

What is Your  
Overdose Plan?  
Overdose Education  
and Naloxone  
Distribution in  
Housing First Settings

**SAVE  
SOME  
NALOXONE**

Source: [naloxone.org.uk](http://naloxone.org.uk)

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**Midwest Harm Reduction Institute**  
Housing First Partners Conference  
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**Midwest Harm Reduction Institute**

Twitter: [@MidwestHRI](https://twitter.com/MidwestHRI)

Facebook: [Midwest Harm Reduction Institute](https://www.facebook.com/MidwestHarmReductionInstitute)

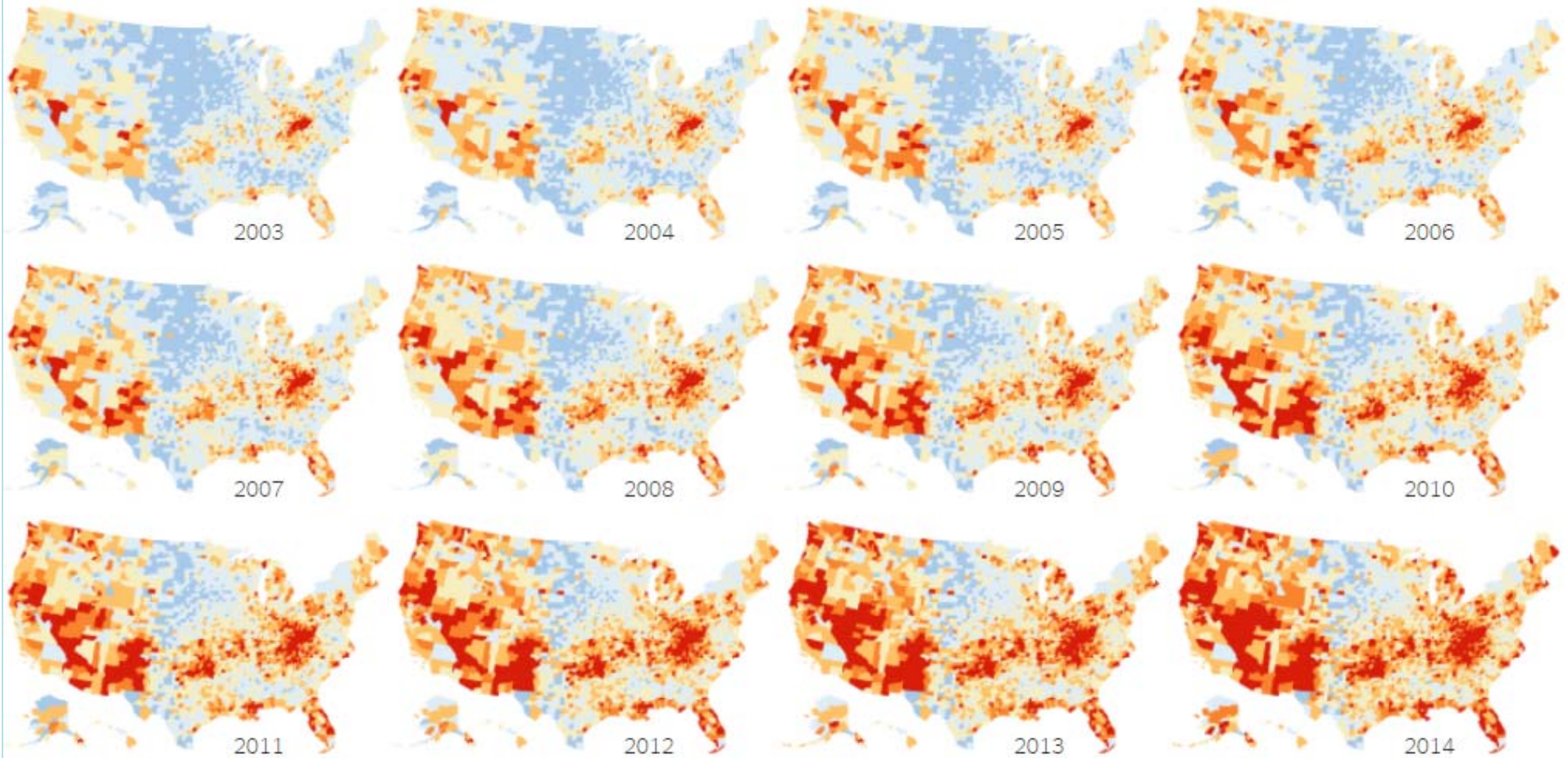
Website: [midwestharmreduction.org](http://midwestharmreduction.org)

Midwest Harm Reduction Institute

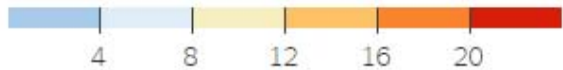
# Acknowledgments & disclosures

- This project is supported by the National Institute on Drug Abuse (NIDA) R34DA036001 and the National Institutes of Health (NIH)/National Center for Advancing Translational Sciences (NCATS) KL2TR001106.
- The Opiate Safety and Naloxone Network
- Presentation may include discussion of “off-label” use of the following:
  - Naloxone is FDA approved as an opioid antagonist
  - Naloxone delivered as an intranasal spray with a mucosal atomizer device has not been FDA approved and is off label use
  - Narcan Nasal Spray is FDA approved

# Is overdose on the rise in your area?



Overdose deaths per 100,000



Source: New York Times

# Key vulnerable groups

- People experiencing homelessness
  - #1 cause of death (Baggett, 2012)
- People experiencing incarceration
  - #1 cause of death (Binswanger, 2013)
- People undergoing 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

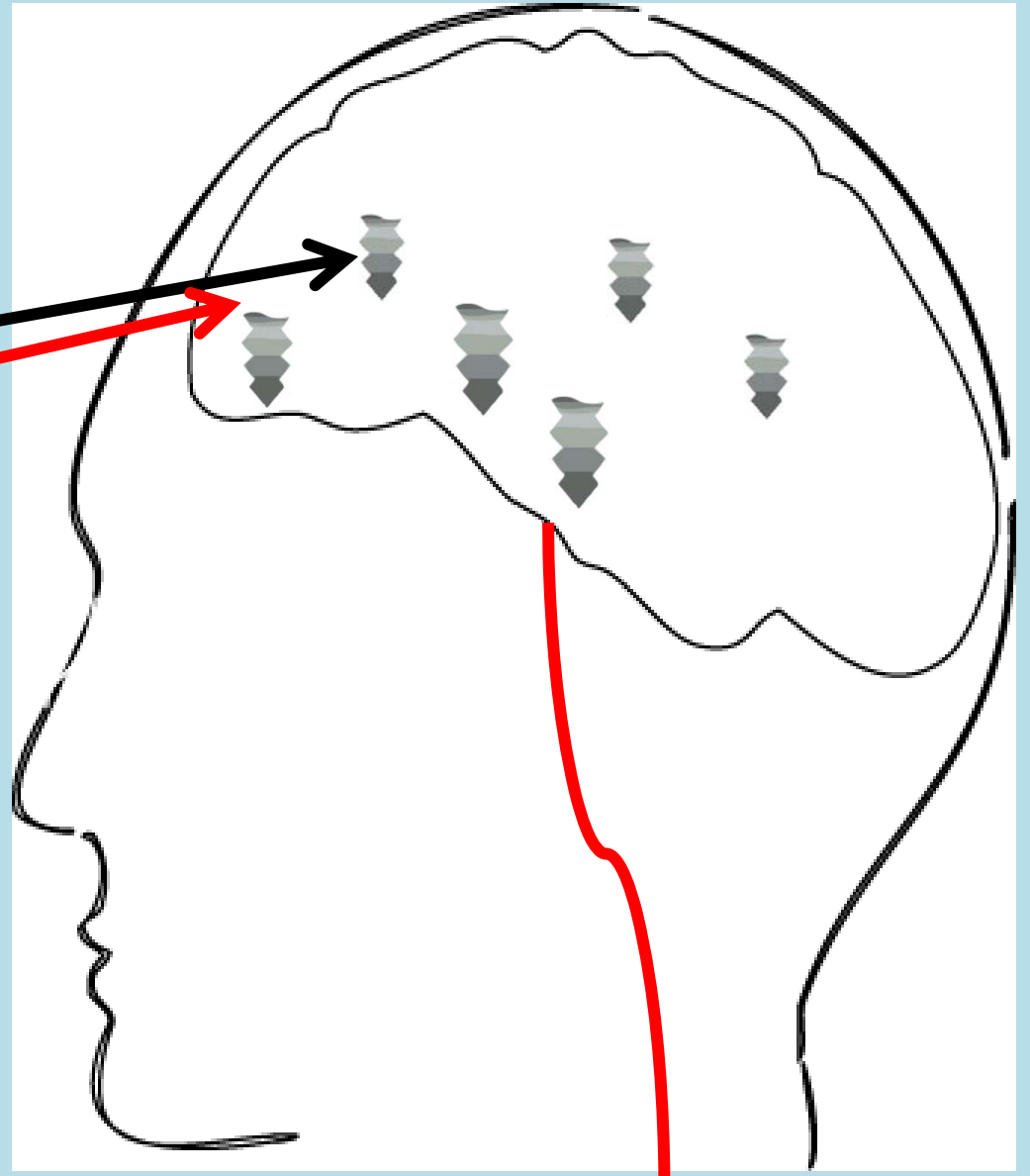
Buprenorphine

# How do opioids affect breathing?

## OVERDOSE

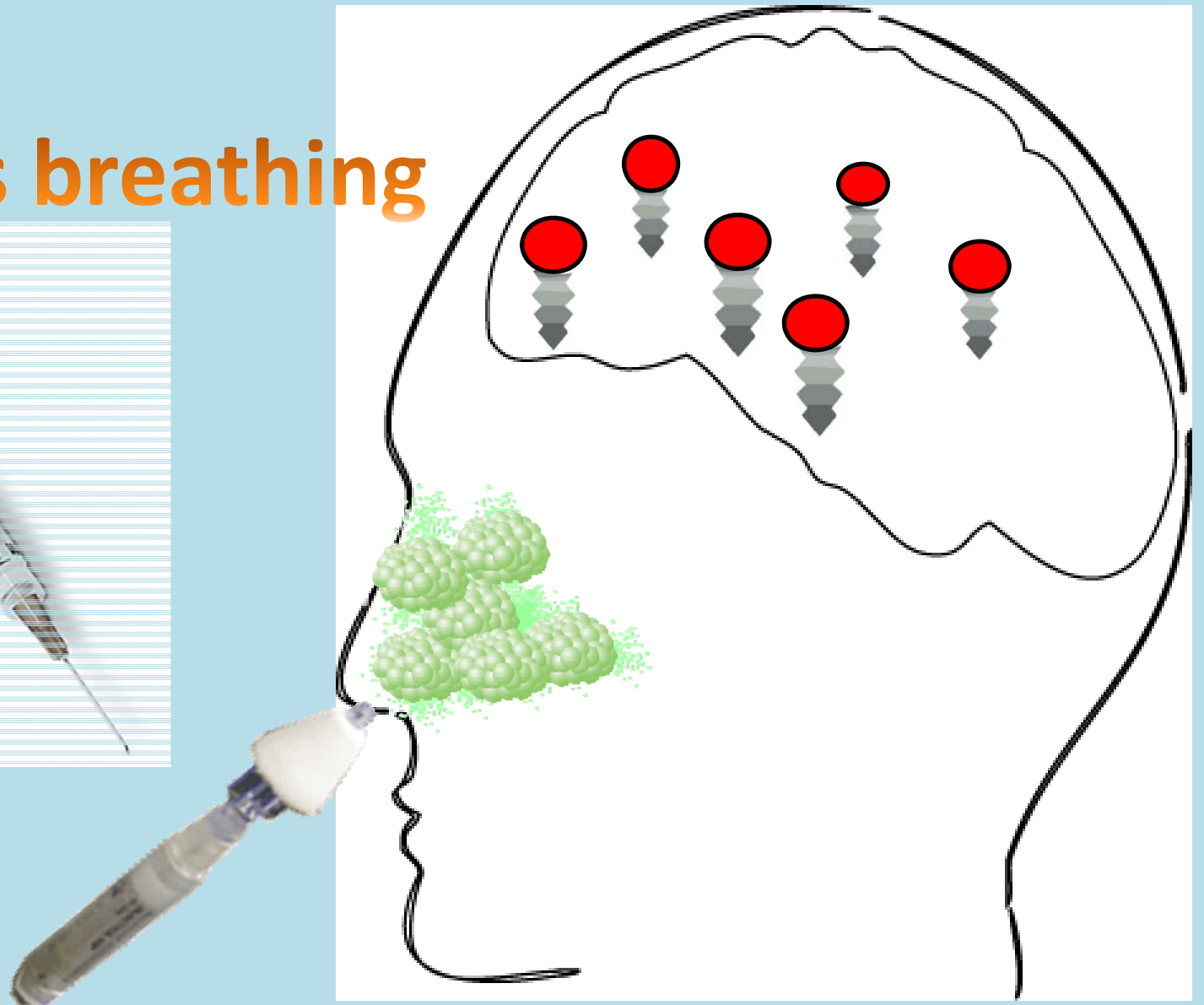
Opioid Receptors, brain

Opioid



# How does Narcan affect overdose?

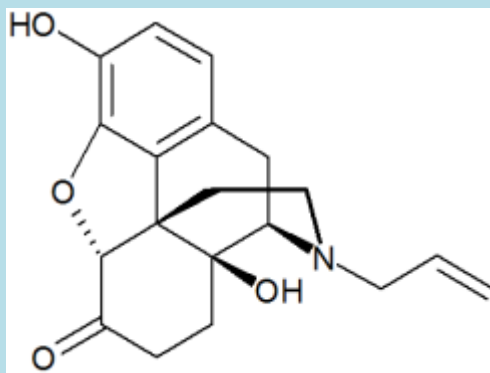
**Restores breathing**





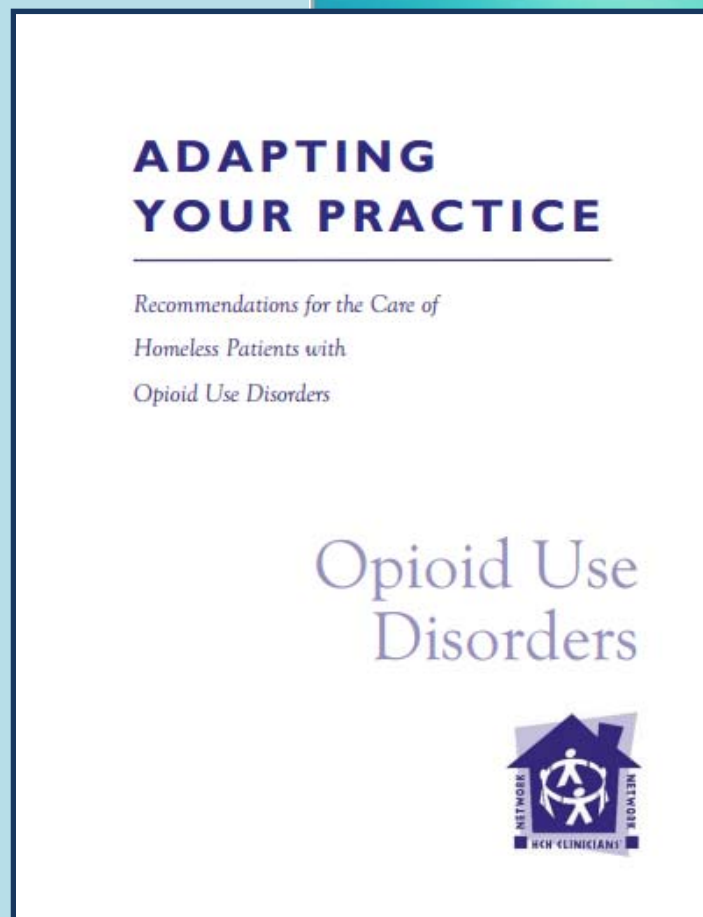
# Naloxone (Narcan<sup>®</sup>) basics

- Shelf life  
~ 2 years
- Half life  
–30-90 minutes
- Bioavailable – IV, IM, SC, IO, IN, but not PO or SL
- Narcan can **neither** be abused nor cause overdose
- Contraindication known sensitivity, which is very rare
- Adverse effects are opioid withdrawal
- naloxone  $\neq$  Suboxone<sup>®</sup>  $\neq$  naltrexone (Vivitrol<sup>®</sup>, Revia<sup>®</sup>)




# OEND

- No increase in use, increase in drug treatment
  - Seal et al. J Urban Health 2005;82:303-11
  - Galea et al. Addict Behav 2006;31:907-912
  - Wagner et al. Int J Drug Policy 2010; 21: 186-93
  - Doe-Simkins et al. BMC Public Health 2014; 14:297
- Cost effective
  - Coffin & Sullivan Ann Internal Med 2013; 158: 1-9
- Reduction in overdose deaths
  - Walley et al. BMJ 2013 346:f174
- Should center around PWUD
  - Rowe et al. Addiction 2015; 1360-0443





#reach4me 



FIGHTING TO END THE AMERICAN  
DRUG OVERDOSE EPIDEMIC

“ Providing naloxone to  
opioid users is harm  
reduction on a really  
intimate, yet grand scale  
because every OD death  
that is prevented is  
hundreds if not thousands  
of people prevented from  
grieving. With each OD  
death prevented, it's all  
that sorry, grief, and loss  
prevented.”

LEE HERTEL  
LEE'S RIG HUB

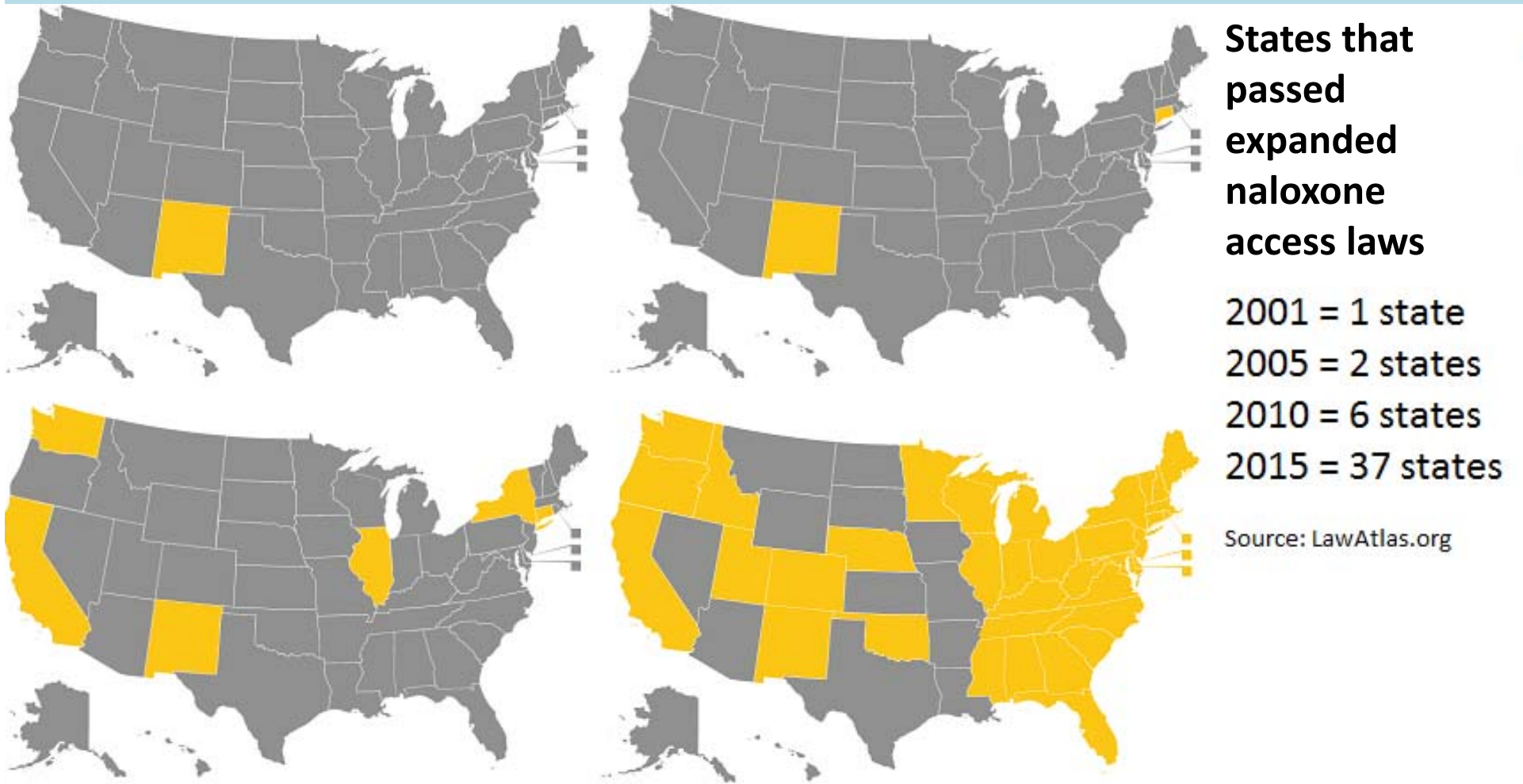


Sawbuck  
Productions

# Launching HHO's OD prevention & naloxone initiative

1. Organizational/administration level activities
  - State-specific requirements (?)
  - Policy
  - Sourcing/formulations
  - Medical oversight (?)
  - \$\$\$
2. Staff
  - Training & orientation to policy additions/changes
  - Identify champions to sustain the program
  - TOT for staff champions to deliver to participants
3. Participants
  - Addressing OD- acute
  - Addressing OD- ongoing
4. Access & milieu

# Naloxone access laws 2001-2015



## Heartland Health Outreach

### **POLICY: Opioid Overdose Prevention, Recognition, and Response**

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**Effective Date:** November 2014

**Last Review Date:** November 2015

**Next Review Date:** November 2016

#### **PURPOSE:**

To provide operating procedures for opioid overdose prevention, recognition, and response.

#### **EMPLOYEES AFFECTED:**

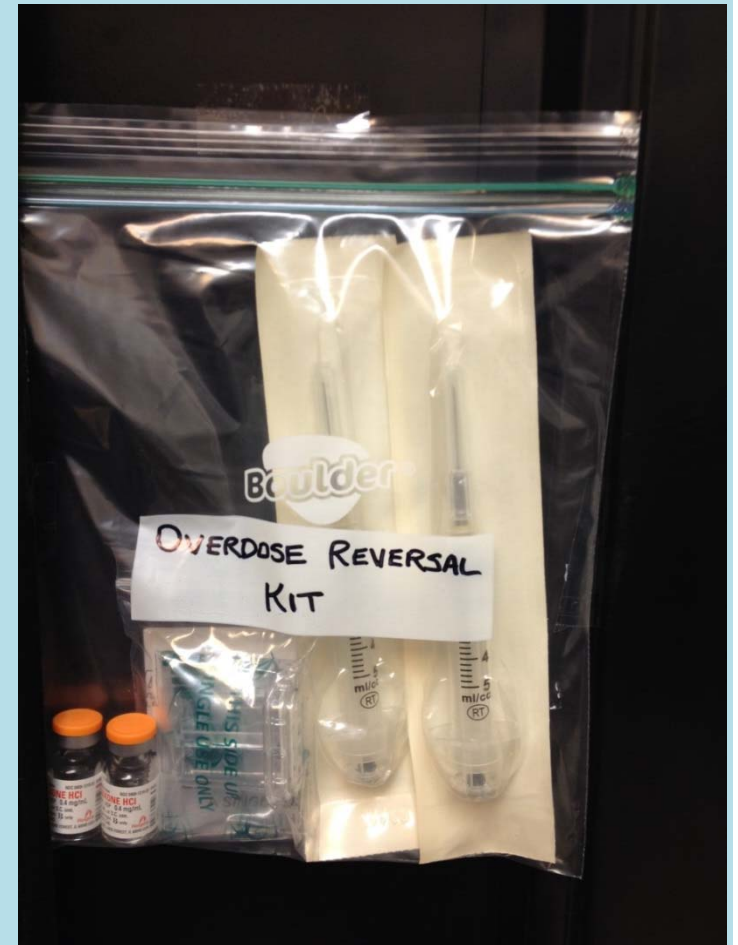
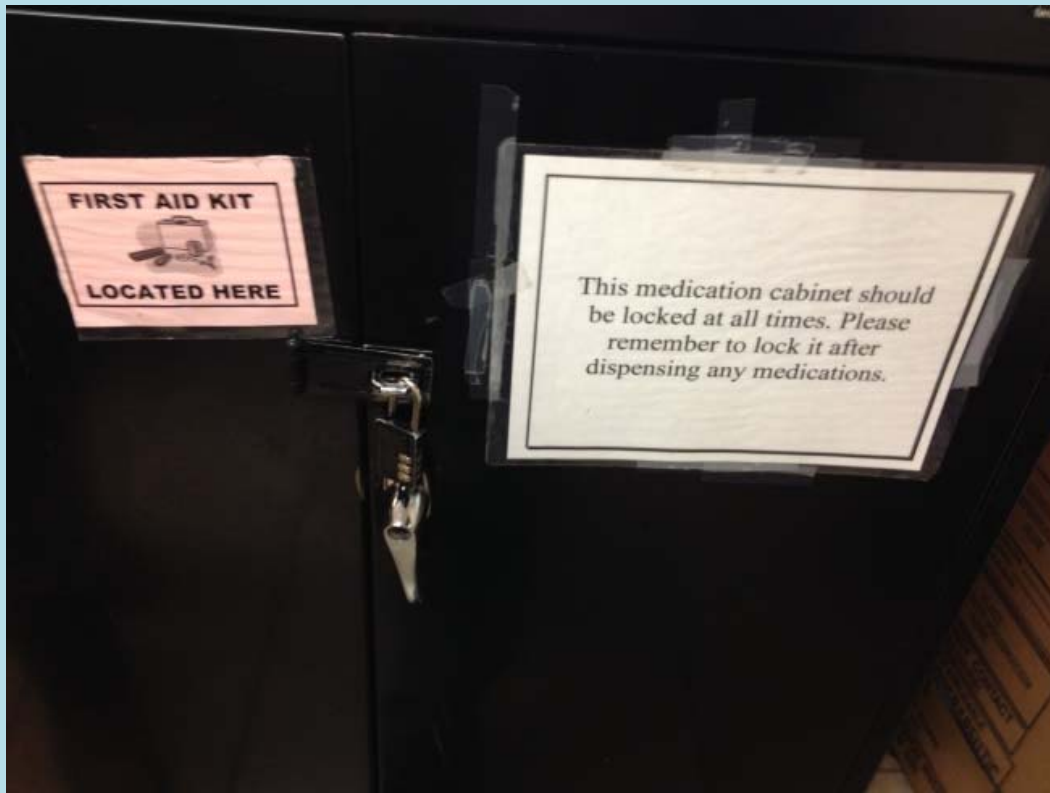
Heartland Health Outreach employees who might witness an opioid overdose during the course of their work.

#### **POLICY:**

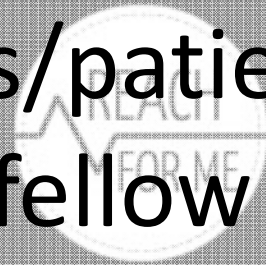
It is the policy of Heartland Health Outreach to offer training on opioid overdose prevention, recognition, and response, including the use of naloxone, to all employees. Because preventing death from overdose is a community concern, the same trainings are available for participants.

“No participants will receive an interruption in their services or negative programmatic consequence as a direct result of reporting or experiencing a suspected overdose.”

# Naloxone Kit for Staff



# Engage clients/patients/participants as a fellow community member



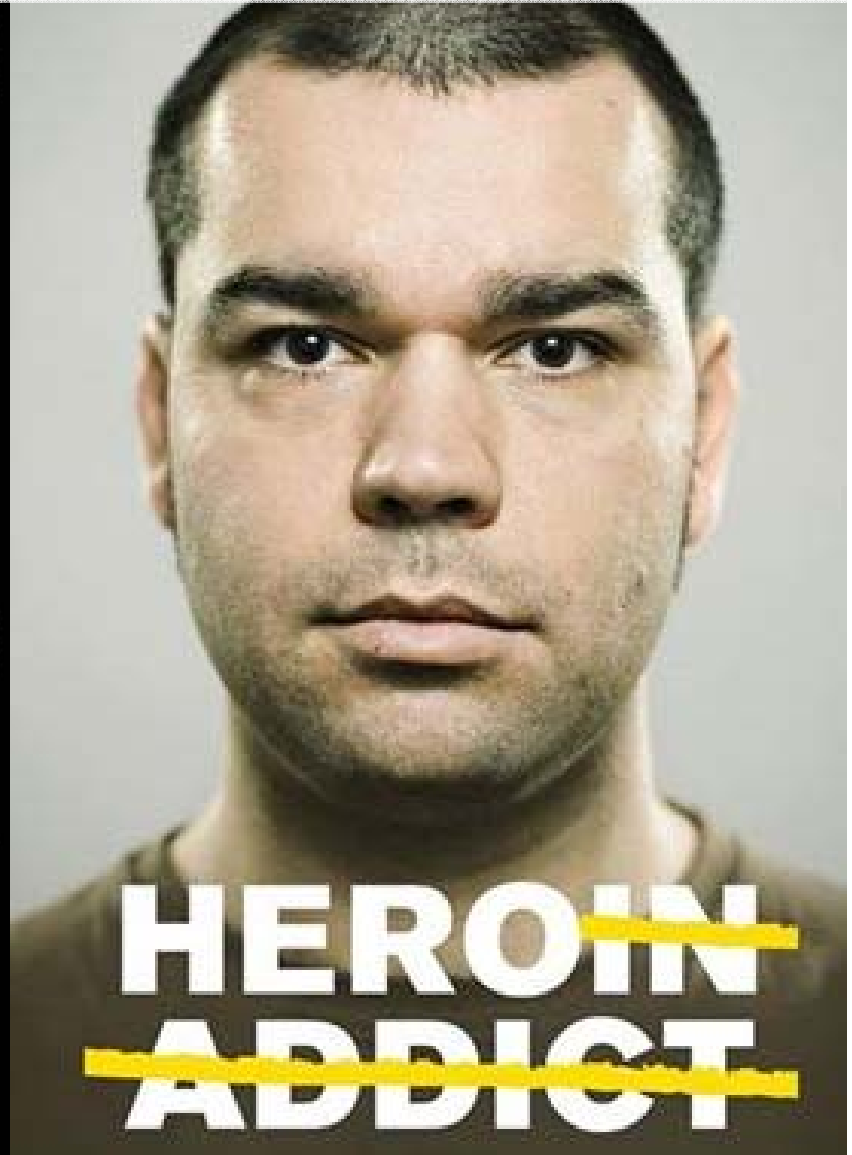
FIGHTING TO END THE AMERICAN  
DRUG OVERDOSE EPIDEMIC

“ Naloxone matters because it’s about saving a life. It’s about helping someone. It’s about sticking together as a family.

ELIZABETH OWENS  
VOCAL-NY

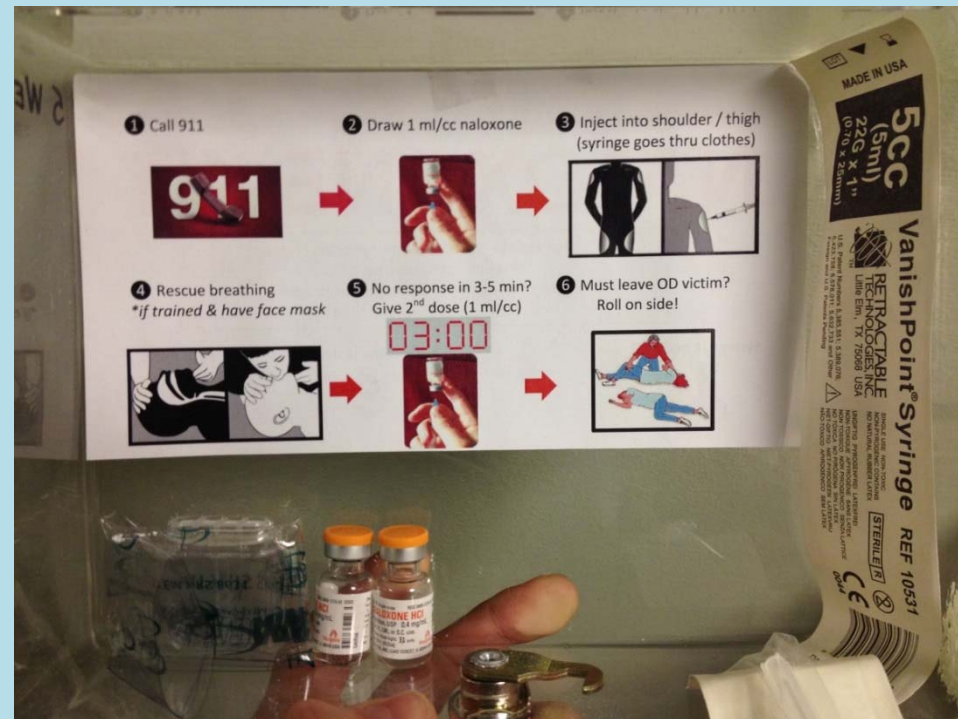
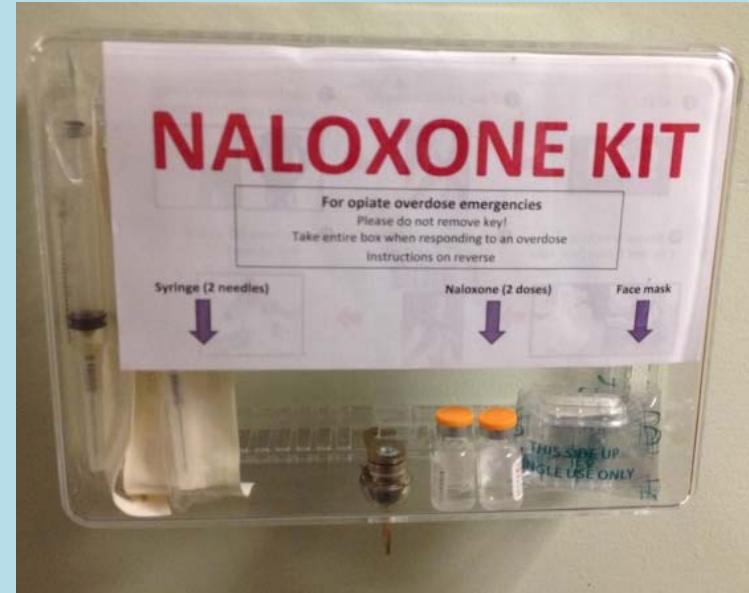


Sawbuck  
Productions





# Obvious Mounted Kit: HHO Pathways



**Bathrooms are  
injection facilities.  
How to make them safer  
for staff & participants?**

- Secure sharps boxes
- Good lighting
- Mirrors
- Doors that open out
- Call button
- Intercom system
- Monitor with timer
- Safer injection equipment
- Naloxone rescue kit

Midwest Harm Reduction Institute

**1 IN 5** OVERDOSE DEATHS HAPPEN  
IN PUBLIC BATHROOMS

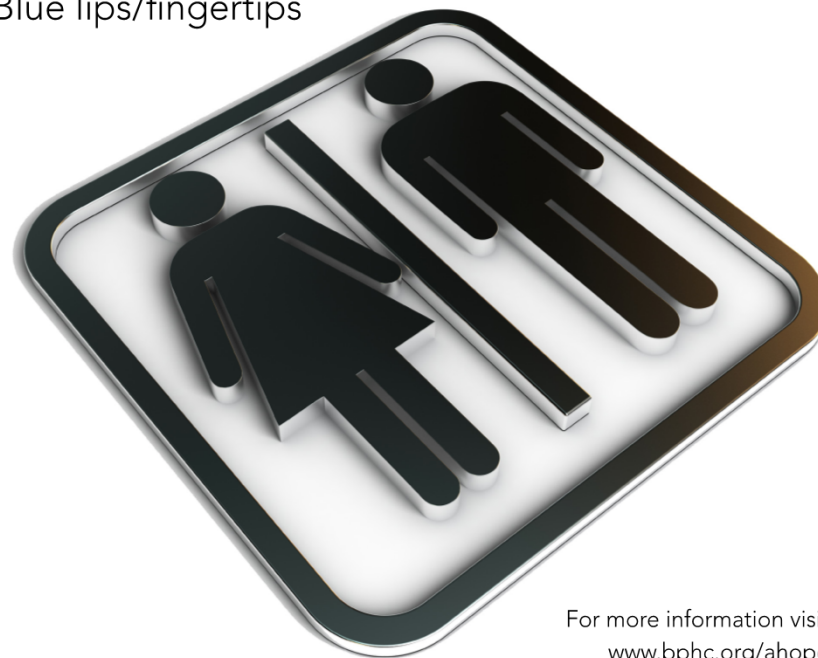
**CHECK YOUR RESTROOMS  
YOUR ACTIONS COULD HELP SAVE A LIFE**

**KNOW WHAT TO LOOK FOR**

- Unresponsive
- Slow breathing
- Lack of breathing
- Blue lips/fingertips

**KNOW WHAT TO DO**

- Call 911 immediately
- Perform rescue breathing
- Administer Narcan



For more information visit  
[www.bphc.org/ahope](http://www.bphc.org/ahope)



# Ongoing remembrance; Trauma awareness



# Proactive conversations

- Affecting relationships
  - How do you *think* these conversations will affect relationships?
  - Opportunities to engage
  - Establishes a nonjudgmental precedent about substance use & that safety & survival is priority
- Never too soon
  - Key topics
  - Address fatalism & right to survival

# What puts people at risk for ODs?

- Not having a plan
- Mixing substances
- Abstinence >> Loss of Tolerance
  - Know tolerance & source
- Using alone >> No one there to help
- Variation in strength and content of 'street' drugs
- Physical Health
  - Liver disease, kidney disease, lung disease, HIV infection
- Previous overdoses
- Injection techniques

# Recognize OD: Really high or overdose?

## Really high

- Pupils pinned
- Nodding, but arousable
  - Responds to sternal rub
- Speech is slurred
- Sleepy, intoxicated, but breathing
  - 8 or more times per minute

>> Stimulate and observe

## Overdose

- Pupils pinned
- Not arousable
  - No response to sternal rub
- Breathing slow or stopped
  - Less than 8 times per minute
  - May hear choking sounds or a gurgling/snoring noise
  - **Blue lips, blue fingertips**

>> Rescue breathe + give naloxone

# Responding to an overdose

1. Stimulate verbally and then with sternal rub
2. If no response, call 9-1-1
3. Administer naloxone
4. Rescue Breathing
5. Stay until help arrives, keep rescue breathing, 2<sup>nd</sup> naloxone is no response after 3-5 minutes
6. Rescue position



# Calling 911

## It is important to call 911 because:

- Naloxone *only* works on opioids (not benzos, cocaine, alcohol, or other drugs)
- Person overdosing may have other medical issues
- Person can overdose *again* once naloxone wears off

## Tips for participants:

- The caller does not have to provide their name to the 911 operator
- They don't have to explain that drugs are involved, e.g., "Someone has stopped breathing".  
\*Note: in some rural areas, dispatched ambulances may not carry naloxone



# If you must leave the person: Recovery Position



# Resources

- Overdose Prevention Alliance
- Harm Reduction Coalition
  - GREAT worksheets, hard to find:  
<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual-worksheets/>
- AnyPositiveChange.org
- StopOverdoseIL.org
- StopOverdose.org
- PrescribeToPrevent.org



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*Activists, advocates & drug users who have fought to save lives*

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[mdoe-simkins@heartlandalliance.org](mailto:mdoe-simkins@heartlandalliance.org)



# 2016 Harm Reduction in the House

23 September 2016

Chicago, IL

[www.midwestharmreduction.org](http://www.midwestharmreduction.org)



midwestharmreductioninstitute



midwesthri

# Naloxone products- 1/2016



## WORKSHEET

# Overdose Prevention Tips

This worksheet is a component of *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, produced by Harm Reduction Coalition. More information at [harmreduction.org](http://harmreduction.org)

This worksheet highlights common overdose risks and provides prevention tips.

We understand that every prevention message might not be applicable or pragmatic in every situation; we hope these tips can provide and messages can be shared and adapted as needed.

More information on each risk factor can be found at [harmreduction.org](http://harmreduction.org).

### Mixing Drugs:

- Use one drug at a time.
- Use less of each drug.
- Try to avoid mixing alcohol with heroin/pills – this is an incredibly dangerous combination.
- If drinking or taking pills with heroin, do the heroin first to better gauge how high you are – alcohol and especially benzos impair judgment so you may not remember or care how much you've used.
- Have a friend with you who knows what drugs you've taken and can respond in case of an emergency

### Tolerance:

- Use less after any period of abstinence or decreased use – even a few days away can lower your tolerance.
- If you are using after a period of abstinence, be careful and go slow
- Use less when you are sick and your immune system may be weakened.
- Do a tester shot, or go slow to gauge how the shot is hitting you.
- Use a less risky method (i.e. snort instead of inject).
- Be aware of using in new environments, or with new people—this can change how you experience the effects of the drugs and in some cases, increase the risk of overdose

### Quality:

- Test the strength of the drug before you do the whole amount.
- Try to buy from the same dealer so you have a better idea of what you're getting.
- Talk to others who have copped from the same dealer.
- Know which pills you're taking and try to learn about variations in similar pills.
- Be careful when switching from one type of opioid pill to another since their strengths and dosage will vary.

### Using Alone:

- USE WITH A FRIEND!
- Develop an overdose plan with your friends or partners.
- Leave the door unlocked or slightly ajar whenever possible.
- Call or text someone you trust and have them check on you.
- Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually given themselves naloxone before!

*continued on next page*

## Overdose Prevention Tips, *continued*

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### Age and Physical Health:

- Stay hydrated! Drink plenty of water or other fluids.
- Eat regularly.
- Get enough sleep and rest when you feel worn down.
- Pharmaceuticals (like opioids and benzos) – especially those with Tylenol® (acetaminophen) in them – are harder for your liver to break down. If you have liver damage, stay away from pharmaceuticals with a lot of acetaminophen in them, like Vicodin and Percocet.
- Carry your inhaler if you have asthma, tell your friends where you keep it and explain what to do if you have trouble breathing.
- Go slow (use less drugs at first) if you've been sick, lost weight, or have been feeling under the weather or weak—this can affect your tolerance.
- Try to find a good, nonjudgmental doctor and get checked out for any health factors that may increase your risk of overdose, like HIV, viral hepatitis, COPD, high or low blood pressure, high cholesterol, heart disease or other physical issues that could increase your risk for a stroke, seizure, respiratory problems or heart attack.

### Mode of Administration of the Substance:

- Be mindful that injecting and smoking can lead to increased risk.
- Consider snorting, especially in cases when you're using alone or may have decreased tolerance.
- If you inject, try and remove the tie after registering and before injecting – this will allow you to better taste your shot and inject less if it feels too strong.
- Be careful when changing modes of administration since you may not be able to handle the same amounts.

### Previous Nonfatal Overdose:

- Always use with a friend or around other people.
- Use less at first, especially if you are using a new product.
- Make an overdose plan with friends or drug partners.