

Overdose/Naloxone Training Curriculum

Give participants an overview of how this class will work: It will last one half hour going over prevention, recognition, planning for, and responding to an overdose with a focus on opiate overdoses and the use of Naloxone/Narcan. At the end there will be some forms to fill out and then our provider will write a prescription and give you Naloxone.

Right from CRA's curriculum: "This training program will not make you a doctor, or capable of acting like one. There is much more to keeping people alive than is covered here, but you will leave with an understanding of the more common life-saving actions helpful to keeping people alive who have overdosed in the hope your ability to act quickly and correctly can save a life."

I. Preventing Overdose

Have participants identify what causes overdose and what can be done to prevent it. Fill in what they miss and elaborate on each point if needed. If available or makes sense, ideas can be written on a board or big sheet of paper. (10 minutes)

1. Mixing drugs – this is the most common cause of fatal overdoses. Drugs can interact with each other and increase the total effect.

- ◆ If possible, avoid mixing drugs
 - with the same effect (opiates with other depressants) compound the depression of the respiratory system
 - with opposite effects (uppers and downers) confuse the body, one is suppressing your central nervous system while the other one is stimulating it. If you are doing speedballs, the upper either wears off, or prevents you from feeling the downer, and you might end up doing more of the downer than you can handle.
- ◆ If using alcohol and opiates together, use the opiate first and use less of each
- ◆ Know about drug interactions before using
- ◆ Take a test shot to see how much opiate you can handle

2. Lowered tolerance – Any period of abstinence, even as short as one day, can lower tolerance. Many people overdose after coming out of jail, detox, or the hospital. Also your body won't be used to a drug yet if you've never used it before.

- ◆ You can always do more, but you can't always do less.
- ◆ Anyone who has not been using, been in the hospital, treatment or in jail should consider using less, or do a test shot to check their tolerance level. It may be back down to when they first started using.
- ◆ Doing less, a test shot, or injecting slowly can help you feel or taste how much drug your body is getting.
- ◆ Find out as much as you can about any new drug you plan to use
- ◆ If you are sick, tired, haven't eaten or have lost weight, your tolerance might be lower.

- ◆ If you are buying from a different source or your dealer gets a new batch the purity can differ. Doing a test shot or injecting slowly allows you to feel or taste how much drug your body is getting.

3. Using too much in too little time

- ◆ Smoking, snorting, keistering, and other forms of ingesting drugs take different amounts of time to get you high. Keep this in mind when trying a new form of using so that you do not end up doing more than what you can handle.
- ◆ Purchase just what you plan to use or just have that amount around. Know how much you have used.
- ◆ Prepare your own mix and inject yourself so you have control of how much you are getting.

4. Using alone – Many overdoses are fatal because there is no one there to get help.

- ◆ Use with friends if you can
- ◆ If you use alone tell someone so they can check on you in a little while. If you have a phone call someone before you use and tell them to check on you if you don't call again.

II. Recognizing Overdose

Have participants talk about what an overdose is and what it looks like. Fill in what they miss and elaborate on each point as needed. As above, if works for particular group, write out signs of overdose. (10 minutes)

What is an Overdose (physically)? Overdose happens when you have too much drug in you and your body loses the ability to process and cope with the drug. You may pass out, stop breathing, have heart failure or seizures depending on what kind of drug or drugs you used.

What does an overdose look like?

Depressants – body is slowed down

- ◆ Breathing is very slow and shallow or has stopped
- ◆ Passing out
- ◆ Choking sounds, gurgling noises, snoring
- ◆ Awake, but unable to talk
- ◆ Body is very limp
- ◆ Face is very pale
- ◆ Throwing up
- ◆ Blue-ish tint to face, body, fingernails
- ◆ Loose muscles
- ◆ Cold or clammy skin

Stimulants - body is sped up

- ◆ Foaming at the mouth
- ◆ Pressure, tightness or pain in chest
- ◆ Shaking or seizing
- ◆ Passing out
- ◆ Choking sounds or gurgling noises
- ◆ Throwing up

III. Making a Plan

Go over the concept of an OD plan, what it entails and why is it important. Discuss with participants what would be crucial points that should be covered when making a plan. Use the guideline to fill in as needed. Have participants act out the process of making an OD plan.

It's important to make an overdose plan with your using partner or partners before a situation comes up where you would have to use it. The more specific you are with each other, the less doubt there will be about what to do and what not to do at a time when you may be high, panicky, or scared. The more you have planned everything out beforehand, the more prepared you will be to act.

Some of the questions you want to talk about are:

- ◆ Before using, ask friends if they have used anything else that day.
- ◆ When should someone take action? How slow should breathing be? Should they wait until you are turning blue? Until breathing stops? Be specific.
- ◆ Should 911 be called? When should they be called--immediately or should they try other things first?
- ◆ Should ID and drugs or paraphernalia be removed from the person or area before the ambulance, and possibly the police, get there?
- ◆ Should rescue breathing be attempted if breathing stops? Do others know how to perform rescue breathing? For how long? What should be done if you resume breathing? Should you be taken to get medical attention? How do you want to be supported?
- ◆ Should Naloxone/Narcan be used? Where is the Naloxone kit and instructions kept? What else has been tried? What if one dose doesn't work? Should other doses be injected? How many? What should be done when Naloxone wears off?

IV. Responding to Overdose

Have participants share what is typically done in the case of an overdose. Use this information as an introduction into the various things that should be considered and happen when responding to an overdose. Also demonstrate proper Rescue Breathing technique and how to administer naloxone. Have participants practice Rescue Breathing on the dummy. Have them work in teams so that they can practice how to count breaths, take a person's pulse and properly place someone in Recovery Position.

1. **Common Responses** – There are many commonly used overdose interventions that are passed down among the using community. Many of these interventions might not stop the overdose or may cause harm and complicate the situation.
 - ◆ Placing ice or something cold on the person’s groin or putting them in a cold bath or shower can cause the person’s body temperature to drop. A drop in their temperature is going to further slow their respiration.
 - ◆ Injecting the person that is overdosing with saltwater can cause the person to go into shock. Shock is when for some reason or the other there is insufficient blood circulating in the body.
 - ◆ Injecting milk is not recommended because a fat particle from the milk can become lodged inside an organ and cause further complication.
 - ◆ Injecting someone that has overdosed with other drugs can further complicate the situation.

2. **Dealing with potential overdoses** – Not all overdoses are fatal. Sometimes people might be in a heavy nod that may become an overdose or they may be in an overdose but still be slightly conscious. There are several things that can be done to keep the person alert until the effects of the opiate diminish.
 - ◆ Keep track of their breathing. Someone is considered to be in an overdose if their respiration falls under 8 breaths per minute.
 - ◆ Keep the person alert by talking and walking with them. If you are walking with them, provide enough support so that they do not fall.
 - ◆ Offer them water to drink. This also helps you assess how much control they have over being alert enough to hold a cup.
 - ◆ Ask them to take deep breaths. This will ensure that they are getting oxygen into their body.
 - ◆ If they are not responsive, you can perform a sternum rub to arouse them. (Demonstrate)
 - ◆ If they are not responsive, take their pulse to make sure they still have one.

3. **Calling 911** – If your partner has told you at which specific time during an overdose s/he wishes 911 to be called, then that should be respected. If you haven’t discussed a plan, then call as soon as you know that something is going wrong.

Some people do not call 911 for a realistic fear of the police showing up. The police usually shows up for one of the following: there is a potential or actual death, a crime has been committed, an unsafe environment is perceived by either the 911 dispatcher or the paramedics or if the house has been the scene of previous overdoses or drug related activity.

- ◆ When calling 911 you want to give a sense of urgency without giving the dispatcher reasons to send the police. Therefore think about, whether there are people yelling in the background or other signals that could be perceived as threatening.
- ◆ When the paramedics go to a call they take all their equipment with them; therefore, you might want to tell the dispatcher that someone has collapsed, has slowed breathing, or is unconscious. Having an idea in advance of what you are going to say will help.

- ◆ If you still fear the cops coming to the call, leave when you hear the sirens. That is better than not getting any help at all. Just remember to leave the door open so that the paramedics can get inside. Also, if agreed upon remember to remove drugs, paraphernalia and forms of identification.
- ◆ If you decide to leave and have given the person Naloxone, think about leaving the syringe or vial around so that the paramedics know that the person has received Naloxone and how much.
- ◆ When paramedics show up, give them as much information as possible. Also, expect the administration of naloxone and a trip to the hospital. Being cooperative and calm is always recommended.

4. Rescue Breathing – If the person is breathing less than 8 respirations per minute or is not breathing at all, rescue breathing should be administered. Rescue breathing and CPR are not the same. CPR should only be used when someone does not have a pulse. If CPR is used incorrectly, it can cause more harm than good.

- ◆ **Demonstrate proper Rescue Breathing technique. Also include Recovery Position.** Recovery position should be used whenever the person is not receiving Rescue Breathing.
- ◆ **Look, Listen and Feel** for breathing and chest rising. Remember to check the airway.
- ◆ **Check that airway and mouth are clear** of objects.
- ◆ **Give 2 breaths**
- ◆ **Assess** - check pulse and look, listen and feel again for breathing
- ◆ **If no pulse CPR is needed** – call for help if no one knows CPR
- ◆ **If there is a pulse but no breathing** give 12 breaths over one minute
- ◆ **Assess**
- ◆ **If still not breathing** inject with 1cc of Naloxone if available
- ◆ **Continue** giving 12 breaths per minute
- ◆ **After 3-4 assess/ breath cycles** inject another 1cc of Naloxone if available
- ◆ **Continue** assessing and giving 12 breaths until they are breathing or help arrives
- ◆ **When breathing** put person in recovery position facing towards you

5. Administration of Naloxone

- ◆ Naloxone is an opiate antagonist, which means that it counteracts the effects of opiates. Naloxone does this by preferentially binding to the opiate receptor sites in the body. While naloxone is binding to the receptors, the opiate has nowhere to bind to; therefore, temporarily not affecting the body.
- ◆ Once naloxone wears off (after 30 – 90 minutes), the receptor sites will be free and the opiate will bind to them again. If there is still enough opiate in the body to cause an overdose, the person will go back into one. That is why calling 911 or taking someone to the hospital is always recommended during an overdose, even if they have received naloxone. On rare occasion, lung complication can occur due to an allergic reaction to naloxone itself. This is another reason why we recommend calling 911. On the other hand if there is not enough opiate in the body, the person can start experiencing withdrawal symptoms. We recommend discussing this when developing an OD response plan, so that proper support can be provided. We also

recommend trying to wait several hours before using again due to possible changes in tolerance which can cause another overdose.

- ◆ Naloxone can be administered in various ways. You will learn how to administer it intra-nasally (into the nose). We give out easy-to-load syringes 2.0 cc. (Important: 1cc = 1 ml, and show you how to use the atomizer)
- ◆ Inject 1cc at a time into each of the person's nostrils.
- ◆ Continue rescue breathing.
- ◆ If the person does not respond after 3-4 minutes, administer another dose of narcan.
- ◆ Continue Rescue breathing.
- ◆ Continue this pattern until paramedics have arrived.
- ◆ If you have administered 4 cc of naloxone, and the person is not responding you are probably not dealing with an opiate overdoes. If this is the case, seek medical attention immediately.

Updated 4/1/08