Using Data to Combat the Opioid Epidemic

Public Health Perspective
Agenda for Breakout Session
1:45pm-3:15pm

Why data?

Important data indicators

2016 drug overdose data - a preliminary analysis

Naloxone reporting

Considerations for collaborative data sharing
Why Data?

Overview

- Impressions and judgments are based on information that is available
  - Happens quickly
  - An assumption is made that that is all the information there is so a conclusion has to be drawn for what is available
  - "Gut reaction"

- When it comes to complex systems such as the drug overdose crisis, we do not have enough "quick" information to form an accurate assessment
Why Data?

Stakeholder alignment

• Removes values and beliefs from the information available to make decisions
• Eliminates terminology gaps between public safety and public health
• Removes "he said/she said" from projects
Why Data?

Data informs:

• Assessment
  – Define the problem

• Planning
  – Determination of what strategy(s) will yield the greatest impact to eliminate the problem

• Implementation/Evaluation
  – Quality improvement
  – Overall success/failure of the program

• Sustainability
  – Grant funding
  – Building local, state, national support around the strategy

Ideal:
- On Demand
- Immediately
- 1x1
- Defect Free
- No Waste
- Safe
DATA AND PUBLIC SAFETY

• Why are we doing this? Why is it important?
  • Inform decision makers/stakeholders/policy makers to make informed decisions on resource allocation
    • Tactical response strategies
    • Strategic assessment
  • Lack of centralized data collection (to our knowledge), timely data, and analysis reporting
Agenda for Breakout Session

- Why data?
- Important data indicators
- 2016 drug overdose data- a preliminary analysis
- Naloxone reporting
- Considerations for collaborative data sharing
IMPORTANT DATA INDICATORS

- Fatal overdoses
- Non-fatal overdoses: naloxone administrations and/or reversals – LE, EMS
- Treatment admissions
- ER/ED admissions
- 911 or poison control calls; LE OD incident response
- PDMP/Rx drug production and movement
- Public Safety- Forensic laboratory analyses
- Public Health- Health Consequences
IMPORTANT DATA INDICATORS

- Fatal overdoses
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Can be monitored for real-time tactical response to surge in ODs
• Fatal overdoses – Coroners/MEs
  • Dates of OD/death
  • Locations – incident/residence
  • Demographics (age, gender, race)
  • Cause/manner of death
  • Toxicology – drugs identified
IMPORTANT DATA INDICATORS

- Non-fatal overdoses – LE/EMS
  - Date of incident
  - Locations – incident/residence
  - Demographics (age, gender, race)
  - Repeat victim (identifying info ONLY if LE response)
  - Number of doses administered
  - Physical response
  - Evidence observed
IMPORTANT DATA INDICATORS

- ER/ED admissions
  - Primary drug of use at first admission, subsequent admissions – if reported
  - Date/locations (as available)
- Demographics
- Naloxone administered – subsequent to LE/EMS?
- Admitted for additional inpatient care
IMPORTANT DATA INDICATORS

- 911 or poison control calls; LE OD incident response
  - Drug or suspected drug reported
  - Date/locations (as available)
  - Demographics
  - Naloxone administered?
  - Additional details if LE response (to determine if repeat victim, consider referral to PH)
- Next steps: hospital, treatment, departed scene
IMPORTANT DATA INDICATORS

- Treatment admissions
  - Primary drug of use at first admission, subsequent admissions
  - Dates/locations (as available)
- Demographics
- Education level
- Occupation
- Focus group information (availability, methods of use)
Important Data Indicators

Intervention/Treatment

• How is a person identified for treatment
  – Who gets screened/assessed
  – Who does the screening/assessment

• How does a person access treatment
  – Who/what resources aid the person in getting to treatment
  – What is the treatment availability

• How long is a person engaged in treatment
  – Days stayed
  – Moving across levels of care
IMPORTANT DATA INDICATORS

- PDMP/Rx drug production and movement
  - PDMP: de-identified aggregate prescription data, primarily Schedule II
    - Oxycodone/hydrocodone prescriptions written over time
    - Locations (prescribed vs. filled); residence of patient
  - DEA: wholesale Rx drug manufacturing/ordering trends; quantities, locations, doctors vs. pharmacies
Important Data Indicators

Prescription Drug Monitoring/Dispensing

• Does the area have high prescribing per person compared to other counties?
  – Is PDMP Education needed in the area, and can it be targeted to a particular population?

• Are there pharmacies that are dispensing large amounts of opioids?
  – Is PDMP Education needed in the area?
  – Education on naloxone
SPECIFIC IMPORTANT DATA INDICATORS

- Forensic laboratory analyses
  - Submitting agency
  - Date/location of acquisition
  - Suspected drug at submission (field test results); quantity
  - Drug(s) identified with lab analysis; quantities/combinations
- Sources:
  - Major police departments
  - Third-party laboratories
  - Some ME offices
  - National Forensic Laboratory Information System (NFLIS)
Specific Important Data Indicators

Health Consequences

- Persons with HIV
- Persons with Hepatitis C
- Persons with Endocarditis

- Neonatal abstinence syndrome diagnosis
Agenda for Breakout Session

Why data?

Important data indicators

2016 drug overdose data - a preliminary analysis

Naloxone reporting

Considerations for collaborative data sharing
Preliminary Analysis - 2016 Death Data
## Preliminary Analysis- 2016 Death Data

Counts

<table>
<thead>
<tr>
<th>Year</th>
<th>Overdose Deaths</th>
<th>Percent Increase from Year Prior</th>
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<tbody>
<tr>
<td>2014</td>
<td>2742</td>
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<tr>
<td>2015</td>
<td>3383</td>
<td>~23%</td>
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<tr>
<td>2016</td>
<td>Estimated-4535</td>
<td>~34%</td>
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</tbody>
</table>
Preliminary Analysis - 2016 Death Data

Age Distribution
Preliminary Analysis - 2016
Death Data

- Fentanyl/Heroin
- Prescription Opioids
- Cocaine
- Benzodiazepines
Preliminary Analysis - 2016 Death Data

Gender

- Female
- Male
Preliminary Analysis- 2016
Death Data

Race

- Caucasion
- Black
- Hispanic
- Other
Preliminary Analysis - 2016 Death Data

Drugs

[Bar chart showing the number of records for various drugs, including Alprazol, Clonazepam, Cocaine, Diazepam, Fentanyl, Heroin, Hydrocodone, Morphine, and Oxycodone.]
## Preliminary Analysis - 2016 Death Data

### Drugs

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## Preliminary Analysis - 2016 Death Data

### Drugs

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NALOXONE REPORTING

- November 2014 – PA Act 139, Opioid Overdose Reversal Act
  - Naloxone administration by first responders
  - Immunity for reporting overdose
  - Third-party prescriptions
Importance of reporting administrations – monitor scope of problem and impact of policy changes, PH/PS initiatives, LE efforts, etc.

No reporting provision in Act 139

Work with DDAP, PA Chiefs, PA District Attorneys to initiate/emphasize reporting
Statewide reporting to Philadelphia/Camden HIDTA

Requirement to receive funding to purchase naloxone

Participation in LE naloxone administration: 59 PA counties, 640 LE agencies – 74% of PA population

Reporting: 40+ counties to date to varying degrees; improving

Working with PA State Police, DDAP, Pitt PERU/TAC to improve

Gap: EMS naloxone administrations
# Naloxone Administration - Pennsylvania

Please return completed forms to the Philadelphia/Camden HIDTA office
Email: narcan@pchidta.org OR Fax: 215-863-3495
*PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED*

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>AGENCY INCIDENT NUMBER</th>
<th>DATE OF OVERDOSE</th>
<th>TIME OF OVERDOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose Occurred: City</td>
<td>County</td>
<td>Zip Code</td>
<td>Victim Residence: City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER OF THE VICTIM</th>
<th>AGE</th>
<th>RACE/ETHNICITY OF THE VICTIM</th>
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<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Unk.</td>
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<table>
<thead>
<tr>
<th>Victim Last Name</th>
<th>Victim First Name</th>
<th>Has the victim received Naloxone in the past?</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
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## Details of Naloxone Administration

- **Doses you administered:**
  - 2 ml
  - 4 ml

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<thead>
<tr>
<th>Doses administered by someone else (Enter all that apply):</th>
<th>Other LE</th>
<th>Bystander</th>
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<table>
<thead>
<tr>
<th>Did the person survive?</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
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<th>Person's response to Naloxone</th>
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<tbody>
<tr>
<td>Combative</td>
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<tr>
<td>Responsive and Alert</td>
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<table>
<thead>
<tr>
<th>If the person was revived, what happened next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest</td>
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## Suspected Overdose on What Drugs? (Check all that apply):

- Heroin/Fentanyl
- Benzos/Barbiturates
- Cocaine/Crack
- Alcohol
- Methadone
- Suboxone
- Other (specify): unknown

## Evidence

- Evidence Secured
- Drugs
- Paraphernalia

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Drugs</th>
<th>Paraphernalia</th>
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<th>Heroin</th>
<th>Stamp / (fax/color):</th>
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<th>NALOXONE LOT #:</th>
<th>EXPIRATION DATE:</th>
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## Notes/Comments

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<thead>
<tr>
<th>Officer's Name/Badge #:</th>
<th>Officer's Signature/Date</th>
<th>Contact Phone Number</th>
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</thead>
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Form Last Revised: 4/2017
Agenda for Breakout Session

- Why data?
- Important data indicators
- 2016 drug overdose data - a preliminary analysis
- Naloxone reporting
- Considerations for collaborative data sharing
DATA AND PUBLIC SAFETY

• How?
  • History of effort
  • Change in how we assess and characterize the threat
    • Not what type cases enforcement is working
    • Not what drug is most prevalent
    • Source diversity (ODs and public health data)
DATA AND PUBLIC SAFETY

• How?
  • “Stepping out of our lane”
  • Engaging with public health entities, data sources – now to state/local OD task forces
  • Building, nurturing positive relationships based on mutual understanding and willingness to learn
  • Give something back; reciprocation
Lessons learned

- Resistance due to LE stigma – we’re more than making cases
- Importance of a data monitoring/surveillance infrastructure for immediate response to OD surges AND long term assessment/resource allocation – local and state level
- Centralization of data crucial if only to minimize RFIs among numerous data sources
- Relationships with experts beneficial; collaborations are “force multipliers” – DEA/Pitt PERU TAC
Building a data sharing system in your county

Practical Considerations

Identify the first point of contact for data

Draft a detailed communication flow diagram

Create an implementation strategy

Execute and evaluation implementation
Building a data sharing system in your county

Practical Considerations

• **Resources**
  – Software should work for you, not the other way around
  – Staff

• **Resources available to help you**
  – Technical Assistance Center/ OverdoseFreePA
  – Grant applications
  – Finding out what state and federal resources are available to you
  – Collaborating with state and federal agencies to leverage their resources

• **Needs**
  – Clear explanation of what data sharing is to occur
  – What the benefits are
  – Who is the leader
# Building a data sharing system in your county

## First Point of Contact

<table>
<thead>
<tr>
<th>Data set</th>
<th>First point of contact</th>
<th>Can the data be shared?</th>
<th>Next step</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS</td>
<td>Lynn Mirigian <a href="mailto:lym17@pitt.edu">lym17@pitt.edu</a></td>
<td>Yes</td>
<td>Final POC- invite to meeting Obtain any documentation for sharing</td>
</tr>
<tr>
<td>Fatal Overdose</td>
<td>Jerry Overman <a href="mailto:exam@indianaco.gov">exam@indianaco.gov</a></td>
<td>Yes</td>
<td>All data on OverdoseFreePA</td>
</tr>
</tbody>
</table>
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Communication Flow Diagram

• Convene a meeting with all final points of contact
• Design a communication flow diagram that includes
  – Data to be shared
  – How often
  – Who is sharing the data
  – Who is receiving the data for analysis/reporting
  – How often the data is reported and who the data is reported to
• Determine goal timeline for first cycle of data sharing
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Implementation Protocol

• Convene a meeting with all final points of contact
• Design a communication flow diagram that includes
  – Data to be shared
  – How often
  – Who is collecting/ sharing the data
  – Who is analyzing/ reporting the data
  – Who does the data reported to
  – What will the data sharer receive, and how often
• Determine goal for first cycle of data sharing
Building a data sharing system in your county

Execution and evaluation

- After the first data collection cycle, it is crucial to improve the process
- Write down exactly what happened
- Convene a meeting
- Compare each step of the process against the ideal
  - If it does not meet the ideal, test a new way to improve the process
- Continue this cycle until all steps have met the ideal

Ideal:
- On Demand
- Immediately
- 1x1
- Defect Free
- No Waste
- Safe
DEA 360 Strategy

- Comprehensive response to heroin and prescription opioid epidemic
- Attack cycle of violence and addiction generated by links between drug cartels, violent gangs, and drug/heroin/fentanyl abuse
COLLABORATION

• DEA 360 Strategy
  • Approach
    • Coordinated law enforcement efforts against supply (DTOs and gangs)
    • Diversion control enforcement against registrants operating illegally
    • Community outreach – empowering communities to take back affected areas after enforcement for lasting impact
COLLABORATION

• DEA 360 Strategy
  • Goals
    • Reduce drug supply that fuels addiction and violence
    • Partner with medical community and pharmaceutical industry to raise awareness of dangers of opioid misuse and link to heroin (responsible prescribing practices)
    • Strengthen existing community organizations best positioned to provide long-term help and build drug-free communities
COLLABORATION

- DEA 360 Strategy
  - National Partners
    - DOJ Violence Reduction Network
    - HHS Substance Abuse and Mental Health Administration
    - CDC
    - Community Anti-Drug Coalitions of America
    - Boys and Girls Clubs
    - Boy Scouts and Girl Scouts of America
    - Partnership for Drug-Free Kids
  - Local Partnerships
COLLABORATION

• DEA 360 Strategy
  • Pilot Cities
    • 2016
      • Pittsburgh
      • Louisville
      • Milwaukee
      • St. Louis
    • 2017: Charleston, WV; Manchester, NH
COLLABORATION

• Law enforcement – Trojan Horse project
  • Promote two-way information sharing starting with law enforcement response to overdose incidents
  • Local law enforcement shares incident and victim information
  • Checks against DEA databases; provide feedback/recommendations
  • Assistance with identifying major supply organizations for efficient, targeted enforcement – locally and beyond
  • Training provided to local law enforcement
COLLABORATION

- HIDTA Heroin Response Strategy
COLLABORATION

• HIDTA Heroin Response Strategy
  • Goals
    • Reduce heroin/opioid-related overdose deaths
    • Dismantle heroin/opioid distribution networks
    • Educate families and youth about risks of heroin/opioid abuse and available treatment resources
    • Establish lasting public health-public safety partnerships
COLLABORATION

- HIDTA Heroin Response Strategy
  - Public Health and Public Safety Information Sharing Network
    - Drug Intelligence Officers/Public Health Analysts
  - Community Education and Prevention
    - Partnership for Drug-Free Kids – drugfree.org/heroin
  - Platform for regional public health/public safety partnerships
    - Annual symposium, state/local overdose task forces, DIO/PHA interactions
The only way we know we have a drug abuse problem or confirm the existence of such, and for public health/public safety to create collaborative partnerships and initiatives like OverdoseFreePA, DEA 360 and Trojan Horse, HIDTA Heroin Response Strategy, and numerous others at state and local level is through:

**Increased availability to timely, accurate, and complete data**