

# Administering Naloxone

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Chemehuevi Indian Tribe



**CRIHB**

The California Rural Indian Health Board, Inc.

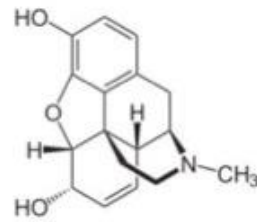
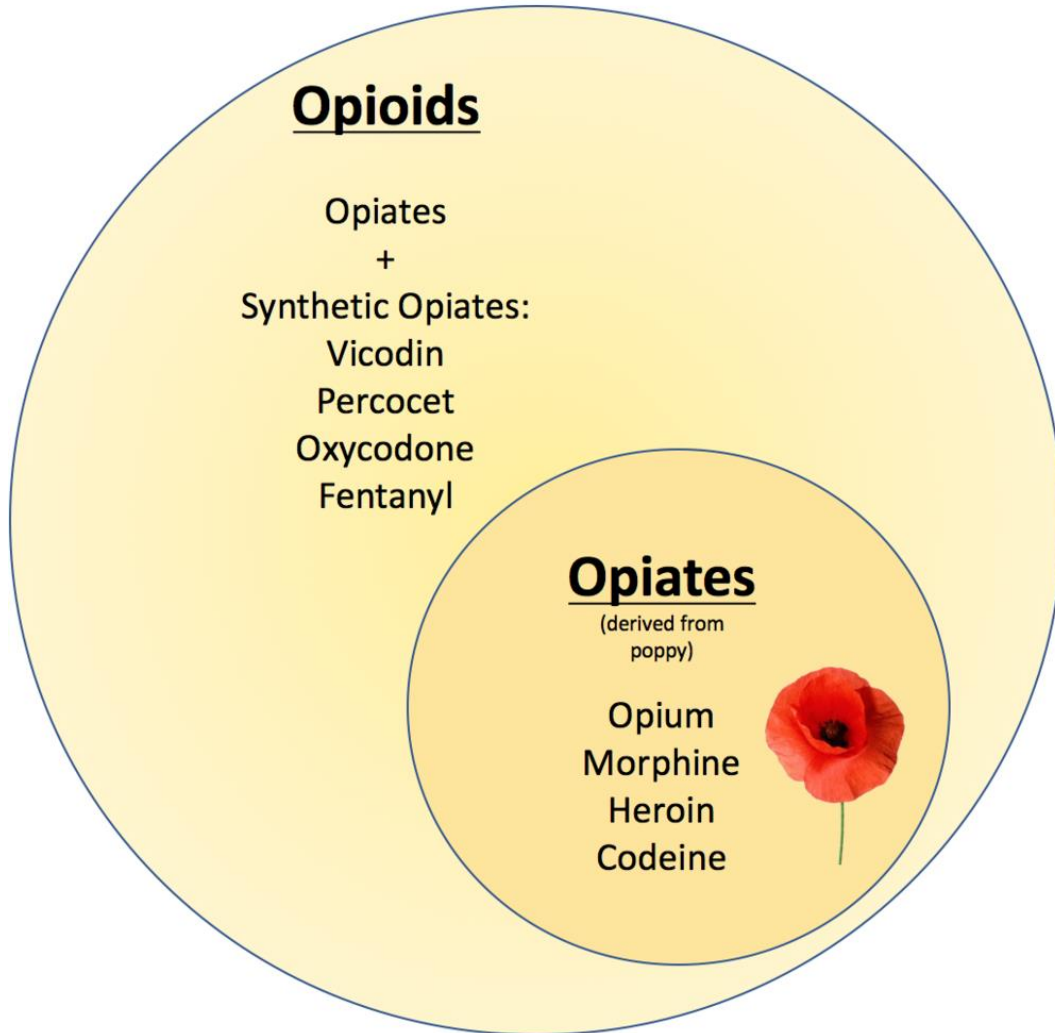
# Objectives

- Understand how opioids work
- Obtain baseline understanding of the prescription drug overdose problem
- Identify an opioid overdose
- Learn how to respond to an opioid overdose
- Learn how to administer naloxone, an opioid antidote

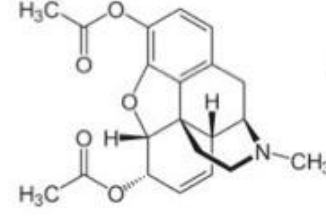


# What are Opioids?

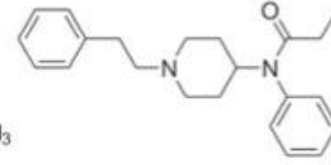
# Opiates Are a Subset of Opioids



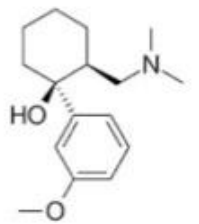
**MORPHINE**  
Opioid  
Opiate  
(Occurs naturally)



**HEROIN**  
Opioid  
Opiate  
(Synthetic)



**FENTANYL**  
Opioid  
(Synthetic)



**TRAMADOL**  
Opioid  
(Synthetic)



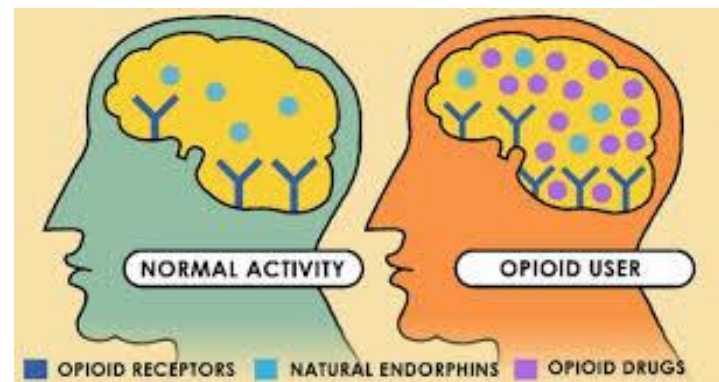
# How Do Opioids Work?

**Your synapse with OPIATES**

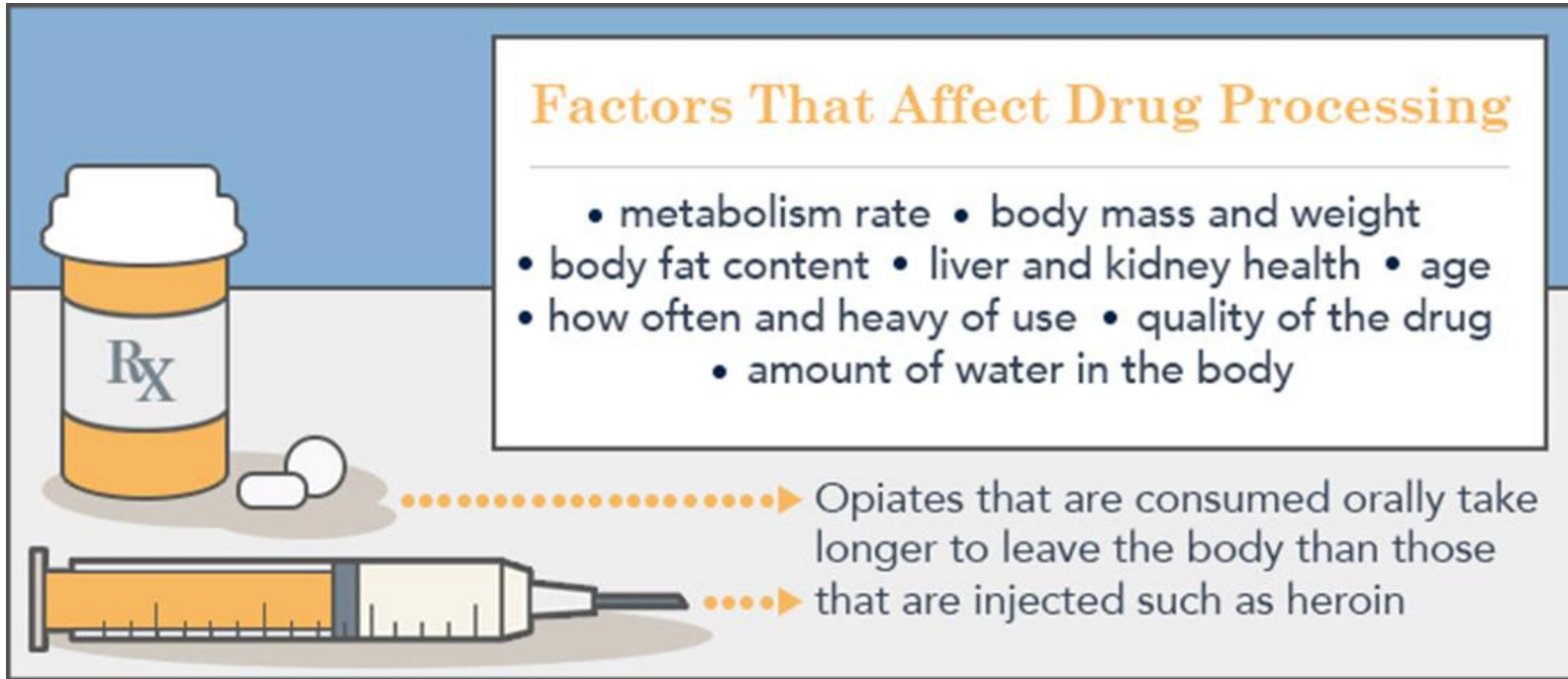
- An opiate binds to an opiate-receptor on the presynaptic neuron.
- Opiate binding initiates a cascade of neurochemical activity (not shown).
- This activity signals a massive efflux of dopamine into the synaptic cleft.

oxymorphone CN1CC[C@]23[C@@H]4OC5=CC(=C(O)C=C5O)C[C@H]2[C@@]1(O)C3=O

drugabuse.com



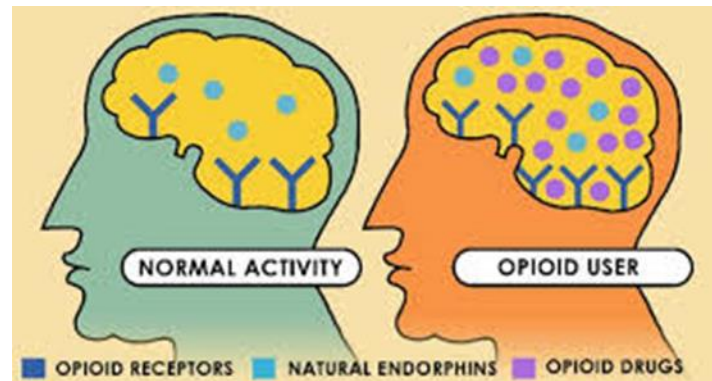
# Factors That Affect Drug Processing



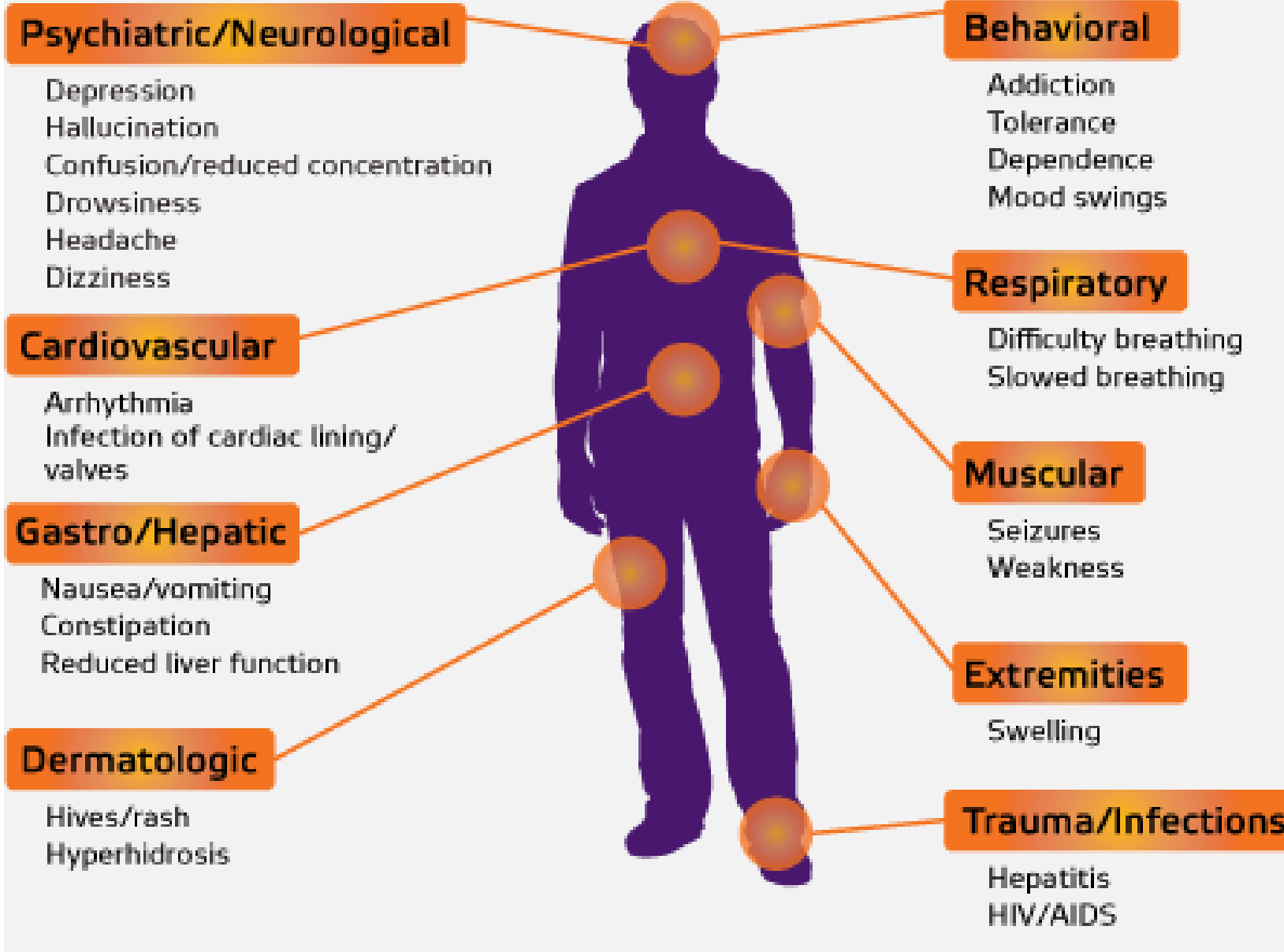
**Factors That Affect Drug Processing**

- metabolism rate
- body mass and weight
- body fat content
- liver and kidney health
- age
- how often and heavy of use
- quality of the drug
- amount of water in the body

Opiates that are consumed orally take longer to leave the body than those that are injected such as heroin



## Long-term medical effects of opioid dependence<sup>1-3</sup>



# Why Do People Get Addicted?

- ▶ The brain records the feelings of pleasure opiates provide. It cues individuals to experience these feelings again by taking more of the drug.
- ▶ When people take an opiate more often or in greater amounts, the drug becomes less effective. The brain wants the pleasurable feelings opiates provide.
- ▶ They begin to produce fewer natural opiates to combat the over-presence of chemical ones.
- ▶ Soon individuals don't just take opiates to feel good. They must take them to avoid feeling bad.





# Drug Tolerance

- ▶ Medication tolerance, or drug tolerance, occurs when the body gets used to a medication so that either more medication is needed to give the desired effect, or a different medication is needed. When tolerance develops, the risk of overdose can be significant.



# Unfamiliar Supply or Changes in Quality

If you use a new dealer or your dealer gets a new supply, it may be of a different strength than what your body is used to. It may also be “cut” or mixed with other drugs.

If you are relying on someone else to inject you, then they are in control of your dose. This is often a problem for women who may have their partners inject them.



**THIS MUCH CARFENTANIL  
WILL KILL YOU.**

A close-up photograph of a syringe with a needle inserted into a pile of white powder. A red dotted circle highlights the needle tip where it meets the powder.

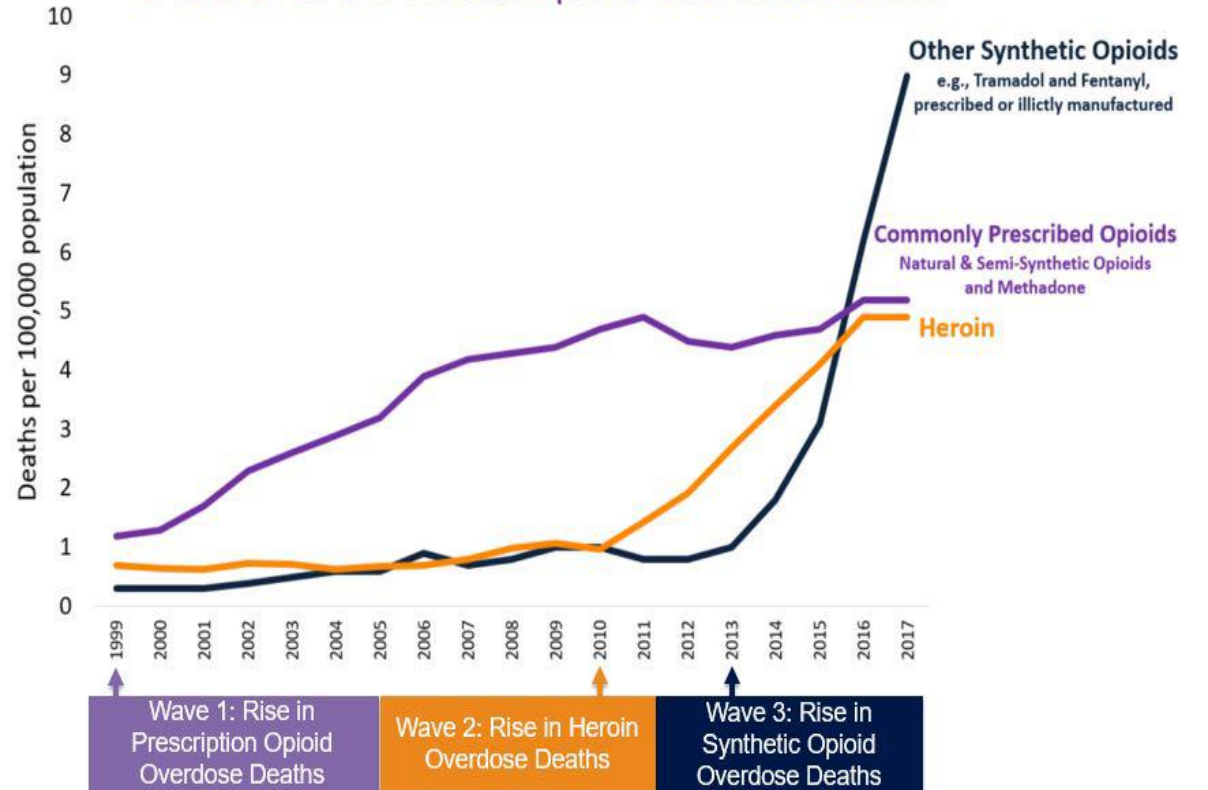
Someone has been mixing deadly carfentanil into heroin.  
People are dying at alarming rates, nationwide.

# AI/AN Communities

- ▶ American Indians/Alaskan Natives saw a 519 percent increase in overdose deaths from 1999 to 2015.
- ▶ Deaths related to heroin alone increased 236 percent among Natives from 2010 to 2014.
- ▶ Overdose deaths are most prevalent among those aged 25 to 34, forcing many children into foster care.
- ▶ According to the Cherokee Nation's deputy general Chrissi Ross Nimmo, many Cherokee children are being born with drug dependency and there are not enough members in the community to care for them while their parents recover.

2017 Centers for Disease Control

## 3 Waves of the Rise in Opioid Overdose Deaths



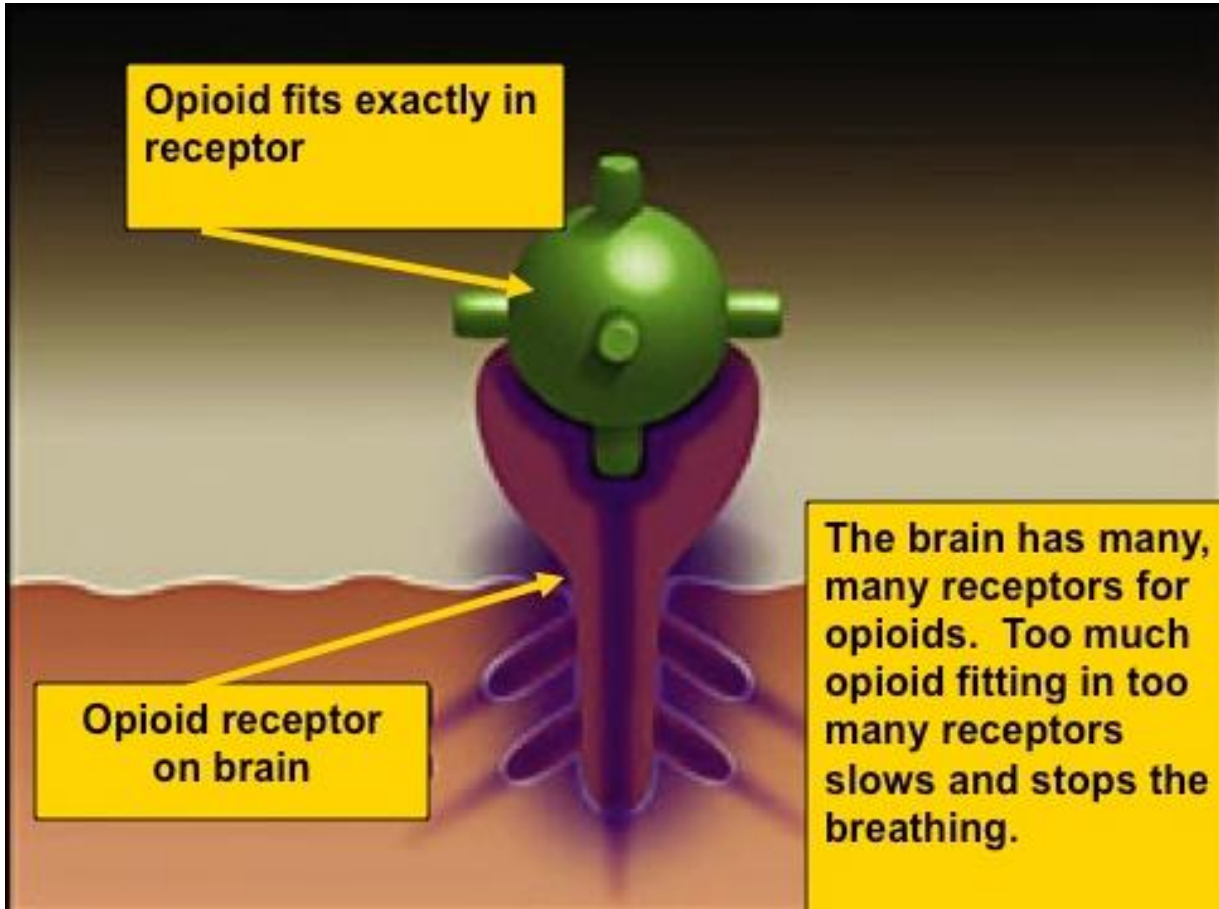
SOURCE: National Vital Statistics System Mortality File.





# RESPONDING TO AN OVERDOSE

# What is an Opioid Overdose?



# How to Recognize an Overdose

## THE SIGNS OF OPIOID OVERDOSE?

-  **FACE** is clammy to touch and has lost colour. Difficulty speaking.
-  **BODY** is limp. Fingernails or lips have a blue or purple tinge.
-  **SLEEP** is deep and cannot be woken.
-  **BREATHING** is slow or has stopped.
-  **HEARTBEAT** is slow or has stopped.



# Intervention Tool

## ➤ Naloxone:

- Naloxone is a safe antidote to opioid overdose that has no risk of abuse or dependency



# WHAT IS NALOXONE (NARCAN)?

- Naloxone is an opioid “contender” used to counter the effects of an opioid overdose.
- It takes about 2-3 minutes to work.
- Naloxone only works if the person has opioids in their system and it has no effect if opioids are not present.
- Naloxone displaces (or “kicks out”) the opioids from the receptors, and then blocks the receptors (and the effects of the opiate) for 30-90 minutes.
- No adverse effects.





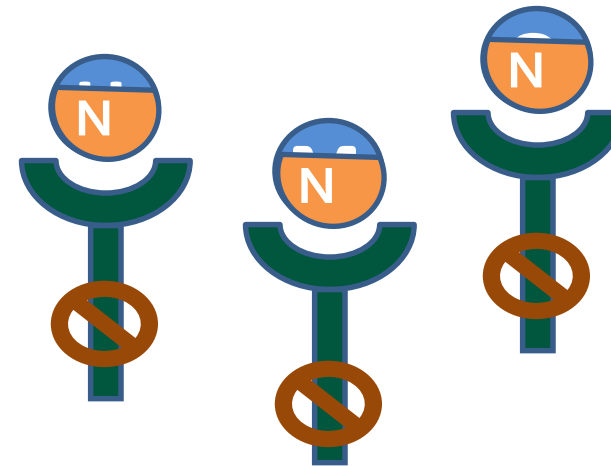
# Naloxone ( ) in the Brain



*opioid receptors activated  
by heroin and prescription  
opioids*



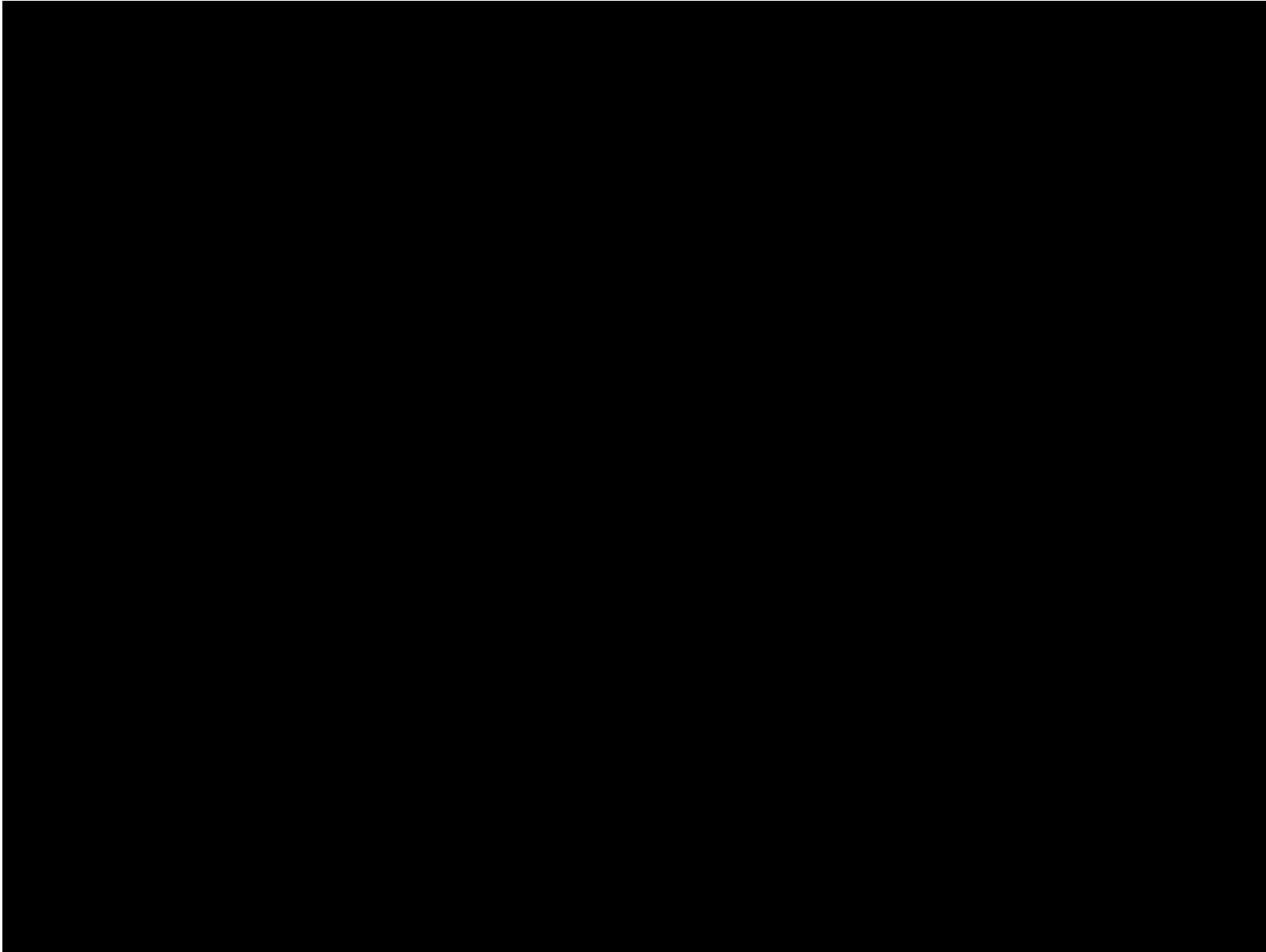
*opioids broken down and  
excreted*



**Reversal of Respiratory  
Depression  
Opioid Withdrawal**



# Narcan Training Video



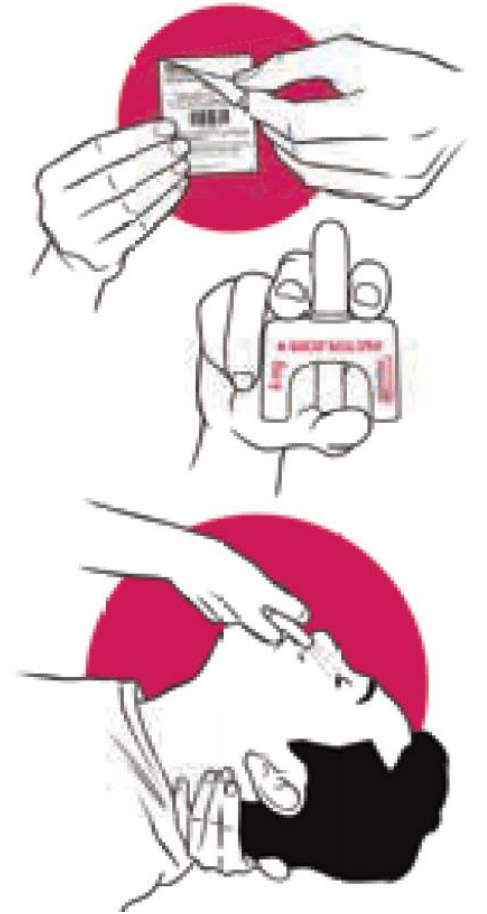
# Review of Training Video on How to Respond to and Overdose

- Safely perform an assessment
- Call for help
- Administer Naloxone as trained



# ADMINISTERING NALOXONE


- **Tilt the person's head back** and provide support under their neck with your hand
- **Hold the device** with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle
- **Gently insert the tip of the nozzle into one nostril.** Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril
- **Press the plunger firmly** with your thumb to give the dose
- **Remove** the device from the nostril
- **Use** a medical-grade glove when administering Naloxone



# Recovery Position

**RECOVERY POSITION** If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly ..... to open airway



hand supports head ..... knee stops body from rolling onto stomach



# WHEN SHOULD THE SECOND ROUND OF NALOXONE BE ADMINISTERED?

- Stay with the person. If they don't respond after three minutes, you may need to give them a second dose.
- When they wake up, explain to them what happened, and that you gave them naloxone.
- Among the side effects of naloxone are withdrawal symptoms. The person may experience headache, nausea, or vomiting, and may be aggressive. **These symptoms will wear off.**



# NEXT STEPS OF ADMINISTERING NALOXONE

- Discourage the person from taking more drugs. They might want to inject again right away to lessen the withdrawal symptoms. **THIS MAY CAUSE THE OVERDOSE TO RETURN**
- The effects of the opiate are usually longer than the effects of naloxone. This means that when the naloxone wears off in 30-90 minutes, the person will again feel the drugs' effects. Taking more drugs could cause another overdose when the naloxone wears off.



# AFTERCARE PROTOCOL FOR ADMINISTERING NALOXONE

- Don't leave the person alone – they could stop breathing
- Don't put them in a bath – they could drown
- Don't induce vomiting – they could choke
- Don't give them something to drink – they could vomit
- Don't nasal them with *anything* besides naloxone (such as saltwater, other drugs, or milk) – it won't work any more than physical stimulation, and can waste time or make things worse depending on what you inject



# Calling Emergency Services

- Call emergency services for help if ambulances are available in your area.
- When you call for help, you can simply say that the person has stopped breathing.



LEGALITY  
&  
LIABILITY

If someone has overdosed please don't be afraid to

**Call 9-1-1**



**In California it is not a crime to report an overdose, both you and the overdose victim will not be arrested for drug or paraphernalia possession. You can save life.**



**California's 911 Good Samaritan Law** protects you from arrest, charge and prosecution when you call 911 at the scene of a suspected drug overdose. **Nobody at the scene should be charged for personal amounts of drugs or paraphernalia.**

**This law does not protect you if,**

- ⇒ You are on parole/probation; it is likely still a violation
- ⇒ You have more drugs than "possession for personal use"; it is still illegal to have any amount that would suggest trafficking or sales
- ⇒ You "obstruct medical or law enforcement personnel"; it is still important to not intervene with the activities of police or emergency personnel

# GOOD SAMARITAN LAWS

Per cdph.gov as of 2/13/2019

## ➤ California Civil Code Section 1714.22

### ➤ Eliminates civil and criminal liability for:

1. Licensed health care providers that prescribe naloxone and issue standing orders for the distribution of naloxone
2. Individuals that administer naloxone to someone suspected of experiencing an overdose after receiving it along with required training

## ➤ AB 472

- ### ➤ This bill would provide that **it shall not be a crime** for any person who experiences a drug-related overdose, as defined, who, in good faith, seeks medical assistance, or **any other person who, in good faith, seeks medical assistance for the person experiencing a drug-related overdose**, to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, under certain circumstances related to a drug-related overdose that prompted seeking medical assistance **if that person does not obstruct medical or law enforcement personnel.**



# OVERDOSE TREATMENT LIABILITY ACT

## ➤ AB 635

- Allows for prescription and distribution throughout the state
- Protects licensed health care professionals from civil & criminal liability when they prescribe, dispense, or oversee distribution (standing order) of naloxone via an overdose prevention program
- Permits individuals to possess and administer naloxone in an emergency and protects these individuals from civil, criminal or professional liability
- Clarifies that licensed prescribers are encouraged to prescribe naloxone to individual patients on opioid pain medications to address prescription drug overdose



# STANDING ORDER

- Under California law, a prescriber may issue a standing order authorizing the distribution of naloxone to persons who may be in a position to witness an overdose.
- CRIHB's standing order is signed by our Medical Director. This standing order:
  - Authorizes CRIHB to maintain supplies of naloxone kits for the purpose of distributing them in the community to those at risk of an overdose or other potential bystanders
  - Authorizes CRIHB to possess and distribute naloxone to Opioid Overdose Responders who have completed an overdose training and required documentation
  - Authorizes Opioid Overdose Responders trained by CRIHB to possess and administer naloxone to a person who is experiencing an opioid overdose



The background features a complex, abstract geometric pattern. It consists of numerous black triangles of various sizes and orientations, some pointing up and some pointing down. These triangles are arranged in a way that creates a sense of depth and movement. Overlaid on this pattern are several thin, light blue lines that intersect and form larger, more complex shapes. The overall effect is a dynamic and modern aesthetic.

STORAGE



# PROTOCOL TO STORE NARCAN

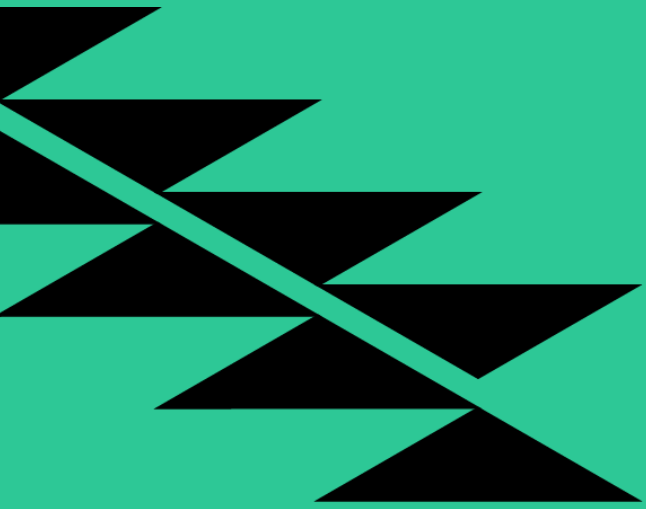
## ➤ Environmental Requirements

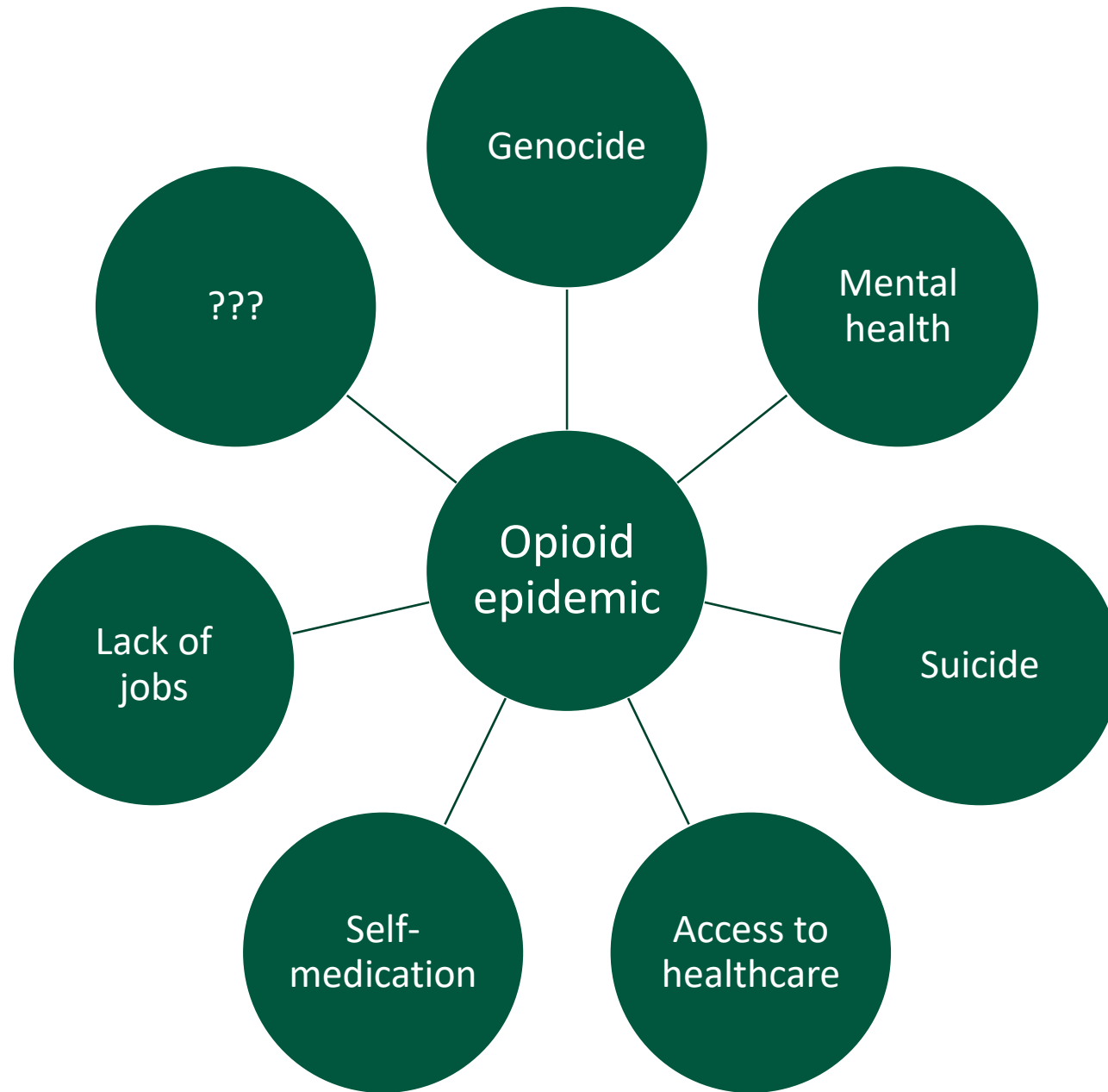
- Storage of Naloxone in the original blister packaging and cartons
- Stored at controlled room temperature 68°F to 77°F (15°C to 25°C)
- Always kept out of direct light
- For transportation purposes, temporary temperature excursions are permitted for short periods between 41°F to 104°F (4°C to 40°C)

## ➤ Physical Requirements

- Should not be stored at Tribal health Program pharmacies or dispensaries
  - To avoid the billing of Naloxone by health programs
- Inventory should be done at least once a month and after each distribution

# EXAMINING PSYCHOSOCIAL ISSUES





# QUESTIONS?



# Contact information

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- Post-presentation email, along with resources & evaluation.
- Certificates upon completion of Evaluation.

