



Overdose Risk Reduction and Naloxone

Tuesday, July 16, 2024



Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



NATIONAL MINORITY HEALTH MONTH

Be the Source for Better Health: Improving Health Outcomes Through Our Cultures, Communities, and Connections

Providing quality, equitable, and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, economic and environmental circumstances, and health literacy levels leads to better health outcomes for racial and ethnic minority and AI/AN populations.



<https://minorityhealth.hhs.gov/>



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Rahmad Perry

Health Education Specialist



CRIHB

The California Rural Indian Health Board, Inc.





Disclosures

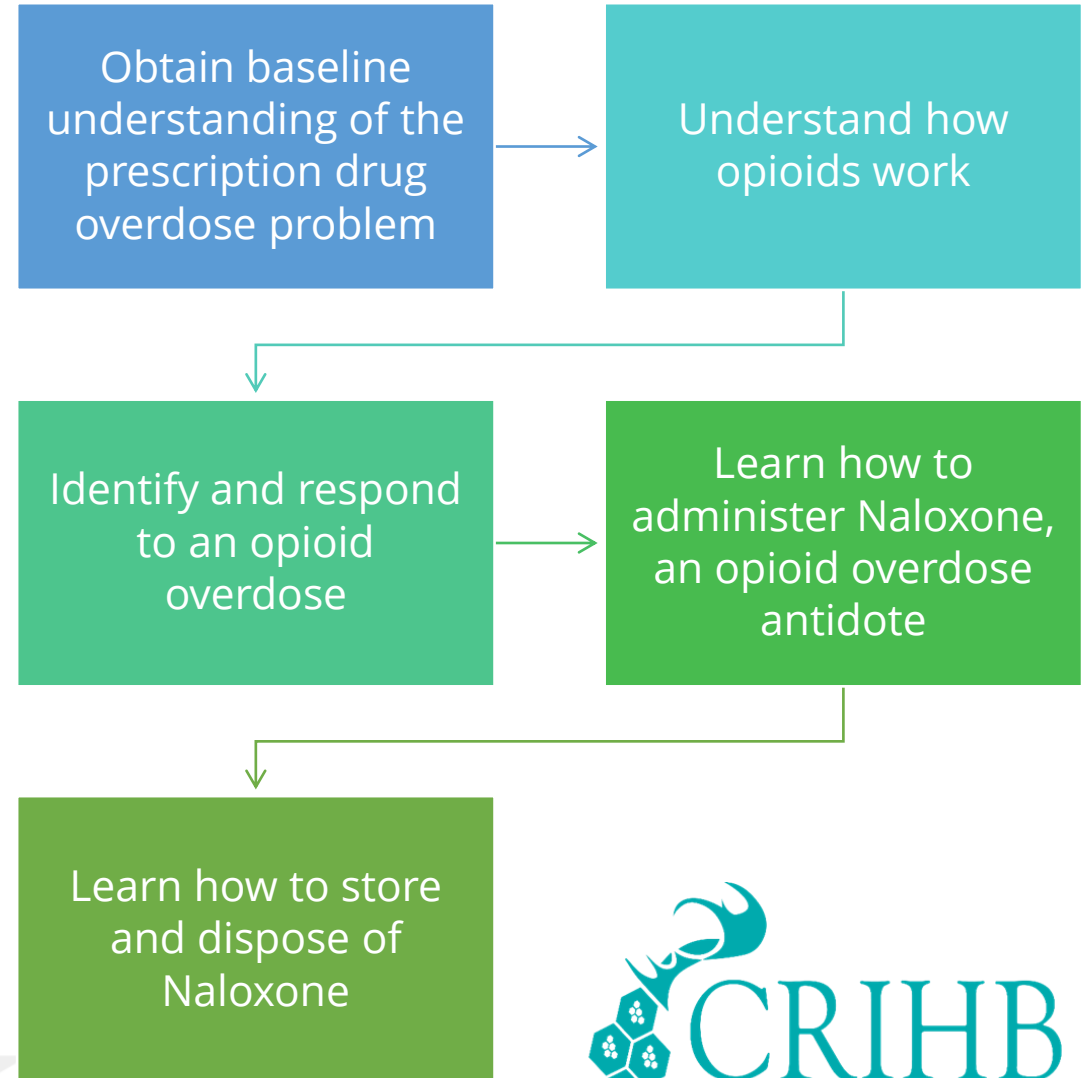
FACULTY DISCLOSURE

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
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All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.

Objectives





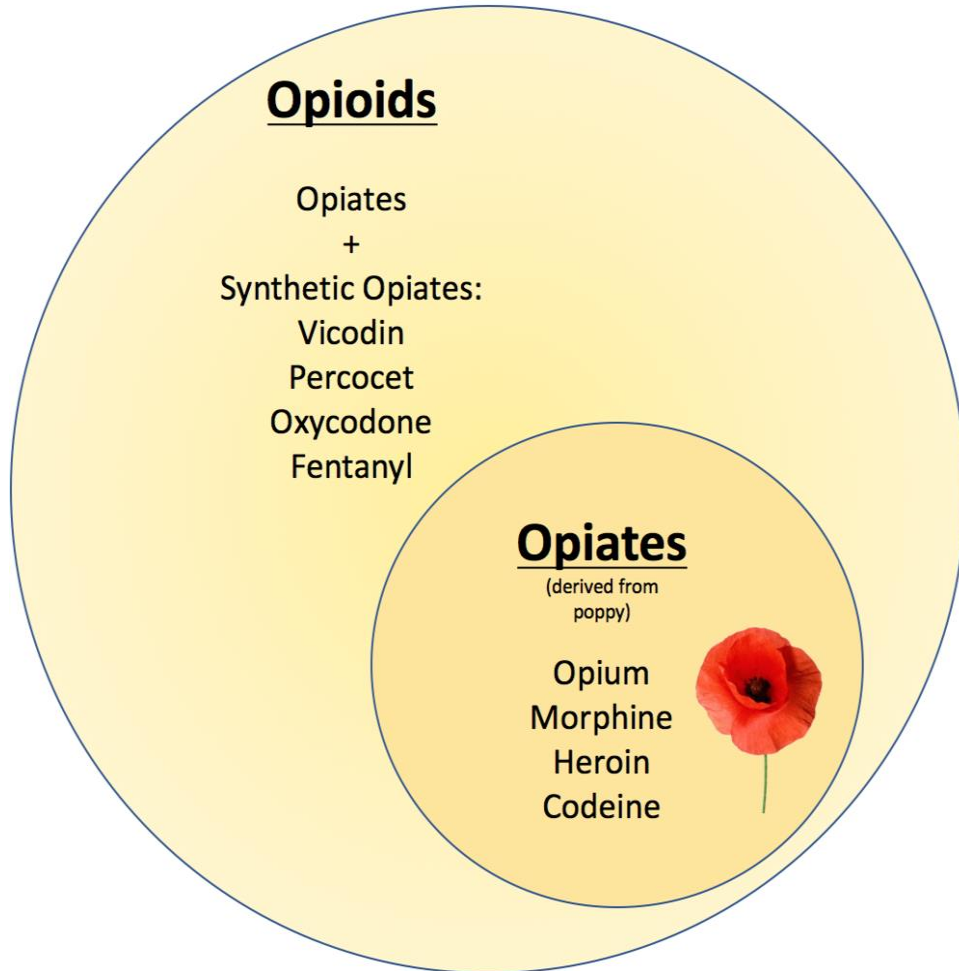
What are Opioids?

What is an Opioid?

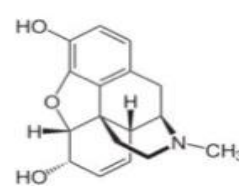
- “Opioids [including opiates] are a type of drug that comes from the opium poppy or are synthetically made by a drug company. Opioids can be illegal (heroin) or by prescription (painkillers). They are prescribed for pain management (OxyContin, Percocet) or addiction treatment (methadone, buprenorphine).” (Overdose Prevention & Education Network, n.d.)



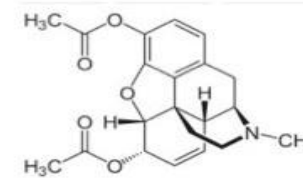
Opiates Are a Subset of Opioids



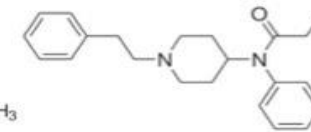
- Retrieved from <https://m.irontribune.com/2018/04/30/opioid-crisis-opioids-can-be-natural-or-man-made-substances/>



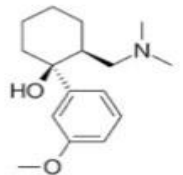
MORPHINE
Opioid
Opiate
(Occurs naturally)



HEROIN
Opioid
Opiate
(Synthetic)



FENTANYL
Opioid
(Synthetic)




TRAMADOL
Opioid
(Synthetic)



Retrieved from <https://m.irontribune.com/2018/04/30/opioid-crisis-opioids-can-be-natural-or-man-made-substances/>

How do Opioids Work & Factors That Affect Drug Processing



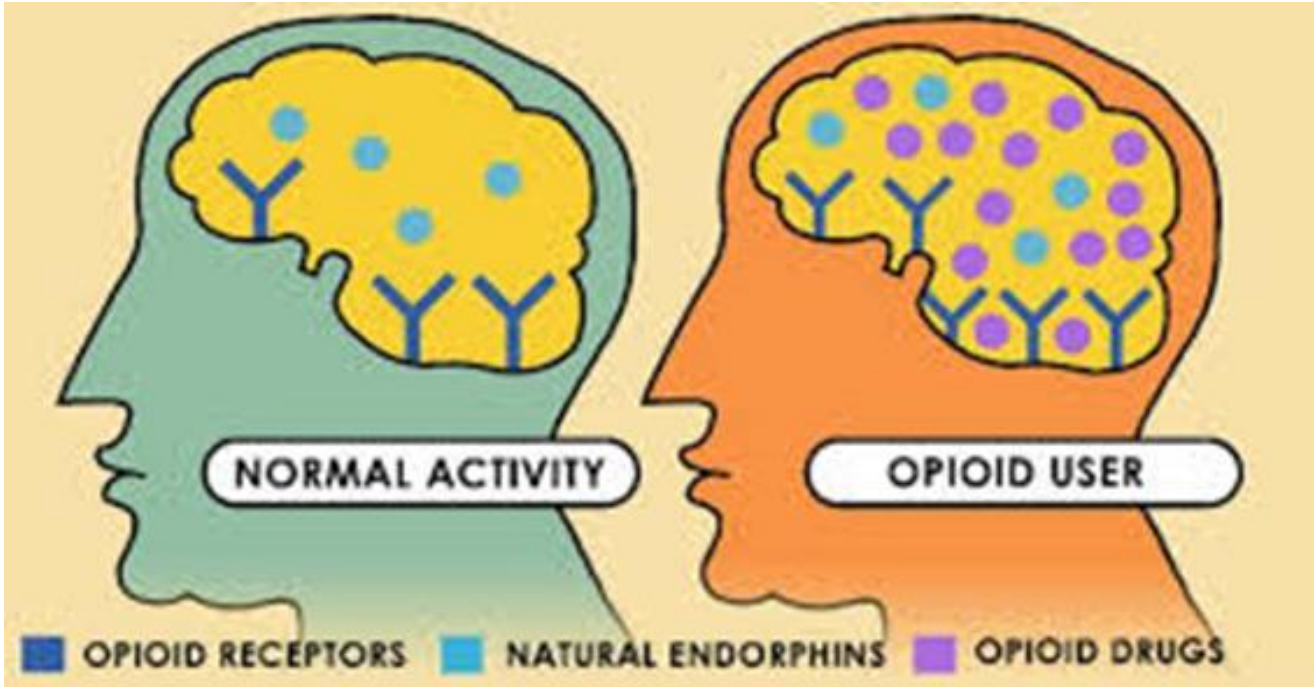
Factors That Affect Drug Processing

- metabolism rate
- body mass and weight
- body fat content
- liver and kidney health
- age
- how often and heavy of use
- quality of the drug
- amount of water in the body

.....▶ Opiates that are consumed orally take longer to leave the body than those

.....▶ that are injected such as heroin

How Do Opioids Work?



Your synapse with OPIATES

- An opiate binds to an opiate-receptor on the presynaptic neuron.
- Opiate binding initiates a cascade of neurochemical activity (not shown).
- This activity signals a massive efflux of dopamine into the synaptic cleft.

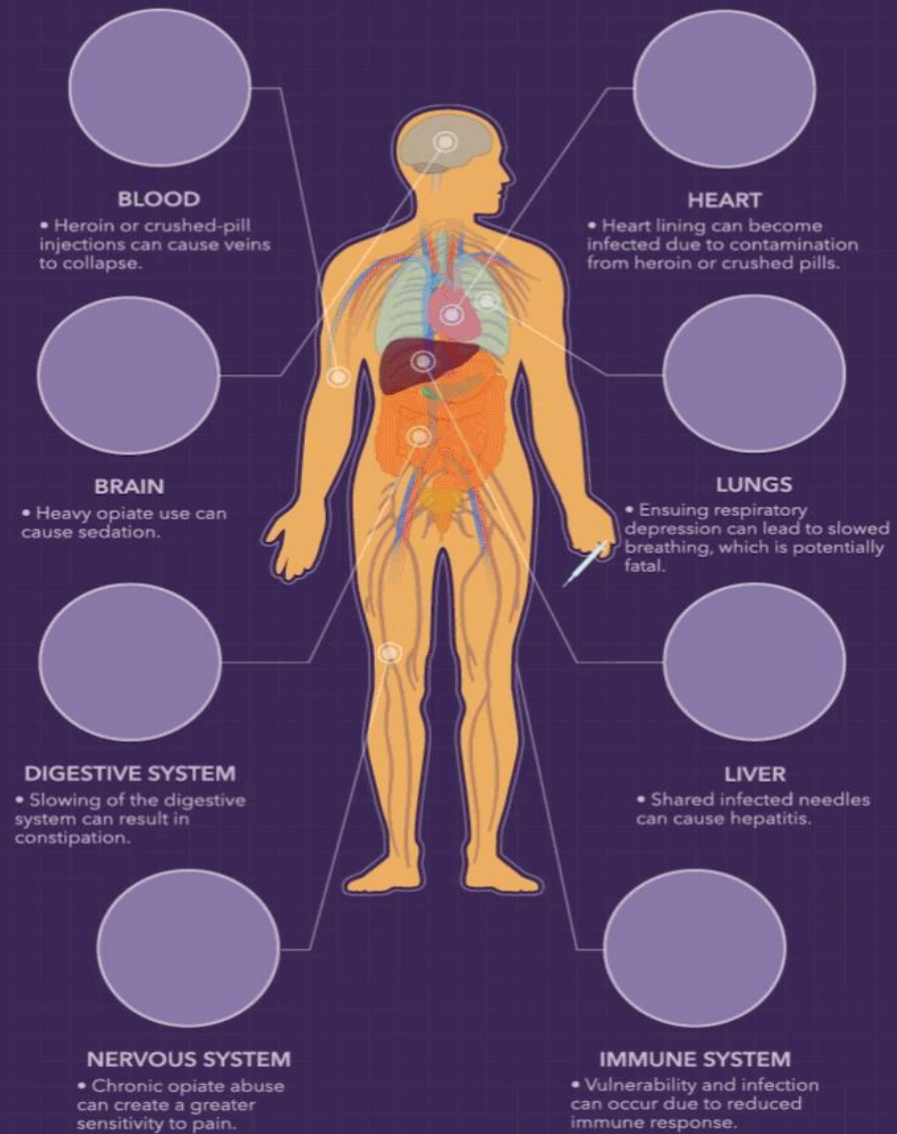
The diagram shows a presynaptic neuron (top) with synaptic vesicles containing dopamine (orange dots) and dopamine transporters (teal bars). The synaptic cleft (middle) contains dopamine receptors (pink Y-shapes) and opiate receptors (blue triangles). An opiate (black triangle) is shown binding to an opiate receptor. The postsynaptic neuron (bottom) has dopamine receptors (pink Y-shapes) and opiate receptors (blue triangles). A legend on the left identifies the components: orange dot for Dopamine, light green circle for Synaptic vesicle, teal bar for Dopamine transporter, pink Y for Dopamine receptor, black triangle for Opiate, and blue triangle for Opiate receptor.

drugabuse.com

oxymorphone

CN1CC[C@]23[C@@H]4OC5=CC=C(O)C=C5[C@H]4[C@@]1(O)C2=O

THE EFFECTS OF OPIATES ON YOUR BODY



www.DrugAbuse.com

Table 1. Most Commonly Reported Opioid-Induced Side Effects^a

Gastrointestinal

Constipation
Nausea
Vomiting

Cutaneous

Pruritus
Sweating


Neurologic

Sedation/fatigue
Headache
Delirium/confusion
Clouded vision
Dizziness

Autonomic

Xerostomia
Bladder dysfunction (eg, urinary retention)
Postural hypotension

^aThis table was constructed based on information from references 9 and 10 in the citation list.



Process & Risk of Substance Use Disorder (SUD)

Fentanyl

Fentanyl analogs are:

- carfentanil
- furanylfentanyl
- acetylfentanyl



Fentanyl and Fentanyl Analogs (drugs with similar chemical structures to fentanyl)

- A **synthetic** (man-made) opioid
- 50x** more potent than heroin and
- 100x** more potent than morphine

- Prescribed** in the form of transdermal patches, tablets, lozenges, or nasal sprays

- Can also be **illicitly manufactured** (illegally made) and mixed into other drugs like heroin or cocaine, pressed into pills, co-used, or used alone

Rainbow Fentanyl



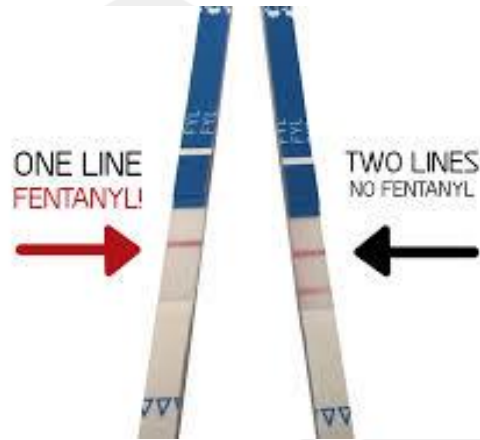
- Fentanyl is being dyed rainbow colors in order to facilitate branding along with increased appeal to children.
- Los Angeles Unified School District has seen increase in opioid poisoning amongst teens and children
- A push for naloxone to be available at all schools is working to combat opioid poisonings

Fentanyl Testing and Counterfeit Pills

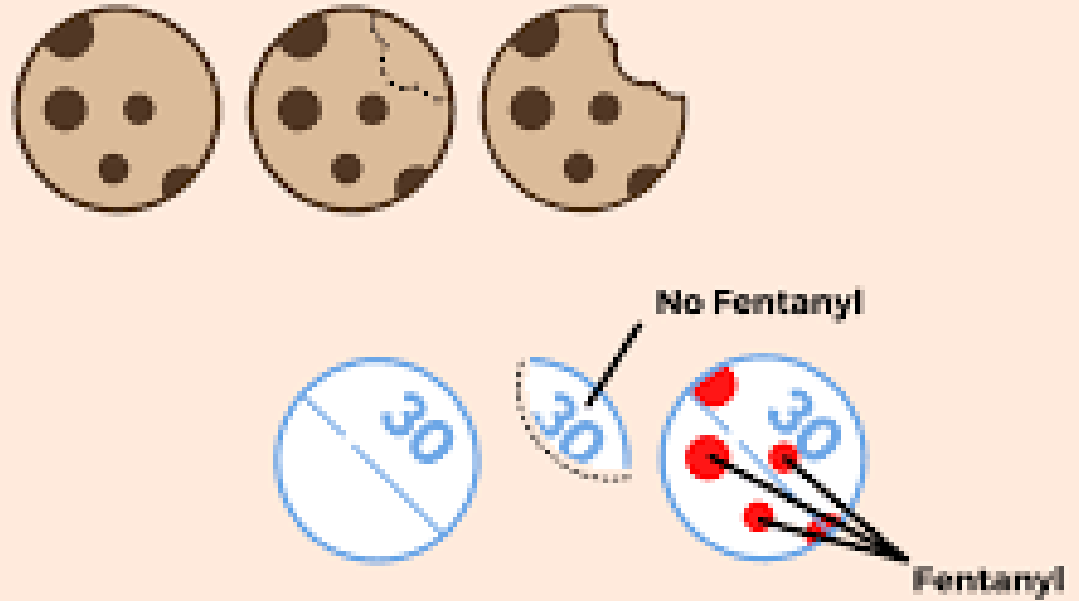
- Fentanyl poses a significant threat to youth and communities alike, especially when it is dubiously manufactured and added to counterfeit pills.
- Laboratory tests conducted by the Drug Enforcement Administration (DEA) have revealed a chilling truth: an alarming 7 out of 10 pills seized contain a lethal dose of fentanyl
- Fentanyl is often unidentifiable if it has been mixed into something else without testing the substance.
- Fentanyl test strips can be used to detect fentanyl in all different kinds of drugs and drug forms.







The Chocolate Chip Cookie Effect



Unfamiliar Supply or Changes in Quality

If you use a new dealer or your dealer gets a new supply, it may be of a different strength than what your body is used to. It may also be “cut” or mixed with other drugs.

If you are relying on someone else to inject you, then they are in control of your dose. This is often a problem for individuals who may have their partners inject them.



**THIS MUCH CARFENTANIL
WILL KILL YOU.**

A close-up photograph of a syringe with a needle tip touching a small pile of white powder on a light-colored surface. The powder is circled with a red dotted line.

Someone has been mixing deadly carfentanil into heroin.
People are dying at alarming rates, nationwide.

Fentanyl Contamination Of Other Drugs Is Increasing Overdose Risk

- “In a 10-state study, almost 57% of people who died from an overdose tested positive for fentanyl and fentanyl analogs also tested positive for cocaine, methamphetamine, or heroin...”
- Carfentanil, which is the most potent fentanyl analog detected in the United States, is responsible for the largest number of these deaths.”

Emerging Concerns

1. Xylazine

Kratom and Xylazine, while not opioids themselves, these substances are often associated with opioid use and are sometimes found in combination with opioids like fentanyl.

2. Polydrug Use

The concurrent use of multiple substances poses significant risks for youth opioid use and overdose. Many individuals who use opioids also combine substances like benzodiazepines, alcohol, or stimulants, increasing the complexity of overdose risk due to amplified effects on respiratory depression.

DRUG ENFORCEMENT ADMINISTRATION

ONE PILL CAN KILL

EMOJI DRUG CODE | DECODED

COMMON EMOJI CODES

FAKE PRESCRIPTION DRUGS

PERCOCET & OXYCODONE 🍌 🟡 🟢 📄 🍌	XANAX 🍌 🟡 🟢 🚚	ADDERALL 🍌 🟡 🟢 📄
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DEALER SIGNALS


DEALER ADVERTISING 😬 🗨️ 💰 📄 📱	HIGH POTENCY 🚀 💣 ⚡	UNIVERSAL FOR DRUGS 🍁	LARGE BATCH 🍪
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OTHER DRUGS

METH 🍌 📄 📄 📄 📄	HEROIN 📄 📄 📄	COCAINE 🍌 📄 📄 📄 📄 📄 📄 📄 📄 📄	
MOMA & MOLLIES 📄 📄 📄 📄 📄 📄	MUSHROOMS 🍄	COUGH SYRUP 📄 📄 📄 📄	MARIJUANA 📄 📄 📄 📄 📄 📄 📄 📄 📄 📄

This reference guide is intended to give parents, caregivers, educators, and other influencers a better sense of how emojis are being used in conjunction with illegal drugs. Fake prescription pills, commonly laced with deadly fentanyl and methamphetamine, are often sold on social media and e-commerce platforms – making them available to anyone with a smartphone.

#ONEPILLCANKILL Disclaimer: These emojis reflect common examples found in DEA investigations. This list is not all-inclusive, and the images above are a representative sample.



Why Do People Get Addicted?

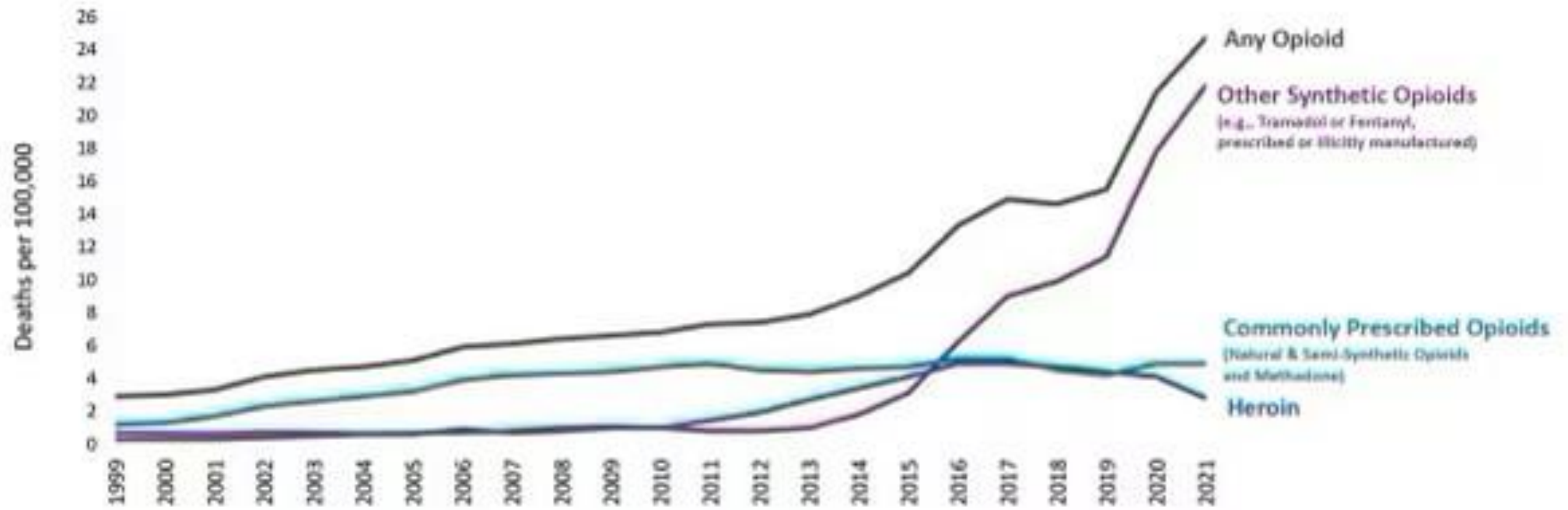
- **CRAVINGS**--The brain records the feelings of pleasure opioid drugs provide. It cues individuals to experience these feelings again by taking more of the drug.
- **TOLERANCE**—The more people take an opioid, the less effective the drug becomes. So they need to take it more often or in greater amounts
- **DEPENDANCE**—The brain wants the pleasurable feelings opioids provide but to combat the over-presence of chemical opioids, the brain begins to produce fewer natural opioids (dopamine). So the only way to feel good is to take more opioids.
- **ADDICTION**—Soon individuals don't just take opioids to feel good. They must take them to avoid feeling bad.

Drug Tolerance

- Medication tolerance, or drug tolerance, occurs when the body gets used to a medication so that either more medication is needed to give the desired effect, or a different medication is needed.
- When tolerance develops, the risk of overdose can be significant.



Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

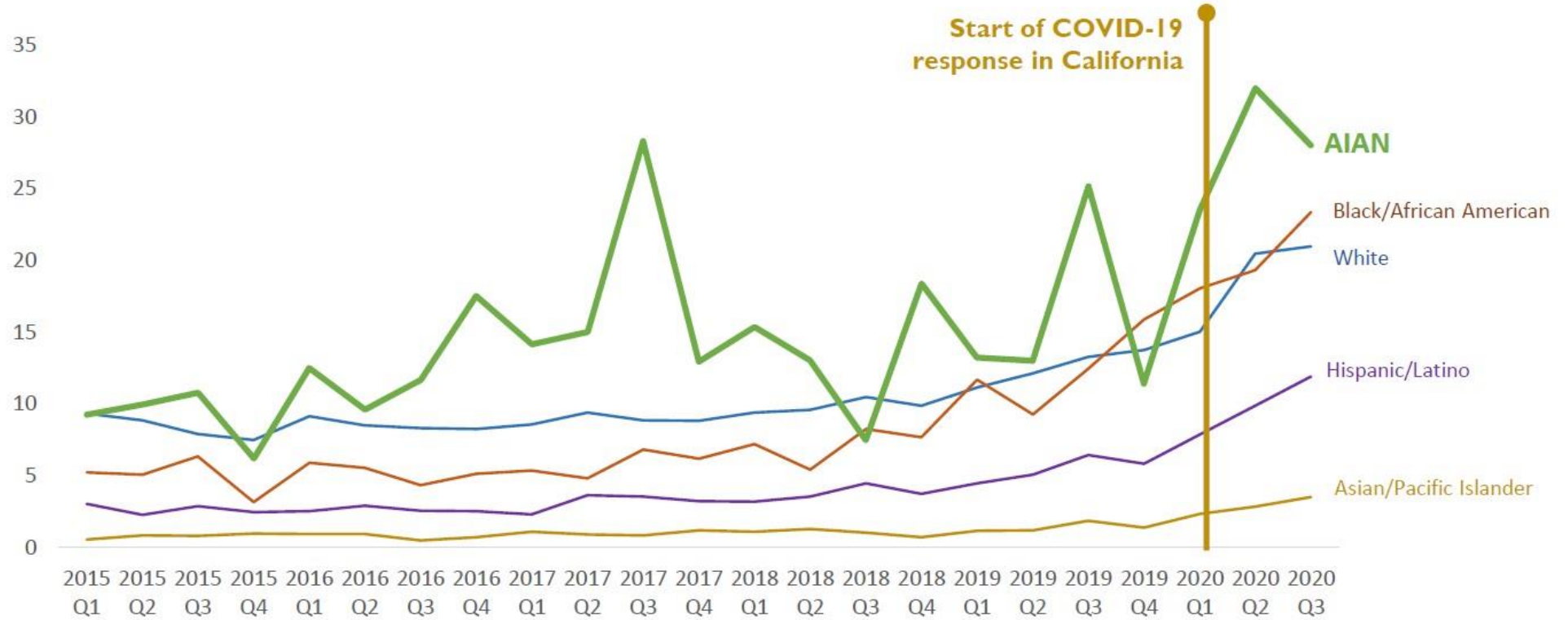
Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

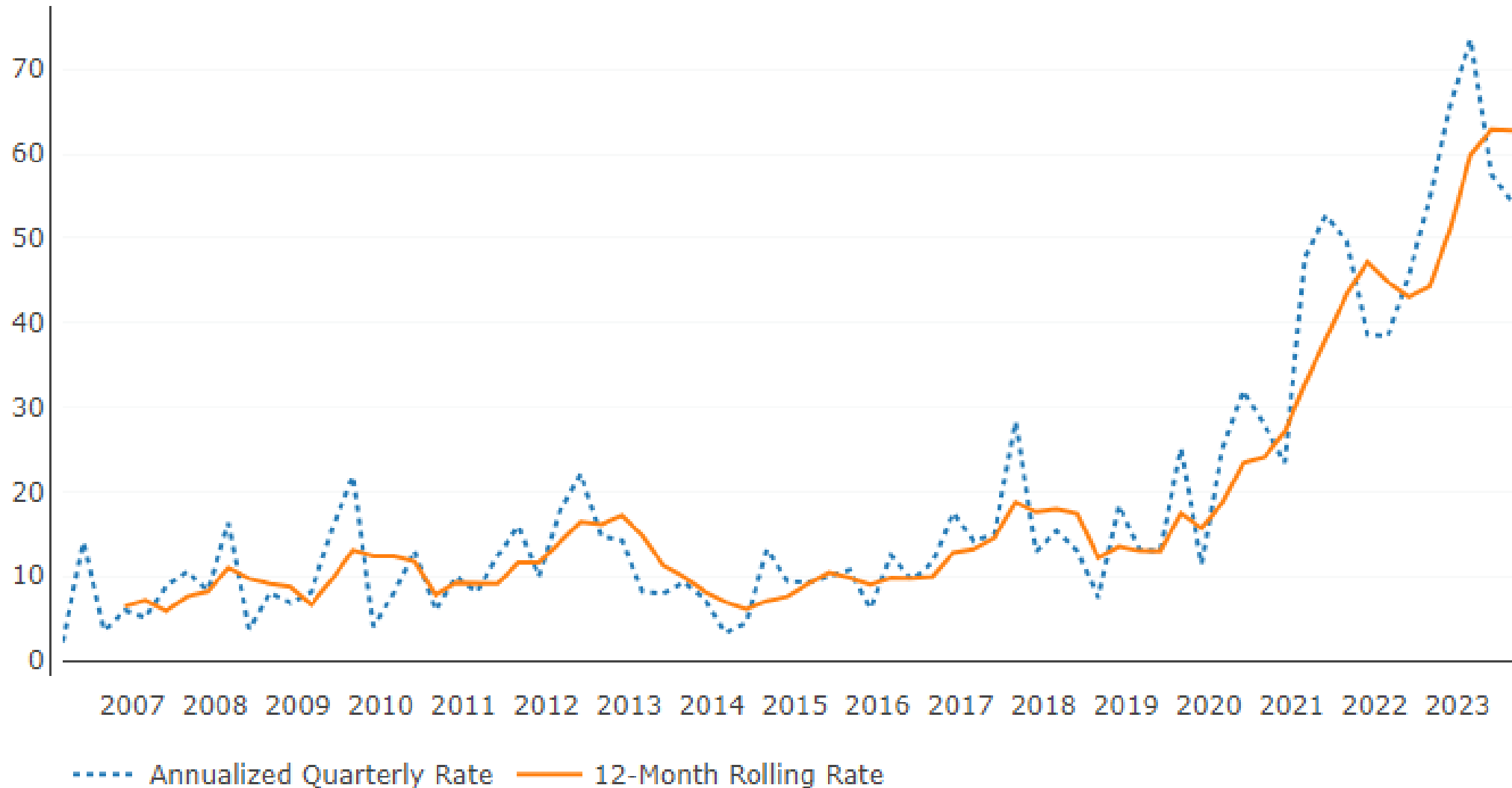
Total Opioid-Related Overdose Deaths by Race/Ethnicity


California, 2015-2020, Age-Adjusted Rate Per 100,000 Population



Source: CA Opioid Overdose Surveillance Dashboard

Any Opioid-Related Deaths - Native American/ Alaska Native Age-Adjusted Rate per 100,000 Residents - **2023 data are preliminary**





Identifying & Responding to an Opioid Poisoning

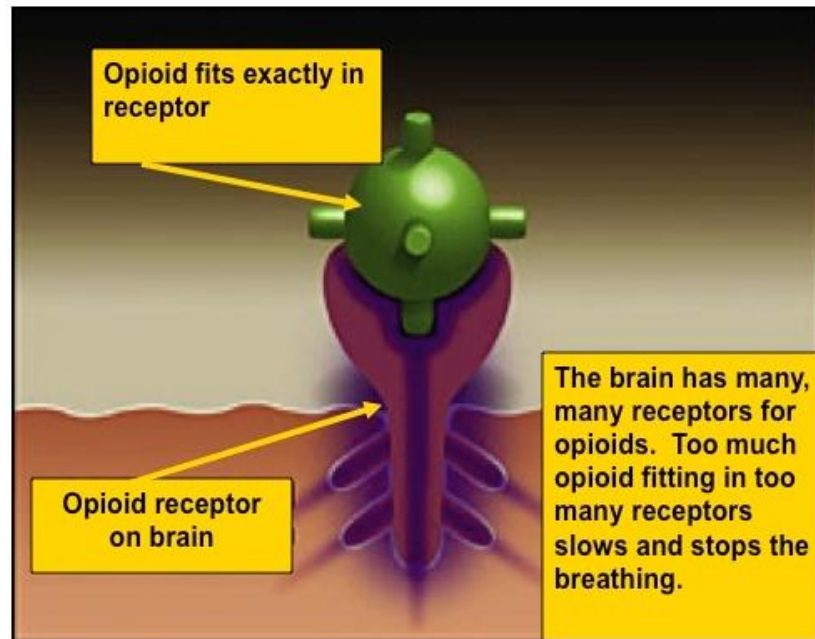


OVER
75%

... of the nearly 107,000 drug overdose deaths in 2021 involved an **opioid**.

www.cdc.gov

What is an Opioid Overdose?





THE SIGNS OF OPIOID OVERDOSE?



FACE is clammy to touch and has lost colour.
Difficulty speaking.



BODY is limp.
Fingernails or lips have a blue or purple tinge.



SLEEP is deep and cannot be woken.



BREATHING is slow or has stopped.



HEARTBEAT is slow or has stopped.

Intervention Tool

Naloxone:

- Naloxone is a safe antidote to opioid overdose that has no risk of abuse or dependency



What is Naloxone (naloxone)?

- Naloxone is an opioid “contender” or “antagonist” used to counter the effects of an opioid overdose.
- It takes about 2-3 minutes to work.
- Naloxone only works if the person has opioids in their system and it has no effect if opioids are not present.
- Naloxone displaces (or “kicks out”) the opioids from the receptors, and then blocks the receptors (and the effects of the opiate) for 30-90 minutes.
- Naloxone has no adverse effects***



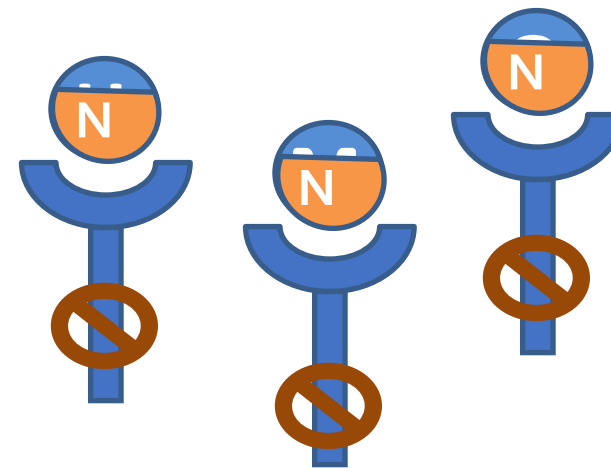
Naloxone (N) in the Brain



*opioid receptors activated
by heroin and prescription
opioids*



*opioids broken down and
excreted*



**Reversal of Respiratory
Depression**
Opioid Withdrawal

Naloxone Training Video



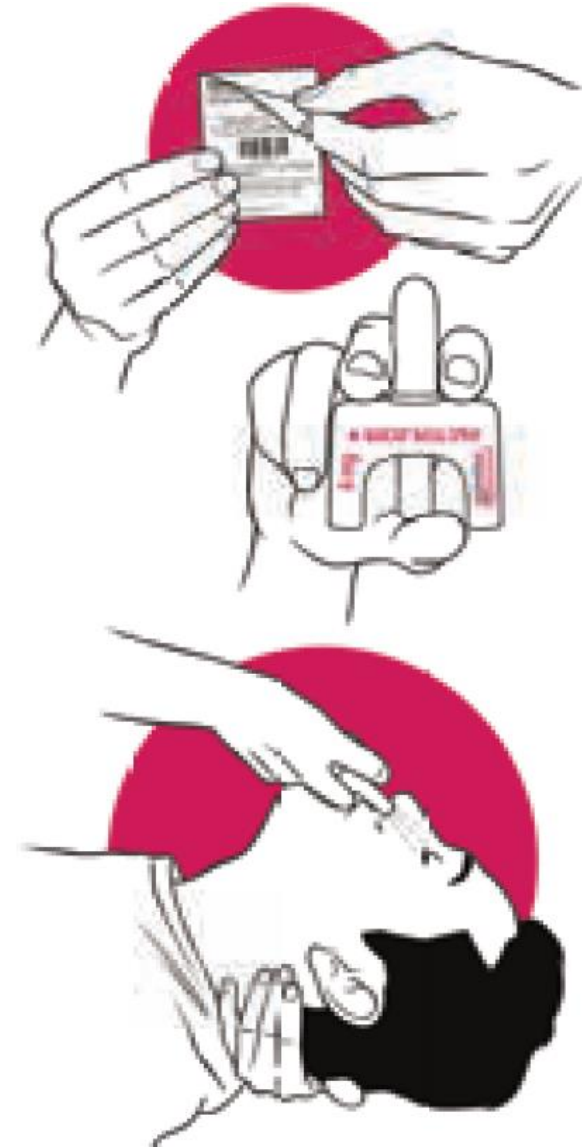
Review of Training Video On How to Respond to An Overdose

- Safely perform an assessment
- Call for help
- Administer Naloxone as trained

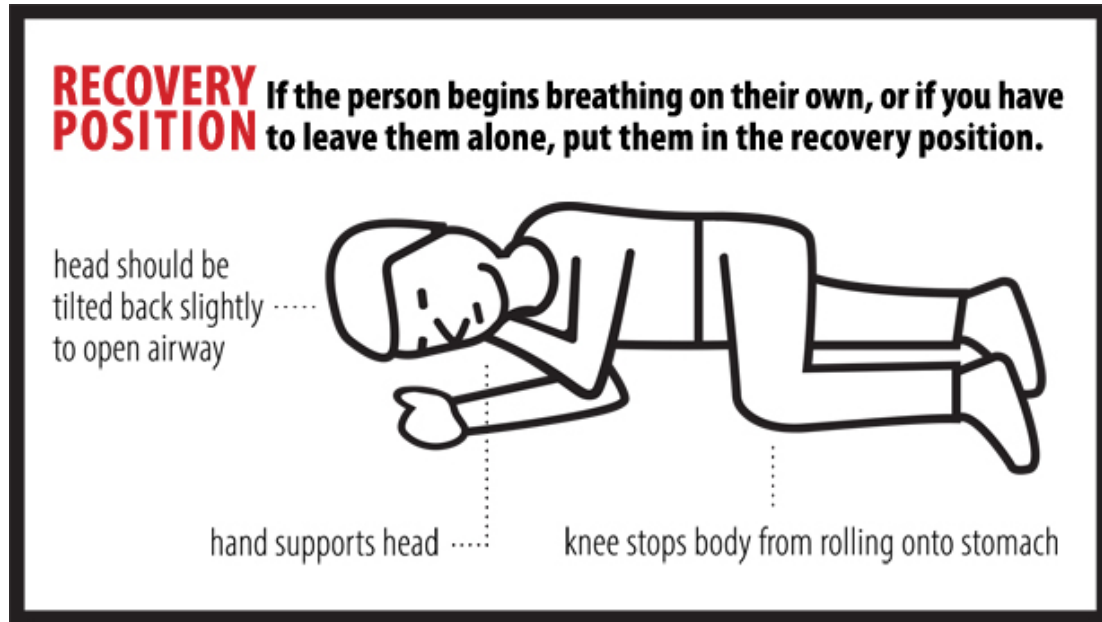


Administering Naloxone

- **Tilt the person's head back** and provide support under their neck with your hand
- **Hold the device** with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle
- **Gently insert the tip of the nozzle into one nostril.** Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril
- **Press the plunger firmly** with your thumb to give the dose
- **Remove** the device from the nostril



Recovery Position



Place in the recovery position and call emergency services.

What should be done **AFTER** administering **Naloxone**?

- Stay with the person. If they don't respond after 2-3 minutes, you may need to give them a second dose.
- When they wake up, explain to them what happened and that you gave them Naloxone.
- Among the side effects of naloxone are withdrawal symptoms. The person may experience headaches, nausea, or vomiting and may be aggressive. **These symptoms will wear off.**

Next Steps for Administering Naloxone

- Discourage the person from taking more drugs. They might want to inject again right away to lessen the withdrawal symptoms. THIS MAY CAUSE THE OVERDOSE TO RETURN.
- The effects of the opiate are usually longer than the effects of naloxone. This means that when the naloxone wears off in 30-90 minutes, the person will again feel the drugs' effects and potentially overdose again.

Aftercare Protocol for Administering Naloxone

Don't leave

Don't leave the person alone – they could stop breathing

Don't put

Don't put them in a bath – they could drown

Don't induce

Don't induce vomiting – they could choke

Don't give

Don't give them something to drink – they could vomit or choke

Don't nasal

Don't nasal them with anything besides naloxone

Calling Emergency Services



- Call emergency services for help if ambulances are available in your area.
- When you call for help, you can simply say that the person has stopped breathing.
- Stay with the person until help arrives.



Legality
&
Liability

If someone has overdosed please don't be afraid to

Call 9-1-1



In California it is not a crime to report an overdose, both you and the overdose victim will not be arrested for drug or paraphernalia possession. You can save life.

California's 911 Good Samaritan Law protects you from arrest, charge and prosecution when you call 911 at the scene of a suspected drug overdose. **Nobody at the scene should be charged for personal amounts of drugs or paraphernalia.**

This law does not protect you if,

- ⇒ You are on parole/probation; it is likely still a violation
- ⇒ You have more drugs than "possession for personal use"; it is still illegal to have any amount that would suggest trafficking or sales
- ⇒ You "obstruct medical or law enforcement personnel"; it is still important to not intervene with the activities of police or emergency personnel

Good Samaritan Laws

*per cdph.gov
as of
2/13/2019*

California Civil Code Section 1714.22

- Eliminates civil and criminal liability for:
 - Licensed health care providers that prescribe naloxone and issue standing orders for the distribution of naloxone
 - Individuals that administer naloxone to someone suspected of experiencing an overdose after receiving it along with required training

AB 472

- This bill would provide that **it shall not be a crime** for any person who experiences a drug-related overdose, as defined, who, in good faith, seeks medical assistance, or **any other person who, in good faith, seeks medical assistance for the person experiencing a drug-related overdose**, to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, under certain circumstances related to a drug-related overdose that prompted seeking medical assistance **if that person does not obstruct medical or law enforcement personnel.**

Overdose Treatment Liability Act

AB 635

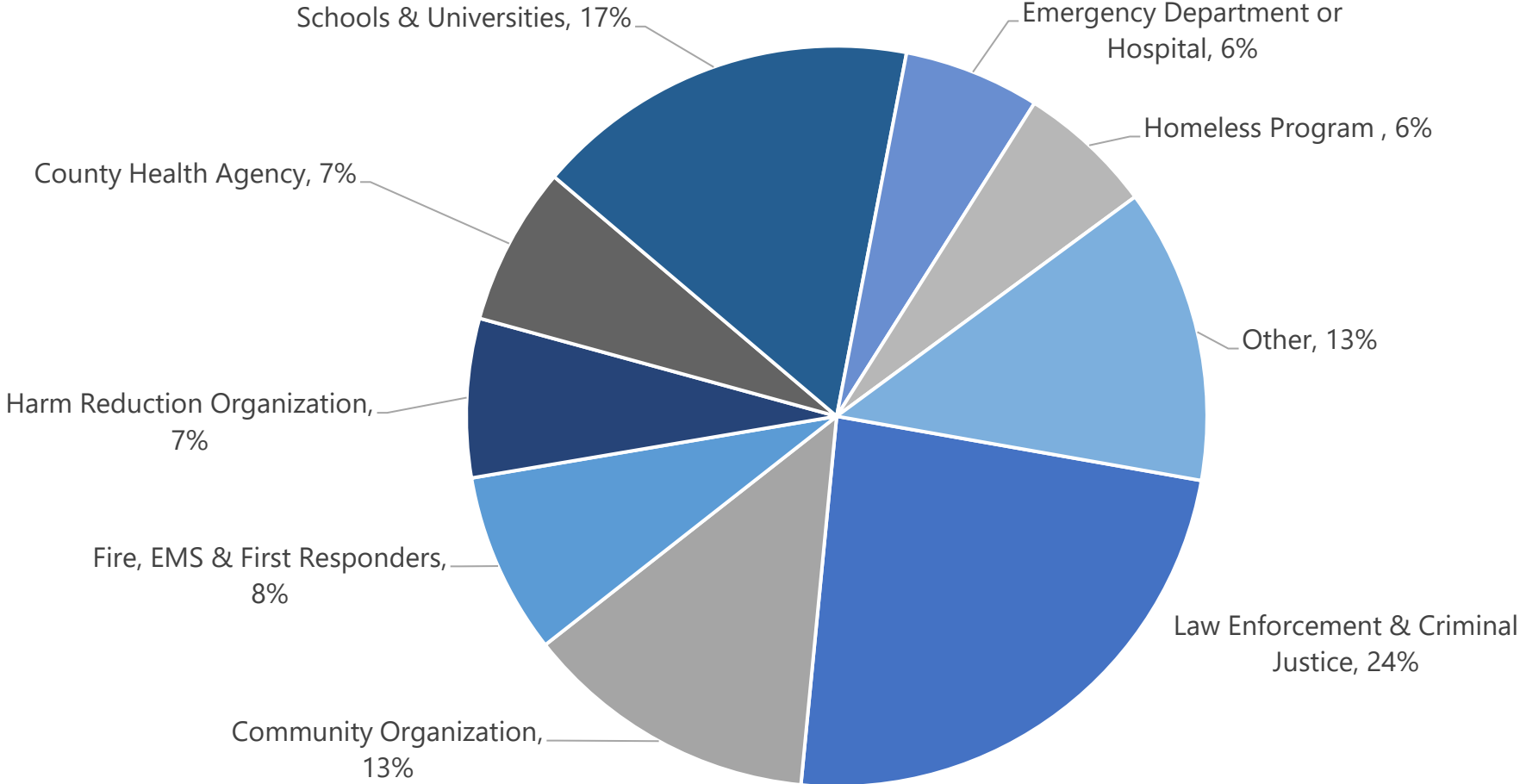
- Allows for prescription and distribution throughout the state
- Protects licensed healthcare professionals from civil & criminal liability when they prescribe, dispense, or oversee the distribution (standing order) of naloxone via an overdose prevention program
- Permits individuals to possess and administer naloxone in an emergency and protects these individuals from civil, criminal, or professional liability
- Clarifies that licensed prescribers are encouraged to prescribe naloxone to individual patients on opioid pain medications to address prescription drug overdose

The Naloxone Distribution Project



- » The Naloxone Distribution Project (NDP) is funded by State General Funds, Opioid Settlement Funds, and federal grants and is administered by DHCS. The NDP aims to reduce opioid overdose deaths through the provision of free naloxone in its nasal spray and intramuscular formulations. Entities apply to DHCS to have naloxone shipped directly to their address.
- » Eligible entities include law enforcement agencies such as police departments, county jails and probation; fire, EMS and first responders; schools and universities; county public health and behavioral health departments; harm reduction organizations; and community organizations such as local opioid coalitions.
- » As of May 4, 2023, the NDP has:
 - Approved more than 7,792 applications for naloxone
 - Distributed more than 2,367,460 kits of naloxone
 - Reversed more than 146,927 opioid overdoses

NDP Applications by Type of Organization



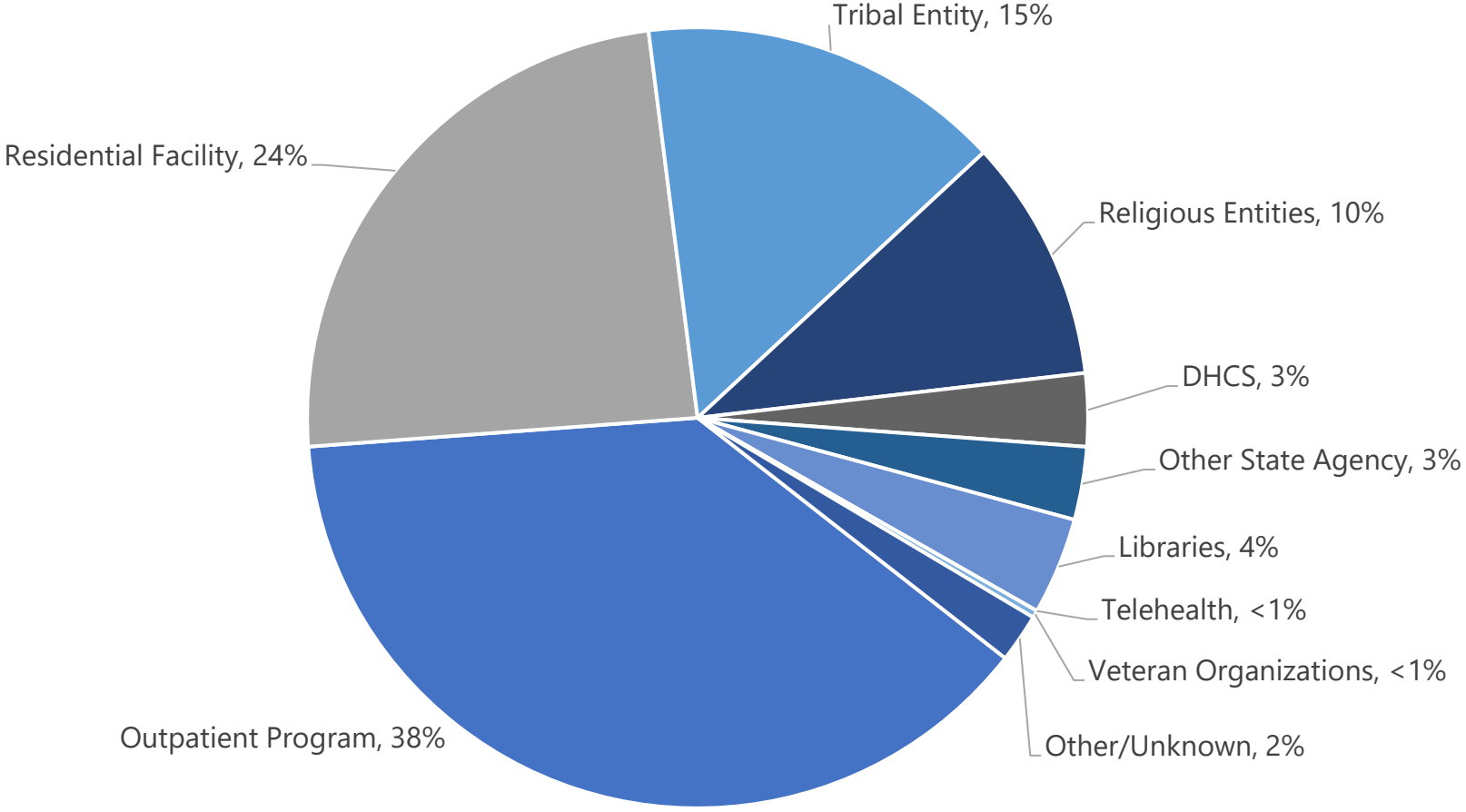
Approved Applications: 7,792

NOTE: Approved applications as of May 4, 2023.

Other category includes: Tribal entities, SUD treatment facilities, libraries, veteran's organizations, religious entities, and state agencies.



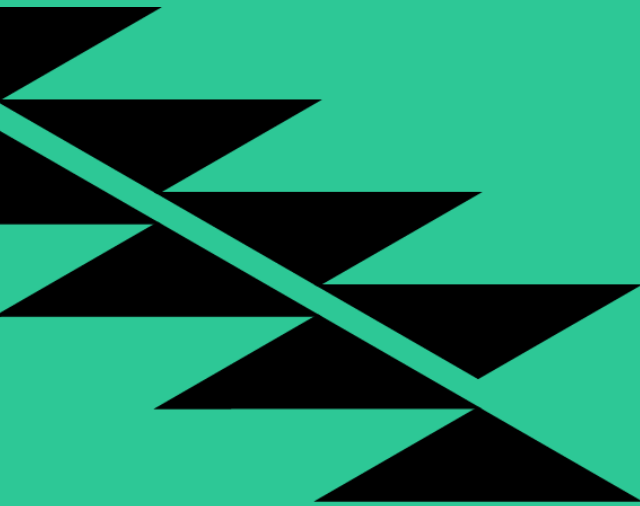
Naloxone Kit by Other Organizations



Total Kits Approved: 102,864

NOTE: Total naloxone kits (intramuscular naloxone and nasal naloxone) approved as of May 4, 2023.





Storage

Protocol to Store Naloxone

Environmental Requirements

- Store Naloxone in the **original** blister packaging and cartons
- Stored at controlled room temperature **68°F to 77°F (15°C to 25°C)**
- Always **keep out of direct light**
- Temporary temperature excursions are permitted for **short periods** between **41°F to 104°F (4°C to 40°C)**

Physical Requirements

- Should **not** be stored at clinic pharmacy or dispensary
 - ✓ To avoid accidental billing for grant funded Naloxone
 - ✓ To ensure free access by consumers
 - ✓ To reduce stigma
- Inventory should be done at least once a month and after each distribution event

Expiration, Donation, Disposal



NEXT Distro



[Quality Assessment of Expired Naloxone Products From First-responders Supplies](#), Journal Of Prehospital Emergency Care

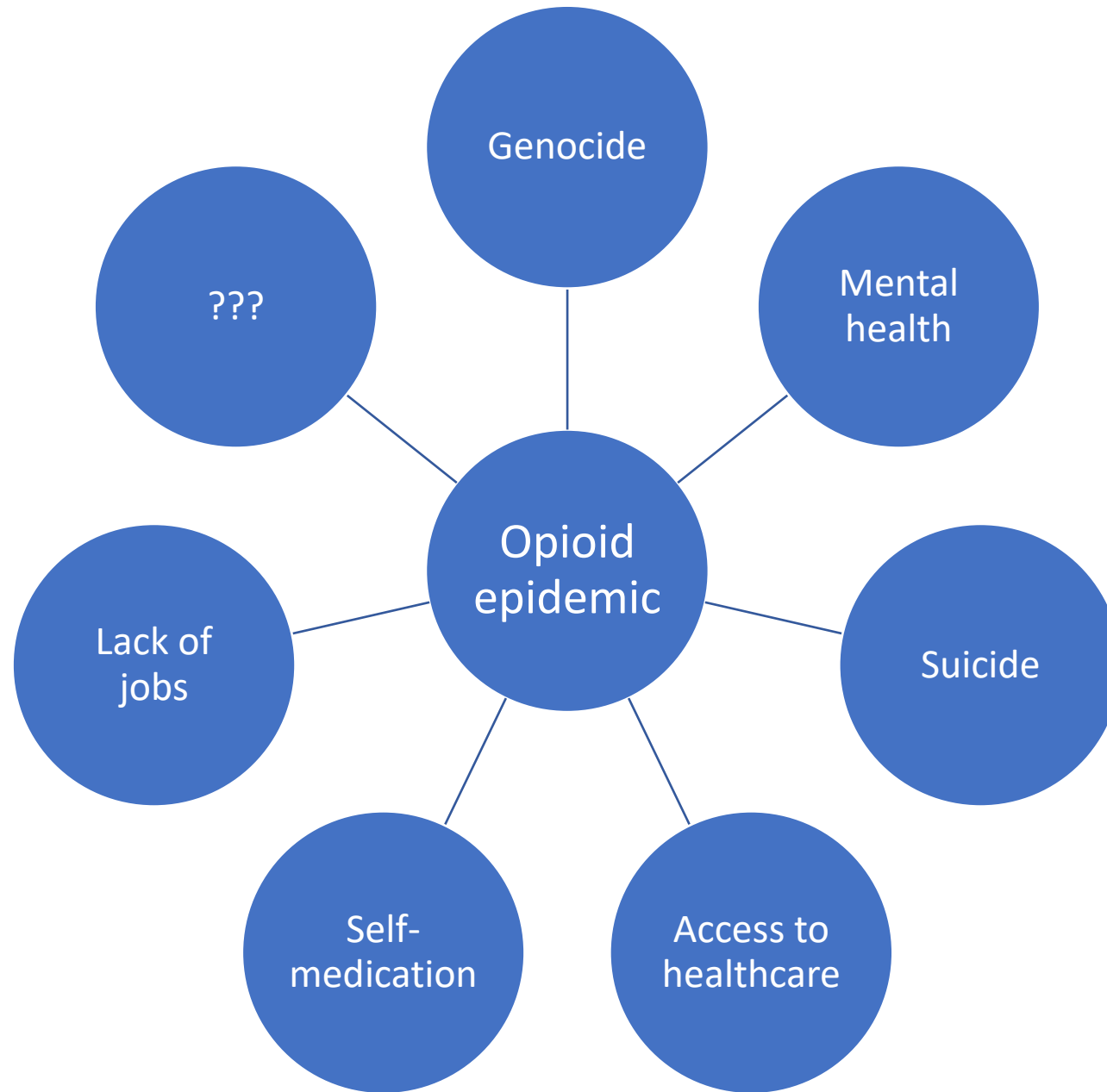
2019, [The Effects Of Heat And Freeze-Thaw Cycling On Naloxone Stability](#),

<https://nextdistro.org/mightynaloxone>

- Secondary Distribution
- NextDistro--
<https://nextdistro.org>
- Local Street outreach
- Etc.
- Place used naloxone in its box and discard into trash away from children.

The background features a complex, abstract geometric pattern. It consists of numerous black triangles of various sizes and orientations, some pointing up and some pointing down. These triangles are arranged in a way that creates a sense of depth and movement. Overlaid on this pattern are several thin, light blue lines that intersect and form larger, more complex shapes. The overall effect is a dynamic and textured visual field.

Examining Psychosocial Issues



Contact Information

- NAME: Rahmad Perry
- TITLE: Health Education Specialist
- EMAIL: Rperry@crihb.org



Questions and Discussion



Tribal MAT ECHO Clinic
— WELLNESS WHEEL —



TRIMAT-2-11



Date: / / Presenter: / Tribal Affiliation:
FIRST LAST CHECK HERE IF NONE:

Patient Pseudonym: Gender: Age: Tribal Affiliation:
CHECK HERE IF NONE:

ECHO ID: Check if follow-up to a previously presented case

Clinical Question:

COMMUNITY Psychosocial support, family resources, network of care	SPIRIT Indigenous, cultural, spiritual, religious practices
<input type="text"/>	<input type="text"/>



BODY Physical health, medications	MIND Mental and emotional health, substance use
<input type="text"/>	<input type="text"/>

Care plan:



Self-Paced Learning Opportunities

Stigma

Courses for clinicians interested in addressing stigma related to addiction
Claim up to four (4.0) credit hours of CE/CME

- **Dismantling Stigma: Addiction, Treatment, and Policy** (1.0 credit hour)
- **Stigma in Healthcare** (1.0 credit hour)
- **Social Determinants of Health and Cultural Competency in Substance Use Treatment** (1.0 credit hour)
- **Understanding the Impact of Structural Racism on Clinical Care: Lessons from HIV and COVID-19** (1.0 credit hour)



Scan the code
or visit
<https://bit.ly/StigmaSUD>

<https://psattcelearn.org/>



Accredited
Courses



Individualized
Learning Plan



Qualifies for
MATE Act DEA
Requirement





David Geffen School of Medicine

Integrated Substance Abuse Programs



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