

Compassionately Responding to Opioid Misuse & Overdose

A Community-Based Approach

Your Educators:

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THE ADDICTION & OVERDOSE CRISIS

ROOTS OF AN EPIDEMIC

Bias
Myths
Silence
Shame
Stigma
Availability
Access
Ideology over science
Limited research
Silos
Lack of education and awareness
Prejudice

Corruption
Voicelessness
Poverty
Oppression
Inequality
Racism
Poor quality of care
Unbalanced financial allocation
Government complacency
Greed
Ignorance
Hate



A Fate No One Deserves

ONE FAMILY'S RESPONSE TO TRAGEDY

OUT OF IGNORANCE

Education, advocacy, and access

OUT OF SHAME

De-stigmatization and support

OUT OF HEARTBREAK

Passionate activism

OUT OF INJUSTICE AND ANGER

Justice and dignity



ABOUT L4L

VISION

A world in which we prevent substance use disorder when we can and offer compassionate support to reduce harms among individuals, families, and communities when we cannot.

MISSION

Live4Lali works to reduce stigma and prevent substance use disorder among individuals, families, and communities, and minimize the overall health, legal and social harms associated with substance use.

NOTABLE TRENDS

- Fentanyl laced into most street-purchased drugs (not just heroin)
- WHO reported 1 in 20 people die from alcohol globally (88,000 U.S. deaths annually)
- Many evidence-based medications not utilized in treatment programs
- Illinois prescriber rates ranked low compared to other states
- Neonatal abstinence syndrome is on the rise, an unmet need
- Most emergency departments do not have best practice protocols for drug-related visits
- No regulations on recovery homes, but many, many restrictions to populations seeking a sober living environment

WHAT STATES CAN DO TO HELP

Treatment

Expand treatment for those with opioid use disorder, especially utilizing Medication-Assisted Treatment (MAT) which would lower crime and save taxpayer money.

Ensure that MAT is covered by Medicaid.

WHAT STATES CAN DO TO HELP

Overdose Prevention

Increase access to naloxone.

WHAT STATES CAN DO TO HELP

Enhance Drug Courts

Ensure that state-funded drug courts are following evidence-based practices as is required with federally funded drug courts, especially the inclusion of MAT.

WHAT STATES CAN DO TO HELP

Syringe Access Programs

Increase the availability of syringes and knowledge of syringe access laws and harm reduction practices in Illinois.

WHAT STATES CAN DO TO HELP

Address Opioid Prescribing

As the strongest risk factor for heroin addiction, we must decrease addiction to prescription opioid painkillers

FOCUS AREA GOALS

EDUCATION

Increase knowledge of drug trends, substance use disorder, and harm reduction through educational programs for the general public, people who use substances, impacted families, and professional groups.

ADVOCACY

Influence the public and private sectors regarding: (1) substance use disorder treatment, (2) harm reduction strategies, (3) drug policy reform by amplifying the needs, voices and experiences of impacted individuals, families, and communities.

PEER-TO-PEER SUPPORT

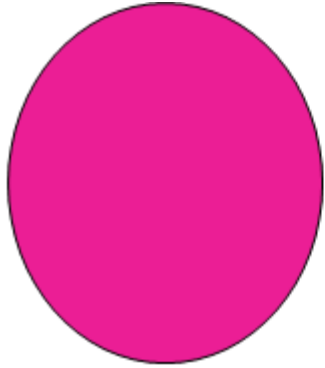
Assist impacted individuals and families through services that increase social support, enhance resilience, and strengthen positive and behavioral change.

HARM REDUCTION

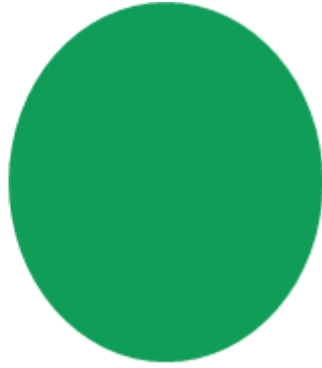
Promote health and harm reduction at the individual, family and community levels.

OUR PROGRAMS

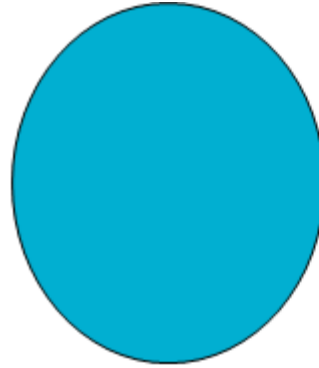
FOUR PILLARS FOR IMPACT



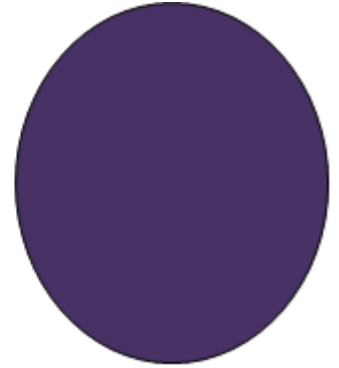
Education



Advocacy



Peer-to-Peer
Support



Harm
Reduction

EDUCATION



MENTAL HEALTH AND SUBSTANCE USE

Audiences: youth, parents, community, professionals

- Current, relevant, real and multi-dimensional presentations
- Science-focused, evidence-based theories utilized
- Broad, customizable and comprehensive educational approach
- Forums, panels, trainings, assemblies, and workshops provided
- Featuring testimonials from subject matter experts and impacted individuals





EDUCATION

Digital, Media & Awareness

- Active digital marketing presence provides quick access to information
 - Two podcasts launched in 2018
 - Strong media relationships brings attention to programs and services
 - Speaking at conferences and community events provides face-to-face engagement and broadens our message/brand
 - Annual Overdose Awareness Day Vigil & Rallies brings out hundreds
-



- We are proud to have assisted in the development and implementation of state and federal legislation including but not limited to:
 - 911 Good Samaritan Overdose Acts
 - Naloxone Access and Distribution Laws
 - Heroin Crisis Act/Lali's Law
 - Social Hosting Laws
 - Criminal Justice Reform
 - Addiction and Recovery Services
 - Harm Reduction Access
 - Decriminalization
 - Syringe Access

HARM REDUCTION



HARM REDUCTION



Goals:

- Reduce the spread of infections such as HIV & Hepatitis C
- Reduce risky drug use
- Prevent drug overdose deaths
- Provide practical drug education
- Increase user's contact with services and treatment

Outreach Strategies:

- Medication-assisted treatment (MAT) access
- Needle and syringe exchange/access
- Overdose reversal kits (Naloxone/Narcan)
- Information distribution
- Peer outreach
- Drug policy reform
- Piloting/researching safe consumption facilities

PEER-TO-PEER SUPPORT



COMMUNITY RECOVERY CENTER

Run by staff and volunteers, the CRC is designed to eliminate a barrier to support, safety and services. If we cannot serve someone's needs in-house, we will connect them with a source that can. Hours can be found at [Live4Lali.org](https://www.Live4Lali.org)

- Recovery meetings and support groups for grief, coping, crisis and beyond
- Workshops and seminars
- Naloxone training and supplies
- Education and treatment navigation



PEER SUPPORT

Pathways to Recovery

- SMART Recovery
 - SMART Recovery Friends & Family
 - Refuge Recovery
 - Substance-Related Grief Support
 - Angel Mom's Network
 - Online Sibling Grief Support
-

ELEVATOR SPEECH

- Tells the story of who we are in 30 seconds
- Problem: stated as an engaging question
- Feature: the physical traits or description of what we do
- Benefit: a feature translated into a member's or client's satisfaction
 - What do the members or clients get because of what we do?
- Metaphor: a comparison that can be funny or startling, to make our work familiar and memorable

OPIOID OVERDOSE PREVENTION & REVERSAL

Overdose Responder Administration Training



192

**The number of Americans who will die
today from a drug overdose. (70,080+ in 2017)**

2,086

**The number of Illinoisans who
died from an accidental drug overdose in 2018.**

68,500

Approximate number of overdose deaths in 2018.

Two Thirds

The number of opioid-related overdoses in 2018.

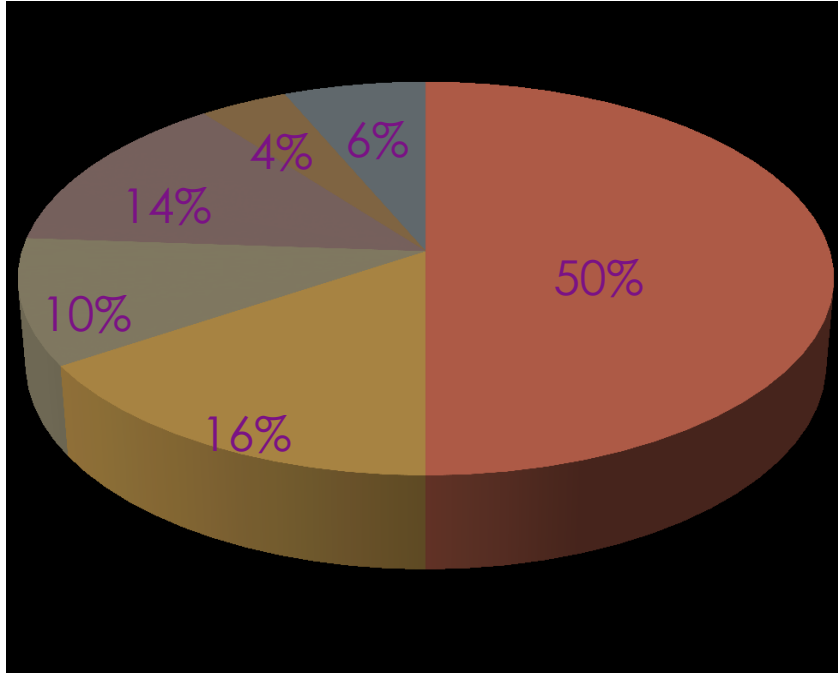
LEARNING OBJECTIVES

- Understand what opioids are and how they work
- Identify the signs of an opioid overdose
- Obtain baseline understanding of the opioid overdose epidemic
- Harm reduction
- Become familiar with overdose prevention and policies
- Learn how to respond and reverse an opioid overdose
- Naloxone Facts: How, What, Where, and When

THE SCOPE OF THE PROBLEM

Lesson 1

YOUTH OPIOID USE



- Obtained free from friend or relative
- Prescribed by one doctor
- Bought from friend or relative
- Took from friend or relative without asking
- Got from drug dealer or stranger
- Other

SNAPSHOT

- Prescription narcotics are the 4th most commonly misused drugs by teens (after tobacco, alcohol and marijuana)
- Young adults between the ages of 18-25 misuse prescription medications more than any other age group.
- There are more overdose deaths in the US than deaths from car accidents and gun violence.

239,000

the number of adolescents aged 12-17 who report prescription narcotic misuse.

1 out of 8

high school seniors reported non-medical use of prescription opioids

191 million+

Prescriptions written in 2017

Equals 58.7 prescriptions per 100 people in 2017

ILLINOIS

- **The Chicago Metropolitan Area ranked first in the nation for emergency room visits associated with overdose or substance related health concerns.**
- **However, Illinois ranked first in the US for decrease in treatment — a 52% decrease in just 5 years.**
- **Illinois disposed of 43,408 pounds of unused prescription drugs in 2017 - which made up 21% of the national total.**

STATISTICS

- **80% of people who use heroin began misusing prescription opioids first**
- **The Midwest experienced a 70% increase in opioid overdoses from July 2016-September 2017**
- **16 states experienced a 54% increase in opioid overdoses in their large cities**
- **In 2009 heroin was involved in 213,118 ER visits**
- **In 2014 22.5 Million people (12+) needed treatment for a substance use disorder**
 - **only 4.2 million of those people received treatment (18.5%)**

WHY PEOPLE DON'T CALL 911 DURING AN OVERDOSE

- **Fear of engaging with law enforcement**
 - Getting arrested
 - Charged with drug possession or drug-induced homicide
- **Lack knowledge on overdose or denial an overdose is occurring**
- **Aware an overdose is occurring but opt to use a home remedy instead**
- **Calling 911 is estimated to occur only 10-56% of the time**

LEGISLATIVE SUPPORT FOR OVERDOSE PREVENTION

Lesson 2

911 GOOD SAMARITAN LAW

Also called “Emergency Medical Services Access Act: Public Act 097-0678”

What does this law do?

The overdose victim and the individual calling for help cannot be charged with possession for small amounts of illegal drugs when calling 911 or taking someone to an emergency room for an overdose.

What is considered a small amount of drugs?

Possession of up to 3 grams or less of heroin or cocaine and less than one gram of methamphetamine would be immune from prosecution.

Are there any drugs that are not covered under this law?

Yes. Marijuana (cannabis) is not covered under this law. If you are in possession of cannabis, this law will not protect you from prosecution. All other drugs are covered under this law, but drug weight restrictions apply.

911 GOOD SAMARITAN LAW

Who gets protection from prosecution? Everyone involved at the scene or just the caller?

Only the caller and the overdosing person receive protection. The law does NOT provide immunity to other individuals at the scene. It does not provide immunity to people who sold or gave the drugs to the overdosing person.

Does the law's immunity apply to an alcohol overdose that involves a minor?

Yes.

Does the law always apply if the person dies from the overdose?

It depends. As long as the caller sought medical attention for the overdosing person in good faith - meaning the 911 call was placed when the person was alive - the caller will still receive immunity from possession charges. However, if the caller is the person who gave or sold the victim the drugs that led to the overdose, the caller could be charged with drug-induced homicide if the person dies. In that case, the fact that the person tried to get medical help may be used by the judge as a condition for getting a shorter sentence.

ILLINOIS PUBLIC ACT 096-0361

In summary, the law supports the following related to NALOXONE:

- Naloxone administration as a standard tool
- Naloxone use in an emergency/overdose scenario
- Naloxone training for all persons (non-health care professionals)
- Elimination of fear of liability or punishment in the event of use

OPIOIDS, OPIOID USE DISORDER, AND THE BRAIN

Lesson 3

OPIOID USE DISORDERS (OUD)

- “Occurs when the recurrent use causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.” (SAMHSA)
- Symptoms:
 - Strong desire for opioids or unsuccessful efforts to cut down use
 - Inability to control or reduce use
 - Continued use despite interference with major obligations or social functioning
 - Important social, recreational, or occupational activities are given up or reduced due to use
 - Use of larger amounts over time
 - Recurrent opioid use in situations that are physically hazardous
 - Continued use despite knowledge of having physical or psychological problems that is likely caused or exacerbated by opioids
 - Craving or experiencing a strong urge to use opioids
 - Development of tolerance
 - Spending a great deal of time to obtain and use opioids
 - Withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

WHAT IS ADDICTION?

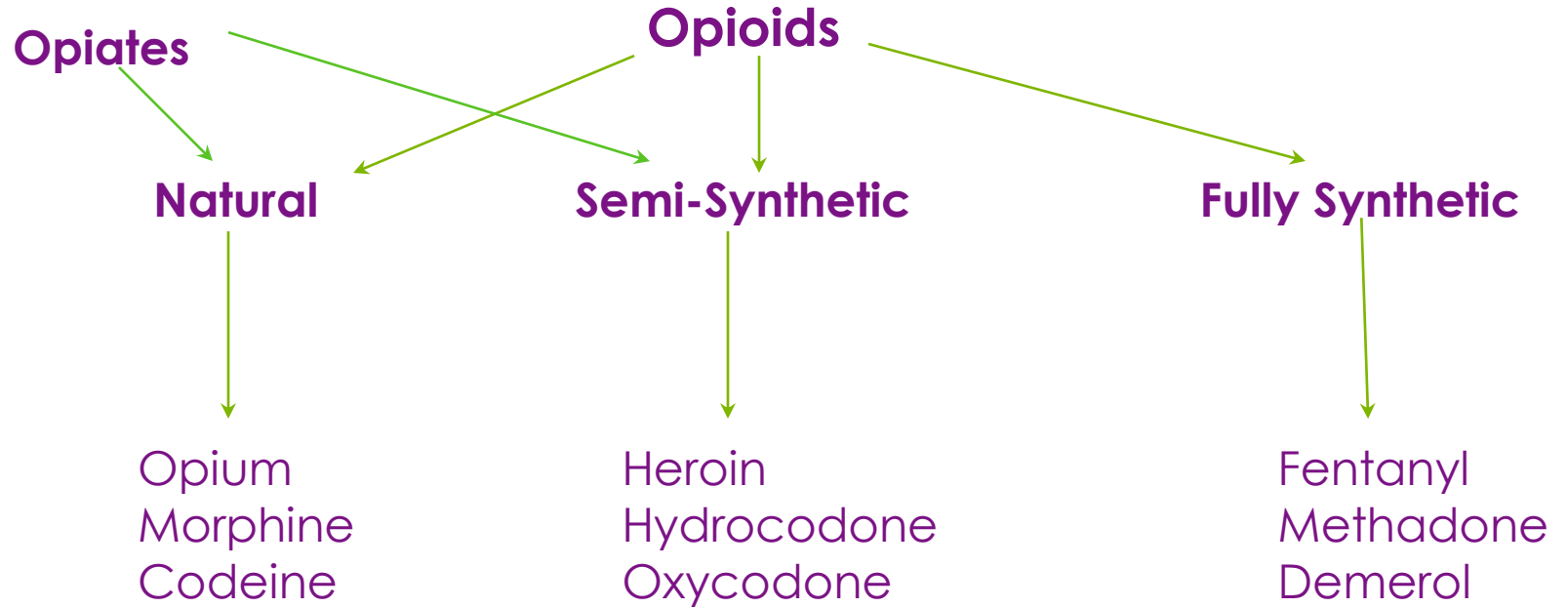


WHY DO PEOPLE TAKE DRUGS?

- **INITIALLY: TO FEEL GOOD (“Liking”)**
 - To have novel feelings, sensations and experiences, and to share them
 - To withdraw from problems or escape emotional and/or physical pain.
 - To self medicate anxiety, depression, or hopelessness
- To follow advice of a physician who prescribes an opioid to control pain. 8% of people who ingest an opioid will go on to become dependent after one dose.
- **EVENTUALLY: TO AVOID WITHDRAWAL (“Wanting”)**

OPIOID BASICS

- Opioids are sedative narcotics
- Opioids are used primarily in medicine to treat pain
- Opioids may induce euphoria; some users feel warm, drowsy, and content
- There are non-prescription opioids (ie. Heroin) as well as prescription opioids.
- Opioids vary in duration of action and time to metabolize out
- Duration of action and potency are influenced by means of ingestion
- Opioids are depressants and at high doses or blood levels can suppress the urge to breathe.



OPIOID BASICS

Opioids vary in duration of action. Potency refers to the magnitude of effect. This varies based on drug type, method of ingestion and quantity used.

Drug	Duration	Potency
Methadone	24hr	++++
Heroin	6-8hrs	+++++
Oxycontin	3-6hrs	+++++
Codeine	3-4hrs	+
Demerol	2-4hrs	++
Morphine	3-6hrs	+++
Fentanyl	2-4hrs	+++++ +++++

FENTANYL FACTS

- Fentanyl is a synthetic opioid 50-100 times more potent than morphine
- Most fentanyl is illegally manufactured
- Increases in overdose have been associated with synthetic opioids, primarily fentanyl
- Fentanyl analogs: acetylfentanyl, furanylfentanyl, and carfentanil
 - More or less stronger than fentanyl
- Fentanyl can be mixed into other drugs like heroin and cocaine or pressed into counterfeit pills.
- In 2016, fentanyl was responsible for almost 50% or 19,413 of the opioid-related deaths

HOW DO OPIOIDS AFFECT THE BRAIN & THE BODY?

- **Opioids attach to specific proteins called opioid receptors. They reduce the perception of pain, but not pain itself.**
- **Opioids can produce drowsiness, mental confusion, nausea, constipation, and can suppress respiration causing an overdose.**
- **Opioids affect the brain's reward region, creating a sense euphoria.**

DEPENDENCE VS TOLERANCE

Dependence:

The need to continue ingesting a drug to avoid withdrawal and loss of desired effect

- Beta Blockers to Control Blood Pressure
- Prescription Opioids and Heroin

Tolerance:

A) The need to take increasingly higher quantities of a drug to achieve the same effect

-OR-

B) Taking the same dose of a drug for a long time leads to a diminished effect

BEHAVIORS ASSOCIATED WITH SUBSTANCE USE DISORDER, DEPENDENCE, AND TOLERANCE

- Taking medications more frequently or at higher doses than prescribed
- Compulsive drug seeking and use despite harmful consequences
- Ingesting drugs in ways other than directed, such as crushing, snorting, or injecting
- Frequent reports of lost or stolen prescriptions
- Doctor shopping
- Using multiple pharmacies

SUBSTANCE USE DISORDER RISK FACTORS

- **Genetics - 50-70% of opioid use disorder is hereditary**
- **Family history**
- **Chemical imbalance**
- **Underlying mental health disorders**
- **Medical conditions and/or hormonal changes**
- **Illness that is life threatening, chronic, or associated with pain**
- **Traumatic Brain injury**

SUBSTANCE USE DISORDER RISK FACTORS

- Environment
- Biology
- Learned behavior
- Exposure to stressful life events/abuse/trauma
- Availability of the drug
- Drug Characteristics
 - Duration of Action
 - Potency
 - Means and frequency of Ingestion

CO-OCCURRING DISORDERS AND SUBSTANCE USE DISORDERS

- **Drug use can cause a person to experience one or more symptoms of another mental disorder**
 - Ex. The increased risk of psychosis in some people who use cannabis has been offered as evidence for this possibility
- **A mental disorder can lead to a substance use or a substance use disorder**
 - Individuals with mental disorders may use drugs as a form of self-medication
- **Substance use or a substance use disorder can lead to a mental disorder.**

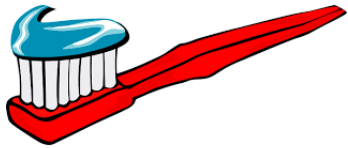
CO-OCCURRING DISORDERS

- 7.9 million adults in the United States had co-occurring disorders in 2017.
- People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder.
- Difficult to diagnose due to:
 - Complexity of symptoms
 - One disorder is treated, while the other remains untreated
 - Both mental/substance use disorders can have biological, psychological, and social components.
 - Inadequate provider training or screening
 - An overlap of symptoms
 - Other health issues need to be addressed first.
- The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.
- People with co-occurring disorders are best served through integrated treatment where practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes.

HARM REDUCTION

Lesson 4

WHAT IS HARM REDUCTION?



WHAT DOES HARM REDUCTION LOOK LIKE IN SUBSTANCE USE?

- **Disposing unused medication**
- **Medication lock box**
- **Fentanyl test strips**
- **Safe injection supplies**
- **Rotating veins**
- **Sharp containers**
- **Naloxone**

FENTANYL TEST STRIPS



HOW TO USE FENTANYL TEST STRIPS



OPIOID OVERDOSE RISKS

- Previous experience of non-fatal overdose
- Combination of opioids with other sedating and or stimulating drugs (alcohol, benzodiazepines, cocaine, etc.)
- Variation in purity/content of 'street' drugs
- Relapse after prolonged abstinence thus lowering tolerance ie; after long recovery w/o relapse; immed. after jail/inpatient
 - Most people attempt abstinence without medication assisted treatment; on avg. requires 9 years/4 treatments to enter remission

INCREASED RISK FOR OPIOID OVERDOSE

- Using while alone
- Poor physical health (liver disease, weight loss, smoking, etc.)
- Transient living – new dealers/new product
- Switching to injecting from sniffing or swallowing
- Ingesting opioids for long-term management of chronic cancer or noncancer pain
- Low tolerance, just coming out of jail, treatment, and or abstinence

SIGNS OF OPIOID INTOXICATION

- Pinpoint Pupils
- Nodding (but arousable)
- Sleepy, intoxicated, but breathing (8 or more times per minute)
- Slurred speech
- Scratching skin



NEXT STEPS: Stimulate & Observe

SIGNS OF OPIOID OVERDOSE

- Pinpoint Pupils
- Not arousable (does not respond to sternal rub or painful stimuli)
- Breathing slow or stopped
- Choking/gurgling/snoring sounds
- Slow, erratic or no heartbeat
- Cold or clammy skin
- Blue lips or nails



NEXT STEPS: Rescue Breaths & Administer Narcan

**When a person
survives, it's because
someone was there to
respond.**

NALOXONE'S ROLE IN OPIOID OVERDOSE

- Between 1996-2014 there was 26,500 reported opioid overdoses reversed by laypeople
- Giving naloxone to patients on opioid therapy for chronic pain was associated with less ER visits
- From 2013-2016 EMS encounters involving naloxone administration increased almost 250%
 - 1,697 encounters during a 3 month span in 2013 → 4,169 encounters in a 3 month span in 2016

RESPONDING TO AN OVERDOSE

Lesson 5

NALOXONE / NARCAN

- Referred to as the opioid antagonist, opioid overdose antidote, opioid reversal medication
- *Temporarily* allows an overdose victim to breathe normally.
 - Onset of action: 0-3 minutes
 - Duration of effect: 30-60 min
- Counteracts life-threatening effect of opioids to suppress drive for breathing initiated by the brainstem. Dose can be repeated.
- Will not make a person feel high. Naloxone can neither be misused nor cause overdose.
- Is only effective for ingested opioids. Shows no benefit for other drugs
- Will have zero effect if no opioids are ingested.

RESPONDING TO OPIOID OVERDOSE

“Scare me”

Stimulation

Call 911

Airway

Rescue breathing

Evaluate the situation

Mucosal-Nasal Injection
or Muscular Injection

Evaluate again

Step 1: Stimulate

Can you wake the individual?

Do they respond to sternal rub?

Step 2: Communicate with EMS

If no response, delirious, or altered state communicate with EMS for support and assess for pulse

Step 3: Airway & Rescue Breathing

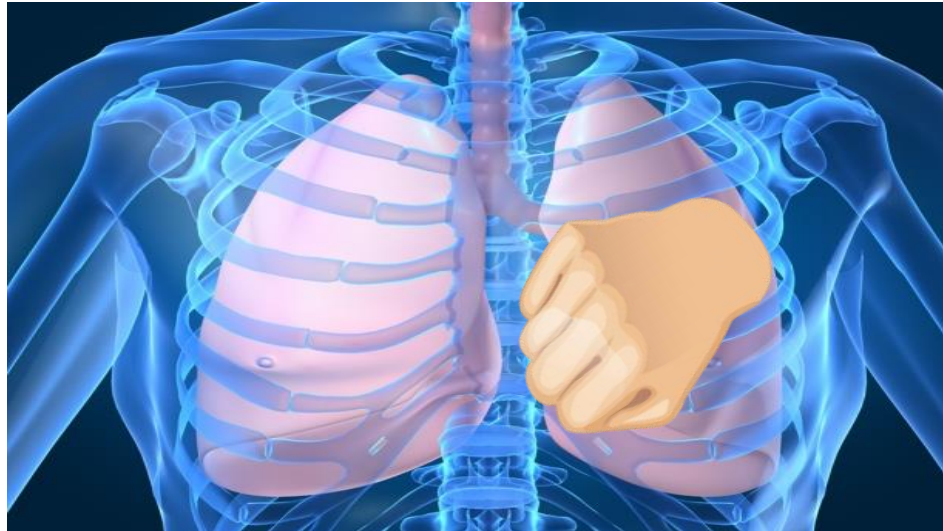
If reduced or no breathing, perform rescue breathing.



STEP 1: STIMULATE THE PERSON

STERNAL RUB

- Rub your knuckles on the person's sternum and under the nose. Do not punch, kick or slap them



STEP 2: IF NO RESPONSE

If no response to painful stimulation:

- Call 911
- Try to remain calm



STEP 3: RESCUE BREATHING

If breathing is reduced (less than 8x per minute) or non-existent perform rescue breathing:

1. Roll the victim on their back
2. Open the victim's mouth check to see that there is nothing that can block the airway. If any food or debris is inside the mouth, remove it with your finger.
3. Place hand under the victim's chin and lift to open the airway. Be ready to turn the head to protect the airway if they vomit.
4. Perform 2 rescue breaths

STEP 4: NALOXONE INTERVENTION

Continue the rescue breathing pattern until...

- The victim starts to breathe on their own

If rescue breathing unsuccessful...

- Administer Naloxone
- Continue rescue breathing, reassess, administer additional Naloxone dose
 - continue until patient responds, or EMS arrives.

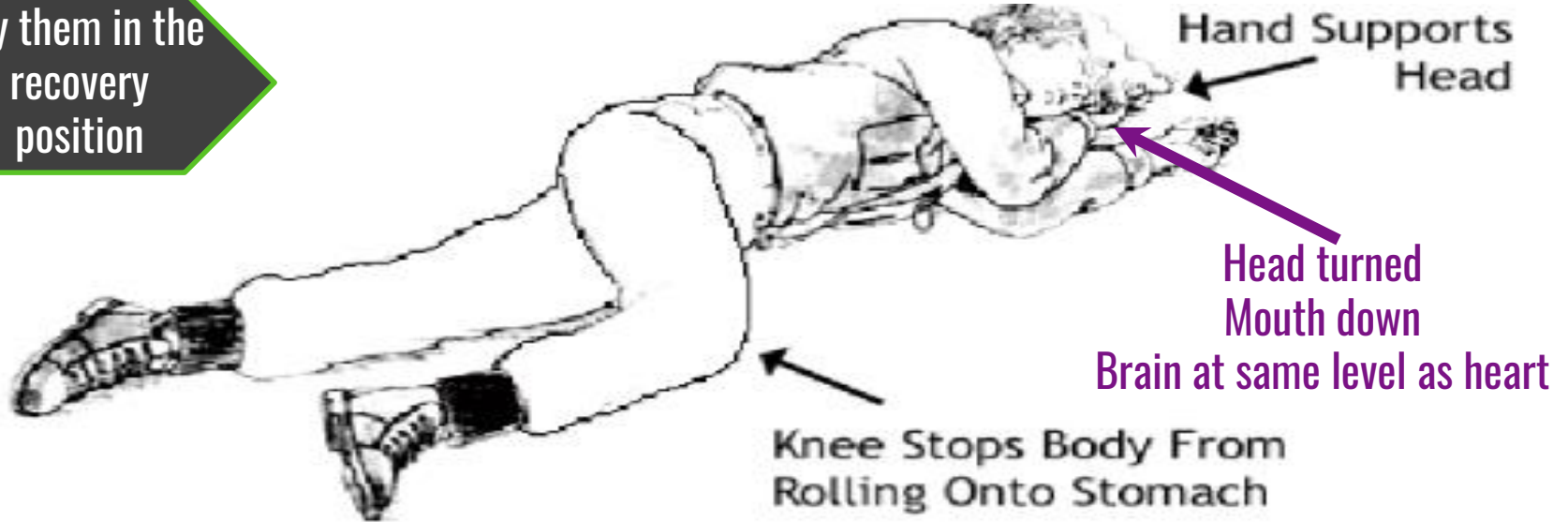
AFTER ADMINISTERING NALOXONE

- **Naloxone takes effect within 3 minutes.**
- **After injection, or nasal spray, continue rescue breathing**
- **If there is no change in about 30 seconds, administer another dose of naloxone and continue to breathe for the person.**
- **If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, non-opioid drugs are the primary cause of overdose (even if they have also taken opioids), or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).**
- **Continue administering naloxone and giving rescue breaths until EMS arrives**

STEP 5: EVALUATE AND SUPPORT

Recovery position, monitor, and support

Lay them in the
recovery
position



STEP 5: EVALUATE AND SUPPORT

Coming off naloxone

- Support is needed!
- Using again will make the overdose worse when the naloxone wears off.
- If you can, support the person as they deal with the discomfort, the naloxone will wear off and the withdrawal will fade.
- Find out what the individual took. Opioids that last longer have longer lasting overdoses. (ie. heroin may last 6-8 hours).

REVIEW OF STEPS TO TAKE

1. Check for breathing;
2. Provide stimulation (sternal rub) to arouse a person;
3. If person does not respond, and is not breathing, provide rescue breathing;
4. Administer naloxone and monitor for a response;
5. Provide ongoing support and monitoring to the individual who has overdosed;
6. Other interventions as indicated; and
7. Completing naloxone administration records.

PROPER STORAGE

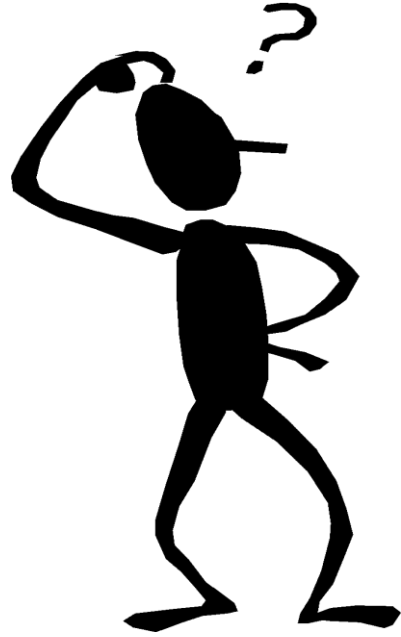
- **Naloxone Auto-injectors must be kept between 59 and 86 degrees (do not leave it in a car, especially during hot or cold seasons)**
 - **Narcan Nasal Spray must be kept between 59-77 degrees**
 - **Naloxone vials must be kept between 68-77 degrees**
- **Naloxone is light sensitive, keep out of direct light**
- **As with any medications, KEEP AWAY FROM CHILDREN**
- **If kept in perfect conditions, naloxone will be effective beyond the expiration date.**

PROPER DOCUMENTATION

- If Naloxone is administered, Live4Lali reports back to the state, explaining its use and the outcome.
- Live4Lali must submit a form to the State of Illinois within 5 business days of use; therefore please let us know of an overdose reversal within 24 hours. You may contact **Laura Fry** at laura@live4lali.org
- or **844-584-5254 x803**.

HOW TO USE DIFFERENT TYPES OF NALOXONE





Questions?