



MANY FRONTLINE CARE PROVIDERS ARE EXPOSED TO MASS CASUALTIES¹

The introduction to an [October 2017 report](#) — from one of the pilot projects that helped to establish the foundation for the work SADOD is now doing — states:

For the people in Massachusetts who are being directly affected by the aftermath of opioid-related overdoses — including victims’ family members and friends, service providers working with active drug users, first responders, and even entire communities where overdoses are concentrated — the opioid-overdose epidemic is creating circumstances similar to what occurs in the aftermath of a natural disaster or human-caused catastrophe that results in mass casualties.

The phrase “mass casualties” is apt, for in the year that report was released (2017), according to the Bureau of Substance Addiction Services publication [Coping with Overdose Fatalities: Tools for Public Health Workers](#), “there were nearly 2,000 opioid overdose fatalities² ... and about 20,000 rescues³ ... the combination of which represents the total number of life-or-death situations that occurred.”

Coping with Overdose Fatalities states that when a death occurs, service providers ...
... will be affected by the death of the individual person ... based on their relationship and the role they played in helping the person, [and] they will be affected by how this death resonates with them as being part of the ongoing loss of life in the context of the epidemic ... The fatalities that are occurring as part of the epidemic have the potential to cause distress similar to what is faced by workers responding to natural disasters and other catastrophes that result in mass casualties. The casualties from the epidemic are happening one at a time over a span of time instead of during a single disaster incident, but the high number of inter-related deaths can take a collective toll on service providers.

This is exacerbated by the fact that, as the October 2017 report states: “Overdoses and fatalities are occurring in their [frontline care providers’] circles of family and friends ... and among people who have been in recovery with them but relapsed,” explaining, as well, that “this is not exclusive to [frontline care providers] in recovery, but it is pronounced among them.”

¹ This information is presented as a point of advocacy on behalf of frontline care providers who work with people at high risk of dying from overdose and other substance-use-related causes. Please share it with community leaders and the public to illustrate that many providers have needs similar to those of workers who respond to single-incident natural and other disasters (for example, 9/11 and Hurricane Katrina).

² Massachusetts Department of Public Health. February 2018. Data brief: Opioid-related overdose deaths among Massachusetts residents. Retrieved from bit.ly/oddeaths201617

³ Massachusetts Department of Public Health. May 2018. MA opioid-related EMS incidents 2013-2017. Retrieved from bit.ly/EMS201317