

#### Professional Development 14 May 2025





# Opioid Overdose Reversal Training

Amy Lies, RN
Opioid Addiction Administrator, ND DHHS BHD

Tori Nelson
Prevention Administrator, ND DHHS BHD



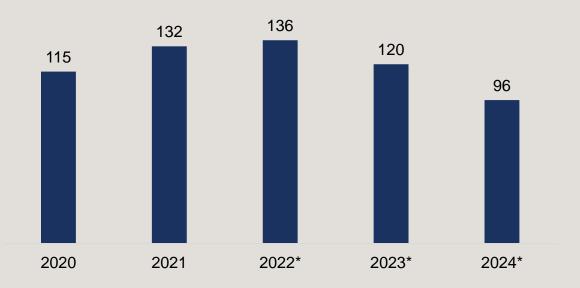


#### ND Overdose Death Data

North Dakota Violent Death Reporting System (NDVDRS)

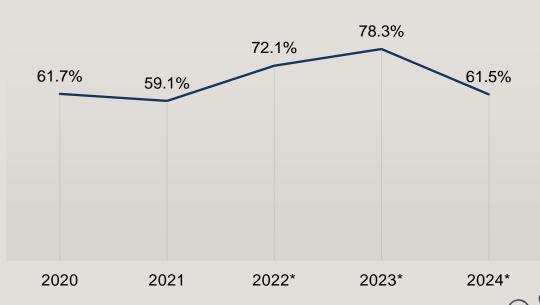
#### **Number of Overdose Deaths in ND**

\*preliminary data for 2022-2024



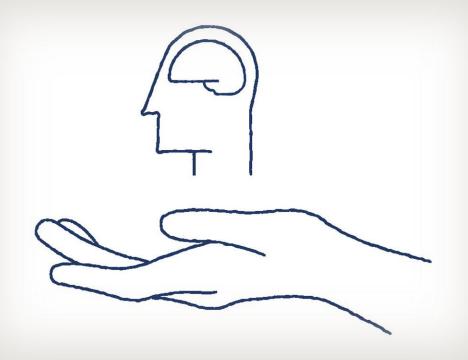
#### Percentage of overdose deaths with fentanyl present in ND

\*preliminary data for 2022-2024



# Opioids

What are They?



## Opioids – What are they?

Opioids bind to and activate opioid receptors on cells located in many areas of the brain, spinal cord, and other organs in the body.

#### **Prescriptions Opioids:**

- Class of drugs naturally found in the opium poppy plant. Some are made from the plant directly, and others are made in labs
- Most often used to treat pain, although some are used to treat cough
- Common names: hydrocodone, oxymorphone, morphine, codeine, fentanyl

#### Illicit/Illegal Opioids:

- Can be naturally derived or created synthetically
- Most often used for the euphoric effects or to prevent withdrawal
- Common names: Illicit Fentanyl, Heroin



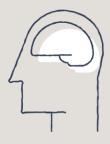
## Opioids – What are they?

All opioids (prescription and illicit) have the potential to create tolerance, dependence, or lead to an opioid use disorder

**Tolerance:** individuals may need higher and or more frequent doses to get the desired effects

**Dependence:** repeated use causes neurons to adapt so they only function normally in the presence of the drug. The absence of the drug causes physiological reactions, ranging from mild to life threatening.

**Use Disorder:** Opioid use disorder (OUD) diagnosis is based on the American Psychiatric Association DSM-5 and includes a desire to obtain and take opioids despite social and professional consequences.



# Opioid Overdose

Risk, Signs, & Symptoms



## Opioid Overdose

An opioid overdose occurs when too much of an opioid (prescription or illicit) occupies too many opioid receptors resulting in decreased or stopped breathing and heart rate.



## Opioid Overdose – Risk Factors

There is an increased risk for an opioid overdose for individuals who:

- Use prescription opioids, specifically:
  - High dose prescription
  - Prolonged use of opioid prescription
  - Extended release or long-acting formulations
  - New opioid prescription
- Accidently or deliberately take an extra dose or misuse a prescription opioid
- Receive more than one opioid medication prescription
- Takes opioid medications prescribed for someone else
- Combine opioids prescription or illicit with alcohol or other substances that depress breathing, heart rate, and other central nervous system functions (even including some over-the-counter products)
- Has an underlying health condition: lung disease, sleep apnea, elderly, etc.
- Use illicit opioids, specifically:
  - Using alone
  - Previous history of overdose
  - Switching route
- Has an opioid use disorder and has been recently released from incarceration, residential or inpatient treatment, or detoxification.
- Are prescribed an opioid with a history of addiction



## Opioid Overdose – Signs and Symptoms

#### Signs and symptom of an opioid overdose include:

- Small, constricted "pinpoint pupils"
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially in lips and nails)



# Opioid Overdose

Reversal Medications

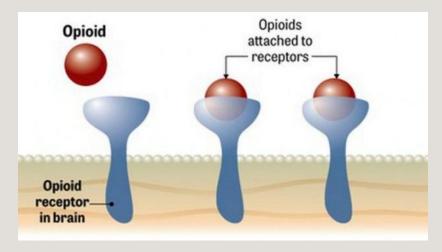


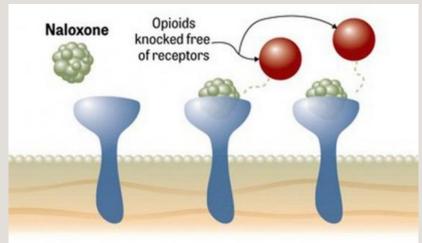
#### FDA-approved opioid overdose reversal medications

- naloxone
  - Narcan (4mg nasal spray) available over-the-counter (OTC)
  - RiVive (3mg nasal spray) available OTC
  - Kloxxado (8mg nasal spray) prescription only
  - Zimhi (5mg intramuscular injection) prescription only
- nalmefene
  - Opvee (2.7mg nasal spray) prescription only



- Opioid overdose reversal medications work by knocking the opioids off the opioid receptors
- These medications have a stronger affinity to the opioid receptor than opioids
- However, these medication do not displace the opioid for long, therefore an individual might go back into an overdose state
- These medications do not work for an overdose from substances other than opioids







#### How to use an opioid overdose reversal medication

- Nasal spray
  - Assess
    - Check for signs of an opioid overdose
  - Lay
    - If the individual is breathing lay them on their side (also known as the recovery position)
    - If the individual is NOT breathing lay them on their back
  - Spray
    - Insert the nasal device into either nostril and press the plunder firmly
  - Stay
    - Call 911 and remain with the individual. Additional doses can be administered every 2-3 minutes (alternate nostrils)
    - If the individual is not breathing, provide ventilation every 5-6 seconds if a ventilation device or breathing barrier is available
    - If the individual does not have a pulse, provide chest compression or utilize an AED if available



#### Additional safety information

- It is extremely important to call 911 after administering a medication
- Individuals may experience withdrawal symptoms after receiving a medication. Withdrawal symptoms include:
  - Agitation
  - Anxiety
  - Sweating
  - Rapid heartrate
  - High blood pressure
  - Diarrhea
- These medications can be given to infants and children, however the risk for severe withdrawal symptoms is high in this population
- These medications can be given even if the cause of the overdose or the cause of the overdose like symptoms is unknown. These medications are considered safe.
- Narcan has a shelf life of 4 years



#### Who should have an opioid overdose reversal medication

• Anyone! These medications should be viewed like any safety device (seatbelt, AED, fire extinguisher). You hope you never have to use them but grateful to have it if you do!

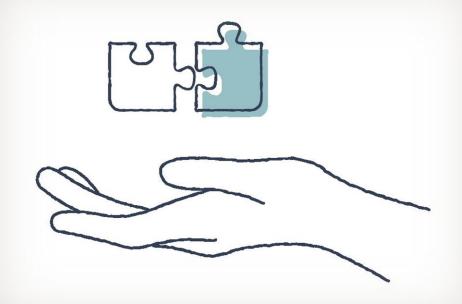
#### How to access these medications

- Narcan is available at no-cost\* in ND through these entities:
  - The ND Department of Health and Human Services Behavioral Health Division (DHHS BHD) by visiting <u>www.hhs.nd.gov/opioids</u>
  - Local Public Health Units (LPHUs)
  - Some pharmacies
- Narcan is available OTC at various chain stores including Target and Walmart
- Other forms of naloxone and nalmefene can be obtained through a prescription from a prescriber or pharmacist

\*The ND DHHS BHD purchases Narcan with the State Opioid Response (SOR) grant administered by SAMHSA and partners with LPHUs and some pharmacies



# Laws and Regulation



## Laws and Regulation

#### Good Samaritan Law

An individual is immune from prosecution when they seek medical assistance for an individual experiencing a drug overdose and:

- Remain on the scene until assistance arrives
- Cooperate with emergency service personnel

North Dakota Century Code 19-03.1-23.4

#### Immunity from Liability

An individual acting in good faith may administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose. The individual who administers the opioid antagonist is immune from civil and criminal liability for such action *North Dakota Century Code 23-01-42* 



# Stigma Reduction



## Stigma Reduction

Here is some non-stigmatizing language along with terms to avoid using.3

Say	Avoid Saying
Prescription opioids	Painkillers
Prescription opioid pain medications	Pain pills
Substance use disorder or opioid use disorder	Drug habit Substance abuse Abuse
Person in recovery Person with a substance use/opioid use disorder People who use drugs	Abuser/user Addicts Junkies Perpetrators Criminals
Nonmedical use Misuse Drug use	Recreational use Drug Abuse
Positive or negative toxicology screen Testing positive or negative for a particular substance	Dirty/clean toxicology results
Resumed use	Relapse



#### References

- Prescription Opioids DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)
- Opioid Use Disorder StatPearls NCBI Bookshelf (nih.gov)
- Risks and How to Reduce Them | Opioids | CDC
- Know the risk factors for an opioid overdose (apa.org)
- Understanding the Opioid Overdose Epidemic | Opioids | CDC
- Jones JD, Campbell AN, Brandt L, Metz VE, Martinez S, Wall M, Corbeil T, Andrews H, Castillo F, Neale J, Strang J, Ross S, Comer SD. A randomized clinical trial of the effects of brief versus extended opioid overdose education on naloxone utilization outcomes by individuals with opioid use disorder. Drug Alcohol Depend. 2022 Aug 1;237:109505. doi: 10.1016/j.drugalcdep.2022.109505. Epub 2022 May 23. PMID: 35709575; PMCID: PMC9472254. A randomized clinical trial of the effects of brief versus extended opioid overdose education on naloxone utilization outcomes by individuals with opioid use disorder PubMed (nih.gov)
- <u>Full article: ACMT and AACT position statement: preventing occupational fentanyl and fentanyl analog exposure to emergency responders (tandfonline.com)</u>

# You can save a life from opioid overdose.









# For more information or to order naloxone, visit: <a href="https://www.hhs.nd.gov/opioids">www.hhs.nd.gov/opioids</a>

#### For questions, contact Amy Lies at

701-328-8933 or <u>amlies@nd.gov</u>





## Substance Use Disorder (SUD) Voucher Program

May 14, 2025 Lori Steele, Lead Administrator Behavioral Health Division



#### **SUD Voucher Program**

Payer of addiction treatment & recovery services when funding is a barrier for accessing services

Program Goals

Improve access to quality services

Allow for individual choice of provider



### Individual Eligibility

- ND resident;
- At least 12 years old;
- Lacks resources to cover cost of treatment; and
- Annual income is no greater than 200% of <u>Federal Poverty Guidelines</u>
  - Exception request can be submitted & reviewed on case-by-case basis
- Individual who applies for the Voucher and has active Medicaid are automatically accepted for the program



#### **Individual Application Submission**

#### **How to Apply**:

- Individual can apply on SUD Voucher website <u>Individual Application Link</u> or with treating SUD Voucher provider through the <u>Provider Portal System</u>
- Paper application is available upon request

#### <u>Information needed to complete application</u>:

- Annual income (applicant & spouse), if married
- Household size (applicant, spouse and any other dependents claimed on tax return)
- Social Security Number
- Medicaid Number, if applicable
- Monthly earned/unearned income (wages, self-employment wages, child support, social security benefits, unemployment etc.)
- Proof of monthly income past 30 days (pay stubs, most recent copy of tax return if self-employed or business ledger & expense statement if recently self-employed)
- If no longer employed, termination letter(s) from employer(s) with supervisor/manager, contact info

Dakota | Health & Human Services

#### **Individual Application Process**

- Individual applications are reviewed by Voucher team within 5 business days
- If incomplete or unable to determine eligibility, additional information requested and due in 14 calendar days
- Requested information not received within 14 calendar days, application is denied and individual may reapply with requested information
- No limitations on number of times an individual can apply
- If approved for the Voucher and appears eligible for Medicaid, eligibility specialist will do outreach to initiate Medicaid application process. Individual must follow through with the Medicaid app process.



#### **Covered Services**

- Assessment-includes court ordered
- Screening
- Individual, group & family therapy
- Urine Analysis
- Peer Support
- Transportation
- Methadone Maintenance
- Residential Room & Board



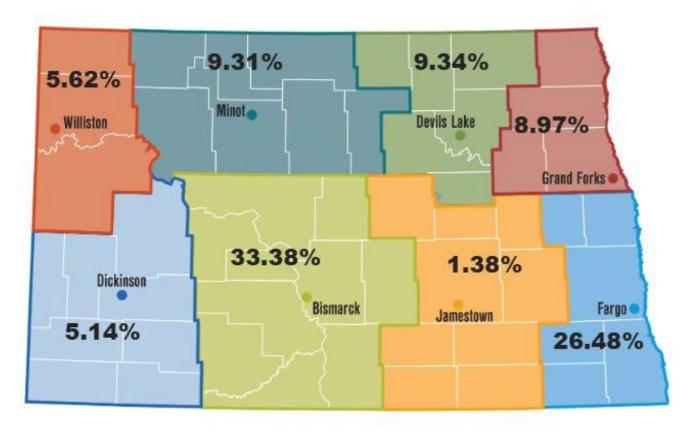
#### Utilization

- Currently 46 approved providers covering all 8 regions
- Currently 2,900 active individuals in the program
- Current biennium allocation is \$18M; total biennium spend is \$15.8M
- Approximately 9,700 individuals have been approved since inception of program (July 2016)

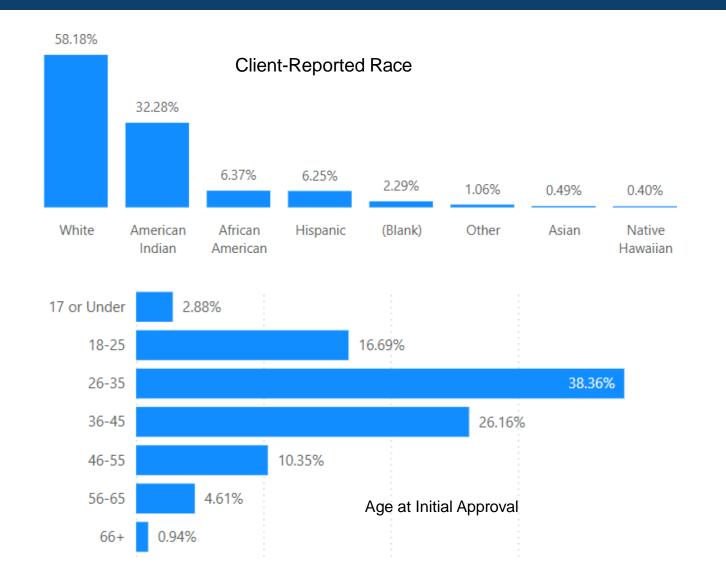


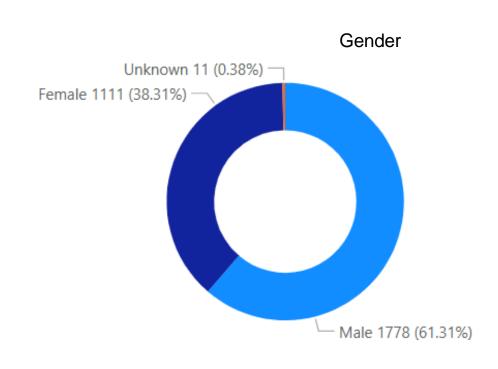
#### **Demographics-2,900 currently active**





#### Demographics-cont'd

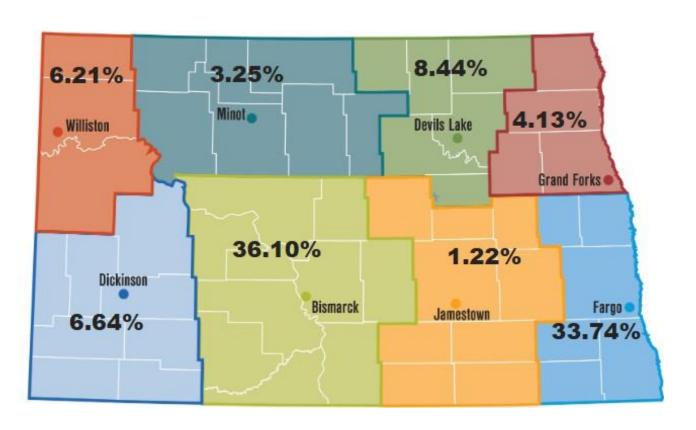






### **Expenditure by HSC Region**







#### **SUD Licensing**

Providers must first become a licensed Substance Abuse Treatment Program prior to applying to become a SUD Voucher provider

Providers are required to maintain compliance with Chapter NDAC 75-09-1 (General Standards for Substance Abuse Treatment Programs)

Providers not currently licensed can follow the steps identified on our website: <a href="https://www.hhs.nd.gov/behavioral-health/licensing">https://www.hhs.nd.gov/behavioral-health/licensing</a>



#### Become an Enrolled SUD Voucher provider

Required to enroll and become credentialed to bill North Dakota Medicaid & Medicaid Expansion

Complete Provider Application & Agreement (SFN 859)

https://www.nd.gov/eforms/Doc/sfn00859.pdf

Ensure Voucher policy and procedures submitted aligns with NDAC 75-09.1-11-02

https://www.legis.nd.gov/information/acdata/p df/75-09.1-11.pdf



#### Resources

**Behavioral Health Website** 

**SUD Voucher Website** 

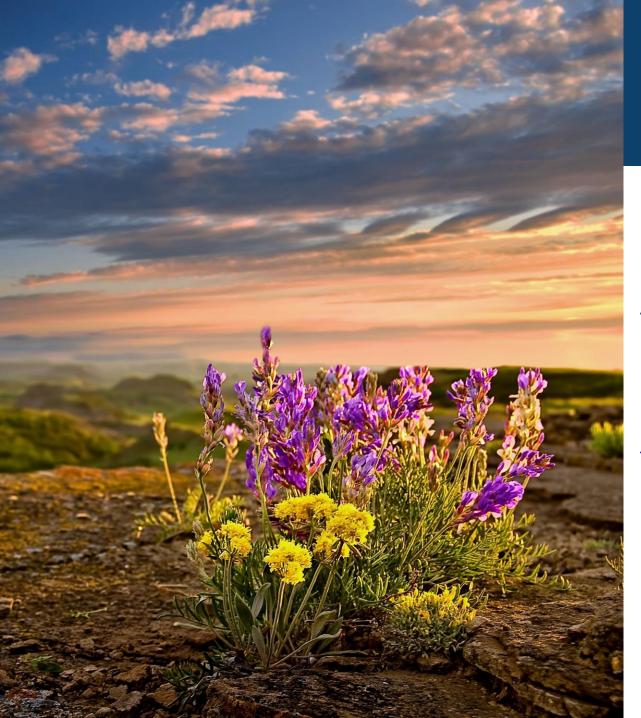
**Individual Application Link** 

**Adult Provider List** 

**Adolescent Provider List** 

**Behavioral Health Free Resources** 





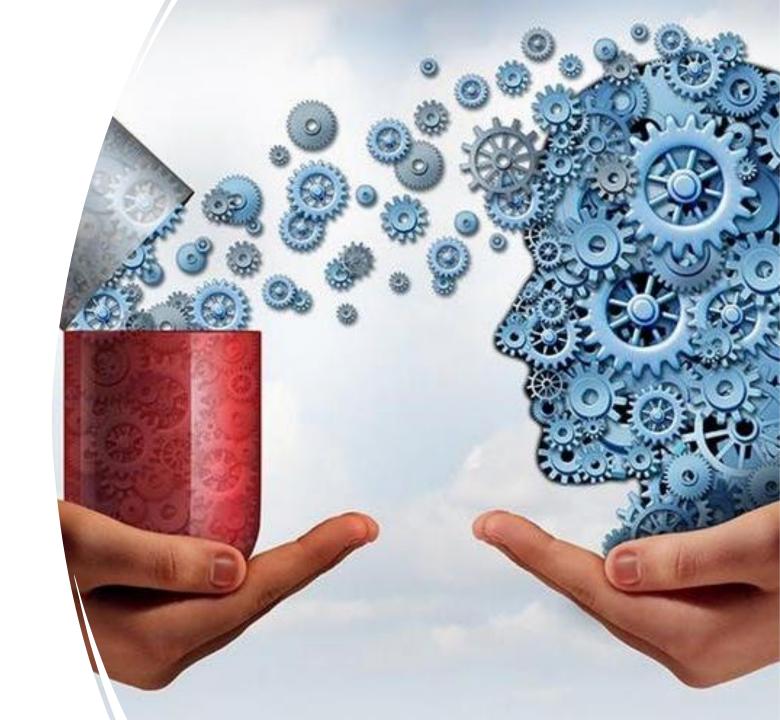
## **Contact Information**

Lori Steele
<a href="mailto:listeele@nd.gov">llsteele@nd.gov</a>
701-328-8952

https://www.hhs.nd.gov/behavioral-health



Substance Use Disorder (SUD)



## Greetings Everyone!

• Substance Use Disorder (SUD) is a specialty care program integrated into the VA Mental Health Service Line. We provide timely and appropriate access to high-quality, integrated, comprehensive, and patient-centered care for SUD and SUD related disorders.

# What is a substance use disorder?

 A medical condition that is defined by the inability to control the use of a particular substance (or substances) despite harmful consequences.

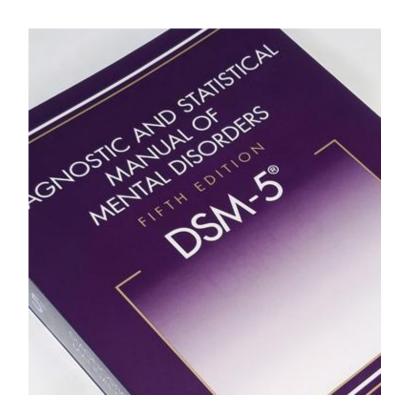


# The American Psychiatric Association (APA) has developed 11 criteria for SUD diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

#### The DSM-5 Criteria for Substance Use Disorders includes:

- Taking the substance for long periods of time or in larger amounts than intended.
- Being unable to cut down or stop substance use.
- Spending a lot of time obtaining, using, and recovering from the effects of the substance.
- Experiencing cravings, or intense desires or urges for the substance.
- Failing to fulfill obligations at home, work, or school due to substance use.
- Continuing substance use despite having interpersonal or social problems that are caused or worsened by substance use.
- Giving up social, recreational, or occupational activities due to substance use.
- Using the substance in risky or dangerous situations.
- Continuing substance use despite having a physical or mental problem that is probably due to substance use.
- Tolerance, or needing more of the substance to achieve previous effects.
- Withdrawal, meaning that unpleasant symptoms occur when you stop using your substance of choice.

SUDs may range from mild to severe, with severity depending on the number of diagnostic criteria a person meets. When someone is diagnosed with mild SUD, this means a person displays 2-3 symptoms, moderate means they display 4-5 symptoms, and severe means they display 6 or more.

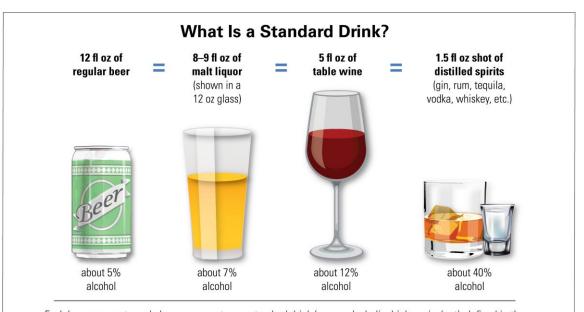


PSM-5 Substance Use Diagnosis  *Required to include DSM-5 diagnosis on Service Request Form  Severity Levels  Mild = Presence of 2-3 DSM criteria symptoms  Moderate = Presence of 4-5 DSM criteria symptoms  Severe = Presence of 6 or more DSM criteria symptoms		Examples	Code For billing purposes
- Severe = Fresence of 6 of mo	MILD	Heroin, Hydrocodone (Norco, Vicodin),	F11.10
Opioid Use Disorder	MODERATE	Oxycodone (OxyContin, Percocet).	F11.10
	SEVERE	Morphine, Hydomorphone (Dilaudid), Codeine (cough syrup), Meperidine (Demerol), Fentanyl, etc.	F11.20
Alcohol Use Disorder	MILD	Beer, liquor, etc.	F10.10
	MODERATE		F10.20
	SEVERE		F10.20
	SEVERE		110.20
Cannabis Use Disorder	MILD	Marijuana and marijuana-related products	F12.10
	MODERATE		F12.20
	SEVERE		F12.20
Stimulant Use Disorder- Amphetamine-Type Substance	MILD	Methamphetamine (crystal meth, crank, speed, tweek, glass, etc.)	F15.10
	MODERATE		F15.20
Amphietamme-Type Substance	SEVERE	speed, tireen, glass, etc.)	F15.20
Stimulant Use Disorder- Cocaine	MILD	Cocaine (coke, blow, snow, etc.)	F14.10
	MODERATE		F14.20
	SEVERE		F14.20
	SEVERE		114.20
Sedative, Hypnotic, or Anxiolytic Use Disorder	MILD	Benzodiazepines (Xanax [alprazolam],	F13.10
	MODERATE	Ativan [lorazepam], Valium [diazepam],	F13.20
	SEVERE	Klonopin (clonazepam)) Barbiturates (Pentobarbital, Secobarbital, etc.) Z-drugs (Ambien (zolpidem), Lunesta [eszopiclone], Sonata [zaleplon], Imrest [zopiclone], etc.)	F13.20
Other Hallucinogen Use Disorder	MILD	LSD (acid), Ecstasy (MDMA), Ketamine,	F16.10
	MODERATE	magic mushrooms (Psilocybin), Peyote	F16.20
	SEVERE	(Mescaline), etc.	F16.20
Stimulant Use Disorder- Other or Unspecified Stimulant	MILD	Ritalin (methylphenidate), Adderrall	F15.10
	MODERATE	(dextroamphetamine/ amphetamine),	F15.20
	SEVERE	Vyvanse (lisdexamfetamine), etc.	F15.20
Phencyclidine (PCP) Use – Disorder	MILD	PCP (phencyclidine)	F16.10
	MODERATE		F16.20
	SEVERE		F16.20
	MUD		F10 10
Inhalant Use Disorder	MILD	Glues, spray cans, etc.	F18.10
	MODERATE		F18.20
	SEVERE		F18.20

# How to talk about substance use?

#### Use the Question Sandwich

- ASK
  - "Is it alright if we talk a little more about your alcohol/substance use?"
- RESPOND
  - "Thank you for your willingness to talk with me (or honesty, etc.)."
- ASK
  - "What are the good things that come from your substance use?"
  - "What are concerns, if any, do you have about the impact of your substance use on your family, work, social relationships, and health?"
  - "Is there a way to get the same effect without the substance? How might your life be better without using or using less?"



Each beverage portrayed above represents one standard drink (or one alcoholic drink equivalent), defined in the United States as any beverage containing .6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

## Stepped Care for Substance Use Disorders

• "Stepped care is a defining principle for the provision of SUD treatment where less complex and more stable Veterans diagnosed with SUD can be effectively treated by primary care, mental health and other non-SUD specialists. VHA has embraced this model for meeting the substance use treatment needs of Veterans. Veterans with more complex and less stable SUD require more comprehensive and intensive treatment provided in specialty SUD care settings. In a stepped care model, Veterans move seamlessly between less intensive general care settings to more intensive specialty SUD care as clinically indicated and consistent with data-informed, shared decision-making that considers the Veteran's needs and preferences (i.e., measurement-based care (MBC))."



Level 0: Selfmanagement only:

Mutual help groups

Skills application Level 1:
Addictionfocused
medical
management in
Primary Care,
Pain Clinic,
Mental Health

Level 2:

SUD Specialty

Care:

Outpatient

Intensive outpatient

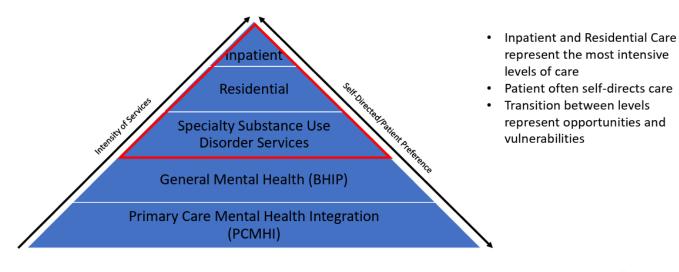
OTP

Residential

## What is SUD Specialty Care?

SUD Specialty Care is a specialty program integrated into the VA Mental Health Service Line.

#### **Substance Use Disorder Continuum of Care**



# What services are offered?

- Comprehensive Assessments to diagnose & engage Veterans in care
- Shared decision making
- Individually customizable treatment plans
- Full continuum of care
- Measured based care
- Referrals to RRTP & Community care
- Evidenced based treatment
- Supportive Families Case Management
- Case management
- SUD HUB
- RRTP warm hand-offs



# Programming Offered

- Medication Assisted Therapy (MAT)
- Intensive Outpatient Treatment (IOP)
- Relapse Prevention (RPG)
- Drop Zone Recovery
- Pretreatment Group
- Individual Therapy
- Harm Reduction
- Peer Support



# **Providers** *Multidisciplinary Team*

- Addiction Therapists
- Social Work
- Psychology
- Psychiatry
- Pharmacy
- Nursing
- Peer Support
- Whole Health



### Contact Us

- SUD Consult for physically and psychologically stable Veterans requesting or agreeing to meet with an SUD Provider
- Same day appointments with SUD are available.
- SUD Consult for Veterans requesting MAT through SUD HUB or Dr. Coleman



### Contact Us

- Dr. Samantha Oliver –Recovery Services Manager Samantha.Oliver@va.gov
   Ext. 4418
- Kelly Readel SUD Program Coordinator
   Kelly.Readel@va.gov
   Ext. 3913
- Ashley Middleton Peterson SUD Social Worker Ashley.MiddletonPeterson@va.gov

Ext. 3446

Dan Richter – SUD IOP Lead
 Daniel.Richter@va.gov
 Ext. 2409

- Marissa Hogness SUD-SSVF Case Manager Marissa.Hogness@va.gov
   701.461.7330 ext. 7433
- Chelsa Pansch SUD Case Manager/BHIP Liaison Chelsa.Pansch2@va.gov
   Ext. 4429
- Cassandra Singh SUD Social Worker/AT
   Cassandra.Singh@va.gov
   Ext. 3941



### **Alcohol Withdrawal: An Overview**

- Withdrawal symptoms may be one of the first signs of alcohol dependence, a severe form of Alcohol
  Use Disorder.
- Minor Withdrawal Symptoms (typically starts about 6 hours and lasts up to 48 hours):
  - Manifests as:
    - Tremors, sweating, increased heart rate, digestive issues, headache, and anxiety.
    - Orientation to self, place, and time remain intact.
- Moderate Symptoms (also starts approximately six hours after cessation, but its duration can last up to 14 days):
  - Progression of Symptoms:
    - Hallucinations (visual, tactile and auditory), declining orientation (person, place and time),
       seizures, and high risk of progression to Delirium Tremens.
- Severe Withdrawal Symptoms:
  - Hallucinations, confusion, and seizures
  - Risk of life-threatening complications like delirium tremens.





## Delirium Tremens (DTs) URGENT MEDICAL ATTENTION IS NEEDED TO MANAGE DTs

- Delirium Tremens (DTs) is a severe alcohol withdrawal condition.
- Key Symptoms:
  - Tremors or shakes especially noticeable in the hands.
  - Seizures dangerous and potentially deadly.
  - Confusion (altered mental state).
  - Agitation of anxiety, possibly leading to aggression.
  - Psychosis symptoms: hallucinations, paranoia.
  - Sensory disruption and disorientation.





### **Risk Factors for Delirium Tremens (DTs)**

- **History:** Previous alcohol withdrawal symptoms, seizures, or DTs
- Repetitive Heavy Use: Multiple attempts to quit heavy drinking or episode of heavy alcohol use.
- Concurrent Issues: Other substance use disorders, especially with sedatives and hypnotics.
- Aging: Risk increases with age (rare under 30 years old).
- Medical Concerns: Nutritional deficiencies, cardiovascular disease, or liver disease.



#### **Prevention and Resources**

Abstaining completely prevents withdrawal, while drinking moderately according to Low-Risk Guidelines minimizes the risk of Alcohol Use Disorder.

#### Low-Risk Guidelines:

Standard Size Drink Conversion: Beer-12 oz.; Wine-5 oz.; 80 Proof Spirits-1.5 oz

**0-**Choose not to drink/consume drugs not prescribed

**1-**Drink no more than 1 standard drink/hour

**2-**Drink no more than 2 standard drinks in a day

**3-**Drink no more than 3 standard drinks in a day

**Resources**: For immediate medical intervention contact 911 or escort to local medical facility; for community resources utilize 211; for mental health crisis intervention utilize 988 and for further assistance from the NDARNG ASAP call the Risk Reduction Coordinator @ 701-333-3266 or Prevention Coordinator @ 701-451-6197.

National Guard

## MyPrime Recording

2025-04-28 17:43 UTC

Recorded by

Davidson, Robert C CTR NG NDARNG (USA) Organized by

Davidson, Robert C CTR NG NDARNG (USA) Alcoholics Anonymous Meeting Opportunity

SFC Grant Semchenko grant.l.semchenko.mil@army.mil 701-527-7334

