



International Overdose Awareness Day August 31, 2015

Statewide TASC Substance Abuse Evaluators' Educational Presentation

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Prevalence of Overdose Deaths per Centers for Disease Control

- Approximately 120 people die each day in the United States of a drug overdose
- Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013
- Heroin-involved overdose deaths nearly doubled between 2011 and 2013; more than 8,200 people died in 2013 alone
- Heroin overdose rate has nearly tripled in the US between 2010 to 2015
- 1 in 50 heroin users will die this year
- New Jersey recorded 741 heroin related deaths 2013, 8.3 deaths per 100k, which is 3x the national average of 2.6 per 100k (CDC)
- New Jersey heroin deaths increased to 781 in 2014, with 143 Fentanyl deaths (CDC)

Heroin & Opiate Prevalence

New Jersey Judiciary Clients 2007-2015

| Calendar Year | % of Evals Heroin Primary | % of Evals Heroin Plus Pills Primary | Total Opiate Primary |
|-----------------|---------------------------|--------------------------------------|----------------------|
| | | | |
| 2007 (May-Dec) | 20% | 24% | 44% |
| 2008 | 17% | 21% | 38% |
| 2009 | 19% | 24% | 43% |
| 2010 | 18% | 24% | 42% |
| 2011 | 17% | 25% | 42% |
| 2012 | 19% | 27% | 46% |
| 2013 | 24% | 32% | 56% |
| 2014 | 26% | 33% | 59% |
| 2015 (Jan-June) | 26% | 33% | 59% |

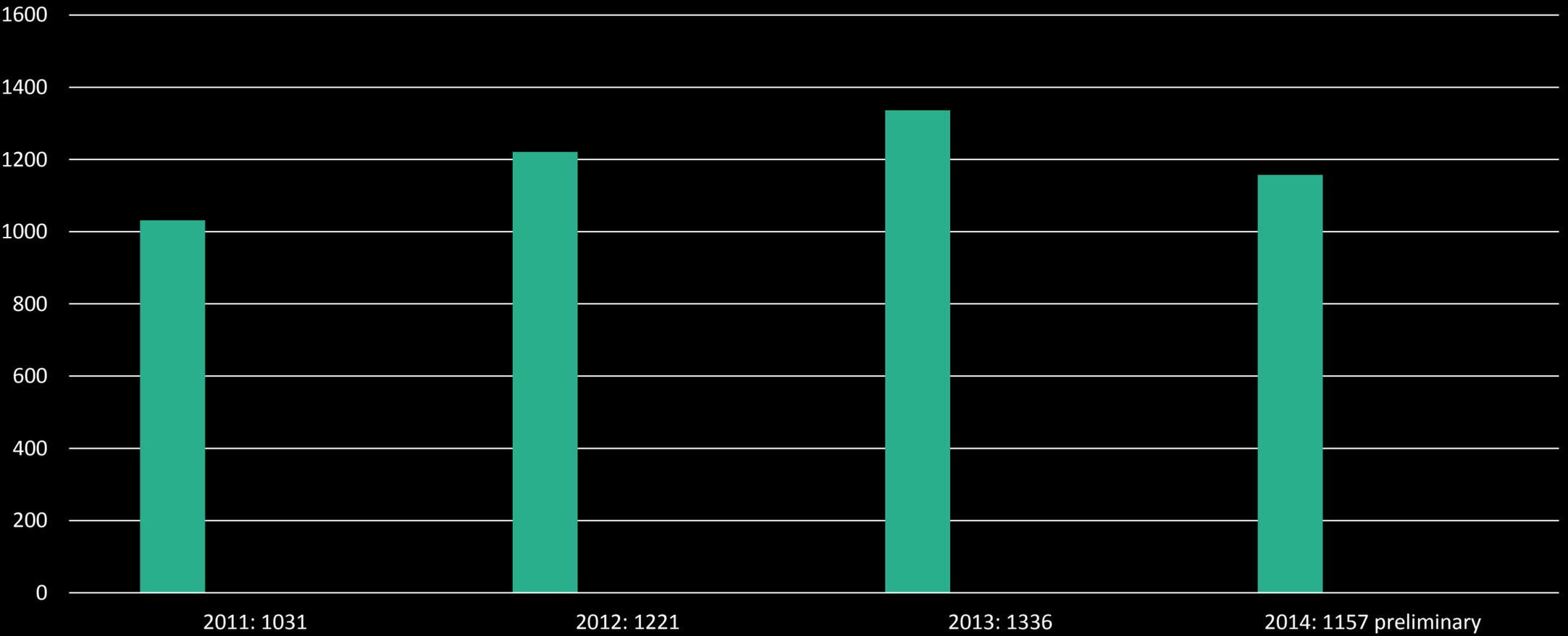
State Police Drug Monitoring Initiative 2014 Annual Report



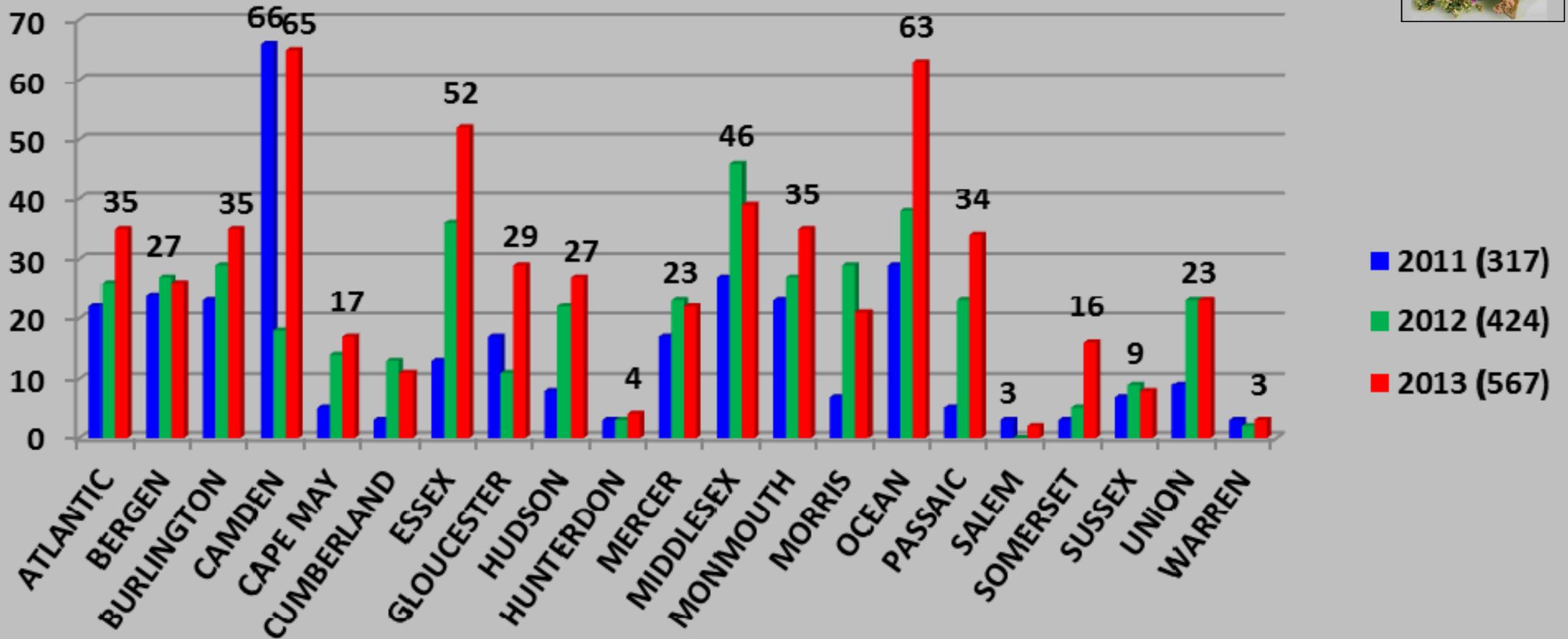
- Drug-related deaths increased 30% from 1,031 in 2011 to 1,336 in 2013.
- Of the 1,336 total drug-related deaths in 2013, toxicology results identified 1,300 incidents of opiate derived drugs. (Multiple incidents of opiates were found in some drug-related deaths)
- Increase in heroin-related deaths accounted for 82% of the total drug-related deaths
- Fentanyl-related deaths increased 189% from 2013 to 2014, based on partial 2014 available data.



Total New Jersey Drug-Related Use Deaths

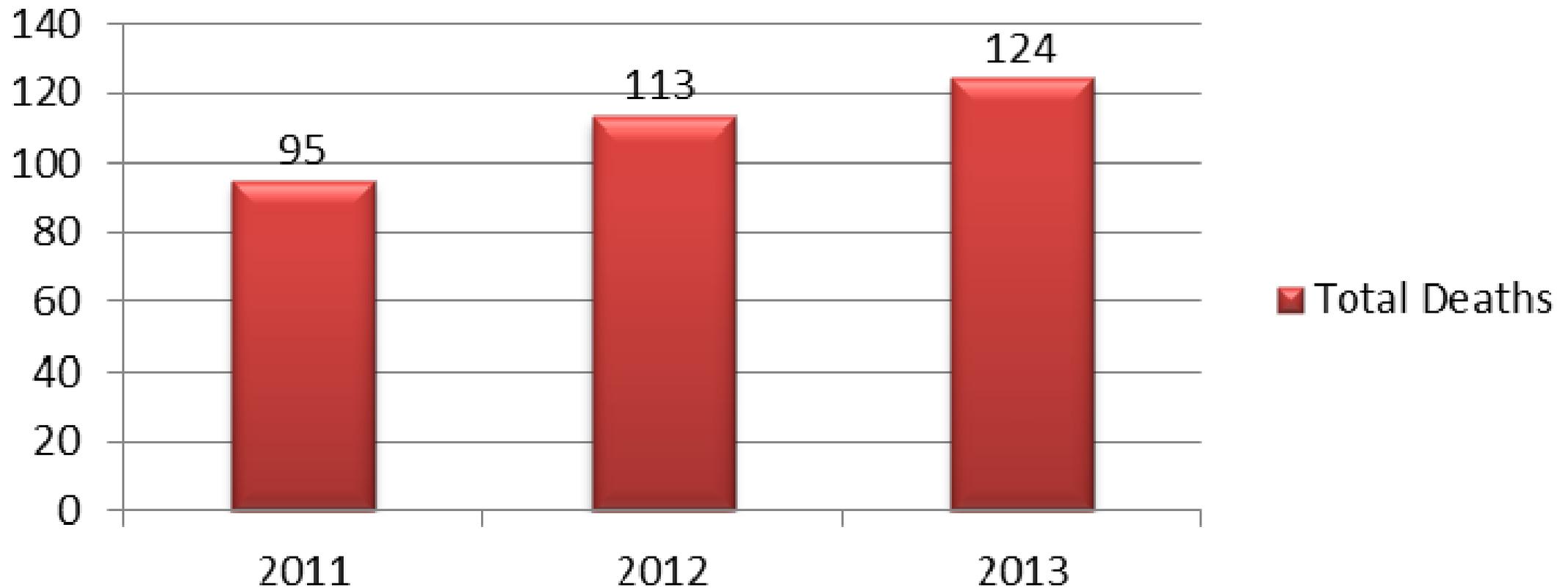


Heroin-Involved Deaths: 2011, 2012, 2013





Total NJ Prescription Drug-Related Deaths

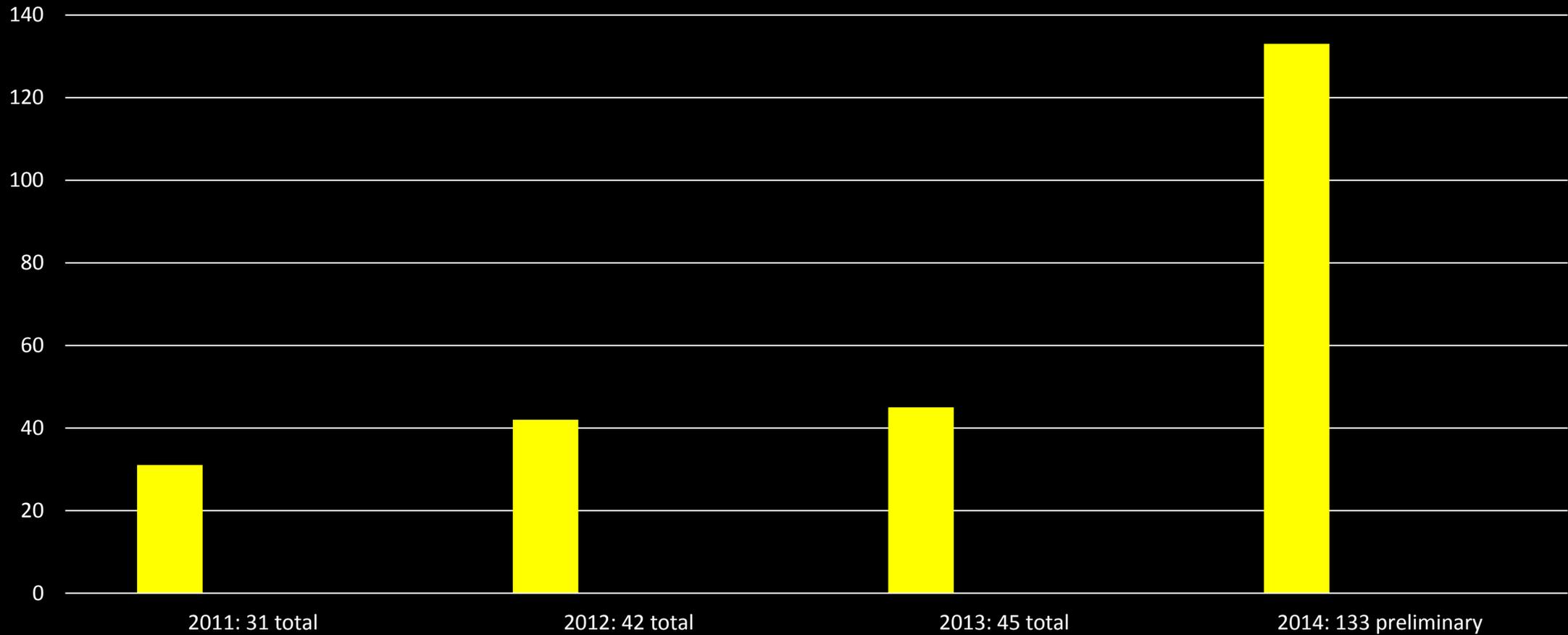


Fentanyl



- Fentanyl is approximately 15 to 20 times more potent than heroin
- A significant factor in the increasing number of overdoses in New Jersey.
- According to preliminary State Medical Examiner data, fentanyl-related deaths increased 189% between 2013 (46) and 2014 (133).
- Historically, fentanyl was utilized as an adulterant to increase heroin's potency, and thus its appeal. More recently, dealers have been selling glassines containing fentanyl without heroin.
- Law enforcement intelligence indicates that Mexican cartels are exploiting this new market and supplying it by importing non-pharmaceutical grade fentanyl. Acetyl-fentanyl, an analog of fentanyl, which may be as much as five to 15 times stronger than heroin, is also increasingly being seen in New Jersey.

Fentanyl-Involved Deaths



Who Is at Risk for Overdose?

Persons Who...

- Use opioids or heroin are at risk for opioid overdose
- Receive rotating opioid pain medication regimens (and thus are at risk for incomplete cross-tolerance)
- Have been discharged from emergency medical care following opioid intoxication or poisoning
- Have a legitimate medical need for analgesia, coupled with a history of substance use disorder or non-medical use of medications
- Completed opioid detoxification or abstinent for a period of time (and presumably with reduced opioid tolerance and high risk of relapse to opioid use)
- Were recently released from incarceration and a past user of opioids (and presumably with reduced opioid tolerance and high risk of relapse to opioid use)
- 2-6x overdose risk post jail (NADCP)
- 5 days in jail = 2x overdose risk (NADCP)

Additional Overdose Risk Factors

- Extended abstinence followed by use
 - The brain has begun to recover from the alterations that lead to increased tolerance; tolerance is lowered with abstinence, so it takes less opiates to shut down respiratory and cardiac functions
- Overdose history
 - Users who previously overdosed are higher risk, since overdose sensitizes the brain to repeat
- Mixing opiates with other substances
 - Use of licit or illicit opiates (heroin, narcotic pills) in conjunction with alcohol, benzodiazepines (i.e.: Xanax), Methadone, barbiturates, and/or other sedating substances elevates chances of overdose
- Medication Assisted Treatment, MAT (Methadone, Suboxone, Vivitrol)
 - MAT often used to decrease craving for illicit opiates paradoxically results in decreased tolerance during abstinence from heroin, and thus increased overdose risk
 - Vivitrol blocks opiate receptors, preventing opiate users from getting high; it is possible to use enough opiates to over-ride the block— but the amount needed to over-ride can lead to overdose
 - Synergistic effects of Methadone with continued use of heroin/opiates heightens overdose risk
- Adulterants added to heroin
 - Fentanyl, Cocaine, Acetyl-Fentanyl, Methamphetamine, Tramadol are more commonly being cut into heroin, rendering higher overdose risk and potentially diminished life-saving effects of Naloxone

Tolerance Defined

- *Tolerance* develops when someone uses an opioid drug regularly, so that their body becomes accustomed to the drug and needs a larger or more frequent dose to continue to experience the same effect.
- *Loss of tolerance* occurs when someone stops taking an opioid after long-term use. When someone loses tolerance and then takes the opioid drug again, they can experience serious adverse effects, including overdose, even if they take an amount that caused them no problem in the past.

Symptoms of an Overdose

1. Slow and shallow breathing
2. Very sleepy and unable to talk, or unconscious
3. Skin color is blue or grayish, with dark lips and fingernails
4. Snoring or gurgling sounds

Because opioids depress respiratory function and breathing, one telltale sign of an individual in a critical medical state is the “death rattle.” Often mistaken for snoring, the “death rattle” is an exhaled breath with a very distinct, labored sound coming from the throat. It indicates that emergency resuscitation is needed immediately. (“Overdose Toolkit”, SAMHSA)

Opioid Overdose Resuscitation

If There Are Symptoms of an Overdose

1. Lightly tap, shake, and shout at the person to get a response. If still no response, rub knuckles on the breast bone.
2. If the person responds, keep them awake.
3. Call 911.

Opioid overdose is a medical emergency. Overdose can cause coma or death within minutes. When calling 911, state that it's an overdose so responders can bring Narcan (Naloxone). Stay with the person— Good Samaritan Law provides protection from arrest & prosecution for drug possession crimes. (“Overdose Tool Kit” SAMHSA)

Opioid Overdose Resuscitation

If You Get Little or No Response

1. Call 911.
2. If their breathing is shallow or non-existent, or if the skin color is blue or grayish, with dark lips and fingernails, perform mouth-to-mouth rescue breathing by tilting head back and lifting up chin until mouth opens, clearing airway. Give two quick breaths to start and then a strong breath every 5 seconds.
3. If the person no longer has a heartbeat (pulse), continue rescue breathing. Perform CPR by pushing hard on the chest bone at a rate of 100 times per minute.
4. Stay with the person. If you have to leave the person alone or vomiting occurs, place the person on their side.
5. If you have access to Naloxone, administer it according to the package instructions, in addition to calling 911.

New Jersey's "Overdose Prevention Act" Includes Good Samaritan Clause

The Legislature finds and declares that encouraging witnesses and victims of drug overdoses to seek medical assistance saves lives and is in the best interests of the citizens of this State and, in instances where evidence was obtained as a result of seeking of medical assistance, these witnesses and victims should be protected from arrest, charge, prosecution, conviction, and revocation of parole or probation for possession or use of illegal drugs. C.24:6J-1

Enacted May 2, 2013

Naloxone Administration permitted by Non-Medical Laypersons

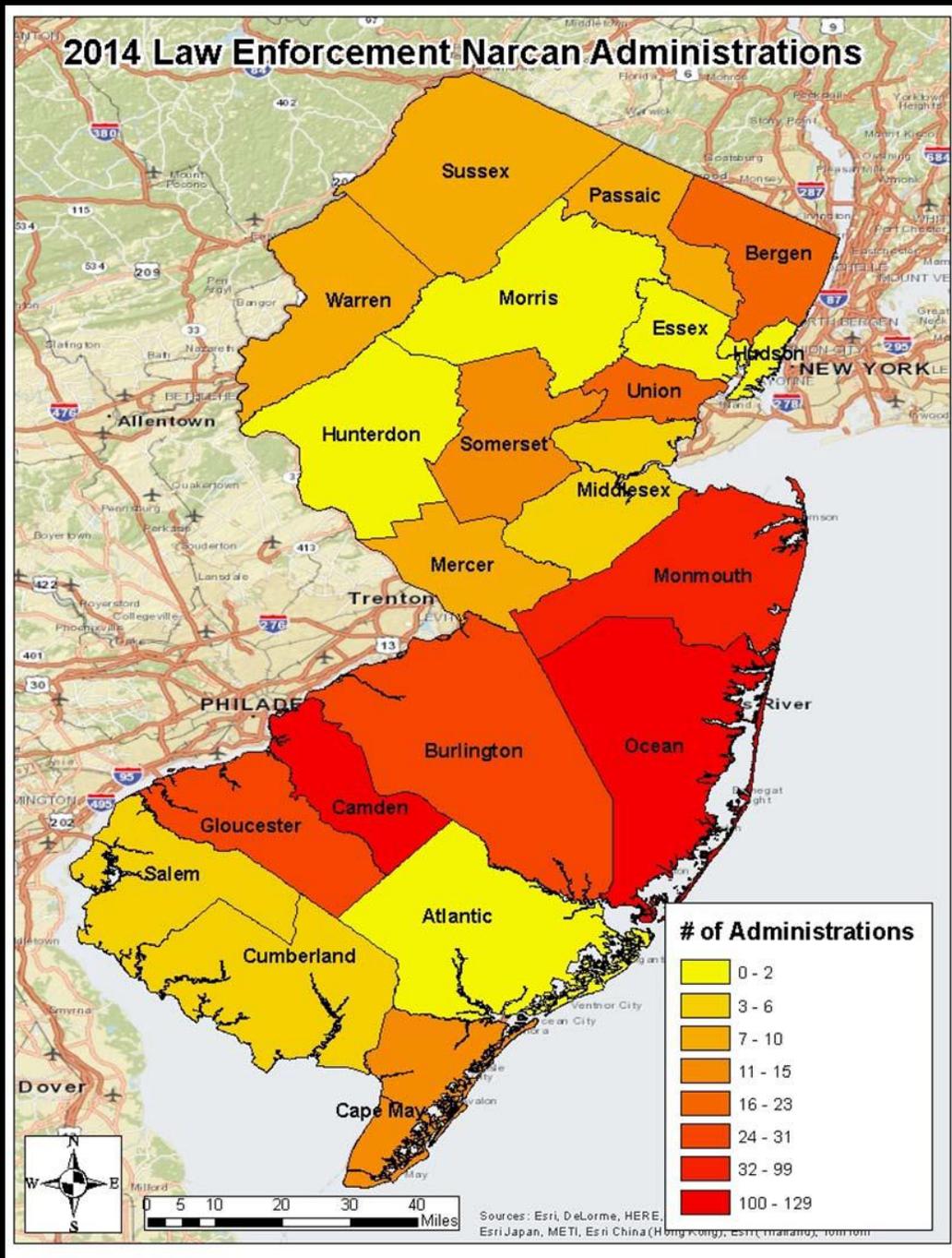
A person, other than a health care professional, may in an emergency administer, without fee, an opioid antidote, if the person has received patient overdose information pursuant to section 5 of this act and believes in good faith that another person is experiencing an opioid overdose. C.24:6J-4b

Naloxone (Narcan)

- Is an FDA approved opioid antagonist used to reverse opioid overdose and resuscitate individuals who have overdosed on opioids
- Has been used for decades by emergency room and EMS personnel
- Should be administered to any person who shows signs of opioid overdose, or when overdose is suspected
- More than one dose of Naloxone may be needed. Patients who have taken longer-acting opioids may require further doses
- Withdrawal triggered by naloxone can feel “unpleasant”. Some persons become agitated or combative... and needs help to remain calm.
- Naloxone may cause dizziness, drowsiness, or fainting. These effects may be worse if it is taken with alcohol or certain medicines
- No risk if opioids were not the cause of the medical emergency
- No reversal in non-opioid overdoses (i.e.: alcohol, benzodiazepines, etc.)
- Because buprenorphine has a higher affinity for the opioid receptors than do other opioids, Naloxone may not be effective at reversing the effects of buprenorphine-induced opioid overdose

Nasal Narcan in New Jersey

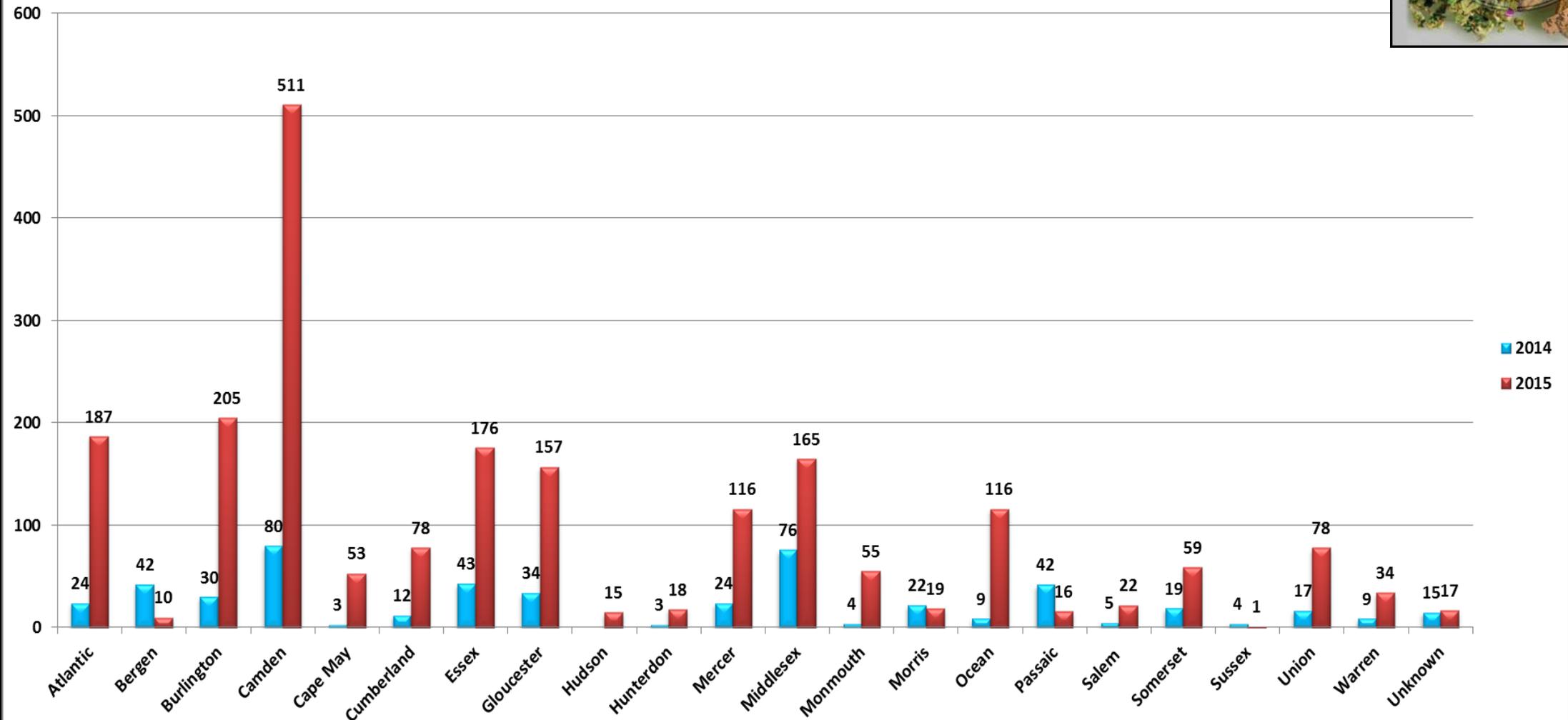
- Nasal Narcan began in Ocean County in April 2014 & now is available in New Jersey counties
- Naloxone was administered more than 3,000 times by first responders in 2014. (State Police DMI Annual Report)
- Reverses symptoms of overdose in seconds: person will awaken suddenly
- Once Narcan is administered, person must go to emergency room. Narcan lasts only 15-20 minutes, but the window of overdose lasts longer
- Narcan can be re-administered if the person does not revive or falls back into overdose before help is obtained; fentanyl and other strong opioids may require multiple administrations
- Naloxone Myth #1: Naloxone does not promote relapse— the experience of withdrawal is miserable
- Naloxone Myth #2: Naloxone will not impact drug testing— the result will show positive for heroin or the opiate used



Naloxone Administrations 2014 to Mid-2015



EMS Naloxone Administrations



SUMMARY “Do’s and Don’ts” in Responding to Opioid Overdose

- DO support the person’s breathing by administering oxygen or performing rescue breathing.
- DO administer naloxone.
- DO put the person in the “recovery position” on the side, if he or she is breathing independently.
- DO stay with the person and keep him/ her warm.

- DON'T slap or try to forcefully stimulate the person — it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, he or she may be unconscious.
- DON'T put the person into a cold bath or shower. This increases the risk of falling, drowning or going into shock.
- DON'T inject the person with any substance (salt water, milk, “speed,” heroin, etc.). The only safe and appropriate treatment is naloxone.
- DON'T try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.
- NOTE: All naloxone products have an expiration date, so it is important to check the expiration date and obtain replacement naloxone as needed.

Know the Signs of Overdose

Save a Life

Call 9-1-1

1 Know the Signs of Overdose. Save a Life.

Signs of opioid overdose may include:

- Breathing that is slow or shallow—or no breathing at all
- Very sleepy and not responding to your voice or touch
- Blue or grayish skin color, with dark lips and fingernails
- Snoring or gurgling sounds

If there are symptoms of an overdose:

- Tap, shake, and shout at the person to get a response
- If there is still no response, rub knuckles on the breast bone
- If no or little response, call 911

Opioids include: heroin, OxyContin, methadone, morphine, Percocet, fentanyl, hydrocodone, Vicodin, etc.

2 Call 9-1-1. An Overdose is a Medical Emergency.

An opioid overdose can cause a coma or death within minutes. A medication called naloxone (Narcan) can reverse an overdose and save a life.

When you call 9-1-1:

- Give the address
- Tell them it's an overdose so they can bring naloxone (Narcan). Or say, "My friend is not breathing."
- Stay with the person (The 9-1-1 Good Samaritan law provides protection from arrest and prosecution for drug possession crimes.)

While you wait for the ambulance:

- Do rescue breathing
- Give naloxone (Narcan) if you have it
- If you have to leave the person for any amount of time, place the person on their side

Tell the ambulance staff anything you can about any alcohol or drugs the person has taken. If you cannot stay, leave a note with the information.

3 Do Rescue Breathing if Breathing is Slowed or Stopped.

1 Make sure nothing is in the mouth.



2 Tilt head back, lift chin, pinch nose.



3 Breathe in mouth once every 5 seconds.



Know the Signs of Overdose

Save a Life

Call 9-1-1



DPH SA 1067 May 2014

How Opiate Users Can Help Prevent Overdose

- No use of opiates, alcohol, or any mind altering substances
- Commit no new offenses— recovering persons who live contrary to their values cannot remain clean and sober
- Develop your recovery equally in all realms— physical, mental, and spiritual; addressing all three will give you something to hold onto in tough times
- Educate significant others on overdose symptoms
- Educate significant others on availability of Narcan training & Narcan kits
- Give a “Opioid Overdose Resuscitation” or “Save A Life” card to someone close
- Reach out for help at the first thought or trigger; if you or someone you know is struggling, confer immediately with a sponsor, court staff, counselor, or other trained professional
- Know that **you are innately valuable** as a human being— **and you matter** to us!

What Drug Court and Judiciary Teams Can Do to Help Prevent Overdose

- Create a forum for showing the preceding power point presentation to judiciary staff, drug court teams, drug court participants, and/or other judiciary clients
- Wear a silver ribbon on August 31, 2015, the official color of International Overdose Awareness Day
- Show one of the University of Washington's stop overdose videos to judiciary staff, drug court teams, drug court participants and/or family members, other judiciary clients and/or family members <http://stopoverdose.org/>
- Display an overdose awareness poster prominently
- Hold a brief memorial in honor of a participant who overdosed, such as a moment of silence or having a friend or family member speak
- Ask a probation officer or other team member tell what it's like to lose a participant
- Give "Save a Life" or "Overdose Resuscitation" cards two to each participant
- Ask an overdose survivor to speak on gratitude
- Download free resources and distribute to staff, clients, and/or family members of clients from <http://www.overdoseday.com/resources/downloadable-resources/>

References

- <http://www.stopoverdose.org>
- www.samhsa.gov
- <http://www.overdoseday.com/resources/downloadable-resources/>
- <http://massclearinghouse.ehs.state.ma.us/ALCH/SA1067kit.html>
- www.knowaddiction.nj.gov Governor's Council on Alcoholism & Drug Abuse
- *2014 New Jersey Drug Environment Report*, New Jersey State Police Drug Monitoring Initiative (For more information, contact: NJROICOutreach@gw.njsp.org)
- *Overdose Toolkit*, SAMHSA

For information on preventing abuse, recognizing those at risk, and finding treatment go to the GCADA statewide awareness campaign: KnowAddiction.nj.gov