



City of Lowell, MA
Mayor's Opioid Epidemic Crisis Task Force
Data Subcommittee



OPIOID TRENDS IN LOWELL, MA – *Winter Readiness*
DECEMBER 2020

The Data Subcommittee of the Lowell Mayor's Opioid Task Force is comprised of professionals across multiple disciplines, including academia, emergency medical services, law enforcement, community outreach, public health, and substance use treatment.

The Data Subcommittee analyzed various data sets relevant to the opioid epidemic in Lowell to make observations and recommendations specific to **Winter Readiness**. The following document outlines those observations and recommendations, and serves as a resource for community partners to inform their work. For questions about this report, to share topic recommendations for the Data Subcommittee to review, or to learn more about sharing your agency's HIPAA compliant data with the Data Subcommittee, please email Lainnie Emond at LEmond@lowellma.gov.

The following data set(s) and research were reviewed for this report:

- Trinity EMS Opioid Related Illness (ORI) call data from October 2015 – September 2020.
- Highlights of Prescribing Information for Narcan - https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf

Observations

- Between October 2015 and September 2020, 67% of the opioid related illnesses (ORI) that Trinity EMS responded to during the months of December, January, and February **occurred inside** a public or private space, the highest percent of the seasons.
- On September 30th, 2020, Lowell was elevated to “red” or “high risk” under the state of Massachusetts's color-coded risk designation system for COVID-19.
- As of October 16th, 2020 there have been 3,747 confirmed cases of COVID-19 in Lowell, MA. Of those cases, 232 were actively being monitored.

Additional Factors to Consider Related to COVID-19 Pandemic

- Anecdotal reports from providers working with the substance use disorder community state there has been a historic increase of referrals in inpatient treatment facilities during the colder weather months. Inpatient placement, such as detox, provides temporarily shelter for clients experiencing homelessness or lack of stable housing.

- Anecdotal reports from providers working with the homeless population in Lowell state there has been an increase in “new faces” as well as an increase in overall population. Conversely, immediate shelter opportunities for those facing homelessness or lack of stable housing have decreased due to COVID-19 restrictions in building capacity.
- Outpatient treatment programs that may have previously allowed clients to sit in the program lobby outside of their appointment time may not be able to do so as a means to accommodate those waiting for appointments. COVID-19 restrictions limits the number of people in waiting rooms.

Recommendations

Narcan Education

- The effects of Narcan are not permanent; Narcan wears off after 30-90 minutes of administration. Educate clients that administration of Narcan does not guarantee that the person being revived will no longer be at risk for an opioid overdose. Encourage clients to call 9-1-1 before administering Narcan to prevention additional health risks.
- Narcan freezes at 32° F. Narcan remains most effective before its expiration date when stored between 59° F and 77° F. Narcan may remain effective when briefly exposed to temperatures as low as 39° F and as high as 104° F. The effects of Narcan may weaken after prolonged exposure to extreme temperatures.
 - Do not store Narcan in your vehicle as that may cause your Narcan to be susceptible to wide temperature ranges throughout the day and night.
 - Encourage clients that frequently spend time outside to keep Narcan close to their body during colder weather, such as in the pocket of their coat or pants.
 - Outreach providers that carry and/or distribute Narcan should also consider storing Narcan close to their body during colder weather months.
- Narcan expires. Check the expiration date on your Narcan, and encourage clients to do the same. Although Narcan is still usable after the expiration date, Narcan’s effectiveness decreases past the expiration date. Encourage clients to obtain a new Narcan kit once their current one has expired. If a persona is at high risk, they can obtain Narcan and Narcan training by called Lowell Community Health Center (978-221-6767) or Lowell House Addiction Treatment and Recovery (978-735-3228). Narcan can also be obtained at most pharmacies without a prescription.

Treatment

- Prepare clients that lobby and waiting space may not be available to mingle or spend time in outside of waiting for an appointment due to COVID-19 restrictions on building/space capacity.

- Consider how clients without their own transportation or reliable transportation will physically wait outside for their appointment time.
- Continue to use and/or increase frequency of use of social media to share messaging, program changes, and client expectations. Frequently post to establish social medial account(s) as a reliable source of information.

Family and Loved Ones

- Families are encouraged to check on their loved one with an opioid use disorder frequently, especially if their loved one is experiencing homelessness.
- Educate families about the importance of carrying and being trained on how to use Narcan. Include information that focuses on storage of Narcan, including temperature sensitivities and the importance of making Narcan accessible. Video and social media PSAs can be used to educate and quickly share messaging. Posters can be created and shared with local pharmacies and doctors' offices to reinforce messaging.

General Outreach and Engagement

- Initiate more daytime opportunities for people who are homeless to build life skills, and work on their wellness and recovery.

Educational Outreach Opportunities

- Provide outreach education to pharmacies, emergency departments, outpatient medical clinics, faith-based leadership, libraries, and other places that individuals with opioid use disorder may go to for reasons outside of an opioid use disorder. This provides (1) an opportunity to engage with a new provider population who may not have direct access to the latest information about opioid use disorder and (2) build the provider knowledge-base to then reiterate and reinforce information to clients with opioid use disorder (consistent messaging is key).

Research Questions

- How can communities better disseminate harm reduction messaging to family members and loved ones?
- What messages work better than others for those with opioid use disorder, with family members, and loved ones? What format of message works better?

