

LIVE. LONG. DC.



Community Conversation



Learning Objectives

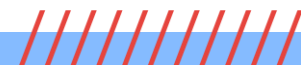
At the end of this session, the participant will be able to:

1. Define Opioids;
2. List different types of opioids;
3. Describe the opioid crisis in the District of Columbia;
4. Discuss how fentanyl is the leading cause of opioid overdose;
5. Give examples of Harm Reduction;
6. Define MAT;
7. Discuss the problems with detoxification in treating opioid addiction;
8. Describe treatment issues with MAT;
9. Identify signs of Opioid Overdose;
10. Discuss the benefits of the Good Samaritan Act.

Opioids

What are opioids?

- Opioids naturally originate from the opium poppy plant.
- Opioids are commonly used to block pain signals between the brain and the body.
- Opioids can also make people feel relaxed, happy or “high,” and can be addictive.
- Additional side effects can include slowed breathing, constipation, nausea, confusion and drowsiness.



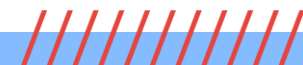
What types of drugs are opioids?

Opioids are a class of drugs that include (amongst many others):

- Heroin
- Fentanyl
- Oxycodone (OxyContin)
- Hydrocodone (Vicodin)
- Codeine
- Morphine

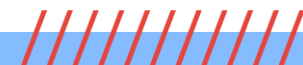
What does opioid use look like in the District?

- There was a 178% increase in fatal overdoses in DC between 2014-2016, the majority (71%) involved fentanyl.
- 80% of all opioid overdoses were among adults aged 40-69
- Demographics of people who died from an opioid overdose in DC:
 - 81% Black
 - 74% male
 - Most likely to live (or use) in Wards 7 and 8
- Opioid users in DC are more likely to be:
- Older in age, especially older Black men
 - 22% using for more than 40 years
 - 59% for more than 25 years
 - 88% for more than 10 years



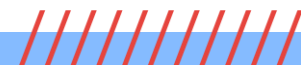
What is Fentanyl?

- Fentanyl is a synthetic opioid that is 50-100 times more potent than morphine.
- Fentanyl is the leading cause of opioid overdose.
- Carfentanil is 100 times more potent than fentanyl - or 10,000 times more potent than morphine.



Mixing drugs increases risk of overdose

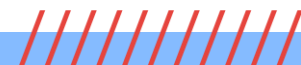
- Mixing Opioids w/ other depressants (e.g., alcohol, benzos, etc.)
 - Central Nervous System depressants have additive effects.
- Higher risk for overdosing because:
 - the body has to process more drugs
 - the stimulant causes the body to use more oxygen while the depressant reduces the breathing rate



Harm Reduction

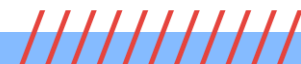
What is a Harm Reduction Approach?

- Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence.
- Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.



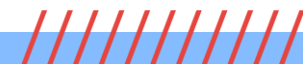
What Harm Reduction is NOT

- Whatever happens, happens.
- Simply meeting the person where they are, but going beyond to help them change behavior and reduce their risk of harm.
- Helping a person who has gotten off drugs to start using again.
- Condoning, endorsing, or encouraging drug use.
- An attempt to minimize or ignore the real and tragic harm and danger associated with drug use



Harm Reduction for Opioid Abuse

- Harm reduction strategies can be used to address opioid abuse or *Opioid Use Disorder* (OUD).
- Examples:
 - Safe Injection Sites- locations where medical supervision (e.g. sterile syringes, overdose-reversal drugs, etc.) is provided for people who want to inject pre-obtained drugs.
 - Naloxone (NARCAN[®])- overdose reversal drug
 - Medication Assisted Treatment



What is Naloxone?

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse / block the effects of other opioids.



Medication Assisted Treatment

- **Medication Assisted Treatment (MAT):** The use of a medication to help promote recovery
- **What medications:** agonist (methadone), partial agonist (buprenorphine), long-acting injectable antagonist (naltrexone; Vivitrol[®])
- **Medications: platform to support recovery;** combine with behavioral counseling
- **MAT improves health and reduces drug use, overdose and infectious disease transmission risk, criminal activity**
- Strongest evidence for MAT with methadone or buprenorphine

MAT

- At sufficient doses, methadone/buprenorphine:
 - Prevent withdrawal
 - Block or decrease drug craving
 - Block/decrease euphoric effects of opioids
 - Reduce overdose risk
 - Decrease heroin or other illicit opioid use
- Other MAT benefits
 - Reduces HIV Transmission
 - Reduces Mortality Risks
 - More Effective than Detoxification

Detoxification

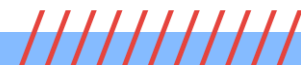
Detoxification treatment does not work for a significant number of people suffering from OUD.

- In a study* of 149 patients in a Irish 6-week residential treatment program:
 - Within one week of discharge, 72 (66%) had lapsed and 64 (59%) had relapsed
 - 5 of the 149 patients died during the 6-month follow-up period
 - 48 % died in a 33-year follow-up of the patients
 - **Overdose (and infectious disease) risk substantially increased following detoxification or incarceration!**

*Source: Smyth, B. P., et al. "Lapse and relapse following inpatient treatment of opiate dependence." *Irish medical journal* (2010).

Treatment issues with MAT

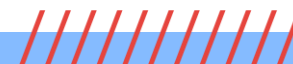
- How long should treatment last?
 - High relapse, overdose risk following discontinuation of MAT (even after 6 months of MAT):
 - High for heroin users, prescription opioid users, adolescents
 - At least a few years; longer for most; lifetime for many. Shared decision-making; it's patient's life that is at stake
- What if patient uses opioids or other drugs during treatment? Should treatment be discontinued?
 - Stuttering start, “hiccups” common especially early in treatment
 - Lapse ≠ Relapse; Use ≠ Reason to discharge
 - MAT decreases risks, even if person continues some drug use



Opioid Overdose Reversal

Know the signs: What does an opioid overdose look like?

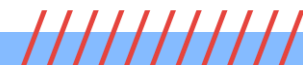
- Opioids affect the part of the brain that regulates breathing. Therefore, an opioid overdose leads to respiratory failure.
- Signs of an opioid overdose:
 - Breathing slows or stops
 - Unconsciousness (“falling out”)
 - Pinpoint pupils



What do you do when someone is overdosing?

- Try to wake them up
- Use Naloxone - if (and only if) they are completely unresponsive
- Call 911
- Rescue breathing
- Stay with them for at least 1-2 hours

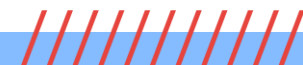
Anyone providing aid in good faith to an overdose victim is protected by the Good Samaritan Act.



District of Columbia Good Samaritan Act



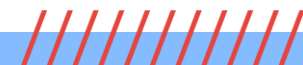
“Any person who in good faith renders emergency medical care or assistance to an injured person at the scene of an accident or other emergency in the District of Columbia outside of a hospital, without the expectation of receiving or intending to seek compensation from such injured person for such service, shall not be liable in civil damages for any act or omission, not constituting gross negligence, in the course of rendering such care or assistance.”



Benefits of the Good Samaritan Act

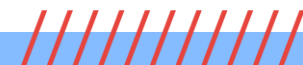


Reducing barriers to calling 911 has the potential to save victims of overdose from severe injury and death.



Closing

- After this presentation tonight, how do you feel about the use of Medicated Assisted Treatment (MAT), harm reduction, and Narcan availability as a method to confront the opioid epidemic?
- What are the ongoing resources, programs, strategies, or events do you feel are needed to address opioid use disorder in our community?



Overdose Prevention Training

LIVE. LONG. DC.