

# Opioids, Stimulants and Overdose Prevention Training



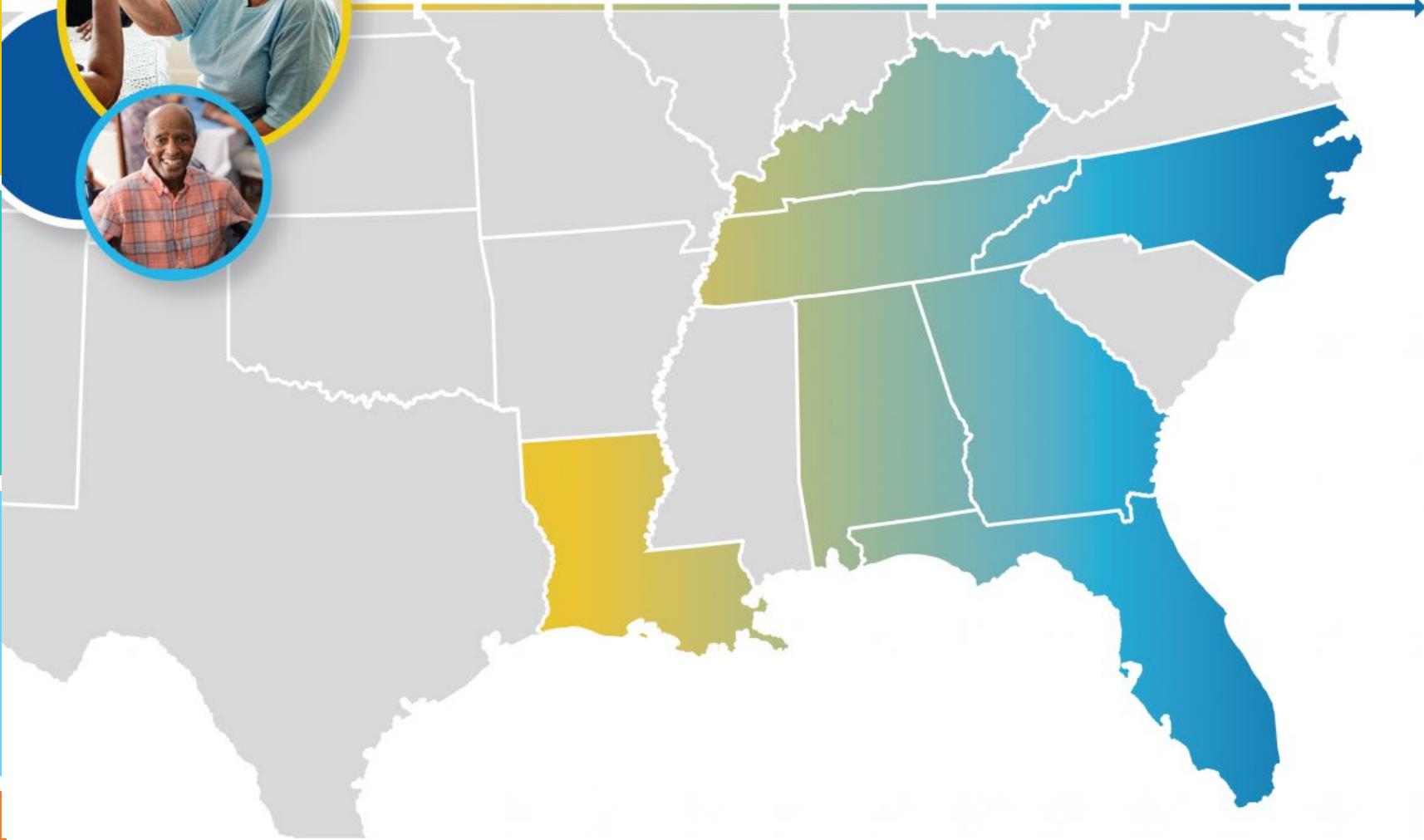
Presented by:  
Tanya Vadala  
Melesa Lassiter, BSN, RN

January 25, 2022

 **ALLIANT**  
HEALTH SOLUTIONS

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTER FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# Making Health Care Better *Together*



## About Alliant Health Solutions

# Tanya Vadala, Pharm.D.

## MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 18 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

Contact: [TVadala@ipro.org](mailto:TVadala@ipro.org)



# Melesa Lassiter, BSN, RN

## REGIONAL OVERDOSE PREVENTION SPECIALIST

Melesa Lassiter is a native of Dresden, Tenn. and received her nursing degree from Bethel University. She has been with the Weakley County Prevention Coalition since September of 2017 as the Regional Overdose Prevention Specialist (ROPS) of Region 6 North, covering all of northwest Tennessee. As a ROPS of northwest Tennessee, her goal is to educate the public, medical community, law enforcement and first responders on the opioid epidemic. She trains and equips individuals with the lifesaving drug Narcan (Naloxone). Melesa continues to meet people where they are in their path to recovery.

Contact: [melesa@martinhousing.org](mailto:melesa@martinhousing.org)





Department of

# Mental Health & Substance Abuse Services



## Opioids, Stimulants, and Overdose Prevention Training

Melesa Lassiter BSN, RN

Regional Overdose Prevention Specialist (ROPS), Region 6N

# Training Agenda

1. Introduction to key terms
2. Review overdose trends in Tennessee and your county/region
3. Discuss the science of addiction
4. Understand stigma and harm reduction
5. Recognize the signs and symptoms of opioid and stimulant overdoses
6. Learn how to respond to a drug overdose with Naloxone
7. Understand compassion fatigue and burnout
8. Take action to prevent overdoses in your community

# Key Terms

**Opioids:** medications and drugs that bind to opioid receptors in the brain

- Prescription medications like Hydrocodone and Oxycodone
- Illicit substances like heroin and fentanyl

**Stimulants:** medications and drugs that cause increased activity in the body (e.g., alertness, energy)

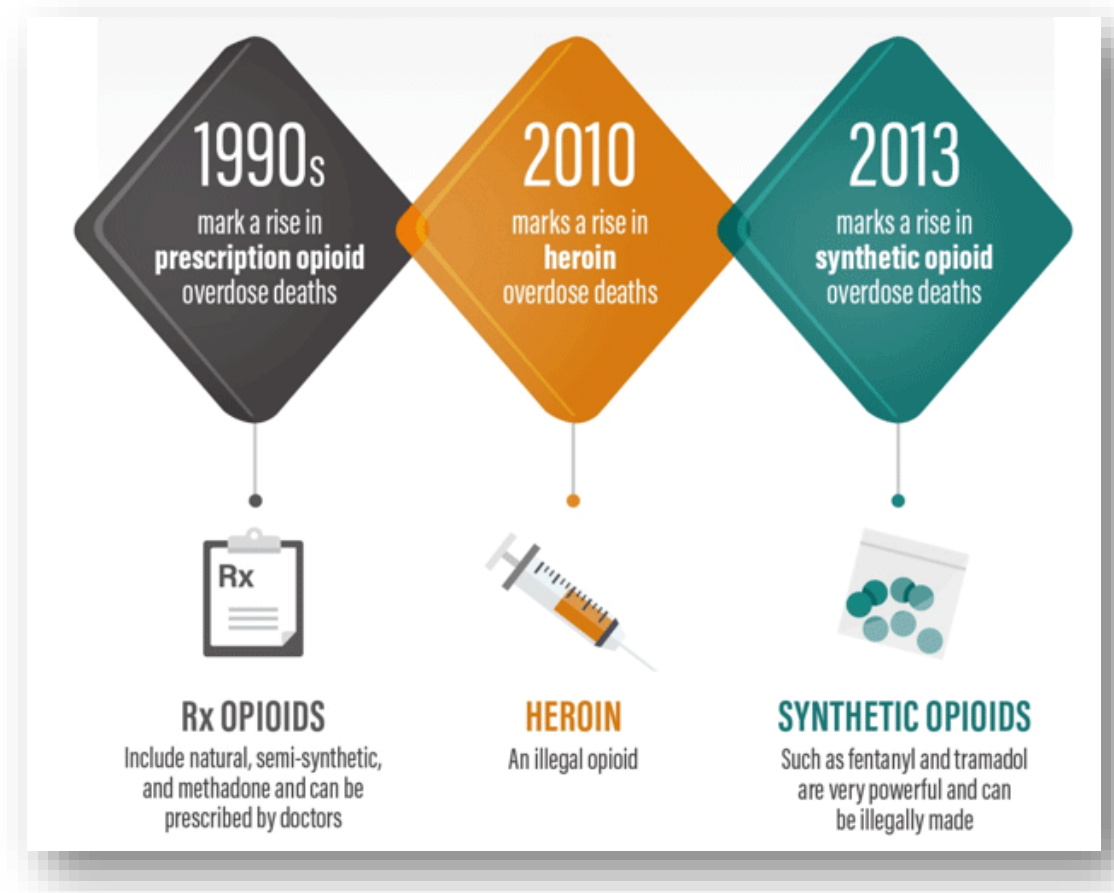
- Prescription medications like Adderall and Ritalin
- Illicit substances like methamphetamine and cocaine

**Overdose:** when a toxic amount of a drug, or combination of drugs, overwhelms the body

# Understanding the Overdose Epidemic

Tennessee continues to face an epidemic of substance use.

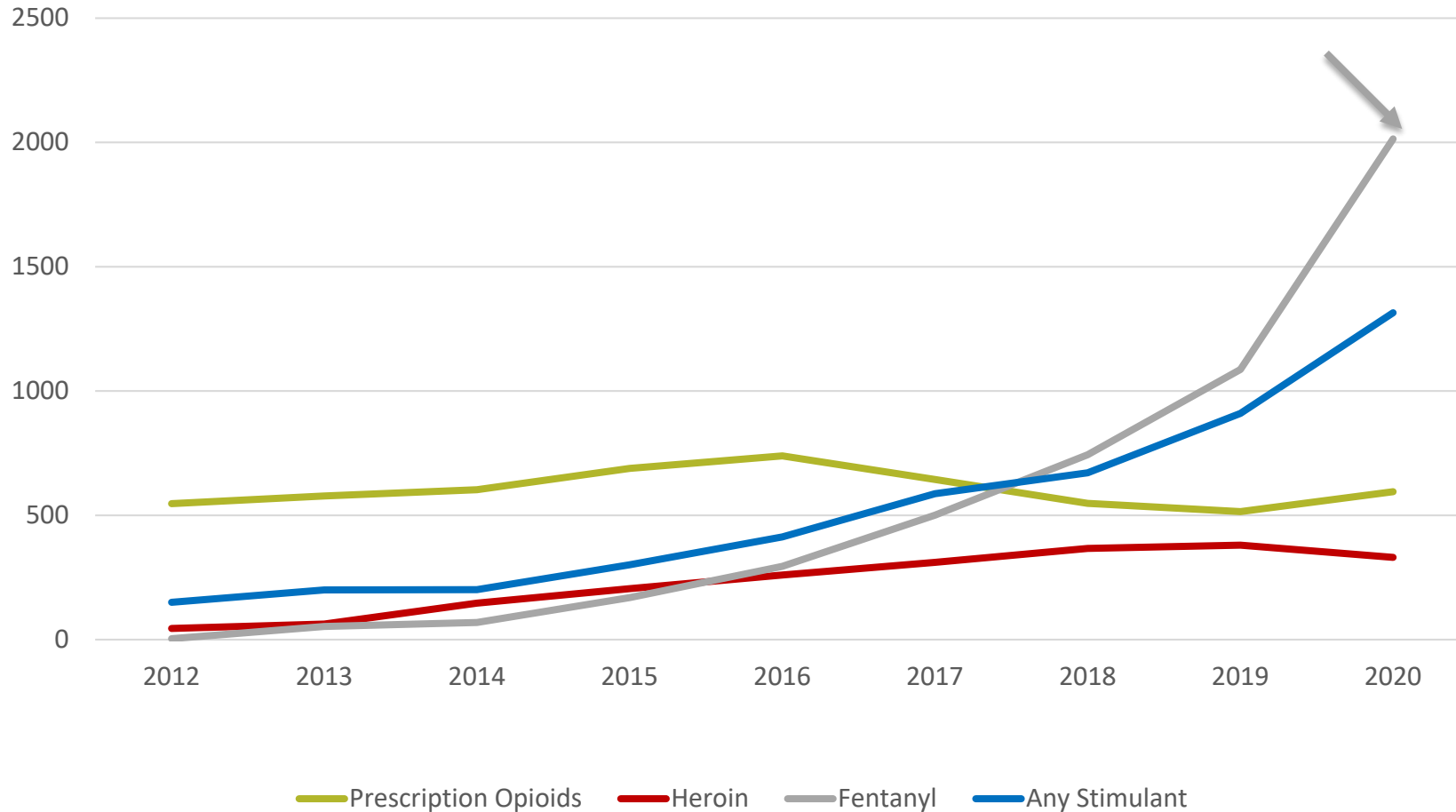
Similar to national trends, Tennessee has seen a shift in the primary cause of the overdose epidemic from prescription pain relievers to illicit substances.





# Understanding Overdoses in Tennessee

Fatal Overdoses in Tennessee, 2012-2020



- From 2012 to 2017, prescription opioids were involved in most of the overdose deaths in TN.
- Deaths due to prescription opioids declined from 2016 to 2019, while deaths due to illicit substances like heroin, fentanyl and stimulants ***increased dramatically***.
- In 2020, ***2 out of 3*** overdose deaths involve fentanyl.

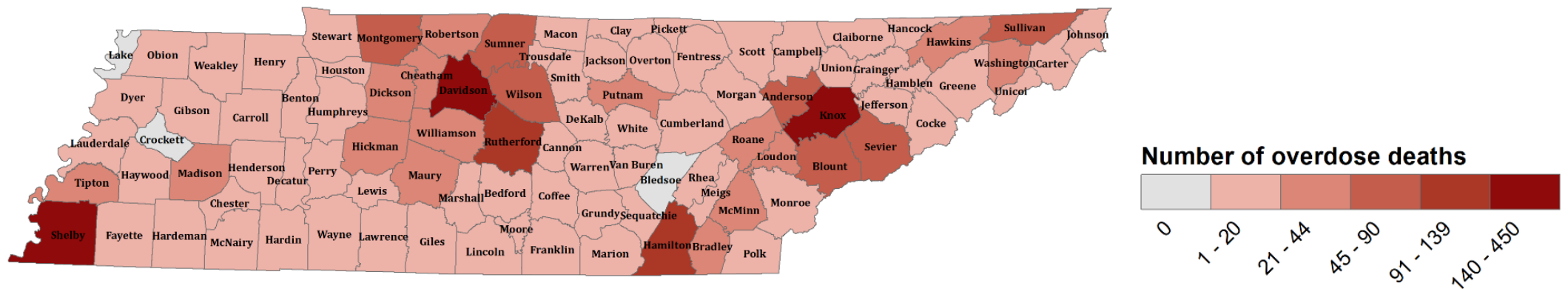
# Understanding Overdoses in Tennessee

In 2020, **3,032** Tennesseans died of a drug overdose, representing a 45% increase from 2019.

- **2,014** deaths involved fentanyl, an **85%** increase from 2019
- **1,315** deaths involved a stimulant, a **45%** increase from 2019
- **331** deaths involved heroin, a **13% decrease** from 2019
- **595** deaths involved prescription pain relievers, a **16%** increase from 2019

*\*Please keep in mind that an overdose may involve multiple substances and that a single death may be counted in multiple drug categories.*

## All Drug Overdose Deaths in TN Counties (2020)



# The Science of Addiction

**Addiction** is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, environment and life experiences.

Just as cardiovascular disease damages the heart, addiction damages the brain, making it difficult to function as it should.

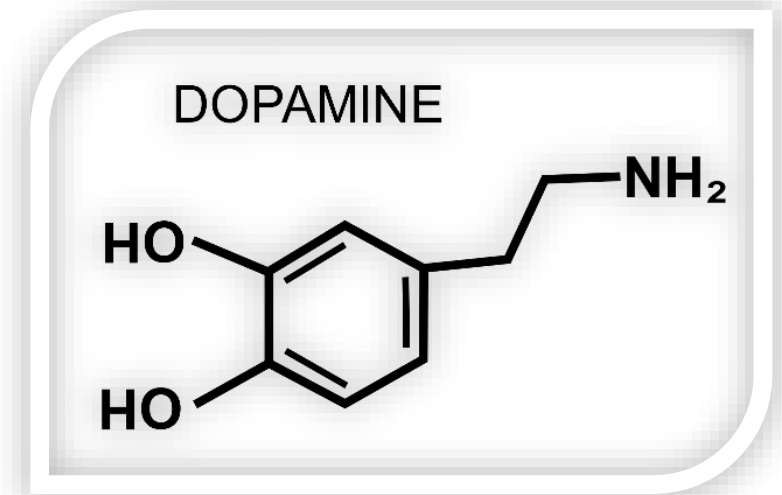


# The Science of Addiction

Addiction has been found to have numerous root causes. One of the potential causes of addiction is the brain's response to dopamine.

Dopamine is a neurotransmitter made in the brain that plays a role in how we feel pleasure and is important for thinking and planning.

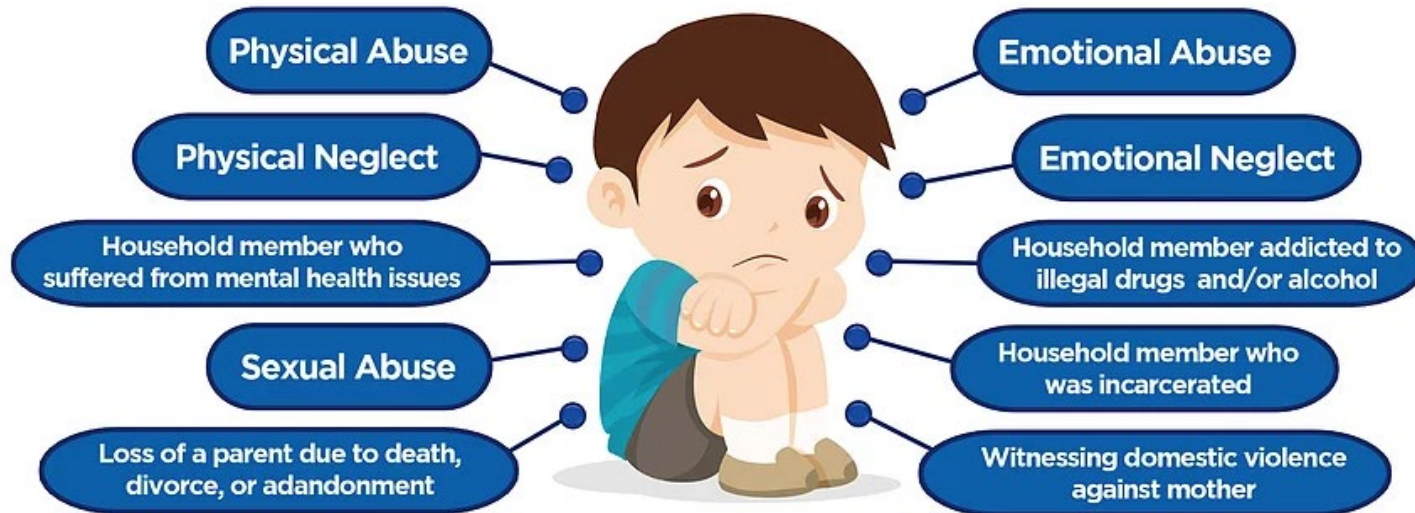
- When a substance is consumed, there is a fast increase in the amount of dopamine created, satisfying the brain's reward center and making the person feel pleasure.
- When a substance is consumed repeatedly, the brain begins to require a higher amount of dopamine to achieve the same feeling.
- At the same time, substances make your body less able to produce dopamine naturally, leading to lows when an individual does not use substances.



# The Science of Addiction

Another factor that may play a role in addiction are **Adverse Childhood Experiences (ACEs)**.

## ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



- Affects brain development
- ACEs are common:
  - 61% of U.S. adults have one ACE
  - 16% have four or more ACEs
- Higher ACEs are correlated with a variety of adverse health outcomes, including obesity, depression and substance use/misuse.

# The Science of Addiction

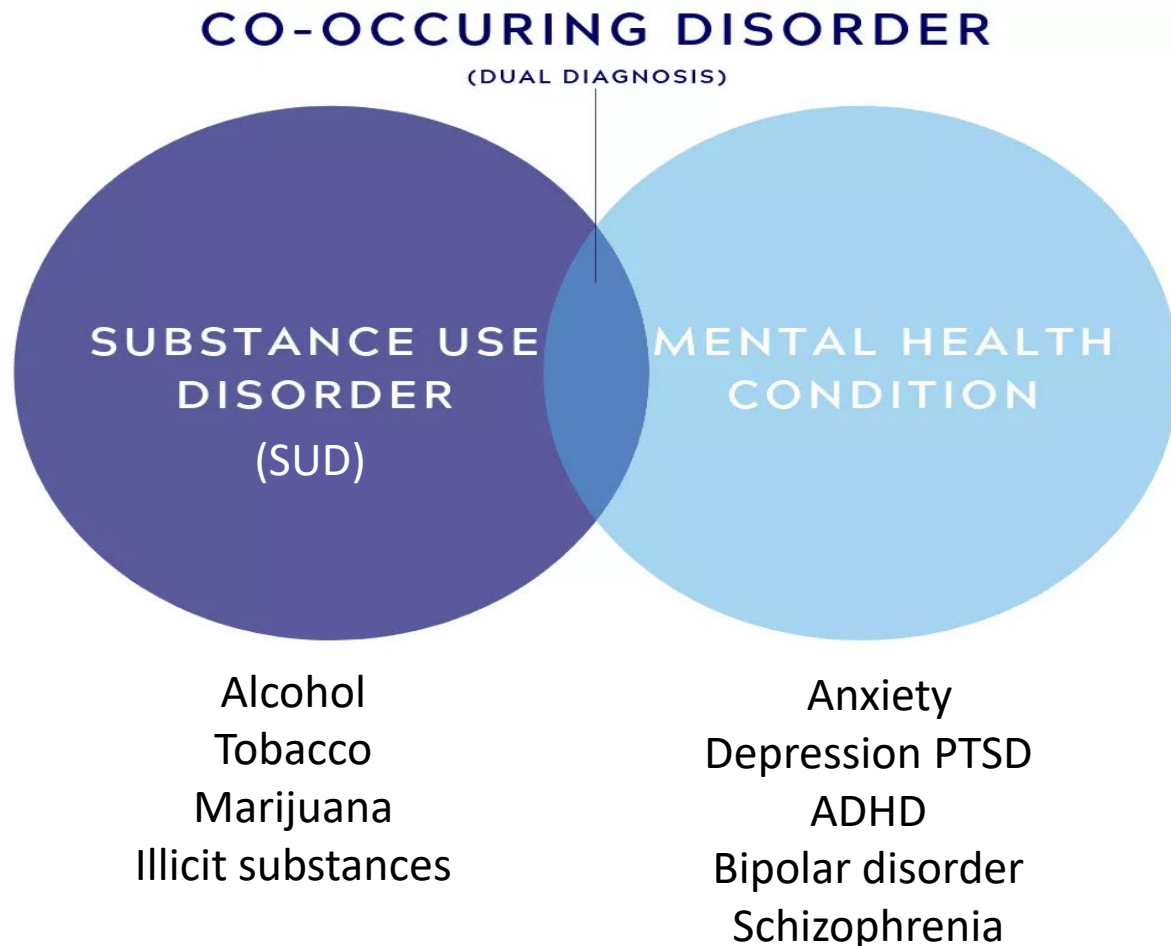
Another factor that may play a role in addiction are **genetics and family history**.

- Science is working to identify genes that increase vulnerability to addiction.
- A family history of substance use/misuse increases the vulnerability to addiction.



# The Science of Addiction

Other factors that may play a role in addiction are **co-occurring mental health conditions**.



- 39% of people with SUD also have a mental health condition
- Share common vulnerabilities
- Self-medicating a mental health condition can lead to or contribute to a SUD

# The Science of Addiction

Other factors that may play a role in addiction are **community-level factors**.


Community-level factors can increase or decrease vulnerability for substance misuse.





# Reducing Stigma

## Substance use falls on a continuum

- Abstinence/low-risk  chronic dependence
- Relapse **does not equal** a moral failure
  - It is a chemical response in the brain
- **40%-60%** will relapse **at least** once
  - Other chronic diseases: 50%-70% with high blood pressure experience symptoms each year that require medical attention

Beware of **unintentional personal bias.**

Recognize addiction is often connected to **trauma.**

# Language Matters

Do away with labels and use “person first” language

(Person with substance use disorder, **not** Addict)

- Experiencing stigma can reduce a person’s willingness to seek treatment, take other actions to reduce harm or ask for help.
- Stigma among medical and social services reduces the quality of care.

## Say this...



- Person with a Substance Use Disorder
- Positive or Negative Toxicology
- Sterile or used needles
- Not using substances
- Person living in recovery

## ...Not That



- Not Addict or Junkie
- Not clean or dirty screen
- Not clean or dirty needles
- Not clean
- Not ex-addict

# Harm Reduction

**Harm Reduction is a way of preventing disease and promoting health that meets people where they are.**

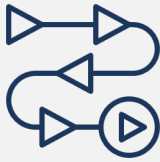
Not everyone is **ready or able to stop substance use**; therefore, **scientifically proven** ways of decreasing risks are **essential.**

(e.g., Medication-Assisted Treatment (MAT), Naloxone, Syringe Service Programs)

# Harm Reduction Core Principles



**Non-judgmental approach** with a focus on **enhancing quality of life.**



Behavior change is an **incremental process.**



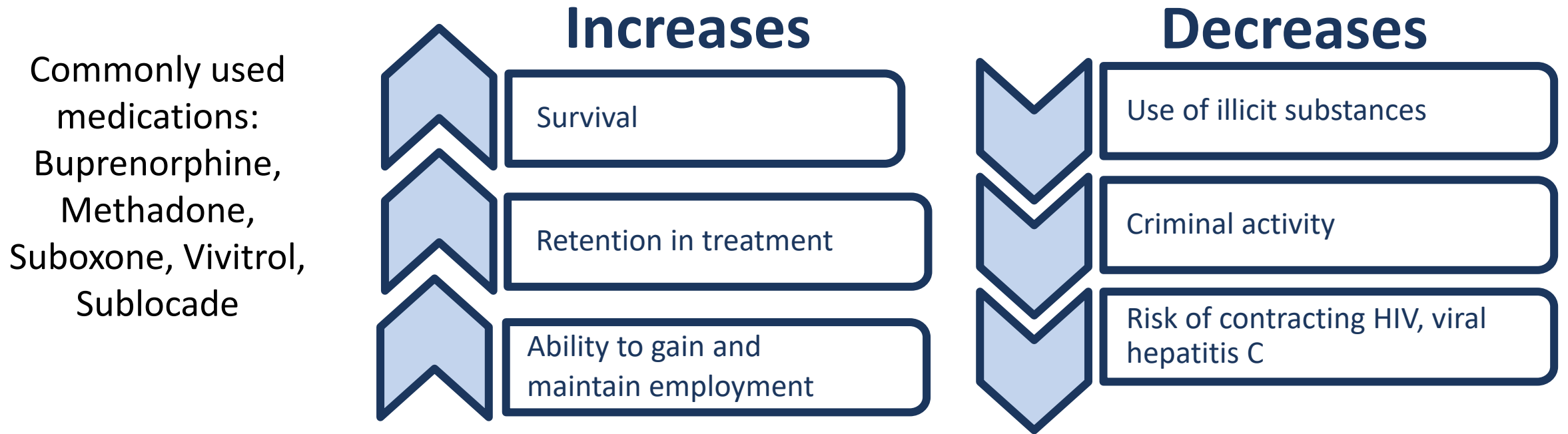
**Complex social factors** influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma).



**Empower those who use substances** to be the primary agents in reducing the harms of their substance use.

# Medication Assisted Treatment (MAT)

Using Medication-Assisted Treatment (MAT) is a medically proven tool to **support and sustain recovery.**



*MAT is a tool endorsed by the American Society for Addiction Medicine, American Medical Association, and the Substance Abuse and Mental Health Services Administration.*

# Syringe Service Programs (SSPs)

## Community Health Programs

- Sterile injection equipment
- **Testing** for HIV, Hepatitis, STIs and **linkages** to services
- **Referrals** to treatment, medical and social services
- **Education** and **tools** for overdose prevention and safer substance use

## SSPs **reduce substance use** over time

- *People who inject drugs are five times* more likely to **enter treatment for substance use disorder** when participating in an SSP

## SSPs also:

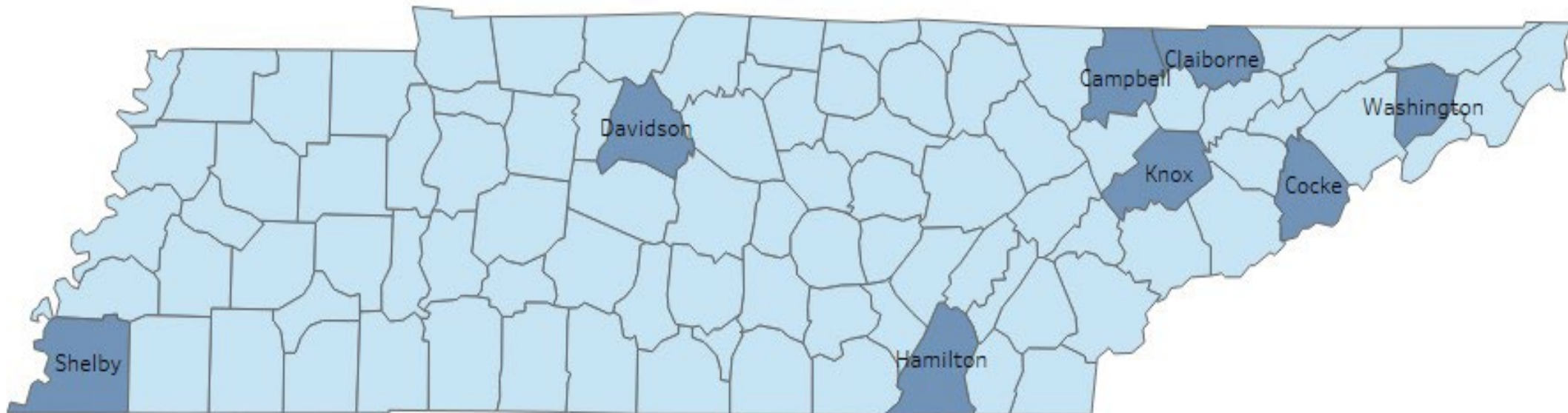
- **Reduce needle stick injuries** among first responders by providing proper disposal
- Provide a place for **safe disposal of used syringes**, reducing them in public places like parks and parking lots
- **Reduce** HIV and Hepatitis C incidences and overdose deaths

# Syringe Service Programs (SSPs)

- Tennessee legalized SSPs in 2017
- All SSPs must be licensed through the TN Department of Health
- Five organizations operate in 12 locations



Updated locations and hours of operation can be found on the TN Department of Health website



# What Is an Overdose?

An overdose happens when a toxic amount of a drug, or combination of drugs, overwhelms the body.

- Overdoses can look different based on the substance(s) and/or drug(s) involved.
- People can overdose on all types of drugs.
  - Prescription medications (like Hydrocodone or Adderall)
  - Over-the-counter medications (like Tylenol or Benadryl)
  - Illicit drugs (like Heroin, Fentanyl, or Methamphetamine)

**Overdose deaths are preventable with the right tools.**



# Tools for Preventing Overdoses

1. Knowing the risk factors.
2. Recognizing the signs and symptoms of different drug overdoses.
  - Opioid overdose
  - Stimulant overdose
3. Learning how to respond to a drug overdose.

# Risk Factors for An Opioid Overdose

## Mixing Substances

- Mixing illicit and prescription opioids
- Mixing opioids with alcohol
- Mixing opioids with benzodiazepines (Xanax, Valium, Ativan)
- Mixing opioids with stimulants

## Using after a period of no use

- Jail
- Detox program
- Treatment facility/rehab
- Probation/Parole

**Counterfeit pills or unknown substances**

**History of Substance Misuse**

**Mental Health Condition**

**Chronic Illness**

**Thoughts of Suicide**

**Methadone or Buprenorphine Prescription**

**Using While Alone**

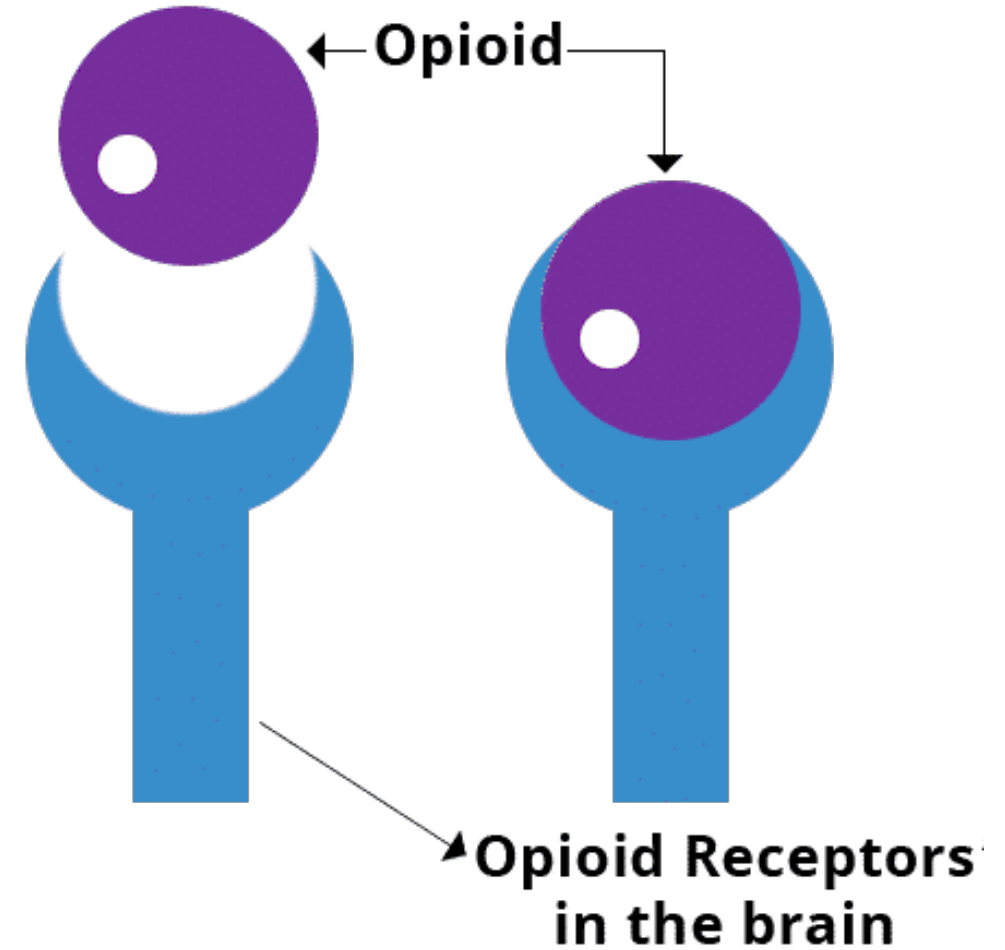
**Previous Overdose**

# Opioid Overdoses: What Is an Opioid?

“Opioids” is a term for medications and drugs that bind to the opioid receptors in the brain.

Opioids affect the brain’s **regulation of breathing.**

**Overdoses occur** when too many opioids attach, causing **breathing to stop.**



# Opioid Overdoses: Common Opioids

- Common opioids include illicit drugs and prescription medications.
- Both prescription and illicit opioids can lead to an overdose.

Opioid	Street Names
Codeine	Schoolboy, T-3s
Morphine (Avinza <sup>®</sup> , Kadian <sup>®</sup> , MS Contin <sup>®</sup> )	M, Miss Emma, Monkey, White Stuff
Oxycodone (OxyContin <sup>®</sup> , Percocet <sup>®</sup> )	Ox, Oxys, Oxycotton, Kicker, Hillbilly Heroin
Oxymorphone (Opana <sup>®</sup> )	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Methadone	Junk, Fizzes, Dolls, Jungle Juice
Hydrocodone	Hydro, Norco, Vikes, Watsons, Loritab, Vicodin
Hydromorphone (Dilaudid <sup>®</sup> , Exalgo <sup>®</sup> )	Dill, Dust, Footballs, D, Bid-D, M-2, M-80s, Crazy 8s, Super 8s, Dillydad
Fentanyl (Actiq <sup>®</sup> , Duragesic <sup>®</sup> , Fentora <sup>®</sup> )	Apache, China Girl, China White, Goodfella, TNT
Buprenorphine (Subtex, Suboxone)	Sobos, Bupe, Stops Signs, Oranges
Heroin	Dope, Smack, Horse, China White, Hero, Snow

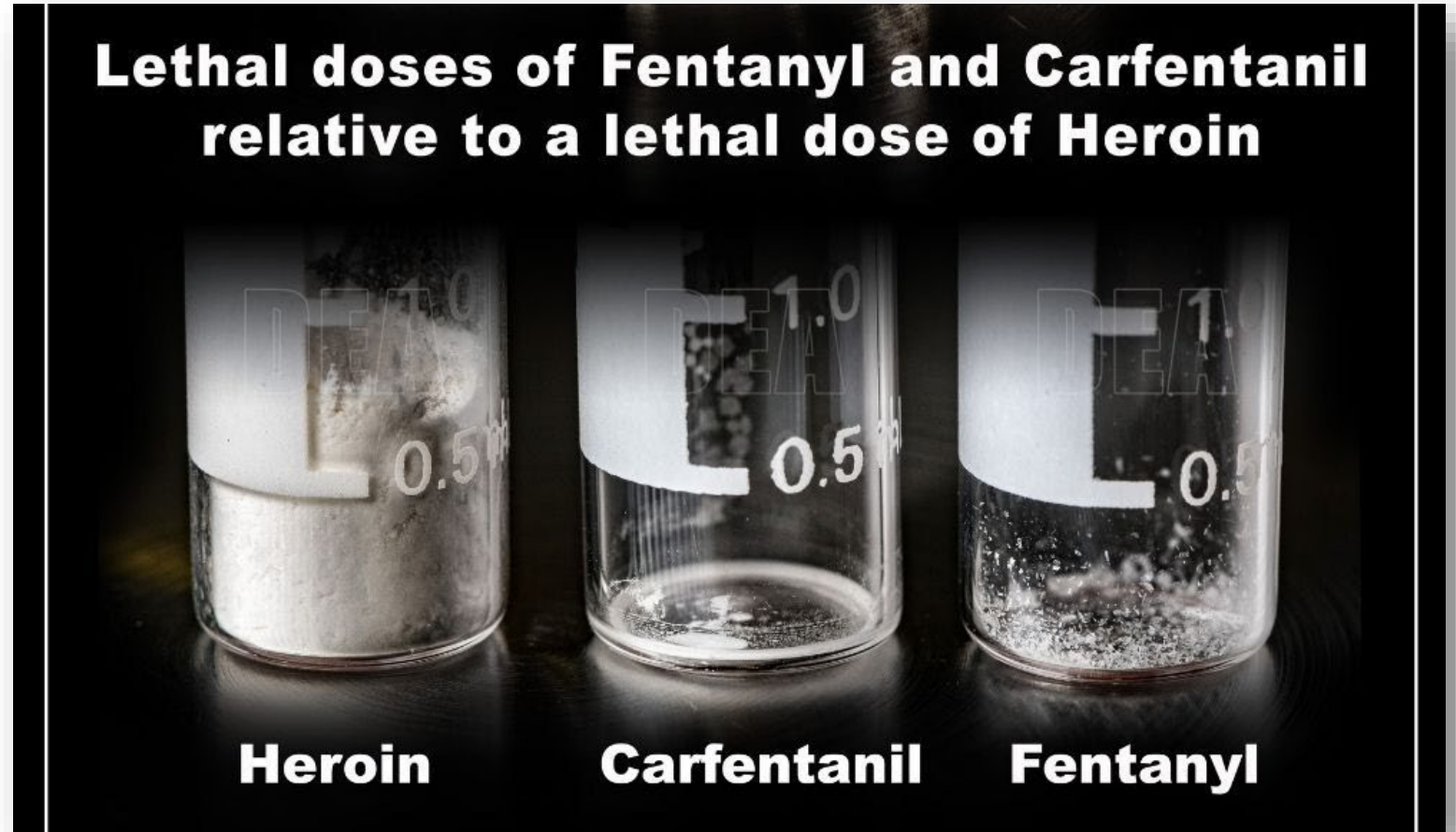
# Opioid Overdoses: Fentanyl Overdose

Fentanyl is a **synthetic opioid**, meaning that it is not naturally occurring and must be made using other chemicals.

In 2020, **two out of three fatal overdoses** in Tennessee involved fentanyl.

Fentanyl is about **50 times** as potent as heroin.

Carfentanil is **4,000 times** as potent as heroin and **100 times** more potent than fentanyl.



# Opioid Overdoses: Fentanyl

Individuals may consume fentanyl intentionally or without knowing.

Fentanyl has been found in counterfeit prescriptions, illicit opioids and even illicit stimulants.

Fentanyl is an opioid. A fentanyl overdose can be reversed with Naloxone (the opioid overdose reversal medication).

An overdose involving fentanyl may occur faster than other opioids and require more doses of Naloxone for a successful reversal.

# Opioid Overdoses: Signs and Symptoms

Opioid overdoses can happen slowly, over the course of several hours or more quickly, particularly if fentanyl is involved.

Signs an opioid overdose MAY occur:

Small pupils --- Nodding out ---- Slurred Speech --- Scratching a lot  
May be out of it, but still respond to outside stimulus

**Signs of an opioid overdose include:**

- Unresponsive to stimulus (unconscious)
- Breathing is very slow and shallow, erratic or has stopped
- Choking sounds or snore-like gurgling noise
- Vomiting
- Body is limp
- Face is pale or clammy
- Fingernails and lips turn blue/purplish black
- Pulse is slow, erratic or undetectable

# Stimulant Overdoses: What is a Stimulant?

- Stimulants are a group of drugs that result in increased activity in the body. This includes increased alertness, heart rate and energy.
- Both prescription and illicit stimulants can lead to an overdose.

Stimulant	Street Names
Adderall	Dexies, Bennies, Uppers, Addy, Beans, Study Buddies
Ritalin	R-ball, Rids, Skippy, Skittles, Smarties, Vitamin R
Crystal Meth	Chalk, Crank, Crystal, Glass, Crissy, Meth
Cocaine	Blow, Bump, Coke, Nose Candy, Snow, Toot
Ecstasy (MDMA)	E, Love Drug, Molly, Moon Rocks, Scooby Snacks, X
Bath Salts	Bliss, Bloom, Cloud 9, Drone, Stardust
Crack Cocaine	Crack, Hard ball, Rocks, Gravel



# Stimulant Overdoses: What Is It?

- Stimulants can have many effects on the body, including physical and psychological responses.
- Overstimulation, known as **overamping**, is the name used when talking about a **stimulant overdose**.
- When a stimulant overdose occurs, it can lead to:
  - A severe physical event such as a heart attack, stroke, or seizure.
  - A mental health event such as extreme panic, paranoia, hallucinations or psychosis.
- Stimulant overdoses can occur regardless of how much or little you use or how long you have been using. It is very dependent on the person and the substance(s) involved.

# Stimulant Overdoses: Risk Factors

Being awake for  
too long  
(sleep deprivation)

Dehydration  
(not enough  
water)

Uncomfortable  
environment

High blood  
pressure

Mixing  
substances/  
unknown  
substances

Not eating enough

Company that  
makes you feel  
unsafe

Irregular heartbeat

*No matter the reason, it is dangerous and scary to feel overstimulated.*

# Stimulant Overdoses: Signs and Symptoms

Stimulant overdose can result in both physical and psychological symptoms.

## Physical Symptoms

- Nausea or vomiting
- Passing out
- Chest pain
- Irregular breathing
- Convulsions
- Limb jerking or rigidity
- Tremors
- Feeling paralyzed while awake
- Unable to sleep
- Rapidly increasing temperature/fever
- Large pupils

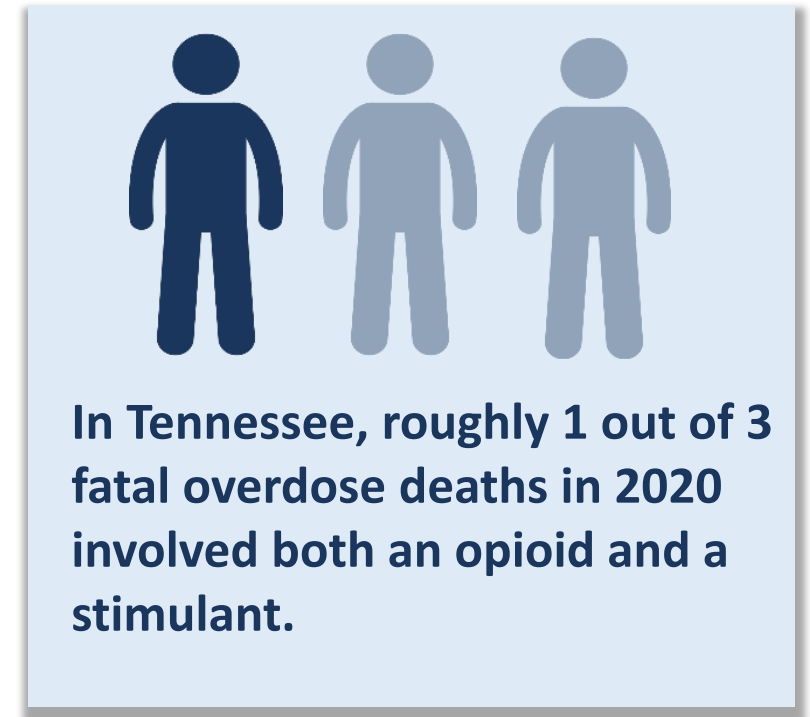
## Psychological Symptoms

- Extreme anxiety
- Panic
- Paranoia
- Hallucinations
- Agitation
- Irritability/Aggressiveness
- Hyperawareness of surroundings

# Overdose Involving Multiple Substances

When multiple substances are involved, it can be hard to know when someone is having an overdose.

In Tennessee, overdoses **involving multiple substances** are common. The signs and symptoms of these overdoses may look different from what was previously described.



**If an opioid or fentanyl could be involved, administer Naloxone!**

# Responding to an Overdose: Assess Situation

## Assess the situation

Is the person responsive?  
Can they communicate?

## Assess your personal safety

Do you feel safe approaching  
the person without  
endangering yourself?

# Maintaining Personal Safety

Fentanyl poisoning/overdose by someone responding to an overdose is extremely rare.

- *Fentanyl does not easily absorb through the skin unless there is an open wound.*
- *Unless it is intentionally put in the air (for example, thrown), the quantity in the air is unlikely to cause an overdose.*

**Naloxone can be administered safely in the presence of fentanyl with basic precautions.**

- Use latex gloves (if available).
- Wash your hands with soap and water (not hand sanitizer).
- Do not eat, drink, smoke or touch your face before washing your hands.

**Do not let fear stop you from saving a life!**

# Responding to an Overdose: What NOT To Do

**Do not** put the individual into a **cold bath** or **shower**. They could drown.

**Do not** **inject** the person with **any other substance** (saltwater, milk, “speed”, etc.). This does not work and may cause infection.

**Do not** try to make the person **vomit** or give them something to **eat or drink**. They could choke.

**Do not** give over-the-counter drugs or vitamins (No-Doz, Niacin). These do not help.

**Do not** hurt the person by trying to wake them up. This will not work and may cause other injuries.

# Responding to an Overdose: Naloxone

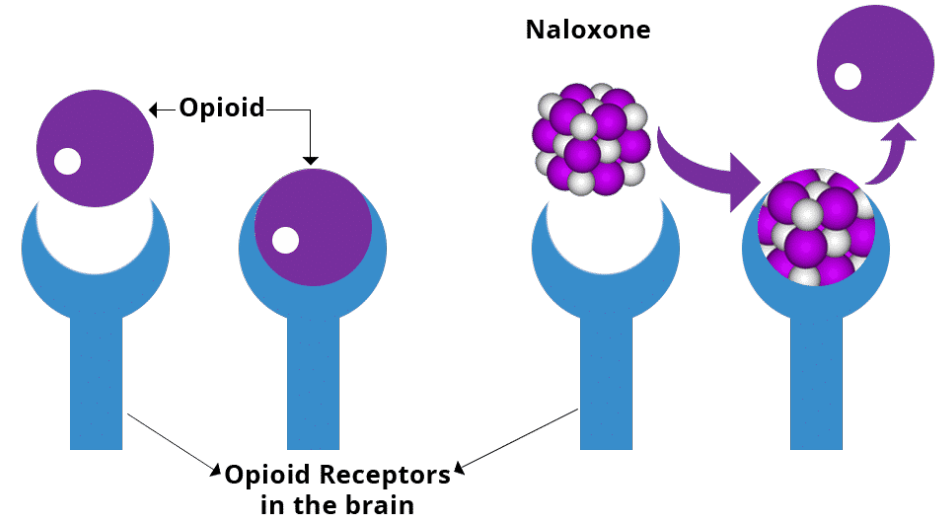
Administering Naloxone is the **ONLY** successful way to reverse an opioid overdose.

Naloxone reverses the effects of opioids by binding to the opioid receptors more powerfully than opioids.

Naloxone knocks the opioid off the receptors temporarily so that breathing can be restored (**30-90 mins**).

Naloxone results in a person going into **temporary withdrawal**.

It is **not possible to overdose** on Naloxone.



Naloxone restores breathing, but other symptoms **caused by stimulants** will not be affected by Naloxone and need to be treated by medical professionals, **so call 911 as soon as you suspect an overdose.**



# Responding to an Overdose: Naloxone Variations

## Most Common Forms

Intranasal  
Nasal (nose) spray



Brand names: Narcan, Kloxxado

Intramuscular  
Use syringe to inject  
liquid Naloxone into  
OUTER THIGH



## Other Forms

Intranasal  
Nasal (nose)  
spray-Atomizer



Intramuscular  
Autoinjector



# Responding to an Opioid Overdose: Step 1

## Try to maintain responsiveness

- Call the person's name
- Shake the person gently
- Utilize the "sternum rub"
  - Make a fist
  - Use the middle joints of your fingers (not the knuckles)
  - Firmly rub the center of the person's chest to wake them up



# Responding to an Opioid Overdose: Step 2

## Administer Naloxone

**PEEL**



**Peel** back the pack to remove device. Hold device with your thumb on the bottom of the plunger and two fingers on the nozzle.

**Do NOT prime the device.**

**PLACE**



**Place** and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the recipient's nose.

**PRESS**



**Press** the plunger firmly to release the dose into the person's nose.

# Responding to an Opioid Overdose: Step 3

## Dial 911

- Stay with person until emergency medical services arrive
- Tell 911:
  - Address/location
  - Whether or not breathing has slowed or stopped
  - How much Naloxone you administered (if any)
  - What substances the person took (if you know)

***\*Steps 2 and 3 can occur in the reverse order, depending on which can be achieved more quickly.\****

# Responding to an Opioid Overdose: Step 4

## Administer chest compressions/CPR

\*\*\*Chest compressions/CPR should only be done if certified or as instructed by 911 operator!

*If instructed to give CPR, and you do not feel comfortable giving “rescue breaths,” chest compression-only CPR is better than no CPR.*



# Responding to an Opioid Overdose: Step 5

## Place individual in recovery position

- This position will help prevent the person from potentially inhaling vomit.

### 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

# Responding to an Opioid Overdose: Step 6

## Stay with individual and observe

- May have no memory of overdosing
- Comfort individual: Naloxone triggers opioid withdrawal symptoms
- Help the individual remain calm
- Discourage using more opioids for **at least 2 hours:**
  - Continued opioid use **will not help** with withdrawal
  - Encourage individual to receive treatment from paramedics:
    - To prevent another opioid overdose
    - To receive care for opioid withdrawal symptoms

# Responding to an Opioid Overdose: Step 7

## Inform paramedics

- When EMS arrive, tell them that Naloxone was administered (and how much).
- If known, tell them what substances the individual took and how much.





# Responding to an Overdose

- Naloxone will only last 30-90 minutes; opioids can stay in a person's system for hours.
- A second opioid overdose can occur, *especially if the individual takes more opioids* to counter withdrawal symptoms.
- Naloxone may cause an individual to experience some of the following withdrawal symptoms:
  - Be violent/erratic
  - Projectile vomit
  - Have a cardiovascular event (if pre-existing condition)
  - Experience musculoskeletal pain

# After an Overdose

After someone experiences an overdose or someone responds to an overdose, it is important to know the following:

- Your rights and the rights of the person who experienced the overdose
- How experiencing or responding to an overdose may impact your mental health

# After an Overdose: Protection from Liability

## Tennessee Addiction Treatment Act

Allows the use of Naloxone for someone experiencing an opioid overdose.

Any person seeking medical attention for themselves or someone else after an overdose has **immunity from prosecution** for a drug violation on the person's first drug overdose.

## Tennessee Good Samaritan Act

Allows any person who has received basic instruction (evidenced by certificate) to **administer Naloxone in good faith** to a person experiencing an opioid overdose.

# After an Overdose: Compassion Fatigue and Burnout

## Compassion Fatigue

Starts quickly

Experiencing signs and symptoms of trauma that didn't happen to you

## Burnout

Cumulative/  
grows over  
time

Cumulative process of emotional exhaustion associated with workload/stress

Not limited to people in “helping professions.”

Substance misuse affects family, friends, and loved ones.

# After an Overdose: Compassion Fatigue and Burnout

## Mental/Emotional Symptoms

Reduced sense of accomplishment, meaning in work

Reduced productivity

Self isolation

Irritability



## Physical Symptoms

Exhaustion (physical, mental and/or emotional)

Difficulty sleeping

Headaches, stomachaches, digestive issues, chronic pain

# After an Overdose: Compassion Fatigue and Burnout

## Actions to Take



**Practice healthy routines**  
*Eat well, sleep enough, exercise*



**Find and use support**  
*Find someone to talk to*



**Take breaks**  
*Take time off or away*



**Take time to process your experiences**  
*Journaling and meditating are good strategies*



**Be understanding of yourself**  
*Know that the pain you feel is understandable*



**Practice healthy boundaries**  
*Know that you are can't do it all*



**Practice mindfulness**  
*Find a resource that works for you*



**Nurture your whole self**  
*Including hobbies, relationships and spirituality*

**Avoid**



Working longer and harder



Self medicating



Neglecting your needs & interests



Fall into the habit of complaining to your coworkers

# Naloxone Training Assessment

# Naloxone Training Assessment

## 1. What forms of Naloxone are available?

- a. Intranasal
- b. Intramuscular
- c. Both A & B
- d. None of these



# Naloxone Training Assessment

**2. More than one dose of Naloxone may be necessary before EMS arrival.**

a. True

b. False

# Naloxone Training Assessment

**3. You should give the Naloxone and leave the patient alone.**

a. True

b. False

# Naloxone Training Assessment

**4. When administering intramuscular Naloxone, where is the best location to give the injection?**

- a. In the chest
- b. In the outer thigh**
- c. In the arm
- d. In the stomach

# Naloxone Training Assessment

## 5. How long does Naloxone last?

- a. 30-90 minutes
- b. 3 hours
- c. 8 hours
- d. 12 hours

# Naloxone Training Assessment

**6. Naloxone is an addictive substance.**

a. True

b. False

# Naloxone Training Assessment

## 7. How do you determine when someone is overdosing?

- a. The patient is unresponsive even after a sternal rub
- b. The patient has shallow breathing or is not breathing at all
- c. Pale, clammy skin
- d. Blue skin, especially around the lips and fingernails
- e. Extremely small, pinpoint pupils
- f. All of the above

# Naloxone Training Assessment

**8. Call 911 as soon as you suspect an overdose.**

a. True

b. False

# Naloxone Training Assessment

**9. Chest compressions or CPR may be necessary.**

a. True

b. False



# Naloxone Training Assessment

**10. What law protects you from civil liability when administering Naloxone to someone you suspect is overdosing?**

- a. TN Addiction Treatment Act
- b. The Good Samaritan Act**
- c. The Overdose Protection Act
- d. None of the above

# Community Resources: Naloxone

In TN, anyone may obtain Naloxone **directly from a pharmacist** without a physician's prescription.

- **Most insurance programs cover or offer a co-pay option.**
  - Cost range: \$0-\$150 (depending on insurance)
  - Low/no copay for most with TennCare (up to two units per person per month)
  - Can use FSA, HSA or HRA accounts
- **If you are uninsured, you may qualify for CoverRX, a program that helps with prescription medications, including Naloxone.**
- **Getting it from a pharmacy**
  - Major pharmacies: CVS, Walgreens, Rite-Aid, etc.
  - Some local/community pharmacies
  - Also consider pharmacy delivery or by-mail (if you don't want to go into your pharmacy)

*The Tennessee Save a Life program (which provides this training) prioritizes Naloxone distribution for those at high risk/family members and who do not have other means of accessing Naloxone.*

# Help Us Know Our Impact!

Currently, our data tells us that Naloxone provided through this grant has reversed **more than 26,000 overdoses** in Tennessee since 2017.

- We know this is a conservative estimate as it is only based on reported Naloxone administrations.
- To more accurately capture lives saved, we ask that you complete a brief and anonymous overdose reversal form if you administer Naloxone provided through this grant.
  - This data is not reported to law enforcement and is used for the sole purpose of demonstrating how Naloxone purchased under this grant is saving lives.
  - You can submit this data at: <https://bit.ly/reverseOD>

# What can YOU do in YOUR community

- Carry Naloxone to prevent opioid overdose
- Lock up prescription medications
- Drop off unused medication
- Raise awareness in your community/schedule a training
- Continue learning:
  - ACEs, suicide prevention, mental health first aid
- Get involved in your drug-free/prevention coalition
- Know where to find treatment and recovery resources in your community
  - TN Redline: 1-800-889-9789 (call or text)
- Support loved ones in their recovery journey
- Seek out support for yourself if you have a loved one misuses substances
- Advocate for treatment and mental health supports at your workplace (EAP services, health insurance coverage)

# Community Resources: Substance Misuse Prevention



For resources on safe medication steps to take in your home.

[CountItLockItDropIt.org](https://www.CountItLockItDropIt.org)

For locations of Pharmaceutical Take Back Boxes near you.

<https://tdeconline.tn.gov/rxtakeback/>

**Count It! Lock It! Drop It!®**



**Don't Be An Accidental Drug Dealer**

**TN  TOGETHER**

For information about activities and events you can do with your family or in your community.

[TnTogether.com](https://www.TnTogether.com)

# Community Resources: Treatment and Recovery Services



The **TN REDLINE** is a 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text for confidential referrals.

**TN RECOVER**

Text **SAVE** to **30678**

The **TN Recover App** is available for people in recovery from substance use disorder or for people looking for more information on substance misuse prevention. The free app is available for Apple and Android.

The **Crisis Line** is a 24/7/365 resource for mental health crisis. You will be connected to a trained crisis counselor. Available by phone or text.

**STATEWIDE  
CRISIS LINE**

**HELP IN A MENTAL HEALTH CRISIS**

**855-CRISIS-1** [TN.gov/CrisisLine](https://www.tn.gov/CrisisLine)

**855-274-7471** 

Or text "TN" to 741-741

# Thank You for Coming Today!

Filling out a ROPS Evaluation form is an important way to help us continue serving our communities by showing that we are providing effective training.

Evaluations are completely **anonymous**, so please feel free to answer openly and honestly.



<https://bit.ly/PreventODTraining>

# Thank You for Coming!

**Melesa Lassiter BSN, RN ROPS Region 6 N**

call or text: (731) 819-7603

email: [melesa@martinhousing.org](mailto:melesa@martinhousing.org)

**Counties served:**

*Benton, Carroll, Crockett, Dyer, Gibson, Lake, Obion, & Weakley*



To find the ROPS for your area, contact me or visit [www.tn.gov/behavioral-health/ROPS](http://www.tn.gov/behavioral-health/ROPS)



**TN RECOVER**  
Text **SAVE** to **30678**

**STATEWIDE**  
**CRISIS LINE** Or text  
HELP IN A MENTAL HEALTH CRISIS "TN" to  
**855-CRISIS-1** [TN.gov/CrisisLine](http://TN.gov/CrisisLine) **741-741**  
**855-274-7471** 

Please complete a quick evaluation survey here.





# Thank You for Coming Today!

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***Counties served:***

*Benton, Carroll, Crockett, Dyer, Gibson, Lake, Obion, & Weakley*



Please take a couple of minutes to complete the evaluation so we can keep improving this training. The surveys are completely anonymous, so feel free to answer openly and honestly.



Or text "TN" to 741-741



Text **SAVE** to **30678**

# References (by slide number)

4. Centers for Disease Control and Prevention. (2021, March 17). *Understanding the epidemic*. Centers for Disease Control and Prevention. Retrieved October 18, 2021, from <https://www.cdc.gov/opioids/basics/epidemic.html>.
5. Tennessee Department of Health
6. Tennessee Department of Health: Office of Informatics and Analytics. (2021, September). *2020 Tennessee Drug Overdose Deaths*. [https://www.tn.gov/content/dam/tn/health/documents/pdo/2020\\_Tennessee\\_Drug\\_Overdose\\_Deaths.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/2020_Tennessee_Drug_Overdose_Deaths.pdf)
7. Tennessee Department of Health: Office of Informatics and Analytics. (2021, September). *2020 Tennessee Drug Overdose Deaths*. [https://www.tn.gov/content/dam/tn/health/documents/pdo/2020\\_Tennessee\\_Drug\\_Overdose\\_Deaths.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/2020_Tennessee_Drug_Overdose_Deaths.pdf)
- Tennessee Department of Health. (n.d.). *Data Dashboard*. Data Dashboard. Retrieved October 18, 2021, from <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>
8. American Society of Addiction Medicine. (2019). *Definition of Addiction*. Retrieved November 10, 2021, from <https://www.asam.org/Quality-Science/definition-of-addiction>
9. National Institute on Drug Abuse. (2020, June). *Drugs, Brains, and Behavior: The Science of Addiction*. <https://www.drugabuse.gov/sites/default/files/soa.pdf>
10. National Conference on State Legislatures. (2020). *Adverse Childhood Experiences*. Retrieved October 25, 2021, from <https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx>
11. National Institute on Drug Abuse. (2019, August 19). *Genetics and Epigenetics of Addiction*. <https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction>. Retrieved October 25, 2021, from <https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction>
12. Substance Abuse and Mental Health Services Administration. (2020, September). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFR1PDFWHTML/2019NSDUHFFR1PDFW090120.pdf>
14. Centers for Disease Control and Prevention (CDC). Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association’s 2017 Hypertension Guideline—NHANES 2015–2018. Atlanta, GA: US Department of Health and Human Services; 2021.
15. National Institute on Drug Abuse. (2021, July 7). *Words Matter - Terms to Use and Avoid When Talking About Addiction*. Retrieved October 20, 2021, from <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
17. Harm Reduction Coalition. (n.d.). *Principles of Harm Reduction*. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/about-us/principles-of-harm-reduction/>
18. Substance Abuse and Mental Health Services Administration. (2021, October 13). *Medication-Assisted Treatment (MAT)*. Retrieved October 20, 2021, from <https://www.samhsa.gov/medication-assisted-treatment>
19. Centers for Disease Control and Prevention. (2019, May 23). *Syringe Services Programs (SSPs) Fact Sheet*. Retrieved October 20, 2021, from <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>
21. Harm Reduction Coalition. (2020, September 1). *Opioid Overdose Basics*. National Harm Reduction Coalition. Retrieved October 15, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/what-is-an-overdose/>
22. Harm Reduction Coalition. (2020b, September 1). *Opioid Overdose Basics: Overdose Risks and Prevention*. National Harm Reduction Coalition. Retrieved October 15, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/>
26. Tennessee Department of Health: Office of Informatics and Analytics. (2021, September). *2020 Tennessee Drug Overdose Deaths*. [https://www.tn.gov/content/dam/tn/health/documents/pdo/2020\\_Tennessee\\_Drug\\_Overdose\\_Deaths.pdf](https://www.tn.gov/content/dam/tn/health/documents/pdo/2020_Tennessee_Drug_Overdose_Deaths.pdf)
- United States Drug Enforcement Administration. (2016, September). *DEA Issues Carfentanil Warning To Police And Public*. Drug Enforcement Administration. <https://www.dea.gov/press-releases/2016/09/22/dea-issues-carfentanil-warning-police-and-public>

# References (by slide number)

28. Harm Reduction Coalition. (2020a, January 20). *Opioid Overdose Basics: Recognizing Opioid Overdose*. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose/>
30. Harm Reduction Coalition. (2020d, September 1). *Stimulant: Overamping Basics*. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>
31. Harm Reduction Coalition. (2020d, September 1). *Stimulant: Overamping Basics*. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>
32. Harm Reduction Coalition. (2020d, September 1). *Stimulant: Overamping Basics*. National Harm Reduction Coalition. Retrieved October 1, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>
33. Harm Reduction Coalition. (2020e, September 8). *Fentanyl Use and Overdose Prevention Tips*. National Harm Reduction Coalition. Retrieved October 15, 2021, from <https://harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips/>
- Centers for Disease Control and Prevention. (2020, February 11). *Fentanyl: Emergency Responders at Risk*. The National Institute for Occupational Safety and Health. Retrieved October 15, 2021, from <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
34. Harm Reduction Coalition. (2020f, September 8). *Opioid Overdose Basics: Understanding Naloxone*. National Harm Reduction Coalition. Retrieved October 15, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>
35. Centers for Disease Control and Prevention. (2020, February 11). *Fentanyl: Emergency Responders at Risk*. The National Institute for Occupational Safety and Health. Retrieved October 15, 2021, from <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>
36. Harm Reduction Coalition. (2020f, September 8). *Opioid Overdose Basics: Understanding Naloxone*. National Harm Reduction Coalition. Retrieved October 15, 2021, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>
49. The American Institute of Stress. (n.d.). *Compassion Fatigue*. Retrieved October 15, 2021, from <https://www.stress.org/military/for-practitionersleaders/compassion-fatigue>
50. The American Institute of Stress. (n.d.). *Compassion Fatigue*. Retrieved October 15, 2021, from <https://www.stress.org/military/for-practitionersleaders/compassion-fatigue>
51. The American Institute of Stress. (n.d.). *Compassion Fatigue*. Retrieved October 15, 2021, from <https://www.stress.org/military/for-practitionersleaders/compassion-fatigue>

## Images (by slide number)

4. Centers for Disease Control and Prevention. (2021, March 17). *Understanding the epidemic*. Centers for Disease Control and Prevention. Retrieved October 18, 2021, from <https://www.cdc.gov/opioids/basics/epidemic.html>.
9. [Dopaminergic – Wikipedia](#)
10. [PCA Illinois | THE ISSUES | Childhood Trauma \(preventchildabuseillinois.org\)](#)
11. Microsoft clip art
13. [Social Determinants of Health, Health Equity, and Vision Loss | subsection title | section title | site title \(cdc.gov\)](#)
24. [How Does Narcan Work: The Secret Life of a “Miracle Drug” \(detoxes.net\)](#)
26. [Fentanyl Overdose & Abuse Facts - Drugs.com](#)
39. [Responding to Opioid Overdose - National Harm Reduction Coalition](#)
40. [How to Use NARCAN® \(Naloxone\) Nasal Spray](#)
43. [recovery-position - Prevent & Protect - Save a Life, Get Naloxone - \(prevent-protect.org\)](#)

Questions?



# CMS 12<sup>th</sup> 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

# Making Health Care Better *Together*



JoVonn Givens

[JoVonn.Givens@AlliantHealth.org](mailto:JoVonn.Givens@AlliantHealth.org)

Alabama, Florida and Louisiana



Leighann Sauls

[Leighann.Sauls@AlliantHealth.org](mailto:Leighann.Sauls@AlliantHealth.org)

Georgia, Kentucky, North Carolina and Tennessee

## Program Directors

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