

# 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!**



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



The Quality Improvement Services Group of  
ALLIANT HEALTH SOLUTIONS

# Opioid Overdose Reversal Training



February 9, 2021

Hosted by:

Stacy Hull, LPC MAC CPCS

AIM Manager, Behavioral Health for Alliant Quality



# Kelly Vandermark, MS, CASAC

## CLINICAL COORDINATOR

Kelly Vandermark is the clinical coordinator of a mobile CASAC team in the Addiction Psychiatry Division at the University of Rochester Medical Center. This role involves overall management of clinical operations, administration and oversight of staff to support functions for this deployable team.

Kelly has over 25 years of experience in the addiction field. She has worked for a diverse group of organizations in different capacities. Her current role is to bridge the gap for patients in the primary care setting, inpatient medical admissions, emergency room visits and offer substance use treatment, as well as, medicated assisted treatment. Kelly also provides narcan training to patients, family members, medical professionals, area colleges and high schools, public safety organizations and other community organizations.

### **Contact:**

[kelly\\_vandermark@URMC.Rochester.edu](mailto:kelly_vandermark@URMC.Rochester.edu)

# Opioid Overdose Reversal Training

*STRONG MEMORIAL HOSPITAL*  
*STRONG RECOVERY*  
2020

MEDICINE *of* THE HIGHEST ORDER

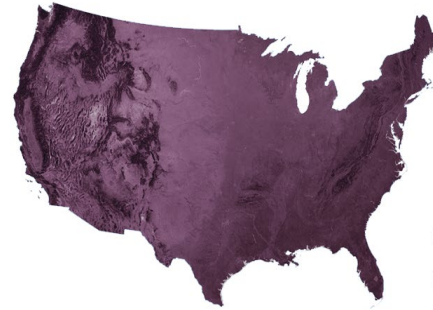


# Opioid Overdose Reversal Training

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

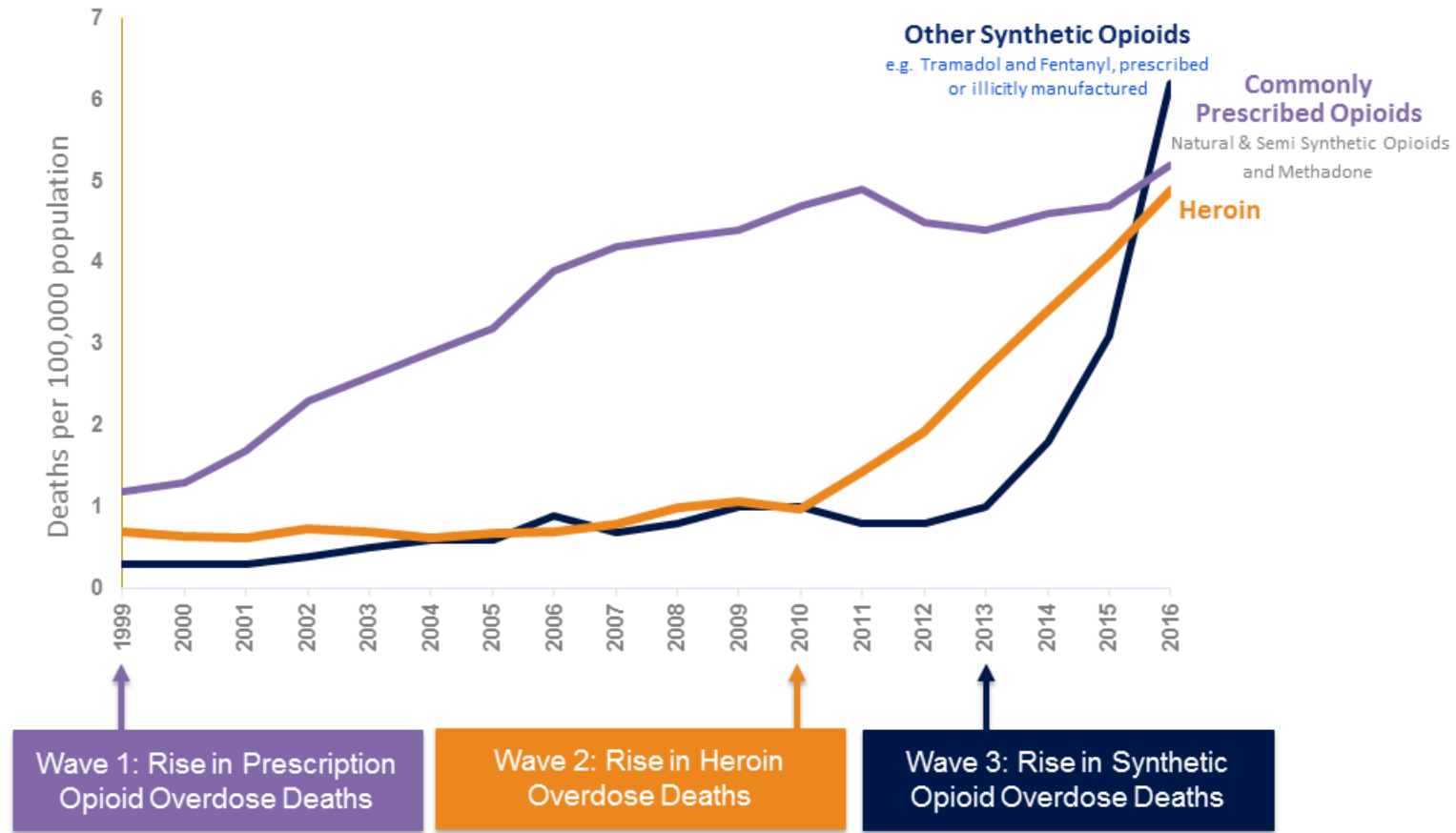
# The Overdose Epidemic

- 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



die every day from  
an opioid overdose  
(including Rx and illicit opioids).

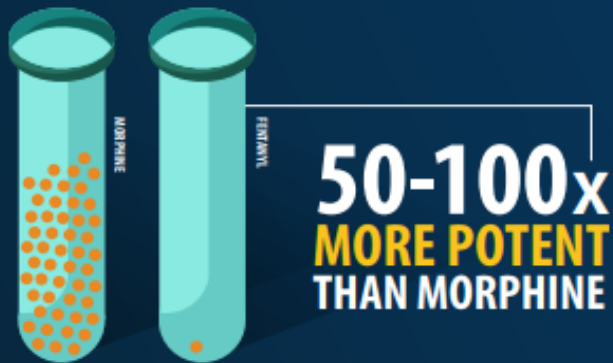
# 3 Waves of the Rise in Opioid Overdose Deaths



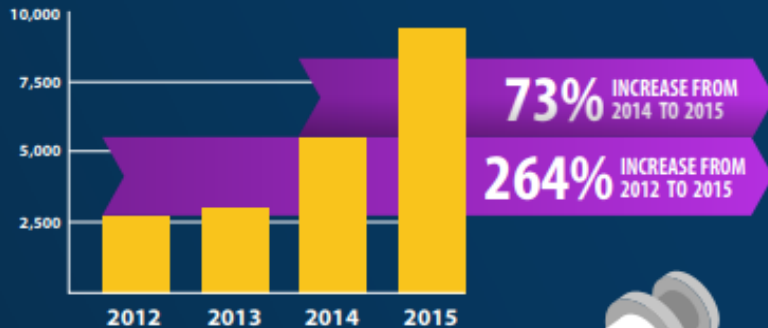
SOURCE: National Vital Statistics System Mortality File.

# FENTANYL: Overdoses On The Rise

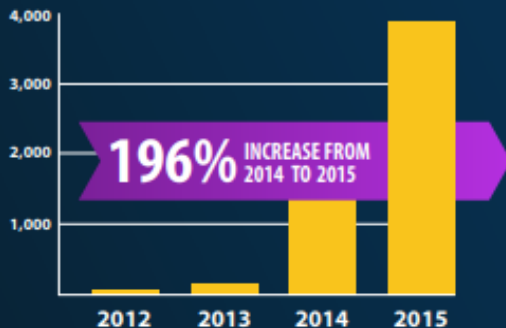
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. **Illicitly manufactured fentanyl** is the main driver of recent increases in synthetic opioid deaths.



## SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

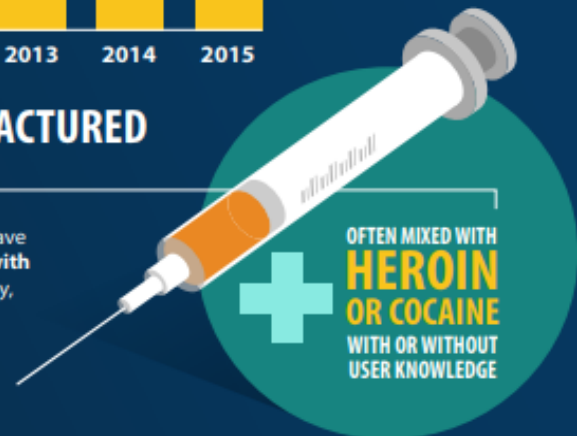


## Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



## ILLICITLY MANUFACTURED FENTANYL

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





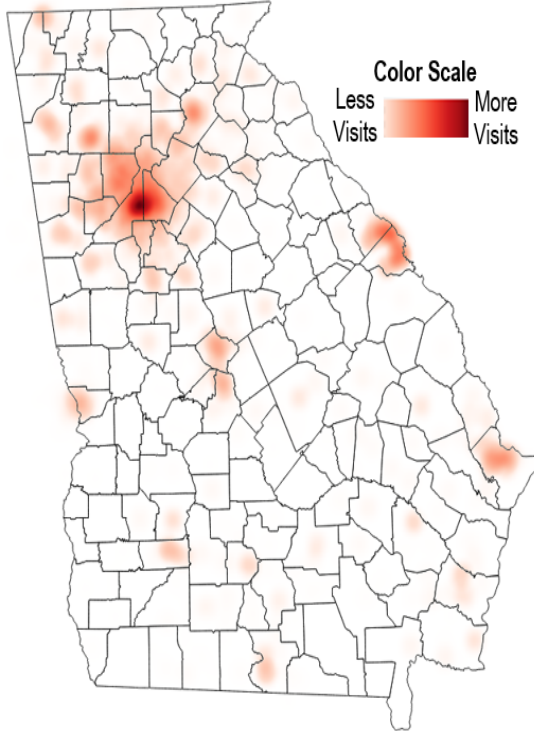
## Georgia Department of Public Health Drug Overdose Surveillance Program

- The Drug Surveillance Unit monitors overdose trends in Georgia, and provides drug surveillance data to the public and to partners working to end the opioid epidemic.
- This data is also used to detect and respond to rapid increases, or clusters, of overdoses, such as the Counterfeit Percocet-Related Overdose Cluster in Macon during June 2017.

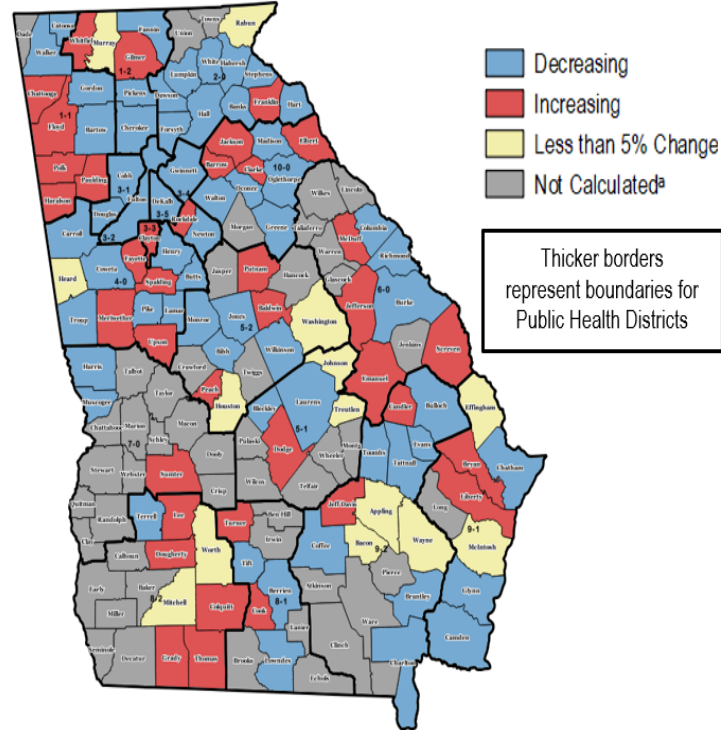
[HTTPS://DPH.GEORGIA.GOV/DRUG-OVERDOSE-SYNDROMIC-SURVEILLANCE-MONTHLY-REPORTS](https://dph.georgia.gov/drug-overdose-syndromic-surveillance-monthly-reports)

# Drug Overdoses in Georgia

Drug<sup>6</sup> Overdose ED Visits by Patient Zip Code<sup>A</sup>,  
(3/15/2020 – 8/15/2020)



Percent Change<sup>3</sup> of Drug<sup>6</sup> Overdose ED Visits by Patient County<sup>A</sup>,  
Current 22 Weeks (3/15/2020 – 8/15/2020) vs Previous 22 Weeks (10/13/2019 – 3/14/2020)



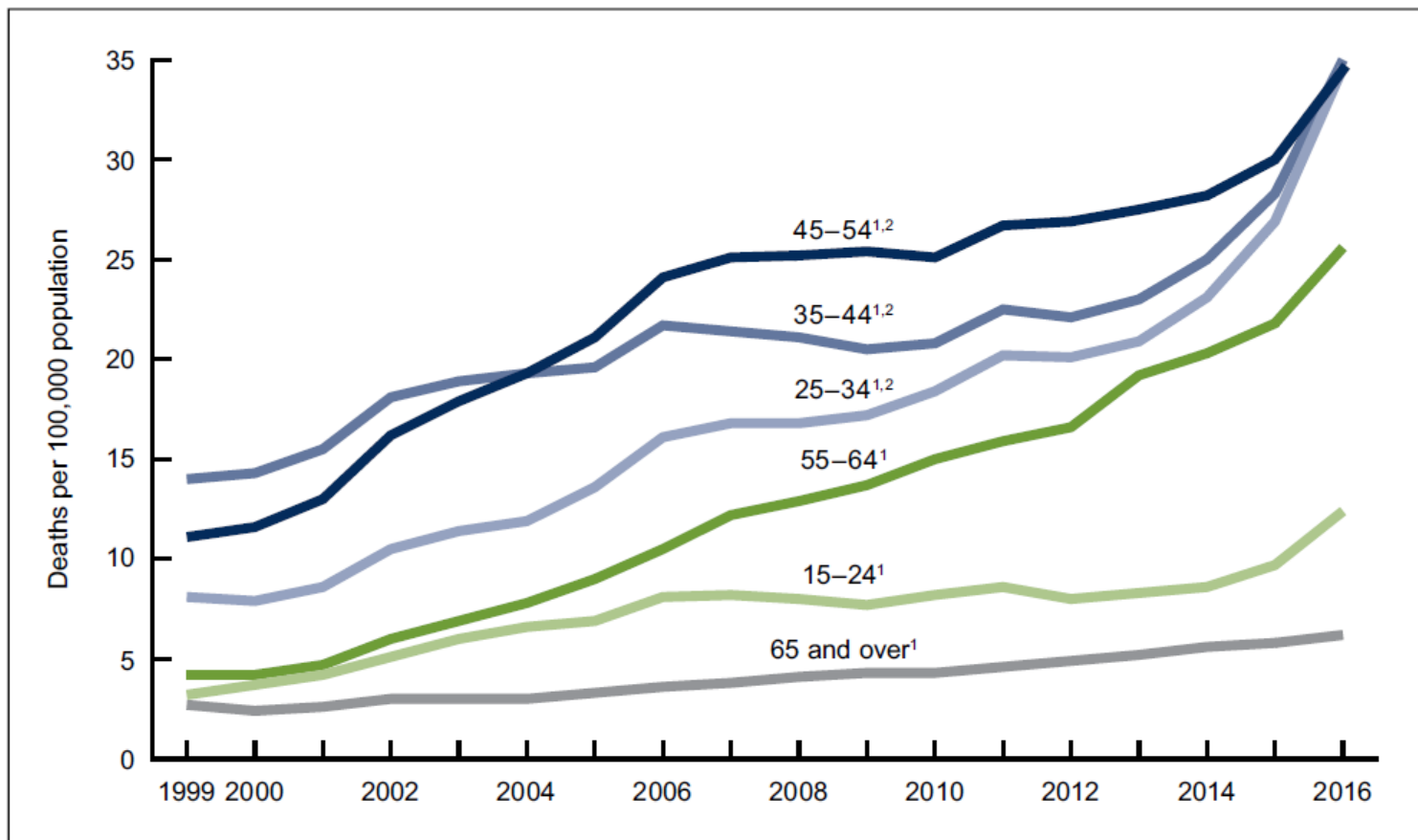
## Drug overdose-involved deaths:

Preliminary results for drug overdose deaths among Georgia residents showed the following percent change increases from the previous 15-week period (12/01/2019 – 3/14/2020) to the current 15-week period (3/15/2020 – 6/27/2020):

*Note: categories are not mutually exclusive.*

- 9.0% increase among all drug overdose deaths (444 to 484 deaths)
- 25.3% increase among opioid-involved overdose deaths (273 to 342 deaths)
- 32.3% increase among heroin-involved overdose deaths (93 to 123 deaths)
- 61.4% increase among fentanyl-involved overdose deaths (140 to 226 deaths)

Figure 2. Drug overdose death rates, by selected age group: United States, 1999–2016



<sup>1</sup>Significant increasing trend from 1999 to 2016 with different rates of change over time,  $p < 0.005$ .

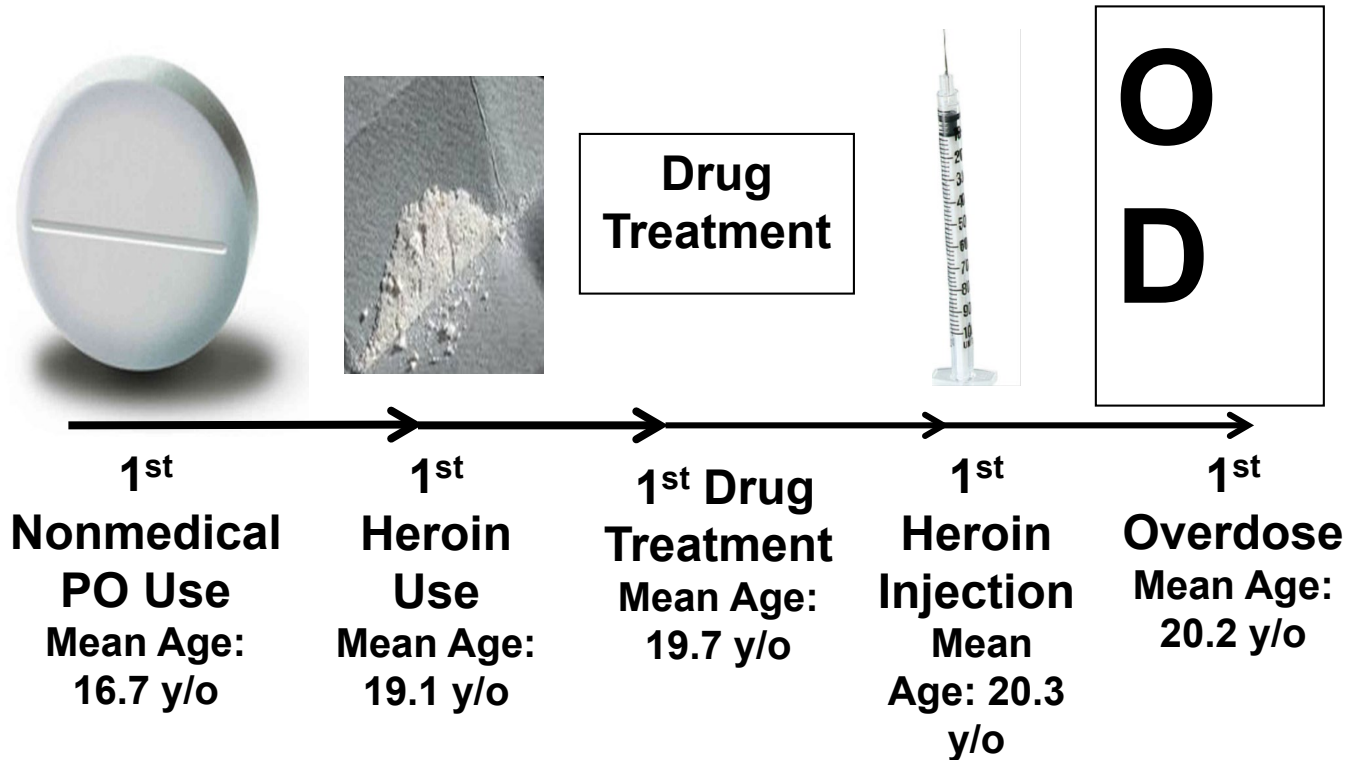
<sup>2</sup>2016 rate was significantly higher than for the rate for age groups 15–24, 55–64, and 65 and over,  $p < 0.05$ .

NOTES: Deaths are classified using the *International Classification of Diseases*, Tenth Revision. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at: [https://www.cdc.gov/nchs/data/databriefs/db294\\_table.pdf#2](https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#2).

SOURCE: NCHS, National Vital Statistics System, Mortality.

# Trajectory of Opioid Use

Guarino H, Mateu-Gelabert P et al. Young adults' opioid use trajectories: From nonmedical prescription opioid use to heroin, drug injection, drug treatment and overdose. *Addict Behav.* 2018 Nov;86:118-123



# 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).

*Source: SAMHSA Opioid Overdose Toolkit 2018*

# Georgia State Laws

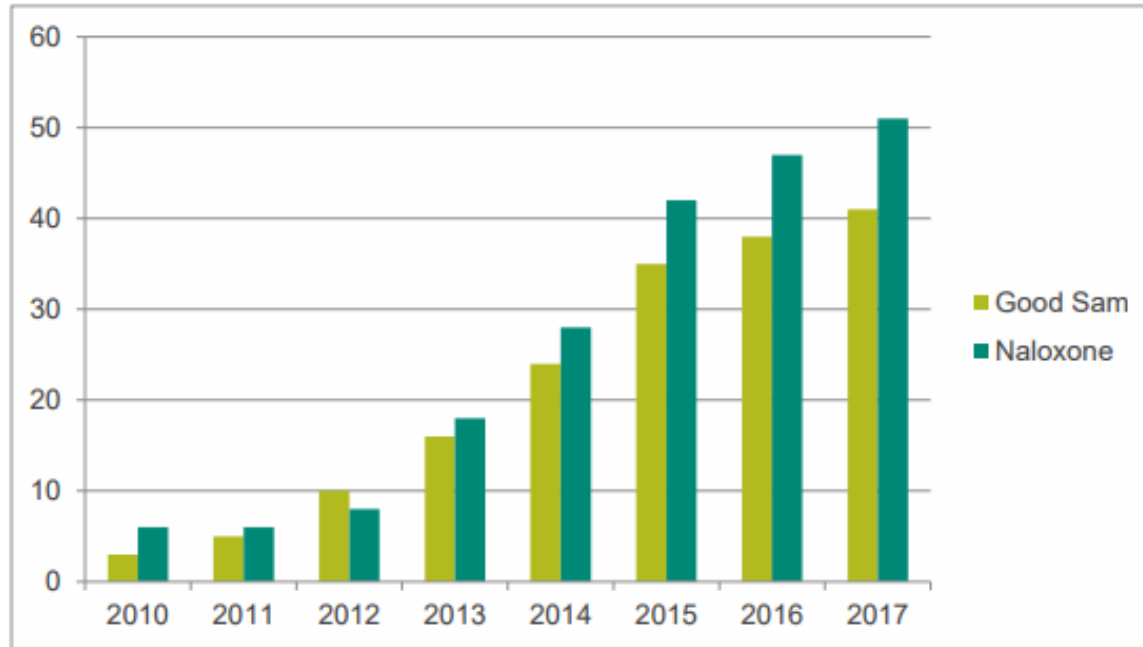
## **Bill 121 (2017)**

Increased accessibility of naloxone, in particularly Narcan to residents at their local pharmacies. This is one of many measures designed to curb the opioid epidemic.

## **911 Medical Amnesty (2014)**

Georgia has a [Medical Amnesty Law](#), which protects individuals from arrest, prosecution or convicted of certain drug offenses when seeking medical attention for themselves or someone else. This immunity covers:

- Possession of certain drugs or drug paraphernalia
- Violation of probation, parole and other violations
- Illegal possession and consumption of alcohol
- This law also provides civil and criminal immunity for possession and administration of Naloxone.



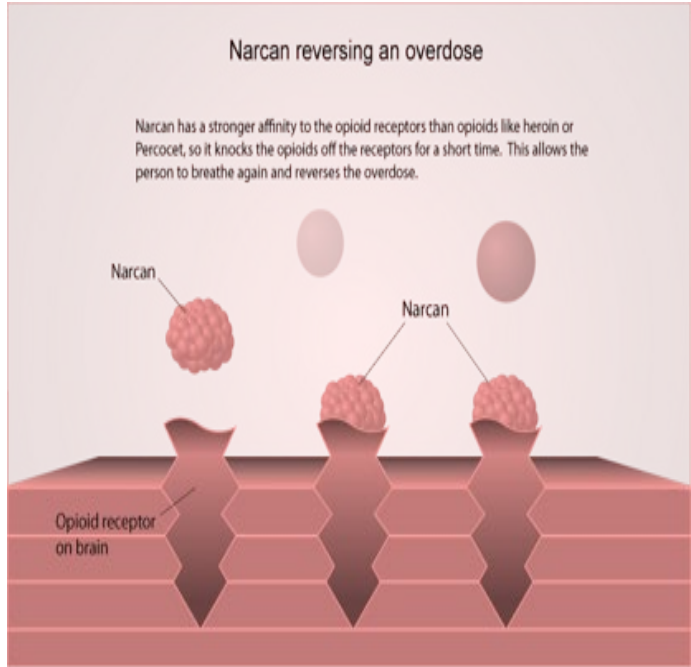
**Figure 2: Adoption of naloxone access and overdose Good Samaritan laws over time**



# Narcan without prescription

Since 2016, Georgia pharmacists have been allowed to dispense naloxone without a prescription

# 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
- *BMJ Evidence Centre. Treatment of opioid overdose with naloxone. Updated 10/23/12. <http://bmj.com>*

# 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.

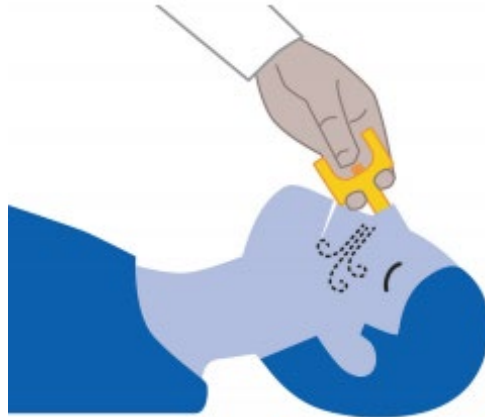


## Try to wake the person up

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

MEDICINE *of* THE HIGHEST ORDER



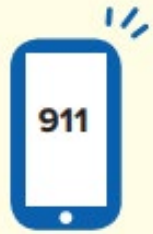


## Administer nasal naloxone

- 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.

MEDICINE *of* THE HIGHEST ORDER





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.

MEDICINE *of* THE HIGHEST ORDER







## 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.

MEDICINE *of* THE HIGHEST ORDER





## 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.

MEDICINE *of* THE HIGHEST ORDER





DON'T RUN  
**CALL 911**

## Resources for Narcan



Georgia Overdose Prevention provides Narcan free of charge across Georgia

**Request a kit:** Persons at high risk (rx opioids, street drugs, MAT or in recovery) [georgiaoverdoseprevention.org](https://georgiaoverdoseprevention.org)

Atlanta Harm Reduction Coalition (AHRA) provides Narcan free of charge in metro Atlanta [atlantaharmreduction.org](https://atlantaharmreduction.org)

**Request a kit:** call AHRA at 404-942-7942 or visit drop in center at  
1231 Joseph E Boone Blvd Atlanta

Cheryl Kolb: Georgia Department of Public Health Opioid Prevention & Education

**Request a kit** for the following counties email: [cheryl.kolb@dph.ga.gov](mailto:cheryl.kolb@dph.ga.gov)

Muscogee, Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, and Webster

Naloxone is available at Georgia pharmacies. It does not require a personal prescription and is covered by most insurances.

MEDICINE *of* THE HIGHEST ORDER



# 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



- Georgia Prescription Drug Abuse Prevention Initiative and Collaborative: [livedrugfree.org](http://livedrugfree.org)
- [SAMHSA.gov](http://SAMHSA.gov)
- [Harmreduction.org](http://Harmreduction.org)
- [Getnaloxonenow.org](http://Getnaloxonenow.org)
- [Overdosepreventionalliance.org](http://Overdosepreventionalliance.org)
- [Naloxoneinfo.org](http://Naloxoneinfo.org)
- [Prescribetoprevent.org](http://Prescribetoprevent.org)
- [Projectlazarus.org](http://Projectlazarus.org)
- [Stopoverdose.org](http://Stopoverdose.org)

MEDICINE *of* THE HIGHEST ORDER



# Contact Information:

**Kelly Vandermark**

MS, CASAC

Clinical Coordinator

[kelly\\_vandermark@URMC.Rochester.edu](mailto:kelly_vandermark@URMC.Rochester.edu)

Phone: 585-785-8263 or 585-276-9229

**Stacy Hull**

LPC MAC CPCS

Behavioral Health Manager

[Stacy.Hull@AlliantHealth.org](mailto:Stacy.Hull@AlliantHealth.org)

O 678.527.3478 | c 404.951.2575

# Making Health Care Better Together

ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE



@AlliantQualityOrg



Alliant Quality



@AlliantQuality



Alliant Quality

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1-GA-21-474



**Quality Improvement Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**ALLIANT QUALITY**

The Quality Improvement Services Group of  
ALLIANT HEALTH SOLUTIONS