



# ATCEMS Community Health Paramedic

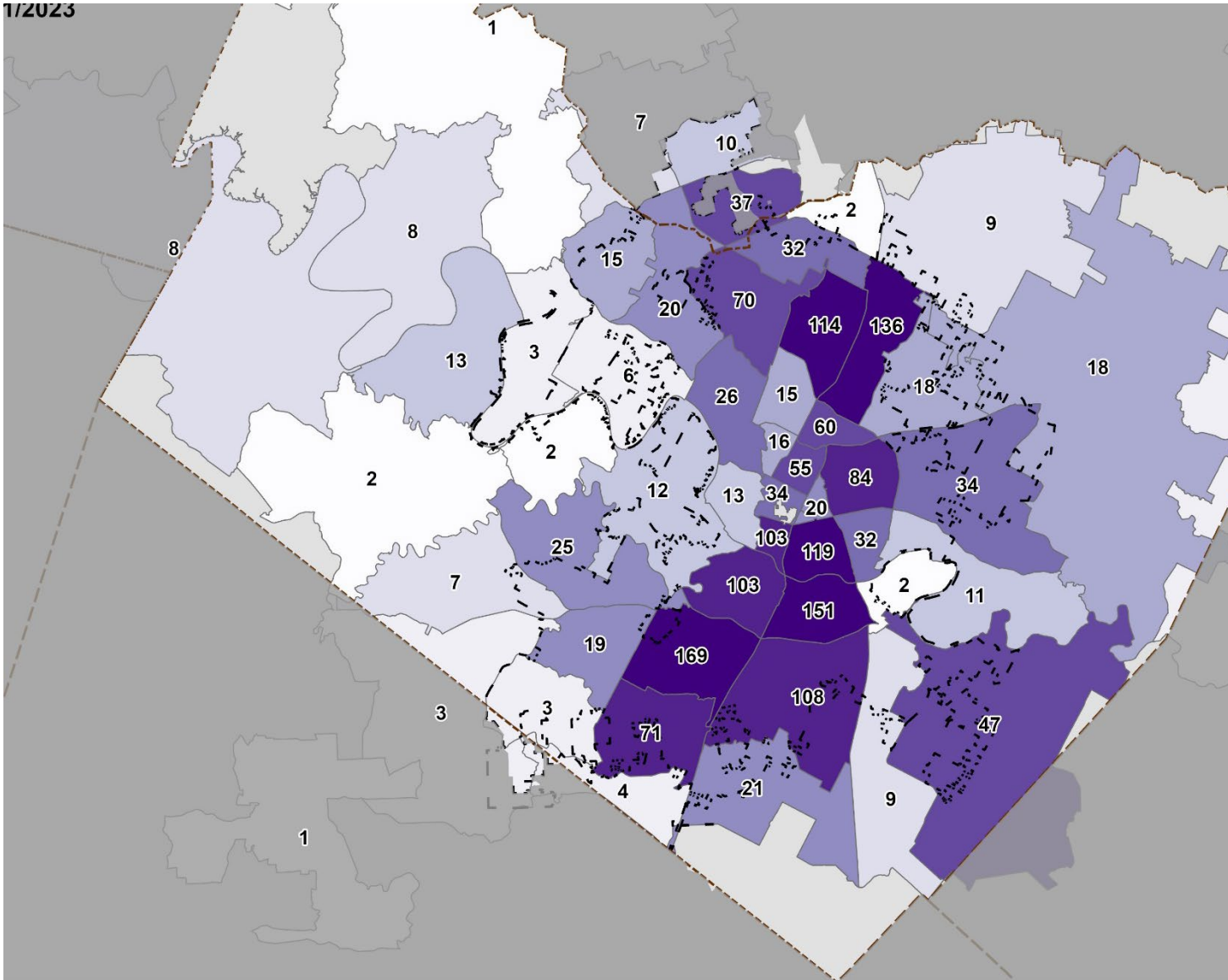
OPIOID USE DISORDER SUPPORT

AND BUPRENORPHINE BRIDGE  
PROGRAMS

NARCAN RESCUE KIT DISTRIBUTION

BREATHNOW NARCAN TRAINING

1/2023

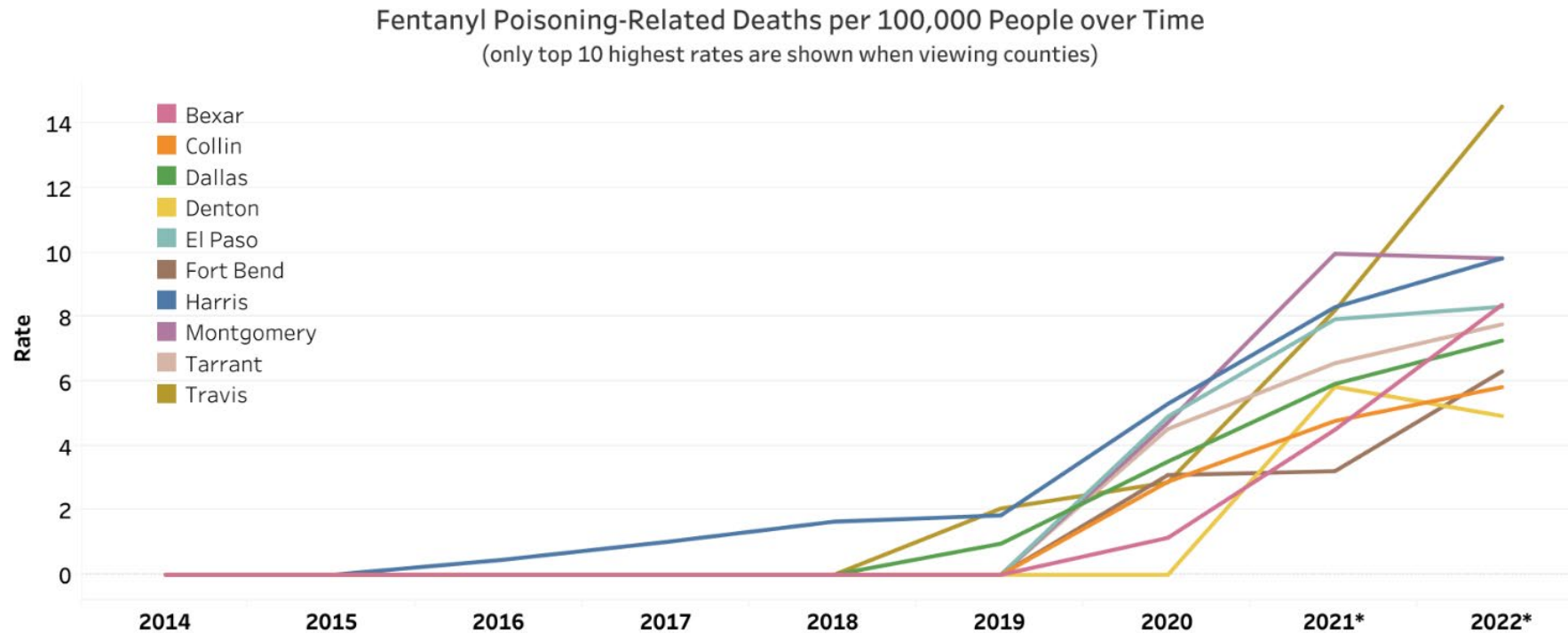


# Responding to the Opioid Crisis

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## What has Changed?

# Opiate Overdose Deaths per 100,000 State of Texas





# COUNTERFEIT DRUGS

OXYCODONE



**REAL**

**FAKE**

ADDERALL



**REAL**

**FAKE**

SOURCE: DEA



At the Port of Laredo Texas, over 300M fatal doses of Fentanyl are seized  
*per month*

# 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<sup>1</sup>

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

# 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<sup>5</sup>

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

Austin Travis County EMS was seeing patients' overdose, and in some cases die, while waiting for their intake at a MAT clinic

# 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

- 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
- Education overcomes STIGMA

# 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 and BreathNow training

The key to the ATCEMS OUD program's success is rooted in meeting people *where they are, in their situation*, and providing services tailored to *their individual needs to solve the problem*



# The Buprenorphine Bridge Program (BBP)

ATCEMS Community Health Paramedics now carry a new medication to Bridge patients into MAT.

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<sup>R</sup>) 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)

# 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

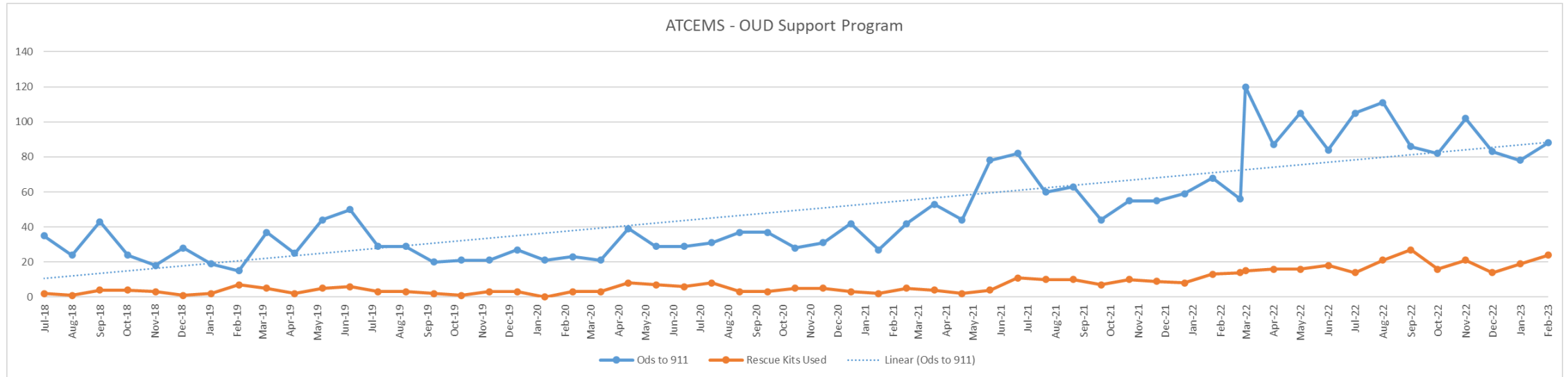
## **Navigation to the best program for the individual**

- 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

# OD Support Program (2018 – 2023)



In 2018, 911 encountered around 30 opioid overdoses per month. In 2023, the number of 911 encounters had risen to about 100 overdoses a month.

Distributed an average of 42 rescue kits each month in 2023.

# 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?*

500+ patients treated

93% success rate at BBP patients starting in MAT program

# 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<sup>2-4</sup>

Rescue Kits are distributed to people and their families who have experienced an Overdose in the 911 system

Partnership with Austin Public Health will train members of the public and other City of Austin Departments on the use of Narcan Rescue Kits.





# First Responder Narcan Administration FY24 Q1 Oct-Dec 2023

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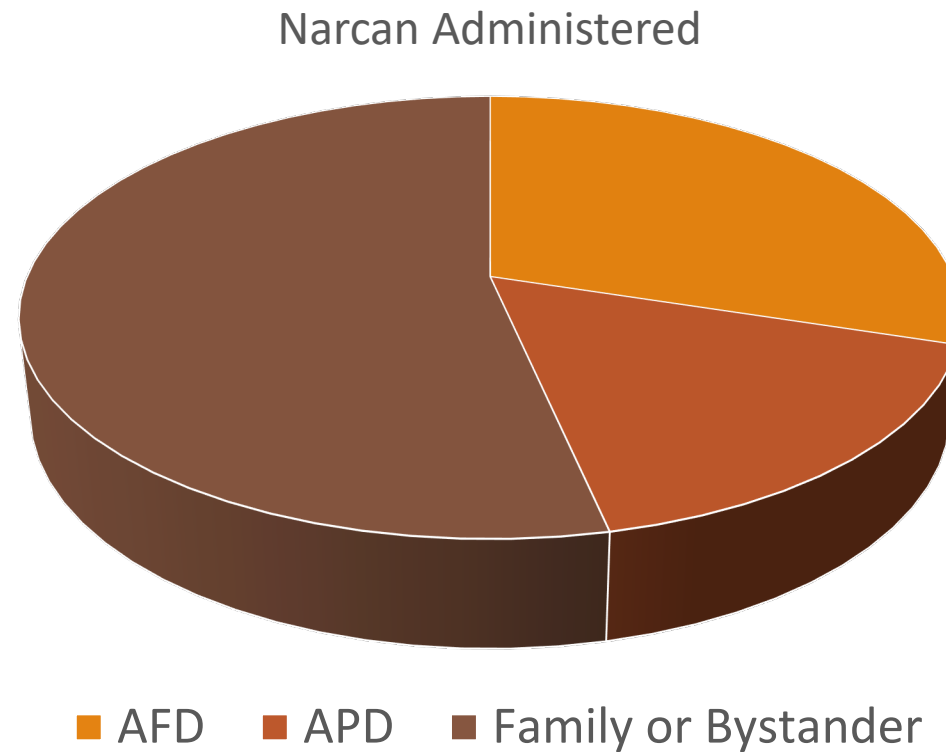
Total Overdoses identified  
in the 911 system  
318

Austin Police Department  
42

Austin Fire Department  
75

Bystanders/Family  
134

Narcan administer prior to  
EMS arrival 78%



# Training Objectives

By the end of this training, you will...

- Know how to recognize an overdose
- Recognize the progression of an overdose
- Understand proper response to an overdose
- Know how to administer Narcan Nasal Spray



BreathNow has been in development for 6 months and is rolling out for full implementation in March 2024.

The goal is to distribute over 6000 Narcan Rescue Kits

# 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.