

Opioid Overdose Prevention Training

A tool for patients, families, and communities

Presentation developed by:

[UR Medicine Recovery Center of Excellence](#)

Updated: February 2023

This HRSA RCORP RCOE program is supported by the Health Resources & Services Administration (HRSA) of the US Department of Health & Human Services (HHS) as part of an award totaling \$15.7M with 0% financed with non-governmental sources.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the US Government.

Learning Objectives

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

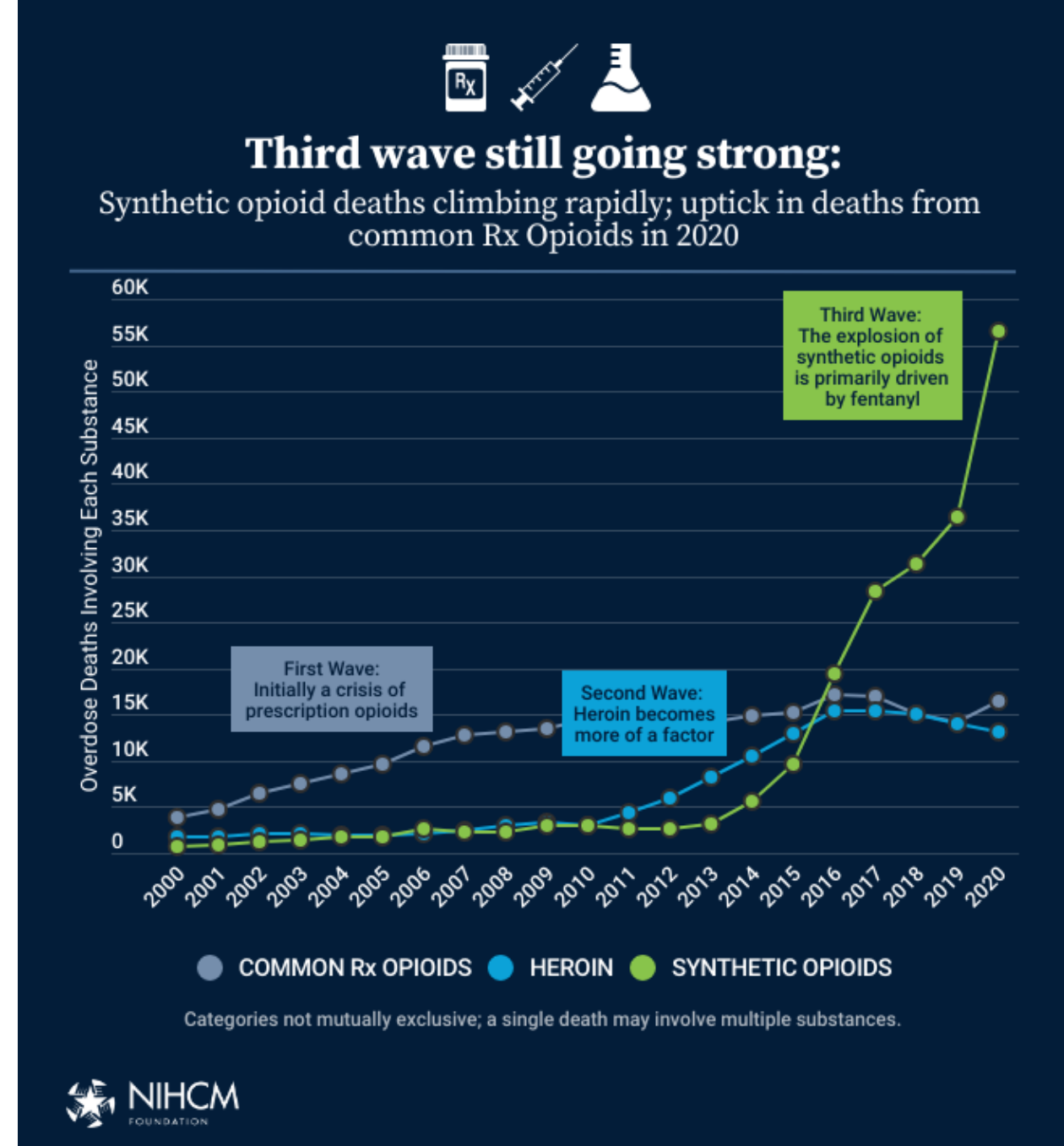
1. Discuss the opioid overdose crisis
2. Overdose prevention strategies
3. Overdose recognition
4. Respond to an opioid overdose
5. State laws

The Opioid Crisis

- In 2021:
 - There were an estimated 80,816 opioid-related deaths, a 15% increase from 2020.¹
 - 83% of all opioid overdose deaths involved a synthetic opioid.²

¹ NCHS. (2022, May 11). [U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%](#).

² NIHCM. (2022). [Visualizing the Impact of the Opioid Overdose Crisis](#).



Graph Source: NIHCM. (2022). [Visualizing the Impact of the Opioid Overdose Crisis](#).

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)

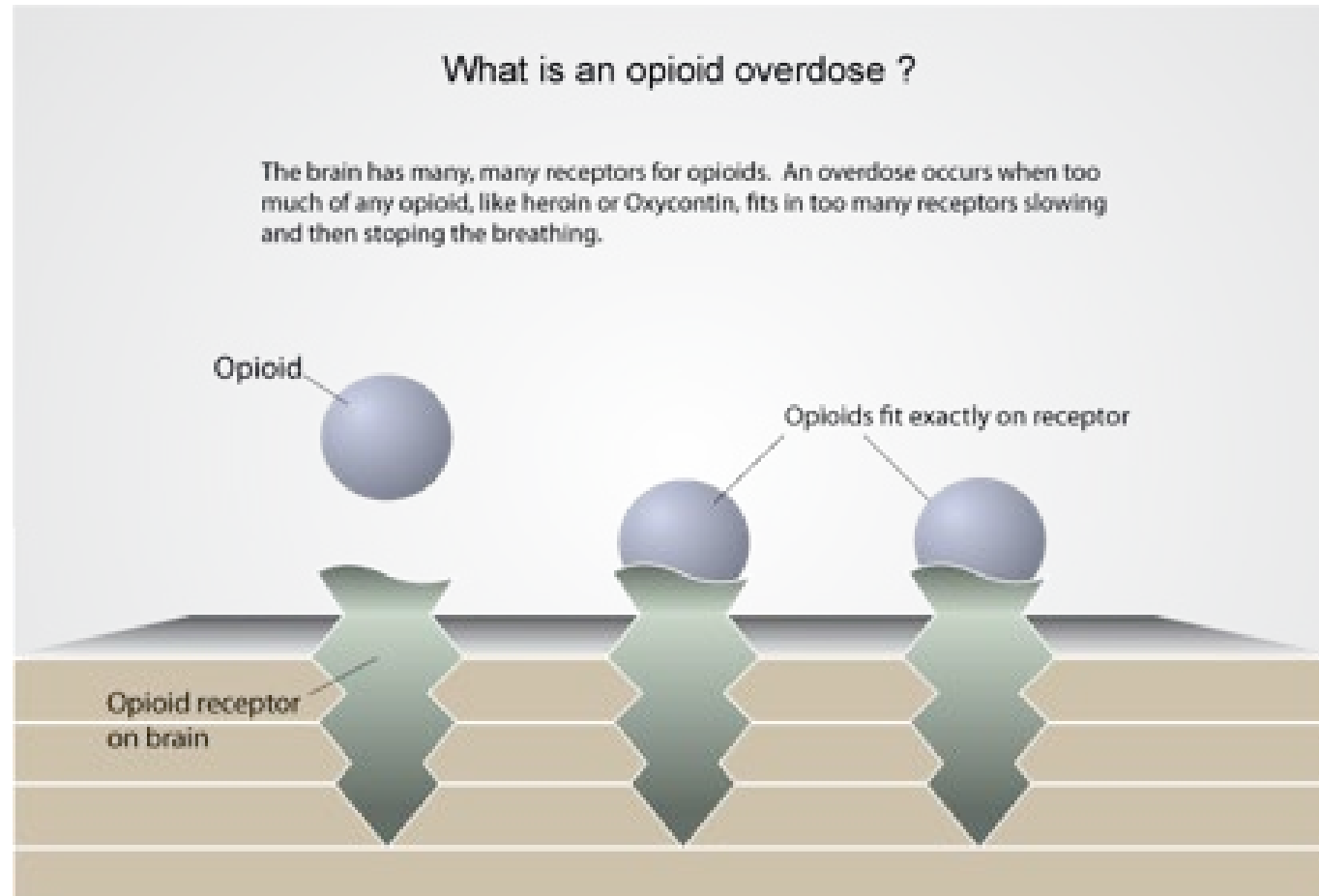
Strategies to Prevent Overdose Deaths

1. Encourage persons at high risk, family members, providers, and 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).

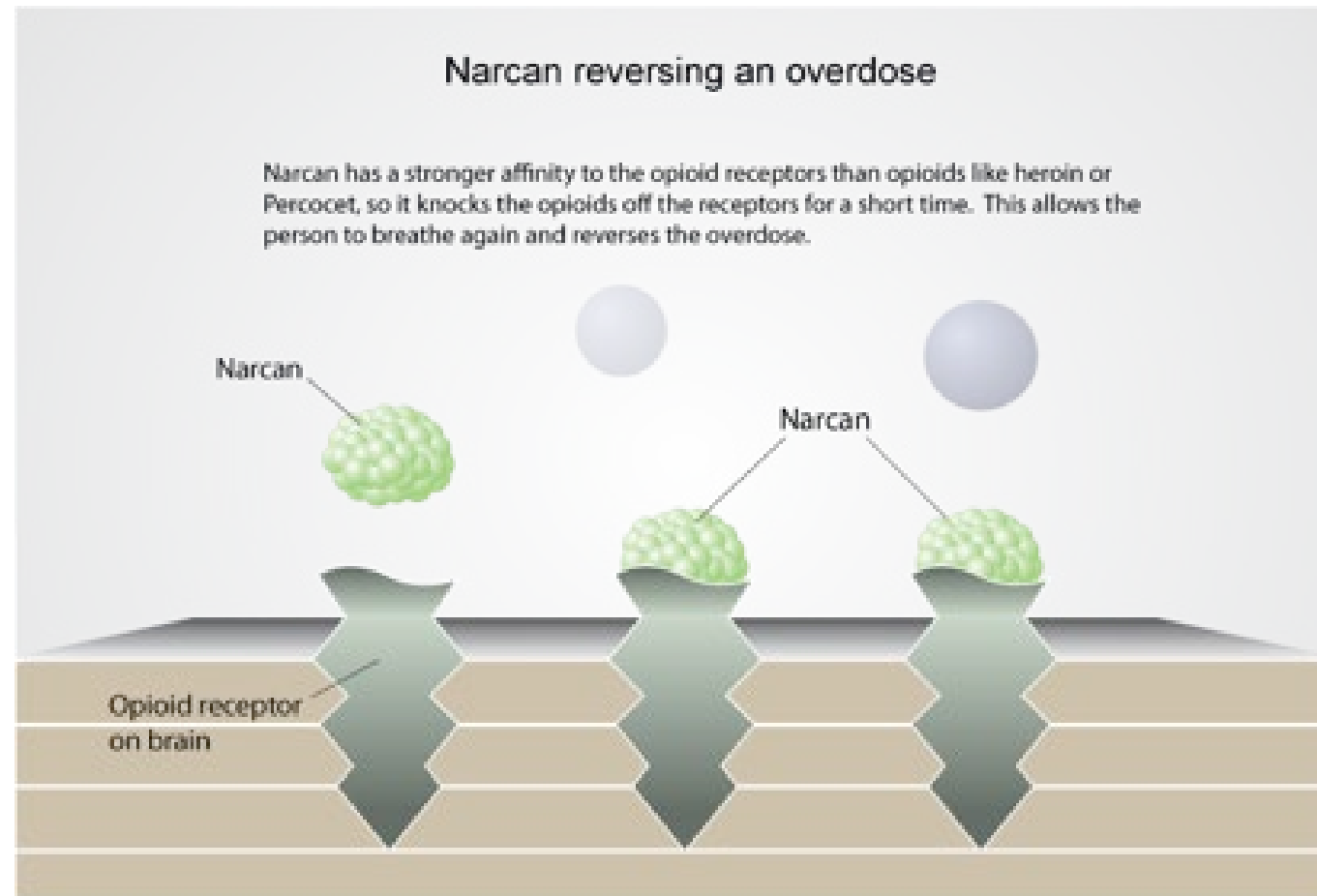
What is naloxone?

- Safe medication that reverses an opioid overdose
- Has been used for over 50 years to reverse opioid overdoses
- 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

What is an opioid overdose?



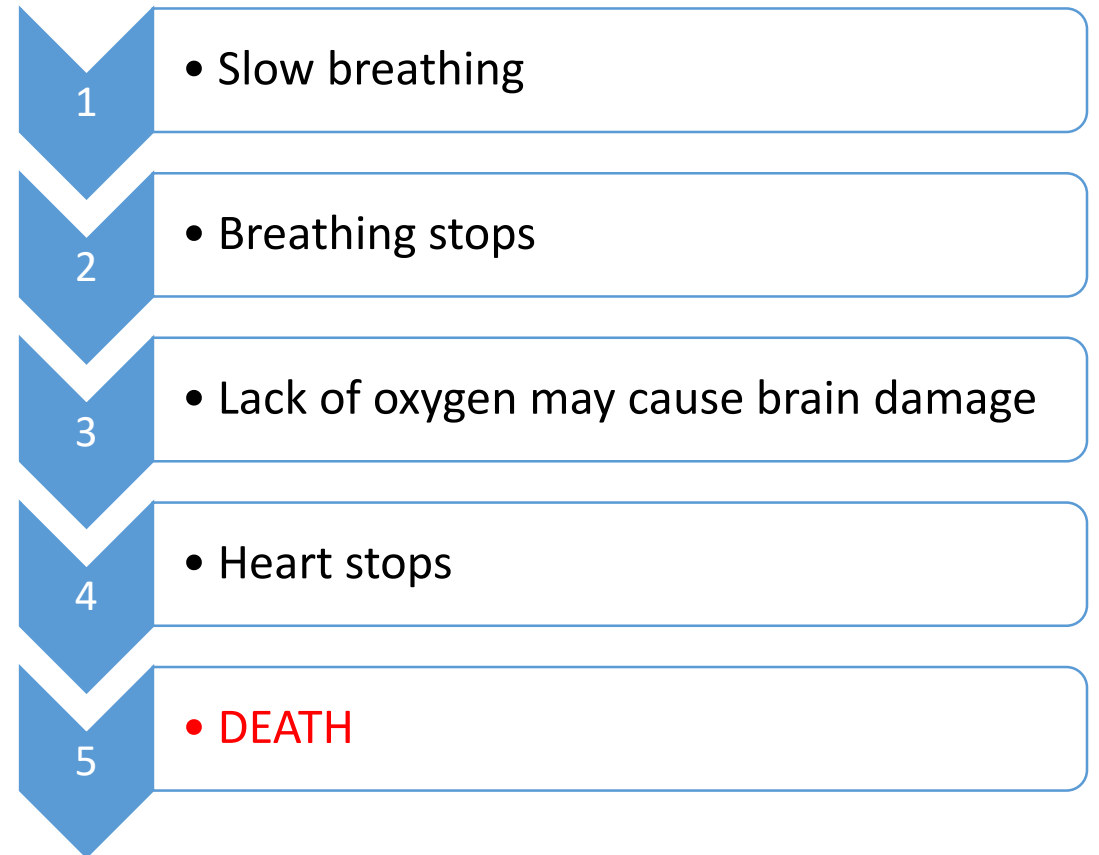
Naloxone reversing an overdose



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

<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	Unable 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

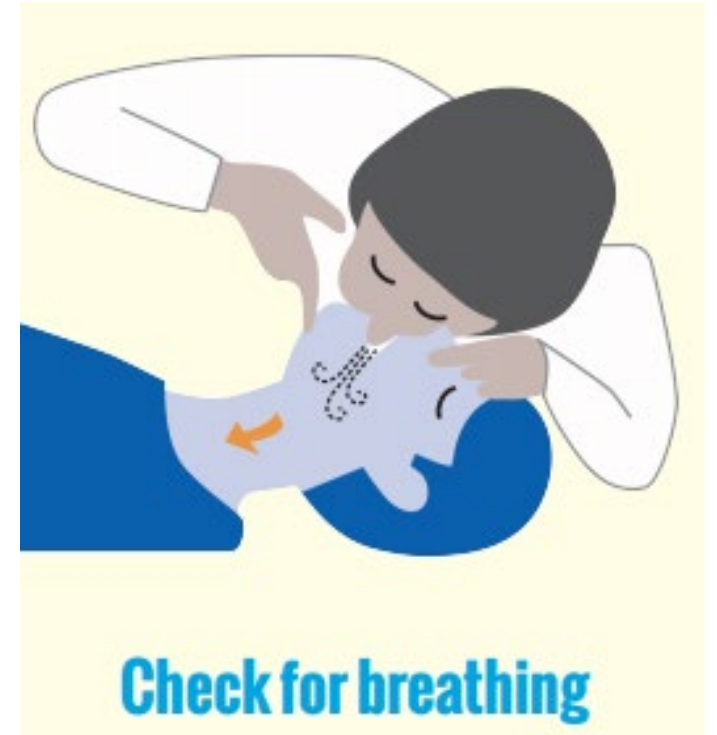


Step 3: Administer Naloxone

- 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)

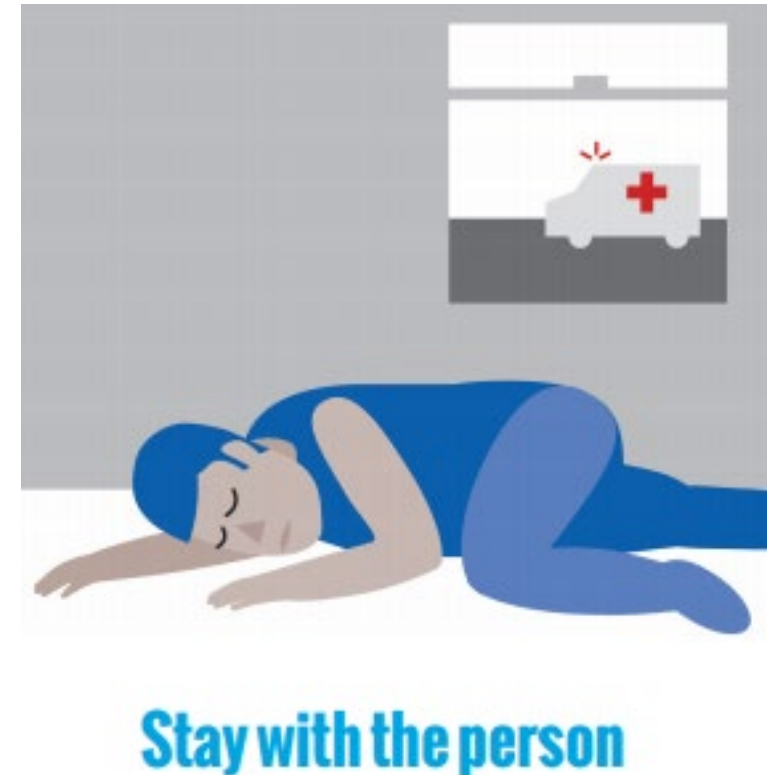
Step 4: Support Breathing

- 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 6/1/2021, 47 states and Washington DC 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

For a PowerPoint copy of this presentation please contact:

[UR Medicine Recovery Center of Excellence](#)

Phone: 1-844-COE-URMC (1-844-263-8762)

Email: URMedicine_Recovery@urmc.rochester.edu

Website: <https://recoverycenterofexcellence.org/>