



# The Opioid Public Health Crisis



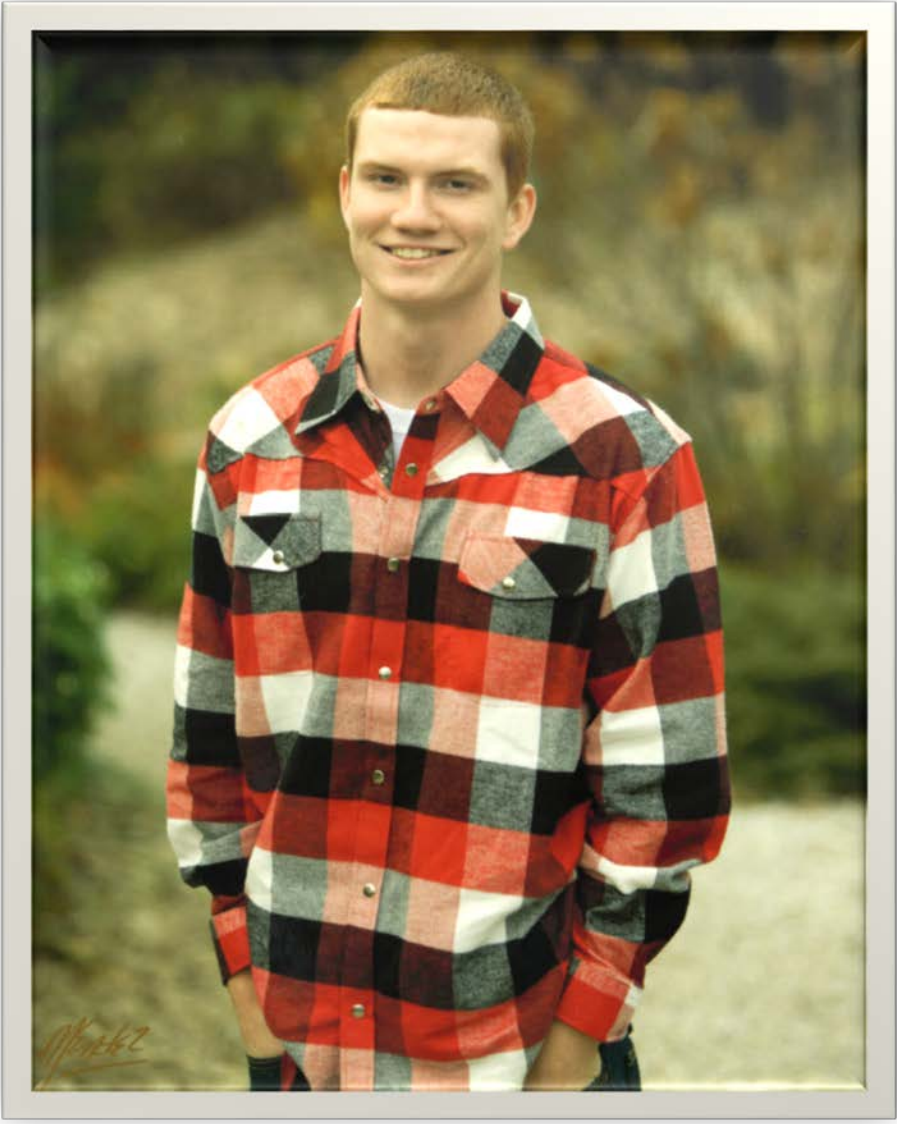
# Overdose Lifeline, Inc.

Overdose Lifeline, Inc. is an Indiana nonprofit dedicated to helping individuals, families and communities affected by the disease of addiction / substance use disorder.

[overdose-lifeline.org](http://overdose-lifeline.org)

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# We're here to help

- Working with law enforcement, government, and communities to advance the laws and resources available
- Education and prevention
- Harm Reduction
  - First responder naloxone overdose reversal kits and training
  - Naloxone distribution and training for the individual, family / caregiver
- Providing education on the chronic disease of addiction / substance use disorder and prevention information and resources
- Support group for those experiencing a loss



An anatomical model of a human head in profile, showing the brain, nerves, and blood vessels. The model is mounted on a stand and is positioned in the foreground of a blurred background that appears to be a museum or educational facility. A semi-transparent red banner is overlaid on the lower half of the image, containing white text.

# About the disease of addiction / substance use disorder





# About addiction

Addiction is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who have a substance use disorder.

A person does not choose to become an addict, the person's body responds differently when exposed to alcohol and drugs. Being addicted to alcohol or drugs does not make a person flawed or wrong. They just need help and regular care and attention.



# Neurobiology of addiction

## BRAIN'S REWARD PATHWAY

Drives our feelings of motivation, reward and behavior.

Ensures that we will repeat behaviors which are necessary for survival.

## DOPHAMINE

Brain chemical which drives behavior, creates or hardwires a memory and establishes survival hierarchy ranking.

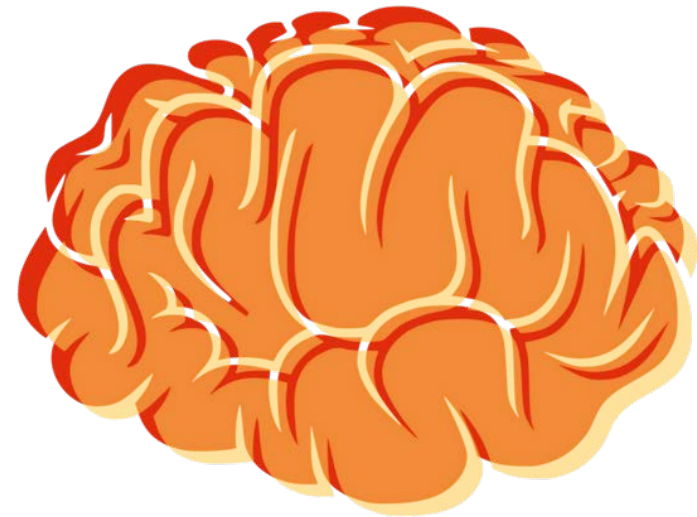


# Is continued drug abuse a voluntary behavior?

The initial decision to take drugs is typically voluntary.

However, with continued use, a person's ability to exert self-control can become seriously impaired; this impairment in self-control is the hallmark of addiction.

Drugs FLOOD the Brain with Dopamine



RELIANCE / TOLERANCE

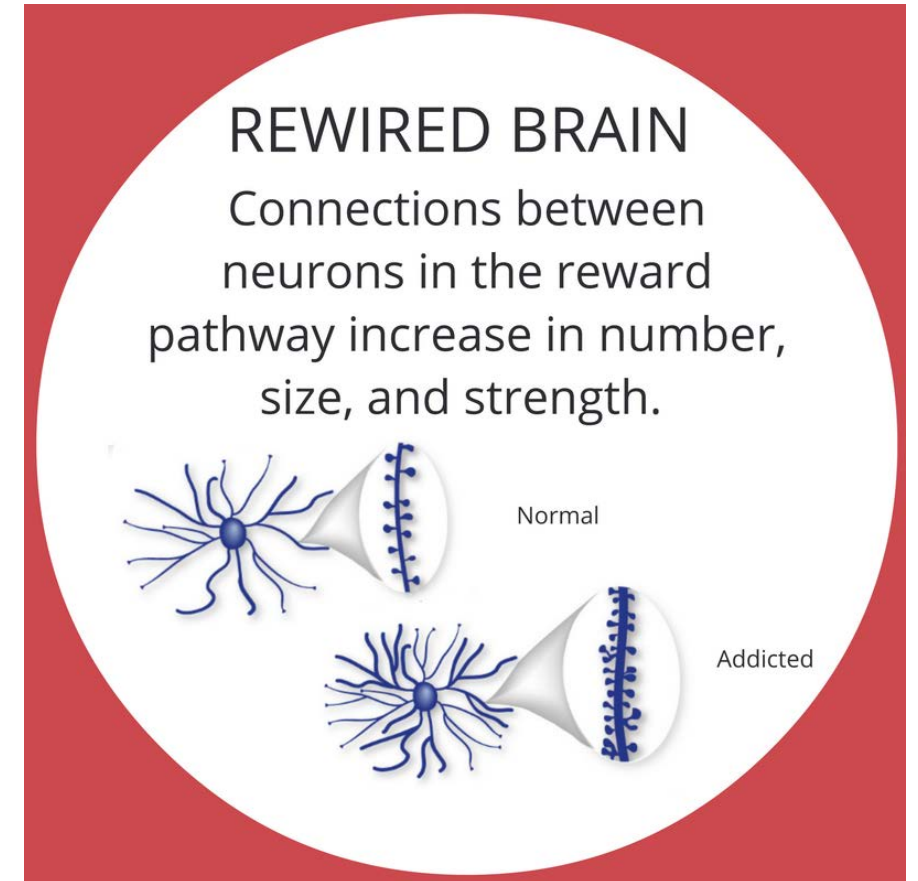
The brain makes less dopamine, relying on and needing more of the drug to get the same effect.





# Drugs use changes the brain

Over time, brain regions responsible for judgment, decision-making, learning, and memory begin to physically change, making certain behaviors “hard-wired.” In some brain regions, connections between neurons are pruned back. In others, neurons form more connections.



# Brain's survival hierarchy

Drugs and alcohol “fool” the brain that they are important for survival. More important than food, water, sleep, and interacting with family and friends.



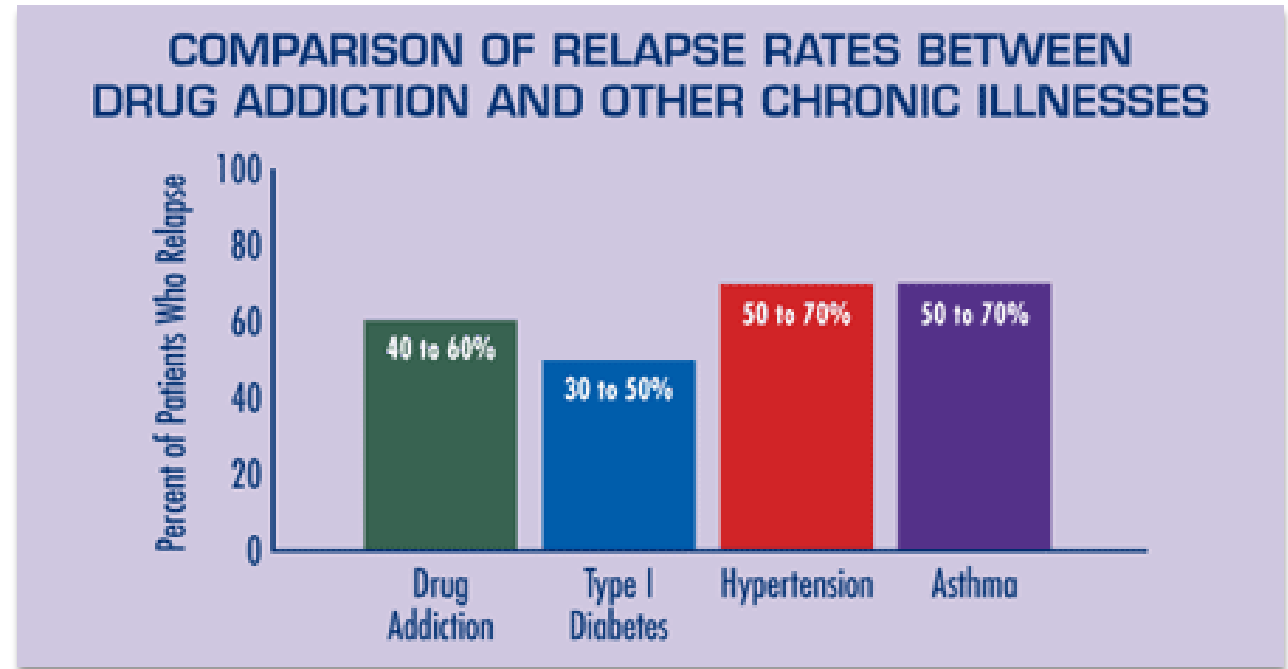


# Does relapse mean treatment has failed?

**No.** The chronic nature of the disease means that lapsing back to drug use at some point is not only possible, but likely.

It means that treatment needs to be reinstated or adjusted or that another treatment should be tried.

More: <http://www.overdose-lifeline.org/about-addiction>



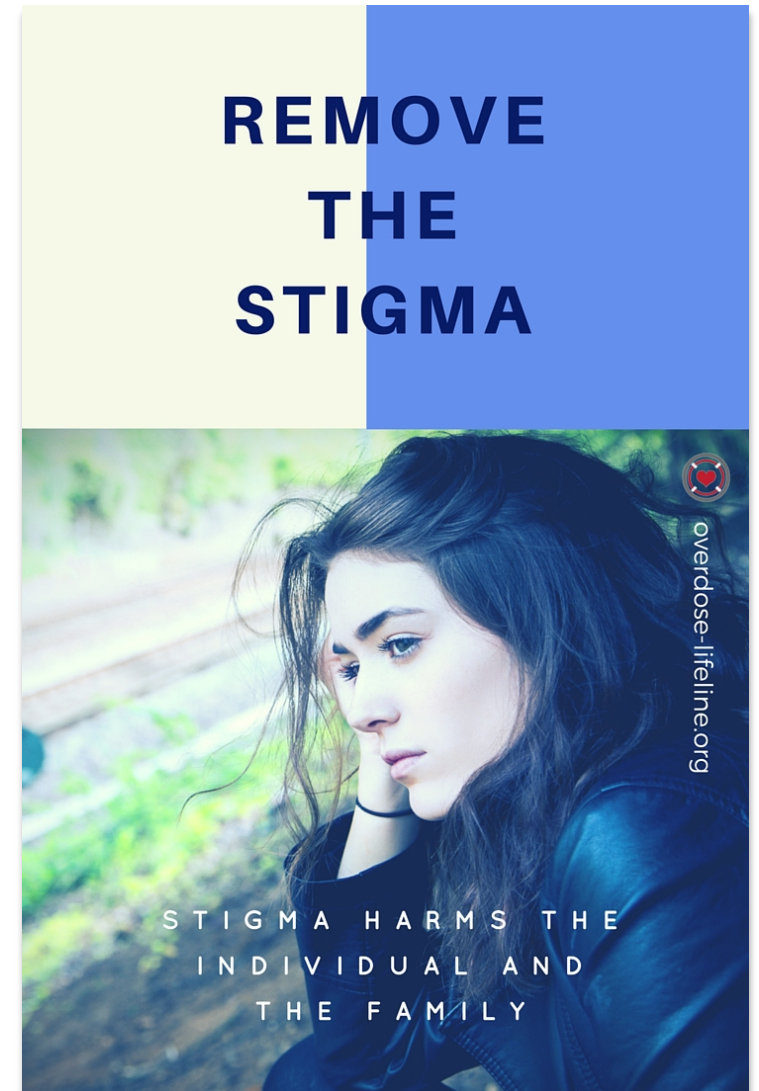
*Image Courtesy National Institute on Drug Abuse*



# Stigma's impact on recovery

Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care.

*"Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need."* - Michael Botticelli, White House Office of National Drug Control Policy



# Words matter

## DO THIS

Call it what it is: Substance use disorder (or alcohol use disorder, opioid use disorder, etc.)

Use “people first” language and refer to people with substance use disorder, people with drug dependence, people with addiction.

Avoid negative terms like addict, junkie, wino, boozer, drug fiend, user, abuser, and bum.

Describe as “in active addiction/substance use” or “in recovery”.

Don't Sensationalize Addiction: Don't say “suffers from,” “afflicted with,” “victims of,” or “the scourge of” addiction. Rather, say, “he has a substance use disorder,” “she is addicted,” “people with addiction” or “addicted people.”

Say “had a setback”. Do not say “relapsed”

Say “positive drug screen”. Do not say “Dirty drug screen”

As the [Anti Stigma Toolkit](#) says, “addiction doesn't define who a person is, it describes what a person has. A person's addiction represents only a part of the person's life. Defining people exclusively by their addiction diminishes the wholeness of their lives.”



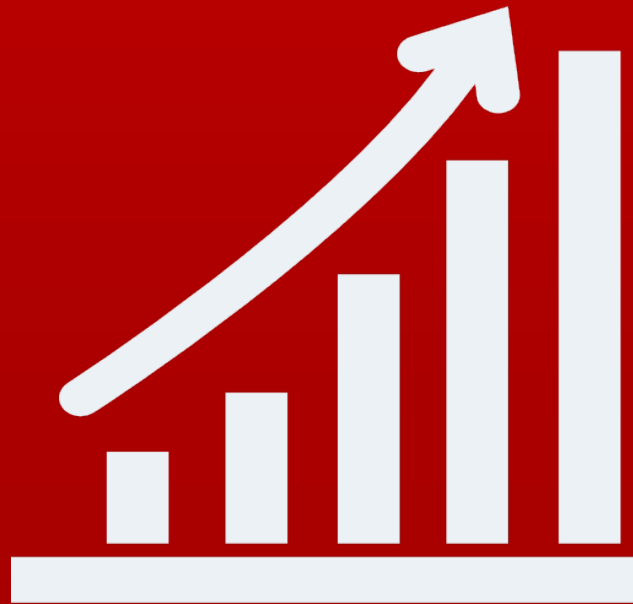
A black and white photograph of the interior of Grand Central Terminal in New York City. The image shows the iconic vaulted ceiling with three large arched windows, a large American flag on the left, and a busy crowd of people walking through the concourse. A semi-transparent red horizontal band is overlaid across the middle of the image, containing white text.

How many Americans abuse or are dependent on opioid painkillers?

2 MILLION



How much has the number of prescriptions written for opioids risen between 1991 and 2013?



172%





# How Does This Compare?

- 91-144 Americans die every day from an opioid overdose. Opioids killed more than 55,000 people in 2015, more than any year on record. At least half of all opioid overdose deaths involve a prescription opioid.
- The number of people with prescription opioid dependence is now 3.5 times greater than the number of people with heroin dependence.







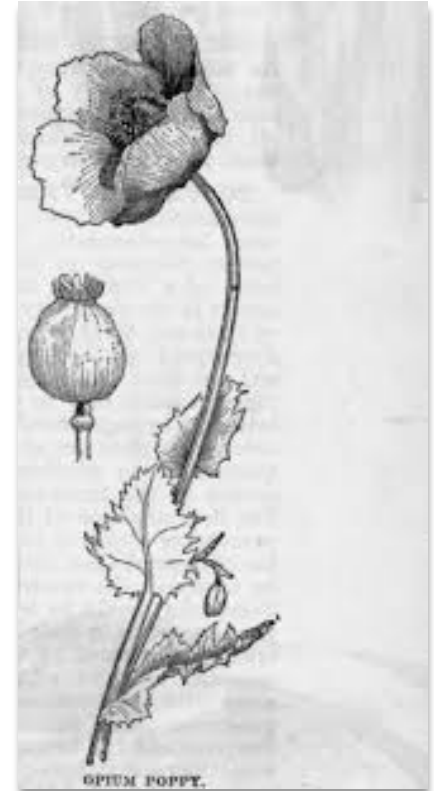
# A brief history of opiates/opioids

Derived from the Opium Poppy Plant

- Has legitimate medical use
- High potential for addiction and abuse and overdose

33 million abuse opioids worldwide

- 1.9 Million Americans prescription opioids
- 586,000 Americans heroin





# Opioids

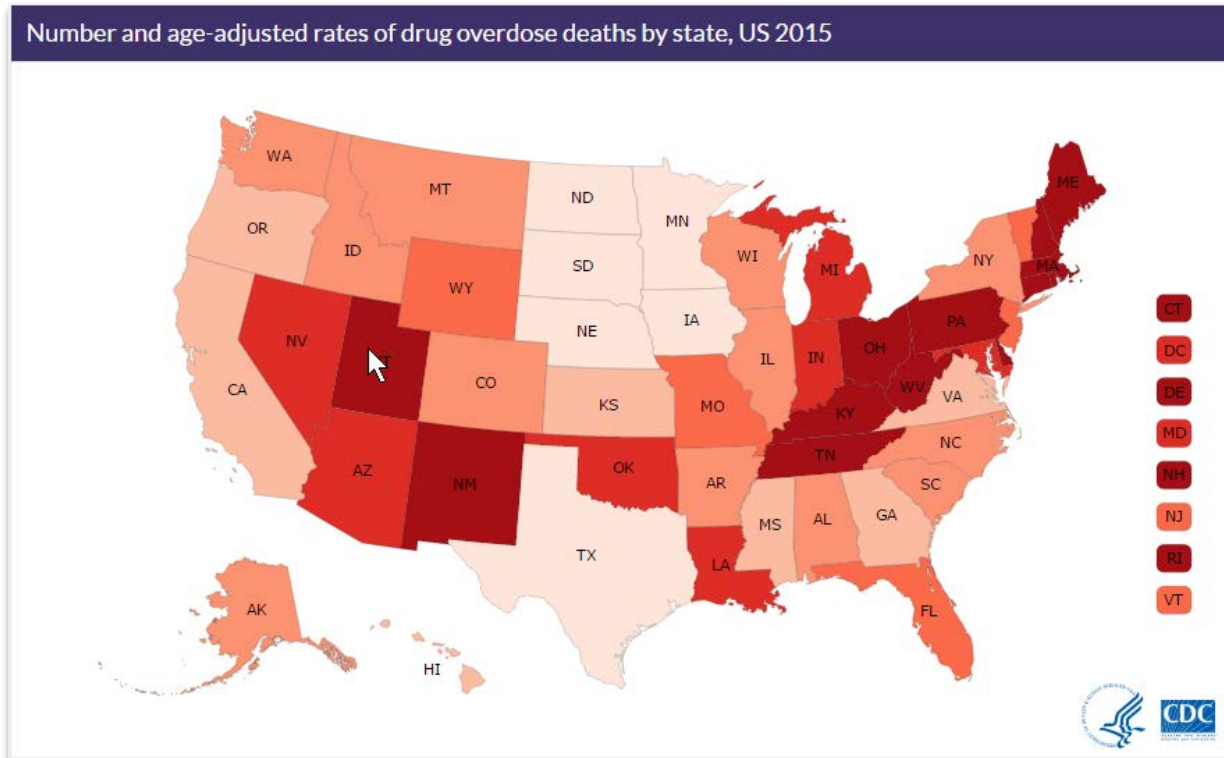
Natural	Semi-Synthetic	Fully Synthetic
Codeine	Oxycodone – OxyContin	Methadone
Morphine	Oxycodone/Acetaminophen – Percocet, Endocet, Roxicet	Fentanyl – Actiq, Duragesic, Fentora
Opium	Hydrocodone	Carfentanil (Large Mammals)
	Hydrocodone/Acetaminophen - Lorcet, Lortab, Norco, Vicodin	
	Opana	
	Demerol	
	Tramadol	
	Heroin	

## Medication-Assisted Treatment (MAT)

Suboxone, Subtex (buprenorphine)	Revia (naltrexone)	Methadone
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# CDC 2015: Overdose Deaths



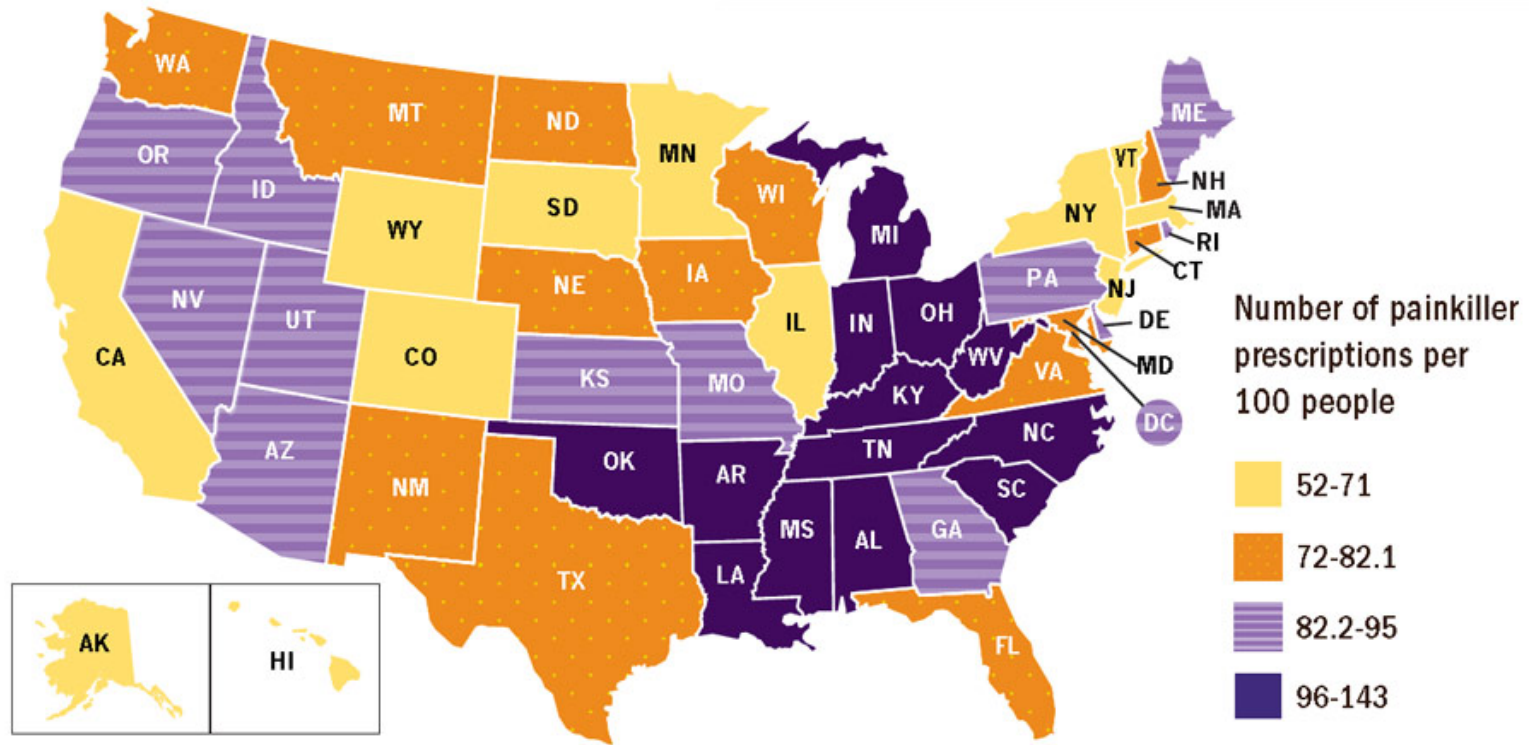
55,000 Overdose Deaths in 2015 - increased by 11.4% - signifying a continuing trend observed since 1999. Opioid death rates increased by 15.6% from 2014. Opioids continue to be the leading drug causing overdose deaths with prescription opioids accounting for nearly half of overdose deaths.





# Indiana Ranks 9<sup>th</sup> Highest in the Nation for number of written prescriptions. For every 100 Hoosiers, 109 Opioid Prescriptions are written

Some states have more painkiller prescriptions per person than others.





# The opioid epidemic

## Paths to Prescription Pain Drug Addiction

- Cultural and societal
- Patient satisfaction surveys
- 39 year-old with back pain
- 17 year-old riffling through their friend's grandma's medicine cabinet
- Grandma forgetting that she already took her pill that morning





# The opioid epidemic

## Paths to Heroin Abuse

- Pain Prescription Drug Abuse
- Cost
- Availability
- Purity
- Other Drugs

Individuals who abuse alcohol or other drugs are “X” times more likely to abuse heroin



ALCOHOL

2x



MARIJUANA

3x



COCAINE

15x



RX OPIOID PAIN PILLS

40x

Four in five new heroin users started out misusing prescription painkillers.



# Age and the risk factors



There are two main factors that lead to substance use disorders/addiction – early onset of use and biologic factors.

Avoiding exposure to addictive substances to youth should be a priority.



# Risk factor: opioid prescribing to youth

Among 12th grade students who have little experience with illegal drug use and who strongly disapprove of marijuana use,

Individuals who have an opioid prescription by 12<sup>th</sup> grade are, on average, 33% more likely to misuse prescription opioids after high school by age 23 than those with no history of an opioid prescription.

This increase in the future risk of opioid misuse should be considered when determining the risks and benefits of opioid prescriptions to youth.

Miech et al, October 2015, Prescription Opioids in Adolescence and Future Opioid Misuse





# Signs of heroin or prescription opioid abuse

PHYSICAL	HEALTH	BEHAVIOR	ENVIRONMENT / WHAT YOU MAY NOTICE OR FIND	
Constricted pinpoint pupils	Weight loss	“Nod off” to sleep	Missing money, credit cards, checks and/or valuables	Empty Ziploc baggies or paper folded w/ a waxy substance. Small balloons.
Track marks on arms, covering arms w/ long sleeves	Nausea, vomiting (throwing up)	Start using laxatives	Pawn slips	Spoons with burn marks or missing spoons
Itches and scratches on skin	Constipation (trouble pooping)	Lose friends they’ve had for a long time	Purchases returned for refunds	Loose change with powder substance on it
An overall unhealthy look	In women, not getting period	Problems in school or work	Constant requests for money	Aluminum foil or gum wrappers with burn marks
Lack of hygiene	Depression	Spend more time away from home	More frequent, secret phone calls	Cans with tops torn off and burn marks
Slurred speech	Changes in appetite or sleep	Trouble with police	Bottles of vinegar or bleach	Straws cut in half and/or empty pens
Poor coordination		Loss of interest in activities/hobbies	Cotton Balls	Syringes and tourniquet (shoe laces, belts)



# Harm reduction



# Harm reduction is ...

Sunscreen

Bike Helmets

Vaccines

Bug Spray

Condoms

Nicotine Gum / Patch

## Automotive Harm Reduction

Seat Belts

Car Seats

Air Bags

Designated Drivers

## Opioid Harm Reduction

Syringe Exchange Programs

Naloxone

Medication Assisted Treatment (MAT\_

- Methadone, Suboxone, Vivitrol



# Aaron's Law

Enacted in April 2015

- Allows for layperson access to Naloxone
- Third Party prescription or standing order
- Allows for organizations to distribute naloxone to the public without a prescription. These organizations that distribute naloxone are required to register as a distribution entity with the Indiana State Department of Health

Amended in July 2017 to state-wide standing order. This means all pharmacies, once registered with the State Dept. of Health will have naloxone over the counter.





## Symptoms of opioid overdose

**Call 911 immediately** if a person exhibits any of these symptoms:

- Their face is extremely pale and/or feels clammy to the touch
- Their body goes limp
- Their fingernails or lips have a purple or blue color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

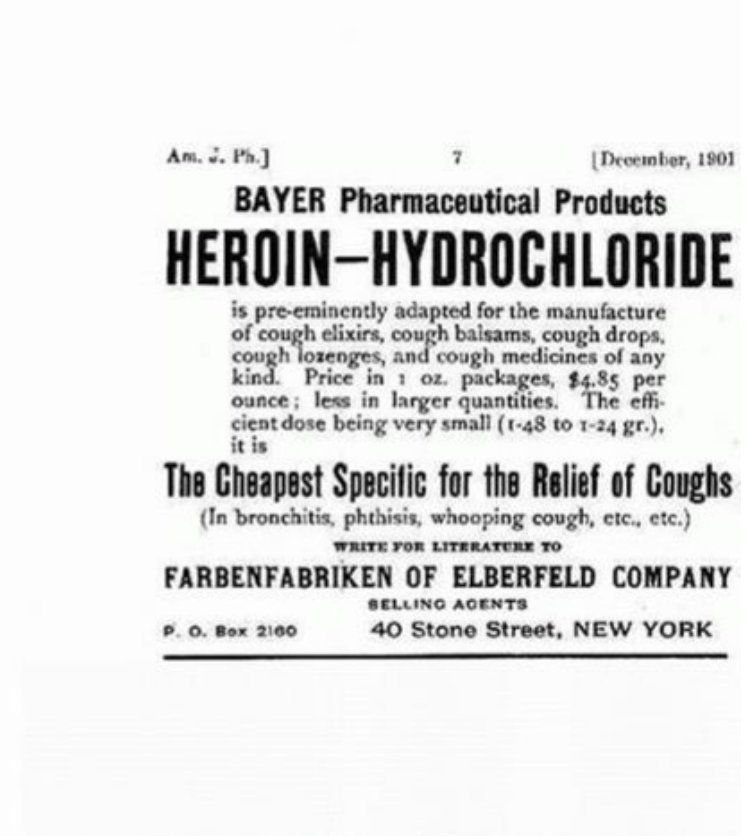
\*SAMHSA.gov

Naloxone is available without a prescription in IN through a Statewide Standing Order from the Health Department



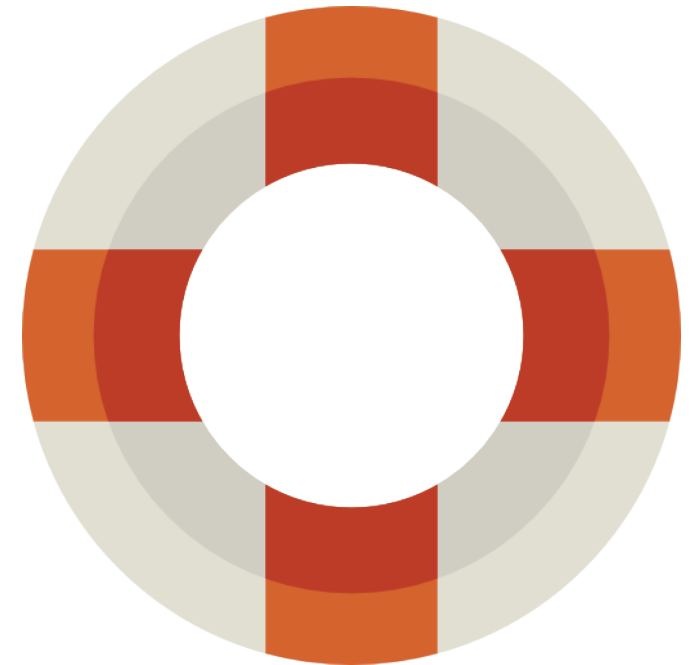
# Factors that increase heroin overdose risk

- Taking a larger than usual dose
- Switching between smoking and injecting heroin
- Using heroin with other substances (ex. alcohol or sleeping pills)
- Increase in heroin purity
- Using heroin while no one else is present
- Using heroin after not having used for a while



# Why use naloxone?

- No side effects
- Safe
  - Even if a person isn't overdosing on an opioid
  - Same concept as: CPR, AEDs, EpiPens
- Saves Lives
  - A life saved can be a life restored



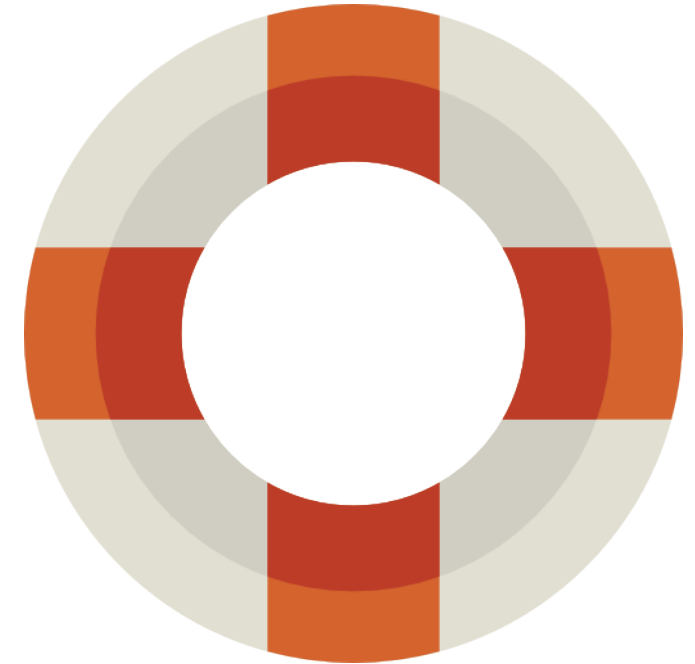
Naloxone Saves Lives



# You can save a life

## Naloxone works

- Between 1996 and June 2014
  - 152,283 laypersons trained
    - Provided similar training as you and given naloxone
  - 26,463 opioid overdose reversals
  - These numbers are likely under reported
  - In many overdose cases EMTs are not contacted
- **These are people just like you that saved a life**



Naloxone Saves Lives

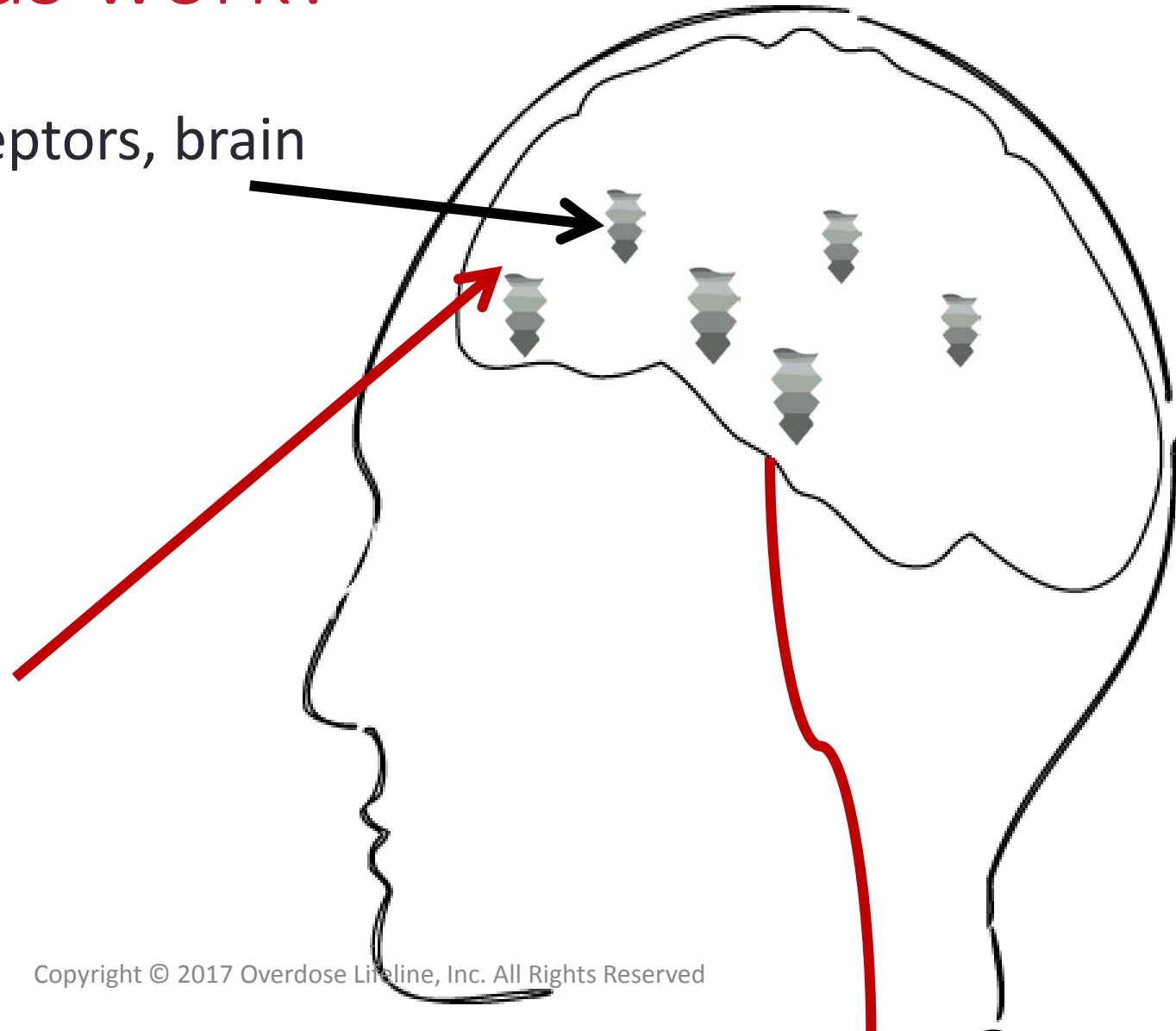




# How do opioids work?

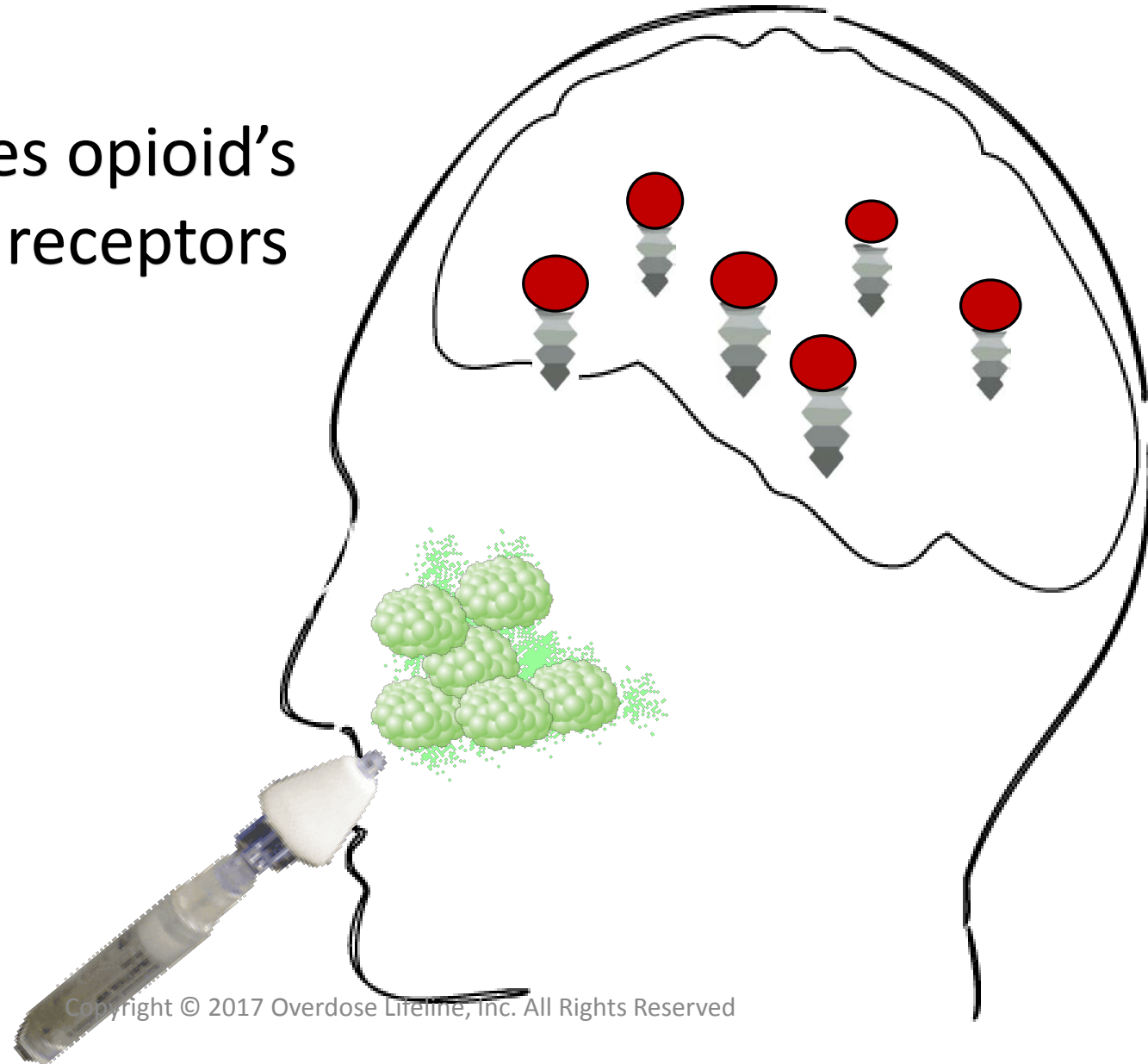
Opioid Receptors, brain

Opioid



# How does naloxone stop an overdose?

Neutralizes opioid's  
effect on receptors





# Myths: Why not to use naloxone?

- If those with substance use disorder know that Naloxone can save their life, they will abuse more drugs
  - Enabling
- Naloxone will keep people from seeking treatment
- People can be violent after receiving Naloxone
  - Less than 3%



# The truth about naloxone

Studies show a different result

- In a 2005 San Francisco, CA study, injection drug users received naloxone kits and CPR training
  - At 6 months follow-up (interview), no evidence of increased drug use
  - Found decreased heroin use among participants
  - Participants entering drug treatment increased from 35% to 60%
  - Even though the program did not promote reduction in drug use or drug treatment
- In a similar 2010 program in Los Angeles, CA
  - 53% of program participants reported decreased drug use at 3 months follow-up (interview)

Sources: Seal et al.  
Wagner et al.



# Start the conversation about opioids

Naloxone can help start the conversation about opioid use and addiction

- A 2016 Staten Island, NY study found that 99% of study participants (opioid users) would be more open with their healthcare provider about drug use history and relapse, if offered a naloxone rescue kit.
- No only can naloxone save a life, but it can start needed communication.



# Naloxone delivery devices



INTRAVENOUS – Healthcare / Hospital Settings



INTRAMUSCULAR

- Needle draw and injection
- Autoinjector (Evzio)



INTRANASAL

- Amphastar with MAD
- Narcan<sup>®</sup> Nasal Spray by Adapt



# Recovery position

## Overdose Recovery Position



1. tilt head back, lift chin to open airway

2. turn to one side, place hand against chin

3. bend knee against floor

4. tilt head back, check breathing

5. call emergency and wait till it arrives



# In an overdoses situation call 911

- EMTs are not contacted in ~20% of overdoses
- Overdose symptoms can continue depending on potency and duration of the opioid used
  - The effects of naloxone last for about an hour
  - Duration of certain opioids exceed the effects of naloxone
    - Methadone has an effect duration of 24 hr
    - Heroin is 6 – 8 hr



Source: Wheeler et al.





# Overdose Lifeline naloxone programs

As a registered entity with the state, Overdose Lifeline services:

**FIRST RESPONDERS:** Provides training and equips first responder personnel with naloxone across the state of Indiana.

[overdose-lifeline.org/first-responders](https://overdose-lifeline.org/first-responders)

**LAYPERSON:** Provides education, resources and works with communities and groups to set-up naloxone distribution and training events around the state of Indiana.

[overdose-lifeline.org/naloxone](https://overdose-lifeline.org/naloxone)





# General naloxone information

- Making naloxone available does NOT encourage people to use opioids more
- Naloxone acts as a bridge between the call to 911 and when help arrives to keep the person breathing
- Naloxone has no effect on persons not suffering an opioid overdose
- A repeat dose of naloxone may be administered if no response in 2-3 minutes
- Multiple doses have been needed in some cases due to the strength or dose of the opiate
- Storage: Do not expose to extreme temperatures (hot/cold)



# SOLUTIONS



# Solutions

## Treatment & Recovery 08

Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

## Harm Reduction 07

Reduce the harmful consequences associated with opioid use disorder and misuse.

## Reduce the Stigma of Addiction 06

Changing how we talk can remove the barriers for someone getting help with their disease.



## Education & Prevention 01

Understand the risks associated with opioid misuse, overdose and addiction. Support prevention education in grade school and high school.

## Safe Prescribing 02

Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.

## Manage Prescriptions 03

Manage your/your family's prescriptions. Safely store and dispose of your prescriptions.

## Data & Prescription Drug Monitoring 04

Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.

## Screening and Early Intervention 05

Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.



# Safe prescribing

Safe prescribing guidelines

Informed patient

Safe usage

For the Patient/Family:

<http://www.cdc.gov/drugoverdose/prescribing/patients>

For the Provider/Physician:

<http://www.cdc.gov/drugoverdose/prescribing/providers>





# Manage your RX pain medicine

Majority of youth get access to pain medicine from their family medicine cabinets

Storage – SECURE IT

Disposal – REMOVE IT

[http://www.in.gov/bitterpill/safe\\_storage](http://www.in.gov/bitterpill/safe_storage)



@verdose Lifeline, Inc.

I have  
learned that  
I will never  
be  
away



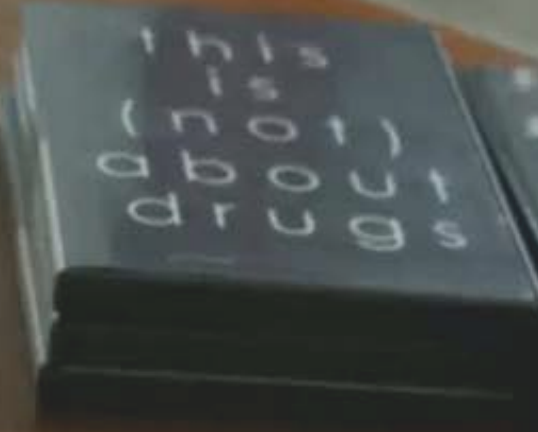
# THIS IS (NOT) ABOUT DRUGS

Prescription Pain Medicine (Opioids) and Heroin  
Prevention Education Program

OVERDOSE LIFELINE.ORG/EDUCATION

Prevention and education

[overdose-lifeline.org/education](http://overdose-lifeline.org/education)



# “This is (Not) About Drugs” Youth prevention program

The "This is (Not) About Drugs" prevention program is an outcomes-driven, science-based youth opioid prevention program - incorporating the NIDA principles, risk and protective factors - that can be rolled out anywhere in the United States.

Targeting students grades 6 – 12 designed to prevent the first use.

[education@overdose-lifeline.com](mailto:education@overdose-lifeline.com)

Kourtnaye Sturgeon 317 409 7256

[Overdose-lifeline.org/education](http://Overdose-lifeline.org/education)





# About the prevention education program

The "This is (Not) About Drugs" prevention program is an outcomes-driven, science-based youth opioid prevention program - incorporating the NIDA principles, risk and protective factors

- Targets students grades 6 – 12, adaptable for families, adults and other groups
- Designed to prevent the first use
- Flexible, fits to classroom and assembly/convocation settings
- Built for 45-minute time block, can expand for longer time periods
- Currently undergoing evidence-based review with Indiana University - Purdue University Indianapolis
- Presenter training and support for those wishing to deploy the program within their community or state





# Data and prescription drug monitoring



Improved reporting and data access regarding opioid prescribing and overdose rates and participation is a critical element in the multi-faceted solution approach.

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients. They monitor for potential abuse or diversion and can give critical information regarding a patient's controlled substance prescription history and identify patients at high-risk who would benefit from early interventions.



# Treatment and recovery





# Treatment and recovery



Substance use disorders and addiction are best managed with an appropriate combination of clinically-proven approaches to treatment and continuing care.

Treatment options will vary by individual and can include: medically managed withdrawal (detoxification), treatment to address other health problems, in-patient or out-patient settings, level and length of time, treatment for specific groups (age, gender, professions, etc.).

Initiative: Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.



# Treatment and recovery

- Continuation of Care Model / Treating a Chronic Disease
- Types:
  - Outpatient
  - Inpatient
  - MAT
- Questions to Ask
  - Length of stay
  - Transition to recovery residence
  - Insurance coverage
  - Family support





# Screening and early intervention



Early Intervention is critical for addressing substance misuse problems or mild disorders and to help prevent the development of more severe substance use disorders.

Substance use can be identified through screening and less severe forms of substance use will respond to brief physician advice and other types of brief interventions.



# There is so much more work to be done



*“ODL has so much work to do with our current harm reduction, prevention and education programs -- reaching more individuals and counties that are in need. As important, we have a specific “to do” list that addresses initiatives critical to reducing/managing this epidemic and helping those impacted. Our “to do” list needs to apply some of the proven, best practices learned from our colleagues in other states.”*

- Justin Phillips, Overdose Lifeline founder, from the White House Champions of Change recognition

[overdose-lifeline.org/donate](https://overdose-lifeline.org/donate)



# Volunteer with Overdose Lifeline



Overdose Lifeline, and those that we help, rely on the assistance of caring and hard-working volunteers and contributors. There are many ways to contribute to Overdose Lifeline's mission to support individuals and families affected by the disease of addiction and reduce the stigma associated with this chronic disease.

[overdose-lifeline.org/volunteer](https://overdose-lifeline.org/volunteer)

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# Information about our programs

## Prevention, Education and Training

Programs and training for businesses, communities, educators, families, healthcare, law enforcement, and more. Includes "This is (Not) About Drugs", an outcomes-driven, science-based youth opioid prevention program - incorporating NIDA principles, risk and protective factors.

[overdose-lifeline.org/education](https://overdose-lifeline.org/education)

## Naloxone Distributions

Aaron's Law (SEA-406) went into effect April 2015 providing increased access to naloxone. A statewide standing order was issued in July 2016 allowing an individual, family member or friend to visit an IN pharmacy without the need for a prescription. As a registered entity with the state, Overdose Lifeline services:

**FIRST RESPONDERS:** Provides training and equips first responder personnel with naloxone across the state of Indiana.  
[overdose-lifeline.org/first-responders](https://overdose-lifeline.org/first-responders)

**LAYPERSON:** Provides education, resources and works with communities and groups to set-up naloxone distribution and training events around the state of Indiana.  
[overdose-lifeline.org/naloxone](https://overdose-lifeline.org/naloxone)

## Lifeline for Loss

Monthly support group, facilitated by a licensed therapist, for parents and families recovering from an overdose loss.  
[overdose-lifeline.org/support-group](https://overdose-lifeline.org/support-group)





# Resources

Visit Overdose Lifeline website <http://www.overdose-lifeline.org>

Here you will find information on the opioid public health crisis, opioid overdose, where to get help, parent guides and more.



# Overdose Lifeline, Inc.

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[youtube.com/c/OverdoseLifeline](https://youtube.com/c/OverdoseLifeline)



[overdose-lifeline.org/events](https://overdose-lifeline.org/events)



[overdose-lifeline.org/donate](https://overdose-lifeline.org/donate)



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