

Opioid Overdose Prevention for Public Safety and Law Enforcement

An educational group curriculum for public safety and law enforcement professionals



Boston Public Health Commission
Bureau of Addiction Prevention, Treatment, and Recovery Support Services
www.bphc.org/overdose

Funded by the Massachusetts Department of Public Health,
Bureau of Substance Abuse Services





Table of Contents

Acknowledgements.....2

Overview.....3

Topic 1:Introduction and Background Information.....4

Topic 2: Why is it important to focus on overdose prevention?.....6

Topic 3: Myths and facts about opioid overdose and reversal.....9

Topic 4: What are opioids/opiates?.....11

Topic 5: What is an opioid overdose and how can I identify one?.....13

Topic 6: What can I do if an opioid overdose is happening?.....16

Topic 7: Issues of importance to law enforcement and public safety workers.....20

Topic 8: Questions and answers.....23

Additional Resources.....27

Presentation Slides.....29



Acknowledgements

This project was informed by four community coalitions committed to reducing opioid overdose in Boston neighborhoods. We remain grateful and in debt to their tireless work to improve the health of Boston residents, families and communities whose lives are affected by addiction:

- ✦ Charlestown Substance Abuse Coalition;
- ✦ Jamaica Plain/ Roxbury Substance Use Coalition;
- ✦ South Boston Hope and Recovery Coalition; and the
- ✦ South End Healthy Boston Coalition.

Maya Doe-Simkins and Dharma Cortés authored the curriculum with input from Adam Butler, Devin Larkin, Rita Nieves and countless concerned friends, family members, drug users, social service providers, police officers, firefighters, emergency medical personnel, evaluators, local and national activists, public health and medical professionals, legislators, and recovery community members.



Overview

Synopsis

The goal of this 90-minute curriculum is to assist law enforcement and other public safety workers in responding to opioid overdose emergencies in an informed and timely manner. Through the implementation of this curriculum public safety officials will receive training to better understand the steps involved in addressing an opioid overdose situation and the steps that follow during an opioid overdose reversal. Emphasis is made on communicating the value of understanding and implementing an overdose reversal protocol within your agency.

Agenda

This curriculum session is organized into the following eight topic areas:

1. Introduction/Background Information (10 minutes)
2. Why is it important to focus on overdose prevention? (10 minutes)
3. Myths and facts about opioid overdose and overdose reversal (10 minutes)
4. What are opioids or opiates? (5 minutes)
5. What is an opioid overdose and how can I identify one? (10 minutes)
6. What can I do when an opioid overdose is happening? (20 minutes)
7. Issues of importance to public safety and law enforcement (15 minutes)
8. Questions and Answers (10 minutes)

Time Frame

- 90 minutes

Materials Needed

- Name cards/labels
- Flipcharts and markers
- PowerPoint slides- these are in the back of this curriculum and available electronically at www.bphc.org/overdose

Trainers are strongly encouraged to be very familiar with the content of this curriculum as well as the resources cited in the back of this curriculum. There are many projects that have developed varied and creative approaches to overdose prevention- being knowledgeable about them will be useful in answering questions and supporting brainstorming with people to whom this curriculum is being presented.

Before Participants Arrive

- Set up computer projector and upload PowerPoint slides
- Have attendance sheet ready on a nearby table



Topic 1: Introduction and Background Information

Description

- Welcome: The trainer welcomes participants
- Opening Activity: Introductions

Timeframe

- 10 minutes

Materials needed

- PowerPoint slides
- Flipchart

As participants arrive

- Welcome participants as they enter the meeting room
- Ask participants to sign attendance sheet

Opening activity

- Welcome participants to the session
- Trainer introduces him/herself
- Trainer asks participants to introduce themselves very briefly
 - Name
 - Reason why they are attending training session

Transition to Background Information

Tell participants that you are going to lead today's session and begin presenting the background information that led to the development and implementation of overdose prevention and overdose reversal training.

Tell participants that at the end of the training session they will know what steps to follow if they witness an opioid drug overdose, including the administration of a medication called Narcan that is used to stop or reverse an opioid overdose.



Opioid overdose prevention and reversal: Introduction and background

Ask this question

Based on your experience and observations, to what extent do you think drug overdoses are a big problem?

Write response on flipchart, after participants provide responses review them and provide positive feedback.

Show PowerPoint slides and present the following information

The problem of overdoses nationwide

- ⊕ Drug overdose is the number one cause of death among drug users in the United States. (Latkin, 2004)
- ⊕ More than half of the deaths that occur among heroin injection drug users are related to overdose. Overdoses kill more heroin injection drug users than AIDS, hepatitis, and other conditions that are related to their drug use. (Sporer, 1999)
- ⊕ In recent years, the use of pharmaceutical products combined with alcohol and street drugs have contributed to a significant increase in deaths. (Phillips, 2008)

The problem of drug overdoses in Massachusetts

- ⊕ According to the Centers for Disease Control (CDC), car accidents are the number one cause of accidental death in the country, however, there are 16 states where more people die from drug overdose— due to both legal pharmaceuticals and street drugs— than car accidents. Massachusetts is one of those 16 states. (Stobbe, 2009)
- ⊕ In 2008, 12 Massachusetts residents died every single week from drug overdoses. (MDPH, 2008)
- ⊕ Boston ranks higher than any other metropolitan area in the country for heroin mentions in emergency departments. (DAWN, 2009)

In light of these findings, the Boston Public Health Commission started an overdose prevention program that has since been implemented in other cities in the US. The program involves training individuals who have contact with drug users on reversing a drug overdose using a medication called Narcan.

After you present this information, ask for participants' reaction. Provide positive feedback.

Opioid overdose prevention and reversal: Why is it important?



Topic 2: Why is it important to focus on overdose prevention?

Description

Presentation & discussion: Participants are presented arguments in favor of overdose prevention from different perspectives: societal, service provider, user, and overdose responders.

Topic goal

To provide the philosophical foundation guiding the implementation of this training.

Time frame

- 10 minutes

Materials needed

- PowerPoint slides

Introduce the lesson

Point out that you will be presenting information that speaks to the importance of practicing overdose prevention and management from different perspectives.

Show PowerPoint slides

Societal perspective

- ⊕ Drug overdose is a health problem that affects some individuals directly (i.e., those who use drugs, their loved ones), others more indirectly (i.e., health care providers, law enforcers, emergency personnel), and the society at large (e.g., human and fiscal cost to society and government agencies). The wide-reaching impact that overdose-related deaths have on our society makes it a significant public health problem.
- ⊕ Overdose deaths can be prevented by laypeople.
- ⊕ Lives can be saved.
- ⊕ It is cost effective to reverse a drug overdose.
- ⊕ We all benefit from preventing overdose-related deaths: our clients and/or commu-



Opioid overdose prevention and reversal: Why is it important?

nity member's lives are saved; and we can reduce government costs by providing effective assistance instead of exclusively relying on medically trained personnel to provide first level of intervention.

Service provider perspective

- ⊕ When people begin using drugs again after a tolerance change (e.g., after abstinence-based drug treatment, incarceration, or sickness) they have an increased chance of overdosing.
- ⊕ Overdoses can be reversed.
- ⊕ Conversations about overdose prevention and reversal can provide another way for providers and clients to connect and develop rapport.

User perspective

- ⊕ The fact that overdose prevention and management programs exist send the message that people's lives are worth saving, that their lives are important, that the public health systems and community members do want programs like this around.
- ⊕ Training with drugs users suggests that exposure to overdose (OD) prevention may be a "teachable moment" whereby active injection drug users reflect on their addiction and become motivated to consider or enter detoxification to begin to address their addiction.
- ⊕ Overdoses can be reversed. The intervention works.
- ⊕ According to the Massachusetts Department of Public Health, from 2007 to 2009 4,300 people in Massachusetts were educated on how to recognize and manage an overdose and there were 500 reports of successful overdose reversals. (MDPH)
- ⊕ In all cases, the overdose was correctly diagnosed and managed.
- ⊕ Based on feedback gathered by the Boston Public Health Commission's AHOPE Harm Reduction Services, people reported being satisfied and comfortable with using Narcan. They say that they would use it again, and report that they would want it used on them in the event that they were overdosing.
- ⊕ Trained individuals were proud of their ability to manage the overdose situation and reported that the overdose education received allowed them to act more calm and functional when the OD occurred. Most participants reported that the person who had overdosed was grateful and did not have negative effects. Almost all trained individuals who reversed an overdose emphatically claimed that they "saved someone's life".

Overdose responder perspective

- ⊕ OD responders have reported positive interactions with public safety personnel (i.e., police, EMS, firefighters). For example, they have received praise such as:

Opioid overdose prevention and reversal: Why is it important?



- ⊕ “You definitely saved that person’s life”
- ⊕ “Good work!”
- ⊕ “How did you know what to do so well?”
- ⊕ “Well, this sure makes my job easier”
- ⊕ Overdose responders have also reported being criticized by public safety and law enforcement. Some examples of reported comments are:
 - ⊕ “It’s not worth it, people never learn.”
 - ⊕ “We’ll be better off when the dope fiends die off.”
 - ⊕ “What a waste of time and resources.”
- ⊕ OD responders have been criticized by people in recovery and substance abuse treatment providers
 - ⊕ Overdose prevention programs send the wrong message to people who use drugs or are trying to get clean. Critics believe that providing a safety net, such as the OD prevention program, prevents users from experiencing an event that may lead them to engage in recovery. However, as noted earlier, there are documented cases in which an overdose reversal has turned into a pathway to treatment.
- ⊕ Responders are proud of their involvement in overdose prevention.
 - ⊕ Saving a life makes people feel “like an angel or a doctor or something really important.”
 - ⊕ Drug-using peers perceive them as safe and responsible.
 - ⊕ They are viewed by peers as “experts” and have been able to encourage others to receive OD prevention training.

After you present this information, ask for participants’ reaction, and provide positive feedback.



Topic 3: Myths and facts about opioid overdose and reversal

Description

Presentation & Discussion: Participants are presented popular myths related to drug overdose and overdose reversal in order to correct erroneous information.

Time frame

- 10 minutes

Materials needed

- PowerPoint slides

Introduce the lesson

Explain that you will be presenting misinformed beliefs that the general public has about drug overdoses and overdose reversal and then correct the misinformation.

Show PowerPoint slides

Myths and facts

- ⊕ **Myth:** There is very little you can do when a person is having an opioid overdose since s/he could die instantaneously.

Fact: Death from OD is rarely instantaneous. This means that there is enough time to stop an overdose. A witness to more than one OD said, “ODs happen as a process. Someone slowly stops breathing.”

- ⊕ **Myth:** It is really hard to prevent a person from dying from a drug overdose since people usually use drugs in private.

Fact: The majority of OD occurs in the presence of others. This is why friends, family members, service providers, and medical emergency personnel can help prevent overdose fatalities. Opioid users talking to the Boston Public Health Commission’s needle exchange program indicate that more than 90% of them have seen an OD.

- ⊕ **Myth:** Preventing death due to an overdose is not easy. You have to complete a lengthy, difficult training.

Fact: OD can be reversed by rescue breathing and/or by giving the person a medication called Narcan (naloxone), which is easy to administer. It is a pre-

Opioid overdose prevention and reversal: Myths and facts



measured nasal spray that comes in a simple device. It has no adverse reactions and has no potential for abuse. People cannot overdose from Narcan.

- ⊕ **Myth:** It is a waste of time to give opioid users Narcan, since they are not capable of recognizing and managing an OD with Narcan.

Fact: Opioid users in several cities throughout the United States have been trained about OD prevention using Narcan, and have been able to save many lives.

- ⊕ **Myth:** The person who receives Narcan will react violently when the medication is administered and his/her OD is reversed.

Fact: In the past, some people have witnessed violent reactions to Narcan because of sudden withdrawal symptoms; however, the doses of Narcan are now more regulated by protocols. Also, the nasal administration is gentler on the victim and does not reverse the overdose as abruptly, thereby reducing acute withdrawal symptoms. Of the more than 500 overdoses reversed by non-medical personnel with Narcan in Boston, not one has reported violence or harm by the person overdosing.

- ⊕ **Myth:** The fact that drug users can have access to Narcan will postpone their entry into drug treatment, and it will also encourage riskier drug use.

Fact: After training active users on the use of Narcan, we have observed either consistent or reduced risky drug use. There are reports suggesting that some individuals who have experienced overdose reversal have decided to seek drug treatment. Also, some people who overdose are actually *already* in drug treatment. This is why it is so important to train service providers on the use of Narcan.

- ⊕ **Fact:** A person who received training on overdose reversal said, “It is a normal first thought [to think it is encouraging drug use], but if you take time to talk with someone who thinks this at first and explain that it is about preventing death and diseases, people usually understand.”

- ⊕ **Fact:** The use of Narcan means hope for active users, those in recovery, and users’ loved ones.

- ⊕ **Fact:** For service providers, Narcan provides another tool or opportunity to engage with clients.

After you present this information, ask for participants’ reaction, and provide positive feedback.



Topic 4: What are opioids/opiates?

Description

The goal of this part of the curriculum is to provide basic information for non-medical professionals about opioids, describe how they work and what they are used for, and describe what is *not* an opioid.

Time frame

- 5 minutes

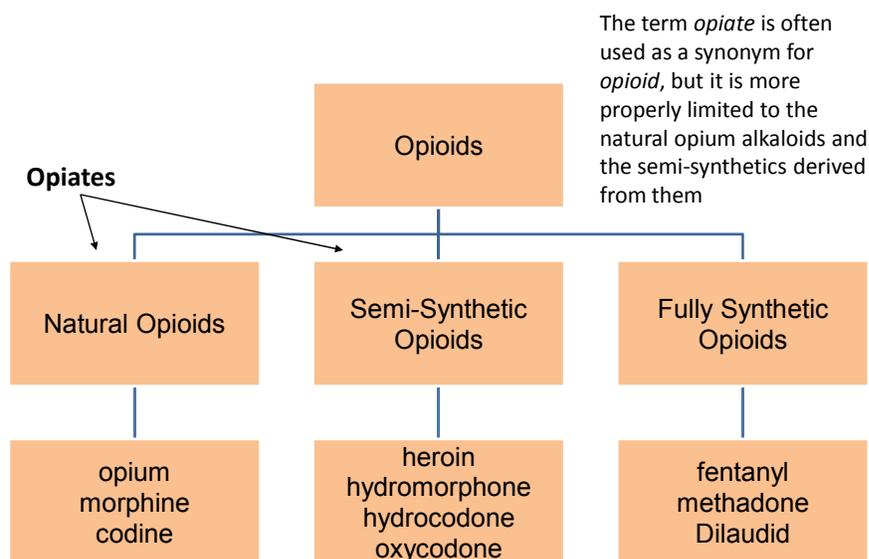
Materials Needed

- PowerPoint slides

Show PowerPoint slides and present the following information

- ⊕ Opioids are sedative narcotics containing opium or one or more of its natural or synthetic derivatives
- ⊕ Sedative narcotics dull the senses and induce relaxation
- ⊕ They are used medically to relieve pain

Take a moment to clarify the similarities and differences between opioids and opiates. Understanding the following graphic, which is also in the slide presentation that accompanies this curriculum, will be helpful:



Substances from all categories of opioids carry risk of overdose!!!

Opioid overdose prevention and reversal: What are opioids?



⊕ Opioids repress the urge to breath – due to a decreased response to carbon dioxide– leading to respiratory depression and death. Thus, when someone is having an opioid overdose, they stop breathing and may die.

⊕ Commonly used opioids are:

| | | |
|----------|-------------|-------------|
| Heroin | Dilaudid | OxyContin |
| Codeine | Methadone | Tylenol 3 |
| Demerol | Opium | Tylox |
| Morphine | Hydrocodone | Levorphanol |
| Darvocet | Oxycodone | Percocet |
| Fentanyl | Vicodin | Percodan |

Ask participants if they can think of additional opioids

Ask participants if they can think of pharmaceuticals that are not opioids, but have the potential to be abused or be habit-forming

Provide positive feedback



Topic 5: What is an opioid overdose and how can I identify one?

Description

This section is devoted to describe the signs and symptoms of an opioid overdose and understand what increases and decreases risk .

Time frame

- 10 minutes

Materials Needed

- PowerPoint slides

Show PowerPoint slides and present the following information

What is an opioid OD?

An overdose is when the body has more drugs than it can handle. People can overdose on lots of things, including alcohol, cocaine/crack, opioids or a mixture of drugs. Opioid overdoses happen when there are so many opioids or a combination of opioids and other depressants (downers) in the body that the brain shuts down breathing. This happens because opioids fit into specific receptors on the brain that have an effect on 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. The lack of oxygen from slowed or stopped breathing is the key dangerous aspect to an opioid overdose.

Combining opioids with benzodiazepines or alcohol increases the likelihood of an OD. Benzodiazepines are psychoactive drugs that have sedative, hypnotic, anti-anxiety, anti-convulsant, muscle relaxant, and amnesic actions, which are useful to treat alcohol dependence, seizures, anxiety, panic, agitation and insomnia. The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax.

How can you identify an opioid OD?

- ⊕ The person who is overdosing exhibits the following symptoms:
 - ⊕ Blue skin tinge (usually lips and fingertips show first)
 - ⊕ Body very limp
 - ⊕ Face very pale
 - ⊕ Pulse (heartbeat) is slow, erratic, or not there at all

Opioid overdose prevention and reversal: What is an opioid OD and how to identify one?



- ⊕ Throwing up
- ⊕ Passing out
- ⊕ Choking sounds or a gurgling/snoring noise
- ⊕ Breathing is very slow, irregular, or has stopped
- ⊕ Awake, but unable to respond

How to distinguish between being really high and an overdose

| REALLY HIGH | versus | OVERDOSE |
|---|--------|--|
| Muscles become relaxed | | Pale, clammy skin |
| Speech is slowed/slurred | | Very infrequent or no breathing |
| Sleepy looking | | Deep snoring or gurgling |
| Nodding but will respond to stimulation like yelling, sternal rub, pinching, etc. | | Heavy nod, not responsive to stimulation |
| | | Slow or no heart beat/pulse |

What puts people at risk for an OD?

- ⊕ **Changes in tolerance levels**– When a person uses opioids regularly, the body develops a tolerance to the drug and can tolerate more amount of drug than someone who is not used to taking opioids regularly. A lot of people overdose when they use again after taking a break from using drugs, which lowers their drug tolerance. This usually occurs when the person spends time in drug treatment or jail. People sometimes overdose from using the same amount of drug they were using before their tolerance dropped from not using regularly.
- ⊕ **Mixing drugs**– when people mix opioids with downers like alcohol or benzos. The more alcohol and/or downers someone has in their body, the less heroin needed to overdose. Speedballing- mixing and injecting heroin and cocaine- is a common practice. Some people wrongly assume that doing a speedball will “even the user out” because heroin is a depressant and cocaine is a stimulant. Actually, people who speedball are at higher risk for overdosing than people who use heroin or cocaine alone. This is likely because 1) the body has to process more drugs and 2) people who speedball usually inject more frequently with less time between shots than people who are using only heroin.



- ⊕ **Physical health**– If a person is suffering from other conditions or is ill they could have reduced tolerance to the drug, and thus experience an overdose.
- ⊕ **Previous nonfatal overdose**- people who have overdosed before may have drug use patterns that put them at risk for an overdose in the future. Also important is that experiencing a nonfatal overdose damages the body even if the person survives the overdose. This damage makes any possible future overdoses more risky and more likely to be fatal.
- ⊕ **Variation in strength and content of 'street' drugs**– sometimes the strength of the drug is stronger, the person does not know it, and uses the same amount as before, and then experiences an overdose. Other times, the drug's purity has been altered and that leads to an overdose.

A few words about benzos:

- ◇ **They are long acting (at least a day, usually)**
- ◇ **They impair your short-term memory. So you can actually forget how many benzos or how much heroin you have used in the last 24 hours- this could put someone in danger for an OD!!**
- ◇ **They are really really common and easy to find on the street**
- ◇ **They are cheaper than heroin**
- ◇ **They are frequently necessary for mental health reasons- there is a high comorbidity between substance abuse disorders and mental illness like anxiety, depression, and post-traumatic stress disorder**
- ◇ **People use benzos to get well- makes people who are in withdrawal feel better**
- ◇ **People use benzos to get jammed- enhances the effects of heroin (or methadone, etc)**

One way to prevent an overdose from becoming fatal is administering Narcan to the person that is exhibiting early signs of an overdose. This is when you can play an important role in the prevention of an overdose!

How can a person avoid an OD?

- ⊕ Being aware of personal tolerance changes
- ⊕ Knowing drug purity
- ⊕ Avoiding mixing drugs or being strategic in how, why, and the order that mixing drug happens
- ⊕ Avoiding using alone
- ⊕ Personal control of the drug preparation and injection process
- ⊕ Using tester shots

**Topic 6: What can I do if an opioid overdose is happening?****Description**

The goal of this part of the curriculum is to teach participants the steps—including overdose reversal—that they should follow when witnessing someone having an opioid overdose.

Time frame

- 20 minutes

Materials Needed

- PowerPoint slides
- Video (embedded in PowerPoint file and available separately at www.bphc.org/overdose)

Show PowerPoint slides and present the following information

If you witness someone having an opioid overdose, follow these steps:

Step 1: Assess the signs to confirm person is experiencing an overdose

- ⊕ Refer to the signs and symptoms described in Topic 5

Step 2: Stimulate the person

- ⊕ Call the person's name loudly. If they respond, they are probably not overdosing, though it is a good idea to watch them closely
- ⊕ Do a sternal rub: rub knuckles hard up and down breast bone

Step 3: Call 911

It is important to call 911. The following issues/beliefs are very common concerns:

- ⊕ Fear of legal risk (outstanding warrants, DCF involvement, loss of public housing)
- ⊕ Embarrassment because the client is supposed to be “clean” to be able to receive treatment or utilize certain services.



Opioid overdose prevention and reversal: What can I do if an overdose occurs?

It is important to know that these concerns rarely play out in reality. It is not the priority of public safety personnel and law enforcement to get people in trouble when there is a medical emergency that needs immediate attention. Also, even though social service programs have rules that their clients should follow, there is always a possibility that someone will not follow them. **Calling 911 and making sure that someone is safe is very important during an overdose.**

When you call 911, say: "A client/person is unconscious/not breathing"; and provide location.

Step 4: Do rescue breathing (mouth-to-mouth)

1. With the person on their back, listen to make sure that the person is not breathing
2. Use the chin-lift method to open the airway– place hand under chin bone and lift
3. Give 2 slow breaths.
4. Blow enough air into their lungs to make their chest rise.
5. Turn your head after each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again. Count one-one thousand, two-one thousand, three-one thousand, four-one thousand.
7. Breathe again every 5 seconds.



Continue this pattern until:

- ⊕ The person starts to breathe on their own
- ⊕ An ambulance comes.
- ⊕ Someone else can take over for you.
- ⊕ You are too exhausted to continue.

Step 5: Administer Narcan (naloxone)

What is Narcan?

Narcan (naloxone), is an opioid antagonist (i.e., an agent that binds to the body's opioid receptors thereby blocking the activity of opioid drugs, such as heroin, and endorphins) that is used to reverse the effects of an opioid overdose. A receptor is a specialized cell

Opioid overdose prevention and reversal: What can I do if an overdose occurs?



or group of nerve endings that responds to sensory stimuli. By binding to an opioid receptor, Narcan does not allow the opioid drugs to have an impact on the person's brain. Narcan is the antidote to an opioid overdose.

Narcan is both safe and effective and has no potential for abuse.

It is not a controlled substance but is a scheduled drug that requires a prescription and is currently used by paramedics and emergency medical technicians in ambulances.

- ⊕ In Massachusetts, it is legal for a non-medical person to administer Narcan (naloxone) to someone else in order to treat a potentially fatal overdose.
- ⊕ Federal regulation requires a prescription to obtain Narcan. In Massachusetts, a person who might witness and overdose can get it at any one of eight different pilot programs. For specific information and locations, call the Massachusetts Substance Abuse Information and Education Helpline at 800.327.5050.

How to administer Narcan: (*show video*)

1. Pop off two yellow caps and one red cap
2. Hold spray device and screw it into the top of the delivery device
3. Screw medicine gently into delivery device
4. Spray half of the medicine up one side of the nose and half up the other side

Step 6: Monitor and support

After administering Narcan, continue to provide rescue breathing until reverses the overdose and the person starts to breathe on their own. In 3-5 minutes, if the person doesn't respond, administer the second dose of Narcan that comes in OD kits. **The most important thing is that the person continues to get oxygen, whether through their own efforts or your rescue breathing.**

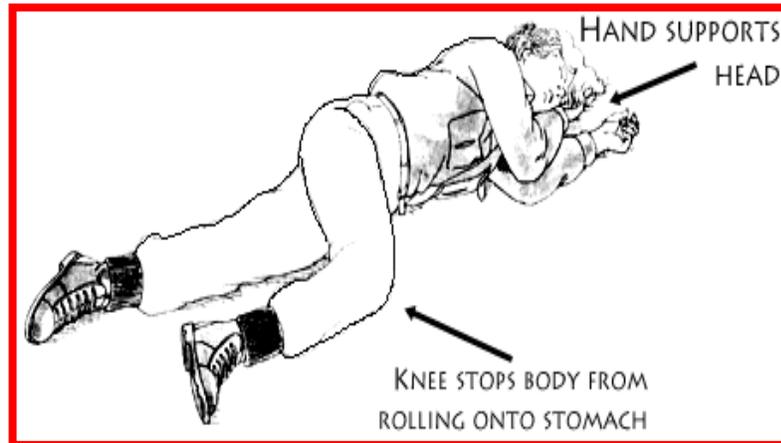
Once the person responds to the Narcan, it is important to monitor and support until the EMTs assume care or the Narcan wears off/ Narcan only lasts between 30 – 90 minutes, but the effects of the opioids may last much longer. A heroin overdose may last several hours and a methadone or another extended release opioid overdose may last for longer. It's possible (though uncommon) that after the Narcan wears off the person could begin overdosing again. It is important that someone stay with the person and wait out the risk period just in case another dose of Narcan is necessary. Narcan can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain. Sometimes people want to use again immediately to stop withdrawal feelings. This could result in another overdose. Try to support the person during this time period and encourage them not to use for a couple of hours.



Opioid overdose prevention and reversal: What can I do if an overdose occurs?

The recovery position

If you must leave the person alone— even for a few minutes— put him/her into the recovery position so s/he won't choke. The recovery position puts the person on their side with the top leg bent at the knee, the



bottom arm extended above the head, and the top arm bent at the elbow with the hand under the face as if it were a pillow.

Avoid old school methods of reversing an overdose

While some methods may have worked in certain situations, they won't work for serious overdoses. Instead of trying old school or street methods for reversing an overdose, rescue breathing and Narcan are a proven alternative. Therefore, do NOT do any of the following:

- ⊕ Leave the person alone—they could stop breathing
- ⊕ Put them in a bath—they could drown or get too cold and further slow down breathing
- ⊕ Induce vomiting—they could choke and vomiting won't decrease the amount of opioid in the body
- ⊕ Give them something to drink—they could throw up
- ⊕ Put ice down their pants- it'll make their pants wet! Cooling down the core body temperature of someone who is overdosing is dangerous because it will slow down their body function even more than just the OD.
- ⊕ Try to stimulate them in a way that could cause harm- slapping too hard, kicking in the testicles, burning the bottom of the feet, etc. since it can cause long-term damage.
- ⊕ Inject them with anything (saltwater, cocaine, milk)—it won't work any more than physical stimulation and can waste time or make things worse depending on what you inject. And every injection brings a risk of bacterial infection, abscesses, and other complications.

The fact that old school methods exist means people DO care about responding to overdoses. Usually a person dies from an OD not because people didn't do anything, but because people used methods that were only sometimes effective. Old school street methods of responding to an OD can be thought of as an example of creativity and concern for fellow community members.

After you present this information, ask for participants' reaction or any questions, and provide positive feedback.



Topic 7: Issues of importance to law enforcement and public safety workers

Description

This part of the curriculum provides the opportunity to discuss participants' thoughts and biases toward overdose prevention that emerge from perceived contradictions between job-related duties and overdose prevention related activities.

Time frame

- 15 minutes

Materials Needed

- Flipchart
- PowerPoint slides

Ask participants this question: "What do you think about overdose prevention in light of your work duties?" and write answers on flipchart. Acknowledge that their answers are important and relevant and then cover the topic areas outlined below.

Show PowerPoint slides

Say something like this: "Up until now, we've spent most of our time talking about how important overdose prevention is; why we should all be engaged in doing what we can to prevent overdoses; and how simple and safe it is if we have the right information and materials. Now it is time to talk about the way many of us feel about the work we do and how dealing with issues related to drug addiction could make us feel uncomfortable or resentful."

Acknowledge concerns about workload

Sample response: "People in public safety encounter very difficult topics and situations every day. The thought of adding one more thing to an already long list of duties and responsibilities is hard to imagine. However, feedback received from public service personnel that have undertaken overdose prevention suggests that:



- ⊕ They have been able to engage a wide array of community members by speaking about or engaging in overdose prevention. This has resulted in positive interactions between substance users and police officers responding to an overdose situation, particularly when substance abusers have received training on how to reverse an overdose. Shared knowledge about overdose reversal has led to a less adversarial relationship.
- ⊕ Concerned community members who have come into contact with public safety personnel familiar with OD prevention have been impressed and pleased that public safety personnel have been willing and able to speak knowledgeably about this issue .

Acknowledge perceived interference with job mission

Sample response: “First responders, particularly police officers, have expressed that focusing on overdose prevention could be perceived as “turning a blind eye” to illegal activities. For example, some feel that by not using the opportunity to address the illegal activities leading to an overdose, they are not able to address the factors contributing to drug-related activities. Although this is absolutely true, it is important to remember that when police officers respond to an overdose-related 911 call, the main goal is to secure the scene and to ensure the safety of the other first responders. In addition to this, it is important to make sure that people witnessing an overdose situation not fear calling 911. Arrests and “making examples” at overdose scenes could spread the fear of calling 911 for an overdose.

Ask participants how they understand the mission of their work and draw parallels between their mission and the mission of keeping people safe and alive through overdose prevention

Acknowledge perceived misuse of public resources

Sample response: “Drug addiction is, by definition, recurring. This means that the same people may find themselves in the same situation (e.g., overdosing or requiring public safety resources) repeatedly, and many of us experience a great deal of frustration, sadness, or anger when we witness individuals’ inability to break the cycle. Many of us feel that this leads to a disproportionate use of limited available services by a small group of individuals, and makes us wonder if it will ever come to an end.

Acknowledge public service personnel’s commitment to community public safety

Sample response: “Public safety and law enforcement are committed to “protect” com-

Opioid overdose prevention and reversal: Issues important to public safety and law enforcement



munity members from being around or witnessing drug users within a community. Unfortunately, many communities have members that use drugs. This means that, inevitably, some community members will witness the negative impact of substance use such as an overdose. The fact that public service personnel have received overdose prevention training could help turn a negative situation into one that fosters further collaboration between public safety personnel and community members.”

Say: “We are here to contribute to the important goal of saving a person’s life. It is clear that your interaction with people in the community in which you work puts you in contact with individuals who run a chance to experience a drug overdose. For example, during a regular patrol you may witness an overdose.

Ask participants how this information might be supportive on the job, in what contexts, locations, etc. Write responses and support any group conversation that comes out of participant responses

As a result, you are in a position to be able to help save lives and to do it in a way that does not require a great deal of effort or fear. You have what it takes to save someone’s life even if you disagree with their drug use. You also deserve to be safe in situations such as a drug overdose scene. The fact that you are familiar with what to expect in such situations will lead to better management of the situation for all people involved. Remember that even though witnessing a client overdosing may trigger frustration and disappointment, through this training we are focusing on trying to save people’s lives and keep people healthy. We are not enabling drug users to continue using drugs. We are enabling ourselves and the community we serve to save a life and prevent the sorrow and trauma that comes with an avoidable death.”

After you present this information, ask for participants’ reaction. Provide positive feedback.



Topic 8: Questions and answers

Description

The last section of the training session is devoted to answer any questions participants may have, and to distribute educational materials and other relevant information such as safe syringe disposal and pharmaceutical drug disposal services.

Time frame

- 10 minutes

Tell participants that there are several frequently asked questions that you will go over, but ask if they have any specific questions that they would like answered.

After answering participant-generated questions and if time allows, show PowerPoint slides

Is Narcan that stuff that you stick through the heart, like in that movie Pulp Fiction?

- ⊕ No, the movie is likely portraying an adrenaline shot, which is not similar to Narcan. While Narcan does have an injectable form, it is never injected into the heart. The injectable form of Narcan is injected either intravenously or intramuscularly. The mode of administration used in the Massachusetts overdose prevention project is intranasal- a spray that goes up the nose. The dramatic difference between the character overdosing and the character after receiving the medicine is a possible, although uncommon, scenario with Narcan.

What role does your liver play in an overdose?

- ⊕ The liver is extremely important and can affect overdose risk and experience. The liver processes many drugs in a person's body.
- ⊕ If the liver is damaged or not functioning properly, it could cause a back-up of drugs in the body, causing an OD.
- ⊕ A person whose liver isn't functioning properly could have more frequent overdoses.
- ⊕ The most common causes of poorly functioning livers are:
 - ⊕ Viral hepatitis infection (hep A, B, C)

Opioid overdose prevention and reversal: Questions and answers



- ⊕ High consumption of liver damaging substances. Alcohol and acetaminophen (Tylenol) are the most common (remember that Percocet, Vicodin, others contain acetaminophen!)
- ⊕ Fatty diets

How do we get Narcan?

- ⊕ It depends. In Massachusetts, your local overdose prevention program provides free Narcan to substance users and friends and family of users (a list is available by searching the Massachusetts Department of Public Health(MDPH) website for “overdose” www.mass.gov or calling the Massachusetts Substance Abuse Information and Education Helpline at 800-327-5050).
- ⊕ If your local overdose prevention program is unable to provide you with Narcan, contact MDPH: 617-624-5136 or at Sarah.Ruiz@state.ma.us.

Will Narcan work on an alcohol overdose?

- ⊕ Narcan will not work on an alcohol overdose, only opioid overdoses. If it is an alcohol overdose that also involves opioids, it might help by dealing with the opioid part of the OD. If you think that opioids are in any way involved with the overdose, it is worth it to give the person Narcan while you wait for EMS to arrive.

What if it is a crack/coke or speed/methamphetamine overdose?

- ⊕ Narcan will only work with opioid overdoses. If it is a cocaine or speed overdose that also involves opioids, it might help by dealing with the opioid part of the OD. If you think that opioids are in any way involved with the overdose, it is worth it to give the person Narcan while you wait for EMS to arrive
- ⊕ Unfortunately, there isn't a medicine that works on these types of ODs as Narcan works on opioid overdoses. People have developed various ways to manage their own or someone else's speed overdose. Just a few examples include:
 - ⊕ Taking deep calming breaths
 - ⊕ Going for a walk
 - ⊕ Going a cool and/or dark place
 - ⊕ Taking a benzodiazepine or other downer

What is the risk period for an overdose to reoccur after giving Narcan?

- ⊕ It depends on:



Opioid overdose prevention and reversal: Questions and answers

- ⊕ how quickly the person's body processes things
- ⊕ how much drug they used in the first place
- ⊕ how well the liver is working
- ⊕ whether the person is using drugs again
- ⊕ Narcan is active for about 30 – 90 minutes in the body. So if you give someone Narcan to reverse an opioid overdose, the Narcan may wear off before enough of the opioids wear off and the person could go into overdose mode again.
- ⊕ Because Narcan blocks opioids from acting in the brain, it can cause withdrawal symptoms in someone that has a habit. After giving someone Narcan, they may feel dope sick and want to use again right away. It is important that they do not use again for a couple of hours because they could overdose again once the Narcan wears off.

Am I protected against a lawsuit for giving a person who is overdosing Narcan?

- ⊕ According to the legal opinion of the Massachusetts Department of Public Health General Council:
 - ⊕ *Responder means an individual trained in accordance with Department policy in the administration of Narcan to injection drug users experiencing overdose, and authorized by standing order of the Medical Director to administer Narcan to an injection drug user experiencing overdose.*
 - ⊕ *A Responder may possess and administer Narcan to an injection drug user experiencing a drug overdose, as directed by a standing order duly issued by the Medical Director.*
 - ⊕ *Rationale: M.G.L. c.94C, s.7(e) provides that an "ultimate user ...may lawfully possess or administer a controlled substance at the direction of a (physician) in the course of professional practice." In the case of Narcan possession and administration, the Responder shall be regarded as the ultimate user.*

What if the person isn't even overdosing and I give them Narcan? Will it hurt them?

- ⊕ Narcan has no effect on someone who has no opioids in their system
- ⊕ It will not help anyone who is having a different kind of overdose than an opioid overdose (like cocaine, methamphetamine, non-opioid pills, or alcohol), but it will not hurt them either.

Opioid overdose prevention and reversal: Questions and answers



Concluding remarks

- Thank participants for attending the training
- Ask whether they have any questions or comments regarding the topics covered
- Provide handouts and any other informational materials
- Be prepared to make referrals to get Narcan, substance abuse treatment, and family support resources



Additional resources

- The report to the Board of Directors of the Boston Public Health Commission on the Opiate Overdose Prevention and Reversal Pilot Program using Nasal Narcan can be found at www.bphc.org/overdose.
- The Massachusetts Department of Public Health's Bureau of Substance Abuse Services (BSAS) compiled a comprehensive literature review. It can be accessed at: <http://www.hcsm.org/sphere/ODPrevention/research.htm>

Reviewing the available literature has informed the overdose prevention process in Massachusetts, including this curriculum. There are several information sources in particular that are referenced:

- Latkin, C.A., Hua, W., Tobin, K. Social network correlates of a history of non-fatal overdose. *Drug and Alcohol Dependence*, 2004. 73(1):61-67.
- Sporer KA. Acute heroin overdose. *Ann Intern Med*. Apr 6. 1999;130(7):584-590.
- Phillips, D, Barker, G., Eguchi, M. A Steep Increase in Domestic Fatal Medication Errors With Use of Alcohol and/or Street Drugs. *Arch Intern Med*. 2008;168 (14):1561-1566.
- Stobbe M, "CDC: Drug deaths outpace crashes in more states," *The Associated Press*, September 30, 2009.
- United States Department of Justice. "National Drug Threat Assessment 2010." February 2010 <http://www.justice.gov/ndic> (Accessed July 15, 2010).
- 2007: National Estimates of Drug-Related Emergency Department Visits, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2010. <https://dawninfo.samhsa.gov/pubs/edpubs/> (Accessed May 15, 2010)
- SPHERE produced a report titled *Overdose Prevention in Drug & Alcohol Treatment in Massachusetts*. It is available at: <http://www.hcsm.org/sphere/ODPrevention>
- An article by Coffin and colleagues (Coffin PO, Fuller C, Vадnai L, Blaney S, Galea S, Vlahov D. Preliminary evidence of health care provider support for naloxone prescription as overdose fatality prevention strategy in New York City. *J Urban Health*. Jun 2003;80(2):288-290.) suggests that there may be support for expanded overdose prevention among healthcare providers:

ABSTRACT Preliminary research suggests that naloxone (Narcan), a short-acting opiate antagonist, could be provided by prescription or distribution to heroin users to reduce the likelihood of fatality from overdose. We conducted a random postal survey of 1,100 prescription-authorized health care providers in New York City to determine willing-

Opioid overdose prevention and reversal: Resources



ness to prescribe naloxone to patients at risk of an opiate overdose. Among 363 nurse practitioners, physicians, and physician assistants responding, 33.4% would consider prescribing naloxone, and 29.4% were unsure. This preliminary study suggests that a substantial number of New York City health care providers would prescribe naloxone for opiate overdose prevention.

- An article by Doe-Simkins, Walley and colleagues (Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health*. May 1, 2009 2009;99(5):788-791.) describes some preliminary success of Boston-based overdose prevention efforts:

ABSTRACT Administering naloxone hydrochloride (naloxone) during an opioid overdose reverses the overdose and can prevent death. Although typically delivered via intramuscular or intravenous injection, naloxone may be delivered via intranasal spray device. In August 2006, the Boston Public Health Commission passed a public health regulation that authorized an opioid overdose prevention program that included intranasal naloxone education and distribution of the spray to potential bystanders. Participants were taught by trained nonmedical needle exchange staff. After 15 months, the program provided training and intranasal naloxone to 385 participants who reported 74 successful overdose reversals. Problems with intranasal naloxone were uncommon. Overdose prevention education with distribution of intranasal naloxone is a feasible public health intervention to address opioid overdose.

- There are many overdose prevention models and pilots in the country. Consider looking into them by using the internet to locate materials, publications, anecdotes, lessons learned, and local resources. Just a few examples are:
 - <http://sites.google.com/site/nomadoverdoseproject/home>
 - <http://www.learn2cope.org/>
 - <http://www.moar-recovery.org/>
 - <http://www.harmreduction.org/>
 - <http://www.projectlazarus.org>
 - <http://www.baltimorehealth.org/stayingalive.html>
 - http://www.nyhealth.gov/diseases/aids/harm_reduction/opioidprevention/
 - <http://www.anypositivechange.org>



Presentation slides



Opioid Overdose Prevention and Reversal Training

For Public Safety Professionals and Law Enforcement

1



Topics To Be Covered

- Introduction & background information
- Why is it important to focus on overdose prevention?
- Myths and facts about drug overdose and overdose reversal
- What are opioids or opiates?
- What is an opioid overdose and how can I identify one?
- What can I do if an opioid overdose is happening?
- Specific concerns for public safety and law enforcement professional
- Questions and answers

2



The problem of drug overdoses nationwide

- Drug overdose is the number one cause of death among drug users in the United States (Latkin, 2004)
- Overdoses kill more heroin injection drug users than AIDS, hepatitis, and other conditions that are related to their drug use (Sporer, 1999)
- Between 1984 and 2004, deaths from mixing pharmaceuticals with alcohol and/or street drugs increased 3196% (Phillips, 2008)

3



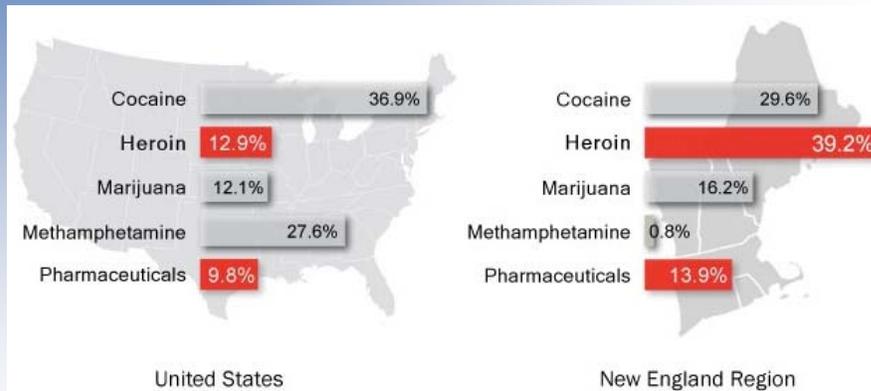
The problem of drug overdoses in Massachusetts

- Car accidents is the number one cause of accidental death in the country, except for 16 states where more people die from drug overdose. **Massachusetts is one of those 16 states** (CDC, 2009)
- In 2008, 12 Massachusetts residents died every single week from drug overdoses (MDPH, 2008)

4



National & Regional Drug Threat



Source: National Drug Intelligence Center's National Drug Threat Survey 2009



The problem of fatal and non-fatal drug overdoses in Boston

- Boston ranks higher than any other metropolitan area in the country for heroin mentions in emergency departments (DAWN, 2010)



Why is it important to focus on overdose prevention?

- Overdose affects some individuals directly others more indirectly and the society at large
- Overdose deaths can be prevented by laypeople
- Lives can be saved
- Conversations about overdose prevention and reversal can provide another way for providers and clients to connect and develop rapport

7



Why is it important to focus on overdose prevention?

- The fact that overdose prevention programs exist send the message that people's lives *are* worth saving, that their lives *are* important, that the public health systems and community members *do* want programs like this around
- Overdose responders are proud of their involvement in overdose prevention
 - Saving a life makes people feel “*like an angel or a doctor or something really important.*”

8



Myths about overdose and reversal

- There is a very little you can do when a person is having an opioid overdose since he/she could die instantaneously
- It is really hard to prevent someone from dying from a drug overdose since people usually use drugs in private
- Preventing death due to an overdose is not easy and you have to complete a lengthy, difficult training

9



Myths about overdose and reversal

- It is a waste of time to give opioid users Narcan, since they are not capable of recognizing and managing an OD
- The person who receives Narcan will react violently when the medication is administered and his/her OD is reversed
- The fact that drug users can have access to Narcan will postpone their entry into drug treatment, and it will also encourage riskier drug use

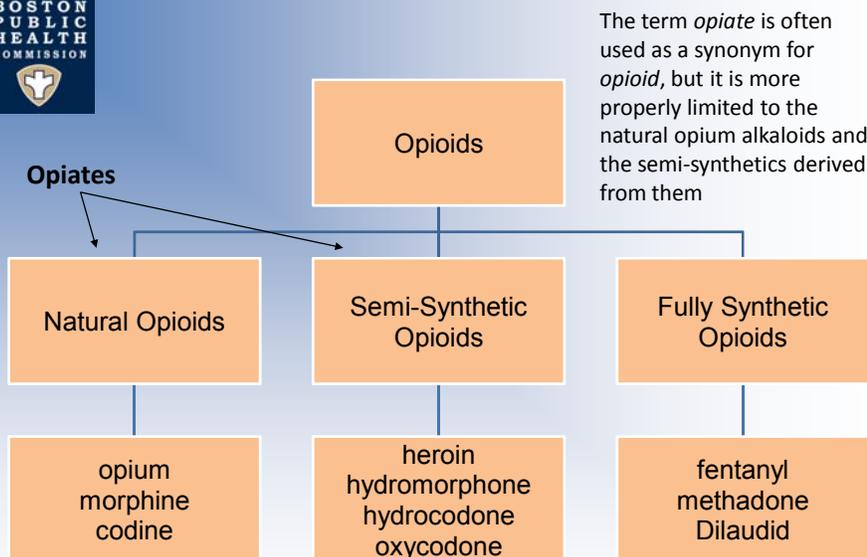
10



What are opioids/opiates?

- Opioids are sedative narcotics
- They are used in medicine mainly to relieve pain
- Opioids repress the urge to breathe- when someone is having an opioid overdose, they stop breathing and could die

11



Substances from all categories of opioids carry risk of overdose!!!



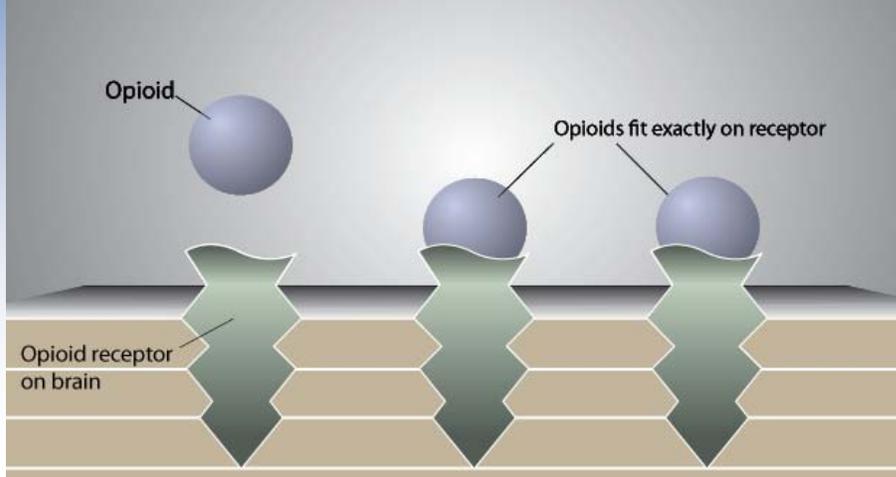
Most commonly used opioids

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Percocet
- Percodan



What is an opioid OD?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.





What are the signs & symptoms of an OD?

- Blue skin tinge
- Body very limp
- Face very pale
- Pulse (heartbeat) is slow or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped

| REALLY HIGH | OVERDOSE |
|---|---|
| Muscles become relaxed | Deep snoring or gurgling (death rattle) |
| Speech is slowed/slurred | Very infrequent or no breathing |
| Sleepy looking | Pale, clammy skin |
| Nodding | Heavy nod |
| Will respond to stimulation like yelling, sternal rub, pinching, etc. | No response to stimulation |
| | Slow heart beat/pulse ¹⁵ |



What puts people at risk for ODs?

- Changes in tolerance
- Mixing drugs
- Physical health
- Previous experience of non-fatal overdose
- Variation in strength and content of 'street' drugs



Mixing opioids with benzos

- Combining opioids with benzodiazepines or alcohol leads to a worse outcome
- Benzos are psychoactive drugs that have sedative, hypnotic, anxiolytic, anticonvulsant, muscle relaxant, and amnesic actions
- The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax



How can someone avoid an OD?

- Being aware of tolerance changes
- Knowing drug purity
- Avoiding mixing drugs or being strategic in how, why, and the order that mixing drug happens
- Avoiding using alone
- Personal control of the drug preparation and injection process
- Using tester shots



If an OD does happen, what next?

- Call 911 or emergency medical personnel
- Perform rescue breathing
- Administer Narcan

- This is when you can play an important role in the prevention of an overdose!

19

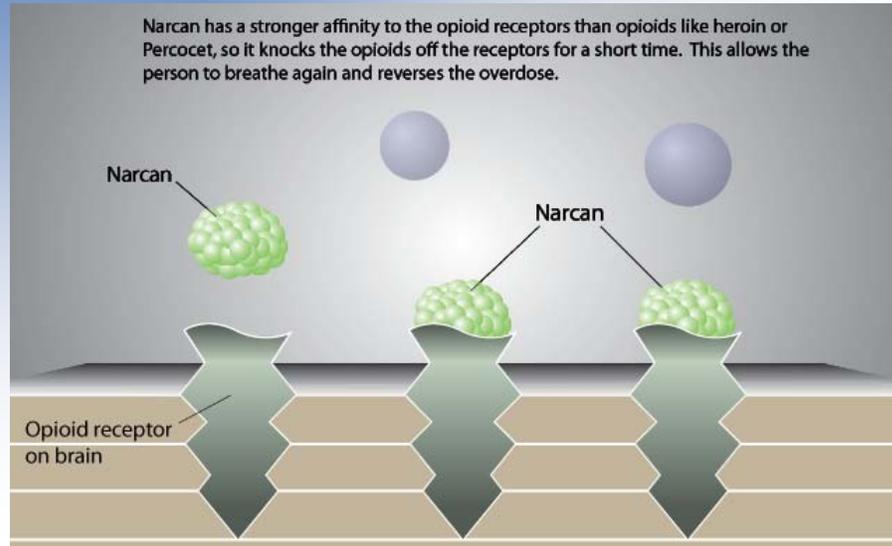


VIDEO

20



Narcan reversing an overdose



The Recovery Position





Avoid old school methods of reversing an overdose

- Do not leave the person alone
- Do not put them in a bath
- Do not induce vomiting
- Do not give them something to drink
- Do not put ice down their pants
- Do not try to stimulate them in a way that could cause harm
- Do not inject them with **anything** (saltwater, cocaine, milk)

23



Concerns from people in the field

- Concerns about workload
- Interference with job mission
- Misuse of public resources
- Commitment to community public safety

24



Questions and Answers

- Is Narcan that stuff that you stick through the heart, like in that movie Pulp Fiction?
- What role does the liver play in an overdose?
- How do we get Narcan?
- Will Narcan work on an alcohol OD?
- What if it is a crack/coke OD?

25



Questions and Answers

- What is the risk period for an OD to reoccur after giving Narcan?
- Am I protected against a lawsuit for giving a person who is overdosing Narcan?
- What if the person isn't even overdosing and I give them Narcan? Will it hurt them?

26



Questions and Answers

- Will using Narcan help someone give a “clean” urine?
- Can someone get arrested for being at an OD scene?
- Are the ambulance and hospitals using the nasal Narcan?
- Others?

27



Thank you!

Contact information:

28

This project was produced and the work continues with the bittersweet combination of sadness and optimism. Honoring the memories of those who are not with us anymore is an important part of the process, as is the action that comes out of knowing we cannot continue to lose our loved ones, our community.