Opioid Overdose Prevention, Recognition and Response: Train the Trainer

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Goals of the Santa Clara County Opioid Overdose Prevention Project:

- Expand Provider Education for opioid prescribers
- Expand access to Medication Assisted Treatment
- Increase access to naloxone
Educational Objectives

At the conclusion of this activity, participants should be able to:

- Discuss how the opioid prescribing epidemic is associated with the overdose
- Name opioid overdose risk factors
- Explain the basic pharmacology of naloxone
- Describe studies demonstrating the efficacy of naloxone in bystander overdose
- Design and offer an overdose prevention training to other staff or clients/family appropriate for your modality
Opioid Prescribing

From 1999 to 2008, the number of opioids prescribed in the US quadrupled (CDC, 2011)

- Consensus statement from American Pain society and American Academy of Pain Medicine in 1997
  - Little risk of addiction and overdose in pain patients
  - Less than 1% of patients become addicted to opioids
- Greater emphasis in assessing and treating pain (TJC; Berry & Dahl, 2000), 5th vital sign (APS, VHA)
Prescription Opioid Overdoses

- Every day 46 people die from prescription opioid overdose

Source of Drugs

- Pain relievers - during the past year
  - Friend or relative: 56.5%
  - From one Doctor: 18.1%
  - Friend or relative - bought: 8.9%
  - Friend of relative - stole: 5.2%
  - Drug Dealer: 4.1%
  - More than one doctor: 2.6%
  - Bought on internet: 0.5%
  - Medicine Cabinet: ???
Cost of Opiate Dependence

ED visits due to narcotic pain reliever abuse rose 300% since 1995.

78 people dying daily from opiate overdose

- Annual opiate dependence-related costs exceed $55 billion:
  - $25 billion in direct health care
  - $26 billion in lost productivity
- Health care costs = Excess medical and prescription costs
- The Coalition Against Insurance Fraud tallied costs for opiate abuse:
  - $72.5 billion / year
  - $24.9 billion / year from private insurers

Risks and Prevention
Avoiding an Overdose

- Know your tolerance
- Know your supply
- Control your own high
- Be aware of the risks of mixing drugs
- Try not to use alone
- Make a plan
- Talk with others
Risk Factors

- Tolerance Changes
- Mixing Drugs
- Physical Health
- Variation in strength/content
- Switching route of administration (oral, snorting, injection, etc.)
- Using alone
More Ways to Avoid Opioid Overdose

- Take medicine only if it has been prescribed to you by a doctor
- Do not take more medicine or take it more often than instructed
- Call your doctor if pain gets worse
- Store your medicine in a safe place where children or pets can not reach it
- Learn the signs of overdose and how to use naloxone to keep it from becoming fatal
- Teach your family and friends how to respond to an overdose
- Dispose of unused medication properly
"I see you have a fire extinguisher in your house, are you trying to encourage fires?"

Being prepared for emergencies does not increase their likelihood, nor does it show your support for them happening.

**Overdose prevention training should be taught in every rehab.**
Overdose prevention, including prescribing or dispensing naloxone, is an essential complement to both detoxification services as well as medically supervised withdrawal. Patients should be advised of the risks of relapse following detoxification and offered a relapse prevention program that includes counseling, naloxone and opioid antagonist therapy.

In March 2015, SAMHSA updated Opioid Treatment Program guidelines, including new guidance on discussing overdose:
The Guideline Committee, based on consensus opinion, recommends that patients who are being treated for opioid use disorder and their family members and significant others be given prescriptions for naloxone. Patients and family members/significant others should be trained in the use of naloxone in overdose.

Similarly, in June 2015, the American Society of Addiction Medicine (ASAM) developed National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, including guidance on discussing overdose:
Recent Legislation-DATA 2000

- **Drug Abuse Treatment Act**
  - Raises limit on number of patients each doctor can treat for OUD with Buprenorphine from 100-275 if:
  - Have professional coverage for after-hours emergencies.
  - Provide case management services
  - Use electronic medical records
  - Must use that practitioner’s state prescription monitoring program
  - Accept third-party insurance
  - Have a plan to address possible diversion of prescribed buprenorphine medication
  - Re-apply for permission to treat up to 275 patients every three years
  - Supply yearly reports about their practice and their buprenorphine patients
Recent Legislation-CARA

- **Comprehensive Addiction & Recovery Act**
  - Pain Task Force
  - Prescription Drug Monitoring Programs
  - Expanding Naloxone Access
  - Physician Extenders in MAT
  - Treatment in lieu of jail
  - MAT in Prisons
  - Drug Disposal Sites
  - Bans DOE rejecting Financial Aid for persons with past drug offenses
Overdose is an ever present issue in substance use disorder treatment, yet it is rarely directly addressed.

There are two significant aspects:

- Past trauma related to overdose events—a client’s own or witnessing someone else. Healing from/coping with traumatic events and effects may affect recovery outcomes.

- Future overdoses—a client’s own or somebody else’s can be prevented or managed to avoid death. The essential intent is that clients and people in their social network live for another day.
Incorporating topics of past and potential future OD into SUD Treatment can enhance outcomes in the following ways:

- Increase likelihood for survival and health among clients
- Improve patient-provider relationship
- Affirm clients as valuable community members able to perform lifesaving education and response within communities
- Enhance a holistic prevention, treatment and recovery system’s capacity to address trauma
- Supports treatment providers by expanding skills and addressing emotional burden
OPPORTUNITIES TO ADDRESS OVERDOSE IN SUBSTANCE USE DISORDER TREATMENT

- Waitlists
- Intake assessment
- Trauma screening
- Induction or orientation phase
- Individual counseling
- Group counseling
- Routinely upon positive drug screen results
More Opportunities

- At discharge
- With Families
- When client overdoses
- International Overdose Awareness Day (August 31 - the day before Recovery Month)
- Consider developing an on-site emergency overdose response policy and provide staff training
Naloxone

- Naloxone is opioid antagonist
  - High affinity for mu receptor
  - Displaces bound agonist
  - Prevents other agonists from binding
  - Works within minutes □ Lasts 20-90 mins
  - FDA approved for IV, SC, IM and IN use

- Naloxone has been used for opioid reversal for 40 years in hospitals
- Naloxone has been used for overdose in ED and by paramedics for years
- Since mid-1990s, provision for use outside medical setting for people at risk of overdose
US Naloxone Programs:

- First US program began distributing naloxone in 1996
- Between 1996 and 2014, 152,283 individuals were trained in naloxone administration and overdose response
- 26,463 overdose reversals reported
- Majority of these programs are still located at needle exchanges
- Majority of Individuals trained are drug users and majority of reversals are done by drug users.
- Currently, 644 distribution sites in 31 US states.
- In 2013, 50% of programs gave out injectable, 37% of programs gave out nasal and 12% gave out both.
Concept of Lay Naloxone

- Overdose usually witnessed (McGregor, Addiction 1998)
- Death takes a while (Sporer, Ann Intern Med 1999)
- EMS not routinely accessed (Coffin, Ann Emerg Med, 2009)
- Naloxone very safe and very effective
  (http://www.fda.gov/downloads/Drugs/NewsEvents/UCM300866.pdf)
- More rapid reversal with naloxone improves outcomes
  (Gonzva, Am J Emerg Med 2013)
- Possible behavior change (Lankenau, J Comm Hlth 2013,
  Kral J Urb Hlth, 2005)
Overdose Prevention Programs:

- Make drug user health, safety and survival a priority
- Endorse the idea of drug users as capable and concerned with their community
- Educate family, friends and loved ones of people who use drugs about overdose prevention
- Can be empowering for people who have experienced multiple traumas
- Save lives
Overdose Basics
What are Opioids?

- Opioids are a type of drug that come from the opium poppy or are synthetically made by a drug company to have the same properties as the poppy.

- Opioids are depressants, which mean they slow down your central nervous system, including your breathing.

Examples of Opioids:

- Heroin
- Morphine
- Fentanyl
- Dilaudid
- Methadone
- Hydrocodone
- Oxycodone
- OxyContin
- Percocet
- Codeine
- Opana
- Kadian
- MSContin
- Lortab
- Norco
- Vicodin
- Tylenol 3
- Roxicodone
What is an OPIOID Overdose?

- Opioid overdoses happen when there are so many opioids or a combination of opioids and other depressants (downers) in your body that the brain shuts down breathing.

- If someone can’t breathe or isn’t breathing enough, then oxygen can’t get to the brain and after a very short time the heart stops, which leads to unconsciousness, coma, then death.
How the Overdose Occurs

- Opioids repress the urge to breathe
- Carbon dioxide levels increase
- Oxygen levels decrease
- Process takes time
- There is time to respond, but no time to waste

1. Slow breathing
2. Breathing stops
3. Lack of oxygen may cause brain damage
4. Heart stops
5. Death
Possible Complications of Non-fatal Overdoses

- Anoxic brain injury
- Pulmonary edema
- Acute respiratory distress syndrome
- Hypothermia
- Renal failure
- Compartment syndrome
- Liver failure
- Seizures (depending on substance ingested)
Five Essential Steps For First Responders

1. CALL FOR HELP (DIAL 911)
2. CHECK FOR SIGNS OF OPIOID OVERDOSE
3. SUPPORT THE PERSON’S BREATHING
4. ADMINISTER NALOXONE
5. MONITOR THE PERSON’S RESPONSE
Assess the Signs

- Is the person breathing?
- Is the person responsive?
- Does he or she answer when you shake them and call his or her name?
- Can the person speak?
- How is their skin color (especially lips and fingertips)?
Recognizing an opioid OD

**REALLY HIGH**
- Muscles become Relaxed
- Speech is slowed/slurred
- Sleepy Looking
- Will respond to stimulation like yelling, sternum rub, pinching, etc
- Nodding Out

**OVERDOSE**
- Deep snoring or gurgling (death rattle) or wheezing
- Blue or grayish skin-usually lips and fingertips begin to darken first
- Sweaty, clammy skin
- Heavy nod, will not respond to stimulation
- Breathing is very slow, irregular, or has stopped/faint pulse
Stimulation:

- If the person is unconscious or in a heavy nod, try to wake them up: Call his or her name and/or say something that they might not want to hear, like “I’m going to call 911” or “I’m going to give you Naloxone.”

- If this does not work, try to stimulate him or her with mild pain by rubbing your knuckles into the sternum (the place in the middle of your chest where your ribs meet), rubbing your knuckles on their upper lip.
Stimulation:

- If this causes the person to wake up try to get him or her to focus. Can they speak to you? Check their breathing. If this is shallow or the person tells you have he or she has shortness of breath, or chest tightness call 911. Continue to monitor them, especially the breathing and pulse and try to keep him or her awake and alert.

- If the person DOES NOT respond to stimulation and remains unconscious or the condition appears to get worse, do NOT try a different or alternative form of stimulation. Treat this as an emergency and call for help!
Calling 911:

- California’s Good Sam law went into effect January 1, 2013
- Clearly give address or nearest intersection
- Keep loud noise in background to a minimum—if it sounds chaotic, they will dispatch police to secure the scene and protect the paramedics
- Avoid using words like drugs or overdose—stick to what you see:
  - “Not breathing, turning blue, unconscious, non-responsive, etc.”
Naloxone (Narcan)

- Opioid antagonist (“blocker”) which reverses opioid overdose
- Can be administered intravenously, intramuscularly, subcutaneously or intranasally
- Only works for about 20-90 minutes
- Causes sudden withdrawal in the opioid dependent person – an unpleasant experience
- Doesn’t get a person “high” and is not addictive
- Has no effect if an opioid is not present
Clear the airway/Rescue Breathing

- Rescue breathing is one of the most important steps in preventing an overdose death.
- It’s important that the person’s airway is clear so air can get into their lungs.
- Place the person on their back, place your hand under their neck and tilt their chin up. Check to see if there is anything in their mouth blocking their airway, such as gum, pills, patches, food, etc.. If so, remove it.
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.
- Naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain.
- 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.
Beginning OD Prevention in Treatment

- Develop Awareness and build buy in
- Discuss overdose in your community at staff meetings and provide referral resources
- Invite outside speaker
- Facilitate discussion of any concern among staff
- Solicit staff input in development of Overdose Prevention Program in Treatment
- Involve the patients
- Engage innovative partners/allies-law enforcement/public safety, parent or family groups, faith based services
Understanding the Law

- Naloxone is a prescription medication, **but not a scheduled drug (not included in the Controlled Substance Act)**
- Naloxone can be prescribed by anyone with prescribing privileges to someone who is at-risk for overdose according to standard medical practice
- CA has additional liability protections for prescribers and the users of naloxone
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.
Naloxone Locally

- Valley Homeless Health Care
- SCCPH Needle Exchange
- MDs-Kaiser/VA/VMC/other Provider Groups
- MAT
- Community Trainings
- BH-SUTS Providers
Our Vision

- Naloxone available by standing order in every county contracted OP, IOT, MAT clinic and Residential and Withdrawal Management setting and available to community members.
- We need your help to accomplish this!
- We have the Naloxone!
- We will train your staff!
- We will give you a PowerPoint Presentation.
- We will keep paperwork to a minimum!
- Are you willing to provide a free training to a patient to potentially save a life?
Components of a Training

1. What is an overdose?
2. What causes an overdose?
3. Prevention messages
4. Recognition
5. Response
6. Aftercare
7. Follow-up and refills
Trainings

- 10 minutes→60 minutes in length
- Training time depends on setting and experience of trainees
- Groups, pairs, individuals, classroom-style
- Special considerations (parents groups, drug treatment staff, etc.)
- Know your audience!
Where will you provide naloxone?

▶ How will you tailor your message to the population you are serving?

▶ How might messages differ between a client at Res/Detox vs. a long term Methadone Maintained patient who is tapering off by choice?
Questions???

Thank You!
Please do not hesitate to call/email if you need information about this project!
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Resources

- Facebook Page  www.facebook.com/SCCoOOP  Like us!!!!
- SAMHSA Opioid Overdose Prevention Toolkit  
  http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-
  2016/SMA16-4742
- The Chicago Recovery Alliance  http://www.anypositivechange.org/  started the
  first organized overdose project in the USA in 1996 and has some great resources
  on their Information Downloads section.  Don’t miss feature: Some of the most
  realistic video training materials available, in particular LIVE! from Sawbuck
- GetNaloxoneNow.org is the home of the first web-based overdose recognition and
  management training modules- one for lay bystanders and one for uniformed first
  responders such as police and fire.  NOTE: You cannot order naloxone directly from
  this site.  Don’t miss feature: Animated & interactive trainings that include tests.
More Resources

- Grief and support groups specifically for those affected by opioid use and overdose are increasing in number. Grief Recovery After a Substance Passing (GRASP) [http://grasphelp.org/](http://grasphelp.org/) is for those who have lost a loved one, Learn 2 Cope [http://learn2cope.org/](http://learn2cope.org/) is for families with loved ones who have a substance use disorder. Some people prefer action-oriented groups- for example, Moms United [http://www.momsunited.net/](http://www.momsunited.net/) and Broken No More [http://broken-no-more.org/](http://broken-no-more.org/) are activist groups for parents of people who use drugs advocating for change. There are many groups that are appropriate for loved ones and family members.

More Resources

- [PrescribeToPrevent.org](http://PrescribeToPrevent.org) contains resources directed toward health care providers such as doctors, nurses, and pharmacists, who are interested in prescribing naloxone to patients. **Don’t miss feature:** Tailored provider support tools, like a free CPE course for pharmacists and an education video for patients receiving pain medicine or an animated overdose responder training video.

- Project Lazarus [http://projectlazarus.org/](http://projectlazarus.org/) is a unique effort to reduce overdose from prescribed opioids that unites health researchers, treatment providers, preventionists, activists, county officials, military, and local communities in North Carolina, USA. **Don’t miss feature:** Toolkit for implementing a community coalition-based model for addressing overdose concerns about prescription medicines.
More Resources

- Reach for Me http://reach4me.org/ documents how naloxone pricing and production shortages and a lack of public funding are impacting overdose prevention efforts in the United States. The project site also includes interviews with advocates and other resources. *Don’t miss feature*: advocacy materials, including Facebook cover images, avatars, and downloadable, shareable posters.

- The OSNN members at Law Atlas http://lawatlas.org/welcome#.VC3ix_ldVGM are talented for so many reasons, but we particularly love the interactive maps that describe state-by-state naloxone overdose prevention and 911 Good Samaritan overdose prevention laws. *Don’t miss feature*: figuring out exactly what the law says in your state!

- The Overdose Prevention Alliance http://www.overdosepreventionalliance.org/ has a monthly curated list of pertinent research, as well as a national naloxone program locator.
More Resources

- Staying Alive on the Outside
  https://www.youtube.com/watch?v=_QwgxWO4q38 is the only overdose prevention training video we know of that is specifically targeted toward prisons, but, don’t forget that the other risky time period for overdose is after being discharged from SUD treatment! This award-winning production is from the Center for Prisoner Health and Human Rights at Brown University. *Don’t miss feature:* The video!

- Apps for the Phone re: Overdose
  - Overdose Aware App
  - Opioid Overdose Prevention App
  - Narcan Now
More Resources

- **Pathways to Safer Opioid Use**: In this interactive training video, assume the role of a patient, physician, pharmacist and nurse to learn how different decisions change outcomes. [https://health.gov/hcq/training-pathways.asp?cldee=Y2hlcnlsLmJsYW5rZW5zaGlwQGhocy5zY2Nnb3Yub3Jn](https://health.gov/hcq/training-pathways.asp?cldee=Y2hlcnlsLmJsYW5rZW5zaGlwQGhocy5zY2Nnb3Yub3Jn)

- National Safety Council report: Prescription Nation [nsc.org/rxnation](http://nsc.org/rxnation)

- [http://turnthetiderx.org/join/](http://turnthetiderx.org/join/)