

Opioid Overdose Prevention/ Naloxone (Narcan) Training



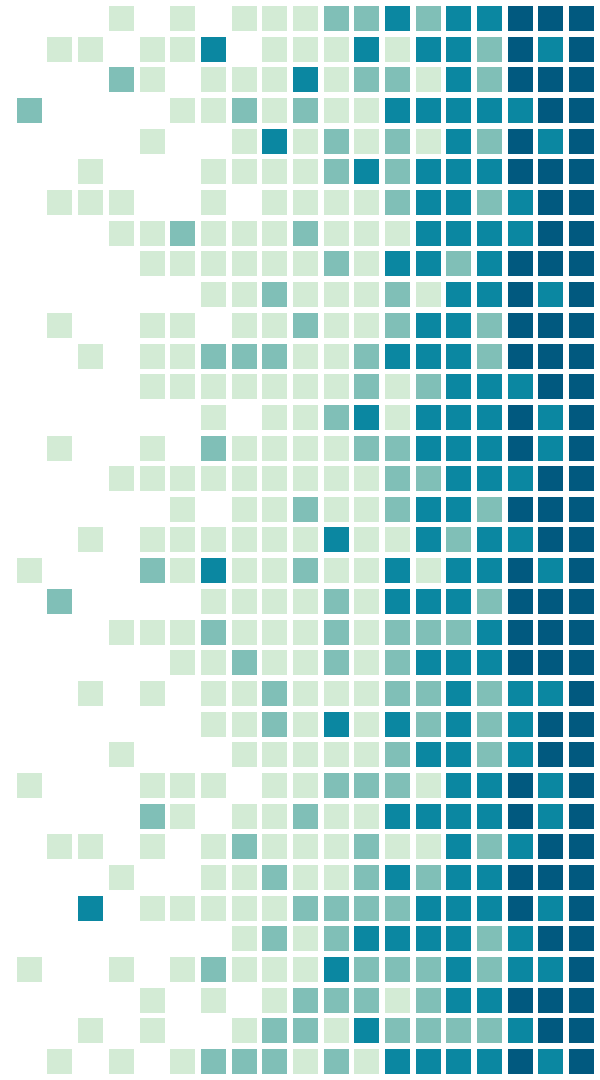
WATERBURY
HEALTH
DEPARTMENT

May 2021

Objectives and Overview

In this presentation you will learn...

- Opioid History
- What Opioids are
- Suicide and Opioids
- What Narcan is
- How to identify an overdose
- How to administer Naloxone (Narcan)
- CT Protective Legislation
- Resources



How Did We Get Here?

3 Waves:

- 1st Wave: 1999 with prescription opioids...
 - *Overprescribing, little knowledge of addiction, expensive on streets
- 2nd Wave: 2010 heroin...
 - *Cheaper than pills
- 3rd Wave: 2013 synthetic opioids, primarily illicitly manufactured fentanyl (IMF)
 - *Stronger, dangerous, cheaper to buy and make

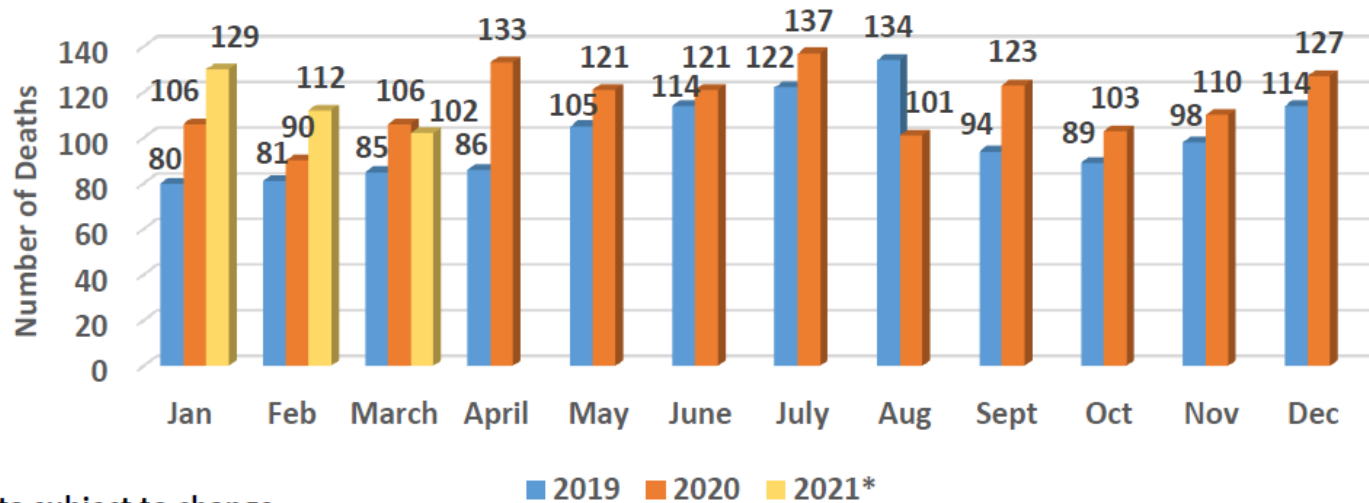


Connecticut and Local Data: Overdose, Unintentional Drug Death, Other Drug Data

- **1,372** drug overdose deaths in 2020
- **14.3% increase** in drug overdose deaths in 2020 compared to 2019
- **Lethal combination of xylazine and fentanyl** continued to be a problem in 2020. There **were 141 confirmed cases** in 2020 compared to 70 in 2019. In 2021 so far, **37 deaths** have been attributed to this combination.
- **Fentanyl** continues to be a problem. The average percentage of fentanyl-involved deaths was **85%**, which is a **3% increase** from 2019. As of 2021, 80% of fatal overdoses have been attributed to fentanyl.

Connecticut and Local Data: Overdose, Unintentional Drug Death, Other Drug Data

Number of Drug Overdose Deaths, by Month,
Connecticut, 2019 - March 2021*



*Data subject to change

The Local Landscape: WFD Narcan Usage

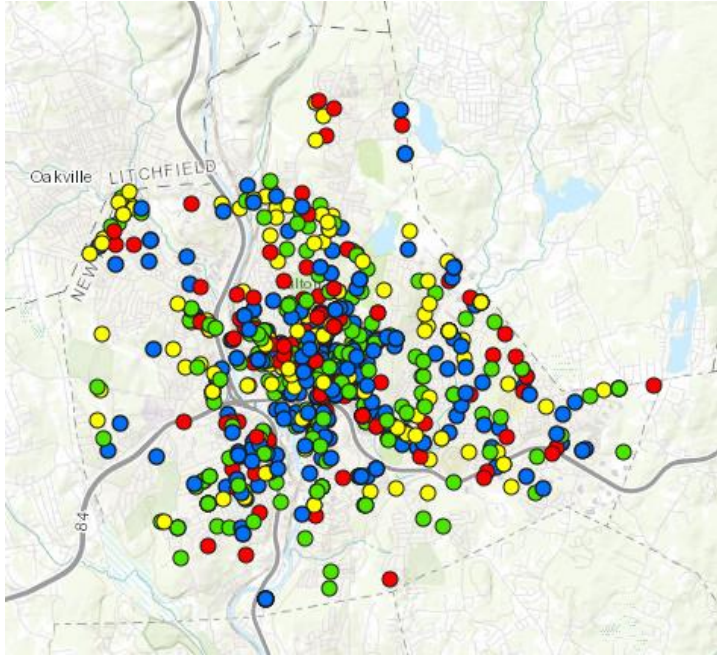


Figure #1 - Individual

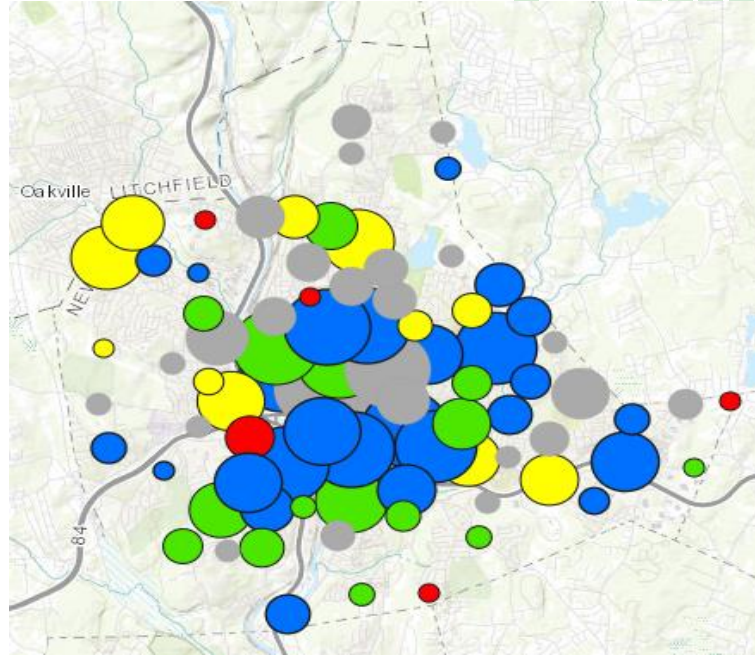


Figure #2 – Clusters

● 2016

● 2017

● 2018

● 2019

The Local Landscape

Waterbury Police Reported OPIOID OVERDOSES

Non-Fatal year to date (YTD) 2021: 182
(YTD) 2020: 141

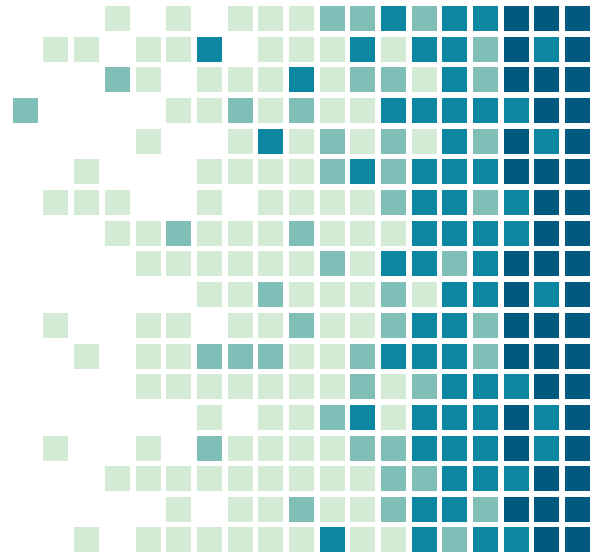
Fatal year to date (YTD) 2021: 27*** autopsies pending
2020 (YTD): 33

2021 NARCAN Deployments by PD: 274 doses

Total **Non-Fatal** 2020: 529

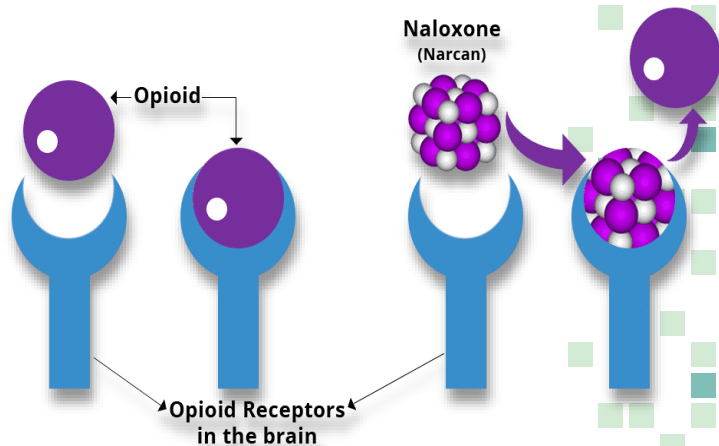
Total **Fatal** 2020: 94

Current as of 5/12/2021



What is an Opioid?

- Chemically/synthetically made and interact with opioid receptors on nerve cells in body and brain
- Activate pleasure part of the brain and relieve pain intensity
- Examples: heroin, fentanyl, prescription pain relievers such as: oxycodone (OxyContin), hydrocodone (Vicodin), Percocet etc.



Examples of Opioids

Heroin

Codeine

Morphine

Opana
(oxymorphone)

Fentanyl

Kadian
(morphine)

Dilaudid
(hydromorphone)

MSContin
(morphine)

Methadone

Lortab
(acetaminophen
and
hydrocodone)

Hydrocodone

Norco
(acetaminophen
and
hydrocodone)

Oxycodone

Vicodin
(acetaminophen
and
hydrocodone)

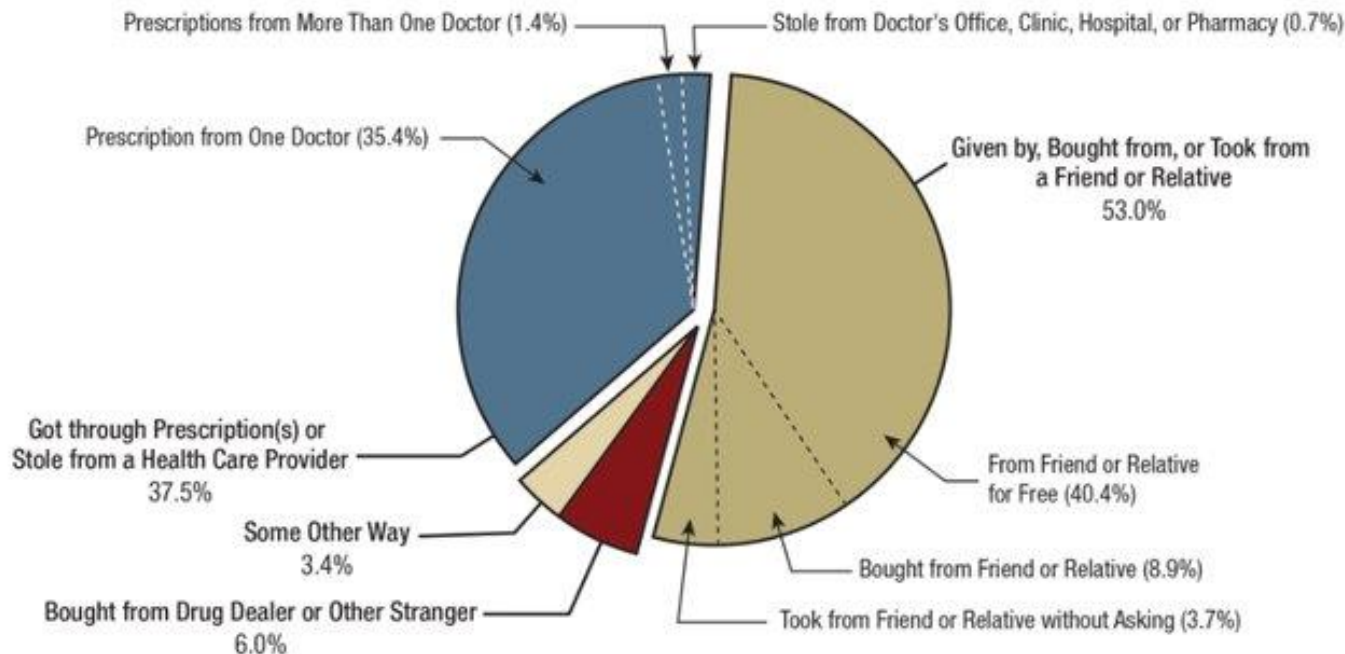
OxyContin
(oxycodone)

Tylenol 3
(acetaminophen,
caffeine,
codeine)

Percocet
(oxycodone and
acetaminophen)

Roxicodone
(oxycodone)

Where are people getting opioids?



11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

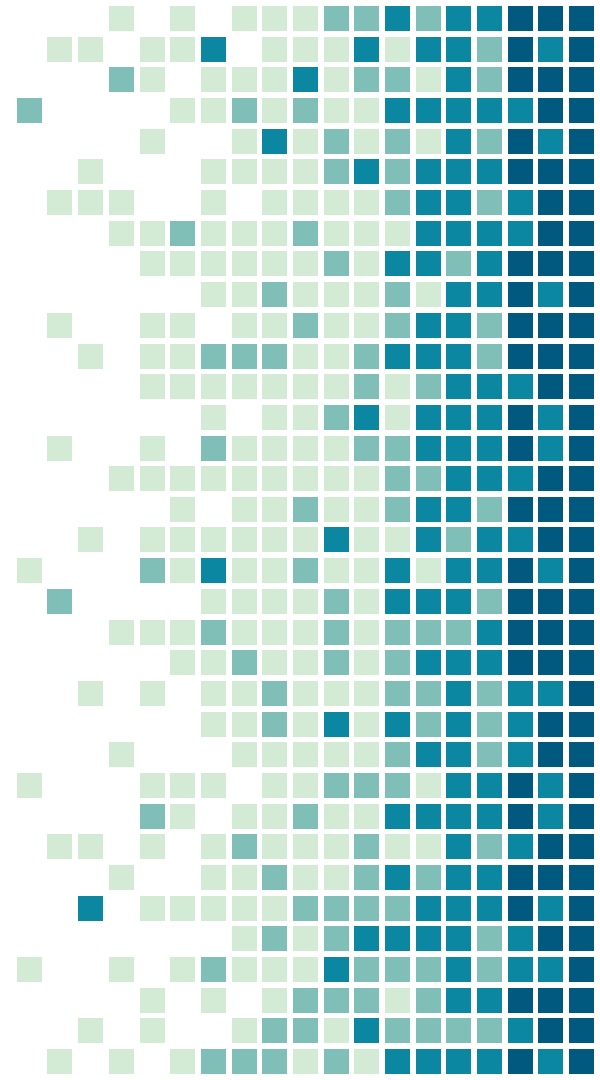
Heroin and Fentanyl Quantity Comparison

*This can be a potential lethal dose depending on tolerance level of opioids



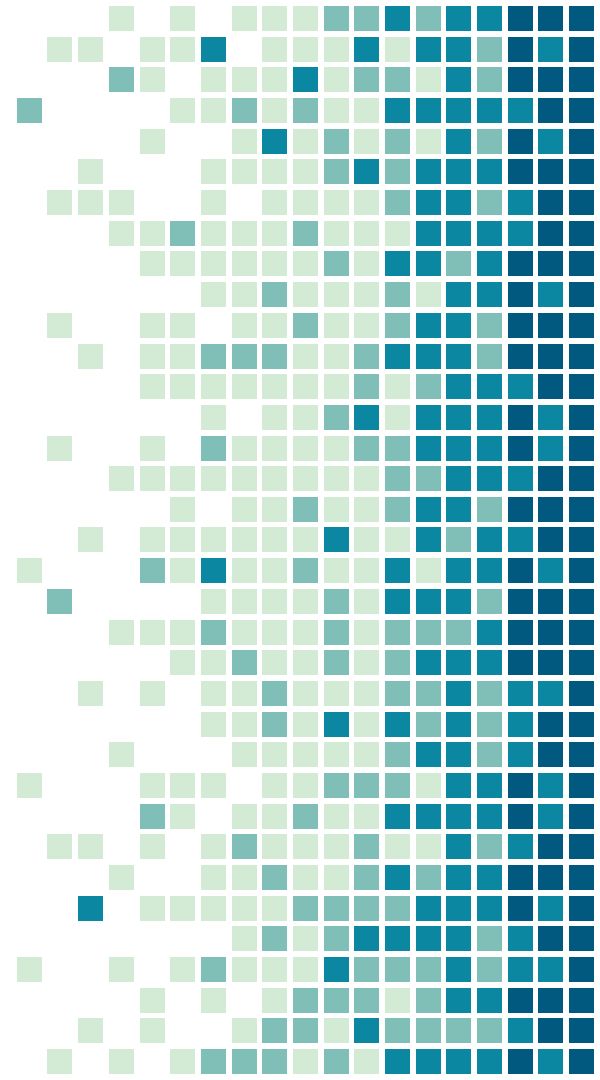
Who is at risk for an overdose?

- Seniors prescribed multiple medications
- Chronic pain patients on long-term opioids
- Persons with suicidal tendencies
- Persons with decreased tolerance
- Young adults (18-25) who use at higher rates



What Increases Overdose risk?

- Decreased tolerance
- Using alone
- Mixing: opioids, especially with benzodiazepines and/or alcohol
- Quality/strength=unpredictable
- Other health issues
- Previous overdose
- Route of administration: IV and smoking increase risk



Opioids and Suicide



Recent research shows that 20-25% of overdose deaths are perceived as suicide deaths.



Perceived as a burden, Struggle with living situations, financial situations, and loss of connection with family and friends



Opioid users have increased exposure to self-harm



Individuals with SUD are 10-14x more likely to contemplate, attempt or die by suicide



LGBTQ+ and Veteran communities

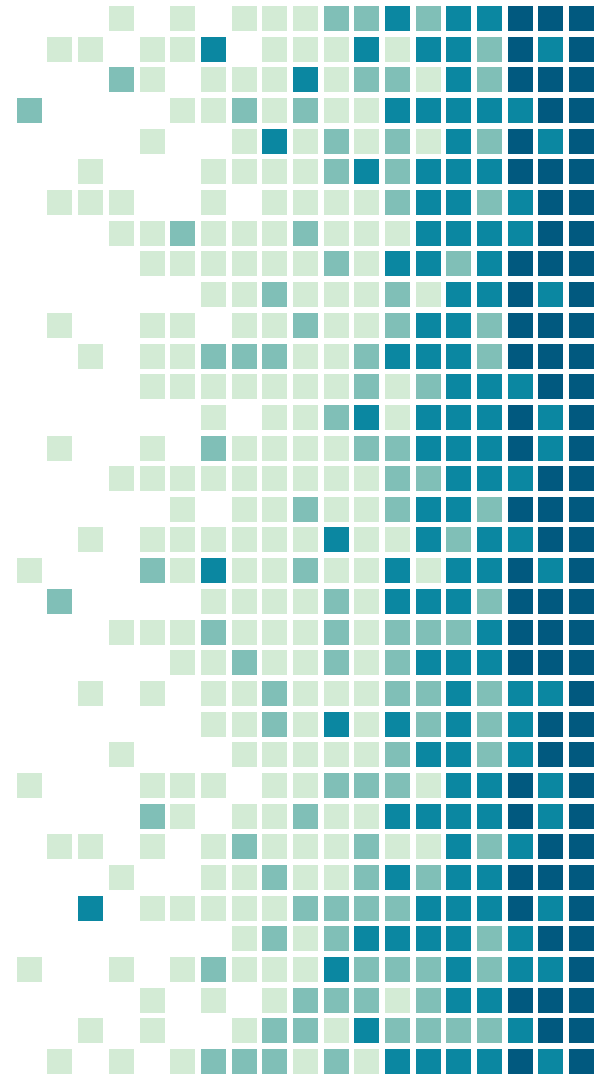


Lethal Triad= Upset Person + Impaired Thinking + Access to Lethal Means



In CT dial 211 or 1-800-273-8255 for help

Naloxone (Narcan) Administration



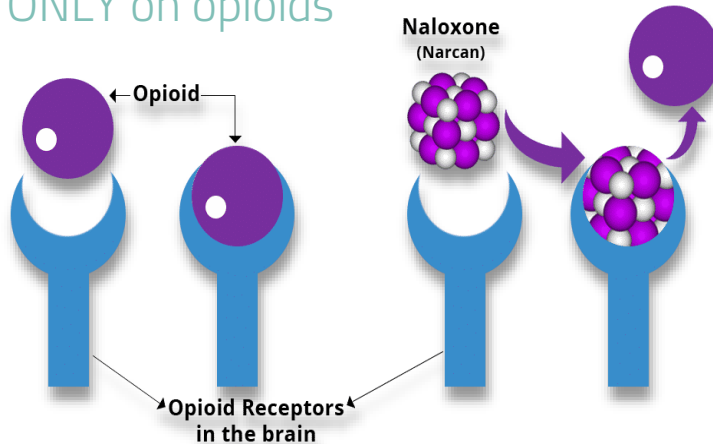
What is Naloxone (Narcan)?

- Prescription medication
 - Pharmacists can prescribe and give it to you on the spot with education
- Only has an effect if person has an opioid in the system
 - Safe
- Cannot get high from it
 - Has no potential for abuse
 - Causes withdrawal



How does it work?

- In an overdose, the body's drive to breathe is diminished
 - People die from lack of oxygen over a 1-3 hour time period
- "Steals the spot" on brain receptor for 20-90 minutes
 - Breathing resumes while Narcan lasts
- Works ONLY on opioids



Response Steps

Recognize OD

Call 911

Administer Naloxone

Recovery Position



Recognize an Overdose

- Unresponsive/minimally responsive
- Blue or gray face, especially fingernails and lips
- Shallow breathing with rate less than 10 breaths per minute or not breathing
- Pinpoint pupils
- Loud, uneven snoring or gurgling noises
- Other: known user, track marks, syringes, pills or pill bottles, info from bystanders



Try to rouse them

Ask

"Are you okay?" Call their names and shake them

Check

Check for pain response: rub hard up and down on the person's sternum with your knuckles

CALL

IF NO RESPONSE:
CALL 911

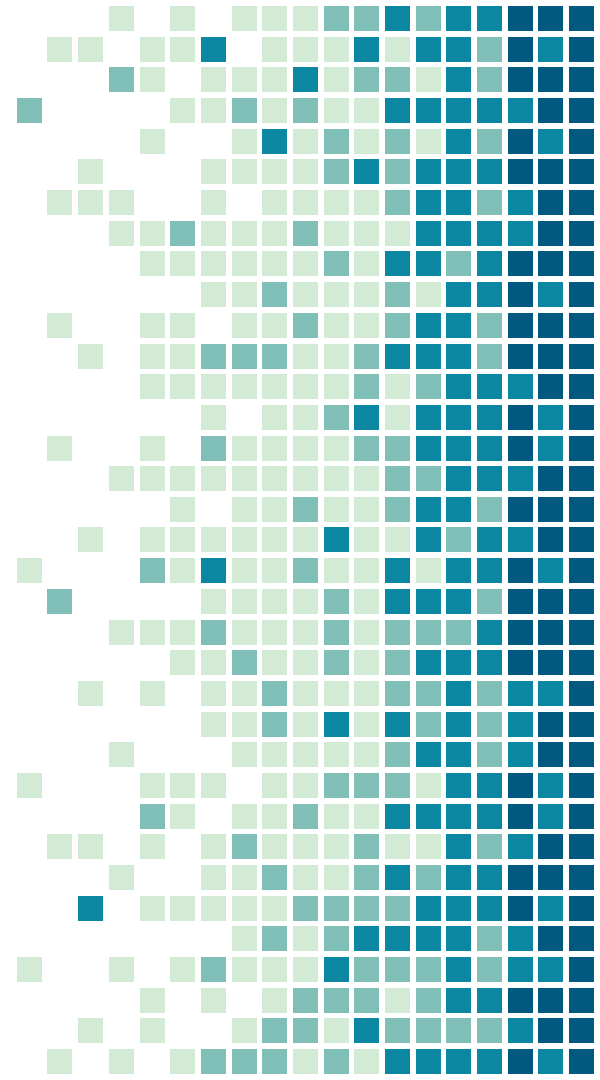
Call 911

PROVIDE AS MUCH INFO AS POSSIBLE

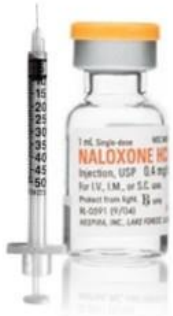
TELL THEM THE PERSON ISN'T BREATHING
OR IS HAVING TROUBLE BREATHING, THIS
MAKES THE CALL A PRIORITY

DESCRIBE EXACTLY WHERE THE PERSON
IS LOCATED

THEY MAY PROVIDE INSTRUCTIONS



Types of Naloxone



Intramuscular
Manual



Intramuscular
Auto-Injecting



Nasal Spray
Narcan

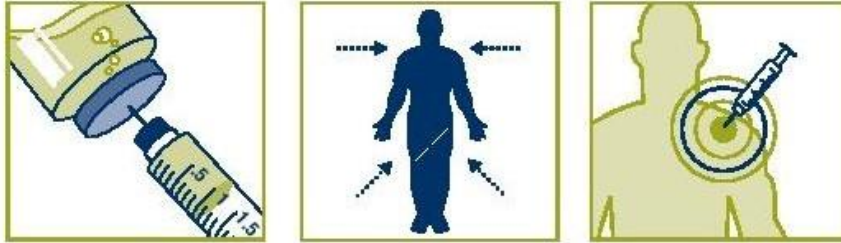


Nasal Spray
Atomizer

Naloxone (Narcan): Intramuscular and Intranasal

Intramuscular Administration

Intramuscular administration:



Inject 1cc/mL in large muscle.



Intramuscular Administration

Trainer for EVZIO



Trainer



Trainer
Outer Case



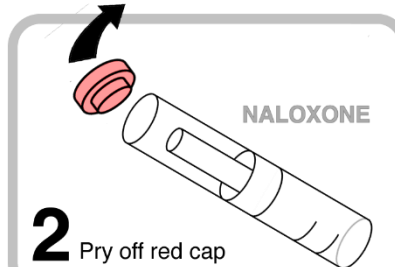
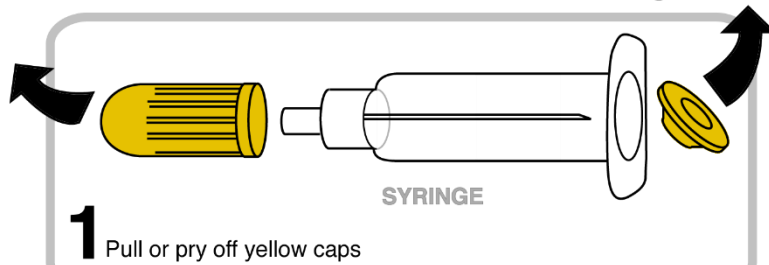
EVZIO



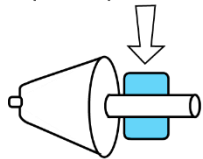
EVZIO
Outer Case

Intranasal Administration

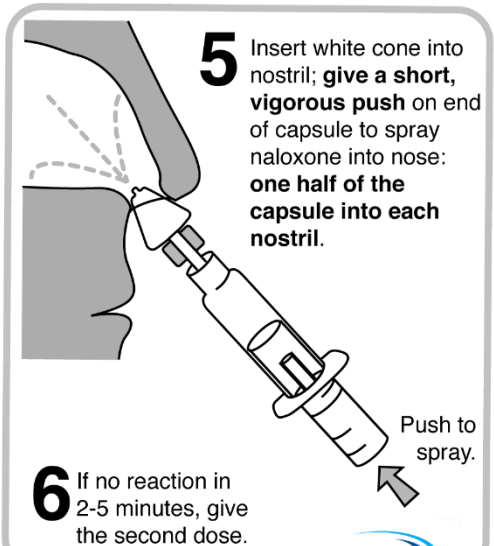
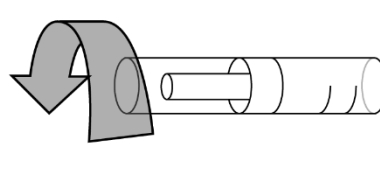
How to Give Nasal Spray Naloxone



3 Grip clear plastic wings.



4 Gently screw capsule of naloxone into barrel of syringe.



6 If no reaction in 2-5 minutes, give the second dose.

HARM REDUCTION COALITION
22 WEST 27TH ST, NEW YORK, NY 10001 (212) 213-6376



Intranasal Administration



ADMINISTERING NARCAN® NASAL SPRAY:

Follow this step-by-step guide to using NARCAN® Nasal Spray in the event of an opioid overdose.

PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle.

PLACE



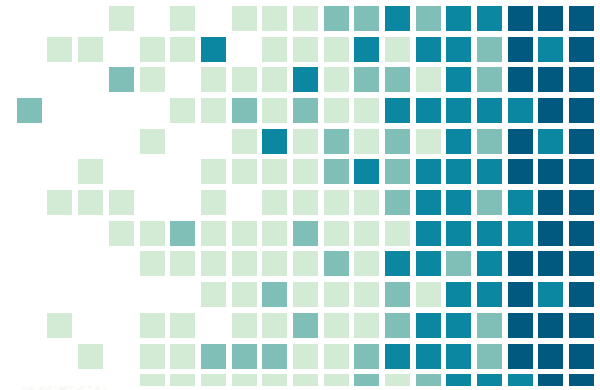
Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

PRESS



Press the plunger firmly to release the dose into the patient's nose.

After Administration



Overdose Recovery Position



1. tilt head back, lift chin to open airway

2. turn to one side, place hand against chin

3. bend knee against floor

4. tilt head back, check breathing

5. call emergency and wait till it arrives

After Administration



Usually revive in 2-3 minutes, feeling sick and not realizing they overdosed



Dazed and/or confused; might be in withdrawal, only about 1% are agitated



If person does not respond to Naloxone within 2-3 minutes, give second dose



Person could re-overdose based on how much they used and how long Naloxone lasts; do NOT let them use more



Storage and Expiration

Store in moderate temperatures

Out of direct sunlight

Not in refrigerator

Generally expires after 12-24 months

*Any Narcan that expired Oct. 2020 or prior is granted additional 12 months of shelf life. -FDA



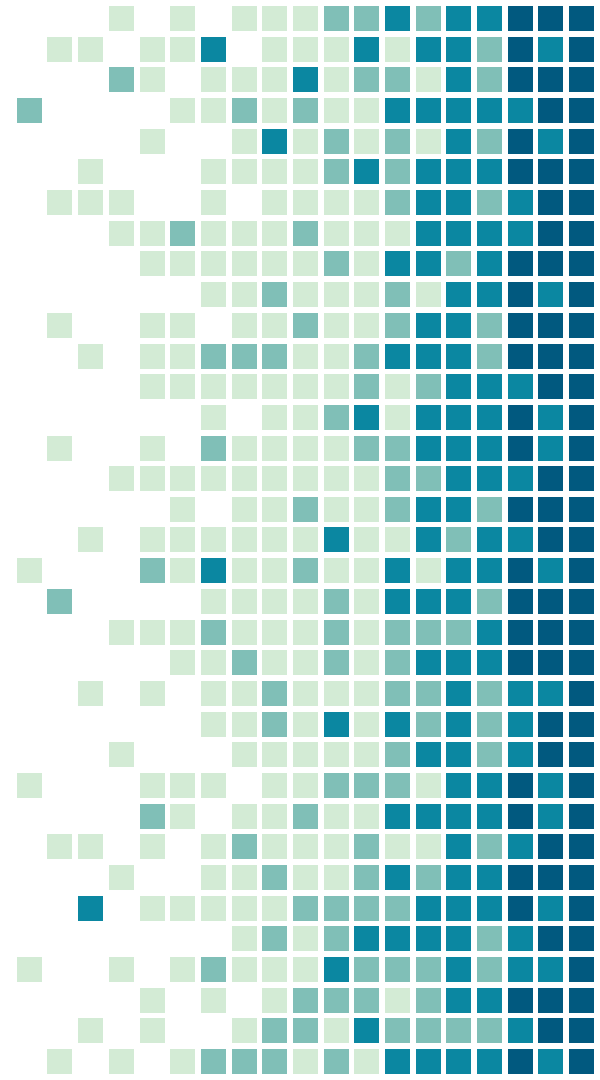
Review of what we learned



CT Laws and Legislation

- PA 11-210: Good Samaritan Law
- PA 14-61: Effective 2014. Person administering protected
- PA 16-43: Effective 2017. 7 day limit on opioid prescribing
 - Revised limit on Prescribing Opioids to Minors from 7 to 5 days
- Voluntary Non-Opioid Directive Form

*For more information, please call The Office of Injury Prevention (860) 509-8251



Prevention

- Safe storage and disposal of medications
- Storage: lock boxes (away from others)
- Disposal: Local Drop Boxes (PD, Pharmacies?)
- Medication disposal bags (Detera)
 - *DO NOT throw directly into trash or toilet!



www.norasaves.com

NORA Saves

NORA is a free app from the Connecticut Department of Public Health. Use NORA to prevent, treat, and report opioid overdose.

LEARN MORE



Signs of an Overdose



Overdose Response



How to Give Naloxone



I Gave Naloxone

www.liveloud.org

LIVELOUD ▾

LOG IN ▸ SHARE

ABOUT OPIOIDS ABOUT OUD TREATMENT OPTIONS STAYSAFE HELP & SUPPORT ▾

FOR OPIOID USE DISORDER...

NO MORE SHAME.

talk to someone

learn about treatment

family info & training

am i at risk?

learn about opioids

pregnant and parenting women

Learn more about naloxone and how to get it. **LEARN MORE**

References and Additional Sources

National Institute of Drug Abuse (NIDA)

<https://www.drugabuse.gov/>

Department of Mental Health and Addiction
Services (DMHAS)

<https://portal.ct.gov/DMHAS/Programs-and-Services/Opioid-Treatment/Naloxone>

American Society of Addiction Medicine
Substance Abuse and Mental Health Services
Administration (SAMHSA)

<https://www.samhsa.gov/>

Live LOUD <https://liveloud.org/>

Nora Saves

<https://egov.ct.gov/norasaves/#/HomePage>

