

LOS ANGELES OVERDOSE PREVENTION TASK FORCE

<http://www.cleaneedlesnow.org/overdose/task-force/>

Overdose Prevention Core Curriculum

Introduction

Overdose is a preventable cause of death in the majority of cases because it usually:

- happens to experienced users.
- happens over 1-2 hours, not instantly.
- is witnessed by other users or others in the users' social network.
- can be treated effectively with naloxone (Narcan).

Physiology

Generally happens over course of 1-3 hours- the stereotype "needle in the arm" death is only about 15%

Opioids, also sometimes called Opiates, repress the urge to breath – decrease response to carbon dioxide - leading to respiratory depression and death

Opioids and overdose – what are opioids?

Opioids include:

Heroin, Morphine, Codeine, Methadone (Dolophine), OxyCodone (OxyContin), Percodan, Percocet, Hydrocodone (Hycondan, Vicodin), Fentanyl (Sublimaze, Duragesic), Meperidine (Demerol), Propoxyphene (Darvon, Darvocet), Pentazocine (Talwin), and hydromorphone (Dilaudid.)

Naloxone (also known by the brand name, Narcan) does **NOT** work for:

- Non-opioid sedatives: Valium, Xanax, Klonopin, Ativan, Clonidine, Elavil, alcohol
- Stimulants: cocaine, amphetamines

What are risk factors for overdose?

Major risks

- **Loss of Tolerance:** Regular use of opioids leads to tolerance- more is needed to achieve the same effect (same high). Overdoses occur when people start to use again, following a period of abstinence such as incarceration, detox or "drug free" drug treatment.
- **Mixing Drugs:** Mixing opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Clonopin) or alcohol. They are "synergistic"- the effect of taking mixed drugs is greater than the effect one would expect if taking the drugs separately than together. Cocaine is a stimulant but in high doses it can also depress the urge to breathe.
- **Using alone:** When using drugs alone there is no one present to see signs of overdose. As noted above, users are at greater risk of overdosing if recently abstinent or mixing drugs and should try to avoid doing that when alone.
- **Variation in strength of 'street' drugs** Street drugs may vary in strength and effect based on the purity of the heroin (or other opioid) and the amount of other ingredients used to cut the drug. Users can use small amounts of new batches or inject slowly enough to get a feel of the quality.
- **Serious illness including:** AIDS, liver disease, diabetes and heart disease. Lowered immune systems may change tolerance.

What does an overdose look like?

Users can check in with each other for responsiveness. Overdose is more likely 1-2 hours after using rather than just after injection

Signs:

- **Heavy nod, not responsive to stimulation – teach sternal rub (rub breastbone hard with knuckles)**
- Deep, slow snoring or gurgling
- Slowed breathing
- Cyanotic- bluish lips and nail beds

Understanding naloxone

Naloxone (Narcan) reverses an opiate overdose by blocking opioid receptors in the brain. It wakes a person who is overdosing in 3-5 minutes. Naloxone is active for about 30 – 90 minutes at which point the effect of opioids can return and they can overdose again. This 30-90 window is usually enough to prevent death even if the overdoser does not get medical services.

Naloxone has no other effects and cannot be used to get high; it will cause no harm if the person is not having an overdose.

Responding to an Opiate Overdose

1) Stimulation

- Call their name and shake
- Sternal rub

2) Call for Help

- Call 911 say: “My friend isn’t breathing”.
- Stay with this person as they may overdose again when the effects of the Naloxone wear off.
- If leaving you must leave this person alone, place them in the **Recovery Position** – positioned on the side. This will help to keep the airway clear and prevent them from choking on vomit.



What is next? If the overdoser is not breathing start with a few breaths and then administer naloxone. If still breathing but unresponsive then the responder should administer naloxone first.

3) Administer Naloxone

- Inject 0.4cc of naloxone into a large muscle such as the upper arm or thigh
- Repeat in 3-5 minutes with a new needle and vial if no response **If 911 has not yet been called, it is vital to do so now.**
- Continue rescue breathing as needed.

4) If not breathing Perform Rescue Breathing

- Tip the head back with one hand under the neck, the other holding the nose
- Make a seal over the mouth with your mouth and give 2 quick breaths then one every five seconds.
- Keep it up until the person breathes on his/her own.



5) Evaluation and Support

- Monitor the overdose survivor reassuring them that the drug withdrawal will decrease in about one hour, and more drugs should not be used now.
- Inform EMS of what happened and how much naloxone was given.
- Encourage survivor to go to the hospital.

Common questions:

What about salt or milk shots? Many users believe that injecting salt water or milk will revive an overdose victim. There is no medical reason why this works and it can be dangerous as it wastes time. Some people are certain that they work, explain that naloxone is definitely effective so salt shots are unnecessary.

What about giving someone another drug as an “antidote” such as speed, or coke? This needlessly complicates the issue by adding one more drug that may not do anything but may add to the overdoser’s medical problems.

What about walking someone around? If the overdoser can walk this is good and they don't need naloxone. Dragging someone around doesn't help.

What about ice? Looking for ice may waste precious time. Like the sternal rub, ice can wake someone in a heavy nod. The sternal rub is easier.

How bad does getting naloxone feel? Naloxone puts an opioid dependent person into withdrawal. This program recommends starting with 0.4mg.

Can one take naloxone and give a clean urine? No, the naloxone only blocks the opioid for a little while; it is still in the body.

What if I hit a vein instead of the muscle? Naloxone is effective intramuscularly (in the muscle), intravenously (in the vein) and subcutaneously (skin popping). Intramuscularly is the quickest and easiest way.

What if someone is pregnant or taking medications- is it dangerous to administer naloxone?

Remember naloxone is only to be given if you think someone is dying.

What about methadone and overdose? Even if people continue to use heroin while on methadone or buprenorphine they are unlikely to overdose on heroin. Tolerance to opioids occurs with daily use of methadone or buprenorphine so it is hard feel high from heroin- and very hard to take enough to overdose. But overdoses can occur when mixing methadone or buprenorphine with benzodiazepines.

Training notes

- Many heroin users know most of this material so trainings are generally brief. If it is one-on-one or a small group then 10 minutes is usually sufficient. Larger groups are more likely to take 15-30 minutes depending on how many overdose stories are told. But remember to keep on track or some participants may lose interest before it is finished.
- All trained overdose responders should have the opportunity to practice assembling the naloxone apparatus.
- Ideally the responders should be able to do rescue breathing on a dummy or observe someone else do it. But many responders have saved lives without that opportunity.
- The Los Angeles Health Department is currently working on making Naloxone available to drug users.
- Keep in mind that naloxone is over-the-counter in Italy and may achieve the same status in the United States some day.