This webinar is now live.

It is being recorded.

Please remain muted.

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Welcome

Central East PTTC Webinar

Working with Behavioral Health Providers to Address and Prevent Addiction

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director
Central East Region

SAMHSA REGION 3
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.
PTTC Mission

1. To Strengthen the Capacity of the Workforce

2. To Deliver Evidence-Based Prevention Strategies

3. Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships
Services Available

- Online Courses
- Technical Assistance
- Skill Based Training
- Webinar
- Toolkits
- Facilitate Prevention Partnership & Alliances
- Research Learning Collaborative
- Newsletter
- Technology Driven Models
- Literature Searches
- Virtual Meeting
- Research Publication

Central East (HHS Region 3)
Other Resources in SAMHSA Region 3

Central East (HHS Region 3)

**ATTC**
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

**MHTTC**
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

**PTTC**
Working with Behavioral Health Providers to Address and Prevent Addiction

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June 5, 2024
I am a Certified Prevention Specialist: True/False
My primary work setting is a Behavioral Health agency: True/False
Training Objectives

- Identify 3 evidence-based strategies for preventing opioid overdose.
- Understand one behavioral health agencies systematic approach in targeted Naloxone distribution.
- Understand the role of safe storage of medication in reducing overdose related deaths, diversion of medications, and reducing access to lethal means of medication.
Objective 1

Identify 3 evidence-based strategies for preventing opioid overdose.
I currently implement evidence based strategies for opioid overdose prevention: True/False
GUIDING PRINCIPLES

Principles serve as a guide for the design and implementation of effective overdose prevention strategies.

KNOW YOUR EPIDEMIC, KNOW YOUR RESPONSE

1. Opioid-related overdose is driven by a multitude of human experiences and factors
2. Who is at risk of overdose, how is that risk constructed, and what can be done to reduce that risk as much as possible
3. Approaches must be driven by evidence and data and strategies employed are known to be effective "evidence-based"

MAKE COLLABORATION YOUR STRATEGY

1. Effective solutions will only emerge from strong partnerships across governmental, legal, medical, and other community members.
2. Strategies will only be successful if the role of each person is well designed, reasonable, and clear
NOTHING ABOUT US WITHOUT US

- Reflects the ideas that public policies should not be written or put into place without the direction and input of the people who will be affected by the policy
- Prevention strategies need to take into account the realities, experiences, and perspectives of those at risk of overdose

MEET PEOPLE WHERE THEY ARE

- Requires understanding peoples lives and circumstances, what objectives are important to them personally, and what changes they can realistically make to achieve those objectives
- When we "meet people where they are," we can better support them in their progress towards healthy behavior change

EVIDENCE-BASED STRATEGIES

1. TARGETED NALOXONE DISTRIBUTION
   • Seeks to train and equip individuals who are most likely to encounter or witness an overdose with Naloxone kits, which they can then use in an emergency to save a life

2. MEDICATION FOR OPIOID USE DISORDER TREATMENT
   • Proven pharmacological treatment for opioid use disorder; FDA approved medications

3. ACADEMIC DETAILING
   • Structured visits to healthcare providers by trained professionals who can provide training and technical assistance helping providers use best practices

4. ELIMINATING PRIOR AUTHORIZATION REQUIREMENTS FOR MOUD
   • Health insurance providers cover cost of MOUD as a standard benefit
   • Without these requirements, prescriptions for MOUD can be written and filled as soon as physician deems necessary

5. SCREENING FOR FENTANYL IN ROUTINE CLINICAL TOXICOLOGY TESTING
   • Standard panel of substances included in routine clinical drug screen should include screening for Fentanyl exposure
911 GOOD SAMARITAN LAW
- Reducing barriers to calling 911 in the event of an overdose

7
NALOXONE DISTRIBUTION IN TREATMENT CENTERS AND CRIMINAL JUSTICE SETTINGS
- Targets individuals who are about to be released from supervision and/or cease treatment to receive training and Naloxone kits prior to their exit

8
MOUD IN CRIMINAL JUSTICE SETTINGS AND UPON RELEASE
- MOUD should be made available as a standard of care for incarcerated individuals and linked with appropriate providers to continue MOUD treatment upon release

9
INITIATING BUPRENORPHONE-BASED MOUD TREATMENT IN EMERGEC DEPARTMENTS
- Patients receiving care in emergency departments who have untreated OUD are referred to long-term MOUD treatment and begin treatment immediately

10
SYRINGE SERVICES PROGRAMS
- Access to unused and sterile equipment as well as tools for the prevention and reversal of opioid overdose
- Comprehensive services provide social and medical services such as linkage to treatment and education

"Brought to you by Maine’s Project to Prevent Prescription Drug/Opioid Overdose-Related Deaths Grant, an initiative of the Maine CDC"
Objective 2

Understand one behavioral health agencies systematic approach in targeted Naloxone distribution.
**NALOXONE DISTRIBUTION & RESOURCES FLOWCHART**

**Screening**

- Opioid use; prescribed, illicit, or early remission from use
- Other illicit substance use or polysubstance use
- Discharge from treatment or incarceration
- Affected other or likelihood of having contact with someone at risk of opioid overdose

**YES**

- Brief Intervention; Provide Naloxone

**NO**

- Best practice is to provide Naloxone; not to ask if they are interested in receiving, and explain why Naloxone is being provided. People have a right to refuse but by noting that this is best practice and what we do with “all” people it removes some of the stigma a person may be experiencing in asking for Naloxone or treatment services. If Naloxone is refused, offer resource brochure and/or OPTIONS resources.

**Referral to Treatment**

- “Thank you for sharing this with me, your health and wellbeing are important...”
- “I’m giving you Naloxone, it can reverse an overdose and is very easy to use...”
- Assess how many kits are required
- Provide brief training on administering and storing

- If using substances, “would you like resources on treatment or harm reduction services”
- Some services may include: outpatient, IOP, recovery coaching, detox, syringe service program, recovery residence, or self-help
- CRAFT treatment for affected others
Objective 3

Understand the role of safe storage of medication in reducing overdose related deaths, diversion of medications, and reducing access to lethal means of medication.
I currently provide locking medication bags or boxes to people I work with or in the community: True/False
Substance Use Disorder Can Happen to Anyone: Know the Warning Signs

**Physical Warning Signs (Changes in):**
- Appetite
- Energy
- Sweating
- Sleep patterns
- Speech
- Coordination
- Breathing patterns
- Alertness
- Heart rate
- Weight

**Emotional Warning Signs:**
- Anxiety
- Depression
- Panic attacks
- Psychosis (thoughts & emotions are impaired)
- Changes in motivation
- Changes in emotional response
- Changes in mood

**Social Warning Signs (Changes in):**
- Social involvement
- Financial stability
- Employment job/status
- Relationships
- Personal hygiene
- Engagement in work or school
- Friends
Overdose Risk Factors

- Significant physiologic dependence on the drug
- Prior overdose(s)
- Using multiple substances including alcohol
- Taking a large amount of a substance at one time
- Stopping substance use treatment
- Gradually increasing the dose of the substance over time
- A reluctance to seek emergency help when needed
- Intravenous drug use
- Being recently released from jail/prison
- Previous suicide attempts
- Resuming drug use after a period of abstinence
- Low level of physical tolerance
- Not knowing your source/unknown product
Sign & Symptoms of Drug Overdose

- Dilated pupils
- Unsteady walking
- Chest pain
- Severe difficulty breathing, shallow breathing, or complete cessation of breath
- Gurgling sounds that indicate a blocked airway
- Unresponsiveness
- Unconsciousness
- Death

- Blue lips or fingers
- Nausea or vomiting
- Abnormally high body temperature
- Violent or aggressive behavior
- Disorientation or confusion
- Paranoia
- Agitation
- Convulsions or tremors
- Seizures
https://knowyouroptions.me/respond-to-overdose/
Find Convenient Locations

Enter your zip code below, to find convenient locations.

04976

Any Distance

Search

Clear Zip Code

Filter Results By:

☑ Drop-off location
☑ Mail-Back Supply Location

Skowhegan Police Department
225 Water Street
Skowhegan, ME 04976
(207) 474-6008

Drop-Off Location

Get Directions (~ 2.84 miles)

Sunday 12:00 am - 11:59 pm
Monday 12:00 am - 11:59 pm
Tuesday 12:00 am - 11:59 pm
Wednesday 12:00 am - 11:59 pm
Thursday 12:00 am - 11:59 pm
Friday 12:00 am - 11:59 pm
Saturday 12:00 am - 11:59 pm

Somerset County Sheriff's Office - East Madison Road
131 East Madison Road
Madison, ME 04950
(207) 474-9591

Drop-Off Location

Get Directions (~ 2.87 miles)

Sunday 12:00 am - 11:59 pm
Monday 12:00 am - 11:59 pm
Tuesday 12:00 am - 11:59 pm
Wednesday 12:00 am - 11:59 pm
Thursday 12:00 am - 11:59 pm
Friday 12:00 am - 11:59 pm
Saturday 12:00 am - 11:59 pm

Walgreens 17139
225 Madison Avenue
Skowhegan, ME 04976
(207) 474-2525

Mail-back supply location

Get Directions (~ 2.0 miles)

Sunday 8:00 am - 4:00 pm
Monday 8:00 am - 7:00 pm
Tuesday 8:00 am - 7:00 pm

Variety Drug
12 High St
Skowhegan, ME 04976
(207) 474-3393

Drop-Off Location

Get Directions (~ 2.94 miles)

Sunday 8:00 am - 4:00 pm
Monday 8:00 am - 7:00 pm
Tuesday 8:00 am - 7:00 pm
PROTECT YOUR FAMILIES, COMMUNITIES, AND THE ENVIRONMENT

SAFELY DISPOSE OF UNUSED MEDICINES

WHAT SHOULD YOU DO WITH YOUR EXPIRED OR UNWANTED MEDICINES

There are a number of ways to dispose of expired or unwanted medications.

Go to www.medtakebackmaine.org to learn more.

Central East (HHS Region 3)

PTTC

https://safemedicinedrop.com/
• Read labels and follow the instructions
• Get to know your pharmacist, they are experts on prescription medications and can give helpful advice on how to take them
• Don’t ignore side effects; always discuss changes in physical or mental health with your doctor or health care provider
• Check expiration dates and do not take expired medication
• Never give friends or family members medications that were not prescribed to them
• Take medications as directed and only use as long as they are needed
• Schedule regular checkups with your doctor while taking an opioid
• If you are pregnant or breastfeeding, talk with your doctor to learn more about how any medications or substances you are using may impact your baby
As a result of this training, I will do … in the next

✓ Week
✓ Month
✓ Year
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Contact Us

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