

# Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

## OSTEOPATHIC MEDICINE

### The Forgotten Patients in Cyclones: The Continuation of Opioid Replacement Therapy Program

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**Introduction:** Cyclones are expected to increase in frequency and intensity, significantly impacting communities and health-care services. During these times, those with chronic diseases such as opioid dependence are at an increased risk of disease exacerbation due to treatment regimen interruptions. Disruptions to the continuity of the opioid replacement therapy (ORT) service can be detrimental to both clients and the community which can potentially lead to relapse, withdrawal, and risky behaviors.

**Aim:** To explore the impacts of cyclones on opioid treatment programs within community and hospital pharmacies in Queensland.

**Methods:** Qualitative research methods were used in this study with two methods of data analysis employed: the text analytics software, Leximancer<sup>®</sup>, and manual coding. Interviews were conducted with five hospital and five community pharmacists and four Queensland opioid treatment program (QOTP) employees. Participants worked in Mackay, Rockhampton, Townsville, and Yeppoon in a community impacted by a cyclone and involved with ORT supply.

**Results:** The themes developed in the manual coding were "impact on essential services," "human experience," "healthcare infrastructure," "preparedness," and "interprofessional networks." These themes were aligned with those identified in the Leximancer<sup>®</sup> analysis. The community pharmacists focused on client stability, whereas, the hospital pharmacists and QOTP employees focused on the need for disaster plans to be implemented.

**Discussion:** The greatest concern for participants was maintaining the stability of their clients. Communication amongst the dosing sites and ORT stakeholders was most concerning. This led to a lack of dosing information in a timely manner with pharmacists being hesitant to provide doses and takeaways due to legislative restrictions. A review of coordinated efforts and the legislative constraints is recommended to ensure continuity of ORT supply during cyclones.

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### Using Geographic Information System Analysis to Understand West Virginia's Growing Opioid-Overdose Epidemic - What Are We Missing?

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**Introduction:** The opioid epidemic is overwhelming communities across the United States. West Virginia (WV) has been devastated, heralding a 86% increase in deaths from 2012-2016, and over 1,000 deaths last year as per WV Health Statistics Center. Treatment centers and providers have emerged throughout the state to provide medication-assisted treatment (MAT). The impact of these clinics on the opioid abusing population is not yet fully understood.

**Aim:** Utilizing Geographic Information System (GIS), a comparison of MAT provider locations versus regions of historical overdoses can indicate areas of deficiency. If no providers emerge in underserved counties, overdose deaths in those areas will continue to rise.

**Methods:** Maps were created using current DEA-X licenses in WV registered through Substance Abuse and Mental Health Services Administration (SAHMSA). Overdose death rates were taken from WV Public Health Records from 2010-2017. Two maps and corresponding data were compared for overlap or lack thereof.

**Results:** Of the 338 locations of DEA-X licenses registered, 17.5% are in Cabell County, which led the state in overdose deaths in 2017. Only 2.5% of the total providers are currently in Wayne County, which had the second highest overdose death rate. Berkeley County, which was 3<sup>rd</sup> highest, has a mere 6.5% of total providers. Comparatively, Kanawah County, home to the state's capital, has over twice this number of providers despite consistently having at or below the state average of overdose rates. Resources are pulled towards population-dense areas or university centers, where the epidemic is present but misses counties with higher overdose rates.

**Discussion:** Results show a lack of MAT providers in many of WV's devastated counties. Treatment centers exist throughout the state but are concentrated in regions with large cities or academic centers. This distribution limits accessibility to a marginalized patient population, making improvements unlikely in WV's future opioid-overdose death rates.

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