
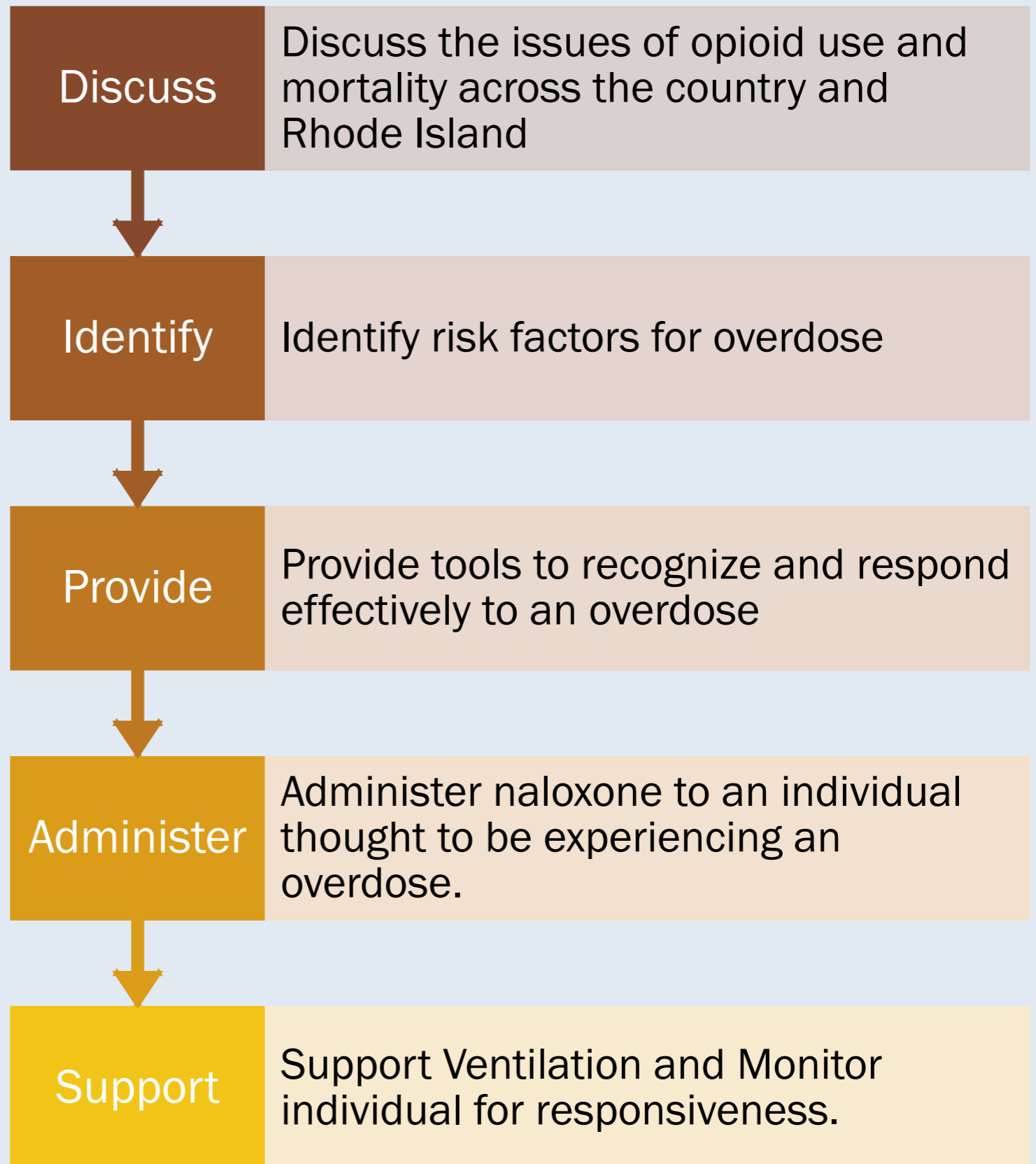

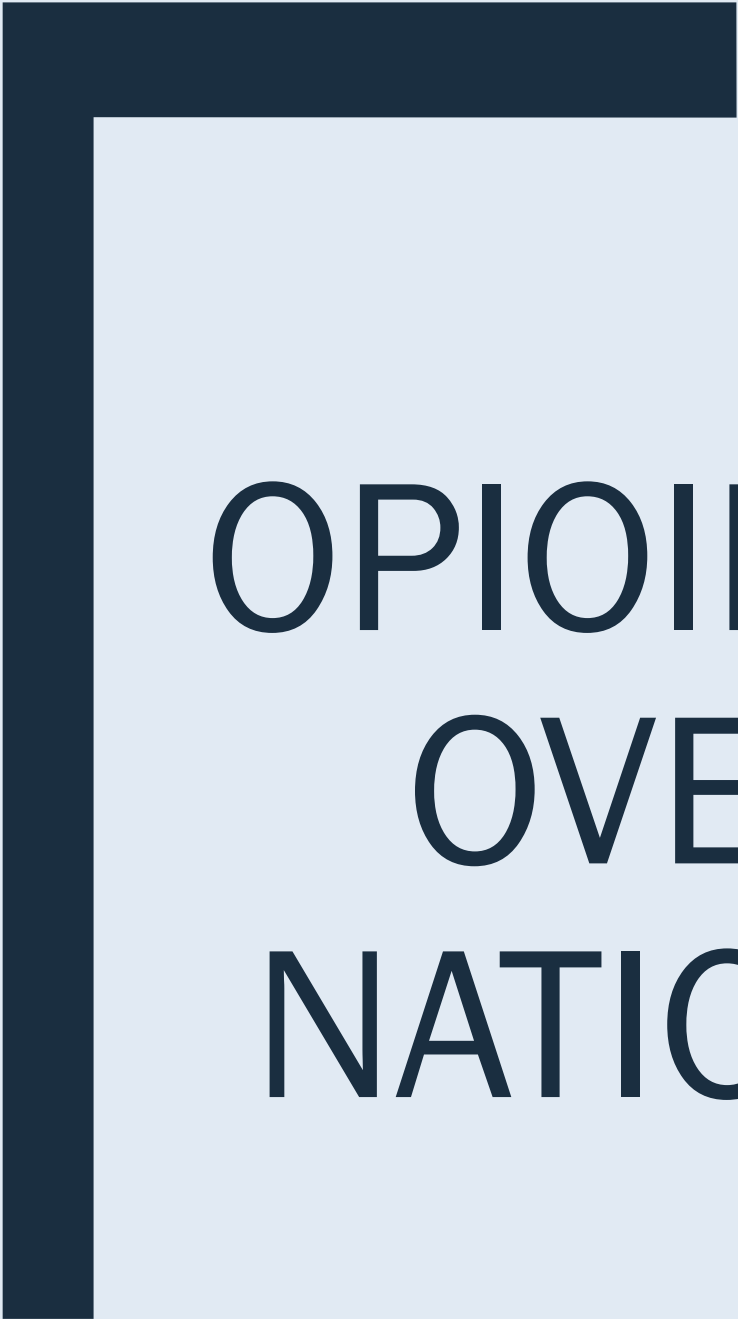


OVERDOSE
EDUCATION
AND
NALOXONE
DISTRIBUTION

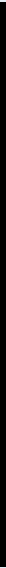


Objectives





OPIOIDS AND
OVERDOSE
NATIONWIDE




Opioids and Overdose

This is an official
CDC HEALTH ADVISORY


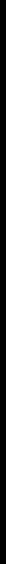
Distributed via the CDC Health Alert Network
December 17, 2020, 8:00 AM ET
CDCHAN-00438

Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic

The CDC estimates that **80,816** opioid overdose deaths occurred from in 2021

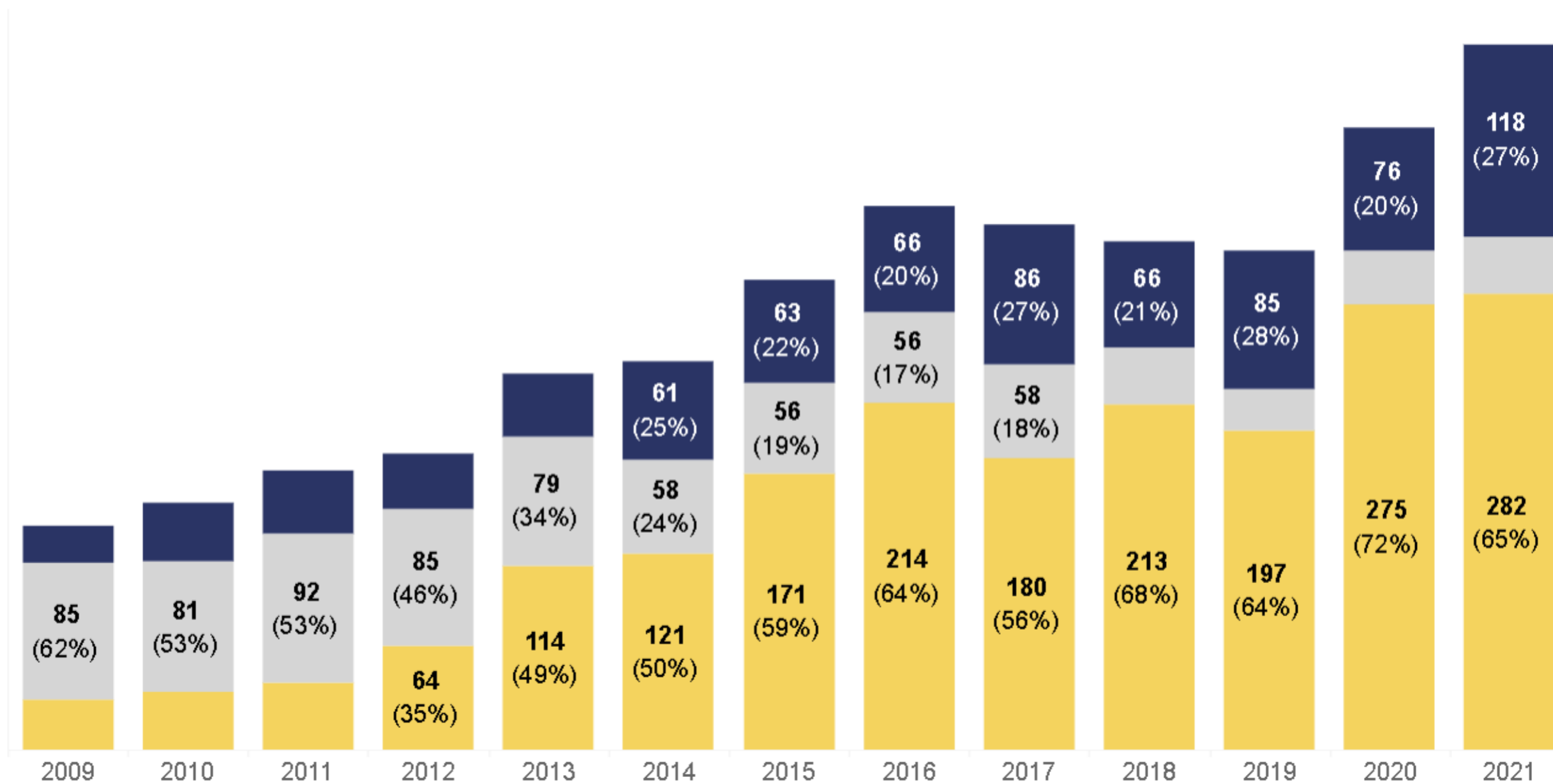


OPIOIDS AND
OVERDOSE
IN RHODE
ISLAND



RI Fatal Overdoses 2009-2021

Overdose Deaths by Drug Type, 2009 to 2021



Note: Data updated biannually

Note: Counts may not add to annual totals due to missing case information

Note: Prescription medications include prescription opioids such as oxycodone, hydrocodone, and benzodiazepines. Illicit drugs include substances such as heroin, illicit fentanyl, and cocaine.

■ Combination
 ■ Prescription Drugs
 ■ Illicit Drugs



DRUG SUPPLY

Waves of the overdose crisis

- 1 – prescription opioids
- 2 – heroin
- 3 – fentanyl
- 4 – fentanyl in non-opioid substances

Xylazine



OPIOIDS

OPIOIDS

STRONG OPIOID AGONISTS

- morphine
- **fentanyl**
- methadone
- heroin
- hydromorphone (Dilaudid)
- oxycodone (Oxycontin, Percocet*)
- meperidine (Demerol)

MODERATE OPIOID AGONISTS

- codeine
- hydrocodone (Vicodin*)

*contains acetaminophen (Tylenol)

OTHER OPIOID AGONISTS


- tramadol (Ultram)
- dextromethophan

PARTIAL OPIOID AGONIST


- buprenorphine
- buprenorphine+naloxone (Suboxone)

OPIOID ANTAGONISTS

- naloxone (Narcan)
- naltrexone



OVERDOSE
RISK FACTORS
NALOXONE



Overdose Risk Factors

There is an increased likelihood of overdose when any of the following factors are present:

- **Presence of fentanyl in non-opioid drugs**
- **Decreased tolerance due abstinence**
 - incarceration
 - detox
- **Prior nonfatal overdose**
- **High dose prescription**
- **Using illicit opioids alone**
- **Mixing of prescription/illicit opioids**
 - with benzodiazepines (i.e. Xanax)
 - with alcohol
 - with cocaine (or other uppers)
 - with other substances (i.e. fentanyl)
- **Compromised health conditions**
 - Hepatitis C
 - HIV/AIDS
 - Pneumonia, flu or other acute illness
 - sleep apnea
 - other liver or respiratory conditions

Naloxone (Narcan)

➡ is used to reverse opioid overdose.

➡ is a non-addictive, prescription drug.

➡ only works on opioids. However, if there are multiple drugs in the system, it can help restore breathing.

➡ can be given as an injection (IM) or as a nasal spray (IN) by lay people.

➡ effect has an onset of 2-4 minutes and a duration of 30-90 minutes.

➡ is stored at room temperature.

Multiple doses of naloxone are often **REQUIRED** because of fentanyl.

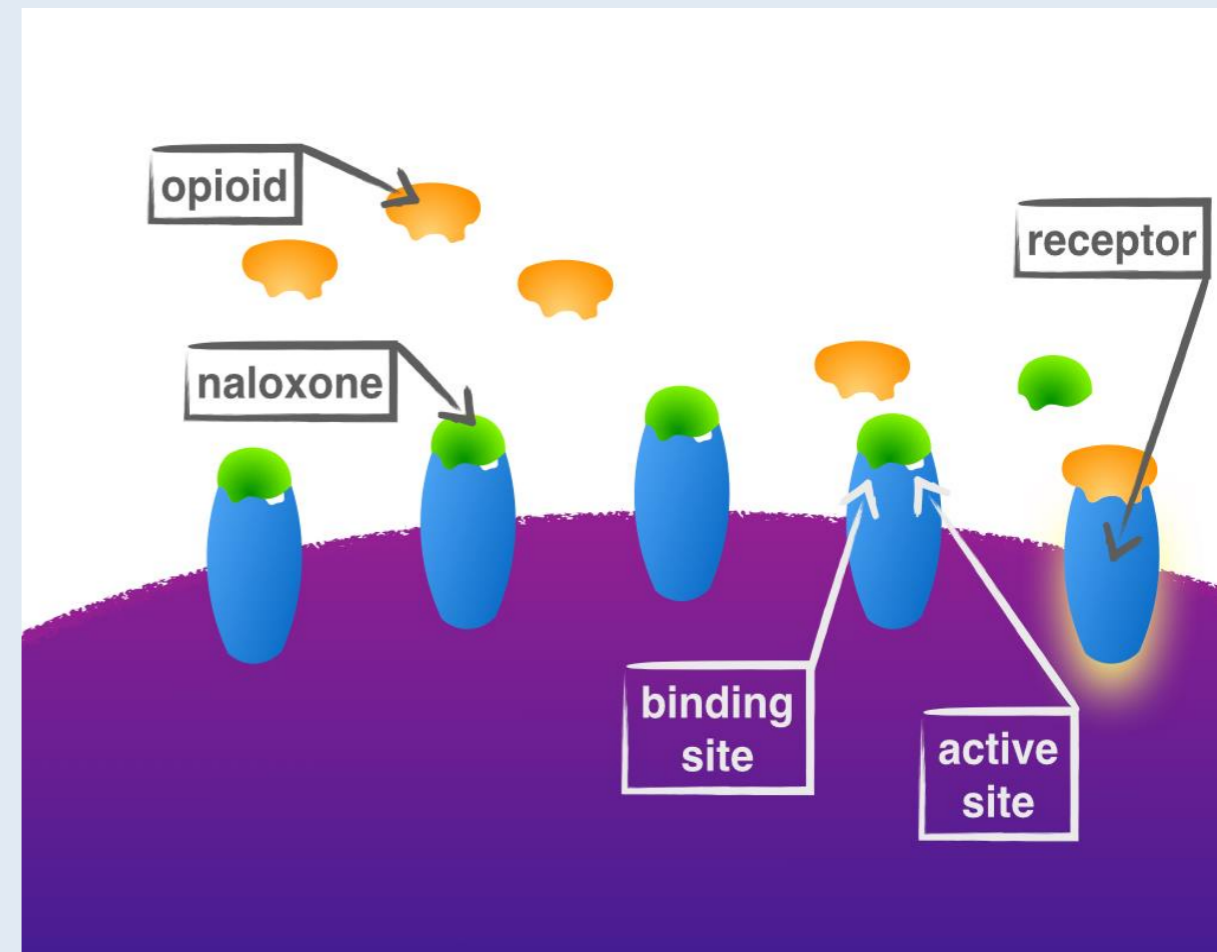
Naloxone


Naloxone works by “pushing” opioids off their receptors.

It then binds to the opioid receptors and blocks opioids from binding.


This rapid removal of opioids from receptors can **cause symptoms of withdrawal**, although the severity varies from person to person.

The opioids have **NOT** been removed from the body and re-attach as the naloxone wears off in 30-90 minutes.





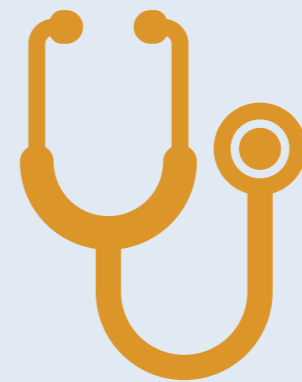
OVERDOSE
ASSESSMENT
AND
RESPONSE



Fatal Overdose is Preventable



You are the help until help
arrives!!



SURGEON GENERAL ADVISORY

<https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

Naloxone Video

<https://youtu.be/bPBnBtp9Y3c>

Overdose Response



Evaluate for an Overdose



Call 911*



Administer naloxone, if available*



Support Ventilation



* If two people available, one call 911, one administer naloxone

If no response after 2-3 minutes, give 2nd dose of naloxone

Evaluate for an Overdose

Overdose can happen within minutes.

A person who overdoses will have some or all of the following symptoms:

Can't be woken up (unresponsive)	Pale/Ashen skin
Slow or no breathing (may sound like snoring)	Fingernails or lips turning blue or grey/ashen (lighter color skin will turn purple/blue; darker color skin will turn grey/ashen)

**AN OPIOID OVERDOSE NEEDS
IMMEDIATE MEDICAL ATTENTION.**



CALL 911*

Be sure to give a specific address
and/or description of your location.

* If two people available, one call
911, one administer naloxone

Administer naloxone*

If two people available,
one call 911

one administer naloxone

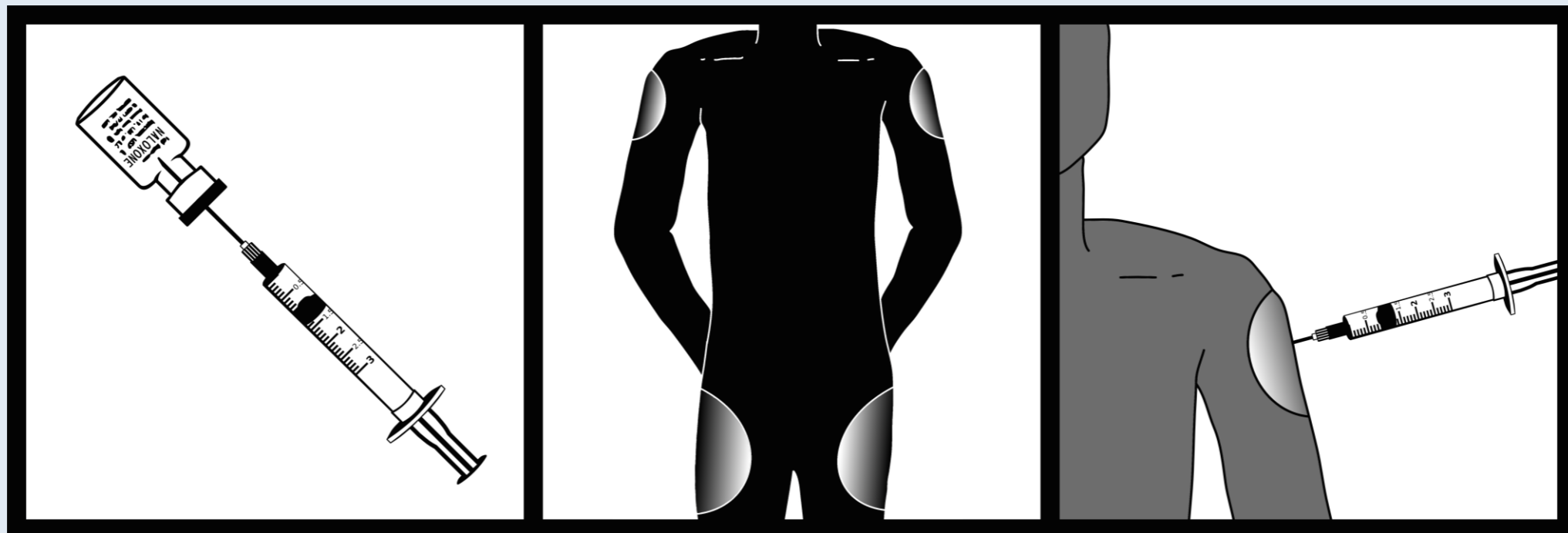
NARCAN Nasal Spray

- Remove the device from the package. Hold with thumb on the bottom of the plunger with your first and middle fingers on either side of the nozzle.
- Tilt the person's head back and provide support to the neck then insert the tip of the nozzle into nostril until your fingers are against the person's nose.
- Press the plunger firmly to give the dose.



IM Naloxone

- Remove cap from naloxone vial and syringe
- Insert needle through rubber plug
- Pull back on plunger until there is 1cc in the syringe
- Inject into a large muscle (thigh or upper arm)



Request Naloxone / Naloxone Training



GET HELP ▼



COVID-19 About Learn More Prevent An Overdose See The Data Find Resources
Get Involved Language

Get Naloxone

Espanol

Portugues

Request Free Naloxone Delivered to Your Home

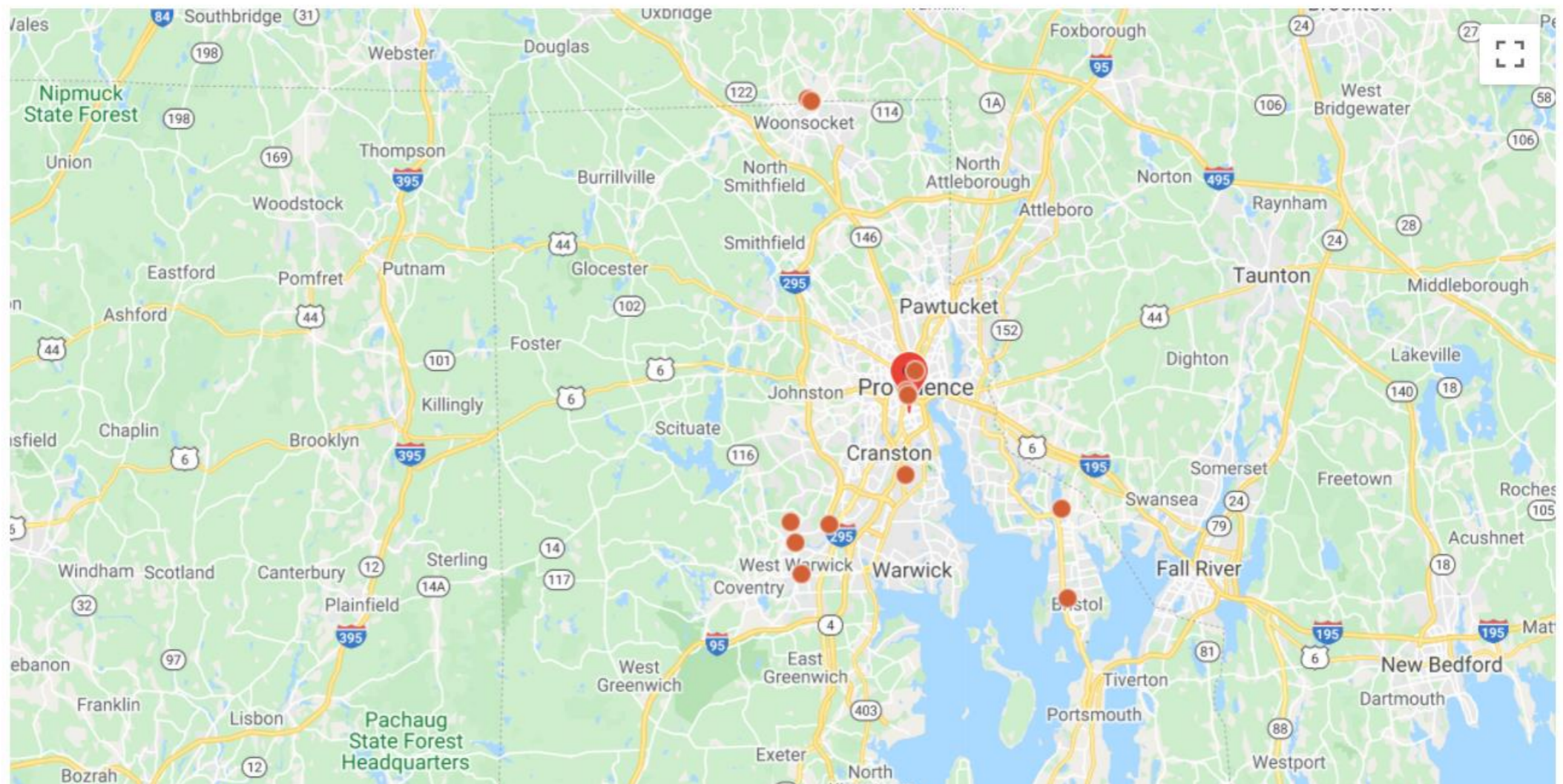
Click the link below to start a short interactive training in **English** or **Spanish**. The training will take less than 5 minutes. You will learn how to recognize an overdose, respond to an overdose using naloxone, and ways you can stay safer if you are using drugs. **At the end of this short training, you can request free naloxone shipped to your house. You can also request a peer recovery specialist.**

Where can I get naloxone?

Use the map below to find out where you can get naloxone.

Filter by

Free Naloxone and Overdose Training



Support Ventilation

Breathing support is an important intervention and may be lifesaving on its own (if naloxone is not available).

Rescue breathing, CPR and/or chest compressions can provide vital support to the individual and improve outcomes.

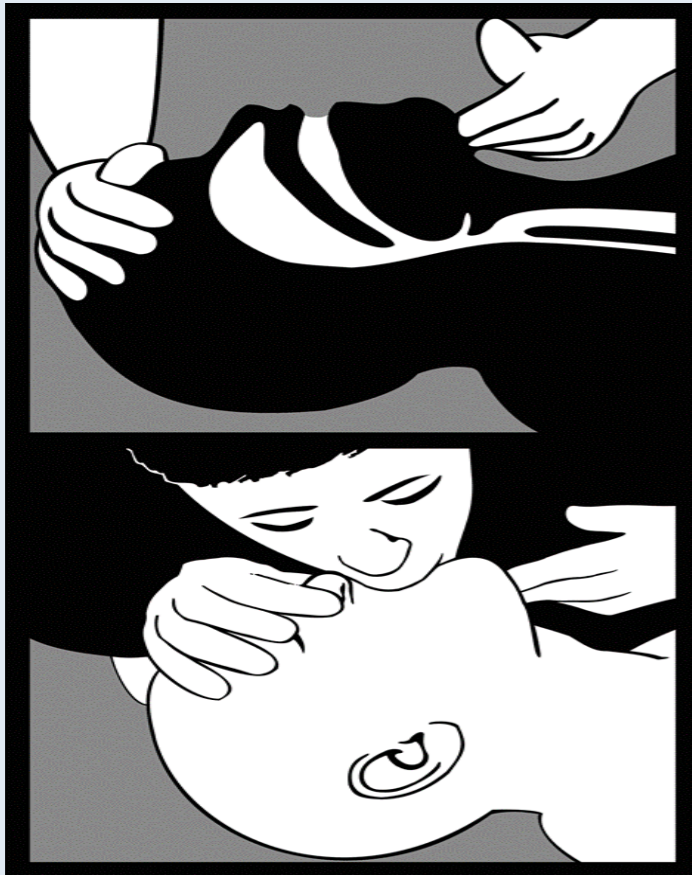
How to Provide Ventilation Support

BASED ON YOUR LEVEL OF TRAINING or COMFORT:

- Rescue Breaths
- CPR
 - *Full Chest Compression + Rescue Breaths (30 to 2)*
 - *Chest Compression Only (100 per minute)*

To be fully prepared in the case of an emergency, enroll in a local CPR training.

Rescue Breathing

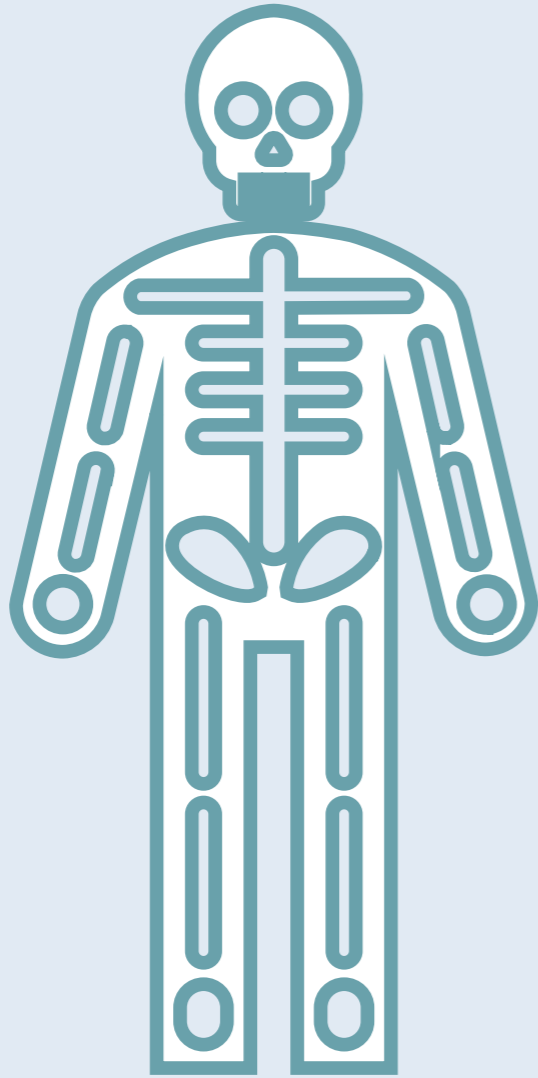


- Place one hand on the person's chin, tilt the head back, and pinch the nose closed.
- Place your mouth over the person's mouth to make a seal and give two slow breaths.
- Watch for the person's chest (but not the stomach) to rise.
- Follow up with one breath every 5 seconds.
- Continue until help arrives or the person starts breathing on their own.



Use a barrier device, if you have one.

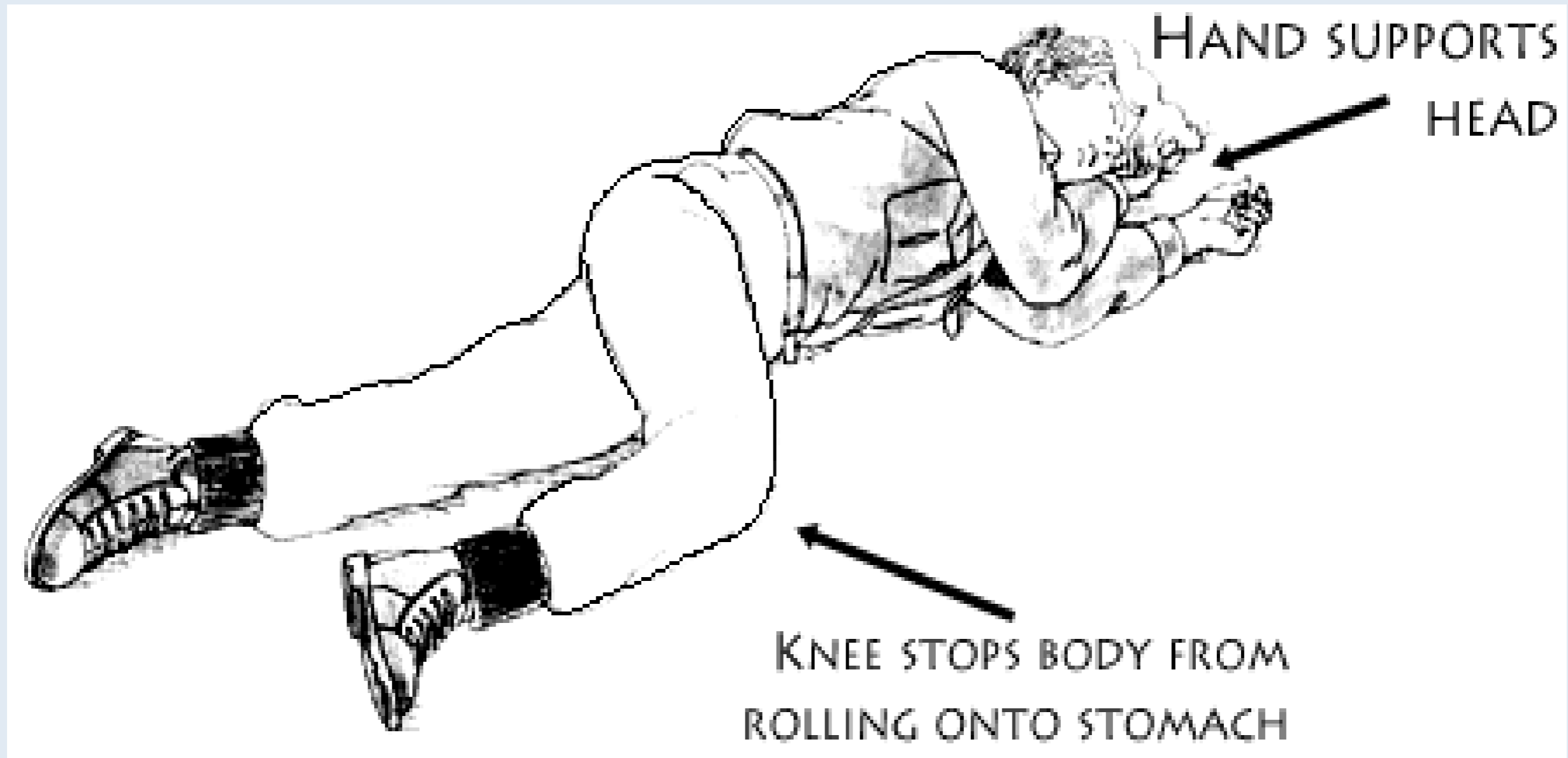
Chest Compressions



Chest compressions for adults involve the following steps:

- Place the person on his or her back.
- Press hard and fast on the center of the chest.
- Interlock fingers.
- Keep your arms extended.

Recovery Position



When To Use The Recovery Position:

- If You have to leave for any reason
- If the individual begins breathing but remains groggy.

Possible Naloxone Responses

Breathing improves and person becomes responsive within 2-3 minutes

Person starts breathing within 2-3 minutes but remains groggy and not fully responsive

Person does not respond to first dose and naloxone must be repeated in 2-3 minutes (continue to provide ventilation support)

Xylazine

What it is :


- Xylazine is a long-acting medication used as a veterinary tranquilizer (not an opioid and not approved for human use).
- It has been found in the local drug supply in Rhode Island in combination with substances containing fentanyl.

How it affects the body:

- Xylazine can cause deep sedation that can last hours. When someone is deeply sedated and doesn't move for a long time, it can lead to injuries related to poor circulation. This includes skin, soft tissue, muscle, or nerve damage.
 - **Severe and persistent wounds.** Wounds may occur even if you do not inject, or in places where you do not inject.
- Xylazine, in combination with opioids, can also lead to problems breathing, and increase the chance of overdose.

Increased OD risk factor

Xylazine is a tranquilizer, which compounds the effects of an opioid and further suppresses breathing.



Drugs contaminated with xylazine may not appear any different.



Xylazine can increase the risk of overdose and cause drowsiness, unresponsiveness, slow heart rate, and decreased breathing.

How to respond

If someone is experiencing an overdose, use standard opioid overdose response:

- **Call 911**
- **Give Naloxone every two minutes until breathing returns**
- **Administer CPR, if you know how in combination with Naloxone**

Focus on the breath! Administer Naloxone UNTIL breathing is restored.** Once the person is breathing, place them in the recovery position and remain with them until help arrives.

****They may remain sedated after breathing is restored**

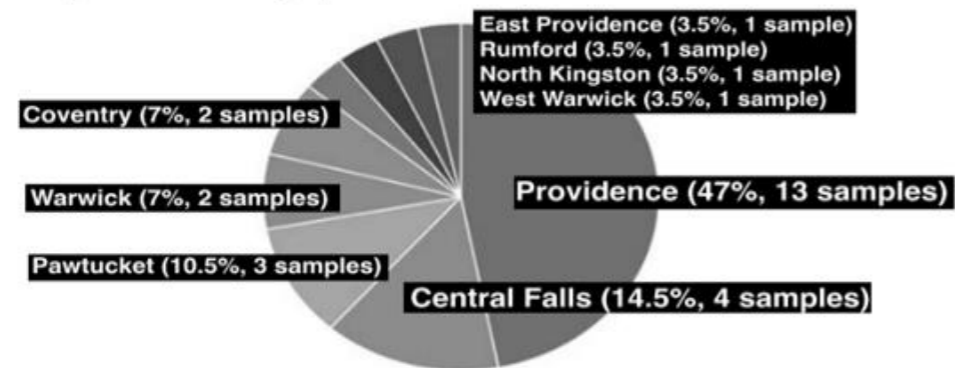
What xylazine looks like from the front lines

but is xylazine in Rhode Island?

Xylazine has been found in the local drug supplies in Rhode Island.

We tested 61 samples from May - August 2022 and xylazine was found in 28 of those samples.

Samples containing xylazine were from:



72% of the samples (20 out of 28 samples) that contained xylazine were sold as **fentanyl**.

The other samples that contained xylazine were: dope with fentanyl (10.5%, 3 samples), crystal meth (7%, 2 samples), percocet (3.5%, 1 sample), crack (3.5%, 1 sample), and carfentanil (3.5%, 1 sample).

Curious about what else we've found in the supply? Scan the QR code on the back to check out our results from what we have tested so far!

- Prolonged sedation after responding to an overdose
- Wounds in place other than injection place
- Partnering to test drug samples to see what is in local supply
 - 28 out of 61 samples tested, Xylazine was present
- Educating folks served on safer drug use practices, what to expect when xylazine is present and providing harm reduction services/referral to wound care.



EFFORTS TO
ADDRESS
THE CRISIS



RI Strategic Plan

A Plan to **End Rhode Island's Overdose Crisis**



The rising number of drug overdose deaths has created a public health crisis in Rhode Island.

In the past 5 years

We've lost **more than 1,000 people** to drug overdoses.

2011-2015

The number of deaths from drug overdoses almost **doubled**.

In 2014

More people died from drug overdoses than from **guns and cars combined**.

Rhode Island's overdose crisis has touched every community in the state.

Harm Reduction

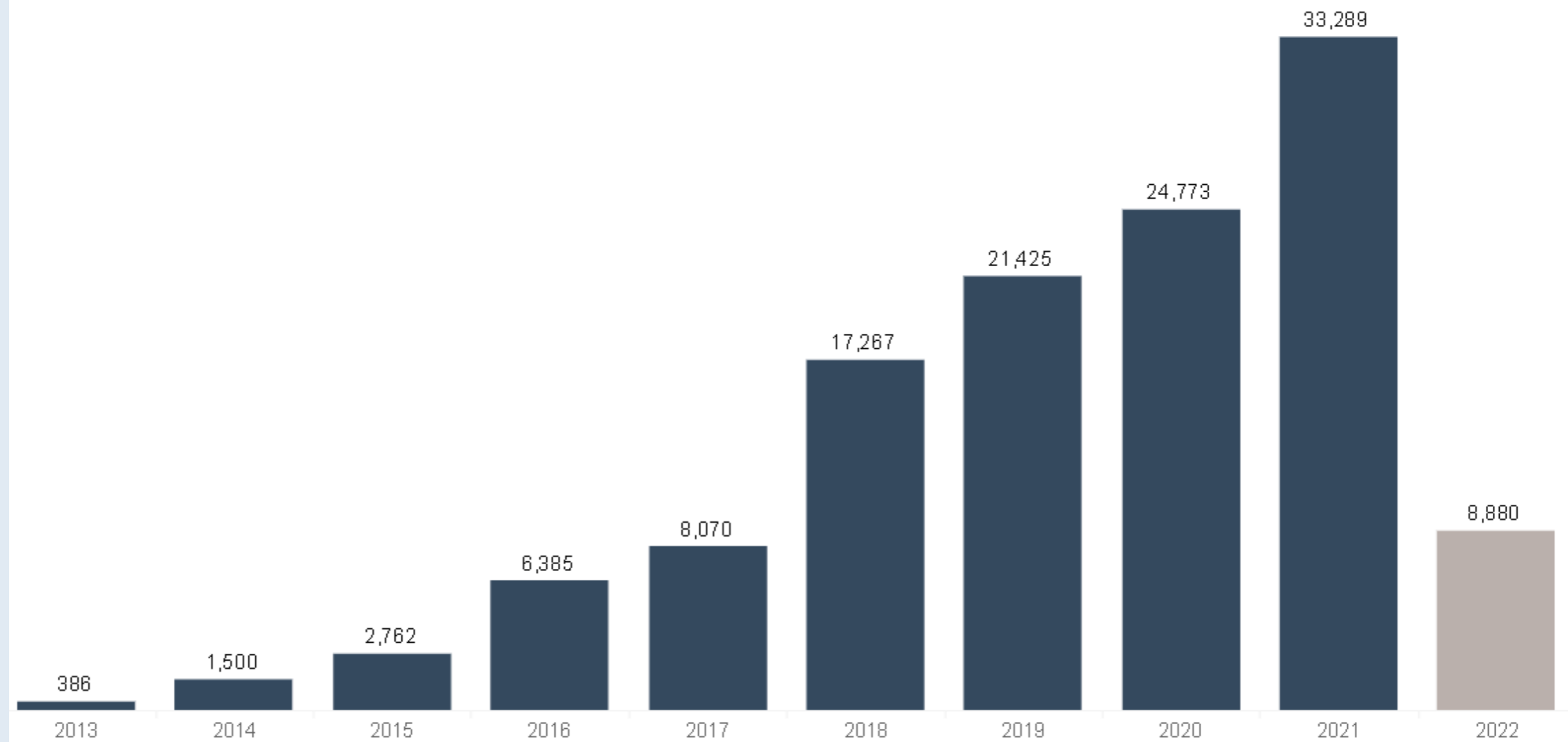
Harm reduction refers to public health efforts to minimize harm associated with drug use (or other behaviors), rather than a focus on abstinence from drug use.

Examples of harm reduction programs include:

- needle/syringe exchanges
- drug testing services (i.e. fentanyl test strips)
- decriminalization of drug use
- prescribed heroin
- overdose prevention centers
- information and education

Naloxone Distribution in RI

Naloxone Distribution in Rhode Island, 2012 to March 2022



Liability / Good Samaritan Law

- Civil and criminal immunity for the “good faith” administration of naloxone by a layperson to someone experiencing an overdose.
- Anyone who seeks medical assistance for someone experiencing an overdose (e.g. calling 911, performing rescue breathing, administering naloxone) will not be charged with drug possession.
- Anyone who experiences a drug overdose and needs medical assistance will not be charged with drug possession.
- Neither of these immunities extend to manufacture or distribution of drugs.
- The act of providing medical assistance (e.g. calling 911, performing rescue breathing, administering naloxone) may be used as a mitigating factor in criminal prosecution.



Standing Order

Individuals can request, and pharmacists can dispense naloxone without a specific prescription.


There is no age restriction.

Almost all pharmacies in the state are participating.

All insurance, including Medicaid are required to cover the cost of naloxone except for co-pay.



FREQUENTLY ASKED QUESTIONS



Frequently Asked Questions

What are the side effects of naloxone?

Naloxone reverses opioid overdose and causes withdrawal. The most common symptoms of withdrawal are pain, nausea, vomiting, sweating, and anxiety. Less common are agitation, seizures, or irregular heartbeat. While opioid withdrawal can be dramatic and unpleasant, it is not life threatening.

How many doses are necessary?

It varies. One dose may be enough to let the person start breathing again. Some people may need more than one dose depending on their tolerance, how much they took, and what opioid they overdosed on. Children and people who overdose on synthetic opioids (fentanyl, suboxone, etc) are likely to need multiple doses.

Frequently Asked Questions

Does naloxone work on cocaine, methamphetamine, benzodiazepines, or alcohol?

No. Naloxone only works on opioids (heroin, morphine, fentanyl, methadone, etc). It will not have any effect on someone overdosing on another type of drug. However, if someone is overdosing on opioids AND another drug, naloxone will reverse the opioid part of the overdose and potentially help the person.

What if naloxone is given to someone who doesn't have any opioids in their system?

There are no adverse effects if someone is given naloxone who doesn't need it. If someone looks like they may be overdosing on opioids (unconscious, slow or no breathing), they should be given naloxone. If opioids are present, it will help, if they aren't, it won't hurt.

Resources and Materials

Prevent Overdose RI – End the epidemic

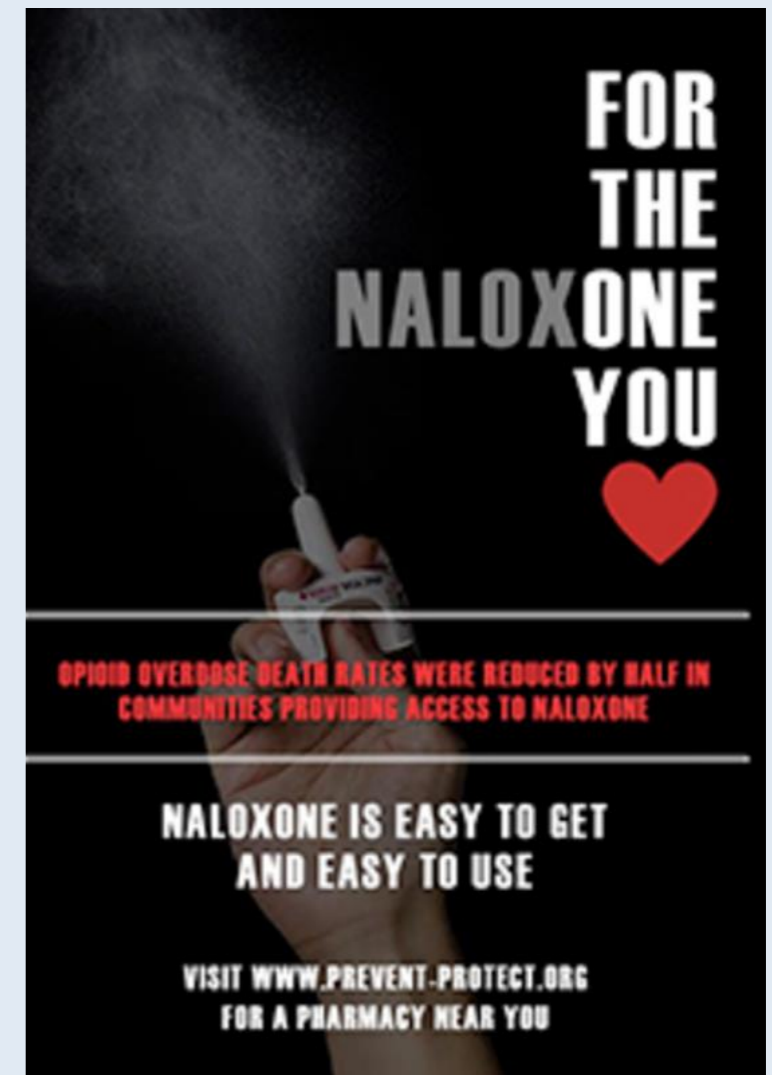
PONI (poniri.org)

<http://pvdsafestations.com/> - **PROVIDENCE SAFE STATIONS** - Available 24 hours a day, seven days a week.

<https://www.bhlink.org/> FOR CONFIDENTIAL SUPPORT AND TO GET CONNECTED TO CARE: **BH LINK** CALL **401-414-LINK (5465)** OR VISIT their 24-HOUR/7-DAY TRIAGE CENTER

- **Factsheets**

Knowing the Risks of Opioid Prescription Pain Medications 8 1/2 x 11



THANK YOU!

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