

Harm Reduction and Naloxone Training



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Course Outline

- Why do we need training?
 - Statistics
 - Real Stories
 - Ending the Stigma
- What do we need to learn about?
 - What is addiction and what is substance use disorder
 - What are opioids
 - What is fentanyl
- How do we address the opioid crisis and substance use disorder?
 - Harm reduction
 - Naloxone training
 - Combat myths



WHAT ELSE IS IN YOUR DRUGS?

GASOLINE LEAD
POISON RAT POISON
LAU [REDACTED] LEAD
PES [REDACTED] FENTANYL
RY DETERGENT
EMBALMING FLAMMONIA
POISON [REDACTED] GASOLIN

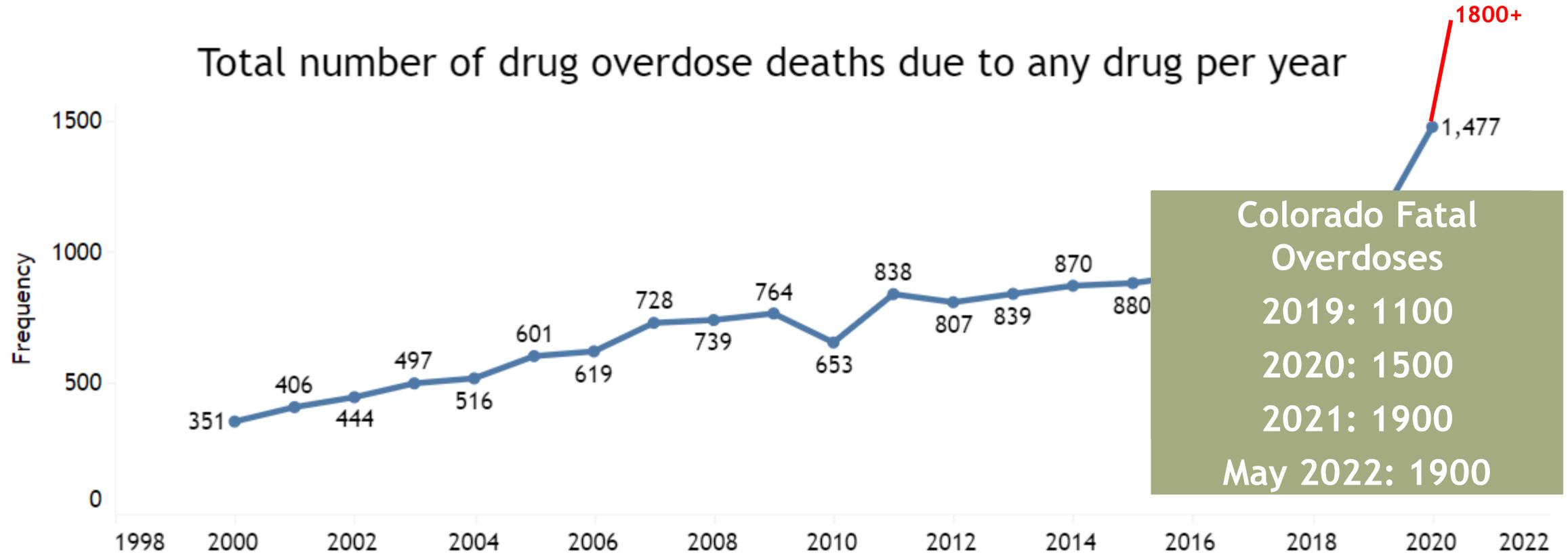
#1 killer
for people
age 18-45

107,000+
overdose deaths
(2021)

US tops
1 Million
overdose deaths since
1999 during the opioid
epidemic



Total number of drug overdose deaths due to any drug per year



Colorado Fatal Overdoses
2019: 1100
2020: 1500
2021: 1900
May 2022: 1900

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

UNDERSTANDING IMPACT

1881

Colorado overdose deaths in 2021

1,258 involving opioids

912 involving fentanyl

A fatal overdose in Colorado occurs every

04:39

hours

minutes

We have lost over 18,000 Coloradans to overdose since 2000

2022 overdose estimates near 30% increases, with fentanyl as the main driver.

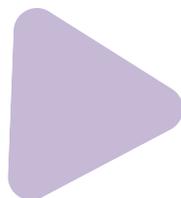
UNDERSTANDING OVERDOSE LOCALLY IN 2021

BY THE NUMBERS

Larimer County experienced a 44% Increase in Overdose Deaths
from 2020 to 2021

58

Overdose deaths
in Larimer in 2020



84

Overdose deaths
in Larimer in 2021



54

involving opioids

Weld County experienced a 47% Increase in Overdose Deaths from
2020 to 2021

53

Overdose deaths
in Weld in 2020



100

Overdose deaths
in Weld in 2021



68

involving opioids

Beyond the Numbers: Echoes of the opioid epidemic

- <https://corxconsortium.org/projects/beyond-the-numbers-echoes-of-the-opioid-epidemic/>



Stigma is a mark of disgrace that sets a person apart from others. When a person is labelled by their illness they are no longer seen as an individual but as part of a stereotyped group. Negative attitudes and beliefs toward this group create prejudice which leads to negative actions and discrimination.

- *Western Australia Department of Health*



What if?

- You go to the hospital with chest pain and are diagnosed as having a heart attack...
 - Told it's “your fault” because of your “choices”
 - Denied treatment because you “did it to yourself”
 - Given a list of cardiologists and Cath Labs to call
 - Only given aspirin if you agree to go to counseling
 - Kicked out of the hospital for more chest pain



Language Matters



Person who uses drugs	Drug User
Person with a substance use disorder/Person struggling with substance use	Addict, Junkie, Druggie, Alcoholic, Pothead, Drug Abuser, etc.
Treatment	Rehab
Misuse	Abuse
Substance Use Disorder, Addiction*	Drug Habit, Addiction*
Substance-Free, Abstinent, Sober	Clean/Dirty
Person in Recovery	Recovering Addict, Recovery Alcoholic, Former Addict, etc.
Medication-Assisted Recovery	Substitution/Replacement Therapy
Recurrence of Use, Return to Use	Relapse*



What is Addiction and Substance Use Disorder?



The Opioid Wave

Increase in deaths from prescription opioid overdoses since the 1990s

Increase in heroin deaths starting in 2010

Recent surge in deaths from Illicitly Manufactured Fentanyl



What are Opioids?

Opioids can be:

- Natural or synthetic
- Prescription medications or illegal drugs
- Pills, capsules, powder, dermal patches, or liquid
- Swallowed, smoked, snorted, or injected

Overtime, opioid use changes both the amount and sensitivity of dopamine receptors causing users to need a continuous supply of opioids to feel “normal.”

The Limbic System
Controls emotions

Opioids can create feelings of pleasure, relaxation and contentment

The Brainstem
Controls things your body does automatically like breathing

Opioids can slow breathing, stop coughing and reduce feelings of pain

The Spinal Cord
Receives sensations from the body before sending them to the brain

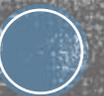
Opioids decrease feelings of pain, even after serious injuries



Generic Name	Brand Name
Oxycodone	Oxycontin [®] , Percocet [®] , Roxicodone [®]
Oxymorphone	Opana [®]
Hydrocodone	Vicodin [®] , Lorcet [®] , Zohydro [®] , Zortab [®]
Hydromorphone	Dilaudid [®]
Morphine	
Meperidene	Demerol [®]
Codeine	Tylenol [®] 3 & 4
Buprenorphine	Suboxone [®] , Subutex [®] , Zubsolv [®]
Methadone	
Fentanyl	Duragesic [®]

Illicitly manufactured fentanyl (IMF)

- Pill form packaged to look like prescription medications
- Powder form looks similar to heroin
- May be hundreds of times more potent than heroin
- Counterfeit Pills (Opioids, Stimulants, Benzo)



Fentanyl

Synthetic opioid 80-100 times stronger than morphine, 50 times stronger than heroin

Prescription & illegally

Cheap => Used to cut other drugs

Pressed pills, powders, crystalline substances

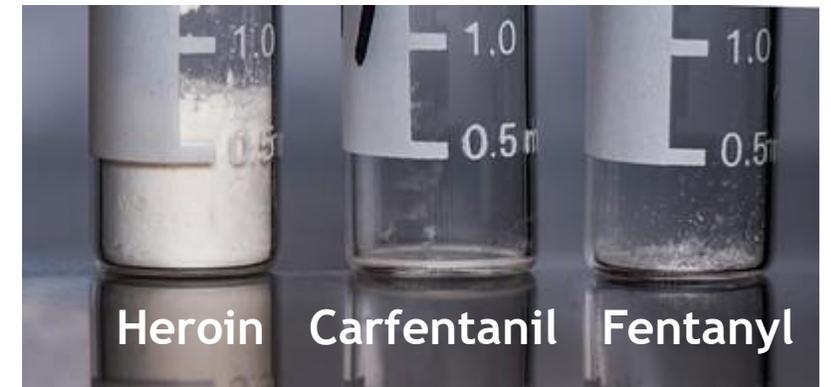
560% increase; 41% of all OD deaths

~136 people die every day from an opioid overdose in the US

1 kilo has the potential to end 500,000 lives

DEA: 2 out of every 5 counterfeit pills contain a potentially lethal dose

“Nitazenes” - protonitazene & isotonitazene (PYRO)



Illicit Fentanyl

NH
DEAD ON ARRIVAL for youth
a short film on the dangers of fentanyl
for kids from award-winning
documentary filmmaker

[▶ WATCH NOW](#)



Xanax

DEA

Oxy M30 "Blues"

Authentic



Counterfeit

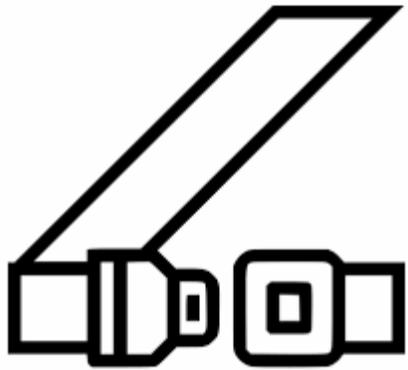


DEA



DEA

IT BEGINS WITH HARM REDUCTION

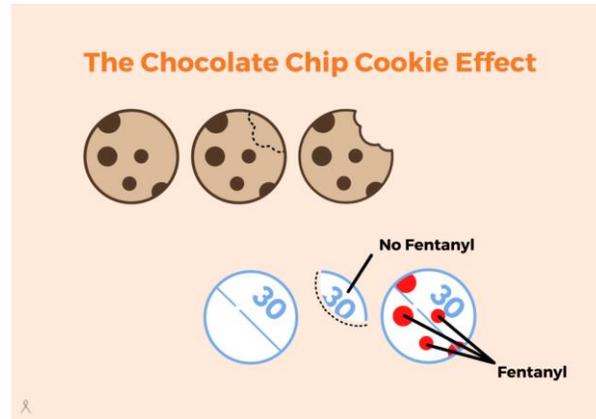


Opioid Overdose Prevention Tips

- Keep medicine in a **safe place**, like a locked cabinet.
- **Properly dispose** of expired or unwanted medications.
- Only take medicine **prescribed for you**.
- Take medicine only **as directed**.
- **Do not share** prescription drugs with others.
- Check with your doctor before taking opioids if you have **breathing problems**.
- **Do not mix** pain medication with other drugs, including alcohol.
- **Do not use opioids alone**.
- Make an **overdose prevention plan**. Share it with someone you trust to give you naloxone if needed.



Fentanyl Testing Strips



Fentanyl test strips ('FTS') are a form of inexpensive drug testing technology that was originally developed for urinalysis, but which have been shown to be effective at detecting the presence of fentanyl and fentanyl-analogs in drug samples prior to ingestion.

FENT-IN-ALL?
HOW TO TEST YOUR DRUGS FOR FENTANYL!

RESIDUE METHOD **OR** **PENNY METHOD**

Test the residue in the bag **OR** Take a little out

FINELY CHOP / CRUSH THE SUBSTANCE
Then return it to the bag and shake it

EMPTY THE BAG OUT
Put substance somewhere safe

ADD WATER & SHAKE
1 tsp - Meth & MDMA
1/2 tsp - Everything else

TEST THE WATER
Wavy side goes in the water!

MEASURE 10 MG
No scale? Make Lincoln's hair white to estimate

PLACE 10MG IN A CLEAN & DRY CONTAINER

ADD WATER & SHAKE
1 tsp - Meth & MDMA
1/2 tsp - Everything else

TEST THE WATER
Wavy side goes in the water!

Positive for fentanyl

Use caution LIKELY NEGATIVE

LIVE LALI



Peer Recovery

- Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.
- Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse.



RECOVERY SUPPORT GROUPS



- Medication assisted treatment (MAT) is an evidence-based treatment for addiction. MAT does not provide a cure for addiction/dependence.
- It allows the individual to live a functional life with the assistance of medication, counseling, and behavioral health services.
- Medication gives you the opportunity to “level the playing field” biochemically, so you can create the important psychological, emotional, and social tools necessary to sustain long term recovery.
- The use of medications speaks to our evolved understanding of the science of addiction - which understands addiction as a chronic relapsing brain disease.

Medication Assisted Treatment (MAT)

SUBOXONE/BUPRENOPHINE

- Used to treat opioid addiction
- prevents cravings and makes withdrawal from opioids feel less intense

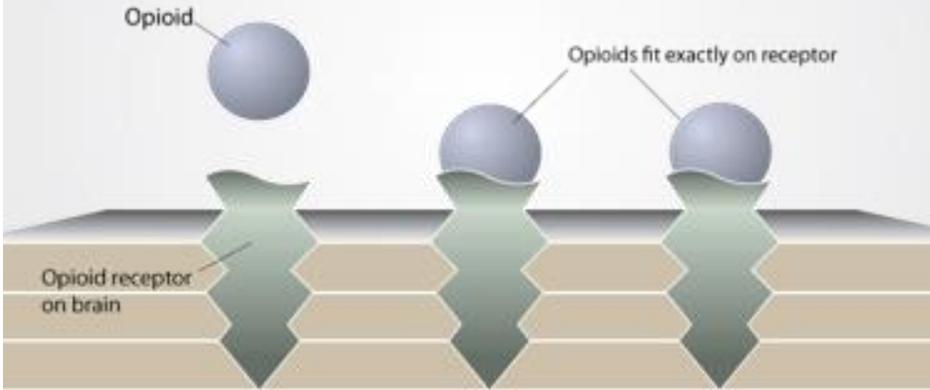
VIVITROL/NALTREXONE

- Used to treat opioid and/or alcohol addiction
- Naltrexone is a monthly injectable medication that is useful for the treatment of opioid addiction and alcohol addiction



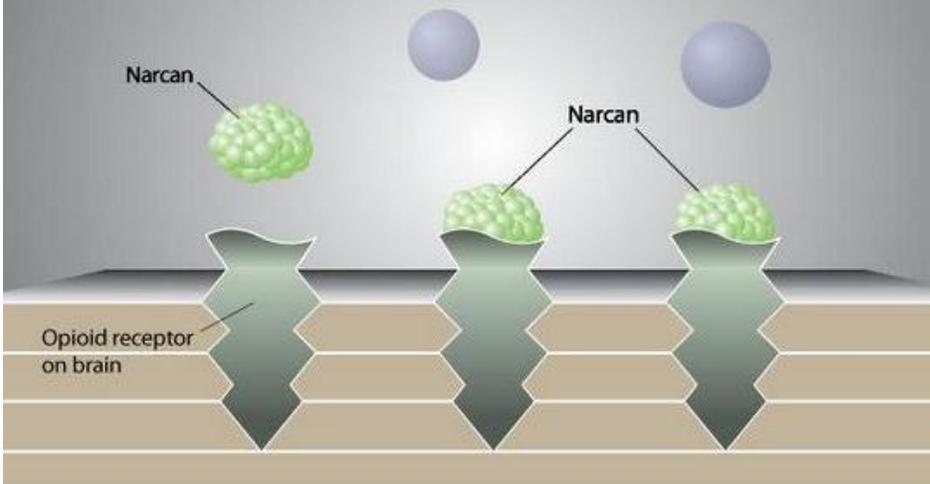
What is an opioid overdose ?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



What is naloxone (Narcan)?

- The brain has many receptors for opioids. When too much of an opioid fits on too many receptors, an overdose occurs.
- Narcan knocks opioids off opioid receptors and binds to receptors for a short time.
- This blocks the opioids' effects, quickly restoring breathing.

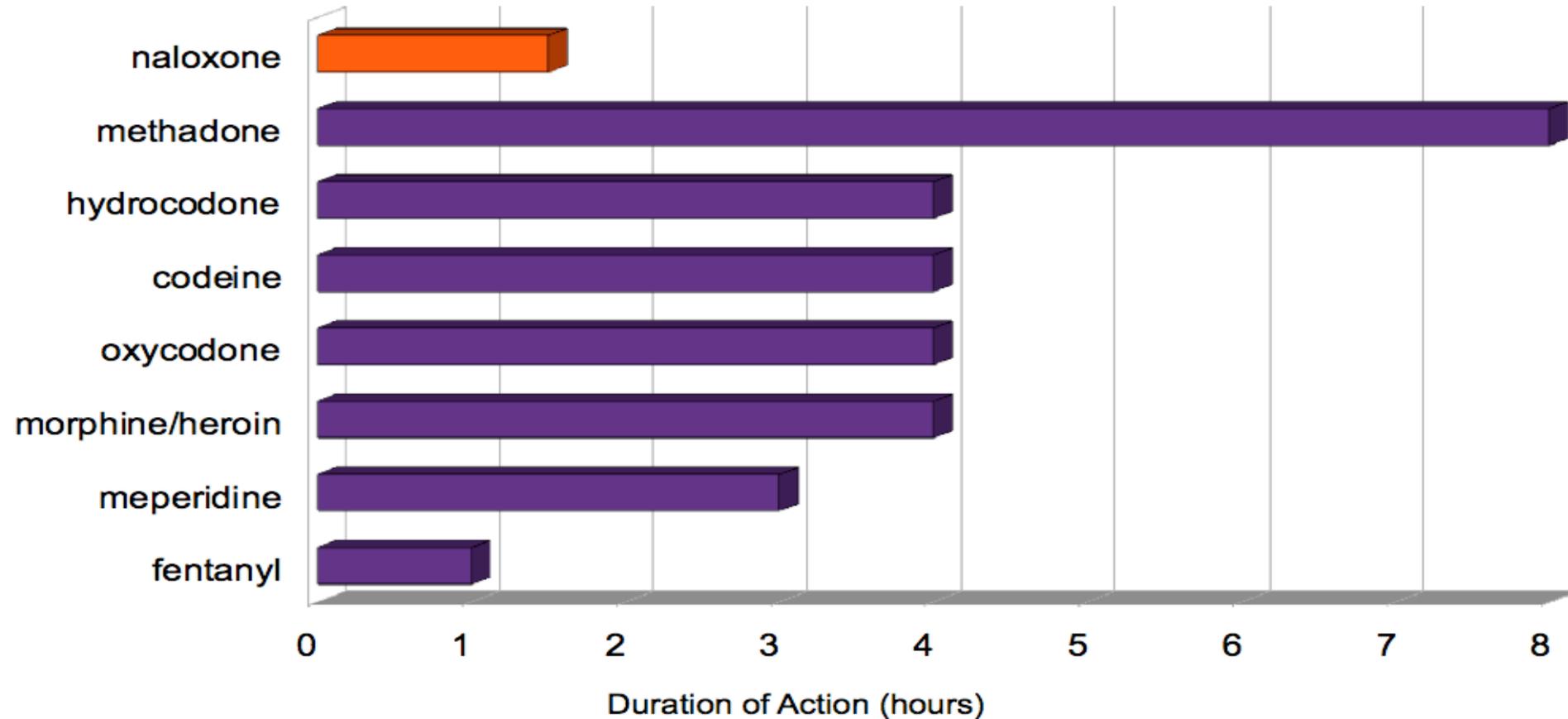


What is naloxone (Narcan)?

- Delivery: intramuscular or intranasal
- **Wears off in 30-90 minutes**
- No significant side effects
- No potential for misuse or getting high
- Safe for children, pregnant women, and pets
- Only effective in reversing **opioid** overdoses
- No effect on someone who hasn't taken opioids



Why Successful Reversals Need Ongoing Medical Observation



Duration of action of naloxone compared with common opioids

Brenner GM, Stevens CW. Pharmacology. Philadelphia, PA: Saunders/Elsevier; 2010. **Graphic: courtesy of NOPE-RI**



Signs of an Opioid Overdose



Blue lips or nails



Dizziness and confusion



Can't be woken up



Choking, gurgling or
snoring sounds



Slow, weak
or no breathing



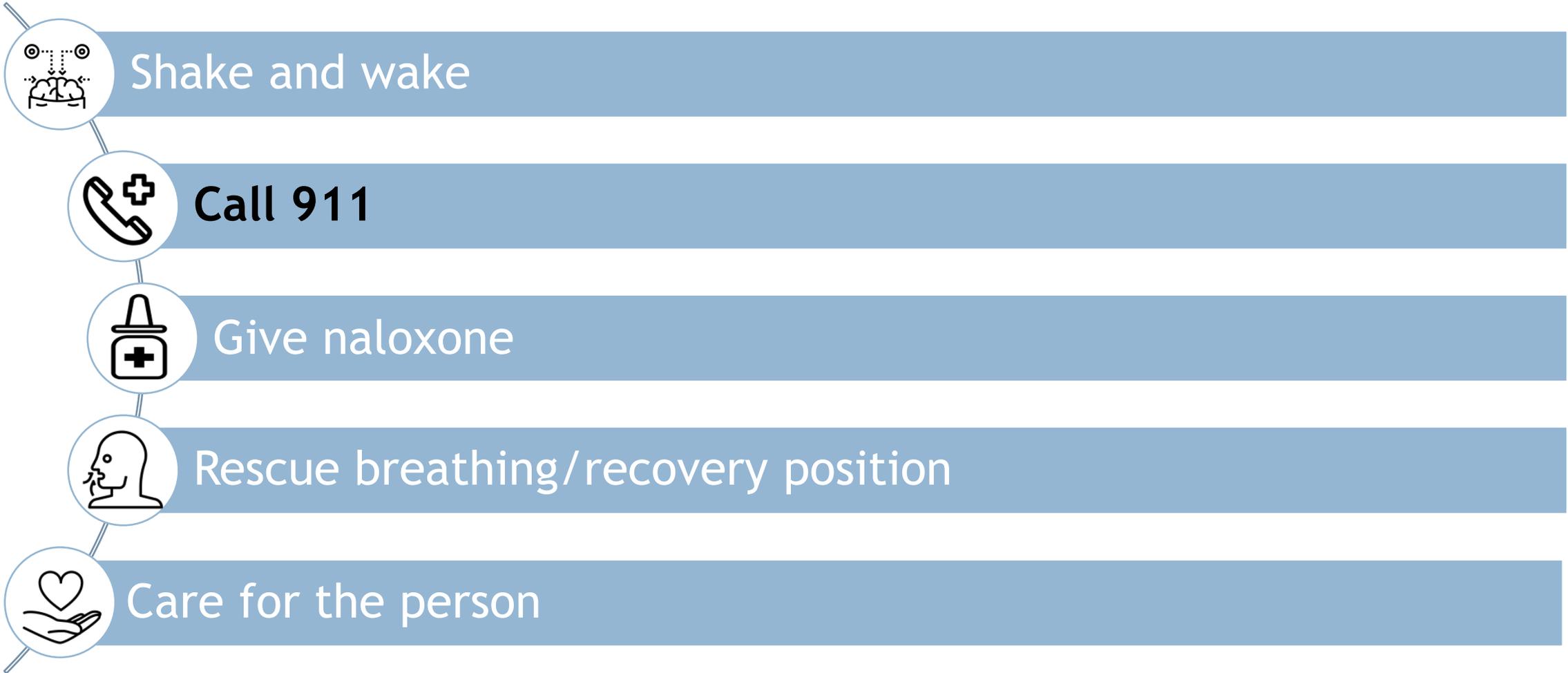
Drowsiness or
difficulty staying awake



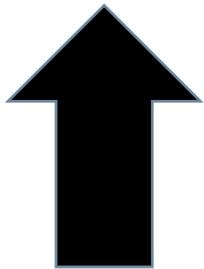


**Times are estimates intended to illustrate magnitude of difference*

Responding to an Opioid Overdose



INTRANASAL



AUTO INTRAMUSCULAR



INTRAMUSCULAR





NARCAN[®] Nasal Spray





1

Remove NARCAN® nasal spray from box. **Peel** back tab with circle to open

2

Place NARCAN® nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

3

Tilt person's head back and support person under neck.

4

Gently insert tip of nozzle into a nostril until your fingers on either side of the nozzle are against the bottom of the nose.

5

Press plunger firmly to administer.



Allow 2 to 3 minutes for the naloxone to work. Continue resuscitation, as necessary.



If breathing is not restored after 2 or 3 minutes, give another dose of naloxone. Continue resuscitation, as necessary.



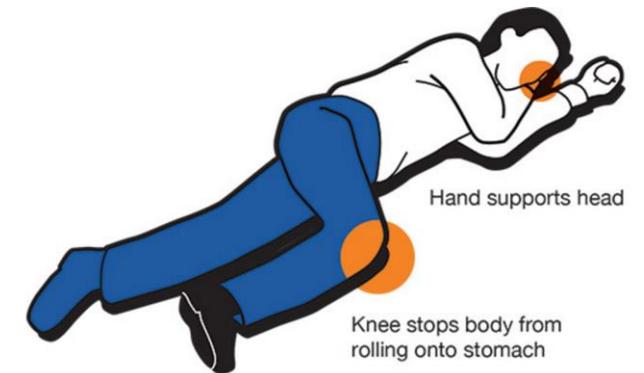
Stay with the person and provide care as directed until medical help arrives.

After receiving naloxone, a person may:

- Feel physically ill or vomit
- Feel withdrawal symptoms
 - unpleasant but not life-threatening
- Become agitated and upset
- Have a seizure (this is rare)
- Overdose again

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.



Rescue Breathing

Open the airway

To effectively give rescue breaths, it's essential that the person's airway is open and clear. To open a person's airway, do the following:

1. Place your hand on their forehead.
2. Gently tilt their head back.
3. Use the fingers of your other hand to carefully lift their chin upward.

Give rescue breaths

Now that the airway is open, you can proceed to give rescue breaths. To do this:

1. Use the fingers of one hand to pinch the person's nostrils shut. This helps to prevent air from escaping through their nose.
2. Cover their mouth with yours, forming a seal so that air doesn't escape.
3. Give rescue breaths by gently breathing into their mouth. A rescue breath should last about 1 second. Aim to give a rescue breath every 5 to 6 seconds. This is about 10 to 12 breaths per minute.





Aftercare

Waking up from an overdose can be traumatizing.

As someone starts to wake up, give them a little bit of space and gently welcome the person back into consciousness.

“Hi, friend, I’m (name) and I just had to give you Narcan. I’m sorry you don’t feel good.

Sit up when you’re ready. You’re safe. I’m glad you’re alive. I’ve got you.”

Repeat until the person is fully awake. If they are disoriented, give them more space. If they want to leave, don’t try to make them stay.

Try to stay with the person for 90 minutes and remember to take care of yourself as well.

Myth

I am at risk overdose on Fentanyl if I help someone.

Naloxone enables substance use.

You can get in trouble for using drugs if you call 911 when responding to an overdose.

Fact

No documented fentanyl overdoses due to Narcan administration.

The only thing naloxone enables is breathing.

The Good Samaritan Law is designed to protect anyone acting in good faith.



Exposure?

- Overdose by contact has been a persistent myth about fentanyl
- Fentanyl is only dangerous when it's genuinely ingested – by snorting it or injecting it into the bloodstream.
- The American College of Medical Toxicology published a position statement finding that “it is very unlikely that small, unintentional skin exposures to tablets or powder would cause significant opioid toxicity



Feldman © 2022 Prehospital and Disaster Medicine

Figure 1. Hand and Wrist Visibly Soiled with Fentanyl. Note: Larger liquid volumes appear more visible, however nearly full surface area was exposed. Arrow shows laceration.



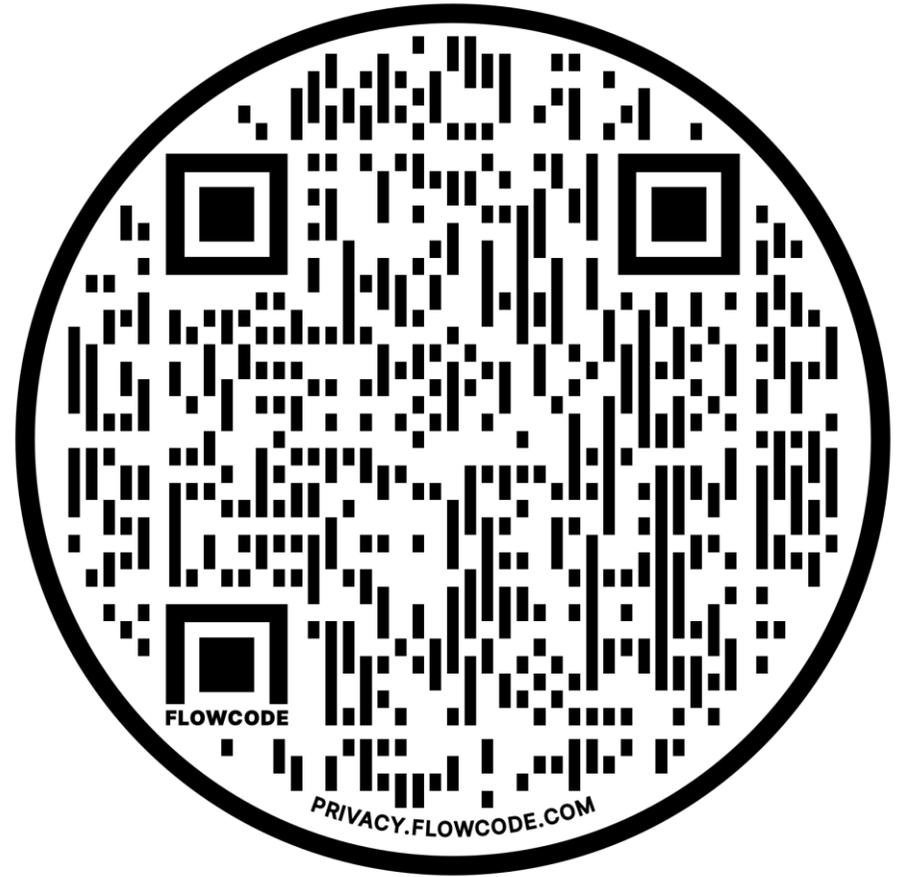
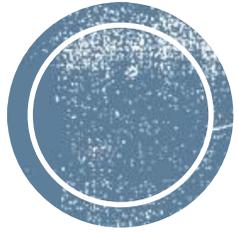
Enabling?

- No abuse potential for naloxone
- Multiple studies have looked at the impact of naloxone availability among prescription opioid and heroin users - no evidence for increased drug use
 - “5,000 Massachusetts opioid users given naloxone and found ‘no clear evidence of increased heroin use’.” (BMC Public Health, 2014)
 - Retrospective cohort study (2014) of nearly 5000 substance users found NO increase in opioid use after being provided access to naloxone ([BMC Public Health](#))
- 2016 study in [Addiction](#) concluded, “There is no empirical evidence to support the concern that take-home naloxone programmes might encourage heroin use.”

Colorado Fentanyl Legislation

- 2012 the Good Samaritan Law was passed that provided legal immunity for individuals calling 911 in response to overdose
- **2022 New Colorado Fentanyl Bill**
 - Current law grants immunity for individuals who report an emergency drug overdose. The bill extends this exemption to individuals whose provision of fentanyl is a proximate cause for death
 - If the DA prosecutes a person who sought emergency assistance for an overdose of drugs or alcohol, including fentanyl, the DA shall prepare a report detailing why the immunity provision DID NOT APPLY





RESOURCES and SLIDES