




MO-HOPE Project

- **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:

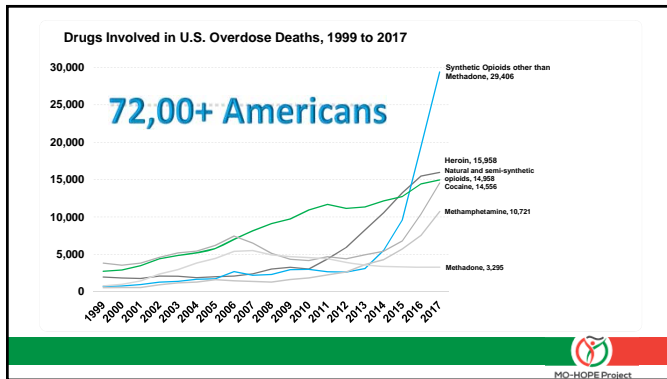
- Opioid Use Disorder
- What is naloxone?
- Opioid overdose
- Field report

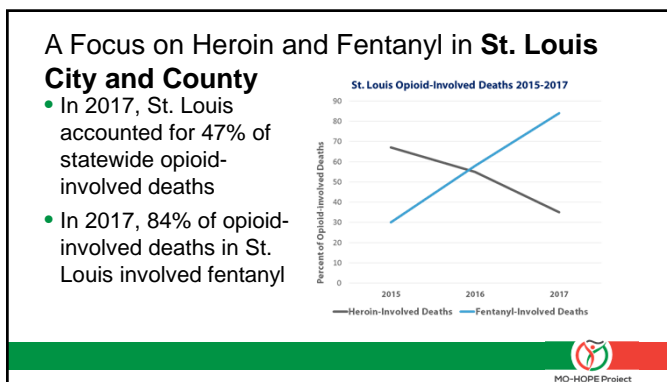






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Find the heroin



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5% of World's
Population

80% of World's
Opioid
Painkillers

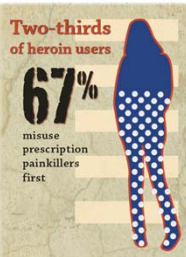
99% of World's
Vicodin

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

International Narcotics Control Board
Report, 2008

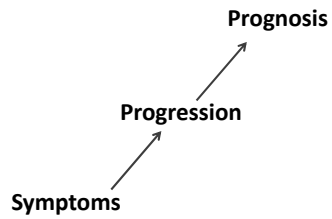


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Brain disease



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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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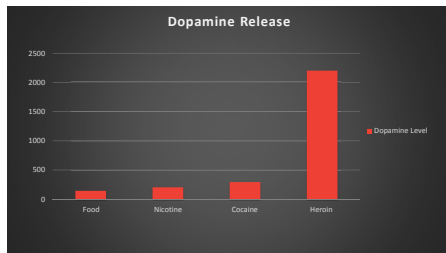
Risk factors for SUD

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



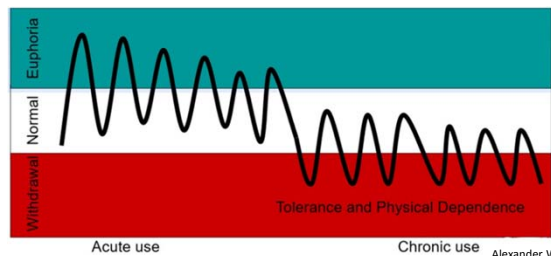
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That's why it feels good!



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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

| | | | |
|-----------------------------------------|--------------------------------|------------------------------------------------|--------------------------|
| <p>Breathing will be slow or absent</p> | <p>Lips and nails are blue</p> | <p>You can hear gurgling sounds or snoring</p> | <p>Can't be woken up</p> |
| <p>Person is not moving</p> | <p>Person may be choking</p> | <p>Skin feels cold and clammy</p> | <p>Pupils are tiny</p> |

toward the cure

CALL 9-1-1 IMMEDIATELY

Adapted from resources developed by DASH

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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?

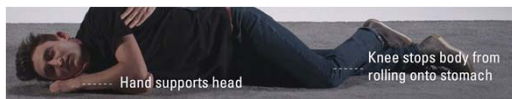
- Narcan® (naloxone) is a medication that reverses the effects of an opioid overdose
- Onset of action: 2-3 minutes
- Narcan's effects start to wear off after ~30 minutes and are gone by ~90 minutes. Average = 60 min
 - It's possible that someone can slip back in to an overdose state – which is why it's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



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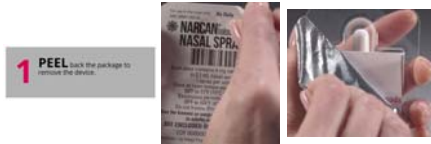
Here's what to do if someone overdoses

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



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How to use Narcan



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How to use Narcan



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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:

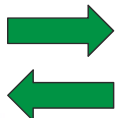
- Currently no centralized figures in Missouri on overdose events and reversals – who, what, where, etc.
 - These figures = CRITICAL for continued federal funding

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



OD Field Report

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

Thank you!

Form ID: 001

Date and time of the overdose event: (dd/mm/yyyy hh:mm)

What is your relationship to the person who overdosed?

- ☐ Emergency responder
- ☐ Parent
- ☐ Partner/Spouse
- ☐ Other family member (non-parent, non-partner)
- ☐ Friend
- ☐ Christian Provider
- ☒ Stranger
- ☐ Self
- ☐ Other

Please select the training purpose only*

In what county did the overdose occur? (Select County)

ZIP code of overdose location:

Incident Location:

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

Please specify the public place location:

Is the individual a Missouri resident?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☒ Unsure

Individual's age:

- ☐ Under 18
- ☐ 18-24
- ☒ 25-44
- ☐ 45-64
- ☐ 65+

Please select the training purpose only*

Individual's sex:

- ☒ Male
- ☐ Female
- ☐ Intersex
- ☐ Unknown

Individual's race (check all that apply):

- ☒ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other
- ☐ Unknown

Please select the training purpose only*

Is the individual Hispanic?

- ☐ Yes
- ☒ No
- ☐ Unknown

Please select the training purpose only*

Type of drugs involved (check all that apply):

- ☒ Heroin
- ☐ Prescription painkiller
- ☐ Benzoyl
- ☐ Benzoyl (e.g., heroin)
- ☐ Cocaine
- ☐ Other
- ☒ Unknown

Please select the training purpose only*

Was naloxone administered?

- ☒ Yes
- ☐ No
- ☐ Unknown

Where was naloxone obtained?

- ☐ On-site naloxone administered by someone else
- ☐ Pharmacy
- ☐ Treatment Program
- ☐ Recovery Community Center
- ☐ Other
- ☒ Other

Please specify other:

Naloxone administered by: (Please check multiple responses, if more than one person administered naloxone)

- ☒ EMS
- ☐ Fire Dept.
- ☐ Police
- ☐ Other emergency responder
- ☐ Parent
- ☐ Partner/Spouse
- ☐ Friend
- ☐ Family member (non-parent, non-partner)
- ☐ Christian provider
- ☒ Stranger
- ☐ Someone else

When form of naloxone was administered? (check all that apply):

- ☒ Adipathorms nasal spray
- ☐ EpiPen
- ☐ Other intranasal device (with and without)
- ☐ Intramuscular (IM)
- ☒ Other intramuscular device (with and without)
- ☐ Unknown

How many doses of Adipathorms nasal spray were given?

- ☐ 1
- ☒ 2
- ☐ 3
- ☐ 4+
- ☐ Unknown

How many doses of intramuscular naloxone were given with and without spray?

- ☒ 1
- ☐ 2
- ☐ 3
- ☐ 4+
- ☐ Unknown

Any past naloxone withdrawal symptoms? (check all that apply):

- ☐ None
- ☐ Physically combative
- ☒ Irritable or angry
- ☐ Sweating
- ☐ Diarrhea (e.g., increased, muscle aches, heavy breathing, nausea, vomiting)
- ☐ Other

Was 911 called?

- ☒ Yes
- ☐ No
- ☐ Unknown

To the best of your knowledge, did the individual survive the overdose?

☒ Yes
☐ No
☐ Unsure


reset

Was the individual transported to the hospital?

☐ Yes
☐ No, escorted to treatment center
☐ No, escorted to a residence
☐ No, transported elsewhere
☐ No, declined transport
☒ Unsure
☐ N/A, deceased at scene





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Submit




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