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CONSORTIUM

Alaska ID ECHO

November 14, 2023

This ECHO (Extension for Community Healthcare Outcomes) is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided by the HHS Secretary's Minority HIV/AIDS Fund.

AK ID ECHO

Consultant team

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Agenda

Didactic Presentation:

- Naloxone 101: Opioid Use Data in Alaska, Opioid Overdose Response and Opioids and the Brain (a patient education tool)
- Questions and Group Discussion

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STIs

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. CPE Credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

The ANMC Joint Accreditation CE Program Portfolio additionally supports Behavioral Health (APA), Social Work (ASWB-ACE), and Dietitians (CPEU).

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD and Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



For more information contact
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Naloxone 101

Opioid Use Data in Alaska, Opioid Overdose Response,
and Opioids and the Brain (a patient education tool)

Mallika Kolachala, MPH

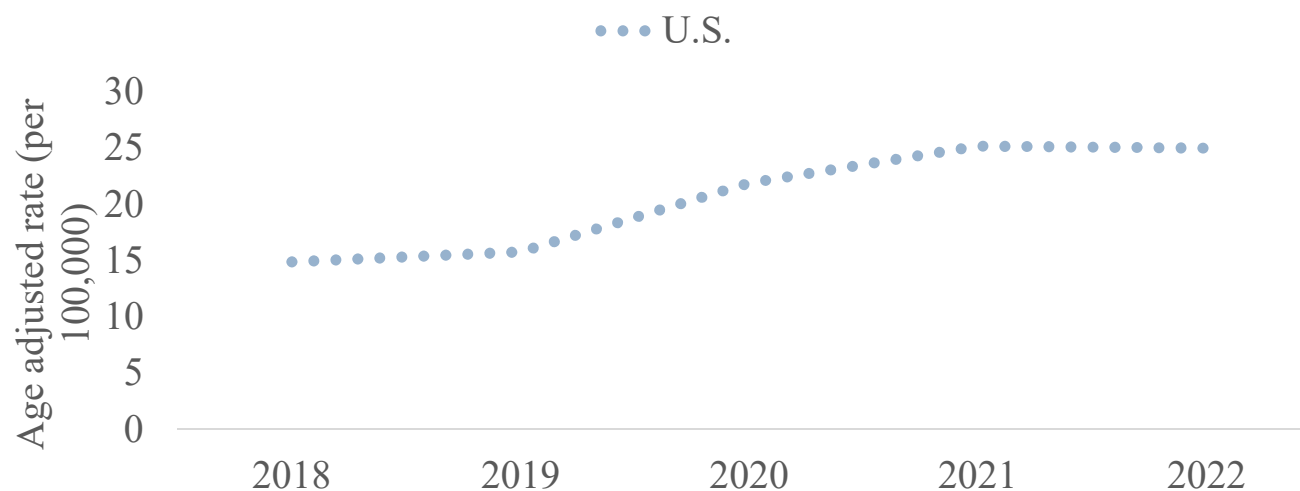


Objectives

1. Opioid overdose statistics and the current opioid epidemic in Alaska
2. How to recognize an opioid overdose emergency
3. Learn how to respond to an opioid overdose by using naloxone
4. Where to order free harm reduction supplies
5. Learn about the development of a patient education tool using Augmented Reality



Nationally, opioid overdose mortality has increased about 70%



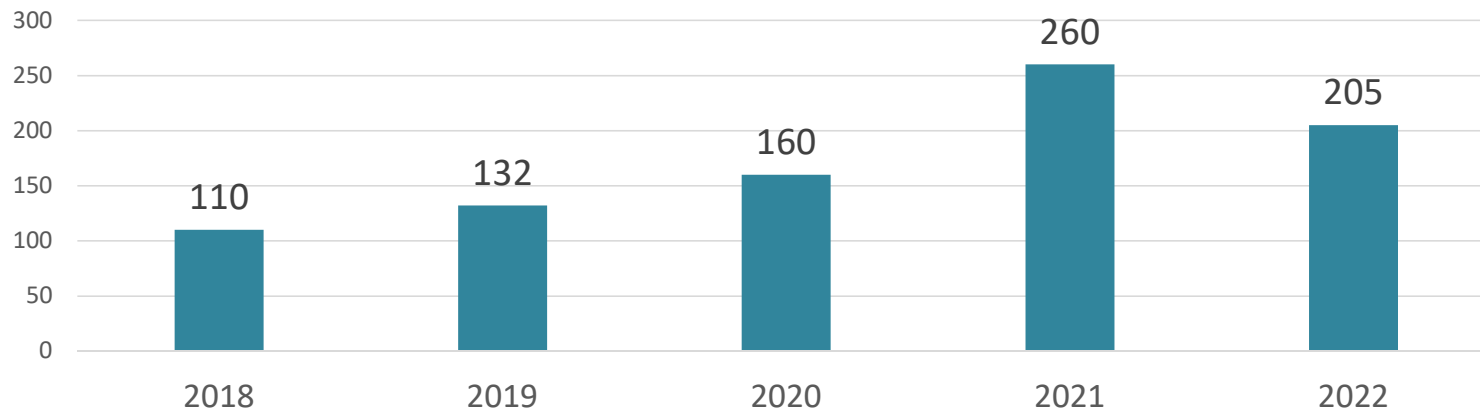
Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html>; Opioid overdose: MCD - ICD-10 Codes: T40.0 (Opium); T40.1 (Heroin); T40.2 (Other opioids); T40.3 (Methadone); T40.4 (Other synthetic narcotics); T40.6 (Other and unspecified narcotics)



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Alaska Drug Overdose Data

Number of drug overdose deaths, Alaska statewide data, by year, 2018 through 2022



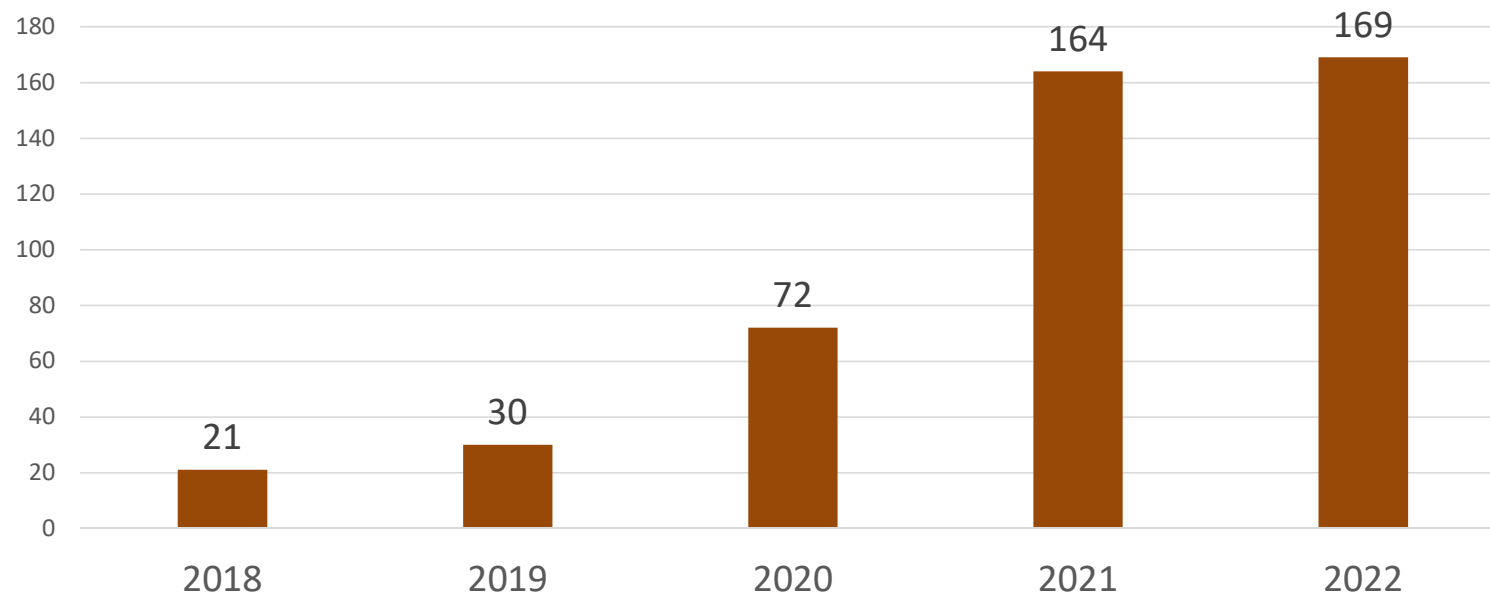
Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html>, May 2023.



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Alaska Drug Overdose Data

Number of Drug Overdoses, Alaska Statewide Data, by Other Synthetic Narcotics, 2018 through 2022

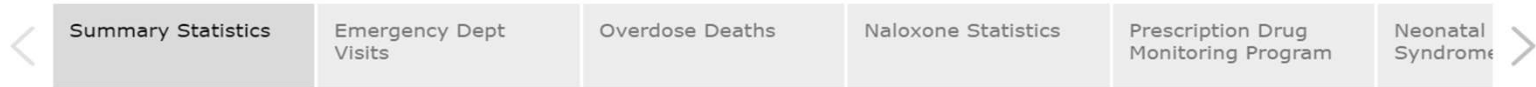


Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html>, May 2023.



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Alaska Opioid Data Dashboard



The dashboard is typically updated the first week of every month

Last updated September 5, 2023

220

Opioid Overdose Deaths
June 2022 - May 2023

97

Opioid-Related ED Visits
August 2023

291

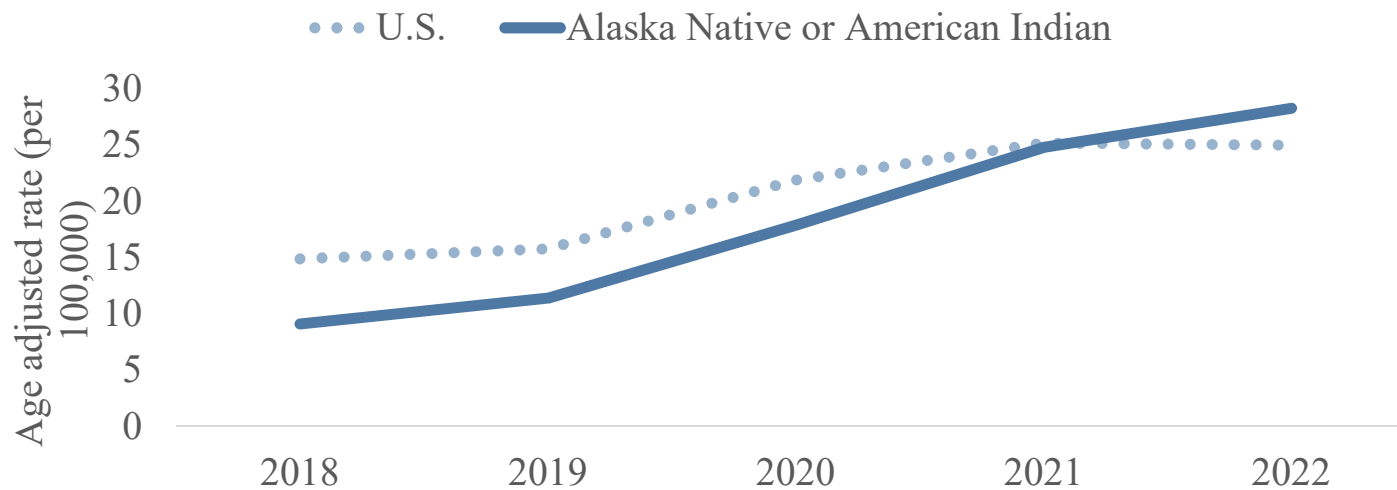
All Drug-Related ED Visits
August 2023

<https://health.alaska.gov/dph/Director/Pages/opioids/dashboard.aspx>



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Alaska Native or American Indian opioid overdose mortality has increased about 200%



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html>; Opioid overdose: MCD - ICD-10 Codes: T40.0 (Opium); T40.1 (Heroin); T40.2 (Other opioids); T40.3 (Methadone); T40.4 (Other synthetic narcotics); T40.6 (Other and unspecified narcotics)



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Statewide Opioid Action Plan

Alaskans have unique perspectives, cultures, experiences, and expertise related to the opioid crisis.

- **GOAL 1:** Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction
- **GOAL 2:** Alaskans communicate, coordinate, and cooperate on substance misuse efforts
- **GOAL 3:** Alaskans reduce the risks of substance misuse and addiction
- **GOAL 4:** Alaskans experience fewer problems associated with drug use
- **GOAL 5:** Alaskans have timely access to the screening, referral, and treatment services
- **GOAL 6:** Alaskans build communities of recovery across Alaska

Resource: <https://health.alaska.gov/dph/Director/Documents/opioids/Statewide-Opioid-Action-Plan-2018-2022.pdf>



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NALOXONE TRAINING AND OPIOID OVERDOSE RESPONSE



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Definitions

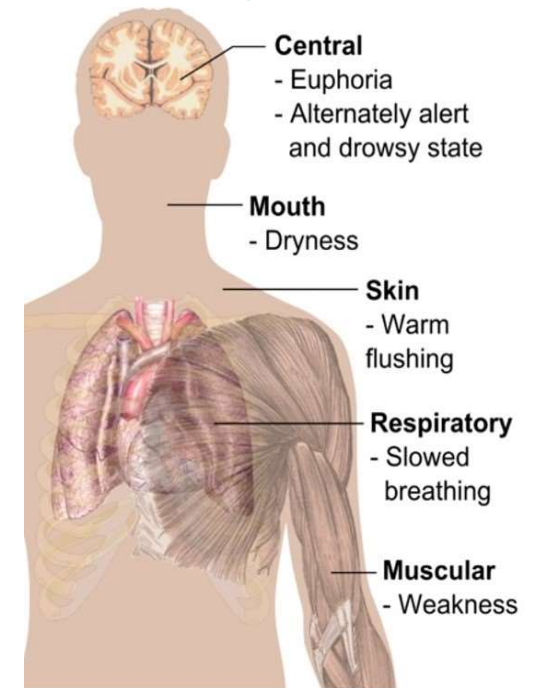
- **Opioid**: A class of drug that blocks pain signals by binding to opioid receptors in the brain and body; often used to treat pain.
- **Opioid Overdose**: An acute condition when an excessive amount of opioid is swallowed, inhaled, injected or absorbed through the skin, intentionally or unintentionally, leading to respiratory depression and possibly death.
- **Naloxone**: A prescription opioid antagonist that can temporarily reverse the effects of an opioid overdose and prevent death (brand names Narcan[®] and Kloxxado[®]).
 - ❖ More than one dose may be necessary to maintain opioid reversal.
- **First Responders**: A person who is designated to immediately respond to an emergency.



What Are Opioids?

Generic Name	Trade Name	Street Name
Hydrocodone	Lortab, Vicodin	Hydro, Norco, Vikes, Watsons
Oxycodone	Oxycotin, Percocet	Ox, Oxy, Oxycotton, Kicker, Hilbilly Heroin
Morphine	Kadian, MSContin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Carfentanil	Wildnil	Drop Dead, Flatline, Lethal Injection, Poison, TNT
Hydromorphone	Dilaudid	Dill, Dust, Foodballs, D, Big-D, M-80s, Crazy 8s
Oxymorphone	Opana	Blue Heaven, Octagons, Pink, Pink Heaven
Meperidine	Demerol	Dillies, D, Juice
Methadone	Dolophine, Methadose	Junk, Fizzies, Dolls, Jungle Juice
Heroin	Diacetylmorphine	Dome, Smack, Big H, Black Tar, Dog Food
Buprenorphine	Bunavail, Suboxone, Subutex, Zubsolv	Sobos, Bupe, Stops, Stop Signs, Oranges

Short-term effects of
Opioids



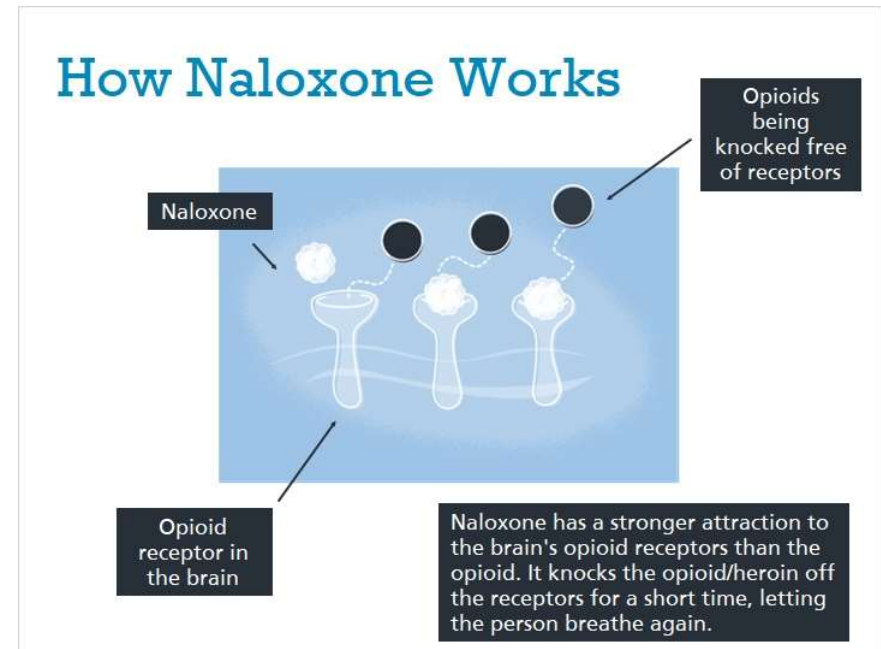
Naloxone

- Naloxone is a life-saving medication that reverses the effects of opioids, including heroin, fentanyl, and other opioids.
- It is available as a nasal spray.
 - ❖ Narcan[®] and Kloxxado[®] are two brand names for naloxone. There are both pre-filled devices that spray the medication into the nose.
- Naloxone is supported by many organizations (WHO, NDCP, etc.) and has been used for decades to reverse opioid overdoses and **save lives**.
- State of Alaska Project Hope and ANTHC's [iknowmine.org](https://www.iknowmine.org) offer naloxone nasal spray.



How Does Naloxone Work?

“Knocks” the opioid off the opiate receptor
Effective usually within 1 to 3 minutes
Effects last between 30 to 90 minutes
No opioids = no effect
Naloxone has no harmful effects if a person has not used any opioids



What Does Naloxone Reverse?

DOES REVERSE:

Opioids
Heroin

DOES NOT REVERSE:

Cocaine
Methamphetamines
Valium
Xanax
Alcohol



Opioid Overdose Risk

What increases a person's risk of overdose:

- Prior overdose
- Reduced tolerance
- Mixing drugs (i.e., combining opioids with other drugs like alcohol, meth, etc.)
- Using alone (by oneself)
- Variations in strength of the substance or quantity
- Medical conditions such as lung disease, or kidney or liver problems





Opioid Overdose Response

**NALOXONE IS THE ONLY EFFECTIVE RESPONSE
TO AN OPIOID OVERDOSE!**



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Why Should You Carry Naloxone?

- The **life-saving benefits** of naloxone in reversing opioid overdose is clear
- Delay in administering naloxone can lead to **avoidable death and injury**
- EMS who can administer naloxone **do not always arrive on the scene quickly** enough
- Administration of naloxone by a First Responder has become **standard** across the country
- **No negative health outcomes** have been reported after over 40 years of utilization



Opioid Overdose Response Kit



Included in the kit:

- Naloxone nasal spray, two doses
- Latex-free gloves
- Face shield for CPR rescue breathing
- Fentanyl test strip
- Instructions



How Overdoses Occur

1. **Slow breathing**
 2. **Breathing stops**
 3. **Lack of oxygen may cause brain damage**
 4. **Heart stops**
 5. **Death**
- ❖ Opioids suppress the urge to breath
 - ❖ Carbon dioxide levels increase
 - ❖ Oxygen levels decrease
 - ❖ Process takes time
 - ❖ There is time to respond, but no time to waste



Recognizing an Opioid Overdose

What an overdose looks like:

- Pale, clammy skin
- Breathing is infrequent or has stopped
- Deep snoring or gurgling (death rattle)
- Unresponsive to any stimuli
- Slow or no heart rate and/or pulse
- Blue lips and/or fingertips
- Tiny pupils



Recognizing an Opioid Overdose

Really High	Overdose
Muscles become relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking	Deep snoring or gurgling (death rattle)
Responsive to shouting, ear lobe pinch, or sternum rub	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue lips and/or fingertips



Responding to an Opioid Overdose

- 5 Key Steps:
 - Check for signs of an opioid overdose
 - Administer naloxone
 - Call 911 or emergency services
 - Initiate rescue breathing (if needed)
 - Conduct assessment and respond as needed

Video: https://youtu.be/ktd_q9sDnZ0

Full training here: <https://www.iknowmine.org/narcan-training-module/story.html>



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Step 1: Check for opioid overdose signs

- Put on gloves
- Check for breathing and overdose signs
- Try to stimulate the person (e.g., wake them up, gently nudge them)
- If the person does not respond or is not breathing, proceed to step 2



Step 2: Administer Narcan[®]

- Place the person on their back, tilting their head back
- Administer the full dose of Narcan[®] into one nostril
- Place the individual in the *Recovery Position*



Step 3: Call 911 or Emergency Services

- Speak calmly and clearly.
- Give the exact address and location.
- Tell them there is an overdose emergency and you have administered Narcan®



Complications may arise during an opioid overdose response including withdrawal.

Calling 911 to request Emergency medical services is critical.

Step 4: Initiate rescue breathing or CPR (if needed)

- Roll the individual onto their back to begin rescue breathing
- Administer 1 breath every 5 seconds for 3-5 minutes until EMS arrives

Brain damage can occur 3-5 minutes without oxygen. Once you give Narcan[®], it may take some time for it to take effect. This means the person may not start breathing on their own right away.

Step 5: Conduct assessment and respond as needed

There are two scenarios in which you may need to administer a second dose of Narcan®:

- If the individual has not responded to the initial dose within 2-3 minutes
- If the individual has relapsed into an overdose again after having previously recovered with the first dose

Things to Remember

- Narcan[®] has a short working life, meaning it can reverse the effects of opioid overdose for around 30-45 mins. After this, relapse (overdose) can happen again.
- Calling for emergency assistance is very important no matter how a person responds to Narcan[®].
- If the individual hasn't started breathing on their own, continue CPR/rescue breathing. Be sure to wait for emergency medical responders.

Myths About How To Reverse An Opioid Overdose

01

DO NOT put them in a bath. They could drown.

02

DO NOT induce vomiting or give them something to drink. They could choke.

03

DO NOT try to stimulate them in a way that could cause harm such as slapping or punching.

04

DO NOT inject them with foreign substances like salt water, milk or other drugs. It will not help reverse the overdose and may expose them to bacterial or viral infections.



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Frequently Asked Questions

How much naloxone is too much? How many doses can you give?

- There is no maximum dose, it can be given every 2 – 3 minutes until there is a response or emergency medical services assumes care

If someone starts to breathe after one dose but is not fully conscious, should a second dose be given?

- Yes, naloxone should be given every 2 – 3 minutes until a full response of regaining consciousness and breathing 12 – 20 breaths per minute (18 – 40 breaths if under 6 years old)

When do you do rescue breathing versus full cardiopulmonary resuscitation (CPR)?

- If response is early enough only rescue breathing is needed, however, if there is no pulse proceed with full CPR efforts



Frequently Asked Questions

Can I provide a kit to someone under 18 years of age?

- Grant requirements for Project HOPE and ANTHC's iknowmine program do not allow naloxone kits to be distributed to anyone under 18

Can I administer naloxone to someone under 18?

- Yes, the individual could die without it

Where should I store my naloxone kit?

- Naloxone has a long shelf life of up to two years. It should be stored at room temperature. Be sure to keep a rescue kit with you so it is readily available

Does naloxone expire?

- Yes, the naloxone kits do have an expiration date. If you notice your kit is about to or has expired contact info@iknowmine.org for a new one





Winter is Cold



- If possible, keep naloxone stored at room temperature.
- Naloxone nasal spray freezes at temperatures below 5°F (-15°C).
- If this happens, the device will not spray.
- Leave the device at room temperature for 15 minutes to thaw the medicine before use.



Want to learn more?

- Compilation of Resources & Webinars: <https://anthc.org/what-we-do/behavioral-health/resources/>
- Project Hope: <https://health.alaska.gov/osmap/Pages/hope.aspx>
- Where to access naloxone in Alaska: <https://health.alaska.gov/osmap/Documents/ProjectHOPEcontracts.pdf>



ANTHC Contact

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Substance Misuse Prevention Program Manager

jasummers@anthc.org

Order Supplies/ Educational Information Available at:

www.iknowmine.org/shop



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OPIOIDS AND THE BRAIN: AUGMENTED REALITY PATIENT EDUCATION TOOL



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What is Augmented Reality?



- Augmented Reality (AR) is the projection of interactive, three-dimensional digital models and information over real-world objects and views.



Why Augmented Reality?

1. Opioid overdose mortality is increasing
2. Misinformation about medication assisted treatment (MAT) is preventing treatment uptake
3. OUD is associated with cognitive impairment that can make it harder for patients to refute misinformation, to understand how treatment works, and to make informed decisions
4. AR shows patients why abstinence fails
5. AR shows patients how MAT reduces relapse
6. AR enhances self-efficacy, puts patients in control



Opioids and the Brain

With input from physicians and other experts, an augmented reality learning experience was developed.

- Incorporates culturally appropriate images
- Plain-language explanation of neurophysiology
- Aims to reduce social stigma
- Helps patients make more informed decisions about their care



Behavioral Effects

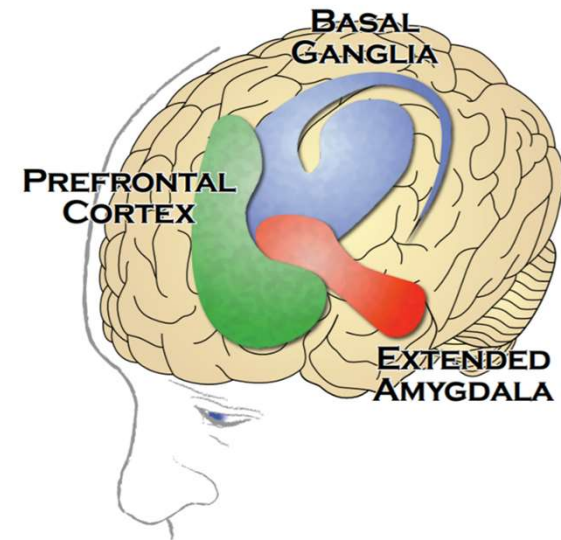
Opioid users can experience:

- Insensitivity to punishment
- Insensitivity to future consequences
- Impaired spatial learning and cognition



Opioid use and childhood trauma are associated with adult impaired spatial learning and cognition

- “We observed a significant effect of (childhood) trauma history on spatial/pattern learning.”¹
- “Physical neglect correlated with impaired spatial working memory and pattern recognition memory.”²
- “Decreased white matter FA in the prefrontal and temporal cortex was associated with decrements in performance on a spatial planning task and a visual learning and memory task in children who suffered early neglect.”³



1. Syal S, Ipser J, Phillips N, Thomas KG, van der Honk J, Stein DJ. (2014). The effect of childhood trauma on spatial cognition in adults: a possible role of sex. *Metab Brain Dis.* 2014 Jun;29(2):301-10. doi: 10.1007/s11011-014-9497-4. Epub 2014 Feb 21. PMID: 24553877 | 2. Majer, M., Nater, U.M., Lin, J.M.S. *et al.* (2010). Association of childhood trauma with cognitive function in healthy adults: a pilot study. *BMC Neurol* 10, 61 (2010). | 3. De Bellis, M. D. *et al.* (2009). Neuropsychological Findings in Childhood Neglect and Their Relationships to Pediatric PTSD.” *J Int Neuropsychological Soc* 15.6: 868–878. | 4. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing addiction in America: The Surgeon General’s spotlight on opioids. Washington, DC: HHS, November 2016. https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf



So we made an app...



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Why AR for Opioid Use Disorder

1. Overdose deaths are increasing
2. Misinformation is preventing treatment uptake
3. Augmented Reality (AR) spatially shows why abstinence fails
4. AR spatially shows how medications for addiction work
5. AR enhances self efficacy and puts patients in control



Why AR for Childhood Trauma

1. Childhood trauma is associated with impaired spatial reasoning and cognition, which can make it harder to learn from traditional 2D brochures
2. There are virtually no patient education materials about the brain and behavioral effects of childhood trauma
3. AR shows spatially how trauma can affect decision making, behavioral regulation, and impulse control
4. AR shows spatially how brain networks can reprogram, learn, and recover
5. AR puts patients in control while enhancing self-efficacy



Cons

1. Few ready made solutions, content development can be expensive
2. Gesture recognition may be difficult for some users
3. Shared-experience function takes time to set up
4. Can be hard to introduce into healthcare setting
5. Limited field of view
6. Motion sickness
7. Eye strain

Pros

1. Informed patients can make better decisions about their care
2. Reduced anxiety
3. Reduced social stigma
4. Increased uptake of treatment
5. Rapidly developing technology makes AR more affordable, engaging than ever
6. Enhanced sense of personal agency, self-efficacy
7. May be effective as a learning activity for patients in counseling



Thank You

qagaasakung baasee' tsin'aen quyanaq
dogedinh quyanaa igamsiqanaghalek
'awa'ahdah gunalchéesh chin'an mahsi'
miigwech tsin'ee way dankoo háw'aa quyana

Tim Collins | twcollins@anthc.org

To learn more about the "Opioids and the Brain" app for Hololens2,
or to reserve a set of loaner lenses, contact:

Mallika Kolachala at mkolachala@anthc.org

anthc.org/epicenter | (907) 729-4567 | anepicenter@anthc.org



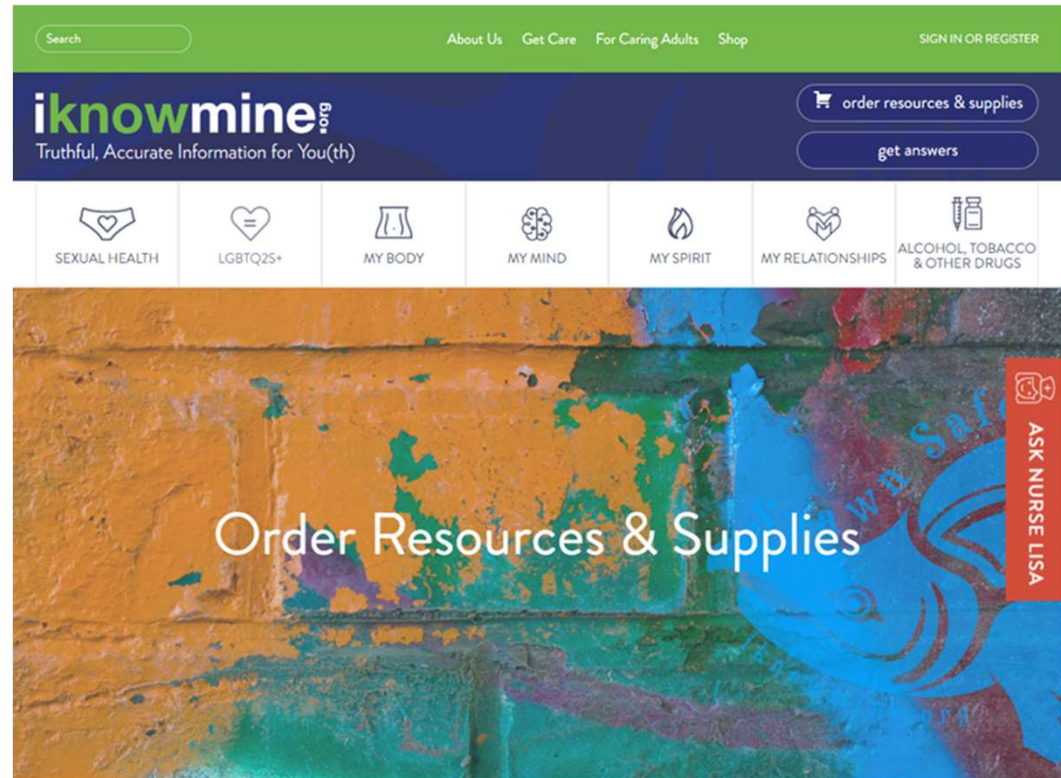
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Questions

You're welcome to unmute yourself or add your question in the chat box.

ANTHC's iknowmine.org program

Free prevention resources are available
at iknowmine.org/shop.



HARM REDUCTION KIT



CONDOMS FOR ORGANIZATIONS



HIV SELF-TEST KIT

iknowmine.org/shop

Safer Substance Use

Howdy, Jennifer 



SAFE MEDICINE DISPOSAL SYSTEMS



OVERDOSE RESPONSE | NARCAN® KIT



HARM REDUCTION KIT



FENTANYL TEST STRIPS



SAFER SUBSTANCE USE SUPPLIES

A Lesson Plan from
iknowmine
OFFLINE VERSION



Produced by ANHC
ANHC HIV/STD Prevention
SUBSTANCE USE EDUCATION



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iknowmine.org/shop or
iknowmine.org/naloxone-kit



Opioid Overdose Response Kit

Included in the kit:

- Naloxone nasal spray, two doses
- Gloves
- Face shield for CPR rescue breathing
- Fentanyl test strip
- Instructions

*Training required, please use the [Google Chrome](https://www.google.com/chrome/) browser.



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What to do after administering Narcan®

If you administer

Naloxone Nasal Spray

please let us know:

**Text RESCUE to
94449**



This service is used to track the number of Overdose Rescue Kits being used. The text messages will ask you to provide the zip code in which you administered Narcan® but will not ask for any personal or identifying information.

Fentanyl Test Strips



How to use them:

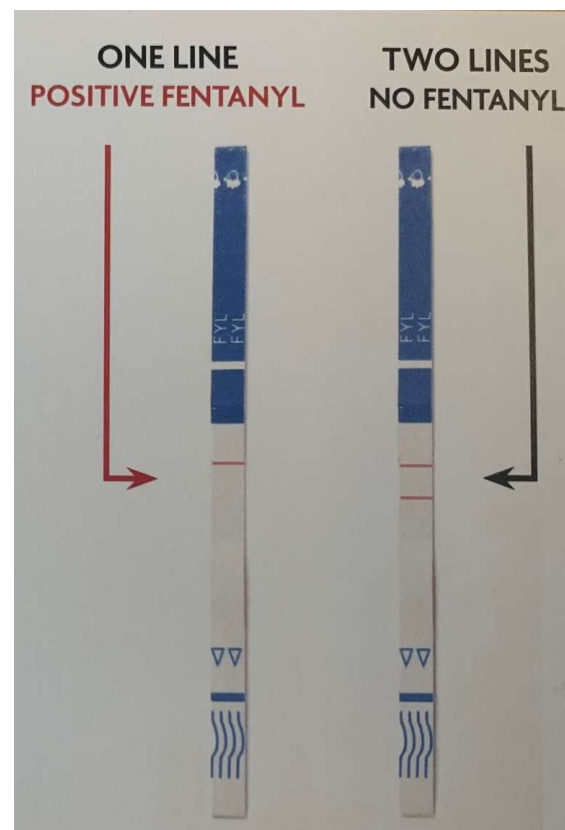
- If injecting, first prepare your shot. Next, add ten drops of water to your cooker and stir well.
- If snorting your drugs, add ten drops of water into the empty baggie that your drugs came in and mix well.
- If using pills, you can crush one in an empty baggie and then dump out the powder. Then add ten drops of water into the baggie and mix well.
- Dip your fentanyl test strip into the water up to the wavy lines and wait fifteen seconds and then take it out.



Fentanyl Test Strips

How to read the results:

- Results usually take about one or two minutes to show up.
- If you see only one red line in the middle of the test, it means that your drugs have fentanyl in them.
- If you see two lines in the middle of the test, it means that the test strip is negative. The second line could be very faint, but that still means it is negative.



Drug Deactivation System(s)

- **Goal:**

- Reduce drug abuse and misuse
- Safe for environment, children and/or pets

- **How It Works:**

- Pharmaceuticals bound to the activated carbon and deactivate



Working together to close the loop on safe prescription drug disposal.

Proven Mechanism of Action

- 99% success in deactivating drugs^{1,2}
 - Narcotics
 - Antibiotics
 - Transdermal Patches
- Protected and powered by U.S. Patents
- Proprietary activated carbon MAT₁₂[®] renders drugs non-retrievable
- Works on all organic compounds

Environmentally Friendly

- Renders chemical compounds safe for landfills
- Eliminates the need for harmful incineration^{5,6,7}
- Reduces watershed contamination⁸

Socially Responsible

- Closes the product lifecycle for pharmaceuticals
- Reduces accidental medical emergencies
- Demonstrates commitment to personal and public health

Cost-Effective and Easy to Use

- Cost-effective abuse deterrent technology
- Simple 3-step process promotes utilization
- Works for pills, liquids and patches in home, clinical and public settings

1. National Institute on Drug Abuse (NIDA) Policy Report, Ref No. N442A-14-420P
2. American Association of Pharmaceutical Scientists, Presented 2011, Marrow University College of Pharmacy and Health Sciences
3. Environmental TOCP Extraction Evaluation, December 30, 2013
4. End-of-Cycle Report, May 2012
5. Truth State Bank, USA-Mark Press Release, May 16, 2012
6. United States Environmental Protection Agency, Taking Toxic Out of the Air, August 2009, 412N-00-002
7. Deactivation of Liquid Drug Federal Guidelines Research, October 8, 2012

How To Use the Bags

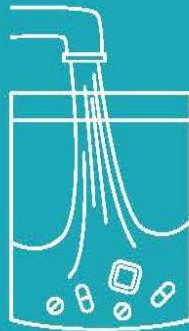
The Deterra® drug deactivation system neutralizes drugs effectively, safely and quickly.

Each patented Deterra pouch contains a water-soluble inner pod containing MAT₁₂® activated carbon. Once the pharmaceuticals are placed in the pouch, warm water is then added, which dissolves the inner pod releasing the activated carbon. The warm water will also help dissolve pills and draw the drugs out of patches.



1

Tear open pouch and place unused medications inside



2

Fill pouch halfway with warm water and wait 30 seconds



3

Seal pouch tightly, gently shake and dispose of in normal trash

www.DeterraSystem.com

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ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

AK ID ECHO

Alaska Infectious Disease ECHO:
HCV, HIV, PrEP and common STIs

AK LD ECHO

Alaska Liver Disease ECHO

Indian Country ECHOs



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- Second Tuesday of every month from noon-1:00 PM AKST
- Dec. 12: Congenital Syphilis presented by Jorge Mera, MD
- Jan. 9: Syphilis 101 presented by Jonathan Iralu, MD
- www.anthc.org/ak-id-echo // akidecho@anthc.org

- Third Thursday of every month from noon-1:00 PM AKST
- Nov. 16: Being Alert to Drug-induced Liver Disease
- Dec. 21: Putting It All Together – What’s Been Done/What’s Next
- www.anthc.org/ak-ld-echo // akldecho@anthc.org

- www.IndianCountryECHO.org
 - Multiple ECHOs hosted by the Northwest Portland Area Indian Health Board

AK ID ECHO Contacts

ANTHC Staff

- Leah Besh PA-C, Program Director: labesh@anthc.org
- Lisa Rea RN, Case Manager: ldrea@anthc.org
- Jennifer Williamson, Program Coordinator: jjwilliamson@anthc.org

ANTHC Early Intervention Services/HIV Program: 907-729-2907

ANTHC Liver Disease and Hepatitis Program: 907-729-1560

Northwest Portland Area Indian Health Board // www.indiancountryecho.org

- David Stephens, Director Indian Country ECHO: dstephens@npaihb.org
- Jessica Leston, Clinical Programs Director: jleston@npaihb.org



Evaluation and Continuing Education Credit

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The ANMC Joint Accreditation CE Program Portfolio additionally supports Behavioral Health (APA), Social Work (ASWB-ACE), and Dietitians (CPEU).

To claim Continuing Education credit:



- The QR code will connect to the electronic evaluation to claim the CE credit certificate for today's AK ID ECHO.
- A PDF certificate of credit will be automatically emailed to the address provided in the electronic evaluation form.
- The evaluation link will be sent out via email to all registered participants.
- <https://forms.gle/I8t4EgvN2WdnM4P77>



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Thank you!

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