Opioid Abuse Advisory Committee Meeting

January 6, 2023
9 – Noon CT

Hosted by South Dakota Dept. of Health
Welcome & Introductions
Prescription Opioid Abuse Advisory Committee

Lori Martinec, South Dakota Department of Health, Chair
Becky Heisinger, South Dakota Association of Healthcare Organizations
Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
Amy Hartman, Volunteers of America – Dakotas
Tiffany Wolfgang, South Dakota Department of Social Services
Tom Deadrick, Attorney General’s Office Representative
Kristen Carter, South Dakota Pharmacists Association
Dayle Knutson, Great Plains Indian Health Services
Kari Shanard-Koenders, South Dakota Board of Pharmacy
Rep. Taylor Rehfeldt, South Dakota Legislature

Dr. Erin Miller, South Dakota State University, College of Pharmacy & Allied Health Professions
Tosa Two Heart, Great Plains Tribal Leaders Health Board
Dr. Jennifer Ball, PharmD, Center for Family Medicine
Brian Mueller, Pennington Co. Sheriff’s Office
Jill Franken, Sioux Falls
Susan Kornder, Northeastern Mental Health Center
Mary Beth Fishback, Brookings Behavioral Health & Wellness
Jason Jones, Pierre Police Department
Jason Foote, Yankton Police Department
Dr. John Rounds, PT, Pierre Physical Therapy & Rehabilitation
Dr. Melanie Weiss, OD, Weiss Eyecare Clinic
Funding Updates

- DOH Grants
- DSS Grants
Overview of the 2022 Annual Report
South Dakota’s Opioid Road Map: 
Data & Surveillance

- Prescription Drug Monitoring Program Updates
- Prevalence Data & Enhanced Surveillance Activities
What’s New at the PDMP?

• Interstate Data Sharing active with 39 other PDMPs including all our neighboring states and recently added St. Louis County, MO, Alaska, and Florida

• Current Program focus:
  • Data Submission Compliance
  • Data Integrity – Inspection Audit Project

• 2021 BJA Harold Rogers PDMP Enhancement Grant
Clinical Alerts

• 2018 enhancement to SD’s PMP AWARxE platform

• Provide notifications on patients that meet or exceed one or more of three thresholds:
  • Multiple provider episodes within a specified time period
  • Daily active morphine milligram equivalents (MME)
  • Concurrent opioid and benzodiazepine prescribing

• Goal is to inform practitioners of patients at risk and aid in clinical decisions for best patient care
# Clinical Alert Trends

<table>
<thead>
<tr>
<th>Clinical Alerts Measures</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Alerts for All Prescribers</td>
<td>90,879</td>
<td>72,963</td>
<td>66,931</td>
<td>65,176</td>
<td>56,871</td>
</tr>
<tr>
<td>Total Prescribers Received Alerts</td>
<td>13,029</td>
<td>12,350</td>
<td>11,579</td>
<td>11,570</td>
<td>9,984</td>
</tr>
<tr>
<td>Multiple Provider Threshold Alerts</td>
<td>515</td>
<td>407</td>
<td>229</td>
<td>263</td>
<td>220</td>
</tr>
<tr>
<td>Daily Active MME Threshold Alerts</td>
<td>34,592</td>
<td>25,949</td>
<td>22,389</td>
<td>21,153</td>
<td>18,861</td>
</tr>
<tr>
<td>Opioid &amp; Benzo Threshold Alerts</td>
<td>55,772</td>
<td>46,607</td>
<td>44,313</td>
<td>43,760</td>
<td>37,790</td>
</tr>
</tbody>
</table>
PharmaDrop Drug Take-Back Program

**Receptacles**
- 2017: 2
- 2018: 12
- 2019: 38
- 2020: 83
- 2021: 84
- 2022: 84

**Lbs. Returned**
- 2017: 35
- 2018: 1,456
- 2019: 4,787
- 2020: 7,302
- 2021: 9,985
- 2022: 12,538
Trending SD Patients’ Opioid Prescriptions
Trending PDMP Utilization by SD Drs & RPhs

Queries via Gateway Integration

Total Queries via Gateway & Web Portal
PDMP Platforms and Interoperability

- **PMP AWARXE**
  - PDMP Platform

- **PMP InterConnect**
  - PDMP Interstate Sharing Hub
  - **NO COST** to the states

- **PMP Gateway**
  - PDMP Clinical Workflow Integration

- **350 million**
  - controlled substance prescriptions per year

- **Now 400 million**
  - transactions per month

- **44 PDMPs**

- **52 PDMPs**

- **Now 90 million**
  - patient encounters per month

- **43 PDMPs**
<table>
<thead>
<tr>
<th>Chart Summary</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures and Diagnoses</td>
<td>Anticipated Discharge Date: 03/23/09</td>
</tr>
<tr>
<td>Allergies</td>
<td>Aspirin, latex, peanuts</td>
</tr>
<tr>
<td>Mar</td>
<td>fall, hip pain</td>
</tr>
<tr>
<td>Results</td>
<td>Code Status</td>
</tr>
<tr>
<td>Power Note</td>
<td>Ordered</td>
</tr>
<tr>
<td>Orders</td>
<td>Metformin</td>
</tr>
<tr>
<td>Form Browser</td>
<td>None</td>
</tr>
<tr>
<td>Patient Information</td>
<td>Vital Signs</td>
</tr>
<tr>
<td>Immunization Schedule</td>
<td>None</td>
</tr>
</tbody>
</table>

**Johnny Williams**

- Acct Number: 1836559821
- MRN: #334561
- Bed: 10
- DOB: 2/16/1959
- Gender: M
- Code: Full Code

**Immunizations:** None

**Allergies:** aspirin, latex, peanuts

**Adv Directive:** Yes

**Narc:** Nar 600, Sed 280, Stim 000, Ovd 090

**Fall Risk Score:** 6

**Attending:** Dr. Goodall

**Blood Type:**
- A
- Rh positive

**Skin Integrity Risk Score:**
- No

**Lab Pregnancy Status:**
- N/A

**Pain Scale:**
- 0

**Immunizations:**
- None

**NarxCare:**
- Narcolic 850
- Sedative 200

**March 25, 2016 7:00 AM CDT**
NarxCare: It's All in the Details

NarxScores and Risk Indicators

<table>
<thead>
<tr>
<th>Narx Scores</th>
<th>Narcox</th>
<th>Sedative</th>
<th>Stimulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic</td>
<td>504</td>
<td>371</td>
<td>000</td>
</tr>
<tr>
<td>Overdose Score</td>
<td>500</td>
<td>(Range 500-999)</td>
<td></td>
</tr>
</tbody>
</table>

3rd digit = number of current dispensations

- Scores reflect past exposure to opioids, sedatives, and stimulants
- Scores help differentiate those patients with low to high risk based on multiple prescribers, pharmacies, and overlaps
- Shows number of current prescriptions dispensed
- Provides essential clinical alerts in the prescriber workflow
- Notifies prescribers when further investigation may be warranted

NarxCare PDMP Report: Dynamic Graphical Display of Dispensation History

- Filterable display of controlled substance history
- Two-year timeline view by drug category and provider
- Chart offers specific Rx details
- Shows changes in prescription history
- Offers visibility to medications prescribed by other providers
- Identifies acute, episodic, and chronic treatment history
- Differentiates between single encounters and longitudinal continuity of care

**Diagram:**
- Most recent prescriber
- Report date
- 24-month dispensation HX, day supply (duration) represented for each Rx
TREATMENT INTENSITY

- Total Morphine Milligram Equivalents (MME) and Lorazepam Milligram Equivalents (LME) by day over a two-year timeline
- Helps identify needs for frequent monitoring, dose taper, and/or naloxone, to reduce risk of opioid-related harm
- Provides data to help determine needs for medication changes

CURRENT AND 30-DAY AVERAGE

- Summary table of current and 30-day average
- Comparison between current MME and 30-day MME/day average
PMP Gateway Effectiveness
Trends observed in SD
Opioid Dispensation Trends: Schedule 2 Only
Pre- and Post-Gateway Implementation

Schedule II Dispensations (30-Day Rolling Average)
Opioid Dispensation Trends: All Schedules

Pre- and Post-Gateway Implementation

All Opioid Dispensations (30-Day Rolling Average)

Number of Dispensations


0 500 1,000 1,500 2,000 2,500 3,000
Sedative Dispensation Trends
Pre- and Post-Gateway Implementation
Carisoprodol Dispensation Trends

Pre- and Post-Gateway Implementation

Carisoprodol Dispensations (30-Day Rolling Average)
MAT Dispensation Trends

Pre- and Post-Gateway Implementation

Buprenorphine MAT Dispensations (30-Day Rolling Average)
Codeine + Promethazine Dispensation Trends
Pre- and Post-Gateway Implementation

Codeine + Promethazine Dispensations (30-Day Rolling Average)

Number of Dispensations
-10
0
10
20
30
40
50
60
70
2017-06-20
2018-02-25
2018-11-12
2019-07-10
2020-03-16
2020-11-21
2021-01-29
2022-04-05
2022-12-11
Data Updates

Amanda Weinzetl, MPH
Injury Prevention Epidemiologist
South Dakota Department of Health
Provisional* Drug Related Deaths by Drug Type, South Dakota

*2022 data is provisional, subject to change, and reflects death records filed with the South Dakota Department of Health as of 12/01/2022
State Unintentional Drug Overdose Reporting System (SUDORS)

What is SUDORS?
• Surveillance strategy of the OD2A funding
• Collects information on unintentional and undetermined overdose deaths
  • Death certificates
  • Coroner reports
  • Toxicology reports
• No personally identifiable information is entered into the web-based data system (NVDRS)

SUDORS Case Inclusion:
• Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
• Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
• Deaths that occurred in South Dakota

Data in the next couple slides reflects numbers and information based on the point in time the data was pulled from the system. Changes in data could occur after initial analysis.
2021 SUDORS Data Summary

82 deaths in 2021

SUDORS Cases by Quarter

Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021
---|---|---|---
18 | 20 | 22 | 22

Who died of a drug overdose?

- **Female**: 41%
- **Male**: 59%
- **White**: 67%
- **Am. Indian**: 27%
- **Other**: 6%
- **15-24**: 9%
- **25-34**: 20%
- **35-44**: 28%
- **45-54**: 21%
- **55-64**: 13%
- **65+**: 10%

Data Source: National Violent Death Reporting System (NVDRS)
What circumstances were documented?

58% of drug overdose deaths had at least one opportunity for intervention

- 4% Recent release from institutional setting
- 7% Prior overdose
- 7% Fatal drug use witnessed
- 17% Mental health diagnosis
- 40% Potential bystander present

A potential bystander was present in 40% of deaths, indicating there may have been an opportunity to provide life-saving actions at the time of the overdose.

Note: Circumstances surrounding overdose deaths were documented in reports by coroners. Persons who died by overdose may have had multiple circumstances. It is possible that other circumstances could have been present and not diagnosed, known, or reported.
What drugs were involved?

Deaths by drug(s) listed as cause of death

- Any Opioid: 43%
- IMFs: 33%
- Rx Opioid: 12%
- Heroin: 2%
- Any Stimulant: 61%
- Meth: 56%
- Cocaine: 6%

Deaths by opioid and stimulant involvement

- Opioids with stimulants: 12%
- Opioids without stimulants: 30%
- Stimulants without opioids: 49%
- Neither opioids nor stimulants: 9%

Top 5 opioid and stimulant combinations

- 46% Methamphetamine with no other stimulants or opioids
- 21% Illicitly Manufactured Fentanyl with no other opioids or stimulants
- 9% Rx Opioids with no other opioids or stimulants
- 7% Illicitly Manufactured Fentanyl and Methamphetamine
- 2% Cocaine with no other opioids or stimulants

Data available online!
Thanks to our partners and contributing staff for making this work possible!
Data Resources

Data Dashboard - avoidopioidsd.com/key-data

SUDORS Data - avoidopioidsd.com/key-data OR doh.sd.gov/statistics/sd-vdrs

National SUDORS Data - cdc.gov/drugoverdose/fatal/dashboard
Project Updates

- Medications for Opioid Use Disorder – Partners, Access & Integrated Services
- Overdose Response – Naloxone Access
- Support Services – Recovery Housing Update
- Avoid Opioid Campaign Updates
Treatment Services funded by SOR
Current State Fiscal Year

Project Recovery
• Rapid City, SD
• Outreach clinic capacity statewide via telehealth and office-based services
• Integrated peer recovery supports

Lewis & Clark Behavioral Health
• Yankton, SD
• Hub & spoke system spanning the state in partnership with CMHCs

Center for Family Medicine (SDSU)
• Sioux Falls, SD
• Provision of MOUD using a multidisciplinary team
• Training site for physicians

Minnehaha County Jail
• Targeted case management supports for incarcerated individuals in partnership with Southeastern Behavioral
• Provision of MOUD in jail through waivered provider

~450 active clients per month across all providers ---- 2,000+ individuals served to date through STR/SOR
Medications for Opioid Use Disorder

Partners | Hub & Spoke Delivery of Care supported by SOR Funding
Medication is available upon request and quickly distributed by DOH to first responders and organizations statewide.

Medication is readily available among partnering pharmacies through the statewide standing order.

Additional organization-level distribution may occur in 2023 based on county-level needs identified.

- Shared priority among DSS, DOH, and national partners
  - SAMHSA is actively working with all states to provide technical assistance.
  - SAMHSA and NASADAD (National Association of State Alcohol and Drug Abuse Directors) are hosting a Virtual Learning Community in January 2023 for the Saturation Plan.

- South Dakota’s Naloxone Saturation Plan (NSP) is a key component of the new SOR 3 Grant Funding
  - Drafted NSP June 2022 in partnership with DOH and DSS.
  - South Dakota’s plan will continue to evolve as more is learned with national partners and other states.
How to Access Naloxone in South Dakota

First Responders
- Training provided by DOH
- Refresher training available from DOH and online (on demand)
- Ordered by contacting DOH, who ships directly to requesting agency
- Administration data recorded by EMS, which is then auto-reported to ODMAP

Schools, Treatment Agencies, and Similar Organizations
- Training provided by DOH
- Stored in a commonly accessible place, and used in emergency response situations, similar to an AED
- Refresher training available from DOH and online (on demand, with CEUs available)
- Ordered by contacting DOH, who ships directly requesting organization

Individuals at Risk, or in a Position to Assist
- Available at participating pharmacies statewide
- Prescription issued using standing order
- Training provided by pharmacist
- Dispensed by pharmacist
Recovery Support Services funded by SOR
Current State Fiscal Year

Face It Together
• Sioux Falls, SD
• Office-based and telehealth based coaching sessions
• Services available to individuals impacted by opioids or stimulants

Bethany Christian Services
• Sioux Falls and Rapid City, SD
• Intensive case management services through their ReNEW Program, targeted to pregnant and postpartum women

Oxford House
• Peer-led / peer-governed
• MOUD-friendly homes

On average, 117 individuals are impacted by these programs each month.
Oxford House – Expanded Capacity Continues

11 houses across South Dakota
103 total beds available

- 7 men's
- 3 women’s
- 2 women & children

Capacity Statewide – 103 beds

Communities under development

META (Sioux Falls)
DEACON (Sioux Falls)
EMILY (Sioux Falls)
CAROLINE (Sioux Falls)
FALLS PARK (Sioux Falls)
Silver Valley (Sioux Falls)
Coyote (Sioux Falls)
BLACK HILLS (Rapid City)
RUSHMORE (Rapid City)
NEW DREAMS (Rapid City)
DACOTAH (Aberdeen)
GREAT PLAINS II (Aberdeen)
Real-time look-up for house availability
https://oxfordvacancies.com/
Avoid Opioid Campaign Updates
Advisory Committee
January 6, 2023
What’s On the Agenda & What’s New?

1. **Marketing Objectives**
   - Brief review: awareness to action
   - Emphasis on prevention

2. **Law Enforcement Outreach**
   - Outreach packets
   - New print materials
   - Local PSA radio support

3. **Website**
   - Navigation updates
   - New content
You may think someone you love
“would never”
BUT
the fact is kids take risks
—smart kids, athletic
kids, reserved and quiet kids—all types of kids.
Young people in South Dakota from
ALL
backgrounds
are misusing prescription drugs at alarmingly increased
rates. And,
counterfeit pills
are making the situation
even
more deadly.

Would
You
Ever?
Scan to learn more about the
risks of misusing prescription pills
OR
go to AvoidOpioidSD.com/counterfeit-pills
Young people experiment or use drugs for a
variety of reasons including:
• Self-medicating for anxiety or depression
• Boredom
• Feeling isolated or alone
• To help fall asleep or stay awake
• As a study aid
• For weight loss
• To improve sports performance
• To relax and have fun
• Stress

Marketing
Objectives
1. Inform
2. Educate
3. Build Awareness

Counterfeit pills
are becoming more common
in South Dakota. These fake pills have caused the
number of
overdoses and deaths to skyrocket,
especially among young people age 15-24.
Fake pills
can be easy to get on the street, and
buying drugs online, through social media,
and payment apps
has become a popular new
way for
drug dealers to target kids.

Many overdoses are linked to
illicitly manufactured
fentanyl (IMF)
which is distributed through illegal
drug markets. It is added to other drugs because of its
extreme potency, which makes drugs cheaper,
more
powerful, more addictive, and more dangerous.
IMF can come in liquid or powder form. Powdered fentanyl
looks just like many other drugs. It is commonly mixed
with drugs like heroin, cocaine, and methamphetamine,

Common Counterfeits:

REAL
ADDERALL
VS.
COUNTERFEIT

REAL
OXYCODONE
VS.
COUNTERFEIT

REAL
XANAX
VS.
COUNTERFEIT

as little as
3 grains
of salt
can be
FATAL

Fake pills are often
laced
with
lethal
amounts of
FENTANYL.
FENTANYL IS A SYNTHETIC OPIOID THAT IS UP TO
100x
STRONGER
THAN
MORPHINE
50x
STRONGER
THAN
HEROIN

a
nd made into pills that look like other
prescription
opioids. In liquid form, IMF can be fou
n
ed
in nasal sprays,

eye drops, and dropped onto paper or small candies.

Counterfeit drugs
may
contain deadly levels of
fentanyl, and you aren’t able to
see it,
taste it,
or
FELLidency.

STOP!
THINK TWICE
FAKE PILLS KILL
1. **Build awareness: what are opioids?**
   - Risk factors
   - Who’s at risk
   - Increased risk related to COVID
   - Dangers of counterfeit pills

2. **Promote treatment & related services**
   - Resource Hotline
   - Care Coordination
   - MAT
   - Alternate ways to manage pain

3. **Destigmatize opioid misuse & addiction**
   - Encourage friends & family to reach out
   - Reframe addiction as a disease
   - Promote data (i.e. accidental overdose)

4. **Promote safety & pro-active measures**
   - Naloxone
   - Dispose Rx
   - Medication Lockboxes
   - Take Back locations
Law Enforcement Outreach

How it started

• Police officers told us they are worried
• Illegal fentanyl is pouring into our communities
• Counterfeit pills are easy to get & deadly
• Drug dealers are targeting kids online

What they needed

• Prevention & education materials
• A way to sound the alarm
Law Enforcement Outreach

How can we help?

• Took inventory
• Identified information gaps and created a list of new topics to cover
• Develop a practical means of distribution to make it easy for officers to share statewide resources

For the most difficult journeys—sometimes you need a guide.

Care Coordinators understand the challenges that come with addiction. They are experts in connecting people with treatment and support in South Dakota.

This service is FREE, confidential, and available to anyone. If you or a family member are struggling, call the Resource Hotline 1-800-920-4343
New Law Enforcement Materials

Print Materials
- Infographic
- Pieces for parents
- Magnets, stickers

Radio
- Address counterfeit pills & overdose
- Help & hope

Counterfeit pills are becoming more common in South Dakota. These fake pills have increased the number of overdoses and deaths to skyrocket, especially among young people age 15-24.

Fake pills can be easy to get on the street, through social media, and payment apps has become a popular new way for drug dealers to target kids.

Many overdoses are linked to illicitly manufactured fentanyl (IMF), which is distributed through illegal drug markets. It is added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous. IMF can come in liquid or powder form. Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine. and it made into pills that look like other prescription opioids. In liquid form, IMF can be found in nasal sprays, eye drops, and sprayed onto paper or small candies.

Common Counterfeits:

![REAL ADDERALL VS. COUNTERFEIT](image)

![REAL OXYCODONE VS. COUNTERFEIT](image)

![REAL XANAX VS. COUNTERFEIT](image)

FENTANYL IS A SYNTHETIC OPIOID THAT IS UP TO
100x STRONGER THAN MORPHINE
50x STRONGER THAN HEROIN

Fake pills are often laced with lethal amounts of FENTANYL.

FENTANYL IS A SYNTHETIC OPIOID THAT IS UP TO
100x STRONGER THAN MORPHINE
50x STRONGER THAN HEROIN

Fake pills are咫尺increased with lethal amounts of FENTANYL, and you aren't able to see it, taste it, or smell it.

Young people in South Dakota from ALL backgrounds are misusing prescription drugs at alarming rates. And, counterfeit pills are making the situation even more deadly.

Would You Ever?

You may think someone you know would never do it. BUT the fact is kids take risks—smart kids, athletic kids, introverted kids—all types of kids.

In Case of Overdose!

Scan to learn more about counterfeit pills

OR go to AvoidOpioidSD.com/counterfeit-pills

Scan to learn more about counterfeit pills

Would you know if a friend or family member is in need of help? Take this quiz at AvoidOpioidSD.com/counterfeit-pills

Call the Resource Hotline
1-800-920-4343

Naloxone is a life-saving medication that can REVERSE the effects of opioid overdose, and save lives.

Avoid Opioid: AvoidOpioidSD.com/counterfeit-pills

Good Samaritan laws are in place to protect people helping others in distress.

For more information: AvoidOpioidSD.com/counterfeit-pills

If you aren't sure, treat it like an overdose — YOU COULD SAVE A LIFE.

1. Call 911 immediately
2. Administer naloxone *
3. Try to keep the person awake and breathing
4. Lay the person on their side to prevent choking
5. Stay with the person until emergency assistance arrives

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In Case of Overdose!

Symptoms to look for:
• Small, constricted “pinpoint pupils”
• Falling asleep or loss of consciousness
• Slow, shallow breathing
• Choking or vomiting
• Limp body
• Pale, blue lips or fingernails, or cold skin
• No response when you rub the middle of their chest with knuckles

1. Call 911 immediately
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What you should do:

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Counterfeit drugs may contain deadly levels of fentanyl, and you aren’t able to see it, taste it, or smell it.

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If you aren't sure, treat it like an overdose — YOU COULD SAVE A LIFE.

Many overdoses are linked to illicitly manufactured fentanyl (IMF), which is distributed through illegal drug markets. It is added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous. IMF can come in liquid or powder form. Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine. and it made into pills that look like other prescription opioids. In liquid form, IMF can be found in nasal sprays, eye drops, and sprayed onto paper or small candies.

Counterfeit drugs may contain deadly levels of fentanyl, and you aren’t able to see it, taste it, or smell it.

Young people in South Dakota from ALL backgrounds are misusing prescription drugs at alarming rates. And, counterfeit pills are making the situation even more deadly.

Would You Ever?

You may think someone you know would never do it. BUT the fact is kids take risks—smart kids, athletic kids, introverted kids—all types of kids.

In Case of Overdose!

Symptoms to look for:
• Small, constricted “pinpoint pupils”
• Falling asleep or loss of consciousness
• Slow, shallow breathing
• Choking or vomiting
• Limp body
• Pale, blue lips or fingernails, or cold skin
• No response when you rub the middle of their chest with knuckles

1. Call 911 immediately
2. Administer naloxone *
3. Try to keep the person awake and breathing
4. Lay the person on their side to prevent choking
5. Stay with the person until emergency assistance arrives

What you should do:

For more information: AvoidOpioidSD.com/take-action/reverse-overdose

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Drug Overdose Resources

Pre-assembled Packets

• Large reusable/refillable plastic zip top envelope
• Smaller envelopes contain resources for easy distribution to the public

Radio

• 3 spots featuring local law enforcement
• Paid media schedules for each community
Counterfeit Drugs

Counterfeit drugs are widely available, increasingly deadly and becoming more common in South Dakota. Fake pills have caused the number of overdoses and deaths to skyrocket, especially among young people 15-24.

Fake pills can be easy to get on the street. Buying drugs online, through social media, and payment apps has become a popular new way for drug dealers to target kids.

Many overdoses are linked to illicitly manufactured fentanyl (IMF) which is distributed through illegal drug markets. It is added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

IMF can come in liquid or powder form. Powdered fentanyl looks like many other drugs. It is often mixed with drugs like heroin, cocaine, and methamphetamine. This dangerous combination is then made into pills that look like other prescription opioids. In liquid form, IMF is often sprayed on other drugs like LSD, making them look like legitimate drugs.
Website Navigation Updates: Oct. 2022

WHAT ARE OPIOIDS
- LEARN
- OPIOID MISUSE
- COUNTERFEIT DRUGS
- UNDERSTANDING ADDICTION
- PERSONAL STORIES

FIND HELP
- PROGRAMS & SERVICES
- RESOURCE HOTLINE
- CARE COORDINATION
- MEDICATION-ASSISTED TR.
  - Center for Family Medicine
  - Lewis & Clark Behavioral Health
  - Project Recovery
- PEER & GROUP SUPPORT
- PAIN MANAGEMENT
- SEARCHABLE DATABASE

TAKE ACTION
- SAFE MEDICATION DISPOSAL
- MEDICATION LOCK BOXES
- REVERSE AN OVERDOSE
  - Overdose Symptoms
  - Find a Naloxone Pharmacy
- PREVENTION
- ORDER FREE PRINT MAT.
- TRAINING & EVENTS

AvoidOpioidSD.com

Signifies new page
Page has been updated/expanded
What Are Opioids > Opioid Misuse

- Not prescribed to you not safe
- Commonly misused prescriptions
- Mixing Drugs with alcohol +/or other drugs
- If you aren’t sure – treat it like an overdose
- Links to signs of overdose
What Are Opioids > Counterfeit Drugs

- Dangers & prevalence
- Trends: Rainbow fentanyl
- Common counterfeits
- Drugs Decoded
  - Types & purpose
  - Emojis & street names
  - Reasons kids experiment
- How to keep your family safe
Take Action > Safe Medication Disposal

• Take Back Day
• Dispose Rx
• Flush (or Not)
• Links to Lockbox page

Prescription drugs are only safe when used correctly by the person they were prescribed to. Taking medication that is not prescribed to you is very dangerous. Taking medication that didn’t come from a pharmacy can be deadly. If it’s not prescribed to you, and you don’t know the source—it’s NOT SAFE.

Unused or expired prescription drugs can be dangerous, especially for children, teens, and even pets. Misused medication can lead to accidental overdose or addiction. Here are some ways to safely dispose of medication:

The DEA hosts National Prescription Drug Take Back Day twice per year, in April and October.
The next DEA Prescription Drug Take Back Day is April 29, 2023.

How to Safely Dispose Medication

Letting your unused or expired medication lay around the house can be dangerous. When you’re done using a medication, dispose it safely using one of the methods below.

1. Drop Off at a Take-Back Location

Many take back locations like pharmacies and police stations accept unused or expired medications year-round. If you can’t find a take back location near you, request a FREE DisposeRx packet.
Take Action > Reverse an Opioid Overdose

- Call 911
- Links to safety measures
- Naloxone
  - What is it
  - Where to get it
  - How to use it
  - Free online training
  - Find a Naloxone Pharmacy
Take Action > Prevention

- Risk Factors
- Common Signs
  - misuse, abuse & addiction
- Why talk about drugs with kids
- How to talk about
  - prescriptions & illicit
- Talking Points
  - Dispelling myths
  - Tips & resources
- Destigmatizing Addiction
- What you can do to prevent
Coming Soon...

Take Action >

Media Library

- Media best practices
- Social media how to share
- Shopping cart for print materials
- Newspaper templates
- TV inventory & how to share

Dispose meds SAFELY from home!

Get rid of unused or expired medications.

Request a FREE DisposeRx Packet: AvoidOpioidSD.com or call the Resource Hotline at 1-800-920-4343

In case of an overdose, Naloxone saves lives.

Naloxone (NARCAN®) can temporarily reverse an opioid overdose until help arrives. If you have prescription opioids like fentanyl, hydrocodone, morphine or codeine in your home, you can get NARCAN® from a pharmacy without a prescription.

Call your pharmacy or visit AvoidOpioidSD.com
Counterfeit Pills Campaign

Results so far...

• Series of social media posts launched statewide mid-December

• 5 posts running on Facebook and Instagram have generated 1,300+ link clicks to the new website content

• 5 Snapchat posts have resulted in 3,000+ swipe-ups

• Website traffic overall in December was up 215% over November
Stay tuned...

Thank You!
Legislative Updates

- Harm Reduction – Fentanyl Test Strips (Rep. Rehfeldt)
Opioid Settlement Fund Overview & Status Update

- Presented by Tiffany Wolfgang, Chief of Behavioral Health, SD DSS
Funding Overview

• Funding Available
  • Approximately $54M over 18 years
  • Distributor settlement:
    • Year 1 State Share - est $1,203,948.92
    • Year 1 Localized Share Budget - est $515,978
    • 68 partnering counties/cities
  • Janssen settlement:
    • Year 1 combined - est $2,063,317
      • No timeline yet on when funds will be available

• Status Update
  • Execution of the Memorandum of Agreement
  • HB 1038 – Establishment of the Opioid Abatement and Remediation Fund
    • Appropriated through normal budget process
    • Expenditures of the state must be assigned to Department of Social Services
Role of the Committee

• Ensure the State and Participating Local Governments have **equal input** into the
distribution of the Statewide Share for Approved Uses across SD

• Shall **meet twice annually**

• Shall **establish a process for receiving input** from South Dakota communities,
provider organizations, and cities and counties regarding how the opioid crisis is
affecting their communities, understanding their abatement needs, and considering
proposals for opioid abatement strategies and responses.

• Shall (at least annually) **make formal recommendations** to the Secretary of DSS on
the use of the Statewide Share
### Year 1 – Four Point Strategy for Consideration

<table>
<thead>
<tr>
<th>Support the PDMP, Controlled Substance Registry, and Take Back Programs</th>
<th>Implement an Opioid Overdose Follow-Up Program</th>
</tr>
</thead>
</table>
| • Critical supports for prescribers in monitoring patient opioid access.  
  • Provides accountability for prescribing practices.  
  • Est - $219,586 | • Increase linkages between survivors of an opioid overdose and their loved ones to appropriate care in the community.  
  • RFP process could be leveraged to solicit direct service providers for a pilot demonstration.  
  • Est - $300,987 |

<table>
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<tr>
<th>Make funding available for Communities and Providers</th>
<th>Establish a fund for continuation of key state level efforts.</th>
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</table>
| • Application process and timeline would be established following guidance provided in the MOA and parameters the Advisory Committee may recommend.  
  • Est - $300,987 | • Federal funding (FY23) - $6.4 million.  
  • Allows for continuation of key strategies in all areas of prevention, recovery, and treatment should federal funding end.  
  • Est - $382,388 |
Committee & Partner Updates

- Roundtable updates from Committee members
- Updates from other partners on shared strategies

Facilitated by Lori Martinec
Public Input
Closing Remarks