PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

POLICY 40-507

Naloxone Distribution at Harm Reduction Center

In an effort to reduce overdose mortality in Thurston County, Thurston County Syringe Exchange Program will provide overdose prevention education and distribute Naloxone to persons at risk for having or witnessing an opioid overdose. This policy serves as a standing order for Thurston County Public Health staff and volunteers who work at the syringe exchange program to administer Naloxone to clients who are experiencing an opioid overdose. It also serves as a standing order to provide overdose prevention education and Naloxone kits to syringe exchange clients who are at risk of having or witnessing an opioid overdose.

OVERVIEW:

Opioid overdose is the leading cause of accidental death in Washington State. Opioid-related deaths in Washington State and Thurston County have significantly increased over the past decade, and are preventable through education and Naloxone intervention. Washington State Good Samaritan Law (Revised Code of Washington (RCW) 69.50.315) passed in 2010 legalizes the administering, dispensing, prescribing, purchasing, acquisition, possession, and use of Naloxone for persons at risk of experiencing or witnessing an opioid-related overdose.\(^1\) Additionally, the Washington State Board of Pharmacy is supportive of making Naloxone available to high-risk populations such as syringe exchange clients, and collaborative drug therapy agreements that allow pharmacists to educate ‘friends’ of potential opioid overdose victims and provide them with Naloxone. Naloxone distribution is recommended by the Centers for Disease Control and Washington State Department of Health as a promising strategy to prevent overdose deaths.\(^2,3\) The American Medical Association and the American Public Health Association both have policies supporting the availability of take-home Naloxone.\(^4\) Nationwide, Naloxone distribution programs have reported over 10,000 overdose reversals,\(^3\) and economic evaluations show that Naloxone distribution to heroin users are highly cost-effective.\(^5\)
DEFINITION OF TERMS:

Administer: Direct application of a prescription drug to the body of a patient by a practitioner.

Dispense: The interpretation of a prescription or order for a legend drug and, pursuant to the prescription or order, the proper selection, labeling, or packaging necessary to prepare that prescription or order for delivery. Practitioners with prescriptive authority such as Physicians and Advanced Registered Nurse Practitioners are authorized to dispense the drugs which they prescribe.

Distribute: To deliver medications other than by administering or dispensing a legend drug.

Legend: Drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

Naloxone: Prescription medicine that reverses the effect of an opioid overdose.

Overdose Prevention Educator: Syringe Exchange Program staff and volunteers who have completed the overdose prevention education, under the direction of the Health Officer, and are qualified to deliver the Overdose Prevention and Naloxone Training curriculum to individuals at risk of experiencing or witnessing an opioid overdose.

Overdose Responder: Individuals who are at risk of experiencing or witnessing an opioid overdose, have attended the Overdose Prevention and Naloxone Training, and are eligible for possession and administration of take-home Naloxone to treat an opioid overdose.


TCPH: Thurston County Public Health.

STANDING ORDER

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness.

1. Naloxone may be given intramuscularly (IM) by trained Thurston County Public Health staff and volunteers (Overdose Prevention Educators) to a person who is experiencing a drug overdose, as described in the “Procedure – Guidelines” section below. Naloxone may be given subcutaneously or intravenously, however, TCPH will teach and use the IM route, unless an urgent situation requires the other routes.

2. Supplies of Naloxone Hydrochloride Injection shall be maintained for distribution as part of the TCPH Overdose Prevention Program for the purpose of reducing opioid-related overdose deaths.
3. Trained Overdose Prevention Educators shall possess and distribute take-home Naloxone kits to Overdose Responders who have completed the Overdose Prevention and Naloxone Training.

4. Overdose Responders, trained by Overdose Prevention Educators, who are trained employees and volunteers of TCPH’s Syringe Exchange Program, shall be authorized to possess and administer Naloxone to a person who is experiencing a drug overdose.

5. Pregnancy & Nursing Mothers: Pregnancy Category B. There are no adequate and well controlled studies in pregnant women and it is not known whether Naloxone is excreted in human milk. Naloxone should only be given to pregnant and nursing mothers if clearly needed.

6. Over-dosage: There is no clinical experience with Naloxone over-dosage in humans.

PROCEDURE-GUIDELINES

1. The Syringe Exchange Program and Harm Reduction Activity Coordinator, under direction of the Health Officer, shall be responsible for training staff and volunteers on overdose prevention and Naloxone use. TCPH Staff and volunteers who have completed training shall be qualified as Overdose Prevention Educators.

2. TCPH Syringe Exchange Program staff shall be responsible for receiving shipments, monitoring inventory, and maintaining log details of dispensed kits and client enrollment forms.

3. All Overdose Prevention Educators (including staff and volunteers) shall be authorized to deliver the Overdose Prevention and Naloxone Training, and distribute take-home Naloxone kits.

4. All Overdose Prevention Educators will be eligible for additional training with the Syringe Exchange Coordinator to recognize overdose and administer Naloxone to clients experiencing overdose at the Syringe Exchange Program.

5. Overdose Prevention Educators shall identify syringe exchange clients at least 14 years of age, at risk of experiencing or witnessing opioid overdose as eligible Overdose Responder candidates, who fulfill the following criteria:

a. Current opioid users, individuals with a history of opioid use, or someone with frequent contact with opioid users, age 14 years or older.
b. Risk for overdose or likelihood of contact with someone at risk, by report or history.
c. Able to understand and willing to learn the essential components of overdose prevention, management, and Naloxone administration.
6. Overdose Prevention Educators shall be responsible for delivering the Overdose Prevention and Naloxone Training educational curriculum to Overdose Responder candidates (Overdose Prevention Guide and Training Appendix D & E – attached). The Overdose Prevention Educator will complete an enrollment form for each participant (Overdose Prevention Program – Participant Form - Appendix F - attached). The training will take from 20 minutes up to 1 hour, depending on questions asked by candidates, and will include:

   a. Overdose prevention techniques  
   b. Recognizing signs and symptoms of overdose  
   c. Calling 911 and The Good Samaritan Law  
   d. Rescue breathing  
   e. Naloxone storage, carrying, and administration  
   f. Post-overdose follow-up and care

7. Upon completion of the training, the Overdose Prevention Educator will assess the candidates on their understanding of the information and their comfort with the basic components of overdose response. Successful candidates shall be certified as Overdose Responders. A take-home Naloxone kit will be dispensed to Overdose Responders who shall be authorized to possess and administer Naloxone to any persons (friend, family, partner, etc) experiencing an opioid overdose.

Order to Dispense:

Upon participant completion of Overdose Prevention and Naloxone Training and documentation of competency, **dispense for use by a trained program participant**:

- Two 1cc Naloxone Hydrochloride (concentration 0.4mg/ml) vials and two 3ml syringes with 22g 1 1/2” needles.

Naloxone Kit contents:

- Two 1cc vials Naloxone Hydrochloride (concentration 0.4mg/ml)  
- Two 3ml syringes with 22g 1 1/2” needles  
- Alcohol Pads  
- One pair of gloves  
- Rescue breathing mask  
- Overdose prevention tips & instructions to use Naloxone
**Intramuscular Injection Naloxone Administration:** (Please refer to Appendix A, B, & C for Naloxone package insert, overdose recognition training, and detailed instructions for intranasal administration)

1. If the person isn’t breathing, call 911.

2. Do rescue breathing for a few quick breaths first.

3. Pop off the orange top from the vial of Naloxone.

4. Open one intramuscular syringe with needle and twist the needle component to secure it to the syringe.

5. For adolescents and adults, draw up entire contents of the 1cc vial of Naloxone (0.4mg) into the syringe. For children less than or equal to 20kg (44 pounds) body weight, please call 911.

6. Inject into a muscle — thighs, upper/outer quadrant of the gluteus, or deltoid are best. If possible, clean the skin where you are going to inject with an alcohol swab first. It is okay to inject directly through clothing if necessary. Inject straight in to make sure to hit the muscle.

7. After injection, continue rescue breathing 3 minutes.

8. If there is no change in about 3 minutes, administer another dose of Naloxone and continue to breathe for the person.

9. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.

**Naloxone Security & Storage**

Syringe Exchange Staff shall ensure that all Naloxone kits are securely stored at the Syringe Exchange Program site under conditions consistent with the manufacture’s guidelines.

**Refills**

Qualified Overdose Responders will be eligible to receive take-home Naloxone refills upon completion of a follow-up assessment. Overdose Prevention Educators will complete the form, “Overdose Prevention Project – Use and Refill” – Appendix F (attached).

**Evaluation**

The Syringe Exchange Program Coordinator and TCPH staff epidemiologist will review completed enrollment and refill forms (Appendix F) at least every other month.
EMPLOYEE EDUCATION AND TRAINING:

All Syringe Exchange Program staff and volunteers shall receive training on this policy, and are recommended to complete Overdose Prevention and Naloxone Training curriculum to qualify as an Overdose Prevention Educator.

References
APPENDIX A. NALOXONE PACKAGE INSERT

Naloxone - Clinical Pharmacology
Complete or Partial Reversal of Opioid Depression

Naloxone prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. Also, Naloxone can reverse the psychotomimetic and dysphoric effects of agonist antagonists, such as pentazocine. Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity. Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. In the presence of physical dependence on opioids, Naloxone will produce withdrawal symptoms. However, in the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of Naloxone administration and will subside in about 2 hours. The severity and duration of the withdrawal syndrome are related to the dose of Naloxone and to the degree and type of opioid dependence. While the mechanism of action of Naloxone is not fully understood, in vitro evidence suggests that Naloxone antagonizes opioid effects by competing for the mu, kappa, and sigma opioid receptor sites in the CNS, with the greatest affinity for the mu receptor.

When Naloxone hydrochloride is administered intravenously, the onset of action is generally apparent within two minutes; the onset of action is slightly less rapid when it is administered subcutaneously or intramuscularly. The duration of action is dependent upon the dose and route of administration of Naloxone hydrochloride. Intramuscular administration produces a more prolonged effect than intravenous administration. Since the duration of action of Naloxone may be shorter than that of some opioids, the effects of the opioid may return as the effects of Naloxone dissipates. The requirement for repeat doses of Naloxone, however, will also be dependent upon the amount, type and route of administration of the opioid being antagonized.

Indications and Usage for Naloxone
Naloxone Hydrochloride Injection is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids including propoxyphene, methadone, and certain mixed agonist-antagonist analgesics: nalbuphine, pentazocine, butorphanol and cyclazocine. Naloxone hydrochloride is also indicated for the diagnosis of suspected or known acute opioid overdosage.

Contraindications
Naloxone hydrochloride injection is contraindicated in patients known to be hypersensitive to Naloxone hydrochloride or to any of the other ingredients contained in the formulation.

Warnings
Drug Dependence
Naloxone hydrochloride injection should be administered cautiously to persons, including newborns of mothers, who are known or suspected to be physically dependent on opioids. In such cases, an abrupt and complete reversal of opioid effects may precipitate an acute withdrawal syndrome.
APPENDIX A. NALOXONE PACKAGE INSERT

The signs and symptoms of opioid withdrawal in a patient physically dependent on opioids may include but are not limited to, the following: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In the neonate, opioid withdrawal may also include: convulsions, excessive crying, and hyperactive reflexes.

Repeat Administration
The patient who has satisfactorily responded to Naloxone should be kept under continued surveillance and repeated doses of Naloxone should be administered, as necessary, since the duration of action of some opioids may exceed that of Naloxone.

Respiratory Depression Due to Other Drugs
Naloxone is not effective against respiratory depression due to non-opioid drugs and in the management of acute toxicity caused by levopropoxyphene. Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine and pentazocine, may be incomplete or require higher doses of Naloxone. If an incomplete response occurs, respirations should be mechanically assisted as clinically indicated.

Precautions
General
In addition to Naloxone, other resuscitative measures such as maintenance of a free airway, artificial ventilation, cardiac massage, and vasopressor agents should be available and employed when necessary to counteract acute opioid poisoning.

Drug Interactions
Large doses of Naloxone are required to antagonize buprenorphine since the latter has a long duration of action due to its slow rate of binding and subsequent slow dissociation from the opioid receptor. Buprenorphine antagonism is characterized by a gradual onset of the reversal effects and a decreased duration of action of the normally prolonged respiratory depression. The barbiturate methohexital appears to block the acute onset of withdrawal symptoms induced by Naloxone in opioid addicts.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Studies in animals to assess the carcinogenic potential of Naloxone have not been conducted. Naloxone was weakly positive in the Ames mutagenicity and in the in vitro human lymphocyte chromosome aberration test but was negative in the in vitro Chinese hamster V79 cell HGPRT mutagenicity assay and in the in vivo rat bone marrow chromosome aberration study. Reproduction studies conducted in mice and rats at doses 4-times and 8-times, respectively, the dose of a 50 kg human given 10 mg/day (when based on surface area or mg/m2), demonstrated no embryotoxic or teratogenic effects due to Naloxone.
Use in Pregnancy

Teratogenic Effects: Pregnancy Category C
Teratology studies conducted in mice and rats at doses 4-times and 8-times, respectively, the
dose of a 50 kg human given 10 mg/day (when based on surface area or mg/m2), demonstrated
no embryotoxic or teratogenic effects due to Naloxone. There are, however, no adequate and
well controlled studies in pregnant women. Because animal reproduction studies are not always
predictive of human response, Naloxone hydrochloride should be used during pregnancy only if
clearly needed.

Non-teratogenic effects
Risk-benefit must be considered before Naloxone is administered to a pregnant woman who is
known or suspected to be opioid-dependent since maternal dependence may often be
accompanied by fetal dependence. Naloxone crosses the placenta, and may precipitate
withdrawal in the fetus as well as in the mother. Patients with mild to moderate hypertension
who receive Naloxone during labor should be carefully monitored as severe hypertension may
occur.

Nursing Mothers
It is not known whether Naloxone is excreted in human milk. Because many drugs are excreted
in human milk, caution should be exercised when Naloxone hydrochloride is administered to a
nursing woman.

Geriatric Use
Clinical studies of Naloxone hydrochloride injection did not include sufficient numbers of
subjects aged 65 and over to determine whether they respond differently from younger subjects.
Other reported clinical experience has not identified differences in responses between the elderly
and younger patients. In general, dose selection for an elderly patient should be cautious, usually
starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic,
renal, or cardiac function, and of concomitant disease or other drug therapy.

Adverse Reactions

Opioid Dependence
Abrupt reversal of opioid effects in persons who are physically dependent on opioids may
precipitate an acute withdrawal syndrome which may include, but not limited to the following
signs and symptoms: body aches, fever, sweating, runny nose, sneezing, piloerection, yawning,
weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or
vomiting, abdominal cramps, increased blood pressure, and tachycardia.

Drug Abuse and Dependence
Naloxone hydrochloride injection is an opioid antagonist. Physical dependence associated with
the use of Naloxone hydrochloride injection has not been reported. Tolerance to the opioid
antagonist effect of Naloxone is not known to occur.
**APPENDIX A. NALOXONE PACKAGE INSERT**

**Naloxone Dosage and Administration**
Naloxone Hydrochloride Injection, USP may be administered intravenously, intramuscularly, or subcutaneously. The most rapid onset of action is achieved by intravenous administration and it is recommended in emergency situations. Since the duration of action of some opioids may exceed that of Naloxone, the patient should be kept under continued surveillance. Repeated doses of Naloxone should be administered, as necessary.
APPENDIX B: OVERDOSE RECOGNITION

Overdose Recognition

If someone is using depressants, like heroin or pills, and they are very high but not necessarily experiencing overdose, they may exhibit certain symptoms (listed in the box to the right).

If a person seems too high or on the verge of overdose but is still conscious, walk them around, keep them awake, and monitor their breathing.

If a person is experiencing an overdose emergency, their symptoms will be more severe than when they are high (see box to the right).

If someone is making unfamiliar sounds while ‘sleeping’ it is worth trying to wake him or her up.

Unfortunately, many loved ones of users have thought a person was snoring when in fact the person was overdosing. These situations are a missed opportunity to intervene and save a life.

Important: It is rare for someone to die immediately from an overdose. When people survive, it’s because someone was there to respond. The most important thing is to act right away.

High vs. Overdose

How do you tell the difference between someone who is really high or overdosing?

High:
- Pupils will contract and appear small
- Muscles are slack and droopy
- They might ‘nod out’ (but remain responsive to stimulus)
- Scratch a lot due to itchy skin
- Speech may be slurred
- They might be out of it, but they will respond to outside stimulus like loud noise or a light shake from a concerned friend

Overdose:
- Awake, but unable to talk
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen
- Breathing is very slow and shallow, erratic, or has stopped
- Pulse (heartbeat) is slow, erratic, or not there at all
- Choking sounds, or a gurgling sound
- Vomiting
- Loss of consciousness
- Unresponsive to outside stimulus

Adapted from the Harm Reduction Coalition’s ‘Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects’
Are they breathing? → Call 911 for help

- Signs of an overdose:
  - Slow or shallow breathing
  - Gasping for air when sleeping or weird snoring
  - Pale or bluish skin
  - Slow heartbeat, low blood pressure
  - Won't wake up or respond (rub knuckles on sternum)

Airway
Make sure nothing is inside the person's mouth.

Prepare Naloxone
Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

1. Push or pry off yellow caps
2. Pry off red cap
3. Grip clear plastic wings
4. Gently screw capsule of naloxone into barrel of tube

Rescue breathing
Oxygen saves lives. Breathe for them.
One hand on chin, lift head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach

PrescribeToPrevent.org

Evaluate + support
- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiates right away
- Encourage survivors to seek treatment if they feel they have a problem

POISON HELP
1-800-222-1222
AAPCC

Source: HarmReduction.org
APPENDIX D: TRAINING GUIDE

Overdose Prevention Education

- Skills Emphasis – Health education and prevention for opiate users
- Priority Population – Syringe exchange clients and current PWID (Persons Who Inject Drugs)
- Content Area – overdose prevention
- Duration – 20 minutes – 1 hour of materials.

Goals and Objectives

By the end of the sessions clients will:

1. Be able to recognize a potential overdose.
   a. What are the signs and symptoms of an overdose
   b. What causes an overdose

2. Be able to assist an individual in an event of an overdose using proper technique.
   a. Steps in helping a person who is overdosing
   b. If Naloxone is present how to use it?
   c. What not to do in an event of an overdose

3. Be able to perform proper rescue breathing if necessary to a person who has overdosed.
   a. Demonstrate the proper way to do rescue breathing and how this helps save a person’s life even if they haven’t become conscience yet.
   b. Proper placement of recovery position

4. Have knowledge of the Good Samaritan Law and how they benefit from it.
   a. Teaching each component of the Good Samaritan Law
   b. What the barriers are from preventing people to call 911
   c. How the Good Samaritan Law protects each individual in the event of an overdose.

Key Concepts within Lesson

- Causes of an overdose
- Instruction in rescue breathing
- How to help prevent an overdose

Behavioral Objectives

Cognitive – clients will be able to recall proper technique for rescue breathing, how to recognize an overdose, and how to prevent an overdose. They will also have gained the knowledge of the Good Samaritan Law and how it will help protect them in the case of an overdose.

Affective – during the education session clients will have the opportunity to discuss knowledge they have or want to know. Clients will discuss information anonymously for protection of themselves and others.
APPENDIX D: TRAINING GUIDE

Skills — clients will be trained to proper rescue breathing techniques as well as recovery position. They will be able to recognize a potential overdose and be able to assist the individual.

Introduction to educational session
“Welcome, this course will be very informative and structured around the prevention of opiate overdose. Throughout this session you will learn how to recognize a potential overdose, proper technique in assisting an individual who is experiencing an overdose, as well as different situations that increase one’s risk for overdosing.”

Content, Learning and Instructional Strategies

What causes an overdose?
An overdose can cause a person’s breathing to decrease, slow, or even stop completely.
Taking too much of a dose at once, mixing different types of opiates, mixing with benzodiazepines, or alcohol increases your risk of experiencing an overdose.

Other opiates may include:
- Oxycontin
- Vicodin
- Heroin
- Methadone
- And many others . . .

Benzodiazepines
Benzodiazepines are anti-anxiety pills that are used to treat insomnia and anxiety and are usually prescribed by a physician. They may include:
- Xanax
- Klonopin
- Valium
- And many others . . .

How to help prevent an overdose.

1. **Start at a lower dose or do a test shot** if you haven’t used in a while (drug treatment, time in jail, detox, etc.) or you are using from a new source. Your tolerance can go down after a short amount of time.

2. **Don’t use alone** (no one can help you).

3. **Don’t mix drugs** like benzos, alcohol and opioids (heroin, methadone, heroin).

4. **Talk with friends and family** about responding to an overdose.
What to do if someone is experiencing an overdose.

**Signs and Symptoms of an Overdose:**

a. Slow and shallow breathing (less than 1 breath every 5 seconds)
b. Very sleepy and unable to talk, or unconscious
c. Very limp body and very pale face
d. Heavy nodding
e. Skin color is blue or grayish, with blue lips or fingernails
f. Snoring, choking, or gurgling sounds.
g. No response when you yell person’s name or rub the middle of the chest hard

1. If the individual doesn’t respond, call 911.
   a. You must seek medical help.
   b. Give the address and say your friend is not breathing.

The Good Samaritan Law states you and the victim will receive immunity from criminal charges* of drug possession at the time. **Unless you have a previous outstanding warrant, are on probation or parole violation, drug manufacturing or any other crime other than drug possession**

2. Start Rescue breathing.
   Rescue breathing is extremely important and can be the key to saving the victim’s life. It only takes a few minutes without oxygen to the brain for permanent brain damage to occur.

   a. Turn the person on their back.
   b. Tilt their head back
   c. Make sure there is nothing in person’s mouth
   d. Lift chin, pinch their nose and give 2 slow breaths. You should be able to see their chest rise and fall.
   e. Continue to give 1 slow breath every 5 seconds until they start breathing or paramedics arrive. If there is more than one bystander, take turns breathing for the overdose victim. If they start to breath, do not leave them because they can slip back into an overdose.

3. Stay with the victim until emergency medical services or paramedics arrive.
   a. If you have to leave the person alone or vomiting occurs,
      i. place the person on their side, hand supporting the head, mouth facing downward, and leg on the floor to keep the person from rolling onto their stomach.

**Closing Statements/Questions**

“We are here to make sure that you are a minimal risk for overdosing. If there is anything we can do to help you further or if you want more information, please ask.”
APPENDIX E: OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM

OVERDOSE PREVENTION AND NALOXONE (NARCAN) TRAINING PROGRAM
To be taught by Overdose Prevention Educators (Trained Thurston County Syringe Exchange Staff and Volunteers)

This training is designed to be taught to opiate users by volunteers of the Thurston County Public Health Syringe Exchange Program about actions to take in case of an overdose of opiates.

The training will help opiate users leave with an understanding of the life-saving actions needed to keep someone alive who has overdosed, in the hope that quick actions can save a life.

The following information is to be provided to the client by reading or describing what is outlined in text below.

Background on opiates:

All opiates are the same in that they:
  a. Come from the opium poppy or are chemically created to be like a drug which comes from the opium poppy;
  b. Have their effect on the same part of the brain;
  c. Cause an overdose in the same ways if too much is used: arrested breathing.

Opiates are different in that they:
  b. Have different concentrations or strengths
  c. Produce different speed, length and intensity of withdrawal.
  d. Have varying durations of action, such as:

<table>
<thead>
<tr>
<th>Drug</th>
<th>How long it works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>24 hours</td>
</tr>
<tr>
<td>Heroin</td>
<td>6-8 hours</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>4-6 hours</td>
</tr>
<tr>
<td>Codeine</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Demerol</td>
<td>2-4 hours</td>
</tr>
<tr>
<td>Fentanyl</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E:
OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM

IMPORTANT NOTE: Combining opiates with other drugs, especially alcohol and other downers, is much more likely to lead to an overdose. This training describes opiate overdose management and not overdose with other drugs.

While this training may help you keep a friend alive who overdosed on heroin, it may not work if your friend has also used other drugs.

About Naloxone (Narcan)

Respiratory depression may result from overdosage of narcotics, including heroin, morphine, and other opiates. The narcotic antagonist naloxone is a specific antidote against respiratory depression caused by opiate overdose. Therefore, an appropriate dose of naloxone should be administered, preferably intravenously, and simultaneously with efforts at respiratory resuscitation. An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression.

Knowing how to do CPR is one of the best things you can do to keep someone alive no matter why they are not breathing. Training to do CPR well is an important part of being a good overdose manager.

OD Prevention:

Some things you can do to prevent OD:

a. Know your stuff
b. Testing small amount
c. Purification
d. Purity testing
e. Inject with OD prevention technique (tourniquet off after hit, several slow pushes to taste)

What actually happens in a severe overdose?

a. Cardiac arrest (heart attack) . when someone’s heart stops
b. Apnea . when someone can no longer breath
c. Circulatory collapse . when there is no circulation of blood
Recognizing an OD vs. a Good High:

Some signs of a serious overdose with opiates, which may lead to death, are:

a. Respiratory depression . . . very slow and ultimately no breathing
b. Cyanosis . . . turning blue on the lips and fingertips first
c. Extreme somnolence . . . hard to awaken sleepiness
d. Progressing to stupor or coma . . . falling out
e. Skeletal muscle flaccidity . . . loose muscles
f. Cold or clammy skin
g. Bradycardia . . . slow heartbeat
h. Hypotension . . . low blood pressure

Treatment of an opiate overdose:

Once you have determined someone has taken too much:

First Call 911!

The more help the better. CPR is hard to keep up for long!

You are protected in Washington State with Washington State’s “911 Good Samaritan” Law:

If you think you’re witnessing a drug overdose and seek medical help, you will receive immunity from criminal charges of drug possession. The overdose victim you’re helping is protected too. Call 911!
**APPENDIX E: OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM**

**Then**

***BREATHING IS THE THING***

a. Make sure they are breathing.

b. If they are not breathing, breathing for them will keep them alive.

c. Maintain the person’s airways by gently tilting the patient’s head back and lifting their chin.

d. Put them in a position so that they can breathe.

*Provide rescue breathing training here.*

*Provide CPR training here.*

*The Recovery position:*

![Recovery position](image)

This recovery position should be used when calling 911 or when drawing up the Narcan. This position will help maintain an airway for the persons to breathe and will also avoid aspiration of vomit or any possibly blockage to the airway. As soon as you are free to help, position the person on their back and continue CPR until paramedics arrive.

*Consider using Naloxone for opiate overdoses only*

*Why?* If used correctly, naloxone can reverse the overdose and save the person’s life.
APPENDIX E: 
OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM

Why not? If you get so tied up with the naloxone and you don’t keep up with breathing, the person will die.

How do you dose Naloxone?

Dose: 1 ml/100 units ideally with a prepared syringe. 
Repeat the dose if necessary after 2-3 minutes*

*A second dose can be given but only if you can quickly resume CPR or there is another person to help out. CPR should be continued until an ambulance arrives.

How do you deliver Naloxone?

Method: **Intravenously** ... Can you get a vein?
If you can get a vein, naloxone will work more quickly.
Consider using veins under the person’s tongue.

**Into the muscle?** ... the shot might take 3-15 minutes to work.
Also ... can you continue to breathe for them?
Do you have the right syringe (1-1½ inch needle)?

**Under the skin?**
With this method, it might take 30 minutes to work.
Can you continue to breathe for them for that long?

If the naloxone works:

SUPPORT THE PERSON

a. While the naloxone may have started the breathing again, it may also start withdrawal symptoms.

b. Using again will likely make the overdose worse when it returns in an hour or so. Naloxone is only effective for 30 to 90 minutes.

c. If you can support the person in dealing with the discomfort, if any, for an hour, the naloxone should wear off and the withdrawal will fade.
APPENDIX E:
OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM

Watch for the return of the overdose.

a. Naloxone will quit working after 30 to 90 minutes.

b. If the person still has too much opiate in their system the overdose will return and you’ll be faced with the same situation.

c. Call for help again. Go to the emergency room. Prepare another shot of naloxone.

d. **Keep up the CPR if the person is not breathing!**

Spread the word: Developing a plan with your injection partner(s)

Now that you have had a chance to learn about opiate OD, CPR, and naloxone you need to consider a critical part of OD management:

**TALKING WITH YOUR PARTNER(S) TO WORK OUT A PLAN.**

Among the questions to consider and things to do for yourself and for your partner(s) are:

a. Teach your partner(s) about **OD warning signs** and be able to recognize them

b. Teach your partner(s) how to do **rescue breaths and CPR**

c. Teach your partner(s) how to **dose and administer Narcan.**

d. Teach your partner(s) to **call 911**, do rescue breaths and CPR when OD is suspected.

e. Teach your partner(s) to **use Narcan every time an OD is suspected after calling 911.**

**OD Prevention/Management Checklist:**

Ask these questions to the opiate user after education session is complete and make sure client is able to answer all questions appropriately.
APPENDIX E: OVERDOSE PREVENTION AND NALOXONE TRAINING CURRICULUM

Y  N

○  ○  Knows OD prevention techniques

○  ○  Knows when to act – color/number breaths in 10 seconds

○  ○  Knows when to call 911

○  ○  Knows if and when to use rescue breathing or CPR

○  ○  Knows how to dose and when to administer naloxone

○  ○  Has agreed to stay with partner to support while naloxone wears off (about an hour after it is given)

○  ○  Notes commitment to not use again while waiting for the naloxone to wear off
APPENDIX F:
OVERDOSE PREVENTION PROGRAM PARTICIPANT FORM

Overdose Prevention Program Participant Form

Name ___________________________ Date of Birth ___________________________

Aliases/other names used ______________________________________________________________________________________

Gender ______________________________________________________________________________________ Date: __________

☐ Male ☐ Female ☐ Transgender
☐ FTM ☐ MTF

Race (select all that apply): __________________________________________________________

☐ White ☐ Black/African-American ☐ American Indian/AK Native
☐ Native Hawaiian/Pacific Is ☐ Asian/S Asian ☐ Latino/Hispanic
☐ Other ______________________________________________________________________________________

Do you identify as Hispanic or Latina? ☐ Yes ☐ No

What best describes your housing situation? ☐ Permanent ☐ Homeless ☐ Temporary/Unstable

Education: ______________________________________________________________________________________

What is the highest level you have completed? ☐ Elementary school or less ☐ Some high school
☐ High school or GED ☐ Some college ☐ College or more

Zip code ______________________________________________________________________________________

During the last 12 months, did you? ☐ Go to inpatient detox? ☐ Spend the night on the street or in a shelter?
☐ Get incarcerated or locked up? ☐ Visit the emergency room?
☐ Have you taken a few days off for any other reasons?

What drugs have you used in the last 3 months? (Read list, check all that apply) ______________________________________________________________________________________

☐ Speedballs (heroin & cocaine together) ☐ Methadone
☐ Goofballs (heroin & methamphetamine together) ☐ Buprenorphine or Suboxone
☐ Heroin by itself ☐ Alcohol
☐ Powder Cocaine by itself ☐ Other ______________________________________________________________________________________
☐ Crack Cocaine by itself
☐ Methamphetamine by itself
☐ Downers like Valium, Xanax, Klonopin, soma
☐ Pain Medications like Oxycontin, Vicodin, or Percocet

When you use opioids, how often do you drink alcohol within a couple of hours before or after?

☐ Never ☐ Some of the time ☐ Most of the time
☐ Always

When you use opioids, how often do you use sedatives or downers within a couple of hours before or after?

☐ Never ☐ Some of the time ☐ Most of the time
☐ Always

How many times have you overdosed in your life? ______________________________________________________________________________________

If any, ask the following questions about the last time: ______________________________________________________________________________________

• What drugs did you take?
• Did you receive naloxone? ☐ Yes ☐ No
• If YES, from whom? ______________________________________________________________________________________
• Did you receive medical care? ☐ Yes ☐ No

How many times have you witnessed someone else OD? ______________________________________________________________________________________

If any, ask the following questions: ______________________________________________________________________________________

• How many times was medical attention received?
• Was naloxone ever used? ☐ Yes ☐ No ☐ OK
• If yes, by whom? ______________________________________________________________________________________
• Have you ever used naloxone before? ☐ Yes ☐ No

Appendix F – Participant & Naloxone Refill Form
This material is adapted from materials created by the HIV/STD Program, Public Health - Seattle & King County & Outside in, Portland, OR
## OVERDOSE PREVENTION PROGRAM PARTICIPANT FORM

### Overdose Prevention Program - Naloxone Use & Refill

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Mi</th>
<th>Aliases/other names used</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

**Was naloxone administered to reverse an overdose?**

- [ ] Yes
- [ ] No

If YES, please ask the questions below for each overdose victim.

**If NO, what happened to the naloxone that was provided to the trained overdose responder?**

- [ ] Lost
- [ ] Stolen
- [ ] Confiscated by law enforcement
- [ ] Other ________

### Victim #1

**How many doses of naloxone were administered?**

**Date of use (approximate) ________**

**On whom was it used?**

- [ ] Friend/Acquaint.
- [ ] Self
- [ ] Family member
- [ ] Unknown
- [ ] Stranger
- [ ] Other ________

**Drugs used by recipient at time of overdose (check all that apply)**

- [ ] Speedballs
- [ ] Downers/Benzos
- [ ] Goofballs
- [ ] Rx. Pain Medications
- [ ] Heroin by itself
- [ ] Methadone
- [ ] Powder Cocaine by itself
- [ ] Buprenorphine/Suboxone
- [ ] Crack Cocaine by itself
- [ ] Alcohol
- [ ] Methamphetamine by itself
- [ ] Other ________

**How was naloxone administered?**

- [ ] Intranasal
- [ ] IV
- [ ] IM or skin popping
- [ ] Other ________

**Was 911 called?**

- [ ] Yes
- [ ] No

- [ ] If NO, why? ________

**Did someone stay with the person until the naloxone wore off and/or they got medical attention?**

- [ ] Yes
- [ ] No

**Where did the OD take place?**

(e.g., zip code, neighborhood, intersection) ________

**Was this location:**

- [ ] Private residence
- [ ] On the street/outside
- [ ] Commercial setting (e.g., store, bar, restaurant)
- [ ] In a shelter
- [ ] Other ________

**What else was done?** (check all that apply)

- [ ] Rescue breathing
- [ ] Ice
- [ ] Cold shower
- [ ] Walked around
- [ ] Slap
- [ ] Cocaine shot
- [ ] Sternal rub
- [ ] Salt shot
- [ ] Other ________

**What was the outcome of the incident?** (check all that apply)

- [ ] Person OK
- [ ] Hospitalization
- [ ] Someone arrested
- [ ] EMS
- [ ] Death
- [ ] Police at scene
- [ ] ER
- [ ] Other ________

If police/EMT were present, was the interaction:

- [ ] Positive
- [ ] Neutral
- [ ] Negative

---

### Victim #2

**How many doses of naloxone were administered?**

**Date of use (approximate) ________**

**On whom was it used?**

- [ ] Friend/Acquaint.
- [ ] Self
- [ ] Family member
- [ ] Unknown
- [ ] Stranger
- [ ] Other ________

**Drugs used by recipient at time of overdose (check all that apply)**

- [ ] Speedballs
- [ ] Downers/Benzos
- [ ] Goofballs
- [ ] Rx. Pain Medications
- [ ] Heroin by itself
- [ ] Methadone
- [ ] Powder Cocaine by itself
- [ ] Buprenorphine/Suboxone
- [ ] Crack Cocaine by itself
- [ ] Alcohol
- [ ] Methamphetamine by itself
- [ ] Other ________

**How was naloxone administered?**

- [ ] Intranasal
- [ ] IV
- [ ] IM or skin popping
- [ ] Other ________

**Was 911 called?**

- [ ] Yes
- [ ] No

- [ ] If NO, why? ________

**Did someone stay with the person until the naloxone wore off and/or they got medical attention?**

**Where did the OD take place?**

(e.g., zip code, neighborhood, intersection) ________

**Was this location:**

- [ ] Private residence
- [ ] On the street/outside
- [ ] Commercial setting (e.g., store, bar, restaurant)
- [ ] In a shelter
- [ ] Other ________

**What else was done?** (check all that apply)

- [ ] Rescue breathing
- [ ] Ice
- [ ] Cold shower
- [ ] Walked around
- [ ] Slap
- [ ] Cocaine shot
- [ ] Sternal rub
- [ ] Salt shot
- [ ] Other ________

**What was the outcome of the incident?** (check all that apply)

- [ ] Person OK
- [ ] Hospitalization
- [ ] Someone arrested
- [ ] EMS
- [ ] Death
- [ ] Police at scene
- [ ] ER
- [ ] Other ________

If police/EMT were present, was the interaction:

- [ ] Positive
- [ ] Neutral
- [ ] Negative

---

Appendix F - Participant & Naloxone Refill Form

This material is adapted from materials created by the HIV/STD Program, Public Health - Seattle & King County & Outside In, Portland, OR
OPIOID OVERDOSE RESCUE KIT

Thurston County Syringe Exchange Program

Naloxone Hydrochloride (0.4mg/mL)

Directions: In event of opioid overdose with respiratory depression or unresponsiveness, inject 1 mL of naloxone intramuscularly into upper arm, buttck or thigh. If no response in 2 minutes, administer another dose via intramuscular injection as needed for response.

Prescriber: Dr. Rachel Wood

Dispensing Pharmacy: Thurston County Syringe Exchange

Dispensed by: Thurston County Syringe Exchange

Date of Prescription:

Serial Number:

WARNING: The overdose rescue kit should only be used to save a life. It can stop an opioid overdose. If used, call 911 immediately. The patient still must go to the hospital because naloxone will wear off within 30 minutes. Under RCW 69.50.315 and RCW 18.130.345, this person has the right to carry this kit, which includes naloxone and supplies to administer.

If kit is used, please report date and city/town of reversal by phone or text to 360-280-6746 or lamontm@co.thurston.wa.us. Please use your EX# if you know it or name if you are comfortable. Questions/refills can be directed to same number.