

Arizona State Office of Rural Health (SORH) Webinar Series

The SORH provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



Arizona State Office of Rural Health



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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- Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/

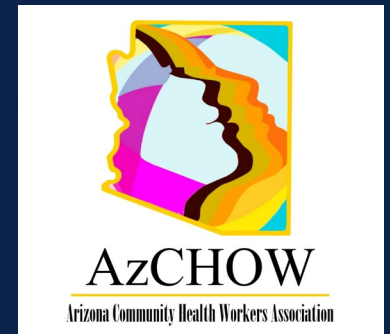
Today's presentation:

Overdose Recognition & Naloxone Administration

August 27, 2020



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



Facilitators:



Alyssa Padilla, MPH, is the Arizona Center for Rural Health Community Outreach Manager. She supervises programs around access to care and harm reduction (like naloxone) in Arizona.

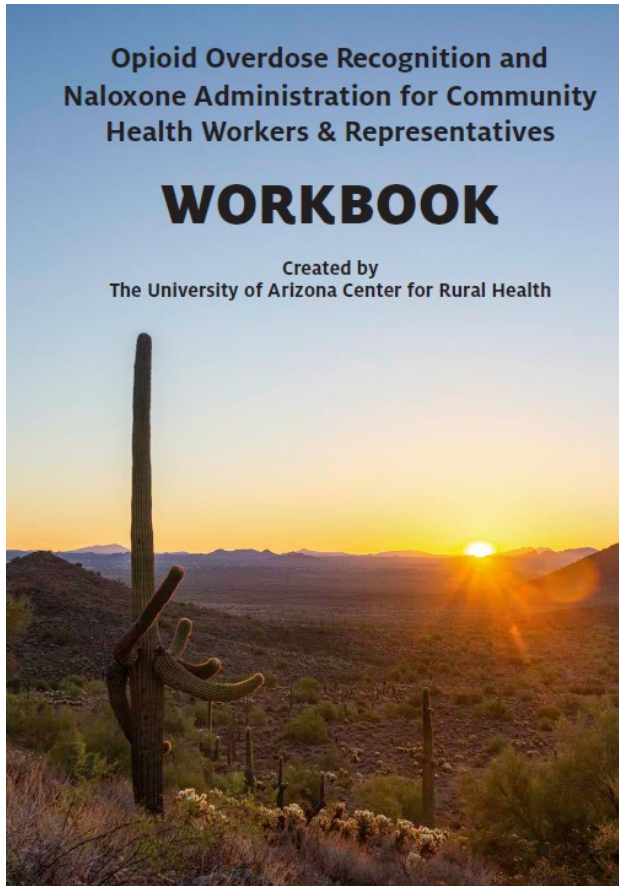


Ariel Tarango is a Health Educator and Community Outreach Specialist for the Arizona Center for Rural Health. Since 2015, she has worked to help educate Arizona communities about access to care, opioid overdose recognition, and naloxone administration.



Elena "Lena" Cameron is a health educator assistant for the Arizona Center for Rural Health. She has been working with opioid and harm reduction programs since 2018.

Welcome!



While we setup, please look through your workbook, activities 1 to 2 and evaluations.

Workbook & Activities:

crh.arizona.edu/programs/naloxone

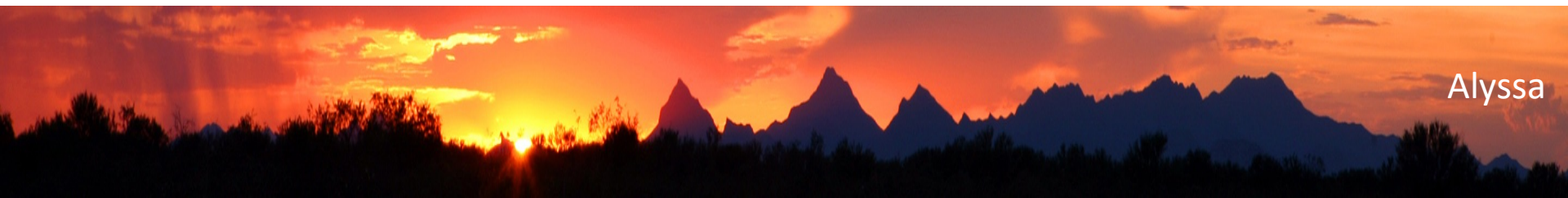
Evaluations: <https://redcap.link/CHWRnaloxone>

Alyssa

Learning Objectives

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.

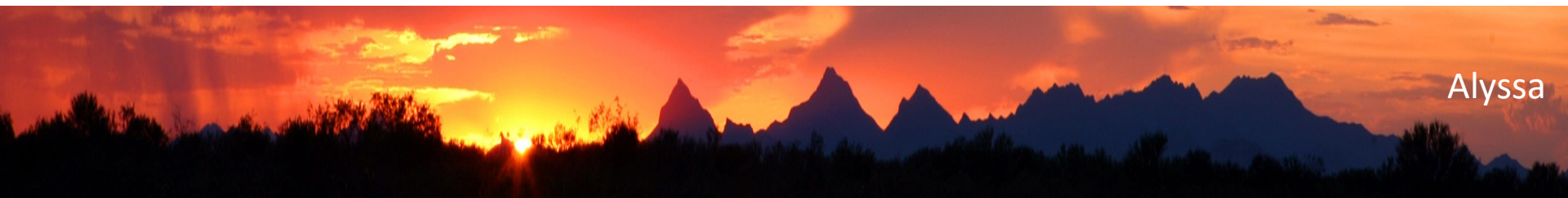
All are listed in your [workbook](#).



Learning Objectives continued...

5. Show ability to respond to an opioid overdose using naloxone.
6. Identify aftercare next steps, including where to refer to resources.
7. Define risk reduction messages and resources to share with clients and communities.

All are listed in your [workbook](#).



Brainstorm

1. What is an opioid?
2. What have you heard about Naloxone?
3. What concerns you about using Naloxone?



5 minutes

Alyssa

ARIZONA'S OPIOID EPIDEMIC

Brand & Generic Names for Prescription Opioids

Opioids

Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain.



Astramorph®
Avinza®
Butrans®
Codeine
Dilaudid®
Dolophine®
Duragesic®
Duramorph®
Demerol®
Embeda®
Exalgo®
Fiorinal® with Codeine
Kadian®
MS Contin®
Norco®
Nucynta® ER
Opana® ER
OxyContin®
Palladone
Percocet®
Roxanol
Tylenol® with Codeine #3
Tylenol® with Codeine #4
Ultram®
Vicodin®

Buprenorphine
Fentanyl
Hydrocodone
Hydromorphone
Methadone Hydrochloride
Morphine
Oxycodone
Oxymorphone Hydrochloride
Tapentadol
Tramadol



Change the Language by Role Modeling

Instead of these:	Use these:
Clean	Negative (test) Not currently using substances Sterile (needle)
Dirty	Positive (test) A person who is currently using substances Not sterile (needle)
Addict Alcoholic	A person with substance use disorder A person with alcohol use disorder

Open [Activity 2: Fill in blank](#), which can be found on **page 5** of your workbook

Alyssa

Change the Language by Role Modeling continued...



Instead of these:	Use these:
Abuse Dependence	Drug use If someone is diagnosed by a provider, say Opioid Use Disorder.
Former drug addict	A person in recovery

See page 6, *How can you tell if your prevention messages are stigmatizing?*
Answers are on **page 34** of your [workbook](#).

Alyssa



Understanding Addiction

Addiction is NOT a moral failing.

It is a chronic, relapsing brain disease.

➤ Changes brain functioning and structure.

Hereditary, environmental & social factors contribute.



Childhood Trauma & Substance Use



There is a **strong correlation** between **childhood trauma** and the development of **substance use disorders**.¹

ACEs: Adverse Childhood Experiences

Resiliency & Protective Factors help prevent & address ACEs.

Turn to pages 13-15 in your workbook:

**Adverse Childhood Experiences,
ACEs Questionnaire, &
ACEs can be Prevented.**



Lena

1. CDC and Kaiser Permanente

Resiliency Factors



There are positive things that can lessen the impact of ACEs and allow people to adapt to adversity¹

Approach	Example
Support parents	<ul style="list-style-type: none">• Identify resources for needs such as rent and child care• Connect to parenting classes or support groups
Encourage social supports	<ul style="list-style-type: none">• Suggest after school programs or clubs
Support positive childhood experiences and relationships ²	<ul style="list-style-type: none">• Mentorship

1: <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/childhood-resilience>

2: <https://www.npr.org/sections/health-shots/2019/11/05/776550377/cdc-childhood-trauma-is-a-public-health-issue-and-we-can-do-more-prevent-it>

Risk Factors for Overdose

Mixing Drugs

- Ex: Opioids with Alcohol, Cocaine or Benzodiazepines (Xanax, Ativan).

Drug Purity, Quality

- Ex: Street drugs laced with fentanyl (50X more potent than heroin, and 100X more potent than morphine).

Low Tolerance

- Period of abstinence due to incarceration, hospitalization, or inpatient treatment.

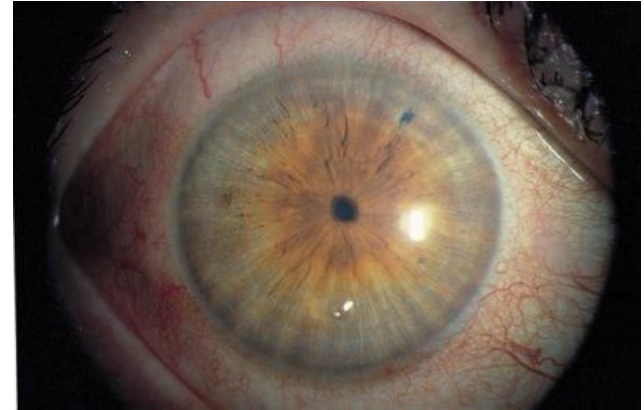
Using Alone

- No one to call 911 or administer Naloxone.

Weak Immune System or Illness



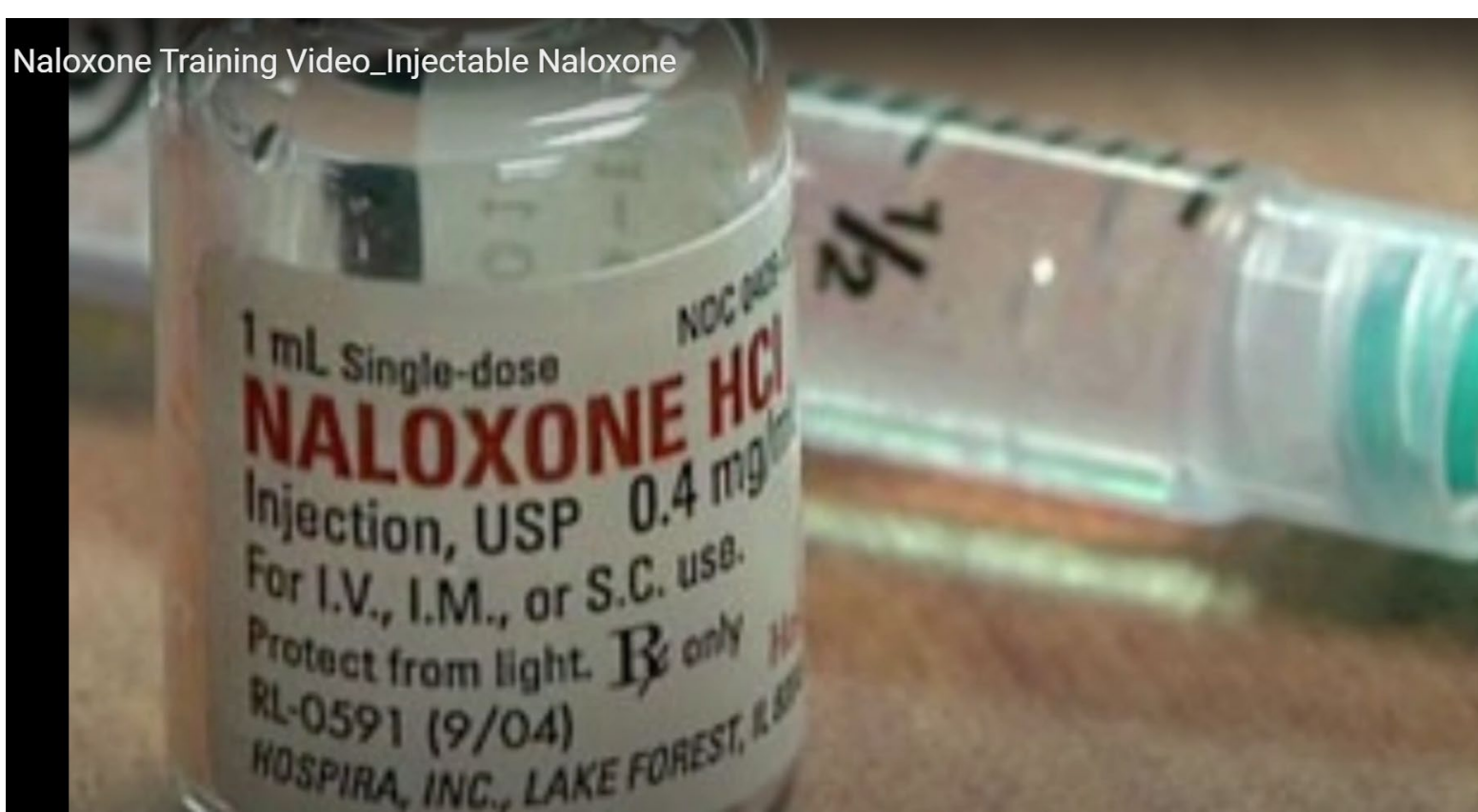
Signs of an Opioid Overdose



Turn to workbook **page 16:**
Signs of an Opioid Overdose.

- Unable to wake
- Blue or pale skin, lips, and nails
- Very limp body
- Slow heartbeat
- Slow/irregular breathing or absent
- Choking, gurgling sound
- Pinpoint Pupils



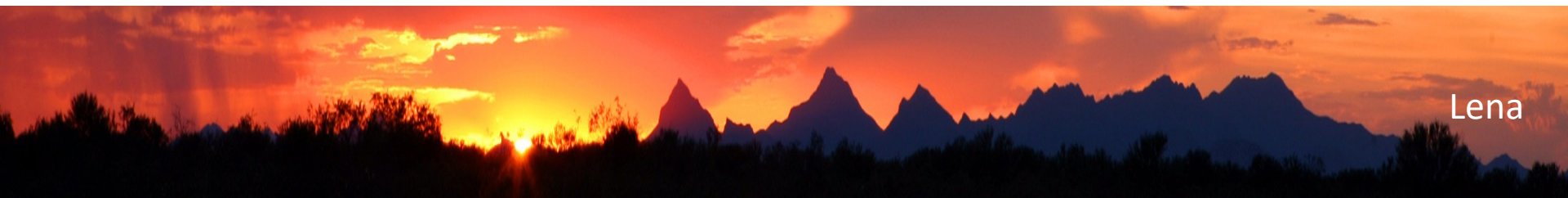


Video (9:37 minutes): Follow directions on **page 17**.

Nasal: <https://youtu.be/p5st4Raik-8?t=67> (1:07-7:20)

Intramuscular:

<https://www.youtube.com/watch?v=ojGrGchyGc&feature=youtu.be>



911 Good Samaritan Act*



Arizona Revised Statute (ARS) 13-3423

2018: a person cannot be prosecuted for drug or paraphernalia possession if:

- The person (a “Good Samaritan”) was seeking medical help for someone believed to be suffering from an overdose; and
- Drugs or paraphernalia are discovered as a result of the request for medical assistance.

The person who has overdosed and for whom a request for medical help is made by a “Good Samaritan” cannot be charged or prosecuted for drug or paraphernalia possession.

See **page 18** in your workbook.

*Seek legal assistance for guidance.



Possible Side Effects of Naloxone

- Can cause an opioid withdrawal
- Fatigue
- Fever/sweating
- Loss of bowel/bladder function
- Upset stomach/vomiting
- Confusion, disorientation, irritation
- Increased heartrate/breathing
- Pain/aches



Aftercare



If the person cannot walk/talk well, it is important for EMS to take them to the hospital.

Some individuals refuse medical care

Overdose is **terrifying!**

Overdose often catalyzes an individual to get help!

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739053/>

<https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/aftercare>

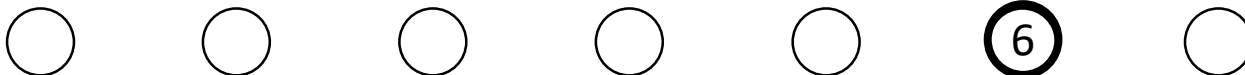


Lena



Community Resources in Arizona

1. Go to 211arizona.org (call **Arizona 2-1-1**) or Arizona Opioid Assistance & Referral Line
2. Find local Rx Drug Drop-Off Locations: Dumpthedrugsaz.org
3. Find Local treatment Services: findtreatment.samhsa.gov
4. Find Naloxone: spwaz.org/arizonanaloxone/



Why don't people get help?

- Limited treatment options
- Stigma: Drug addiction is the most stigmatized issue in the world¹
- Accepting “I have a disorder”
- Treatment Affordability, Accessibility
- Fear of withdrawal, arrest, isolation
- Don't know where to go for help
- Unsuccessful attempts at quitting
- Losing things like a job, housing, relationships



1. World Health Organization



Relapse & Recovery

Relapse & remission are a normal part of the disease.

It can take years for someone to commit to rehabilitation & treatment.



Recovery and treatment are life-long processes.





Relapse is normal and common in traditional treatment programs, with **relapse rates** between **40-60%**, similar to other **chronic diseases** (diabetes, asthma, hypertension).

National Institute on Drug Abuse



How to Offer Support

See **pages 22-26** in your workbook



1. Use **motivational interviewing** skills.
2. Remember we are **not here to diagnose**.
3. Recognize when and how to refer.
4. Use **person first language**.
5. Recognize who is **at high risk** for overdose and **offer harm reduction tips**.



Harm Reduction Tip Sheet

Turn to **page 27** in your workbook

Don't use alone.

Go slow.

Use a fentanyl test strip.

Know how to recognize the symptoms of an overdose.

Learn rescue breathing.

Carry Naloxone.

Refer to **pages 28-31** for resources



Fentanyl Overdose Alert

There have been reports of fentanyl showing up in **cocaine, crack, meth, pills, and heroin**. Even if you're not using downers, you may be at risk of unknowingly consuming fentanyl.

What is fentanyl?

Fentanyl is a fast-acting, extremely strong opioid. An opioid is a downer and acts like heroin, oxycodone, and morphine. Although it's available by prescription, some fentanyl is being created in illicit labs and mixed into various drug supplies. Oftentimes, dealers aren't even aware that they are selling a product that contains fentanyl.

What's the danger?

A fentanyl overdose looks just like a heroin or other opioid overdose, but it comes on much faster. It's often not possible to tell that your dope has fentanyl mixed into it, and it doesn't mix consistently. So if you get a bag of pills, a few of them may contain fentanyl, and the rest may not.

Who is at risk?

Anybody using street drugs may be at risk of unknowingly consuming fentanyl and potentially experiencing an overdose. Remember, it's not just in heroin, but could be found in uppers like cocaine and meth. People who inject, snort, smoke, or swallow drugs are all at risk.

How can I stay safe?

Don't use alone. If you fall out, nobody will be there to help. If you must use alone, don't lock the door, and let somebody know where you'll be if you can.

Go slow. You can always use more, but you can't use less. Try a little and see how it affects you first before taking the whole pill, slamming the full dose, or snorting a big line.

Use a fentanyl testing strip to test your dope before you use. These can be purchased at www.dancesafe.org, and may be able to pick up on fentanyl mixed into other drugs.

Know how to recognize the symptoms of an overdose. Fentanyl and other opioids make the body stop breathing. A person will become unconscious, their breathing will become shallow or abnormal, and their pupils will be pinpointed. Their skin may turn blue or gray. After a person stops breathing, they have 4 minutes until they die.

Learn rescue breathing. Put the person on their back, plug their nose, tilt their head back, and give them a deep breath every 5 seconds. If you don't have naloxone, or the naloxone isn't working, do this until help arrives or until they gain consciousness.

Carry naloxone (Narcan), and make sure your friends carry it too. Naloxone is the opioid overdose rescue medication, and it will work on a fentanyl overdose. It is 100% legal to carry and administer in Arizona, and can be obtained for free through Sonoran Prevention Works. Visit www.spwaz.org or call 480-442-7086



spwaz.org
480-442-7086

Parking Lot

Looking back at our parking lot, what questions do you still have? What are you still unsure about?



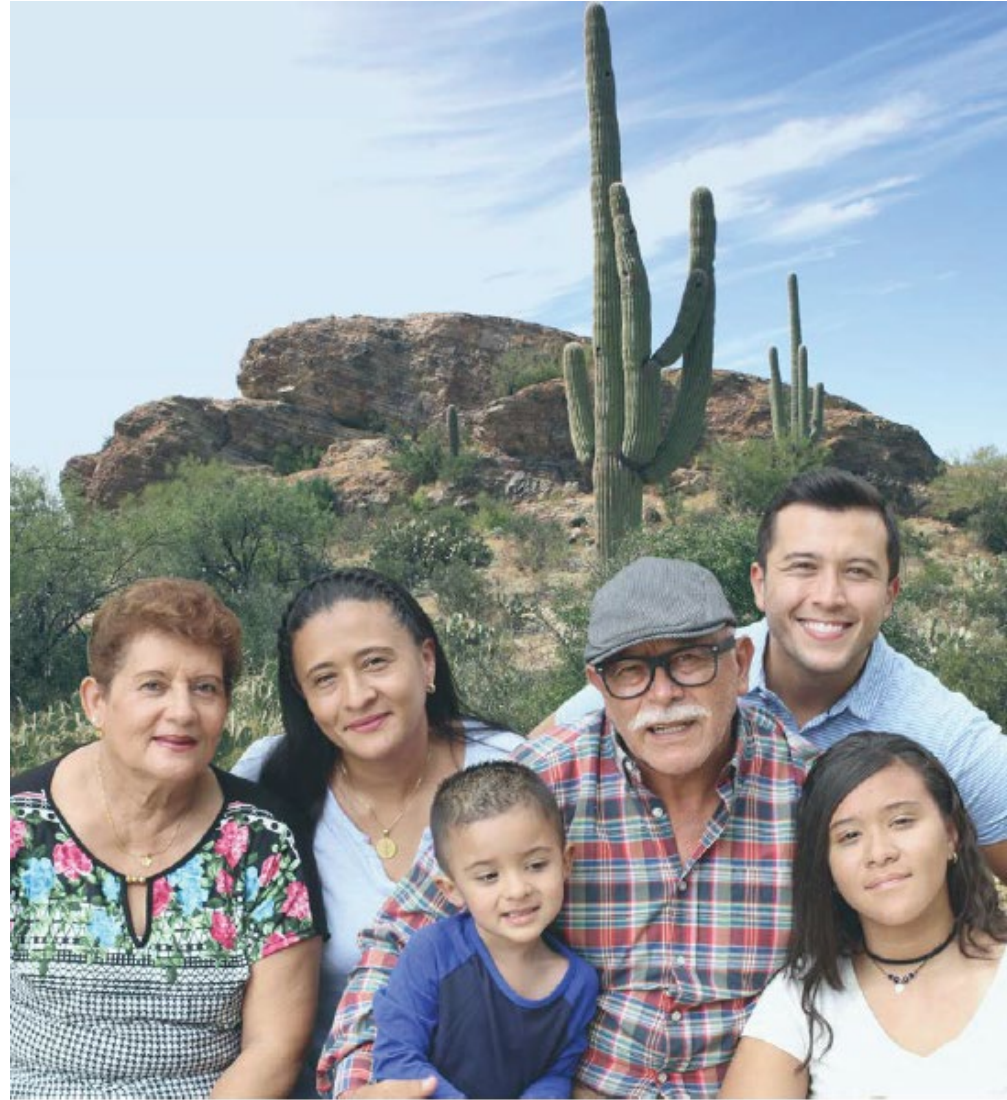
Image Credit: Melissa Quezada,
AzCRH



Remember

1. People who use drugs aren't bad people.
2. Substance Use Disorder is a chronic relapsing brain disease.
3. Naloxone reverses an opioid overdose.

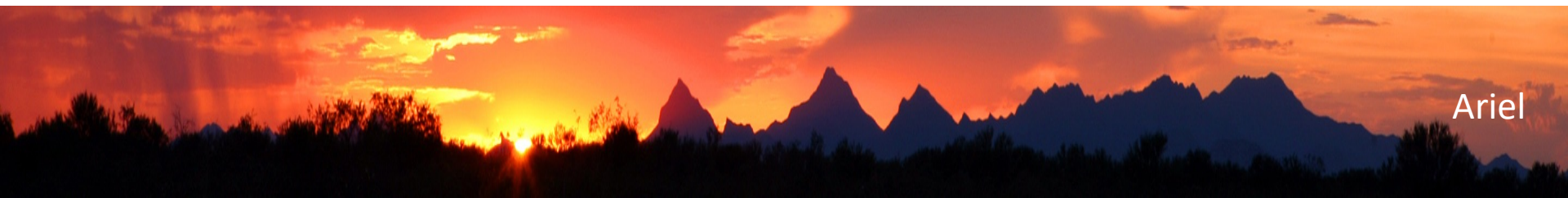
We can meet people where they're at and not leave them there.



Save a life. Carry Naloxone.

Please complete evaluations here:
<https://redcap.link/CHWRnaloxone>

Arizona Center for Rural Health
crh.arizona.edu





Questions and Discussion

Please type your questions and comments into the Zoom Webinar Platform Chat box.

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (G22RH24749). Arizona State Office of Rural Health is funded granted through a grant from US Department of Health and Human Services. Grant number H95RH00102-25-00

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