PREVENTING FATAL OVERDOSE

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KEY WORDS

- Harm Reduction: A set of practical strategies aimed at reducing the negative consequences of drug use.
  - HIV
  - HCV
  - Overdoses
- Naloxone: The generic version of Narcan, the Opiate Overdose Reversal drug.
- PWID: People Who Inject Drugs.

MILWAUKEE COUNTY

- 2013: 181 opiate-related deaths.
  - 67 traced to heroin.
  - 2013 motor-vehicle deaths: 47.
- 2014: 220 opiate-related deaths.
  - 119 traced to heroin.

http://www.maciverinstitute.com/2014/02/milwaukee-county-board-passes-living-wage-ordinance/
NALOXONE PROGRAM

- 2014 Trainings: 1046
- 2014 Reversals: 480
- 2013 Training: 662
- 2013 Reversals: 611
- Total trainings: 3580
- Total Reversals: 3712

So far in 2015 we have trained 764 people with 157 reported reversals.

HOPE LAWS—APRIL 9TH 2014

- The Good Samaritan Law: Anyone who calls for help, or drops someone off, when someone experiences a drug overdose will not be charged with possession or paraphernalia.
  - Overdose victim not covered.
  - Any other crime committed at the scene isn't protected by the law.
- Act 200: Anyone, regardless of medical background, will not be held liable for administering Naloxone when they act in good faith believing that the person is experiencing an opiate overdose.
  - Non-medical professionals can administer Naloxone.
  - Family, friends, and significant others of opiate users can administer Naloxone.

OVERDOSE PREVENTION

- Peer based Naloxone Training
- SO / Family / CBO’s
- Prevention Information and Education
- Treatment & Recovery
OPIATES
- Opium
- Codeine
- Morphine
- Tramadol (Ultram)
- Methadone
- Buprenorphine (Subutex)
- Propoxyphene (Darvocet)
- Pethidine (Demerol)
- Hydrocodone (Lortab/Vicodin)
- Oxycodone (Percocet, Oxycontin)
- Hydromorphone (Dilaudid)
- Oxyamphetamine (Opana)
- Fentanyl
- Heroin (diacetylmorphine)

4 REASONS OPIATE USERS OVERDOSE
- Using alone
- Mixing with other opiates / downers / alcohol
- Variations in purity levels
- Clean system
  - Unexpected abstinence
  - Extended work / family time
  - Treatment / Recovery

SIGNS OF AN OPIATE OVERDOSE
- Blue, purple or pale extremities (lips, hands, ears etc.)
- Non-responsive
- "Snoring"
- Seizure
- Vomiting
- Nodding
- Drooling
- Slow, stopped or erratic breathing/pulse
- Limp body
- Clammy skin
SCARE ME

- Stimulate
- Call 911
- Airway
- Rescue Breathing
- Evaluate
- Muscle Injection
- Evaluate and Support

STIMULATION

Check to see if the person is conscious.

- Rub their chest bone with your knuckles.
- Pinch ear.
- Call out “Police” or “Naloxone.”
- Gently slap face.
CALL 911

- Only works on opiates.
- Medical professionals need to respond.

AIRWAY

- Make sure there is nothing inside the person’s mouth that will get pushed into the airway if you have to breathe for them.

RESCUE BREATHING

- 2 quick breaths every 5 seconds or 1 big breath every 7 seconds.
- Every minute without oxygen chances of revival decrease by 10%.
- Respiratory failure vs. Cardiac arrest.
EVALUATE

- Are they any better?
- Can you get Naloxone and prepare it quick enough that they won’t go too long with your breathing assistance?
- Be sure to breathe for yourself too!

MUSCULAR INJECTION

- Administer 1cc of Naloxone.
  - Thigh
  - Upper Arm
  - Butt
- Entire needle should be inserted into muscle.
- 1cc at a time with 3 minutes in between each cc.
  - Can’t overdose on Naloxone.
  - Can cause precipitated withdrawal.

EVALUATE AND SUPPORT

- Is the person breathing on their own?
- Is another dose of Naloxone needed?
- Naloxone wears off in 30-90 minutes.
- You will need to stay with them for 2 hours if 911 does not arrive. If there’s enough Opiate in the bloodstream the Overdose can come back once the Naloxone wears off, requiring another dose of Naloxone.
- Do not let them use more Opiates or any other drug upon revival.
SCARE ME

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ADMINISTRATION

- Narcan is administered intravenously (IV), subcutaneously (SC), intranasal (IN) or intramuscularly (IM).
- The duration of action is dependent upon the dose and route of administration of Narcan.
- IM administration produces a more prolonged effect than IV, less “intense.”

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NALOXONE MYTHS

- Naloxone does not cause physical or psychological dependence.
- Naloxone has NO EFFECTS on a person who doesn’t use opiates.
- “Naloxone Parties.”

- People who are active users are often first responders.
- Can improve the relationship between law enforcement and people who use drugs.
- Empowers (not enables) people to take control of their healthcare.
- Creates an opportunity to get into treatment.
  - Near death experience.
  - Feelings of shame.
  - Rock bottom.

“IF HE’S DEAD, HE CAN’T RECOVER.”

SOURCES

QUESTIONS?

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