioid users who die of an overdose, interact with EMS in the 12 months prior to their death

Opiates kill more people nationwide than gun violence and car crashes[1]

- Annual mortality rate for untreated Opioid User is more than twice that of the *frontline* soldier in Vietnam

Initiation of the Opioid Use Disorder (OUD) Support Program

OUD program began in July of 2018

- State and Federal funding for supplies (Narcan) available
- No evidence of significant fentanyl levels in Travis County at the time (2018)
- Growth in effective treatment options for Opioid Use Disorder (OUD) – Medication Assisted Treatment (MAT)
  - MAT is significantly more successful than older, more traditional forms of “rehab”

Identifying a Gap in Available Care

Few patients receive anything more than comfort care in the ER or after discharge

- ERs only treat opioid withdrawal symptoms superficially – Tylenol, fluids, Zofran for vomiting
- As few as 16.6% of opioid overdose patients receive any treatment within 90 days of hospitalization for overdose[5]

Once a patient was ready to enter treatment, they had to wait as much as a week or more to start a MAT (Medication-Assisted Treatment) program

- 7-14 more chances to overdose and potentially die

CHP was seeing patients overdose, and in some cases die, while waiting for their intake at a MAT clinic

Goals and Objectives

Goal

Community Health Paramedics establish contact with every person who experiences an opioid overdose in the ATCEMS response area within 24 hours of an overdose

Objectives

- Provide education and opportunity to enter MAT (Medicine Assisted Treatment)
- Provide Community Health Paramedic support services
- Provide Opioid Overdose Rescue Kits

The key to the Community Health Paramedic Team's success is rooted in meeting people *where they are, in their situation*, and providing holistic services tailored to *their individual needs to solve the problem*

Opioid Use Disorder Support Program Services

Direct connection to MAT (Medical Assisted Treatment) programs

- No referrals – all warm hand-offs with follow-up
- MAT Programs include peer-recovery coaches, mental health support, medical providers

Navigation to the best program for the individual

- Programs vary significantly in how they are run, what funding they accept, and what, if any, out-of-pocket costs there will be
- Some programs are much more progressive (and successful) than others
- Many people try the first program they encounter and assume all programs are that way

Assistance obtaining funding for those who have no income (primarily MAP)

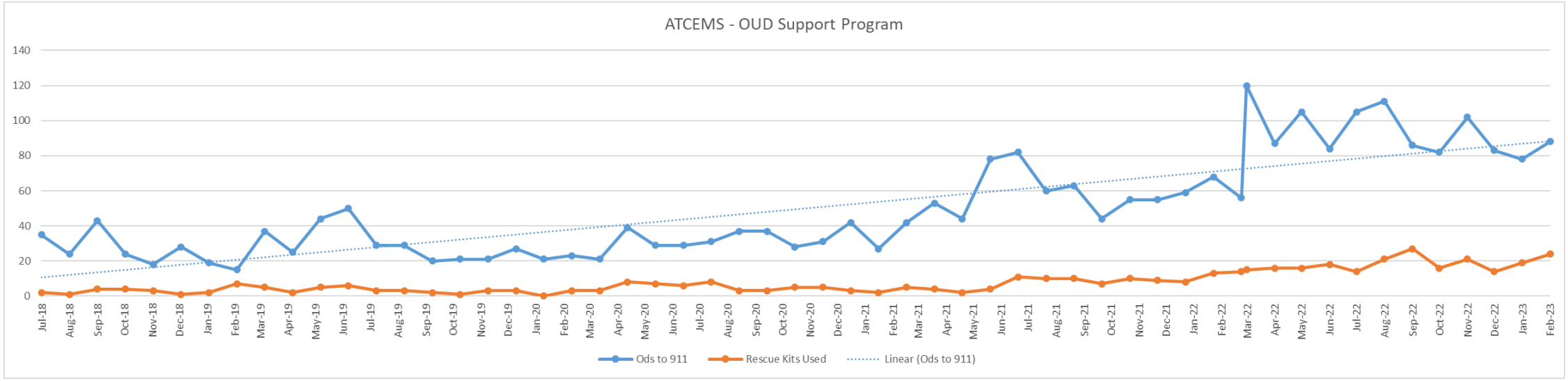
Routine CHP support services

Opioid Overdose Rescue Kits

Provided to anyone who feels they have a potential to be around a person who may overdose on an opioid

Studies show that providing Narcan does not lead to an increase in abuse and can lead to an increase in enrollment in treatment[2-4]

OUD Support Program (2018 – February, 2023)



In 2018, 911 encountered around 30 opioid overdoses per month. In 2022, the number of 911 encounters had risen to about 100 overdoses a month.

Distributed an average of 40 rescue kits each month in 2022.

- Average of 17 kits known to be used each month prior to first responders arriving

(Current total = 2794 overdoses, 1343 Kits distributed, and 441 kits known to have been used)

Opioid Overdose Rescue Kits with Narcan Nasal Dose

Kits provide a nasal dose of Narcan for use during an overdose

- Nasal administration does not require medical training to administer
  - Previous kits provided intra-muscular needles which were associated with significant injuries and complications
- ATCEMS targets distribution of the kits to people likely to encounter an opioid overdose, rather than blinded, widespread distribution

Along with euphoria, opioids decrease and may completely stop a person's breathing

- When breathing is stopped, the heart will stop within several minutes resulting in cardiac arrest, with brain cell death beginning several minutes later
- Naloxone reverses opioid effects within minutes when administered via the intranasal route

As many as 27 kits have been used in a single month to resuscitate an overdose victim prior to arrival of first responders

The Buprenorphine Bridge Program (BBP)

The Buprenorphine Bridge Program is designed as a bridge– from the time someone is ready to get help, until they begin treatment in a Medication Assisted Treatment (MAT) program

The goal of the BBP is treatment for 7 days or less (averaging 4 days right now*)

3 requirements for enrollment:

1) must remain active in enrolling in a MAT program
2) must meet with a CHP medic daily to receive a daily dose*
3) must initially be in withdrawal to start Buprenorphine treatment

The Buprenorphine Bridge Program (BBP)

Buprenorphine (Suboxone^{R}) is an MAT medication, different than Methadone

Unlike Methadone, Buprenorphine does not get the patient “high” – you can’t get high while taking it

- Taking other opioids won’t result in any effects

Cannot overdose on buprenorphine

- If a person takes too much buprenorphine it will cause withdrawal = HARM Reduction

Buprenorphine is inexpensive and easy to administer

With Buprenorphine, we can eliminate withdrawal symptoms quickly and prevent the patient from overdosing until the patient enters Medicine Assisted Treatment (MAT)

The Buprenorphine Bridge Program (BBP)

BBP began at the end of November, 2020

Program only interrupted once in January 2021, after using what was anticipated to be a 6 month supply of buprenorphine in 6 weeks

- Program grew rapidly due to word of mouth between users

How effective is the Buprenorphine Bridge Program?

236 patients treated

1290 doses of buprenorphine administered = potentially 1290 overdoses *prevented*

92% success rate at BBP patients starting in MAT program

92% of those patients who start MAT are still active after the first, crucial 7 days

Unexpected Results from the Buprenorphine Bridge Program

MAT programs are reporting back that BBP patients are more successful in treatment

- CHP has been coaching them for several days

MAT programs in Travis County have reduced their delays to enroll new patients

- MAT programs refer patients *to* CHP when there is a delay in intake

2 local Emergency Departments have developed buprenorphine programs to treat withdrawal patients and then refer the patients to CHP for MAT

Community Care Clinics Street Med team that CHP partners with has begun providing MAT care to people experiencing homelessness

- 44% of our BBP patients are experiencing homelessness

And the success stories are amazing…

References

1. Katz J. The first count of fentanyl deaths in 2016: Up 540% in three years. New York Times, Sept. 2, 2017, https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drugoverdose-deaths.html.
2. Coffin PO, Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. Ann Intern Med, 2013; 158: 1–9.
3. Kim D, Irwin KS, Khoshnood K. Expanded access to naloxone: Options for critical response to the epidemic of opioid overdose mortality. Am J Public Health, 2009; 99(3): 402–7.
4. Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: A program to reduce heroin overdose deaths. J Addict Dis, 2006; 25(3): 89–96.
5. Kilaru AS, Xiong A, Lowenstein M, et al. Incidence of treatment for opioid use disorder following nonfatal overdose in commercially insured patients. JAMA Netw Open. 2020;3:e205852.