

Opioid Overdose Prevention Training

A tool for patients, families, and communities

Presentation developed by:

[UR Medicine Recovery Center of Excellence](#)

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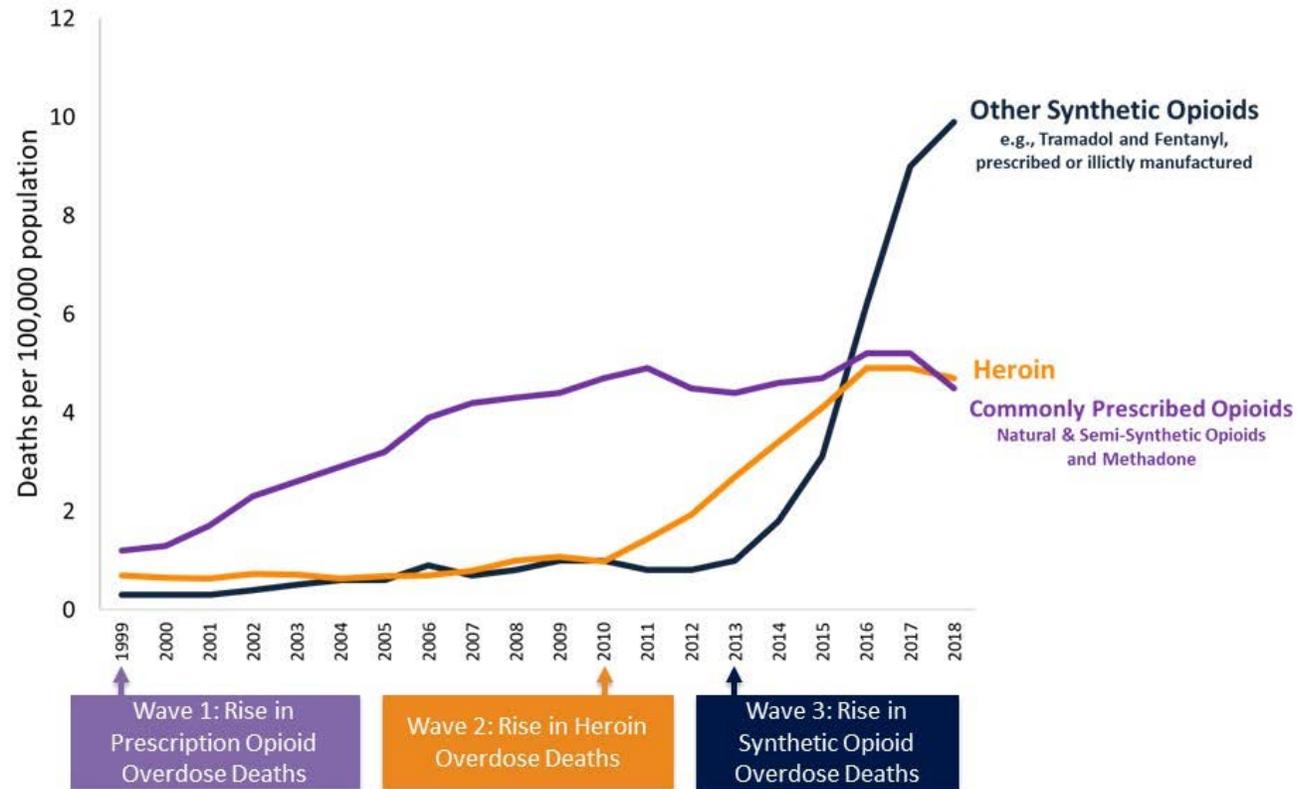
Learning Objectives

Learn about opioids, overdose risks, how naloxone can save lives, and how to administer it:

1. Discuss the opioid overdose crisis
2. Overdose prevention strategies
3. Overdose recognition
4. Respond to an opioid overdose
5. State laws

Three Waves of Opioid Overdose Deaths

3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

The Opioid Crisis

- From 1999–2018 more than 115,000 Americans died from heroin related overdoses¹
- In 2018, more than 31,000 Americans died from synthetic opioid overdoses²



Source: [CDC](https://www.cdc.gov)

¹ CDC, [Heroin Overdose Data](#)

² CDC, [Synthetic Opioid Overdose Data](#)

Overdose Prevention & Recognition

What are opioids?

Natural, synthetic & semi-synthetic opioids

- Heroin
- Morphine
- Codeine
- Methadone
- Oxycodone (Percocet[®], Oxycontin[®])
- Hydrocodone (Vicodin[®], Lortab[®])
- Oxymorphone (Opana[®])
- Hydromorphone (Dilaudid[®])
- Buprenorphine (Suboxone[®])
- Fentanyl
- Carfentanyl

What are not opioids?

Stimulants

- Cocaine / crack
- Methamphetamines
- Amphetamines

Other Drugs

- Benzodiazepines (Xanax[®], Valium[®], Klonopin[®])
- Promethazine (Phenergan[®])
- Quetiapine (Seroquel[®])
- Gabapentin (Neurontin[®])
- Muscle Relaxers (Flexeril[®])
- Alcohol
- Synthetic cannabinoids (K2)
- Phencyclidine (PCP)

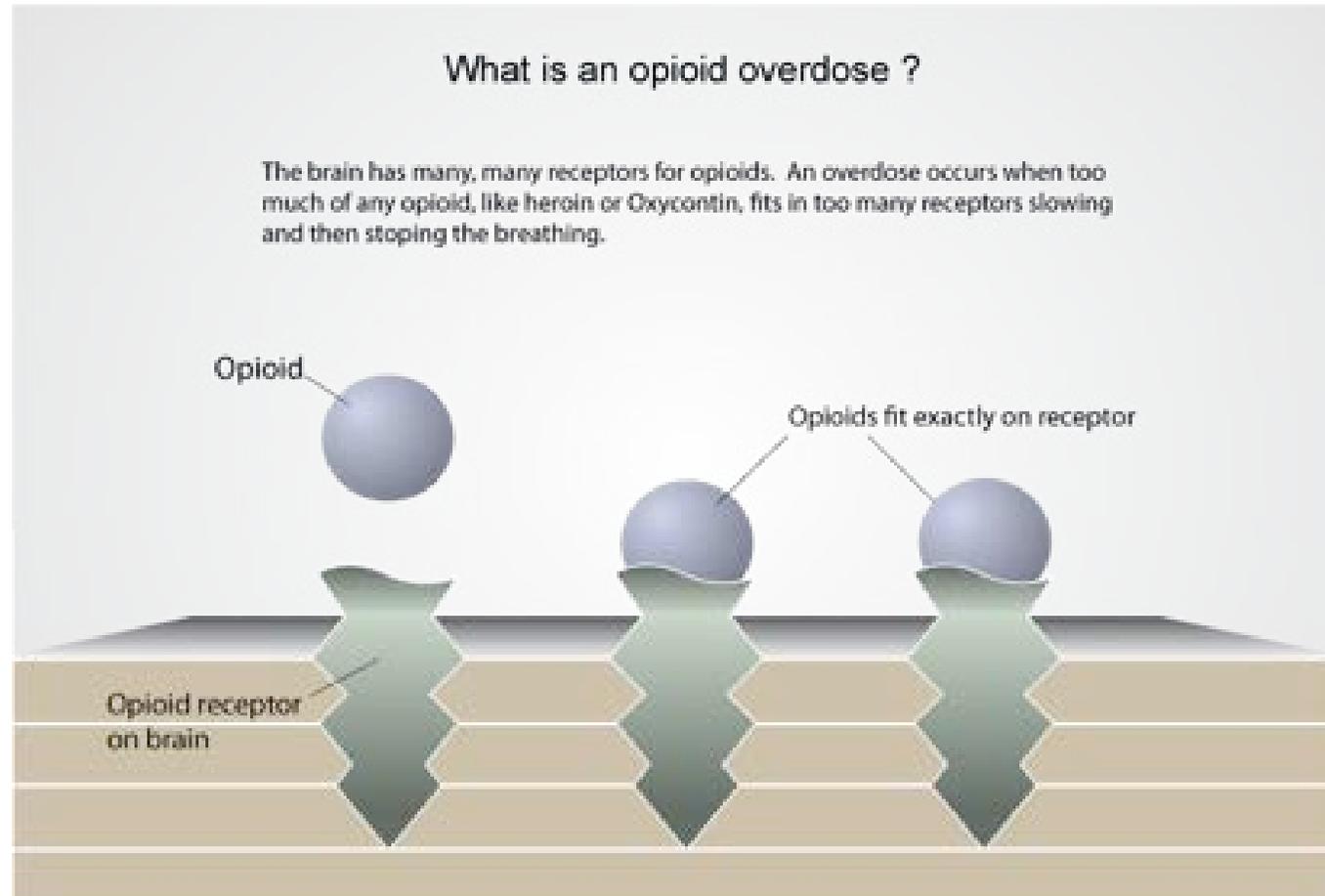
Strategies to Prevent Overdose Deaths

1. Encourage persons at high risk, family members, providers & others to learn about how to prevent and manage opioid overdose.
2. Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
3. Ensure ready access to naloxone.
4. Encourage the public to call 911.
5. Encourage prescribers to use state prescription drug monitoring programs (PDMPs).

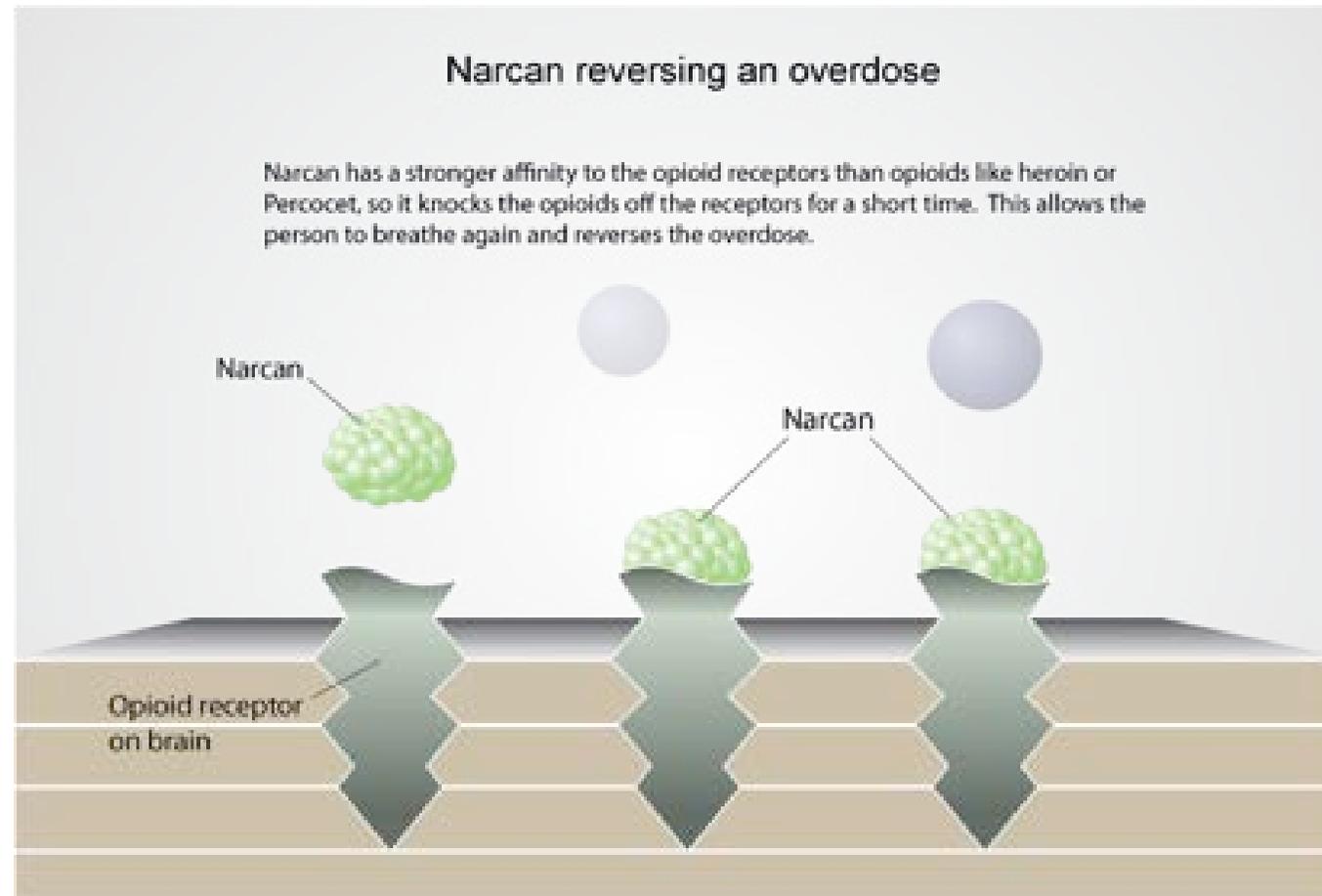
What is naloxone?

- Safe medication that reverses an opioid overdose
- Has been used for over 40 years in emergency medicine
- Displaces opioids from receptor sites in the brain for **30 – 90 minutes**
 - For rural areas this is especially important, as emergency services response times can be longer.
- Reverses respiratory depression
- Can wake someone up in just a few minutes
- Available with or without a prescription
- **Not** a controlled substance
- No known negative side effects (e.g., no allergic reactions, no potential for abuse)
- **DOES NO HARM**

What is an opioid overdose?



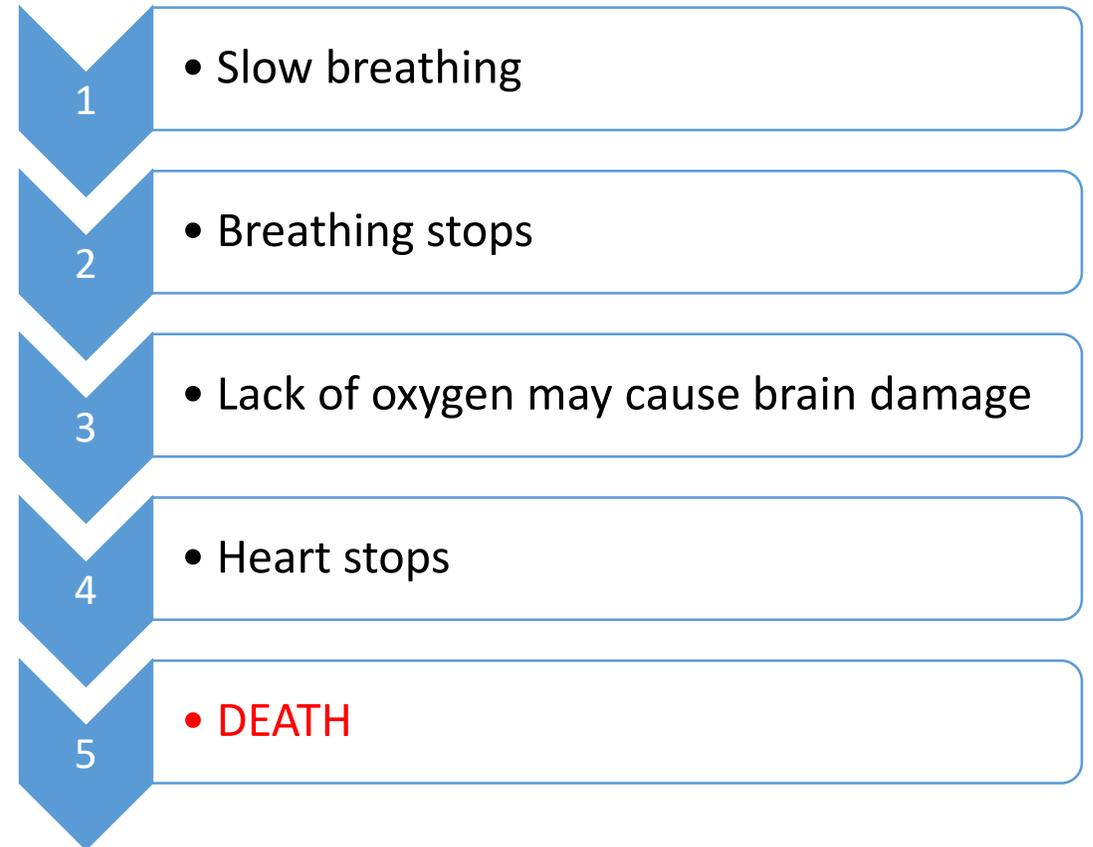
Naloxone reversing an overdose



Source: [Maya Doe-Simkins/Harm Reduction Coalition](#)

An overdose is a continuum

- Opioids sit on the brain receptors and decrease the ability to breathe.
- Overdose death can occur over time (several minutes to 3 hours).
- There is an opportunity to reverse the overdose.
- There is no time to waste.



Recognizing an Opioid Overdose

SIGNS AN INDIVIDUAL IS HIGH/SEDATED VS SIGNS OF OVERDOSE

<u>HIGH/SEDATED</u> ¹	<u>OVERDOSE</u> ^{1,2}
Unusual sleepiness or drowsiness	Breathing difficulty: choking sounds, gurgling (death rattle), or snoring
Slow or slurred speech	Pale or clammy skin
Sleepy or nodding off	Fingernails or lips turning blue/gray/purple
Will respond to stimulation such as yelling their name, sternal rub, pinching, or shaking	Inability to awaken with stimulation, unable to speak
Mental confusion	Breathing is very slow, irregular, or has stopped

¹ [Harm Reduction Coalition Train-the-Trainer](#)

² [SAMHSA Opioid Overdose Prevention Toolkit](#)

Risk factors for opioid overdose

1. Mixing drugs
2. Tolerance changes
 - Recently released from incarceration and have a history of opioid use
 - Recently completed detoxification and have not used for a period of time (abstinent)
3. Quality (e.g., strength, purity, dosage of pharmaceuticals)
4. Using alone
5. Age and physical health
6. Mode of administration (e.g., snorting, injecting, eating)
7. Previous non-fatal overdose

Responding to an overdose

Responding to an overdose

1. Evaluate for signs of overdose
2. Call for emergency services (911)
3. Administer naloxone
4. Support breathing
5. Monitor for a response

Step 1: Evaluate for signs of overdose

- Check for responsiveness
 - Try to shake the person
 - Call out their name
- If no response, use the **sternal rub**
 - Grind knuckles into their chest bone for 5-10 seconds
- If no response, they could be experiencing an overdose



Try to wake the person up

Step 2: Call for emergency services (911)

- Call for help!
- In many states calling emergency services **protects you from criminal prosecution!**

Keep in mind – in rural areas response times for emergency services may be longer



Step 3:

Administer Naloxone

- Naloxone comes in several forms:
 - Intravenous
 - Intramuscular
 - Intranasal
- **Only works for 30-90 minutes**
 - Opioids stay in the body for longer
 - Once naloxone wears off, the person **can go back into an overdose**
- Multiple doses of naloxone may be necessary for synthetic opioid overdoses (e.g. fentanyl)

How to give naloxone:

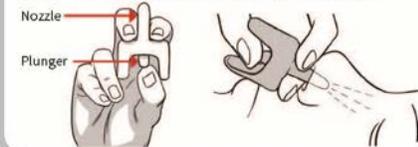


How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



Nasal spray with assembly

This requires assembly. Follow the instructions below.

- 1 Take off yellow caps.
- 2 Screw on white cone.
- 3 Take purple cap off capsule of naloxone.
- 4 Gently screw capsule of naloxone into barrel of syringe.
- 5 Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
Push to spray.
- 6 If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.



Injectable naloxone

This requires assembly. Follow the instructions below.

- 1 Remove cap from naloxone vial and uncover the needle.
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
- 3 Inject 1 ml of naloxone into an upper arm or thigh muscle.
- 4 If no reaction in 3 minutes, give second dose.



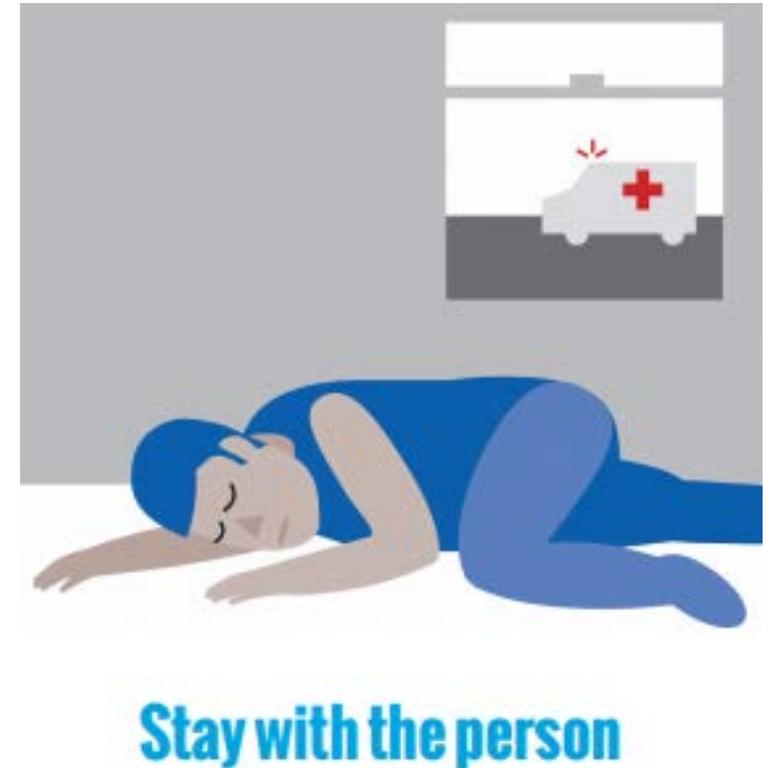
Step 4: Support Breathing

- Give CPR if you have been trained, or do rescue breathing:
 - Tilt the head back
 - Open the mouth
 - Pinch the nose
 - Start with 2 slow breaths into the mouth, then 1 breath every 5 seconds
 - Continue until help arrives



Step 5: Monitor for a Response

- Naloxone works quickly; a person should respond in **2-5 minutes**
- The individual's breathing will improve if it is an opioid overdose
- If the individual does not wake up after the first dose, administer the second dose in 2-3 minutes
 - **For synthetic overdoses, multiple doses may be needed**
- Stay with the individual until first responders arrive
- When the person wakes up, explain to them what has happened
- If you need to leave, put the individual into the recovery position, on their side, to prevent choking



State laws

State Laws

- **Laws supporting the distribution of naloxone:**
 - All 50 states and Washington D.C. have laws supporting distribution of naloxone¹
 - Each state has guidance on distribution of naloxone; check your state laws
- **Good Samaritan overdose immunity laws:**
 - Offer liability protections to individuals who use naloxone in an overdose
 - As of 7/1/2018, 46 states have these laws²
 - Check your state laws for further guidance

¹ PDAPS, [Naloxone Overdose Prevention Laws](#)

² PDAPS, [Good Samaritan Overdose Prevention Laws](#)

Contact Us

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Presenter Notes

Slide 3

The opioid overdose crisis has come in 3 waves in the United States:

Wave 1: Increase in prescribing of opioid medications in the 1990s. There were very loose prescribing practices and even pharmaceutical companies giving doctors kick-backs when they prescribed opiate medications. In some cases, the providers were told the medication was not addictive.

Wave 2: Increase in heroin related overdose deaths began in 2010. There was an increase in states using Prescription Drug Monitoring Programs (PDMPs) which led to discovering the number of patients “doctor shopping” and receiving high numbers of prescription opiates. The providers would then stop the prescriptions. Those using the medication turned to the next best option, heroin, which at the time was low cost.

Wave 3: Increase in synthetic opioids, specifically fentanyl, began around 2013. This rise in fentanyl drastically increased the number of overdose deaths because of the high potency of the medication/drug.

Source: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

Slide 4

Heroin-related overdose deaths accounted for a rate of almost 5 deaths per 100,000 Americans in 2018.¹

Synthetic opioids accounted for 67% of opioid-involved deaths in 2018. That is more than any other opioid. There was an increase of 10% between 2017 and 2018 of synthetic opioid deaths.²

¹ CDC, [Heroin Overdose Data](#)

² CDC, [Synthetic Opioid Overdose Data](#)

Slide 9

“The brain has many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits into too many receptors slowing and then stopping the breathing.”

Source: Maya Doe-Simkins/Harm Reduction Coalition

Slide 10

Narcan/Naloxone “has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time [30-90 minutes]. This allows the person to breathe again and reverses the overdose.”

Source: Maya Doe-Simkins/Harm Reduction Coalition

Slide 18

Opioids are longer lasting than naloxone. Once naloxone wears off, the opioids will re-attach to the opioid receptors and can cause the person to go back into an overdose state with decreased breathing.

Slide 19

Narcan® Nasal Spray
Intranasal naloxone with an atomizer
Evzio® auto-injector
Intramuscular naloxone