Overdose Prevention, Recognition, & Response

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Training Overview

• Harm reduction and stigma
• Overdose trends
• The drugs
• Opioid overdose: prevention, recognition, response
• After the overdose
19,300,000
4.6%

18,400,000

America’s Need For & Receipt of Substance Use Treatment in 2015, SAMHSA
HARM REDUCTION MEANS

Respect, dignity, compassion ♥
HARM REDUCTION MEANS
Ayudar sin juzgar
HARM REDUCTION MEANS SECOND, THIRD, FOURTH CHANCES.
Harm Reduction

- Drug use & recovery exist along a continuum
  - Abstinence is one of many possible goals
  - Meet people “where they’re at”
  - Support ANY positive change

- Drug-related harm cannot be assumed
  - Drugs meet important needs

- People who use drugs are more than their drug use
  - Centers people who use drugs as the experts on their own care
STAGES OF CHANGE

PRE-CONTEMPLATION
no intention on changing behaviour

CONTEMPLATION
aware a problem exists but with no commitment to action

MAINTENANCE
sustained change; new behaviour replaces old

PREPARATION
intent on taking action to address the problem

ACTION
active modification of behaviour

RELAPSE
fall back into old patterns of behaviour

UPWARD SPIRAL
learn from each relapse

Prochaska & DiClemente, 1983
**Stigma**

- Social process linked to power and control. Leads to stereotypes and labeling

- Legitimizes discrimination

- Permeates every aspect of a person’s life – relationships, health care, housing, employment

- The social context that creates and reinforces drug-related stigma is rarely explored or challenged
Stigma

• Stigma from individuals
  – “Junkies”

• Institutional stigma
  – HCV tx excluding current users

• Self-stigma (internalized)
  – “I don’t deserve anything good”

• Stigma by association
  – Married to a person who uses drugs
Stigma
Health Disparities

- Hepatitis C – 33% of young PWID, 70-90% of older & former PWID (CDC)
- HIV – Global prevalence among PWID 28x higher
- 50-90% of PWUD living with HIV also have HCV
- Trauma - In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure
- Nutrition - Lower average weight than controls
- Arrest - 1,488,707 drug arrests in 2015 (84% possession)
- Incarceration - 2,224,400 in 2014
- Education – Financial aid denied for students w/ drug convictions
Overdose Trends

• 2016 - 1497 AZ deaths, 790 opioid related
• Over 51,000 opioid-related encounters
• 4 Arizonans per day die of OD
• ODs > Car accidents & firearm deaths
• Pharmaceutical opioids > heroin
• 35-44 years old
• Mohave, Pima, Graham, Gila
National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Opioids

• Heroin
• Prescription opioids (licit and illicit use)
  • Hydrocodone (Vicodin), Oxycodone (Oxycontin, Percocet), Hydromorphone (Dilaudid), Morphine, Methadone, Fentanyl, Codeine

✓ Chronic and acute pain relief; cancer and non-cancer pain
✓ Cough suppression (often codeine)
✓ Methadone used in opioid replacement therapy
✓ Sleep
✓ Euphoric feelings
✓ Relaxation
Non-opioid depressants

- Benzodiazapenes – Klonopin, Xanax, Valium, Ativan
- Sleep Aids – Ambien, Lunesta
- Muscle Relaxers – Somas, Flexeril

✓ Sedative, sleep-inducing, anti-anxiety, anticonvulsant, muscle relaxing properties.
✓ Useful in treating anxiety, insomnia, agitation, seizures, muscle spasms, alcohol & opioid withdrawal
✓ Enhance the effects of heroin, alcohol, and marijuana
Stimulants

- **Cocaine** – powdered and crack
- **Meth/Speed**
- **Prescription stimulants** – Ritalin, Adderall

- Historically used to treat asthma & other respiratory problems, obesity, neurological disorders
- Prescribed for the treatment of narcolepsy, ADHD, and depression that has not responded to other treatments
- Increased alertness, attention, & energy, elevate blood pressure, increase heart rate and respiration, constrict blood vessels, increase blood glucose
What is a stimulant overdose?

• Also known as “overamping”
• Not as cut and dry as an opioid overdose, more unpredictable & harder to define
• Can be physical, psychological, or both
• Likelihood of stimulant OD often tied to a person’s physical health – pre-existing high blood pressure or heart disease, lack of sleep, nutrition, hydration
How to respond to a stimulant OD

• First, figure out what is needed, *medical assistance*, or *support and rest*?

• There is no “antidote” to a stimulant OD, like Naloxone.

• A stimulant OD can result in serious medical emergencies like seizure, stroke, overheating or heart attack.
What is an opioid overdose?

The brain has many, many receptors for opioids. Too much opioid fitting in too many receptors slows and stops the breathing.
Risk Factors for Overdose

• Mixing drugs
• Variation in purity
• Tolerance changes
• Using alone
• Physical health
Prevention Messages: Mixing

- Mixing is dangerous, period. Most ODs happen from mixing drugs.

- Opioids + Benzos/Alcohol are responsible for most polydrug ODs.

- Encourage honest communication about use.

- Mixing harm reduction:
  - Benzos can cause short-term impairment, use those last.
  - Use less of each substance.
Prevention Messages: Tolerance

• Physical health impacts tolerance

• Using after a period of abstinence/moderation
  – Jail, treatment, hospital, detox, abstinence, etc.

• Tolerance harm reduction:
  – A person can always do more, but they can’t do less
  – Use different method (snort, smoke) instead of injecting at first
Prevention Messages: Quality/Purity

- Illicit drugs cut with adulterants
- Purity varies
- Pills vary in strength
- Some pills aren’t what we think they are
- Quality/purity harm reduction:
  - Try to use the same source each time
  - Does it look different?
  - Test to determine effect
  - Talk to others who copped from the same source
    - share information!
Prevention Messages: Using Alone

- Nobody to respond to overdose
- Peers know when somebody is doing too much
- Using alone harm reduction:
  - Fix with a friend
  - Leave the door unlocked or slightly ajar
  - Let somebody know where you are
  - Call someone trusted and have them check on you
  - Develop an overdose plan with friends/partners
Prevention Messages: Physical Health

• Physical health affects tolerance, increases OD risk

• Respiratory issues + respiratory depressants

• Physical health harm reduction:
  – Inhaler – make sure you friends know where it is
  – Go slow if you’ve been sick, lost weight, or have been feeling under the weather or weak
Responding: Narcan/naloxone

Narcan has a stronger affinity to the opioid receptors than the heroin, so it knocks the heroin off the receptors for a short time and lets the person breathe again.
Location of Suspected Overdoses

- Personal Residence: 450
- Public Place: 100
- Health Care Facility: 50
- Business: 30
- Other Private Residence: 20
- Jail/Detention: 10
- Other: 5

Who should have naloxone?

- CDC: 83% of people who administered naloxone were **people who use drugs** (2015)
- Friends and family
- Law enforcement
- Jails, prisons, probation
- Treatment centers, sober living
- Homeless shelters & services
Naloxone Myths

- Naloxone encourages drug use
- It sends the wrong message
- It could hurt somebody not ODing
- Reversal requires medical professional
Arizona Naloxone Laws


A.R.S. 36-2266 & 36-2267
- Protects prescribers from certain liabilities
- Allows for standing order
- Allows for 3rd party prescription
- Protects person who administers medication

A.R.S. 32-1979
- OTC pharmacy sale
- Pharmacy board must create rule
2017 Policy Update

- **HB 2493** (Rep. Carter)
  - Pharmacist may dispense with a standing order
  - Removes 2355’s provision for pharmacists to sell w/o rx
- Standing order signed by Dr. Christ
So What Does This Mean?

YOU GET NARCAN AND YOU GET NARCAN, YOU ALL GET NARCAN!
<table>
<thead>
<tr>
<th><strong>High</strong></th>
<th><strong>Overdosed</strong></th>
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<tbody>
<tr>
<td>Muscles become relaxed</td>
<td>Pale or gray, clammy skin</td>
</tr>
<tr>
<td>Speech is slowed or slurred</td>
<td>Breathing is infrequent or has stopped</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Deep snoring, gurgling, or rattling</td>
</tr>
<tr>
<td>Responsive to shouting, sternal rub, or ear lobe pinch</td>
<td>Unresponsive to any stimuli</td>
</tr>
<tr>
<td>Normal heart rate and/or pulse</td>
<td>Slow or no heart rate and/or pulse</td>
</tr>
<tr>
<td>Normal skin tone</td>
<td>Blue or gray lips and/or fingertips</td>
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</tbody>
</table>
Responding to an opioid overdose

1. Sternum rub
2. Call 911
3. Administer naloxone, if on hand
4. Rescue breathe
Responding: Rescue Breathing

- One hand tilting forehead back and plugging nose
- Other hand on chin opening mouth
- Create a seal with your mouth around their mouth
Responding: Narcan

• Administer one dose
• Return to rescue breathing
• Should work within 2 minutes; if it doesn’t, give 2nd dose
• Narcan can wear off within 45-90 minutes – overdose could reoccur
• Transfer care to EMS, otherwise stay with person and observe 3 hours
• 911 should always be called first!!
Intramuscular Narcan
Intranasal Naloxone
After the overdose

• “Ungrateful that I saved their life”
• ONE person communicating, explain what happened
• Prevention messages – what happened this time and how can we keep it from happening again?
• Get OD victim and their family Naloxone
• Could be a good time to talk treatment and support options
Recovery Position
Therapeutic Value of Overdose Prevention & SAPs

• Discussing risk reduction
  – Tells clients you care about their survival

• Education and peer distribution
  – Gives people purpose, promotes importance of community health

• Framing overdose & disease as preventable, life skill
  – Instills hope
  – Reduces drug use, increases access to health care
Where To Incorporate?

- Street-based outreach
- Peer distribution
- Co-prescribing
- Treatment centers, jails distribute upon release
- Probation/Parole Officers distribute to clients
- EMS and hospital distribution/prescription
- Pharmacist-initiated distribution
How to obtain naloxone

• Doctor – MD, DO, PA, NP can prescribe
• Pharmacy – Standing order
• Some treatment centers, health clinics beginning to distribute
• Sonoran Prevention Works
• Aznaloxone.org
Jan 2017 – April 2018:
42,449 kits
3,909 reversals
Other Resources

• Harm Reduction Coalition - http://harmreduction.org/issues/overdose-prevention/
• Drug Policy Alliance - http://www.drugpolicy.org/drug-overdose
• Overdose Prevention Alliance – http://overdoseprevention.blogspot.com/
• Prescribe to Prevent - http://prescribetoprevent.org/
Community Support

• If you believe this work is important...support it!
• Become a sustaining donor
• Organize a fundraising event
• Become a volunteer or rural distributor
• Sport our swag
• Organize a community training
Thank you

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