

Provider Accreditation / Disclosures

Disclosure: I do not have any financial disclosures that are relevant to this continuing education activity.



Objectives

At the end of this presentation, the participate will be able to:

- 1. Describe the main components of an opioid overdose prevention training program.
- 2. Identify at least one intervention that can be used to educate students and/or patients about the prevention of opioid overdose.
- 3. Identify the importance of opioid overdose prevention training to increase awareness of the problems surrounding opioid overdose.



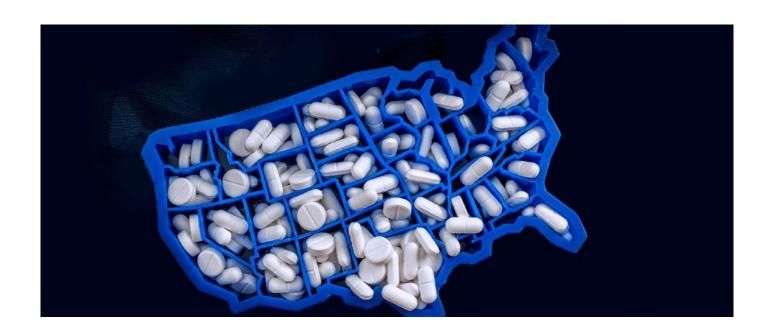
"change the perception of opioid addiction from a "moral failure" to one of a "medical issue" where recovery is possible."

HOW MUCH ARE YOU TEACHING YOUR STUDENTS ABOUT...

- ✓ DIABETES?
- ✓ HEART DISEASE?
- PNEUMONIA?
- **✓** STROKE?
- ✓ ALZHEIMERS?
- **✓** CANCER?
- ✓ KIDNEY DISEASE?
- **√**SEPSIS?

OPIOID USE DISORDER?

WHY IS THIS IMPORTANT???







2016-2017 Increases 2015-2016 Increases 2017 2016 2013-2017 Increases Data Sources 2015 2014 Statistically significant drug overdose death rate increase from 2016 to 2017, US States WA MT ND OR ID SD WY IA NE NV UT CO CA KS MO TN AZ OK AR NM GA MS TX

Statistically significant increase

HOW DO WE EDUCATE THE COMMUNITY?





Stigma Can:

- Reduce willingness to seek treatment
- Diminish self-esteem
- Exacerbate depression
- Limit access to healthcare, housing, and employment
- Negatively affect relationships when they need support the most

SAMHSA

Substance Abuse and Mental Health Services Administration

WHAT CAN WE DO AT THE GOVERNMENTAL LEVEL?



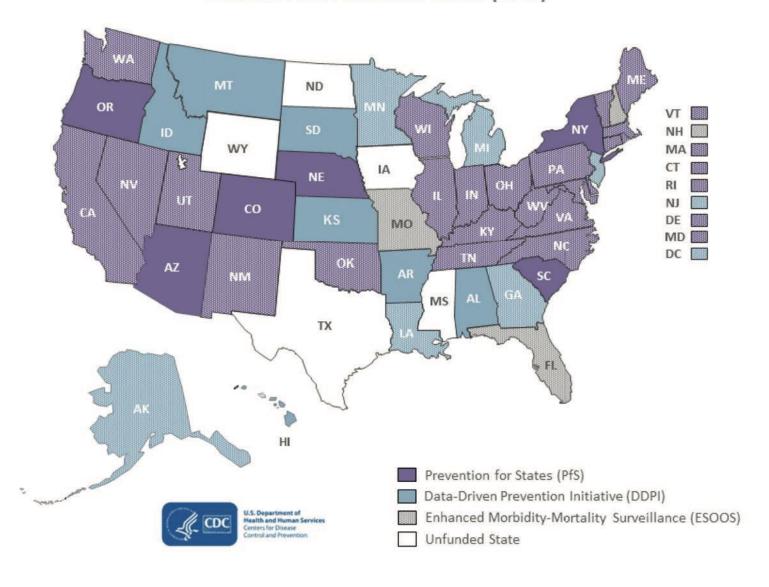
Engage Politicians



Preventing Opioid Overdoses and Related Harms



Overdose Prevention in States (OPIS)



Expanded Access to Naloxone (Narcan)

- Standing orders at pharmacies
- Distribution through local, community-based organizations
- Law enforcement officials and emergency medical service staff
- Targeted naloxone distribution programs



Good Samaritan Law

46 states and DC have passed law that provides some protection from arrest or prosecution for individuals who report an overdose in good faith.



WHAT CAN WE DO AS AND EDUCATORS AND HEALTHCARE PROVIDERS?



University Level

- Address opioid epidemic in class
- Opioid overdose simulation
- Require naloxone training for students
- Student health services
- IPE training (student groups)
- Community outreach projects
- Panel presentations



Sally Fisher





Becoming an Opioid Overdose Prevention Program



Our Program

- Started January 2018
- 4 staff members trained
- 45 minute class
- Once a month
- Trained over 887 people



Essential Topics to Cover

- Signs of an overdose
- How naloxone works
- How to treat an overdose
- Post naloxone care
- Report use of naloxone and ways to receive replacement kit



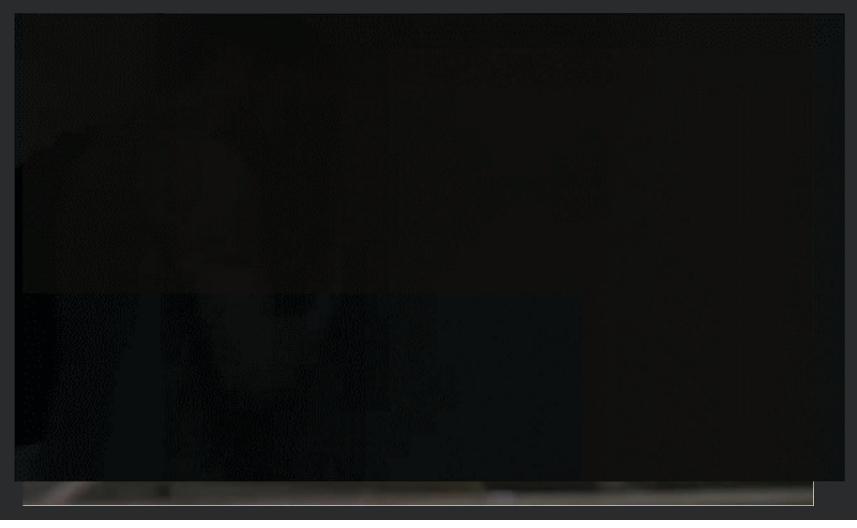
Additional Topics In Our Training

- Stats (including local)
- Types of opioid and what is fentanyl
- Rescue breathing
- Good Samaritan law
- Stigma
- Treatment
- Ways to reduce supply and demand
- Harm reduction

Fatal Dose to Kill an Average Adult



Simulation



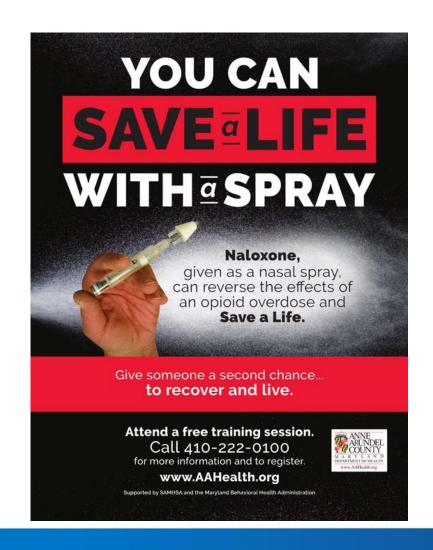
Our Audience

- Required by all RN, dental, medical, OT, PT, public health students entering clinical
- Faculty
- Healthcare providers (including out-patient setting)
- Community boards
- NYPD
- Government officials
- Restaurant workers



Spread the Word!!!

- Social media
- Collaborate with other departments to promote trainings
 - Patient safety officers
 - Deans
 - Communication/media relations
 - Nursing education
- Offer onsite training for large groups
- Community outreach



Interprofessional Training



The Community





Health Fairs



Conferences

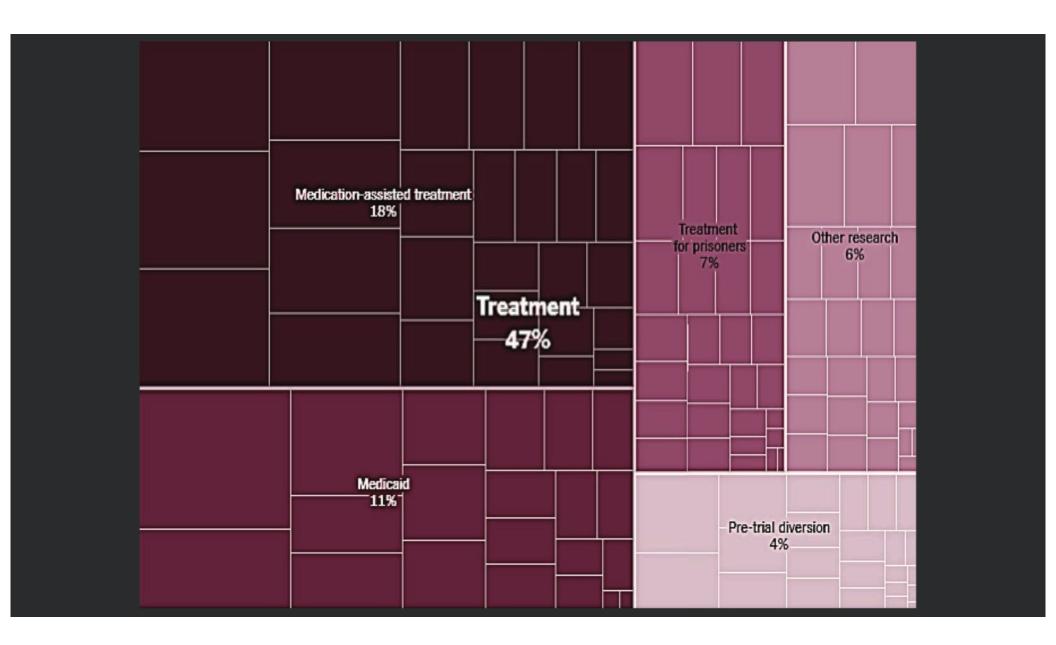


Students



Holistic Approach to Fighting the Opioid Epidemic





What percentage of people with substance use disorder receive treatment?

20%

Medication Assisted Treatment (MAT)

- Methadone and buprenorphine prevents painful opioid withdrawal symptoms without causing euphoria
- Naltrexone blocks the effects of opioids.
- Eliminate barriers- prior authorizations







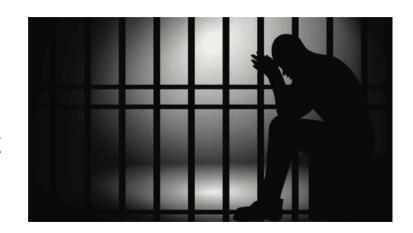
Expanded Medicaid Coverage to Cover Treatment

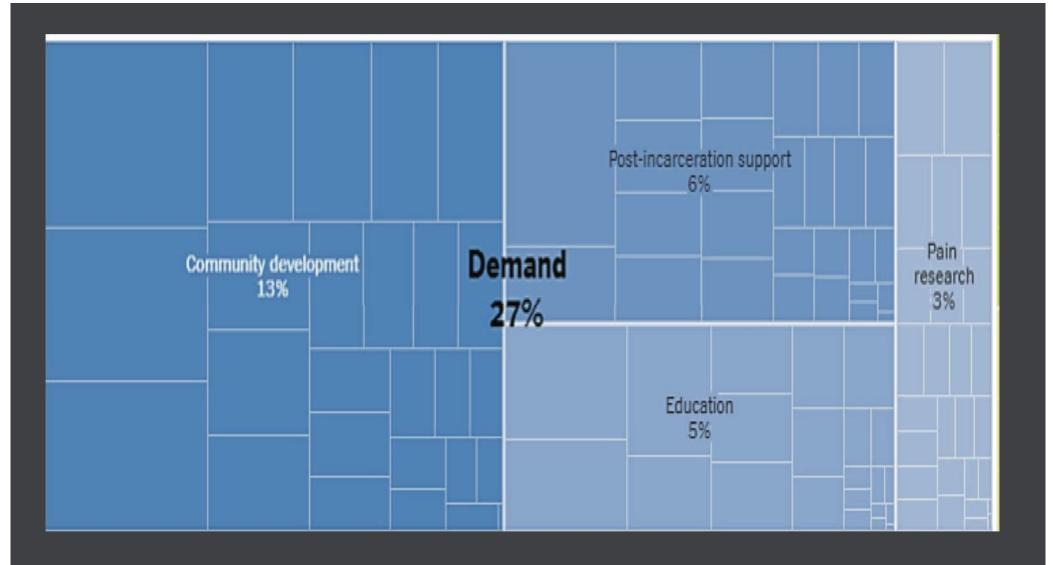
- Medicaid primary source of funding for substance use disorder
- Medicaid for MAT
- Medicaid expansion improves outcomes by allowing individuals access to quality health care.



Treatment and Pre-Trial Diversion

- Treatment (MAT) in jails and post incarceration
- ~90 % of inmates with substance-use disorders receive no medical treatment
 - high risk for relapse and overdose
- Decriminalize substance use disorder
 - Pre-trial diversion programs





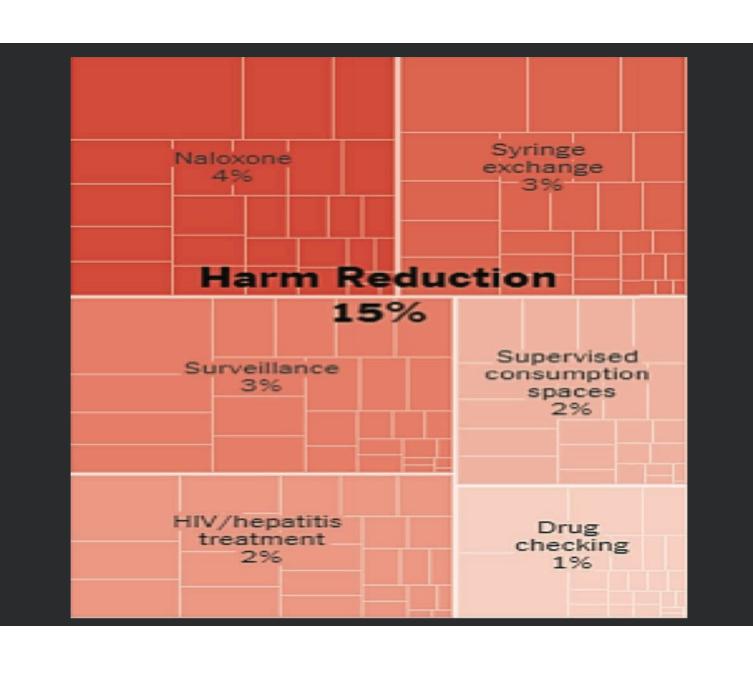
CDC Guidelines for Prescribing

- Non-opioid treatments be preferred for chronic pain.
- Prescribers and patients should establish treatment goals before starting opioid therapy.
- Start with the lowest dose.
- Evaluate benefits and harms within one to four weeks; and every three months thereafter.
- Prescribers should prescribe naloxone for patients at increased risk

Research Alternative Pain Therapies

- Alternate pain therapies medical marijuana, CAM
- Focus on researching the underlying causes of substance misuse.
- VR







Supervised Consumption Spaces

- Illegal under federal law
- Increased uptake into drug treatment programs
- Reduce public drug use
- Prevent infectious diseases -HIV and HCV
- Reduce overdose deaths in the communities they are located
- Do not lead to increased injection drug use or crime



Harm Reduction

- Provide access to clean and sterile needles
- Naloxone training
- Fentanyl testing strips





Opioid Prescription Monitoring Systems

- Proven method for reducing opioid prescribing.
- Identify those at risk of opioid use disorder and guide them into treatment.
- Consider ways to increase use of <u>Prescription Drug Monitoring</u> <u>syy=stems</u>, which are among the most promising state-level interventions.

Reducing Diversion



Disposing Opioids



What are some steps you can take to help combat the opioid epidemic???





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