



**FENTANYL AND XYLAZINE
IN ATHENS, GEORGIA**

**ATHENS WELLBEING PROJECT
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Fentanyl and Xylazine in Athens, Georgia White Paper Series

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Abstract

This white paper offers policy options tailored to the issue of fentanyl and xylazine contamination in Athens-Clarke County, Georgia. While fentanyl has been central to the opioid crisis for years now, the addition of xylazine to the illicit drug supply has increased the number of accidental overdoses. Different stakeholders involved at state and local levels are discussed. The recommended policy options are: increased surveillance systems, increased naloxone (Narcan) distribution, and the creation of Quick Response Teams (QRTs). After using the Policy Analysis Table provided by the CDC, the final recommendation is the creation of a QRT following successful national models.

Background

The contamination of the illicit drug supply with fentanyl and xylazine has become an alarming contributor to drug-related overdose deaths in the United States, the state of Georgia, and Athens-Clarke County. Fentanyl, which has become the most commonly involved drug in these overdoses, is a synthetic opioid 100 times more potent than morphine (National Institute on Drug Abuse [NIDA], 2021). Xylazine, often informally known as “tranq,” is a sedative approved by the United States Food and Drug Administration (FDA) for veterinary use only (DEA, 2022a). However, xylazine has been recently found alongside fentanyl in contaminated drug supplies.

Nationally, fentanyl has been central to the opioid crisis due to its high potency and ease of distribution. In 2021, overdose deaths caused by synthetic opioids like fentanyl were approximately 23 times the number of deaths in 2013 (CDC, 2023a). In 2022, 107,735 Americans died of a drug overdose, with 66% of those deaths attributed to fentanyl and other synthetic opioids (CDC, 2023a). Xylazine has also begun to spread throughout the country. As of 2021, the DEA has found xylazine and fentanyl combinations in 48 of 50 states (2022a). Additionally, in 2022, it reported 23% of fentanyl powder and 7% of fentanyl pills contained xylazine.

The contamination crisis has become a growing issue for the state of Georgia. The Georgia DPH reported a 1,120% increase in deaths from xylazine, with 15 deaths in 2020 and 183 deaths in 2022 (2022). The report noted a 61% increase in general drug overdose deaths and a 230% increase in deaths from fentanyl overdoses from 2019 to 2021. During the same time period, individuals aged 10 to 19 had an 800% increase in fentanyl-involved deaths, making them a population of concern (Georgia DPH, 2022). Athens-Clarke County belongs to the Northeast Health District, which in 2022 had an opioid-related death rate of around 17.0 per 100,000 people, which was more than double the state-wide opioid death rate (Georgia Department of Behavioral Health and Developmental Disabilities, 2023).

The main risk factor involved in the combined presence of xylazine and fentanyl is the lack of a reversal agent for xylazine. While the effects of fentanyl can be reversed using naloxone, commonly known as Narcan, xylazine is not an opioid and therefore cannot be reversed by the same agent (FDA, 2022). Interventions are necessary to address the high overdose death rates.

Landscape and Stakeholders

Many groups lead efforts to reduce substance use through harm reduction strategies. National organizations, such as the CDC, NIDA, DEA, and Office of National Drug Control Policy (ONDCP), play a crucial role in promoting harm reduction with policies and actionable steps that state and local organizations can follow.

Stakeholders currently implementing prevention initiatives or harm reduction strategies in Athens-Clarke County are summarized below. This list is not comprehensive, but rather a summary of key stakeholders.

Table 1

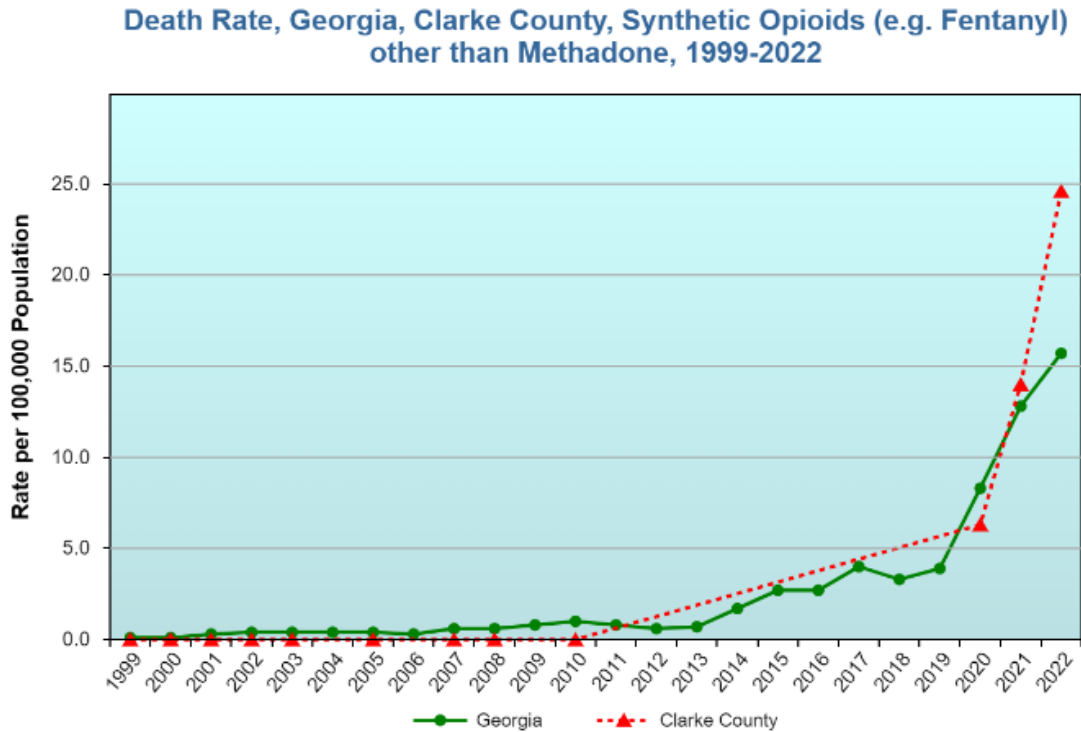
State and Local Stakeholders

Stakeholder	Type of Organization	Current Practices in Harm Reduction
Georgia Department of Public Health	State government	<ul style="list-style-type: none"> ·Overdose surveillance and reporting ·Naloxone distribution and training ·Fentanyl test strip distribution and education ·Disseminating evidence-based educational materials to local partners
Advantage Behavioral Health System (Advantage)	Nonprofit behavioral health organization	<ul style="list-style-type: none"> ·Peers in Recovery From Opioid Use and Dependency (PROUD) Program offering recovery and harm reduction services (Barr, 2023) ·Inpatient and outpatient services ·Mental health and counseling services
Access Point	Nonprofit substance use education organization	<ul style="list-style-type: none"> ·Syringe exchange services ·Naloxone distribution ·Fentanyl test strip distribution ·Overdose data collection
EMS, ACCPD, and ACC Fire Department	Public and private emergency services	<ul style="list-style-type: none"> ·Administration of naloxone ·Referral sources to community healthcare providers
Local hospital systems and treatment facilities (Piedmont, St. Mary's)	Public and private medical facilities	<ul style="list-style-type: none"> ·Treatment of health concerns related to overdoses ·Referral sources to behavioral health services in the community
University of Georgia	Public higher education institution	<ul style="list-style-type: none"> ·UGA PD for administration of naloxone ·Naloxone OneBox distribution and education program (University Health Center, 2022)

Data and Findings

Chart 1

Death Rate from Synthetic Opioids in Georgia and Athens-Clarke County



The number of deaths involving xylazine increased by almost 35 times in four years (CDC, 2023b). Different regions of the United States have seen varying increases, with the South experiencing a 1,127% increase (DEA, 2022b).

The combination of fentanyl and xylazine causes respiratory depression and may increase the risk of experiencing a fatal overdose (DEA, 2022b). This contributed to Athens-Clarke County having a death rate from fentanyl and other opioids that was almost 50% above the state average (Georgia DPH, 2023). From 2021 to the present, the county's death rate increased much faster than the state level (Georgia DPH, 2023).

Policy Options

A detailed policy analysis was conducted to evaluate several proposed interventions. The policies under consideration include expanding naloxone distribution, enhancing surveillance systems, and establishing an overdose quick response team. The initiatives have been assessed utilizing the CDC's four policy analysis criteria: (1) public health impact, (2) feasibility, (3) budgetary impact, and (4) economic impact (CDC, n.d.). Table 2 lists the comparative analysis

of these policies, offering insights into their potential effectiveness and implementation challenges. Across all policy options, there are concerns about the amount and quality of data regarding xylazine.

Table 2

CDC Policy Analysis Table

Criteria	<u>Public Health Impact</u>	<u>Feasibility</u>	<u>Budgetary Impact</u>	<u>Economic Impact</u>
Policy 1: Increase naloxone distribution	Low: <i>Small reach, effect size and impact on disparate populations</i>	High: <i>High likelihood of being enacted</i>	More Favorable: <i>Low costs to implement</i>	Favorable: <i>Benefits justify the costs</i>
Policy 2: Increased widespread surveillance systems	High: <i>Large reach, effect size and impact on disparate populations</i>	Medium: <i>Moderate likelihood of being enacted</i>	Less Favorable: <i>High costs to implement</i>	Favorable: <i>Benefits justify the costs</i>
Policy 3: Quick Response Team	Medium: <i>Small reach with large effect size</i>	High: <i>High likelihood of being enacted</i>	Favorable: <i>Moderate costs to implement</i>	Favorable: <i>Benefits justify the costs</i>

Naloxone Distribution

Although naloxone does not reverse the effects of xylazine, it is still recommended to be administered to an individual who has consumed an unknown substance to assist with respiration (FDA, 2022). Many public health organizations engage in distributing naloxone as a part of overdose prevention efforts (Georgia DPH, 2022). While naloxone is being distributed through local organizations like Access Point and Advantage’s PROUD program, certain populations still cannot access naloxone (Barr, 2023). Increasing naloxone distribution stations requires fewer resources to maintain, and it can be distributed by trusted leaders or programs within communities (Martignetti & Sun, 2022). However, this policy option would require human resources and careful selection of the venue to maximize potential benefits. Naloxone distribution is a partial solution to the overdose crisis.

Surveillance Systems

National data systems for tracking and reporting overdose deaths present concerns related to timeliness. For example, Georgia DPH surveillance data is not released until one year after data collection, making timely responses to concerning trends difficult. The CDC's surveillance systems aim to provide more real-time data on incidence and prevalence rates throughout the states (2023c). Athens-Clarke County has seen a lack of sufficient data collection and sharing, which has led to barriers to directly assessing the scope of the issue and mobilizing resources accordingly (Barr, 2023). Bolstering local surveillance through uniform testing requirements within hospital settings, postmortem assessments, and other relevant clinical areas would address this issue. Because xylazine has not been approved for human use, standard toxicological tests do not screen for the drug (FDA, 2022). An increase of widespread testing and including xylazine screening in existing tests are recommended strategies.

Quick Response Teams

The final policy option involves the construction of a Quick Response Team (QRT), which would be composed of a law enforcement officer, a medical professional, and a mental health professional who are on call to respond to drug overdoses in their community. A traditional QRT makes face-to-face contact with a survivor at their residence 24 to 72 hours after the overdose (CDC, 2022). The team offers harm reduction services and referrals to long term treatment and recovery services. The law enforcement officer initiates contact with the survivor, with the primary focus of ensuring the safety of all involved personnel. The medical professional, often an EMT or paramedic, answers any health concerns related to the overdose and performs a routine check if needed. The mental health professional offers de-escalation support as well as access to recovery services. QRTs have the added benefit of eliminating concerns regarding access to these services by making direct contact with the individual who experienced an overdose. This strategy also reduces the risk of legal repercussions for individuals who use drugs. Law enforcement alone has traditionally focused on apprehending individuals who possess and distribute drugs. However, with the addition of the mental health and medical professionals to the team, this focus can shift towards engaging the individual to care and treatment (Wolff et al., 2022).

Final Recommendation: Quick Response Team

The needs of Athens-Clarke County would be best addressed by implementing an altered form of the QRT. Being dispatched by ACCPD, the team would be composed of a law enforcement officer, a mental health resource officer, a paramedic or EMT, and a Peer Recovery Specialist from Advantage's PROUD Program. Those who might request additional peer recovery support or similar treatment options would be directed to Advantage, which utilizes state and federal grants to obtain funding for their program. QRTs are not limited to providing

support for overdoses involving only xylazine or fentanyl. Their multidisciplinary approach allows for comprehensive substance use care to be provided along the spectrum of harm reduction.

A pilot program in Wilmington, North Carolina, suggested that QRTs assist in building relationships with overdose survivors and can increase self-referrals of treatment (North Carolina Department of Public Safety, 2021). The program also reported an increase in secondary referrals; patients' family members and friends with substance misuse concerns also chose to enter treatment. Wilmington launched its QRT in 2018 to decrease the number of overdoses in their community. Their team consists of peer support specialists and licensed therapists in addition to local paramedics. In a three-month period, 80% of the 66 individuals who engaged with the team accepted treatment (North Carolina Department of Public Safety, 2021). In the team's first three years of service, 525 overdose survivors and their loved ones were contacted, and 485 individuals were successfully connected to treatment options that best met their needs (North Carolina Department of Public Safety, 2021). This represented a 92% success rate and a strong model for QRT initiatives in other communities.

The main limitation associated with QRT implementation in Athens-Clarke County is financial cost stemming from personnel requirements. The Kentucky Opioid Response Effort illustrates a way to minimize the costs of a QRT. Kentucky's Department for Behavioral Health, Developmental, and Intellectual Disabilities awarded six grants to support eligible agencies to establish or expand their Quick Response Teams (Kentucky Cabinet for Health and Human Services, 2022). While a similar funding mechanism does not currently exist in Georgia, this example illustrates a potential partnership between state and local governments. Another limitation is that QRTs focus on post-overdose interventions rather than substance use prevention. The final limitation is that the presence of a law enforcement officer can deter individuals who may fear legal repercussions from engaging with the team. A law enforcement officer can be helpful in assessing the safety of all parties involved. However, using a plain-clothed officer is one strategy to improve engagement with the QRT.

Evaluation

The main measure of success for a QRT in Athens-Clarke County would be a decrease in overdose death rates in the community. It is also important to consider how each community defines success regarding post-overdose interventions (CDC, 2022). The CDC recommends communicating a "description of post-[overdose] outreach to community members," a pre-post comparison of "description[s] of community opinions about post-[overdose] outreach programs," and a pre-post comparison of the "number of individuals initiating [substance use disorder] and harm reduction services" due to the QRT (CDC, 2022).

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