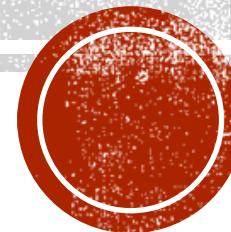


NALOXONE AND OVERDOSE PREVENTION TRAINING

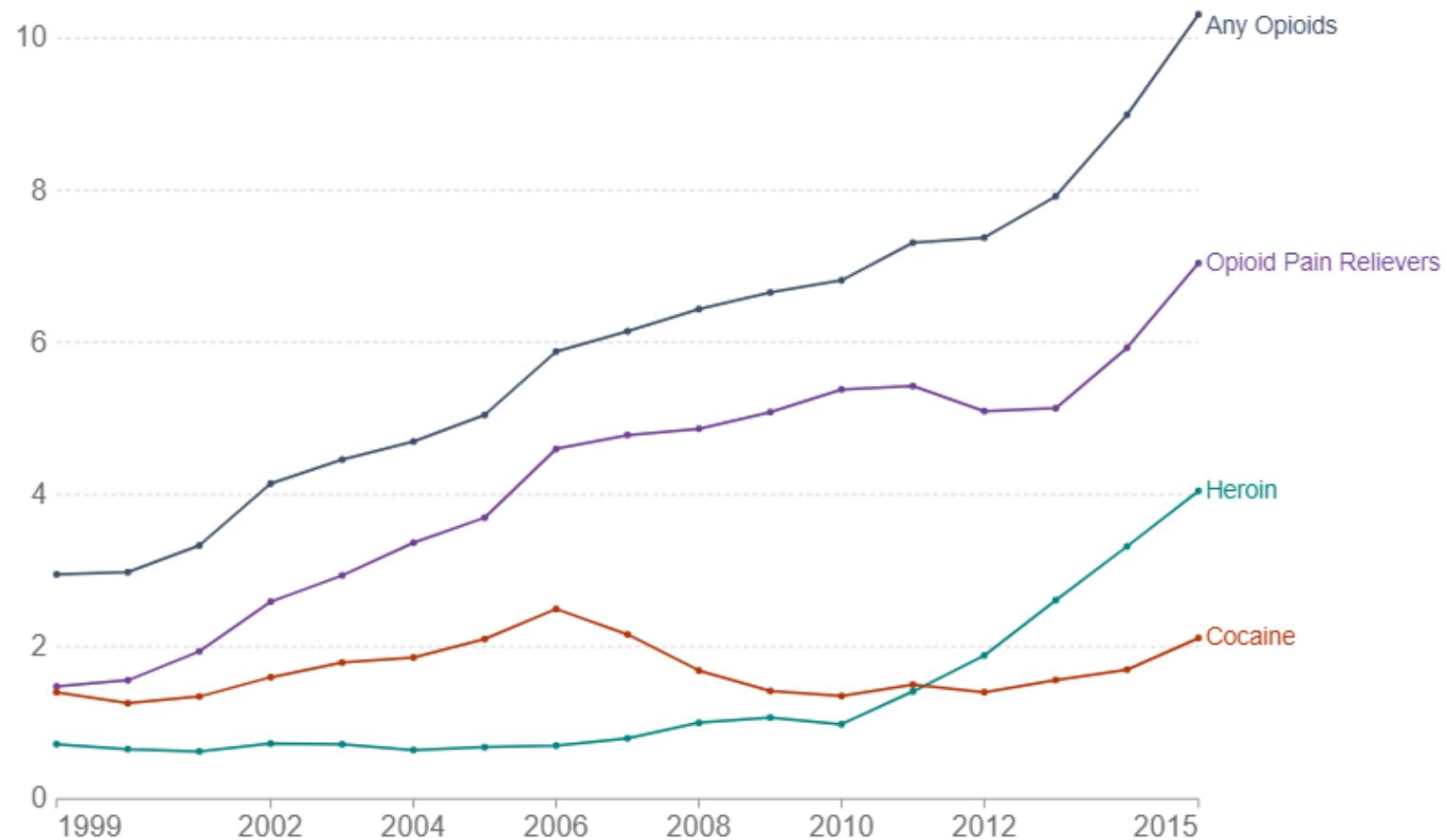


Erika Greenberg MSN, RN
www.cahec.org
contactcahec@gmail.com



Drug overdose death rates, United States, 1999 to 2015

Death rates from drug overdoses in the United States, measured as the number of deaths per 100,000 individuals (of all ages, not age-standardized).



Source: CDC WONDER (2017)

OurWorldInData.org/substance-use • CC BY

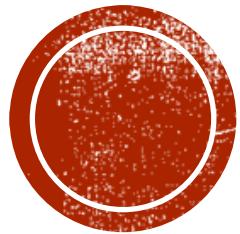
Our World
in Data

**DRUG OVERDOSES
ARE NOW THE
LEADING CAUSE OF
DEATH AMONG
PEOPLE UNDER 50.**

**OPIOID OVERDOSE
ACCOUNTS FOR 70.6%
OF OVERDOSE
DEATHS NATIONWIDE
(2019).**

**88,295 PREDICTED
DEATHS FROM
OVERDOSE IN THE U.S.
FROM 09/2019 TO
08/2020 - THAT'S 27%
MORE DEATHS THAN
THE PRIOR 12 MONTH
PERIOD.**





Drug user, addict, "druggie",
"junkie"

"Naloxone is a life-saving drug"

Former addict or reformed
addict

Addiction or substance abuse



Person who uses drugs

"Naloxone is a life-saving
medicine"

Person in recovery

Problematic or unmanageable
substance use

Language

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

Opioids:

- Manage pain, suppress coughs, and treat opioid use disorder (addictions)
- Cause feelings of euphoria, contentment, and/or detachment
- **Have effects lasting from 3 to 24 hours**

Opioids bind to and activate receptors in the brain, triggering the release of dopamine – a neurotransmitter linked to learning, pleasure, and reward.

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

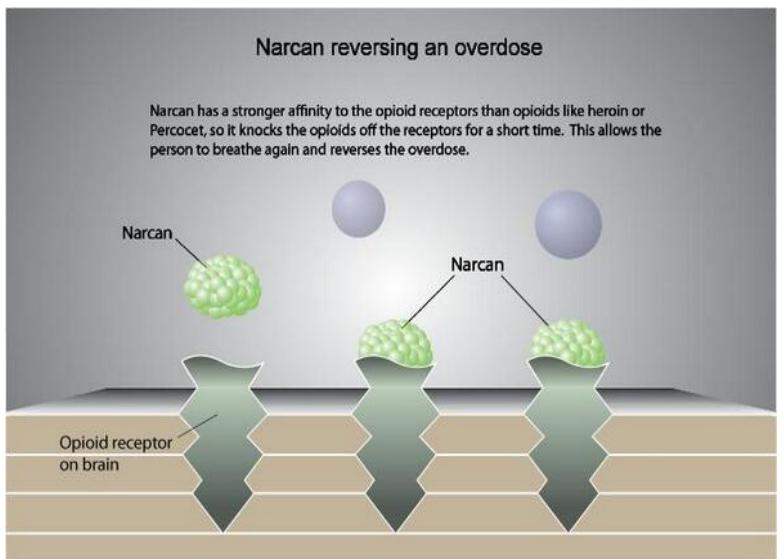
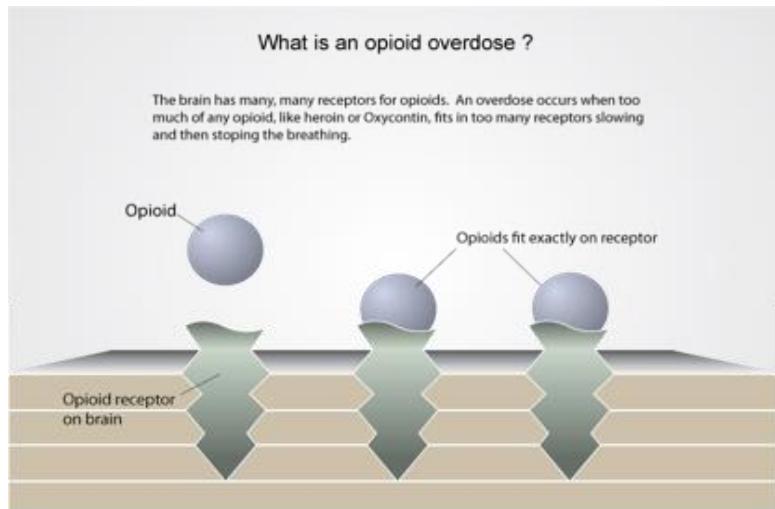
In excessive amounts, opioids can suppress a person's ability to breathe

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®

Non-pharmaceutical fentanyl (Illicitly produced, synthetic drug)

- Pill form packaged to look like prescription medications
- Powder form looks similar to heroin
- May be hundreds of times more potent than heroin

WHAT IS NALOXONE (NARCAN)?



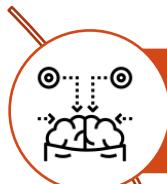
- The brain has many receptors for opioids. When too much of an opioid fits on too many receptors, an overdose occurs.
- Naloxone knocks opioids off opioid receptors and binds to receptors for a short time.
- This blocks the opioids' effects, quickly restoring breathing.

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



RESPONDING TO AN OPIOID OVERDOSE



Shake and wake



Call 911



Give naloxone



Rescue breathing/recovery position



Care for the person



Signs of an Opioid Overdose



Blue lips or nails



Dizziness and confusion



Can't be woken up



Choking, gurgling or
snoring sounds



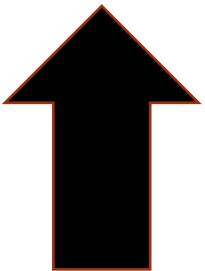
Slow, weak
or no breathing



Drowsiness or
difficulty staying awake



INTRANASAL



AUTO INTRAMUSCULAR



INTRAMUSCULAR





NARCAN® NASAL SPRAY





- 1
- 2
- 3
- 4
- 5

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

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

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

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

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





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

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

Fact

The Good Samaritan Law protects you from drug and drug paraphernalia possession, including alcohol and marijuana for underage users.

Naloxone enables substance use.

The only thing naloxone enables is breathing.

Please note: Good Samaritan Law does not protect you from parole violations, other crimes on the scene (weapons, stolen goods), Child Protective services, etc.



OPIOID OVERDOSE PREVENTION TIPS

- Keep medicine in a **safe place**, like a locked cabinet. (*Naloxone should be kept readily available*).
- **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** (like asthma or sleep apnea).
- **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.
- Start slow, **know your dose**.

