



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



**OPIOID TRENDS IN LOWELL, MA
APRIL 2019**

The Data Subcommittee of the City of Lowell's Mayor's Opioid Task Force is comprised of professionals across multiple disciplines, including academia, emergency medical services, law enforcement, community medicine, public health, and substance use treatment. **The goals of the Data Subcommittee are to consistently and accurately report data back to the community and to determine if collective interventions are effective.**

The Data Subcommittee analyzed various data sets relevant to the opioid epidemic in Lowell, and from these data sets was able to make observations and recommendations. The following document outlines those observations and recommendations, and serves as a resource for community partners to inform their work. The Data Subcommittee encourages community partners who choose to incorporate one or more of the below recommendations into their work to provide a brief update to the Data Subcommittee identifying implementation of the strategy(s) and progress. By doing so, the Data Subcommittee can continue to make the most informed recommendations for Lowell.

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 sets were reviewed for this report:

- *Lowell Community Health Center and Lowell House Total Narcan Distribution*
 - Data was broken down by gender, race, and status of treatment/recovery and substance user/nonsubstance user.
- *Fatal Opioid Overdoses 2015, 2016, and 2017*
 - Data was broken down year, month, day of the week, gender, and gender by day of the week.
- *Nonfatal Opioid Related Incidents 2015, 2016, 2017, and 2018*
 - Data was broken down by number of each by day and month.
- *CO-OP Data August 2018-December 2018*
 - Number of services provided or referred to broken down by gender.
- *CO-OP Data January 2019*
 - Number of encounters and services provided or referred to all by gender.

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Observations

- More females who identified as being “in treatment” sought Narcan training and dissemination of Narcan over males who identify as being “in treatment”.
- More females who identify as being a “nonsubstance user” sought Narcan training and dissemination of Narcan over males who identify as being a “nonsubstance user”.
- Out of all days of the week, Fridays and Saturdays saw the most fatal opioid related overdoses during 2015, 2016, and 2017.
- Nonfatal opioid overdose rates increased on the weekends during 2016, 2017, and 2018.
- Fatal opioid overdose rates increased on the weekends during 2015, 2016, and 2017.
- During 2015, 2016, and 2017, more than twice as many males have died of an opioid-related overdose than females (140 vs. 55). Preliminary results for 2018 show that males are dying of an opioid-related overdose at three times the rate as females, and in 2019 dying of an opioid-related overdose at four times the rate as females.

Additional Factors to Consider

- According to DA Marian Ryan, there has been an increase in fatal opioid related overdoses occurring in personal residences. In 2018, 70% of fatal opioid related overdoses occurred in personal residences.
- According to DA Marian Ryan, the rate of females experiencing a fatal opioid related overdose has increased in Middlesex County.

Noteworthy Historical Factors

- The first time that fentanyl was documented in a Lowell Police Department report as being relevant to an opioid related overdose was on July 20th, 2007.
- Trinity EMS pinpointed March 12th, 2014 as the exact date when opioid related incidents in Lowell doubled, as observed by the number of opioid related incidents 60 days post and prior to March 12th, 2014.
- In 2016, Habit OpCo changed client testing protocols to include testing for fentanyl.
- The Lowell Community Opioid Outreach Program (CO-OP) was formed in 2016 to follow-up with survivors of a document opioid related overdose.

Recommendations

Narcan Distribution

- Distribute Narcan into the hands of high risk men. Promote ways to make use safer for males who are using opioids alone or in pairs and groups. Identify ways to improve Narcan distribution and general outreach targeted towards males.
- Tailor a message to females who obtain Narcan at a higher rate to advocate for usage and obtainment of Narcan by males.
- Hold conveniently located Narcan training that distribute Narcan and provide opioid overdose prevention education on Thursdays and Fridays as a means to prepare for the weekend, a time when outreach efforts and access to programming are limited. Establish a weekly routine of Narcan trainings that also provide Narcan and opioid overdose

prevention education so that the community is aware of reoccurring training opportunities.

- Use the term “weekend preparedness”. “Weekend preparedness” is the opportunity for a person who uses opioids to prepare themselves with the necessary supplies and information for an upcoming weekend where outreach efforts and access to programming are limited.
- Develop and disseminate information to providers about “weekend preparedness”. Targeting providers who are not traditionally involved in the substance abuse treatment is especially important. Targeting pediatricians, in particular, is one way to generally inform parents and guardians about opioid overdose prevention and education.

Treatment

- Tailor group therapy sessions, prevention efforts, and harm reduction education to meet the different needs of men and women.

Family and Loved Ones

- Educate families regarding opioid overdose signs, such as respiratory arrest. Adapt Narcan training to further emphasize signs and symptoms of an opioid overdose that may be missed by family members. Video and social media PSAs can be used to educate families and quickly share messaging.
- Increase dissemination of information to families as to where they can become Narcan trained, and why it is important to be trained and have Narcan available.

General Outreach and Engagement

- Increase general outreach efforts on the weekends.
- Initiate more daytime opportunities for people who are homeless to build life skills, and work on their wellness and recovery.

Research Questions

- What is the frequency that individuals who use opioids use alone? What drives an individual to use opioids alone, use alone more often, or use alone on certain days? Is there a difference in which gender is more likely to use alone or prepare for and/or take extra precautions in case of an opioid overdose?
- Are there gender differences regarding the administration of Narcan on others?
- Are there gender differences in reactions and/or responses to nonfatal and fatal opioid overdoses that occur within a community?

