

# OVERDOSE PREVENTION & RESPONSE



# RED PROJECT BASICS

A 501(c)3 non-profit organization

## History:

- 1998: Syringe Program
- 2000: Syringe Access Services
- 2008: Overdose Education Program

Mission: Improve Health, Reduce Risk, Prevent HIV

Health Issues: HIV, Hepatitis C, Substance Use,  
and Overdose

Harm Reduction Philosophy




# RED PROJECT PROGRAMMING

Overdose Prevention and Response



Syringe Access




Recovery Coaching



Red Project provides comprehensive programming along a continuum of care

Rapid HIV and Hepatitis C Testing




Condom Distribution



Linkage to Care



PrEP and PEP



HIV Case Management



Tobacco Cessation



# WHAT IS HARM REDUCTION



# WE ALL PRACTICE HARM REDUCTION IN OUR EVERYDAY LIVES!



“Harm Reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet people who use drugs

**‘WHERE THEY’RE AT,’**

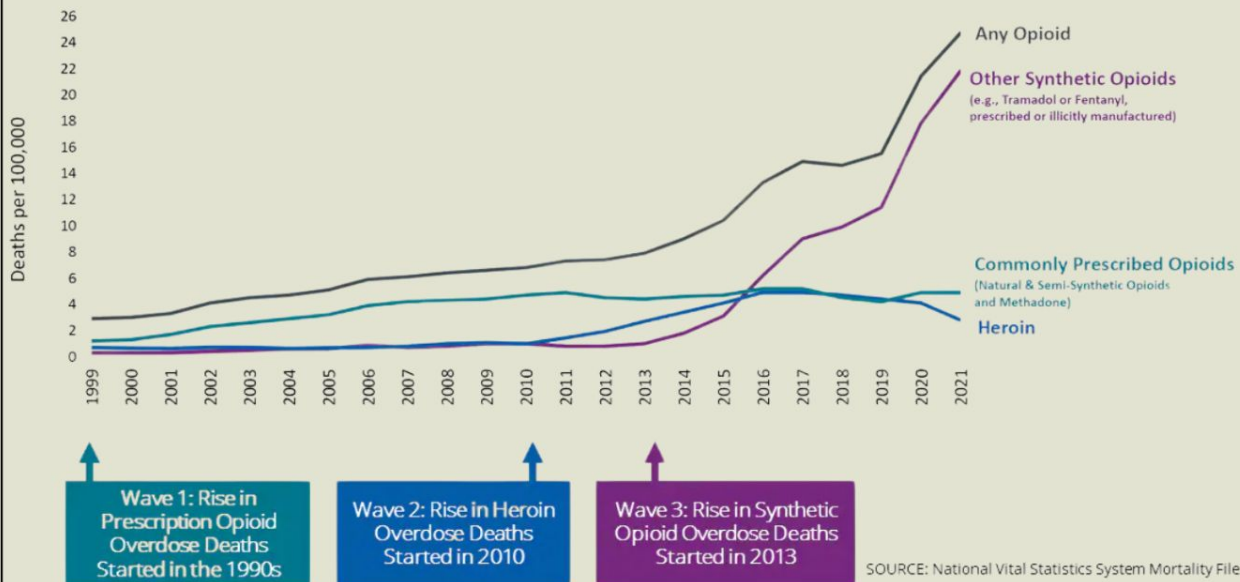
addressing conditions of use along with the use itself.”

**– HARM REDUCTION  
COALITION**

# UNDERSTANDING THE TRENDS IN OPIOID OVERDOSE DEATHS



## THREE WAVES OF OPIOID OVERDOSE DEATHS



### Nationally

From 1999-2020, over 500,000 people died from an overdose involving any opioid, including prescription and illicit opioids.

Source: <https://www.cdc.gov/opioids/basics/epidemic.html>

# FURTHER INTERPRETING THE DATA

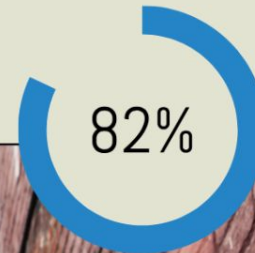


## THE 1990s

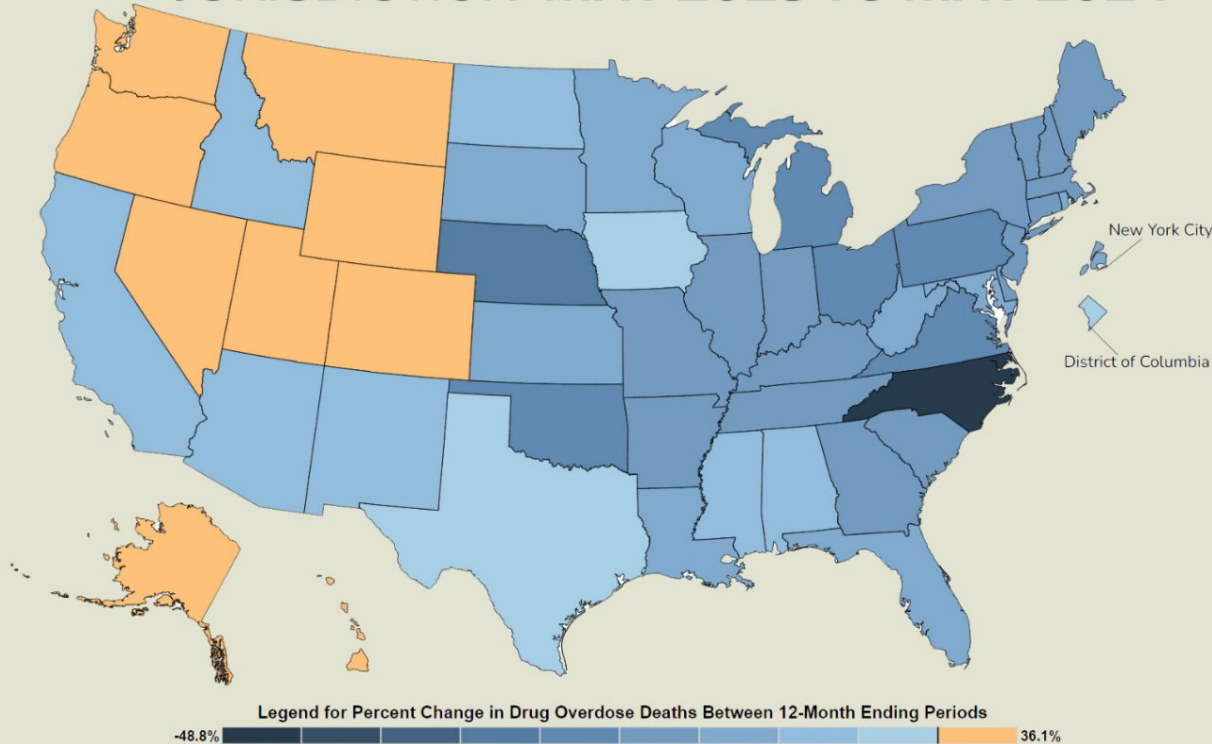
- Pain was considered a vital sign
- Patient satisfaction was a measure of a physician's performance
- Reassurances given to prescribers by pharmaceutical companies and medical societies claiming that the risk of addiction to prescription opioids was very low
- Opioid availability increase, as does overdose

## CIRCA 2008 - PRESENT

- Opioid overdose epidemic is being recognized
- Prescription opioids have become less available
- *Effective* treatment options are not widely available for those dependent on opioids
- Heroin use and overdose begins to increase
  - 82% of heroin use begins with prescription opioids



# PERCENT CHANGE IN REPORTED 12 MONTH-ENDING COUNT OF DRUG OVERDOSE DEATHS, BY JURISDICTION: MAY 2023 TO MAY 2024



**MICHIGAN**  
REPORTED CASES

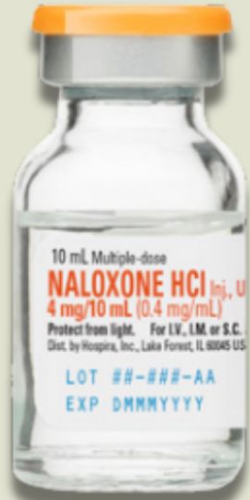
MAY 2023: **3076**

MAY 2024: **2387**

**-22.40%**

LESS OVERDOSE DEATHS

# OVERDOSE INTERVENTION: NALOXONE HYDROCHLORIDE (NARCAN®)



- In 1971, FDA approved for first responders to use naloxone hydrochloride when responding to overdose situations
- An unscheduled prescription medication both nationally and in the state of Michigan
- A medication used solely for the reversal of opioid overdoses – pure antidote of opioids
- Safe and effective
  - Little or no effect on people without opioids in their system
  - Medical personnel will administer naloxone hydrochloride without knowing whether or not an overdose has occurred when someone presents unresponsive

# WHAT IS THE DEFINITION OF AN OVERDOSE?



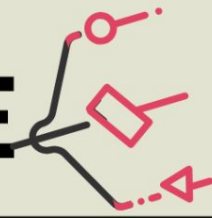
# WHAT IS THE DEFINITION OF AN OVERDOSE?



An overdose is when someone takes too much of a medication or substance and it causes the body to start to shut down.



# TYPES OF OVERDOSE



## STIMULANT OVERDOSE

- Central Nervous System
- Cardiac System
- Mechanism of Action:
  - Increased heart rate
  - Heart attack, stroke, seizures
- Types of Stimulants:
  - ADHD medications
  - Amphetamines
  - Methamphetamines
  - Cocaine



## DEPRESSANT OVERDOSE

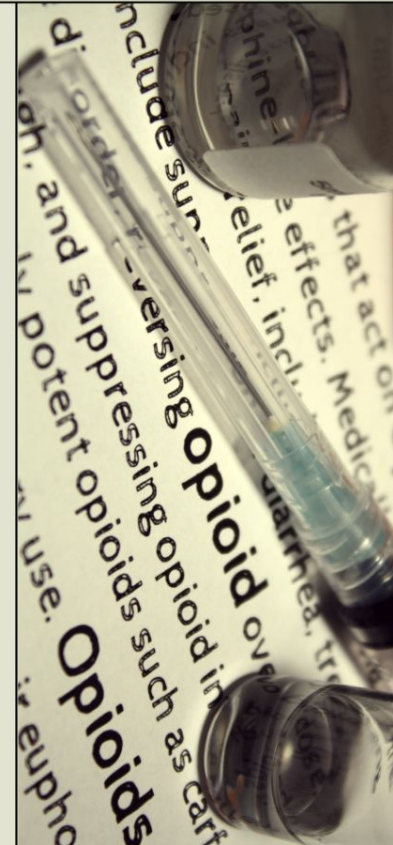
- Respiratory System
- Mechanism of Action:
  - Depressed breathing
- Types of Depressants:
  - Alcohol
  - Benzodiazepines
  - Opioids



# REVIEW: OPIOIDS

## OPIOIDS

- Heroin (non-medication opioid)
- Methadone - dolophine
- Morphine
- Oxycodone
- Morphine Sulfate
- Vicodin
- Norco
- Darvocet
- Codeine Cough Syrup
- Demerol
- Suboxone\* - Buprenorphine w/Naloxone
- Subutex\* - Buprenorphine
- Oxycontin
- MS Contin
- Oxycontin IR
- Tylenol 3 with Codeine
- Percocet
- Dilaudid
- Fentanyl
- Tramadol



# RISK FACTORS/PREVENTION

- Mixing:
  - Multi-drug use
  - Alcohol consumption



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- Tolerance/Period of Abstinence
  - Health Factors:
    - Decreased health status
    - Decreased breathing functions
    - Prior history of overdose



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  - Unregulated medications/substances
  - Unfamiliar medications



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  - Unfamiliar medications
- Using alone



# FENTANYL

- A synthetic opioid
- May be up to 50-100x more potent than morphine
  - Historically, substances have been cut with other substances that make them **weaker, not stronger**.
  - Poses major overdose risk when added to substances, often without consumers' knowledge.
- Colorless, odorless powder that is undetectable without further testing.



# RECOGNIZING AN OVERDOSE

OPIOID INTOXICATION

OPIOID OVERDOSE

# RECOGNIZING AN OVERDOSE



## OPIOID INTOXICATION

- Sleepy (nodding out)
- Little coordination
- Slow/shallow breathing
- Slurred speech
- Drooling/vomiting
- Pale/clammy appearance
- Constricted (pin-point) pupils
- Itchy

## OPIOID OVERDOSE

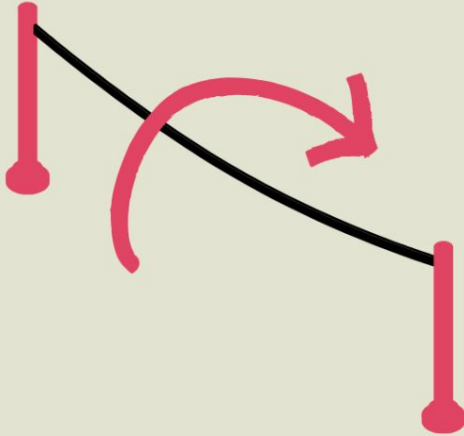
- Not responsive to outside stimulus
- Slow/shallow (or not) breathing
- Snoring/gurgling
- Drooling/vomiting/foaming
- Pale (blue or purple possible)/clammy appearance
- Constricted (pin-point) pupils/rolling of the eyes

# RECOGNIZING AN OVERDOSE



WHERE IS THE FINE LINE BETWEEN  
OPIOID INTOXICATION AND OPIOID  
OVERDOSE?

**UNRESPONSIVE**



# OVERDOSE PREVENTION & RESPONSE EDUCATION

## THE THREE A'S

ASSESS



ADMINISTER



AFTERCARE



# OVERDOSE PREVENTION & RESPONSE EDUCATION

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## ASSESS



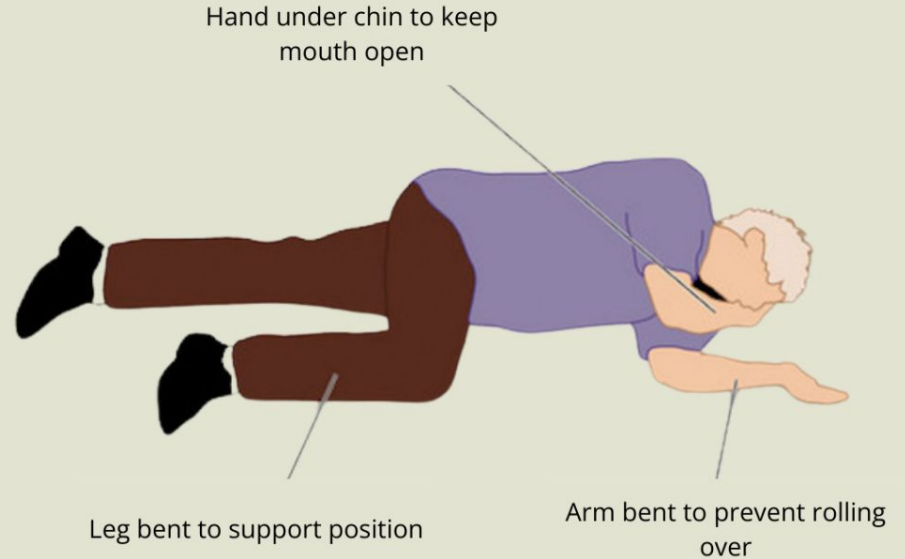
- Is the individual overdosing?
  - Slow or no breathing?
  - Are there other signs of overdose?
  - Do they answer when you 'shake and shout' their name?
- No response to sternum rub = **UNRESPONSIVE**

- Call **911**
  - If you have to leave the individual, put them in the Recovery Position
- Move on to: **Administer Naloxone hydrochloride**



# RECOVERY POSITION

- If you must leave the overdose victim for **any reason**, put them in the recovery position.
- Lay the person slightly on the left side so that the body is supported by a bent knee, with the person's face turned to the side and bottom arm reaching out to stabilize the position.



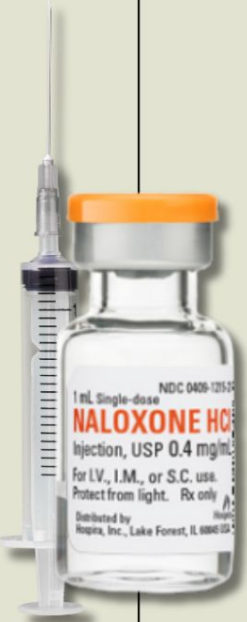


# ADMINISTER



## INJECTABLE

1. Using IM needle, draw up one dose/cc/vial of naloxone hydrochloride
2. Inject straight into large muscle (shoulder, buttock, thigh)
3. Administer additional doses if necessary (after 3-5 minutes)



## NASAL

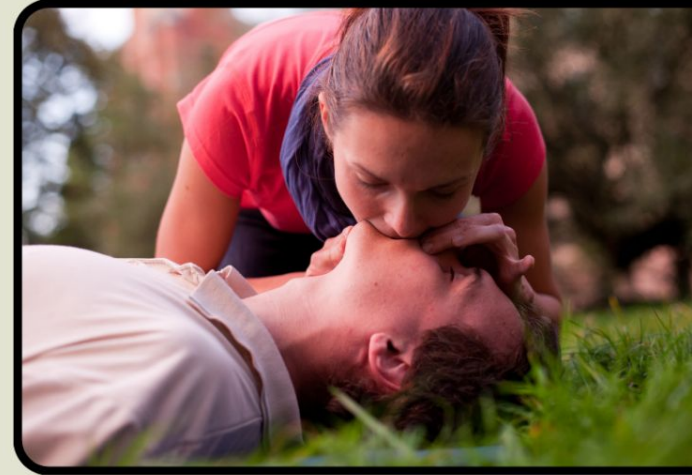
1. Place individual on their back and wipe nose if messy
2. Tilt head backward with one hand, lift up neck with other (this keeps Narcan® from escaping nose, and clears the airway)
3. Gently insert nozzle into either nostril
4. Press plunger firmly (only after it is inserted into nostril) until all content is gone



# AFTERCARE

## Provide rescue breathing in between doses:

- Clear the airway
- Use a barrier, if available
- Tilt the head back, plug the nose, place hand under the chin, and open the mouth
- Give 2 quick breaths - followed by 1 breath every 5 seconds while watching for the chest to rise
- Stay calm, remember to breathe for yourself



**If the individual is not responsive within 2-3 minutes, administer an additional dose of Naloxone hydrochloride**



# AFTERCARE

## What to do when the individual becomes responsive:

- Assist them to sit up, or place them in the recovery position
- Orient the individual
- Stay with them until EMS arrives (if they haven't already)

## Naloxone hydrochloride may wear off before the effects of opioids wear off and the individual might fall into an overdose again

- Administer additional doses of naloxone hydrochloride if this occurs

## The likelihood of overdosing again depends on several things including:

- How much medication/substance was used initially and its half-life
- How well the liver works to process the medication/substance
- If the individual reintroduces additional medication/substance



# STORAGE OF NALOXONE



**AVOID DIRECT SUNLIGHT**



**AVOID EXTREME  
TEMPERATURES**



**ANY DAMAGED/EXPIRED  
NALOXONE RESCUE KITS  
SHOULD BE IMMEDIATELY  
REPLACED**



# NALOXONE (NARCAN®) LEGALITIES



# LEGAL STATUS IN MICHIGAN

NALOXONE (NARCAN®)  
LEGALITIES

## PA 311-14 signed into law in October 2014

- Allows prescription to anyone
- Allows prescription to an organization
- Allows administration to anyone
- Eliminates potential criminal and civil liability, and professional disciplinary action, for prescribers and end-users
- Naloxone hydrochloride is one of the easiest and safest medications to prescribe, *we need to make it easier to obtain*



# LEGAL STATUS IN MICHIGAN

NALOXONE (NARCAN®)  
LEGALITIES

## PA 311-14 signed into law in October 2014

- Sec. 17744c. A person that administers an opioid antagonist to an individual who he or she believes is suffering an opioid-related overdose and that acts in good faith and with reasonable care is **immune** from criminal prosecution or sanction under any professional licensing act for that act.



# LEGAL STATUS IN MICHIGAN

NALOXONE (NARCAN®)  
LEGALITIES

## PA 307-308 Effective January of 2017

The following individuals are not in violation of this section:

- (1) An individual who seeks medical assistance for himself or herself or who requires medical assistance and is presented for assistance by another individual if he or she is incapacitated because of a drug overdose or other perceived medical emergency arising from the use of a controlled substance or a controlled substance analogue that he or she possesses or possessed in an amount sufficient only for personal use and the evidence of his or her violation of this section is obtained as a result of the individual's seeking or being presented for medical assistance.



# A COMMON CONCERN ADDRESSED

JUST BECAUSE YOU  
OWN ONE OF THESE



DOESN'T MEAN YOU  
WILL START ONE OF  
THESE



# CONTACT INFORMATION



CATHERINE PROGRAM  
KELLY DEVELOPMENT  
MANAGER

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