



MO-HOPE Project

PSA: The opioid crisis, "Talk About It"

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- **The Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) Project Mission:** to reduce opioid overdose deaths in Missouri through expanded access to naloxone, overdose education, prevention, public awareness, assessment, and referral to treatment, for those at risk of experiencing or witnessing an overdose event



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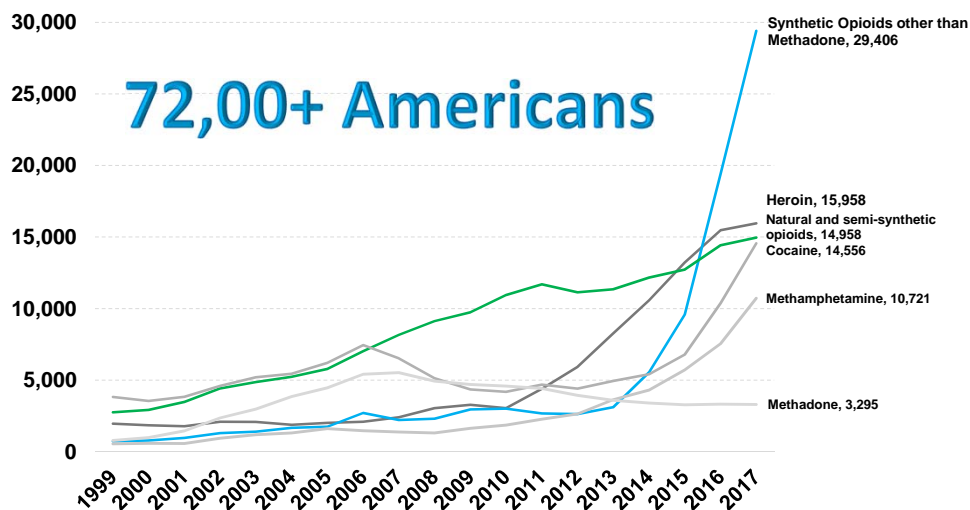
Topics covered today:

- Opioid Use Disorder
- What is naloxone?
- Opioid overdose
- Field report



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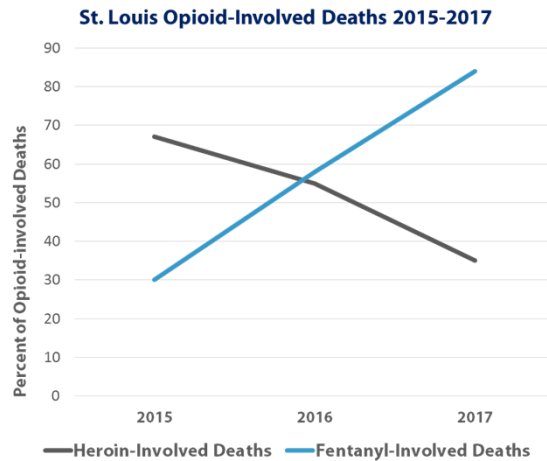
Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



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A Focus on Heroin and Fentanyl in **St. Louis City and County**

- In 2017, St. Louis accounted for 47% of statewide opioid-involved deaths
- In 2017, 84% of opioid-involved deaths in St. Louis involved fentanyl



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Find the heroin



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5% of World's
Population

80% of World's
Opioid
Painkillers

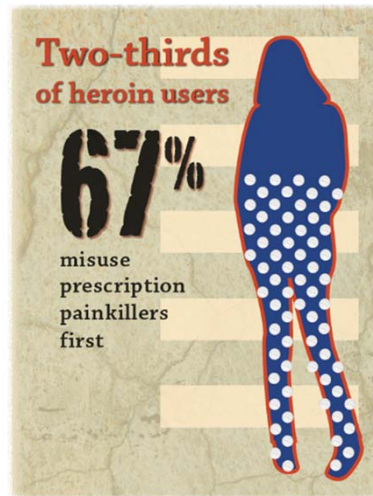
99% of World's
Vicodin

The influence of prescription
monitoring programs on chronic pain
management, *Pain Physician*, 2009

International Narcotics Control Board
Report, 2008

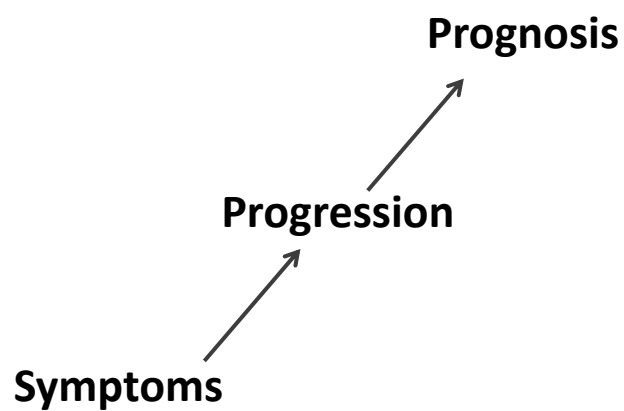


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Brain disease



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Disease – an equal opportunity

- Important to avoid “stereotyping”
- Substance use disorder plays no favorites
- Cuts across all boundaries: socio-economic, race, age and profession



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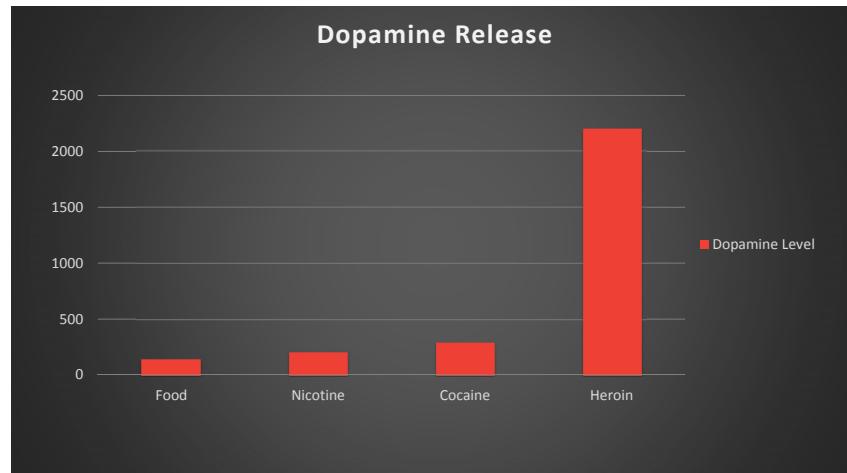
Risk factors for SUD

- Victims of abuse
- Easy availability
- Poor self concept
- Difficulties coping with stress
- Weak family relationships
- Early experimentation
- Behavior problems
- Genetics



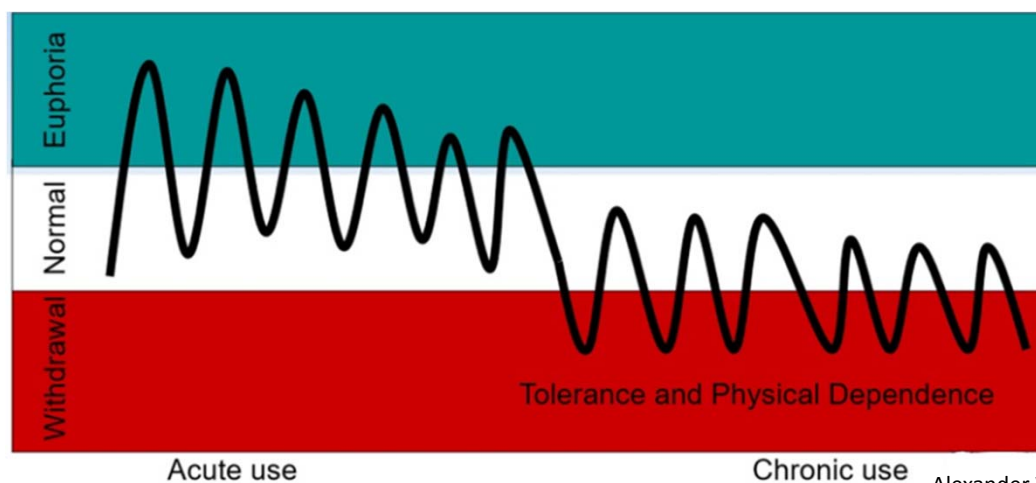
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That's why it feels good!



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Why do people use opioids?



Alexander Walley, MD



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What are risk factors for an overdose?

Chronic:

- Previous overdose
- History of substance use or misuse
- Previous suicide attempt
- Access to prescription drugs
- Witnessed a family member overdose
- High Rx opioid dose and/or sustained action

Acute:

- Period of abstinence= Decreased tolerance (Incarceration, detox, rehab, etc.)
- A change in amount or purity (e.g., fentanyl)
- Injecting
- Mixing opioids with other substances (CNS depressants)
- Using alone
- Being physically ill/respiratory disease
- Homeless in the past 90 days



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Opioid Overdose Signs & Symptoms

Don't use alone

Breathing will be slow or absent



Lips and nails are blue



You can hear gurgling sounds or snoring



Can't be woken up



Person is not moving



Person may be choking



Skin feels cold and clammy



Pupils are tiny



CALL 9-1-1 IMMEDIATELY

Adapted from resources developed by OHRDP



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Bottom line on opioid overdose:

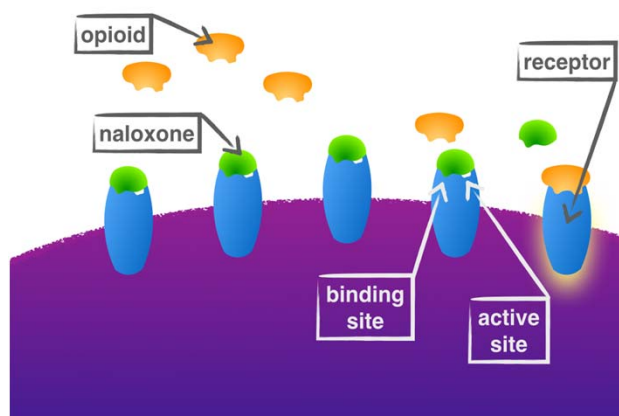
- Unresponsive
- Ineffective or absent breathing
- Pinpoint pupils

keep it simple



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What's naloxone?



- Injectable (intramuscular or IM)
- Autoinjectable
 - EVZIO® is a prefilled to inject naloxone quickly into the outer thigh. Once activated, the device provides verbal instruction to the user describing how to deliver the medication like defibrillators
- Prepackaged Nasal Spray
 - NARCAN® Nasal Spray is a prefilled, needle-free device that requires no assembly and is sprayed into one nostril



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Naloxone laws in MO

- **RSMO 190.255, enacted August 28, 2014**
 - Distribution to first responders
 - First responder administration immunity
- **RSMO 195.206 & RSMO 338.205, enacted August 28, 2016**
 - Pharmacy availability (without an outside prescription)
 - Pharmacist criminal and civil immunity
 - Third party access/right to possess
 - Any person administering naloxone in good faith and with reasonable care has criminal and civil immunity and is immune from any disciplinary action from his/her professional licensing board
 - Any person or organization acting under a standing order issued by someone who is authorized to prescribe naloxone may store and dispense naloxone if the person does not collect a fee
- **RSMO 195.206.2 enacted August 28, 2017**
 - Statewide standing order



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911 Good Samaritan Law – Aug 2017

- (RSMO 195.205) A person who, in good faith, seeks or obtains medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency or a person experiencing a drug or alcohol overdose or other medical emergency who seeks medical assistance for himself or herself or is the subject of a good faith request shall not be
 - Arrested
 - Charged
 - Prosecuted
 - Convicted
 - Have property subject to civil asset forfeiture
- If the evidence ... was gained as a result of seeking or obtaining medical assistance.



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What does immunity cover?

- RSMO 579.015, 579.074, 579.078, 579.105
 - Possession of a controlled substance
 - Possession of paraphernalia
 - Keeping or maintaining a public nuisance
- RSMO 311.310, 311.320, 311.325
 - Alcohol sale to minor
 - Possession of an altered ID
 - Purchase or possession of alcohol by a minor
- Violating a restraining order
- Violating probation and parole



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What is NOT covered?

- Outstanding warrants
- “an offense other than an offense under subsection 2 of this section, whether the offense arises from the same circumstances as the seeking of medical assistance. “



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What is Narcan?

- Narcan® (naloxone) is a medication that reverses the effects of an opioid overdose
- Onset of action: 2-3 minutes
- Narcan's effects start to wear off after ~30 minutes and are gone by ~90 minutes. Average = 60 min
 - It's possible that someone can slip back in to an overdose state – which is why it's important to get immediate medical attention



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Here's what to do if someone overdoses

1. Call 911
2. Give 1 dose of Narcan nasal spray
3. Administer rescue breaths/put in recovery position
4. Stay with the person
5. Give 2nd Narcan dose after 2-3 minutes if 1st



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How to use Narcan

1 PEEL back the package to remove the device.



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How to use Narcan



Do not press plunger until you are ready to administer the dose

2 PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



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How to use Narcan



3 PRESS the plunger firmly to release the dose into the patient's nose.



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Airway tips

- Head-tilt/Chin-lift Maneuver often lifts the tongue out of the way



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Prepare!

About 50% of administrations result in no negative side effects.

- Naloxone can precipitate withdrawals among those with physical dependence. These may manifest as:
 - Anger/Irritability (about 20%)
 - “Dope Sick” (about 19%)
 - Vomiting (about 7%)
 - Combative (about 4%)



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The rationale - Why project evaluation is important:

- Currently no centralized figures in Missouri on overdose events and reversals – who, what, where, etc.
 - These figures = CRITICAL for continued federal funding

More knowledge in these areas = More effective training & intervention



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The field report – what to expect:



1) Add this web link to your desktop:

mohopeproject.org/ODreport



2) After responding to an overdose, click on the link and complete the form

Agency, Zip, Sex, Age, Drugs involved, Use of Naloxone, etc.

3) Click "submit" and data will be sent to a secure database monitored by MIMH



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OD Field Report

Please complete the survey below. NOTE: Please read carefully as the field report has changed (3/16/2018)

Thank you!

Para Español: www.mohopeproject.org/ODreportespanol

Date and time of the overdose event:

04-29-2018 14:36 MO-PEM MO-PEM

What is your relationship to the person who overdosed?

☐ Emergency Responder
☐ Parent
☐ Partner/ Spouse
☐ Other family member (non-parent, non-partner)
☐ Friend
☐ Clinician/ Provider
☒ Stranger
☐ Self
☐ Other
☐ Test/demo (for training purposes only)** reset

In what county did the overdose occur?

St. Louis County reset

ZIP Code of overdose location:

63044

Incident Location:

☐ A home/residence
☐ A treatment facility
☒ A public place
☐ Other reset

Please specify the public place location:

gas station bathroom

Is the individual a Missouri resident?

☐ Yes
☐ No
☐ Homeless
☒ Unsure reset

Individual's age:

☐ Under 18
☐ 18-24
☒ 25-44
☐ 45-64
☐ 65+ (If you are unsure, please give your best estimate) reset

Individual's sex:

☒ Male
☐ Female
☐ Intersex
☐ Unsure reset

Individual's race: (check all that apply)

☒ White
☐ Black or African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander
☐ Other
☐ Unsure (If uncertain, please select best guess AND "unsure")


Is the individual Hispanic?

☐ Yes
☒ No
☒ Unsure (If uncertain, please select best guess AND "unsure")




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Type of drugs involved: (check all that apply) <input checked="" type="checkbox"/> Heroin <input type="checkbox"/> Prescription painkiller <input type="checkbox"/> Fentanyl <input type="checkbox"/> Benzos (e.g., Xanax) <input type="checkbox"/> Alcohol <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unsure <small>(If uncertain, please select best guess AND "unsure")</small>	What form of naloxone was administered? (Select all that apply) <input checked="" type="checkbox"/> AdaptPharma Narcan nasal spray <input type="checkbox"/> Evzio auto-injector <input type="checkbox"/> Other intranasal device (with vial and atomizer) <input type="checkbox"/> Intravenously (IV) <input checked="" type="checkbox"/> Other intramuscular device (with vial and syringe) <input type="checkbox"/> Unsure
Was naloxone administered? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	How many doses of AdaptPharma Narcan nasal spray were given? <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4+ <input type="radio"/> Unsure
Where was naloxone obtained? <input type="radio"/> Unsure: naloxone administered by someone else <input type="radio"/> Pharmacy <input type="radio"/> Treatment Program <input type="radio"/> Recover Community Center <input type="radio"/> Jail or Treatment court program <input checked="" type="radio"/> Other	How many doses of intramuscular naloxone were given with vial and syringe? <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4+ <input type="radio"/> Unsure
Please specify other: <input type="text" value="training"/>	Any post-naloxone withdrawal symptoms? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Physically combative <input checked="" type="checkbox"/> Irritable or angry <input type="checkbox"/> Vomiting <input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Other
Naloxone administered by: (Please select multiple responses, if more than one person administered naloxone) <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Fire Crew <input type="checkbox"/> Police <input type="checkbox"/> Other emergency responder <input type="checkbox"/> Parent <input type="checkbox"/> Partner/spouse <input type="checkbox"/> Friend <input type="checkbox"/> Family member (non-parent, non-partner) <input type="checkbox"/> Clinician/provider <input checked="" type="checkbox"/> Stranger <input type="checkbox"/> Someone else	Was 911 called? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure


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To the best of your knowledge, did the individual survive the overdose?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Was the individual transported to the hospital?	<input type="radio"/> Yes <input type="radio"/> No, escorted to treatment center <input type="radio"/> No, escorted to a residence <input type="radio"/> No, transported elsewhere <input type="radio"/> No, declined transport <input checked="" type="radio"/> Unsure <input type="radio"/> N/A, deceased at scene
<input type="button" value="Submit"/>	


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