

Kentucky Statewide Opioid Stewardship (KY SOS)

June Newsletter

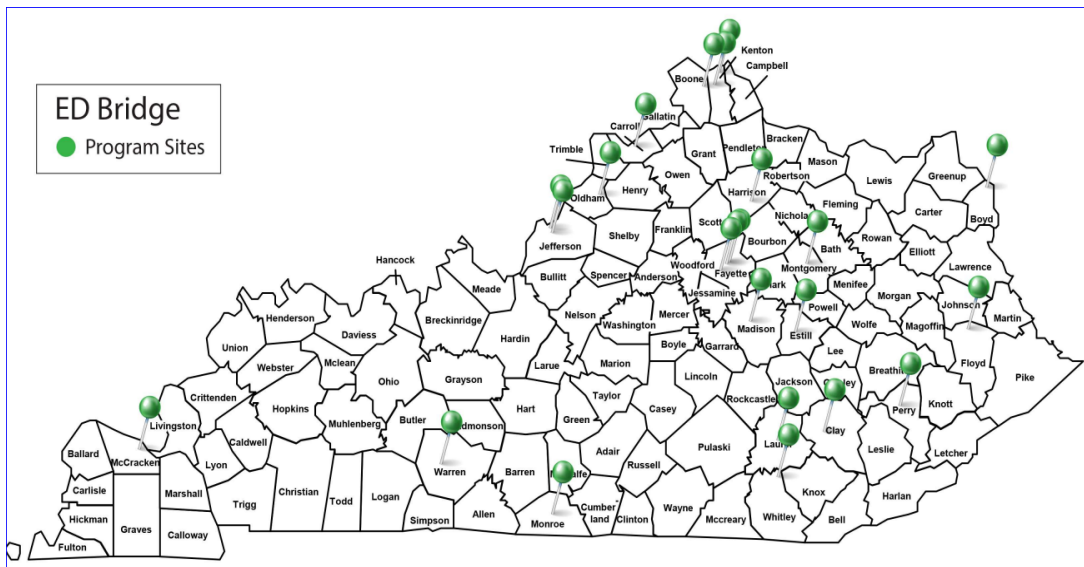
Spotlight

Peer Support Specialists Join Mercy Health – Lourdes and Med Center Health Bowling Green

William Caylor joined Mercy Health - Lourdes Hospital as a Peer Support Specialist (PSS) in the Kentucky Statewide Opioid Stewardship (KYSOS) Emergency Department (ED) Bridge Program. When asked about his new role, Caylor stated, “My goal is to be there for people the way people were there for me. It takes one person who cares to spark that desire to change. This job is my chance to give back and show people recovery is possible!”

Tabitha Hardin has joined Med Center Health Bowling Green. She will be working as a PSS in the KY SOS ED Bridge Program. Hardin shared the following message, “It is an honor and privilege to be a part of Med Center Health providing peer support. What used to be my mess is now my message. There is life after addiction, and I pray and hope that everyone finds it. I am living proof.”

KYSOS welcomes Caylor and Hardin to the ED Bridge Program!

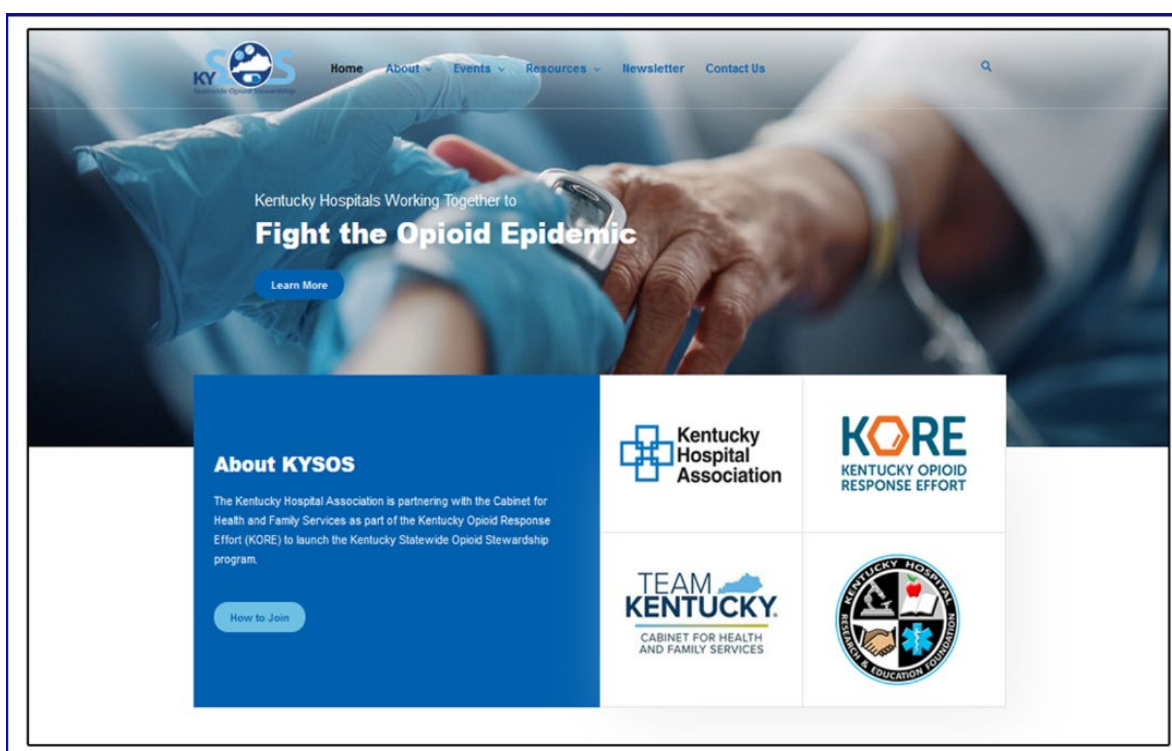


What's New

The Kentucky Hospital Association (KHA) is excited to announce the launch of the redesigned Kentucky Statewide Opioid Stewardship (KY SOS) website, <https://www.kentuckysos.com>.

Features on the new website include:

- A searchable Resource Library, with documents, websites, and recordings organized by category and date. Quickly drill down to find resources organized by Inpatient, Outpatient, ED Bridge, Employer Resources, and more!
- View maps of all Kentucky Inpatient, Outpatient, and ED Bridge Program sites
- View KYSOS webinar recordings from the past 12 months
- Inpatient and Outpatient Encyclopedia of Measures documents
- KYSOS newsletter archive



If you have a resource that you would like to see included on the new KY SOS website, please forward to Emily Henderson at ehenderson@kyha.com.

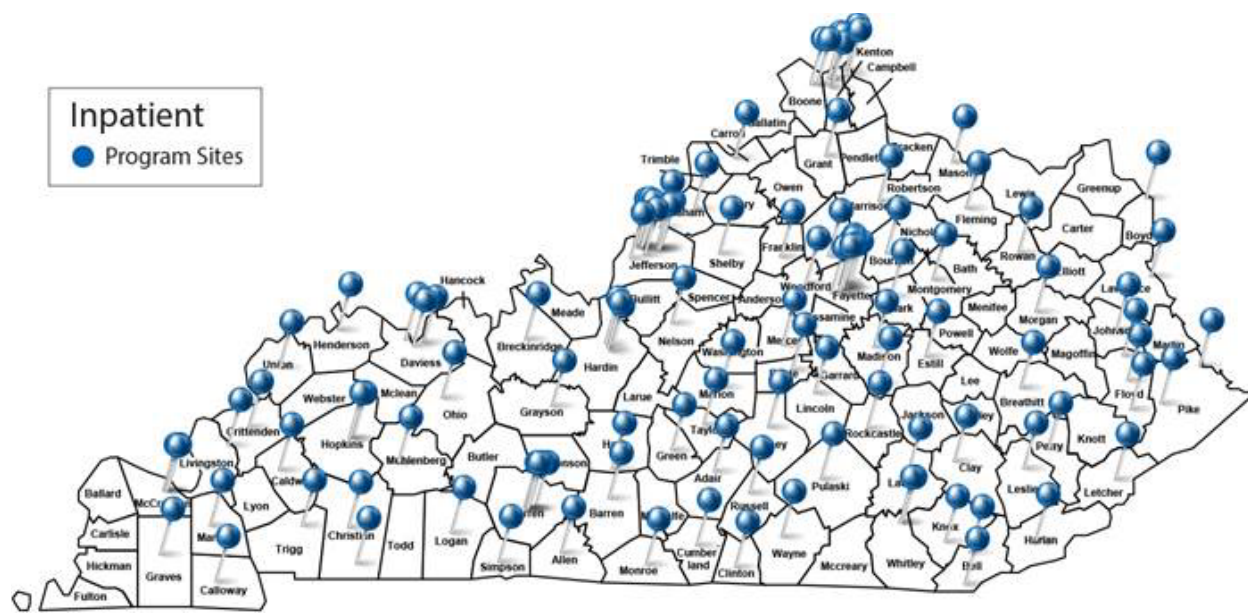
KY SOS On the Road - KYSOS Team Attends Hospital Week Event

The KY SOS team members, Mary Beth Ecken and Emily Henderson, participated in an annual appreciation to celebrate hospital week at Taylor Regional Hospital on Thursday, May 16. KY SOS joined other community partners to highlight the staff at the hospital. The

event provided the opportunity to share about the KY SOS opioid stewardship program in its entirety, the inpatient, the outpatient primary care clinic, and the emergency department bridge programs.

If you have an event you would like KY SOS to attend, please contact Emily Henderson (ehenderson@kyha.com).





Congratulations From KY SOS

The Kentucky Statewide Opioid Stewardship Program (KY SOS) is pleased to announce the successful completion of the American Society of Health-System Pharmacists (ASHP) Opioid Stewardship Certificate. KY SOS has sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. We now have **20** pharmacists that have successfully completed the certificate. Congratulations to the following pharmacists:

- **Sydney Holmes, PharmD**- UofL Health – UofL Hospital
- **Matthew Oakley, PharmD, MBA, CPHQ** - Owensboro Health Muhlenberg Community Hospital
- **Joan B. Haltom, Pharm.D., FKSH** - Ephraim McDowell Health
- **Angela Sandlin, PharmD, BCPS** - Baptist Health LaGrange
- **Hanna Earich, PharmD, BCPS** - UofL Health - Jewish Hospital
- **Marintha Short, PharmD, BCPS** - Continuing Care Hospital
- **Julie Edwards, PharmD, BCACP** - Robley Rex VA Medical Center
- **Leigh Ann Keeton, PharmD, BCPS**- King's Daughters Medical Center
- **Jacob Lyles, PharmD, RPh** - Owensboro Health Muhlenberg Community Hospital
- **Kelsee Crawford, PharmD** – Baptist Health Corbin
- **Janet Fischer, PharmD** – UofL Health – Mary & Elizabeth

- **Laura Stiles, PharmD** – Owensboro Health Muhlenberg Community Hospital
- **Emily Henderson, PharmD, LDE** – Kentucky Hospital Association
- **Shanna Jagers, PharmD** -Kentucky Hospital Association
- **Nicole Brummett, PharmD**- The Brook Hospitals KMI and DuPont
- **Dustin Peden, PharmD** – Logan Memorial Hospital
- **Lisa Patton, PharmD**- Mercy Health- Marcum & Wallace Hospital
- **Jessica Wagner, PharmD, BCPS**- Robley Rex VA Medical Center
- **Stacy Allen, PharmD**- Kentucky Hospital Association
- **Karen Sparks, RPh, MBA** - St. Elizabeth Healthcare

Kentucky Opioid Response Effort (KORE)

Our partners at KORE have shared this public alert in regard to Medetomidine, issued by The Center for Forensic Science Research and Education (CFSRE) at the Fredric Rieders Family Foundation. Medetomidine, used as a veterinary sedative has been found in illicit fentanyl in the U.S. drug supply. For complete details on this alert, follow the link:

https://www.cfsre.org/images/content/reports/public_alerts/Public_Alert_Medetomidine_052024.pdf

Upcoming Events/Webinars

- Patient Safety & Quality Healthcare (PSQH) Podcast. [PSQH: The Podcast Episode 103 – Supporting Nurses with Substance Abuse Disorders](#) Listen to The Podcast and hear from Deborah Koivula, RN, BSN, CARN the Outreach Coordinator for Statewide Peer Assistance for Nurses in New York. Learn how employers can support nurses and create a culture of openness, compassion, and awareness around SUD.
- **Reducing Stigma Education Tools (ReSET)**- free CE from OpenEdX partnership with Dell Med School: <https://vbhc.dellmed.utexas.edu/courses/course-v1:ut+cn01+2020-21/about>
- **NIDA Words Matter** CME/CE: <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- Boston Medical Center's (BMC) drop-in series **Substance Use Disorder Care Continuum ECHO®** (SUD Care Continuum ECHO®) offers training and support in addiction treatment, with a focus on supporting front line addiction treatment workforce. This includes health providers in Acute Treatment Services (ATS), Crisis Stabilization Services (CSS), Transitional Support Services (TSS), Opioid Treatment

Programs (OTP), long-term residential program, sober and recovery homes, primary care, and psychiatry. This free, case-based tele-mentoring program is designed to increase the capacity of health care providers to implement high-quality and evidence-based addiction treatment. **June 5, 2024, 12:00 pm–1:15 pm ET** via Zoom.

To register: [Login | Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)

- **KY-OPEN Overdose Prevention Education Network**

Visit the website and view teleconferences to hear from clinical experts and community participants about OUD while earning free continuing education credits. Visit the website to learn more: <https://kyopen.uky.edu/>

- **MAT Training:**

Educational offerings to meet the new DEA educational requirement on SUD/ODU CME Courses: AMA Ed Hub link: <https://edhub.ama-assn.org/course/302>

Providers Clinical Support System (PCSS) link: <https://pcssnow.org/education-training/sud-core-curriculum/>

American Society of Addiction Medicine (ASAM) link: [ASAM eLearning: The ASAM Treatment of Opioid Use Disorder Course](#)

- **Boston Medical Center's (BMC) Zeroing in on Xylazine.** This training will provide knowledge regarding xylazine, a CNS depressant, which has been linked to an increasing number of overdose deaths in the US. This training will discuss the physiologic effects of xylazine, manifestations of xylazine intoxication, overdose, communicable infections associated with xylazine use, and wound care for persons injecting xylazine. **June 10, 2024, 12:00 pm–1:00 pm ET** via Zoom. To register: [Login | Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](#)
- **Striking a Balance: Understanding Pain and Opioids-** This FREE 2.5-hour, online course is designed to meet the FDA's Opioid Analgesic REMS and will cover the latest science and best practices surrounding the prescription of opioids for pain. To register, follow this link to ASAM eLearning: [ASAM eLearning: Striking a Balance: Understanding Pain and Opioids 2024](#)

The Kentucky Dept. for Behavioral Health, Developmental and Intellectual Disabilities' Division of Mental Health is proud to sponsor these free AMSR trainings.

The Assessing and Managing Suicide Risk training aims to provide participants with the background knowledge and practical skills that they need to address suicidal risk and behaviors in clients in their care. Participants will have the opportunity to increase their knowledge and apply practical skills in the five areas of AMSR competency. AMSR trainings settings are appropriate for **clinical professionals who conduct suicide risk assessments with patients, including counselors, social workers, therapists, psychologists, psychiatrists, and registered nurses**. For more information, please check out the AMSR SUD website:

<https://solutions.edc.org/solutions/zero-suicide-institute/amr/curricula/amr-sud>

We have **35 free spots** per training so please register quickly as they will go fast. Please register for only one class using the registration link below. Participation includes an AMSR participant manual as well as CEUs. These are **virtual trainings** and participants are asked -to be on camera and engaged throughout the day.

If you have questions please feel free to reach out to Beck Whipple, beck.whipple@ky.gov or Maranda Perkins, MarandaK.Perkins@ky.gov



Assessing and Managing Suicide Risk —Training for Clinicians & Healthcare Professionals

ZEROSuicide
INSTITUTE



AMSR is for Health and Behavioral Health Professionals working in Out-patient and Substance Use Disorder spaces. The curriculum helps develop skills in the recognition, assessment, and management of suicide risk and the delivery of effective suicide-specific interventions.

Dates:

May 17, 2024	May 23, 2024	June 4/5, 2024 (8:00 AM to 11:30 AM)	June 14, 2024	July 12, 2024	July 25, 2024	August 22, 2024
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Time:

9:00 AM — 5:00 PM

Free, Virtual 7 Hour Training



[Register Here](#)

CEUs Approved LCSW, LPCC, LMFT, PYS, LCADC, & Nursing



In the News

- The Centers for Disease Control and Prevention (CDC) released estimates showing a nearly 8% reduction in overdose deaths in Kentucky for 2023. This early data may change once the Office of Drug Control Policy releases the official numbers in the coming weeks. For the article published **May 20, 2024** in Kentucky Health News: [Early data show 7.9% fall in overdose deaths in Ky. in 2023 was much more than national drop, but number of ODs remained high – Kentucky Health News \(uky.edu\)](#)
- A recent news release from the National Institutes of Health (NIH) revealed an exponential growth in seizure of illicit fentanyl in tablet form from 2017 to 2023 in the United States. These counterfeit tablets often match the markings of pharmaceutically manufactured tablets thus the dangers of unintentional ingestion. For the complete news release: [Over 115 million pills containing illicit fentanyl seized by law enforcement in 2023 | National Institutes of Health \(NIH\)](#)
- In a news release **May 15, 2024**, Walgreens announced the FDA approved over the counter Walgreens brand of naloxone will now be available in all Walgreens stores, in the pain relief aisle and online. This newly FDA approved product will help increase access to the life-saving medication at a price of \$34.99, lower than the branded medication. For the complete news release: [Walgreens Brand Naloxone Available Online and In Stores This Month | Walgreens Boots Alliance](#)
- A barrier to using XR Naltrexone has been the need to withdraw from opioid treatment prior to starting Naltrexone therapy. The results of a Naltrexone study were published in JAMA Network Open. This study looked at the effectiveness of the standard procedure vs a rapid procedure for initiating XR Naltrexone in OUD. To read the findings of this study, follow this link: [Rapid Initiation of Injection Naltrexone for Opioid Use Disorder: A Stepped-Wedge Cluster Randomized Clinical Trial | Clinical Pharmacy and Pharmacology | JAMA Network Open | JAMA Network](#)
- Another route for use of fentanyl growing in popularity is via inhalation. A study was conducted in San Francisco among those that used fentanyl via this route. The risk of overdose has been linked to inhalation due to residual residue on the smoking device. For the complete article in ReachMD: [The Smoking of Fentanyl Is Rising in San Francisco: A Deadly New Risk for Overdose - Be part of the knowledge - ReachMD](#)



April 27, 2024- National Prescription Drug Take Back Day
Keep them safe. Clean them out. Take them back.

Results from the National Take Back Day **April 27, 2024**:

- Total Law Enforcement Participation: **4,607 Nationally; KY: 69**
- Total Collection Sites: **4,869 Nationally; KY: 43**
- Total Weight Collected: **754,066 lbs. (377 tons) Nationally; KY: 12,547 lbs.**
- Total Weight All Time: **18,647,417 lbs. (9,327 tons) Nationally; KY: 259,014 lbs.**

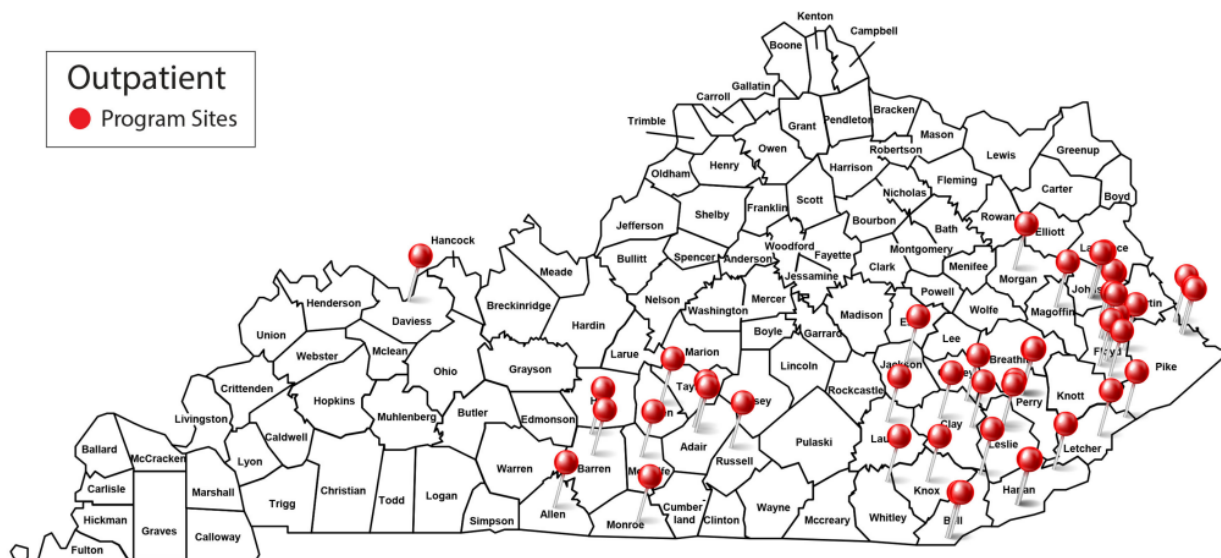
For complete details from DEA National RX Take Back Day, visit:

<https://www.dea.gov/sites/default/files/2024-05/NTBI%2026%20Finals-April2024.pdf>

Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact **Emily Henderson** (ehenderson@kyha.com), **Stacy Allen** (sallen@kyha.com), **Marilyn Connors** (mconnors@kyha.com), **Shanna Jagers** (sjagers@kyha.com), **Mary Beth Ecken** (mecken@kyha.com) or **Melanie Landrum** (mlandrum@kyha.com).

KY Quality Counts – for all your quality data reporting: <https://www.khaqualitydata.org>



Primary Care Clinic Outpatient Program

KY SOS now has 3 branches: Inpatient, Outpatient and ED Bridge program. The Cabinet for Health and Family Services approached KHA to expand its bandwidth and provide education and guidance in opioid stewardship to hospital owned primary care clinics. The suggested program, called Six Building Blocks (6BB), was created by a physician-led multidisciplinary team from the University of Washington Department of Family Medicine and the Kaiser Permanente Washington Health Research Institute. The 6BB Program is a team-based approach to improving opioid management in primary care. In its entirety, the 6BB Program is a 9-to-12-month commitment for primary care clinics. This program is a “clinic redesign” with goals to improve safety and consistency in accordance with evidence-based clinical practice guidelines when treating chronic pain patients on long-term opioid therapy. Information about the 6BB Program can be found on the website: <https://familymedicine.uw.edu/improvingopioidcare/>.

The Six Building Blocks are as follows:

1. Leadership and Consensus-Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing. Solicit and respond to feedback.
2. Policies, Patient Agreements and Workflows-Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of patients with chronic pain.
3. Tracking and Monitoring Patient Care-Implement proactive population management before, during, and between clinic visits of all patients on long-term opioid therapy. Develop tracking systems, track patient care.
4. Planned, Patient-Centered Visits-Prepare and plan for the clinic visits of all patients on long-term opioid therapy. Support patient-centered, empathetic communication for care of patients on long-term opioid therapy. Develop, train staff, and implement workflows and tools; develop patient outreach and education.
5. Caring for Patients with Complex Needs-Develop policies and resources to ensure that patients who develop opioid use disorder (OUD) and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral. Implement assessment tools; identify and connect to resources for complex patients.
6. Measuring Success-Identify milestones and monitor progress. Measure success and continue improving with experience.

Appalachian Regional Healthcare (ARH) was the first health system in Kentucky to implement this important program. As the pilot health system, the 6BB program has been implemented into all ARH clinics. Thank you to ARH for piloting this 6BB program! The goal for this 6BB Program is to be implemented across the state. Clinics are currently being recruited to implement outpatient work. In addition to ARH, TJ Regional Health has implemented the 6BB program into their primary care clinics, and AdventHealth Manchester is currently implementing the program.

KY SOS is pleased to announce that Owensboro Health Medical Group has joined the Outpatient Primary Care program, for hospital-owned primary care clinics. Thank you to ARH, TJ Regional Health, AdventHealth Manchester, and Owensboro Health Medical Group for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics.

Ongoing recruitment and education for this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safer opioid use in outpatient primary care clinics in Kentucky continues to be the KY SOS mainstay and goal. If your facility has interest in learning more about the 6BB program and implementing, contact Emily Henderson (ehenderson@kyha.com), Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information about the KY SOS 6BB program implementation.

BE THE FRONT DOOR FOR OPIOID HARM REDUCTION

Marilyn Connors, D.O.

Opioid addiction affects individuals from all socioeconomic and educational backgrounds. The 2022 National Survey on Drug Use and Health (NSDUH) reported that 169 million people aged 12 or older, used tobacco products, vaped nicotine, used alcohol or an illicit drug in the past month (defined as current use). Of these, 48.7 million had a substance use disorder (SUD) related to alcohol or illicit drugs. In the same year, the report stated that 9 million people had substance use disorder (SUD) related to opioid use. Marijuana is the most commonly used illicit drug (62 million people) per the 2022 NSDUH report. The highest percentage of people with SUD was among young adults ages 18-25 (28%), followed by adults 26 or older (17%). Adolescents aged 12-17 represented 2.2 million people or 8.7%. The current population of the U.S. is approximately 341 million people. Emergency department visits due to opioid complications and overdoses tripled from 1999-2013, while opioid deaths had increased every year since 2016. In 2017, opioid overdose was declared a national emergency in the USA. Many factors affect the development of addiction, including life experiences, genetics, and environment. Environmental exposures and lifestyles can remodel the structure of DNA. For example, taking an illicit drug such as heroin or cocaine will alter DNA and increase the brain's production of proteins associated with addiction. Long term medication for SUD successfully reduces substance use, relapse, overdose mortality and morbidity, associated criminal behavior and transmission of infectious diseases such as hepatitis, HIV, and sexually transmitted diseases. Staggering increases in the rates of syphilis, chlamydia and gonorrhea parallel the increase in substance use.

The importance of harm reduction measures cannot be overstated. Substance use disorder is a medical disease. Harm reduction strategies can be implemented anywhere along the continuum of care. Individuals with SUD need an individualized and multifaceted approach to their recovery process which includes:

- Medical care: medication that treats SUD, case management, crisis care
- Psychological care: clinical assessment, therapy (individual, group, family)
- Social interventions: legal and vocational services, transportation, housing, social support networks such as AA, NA, and connection to a Peer Support Specialist

- Sterile Syringe Programs, Naloxone distribution and Fentanyl test strips

The American Society for Addiction Medicine (ASAM) has 3 categories regarding levels of SUD care. Residential or inpatient, intensive outpatient or outpatient and aftercare for stable or low acuity patients. The evidence of treating SUD with an opioid agonist is very strong. The Surgeon General's report in 2016 reinforced the efficacy of medications used to treat opioid use disorder (MOUD). Buprenorphine containing medications and methadone reduce deaths from overdose. Unfortunately, only 3 out of 10 patients received medication for opioid use disorder (MOUD) within 12 months of an overdose in 2018. Unfortunately, stigma continues to be a major obstacle to clinical integration of MOUD. Therefore, it is vital to continue efforts to reduce stigma and apply the use of appropriate terminology regarding addiction.

Opioid use disorder is characterized by altered impulse control, inability to cut down or control substance use, spending too much time obtaining/using or recovering, cravings and compulsion to use, reduced social and work activities, tolerance to drug and withdrawal. Tolerance means needing a significantly increased amount of the substance to achieve intoxication or a significantly diminished effect with continued use of the same amount. Treatment with medication, cognitive behavioral therapy and support from the healthcare team, Peer Support Specialist and social support networks is very successful. MOUD is not equivalent to substituting one drug for another. There is no specific parameter on how long to continue MOUD treatment and long-term therapy is often needed.

Primary care clinics, hospitals and emergency departments play a crucial role in the continuum of patient care for SUD/OD and harm reduction. Outpatient primary care clinics are working towards improved opioid stewardship and increasing the availability of MOUD throughout the state. Kentucky needs more primary care physicians and providers to treat SUD, increase access and capacity for long term treatment of SUD by being the front door to recovery.

If you would like more information on **the KY SOS outpatient primary care opioid management/stewardship improvement program**, please contact:

Shanna Jagers, PharmD (sjagers@kyha.com) or Marilyn Connors, D.O. (mconnors@kyha.com)

With the addition of an ED Bridge Program, these hospitals will help patients find treatment and recovery, thus saving lives in Kentucky communities. This is important work, and we are thankful for these hospitals pledging their support to help fight the state's opioid epidemic. Please contact Emily Henderson (ehenderson@kyha.com), Mary Beth Ecken (mecken@kyha.com) or Melanie Landrum (mlandrum@kyha.com) if you have questions about the ED Bridge program. KY SOS is looking forward to working together to grow the ED Bridge Program across Kentucky.

Substance Use Disorder (SUD): Addressing Misconceptions

Ashel Kruetzkamp, MSN, RN and Katherine Schadler, BSN, RN, CMSRN, PCCN

The Kentucky Statewide Opioid Stewardship (KY SOS) Emergency Department (ED) Bridge team, along with Ashel Kruetzkamp and Katherine Schadler, from St. Elizabeth Healthcare presented a webinar that addressed misconceptions around substance use disorder (SUD) on **May 14, 2024**.

The webinar was centered on a course created by Kruetzkamp and Schadler titled, Opioids 101, that helps address the educational gaps around SUD. It is a requirement for all nurses at St. Elizabeth to attend. Opioids 101 helps nurses better understand SUD, addiction, the opioid epidemic, and treatment options. It shares valuable resources and tools to improve patient care.

St. Elizabeth's vision is to help the communities of Northern Kentucky and the tristate area to become the healthiest in the nation through providing competent and compassionate care that improves the health of the people they serve.

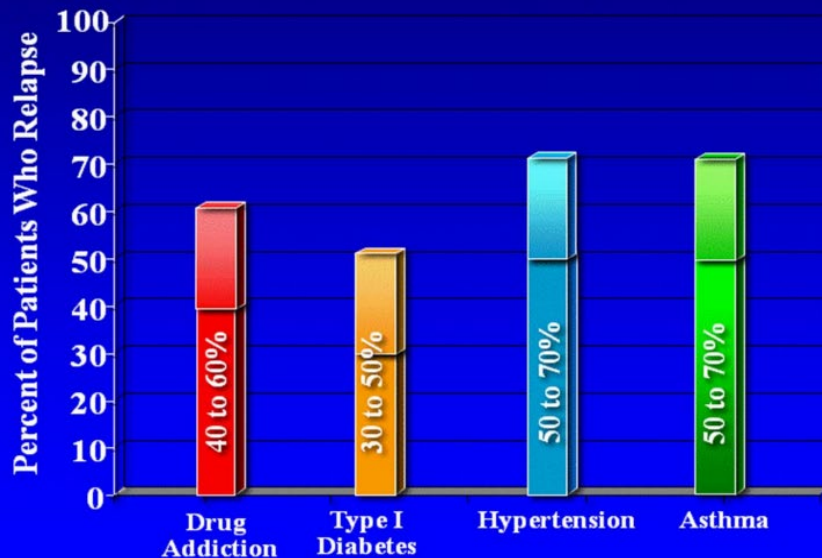
Their president and CEO, Garren Colvin stated, "OUD/SUD treatment is consistent with our mission and an opportunity to help those who are suffering-sometimes the most vulnerable." Recognizing that treatment of people with OUD/SUD is consistent with their mission, specialized nursing education was created by their staff.

KY SOS is grateful to Ashel and Kate for sharing this wonderful course and idea with others as we continue to work together to fight the opioid crisis. Below are excerpts from the webinar that have been shared by St. Elizabeth's nursing staff.

Addiction and the Brain

- **Addiction is a CHRONIC disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.**
- **Addiction changes the brain circuits, making it very hard to quit.**
- **It is common for a person to relapse, but relapse doesn't mean treatment doesn't work.**
 - **As with other CHRONIC health conditions, treatment should be ongoing and should be adjusted based on patient response.**
 - **Relapse rates are similar for drug addiction and other chronic illnesses.**

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



McLellan et al., JAMA, 2000.

NIDA

Behavioral Signs of Substance Use

1. Avoiding Eye Contact
2. Increase in slurred, garbled, or incoherent speech.
3. Loss of motivation and apathy
4. Withdrawal from family and friends
5. Hostile behavior towards loved ones.

Signs of Opioid Overdose

- Breathing is slow and may also be shallow.
- Pupils may become very small. This is sometimes called, "pinpoint pupils."
- The tongue may be discolored.
- Mouth is very dry.
- Muscle spasms in various parts of the body
- Lips and fingernails may be tinged blue.

Naloxone is an opioid antagonist and only works on overdoses caused by an opioid. Naloxone will not reverse an overdose resulting from non-opioid drugs (e.g. cocaine, alcohol, or benzodiazepines).

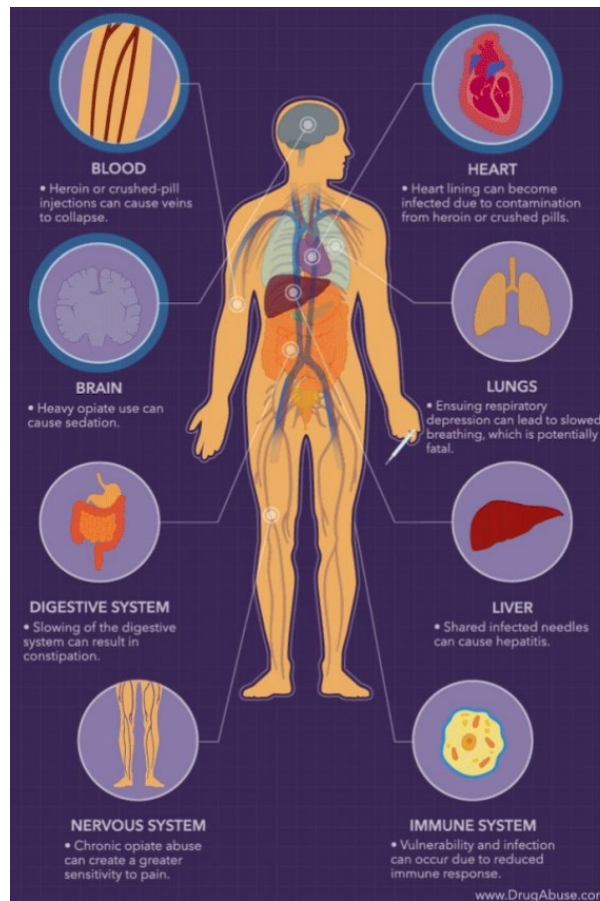
Strategies for Dealing with Difficult Patients

1. Extend the patient's social and health care support networks.
2. Set limits.
3. These patients often respond best to warm involvement from providers. Compassion and empathy can be very helpful.
4. Recognize the patient's strength.
5. Respect them as you would any other patient.
6. Screen for depression or anxiety.
7. When unsure what to do, listen!

Assessing patients with SUD

Consider the following screening tools when treating patients with SUD.

- OWA (Opiate Withdrawal Assessment)
- CIWA (Clinical Institute Withdrawal Assessment)
- SBIRT (Screening, Brief Intervention, and Referral to Treatment)
- AUDIT (Alcohol Use Disorder Identification Test)
- DAST (Drug Abuse Screening Tool)



Treatment Options

1. Medication for Addiction Treatment (MAT)
 - a. Methadone or Buprenorphine (opioid substitution therapy options) with Therapeutic Techniques (e.g. cognitive behavioral therapy)
2. Vivitrol (naltrexone) Treatment
 - a. Naltrexone (an opioid antagonist) decreases the desire to use opioids. It is used after opioid detoxification to prevent relapse.
3. Therapeutic Techniques without Medication
 - a. Cognitive Behavioral Therapy and Motivational Enhancement Therapy can be used. Residential treatment along with intensive outpatient therapy are options as well.

Points to Remember:

- ✓ *Drug Addiction is a chronic disease.*
- ✓ *Addiction changes the brain circuits.*

- ✓ *Relapse indicates the need for more or different treatment.*
- ✓ *MAT can help improve the overall function of patients and assist them in living a productive life.*
- ✓ *No single factor can predict where a person will become addicted to drugs.*
- ✓ *Drug Addiction is treatable and can be successfully managed.*

SOURCES:

* All information above was obtained from webinar and presenter notes provided by Ashel Kruetzkamp and Kate Schadler. The webinar was presented to the KY SOS ED Bridge Programs on May 14, 2024. Images used above are also from the webinar presentation and have been notated from Drugabuse.com and NIDA-JAMA-McLellan et al. 2000. *

The link to view the webinar can be found below:

Substance Use Disorder Nursing Education: Addressing Misconceptions

Presented by: Ashel Kruetzkamp and Kate Schadler, St. Elizabeth Healthcare

<http://www.kentuckysos.com/Events-Education/Presentations-Recordings>

DBHDID-TRIS

A new resource is now available from the Department for Behavioral Health, Developmental and Intellectual Disabilities- Training Records Information System (DBHDID-TRIS). This resource assists peer support specialists and targeted case managers with training, certification, and recertification. A compliance search page is also available through this resource to allow for checking of the certification status of peer support specialists. For the web-based resource, please visit: <https://tris.dbhdid.ky.gov/>.

KY SOS Community Highlights

Be sure to send your area events/activities/program information you wish to share, and the KY SOS program will be happy to spread the word across the state. The following opportunities have been shared with KY SOS.

Employment Opportunity with Owensboro Health Twin Lakes (Leitchfield KY), link below.

Clinical Pharmacist in Leitchfield, KY - Owensboro Career Site:

<https://owensboro-health-careers.hctsportals.com/jobs/1839735-clinical-pharmacist>



at the
Lexington
Clarion
Hotel

**SAVE
THE
DATE**

THE INAUGURAL VOICES OF HOPE PEER CONFERENCE

**OCTOBER
2 & 3,
2024**



**TRANSFORM
YOUR TOOLBOX**
FOR PEER SUPPORT
SPECIALISTS, PEER
NAVIGATORS, AND
RECOVERY COACHES

FREE!
Registration
opens
August 15

Earn up to 10 CE hours for APSS
Training topics include:
Motivational Interviewing
Compassion Fatigue and Grief
All Pathways of Recovery
and MORE!

Did You Know...?

KY SOS Advisory Committee members will come to your facility or schedule a zoom meeting for technical assistance. This opportunity allows your staff to get specific education on opioid best practices. If you have specific questions, reach out to KHA/KY SOS staff and you will be connected with the appropriate KY SOS Advisory Committee member.

Resources

Mental Wellness Resource Guide

The Department for Behavioral Health, Developmental and Intellectual Disabilities has created a resource guide to promote mental wellness. This resource is rich in information to increase knowledge concerning mental health and skill building to improve mental wellness. Since June is Men's Health Month, this resource is packed full of helpful information for men. Please follow the provided link to access mental health resources applicable to everyone:

<https://kyprevention.getbynder.com/m/5d195b9ea830ab6/original/Men-s-Health-Month-2024.pdf>

You can access additional Mental Health Promotion and Suicide Prevention resources at:

<https://bit.ly/44bNJOu>

Kentucky Access to Recovery (KATR)

Kentucky Access to Recovery (KATR) launched an updated webpage earlier this month at:

<https://fahe.org/kentucky-access-to-recovery/>.

KATR (Kentucky Access to Recovery) is a KORE funded program offering recovery support services for people with OUD and/or StimUD. Applicants must be referred by an agency or case worker working with the client, who meets criteria:

- A resident of one of these counties: Jefferson, Oldham, Shelby, Spencer, Bullitt, Henry, Campbell, Letcher, Pike, Knott, Perry, Harlan, Wolfe, Lee, Owsley, Floyd, Boone, Kenton, Grant, Gallatin, Henry, Floyd, Pendleton, Carroll, Madison, Estill, Clark, Powell, Bourbon, Scott, Harrison, Robertson, Nicholas, Montgomery, Bath, and Menifee
- A first-time participant in the KATR program;
- In treatment (or completed treatment within the past one (1) year) for Opioid Use Disorder, Stimulant Use Disorder, or history of overdose from Opioid use;
- Low income (i.e., **200% below the Federal Poverty Level**); and
- In need of recovery support that will enhance their likelihood of staying in recovery. A need for KATR support services alone is not sufficient. KATR services **MUST** be tied to the individual's recovery plan which the client is working on with a recovery case manager at a referring agency. The support services must be necessary to keep the client on his/her recovery journey.

- Priority will be given to individuals who meet the above criteria and are: 1) justice-involved, 2) a veteran, or 3) pregnant individuals with child(ren) under 18 living in the home.
- Priority services are housing, transportation, and employment.

Never Use Alone

A lifesaving resource is available to people who use drugs while alone. If you have patients or know individuals that use drugs while alone, please encourage them to call **800-484-3731** or visit the website: <https://neverusealone.com/main/>. This nationwide overdose prevention, detection, crisis response and reversal lifeline provide a NO Judgement, NO Stigma, Just Love approach by an all-volunteer peer-run call center. Operators are available 24 hours a day, 7 days a week, 365 days a year.

The Kentucky Naloxone Copay Program

The Kentucky Naloxone Copay Program, funded by Substance Abuse and Mental Health Services Administration (SAMHSA), increases access to naloxone for all individuals in communities across KY. The copay program works by reducing the out-of-pocket expense for naloxone products. OTC Narcan is now included in the program. For complete details on the Kentucky Naloxone Copay Program, please

visit: <https://www.kphanet.org/copay#:~:text=For%20Naloxone%20Prescriptions%3F-,How%20Much%20Does%20The%20Kentucky%20Naloxone%20Copay%20Program%20Pay%20For,their%20third%20party%20prescription%20coverage>

*KY Department for Public Health Harm Reduction Program shared:
Find Naloxone Now Kentucky*



The Kentucky Department for Public Health Harm Reduction Program is excited to announce the launch of [Find Naloxone Now KY](#), a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. These include Community-Based Organizations, Local Health Departments, Recovery Community Centers, and Regional Prevention Centers. An additional layer allows website users to view the more than 1,000 community pharmacies where naloxone is available for purchase, by using Medicaid benefits or the naloxone

insurance co-pay program. The new website also helps connect agencies to grant funded sources of naloxone. Now, agencies wishing to distribute naloxone in their communities can simply click the “Ordering for an Agency?” button, answer a few questions, and fill out the relevant request form.

We have also published the attached suite (zip file) of materials that match the website content and are approved for distribution:

- Brochures:
 - Fentanyl and Xylazine Test Strips
 - Opioid Overdose Recognition and Response
 - Generic IM Naloxone
 - Generic Nasal Spray
 - ZIMHI
- Postcard and Business Card:
 - Naloxone Administration and Rescue Breathing
- One-Pagers:
 - Opioid Overdose Risk Reduction for people who:
 - Use prescription opioids
 - May respond to an opioid overdose
 - Use unregulated (illicit) opioids
 - Use any unregulated (illicit) drugs
 - Opioid Overdose Recognition and Response

For further reference, please see the following:

- [Official press release](#)
- [Video clip](#) from Governor Beshear’s announcement during the 3/14 Team Kentucky Update
- Published [video](#) by the Cabinet for Health and Family Services

If you have any questions regarding [Find Naloxone Now KY](#), using the materials, or expanding your Overdose Education and Naloxone Distribution program please reach out directly to Chris Smith, Overdose Prevention Program Manager, at chriss@ky.gov.

KY Department for Public Health Harm Reduction Program shared the following one-pagers and brochures:

Find Naloxone Now Kentucky

OPIOID OVERDOSE RECOGNITION

What are Opioids?

Opioids are drugs that alter the body's perception of pain. They remain among our most important and effective tools for treating many different types of pain. Examples of opioids include:

hydrocodone (Lortab, Norco)	morphine (MS Contin)
oxycodone (Oxycontin, Percocet)	diacetylmorphine (heroin)
hydromorphone (Dilaudid)	fentanyl (Duragesic, Sublimaze, Actiq)

What is an Overdose?

Opioids work in the same part of the brain that controls breathing. Overloading the brain with opioids can slow down or shut down breathing and lead to death. This is an opioid overdose. It's important to give naloxone quickly when you suspect an overdose. If an overdose is not reversed, it is likely that this person will eventually stop breathing and die.

A person who has overdosed will be unable to wake up or talk to you. Never let them sleep it off!

- They may be breathing slowly - less than once every 5 seconds.
- They may be breathing shallowly - their chest or belly may move only a little with each breath.
- They may be making snoring, gurgling, or rattling sounds.
- Their skin may be pale, cool, and clammy.
- Their lips or fingernails may be gray or blue.
- They may not be breathing at all.

If you think someone may have overdosed, make every effort to wake them up. You can shout at them or try to shake them awake. If they do not wake up, you should give them naloxone.

Even if you do not think they can hear you, explain loudly and clearly that you are going to give them naloxone.

If someone else is there with you, they can call 911.

What is Naloxone?

Naloxone is a medication that temporarily reverses opioid overdose. It works by blocking the effects of opioids in the brain. It is available in both nasal spray and injectable forms.

Naloxone is a *very* safe medication. If you give naloxone to someone who has not taken opioids, it cannot hurt them - it will not have any effect at all. Even though naloxone only reverses opioids, it's safe to use even if you are not sure what someone has taken, or you don't know why you can't wake them up.

Reducing Risk

Unregulated fentanyl is the cause of most opioid overdoses. It may be:

- sold as or mixed with heroin,
- mixed into cocaine or methamphetamine,
- or pressed into counterfeit pills.

When using opioids:

- Start with the lowest dose.
- Be aware that using multiple drugs increases risk and tolerance is lower after taking a break from using opioids.
- Have naloxone nearby. Try to make sure someone is there to administer it.
- Call Never Use Alone at 800-484-3731.

Good Samaritan Law

KRS 218A provides some immunity for drug possession and paraphernalia charges when seeking medical assistance for overdoses.

These protections do not apply to outstanding warrants, probation or parole violations, or other non-drug related crimes.

To activate these protections, the caller must tell the 911 dispatcher that they believe they are responding to an overdose.



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OPIOID OVERDOSE RESPONSE

ADMINISTERING NALOXONE

Nasal Spray

Position the person on their back, if possible.

PEEL

Peel back the foil and remove naloxone spray from the packaging.



PLACE

Hold the naloxone spray with two fingers on either side of the nozzle. Gently insert the nozzle into one nostril.

PRESS

Press the plunger all the way in until it clicks. This releases the entire dose.



Intramuscular (IM) Injection



Remove the cap from the glass vial.



Place the needle into the vial.



Draw all of the naloxone into the syringe.



Insert the needle all the way into an upper arm or thigh muscle

Inject the full dose of naloxone.



Naloxone takes 2-3 minutes to work!

Wait at least 2 minutes for a response before giving more naloxone! If you are alone with the person who's overdosed, **now** you can call 911. To prevent choking, roll them on their side with their knee and elbow in front.

A person who has overdosed may wake up after naloxone administration **or** they may remain unconscious if non-opioid drugs are present. **If someone who received naloxone is breathing slowly, shallowly or not at all,**

RESCUE BREATHING IS ESSENTIAL!

Place them on their back. Make sure nothing is in their mouth. Place a barrier mask if you have one.



Tilt their head back, lift their chin and pinch their nose closed. This opens the airway.



Give one breath slowly, watching to see their chest rise. Continue giving one breath every five seconds.

Give rescue breaths for at least 2 minutes, then give another dose of naloxone if you continue to see signs of overdose. If they start to gurgle or breathe on their own, stop and roll them onto their side.



Aftercare

"I think you overdosed, so I gave you naloxone. I'm here to help and I'll stay here to make sure you're ok."

If this is someone who uses opioids regularly, they may be in severe opioid withdrawal. They may want to use again. Assure them that they will feel better when the naloxone wears off. If they refuse medical care, try to have someone they trust stay with them for the next several hours or overnight. Try to make sure they have more naloxone.



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Using any drug can be risky. This is true of drugs that are sold over the counter, like aspirin, prescription medications like antibiotics, or unregulated drugs like heroin or methamphetamine.

People who drive cars can reduce their risk of injury by wearing seatbelts. People who spend time outdoors reduce their risk of injury by wearing sunscreen. People who use aspirin or antibiotics can reduce the risk of side effects by taking these medications with food.

The risk reduction strategies here are similar and shared with the goal of keeping people safe and reducing the risk of overdose death for all Kentuckians.

OPIOID OVERDOSE RISK REDUCTION

for people who:

USE PRESCRIPTION OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- Take opioid medications only as directed.
 - Take the amount prescribed at the times prescribed.
 - If you are taking opioid medication in any other way, see "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- Take only your medication.
 - Any opioid medication not obtained from a pharmacy may be counterfeit and could contain fentanyl or other unregulated substances. See "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- See your healthcare providers regularly.
 - Make sure that each provider you visit has a current copy of your full medication list.
- Using opioids with any of the following can increase the risk of overdose:
 - alcohol
 - benzodiazepines (Xanax, Valium, Klonopin)
 - any other opioids
 - cocaine
 - sleeping pills
 - methamphetamine (Neurontin)
- Monitor closely conditions that increase risk for overdose, such as decreased liver or kidney function.
- Dispose of any unused opioid medications properly.

MAY RESPOND TO AN OPIOID OVERDOSE

- Carry naloxone, the drug used to reverse opioid overdose.
 - Rapid administration is key to reversing an overdose.
 - If someone who received naloxone is breathing slowly, shallowly, or not at all rescue breathing is essential.
- **Fentanyl can be deadly to people who use drugs.**
 - Although fentanyl is extremely potent opioid, it must be directly ingested to cause an overdose.
 - overdose occurs when people swallow, smoke, snort or inject fentanyl.
- **Fentanyl is extremely unlikely to harm people who do not use drugs.**
 - Powdered fentanyl does not remain suspended in the air and does not easily absorb through the skin.
 - The American College of Medical Toxicology (AMCT) and American Academy of Clinical Toxicology (AACT) state that "the risk of clinically significant exposure to emergency responders is extremely low."
 - Regular nitrile gloves, eye protection, and a disposable N95 mask are sufficient protection when responding to an overdose.
 - A CPR barrier mask is sufficient protection when providing rescue breathing.



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Kentucky Public Health

Prevent. Promote. Protect.

Harm Reduction

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OPIOID OVERDOSE RISK REDUCTION

for people who:

USE UNREGULATED (ILLICIT) OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- Never use unregulated opioids alone.
 - If you are using opioids, try to have someone there with you
 - who is not using the same thing at the same time,
 - who has naloxone, knows how to use it, and can administer it if needed.
- If no one is available, call the Never Use Alone number for support: 1-800-696-1996.
- Keep in mind that unregulated drugs can vary in potency.
 - Counterfeit pills and products sold as heroin often contain fentanyl in inconsistent quantities. It can be very difficult to know what you are getting and how strong it is.
 - Use fentanyl test strips.
- Start with the lowest dose. Go slowly.
- Try to wait between using different types of drugs.
- If using again after taking a break, use smaller amounts with extra caution.
 - If you have recently gone through opioid withdrawal, your tolerance for opioids is decreased. You can overdose very easily.
 - If you have recently been in treatment, recovery or have been recently incarcerated, you are especially at risk.



USE ANY UNREGULATED (ILLICIT) DRUGS

- Carry naloxone, the drug used to reverse opioid overdose.
 - Tell someone where it is and how to use it.
- If you are using unregulated drugs, you may be using fentanyl.
 - Fentanyl may be added to counterfeit pills that look like Xanax, Percocet, or generic oxycodone with the Stamp M-30.
 - Fentanyl is sometime found in other unregulated drugs such as cocaine or methamphetamine.
 - Overdose can occur by any route: swallowing, smoking, snorting, or injecting.
 - Use fentanyl test strips.
- Your risk for overdose is extremely high if you use opioids accidentally.
 - If you do not use opioids regularly, even small amounts can cause an overdose.
 - If you become unresponsive, it may not be obvious that an opioid overdose is occurring. This could delay the administration of naloxone.



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Additional Resources on the KY SOS Website

- Find Help Now KY is a website used to assist individuals in the community find an addiction treatment facility. For more information, visit the website at www.findhelpnowky.org
- Find Recovery Housing Now KY is a real-time SUD recovery network to help individuals in recovery locate housing. This website links individuals in recovery to safe, quality, and available housing in Kentucky. For more information, visit the website at: <https://www.findrecoveryhousingnowky.org/>
- Kentucky Opioid Response Effort (KORE) has funded access to treatment and recovery for individuals who have functional hearing loss and need effective communication. The guidelines can be found on the KY SOS website or click the link to be directed: <http://www.kentuckysos.com/Portals/2/Documents/KOREGuidelinesDeafHardofHearingAccessdoc.pdf>
- Kentucky Recovery Housing Network (KRHN) is the state resource for recovery residence providers. Please visit: <https://chfs.ky.gov/agencies/dbhddid/Pages/krhn.aspx>
- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](https://www.988lifeline.org)
- Find Naloxone Now KY is a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. For locations near you, visit the website at: [Find Naloxone Now KY](#)
- Addictionary: <https://www.recoveryanswers.org/addiction-ary/>

All other KY SOS resources can be found at <http://www.kentuckysos.com/Resources>

For more information, please visit: www.kentuckysos.com

To contact a KY SOS staff member:

Melanie Landrum for data-related questions – mlandrum@kyha.com

Emily Henderson for ED Bridge/outpatient/program related questions– ehenderson@kyha.com

Mary Beth Ecken for ED Bridge questions- mecken@kyha.com

Shanna Jagers for outpatient primary care clinic questions- sjagers@kyha.com

Marilyn Connors for outpatient primary care clinic questions- mconnors@kyha.com

Stacy Allen for inpatient pharmacy related questions – sallen@kyha.com

Missed a webinar or newsletter? All presentations are recorded, and newsletters filed at:

www.kentuckysos.com

[Resources \(kentuckysos.com\)](http://www.kentuckysos.com/Resources)

[Presentations & Recordings \(kentuckysos.com\)](http://www.kentuckysos.com/Presentations%20&%20Recordings)