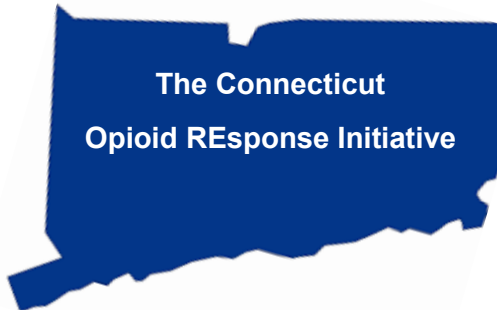


## Connecticut's Plan to Fight Opioid Epidemic: CORE Strategies

### *Relevant to EMS*

- Expand access to and track use of naloxone
- Increase data sharing across relevant agencies and organizations
- Increase community understanding of the term "Opioid Use Disorder"



## OPIOID ABUSE BY THE NUMBERS

### OPIOIDS INCLUDE:

Oxycodone, hydrocodone, codeine, morphine, fentanyl and heroin

From 2000 to 2015, more than half a million people died from drug overdoses.



**91 AMERICANS** die every day from an opioid overdose.

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

## TRAIN Connecticut

TRAIN Connecticut is the premier learning resource for all who protect the public's health in Connecticut.

A self-paced training course has been designed based on the content from the *Overdose Epidemic: The EMS Role* symposium, this course is available to all EMS responders at no cost. Visit [www.ct.train.org](http://www.ct.train.org) to register and enroll in the course.

### Course Details:

Course ID: 1072448

#### Title:

*The Opioid Overdose Epidemic: The EMS Role*

**Purpose:** To prepare Emergency Medical Responders to intervene in opioid emergencies in a manner that will reduce patient death through effective medical interventions and use of community resources

**Brief Description:** The Program discusses the background of the opioid epidemic, Connecticut death statistics, Connecticut CORE initiative, the science of addiction, the dangers of fentanyl and fentanyl analogs, opioid overdose treatment, provider safety, prevention initiatives, data collection, harm reduction, and stamp bag recognition.

*Qualifies for (1) one hour Continuing Education Units (CEU) for EMSI re-certification.*

## Opioid Hotline

**1-800-563-4086**

Users should be given the state's Opioid Hotline, operated 24/7/365 for help getting treatment.

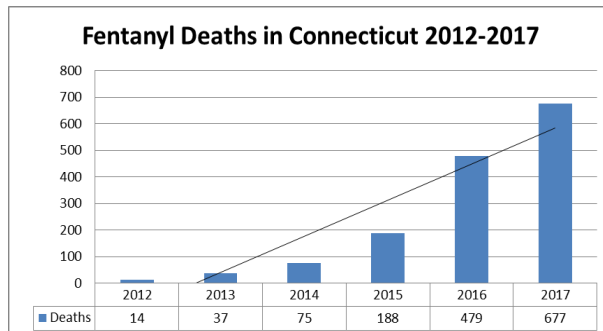
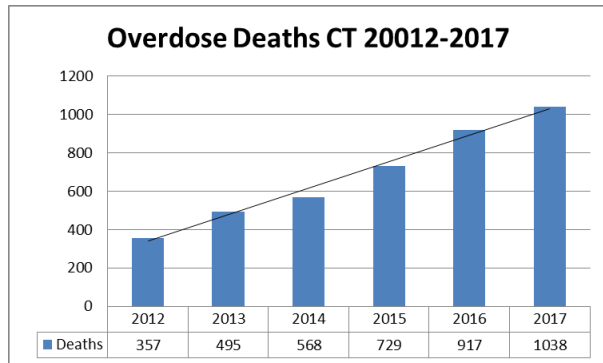
# The Opioid Overdose Epidemic: *The EMS Role*

The Connecticut Office of Emergency Medical Services



## Connecticut Overdose Deaths

Nationwide more people died of overdose deaths in the United States in 2016 than from car crashes or gun deaths. The opioid epidemic claimed 1,040 lives in Connecticut in 2017.



In our state, heroin is often sold as powder in glassine envelopes. Increasingly, the heroin has been either cut with Fentanyl, a synthetic opioid, or has been replaced by Fentanyl. Since Fentanyl is up to 50 times stronger than heroin, it is harder to safely mix. A clump or hot spot of Fentanyl in a bag can lead to overdose or death even for an experienced user. Fentanyl can also be found in pills.

Overdose |  
drug or other su  
safed

## Science of Addiction

Scientific evidence shows that addiction is a chronic brain disease that has the potential for recurrence and recovery. Opioids can hijack the brain's survival instincts. Humans need food and sex to survive as a species. In the addict's mind, opioids become the key to their survival. Even after a person has completed withdrawal, the faulty brain circuit is there. Relapse is common. Treatment can help many, and with time brains can recover. Our job in EMS is to keep people alive until they are ready for recovery.

## Highest Risk for Fatal Overdose

- Patients with prior non-fatal overdose
- People who have just left residential treatment, incarceration or have undergone recent abstinence (lowered tolerance)

## 5 Key Points to Prevent Fatal Overdose

**Tell your patients:**

- **Don't use opioids alone.**
- **Always have Naloxone available.**
- **When using from a new source or a new batch, start with a tester shot.**
- **Don't mix opioids with benzodiazepines.**
- **Call 911 Immediately if overdose is suspected.**

## EMS Treatment

The hallmark of EMS treatment for overdose patients with respiratory depression remains proper bag valve mask ventilation. Naloxone is for depressed respirations, not depressed mental status. Naloxone should be administered per protocol in doses enough to restore ventilation.

## EMS Safety

Personal Protective Equipment (PPE) is effective in protecting you from exposure. Inhalation of airborne powder is most likely to lead to harmful effects, but is less likely to occur than skin contact. Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the skin is promptly washed off with water. Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl intoxication. Naloxone is an effective medication that rapidly reverses the effects of Fentanyl.

