Kaitlynn Whiteaker, MSW, Regional Overdose Prevention Specialist (ROPS) Region 4

Key Training Objectives

1. What are opioids, the opioid epidemic, and how it is impacting TN and your community
2. Risk factors of an opioid overdose
3. Harm Reduction
4. Reducing Stigma
5. The Addicted Brain and Trauma
6. Recognizing an opioid overdose
7. Naloxone: how and when to use it
8. Compassion fatigue, burn out and self care

What are Opioids?

- “Opioids” is a term for drugs that bind to opioid receptors in the brain.
- Include illegal drugs as well as prescription medications used for pain:

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Street Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>Schoolboy, T-3s</td>
</tr>
<tr>
<td>Morphine (Arenza®, Kadian®, MS Contin®)</td>
<td>M, Miss Emma, Monkey, White Stuff</td>
</tr>
<tr>
<td>Oxycodone (Oxycodin®, Percocet®)</td>
<td>Ox, Oxy, Oxycontin, Kicker, Hillbilly Heroin</td>
</tr>
<tr>
<td>Oxymorphone (Opana®)</td>
<td>Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs</td>
</tr>
<tr>
<td>Methadone</td>
<td>Junk, Rattles, Dolly, Jungle Juice</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid®, Exalgo®)</td>
<td>Dell, Dust, Footballs, D, Bid D, M-2, M-80s, Crazy Bu, Super Bu, Dillydad</td>
</tr>
<tr>
<td>Fentanyl (Actiq®, Subsys®, Fentora®)</td>
<td>Apache, China Girl, China White, Goodfella, TNT</td>
</tr>
<tr>
<td>Buprenorphine (Subutex, Suboxone)</td>
<td>Sobes, Bupi, Sticks Signs, Oranges</td>
</tr>
</tbody>
</table>
What is the Opioid Epidemic?

Every day, more than 130 people in the United States die from an opioid overdose (67% involve synthetic opioids).

In 2018, more people died from an opioid overdose than car accidents in the U.S.

The Center for Disease Control estimates the “economic burden” of prescription opioid misuse in the U.S. is $78.5 billion a year.

Opioid Crisis in Tennessee

6,052,014 painkiller prescriptions in 2018: enough for .90 prescriptions for every man, woman, and child in TN.

In 2018, 1,304 people died of an opioid overdose; the current Overdose Death rate is 19.9 per 100,000 people.

From 2014 to 2018: Heroin overdose deaths increased by nearly 150% and Fentanyl related overdose deaths increased by over 975%.

Opioid Crisis in Davidson County

127,730 people, or 1 in every 2 Davidson County residents, received opioids for pain in 2018.

440,473 opioid prescriptions were filled in 2018, or about 0.6 prescriptions for every resident.

200 deaths in Davidson County in 2018 were due to opioid overdose.

76 deaths in Davidson County in 2018 were due to heroin overdose. From 2014 to 2018 fentanyl deaths have increased.
What causes an Overdose?

- Opioids affect the brain’s regulation of breathing
- Opioids perfectly mimic the body’s natural transmitters, allowing them to fit exactly on the brain’s receptors
- Once attached, opioids:
  1. Block pain
  2. Slow down breathing
- Overdoses occur when too many opioids attach causing breathing to stop

Risk Factors for an Opioid Overdose

- **After period of no use:**
  - Jail
  - Detox program
  - Rehab/treatment facility
- **Mixing opioids** with other drugs, especially alcohol and benzodiazepines (Xanax, Valium, Ativan)
- Using while alone
- Previous Overdose
- History of Addiction
- Suicidal Ideation
- Mental Illness
- Chronic Illness
- Methadone Prescription

Harm Reduction

**Harm Reduction** is a way of preventing disease and promoting health that meets people where they are.

Not everyone is ready or able to stop drug use; therefore, scientifically proven ways of decreasing risks are essential.

(e.g., MAT, Naloxone, Syringe Exchange)
Harm Reduction Core Principles

• Non-judgmental approach
• Behavior change is an incremental process
• Focus on **enhancing quality of life**
• **Complex social factors influence vulnerability** to drug use and drug-related harm (e.g., poverty, social inequality, discrimination, and trauma)
• **Empower those who use drugs** to be the primary agents in reducing the harms of their drug use

(Harm Reduction Coalition, 2019)

Example: Harm Reduction in Action

In the event of an Opioid overdose:
1. Prevent death through Naloxone
2. Call 911 to get the victim needed medical attention
3. **Assess needs:**
   a. Is there a treatment/service that is appropriate/desired?
   b. What experiences (positive or negative) may influence willingness to utilize services?
4. **Have conversation** about overdose prevention, Naloxone, and safer drug use strategies

(Harm Reduction Coalition, 2019)

Syringe Service Programs (SSPs)

• Community-based public health programs that provide comprehensive harm reduction services such as:
  – Sterile needles, syringes, and other injection equipment
  – Safe disposal containers for needles and syringes
  – HIV and hepatitis testing and linkage to treatment
  – Education about overdose prevention and safer injection practices
  – Referral to substance use disorder treatment
  – Referral to medical, mental health, and social services
  – Tools to prevent HIV, STDs, and viral hepatitis

(TN Department of Health, 2019)
### Syringe Service Program (SSP) Benefits

- SSPs reduce drug use over time
- People who inject drugs are:
  - 5 times more likely to enter treatment for substance use disorder when participating in an SSP
  - More likely to reduce or stop injecting when they use an SSP
- SSPs reduce needle stick injuries among first responders by providing proper disposal
- Reduce HIV and Hepatitis C incidence and overdose deaths

*(TN Department of Health, 2019)*

### Syringe Service Program (SSP) Laws

<table>
<thead>
<tr>
<th>TN code 40-7-124: Needle Possession</th>
<th>TN code 68-1-136: Safe Syringe Act</th>
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<tbody>
<tr>
<td>Needle Possession Passed in 2015</td>
<td>Passed in 2017</td>
</tr>
</tbody>
</table>
| If there is a hypodermic needle or other sharp object on the person, on the person’s premises, or in the person’s vehicle, and the person alerts the officer of such before the search, the person shall not be charged with or prosecuted for possession of drug paraphernalia for the hypodermic needle or other sharp object. | 1. Any nongovernmental agency, approved by the Dept. of Health, may operate an SSP providing clean needles, disposal of needles, security, educational materials, access to naloxone, and referral to treatment.

2. It is an exception to the application of 39-17-4, if an employee, volunteer, or participant possesses any of the following:
   - Needles, hypodermic syringes, or other injection supplies obtained from or returned to an SSP
   - Residual amounts of a controlled substance contained in a used needle, syringe, or used injection supplies obtained from or returned to an SSP
   - *The exception applies only if the person provides written verification that supplies were obtained from an SSP and currently engaged in the exchange or in transit to or from the exchange.*

*This does not apply to any other drug paraphernalia that may be present*

### Reducing Stigma

- Over 50% of opioid prescriptions for pain in TN were paid for using insurance
- Average number of pills prescribed after a surgery in the U.S. is **82**
- 12% of surgical patients report a later opioid dependence or addiction
- 66% of surgeons report feeling pressure to prescribe more pills than necessary
Reducing Stigma

- Do away with labels and use “person first” language
  (Person with substance use disorder not Addict)
- Drug use falls on a continuum
  - Abstinence/low risk ← chronic dependence
  - Relapse does not equal a moral failure
  - 40%-60% will relapse at least once

Other chronic diseases: 50%-70% with high blood pressure experience symptoms each year that require medical attention

- Be aware of unintentional personal bias
- Recognize addiction is often connected to trauma

The Addicted Brain

- Addiction: a chronic disease that changes brain structure and function
  - Just as cardiovascular disease damages the heart, addiction hijacks the brain
- The Pleasure Principle: the brain registers all pleasures the same way through dopamine
  - Addictive drugs flood the brain with dopamine
  - The brain creates memories of this rapid sense of pleasure creating a conditioned response
  - In sobriety, these memories and conditioned responses create cravings and contribute to relapse

Trauma and Adverse Childhood Experiences

- Adverse Childhood Experiences (ACEs)
  - Stressful or traumatic events including abuse and neglect
  - Strongly related to development and prevalence of a wide range of health problems and substance abuse
- ACEs include:
  - Physical abuse
  - Sexual abuse
  - Emotional abuse/neglect
  - Physical neglect
  - Household mental illness
  - Intimate partner violence
  - Mother treated violently
  - Substance misuse within household
  - Parental separation or divorce
  - Incarcerated household member
Trauma and Adverse Childhood Experiences

- **ACEs are common**: on average 28% of adults report physical abuse and 21% report sexual abuse.

- **ACEs cluster**: almost 40% of adults reported 2 or more ACEs, and 12.5% experienced 4 or more
  - Individuals with 4 or more ACEs are **12 times more likely** to attempt suicide
  - Individuals with 5 or more ACEs are **7 to 10 times** more likely to use illicit drugs
  - Individuals with 6 or more ACEs are **46 times more likely** to be IV drug abusers than those with no ACEs

(CTIPP, 2017)

Recognizing an Overdose

- Overdoses often happen **slowly**, over the course of several hours.

  **Signs someone is high or overmedicated**:
  - Pupils will contract and appear small
  - They may "nod out"
  - Scratch a lot due to itchy skin
  - Speech may be slurred
  - May be out of it, but will respond to outside stimulus

  **Signs of an overdose include**:
  - Loss of consciousness
  - Unresponsive to stimulus
  - Breathing is very slow and shallow, erratic, or has stopped
  - Choking sounds or snore-like gurgling noise
  - Vomiting
  - Body is very limp
  - Face is very pale or clammy
  - Fingernails and lips turn blue or purplish black
  - Pulse (heartbeat) is slow, erratic, or not there at all

(Harm Reduction Coalition, 2019; NCHRC, 2019)

Myths to Reversing an Overdose

- **Do not** put the individual into a cold bath or shower. They could drown.

- **Do not** inject the person with any other substance (saltwater, milk, “speed”, etc.). This does not work and could cause infection.

- **Do not** try to make the person vomit or give them something to eat or drink. They could choke.

- **Do not** give over-the-counter drugs or vitamins (No-Doz, Niacin). These don’t help.

(Harm Reduction Coalition, 2019; NCHRC, 2019)
What is Naloxone?

- Naloxone is the **ONLY** successful way to reverse an opioid overdose.
- Reverses the effects of opioids by binding to these same sites more powerfully than opioids.
- Knocks the opioid off sites temporarily so that breathing can be restored (30-90 mins).
- Naloxone results in a person going into temporary withdrawals.
- It is *not possible to overdose* on Naloxone.

Naloxone Variations

- Naloxone can come in 4 different variations:
  - Intramuscular
  - Intranasal
  - Nasal Spray

- When giving Naloxone intramuscular, it is best to administer in the outer thigh because there is more muscle and is less likely to hit bone.

Naloxone Misconceptions

- There is **no evidence** that giving people Naloxone makes them more likely to use more drugs.
  - Naloxone keeps people alive.
  - Going through withdrawal is painful and unpleasant.
  - Research shows injection drug users trained on naloxone reduced use over time and increased knowledge and overdose response behavior.
### Protection from Liability

<table>
<thead>
<tr>
<th>Standing Order</th>
<th>TN Addiction Treatment Act</th>
<th>TN Good Samaritan Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>In TN, anyone may obtain Naloxone directly from a pharmacist without an individualized physician's prescription</td>
<td>Any person seeking medical attention for themselves or someone else after an overdose has immunity from prosecution for a drug violation on the person's first drug overdose</td>
<td>Allows any person to administer Naloxone in good faith to a person experiencing an opioid overdose who has received basic instruction (evidenced by certificate)</td>
</tr>
</tbody>
</table>

### Responding to an Opioid Overdose

**Step 1: Try to Maintain Responsiveness**

- Call the person’s name
- Shake the person
- Utilize the “sternum rub”
  - Make a fist and use the middle joints of your fingers (not the knuckles) to firmly rub the center of the person’s chest to wake them up

***If the person does not respond to stimuli, move to step 2***

### Step 2: Administer Naloxone

- Most commonly used form of Naloxone is the nasal spray Narcan
- Storage of Narcan:
  - Room temperature (59°F to 77°F)
  - Do not freeze and protect from light

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**DO NOT REMOVE OR TEST THE NARCAN® NASAL SPRAY UNTIL READY TO USE. EACH PACKAGE HAS 1 DOSE AND CANNOT BE REUSED. YOU DO NOT NEED TO PRIME THE NASAL SPRAY.**

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Responding to an Opioid Overdose

• **Step 2: Administer Naloxone**
  1. Peel back the pack to remove device.
  2. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.
  3. Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient’s nose.
  4. Press the plunger firmly to release the dose into the patient’s nose.

  **PEEL – PLACE – PRESS**

  *If the person’s symptoms return after the first dose, an additional dose may be given after 2-3 minutes*

• **Step 3: Dial 911**
  • Stay with person until emergency medical services arrive
  • Tell 911:
    – Address or location of where to find the person
    – If breathing has slowed or stopped
    – If you gave Naloxone and how much
    – What medications the person took if you know

  *Steps 2 and 3 can occur interchangeably depending on which can be achieved more quickly*

• **Step 4: Give Chest Compressions or CPR**
  – Chest compression or CPR should only be done if certified or as instructed by 911 operator
### Responding to an Opioid Overdose

**Step 5: Place individual in Recovery Position**
- This position will help prevent the person from potentially inhaling vomit

*Overdose Recovery Position*
1. Lift head back, lift chin to open airway
2. Turn to one side, place hand against chin
3. Bend knee against floor
4. Lift head back, check breathing
5. Call emergency and wait if it arrives

**Step 6: Stay and Watch Individual**
- May have no memory of overdosing
- Comfort individual: Naloxone triggers opioid withdrawal symptoms
- Help the individual remain calm
- Discourage using more opioids for at least 2 hours:
  - Continued opioid use will not help with withdrawals
  - Encourage individual to receive treatment from paramedics
    - To prevent another Opioid overdose
    - To receive care for opioid withdrawal symptoms

**Step 7: Inform Paramedics**
- When EMS arrive, tell them that naloxone was administered
- If known, tell them what substances the individual took and how much
After Effects of Naloxone

- Naloxone will **only last 30-90 mins**; Opioids can stay in a person’s system for **hours**.
  - A second Opioid overdose can occur, especially if the individual **takes more opioids** due to withdrawal symptoms
- Naloxone may cause an individual to experience some of the following withdrawal symptoms:
  - Be violent/irrational
  - Projectile vomit
  - Have a cardiovascular event (if pre-existing condition)
  - Experience musculoskeletal pain

Compassion Fatigue and Burnout

- **Compassion Fatigue**: secondary traumatization
  - Emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events
  - Rapid onset
- **Burnout**: cumulative process; emotional exhaustion
  - Associated with increased workload/stress
  - Emerges over time

Common Symptoms:

- Emotional, Physical and/or Mental exhaustion
- Reduced sense of personal accomplishment or meaning in work
- Decreased interactions with others (isolation)
Tips for Managing Compassion Fatigue and Burnout

Do:
- Find someone to talk to
- Understand that the pain you feel is normal
- Exercise and eat properly
- Get enough sleep
- Take some time off
- Journal
- Develop healthy boundaries

Don’t:
- Fall into the habit of complaining with your colleagues
- Work harder and longer
- Self-medicate
- Neglect your own needs and interests

(The American Institute of Stress, 2019)

Naloxone Training Assessment

1. What forms of naloxone are available?
   a. Intranasal
   b. Intramuscular
   c. Both A & B
   d. None of these

2. A second dose of naloxone may be necessary before EMS arrival.
   a. True
   b. False
Naloxone Training Assessment

3. You should give the naloxone and leave the patient alone.
   a. True
   b. False

Naloxone Training Assessment

4. When administering intramuscular naloxone, where is the best location to give the injection?
   a. In the chest
   b. In the outer thigh
   c. In the arm
   d. In the stomach

Naloxone Training Assessment

5. How long does naloxone last?
   a. 30-90 minutes
   b. 3 hours
   c. 8 hours
   d. 12 hours
<table>
<thead>
<tr>
<th>Naloxone Training Assessment</th>
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</thead>
<tbody>
<tr>
<td><strong>6. Naloxone is an addictive substance.</strong></td>
</tr>
</tbody>
</table>
| a. True
| b. False |
| **7. How do you determine when someone is overdosing?** |
| a. The patient is unresponsive even after a sternal rub.
| b. The patient has shallow breathing or is not breathing.
| c. Pale, clammy skin
| d. Blue skin, especially around the lips and fingernails
| e. Extremely small, pinpoint pupils
| f. All of the above |
| **8. Call 911 as soon as you suspect an overdose** |
| a. True
| b. False |
Naloxone Training Assessment

9. Chest compressions or CPR may be necessary.
   a. True
   b. False

Naloxone Training Assessment

10. What is the Good Samaritan Law?
   a. Protects you from civil liability for administering naloxone to a person believed to be experiencing an overdose.
   b. Any person who, in good faith, seeks medical attention for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation.
   c. Any person who is experiencing a drug overdose and who in good faith seeks medical assistance for or is subject of a request for medical assistance shall not be arrested, charged, or prosecuted for a drug violation the first time.
   d. All of the above

How to access Naloxone

<table>
<thead>
<tr>
<th>With Insurance</th>
<th>Without Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Narcan Nasal Spray:</strong></td>
<td><strong>Narcan Nasal Spray:</strong></td>
</tr>
<tr>
<td>• 80% have co-pay of $20 or less (76%; $10 or less; 38%; $0)</td>
<td>• Free from your Regional Overdose Prevention Specialist (ROPS) or local anti-drug coalition</td>
</tr>
<tr>
<td>• Available at CVS, Walgreens, and most other pharmacies without a prescription</td>
<td>• Walgreens: $136</td>
</tr>
<tr>
<td></td>
<td>• CVS: $89.99</td>
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*If you encounter an issue with life insurance, please notify your Regional Overdose Prevention Specialist who will inform the State to ensure it is resolved.

*Coupons available for drug stores: www.goodrx.com
TN Save a Life

• ROPS have distributed **over 70,000** units of Naloxone across the state of Tennessee since October 2017
• **Naloxone** has saved **over 7,500 lives** in Tennessee since 2017
  – This is a conservative estimate based on reported uses of Naloxone
  – To help better evaluate lives saved please complete the **overdose reversal form** available online:

  https://stateoftennessee.formstack.com/forms/sor_overdose_reversal
  OR through paper form from your ROPS

(TN-HSG, 2019)

Treatment, Recovery, and Social Services

• For information and to be connected to resources:
  
  **text SAVE to 30678**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Service</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Streetworks</td>
<td>Needle Exchange</td>
<td>(615)259-7682</td>
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<tr>
<td>United Way</td>
<td>TN 2-1-1</td>
<td>Call 211</td>
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<tr>
<td></td>
<td></td>
<td>Text zip code to 819-211</td>
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<td></td>
<td></td>
<td>Chat at 211chat.org</td>
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<tr>
<td>Nashville Prevention</td>
<td>Community Coalition</td>
<td>(615)797-7655</td>
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<tr>
<td>Partnership</td>
<td></td>
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<tr>
<td>STARS: Students Taking</td>
<td>Youth Substance Abuse</td>
<td>(615)797-0058</td>
</tr>
<tr>
<td>a Right Stand</td>
<td>Treatment</td>
<td></td>
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</table>

(Need help? Need a referral to treatment? Call TDH REACHLINE 1-888-888-9780)

Contact Information

• ROPS name: Kaitlynn Whiteaker, MSW
• Phone: (615)478-6052
• Email: kjackson@starsnashville.org

• Regional Overdose Prevention Specialist (ROPS) Region 4 (Davidson County)
• www.tn.gov/behavioral-health/ROPS
References and Resources

- https://www.ctlipp.org/NewsAndResources/ArticleID/13/PolicyBriefonACEsandOpioidAddiction, Accessed February 26, 2019
- https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedDistributions=employer&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D, Accessed February 21, 2019

References and Resources

- http://www.apta.org/PTinMotion/NewsNow/?blogid=10737418615&id=47244644672, Accessed February 21, 2019
- https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedDistributions=employer&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D, Accessed February 21, 2019