



Rural Resiliency

**Opioid Use Disorder
SE ROTA Symposium 2023**

OVERDOSE PREVENTION

LIFE-SAVING HARM REDUCTION TOOLS & STRATEGIES

**Breakout Session
with**

KC Callison & Jacquelyn McMillan

THE HISTORY

BEHIND THE OPIOID USE DISORDER EPIDEMIC



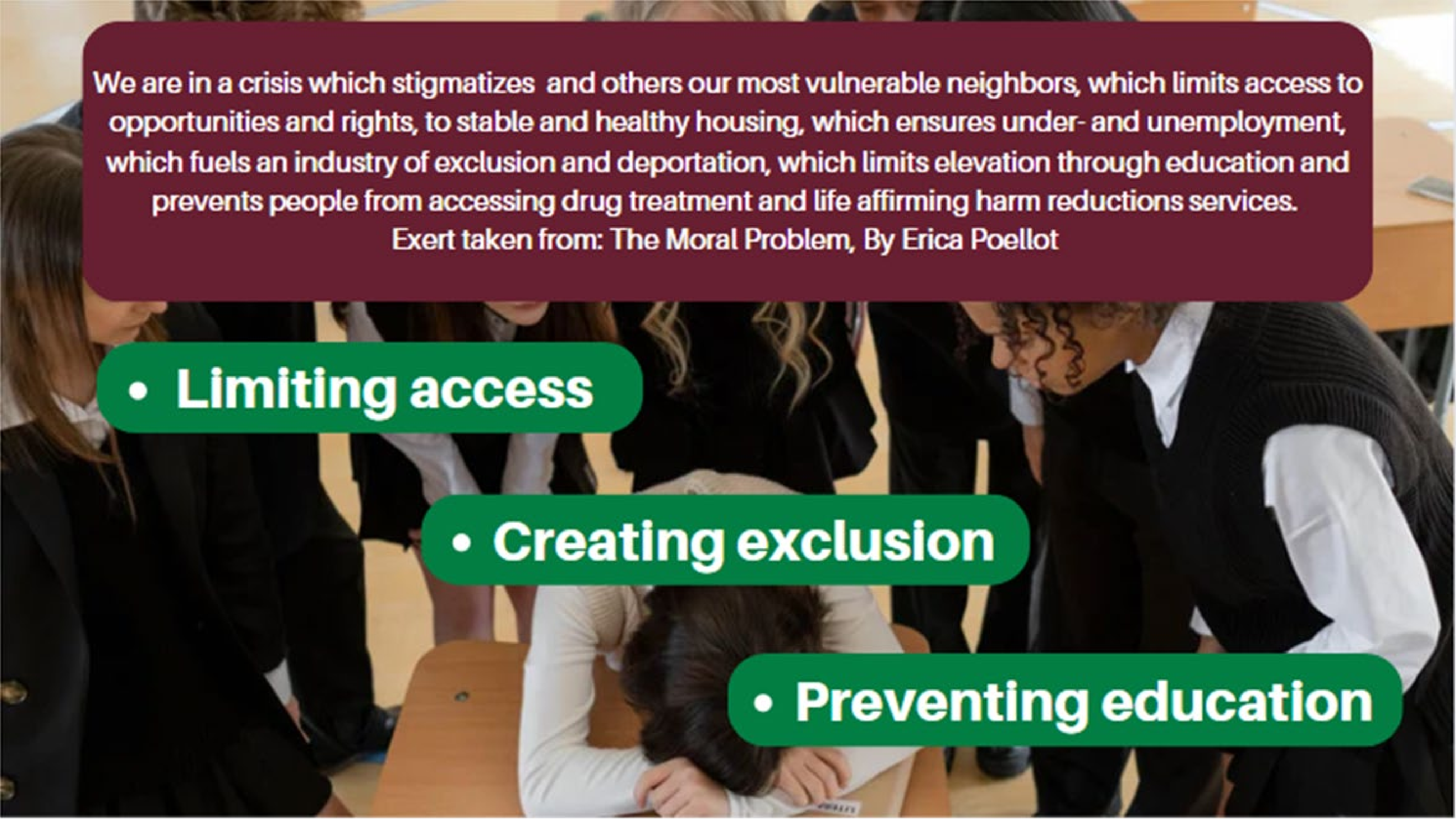
Florida State University
Center for the Study and Promotion for
Communities, Families and Children



**Rural Opioid Technical
Assistance Program**



FLORIDA A&M UNIVERSITY
**COOPERATIVE
EXTENSION**
SCHOOL OF AGRICULTURE AND FOOD SERVICES

A group of students in a classroom setting. One student in the foreground is resting their head on a desk, appearing tired or stressed. Other students are standing around them, some looking down. The background shows a typical classroom with desks and chairs.

We are in a crisis which stigmatizes and others our most vulnerable neighbors, which limits access to opportunities and rights, to stable and healthy housing, which ensures under- and unemployment, which fuels an industry of exclusion and deportation, which limits elevation through education and prevents people from accessing drug treatment and life affirming harm reductions services.

Exert taken from: The Moral Problem, By Erica Poellot

- **Limiting access**

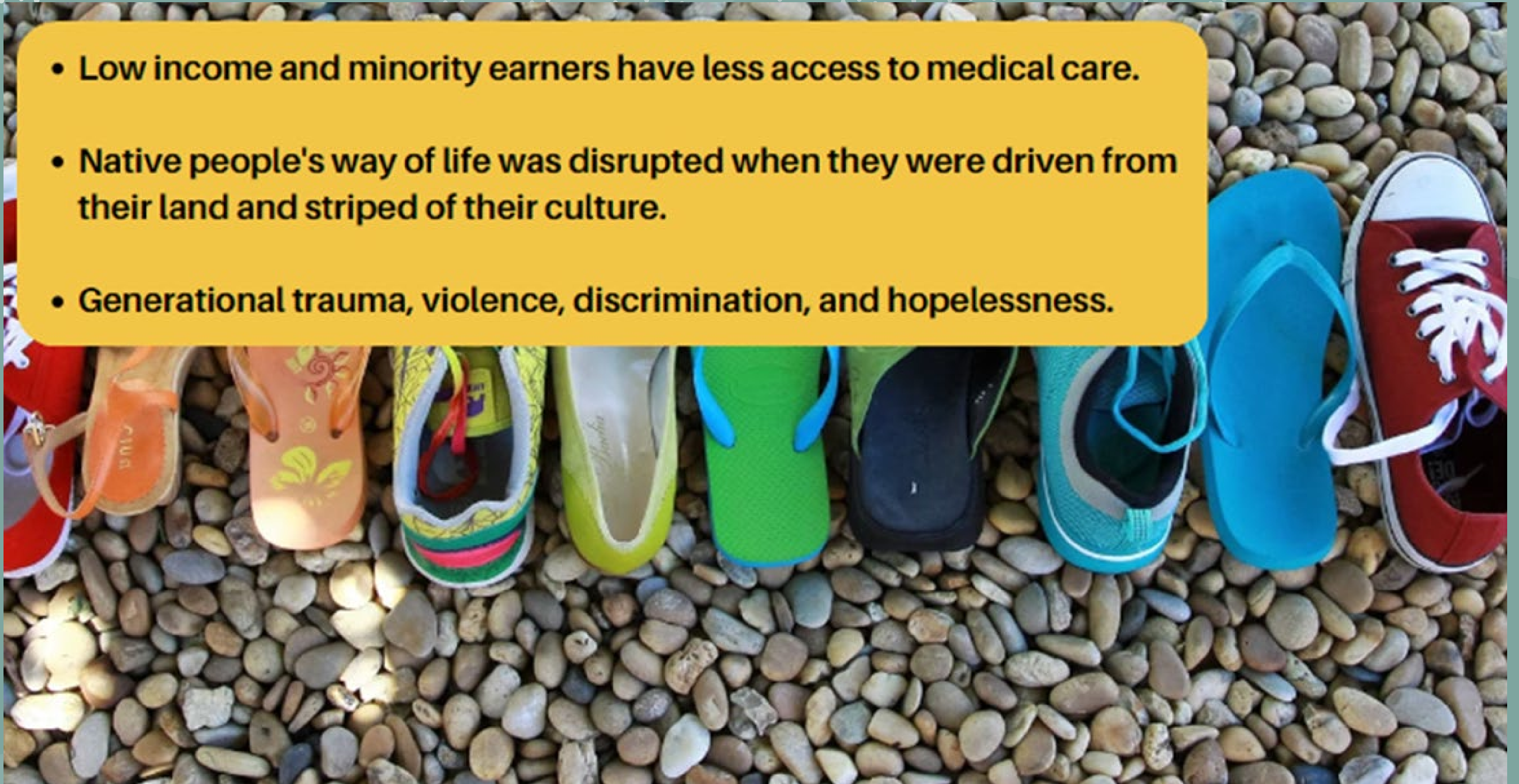
- **Creating exclusion**

- **Preventing education**

- **Criminalizing drug use has not worked!**
- **Limiting supply has not worked!**
- **Inequality has not worked!**



- Low income and minority earners have less access to medical care.
- Native people's way of life was disrupted when they were driven from their land and stripped of their culture.
- Generational trauma, violence, discrimination, and hopelessness.



So why harm reduction?

Evidence-based research indicates that:

- Harm reduction services save lives.
- Harm reduction is part of the continuum of care.
- Harm reduction incorporates a spectrum of strategies.
- Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse.

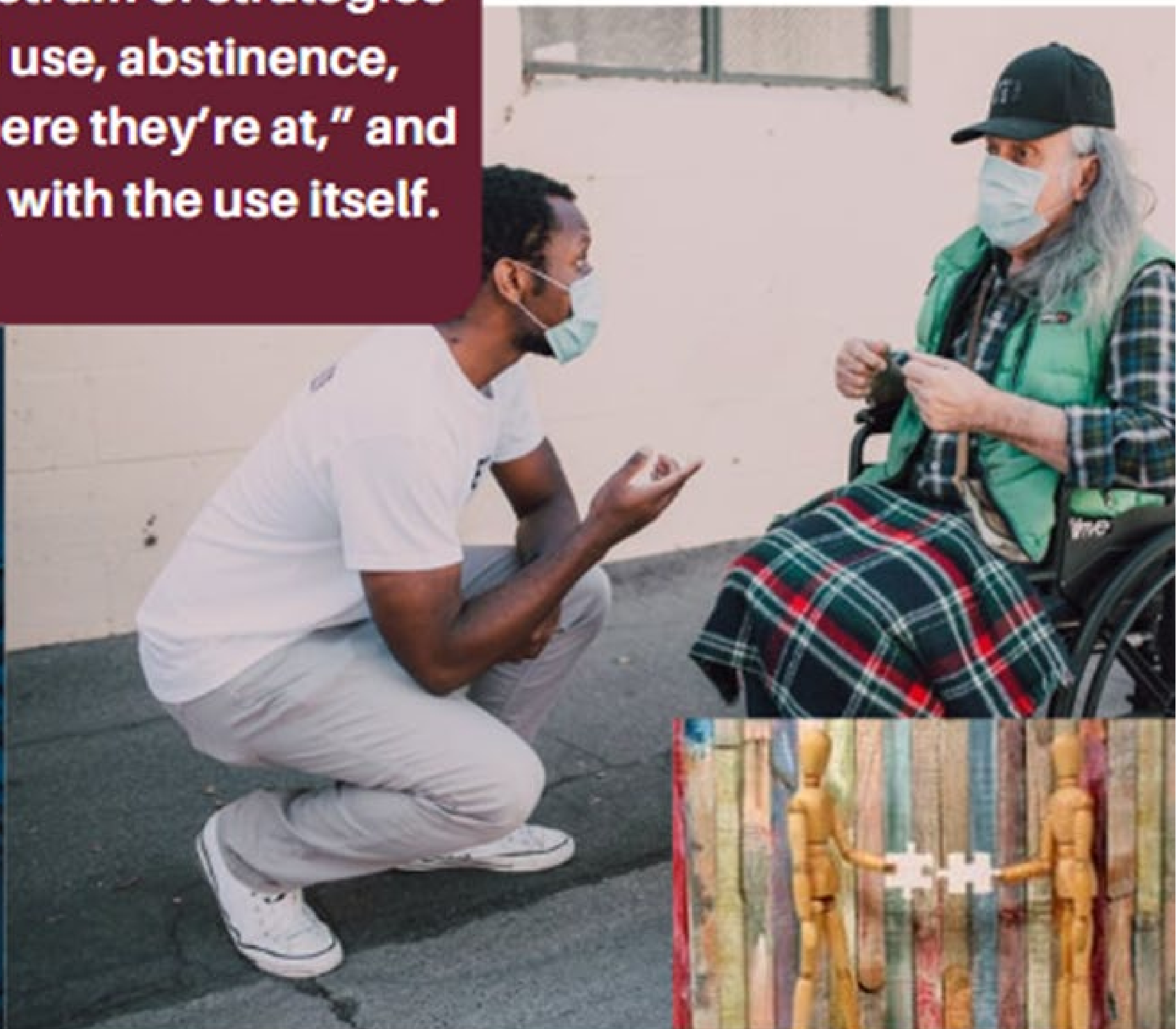
Harm reduction, or harm minimization, refers to a range of public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal.

Everyday examples of harm reduction:

- First aid kits
- Brushing your teeth
- Safety goggles
- Seat belts
- Aspirin
- Defibrillators
- Hard hats
- Bike Helmets
- Stop signs
- Turn signals
- Shoes
- Rain boots



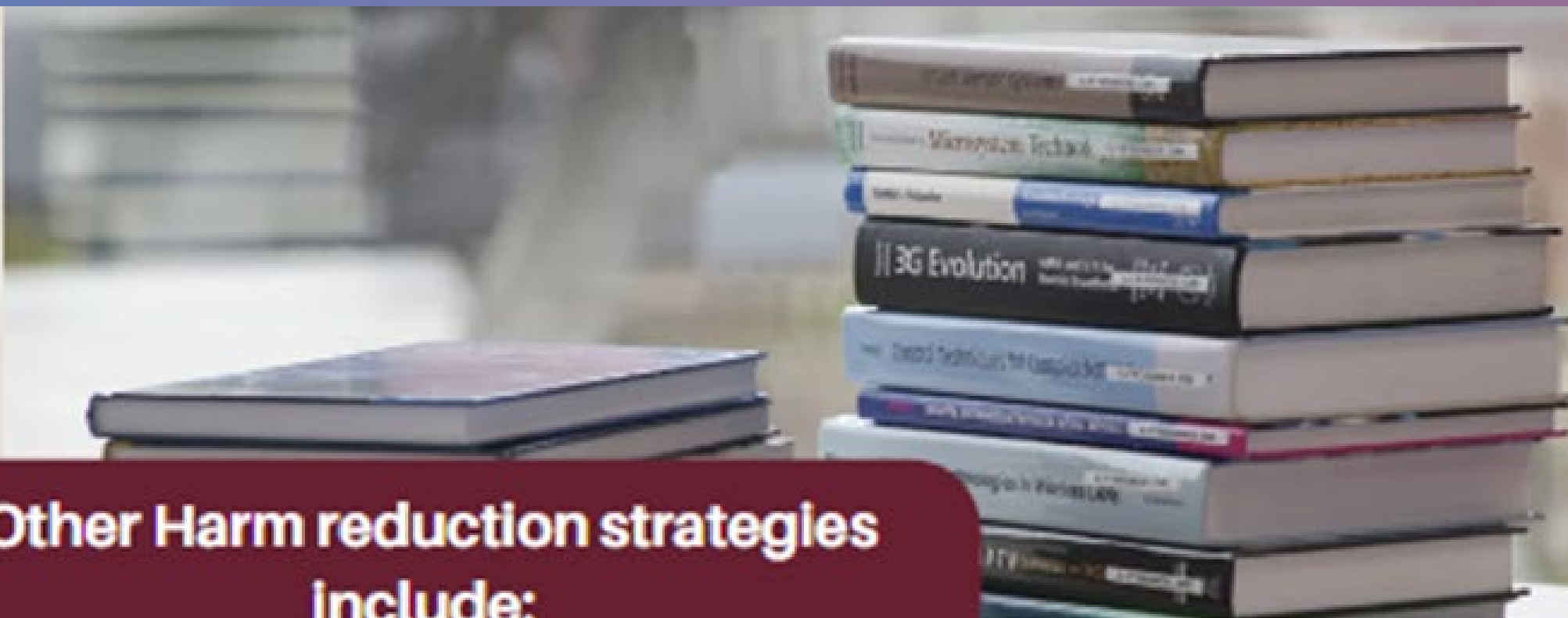
Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs “where they’re at,” and addressing conditions of use along with the use itself.



Harm reduction services can:

- Connect individuals and families to counseling, referrals to treatment for infectious disease and substance use disorders.
- **Distribute overdose reversal medications, lessen behaviors that increase risk, and reduce infectious disease transmission.**
- Reduce overdose deaths through linkage to care and services.
- Promote a philosophy of hope and healing, peer support, and other recovery support services.





**Other Harm reduction strategies
include:**

**Keys to
safer use**

Education

Respect and dignity

RESOURCES AND TOOLS

Empowerment and equality

OPIOID OVERDOSE PREVENTION

KC CALLISON, MA, CATC, FCCM

Southeast Rural Opioid Technical Assistance

Regional Center (ROTA-RC);

Opioid Prevention and Harm Reduction Specialist

JACQUELYN MCMILLAN, PHD, LCSW

Assistant Professor of Social Work

Florida A&M University



Florida State University

Center for the Study and Promotion for
Communities, Families and Children

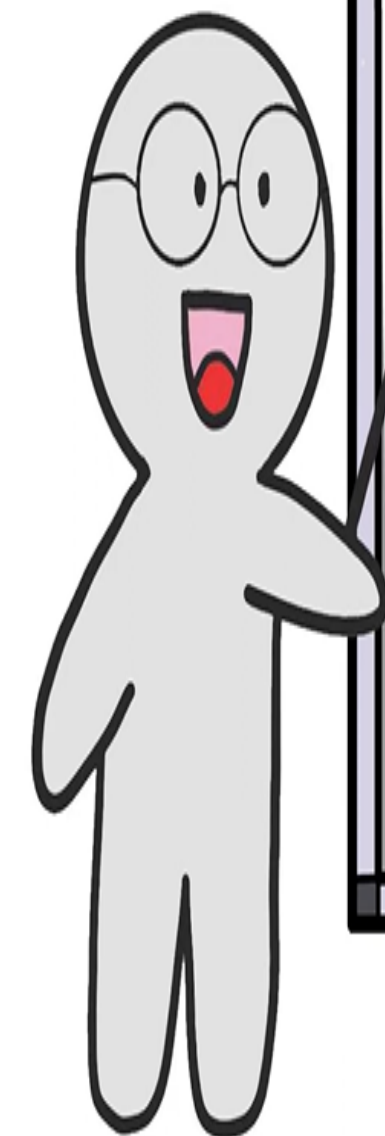


FLORIDA A&M UNIVERSITY
**COOPERATIVE
EXTENSION**
COLLEGE OF AGRICULTURE AND FOOD SCIENCES



**Rural Opioid Technical
Assistance Program**

This word cloud features various terms related to the opioid crisis. The most prominent words are "OPIOID EPIDEMIC" in large red letters at the top center, and "PAINKILLERS" in large purple letters below it. Other significant words include "ADDICT" in green, "DEATH" in blue, "PRESCRIPTION" in green, "PILLS" in blue, and "OVERDOSE" in orange. Smaller words scattered throughout include "TRAUMA", "MENTAL HEALTH", "BIG PHARMA", "CRISIS", "PTSD", "PHARMACEUTICALS", "PAIN RELIEF", "DEPENDENCE", "ILLEGAL", "DRUG ADDICTION", "OPIOD ABUSERS", "CHILD ABUSE", "TOLERANCE", "IMPULSIVE BEHAVIOR", "EMOTIONAL ABUSE", "NOTHING BUT OPIOIDS", "INJURY", "WASTED LIVES", "LIVELY", "NATION'S", "AND", "PEOPLE", "TOOK", "THEIR", "OWN", "LIVES". The colors used include shades of red, purple, blue, green, orange, and yellow.



5 common myths about opioids

Facts to snack
PowerFacs

5 common myths about opioids

<https://youtu.be/fzurHrxNvg>

Opioids

```
graph TD; A[Opioids] --> B[Natural Opiates]; A --> C[Semi-synthetic Opiates]; A --> D[Fully Synthetic Opioids]; B --> B1[opium]; B --> B2[morphine]; B --> B3[codeine]; C --> C1[heroin]; C --> C2[hydromorphone]; C --> C3[hydrocodone]; C --> C4[oxycodone]; D --> D1[fentanyl]; D --> D2[methadone];
```

Natural Opiates

opium
morphine
codeine

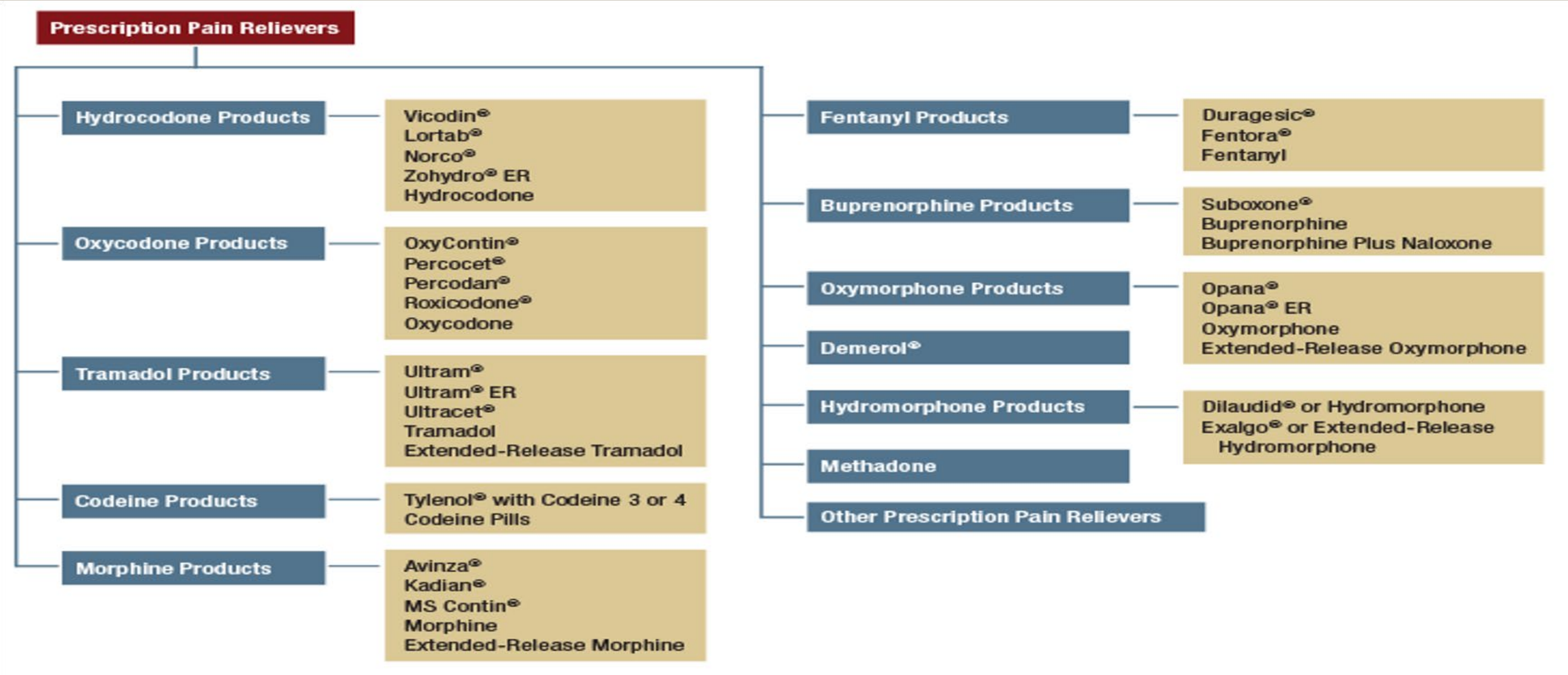
Semi-synthetic Opiates

heroin
hydromorphone
hydrocodone
oxycodone

Fully Synthetic Opioids

fentanyl
methadone

Subtypes of Prescription Pain Relievers in the 2020 NSDUH Questionnaire



NSDUH: National Survey on Drug Use & Health (2020). NOTE: Prescription pain reliever categories shown in the red and blue boxes represent estimates for subtypes shown in reports or tables for the 2020 NSDUH. NOTE: The following drugs in this figure are generic drugs: hydrocodone, oxycodone, tramadol, extended-release tramadol, codeine pills, morphine, extended-release morphine, fentanyl, buprenorphine, buprenorphine plus naloxone, oxymorphone, extended-release oxymorphone, hydromorphone, extended-release hydromorphone, and methadone.

OPIOD USE & OVERDOSING



Fentanyl is a synthetic opioid that is up to

50x

**stronger than
heroin**

100x

**stronger than
morphine**

ILLCIT DRUGS DO NOT COME

WITH AN INGREDIENTS LIST.

MANY CONTAIN DEADLY DOSES

OF FENTANYL.

Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths. Even in small doses, it can be deadly. Over 150 people die every day from overdoses related to synthetic opioids like fentanyl.

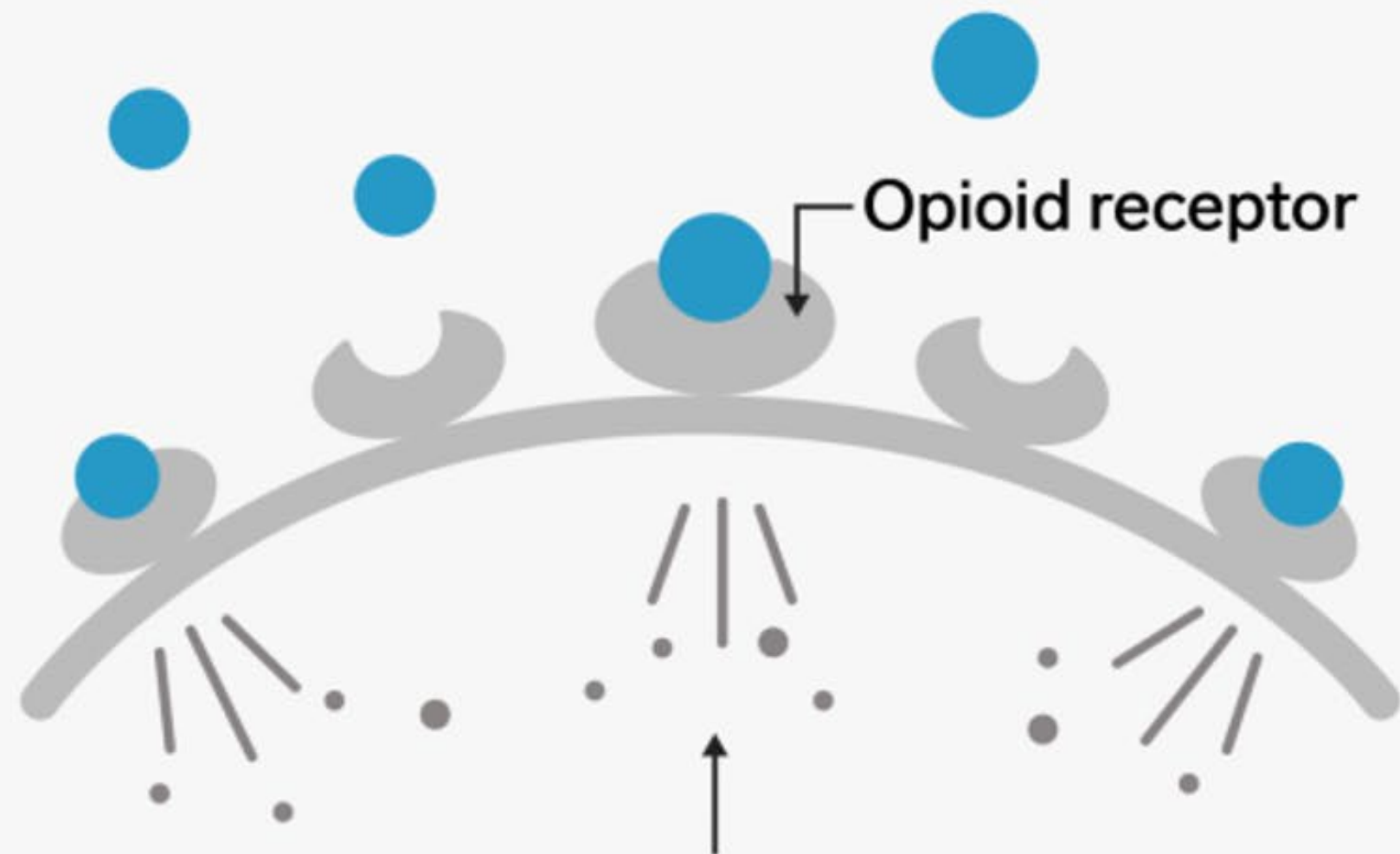


<https://www.cdc.gov/stopoverdose/fentanyl/index.html>

How opioids affect the brain

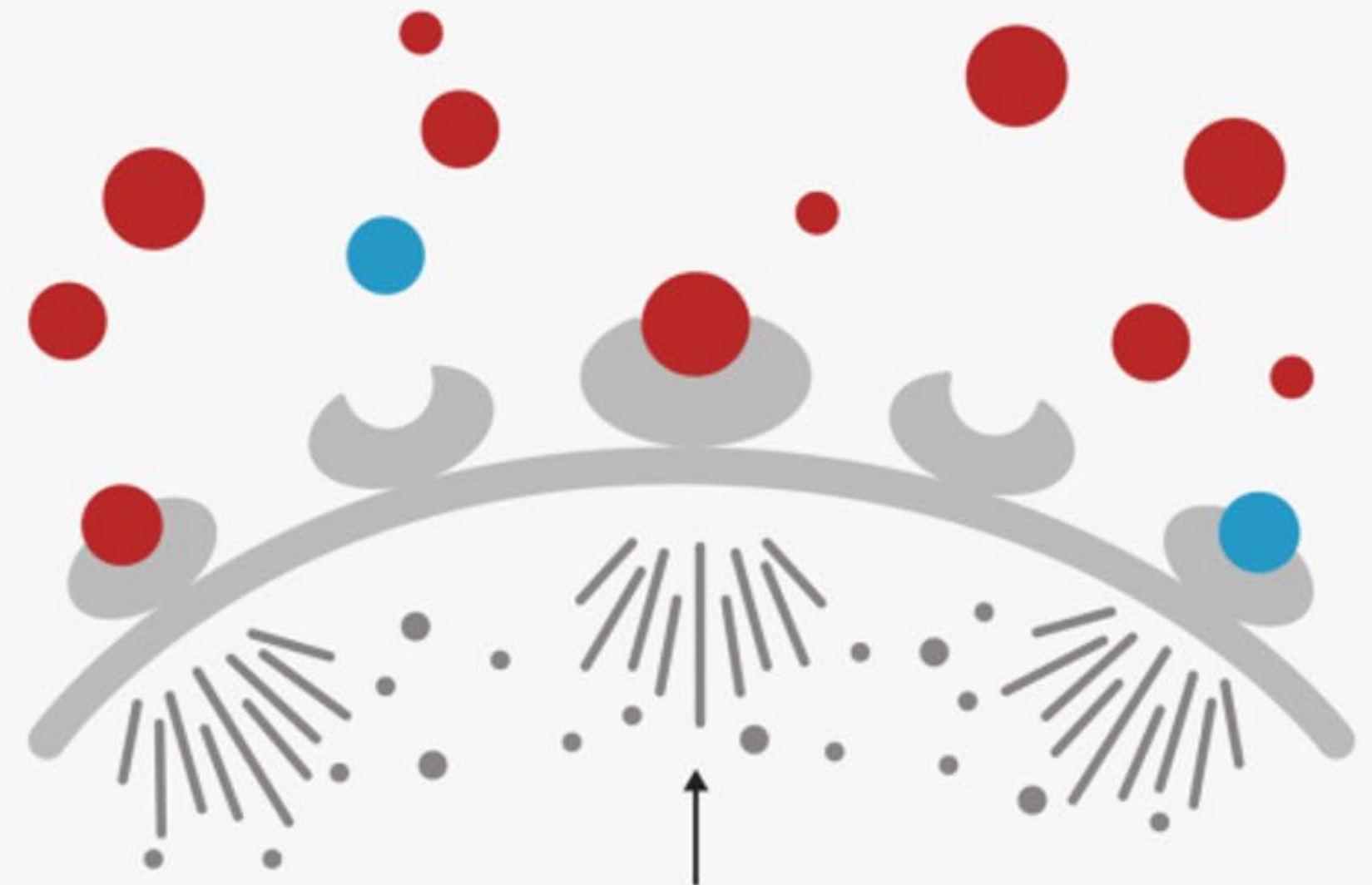
● Endorphin ● Opioid

Normal brain



Normal stimulation of the
Dopamine reward system

Brain on opioids



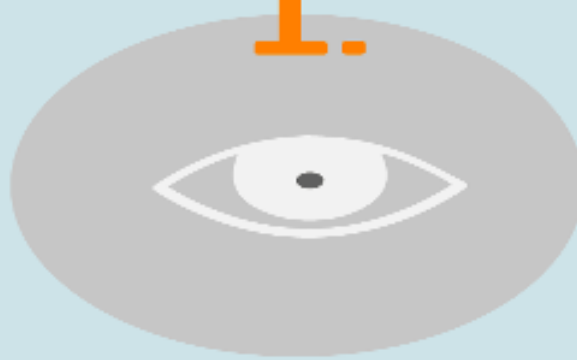
Excessive stimulation of the
Dopamine reward system



World Health
Organization

SIGNS OF OPIOID OVERDOSE

1.



Pinpoint pupils

2.



Unconsciousness

3.



Shallow/slow Breathing

4.



Pale skin

5.



Blue lips

6.



Snoring/rasping breath

Risk Factors for Opioid Overdose

- Mixing drugs
- Quality of drug
- Change in supply
- Low tolerance
- Using alone
- Previous overdose
- Illness

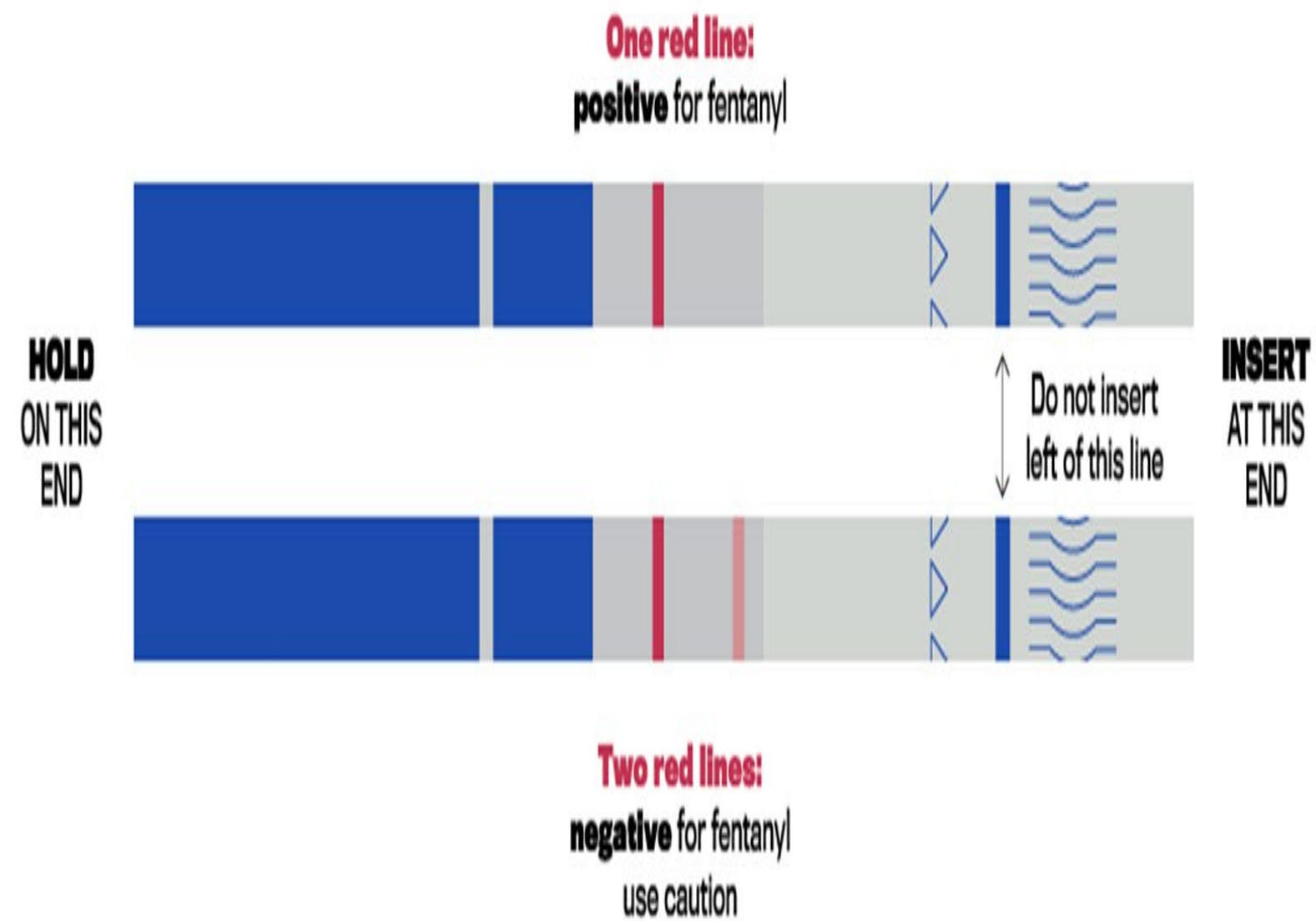


What NOT to Do

- "Sleep it off"
- Cold bath/shower
- Induce vomiting
- Punch/kick
- Give the person other substances (salt water, stimulants, milk, etc.)



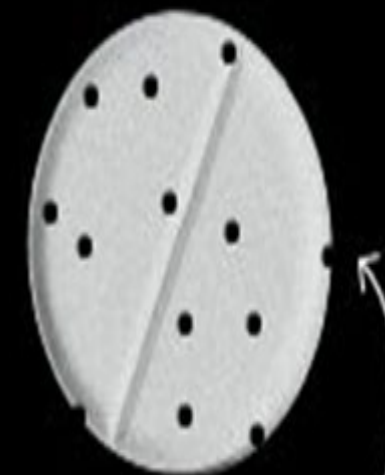
FENTANYL TEST STRIPS



<https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html>

THE CHOCOLATE CHIP COOKIE EFFECT

ONE PORTION OF A DRUG MAY CONTAIN FENTANYL,
WHILE ANOTHER PORTION MAY NOT.

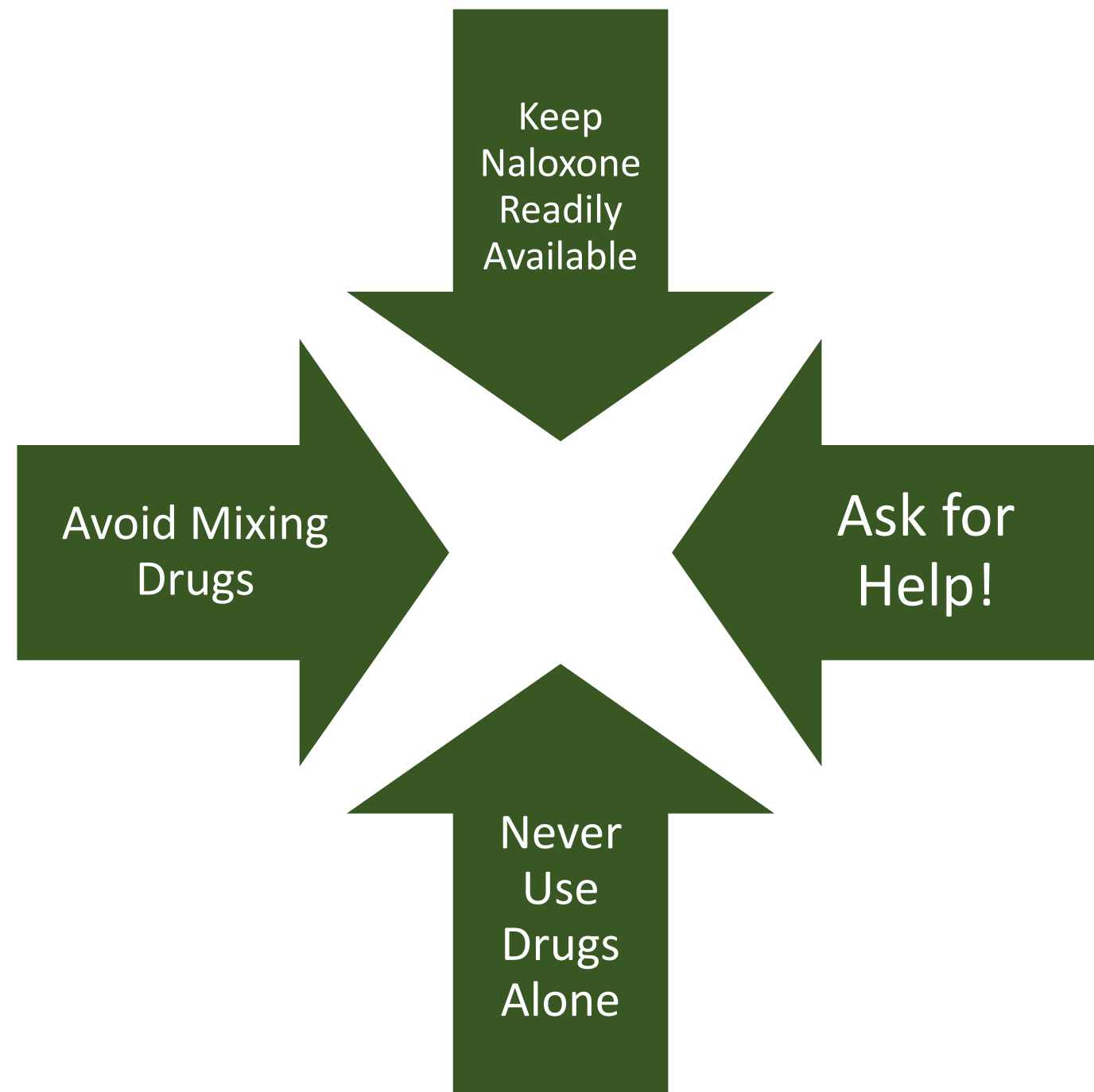


fentanyl



no fentanyl

Lower Risk of Overdose: In addition to using fentanyl test strips to know if fentanyl is in your drugs, there are other ways to lower your risk of overdose. You can take steps to keep yourself and others safe:



- Don't Rely on Past Experience
- Don't Rely on a Previous Source
- Ask for Help!

Recovery from substance use disorders is possible —it's okay to ask for help. You can find evidence -based treatment and service options near you by visiting [findtreatment.gov](https://www.findtreatment.gov) or by calling the 24/7, National Helpline at 800 -662-HELP (4357).

<https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html>

Medication-Assisted Treatment

Medication-Assisted Treatment (M.A.T.)

In *Opioid Fix*, Andraka-Christou (2020) highlights both the promise and the under use of medication assisted treatment (MAT). Addiction, is a chronic medical condition. Why treat it outside mainstream medicine? Benefits of M.A.T include:

- Lowered stigmatization surrounding treatment for OUD/SUD
- More availability of treatment options utilizing therapy and medications
- PWDs feel safe addressing OUD/SUD, enabling them to seek treatment
- More accurate knowledge about addiction treatments

“Harm Reduction Becomes the Norm”

Table 1
FDA-Approved Drugs Used in MAT²¹

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

© 2016 The Pew Charitable Trusts

<https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder>

Medications for Opioid Use Disorder

<https://www.samhsa.gov/medications-substance-use-disorders>

- OUD medications are safe and effective when used appropriately.
- OUD medications can help patients reduce or stop illicit opioid use and improve their health and functioning.
- Medication should be considered for all patients with OUD. Reserve opioid pharmacotherapies for those with moderate-to-severe OUD with physical dependence.
- Patients with OUD should be informed of the risks and benefits of medication, treatment without medication, and no treatment.
- Patients should be advised on where and how to get treatment with OUD medication.
- Doses and schedules of medication for OUD must be individualized.


Syringe Services Programs (SSP)

- Are essential public health infrastructure
- Prevent transmission of blood-borne infections
- Improve access to and retention in MOUD (Medications For Opioid Use Disorder) programs
- Are an opportunity to engage PWUD in health care and other social services

People who inject drugs who regularly use an SSP are:

- 5 times as likely to enter treatment
- 3 times more likely to stop injecting
- 2.5 times as likely to be retained on MOUD at 12 months






Syringe services programs help protect communities by preventing infectious disease outbreaks and facilitating safe disposal of used syringes. These programs are not associated with increased drug use, crime, or syringe litter in communities.

(National Institute
on Drug Abuse, 2023)



Naloxone Myth vs. Fact

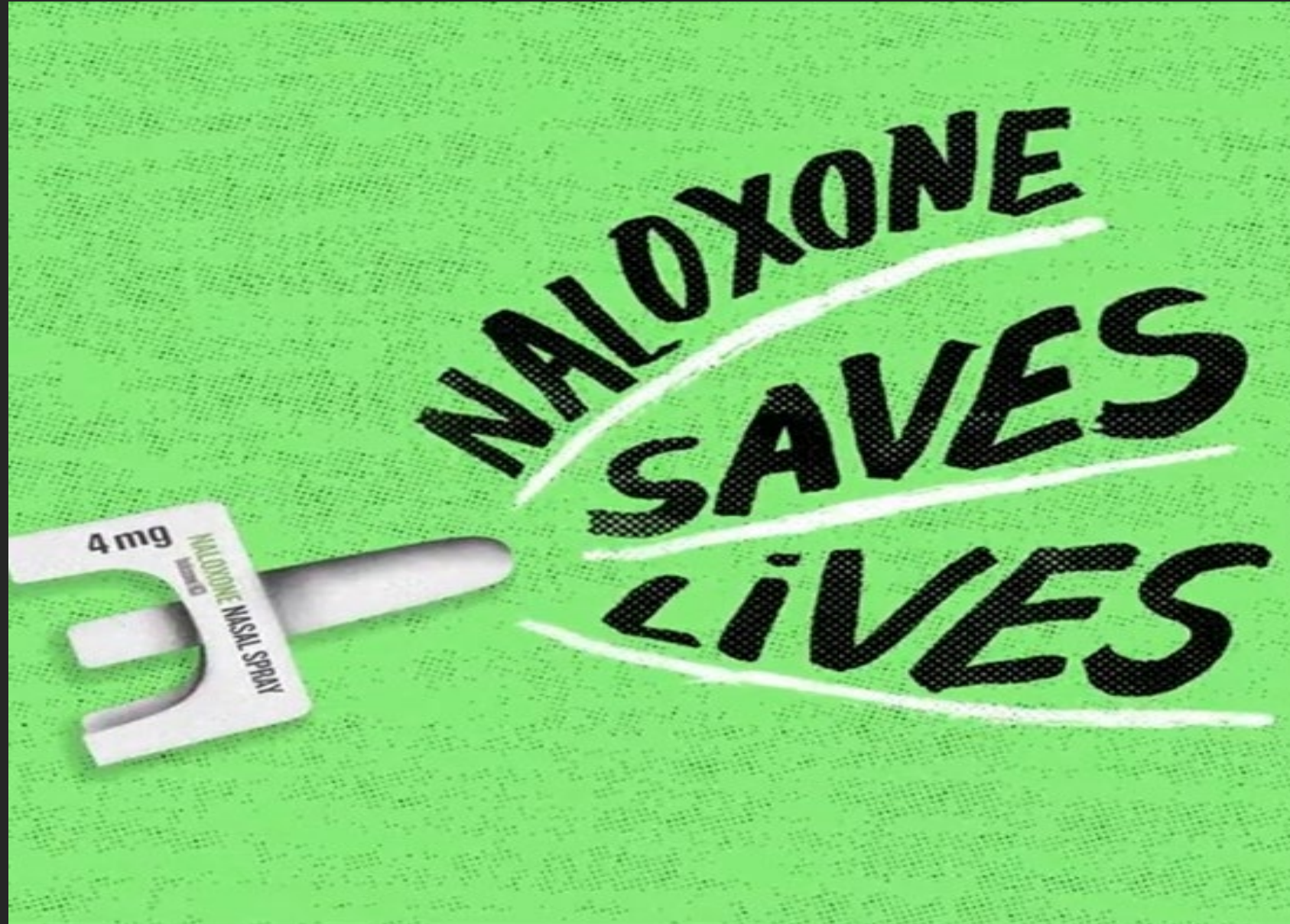
Access to naloxone does NOT:

- Send the wrong message
 - Encourage or increase drug use
 - Prevent people from going to treatment
 - Cause violence
- 

Naloxone

- FDA approved
- Prescription medication
- EMS use for 40 years
- Opioid antagonist
- Opioid overdose ONLY
- NOT medication-assisted treatment (MAT)
- Onset: 2-3 minutes
- Duration: 30-90 minutes
- Withdrawal symptoms





The U.S. Food and Drug Administration announced today the approval of a higher dose naloxone hydrochloride nasal spray product to treat opioid overdose. The newly approved product delivers 8 milligrams (mg) of naloxone into the nasal cavity. The FDA had previously approved 2 mg and 4 mg naloxone nasal spray products.

Naloxone is a medicine that can be administered by individuals with or without medical training to help reduce opioid overdose deaths. If naloxone is administered quickly, it can counter the opioid overdose effects, usually within minutes. A higher dose of naloxone provides an additional option in the treatment of opioid overdoses.

<https://www.fda.gov/news-events/press-announcements/fda-approves-higher-dosage-naloxone-nasal-spray-treat-opioid-overdose>

How to Respond

1

Sternal Rub



2

Call 9 1 1



3

Administer
Naloxone



4

Rescue
Breathing



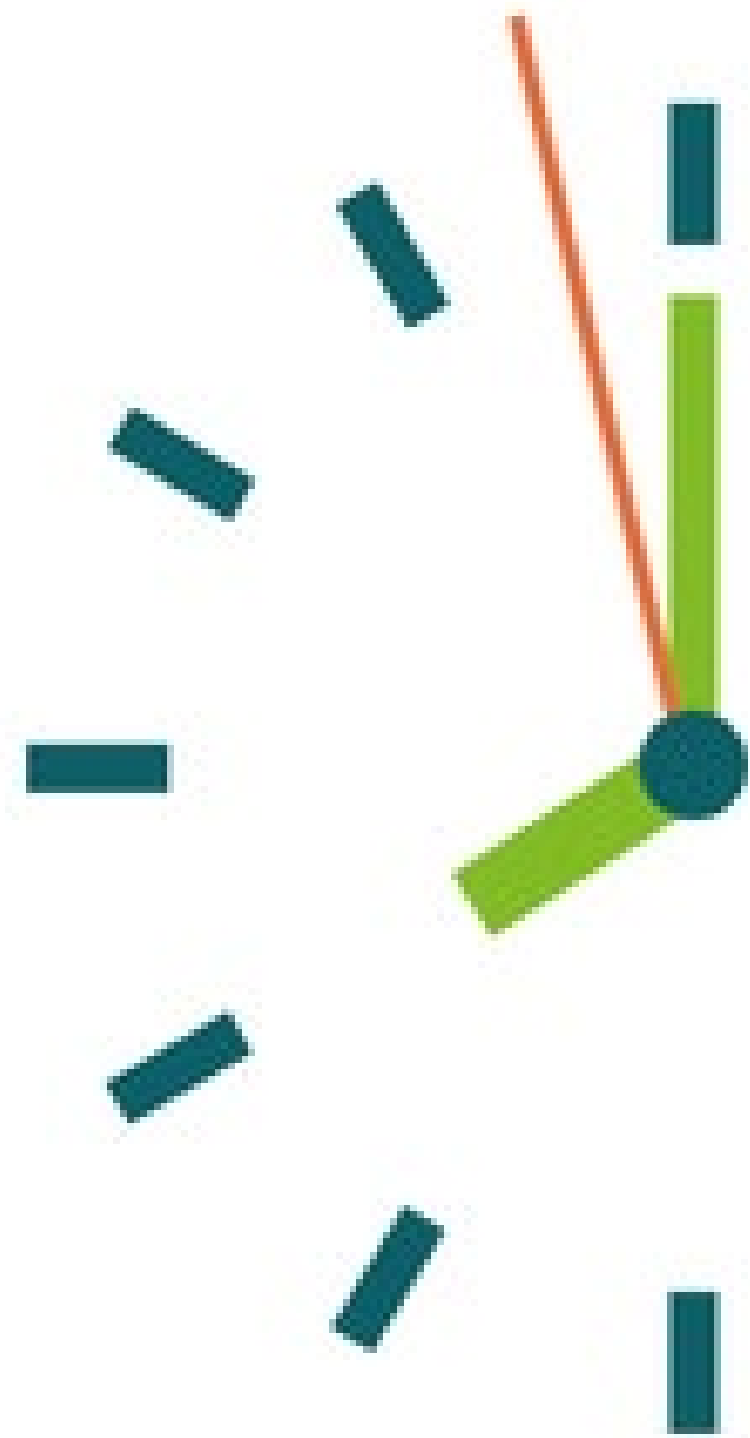
5

Recovery
Position



DETERRA DEACTIVATES FENTANYL





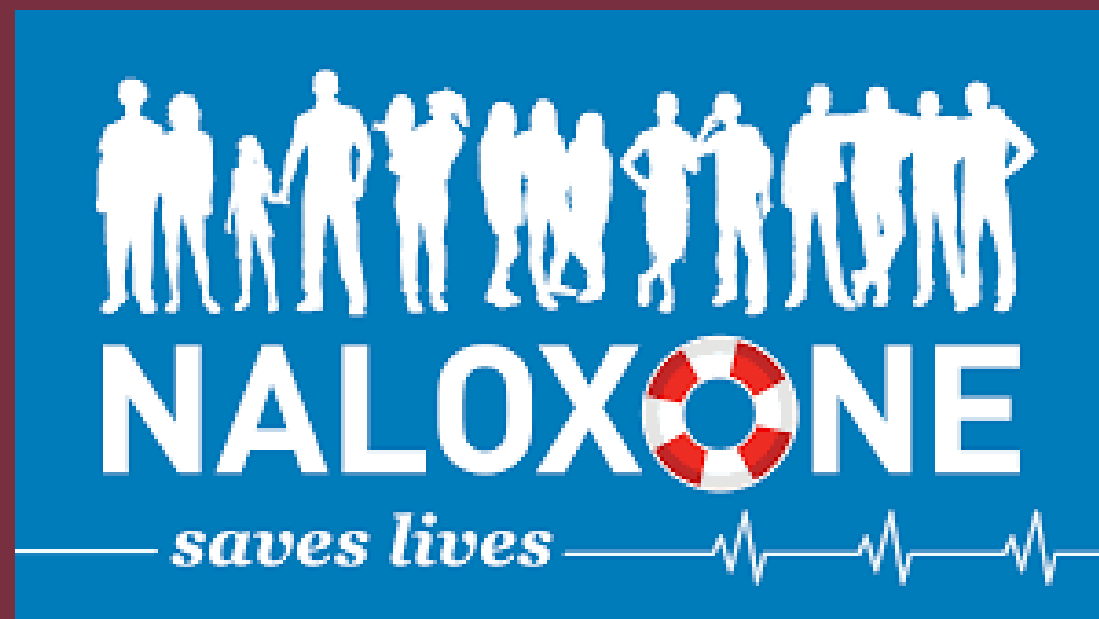
Saving
lives

can't
wait

How to Get Naloxone from Pharmacy


Call pharmacy FIRST and ask:

- Do you have naloxone in stock?
- Do I need a prescription for naloxone? Does your pharmacy operate under a naloxone standing order?
- How much will it cost?
- I would like to request a naloxone kit. When can I pick it up?





DCF Overdose Prevention Program

- Provides free overdose recognition/response training
 - Provides free naloxone/Narcan to eligible organizations who will distribute take-home kits to individuals at risk of experiencing an opioid overdose, and friends/family who may witness an opioid overdose
 - If your organization is interested in learning more about distributing naloxone through DCF's program, please contact Amanda.Muller@myFLfamilies.com or Shelby.Meaders@myFLfamilies.com
- 

Settings for Naloxone Distribution

- Release from jail/prison
- Assessment/enrollment/discharge from treatment
- Hospital emergency departments
- Community paramedicine
- Community-based organizations
- Federally qualified health centers
- County health departments



Florida Overdose Prevention Laws

9 11 Good Samaritan Act (893.21, F.S.)

(1) A person acting in good faith who seeks medical assistance for an individual experiencing, or believed to be experiencing, an alcohol-related or a drug-related overdose may not be arrested, charged, prosecuted, or penalized for a violation of s. 893.147(1) or s. 893.13(6), excluding paragraph (c), if the evidence for such offense was obtained as a result of the person's seeking medical assistance.

(2) A person who experiences, or has a good faith belief that he or she is experiencing, an alcohol-related or a drug-related overdose and is in need of medical assistance may not be arrested, charged, prosecuted, or penalized for a violation of s. 893.147(1) or s. 893.13(6), excluding paragraph (c), if the evidence for such offense was obtained as a result of the person's seeking medical assistance.

(3) A person who experiences, or has a good faith belief that he or she is experiencing, an alcohol-related or a drug-related overdose and receives medical assistance, or a person acting in good faith who seeks medical assistance for an individual experiencing, or believed to be experiencing, an alcohol-related or a drug-related overdose, may not be penalized for a violation of a condition of pretrial release, probation, or parole if the evidence for such violation was obtained as a result of the person's seeking medical assistance.

(4) Protection in this section from arrest, charge, prosecution, or penalization for an offense listed in this section may not be grounds for suppression of evidence in other criminal prosecutions.

Florida Overdose Prevention Laws

Emergency Treatment & Recovery Act (381.887, F.S.)

Sections pertaining to patients and caregivers:

(2) The purpose of this section is to provide for the prescription of an emergency opioid antagonist to patients and caregivers and to encourage the prescription of emergency opioid antagonists by authorized health care practitioners.


(3) An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver for use in accordance with this section, and pharmacists may dispense an emergency opioid antagonist pursuant to such a prescription or pursuant to a non-patient-specific standing order for an autoinjection delivery system or intranasal application delivery system, which must be appropriately labeled with instructions for use. Such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

RESOURCES AND TOOLKIT





Become a DCF Narcan Provider

- Complete DCF Narcan Enrollment Packet
 - Identify a pharmacy to receive Narcan shipments
 - Identify a prescriber to author a non-patient-specific Narcan standing order
 - If your organization is interested in learning more about distributing naloxone through DCF's program, please contact Amanda.Muller@myFLfamilies.com or Shelby.Meaders@myFLfamilies.com
- 

Rural Opioid Technical Assistance Program

- ROTA provides up-to-date resources and information on the prevention and treatment of opioid/stimulant misuse that are easily accessible and understandable to individuals, families, and practitioners in rural communities.



Rural Opioid Technical Assistance Program

SAMHSA Opioid Overdose Prevention Toolkit

- This FREE toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.
- <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>



The National Harm Reduction Coalition

- National Harm Reduction Coalition aims to build capacity for evidence-based harm reduction strategies and cultivate leadership among people who use drugs. We know that our collective impact is strongest when people who are directly affected by the War on Drugs are at the center.
- We meet communities where they're at to build supportive environments for harm reduction programs and people who use drugs.
- We have the tools to prevent fatal overdose deaths. National Harm Reduction Coalition ensures more communities have access to these tools.

BUILD
the harm
reduction
movement.

INFUSE
harm
reduction
with social
justice.

END
the
overdose
epidemic.

EXPAND
syringe
access to all
50 states.

Substance Abuse & Mental Health Services Administration (SAMHSA)

- SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
- Harm reduction is critical to keeping people who use drugs alive and as healthy as possible, and is a key pillar in the multi-faceted Health and Human Services' Overdose Prevention Strategy.

Source: SAMHSA: <https://www.samhsa.gov/find-help/harm-reduction>

Centers for Disease Control & Prevention (CDC)

- The CDC operates the National Harm Reduction Technical Assistance Center with support from SAMHSA.
- The NHRTAC is designed to strengthen the capacity and improve the performance of syringe services programs (SSPs) and other harm reduction efforts throughout the United States by supporting enhanced technical assistance to ensure the provision of high-quality, comprehensive harm reduction services.



Source: CDC: <https://harmreductionhelp.cdc.gov/s/>



*Thank
you!*



Survey: GPRA

Please remember to check you attended this session on the GPRA form.

SAMHSA requires all grantees to collect and report the Government Performance and Results Act (GPRA) for performance management.

- Must check each session you attend on the GPRA form
- If leaving or attending one session, please complete it at the end of each session.
- A QR Code in your Program on page 11 will also lead you to the GPRA

Thank you in advance for taking the time to complete this survey.



Scan QR code or visit
[bit.ly/ GPRAsurvey](https://bit.ly/GPRAsurvey) to
take the survey.