

Overdose Prevention Recognition and Response

SCOPE Program Santa Cruz Overdose Prevention and Education

**Providing Naloxone (Narcan) to the Community to
Treat Opiate Overdose**

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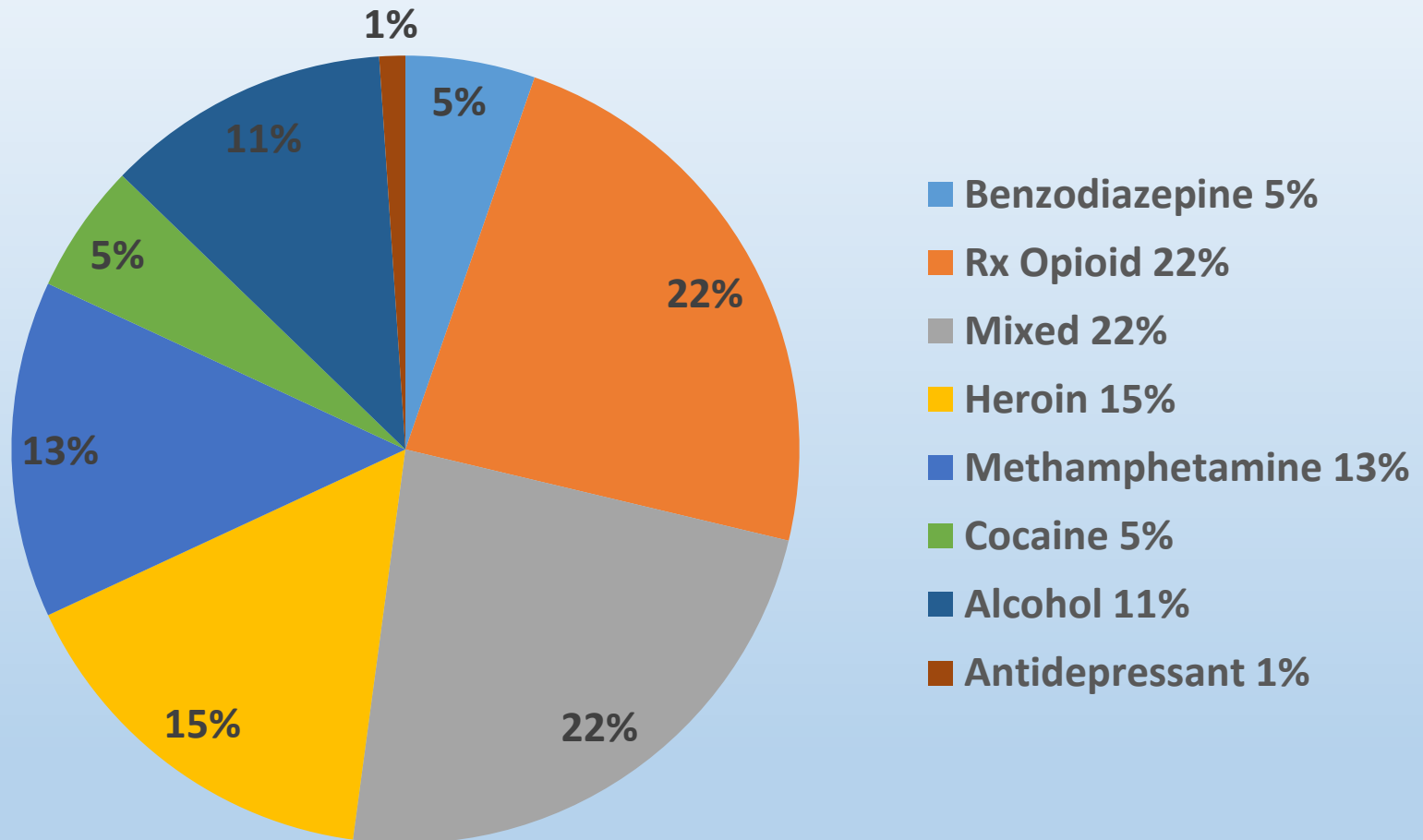
Drug overdose is now the leading
cause of accidental death in the US.

There were over 50,000 drug overdose deaths
in the
United States in 2015.

45% involve prescription opioids

49 Overdose Deaths in
Santa Cruz County in 2015

Santa Cruz County Overdose Deaths, 2015



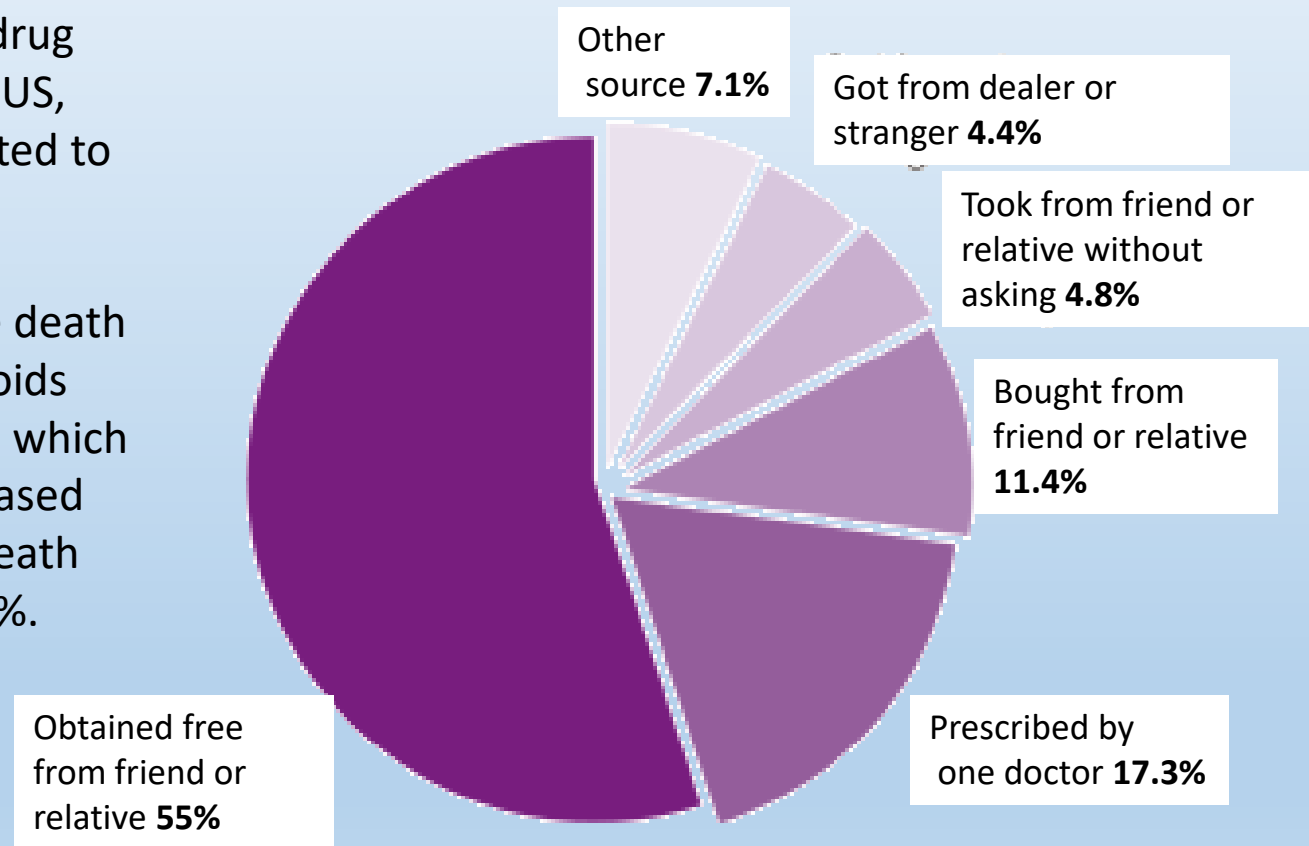
Source: Santa Cruz County Coroner's Office, 2015 Total = 49

Data From CDC

Sources of Abused Prescription Pain Relievers

In 2015, of the 52,404 drug overdose deaths in the US, 33,091 (63%) were related to opioids.

From 2014 to 2015, the death rate from synthetic opioids other than methadone, which includes fentanyl, increased by 72.2%, and heroin death rates increased by 20.6%.



SafeRx Santa Cruz County – a coalition of community partners founded 11/2015

Formed in response to nationwide federal funding provided to address opioid misuse and opioid-related deaths. The California Health Care Foundation is now funding opioid safety coalition networks across 31 California counties.

The federal initiative focuses on three priority areas that tackle the opioid crisis, significantly impacting those struggling with substance use disorders and helping save lives.

1. Provide the training, tools, and educational resources that health care professionals need to make *more informed prescribing decisions when prescribing opioids*.
2. Expand the use of *medication-assisted treatment* to treat those with opioid use disorder.
3. *Increase the use of naloxone*, a medication that can reverse opioid overdose.

What are Opioids?

Opiates and opioids are classes of depressant analgesics derived from or chemically similar to substances found in the opium poppy. They include both naturally occurring and synthetic substances.

Effects of Opioids:

- Pain relief, euphoria
- Itchiness
- Cough suppression
- **Sedation**
- **Respiratory Depression**
- Nausea/Vomiting
- Sweating
- Constipation

Examples of Opioids

Heroin	Codeine
Morphine	Opana
Fentanyl	Kadian
Dilaudid	MSContin
Methadone	Lortab
Hydrocodone	Norco
Oxycodone	Vicodin
OxyContin	Tylenol 3
Percocet	Roxicodone
Zohydro	

Opioids



Opioids



Vicodin (hydrocodone/
acetaminophen) 10mg/300mg



Kadian (morphine)
50 mg

Dilaudid 8mg
(hydromorphone)




Roxicodone (oxycodone) 30mg

Opioids



ZohydroER™ NDC 43376-250-10
(hydrocodone bitartrate)
EXTENDED-RELEASE CAPSULES



Dispense the accompanying Medication Guide to each patient.

50mg

Swallow capsules whole.
Do not chew, crush, or dissolve.

100 Capsules Rx only

Manufactured by: Alkermes Gainesville LLC
Gainesville, GA 30504
for Zogenix Inc. San Diego, CA.

Fentanyl patch 75 mcg



Opana (oxymorphone)
10mg



Norco (hydrocodone/
acetaminophen)10mg/325mg

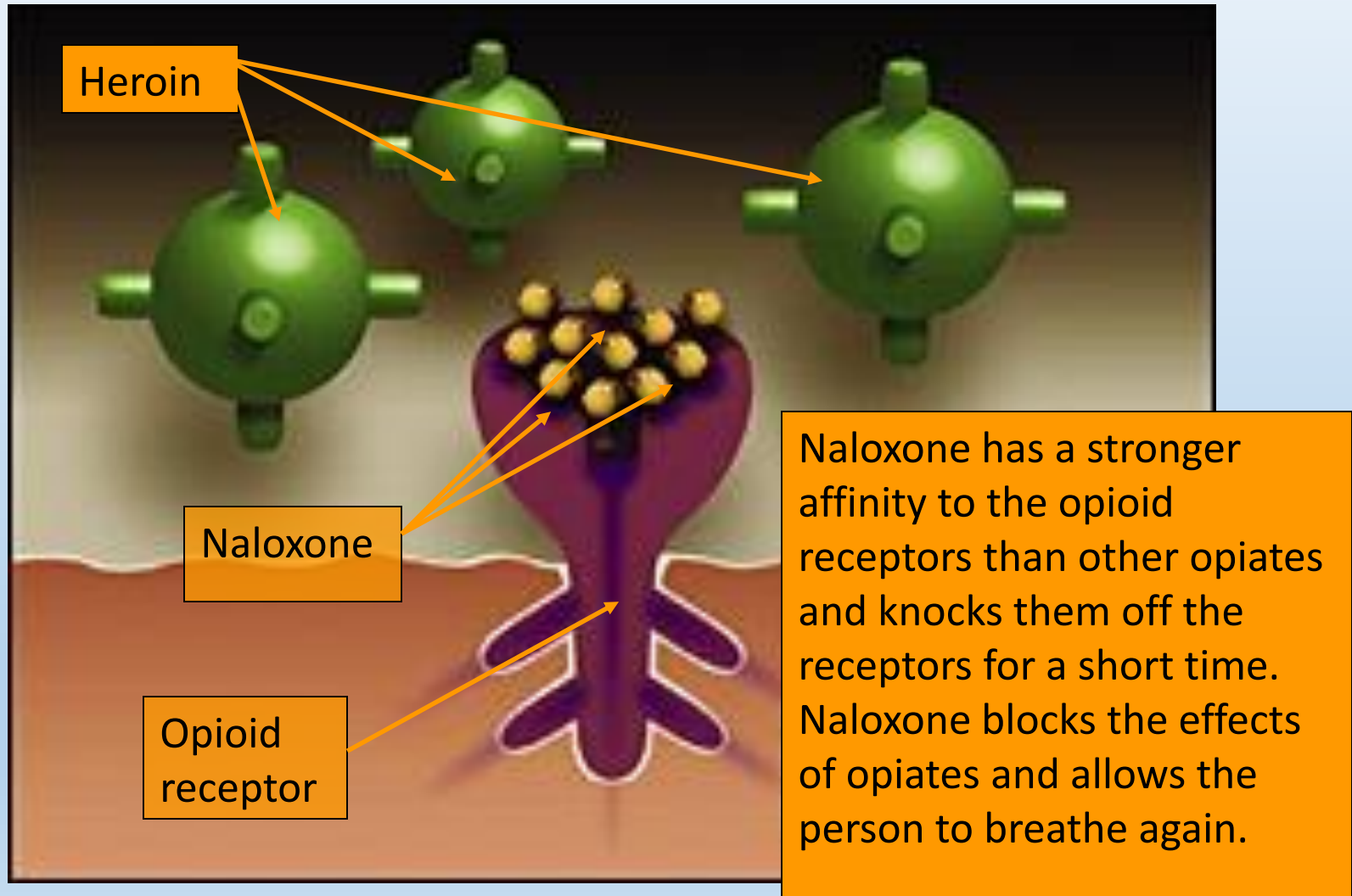


MS Contin (morphine) 200mg

What is an OPIOID Overdose?

- Ingestion of toxic amount of opioid (with or without other substances)
- Opioids attach to receptors that control breathing
- **Breathing slows or stops** (respiratory depression) and the brain becomes deprived of oxygen
- Heart stops
- Unconsciousness, Coma, Death
- Long-term Brain/Nerve/Physical Damage
- Rarely instantaneous; can happen 1-3 hours after use

Naloxone Hydrochloride (Narcan)



Overdose Risk Factors

- **Change in Tolerance**
 - Just out of jail or rehab!
 - Tapering
 - Physician no longer willing to prescribe
- **Mixing Drugs**, particularly ones that are sedating (benzos, alcohol)
Many are more powerful when combined than when used alone!
- **Quality and Potency of Opioid**-- Variation in strength or content
Not all prescription opioids are equal in strength!
- **Physical Health** (liver functioning, weight loss, asthma, immune system problems, dehydration, malnutrition, etc.) More susceptible to OD.
- **Switching Route of Administration**, such as from oral administration to snorting, smoking or injection.
- **Using Alone**. Most fatal overdoses happen when people are alone, usually at home.

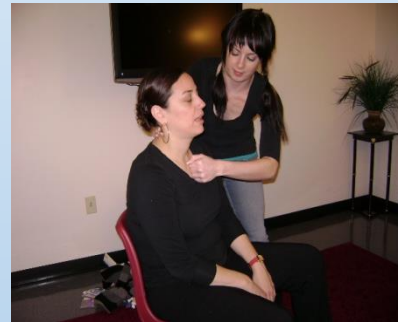
What are the Signs/ Symptoms of an OD?

- Blue skin tinge- usually lips and fingertips show first
- Body very limp
- Face very pale
- Pulse (heartbeat) is slow, erratic, or not there at all
- Vomiting
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Awake, but unable to respond

OVER-SEDATED	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent, shallow or no breathing
Sleepy looking	Pale, clammy skin Blue or gray skin
Nodding	Heavy nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub.	Slow heart beat/pulse

Steps in Responding to OD

- Are you alright?
- Pain Stimulus-Sternal rub
- No response? Check airway
- **Rescue Breathing**-2 short breaths
- Call 9-1-1
- Administer Naloxone
- Continue rescue breathing
- If no response in 2-3 minutes, second dose of naloxone!!
- Continue rescue breathing or place in recovery position



Sternal Rub

If not responding to normal interaction, voice commands or gentle physical stimuli (such as shaking of the shoulders)-

Rub hard against sternum

If unresponsive, check breathing...



Rescue Breathing

Check Airway

- Head tilt/lift chin
- Look, Listen, and Feel:
 - Look for chest rise/fall; Listen for breath w/ear
 - Remove anything in the mouth
- Person should take breath once/5 seconds – if not the person is not breathing enough must administer rescue breathing

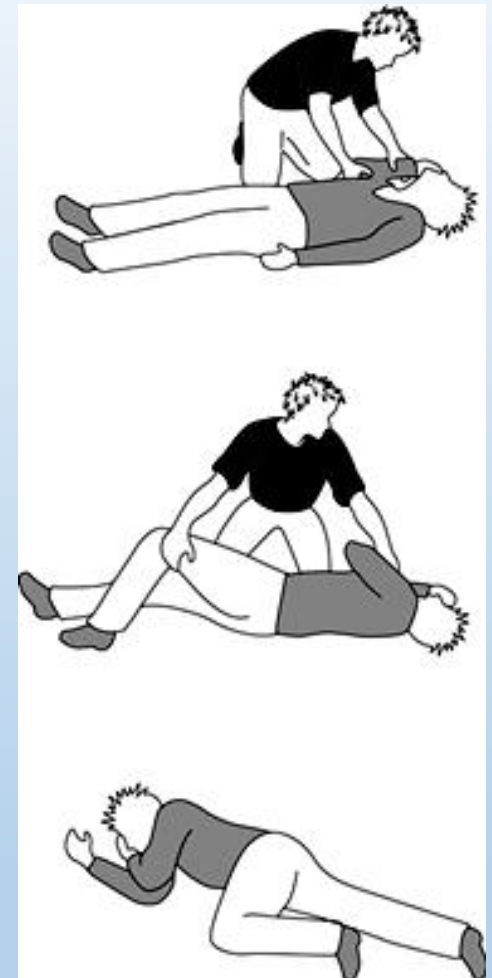


Rescue Breathing

- Tilt head/lift chin
- Pinch nose
- Give 2 slow breaths and check chest
- **Call 911**
- Administer Naloxone
- 1 breath/5 seconds
- Keep at it until person revives/ambulance arrives



Rescue Breathing



Recovery Position

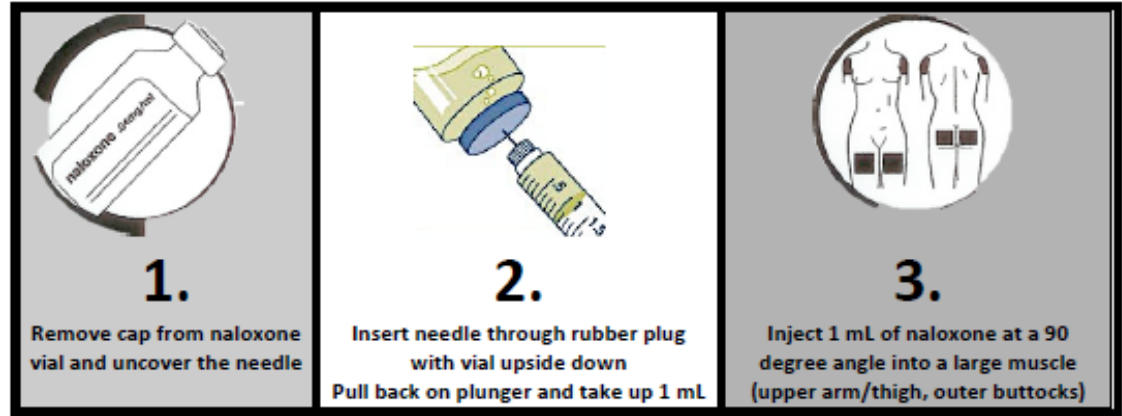
Recovery Position

If you need to leave put person in recovery position

Administering injectable naloxone



HOW TO GIVE INTRAMUSCULAR NALOXONE



1. Pop off the orange cap from the vial of naloxone, exposing the rubber seal.
2. Open one intramuscular syringe and draw **the entire contents of the 1cc vial** of naloxone into the syringe, and expel air from the syringe (small amount of air is OK).
3. Inject the naloxone into the muscle of the upper arm, upper thigh, or upper, outer quadrant of the buttocks. Can go right through clothing if necessary.
4. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
5. Administer **second dose** (1cc) of naloxone if there is no response after approximately **2-3 minutes**.
6. If person is breathing, place in the recovery position.
7. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.

Administering nasal naloxone

Figure 1.

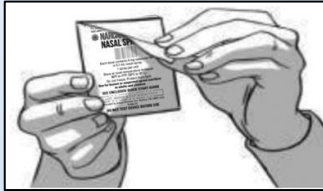


Figure 2.

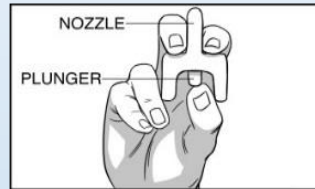
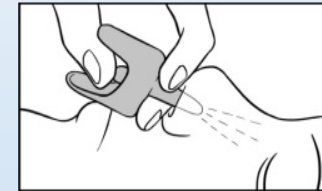


Figure 3.



Figure 4.



1. Call 911 and start rescue breathing.
2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open (Figure 1).
3. Hold with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle (Figure 2).
4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose (Figure 3).
5. Press the plunger firmly to give the dose of NARCAN Nasal Spray (Figure 4).
6. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
7. Administer second dose of naloxone if there is no response after approximately **2-3** minutes.
8. If person is breathing, place in the recovery position.
9. Remain with the person until he or she is under care of a medical professional.

The Wake-Up

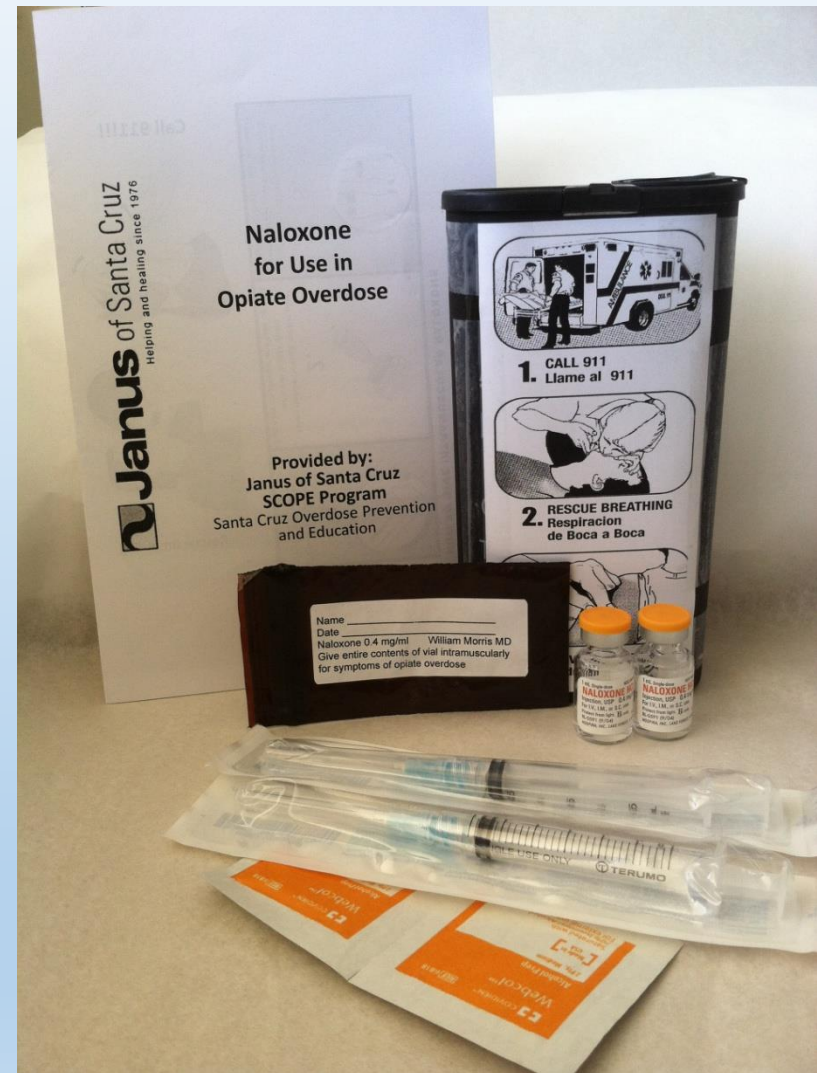
- People wake up from an overdose differently.
- Violent reactions to waking up from an overdose are rare, and associated with being given too much naloxone, or waking up in disorienting environments (ER, first responders/police presence, etc)
- Often, the person does not realize that they had overdosed, keep them calm and explain what happened.
- Make sure they do not try to ingest more of any drug.

After-care and Support

- Naloxone only lasts between 30 – 90 minutes in the blood.
- It is very important that someone stay with the person and wait out the risk period just in case another dose of naloxone is necessary.
- Long-acting opioids present the greatest risk of “re-sedation” or a return of the overdose, so it is important to get further assistance for the person if they have taken any long-acting opioid (like methadone) or to watch them for a while after the wake up.
- Naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain.

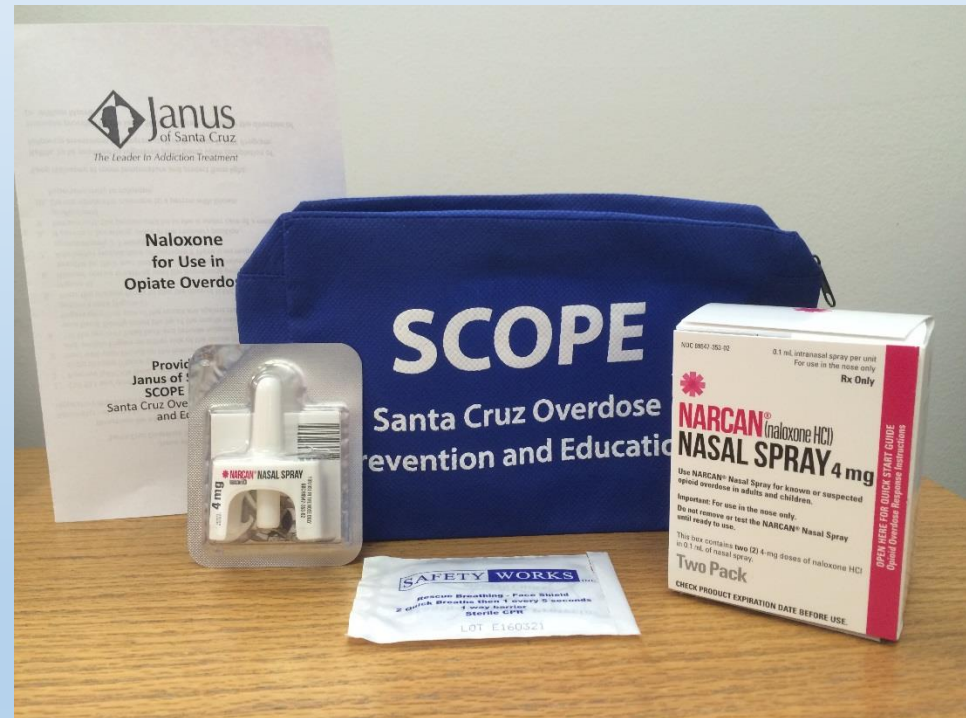
SCOPE-Injectable Kit Contents

- 2 x 1ml vials of naloxone. Each vial contains a single dose of 0.4 mg naloxone.
- 2 x 3ml 25g 1" syringes. These are muscle syringes to be used in the upper arm (deltoid), thigh or upper, outer buttock.
- Amber ziplock bag for naloxone
- Alcohol wipes
- Fitpak container to keep naloxone safe and hold syringes. Also doubles as a sharps container for used syringes.
- Instructions for use and disposal
- Information on treatment options available at Janus



SCOPE-Nasal Kit Contents

- 2 nasal spray containers of naloxone (Narcan). Each contains a single 4 mg dose of naloxone.
- One sterile CPR single use barrier.
- Instructions for use and disposal
- Information on treatment options available at Janus



Naloxone Facts

- Short-acting (30-90 minutes), depending on metabolism, amount of drug used and liver function
- Acts only on the *opiate component* of multi-drug overdose
- Opioid withdrawal symptoms generally mild at lay-distributed doses
- Opioid effect may return, a significant concern mostly for long-acting opioids
- Essentially no effects if opioids not present
- Naloxone is stable at room temperature for 2 years

Additional Info....

- Naloxone is a prescription medication, **but not a scheduled drug (not included in the Controlled Substance Act)**
- Prescribed under standing order by Dr. William Morris (medical director of Janus)
- California has additional liability protections for prescribers and the users of naloxone
- Return to Janus for refills if used, lost, expired, etc.

California Law

- **AB635 in effect since January 1, 2014**
- Designed to encourage CA healthcare providers and community programs to widely distribute naloxone
- Expands previous naloxone legislation in CA:
 - Allows for prescription and distribution (via OD Prevention programs) throughout the state.
 - Protects licensed health care professionals from civil & criminal liability when they prescribe, dispense, or oversee distribution (standing order) of naloxone via an overdose prevention program
 - **Permits individuals to possess and administer naloxone in an emergency** and protects these individuals from civil or criminal prosecution for practicing medicine without a license.
 - Clarifies **that licensed prescribers are encouraged to prescribe naloxone to individual patients on opioid pain medications** to address prescription drug overdose.

**SCOPE Program is completely non-profit:
We graciously accept donations but always
provide free of charge to anyone asking for a kit.**

**Donations accepted at time of training or on
Janus of Santa Cruz website:**

www.januscc.org

(bottom of home page)