



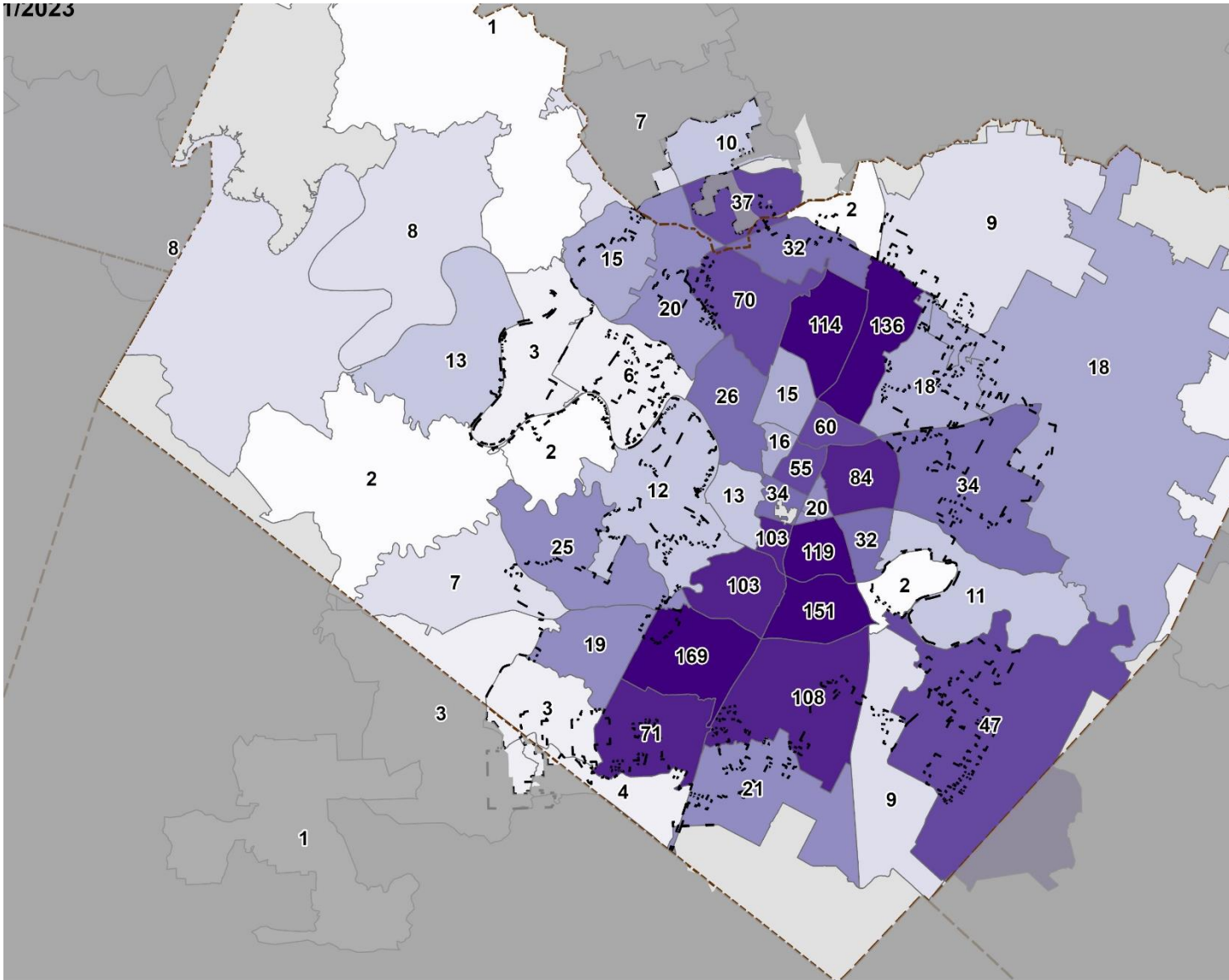
ATCEMS Community Health Paramedic

OPIOID USE DISORDER SUPPORT

AND BUPRENORPHINE BRIDGE
PROGRAMS

NARCAN RESCUE KIT DISTRIBUTION

BREATHNOW NARCAN TRAINING



Responding to the Opioid Crisis

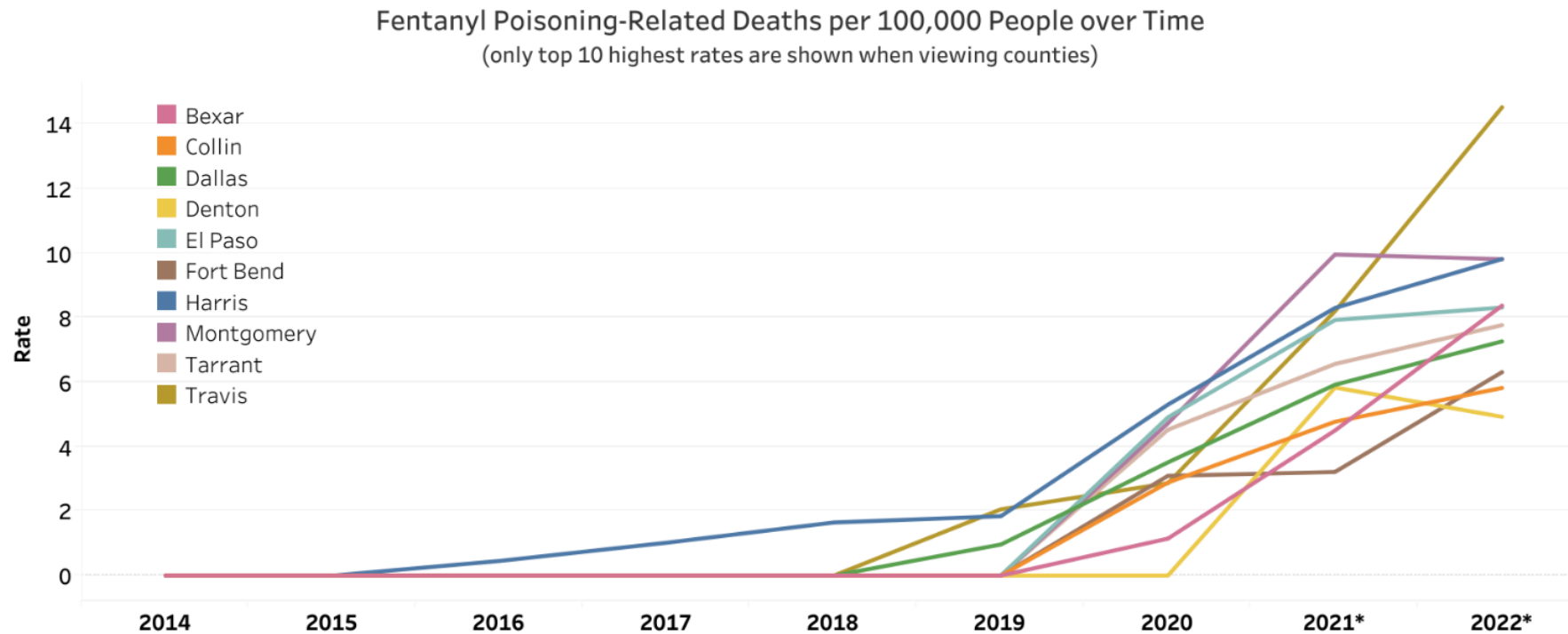
What has Changed?

Why Emergency Medical Services?

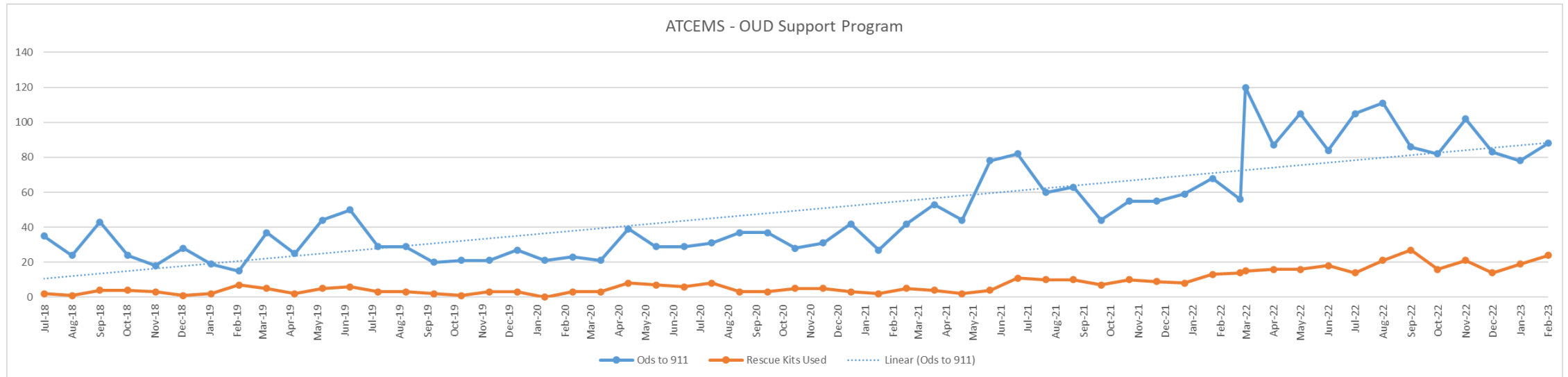
30% of Opioid users who die of an overdose, interact with EMS in the 12 months prior to their death

Opiates kill more people nationwide than gun violence and car crashes¹

Opiate Overdose Deaths per 100,000 State of Texas



OUD 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.

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

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 treatment²⁻⁴

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

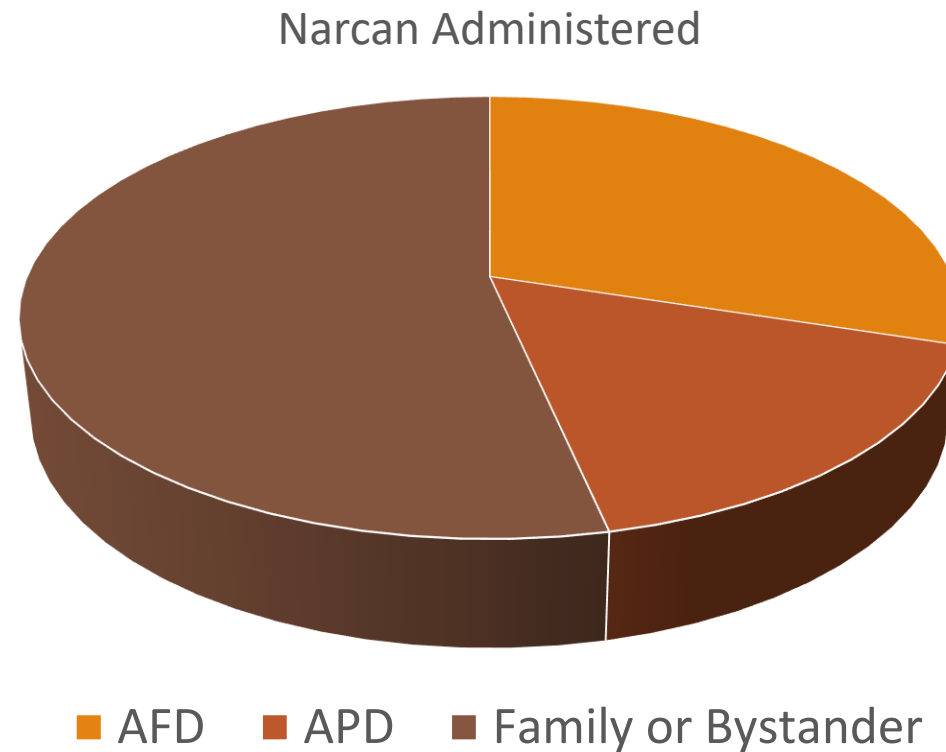
Total Overdoses identified
in the 911 system
318

Austin Police Department
42

Austin Fire Department
75

Bystanders/Family
134

Narcan administration
prior to EMS arrival 78%



Breathe Now Narcan Training



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

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 overdose⁵

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

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^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)

How Effective is the Buprenorphine Bridge Program?

BBP began at the end of
November 2020

500+ patients treated

93% success rate at BBP patients
starting in MAT program

Questions?

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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.