

# OPIOID OVERDOSE RECOGNITION, RESPONSE, & NALOXONE UTILIZATION



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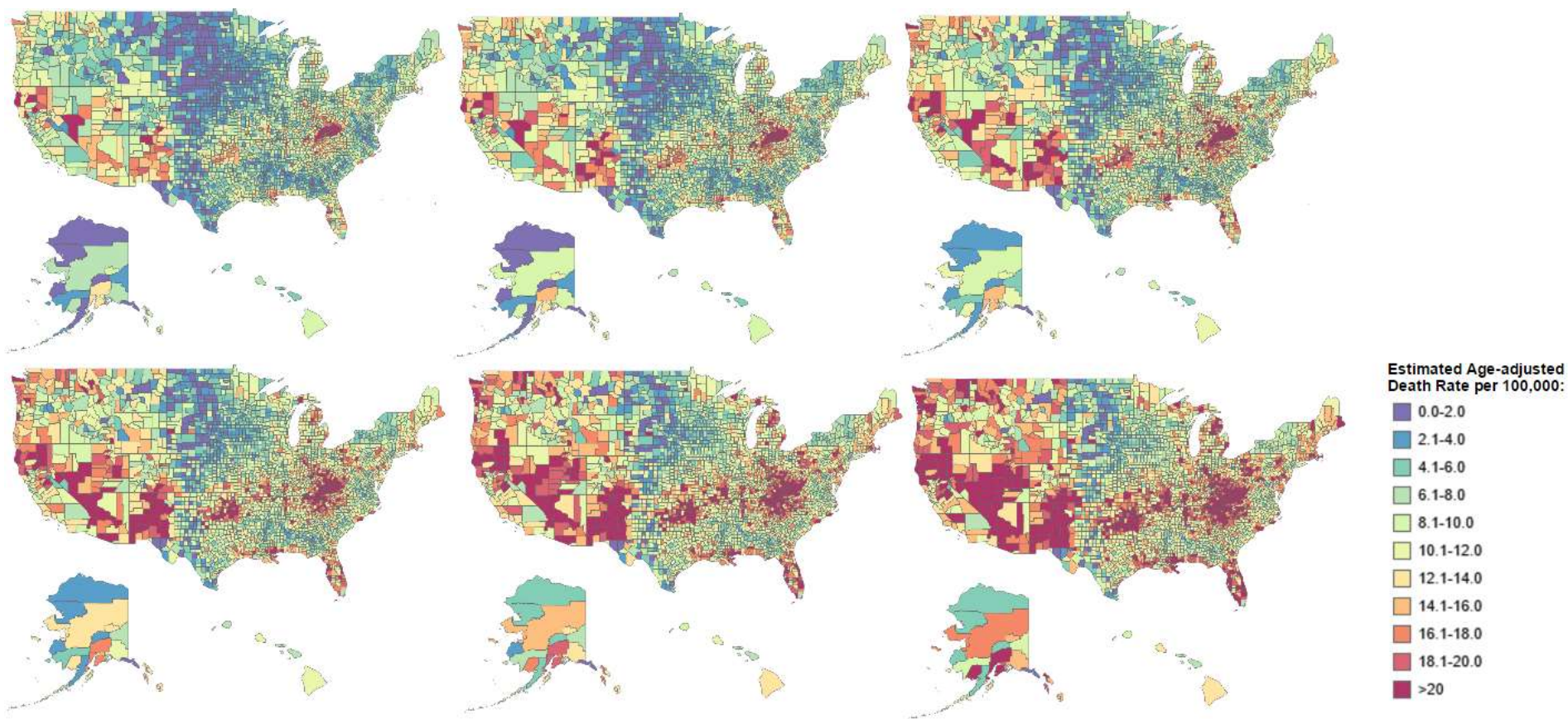
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# DRUG POISONING MORTALITY IN THE US



Drug poisoning mortality in the United States

First row 2004, 2006, 2008

Second row 2010, 2012, 2014

Source: CDC/NCHS National Vital Statistics System

# KEY VULNERABLE GROUPS

- People experiencing homelessness
  - #1 cause of death (Baggett, 2012)
- People experiencing incarceration
  - #1 cause of death (Binswanger, 2013)
- People entering & exiting Tx for OUD
  - Detox riskier than AMA or nothing (Strang, 2003)
- People living with HIV/AIDS
  - 74% higher if HIV+ (Green, 2012)



# OPIOIDS

Natural



Morphine  
Codeine

Semi-synthetic



Heroin



Oxycodone

Fully synthetic



Fentanyl  
Methadone  
Buprenorphine



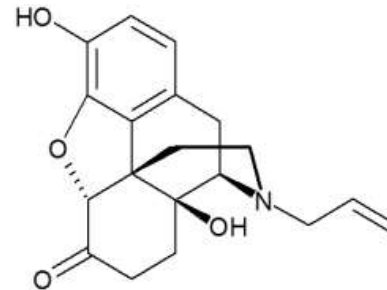
# WHAT IS NALOXONE?

- Naloxone is an opioid overdose antidote.
- Naloxone counteracts the effects of prescription opioids like hydrocodone, oxycodone, morphine, methadone and fentanyl and illegal opioids like heroin.
- Naloxone is very safe.
- If a person has not taken opioids, naloxone will not hurt them, but if something else is wrong, it will not help, either.

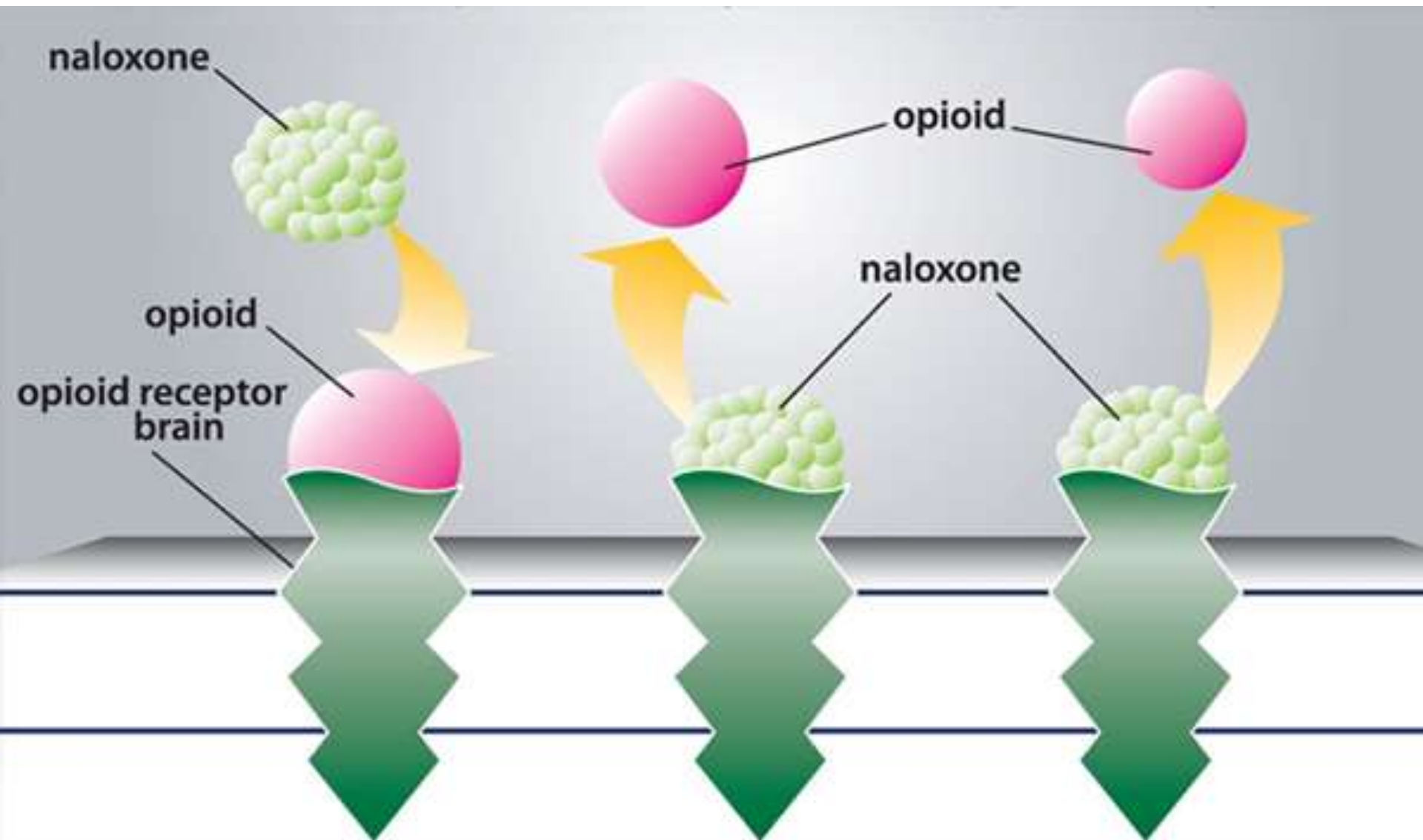


# NALOXONE (NARCAN®) BASICS

- Shelf life  
~ 2 years
- Half life
  - 30-90 minutes
- Proper storage: room temperature, out of direct light
- Bioavailable – IV, IM, SC, IO, IN, but not PO or SL
- Effective dose depends on opioid dose
- Narcan can **neither** be abused nor cause overdose
- Contraindication known sensitivity, which is very rare
- Adverse effects are opioid withdrawal
- naloxone ≠ Suboxone® ≠ naltrexone (Vivitrol®, Revia®)



# OPIOIDS, OPIOID RECEPTORS & NALOXONE



# WHAT ARE THE SIGNS OF A POSSIBLE OPIOID OVERDOSE?

- Pupils small - “pinned”
- Unresponsive
- Not speaking
- Breathing slow or stopped
- Less than 8 times per minute
- May hear choking sounds or a gurgling/snoring noise
- Blue or purple lips/fingertips
- Gray, cold, clammy skin



# Stimulation: verbal, then sternum rub

You ok?....

Sternum Rub or Upper Lip  
Rub. If person responds, keep  
observing breathing



# RESPONDING TO AN OVERDOSE

- 1- Call 9-1-1 (or)
- 2- Administer naloxone (whichever sooner)
- 3- Rescue Breathing



# WHEN CALLING 911

- If you don't want to say overdose, tell the dispatcher that the person has stopped breathing
- The dispatcher may give instructions on rescue breathing and chest compressions, if warranted



# GIVE NALOXONE

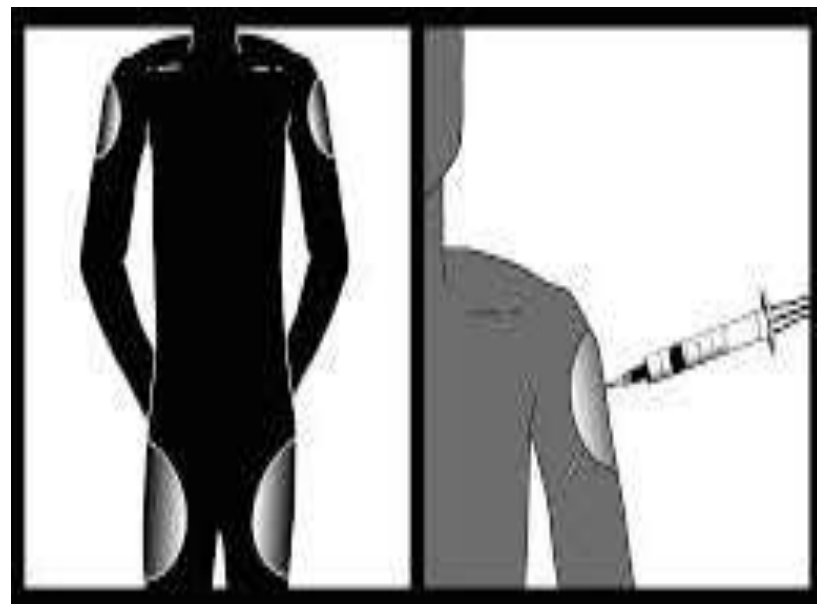
Snap off orange top  
& puncture vial



Draw up 1mL.  
Vials are pre-  
measured. 1 vial =  
1 dose



Inject one dose of naloxone  
into muscle: upper arm or  
thigh



# Rescue breathing

Open mouth.  
Look for anything in mouth.



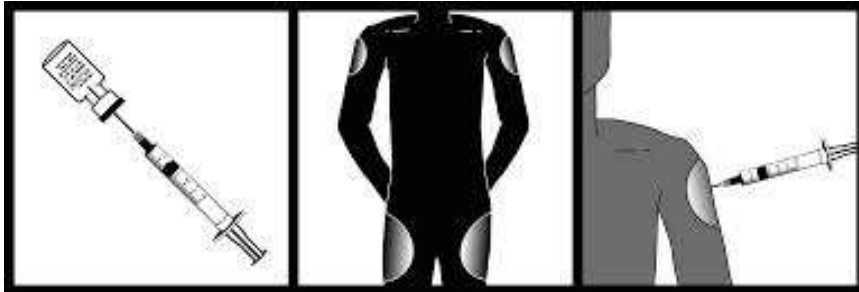
Pinch nose  
Give 2 breaths,  
1 breath every 5 seconds  
Watch the chest rise with  
each breath



# Monitor person until help arrives

If no response to naloxone after 2-3 minutes, give 2<sup>nd</sup> dose

Keep rescue breathing if person is not breathing on their own.



# DO YOU KNOW WHY AN OVERDOSE VICTIM SHOULD BE MONITORED?

- After the person wakes up, they might be confused or unaware of their surroundings.
- The person could be going through withdrawal and might try to take more drugs. Do not let them take any more drugs.
- In rare cases, people might return to an overdose after ~30-90 minutes when the first dose of naloxone wears off.
- In this case, give the second dose of naloxone.
- Stay with the overdose victim for several hours or until help arrives.
- The safest setting for a person to be monitored after an overdose is a medical setting.



# **DO YOU KNOW WHY THE RECOVERY POSITION MIGHT BE NECESSARY DURING AN OVERDOSE?**

- If you must leave the overdose victim for any reason, put them in the recovery position.
- Lay the person slightly on the left side so that the body is supported by a bent knee, with the person's face turned to the side and bottom arm reaching out to stabilize the position.



# RECOVERY POSITION



# FENTANYL-INVOLVED OD

- Common & increasing
  - Heroin, counterfeit pills, illicit stimulants in some parts of the country
- Fast acting
- Stronger affinity for opioid receptors
- NO SUCH THING as naloxone-resistant fentanyl analogs
- How it affects OD response:
  - Faster response
  - Focus on oxygen
  - More naloxone(??)



# WHAT PUTS PEOPLE AT RISK FOR OVERDOSE?

- Mixing drugs
- Tolerance changes
- Quality
  - Variation in strength and content of street drugs (e.g., purity, additives)
  - Variation in strength and action of prescription opioids (e.g., Vicodin is not Dilaudid)
  - Unknown pill content
- Using alone
- Physical health (e.g., liver disease, weight loss, asthma, immune system problems, dehydration, malnutrition)
- Mode of administration
- Previous overdose



# MAXIMIZING RESTROOM SAFETY



# LEGAL STATUS OF NALOXONE

- The IL Drug Overdose Prevention Program Law (**Public Act 096-0361**) passed in 2010 makes it completely legal for a non-medical layperson to administer naloxone and protects against any civil or criminal liability.
- The Emergency Medical Services Access Law i.e. the Good Samaritan Law (**Public Act 097-0678**) passed in 2012 protects people seeking emergency medical help for an OD from possession of small amounts of illicit substances.
- IL Standing Order allows people to receive and distribute naloxone without a prescription
  - Pharmacy access increasing



# IF INDIVIDUALS ARE INTERESTED IN TREATMENT

- If the person would like to discuss MAT, tell them these key points:
  - Treatment with agonist (methadone) or partial agonist (buprenorphine) is extremely protective against overdose.
- Provide SUD treatment resources, such as SAMHSA's [Behavioral Health Treatment Services Locator](#), the [Buprenorphine Treatment Physician Locator](#), or the National Helpline: 1-800-662-HELP (4357) and 1-800-487-4889 (TDD).
- IL Helpline: 1-833-2FINDHELP
- <https://overcomeopioids.org/>
- Offer any additional information you know.



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