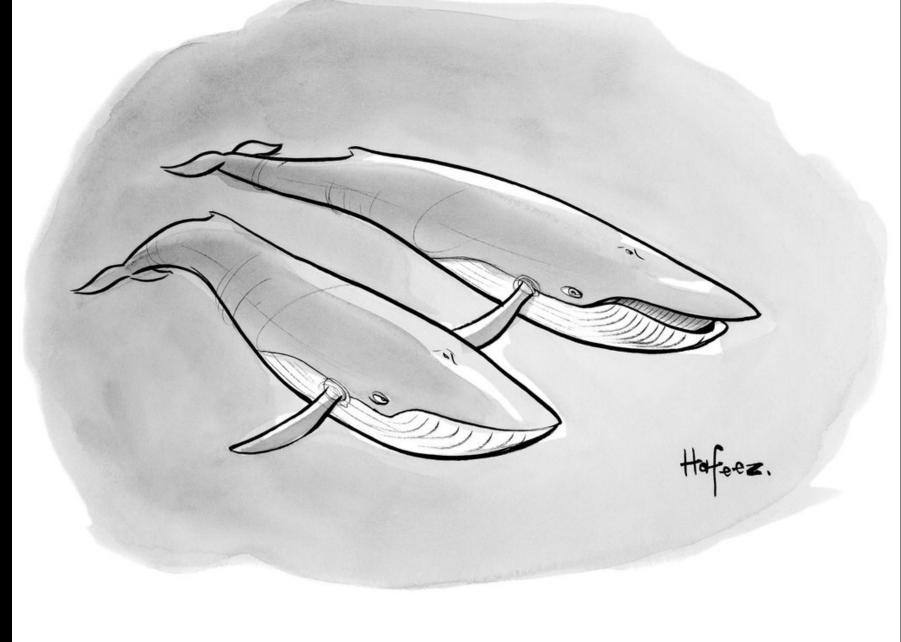
THE OPIATE CRISIS: What Libraries Can Do

An Infopeople Webinar

January 18, 2018

Presented by:
Dr. Steve Albrecht, PHR, CPP, BCC, CTM
DrSteve@DrSteveAlbrecht.com
(619) 990-2685



"My New Year's resolution is to lose thirty-eight thousand pounds."

REALITY IS NOTA RIVER IN EGYPT . . .



Some Caveats . . .

- I'm not a physician, DRE, mental health clinician, pharmacologist, attorney, or recovering addict / alcoholic.
- My background is in HR, security, employee behavioral issues, and law enforcement.
- We cannot ignore this problem away.
- This issue will require help from your Police / Sheriff's Department and qualified medical support.
- You must weigh the real hazards connected to getting involved versus waiting for paramedics.

S.H.O.C.A.D.I.Ds

Stimulants cocaine, meth, Ritalin, Adderall

Hallucinogens LSD, Ecstasy, mushrooms

Opiates morphine, heroin, pain pills, fentanyl, carfentanil

Cannabis marijuana, hashish, hash oil

Alcohol beer, wine, distilled spirits

Depressants anti-anxiety, tranquilizers, Valium

Inhalants solvents, aerosols, gases

Dissociative Anesthetics PCP, Ketamine, DXM

Source: California Narcotics Officers Association. www.CNOA.org









Examples: Heroin, OxyContin, synthetics – Fentanyl.

Ingestion: smoked, snorted, swallowed, injected.

Effects: CNS depressant, euphoria, "drifting down."

Symptoms: pinpoint pupils, muscle relaxation, "on the nod" (narcosis), slow pulse and reactions.

Chronic use: easy to overdose, possibility of hepatitis, HIV / AIDS for needle users. Death, especially when mixed with alcohol or stimulants.





Fatal dose of fentanyl (2 mg or 2000 mcg)



Fatal dose of carfentanil (0.02 mg or 20 mcg)

Facts about the opioid crisis in the U.S.

- In 2013, nearly 2 million people 12 years of age or older either abused or were dependent upon opioids.
- 15 million people initiated nonmedical use of prescription opioids from 2002 to 2011.
- Drug overdoses (primarily due to opioid drugs) are now the leading cause of accidental death greater than the number of deaths due to motor vehicle accidents.
- From 2000 to 2014, the rate of death from opioid overdoses increased nearly 400%.
- Opioid drug prescribing has increased 400% since 1999.
- The United States consumes the majority, about 80%, of the world's supply of opioid drugs.
- From 1999 to 2010, retail sales of opioid drugs increased 400%.
- In 2012, more than 200 million prescriptions for opioids were written this is a 200% increase
 when compared with 1998.
- More than 250,000 people have died from opioid overdoses in the past 20 years.
 - 10.3 million people reported using prescription opioid drugs nonmedically.
 - There were 18,893 deaths due to opioids.
 - 914,000 people used heroin, a 145% increase since 2007.
- Heroin overdose deaths have increased more than 300% since 2010.
- Visits to emergency departments involving misuse or abuse of prescription opioid drugs increased more than 150% from 2004 to 2011.
- Admissions to substance abuse treatment programs related to prescription opioid drugs increased more than 400% from 2002 to 2012.
- The rate of children and adolescents hospitalized for opioid drug poisoning increased 300% from 1997 to 2012.
- Of adolescents treated for back pain and headaches over a recent 2-year period, 22% and 50%, respectively, were given prescription opioid drugs.
- More than 7,000 people are treated each day in emergency departments for opioid misuse.



COUGH SYRUP

EACH OUNCE CONTAINS	11/100
ALL THE LIPSSITION OF THE	4/4m
CANNABIS INDICA, F.E.,	4½m.
CHLOROFORM.	21/5m
****	1/8 gr.
MORPHIA.SULPH,	

SKILLFULLY COMBINED WITH A NUMBER OF OTHER INGREDIENTS

DOSE-One half teaspoonful three

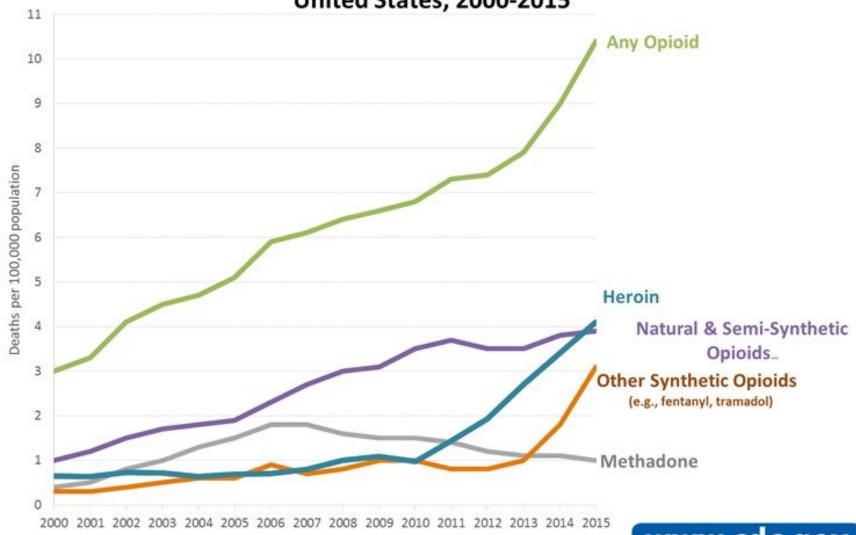
How We Die: Peak Years

Opioid Overdoses	64,070	in 2016
------------------	--------	---------

Vietnam War 16,899 in 1968

Every day 91 people die from opiate overdoses.

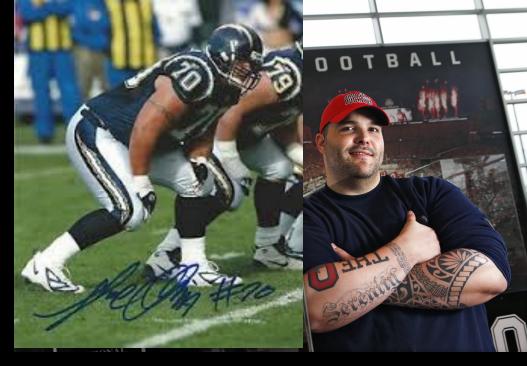
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. https://wonder.cdc.gov/.



"There wasn't one day in the NFL after my rookie year when I wasn't high on a pill. At the height of my Vicodin use, I would take 125 pills a day. It got the point I would take a pile of 15 Vicodin and would have to take them with chocolate milk. If I did it with water or Gatorade, I'd throw up."



Shane Olivea Former NFL lineman

Defining Our Terms

- A drug is any substance, when taken into the body, can cause physical or mental impairment. It can be legal, illegal; abused, not abused; prescribed, overthe-counter; natural, synthetic.
- Abuse is when the substance is not taken for medical reasons, not as prescribed, or irresponsibly.
- Tolerance occurs when the same dose of the drug produces diminishing results. As such, larger and larger doses will be taken to get the original effects.

Drug Impacts

These substances affect the body's Central Nervous System (brain, brain stem, spinal cord); eyesight; heart (pulse and blood pressure); respiration; balance and coordination; motor skills; decision-making and thought processes.

Poly-drug users: Alcohol + marijuana and their drug of choice. (Odors and Eyes)

Substance Abuse Cycle

Stages from use to abuse:

- Experimentation
- Social use
- Regular use
- Daily preoccupation
- Dependency / addiction

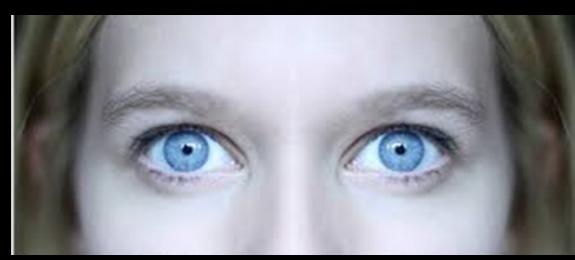


What is the difference between a "physical addiction" and a "psychological addiction"?

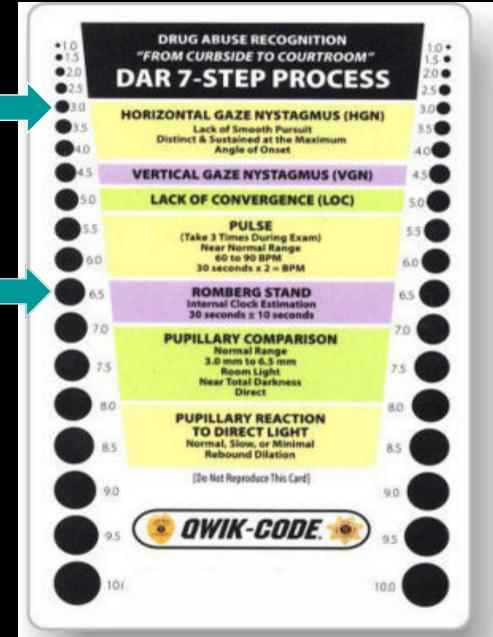
Opiate Users Under the Influence

- Opiate narcosis "on the nod."
- Slacked, flushed face, open-mouth, slow movements and responses, slurred speech.
- Pinpoint pupils, droopy eyelids.
- Slow pulse.
- Itching.
- Lack of awareness.









Opiate Users in Withdrawal

- Agitation, anger, depression, desperation.
- Sweats, shaking, nausea, vomiting, diarrhea.
- Flu-like symptoms, runny nose.
- Abdominal pain, bone pain, muscle spasms.

* Opiate users may seem under the influence of meth when in withdrawal.



BEFORE



AFTER











Opiate Users in Distress

- Bluish nails or lips.
- Breathing problems.
- Weak pulse.
- Pinpoint pupils.
- Disorientation or delirium.
- Extreme drowsiness.
- Repeated loss of consciousness.





Naloxone = Narcan Miracle Drug or Enabler?



Hard Narcan Questions

- What is the usual dosage for someone in an opiate overdose?
- How does it work? How soon?
- Can you overdose someone with Narcan?
- Will Narcan affect a non-opiate user?
- How long does it last?
- Can you kill someone with Narcan?

Giving Narcan

https://www.youtube.com/watch?v=xa7X00_QKWk



Harder Narcan Questions

- Giving Narcan to an opiate user in distress?
- Train staff to give Narcan?
- Store Narcan at the library?
- What are the legal issues if I do or don't give Narcan?
- How do we protect staff from opiate users post-Narcan?
- Do we encourage more opiate use by giving Narcan?
- Paramedics and police response? Arrests? Impounds?
- Cost recovery issues?
- Ethical issues?



Serious Safety Hazards

- Bloodborne pathogens (lots of vomit)!
- MRSA!
- HIV/AIDS!
- Hepatitis!
- Fentanyl exposure!
- Needle sticks!

Gloves, mask must be used!



Fentanyl Exposure Video

https://www.post.ca.gov/did-you-knowfentanyl.aspx



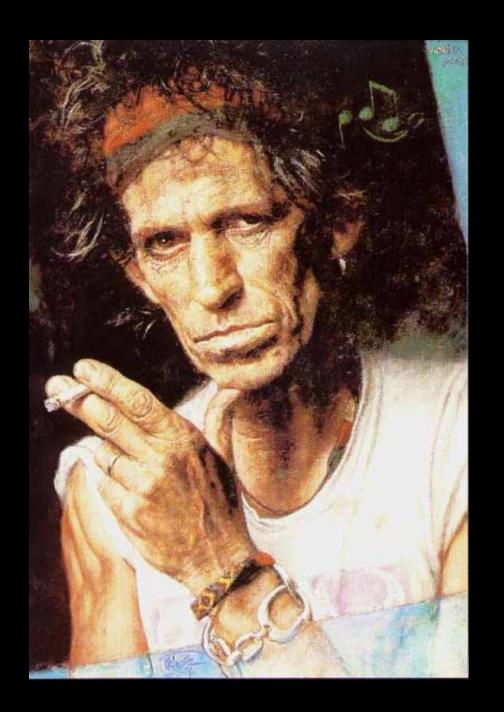
Opiate Users: Library Security

- More restroom checks.
- Camera system with posted signs near restrooms.
- More sharps boxes.
- Talk to known opiate users.
- Ban known opiate users.
- Spread the word among street people.
- Get help from police, SAPs, social workers.



"I've never had a problem with drugs. I've had problems with the police."

Keith Richards
The Rolling Stones





THE OPIATE CRISIS: What Libraries Can Do

Contact Info: Dr. Steve Albrecht, PHR, CPP, BCC, CTM DrSteve@DrSteveAlbrecht.com (619) 990-2685