

REDUCING OPIOID MISUSE AND MANAGING PAIN SAFELY

OPIOIDS IN ALASKA

PUBLIC WEBINAR, MAY 5, 2022
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Save a life.

Get naloxone and keep it with you



Introductions

- **Dr. Lisa Rabinowitz**, *Staff Physician, DHSS, DPH*
- **Elana Habib**, *Opioid Misuse and Addiction Prevention Specialist, DHSS, DPH, OSMAP*
- **Dr. Coleman Cutchins**, *State Pharmacist, DHSS, DPH*
- **Jessica Filley**, *Epidemiologist, DHSS, DPH, OSMAP*

Save a life.

Get naloxone and keep it with you



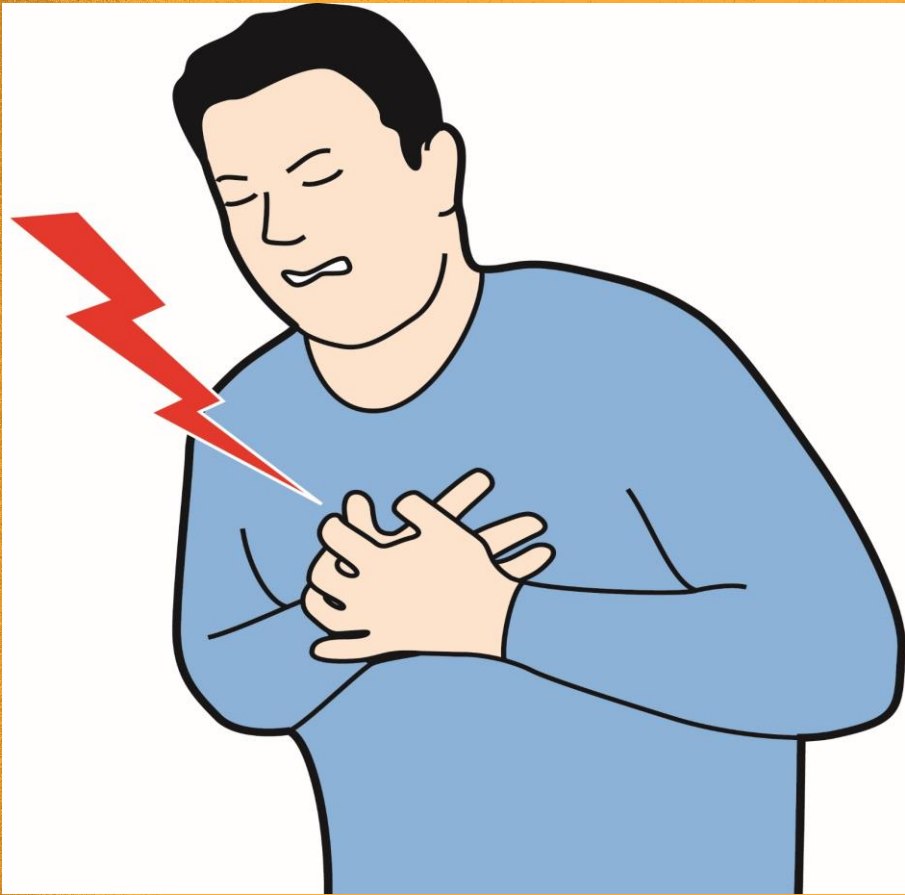
PAIN: A CLINICAL PERSPECTIVE

Save a life.

Get naloxone and keep it with you



What is Pain?



An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

- *International Association for the Study of Pain, 2020*

Save a life.

Get naloxone and keep it with you



Types of Pain

- **Nociceptive pain:** sprains, bone fractures, burns, bumps, bruises, inflammation (from an infection or arthritic disorder), obstructions, and myofascial pain
- **Inflammatory pain:** Arthritis, delayed pain from a sunburn
- **Neuropathic pain:** Nerve trauma, cancer pain, carpal tunnel syndrome
- **Noninflammatory/nonneuropathic pain:** fibromyalgia

Save a life.

Get naloxone and keep it with you



Emotional, Psychological and Spiritual Pain

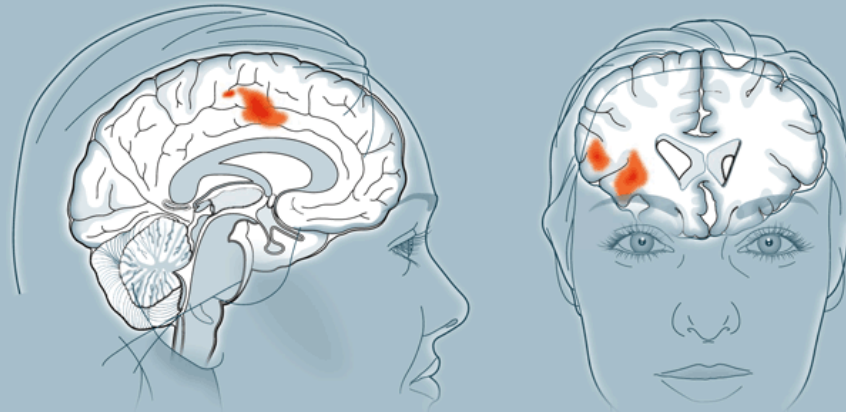
Definitions:
the affective state associated with
discrepancy between ideal and
actual perception of self
- Sandler

an aversive state of high self-
awareness of inadequacy.
- Baumeister, 1988

Exhibit 1: Social and Physical Pain Produce Similar Brain Responses

Brain scans captured through functional magnetic resonance imaging (fMRI) show the same areas associated with distress, whether caused by social rejection or physical pain. The dorsal anterior cingulate cortex (highlighted at left) is associated with the degree of distress; the right ventral prefrontal cortex (highlighted at right) is associated with regulating the distress.

Social Pain



Physical Pain

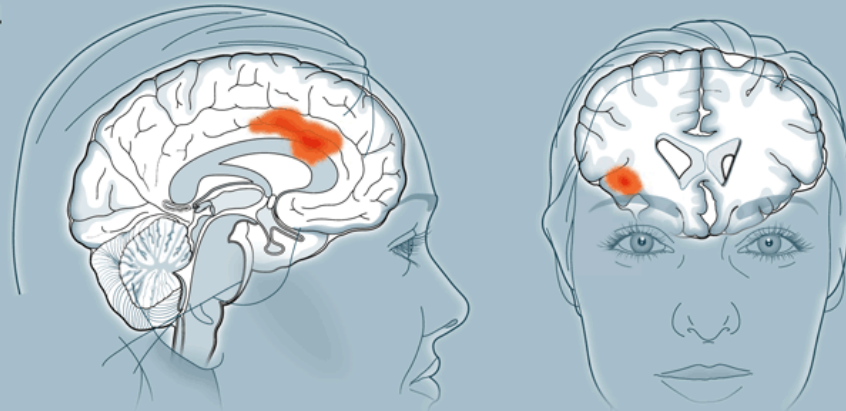


Illustration: Samuel Valasco

Source: Eisenberger, Lieberman, and Williams, *Science*, 2003 [social pain images]; Lieberman et al., "The Neural Correlates of Placebo Effects: A Disruption Account," *Neuroimage*, May 2004 [physical pain images]

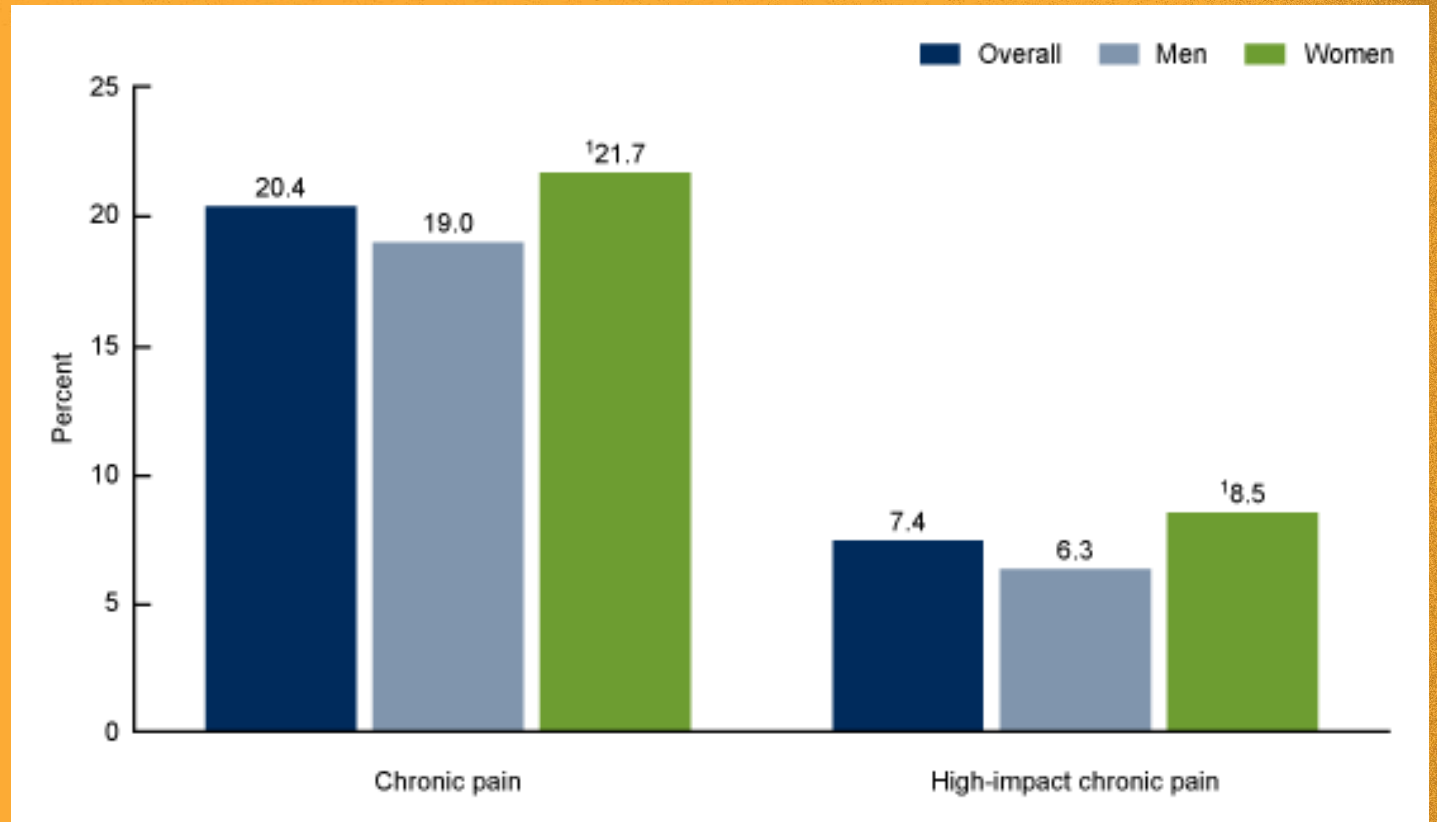
Save a life.

Get naloxone and keep it with you



Prevalence of Pain in the USA

Percentage of adults aged 18 and over with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2019



Zelaya et al. 2020

Save a life.

Get naloxone and keep it with you



Pain and How it Affects Us

It is so much more than just pain intensity. Over time, many [patients] find the effects of living with chronic pain impact their ability to work, engage in recreational and social activities, and for some, [perform] the most basic everyday activities that people just take for granted. Not surprisingly, pain begins to chip away at their mood, often leaving them angry, frustrated, anxious, and/or depressed. Our families suffer along with us, and many relationships are forever altered.

–An advocate for people with chronic pain³

- Decreased quality of life
- Depression and anxiety
- Cardiovascular health
- Decreased socialization
- Sleep disturbances
- Brain function

Save a life.

Get naloxone and keep it with you



OPIOIDS: WHAT ARE THEY AND HOW CAN THEY BE USED SAFELY

Save a life.

Get naloxone and keep it with you



Definitions

What is an opioid?

Opioid analgesics/pain relievers

- Natural, synthetic, and semi-synthetic substances (excluding heroin) that bind to specific opioid receptors in the Central Nervous System, producing an agonist action. They increase the threshold to pain.

Heroin

- A semi-synthetic opiate synthesized from morphine. It is broken down into morphine.

Fentanyl

- A potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic and anesthetic.”
- There are also non-FDA approved fentanyl analogs (carfentanil, acetyl fentanyl,...) that can be in most illicit drugs, everything from meth, cocaine, heroine to counterfeit tablets that can look like prescription medications

“Is it an opioid?”

Some examples of opioid medication include:

- Codeine
- Fentanyl (Duragesic)
- Hydrocodone (Vicodin, Norco)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine (MS Contin, Kadian)
- Oxymorphone (Opana)
- Oxycodone (OxyContin, Percocet)
- Tramadol (Ultram)

Save a life.

LL0658 Naloxone Standing Order

Get naloxone and keep it with you

Alaska Division of Public Health



Opioids and Why There Needs to be Caution With Use

Side effects depending on length of use:

- Sedation
- Dizziness (ie falls among elderly)
- Nausea
- Vomiting
- Constipation
- Physical dependence
- Tolerance
- Respiratory depression
- Increased pain sensitivity

Other impacts

- Misuse
- Addiction
- Overdose
- Death

Save a life.

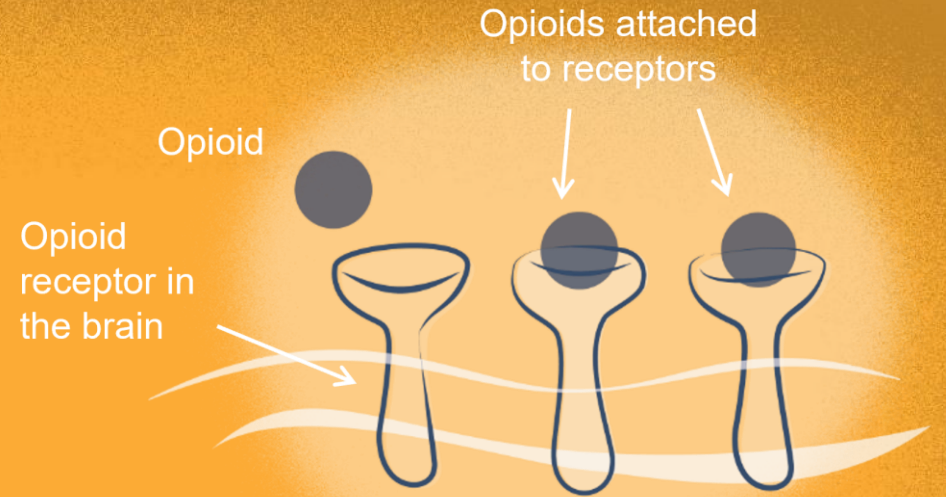
Get naloxone and keep it with you



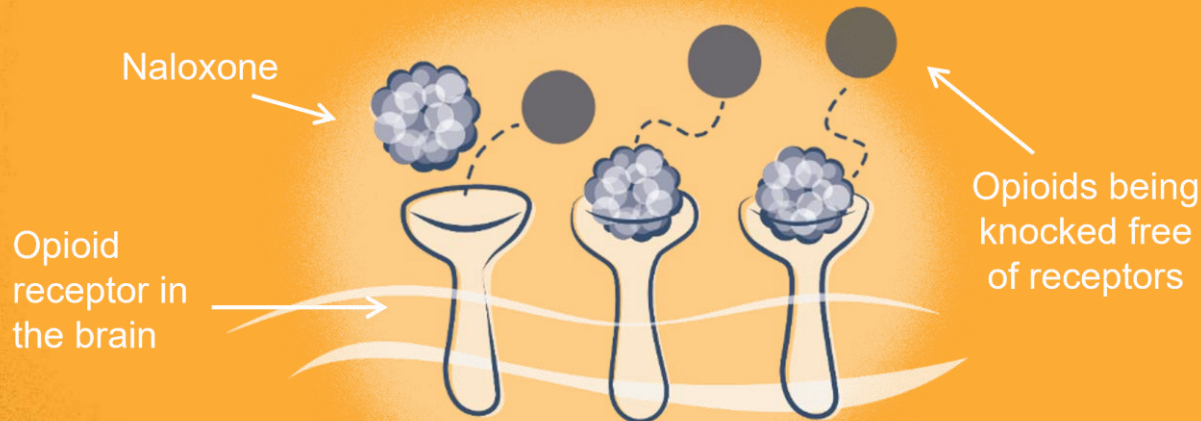
What is Overdose?



The brain has many opioid receptors. An overdose occurs when too much of an opioid (heroin, OxyContin, Percocet) fits in too many receptors, stopping the person's breathing



How Does Naloxone Work?



Naloxone bonds more strongly to the opioid receptors than opioid drugs, so it knocks the opioids off the receptors for a short time. This blocks the effects of the overdose allowing the person to breathe again.

Save a life.

Get naloxone and keep it with you



AN OVERDOSE IS A CONTINUUM

- Slow breathing
- Breathing stops
- Lack of oxygen may cause brain damage
- Heart stops
- Death

An opioid-involved overdose can result in the following:

- *Opioid-induced respiratory depression*
- *Brain injury can result in:*
 - *kidney failure, heart complications, neurologic consequences, seizures, nerve damage, temporary motor paralysis, fluid backup in the lungs, stroke, and pneumonia from inhaling*
- *Hypoxia can result in damage to the prefrontal cortex worsening addiction and increasing negative cognitive and mental health outcomes*

Save a life.

Get naloxone and keep it with you



Risk Factors for Overdose

- Access to substances
- Co-prescriptions
- Demand and Tolerance
- Injection use
- Physiological Factors
- Mixing substances/Polysubstance use

Save a life.

Get naloxone and keep it with you



Non-modifiable Risk Factors for Overdose

- Sleep-Disordered Breathing, Including Sleep Apnea
- Pregnant Women
 - Associated with: stillbirth, poor fetal growth, pre-term delivery, birth defects, Neonatal withdrawal
 - For mothers with OUD - MAT with buprenorphine or methadone improved MATERNAL outcomes
- Renal or Hepatic Insufficiency - decreased clearance, increased risk of UIOD
- Aged ≥ 65 Years - Increased risk: UIOD, fall, cognitive impairment
- Mental Health Conditions
 - Psychological distress interferes with improvements in pain and function
 - Anxiety, PTSD, depression
 - Patients with Harm risk
- History of Substance Use Disorder
- Prior Nonfatal Overdose

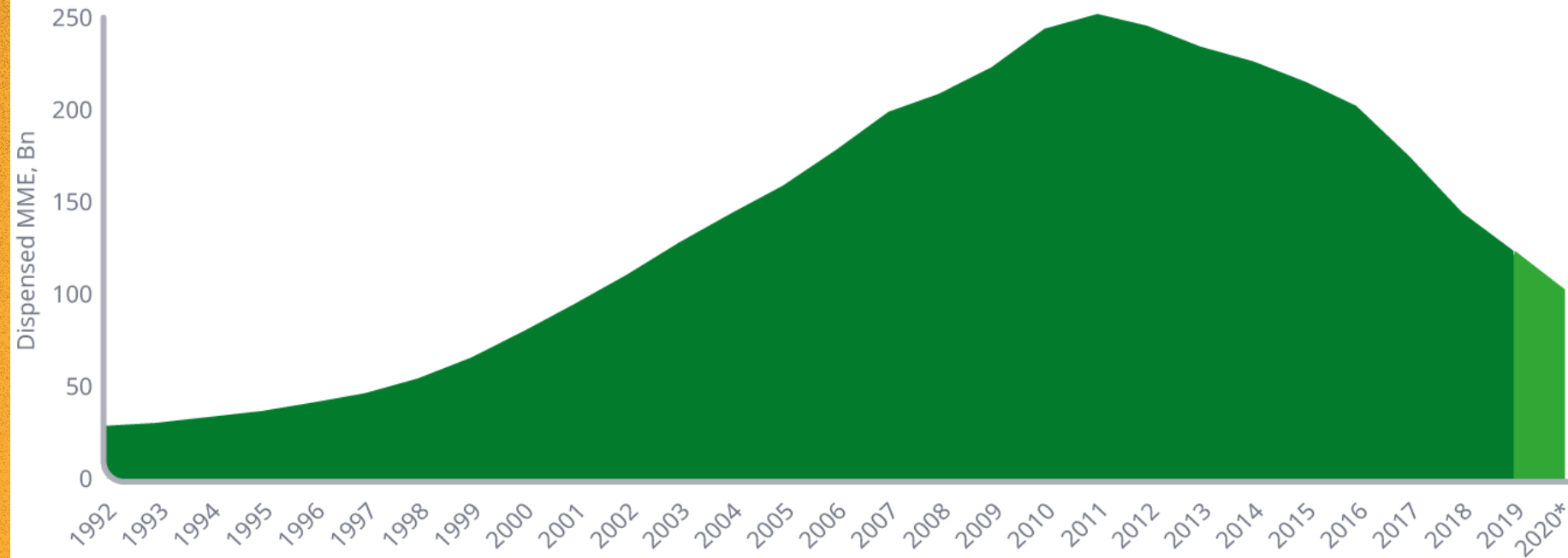
Save a life.

Get naloxone and keep it with you



Prescription Opioid Use Statistics

Prescription Opioid Use in Morphine Milligram Equivalents (MME) Bn, 1992-2020*



Source: IQVA Xponent, Mar 2020; IQVIA National Prescription Audit; IQVIA Institute, Nov 2020

Exhibit Notes: Historical NPA archive data for periods 1992-2005 combined with Xponent analysis for periods 2006-2020. 2020* includes data through September, and an estimation of Q4 2020 data based on previous year trend. Analysis is based on opioid medicines for pain management and excludes those medicines used for medication-assisted opioid use dependency treatment (MAT) or overdose recovery. Opioid medicines are categorized and adjusted based on their relative intensity to morphine, called a morphine milligram equivalent (MME), see Methodology. ¹CDC Prescription Opioid Data. Accessed Oct 2020. Available from: <https://www.cdc.gov/drugoverdose/data/prescribing.html>

Report: Prescription Opioid Trends in the United States. IQVIA Institute for Human Data Science, December 2020.

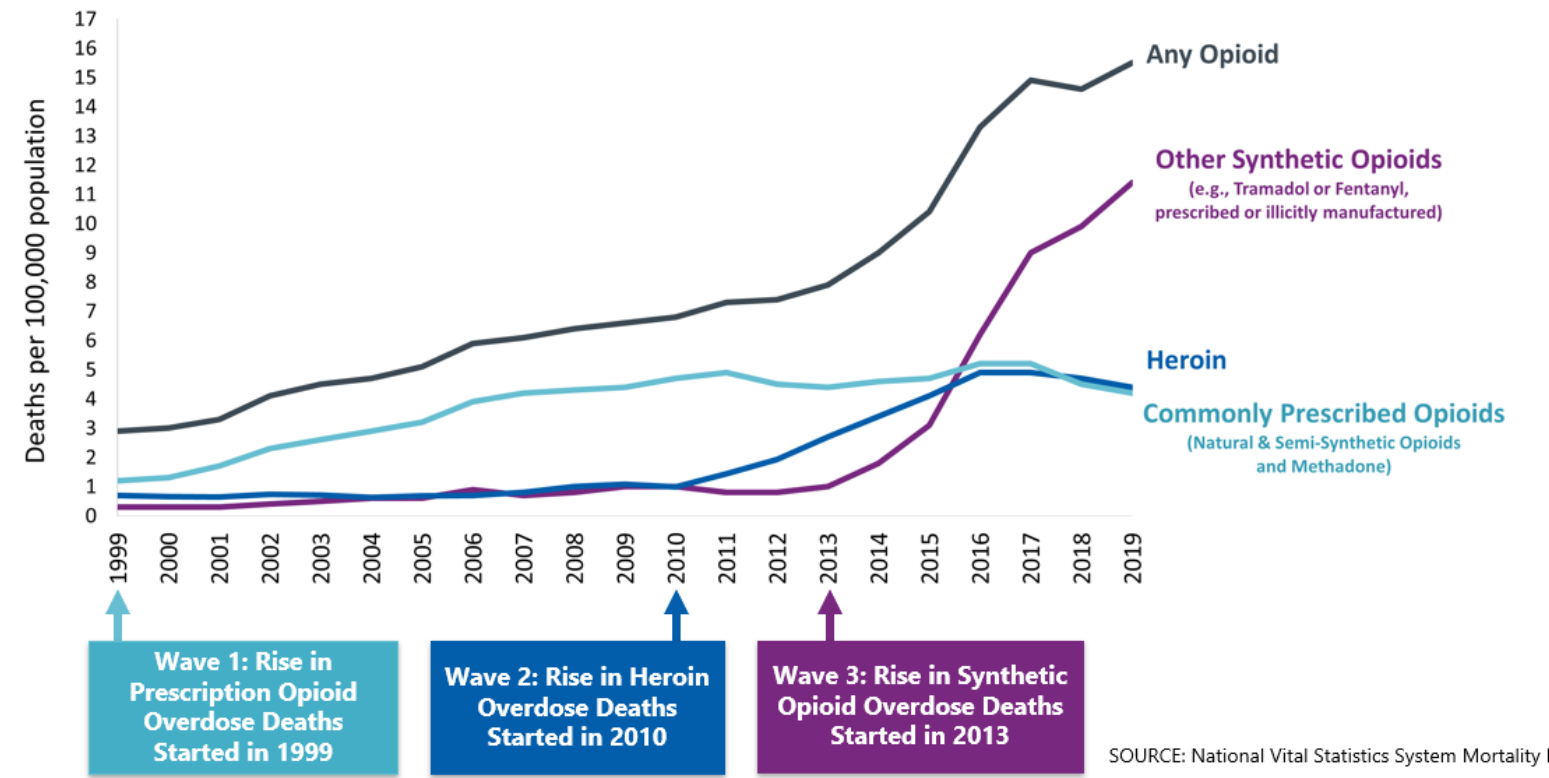
Save a life.

Get naloxone and keep it with you



Trends in Opioid Overdose Deaths

Three Waves of the Rise in Opioid Overdose Deaths



Save a life.

Get naloxone and keep it with you



Overdose Surge – Warning Alaskans

Warning to Alaskans

Counterfeit pills containing fentanyl can cause an overdose death. Help keep Alaskans safe.

Governor Mike Dunleavy, with the Alaska Department of Health and Social Services (DHSS), is alerting Alaska residents, families and schools about the threat of overdose due to counterfeit pills containing fentanyl. According to the Drug Enforcement Administration (DEA), nationally, 40% of all counterfeit pills in circulation contain fatal amounts of fentanyl. Alaska has seen a 71% increase in overdose deaths based on preliminary 2021 data, with 75% of all of the opioid overdose deaths involving fentanyl. A very small amount of fentanyl can cause someone to overdose and die. This bulletin contains guidance for Alaskans to help keep people safe.

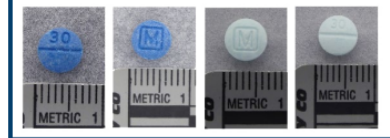
What is fentanyl?

Fentanyl is a synthetic opioid that is 50 times stronger than heroin and 100 times stronger than morphine. Although fentanyl is made and used pharmaceutically, it is also produced illegally in other countries and trafficked into the United States, usually as powder and pills. Fentanyl is frequently added into other substances such as heroin, methamphetamine and cocaine.

In Alaska, fentanyl is commonly seen in blue pills made to look like pharmaceutical oxycodone. People who sell or purchase drugs may call these pills "M-30s," "blues," or "dirty 30's". These fake pills are usually blue in color and stamped to look like real oxycodone pills you would get from a pharmacist. Because it takes a very small amount of fentanyl to cause an

overdose, one pill can be deadly. Fentanyl has also been found in other counterfeit pills such as benzodiazepines.

*Pictured here are examples of counterfeit pills.
Seizure of counterfeit pills containing fentanyl is on the rise.*



FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT
4 OUT OF EVERY 10 PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE

Counterfeit pills often contain fentanyl and are more lethal than ever before

OVERDOSE IS CLOSER THAN YOU THINK.

Four things you can do to be safer from possible fentanyl exposure.



TEST EVERYTHING

Use fentanyl test strips every time to determine if your drugs have been mixed or cut with fentanyl.



CARRY NALOXONE

You can stop a heroin or opioid overdose with naloxone nasal spray. Keep it with you.



DON'T USE ALONE

Make sure someone is around to administer naloxone in case of an overdose.



CALL 911

Call 911 even after administering naloxone. A person can slip back into overdose after the naloxone wears off.



Go to getnarcan.dhss.alaska.gov to find a distributor near you.
Email: projecthope@alaska.gov



Warning to Alaskans

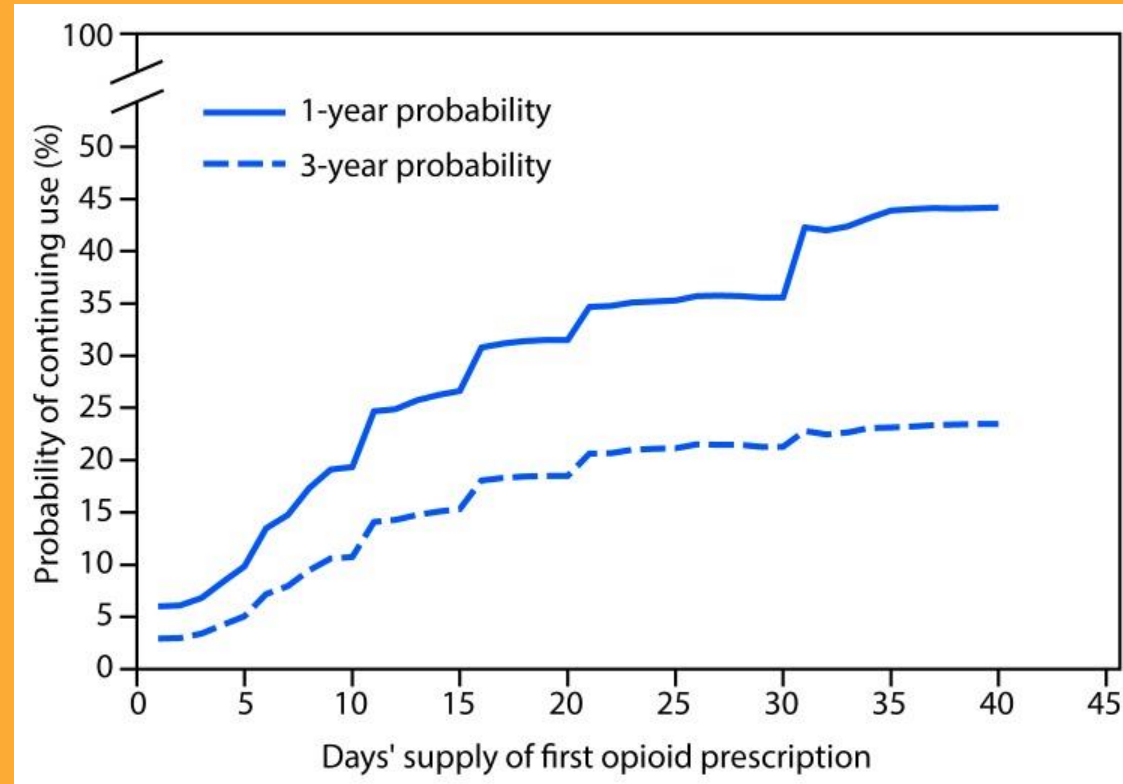
<https://dhss.alaska.gov/dph/Director/Documents/opioids/FentanylBulletin.pdf>

Save a life.

Get naloxone and keep it with you



One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription – United States, 2006–2015



Source: CDC, MMWR, 3/17/2017

Save a life.

Get naloxone and keep it with you



Opioid Risk Factors (Think 2015)

- **Prescription**
 - More than a third of Americans in past two years
- **Misuse**
 - Up to 29% prescribed
- **Opioid Use Disorder and/or Heroin**
 - 8-12% OUD
 - 4-6% Heroin Use

Save a life.

Get naloxone and keep it with you



In 2020, Unintentional Injuries Were the Leading Cause of Death Among Alaskans Aged 20-44 Years

Rank of Leading Causes of Death (Among Alaskans 20-44 Years)	Number of Deaths
1. Accidents/Unintentional Injuries	182
2. Intentional Self-Harm	114
3. Chronic Liver Disease and Cirrhosis	54
4. Diseases of Heart	48
5. Malignant Neoplasms	33
All Causes of Death	614

In 2020, 54% (98) of unintentional injury deaths among Alaskans aged 20-44 years were due to accidental poisonings

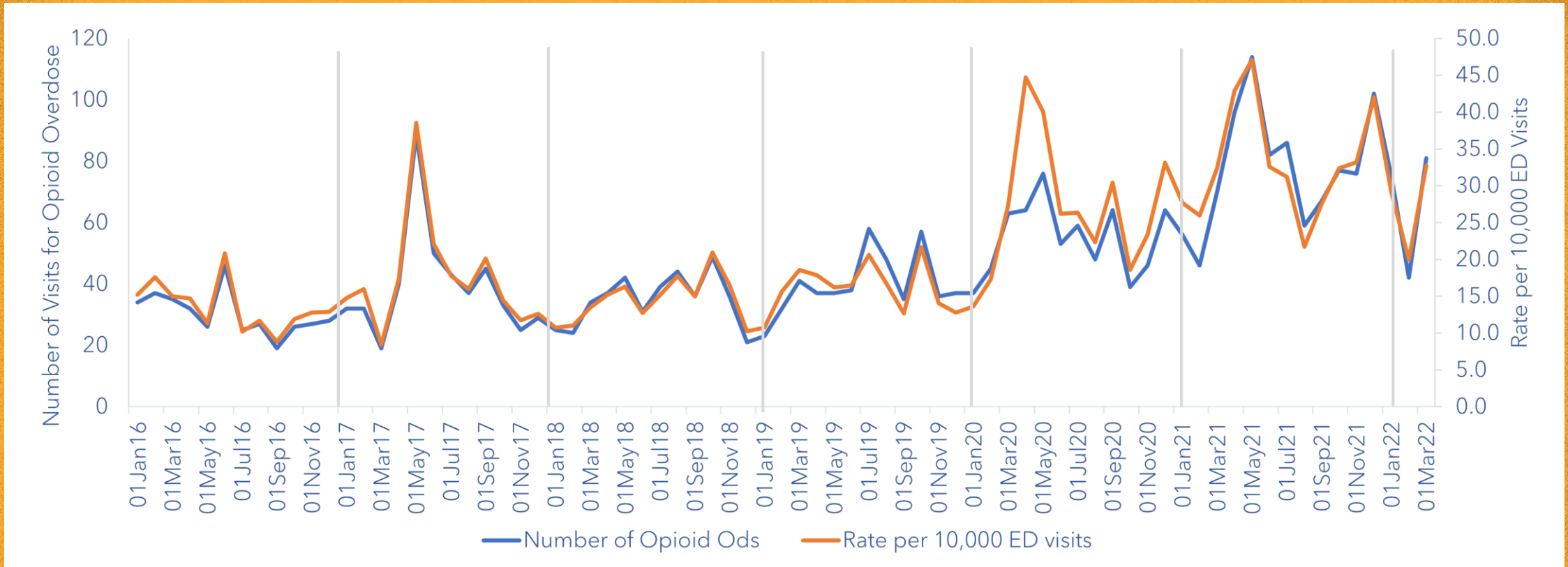
Source: Alaska Division of Public Health, Health Analytics and Vital Records Section. Accessed 3/18/2022.

Save a life.

Get naloxone and keep it with you



Emergency Department Visits for Opioid Overdoses in Alaska, Jan 2016-Mar 2022



Source: Alaska Division of Public Health, Section of Epidemiology, Syndromic Surveillance Data. Accessed 4/26/2022.

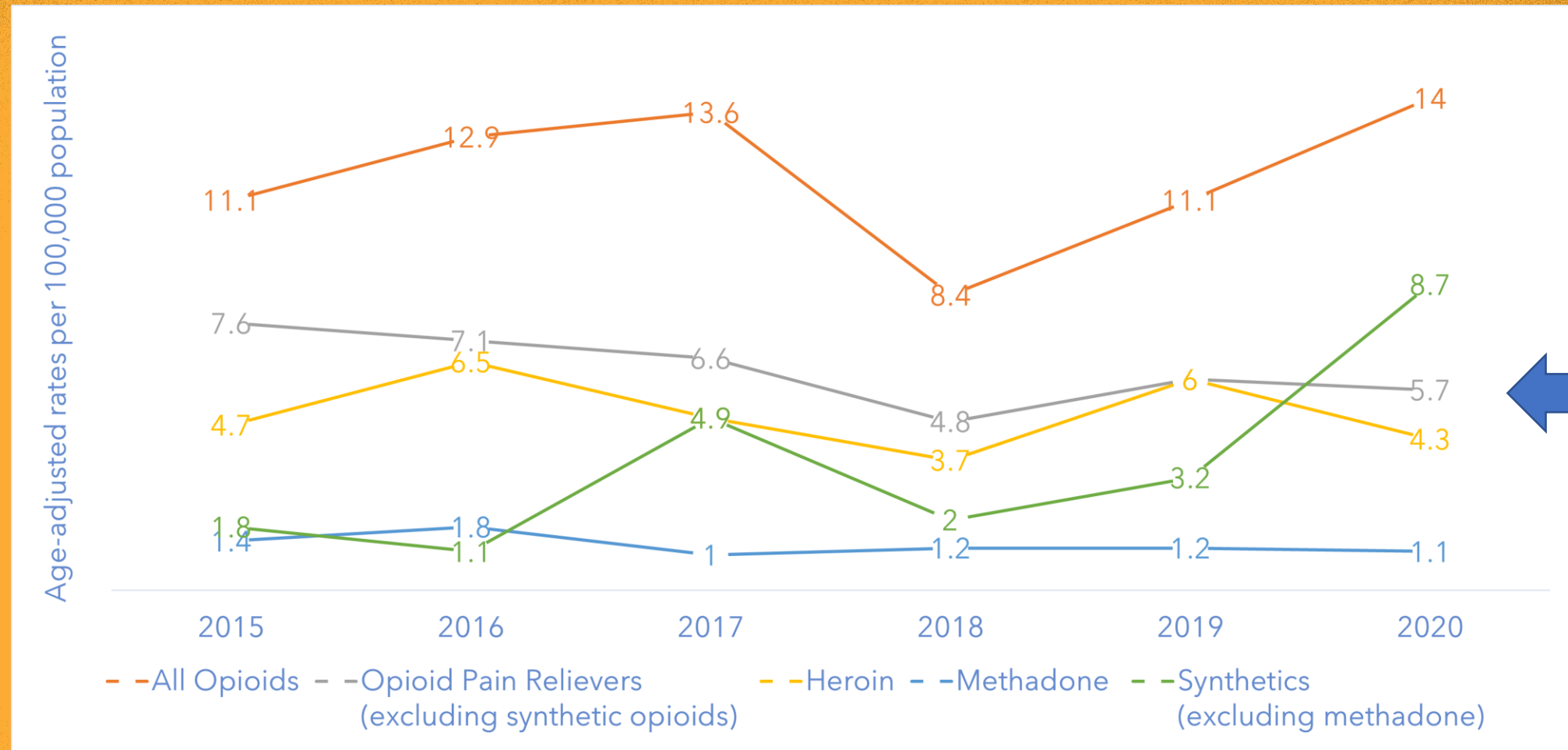
The displayed timeframe includes the COVID-19 pandemic, during which ED volume fluctuated greatly. We recommend considering trends in both absolute numbers and rates when assessing activity during this timeframe. Not all emergency departments participate in syndromic surveillance, and some have onboarded at different times. Syndromic Surveillance data are based on queries of emergency department notes and diagnosis codes suggestive of the condition of interest and are therefore approximate. Data are best suited for trend analysis, rather than final counts.

Save a life.

Get naloxone and keep it with you



Opioid Overdose Death Rates



Fentanyl

*2020 data are preliminary and subject to change

Save a life.

Get naloxone and keep it with you



CDC Prescription Data



Save a life.

Get naloxone and keep it with you



OPIOID: TOOLS TO KEEP ALASKANS SAFE

- SAFE STORAGE AND DISPOSAL
- NALOXONE
- PRESCRIPTION DRUG MONITORING

Save a life.

Get naloxone and keep it with you



Medication Storage and Disposal

The importance:

- Risk of sharing
- Risk to children and youth

The interventions:

- Medication kiosks
- Medication disposal bags
- Medication lockboxes
- Sharing is not caring



Save a life.

Get naloxone and keep it with you



Provider and Patient Education

Clinicians: caring for patients with complex pain medication regimens?
We're behind you.

A new partnership between State of Alaska and University of Washington:

UW Medicine Pain and Opioid Consult Hotline for Alaskan Clinicians
1-844-520-PAIN (7246)

UW Medicine pain pharmacists and physicians are available Monday through Friday, 7:30 a.m. to 3:30 p.m AKT (excluding holidays) to provide clinical advice at no charge to you.

Consultations for clinicians treating patients with complex pain medication regimens, particularly high dose opioids:

- Individualized opioid taper plans
- Systematic management of withdrawal syndrome
- Evaluate/recommend non-opioid/adjunct analgesic treatment
- Triage and risk screening
- Individualized case consultation for client care and medication management
- Explain/review Center for Disease Control and Prevention (CDC) opioid guidelines: <https://www.cdc.gov/mmwr/volumes/65/rr/tr6501e1.htm>

UW TelePain Services: Available Wednesdays 11am to 12:30 p.m AKT. <http://depts.washington.edu/anesth/care/pain/telepain>



TREATING PAIN: WHAT ALASKANS SHOULD KNOW



If you've had an injury, surgery or dental work, you are likely to have pain. Some pain can be a normal part of healing.

Talk with your doctor to find the most effective treatment with the least risk.

WHY BE CAUTIOUS WITH OPIOIDS?
 Opioid medications are chemically similar to heroin, with serious risk of addiction and overdose, even when taken as directed.

#1 Drug overdose was Alaska's leading cause of accidental death for 2016. Opioid addiction is driving the epidemic.

Alaska Department of Health and Social Services

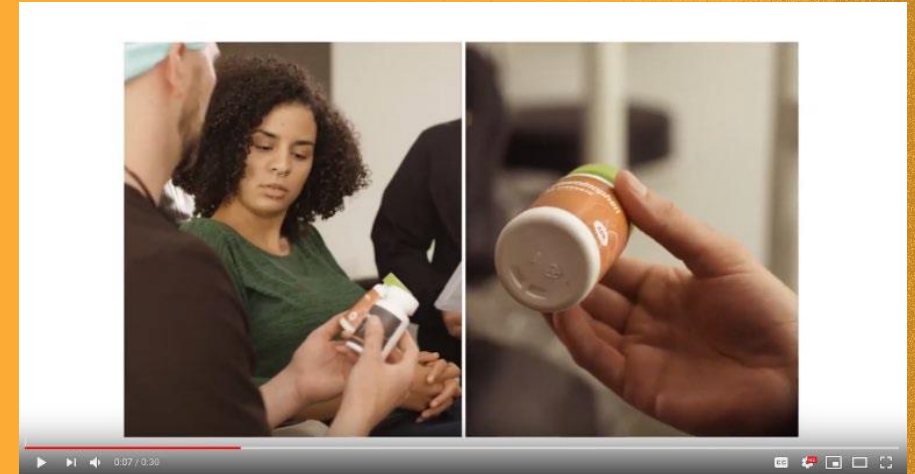
"IS IT AN OPIOID?"
 Some examples of opioid medication include:

- Codeine
- Fentanyl (Duragesic)
- Hydrocodone (Vicodin, Norco)
- Hydromorphone (Dilaudid)
- Nepiridine (Demerol)
- Methadone
- Morphine (MS Contin, Kadian)
- Oxycodone (Opioid)
- Oxycodone (OxyContin, Percocet)
- Tramadol (Ultram)

Nationally, 4 out of 5 heroin users started out misusing prescription opioids.

American Society of Addiction Medicine

Learn more: WWW.OPIOIDS.ALASKA.GOV



DHSS OSMAP Academic Detailing Pilot

Save a life.

Get naloxone and keep it with you



PDMP: A Tool to Support Patients

- Querying
 - Then having the conversation with the provider and patient (The Pharmacist and the ED provider)
- Using the alerts
 - NarxCare Alerts
 - Clinical Alerts
- Communication and continuity of care
 - Communications Module

Save a life.

Get naloxone and keep it with you



Learn the Signs of an Overdose



FACE is clammy to touch and has lost color. Has trouble speaking. Center part of their eye very small, sometimes called "pinpoint pupils."



BREATHING is slow or has stopped.



BODY is limp. Fingernails or lips are turning blue or purple.



BREATHING is slow or has stopped.



SLEEP is deep and person cannot be woken. Will not respond to your voice or touch.

Save a life.

Get naloxone and keep it with you



Naloxone Distribution

- Universal, opt-out co-prescribing naloxone
 - Cost-effective and life saving:
 - One-time pharmacy of naloxone prevented 14 additional overdose deaths per 100 000 persons, with an incremental cost-effectiveness ratio (ICER) of \$56 699 per QALY. -Acharya et al., 2020
 - In the US, one-time pharmacy distribution of naloxone would lead to overdose death reductions 64% of the time. Acharya et al., 2020
- Especially distribute for elevated risk prescriptions
- Incorporate the device into the bag with the opioid prescription, and/or offer education about it



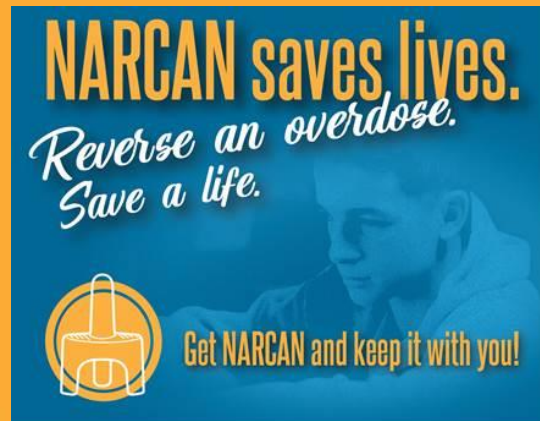
Save a life.

Get naloxone and keep it with you



Naloxone Saves Lives

- Naloxone is an overdose reversal drug that is safe, has no potential for abuse, **and reverses overdoses 75% to 100% of the time.** Narcan is a brand of naloxone.
- A person who has a fentanyl-involved overdose may only **have 2 minutes** before his/her/their death.
- Studies show overdoses are reversed and lives are saved **when lay people carry and use naloxone.**



Find out how to use and get naloxone at
<https://dhss.alaska.gov/osmap/Pages/hope.aspx>

Save a life.

Get naloxone and keep it with you



Naloxone is Effective Against Opioids Such As:



- Heroin
- Methadone
- OxyContin
- Vicodin
- Percocet
- Codeine
- Fentanyl

Naloxone Will NOT Reverse Overdose from Drugs Such As:

- Cocaine
- Meth (Methamphetamine)
- Alcohol
- Stimulants
- Benzos (Benzodiazepines such as Xanax and Valium)

Carry naloxone regardless as those who are using illicit substances may not know their substance is contaminated with an opioid.

Save a life.

Get naloxone and keep it with you



Get the Rescue Kit



The rescue kit includes

- Two doses of naloxone nasal spray
- Instructions on how to stop an overdose with naloxone nasal spray
- Fentanyl testing strip
- Instructions on how to the test strip
- Latex protective gloves

Save a life.

Get naloxone and keep it with you



ALTERNATIVE PAIN MANAGEMENT APPROACHES

- MULTIMODAL APPROACHES
- NON-OPIOID PAIN MANAGEMENT
- NON-PHARMACOLOGICAL PAIN MANAGEMENT
- PRESCRIPTION DRUG MONITORING

Save a life.

Get naloxone and keep it with you



Three Main Messages of Guidelines

1. Determining when to initiate or continue opioids for chronic pain
2. Opioid selection, dosage, duration, follow-up, and discontinuation
3. Assessing risk and addressing harms of opioid use



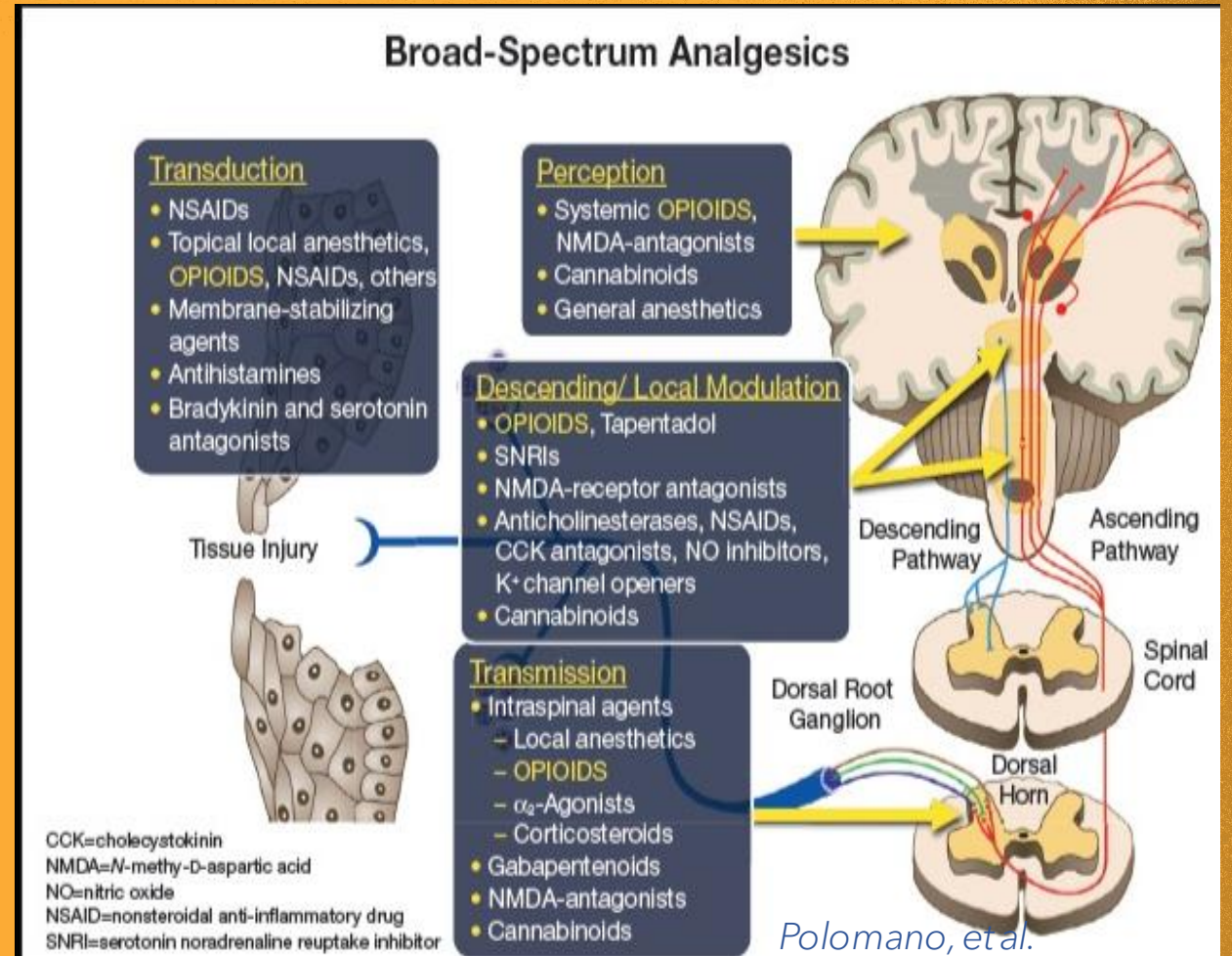
Save a life.

Get naloxone and keep it with you



Effects on The Brain

- Transduction
 - NSAIDs
 - Membrane-stabilizing agents
 - Antihistamines
 - Bradykinin and serotonin antagonists
- Perception
 - Systemic Opioids, NMDA-antagonists
 - Cannabinoids
 - General Anesthetics
- Descending/ Local Modulation
 - Opioids, Tapentadol
 - SNRIs
 - NMDA- receptor antagonists
 - Anticholinesterases, NSAIDs, OCK antagonists, NO inhibitors, K⁺ channel openers
 - Cannabinoids
- Transmission
 - Gabapentenoinds
 - NMDA- antagonists
 - Cannabinoids
 - Intraspinal agents
 - Local anesthetics
 - OPIOIDS
 - Agonists
 - Corticosteroids



Save a life.

Get naloxone and keep it with you



2016 CDC Opioid Guidance for Pain #1 “Nonpharmacologic Therapy and Nonopioid Pharmacologic Therapy are Preferred”

PT, weight loss, exercise, psychology behavioral modification

- Hip or knee osteoarthritis - improved function and reduced chronic pain
- Low back pain and fibromyalgia - improved function and well-being
 - No evidence for decreased pain or improved function with long-term use of opioids for: low back pain, headache, or fibromyalgia

Non-opioid pharmacotherapy

- Pain: neuropathic or nociceptive
 - NSAID better for nociceptive
 - Tricyclic, anticonvulsants, TD lidocaine better for neuropathic
- Non-Opioid are generally not associated with substance use disorder
- Numbers of fatal overdoses associated with nonopioid medications are a fraction of those associated with opioid medications
 - 2010 APAP+NSAIDs ~100x less than opioids
- When multimodal approach is used with opioids MMEs ~3x4x lower

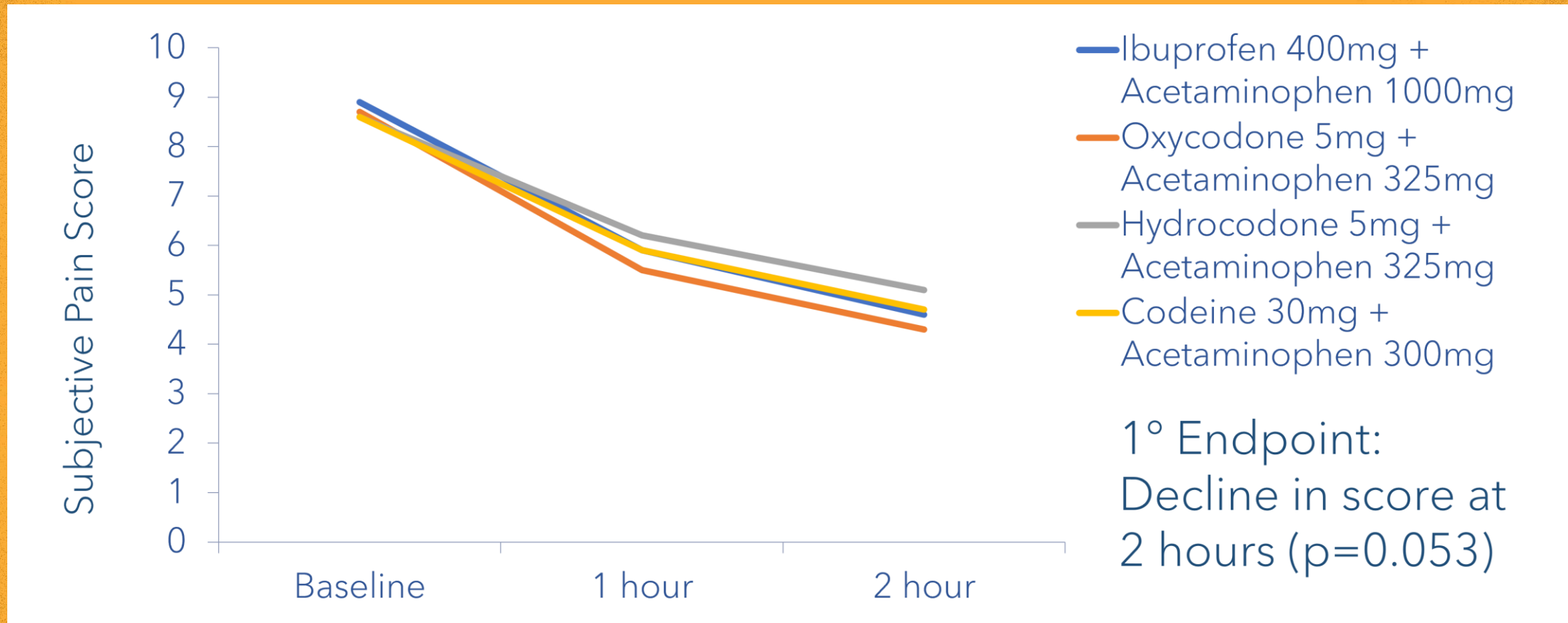
Fransen, et al., Hayden et al., Hamrick, et al.

Save a life.

Get naloxone and keep it with you



RCT of 410 Pts: Management of Extremity Pain (Sprain, Fracture, MS Pain) in the ED



Chang AK, et al. JAMA 2017; 318(17):1661-67

Save a life.

Get naloxone and keep it with you



Multimodal Approaches to Pain

Strategies for Managing Pain and Associated Disability

1. Pharmacotherapy
 - AP AP, NSAIDs, TCAs, opioids, topical agents
2. Physical Medicine and Rehabilitation
 - Assistive devices, electrotherapy
3. Complementary and Alternative Medicine
 - Massage, supplements
4. Lifestyle Change
 - Exercise, weight loss
5. Psychological Support
 - Psychotherapy, group support
6. Interventional Approaches
 - Injections, neurostimulation



<https://paininjuryrelief.com/wp-content/uploads/2012/09/multimodalapproach.jpg>

Save a life.

Get naloxone and keep it with you



Restorative Therapies

- **Massage Therapy**
 - Though the evidence is supportive of massage therapy, studies are lacking in quality so it is tough to determine the overall effectiveness of massage therapy in pain management.
- **Therapeutic Exercise**
 - A recent meta-analysis (2015) evaluated the role of exercise in patients with knee osteoarthritis. Data from 44 trials (3,537 participants) indicated that therapeutic exercise provides short-term benefits such as reduced pain, improved physical function and improved quality of life.
- **Transcutaneous electric nerve stimulation**
 - TENS uses low voltage electrical currents to provide pain relief. These electrical impulses are delivered via electrodes that are placed on the surface of the skin near nerves or where the pain trigger points are located.

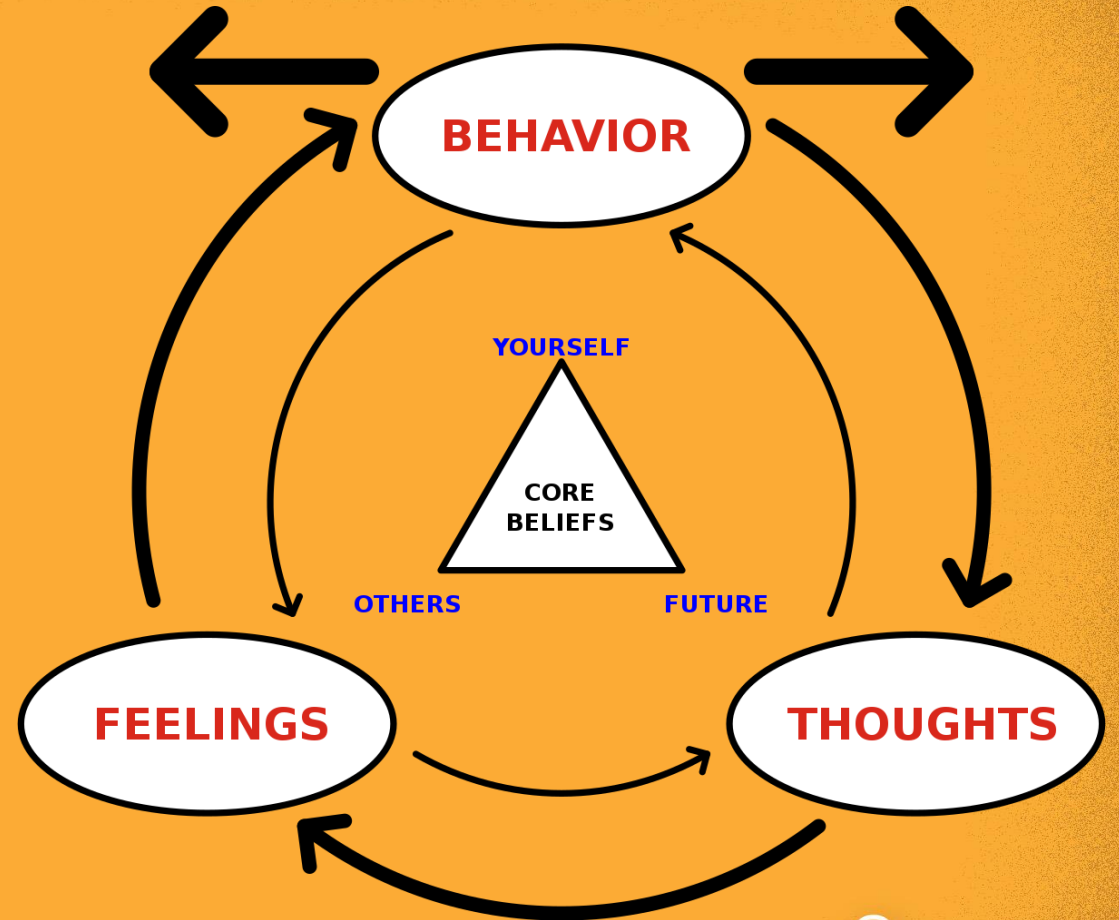
Save a life.

Get naloxone and keep it with you



Behavioral Health Approaches

- Behavioral therapy
- Cognitive-behavioral therapy
- Acceptance and commitment therapy
- Mindfulness-based Stress Reduction
- Psychophysiological Approaches



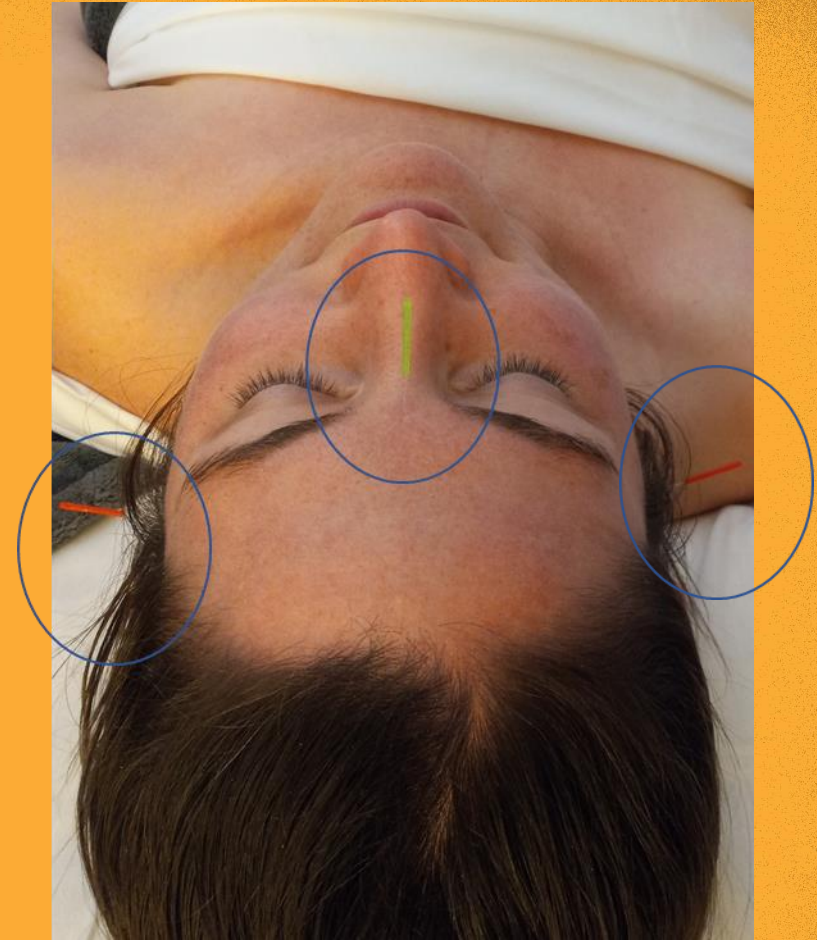
Save a life.

Get naloxone and keep it with you



Complimentary and Integrative Health

- Acupuncture
 - Evidence is building for the importance of acupuncture in pain management depending on the condition.
- Yoga
 - Depending on the medical condition, yoga can be very beneficial according to the evidence.
- Tai Chi
 - The evidence indicates Tai Chi to be beneficial for immediate relief of chronic pain.



Save a life.

Get naloxone and keep it with you



Importance of Nutrition

- Lifestyle
 - Adapting and increasing activity
 - Healthy sleeping habits
- Nutritional Status
 - Thoughts and emotions effect dietary behavior e.g. comfort eating
 - Isolated from social aspects of eating
 - Energy balance, and access to and preparation of food
 - Poor sleep = poor intake
 - Therapeutic role for pain and comorbidities
- Biopsychosocial
 - Biomedical : structural problems or illness
 - Use of medication and surgery
 - Connection : isolation from people, place or purpose
 - Mindbody: thoughts and emotions



Save a life.

Get naloxone and keep it with you



Safely and Effectively Managing Pain

To find effective treatment options, **talk to your doctor about managing your pain safely.**

A conversation with your doctor can help you understand nonopioid pain management options. Talk to your doctor about:

- your health history
- how your activities have been impacted by pain
- what you hope to gain from managing your pain
- a complete list of all your medications

Having detailed discussions with your doctor about your pain management and function goals can help your doctor identify the best treatment with the lowest level of risk.

Save a life.

Get naloxone and keep it with you



Treatment Resources

Alaska Community Resources

- State of Alaska - DBH page
 - Links to Substance Use Disorder Treatment Provider Lists
 - <https://dhss.alaska.gov/dbh/Pages/default.aspx>
- [OpenBeds](#)
 - www.treatmentconnection.com
 - Provides a list of treatment providers based on real time availability
 - Not all providers are listed

SAMHSA

- <https://www.samhsa.gov/medication-assisted-treatment/find-treatment>
- Medication for Addiction Treatment Locator
 - Buprenorphine Practitioner Locator
 - Opioid Treatment Program Directory
- Behavioral Health Treatment Locator
- SAMHSA Helpline: 1-800-662-HELP (4357)

Save a life.

Get naloxone and keep it with you



**"THE OPPOSITE OF ADDICTION
ISN'T SOBRIETY. IT'S
CONNECTION."**

— JOHANN HARI, *CHASING THE SCREAM: THE FIRST AND LAST DAYS OF THE WAR ON DRUGS*

Save a life.

Get naloxone and keep it with you



Materials Available

NARCAN SAVES LIVES
Reverse an overdose. Save a life.
You can stop a heroin or opioid overdose with NARCAN nasal spray.
Get NARCAN and keep it with you!

Find a distributor near you.
Go to www.dhs.alaska.gov or call 1-800-452-3333

NARCAN SAVES LIVES
Reverse an overdose. Save a life.
You can stop a heroin or opioid overdose with NARCAN nasal spray.
Get NARCAN and keep it with you!

Find a distributor near you.
Go to www.dhs.alaska.gov or call 1-800-452-3333

NARCAN SAVES LIVES
Reverse an overdose. Save a life.
You can stop a heroin or opioid overdose with NARCAN nasal spray.
Get NARCAN and keep it with you!

Find a distributor near you.
Go to www.dhs.alaska.gov or call 1-800-452-3333

NARCAN SAVES LIVES
Reverse an overdose. Save a life.
Get NARCAN and keep it with you!

Save a life.
OVERDOSE IS CLOSER THAN YOU THINK. LEARN THE SIGNS.

- FACE** is clammy to touch and has lost color. Has trouble speaking. Center part of their eyes very small, sometimes called "pinpoint pupils."
- BREATHING** is slow or has stopped.
- BODY** is limp. Fingernails or lips are turning blue or purple.
- HEARTBEAT** is slow or has stopped.
- SLEEP** is deep and person cannot be woken. Will not respond to your voice or touch.
- You can stop a heroin or opioid overdose with naloxone nasal spray.

Get NALOXONE and keep it with you!

Overdose deaths linked to drugs cut with fentanyl have increased in Alaska. Always test before using.

TEST EVERYTHING
Free test strips available!

- 1. Add water**
Add sterile water to your container. Do not use tap water. It's not safe to use tap water and will not work.
- 2. Test results**
Put the needles in your container before you work. Dip the test strip in the water. Do not push the float too fast and hold it there for 10-15 seconds.
- 3. 5 minutes**
Place test strip on clean surface or across top of window. Wait five minutes.
- 4. Check results**
Check the results. Do not use the strip unless you see a red line.

Go to getnarcan.dhs.alaska.gov to find a distributor near you.
Email: projecthope@alaska.gov

OVERDOSE IS CLOSER THAN YOU THINK.
Four things you can do to be safer from possible fentanyl exposure.

- TEST EVERYTHING**
Use fentanyl test strips every time to determine if your drugs have been mixed or cut with fentanyl.
- CARRY NALOXONE**
You can stop a heroin or opioid overdose with naloxone nasal spray. Keep it with you.
- DON'T USE ALONE**
Make sure someone is around to administer naloxone in case of an overdose.
- CALL 911**
Call 911 even after administering naloxone. A person can slip back into overdose after the naloxone wears off.

Go to getnarcan.dhs.alaska.gov to find a distributor near you.
Email: projecthope@alaska.gov

OVERDOSE DEATHS ARE PREVENTABLE. Save a life.

Naloxone nasal spray stops an opioid/heroin overdose. Fentanyl test strips can signal if fentanyl is present in drugs before use. Both are available for FREE.

TEST EVERYTHING
Use fentanyl test strips every time to determine if your drugs have been mixed or cut with fentanyl.

CARRY NALOXONE
You can stop a heroin or opioid overdose with naloxone nasal spray. Keep it with you.

DON'T USE ALONE
Make sure someone is around to administer naloxone in case of an overdose.

CALL 911
Call 911 even after administering naloxone. A person can slip back into overdose after the naloxone wears off.

Learn more at opioids.alaska.gov

Reverse an overdose. Save a life.
CARRY NARCAN
Email projecthope@alaska.gov

I CARRY NARCAN
Reverse an overdose. Save a life.

Save a life.

Get naloxone and keep it with you



Q&A


opioids.alaska.gov
email: osmap@alaska.gov

Save a life.

Get naloxone and keep it with you



References

- Zelaya CE, Dahlhamer JM, Lucas JW, Connor EM. Chronic pain and high-impact chronic pain among U.S. adults, 2019. NCHS Data Brief, no 390. Hyattsville, MD: National Center for Health Statistics. 2020.
- Raja SN, Carr DB, Cohen M, Finnerup NB, Flor H, Gibson S, Keefe FJ, Mogil JS, Ringkamp M, Sluka KA, Song XJ, Stevens B, Sullivan MD, Tutelman PR, Ushida T, Vader K. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. *Pain*. 2020 Sep 1;161(9):1976-1982. doi: 10.1097/j.pain.0000000000001939. PMID: 32694387; PMCID: PMC7680716.
- Collins, S. (2018). "Beyond opioids: the future of pain management." *WebMD* Retrieved 23 Jan 2022 from: https://www.webmd.com/special-reports/opioids-pain/20180314/opioid-alternatives?src=RSS_PUBLIC
- Sandler, J. (1962). Psychology and psychoanalysis. *British Journal of Medical Psychology*, 35, 91-100.
- Dueñas, M., Ojeda, B., Salazar, A., Mico, J. A., & Failde, I. (2016). A review of chronic pain impact on patients, their social environment and the health care system. *Journal of pain research*, 9, 457-467. <https://doi.org/10.2147/JPR.S105892>
- Hersh, E., Moore, P., Grosser, T., Polomano, R, Farrar, J.,...Theken, K. (2020). "Nosteroidal anti-inflammatory drugs and opioids in postsurgical dental pain." *Journal of Dental Research*, 99(77): 777-786.
- Teater, D. (n.d.) "NSAIDs are stronger pain medications than opioids A Summary of Evidence." National Safety Council.
- Cragg, A., Hau, J., Woo, S., ACPR, Kitchen, S., ...Hohl, C. (2019). "Risk factors for misuse of prescribed opioids: a systematic review and meta-analysis." *Annals of Emergency Medicine*, 74(5): 634-646.
- Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 2015;156(4):569-576. doi:10.1097/01.j.pain.0000460357.01998.f1.
- Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>
- Muhuri PK, Gfroerer JC, Davies MC; Substance Abuse and Mental Health Services Administration. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CBHSQ Data Review*. Published August 2013. Accessed October 8, 2015.

Save a life.

Get naloxone and keep it with you

