

addiction

opiates

hope

treatment

fentanyl

help

# OPIOID OVERDOSE EPIDEMIC MARYLAND 2019

**START**

prescription

recovery

epidemic

stigma

heroin

prevention



# Acknowledgments

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Office of the Secretary

Medicaid

Behavioral Health Administration

Public Health Services

Office of Human Resources

Participants in the focus and feedback groups

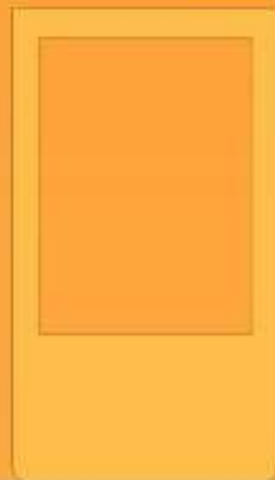
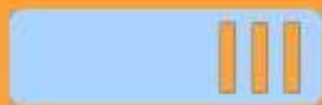
# Introduction

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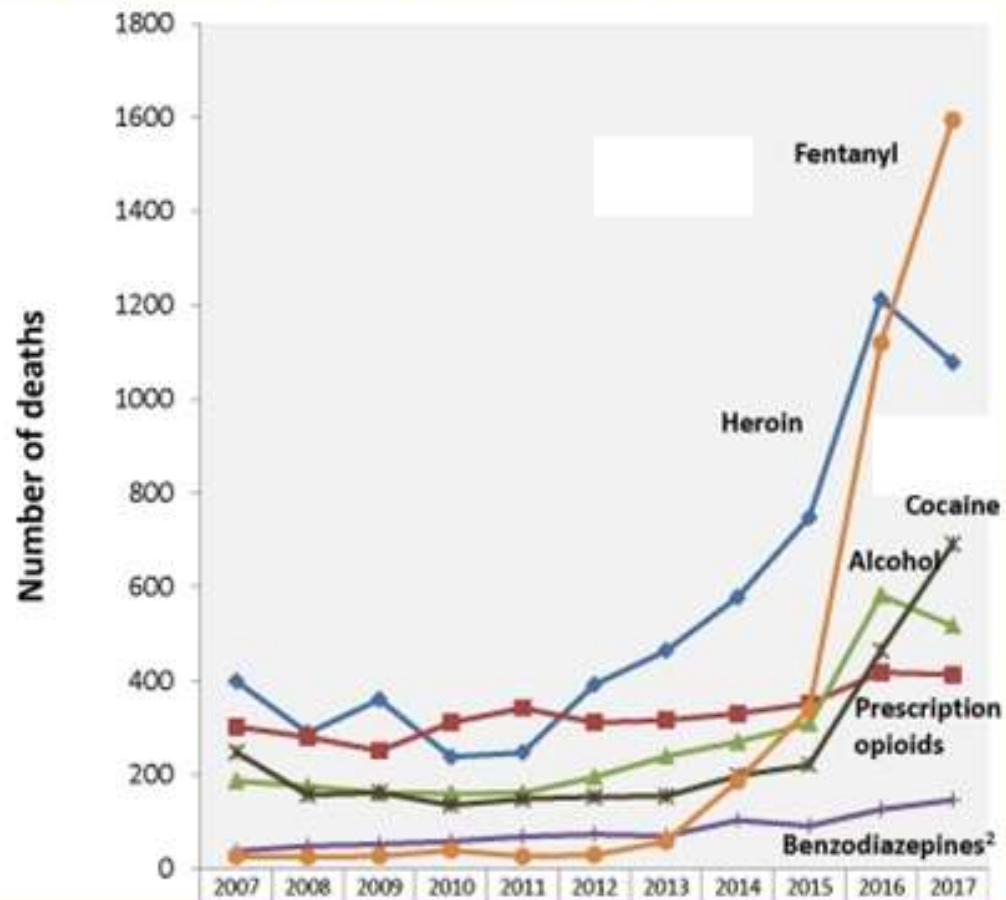
This course is an overview of the Opioid Overdose Epidemic in Maryland including information on prevention and treatment.

Included is the most current data and information as of October, 2019.

# Opioid Overdose Epidemic Overview



# Total Number of Drug & Alcohol Related Intoxication Deaths by Selected Substances in Maryland, 2007 - 2017



- Orange = Fentanyl
- Blue = Heroin
- Brown = Cocaine
- Green = Alcohol
- Red = Prescription Opioids
- Purple = Benzodiazepines



For 2019 Q1 and Q2, the number of opioid-related deaths has decreased.



## **DECREASE of Opioid Related Deaths in Maryland for the First 2 Quarters of 2019!!**

Click the links below to see the specific data.

[First Quarter of 2019 Data – scroll down to Figure 2](#)

[Second Quarter of 2019 Data – scroll down to Figure 2](#)

# THREE OPIOIDS

Involved in the Opioid Overdose Epidemic

## Fentanyl

It is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine. Fentanyl-related deaths increased by 42% between 2016 and 2017.

It is mixed into heroin and other drugs, sometimes without the user knowing. The user is at a higher risk of dying when using drugs containing fentanyl.

## Heroin

Between 2016 and 2017, HEROIN-related death rates declined among all age groups, race/ethnicities, and among both men and women and overall, it declined by 11%.

## Prescription Opioids

The number of PRESCRIPTION OPIOID-related deaths decreased by 1% between 2016 and 2017.

People are dying LESS from prescription opioids than from heroin and fentanyl.

# Prescription Drugs and Heroin

There has been a decrease in the use of prescription drugs over the past several years. The majority of individuals appropriately prescribed opioids for chronic pain do not misuse their medications.

Some individuals become addicted to heroin after misusing prescription opioids.



# Heroin

AT LEAST



HEROIN USERS  
MISUSED PRESCRIPTION OPIOIDS FIRST

# Prescription Opioids

Prescription opioids are prescribed to treat certain types of pain that may follow surgery or an injury, or for certain health problems.

The majority of patients using prescription opioids DO NOT use heroin or non-pharmaceutical fentanyl.

Prescription opioids continue to be a part of the opioid-related drug overdose epidemic.

# In Maryland



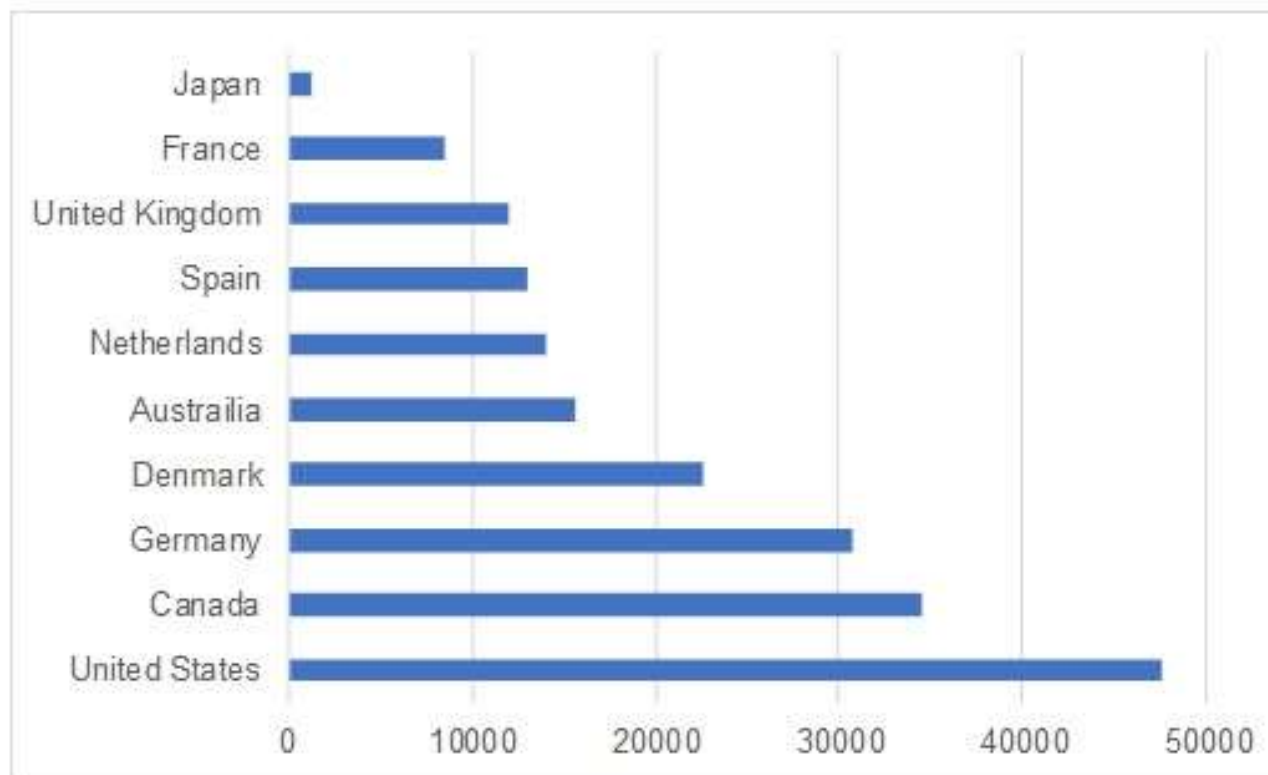
## Prescription Opioid Death Rates

Maryland experienced a significant decrease in prescription opioid death rates from 2016 to 2017. The highest overdose death rates per 100,000 from prescription opioids were in West Virginia (17.2), Maryland (11.5) and Utah (10.8).

## Opioid Prescribing

In 2017, Maryland prescribers wrote 51.7 prescriptions per 100 persons compared to the national rate of 58.7 prescriptions per 100 persons, *the lowest rate in the past 10 years.*

# Standard Daily Doses of Opioids Per Million Inhabitants (as of 2016)

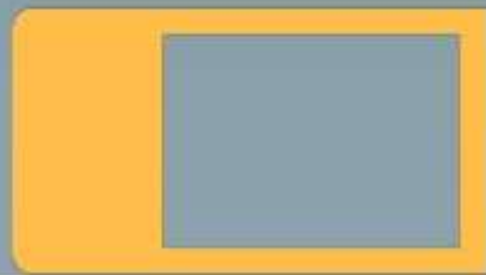
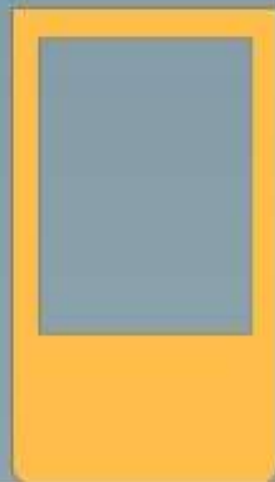




# Key Takeaways

- Fentanyl-related deaths in Maryland increased from 2017-2018.
- **HOWEVER**, deaths associated with heroin and prescription opioids decreased from 2016 to 2017.
- There is still work to be done to decrease deaths and other consequences related to the use of opioids, other drugs, and/or alcohol.

# Recognize and Respond to an Opioid Overdose



# Recognize and Respond

What can I do?

Learn how to recognize an opioid overdose.

Learn how to respond to an opioid overdose.

# SIGNS OF OVERDOSE



PASSING OUT/INCAPACITATION

SHALLOW BREATHING

DISCOLORED TONGUE

LOW PULSE

SPASMS

BLUE TINT ON LIPS OR NAILS





# Recognize an Opioid Overdose

The person overdosing may have:

- Blue/grey/ashen lips or finger tips
- Unusual snoring/gurgling sounds (being made)
- Shallow/stopped breathing

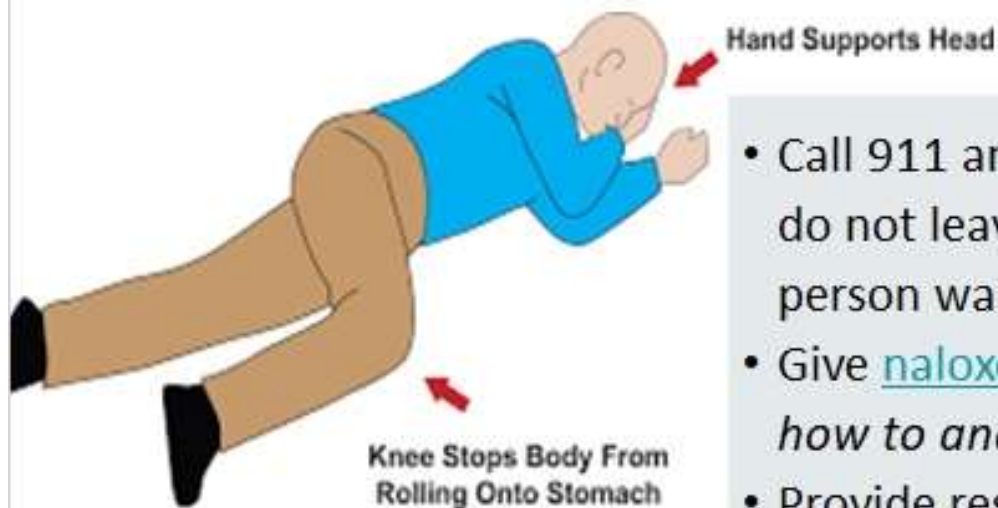
The person overdosing may be unconscious or unresponsive.

If you are unsure, you can make a fist and rub your knuckles on the person's chest, against the breastbone. If you do not get a response, call 911 and then administer naloxone.

*If in doubt, help out! **Call 911,**  
and stay until help arrives!*



# Respond to an Opioid Overdose



- Call 911 and stay until emergency help arrives; do not leave the person alone, even if the person wakes up
- Give [naloxone](#) (*the following slides will tell you how to and from where you can get naloxone*)
- Provide rescue breathing or CPR if trained
- Do not leave the person alone, even if the person wakes up
- Place the person on his/her side after giving naloxone (see the picture on the left)

# Naloxone

*How do I get naloxone?*

**Health Care Provider  
Statewide Standing Order  
Overdose Response Program Training**



*Learn about the naloxone products and how to administer them.*

*Will I get in trouble if I administer or do not administer naloxone?*

# How do I get naloxone?

## Health Care Provider

### Ask your healthcare provider

Maryland law allows any healthcare provider who can prescribe drugs in Maryland (including physicians, physician assistants, advance practice nurses, dentists and others) to prescribe naloxone.

Your provider can prescribe you naloxone if you are personally at risk for having an opioid overdose **OR** if you are likely to witness an overdose and be in a position to respond.



# How do I get naloxone?

## Statewide Standing Order

### Statewide Standing Order for Pharmacy Naloxone Dispensing

This order allows Maryland-licensed pharmacists in Maryland to dispense naloxone to **anyone** who may be at risk for opioid overdose **or** in a position to help someone who may be experiencing an opioid overdose.

A **CERTIFICATE OR PRESCRIPTION** is **NOT REQUIRED** for a **pharmacist** to dispense naloxone under the new Statewide standing order.

**\*\*\*** *Your insurance may require you to pay a co-pay for the naloxone. The pharmacist does not need a paper prescription to bill insurance for naloxone.*

# How do I get naloxone?

## Overdose Response Program Training

**Maryland Overdose Response Program** –The [Maryland Overdose Response Program \(ORP\)](#) is another option to get naloxone. It offers in-person and hands-on training. You will receive a certificate after successfully completing the training. Some [ORP trainings](#) are free to attend and also provide naloxone to trainees at no charge. Visit the [ORP website](#) or [contact the ORP](#) for more information.

A [statewide standing order](#) now allows Maryland-licensed pharmacists to dispense naloxone to ORP certificate holders without showing the certificate or having a prescription.

# How do I use naloxone?

There are 3 types of Naloxone products.

**Intranasal kit – 2 mg; contains 2 syringes with the correct amount of naloxone in them, an atomizer, and directions for giving naloxone. These items need to be assembled before use.**

**Directions for use:** Spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.



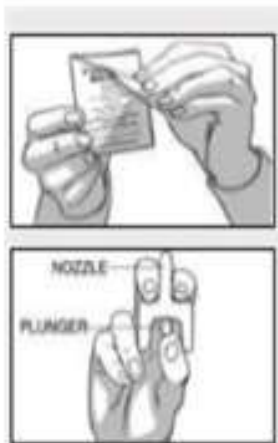


# How do I use naloxone?

**Intranasal administration - 4 mg; the device is already assembled and ready to use.**

**Directions for use:** Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose. Press the plunger firmly to release the dose into the patient's nose. Remove the device from the nostril and discard. Using a new device, repeat after 3 minutes if no or minimal response.

**\* WATCH THE LAST PHOTO TO SEE THE PROCESS**



# How do I use naloxone?

## Intramuscular injection

**Directions for use:** Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no or minimal response.

EVZIO® 2mg/0.4mL auto-injector, #1 Two-Pack. **Medicaid does not cover this item.**



*The needle goes completely back into the device after the injection is completed.*



# MARYLAND'S GOOD SAMARITAN LAW PROTECTS YOU.



**Call 911**  
if you witness  
a drug or  
alcohol  
overdose.

**YOU *CANNOT* BE ARRESTED,  
CHARGED, OR PROSECUTED FOR:**

- Possession of a controlled, dangerous substance
  - Possession or use of drug paraphernalia
  - Providing alcohol to minors

**CALLING 911 *WILL NOT* AFFECT  
YOUR PAROLE OR PROBATION STATUS.**

Maryland's law does not protect against arrest for open warrants and crimes not listed above.



For more information about  
prevention and treatment, visit  
[www.MDDestinationRecovery.org](http://www.MDDestinationRecovery.org)



## The Good Samaritan Law:

Protects you when you are helping or giving medical assistance to a victim at the scene of an emergency even if you have possession of or used a controlled dangerous substance or provided alcohol to minors.

# Administer Naloxone?

Should I give  
Naloxone?



If you are not sure about giving Naloxone, we encourage you to at least call 911, and to stay until help arrives.

# Risk Factors for an Opioid Overdose

Here are some risk factors:

- **Taking illegal drugs that contain fentanyl**
- **Changes in the Drug Supply** - Fentanyl, which is 50x stronger than heroin, may be added to heroin without the user's knowledge. The user cannot tell that the heroin has been mixed with fentanyl.
- **History of Previous Overdose**
- **Opioid Doses that are High**  
≥ 100 mg morphine equivalent doses

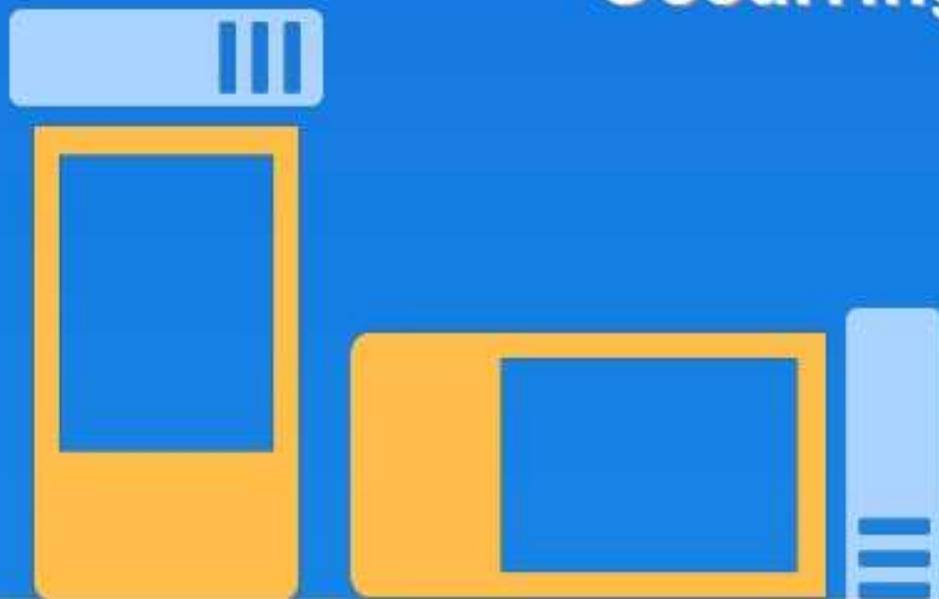
# Risk Factors for an Opioid Overdose

## (continued)

- **Having a Reduced Tolerance** (When you have taken an opioid on a daily basis for a certain amount of time (example, two weeks), stopped using the opioid and then started using the opioid again.)
- **Using Alone** (risk factor for deadly overdose)
- **Physical Status** (example - older age and certain lung and kidney problems)
- **Mental Illness** (example - depression and anxiety)
- **Unstable Housing**
- **Mixing Drugs** (even prescribed drugs like benzodiazepines such as valium and certain sleeping pills)



# Decrease the Risk of an Opioid Overdose Occurring





# Decrease the Risk of an Opioid Overdose Occurring

## Managing Opioid Usage:

1. Decrease the risk of overdosing on an opioid by talking to your doctor about alternative pain treatments, especially if you have risk factors, such as those mentioned earlier (including if you are taking certain other prescribed drugs).
2. Ask your health care provider to give you as few opioids as you need for the shortest amount of time that you need to treat your pain.
3. Store prescription opioids in a secure place and out of reach of others (this may include visitors, friends, family, and children)
4. Decrease the risk of addiction and overdose by:
  - Never taking opioids in greater amounts or more often than prescribed.
  - Never using another person's prescription opioids.
5. Decrease the risk of misuse and abuse by others by:
  - Never selling or sharing prescription opioids with others
  - (in addition to properly storing your opioids as mentioned above)

## Decrease the Risk of an Opioid Overdose Occurring

6. Safely dispose of unused prescription opioids by:

-- Finding your community [drug take-back](#) program or your pharmacy mail-back program.

-- Following guidance from the [Food and Drug Administration](#).

7. Ask your health care provider if you have risk factors for which you should be prescribed naloxone.

8. Go to Maryland's web site "Before It's Too Late" to learn what to ask your health care provider before being prescribed an opioid for pain treatment; click [here](#). You can also call 211 and press #1 to get the help you need.

9. Call SAMHSA's (Substance Abuse & Mental Health Services Administration) **National Helpline at 1-800-662-HELP** if you have any questions about any of the above issues or if you have a substance use disorder.

10. Visit [Centers for Disease Control](#) to learn about the risks of opioid abuse and overdose.



# Safe Disposal of Opioids

**Safely dispose of unused prescription opioids. Follow these simple steps to dispose of medicines in the household trash.**

## MIX

Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;



## PLACE

Place the mixture in a container such as a sealed plastic bag;



## THROW

Throw the container in your household trash;



## SCRATCH OUT

Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.



# Prevent having an Opioid Overdose





# Prevent An Opioid Overdose

***Talk to your health care provider about how to manage your pain without prescription opioids.***

**Options may include:**

- Physical therapy, chiropractic and exercise
- Counseling (a psychological, goal directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress)
- Pain relievers that are **Non-Opioid Alternatives** such as Aleve, Tylenol, and Motrin have been shown to be just as effective as opioids in certain situations
- Some medications that are also used for depression or seizures

The CDC fact sheet titled “**Promoting Safer and More Effective Pain Management**” may help you to start talking with your health care provider about alternatives to opioids.

Click [here](#) to access the fact sheet.

**OR**





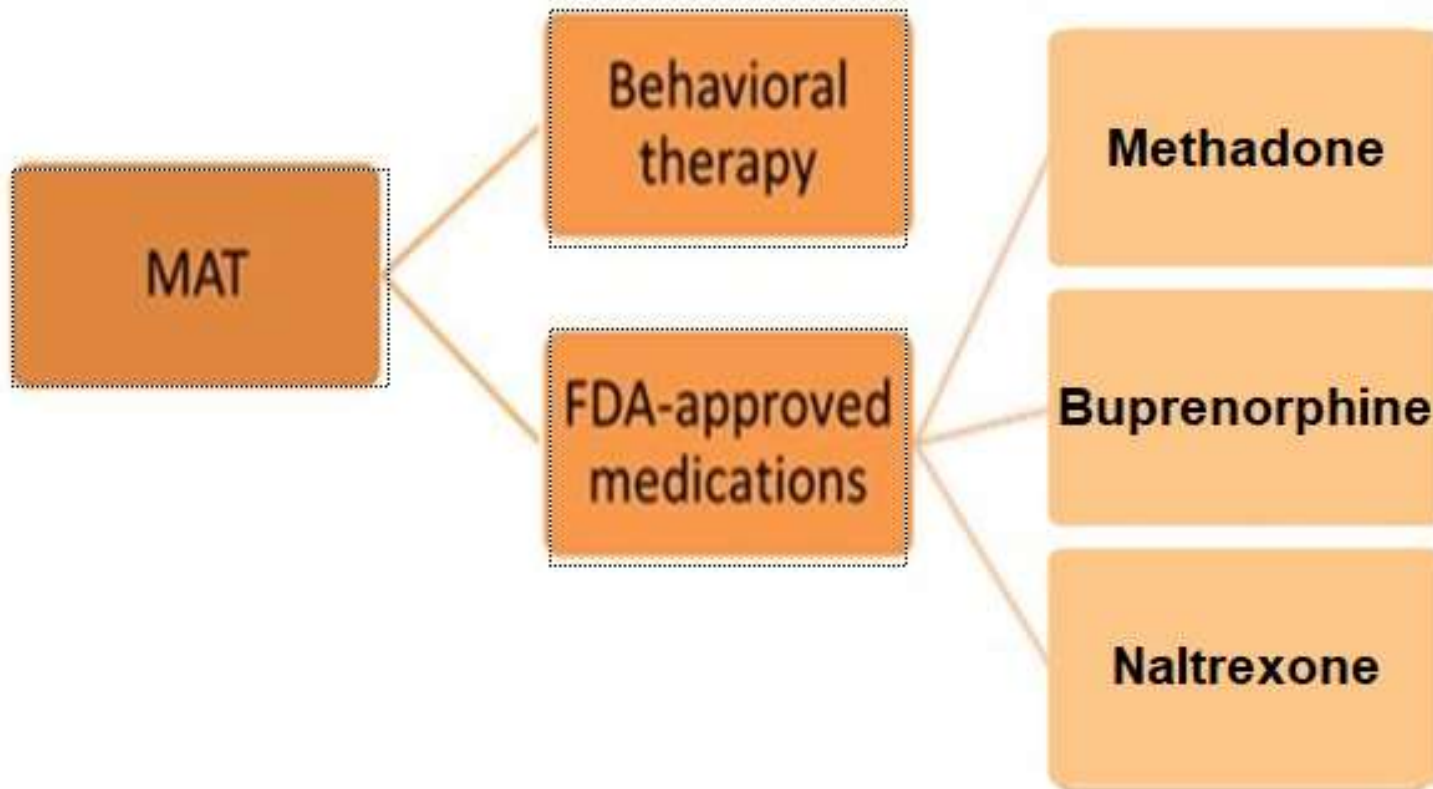
# Prevent an Opioid Overdose - Options

*If misusing opioids, get treatment.*

The next slide describes Medication Assisted Treatment.

# Click to add title Medication Assisted Treatment (MAT)

*Click on the boxes below to get more information.*



# Medication Assisted Treatment

According to the World Health Organization, “probably the most proven long-term strategy to prevent opioid overdose in people dependent on heroin and other opioids is to provide opioid agonist maintenance treatment with either methadone or buprenorphine. . .

**Methadone** maintenance treatment **reduces the risk** of opioid overdose mortality approximately **sixfold**.

**Buprenorphine** also reduces the risk of overdose. . .”

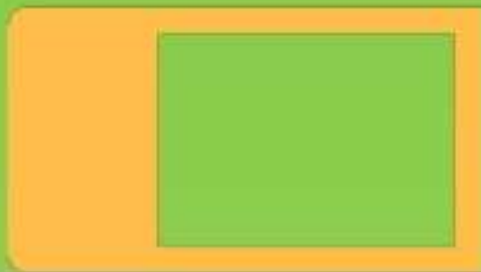
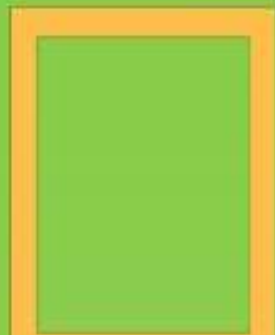
## Medication Assisted Treatment cont.

**Naltrexone (Vivitrol R)** is the newest form of medication for opioid use disorder.

It works in the brain to prevent the effects of opioids.

Evidence to date suggests that it is effective in treating opioid use disorder.

**Get Help**





# Get Help Now

## Maryland Crisis Connect

**Call 211, Press 1**

*With Help, Comes Hope*

- Available 24 hours/7 days a week
- Provides information, guidance and assistance on how to access Substance Use Disorder services
- Provides mental health crisis services if needed
- Information given about naloxone, recovery support and family services as available/appropriate in the individual's local area

# References

## I. Overview

- [Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017](#)
- [Narcotic Drugs](#)
- [Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland](#)

## II. Recognize and Respond

- [Naloxone](#)
- [Opioid Overdose Prevention Toolkit](#)
- [Preventing an Opioid Overdose](#)

Please continue to the [Course Completion](#) form for credit.  
Course code: Opioid

