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"The purpose of the Nevada Opioid Center of Excellence (NOCE) is to develop and disseminate evidence-based and research informed training and offer technical assistance to address opioid use, misuse, abuse and overdose effecting Nevada communities."

The Nevada Opioid Center of Excellence (NOCE) is administered by the Center for the Applications of Substance Abuse Technologies, a grantfunded center located within the School of Public Health at the University of Nevada, Reno. Funding for this project was made possible in whole or in part by the Nevada Division of Public and Behavioral Health (DHHS) through the Fund for a Resilient Nevada (FRN).



NEVADA OPIOID CENTER OF EXCELLENCE PRESENTS

# Overdose Education and Harm Reduction Training

Reducing risks of accidental overdose Using naloxone



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### **Learning Objectives**

Nevada's
Good
Samaritan Act
and
Limitations

How to reduce accidental overdose risks and how to speak to others about reducing risks

Be prepared to recognize and respond in an opioid overdose situation



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# **Overdose Legislation 2015**

SB 459

2015 Legislative Session

Signed into Law by Governor Brian Sandoval

Effective Date: October 1, 2015

- Allows laypersons to administer Naloxone
- Provides criminal and civil protections for all of those who intervene on someone's behalf in life threatening situations as well as the individual in a crisis



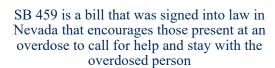


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# **Good Samaritan Overdose Act - SB 459**







Provides immunity for all drug offenses for the person who calls for medical help during an overdose (when not in conflict with drug enforcement laws)



Immunity from prosecution does not extend to prior warrants, probation and parole violations or non-drug related crimes



### **Opioids**

- •Opioids are psychoactive substances derived from the opium poppy, or their synthetic analogues
- •Act on the central nervous system to relieve pain
- •Due to their pharmacological effects, opioids in high doses can cause respiratory depression and death



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## **Opioid Categories**

Natural Opiates	Semi-synthetic/manmade opioids	Fully synthetic/manmade opioids
Morphine	Oxycodone (OxyContin)	Fentanyl
Codeine	Hydromorphone (Dilaudid)	Methadone
Opium	Hydrocodone (Vicodin)	Tramadol
	Heroin	Meperidine (Demerol)



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# **Xylazine (Tranq)**

- •Is a large animal tranquilizer
- •Is a depressant on the Central Nervous System
- Effects of Xylazine include:
  - sedation
  - difficulty breathing
  - dangerously low blood pressure
  - slowed heart rate
  - wounds that can become infected and spread
  - severe withdrawal symptoms
  - death
- •Not an opioid but can lengthen the effects of opioids and increase the likelihood of an overdose
  - Opioid antagonists will not reverse effects of Xylazine





"To help states, organizations, students, and the existing workforce apply research based practices to improve prevention, treatment, and recovery services for individuals with addictive behaviors. This mission is achieved through university based coursework; clearinghouses and libraries; continuing education workshops; product development and dissemination; conferences; and consultation and technical assistance activities."

### **Naloxone**

Naloxone is an opioid antagonist- it works by knocking the opioid off the receptors for 30-90 minutes-when naloxone wears off the overdose can return

Naloxone only works to reverse opiate overdoses and will not work for stimulant, benzodiazepine, or any other drug or medication A second dose can be given within 2-3 minutes, if the first dose does not help

Naloxone cannot be over administered

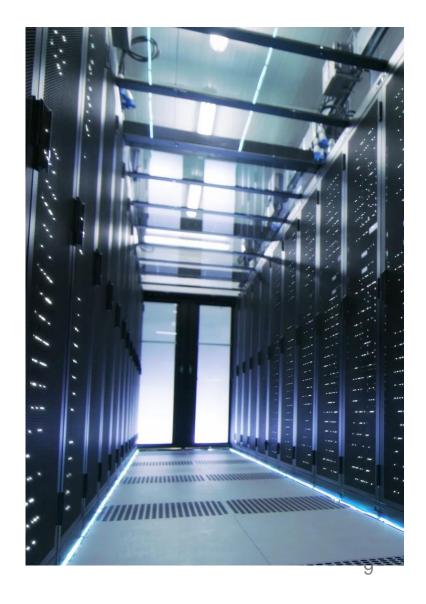


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## **Naloxone Storage**

- Make sure it is accessible
- To make sure it lasts as long
   as possible, naloxone should
   be kept in a dark and dry
   place between 59°F to 77°F
   (15°C to 25°C) if possible
- Do not freeze
- Spray before the expiration date on the box





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### Factors that Increase the Risk of Overdose

#### Reduced tolerance

• Individuals are at increased risk after a period of abstinence, change in dose, release from prison

### Actively Using Alone

• Individuals are at increased risk when they use illicit substances in the absence of others who can intervene if an overdose occurs

#### Mixing substances

- For example-mixing opioids with alcohol, benzodiazepines, stimulants (cocaine), prescription medications
  - Majority of opioid overdose deaths involve at least one other drug (CDC, 2013)

#### Medical

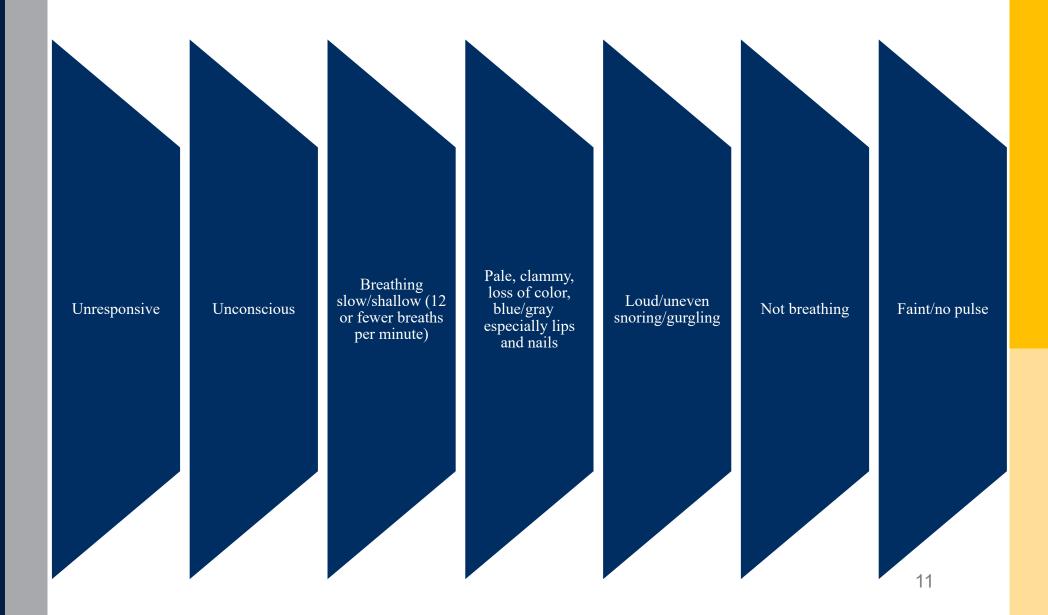
• Acute medical conditions such as HIV, liver or lung disease or suffer from depression (WHO, 2014)



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# Signs of an Overdose





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### **Assess the Situation**









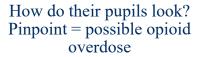
Is the person breathing?

Is the person able to respond to stimulation?

Can the person speak?

How is the skin color on their lips and fingertips? Blue= lack of oxygen







Ask the person to wake up while shaking their shoulders. If no answer, do a sternum rub.



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### **Intervention Steps**



Call 911

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Start rescue breathing and CPR Perform CPR only if trained 3

Give naloxone
Give 2<sup>nd</sup> dose if 1<sup>st</sup>
dose does not work
within 2-3 minutes



Resume rescue breathing and CPR Perform CPR only if trained



Monitor the person until help arrives



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# **Overdose Myths**

Some people have experience using these methods. However, these can cause harm.

Do Not: Slap or punch and individual to resuscitate, it may lead to the bruising or breaking of the nose/jaw.

Do Not: Place an unconscious individual in cold water or use ice, this makes the body cold, slow even more, and can lead to hypothermia

Do Not: Provide an individual with any milk product. Milk increases mucus production further compromising lung function



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## **Rescue Breathing**

Tilt head back and pinch nose Give 2 regular breaths

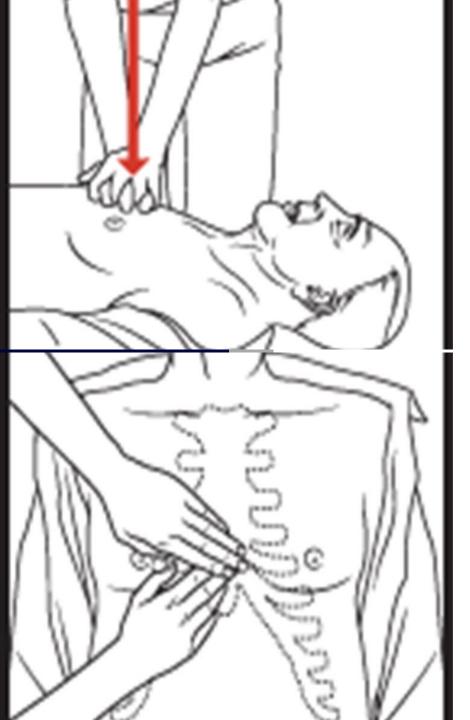


Look, listen and feel

If still not breathing give 1 breath
every 5 seconds until person revives or
help arrives



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# **Chest Compressions**

#### If trained in CPR:

**Step 1:** Place the heel of your hand on the breastbone at the center of the person's chest.

**Step 2:** Place your other hand on top of your first hand and interlock your fingers.

**Step 3:** Using your body weight to press straight down on their chest



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## **Narcan Nasal Spray Instructions**

Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle

Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose

Press the plunger firmly to release the dose into the patient's nose







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# Responses after Naloxone Administered

People may respond differently after naloxone has been administered

#### Things to consider:

- Individuals may become agitated when they regain consciousness
- Ensure that there are no objects that are within immediate reach of the individual
- If you see any powder present, cover with wet cloth
- Wash skin with soap and water, not

with hand sanitizer

• Not all individuals will regain consciousness

and may remain unconscious

- Includes Xylazine exposure
- Monitor that they continue breathing
- · Place in rescue position to keep airways open

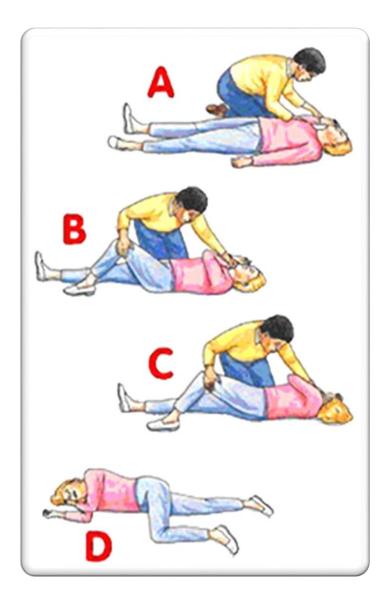




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### **Rescue Position**



If the person revives, place them into a safe recovery position and wait for EMS to arrive

Comfort them as withdrawal can feel unpleasant

Some people can become agitated

They should be discouraged from using more opiates



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#### THANK YOU.

#### References

Mack, R., & Spake, G. (2018). Citing open source images and formatting references for presentations [PowerPoint slides].

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