

Know the Signs. *Save a Life.*

Opioid Overdose Basics

Prescription opioids (like hydrocodone, oxycodone, and morphine) and illicit opioids (like heroin and illegally made fentanyl) are powerful drugs that have a risk of a potentially fatal overdose. Anyone who uses opioids can experience an overdose, but certain factors may increase risk including but not limited to:



- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illicit or illegal opioids, like heroin or illicitly-manufactured fentanyl, that could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe.

Learn more about opioids to protect yourself and your loved ones from opioid abuse, addiction, and overdose: www.cdc.gov/drugoverdose



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

PREVENTING AN OPIOID OVERDOSE

Signs and Symptoms of an Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Small, constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

What To Do If You Think Someone Is Overdosing

It may be hard to tell if a person is high or experiencing an overdose. If you aren't sure, it's best to treat it like an overdose— you could save a life.

- ① Call 911 immediately.
- ② Administer naloxone, if available.
- ③ Try to keep the person awake and breathing.
- ④ Lay the person on their side to prevent choking.
- ⑤ Stay with him or her until emergency workers arrive.



Ask your doctor about naloxone - a safe medication that can quickly stop an opioid overdose. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.



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FENTANYL

AN EMERGING THREAT

WHAT IS FENTANYL?

Fentanyl is a synthetic (man-made) opioid that is 50x more potent than heroin and 100x more potent than morphine.¹ There are two main uses for fentanyl:

- Pharmaceutical fentanyl: primarily prescribed to manage acute and chronic pain associated with advanced cancer.¹
- Non-pharmaceutical fentanyl: illicitly manufactured and is sometimes mixed with heroin, cocaine, or other drugs—with or without the person's knowledge—to increase the drug's effect.²

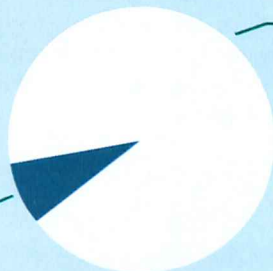
CAN FENTANYL BE FOUND IN CLARK COUNTY, NEVADA?

- Yes, although its presence and use is not currently widespread. According to Nevada HIDTA, fentanyl is both an emerging and existing threat.³
- Fentanyl is typically produced in China or Mexico and trafficked into the US.³

HOW MANY PEOPLE HAVE DIED FROM FENTANYL OVERDOSES?

In 2015, fentanyl was involved in 23 of the 298 opioid-related overdose deaths among Clark County residents.⁴

8%
of opioid-related deaths in Clark Co. involved fentanyl



92%
of opioid-related deaths in Clark Co. involved other opioids

1. Algren D, Monteilh C, Rubin C, et al. Fentanyl-associated fatalities among illicit drug users in Wayne County, Michigan (July 2005-May 2006). *Journal Of Medical Toxicology: Official Journal of the American College Of Medical Toxicology* [serial online]. March 2013; 9(1):106-115.
2. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep*. ePub: 16 December 2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6550e1>
3. Las Vegas Metropolitan Police Department. Nevada High Intensity Drug Trafficking Areas 2017 Threat Assessment. Las Vegas, NV. 15 June 2017.
4. CDC, NCHS. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.
5. U.S. Food and Drug Administration. Consumer Health Information. Fact Sheet: "How do dispose of unused medicines" December 2013. Retrieved from: <https://www.fda.gov/ForConsumers>

WHAT CAN I DO TO BE PREPARED?

See an overdose? Call 911 and Save a Life.

Nevada's Good Samaritan law protects individuals who call for medical help for a drug overdose.*

PSA: <https://www.youtube.com/watch?v=nzrIBKAFAHI>

Access Naloxone

Naloxone, a drug that counteracts the effects of opioids, is available without a prescription at most major pharmacy chains throughout the Las Vegas valley.

Train Your Agency to Respond to an Overdose

Free training is available for first responders from the Southern Nevada Health District. Contact John Hammond at hammond@snhd.org to sign up today.

Dispose of Unused Medications Safely⁵

- Follow disposal instructions found on the prescription drug label or medication inserts.
- Participate in your local community drug take-back program.
 - Dispose of unused drugs and medications at a central location.
 - Collection boxes are located at every police substation throughout southern Nevada.
 - Learn about upcoming drop off events at www.snhd.info/health-topics/medication-disposal.php.
- Properly disposing of unused, leftover, expired, or unneeded medication helps prevention opioid misuse in our community.

* People who currently have a warrant are still subject to arrest under the Good Samaritan Overdose Act.

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

WHAT YOU NEED TO KNOW

- Synthetic opioids, particularly the fentanyl series, are respiratory and dermal (skin) hazards.⁶
 - Avoid actions that may cause powder to become airborne.⁷
- Most encounters with overdose victims do not present a significant drug exposure threat to first responders.⁹
- The signs and symptoms of fentanyl overdose are the same as all opioid overdoses: decreasing level of consciousness, slowed breathing, and pinpoint pupils.⁹
 - Other signs and symptoms like dizziness, rapid heart rate, nausea and vomiting, or “feeling ill” are more specific for heat injuries, dehydration, and adrenaline responses.⁹
- When in doubt, give naloxone (if available) and call for emergency medical assistance.⁹

Exposure Precautions

- It is extremely unlikely that an incidental skin exposure to fentanyl will immediately harm you.⁹ Absorption of fentanyl through the skin likely requires large quantities or long contact times.⁶
- Do not use bleach, alcohol-based solutions (hand sanitizer), or high pH soaps, as they may enhance dermal absorption of synthetic opioids.⁸
- Do not eat, drink, or smoke during or after handling a suspicious substance until you have washed your hands. Do not touch your eyes, mouth, nose, or any skin after touching any potentially contaminated surface.^{7,9}
- For visible contamination of equipment or clothing, use established decontamination and notification procedures.^{8,9}
- When there is no visible contamination, it is recommended to use standard precautions, including:
 - PPE: Nitrile gloves, properly fitted respiratory protection, and safety goggles. AVOID powdered gloves.⁸
 - Decontaminate with soap and water.⁸
 - Change uniform as soon as feasible and wash using standard laundering procedures.⁸

Treatment – Naloxone

- Naloxone is a safe medication that counteracts the effects of an opioid overdose.⁹
- If you or another first responder exhibits signs and symptoms of fentanyl overdose, do not delay:
 - Administer naloxone according to your department protocols.⁹
 - Fentanyl overdoses may require more than one dose of naloxone. If signs and symptoms reappear, re-administer naloxone.⁹
 - Call for emergency medical assistance so the patient can be transported to a hospital for additional care.⁹
 - If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives.⁷
- Patients receiving naloxone may show signs of opioid withdrawal, such as restlessness, agitation, nausea, vomiting, increased sweating, trembling, and headache. Rarely, patients may experience seizures, heart rhythm changes, or pulmonary edema.
 - Patients experiencing these symptoms can be disruptive and will be very uncomfortable, angry, and possibly violent.⁸

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FACT

The Southern Nevada Health District EMS and Trauma Systems Program offers free training for first responders on the safe administration of naloxone. Sign up by contacting John Hammond at hammond@snhd.org.

For additional detailed information on this topic, go to www.interagencyboard.gov

6. Emergency Response Tips, LLC. White Paper. Best Practices for Emergency Response to Synthetic Opioids (including Fentanyl and Fentanyl Analogues)

7. White House. Office of National Drug Control Policy. “Fentanyl: Safety Recommendations for First Responders” Retrieved from: <https://www.whitehouse.gov/ondcp/key-issues/fentanyl>

8. The Interagency Board. Recommendations on selection and

use of personal protective equipment and decontamination products for first responders against exposure hazards to synthetic opioids, including fentanyl and fentanyl analogues. August 2017, p. 2 & p. 11.

9. Homeland Security. Office of Health Affairs. “Myths and Facts: Fentanyl Exposure, Protection, and Treatment.” September 2017.

OPIOID EPIDEMIC IN SOUTHERN NEVADA

SCOPE OF THE OPIOID PROBLEM IN SOUTHERN NEVADA

Since 2008, more Clark County residents have died each year from opioid overdoses than firearms or motor vehicle traffic accidents. In 2012-2014, the mortality rate from opioid overdoses in Clark County was almost 70% higher than the national rate.

“Our nation is struggling with a prescription drug epidemic and we must take advantage of every tool at our disposal to address this public health and safety crisis.”

R. Gil Kerlikowske – Director, White House Office of National Drug Control Policy

Opioids are a class of narcotics prescribed to treat moderate to severe pain.

Common examples include: codeine, morphine, Lortab (hydrocodone), OxyContin (oxycodone). More potent preparations include Dilaudid (hydromorphone) and fentanyl, used for severe pain or for anesthesia. Heroin is an illicit opioid that is procured on the streets. It may be used to supplement or replace prescribed opioids.

RISK FACTORS

Opioid pain relievers, even when legally prescribed, are highly addictive substances putting consumers at risk for addiction. According to the CDC, there are four major risk factors that make someone particularly vulnerable to prescription opioid abuse and overdose, including:

- Obtaining overlapping prescriptions from multiple providers and pharmacies
- Taking high daily dosages of prescription pain relievers
- Having mental illness or a history of alcohol or other substance abuse
- Living in rural areas or having low income.

FACT

People addicted to prescription opioids are 40 times more likely to become addicted to heroin.

Although partial agonists (drugs that only have partial efficacy relative to full agonists, such as buprenorphine) may carry a lower risk of dependence, prescription opioids that are full opioid-receptor agonists (nearly all the products on the market) are no less addictive than heroin.

COST

The opioid epidemic creates substantial burden on health care utilization and expenditures. In Clark County, opioid use and misuse were implicated in over 1,700 emergency visits and 1,700 inpatient hospitalizations annually 2013-2015.

\$13 MILLION
EMERGENCY DEPT. DISCHARGE CHARGES
(SOUTHERN NEVADA, 2015)

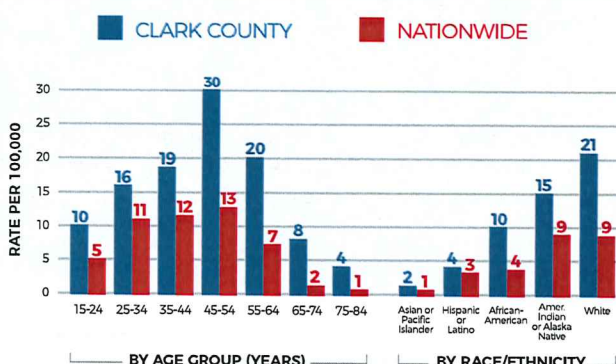
+

\$94 MILLION
INPATIENT DISCHARGE CHARGES
(SOUTHERN NEVADA, 2015)

IS EQUIVALENT TO

COST OF PROVIDING MORE THAN 4,200 PEOPLE WITH INPATIENT TREATMENT AT AN AVERAGE-PRICED 28-DAY DRUG AND ALCOHOL REHAB FACILITY
(~\$25,000/PER PERSON)

OPIOID-RELATED DEATHS (2005-2015)



PUBLIC HEALTH INTERVENTIONS AND BEST PRACTICES

In 2015, the Nevada legislature passed the Good Samaritan Drug Overdose Act that requires all prescribers to register and query the state prescription drug monitoring program (PMP), grants protection for those distributing and administering naloxone (e.g., Narcan) to reverse the life-threatening effects of an opioid overdose, and provides immunity for people who witness an overdose and call emergency services.

CDC GUIDELINES

A comprehensive, evidence-based guideline exists from the Centers for Disease Control and Prevention (<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>) and includes many of the following recommendations covering responsible practices for dealing with the opioid epidemic:

Recommendation: Enhance public protection through active evaluation of prescribing behavior.

- Currently, licensing boards lack authority to initiate investigations based on prescribing data alone.
- There is an average of 94 painkiller prescriptions per 100 people in Nevada.
- A higher opioid prescribing rate is linked to an increase in mortality from drug-related poisonings.

Recommendation: Co-prescribe naloxone when prescribing long-term opioid treatment in primary care settings.

- Research by the National Institutes of Health found that patients who received a naloxone prescription had 47% fewer opioid-related ED visits per month at 6 months, and 63% fewer visits after 1 year compared with patients who did not receive naloxone.
- The American Medical Association (AMA) recommends co-prescribing. It is already in practice by many health systems, including the Veteran's Administration.

FACT

A recent *Health Affairs* article found there is no evidence to support the claim that policies to curb opioid prescribing are leading to heroin overdoses. These policies may in fact reduce the number of people initiating heroin use in the longer term by reducing the number of people exposed to opioids both for use as prescribed and for nonmedical use.

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AN OPIOID ANTAGONIST

Naloxone, also commonly known by the trade name Narcan® or EVZIO® is an opioid antagonist that rapidly reverses the effects, including respiratory depression, of opioid drugs by competitively occupying the opioid receptor site. Naloxone has been used in healthcare facilities for decades, and it is increasingly being used in community settings as an antidote to opioid overdoses.

Recommendation: Establish and consider reimbursement for non-opioid treatments for pain.

- Non-pharmacologic therapies can reduce chronic pain while posing substantially less risk to patients. In some instances, other therapies result in better outcomes than opioids.
- Evidence-based therapies may include: exercise therapy, weight loss, acupuncture, cognitive behavioral therapy, interventions to improve sleep, and other procedures.

Recommendation: Reduce the price of naloxone for public insurance (e.g., Medicare, Medicaid) in Nevada.

- Good Samaritan Drug Overdose Act covers the use of the auto-injector and nasal spray by Medicaid.
- Price of naloxone (2016): Naloxone varied from \$150-\$4,000 per dose.

Recommendation: Document and track pre-hospital naloxone administration by first responding agencies.

- Massachusetts and other states have successfully implemented this registry to develop a comprehensive approach to opioid overdose prevention targeted toward areas in the state with the highest numbers of fatal and non-fatal overdoses.

Correspondence for data and citations can be submitted to Jessica Johnson at johnsonjes@snhdmail.org

This opioid fact sheet is supported by the Southern Nevada Community Health Improvement Plan, a group of over 500 community agencies. Special thanks to the following agency champions:

PACT COALITION
PREVENTION, ADVOCACY, CHOICES, TEAMWORK

SNHD
Southern Nevada Health District

United Way
of Southern Nevada



Got drugs?

Turn in unused or expired medication for safe disposal



Pill Take Back
Saturday, October 27
10:00 AM – 2:00PM

Drop Off Locations

- Smith's- 8525 West Warm Springs Rd., Las Vegas
- Smith's- 850 South Rancho Dr., Las Vegas
- LVMPD – 9850 Cheyenne Ave., Las Vegas
- LVMPD- 6975 W. Windmill Ln., Las Vegas
- North Las Vegas Police Dept. – 3755 W. Washburn Rd., Las Vegas

Acceptable Items:

- Unneeded prescription drugs (in original containers with patient name marked out)
- Prescription liquids
- Pet medications

Unacceptable Items:

- Needles

OTHER OPTIONS FOR DISPOSAL

- Dispose in permanent drop boxes located in the lobbies of Metro Police Department, and Metro Area Commands.
- Crush prescription drugs in a seal-tight plastic bag.
- Add kitty litter or wet coffee grounds, seal the bag and dispose in the trash.
- Request a safe disposal bag from PACT Coalition at 702.582.7228

Sponsors



Sponsored (in part) by PACT Coalition, SAMHSA and/or the Substance Abuse Prevention and Treatment Agency of Nevada (SAPTA)