

Current Substance Use Trends and Evolving Risks

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Please Introduce Yourself

Thank you for joining us today!

As we're waiting for others to log in, please open the chat and post your name, where you're located, and your role or connection to this topic (service provider, educator, etc.).

We'll get started shortly.

About NeC-MHTTC

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support school teachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities

Recording, Chat and Slides

Please note:

We will be recording this workshop and posting it on our website along with the presentation slides and any relevant resources.

Throughout the workshop, we will be using the Zoom chat feature (located on the task bar) to respond to discussion questions. Feel free to raise your hand (using the Zoom option) if you'd like to speak.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

My Background

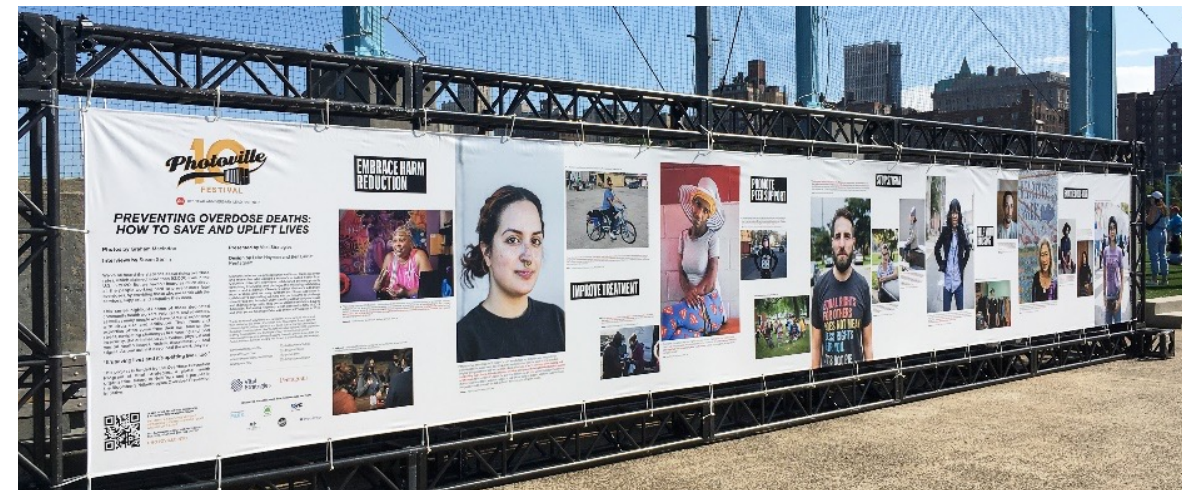
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- After a career in journalism and teaching media ethics, I returned to school to study public health in 2017.
- Since 2019, I've worked on projects to reduce overdose deaths, educate people about substance use disorders, improve access to treatment and harm reduction services, and support people in recovery. I facilitate training workshops on all of these topics, presenting a wide range of perspectives.
- Often collaborate with my husband, [Graham MacIndoe](#), a photographer who has been open about his history of addiction, incarceration, and recovery.



Today's Topics

- Current drug use trends and changes in the drug supply, particularly the shift to synthetic drugs.
- Overview of opioid and stimulant overdoses and how to reduce risks.
- Prevalence and effects of nonfatal overdoses.
- How to respond to an overdose and where to obtain naloxone.
- What protections are offered by Good Samaritan laws.

Trends in Drug Use and Supply

- **Polysubstance use** is common. People tend to use multiple substances, often mixing prescription medications, alcohol, and other drugs.
- The **potency** of many drugs has risen, including for cannabis and methamphetamine.
- Plant-based drugs like heroin are being replaced by **synthetic drugs** made of chemicals that are easier to ship and have higher profit margins for sellers.
- The drug supply is **more lethal**, especially due to **fentanyl**, a powerful opioid that may be mixed in with other substances, including stimulants like cocaine. **Xylazine (or “tranq”)**, an animal tranquilizer, is also being combined with other drugs.
- Drugs are **more widely accessible**, with technology making purchases and delivery easier. There are also **more prescription medications** in many homes.

What is polysubstance use?

The use of more than one drug, also known as polysubstance use, is common. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally.

Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug or wants to experience the effects of the combination.

Unintentional polysubstance use occurs when a person takes drugs that have been mixed or cut with other substances, like fentanyl, without their knowledge.

Whether intentional or not, mixing drugs is never safe because the effects from combining drugs are often stronger, more unpredictable, and even deadly.

What about prescription drugs?

The dangers of polysubstance use also apply to prescription drugs. Always let your doctor know what drugs you are taking to prevent any adverse reactions with newly prescribed medications. Never take pills that did not come from a pharmacy and weren't prescribed to you.

50%

In 2019, nearly half of drug overdose deaths involved multiple drugs. ²

<https://www.cdc.gov/stopoverdose/polysubstance-use/index.html>

A Nov. 2023 article in *The New York Times* about polysubstance use describes toxicology lab results shared with the reporter by a street medicine team in Michigan.

Patient No. 1: positive for fentanyl, methamphetamine and xylazine.

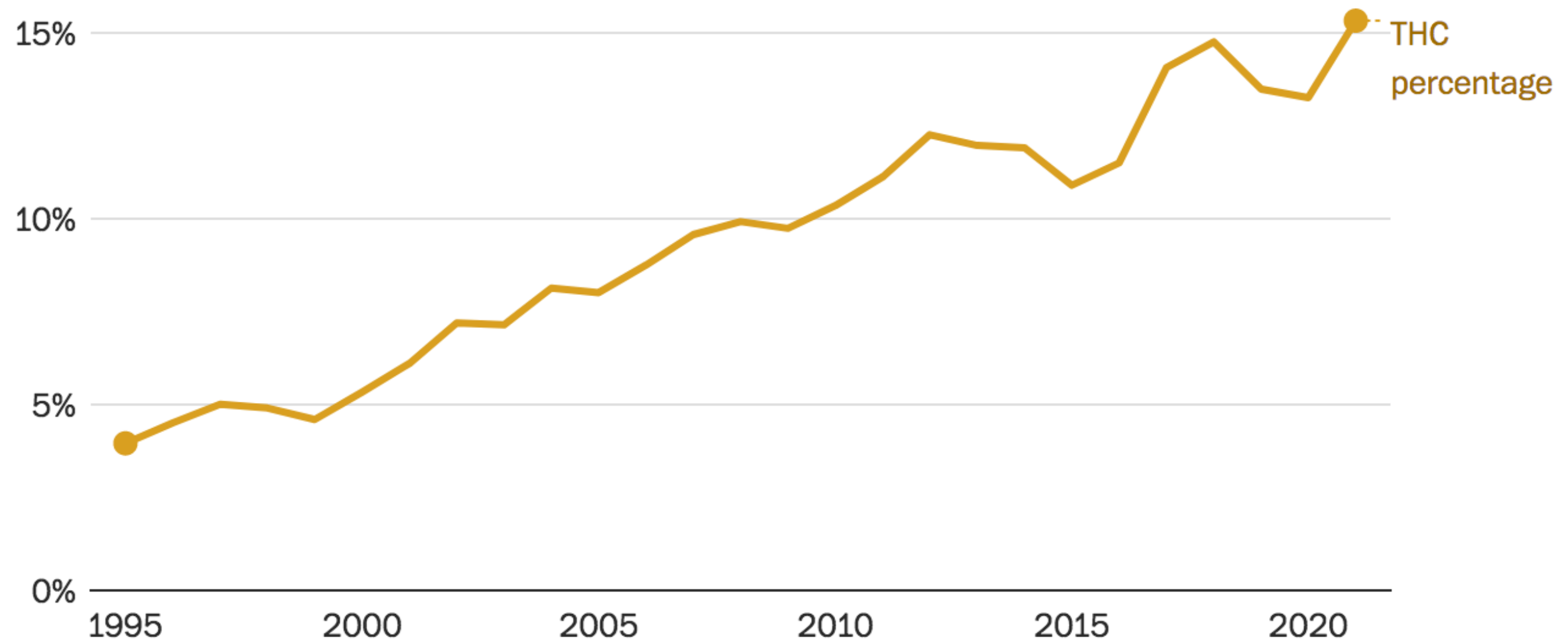
Patient No. 2: positive for amphetamine, methamphetamine, cocaine, THC and gabapentin, a prescription painkiller whose misuse is on the rise.

Patient No. 3: positive for fentanyl, methamphetamine, THC and xylazine.

<https://www.nytimes.com/2023/11/13/health/polysubstance-opioids-addiction.html>

The potency of marijuana keeps rising

Average THC percentage of cannabis samples seized by the Drug Enforcement Administration

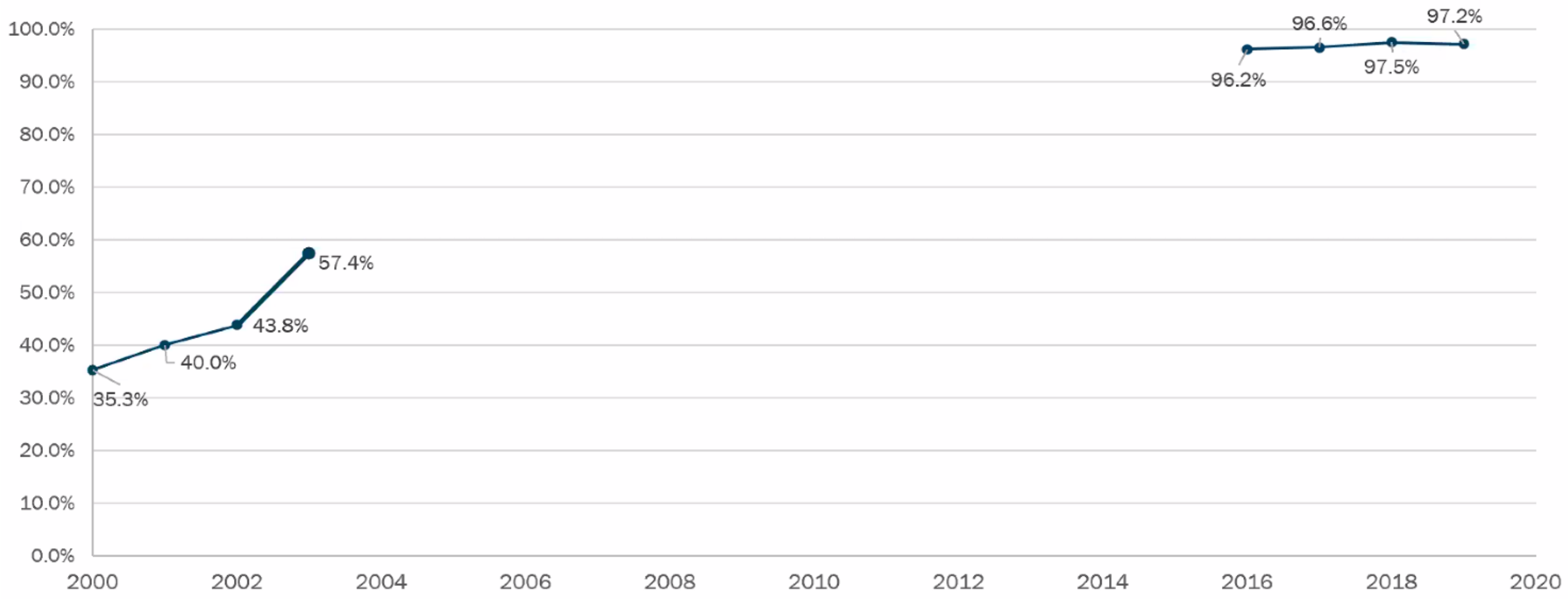


Source: [National Institute on Drug Abuse](#)

THE WASHINGTON POST

METHAMPHETAMINE PURITY 2000-2003 VS. 2016-2019

Methamphetamine Purity: 2000-2003; 2016-2019



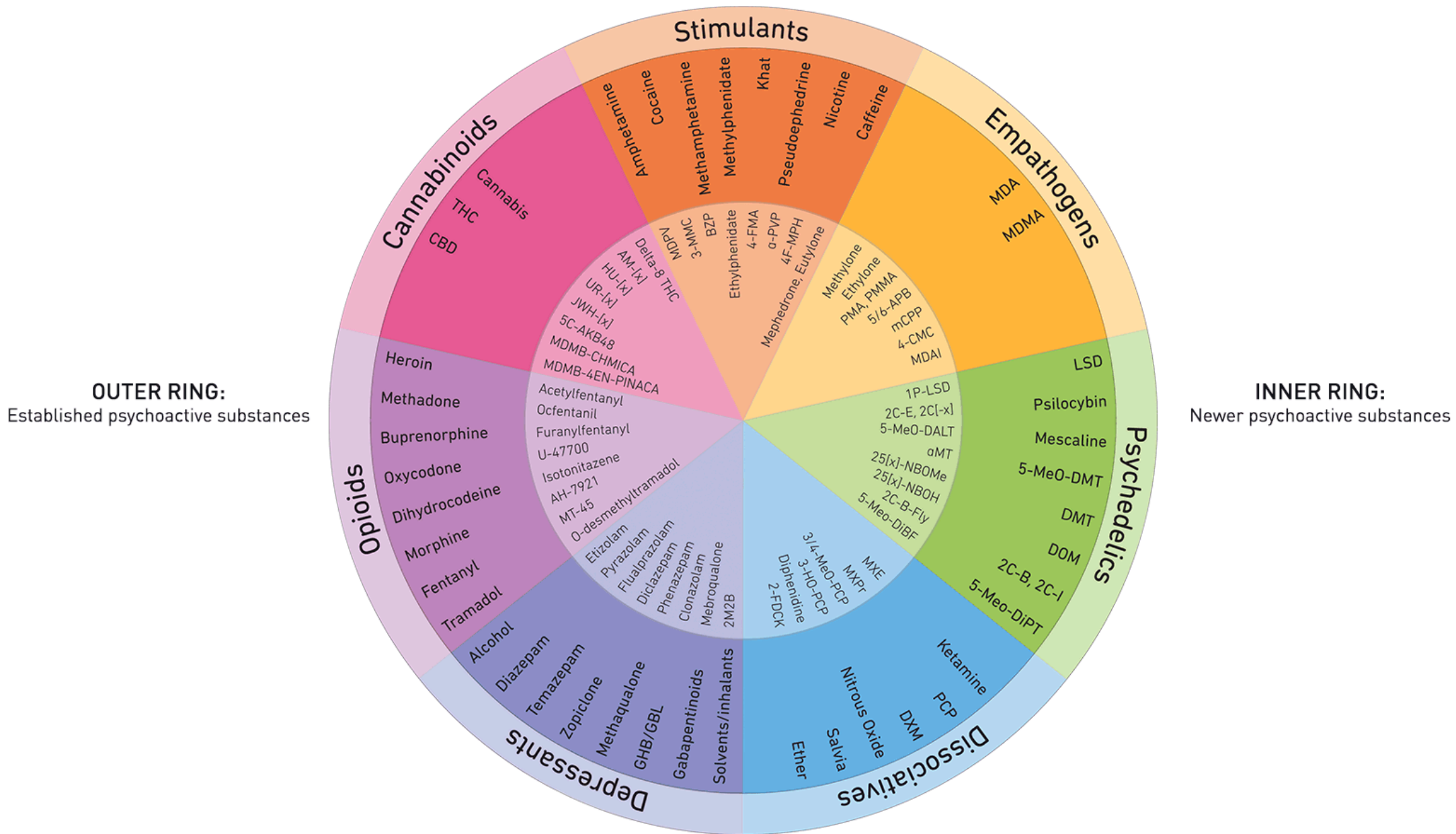
How Many Drugs Can You Name?

Please use the chat box to write the names of different drugs that come to mind—illicit drugs or prescription drugs people sometimes misuse.

Once you have a list, post your response and we'll see what the group comes up with.

The Drugs Wheel

A new model for substance awareness



The Drugs Wheel by Mark Adley

(www.thedrugswheel.com) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

DEA tool to look up information about different types of drugs.

www.getsmartaboutdrugs.gov/drugs

Novel Psychoactive Substances (NPS) Tracked by the Center for Forensic Science and Research and Education (CFSRE): 2023

Since 2018, NPS Discovery has identified **240** NPS in forensic samples (Figure 3). **NPS opioids, stimulants, and cannabinoids** represent the largest subclasses observed. In 2023, **79** total NPS were detected (Figure 4).

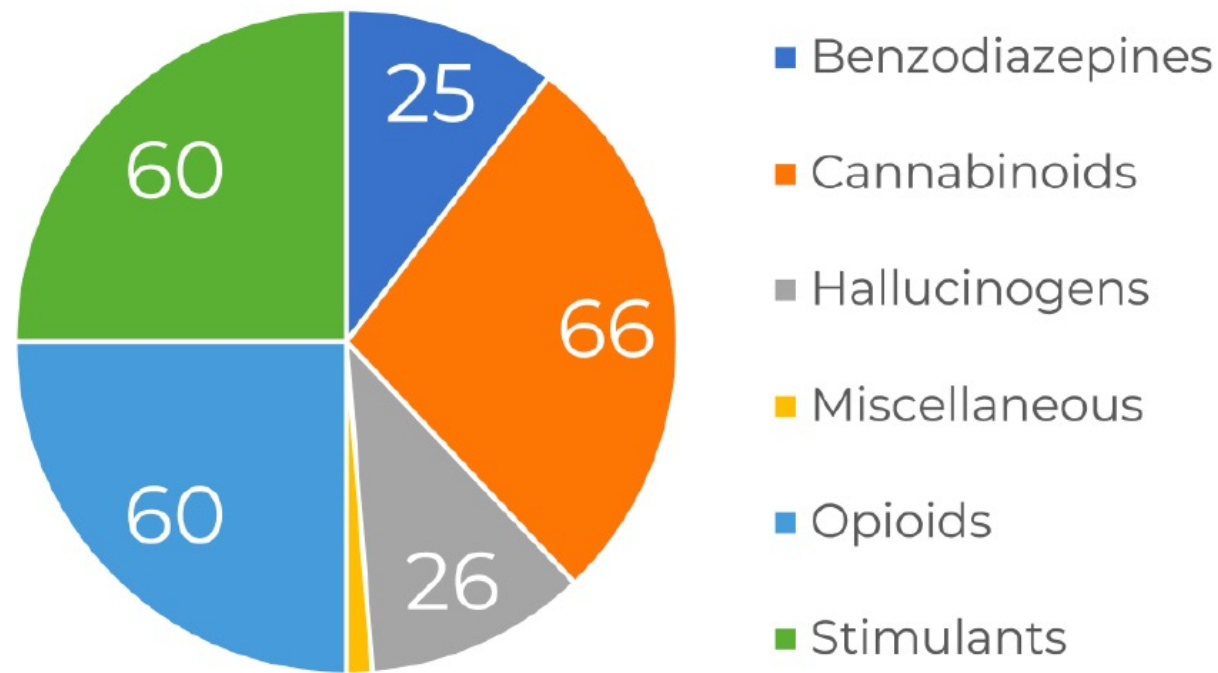


Figure 3: Breakdown by subclass of individual NPS detected, 2018-2023.

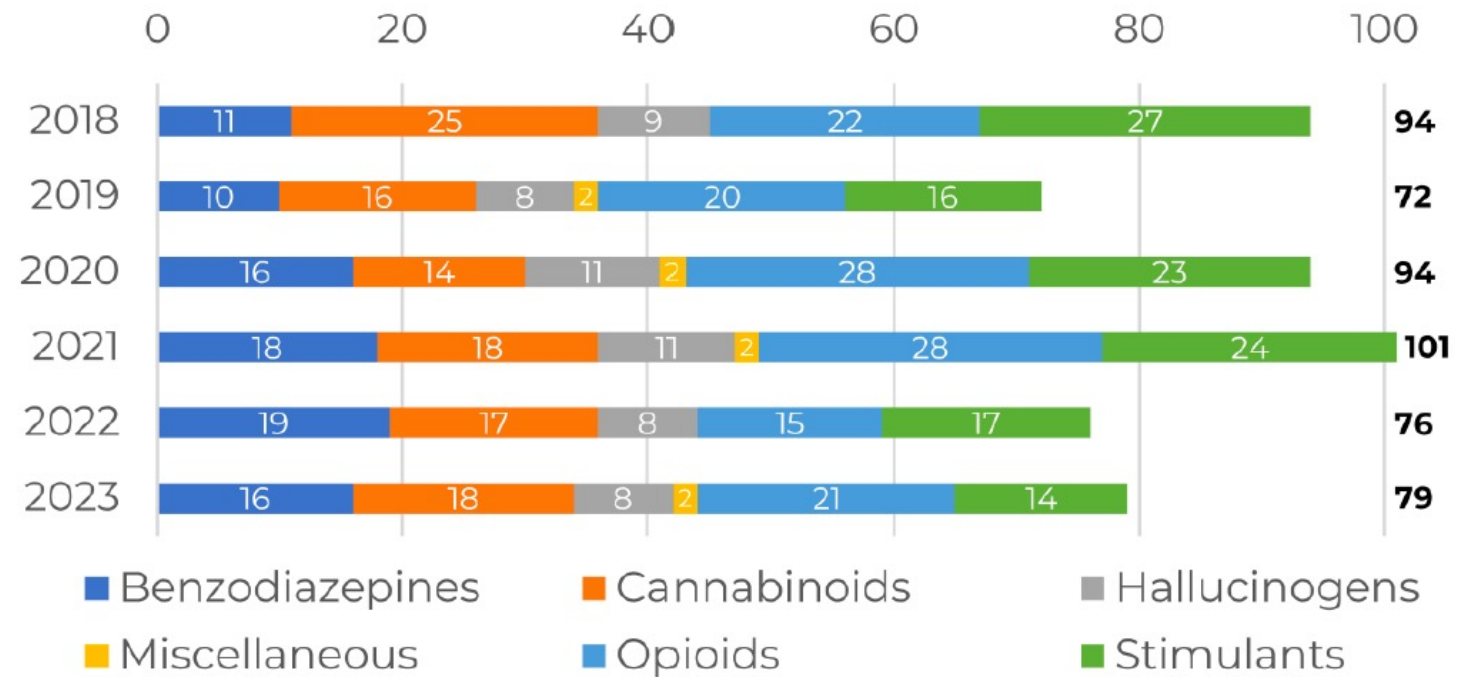


Figure 4: Individual NPS detected each year, cumulative since 2018.

Why Are Synthetic Drugs Becoming More Common?

They don't rely on cultivating plants, requiring land, water, and other expenses.

Lower production and shipping costs lead to higher profits.

They're more potent than traditional plant-based drugs.

They can be cut into other drugs, e.g., replacing heroin with fentanyl.

They can be pressed to resemble counterfeit prescription pills.

The chemicals used to make them travel across borders easier.

How Policy Changes Can Impact Drug Markets

- Efforts to reduce opioid painkiller prescriptions shifted some people to heroin use.
- In 2022, the Taliban prohibited opium poppy cultivation in Afghanistan, reducing opium production by 95%, according to a UN report. That has impacted heroin markets and increasing use of synthetic opioids.
- Restrictions on ephedrine, derived from the ephedra plant and used for decongestants like Sudafed, contributed to increasing methamphetamine production using chemicals including phenyl-2-propanone (P2P).
- Meth labs proliferated, prices dropped, and purity increased. Meth use has also risen, often by people who use opioids, too.

FENTANYL FACTS

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.¹

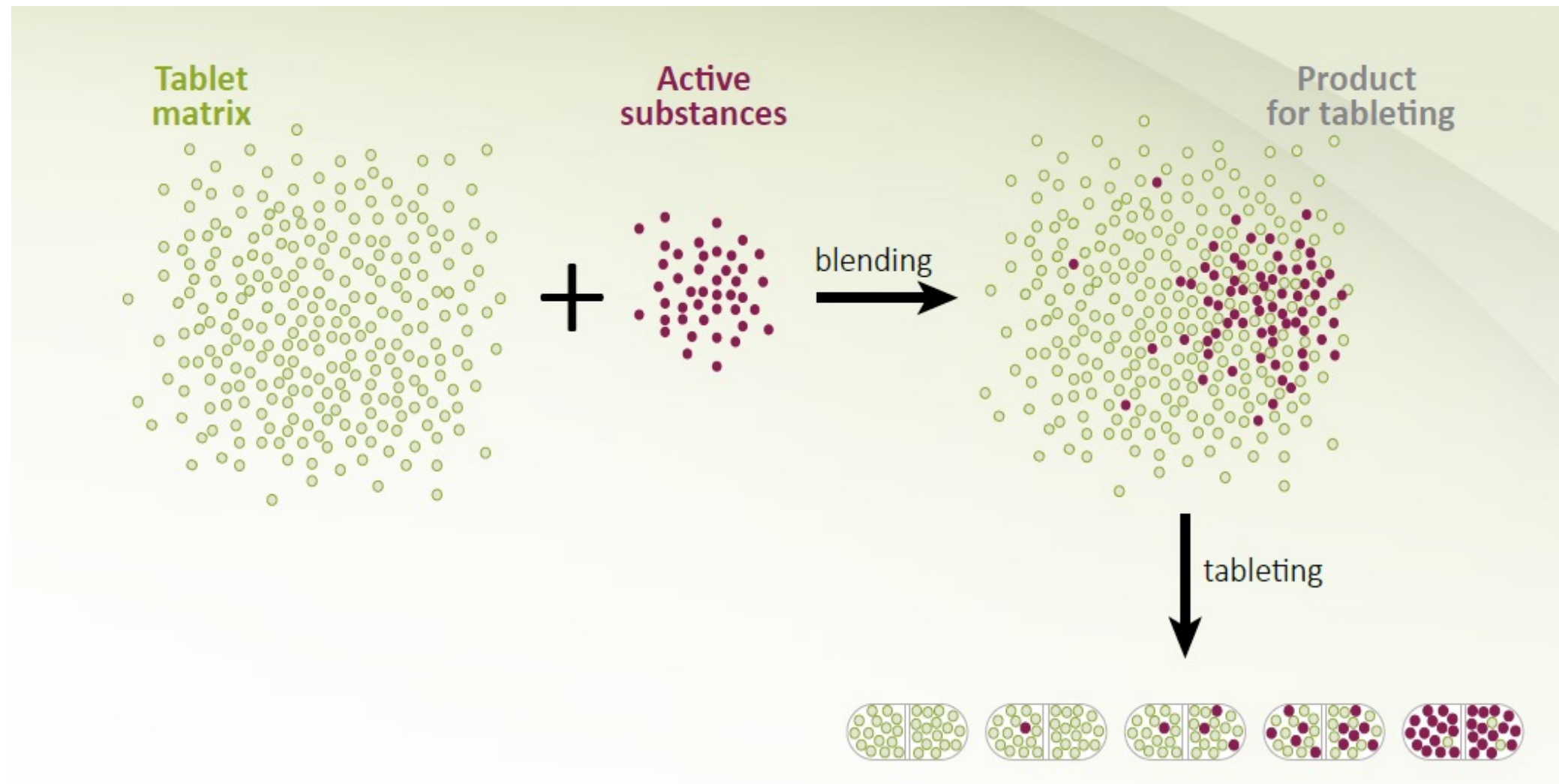
Fentanyl is a synthetic opioid that is up to
50x stronger than heroin
100x stronger than morphine

There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

150

Over 150 people die every day from overdoses related to synthetic opioids like fentanyl.²

Risks of Counterfeit Pills



Source: CT DEA

Counterfeit pills sold as prescription medications like oxycodone, Percocet, or Vicodin, can contain other substances in unpredictable amounts due to how drugs are cut.

Discussion Question

Why would traffickers and dealers add fentanyl to counterfeit pills and other drugs if the risk of death is so high?

Profiting from Fentanyl

- The profitability of fentanyl and its analogues provides a strong motive for traffickers and dealers to produce counterfeit prescription pills.
- With 1 kilogram of pure fentanyl, someone can make more than 650,000 counterfeit pills, using 1.5 milligrams of fentanyl per pill. For many adults, a lethal dose is 2 milligrams of fentanyl.
- Traffickers can typically purchase a kilogram of fentanyl powder for less than \$50,000 from a supplier, use it to manufacture hundreds of thousands of pills, and sell the counterfeit pills for millions of dollars in profit.
- Prices vary, but if those pills are sold for \$15 each, the gross revenue would be nearly \$10 million.



Xylazine

A.K.A. "tranq"

Xylazine is a non-opioid, FDA-approved veterinary tranquilizer that is being added to illicit opioids, like fentanyl, to lengthen euphoric effects



Lowers blood pressure and respiratory rate



Induces loss of consciousness for hours

Narcan does not reverse the effect of xylazine because it is not an opioid



Xylazine causes skin wounds with scaly dead tissue

- Skin begins hardening into crusty, blackened tissue
- Wounds can become severe in days
- Untreated wounds can lead to amputation



If you suspect an overdose with xylazine, you should still give naloxone (Narcan) right away

On the streets, opioids sometimes more potent than fentanyl: Nitazenes



By [David Ovalle](#)

December 10, 2023 at 8:00 a.m. EST

- Nitazenes are a class of opioid drugs that are up to 20 times stronger than fentanyl.
- More than a dozen types of nitazenes have been identified in the U.S. illicit drug market in recent years. They've also appeared in Canada, the U.K. and Europe.
- They were developed by pharmaceutical researchers in the 1950s as potential painkillers but were never approved for medical use.
- Naloxone can help reverse an overdose involving nitazenes but multiple doses may be required.

FEBRUARY 6, 2024 | 5 MIN READ

'Gas Station Heroin' Is a Dangerous and Often Contaminated Supplement

Tianeptine, an addictive drug at high doses, is being sold as a dietary supplement in gas stations and convenient stores. But such products could be contaminated with metals, microorganisms or other undisclosed drugs

BY C. MICHAEL WHITE & THE CONVERSATION US



Jan. 2024: FDA warns consumers not to purchase or use Neptune's Fix or any tianeptine product due to serious risks

The FDA has received severe adverse event reports after use of Neptune's Fix products, including seizures, loss of consciousness and death.

These products may also interact in life-threatening ways with other medications a consumer may be taking. They are typically sold in tablet or powder form in convenience stores, gas stations, smoke shops or online.

<https://www.scientificamerican.com/article/gas-station-heroin-is-a-dangerous-and-often-contaminated-supplement/>
<https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-consumers-not-purchase-or-use-neptunes-fix-or-any-tianeptine-product-due-serious-risks>

DEADLY DOSE



PART 1: Hundreds died using kratom in Florida. It was touted as safe.

By Helen Freund, Sam Ogozalek, Langston Taylor and Hannah Critchfield | Dec. 7, 2023

Tampa Bay Times

Investigation Findings:

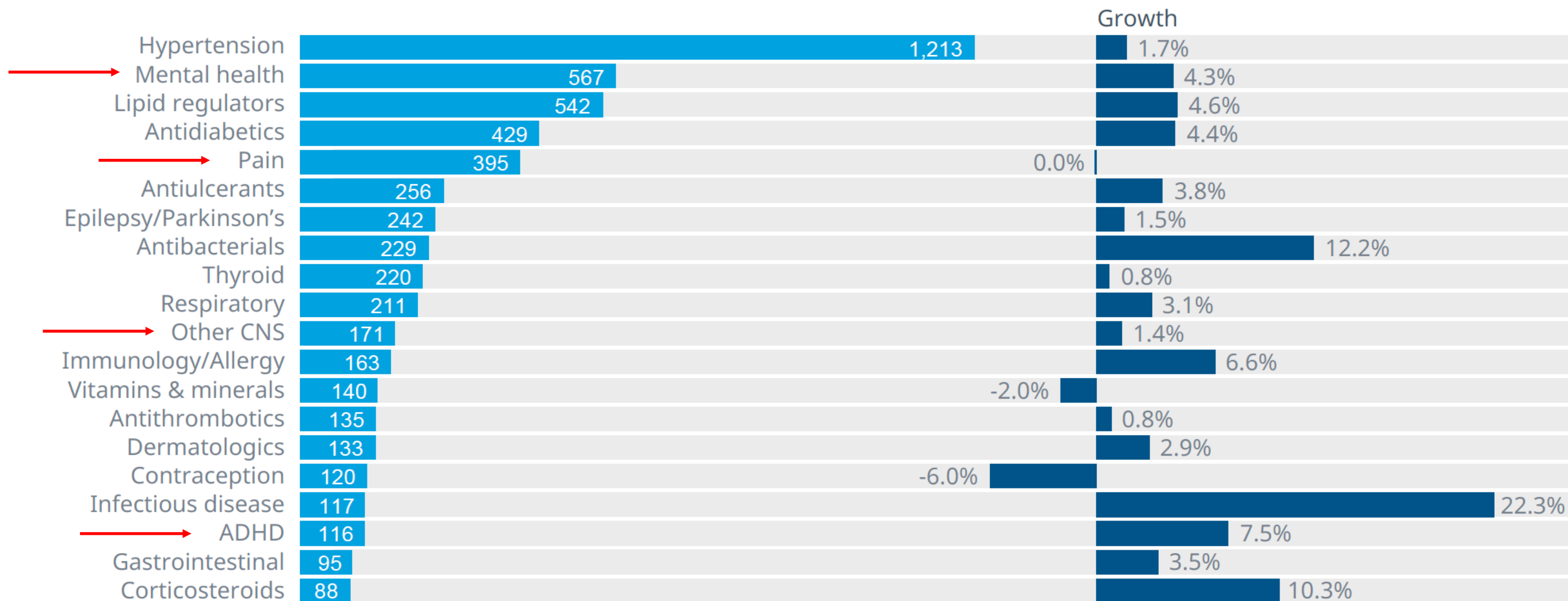
- Companies sell kratom without dosing instructions, a list of ingredients or, sometimes any label at all.
 - The majority of products tested by the Times failed to disclose their intensity on labels.
- Nine in 10 people who died had a substance in their system that could be harmful when mixed with kratom, including common medications used to treat anxiety or depression.
 - Companies market kratom as a safe way to escape opioid addiction, but people with a documented history of drug use accounted for the majority of kratom-only overdoses.

<https://project.tampabay.com/investigations/deadly-dose/kratom-overdose-deaths-florida-mitragynine-testing/>

U.S. Prescription Medication Trends

- Prescriptions dispensed through U.S. retail outlets reached 6.7 billion in 2022.
- Prescription drug use is associated with age, gender, race and ethnicity, income, and health status.
- Use of ADHD medicines grew 11% over the last five years, with women 20–64 now accounting for one third of prescriptions.
- Mental health prescriptions have increased since 2019, with girls under 19 seeing a 33% increase in use.
- Per capita prescription opioid use is down 64% since the peak in 2011, but overdose deaths continue to rise.

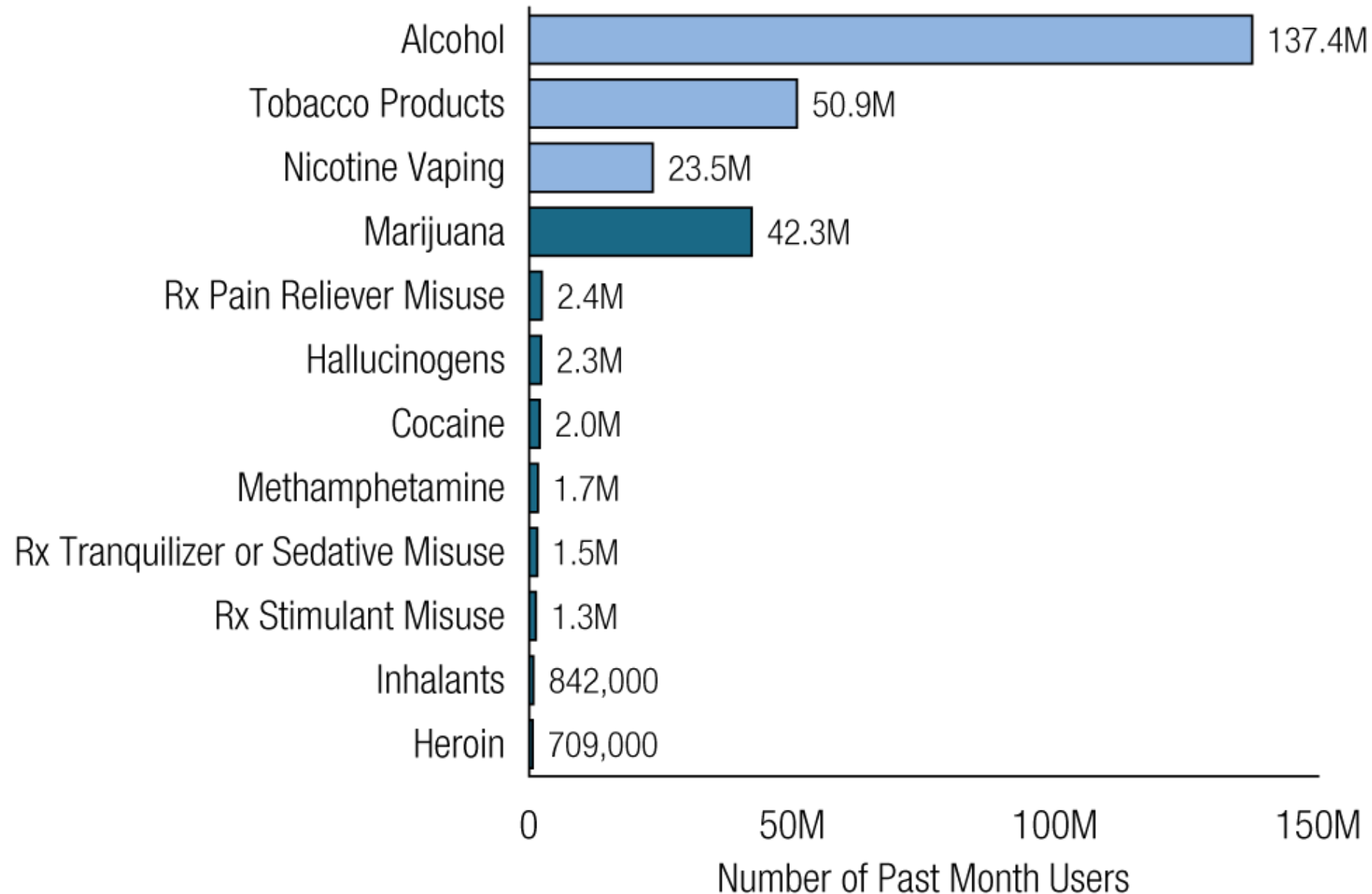
Exhibit 13: Adjusted dispensed prescriptions 2022 (Mn) and % growth from 2021



Source: IQVIA National Prescription Audit, Dec 2022; IQVIA Institute, Mar 2023.

2022 National Survey on Drug Use and Health

Past Month Substance Use: Among People Aged 12 or Older

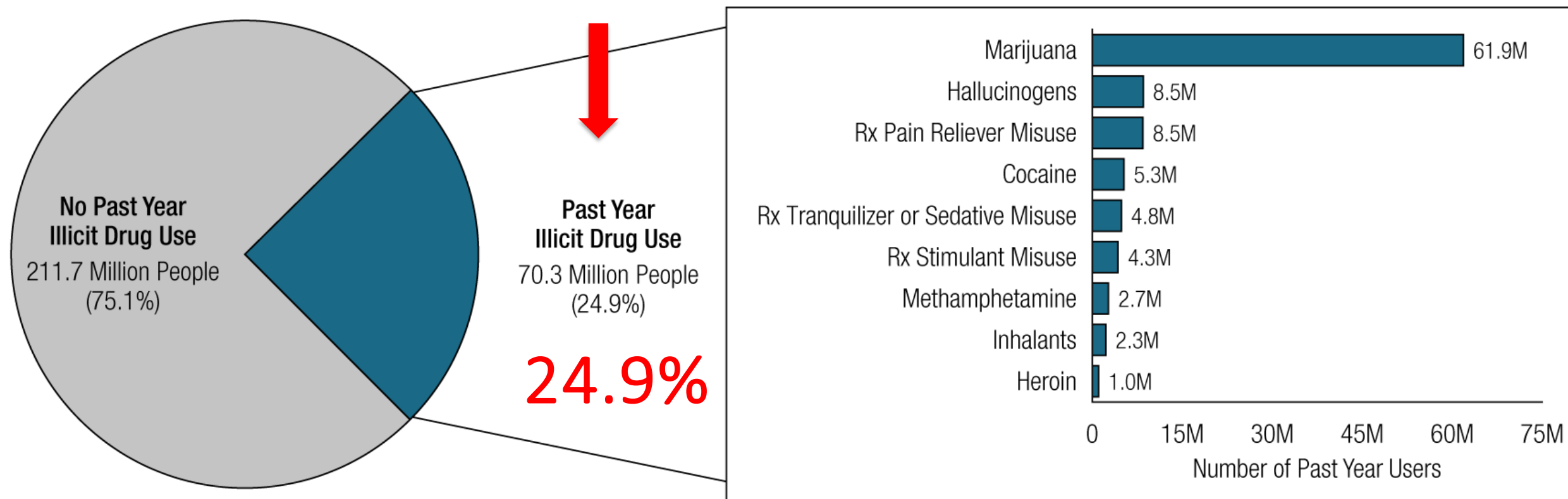


Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

2022 National Survey on Drug Use and Health

Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

2022 National Survey on Drug Use and Health Past Year Marijuana Use: Among People Aged 12 or Older

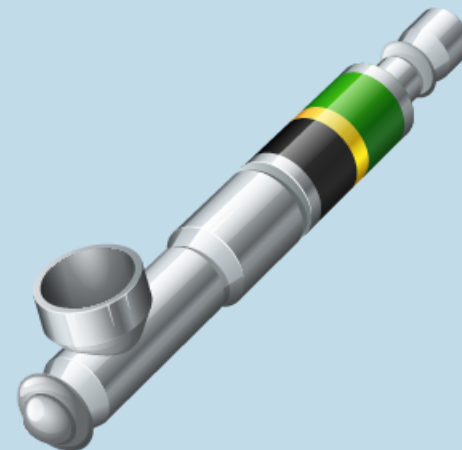


61.9 million
(22%) used marijuana
in the past year.

Among people 12 or older,
6.7 percent (or 19.0 million
people) had a marijuana use
disorder in the past year.

22.7 million vaped marijuana in the past year.

7.4 million
About 1 in 5
people aged 12 to 20 used
marijuana in the past year.



4.3 million
About 1 in 9
people aged 12 to 20 vaped
marijuana in the past year.



Drug Use in Past Year Among People Aged 12 or Older; by County Type and Drug Type 2022 National Survey on Drug Use and Health

County Type	Any Illicit Drug	Any Use of Opioids	Any Use of Fentanyl	Marijuana Use	Methamphetamine Use	CNS Stimulant Use*	Prescription Pain Reliever Use
Large Metro	25.6%	25.0%	0.9%	22.6%	0.8%	8.5%	24.9%
Small Metro	25.1	26.8	1.3	22.1	0.9	9.2	26.7
Nonmetro	21.9	30.3	1.4	19.0	1.5	7.9	30.3
- Urbanized	23.8	29.5	1.6	21.2	1.3	8.4	29.5
- Less Urbanized	20.6	30.5	1.3	17.5	1.7	7.6	30.4
- Completely Rural	19.6	33.8	1.2	16.3	1.4	7.3	33.8

*Any use of central nervous system stimulants includes the use of cocaine, the use of methamphetamine, or any use of prescription stimulants.

Discussion Question

What are some of the physical or psychological conditions you've observed among people who use higher amounts of drugs or use drugs more frequently?

High-Potency Cannabis Use and Effects

Evidence for an association between **high potency cannabis use** and mental health conditions such as anxiety, depression, and psychosis-like symptoms is mixed.

Researchers at the Colorado School of Public Health were asked by the state legislature to review studies examining the physical and mental health effects of **high-potency** THC marijuana and concentrates. After reviewing 452 studies, they found limited or moderate evidence supporting the most common health claims about high-potency cannabis and beneficial or adverse effects.

<https://news.cuanschutz.edu/news-stories/new-interactive-evidence-based-mapping-tool-gives-policymakers-more-insight-into-highly-concentrated-cannabis-products>

“The growing legalization bandwagon increases the urgency of good-quality research on both the benefits and adverse health effects of cannabis.”

- May 2023 editorial in the journal *Addiction*
<https://onlinelibrary.wiley.com/doi/10.1111/add.16267>

Stimulant Use and Effects

The most commonly used illicit stimulants are cocaine and methamphetamines. Other stimulants include MDMA (Ecstasy) and prescription medications.

Cocaine has a shorter half-life than methamphetamine, so it is absorbed, metabolized and excreted quicker (30-90 minutes). That can lead to more frequent use to get the same effect.

Cocaine inhibits the reuptake of dopamine in the brain, preventing it from being absorbed. Methamphetamine inhibits dopamine reuptake and increases dopamine release.

Stimulant use can improve attention and focus, but increased use can lead to mania, paranoia, delusions, hyper-sexuality, and other effects.

Withdrawal symptoms vary based on dependence, history of use, etc. They can be physical and psychological, including jitteriness, chills, hallucinations, intense cravings, depression, anxiety, body aches, sleep disruptions, and fatigue. Some can last for weeks or months.

What Is an Overdose?

Overdose (OD) happens when a toxic amount of a drug or combination of drugs overwhelms the body.

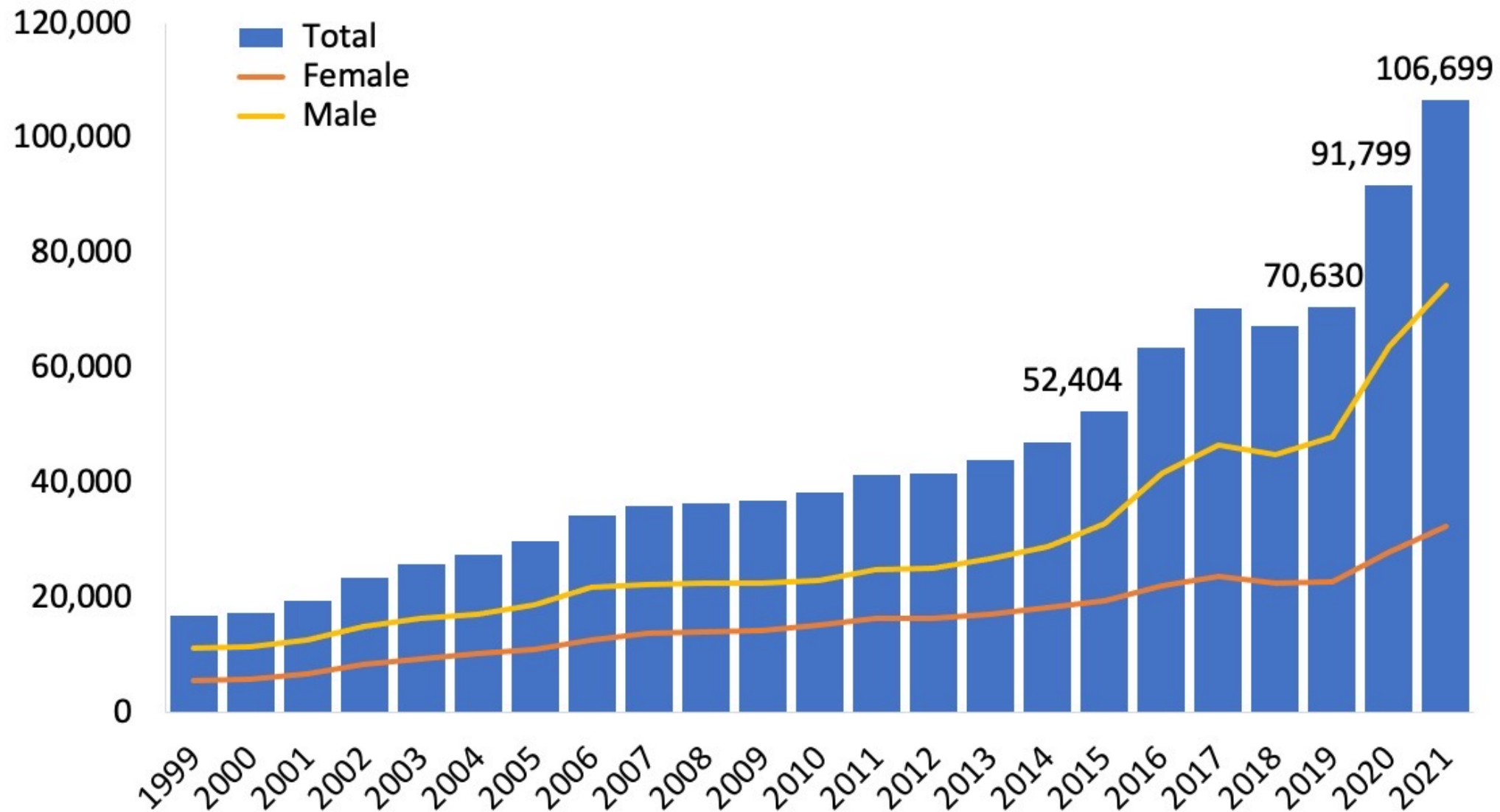
Opioid overdose: When large amounts of opioids, sometimes with other drugs, cause breathing to slow or stop.

- Opioids fit into receptors that also affect the drive to breathe.
- Oxygen levels in the blood decrease, eventually stopping other organs like the heart and brain.
- Leads to unconsciousness, coma, or death.

Stimulant overdose: Drugs like *speed*, *cocaine*, and *ecstasy* raise the heart rate, blood pressure, and body temperature, and speed up breathing.

- Can lead to a seizure, stroke, heart attack or death.
- Sometimes called “overamping.”

Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

National Drug-Involved Overdose Deaths, Number Among All Ages, 1999-2021

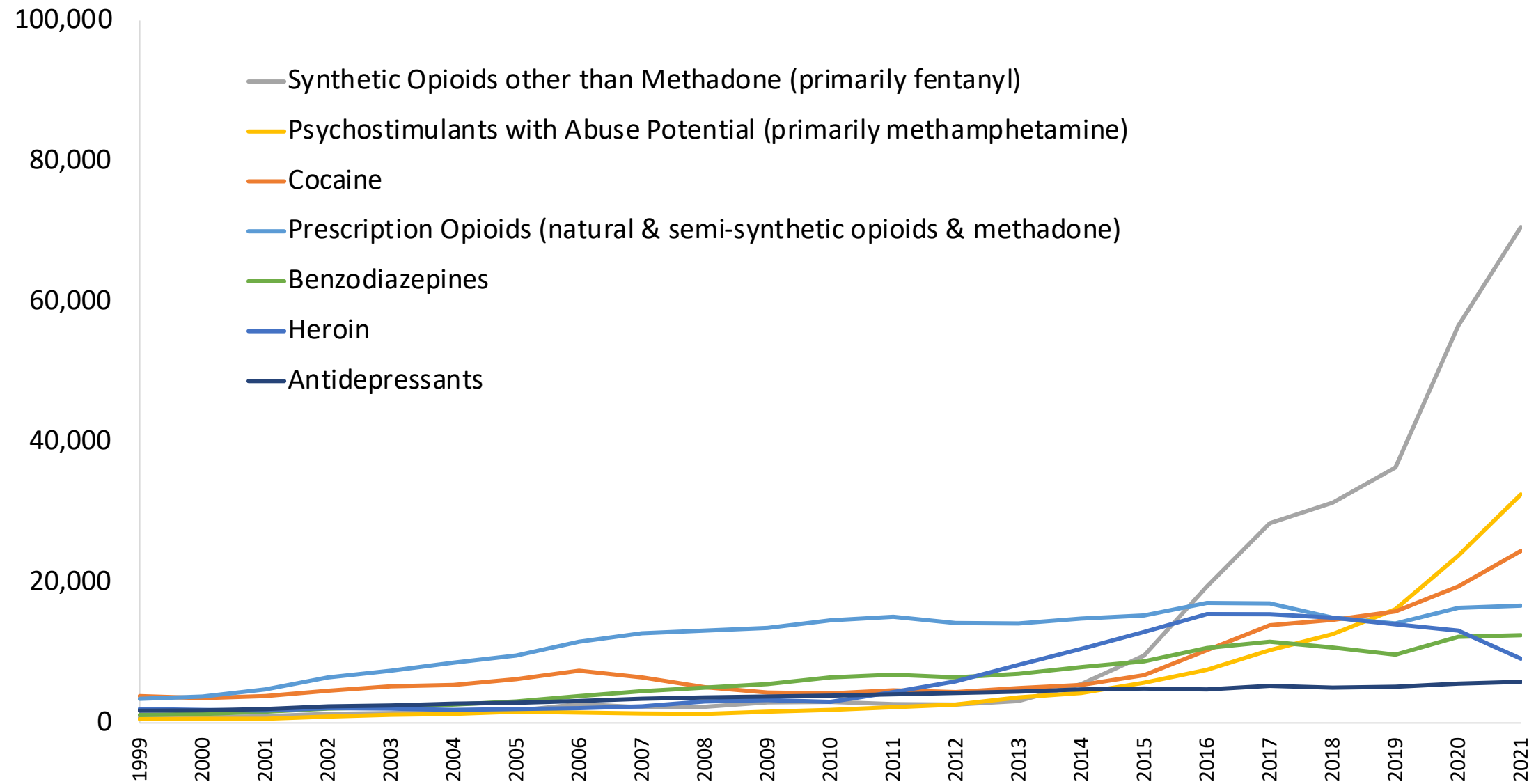
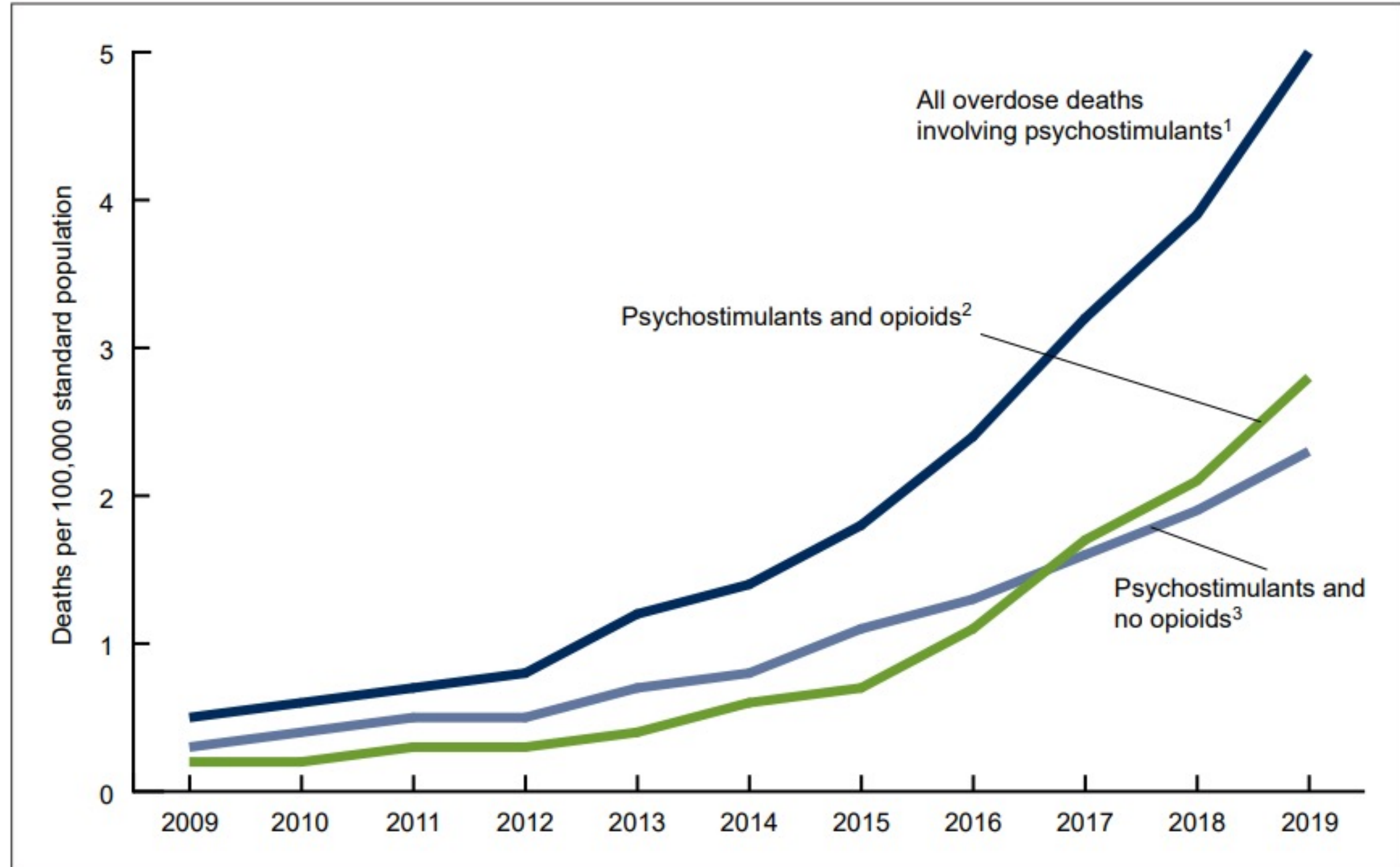


Figure 3. Age-adjusted rates of overdose deaths involving psychostimulants, by concurrent involvement of opioids: United States, 2009–2019



Average annual number of deaths from excessive alcohol use — United States, 2016–2021

Cause of death	2016–2017	2018–2019	2020–2021
<u>All causes*</u>	137,927	145,253	178,307
Chronic cause			
<u>All chronic causes</u>	88,587	95,462	<u>117,245</u>
100% alcohol-attributable (chronic) [¶]	32,937	35,819	48,972
Cancer**	16,123	16,686	17,072
Heart disease and stroke ^{††}	27,952	30,814	37,317
Liver, gallbladder, and pancreas ^{§§}	10,673	11,178	12,719
Other chronic cause ^{¶¶}	902	965	1,165
Acute cause			
<u>All acute causes</u>	49,340	49,791	<u>61,063</u>
Alcohol-related poisoning ^{***}	14,944	15,400	21,806
Motor vehicle traffic crash	13,009	12,579	15,055
Suicide ^{†††}	9,608	9,974	9,801
Other acute cause ^{§§§}	11,779	11,838	14,400

* Includes 58 causes of death related to alcohol use. Deaths from excessive alcohol use includes all decedents whose deaths were attributed to conditions that were fully caused by alcohol use, alcohol-related acute causes of death that involved binge drinking, and alcohol-related chronic conditions that involved medium (females: >1 to ≤2 drinks, males: >2 to ≤4 drinks) or high (females: >2 drinks, males: >4 drinks) daily average drinking levels.

*** Deaths from alcohol-related poisonings included those from alcohol poisoning (100% attributable to alcohol) and the portion of deaths from poisonings that involved another substance (e.g., drug overdoses) in addition to a high blood alcohol concentration (≥0.10%).

Nonfatal Overdoses: Estimates and Effects

- There are many more nonfatal overdoses than fatal overdoses.
 - In Maine, fatal overdoses represented 6.3% of all overdoses in 2023, and 6.9% in 2022.
- People who survive an overdose are more likely to experience a fatal overdose.
- Opioids are the most common substances found in nonfatal overdoses.
- Nonfatal overdoses can cause brain injuries, neurocognitive impairments (e.g. memory loss), and physical effects such as heart complications.
- Research suggests naloxone administration rates and overdose survival rates may be lower in less populated counties.

FAIR Health Analysis of Overdoses and Private Healthcare Claims

- In every year from 2016 to 2021, **males accounted for 62 to 63 percent of patients with a substance use disorder diagnosis**, while females made up 37 to 38 percent.
- Yet **females accounted for 60 to 61 percent of patients with an overdose diagnosis**, while males made up 39 to 40 percent. (Overdoses were not necessarily fatal.)
- Among patients who had a substance use disorder or overdose diagnosis in 2021, **65 percent had a preexisting mental health condition**. Generalized anxiety disorder and major depressive disorder were the two most common mental health diagnoses in this.
- During the six years of claim records FAIR Health analyzed, 1,673,091 patients had an overdose diagnosis (not necessarily fatal), an average of nearly 279,000 overdoses a year.

Based on an analysis of claims data for privately insured patients, including some Medicare Advantage (part C) enrollees but not participants in Medicare Parts A, B and D, Medicaid or people who are uninsured.

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/A%20Comparison%20of%20Substance%20Use%20Disorders%20before%20and%20during%20the%20COVID-19%20Pandemic%20-%20A%20FAIR%20Health%20White%20Paper.pdf>

FAIR Health Analysis of Overdoses Using Private Healthcare Claims

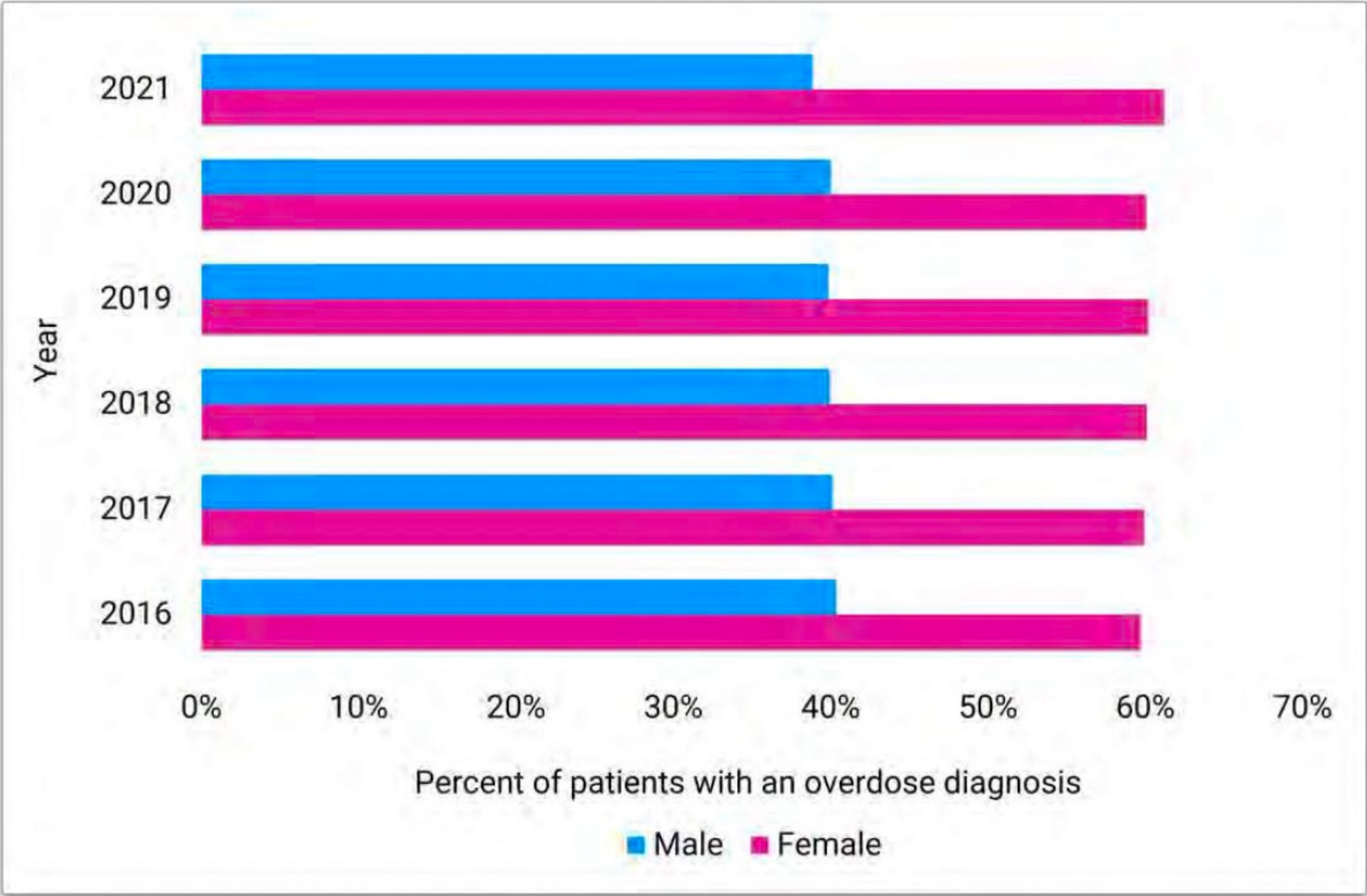


Figure 12. Percent of patients with an overdose diagnosis by gender, 2016-2021

Opioid Overdoses and Medicare Beneficiaries

About 50,400 Medicare Part D beneficiaries experienced an opioid overdose—from prescription opioids, illicit opioids, or both—during 2021. This number is likely higher in that additional beneficiaries could have overdosed but not received medical care that was billed to Medicare. That's an increase from 43,000 in 2020.

The number of Medicare Part D beneficiaries who received opioids in 2021 decreased to almost a quarter of beneficiaries, extending a downward trend from prior years. Fewer Part D beneficiaries were identified as receiving high amounts of opioids or at serious risk.

Over 1 million Medicare beneficiaries had a diagnosis of opioid use disorder in 2021, and fewer than 1 in 5 of them received medication to treat their disorder. At the same time, the number of Part D beneficiaries receiving naloxone increased.

U.S. Dept. of Health and Human Services Office of Inspector General

<https://oig.hhs.gov/oei/reports/OEI-02-22-00390.asp>

Poll Question

Have you ever participated in a training to learn about overdose risks and how to use naloxone (Narcan)?

1) Yes

2) No

3) Not sure

Discussion Question

What are some risk factors for an overdose?

Overdose Risk Factors

Mixing Drugs: Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or benzodiazepines (like Klonopin, Valium, or Xanax).

Change in Tolerance: The body's ability to process a certain amount of a drug can decrease rapidly after a break from using – e.g. while in treatment or jail.

Strength & Content of Drugs: Street drugs often contain other drugs or materials that can be dangerous, including fentanyl.

Using Alone: Increases the chance of fatally overdosing because there is no one there to help, administer naloxone, or call 911.

Previous Non-Fatal Overdose: People who have overdosed before are at risk for another overdose.

Overdose Risks and Prescription Medications

- Mixing prescription opioids with alcohol and/or other depressant medications like benzodiazepines or tranquilizers can greatly increase the risk of overdose.
- Studies have found increases in overdoses involving [benzodiazepines](#), a sedative often prescribed for anxiety, and [gabapentin](#), an anticonvulsant medication also used to treat nerve pain.
- Noting that gabapentin prescribing has been increasing, the CDC has warned about the risk of overdose when it's taken with other central nervous system depressants like opioids.
- Health officials encourage securing medications at home and making a plan to dispose of excess medications that aren't used, e.g. returning them to a pharmacy.

Trends in Nonfatal and Fatal Overdoses Involving Benzodiazepines —2019–2020

- From 2019 to 2020, benzodiazepine overdose visits per 100,000 emergency department visits increased (23.7%), both with (34.4%) and without (21.0%) opioid co-involvement.
- From April–June 2019 to April–June 2020, prescription and illicit benzodiazepine-involved overdose deaths increased 21.8% and 519.6%, respectively.
- During January–June 2020, 92.7% of benzodiazepine-involved deaths also involved opioids, and 66.7% involved illicitly manufactured fentanyl.

Liu et al., 2021 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7034a2.htm>

Signs of an Overdose

- **Loss of consciousness** or unresponsive to outside stimulus.
- Awake, but **unable to talk**.
- **Breathing is very slow** and shallow, erratic, or has stopped.
- For lighter skinned people, the **skin tone turns blue or purple**; for darker skinned people, it turns **gray or ashen**.
- **Choking sounds**, a gurgling noise, or vomiting.
- **Fingernails and lips turn blue** or purplish black.
- **Pulse (heartbeat) is slow**, erratic, or not there at all.

Discussion Question

What are some strategies people can use to reduce their risk of an overdose?

Strategies to Reduce Overdose Risks



Carrying naloxone (Narcan) to reverse an overdose and knowing how to use it.

Avoiding mixing different drugs, including alcohol.



Using with someone or calling a hotline: **1-877-696-1996**

www.neverusealone.com



Testing drugs with fentanyl or xylazine test strips.

ABOUT NALOXONE (NARCAN)

Naloxone is a safe medication that can reverse the effects of an opioid overdose.

It only works on **opioids** (such as heroin, fentanyl and prescription painkillers) but is **safe to use**, even if opioids aren't present.

Check for responsiveness before giving naloxone:

- Shout loudly in the person's ear.
- If no response, grind your knuckles into their breastbone (sternal rub).



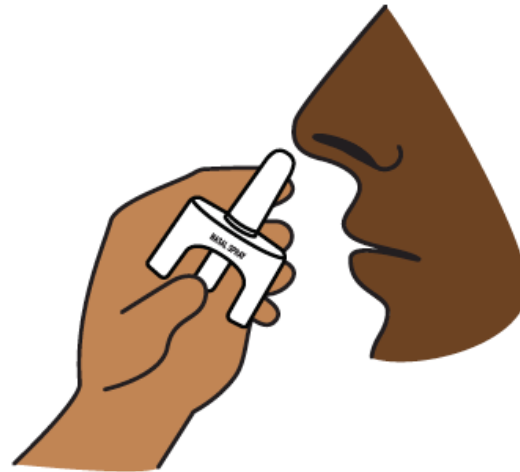
If there is no response to the sternal rub, it's an emergency!

OVERDOSE RESPONSE STEPS

- 1. Call 911 for medical help:** Tell them someone is not breathing.
- 2. Give naloxone:** Do NOT test device—each device can only be used once.



Peel



Place



Press

No assembly needed. Spray in one nostril by pushing plunger.

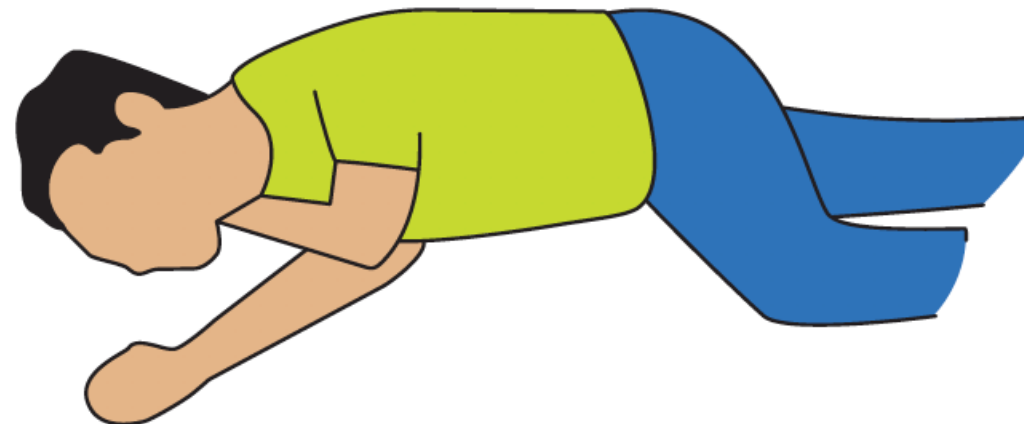
If no response in 2 minutes, give a second dose.

3. As soon as possible, give rescue breaths or CPR if you know how. Kit contains a face shield.

- Tilt head back and pinch nose.
- Give two breaths, watching for chest rise.
- Continue giving one breath every five seconds.



4. Recovery position: When not giving naloxone or rescue breaths, put the person on their side to prevent choking.



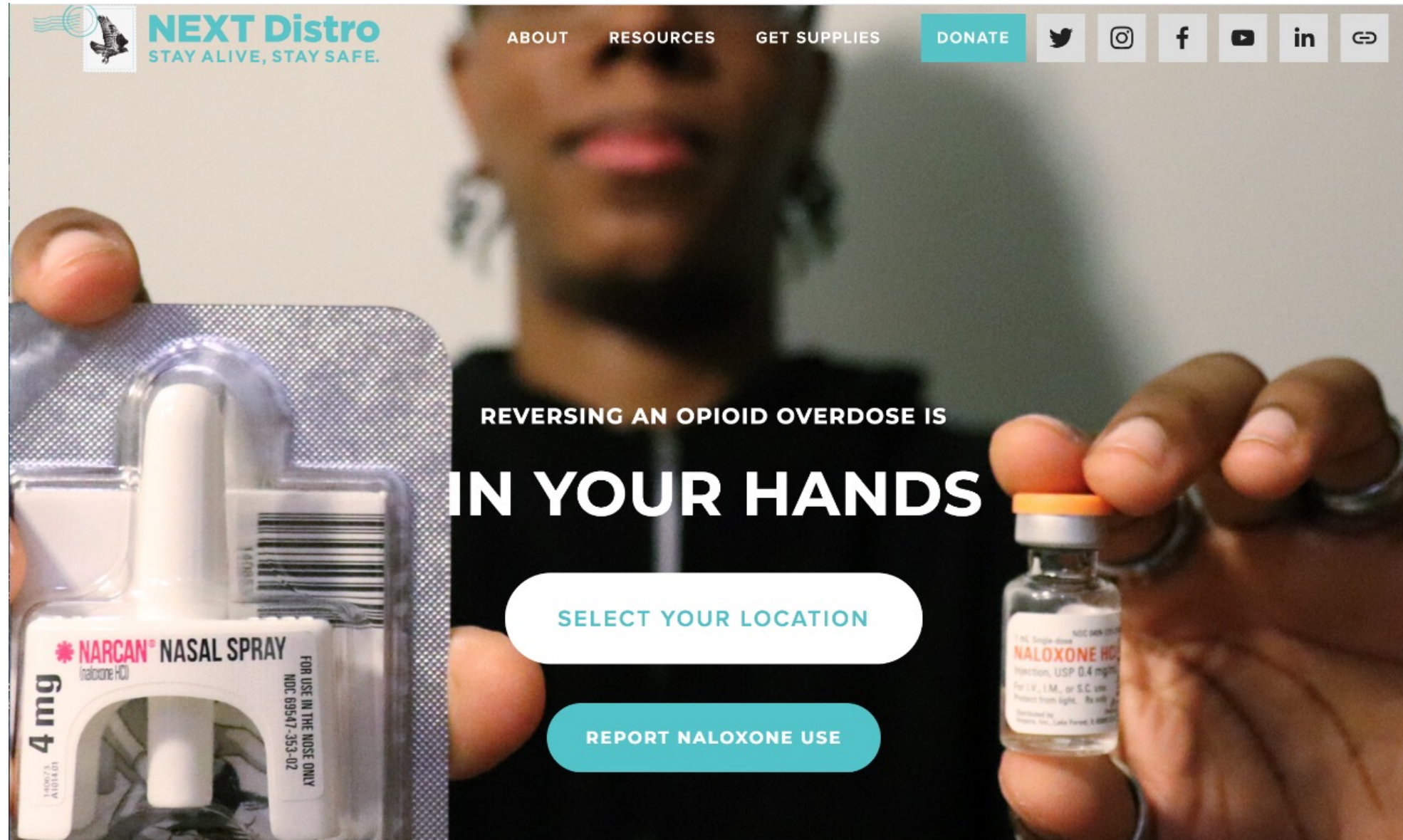
AFTER GIVING NALOXONE

Stay with the person until medical help arrives.

- Naloxone works for 30 to 90 minutes and may cause withdrawal symptoms until it wears off.
- Using more drugs is unlikely to reduce withdrawal but may increase risk for another overdose.

Naloxone is available without a prescription in any U.S. state, Washington, D.C. and Puerto Rico. Check with your insurance company to see if it's covered.

You can purchase naloxone at many pharmacies, or you may be able to get it for free from your state or local health department and many community-based organizations.



NEXT Distro offers a tool listing resources in all 50 states, including information about where to get naloxone, find overdose education and training, and connect with harm reduction and treatment services.

<https://nextdistro.org/naloxone#state-finder>



NEXT Distro
STAY ALIVE, STAY SAFE.

Example: List of Resources in New Jersey



- How to request naloxone and fentanyl test strips by mail.
- Pharmacies participating in New Jersey's Naloxone365 free Narcan program.
- Where to find a local syringe service program, which typically offers other health and testing services and connections to treatment.
- Link to a calendar of NJ naloxone and overdose response trainings.
- Information about ReachNJ, a 24/7 hotline for support from trained addiction counselors.
- Plus other resources in New Jersey.



Pharmacy



Syringe Exchange



Good Samaritan
Policy



Naloxone Training
Calendar



Organizing



Telephone Hotline

<https://nextdistro.org/newjersey>



Department
of Health

Community Calendar of Opioid Overdose Prevention Trainings

New York State has more than **2,600 pharmacies** that **provide naloxone** to individuals without a prescription.

If you have insurance with prescription drug coverage, New York's **Naloxone Co-payment Assistance Program (N-CAP)** pays up to \$40 toward the cost of a co-payment for naloxone.

To learn more and find a pharmacy that has naloxone (including many CVS, Rite Aid, Walgreens, Walmart, Wegmans, and Stop and Shop locations) visit:

www.health.ny.gov/overdose

Community opioid overdose trainings are offered throughout New York State, in person and online.

Participants can expect to learn:

- Signs and symptoms of an opioid overdose.
- How to respond to an overdose and administer naloxone.
- Where to get naloxone.
- Protections offered by NY State's 911 Good Samaritan Law.

<https://www.nyoverdose.org/Home/Calendar>



Billboard in northern Michigan.



Vending machine in Dunkirk, NY.

Good Samaritan Laws and Overdose Situations

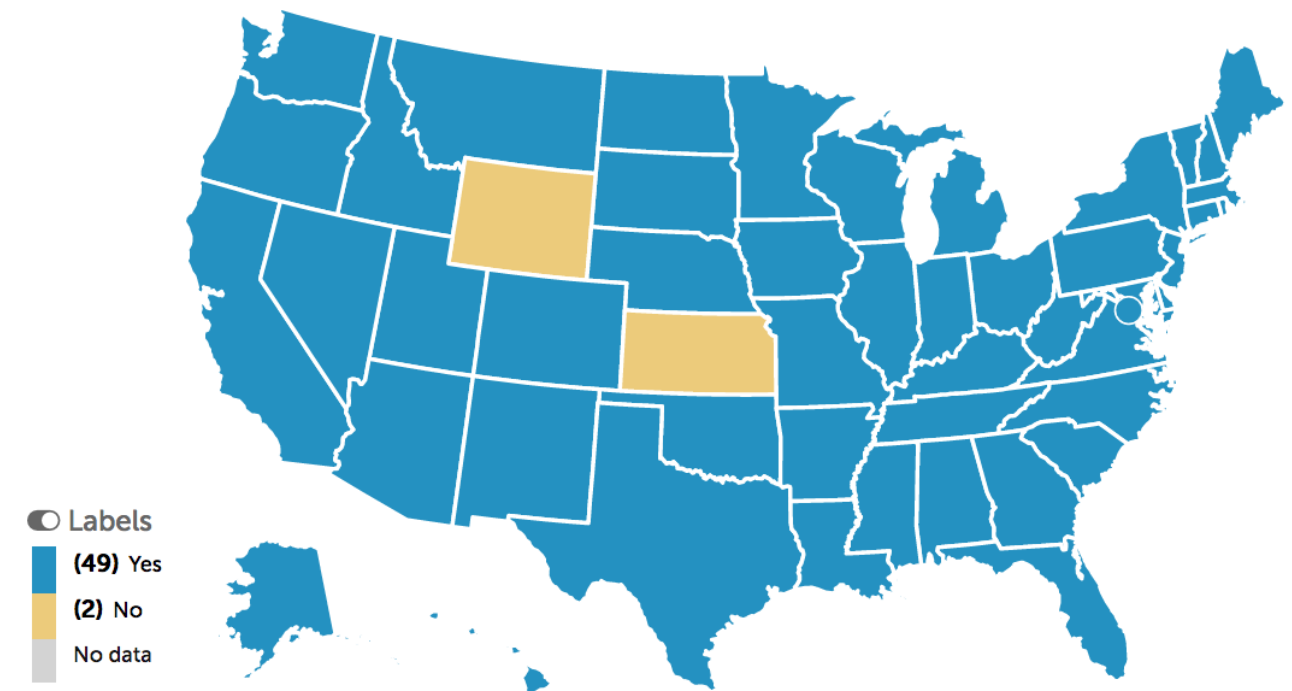
Most states have enacted "Good Samaritan" laws that create immunities or other legal protections for people who call 911 in the event of an overdose to encourage bystanders who may otherwise not be willing to call for fear of being arrested for drug-related crimes.

Some states have comprehensive laws that provide broad protection, while others have passed laws that consider seeking medical assistance for a person experiencing an overdose as an affirmative defense, or as a mitigating factor during sentencing.

NY law: www.health.ny.gov/publications/0139.pdf

State laws: <https://www.networkforphl.org/wp-content/uploads/2023/07/Legal-Interventions-to-Reduce-Overdose-Mortality-Overdose-Good-Samaritan-Laws-2.pdf>

1/1/23 Does the jurisdiction have a drug overdose Good Samaritan Law?



Center for Public Health Law Research

Describes Good Samaritan Laws in 48 states (except Kansas and Wyoming), as of Jan. 2023.

<https://pdaps.org/datasets/good-samaritan-overdose-laws-1501695153>

Any Questions?

Next workshop:

**Harm Reduction Principles, Strategies, and Benefits
Wednesday, April 24 from 11:00 am – 12:30 pm ET**

We'll discuss harm reduction principles and strategies, hesitations about harm reduction, and how harm reduction services can connect people to other types of care.

We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

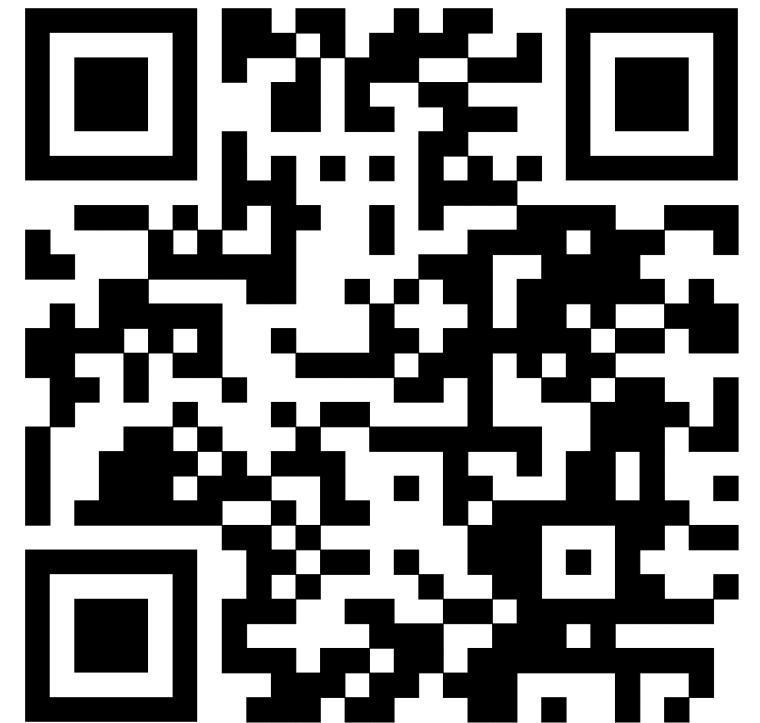


Survey Opportunity

We're conducting a survey to increase understanding of the experience, knowledge, attitudes, and **perceived needs of mental health providers in delivering services and supports to individuals who are blind or visually impaired.**

Participation is anonymous!

Participation in the study involves the completion of a short 15-minute survey and qualifies you for a **chance (via raffle) to win a \$25.00 Amazon gift card** (not paid for with grant funds).



Connect With Us

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<https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

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Twitter: @necmhttc

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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