OVERDOSE IN UTAH PREVENTION AND RESPONSE

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Questions

How many people have known someone who has experienced an overdose?

How many have been present when someone else was experiencing overdose?
Overdose Overview

• A toxic amount of a drug or combination of drugs that overwhelms the body.

• You can overdose on too much of one drug, or a mix of too many drugs.

• Naloxone/Narcan works ONLY on opioids, not other drugs.

• Overdoses from stimulants have different symptoms and you respond differently.
Intentional Drug Poisoning Deaths in the U.S. and Utah

- Intentional drug poisoning deaths have increased in the U.S. 64%: 1999 (3,181) → 2015 (5,206)
- Intentional drug poisoning deaths have increased in Utah 200%: 1999 (34) → 2015 (102)
- 3rd most common intentional method

Intentional Drug Poisoning Deaths, 1999-2015, Utah vs. U.S.

Data Source: Utah Department of Health Utah Violent Death Reporting System.
Data Notes: Counts from 2015 are preliminary and subject to change as additional data becomes available.
Opioid Prescribing in Utah

• Utah there were 2.6 million opioid prescriptions dispensed in 2015.
• Enough for every Utah adult to have a bottle of pills.
• 2012 Utah ranked 15th highest for high-dose opioid prescribing.

Sources:
• Utah Controlled Substances Database, 2015
• IMS Health’s National Prescription Audit, 2014
What are Opioids?

• Opioids are depressants
• They slow down the central nervous system, including your breathing
• A type of drug from the opium poppy or synthetically made by a drug company

<table>
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<th>Example of opioids</th>
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<tbody>
<tr>
<td>Heroin</td>
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<tr>
<td>Opana</td>
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<tr>
<td>Dilaudid</td>
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<td>Lortab</td>
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<td>Oxycodone</td>
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<td>Tylenol 3</td>
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Opioids
The Heroin Epidemic

- Similar chemical structure to painkillers
- Much cheaper than pills ($50 per pill vs. $10 per balloon)

Sources:
- Utah Department of Substance Abuse and Mental Health Annual Report, 2015
- Statewide Information and Analysis Center, Utah Department of Public Safety
Utah Overdose Prevention Laws

• Good Samaritan

• Opiate Overdose Response Act
  • Naloxone Access – Overdose Outreach Providers
  • Standing Rx Orders
QUESTIONS?
Definitions, opioids, intentional deaths, laws
RISK FACTORS FOR OVERDOSE AND PREVENTION STRATEGIES
RISK FACTORS

- Mixing Drugs
- Injecting
- Change in Tolerance
- Substance Use Disorder/History of Substance Abuse
- Using alone
- Physical Health
- Mental Health
- Others?
MIXING

RISK FACTOR

• Mixing opiates with alcohol
• Mixing opiates with other depressants (benzos)
• Mixing with other opiates
• Cocaine with opioids is higher risk
• Mixing with other medications

PREVENTION STRATEGIES

• Talk to friends and family
• Try not to leave people alone.
• Understand access/ Rx in home
• If drinking or taking pills with heroin, do heroin first
INJECTING

RISK FACTORS

• Risk of HIV/HCV Transmission
• Unknown strength of drug
• Sharing cooker with others who have different tolerance
• Peer pressure

PREVENTION STRATEGIES

• Use clean syringes – don’t share or reuse
• Don’t use the same amount as someone else who uses more regularly
• Increase awareness of what substance is being used
• Use smaller barrels, smaller cookers
• Don’t inject alone
TOLERANCE

RISK FACTORS

• Recent release from prison, detox, drug treatment
• Unknown strength of drug
• Erratic access or behavior

PREVENTION STRATEGIES

• Education and materials about risk factors
• Treatment options to help prevent overdose (i.e. Suboxone)
• Take a little at a time, start slow
USING ALONE

RISK FACTORS

• No one to administer naloxone or call for help
• Mental health issues
• Shame/Stigma

PREVENTION STRATEGIES

• Call and check
• Arrange to meet them or have them check in at certain times
• Encourage them to use with others
• Education on naloxone for friends, family, neighbors
• Put the naloxone kit out assembled and somewhere obvious to find
• Make plans so if you don’t show up someone would notice
SUBSTANCE ABUSE

RISK FACTORS
• History of substance use/abuse
• Peer pressure
• New to drugs, lack of education
• Ease of access
• Trauma
• Depression
• Life Changes

PREVENTION STRATEGIES
• Psychological Risk Assessment
• Know what Rx and other drugs are in house or easily accessed
• Education about drug strength and tolerance
• Treatment and support options
• Harm reduction
# PHYSICAL HEALTH

## RISK FACTORS
- People with HIV/AIDS
- Chronic Pain
- Weight loss/gain
- Dehydration
- Food Consumption
- Illnesses/fatigue
- Other medications

## PREVENTION STRATEGIES
- Understand risk for addiction/misuse
- Have naloxone for opiate Rx
- Family/caregivers trained on recognizing overdose, response and naloxone
- Assess suicidal ideation
- Pain management
MENTAL HEALTH

RISK FACTORS

• Self-medicating
• Chronic pain
• Mixing
• Shame/Stigma
• Suicidal Ideation
• opiates can increase desire and means

PREVENTION STRATEGIES

• Psychological Risk Assessment
• Understand risk for addiction/misuse
• Have naloxone for opiate Rx
• Family/caregivers trained on recognizing overdose, response and naloxone
• Treatment/support options
• Address shame and stigma, they are “worth saving”
Summary of Opioid Overdose Prevention Tips

• Substance abuse and/or mental health treatment
• Make an overdose prevention plan
• Share it with someone you trust.
• People are at greater risk for overdose if they have overdosed before.
• Keep naloxone nearby always!
• Be selfish with your prescription drugs Do Not Share
• Don’t mix pain medication with alcohol, benzos, sleeping pills, muscle relaxants, or other opioids
QUESTIONS?
Risk factors for overdose, prevention strategies
What **NOT TO DO**

• **Avoid** leaving the person alone.

• **Avoid** putting them in a bath.

• **Avoid** giving them something to drink.

• **Avoid** putting ice down their pants.

• **Avoid** injecting them with anything (saltwater, cocaine, milk).
Five Steps to Reverse an Overdose:

1. Assess the person
2. Call 911
3. Perform rescue breathing
4. Administer naloxone (Narcan)
5. Monitor and support
Step 1: Assess the Person

Signs of being very “high” (but not overdosing):

- Nodding out
- Itchy skin
- Slurred speech
- Will respond to stimulation: yelling, sternal rub, etc.
Signs of an Overdose

- Unconscious
- Unresponsive to stimulus (STERNAL RUB)
- Changed skin color – lips and nail beds blue (lighter skin) or ashy (darker skin)
- Shallow, erratic breathing, or no breaths
- Sounds of choking or “gurgling”, deep snoring

*If you’re uncertain if the person is high or overdosing, **Administer Narcan!**
Sternal Grind/Rub

- Try calling and shaking

- If that doesn’t work try a sternal rub

- Make a fist and rub the sternal with the knuckles really hard
Step 2: Call 911

- Give the location address or nearest intersection
- Describe what you see: “an unconscious person not breathing.”
- Assume police will come, they may/not have naloxone
- If you have to leave the person alone put them in the recovery position, unlock the door
- If you used naloxone, leave container to show EMS
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 1:** Lay the person on his/her back on a flat surface.

**Step 2:** Tilt the chin to open the airway.

**Step 3:** Check the airway

- Remove anything blocking the airway.
- Remember to LOOK, LISTEN, and FEEL
  - Look for chest rise/fall
  - Listen for breath w/ ear
  - Feel for air with your cheek
Rescue Breathing

**Step 4:** Pinch the person’s nose so it closes 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 six seconds.
Step 4: Administer Naloxone
What is naloxone?
What is naloxone?

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.
Naloxone Facts

• Acts **within 2-5 minutes**
• Lasts for **30-90 minutes**
• **Blocks** the effects of all opioids
• **Harmless** with no effects if the person “narcan’d” did not have opioids in their system
• Will **not** reverse overdoses caused by cocaine, alcohol, benzodiazepines, methamphetamine
How to Administer Naloxone

You can save someone’s life!

- Administration of naloxone varies depending on type:
  - Intranasal Spray
  - Intramuscular Injection
  - Auto-Injector
Naloxone Kits May Include:

• 2 doses of intranasal naloxone (Narcan)
• A brochure reviewing how to use naloxone
• Medication information card
• Postcard to send to report you have used the kit
Administering Narcan® Nasal Spray

PEEL ➡ PLACE ➡ PRESS

https://vimeo.com/151191919
Administering Nasal Naloxone

Step 1:
Remove yellow cap from needleless syringe (device).

Step 2:
Screw white cone-shaped nasal atomizer on device.

Step 3:
Remove red cap from prefilled vial of naloxone.
Administering Nasal Naloxone

Step 4:
*Gently twist* naloxone vial into barrel of device until you feel it “catch.”

Step 5:
Insert white cone into nostril, spray ½ vial of naloxone into the nose.

Spray the remaining ½ vial of naloxone into the other nostril.
Administering Nasal Naloxone

Step 6: Rescue Breath + Monitor the person

Step 7: If they doesn’t respond to 1\textsuperscript{st} dose in 2-5 minutes:
- give 2nd vial
- squirt half in each nostril
How to Give Nasal Spray Naloxone

1. Pull or pry off yellow cap.

2. Pry off red cap.

3. Grip clear plastic wing.

4. Gently screw nasal into barrel of syringe.

5. Insert white cone into nostril: give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.

6. If no reaction in 2-6 minutes, give the second dose.
Evzio Auto-Injector

- Most expensive form of naloxone
- Like an epi-pen
Administering Intramuscular (IM)
Step 5: Monitor and Support

Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.
Monitor and Support

- **Continue rescue breathing** until the person revives.

- Rescue breathing is physically exhausting; take your own breath and **get help if you need it**.

- Place person in **Recovery Position** when not performing rescue breathing or CPR.
Recovery Position

1. Bent knee supports body

2. Hand supports head

3. Bent knee supports body

4. Hand supports head
Monitor and Support

• If person begins breathing on their own, **monitor breathing/responsiveness** (3 hours)

• Stay with the person until medical help arrives

• Keep person **calm** and encourage them not to take more opioids.

• If **overdose re-occurs**, give **another dose of naloxone**.
While You’re Waiting for Medical Help...

• 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 of a “high.”

  • Have a **seizure**, though this is **rare**.
QUESTIONS?
Overdose response, Naloxone, anything else
Resources

- naloxone.utah.gov
- naloxone.utah.gov/media
- useonlyasdirected.org
- opidemic.org
- harmreduction.org
Acknowledgments

- Harm Reduction Coalition [www.harmreduction.org](http://www.harmreduction.org)
- New Mexico Department of Health, Hepatitis and Harm Reduction Program [http://nmhealth.org/about/phd/idb/hrp/](http://nmhealth.org/about/phd/idb/hrp/)
- Utah Coalition for Opioid Overdose Prevention
- UDOH – Violence and Injury Prevention Program and Viral Hepatitis & Syringe Exchange Program
- Utah Syringe Exchange Network (USEN)
## Contact Information

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<th>Role</th>
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