

# **Overdose Prevention & Reversal Training**

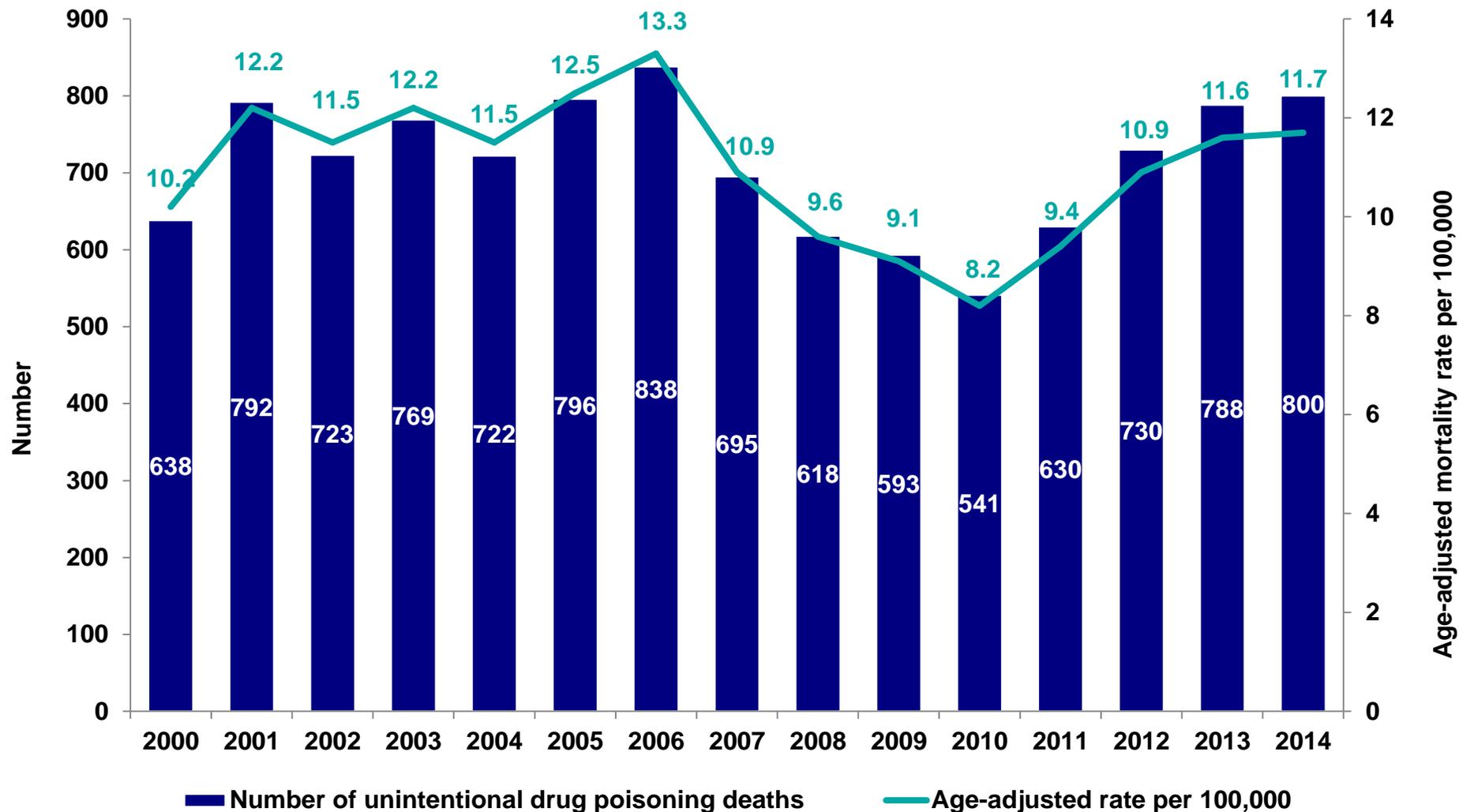
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Treatment

# Agenda

- Overdose in New York City
- What are opioids?
- What is naloxone?
- Responding to opioid overdose
- Practice
- Questions

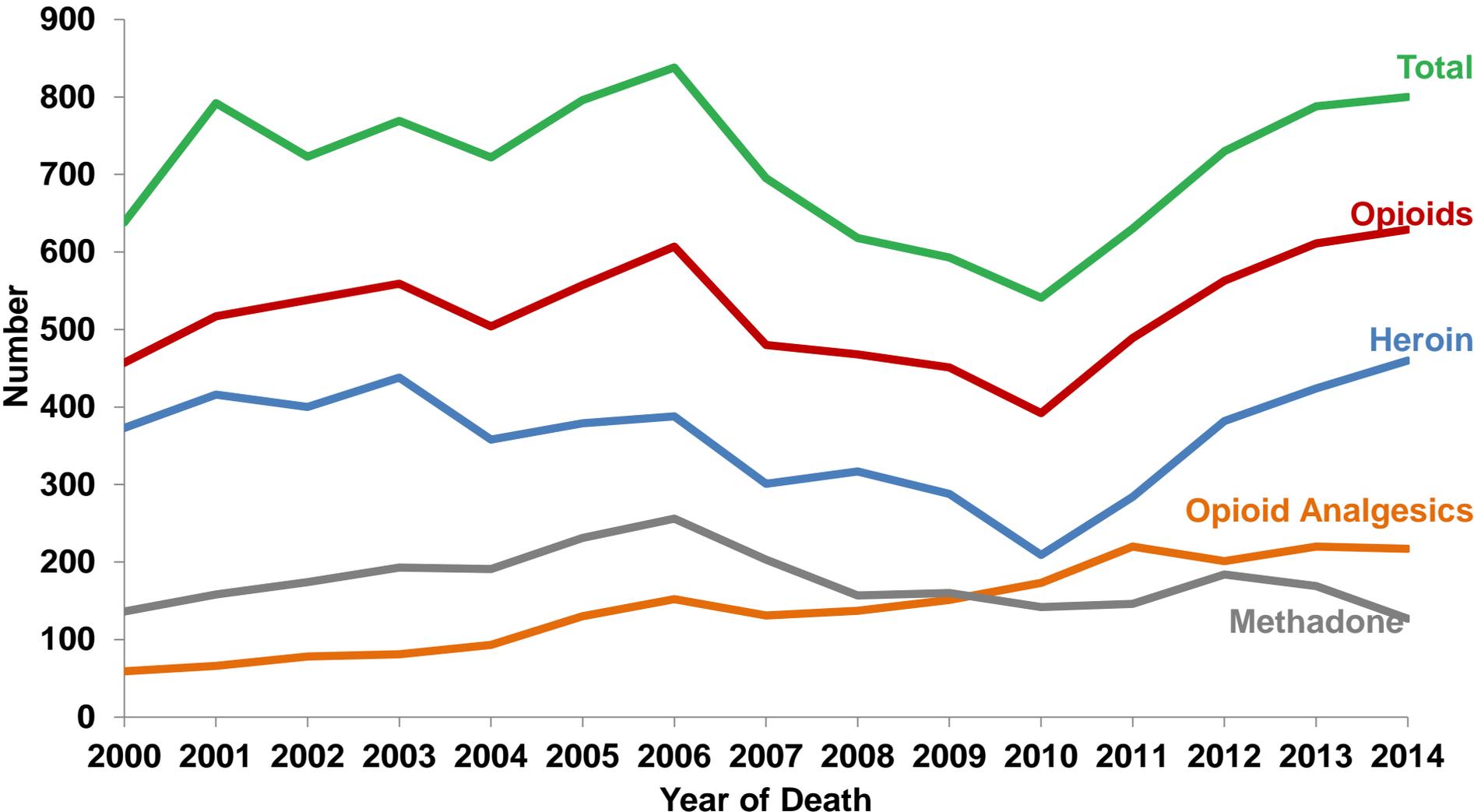
# **OVERVIEW OF DRUG OVERDOSE IN NEW YORK CITY**

# Unintentional drug poisoning deaths, NYC, 2000-2014



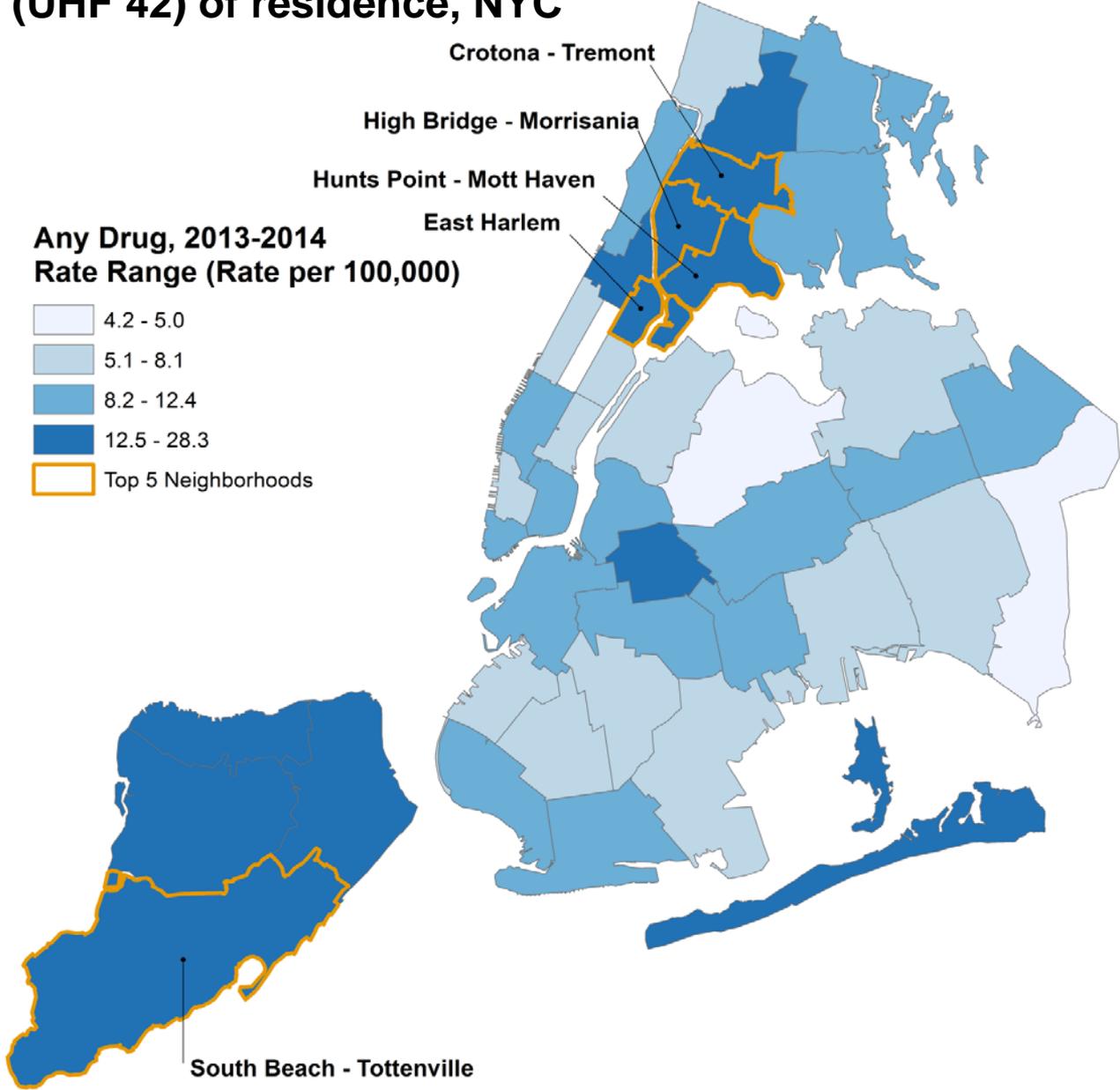
Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2014

# Opioids were involved in 79% of unintentional drug poisoning deaths, 2014

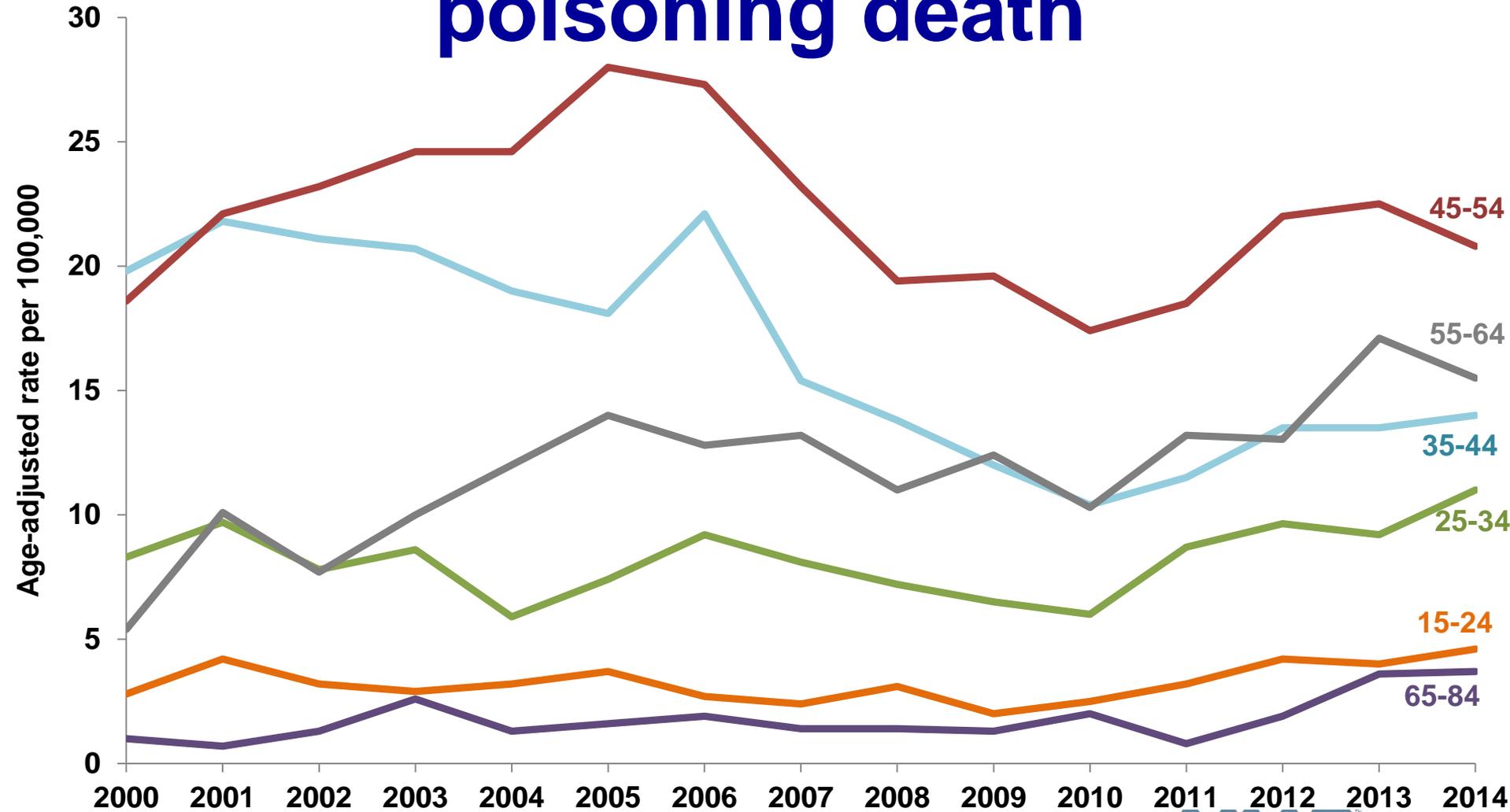


Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2014

# Unintentional drug poisoning deaths by neighborhood (UHF 42) of residence, NYC 2013 & 2014

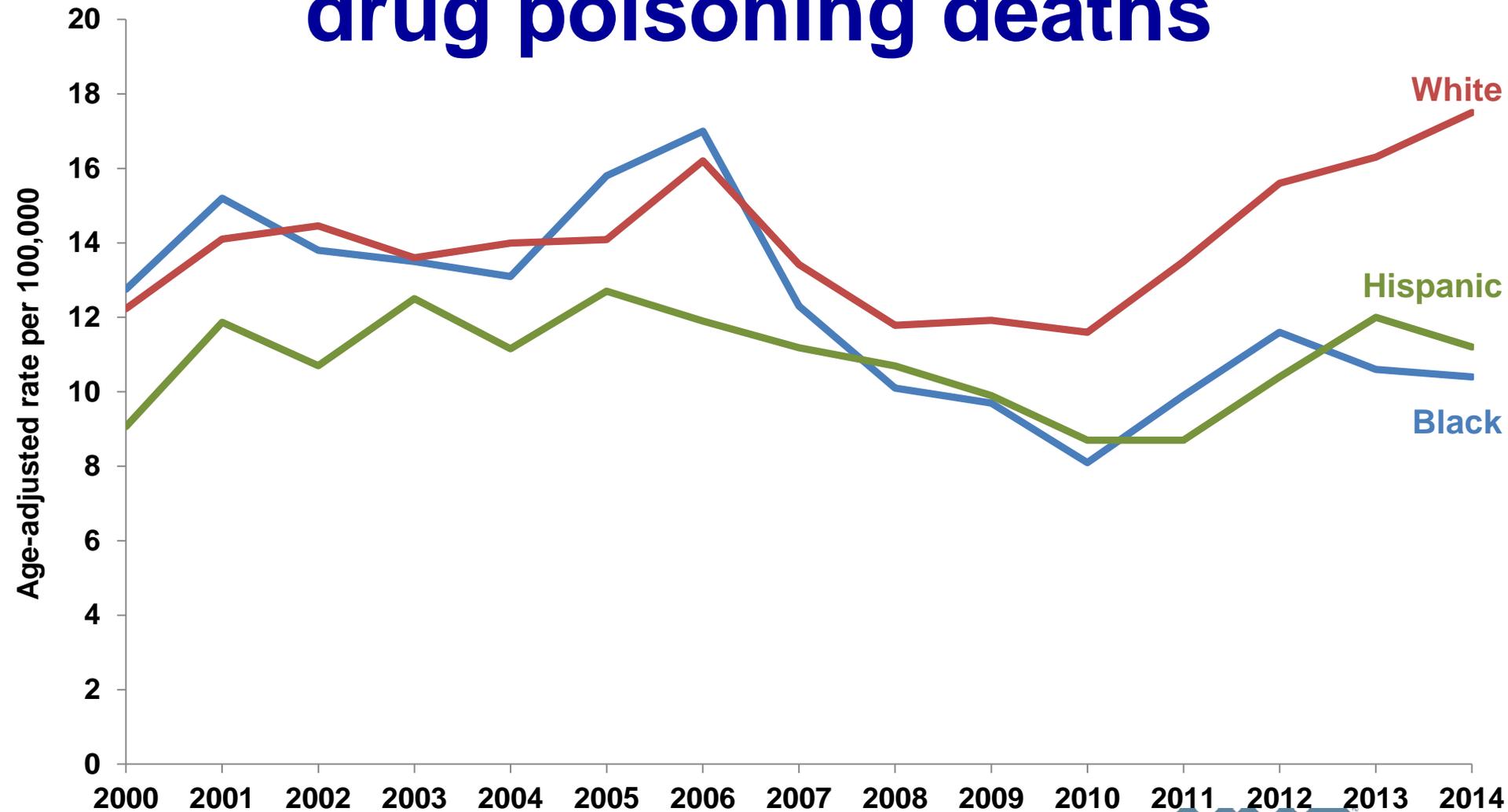


# New Yorkers aged 45-54 have the highest rates of unintentional drug-poisoning death



\*Data for 2014 are preliminary and subject to change.  
Source: New York City Office of the Chief Medical Examiner &  
New York City Department of Health and Mental Hygiene 2000-2014\*

# White New Yorkers have the highest rates of unintentional drug poisoning deaths



Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2014

# Public health approaches to reversing the opioid overdose epidemic

- Promote judicious opioid prescribing
  - Released opioid prescribing guidelines in 2011
    - Less often, lower doses, avoid co-prescription of opioids and benzodiazepines
    - Public health detailing in Staten Island and the Bronx and reached nearly 2,000 prescribers
- Expand access to effective treatment and services
  - Methadone and buprenorphine reduce risk of mortality
    - Will train 1,000 bupe prescribers over 3 year
  - Harm reduction services engage active drug users
    - Fund 14 syringe exchange programs (SEPs)
- Increase public awareness
- **Expand community dispensing of naloxone**

**WHAT ARE OPIOIDS?**

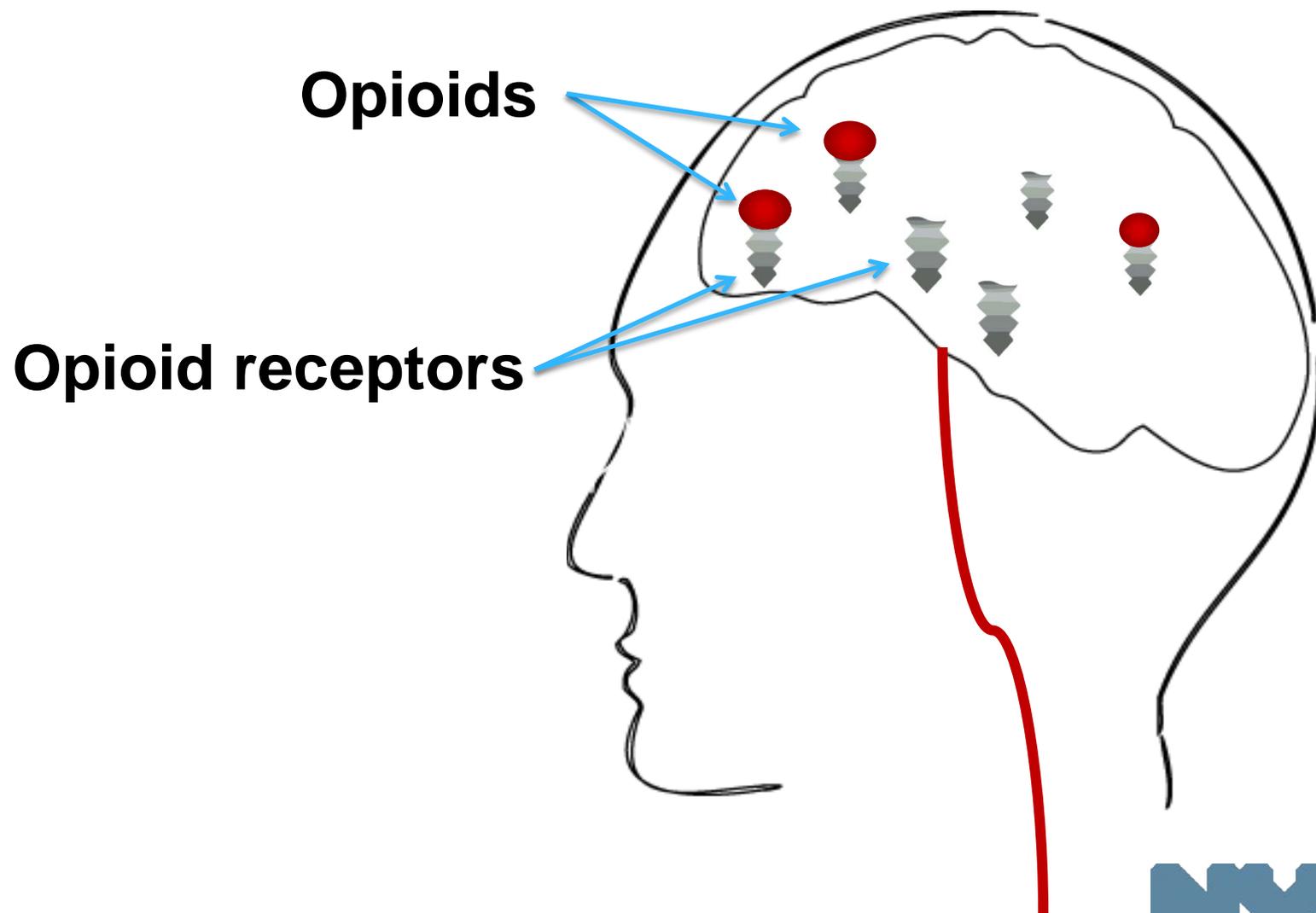
# What are the opioids?

- Pain relievers
  - Include prescription painkillers and heroin
- Opioids may cause feelings of euphoria, contentment, and/or detachment
- Can cause a person's breathing to slow or stop (overdose)

# Commonly used opioids

<b>GENERIC</b>	<b>BRAND NAME</b>
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose

\* **Heroin** is also an opioid.



# What puts people at risk for OD?

- Changes in tolerance
- Mixing drugs (Xanax, Valium, Ativan)
- Variation in strength and content of drugs
- Previous experience of non-fatal overdose
- Using alone
- Use of any opioids can put someone at risk

# Opioid overdose physiology

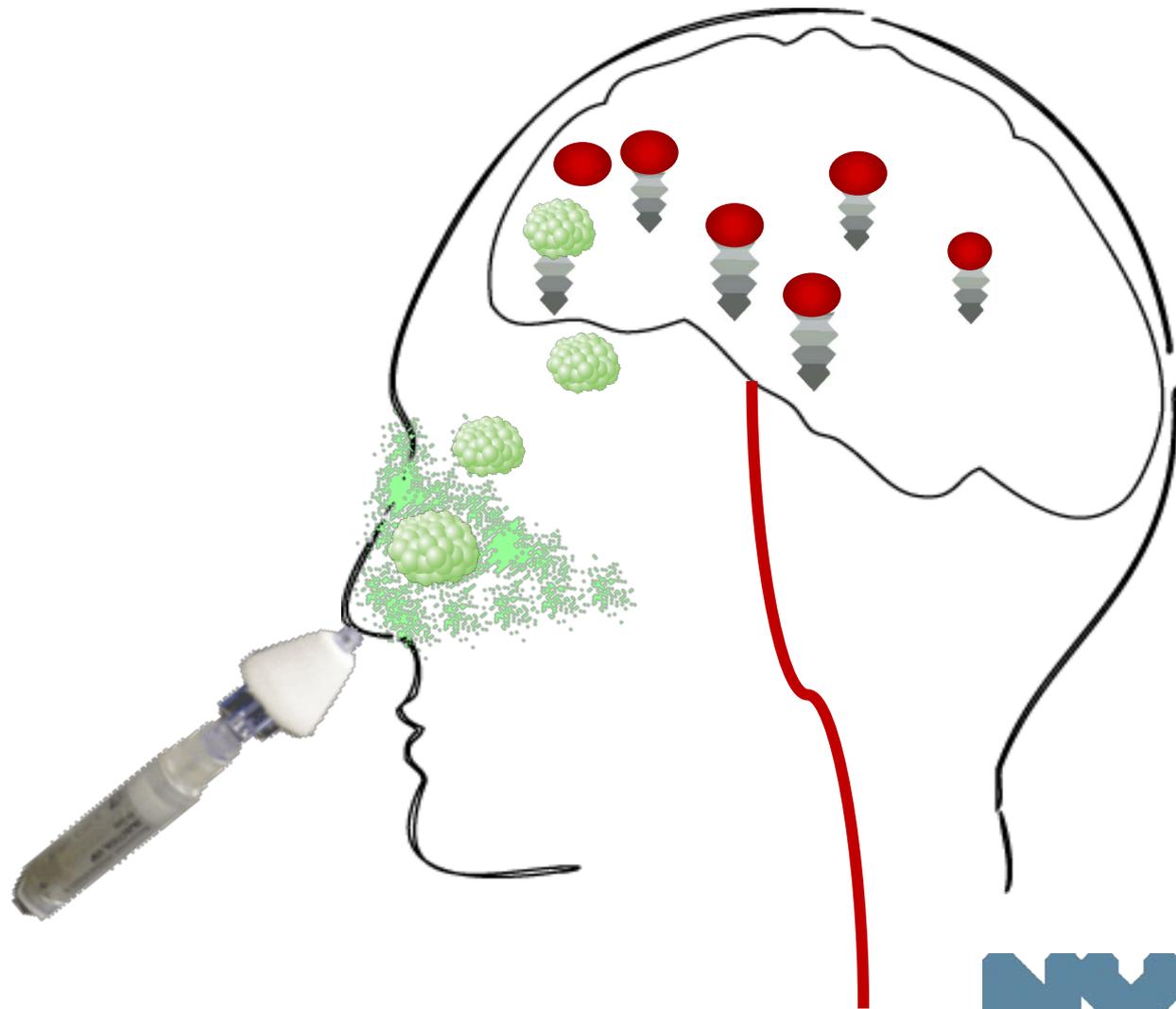
- Opioids repress the urge to breathe, leading to respiratory depression
  - *Slow breathing → Breathing stops → Heart stops → Circulation of blood to the brain stops*
- Generally happens over course of 1-3 hours.
  - The stereotype “needle in the arm” death only occurs in about 15% of overdose deaths
  - Most overdoses are witnessed, and there is time to respond

**NALOXONE**

# Naloxone

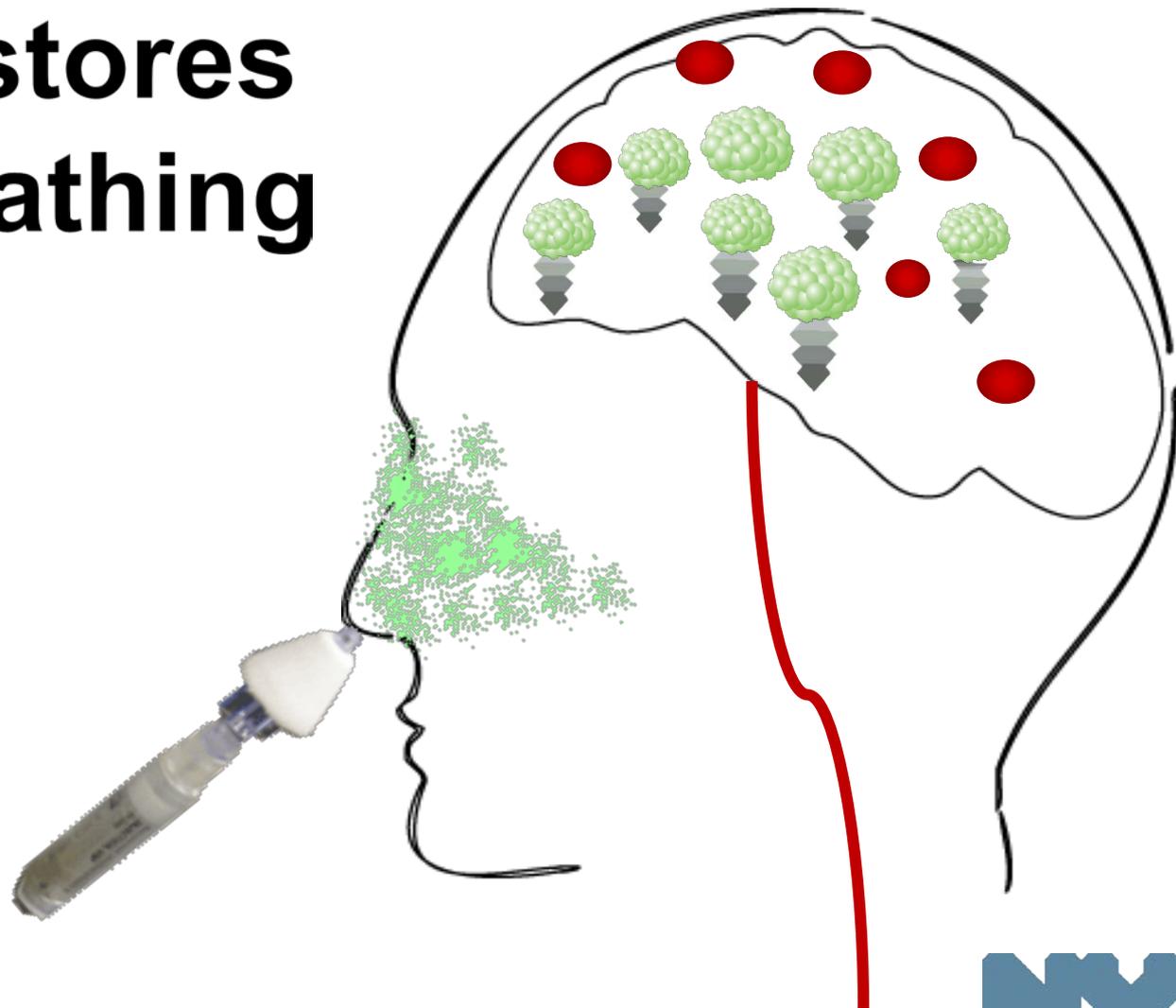
- Safe, effective medication that reverses the effects of an opioid overdose and restores breathing
- Opioid antagonist
  - Has no effect if opioids aren't present
- No negative health effects or risk of dependence
- **NOT** a controlled substance
  - Available by prescription only
  - Intranasal or injectable formulation

# How does naloxone work?



# How does naloxone work?

**Restores  
Breathing**



# Naloxone

- Usually takes effect within **2-5 minutes**
- Lasts for **30-90 minutes**
- **Will not reverse overdoses caused by other substances**
  - Ex: stimulants such as cocaine or amphetamines; alcohol; benzodiazepines, such as Xanax or Valium; methamphetamines

# Naloxone won't do harm

- No effect if opioids are not present
- If you think someone MAY have used an opioid, even if you are not sure, use the naloxone. ***It won't hurt and it could help.***
- If someone is using an opioid in combination with another drug, naloxone will work on the opioid
- Non-addictive

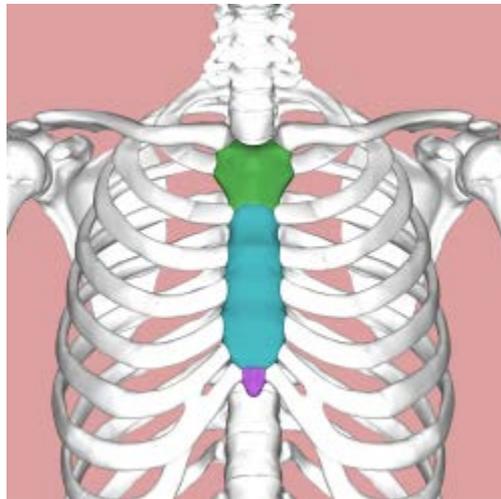
# **RESPONDING TO AN OPIOID OVERDOSE**

# Signs of an opioid OD

- Slowed or stopped breathing
- Blue/gray lips and nails
- Unresponsiveness

# STEP 1: Sternum rub

- Try to wake the person by vigorously rubbing your knuckles up and down the front of his or her rib cage



# STEP 2: Call 911

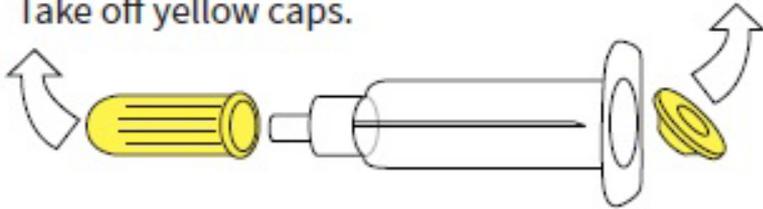
- Follow the 911 dispatcher instructions
- Don't be afraid to call 911 - the 911 Good Samaritan law protects you



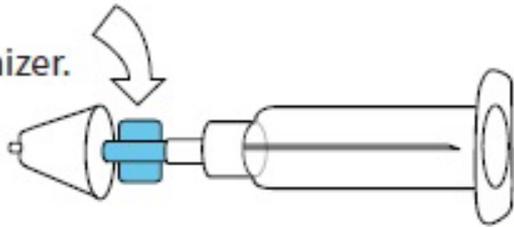
# STEP 3: Give naloxone

## Nasal spray naloxone

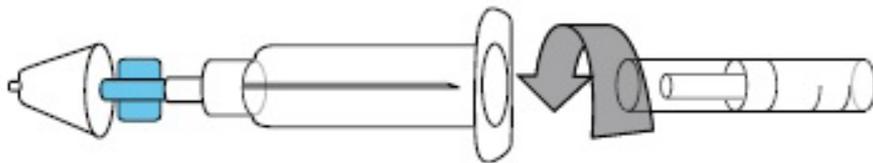
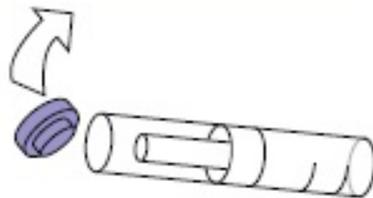
**1** Take off yellow caps.



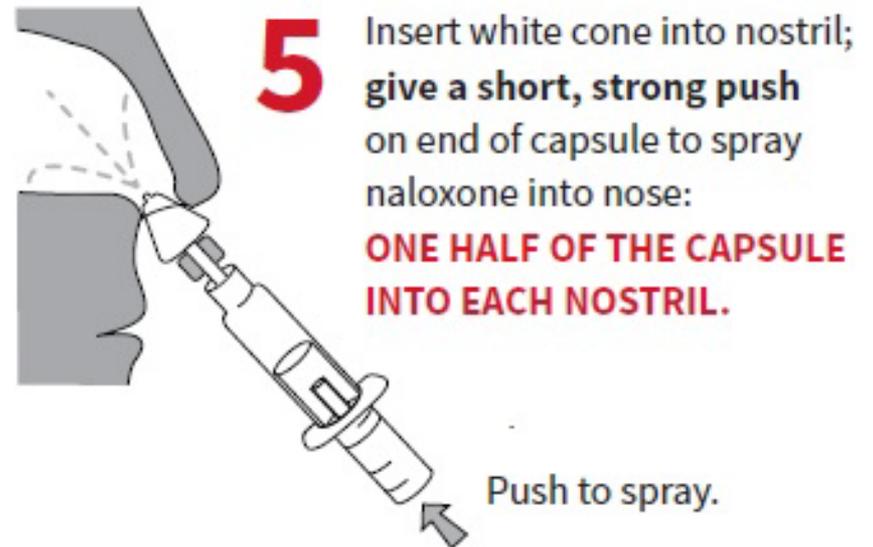
**2** Screw on atomizer.



**3** Take purple cap off capsule of naloxone.



**4** Gently screw capsule of naloxone into barrel of syringe.



**5** Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**

**6** If no reaction in 3 minutes, give second dose.

# Step 4: Rescue breathing

- If you know how, give rescue breathing



# After naloxone

- If person is awake:
  - Person may be in withdrawal
  - Reassure person if s/he is feeling sick – the naloxone will wear off. Using more drugs won't have any effect while naloxone present
  - Ensure person receives medical attention

# Step 5: Rescue Position

- If person is awake but not fully coherent, put them in rescue position while waiting for help to arrive to prevent choking on vomit.



# **GETTING FAMILIAR WITH NALOXONE KITS**

# Contents of overdose rescue kit



- 2 doses of intranasal naloxone
- 2 nasal spray devices (atomizers)
- A face mask for rescue breathing
- A brochure reviewing OD and rescue steps

# It has been legal in New York for lay persons to carry and administer naloxone since 2006



## Certificate of Completion

This certifies that \_\_\_\_\_  
has been trained in opioid overdose prevention including  
the use of injectable naloxone for the purpose of preventing  
death from an opioid overdose. This practice is legal under  
New York State Public Health Law Section 3309 and under  
10 N.Y.C.R.R. Section 80.138.

\_\_\_\_\_  
NYS Approved Opioid Overdose Prevention Program

# I used my naloxone!

- Report use of naloxone to NYS DOH and DOHMH as soon as possible
  - Complete a reversal report
- Get a refill of naloxone
  - Even if just one dose was used
  - If kit is lost
  - If naloxone is nearing expiration date

# Stay up on your skills

- Receive a **Refresher Training** every year
- Every so often, take out your kit, review instructions, and **practice assembling** your naloxone dose quickly



# Questions?



**EXTRA SLIDES**

# Rescue breathing



- Place the person on their back and tilt their chin up to open the airway.
  - Check to see if there is anything in their mouth blocking their airway
- Pinch their nose closed with one hand, make a seal between your lips and theirs, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise.
- Give one breath every 5 seconds until help arrives.

# 911 Good Samaritan Law

- This law protects the overdose victim and those who call 911: Drugs up to A2 felony offence ( possession up to 8oz of narcotics
  - Alcohol ( for underage drinkers)
  - Marijuana (any amount)
  - Paraphernalia offenses
  - Sharing of drugs (in NYS sharing constitutes a “sales” offense)
- Does not apply to persons on probation or parole
- Went into effect in September, 2011
- NY is one of several states to pass such laws