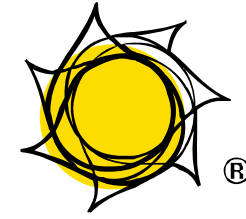


Sun River Health



Harm Reduction Training and Opioid Overdose Training

“Be Prepared. Saves Lives.”



**Presented by
Sun River Health Team**

What is Medication for Addictions Treatment (MAT)?

MAT is a harm reduction approach to decrease death, disease, and harm from opioid overdose.



What are MAT medications used to treat Opioid Use Disorder?

- **Methadone**
 - Full agonist
- **Buprenorphine (Suboxone)**
 - Tabs, films -> works to prevent cravings and withdrawal
- **Sublocade** (an injectable version of Buprenorphine)
 - Partial-agonist
- **Naltrexone (tabs), Vivitrol** (injectable Naltrexone)
 - Tabs and injection -> prevents cravings

Figure 1

How OUD Medications Work in the Brain



Methadone



*Full agonist:
generates effect*

Buprenorphine



*Partial agonist:
generates limited effect*

Naltrexone



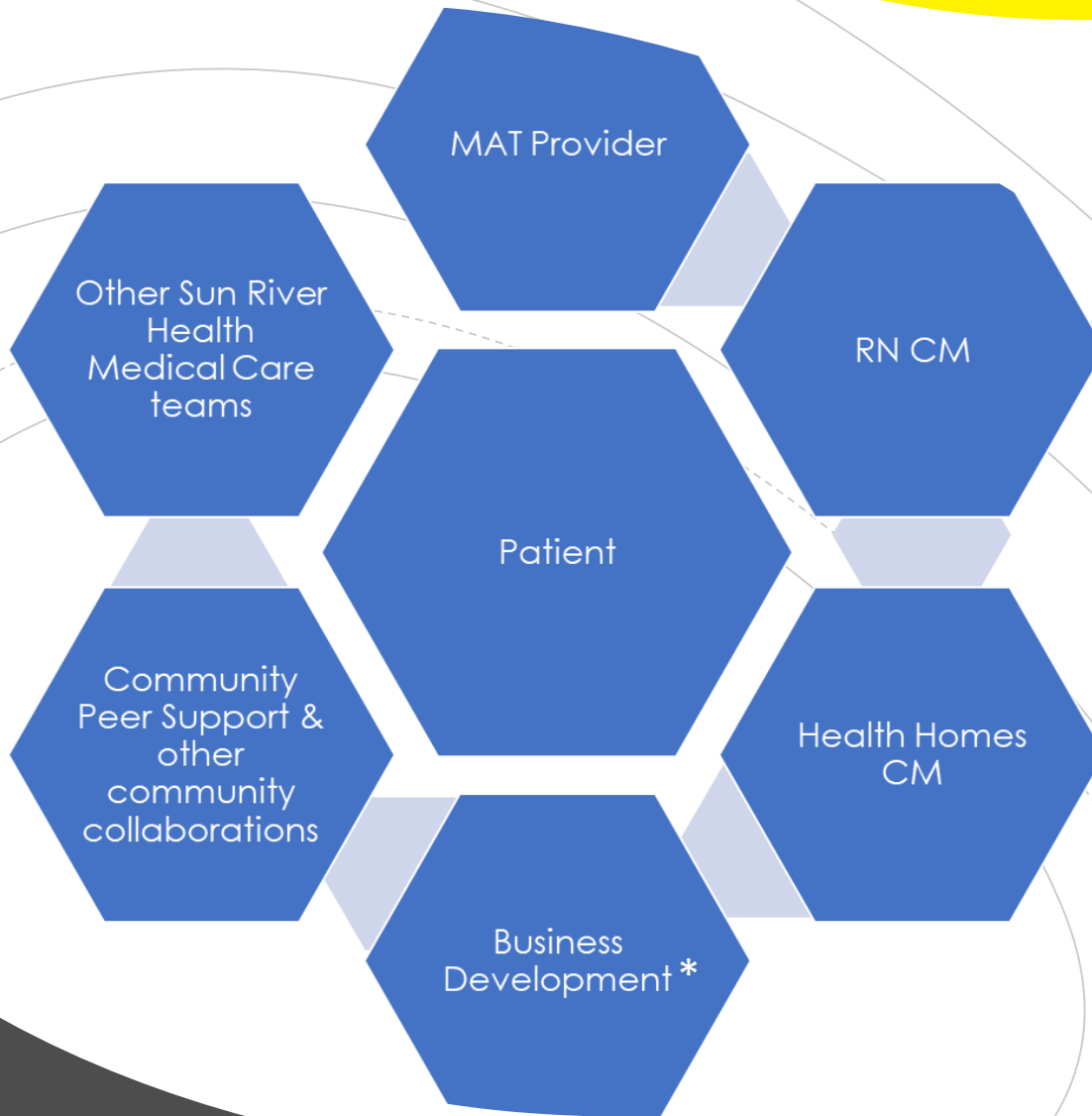
*Antagonist:
blocks effect*

What is the Criteria for Admission?

- **18 years of age**
- **Meet the criteria for opioid use disorder**

*Expedited admission for pregnant women.

Virtual and in person appointments are available.



MAT Team

Team support is provided by a medical provider, nurse, care manager, peer, and a social worker. The MAT team partners with patients to face obstacles that prevent them from living the life they want to live.

***Business Development includes Community Engagement, Public Health Nursing, and AmeriCorps Volunteers**

Services offered through MAT:

- Free Naloxone Training and kits via walk-in, prescription, or mail
- Virtual Zoom Harm Reduction, Fentanyl test strip, and Naloxone Training offered to the community the third Wednesday of every month 12:00-1:00PM
- Virtual Lunch & Learn Training to promote harm reduction and skill building
- Free Fentanyl and Xylazine Training and test strips as available. Other harm reduction supplies also offered when available.
- Health Homes Case Management, Peer Services, Behavioral Health Counseling, Substance Use treatment services, primary care medical services, and linkage to community supports.



Substance Use Services Treatment Access

Primary Care, Specialty, Behavioral Health, OASAS



Hudson Valley

- Hudson-P
- Poughkeepsie-S
- Amenia-P
- New Paltz-P
- Dover-P
- Beacon-S, P, O
- Monticello-S, O
- **Peekskill-S
- Rockland-P (pending)
- White Plains-P
- Yonkers-P
- New Rochelle-P



New York City

- Bronx-P, B
- **Brooklyn-P, B
- Queens-P, B
- **Staten Island-P
- Manhattan-P



Long Island

- Brentwood-S
- Coram-S
- Wyandanch-S
- Riverhead-S
- Shirley-S
- Huntington-S
- Patchogue-P (existing patients on provider panel only/cannot advertise at this site.

*S=MAT Specialty Care
 P=MAT in Primary Care
 O=MAT in OBGYN
 B-MAT in Psychiatry A31
 **MAT & OASAS program location.*



OPIOID AWARENESS / PREVENTION
O.R.A.C.L.E.



INDEPENDENT
LIVING INC.



Dutchess County Jail



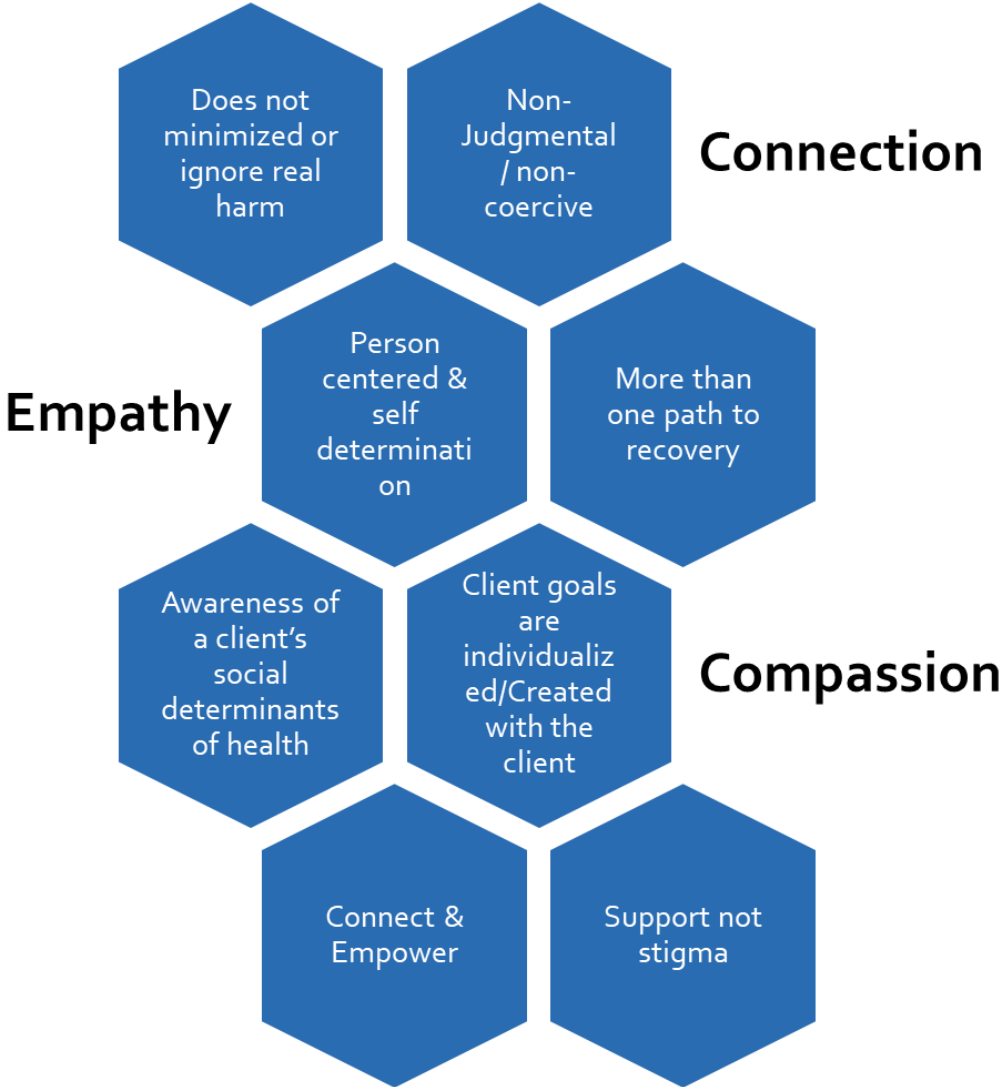
NEXT Distro
STAY ALIVE, STAY SAFE.

Community Partners

Harm Reduction, Stigma, and Addiction

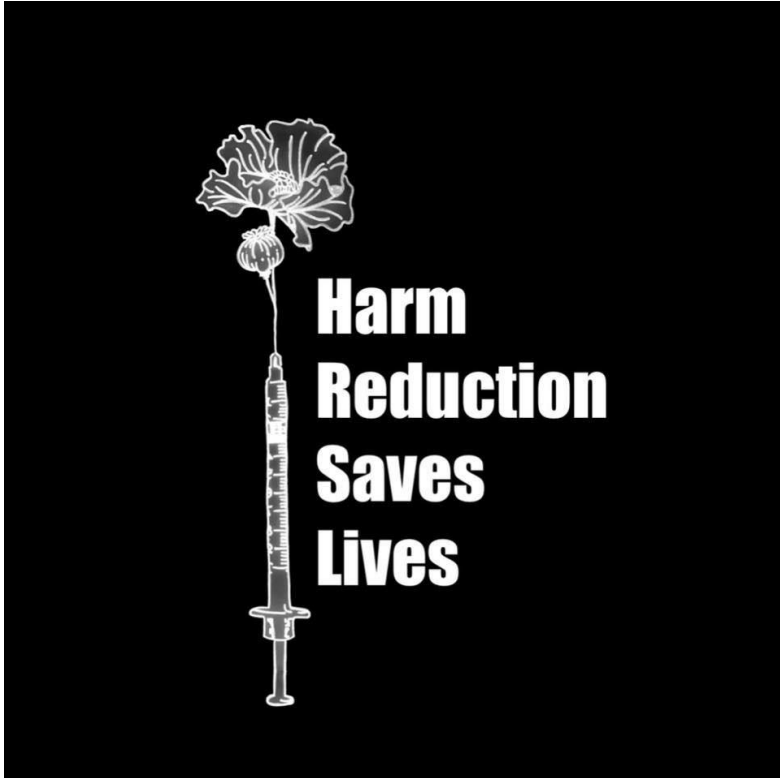


What is Harm Reduction?



- Harm Reduction is a public health strategy to minimize death, disease, and injury from high-risk behaviors.

- The primary aim is to enhance knowledge, skills, and resources, to support individuals, families and communities to be safer and healthier.



Let's clarify Harm Reduction...

Harm Reduction IS NOT:

- ✘ Harm reduction **is not** pro-drug.
- ✘ Harm reduction **is not** anti-drug.
- ✘ Harm reduction **is not** about sloppy, careless, or indifferent approaches.
- ✘ Harm reduction **does not mean** anything goes.

Harm Reduction IS:

- ✓ Harm reduction **is neutral about drug use.**
- ✓ Harm reduction **is a pragmatic, evidence-based, and cost-effective approach that protects human rights and public health.**
- ✓ Harm reduction **is concerned with reducing harms from drug use.**

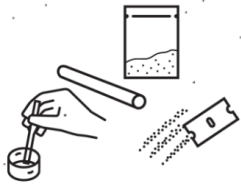
Examples of Harm Reduction

What is Harm Reduction?

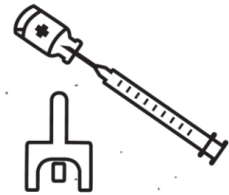
Harm reduction is any behavior or strategy that helps reduce risk or harm to yourself or others.



syringe access and disposal



safer supplies



overdose prevention



safer sex materials



medication for opioid use disorder



overdose prevention sites



drop-in centers



housing first



referrals

NATIONAL
HARM REDUCTION
COALITION

EXAMPLES OF HARM REDUCTION

Sunscreen

Tobacco Cessation

Safe sleep "back is best"

Car seats

Seat belts

Syringe Exchange

Vaccines

Sexual Health

Stomping out Stigma Together



Who Can Have a Mental Health Condition?
A mental health condition can affect any individual regardless of their age, gender, race, religion, or income.



I'm a mother.
I'm a painter.
I volunteer with kids.

I am not my mental health condition.

...lessness, addiction, and mental health issues do not define me.

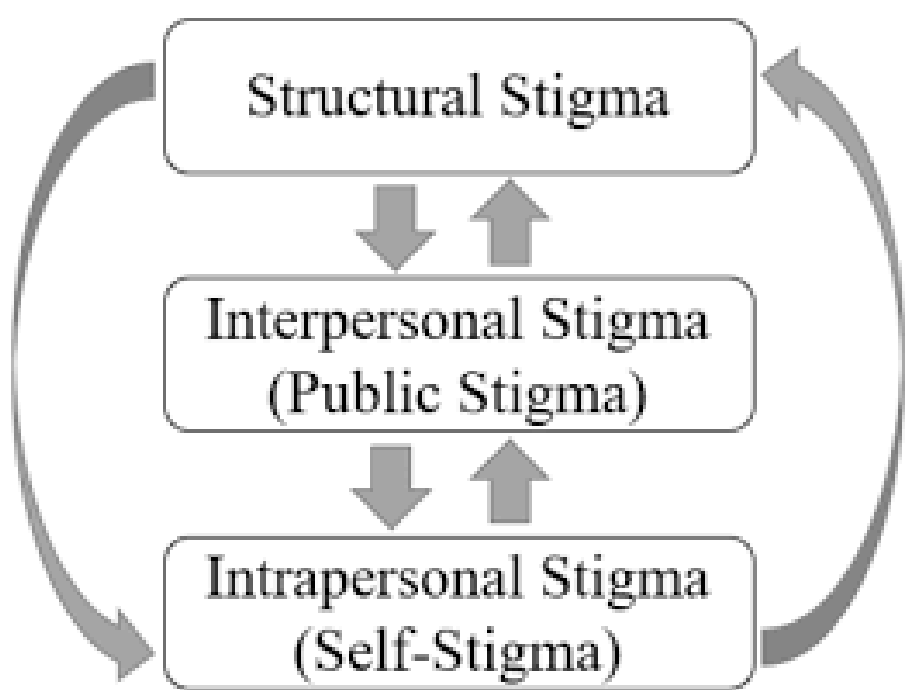
I am a person first.



I am NOT a label

I AM NOT MY DIAGNOSIS!
I am unique!

TraumaAndDissociation
www.dissociative-identity-disorder.net



- ✓ **Talk openly** about Substance Use and Stigma.
- ✓ Choose supportive **non-stigmatizing language**.
- ✓ Speak out to **correct myths** and **stereotypes**.
- ✓ **Educate** yourself and others.

PUBLIC
Discrimination
and Devaluation
by Others

SYSTEMIC
Reduced Access
to Care and
Resources Due
to Policies

SELF
Internalization
of Negative
Stereotypes



**WORDS
MATTER.**



Use of **Language** to Promote Harm Reduction Philosophy and Combat Stigma

Potentially stigmatizing language	More compassionate, person-centered language
Addict	Person who uses (or injects) drugs
Substance abuser	
Junkie / Dope fiend / Tecato(a)/ Zombie	Person living with a substance use disorder
Substance abuse	Substance use or possibly misuse
Clean	Currently abstaining; making changes to drug use
Doctor shopper / Drug seeker	Patient / Participant / Client
Replacement / substitution therapy	Medications for addiction treatment
You should / shouldn't	Would you consider? / Can you try to avoid

Other loaded words: Relapse, recovery



Addiction is **not** . . .

- a moral failure
- a sin
- your **fault**
- unethical
- **a choice**
- bad
- a sign of weakness
- a condition to be ashamed
- something to face alone
- impossible to treat

WHY?

it can happen
to anyone

What are opioids?

- Opioids come from the black seeds of a poppy plant.



Opioids come in many different forms...

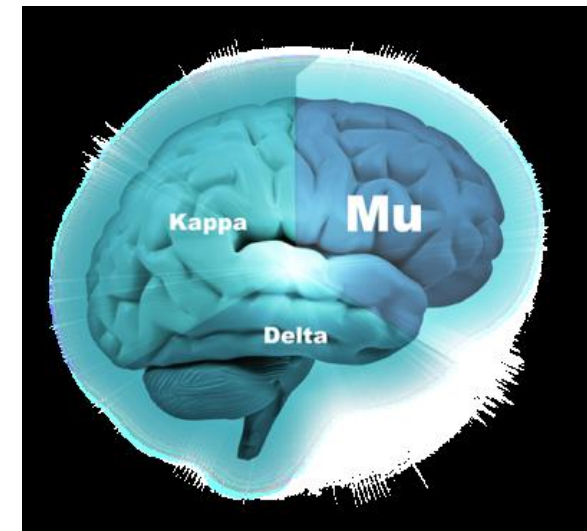
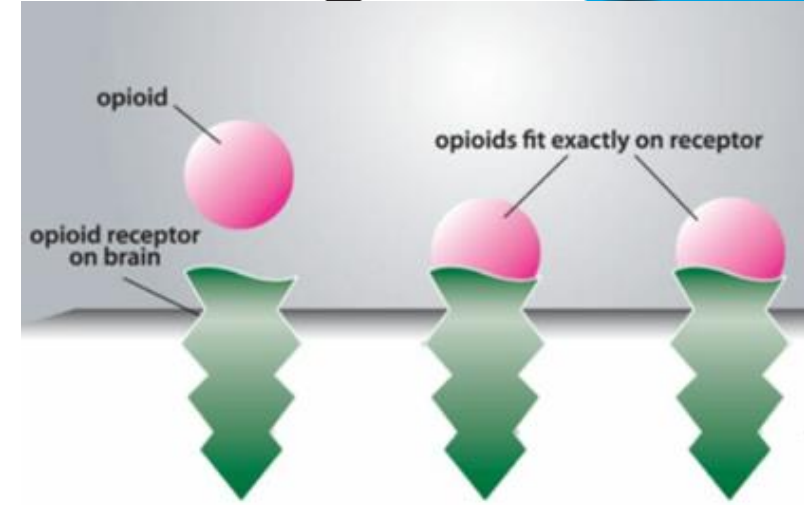
Slang Terms

- **Opiates**
 - Morphine- "Miss Emma"
 - Codeine
- **Semi-synthetic**
 - Heroin- "dope", "smack", "junk"
 - Hydromorphone- "smack"
 - Hydrocodone- "fluff"
 - Oxycodone- "oxy"
- **Synthetic**
 - Methadone- "Tootsie Roll"
 - Fentanyl- "Apache"

How do opioids work?

Opioids:

- Relieve pain
- Relieve withdrawal
- Produce feelings of happiness and comfort
- Cause side effects such as constipation, nausea, drowsiness, and respiratory depression



What are root causes and behavior patterns?

- Reduce physical pain
- Mask psychological pain
 - Depression, feelings of neglect
 - Guilt, low self-worth
 - Cope with histories of emotional, physical, and sexual traumas
- Slow body function



Why have this training?



For the latest overdose and substance use data go to the CDC Website: <https://www.cdc.gov/drugoverdose/index.html>

2/20/2025
https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

Wave 1: 1999 - rise in opioid overdose deaths

Wave 2: 2010 - rise in heroin overdose deaths

Wave 3: 2013 - rise in synthetic opioid overdose deaths

Wave 4: rise in opioid overdose mortality driven by methamphetamine and cocaine/stimulant use, and wider availability and use of illicitly manufactured fentanyl

Wave 5: psychostimulant and Xylazine presence increased in drug supply. Cannot be reversed by Narcan



NALOXONE SAVES LIVES

Most opioid overdoses are witnessed; this gives an opportunity for intervention and to save a live.

No one should die of an overdose!

To help prevent an overdose:

- Learn how to recognize an overdose.
- Understand risks of overdose.
- Learn how to respond to overdose.
- Avoid using alone and take turns.
- Carry naloxone!

What can put a person at risk for opioid overdose?

- **Reduced tolerance**

- *Abstinence* decreases tolerance, increasing overdose risk:
 - Incarceration
 - Hospitalization
 - Rehab/Detox/Therapeutic Communities
 - Sporadic patterns of drug use (“week-end warriors”)
 - MAT: methadone/buprenorphine: protect from opioid overdose (if adherent), naltrexone increases risk for overdose if person relapses (because of lack of opioid tolerance)

- **Using alone**

- Risk factor for *fatal* OD

- **Co-Occurring Disorders**

- Chronic medical illness
- Concomitant mental illness

- **Unstable housing**

- **Mixing other drugs with Opioids**

- **Xylazine “Tranq”**
- Stimulants
- Methamphetamine

- **Changes in the drug supply**

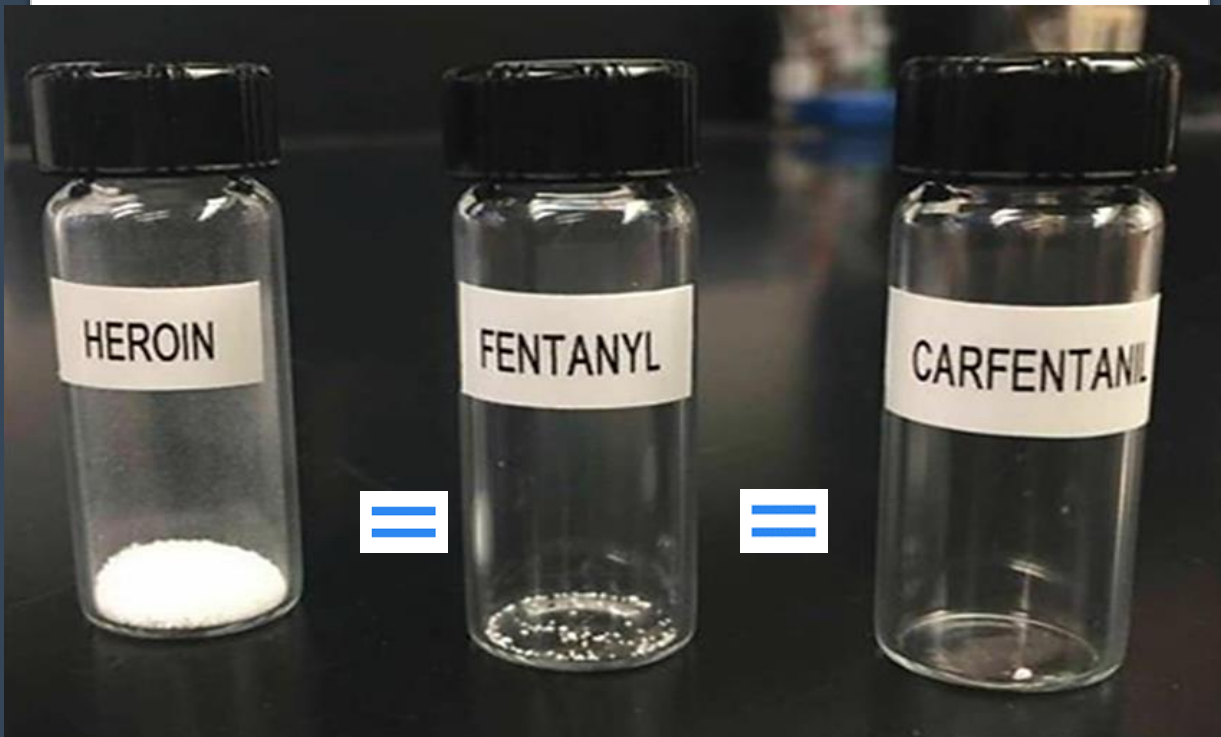
- Always use test strips
- Harm Reduction

- **History of previous overdose**

- **Doses \geq 90mg morphine-equivalent doses**

- **Injecting versus sniffing**

The Potency of Fentanyl and its Analogs



INFLUX OF SYNTHETIC OPIOIDS

50X STRONGER THAN HEROIN

A highly potent synthetic opioid, illicitly produced fentanyl is approximately 50 times stronger than heroin and 100 times stronger than morphine. It is sold interchangeably with heroin, mixed with other drugs like cocaine and methamphetamine, and pressed into counterfeit pills.

Xylazine Risk

Xylazine, sometimes called "Tranq" (and known in Puerto Rico as "anesthesia de caballo"), is a non-opioid veterinary medication used as a sedative and muscle relaxant. It is not approved for use in humans but in recent years has been found in the street drug market, nearly always in combination with fentanyl.

- Xylazine may intensify the effect of the opioids.
- Xylazine is a central nervous system depressant and can increase the risk of overdose.
- **Naloxone has no effect on Xylazine. Additional medical help will be needed**

xylazine health effects

Sedation,
unresponsiveness



Low blood pressure



Slow heart rate



Decreased breathing



Recognizing Opioid Overdose

SIGNS OF AN OPIOID OVERDOSE. **B.L.U.E.**

BREATHING

Breathing during an overdose is shallow, gurgling, erratic, or completely absent.

LIPS

Lips and fingertips are blue, due to decreased oxygen throughout the body.

UNRESPONSIVE

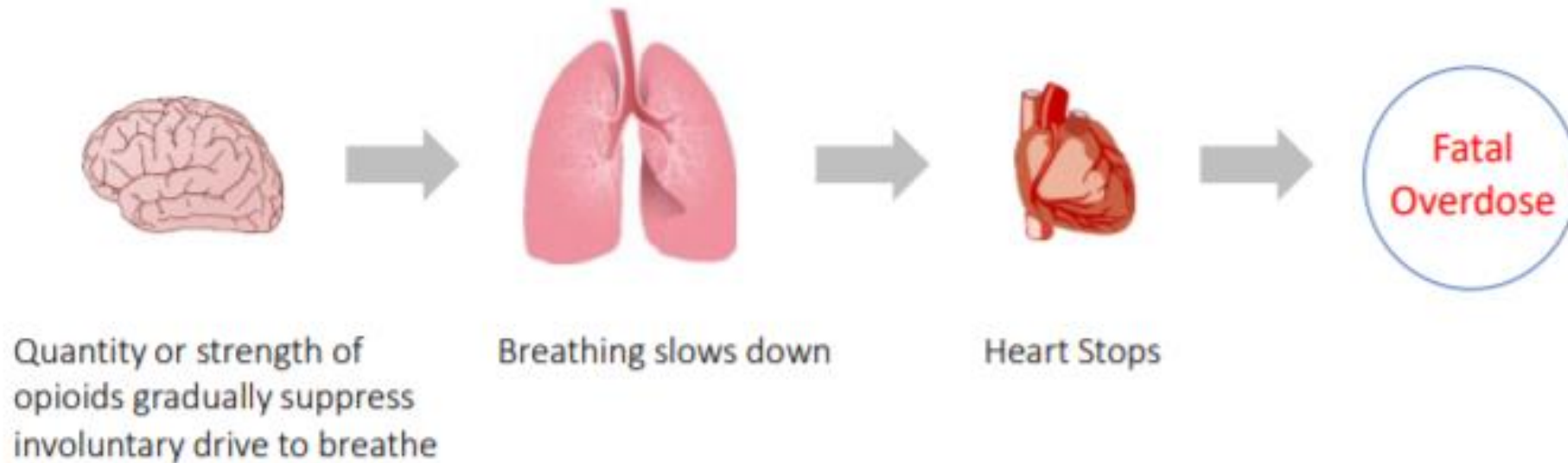
The victim will not respond to verbal or physical stimulation.

EYES

Pupils are pinpoint, as the opioids constrict the pupils to an unusually small size.

What's happening in the body during an opioid overdose?

Overdose generally occurs over the course of 1-3 hours



Opioids and Brain Injury

- Opioids stop your breathing in an overdose, meaning no oxygen is going to the brain. After 5-6 minutes without oxygen, you can sustain an acquired brain injury
- It is common for individuals served in substance use treatment programs to have undiagnosed Traumatic Brain Injuries (TBIs)
- TBI's cause damage to the frontal lobes of the brain, affecting:
 - Concentration
 - Memory
 - Planning
 - Problem-solving
 - Communication
 - Skills like impulse control, emotional inhibition, and self-awareness



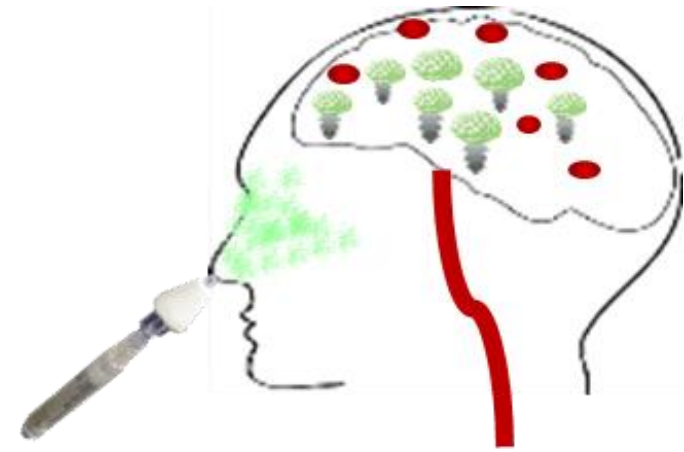
Storage of Narcan:

- Store Narcan at room temperature (68 – 77 °F)
- Do not leave the Narcan kit inside a vehicle for any extended length of time
- Ongoing exposure to temperature extremes may decrease the efficacy of the naloxone; however, individual rare episodes of heating or freezing do not affect the strength of the Narcan
- Protect from light
- Narcan has a limited shelf-life - be aware of the expiration date and obtain a replacement



Preventing Opioid Overdose with Narcan


- Antagonist aka receptor “blocker”
- Naloxone displaces opioids off Mu opioid receptor and blocks the receptor from attaching to opioids
- **Naloxone reverses opioid overdose and prevents death!**
- **There is no** clinical effect in the absence of opioid agonists;
inert: no drug-drug interactions “meaning it’s a one mission medication”
 - Takes effect in 2-3 minutes
 - May cause acute opioid withdrawal
 - Lasts for 30-90 minutes (longer for newest formulation)
- Hepatic (liver) metabolism; renal excretion
- Safe in children



***Due to Fentanyl in the drug supply, people may need MORE naloxone to be resuscitated!**

Naloxone Kit Contents:

- Two doses of naloxone nasal spray
- Two non-latex gloves
- Educational material
- Naloxone instruction sheet
- Blue certificate of completion

Certificate of Completion	
	Date _____
Recipient name _____	
This certifies that _____ has been trained in opioid overdose prevention including the use of naloxone for the purpose of preventing death from an opioid overdose. This practice is legal under New York State Public Health Law Section 1306 and under 10 NYCRR Section 80.138.	
Prescribed by (name): _____	<input checked="" type="checkbox"/> Naloxone 2mg/2ml, 2 prefilled syringes with 2 units. Administer 2x per as directed.
Clinical Director name/sig _____	<input type="checkbox"/> Naloxone 2mg/2ml, 2 prefilled syringes with 2 units. Administer 2x per as directed.
	<input type="checkbox"/> Naloxone 1mg/1ml, 2 vials and 2 3cc syringes. Administer 4x per as directed.
	<input type="checkbox"/> Other, specify _____
NYSDOH Registered Opioid Overdose Program Get a kit at your pharmacy or program.	
Program information (email/website/phone)	
New York State Department of Health Opioid Overdose Initiative 1-800-692-8528 www.health.ny.gov/overdose Syringe Access, Drug & Syringe Disposal Resources www.health.ny.gov/syringes www.thepointny.org OASAS HOPEline 1-877-846-7369 www.oasas.ny.gov	



Responding to an Overdose

Shake and Shout; Sternal Rub/Grind



CHECK FOR RESPONSIVENESS:

- **Shout from a distance**
 - Tell them you will call 911
- **Sternal Rub**
 - Try to wake the person up by grinding your knuckles, applying some pressure, into their breastbone



Reminder: Always perform a sternal rub before administering Naloxone

Call 911 AND Give Naloxone

- Tell the 911 dispatcher,
- **"Someone isn't breathing"**
 - Give the address and location
- **AND** Give the naloxone

- **DO FIRST:** whichever is closer at hand



1. Peel



2. Place



3. Press



Do **NOT** press the plunger until ready to use



4. Repeat

If after **2 minutes**, the person does not wake up, give a second dose



HOW TO USE
**NALOXONE
NASAL SPRAY**



Give rescue breathing, full CPR, or chest compressions whichever method you know...



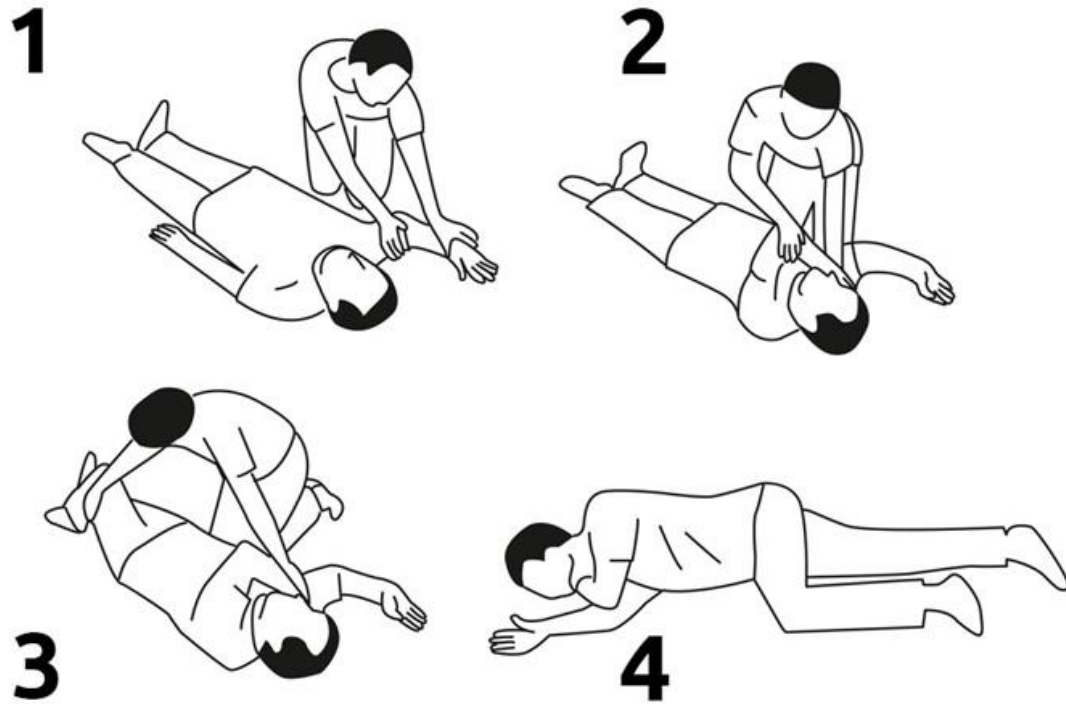
1. Place the person on their back and tilt their chin up to open the airway
2. Pinch nose closed with one hand, make a seal between your lips and theirs
3. Give 2 even, regular-sized breaths
 - Blow enough air to make their chest rise
 - Give one breath every 5 seconds until help arrives

Note: Each kit comes with a face shield



Note: It might be difficult to perform rescue breaths on persons experiencing muscle rigidity from fentanyl!

Place overdosed person in the Recovery Position



After you Give Naloxone:

- ✓ **Explain** what happened: tell the person not to take any more drugs because that could cause another overdose
- ✓ Naloxone wears off in 30-90 minutes; **stay** with the person until they go to the hospital, or until the naloxone wears off, to make sure they do not overdose again
- ✓ If you do not seek medical care, **stay** with the person for at least 3 hours
- ✓ *Call 911 if the person is not OK* when he/she wakes up or take him/her to the emergency room yourself
- ✓ When the ambulance arrives, **tell EMS** that naloxone has been given (and how many doses) **Contact Sun River Health MAT Program** to obtain a replacement naloxone kit
 - ✓ Sun River will obtain some information for reporting- date, place, drug used, and outcome
 - ✓ Anonymous
 - ✓ Call Phone: 1-844-474-2273 or Walk-in

The Good Samaritan Law

Purpose: The New York State 911 Good Samaritan Law allows people to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing. The law will protect you if you are under 21.

The law **DOES NOT** protect **YOU** from the following:

- A1 felony possession of a controlled substance (8 ounces or more);
- Sale or intent to sell controlled substances;
- Open warrants for your arrest; and
- Violation of probation or parole.

The law **DOES** protect **YOU** from the following:

- Possessing controlled substances up to and including A2 felony offenses (anything under 8 ounces);
- Possessing alcohol, where underage drinking is involved;
- Possessing marijuana (any quantity);
- Possessing drug paraphernalia; and
- Sharing drugs

This law **reduces the reluctance** of non-medical bystanders to use **Naloxone** and feel empowered to be prepared to save a life

Resources:



- <https://www.naloxoneforall.org/newyork>
 - Directory of pharmacies where individuals can obtain free naloxone
 - Statewide map of harm reduction resources
- Never Use alone: (800) 484-3731
- 24/7 [HOPEline](#): Call [1-877-8-HOPENY](tel:1-877-8-HOPENY) | Text [467369](text:467369)
- <https://nextdistro.org/>
- Canary App <https://vimeo.com/276249705>
- Sun River OASAS, Primary Care, MAT, & Health Home, and Behavioral Health Programs. Phone: [\(844\) 400-1975](tel:844-400-1975)

Thank You!

Sun River Health

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Questions?
Please contact a
Regional Manager