

## OVERDOSE CRISIS

95,309 overdose deaths January 2020-January 2021

30.9 % increase over past year

Increase primarily attributable to synthetic opioids- fentanyl

Other factors: isolation, lack of access to treatment, loss of jobs/housing, using alone

Stigma is key factor in influencing drug policy, laws, and access to care



### What You Need to Know to Stay Safe & Save Lives

#### WHAT IS XYLAZINE?


- A veterinary tranquilizer used for sedation or anesthesia of horses, cattle, and large animals.
- Not approved for human use due to severe central nervous system (CNS) depressant effects.
- Recently detected in the illicit or unregulated drug supply, usually with fentanyl. Heroin or dope may be cut with both xylazine and fentanyl, causing an even greater risk of overdose and unintentional death.
- Not detectable by toxic, urine, or fentanyl test strips.

#### HEART DOES XYLAZINE DO?

- Can cause extreme drowsiness and sedation immediately after injecting or snorting.
- May stop breathing, which can lead to death.
- Can increase risk of blood clots, skin breakdown, and muscle or nerve damage due to severe medication and impaired ability to move for hours.
- May cause low blood pressure and/or heart rate.
- With repeated use, may lead to large, severe, and difficult to heal skin wounds, which can in turn lead to dead tissue (necrosis).

#### XYLAZINE OVERDOSE RESPONSE

1. Check the person's pulse and breathing.
2. Administer naloxone (NARCAN®) if the person is not breathing. The naloxone will not have any effect on the xylazine, but will reverse an opioid overdose if the person also used fentanyl, heroin, or other opioids.
3. (OPTIONAL during COVID-19) If you are trained and feel comfortable doing so, provide recovery breathing until the person is breathing on their own.
4. Place the person in the recovery position (rolled on their side, head supporting their head, knee bent to stop the body from rolling onto the stomach).



5. If the person is having trouble moving due to extreme sedation, try and roll them to the opposite side every 2 hours, bend joints, gently massage/brush areas that are reddish, and keep skin as clean as possible.
6. Once the person wakes up, do some gentle walking or other exercise to help prevent blood clots.
7. If the person begins to experience sudden shortness of breath, chest pain, or dizziness, or has redness, swelling, pain, and warmth in a leg or foot - call 911 immediately. <https://www.cdc.gov/eid/content/vol25/topic03/xyloazine.html>

#### OTHER RESOURCES

Naloxone

- Naloxone can be obtained for free from:
- The Chicago Recovery Alliance (CRA) - call 312-953-3797 or visit [www.recoveryalliance.org/nao-1100-tablets](http://www.recoveryalliance.org/nao-1100-tablets) for a prescription.
- Low4Lab - text or call 224-297-4393 or complete the order form for supplies by mail: <https://bit.ly/3Wz9p8m>.
- Other Drug Overdose Prevention Programs (DOPP) near you - visit <https://bit.ly/3DOPPhawm>.
- A short video on how to use naloxone can be found on the Cook County Department of Public Health website: <https://bit.ly/3L3Xv8e>.

DRUG CHECKING & FENTANYL TEST STRIPS

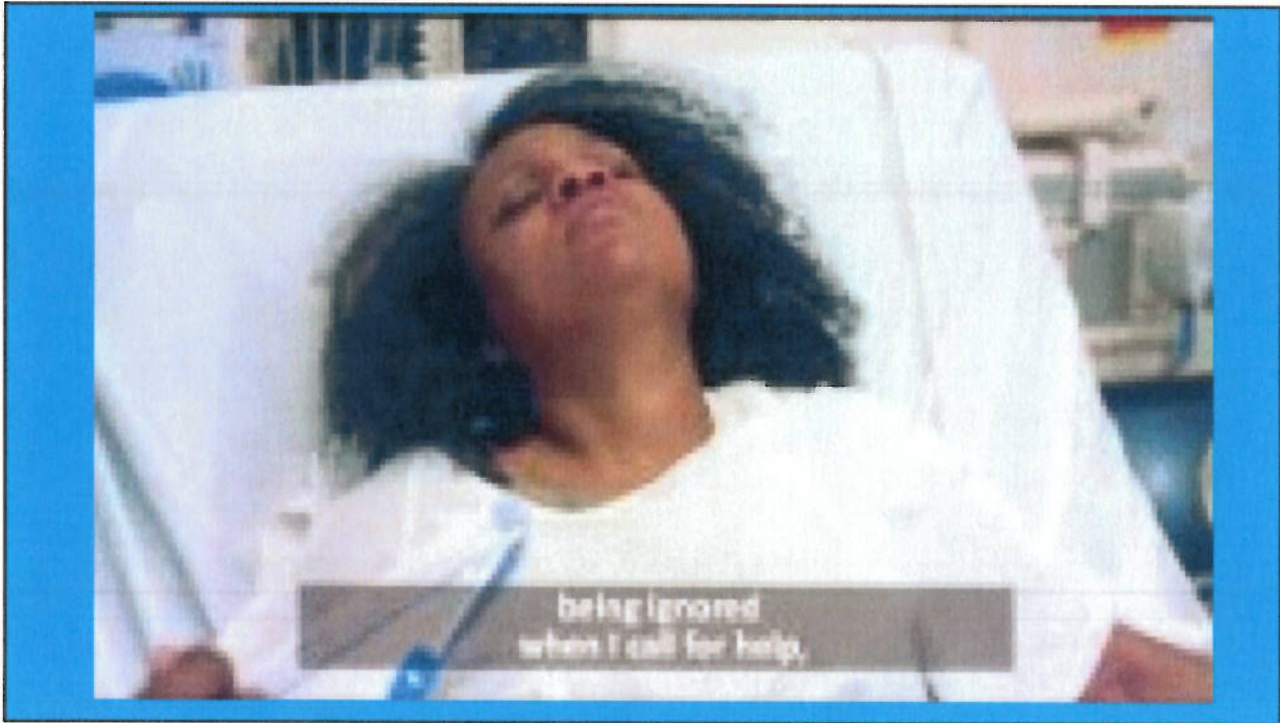
- CRA offers comprehensive drug checking services at their Chicago location (5110 W Taylor St) on Mondays from 8-7 p.m., Wednesdays from 4-6 p.m., and Saturdays 12-2 p.m. Contact [taylor@recoverychange.org](mailto:taylor@recoverychange.org) for more information.
- Fentanyl Test Strips are provided for free by both CRA and Low4Lab using the contact information above.

NEXTRIO CARE

- NexDistro provides information on caring for abscesses and injection-related complications: <https://www.nexdistro.org/nao/nexdistro>.

RECOVERY

- The Illinois Helpline for Opioids & Other Substances can provide treatment and recovery options near you - call



## BIAS

- Implicit(unconscious) Bias Definition: attitudes or stereotypes that are outside our awareness and affect our understanding, our interactions, and our decisions.
- Impact of Stereotyping: Stereotyping leads to healthcare disparities, especially in marginalized and vulnerable groups, such as persons of color and those with disabilities, mental illness or substance use disorders.
- Implicit bias is often perpetuated by many factors, such as personal upbringing and experiences, societal norms, social surroundings and quite often, even the language we use to describe our patients.
- GOOD NEWS- This can be unlearned by becoming self-aware and engaging in deliberate practice.

## LANGUAGE MATTERS

### WORDS NOT TO USE

- Addict
- Alcoholic
- Drug problem, drug Habit
- Drug abuse
- Drug abuser
- Clean
- Dirty
- A clean drug screen
- A dirty drug screen
- Former/Reformed Addict/Alcoholic
- Opioid Replacement/Methadone Maintenance

### USE INSTEAD

- Person with a substance use disorder
- Person with alcohol use disorder
- Substance use disorder
- Substance misuse/Chaotic use
- Person with a substance use disorder
- Abstinent/Not actively using
- Actively using
- Testing negative for substances
- Testing positive for substances
- Person in recovery/Person in remission
- Medication for opiate use disorder

**Slide 8**

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1 tamara, 8/16/2021



## FAILED WAR ON DRUGS

- A brief but precise description of the so-called "War on Drugs" and its failure:
- "What Is the War on Drugs?"
- The war on drugs refers to coordinated campaigns by governments over the last 50 years to enforce the prohibition of drugs largely through the coercive suppression of production and criminalization of drug use, possession, and supply. As the Global Commission on Drug Policy, a group of eminent world leaders and intellectuals who promote evidence-based drug policy reforms at international, national, and regional levels, said in 2011:
- When the United Nations Single Convention on Narcotic Drugs came into being [60] years ago, and when President Nixon launched the U.S. government's war on drugs [50] years ago, policymakers believed that harsh law enforcement action against those involved in drug production, distribution and use would lead to an ever-diminishing market in controlled drugs such as heroin, cocaine and cannabis, and the eventual achievement of a "drug free world." In practice, the global scale of illegal drug markets—largely controlled by organized crime—has grown dramatically over this period."

## FACTORS CONTRIBUTING TO STIGMA

- Criminalization of drugs and people who use them
- We have randomly picked certain substances to be illegal
- Drives people who use drugs underground
- Hesitant to access care
- Mistrust of institutions like hospitals and doctors
- Criminal records result in difficulty finding jobs, housing, and education
- Lack of above resources creates despair and continues cycle of use

## STIGMA FROM MEDICAL PROVIDERS

- Use of stigmatizing language should be avoided
- Take a look inward to see what biases we bring to work
- People who use drugs are often seen as criminals and lacking a moral compass
- Pregnant people who use drugs most stigmatized group
- They love their children just as much as any mother but suffer from a disorder making them unable to stop
- OUD is a chronic relapsing disorder of brain structure and function
- Pregnancy is best time to help people into treatment
- Persons with SUD do not want to lose their children or cause them harm

## STIGMA

- REMEMBER!!!! SUD is a condition where persons find it difficult to quit using due to brain changes. They are not morally deficient!!
- Opiates are exogenous endorphins
- Chronic use suppresses natural endorphins- the system that is set up for human survival- system that is activated with pleasurable activities like eating and sex
- Without natural endorphins people feel bad- depressed and unable to find joy . This is why such a high relapse rate for abstinence only treatment- 90%
- Withdrawal from opiates is miserable and can be life-threatening- especially when incarcerated and no access to medical care such as IV hydration.

"I got into harm reduction to enable people who use drugs. I enable them to protect themselves and their communities from HIV, hepatitis C, and overdose. I enable them to feel like they have someone to talk to, someone who cares, someone who respects them and their humanity. And I enable people who use drugs to take personal responsibility for their health and their futures. If that makes me an enabler, I'm proud to claim that term"

Daniel Raymond, Harm Reduction Coalition



## STIGMA AND HARM REDUCTION

# WHAT IS HARM REDUCTION?

Harm reduction is a non-judgmental, non-coercive approach to reducing harms of drug and alcohol use.

Risk and rights education



Needle exchanges and safe injection sites



Peer and community support



- Incremental changes rather than expecting "cold turkey" abstinence which may cause withdrawals
- Respectful and compassionate, harm reduction practitioners work to destigmatize drug users
- Protects the rights of drug users

## HARM REDUCTION DEFINITION

## HARM REDUCTION DEFINITION

**IT'S NOT OUR  
JOB TO FIX  
PEOPLE. IT'S OUR  
JOB TO LOVE  
THEM EVEN  
WHILE THEY  
ARE BROKEN.**

DAVE WILLIS



## HARM REDUCTION SERVICES

- Free HIV/HEP C Testing
- Condoms/Lubrication
- Naloxone (Narcan)
- Fentanyl Test Strips
- Sterile Single-Use Syringes
- Clean Single-Use Supplies
- Used Sharps Disposal Containers
- Drug Adulterant Testing
- Harm Reduction Counseling
- Treatment Referral
- MOUD Services
- Transportation to Appointments
- Delivery of Supplies
- Needle Litter Clean Up

## STIGMA AND MOUD

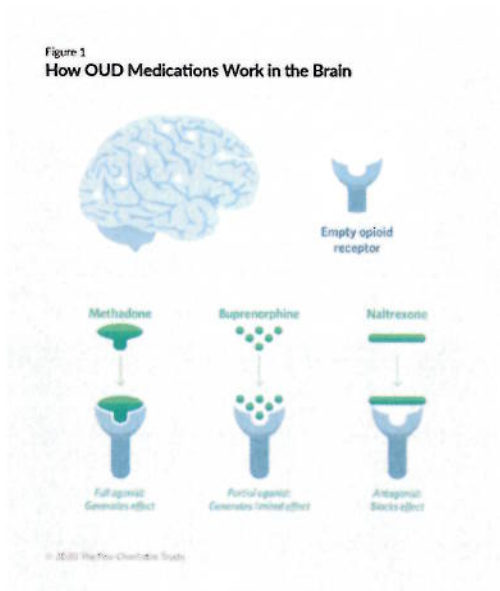
MOUD-  
naltrexone,  
buprenorphine,  
methadone

Naltrexone opiate  
blocker

Buprenorphine  
partial agonist

Methadone full  
agonist

Figure 1  
How OUD Medications Work in the Brain



## HOW MOUD WORK

## BEST PRACTICES

- Offer pharmacologic treatment to all patients with OUD
- Don't exclude pts from treatment if they decline counseling
- Don't exclude pts if using other substances
- Offer MOUD even if not currently using but at risk of relapse or overdose
- Initiate or recommend MOUD if seen in acute care setting for overdose or other complication
- PROVIDE OR PRESCRIBE NALOXONE!!!
- Telehealth

## BEST PRACTICES

- Patient leaves with a prescription for buprenorphine on first visit
- Illicit drug supply is deadly- fentanyl is everywhere!!
- Home vs office induction
- Home eliminates wait time, rescheduling, etc. Many patients present having already or currently using street buprenorphine- they know what dose works for them

## BARRIERS TO MOUD

- Not enough providers!!! Need to encourage more primary care providers to prescribe
- Patient issues like unstable housing
- Treatment industry that does not support medication use- more education needed for substance use counselors
- Insurance and financial barriers
- STIGMA!!

## STIGMA


- Patients themselves- don't want to be on a drug to manage their disorder
- We need to explain to them how the chronic brain changes work and why medication is life-saving
- Family does not support use of MOUD- education!!
- Patient does not want family to know they have a problem
- Society judges- makes PWUD feel ashamed- moral failing instead of seeing this as a health issue
- Medical community stigmatizes- patients feel alienated-don't access medical care

## HARM REDUCTION AND MOUD

- Naloxone!!
- Discuss relapse and how to manage- how they will be treated by provider
- Buprenorphine is harm reduction- Controlled trials, systematic reviews, and epidemiologic studies have clearly demonstrated that both methadone and buprenorphine-naloxone treatment are associated with higher treatment retention rates<sup>14,15</sup> and markedly reduced rates of opioid use, mortality, health care use, and crime in heroin users, compared with patients receiving placebo, no treatment, abstinence-based psychosocial treatment, or medical detoxification.

**NICE PEOPLE TAKE DRUGS**

Challenge stereotypes. Smash stigma.



EVERYONE IS  
SOMEBODY'S  
SOMEONE

## CONFLICT OF INTEREST DISCLOSURE

- The presenter has no conflict of interest ( actual or potential) or bias to disclose and no commercial support or sponsorship has been received