



OPIOIDS AND OVERDOSE RECOGNITION
AND RESPONSE.

TRIBAL PUBLIC HEALTH EMERGENCY
PREPAREDNESS CONFERENCE 2026

May 8, 2026

Washington State Department of Health

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Washington State Department of Health

Office of Infectious Disease

[OEND Program](#)

[Drug User Health Team](#)

Harm Reduction is Relationship

- ***“When there is nowhere safe to go, the predictability of drugs or alcohol can be a place of safety.” – Shira Hassan***
- Consider, substance use offers:
 - Consistency in use routines
 - Community
 - A way to cope with difficult experiences, trauma
- Considering the continuum of use from a source of safety, joy, to chaotic use, and everything between, asks us to consider the whole person with compassion and non-judgement

What is harm reduction?

- Policies, programs and practices that aim to reduce the harms associated with drug use.
 - A spectrum of strategies including safer techniques, managed use, and abstinence
 - We accept that people sometimes continue to use drugs regardless of punitive or other consequences, so we attempt to help them reduce risks and/or make any positive change
 - We meet people where they're at, and celebrate any positive change (with the change being determined by the person attempting to make the change)
 - A harm reduction approach can also be taken when addressing other concerns (e.g., diet, gambling, sexual practices)

[Harm Reduction Principles | National Harm Reduction Coalition](#)

Goals for today

- Naloxone access in WA
- Opioid overdose recognition and response
- Post-overdose care
- How opioids interact with the body and brain
- Issues regarding illicit fentanyl
- Stimulant overdose response
- Q&A





- **2010-** [Washington State Good Samaritan Law](#) enacted!
- Offers protections against prosecution for drug use, possession and underage drinking if 911 is called for medical help during an overdose. Possible exceptions include persons on Dept. of Corrections supervision.
- **2015-** [Washington State “Naloxone Law”](#)
- **2019 (April)** - [WA DOH OEND Program](#) goes live.
- **2019 (September)** - [Statewide Standing Order enacted](#) .
- **2022-** WA DOH [Statewide Mail Order Naloxone Program](#) enacted in partnership with the People’s Harm Reduction Alliance.
- **2023-** [NARCAN®](#), [RiVive™](#) and a generic nasal naloxone product ([Padagis](#)) are approved for over-the-counter sale.
- All **Medicaid** plans in WA cover the out-of-pocket cost of naloxone kits for the patient.
- For health plans issued or renewed on or after 1/1/20, insurance must offer [coverage](#) without prior authorization.



The Washington State Department of Health Naloxone for American Indian and Alaska Native Communities

The Washington State Department of Health Overdose Education and Naloxone Distribution Program provides free naloxone for Washington State partners, including Tribes, Tribal organizations, and Urban Indian Health Organizations.



Expanding naloxone access within American Indian and Alaska Native communities in Washington State

The Washington State Department of Health operates the Overdose Education and Naloxone Distribution (OEND) Program. The program offers free naloxone, overdose response training, and technical assistance to organizations interested in distributing naloxone to people at risk of opioid overdose.

The OEND program also provides free naloxone and technical assistance to Tribes, Tribal organizations, and Urban Indian Health Organizations, with the goal of increasing naloxone access for American Indian and Alaska Native communities in Washington State.

For the fiscal year ending June 30, 2026, the OEND program set aside \$1,100,000 to purchase naloxone for tribal partners. These resources will be made available annually as resources permit.

How to request naloxone

- To request naloxone, please visit redcap.link/naloxonefortribes and complete the registration form.
- For more information about this program, please review the Dear Tribal Leader Letter that was sent on January 6, 2023.
- For questions, please email naloxoneprogram@doh.wa.gov.



redcap.link/naloxonefortribes



150-235 September 2023

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Request Naloxone for Tribes, Tribal Organizations, and Urban Indian Organizations

OEND provides free naloxone kit supplies, training and technical assistance to any Tribe in WA. OEND sets aside 10% of its annual budget to support naloxone access for Tribes in WA.

Tribes can obtain naloxone for multiple reasons, including (but not limited to):

- Distribution to people who use drugs or their friends and family
- First responders
- Casino, school, and library staff
- Substance use treatment facilities

What is an opioid overdose?



Opioid overdose

An ***overdose*** occurs when a toxic amount of one or multiple drugs overwhelms the body

During an ***opioid overdose***, this primarily affects the victim's ability to breathe

Certain receptors – mu opioid receptors – in the brain become overwhelmed and breathing becomes suppressed

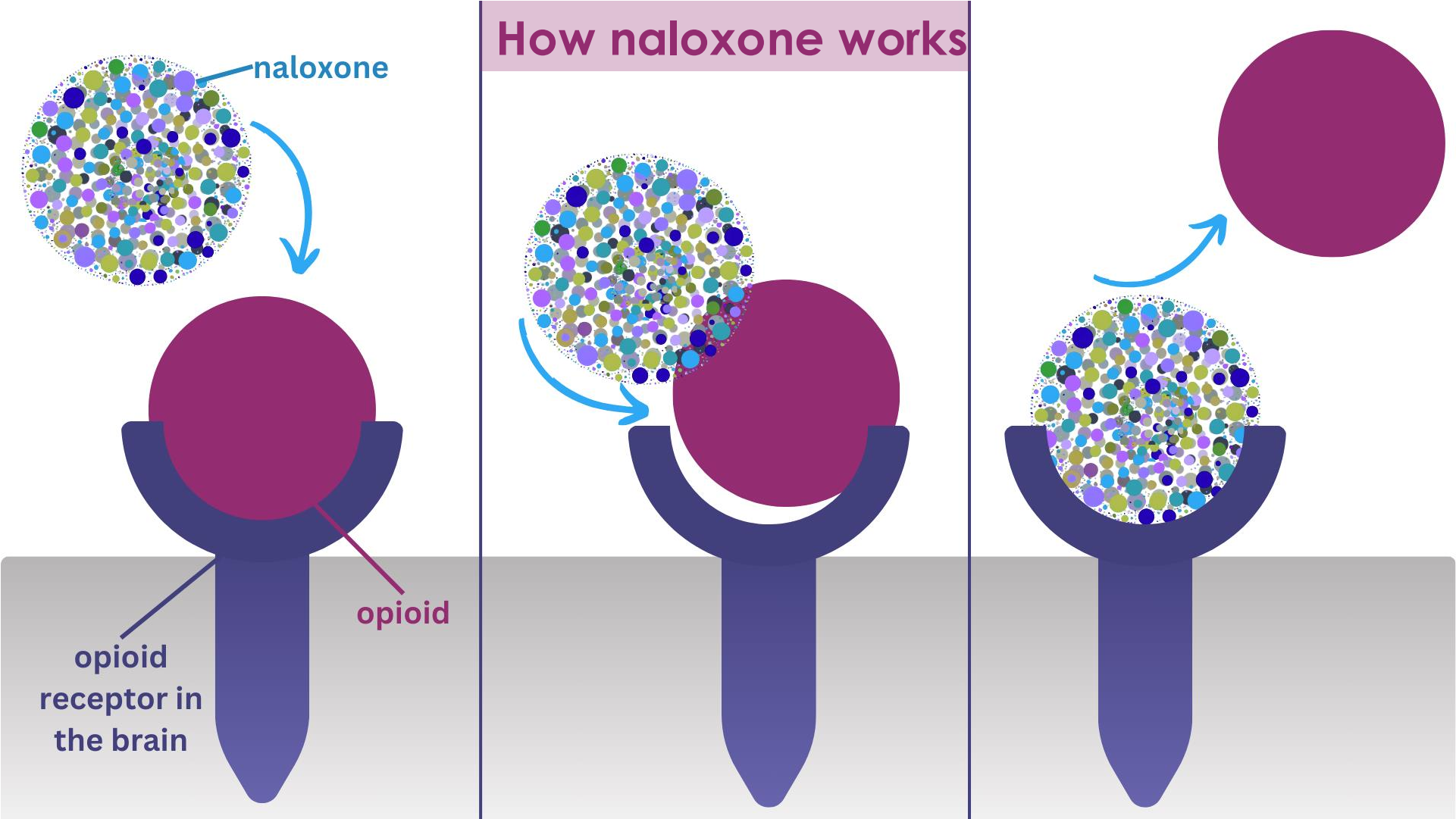


Opioid overdose response

The goal is to help the person experiencing the overdose start breathing on their own again **as quickly as possible**

Administer naloxone **as soon as it is determined** someone is experiencing an opioid overdose

At first glance, it may be difficult to tell the difference between a “nod” and an overdose



naloxone

How naloxone works

opioid

opioid receptor in the brain



REMEMBER- If a person shows the signs and symptoms of an opioid overdose, administer naloxone ***regardless of what drug you think the person took!***

Risk factors associated with opioid overdose

Periods of abstinence/recently released from substance use treatment

***Polysubstance use (especially alcohol and benzos)

Being recently released from jail/prison

Due to fentanyl's half life, the need to use more often throughout the day and night

Route of administration (e.g., injection, smoking, snorting)

Using street drugs/illicit drugs of unknown purity or origin

***Using alone

Having a history of drug overdose

Having other, non-drug use related ailments (diabetes, COPD, etc.)

NPR's This American Life #809: The Call



**No Judgement
No Shaming
No Preaching
JUST LOVE!**

Call if you're going to use when you're alone. An operator will ask for your first name, EXACT location, and the # you're calling from. If you stop responding after using, we will notify EMS of your location, & possible overdose.

1(877)696-1996
www.NeverUseAlone.com

What are the signs of an opioid overdose?

1

Blue fingernails and/or blue lips, sometimes grey or white lips on a person of color

Indicates a lack of oxygen circulating through the body

2

Struggling to breathe, or not breathing at all

“Death Rattle”

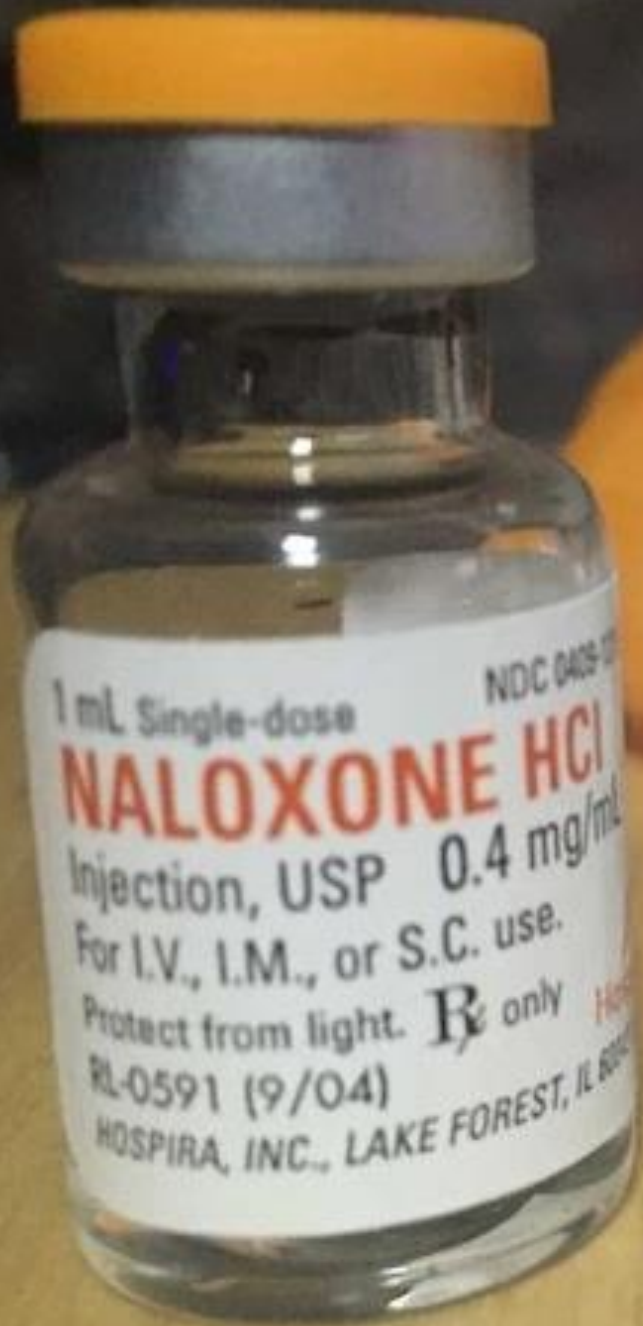
Snoring sound, person experiencing the overdose is attempting to breathe

Usually, the best visual indicator that someone needs help

3

Unresponsive to external stimuli

No reaction to sternum tap/rub, shaking or yelling their name

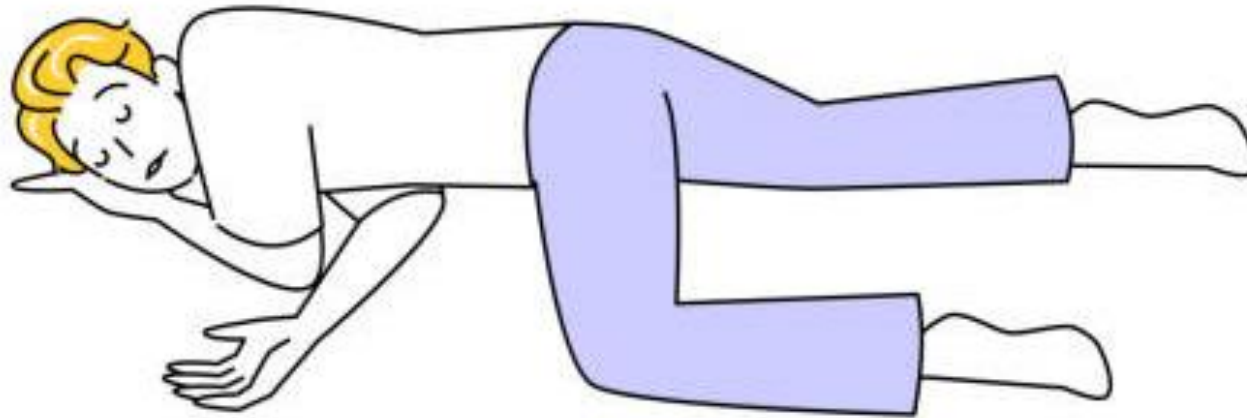


What to do...

- Look for visual signs
- Check for response
- Administer first dose of naloxone and *then* call 911
- Begin rescue breathing
- If the person isn't breathing on their own after 3 minutes, give additional dose of naloxone
- Continue this process every 3 minutes until EMS arrive

Recovery position

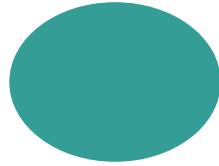
Bring the lower jaw forward to secure the trajectory.



Bend the elbows of both arms
and place the back of the upper hand under the face.

Bend the upper knee to 90 degrees and try not to fall backwards.

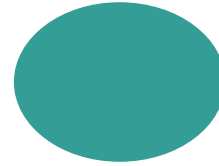
Once the person is breathing on their own



Stay with them

Naloxone wears off after 30-90 minutes, they might fall into an overdose again

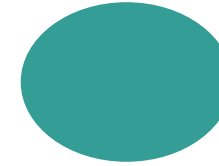
Make sure you have more naloxone available



Help them formulate a plan

If they're experiencing opioid withdrawal, they'll want to use ASAP


- Have them wait until the naloxone has worn off
- Make sure they will have someone with them when they use/share [Never Use Alone](#) info
- Start with a small amount, go low and slow



If unsure about their condition, take them to the hospital

They might need closer observation

If you must leave the person, put them in the recovery position

- 
- Keep at room temperature as often as possible
 - Keep the medication out of the sunlight
 - Pay attention to the expiration date



How opioids interact with the brain and body





What is an opiate/opioid?

➔ **Opioids slow down your central nervous system, including your breathing. Opioids refers to the entire class of opiates.**

When opioids attach to receptors in the brain, they block pain signals sent from the brain to the body, and they also release large amounts of dopamine in the brain's "reward regions".



➔ **Opioids = synthetic and semi-synthetic drugs**

- Fentanyl (Actiq[®], Subsys[®])
- Hydromorphone (Dilaudid[®])
- Methadone (Dolophine[®])

Oxycodone (OxyContin[®]) is synthesized from thebaine, an opium alkaloid, making it semi-synthetic.

Heroin is considered semi-synthetic, since it contains processed morphine.



Why Fentanyl?



Licit:

- Designed to address “breakthrough pain”
 - Synthetic Opioid
- Administered via patch, lozenge, spray, injection
- Pharmaceutical-grade, measured doses, origin and potency is known
- Little to no risk of overdose when taken as prescribed



Illicit:

- Used for multiple reasons (e.g., recreation, maintenance)
 - Synthetic Opioid
- Sold on its own (in WA State, usually M-30’s or powder form) or can infrequently be found in heroin, crystal methamphetamine, cocaine and other drugs
 - Unknown potency and origin
- Due to the volatility of the street level/online drug supply, risk of unintentional use

What makes fentanyl unique?

- **Potency.** Most all other opioids are measured in milligrams (mg), which is one-one thousandth of a gram. Fentanyl is measured in micrograms (mcg), one-one millionth of a gram.
- **Onset of effects.** You will feel the effects of fentanyl usually in seconds to minutes, whereas other opioids might take longer to take effect.
- **Duration of effects.** Depending on the potency of the dose, the route of administration and your tolerance, you typically experience the effects of fentanyl for anywhere from 20~ to 40~ minutes.

Washington State Department of Health [webpage](#) on incidental fentanyl exposure

The screenshot shows the Washington State Department of Health website. At the top left is the logo with the text "Washington State Department of HEALTH". To the right are links for "About Us", "Contact Us", and "Newsroom". Below these is a search bar. A dark blue navigation bar contains several menu items: "You & Your Family", "Community & Environment", "Licenses, Permits, & Certificates", "Data & Statistical Reports", "Emergencies", and "Public Health & Provider Resources". Below the navigation bar is a breadcrumb trail: "Home | Community & Environment | Opioids | Fentanyl Exposure In Public Places".

In this section

- Opioids
- Chronic Pain Patient FAQ
- Drug Response Team
- Fentanyl Exposure in Public Places

Fentanyl Exposure in Public Places

This information is for the public who might be near smoke from fentanyl or encounter fentanyl pills, powder, or liquid in public spaces. **It's not intended for first responders such as police, firefighters, and emergency medical services.** Employers should also review guidance from Washington Labor & Industries before attempting to clean a space where there is evidence of fentanyl. There is separate guidance for employees who may come into contact with fentanyl in their workplace.

Fentanyl Overdose Risk

Fentanyl is an opioid medicine that has medical uses for pain control in both humans and animals. Fentanyl is also produced and sold illegally. If misused, fentanyl can cause a person's breathing to slow and stop; this is often called an "overdose." If breathing stops, a person can die. However, it is unlikely you will overdose just from being around or helping someone who has smoked or used fentanyl. **There is no evidence of first responders experiencing an overdose from secondhand fentanyl exposure.**

Accidental "secondhand" exposure to fentanyl smoke, powder, or residue in public settings is extremely unlikely to cause overdose. If you come across someone who might be experiencing an overdose, it is safe to help them. We encourage people to review [the instructions on using naloxone \(PDF\)](#) to treat someone experiencing an overdose.

If you are in a place where someone might have used drugs, there are simple steps you can take to further protect your health.

Fentanyl-laced cannabis (flower, vape)

In the case of cannabis flower, smoking involves loading the material into a pipe or roll paper, lighting it on fire, and inhaling the smoke. Burning fentanyl with a direct flame destroys it, so even if someone smoked cannabis contaminated with fentanyl, the fentanyl would not be active in the smoke.

In the case of vaping cannabis, fentanyl's boiling point is 466 ° C, or about 871° F. The hottest temperature settings on cannabis oil vape pens are 210-220° C (or 410-428°F).



Information from <https://filtermag.org/fentanyl-marijuana-myth/amp/>

Image from <https://www.newschannel5.com/news/police-warn-of-marijuana-laced-with-fentanyl>


Slide taken with permission from [Blue Valentine](#), from her fantastic presentation **“Let’s talk about fentanyl- myths, facts, rumors, and more”**, Harm Reduction ECHO, 4/1/25

Things to consider regarding exposure to fentanyl

- You **can't overdose** just by touching fentanyl. In fact, there are no confirmed cases of overdose from touching fentanyl powder or pills.
- Current research shows that fentanyl use in public places, such as buses and trains, **does not produce enough contamination** on surfaces to cause other passengers to overdose.
- If you think you might have touched fentanyl, wash your hands with **(non-alcoholic)** soap and water as soon as possible. ***Avoid touching your face- especially the eyes, nose, or mouth.***
- Remember, **fentanyl IS an opioid.** **Naloxone works** on fentanyl-related overdoses.

Interesting reads re: Incidental Fentanyl Exposure

- [Fentanyl Exposure in Public Places](#) (2023) Guidance from WA DOH's Regional Medical Officers
- [Responding to Scenes with Suspected Fentanyl or Other Opioids Present: It's Safe for Law Enforcement to Assist](#) (2023) University of WA in partnership with WA DOH, WA HCA and WA Poison Center, guidance for first responders concerned about incidental exposure to fentanyl
- [Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl](#) (2021) Brief online training intervention to correct false beliefs about the “risk of fentanyl overdose under circumstances commonly encountered by police.”
- [ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders](#) (2017) Position paper from the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT) regarding potential exposure to synthetic opioids while responding to medical calls
- [Can fentanyl be absorbed through your skin?](#) (2022) UC Davis Health toxicology expert dispels myths around fentanyl exposure
- [You won't die from touching fentanyl](#) (2023) McGill University Office for Science and Society, addresses media portrayals and other misinformation regarding fentanyl exposure
- [Fentanyl Safety Roll Call Training Video](#) (2020) Video created by first responders providing information about incidental skin contact and inhalation, also signs and symptoms of opioid OD vs. panic attack
- [Fentanyl: Emergency Responders at Risk](#) (2024) CDC guidance for first responders.
- [Renton Police Officer Treated After Drug Exposure At City Hall](#) (2020) Patch.com story about possible exposure in Renton City Hall. Contains misleading information re: risks from touching or inhaling fentanyl.
- [Two Spokane officers given Narcan after being exposed to unknown substance on welfare call](#) (2020) *Spokesman-Review* article about Spokane PD who administered naloxone to themselves in the field after believing they had been exposed to fentanyl. I spoke with one of the supervising officers with Spokane PD after this incident- to the best of his knowledge, the substance in question had not been tested and was most likely not fentanyl.
- [Ohio Police Officer Accidentally Overdoses on Fentanyl After Traffic Stop](#) (2017) Officer was given four doses of NARCAN® after he had helped arrest two suspects who were trying to “destroy evidence” found during a traffic stop. To my knowledge, it was never confirmed that the officer had opioids in his system.



What if it's NOT
an opioid
overdose?

What is over-amping?

- Stimulant-related overdoses (aka, “over-amping”) occurs when your body and mind are overwhelmed by the effects of a stimulant
- Can be caused by any stimulant: powder or crack cocaine, amphetamines, pharmaceutical stimulants, Ecstasy (“Molly”), MDMA, MDA



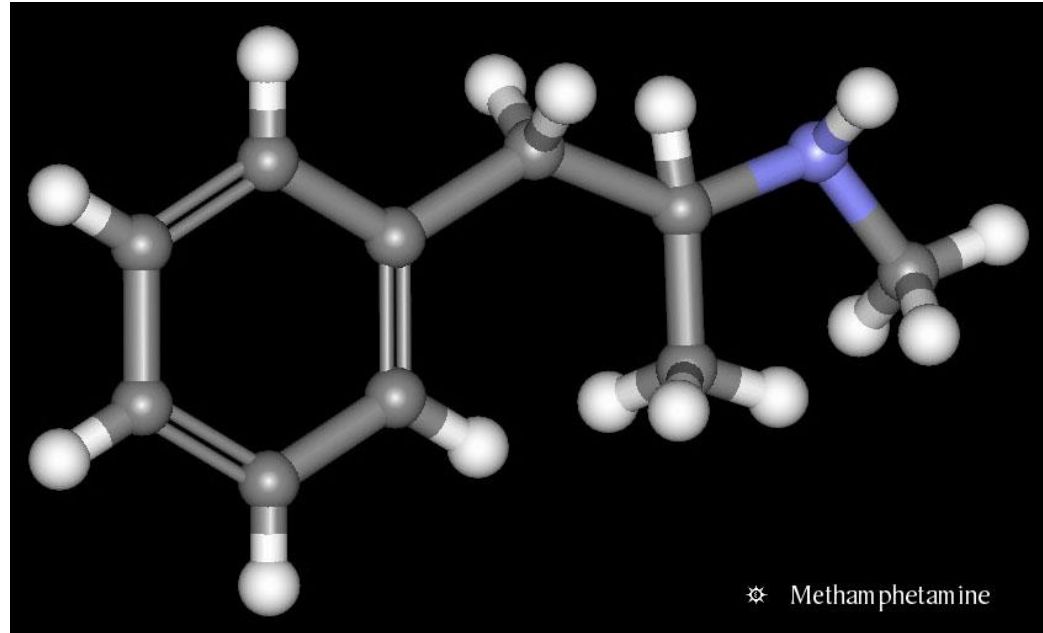


Physical signs and symptoms:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain/tightening
- High temperature
- Sweating (often with chills)
- Fast heart rate and racing pulse
- Shortness of breath
- Grinding teeth
- Insomnia
- Tremors

Psychological signs and symptoms

- Extreme anxiety
- Extreme paranoia
- Hallucinations (visual or auditory)
- Agitation
- Aggressiveness
- Hypervigilance
- Suspiciousness



How to help someone who is over-amping

1

Remove external stimuli

No television, video games, music, or other things that forces thought or action

Do your best to get the person to a quiet, calm space

2

Hydrate and monitor body temperature

Oftentimes, the person will be severely dehydrated; this goes for stimulant users who *aren't* overamping as well

Hyperthermia (higher than normal body temp, 104° or higher) can be life threatening; symptoms include confusion, nausea and rapid breathing

3

Be supportive

Let the person know that things will get better

Remove nearby objects that could cause harm if the person is having a seizure

Ask them if they would like to go to the hospital





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.