The Opioid Public Health Crisis
Overdose Lifeline, Inc. is an Indiana nonprofit dedicated to helping individuals, families and communities affected by the disease of addiction / substance use disorder.
Overdose Lifeline

Overdose Lifeline provides training and technical assistance on topics related to the disease of addiction. This includes understanding the brain disease, harm reduction, treatment and recovery, and overdose response.

Overdose Lifeline works to support the family, the peer recovery coaches, the criminal justice workers, the family physicians, and other key recovery supports through evidenced based, evidenced informed, and the most current effective online learning to ensure an equal approach to the recovery of the client.
Overdose Lifeline has worked with subject matter experts to develop a series of educational courses specific to the opioids crisis and addiction/substance use disorder. These training courses are for individuals, parents, healthcare professionals and groups and organizations who are working to prevent and reduce the effects of the opioid public health crisis and addiction/substance use disorder.

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Overdose Lifeline educational courses are being used in 17 plus states with over 200 delivery partners.

In 2018 Overdose Lifeline, in partnership with Purdue University School of Pharmacy Continuing Education, will introduce a 20 hour certificate program eligible for ACMEs, CMEs and CEUs for clinicians and non-clinicians.
Overdose Lifeline

• Naloxone Access- 2015 Aaron’s Law
  Working with community groups across the state to distribute free overdose reversal kits.

• Community Capacity Building
• Youth Prevention Education
• Technical Assistance
• Resource and Referrals
Social Capital-
The key ingredient- What is it and how do we have it?

• Where you live and whom you know – the social capital you can draw on – helps to define who you are and thus to determine your fate.

• Sociologist James Coleman, “Like other forms of capital, social capital is productive, making possible the achievement of certain ends that would not be attainable in its absence.

• Social capital is what the social philosopher Albert O. Hirschman calls a “moral resource,” that is, a resource whose supply increases rather than decreases through use and which (unlike physical capital) becomes depleted if not used.
Social Capital-
The key ingredient- What is it and how do we have it?

Why do we need to focus on social capital?

This current opioid epidemic is unprecedented. Often we remain at a crossroads of where to go first. Unlike other forms of addiction the opioid crisis is affecting individuals who would not otherwise be suffering. The populations affected are wide spread. Individuals are misusing opioids due to:

- Pain
- Injury
- Trauma
- Despair
- Age

Strategy much be as inclusive as possible. Strategy requires everyone working from same set of information.
Social Capital - The key ingredient - What is it and how do we have it?

A successful state approach requires all the social capital you can get.

This requires the inclusion of all voices -

- elected officials
- government officials
- researchers, academics
- individuals in recovery
- individuals not in recovery (still using)
- families affected
- business leaders
- the faith community
- schools
Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

**Education & Prevention**
Understand the risks associated with opioid misuse, overdose and addiction. Support prevention education in grade school and high school.

**Safe Prescribing**
Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.

**Prescription Management**
Manage your/your family’s prescriptions. Safely store and dispose of your prescriptions.

**Data & Prescription Drug Monitoring**
Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.

**Harm Reduction**
Reduce the harmful consequences associated with opioid use disorder and misuse.

**Reduce the Stigma of Addiction**
Changing how we talk can remove the barriers for someone getting help with their disease.

**Screening and Early Intervention**
Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.

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Important Elements and Social Capital

- Screening and Early Intervention
- Prevention Education
- Harm Reduction
- Reduce the Stigma/Conversation of Addiction
- Access to Recovery
Screening and early intervention

Early Intervention is critical for addressing substance misuse problems or mild disorders and to help prevent the development of more severe substance use disorders.

Substance use can be identified through screening and less severe forms of substance use will respond to brief physician advice and other types of brief interventions.

Primary care physicians and schools are points for early screening.
Prevention and education
The "This is (Not) About Drugs" prevention program is an outcomes-driven, science-based youth opioid prevention program - incorporating the NIDA principles, risk and protective factors - that can be rolled out anywhere in the United States.

Targeting students grades 6 – 12 designed to prevent the first use.

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Overdose-lifeline.org/education
Stigma’s impact on recovery

Words matter and continued use of stigmatizing language perpetuates false stereotypes, spreads misinformation, and keeps people out of care.

"Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need." - Michael Botticelli, White House Office of National Drug Control Policy
Words matter

<table>
<thead>
<tr>
<th>DO THIS</th>
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<tbody>
<tr>
<td>Call it what it is: Substance use disorder (or alcohol use disorder, opioid use disorder, etc.)</td>
</tr>
<tr>
<td>Use “people first” language and refer to people with substance use disorder, people with drug dependence, people with addiction.</td>
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<tr>
<td>Avoid negative terms like addict, junkie, wino, boozer, drug fiend, user, abuser, and bum.</td>
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<tr>
<td>Describe as “in active addiction/substance use” or “in recovery”.</td>
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<tr>
<td>Don’t Sensationalize Addiction: Don’t say “suffers from,” “afflicted with,” “victims of,” or “the scourge of” addiction. Rather, say, “he has a substance use disorder,” “she is addicted,” “people with addiction” or “addicted people.”</td>
</tr>
<tr>
<td>Say “had a setback”. Do not say “relapsed”</td>
</tr>
<tr>
<td>Say “positive drug screen”. Do not say “Dirty drug screen”</td>
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As the Anti Stigma Toolkit says, “addiction doesn’t define who a person is, it describes what a person has. A person’s addiction represents only a part of the person’s life. Defining people exclusively by their addiction diminishes the wholeness of their lives.”
Harm reduction
Harm reduction is ...

<table>
<thead>
<tr>
<th>Sunscreen</th>
<th>Bike Helmets</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bug Spray</td>
<td>Condoms</td>
<td>Nicotine Gum / Patch</td>
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### Automotive Harm Reduction
- Seat Belts
- Car Seats
- Air Bags
- Designated Drivers

### Opioid Harm Reduction
- Syringe Exchange Programs
- Naloxone
- Medication Assisted Treatment (MAT_)
  - Methadone, Suboxone, Vivitrol

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Naloxone Access Laws

Used for more than thirty (30) years, naloxone is non-addictive and is easily be administered.

Single State Authorities on Drugs and Alcohol (SSA’s) should develop and implement collaborative strategies to ensure that after medical stabilization, patients hospitalized for opioid-related overdoses are assessed for drug and alcohol addiction.

Hospitalization for an opioid-related overdose presents a key opportunity for intervention with an individual with a drug and/or alcohol problem and for the family. Such hospitalizations, if managed properly, can serve as a serious wake-up call for all involved. Whenever possible, family members, significant others, and close friends should be pulled together to develop and support the ongoing addiction treatment and recovery plan.

The Model Naloxone Access Act (Act) is designed (1) to save the lives of individuals who have experienced opioid-related overdoses, and (2) to create the opportunity for the individuals to receive appropriate addiction treatment. The Act authorizes the dispensing of naloxone to and administration of naloxone by many people who are in a position to assist an individual experiencing an opioid-related overdose. In so doing, the Act creates the broadest possible access to the life-saving medication. Equally important, the Act establishes a collaborative intervention mechanism in emergency departments to assess the individuals and refer them to addiction treatment programs.

http://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139
Recovery… more than abstinence.

Recovery is about improving one’s quality of life, being emotionally and physically healthy, succeeding in school or work, having healthy relationships, having a healthy social life and living drug-free.

CONTINUING CARE
Sometimes labeled After Care, treatment prescribed after completion of a formal structured program in any type of setting.

RECOVERY COMMUNITY ORGANIZATIONS
A RCO mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction. Public education, policy advocacy, and peer-based recovery support services.

RECOVERY OR SOBER HOUSE
These are transitional residences for adults 18 years and older in recovery. Homes usually have a small number residents, a small professional staff, clear and enforced rules about abstinence and a significant level of structure. Opportunities should exist for long term living. Additionally there should be housing for individuals using medicated assisted treatment.

SOBER DORMS
For teens and young adults entering or already in college. Availability varies. Increasing interest.

RECOVERY HIGH SCHOOLS
High schools that combine a state-approved curriculum (make sure the school meets requirements for granting diplomas) with recovery supports and services. For a list of recovery high schools as well as universities with sober dorms, visit [www.recoveryschools.org](http://www.recoveryschools.org).

ALCOHOLICS ANONYMOUS (AA) and NARCOTICS ANONYMOUS (NA)/OTHER SUPPORT
12-Step groups of men and women that come together to share their experiences, provide support and stay sober. Celebrate Recovery, Smart Recovery etc.
Visit overdoselifeline.org
Resources – Information – Education – Training
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