

Psychiatric Emergencies and the Overdose Epidemic

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The “Why?”

As a former first responder, I witnessed firsthand the intersection of psychiatric crises, drug/opioid addiction, and their compounding effects. It is a monolithic problem becoming more nuanced and complicated on a daily basis.



Exploratory data analysis is an effective methodology to inform individuals on the overall situation, extrapolate effects in the Greater Nashville Metropolitan Area, and cover any potential solutions that have an impact.

Content Objectives

01 – Summarize

The national epidemics.

02 – Delve

The multivariate relationship.

03 – Report

Manifestation of issues in the Nashville Metro.

04 – Explain

The overall approach to resolutions.

05 – State

Regional program implementations.

06 – Conclude

Data-based perspectives

Overdose Epidemic Timeline

Wave 1 (1990s)

The crisis began in the 1990s with a first wave of deaths due to a rise in overdoses involving prescription opioids, including natural and semi-synthetic opioids and methadone.

Wave 2 (2010 – 2013)

This was followed by a second wave in 2010 with a spike in heroine-involved deaths.

Wave 3 (2013 – Present)

The present wave is defined by a rapid increase in deaths due to synthetic opioids other than methadone (including fentanyl, fentanyl analogs, and tramadol) since 2013.

2017

The opioid crisis was declared a public health emergency under section 319 of the Public Health Service Act.

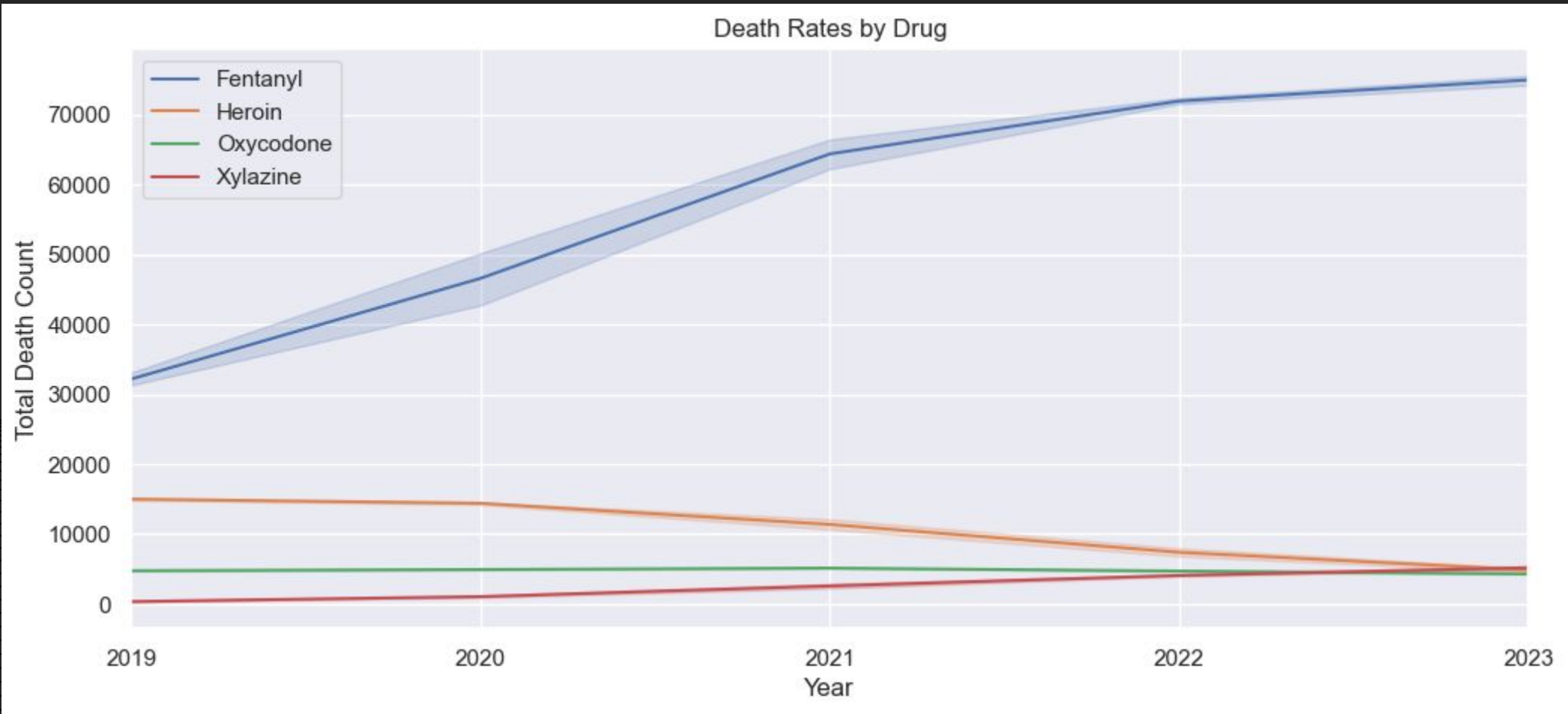
2019–2020

Synthetic opioid deaths increased by 56% and now account for about 82% of opioid-involved deaths.

Third Wave Commences

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Xylazine Overtakes, Fentanyl Skyrockets



Psychiatric Crisis

Mental Illnesses

There is a crisis around serious mental illnesses, such as schizophrenia and bipolar disorder, contributing to social problems including homelessness and incarceration.

Substance Use Disorder

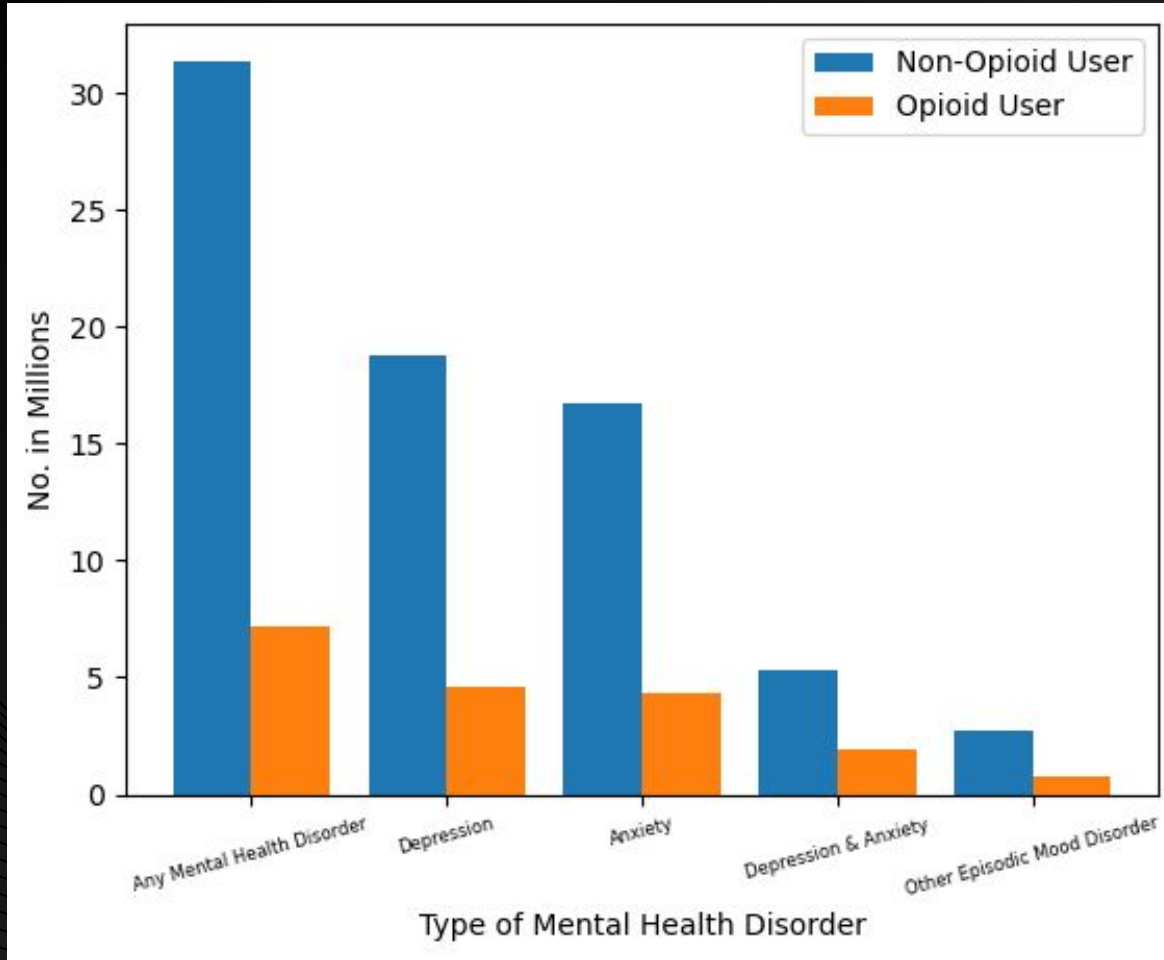
The vast majority of individuals with a substance use disorder in the U.S. are not receiving treatment. 18% of adults in the U.S. had a substance use disorder in the past year. Of them, 77% did not receive treatment.

Cost Barrier

Cost is still a significant barrier to accessing mental health care. 1 in 4 adults with frequent mental distress could not see a doctor due to cost.



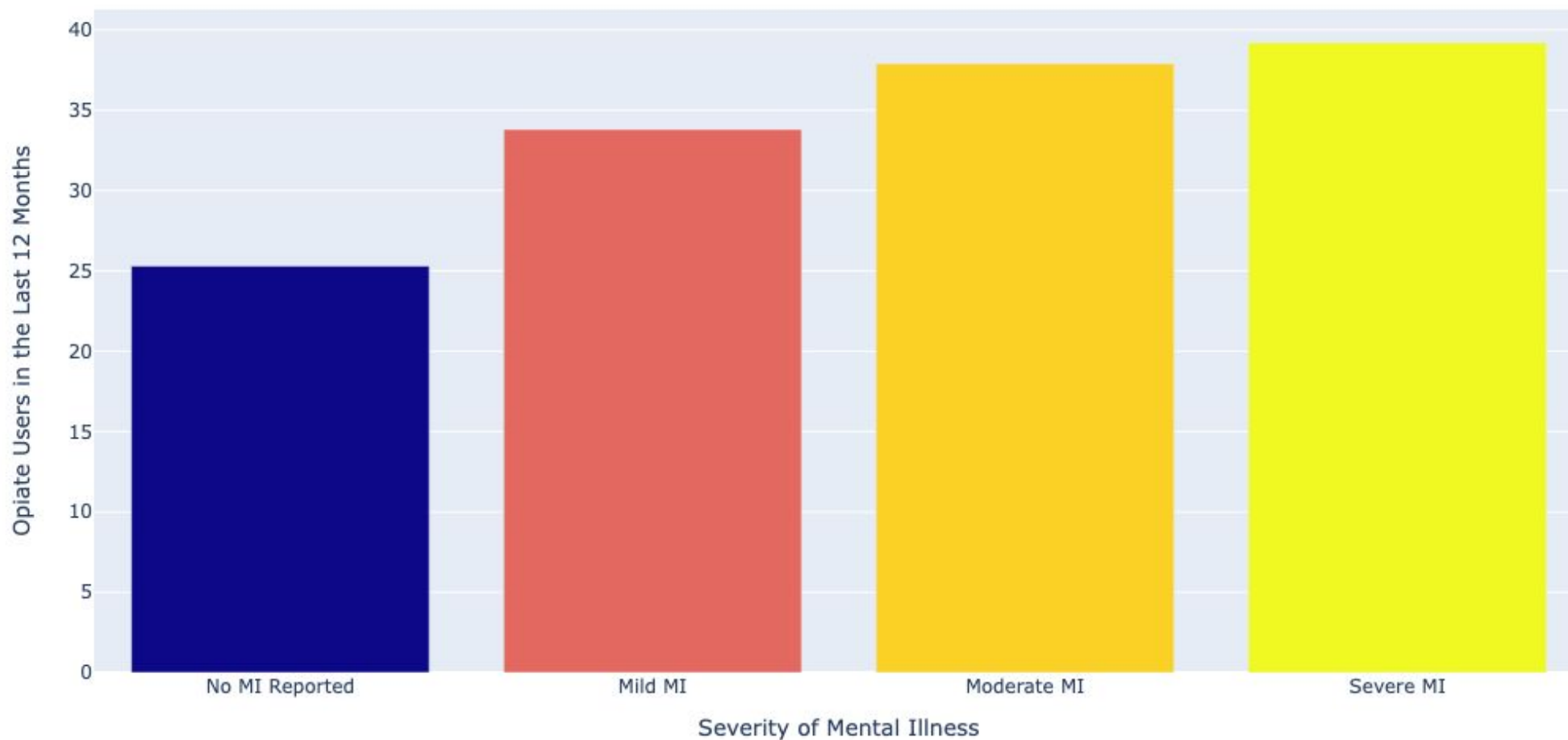
The 16% of Americans who have mental health disorders receive over half of all opioids prescribed in the United States.



Improving pain management among this population is critical to reduce national dependence on opioids. Over the past 15 years the number of prescription opioid analgesic medications sold in the United States has quadrupled, yet the amount of pain or disability that Americans experience has remained unchanged.

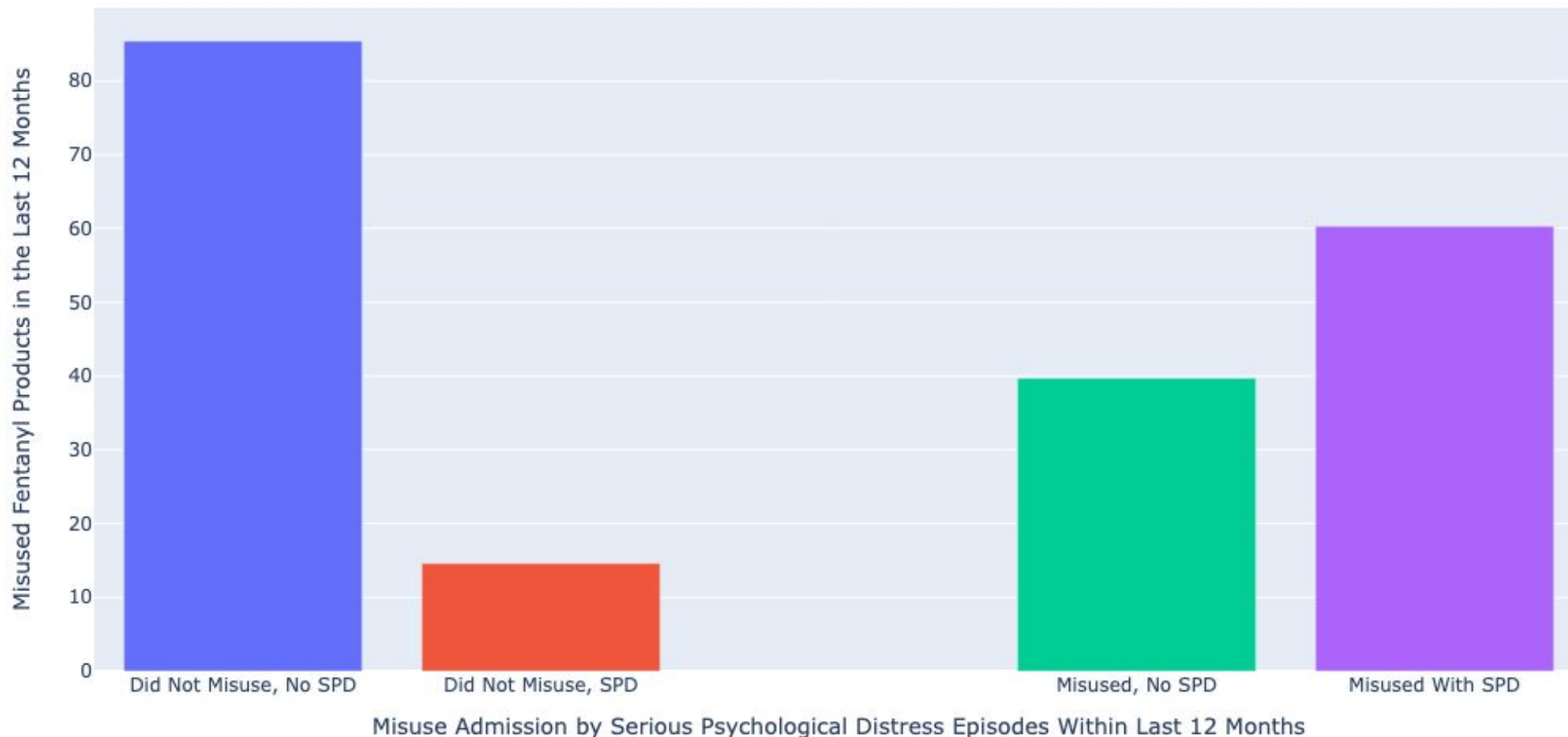
SAMHSA Intersection Data

Percentage of Opiate Users by Severity of Mental Disorders



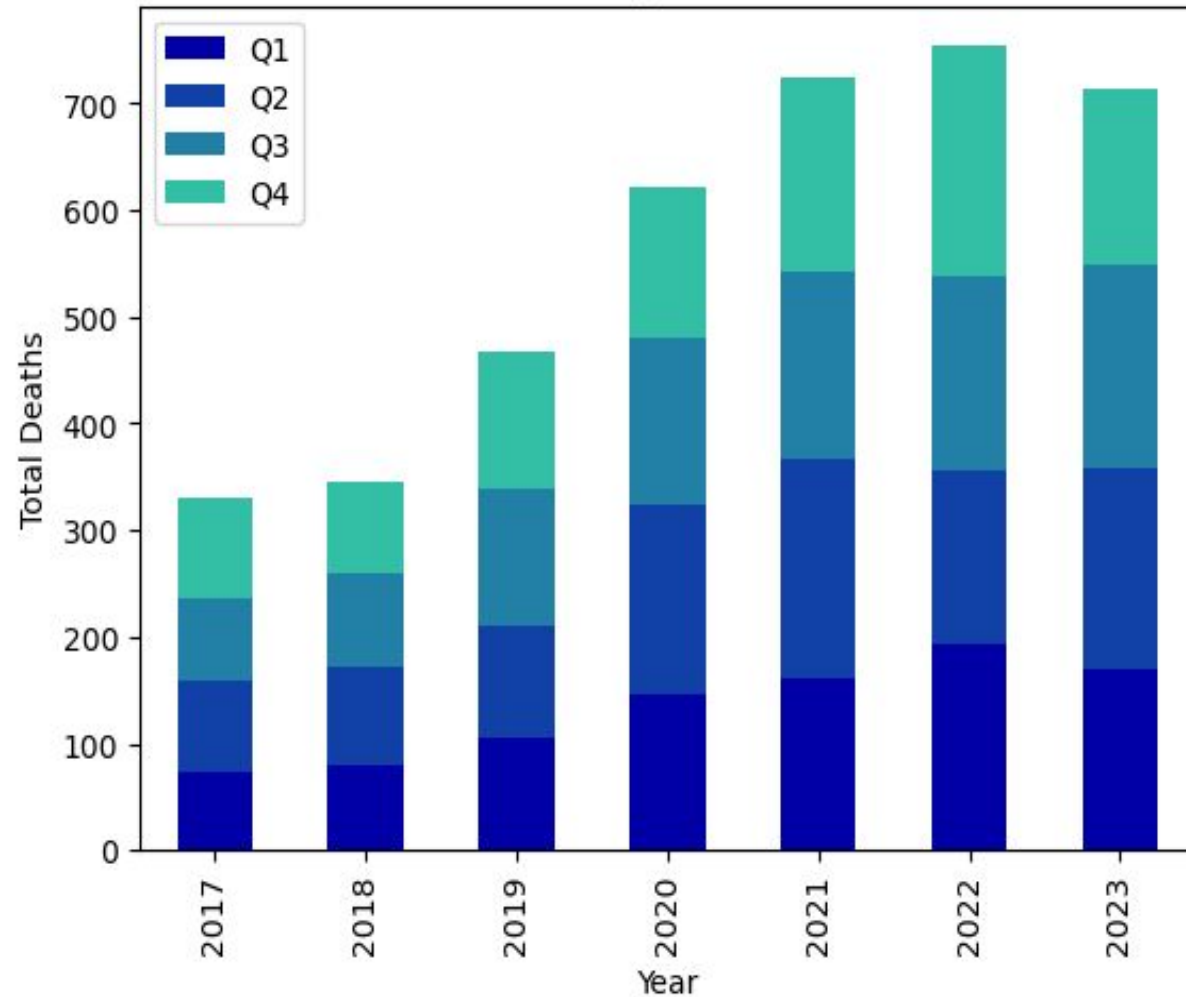
SAMHSA Intersection Data

Percentage of Fentanyl Misusers by Serious Psychological Distress

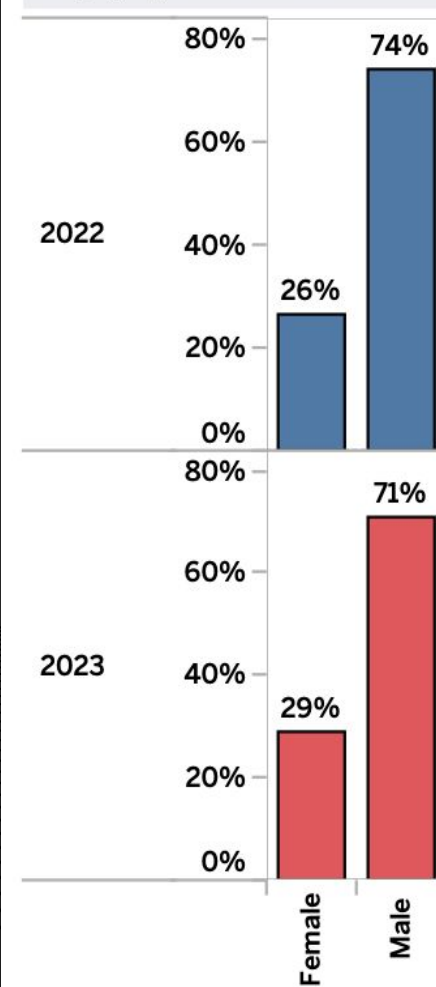


Davidson County/Greater Nashville Data

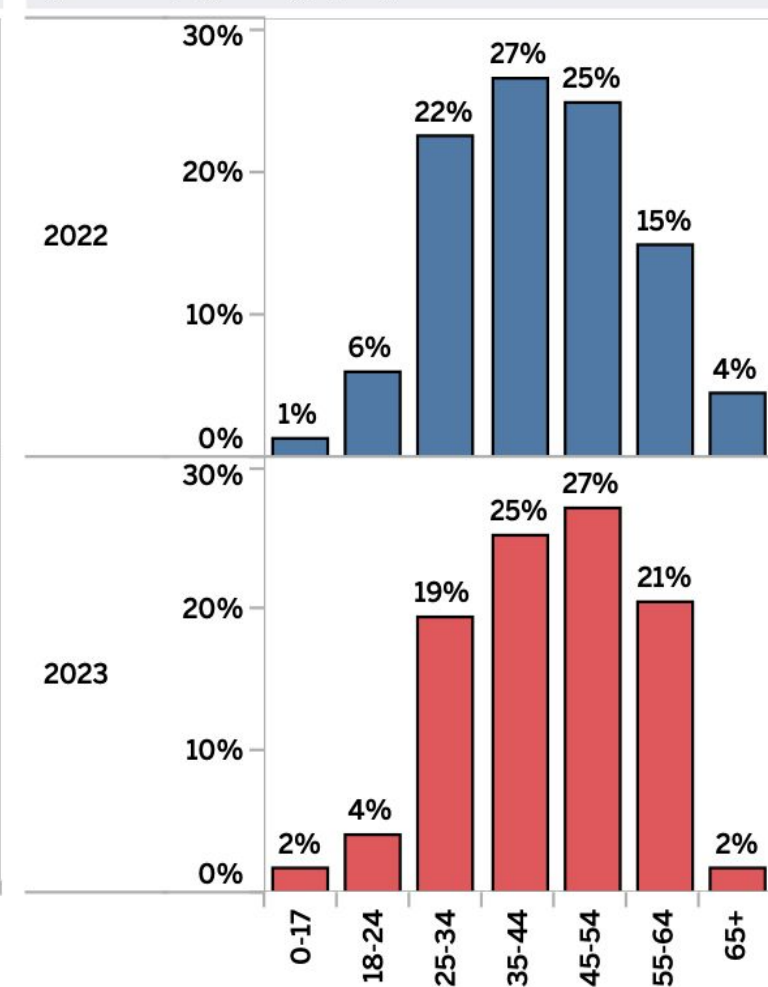
Davidson County Overdose Deaths



Sex, Q1-Q4 2022-2023



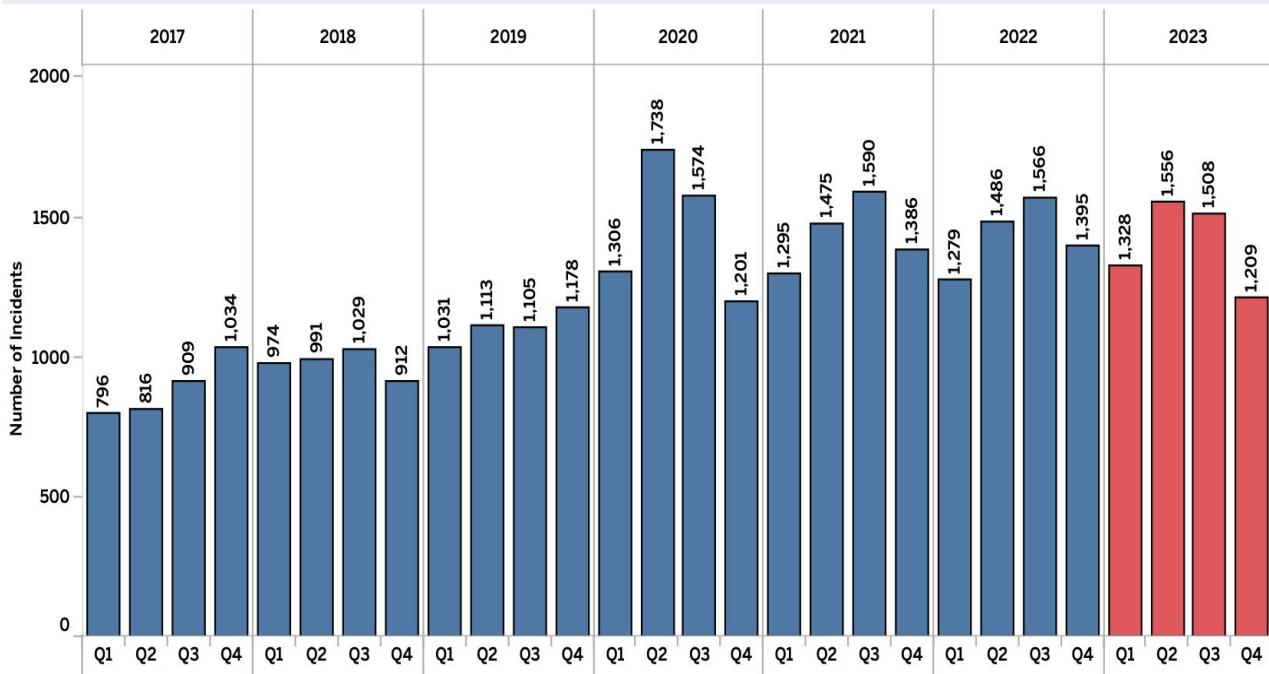
Age Group (years), Q1-Q4 2022-2023



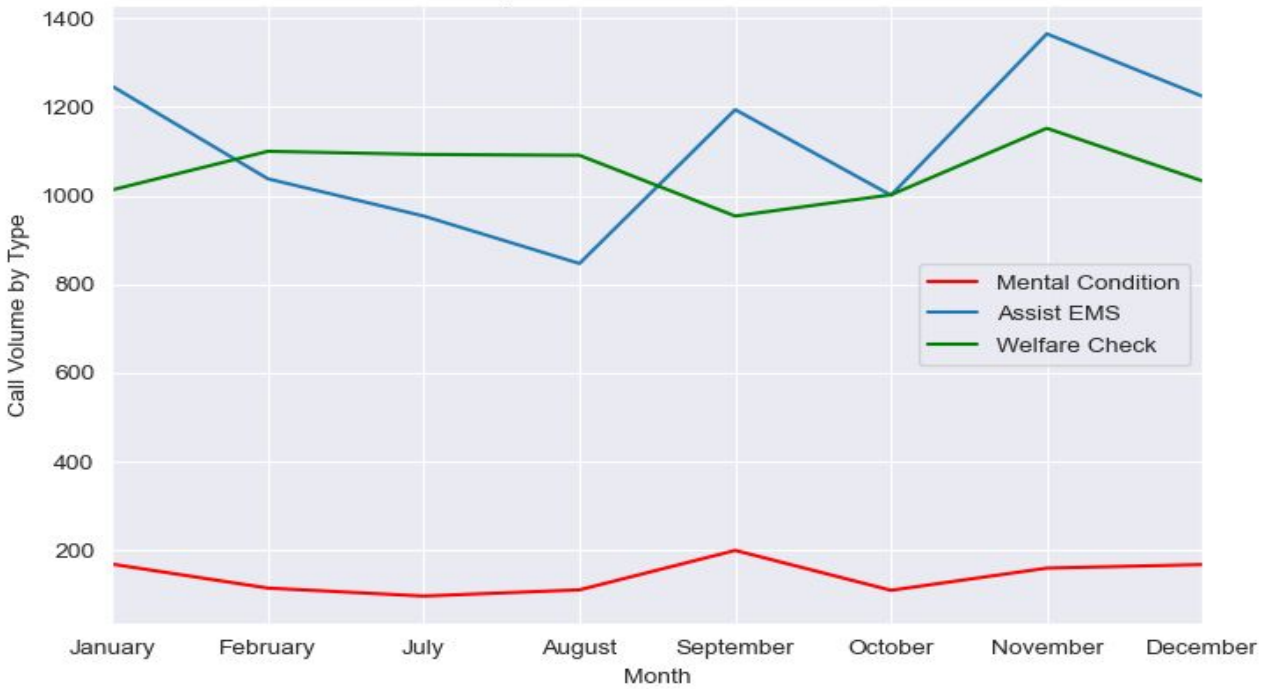
NFD-EMS responses peaked during the pandemic at about 5,800 responses in 2020, representing an 88% increase from 2016 and about a 50% increase from 2018.



Suspected Drug Overdoses Requiring NFD-EMS Response by Quarter - 2017-2023



Call Response Volume - NFD EMS 2020



Conceptual Solutions

Reversing Drugs

To reduce the harms of opioid use, including death by overdose and transmission of infectious diseases, states should implement laws and policies that remove barriers to access to naloxone and safe injection equipment.

Expand Treatment for Substance Use Disorder

States, with assistance from relevant federal agencies, particularly the Substance Abuse and Mental Health Services Administration, should provide universal access to evidence-based treatment for substance use disorder (SUD)

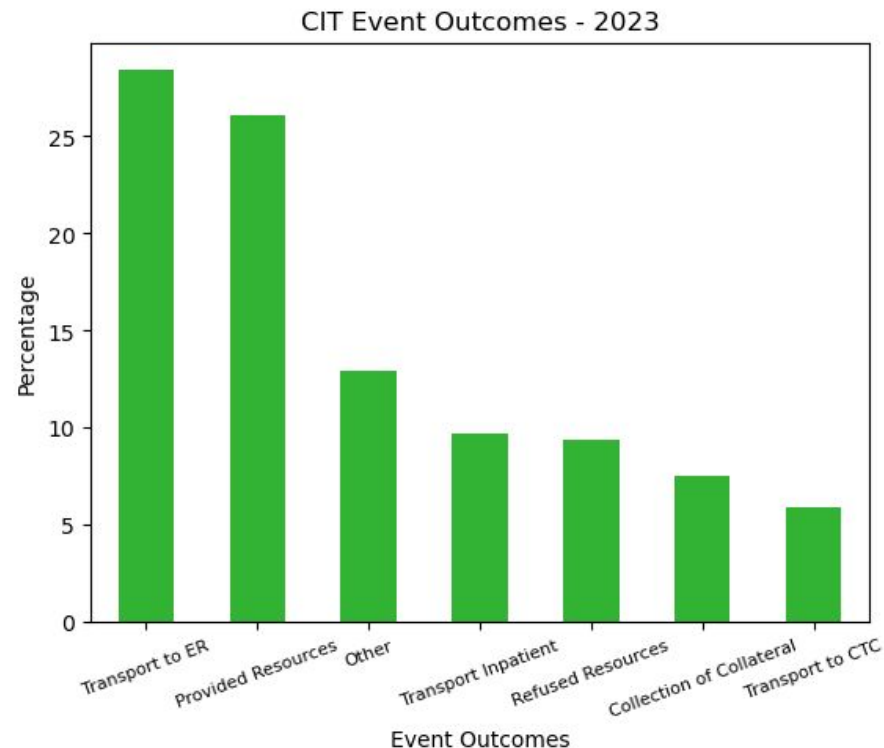
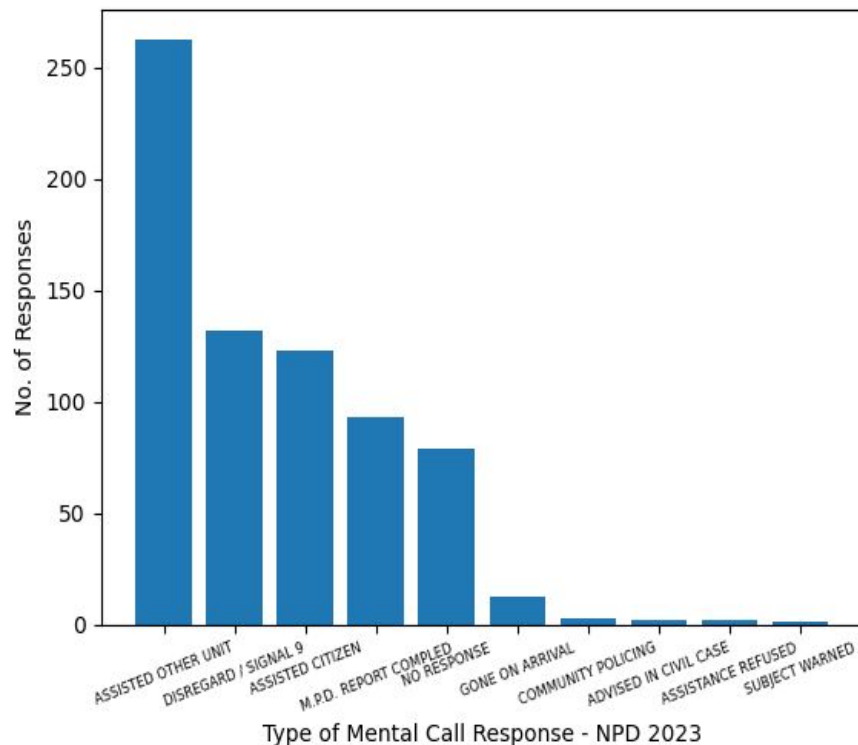
Proliferation – Crisis Intervention Teams

The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises.



Nashville CIT – Partners In Care

- Strive to improve access to care for individuals experiencing a behavioral health crisis
- Divert individuals from the criminal justice system and into the health care system – allow EMS/PD to focus on roles
- Improve the communication and coordination across all systems of care, and increasing the safety of all involved in these crisis interactions



Percent of Events Requiring Crisis Assessment

Required a Crisis Assessment	52%
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Arrests

Percent Arrested	3.8%
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Injuries and Force

Any Injury	23
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Force Used	3.5%
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The presentation will conclude in Tableau with data-based perspectives:

Please Stand By!