Arizona State Office of Rural Health (SORH) Webinar Series

Technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.
Arizona State Office of Rural Health

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

This webinar is made possible with the support of our partners:
Webinar Tips & Notes

- Audience is muted during the presentation.
- Enter your questions into the chat box.
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the AzCRH [www.crh.arizona.edu/](http://www.crh.arizona.edu/) and SWTRC [www.southwesttrc.org/](http://www.southwesttrc.org/)
Today’s presentation:

Overdose Recognition & Naloxone Administration
February 17th, 2022

crh.arizona.edu/programs/naloxone

This was supported by Grant number CDC-RFA-CE19-1904 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
Facilitators:

Aimee Gutierrez is a Health Education and Promotion Professional at the Center for Rural Health (CRH). She oversees training logistics and facilitates in both English and Spanish.

Elena "Lena" Cameron is a health educator assistant for the Arizona Center for Rural Health. She has been working with opioid and harm reduction programs since 2018.

Bianca SantaMaria is a Health Education and Promotion Professional II at The Arizona Center for Rural Health. She also helps facilitate Naloxone trainings in English and Spanish statewide.
Go to website...

Workbook & Activities:
crh.arizona.edu/programs/naloxone

Training Materials:
- Workbook
- PPT (in-person)
- PPT (online/webinar)
- How to use Naloxone (video)

Activities:
1: Definitions
2: Fill in the blank

Evaluation:
https://redcap.link/CHWRnaloxone
Learning Objectives

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.

All are listed in your workbook.
Learning Objectives continued...

5. Show ability to respond to an opioid overdose using naloxone.

6. Identify aftercare next steps, including where to refer to resources.

7. Define risk reduction messages and resources to share with clients and communities.

All are listed in your workbook.
Brainstorm and Polls

1. What is an opioid?

2. What have you heard about Naloxone?

3. What concerns you about using Naloxone?

4. What are you experiencing in your community?
Opioids

Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain.

https://www.cdc.gov/drugoverdose/opioids/terms.html
## Change the Language by Role Modeling

<table>
<thead>
<tr>
<th>Instead of these:</th>
<th>Use these:</th>
</tr>
</thead>
</table>
| Clean            | Negative (test)  
                  | Not currently using substances  
                  | Sterile (needle) |
| Dirty            | Positive (test)  
                  | A person who is currently using substances  
                  | Not sterile (needle) |
| Addict           | A person with substance use disorder |
| Alcoholic        | A person with alcohol use disorder |

Open **Activity 2: Fill in blank**, which can be found on page 5 of your workbook

### Change the Language by Role Modeling continued...

<table>
<thead>
<tr>
<th>Instead of these:</th>
<th>Use these:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Drug use</td>
</tr>
<tr>
<td>Dependence</td>
<td>If someone is diagnosed by a provider, say Opioid Use Disorder.</td>
</tr>
<tr>
<td>Former drug addict</td>
<td>A person in recovery</td>
</tr>
</tbody>
</table>

See page 6, *How can you tell if your prevention messages are stigmatizing?* Answers are on page **34** of your [workbook](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf).
Understanding Addiction

Addiction is NOT a moral failing.
It is a chronic, relapsing brain disease.
    Changes brain functioning and structure.

Hereditary, environmental & social factors contribute.
Childhood Trauma & Substance Use

There is a strong correlation between childhood trauma and the development of substance use disorders.¹

**ACEs:** Adverse Childhood Experiences

Resiliency & Protective Factors help prevent & address ACEs.

Turn to pages 13-15 in your workbook:

Adverse Childhood Experiences,
ACEs Questionnaire, &
ACEs can be Prevented.

1. CDC and Kaiser Permanente
Resiliency Factors

There are positive things that can lessen the impact of ACEs and allow people to adapt to adversity.¹

<table>
<thead>
<tr>
<th>Approach</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support parents</td>
<td>• Identify resources for needs such as rent and child care</td>
</tr>
<tr>
<td></td>
<td>• Connect to parenting classes or support groups</td>
</tr>
<tr>
<td>Encourage social supports</td>
<td>• Suggest after school programs or clubs</td>
</tr>
<tr>
<td>Support positive childhood experiences and</td>
<td>• Mentorship</td>
</tr>
<tr>
<td>relationships²</td>
<td></td>
</tr>
</tbody>
</table>

¹: [https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/childhood-resilience](https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/childhood-resilience)

More information can be found on page 15 in your workbook.
Risk Factors for Overdose

Mixing Drugs
- Ex: Opioids with Alcohol, Cocaine or Benzodiazepines (Xanax, Ativan).

Drug Purity, Quality
- Ex: Street drugs laced with fentanyl (50X more potent than heroin, and 100X more potent than morphine).

Low Tolerance
- Period of abstinence due to incarceration, hospitalization, or inpatient treatment.

Using Alone
- No one to call 911 or administer Naloxone.

Weak Immune System or Illness
Signs of an Opioid Overdose

- Unable to wake
- Blue or pale skin, lips, and nails
- Very limp body
- Slow heartbeat
- Slow/irregular breathing or absent
- Choking, gurgling sound
- Pinpoint Pupils
Video (9:37 minutes): Follow directions on page 17.
Intramuscular: https://www.youtube.com/watch?v=_ojGrGchyGc&feature=youtu.be
911 Good Samaritan Act*

Arizona Revised Statute (ARS) 13-3423

2018: a person cannot be prosecuted for drug or paraphernalia possession if:

• The person (a “Good Samaritan”) was seeking medical help for someone believed to be suffering from an overdose; and

• Drugs or paraphernalia are discovered as a result of the request for medical assistance.

The person who has overdosed and for whom a request for medical help is made by a “Good Samaritan” cannot be charged or prosecuted for drug or paraphernalia possession.

See page 18 in your workbook.

*Seek legal assistance for guidance.
Possible Effects of Naloxone

• Can cause an opioid withdrawal
• Fatigue
• Fever/sweating
• Loss of bowel/bladder function
• Upset stomach/vomiting
• Confusion, disorientation, irritation
• Increased heartrate/breathing
• Pain/aches
Aftercare

If the person cannot walk/talk well, it is important for EMS to take them to the hospital.

Some individuals refuse medical care

Overdose is terrifying!
Overdose often catalyzes an individual to get help!

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739053/
Community Resources in Arizona

1. Go to 211arizona.org (call Arizona 2-1-1) or Arizona Opioid Assistance & Referral Line (1-888-688-4222)

2. Find local Rx Drug Drop-Off Locations: Dumpthedrugsaz.org

3. Find Local treatment Services: findtreatment.samhsa.gov

4. Find Naloxone: spwaz.org/arizonanaloxone/
Why don’t people get help?

- Limited treatment options
- Stigma: Drug addiction is the most stigmatized issue in the world\(^1\)
- Accepting “I have a disorder”
- Treatment Affordability, Accessibility
- Fear of withdrawal, arrest, isolation
- Don’t know where to go for help
- Unsuccessful attempts at quitting
- Losing things like a job, housing, relationships

1. World Health Organization
Relapse & Recovery

Relapse & remission are a normal part of the disease.

It can take years for someone to commit to rehabilitation & treatment.

Recovery and treatment are life-long processes.
Relapse is normal and common in traditional treatment programs, with relapse rates between 40-60%, similar to other chronic diseases (diabetes, asthma, hypertension).
How to Offer Support

See pages 22-26 in your workbook

1. Use **motivational interviewing** skills.
2. Remember we are **not here to diagnose**.
3. Recognize when and how to refer.
4. Use **person first language**.
5. Recognize who is **at high risk** for overdose and **offer harm reduction tips**.
Harm Reduction Tip Sheet

Turn to page 27 in your workbook

Don’t use alone.

Go slow.

Use a fentanyl test strip.

Know how to recognize the symptoms of an overdose.

Learn rescue breathing.

Carry Naloxone.

Refer to pages 28-31 for resources
Parking Lot

Looking back at our parking lot, what questions do you still have? What are you still unsure about?

Image Credit: Melissa Quezada, AzCRH
Remember

1. People who use drugs aren’t bad people.
2. Substance Use Disorder is a chronic relapsing brain disease.

We can meet people where they’re at and not leave them there.

Save a life. Carry Naloxone.
Please complete evaluations here: https://redcap.link.CHWRnaloxone

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Find this and our previous webinars at:
http://www.crh.arizona.edu/programs/sorh/webinars

Request a Training:
https://crh.arizona.edu/programs/naloxone