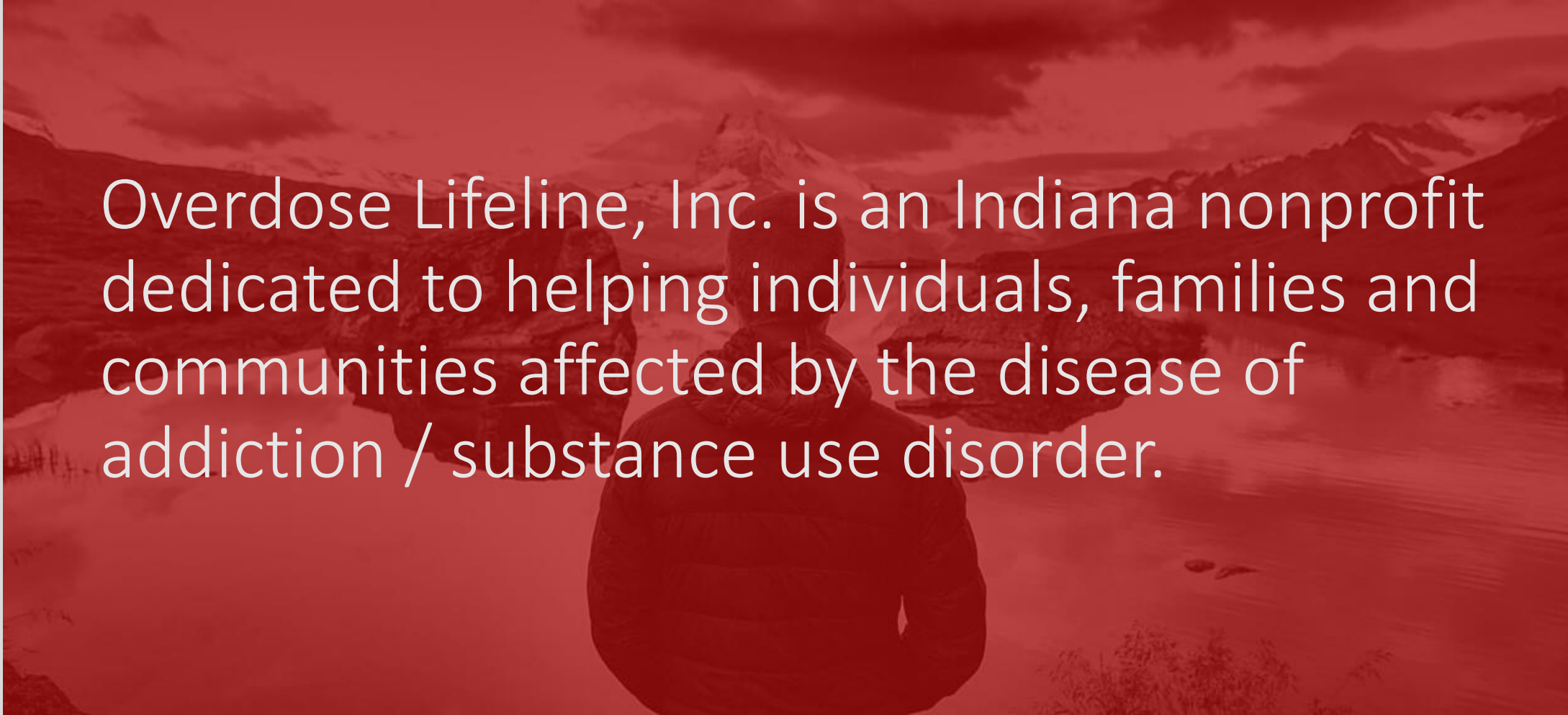


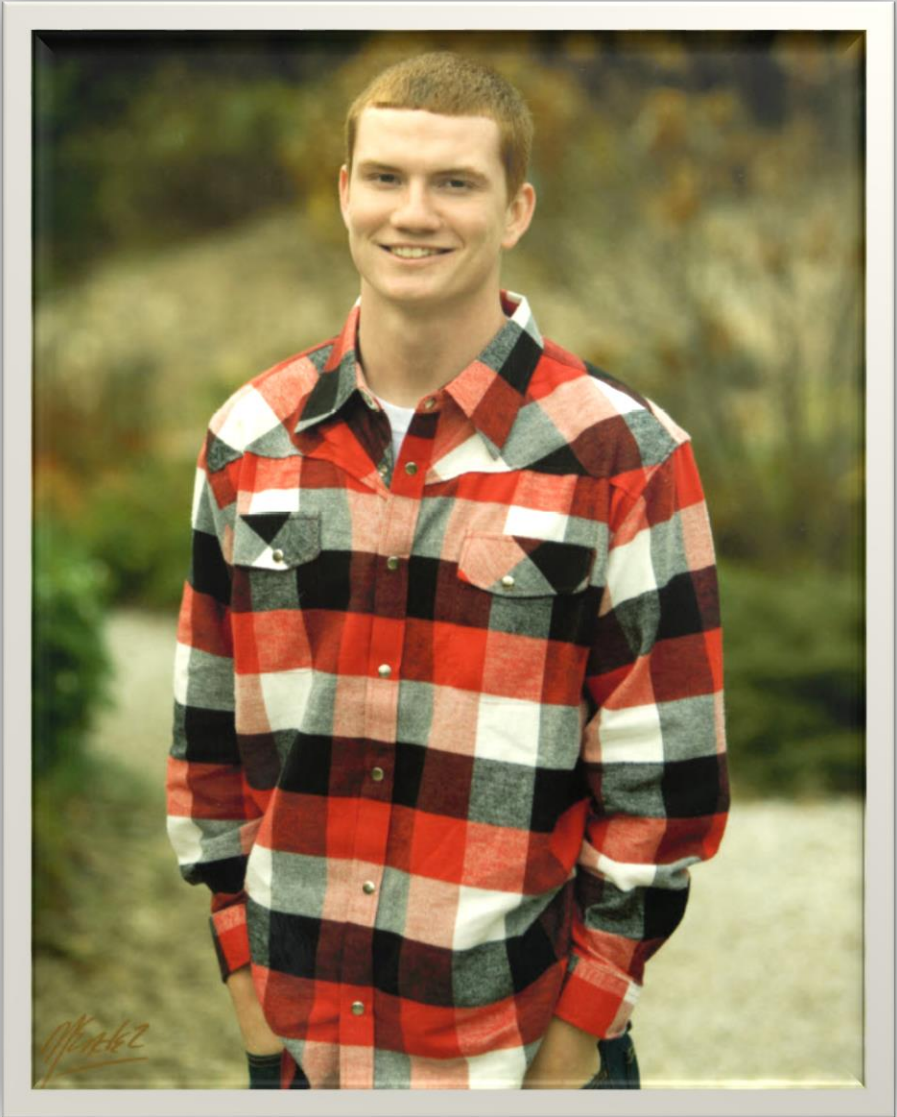


The Opioid Public Health Crisis

Overdose Lifeline, Inc.



Overdose Lifeline, Inc. is an Indiana nonprofit dedicated to helping individuals, families and communities affected by the disease of addiction / substance use disorder.



We're here to help

- Working with law enforcement, government, and communities to advance the laws and resources available
- Education and prevention
- Harm Reduction
 - First responder naloxone overdose reversal kits and training
 - Naloxone distribution and training for the individual, family / caregiver
- Providing education on the chronic disease of addiction / substance use disorder and prevention information and resources
- Support group for those experiencing a loss

Information about our programs

Prevention, Education and Training

Programs and training for businesses, communities, educators, families, healthcare, law enforcement, and more. Includes "This is (Not) About Drugs", an outcomes-driven, science-based youth opioid prevention program - incorporating NIDA principles, risk and protective factors. PreVenture, an evidenced based substance use prevention program addressing personality risk factors and coping skills.

overdose-lifeline.org/education

Naloxone Distributions

Aaron's Law (SEA-406) went into effect April 2015 providing increased access to naloxone. A statewide standing order was issued in July 2016 allowing an individual, family member or friend to visit an IN pharmacy without the need for a prescription. As a registered entity with the state, Overdose Lifeline services:

FIRST RESPONDERS: Provides training and equips first responder personnel with naloxone across the state of Indiana.

overdose-lifeline.org/first-responders

LAYPERSON: Provides education, resources and works with communities and groups to set-up naloxone distribution and training events around the state of Indiana.

overdose-lifeline.org/naloxone

Lifeline for Loss

Monthly support group, facilitated by a licensed therapist, for parents and families recovering from an overdose loss.

overdose-lifeline.org/support-group

About addiction

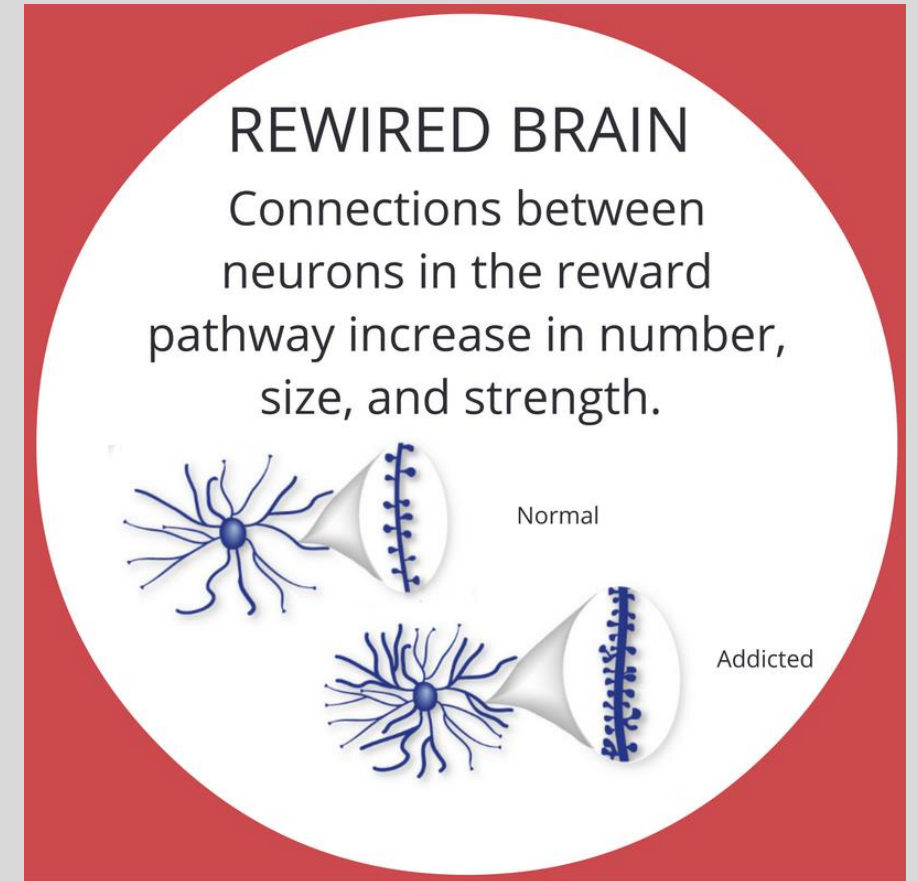
Addiction is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who have a substance use disorder.

A person does not choose to become an addict, the person's body responds differently when exposed to alcohol and drugs. Being addicted to alcohol or drugs does not make a person flawed or wrong. They just need help and regular care and attention.



Drugs use changes the brain

Over time, brain regions responsible for judgment, decision-making, learning, and memory begin to physically change, making certain behaviors “hard-wired.” In some brain regions, connections between neurons are pruned back. In others, neurons form more connections.



The opioid epidemic

Paths to Heroin Abuse

- Pain Prescription Drug Abuse
- Cost
- Availability
- Purity
- Other Drugs

Individuals who abuse alcohol or other drugs are “X” times more likely to abuse heroin



ALCOHOL

2x



MARIJUANA

3x



COCAINE

15x



RX OPIOID PAIN PILLS

40x

Four in five new heroin users started out misusing prescription painkillers.

Age and the risk factors



There are two main factors that lead to substance use disorders/addiction – early onset of use and biologic factors.

Avoiding exposure to addictive substances to youth should be a priority.

Risk factors: opioid prescribing to youth

Among 12th grade students who have little experience with illegal drug use and who strongly disapprove of marijuana use,

Individuals who have an opioid prescription by 12th grade are, on average, 33% more likely to misuse prescription opioids after high school by age 23 than those with no history of an opioid prescription.

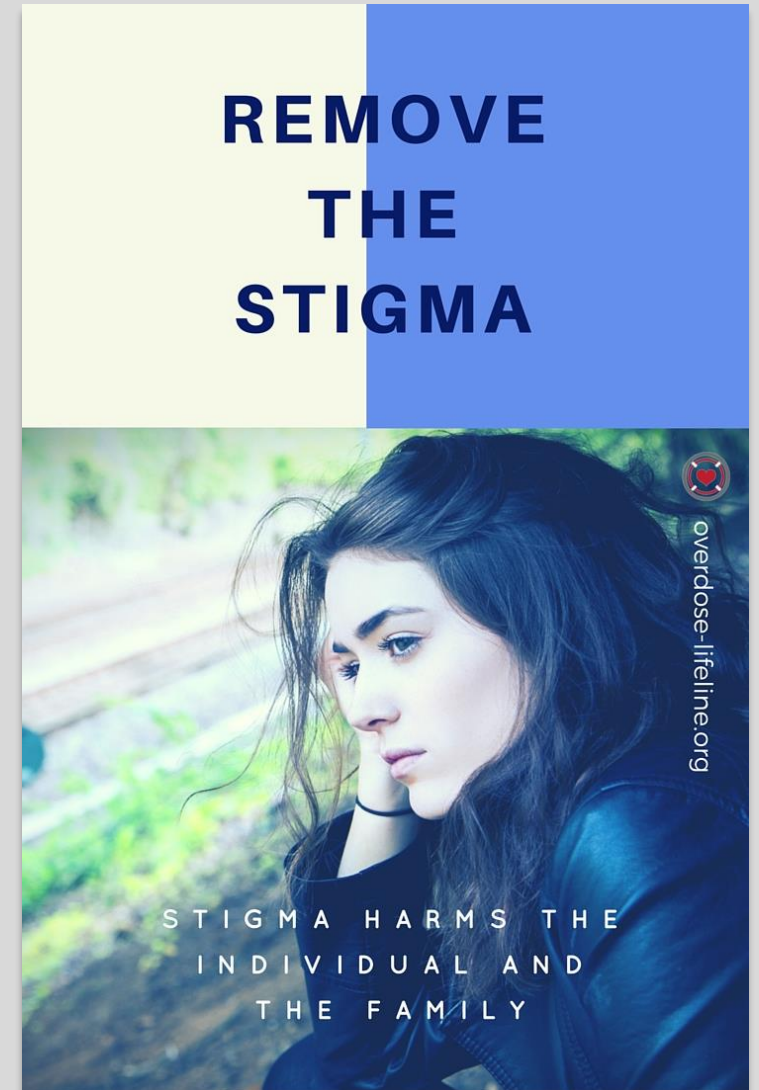
This increase in the future risk of opioid misuse should be considered when determining the risks and benefits of opioid prescriptions to youth.

Miech et al, October 2015, Prescription Opioids in Adolescence and Future Opioid Misuse

Stigma's impact on recovery

Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care.

"Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need." - Michael Botticelli, White House Office of National Drug Control Policy



Words matter

DO THIS

Call it what it is: Substance use disorder (or alcohol use disorder, opioid use disorder, etc.)

Use “people first” language and refer to people with substance use disorder, people with drug dependence, people with addiction.

Avoid negative terms like addict, junkie, wino, boozer, drug fiend, user, abuser, and bum.

Describe as “in active addiction/substance use” or “in recovery”.

Don't Sensationalize Addiction: Don't say “suffers from,” “afflicted with,” “victims of,” or “the scourge of” addiction. Rather, say, “he has a substance use disorder,” “she is addicted,” “people with addiction” or “addicted people.”

Say “had a setback”. Do not say “relapsed”

Say “positive drug screen”. Do not say “Dirty drug screen”

As the [Anti Stigma Toolkit](#) says, “addiction doesn't define who a person is, it describes what a person has. A person's addiction represents only a part of the person's life. Defining people exclusively by their addiction diminishes the wholeness of their lives.”

Solutions

Treatment & Recovery 08

Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.



Harm Reduction 07

Reduce the harmful consequences associated with opioid use disorder and misuse.



Reduce the Stigma of Addiction 06

Changing how we talk can remove the barriers for someone getting help with their disease.



Opioid Public Health Crisis Solutions



Education & Prevention 01

Understand the risks associated with opioid misuse, overdose and addiction. Support prevention education in grade school and high school.



Safe Prescribing 02

Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.



Manage Prescriptions 03

Manage your/your family's prescriptions. Safely store and dispose of your prescriptions.



Data & Prescription Drug Monitoring 04

Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.



Screening and Early Intervention 05

Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.

Harm reduction

Harm reduction is ...

Sunscreen

Bike Helmets

Vaccines

Bug Spray

Condoms

Nicotine Gum / Patch

Automotive Harm Reduction

Seat Belts

Car Seats

Air Bags

Designated Drivers

Opioid Harm Reduction

Syringe Exchange Programs

Naloxone

Medication Assisted Treatment (MAT_

- Methadone, Suboxone, Vivitrol

Aaron's Law

Enacted in April 2015

- Allows for layperson access to Naloxone
- Third Party prescription or standing order
- Allows for organizations to distribute naloxone to the public without a prescription. These organizations that distribute naloxone are required to register as a distribution entity with the Indiana State Department of Health

Amended in July 2017 to state-wide standing order. This means all pharmacies, once registered with the State Dept. of Health will have naloxone over the counter.



Why use naloxone?

- No side effects
- Safe
 - Even if a person isn't overdosing on an opioid
 - Same concept as: CPR, AEDs, EpiPens
- Saves Lives
 - A life saved can be a life restored

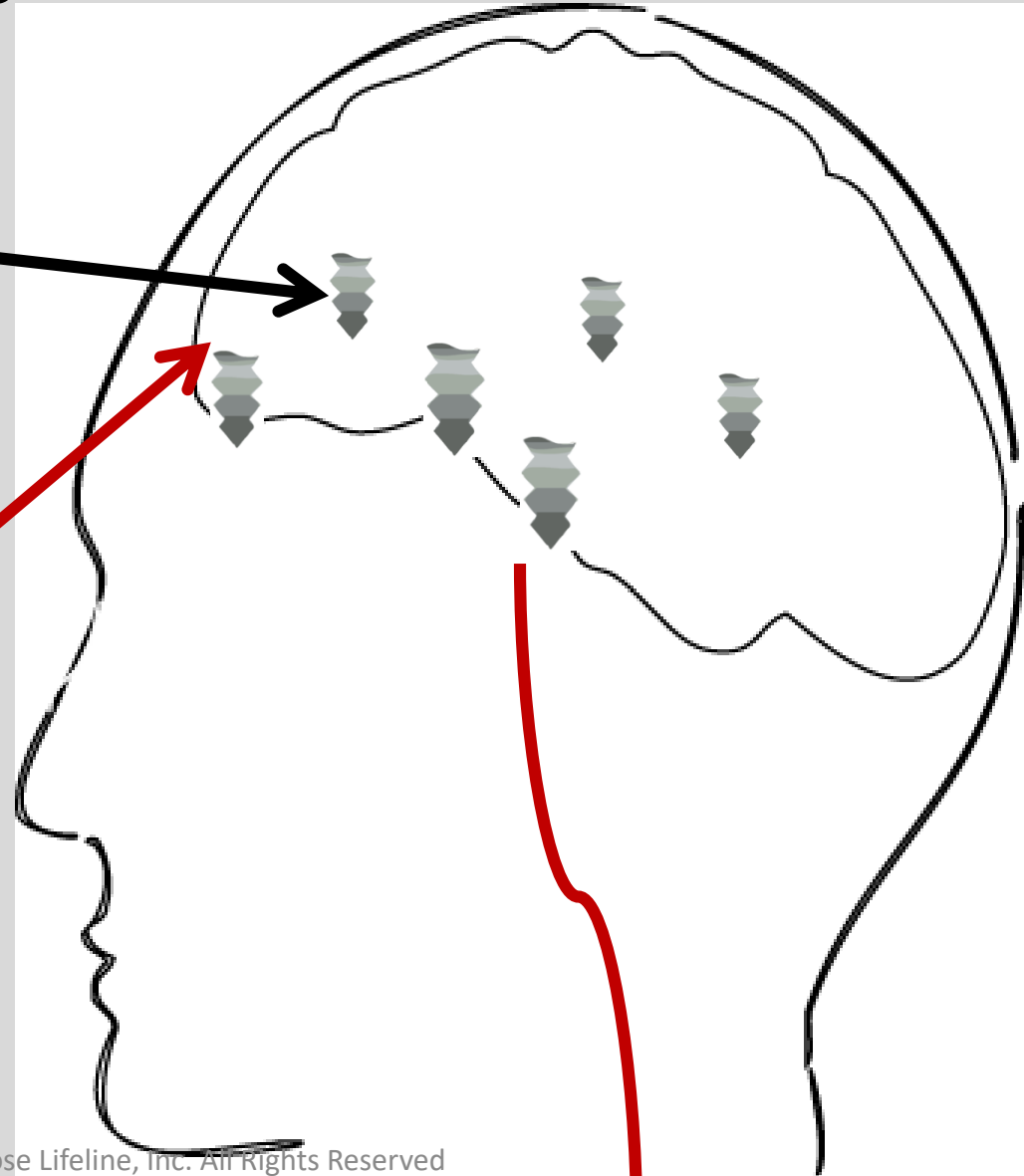


Naloxone Saves Lives

How do opioids work?

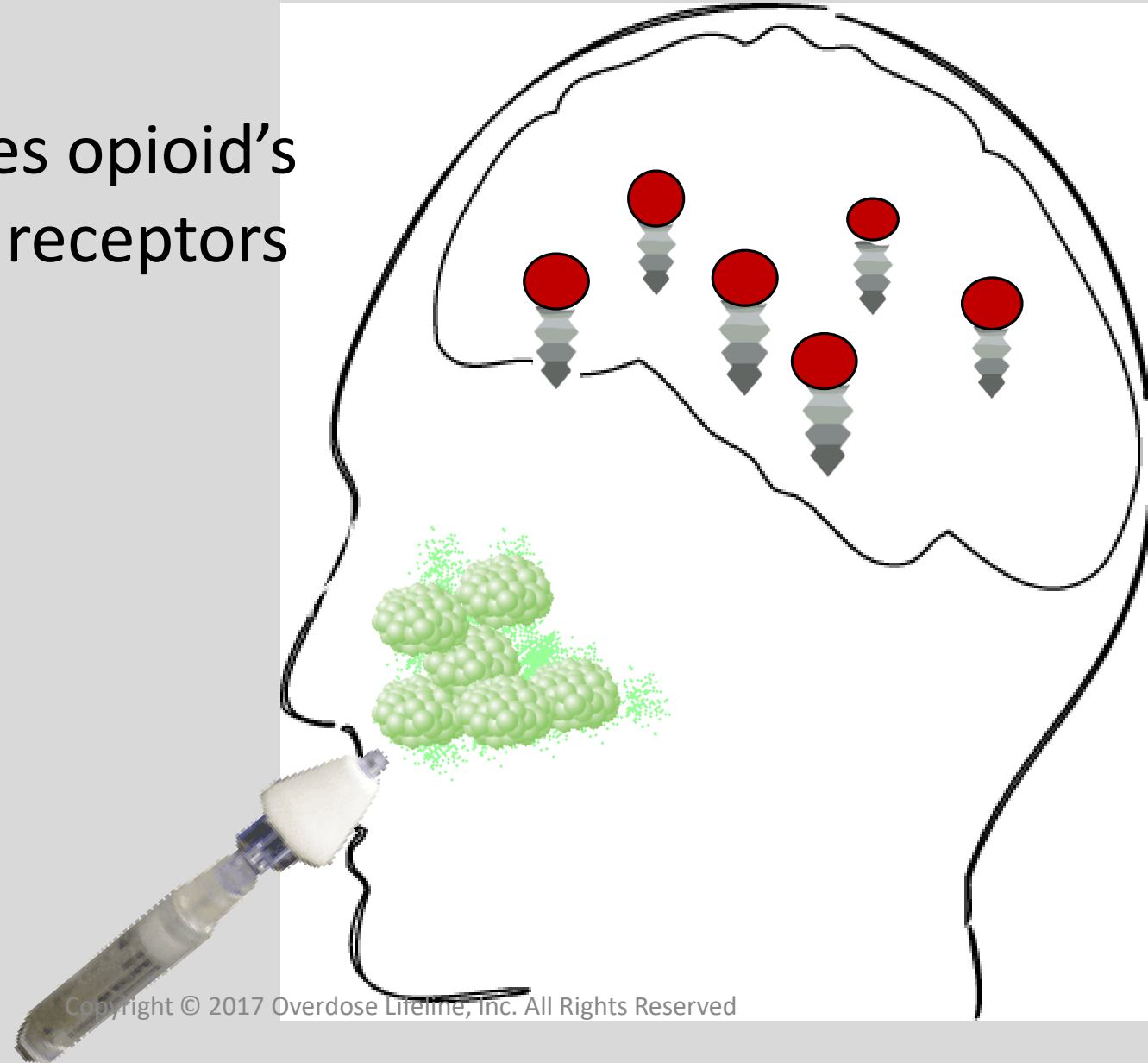
Opioid Receptors, brain

Opioid



How does naloxone stop an overdose?

Neutralizes opioid's
effect on receptors



Myths: Why not to use naloxone?

- If those with substance use disorder know that Naloxone can save their life, they will abuse more drugs
 - Enabling
- Naloxone will keep people from seeking treatment
- People can be violent after receiving Naloxone
 - Less than 3%

Start the conversation about opioids

Naloxone can help start the conversation about opioid use and addiction

- A 2016 Staten Island, NY study found that 99% of study participants (opioid users) would be more open with their healthcare provider about drug use history and relapse, if offered a naloxone rescue kit.
- Not only can naloxone save a life, but it can start needed communication.

Naloxone delivery devices



INTRAVENOUS – Healthcare / Hospital Settings



INTRAMUSCULAR

- Needle draw and injection
- Autoinjector (Evzio)



INTRANASAL

- Amphastar with MAD
- Narcan[®] Nasal Spray by Adapt

Overdose Lifeline naloxone programs

As a registered entity with the state, Overdose Lifeline services:

FIRST RESPONDERS: Provides training and equips first responder personnel with naloxone across the state of Indiana.

overdose-lifeline.org/first-responders

LAYPERSON: Provides education, resources and works with communities and groups to set-up naloxone distribution and training events around the state of Indiana.

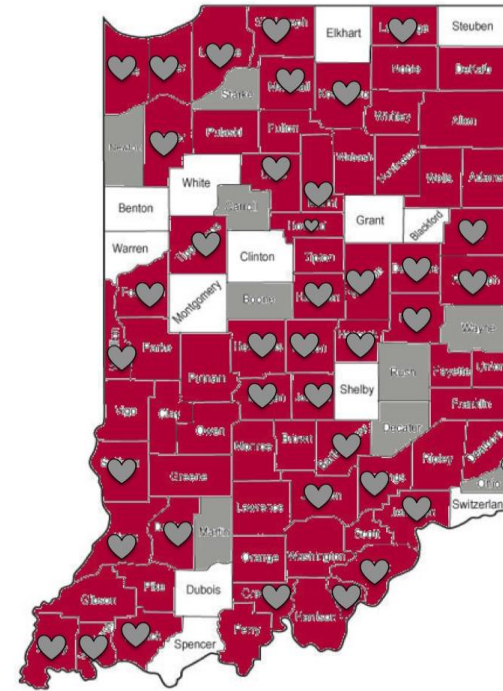
overdose-lifeline.org/naloxone



Naloxone Distribution Results

First Responder Program

- 263 trained law enforcement and fire departments.
- Distributed over 9,024 intranasal single dose naloxone kits.
- 19 Departments have received more than one round of kits; most are at their third round.
- Current funding completed.
- Future funding/sustainability

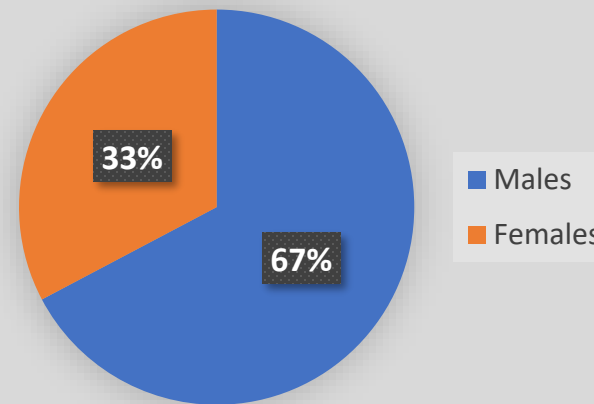


Naloxone Distribution Results

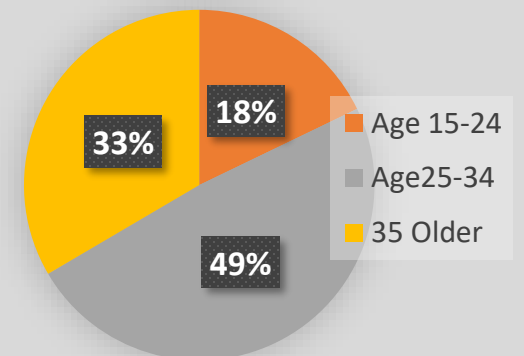
First Responders

- 1,117 reported uses
- 992 recorded lives saved
- 224 instances requiring more than one dose
- 111 instances requiring more than two doses

Gender



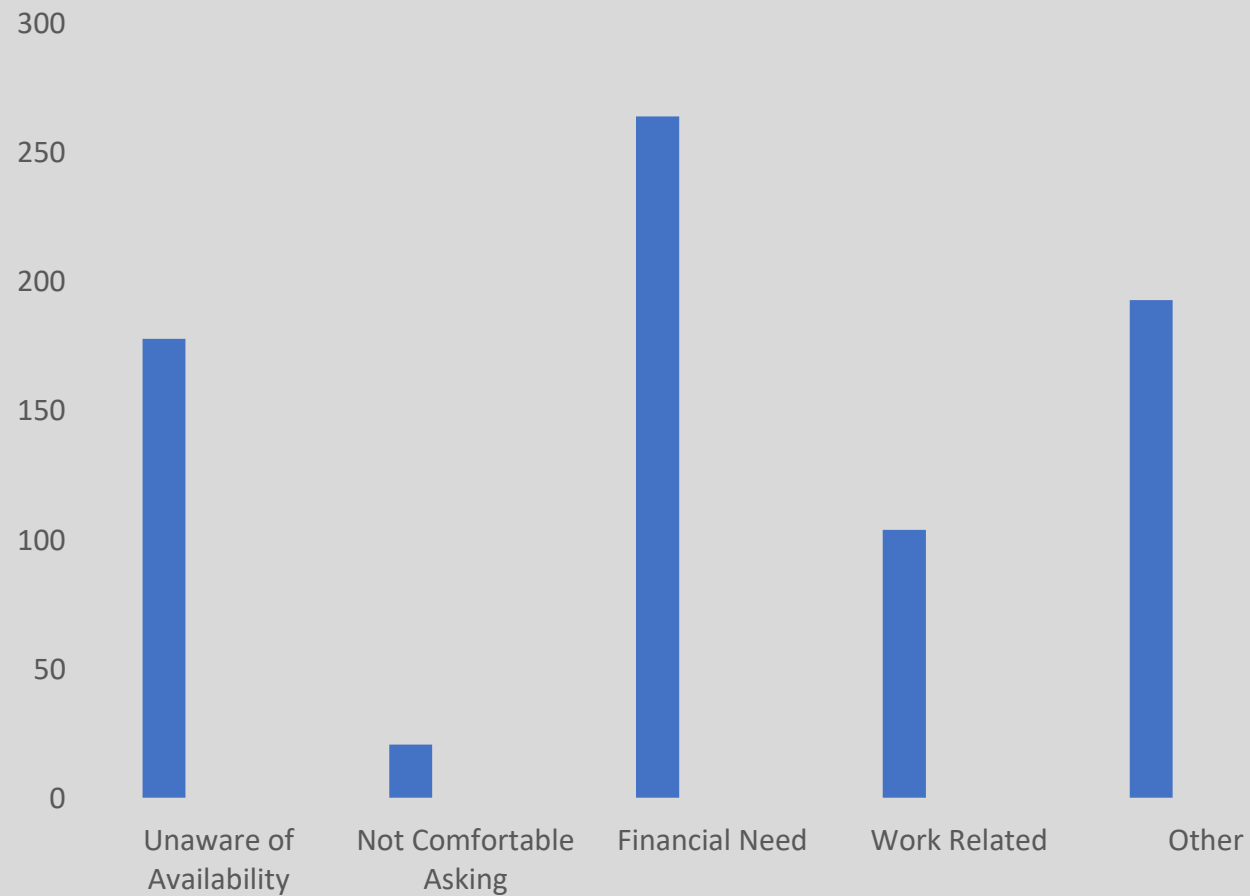
Age



*2 under age 15

Naloxone Distribution Results

Why Laypersons seek Naloxone Training with ODL



“This is (Not) About Drugs” Youth prevention program

The "This is (Not) About Drugs" prevention program is an outcomes-driven, science-based youth opioid prevention program - incorporating the NIDA principles, risk and protective factors - that can be rolled out anywhere in the United States.

Targeting students grades 6 – 12 designed to prevent the first use.



This is (Not) About Drugs” Youth prevention program

- 35 Indiana Counties
- 390 Presentations
- 23,000 Indiana Youth Reached
- 11 Additional States with 7 pending

Before,
ONLY 7% Strongly Agree that Pain Pills
and Heroin are the Same Drug. After,
69% Strongly Agree - a 62% INCREASE.



78% Rate the Lesson
as Excellent/ Good.

After, 84% Understand an Overdose Can Happen
with the 1st, 2nd, 3rd use - a 25% INCREASE of
Student's Knowledge.

After, 68% Strongly Agree/Agree
That They are MORE Likely Now
to Talk to Someone and Get Help.

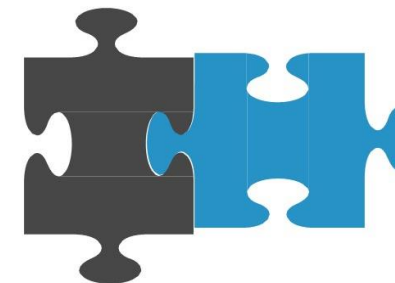
After, 60% Strongly Agree, the
Younger Someone Starts Drinking
Alcohol or Using Drugs INCREASES
the Risk of Addiction - a 28%
INCREASE of Student's Knowledge.



After, 66% Strongly Agree Pain Pill
Misuse is as RISKY as Heroin - a 39%
INCREASE of Student's Knowledge.

17% of the Students Know
Someone Misusing Pain Medicine.
25% - Preferred Not to Say.

20,000
Students
400
Presentations



After, 65% Strongly Agree that
they are less likely now to misuse
prescription pain pills.

PreVenture-

an evidenced based program from the University of Montreal, Canada

PreVenture is a school-based intervention aimed at reducing adolescent drug and alcohol use in high-risk teenagers.

Students with high-risk personality profiles as identified by a screening questionnaire are invited to participate in two 90-minute group workshops. The workshops focus on motivating adolescents to understand how their personality style leads to certain emotional and behavioral reactions.

Four different workshops are run, each focused on developing specialized coping skills relevant to following personality styles:

- **Sensation seeking** **Impulsivity**
- **Anxiety sensitivity** **Negative thinking**

Future Programs and Opportunities

Online Learning and Awareness Campaigns

- Four on-line learning courses available 12/17.
 - Basics of Addiction; Opioid Public Health Crisis, Layperson Naloxone and First Responder Naloxone
 - Statewide mailing to educate on addiction to break stigma.

Treatment and Recovery

- Peer recovery coaches connected following overdose reversal
 - Includes on going support for suffering individual, treatment navigation, and family support.
- Detoxification support and long term residential services
- Adolescent alternative peer groups

Treatment and recovery

Substance use disorders and addiction are best managed with an appropriate combination of clinically-proven approaches to treatment and continuing care.

Treatment options will vary by individual and can include: medically managed withdrawal (detoxification), treatment to address other health problems, in-patient or out-patient settings, level and length of time, treatment for specific groups (age, gender, professions, etc.).

Initiative: Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

Overdose Lifeline, Inc.

Justin K Phillips

Founder and Executive Director

Justin@overdose-lifeline.org

317-828-6883

844-554-3354

overdose-lifeline.org

contact@overdose-lifeline.org



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