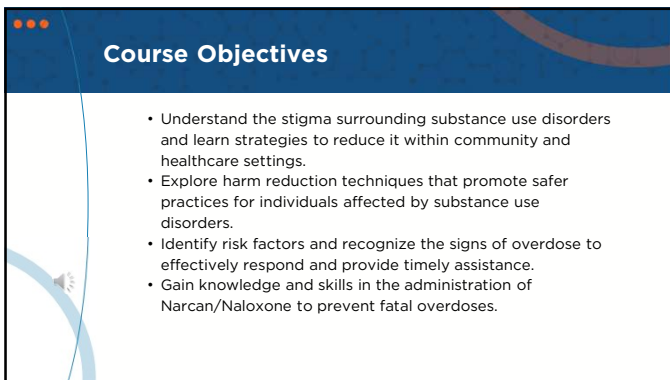
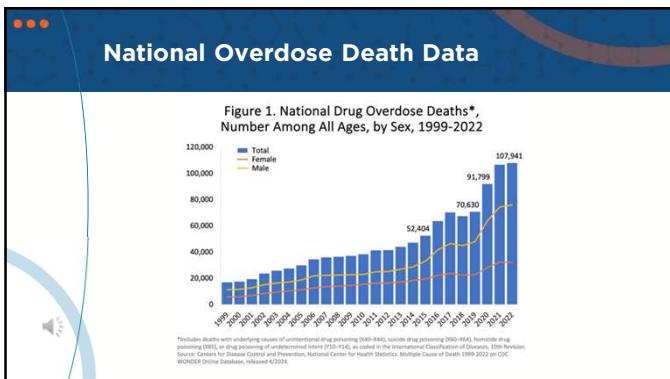


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3

CDC's Work to Address the Overdose Crisis

Guiding Principles

- Promote Health Equity
- Address Underlying Factors
- Partner Broadly
- Take Evidence-Based Action
- Advance Science
- Drive Innovation

4

Stigma & Substance Use

How stigma affects people with a substance use disorder:

- Avoid seeking medical help
- Fear of disclosing their substance use
- Receive a poorer quality of care
- Have reduced access to health programs
- May increase their substance use

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Addressing Stigma

What we can do to address stigma:

- Educate everyone on substance use disorder and the effects of stigma
- Speak out about substance use stigma
- Listen but withhold judgement
- Treat everyone with dignity and respect
- Avoid hurtful or dehumanizing labels
- Educate individuals about the use of medications for substance use disorder

6

Recovery Principles

Choose supportive, nonjudgmental words that treat people with respect and compassion.

INSTEAD OF THIS...	SAY THIS*
Abuse	1. Substance Use Disorder (SUD), addiction (if clinically accurate)
Drug problem/habit	2. Use (for illicit drugs); misuse, (for prescription drugs)
Addict	• Person with a SUD (person with OUD if relevant)
Druggie/Drug Abuser	• Patient with a SUD (if in a clinical setting)
Junkie	
Addicted to [x]	Has a [x] use disorder
Clean or Stayed clean	Substance-free

* Remember not to tell those who have experience with addiction how to talk about their own story.

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Harm Reduction

- Saves Lives!
- Harm reduction plays a significant role in preventing substance-related deaths and increasing access to healthcare, social services, and treatment.
- Decreases overdose fatalities, acute life-threatening infections and chronic diseases
- Emphasizes kindness and autonomy
- Increases the number of touchpoints (and opportunities) that peers and/or service providers have with people who use substances.

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Types of Harm Reduction Services

- Connect individuals to overdose education, counseling and referral to treatment
- Distribute opioid overdose reversal medications (e.g., Naloxone/Narcan)
- Provide sterile supplies
- Promote linkages to care
- Educate individuals on infectious disease transmission
- Promote a philosophy of hope and healing
- Employ people with lived experience
- Provide medications for opioid use disorder

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Medication Assisted Treatment

- The use of medications, in combination with counseling/therapy
- Provides a "whole-person" approach to the treatment of SUD.
- Can successfully treat and can help sustain recovery.
- Medication blocks the effects of alcohol and opioids, relieves physiological cravings, and normalizes body functions without the negative and euphoric effects of the substance used.

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What is An Overdose?

An overdose is when someone takes too much of a medication or other substance that it starts to overwhelm the body causing it to shut down.

There are **two types** of overdose:

Stimulant

- Also known as uppers
- Increase activity of the central nervous system
- Can lead to, events such as a heart attack, stroke, complications from seizures.
- Methamphetamines, crack, cocaine, amphetamines such as ADHD medications Adderall and Ritalin

Depressant

- Depresses the respiratory system
- Causes slow and shallow breathing.
- Can lead to brain damage and ultimately be fatal.
- Anxiety medicine such as benzodiazepines, which include Valium and Xanax
- Alcohol
- Opioids

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Commonly Used Substances that Can Cause Overdose

- Alcohol
- Benzodiazepines
- Antidepressants
- Cocaine
- Heroin
- Semi-Synthetic Opioids (hydromorphone, hydrocodone, oxycodone)
- Synthetic Opioids (morphine, codeine)
- Methamphetamine

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Risk Factors for Overdose

- 1 Stimulant/Depressant
- 2 Stimulant/Stimulant
- 3 Depressant/Depressant
- 4 Alcohol/Stimulant or Depressant

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Tolerance

- Varies from person to person
- Increased tolerance = higher dose
- Period of abstinence = lowered tolerance
- If unaware of this, an individual may introduce the same dose prior to the period of abstinence
- Variety of situations that affect tolerance level

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Using Alone

- Isolation
- Shame
- Not wanting others to know about their use
- Stigma
- Not wanting to share with others
- Not wanting to be responsible for another person
- No one available
- Just because

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Fentanyl

- Fentanyl is dramatically affecting the quality of medications and/or substances that are not obtained through the pharmacy
- Synthetic opioid
- 50 to 100 times more potent than morphine
- Undetectable to the naked eye
- Used as a cutting agent

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Methamphetamine Involved Deaths

Other Drugs Identified in Methamphetamine-Involved Deaths

Figure 2: Percent of Methamphetamine-Positive STORM Samples Positive for Additional Drugs of Interest by Year, January 2020*–June 2022

Drug	2020 (n=232)	2021 (n=328)	Jan-Jun 2022 (n=155)
Fentanyl	55%	60%	65%
Cannabis	35%	40%	45%
Cocaine	25%	30%	35%
Roxicone	20%	25%	30%
Benzodiazepines	15%	20%	25%
Morphine	10%	15%	20%
Tramadol	5%	10%	15%
Xylazine	5%	10%	15%
Heroin	5%	10%	15%

Sources: Winneb STORM Program. *STORM began testing samples for methamphetamine in January 2020.

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Signs of Overdose

The signs of an overdose and intoxication can look very similar. Being "unresponsive" is a clear sign of an overdose.

Intoxicated

- Sleepy
- Nodding off
- Small pupils
- Slurred speech
- Drooling
- Vomiting
- Slow movement
- Slow/Shallow breathing
- Flushed
- Pale or ashen color
- Sweaty/clammy
- Itching

Overdose

- Unresponsive
- Small pupils
- Eyes rolled back
- Death rattle
- Choking sound
- Foam coming from mouth
- No movement
- Little to no breathing
- Blue/Gray/Purple skin

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Narcan/Naloxone

There are two types of Narcan/Naloxone:

Nasal Spray:


- **Form:** Comes in a prefilled device that sprays medication into the nose
- **Dose:** Available in 2 and 4mg doses, until recent FDA approval of 8mg dose in June 2023.
- **Action of onset:** The time it takes for drug's effects to occur after administration, is three to four minutes
- **Who Can Administer:** Anyone, regardless of medical training or experience can easily administer the nasal spray

Injectable:

- **Form:** The injectable form needs to be administered into a muscle, under the skin, or into a vein
- **Dose:** 2mg, if administered IV, can be administered in smaller amounts and is usually given in 0.4mg increments.
- **Action of onset:** one to two minutes (IV); three to four minutes (IM)
- **Who Can Administer:** Available by prescription, requires more training to administer compared to nasal spray; in Michigan, all Advanced Life Support EMS responders may use the intranasal or injectable naloxone route.

Regardless of route, once a dose of naloxone is given, rescue breathing (which is advised immediately if a patient's breathing is unstable) must be continued to allow naloxone to be absorbed into the patient's system to restore respiratory effort.

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Would you still use the Naloxone hydrochloride/Narcan in a multidrug overdose?

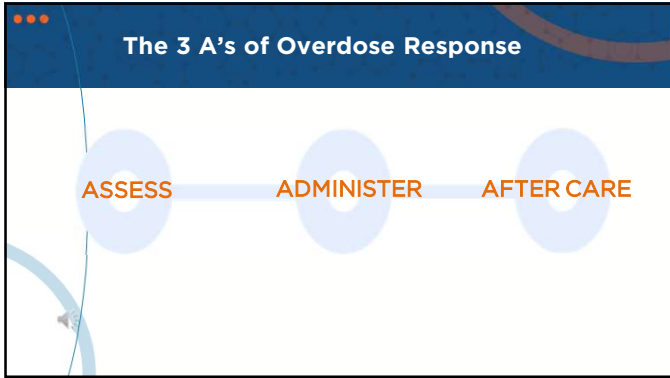
Yes, Naloxone hydrochloride/Narcan will NOT cause any additional harm in an overdose situation.

20

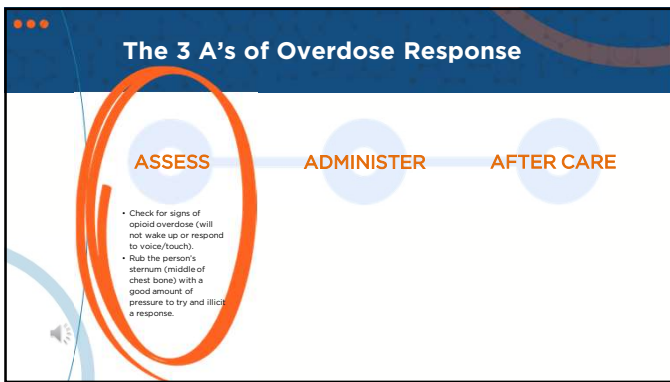
Michigan's Good Samaritan Act

Michigan's Good Samaritan law prevents drug possession charges against those that seek medical assistance for an overdose in certain circumstances.

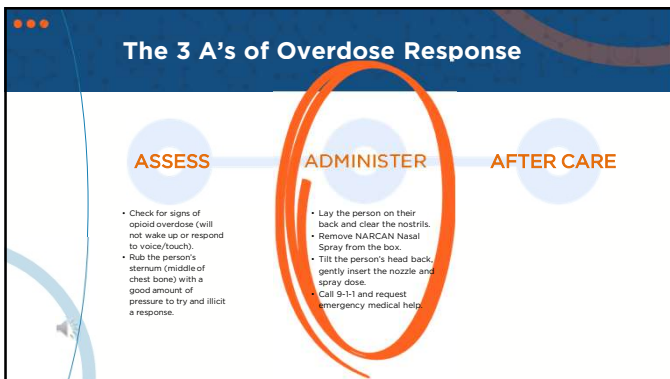
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The 3 A's of Overdose Response

ASSESS

- Check for signs of opioid overdose (will not wake up or respond to voice/touch).
- Rub the person's sternum (middle of chest bone) with a good amount of pressure to try and illicit a response.

ADMINISTER

- Lay the person on their back and clear the nostrils.
- Remove NARCAN Nasal Spray from the box.
- Tilt the person's head back, gently insert the nozzle and spray dose.
- Call 9-1-1 and request emergency medical help.

AFTER CARE

- Provide rescue breathing as needed.
- Do not use chest compressions, as this can cause more harm than good.
- Remember: The Good Samaritan Law prevents drug possession charges against those that seek medical assistance for an overdose.

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You have reached the end of this course. Please click the "EXIT" tab in right hand corner of this slide to exit course and take exam.

REFERENCES:

- Good Samaritan Law, Act No. 307, Public Act (2016), State of Michigan, Enrolled House Bill No. 5649. <https://www.michigan.gov/infrs/0,4570,7-healthy/mental/health/drugoverdose/opioid/patients/treatment/goodsam/michigans-good-samaritan-law>
- Spontak, M, Minto, A, Warner, M. (2002). Drug Overdose Deaths in the United States 2000-2001. NCHS Data Brief, No.457. U.S. National Center for Health Statistics. DOI: <https://doi.org/10.5860/ncb.457.566>
- State of Michigan Opioid Resources. <https://www.michigan.gov/opioid>
- NIH National Institute on Drug Abuse. <https://nida.nih.gov/research-topics/signs-symptoms/criminal-justice>
- SAMHSA, Harm Reduction <https://www.samhsa.gov/find-help/harm-reduction>

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