

The Epidemic of Substance Abuse Disorder

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Disclosure

I have no relevant financial or other relationships to disclose.

Objectives

By the end of the presentation the participants will:

- * Gain an understanding of contributing factors that are involved in the current opioid epidemic.
- * Describe the 4 R's of responding to an opioid overdose situation.
- * Learn administration of various forms of naloxone and how to develop an action plan.
- * Learn about various strategies and resources that are currently available to address the opioid crisis.

All Hands on Deck Approach



United States Epidemic

Opioids (including prescription pain relievers and heroin) killed:

- * 28,000 people in 2014
- * 33,000 in 2015
- * 42,000 people in 2016

Of the 21 states that reported the highest quality data for 2016, the steepest rises were in Delaware, Florida and Maryland (CDC, National Center for Health Statistics, National Vital Statistics System).

From: <https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html?mc=eta>

**Fentanyl Deaths in 2016: Up 540%
in Three Years!!**

**Drug overdoses are now the
leading cause of death among
Americans under 50!**

Every 8 minutes, a person in the U.S. dies of a prescription drug overdose.



“I am not a bad person trying to get good, I am a sick person trying to get well.”



Turn the Tide Rx Campaign
www.turnthetiderx.org



“We have to stop treating addiction as a moral failing, and start seeing it for what it is: a chronic disease that must be treated with urgency and compassion.”

– Dr. Vivek H. Murthy, United States Surgeon General

**AS HEALTH CARE PROFESSIONALS, WE HAVE THE
UNIQUE POWER TO END THE OPIOID CRISIS.
WE CAN PLEDGE TO:**

- * Educate ourselves to treat pain safely and effectively.
- * Screen our patients for opioid use disorder and provide or connect them with evidence based treatment.
- * Shape how the rest of the country sees addiction by talking about it and treating it as a chronic illness, not a moral failing.



“Nursing is a progressive art such that to stand still is to go backwards.”

–Florence Nightingale

WHY Opioid Stewardship?

- * Misuse, abuse, and opioid use disorder (addiction) have escalated and have become major health problems.
- * In 2014, 2 million Americans abused or were dependent on prescription opioids.
- * Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids.

Prescription Opioid Overdose Data (2017) <https://www.cdc.gov>

Other risks around the opioid epidemic

* In early 2015, the Indiana Department of Health noticed a cluster of eleven HIV cases in a county that had historically observed less than one new case of HIV each year. The majority of these cases were among persons who inject drugs (PWID) who had shared needles while injecting the prescription opioid Opana.

* Eventually, the outbreak grew to more than 180 cases, with almost all cases co-infected with HCV (Hepatitis C virus). It is estimated the lifelong medical costs attributed to this outbreak will cost the state of Indiana over 80 million dollars.

<https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-response-plan.pdf>

Will YOU be a steward in the opioid epidemic?



“This is no longer an opioid crisis,” said Patrick Kennedy, a former Rhode Island congressman who was a member of President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. “This is a moral crisis . . . we know how to answer this problem, but we can't get around our own prejudices.”

Washington Post December 2017

Categories of Commonly Abused Drugs

Opioids
(for pain)

Benzodiazepines/
CNS Depressants
(for anxiety and sleep disorders)

Stimulants
(ADHD medicines)

You May Know Them As...

Opioids

Hydrocodone/Vicodin
Percocet
Oxycontin
Demerol
Fentanyl
Heroin

Benzodiazepines

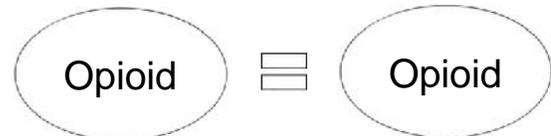
Xanax
Valium
Nembutal
Stimulants
Ritalin
Concerta/Adderall
Dexadrine

So what do we know about opioids?

- * They are a class of drugs available legally by prescription or illegally such as heroin.
- * They are drugs that block pain signals to the brain by binding to opioid receptors.
- * They aren't made for long term use.
- * They are highly addictive. Regular use can lead to dependence.
- * Overdosing can happen accidentally.
- * They have significant side effects such as constipation, nausea, vomiting, dry mouth, sleepiness, confusion and increased sensitivity to pain.

(<https://drugabuse.gov>)v

An opioid, is an opioid, is an opioid...



Why do some people become addicted to drugs while others don't?

The physical reason:

- * Most drugs affect the brain's "reward circuit" by flooding it with the chemical messenger dopamine.
- * This overstimulation of the reward circuit causes the intensely pleasurable "high" that can lead people to take a drug again and again.
- * As a person continues to use drugs, the brain adjusts to the excess dopamine by making less of it and/or reducing the ability of cells in the reward circuit to respond to it.
- * Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include: learning, judgment, decision-making, stress, memory and behavior.



NIH (2016)



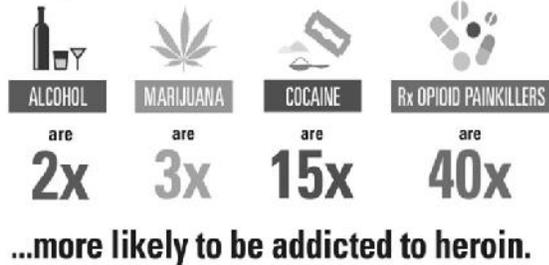
Biology-Genetics=1/2 of a person's risk for addiction.

Environment-family/friends, economic status, general quality of life, peer pressure, physical/sexual abuse, early exposure to drugs, stress, and parental guidance.

Development- the earlier that drug use begins, the more likely it will progress to addiction.

NIH (2016)

People who are addicted to...



Addiction IS a chronic disease

Opioid addiction is a **chronic disease**, like heart disease or diabetes.

A chronic disease is a medical condition for life.

It cannot be cured, but it can be managed.

SAMHSA (2011) HHS Publication No. (SMA) 09-4443

Understanding tolerance, dependence & withdrawal

- * A person who takes opioids can become **tolerant** meaning that more of the drug is needed to obtain its effects.
- * It is also possible to become **dependent** on opioids— to feel sick if there are no opioids in the body.
- * This sickness is called **withdrawal**.

Are you and your community ready for an opioid overdose?



naloxone

An “opioid antagonist” used to reverse an opioid overdose

- * Works by counteracting life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.
- * Naloxone is a nonscheduled (i.e., non-addictive), prescription medication
- * Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent.
- * Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypeople, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids
- * Naloxone has no potential for abuse.
- * Naloxone may be injected in the muscle, vein or under the skin or sprayed into the nose.

(harmreduction.org, 2016)

SAMHSA Opioid Toolkit



Downloadable Digital Versions:

- * Toolkit
- * Facts for Community Members
- * 5 Essential Steps for 1st Responders
- * Information for Prescribers
- * Safety Advice for Pts & Families
- * Recovery from an OD

<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

NASN (National Association of School Nurses)

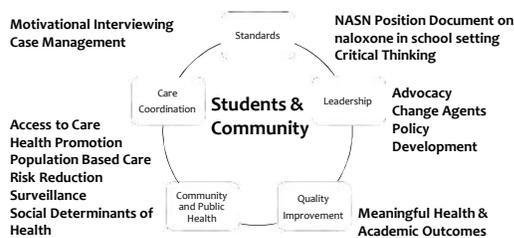
Naloxone Workgroup Developed to:

- Provide school nurses with education to enable their discussions with school districts and other stakeholders about what to consider in developing a stock naloxone program.
- Support school nurses in implementing naloxone policies and protocols in response to the opioid epidemic and new naloxone laws.

Questions to Consider in Development of Naloxone in School/Community Programs

- * State Laws
- * District Policies
- * Nurse Practice
- * Education for Administration of naloxone
- * Medication and Storage
- * Community Need

Application of Framework for 21st Century School Nursing Practice™



Naloxone Administration Protocol



The Four R's

Recognize Respond Reverse Refer

Recognize

Observe individual for signs and symptoms of opioid overdose:

- Suspected or confirmed opioid overdose consists of:
- * Respiratory depression evidenced by slow respirations or no breathing (apnea)
 - * Deep snorting or gurgling
 - * Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)
 - * Blue lips or fingertips / pinpoint pupils
 - * Slowed heart rate/pulse

Suspicion of opioid overdose can be based on:

- * Presenting symptoms
- * History
- * Report from bystanders
- * School nurse or staff prior knowledge of person
- * Nearby medications, illicit drugs or drug paraphernalia

Opioid High vs. Opioid Overdose

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

Opioid High

- * Relaxed muscles
- * Breathing
- * Speech slowed, slurred
- * Appears sleepy, nodding off
- * Responds to stimuli
- * Normal heart beat/pulse
- * Normal skin color
- * Normal to small sized pupils

Opioid Overdose

- * Pale, clammy skin
- * Very shallow breathing or not breathing
- * Speech infrequent
- * Deep snorting or gurgling
- * Unresponsive to stimuli (calling name, shaking, sternal rub)
- * Slowed heart beat/pulse
- * Cyanotic skin coloration (blue lips, fingertips)
- * Pinpoint pupils

Respond

Immediately call for help. CALL for HELP- Dial 911

- * Request Advanced Life Support.

Assess breathing: Perform rescue breathing if needed

- * Place the person on their back.
- * Tilt their chin up to open the airway.
- * Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch (if present, remove it).
- * If using mask, place and hold mask over mouth and nose.
- * If not using mask, pinch their nose with one hand and place your mouth over their mouth.
- * Give 2 even, regular-sized breaths.
- * Blow enough air into their lungs to make their chest rise.
 - * If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - * If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
- * Breathe again.
- * Give one breath every 5 seconds.

Reverse

- * Administer naloxone.
- * Place person in recovery position (lying on their side).
- * Stay with the person until help arrives.
- * Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance with school district or facility protocols.

Protocols and Flowsheets for each type (nasal, IM) in NASN toolkit



Narcan nasal spray (4 mg)



Link to Narcan Video:
<https://www.narcan.com>

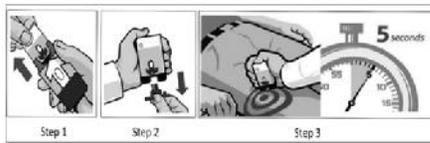
Spray naloxone (1 mg/ml 2mL Leur lock)



www.harmreduction.org

Evzio auto injector (IM) (2 mg)

The first and only intelligent take-home auto-injection system with voice and visual guidance—designed to help caregivers take fast, confident action administering naloxone in an opioid emergency.



<https://evzio.com/hcp/>

Naloxone Injection



Refer

- * Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- * Contact parent/guardians per facility protocol.
- * Complete Naloxone Administration Reporting form.
- * Follow up with treatment referral recommendations.
- * Support family/staff.

Naloxone Administration Reporting





National Association of School Nurses

Safeguarding Your Community

Responding to the Opioid Epidemic



National Association of School Nurses

Naloxone in Schools

ADVOCACY

Legal Protections for Overdose Responders



Overdose Prevention Acts, 911, and Good Samaritan Laws

- * Approximately 46 states and the District of Columbia have enacted some form of a Good Samaritan or 911 drug immunity law.
- * Affords immunity from arrest for use/simple possession offenses to the overdose victim, and to the person who sought medical assistance.
- * The scope of what offenses and violations are covered by immunity provisions varies by state.
- * These laws often require a caller to have a reasonable belief that someone is experiencing an overdose emergency and is reporting that emergency in good faith.

<http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

Other Important Documents/Legislation

- * June 2014 NASN Position Document – Naloxone in the school setting published.
- * First responders carrying naloxone.
- * Community-Based Naloxone Access Programs.

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse. Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT). Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone. Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Essential Elements of Stopping the Heroin Epidemic

- * Prevention.
- * Ensure access to medication-assisted treatment (MAT).
- * Treat people addicted to heroin or prescription opioids with a combination of MAT and behavioral therapies.





MEDICATION-ASSISTED TREATMENT (MAT)

Medication-assisted treatment is one way to help those with opioid addiction recover their lives.

There are three, equally important parts to this form of treatment:

- Medication
- Counseling
- Support from family and friends.

MAT medications

MAT works by tricking the brain into thinking it is still getting the problem opioid. The person taking the medication feels normal, not high, and withdrawal does not occur.

- * Methadone (Dolophine®, Methadose®)
- * Buprenorphine (Suboxone®, Subutex®, Probuphine®)
- * Naltrexone (Vivitrol®) blocks the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again.

Components of a Comprehensive Drug Addiction Treatment



<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

Fentanyl



- * Fentanyl is a powerful synthetic opioid analgesic (Schedule II) that is similar to morphine – but is 50 to 100 times more potent. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic® and Sublimaze®.
 - * Non-pharmaceutical fentanyl is sold in the following forms: as a powder; spiked on blotter paper; mixed with or substituted for heroin; or as tablets that mimic other, less potent opioids.
 - * Fentanyl sold on the street can be mixed with heroin or cocaine, which markedly amplifies its potency and potential dangers.
- <http://drugfree.org/newsroom/news-item/overdose-deaths-fentanyl-rise-know/>

Carfentanil DEA Warning for First Responders



- * Resembles powdered cocaine or heroin.
- * Dangerous opioid 10,000 times more potent than morphine and 100 x more potent than fentanyl.
- * Comes in several forms power, blotter paper, tablets and spray which can be absorbed through the skin or accidental inhalation of airborne powder.
- * Wear gloves; avoid actions that may cause powder to become airborne.
- * Do not use hand sanitizers as they may enhance absorption.
- * Monitor first responders for exposure that can happen within minutes of exposure.

(DEA, 2016 and NIOSH, 2017
<https://www.cdc.gov/niosh/topics/fentanyl/risk.html>)

What can YOU do?



Change Our Language

Don't say this: "She's a junkie."
Say this instead: "She has a substance use disorder."

Don't say this: "Are you clean?"
Say this instead: "How are YOU doing?"

Don't say this: "Did you just get out of detox?"
Say this instead: "Did you complete your stay at the withdrawal management facility?"

Teach Medication Safety



- * Store medications locked up and out of sight
- * Keep track of medications, so you know if any go missing
- * Get rid of old, unwanted medications safely
- * Talk to your children & teens about medication abuse
- * Poison Control is available 24/7: 1-800-222-1222
- * Teach EVERYONE to call 911 right away if OD suspected (911 Good Samaritan gives legal protection for those who call 911 in the event of an overdose)

For more information:
<http://childrensafetynetwork.org/infographics/opioid-medication>

Promote Prescription Drug Disposal



WHY?

- Reduce avoidable poisonings
 - Children & adults
- Prevent prescription drug abuse & addiction
 - Mostly teens
- Protect water quality



14 Drug Take Back Events in Delaware 2010 - 2017

Total Amount of Drugs Collected:

>76,000 lbs.



Are drug take back events the best solution? **No!**

Permanent Drug Collection Sites Are the Best Long-Term Solution!



Treatment that supports families



- Treatment that supports the family as a unit has been proved to be effective for maintaining maternal drug abstinence and child well-being.
- A woman must not be unnecessarily separated from her family in order to receive appropriate treatment.

Safe Plans of Care for Substance Exposed Infants

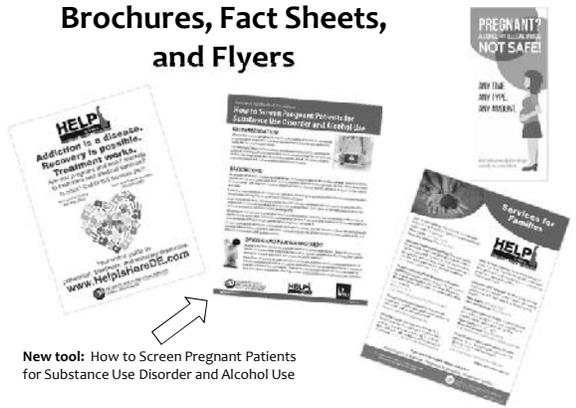
- The Delaware SEI IDTA funded by the Substance Abuse and Mental Health Services Administration (SAMSHA).
- A system to prevent, recognize and treat substance exposure in infants, and implement the plan of safe care.



HelpsHereDE.com



Brochures, Fact Sheets, and Flyers



New tool: How to Screen Pregnant Patients for Substance Use Disorder and Alcohol Use

Opioid Prescription Guidelines for Delaware Healthcare Providers

- * Prescribers will be asked to evaluate patients for substance abuse disorder.
- * If a patient appears at risk, alternatives to opioids will be discussed and the patient will be monitored closely.
- * Key elements to be considered around prescribing:
 - Acute episode- a first time prescription will not be > 7 days, documentation of the condition, Informed Consent, drug screens as needed, follow up visits.
 - Chronic, long term- query the PMP, drug screens every 6 months, Informed Consent, treatment agreement.

Informed Consent (DE)

- * The drug's potential for addiction, abuse, and misuse.
- * The risks of life threatening respiratory depression associated with the drug.
- * Potential for fatal overdose as a result of accidental exposure, especially children.
- * Neonatal opioid withdrawal symptoms.
- * Potential for fatal overdose when interacting with alcohol.
- * Other potentially fatal drug interactions, such as with benzodiazepines.

Overdose Fatality Review Commissions Maryland (General Article 5-901) and Delaware

Program Goals:

- * Investigate and review the facts and circumstances of all overdose deaths involving opiates, fentanyl or heroin.
- * Identify missed opportunities for prevention and gaps in system.
- * Recommend policies, programs, or changes to law that prevent overdose deaths and better serve people at risk for overdose.
- * Inform local and state overdose and opioid misuse prevention strategy.

Behavioral Health Consortium

- * An advisory body that will assess and outline an integrated plan for action to address prevention, treatment, resilience and recovery of mental health, which includes substance use and co-occurring disorders.
- * The mission is to foster collaboration amongst individuals, family members, providers, advocates, governmental agencies, first responders and community members to develop measurable solutions that directly and positively impact behavioral health outcomes throughout the State of Delaware.
- * 3 year action plan.

National Council of State Boards of Nursing



The Opioid Toolkit includes the following:

- Continuing Education materials from organizations like the American Society of Addiction Medicine and the National Institute on Drug Abuse.
- Guidelines for Prescribing Opioids from the CDC and Federation of State Medical Boards (FSMB).
- Links to toolkits on Overdose Prevention.

Law Enforcement Role



The HERO HELP Program is a partnership with the New Castle County Police, DOJ (Delaware Department of Justice) and DSAMH (the state Division of Substance Abuse and Mental Health) to provide drug and/or alcohol addiction treatment to qualifying adults who contact the police and ask for treatment, or to individuals in lieu of an immediate arrest for lesser crimes.



www.attackaddiction.org



- Education and awareness
- Monthly meetings and support groups in all 3 counties
- Community events
- Legislative efforts
- Transition and recovery housing

A community based drug awareness and prevention program developed by nonprofit CANDLE, Inc.



Takes you into the life experiences of a teen addicted to drugs

Visit www.attackaddiction.org for more information

Education in schools & communities



SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) promotes the adoption of scientifically established behavioral health interventions.

