Opioid Crisis and Drug Abuse

South Cook County

February, 2019
OBJECTIVES

- Explain the risk factors for opioid abuse and overdose and discuss strategies for preventing overdose.
- Gain an understanding of the opiate overdose problem & how opioids work.
- Identify people who meet the criteria for the provision of naloxone, and explain how to respond to opioid overdose.
- Compare the different types of Naloxone.
OBJECTIVES (cont.)

O Explain how a person will respond to naloxone and discuss managing adverse events following the use of naloxone.
O Discuss indications, contraindications, safety, any drug interactions, and adverse effects of naloxone.
O PA 99-0553) Effective January 1, 2017, all substance use treatment programs licensed by IDHS/DASA must provide educational information to clients identified as having or seeking treatment for opioid use disorder, including the use of a medication for the use of opioid use disorder, recognition of and response to opioid overdose, and the use and administration of naloxone.
Opioids

- Opioids are a class of drugs in both legal (prescription medications such as oxycodone, hydrocodone, morphine, fentanyl) and illegal (heroin) forms.
- Opioids are natural or synthetic substances that act on the brain's opiate receptors.
- Opioids dull pain and relieve anxiety.
- People may misuse opioids because they are in pain (physical and emotional) and opioids produce a feeling of euphoria.
A NATIONAL EPIDEMIC

According to the Centers for Disease Control:

- Between 2000 – 2013, Deaths from prescription opioid overdose more than tripled.
- In 2014, 52 people died every day as a result of an overdose from a prescription painkiller.
- In 2014, almost 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.
Since 2010, Heroin-related overdose deaths have more than quadrupled.

More than nine in 10 people who used heroin also used at least one other drug.

Among new heroin users, approximately three out of four report having abused prescription opioids prior to using heroin.
FENTANYL

- Fentanyl is a synthetic opioid pain reliever that is much more powerful than any other opioids.
- It is prescribed for severe pain, such as advanced cancer pain. It has been illegally made and distributed through illegal drug markets, and is often mixed with heroin and other drugs, sometimes without the buyer’s knowledge.
- Fentanyl overdoses are more lethal than heroin or prescription opioids alone.
- Overdose deaths involving synthetic opioids, which includes fentanyl, increased by 80% from 2013 to 2014.
IN ILLINOIS – the Opiate crisis 2013 - 2015

- Illinois was one of 14 states with statistically significant increases in overall drug overdose deaths between 2013 and 2014.
- Opioid drug overdoses killed 45% more people than homicides.
- The Chicago Metropolitan area ranks first nationwide in emergency department mentions for heroin use.
- Cook County ranks first in the nation for percentage of arrestees testing positive for opiates.

Source: Illinois Department of Public Health
IN ILLINOIS drug poisoning deaths 2013-2015

- 3,614 were due to opioids
- 2,113 were due to heroin
- 1,344 were due to prescription opioids

According to Illinois Public Health data, Illinois has one of the higher rates of death from heroin and opioid use.

Illinois is one of 16 states in which more people die of drug overdoses than car accidents.

Source: CDC/statistics 2014
Drug Abuse

Drug abuse may be defined as the use of drugs that causes physical and/or psychological harm to the user.
Who is at risk of an overdose?

Anyone who uses opioids for chronic cancer pain or non-cancer pain, as well as people who use heroin, may be at risk for opioid overdose.

Some situations that may increase a person’s risk include:

- Switching between opioids
- Mixing opioids with depressants, such as alcohol or benzodiazepines; such as oxycodone and Xanax and alcohol.
- People with chronic medical conditions (Substance Use Disorders, HIV, cardiovascular or respiratory disease, mental illnesses) or homeless conditions;
- Recently released from incarceration and in-patient tx programs.
- Recently completing a mandatory opioid detoxification or having abstained from use for a period of time; the person’s tolerance has decreased but they have a high risk of relapse
- Discharge from emergency medical care after opioid intoxication
How to Reduce the risk overdose

Talk to people and caregivers about ways to avoid an accidental overdose, especially at discharge:

- Do not adjust prescribed dosage, skip doses, or take any extra doses
- Do not mix with other drugs and/or alcohol (i.e. anti-anxiety drugs like benzodiazepines, antidepressants, or cocaine)
- Abstain from use of opioids unless prescribed, and attempt abstinence from heroin.
Signs of Overmedication and Recognizing an overdose
Overdose

- Overdose is an acute condition that usually occurs over 1-3 hours

**May be caused by:**

- Excess intake of opioids
- Combination of opioid and a Central Nervous System depressant
- Opioid use in someone with a compromised respiratory system or metabolic condition
How to recognize an overdose

The difference between being high and overdosing is if the patient is responsive or not.

Other signs to look for include:

- In an opiate overdose, the person’s breathing will be slow and shallow, their coloring may be pale or cyanotic, and they may be snoring or gurgling.
- In a stimulant overdose, the person may have chest pain, dypnea, dizziness, vomiting, foaming at the mouth, diaphoresis or NO sweat, tachycardia, and/or seizures.

Checking for a response (opioid overdose):

- Make noise, call the person’s name.
- Shake the person, sternal rub, etc.
- Check that their airway is clear by tilting their head back and lifting their chin.
- Check for syringe caps, undissolved pills, fentanyl patches in their cheek, toothpicks, gum, etc.
What is naloxone and how does it work?

- Naloxone is an opioid receptor antagonist that works by reversing both the clinical and toxic effects of the overdose. It works by blocking the opioid’s action on the brain and restoring breathing.
- The only purpose is to reverse overdose; there is no abuse potential and this medication cannot produce a “high”
WHY naloxone?

- Naloxone is an opioid overdose antidote.
- Naloxone counteracts the effects of prescription opioids like hydrocodone, oxycodone, morphine, methadone and fentanyl and illegal opioids like heroin.
- Naloxone is cost effective.
- In Illinois anyone can be trained to administer naloxone, especially all forms of first responders.
Prehospital approach and treatment

Your first priority when dealing with a potential overdose is scene safety. Hopefully, law enforcement will be present.
Ways to Administer Naloxone

Nasal (intranasal – IN)
Injectable (intramuscular – IM)
Intravenous
Auto-injector (intramuscular – IM) Not very common and fairly expensive.
SMO 40 and 41

If suspected narcotic or synthetic narcotic overdose and **resp rate less than 12** – Consider Narcan 2mg. Administer via IV/IO/IM/IN. May be repeated every 5 minutes as needed, up to 6mg.

Remember, respirations should be less than 12 before Narcan administered. Otherwise, notify Medical Control for administration if respirations are above 12.
What to expect after administration of naloxone...

- If the person is still unresponsive, make sure to lay them in the recovery position to prevent choking.
- If the person is responsive, they will be confused about what is happening and will probably not remember overdosing.
  - Explain what has happened
  - Comfort the person; withdrawal symptoms triggered by naloxone can feel unpleasant.
  - Some people may become agitated or combative and will need help remaining calm. Restraints should be used as a last resort.
- The patient may deteriorate and require further naloxone administration. If this occurs, maintain the airway, bag-mask ventilations at a rate of 20/minute and transport.
Naloxone Facts

- Onset of action is about 2-3 minutes
- Duration of action is 30-120 minutes depending on method of administration
- It will not reverse an overdose caused by other drugs, only opioids
- May be used in children and pregnant women
- Naloxone should be stored in its original packaging, while avoiding light, at room temperature.
Signs of Opioid withdrawal

- Body aches
- Diarrhea
- Tachycardia
- Fever, runny nose, sneezing
- Sweating, Yawning
- Nausea or Vomiting
- Nervousness, Restlessness or Irritability
- Shivering or Trembling, Abdominal Cramps, Weakness
- Increased Blood Pressure
Legislative RESPONSE
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.

SOURCE: CDC Vitalsigns, July 2015
Illinois Public Act 099-0480 (HB1)

Illinois Public Act 099-0480 (HB0001) passed and became effective September 9, 2015.

- Enables non-medical persons to administer Naloxone to persons experiencing an opioid overdose
- Requires emergency responders such as EMS, firefighters, law enforcement, and pharmacists to be trained in administering Naloxone through its various forms of administration
- Updates previous laws and allows Department of Human Services- DASA to further implement the Drug Overdose Prevention Program (DOPP) to encourage, establish and authorize programs to become enrolled to distribute naloxone statewide.
EXAMPLES OF MOUNTED KITS
Drug Overdoses and the Opioid Crisis