

Overdose Lifeline, Inc.



Indiana nonprofit on the front-lines
of the Opioid Health Crisis since 2014

ADVOCACY >>

HARM REDUCTION >>

TRAINING + EDUCATION >>

YOUTH PREVENTION + EDUCATION >>

SUPPORT >>

Information > OverdoseLifeline.org



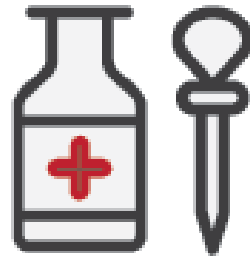
Our work ...



Narcan (naloxone) is now available over the counter **as a result of our work**

Increased state-wide awareness and knowledge via **evidence-informed adult training**

Our Youth Awareness Prevention Program is now used in **more than 18 U.S. states** by over **300 delivery partners**



Engaged **264 First Responder Departments**. Trained over **15,000** First Responders and over **3,000 layperson** on Narcan.



First in the U.S. to deliver an **evidence-based personality-targeted approach** to adolescent substance use prevention



Saved **thousands of Indiana residents' lives**



Session goals

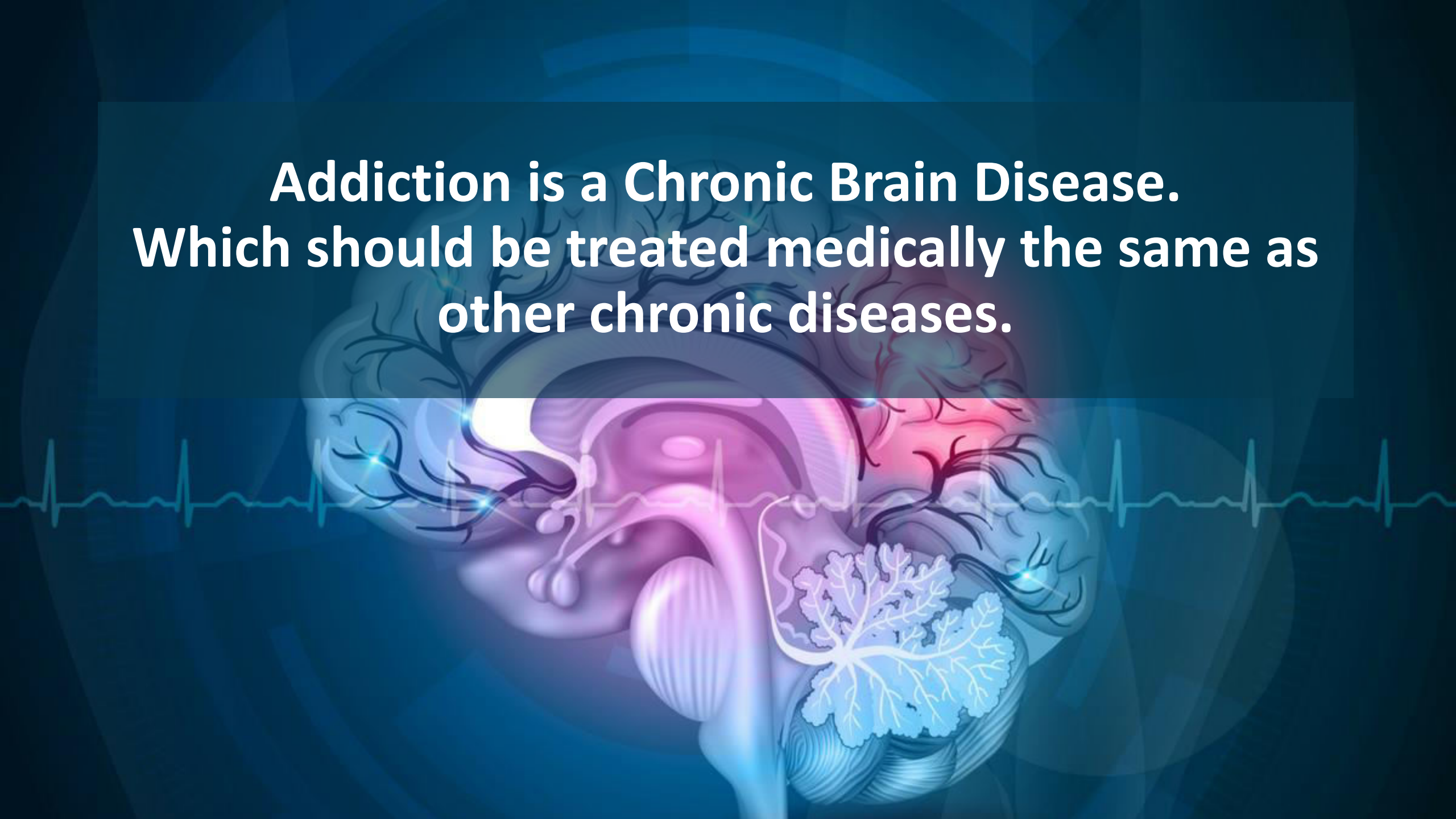
- Acquire understanding of the opioid public health crisis: what is occurring, how we arrived here, the contributors and risk factors.
- Identify the steps an organization can take to support staff and address the opioid crisis.
- Learn how to increase communications and training for managers and employees to raise awareness of the health crisis.
- Identify the steps to take to educate students, parents and community members and reduce the effects of the opioid health crisis.
- Gain a complete understanding of the technical assistance and resources available through Overdose Lifeline.

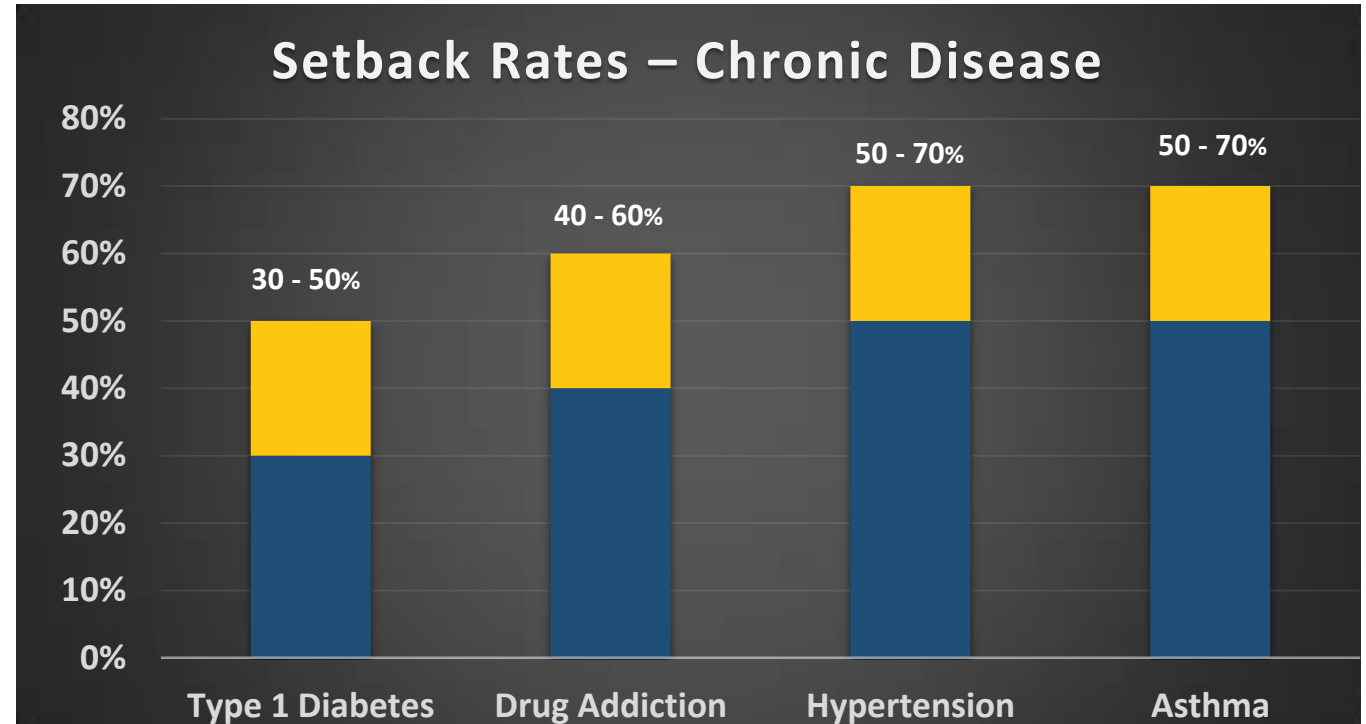


Addiction / Substance Use Disorder



**Addiction is a Chronic Brain Disease.
Which should be treated medically the same as
other chronic diseases.**





Source: National Institute on Drug Abuse, Source : McLellan et al., JAMA, 284:1689-1695, 2000.

Setback (Relapse) -

a deterioration in someone's state of health after an improvement.



“ We don’t tell diabetics that we won’t give them medicine if they don’t follow their diet,” says Kelly Clark, M.D., an addiction expert.

“We don’t expect a person with a chronic disease to be 100 percent adherent to their treatment. **There is no cure for a chronic disease, so we need to help people with management of that disease.**”

Source: National Safety Council (NSC) Prescription Nation 2018.



How many Americans are affected?



45 **MILLION** AMERICANS AFFECTED

Source: Substance Abuse and Mental Health (SAMHSA), Surgeon General's Report, November 2016



Treatment barriers



Only **1 in 10** Receive Treatment

Treatment access barriers

Of the 22 million people who needed treatment for an illicit drug or alcohol use problem, only 2.3 million received substance use treatment. Few who have a need get access.



AVAILABILITY of
Treatment Programs



HIGH COSTS of
Treatment Services



LACK of Insurance
Coverage



TRAVEL TIME for
Outpatient Treatments



Barriers – Stigma and Discrimination

Leads others to avoid living, socializing or working with, renting to, or employing people with addiction.

It leads to low self-esteem and hopelessness.

And it deters the public from caring and wanting to pay for care.



Stigma and Discrimination



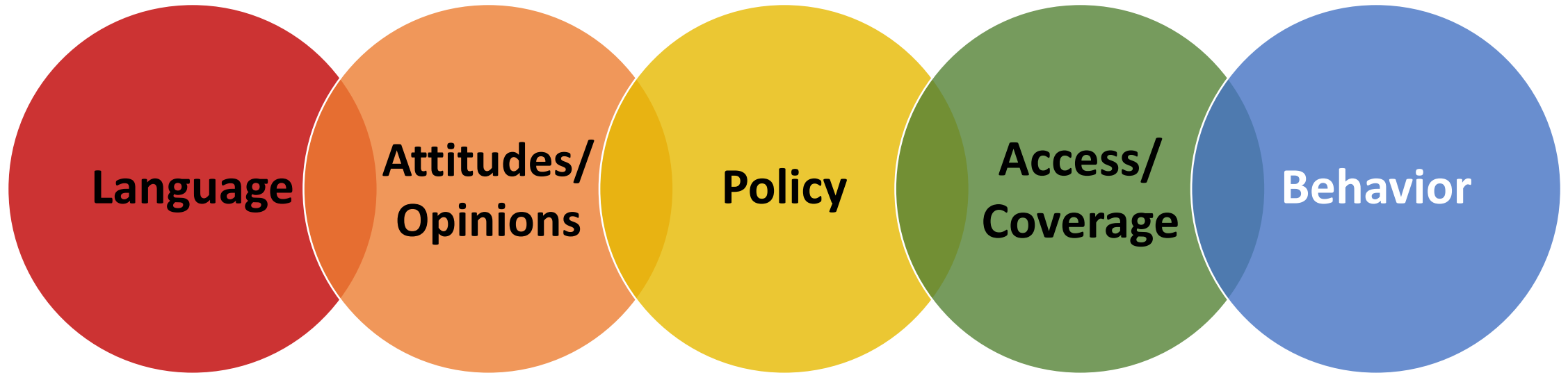
Worst of all, it often causes people with addiction to become so embarrassed or ashamed that they conceal symptoms—and avoid seeking the very treatment, services, and support they need and deserve.



Stigma and Discrimination

Family and loved one's experience stigma. Hesitate to take action, to ask for help. They carry guilt and shame – affecting their health and wellness.

How stigma is spread



Opioids and the Overdose Epidemic



Opioids/Opiates

High potential for addiction, misuse, and overdose

- 36 million abuse/misuse opioids worldwide
- 12 million Americans reported non-medical use of prescription opioids
- America is 5% of the world's population. Yet consumes 80% of the global opioid supply.
- 1 in 4 long-term, noncancer opioid users struggle with addiction

**America is 5% of world's population.
Consumes 80% of global supply.**



The family of opioids

Natural

Morphine - Codeine - Opium



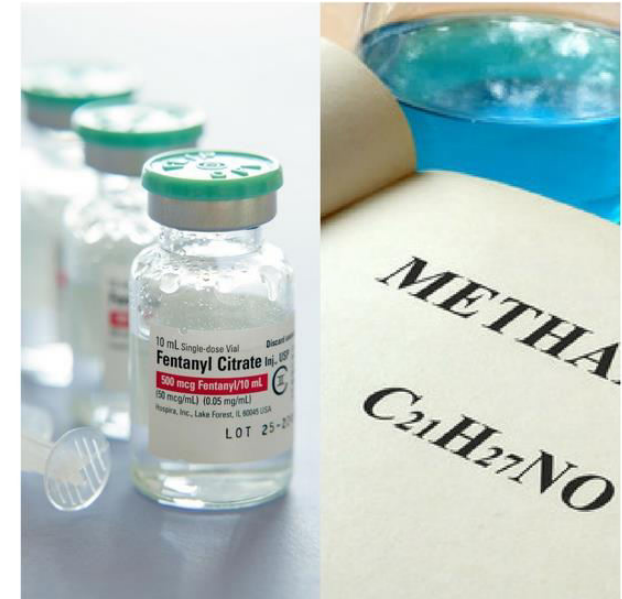
Semi-Synthetic

Vicodin - Percocet - Oxycodone - Heroin



Fully Synthetic

Fentanyl - Methodone



euphoria

[yoo-fawr-ee-uh, -fohr-]

noun

1. a state of intense happiness and self-confidence:
She was flooded with euphoria as she went to the podium to receive her Student Research Award.
2. *Psychology.* a feeling of happiness, confidence, or well-being sometimes exaggerated in pathological states as mania.

Opioids are often misused because they produce euphoria in addition to pain relief. Every person responds differently: some individuals like the way that opioids make them feel, others experience little euphoria effect, or do not like this feeling.

Taken as prescribed – New CDC Guidelines



When opioids are taken as “prescribed” by a Doctor following the **NEW CDC Opioid Prescribing Guidelines**, they help people recover from a surgery or an injury.

But when opioids are not taken as prescribed, or when they are “misused,” they are tremendously risky.



Prescription opioid misuse





The U.S. is in the midst of an **opioid public health crisis** with every American state, county, socio-economic and ethnic group impacted.

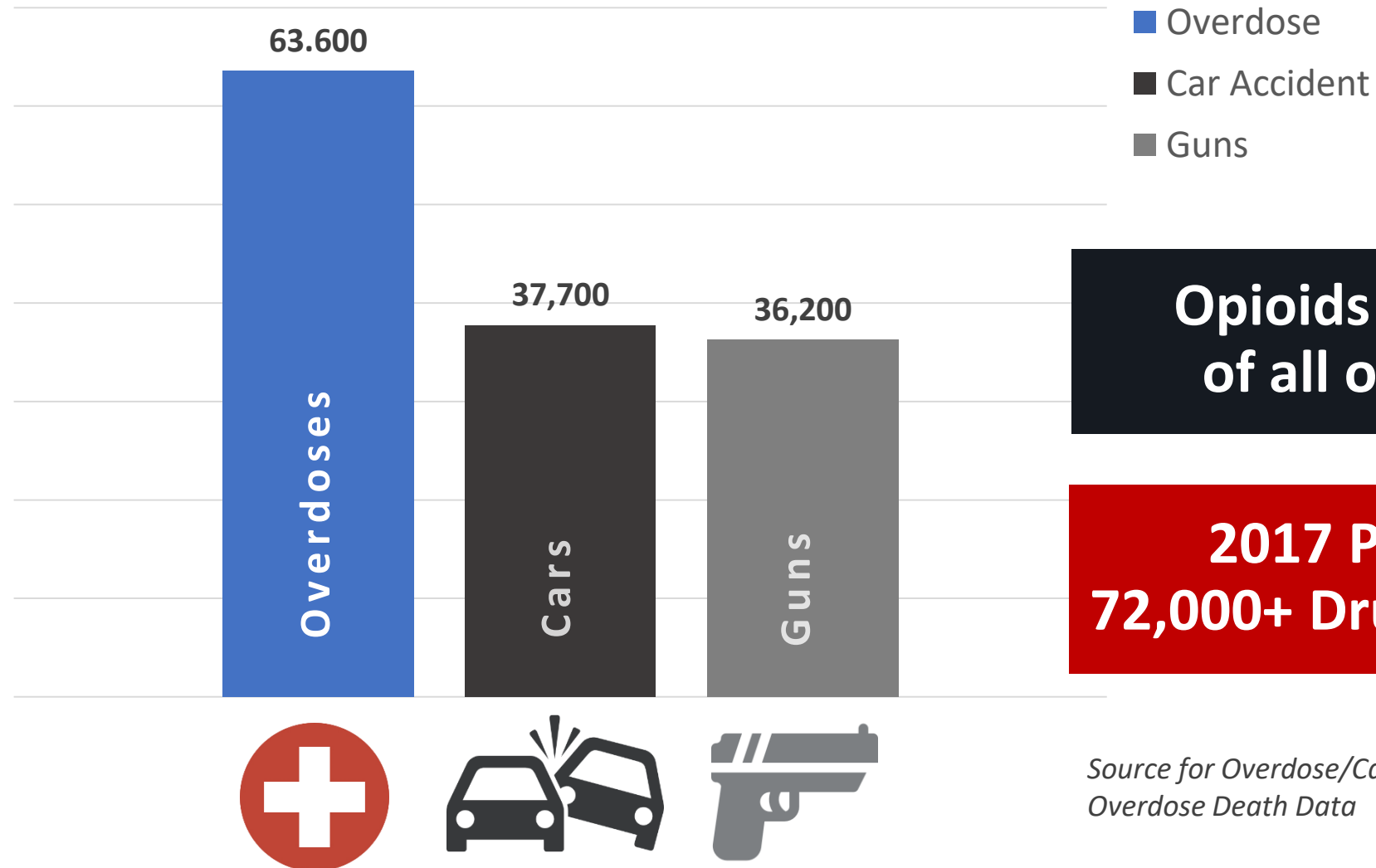
Drug overdose deaths continue to increase in the United States. From 1999 to 2016, more than **630,000 people have died** from a drug overdose.

Drug Overdose Deaths are Preventable

Source: CDC Drug Overdose Death Data



Leading Cause of Accidental Deaths - 2016



**Opioids account for 66%
of all overdose deaths**

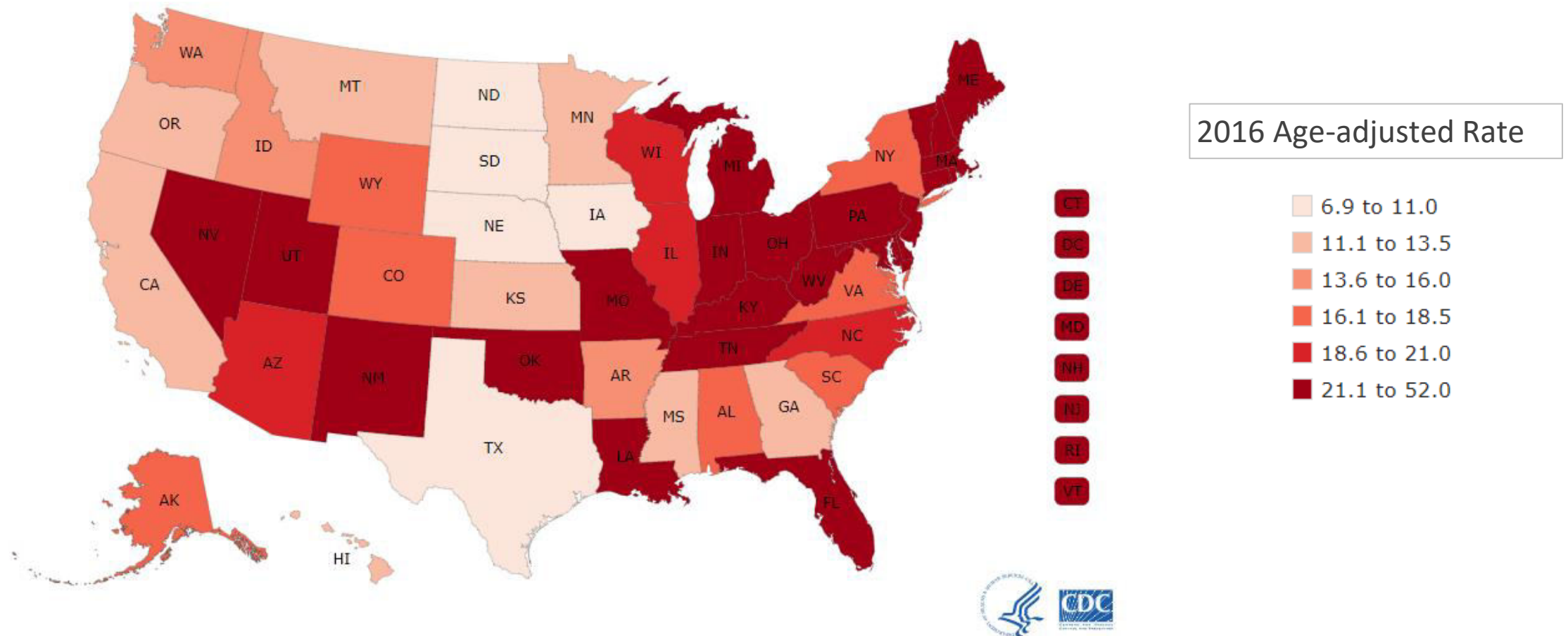
**2017 Provisional Data
72,000+ Drug Overdose Deaths**

Source for Overdose/Cars/Guns CDC Mortality and CDC: Drug Overdose Death Data



CDC 2016: Overdose Deaths

Number and age-adjusted rates of drug overdose deaths by state, US 2016



Contributors and Risk Factors



Opioid Prescribing Practices a PRIMARY Contributor Between 1991 and 2016

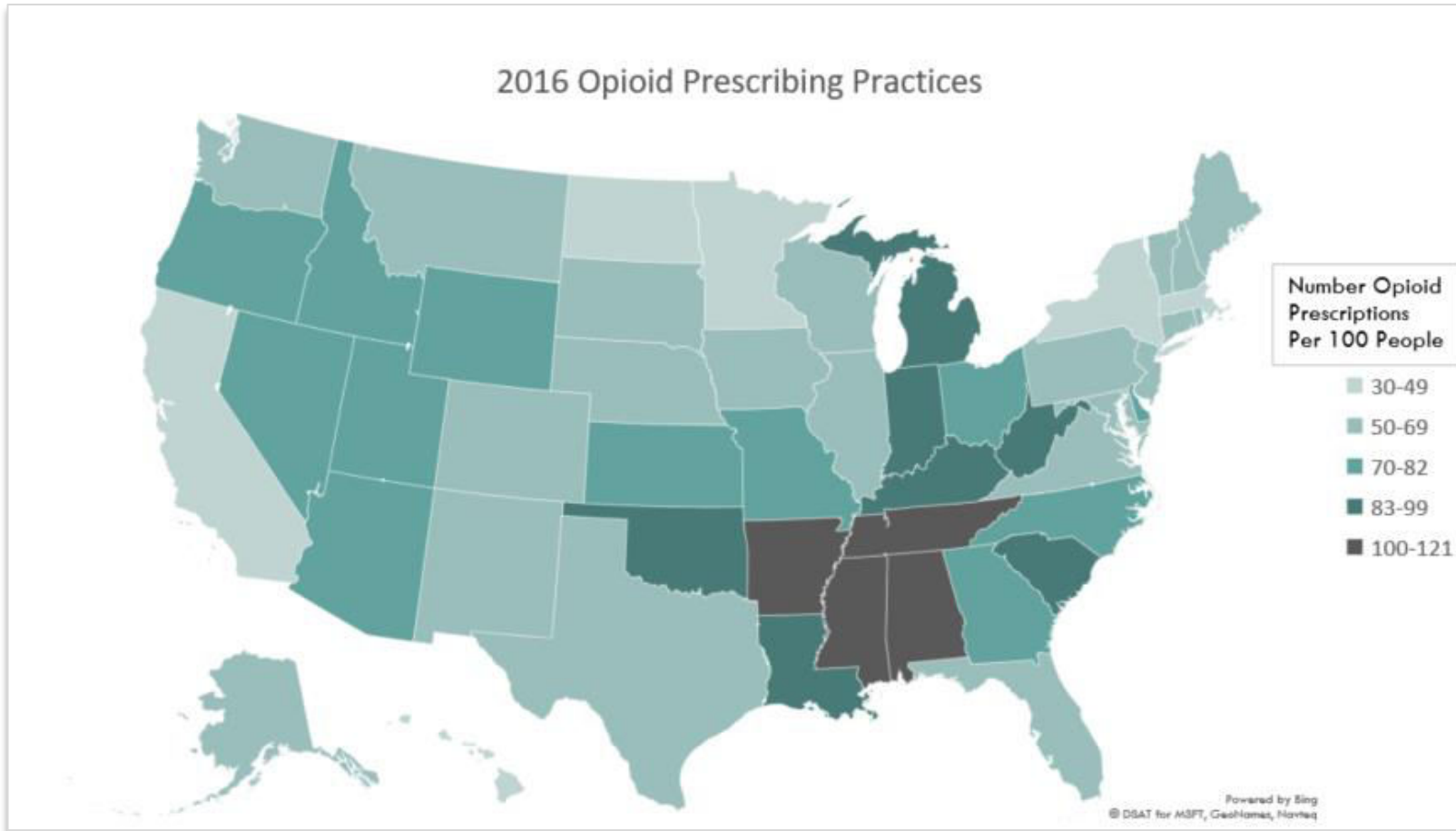


TRIPLED

Source CDC: Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017



Opioid prescribing practices



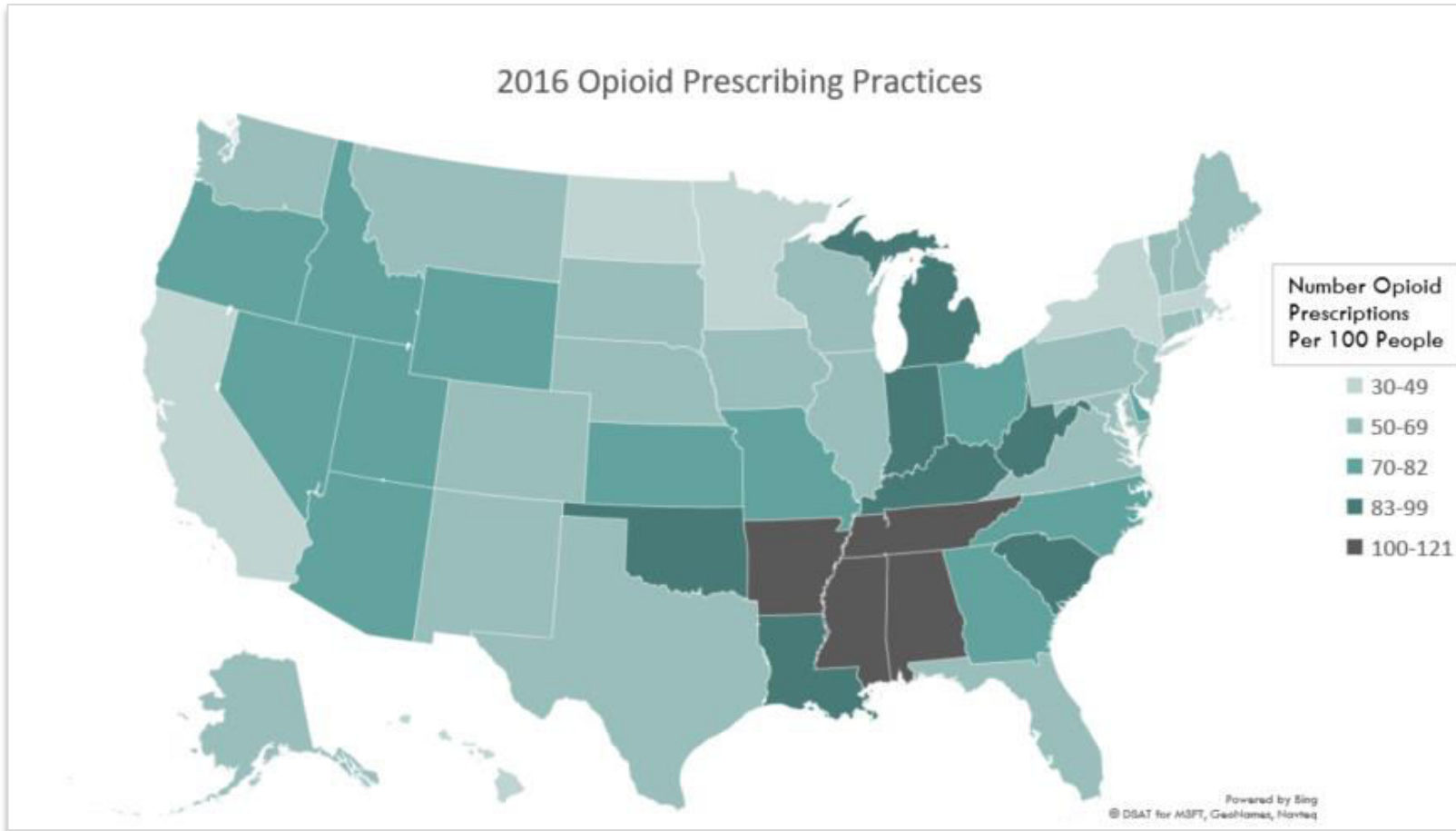
214 MILLION
Prescriptions for Pain
Medicine Written in 2016

Nearly Enough for
Every American Adult
to Have a Prescription

Source: CDC Annual Surveillance Report of Drug-Related Risks and Outcomes, 2017



Opioid prescribing practices



Rx

Indiana

84 Pain
Prescriptions
Written for Every
100 People

Source: CDC Annual Surveillance Report of Drug-Related Risks and Outcomes, 2017



Misrepresentation of Opioid's Addictive Risks

A 1980 New England Journal of Medicine ***Letter to the Editor*** was referenced by doctors, academics, pharmaceutical companies and others as evidence that few users would develop addictions and that increased prescribing was justified.

Source: 1980 NEJM Letter to the Editor and The Economist, April 2017: Makers and distributors of opioid painkillers are under scrutiny



The NEW ENGLAND
JOURNAL of MEDICINE

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
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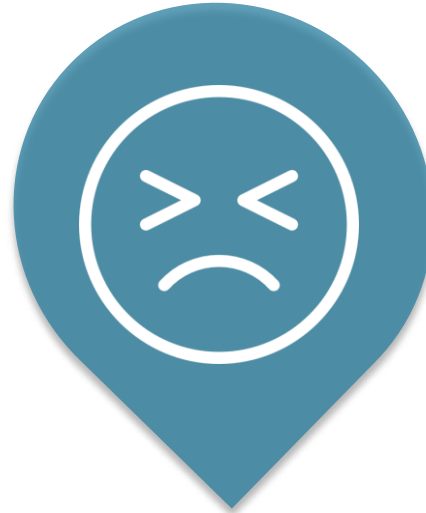
Paths to prescription opioid use disorder (addiction)



RX Misuse



Cultural & Societal



Pain 5th Vital Sign



Healthcare Incentive



Dosage & Duration

Source: Edlund, MJ et al. The role of opioid prescription in incident opioid abuse & dependence among individuals with chronic noncancer pain. Clin J Pain 2014



Paths to heroin use

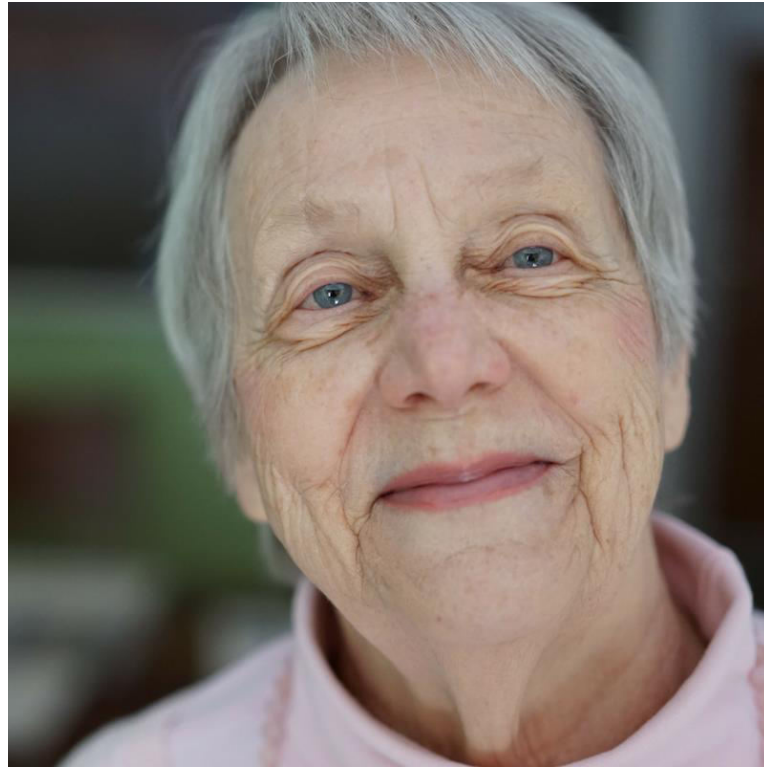
- Prescription pain drug misuse
- Availability and cost
- Purity – Seeking different effect
- Progression from other drugs



Sources: CDC Drug Overdose Death Data, Jones et al Sep 2013, Cicero TJ, Ellis MS, Surratt HL, Kurtz SP, JAMA Psychiatry 2014



Who is affected?





Young adults / youth

15

**Age of First
Misuse**

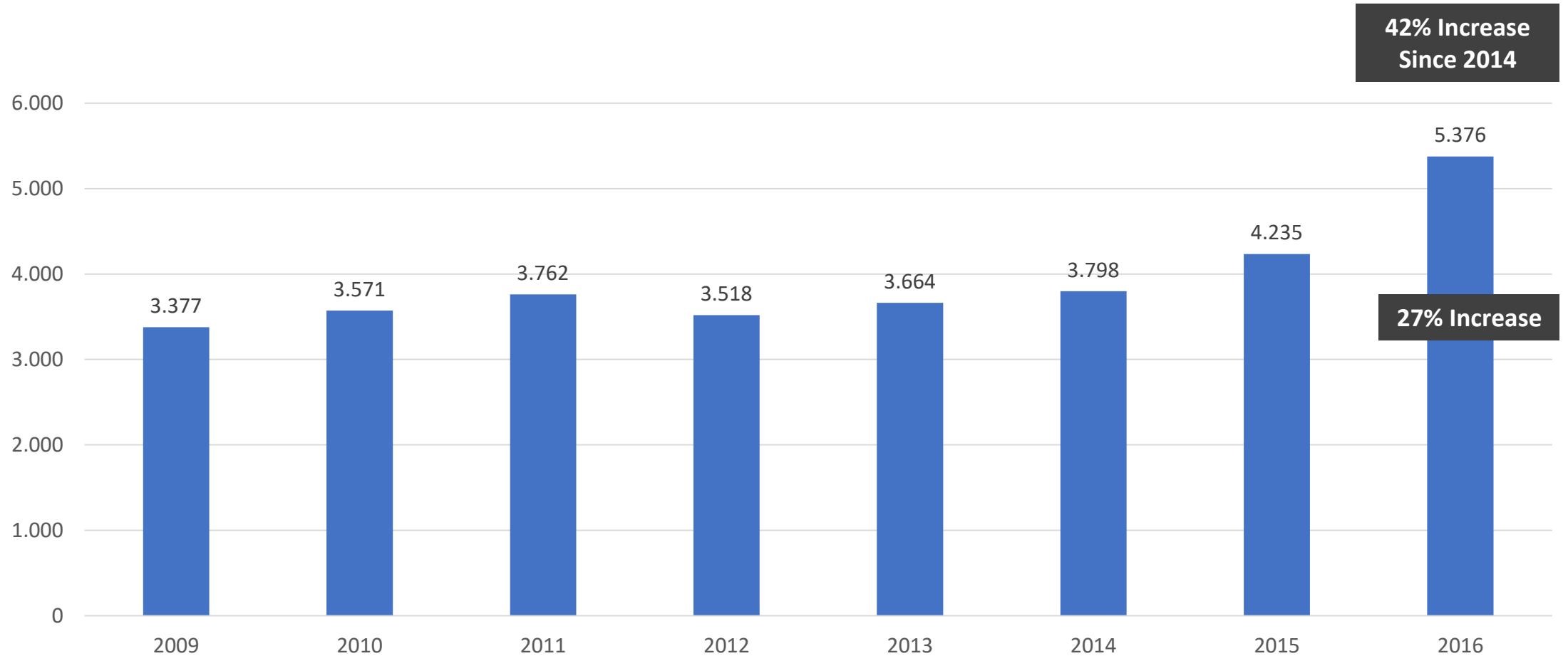
Perception: Low Risk

**Misuse of RX Pills - Socially
Accepted w/ Peers**

**Over 90% Get from Family/
Friends Medicine Cabinets**

Source CDC Drug Overdose Death Data - Opioids

Overdose Deaths - Age 15-24



Source: CDC and National Center for Health Statistics, National Vital Statistics System, mortality data



Age and hereditary risk factors



Two main factors that lead to substance use disorders/addiction – **early onset of use** and **biologic factors**.

Reduce or **eliminate youth exposure** to addictive substances.

Source: Center for Behavioral Health Statistics & Quality. 2015 National Survey on Drug Use and Health: Detailed Tables. SAMHSA, Rockville, MD; 2016.



Opioids after wisdom teeth removal nearly triple risk of long-term use, study finds

Research Recommends –

Dentists and oral surgeons consider prescribing non-opioid painkillers first, and if that isn't enough, prescribing less than the seven-day opioid supply recommended by the American Dental Association.

Source: Harbaugh, University of MI, JAMA 2018



Employees / Employers Impact



Most are employed

- 69% of the estimated 22 million illicit drug users are employed full or part time.
- Most binge / heavy alcohol users are also employed. Of Adult binge drinkers, 79% (41 million people). Adult heavy drinkers, 76% (12 million people) are employed.

Source: 2013 National Survey on Drug Use and Health



An estimated **\$74 billion is lost every year** in reduced work productivity due to excessive alcohol consumption from absences, reduced output, premature retirement or death, or reduced earning potential.

Source: 2013 National Survey on Drug Use and Health



Employers face mounting costs related to untreated substance use disorder (SUD) among their workforce.

Opioid use disorder (OUD) is even more costly.
Workers with OUD miss more work and have higher health care usage than workers with other SUDs.

Source: National Safety Council (NSC) Prescription Nation 2018



For employers, providing access to treatment can produce **substantial savings**, exceeding costs by a ratio of 12 to 1.

Source: National Institute of Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research-Based Guide



Solutions



Solutions

Treatment & Recovery

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

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

Remove the Stigma of Addiction

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

Screening and Early Intervention

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

OverdoseLifeline.org



Education & Prevention

Understand the risks associated with opioid misuse, addiction, and overdose. Support age-based and sector-based education.

Safe Prescribing

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

Prescription Management

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

Data & Prescription Drug Monitoring

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

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Employer Action Plan

Invest in Management and Employee Education

Increase and Ensure Confidential Access to Help and Treatment

Partner with Insurance, Medical/PBM and EAP Providers

Re-Evaluate Workplace Policy and Drug Testing

Source: National Safety Council (NSC) The Pro-Active Role employers can take: Opioids in the Workplace.



Overdose Lifeline



Approach: Socio-Ecological Model



A Socio-Ecological Model (SEM) allows us to approach prevention education using a lens that looks at the complex interplay between individuals and their environment.

This model highlights the importance of working with parents, communities, and beyond to confront the opioid epidemic.





Youth / Young Adults





The Center of Disease Control recognizes young adults, ages 18-25, as **the most at-risk group**, reporting heroin use has more than doubled among this age group in the past decade. Since 2009, more than 31,000 youth have lost their lives to a drug overdose.

Ages 18-24 the Most At-Risk Group

Source: "Vital Signs." Centers for Disease Control and Prevention. 7 July 2015, www.cdc.gov/vitalsigns/heroin/index.html.

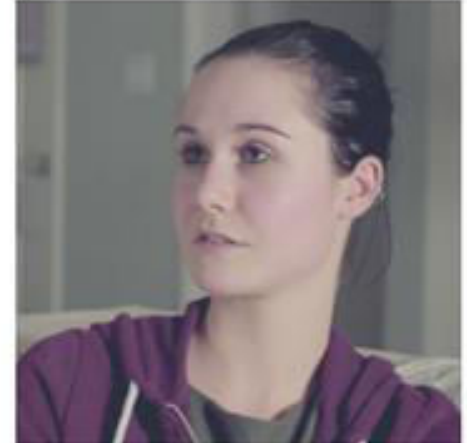
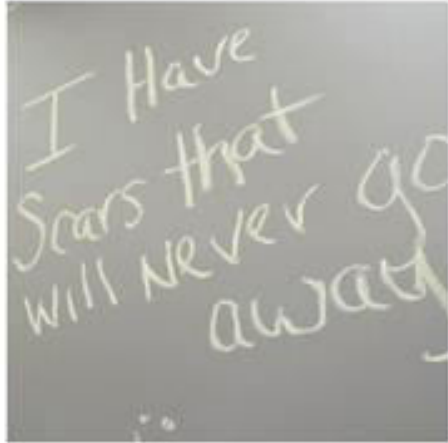


With a reported 80% of heroin users beginning with the nonmedical (not prescribed) use of opioids, there is a significant need to enhance our youth's knowledge of substance use and misuse.

Early intervention strategies are imperative in turning the tide of this epidemic.



overdose Lifeline, Inc.



This is (Not) About Drugs

An outcome-driven, science-based program designed to raise awareness to substance misuse, with a special emphasis on prescription opioids. The program incorporates NIDA principles, risk and protective factors and is designed to fit within school time constraints and aligns with the most common health curriculums.

The program follows an efficacy-based model of design with continuous measurement and improvement.



This is (Not) About Drugs

Takes a peer-to-peer approach and makes use of personal stories to educate and influence the decisions – or choices – someone makes about their own body and health.

Choices are the theme of the program and behind the program title – This is (Not) About Drugs.



Learning Objectives

After completing the lesson, youth will

- Understand the risks of prescription pain drug misuse
- How misuse can lead to addiction, heroin use, overdose, and death
- Recognize opioid overdose symptoms, availability of naloxone, and necessity to call 911
- Understand the disease of addiction and the impact on the individual and the family and friends
- Self-efficacy and alternatives when confronted with stressors
- Where to find applicable resources and the many ways to ask for help



Specifically Addresses the National Opioid Health Crisis

Fits 45 Minutes Classroom Schedule | Ability to Expand

Accessible Trainer Program Built for Rapid Deployment

300+ Delivery Partners, Across 20 U.S. States

Pre-Post Student Survey } 3rd Party Study



The program recently completed an quasi-experimental evaluation by researchers from the Indiana University Public Policy Institute.

Preliminary results indicate a significant increase in understanding the risks associated with the use of non-prescribed pain pills, the dangers of using/misusing opioids one time, and the relationship between prescription pain medication and heroin.



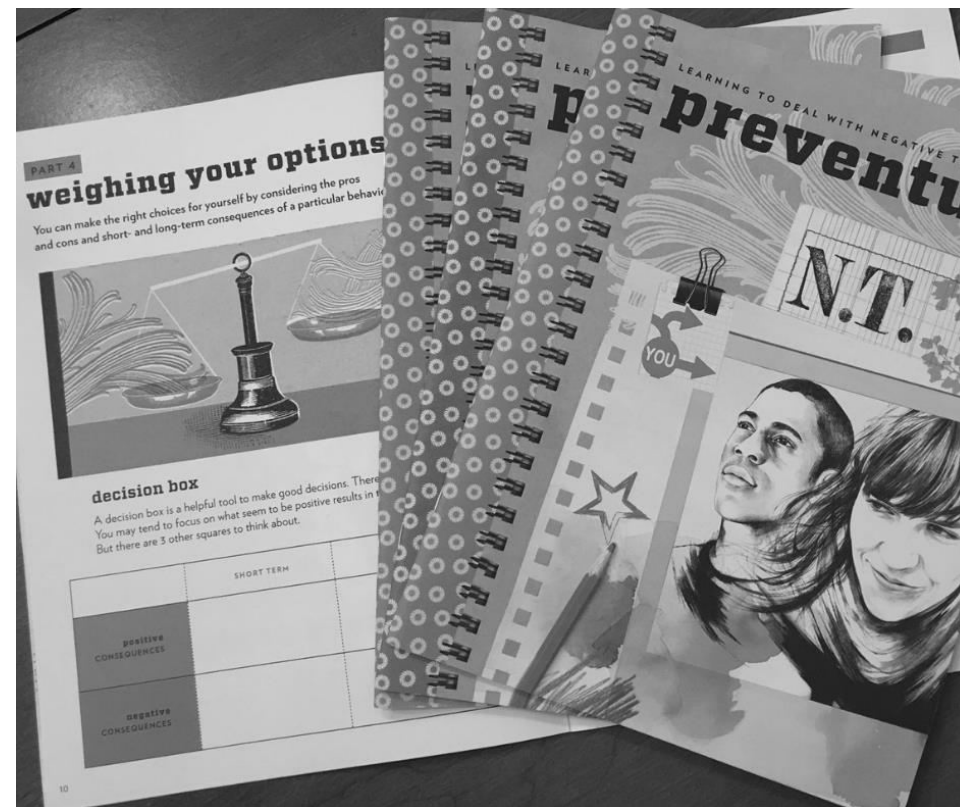
Preventure Personality Targeted - Selective EBP

Developed by Patricia Conrod, PhD, University of Montreal

An evidence-based program which takes a personality-targeted approach to adolescent substance use prevention.

The program content was developed to target personality types found to be at highest risk for substance misuse.

Preventure includes a Substance Use Risk Profile Scale (SURPS) assessment and two, 90-minutes workshops for students with high SURPS indicators across four (4) personality types.



Information: overdose-lifeline.org/preventure



Four (4) Key Personalities Target

Sensation Seeking (SS)

Impulsivity/Antisociality (IMP)

Anxiety Sensitivity (AS)

Negative Thinking/Hopelessness/Depression Proneness (NT)



Brief, coping skills interventions targeting personality risk factors have been tested in randomized controlled trials, showing benefits that last for up to two years.

This drug and alcohol prevention program has been shown to

- Reduce drinking rates by 40-60 %
- Reduce binge drinking rates alcohol use by 50 %
- Delay onset of drinking and binge drinking
- Reduce illicit drug use rates by 30-80 %
- Reduce risk for alcohol-related problems
- Reduce risk for other mental health problems such as Anxiety, Depression and Conduct Problems



Beneficial effects of the Preventure program

Informs on motives for substance use, typology

- Risky motives for drinking (Comeau et al., 2002; Cooper et al., 1995)
- Drug of choice (Conrod et al. 2000a)
- Different patterns of coping
- Sensitivity to drug effects and drug reinforcement (e.g., Conrod, Pihl & Vassileva, 1997; Leyton et al., 2002)



Implementation – Group Session

- Students are identified for risk personality they scored highest in
- Attend two, 90-minute group sessions with peers with facilitator
 - Students participate in a single group, the one they scored highest in during SURPS
 - Student attend two group sessions, at least one week apart from one another
 - In total, 4 different groups (2 sessions/group), specific to one of the four personality types



For More Information – Youth Programs

Have questions about the one or both of the youth programs? Interested in learning how the programs can be brought to your community? Want to learn how to be trained to deliver one or both of the youth programs?



Contact us at education@overdose-lifeline.org

Call 844-554-3354

Or visit our website at: OverdoseLifeline.org/youth-prevention





Adult Populations



Overdose Lifeline Training Courses & Programs

Overdose Lifeline has worked with subject matter experts to develop effective, evidence-informed adult training courses and programs addressing the opioid health crisis and addiction / substance use disorder.

Available for **individual learning and continuing education** or as **trainer programs** that allow a trainer to deliver within their local community(ies).

Visit: OverdoseLifeline.org/Training

Continuing Education

OPTIONS

Trainer Programs

DEVELOPING: CE and Certificate Program in Partnership with Purdue University



These training courses and programs are designed for individuals, educators, employers, healthcare professionals, parents and caregivers and groups and organizations who are working to prevent and reduce the effects of the opioid public health crisis and educate and raise awareness of addiction/substance use disorder.

When deployed across a community, or state, it results in all key stakeholders carrying the same awareness and knowledge level and improves cross-channel collaboration and results.



Overdose Lifeline Continuing Education Training Options

The Overdose Lifeline courses are accessible via three options: Online self-paced courses, On-site training and Live Web training settings. No matter the training setting, participants will receive a certificate of completion for continuing education credit.



Self-Paced Online Courses



On-Site Training



Live Web Training



Join the 380+ Overdose Lifeline Trainers/Delivery Partners

ACROSS 20 U.S. STATES TRAINED TO DELIVER OVERDOSE LIFELINE PROGRAMS

Trainer Programs

Trainer programs are available for each of the Overdose Lifeline courses. To earn trainer designation, individuals complete one or more pre-requisite(s) courses and program training via the web.

Trainer Resource Centers include: Presentation, Full Script, Resources, Attendee Surveys, Hand-outs, Certificates and more.

Materials provided via the Trainer Resource Center allows program delivery via on-site or webinar settings.

See Individual Program Information and Pricing:

OverdoseLifeline.org/Training



Course Listing CE and Certificate Program

OVERDOSE LIFELINE COURSES: PUBLISHED AND COMING SOON

Course Listing

The following courses are available as Continuing Ed. and Trainer Programs

- The Brain and the Disease of Addiction
- First Responder Naloxone
- Layperson Naloxone
- The Opioid Public Health Crisis

In Development:

- Employer Solutions to the Opioid Public Health Crisis (OCT)
- Removing the Shame and Stigma of Addiction (OCT)
- Understanding Harm Reduction & Its Role in the Opioid Public Health Crisis (NOV)
- Medication-Assisted Treatment Overview and Best Practices (DEC)
- Substance Use Disorder / Addiction Treatment and Recovery



CE & Certificate Program



In partnership with **Purdue University College of Pharmacy, Office of Continuing Education**, Overdose Lifeline is developing layperson and clinician CE and certificate program on Addiction / Substance Use Disorder – with Opioid Specialization.

The program will meet requirements for

- Accreditation Council for Pharmacy Education (ACPE)
- Accreditation Council for Continuing Medical Education (ACCME)
- American Nurses Credentialing Center (ANCC)
- National Association of Social Workers (NASW)
- And additional professional credentialing areas



CE & Certificate Program



The program will assist clinicians in building knowledge and competency in the underserved area - substance use disorder/opioid crisis. As well as, for those from other disciplines who have a role in addressing the opioid crisis or who want to learn more about substance use disorder and the opioid public health crisis. The program is structured to support the educational needs of healthcare clinicians, students and the layperson.

Transitional Process: Overdose Lifeline's published courses are currently undergoing accreditation review. They will transition from a Overdose Lifeline "Certificate of Completion" to a Purdue University certificate this fall upon completion of the review/accreditation process. Future courses will publish with the accreditation process completed.



For More Information – Adult Programs

Have questions about the Self-paced Online Learning courses? Interested in On-site or Live Online Training (available for groups of five or more)? Want to learn how to be trained to deliver one or more of the Overdose Lifeline Programs?



Contact us at training@overdose-lifeline.org

Call 844-554-3354

Or visit our website at: OverdoseLifeline.org/Training





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