



Calvert County Health Department Overdose Education and Naloxone Training



Maryland Overdose Response Program

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Department of Health & Mental Hygiene
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Program Overview

I. What Is an Opioid?

II. Recognizing an Overdose

III. Responding to an Overdose

IV. Important Information for Certificate Holders

V. Tips for Preventing Overdose

VI. Resources

What is an Opioid?



Opioids . . .

- Any drugs that contain **opium** (or its derivative)
- Natural or synthetic
- **Prescription** medications or **illegal** drugs
- Pill, capsule, powder or liquid
- Swallowed/drank, smoked, snorted or injected



Opioids . . .

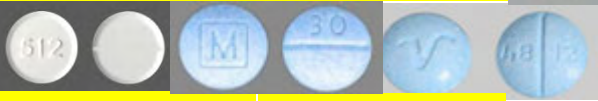


- **Manage pain**, suppress coughs and **treat opioid-use disorders** (addictions)
- Cause **feelings** of euphoria, contentment and/or detachment
- Effects last from **3 to 24 hours**

In excessive amounts, opioids can **suppress** a person's urge to **breathe**.

Examples of Common Prescription Opioids

Oxycodone – 512s, OC, Oxy, 80s, Oxycotton, Hillbilly Heroin, Killers, Roxis



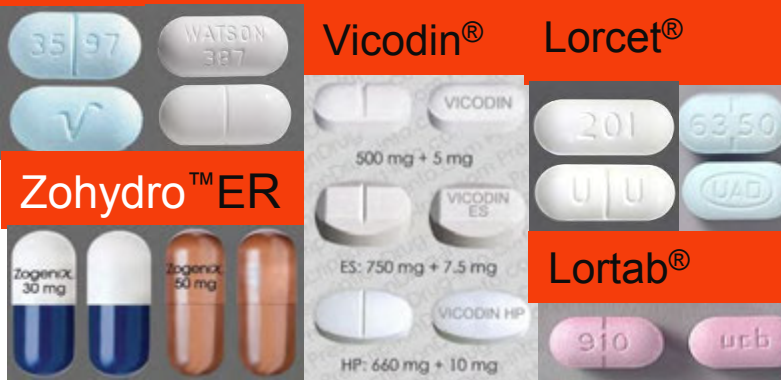
OxyContin®

Percocet®

Roxicodone®



Hydrocodone – Vikes, Hydro, Norco, Fluff, Scratch, Watson 387



Oxymorphone – Mrs. O, Pink/Blue Heaven, The O Bomb, Octagons, Stop Signs



Opana®



Hydromorphone – D, Juice, Dust, Footballs, Hospital Heroin, H Bomb, Smack



Morphine - *M, Miss Emma, Monkey, White Stuff, Dreamer*

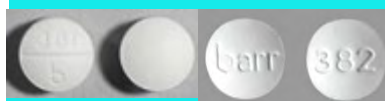


Examples of Common Prescription Opioids

Codeine - *Captain Cody, Schoolboy, Pancakes & Syrup, T-3s, Doors & Fours, Purple Drank*



Meperidine



Demerol®

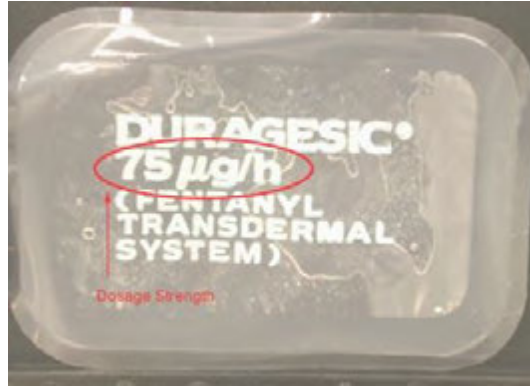


Methadone - *Jungle Juice, Fizzies, Chocolate Chip Cookies*



Buprenorphine - *Bupe, Box(es), Subs/Subbies, Orange guys*





Prescription Fentanyl



Illegal Opioids: Heroin



Illegal Opioids: Non-pharmaceutical Fentanyl

- ❖ Illicitly produced, **synthetic** drug
- ❖ **Pill form** packaged to look like oxycodone
- ❖ **Powder form** looks like heroin



Fentanyl + heroin = deadly combination →
*fentanyl is **hundreds of times more potent** than heroin*

Recognizing an Opioid Overdose

What Is an Opioid Overdose?

- **Opioid overdose** happens when a **toxic amount** of an opioid—alone or mixed with other opioid(s), drugs and/or substances—**overwhelms the body's** ability to handle it.
- Many opioid-related overdoses result from **mixing** prescription painkillers or heroin with benzodiazepines (benzos), cocaine and/or alcohol.

What Leads to Overdose Death?

- **Respiratory failure** – lack of sufficient oxygen in the blood
- Vital organs like the heart and brain start to fail
- Leads to unconsciousness, coma, death

Surviving an opioid overdose =
BREATHING and OXYGEN

Risk Factors

i.e. what impacts likelihood of overdose:



Period of not using

- Even short periods of abstinence lower **tolerance**
- So: high risk after detox, rehab, jail, prison

Mixing opioids, esp. w/ benzos or alcohol

Using Alone

Quality of the drug(s)

How one takes a drug

- Injecting in vein or smoking are higher risk than swallowing or injecting in muscle

Medical History & Physical Health problems

- Due to age; recent illness; chronic conditions
- **Previous Overdose**



Recognizing the Signs & Symptoms of an Opioid Overdose

- Loud snoring or gurgling noises
- Body very limp
- Unresponsive
- Skin pale/gray, clammy
- Lips/fingertips turn blue(ish)
- Pulse slow or erratic
- Breathing very slow, shallow, or not at all
- Unconscious

Responding to an Opioid Overdose

- 1. Get their attention**
- 2. Call 9-1-1**
- 3. Give Naloxone**
- 4. Further Resuscitation**
- 5. Care for the Person**

Step 1: Get their attention

Noise: Shake person's shoulders and yell:

"[Name!] Are you all right? Wake up!"

Pain: If no answer, do a **sternal rub**:

Make a fist, rub your knuckles firmly up and down the breast bone.

Step 2: Call 9-1-1: Why?

*Get **emergency medical help**
for someone experiencing an overdose!*

1. May have **complications** or **other health problems**.
2. **Naloxone** is only **temporary**.
3. May need to give **additional doses of naloxone**.
4. May be a **non-opioid overdose** situation.

Call 9-1-1: What to Say

- Tell 9-1-1 operator:
 - ✓ **Where you are**
 - ✓ **What you observe** about the person in distress:
e.g., gurgling noises, turning blue, won't wake up

- Tell emergency responder on site:
 - ✓ **Drugs/substances** the person used
 - ✓ **Naloxone** administered – how much/when.

Good Samaritan Law

H.B. 416 – Criminal Procedure – Limited Immunity – Alcohol- or Drug-Related Medical Emergencies

A person who seeks assistance for another person experiencing an alcohol- or drug-related medical emergency shall be immune from **arrest, charge, and prosecution** for minor crimes, such as:

- Drug possession;
- Use of/intent to use drug paraphernalia;
- Underage possession of alcohol;
- Obtaining alcohol for underage consumption; and
- Furnishing alcohol for underage consumption.

3. Step 3: Give Naloxone

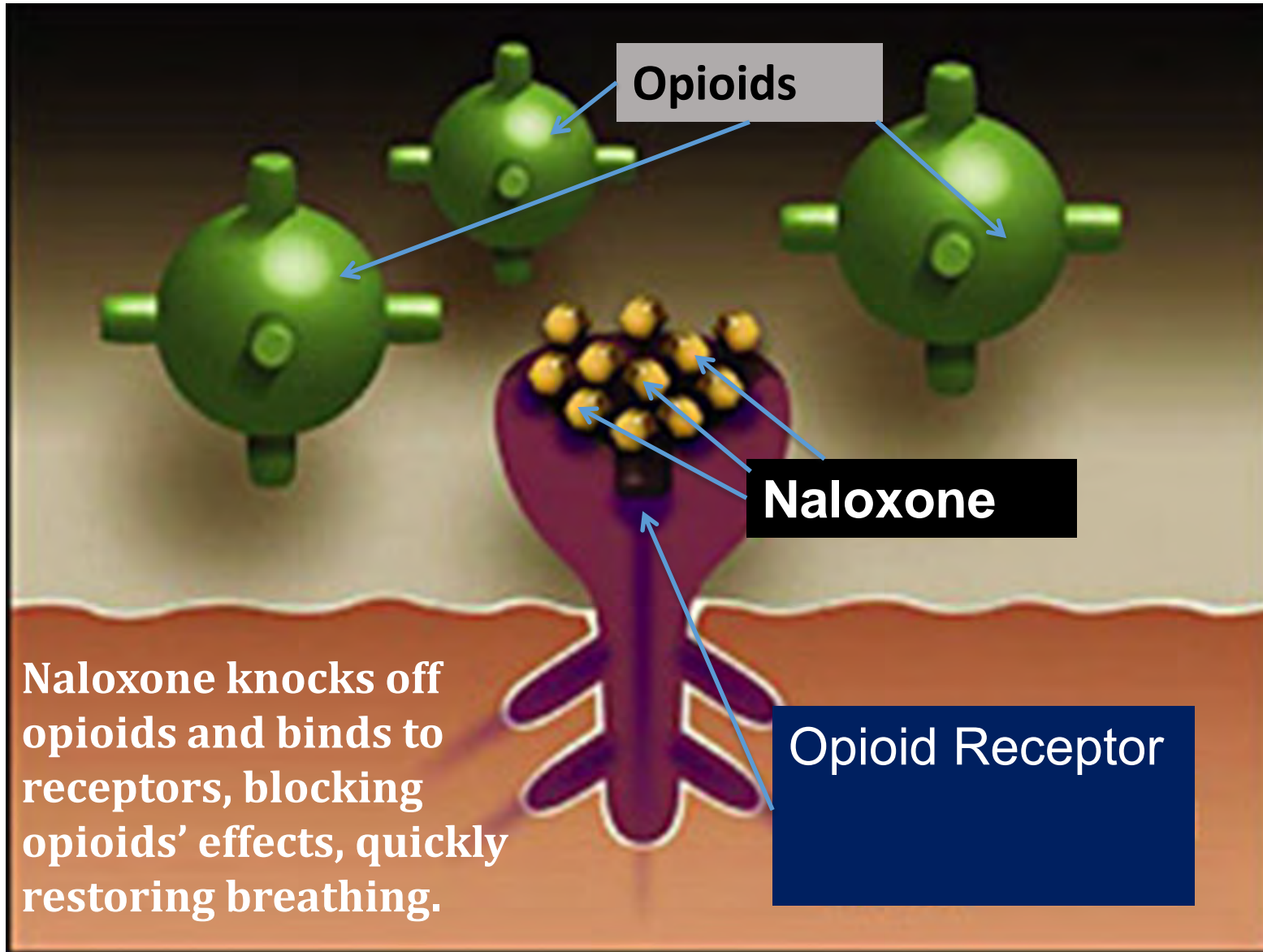


What is Naloxone? (Narcan®)

- Reverses opioid overdose by **restoring breathing**
- No potential for abuse or getting high
- No effect on someone who hasn't taken opioids
- Side effects are minimal and rare
- Safe for children and pregnant women
- Intramuscular, intranasal or intravenous
- Wears off in 30 - 90 minutes

***Naloxone is only effective in reversing
opioid overdoses***

How Does Naloxone Work?



Intramuscular/Injectable Naloxone

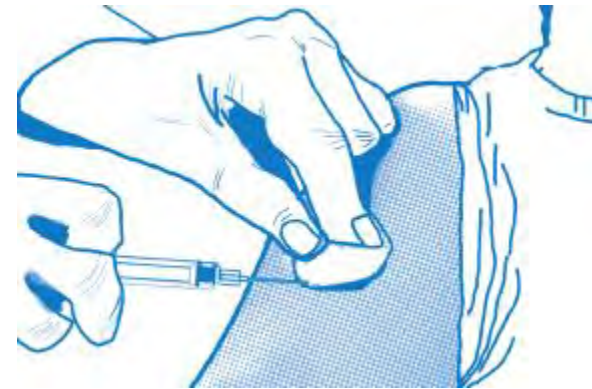


Administering Injectable Naloxone – Step by Step:

Step 1: Pop off the flip-top from naloxone vial.

Step 2: Insert needle into vial and draw up 1cc of naloxone into syringe.

Step 3: Inject needle straight into muscle (through clothes, if necessary), then push in plunger.



Do not inject naloxone into the person's heart, chest or back!

Naloxone Injection Sites



Shoulder

Thigh

Buttocks (upper,
outer quadrant)

Needle can go through clothing

Administering Injectable Naloxone – Step by Step

Step 5: Allow 1-3 minutes for the naloxone to work. Continue resuscitation as necessary.

Step 6: If breathing is not restored after 2-3 minutes, ***give another dose*** of naloxone (see **Steps 1 - 4**). Continue resuscitation as necessary.

Step 7: Stay with person and provide care as directed until medical help arrives.

Step 4: Further Resuscitation

Assess breathing: if the person is not breathing, or if breath is shallow or short,

- Give **rescue breaths**.
OR
- If you are trained in cardiopulmonary resuscitation (CPR), administer **traditional CPR**, chest compressions with rescue breaths.
OR
- **Follow the 9-1-1 dispatcher's instructions.**

Continue until the person wakes up or medical help arrives.

Assess Breathing



**Look,
Listen, &
Feel**

**If shallow or short breaths,
or not breathing →
*start rescue breathing right away***

Rescue Breathing Instruction

Rescue breathing is the quickest way to get oxygen into the body and one of the most important things you can do to prevent someone from dying from an opioid overdose.

Rescue Breathing – Step by Step

Step 1: Lay the person on his/her back on a flat surface.

Step 2: Tilt the chin to open the airway.

Step 3: Remove anything blocking the airway.



Step 4: Pinch the person's nose closed completely.

Step 5: Cover his/her mouth with your mouth and **blow 2 regular breaths** about 1 second each.

Step 6: Breathe again.

Give 1 breath every 5 seconds.

Step 5: Care for the Person

- **Stay with the person until medical help arrives.**
- If s/he is unable to sit up, put person in **recovery position.**
- Keep person **calm** and encourage him/her not to take more opioids.
- If overdose re-occurs, give **another dose** of naloxone.

Care for the Person

After receiving naloxone, a person may:

- Feel **physically ill**/vomit.
- **Experience withdrawal** symptoms, which can be unpleasant, but not life-threatening.
- Become **agitated and upset** due to withdrawal symptoms or coming off high.
- Have a **seizure**, though this is rare.

Recovery Position

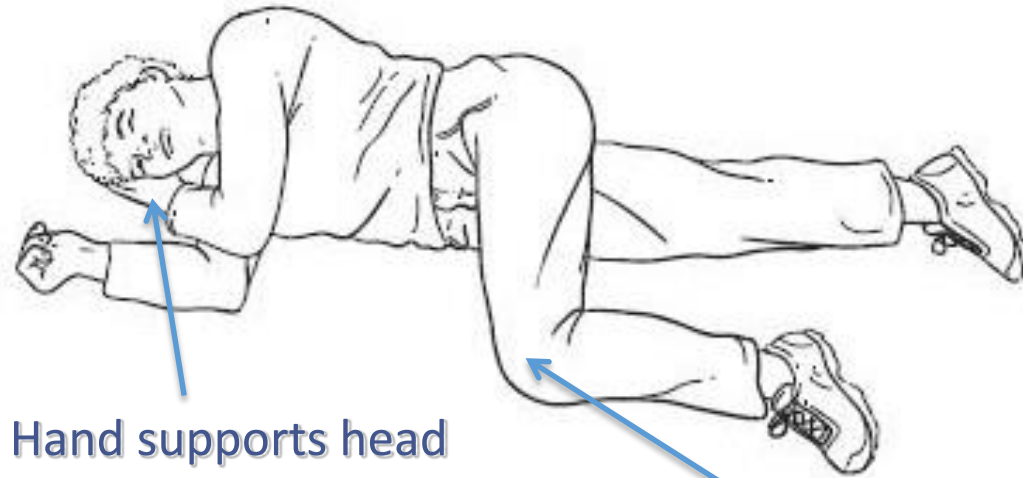
If you have to leave the person—*even briefly*—put him/her into the **recovery position**.

This keeps the **airway clear** and **prevents choking/aspiration** if vomiting occurs.

Recovery Position



Face & body turned to side



Hand supports head

Bent knee supports body

How NOT To Respond to an Opioid Overdose

Anecdotal Remedy

Possible Consequence(s)

Use ice to cool down body	→	Slowed heart rate, arrhythmia
Put person in bath/shower	→	Drowning
Hit/slap or burn fingers/feet	→	Bruising, broken bones, infection, amputation
Give drink/induce vomiting	→	Choking to death
Inject person with cocaine, salt water, milk, epinephrine	→	High blood pressure, infection

If You Administer Naloxone . . .

**Call the
Poison Center
1-800-222-1222**

Within 1-2 hours

**Or contact the training entity
that issued your certificate.**

Important Information for Certificate Holders

Obtaining Naloxone

From **us**:

Trainees are entitled to receive a **certificate** and will also receive a **prescription** and **kit**.

From a **pharmacy**:

You can also show your **certificate** to get a **prescription for naloxone** from a physician or nurse practitioner (NP), which can then be picked up from a pharmacy.

From your **doctor**:

As of October 2015, a licensed prescriber can write a prescription for naloxone to **ANYONE** who may be at risk of overdose or in a position to witness an overdose

Certificate Holders – General Responsibilities

- Certificates are **valid for two years**. Apply for **renewal** no later than **90 days before** your certificate expires.
- Administer naloxone in accordance with **training procedures**.
- Make a **good faith** effort to get emergency **medical help** for the person experiencing an opioid overdose.
- Please remember to **contact the Poison Center** or training entity after administering naloxone.

Naloxone Storage & Disposal

Storage:

- Do not attach naloxone to delivery device until ready to use
- Store naloxone in original package at room temperature; avoid exposure to light
- Keep in a safe place away from children & pets, but easy to access in case of emergency

Expiration:

- Naloxone loses its effectiveness over time
- Check expiration date on label

Disposal:

- Check with a local health department or pharmacy about properly disposing of expired naloxone

Opioid Overdose Prevention Tips

- ❖ Keep all medicine in a safe place, such as a locked cabinet.
(Naloxone should be kept readily available.)
- ❖ Properly dispose of expired or unwanted medications.
- ❖ Take only medicine prescribed for you and only as directed.
- ❖ If you have breathing problems (e.g. asthma, sleep apnea), check with your doctor before taking opioids.
- ❖ Never mix pain medication with alcohol, benzos, sleeping pills, muscle relaxants, anti-nausea drugs, other opioids or illegal drugs.

Talking to Others about Overdose

- Let them know you have naloxone
- Make an **overdose prevention plan**
- **Educate** on the signs & symptoms of overdose
- **Educate** on the risk factors for overdose
 - Tolerance
 - Mixing opioids with benzodiazepines or alcohol
- Where they use: Leave door open, unlocked; Use with a friend; Tell you or someone else where they will be
- **The importance of contacting 911** during an overdose

Ways to talk about overdose and naloxone:

- I want to remind you that BECAUSE OF [jail/rehab/not using] your tolerance is very low, you are at high risk for an overdose.
- Do you have an overdose plan? Do you and your friends know about Naloxone (Narcan)?
- I love you but not what you do and I do not want anything to happen to you.
- If you relapse, please do not do it alone.

Suggested Resources for Family, Friends & Loved Ones of Opioid Users

Support:

- Parents Affected By Addiction: PABAparents@yahoo.com or “PABA Parents” Facebook group
- 24-Hour Crisis Intervention Hotline: support and info about Nar-Anon, Al-Anon, AA, and NA groups at 410-535-1121 or 301-855-1075

Treatment options: medication-assisted treatment; group or individual counseling

- Calvert Substance Abuse Services: 410-535-3079
- Carol Porto Treatment Center: 410-535-8930
- Walden Sierra 24 hour hotline: 301-863-6661

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Maryland Overdose Response Program

**Health-General Article,
Title 13, Subtitle 31,
Annotated Code of Maryland
Sections 13-3101 – 3109**

**Code of Maryland Regulations,
Title 10, Subtitle 47, Chapter 08,
Regulations .01-.11**