

## DOPE Project / San Francisco Department of Public Health

### Overdose Rescue / Naloxone long-format training

**This is a basic format. Every training is different. Feel free to improvise.**

**Timing:** 45 minutes to 1 hour, depending on whether you are distributing Naloxone at the end (if so, end the group early to meet 1:1 with people to get them their kits).

#### **Materials Required:**

- ⇒ Demo Naloxone kit (intranasal, injectable, or both)
- ⇒ Markers, blank flip chart paper, or if there is a chalkboard or wipeboard, use that
- ⇒ Resuscitation dummies (optional)
- ⇒ Biohazard bucket / Sharps container to collect syringes used in demo, if applicable
- ⇒ Paperwork for naloxone kit distro, if applicable
- ⇒ Brochures

#### **Introductions**

FACILITATORS: Introduce yourselves and briefly describe where you come from, why you are here personally doing this OD prevention training. Remember to acknowledge that we are not experts, and if you don't know the answer to a question, to say so. Acknowledge that subject matter can be difficult for people who have experienced overdose, or lost loved ones. Urge participants to practice self-care. Offer to find the information and get back to the person after the training. You can keep a blank flip-chart titled "QUESTIONS" up on the wall to write these as they come up.

#### **Ground rules (Optional)**

Q: "What do you think the ground rules should be for this training?"

List responses on flipchart. Make sure to include confidentiality, respect, one person speaking at a time, etc. Talk about sharing personal experiences with overdose, and talk about confidentiality and safe space for those disclosures.

#### **What is an overdose?**

Q: "What is an overdose?" Repeat responses back and then clarify, referring to flipchart/wipeboard

"An overdose happens when a toxic amount of a drug, or a combination of drugs, overwhelms the body and causes it to shut down. With downers like heroin, alcohol and pills, breathing slows and stops, and then eventually the heart stops. With stimulants, the heart speeds up, the body temperature rises, and the person can go into seizures, have a heart attack or a stroke."

Q: "Let's talk a little more about these drugs. Even though you can technically "overdose" on any kind of drug, we're going to focus on the most dangerous and common ones that people in our community use."

Create two columns on flipchart paper or board, one labeled "Downers/Depressants" and one labeled "Uppers/Stimulants."

Q: “Let’s get some drugs up here on this list. Can anyone name some downers?” List responses, but as they are giving you examples, put into categories like benzos, opiates, and other (alcohol, GHB, phenergan, etc.)—come back to this after everyone has had a chance to name some drugs. Talk about differences between opiates, benzos, alcohol and other depressants.

Q: “Now let’s talk about stimulants, or uppers. Can anyone name some stimulants?” List responses, they will most likely put cocaine (crack and powder), speed (meth, crank), and possibly Ecstasy, Adderall or Ritalin on the list. Talk briefly about what the different effects/risks are with these drugs in terms of overdose.

### Overdose Risk and Prevention

“Now let’s talk about why overdose happens. Why do you think people overdose, what puts them most at risk?”

Lead discussion, solicit responses regarding risks, and then brainstorm prevention strategies within each category. Add ones that they may miss.

RISKS	PREVENTION
<u>MIXING</u> Uppers Downers ↑speed ↓ alcohol ↑cocaine ↓ heroin ↑ecstasy ↓ pills Upper/Downer Downer/Downer Upper/Upper Combinations	* Use one drug at a time. * Don’t mix alcohol with heroin/pills.
<u>TOLERANCE</u> * Exiting jail/detox, esp. methadone * Being sick/hospital * New environment	* Use less after getting out of jail, hospital, detox or when sick
<u>QUALITY</u> * Unpredictable * Effected by cut * Strengths of Rx drugs	* Tester shots * Talk to dealer * Make sure you know what pills are
<u>USING ALONE</u> * Cannot be found. * Behind closed, locked door. * SRO hotel room.	* Use with a friend * Leave door unlocked * Call a friend
<u>HEALTH</u> * Fatigue, dehydration, malnourishment, infections/compromised immune system, liver problems, asthma, high blood pressure, mental health, suicidality	* eat, drink, sleep, see doctor, carry inhaler, treat infections, take blood pressure meds, etc.

### MIXING:

Q: “Let’s look back at our list of drugs, on the upper and downer side.” Explain the effect that comes with mixing similar drugs, drawing arrows next to an example of each drug. Talk about mixing drugs on opposite sides of the chart (uppers with downers).

Q: “What drugs are commonly used *together*?” heroin & cocaine (speedball), heroin & speed (goofball), pills and methadone, alcohol and heroin, methadone and crack, etc.

“People often think that if you use an upper and a downer together that they will cancel each other out but this is not the case. Mixing heroin with cocaine actually increases the likelihood that someone will overdose.”

Generate prevention strategies.

### **TOLERANCE:**

Discuss their responses that are related to tolerance (just got out of jail, treatment, etc.)

“Tolerance is your body’s ability to process a drug. Tolerance changes over time so that you need more of a drug to get high. But tolerance can lower quickly. People’s tolerance goes down after getting out of jail, the hospital or treatment. People coming out of jail are 7 times more likely to overdose in the first two weeks after getting out of jail.”

Generate prevention strategies.

### **QUALITY:**

Discuss their responses related to drug quality. Be sure to talk about prescription drugs along with street drugs. When people are switching from one kind of prescription drug to another (for example, switching from an OxyContin to Morphine), the strength and dosage is not always equivalent. One could hit them much harder than the other.

“Because drugs like heroin, speed and cocaine are illegal, their strength is unregulated and unpredictable. One day you may get a weak batch, the next day one twice as strong.”

Q: “What could you do to test the strength of a new batch? How would you find out how strong a pill is, or what kind of drug it is?”

Generate prevention strategies.

### **HEALTH:**

Discuss ways that physical and mental health issues can impact tolerance and risk for overdose. For example, if liver is impaired, cannot flush drugs from body as well, if asthmatic and using downers, could impact breathing quality, if they have high blood pressure, could increase risk of heart attack if using stimulants, etc.

Q: “What are some ways we can take care of our bodies that will decrease our risk of overdosing?”

Generate prevention strategies.

### **Recognizing the signs of an overdose**

“Now that we know why overdose happens, let’s talk about what it looks like. First of all though, let’s talk about what it looks like when someone is really high.”

Q: “What does it look like when someone is really high? Talk about both downers and uppers. Reflect back responses.

Q: “Now what would be a warning sign to you that someone might be overdosing? Who here has seen an overdose? What did it look like?” Reflect responses, refer to flipchart.

“Heroin (or other downers, like pills) overdoses often happen slowly, sometimes over the course of several hours. If someone seems super high but is still awake and able to walk you want to get them up, walk them around, and keep them talking to you. This may be enough to keep them from going into a full-scale OD. If they do become unconscious then you’ll need to respond right away.”

“Upper overdoses are very different. Sometimes people don’t consider these things to be an “overdose” because when we say that word we are usually thinking about heroin or downers. What do you think are some signs that someone who has done a stimulant is in trouble versus really high?”

SIGNS OF DOWNER OVERDOSE	SIGNS OF UPPER OVERDOSE
(Signs of really high, heavy nod) ➤ Speech slow or slurred ➤ Muscles become slack, difficulty holding ‘self up ➤ Sleepy / nodded, but still responsive	(Signs of really high) ➤ Sweaty ➤ Agitated, paranoid ➤ Dizziness, ears ringing, vision changes
<i>“the line”</i> (Signs of Overdose) ➤ Unresponsiveness (shouting, pain won’t work) ➤ Unconsciousness ➤ Breathing very slowly or shallowly (Under 12 breaths per minute) ➤ Pale, clammy skin, loss of color ➤ Blue or gray face, especially around the lips or fingernails (caused by lack of oxygen) ➤ Loud, uneven snoring or gurgling noises ➤ Not breathing or breathing VERY shallow	<i>“the line”</i> (Signs of Overdose) ➤ Chest pains ➤ Difficulty breathing ➤ Foaming at the mouth ➤ Lots of sweat or NO sweat, high temp ➤ Racing pulse ➤ Seizure ➤ Loss of consciousness ➤ Stroke ➤ Heart attack

“So far we’ve talked about what an overdose is, why it happens, and what it looks like. Now let’s talk about what to do if we see someone OD.”

**Overdose Rescue and Naloxone/Narcan Use**

“Let’s talk about Upper/Stimulant overdose first, and then we’ll move on to Downers, and using Naloxone.”

“The most dangerous thing that could happen with stimulants, is the person overheats, has a seizure, stroke or a heart attack. There is no antidote to a stimulant OD, like Narcan—**call 911** if you see the signs of a seizure, overheating heart attack or stroke.”

Q: “What experiences have you had, either yourself or with friends, where someone was overdosing/overramping on stimulants? What kinds of things did you or your friend do to calm down, or to bring yourself out of it?”

“If you don’t think any of these things are happening, but the person is clearly struggling, you can try some of things:

- If the person is still conscious, have them sit. Loosen any clothing around waist, chest and neck.
- Breathing into a bag can help reduce panic and hyperventilation. Make sure they are getting some air and the room is ventilated (open a window if you have one!)
- Benzos (like ONE benzo) can help with overramping, similar to a panic attack. This is what they would give you if you went to the ER.
- If they are having a seizure, make sure there is nothing within reach that could harm them (objects that could fall, furniture they could bump themselves on, etc).
- Do not hold the person down, if the person having a seizure thrashes around there is no need for you to restrain them, just make sure objects are out of the way.

- Do not put anything in the person's mouth. Contrary to popular belief, a person having a seizure is incapable of swallowing their tongue so you do not have to stick your fingers or an object into their mouth.
- Do not give the person water, pills, or food until fully alert
- If overheated and/or they have stopped sweating, cool them down with ice packs, mist or fanning.
- If they pass out or become unresponsive, open their airway and immediately **call 911!**

Q: “OK, let’s talk about Downer/Depressant overdose now. Does anyone want to share experiences dealing with an overdose like this?”

Begin acting out scenario after group shares/asks questions. Ask for a volunteer to be the “overdosing person.” Have them come to the front. Make sure they agree to being touched (sternum rub, light shaking).

“Here’s the scene. You come across someone you’ve seen around before. They were nodding last time you passed them, this time they are passed out. To tell if he is overdosing, the first thing I need to do is try and get a response.” Demonstrate with volunteer.

- 1) **STIMULATION:** Check for responsiveness. Start by giving a light pinch or shake, and yelling “Are you okay?”
- 2) They don’t respond. **Step closer and yell**, “Narcan” or, “I’m going to call the cops.” (If this works, get them up and keep them moving, talking and awake. Keep an eye on them for the next several hours.)
- 3) When noise doesn’t work, the next thing you want to do is try **pain**. This does not mean kicking the person in the crotch or putting ice down their pants. Now, everyone make a fist” (Facilitator holds fist out) “this part of your fist (made of middle joints of the fingers, not the knuckles), you use to rake hard across the person’s sternum, or breastbone. Sometimes this is enough to wake a person up. Now try a **sternum rub**.
- 4) **Check for breathing.** “Now, we’ve tried noise, and we’ve tried pain, and our friend here is still not waking up. This is when we know something is definitely wrong. The next thing you want to do is assess whether the person is breathing. An unconscious person’s tongue muscle may be so relaxed that it flops over and blocks their airway. Everyone tuck your chin and look down. (Facilitator demonstrates). Now try to breathe. Look up, now try again. See what a difference it makes? Sometimes just opening the airway is enough to get someone to start breathing again.
- 5) **AIRWAY: To open the airway, use the head tilt chin-lift.** Pressing with one hand on their forehead, and the other lifting under their chin, tilt the head back to open the airway. The next thing we want to do is **look, listen and feel** to see whether they’re breathing. Check to see if there’s anything in their mouth, like a toothpick, Fentanyl patch, undissolved pills, gum, food, etc.—all of these have happened!
- 6) **Rescue Breathing:** So I’ve opened the airway, and checked for ten seconds but this person is not breathing. Next I need to tilt the head back again, pinch their nose shut, form a seal with my mouth and give the person **two normal sized breaths**, watching the chest rise as the breaths go in. If you are alone, give them a few more breaths (about 1 every 5 seconds) and then move on to the next step. If you are with someone else, have one of you continue rescue breathing while someone else moves on to the next steps.
- 7) If you are worried about touching your mouth to theirs, you can use your shirt or theirs (as long as you can breathe through it), punch a hole in a paper coffee cup or a **rescue breathing barrier device** if you have it. The truth is you cannot get HIV or tuberculosis this way and you could very well save a life. The choice is yours but just know that even if you are afraid of touching someone’s mouth, you have options to protect you. (Open and demonstrate sample of barrier device.)

- 8) **Recovery Position.** Here you have the option of calling 911 and/or just getting the Narcan if you have it. Either way, you have to act quickly. But before you leave the person for any reason, you have to put the person on their side in the recovery position, so that if they vomit, they will not choke.

“To put him in the recovery position, I need to first lift his left arm above his head, and then lift his right leg up at the knee. Last I put his right hand on his left shoulder. This way, even if he is really big, I can roll him over by pushing at the hip and shoulder without having to muscle it. In this position, his airway is open, he’s balanced on his side, and if he vomits he won’t choke.” (Demonstrate).

## **Police & Calling 911**

CALL FOR HELP Now that you’ve put them on their side, it is time to call 911.

“Even if you have Narcan, you don’t know if they are also overdosing on alcohol, pills or other drugs. If they don’t come back after a shot of Narcan or rescue breathing, the paramedics will be there to take over. If the person does come back, you can both just get up and walk away before the paramedics get there. If it’s an upper overdose and they have suffered a heart attack or stroke, all you can do is make sure they get medical attention as soon as possible.”

A lot of people feel afraid to call 911 because they think they will get arrested. When you call 9-1-1 the cops might come but if they do, it is ONLY to backup the paramedics. In San Francisco, the police see overdose as a medical emergency, and are not there to arrest anyone. (This may be different elsewhere.) They will try to make sure the person goes with the paramedics to the Emergency Room for observation so anyone wanting to avoid trouble is best off just cooperating with the paramedics. Saying that, you probably don’t want to have piles of drugs lying around when the police get there, so you can use the time before they arrive to stash any drugs, IDs or paraphernalia that are lying around. There also things you can do when you call to reduce the likelihood that the police will come at all.”

“When you call, stay calm. Try to quiet down anyone that’s in the background. All you need to tell them is where you are, and that someone is unresponsive and NOT BREATHING. You do not have to mention anything about a drug overdose. If someone is not breathing this puts the call to the top of the priority list so that the paramedics will come right away. If you are far from a phone, send someone else to call while you stay with the person. Make sure the person that goes to call knows the address and what to say. If you are alone and have to go call, make sure to explain where the person can be found.”

“When the paramedics arrive, tell them that the person has OD’d on (whatever drug). They don’t care if something illegal has happened, they are in the business of saving lives. The sooner they know that it’s an OD, the sooner your friend will receive naloxone (if you haven’t been able to hit them), which the paramedics always bring on their ambulance. Also tell them if other substances have been taken, if you know, like pills or alcohol. The cops in San Francisco know about this program and cannot arrest you or take your Narcan if you have a prescription.”

## **Oxygen & Narcan**

“Okay, the paramedics are on their way. While we wait let me ask you a question.”

Q: “How long do you think it takes the brain to start to die without oxygen?”

A: (“5-6 minutes”)

Q: “How long does it take for an ambulance to arrive in your neighborhood?”

A: (Often up to 10 minutes, sometimes more.)

“So that helps us see how important it is to get this person breathing again, quickly.”

Q: Like we said before, if someone dies, it's because they stopped breathing. Whatever we do with this person, the goal has to be to get them oxygen. This is where some of the old street methods can be kind of dangerous, and waste time. Let's think, does putting someone in a bathtub full of ice make them breathe? What about shooting them up with salt water? Speed? Milk?

A: Right. The best things that we can do to help the person are give Narcan and rescue breathing.

Q: "Let's talk about street methods. What are some other things you've heard of people doing, or that you may have tried to wake people up?" Validate the use of street methods in the past. People did whatever they knew to help save their friends, so this was always the right thing in that moment. This class is about learning some quicker, more effective ways of saving our friends.

"Ok let's learn about Narcan, which is also known by its other name, Naloxone. Narcan is a drug normally given by the paramedics that temporarily blocks the opiates that are telling their brain not to breathe. It will wake the person up in a few minutes. If they have a habit, they will wake up dopesick but alive. If not, they will feel okay. Narcan has no other effects on the body other than blocking opiates.

Go back to list of drugs and review which ones are OPIATES.

"If you have it, **get your Narcan and come back to the person**. If you don't, continue rescue breathing and wait for the paramedics to arrive."

1. Take out demo kits for injectable or nasal, and begin demonstration. Use dummy if you have one.
2. Administering IM Narcan
  - a. Assembling shot: remove cap on vial, draw up 1cc of Narcan into muscling syringe.
  - b. Site location: arm (deltoid), thigh, butt. Shoot into muscle, not vein. Choose spot that is fleshiest. Go through clothes. Do not inject in area where person has a lot of scar tissue. If they have injected in their muscle for a long time they may have abscess scars—go in their thigh or butt.
  - c. Administering shot: clean with alcohol wipe (if available). Insert at 90° angle. Push in plunger.
3. Administering Nasal Narcan
  - a. Pull off yellow caps, screw spray device onto syringe
  - b. Pull red cap of the vial of Narcan and gently screw into bottom of syringe
  - c. Spray half of vial up one nostril, half up the other.

"Continue rescue breathing while you wait for the Narcan to kick in. Narcan should take 1-3 minutes depending on how much of the drug the person has taken, how quickly you got to them, how many different drugs are in their system, etc. If they are not responding after about 3 minutes, give them the second dose."

Elicit feedback from the group about any difficulties with the assembly or use of the syringes, any issues that came up for them using the kit.

### After Naloxone

"The person who receives naloxone will wake up and will not remember overdosing or receiving the naloxone. You will need to stay with anyone you give naloxone to and explain that:

1. They were overdosing and received naloxone to save their life.
2. If they are feeling withdrawal symptoms, they will feel better soon. The naloxone will start wearing off in about 30 minutes and they will start feeling better. Within an hour or two the effects will be gone

3. Once the naloxone wears off, they may overdose again, especially if they do more dope to try to fix the withdrawal symptoms. If they do another shot it will be wasted. They cannot out-shoot the naloxone. They just have to wait.

“It is *very* important to stay with the person to make sure they don’t use more drugs or overdose again when the naloxone wears off, a minimum of two hours, if 911 is not called.”

### **Narcan and the Law**

“Naloxone/Narcan is not a scheduled drug. It is however, a prescription drug. As long as you keep the box, where your prescription will be written on a sticker label, and your prescription card, the police do not have the right to take this from you. If you don’t have a prescription, they might take it from you and cite you with charges that will most likely be thrown out. This has happened only a handful of times in the entire US, over the last 15 years. Don’t worry!”

### **Creating an Overdose Plan with the people you use with:**

“This training hopefully provides you with some information about overdose so that you can begin the process of creating an OD plan for yourself and the people you use with. Use it to encourage your friends to talk about overdose. Figure out what each individual wants done in the event that they OD, and what you’re willing and able to do as a caregiver in an overdose situation. These are some questions that will help you formulate an OD plan. You can add to this list.” (Refer to flipchart, handout copies.)

- \* At what stage do you want 911 called (when not responding, not breathing, blue)?
- \* Do you want Narcan used? If so, when? (When breathing stops? As a last resort?)
- \* How much Narcan do you want used? One cc, two ccs?
- \* After Narcan has brought you back, do you want 911 called? Would you rather go to the Emergency Room or to a city health clinic for follow-up by foot, in a cab, or not at all?
- \* If 911 is called, where should stuff be stashed? Should your ID be hidden as well?

### **Review of logistics**

“Now that you’ve completed the training, you’ll be getting a prescription for naloxone and a kit with two doses in it. In order to officially prescribe naloxone, we’ll just need to meet with you 1:1 for a minute to fill out some paperwork and give you your kit. We’ll also give you a chance to practice again with a Narcan demo.”

“A few last things about Narcan before we finish: Keep out of sunlight, and keep at room temperature (not too hot, not too cold—don’t put in fridge!). Expires in about two years—date will be on your narcan itself.”

#### **Logistics:**

IM Narcan Kit contents: 2x 3cc musclers, 2x 1cc vials of narcan, prescription card

Nasal Narcan Kit contents: 2 doses of 2cc Narcan with Atomizer device, prescription card, instructions

Complete Clinical Registration and fill out prescription card and stickers for Narcan.

Review Follow-up: come back for re-fill if used, lost, or confiscated

“In case you forget anything we’ve talked about, there will be information on the kits that will remind you what to do, where to get your kits re-filled, and a contact number to answer any questions that come up.”

**“Thanks so much for coming. You are all lifesavers now, give yourselves a hand!”**

