Overdose Prevention and Response

Harm Reduction Coalition
DOPE Project
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Drug Overdose Deaths in the US:

- In 2014, there were 47,055 drug overdose deaths in the US, more than motor vehicle accident deaths, and a 6.5% increase from 2013.
- Among these, 28,647 (61%) involved opioids including heroin. Heroin deaths increased by 26% since 2013. Fentanyl deaths doubled from 2013. Rx opioid deaths increased 9%. Methadone stayed the same since 2013.
Rise in heroin overdose

### Heroin Use Has INCREASED Among Most Demographic Groups

<table>
<thead>
<tr>
<th>Category</th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.4</td>
<td>3.6</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>0.8</td>
<td>1.6</td>
<td>100%</td>
</tr>
<tr>
<td><strong>AGE, YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17</td>
<td>1.8</td>
<td>1.6</td>
<td>--</td>
</tr>
<tr>
<td>18-25</td>
<td>3.5</td>
<td>7.3</td>
<td>109%</td>
</tr>
<tr>
<td>26 or older</td>
<td>1.2</td>
<td>1.9</td>
<td>58%</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>1.4</td>
<td>3</td>
<td>114%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.7</td>
<td>--</td>
</tr>
<tr>
<td><strong>ANNUAL HOUSEHOLD INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>3.4</td>
<td>5.5</td>
<td>62%</td>
</tr>
<tr>
<td>$20,000-$49,999</td>
<td>1.3</td>
<td>2.3</td>
<td>77%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>1</td>
<td>1.6</td>
<td>60%</td>
</tr>
<tr>
<td><strong>HEALTH INSURANCE COVERAGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4.2</td>
<td>6.7</td>
<td>60%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4.3</td>
<td>4.7</td>
<td>--</td>
</tr>
<tr>
<td>Private or other</td>
<td>0.8</td>
<td>1.3</td>
<td>63%</td>
</tr>
</tbody>
</table>

### Heroin Addiction and Overdose Deaths are Climbing

- **Heroin-Related Overdose Deaths** (per 100,000 people): 286% increase
- **Heroin Addiction** (per 1,000 people)

**Sources:**
- National Survey on Drug Use and Health (NSDUH), 2002-2013.
US Narcan Distro 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.
FIGURE 2. Number* and location of local drug overdose prevention programs providing naloxone to laypersons, as of June 2014, and age-adjusted rates† of drug overdose deaths§ in 2013 — United States

* Total N = 644; numbers on map indicate the total number of programs within each state.
† Per 100,000 population.
§ CDC, National Center for Health Statistics; Compressed Mortality File 1999–2013 on CDC WONDER Online Database, released January 2015.
The DOPE Project

• Started in 2001, began providing Narcan in 2003
• Distributes intranasal and injectable narcan under standing order from Dr. Phillip Coffin
• Coordinates narcan distro at all needle exchange programs and sites, methadone (SFGH), and other community-based programs
• Over 6200+ trained
• Approx 2,000+ reported reversals—365 in 2014 alone, due to spike in ODs due to stronger heroin. 345 between June-October 2015 due to batch of fentanyl.
Current narcan distribution sites in SF:

- SF AIDS Foundation Syringe Access Services (city-wide)
- San Francisco Needle Exchange/Homeless Youth Alliance
- Glide Needle Exchange
- St. James Infirmary Needle Exchange
- UFO/VIP studies
- SF Drug Users Union
- Project Homeless Connect
- Martin De Porres Homeless Drop-in Center
- SF County Jail
- SRO Outreach with Women’s Community Clinic
- Mission Neighborhood Resource Center
- SF Homeless Outreach Team (SFHOT)
- Other programs as requested
What are opioids?

Drugs derived from, or similar to, opium
- Heroin
- Morphine (named after Morpheus – Greek god of sleep)
- Methadone
- Oxycontin (long acting oral opioid)
- Oxycodone (Percocet)
- Hydrocodone (Lortab, Vicodin)
- Fentanyl
- Many others

NOT Opioids:
- Cocaine or crack
- Methamphetamines
- Benzodiazepines (Xanax, valium, Ativan, Klonopin)
- Phenergan
- Seroquel
- Neurontin
- Muscle Relaxers (Soma, Flexeril)
- Alcohol

However, many overdoses contain one or more of the drugs on the right, in combination with opioids. Naloxone is still to be administered.
Opioids
Opioids:

- Dilaudid 8mg (hydromorphone)
- Vicodin (hydrocodone/acetaminophen) 10mg/300mg
- Roxicodone (oxycodeone) 30mg
- Kadian (morphine) 50mg
Opioids

Fentanyl patch 75 mcg

Norco (hydrocodone/acetaminophen) 10mg/325mg

Opana (oxymorphone) 10mg

MS Contin (morphine) 200mg
Oxycontin (oxycodone)
The ADF OxyContin
What puts people at risk for ODs?

- Mixing Drugs
- Variation in strength and content of ‘street’ drugs (purity), or strength/dosage of pharmaceuticals
- Switching mode of admin (snorting to injecting, eating pills to snorting, etc.)
- Tolerance changes (getting out of jail, leaving treatment, relapsing)
- New/experimenting users, no tolerance or dependence
- Using alone
- Physical Health (liver functioning, weight loss, asthma, immune system problems, dehydration, malnutrition, etc.)
## Recognizing a *Depressant* OD

<table>
<thead>
<tr>
<th>REALLY HIGH</th>
<th>OVERDOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscles become relaxed</td>
<td>Deep snoring or gurgling (death rattle) or</td>
</tr>
<tr>
<td></td>
<td>wheezing</td>
</tr>
<tr>
<td>Speech is slowed/slurred</td>
<td>Blue skin tinge- usually lips and fingertips</td>
</tr>
<tr>
<td></td>
<td>show first</td>
</tr>
<tr>
<td>Sleepy looking</td>
<td>Pale, clammy skin</td>
</tr>
<tr>
<td>Will respond to stimulation like yelling,</td>
<td>Heavy nod, will not respond to stimulation</td>
</tr>
<tr>
<td>sternum rub, pinching, etc.</td>
<td></td>
</tr>
<tr>
<td>Nodding out</td>
<td>Breathing is very slow, irregular, or has</td>
</tr>
<tr>
<td></td>
<td>stopped/faint pulse</td>
</tr>
</tbody>
</table>
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
As you determine that the person is unresponsive, have someone call 911 and state that the person is NOT BREATHING, UNRESPONSIVE, POSSIBLE OVERDOSE.

CA 911 Good Samaritan protections

All first responders in SF have narcan (police, fire, ambulances)

Person can refuse transport if conscious and over 18.
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**
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.
Using Narcan:

- Administer one dose intramuscularly into the upper arm, thigh (auto-injector) or nasally, one half in each nostril.
- Start Rescue Breathing
- Narcan should work in about 1–3 minutes, if it doesn’t work in 3 minutes or so give 2nd dose
- OD could come back, stay with the person or transfer care to EMS.
Intramuscular naloxone
Intranasal naloxone
New NARCAN product: Jan 2016
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.
Chest Compressions/CPR

New guidelines from the AHA suggest that chest compressions can be helpful in an overdose situation (in addition to a cardiac event).

If person knows chest compressions or feels comfortable performing them, they cannot hurt, can only help.

However: It is not your role to teach chest compressions during a 5-10 minute training, but do not discourage it.

This is a gray area of overdose response where there is not a lot of research but and a fair amount of disagreement.
Recovery Position
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 20 – 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.
Some last details....

• Protect Narcan from direct sunlight and extreme temperatures (59 to 86 degrees).

• Check the expiration date regularly.

• AB 635 Overdose Treatment Act, in effect as of January 2014 protects carriers, distributors and users of narcan
“My friend had OD’d the night before on strong dope, two days in a row. He had his own narcan, I used it on him. He had just gotten out of jail.” --1/12/12

“Someone in my building called me to check on a dude in another room. There were people in there screaming and crying, I walked in and saved the day!” --3/30/12

“I used my narcan on somebody. They got mad but thanked me for saving their life later.” --4/23/12

“My friend was doing fentanyl and drinking and went out. I did rescue breathing and gave two doses of narcan and saved him.” -- 6/1/12

“A guy on the street, a stranger to me, had taken some of that strong gunpowder that’s going around and overdosed. His friends asked me if I had narcan and I did, so I saved him.” --6/12/12

“My friend wasn’t really breathing or responding to a sternum rub, so I gave her narcan and woke her up” --7/15/12

“My friend was popping methadone pills and overdosed. I saved him with my narcan.” --8/5/12

“My neighbor knocked on my door on because he knew I had narcan” --8/16/12