WELCOME TO THE PINELLAS COUNTY OPIOID TASK FORCE MEETING WEBINAR







WELCOME to our newest members and long-term partners!

Recommended Goals to COMBAT THE OPIOID EPIDEMIC Opioid TASK FORCE



Health care providers, law enforcement, schools, communities and families play a key role in eliminating opioid-related deaths, injuries and misuse in Pinellas County.

Raise awareness on the dangers of opioids by coordinating with schools, health care providers, pregnant women, etc.



Reduce opioid deaths by increasing the availability of life saving treatment to those who are dependent on opioids, their families and their friends.



Connect those in need to available, effective treatment and addiction therapy.



Decrease the supply of opioids by establishing a community wide approach and identifying areas at highest risk.



Improve information sharing efforts within our community to better examine trends of opioid misuse.





Marianne Dean; DOH		
Dr. Dianne Clarke; Co-Chair PCOTF		
Reta Newman; Pinellas County Forensic Lab		
Dr. Joshua Barnett; PCHS		
Meghan Westbrook; PCHS & USF Team		
Dr. Wouter Vermeer & Team; Northwestern University		
Marianne Dean; DOH		
Angela Tomlin; Operation PAR		
All Participants		

Next Meeting: March 17, 2022
We will be working towards a blended meeting soon!



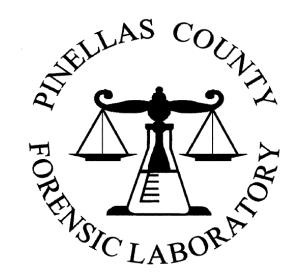
Opening Statement

DR. DIANNE CLARKE

CO-CHAIR

PINELLAS COUNTY OPIOID TASK FORCE





Opioid Task Force

RETA NEWMAN

DECEMBER 2021

Overdose Death Statistics-Pinellas

Jan-Aug 2021

411 overdose death in the 8 month period

343 were opiate/opioid related

371 were illicit related (illicit or illicit/prescription combos)

25 were prescription only

Ages ranged from 21 to 73, with an exception of a 10-day old premature infant that died from complications of maternal drug abuse during pregnancy

Dr. Brown (Northwestern University) will be receiving a detailed report next week to compile more specific data analysis.

Drugs Identified in Deceased Persons by Florida Medical Examiners



2020 Annual Report

Highlights

All comparisons are made to 2019 calendar year data unless otherwise noted.

- ✓ Total drug-related deaths increased by 17 percent (2,134 more).
- √ 7,842 opioid-related deaths were reported, which is a 28 percent increase (1,714 more). The opioids were identified as either the cause of death or merely present in the decedent.
- √ 6,089 opioid-caused deaths were reported, which is a 42 percent increase (1,795 more).

http://www.fdle.state.fl.us/MEC/Publications-and-Forms

Nitazenes (synthetic opioids)

Continue to receive numerous submissions of suspected fentanyl that contain various nitazenes

- N-pyrrolidino etonitazene
- Isotonitazene
- Metonitazene

Combinations with:

- Multiple nitazenes
- Fluorofentanyl and n-pyrrolidino etonitazene
- Heroin, metonitazene and n-pyrrolidino etonitazene
- Xylazine, metonitazene, n-pyrrolidino etonitazene, cocaine and fentanyl

Pentobarbital

Multiple submissions of pentobarbital/opiate combinations

- Fluorofentanyl, pentobarbital, tramadol
- Fluorofentanyl, fentanyl, methamphetamine, pentobarbital
- Fentanyl, tramadol, pentobarbital

Synthetic Cannabinoids

New Class of SynCans

- BZO Hexoxizid
- POXIZOID

Unusual form of ADB-Butanica

- 4 case submissions blue B707 tablets (alprazolam)
- Plant material and occasional powder (for distribution are common forms)

Unusual bleeding from suspected SPICE USERS report in Tampa

- Possible Superwarfin
- Possible new SnyCan



Counterfeit tablets of note

AD30 (Adderall/amphetamine)

methamphetamine



M30 (morphine)

Contained fentanyl



B707 (alprazolam)

Contained ADB-Butinaca (SynCan)



Counterfeit tablets of note (continued)

C2 (clonazepam)

Contained clonazelam mixed with aminoclonazelam





TEVA

TEVA 832 (clonazepam)

Contained cocaine, clonazepam and aminoclonazelam

M30 (morphine)

Contained desproprionylfentanyl (4-ANPP)



Contained etizolam and fentanyl





Mixture of the Month

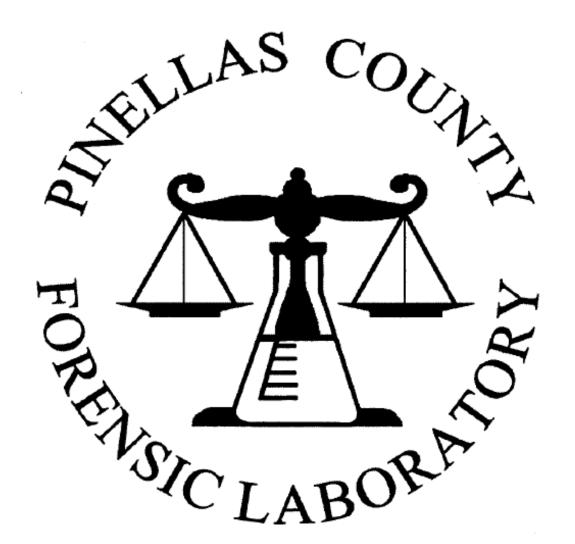
Eutylone, fentanyl, ketamine, tramadol and MDMA

(Cathinone, Opioid, Dissociative Anesthetic, Opioid, Hallucinogenic Phenethylamine)

Honorable Mention:

Xylazine, Metonitazene, n-Pyrrolidino etonitazene, cocaine, fentanyl

(animal tranquillizer, opioid, opioid, stimulant, opioid)



Reta Newman
Director
Pinellas County Forensic Lab
District Six Medical Examiner
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Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) & Discussion





Strategic Information Partnership (SIP)

DOJ | BJA Award #2018-AR-BX-K019 Original Project End Date: September 30, 2021 12-month No-Cost Extension Approved New End Date: September 30, 2022





Review from Northwestern University





NORTHWESTERN U – HENDRICKS BROWN, WOUTER VERMEER

USF - KIM JOHNSON, HOLLY HILLS, CHARLES DION

DCF - SHELBY MEADERS

OPERATION PAR — DIANNE CLARKE, JIM MILLER, JONATHAN ESSENBERG, ANGEL TOMLIN

WASHINGTON U - REBECCA LENGNICK-HALL Community and Modeling Approaches to Support Decision Making in Pinellas County

Outline

Narcan distributor's survey

Update on Status of model building





Outline

General update

Update on Status of model building

Responses from organizations that do any distribution in Pinellas County (N = 9)

Organization Types:

 Methadone Clinics, Harm Reduction Organization, FQHC, Recovery Community Organization, Homeless Service Organization, Buprenorphine Program, Emergency Department

Methods of Distribution:

- Direct distribution to persons with OUDs
- Provide kits to other organizations: (coalitions, hotels)
- Provide extra kits for recipients to distribute among peers (secondary distribution)
- Other: 'We provide kits to anyone that asks for kits'

Other Related Services:

- Provide training in recognizing and responding to overdose / use of NARCAN
- Train recipients on how to train others to recognize/respond/use NARCAN
- Provide incentives for encouraging NARCAN recipients to carry kit with them

"Our organization could do more to reach populations who would benefit from NARCAN distribution": 6/9 Respondents endorsed agreement (Somewhat – Strongly Agree)

Describe how you wish to expand NARCAN distribution:

- More training of staff and, subsequently, clients
- If we were on a directory so that people can come in / refer someone in need
- If we had funding [we would be able to have more people focused on distribution (to people / establishments)
- More distribution to community members / organizations

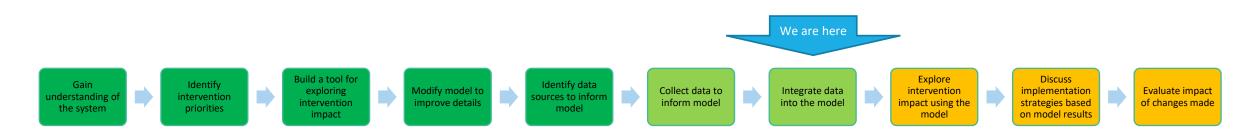
Are current supplies of naloxone (nasal spray or other) covering the demand encountered?

- 6/9 = Yes
- 3/9 = No

Ranking of Strategies for Reducing Overdose Deaths – from Most to Least Important:

- Train individuals on how to use naloxone (NARCAN)
- Reduce stigma surrounding drug use / treatment
- Improve Linkages between Social and Treatment Services
- Remove barriers to receiving MAT
- Increase NARCAN availability for Law Enforcement
- Increase delivery of Substance Use Prevention Programs
- Reduce Drug Supply

Where we are in the modeling process:



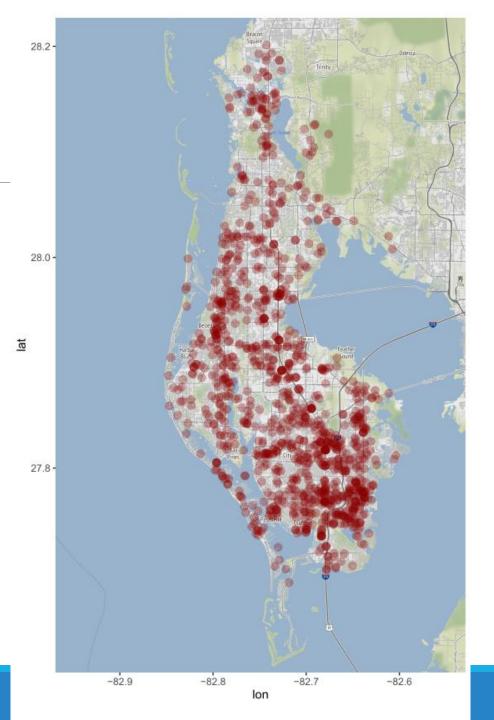
Today we want to share some observations from our exploration of the opioid related deaths in Pinellas County

In particular the spatial and temporal distribution of deaths based on medical examiners data from 2018-2020

There seems to be a wide dispersion in locations where deaths occur.

Some areas clearly have higher rates of fatal overdoses

However there seem to be few areas that do not experience any

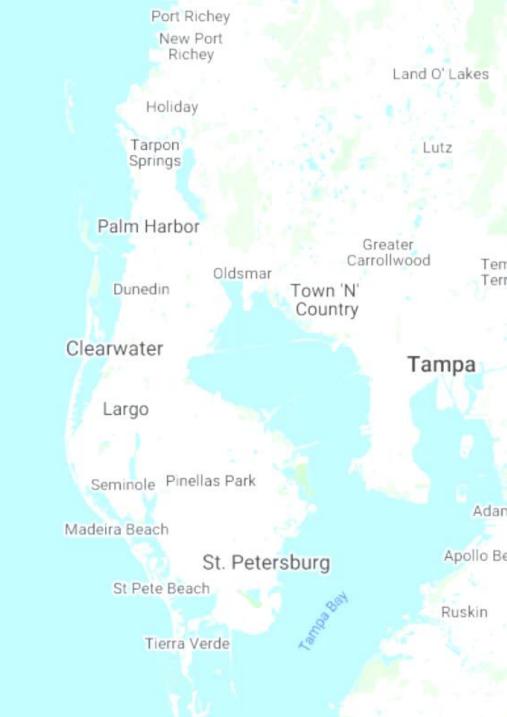


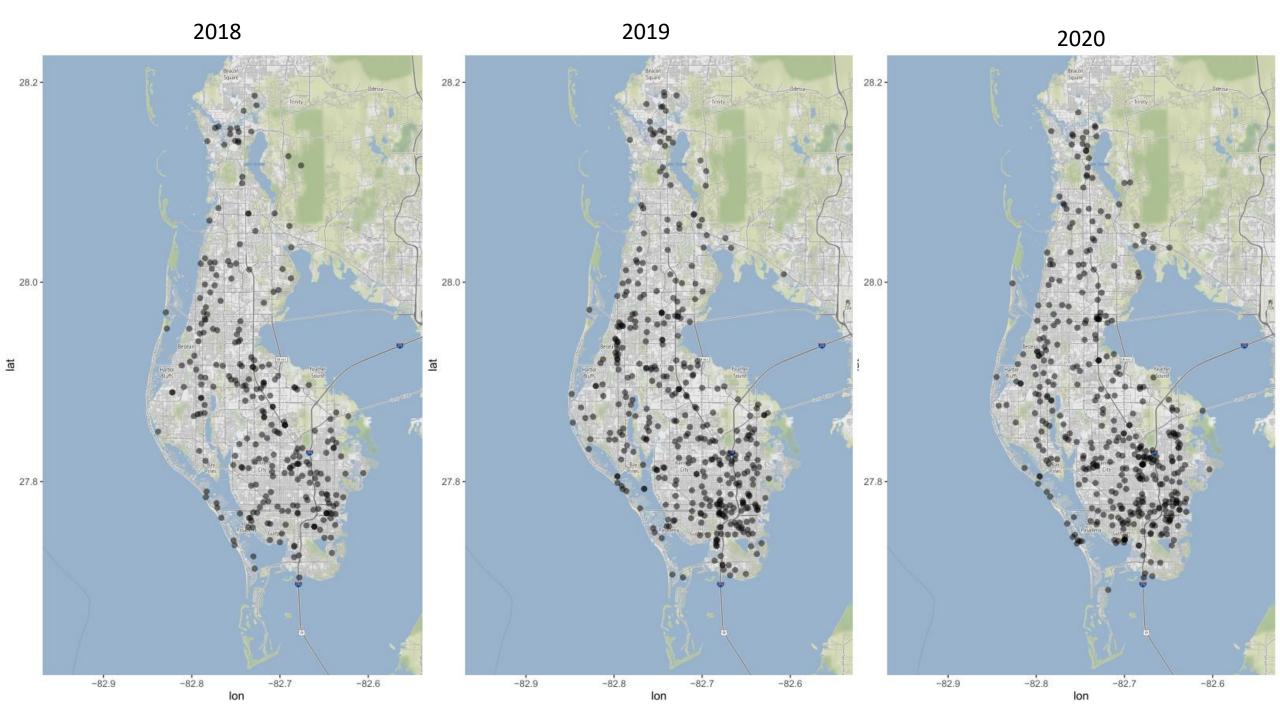
Considering the deaths over time reveals some trends on overdoses

We find some preliminary evidence that deaths occur near the recent deaths, suggesting some form of clustering in space and time

However, for the most part deaths seem to occur randomly across the county without correlation to where past deaths have occurred

We are in the process of doing formal analysis on this data

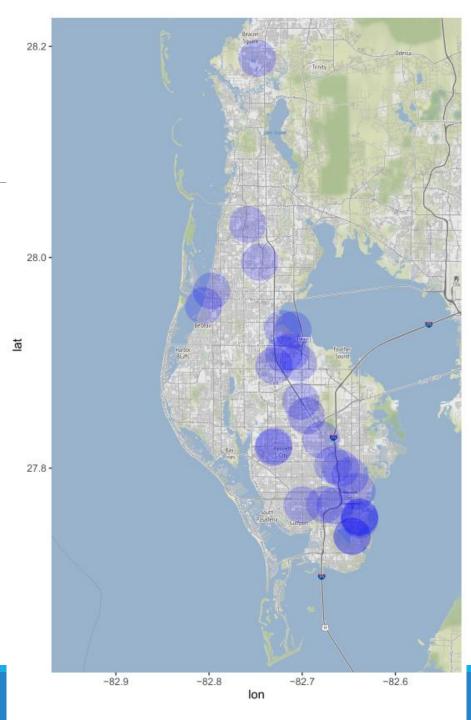




The spatial coverage of Narcan providing locations in the county is limited

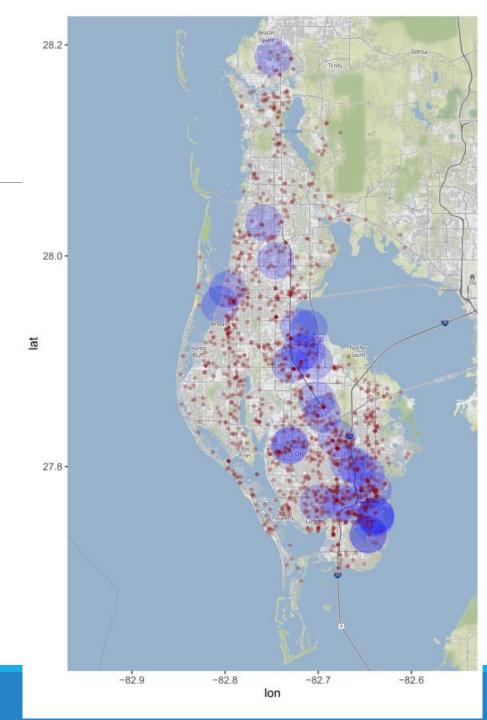
This graph indicates a ~1mile radius around providers where Narcan is available without cost

These location are highly clustered, leaving vast areas are un(der)served when it comes to access to Narcan.



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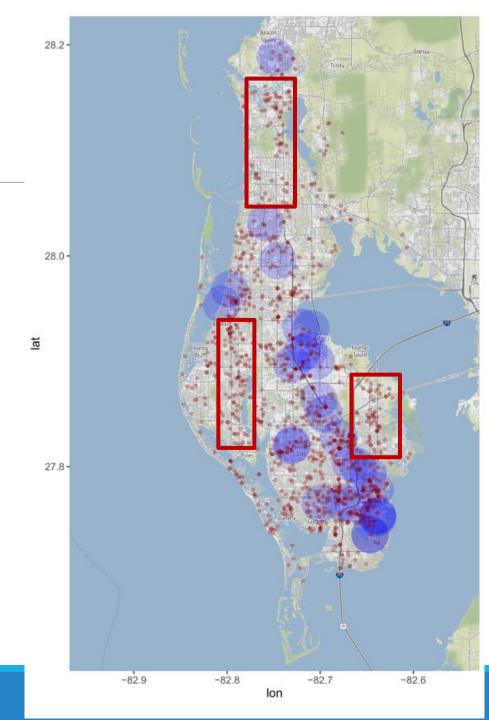
Overlaying Narcan coverage with deaths reveals that current coverage shows relatively strong alignment with areas of need.



The spatial coverage of Narcan providing locations in the county is limited

Overlaying Narcan coverage with deaths reveals that current coverage shows relatively strong alignment with areas of need.

But is also shows three are three general regions that specifically could benefit from increased Narcan coverage.



We used our simulation model to do a preliminary exploration of the impact of targeting these areas with red-boxes

We compare two strategies of placement of 25 red-boxes and compare the impact relative to baseline of doing nothing.

- 1. A strategy in which boxes are randomly placed throughout the county
- 2. A strategy in which these un(der)served areas are specifically targeted for red-box placement

This is a simplified model, so we do make a few simplifying assumptions:

- Locations of boxes are known to users and function similar to other providing locations
- Boxes will always have Narcan in them (e.g. they are instantly refilled, or have limitless capacity)

Preliminary simulation results

		Narcan kits distributed through red-boxes	Population with Narcan compared to the baseline (total % users carrying Narcan)	Overdose deaths Compared to the baseline	Lives saved compared to baseline (in the year modeled year)
1	Baseline (No red-boxes)	0	100% (6.1%)	100%	-
2	Randomly placed red-boxes	435.3	105%(6.4%)	99.5%	~2.4
3	Targeted red-boxes	1957.38	119%(7.3%)	97.2%	~13.7

We observe only limited impact of either of the red-box strategy

This can primarily be explained by the fact that most deaths occur in isolation (primarily at home), without anyone around to provide a dose of Narcan

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4	Strategy 2 + reductions in use in isolation	583.22	138% (8.4%)	91.2%	<u>~43.7</u>
5	Strategy 3 + reductions in use in isolation	2355.84	154% (9.4%)	90.0%	<u>~49.6</u>





Your Questions, Comments, and Guidance

Our Contacts:

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Overdose Data to Action





Deliverables Update

- PCOTF Strategic Plan was accepted by the Pinellas County Board of County Commissioners on 12/07 to assist with state opioid settlement funding.
- Office of Overdose Prevention (OOP) website is up and running.
- Includes PCOTF and OD2A discussion.
- Building of site is still in progress we need your logos!
 - Find it here: http://pinellas.floridahealth.gov/programs-and-services/wellness-programs/substance-use-prevention/pinellas-county-opioid-task-force/index.html





Deliverables Update

- OOP has reprised our role to serve as a project resource for undergraduate students enrolled in the Introduction to Public and Community Service at the University of South Florida.
- OD2A in working in collaboration with Pinellas EMS to introduce key topics to participants in the Explorer programs to serve as peers.
 - Program is moving forward, and steps are in place to bring specifics to Pinellas County Schools for review.
- Outreach to participate in the "Point in Time" count, January 2022.
- Working with HLA to help assess our homeless population in Pinellas County.





Deliverables Update

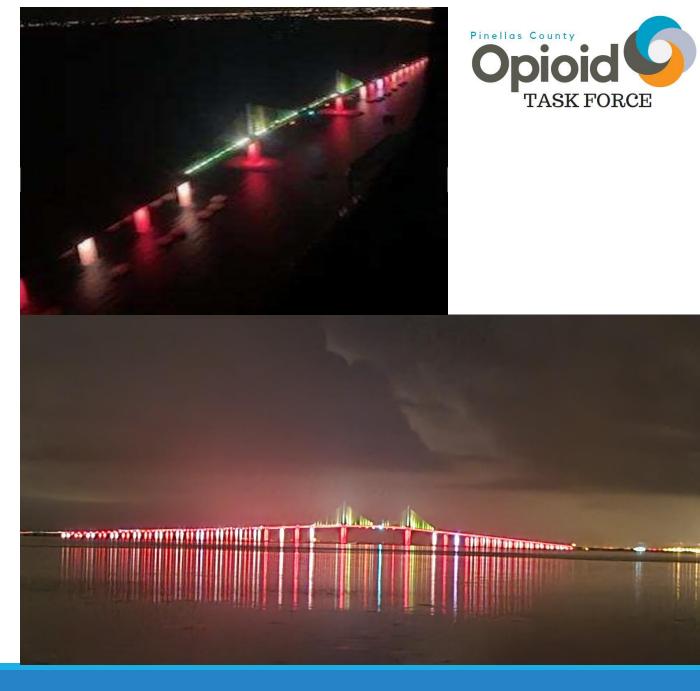
- Pinellas County Harm Reduction Initiative has volunteered to assist in placement of Red Boxes to local businesses.
 - Thank you Natalie & Team!

- Stigma Awareness & How to Avoid It: Presentation available to our community partners to discuss how the way we speak to those with SUD makes a difference in improving treatment seeking.
- ~400 opioid prevention toolkits left for dispersal.



A Special Thanks

 Pinellas & Hillsborough BOCCs, and the Manatee County Administrator for request approval to light the Skyway Bridge in red and gold lights for Red Ribbon Week, October 2021.



COMMUNITY OUTREACH

With one touch of a screen your patient gets the help they need from Operation PAR right from your office or ED.













LOCATIONS

- 1. Bayside Clinic
- 2. Safe Harbor Homeless Shelter
- 3. St. Anthony's Hospital
- 4. Morton Plant Hospital
- 5. Mease Dunedin Hospital (12/17/21)



4 Year Grant Funded by:













Goals

- Reduce Emergency Department re-admission rates
- Reduce Cost in Emergency Department utilization
- Increase access to resources and services
- Increase Substance Use Treatment admissions
- SAVE LIVES



Referral Process

Hospital identifies appropriate client for substance use services.

Hospital will email clinical and/or medical documentation to careteam@OperPar.org.

Hospital will connect client to PAR staff via PARbot at operationpar.doxy.me to complete screening and provide resources.

If appropriate for MAT services due to opiate use, hospital will dose client with buprenorphine prior to discharge from ED if needed. PAR staff will inform client of MAPS dosing hours.

Recovery Peer Specialist or Case Manager will refer client to appropriate level of care at Operation PAR.



The PARBOT so far....

- 13 calls have come thru the PARBOT
 - *2 from Safe Harbor
 - *6 from Bayside Clinic
 - *3 from St. Anthony's Hospital
 - *2 from Morton Plant Hospital
- 8 of the 13 have been admitted into PAR treatment programs(ie detox, Residential, MAPS and OP)











Open Forum

- Please use this time to engage our task force members
- Ask questions
- Use the Chat option







To Conclude.

We welcome questions about any of the topics you heard today.

Please direct questions to Marianne Dean @ marianne.dean@flhealth.gov.

A copy of this presentation, including meeting notes, will be provided to all members attending today.

See you all in 2022!

Have a safe and enjoyable Winter Holiday!

