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WHAT ARE OPIOIDS?



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Newest Drug Overdose Threat

- also known as "tranq"
- a non-opioid veterinary tranquilizer not approved for human use
- has been linked to an increasing number of overdose deaths nationwide
- Research has shown xylazine is often added to illicit opioids, including fentanyl

XYLAZINE

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Polysubstance Use

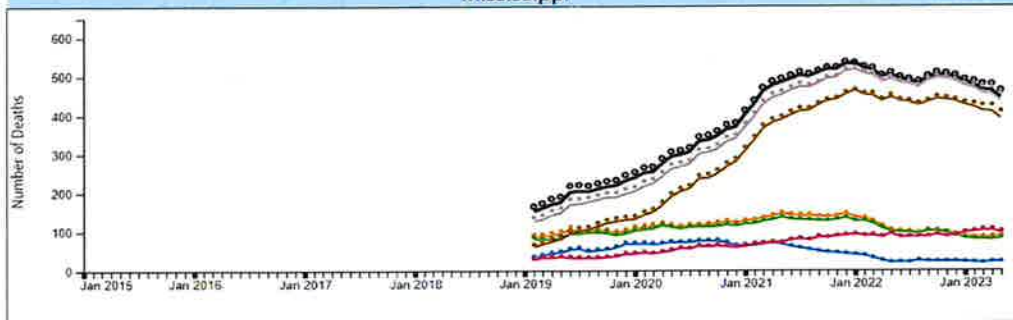
- The use of more than one drug has become very common. This includes when two or more substances are taken together or within a short time period, either intentionally or unintentionally.
- Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug or wants to experience the effects of the combination.
- Unintentional polysubstance use occurs when a person takes drugs that have been mixed or cut with other substances, like fentanyl, without their knowledge.
- The dangers of polysubstance use also apply to prescription drugs.
- In Mississippi during 2011, polysubstance use was recorded in 17.9% of all overdose fatalities. In 2020, this percentage was 53% – over half of all overdose fatalities had documented multiple drug use

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Mississippi Drug Overdose Deaths

Select Jurisdiction: Mississippi | Select specific drugs or drug classes: Select drug class

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Mississippi



Legend for Drug or Drug Class

Cocaine (T40.5)	Opioids (T40.0-T40.4, T40.6) Reported Value
Heroin (T40.1)	Synthetic opioids, excl. methadone (T40.4)	○ Predicted Value
Natural & semi-synthetic opioids (T40.2)		
Natural & semi-synthetic opioids, incl. methadone (T40.2, T40.3)		
Natural, semi-synthetic, & synthetic opioids, incl. methadone (T40.2-1)		

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MISSISSIPPI

In 2022:



462

People died of Overdoses

The proportion of opioid-related deaths that involved fentanyl increased from 34% in 2019 to 73% in 2020, and 74.8% in 2021



Rx Drugs: **50** Synthetic: **259** Heroin: **43**
(2020 Rx Drugs: **52** Synthetic: **192** Heroin: **80**)

Mississippi Opioid and Heroin Data Collaborative Provisional Report, May 10, 2022

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STANDUP
MISSISSIPPI
AGAINST THE OPIOID CRISIS

PERSONS MOST AT RISK OF AN OPIOID OVERDOSE



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PERSONS MOST AT RISK OF AN OPIOID OVERDOSE

- In 2020 and 2021, 33% of all drug overdose deaths were among people younger than 35 years of age. During this same time period 21% of all drug overdose deaths were among African Americans (MS)
- Fatal drug overdoses in people under the age of 35 nearly doubled from 2019 to 2020. (MS)
- The proportion of male overdose deaths has been increasing. In 2020, nearly two-thirds of overdose deaths were among males. (MS)
- Nationally In just one year, overdose death rates (number of drug overdose deaths per 100,000 people) increased **44%** for Black people and **39%** for American Indian and Alaska Native (AI/AN) people
- People who use/misuse drugs (prescription or illicit)
- People who take prescription drugs not prescribed to them.
- People who purchase drugs illegally

Data Analysis: The data for this report was obtained from the Office of Vital Records at the Mississippi State Department of Health

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Symptoms of an opioid overdose

- Unusual sleepiness and you are not able to awaken the person with a loud voice or by rubbing firmly on the middle of their chest (sternum).
- Inability to speak
- Skin is pale or grayish in color
- Lips and nails are blue, purple or dark in color
- The black circle of the colored part of the eye (pupil) is very small (pinpoint) in someone who will not awaken
- Breathing problems – Listen for the “death rattle” – an exhaled breath with a very distinct, labored sound coming from the throat.

NARCAN naloxone
NASAL SPRAY

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Steps to assist someone experiencing an Opioid overdose?

FIVE ESSENTIAL STEPS:

1. Evaluate for signs of an opioid overdose.
2. Administer Naloxone
3. CALL FOR HELP (DIAL 911)
4. Support the person's breathing.
5. Monitor the person's response.

 **NARCAN** naloxone HCl
NASAL SPRAY

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Chasing the Dragon: The Life of an Opiate Addict

CHASING THE DRAGON
THE LIFE OF AN OPIATE ADDICT

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STAND UP
MISSISSIPPI
AGAINST THE OPIOID CRISIS


STANDING UP TO THE OPIOID CRISIS



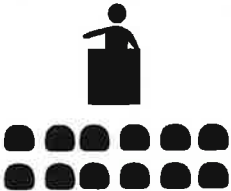
NARCAN[®] (Traloxone HCl)
NASAL SPRAY

<https://www.narcandirect.com>
1-844-4-NARCAN (844) 462-7226

Expand **Access**
to Treatment.



Outreach



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AGAINST THE OPIOID CRISIS

Successful Strategies for Preventing Opioid Overdose

1. Targeted Naloxone Distribution
2. Medication-Assisted Treatment (MAT¹)
3. Academic Detailing
4. Eliminating Prior-Authorization Requirements for Medications for Opioid Use Disorder
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT¹ in Criminal Justice Settings and Upon Release
9. Initiating Buprenorphine-based MAT in Emergency Departments
10. Syringe Services Programs
 - <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

Center for Disease Control

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AGAINST THE OPIOID CRISIS

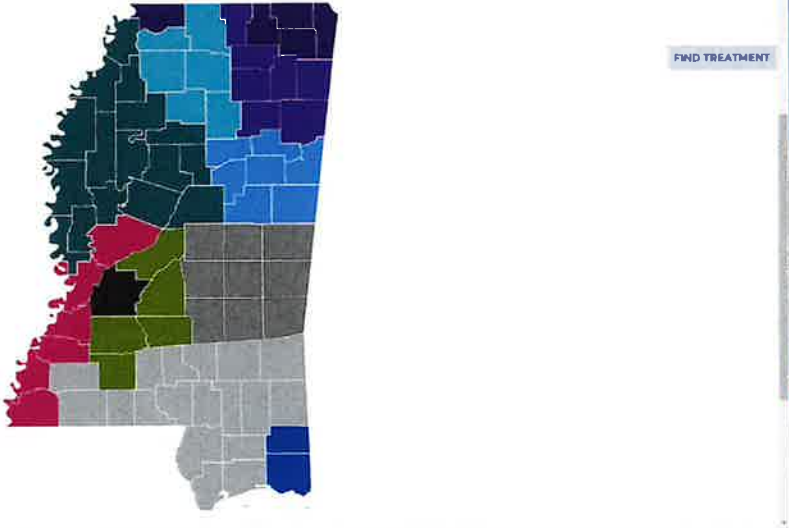
Prevention and Recovery Services

- Prevention, treatment and recovery education and training, provided through DMH and the Mississippi Public Health Institute
- Training is free to DMH-certified providers
- Perinatal High-Risk Management/Infant Services System partnership with MSDH
- TeleMAT- Telemedicine program through University of Mississippi Medical Center (UMMC) to link individuals with OUD in rural areas to medication-assisted treatment (MAT).
- Trainings and staff provided through grant as needed
- Naloxone distribution to law enforcement, first responders and CMHCs
- New Stand Up, Mississippi education initiatives

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MISSISSIPPI
AGAINST THE OPIOID CRISIS

Find Treatment



FIND TREATMENT

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RESOURCES

Websites

- SAMSHA Opioid Overdose Prevention Toolkit <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>
- National Institute on Drug Abuse – Xylazine <https://nida.nih.gov/research-topics/xylazine>
- NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015-2019 are based on final data (available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>)
- O'Donnell J, Gladden RM, Mattson CL, Hunter CT, Davis NL. Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019. MMWR Morb Mortal Wkly Rep 2020; 69:1189–1197. DOI: <http://dx.doi.org/10.15585/mmwr.mm6935a1>
- Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023.
- Narcan <https://www.cbinsights.com/company/adapt-pharma>
- Friedman J, Montero F, Bourgois P, et al. [Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis.](#)
- Video <https://www.fbi.gov/video-repository/news-chasing-the-dragon-the-life-of-an-opiate-addict/view>


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1. Educational Attainment in USA. Census Bureau. Available at : U.S. Census Bureau Releases New Educational Attainment Data Accessed on 2/2/2022.
2. NCHS Urban-Rural Classification Scheme for Counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014.
3. Gjersing L, Bretteville-Jensen A, L. Patterns of substance use and mortality risk in a cohort of 'hard-to-reach' polysubstance users. Addiction 2017; 113: 729–

Data Analysis: The data for this report were obtained from the Office of Vital Records at the Mississippi State Department of Health. Only Mississippi residents were included in the analyses. Drug overdose deaths were identified by International Classification of Diseases, Tenth Revision (ICD-10) underlying cause-of-death codes: X40-44 (accidental drug poisoning), X60-X64 (intentional self-drug poisoning), X85 (assault by drug poisoning), Y10-Y14 (drug poisoning by undetermined intent). Specific drug categories and multidrug use was identified by: T40.0-T40.4, and T40.6 (opioids), cocaine (T40.5), T40.7 (cannabis), T40.8 (lysergide), T40.9 (other and unspecified psychodysleptics), T43.6 (psychostimulants with abuse potential), T42.2-42.8 (antiepileptic, sedative-hypnotic and antiparkinsonism), and T50.9 (unspecified).


Publication – Jesse C. Baumgartner and David C. Radley, "Overdose Deaths Surged in the First Half of 2021, Underscoring Urgent Need for Action, *To the Point* (blog), Commonwealth Fund, Feb. 7, 2022. <https://doi.org/10.26099/umae-je82>


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QUESTIONS

We Are Brave, Bold, and Better Together






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Thank You!



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STACEY'S STORY

"If you made a Venn diagram of people in the restaurant industry and people in recovery, it would be a circle," muses Stacey Spiehler, a restaurant manager currently in recovery from opioid use disorder. Stacey's battle with opioid use disorder was rooted in severe childhood trauma that eventually led her to using a combination of Adderall, benzodiazepines, alcohol, and sleeping pills.

When Stacey's son was diagnosed with cerebral palsy, a permanent movement disorder that appears in early childhood, she knew she would have to physically pick him up and carry him

opioids to reduce the pain. The physical pain would soothe painkillers she was prescribed.

"I was in a pretty stubborn place. I didn't want help," she says, "I was rightfully using all of it because I had legitimate reasons."

Things took a rapid turn with Stacey's substance use in 2015, when she was diagnosed with severe depression and anxiety. Her husband's combination of hard liquor and painkillers, her husband's




ZACH'S STORY

"It has taken everything I've loved."

That's how Zach Peyton, a 42-year-old resident of Clarkdale, describes his battle with opioid use disorder.

"It didn't help my family's life, it has been horrible," says Zach. "It's not something I'd wish on anyone." It started with something that seems relatively innocuous—cough syrup. Growing up, like any child that has a small cold, taking cough syrup was normal for Zach, but he recalls enjoying the feeling he got from taking it. "I used to sneak and take more than I was supposed to," he admits.

Throughout high school and his early college years, Zach says he used infrequently but didn't develop a real problem until he was 20. After returning home from Delta State University at age 20, Zach "started to use one whom was already combatting opioid use disorder. After suffering a year, then, a friend gave him the names of places he could go 'doctor shopping' to get more pills. After getting to know the guy really well, Zach on top of my day job—was to sell them all," says Zach. He didn't make any money supply to fuel his habit—until his supplier ended up in jail.



EKOKO'S STORY

Before my addiction, I never really considered the dangers of substance abuse. I can remember my parents and teachers saying, "Don't do drugs." I thought it was something I'd never do. When I was 15 years old, my mom, brother, and I moved in with my grandparents in Arkansas. My life immediately became very different. Neither my parents nor grandparents ever used drugs, but I did not grow up around it, and they were never in our home, but the neighborhood and school environment we moved to was completely different than what I was used to as a child.

After my family's move, I began spending more and more time with a new boyfriend at his sister's home. I started using drugs socially while hanging out and partying. I was not old enough to buy alcohol, but drugs were always there. Looking back, it became socially acceptable to me. All my new friends used, and I thought it was normal. I can remember being afraid at first. I also remember being made fun of because it was new for me and there was so much that I did not know.

The first time I used I had a huge amount of fear. Deep down inside I knew I was doing something wrong, but I did it anyway. My teenage mind did not understand that I was also dealing with untreated mental illness, which included anxiety, depression, and PTSD. As an early teenager, I experienced multiple traumas and never got the help I needed. I began to act out and often got in trouble. I dropped out of high school in the 10th grade, then went to Job Corps and obtained my G.E.D. As my addiction

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