

November 2022

**Office of Integrated Health
Health Supports Network**



Fentanyl Overdose



Fentanyl is a powerful synthetic opioid like morphine but 50 to 100 times stronger. Today, synthetic opioids are the most common drugs associated with overdose deaths in the U.S. (5).

Pharmaceutical Fentanyl is prescribed and monitored by a physician. When Fentanyl is taken as prescribed, it is highly effective for the treatment of severe pain due to trauma, cancer, or after surgery and is very valuable in improving the quality of life for individuals who suffer with chronic pain issues (3).

Illicit Fentanyl is manufactured in illegal labs where it is being mixed with other illegal drugs to increase strength and potency. It is being combined with heroine, methamphetamine, and cocaine. Adding Fentanyl to other drugs increases the risk for overdose as well as addiction.

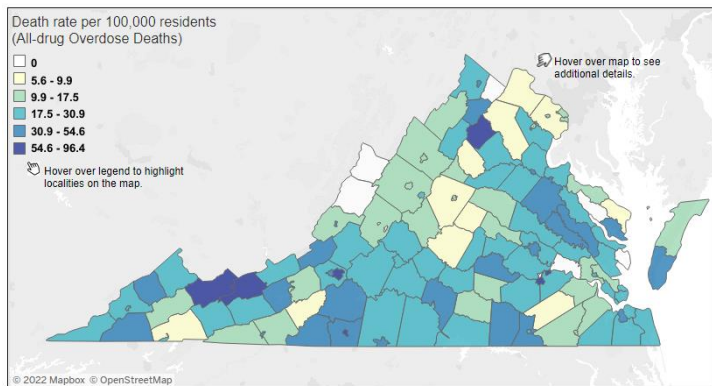
Only two milligrams (2mg) of Fentanyl can be a lethal dose based on a person's weight (6).



Overdose Statics

Fentanyl is associated with the increase of overdose deaths in the U.S. In 2020, almost 92,000 people died from drug overdose in the U.S. This represents a 31% increase over the 2019 death total. (2). Fentanyl related deaths for 2020 were reported to be 56,516 (1).

The map of Virginia represents the number of deaths from opioids in 2020. The dark blue depicts the counties with the highest death rates per 100,000 residents.



How Fentanyl Affect the Brain

Like heroine, morphine, and other opioid medications, Fentanyl binds with the opioid receptors in the brain. After using opioids over a length of time the brain builds a tolerance needing larger amounts of the drug to get the same results or “high” (5).

How Fentanyl’s Effects on the Body

- Extreme happiness.
- Drowsiness.
- Nausea.
- Confusion.
- Constipation.
- Sedation.
- Problems breathing.
- Unconsciousness.



Fentanyl Overdose

When a person takes too large of a dose of opioids, like Fentanyl, their breathing slows down and stops. This reduces the amount of oxygen getting to the brain, causing a condition called *hypoxia*. Hypoxia for a prolonged period will lead to serious brain damage, coma, and death (5).

How to Respond to a Fentanyl Overdose

Naloxone is a medication which can reverse the affects of an opioid drug. It works by binding to opioid receptors in the brain and blocking the effects of opioid drug. (5).

If you suspect someone has overdosed, first call 911, then administer Naloxone as soon as possible. Naloxone is available as an injectable (needle) solution and nasal sprays.

In the state of Virginia anyone can get Naloxone from the pharmacy without a prescription (4). Training on recognizing, responding, and treating an opioid overdose with Naloxone is suggested for all citizens of the Commonwealth (7).

App of the Month



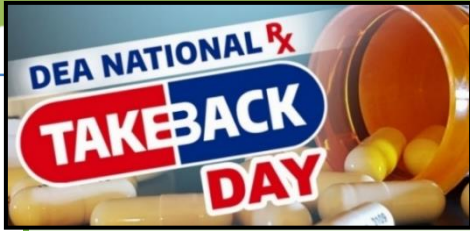
KnowDrugs is the easiest way to lookup drug testing results, pill warnings and drug alerts and provides you with drug info about more than 200 drugs, along with advice on harm reduction and safer use. Taking drugs always involves risks - however, if you do decide to take drugs, KnowDrugs can help you to take appropriate measures to reduce potential harms. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

References

- 1) Ahmad F., Cisewski J., Rossen L., & Sutton P. (2022, September). Provisional drug overdose death counts. National Center for Health Statistics. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- 2) Centers for Disease Control and Prevention. (2022, August). Opioid overdose prevention saves lives. <https://www.cdc.gov/drugoverdose/featured-topics/abuse-prevention-awareness.html>
- 3) Centers for Disease Control and Prevention. (2016, March). CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6501e1.htm>
- 4) Hargraves, D., White, C. C., Mauger, M. R., Puitola, A., Palleria, H., Wigle, P., Brubaker, S. L., & Schlaudecker, J. D. (2019, September). Evaluation of an interprofessional naloxone didactic and skills session with medical residents and physician assistant learners. *Pharmacy Practice*, 17(3), 1-9. doi.org/10.18549/PharmPract.2019.3.1591
- 5) National Institute on Drug Abuse (NIDA). (2021, June). Fentanyl drug facts. <https://nida.nih.gov/publications/drugfacts/fentanyl>
- 6) United State Drug Enforcement Administration (DEA). (2021, April). Facts about Fentanyl. https://www.dea.gov/Files/2021/04/20210420_Facts_about_Fentanyl.pdf
- 7) Virginia's Legislative Information System (LIS). (2018, August). Virginia Law, Administrative Code: 18VAC85-21-70. Treatment of chronic pain with opioids. <https://law.lis.virginia.gov/admincode/title18/agency05/chapter21/section70/>

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The U.S. Drug Enforcement Administration (DEA) offers a Drug Take Back Day Twice a Year in April and October.

The drug overdose epidemic in the United States is a clear and present public health, public safety, and national security threat.

DEA's National Prescription Drug Take Back Day reflects DEA's commitment to Americans' safety and health, encouraging the public to remove unneeded medications from their homes as a measure of preventing medication misuse and opioid addiction from ever starting.

If you missed the last "Drug Take Back Day" on October 29th there are other opportunities to dispose of unneeded medications.

For a list of approved take back pharmacies follow this link <https://www.dhp.virginia.gov/pharmacy/destructionsites.asp>

Then look for a marked container similar to the one pictured and dispose of your unneeded medications.



- It's anonymous and free.
- Prescription and over-the-counter medications will be accepted.
- No intravenous solutions, injectables, or needles should be disposed of in the container.

The Attorney General of Virginia also offers some great resources on their website on "Keeping and Disposing of Drugs Safely: Prescription Drug Take-Back Program".

You can find a tip card with directions for the proper disposal of prescription drugs and the "Prevent Prescription Drug Abuse" tip card at <https://www.oag.state.va.us/programs-initiatives/drug-take-back-program>.

ABA Snippets ...

Continuing Education

Ongoing continuing education is often a requirement to maintain a professional license or credential, and such is the case for the two primary types of behaviorists that deliver therapeutic consultation in Virginia (3) (8). Continuing education can be a formalized process whereby the practitioner participates in an approved in-person or online educational event and receives a certificate denoting units accrued toward continuing education requirements or can be more informal and consist of the practitioner's own ventures into the peer-reviewed literature.

Obtaining membership in statewide and/or national professional organizations may provide opportunities for free or discounted formal continuing education units that can be used toward maintaining professional credentials. While there may be challenges for practitioners in accessing the literature (e.g., expense, time), solutions (and barriers alike) have been detailed that may be useful for behaviorists to review and consider incorporating into their own self-management related to accessing behavioral literature (4) (6). Beyond staying abreast of emerging scientific developments in one's own area of expertise, when a behaviorist considers expanding their professional work outside of their prior training, contacting the literature in the new area of interest may be a useful initial step in beginning to expand one's knowledge (1) (2).

Regardless of whether continuing education is pursued to address ongoing competency requirements by an oversight or licensing body, or to simply assist in the day-to-day professional activities of the behaviorist via contacting the behavioral research, continuing education is a key component of keeping informed and practicing ethically as a behavior analyst (7). Continuing education, in particular when there is a focus on ethics training and supervision from an organizational level, may have myriad benefits for consumers, practitioners, and organizations alike (5).

Readers may contact DBHDS to access resources, provide feedback, and learn more about these efforts via the following:

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References

1. Allgood, C.A. & Gravina, N.E. (2021). Branching out: finding success in new areas of practice. *Behavior Analysis in Practice*, 14(1), 283-289.
2. Behavior Analyst Certification Board. (2020). Recommendations for serializing in a new ABA practice area. Littleton, CO: Author.
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4. Briggs, A.M. & Mitter, D.R. (2022). Updated strategies for making regular contact with the scholarly literature. *Behavior Analysis in Practice*, 15, 541-552.
5. Brodhead, M.T., & Higbee, T. S. (2012). Teaching and maintaining ethical behavior in a professional organization. *Behavior Analysis in Practice*, 5(2), 82-88.
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8. Virginia Commonwealth University (2022). Virginia positive behavior support: renewal/CEAs. <https://vapbs.vcu.edu/after-endorsement/renewalceas/>