

EuroNPUD Peer-led Harm Reduction Series

Naloxone Saves Lives!



Opioid Overdose and Naloxone

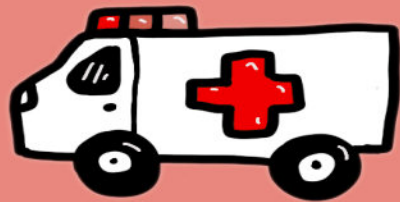
Knowledge Test

Opioid Overdose and Naloxone Course

- **Session One:**
- **Introductions and Background**
- **Session Two:**
- **Managing a Casualty who is Unconscious and Breathing**
- **Session Three:**
- **Managing a Casualty who is Unconscious and NOT Breathing**
- **Session Four:**
- **Distributing Naloxone**

EuroNPUD Peer-led Harm Reduction Series

Naloxone Saves Lives!



Session 1

Introduction and Background

Morning Check In

- Introductions
- The Name Game
- Ground Rules



ALEX



MARIA



SILVIA



ANTONIO



Introductions



The Name Game

- **Learn participants' first names**
- **It is OK to prompt and help each other**



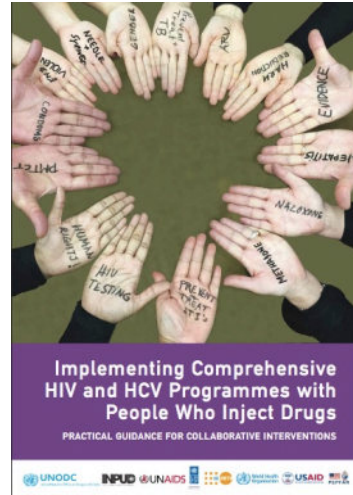


Ground Rules

- Value differences
- Confidential
- Time keeping
- Active listening
- Switch off during sessions
- **Sticker = no photographs**



Cross Cutting Technical Resources



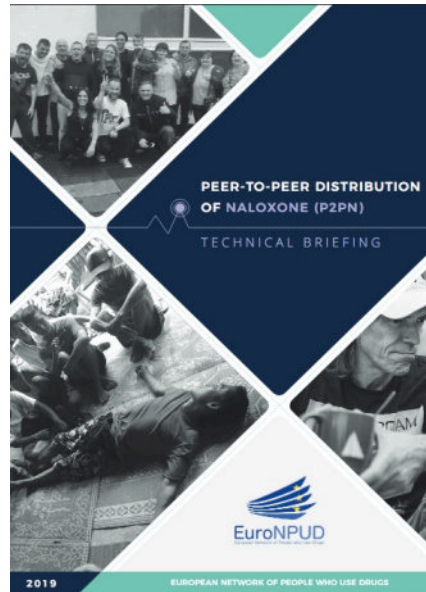
UNODC, INPUD, UNAIDS, UNDP, UNFPA, WHO, USAID, PEPFAR - Implementing comprehensive HIV and HCV programmes with people who inject drugs Practical Guidance for collaborative interventions (the "IDUIT")



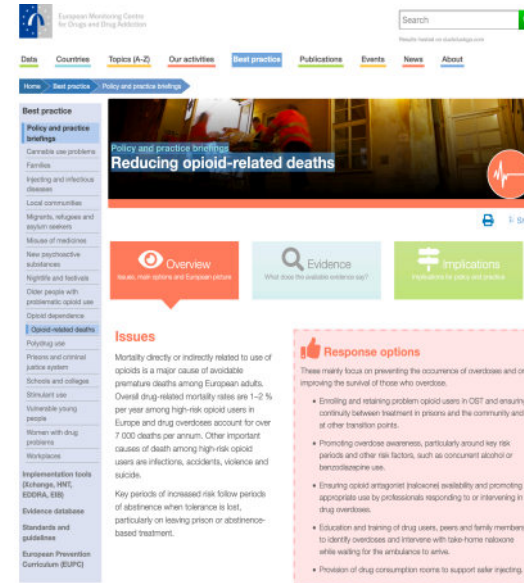
Current Opinion:
“Transforming lives and empowering communities: evidence, harm reduction and a holistic approach to people who use drugs”
 (2019) Mat Southwell, Shaun Shelly, Virginia MacDonald, Annette Verster, and Lisa Maher



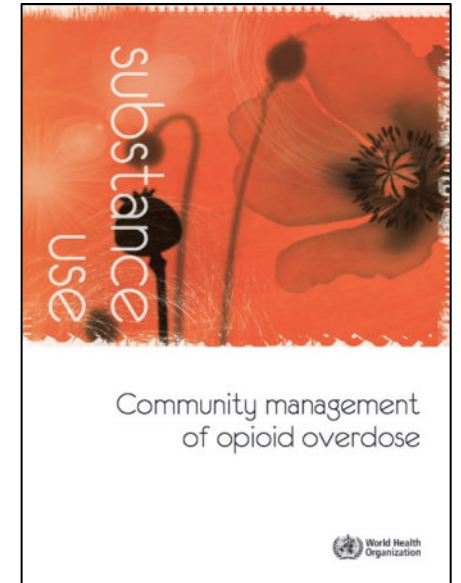
Technical Resources on Opioid Overdose and Naloxone



European Network of People who Use Drugs (EuroNPUD)
Peer-to-Peer Naloxone Technical Briefing
www.euronpud.net/naloxone



EMCDDA
Policy and Practice Briefing on Opioid-Related Deaths
https://www.emcdda.europa.eu/best-practice/briefings/reducing-opioid-related-deaths_en



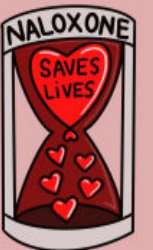
World Health Organisation
Community Management of Opioid Overdose
www.who.int/publications-detail-redirect/9789241548816



PROGRAMME

Opioid Overdose & Naloxone

- MORNING SESSION 1 – 09:30 – 11:25
- **Introductions and Background**
- TEA BREAK – 11:25 – 11:45
- MORNING SESSION 2 – 11:45 – 13:00
- **Managing a Casualty who is Unconscious and Breathing**
- LUNCH BREAK – 13:00 – 14:00
- AFTERNOON SESSION 1 – 14:00 – 15:15
- **Managing a Casualty who is Unconscious and NOT Breathing**
- TEA BREAK - 15:15 – 16:05
- AFTERNOON SESSION 2 – 16:05 - 17:15
- **Distributing Naloxone**
- CLOSE 17:15









Understanding Opioid Overdose

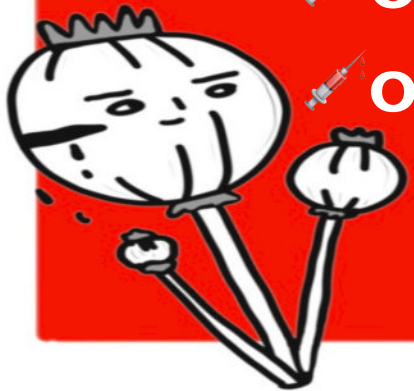
○ **LEARNING OBJECTIVE**

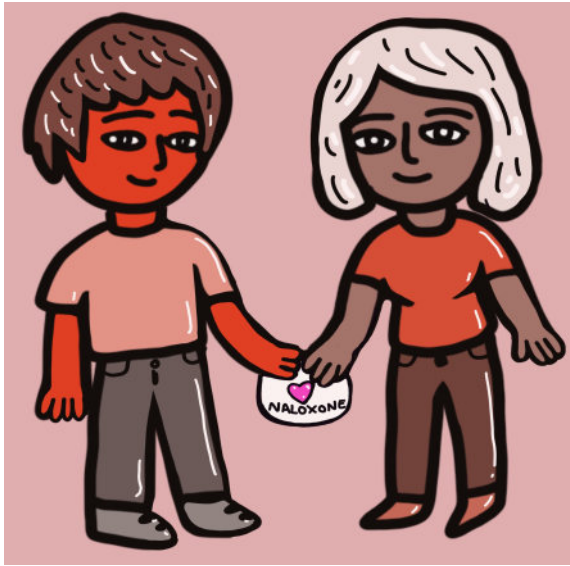
- To understand the prevalence of opioid overdose both globally and in Europe
- To explore risk factors, myths and prevention strategies relating to opioid overdose



Understanding Opiates and Opioids

-  **Opiates are made from the opium poppy plant**
-  **Opioids is a catch all term for opiates and synthetic drugs that have the same chemical structure**
-  **Opioids relax the body, relieve pain and cause feelings of well-being**
-  **Some opioids can be used to treat coughing and diarrhea**
-  **Opioids side effects include nausea, confusion, and drowsiness**
-  **Opioids can cause dependency, overdose and death**





- **Opioid Overdose**

- Opioids affects the part of the brain which regulates breathing and in high doses they can cause respiratory depression and death

- **Naloxone**

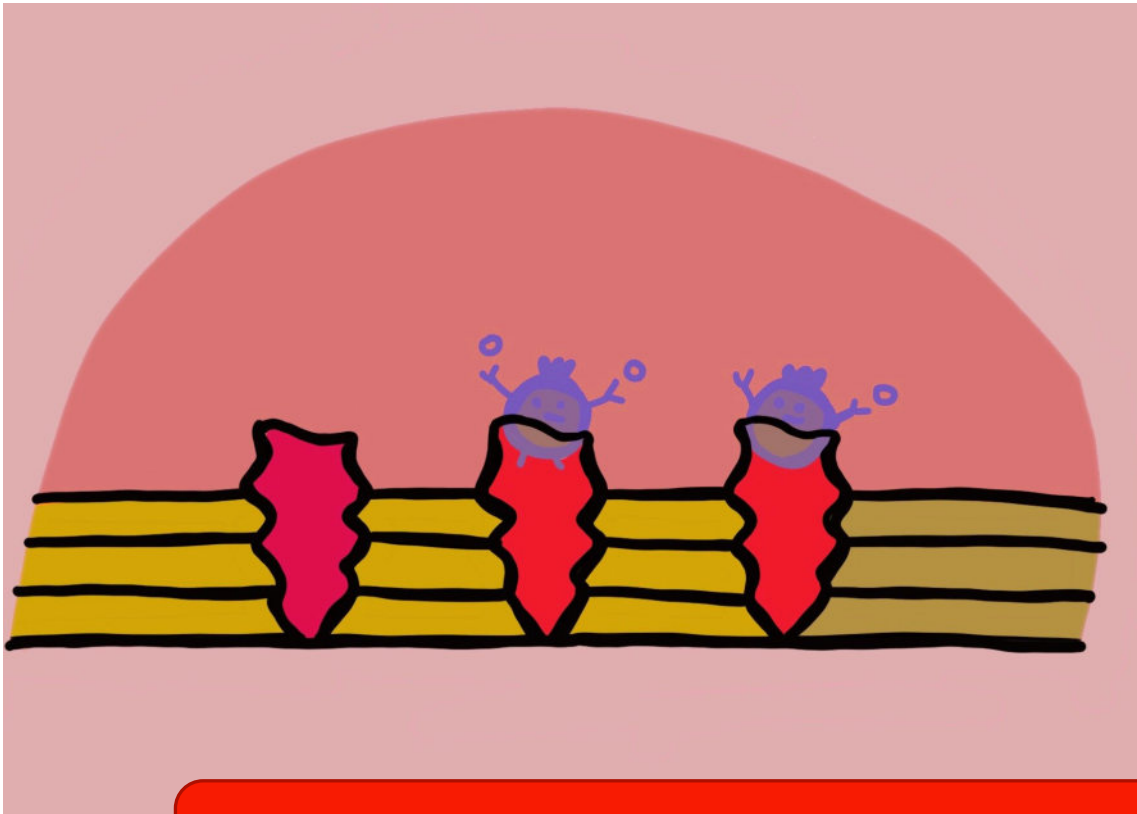
- Naloxone an opioid antagonist - it binds to opioid receptors and can reverse and block the effects of other opioids
- It can very quickly restore normal breathing if it has slowed or stopped after use of opioids

- **The Risk of Mixing Depressants:**

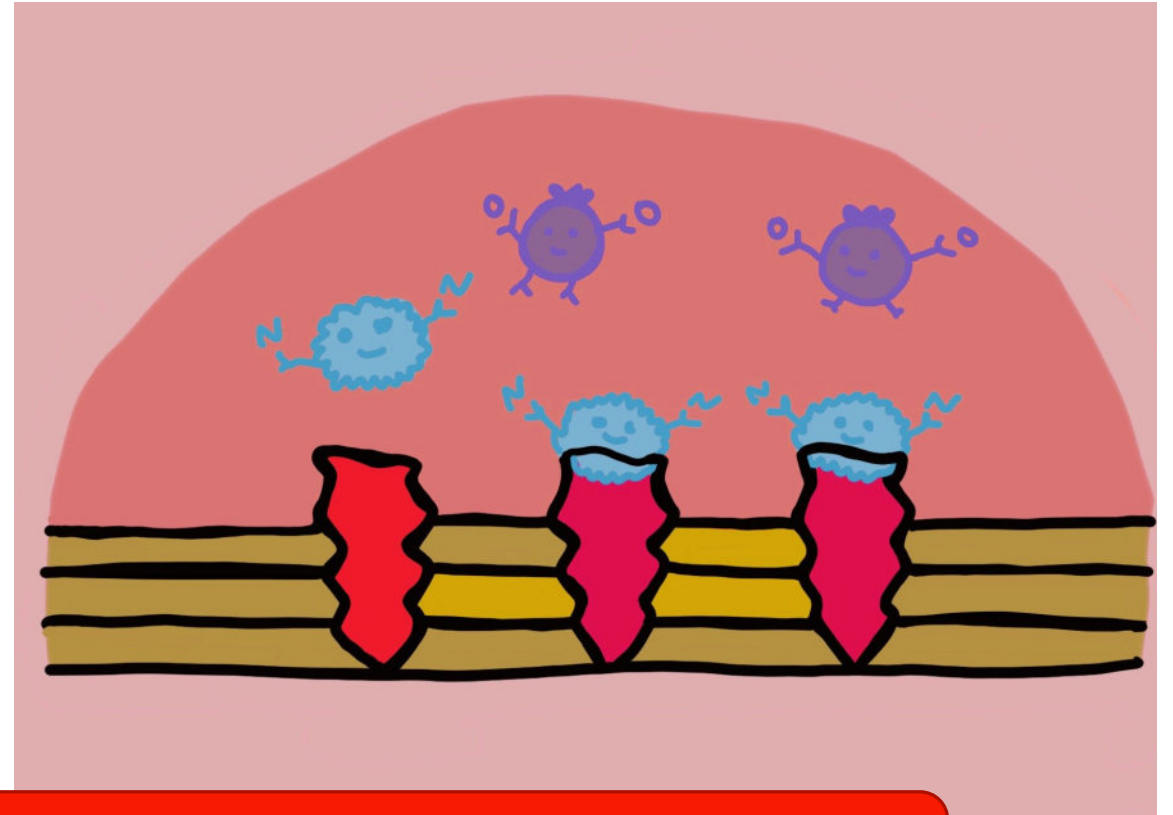
- Combining opioids with alcohol and sedative medication increases the risk of respiratory depression and death



Opioids bind to opioid receptors in the brain



Naloxone binds strongly to opioid receptors and pushes out opioids for 20 minutes



Opioid Receptors and Naloxone

THREE FORMS OF NALOXONE:

PRENOXAD



NYXOID



GLASS AMPOULE



Source: Peer-to-Peer Naloxone Technical Briefing EuroNPUD (2018)

Prevalence of Opioid Overdose

- **Global drug related deaths in 2015 = roughly 450,000 people.**
- **160 thousands of these deaths were directly associated with drug use and about 118 thousands with opioid use.**
- **Mortality rates among high-risk opioid users in Europe are 1–2 %.**
- **Drug overdoses account for over 7 000 deaths per annum in Europe.**
- **About half of opioid-dependent people in Europe are on OST**
- **Overdose risk information provision is now available in 28 EMCDDA reporting countries.**
- **Take-home naloxone programmes existed in ten European countries in 2016.**



True or False?

- Statements about opioid overdose – risk or myth?
- If a true risk factor put your thumb up
- If false and a myth put your thumb down



TRUE or FALSE?

1) Giving someone a salt shot (injection of saline solution) will help them come round from an opioid overdose.



False

1. Giving someone a salt shot (injection of saline solution) will NOT help them come round from an opioid overdose.

Injecting someone with salt will cause them pain as it will sting and burn. If the overdose is not strong the pain may rouse them and appear to have some effect. However, in reality it wastes time that could be spent calling an ambulance or administering Naloxone which is really effective in reversing an opioid overdose.



TRUE or FALSE?

2) The tolerance of a person taking opioid drugs can reduce rapidly when they take a break from using and this increases their risk to overdose



TRUE

2. The tolerance of a person taking opioid drugs can reduce rapidly when they take a break from using and this increases their risk to overdose

Tolerance develops over time so the amount of a drug someone who has been using for the long-term needs to feel the drugs' effects is a lot greater than someone newer to using drugs.

Tolerance also wavers on several factors including weight, size, illness, stress, compromised immune system, and age.



TRUE or FALSE?

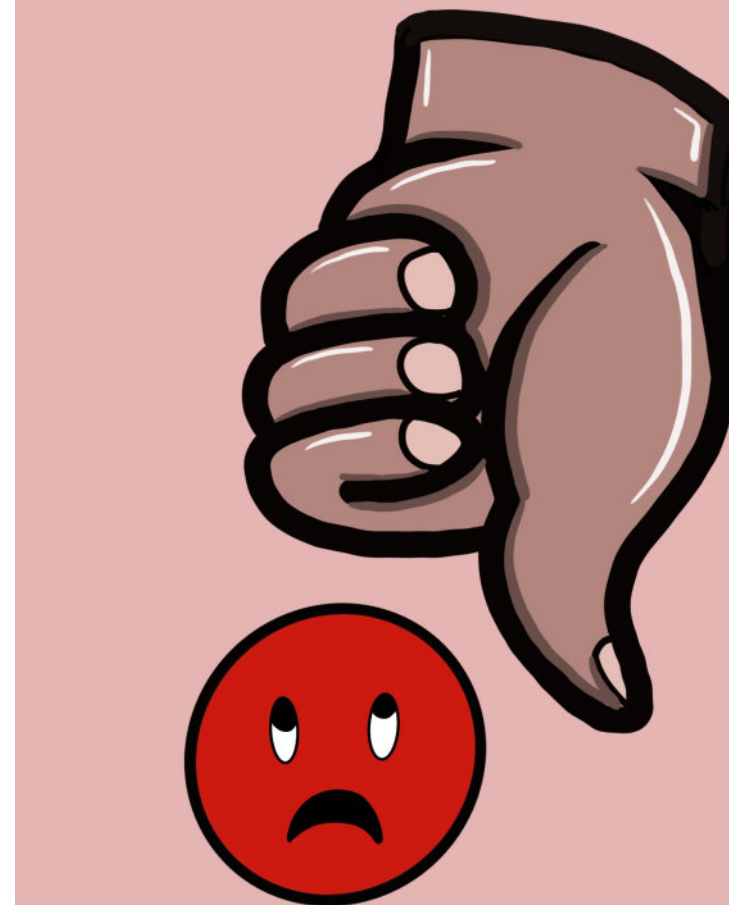
3. Hitting or slapping someone will help them come round from an opioid overdose.



False

3. Hitting or slapping someone will NOT help them come round from an opioid overdose.

Causing pain could hurt the casualty. It has no value so it wastes time and could do long term damage. Using a pain response test such as squeezing the earlobe is not recommended as part of assessing an unconscious person as other strategies are sufficient and it could lead to confusion.



TRUE or FALSE?

4. Putting a person who has overdosed in an ice cold shower will help them wake up and come round from an overdose.



False

4. Putting a person who has overdosed in an ice-cold shower will NOT help them wake up and come round from an overdose.

Putting a person who has overdosed in an ice cold shower or in a bath with ice or otherwise using ice packs or ice cubes only has the effect of pain stimuli. It risks further slowing down the casualty's respiratory system or sending them into shock or hypothermia. It wastes time which could be used to call for help or administer Naloxone.



TRUE or FALSE?

**5. When opioids are stronger than expected
this increases the risk of opioid overdose.**



True

5. When opioids are stronger than expected this increases the risk of opioid overdose.

The purity of street drugs can vary substantially due to the practice of cutting drugs with other substances. Purer batches can lead to increased risk of opioid overdose



TRUE or FALSE?

6. Giving someone a shot of cocaine, crack or methamphetamine or a snowball (heroin and stimulant mix) will help them stay awake and balance out.



False

6. Giving someone a shot of cocaine, crack or methamphetamine or a snowball (heroin and stimulant mix) will NOT help them stay awake and balance out.

Stimulants constrict the blood vessels and cause the heart to beat faster, which depletes the body of oxygen faster and this can make an overdose worse. The more drugs that a person has on board, the harder the body has to work. Snowballs are particularly dangerous as they include more opiates alongside the stimulant which will increase the severity of the overdose.



TRUE or FALSE?

7. Using on your own increases the risk of a fatal overdose



True

7. Using on your own increases the risk of a fatal overdose

There is greater risk of a fatal outcome if an overdose occurs when a person is alone as no-one is present to call an ambulance or to administer Naloxone.



TRUE or FALSE?

8. Older people are less likely to survive an opioid overdose than a younger person.



True

8. Older people are less likely to survive an opioid overdose than a younger person.

People who have used drugs for a long time will be experienced and knowledgeable. However, the cumulative effects of longterm drug use in terms of illnesses such as HIV and Hepatitis, circulation problems, compromised immune system, active infections and poor liver and heart health all make older people less likely to survive an opioid overdose.



TRUE or FALSE?

9. Naloxone is best injected directly into the heart as shown in the film Pulp Fiction.



False

9. Naloxone is NOT best injected directly into the heart as shown in the film Pulp Fiction.

Naloxone can be administered by injection or by nasal spray. Naloxone is recommended for injection in the muscle – thigh, upper shoulder or buttock. It is never injected in the heart. Injecting adrenalin in the heart as shown in Pulp Fiction risks killing the casualty and should not be attempted.



TRUE or FALSE?

10. You can develop an tolerance to Naloxone if you use it too regularly.



False

10 .You CANNOT develop a tolerance to Naloxone if you use it too regularly.

You cannot develop tolerance to Naloxone. It will work just as effectively on the 10th time as the 1st. However, if a person is regularly overdosing it is worth considering whether they have underlying issues adding to their vulnerability (i.e. infrequent use, untreated asthma, new environment, new friends, new practices etc).



TRUE or FALSE?

11. If you have had a previous non-fatal overdose then you will be at higher risk of overdosing in the future.



True

11. If you have had a previous non-fatal overdose then you will be at higher risk of overdosing in the future.

Once you have had a non-fatal overdose then you are at increased risk from future overdose. This may be due to other damage caused during the overdose that leave the body compromised and vulnerable to a fatal overdose.



TRUE or FALSE?

12. You cannot overdose when you smoke opioids.



False

12. You CAN overdose when you smoke opioids.

It is very difficult to overdose when smoking heroin on silver foil. However, when heroin is cut with fentanyl or if you smoke fentanyl then it is possible to overdose because fentanyl is 40 x stronger than heroin and its analogues can be even stronger.



True Risk of Opioid Overdose or Myth?

	Risk Factors		Myths
2.	The tolerance of a person taking opioid drugs can reduce rapidly when they take a break from using and this increases their risk to overdose	1.	Giving someone a salt shot (injection of saline solution) will help them come round from an opioid overdose.
5.	When opioids are stronger than expected this increases the risk of opioid overdose.	3.	Hitting or slapping someone will help them come round from an opioid overdose.
7.	Using on your own increases the risk of a fatal overdose	4.	Putting a casualty in an ice cold shower will help them wake up and come round from an overdose.
8.	Older people are less likely to survive an opioid overdose than a younger person.	6.	Giving someone a shot of cocaine, crack or methamphetamine or a snowball (heroin and stimulant mix) will help them stay awake and balance out.
11.	If you have had a previous non-fatal overdose then you will be at higher risk of overdosing in the future.	9.	Naloxone is best injected directly into the heart as shown in the film Pulp Fiction.
		10.	You can develop an immunity to Naloxone if you use it too regularly
		12.	You cannot overdose when you smoke opioids.

Surviving an Opioid Overdose

- 4 small groups
- Review case study
- Task – Why did the person overdose and how could they reduce or avoid this risk in the future.
- Select spokesperson to feedback



Case



Studies

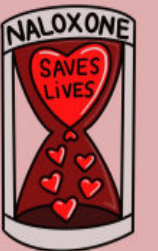
Survivors Case Study 1

- Why did Daniel overdose?
- How can Daniel manage his risk in the future?



Survivors Case Study 2

- Why did Zoe overdose?
- How can Zoe manage her risk in the future?



Survivors Case Study 3

- Why did Luka overdose?
- How can Luka manage his risk in the future?



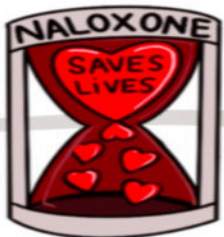
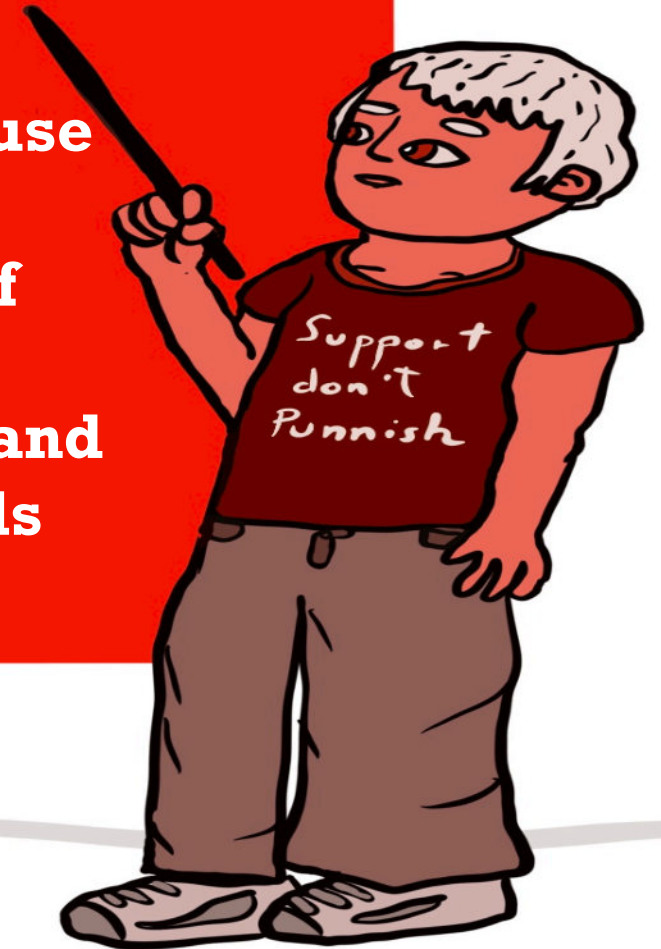
Survivors Case Study 4

- Why did Anna overdose?
- How can Anna manage her risk in the future?

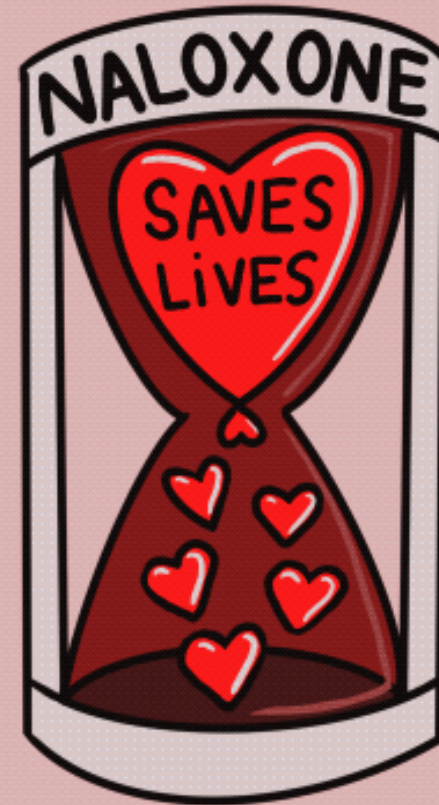


Opioid Overdose Prevention:

- **Take care with new batches**
- **Take care after breaks in using or other drops in tolerance**
- **Go low, go slow!**
- **Recognise the risks of polydrug use and try to use one drug at a time if possible,**
- **Inject with someone nearby who can help you if needed**
- **Ensure there is Naloxone in your using spaces and is held by the people around you – peers, friends and family.**



Tea Break



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Morning Session 2

**Assessing and Managing a Casualty who is
Unconscious and Breathing**

PROGRAMME

Opioid Overdose & Naloxone

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- TEA BREAK - 15:15 – 16:05
- AFTERNOON SESSION 2 – 16:05 - 17:15
- **Distributing Naloxone**
- CLOSE 17:15



Assessing and Managing a Casualty who is Unconscious and Breathing

- **LEARNING OBJECTIVE**

- To understand and practice how to assess and manage a casualty who is unconscious and breathing following an opioid overdose





Signs of Being High on Opioids

Pupils will contract and appear small

Muscles are slack and droopy

They might “nod out” (but remain responsive to stimulus)

Scratch a lot due to itchy skin

Speech may be slurred

They might be out of it, but they will respond to outside stimulus like loud noise or a light shake from a concerned friend

Signs of Overdosing on Opioids

Awake, but unable to talk

Body is very limp

Face is very pale or clammy

Fingernails and lips turn blue or purplish black

For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen

Breathing is very slow and shallow, erratic, or has stopped

Pulse (heartbeat) is slow, erratic, or not there at all

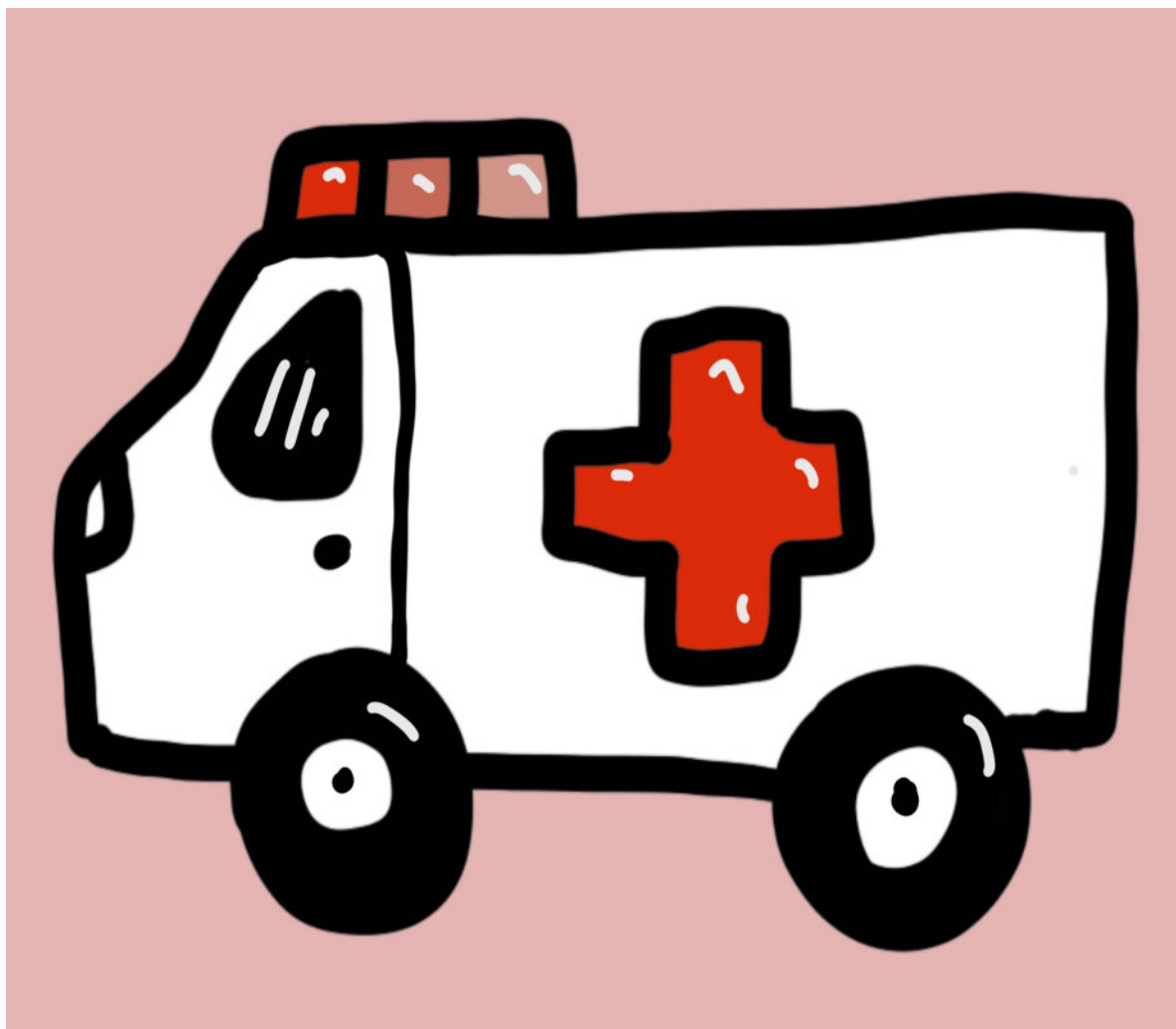
Choking sounds, or a snore-like gurgling noise

Vomiting

Loss of consciousness

Unresponsive to outside stimulus





Transporting a person who has overdosed on opioids to the Emergency Room

- Secure help from others
- Someone should call an ambulance or arrange for transport to the emergency room
- Keep the environment calm and stable
- Assess and manage the casualty while help arrive



Tips for Calling an Ambulance

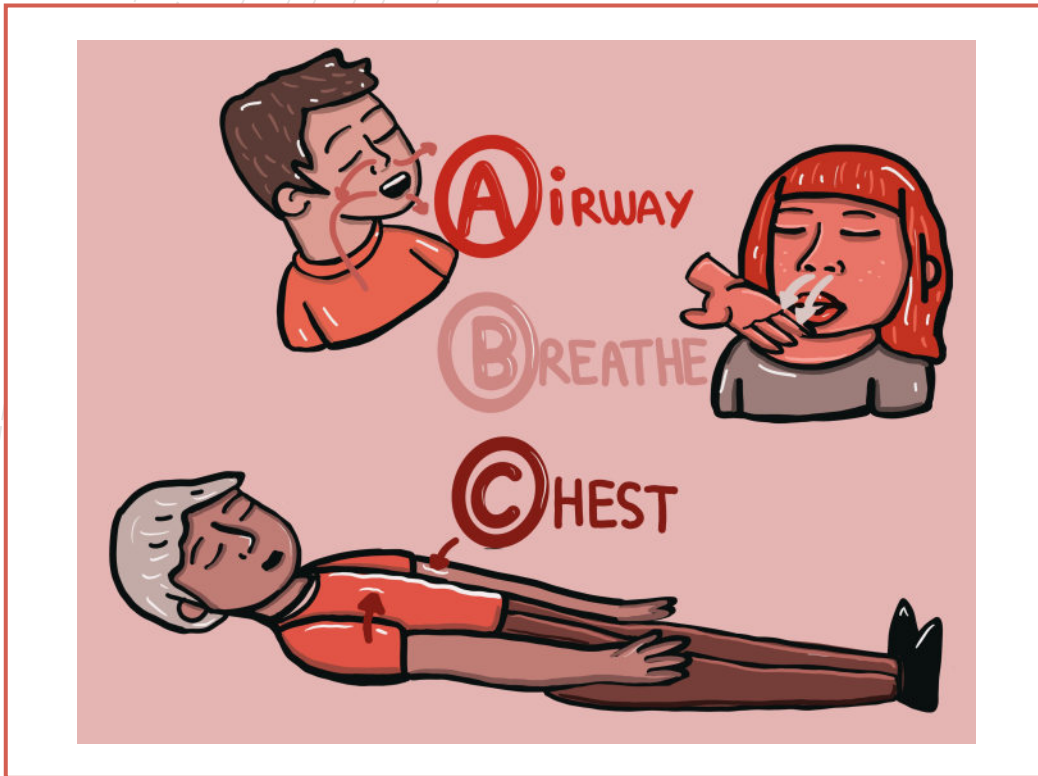


- Give the emergency operator your exact location
- Explain that the casualty is turning blue, unresponsive, unconscious and not breathing
- Be clear that it is a life-threatening emergency
- You have to decide whether or not to tell the operator that this is an opioid overdose
- Keep everyone calm and quiet so the operator has no reason to also send the police with the ambulance
- When the ambulance staff arrive, give them as much information as possible as calmly as possible. Explain what drugs have been used and whether Naloxone has been administered.



Do not use Naloxone if the person is unconscious and breathing – only administer Naloxone if the person starts struggling to breathe.

Assessing A Casualty who is Unconscious and Breathing:



- **Review** the environment and remove any hazards such as a used needle and syringe
- **Shake** the person firmly by the shoulder and call their name or call out to them
- **Airway** – lift chin to make sure airway is open
- **Breath** – listen and feel for breath by placing your ear above the casualty's mouth
- **Chest** – Look down and see if casualty's chest is rising and falling?

Recovery Position

- **Step 1** - raise the right hand as a right angle
- **Step 2** – bring the left hand to the right side of the face
- **Step 3** – lift the right leg and bending at the knee
- **Step 4** - rolling over and raising the chin

1



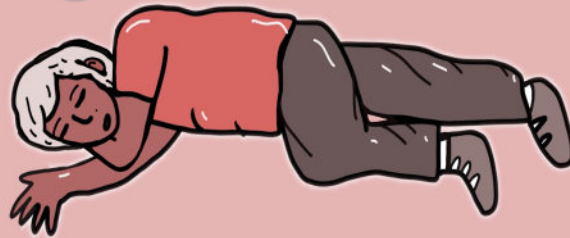
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3



4



Reassure and Monitor

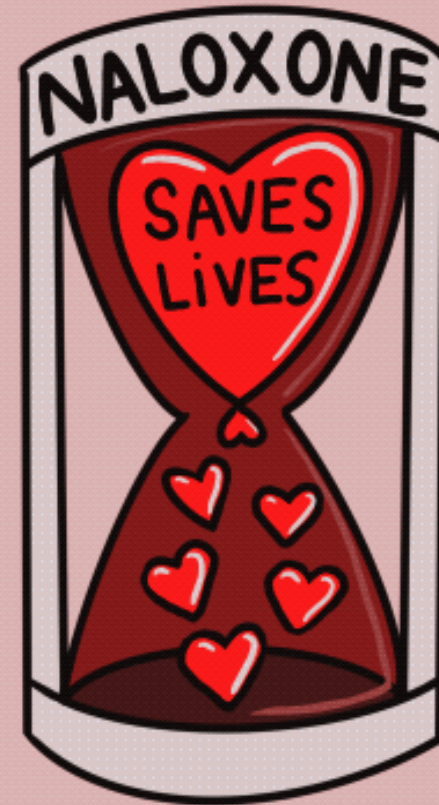
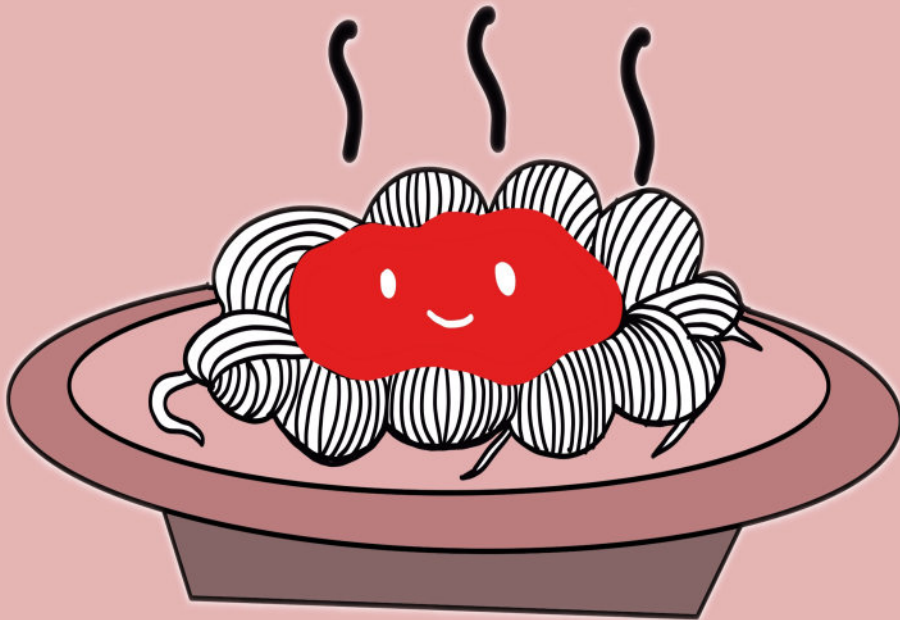
- Unconscious but breathing = NO Naloxone!
- Put casualty in **Recovery Position**
- **Monitor casualty** then explain and reassure them as they come round
- Administer Naloxone if the casualty starts struggling to breath



Demonstration Video – Casualty who is Unconscious and Breathing



Tea Break



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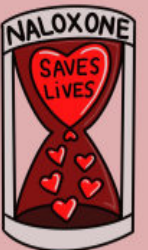
Afternoon Session 1

**Assessing and Managing a Casualty who is
Unconscious and NOT Breathing**

PROGRAMME

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- **Distributing Naloxone**
- CLOSE 17:15



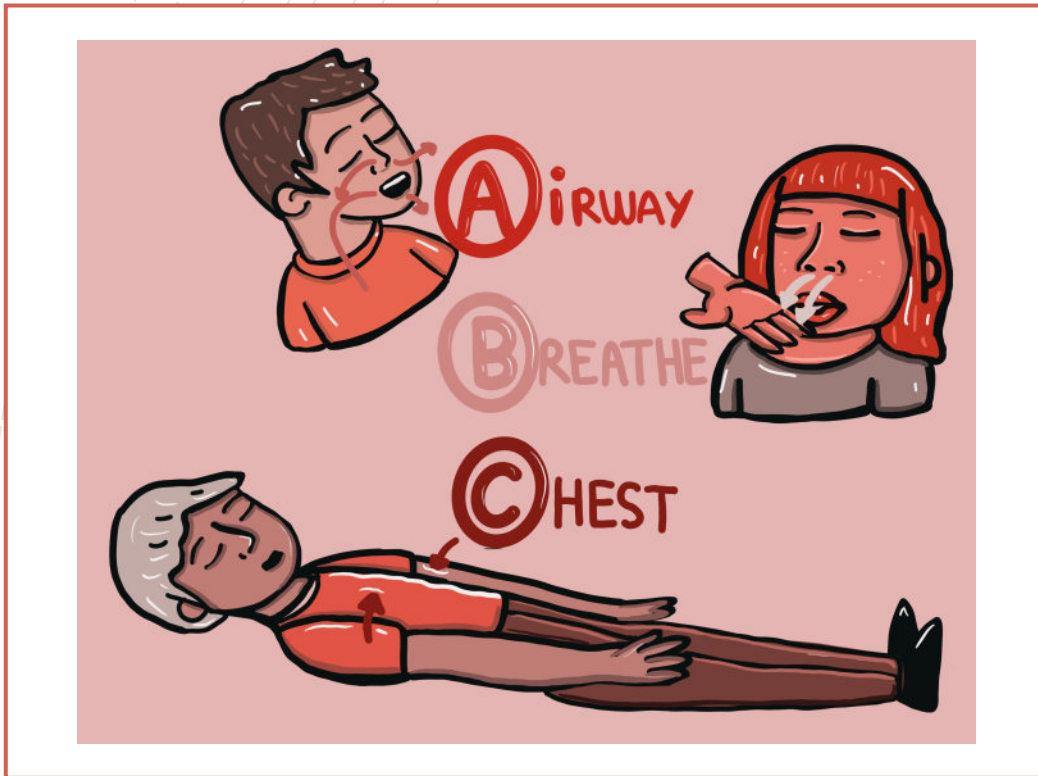


Assessing and Managing a Casualty who is Unconscious and NOT Breathing

- **LEARNING OBJECTIVE**

- To understand and practice how to assess and manage a casualty who is unconscious and NOT breathing following an opioid overdose

Assessing A Casualty who is Unconscious and NOT Breathing:

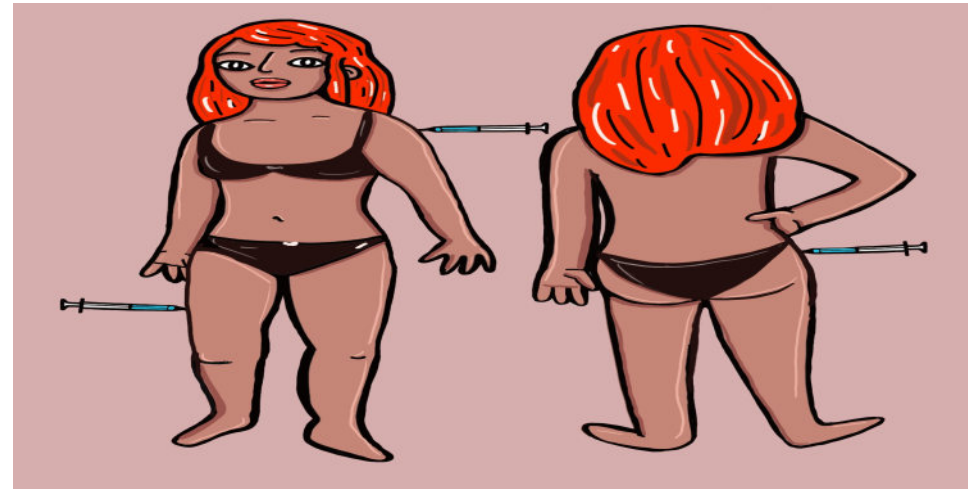
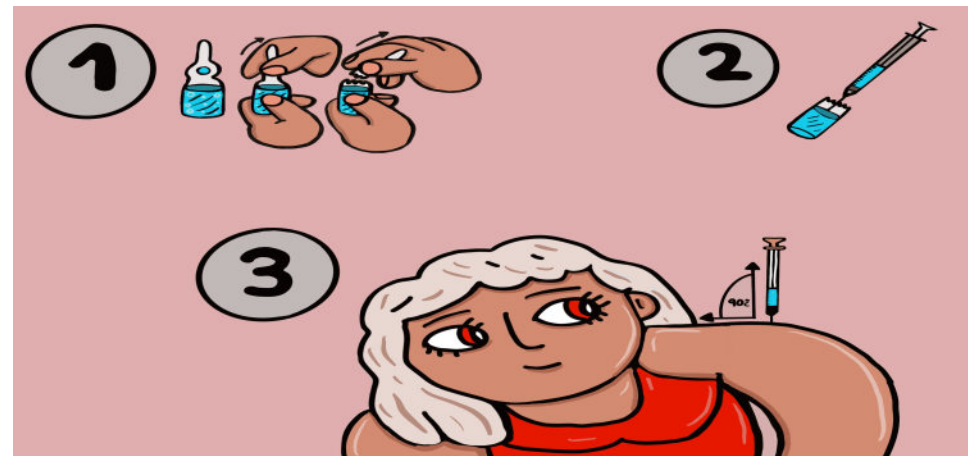


- **Review** the environment and remove any hazards such as a used needle and syringe
- **Shake** the person firmly by the shoulder and call their name or call out to them
- **Airway** – lift chin to make sure airway is open
- **Breath** – listen and feel for breath by placing your ear above the casualty's mouth
- **Chest** – Look down and see if casualty's chest is rising and falling?
- **If the person is unconscious but NOT breathing, then the person does need Naloxone!**

Assessing A Casualty who is Unconscious and NOT Breathing:

Leave the casualty on their back
Intramuscular injection of **0.4ML of Naloxone** into their thigh muscle
Alternative = shoulder or buttock muscle

Reassess the casualty using shake ABC. If breathing, put the casualty in the recovery position, monitor and reassure
If the casualty is still NOT breathing give **2 x rescue breathes** and then **administer second dose of Naloxone**
Repeat as needed



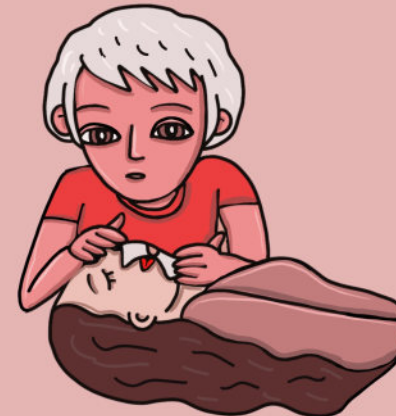
Rescue Breaths x 2

**Assessing and
Managing a
Casualty who is
Unconscious
and NOT
Breathing**

1



2



3



**Practice Rescue
Breaths with Resus
Annie manikin**



- **Rescue breath masks remove the risk of sharing infections**

Assessing and Managing a Casualty who is Unconscious but NOT Breathing



Store No: 234181



Recovery Position

1



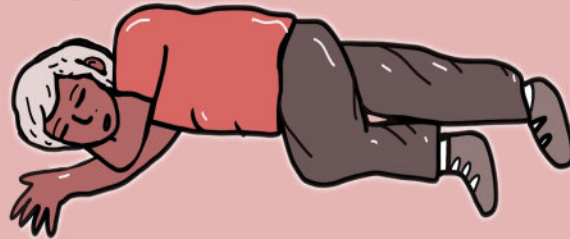
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4



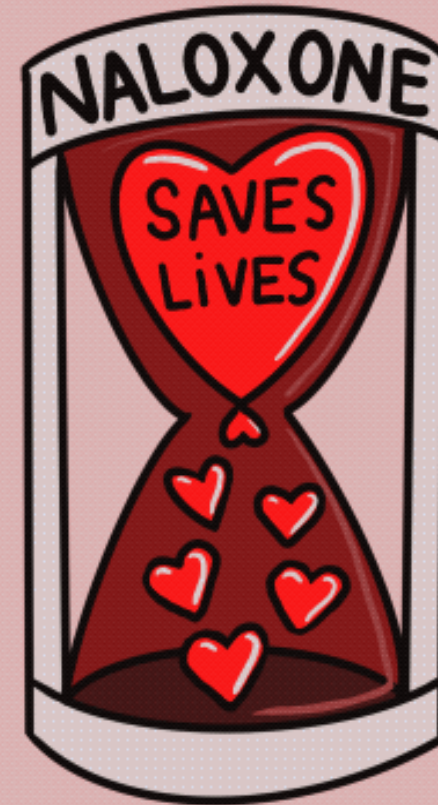
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- **Step 4** - rolling over and raising the chin



Demonstration Video – Casualty who is Unconscious and NOT Breathing



Tea Break

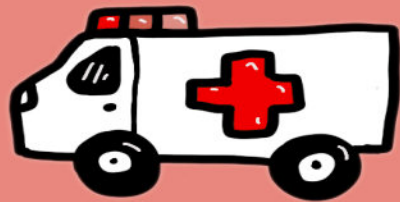


Evaluation Forms

Sessions 1 - 3

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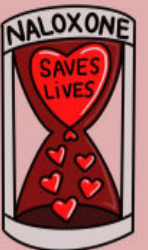
Afternoon Session 2
Promoting Naloxone Distribution



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- CLOSE 17:15



AFTERNOON SESSION 2

Promoting Naloxone Distribution

- **Session Topics:**

- Introduction to different models for distributing Naloxone
- Comparing the Different Models for Distributing Naloxone
- Document Use and Replacing Used or Lost Naloxone
- OD and Naloxone Course Review



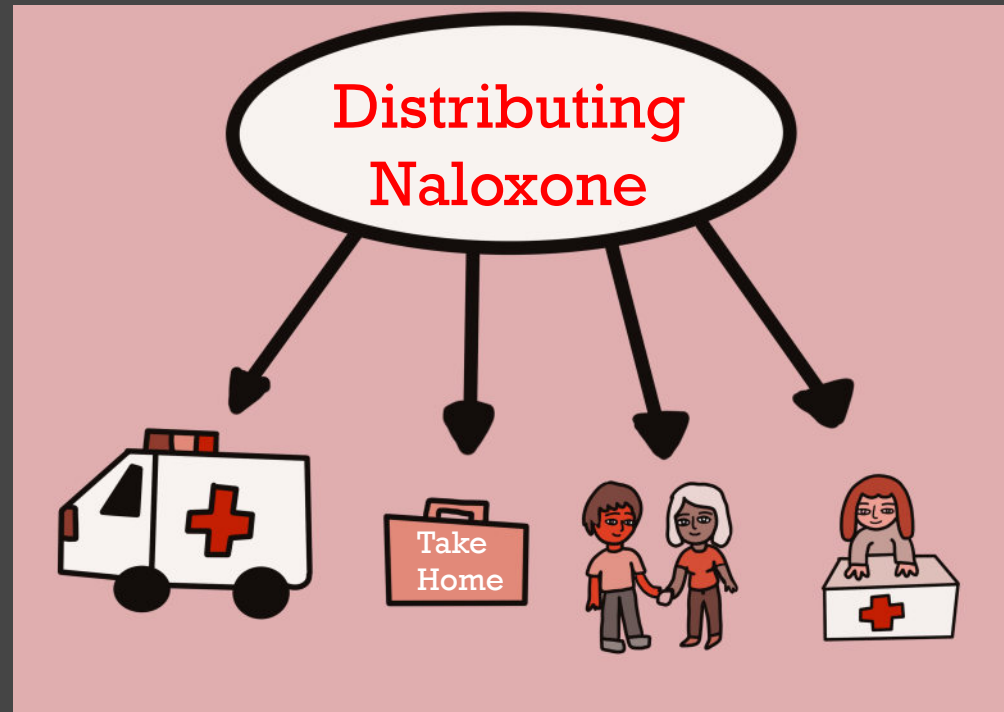


Models for Distributing Naloxone

■ **LEARNING OBJECTIVE**

- To explore different models for distributing Naloxone to people who inject drugs and their friends and family

Promoting Naloxone Distribution



- Available via emergency staff
- Take Home Naloxone (THN) distribution
- Peer-to-Peer Naloxone (P2PN) distribution
- For sale over-the-counter without a prescription from a community pharmacy



Promoting Naloxone Distribution

- **Comparing the Different Models for Distributing Naloxone**
- Divide participants into 4 x small group
- Assess the advantages and disadvantages of a model for distributing Naloxone:
 - Available via emergency staff
 - Take Home Naloxone (THN) distribution
 - Peer-to-Peer Naloxone (P2PN) distribution
 - For sale over-the-counter without a prescription from a community pharmacy

Who is best reached by their distribution model?

- Pass flip chart pages round for other groups to review and add to

Promoting Naloxone Distribution

Source: [S-O-S INITIATIVE—STOP OVERDOSE SAFELY](#) -

[UNODC-WHO Multi-site Study on community management of opioid overdose, including emergency naloxone](#)



Strengths of Peer-led Harm Reduction

Privileged Access to



- Drug using venues
- Drug supply systems
- Friendship networks
- Marginalised communities where many drug users live
- Self-support groups

Trust

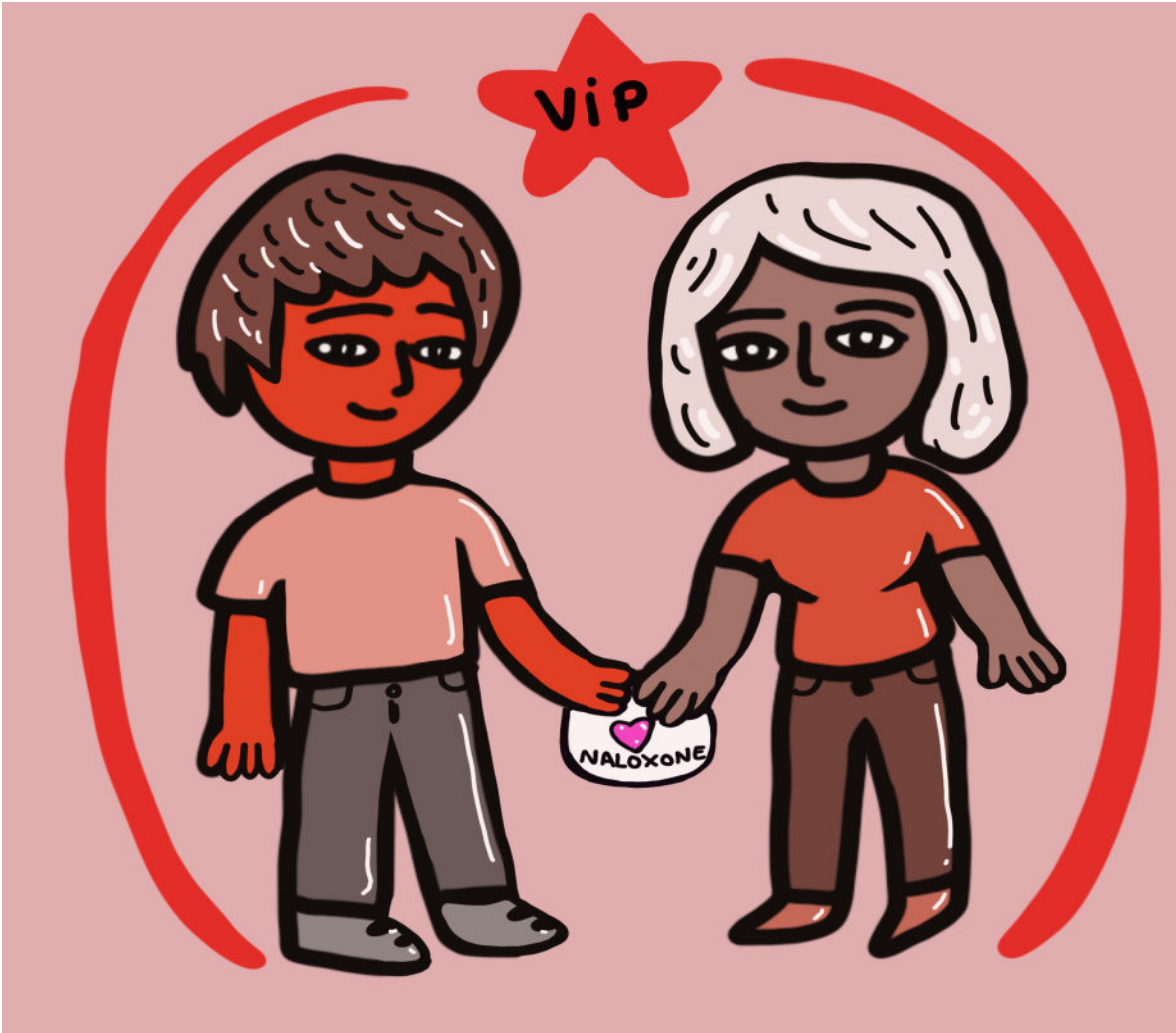
**Technical Know
How**

**Shared Lived
Experience**

Document & Replace Naloxone

- **Replacing Used or Lost Naloxone**

- Straightforward system for replacing Naloxone.
- Record if used, lost or seized by law enforcement – no judgement to peer
- Data best recorded by worker replacing Naloxone
- Record if casualty survived, how many units of Naloxone were used and any need for follow up





**Course
Evaluation
and
Repeat
Knowledge
Test**



- **Closing Circle:**

- Reflect on key take home message
- Personal step that you will take to implement learning from course on return to drug scene and / or work

- **Leave Evaluation Forms**

**Check
Out**

