

Opioid Overdose Reversal Training

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

**We will get
started shortly!**



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The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS

Opioid Overdose Reversal Training



March 10, 2021

Hosted by:

Stacy Hull, LPC MAC CPCS

AIM Manager, Behavioral Health for Alliant Quality



Stacy Hull, LPC, MAC

AIM LEAD, BEHAVIORAL HEALTH

Stacy Hull is a Licensed Professional Counselor and holds a certification as a Master Addiction Counselor. Stacy has worked in outpatient and residential settings providing mental health and substance use treatment to adults and children. These experiences help Stacy to excel at Alliant.

Additionally, Stacy has more than 25 years of clinical experience in service delivery and administrative leadership in the public behavioral health sector. She has also worked in hospitals, with physicians and inpatient psychiatric facilities to improve behavioral health outcomes in healthcare settings.

Stacy spends her time at Alliant focusing on behavioral health improvement.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

– Maya Angelou

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Kimbley Terrell, MSW

PROJECT FREEDOM TRAINING AND OUTREACH COORDINATOR

Kimbley Terrell has a Bachelor of Science in Biology from Stillman College and a Master of Social Work from the University of Alabama. She has seventeen years of social service work experience, reaching across the ages and clinical settings. She has experience in correctional mental health, as well as mental health therapy, substance use treatment, case management, and DHR. In 2016, she began working at The University of Alabama Brewer's Porch Children Center (BPCC) providing clinical services for the Residential Treatment Programs. Serving as the primary therapist for BPCC, Kimbley provided and supervised comprehensive clinical planning and care for clients, while acting as a client liaison and supervising interns. In 2020, she transitioned into a new position at the University of Alabama, School of Social Work where she is Project FREEDOM Training and Outreach Coordinator.



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Project FREEDOM

Wendi Hogue Project FREEDOM Director
Kimbley Terrell Training and Outreach Coordinator



School of
Social Work

THE UNIVERSITY OF ALABAMA®



Project **FREEDOM** stands for First Responder Expansion of Education and Distribution of Overdose Medication

Project **FREEDOM** hopes to decrease the adverse impact of opioids on Alabama residents through education and access to the opioid overdose reversal medication, Naloxone or Narcan to save lives in the community



Objectives

- Deaths from opioid overdose
- What happens in an opioid overdose
- Laws supporting distribution of naloxone kits
- How to obtain naloxone

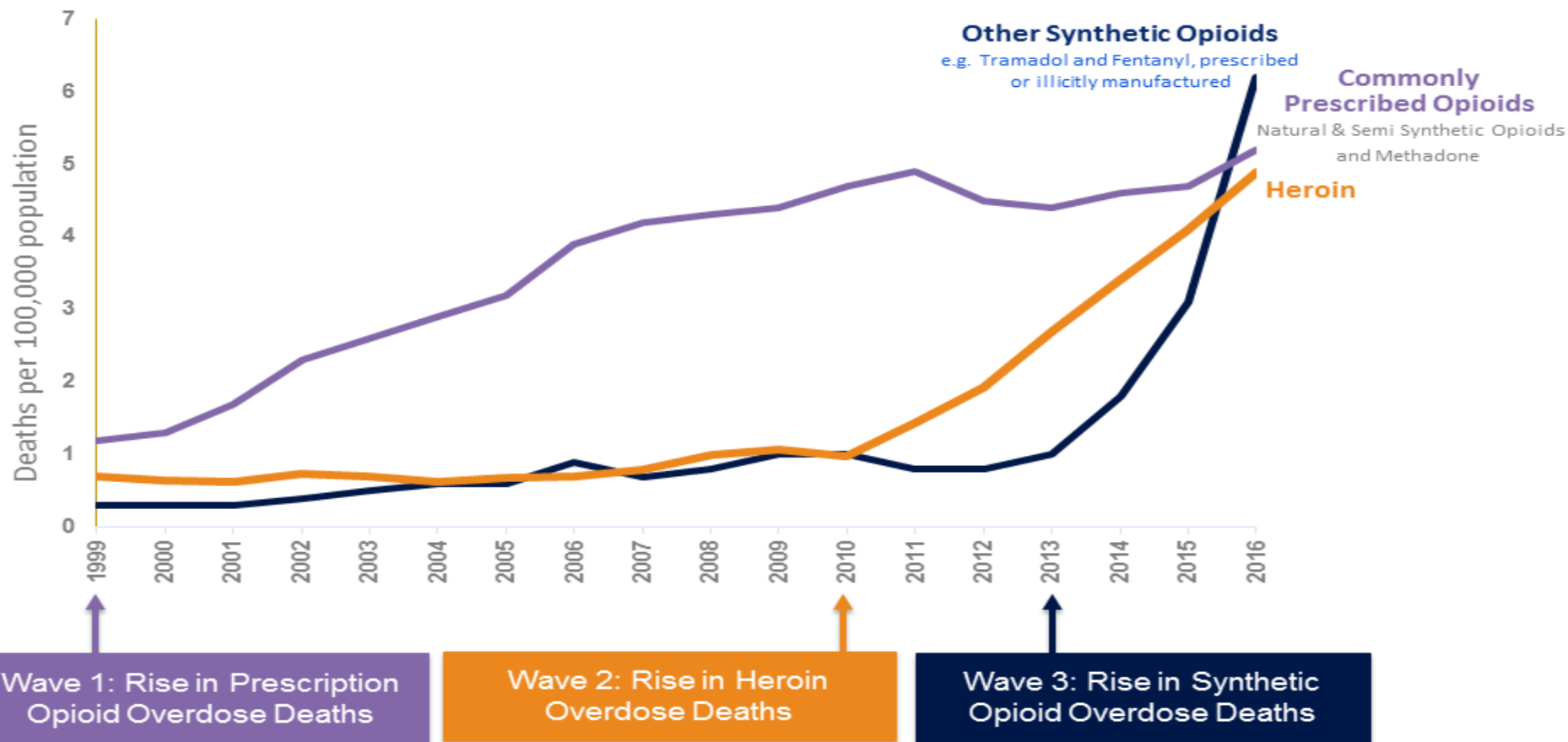


The Overdose Epidemic

Opioid overdose deaths

- 128 Americans die every day from an opioid overdose
- Rapid progression to injecting drug use and OD in at-risk populations
- “State of Emergency” declared

3 Waves of the Rise in Opioid Overdose Deaths



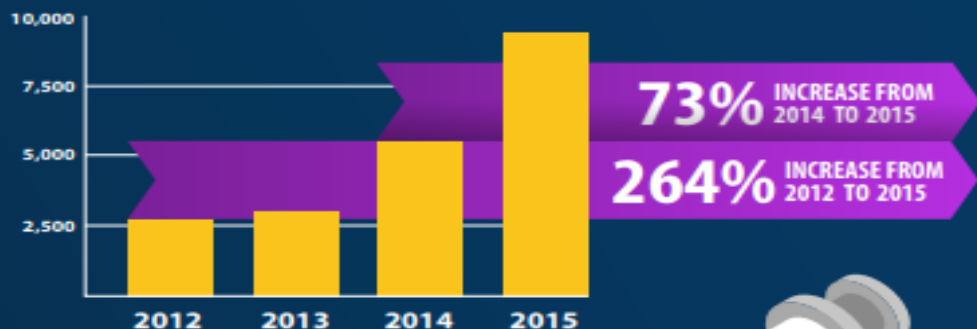
SOURCE: National Vital Statistics System Mortality File.

FENTANYL: Overdoses On The Rise

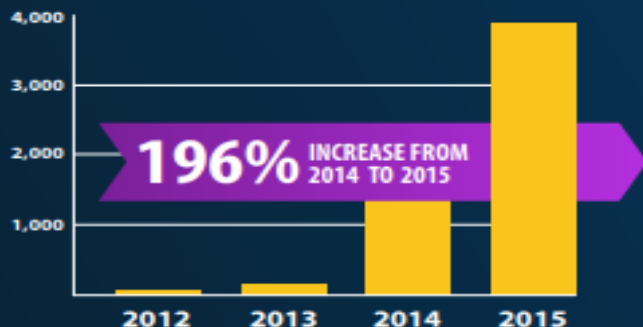
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. **Illicitly manufactured fentanyl** is the main driver of recent increases in synthetic opioid deaths.



SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

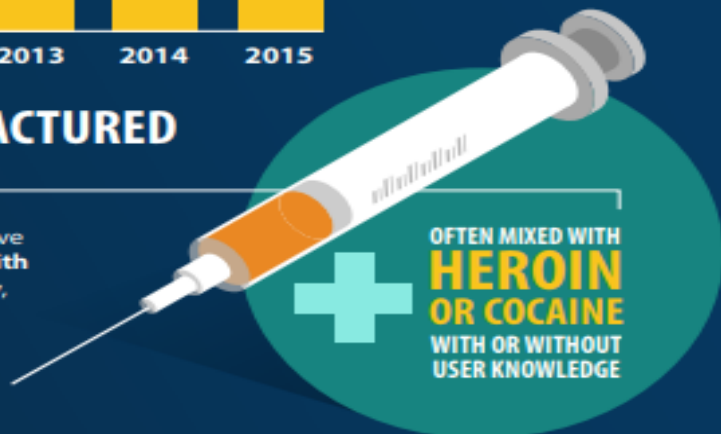


Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



ILLICITLY MANUFACTURED FENTANYL

Although **prescription rates** have fallen, **overdoses associated with fentanyl** have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.





OPIOIDS IN ALABAMA

In 2012, Alabama was ranked number one in the nation for having the highest opioid prescription rate per capita.

Jefferson County (the most populous county in Alabama) drug related deaths hit an all time high of 284 in 2020 per preliminary counts, with more counts still pending.



OPIOIDS IN Alabama

At least 254 people died from drug overdoses in **Walker County** between 2008-17, according to the Centers for Disease Control and Prevention.

Walker County was also home to Alabama's highest opioid prescription rate.

From 2006 to 2014 there were 86,844,023 prescription pain pills, enough for 143 pills per person per year, supplied to Walker County.



Preventing Opioid Overdose Deaths

1. Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).



ALABAMA GOOD SAMARITAN LAW

Alabamians administering Naloxone in good faith will be granted immunity from a misdemeanor-controlled substance offense if they provide their full name when reporting the incident and remain with the individual needing medical assistance until help arrives.

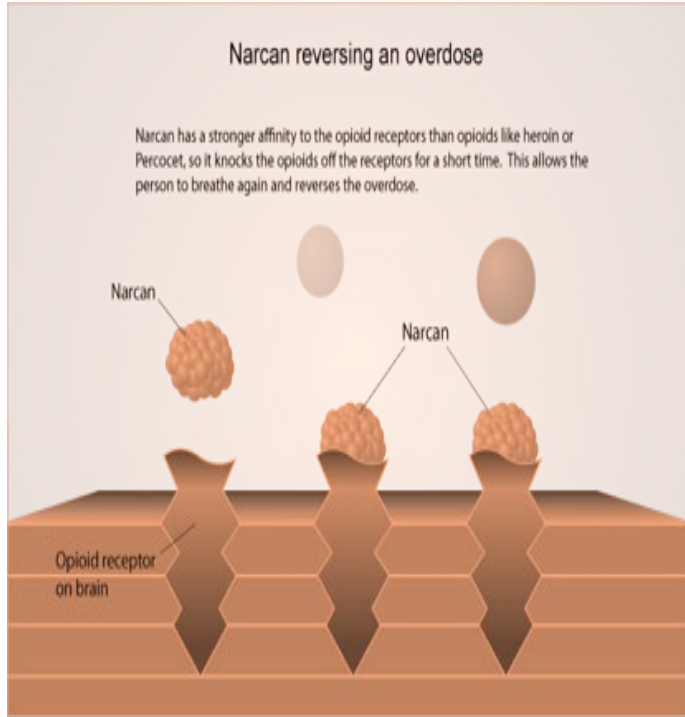


Naloxone Distribution in Alabama

Naloxone Dispensing

[HB208](#) was signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone.

Naloxone (Narcan)



- Displaces opiates from receptor sites in the brain
- Reverses the respiratory depression that usually is the cause of opioid overdose deaths
- Lasts about one hour
- Approved by FDA
- Used by EMS services for over 40 years
- AMA, ONDCP, APHA, WHO, SAMHSA have all made statements in support



Risk Factors for Opioid Overdose

1. Use after a period of abstinence (such as release from inpatient rehabilitation program or jail)
2. Use with other sedating drugs especially benzodiazepines
3. Older adults prescribed multiple medications and cognitive decline



Signs of Opioid Overdose

- Unconsciousness or inability to awaken.
 - Try to call the person's name
 - vigorously grind knuckles into the sternum (sternal rub)
- Slow or shallow breathing.
- Breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple.





Steps to Administer Narcan (Naloxone)

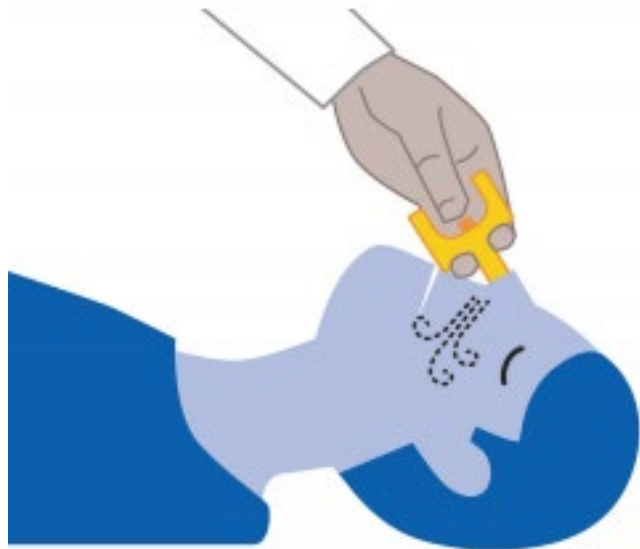
1. Identify Opioid Overdose & Check for Response
2. Give NARCAN Nasal Spray
3. Call for emergency medical help, evaluate, and support
4. Repeat Step 2, as needed





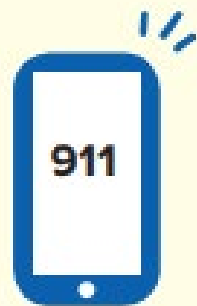
Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.



Administer nasal naloxone

- Hold sprayer between thumb and two fingers.
- **DO NOT TEST SPRAY.**
Spray entire dose into nostril.
- Repeat after 2 to 3 minutes if still not conscious.



Someone has
overdosed.

Someone isn't
breathing.



Call 911

If you report an overdose,
New York State law protects
you and the overdosed person
from being charged with drug
possession, even if drugs
were shared.



Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.



Resources to Obtain Narcan

- In the state of Alabama, the standing order is the prescription and can be obtained by downloading it from the [Alabama Department of Public Health \(ADPH\) website](#) once you have completed the online training.
- The Jefferson County Department of Health is pleased to offer online naloxone training with mail order naloxone availability. This service is available to anyone in the state of Alabama, in partnership with the Alabama Department of Mental Health and Alabama Department of Public Health. To access the online training, please go to www.jcdh.org and search naloxone or Narcan. For more information, you may email naloxonetraining@jcdh.org or call 205-930-1065.



Additional Resources:

SAMHSA Opioid Overdose Prevention TOOLKIT

Opioid Use Disorder Facts

Five Essential Steps for First Responders

Information for Prescribers

Safety Advice for Patients & Family Members

Recovering From Opioid Overdose



SAMHSA
Substance Abuse and Mental Health
Services Administration

- [SAMHSA.gov](https://www.samhsa.gov)
- [Harmreduction.org](https://harmreduction.org)
- [Getnaloxonenow.org](https://getnaloxonenow.org)
- [Overdosepreventionalliance.org](https://overdosepreventionalliance.org)
- [Naloxoneinfo.org](https://naloxoneinfo.org)
- [Prescribetoprevent.org](https://prescribetoprevent.org)
- [Projectlazarus.org](https://projectlazarus.org)
- [Stopoverdose.org](https://stopoverdose.org)



How to Contact Project FREEDOM

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Please visit: <https://www.alliantquality.org/> for more information and resources



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CMS 12th SOW Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

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