Health Security Workshop looks at improving preparedness for mass casualties from the deliberate release of opioids

On 21 and 22 January, 15 member states attended a workshop organised by the European Commission’s Directorate-General for Health and Food Safety (DG SANTE) on the novel threat of mass casualties from the deliberate release of opioids.

The workshop focused on the threat through opioids itself, the public health response, treatment options and decontamination. Several Commission services and the Rapid Risk Assessment Working Group of the Scientific Committee presented the EU structures and initiatives in place to support preparedness and response to the opioid threat.

Synthetic opioids such as Fentanyl are at the heart of a public health crisis in the United States, and are implicated in tens of thousands of overdose deaths. Originally developed as analgesics (painkillers), opioids also have the potential to be used as weapons, as demonstrated during the Moscow theatre siege of 2002. Russian troops used a gas containing the powerful opioid Carfentanil to incapacitate the Chechen rebels who stormed the theatre, but more than 170 people were killed as a result, most of them hostages.

In recent years opioids have become cheap and easy to produce in low-tech garage type factories and, as stated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), seizures of the drug in Europe have been steadily increasing. The availability and accessibility of such substances raises the overall risk profile.

Health authorities have been monitoring this risk for some time, and in December 2018, a workshop on this topic was organised by the Global Health Security Initiative (GHSI) in conjunction with law-enforcement, public health and first responder agencies in the United States. The outcomes of that meeting provided very useful background for DG SANTE’s workshop, which could then build upon this and start from a high level of knowledge.

A case study was presented at DG SANTE’s workshop, for example, which cast some light on the public health response to the Dubrovka Theatre siege in Moscow. The main message was that the nature of the response is crucial to saving lives in a large opioid-poisoning incident.

Detailed information on the clinical management of opioid poisoning cases was provided, as well as broader information about the management of mass-casualties. In particular, triage, treatment and decontamination in the hospital environment were all covered in detail. Extensive information on the US experience of treating mass-casualties of opioid overdose as a result of the public health crisis affecting large areas of the country was outlined, giving particular details of the experience of dosing and efficacy of Naloxone in treating victims of high potency fentanyl derivatives.

Finally studies on the skin absorption of fentanyl powders were presented, which showed the relative ease of opioid decontamination with basic soap and water, which was reassuring.

On the second day, the participants broke into three working groups to identify recommendations for preparedness for first responders, hospitals and first receivers, and cross-sectoral and cross-border issues, respectively. A number of key recommendations were made at the workshop’s conclusion. Member states intend to update their relevant Chemical Biological and Radiological and Nuclear (CBRN) and major incident
response plans to include the threat posed by synthetic opioids. Workshop participants also suggested
organising further cross-sectoral exercises to improve preparedness for any intentional release of opioids at
national and European level and recommended ensuring that each country had an adequate stockpile of
Naloxone, an opioid receptor antagonist that can be used in cases of opioid overdose to reverse the depression
of the central nervous system and respiratory system.