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
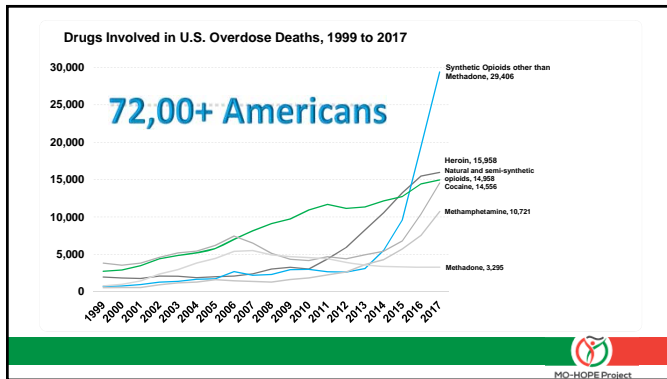

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Topics covered today:

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

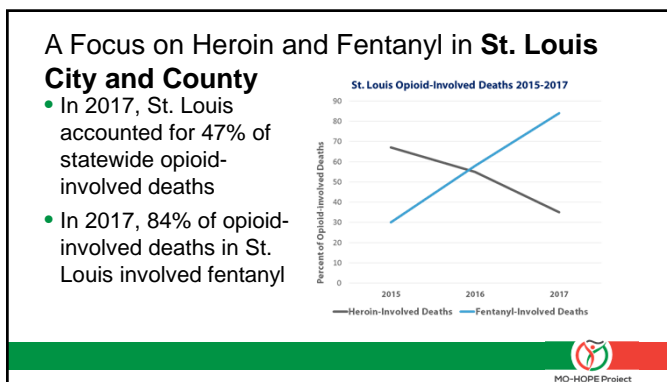Missouri Department of **MENTAL HEALTH**

NCADA the place to turn

UMSL MIMH Missouri Institute of Mental Health

SAMHSA

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

72,00+ Americans

Synthetic Opioids other than Methadone, 29,406
Heroin, 15,958
Natural and semi-synthetic opioids, 14,958
Cocaine, 14,556
Methamphetamine, 10,721
Methadone, 3,295

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

St. Louis Opioid-Involved Deaths 2015-2017

Heroin-Involved Deaths   Fentanyl-Involved Deaths

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
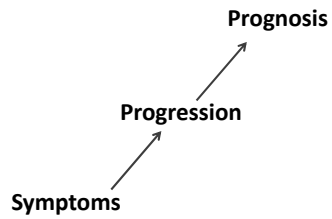
International Narcotics Control Board Report, 2008

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Two-thirds of heroin users

67%

misuse prescription painkillers first
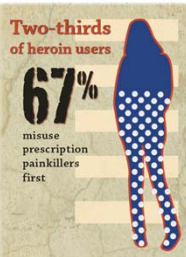
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Brain disease

Prognosis

Progression

Symptoms

Disease – an equal opportunity

- Important to avoid "stereotyping"

- Substance use disorder plays no favorites

- Cuts across <u>all</u> boundaries: socio-economic, race, age and profession

Risk factors for SUD

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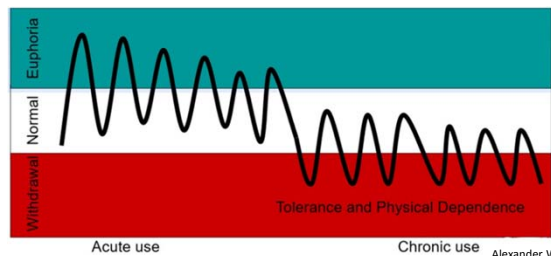- Early experimentation
- Behavior problems
- Genetics

That's why it feels good!

Dopamine Release

(bar chart: Food, Nicotine, Cocaine, Heroin; y-axis 0–2500; legend: Dopamine Level)
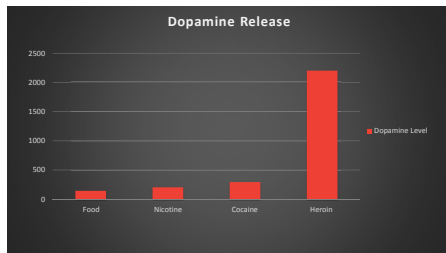
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Why do people use opioids?

(diagram: Euphoria / Normal / Withdrawal; Tolerance and Physical Dependence; Acute use — Chronic use)

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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Bottom line on opioid overdose:

- Unresponsive
- Ineffective or absent breathing
- Pinpoint pupils

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

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. "

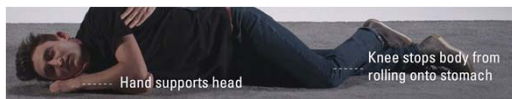MO-HOPE Project

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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

Knee stops body from rolling onto stomach

Hand supports head

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How to use Narcan

How to use Narcan

How to use Narcan

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:
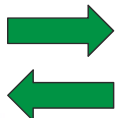
1) Add this web link to your desktop:

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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