



LUMMI INDIAN BUSINESS COUNCIL

NALOXONE/NARCAN TRAINING

Presented by: **Walt Lewis - LIBC Councilman**
Randy Johnson - LIBC Workplace Safety



Getting the Treatment for Opiate Overdose into the hands of First Responders

Be sure to always call 911

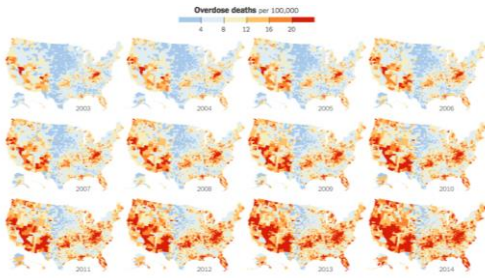
Learning Objectives

1. The opioid overdose history
2. Know how opioids work
3. Recognize & Respond to opioid overdose

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How the Epidemic of Drug Overdose Deaths Ripples Across America

By HALEYOUN PARK and MATTHEW BLOCH JAN. 19, 2018



The number of these deaths reached a new peak in 2014: 47,055 people, or the equivalent of about 125 Americans every day.

What are Opioids ?

Opioids are drugs that bind to certain receptors in the central nervous system, and in doing so, they create a sense of euphoria.

Prescription Opioids:

| Generic name | Brand names |
|---------------|---------------------|
| Hydrocodone | Vicodin |
| Oxycodone | Percocet, Oxycontin |
| Codeine | Codeine |
| Methadone | |
| Hydromorphone | Dilaudid |
| Fentanyl | |
| Morphine | MS Contin |
| Buprenorphine | Suboxone, Subutex |

Illegal Opioids:

Opium

Heroin - made from morphine

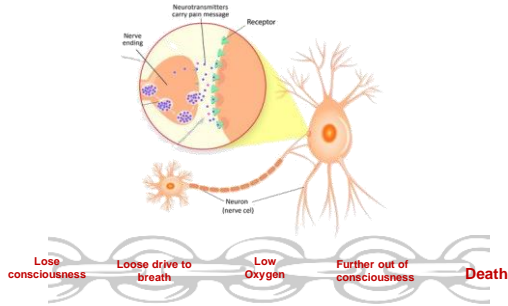
Fentanyl laced Heroin

Street names include: Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.

Not Opioids:

- Methamphetamine
- Cocaine
- Benzodiazepines such as valium and ativan
- Marijuana
- Spice
- Ecstasy

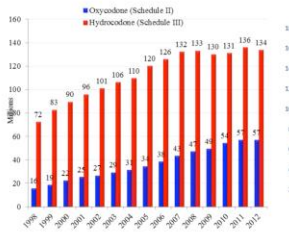
How do Opioids kill?



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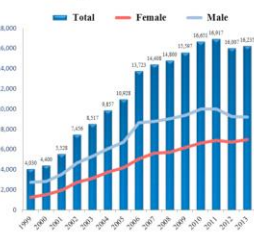
High Levels of Opioid Prescriptions have Facilitated Diversion & Contributed to Overdose Deaths

Oxycodone & Hydrocodone Prescriptions



SDI Health, VONA, 02-1-13, Opioids Schedule II & III

Rx Opioid Overdose Deaths



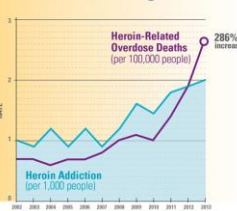
Source: CDC Wonder

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Heroin Use Has INCREASED Among Most Demographic Groups

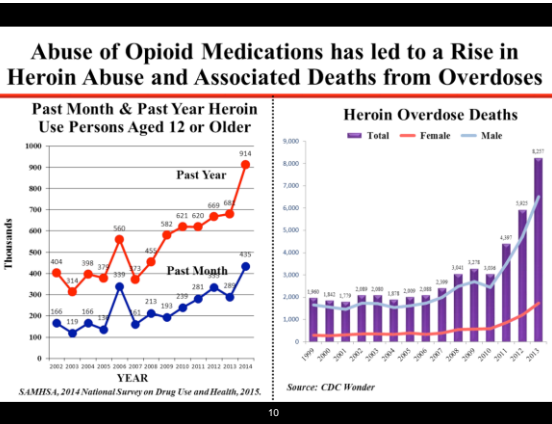
| | 2002-2004* | 2011-2013* | % CHANGE |
|----------------------------------|------------|------------|----------|
| SEX | | | |
| Male | 2.4 | 3.6 | 50% |
| Female | 0.8 | 1.6 | 100% |
| AGE, YEARS | | | |
| 12-17 | 1.8 | 1.6 | -- |
| 18-25 | 3.5 | 7.3 | 109% |
| 26 or older | 1.2 | 1.9 | 58% |
| RACE/ETHNICITY | | | |
| Non-Hispanic white | 1.4 | 3 | 114% |
| Other | 2 | 1.7 | -- |
| ANNUAL HOUSEHOLD INCOME | | | |
| Less than \$20,000 | 3.4 | 5.5 | 62% |
| \$20,000-\$49,999 | 1.3 | 2.3 | 77% |
| \$50,000 or more | 1 | 1.6 | 60% |
| HEALTH INSURANCE COVERAGE | | | |
| None | 4.2 | 6.7 | 60% |
| Medicaid | 4.3 | 4.7 | -- |
| Private or other | 0.8 | 1.3 | 63% |

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013; National Vital Statistics System, 2002-2013.

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Responding to the Heroin Epidemic

- PREVENT People From Starting Heroin**
Reduce prescription opioid painkiller abuse. Improve opioid painkiller prescribing practices and identify high-risk individuals early.
- REDUCE Heroin Addiction**
Ensure access to Medication-Assisted Treatment (MAT). Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.
- REVERSE Heroin Overdose**
Expand the use of naloxone. Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Webpage, July 2015

What is Naloxone ?

Naloxone is an opioid antagonist.
-it does nothing other than removes opiate and blocks receptors.

- Temporarily takes away the "high," giving the person the chance to breathe
- Naloxone works in 1 to 3 minutes and lasts 20-90 minutes
- Can be given every 3 minutes, without extra side effects.

Can I get addicted to naloxone ?

- Naloxone can neither be abused nor cause overdose
 - known sensitivity, which is very rare
- Naloxone can cause withdrawal symptoms such as:
 - nausea/vomiting
 - diarrhea
 - chills
 - muscle discomfort
 - disorientation
 - combativeness

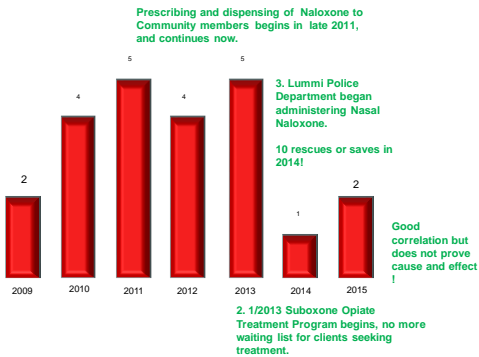
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Lummi Tribal Police Dept was the first Police Dept in Washington state to train and equip their officers with Naloxone. They now have 25 documented saves or reversals.

The breakdown of saves by agency – to date

- Everett PD – 24
- Marysville PD – 10
- Snohomish County Sheriff’s Office – 8
- Lake Stevens – 3
- Arlington - 1

Drug Caused Deaths at Lummi




HIGH VS. OVERDOSE

| REALLY HIGH | OVERDOSE |
|---|---|
| Muscles become relaxed | Pale, clammy skin |
| Speech is slowed/slurred | Very infrequent or no breathing |
| Sleepy looking | Deep snoring or gurgling (death rattle) |
| Responsive to stimuli (such as shaking, yelling, sternal rub, etc.) | Not responsive to stimuli (such as shaking, yelling, sternal rub, etc.) |
| Normal heart beat/pulse | Slow heart beat/pulse |
| Normal skin tone | Blue lips and/or fingertips |

Courtesy Indianapolis Metropolitan Police Dept.

PICTURE OF AN OVERDOSE

- Everything is slowed
- Person often drifts out of consciousness
- Unable to wake them up with even painful stimuli
- Constricted pupils
- Limp body
- Abnormal respirations
- Slowed respirations
- No Respirations
- Turn Blue, begin to "aspirate"
- Death



Courtesy Indianapolis Metropolitan Police Dept.



[poster: March 2015]



[poster: 8.9.15, 12x17, April 2015]




3. Call 911.

Tell 911:

- A person is not breathing.
- The address and where to find the person.



4. Start rescue breathing.

- Tilt head back. Life chin. Pinch nose.
- Give **2 quick breaths**. Chest should rise.
- Then **1 slow breath every 5 seconds**.
- **Keep going** until they start breathing or help arrives.



4. Give naloxone.

Injectable naloxone



- Inject into the arm or upper outer top of thigh muscle, 1 cc at a time.

EVZIO® Autoinjector



- Find instructions and information: <http://evzio.com>

Intranasal naloxone



- Squirt half the vial into each nostril.

Narcan® Nasal Spray



- Find instructions and information: <http://www.abcamnabnaloxone.com/>

How to give Nasal Narcan

❖ Store at Room temperature

❖ Replace product when expired

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4 mg naloxone/0.1 ml in a preassembled spray pressurized to deliver dose with thumb triggered button. Two units per box

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INTRANASAL NALOXONE

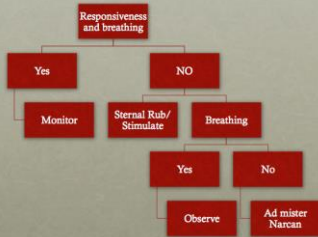
- Given with the Mucosal Atomizer Device (MAD)
- Creates a “mist of medication”
- Absorbed through the nasal mucosa
- They are not “breathing it in”

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ADMINISTRATION

- 1st Identify overdose
 - Does history and appearance seem consistent with opioid overdose
- Ensure EMS is en route
- Assess for responsiveness and breathing

PROCEDURE CONT...



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A DIFFERENT WAY

- Recognize opiate overdose
 - Decreased LOC
 - Decreased or no breathing
 - In setting of likely opiate ingestion
- Give sternal rub/stimulate
 - If no response → Administer Narcan
- Place in recovery position



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ONCE EMS ARRIVES



- Can assist in breathing
- If in cardiac arrest will begin treating accordingly
- If not in cardiac arrest and unconscious will administer Naloxone
 - Does not work if they have already gone into cardiac arrest
- Almost 100% will need transportation to the hospital

WHEN IT IS TOO LATE

- Cardiac arrest
 - Longer they are in cardiac arrest → Harder it is to get them back
 - No matter the age
- Effects of long term oxygen deficit
 - Brain damage
 - Very common after someone has overdosed
 - Mild (forgetfulness) → Severe (inability to do normal activities)

Responding to a suspected opiate overdose – Review

- Make sure the scene is safe!
- Assess responsiveness and breathing
- Get medical kit and **Call 911**
- Give Naloxone
- Place victim in the Recovery Position- Avoid aspiration pneumonia
- Be prepared to administer a second dose
- Be prepared to administer CPR