



Healing
Our
Community

September 26, 2019

DRAIN
SUBSTANCE ABUSE
CENTER

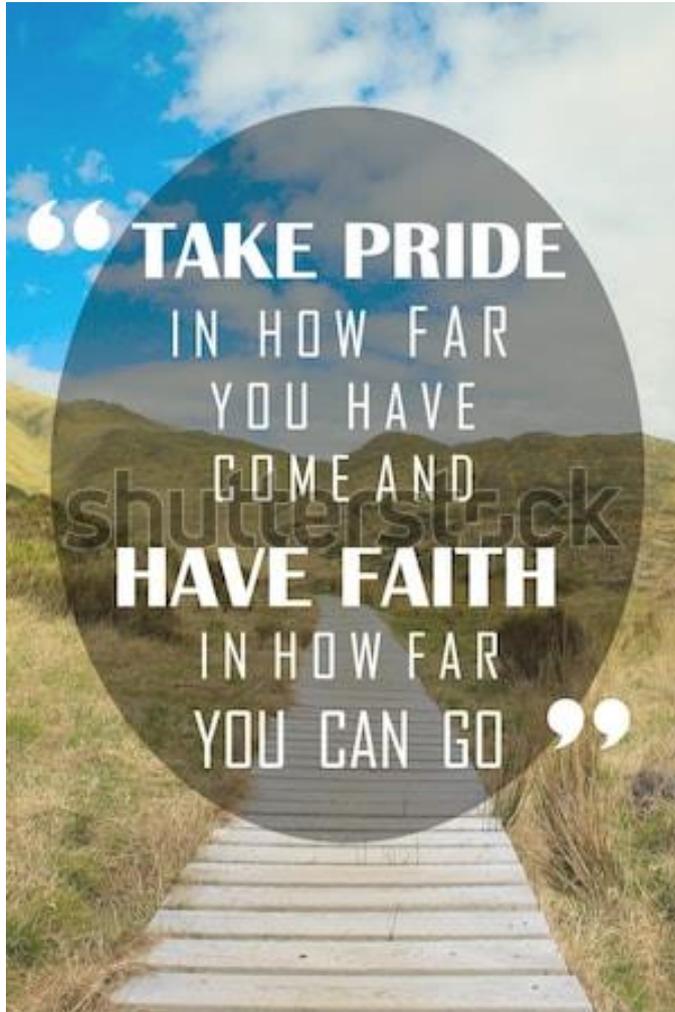
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Greater Brockton
HEALTH ALLIANCE

... A voice for a healthy future

Information ● Tools ● Resources



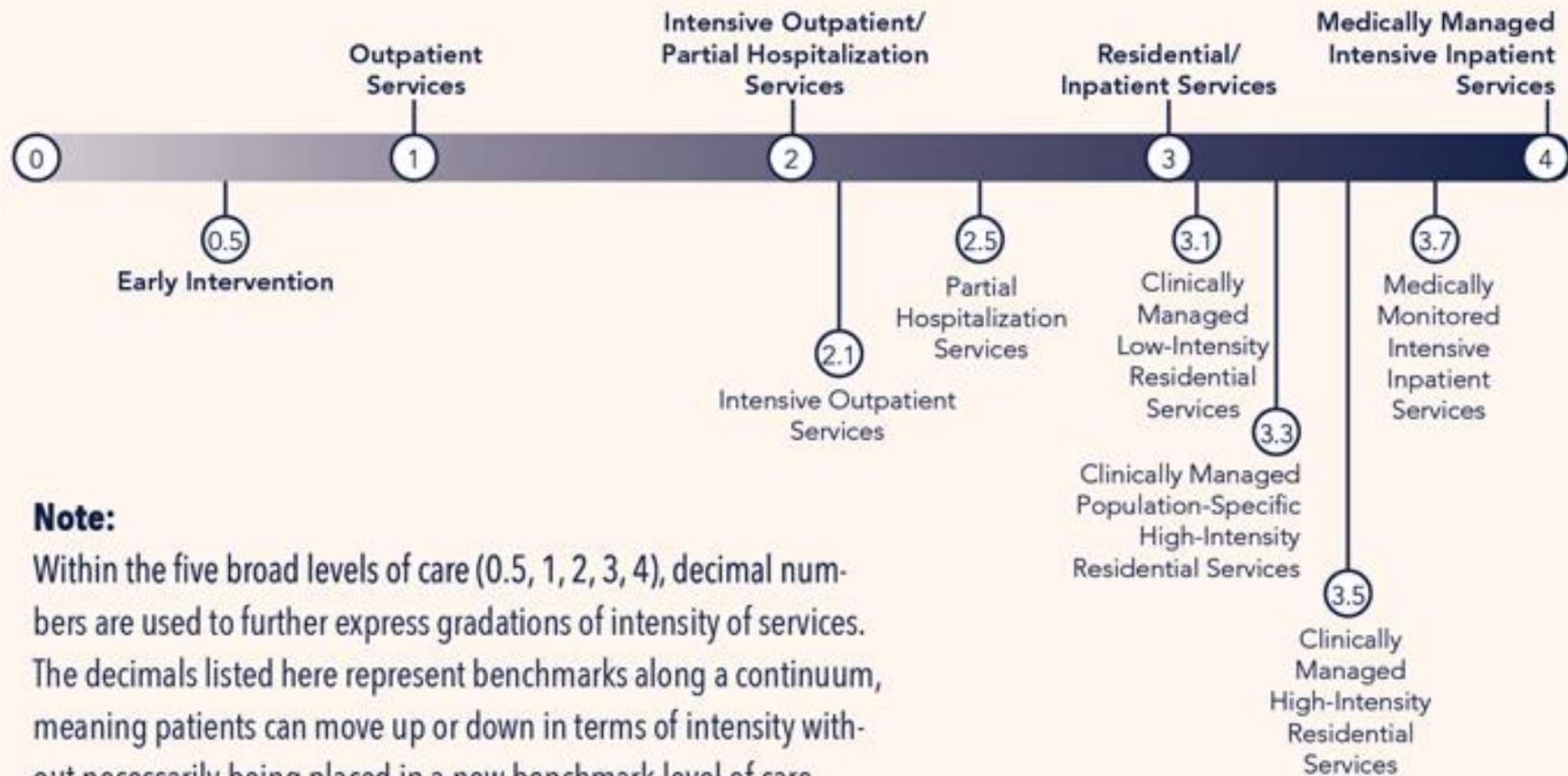
Pathways to Recovery
Introduction
Panel

Self-Care

Narcan Training & Kits

Pathways to Recovery

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

ASAM 6 dimensions



ASAM Acute Care Criteria

Admission Criteria	Ambulatory Detoxification	Acute Residential Treatment	Rehabilitation Treatment	Inpatient Detox	Level IV Detoxification
Active withdrawal or withdrawal potential.	The person is exhibiting signs and symptoms of withdrawal, or withdrawal is imminent based on substance use history.	The person is not in withdrawal and is not at risk for experiencing withdrawal.	The person is not in withdrawal and is not at risk for experiencing withdrawal.	The person is at high risk for withdrawal. Twenty-four hour monitoring is required to ensure a safe medical detoxification.	The person is at high risk for withdrawal and requires additional medical resources to ensure a safe medical detoxification.
Biomedical Conditions and Complications	The person is medically stable.	The person is medically stable.	The person is medically stable.	The person requires 24-hour medical monitoring but not intensive treatment.	The person requires 24-hour medical and nursing care and the full resources of the hospital.
Emotional, Behavioral or Cognitive Conditions or Complications	The person is psychiatrically stable.	The person does not have any, <u>or</u> has minimal psychiatric complications but he or she is stable.	The person has mild to moderate co-occurring psychiatric conditions and requires a structured environment to focus on recovery.	The person requires 24-hour monitoring for psychiatric complications that are moderate in severity or has a co-occurring mental disorder that requires mental health services in a medically monitored setting.	The person requires 24-hour psychiatric care for severe and unstable problems with concomitant addiction treatment.
Additional Considerations:	This level of care is appropriate for individuals that are motivated to complete detox and are capable of understanding the ambulatory process.				

ASAM Outpatient Criteria

Criteria Dimensions	Level 0.5 Early Intervention	Opioid Maintenance Treatment (OMT)	Level I Outpatient Treatment	Level II.1 Intensive Outpatient	Level II.5 Partial Hospitalization
Dimension 1: Alcohol Intoxication and/or withdrawal potential.	The person is not in withdrawal.	The person is physiologically dependent on opiates and requires OMT to prevent withdrawal.	The person is not experiencing significant withdrawal or is at minimal risk of severe withdrawal.	The person is at minimal risk of severe withdrawal.	The person is at moderate risk of severe withdrawal.
Dimension 2: Biomedical Conditions and Complications.	None or very stable.	None or management with outpatient medical monitoring.	None or very stable, or the person is receiving concurrent medical monitoring.	None or note a distraction from treatment. Such problems are management at Level II.1.	None or not sufficient to distract from treatment. Such problems are management at Level II.5.
Dimension 3: Emotional, Behavioral or Cognitive Conditions or Complications	None or very stable.	None or management with outpatient medical monitoring.	None or very stable, or the person is receiving concurrent mental health monitoring.	Mild severity, with the potential to distract from recovery; the person needs monitoring.	Mild to moderate severity, with the potential to distract from recovery; the person needs stabilization.
Dimension 4: Readiness to Change	The person is willing to explore how current alcohol or drug use may affect personal goals.	The person is ready to change the negative effects of opiate use, but is not ready for total abstinence.	The person is ready for recovery, but needs motivating and monitoring strategies to strengthen readiness. Or there is high severity in this dimension but not in other dimensions. The person therefore needs a Level 1 enhancement.	The person has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structure program several times a week to promote progress through the stages of change.	The person has poor engagement in treatment, significant ambivalence, or lack of awareness of the substance use or mental health problem, requiring near-daily structured program or intensive engagement to promote progress through the stages of change.
Dimension 5: Relapse, Continued Use or Continued Problem Potential	The person needs an understanding of, or skills to change, his or her current alcohol and drug use patterns.	The person is high risk of relapse or continued use without OMT and structured therapy to promote treatment progress.	The person is able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support.	Intensification of the person's addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week.	Intensification of the person's addiction or mental health symptoms despite active participation in a Level I or II.1 program indicates a high likelihood of relapse or continued problems without close monitoring and support several times a week.
Dimension 6: Recovery Environment	The person's social support system or significant others increase the risk of personal conflict about alcohol or drug use.	The person's recovery environment is supportive and/or has skills to cope.	The person's recovery environment is supportive and/or has skills to cope.	The person's recovery environment is not supportive but, with structure and support, the person can cope.	The person's recovery environment is not supportive but, with structure and support and relief from the home environment, the person can cope.

Meet the Panel

12 Step: Justin

Medication Assisted Treatment: Anthony

Faith-Based: Angelica

Sober Living: Justin



When we fail to set boundaries
and hold people accountable,
we feel used and mistreated.

Brené Brown



**You wouldn't let this happen
to your phone. Don't let this
happen to you either.**



**Self care is a priority,
not a luxury.**

Brene Brown defines **courage** as:

1. Asking for what you need
2. Speaking your truth
3. Owning your story
4. Setting boundaries
5. Reaching out for support

Healing Our Community

January 9, 2020 6pm-8pm

Beth Israel Deaconess Hospital- Plymouth

Funk A Conference Room

- Role of Shame in Addiction
- Stages of Change
- The Art of Active Listening
- Self-care

**SAVE A LIFE
CARRY
NALOXONE**



Susan Silva

*President of PCO Hope
Warrior Mom*

What is an opioid overdose?

An opioid overdose happens when you have taken too much of the drug, and your brain is so overwhelmed that it can't send the message throughout your body to continue breathing. The **lack of oxygen to the brain** is the key dangerous aspect in an opioid overdose. Overdoses happen as a process; someone slowly stops breathing which also affects our brain, liver, heart, lungs, and kidneys.

Often people don't realize that they can overdose up to three hours after using. *This is a good time to bring up issues around this such as people may use with other people, but then are alone 3 hours later, or are in one situation when they use and a very different one three hours later.*

Narcan Training

Using at Home

Home unfortunately doesn't mean safe, especially after someone gets out of short term treatment or jail. During this time, they are at a high risk for relapse, and if they come home, that's where they are likely to use. Because their tolerance has dropped, they are at an increased risk for overdose. This is why parents are now trained at Learn to Cope, family nights at programs such as MATC and outreach programs such as this one.

Signs of an Overdose for Depressants (opiates, heroin, methadone, benzos, alcohol)

–Awake, but unable to respond

****What is very important to understand is that someone in an overdose can be up, walking and talking. If they are talking, they are not going to make any sense or be responding to what you are saying to them. With this in mind, this means that once they do fall out they are much further along in the process and have less time for you to seek help.*

–Blue/grey skin tinge – usually lips and fingers show first, sometimes in tips of ears

–Body very limp

–Face very pale

–Cool, clammy skin

–Pulse (heartbeat) is slow erratic or has stopped

–Breathing is very slow and shallow, erratic or has stopped

–Passing out

–Choking sounds or a gurgling noise (death rattle)

–Throwing-up



Risk Factors

Mixing of Drugs

Especially other downers like alcohol and benzodiazepines.

Tolerance

Repeated use of a substance may lead to the need for increased amounts to produce the same effect. Tolerance can decrease as soon as 1-3 days of not using.

Relapse after a period of abstinence (such as treatment or jail time)

Quality Control or Fluctuations in Purity

Fentanyl laced heroin or Fentanyl being sold as heroin.

Physical Health

Overdose Clusters

Previous Overdoses

Using in a New Environment

Using Alone

What do I do if someone is overdosing?

Steps

- Assess the signs
- Stimulation
- Call for Help – 911
- Recovery Position
- Clear airway/Rescue Breathing
- Evaluate the Situation
- Administer Naloxone – if you have it

What is proper stimulation?

The sternum rub.

- Take knuckles and rub hard up and down on breast plate.
- If you do not have access to sternum because someone has a lot of layers on or don't feel comfortable touching someone's chest, tell them to rub below the nose and above the upper lip.
- Say the person's name loudly and tell them that they will administer Naloxone to them if they don't respond. If the victim is still non responsive, they are in an overdose. If someone responds, they probably should still be monitored to make sure they don't fall into an overdose.

Tips for Calling 911

- Stay Calm
- Have address and location ready
- Tell the dispatcher that the person has collapsed and whether or not they are breathing – you do NOT have to say it's an overdose, HOWEVER if they ask, don't lie
- Naloxone is not a substitute for calling for help. If someone was just in an overdose, and Naloxone worked, they must still seek medical intervention
- Programming fire department or EMS' number into cell phone
- Always calling from a land line over a cell phone
- If you live near a hospital, take the person all the way into the ER and not leaving them in a parking lot



1 Identify Opioid Overdose and Check for Response



ASK person if he or she is okay and shout name.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN® Nasal Spray.

2 Give NARCAN® Nasal Spray

Remove NARCAN® Nasal Spray from the box.



Peel back the tab with the circle to open the NARCAN® Nasal Spray

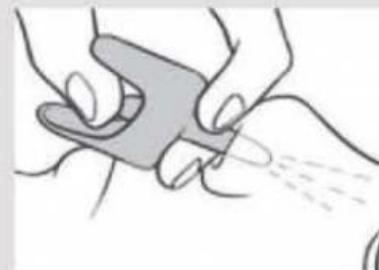


Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

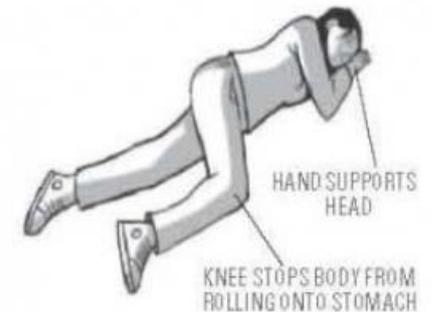
- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN® Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support



Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN® Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

What NOT to Do

- Do NOT leave the person alone – they could stop breathing
- Do NOT put them in a bath – they could drown. Cold water drops the core body temperature and increases how quickly the person overdoses. Also, the water gets in the person's nose or mouth causing drowning. The person will also need to be removed from the bath tub, but is full grown, dead weight and soaking wet, so they are heavier and slippery.
- Do NOT induce vomiting – they could choke
- Do NOT give them a drink – they could throw up. If a person can't hold a drink on their own they shouldn't have it.
- Do NOT put ice down their pants – Their body temperature is already decreasing, this will only increase the pace in which this is happening and put them deeper into an overdose.
- Do NOT stimulate in a way that could cause harm (slapping too hard, kicking their testicles, burning their feet, etc. Stimulation is unnecessary if the sternum rub or telling the victim you will Naloxone them is ineffective, they are in an overdose.
- Do NOT inject them with anything (milk, saltwater, coke) This will waste time and make things worse.
- DO NOT WAIT for the individual to get over it, they could suffer permanent brain damage and DIE

Contact Information



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