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Princeton, WV  24740  

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(918) 273-8597  |  Cell
RENEW  

_re·new  •  rəˈn(y)oo-/  

to restore; to re-establish;  
to resume after an interruption
Pre-Test
WHAT YOU’LL LEARN

• Populations
• What are Opioids
• What is Overdose?
• Opioid Overdose and Reversal
• Why Prevention is Important
• What is Naloxone?
• Common Misconceptions
Populations
Drug: What is addiction?

- **Addiction**: is a brain disease.
- It is expressed in the form of compulsive behavior.
- Developing and recovering from it depend on a person's biology, behavior, and social context.

Leshner, 2001
Persons in Active Addiction: What is addiction?

- Studies show that once addicted, the individual moves into a different state of being.
- Very few people appear able to successfully return to occasional use after having been truly addicted.

Leshner, 2001
Persons in Active Addiction: What is addiction?

- These brain changes are common to all chemical addictions, and some are also typical of other compulsive behaviors.

- Addiction should be understood as a chronic recurring illness.

Leshner, 2001
Is addiction different...?

• Addiction is only different from other brain diseases because it does begin with a clearly voluntary behavior — the initial decision to use drugs.
• Not everyone who uses drugs go on to become addicted. 50-70% of addiction variability depends on genetic factors.

Leshner, 2001
Populations: Persons in Active Addiction

• Over time, persons in active addiction lose control over his or her voluntary behavior, which becomes compulsive.
• Persons in active addictions behavior is truly uncontrollable; much like Schizophrenics cannot control hallucinations or Parkinson's patients cannot control their trembling.

Leshner, 2001
Populations: Persons in Active Addiction

- Treatment compliance is the biggest cause of relapses for all chronic illnesses, including asthma, diabetes, hypertension and yes, addiction.
- Crime and drug addiction often occur in tandem: between 50-70% of arrestee's are addicted to illegal drugs.

Leshner, 2001
Populations: Persons in Active Addiction

“If we as a society ever hope to make any real progress in dealing with our drug problems, we are going to have to rise above moral outrage that addicts have “done it to themselves” and develop strategies that are as sophisticated and as complex as the problem itself. Whether addicts are “victims” or not, once addicted they must be seen as a “brain disease patient.”” — Alan I. Leshner Previous Director of NIDA & NIH
Populations: Persons in Active Addiction

- many persons in active addiction have disrupted not only their own lives but those of their families and their broader communities, and thus do no easily generate compassion.

- no matter how one may feel about addicts and their behavioral histories, an extensive body of scientific evidence shows that approaching addiction as a treatable illness is extremely cost-effective, both financially and in terms of broader societal impacts such as family violence, crime, and other forms of social upheaval.

Leshner, 2001
Populations: Persons in Active Addiction

• It is clearly in everyone's interest to get past the hurt and indignation and slow the drain of drugs on society by enhancing drug use prevention efforts and providing treatment to all who need it.

Leshner, 2001
Populations: Children

- Children can overdose too!

- Children up to the age of 5 were most at risk of accidental overdose followed by 13-19 year olds.

- 91% Increase in poisoning deaths in 2012 (CDC).
Populations: Children

- Note: that majority of the time the parent is unaware that the child has ingested anything.

- Due to open prescription bottles or unsecure bottles from parents and grandparents/guardians.

- Narcan can be administered in special dosing; will not hurt the child if opiates are not present in the system.
Populations: Age & Physical Health

- Your age and physical health are going to impact your body’s ability to manage drugs.
- Older people and/or those with longer drug using careers are at increased risk for fatal overdose.
- Older people who overdose are less likely to survive than young people who overdose.
- Viral Hepatitis or HIV infections, endocarditis or cellulitis make hinder resiliency.

Harm Reduction, 2015
Age & Physical Health

• Liver and Lung health impacted by smoking or hepatitis respectively plays an important role in overdose.
• Since “downers” cause your breathing to slow down, if you have asthma or other breathing problems, you could be at higher risk for overdose.
• Poor lung function decreases the body’s capacity to replenish oxygen supply, which is essential for a person to survive an overdose.

Harm Reduction, 2015
Increased Health Risks:

- Anyone who uses opioids, including people who take opioids for pain, should be aware of increased overdose risk if they have any of the following health characteristics:
  - Smoke/COPD, emphysema, asthma, sleep apnea, respiratory infection or other respiratory illness
  - Kidney/Liver Disease or Dysfunction, HIV/AIDS, cardiac illness
  - Currently taking benzodiazepines or other sedative prescription or antidepressant medication

Harm Reduction, 2015
Previous Non-Fatal Overdose: Mental Health

- If a person has ever had a nonfatal overdose in the past, this increases the risk of a fatal overdose in the future.

Harm Reduction, 2015
Opioids/Opiates
What are Opioids/Opiates

- Opioids are sedative narcotics
- Mainly used to relieve pain
- They repress the urge to breathe — opioid overdose stops breathing leading to death
## What are Opioids/Opiates

<table>
<thead>
<tr>
<th>Weak</th>
<th>Strong</th>
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<tbody>
<tr>
<td>Codeine</td>
<td>Morphine</td>
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<tr>
<td>Hydrocodone</td>
<td>Hydromorphine</td>
</tr>
<tr>
<td>Dihydrocodine</td>
<td>Fentanyl</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Diamorphine</td>
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<tr>
<td></td>
<td>Buprenorphine</td>
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<tr>
<td></td>
<td>Methadone</td>
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<tr>
<td></td>
<td>Oxycodone</td>
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</table>
What is an overdose?
What is an overdose?
OPIOID OVERDOSE

• Usually happens 1-3 hours after use
• Symptoms vary by person

Signs may include:
• Blue skin tinge
• Slow, erratic pulse
• Vomiting
• Passing out
• Choking and gurgling sounds
• May be awake, but unable to respond
INTRODUCING NARCAN®
Understanding Naloxone

- Naloxone (also known as Narcan) is a medication called an “opioid antagonist” which is used to counter the effects of opioid overdose.
- Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the CNS and RS allowing the victim to breathe normally.
- Only works if the person has opioids in their system; no effect if opioids are absent.
NALOXONE/NARCAN®

• Pure opiate antagonist
• Simple delivery mechanisms
• No physiological effect, other than blocking opiates
• No adverse reactions
• No potential for abuse
• No potential for overdose
Understanding Naloxone

- Naloxone is traditionally administered by emergency response personnel, but can also be administered by laypeople.
- Can be injected in the muscle (arm, thigh, vein or under the skin or sprayed into the nose).
- It wears off in 30-90 minutes which is why calling 911 immediately is so important.
# Signs & Symptoms

<table>
<thead>
<tr>
<th>“Really High”</th>
<th>“Overdose”</th>
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<tr>
<td>Muscles become relaxed</td>
<td>Deep snoring or gurgling (death rattle)</td>
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<tr>
<td>Speech is slowed/slurred</td>
<td>Very infrequent or no breathing</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Pale, clammy skin</td>
</tr>
<tr>
<td>Light nodding</td>
<td>Heavy nods</td>
</tr>
<tr>
<td>Will respond to stimulation (i.e. yelling, sternal rub, pinching, etc.)</td>
<td>No response to stimulation</td>
</tr>
</tbody>
</table>
Why Prevention is Important

- Overdose affects individuals directly/indirectly & affects society

- Overdose deaths CAN be prevented by laypeople
Why Prevention is Important

- Conversations about overdose and prevention & reversal—leads to rapport among providers and clients.
- *This* program sends the message that peoples lives are worth saving and their lives are important.
- Overdose responders are proud of involvement in overdose prevention.
- Lives can be saved!
Common Questions

- Is naloxone that stuff that you stick through the heart like in the movie Pulp Fiction?
- How do we get Naloxone?
- Will it work on an alcohol OD?
- If it is a crack or coke OD?
- Risk period for an OD to reoccur after Naloxone is given
- Lawsuit? Am I protected?
- What if a person isn’t overdosing and I give them Naloxone? Will I hurt them?
- Will it give someone a “clean” urine?
- Can someone get arrested for being at an OD scene?
- Are ambulances and hospitals using Naloxone?
COMMON MISCONCEPTIONS
# COMMON MISCONCEPTIONS

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone reverses the effects of all types of drug overdoses.</td>
<td>Naloxone will only reverse the effects of opiates (i.e. heroin, oxycodone, hydrocodone).</td>
</tr>
</tbody>
</table>
## COMMON MISCONCEPTIONS

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Naloxone increases drug use, abuse, and overdose.</td>
<td>Existing data in the field does NOT support this claim.</td>
</tr>
<tr>
<td><strong>MYTH</strong></td>
<td><strong>FACT</strong></td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Naloxone deters drug users from seeking help with addiction.</td>
<td>Research shows that Naloxone distribution reduces drug use and increases an individual’s engagement in treatment.</td>
</tr>
</tbody>
</table>
# COMMON MISCONCEPTIONS

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
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<tbody>
<tr>
<td>Naloxone is difficult and risky to administer.</td>
<td>Naloxone is easily administered by lay people after simple, brief education.</td>
</tr>
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</table>
# COMMON MISCONCEPTIONS

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person administering Naloxone is legally responsible for all negative repercussions related to the drug overdose.</td>
<td>Naloxone administration is covered under the WV “Good Samaritan” law.</td>
</tr>
<tr>
<td></td>
<td>911 must be called.</td>
</tr>
</tbody>
</table>

*Project Renew*

An Initiative of Community Connections, Inc.
Opioid Antagonist Act

Intranasal Naloxone Administration Training Module for Initial Responders

Public Service Training Session
Public Training Session
Provided By:
West Virginia Office of EMS Endorsed Educational Institutions
EMS Agency Personnel
By the end of this course, the participants will learn about intranasal (auto-injector where applicable) Naloxone and be able to:

• Recognize the signs and symptoms of a narcotic overdose
• Understand how to use intranasal Naloxone
• Identify the possible responses to intranasal Naloxone
• Prepare and administer intranasal Naloxone
• Describe how continued support should be provided to the overdose victim
When is Intranasal Naloxone Used?

- With the unconscious patient suspected of overdose.
- Bystanders should have contacted EMS (dialed 911) or sent for help.
- Bystanders may have provided respiratory support (rescue breathing) to the limit of their skill, but reversal of the cause of failed breathing is the real treatment.
- Use of intranasal Naloxone is indicated when the person is not responsive (shouting, sternal rub, etc.).
When is Intranasal Naloxone Used?

- Intranasal Naloxone temporarily blocks opiate effects and can reduce the duration of low oxygen in the blood preventing injury or death.
- Prolonged reduced breathing can result in injury to the brain.
- Lung injury can occur because stomach contents get into the lungs. This causes lung damage and can contribute to death.
- Reversing the overdose quickly saves lives!
Opiates and Opioids

Chemicals that act in the brain to:

- Decrease feeling of pain.
- Decrease reaction to the pain.
- Provide comfort.

- May be used to reduce pain from injury, or after having procedures done (surgery), or as part of long-term care for cancer or other painful diseases that cause constant pain and are expected to not go away.

- Both opiate and opioids are often misused, resulting in danger.
Opiates vs. Opioids

- **Opiates** are concentrated from the poppy plant and are not made, but purified, from the plant fluids like maple sugar.

- **Opioids** are manufactured and do not come from the plants.

- Opiates and Opioids act the same in the brain.

- Examples of opiates are Morphine, Codeine and Heroin.
Opiates and Opioids

After prolonged use of these substances, increasing amounts are needed for the same effects.

Common side effects include:

- Nausea and vomiting
- Drowsiness
- Itching
- Dry mouth
- Small pupils
- Constipation or difficulty having bowel movements
Opiates and Opioids May Include:

- Heroin
- Buprenorphine (Suboxone)
- Butorphanol (Stadol)
- Codeine
- Fentanyl (Duragesic patch)
- Hydrocodone (Vicoden)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Morphine
- Nalbuphine (Nubain)
- Oxycodone (Percocet/Percodan)
- Oxymorphone
- Pentazocine (Talwin)
- Paregoric
- Propoxyphene (Darvon)
Heroin is an opiate which may be injected, snorted (inhaled), or smoked. It has many street names.
Naloxone is Only Used for Opiate Overdose

Remember, the following common street drugs are not Opioids/Opiates and therefore not addressed by this portion of the protocol: cocaine, LSD, ecstasy (Molly) sedatives/tranquilizers and marijuana.
Who is at High Risk for Overdose?

- Individuals seeking care from multiple doctors and are not following instructions about prescription use.
- Users of prescriptions that belong to others.
- Users who inject drugs for greater effects.
- Former users who are recently released from prison or entering/exiting from drug treatment programs.
Who Else is at Risk?

- Elderly patients who take opiates or opioids for pain.
- Patients using pain-relieving patches incorrectly.
- Children who accidentally ingest painkillers found in their homes or the homes of others.
Naloxone Auto-Injector

Evzio (naloxone hydrochloride injection) rapidly delivers a single dose of the drug naloxone via a hand-held auto-injector that can be carried in a pocket, glove box or stored in a medicine cabinet.

The auto-injector is designed to be a simple and easy-to-deploy alternative to intranasal Naloxone. There are several things to remember when selecting this option.
The approved device has step by step audible directions.

Auto-injection requires a line of site for injection (should not be deployed through clothing).

Auto-injection does deploy a spring loaded needle to deliver the medication.

Universal precautions should always be used as blood and body fluid exposure is likely.

Auto-injection delivers a metered dose of Naloxone and cannot be adjusted for younger victims.

There is a training device available for this product.
Intranasal Naloxone

• Naloxone (Narcan) is an antidote that can temporarily reverse the overdose effect of opiates and opioids.

• Naloxone is **NOT** effective against respiratory depression due to non-opioid drugs (or other causes).
Why Intranasal Naloxone?

- Very low-risk of exposure to blood (no needle).
- Can be administered quickly and with little training.
- Onset of action is quick.
- Very effective when used.
Why Intranasal Naloxone?

Works quickly since the nose has a large area for absorbing drugs directly into the blood stream.
Squirting the liquid drug creates a fine mist covering more surface of the nasal cavity tissue increasing entry into the blood stream. Examples of similar effects are spray paint and hairspray. The mist covers more surface area.
What Does Opiate/Opioid Overdose Look Like?

The person is:

• Not responsive when shaken.
• Possibly not breathing well, or not breathing at all.
• Possibly breathing less than 6 breaths per minute.
• Possibly having a bluish color to the skin, nails or lips.
• Small pupils.
When to Use Intranasal Naloxone

- If a person is not responding to you.
- If bystanders report suspected drug use and the person is not responding to you.
- If there are drug bottles, or signs of injection of drugs on the skin ("track marks") and the person is not responding to you.

• Call 911 to activate Emergency Services.
• Even if illegal activity was going on, the call provides some protection from criminal charges.
But, only if they call for help. *GET HELP, DIAL 911.*

Any person who administers an opioid antagonist in good faith to someone they believe to be suffering from an opioid-related overdose is not subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.
Any person who administers an opioid antagonist to a person they believe to be suffering from an opioid-related overdose **is required** to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of the suspected opioid related overdose.
Adult Nasal Atomizer Use

- Administer Naloxone 2.0mg Nasal via atomizer (half in each side of the nose).
- If you know how, you may continue supporting the breathing of the person (rescue breathing).
- Consider calling poison control if other poisons are suspected: (800) 222-1222.
Nasal Atomizer Use
Preparation: Step 1
Preparation: Step 2
Preparation: Step 3
Luer Jet with Attached Atomizer
Administration

- Perform rescue breathing if you know how.

- Look to see if the nose cavity is free from blood or mucous (mucous in the nose is normal and small amounts of blood may be present). You will still administer the Naloxone.

- Assemble the kit.

- Gently, but firmly, place the atomizer in one side of the nose and spray half the medication.

- Repeat on the other side.

- If only one side of the nose is available, put all of the medication in that side.
Administration
Adverse Reactions

- When used, intranasal Naloxone can cause:
  - Runny nose
  - Sweating
  - Fast heart rate
  - Shakes
  - High blood pressure
  - Low blood pressure

- Fear of causing withdrawal should not prevent use when the person is unresponsive.
Children Can Also Overdose

- When an opioid overdose is suspected in a child, use less of the liquid and repeat if needed.

- Very small child: Use one-quarter in each side of the nose and consider using the other half in 5 minutes if the ambulance has not arrived and the child is still unresponsive.
Children

- Remember, just as in adults, children (smaller noses) may have some of the drug run out of their nose and down the back of their throat. This will not do any harm.
Course Summary

• What we have learned:
  • Why intranasal Naloxone is available as an option for bystanders who witness an overdose.
  • What an opioid overdose looks like.
  • The reasons that justify the use of intranasal Naloxone.
  • Legal protections if you dial 911.
  • How to prepare an intranasal Atomizer.
  • How and when to use the intranasal Atomizer.
Post-Test and Evaluation
Responding to Opioid Overdose
Assessment & Stimulation

- Assess the signs
  - Is the person breathing?
  - Is the person responsive?
  - Does he or she answer when you shake them and call his or her name?
  - Can the person speak?
  - How is their skin color (especially lips and fingertips)?
Assessment & Stimulation

- If the person is unconscious or in a heavy nod, try to wake them up: Call their name and say “I’m going to call 911” or “I’m going to give you Narcan (generic: naloxone).”
- If this does not work try to stimulate him or her by rubbing your knuckles into the sternum.
- If this causes the person to wake up try to get him or her to focus. –Check their breathing.
ASSESS THE SCENE
STERNUM RUB/LIP RUB
RESCUE BREATHING
RESCUE BREATHING

- The MAIN reason someone dies from an opioid overdose is because their respiratory system has shut down.

- Doing rescue breathing is YOUR choice, but know that it is imperative to saving the persons life.
PREPARE TO GIVE NARCAN
Gently insert the tip of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of the person’s nose. And PRESS the plunger firmly.
RESCUE BREATHING (Cont.)
RECOVERY POSITION

Hand supports head

Knee stops body from rolling onto stomach
Aftercare
Aftercare: Overdose Response

- Because Naloxone blocks opioids from acting, it is possible that it can cause withdrawal symptoms.
- It is VERY important that one does not use again until the naloxone wears off so that a re-overdose does not occur.
- If the person cannot walk or talk after waking up, then it is important that they are taken to the hospital.
Naloxone Kit
OPIOID OVERDOSE REVERSAL KIT

- 2 doses nasal Narcan
- 1 CPR mouth barrier
- Sterile gloves
- Needle Resistant gloves
- Reporting postcard
- 844-HELP-4-WV information
PROJECT RENEW REPORTING CARD

Upon the administration of naloxone, please complete the following questions and return this card to Community Connections via the provided envelope.

NAME OF PERSON WHO ADMINISTERED NALOXONE: ____________________________

AFFILIATION OF PERSON WHO ADMINISTERED NALOXONE: ____________________________

DATE NALOXONE WAS ADMINISTERED: ____________________________ TIME: ____________________________

COUNTY: ____________________________ CITY: ____________________________

TYPE OF NALOXONE ADMINISTERED: □ Nasal □ Intramuscular

AGE OF OVERDOSE: ____________________________ SEX OF OVERDOSE: ____________________________

AFTER THE FIRST DOSE WAS ADMINISTERED, WAS THE OVERDOSE REVIVED? __________

WAS A SECOND DOSE ADMINISTERED? _____ IF SO, WAS THE OVERDOSE REVIVED? _____

ULTIMATELY, DID THE NALOXONE SAVE THIS LIFE? □ Yes □ No
Without providing any identifying information of the individual who overdosed, please share any additional comments or qualitative information related to the naloxone administration.

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Thank you!

For additional information, contact
COMUNITY CONNECTIONS, INC.
(304) 913-4956

PROJECT Renew
An Initiative of Community Connections, Inc.
Narcan (R)/ Naloxone Kit

- Kits must be brought in on every shift; treat them like they were your personal items.

- Narcan will freeze and will be ineffective or freezing and thawing will cause the medication to be weaker.

- Keep out of direct sunlight.
REFERENCES


Photographs courtesy of
Santana Nicole Photography (304) 222-8585
with special thanks to Jennifer Farmer and Crystal Dickerson