

# OPIOID OVERDOSE RECOGNITION & RESPONSE

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# Harm Reduction

- ❑ Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- ❑ Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.



# Principles of Harm Reduction

- ❑ Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- ❑ Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- ❑ Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

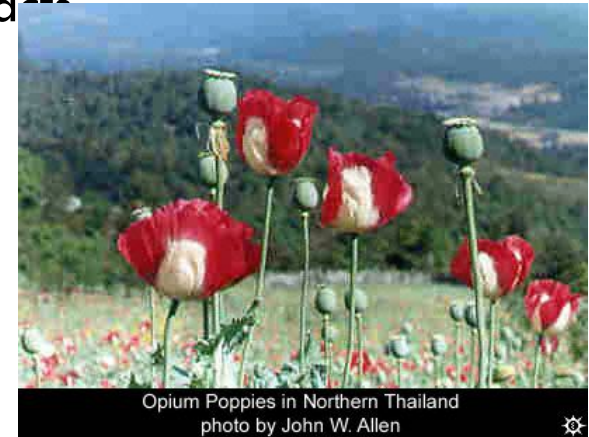
# Substance Users Guide to Harm Reduction

## Best Practices

- ❑ Know what you are taking
  - ❑ Consider the source. Same dealer? Unknown dealer? Pharmaceutical?
- ❑ Dose conservatively
  - ❑ Consider the route of administration: Swallowed, Snorted, Injected
    - ❑ A normal dose is different depending on the form you're ingesting and where you are ingesting
  - ❑ Consider the drug's timeline. The timeline will be different depending on the form you're ingesting
- ❑ Use your own equipment/try to keep your own supplies on hand
- ❑ Consider addiction, tolerance and withdrawal potential
- ❑ Learn about drug combinations

# What are Opioids?

- ❑ An **opioid** is broadly defined as any drug which acts on the brain's opioid receptors.
- ❑ **Opioids** occur naturally in plants, are semi-synthesized, and fully synthesized.
- ❑ An **opiate** is a naturally occurring opioid derived from the opium poppy plant.
- ❑ **Opium** is harvested from the poppy plant and the opiate chemicals are extracted and often used to synthesize other opioids such as heroin and Oxycodone



Opium flowers and pods

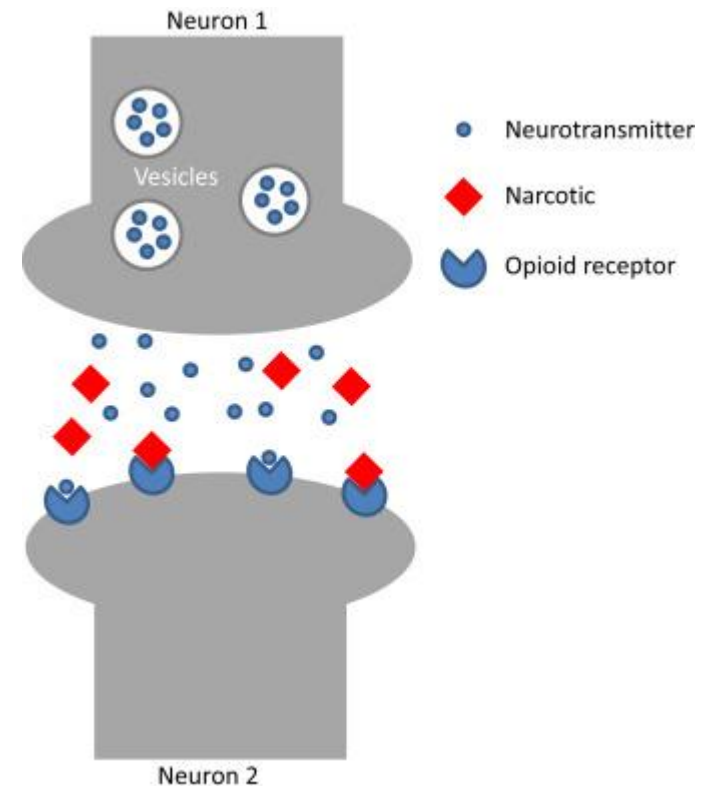
# Types of Opioids

Medications often are sold under brand names such as OxyContin, Percocet, and Vicodin. Other substances include:

- Codeine
- Fentanyl
- Hydrocodone
- Heroin
- Opium
- Oxycodone
- Morphine

# How do they work?

- ❑ Opioids attach to receptors on nerve cells in the brain, spinal cord, and other organs.
- ❑ This allows them to block pain messages sent from the body to the brain, which is why they are prescribed for serious injuries or illnesses.



# Positive Effects

- ❑ Pain relief
- ❑ Sedation / sleepiness
- ❑ Reduction of anxiety
- ❑ Euphoria, mood improvement, blissful apathy
- ❑ Feelings of relaxation
- ❑ Reduces coughing

Learn more at [Erowid Opiates / Opioids Vault](#)



# Neutral Effects

- ❑ Pupil constriction
- ❑ Sweating
- ❑ Slowed reaction time
- ❑ Changes in focus, attention, and thought

Learn more at [Erowid Opiates / Opioids Vault](#)

# Therapeutic & Medicinal Effects

- ❑ People are prescribed opioids for:
  - ❑ **Moderate to severe pain:** morphine, oxycodone, hydromorphone, oxymorphone, fentanyl, hydrocodone, pethidine
  - ❑ **Cough:** codeine, dihydrocodeine, hydrocodone
  - ❑ **Diarrhea:** loperamide, difenoxin, opium
  - ❑ **Anxiety due to shortness of breath:** oxymorphone, dihydrocodeine
  - ❑ **Opioid addiction/dependence:** methadone, buprenorphine

# Misconception

- ❑ **Misconception:** Only people who use Opioids are at risk for Opioid overdose.
- ❑ **Fact:** The dramatic increase in Fentanyl trafficking has led to widespread use of the substance as a cutting agent in street drugs across the board. Dealers use Fentanyl to help stretch their supply, adding it to drugs as a cost-effective measure. Heroin, cocaine, meth, MDMA, fake prescription pills, and other recreational drugs have been shown to contain lethal doses of Fentanyl at alarming rates.

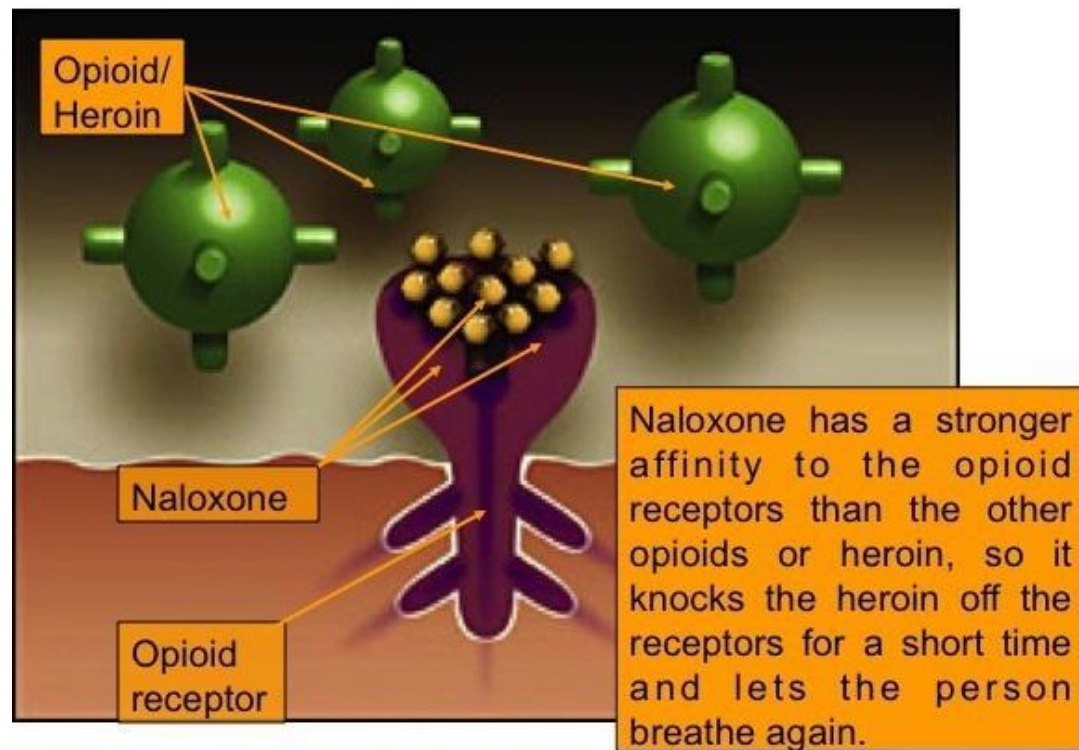
# Fentanyl

- ❑ 50-100x stronger than morphine



# What is Naloxone?

- ❑ Brand name **Narcan**
- ❑ Opiate antagonist
- ❑ No abuse potential
- ❑ Works **ONLY** for opioids
- ❑ Safe



# Intranasal Narcan



**Store Nasal Narcan at room temperature**

# Naloxone and California Law

- ❑ **AB 635** protects doctors and other licensed professionals who prescribe or distribute naloxone from civil or criminal liability
  - ❑ Permits individuals to possess and administer naloxone in an emergency without civil or criminal liability
  - ❑ Allows providers and non-medical personnel to distribute under a doctor's standing orders
- ❑ **AB 472** "CA Good Samaritan Law" protects people who call 911 at the scene of an overdose from prosecution for possession usable amounts of controlled substances.

# Who should have naloxone?

- ❑ **People who:**
  - ❑ Inject, smoke or snort opioids, including heroin.
  - ❑ Take prescription opioids for chronic pain
  - ❑ Take opioid painkillers without a prescription
  - ❑ Are in treatment/recovery for opioid addiction
  - ❑ Take any recreational street drugs
- ❑ **Family members / housemates / friends** of people at risk for overdose
- ❑ **Providers** (healthcare, school nurses, public safety personnel, VFD's, law enforcement)
- ❑ **Staff** in settings serving persons who might be at risk for OD (recovery settings, public settings like libraries, etc.)
- ❑ **Other members of the community** who interact with people at risk for overdose.



# Overdose Risk Factors

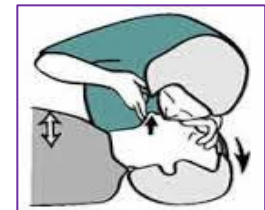
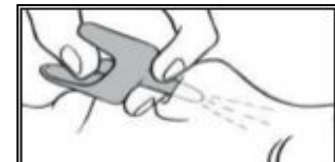
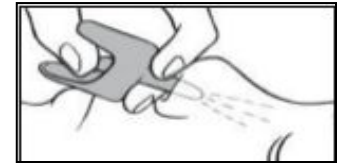
- ❑ Using alone
- ❑ Mixing drugs
- ❑ Reduced tolerance
  - ❑ after incarceration, detox, rehab, hospitalization, sporadic patterns of drug use
- ❑ Illness (liver disease, pulmonary disease, etc.)
- ❑ Changes in the drug supply
- ❑ History of previous OD
- ❑ Using in a new environment
  - ❑ failure of conditioned anticipatory response

# Recognizing an Overdose

- ❑ Non-responsive
  - ❑ Does not respond to yelling name
  - ❑ Does not respond to knuckle rub on sternum
- ❑ Shallow breathing / gurgling / snoring sounds
- ❑ Blue skin / fingernails
- ❑ Not breathing

# Responding to an Overdose

- ❑ **Call 911**
- ❑ **Give one dose naloxone**
- ❑ **Rescue breathing**
  - ❑ Victim on back. Place shield over victim's mouth
  - ❑ Head back / lift chin / pinch nose
  - ❑ Two quick breaths, then one breath every 5 seconds
- ❑ **Continue rescue breathing for two minutes**
- ❑ **Second dose of naloxone if necessary**
- ❑ **Continue rescue breathing until help arrives**



# Result: Awake and Breathing

- ❑ Naloxone only lasts 30-90 minutes
- ❑ Once Naloxone wears off, overdose can resume
- ❑ **Stay with person**



- ❑ Remind them that naloxone will wear off in awhile and they will stop feeling dope sick.

# Nasal Naloxone in Action:



**NEXT Distro**  
STAY ALIVE. STAY SAFE.

# Naloxone: Easier than CPR!

- ❑ Nasal Naloxone is a simple life-saving intervention that almost anyone can successfully administer
- ❑ Opioid overdose events where naloxone is administered are reversed at rates between 83%-100%
- ❑ Communities with high saturation of naloxone distribution experience lower opioid overdose death rates

Naloxone: Understanding its community use and effectiveness.  
preventionsolutions@edu.org

# Additional Resources

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[www.narcans.com](http://www.narcans.com)

[www.harmreduction.org](http://www.harmreduction.org)

[www.rxsafehumboldt.org](http://www.rxsafehumboldt.org)

[www.nextdistro.org](http://www.nextdistro.org)

# Alcohol & Other Drug Use Harm Reduction Drop In Support Group

This is a harm reduction group which provides a safe, supportive and non-judgmental environment to discuss your relationship with alcohol and drugs.

Abstinence is not required. This is not a 12-step group. You may attend this group as often as you like-- every once in a while or weekly.

New members are always welcome.

For more information, email [humboldtcaps@humboldt.edu](mailto:humboldtcaps@humboldt.edu)



**THE  
ONLY  
THING  
NALOXONE  
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IS BREATHING.**

**Questions? Comments?**

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Students for Sensible Drug Policy

<https://ssdp.org/>