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Department of  
Health**



**Public Health**  
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# Deciphering Substance Use Trends in Erie County: Implications for Public Health

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Erie County Department of Health



# INTRODUCTION

## Office of Harm Reduction

- A branch of the Erie County Department of Health
- The Office of Harm Reduction is dedicated to post-overdose response and overdose prevention education.

## Overdose Prevention Task Force

- Formerly known as the Opiate Epidemic Task Force
- The Overdose Prevention Task Force provides a collaborative framework for organizations and individuals to address the impacts of substance use disorder.
- The task force was previously led by Cheryll Moore, one of its founding members.

# OVERDOSE PREVENTION TASK FORCE



## ERIE COUNTY **Overdose Prevention Task Force**

Established in 2016 under the name of the Erie County Opiate Epidemic Task Force, the group reorganized in early 2024 as the **Erie County Overdose Prevention Task Force (OPTF)**.

The Erie County OPTF provides a framework for organizations and individuals to collaborate, develop and implement best practices that build stronger clinical and community supports for people with substance use disorder, people who use drugs, and their families, and advocate for policies and systems changes that will save lives and prevent overdose deaths.

Quarterly meetings and regular workgroup sessions provide forums for data reporting and information sharing, planning and highlighting successful initiatives.

[www.erie.gov/health](http://www.erie.gov/health)



### First Responders

Co-Chairs Valentine Zimniewicz & Kenneth Peterson

Law enforcement, volunteer and professional fire departments and ambulance services



### Education, Advocacy & Support

Co-Chairs Barbara Burns & Kenneth Gaston

Community advocates, community groups, consumers and family members that are engaged in promoting initiatives and strategies to reduce overdose



### Healthcare Providers

Co-Chairs Dr. Gale Burstein & Dr. Jeffrey Lach

Hospitalists, primary care providers, emergency medicine, OB/GYNs, community healthcare providers and others in the medical community



### Harm Reduction

Co-Chairs Jennifer Garrigan & Rebekka Lipp

Professionals, peer navigators and community health workers who educate and advocate for access to harm reduction supplies, messaging and strategies



### Treatment Providers

Co-Chairs Julianna Everdyke & Jen Seib

Representatives from treatment agencies who work directly with people with substance use disorder



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# OUR WORK

## Education

1

Deliver evidence-base, trauma-informed training on various substances  
Promote and demonstrate the use of person-centered language

## Outreach

2

Implement data-driven, evidence-based outreach strategies  
Adapt to the evolving dynamic of substance use disorder

## Peer Navigation

3

Facilitate connections to care  
Organize and attend peer panels for shared experiences and support  
Cultivate spaces of safety and non-judgement based on shared experiences with substances



# DATA SOURCES

## Police Reports

- Collected multiple times per week and shared by HIDTA.
- Primarily sourced from law enforcement reports.
- Includes additional dispatch reports, even those with no transport.

## Medical Examiner

- Toxicology reports
- Current delays in receiving toxicology reports
- Typically provided directly by the Medical Examiner's (ME) office, are due to a high caseload.
- Ability to inform Opioid Fatality Review Board

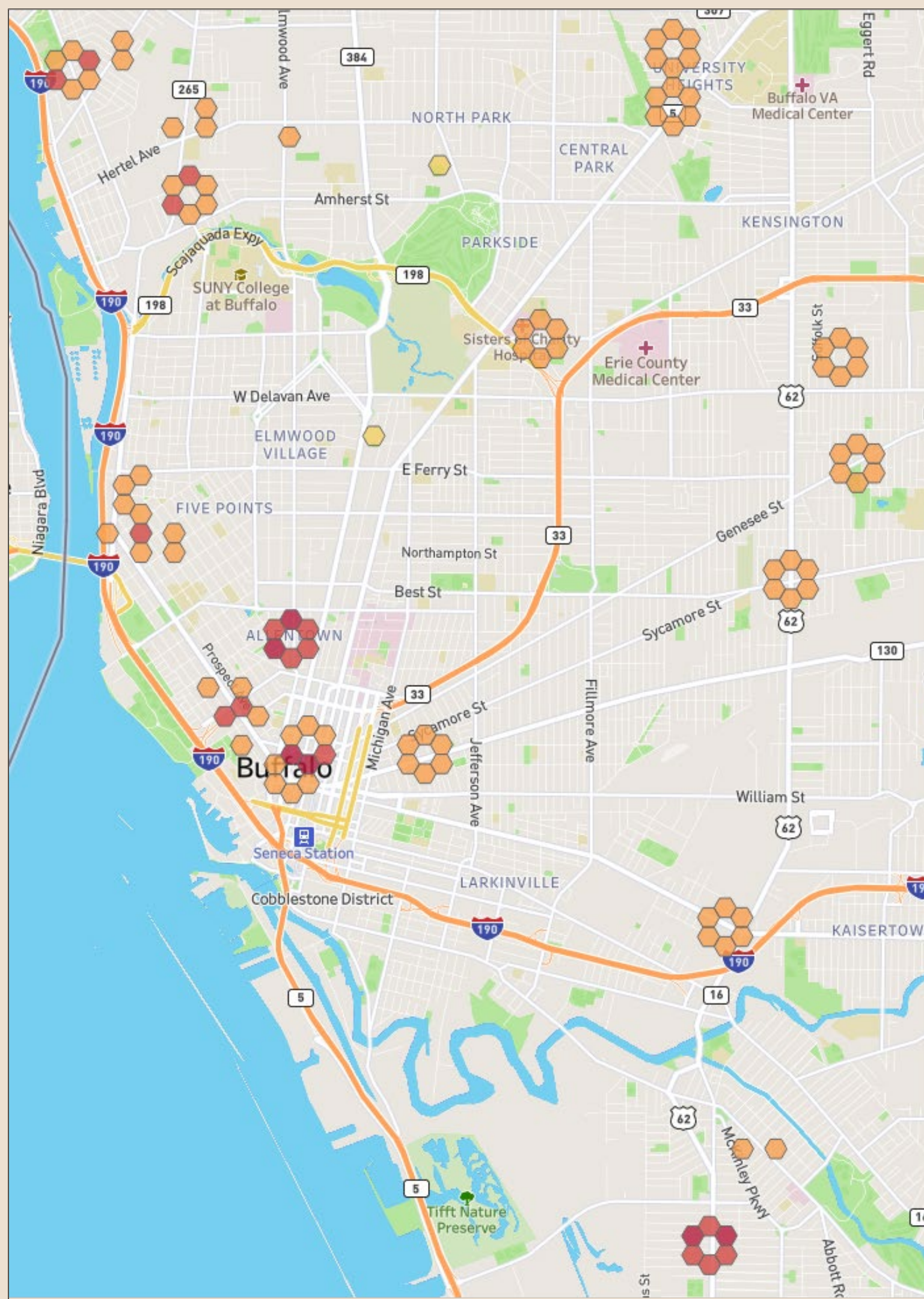


# DATA TO ACTION

## Real-Time Data Mapping

- Enables adjustment of outreach coordination schedules to target areas experiencing rapid increases in both fatal and non-fatal reports.
- Maps are created at various densities, ranging from pinpoint address locations to county-wide representations.
- Erie County exhibits a high incidence of overdoses.
  - Cluster identification vs. spike alerts.

# CLUSTER IDENTIFICATION MAP



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# DATA SHARING

1

Naloxone training data is regularly updated on a quarterly basis

2

De-identified mapping data or grid patterns are shared with community partners to enhance their understanding and facilitate the expansion of community responses.

3

All non-fatal overdoses are assigned to a Peer Navigator for follow-up, ensuring comprehensive care and support for individuals affected.



# SUBSTANCE USE TRENDS

## ERIE COUNTY



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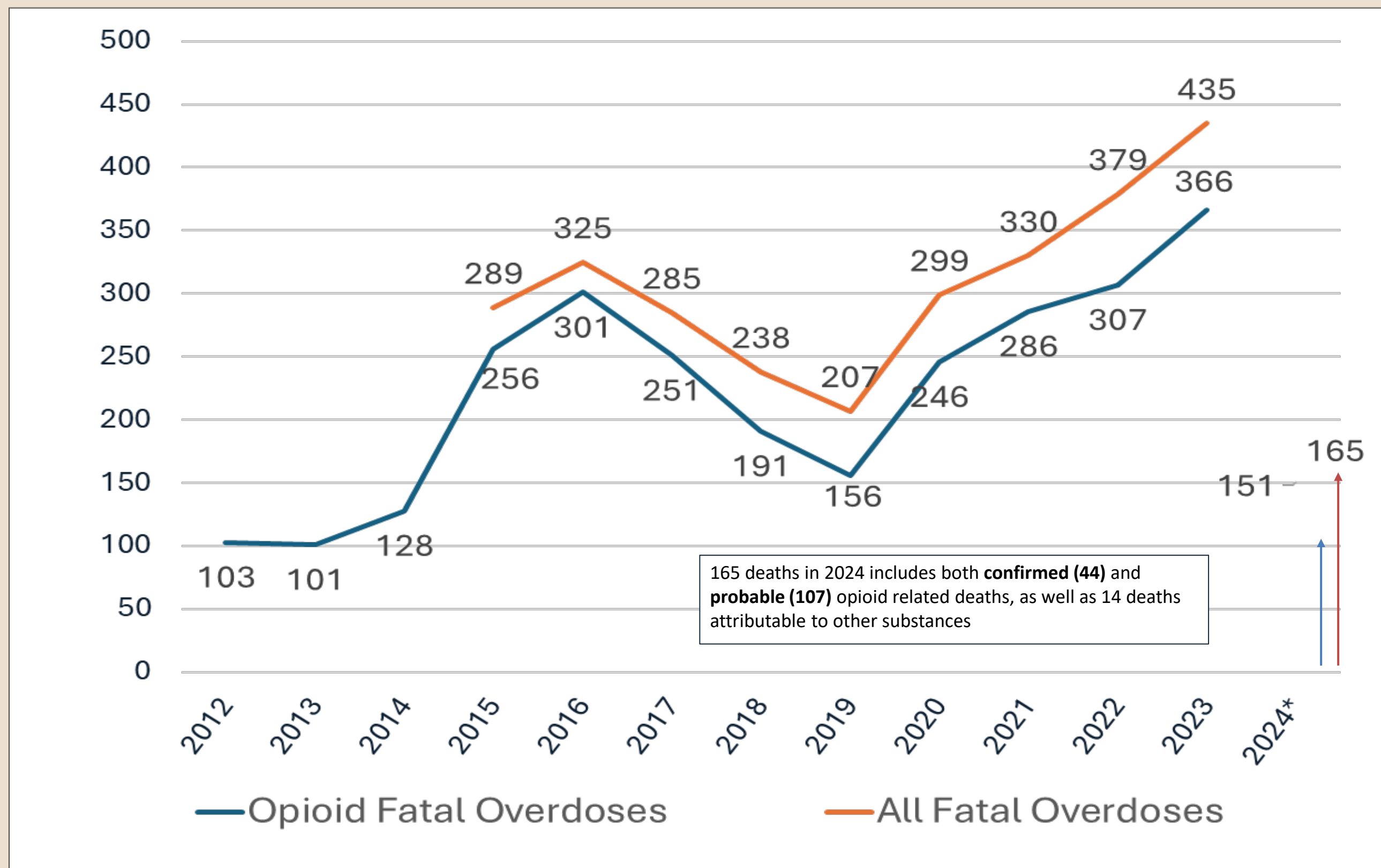


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- Decrease in heroin usage coupled with a rise in fentanyl use.
- Increasing number of overdose deaths among older adults.
- Significant racial disparities in overdose rates.
- Rise in fatalities involving multiple substances.
- Growing prevalence of xylazine in overdose cases.

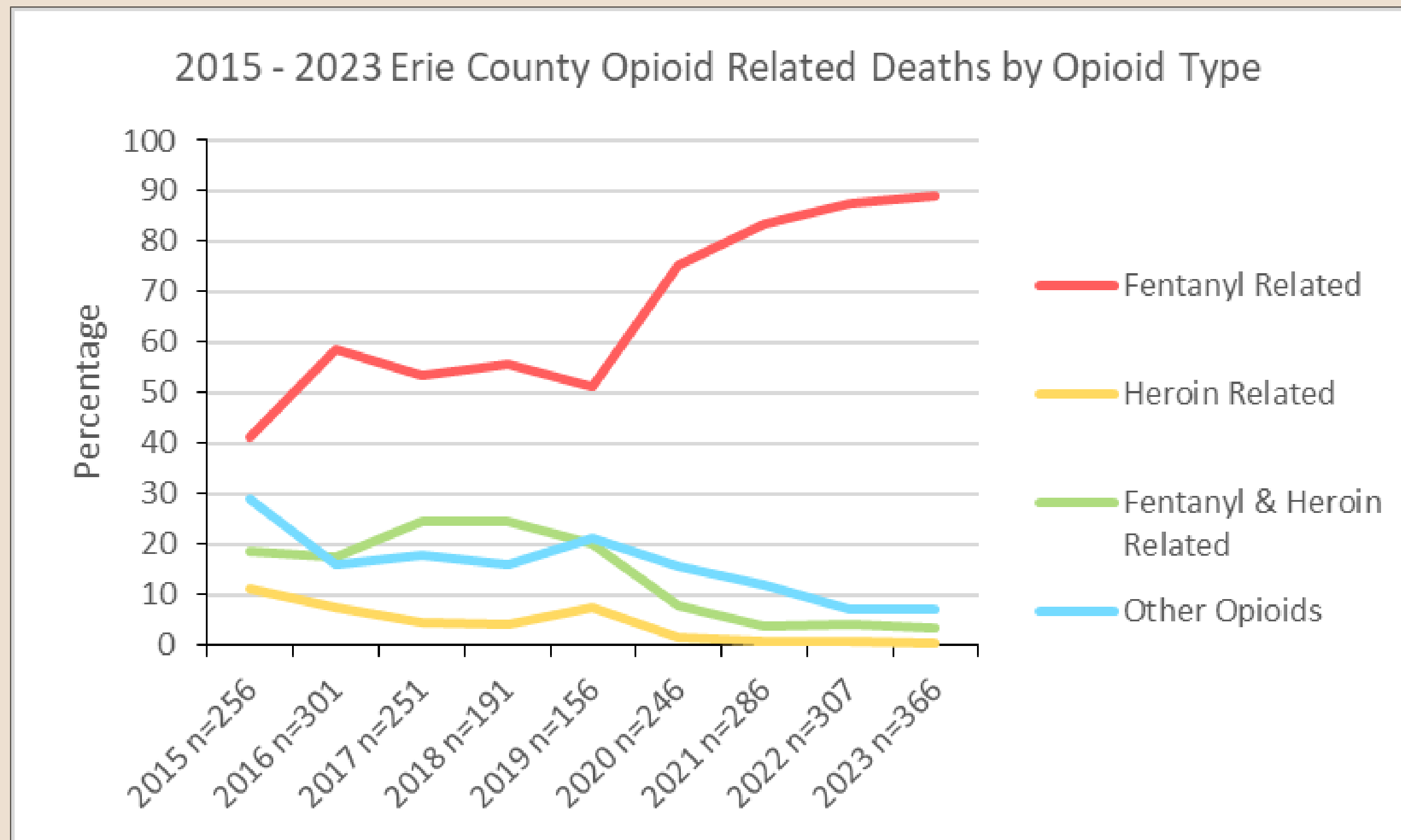


# 2012 – 2024\* NUMBER OF OVERDOSE DEATHS Erie County



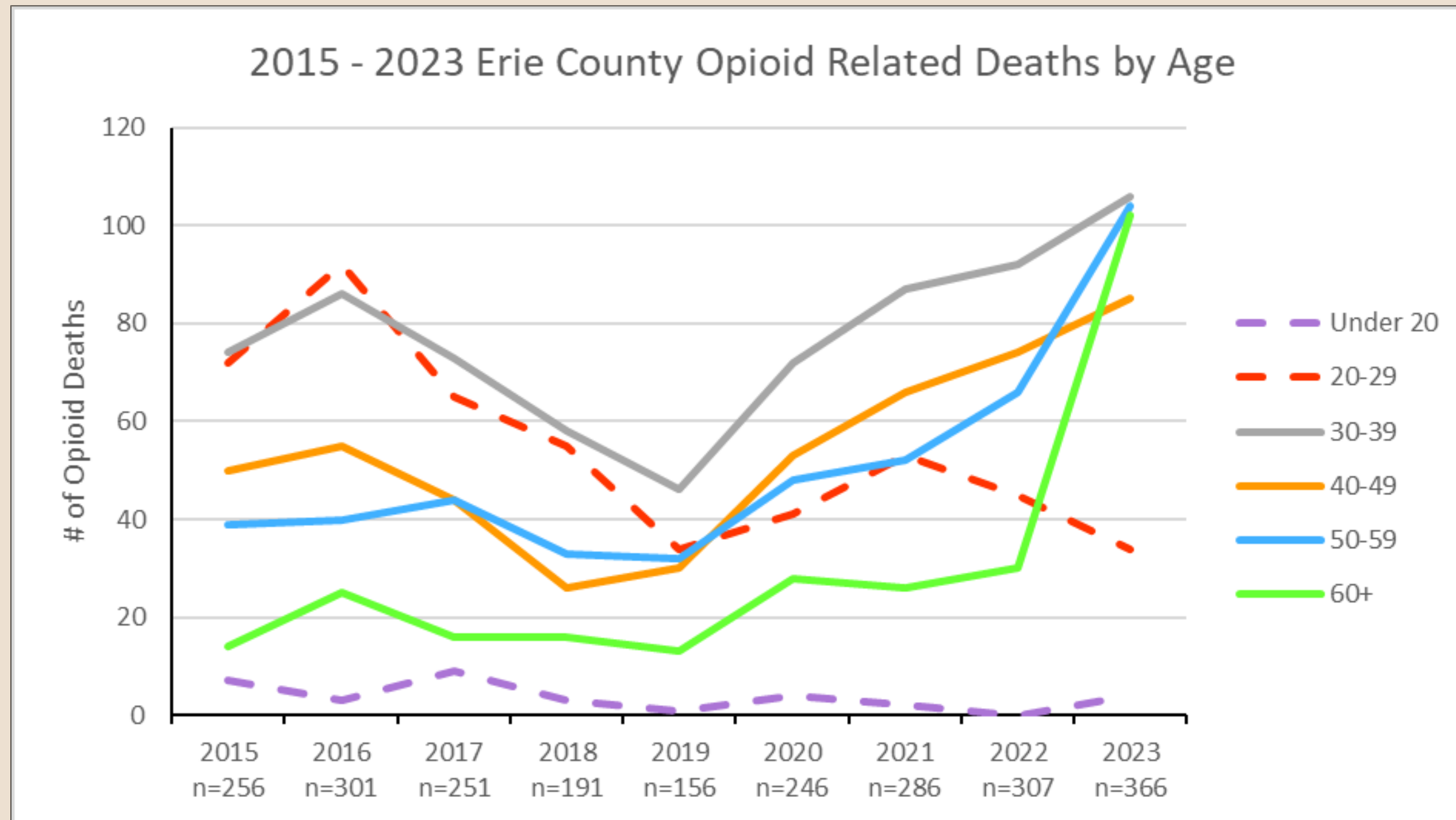
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, \*CASES REPORTED THRU 4/30/2024

# 2015 – 2023 NUMBER OF OVERDOSE DEATHS BY TYPES OF OPIOIDS



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, \*CASES REPORTED THRU 4/30/2024

# 2015 – 2023 NUMBER OF OVERDOSE DEATHS BY AGE



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, \*CASES REPORTED THRU 4/30/2024

# DEMOGRAPHIC DISTRIBUTION OF OPIOID OVERDOSE DEATHS 2018-2024\*

Erie County Census Estimate		Erie County Opioid Overdoses						
	Population % (N=954,236) 2020 Census	2018 Overdose % (N=191)	2019 Overdose % (N=156)	2020 Overdose % (N=246 )	2021 Overdose % (N=286)	2022 Overdose % (N=307)	2023 Overdose % (N=366)	2024* Overdose % (N=144)
<b>Race/Ethnicity</b>								
White alone	79%	79%	78%	79%	73%	68%	65%	57%
Black or African American alone	14%	10%	10%	19%	22%	28%	32%	39%
Native Amer / Alaskan Native	.7%	N/A	N/A	2%	4%	2%	2%	4%
Hispanic	6%	7%	8%	10%	9%	12%	12%	10%
<b>Gender</b>								
Female	52%	30%	27%	30%	27%	31%	29%	31%
Male	48%	70%	73%	70%	73%	69%	71%	69%
<b>Age</b>								
20-29	14%	29%	22%	17%	19%	15%	8%	13%
30-39	13%	30%	29%	29%	30%	30%	29%	26%
40-49	11%	14%	19%	22%	23%	24%	21%	19%
50-59	14%	17%	21%	19%	18%	22%	23%	21%
60+	25%	8%	8%	12%	9%	10%	22%	20%

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, \*CASES REPORTED THRU 4/30/2024



# POLYSUBSTANCE USE

- The concurrent use of multiple substances; intentional or unintentional
  - Toxicology reports often make it challenging to differentiate between intentional and unintentional polysubstance use
- Increase in polysubstance use cases and fatalities, such as opioids, stimulants, and benzodiazepines.
  - Cocaine-fentanyl combination
  - Methamphetamine-fentanyl combination
  - Xylazine-Fentanyl combination etc.



# XYLAZINE

- Xylazine, a veterinary sedative with no approved human use, is increasingly being detected in combination with fentanyl.
- Why Xylazine?
  - When combined with fentanyl, xylazine is believed to enhance and elongate the duration of its effects, colloquially described as "giving fentanyl legs".
  - Gives Fentanyl more of a heroin feeling
  - Not a controlled substance, easily accessible. Can be used as filler
- Some individuals actively seek out xylazinecontaminated fentanyl.



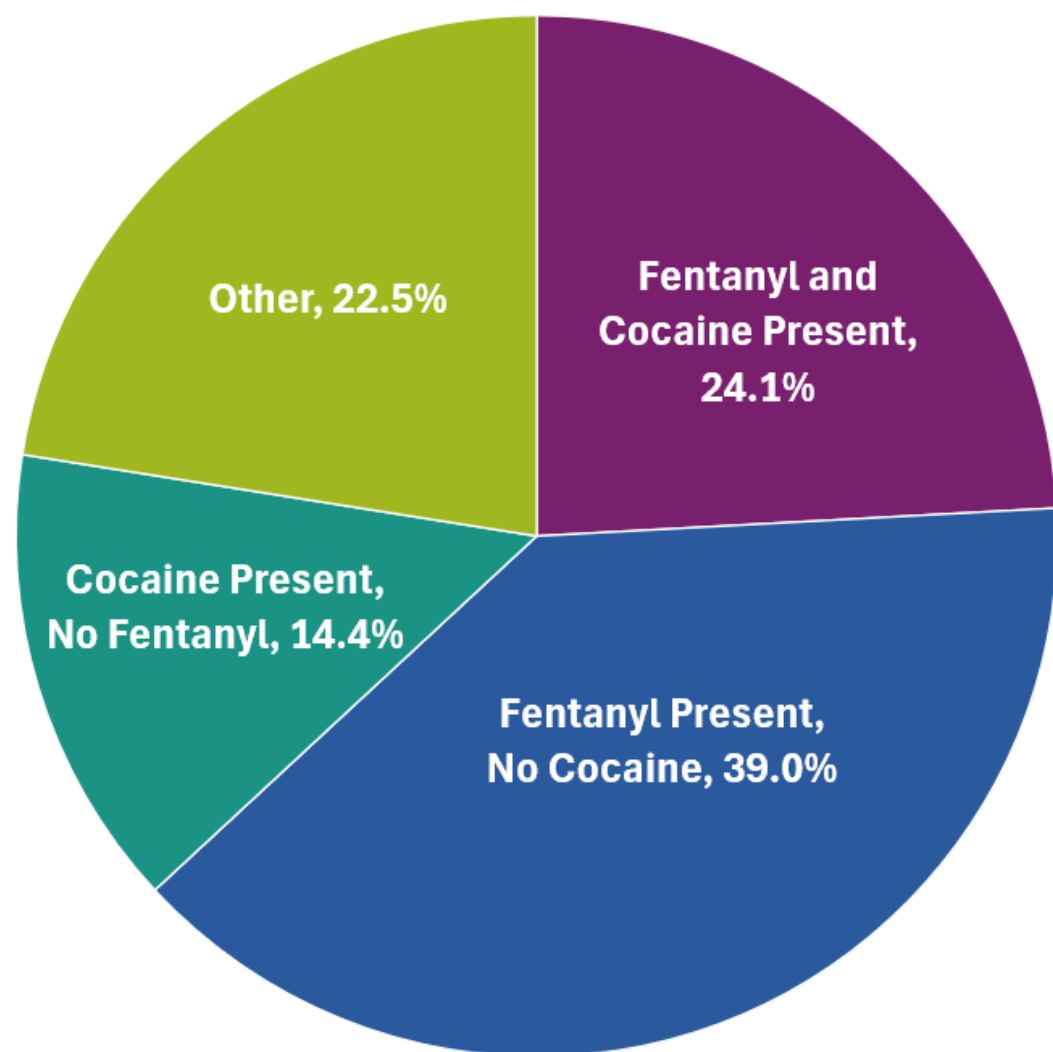
# XYLAZINE

- **Effects of Xylazine:**
  - Wounds
  - Complicates overdose response
  - Rebound effect – increased risk of an overdose
- In 2023 there were approximately **64** seizures / cases that had a poly drug mixture containing Xylazine. (HIDTA)
- In 2023, xylazine was detected in **18** deaths, up from **13** detections in 2022, highlighting its emerging presence in the local drug supply. (ME's Office)
- So far, through the end of March in 2024, there has been only **5** seizures / cases with Xylazine. (HIDTA)

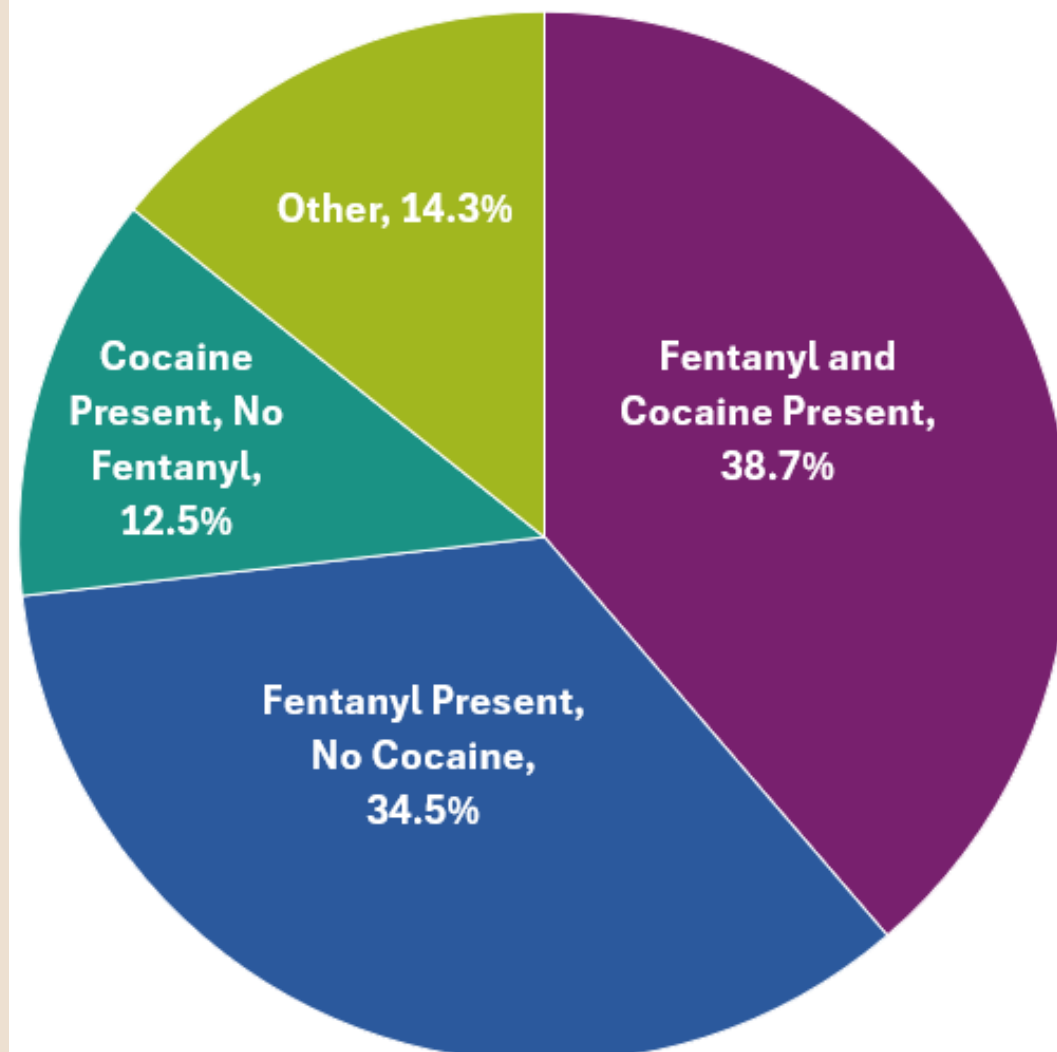


# 2017 – 2023 PERCENT OF OVERDOSE DEATHS BY SUBSTANCES DETECTED

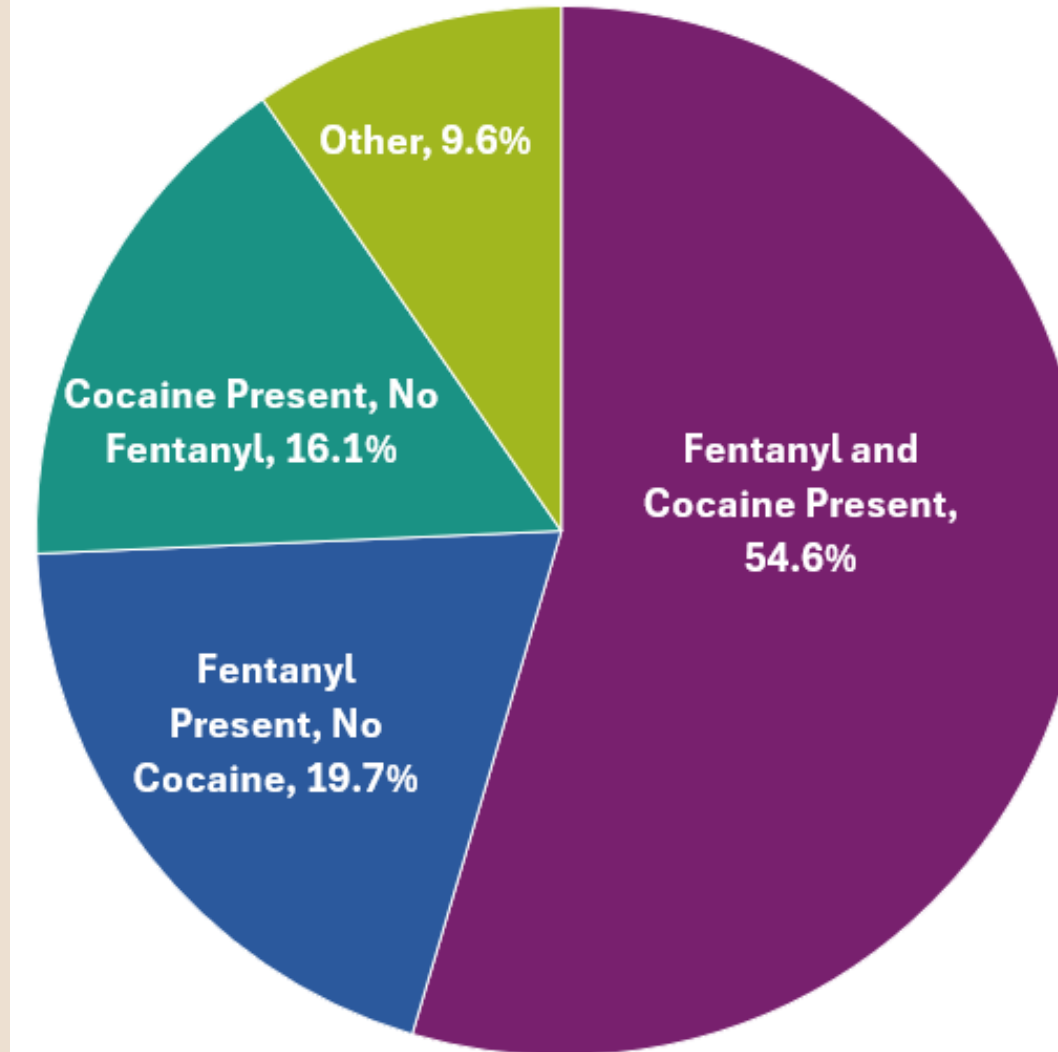
Drug Combinations in Fatal Overdoses, 2017-2019



Drug Combinations in Fatal Overdoses, 2020-2022



Drug Combinations in Fatal Overdoses, 2023



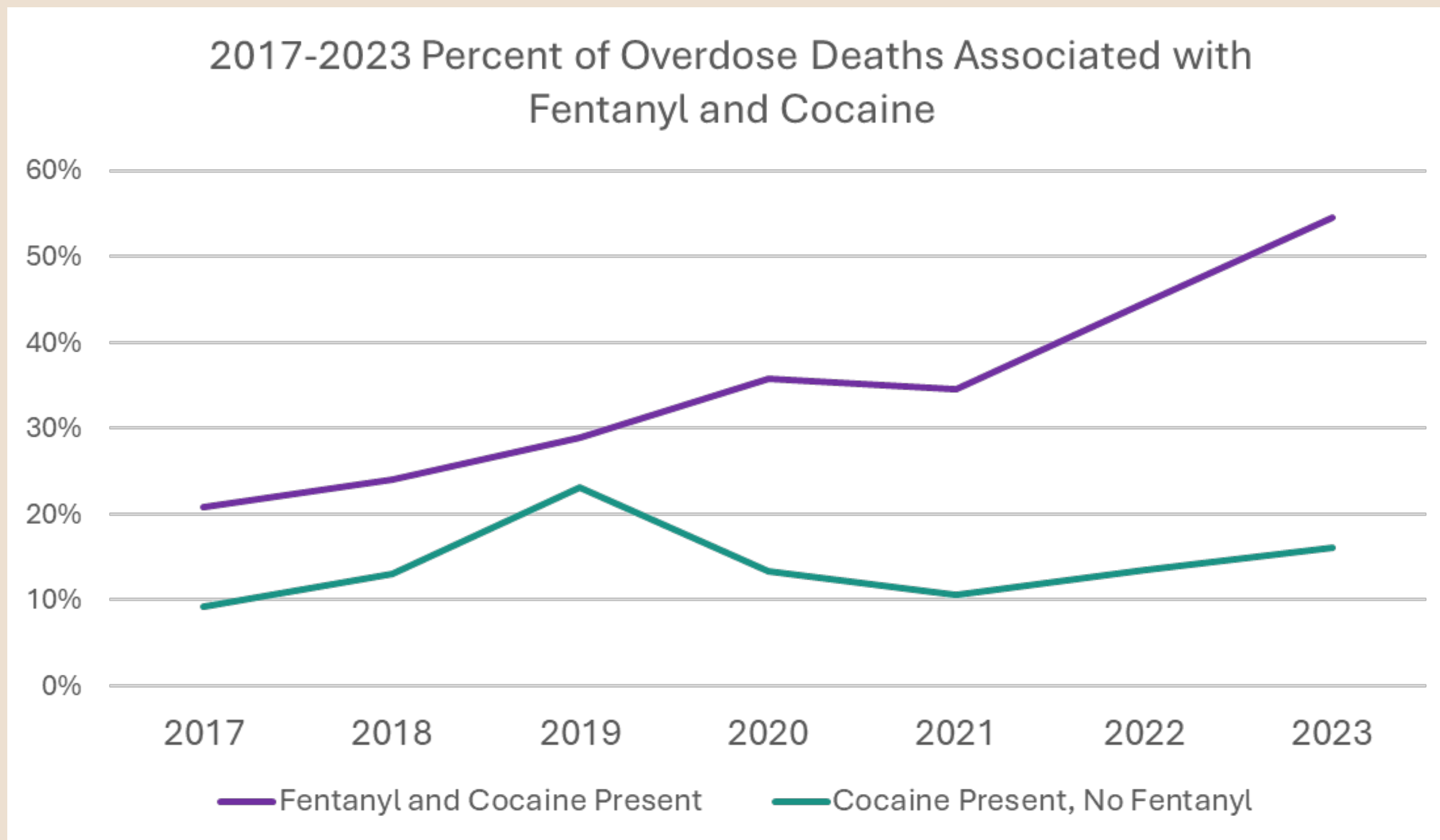
- Fentanyl and Cocaine Present
- Fentanyl Present, No Cocaine
- Cocaine Present, No Fentanyl
- Other\*

**Fentanyl = 74.3%**  
**Cocaine = 70.4%**

\*Other includes xylazine, amphetamines, benzodiazepines, other opioids, among other substances



# COCAINE-FENTANYL COMBINATION



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE



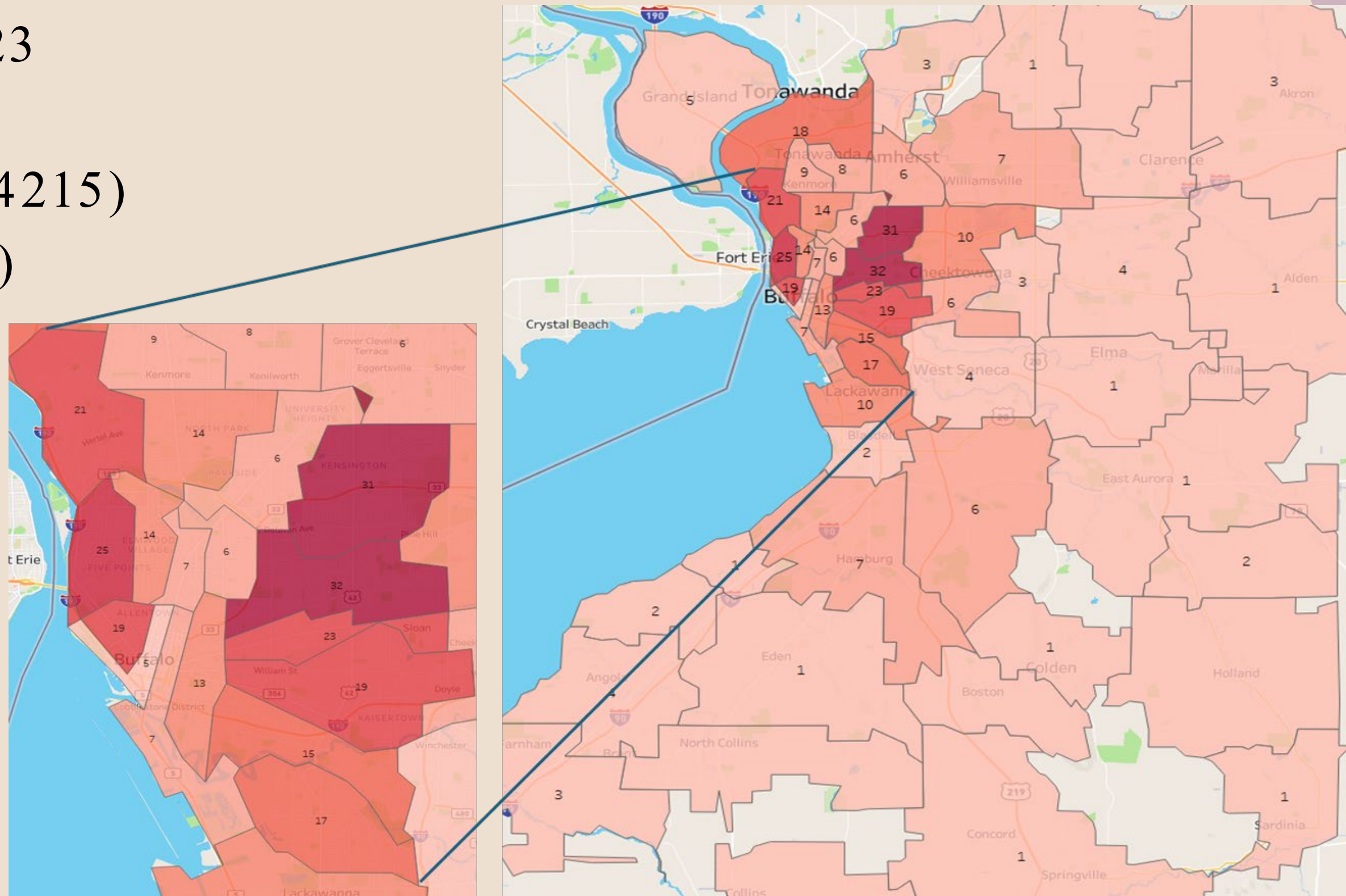
# 2023 OVERDOSE DEATHS TOXICOLOGY SUMMARY

- Xylazine detected in 18 deaths in 2023
  - ↑ from 13 xylazine detections in 2022
- Methamphetamine detected in 36 deaths in 2023
  - ↑ from 28 methamphetamine detections in 2022
- Benzodiazepines detected in 18 deaths in 2023
  - ↓ from 55 detections in 2022, substantial decrease
- Cocaine detected in 310 deaths in 2023, 71% of total
  - Opioids detected in 255/310 (82%) of cocaine-related deaths

# MOST AFFECTED LOCATIONS IN ERIE COUNTY

## Locations with the Highest Number of Fatal Overdoses in 2023

- Buffalo-East Side (14211)
- Buffalo-Upper East Side (14215)
- Buffalo-Grant Ferry (14213)
- Buffalo-Broadway (14212)
- Black Rock (14207)



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# RESPONSES TO TRENDS

- Changing focus to overall overdose prevention
- Increasing peer-led initiatives
- Continuation of Consumer Survey
- Increase crossdepartmental collaboration
  - Advocacy for Harm Reduction practices
- Full-time family coordinator
- Expansion of harm reduction outreach



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# LEAVE BEHIND PROGRAM

- Gap exists from 911 call to care
- Information left regardless of transport status
- Encouraged to leave at scene with impacted persons- information included for families and loved ones of PWUD
- Provided naloxone and harm reduction trainings using trauma informed care, person centered language and current data
- Expanding outside of only First Responder use - Sustainable



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# SUMMARY AND RECOMMENDED ACTIONS

- Collaboration with quantitative and qualitative data sources
  - Polysubstance concerns do not have standardized data
  - Rely on outreach staff and Peer Navigator data collection of community information directly from PWUD
  - Many agencies rely on numerical data – engage with evaluators who can quantify qualitative data capture
- Communication with government departments outside of Health
  - Crosscollaboration and active work to reduce silos and barriers
- Teamwork – task forces, work groups, open discussion in real time
- Promote Harm Reduction outside of the Health Department
- Build community capacity
  - Expand community’s ability to respond to changing trends and support them with TA and identification of resources
- Ensure an equitable approach to addressing trends and concerns

# Ways We Can Help

## Naloxone

- **Free** Naloxone and test strips
- Community access sites and open stands
- **Free** Naloxone trainings for individuals or groups

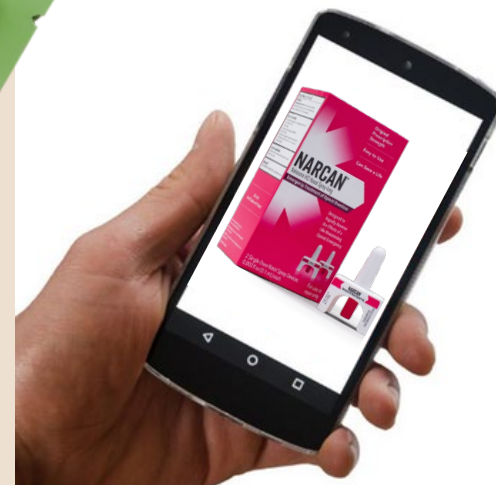


Scan the QR code to access **free** supplies or visit us at:

<https://www3.erie.gov/health/naloxonenarcan>



**Text your request for Narcan to (716) 225-5473**  
We will respond.



Scan to text your request



### Education and Awareness



- Narcan trainings online and in-person
- Narcan trainings for the workplace
- Family support
- Safe sexual health education
- Opioid and substance use education
- Overdose awareness

### Harm Reduction Supplies



- Fentanyl and Xylazine test strips
- New syringes
- Sharps containers
- Limited medical supplies
- First aid supplies
- Naloxone

### Peer Navigation



- Support for individuals at high risk or engage in substance use
- Support for individuals at high risk for HIV/AIDS
- Get linked to services
- Case management

### Community Events



- We would love to attend your event!
- We are able to do Narcan trainings
- We can bring **free** information and supplies





# CONTACT US

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The background features abstract, organic shapes in shades of purple and dark blue. A large, light purple shape is in the top right, and a dark blue shape is in the top left. In the bottom left, there is a light purple shape, and in the bottom right, there is a dark blue shape. The central area is a plain, light beige color.

THANK YOU