



Department of

**Mental Health &
Substance Abuse Services**

Opioids, Stimulants and Overdose Prevention Training

Brooke Burleson, ROPS

Regional Overdose Prevention Specialist (ROPS), Region 1

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)

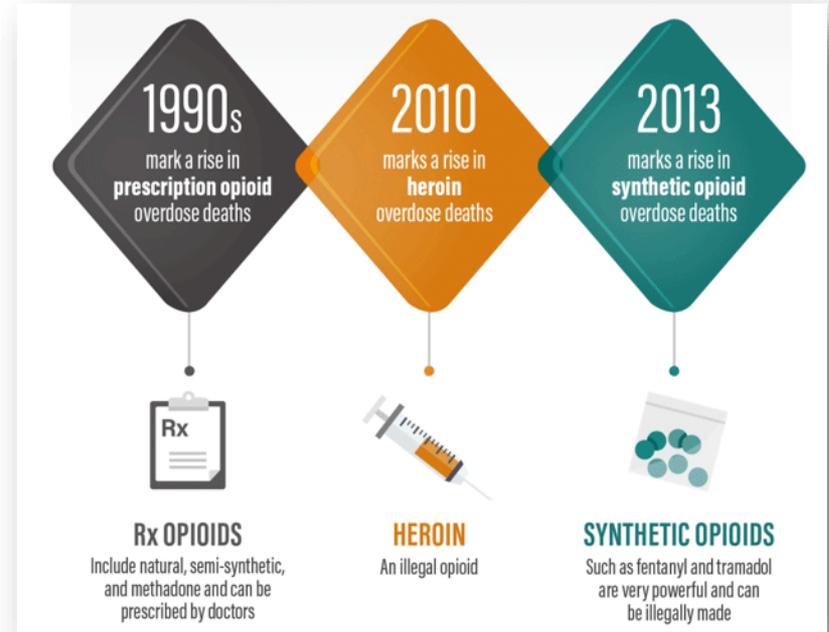
- Prescription medications like Adderall and Ritalin
- Illicit substances like methamphetamine and cocaine

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

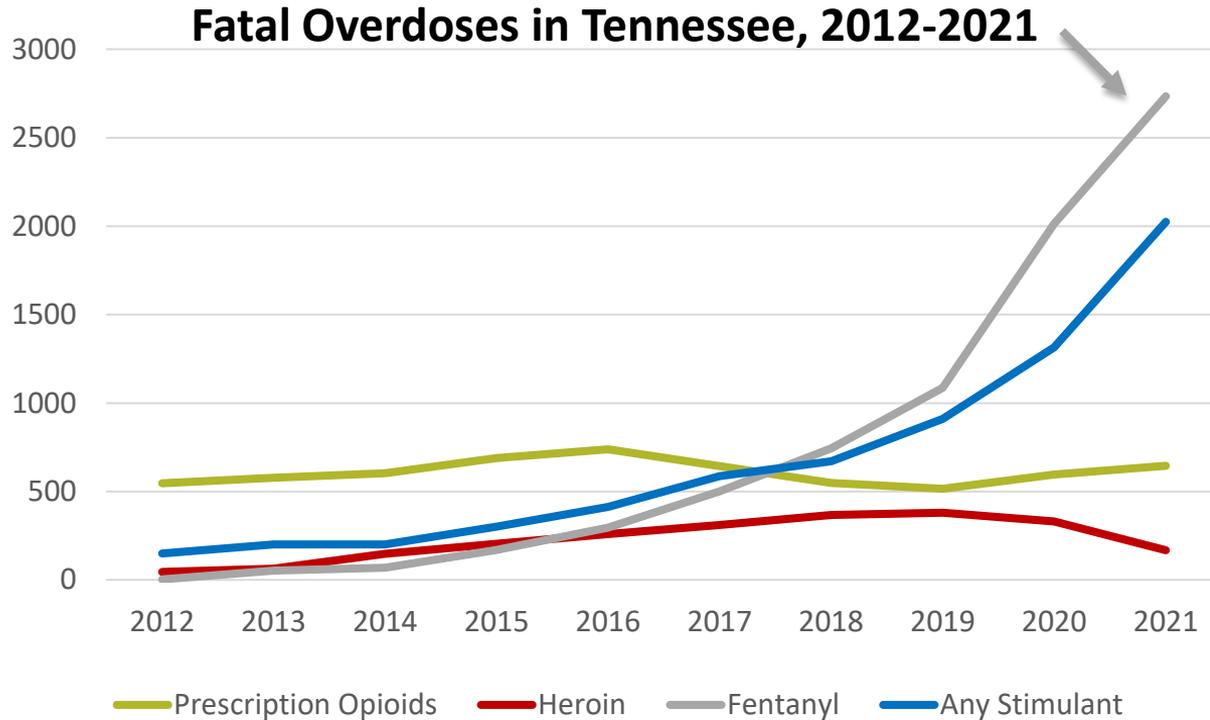
Understanding the Overdose Epidemic

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



- 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 2021, ***almost 3 out of 4*** overdose deaths involve fentanyl.

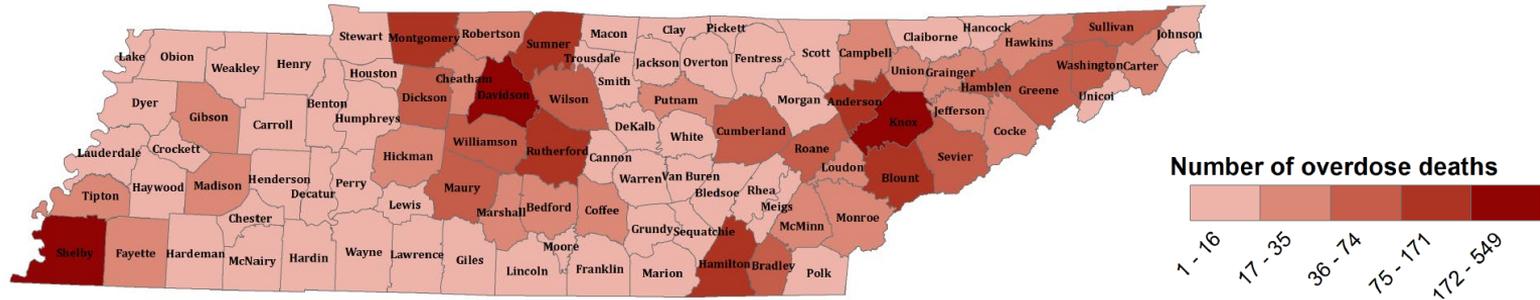
Understanding Overdoses in Tennessee

In 2021, **3,814** Tennesseans died of a drug overdose, representing a 26% increase from 2020.

- **2,734** deaths involved fentanyl, an **36%** increase from 2020
- **2,025** deaths involved a stimulant, a **54%** increase from 2020
- **167** deaths involved heroin, a **50% decrease** from 2020
- **645** deaths involved prescription pain relievers, an **8%** increase from 2020

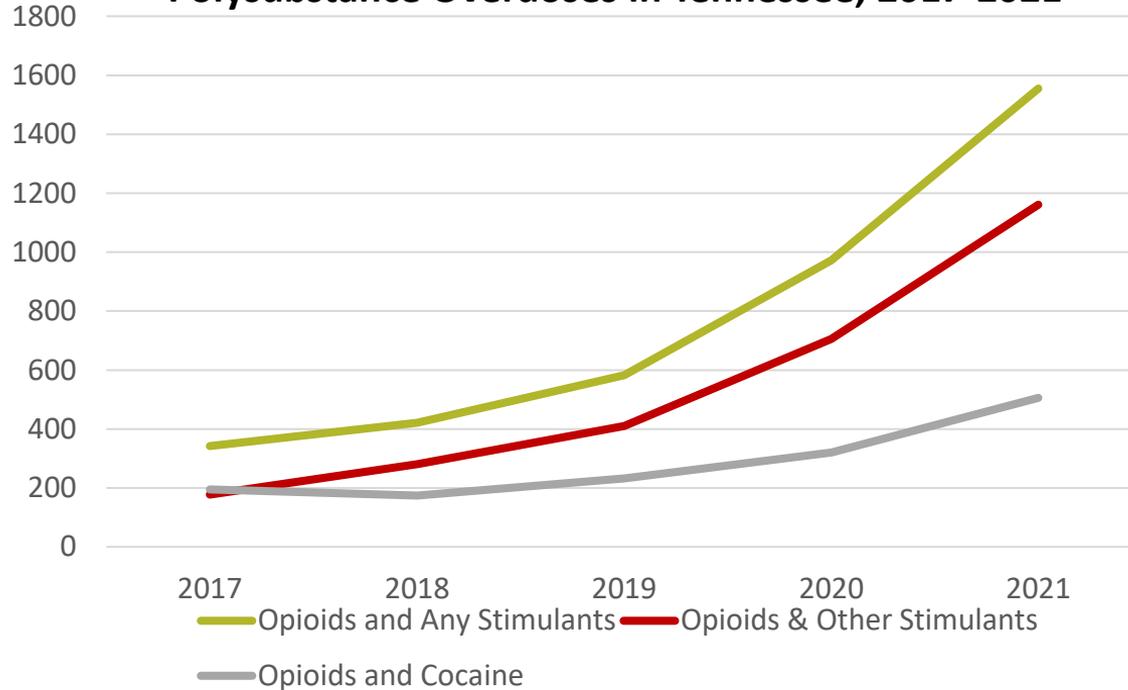
**Please keep in mind that an overdose may involve multiple substances and that a single death may be counted in multiple drug categories.*

All Drug Overdose Deaths in TN Counties (2021)



Understanding Overdoses in Tennessee

Polysubstance Overdoses in Tennessee, 2017-2021



- A polysubstance overdose involves multiple substances.
- In 2017, **19%** of overdose deaths involved both an opioid and a stimulant.
- In 2021, **41%** of overdose deaths involved an opioid and stimulant.
 - Of those, fentanyl was involved in **94%** of the deaths.

Region 1 County Data



Fatal Drug Overdoses in Region 1 in 2021: 248

Opioids

139

Fentanyl
Involved

10

Heroin
Involved

62

Pain Reliever
Involved

Stimulants

15

Cocaine
Involved

144

Psychostimulant
Involved

Multiple Substances

99

Opioid(s) and
Stimulant(s)
Involved

71

Opioid(s) and
Benzodiazepine(s)
Involved

*Because an overdose may involve multiple substances, individual substance categories may not add up to the total of all drug overdose deaths.

Prescriptions for Pain

98,758

patients received opioids
for pain in 2022



Nonfatal Overdoses: Emergency Dept

968

nonfatal drug overdoses were treated in
an outpatient setting in 2021. Outpatient
visits primarily include **emergency
department** visits.

The Science of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, and the environment, and an individual's life experiences.

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

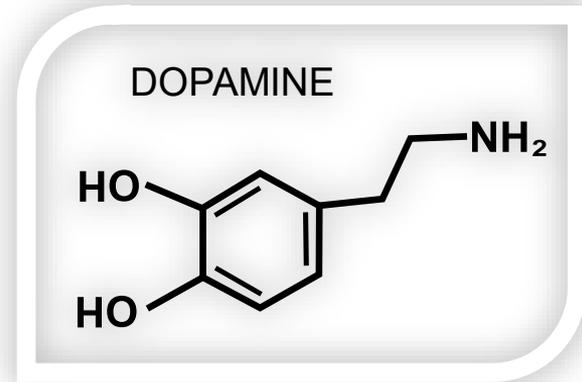


The Science of Addiction

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.

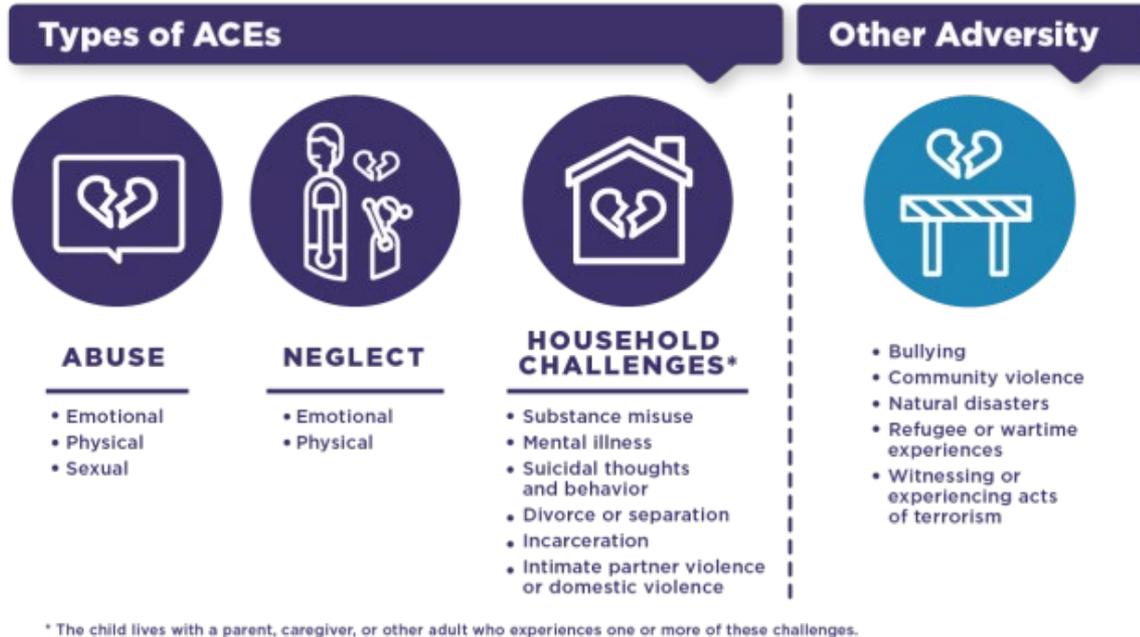
- When a substance is consumed, there is a fast increase in the amount of dopamine created satisfying the brain's reward center and making the person feel pleasure.
- When a substance is consumed repeatedly, the brain begins to require a higher amount of dopamine to achieve the same feeling.
- At the 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)**.

- Affect brain development
- ACEs are common
 - 6 out of 10 US adults have 1 ACE
 - 1 out of 8 have four or more ACEs
- Increase vulnerability to lifetime health outcomes
 - 5+ ACEs: **7-10x more likely** to use illicit substances
 - 6+ ACEs: **46x more likely** to inject substances



The Science of Addiction

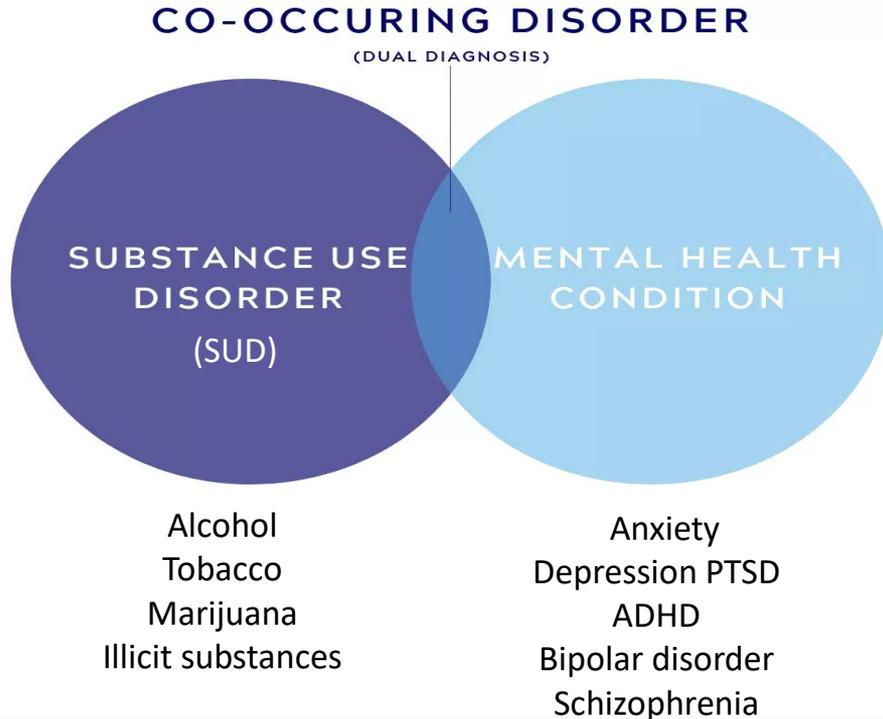
Another factor that may play a role in addiction are **genetics and family history**.

- 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**.

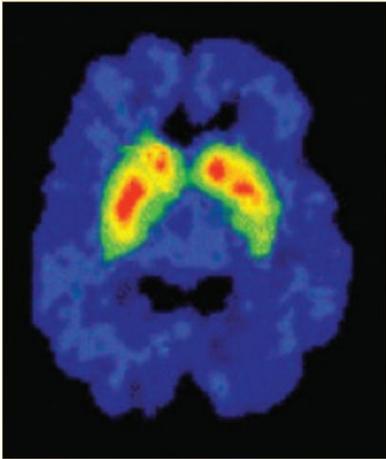
Community-level factors can increase or decrease vulnerability for substance misuse.



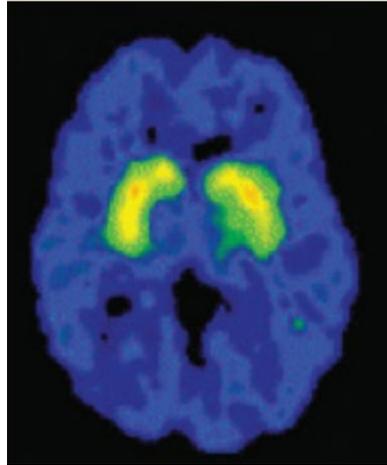
The Science of Addiction

Substance Use AND recovery change the brain

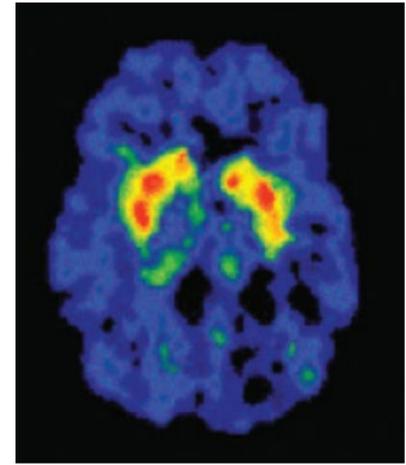
A person who doesn't use substances



A person who used methamphetamine



1 month of abstinence



14 months of abstinence

Reducing Stigma

Substance use **falls on a continuum**

- Abstinence/low risk  chronic dependence
- Experiencing a recurrence of substance use **does not equal** a moral failure or a failure of treatment
 - It is a dopamine (chemical) response in the brain
- **40%-60%** will have experience a recurrence **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

 <h3>Say this...</h3>	<h3>...Not That</h3> 
<ul style="list-style-type: none">• Person with a Substance Use Disorder• Substance Detected/ Not Detected in toxicology• Sterile or used needles• Not using substances• Person living in recovery	<ul style="list-style-type: none">• 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**



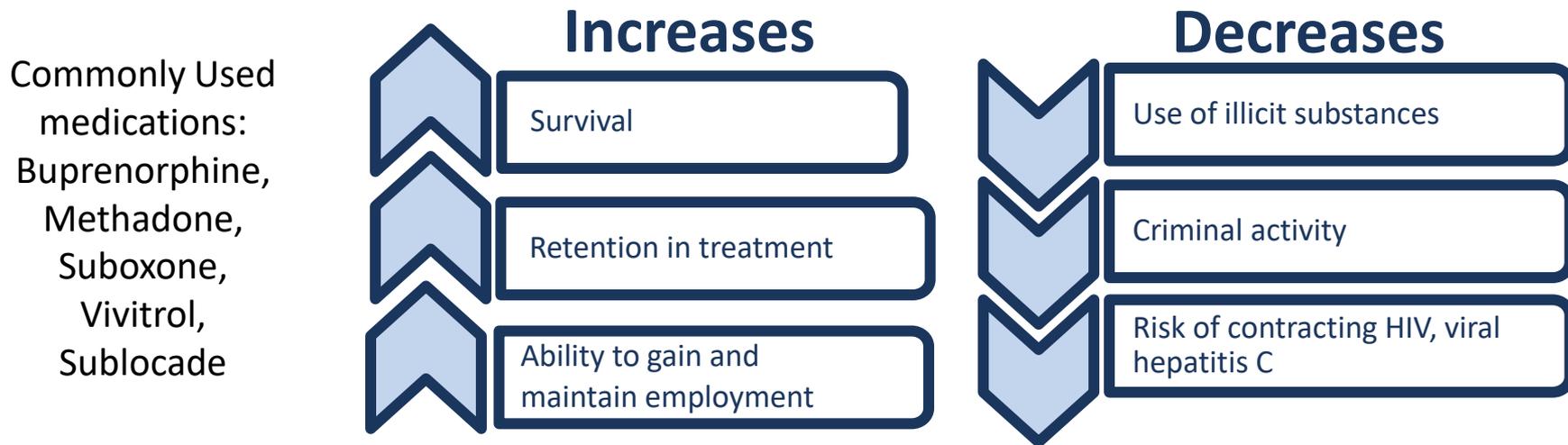
Complex social factors influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma)



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

Medication for Opioid Use Disorder (MOUD)/ Medication Assisted Treatment (MAT)

Using Medication for Opioid Use Disorder (MOUD)/Medication Assisted Treatment (MAT) is a medically proven tool to **support and sustain recovery**.



MOUD/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 5 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
- 13 organizations operate in 22 locations*
 - Includes mobile and fixed locations



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



*As of June 2023

Fentanyl

- Fentanyl is very strong synthetic (lab made) opioid
 - 50x stronger than heroin
 - 100x stronger than morphine
- Types of fentanyl
 - Pharmaceutical/medical fentanyl: used in pain relief
 - Illicitly manufactured fentanyl (illegal): used for heroin-like effect/getting high
- The rise in fentanyl-involved overdose deaths is linked with **illicit fentanyl**



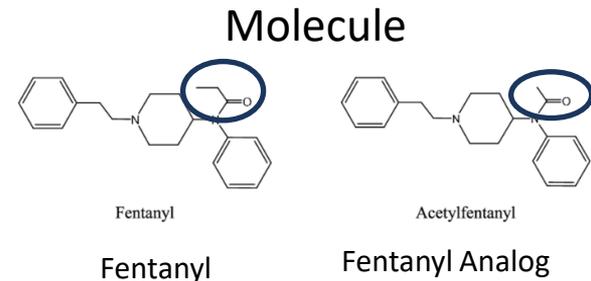
A deadly dose of heroin, fentanyl and carfentanil.

Illicit Fentanyl & Analogs

- More than 25 fentanyl analogs have been identified by the Tennessee Bureau of Investigation
- Common fentanyl analogs
 - Acetylfentanyl
 - Furanylfentanyl
 - Carfentanil:
 - 10,000x stronger than morphine

Analogs are “variant” of fentanyl

They are slight modifications that make them harder to detect through lab tests.



Fentanyl and Skin

According to the American College of Medical Toxicology and the American Academy of Clinical Toxicology:

- Powder (crystalline) fentanyl **can not pass** through your skin in casual exposure.
 - This includes fentanyl analogs such as carfentanil and flourofentanyl.
- Wet objects do not pose an increased risk for overdose caused by casual exposure.
- Wounds or cuts must be open and visible for fentanyl to be able to enter the bloodstream through them.



The size of a particle of fentanyl

is similar to a



Grain of pollen

Grain of sand



Particle of dust

Our skin protects us from all of these!

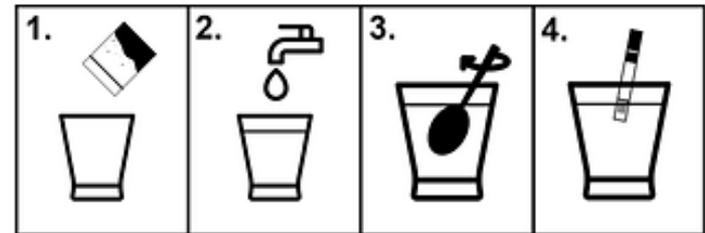
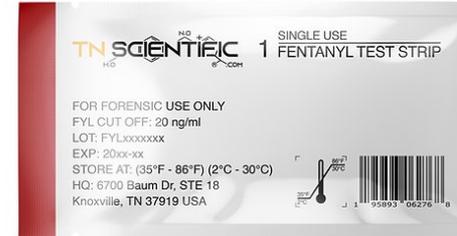
Vapes and Marijuana?

- The FDA does not regulate most vaping products.
- Marijuana products are not reviewed by the FDA.
- Unless the FDA approves a product, you can't know what's in a product, like vapes or marijuana.
 - It is possible to put anything into a vape product or marijuana, including fentanyl.
 - There have been very few documented/confirmed lab cases nationwide of fentanyl in vapes.
 - Recent cases in TN appear to be due to powdered substances on the vape, not in the “vape juice”



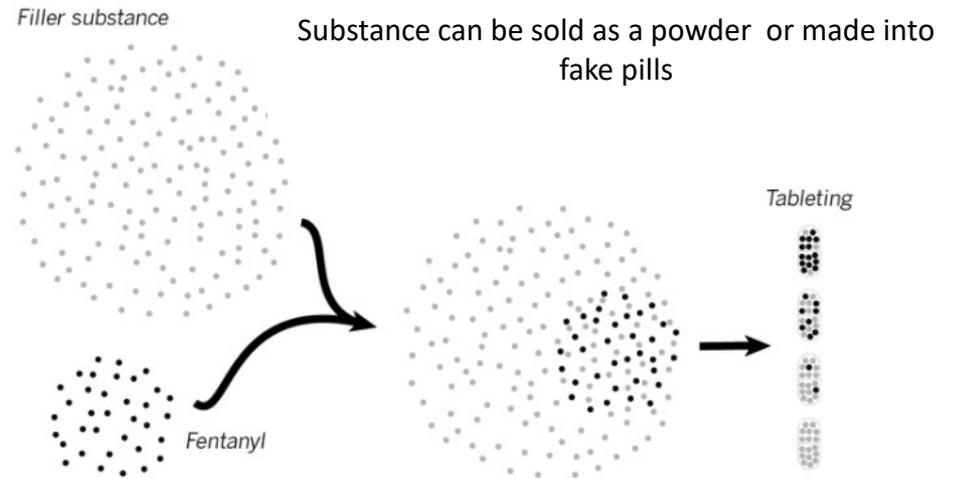
Fentanyl Test Strips

- Small strips of paper that can detect the presence of fentanyl/fentanyl analogs in a substance
- Became legal (with guardrails) in TN in 2022
- Quick and easy to use
- Used before substance use
- Highly correlated with behavior change
 - More than 70% of people whose FTS showed fentanyl changed their behavior



Fentanyl Mixing

- When mixing illegal substances, the “ingredients” are not even throughout.
- Some portions of powders or pressed pills can have no fentanyl or a deadly amount of fentanyl.



Source: United Nations Office on Drugs and Crime

SHAFFER GRUBB U-T

How is fentanyl like chocolate chips?

In a batch of chocolate chip cookies, each cookie is a little different. It may have a different number of chocolate chips. The chocolate chips will not be evenly distributed.

In cookies, that's ok. (Or sometimes disappointing.)



In illicit drugs, that means that some pills or powders may have no fentanyl, a little bit of fentanyl or a deadly amount of fentanyl.

How do FTS save lives?

Studies show that when drugs test positive for fentanyl, people change their behaviors such as

- *Making sure to have naloxone near by*
- *Not using alone/using with another person nearby*
- *Not using that drug*
- *Using only one drug; not mixing substances*

7 out of 10

of SSP* participants in SC would modify their behavior if they knew fentanyl was in their substance

*SSP: Syringe Service Programs

Key points about FTS

FTS tell you whether there is fentanyl or not. They do not tell you how much.

You will be dissolving a small amount of substance and will not be able to use the tested part.

Most FTS test for analogs but no FTS can test for ALL analogs.

No matter what the results of your test are, you should always have naloxone and know how to use it.

What you need

- Fentanyl test strip (unopened)
- Container to test (such as bottlecap)
- Clean water
 - 2.5-5 ml (depending on substance)
- Sample of substance
- For pill/rock form (to crush substance)
 - Flat surface
 - Hard object to scrap or crush with



Prepare your substance

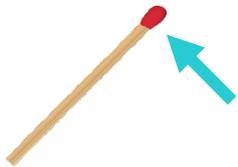
Pills

Crush the pill into a powder

Powder

You will need about 3 milligrams of powder.

About the same size as a the head of a match or half a grain of rice.



Liquid

Drop small amount of liquid on untreated paper.

Let it dry.

Paper

Cut of at least 1/8 off blotter square.

1/2 square will give best results.

Crystal Meth

Remove substance from bag.

Test leftover powder in bag by swishing water thoroughly.

Mushrooms

Take sample from underneath the cap.

Crush before testing.

Tar

Cut small amount

Mix Water and Sample: Testing All

- This method is **MOST accurate** but does require you to dissolve your whole dose in water.
- To test:
 - Place substance in glass or cup
 - Add water to substance
- Mix until your substance is totally dissolved.

Type of substance	Amount of Substance	Amount of Water
Meth, MDMA, Adderall	10mg	5 mL 1 teaspoon 20 drops
Everything else	10mg	2.5mL ½ teaspoon 10 drops

Overdilution is not an issue. Strips are very sensitive.

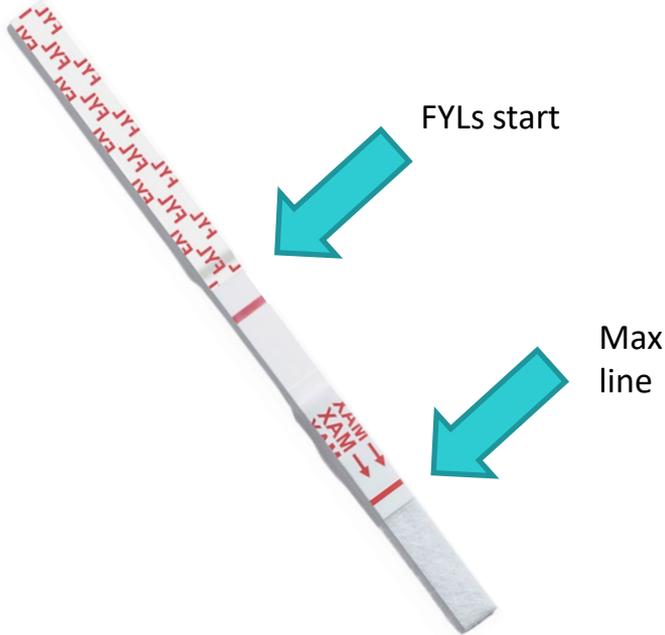
Mix Water and Sample: Residue

- This method is **LESS accurate** because it does not test all your substance.
 - Fentanyl may be present in an untested part of your substance. (Remember chocolate chip cookie?)
- To test:
 - Add water to bag or other container with residue
 - Stir or shake water to dissolve the residue in the water

Type of substance	Amount of Water
Meth, MDMA, Adderall	5 mL 1 teaspoon 20 drops
Everything else	2.5mL ½ teaspoon 10 drops

Dip strip into water

Hold this end of the strip



This end goes in the water

- Dip strip into water.
- Dip it deep enough in the water to touch the “max line”
 - Do not dip farther than the max line or you may get an invalid result.
- Wait for the liquid to absorb to the FYLs (at least 45 seconds)

You may get an invalid result if you do not leave it in the water long enough.

Let it dry

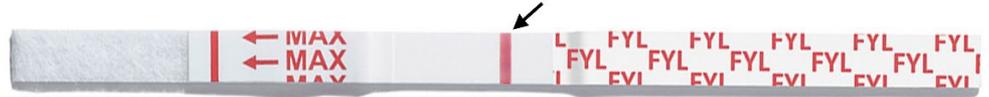


- Lay the strip on a clean, flat surface.
- Let dry for at least 5 minutes.
At least 10 minutes is best.

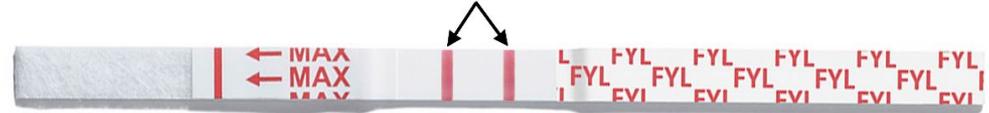
Reading Results

- 1 line:
 - Sample contains fentanyl
- 2 lines:
 - Sample did not contain fentanyl
 - Does not matter how dark lines are

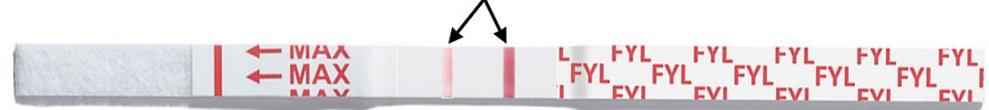
1 LINE = FENTANYL DETECTED ☠



2 LINES = NO FENTANYL



2 FAINT LINE = NO FENTANYL



Troubleshooting

If you do not get at least one line, then the test is invalid.

Try again.

Common issues:

- Not leaving it in the water long enough
- Not having a large enough substance
- Checking too soon (less than 5 minutes)
- Waiting too long (results may change after 10 minutes)
- Putting the strip on a contaminated surface

Additional Information

- Legality of FTS

Starting March 31, 2022, TN law made an exception for fentanyl test strips for individual use in laws about drug paraphernalia.

- FTS are a great tool but are not perfect

NO FTS can detect all fentanyl analogs. People who use FTS accept responsibility for outcomes of drug use, whether or not FTS were used.

Anonymous Survey

- Help us show that FTS are an important tool of harm reduction
- Complete a quick and anonymous survey
- Can be done on paper, phone, or with help from your ROPS

What kind of drug did you use?
How did you test? (every shot, with each use, all at once)
How many tested positive for fentanyl?
What steps did you take (if any) to protect yourself if you got a positive result?
Do you feel better able to protect yourself from accidental overdose?

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/Use

Chronic Illness

Thoughts of Suicide

Co-occurring Mental Health Condition

Using While Alone

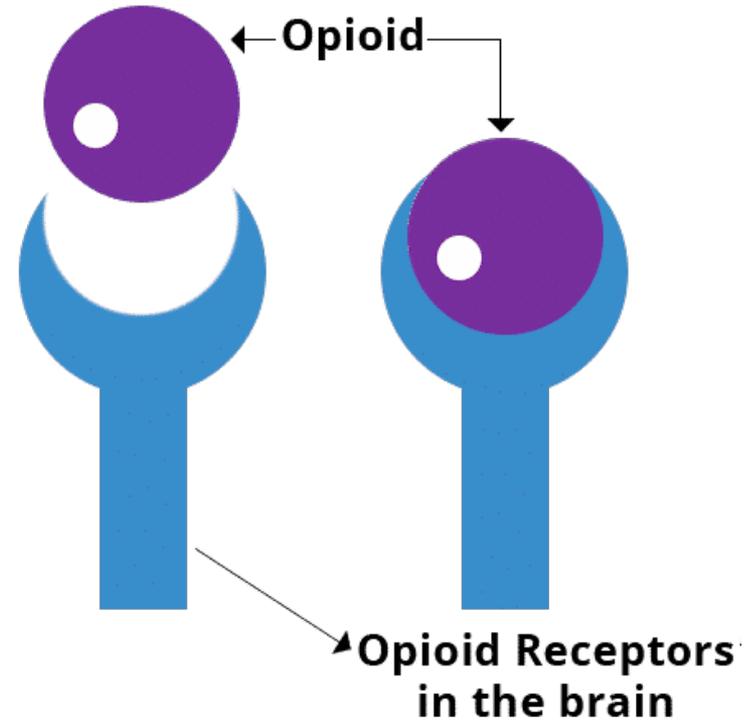
Previous Overdose

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 as well as prescription medications
- Both prescription and illicit opioids can lead to an overdose

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

Emerging Opioid Trend: Nitazenes

- Very powerful synthetic (lab made) opioid
 - Not included in standard toxicology tests so likely unreported
 - Most common nitazenes
 - Metonitazene (similar potency to fentanyl)
 - Isotonitazene
 - Protonitazene
 - Etonitazene
- } Much more potent than fentanyl
- Responds to naloxone but may take more doses

52 deaths

In Tennessee from
2019-2021
involved nitazenes

100%

of these deaths also
involved multiple
substances such as
fentanyl and/or meth

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

**Still responds to outside stimulus **

Signs of an opioid overdose include:

- Unresponsive to stimulus (unconscious)
- Breathing is very slow and shallow, erratic or has stopped
- Pulse is slow, erratic or undetectable
- Choking sounds/snore-like gurgling noise
- Vomiting
- Body is limp
- Changes in skin color/fingernails
 - Lighter skin: turns bluish purple
 - Darker skin: turns grayish or ashen

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
Synthetic Stimulants/Hallucinogens	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

Emerging Trend: Xylazine

- Xylazine, a veterinary tranquilizer (not opioid or stimulant) can contribute to an overdose.
- Xylazine contributes to slow heart rate and low blood pressure.
- Xylazine is known to contribute to severe wounds and soft tissue infections that may need medical attention.

Emerging Trend: Xylazine

- Though xylazine does not respond to naloxone, **always give naloxone in case of suspected overdose** since an opioid may be involved. Additional medical treatment may be needed.



For the most recent information about xylazine:
tn.gov/behavioral-health/emerging

Top Substances Identified with Xylazine in TN*

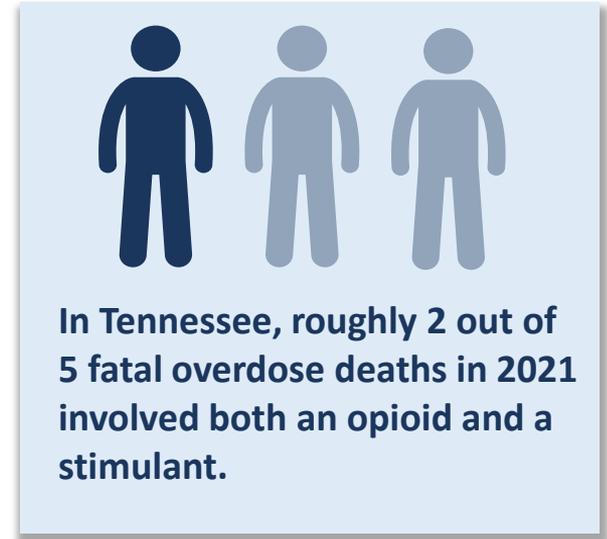
1. Fentanyl
2. Methamphetamine
3. Delta-9 THC
4. Cocaine
5. Alprazolam

* TDH, Death records 2020-2021

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!

Maintaining Personal Safety

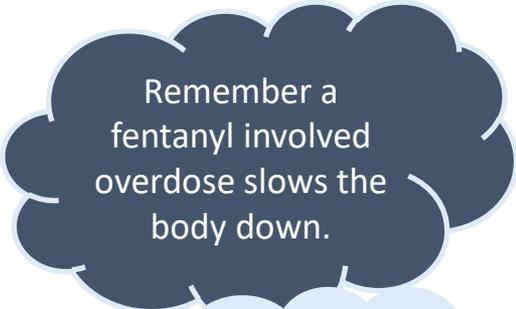
Fentanyl poisoning/overdose by someone responding to an overdose is extremely rare.

- *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*

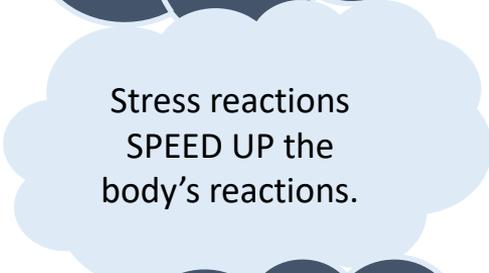
Naloxone can be administered safely in the presence of fentanyl with basic precautions.

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

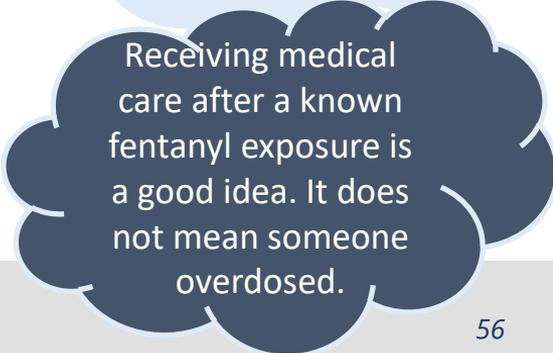
Do not let fear stop you from saving a life!



Remember a fentanyl involved overdose slows the body down.



Stress reactions SPEED UP the body's reactions.



Receiving medical care after a known fentanyl exposure is a good idea. It does not mean someone overdosed.

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

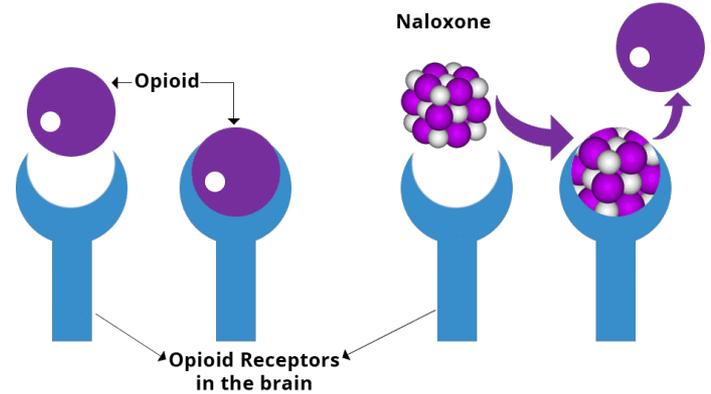
Administering naloxone is the **most common and effective** way to reverse an opioid overdose

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

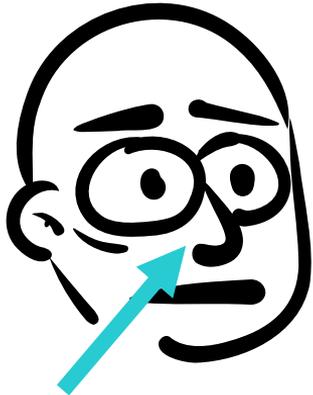


Naloxone restores breathing, but other symptoms **caused by stimulants** and/or **tranquilizers** will not be affected by naloxone and need to be treated by medical professionals, **so call 911 as soon as you suspect an overdose.**

Responding to an Overdose: Naloxone Variations

Intranasal Naloxone

Sprayed directly
in the nose



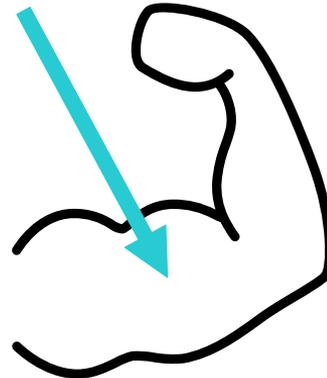
Brand Name:
Narcan©
4mg



Brand Name:
Kloxxado©
*DOUBLE
STRENGTH*

Intramuscular (IM) Naloxone

Inject in the arm
between the elbow and
shoulder



Brand Name: Zimhi

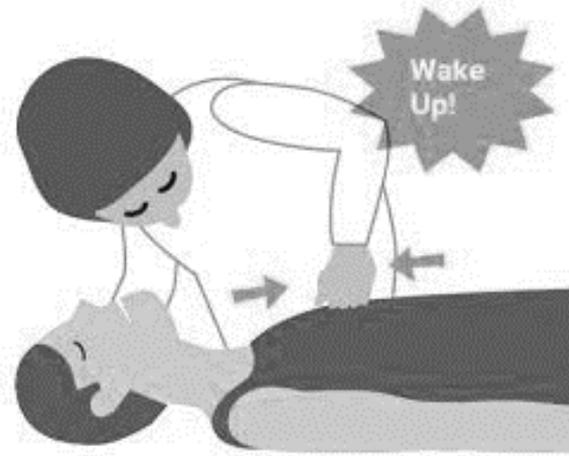
Storing Naloxone

- To be effective, naloxone should be stored
 - In blister pack until ready to use (intranasal)
 - At room temperature (between 68 to 77 degrees F)
 - Avoid temperature extremes (Do not store in a car)
 - Protected from light
 - Avoid extreme temperatures
- Monitor expiration date
 - 24-36 month shelf life depending on product
 - Printed on blister pack (intranasal)
 - Contact ROPS if nearing expiration date

Responding to an Opioid Overdose: Step 1

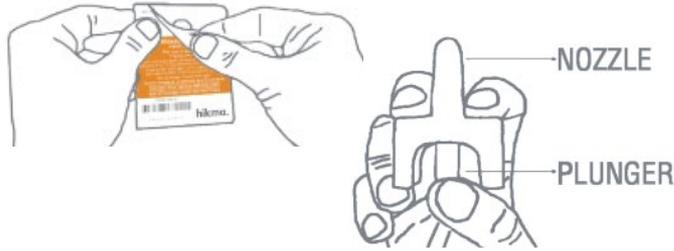
Try to Maintain Responsiveness

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



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!

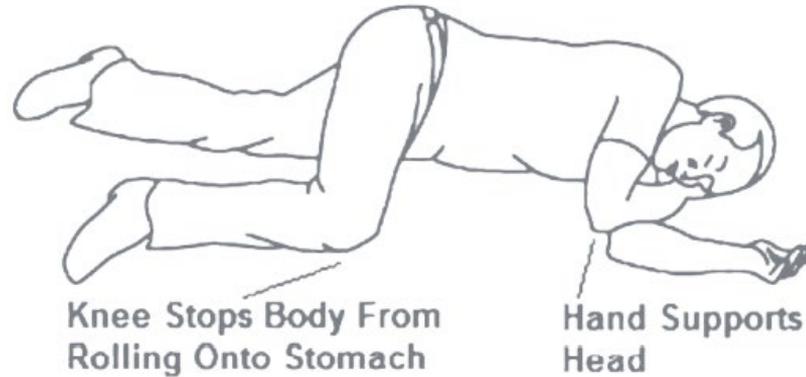
If instructed to give CPR, and you do not feel comfortable giving “rescue breaths,” chest compression-only CPR is better than no CPR.



Responding to an Opioid Overdose: Step 5

Place individual in Recovery Position

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



Responding to an Opioid Overdose: Step 6

- Wait 2-3 minutes.
It may be helpful to set a timer on your phone or have a bystander set a timer.
- After 2-3 minutes, if the person is still not breathing and EMS has not arrived, you can give another dose in the other nostril.
- Continue waiting 2-3 minutes and giving another dose until EMS arrives OR person starts breathing again.



Giving doses faster does not work. The medication has to get to the brain and start to work.

Responding to an Opioid Overdose: Step 7

Stay with Individual and Observe until EMS Arrives

- Provide comfort to the individual
 - May have no memory of overdosing
 - Help them remain calm
 - Provide comfort as naloxone can trigger opioid withdrawal symptoms
- Discourage using more substances for **at least 2 hours**:
 - *Continued substance use **will not help** with withdrawal*
 - A second opioid overdose can occur, ***especially if the individual takes more opioids*** to counter withdrawal symptoms

Common Symptoms of Opioid Withdrawal

- Erratic or violent behavior
- Projectile vomit
- Severe musculoskeletal pain
- Have cardiovascular event (pre existing condition/stimulant involved)

After an Overdose

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

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

After an Overdose: Protection from Liability

Tennessee Addiction Treatment Act

- Allows the use of naloxone for someone experiencing an opioid overdose
- Provides some legal protections for person who calls for medical attention
- Provides some protection for person experiencing an overdose on their first drug overdose

Tennessee Good Samaritan Act

Provides protection for individual or agency who administers naloxone in good faith to someone believed to be experiencing an overdose

Legal change effective 7/1/23:

Immunity from being arrested, charged, or prosecuted may be applied for a person who experiences subsequent drug overdoses at the **discretion of the responding law enforcement officer or the district attorney general's office.**

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; associated with emotional exhaustion of workload/stress

Mental/Emotional Symptoms

- Reduced sense of accomplishment, meaning in work
- Reduced productivity
- Self isolation
- Irritability

Physical Symptoms

- Exhaustion
- Difficulty sleeping
- Headaches, stomachaches, digestive issues, chronic pain

Not limited to people in “helping professions”

Substance misuse affects family, friends, and loved ones

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 2 units per person per month)
 - Can use FSA, HSA or HRA accounts
- **If you are uninsured, you may qualify for CoverRX which is 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 53,000 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

- Lock up prescription medications
- Drop off unused medication
- Raise awareness in your community/schedule a training
 - Bring this training to your workplace, church/religious group, civic organization or any other interested group
- 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 Use Prevention

Use this if there is a coalition in this county



- Name of Coalition
- Name of Contact person at coalition
- Phone number of contact person at coalition
- Email address of person at coalition



Safely Dispose of Unwanted Prescription Medications

- Insert list of permanent drop off locations
- Drop off location
- Any others?

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

TN TOGETHER

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

TnTogether.com

Count It! Lock It! Drop It!



Don't Be An Accidental Drug Dealer

For resources on safe medication steps to take in your home, visit CountItLockItDropIt.org

Community Resources: Substance Misuse Prevention

Use this if there is NOT a coalition in this county

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



For locations of Pharmaceutical Take Back Boxes near you

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

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.

findhelp**now**tn.org

Online. In Real-Time. Find Help Now.

Find substance misuse treatment providers available in near real-time based on the type of treatment you need, the type of payment and insurance options you require, and your current location at FindHelpNowTN.org

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.



Thank you for coming today!

Filling out a ROPS Evaluation form is an important way you can 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!

NAME, ROPS Region XXX
Phone Number and Email Address
Counties you serve

To find the ROPS for your area, contact me or visit www.tn.gov/behavioral-health/ROPS



Call or text for mental health, crisis and suicide prevention

Please complete a quick evaluation survey here.



Thank you for coming today!

NAME, ROPS Region XXX
Phone Number and Email Address
Counties you serve

Please take a couple 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.



Call or text for
mental health,
crisis and suicide
prevention



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