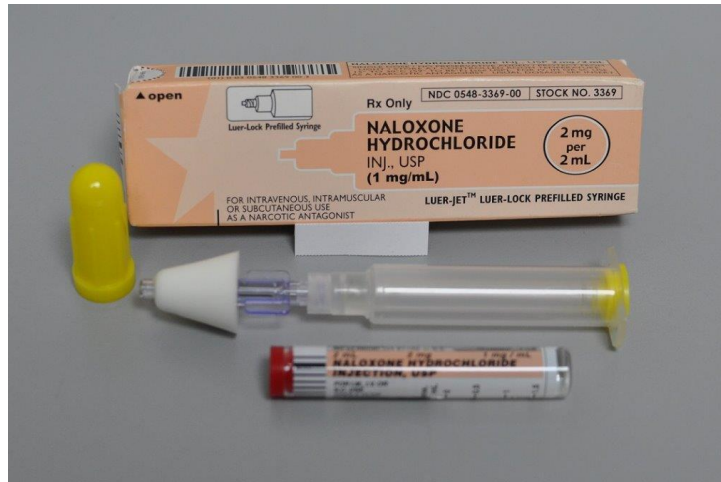




Overdose Response Training



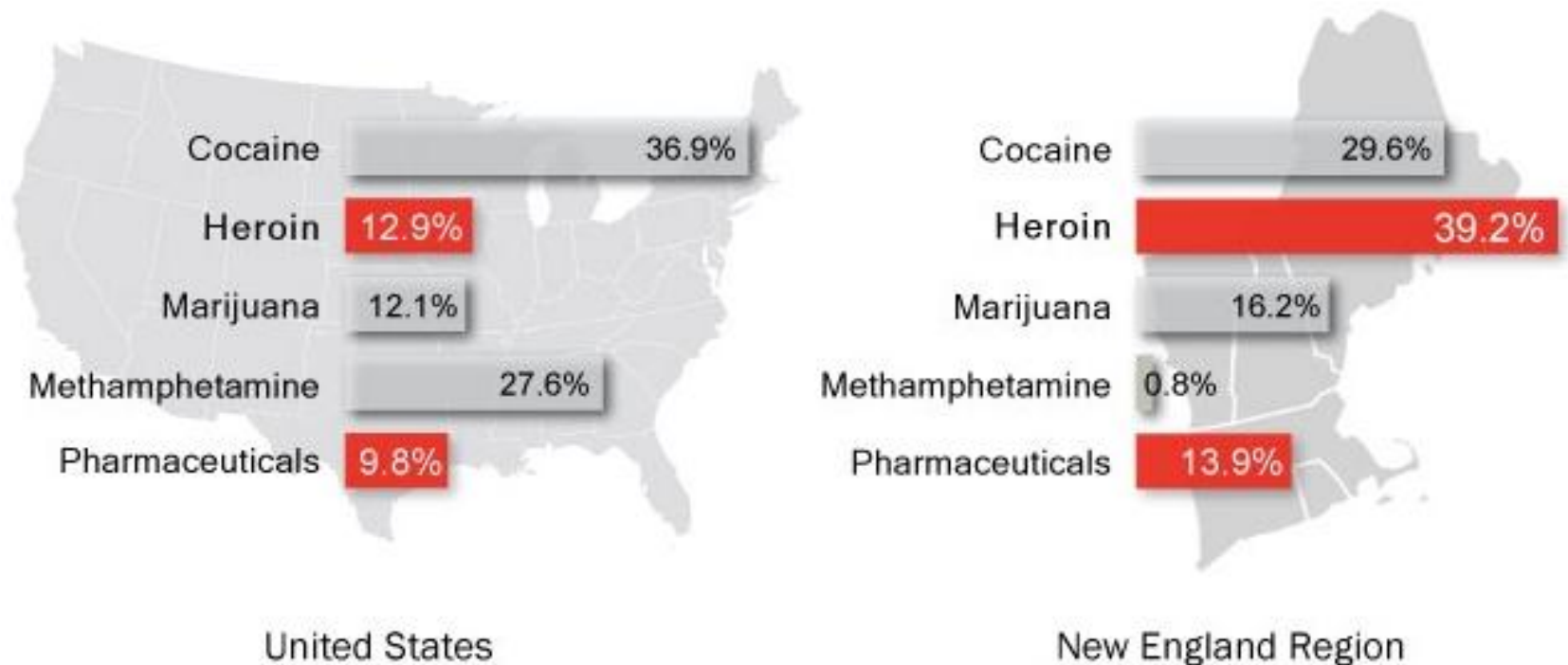
In collaboration with the Massachusetts
Department of Public Health,
Bureau of Substance Abuse Services and
Office of HIV/AIDS



The Overdose Problem

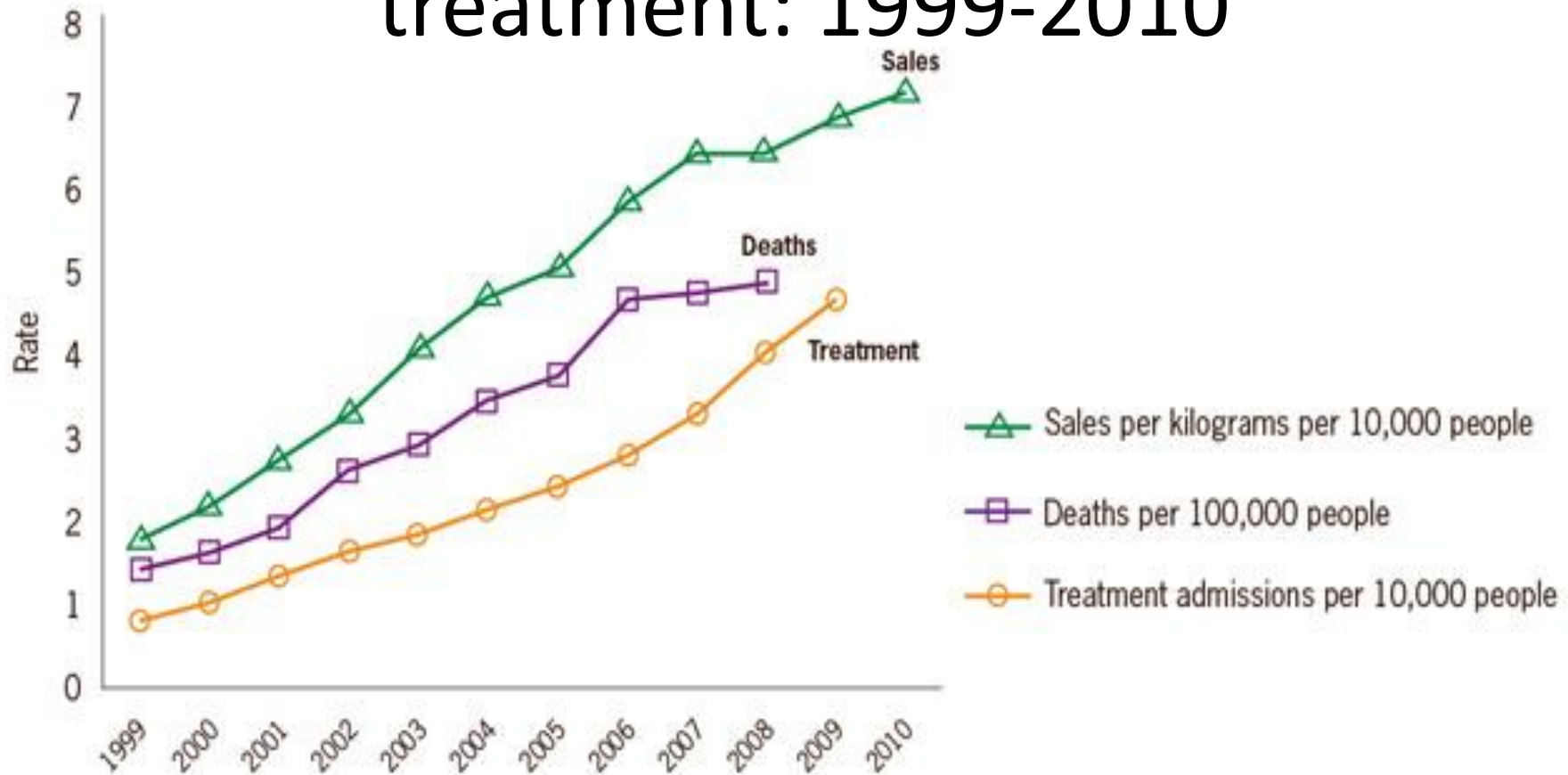


National & regional drug threat



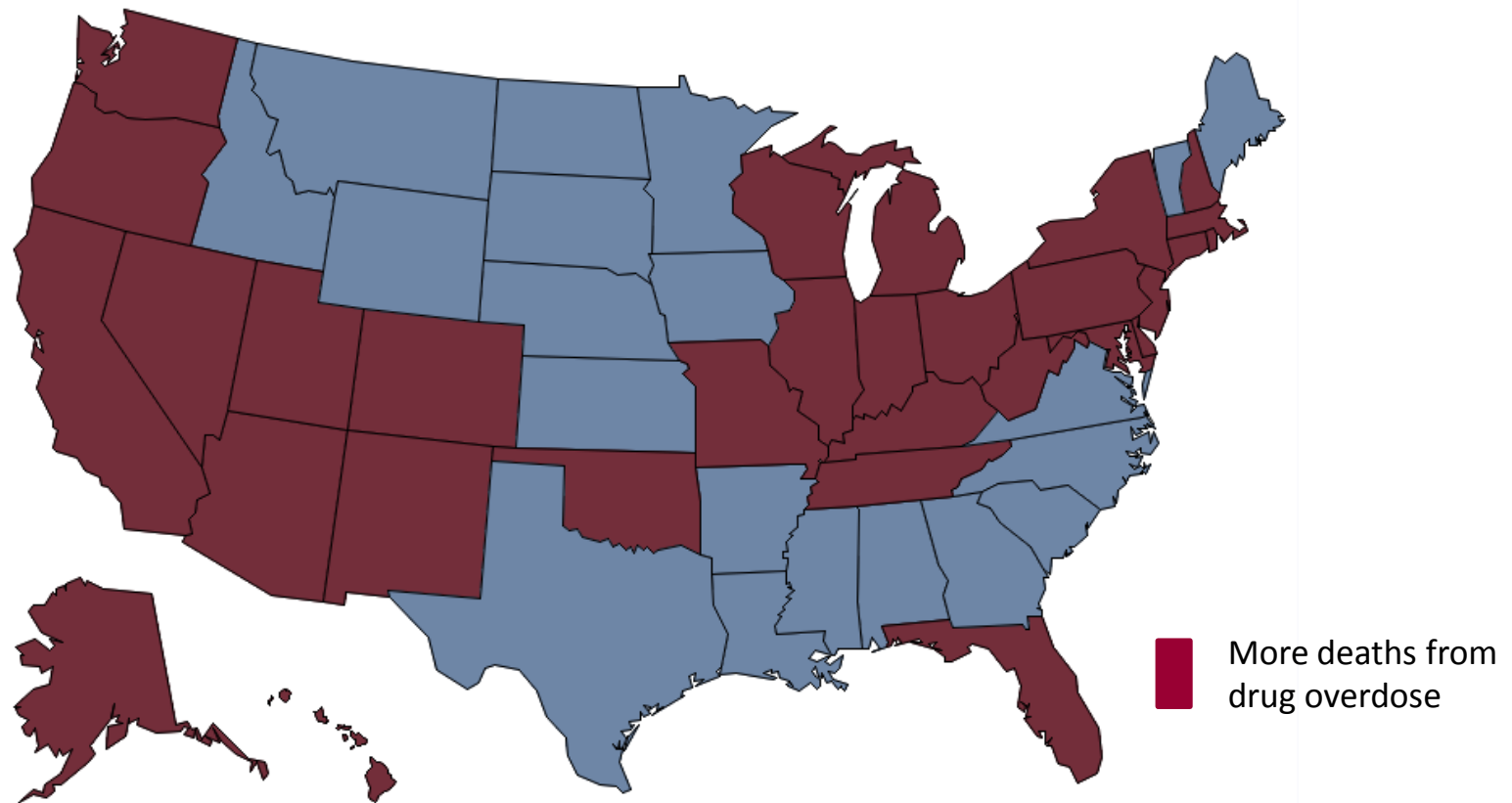


Prescription opioid sales, deaths and treatment: 1999-2010



National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

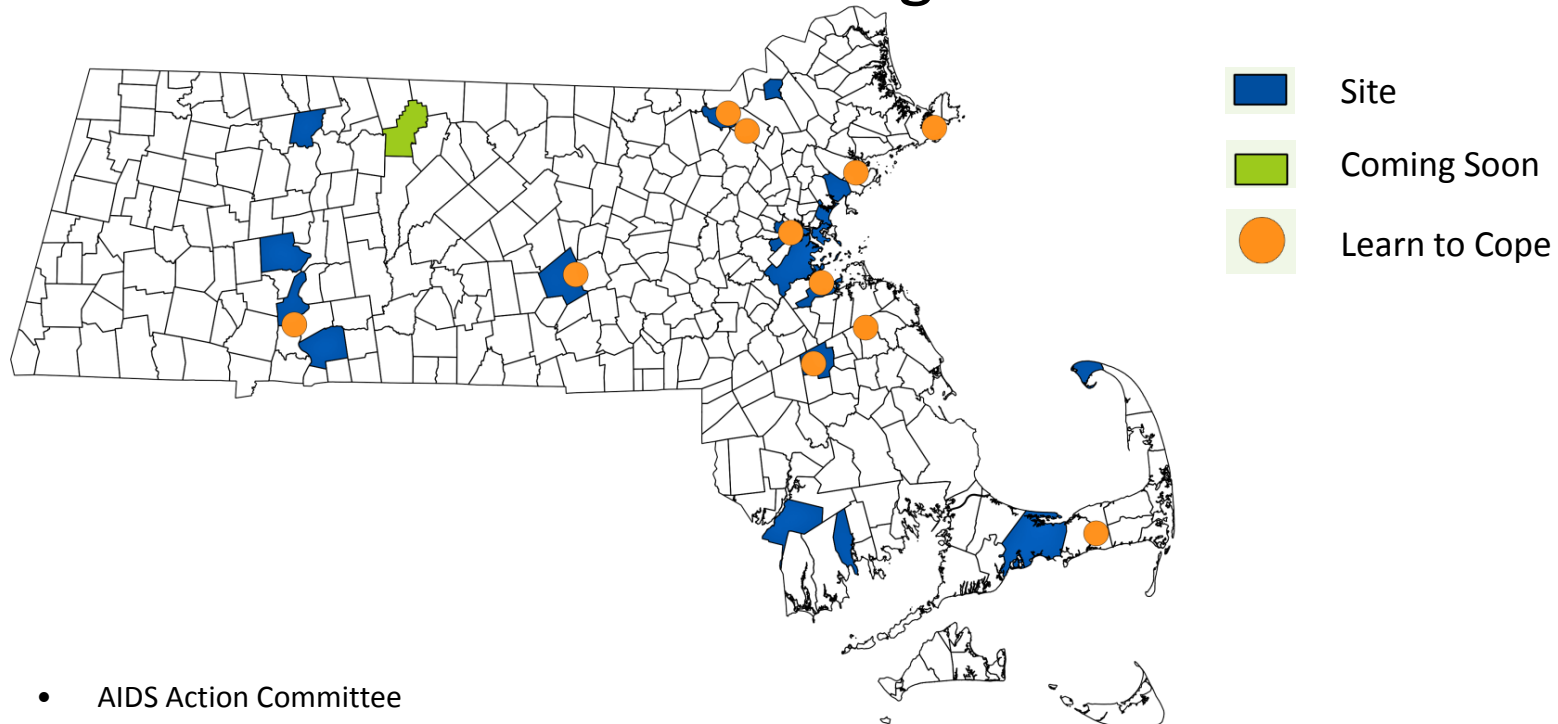
By 2010, drug overdose deaths outnumbered motor vehicle traffic deaths in 31 states



In 2012, 13 Massachusetts residents died each week from drug overdoses



DPH Overdose Education & Naloxone Distribution Program Sites



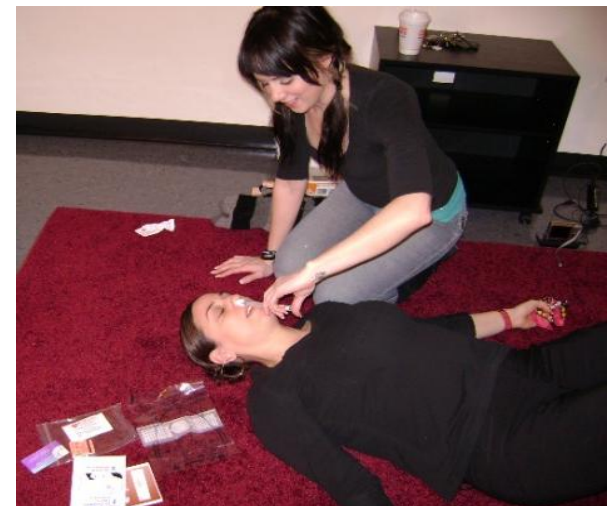
- AIDS Action Committee
- AIDS Project Worcester
- AIDS Support Group of Cape Cod
- Brockton Area Multi-Services Inc. (BAMSI)
- Boston Public Health Commission
- Greater Lawrence Family Health Center
- Holyoke Health Center
- Learn to Cope
- Lowell House/ Lowell Community Health Center
- Manet Community Health Center
- MAPS/ Health Innovations
- North Suffolk Mental Health
- Seven Hills Behavioral Health
- Tapestry Health



Naloxone Pilot Enrollments, Refills & Rescues: 2006-2014

(up through June 2014)

- Enrollments
 - > 27,300 individuals
 - > 28 per day in 2014
- Overdose Rescues
 - > 3,131 reported
 - > 2.8 per day in 2014





Governor declares an emergency on opiate abuse

March 27, 2014

The Governor's Public Health Emergency declaration provided emergency powers to DPH Commissioner Cheryl Bartlett, RN. At the Governor's direction, the Public Health Council passed a regulation that:



“Universally permits first responders to carry and administer Naloxone (Narcan), a safe and effective opioid antagonist that, when timely administered, can reverse an overdose and save a life.”



How Opioids Work and Overdose Risk Factors



THE NEW YORK MEDICAL JOURNAL 39

BAYER PHARMACEUTICAL PRODUCTS.

ASPIRIN
The substitute for the salicylates

Send for samples and Literature to

HEROIN
The sedative for coughs

LYCETOL
The uric acid solvent

EUROPHEN
The analgesic

PROTARGOL
The anti-gout

QUINALGEN
The anti-rheumatic

PIPERAZINE
The sedative

CHINACOL
The anti-malarial

HEROIN-HYDROCHL.
The sedative for coughs

FERRO-SOMATOSE
The iron tonic

SULFONAL
The anti-rheumatic

PHENACETIN
The analgesic

TRIONAL
The anti-rheumatic

SOMATOSE
The anti-rheumatic

SYCOSE
The anti-rheumatic

SALOPHEN
The anti-rheumatic and antineuralgic

FARBENFABRIKEN OF ELBERFELD CO.

40 STONE STREET, NEW YORK.

- There were ads in papers and journals for Bayer's many products, including aspirin and heroin.

BAYER
PHARMACEUTICAL PRODUCTS.

We are now sending to Physicians throughout the United States literature and samples of

ASPIRIN

The substitute for the Salicylates, agreeable of taste, free from unpleasant after-effects.

HEROIN

The Sedative for Coughs,
HEROIN HYDROCHLORIDE
Its water-soluble salt.
You will have call for them. Order a supply from your jobber.

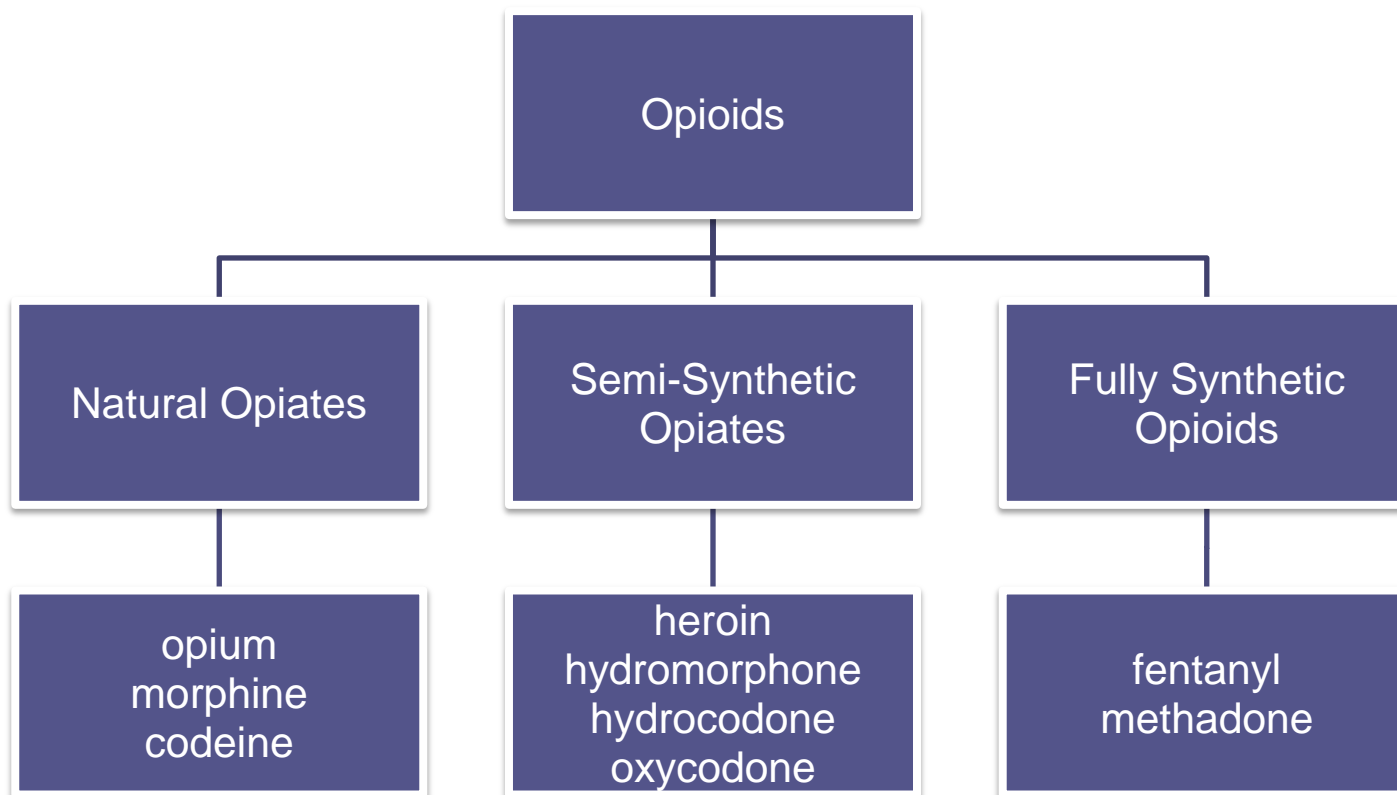
Write for literature to
FARBENFABRIKEN OF ELBERFELD CO.
40 Stone Street, New York,
SELLING AGENTS



What are opioids/opiates?

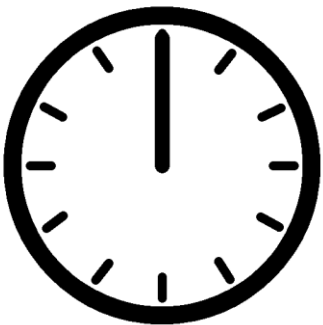
- Medications that relieve pain
- Attach to the opioid receptors in the brain and reduce the intensity of pain signals reaching the brain.





The term opiate is often used as a synonym for *opioid*, however the term *opiate* refers to just those opioids derived from the poppy plant either natural or semi-synthetic

All categories have overdose risk



hours



days



opium
morphine
codeine

heroin
hydrocodone
oxycodone

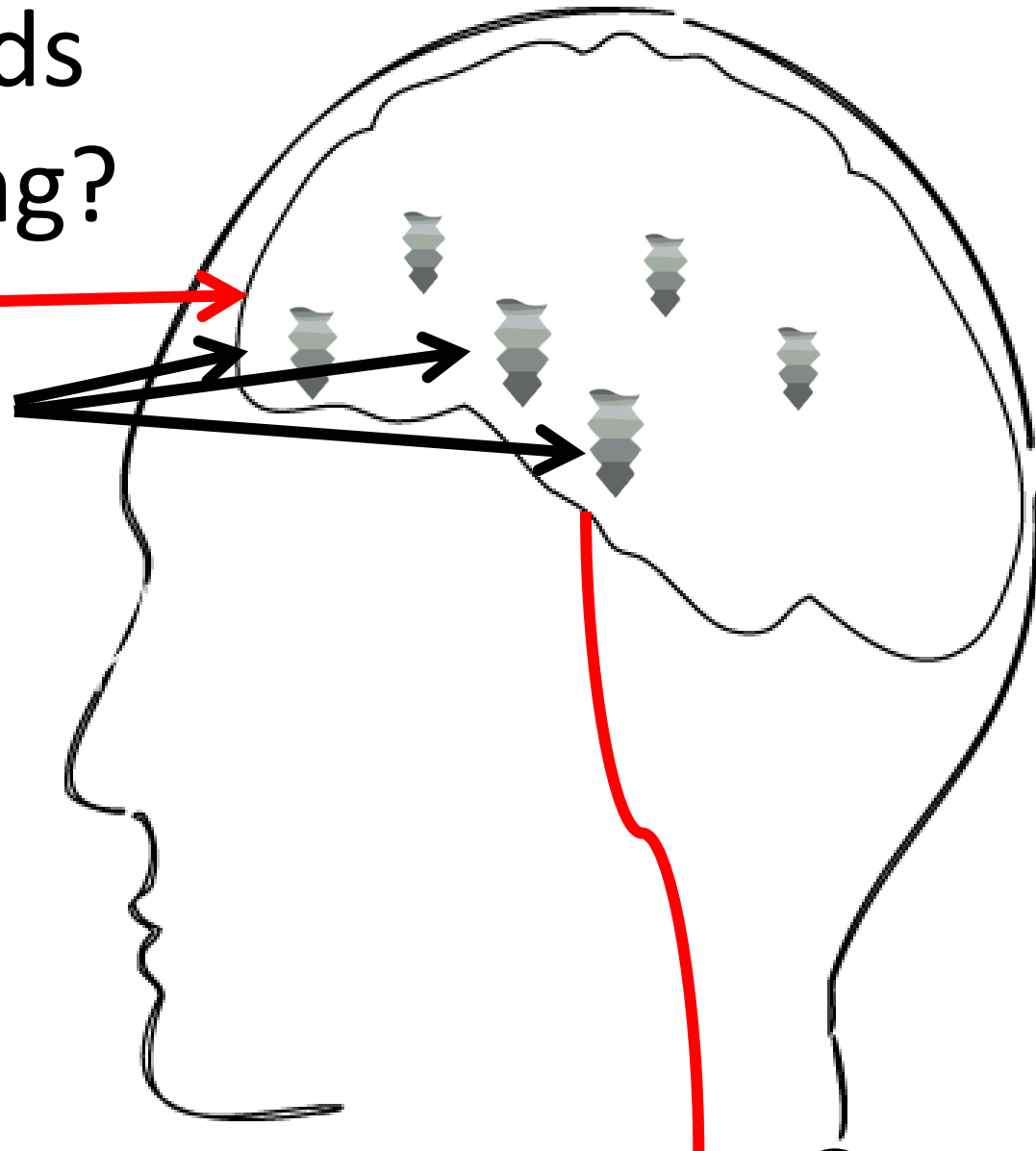
fentanyl
methadone
Demerol



How do opioids affect breathing?

Opioid 
Opioid Receptors 

OVERDOSE





How Overdose Occurs



- Slow Breathing



- Breathing Stops



- Lack of oxygen may cause brain damage



- Heart Stops



- Death

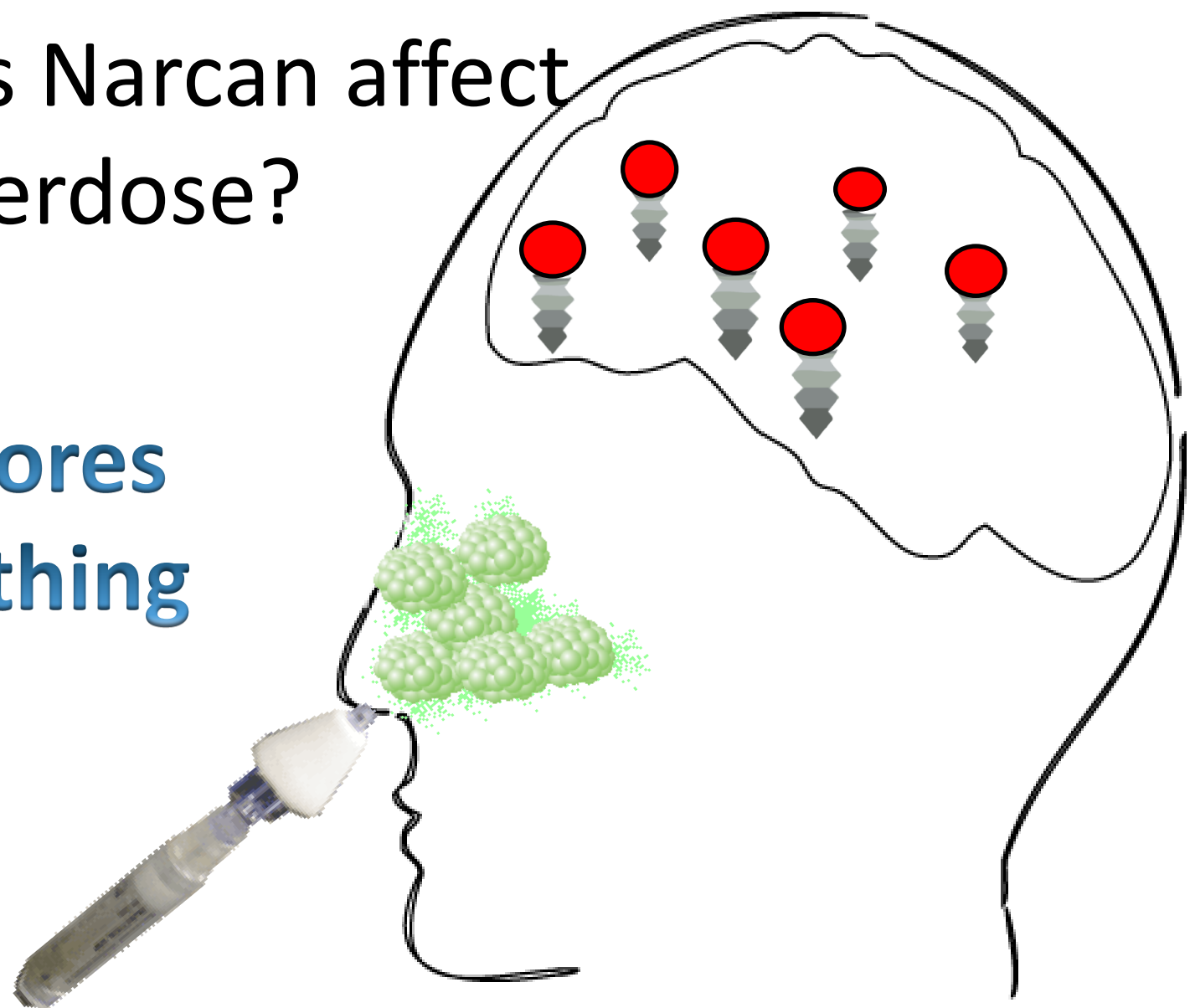


What is Narcan[®] (naloxone)?

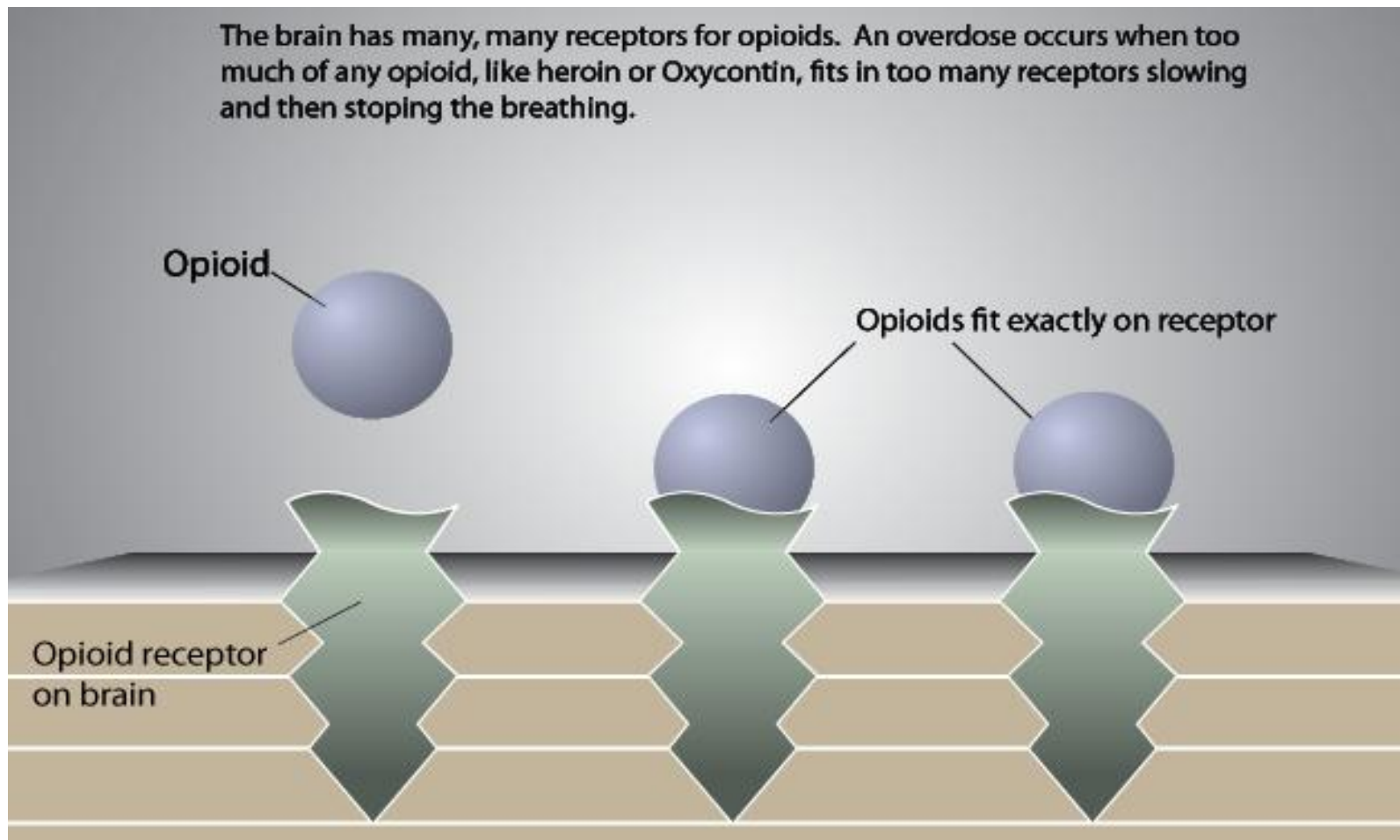
- Narcan knocks the opioid off the opiate receptor, blocking opiate receptors from the opiate
- *Temporarily* takes away the “high,” giving the person the chance to breathe
- Narcan works in 1 to 3 minutes and lasts 30 to 90 minutes
- Narcan can **neither** be abused nor cause overdose
 - only contraindication is known sensitivity, which is very rare
- *Too much* Narcan can cause withdrawal symptoms such as:
 - nausea/vomiting
 - diarrhea
 - chills
 - muscle discomfort
 - disorientation
 - combativeness

How does Narcan affect overdose?

**Restores
Breathing**

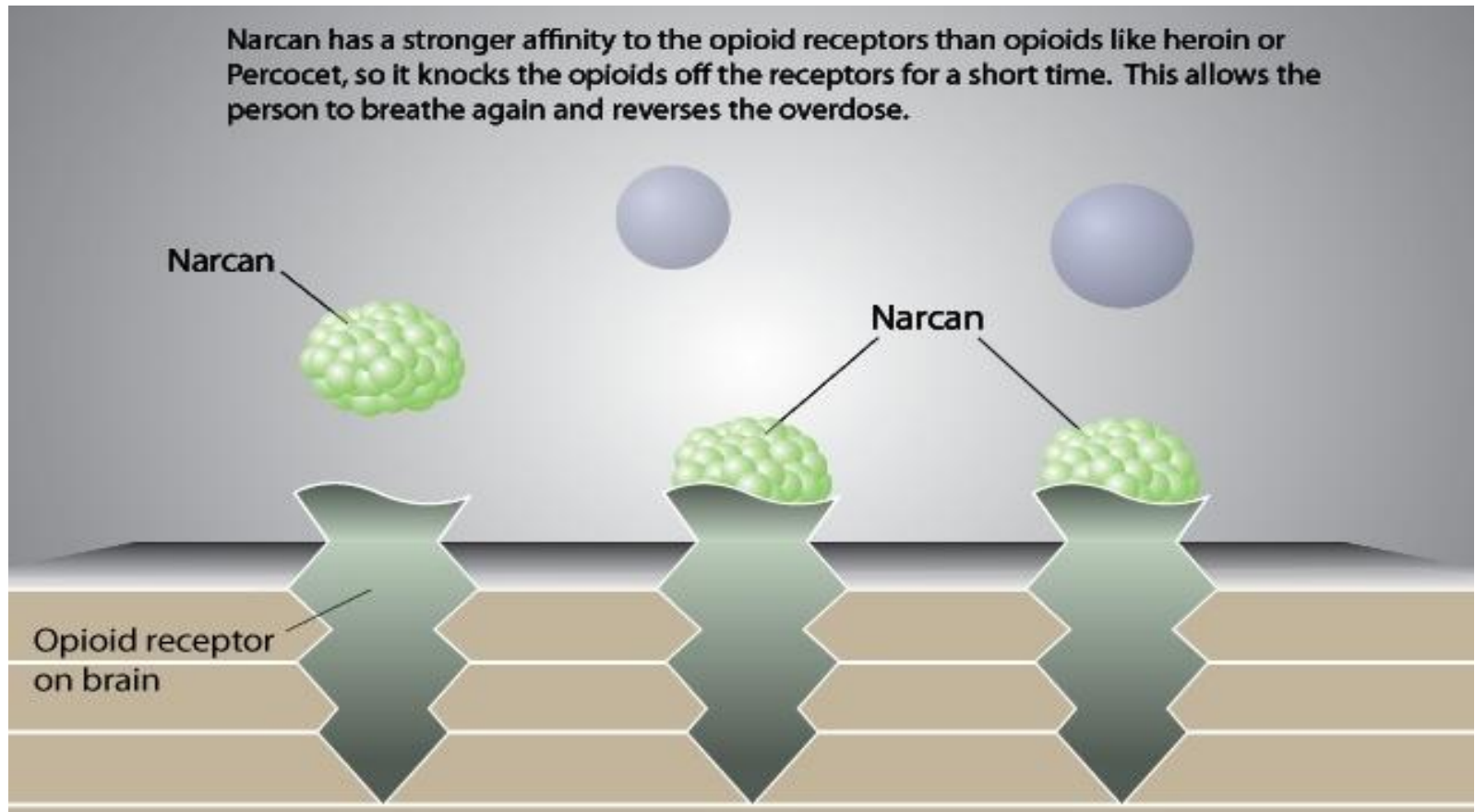


What is an Opioid OD?





Naloxone Reversing Overdose





Common Risks for Opioid Overdose

Opioid dose and
purity

Mixing substances

Alcohol, stimulants,
marijuana, and
prescription medications



Polypharmacy

Prescribed or non-prescribed

Social Isolation

Using alone



Addiction history

Overdose history



Chronic Medical Illness

Lung, liver, and
kidney compromise

Abstinence

- Release from incarceration
- Completion of detoxification
- Relapse after abstinence



DEA Official Blames Fentanyl-Heroin Mixture from Mexico for Recent Fatal Overdoses

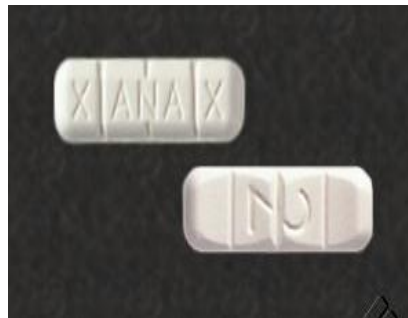
The fentanyl-laced dope plaguing the northeastern United States is being made south of the border, according to officials.





Mixing Opioids with Benzos

- Combining opioids with benzodiazepines or alcohol leads to a worse outcome
- Benzos are psychoactive drugs prescribed for sedation, anxiety, sleep and seizures
- The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax





Medications for Opioid Overdose and Treatment

- Narcan® = naloxone
 - Reverses opioid overdose
 - Short and fast-acting opioid blocker
- Vivitrol® = naltrexone
 - Treatment for opioid and alcohol addiction
 - Long-acting opioid blocker
- Suboxone® = buprenorphine + naloxone
 - Treatment for opioid addiction
 - The naloxone is added to discourage misuse
- Subutex® = buprenorphine only
 - Treatment for opioid addiction in pregnant women
- Methadone aka dolophine and methadose
 - Treatment for opioid addiction or pain

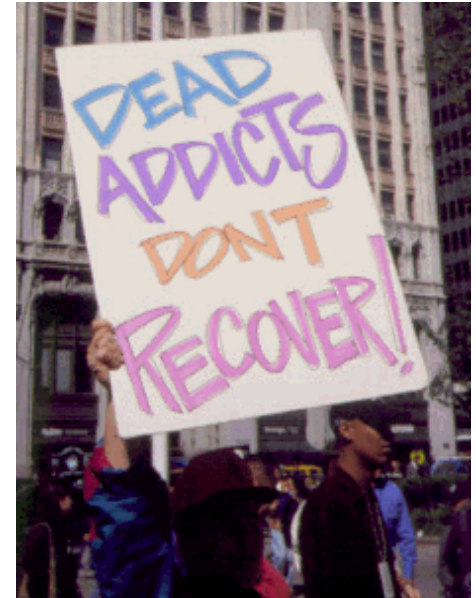
No street value
because they *cause*
withdrawal symptoms

Street value because
they *can relieve*
withdrawal symptoms



Revolving door???

- As it is for tobacco and weight loss, it takes multiple attempts before achieving success
 - By definition, addiction is a chronic condition where people make risky choices despite negative consequences
- With time, treatment works and people get better



Administering Naloxone



Just high/overmedicated vs. overdose

Just high/overmedicated

- Small pupils
- Drowsy, but arousable
 - Responds to sternal rub
- Speech is slurred
- Drowsy, but breathing
 - 8 or more times per minute

>> Stimulate and observe

Overdose

- Small pupils
- Not arousable
 - No response to sternal rub
- Not speaking
- Breathing slow or stopped
 - < 8 times per minute
 - May hear choking sounds or a gurgling/snoring noise
 - Blue/gray lips and fingertips

>> Rescue breathe + give naloxone



Recognize Overdose

- If a person is not breathing or is struggling to breathe: call out name and rub knuckles of a closed fist over the sternum (Sternum Rub)
- Signs of drug use?
 - Pills, drugs, needles, cookers
- Look for overdose
 - Slow or absent breathing
 - Gasping for breath or a snoring sound
 - Pinpoint pupils
 - Blue/gray lips and nails
- Ensure EMS is activated





How to Respond to an Overdose

- Call 911



1. CALL 911

- Perform Rescue Breathing to provide Oxygen



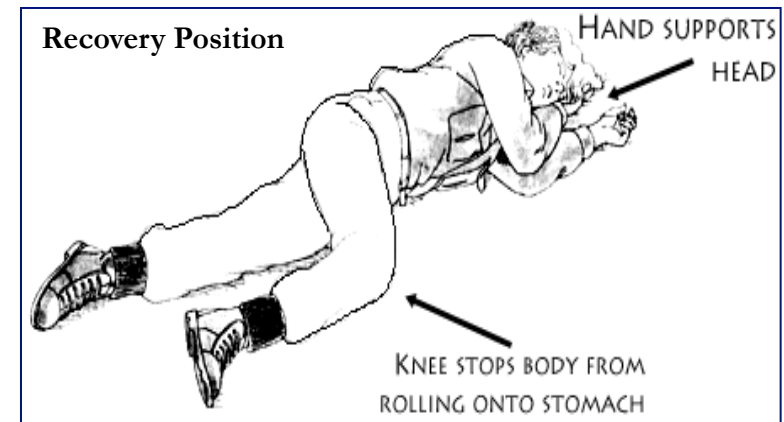
2. RESCUE BREATHING

- Administer Naloxone if available



How to respond to an overdose

- Place in the recovery position
- If possible stay with the person until help arrives





Intranasal Naloxone

- The intranasal naloxone needs to be dispensed with the mucosal atomization device
- If there is nasal trauma or bleeding, do not administer naloxone

Benefits of Intranasal Naloxone

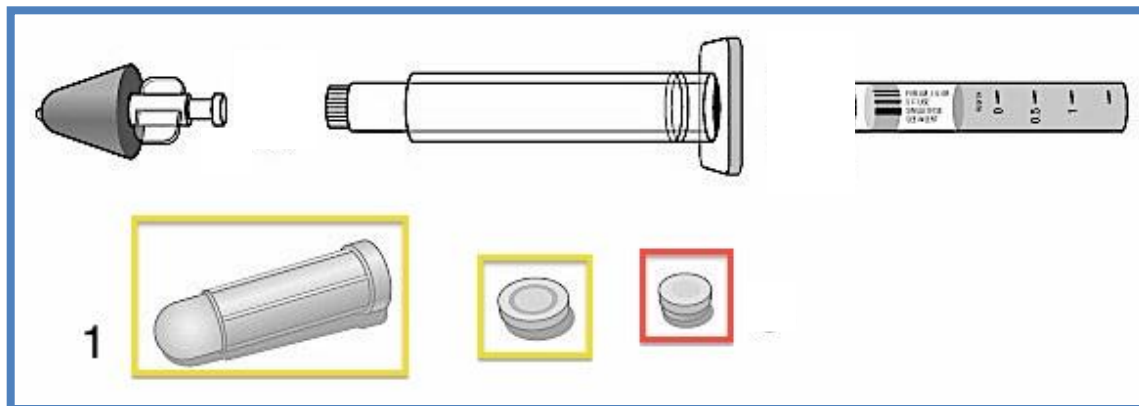
- Nose is an easy access point
- Painless
- Eliminates risk of contaminated needle sticks and needle dispensing





Give Naloxone: Intranasal

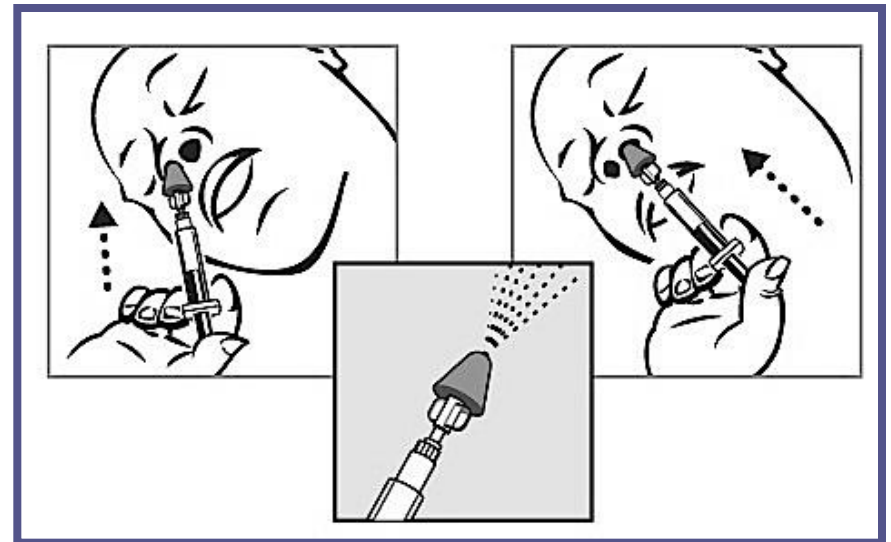
1. Remove both yellow caps from the ends of the syringe
2. Twist the nasal atomizer onto the tip of the syringe
3. Remove the purple cap from the naloxone
4. Twist the naloxone on the other side of the syringe





Give Naloxone: Intranasal

- Push 1ml (1mg) of naloxone into each nostril
- Administer the entire contents of the 2ml syringe with approximately one half (1ml) administered in each nostril
- Administering one half in each nostril maximizes absorption





How does a person respond to Naloxone?

Scenarios:

1. Gradually improves breathing and becomes responsive within 3 – 5 minutes
2. Immediately improves breathing, responsive, and is in withdrawal
3. Starts breathing within 3 – 5 minutes but remains unresponsive
4. Does not respond to first dose and naloxone must be repeated in 3 – 5 minutes (keep rescue breathing)



Reactions to Naloxone

Post-Naloxone Withdrawal Symptoms in First Responder Rescues: 2010-2013	Total
None	47 (40%)
“Dope Sick”	27 (23%)
Irritable or Angry	33 (28%)
Physically Combative	6 (5%)
Vomiting	16 (14%)
Other	14 (12%)

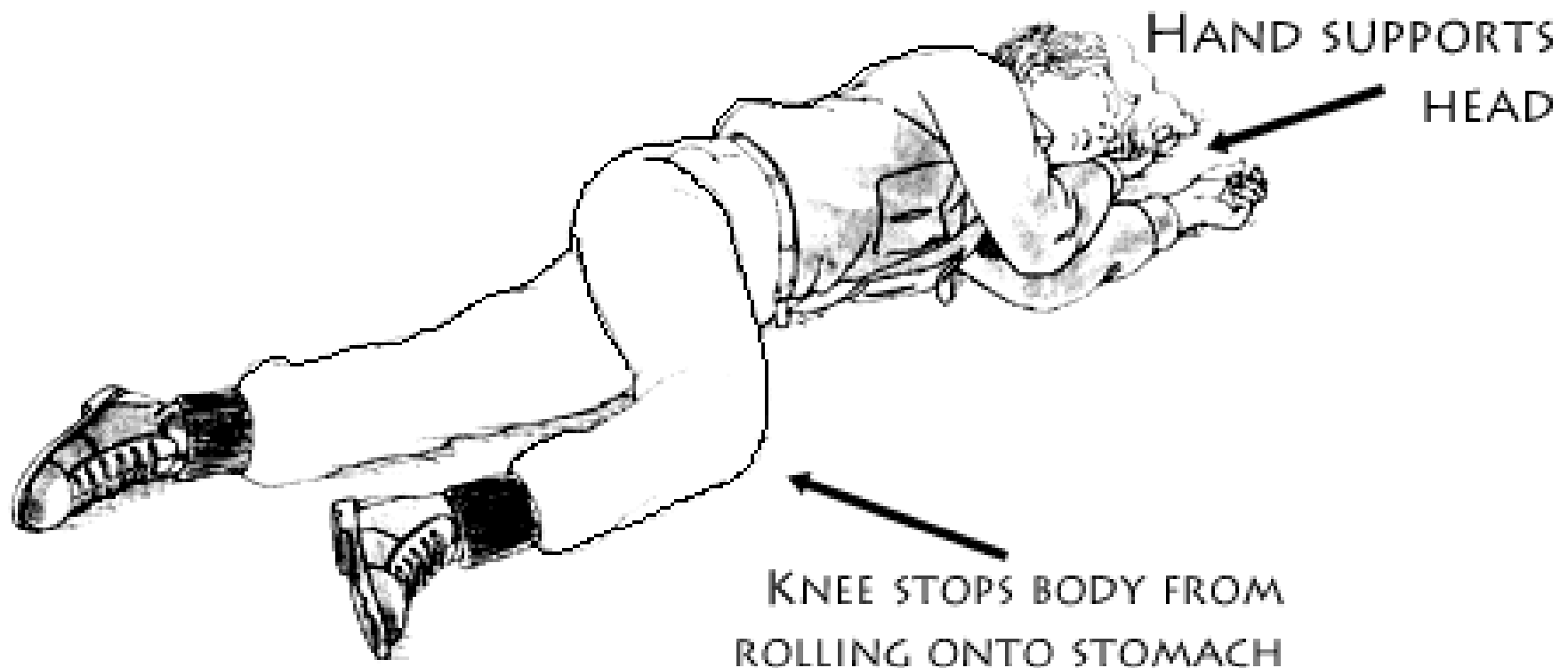


After Administering Naloxone

- Continue rescue breathing with 1 breath every 5 seconds until emergency responders arrive
- After 3-5 minutes, if the patient is still unresponsive with slow or no breathing, administer another dose of naloxone



If victim is breathing, but unresponsive
place in **recovery position**





Questions and Answers

- Will Naloxone work on an alcohol overdose?
 - No. Naloxone only works on opioids
- What if it is a crack/cocaine or speed/methamphetamine overdose?
 - No. Naloxone only works on opioids
- What is the risk period for an overdose to reoccur after giving Naloxone?
 - Depends on how long acting the opioid is and how much they took
- If the person isn't overdosing and I give them Naloxone will it hurt them?
 - No. If in doubt give naloxone.



Reminder

- Naloxone is not a controlled substance but is a regulated substance (a prescription medication) that requires a licensed prescriber
- Prescriptions for intra-nasal naloxone can be filled at many local pharmacies. Several pharmacies have standing orders for dispensing naloxone as well.

Where to Get Naloxone in Massachusetts:

Boston Boston Public Health Commission, AHOPE 774 Albany Street, 617-534-3967 Mobile Unit—call for locations and schedule 800-383-2437	Brockton Brockton Area Multi-Services, Inc. The COPE Center 81 Pleasant Street, 508-583-3405
Cambridge AIDS Action Committee 359 Green Street, 617-599-0246	Fall River Seven Hills Behavioral Health 310 South Main Street, 508-235-1012
Greenfield Tapestry Health 80 Sanderson St., 413-773-8888	Holyoke Holyoke Health Center 230 Maple Street, lower level 413-420-2276 Tapestry Health 15A Main Street, 413-315-3732
Hyannis AIDS Support Group of Cape Cod 428 South Street, 866-990-2437 or 508-778-1954	Lawrence Greater Lawrence Family Health Center 100 Water Street, 978-685-7663 X 8504
Lowell Lowell Community Health Center 161 Jackson St., 978-746-6767 Lowell House, Inc. 555 Merrimack Street, 978-459-8656 Ext. 32	Lynn Health Innovations, Inc Healthy Streets Outreach Program 100 Willow Street, 2nd floor, 781-592-0243
New Bedford Seven Hills Behavioral Health 1173 Acushnet Avenue, 508-996-0546	Northampton Tapestry Health 16 Center Street, Suite 423, 413-586-0310
Provincetown AIDS Support Group of Cape Cod 336 Commercial Street, Unit #10, 866-668-6448, 508-487-8311	Quincy Manet Community Health Center 1193 Sea St, 857-403-0803
Revere North Suffolk Mental Health 265 Beach Street, Revere Tuesdays 5-8pm, 617-912-7554	Springfield Tapestry Health, La Voz 130 Maple Street, lower level, 413-363-9472
Worcester AIDS Project Worcester 85 Green Street, 508-755-3773 X 29	Learn to Cope Naloxone is available at support groups for parents and family members dealing with a loved one suffering from addiction. Please go to www.learn2cope.org for meeting locations and times.



Good Samaritan & Naloxone Law

Passed August 2012



Importance of calling 911

Sometimes people are afraid to call 911.

However, an overdose is a medical emergency.

Remember:

- Narcan *only* works on opioids
 - not benzos, cocaine, alcohol or other drugs
- Person overdosing may have other medical issues
- Person can overdose *again* once narcan wears off

Acts of 2012, Chapter 192, Sections 11 & 32



THE 188TH GENERAL COURT OF
THE COMMONWEALTH OF MASSACHUSETTS

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Acts
2012
CHAPTER 192 AN ACT RELATIVE TO SENTENCING AND IMPROVING LAW ENFORCEMENT TOOLS.

Jump to:
2012 ▾

PREV NEXT

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to strengthen forthwith the laws relative to habitual offenders, update sentencing laws and to provide additional law enforcement tools, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 10. Said section 4 of said chapter 27, as so appearing, is hereby further amended by inserting after the word 'Association,' in line 30, the following words:- a victim witness advocate; provided, that such victim representative is otherwise qualified as provided for

(d) Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose *or a family member, friend or other person* in a position to assist a person at risk of experiencing an opiate-related overdose. (emphasis added)

amended by striking out, in lines 15, 17 and 20, the word 'five' and inserting in place thereof, in each instance, the following figure:- 3½.

SECTION 13. Section 32A of said chapter 94C, as so appearing, is hereby amended by striking out, in lines 15 and 18, the word 'three' and inserting in place thereof, in each instance, the following figure:- 2.

SECTION 14. Section 32A of said chapter 94C, as so appearing, is hereby further amended by striking out, in line 42, the word 'five' and inserting in place thereof the following figure:- 3½.

SECTION 15. Section 32B of said chapter 94C, as so appearing, is hereby amended by striking

(a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

(c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act, 1970 P.L. 91-513, 21 U.S.C. section 801, et seq.

(d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

Thank You

Any questions?