



2025 Opioid Overdose Prevention Presentation

Introductions



Objectives:

- Understanding Opioid Epidemic and a little Data
- Understanding How Overdose Occurs
- Identifying Risk Factors
- Recognizing Signs and Symptoms
- Use of Naloxone
- Addiction and Stigma
- Michigan's Standing Order
- Community Resources



What are Opioids?

- Opioids are a class of drug including both prescription pain medications and illicit drugs
- Opioids include prescription pain medications such as morphine, codeine, oxycodone, hydrocodone, methadone, fentanyl, and tramadol, and the nonprescription drug heroin
- The purpose of prescription opioids is to treat acute pain
- Opioids activate the reward center of the brain, creating a sense of euphoria

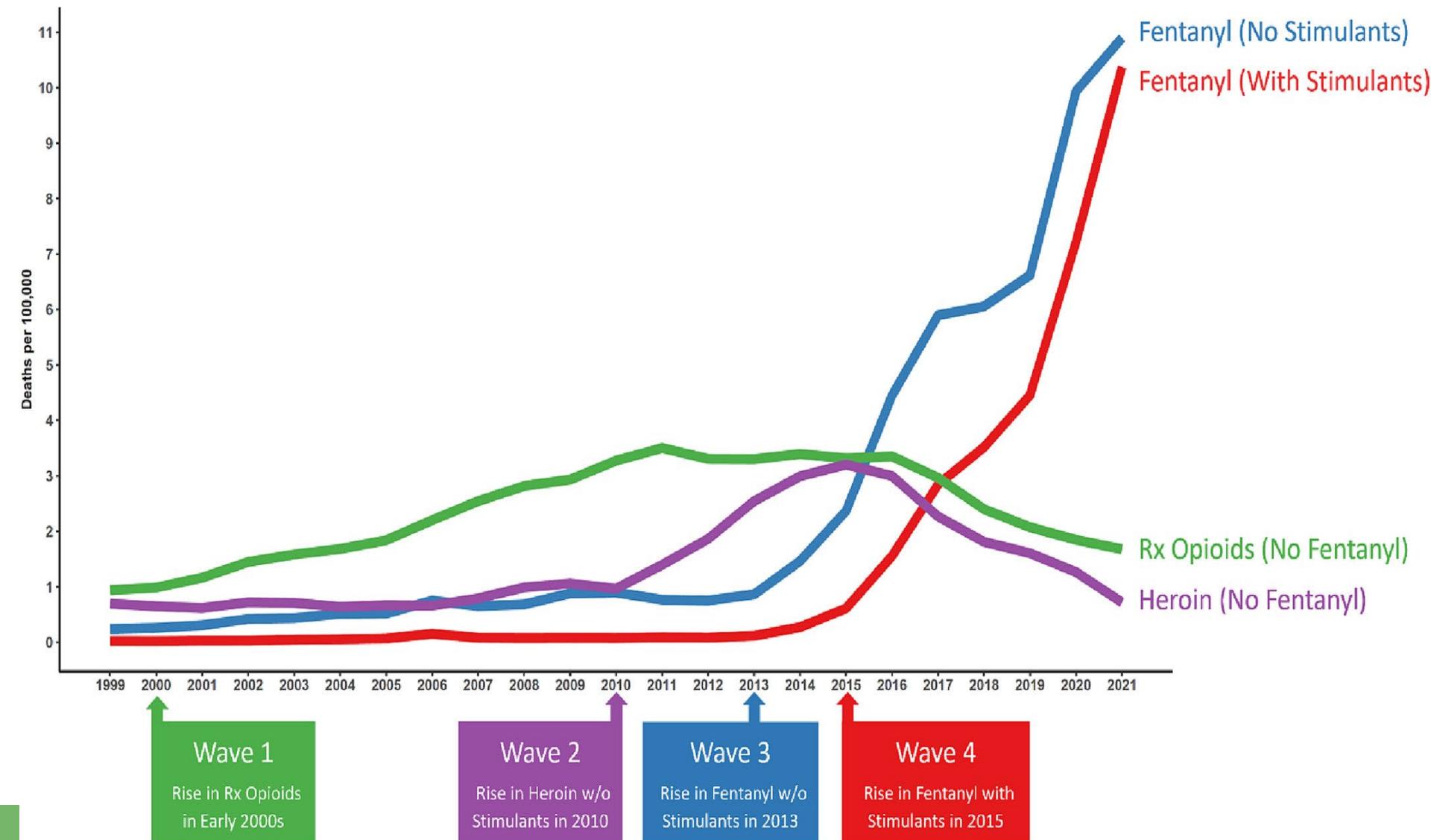


Opioids- Important Facts

- Roughly 21 to 29% of patients prescribed opioids for chronic pain misuse them
- Between 8 and 12% develop an opioid use disorder.
- Estimated 4 to 6% who misuse prescription opioids transition to heroin
- About 80% of people who use heroin first misused prescription opioids
- Among 38 states with prescription opioid overdose death data, 17 states saw a decline between 2017-2018; none experienced a significant increase
- During the pandemic, there was a significant surge in overdoses and overdose related fatalities.

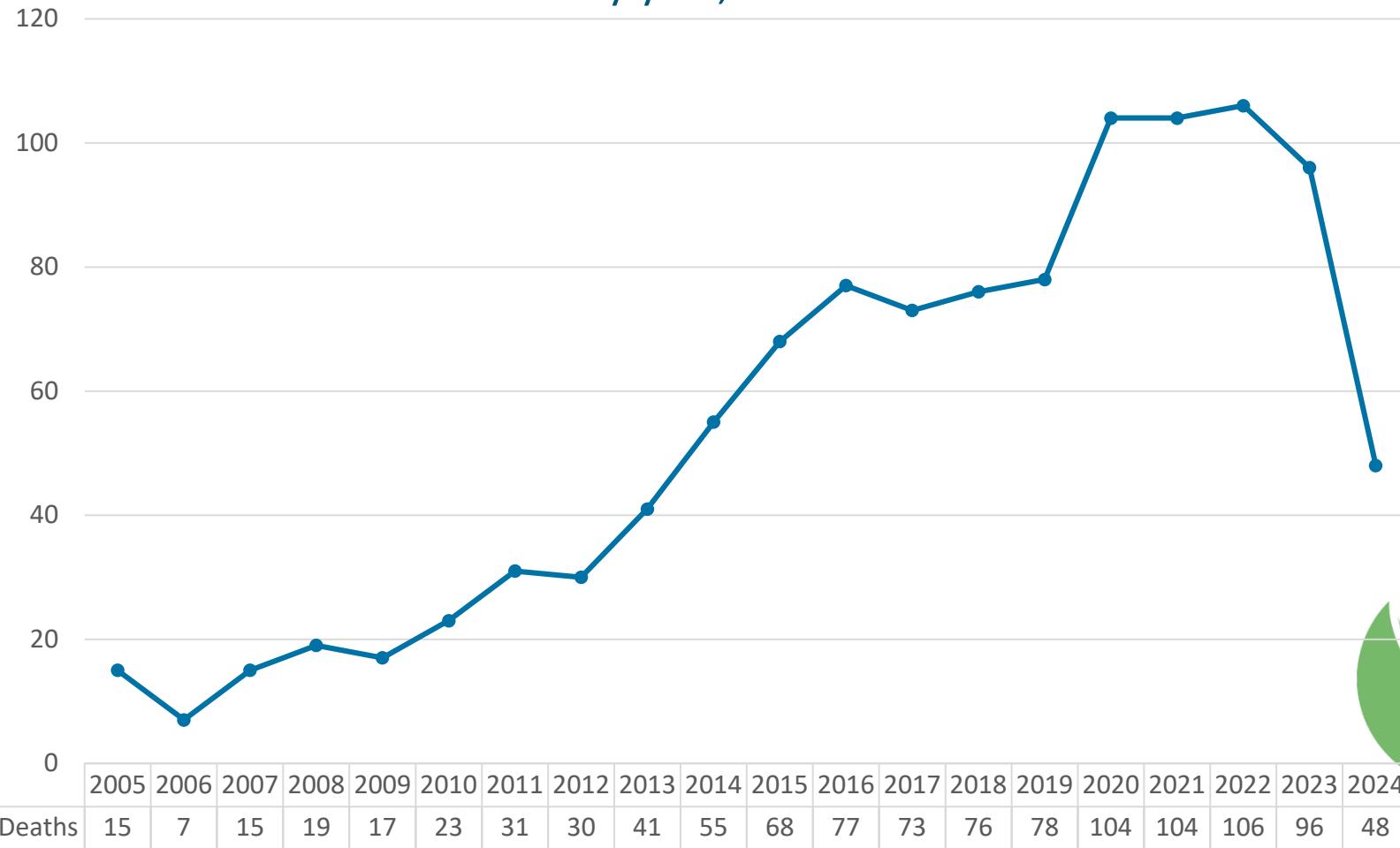


4 Waves of the Rise of Opioid Overdose Deaths



Opioid Related Deaths in Ingham County:

Number of Opioid-Related Deaths Among Ingham County Residents by year, 2005-2024

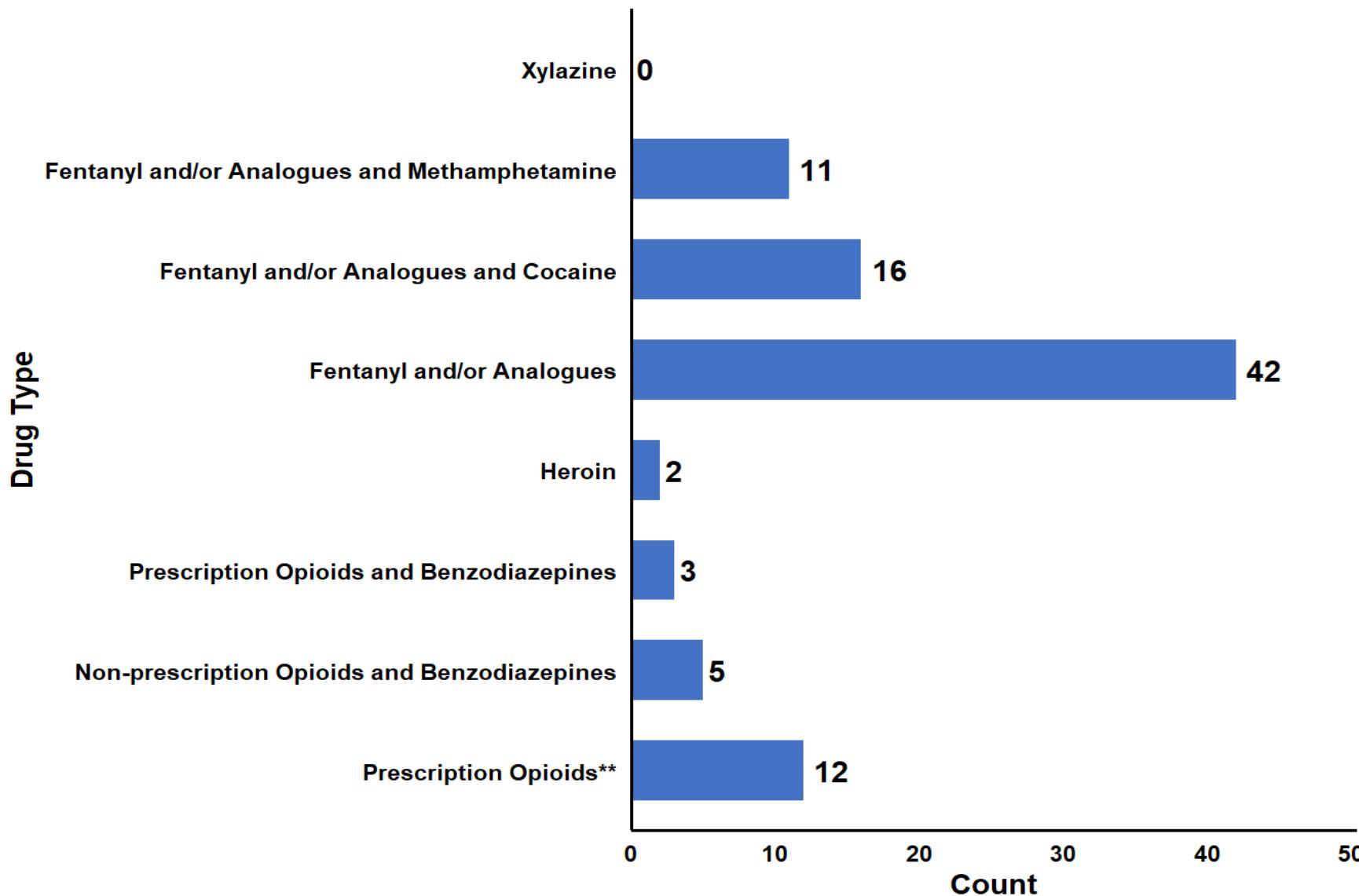


Sources:

1. Michigan Substance Use Disorder Data Repository based on data from Michigan Death Certificates, Division for Vital Records and Health Statistics/ MDHHS (2004-2013). Retrieved from <http://mi-suddr.com/blog/2018/09/26/opioid-heroin-poisonings/> [Accessed 2/25/2020]
2. Ingham County Medical Examiner Records (2005 – 2024)



Drug Related deaths by selected types of drugs among Ingham County Residents, 2024



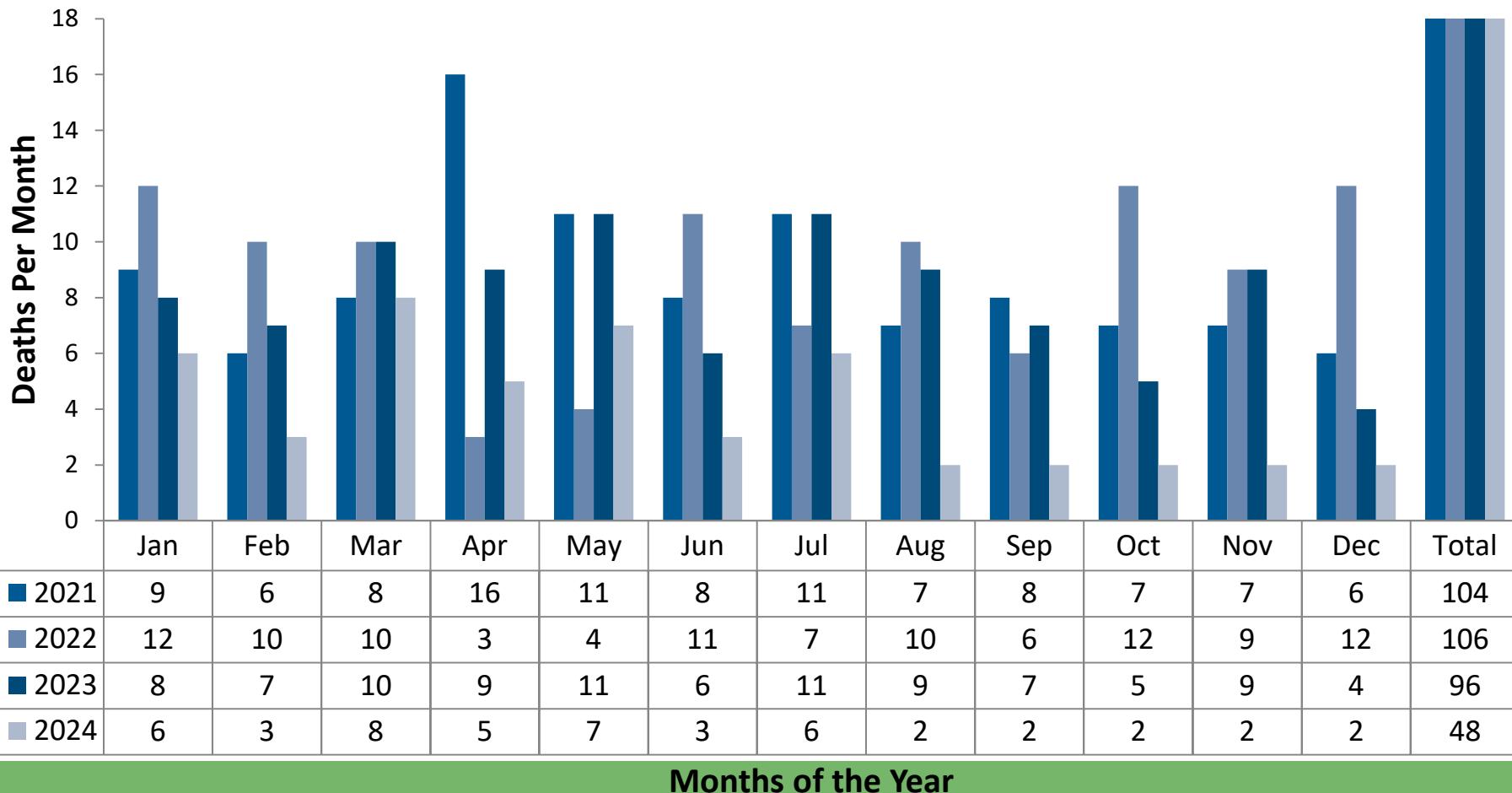
Note: Deaths by type of drug are not mutually exclusive. Often multiple drugs are identified as a related cause of death in a single case.

* Data are current as of 06/17/2025. All tables and graphs represent cases through Dec 31, 2024

** Morphine, Codeine, Methadone, Oxycodeone, Hydrocodone, Hydromorphone, Oxymorphone, Tramadol, and Meperidine

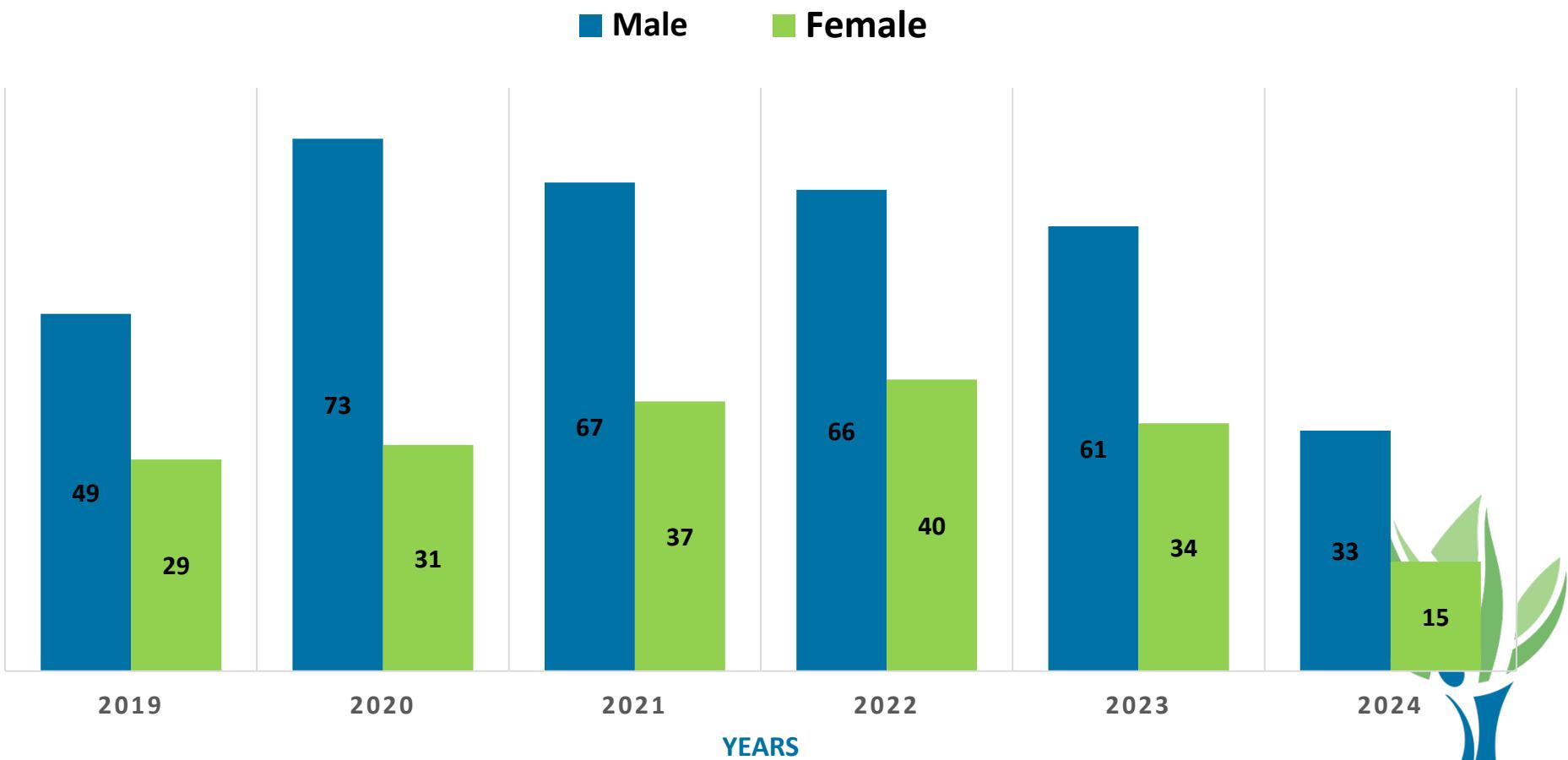
Opioid Deaths

Opioid Related Deaths among Ingham County Residents by month 2021- 2024

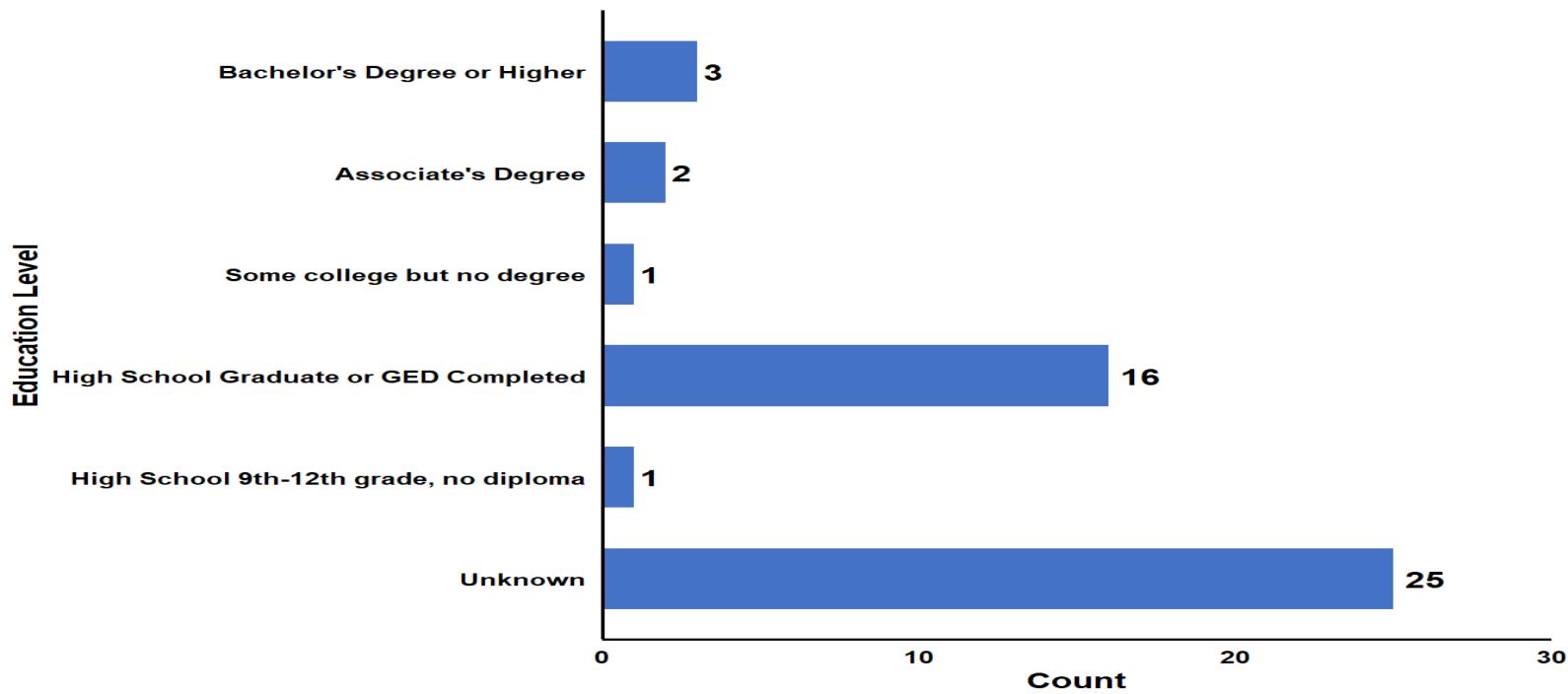


Data is current as of 6/17/2025 Table and graph represents cases through 12/31/2024

Fatal Overdoses Due to Opioids by Gender Among Ingham County Residents



Opioid-related deaths by educational level among Ingham County residents, 2024

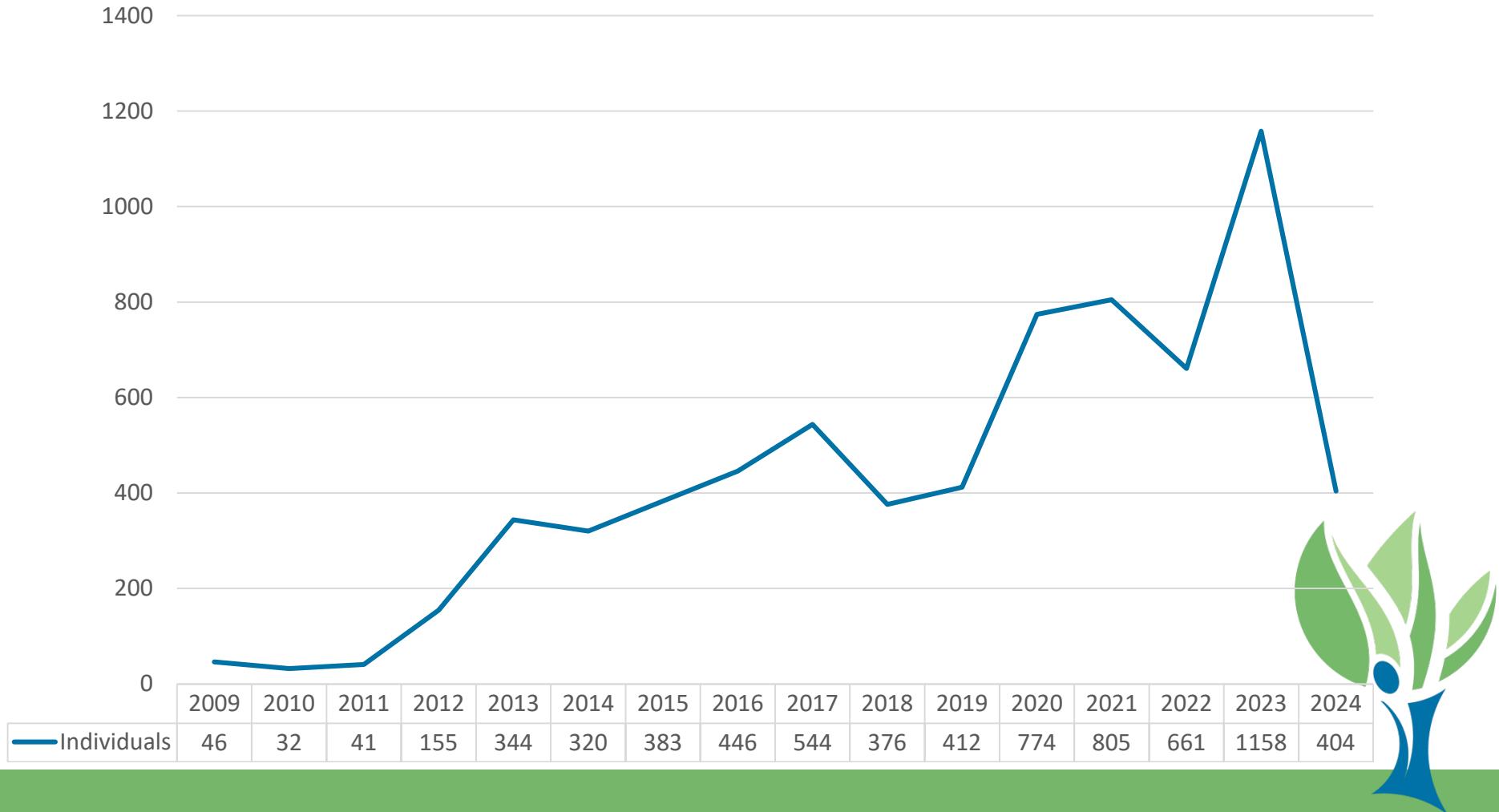


Data is current as of 06/17/2025. All tables and graphs represent cases through Dec 31, 2024



Emergency Department Visit Data

Number of Overdose Related Emergency Department Visits in Ingham County (2009-2024)

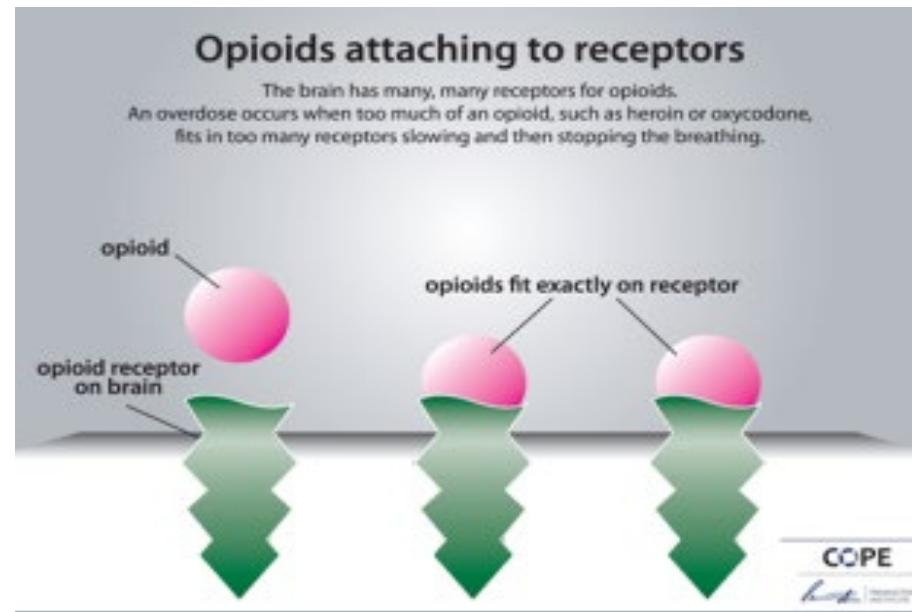
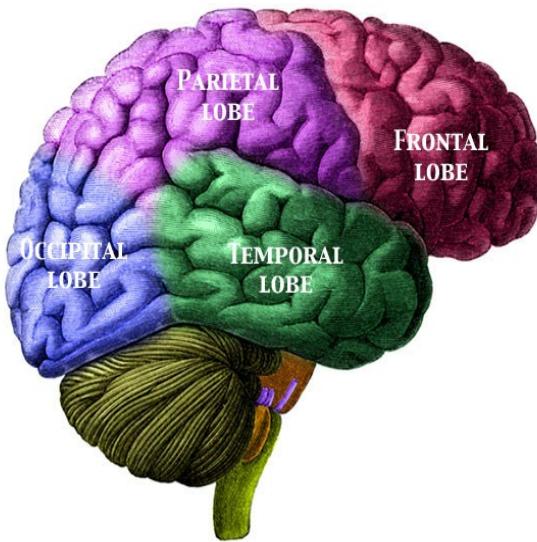


In response to the opioid crisis, the U.S. Department of Health and Human Services is focusing its efforts on five major priorities:

- Improving access to treatment and recovery services
- Promoting use of overdose-reversing drugs
- Strengthening our understanding of the epidemic through better public health surveillance
- Providing support for cutting-edge research on pain and addiction
- Advancing better practices for pain management

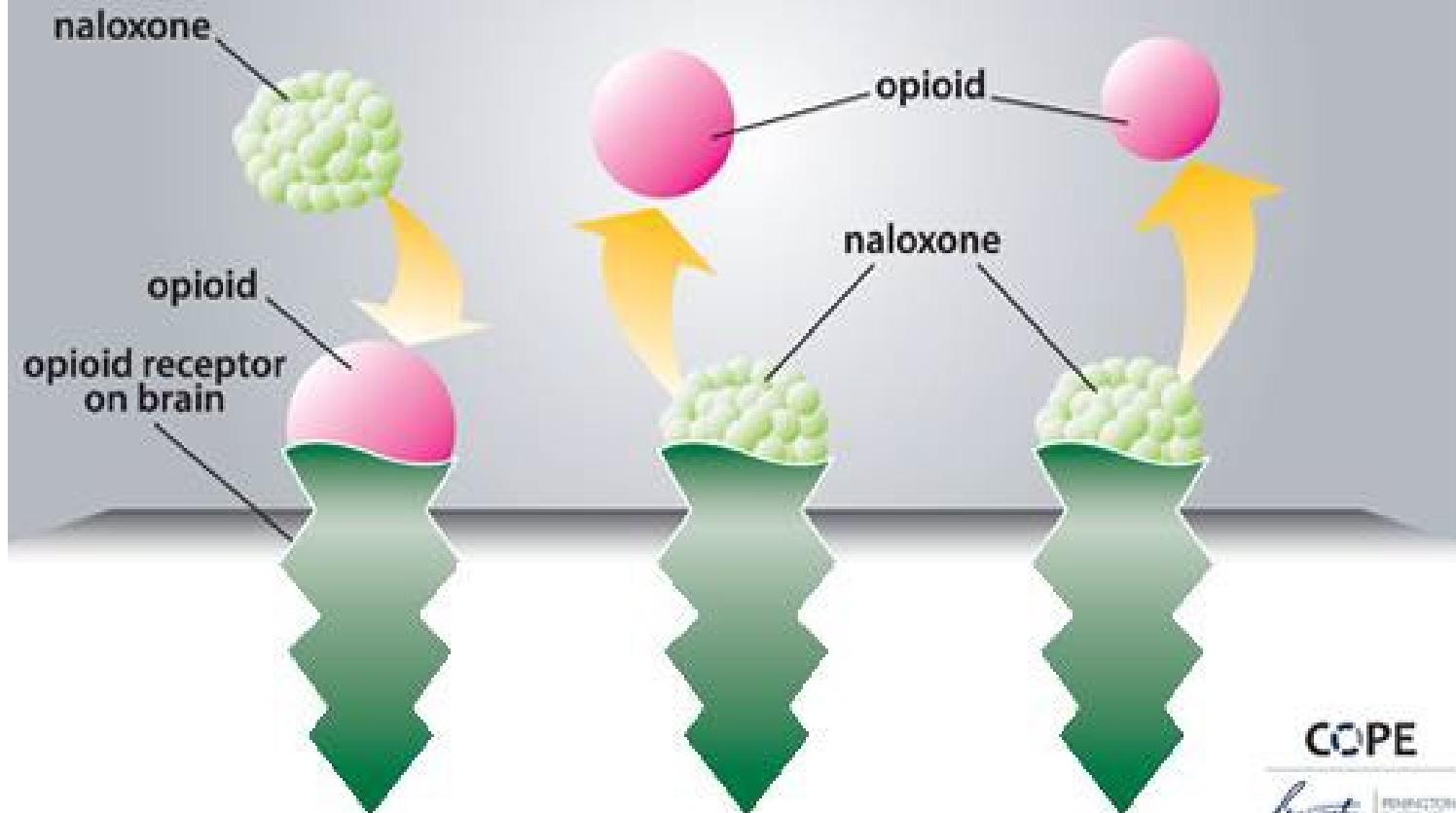


Why do people overdose from opioids?



Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



Risk Factors for Overdose:

1. Mixing
2. Tolerance
3. Potency
4. Using Alone



Signs and Symptoms of Overdose

- Responsiveness
- Shallow breathing
- Gurgling or snoring
- Blue or pale skin



S.C.A.R.E M.E.

Stimulation
Call for help
Airway
Rescue Breathing
Evaluation
Muscular Injection/ Intranasal administration
Evaluate



Let's take a look at Naloxone



How does Naloxone work?



Myth #1

The availability of Naloxone will encourage abuse by drug users because they will be more likely to take larger doses if they know Naloxone is available.



Myth #2

Drug users and other lay people
are not medically trained and will
be unable to administer naloxone



Myth #3

Naloxone distribution will discourage people from seeking drug treatment.





Reduce Stigma- Use Person First Language

It's **important not to** describe people by their substance use (addict, alcoholic)

Please do not use: clean, dirty, addict, alcoholic

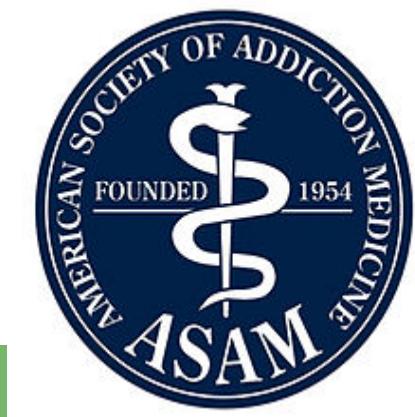
Instead use: person with a substance use disorder (SUD), person in recovery, person who uses drug

more great information can be found at drugabuse.gov



American Society of Addiction Medicine (ASAM)

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in the circuits leads to characteristic biological, psychological, and social manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.



Biological

Decrease ability to process information

Decreased motor skills

Cognitive impairments

Psychological

Personality disorders

Toxic personalities traits

Social

Lying

Stealing from family

Manipulative behavior

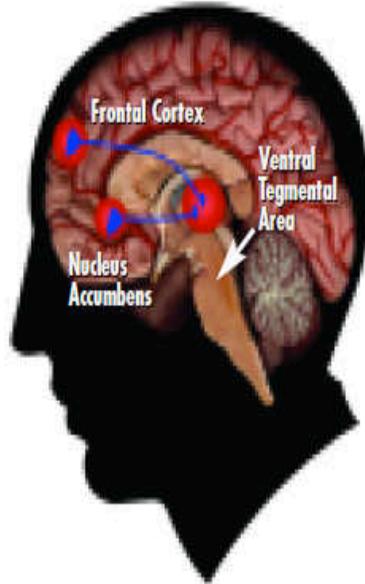
Relationship turmoil



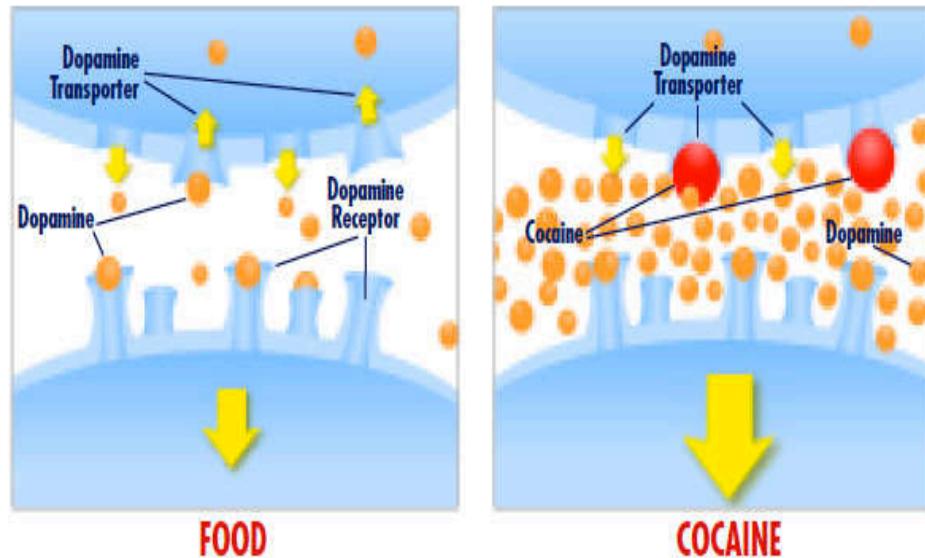
Addiction in the Brain

DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways



Drugs of abuse increase dopamine



These brain circuits are important for natural rewards such as food, music, and sex.

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



Dopamine Response

Normal Day	50 ng/dl
Worst Day	40 ng/dl
Perfect day:	100ng/dl
Best food at favorite eatery:	93ng/dl
Sex:	89ng/dl



Take a look at dopamine response when substances are added!

- Methamphetamine 1100 ng/dl
- Cocaine 1000 ng/dl
- Heroin 950 ng/dl
- Alcohol 875 ng/dl
- Marijuana 475 ng/dl
- Tobacco 375 ng/dl



Why won't you get help?!?!!?

- Embarrassment
- Shame
- Self-Hatred
- Fear
- Guilt
- Loss of children
- Job loss
- Housing



Michigan's standing order:

- Under this model, a doctor with prescriptive authority issues a written order that naloxone can be distributed by designated pharmacies.
- This means someone can receive naloxone without ever meeting the doctor who officially prescribed it.
- Some standing orders are written so that distribution is not limited to people at personal risk of overdose.
- In these cases, a potential bystander, such as a family member, could procure naloxone to administer in an emergency.



Where can we refer someone for services?



- CMH- CEI Access Line 1-888-800-1559 or 517-346-8318
- www.MSHN.org
- Call individual treatment centers for assistance
- ICHD Resource Guide for Individuals and Families affected by Substance Use Disorders





Your Feedback is Important

QR Code: Post Narcan Training Survey



Thank you

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