OVERDOSE PREVENTION TRAINING

AGENDA

- Stigma Reduction
- Overdose data and trends
- How to identify an overdose
- Naloxone training and safety
- Storage, refills, and resources

HELP REDUCE STIGMA

• Stigma

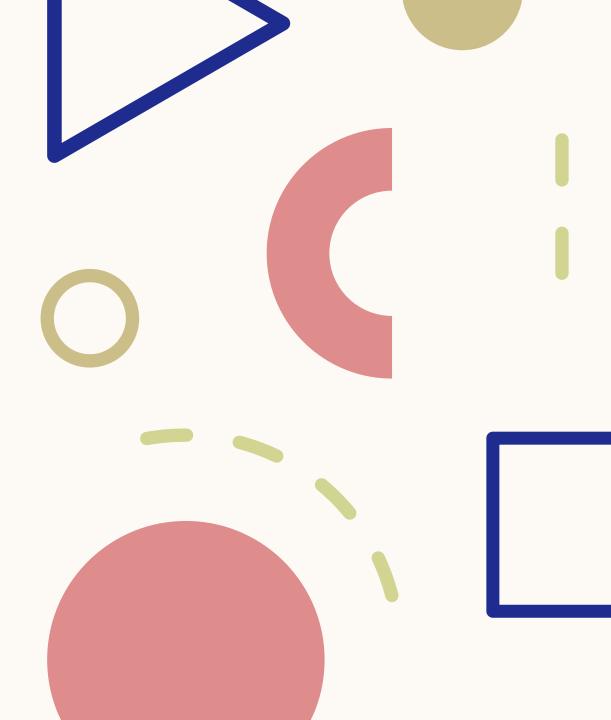
- Social process linked to power and control which leads to creating stereotypes and assigning labels to those that deviate from "the norm"
- Creates social conditions that makes people who use drugs believe they are not deserving of being treated with dignity and respect
- Limits a person's ability to access services they need because they feel unworthy or unwelcome when requesting services

• Person-First Language Matters

- Essential for stigma reduction and focuses on the person and not their condition
- Shows that someone may have a "problem", but they are not the "problem"
- Examples: Substance Use Disorder, person in recovery, unhealthy behaviors

Treatment Works!

- There are multiple evidence-based medications that can be used to help treat Substance Use Disorders typically referred to as Medically Assisted Treatment (MAT)
- There are various forms of treatment that don't use MAT and those primarily use counseling.



OREGON OVERDOSE DATA

OREGON RECOVERS

• THE CRISIS

- Addiction costs Oregon taxpayers \$6.7 billion annually
- Oregon ranks 50th in the nation in providing access to addiction treatment
- 5 Oregonians die each day due to alcohol & we lose 1-2 Oregonians each day to drug overdose = 6 deaths per day
- The consequences of addiction consume 17% of state funding while <1% is spent on treatment and prevention
- 2nd Highest Untreated Addiction Rate in the Country

CDC'S STATE UNINTENTIONAL DRUG OVERDOSE REPORTING SYSTEM (SUDORS)

- Opioid overdose deaths have doubled every year since 2018
- 1,075 total Overdose Deaths in 2021 in Oregon
- 72.2% had at least one potential opportunity for intervention (761 deaths)
 - 48.2% had a potential bystander present (508 deaths)
 - 33% had a mental health diagnosis
 - 18.8% experiencing housing instability

Oregon Opioid Overdose Deaths

Monthly 2019 - 2021



WHO IS AT RISK?

- Anyone who is prescribed and uses prescription opioids
- Someone who uses opiates prescribed for someone else
- Someone who uses substances from an unreliable source "the streets"
- More people are at risk for overdose now more than ever due to the increased prevalence of fentanyl

YOUTH TRENDS

- The rate of Oregon teenagers dying due to drug-related causes is growing faster than in any other state. (Lund Report March 2023)
- Adolescent drug overdose deaths have more than doubled nationwide since 2019 and more than tripled in Oregon in the same time period.
- Many of the deadly pills that end up in schools are counterfeit
- Counterfeit pills are almost always laced with fentanyl. Unless you can test your substance, there is almost no way to tell if your substance has been poisoned with fentanyl or not.
- Counterfeit pills have become easily accessible to youth through social media platforms

FENTANYL



Source: GAO adaptation of U.S. Drug Enforcement Administration information. | GAO-21-499

- Synthetic opioid originally developed for pain management treatment of cancer patients
- 50x–100x stronger than morphine
- Added to the drug supply to increase supply potency
- Commonly laced in counterfeit pills made in illegal labs
- Lethal dose can be as small as two grains of rice
- You <u>cannot overdose</u> on Fentanyl by touching it or being around it.

FENTANYL EXPOSURES

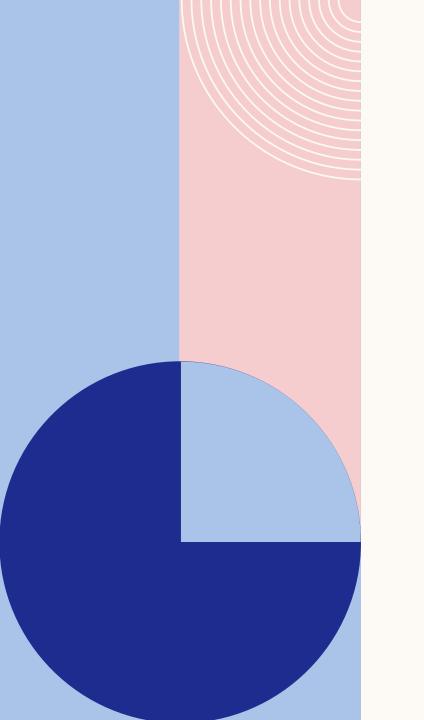
Accidental "secondhand" exposure to fentanyl smoke, powder, or residue in public settings is extremely unlikely to cause overdose.

Breathing in Fentanyl Secondhand Smoke:

- The risk of overdose is extremely unlikely from exposure to the smoke from someone who is smoking fentanyl
- Recent research shows that fentanyl use in public places such as buses and trains does not produce enough contamination in the air to cause an overdose in passengers

Touching Fentanyl:

- You can't overdose just by touching fentanyl
 - There are <u>no confirmed cases</u> of overdose from touching fentanyl powder or pills
- Current research shows that fentanyl use in public places, such as buses and trains, does not produce enough contamination on surfaces to cause other passengers to overdose



HOW TO IDENTIFY AN OVERDOSE

SIGNS OF AN OVERDOSE

Face is extremely pale and clammy to the touch

Slow, shallow breathing; difficulty breathing

Choking; gurgling or snoring

Fingernails or lips turning blue or purple

Body goes limp

Unconscious, unresponsive and do not wake up

Deep nod

Overdose

- Nodding, but responsive
- Slurred speech
- Sleepy and intoxicated, but breathing

- Unresponsive to sternum rub
- Not speaking
- Not breathing or is very slow (<8 breaths/minute)
 - May make choking, gurgling or snoring sounds
 - Blue or gray lips and nails (depending on skin color)
 - Gray, cold, clammy skin

Monitor; keep them talking.

911, breaths/CPR & Naloxone

OVERDOSE PROGRESSION

Ingestion of excess opioid

Breathing effort slows

Slowing of breathing deprives brain, heart, and body of oxygen

Loss of consciousness

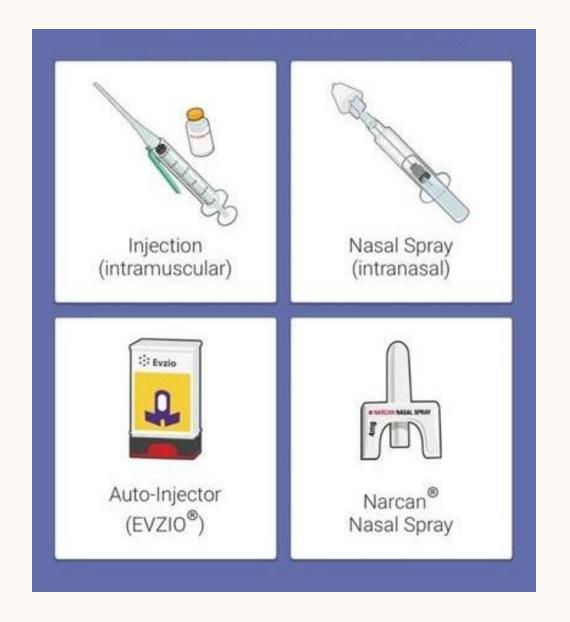
Irreversible damage occurs to brain and other organs

Cardiac arrest occurs

Death

NALOXONE TRAINING AND SAFETY

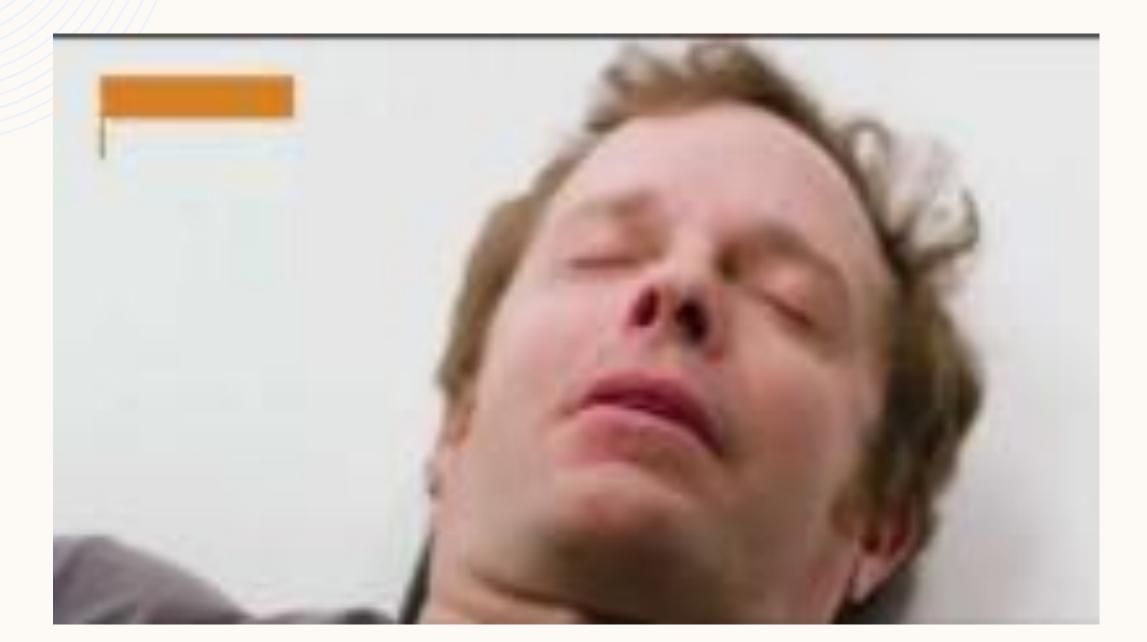
- Injectable
- Nasal NARCAN
- Auto-injector EVZIO



PHARMACOLOGY

- Naloxone is an opioid receptor blocker opioid antagonist
 - NARCAN is the trademarked nasal spray form of Naloxone
- Should take effect in 2-3 minutes
- Works for 30-90 minutes
- If nonresponsive 3 minutes after first dose, multiple doses may be required
- Side effects are extremely rare
- Naloxone will not affect or harm someone who does not have opioids in their system
- Safe for youth and pregnant people

NALOXONE TRAINING VIDEO





Naloxone is EFFECTIVE when the overdose is due to usage of an OPIOID

- •Heroin
- Morphine
- •Hydromorphone (Dilaudid)
- •Oxycodone (Oxycontin, Percocet)
- •Hydrocodone (Norco, Vicodin)
- Fentanyl
- •Buprenorphine
- Codeine
- Methadone
- Tramadol

Naloxone will have NO EFFECT when overdose is due to usage of

- Alcohol
- •Benzodiazepines (Valium, Ativan, Xanax, Klonopin)
- •Antidepressants (Paxil, Prozac, Lexapro, Wellbutrin)
- Other medications
- •Other illicit drugs such as methamphetamine
- Xylazine

Although you may not know what the overdose is from, it may be beneficial to administer naloxone. If opioids have been taken with a combination of other drugs the naloxone will negate the opioid effects and could save a life.

Someone's reaction to Naloxone administration can help EMS differentiate diagnosis when they arrive on scene. Communicate with EMS about if Naloxone was administered and the number of doses given.

NALOXONE SAFETY

Not a substitute for emergency care

May initiate opioid withdrawal

Naloxone does not produce tolerance to opioids

Avoid multiple, rapid dose and implement rescue breathing to keep the person's blood moving and heart pumping until first responders arrive

• 1 dose every 2-3 minutes until breathing efforts return

STAY ON SCENE UNTIL FIRST RESPONDERS ARRIVE

When Naloxone is used, the person will likely develop symptoms such as nausea, vomiting, diarrhea, sweating, body aches, weakness, and shortness of breath. These could last up to 90 minutes.

- These are symptoms of withdrawal from the opioid and are expected
- Withdrawal symptoms will not cause harm

A person can have different behaviors and emotions upon waking up from an opioid overdose:

- Confused
- Agitated
- Sedation (with return of breathing effort)
- Anger
- Embarrassment
- Frustration
- Sadness

It's important to communicate with first responders about how many doses of Naloxone were administered and keep your own safety in mind when responding to an overdose.

GOOD SAMARITAN LAW

- Oregon has a law that protects a person who administers naloxone in a good faith effort to reverse an opioid overdose from civil liability.
- Oregon law protects you from being arrested or prosecuted for drug-related charges or parole/probation violations based on information provided to emergency responders.
 - Possessing drugs or drug paraphernalia
 - Being in a place where drugs are used
 - Violating probation or parole because of drug use or possession
 - Outstanding warrant because of drug use or possession

"A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section."

STORAGE, REFILLS, AND RESOURCES

STORAGE

- Store at controlled room temperature 59°F to 77 °F
- Protect from direct sunlight and light

The Naloxone shelf life is 2 years

- Studies have shown that NARCAN can be used for up to 5+ years past the expiration date; however, the FDA recommends disposal at expiration date
- Expired or previously frozen naloxone retains most of its potency

Replace medication:

- When expiration date passes
- If exposed to temperatures below 39F or above 104F
- Avoid storing in your car during the summer and winter



- Anyone can access Naloxone through any pharmacy and its usually covered by insurance
 - OHP covers the cost
- Any patient of the Tillamook County Community Health Centers, Adventist, or Nehalem Bay Health Center can ask their primary care provider for a prescription and will often leave the appointment with some
- OUR Tillamook has a supply of Naloxone for community partners and organizations*
 - Adventist ER & Manzanita location has free NARCAN available at the front desk
 - Use the 'Contact Us' portion on their website
- We ask that you reserve the next resources as a last resort once checking in with the above. No one will be turned away without Naloxone if they need it.
 - Prime+ Peers has a supply of Naloxone for community partners and whoever needs it
 - Tillamook Public Health Department offers Naloxone through our Harm Reduction and Syringe Service Program

PRIME + PEERS

- Peer supporters have a shared lived experience with the people they work with
- Offer a deep understanding, an opportunity to build trust, and provide companionship to those seeking guidance or support.
- Peer supporters can help set goals, share knowledge, offer emotional support, and help people get connected to resources.
- The Prime+ Peer Program is a FREE peer support program available to anyone in Tillamook County looking for help with their substance use. They are here if you need support on your recovery journey whatever stage you are at.

Any Positive Change!

RESOURCES

- Tides of Change 503-842-9486
 - advocacy, counseling and support for survivors of domestic, sexual, and dating violence stalking, and human trafficking
- CARE 503-842-5261
 - Housing assistance and basic need support, rental assistance, transitional housing
- Tillamook County Mental Health Crisis line 503-842-8201 | 800-962-2851
 - Crisis intervention and triage
- Tillamook Serenity Club 503-842-1115
 - 12-step support meetings for substance use disorder, gambling, co-dependence, ect.
- Helping Hands Re-Entry Outreach Center 503-354-8014
 - Safe & sober emergency shelter, SUD re-entry program, hot meals, shower and laundry services
- Celebrate Recovery | Tillamook Nazarene Church 503-842-2549
 - 12-step support group for alcohol, drugs, co dependency, grief, ect

RESOURCES CONT.

- Prime+ Peer Program –Peer recovery support mentors
 - Jennifer Barksdale: 971-341-1711
 - Melinda Scott: 971-341-1709
 - Sara Pulver: 971-341-1750
 - Mike Shaffer: 971-341-1961
- Tillamook County Community Health Centers 503-842-3900
 - Behavioral Health, Medication Assisted Treatment Services, Harm Reduction and Syringe Service Program, primary care office
- Tillamook Family Counseling Center 503-842-8201
 - Mental health and peer support services for individual, couples, family, and group therapy
- Rinehart Clinic and Pharmacy 1-800-368-5182
 - Substance use counseling and treatment, primary car, mental health services, safe drug and sharps disposal

CONTACTS

Tillamook County Community Health Center

Harm Reduction and Syringe Service Program Coordinator

Rachel Koljesky cell 503-812-9465

Rachel.Koljesky@Tillamookcounty.gov

Prime+ Peer / Tillamook Family Counseling

Certified Peer Support Specialist

Jennifer Barksdale cell 971-341-1711 jenniferb@tfcc.org

HARM REDUCTION & SYRINGE SERVICES

SERVICES ARE ANONYMOUS

RESOURCES:

Safer injection supplies, syringe/needle disposal wound care supplies, narcan, fentanyl test strips, peer-support staff, referrals to resources and more!

11 AM TO 1 PM

TILLAMOOK

1ST AND 3RD WEDNESDAY IVY WELLNESS CENTER 1105 IVY AVE

CLOVERDALE

2ND WEDNESDAY
NESTUCCA RURAL FIRE & RESCUE STATION 87
PARKING LOT; 30710 US-101

WHEELER

4TH WEDNESDAY
ABOVE NORTH COUNTY FOOD BANK
278 ROWE ST- UPPER PARKING LOT

Prime Plus Peer Supports Traditional Healthcare Workers Jennifer - (971) 341-1711 Melinda - (971) 341-1709

Please visit our website or call 503-842-3940 to confirm the location tillamookchc.org/public-health/harm-reduction



THANK YOU

Questions?