

# Opioid Overdose Prevention and Response



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Protecting the People Who Feed the World



**OverdoseLifeline**

# At the completion of the presentation, participants will be able to...

- 1 Discuss the similarities / differences across the opioid family of drugs, with concentrated focus on the synthetic opioid Fentanyl
- 2 List a minimum of three ways to reduce the risks of an overdose
- 3 Recognize the signs / symptoms of an opioid overdose and describe how naloxone, the opioid overdose reversal drug works
- 4 Demonstrate how to administer the opioid overdose reversal drug, Naloxone.





# section 01 Addiction / Substance Use Disorder



**Addiction is a chronic brain disease.  
Like other diseases, addiction should  
be treated medically.**



Addiction suggests a **more severe turning point** where changes in the brain occur.







Addiction changes both the **brain structure and function**.

What began as a choice, is **hardwired as CRITICAL** for our survival.



# How many Americans are affected?

**43 MILLION AMERICANS AFFECTED**



# Language

Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need.

*- Michael Botticelli, leading addictions expert and former Director of the White House Office of National Drug Control Policy*





# Reduce Stigma - Words Matter

Call it what it is - Substance **USE** Disorder (alcohol use disorder, opioid use disorder).

Use “people first” language and refer to people with substance use disorder, people with addiction, people who use drugs.

Avoid negative terms like addict, user, abuser, junkie - all of which sensationalize the disease. Instead, choose phrasing like he was addicted, person with addiction.

Describe as “in active addiction/substance use” or “in recovery”.

Avoid terms like “abuse” or “problem” which imply judgement, in favor of the word “use”. “person with substance use, nonmedical use of...”

Say “had a setback” “resumed” or “recurrence”. Avoid non-technical terms “relapse, slip or lapse” which is stigmatizing.

Say “positive drug screen”. Do not say “dirty drug screen”





# section 02 Opioid Overview and Fentanyl 101

# The Family of Opioids

## Natural



Morphine – Codeine - Opium

## Semi-Synthetic



Vicodin – Percocet – Oxycodone – Heroin

## Fully Synthetic



Fentanyl – Methadone



# Tips to Reduce Prescription Opioid Risks

## Talk to Your Doctor

About nonopioid pain management options & addiction & overdose risks.

## Only Take Prescription Medicine That's Prescribed to You

## Don't Share Medications with Others

## Take Medicine as Prescribed

## Safely Store Medicine and Dispose of Unused or Expired Medicine

## Talk w/ Your Loved One

If you're concerned about opioid misuse or addiction, let them know that you care about them, be patient and open.

## Encourage Them to Get Help

Help them look for treatment, offer to go with them to their first appointment



# Fentanyl

## 101

Used in clinical settings since 1968 post surgery or for pain management.

Illicit Fentanyl is the primary driver for the overdose health crisis today

Illicit Fentanyl is cheap to manufacture, components easy to acquire, and concentrated (small amount goes a long way).

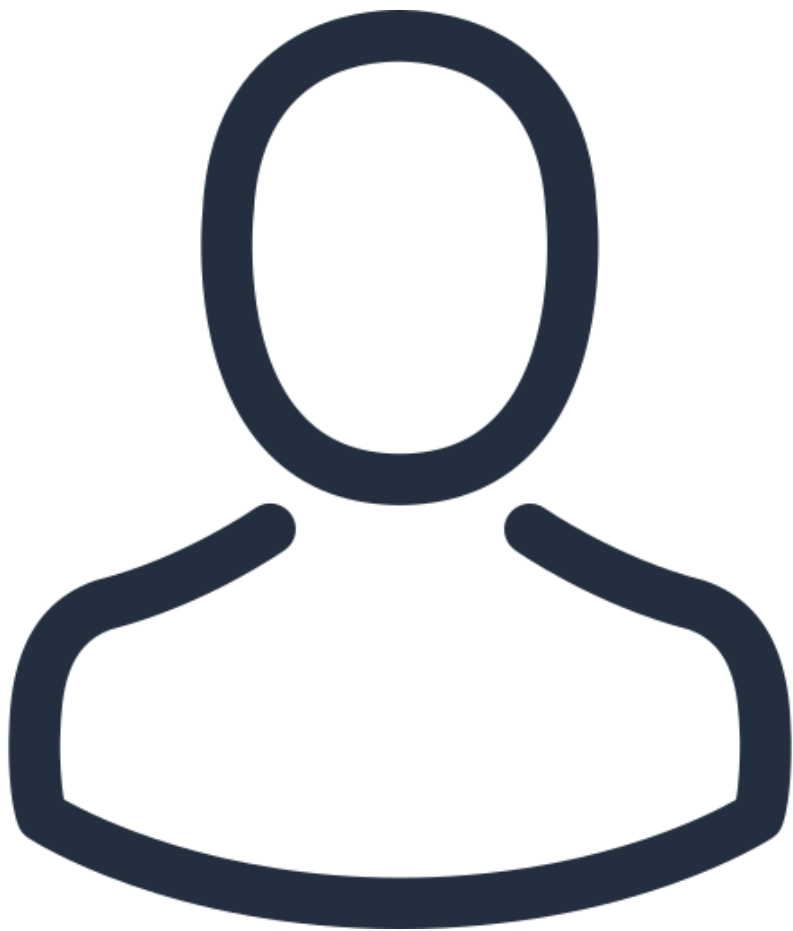
Fentanyl via the street market comes in white, gray or tan powder form and can be injected, smoked or snorted. There are recent reports across 20+ U.S. states of “rainbow fentanyl” (variety of colors, shapes, and sizes)

Has been found in other drugs like heroin, cocaine, meth & pressed pills.





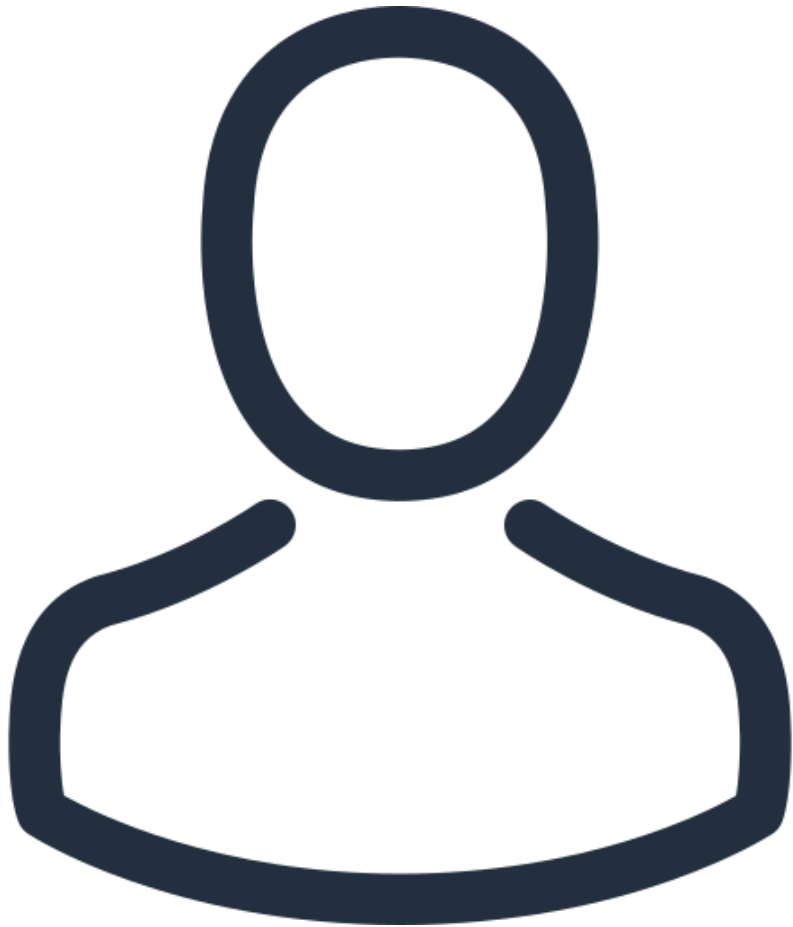
# Fentanyl Myth



**You can overdose  
just by touching  
powdered fentanyl**



# Fentanyl Myth Response



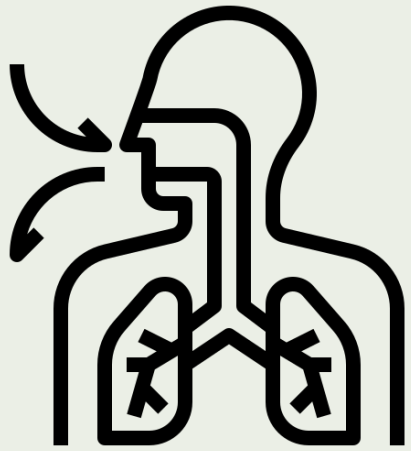
**You cannot overdose simply by touching powdered fentanyl.**

**A common myth, but fentanyl must be introduced into the bloodstream or a mucus membrane for someone to feel the effects.**

**Dissolving the powder in a liquid does not change this property. Wet objects do not pose an increased risk for an overdose caused by casual exposure.**



# Potential Exposures



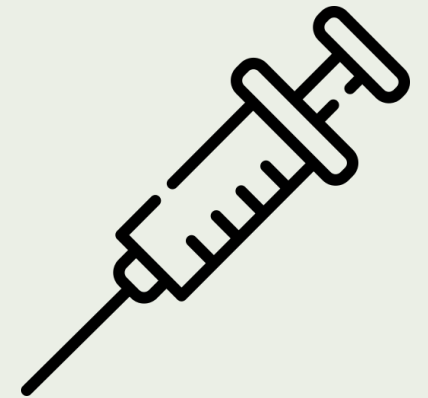
BREATHING  
INHALATION



EATING  
INGESTION



TOUCHING EYES,  
NOSE, MOUTH  
MUCOSAL



NEEDLE STICK –  
OPEN WOUNDS  
PERCUTANEOUS



# Xylazine (tranq): Non-opioid central nervous system depressant

Used in veterinary medicine, has recently gained attention for its role in increasing overdoses nationwide.

Xylazine depresses the central nervous system, causing drowsiness and slowed breathing, heart rate, and blood pressure.

If too much is consumed, or if consumed in a mixture with other drugs, the sedative can depress the central nervous system to the point where death occurs.

The effects of xylazine kick in within minutes of administration (smoking, snorting, swallowing, inhaling, or injecting) and can last upwards of 8 hours.



# How is a Xylazine Overdose Treated?

Because xylazine is not an opioid, naloxone will not reverse a xylazine overdose.

However, since xylazine is typically co-ingested with opioids, naloxone should be administered to reverse the effects of the opioid in the system.

However, it will not address the impact of xylazine on breathing, so it is essential to call 9-1-1 to report the suspected overdose before administering naloxone.

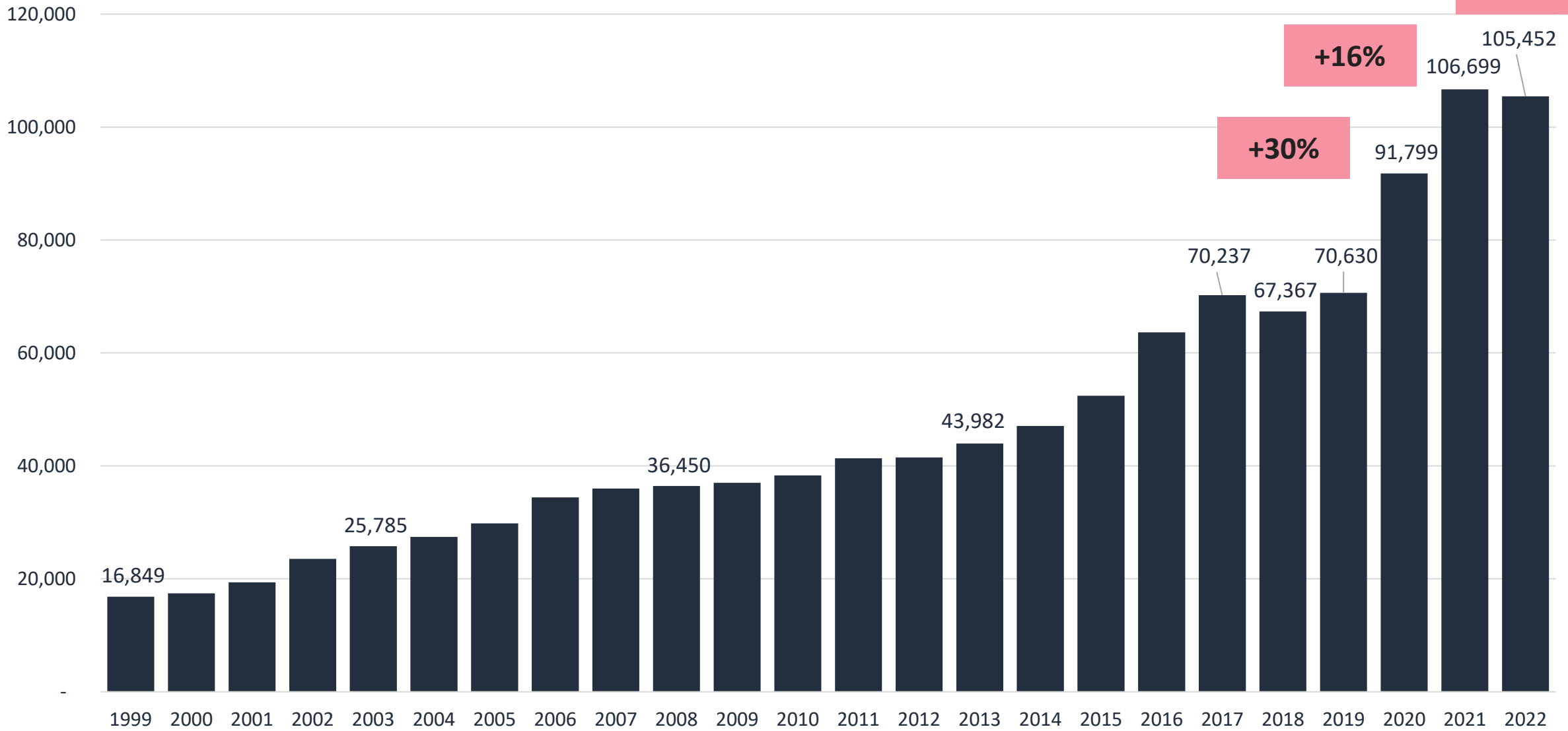




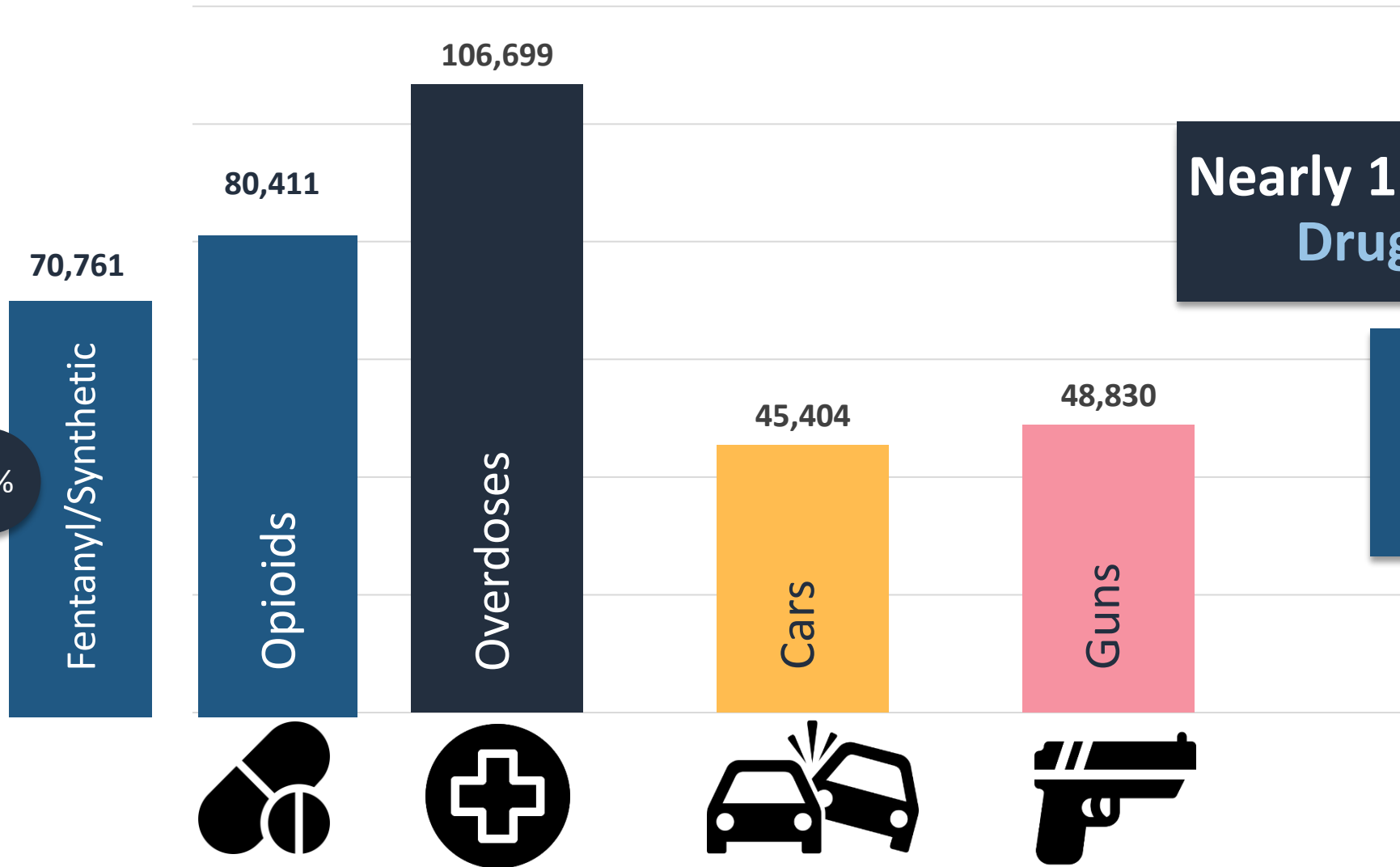


# section 03 Opioid Public Health Crisis

# Overdose Deaths 1999 — 2022



# Leading Cause of Accidental Deaths 2021

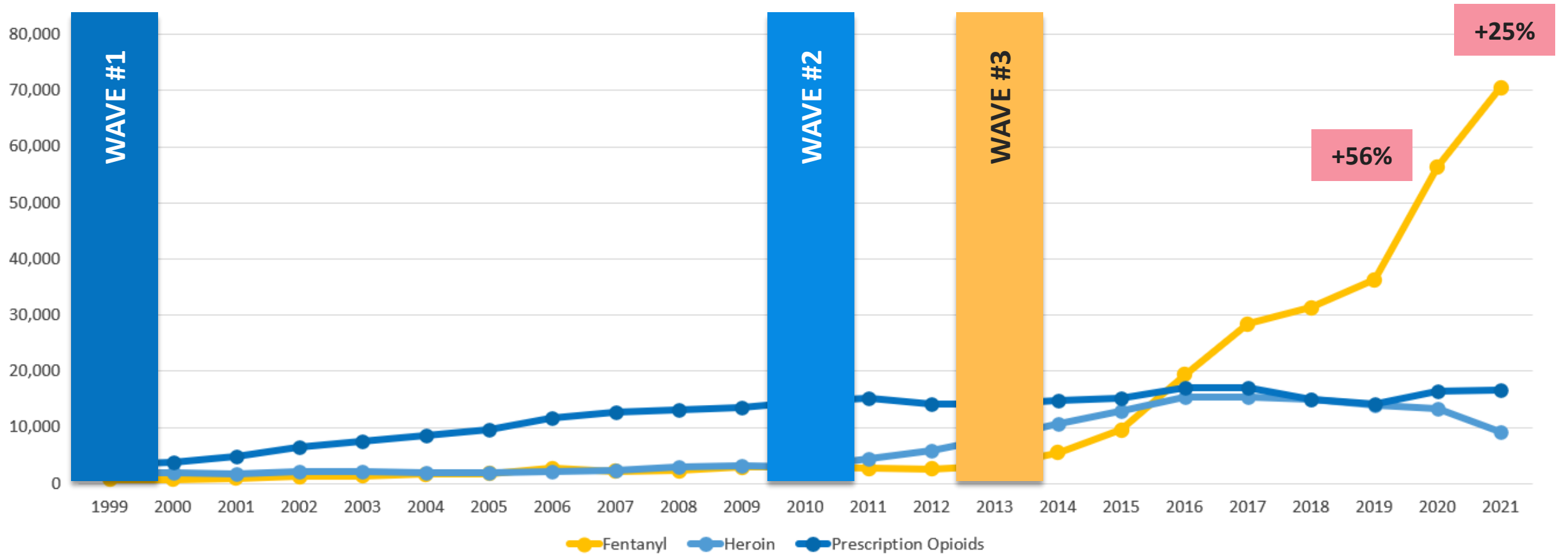


Nearly 110,000 Americans Died Drug Overdose in 2021

75% Due to Opioids With 88% Specifically Fentanyl



# Opioid Overdose Death Trend



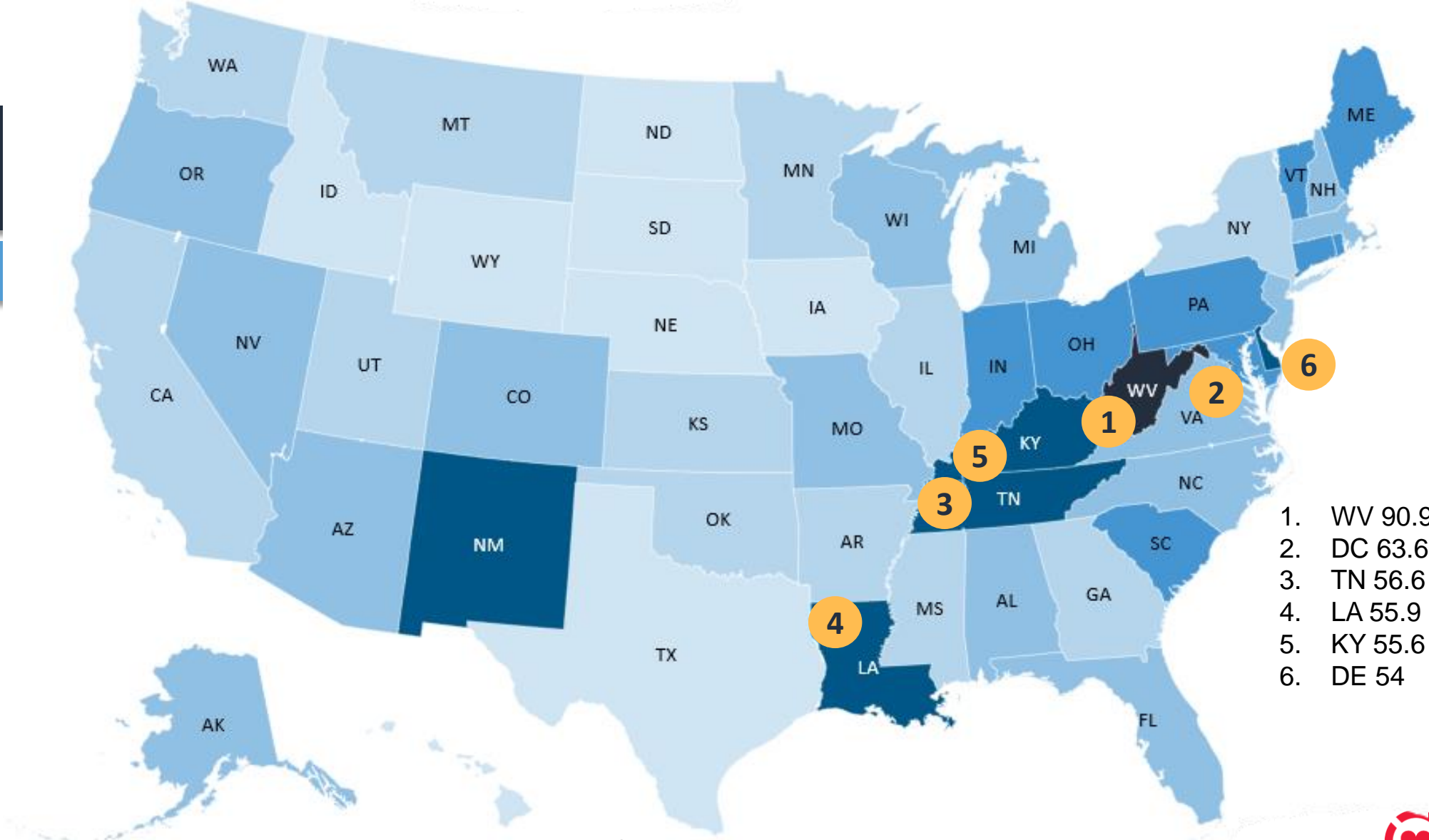
# 2021 Overdose Death Rates Per 100,000

32.4 National Average

Up +14%

## Rate per 100K

- 10-20 rate
- 21-30 rate
- 31-40 rate
- 41-50 rate
- 51-60 rate
- 61+



1. WV 90.9
2. DC 63.6
3. TN 56.6
4. LA 55.9
5. KY 55.6
6. DE 54





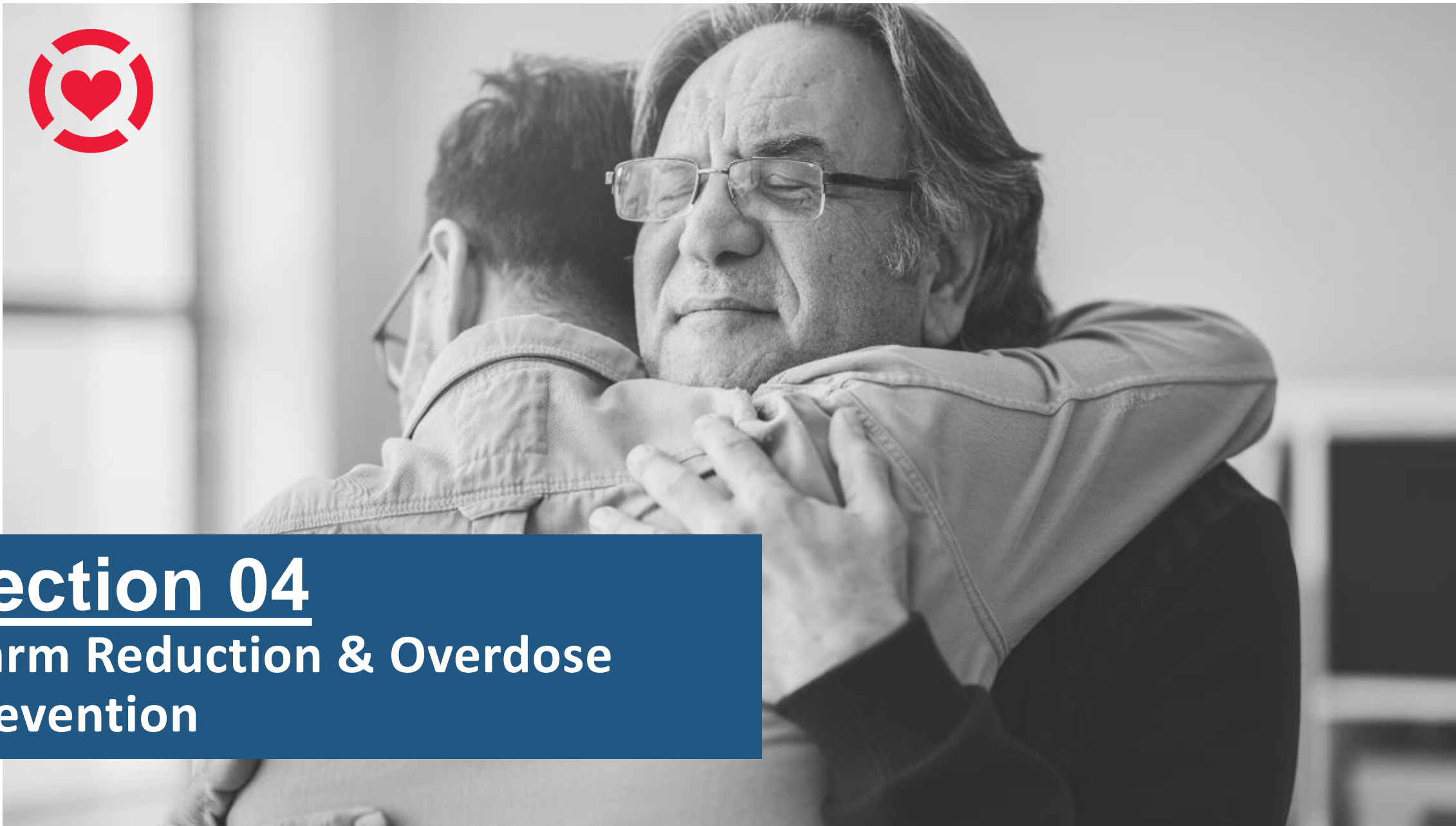
# Helpful Websites

## State Overdose Death Data and Trends

CDC Primary: <https://www.cdc.gov/drugoverdose/deaths/index.html>

CDC Provisional Data (Updates Monthly):  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>





# section 04 Harm Reduction & Overdose Prevention

Harm reduction is designed to **reduce the harmful consequences** associated with various human behaviors, both legal and illegal.

Sunscreen	Bike Helmets	Vaccines
Bug Spray	Condoms	Nicotine Gum / Patch

### Automotive Harm Reduction

- Seat Belts
- Car Seats
- Air Bags
- Designated Drivers

### Opioid Harm Reduction

- Naloxone – Overdose Reversal Drug
- Fentanyl Test Strips
- Medication-Assisted Treatment (MAT)  
Methadone, Buprenorphine, Naltrexone
- Syringe Exchange Programs



# Overdose Prevention Tips for People Who Use Drugs

**Have Naloxone**

Mixing Drugs

Use 1 Drug at a Time. Reduce Amount of Every Drug. Avoid Mixing Alcohol & Opioids. Friend Who Knows What Drugs Used/Can Respond.

Tolerance

Use Less. Go Slow. Do a Tester shot. Use a Different Method (Snort instead of inject).

Quality

Test the Strength of the Drug. Try to Buy from the Same Dealer. Know the pills you are taking and be careful when switching types of opioids.

Using Alone

Fix w/ a Friend. Develop a plan w/ friends or partners. Leave door unlocked or slightly ajar. Have someone check on you.

Modes of Administration

Be mindful that injecting and smoking can increase risk. Consider snorting, when using alone or decreased tolerance.



# Fentanyl Test Strips (FTS)

## How they work

Fentanyl test strips contain antibodies that are specifically reactive with fentanyl. When a bit of substance is mixed in water and applied to the test strip, the strip will react. It is the same mechanism as a COVID-19 or pregnancy test.

FTS are highly accurate when used properly. Most FTS on the market are 96-100% accurate in detecting fentanyl.



# Who is at Risk to Overdose?

<b>People that get opioids from multiple sources</b>	<b>Elderly people prescribed opioids</b>
<b>People who use opioids for non-medical reasons (misuse)</b>	<b>Children who accidentally take opioids</b>
<b>People that use opioids prescribed to others</b>	<b>Anyone on high doses of opioids, even if taking medications as prescribed</b>
<b>Those who take more than, or more often than they are prescribed</b>	<b>People using pain-reliever patches incorrectly</b>
<b>Former opioid users recently released from prison or treatment &gt;&gt; lowered tolerance</b>	<b>People taking multiple respiratory depressants (alcohol, benzodiazepines)</b>
<b>People who snort or inject the opioid</b>	<b>People with chronic lung disease or sleep apnea taking opioids</b>





# Signs of Heroin or Opioid Misuse

PHYSICAL	HEALTH	BEHAVIOR	ENVIRONMENT / WHAT YOU MAY NOTICE OR FIND	
Constricted pinpoint pupils	Weight loss	“Nod off” to sleep	Missing money, credit cards, checks and/or valuables	Empty Ziploc baggies or paper folded w/ a waxy substance. Small balloons.
Covering arms w/ long sleeves. Track marks on arms.	Nausea/Vomiting	Start using laxatives	Pawn slips	Spoons with burn marks or missing spoons
Itches and scratches on skin	Constipation	Lose friends they’ve had for a long time	Purchases returned for refunds	Loose change with powder substance on it
Overall unhealthy look	In women, not getting period	Problems in school or work	Constant requests for money	Aluminum foil or gum wrappers with burn marks
Lack of hygiene	Depression	Spend more time away from home	More frequent, secret phone calls	Cans with tops torn off and burn marks
Slurred speech	Changes in appetite or sleep	Trouble with police	Bottles of vinegar or bleach	Straws cut in half and/or empty pens
Poor coordination		Loss of interest in activities/hobbies	Cotton Balls	Syringes and tourniquet (shoe laces, belts)





# section 05 Recognizing and Preventing an Opioid Overdose

# Opioid Overdose Signs / Symptoms (1)

May Be Unresponsive to a Sternal Rub

Can't Be Awakened. Can't Talk.

May Have Pinpoint Pupils

Blueish Lips or Fingertips

Vomiting, Gurgling, or Choking Noises

Slow Breath, Respiration, or Heartbeat

They are Unresponsive



# Opioid Overdose Signs / Symptoms (2)

May Be Unresponsive to a Sternal Rub

Can't Be Awakened. Can't Talk.

**IMMEDIATELY CALL 911**  
**Administer Naloxone**

Slow Breath, Respiration, or Heartbeat

They are Unresponsive



# How do opioids work?



Too many bind to receptors and slow down the central nervous and respiratory systems

Opioid



Opioid Receptors



# What is naloxone (NARCAN)?



Naloxone is an opioid antidote (antagonist) that reverses an opioid overdose.



During an opioid overdose, the respiratory and central nervous systems are depressed. Breathing slows or stops.



Naloxone blocks the effects of opioids and reverses an overdose. Allowing a person to breathe normally.

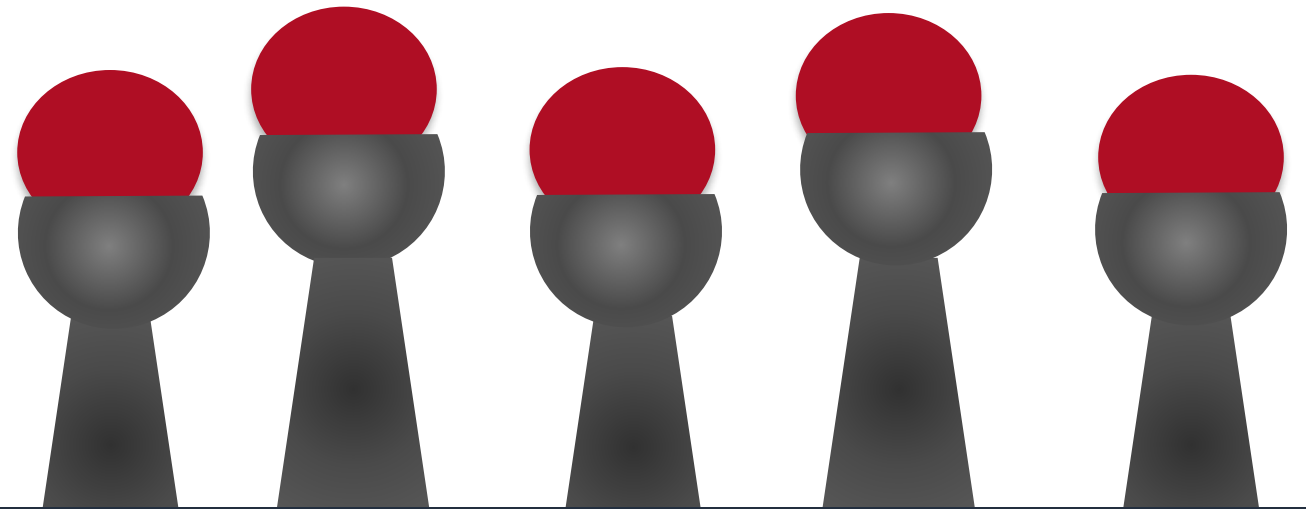


Naloxone will not get a person high. Is not addictive. Will not harm a person if opioids are absent.





# How does naloxone stop an opioid overdose?



Symptoms can continue, return or worsen.  
Risk of re-overdosing – Important to call 911.



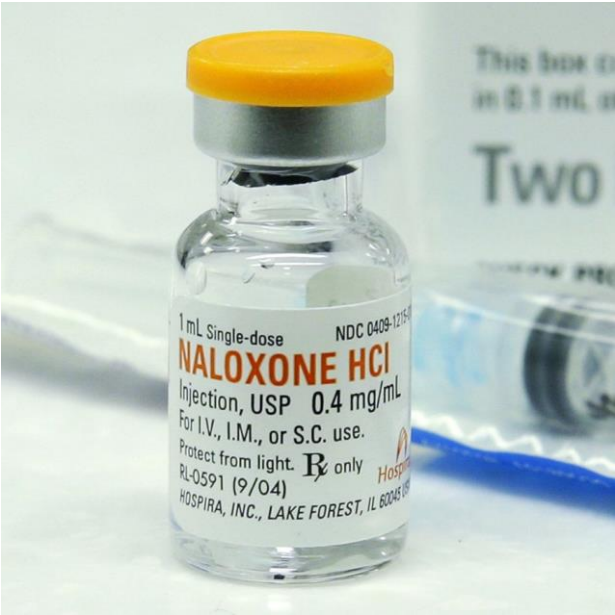
# Naloxone Devices

## Intravenous

Hospital & Health Care



## Intramuscular



## Intranasal





# Naloxone Safety Considerations

## EASY + EFFECTIVE

Naloxone is easy to administer and store and is effective in preventing opioid overdose deaths.

## COMPLETELY SAFE

Naloxone is completely safe, especially when used in low doses and administered properly.

## NO SIDE EFFECTS

Naloxone will not hurt someone who is not overdosing. There are no effects unless opioids are present.

## SAVES LIVES

It is the same concept as CPR, AED's, EpiPens. It mitigates the damage caused by a negative reaction in the body.

Naloxone is a KEY strategy recommended by CDC, State and Federal organizations.





# section 06 Naloxone Laws and Access

# Naloxone Laws

State naloxone laws allow the prescribing and dispensing of naloxone, either directly or by standing order, to individuals who are prescribed opioids, to the public, or to lay administrators.

Removal of civil, criminal, or professional liability for healthcare professional's provision of naloxone and for first responders and layperson for administration of naloxone.

“Good Samaritan” provisions, which encourage bystanders to administer naloxone and to summon emergency responders without fear of arrest or other negative legal consequences.

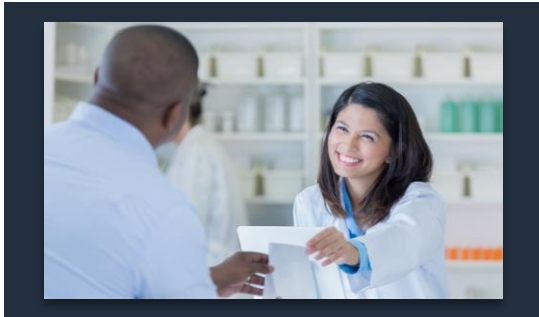


# How to Access Naloxone



## STATE HHS / HEALTH DEPARTMENT

Visit state websites for naloxone information or search “get naloxone” and your state.



## PHARMACY

Contact your local pharmacy to ask them if they carry naloxone. Insurance often covers.



## LOCAL ORGANIZATION

Often local nonprofits have grants to provide naloxone to the public and at-risk communities







# section 07 Naloxone Administration

# Intranasal Naloxone Administration (1)

Administration steps for intranasal naloxone options follow the same stepped process. For demonstration purposes instructions for Emergent, NARCAN intranasal spray is presented.



Visit the individual company website for more information.



# Intranasal Naloxone Administration (2)

1



4



2



5



3



6



Administer a repeat dose in the other nostril if no response in 2-3 minutes

Step-by-Step Instructions Inside the Naloxone Package

If you are trained or certified, apply CPR or Rescue Breathing.



# Intranasal Administration



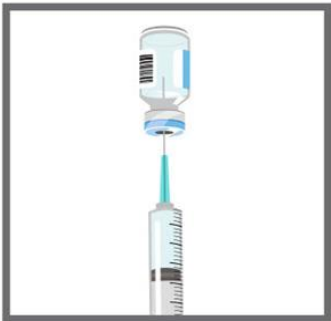
Amphastar  
nasal  
naloxone



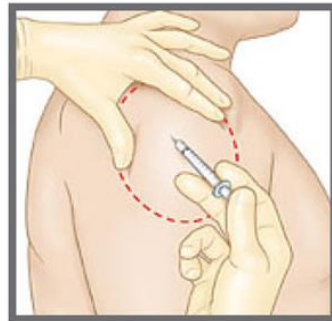
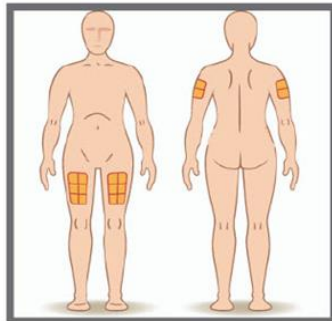
# Intramuscular Naloxone Administration

- 1** Call 911, Ensure that EMS is on the Way
- 2** Remove orange cap from naloxone vial and uncover needle. Insert the needle through rubber plug, upside down.
- 3** Pull back on plunger and draw up 1cc. (1cc = 1mL = 100u).
- 4** Inject at 90° straight into the muscle on the shoulder or thigh.
- 5** Place individual on their side in the recovery position.  
If you are trained or certified, apply CPR or Rescue Breathing.

**Administer a repeat dose, switching injection sites, if no response in 2-3 minutes**



OverdoseLifeline.org



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# Recovery Position

Turn the person on their side, if the person vomits this helps clear the airway.



1. Place the person's arm that is nearest to you at a right angle to their body. Pick up their other hand and gently place the back of the hand against their cheek.
2. Reach across to the person's knee that is furthest from you and pull it up so that their leg is bent, and their foot is flat on the floor. Gently pull their knee towards you so that they roll over onto their side, facing you.
3. Gently raise their chin to tilt their head back slightly, as this will open up their airway and help them to breathe.
4. Stay with them until help arrives.



# Medication action

Following administration —

Individual may begin  
to wake-up

Pupils may begin to  
dilate (get larger)

Respirations may  
begin to increase

There is a minimal possibility of vomiting and/or combativeness as the individual comes around. Based on the dose and route (intra-nasal) that you will be administering, the chances are remote.



# General Naloxone Information

Making naloxone available **does NOT** encourage people to use more

Naloxone **acts as a bridge** between the call to 911 and when help arrives

Naloxone has **no effect** on persons not suffering an opioid overdose

A **repeat dose** may be administered if no response in 2-3 minutes

Naloxone lasts for 30-60 minutes. The half-life of an opioid may be much longer – **risk of re-overdosing**, stressing the importance of calling 911.

Storage: Do not expose to **extreme temperatures** (hot/cold)

Packaging displays expiration date



# Frequently Asked Questions



**Can you administer naloxone if you don't know what drug(s)/medication(s) the person took?**

**Yes.** Naloxone will not cause harm if it is given for a different type of overdose (e.g., stimulant, alcohol).

**Once an overdose has occurred, how much time is there to administer the naloxone?**

This is a case-by-case basis. Naloxone should be administered at any time an overdose is suspected. Naloxone reverses the effects of an overdose, respiratory distress, which will eventually lead to decreased oxygen and possible subsequent heart attack.



# Frequently Asked Questions



## How long should we wait before administering a second dose of naloxone?

If there is no response, or limited response, give another dose in 2-3 minutes.

## What can we expect once the naloxone has reversed the overdose?

They might sit up quickly, gasp for air, be disoriented, confused or angry (he or she may be experiencing withdrawal symptoms) which might include shakiness, sweating, high blood pressure, fast heart rate, diarrhea, and discomfort.





# section 08 Best Practices and Solutions

# Solutions

## Treatment & Recovery

Treat addiction as the chronic disease that it is - through accessible, clinically-proven treatment and recovery continuum of care. Increase # of trained professionals and collaboration with primary care physicians for screening and referrals.

## Harm Reduction

Reduce the risks and harmful consequences associated with opioid use disorder and misuse.

## Reduce the Stigma of Addiction

Changing how we talk can remove the barriers for someone getting help with their disease.

## Screening and Early Intervention

Early screening and intervention can address mild misuse problems and disorders, prior to developing into something more severe.

## Education & Prevention

Understand the risks associated with opioid misuse, overdose and addiction. Support prevention education in grade school and high school.

## Safe Prescribing

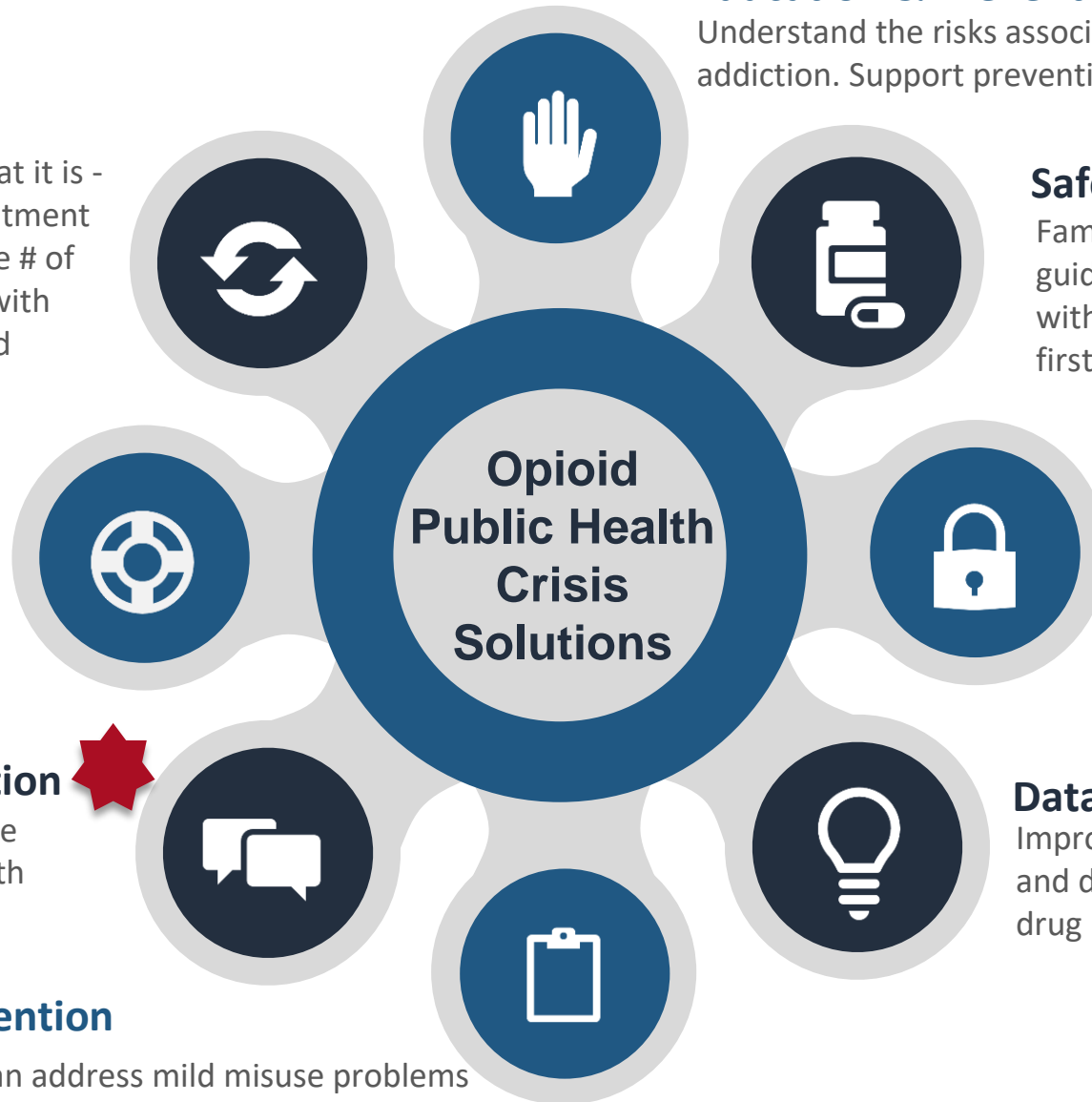
Familiarize yourself with CDC safe prescribing guidelines. Ask your physician if they are familiar with these guidelines. Seek non-opioid options first/whenever possible.

## Prescription Management

Manage your/your family's prescriptions. Safely store and dispose of your prescriptions.

## Data & Prescription Drug Monitoring

Improved reporting and access to data for action and decision-making. Participation in prescription drug monitoring systems.







**OverdoseLifeline**

**Visit [OverdoseLifeline.org](https://OverdoseLifeline.org)**  
**Advocacy – Education – Support – Resources**

# Thank You

Contact me at:  
[thaskins@agrisafe.org](mailto:thaskins@agrisafe.org)

