

Overdose Response Education

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Learning Objectives

- Gain knowledge of relevant statutes.
- Gain basic knowledge of overdose mortality data.
- Learn basic harm reduction theory and practice.
- Understand opioids and their mechanism of action.

Learning Objectives, Cont.

- Prevent an overdose.
- Recognize signs of an opioid overdose.
- Respond to an overdose: accessing 911 emergency medical care, rescue breathing, administering naloxone, post-resuscitation care.

New Mexico State Statutes

- Harm Reduction Act - 1998

- Overdose Prevention/Naloxone Distribution (HB 813, 2001) :

Section 1. AUTHORITY TO ADMINISTER OPIOID ANTAGONISTS -RELEASE FROM LIABILITY.- -

A. A person authorized under federal, state or local government regulations, other than a licensed healthcare professional permitted by law to administer an opioid antagonist, may administer an opioid antagonist to another person...

- Good Samaritan Law - 2007

New Mexico Overdose Prevention Regulation

- Legislation (SB 262, HB 270) to make naloxone more accessible passed in February 2016 , and was signed by Governor Martinez in March.
- New law NMSA 24-23-1 allows for law enforcement to carry and use naloxone under a standing order from State Epidemiologist Mike Landen, M.D.
- Also allows for broader community access under standing order authority.
- *A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person pursuant to this section shall not be subject to civil liability, criminal prosecution or professional disciplinary action as a result of the possession, administration, distribution or dispensing of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.*

Opioid Overdose Impact on New Mexico

- Between 1990 and 2015, the drug overdose death rate in New Mexico tripled (NMDOH): 1990 – 7.6 per 100,000 2015 – 24.8 per 100,000
- 2017 NM mortality rate = 24.6 per 100,000 (US = 19.8 per 100,000).

Overdose is the leading cause of death for people under 50 (CDC).

Overdose Impact on Formerly Incarcerated People

- Two-thirds of American prisoners have an opioid use issue.
- Two weeks post-release: Opioid overdose death risk is 40 times higher than general public.
- Two weeks post-release: Heroin overdose death risk is 74 times higher than general public.
- 1 year post-release: Up to 18 times higher risk than general public.

(American Journal of Public Health, 2018)

Harm Reduction: Improving health, increasing safety, reducing risks

- Harm reduction in daily life.
- Not everyone is going to be abstinent – drug use exists on a continuum.
- Stigma.
- Working with people where they are.
- “Addiction” is a health issue, not a criminal one.

Harm Reduction: Improving health, increasing safety, reducing risks

- Drug and alcohol use doesn't occur in a vacuum – it's contextual.
- People who use drugs have a right to be as healthy and safe as they can and want to be.
- Life, ongoing safer drug use, treatment, recovery cannot happen if a person is dead.
- The focus of harm reduction is not the cessation of drug use, rather, it is the enhancement of health, well-being, and quality of life.

Key Study, re: Quitting Smoking

Chaiton M, Diemert L, Cohen JE, et al. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. BMJ Open 2016;6: e011045. doi:10.1136/ bmjopen-2016-011045

Results: The estimated average number of quit attempts expected before quitting successfully ranged from 6.1 under the assumptions consistent with prior research, 19.6 using a constant rate approach, 29.6 using the method with the expected lowest bias, to 142 using an approach including previous recall history.

Conclusions: Previous estimates of number of quit attempts required to quit may be underestimating the average number of attempts as these estimates excluded smokers who have greater difficulty quitting and relied on lifetime recall of number of attempts. **Understanding that for many smokers it may take 30 or more quit attempts before being successful may assist with clinical expectations.**

What are opioids?

- Analgesic (painkiller) medication used to treat physical pain.
- Opioids treat emotional and psychological pain too. They produce euphoria, and anti-depressive and dissociative effects.
- Respiratory depressant.

Opioids, continued

- Rx opioids include Percocet, Dilaudid, Fentanyl, Vicodin, Lortab, hydrocodone, morphine, methadone, oxycontin, buprenorphine (Suboxone, Subutex).
- Non-Rx include, "fake pills," illicitly manufactured Fentanyl (IMF), and heroin.
- Respiratory depression effect made worse by alcohol, benzodiazepines (Valium, Xanax, Ativan, Klonopin), sleeping pills, some anti-psychotic medications (Seroquel).

Proactively Preventing Overdose

- The point: Use Rx and other opioids safely to avoid an overdose event in the first place – once the OD has occurred, it's a medical emergency.
- Mixing opioids and alcohol, or opioids and benzodiazepines/sleeping pills can dangerously lower the body's respiratory drive.

Overdose Prevention Education

- Use prescription opioids as prescribed.
- If using opioids and alcohol, use opioid first.
- Use one drug at a time – if using multiple drugs, use less of everything.

Overdose Prevention Education

- If possible, don't use alone.
- Don't use alone in a bathroom with the door closed.
- When new dealer/new information, use with someone/do lower dose test shot.
- Explain to people "they can always do more," but once they've done too much, they can't take it back.

Overdose Planning

- Ensure that an identified rescuer/rescue buddy knows where naloxone is kept and how to use it.
- Have an overdose response plan – take turns using so that you have a rescue buddy ready.

Heightened Overdose Risk Issues

- Tolerance: decreased tolerance occurs after periods of abstinence or other physical reasons (recent incarceration, hospitalization, inpatient treatment, hydration, recent or chronic illness, like diabetes).
- Opioid strength and duration of action.
- People on long term, high dose opioids may become more sensitive to pain and increase their dosage without discussing with their provider.

Heightened Overdose Risks, Continued

- People who have experienced an opioid overdose, are more vulnerable to another one (Prince for example).
- Occasional users (2 – 3 times a month): even 3 days of not using can increase overdose risk.
- People with a compromised respiratory system/breathing problems (pneumonia, COPD, emphysema).
- Older adults.

Signs of Opioid Overdose

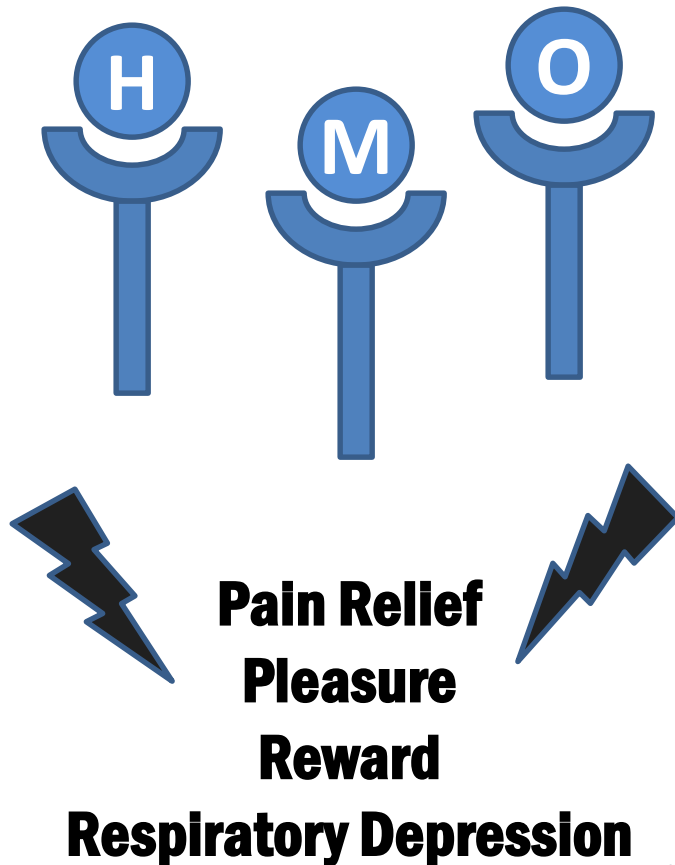
- Decreased respirations or not breathing at all (A person normally takes a breath 12 – 20 times per minute, or 1 breath every 5 seconds). If still breathing, snoring or gurgling sound.
- Blue or purplish skin (especially around lips and nail beds).
- Unconscious, unresponsive (won't wake up).

Narcan® (naloxone hydrochloride)

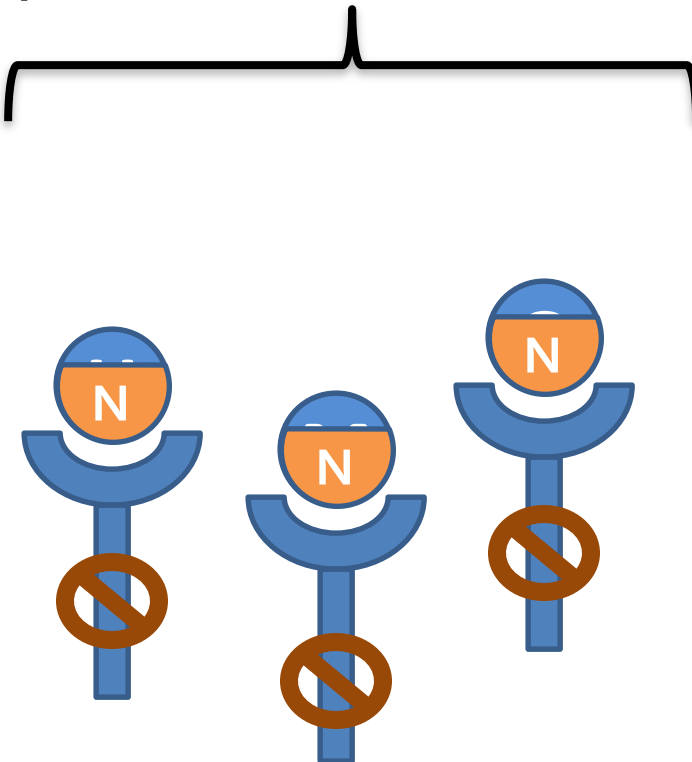
- Opioid Antagonist
- Narcan atomizer contains 4 mg in .1ml of solution.
- Storage/temperature/shelf life (naloxone is a VERY stable medicine).
- Temporarily (30 to 90 minutes) displaces opioid to restore respiratory drive (does NOT remove opioids from the body).
- Safe, extremely effective, no “abuse” potential (fewer side effects than aspirin).
- If administered to a person NOT overdosing on an opioid, nothing will happen.

Naloxone (N) in the Brain

*opioid receptors activated
by heroin and prescription opioids*



opioids broken down and excreted



Reversal of Respiratory Depression
Opioid Withdrawal



Responding to an Opioid Overdose

- Rub hard on the person's breastbone or upper lip, if no response,
- Look listen and feel for breathing, clear airway if necessary,
- Call 911 and tell operator someone is unconscious or not breathing,
- Perform rescue breathing (mouth to mouth) using the face shield - Start immediately with 2 breaths one right after the other,
- Administer first dose of Narcan.

Overdose Response Continued

- After the first dose continue rescue breathing for 3 minutes: 1 breath every 5 seconds: Say aloud, "1-1000, 2 -1000, 3 -1000, 4 -1000," then breathe for the person on "5 -1000."
- If person doesn't wake up, administer second dose of Narcan, and continue rescue breathing (3 minutes and if necessary, give third dose, etc.).

Note: Sometimes rescue breathing alone can wake a person up.

Overdose Response Issues

- The longer a person has been in respiratory arrest from an opioid overdose, the harder it may be to resuscitate them.
- If a person has ingested a lot of alcohol, benzodiazepine and/or other respiratory depressing drugs with opioids, the Narcan will only work on the opioids, and it may also be harder to resuscitate them. This is why it is critical to call 911.

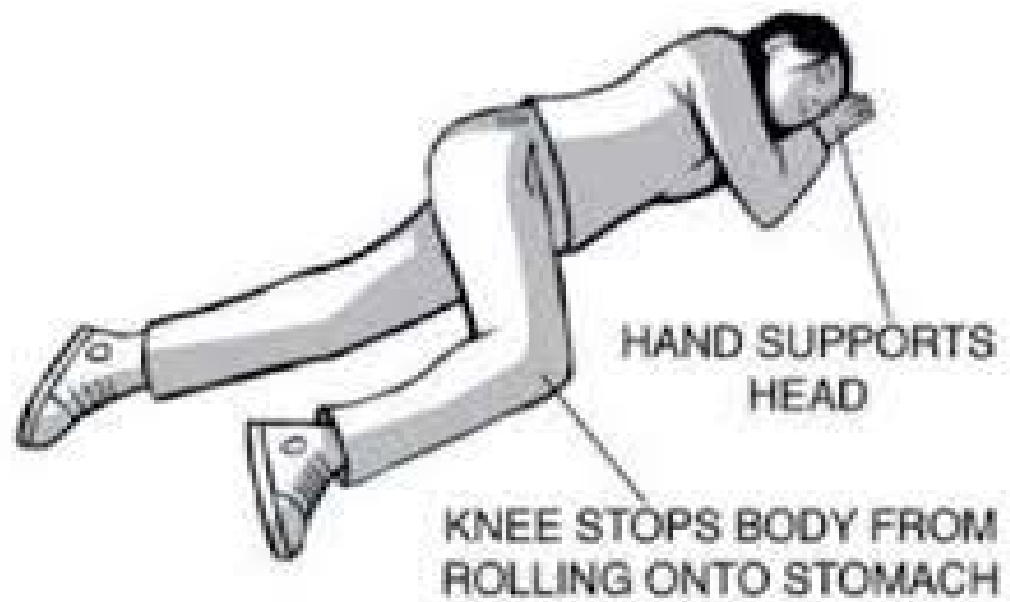
When any Responder WON'T Provide Rescue Breathing:

Instruct them call 911, place the person in the recovery position, and give Narcan every three minutes.



What To Do When the Person Wakes Up

- Place the person in the recovery position (obviously pregnant woman needs to be on left side) and speak to them in a quiet and reassuring manner.
- If possible, stay with the person until definitive care arrives – they are still vulnerable to respiratory depression and another overdose – Narcan works for 30 to 90 minutes, and does not remove opioids from the body.
- If you didn't call 911 stay with the person for at least 2 hours, and don't let the person use more drugs or alcohol.
- What to do if you leave the scene? Put the person in the recovery position and if you've administered Narcan, leave the empties by the person.





What NOT to Do During an Overdose

- Slap or shake the person.
- Put ice down their pants.
- Put them in a bathtub or under a cold shower.
- Inject them with milk, Suboxone, methamphetamine, cocaine, or other drug.

Overdose Response in 6 Steps

- Step 1 : Confirm unconsciousness and not breathing.
- Step 2: Call 911.
- Step 3: Give two breaths, one right after the other.
- Step 4: Give first dose of Narcan.
- Step 5: Perform rescue breathing for 3 minutes (1 breath every 5 seconds).
- Step 6: If no response in 3 minutes, give second dose of Narcan.

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