



Department of
**Mental Health &
Substance Abuse Services**

Opioids, Stimulants and Overdose Prevention Training

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Training Agenda

1. Introduction to key terms
2. Review overdose trends in Tennessee and your county/region
3. Discuss the science of addiction
4. Understand stigma and harm reduction
5. Recognize the signs and symptoms of opioid and stimulant overdoses
6. Learn how to respond to a drug overdose with naloxone
7. Understand compassion fatigue and burnout
8. Take action to prevent overdoses in your community

Key Terms

Opioids: medications and drugs that bind to opioid receptors in the brain

- Prescription medications like Hydrocodone and Oxycodone
- Illicit substances like heroin and fentanyl

Stimulants: medications and drugs that cause increased activity in the body (e.g., alertness, energy)

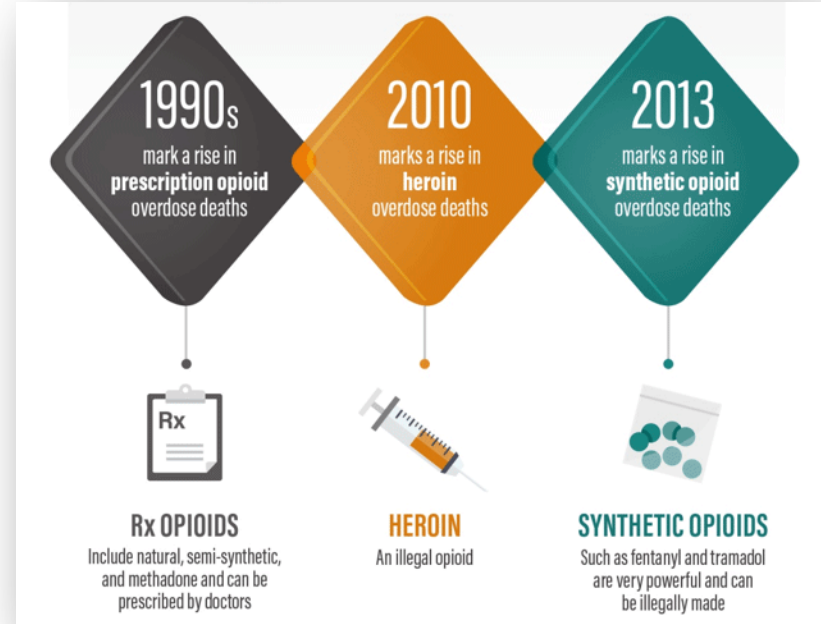
- Prescription medications like Adderall and Ritalin
- Illicit substances like methamphetamine and cocaine

Overdose: when a toxic amount of a drug, or combination of drugs, overwhelms the body

Understanding the Overdose Epidemic

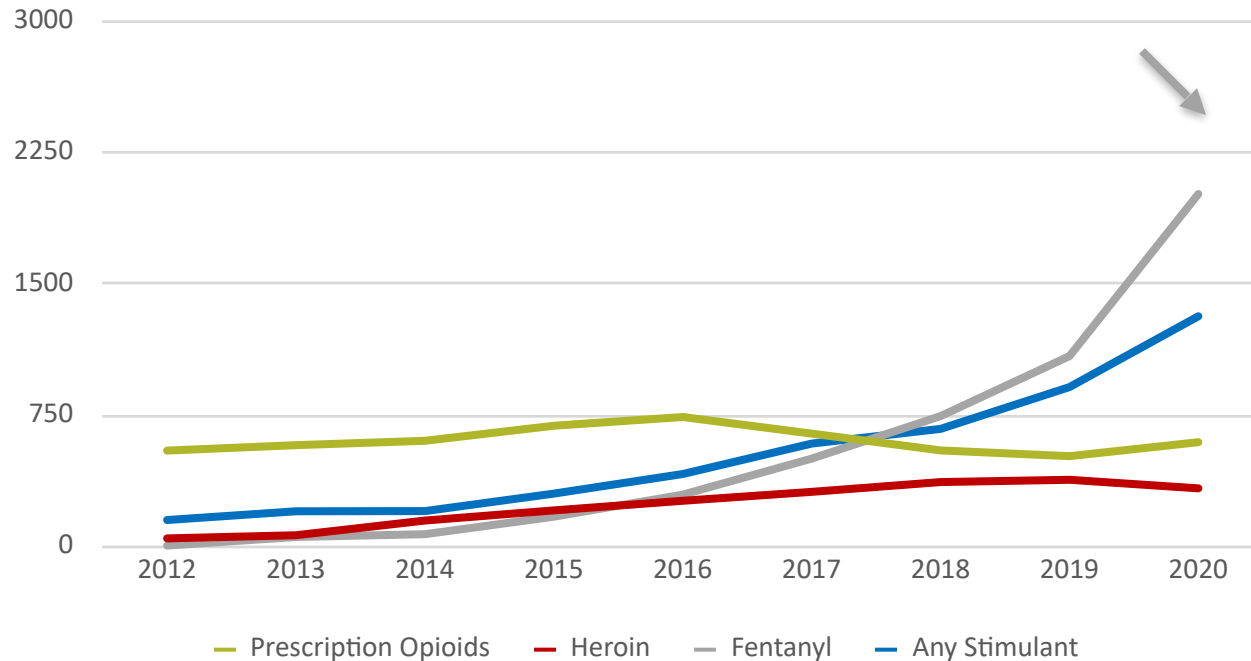
Tennessee continues to face an epidemic of substance use.

Similar to national trends, Tennessee has seen a shift in the primary cause of the overdose epidemic from prescription pain relievers to illicit substances.



Understanding Overdoses in Tennessee

Fatal Overdoses in Tennessee, 2012-2020



- From 2012 to 2017, prescription opioids were involved in most of the overdose deaths in TN.
- Deaths due to prescription opioids declined from 2016 to 2019 while deaths due to illicit substances like heroin, fentanyl, and stimulants ***increased dramatically***.
- In 2020, **2 out of 3** overdose deaths involve fentanyl.

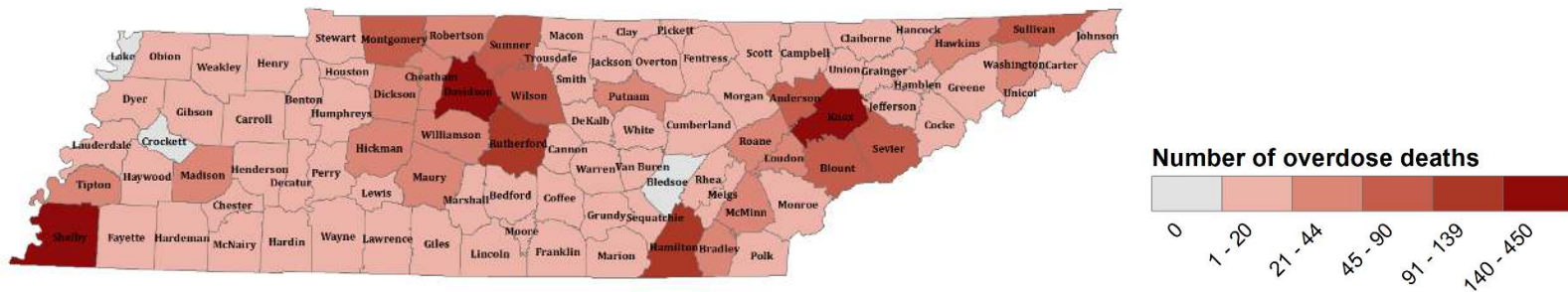
Understanding Overdoses in Tennessee

In 2020, **3,032** Tennesseans died of a drug overdose, representing a 45% increase from 2019.

- **2,014** deaths involved fentanyl, an **85%** increase from 2019
- **1,315** deaths involved a stimulant, a **45%** increase from 2019
- **331** deaths involved heroin, a **13% decrease** from 2019
- **595** deaths involved prescription pain relievers, a **16%** increase from 2019

**Please keep in mind that an overdose may involve multiple substances and that a single death may be counted in multiple drug categories.*

All Drug Overdose Deaths in TN Counties (2020)



Overdoses in Shelby County



Fatal Drug Overdoses in Shelby County in 2020

*Because an overdose may involve multiple substances, individual substance categories may not add up to the total of all drug overdose deaths.

450

All Drug
Overdose
Deaths

84

Pain Reliever
Overdose
Deaths

343

Fentanyl
Overdose
Deaths

44

Heroin
Overdose
Deaths

203

Stimulant
Overdose
Deaths

Prescriptions in 2020

149,543

patients, or 1 in 6
county residents,
received opioids for
pain in 2020.



439,654

opioid prescriptions
were filled in 2020, or
about 0.5 prescriptions
for every resident.

Nonfatal Overdose Trends

2,113

county residents were treated
for a nonfatal drug overdose in
an outpatient setting.
Outpatient visits primarily
include emergency department
visits.

The Science of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, and the environment, and an individual's life experiences.

Just as cardiovascular disease damages the heart, addiction damages the brain, making it difficult to function as it should.

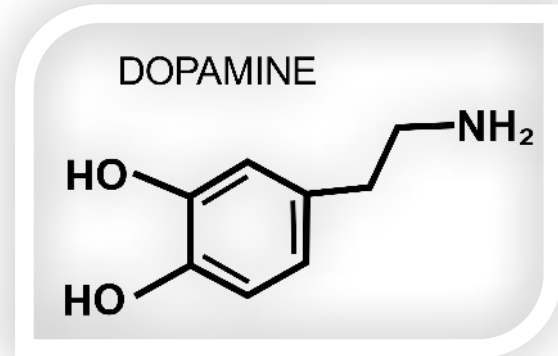


The Science of Addiction

Addiction has been found to have numerous root causes. One of the potential causes of addiction is the brain's response to dopamine.

Dopamine is a neurotransmitter made in the brain that plays a role in how we feel pleasure and is important for thinking and planning.

- When a substance is consumed, there is a fast increase in the amount of dopamine created satisfying the brain's reward center and making the person feel pleasure.
- When a substance is consumed repeatedly, the brain begins to require a higher amount of dopamine to achieve the same feeling.
- At the same time, substances make your body less able to produce dopamine naturally leading to lows when an individual does not use substances.



The Science of Addiction

Another factor that may play a role in addiction are **Adverse Childhood Experiences (ACEs)**.



- Affect brain development
- ACEs are common:
 - 61% of US adults have one ACE
 - 16% have four or more ACEs
- Higher ACEs are correlated with a variety of adverse health outcomes, including obesity, depression and substance use/misuse.

The Science of Addiction

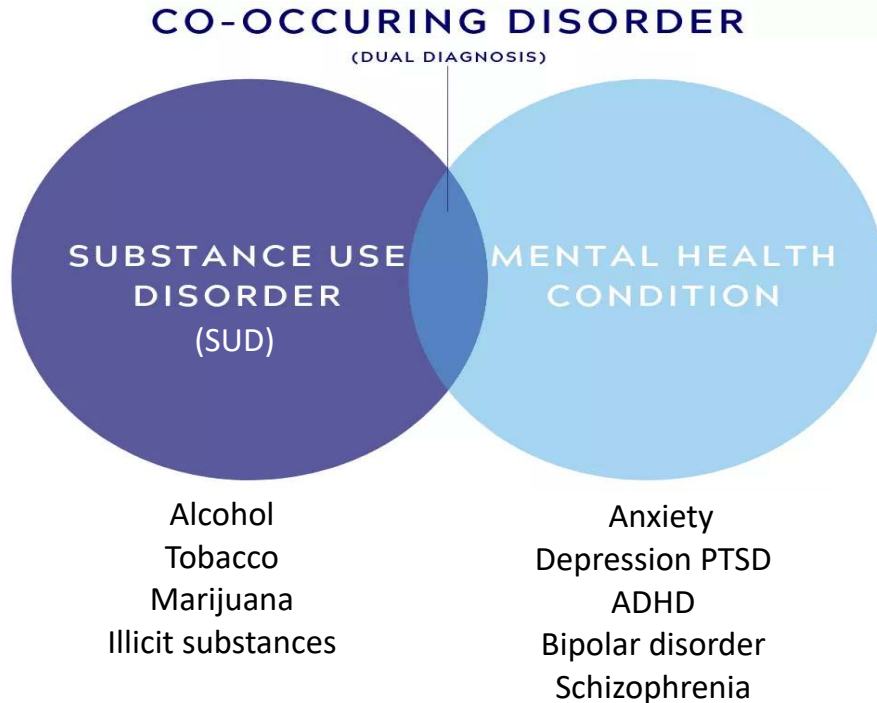
Another factor that may play a role in addiction are **genetics and family history**.

- Science is working to identify genes that increase vulnerability to addiction
- A family history of substance use/misuse increases the vulnerability to addiction



The Science of Addiction

Other factors that may play a role in addiction are **co-occurring mental health conditions**.



- 39% of people with SUD also have a mental health condition
- Share common vulnerabilities
- Self medicating a mental health condition can lead to or contribute to a SUD

The Science of Addiction


Other factors that may play a role in addiction are **community-level factors**.

Community-level factors can increase or decrease vulnerability for substance misuse.



Reducing Stigma

Substance use **falls on a continuum**

- Abstinence/low risk  chronic dependence
- Relapse **does not equal** a moral failure
 - It is a chemical response in the brain
- **40%-60%** will relapse **at least** once
 - Other chronic diseases: 50%-70% with high blood pressure experience symptoms each year that require medical attention

Beware of **unintentional personal bias**

Recognize addiction is often connected to **trauma**

Language Matters

Do away with labels and use “person first” language

(Person with substance use disorder **not** Addict)

- Experiencing stigma can reduce a person’s willingness to seek treatment, take other actions to reduce harm, or ask for help
- Stigma among medical and social services reduces the quality of care

Say this...



- Person with a Substance Use Disorder
- Positive or Negative Toxicology
- Sterile or used needles
- Not using substances
- Person living in recovery

...Not That



- Not Addict or Junkie
- Not clean or dirty screen
- Not clean or dirty needles
- Not clean
- Not ex-addict

Harm Reduction

Harm Reduction is a way of **preventing disease** and **promoting health** that **meets people where they are.**

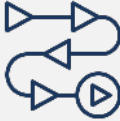
Not everyone is **ready or able** to **stop substance use**; therefore, **scientifically proven** ways of decreasing risks are **essential.**

(e.g., Medication Assisted Treatment (MAT), Naloxone, Syringe Service Programs)

Harm Reduction Core Principles



Non-judgmental approach with a focus on **enhancing quality of life**



Behavior change is an **incremental process**



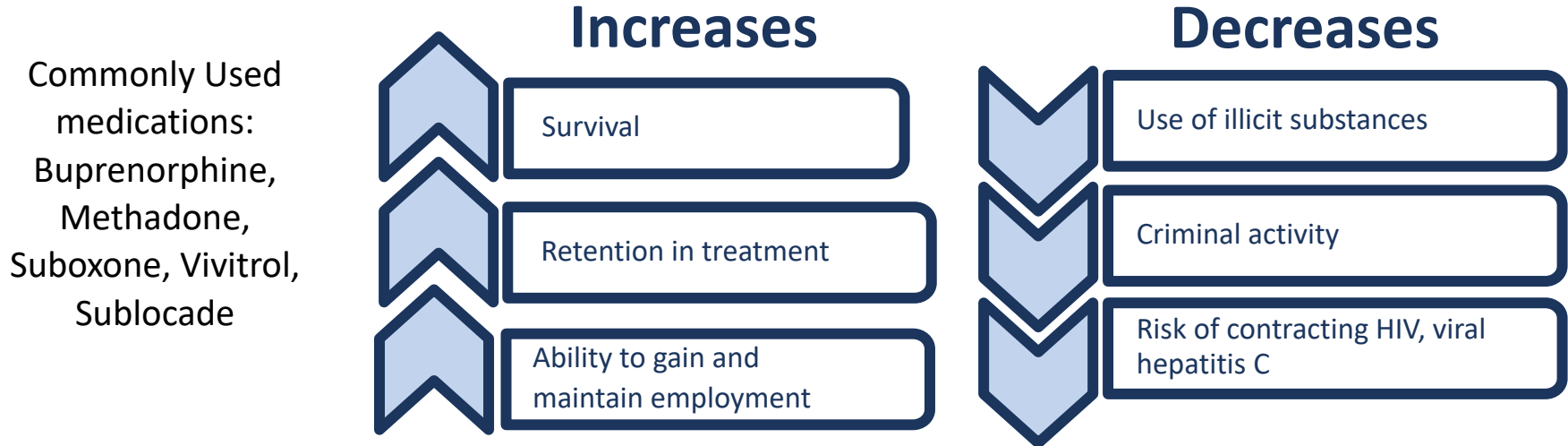
Complex social factors influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma)



Empower those who use substances to be the primary agents in reducing the harms of their substance use

Medication Assisted Treatment (MAT)

Using Medication Assisted Treatment (MAT) is a medically proven tool to **support and sustain recovery.**



MAT is a tool endorsed by the American Society for Addiction Medicine, American Medical Association, and the Substance Abuse and Mental Health Services Administration.

Syringe Service Programs (SSPs)

Community Health Programs

- Sterile injection equipment
- **Testing** for HIV, Hepatitis, STIs and **linkages** to services
- **Referrals** to treatment, medical and social services
- **Education** and **tools** for overdose prevention and safer substance use

SSPs **reduce substance use** over time

- *People who inject drugs are 5 times* more likely to **enter treatment for substance use disorder** when participating in an SSP

SSPs also:

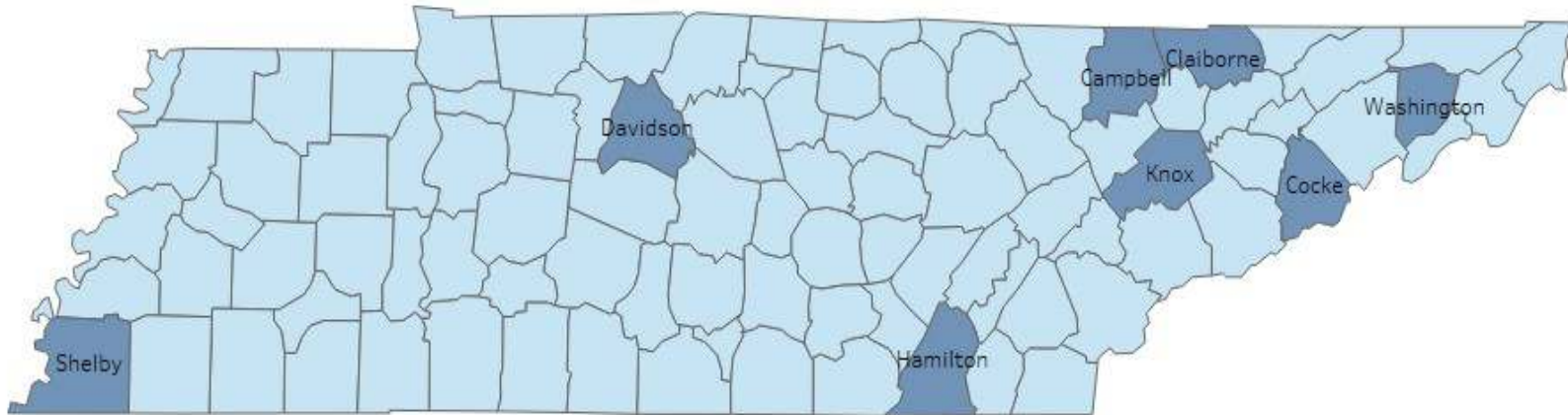
- **Reduce needle stick injuries** among first responders by providing proper disposal
- Provide a place for **safe disposal of used syringes**, reducing them in public places like parks and parking lots
- **Reduce** HIV and Hepatitis C incidences and overdose deaths

Syringe Service Programs (SSPs)

- Tennessee legalized SSPs in 2017
- All SSPs must be licensed through the TN Department of Health
- 5 organizations operate in 12 locations



Updated locations and hours of operation can be found on the TN Department of Health website



What is an Overdose?

An overdose happens when a toxic amount of a drug, or combination of drugs, overwhelms the body.

- Overdoses can look different based on the substance(s) and/or drug(s) involved
- People can overdose on all types of drugs
 - Prescription medications (like Hydrocodone or Adderall)
 - Over-the-counter medications (like Tylenol or Benadryl)
 - Illicit drugs (like Heroin, Fentanyl, or Methamphetamine)

Overdose deaths are preventable with the right tools.

Tools for Preventing Overdoses

1. Knowing the risk factors
2. Recognizing the signs and symptoms of different drug overdoses
 - Opioid overdose
 - Stimulant overdose
3. Learning how to respond to a drug overdose

Risk Factors for An Opioid Overdose

Mixing Substances

- Mixing illicit and prescription opioids
- Mixing opioids with alcohol
- Mixing opioids with benzodiazepines (Xanax, Valium, Ativan)
- Mixing opioids with stimulants

Using after a period of no use

- Jail
- Detox Program
- Treatment facility/Rehab
- Probation/Parole

**Counterfeit
pills or
unknown
substances**

**History of
Substance Misuse**

**Mental Health
Condition**

Chronic Illness

Thoughts of Suicide

Methadone or Buprenorphine Prescription

Using While Alone

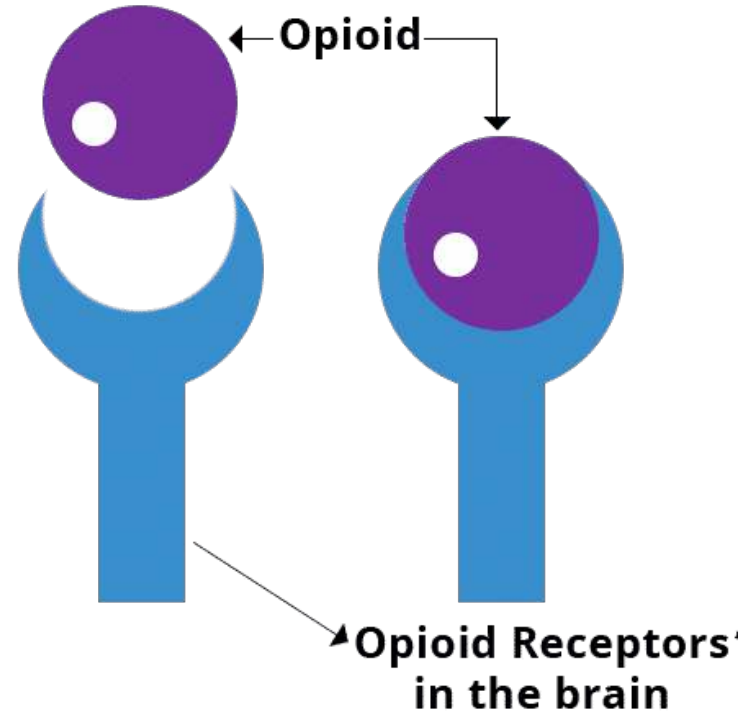
Previous Overdose

Opioid Overdoses: What is an opioid?

“Opioids” is a term for medications and drugs that bind to the opioid receptors in the brain.

Opioids affect the brain’s **regulation of breathing**

Overdoses occur when too many opioids attach, causing **breathing to stop**



Opioid Overdoses: Common Opioids

- Common opioids include illicit drugs as well as prescription medications
- Both prescription and illicit opioids can lead to an overdose

Opioid	Street Names
Codeine	Schoolboy, T-3s
Morphine (Avinza®, Kadian®, MS Contin®)	M, Miss Emma, Monkey, White Stuff
Oxycodone (OxyContin®, Percocet®)	Ox, Oxys, Oxycotton, Kicker, Hillbilly Heroin
Oxymorphone (Opana®)	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Methadone	Junk, Fizzes, Dolls, Jungle Juice
Hydrocodone	Hydro, Norco, Vikes, Watsons, Loritab, Vicodin
Hydromorphone (Dilaudid®, Exalgo®)	Dill, Dust, Footballs, D, Bid-D, M-2, M-80s, Crazy 8s, Super 8s, Dillydad
Fentanyl (Actiq®, Duragesic®, Fentora®)	Apache, China Girl, China White, Goodfella, TNT
Buprenorphine (Subtex, Suboxone)	Sobos, Bupe, Stops Signs, Oranges
Heroin	Dope, Smack, Horse, China White, Hero, Snow

Opioid Overdoses: Fentanyl Overdose

Fentanyl is a **synthetic opioid**, meaning that it is not naturally occurring and must be made using other chemicals.

In 2020, **2 out of 3 fatal overdoses** in Tennessee involved fentanyl.

Fentanyl is about **50 times** as potent as heroin.

Carfentanil is **4,000 times** as potent as heroin and **100 times** more potent than fentanyl.



Opioid Overdoses: Fentanyl

Individuals may consume fentanyl intentionally or without knowing.

Fentanyl has been found in counterfeit prescriptions, illicit opioids, and even illicit stimulants.

Fentanyl is an opioid. A fentanyl overdose can be reversed with naloxone (the opioid overdose reversal medication).

An overdose involving fentanyl may occur faster than other opioids and require more doses of naloxone for a successful reversal.

Opioid Overdoses: Signs and Symptoms

Opioid overdoses can happen slowly, over the course of several hours or more quickly, particularly if fentanyl is involved.

Signs an opioid overdose MAY occur:

Small pupils --- Nodding out ---- Slurred Speech --- Scratching a lot

May be out of it, but still respond to outside stimulus

Signs of an opioid overdose include:

- Unresponsive to stimulus (unconscious)
- Breathing is very slow and shallow, erratic or has stopped
- Choking sounds or snore-like gurgling noise
- Vomiting
- Body is limp
- Face is pale or clammy
- Fingernails and lips turn blue/purplish black
- Pulse is slow, erratic or undetectable

Stimulant Overdoses: What is a stimulant?

- Stimulants are a group of drugs that result in increased activity in the body. This includes increased alertness, heart rate, and energy.
- Both prescription and illicit stimulants can lead to an overdose.

Stimulant	Street Names
Adderall	Dexies, Bennies, Uppers, Addy, Beans, Study Buddies
Ritalin	R-ball, Rids, Skippy, Skittles, Smarties, Vitamin R
Crystal Meth	Chalk, Crank, Crystal, Glass, Crissy, Meth
Cocaine	Blow, Bump, Coke, Nose Candy, Snow, Toot
Ecstasy (MDMA)	E, Love Drug, Molly, Moon Rocks, Scooby Snacks, X
Bath Salts	Bliss, Bloom, Cloud 9, Drone, Stardust
Crack Cocaine	Crack, Hard ball, Rocks, Gravel

Stimulant Overdoses: What is it?

- Stimulants can have many effects on the body including physical and psychological responses.
- Overstimulation known as **overamping** is the name used when talking about a **stimulant overdose**.
- When a stimulant overdose occurs, it can lead to:
 - A severe physical event such as a heart attack, stroke, or seizure
 - A mental health event such as extreme panic, paranoia, hallucinations, or psychosis
- Stimulant overdoses can occur regardless of how much or little you use or how long you have been using. It is very dependent on the person and the substance(s) involved.

Stimulant Overdoses: Risk Factors

Being awake for
too long
(sleep
deprivation)

Dehydration
(not enough
water)

Uncomfortable
environment

High blood
pressure

Mixing
substances/
unknown
substances

Not eating enough

Company that
makes you feel
unsafe

Irregular
heartbeat

No matter the reason, it is dangerous and scary to feel overstimulated.

Stimulant Overdoses: Signs and Symptoms

Stimulant overdose can result in both physical and psychological symptoms.

Physical Symptoms

- Nausea or Vomiting
- Passing out
- Chest pain
- Irregular breathing
- Convulsions
- Limb jerking or rigidity
- Tremors
- Feeling paralyzed while awake
- Unable to sleep
- Rapidly increasing temperature/fever
- Large pupils

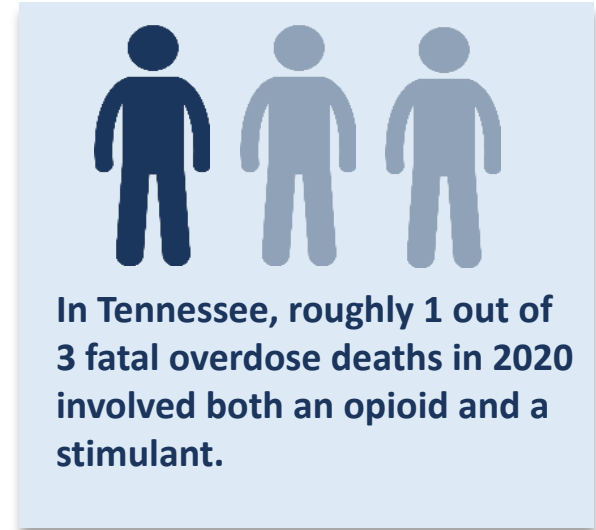
Psychological Symptoms

- Extreme anxiety
- Panic
- Paranoia
- Hallucinations
- Agitation
- Irritability/Aggressiveness
- Hyperawareness of surroundings

Overdose Involving Multiple Substances

When multiple substances are involved, it can be hard to know when someone is having an overdose.

In Tennessee, overdoses **involving multiple substances** are common. The signs and symptoms of these overdoses may look different from what was previously described.



If an opioid or fentanyl could be involved, administer naloxone!

Responding to an Overdose: Assess Situation

Assess the situation

Is the person responsive?
Can they communicate?

Assess your personal safety

Do you feel safe approaching
the person without
endangering yourself?

Maintaining Personal Safety

Fentanyl poisoning/overdose by someone responding to an overdose is extremely rare.

- *Fentanyl does not easily absorb through the skin unless there is an open wound*
- *Unless it is intentionally put in the air (for example, thrown) the quantity in the air is unlikely to cause an overdose*

Naloxone can be administered safely in the presence of fentanyl with basic precautions.

- Use latex gloves (if available)
- Wash your hands with soap and water (not hand sanitizer)
- Do not eat, drink, smoke or touch your face before washing your hands

Do not let fear stop you from saving a life!

Responding to an Overdose: What NOT to Do

Do not put the individual into a **cold bath** or **shower**. They could drown.

Do not **inject** the person with **any other substance** (saltwater, milk, “speed”, etc.). This does not work and may cause infection.

Do not try to make the person **vomit** or give them something to **eat or drink**. They could choke.

Do not give over-the-counter drugs or vitamins (No-Doz, Niacin). These do not help.

Do not hurt the person by trying to wake them up. This will not work and may cause other injuries.

Responding to an Overdose: Naloxone

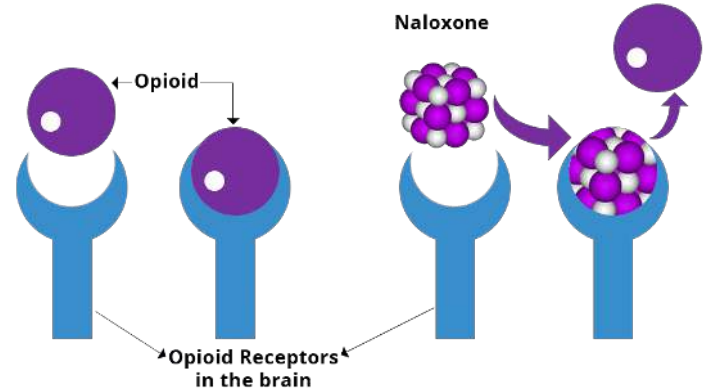
Administering naloxone is the **ONLY** successful way to reverse an opioid overdose

Naloxone reverses the effects of opioids by binding to the opioid receptors more powerfully than opioids

Naloxone knocks the opioid off the receptors temporarily so that breathing can be restored (**30-90 mins**)

Naloxone results in a person going into **temporary withdrawal**

It is **not possible to overdose** on naloxone



Naloxone restores breathing, but other symptoms **caused by stimulants** will not be affected by naloxone and need to be treated by medical professionals, **so call 911 as soon as you suspect an overdose.**

Responding to an Overdose: Naloxone Variations

Most Common Forms

Intranasal

Nasal (nose) spray



Brand names: Narcan, Kloxxado

Intramuscular

Use syringe to inject
liquid naloxone into
OUTER THIGH



Other Forms

Intranasal

Nasal (nose)
spray-Atomizer



Intramuscular Autoinjector



Responding to an Opioid Overdose: Step 1

Try to Maintain Responsiveness

- Call the person's name
- Shake the person gently
- Utilize the "sternum rub"
 - Make a fist
 - Use the middle joints of your fingers (not the knuckles)
 - Firmly rub the center of the person's chest to wake them up



Responding to an Opioid Overdose: Step 2

Administer Naloxone

PEEL



Peel back the pack to remove device. Hold device with your thumb on the bottom of the plunger and two fingers on the nozzle.

Do NOT prime the device.

PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the recipient's nose.

PRESS



Press the plunger firmly to release the dose into the person's nose.

Responding to an Opioid Overdose: Step 3

Dial 911

- Stay with person until emergency medical services arrive
- Tell 911:
 - Address/location
 - Whether or not breathing has slowed or stopped
 - How much Naloxone you administered (if any)
 - What substances the person took (if you know)

****Steps 2 and 3 can occur in the reverse order, depending on which can be achieved more quickly.****

Responding to an Opioid Overdose: Step 4

Administer Chest Compressions/ CPR

***Chest compressions/CPR should only be done if certified or as instructed by 911 operator!

If instructed to give CPR, and you do not feel comfortable giving “rescue breaths,” chest compression-only CPR is better than no CPR.

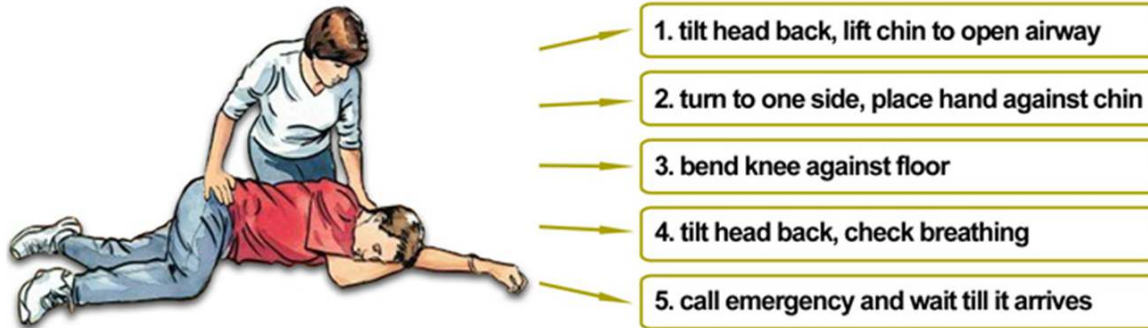


Responding to an Opioid Overdose: Step 5

Place individual in Recovery Position

- This position will help prevent the person from potentially inhaling vomit

Overdose Recovery Position



Responding to an Opioid Overdose: Step 6

Stay with Individual and Observe

- May have no memory of overdosing
- Comfort individual: Naloxone triggers opioid withdrawal symptoms
- Help the individual remain calm
- Discourage using more opioids for **at least 2 hours**:
 - Continued opioid use **will not help** with withdrawal
 - Encourage individual to receive treatment from paramedics:
 - To prevent another opioid overdose
 - To receive care for opioid withdrawal symptoms

Responding to an Opioid Overdose: Step 7

Inform Paramedics

- When EMS arrive, tell them that naloxone was administered (and how much)
- If known, tell them what substances the individual took and how much



Responding to an Overdose

- Naloxone will only last 30-90 minutes; opioids can stay in a person's system for hours
- A second opioid overdose can occur, *especially if the individual takes more opioids* to counter withdrawal symptoms
- Naloxone may cause an individual to experience some of the following withdrawal symptoms:
 - Be violent/erratic
 - Projectile vomit
 - Have a cardiovascular event (if pre-existing condition)
 - Experience musculoskeletal pain

After an Overdose

After someone experiences an overdose or someone responds to an overdose, it is important to know the following:

- Your own rights and the rights of the person who experienced the overdose
- How experiencing or responding to an overdose may impact your own mental health

After an Overdose: Protection from Liability

Tennessee Addiction Treatment Act

Allows the use of naloxone for someone experiencing an opioid overdose.

Any person seeking medical attention for themselves or someone else after an overdose has **immunity from prosecution** for a drug violation on the person's first drug overdose.

Tennessee Good Samaritan Act

Allows any person who has received basic instruction (evidenced by certificate) to **administer naloxone in good faith** to a person experiencing an opioid overdose.

After an Overdose: Compassion Fatigue and Burnout

Compassion Fatigue

Starts quickly

Experiencing signs
and symptoms of
trauma that didn't
happen to you

Burnout

Cumulative/
grows over
time

Cumulative process of
emotional exhaustion
associated with
workload/stress

Not limited to people in “helping professions”

Substance misuse affects family, friends, and loved ones

After an Overdose: Compassion Fatigue and Burnout

Mental/Emotional Symptoms

Reduced sense of accomplishment, meaning in work

Reduced productivity

Self isolation

Irritability



Physical Symptoms

Exhaustion (physical, mental and/or emotional)

Difficulty sleeping

Headaches, stomachaches, digestive issues, chronic pain

After an Overdose: Compassion Fatigue and Burnout

Actions to Take



Practice healthy routines

Eat well, sleep enough, exercise



Take time to process your experiences

Journaling and meditating are good strategies



Practice healthy boundaries

Know that you are can't do it all



Find and use support

Find someone to talk to



Practice mindfulness

Find a resource that works for you



Take breaks

Take time off or away



Be understanding of yourself

Know that the pain you feel is understandable



Nurture your whole self

Including hobbies, relationships and spirituality

Avoid



Working longer and harder



Neglecting your needs & interests



Self medicating



Fall into the habit of complaining to your coworkers

Naloxone Training Assessment

Naloxone Training Assessment

1. What forms of naloxone are available?

- a. Intranasal
- b. Intramuscular
- c. Both A & B
- d. None of these

Naloxone Training Assessment

2. More than one dose of naloxone may be necessary before EMS arrival.

a. True

b. False

Naloxone Training Assessment

3. You should give the naloxone and leave the patient alone.

a. True

b. False

Naloxone Training Assessment

4. When administering intramuscular naloxone, where is the best location to give the injection?

- a. In the chest
- b. In the outer thigh**
- c. In the arm
- d. In the stomach

Naloxone Training Assessment

5. How long does naloxone last?

- a. 30-90 minutes
- b. 3 hours
- c. 8 hours
- d. 12 hours

Naloxone Training Assessment

6. Naloxone is an addictive substance.

a. True

b. False

Naloxone Training Assessment

7. How do you determine when someone is overdosing?

- a. The patient is unresponsive even after a sternal rub.
- b. The patient has shallow breathing or is not breathing at all.
- c. Pale, clammy skin.
- d. Blue Skin, especially around the lips and fingernails.
- e. Extremely small, pinpoint pupils.
- f. All of the above.

Naloxone Training Assessment

8. Call 911 as soon as you suspect an overdose.

a. True

b. False

Naloxone Training Assessment

9. Chest compressions or CPR may be necessary.

a. True

b. False

Naloxone Training Assessment

10. What law protects you from civil liability when administering naloxone to someone you suspect is overdosing?

- a. TN Addiction Treatment Act
- b. The Good Samaritan Act
- c. The Overdose Protection Act
- d. None of the Above

Community Resources: Naloxone

In TN, anyone may obtain Naloxone **directly from a pharmacist** without a physician's prescription.

- **Most insurance programs cover or offer a co-pay option**
 - Cost range: \$0-\$150 (depending on insurance)
 - Low/no copay for most with TennCare (up to 2 units per person per month)
 - Can use FSA, HSA or HRA accounts
- **If you are uninsured, you may qualify for CoverRX which is a program that helps with prescription medications, including naloxone.**
- **Getting it from a pharmacy**
 - Major pharmacies: CVS, Walgreens, Rite-Aid, etc.
 - Some local/community pharmacies
 - Also consider pharmacy delivery or by-mail (if you don't want to go into your pharmacy)

The Tennessee Save a Life program (which provides this training) prioritizes naloxone distribution for those at high risk/family members and who do not have other means of accessing naloxone.

Help us know our impact!

Currently, our data tells us that naloxone provided through this grant has reversed **more than 26,000 overdoses** in Tennessee since 2017

- We know this is a conservative estimate as it is only based on reported Naloxone administrations.
- To more accurately capture lives saved, we ask that you complete a brief and anonymous overdose reversal form if you administer naloxone provided through this grant.
 - This data is not reported to law enforcement and is used for the sole purpose of demonstrating how naloxone purchased under this grant is saving lives.
 - You can submit this data at:
<https://bit.ly/reverseOD>

What can YOU do in YOUR community

- Carry naloxone to prevent opioid overdose
- Lock up prescription medications
- Drop off unused medication
- Raise awareness in your community/schedule a training
- Continue learning:
 - ACEs, suicide prevention, mental health first aid
- Get involved in your drug-free/prevention coalition
- Know where to find treatment and recovery resources in your community
 - TN Redline: 1-800-889-9789 (call or text)
- Support loved ones in their recovery journey
- Seek out support for yourself if you have a loved one misuses substances
- Advocate for treatment and mental health supports at your workplace (EAP services, health insurance coverage)

Community Resources: Substance Misuse Prevention

Use this if there is a coalition in this county



Memphis Area Prevention Coalition
www.memphis.org
(901) 249-2828
memphisprevent@gmail.com



Safely Dispose of Unwanted Prescription Medications

Insert list of permanent drop off locations
Drop off location
Any others?

<https://tdeonline.tn.gov/rxtakeback/>

TN TOGETHER

For information about activities and events you can do with your family or in your community

TnTogether.com

Count It! Lock It! Drop It!®



Don't Be An Accidental Drug Dealer

For resources on safe medication steps to take in your home, visit
CountItLockItDropIt.org

Community Resources: Substance Misuse Prevention

Use this if there is NOT a coalition in this county

For resources on safe medication steps
to take in your home
CountItLockItDropIt.org



For locations of
Pharmaceutical
Take Back Boxes
near you

<https://tdeconline.tn.gov/rxtakeback/>

Count It! Lock It! Drop It!®



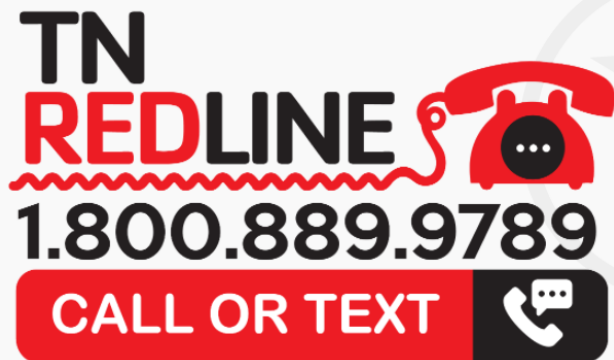
Don't Be An Accidental Drug Dealer

TN  TOGETHER

For information about activities and
events you can do with your family or
in your community

TnTogether.com

Community Resources: Treatment and Recovery Services



The **Crisis Line** is a 24/7/365 resource for mental health crisis. You will be connected to a trained crisis counselor. Available by phone or text.

The **TN REDLINE** is a 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text for confidential referrals.



Text **SAVE** to **30678**

The **TN Recover App** is available for people in recovery from substance use disorder or for people looking for more information on substance misuse prevention. The free app is available for Apple and Android.

Thank you for coming today!

Filling out a ROPS Evaluation form is an important way you can help us continue serving our communities by showing that we are providing effective training.

Evaluations are completely **anonymous**, so please feel free to answer openly and honestly.



<https://bit.ly/PreventODTraining>

Thank you for coming!

David Fuller, ROPS Region 7
901-484-2852 and david@memphisprevention.org
Shelby County

To find the ROPS for your area, contact me or visit www.tn.gov/behavioral-health/ROPS



Please complete a quick evaluation survey here.



Thank you for coming today!

David Fuller, ROPS Region 7
901-484-2852 and david@memphisprevention.org
Shelby County

Please take a couple minutes to complete the evaluation, so we can keep improving this training. The surveys are completely anonymous so feel free to answer openly and honestly.



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