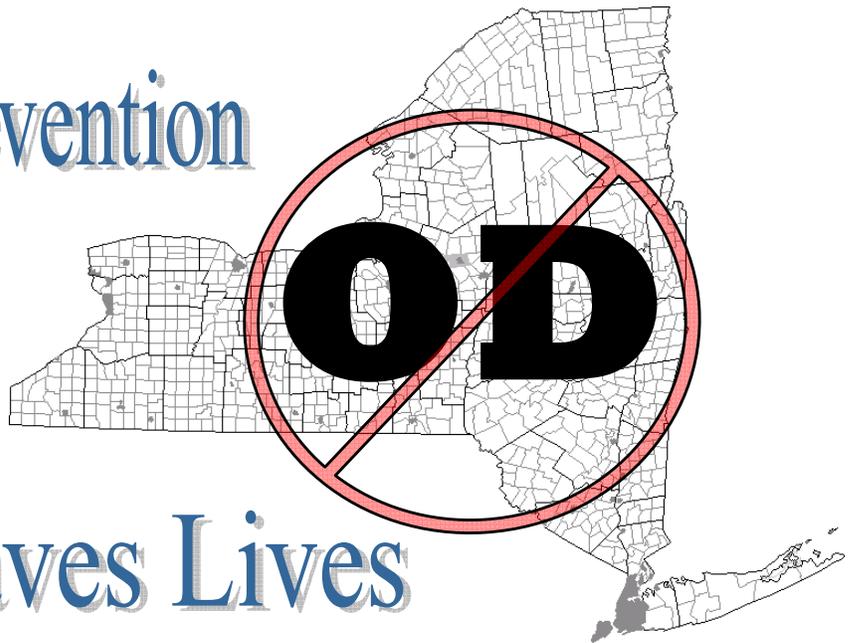


New York State Department of Health

Opioid Overdose Prevention
Guidelines for Training Responders

Oct 31, 2006

Overdose Prevention



Saves Lives

BACKGROUND

Introduction

Opioid overdose is a serious public health issue. There were approximately 5,300 accidental drug overdose deaths in New York City between 1990 and 1998. Such deaths are very often preventable, so long as a witness to an overdose recognizes what is happening and knows how to respond appropriately.

On April 1, 2006, a new public health law took effect making it legal in New York State for non-medical persons who have successfully participated in an Opioid Overdose Prevention Program training to administer an opioid antagonist (naloxone, also known as Narcan) to another individual to prevent an opioid/heroin overdose from becoming fatal. This document was created as a guide to assist New York State-approved Opioid Overdose Prevention Programs in developing their curricula for training these responders. Within these guidelines are the content which the New York State Department of Health deems as essential for each training.

Goal of Training

To prevent death and other negative consequences of opioid overdose by training non-medical responders to recognize a suspected opioid overdoses and to take appropriate action.

Objectives

By the end of this training, the participants will be able to:

- List four risk factors for overdose;
- Recognize three signs of an overdose;
- Perform techniques to stimulate someone who appears to have overdosed;
- Correctly perform rescue breathing; and
- Correctly administer naloxone.

Trainer Qualifications

Individuals who will serve as trainers of this course should:

- Have working knowledge of the Opioid Overdose Prevention Program's policies and procedures with respect to training and naloxone prescription and furnishing;
- Be able to communicate with potential responders in an open, non-judgmental manner using non-technical language;
- Be familiar with and sensitive to the health and social experiences of substance users; and
- Have mastery of the information and skills addressed in these guidelines, including naloxone administration and rescue breathing.

Target Audience for this Training (targeted responders)

The target audience for this training may include any individual who is in a position to respond to an opioid overdose and who is not already medically trained to intervene. Trainees may include drug users; their friends and families; other members of their social network; and staff and volunteers at agencies and facilities providing services to drug users and their collaterals.

BACKGROUND (CONTINUED)

Tailoring Delivery of this Training

Each Opioid Overdose Prevention Program can adapt and tailor these training guidelines to the unique needs of potential responders. In some cases, the training may be conducted in a classroom-type environment, but in many instances it is anticipated that this training will be offered in less formal places where substance users gather, such as in parks or on street corners. Elements to consider when offering the training include:

- **Length of training:** Many heroin users already know much of the material covered in these guidelines, including how to administer an injection and how to dispose of a used syringe safely. In one-on-one or small-group trainings to individuals with personal injection experience, 10 minutes may be adequate to cover the core material and to ensure that there is an adequate level of understanding by the trained responders. A larger training session or one with potential responders lacking personal experience with injection may take longer.
- **Keep things on track:** Keep the training moving forward. Diversions, such as the excessive sharing of overdose stories, may result in a loss of focus in the training and a loss of interest by some of the participants.
- **Style of training:** The training session can be relatively informal. The standard of a successful training is one in which the trained responders are armed with the knowledge, skills and tools to save lives.

Equipment and Materials Needed

- For each participant: one (1) overdose prevention kit, which includes, at a minimum:
 1. One (1) A mask for rescue breathing;
 2. Two (2) syringes with two (2) vials pre-filled with naloxone;
 3. One (1) prescription for naloxone; and
 4. One (1) brochure or palm card which summarizes the steps to be taken by trained responders for a suspected opioid overdose.

Note: In some cases the kit will be supplied subsequent to the training.

- One (1) additional syringe and pre-filled vial with naloxone for trainees to practice assembly
All trained overdose responders should have the opportunity to practice assembling the syringe and vial with naloxone.
- Copies of audience-appropriate educational materials, such as “Get the SKOOP” or similar New York State Department of Health pamphlets, palm cards and fact sheets on overdose.
- Optional: Demonstration model (dummy) for practicing rescue breathing
Note: Ideally each trainee should be able to do rescue breathing on a dummy or observe someone else doing it. Many responders, however, have saved lives without that opportunity, and, in many settings, having a dummy at a training may be impractical.
- Optional: Oranges or other objects for practicing injection
Note: Although an orange or other object for practicing injections may be unnecessary for trainees who have a personal history drug injection, these tools may be useful for others less familiar or comfortable with syringes.

CONTENT OF TRAINING

Overdose Overview

Overdose as a cause of death is preventable in the majority of cases because it usually:

- Happens to experienced users;
- Happens over 1-2 hours, not instantly;
- Is frequently witnessed by other users or by other persons present who can take life-saving action; and
- Can be treated (reversed) effectively with naloxone (Narcan).

Which drugs are opioids?

Opioids include:

- Heroin, morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl (Duragesic), and hydromorphone (Dilaudid). Naloxone can reverse overdoses caused by any of these opioids.
- Naloxone does not work for:
 - Non-opioid sedating drugs: alcohol, benzodiazepines (e.g., Valium, Xanax, Clonopin), Clonidine, Elavil, GHB, ketamine; nor for
 - Stimulants: cocaine, amphetamines (including methamphetamine and Ecstasy).

What are risk factors for overdose?

- **Loss of Tolerance**: Regular use of opioids leads to greater tolerance, i.e. more is needed to achieve the same effect (same high). Overdoses occur when people start using again following a period of not using (abstinence) such as incarceration, detox or “drug free” drug treatment.
- **Mixing Drugs**: Mixing opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Clonopin) or alcohol can lead to an overdose. These combined drugs are “synergistic”, i.e., the effect of taking mixed drugs is greater than the effect one would expect if taking the drugs separately. Special note: Cocaine is a stimulant but in high doses it can also depress the urge to breathe, so it too can be particularly risky when combined with opiates.
- **Variation in strength of ‘street’ drugs**: Street drugs may vary in strength and effect based on the purity of the heroin (or other opioid) and the amount of other ingredients used to cut the drug. Users should use small amounts of new batches or inject slowly enough to get a feel of the quality/strength of the drug(s).
- **Serious illness**: If users have a serious illness including HIV/AIDS, liver disease, diabetes and/or heart disease, they are at greater risk for an overdose. Care should be taken when using to check the strength of the drug, avoid mixing drugs and/or using alone.

Using Drugs Alone is a Risk Factor for Overdose Death

When using drugs alone, there is a particularly high risk that overdose death may occur, because there is no one present to initiate rescue measures. If someone does choose to use drugs alone, they should be particularly aware of the risk factors for overdose listed above.

CONTENT OF TRAINING (CONTINUED)

Signs of Overdose

Overdose is more likely to occur 1-2 hours after using an opioid rather than just after injecting or snorting. After individuals use opioids/heroin, they should check in regularly with each other to make sure they are responsive and not slipping into an overdose.

Signs of an overdose are:

- Slowed or shallow breathing;
- Bluish lips and nail beds resulting from lack of oxygen; and
- Heavy nod, not responsive to stimulation ← Immediate action should be taken

Understanding naloxone

- Naloxone (Narcan) reverses an opiate overdose by blocking opioid receptors in the brain. It wakes a person who is overdosing in 3-5 minutes and will continue working for about 30–90 minutes. After that time, the effect of opioids can return. This 30-90 minute window is usually enough to prevent death even if no further care is provided.
- Naloxone will bring on withdrawal symptoms, which will also last 30-90 minutes, in someone who is opioid dependent.
- Naloxone has no other effects and cannot be used to get high.
- Naloxone will cause no harm if it is injected into a person who is not having an overdose.
- Naloxone should be stored at room temperature and kept away from light.
- Naloxone has a limited “shelf life.” Trained responders need to be aware of the expiration date stamped on the box and to obtain replacement naloxone before that date.

PUTTING IT ALL TOGETHER: 8 STEPS FOR RESPONDING TO AN OPIOID OVERDOSE

1. Stimulation

- Yell the user’s name.
- Shake the person.
- Do a sternal rub.

The sternal rub is a very good technique to awaken someone from a heavy nod. To do a sternal rub, make a fist and then rub the sternum (also known as the breastbone) with your knuckles in center of the person’s chest, and apply pressure while rubbing. If the person does not respond after 15-30 seconds of doing a sternal rub, it is likely that the person is overdosing and requires immediate attention.

2. Call for Help

- Call for Emergency Medical Services (frequently, though not necessarily, 911) If leaving the person alone, place them in the **Recovery Position**: Put the person on his/her side. This will help to keep the airway clear and prevent the person from choking on vomit.

CONTENT OF TRAINING (CONTINUED)

3. Check Breathing and Respond

- If the person is not breathing, the responder should start by giving a few rescue breaths and then administer naloxone.
- If the person is breathing but unresponsive, then the responder should administer naloxone first.

4. Administer Naloxone

- Inject 1cc of naloxone into a large muscle such as the upper arm or thigh.
- If no response in 3-5 minutes, inject an additional 1cc of naloxone with a new needle. **If EMS has not yet been called, it is urgent to do so now.**

5. If Person is Not Breathing, Perform Rescue Breathing

- Tip the head back with one hand under the neck. Use the other hand to hold the nose closed.
- Make a seal over the mouth with your mouth (using the mask in the kit if it is readily available) and give two quick breaths; then one every five seconds.
- Continue rescue breathing until the person breathes on his/her own.

6. Evaluation and Support

- Stay with the overdose survivor and provide reassurance that the drug withdrawal symptoms will decrease in about one hour. Tell them that more drugs (opioids) should not be used now.
- Inform EMS of what happened and how much naloxone was given.
- Encourage survivor to go to the hospital.

7. Dispose of the used syringe carefully in a puncture-proof container.

8. Go back to Opioid Overdose Prevention Program

- Report to the Program the overdose experience: where, when, what drugs, and outcome of overdose.
- Get a naloxone replacement kit

COMMON QUESTIONS

What about salt or milk shots? Many users mistakenly believe that injecting salt water or milk will revive an overdose victim. There is no evidence to support this approach, and it can be dangerous as well as a waste of time. Naloxone, however, is definitely effective in reversing an overdose.

What about walking someone around? It is good if the person who has overdosed can walk. Individuals who have overdosed do not need naloxone if they can walk on their own. If they must be dragged around (cannot walk on their own), they need additional help.

What about using ice? Ice can wake someone in a heavy nod. The sternal rub, however, is easier and quicker (you don't have to leave to find ice).

How bad does getting naloxone feel? Naloxone puts an opioid dependent person into withdrawal. It is important at this point that the individual who has overdosed does not use additional opioids (heroin) to treat this withdrawal.

Can one take naloxone and give a clean urine? No. The naloxone only blocks the effects of an opioid on the brain and on breathing for a short time. It does not remove the opioid from the body.

What if I hit a vein instead of the muscle? Naloxone is effective intramuscularly (in the muscle), intravenously (in the vein) and subcutaneously (skin popping). Intramuscular injections are the quickest and easiest to give.

Is it dangerous to administer naloxone to someone who is pregnant or taking medication? Remember, naloxone is only to be given if you think someone is overdosing and likely to die. In that case, the naloxone is essential to save a life.

What about methadone and overdose? Even if people continue to use heroin while on methadone or buprenorphine, they are unlikely to overdose on heroin. Tolerance to opioids occurs with daily use of methadone or buprenorphine, so it is hard to feel high from heroin—and very hard to take enough to overdose. But overdoses can occur when mixing methadone or buprenorphine with benzodiazepines.

Can I be sued for giving an injection of naloxone? Persons who administer naloxone are protected by the law from civil liability and criminal prosecution for administering this overdose treatment so long as they do so in a good faith manner to a person experiencing a drug overdose. Naloxone is considered under the law as first aid or emergency treatment for the purpose of liability.