

IOAD 2019

Glueckert Funeral Home

Overdose Responder Training
Program



OPIOID OVERDOSE PREVENTION & REVERSAL

Overdose Responder Training
Program



192

The number of Americans who will die today from a drug overdose. (70,080+ in 2017 - 49,000 Opioid Related)

68,500

Approximate number of overdose deaths in 2018.

Two Thirds

The number of opioid-related overdoses in 2018.

2,086

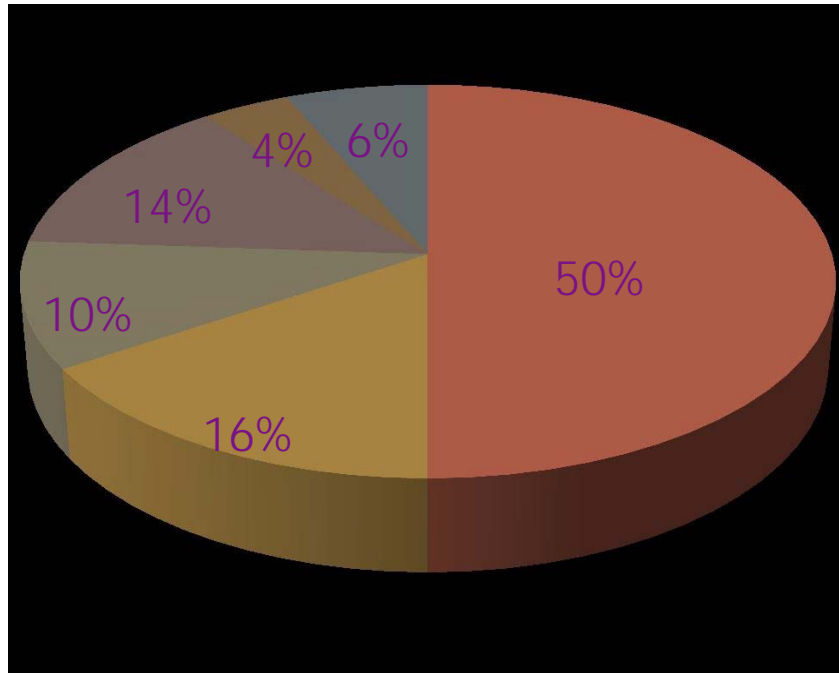
The number of Illinoisans who died from an accidental drug overdose in 2018.

Source: Centers for Disease Control and Prevention



<https://www.youtube.com/watch?v=aSMraUuZvuQ&feature=youtu.be>

YOUTH OPIOID USE



- Obtained free from friend or relative
- Prescribed by one doctor
- Bought from friend or relative
- Took from friend or relative without asking
- Got from drug dealer or stranger
- Other

Source: http://www.cdc.gov/HomeandRecreationalSafety/images/poisoning/rxbrief/sources_300w.png

191 million+

Prescriptions written in 2017

Equals 58.7 prescriptions of per 100 people in 2017

Source: Centers for Disease Control and Prevention

ILLINOIS

- The Chicago Metropolitan Area ranked first in the nation for emergency room visits associated with overdose or substance related health concerns.
- However, Illinois ranked first in the US for decrease in treatment — a 52% decrease in just 5 years.
- Illinois disposed of 43,408 pounds of unused prescription drugs in 2017 - which made up 21% of the national total.

Source: State of Illinois Department of Human Services, DEA
The Heroin Crisis and Illinois Treatment in National Perspective of August 2015

ILLINOIS PUBLIC ACT 096-0361

In summary, the law supports the following related to NALOXONE:

- Naloxone administration as a standard tool
- Naloxone use in an emergency/overdose scenario
- Naloxone training for all persons (non-health care professionals)
- Elimination of fear of liability or punishment in the event of use

911 GOOD SAMARITAN LAW

Who gets protection from prosecution? Everyone involved at the scene or just the caller?

Only the caller and the overdosing person receive protection. The law does NOT provide immunity to other individuals at the scene. It does not provide immunity to people who sold or gave the drugs to the overdosing person.

Does the law's immunity apply to an alcohol overdose that involves a minor?

Yes.

Does the law always apply if the person dies from the overdose?

It depends. As long as the caller sought medical attention for the overdosing person in good faith - meaning the 911 call was placed when the person was alive - the caller will still receive immunity from possession charges. However, if the caller is the person who gave or sold the victim the drugs that led to the overdose, the caller could be charged with drug-induced homicide if the person dies. In that case, the fact that the person tried to get medical help may be used by the judge as a condition for getting a shorter sentence.

OPIOIDS, OPIOID USE DISORDER, AND THE BRAIN

OPIOID BASICS

- Opioids are sedative narcotics
 - Opioids are used primarily in medicine to treat pain
 - Opioids may induce euphoria; some users feel warm, drowsy, and content
 - There are non-prescription opioids (ie. Heroin) as well as prescription opioids.
 - Opioids vary in duration of action and time to metabolize out
 - Duration of action and potency are influenced by means of ingestion
 - Opioids are depressants and at high doses or blood levels can suppress the urge to breathe.
-

OPIOID BASICS

Opioids vary in duration of action. Potency refers to the magnitude of effect. This varies based on drug type, method of ingestion and quantity used.

Drug	Duration	Potency
Methadone	24hr	++++
Heroin	6-8hrs	+++++
Oxycontin	3-6hrs	+++++
Codeine	3-4hrs	+
Demerol	2-4hrs	++
Morphine	3-6hrs	+++
Fentanyl	2-4hrs	+++++
		+++++



HOW DO OPIOIDS AFFECT THE BRAIN & THE BODY?

- Opioids attach to specific proteins called opioid receptors. They reduce the perception of pain, but not pain itself.
- Opioids can produce drowsiness, mental confusion, nausea, constipation, and can suppress respiration causing an overdose.
- Opioids affect the brain's reward region, creating a sense of euphoria.

FENTANYL FACTS

- Fentanyl is a synthetic opioid 50-100 times more potent than morphine
- Most fentanyl is illegally manufactured
- Increases in overdose have been associated with synthetic opioids, primarily fentanyl
- Fentanyl analogs: acetylfentanyl, furanylfentanyl, and carfentanil
- More or less strength (Varies) than fentanyl
- Fentanyl can be mixed into other drugs like heroin and cocaine or pressed into counterfeit pills.
- In 2016, fentanyl was responsible for almost 50% or 19,413 of the opioid-related deaths

Source: National Institute on Substance Abuse
Centers for Disease Control and Prevention

OPIOID USE DISORDERS (OUD)

- “Occurs when the recurrent use causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.” (SAMHSA)
- Symptoms:
 - Strong desire for opioids or unsuccessful efforts to cut down use
 - Inability to control or reduce use
 - Continued use despite interference with major obligations or social functioning
 - Important social, recreational, or occupational activities are given up or reduced due to use
 - Use of larger amounts over time
 - Recurrent opioid use in situations that are physically hazardous
 - Continued use despite knowledge of having physical or psychological problems that is likely caused or exacerbated by opioids
 - Craving or experiencing a strong urge to use opioids
 - Development of tolerance
 - Spending a great deal of time to obtain and use opioids
 - Withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

Source: American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders-5*

BEHAVIORS ASSOCIATED WITH SUBSTANCE USE DISORDER, DEPENDENCE, AND TOLERANCE

- Taking medications more frequently or at higher doses than prescribed
 - Compulsive drug seeking and use despite harmful consequences
 - Ingesting drugs in ways other than directed, such as crushing, snorting, or injecting
 - Frequent reports of lost or stolen prescriptions
 - Doctor shopping
 - Using multiple pharmacies
-

INCREASED RISK FOR OPIOID OVERDOSE

- Using while alone
- Poor physical health (liver disease, weight loss, smoking, etc.)
- Transient living – new dealers/new product
- Switching to injecting from sniffing or swallowing
- Ingesting opioids for long-term management of chronic cancer or noncancer pain
- Low tolerance, just coming out of jail, treatment, and or abstinence

WHAT IS ADDICTION?



SIGNS OF OPIOID INTOXICATION

- Pinpoint Pupils
- Nodding (but arousable)
- Sleepy, intoxicated, but breathing (8 or more times per minute)
- Slurred speech
- Scratching skin



SIGNS OF OPIOID OVERDOSE

- Pinpoint Pupils
- Not arousable (does not respond to sternal rub or painful stimuli)
- Breathing slow or stopped
- Choking/gurgling/snoring sounds
- Slow, erratic or no heartbeat
- Cold or clammy skin
- Blue lips or nails



RESPONDING TO AN OVERDOSE

NALOXONE / NARCAN

- Referred to as the opioid antagonist, opioid overdose antidote, opioid reversal medication
 - *Temporarily* allows an overdose victim to breathe normally.
 - Onset of action: 0-3 minutes
 - Duration of effect: 30-60 min
 - Counteracts life-threatening effect of opioids to suppress drive for breathing initiated by the brainstem. Dose can be repeated.
 - Will not make a person feel high. Naloxone can neither be misused nor cause overdose.
 - Is only effective for ingested opioids. Shows no benefit for other drugs
 - Will have zero effect if no opioids are ingested.
-

RESPONDING TO OPIOID OVERDOSE

“Scare me”

Stimulation

Call 911

Airway

Rescue breathing

Evaluate the situation

Mucosal-Nasal Injection
or Muscular Injection

Evaluate again

Step 1: Stimulate

Can you wake the individual? Do they respond to sternal rub?



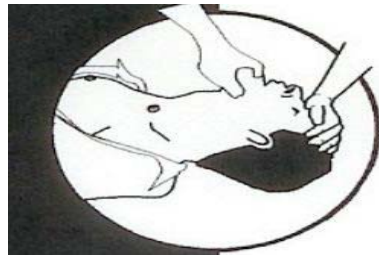
Step 2: Communicate with EMS

If no response, delirious, or altered state communicate with EMS for support and assess for pulse



Step 3: Airway & Rescue Breathing

If reduced or no breathing, perform rescue breathing.



STEP 3: RESCUE BREATHING

1. If breathing is reduced (less than 8x per minute) or non-existent perform rescue breathing:
 2. Roll the victim on their back
 3. Open the victim's mouth check to see that there is nothing that can block the airway. If any food or debris is inside the mouth, remove it with your finger.
 4. Place hand under the victim's chin and lift to open the airway. Be ready to turn the head to protect the airway if they vomit.
 5. Perform 2 rescue breaths
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STEP 4: NALOXONE INTERVENTION

1. Administer Naloxone
2. Continue rescue breathing, reassess, administer additional Naloxone dose - continue until patient responds, or EMS arrives.
3. Continue the rescue breathing/naloxone pattern until...
4. The victim starts to breathe on their own, or EMS arrives.



AFTER ADMINISTERING NALOXONE

- Naloxone takes effect within 3 minutes.
 - After injection, continue rescue breathing
 - If there is no change in about 30 seconds, administer another dose of naloxone and continue to breathe for the person.
 - If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, non-opioid drugs are the primary cause of the overdose (even if they have also taken opioids), or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).
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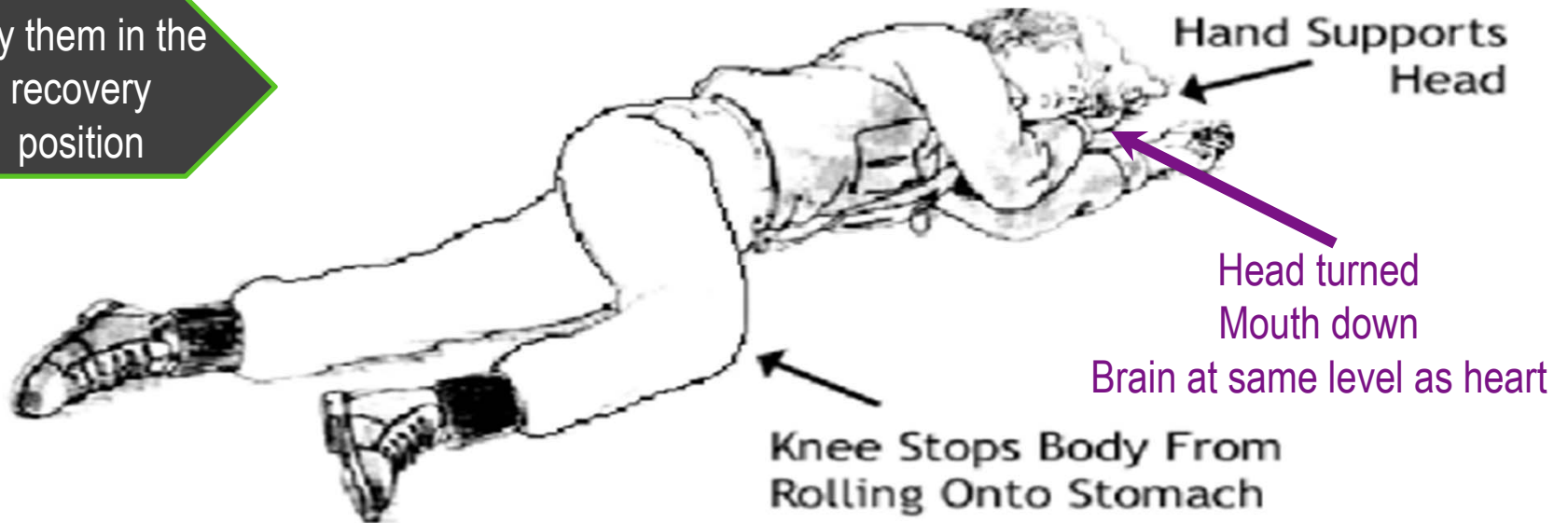
STEP 5: EVALUATE AND SUPPORT/AFTERCARE

- Coming off naloxone
 - Support is needed!
 - Using again will make the overdose worse when the naloxone wears off.
 - If you can, support the person as they deal with the discomfort, the naloxone will wear off and the withdrawal will fade.
 - Find out what the individual took. Opioids that last longer have longer lasting overdoses. (ie. heroin may last 6-8 hours).
-

STEP 5: EVALUATE AND SUPPORT

Recovery position, monitor, and support

Lay them in the
recovery
position



PROPER STORAGE

- Naloxone Auto-injectors must be kept between 59 and 86 degrees (do not leave it in a car, especially during hot or cold seasons)
 - Narcan Nasal Spray must be kept between 59-77 degrees
 - Naloxone vials must be kept between 68-77 degrees
 - Naloxone is light sensitive, keep out of direct light
 - As with any medications, **KEEP AWAY FROM CHILDREN**
 - If kept in perfect conditions, Naloxone will be effective beyond the expiration date.
-

PROPER DOCUMENTATION

- If Naloxone is administered, Live4Lali reports back to the state, explaining its use and the outcome.
 - Live4Lali must submit a form to the State of Illinois within 5 business days of use; therefore please let us know of an overdose reversal within 24 hours. You may contact Laura Fry at [laura @live4lali.org](mailto:laura@live4lali.org)
 - or 844-584-5254 x803.
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https://www.youtube.com/watch?v=RL4-Umip_Cc

Questions?!

YOU WANT



ANSWERS?!

memegenerator.net

Post-Test Answer Key

1. Which of the following drugs are opioids?

Heroin, Morphine, Fentanyl, Hydrocodone

2. Where do youth get MOST of their illicit prescription drugs from?

Obtained free from friend or relative.

3. When someone needs to take more drugs to reach the same feeling as they did before when they took a lesser amount refers to what?

Tolerance

4. What puts people at risk of overdosing?

All apply

5. Which of the following are symptoms of an opioid overdose?

Clammy skin, unresponsiveness to external stimuli, making a “snoring” sound

Post-Test Answer Key

6. According to the National Institute on Drug Abuse, of all drug overdose deaths in the United States, which of the following statements is true?

Opioids account for 68% of those deaths

7. How many people die of overdose every day in the US?

192

8. Approved in 2010, Illinois Public Act 096-0361 allows:

Authorization of trained responders to possess and administer naloxone to a person experiencing a drug overdose under Standing Order.

9. You must report any used, lost, or stolen naloxone you have received from our program to Live4Lali office within how many business days?

5

Post-Test Answer Key

10. Which drugs will naloxone work on? (Circle all that apply)

Heroin, Methadone, Fentanyl

11. Cocaine and other stimulants have what effect when taken with an opiate?

Increase risk of overdose

12. Which of the following drug effects lasts the longest?

Methadone

13. Opioid overdose can occur when: (Circle all that are true)

All

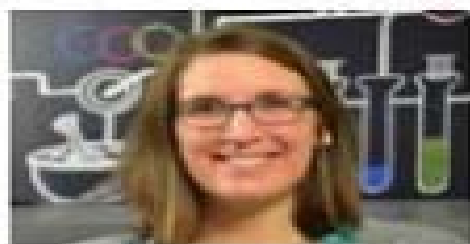
14. Which of the following indicates an opioid overdose?

Person is unresponsive to sternal rub

15. How long is Overdose Responder Certification good for?

3 Years

Naloxone Training Video Multi-Product



Video Host: Allyson Eichner, PharmD
Pharmacist with Kelley-Ross Pharmacy Group

<https://www.youtube.com/watch?v=xCqIooR9L5k&feature=youtu.be>