Welcome!

While we setup, please look through your **workbook** and evaluations and connect to wifi.

We will collect your **evaluations** at the end.

Your **Facilitators** are ...

*Updated: 05/06/2020*
Overdose Recognition & Naloxone Administration

Date:
Learning Objectives

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.

All are listed in your workbook.
Learning Objectives continued...

5. Show ability to respond to an opioid overdose using naloxone.

6. Identify aftercare next steps, including where to refer to resources.

7. Define risk reduction messages and resources to share with clients and communities.

All are listed in your workbook.
Brainstorm

1. What is an opioid?

2. What have you heard about Naloxone?

3. What concerns you about using Naloxone?

5 minutes
Opioids

Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain.

https://www.cdc.gov/drugoverdose/opioids/terms.html
### Definitions Worksheet

<table>
<thead>
<tr>
<th>Word</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adverse Childhood Experiences</td>
<td>A. The use of medications with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of Substance Use Disorder.</td>
</tr>
<tr>
<td>2. Trauma</td>
<td>B. All types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.</td>
</tr>
<tr>
<td>3. Substance Use Disorder (SUD)</td>
<td>C. The recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.</td>
</tr>
</tbody>
</table>

Turn to **page 4** in your workbook.

Match the words on the left with the definitions on the right.

7 minutes

① 〇 〇 〇 〇 〇 〇 〇 〇 〇
Definitions

1. Adverse Childhood Experiences  B
2. Trauma  E
3. Substance Use Disorder (SUD)  C
4. Opioids  F
5. Fentanyl  D
Definitions continued...

6. Naloxone/Narcan
7. Harm Reduction
8. Medication Assisted Treatment (MAT)
9. Peer Support Services
10. Opioid Treatment Programs

Answers are in the back of the workbook pages 35-36.

Now, let’s fill in the blank together.

① 〇 〇 〇 〇 〇 〇 〇 〇
## Change the Language by Role Modeling

<table>
<thead>
<tr>
<th>Instead of these:</th>
<th>Use these:</th>
</tr>
</thead>
</table>
| Clean             | Negative (test)  
|                   | Not currently using substances  
|                   | Sterile (needle) |
| Dirty             | Positive (test)  
|                   | A person who is currently using substances  
|                   | Not sterile (needle) |
| Addict Alcoholic  | A person with substance use disorder  
|                   | A person with alcohol use disorder |

Turn to **page 5** in your workbook: *Fill in the blank.*

Instead of these:  Use these:

Abuse  Drug use
Dependence  If someone is diagnosed by a provider, say Opioid Use Disorder.

Former drug addict  A person in recovery

See page 6, *How can you tell if your prevention messages are stigmatizing?* Answers are in the back of your workbook.
The Opioid Epidemic

Drug overdose is the **leading cause of unintentional injury deaths** in the U.S. (25-64 yrs).¹

The majority of opioid overdoses happen... **at home, alone.**²

2+ Arizonans die per day from an opioid overdose.²

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². Data from ADHS June, 2018 Opioid Report: [https://azdhs.gov/opioids](https://azdhs.gov/opioids)
Understanding Addiction

Addiction is NOT a moral failing.
It is a chronic, relapsing brain disease.
➢ Changes brain functioning and structure.

Hereditary, environmental & social factors contribute.
Childhood Trauma & Substance Use

There is a strong correlation between childhood trauma and the development of substance use disorders.¹

ACEs: Adverse Childhood Experiences

Resiliency & Protective Factors help prevent & address ACEs.

Turn to pages 13-15 in your workbook:

Adverse Childhood Experiences,
ACEs Questionnaire, &
ACEs can be Prevented.

1. CDC and Kaiser Permanente
Risk Factors for Overdose

Mixing Drugs
• Ex: Opioids with Alcohol, Cocaine or Benzodiazepines (Xanax, Ativan).

Drug Purity, Quality
• Ex: Street drugs laced with fentanyl (50X more potent than heroin, and 100X more potent than morphine).

Low Tolerance
• Period of abstinence due to incarceration, hospitalization, or inpatient treatment.

Using Alone
• No one to call 911 or administer Naloxone.

Weak Immune System or Illness

4
Signs of an Opioid Overdose

Turn to workbook page 16: Signs of an Opioid Overdose.

• Unable to wake
• Blue or pale skin, lips, and nails
• Very limp body
Signs of an Opioid Overdose

- Slow heartbeat
- Slow/irregular breathing or absent
- Choking, gurgling sound
- Pinpoint Pupils
Video (9:37 minutes): Follow directions on page 17.

English: https://www.youtube.com/watch?v=xH04qvoKkhk

Español: https://www.youtube.com/watch?v=BG3Q2x8AW1A
5 minutes

 Move to a skills practice area.

 Introduce yourself to your facilitator.
Skills Practice

Learn how to use Naloxone/Narcan. See page 17 How to Use Naloxone.

15 minutes
Scenario 1: I’m doing a home visit with my client Esperanza. After talking with her for a few minutes, she seems “out of it” for the appointment. She talked about how her chronic pain has been bad and took more medications to help. Then she passes out!

I try to wake her up but she doesn’t respond to my voice and she doesn’t respond when I shake her.

What do I do?
Steps

1. Sternum Rub

If no reaction, **Call 911 and give Naloxone**

2. Rescue breathing. Follow 911 dispatcher instructions

3. After Naloxone, **stay with the person** for at least 3 hours or until help arrives.

Photo from [www.azdhs.gov/opioid](http://www.azdhs.gov/opioid), Opioid Safety and Naloxone Use
Scenario 2: You’re at home. You answer a knock at the door from a young friend who lives next door. He appears worried, “We were hanging out and Ricardo took some pills. He isn’t waking up, and he is breathing funny. Can you help?”

You think it’s an opioid overdose.

You remember you have an old naloxone/Narcan kit in your drawer.

It’s expired!

What do you do?

○ ○ ○ ○ ○ 5 ○ ○
Steps

1. Sternum Rub
2. If no reaction, Call 911 and give Naloxone
3. Rescue breathing. Follow 911 dispatcher instructions
4. After Naloxone, stay with the person for at least 3 hours or until help arrives.

Photo from www.azdhs.gov/opioid, Opioid Safety and Naloxone Use
Let’s return to our seats & review the **Parking Lot**
911 Good Samaritan Act*

Arizona Revised Statute (ARS) 13-3423

2018: a person cannot be prosecuted for drug or paraphernalia possession if:

• The person (a “Good Samaritan”) was seeking medical help for someone believed to be suffering from an overdose; and
• Drugs or paraphernalia are discovered as a result of the request for medical assistance.

The person who has overdosed and for whom a request for medical help is made by a “Good Samaritan” cannot be charged or prosecuted for drug or paraphernalia possession.

See page 18 in your workbook.

*Seek legal assistance for guidance.
Possible Side Effects of Naloxone

• Can cause an opioid withdrawal
• Fatigue
• Fever/sweating
• Loss of bowel/bladder function
• Upset stomach/vomiting
• Confusion, disorientation, irritation
• Increased heartrate/breathing
• Pain/aches
Aftercare 1

If the person cannot walk/talk well, it is important for EMS to take them to the hospital.

Some individuals refuse medical care

If possible, someone should **stay with the person for several hours and keep them awake.**

**Overdose is terrifying!**

**Overdose often catalyzes an individual to get help!**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739053/
Aftercare 2

Naloxone can last **30-90 minutes**.

Another overdose could happen whether additional opioids are taken or not.

**Naloxone will not cause an overdose**

**Naloxone does not work on other overdoses**

**Adverse effects are unlikely** even when Naloxone is administered to someone not overdosing on opioids

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739053/
Turn to **page 19** in your workbook: **Resources Activity**

5-10 minutes

1. Take out your cell phones, tablets, or computers.
2. Go to each website listed.
3. Search your zip code.
4. Write down your closest resource.
Community Resources in Arizona

1. Go to 211arizona.org (call Arizona 2-1-1) or Arizona Opioid Assistance & Referral Line

2. Find local Rx Drug Drop-Off Locations: Dumpthedrugsaz.org

3. Find Local treatment Services: Rethinkrxabuse.org

4. Find Naloxone: spwaz.org/arizonanaloxone/
Why don’t people get help?

- Limited treatment options
- Stigma: Drug addiction is the most stigmatized issue in the world\(^1\)
- Accepting “I have a disorder”
- Treatment Affordability, Accessibility
- Fear of withdrawal, arrest, isolation
- Don’t know where to go for help
- Unsuccessful attempts at quitting
- Losing things like a job, housing, relationships

1. World Health Organization
Relapse & Recovery

Relapse & remission are a normal part of the disease.

It can take years for someone to commit to rehabilitation & treatment.

Recovery and treatment are life-long processes.
Relapse is normal and common in traditional treatment programs, with relapse rates between 40-60%, similar to other chronic diseases (diabetes, asthma, hypertension).
How to Offer Support

See pages 22-26 in your workbook

1. Use motivational interviewing skills.
2. Remember we are not here to diagnose.
3. Recognize when and how to refer.
4. Use person first language.
5. Recognize who is at high risk for overdose and offer harm reduction tips.
Harm Reduction Tip Sheet

Turn to page 27 in your workbook

Don’t use alone.
Go slow.
Use a fentanyl test strip.
Know how to recognize the symptoms of an overdose.
Learn rescue breathing.
Carry Naloxone.

Refer to pages 28-31 for resources

Fentanyl Overdose Alert

There have been reports of fentanyl showing up in cocaine, crack, meth, pills, and heroin. Even if you’re not using downers, you may be at risk of unknowingly consuming fentanyl.

What is fentanyl?
Fentanyl is a fact-acting, extremely strong opioid. An opioid is a downer and acts like heroin, oxycodone, and morphine. Although it’s available by prescription, some fentanyl is being created in illicit labs and mixed into various drug supplies. Oftentimes, dealers aren’t even aware that they are selling a product that contains fentanyl.

What’s the danger?
A fentanyl overdose looks just like a heroin or other opioid overdose, but it comes on much faster. It’s often not possible to tell that your dope has fentanyl mixed into it, and it doesn’t mix consistently. So if you get a bag of pills, a few of them may contain fentanyl, and the rest may not.

Who is at risk?
Anybody using street drugs may be at risk of unknowingly consuming fentanyl and potentially experiencing an overdose. Remember, it’s not just in heroin, but could be found in upper like cocaine and meth. People who inject, snort, smoke, or swallow drugs are all at risk.

How can I stay safe?

Don’t use alone. If you fall out, nobody will be there to help. If you must use alone, don’t lock the door, and let somebody know where you’ll be if you can.

Go slow. You can always use more, but you can’t use less. Try a little and see how it affects you first before taking the whole pill, slamming the full dose, or snorting a big line.

Use a fentanyl testing strip to test your dope before you use. These can be purchased at www.dancesafe.org, and may be able to pick up fentanyl mixed into other drugs.

Know how to recognize the symptoms of an overdose. Fentanyl and other opioids make the body stop breathing. A person will become unconscious, then breathing will become shallow or abnormal, and their pupils will be pinpointed. Their skin may turn blue or gray. After a person stops breathing, they have 4 minutes until they die.

Learn rescue breathing. Put the person on their back, plug their nose, tilt their head back, and give them a deep breath every 5 seconds. If you don’t have naloxone or the naloxone isn’t working, do this until help arrives or until they gain consciousness.

Carry naloxone (Narcan), and make sure your friends carry it too. Naloxone is the opioid overdose rescue medication, and it will work on a fentanyl overdose. It is 100% legal to carry and administer in Arizona, and can be obtained for free through Sonoran Prevention Works. Visit www.spwaz.org or call 480-442-7086.
Parking Lot

Looking back at our parking lot, what questions do you still have? What are you still unsure about?

Image Credit: Melissa Quezada, AzCRH
Remember

1. People who use drugs aren’t bad people.
2. Substance Use Disorder is a chronic relapsing brain disease.

We can meet people where they’re at and not leave them there.

Save a life. Carry Naloxone.
Please return your completed evaluations to your facilitators.

Arizona Center for Rural Health

crh.arizona.edu