

Overdose in Colorado: Prevention and Reflection

WE NEED TO
TALK ABOUT
OVERDOSE.

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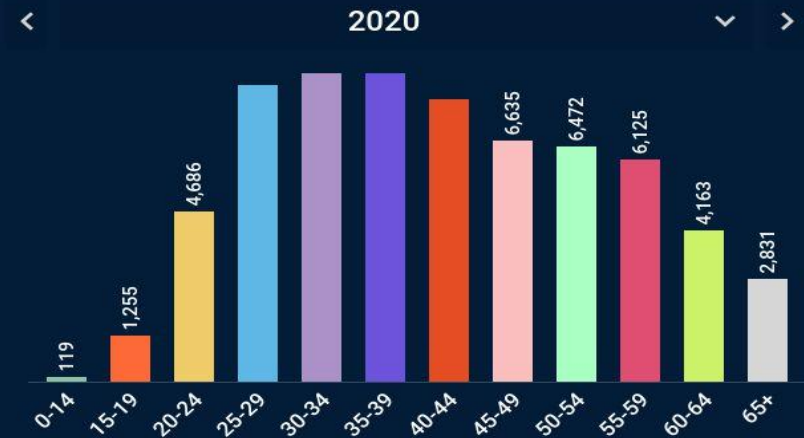
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Overdose in Colorado

- **1,799** overall overdose deaths in 2022
- **1,160** overdose deaths involving opioids including heroin
- **704** overdose deaths due to methamphetamine or other psychostimulant
- **60** overdose deaths due to alcohol poisoning



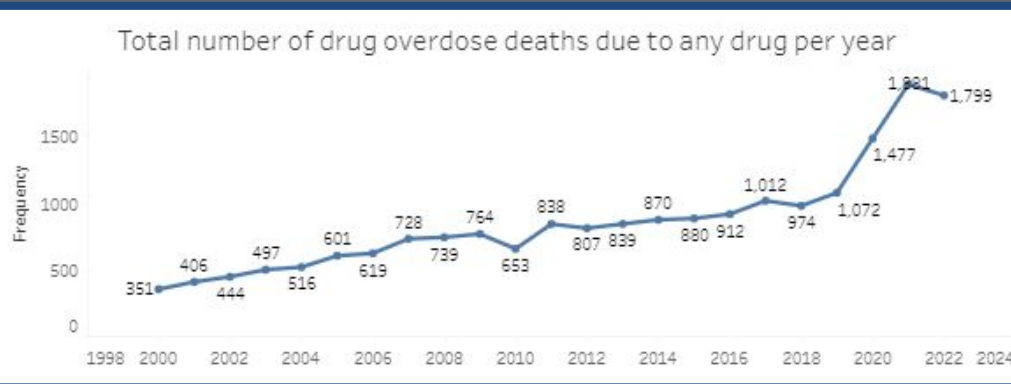
As the number of opioid deaths climbed, the crisis spread to all age groups, especially younger adults



Total Deaths by Age Group



Percentage of Total Deaths by Age Group



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Evidence of overdose circumstances

Circumstance	Colorado		United States	
	Number	Percent	Number	Percent
Overdosed at home	72	69.9	1,090	60.4
Overdosed in house or apartment, not own home	20	19.4	391	21.7
Potential bystander present	74	71.8	1,252	66.9
No documented overdose response by bystander	61	59.2	849	67.8
Drug use witnessed	22	21.4	370	19.8
Naloxone administered	21	20.4	563	30.3
Documentation of no pulse at first responder arrival	62	60.2	1,089	59.4

What are Opioids?

- Class of drugs naturally found in the opium poppy plant.
- Opioids are utilized in medical settings and legally prescribed for the treatment of pain
- Opioids such as methadone and suboxone are prescribed for the treatment of pain and opioid use disorders
- Opioids are also illegally produced, distributed, and used

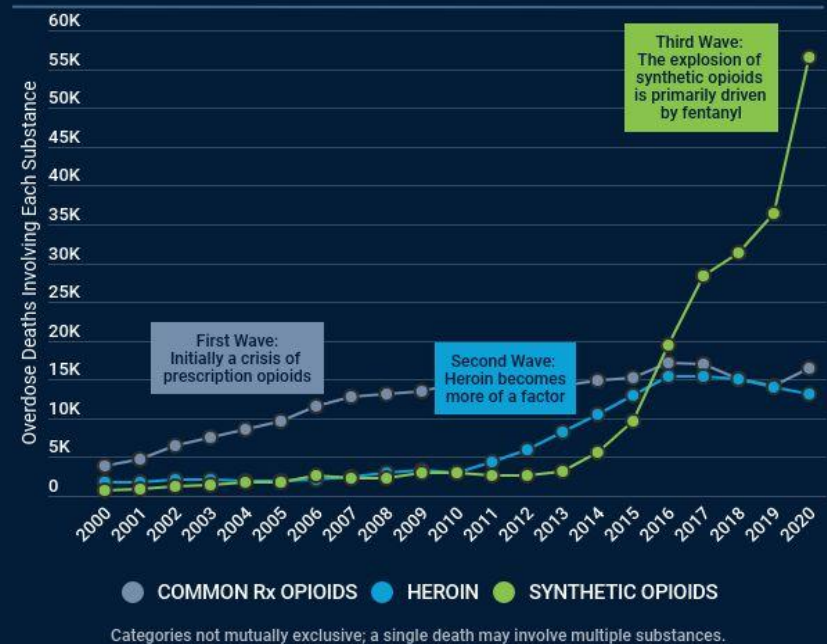
Note:

Semi-synthetic/human made opioids are hybrids resulting from chemical modifications to natural opiates. Semi-synthetic opioids include hydromorphone, hydrocodone, and oxycodone.



Third wave still going strong:

Synthetic opioid deaths climbing rapidly; uptick in deaths from common Rx Opioids in 2020



the limbic system

which controls emotions. Here, opioids can create feelings of pleasure, relaxation, and contentment.

the brainstem

which controls things your body does automatically, like breathing. Here, opioids can slow breathing, stop coughing, and reduce feelings of pain.

the spinal cord

which receives sensations from the body before sending them to the brain. Here too, opioids decrease feelings of pain, even after serious injuries.

Hydrocodone

Vicodine, Lorcet, Lortab, Norco, Zohydro

Oxycodone

Percocet, OxyContin, Roxicodone, Percodan

Morphine

MSContin, Kadian, Embeda, Avinza

Codeine

Tylenol w/ Codeine, TyCo, Tylenol #3

Heroin

Methadone

Dolophine, Methadose

EXAMPLES OF

OPIOIDS

Hydromorphone

Dilaudid

Fentanyl

Duragesic, Antiq

Meperidine

Demerol

Oxymorphone

Opana

Buprenorphine

Suboxone, Subutex, Zubsolv, Bunavail, Butrans



Medications for opioid use disorder



Prescription Pain Relievers



Illicit Opioids

Fentanyl & Emerging Synthetic Opioids



Feldman © 2022 Prehospital and Disaster Medicine

Figure 1. Hand and Wrist Visibly Soiled with Fentanyl.
Note: Larger liquid volumes appear more visible, however nearly full surface area was exposed. Arrow shows 0.5cm abrasion.



Phillip O. Coffin, MD, MIA

Busting common myths:

- Fentanyl is not naloxone resistant
- Overdoses are not caused by incidental contact
- Fentanyl isn't in every drug
- Some people use fentanyl knowingly



Emerging Substances...

Xylazine and what it is.

Fentanyl is Often Combined with Other Drugs in Overdose Deaths

Fentanyl

is often mixed with:

- Other opioids (e.g. heroin)
- Stimulants (e.g. cocaine & meth)
- Xylazine (an animal tranquilizer)

These drugs are mixed, with or without the user's knowledge.

Xylazine, or "tranq," is a non-opioid sedative. It has been increasingly detected in fentanyl deaths.

Xylazine can cause:

Sedation

Dangerously Low Blood Pressure

Slowed Heart Rate

Difficulty Breathing

Death

Severe Withdrawal Symptoms

Wounds That Can Become Infected

- Xylazine is a veterinary tranquilizer (diverted from vet sources)
 - non-opioid used as a sedative (decrease release of dopamine and norepinephrine)
 - Not approved for human use
 - Philadelphia was where it was first noted to be misused in 2006
 - Effects the Central Nervous System
 - Decrease Sympathetic Nervous System outflow ("Fight or Flight")
 - time to effect 1-2 minutes, lipophilic (diffuses in fatty tissues).
 - Stigma around Xylazine

Retrieved from: National Institute of Health Care Management (NICHM)

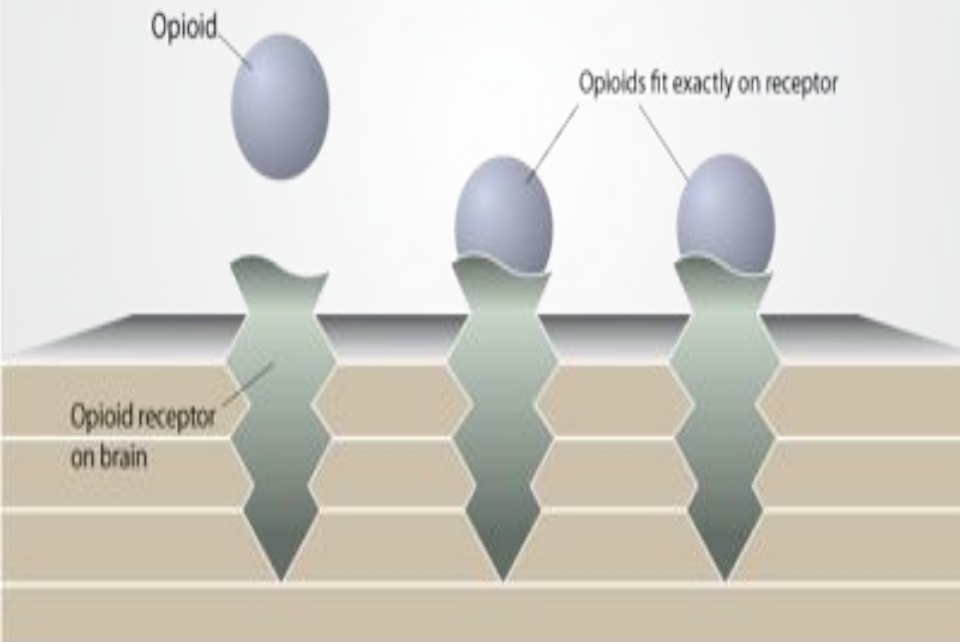
Colorado has had very few xylazine related overdose deaths to-date.

What is Naloxone (Narcan)?

- a mu-opioid receptor competitive antagonist that displaces opiates from these receptors in the brain and reverses respiratory depression that can lead to death.

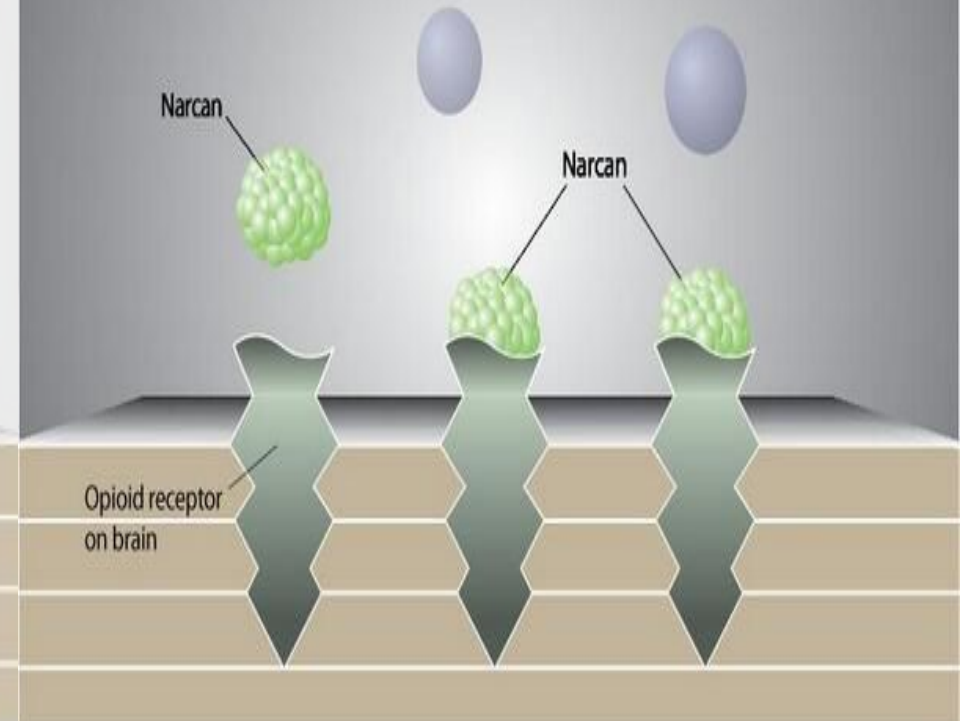
What is an opioid overdose ?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



Narcan reversing an overdose

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.



Recognize an Opiate Overdose

Be aware of signs of an opioid overdose.

- Pinpoint pupils
- Unconsciousness, falling asleep
- Slow, shallow breathing
- Ashy, blue, or cold skin

Naloxone can temporarily reverse the effects of an opioid overdose if administered in time.



Signs of an Opioid Overdose



Blue lips or nails



Dizziness and confusion



Can't be woken up



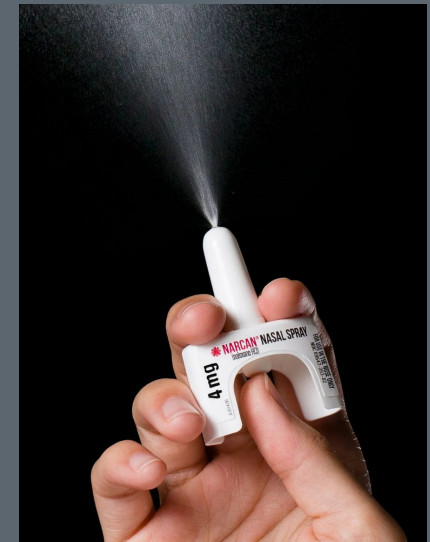
Choking, gurgling or
snoring sounds



Slow, weak
or no breathing



Drowsiness or
difficulty staying awake



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Intramuscular
Manual



Nasal Spray
Narcan



Nasal Spray
Atomizer

Overdose Risk Factors

- Method of Use
- Reduced Tolerance
- No Opioid Tolerance
- Poly Substance Use
- Comorbidities
- Movement of Drugs Through the Body (Pharmacokinetics)

Responding to an Overdose

1

Check for Responsiveness

Stimulate them awake by yelling their name and administering a hard sternum rub to the chest plate.



2

Administer Naloxone

Insert device into nostril and press plunger. Administer 1 dose every 2-3 minutes if no response.

How to administer Narcan Nasal Spray



Responding to an Overdose

3

Call 911

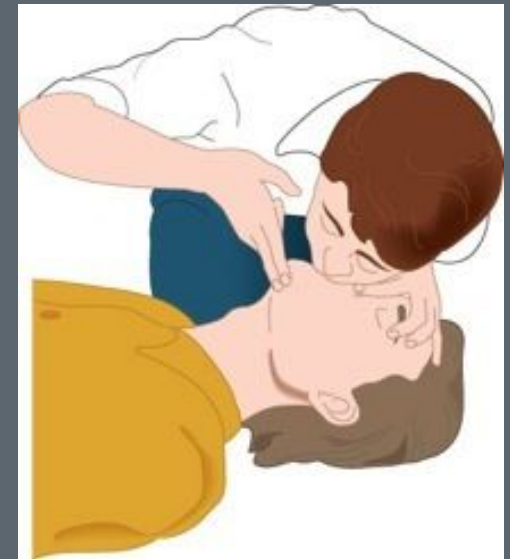
Explain that the person is unresponsive and any other symptoms



4

Provide Rescue Breathing

Place person on their back, clear the airway, and give one breath every 5 seconds.



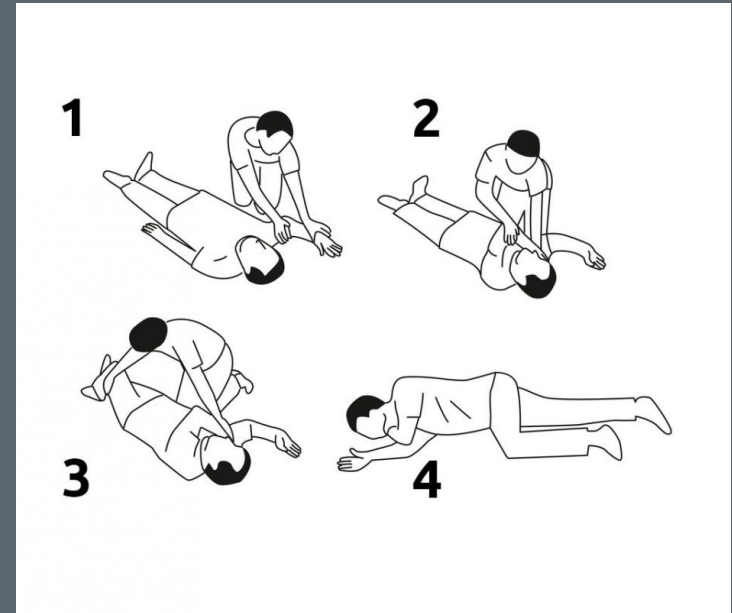
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Responding to an Overdose

5

Use the Rescue Position

If you have to leave the person alone for any reason, place them into the recovery position.



When it appears that someone overdosing is not responding to naloxone it may be because:

- The naloxone needs more time to take effect (wait 2-3 mins before administering more naloxone)
- They need more than one dose of naloxone (wait 2-3 minutes between doses)
- The naloxone was administered after the person had been without oxygen for too long
- There may be other drugs present

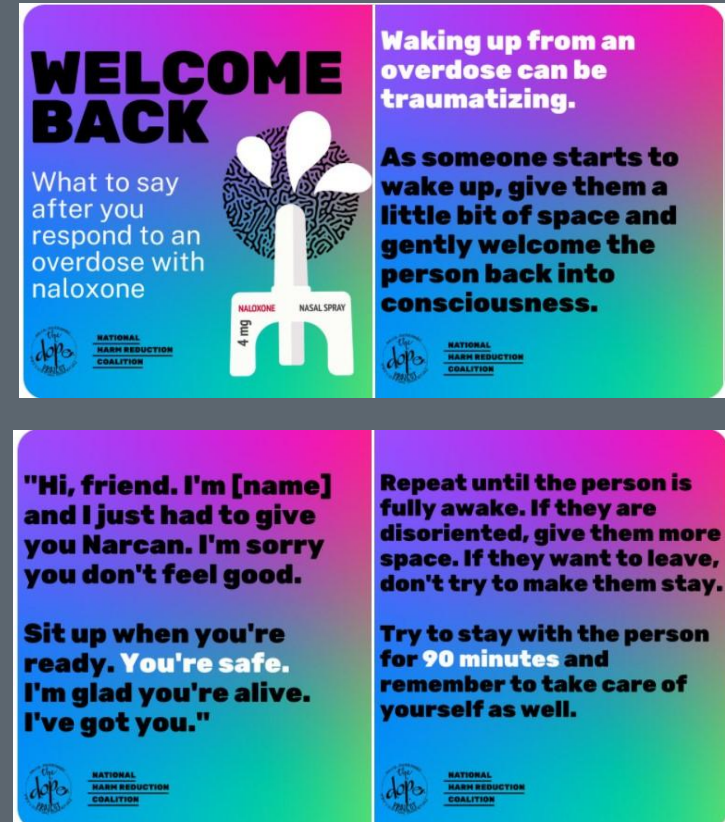
National Harm Reduction Association

Aftercare

Person may be experiencing withdrawals and/or be experiencing other overdose related complications.

They may be agitated or ill. Explain what happened and provide support.

Naloxone works from 30-90 minutes after administration, so it is possible that someone may go back into an overdose if the opiate effects last longer than the naloxone.



Postvention



NEXT Distro
STAY ALIVE, STAY SAFE.

NEXT Distro

- Opioid Overdose Aftercare

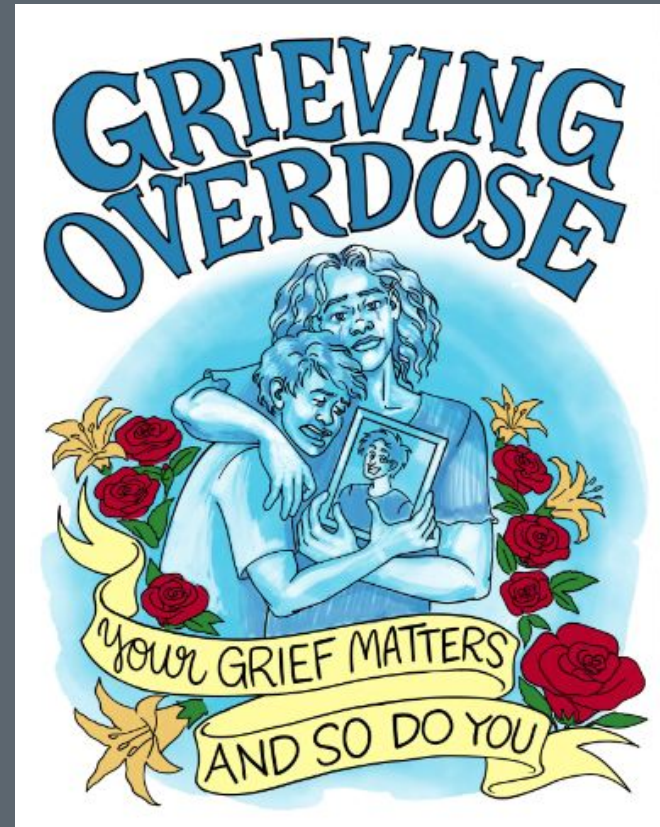
National Harm Reduction Coalition

- Grieving Overdose Zine

National Support Groups:

Broken No More

GRASP



Grieving Overdose Zine via NHRC



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Overdose Prevention Legislation

Calling 911 is incredibly important. Overdose can exacerbate pre-existing conditions and cause stress to the body that requires medical attention.

Create a plan at your organization or in your household regarding how you will respond to an overdose.



Good Samaritan Law

A person who in good faith seeks care for themselves or someone experiencing a life threatening emergency will not be charged or prosecuted for a drug- or alcohol-related offense. You can usually safely stay with the person until help arrives!

- Includes protection for small amounts of drug and drug paraphernalia possession.
- Alcohol (for underage drinkers)

Third Party Naloxone

Allows for a person other than a healthcare provider to carry and administer naloxone, including expired naloxone, without liability.



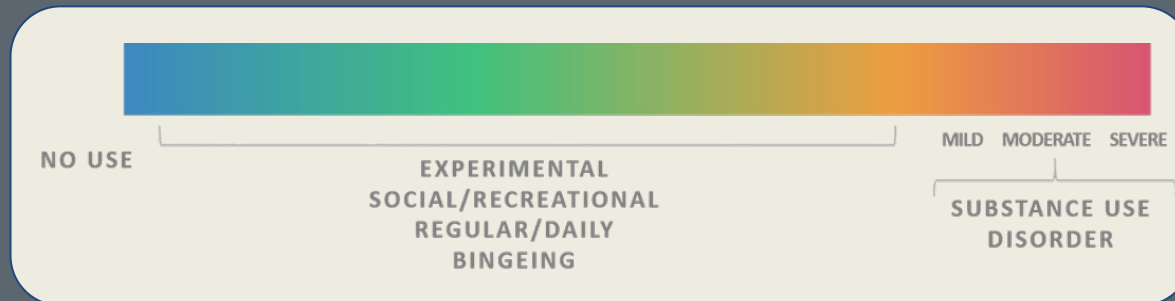
Utilizing Harm Reduction

Substance use (and mental health disorders) can often create a cycle of isolation that prevents people from seeking services, information, or support. We must cultivate an environment that:

1. Acknowledges substance use as a common part of life rather than a flaw of character
2. Supports harm reduction rather than punitive and isolating consequences
3. Treats the whole person

Examples of Harm Reduction strategies related to substance use:

- Naloxone training and distribution
- Drug checking and education (e.g. fentanyl test strips)
- Using sterile supplies and not sharing equipment
- Never using alone, avoiding mixing substances
- Communication and evidence based education
- Safety advice (trusted adult, driving, recognizing overdose)



McGill University

“

The abstinence-only mandate puts adults in the unenviable position of having nothing to say to the young people we need most to reach-those who insist on saying ‘maybe’ or ‘sometimes’ or even ‘yes’ to drugs, and prevents us from having conversations about how to reduce risks and keep them safe.

”

-Marsha Rosenbaum, PhD

Director Emerita, San Francisco Office of the Drug Policy Alliance



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FORMAL REASONING

CURIOSITY

EXPERIMENTATION

DESIRE FOR AUTONOMY

Engaging Young People in Harm Reduction

Provide evidence based information about substances:

- Psychological/physiological effects
- Risk, set, setting

Solicit feedback and advise:

- Weigh pros/cons
- Provide safety advice (e.g. overdose, driving, trusted adults)

EMERGING STRATEGIES

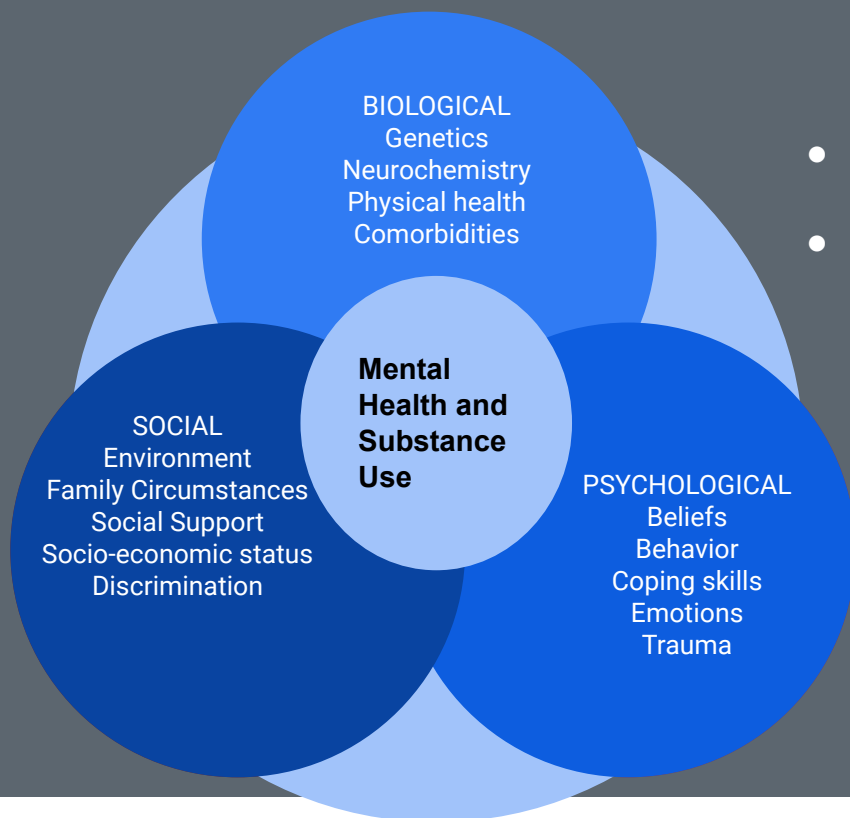
- Reality based approach to substance use—empowering young people
- Honest, evidence based information
- Encouraging moderation/risk reduction if experimentation continues
- Promoting an understanding of the legal and social consequences of substance use
- Prioritizing safety through personal responsibility and knowledge



Co-Occurring Disorders

≈50% of individuals who experience a mental health disorder will also experience a substance use disorder (and visa versa).

>60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness



- Substance and mental health disorders have similar risk and protective factors.
- Mental health disorders can contribute to substance use and visa versa
 - Self medication
 - Dopamine
 - Trigger changes in brain structure
 - Post Acute Withdrawal Syndrome
 - Suicide and self harm
 - Drug interactions

National Institute of Mental Health, 2021

Naloxone Bulk Purchase Fund Goals

- ★ Reduce financial burden of purchasing naloxone for key partners by providing naloxone at no cost.
- ★ Promote public health and safety for Coloradans.
- ★ Increase access to naloxone, a key tool in overdose prevention.



LEGISLATION

Colorado Senate Bill 19-227 : Opiate Antagonist Bulk Purchase Fund

Colorado Senate Bill 15-053 Expands access to naloxone by permitting the Chief Medical Officer of CDPHE to issue Standing Orders for naloxone to be dispensed by pharmacies and harm reduction organizations.

Colorado Senate Bill 21-122 Aligns section of law so entities defined as units of local government may be issued naloxone standing order thru CDPHE, bill also highlights the important work harm reduction organizations are doing for overdose prevention.

Colorado House Bill 22-1326 Expanded types of agencies eligible for a standing order and the Bulk Fund, and appropriated additional funding.



TYPES OF NALOXONE

- ★ Narcan nasal spray
- ★ Kloxxado nasal spray
- ★ Pre-filled Syringes
- ★ Single Dose Vials



HOW TO ACCESS THE BULK FUND: Step 1

Eligible entities must have a standing order before submitting an application for the Bulk Fund.

- Standing orders certify an entity is able to administer naloxone and provides a certification of approval.
 - If you need to request a standing order, please visit the naloxone standing order CDPHE webpage and click the blue “Make a request for Naloxone standing order” bar.
 - Create an account on OpiRescue, select your entity type, and submit the standing order request*
 - Once submitted, within a week, you should receive an email with a copy of your standing order.

*Standing orders for newly eligible entities are in the approval process.

HOW TO ACCESS THE BULK FUND: Step 2

Once you have a standing order, you may apply for the Naloxone Bulk Fund.

- Visit the CDPHE Overdose Prevention website and click “Naloxone Bulk Purchase Fund”.
 - Click the blue “Apply for the Naloxone Bulk Fund” bar.
 - Complete and submit the required Google Form Application.
 - Once the application is submitted, applications are reviewed by CDPHE staff.
 - If your agency is determined eligible, you will receive an email in 4-6 weeks with a link to the order form.
 - If your agency is determined ineligible, you will receive an email in 1-2 weeks.

In this confirmation email, there will be details on how to place your naloxone



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HOW TO ACCESS THE BULK FUND: Step 2.1-SCHOOLS & DISTRICTS

Schools & Districts are eligible to receive a standing order.

Schools & Districts, public, private and charter, must have a policy in place before submitting their application.

- Naloxone policy should address the possession, administration, and maintenance of the naloxone.
- Example policy can be found on the Colorado Consortium for Prescription Drug Abuse Prevention: School Resources webpage.

Once policy is in place it should be submitted to:

jericho.dorsey@state.co.us and an application can be submitted as outlined in Step 2.



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HOW TO ACCESS THE BULK FUND: Step 3

Once your order is placed:

- If it's your agency's first time ordering, it typically takes 3-4 weeks to receive your product.
- If you have previously placed an order, it typically takes 10-14 business days to receive your product.

Once your order is received:

- Send a email to cdphe_naloxonebulkfund@state.co.us confirming you received your naloxone delivery.



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Overdose Prevention Unit

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Grant from the Bureau of Justice Assistance, improves health outcomes in economically disadvantaged rural areas by reducing the impact of opioids, stimulants, and other substances on individuals and communities

Harm Reduction Grant Fund

The goal and purpose of the Harm Reduction Grant Fund Program is to fund and support local communities as they rethink and expand opportunities to address substance use using a public health approach, rather than through the criminal legal system.

Overdose Data to Action (OD2A)

Focus on following strategies: Surveillance/data, prevention: PMDP; state and local integration; linkage to care; provider and health systems support; partnership with public safety and first responders; empowering individuals; innovative prevention strategies; peer to peer learning; 5 harm reduction grantees, 5 linkage to care grantees (priority populations BIPOC communities, underserved populations and regions)

Coroner Mini-Grant Opportunity

Colorado coroners' offices can apply for mini-grants offered to support coroners as they deal with the opioid crisis in Colorado. Colorado coroners may apply for up to or over \$5000 to support toxicology testing.

Syringe access in CO: <https://cdphe.colorado.gov/reducing-infections-from-injection-drug-use>



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Resources

CDPHE Overdose Prevention Unit:

<https://cdphe.colorado.gov/overdose-prevention>

Colorado Consortium for Prescription Drug Abuse Prevention

<https://corxconsortium.org/>

Stop the Clock Colorado- Find Naloxone:

<http://stoptheclockcolorado.org/>

National Harm Reduction Coalition:

<https://harmreduction.org/>



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Questions?

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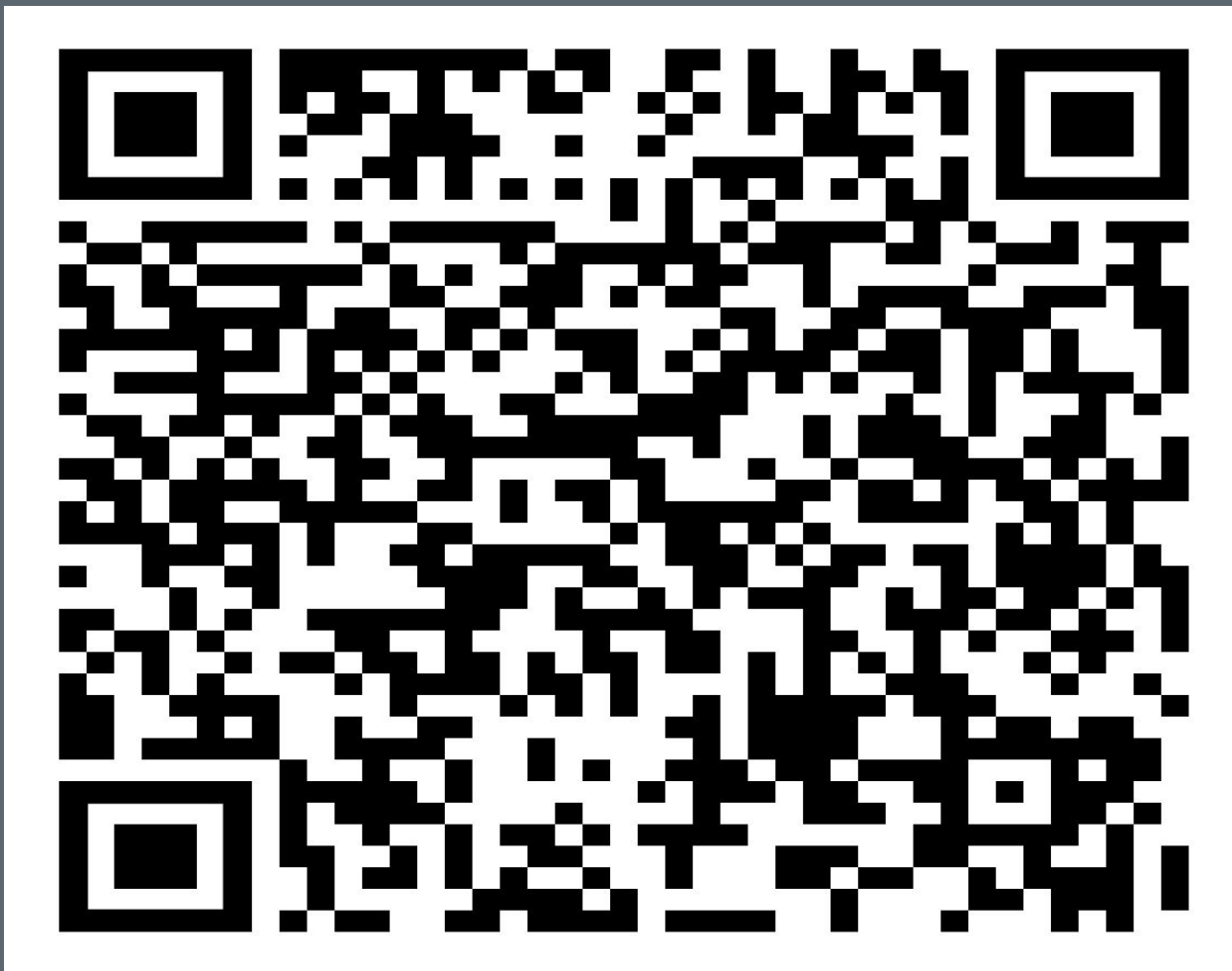
Teresa Will

Teresa.will@state.co.us



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EVALUATION !!



**REQUIRED if you want a certificate of attendance



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