

THE NALOXONE PROJECT

SOUTH DAKOTA STATE TARGETED RESPONSE TO THE OPIOID CRISIS

A close-up photograph of medical supplies. In the foreground, a clear plastic syringe with a blue plunger lies horizontally. Behind it, a small glass vial containing a dark liquid is partially visible. The background is a white document with black text. The word "Opioids" is prominently displayed in a large, bold, sans-serif font. Below it, the text "are substances" and "produce morphine" is visible, though slightly out of focus. The overall scene suggests a medical or pharmaceutical context related to the opioid crisis.

Opioids are substances
to produce morphine
ed medical

Drug Deaths in America Are Rising Faster Than Ever

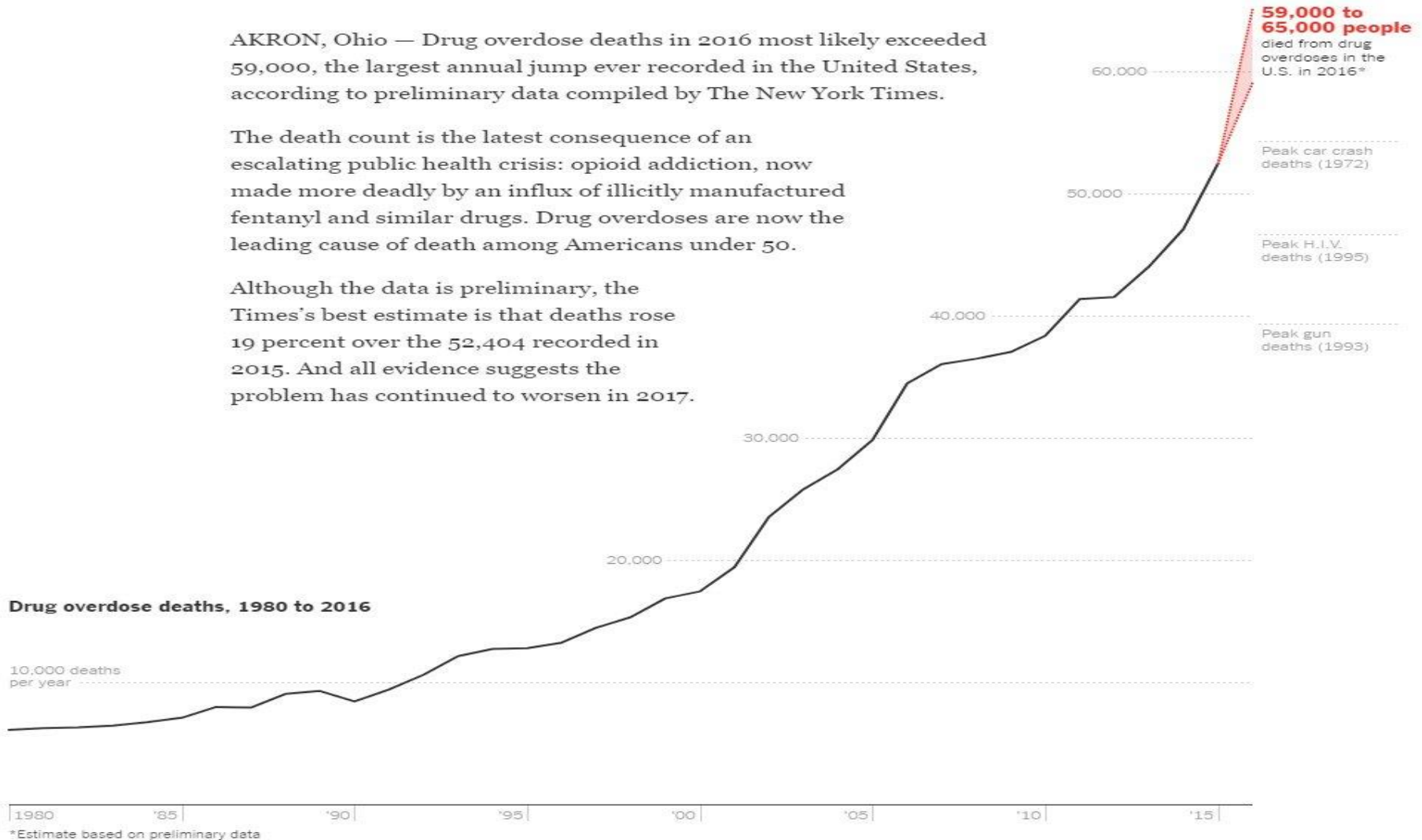
By JOSH KATZ JUNE 5, 2017

New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year.

AKRON, Ohio — Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.

Although the data is preliminary, the Times's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.





WHAT BRINGS US TOGETHER?

Nationwide opioid epidemic

The Impact Realized in South Dakota

Naloxone Project Staff and Trainers

Lynne Valenti, Deputy Secretary Department of Health

Marty Link

Assistant Administrator, Office of Rural Health
Director of EMS and Trauma

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DOH Consultant—Eastern SD Lead Educator
Critical Care Paramedic

Opioid Grants

Department of Health
Department of Social Services





The Department of Health CDC Funded Opioid Abuse Grant

Prescription Drug Overdose: Data-Driven Prevention Initiative planning grant

Grant Purpose

To support and build efforts to track and understand the full impact of opioid use and abuse in SD conduct a needs assessment;

Complete a strategy plan to identify needs and strengthen South Dakota's capacity to prevent misuse/abuse of opioids; and

Develop a data strategy to enhance and integrate current surveillance efforts for more accurate, timely data.

The Department of Social Services CDC Funded Opioid Abuse Grant

State Targeted Response to the Opioid Crisis Grant (Opioid STR).

The purpose of the grant program is to:

- (a) Increase access to treatment;
- (b) Supplement current opioid activities; and
- (c) Support a comprehensive response to the opioid epidemic

Naloxone Training and Distribution

Office of Rural Health—Lead Agency

Purpose:

Train and Equip First Responders on Naloxone Use

Hospital

EMS

Law Enforcement

Training through Eight Regional Sessions

Initial goal of training 500 responders between October and December of 2017

Naloxone Team Members

Department of Social Services

Department of Health

Office of Rural Health, EMS Program

Project Super-Trainers

Evaluation Team

Data Collection

Project Medical Director

Opioid Related Deaths 2021

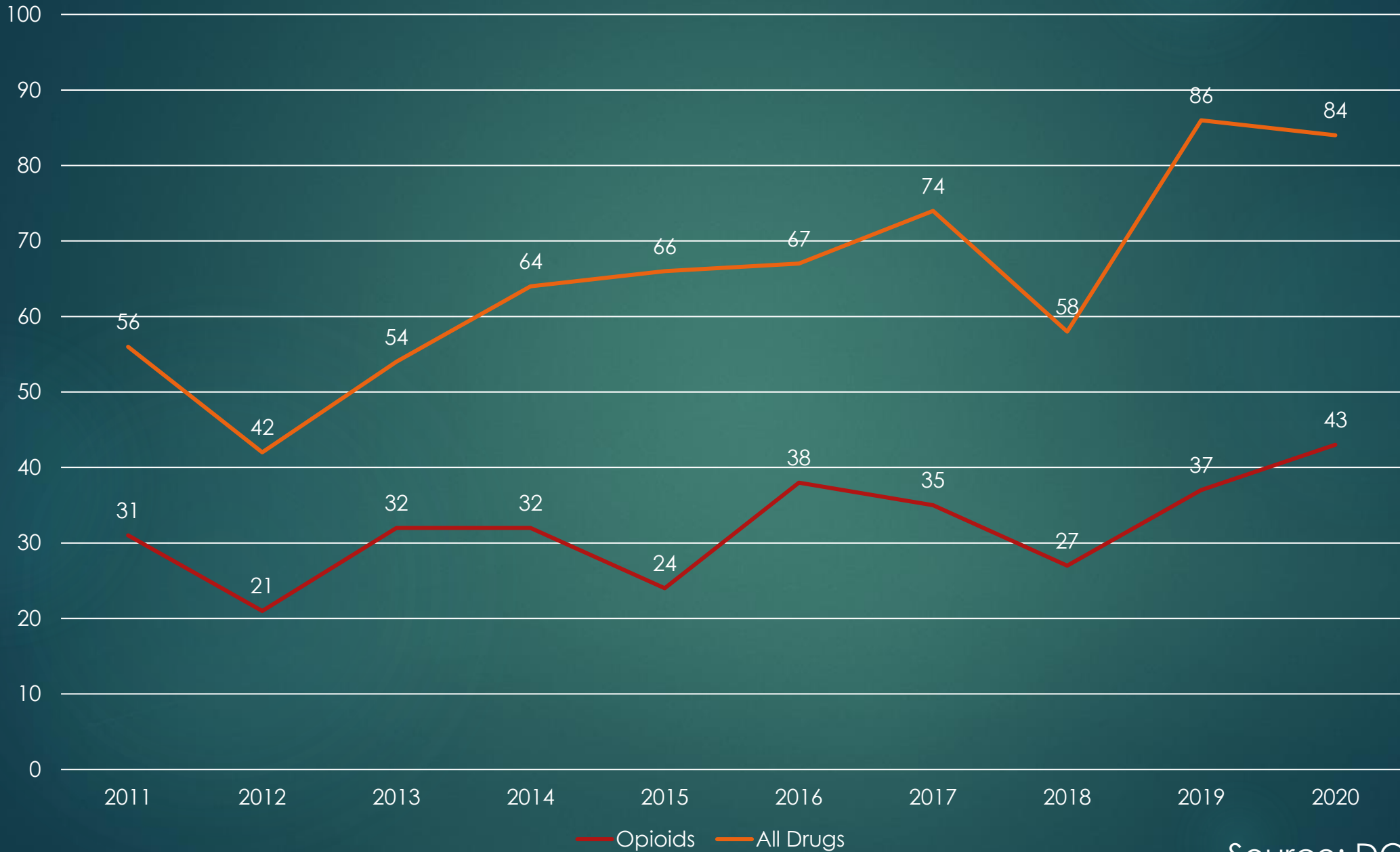
Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before.

Drug Overdose Mortality by State 2020

Location	Death Rate	Deaths
West Virginia – Worst	81.4	1,330
Minnesota (38 th)	19.0	1,050
Wyoming (42 nd)	17.4	99
North Dakota (45 th)	15.6	114
Montana (46 th)	15.6	162
Iowa (47 th)	14.3	432
Nebraska (49 th)	11.3	214
South Dakota (50 th) - Least	10.3	83

<http://wonder.cdc.gov>

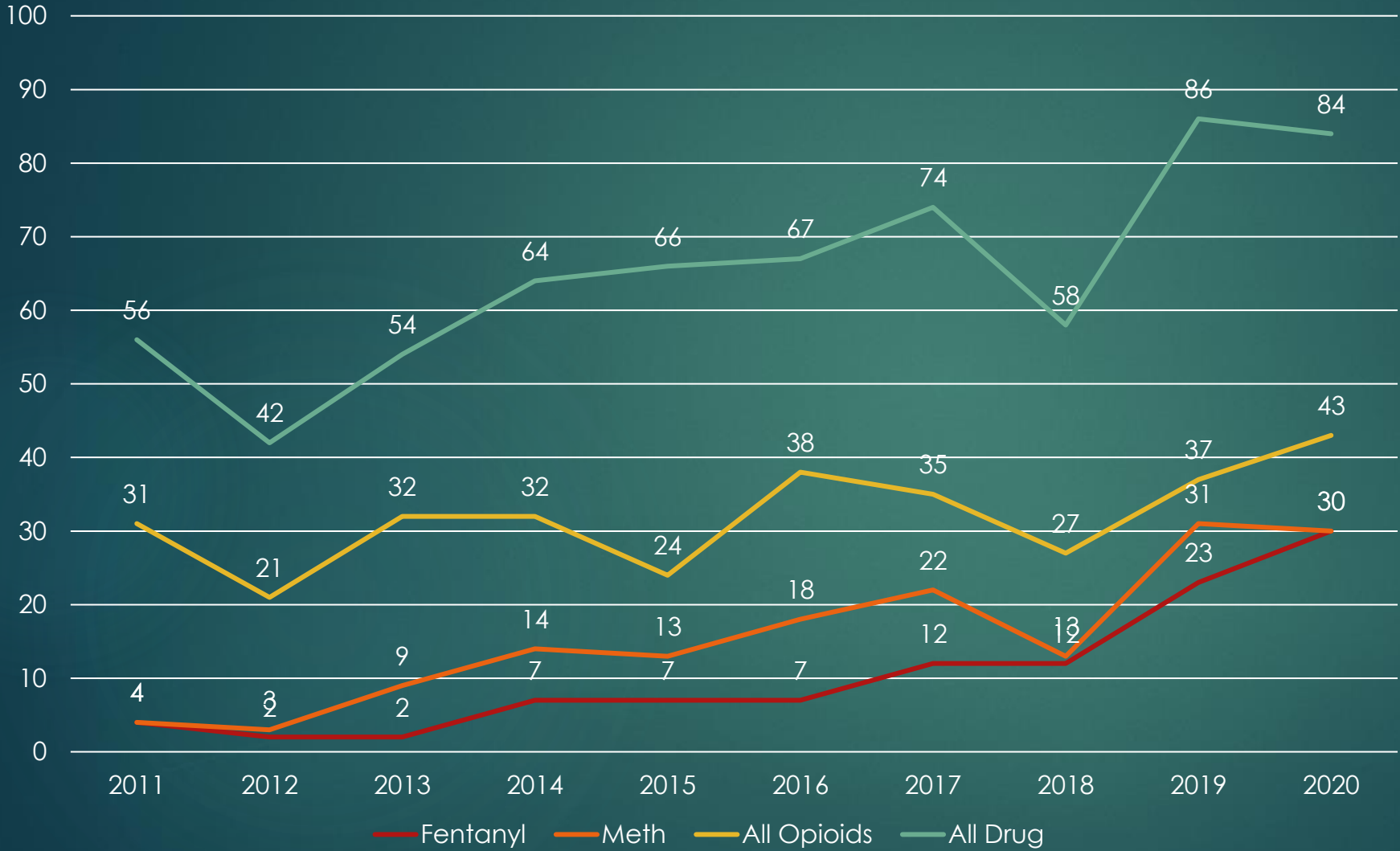
Drug Related Deaths, South Dakota 2011-2020



Source: DOH Vital Statistics



Overdose Deaths by drug Type, South Dakota (2011-2020)



South Dakota had the **2nd lowest** age-adjusted rate of drug overdose death (2019)

*SD = 10.5 per 100,00

*US = 21.6 per 100,00

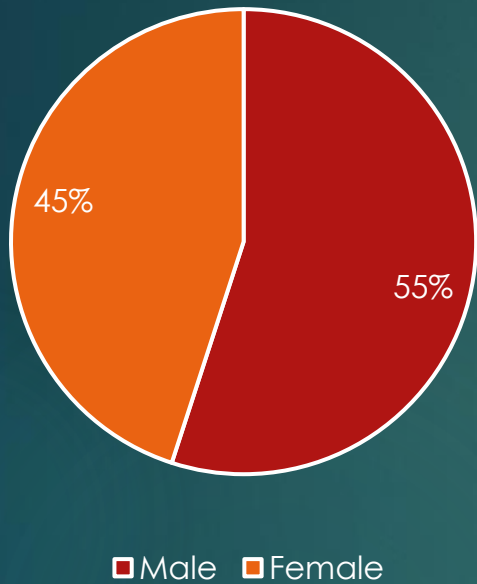
South Dakota had the **3rd lowest** age-adjusted rate of opioid overdose deaths (2019)

SD = 4.5 per 100,00

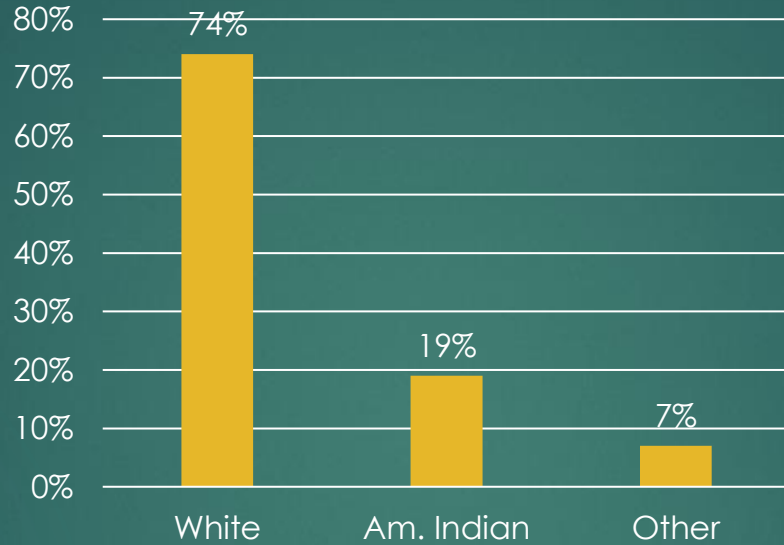
US = 15.5 per 100,00

Overdose Deaths (all drugs) by Sex, Race and Age Group (2011-2020)

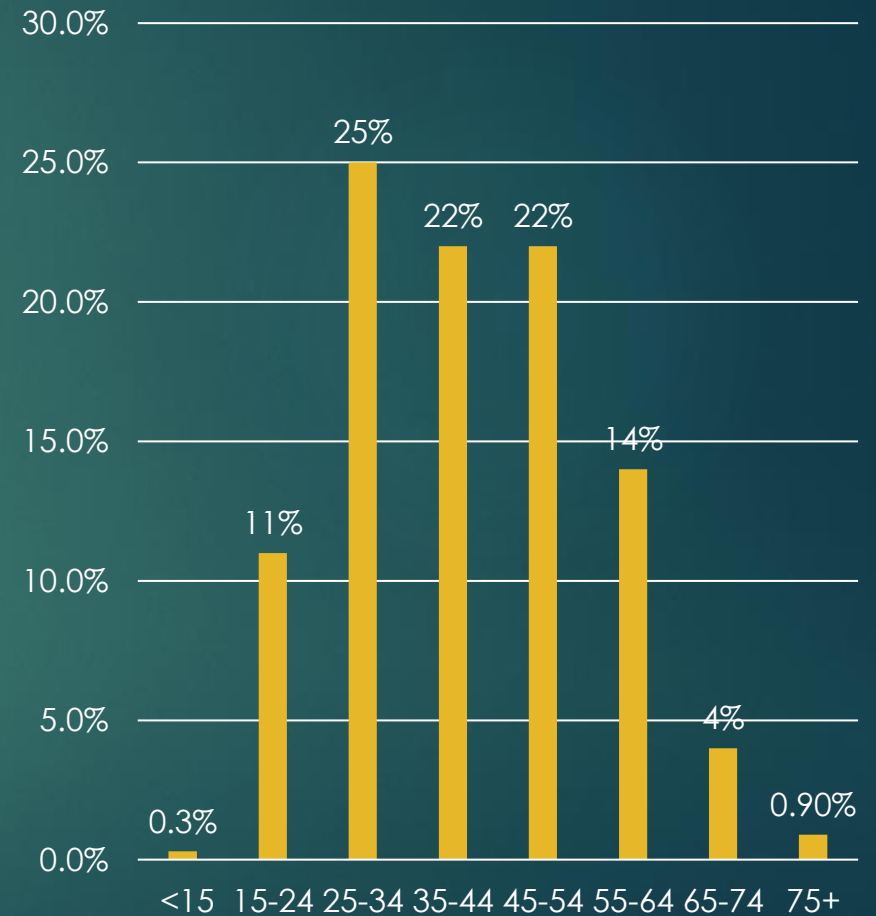
Sex



Race

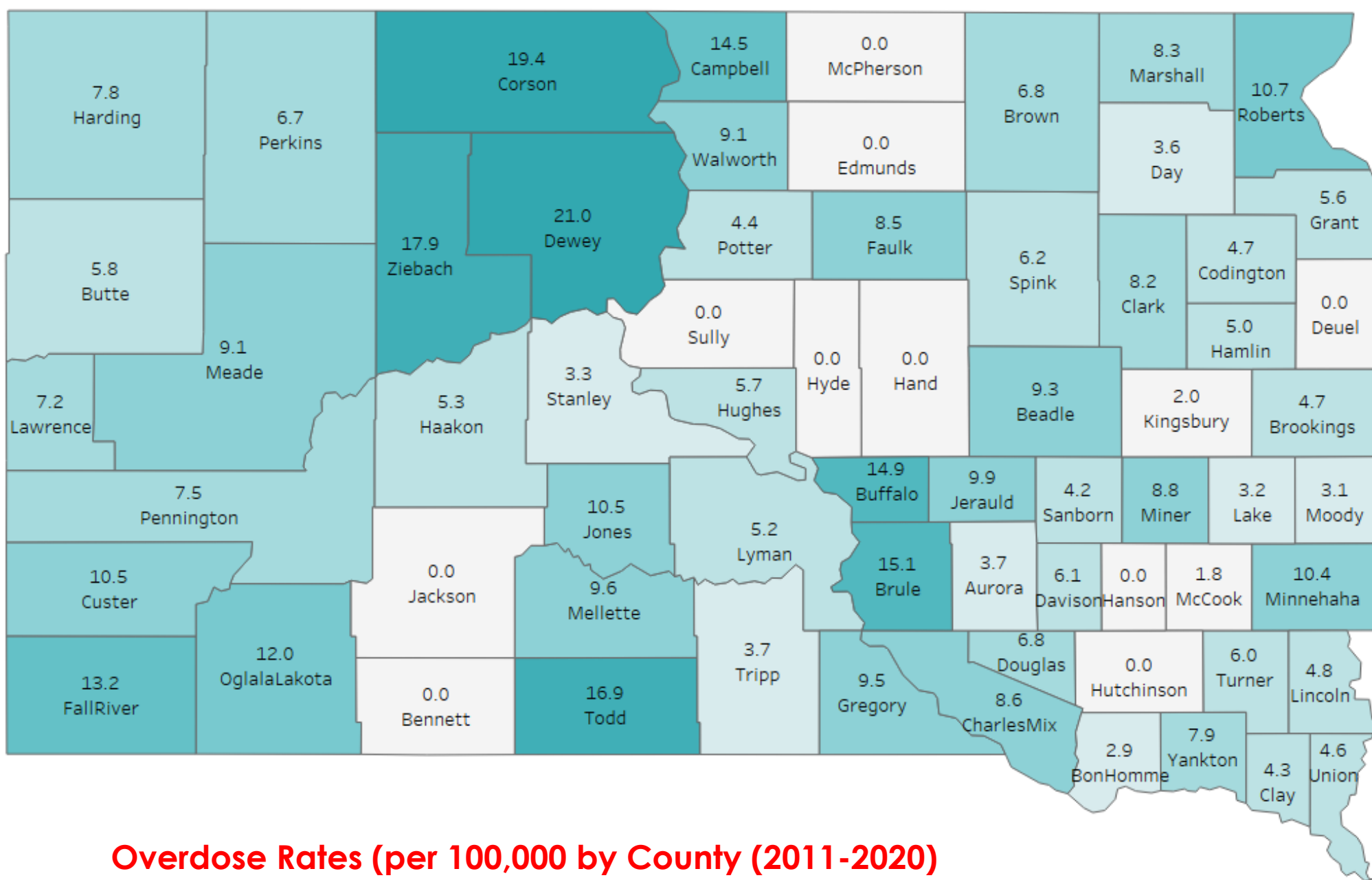


Age Group



Key Takeaway:

American Indian overdose rates are **2.5 times higher** than White race rates in South Dakota (2011-2020)

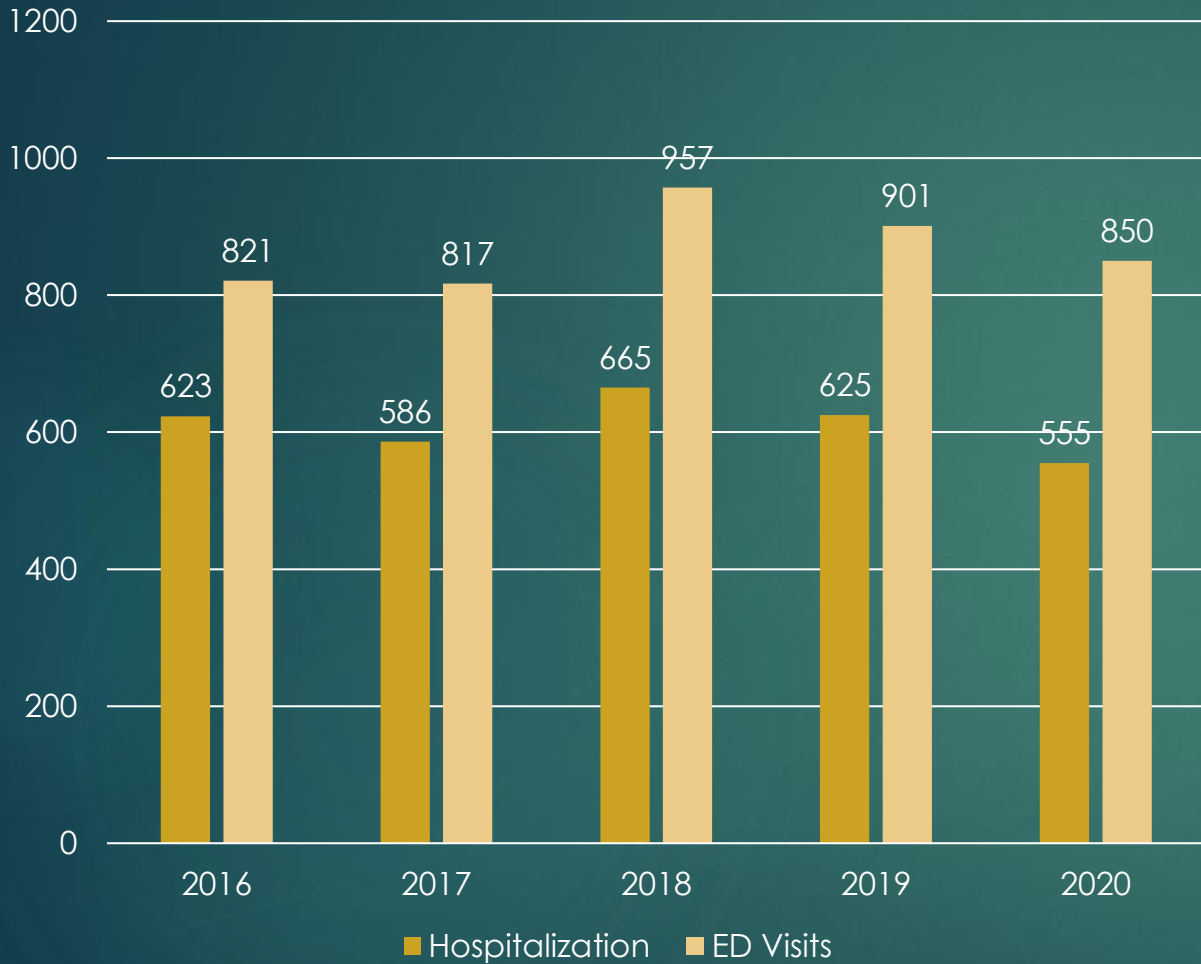


Overdose Deaths in South Dakota

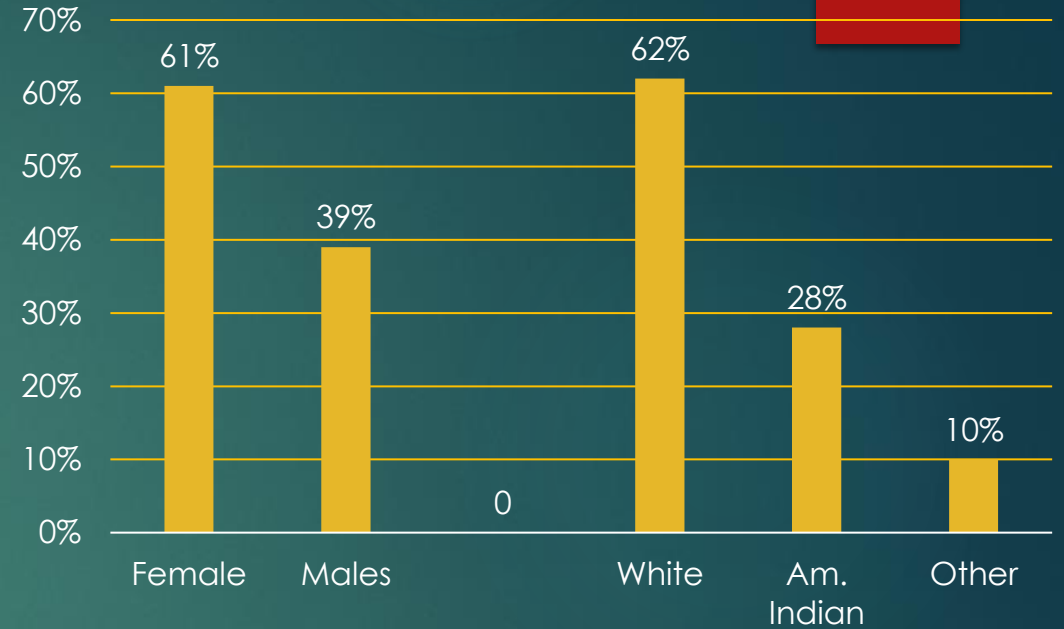
Overdose Rates (per 100,000 by County (2011-2020))

Source: DOH Vital Statistics

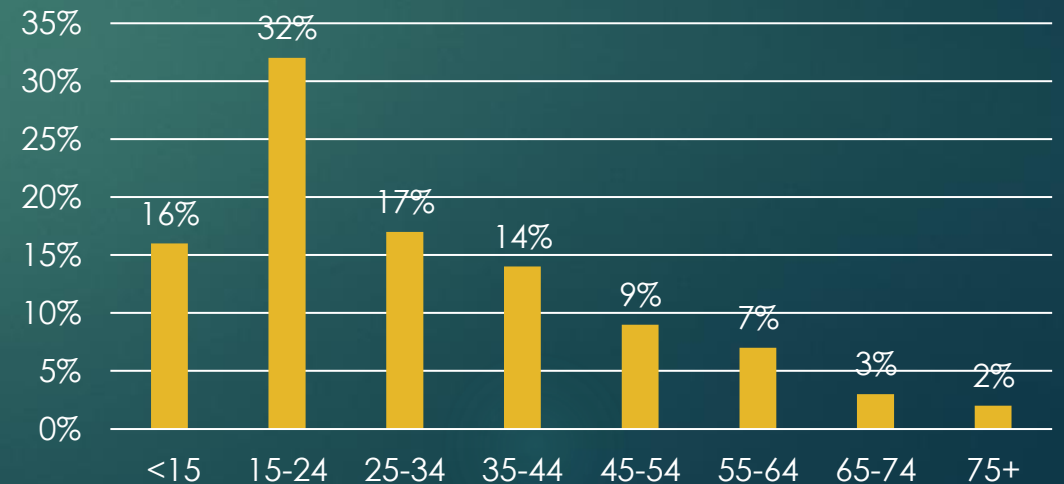
Nonfatal Overdoses Hospitalized and/or ED Visits



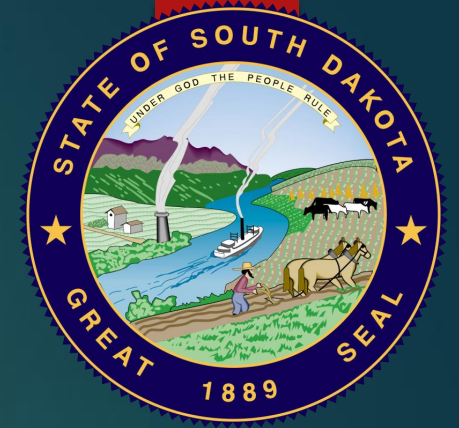
Nonfatal Overdoses by Sex and Race



Nonfatal Overdoses by Age Group



Drug-Related Overdose Defined



34-20A-109. **Definitions** related to reporting person in need of emergency assistance for drug-related overdose. Terms used in §§ 34-20A-110 to 34-20A-113, inclusive, mean:

(1) "**Drug-related overdose**," an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to be a drug overdose that requires medical assistance.

Source: SL 2017, ch 154, § 1.

South Dakota Statutes



34-20A-98. Possession and administration of opioid antagonists by first responders. Any first responder **trained in compliance** with § 34-20A-101 and acting under a standing order issued by a physician licensed pursuant to chapter 36-4 **may possess and administer opioid antagonists to a person exhibiting symptoms of an opiate overdose**.

Source: SL 2015, ch 179, § 1.

34-20A-99. Opioid antagonist defined. For the purposes of §§ 34-20A-98 to 34-20A-103, inclusive, the term, opioid antagonist, means **naloxone hydrochloride** or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

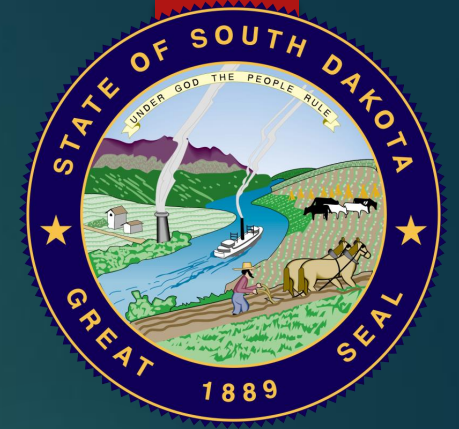
Source: SL 2015, ch 179, § 2.

34-20A-100. First responder defined. For the purposes of §§ 34-20A-98 to 34-20A-103, inclusive, the term, first responder, includes:

- (1) A **law enforcement officer** as defined by subdivision 22-1-2(22);
- (2) A driver and attendant responding to an emergency call as part of an **ambulance service** licensed pursuant to chapter 34-11; and
- (3) A firefighter.

Source: SL 2015, ch 179, § 3.

South Dakota Statues



34-20A-101. **Training of first responders.** Each first responder authorized to administer an opioid antagonist shall be trained in the symptoms of an opiate overdose; the protocols and procedures for administration of an opioid antagonist; the symptoms of adverse responses to an opioid antagonist, and protocols and procedures to stabilize the patient if an adverse response occurs; and the procedures for storage, transport, and security of the opioid antagonist. The training shall comply with the criteria established pursuant to § 34-20A-102, and may be provided by the employer of first responders at the employer's discretion.

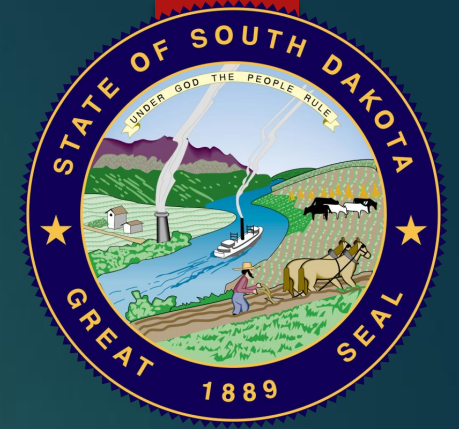
Source: SL 2015, ch 179, § 4.

34-20A-102. Promulgation of rules for training, possession, and administration of opioid antagonists. **The Board of Medical and Osteopathic Examiners** shall promulgate rules, pursuant to chapter 1-26, establishing:

- (1) The criteria for training a first responder to comply with the provisions of § 34-20A-101; and
- (2) The requirements for a physician's issuance of a standing order to a first responder authorizing a prescription for the first responder's possession of an opioid antagonist and the protocols and procedures to be followed in administering an opioid antagonist.

Source: SL 2015, ch 179, § 5.

South Dakota Immunity Statutes



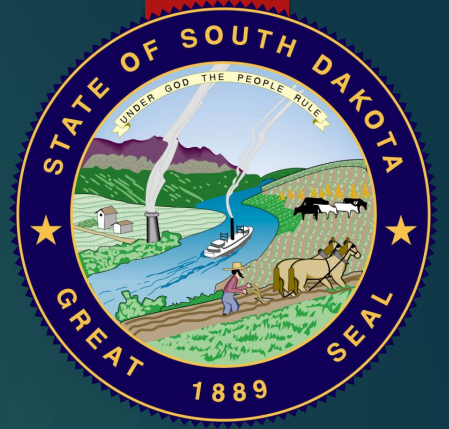
34-20A-103. **Immunity from civil liability for injuries or death associated with administration of opioid antagonists.** A physician who issues a standing order under the rules established pursuant to § 34-20A-102, a first responder acting under a standing order who administers an opioid antagonist in **good faith** compliance with the protocols for administering an opioid antagonist, and the first responder's employer, are not civilly liable for injuries, and may not be held to pay damages to any person, or the person's parents, siblings, children, estate, heirs, or devisees, for injuries or death associated with the administration of an opioid antagonist.

Source: SL 2015, ch 179, § 6.

34-20A-104. **Possession and administration of opioid antagonists by person close to person** at risk of overdose. A person who is a **family member, friend, or other close third party** to a person at risk for an opioid-related drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist that is prescribed, dispensed, or distributed by a licensed health care professional directly or by standing order pursuant to §§ 34-20A-104 to 34-20A-108, inclusive.

Source: SL 2016, ch 174, § 1.

South Dakota Immunity—Continued



34-20A-105. **Prescription for opioid antagonist**. A licensed health care professional may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose, or prescribe to a family member, friend, or other close third party person the health care practitioner reasonably believes to be in a position to assist a person at risk of experiencing an opioid-related overdose.

Source: SL 2016, ch 174, § 2.

34-20A-106. **Health care professional immunity from liability**. A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.

Source: SL 2016, ch 174, § 3.

South Dakota Immunity—Continued

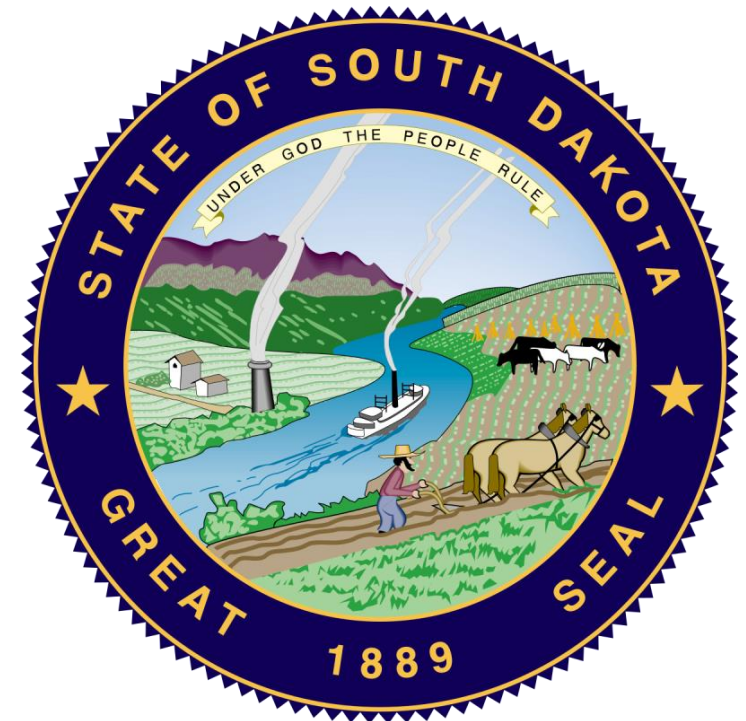
▶ 34-20A-110. Immunity from arrest or prosecution for reporting person in need of emergency medical assistance for drug-related overdose. No person may be arrested or prosecuted for any misdemeanor or felony offense of possession, inhalation, ingestion, or otherwise taking into the body any controlled drug or substance if that person contacts any law enforcement or emergency medical services and reports that a person is in need of emergency medical assistance as the result of a drug-related overdose. A person qualifies for the immunities provided in §§ 34-20A-109 to 34-20A-113, inclusive, only if:

- ▶ (1) The evidence for the charge or prosecution was obtained as a result of the person seeking medical assistance for another person;
- ▶ (2) The person seeks medical assistance for another person who is in need of medical assistance for an immediate health or safety concern; and
- ▶ (3) The person seeking medical assistance for another person remains on the scene and cooperates with medical assistance and law enforcement personnel.

Source: SL 2017, ch 154, § 2.

▶ 34-20A-111. Immunity from arrest or prosecution for reporting one's own need for emergency medical assistance for drug-related overdose. A person who experiences a drug-related overdose and is in need of medical assistance may not be arrested, charged, or prosecuted for any misdemeanor or felony offense of possession, inhalation, ingestion, or otherwise taking into the body any controlled drug or substance if that person contacts law enforcement or emergency medical services and reports that he or she is in need of medical assistance as the result of a drug-related overdose. A person qualifies for the immunities provided in this section only if the evidence for the charge or prosecution was obtained as a result of the drug-related overdose and the need for medical assistance.

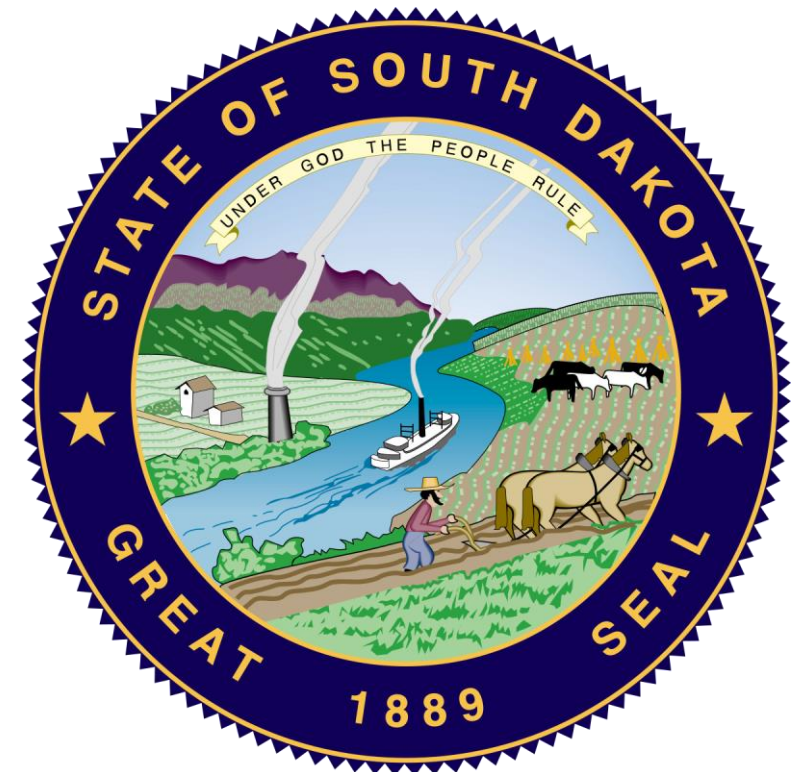
▶ Source: SL 2017, ch 154, § 3.



One Time Immunity—Non First Responders

34-20A-113. **One-time immunity**. Any person seeking medical assistance or who reports a person is in need of medical assistance shall only qualify once for immunity under §§ 34-20A-109 to 34-20A-112, inclusive.

▶ Source: SL 2017, ch 154, § 5.





First Responder Overdose Response Training

Learning objectives

Understand the overdose crisis

Know how opioids work and overdose risk factors

Recognize an opioid overdose

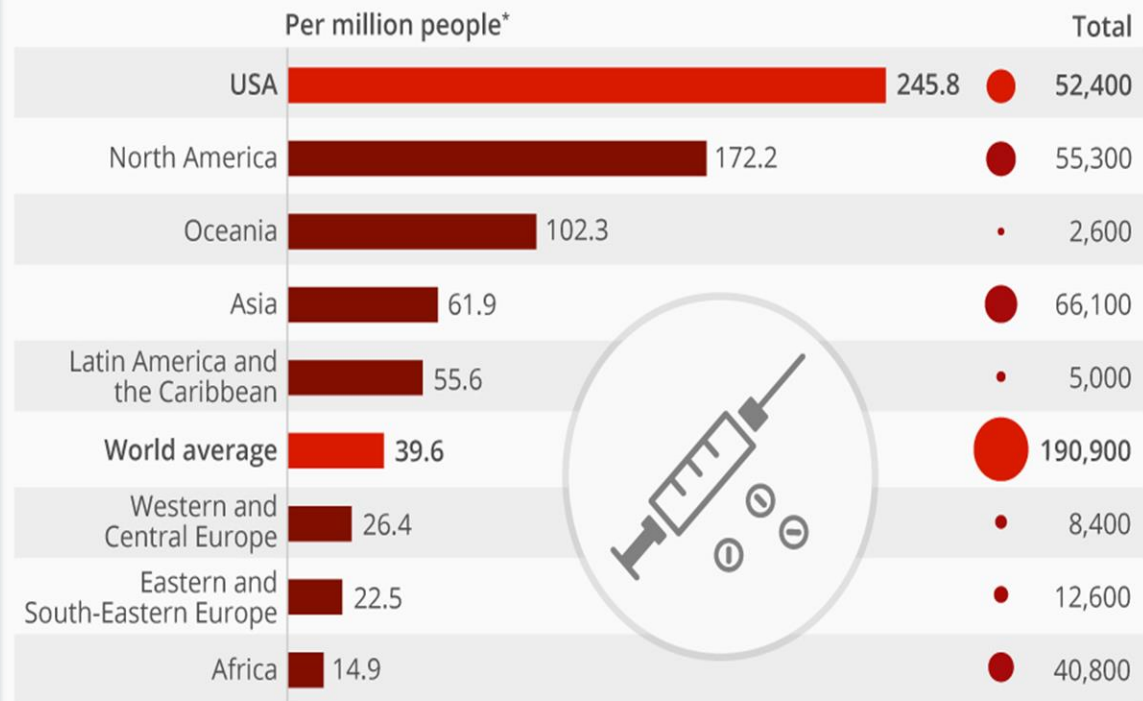
Respond to opioid overdose

America leads the world in drug overdose deaths



America Has The Highest Drug-Death Rate in the World

Estimated number of drug-related deaths and mortality rate 2015



America has about 4 percent of the world's population — but about 27 percent of the world's drug overdose deaths.

Americans are relatively wealthy, so they can afford to buy drugs.

In 1999, fewer than 17,000 people died from drug overdoses.

In 2020, that grew to more than 93,000

* mortality rate per million persons aged 15-64

Best estimates according to source

Source: UNODC

The opioid epidemic, explained

In 2020, more Americans died of drug overdoses than in any other year on record — more than 93,300 deaths in just one year.

That's higher than:

The more than 47,500 who died in car crashes,

The more than 38,250 who died from gun violence,

And the more than 43,000 who died due to HIV/AIDS during that epidemic's peak in 1995.

2020 Opioid Statistics

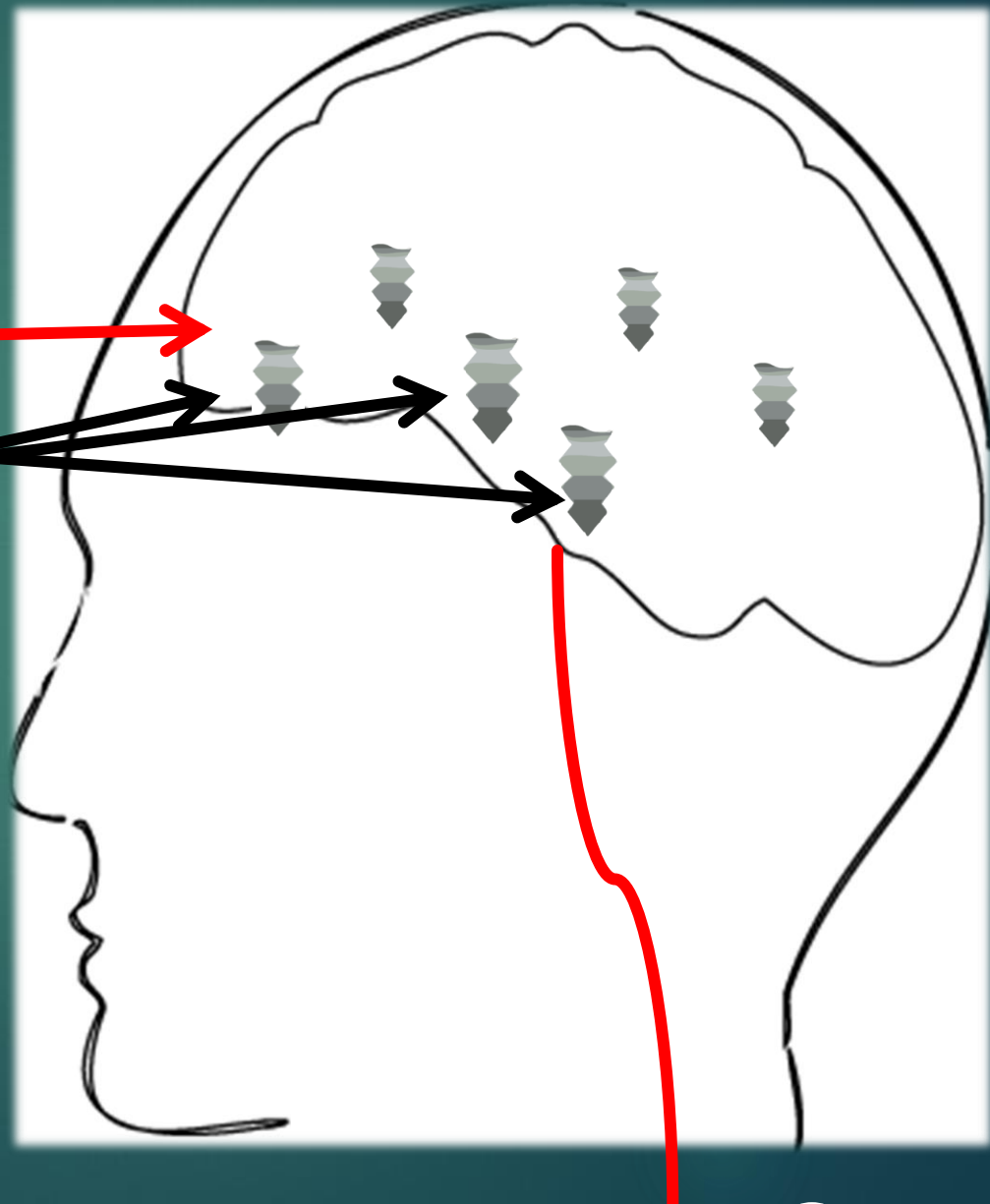
Opioids were involved in 61,209 (a rate of 14.6) overdose deaths in 2020 - nearly 70% of all overdose deaths

Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 30,100 (a rate of 9.9) overdose deaths in 2020

The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).

How do opioids affect breathing?

Opioid
Opioid Receptors



OVERDOSE
Respirations
Slow/Stop

HOW OVERDOSE OCCURS

- Breathing Slows



- Breathing Stops



- Lack of oxygen may cause brain damage



- Heart Stops



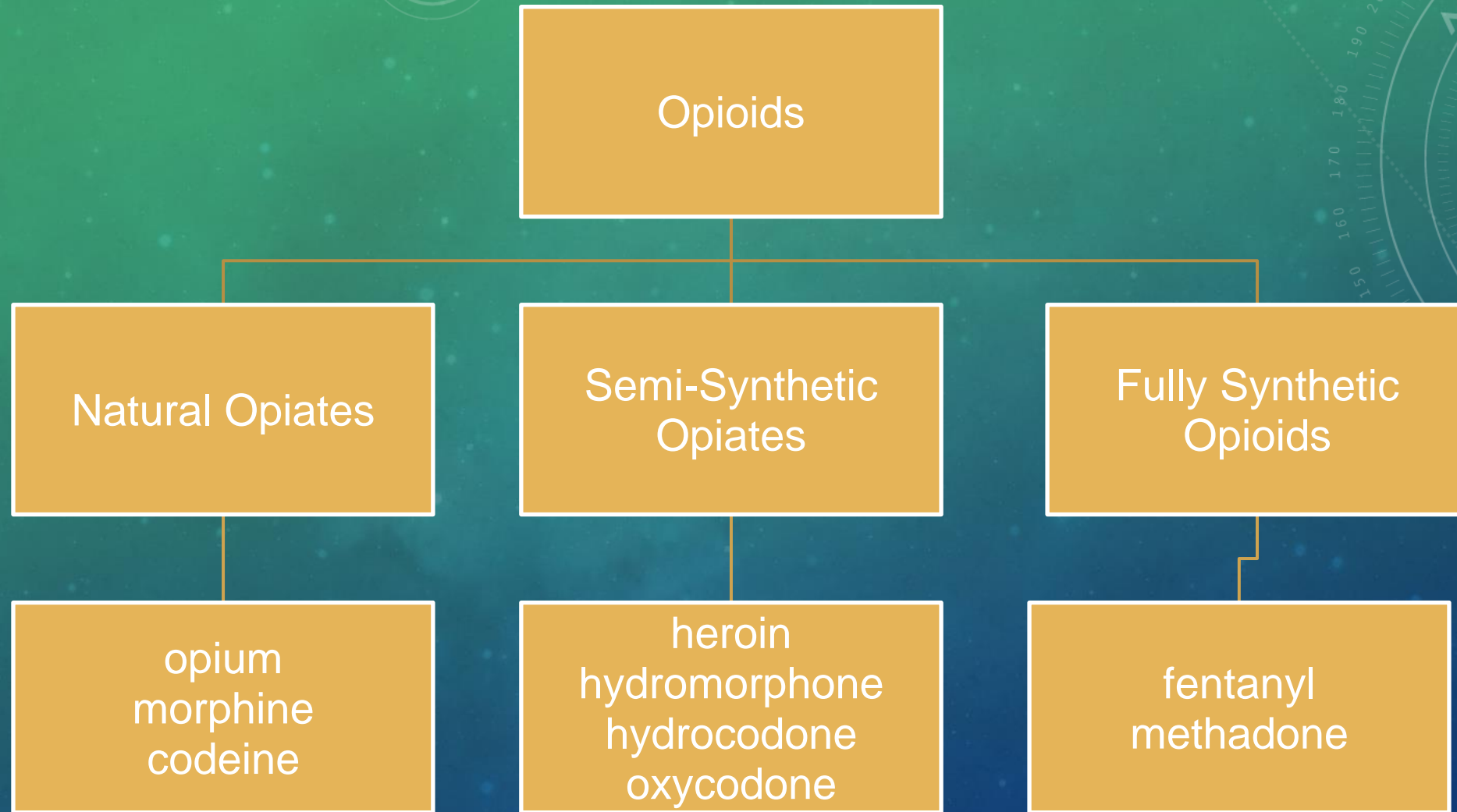
- Death



What are opioids/opiates?



- Medications that relieve pain
- Attach to the opioid receptors in the brain and reduce the intensity of pain signals reaching the brain.



The term opiate is often used as a synonym for *opioid*, however the term *opiate* refers to just those opioids derived from the poppy plant either natural or semi-synthetic

Which medications are considered opioids?

Morphine is often used before and after surgical procedures to alleviate severe pain. It is often used as a palliative drug for end-stage terminal cancer.

Hydrocodone products are most commonly prescribed for a variety of painful conditions, including dental and injury-related pain.

Codeine is often prescribed for mild pain, can be used to relieve coughs and severe diarrhea.

Oxycodone (OxyContin, Percocet)

Fentanyl



How has this happened ?



Back in the 1990s, doctors were persuaded to treat pain as a serious medical issue. There's a good reason for that: About **100 million US adults suffer from chronic pain**

Pharmaceutical companies took advantage of this concern. Through a big marketing campaign, they got doctors to prescribe products like OxyContin and Percocet in droves — even though the evidence for opioids treating long-term, chronic pain is very weak (despite their effectiveness for short-term, acute pain), while the evidence that opioids cause harm in the long term is very strong.

Painkillers proliferated, landing in the hands of not just patients but also teens rummaging through their parents' medicine cabinets, other family members and friends of patients, and the black market.

As a result, opioid overdose deaths trended upward — sometimes involving opioids alone, other times involving drugs like alcohol and benzodiazepines (typically prescribed to relieve anxiety). By 2015, opioid overdose deaths totaled more than 33,000 — close to two-thirds of all drug overdose deaths.

How are we trying to correct this?



Seeing the rise in opioid misuse and deaths, officials have cracked down on prescriptions painkillers.

Physicians are now being told to give more thought to their prescriptions.

Yet many people who lost access to painkillers prescriptions are still addicted.

So some who could no longer obtain prescribed painkillers turned to cheaper, more potent opioids: heroin and fentanyl, a synthetic opioid that's often manufactured illegally for nonmedical uses.

South Dakota

In 2016, South Dakota medical doctors prescribed supplies of painkillers that totaled more than 3.6 million days of Hydrocodone; more than 3.2 million days of Tramadol; more than 1 million days of Oxycodone; and nearly 700,000 days of Oxycodone with acetaminophen.

Enough doses of opiates were prescribed to South Dakotans in 2015 to medicate every SD adult around-the-clock for 19 straight days

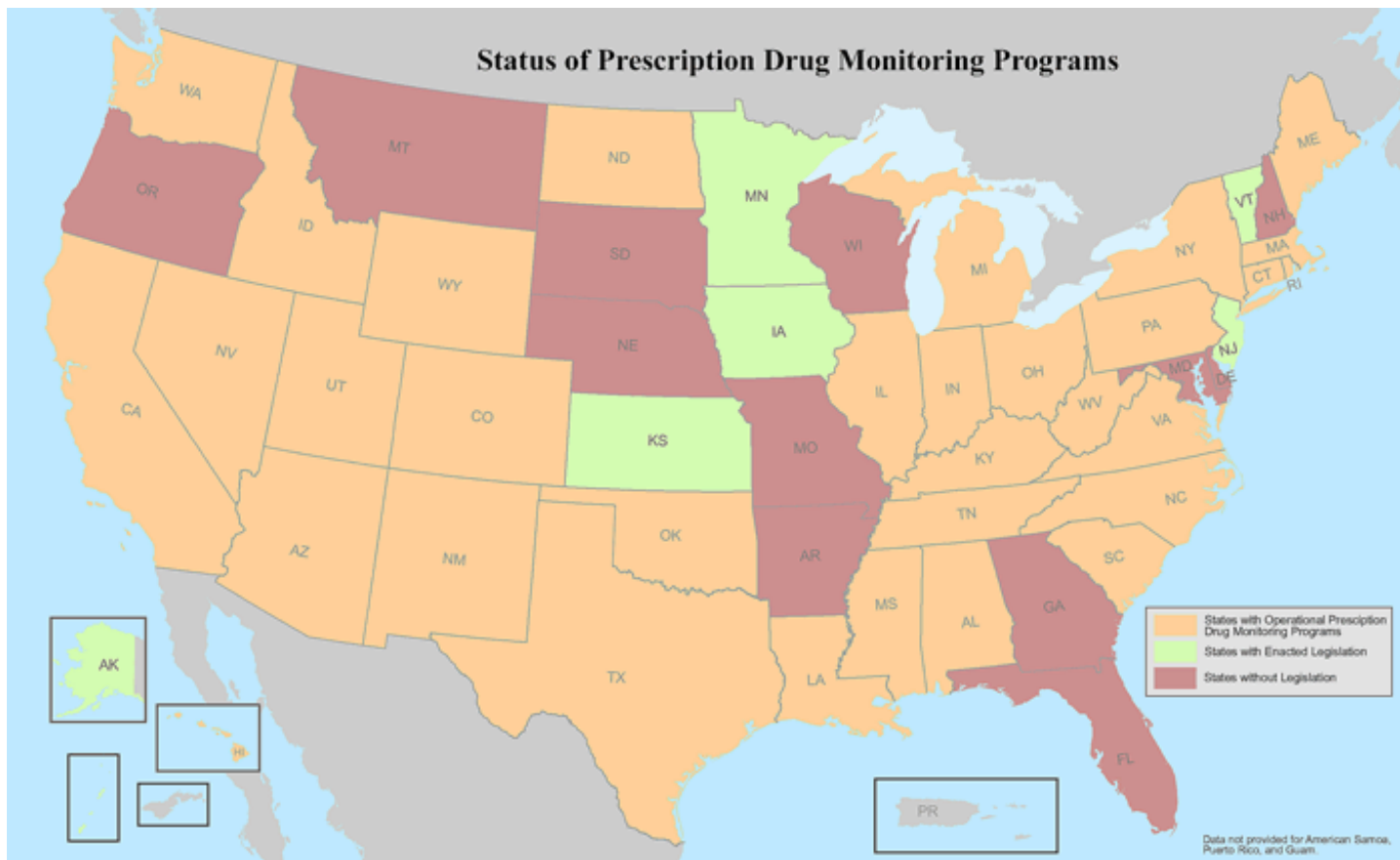
Between 2004-2011: 82 Opioid Deaths (approximately 10 per year)

2013: 17 Opioid Deaths

2014: 16 Opioid Deaths

Prescription Drug Monitoring Programs (PDMPs)

Status of Prescription Drug Monitoring Programs



Prescription Drug Monitoring Program

Prescription Drug Monitoring Programs (PDMPs)

Prescription Drug Monitoring Program

What is a PDMP?	Who implements PDMPs?	What data do PDMPs collect?	Who can access PDMP data?
Electronic systems that digitally store, monitor, & analyze controlled substance dispensing information	49 States Missouri is only state without one	Patient info Prescriber info Dispenser info Schedule II-IV drugs	Prescribers Pharmacies Law enforcement State medical boards

South Dakota Opioid Prescriptions



In 2018, South Dakota providers wrote 42.6 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.

DEA Official Blames Fentanyl-Heroin Mixture from Mexico for Recent Fatal Overdoses

The fentanyl-laced dope plaguing the northeastern United States is being made south of the border, according to officials.



Fentanyl: a synthetic short-acting opioid; 40-50x more potent than pure heroin

Illicitly manufactured fentanyl is sold in the illicit market often mixed with heroin and/or cocaine as a combination product — with or without the user's knowledge — to increase its euphoric effects

Fentanyl-related overdoses can be reversed with naloxone, however a higher dose or multiple number of doses per overdose event may be required due to its high potency

Fentanyl





Fentanyl

June 12, 2017 – Chamberlain, SD
20,000 Fentanyl pills
19 year old male ordered off the internet

October 16, 2017 – Omaha, Nebraska
More than 33 pounds of fentanyl hidden in a suitcase at Omaha's train station

Touching just a few grains of the white powdery substance could be deadly

FENTANYL EXPOSURE



WHY LAW ENFORCEMENT

First on scene of an overdose

Frequent interaction with high risk population

With the right tools, police can make a public health impact

Build bridges to active users and their social networks

Overdose is a true crisis and police can help

LAW ENFORCEMENT HAZARDS

Hazardous as they may be for those who take them, opioids are also endangering police in this country. Officers respond to overdoses, they also try to arrest dealers. And as they come in contact with synthetic drugs, the risk of an accidental overdose is greater than in the past. Some drugs are now so potent that just a few grains can kill.

And it's making cops rethink their tactics. For instance, SWAT teams - when they raid drug operations, they often start out by tossing in flash-bangs, stun grenades to disorient anyone who might have a gun. But what happens when one of those grenades hits a stash of opioids?

Recognize overdose signs/symptoms

If a person is not breathing or is struggling to breath: call out their name and rub knuckles of a closed fist over the sternum (Sternum Rub)

Signs of drug use ?

Pills, drugs, needles, cookers

Look for overdose

Slow or absent breathing

Gasping for breath or a snoring sound

Blue/Gray lips and nails

Pinpoint Pupils

Ensure EMS is en route/activated



Just High/Overmedicated VS Overdose

Just High/Overmedicated

- ▶ Small Pupils
- ▶ Drowsy, but arousable
 - ▶ Responds to sternal rub
- ▶ Speech Slurred
- ▶ Drowsy, but breathing
 - ▶ 8 or more times per minute

Stimulate and observe

Overdose

- ▶ Small Pupils
- ▶ Not Arousable
 - ▶ No response to sternal rub
- ▶ Not speaking
- ▶ Breathing slow or not at all
 - ▶ < 8 times per minute or absent
 - ▶ Blue/gray lips and fingernail beds

**Rescue breathe + administer
Naloxone**

Common Risks for Opioid Overdose

Opioid dose and
purity

Mixing substances
Alcohol, stimulants,
marijuana, and
prescription medications



Polypharmacy
Prescribed or non-prescribed

Social Isolation
Using alone



Addiction history



Overdose history

Chronic Medical Illness
Lung, liver, and
kidney compromise

Abstinence

- Release from incarceration
- Completion of detoxification
- Relapse after abstinence

Recovery

Revolving door???

As it is for tobacco and weight loss, it takes multiple attempts before achieving success

By definition, addiction is a chronic condition where people make risky choices despite negative consequences

With time, treatment works - people get better

With treatment, crime is less common and therefore they interact with police less often

Law enforcement because its law enforcement is more likely to see the relapses than recovery

Medications for Opioid Overdose and Treatment

- ▶ Narcan = Naloxone
 - ▶ Reverses opioid overdoses
 - ▶ Short and Fast acting opioid blockers

- ▶ Vivitrol = Naltrexone
 - ▶ Treatment for opioid and alcohol addiction



Medications for Opioid Overdose and Treatment

Surboxone – Buprenorphine + Naloxone

- * Treatment of opioid addiction
- * The naloxone is added to discharge injecting or sniffing

Subutex = Buprenorphine Only

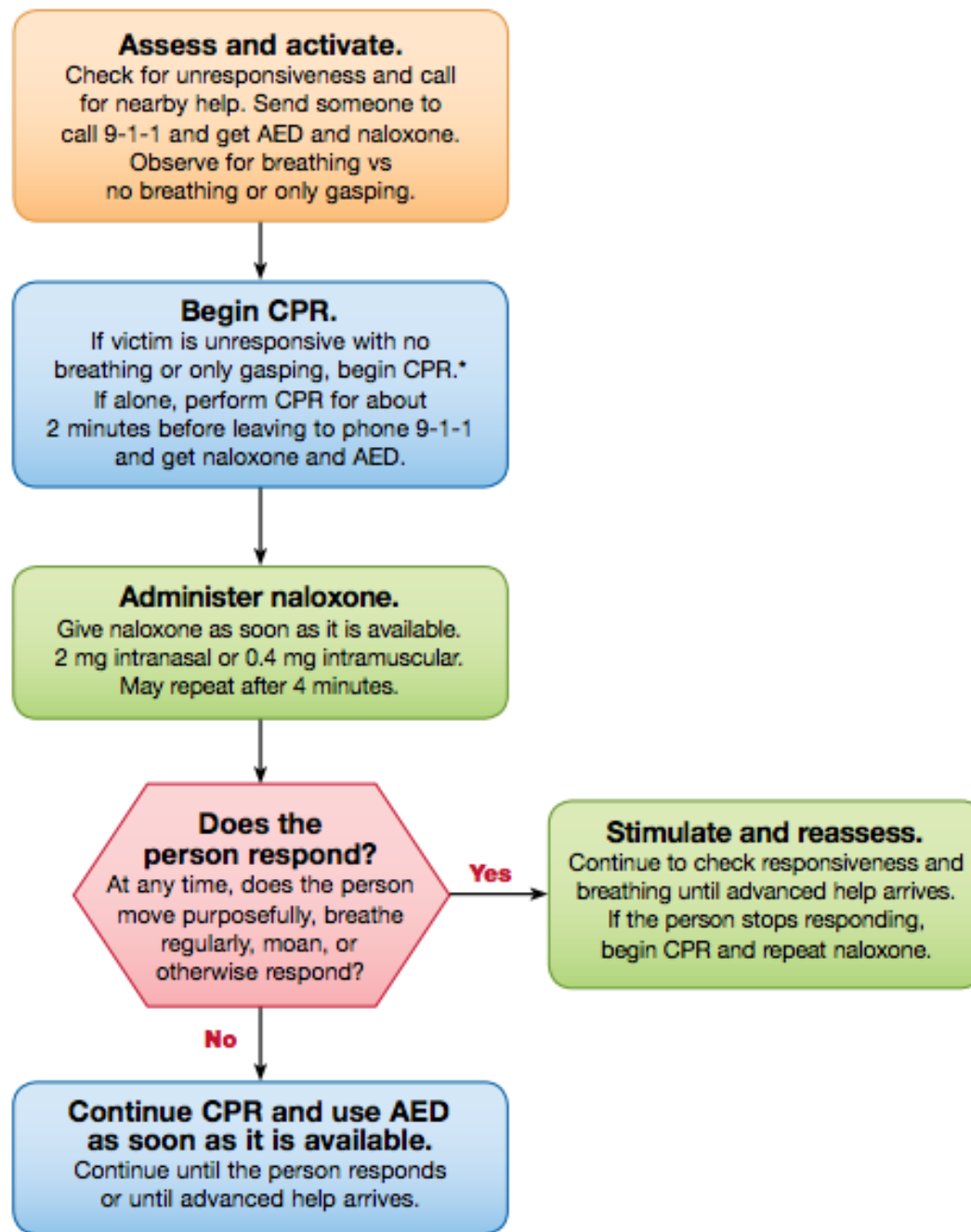
- * Treatment of opioid in pregnant women

Methadone aka Dolophine and Methadose

- * Treatment of opioid addiction or pain



These do have Street Value because they can relieve withdrawal symptoms



*CPR technique based on rescuer's level of training.

Updated opioid associated life-threatening algorithm

When to use Naloxone

SUSPECTED OVERDOSE



UNRESPONSIVE TO STERNAL RUB



BREATHING STATUS

NORMAL OR FAST

SLOW (< 8/MIN)

NONE/GASPING

MONITOR PATIENT

NALOXONE

NALOXONE/RESCUE
BREATHING/CPR

What is Narcan (Naloxone) ?

Narcan knocks the opioids off the opioid receptors, blocking opioids from the opioid

Temporarily takes away the “high”, giving the person the chance to breathe

Narcan works in 1 to 3 minutes and last 60 minute

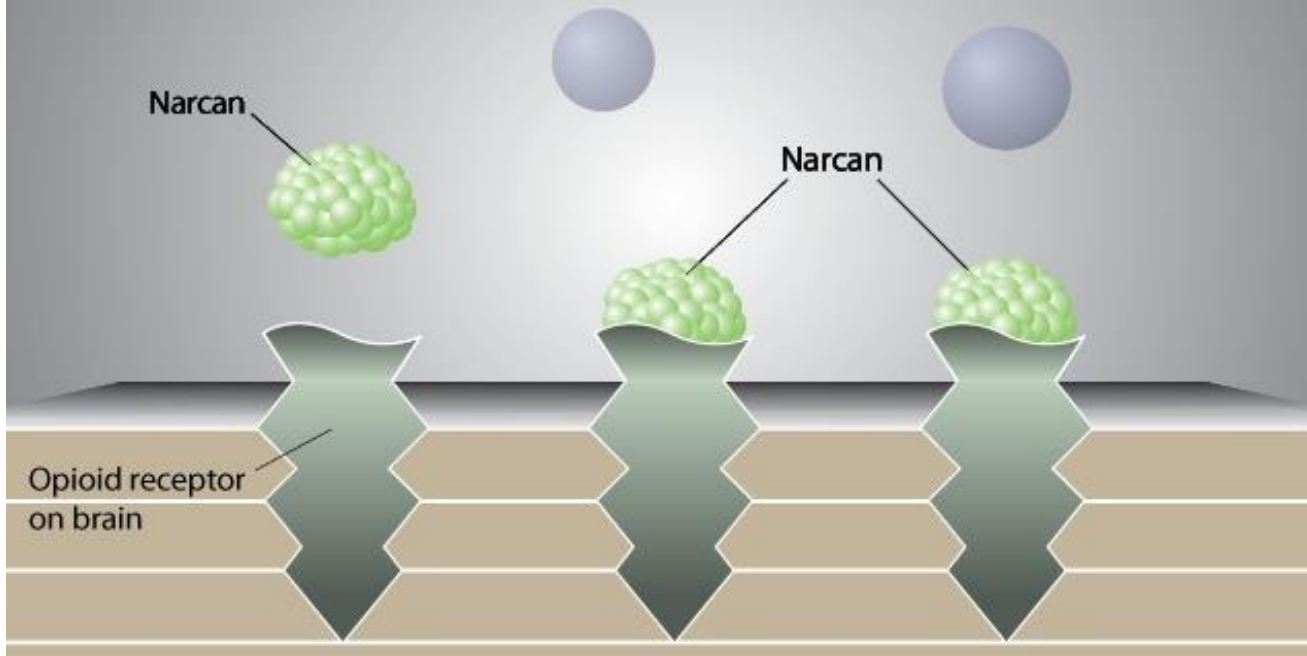
Narcan can neither be abused nor cause an overdose effect

Only contraindication is known sensitivity, which is extremely rare

Too much Narcan can cause withdrawal symptoms such as:

Nausea/Vomiting	Muscle Discomfort
Diarrhea	Disorientation
Chills	Combativeness

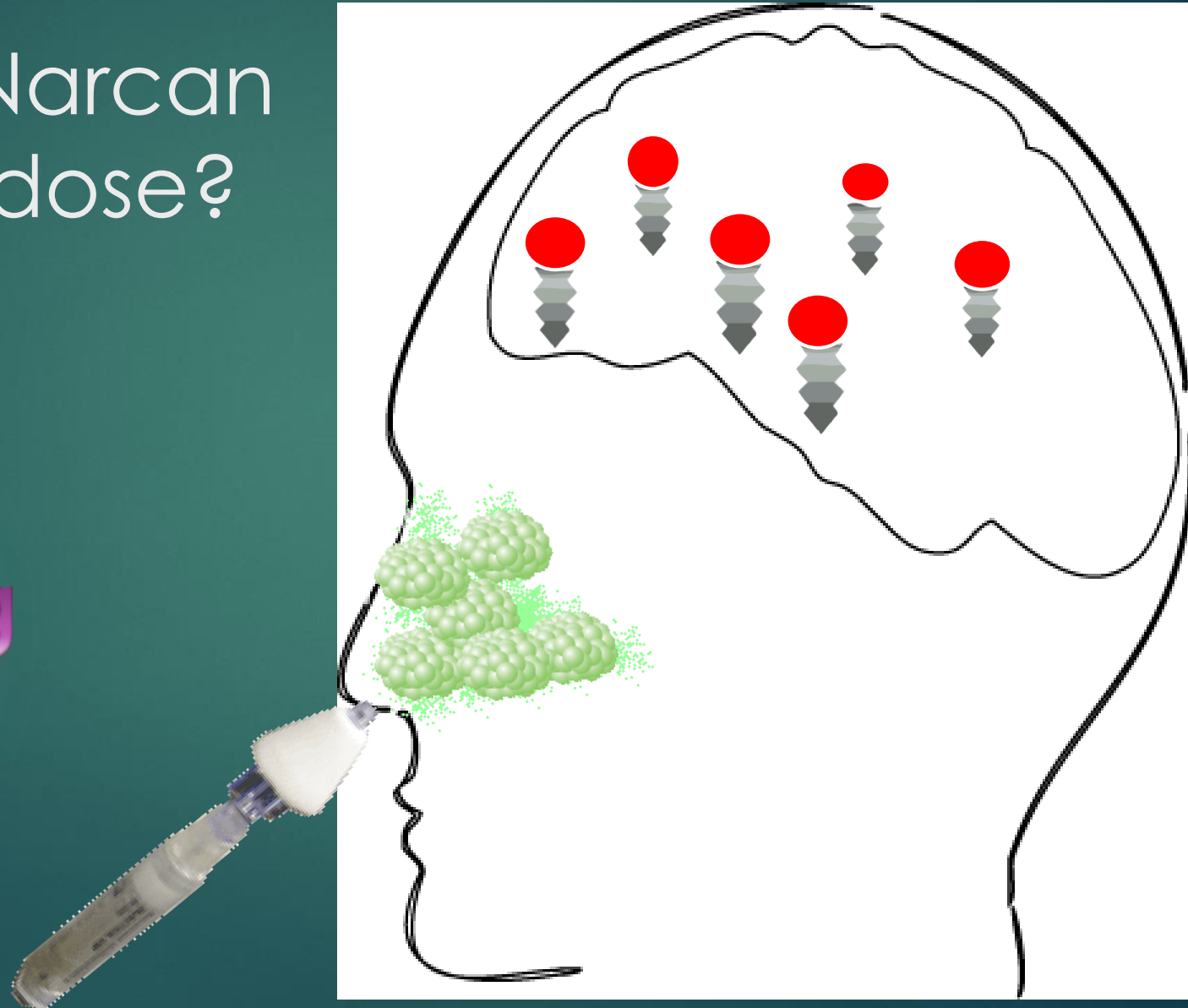
Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



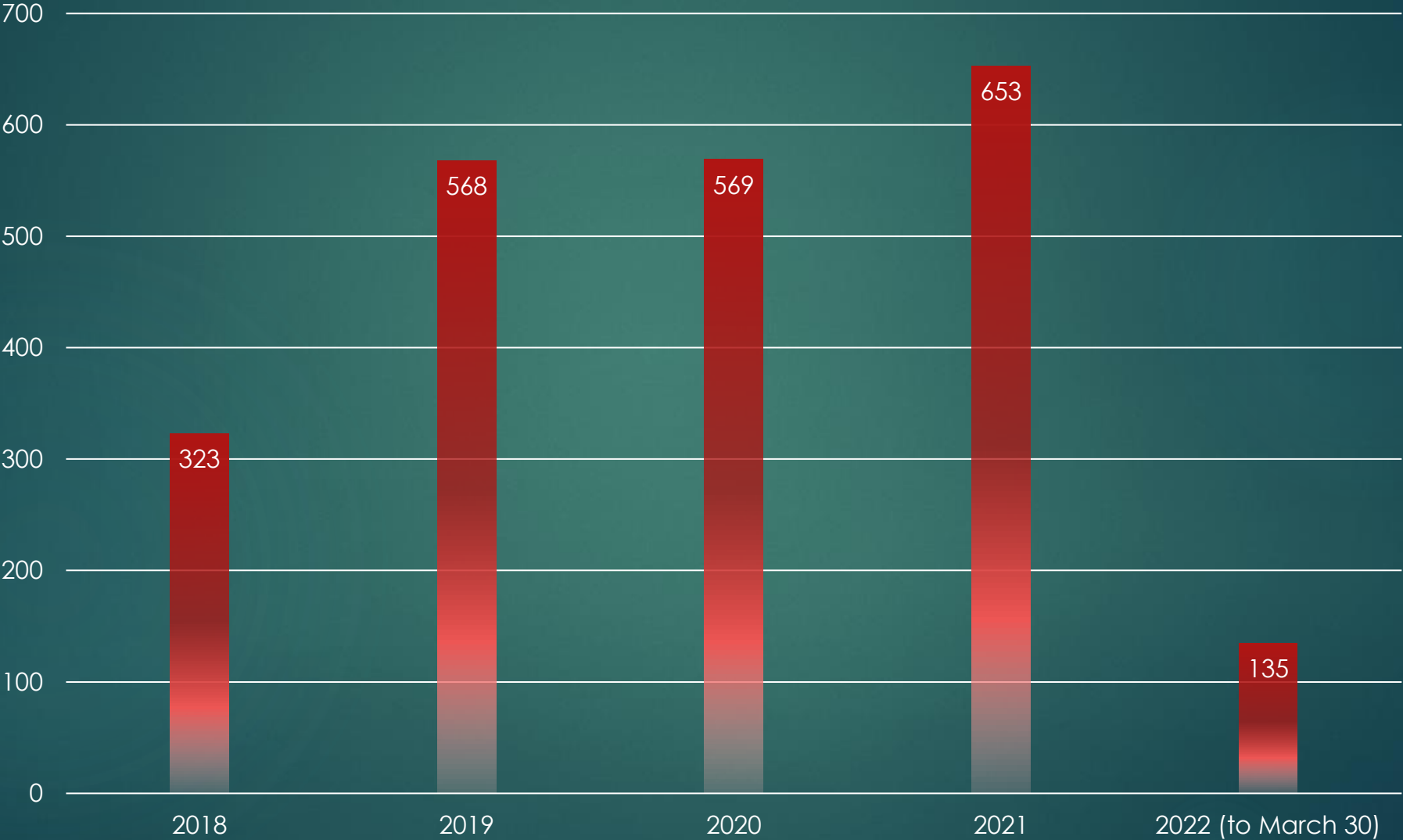
Naloxone reversing overdose

How does Narcan
affect overdose?

Restores
Breathing



NALOXONE DISPENSED IN SOUTH DAKOTA



■ Naloxone Dispensed in South Dakota

Considerations to always remember

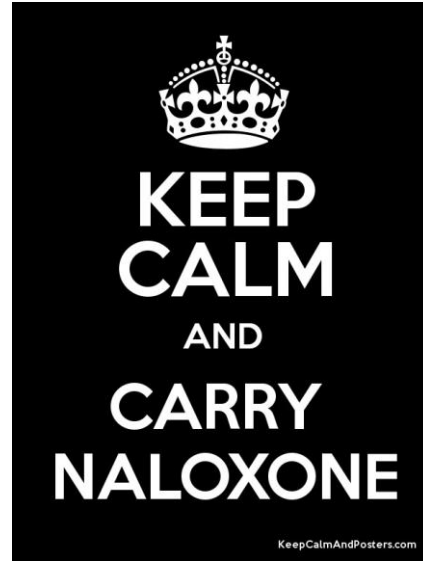
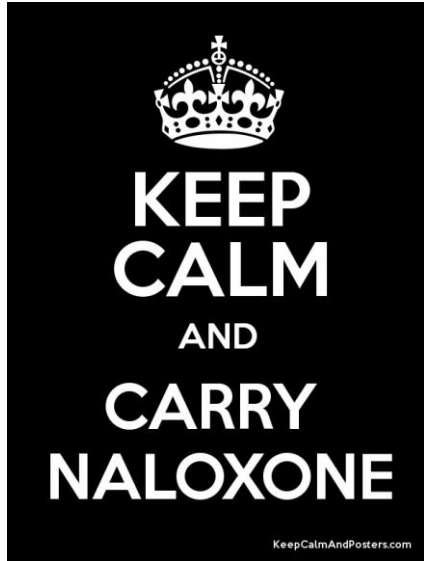
Always keep the scene safety as your top priority

Make sure EMS has been dispatched and keep them updated

If the patient does not have a pulse, immediately begin CPR along with administration of Narcan

If the patient is gasping or is not breathing, initiate CPR/Rescue breathing as necessary in addition to Naloxone administration

Naloxone is quick (1-3 minutes) and typically lasts 60 minutes



Administering Naloxone



2 5:45 85°
wsbtv.com
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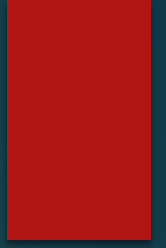
Administering Naloxone

- ▶ Retrieve Package (NARCAN)
- ▶ Remove single dose from package
- ▶ Remove Foil backing
- ▶ Now ready to administer 4mg Intranasally





Nasal Spray Naloxone



Remember:

“Four Rights For Medication Administration”

Right Patient (Opioid Overdose)

Right Medication (Naloxone – Check for Clarity)

Right Date (Check Expiration)

Right Dose (Spray entire contents into nostril)

Expected response from Naloxone

1. Gradually improves breathing and becomes responsive with 3 – 5 minutes
2. Immediately improves breathing, responsive and is in withdrawal
3. Starts breathing with 3-5 minutes but may remain unconscious
4. Does not respond to first dose and Naloxone must be repeated in 3 – 5 minutes (Continue to provide Rescue Breaths)
5. No response to multiple doses of Naloxone



Naloxone Storage

59 -77 degree Fahrenheit

Replace prior to expiration date

Questions and Answers

Will Naloxone work on an alcohol overdose ?

No. Naloxone only works on opioids

What if it is a crack/cocaine or speed/methamphetamine overdose ?

No. Naloxone only works on opioids

What is the risk period for an overdose to reoccur after giving Naloxone ?

Depends on how long acting the opioid is and how much they took

If the person isn't overdosing and I give Naloxone will it hurt the person ?

No. If in doubt give Naloxone

What if a person refuses care and transport after Naloxone is administered?

- Inform the person of the risk of re-overdosing
- Inform the person naloxone is only temporary
- If person still refuses consider the mechanism of injury or illness
 - Do you believe he/she can refuse treatment with a sound mind and clear understanding of the circumstances? **Remember they just overdosed!**
 - If no, the person can not refuse treatment

Special Thanks

To the Massachusetts Office of EMS
For their assistance and use of the Opioid content.

THANK
YOU

ANY
QUESTIONS?