



**California Consortium for Urban Indian Health**  
CCUIH Strengthening The Organizations That Strengthen Our Communities

# NALOXONE TRAINING

## OVERDOSE PREVENTION AND SURVIVAL

California Consortium for Urban Indian Health

# ABOUT CCUIH

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The California Consortium for Urban Indian Health (CCUIH) is an alliance of ten Urban Indian Health Organizations that supports health promotion & access for American Indians living in cities across California.

CCUIH's mission is to facilitate shared development of resources for our members, and to raise public awareness in order to support a health and wellness network that meets the needs of American Indians living in urban communities.



# OUR MEMBERS



American Indian Health Services Santa Barbara, CA

Bakersfield American Indian Health Project Bakersfield, CA

Fresno American Indian Health Project Fresno, CA

Friendship House San Francisco, CA

Indian Health Center of Santa Clara Valley San Jose, CA

Native American Health Center Oakland, San Francisco, Richmond, CA

Native Directions Inc. Manteca, CA

Sacramento Native American Health Center Sacramento, CA

San Diego American Indian Health Center San Diego, CA

United American Indian Involvement Los Angeles, CA



# OUR CURRENT — ONGOING PROJECTS

**Traditions of Health** aims to improve the integration of traditional healing and behavioral health into primary care

**Tribal MAT** aims to increase access to diverse services for patients who use opioids

**Getting Real About Stigma Prevention for HCV (GRASP-HCV)** is a culturally adapted campaign to reduce social stigma around hepatitis-C virus (HCV)

**Red Women Rising** supports culturally responsive domestic services and increases public awareness



# TRIBAL MAT PROJECT

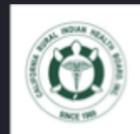
## AT A GLANCE

### OUR PARTNERS

Our Tribal MAT Project is through DHCS, and in partnership with the California Rural Indian Health Board (CRIHB), UCLA, USC, Telewell Behavioral Medicine, and Two Feathers.

### OUR METHODS AND SERVICES

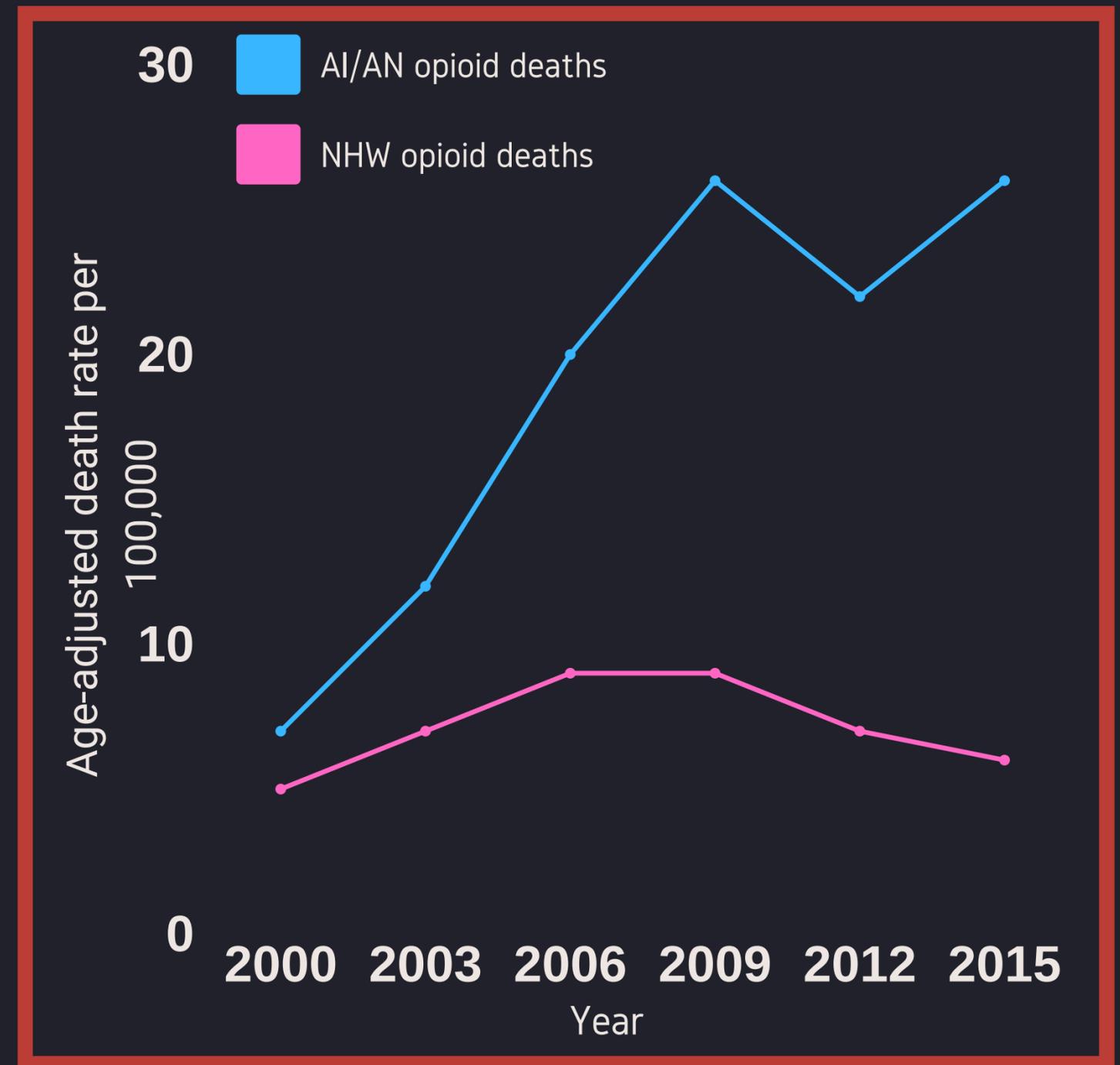
Our Tribal MAT Project involves several components -- reducing chaotic use, expanding MAT access, overdose prevention and naloxone access expansion, and support system development.



# OVERDOSE AND OUR COMMUNITY

## CDC DATA FOR AI/AN OVERDOSE TRENDS (1999-2015)

- Highest growth of fatal overdose (519% growth)
- Highest overdose death rates for 2015 of all racial groups (Urban: **22.1**; Rural **19.8**)
- Reported overdose deaths between **2.7** and **4.1** times higher than other racial groups
- Rate "underreported due to racial misclassification"



Data estimation via Center for Disease Control and Prevention

# INTRO TO OPIOIDS

## WHAT ARE OPIOIDS?

Opioids are substances that activate the brain's opioid receptors -- they produce sedative effects, and are commonly used for pain relief.

**Examples of opioids:** heroin, fentanyl, morphine, percocet; and street names for different opioids such as tar, percs, lean, fent, H, smack

## WHAT ISN'T AN OPIOID?

Everything else. Methamphetamines, ecstasy, LSD, cocaine, ketamine, xanax, and many other drugs are not opioids, though they may be mistaken as them.

## TYPES OF DRUGS



Depressants

### OPIOIDS

Heroin  
Fentanyl  
Morphine  
Methadone  
Percocet  
Codeine

### BENZODIAZAPINES

Valium Xanax  
Ativan Clonazepam

### SEDATIVE HYPNOTICS

Ambien GHB

### ALCOHOL

Beer Wine Spirits

Cocaine  
Methamphetamines  
Adderall  
Ritalin  
Caffeine

LSD  
Mushrooms  
PCP  
Marijuana  
MDMA

Stimulants

Hallucinogens

# HARM REDUCTION

## A FRAMEWORK FOR SUPPORT

Harm reduction is a practical health approach that seeks to reduce negative consequences associated with drug use. Harm reduction falls in line with many of our traditions of community care. Harm reduction is a framework of care that incorporates safer use and social justice by choosing to acknowledge and minimize the harmful effects of drugs rather than ignore or condemn them. Harm reduction acknowledges people who use drugs as whole people, and calls for non-judgmental services and resources for people who use drugs and extended communities.

*Inspired by Harm Reduction  
Coalition and First Nations  
Health Authority*



# HARM REDUCTION PRINCIPLES

## PRACTICAL TOOLS

### ▣ NON-JUDGEMENT

Shifting our approach to provide compassion instead of judgement, and challenging our own stigmas towards drug use and people who use drugs (PWUD)

### ▣ MEET PEOPLE WHERE THEY'RE AT

Connect with family/friends/patients in a way that is effective for them, and guided by their wants and needs

### ▣ "ANY POSITIVE CHANGE"

People will not necessarily want to be abstinent, but supporting with any positive change -- such as decreasing use, safer use, or utilizing MAT options -- is valuable!

### ▣ "CHAOTIC USE"

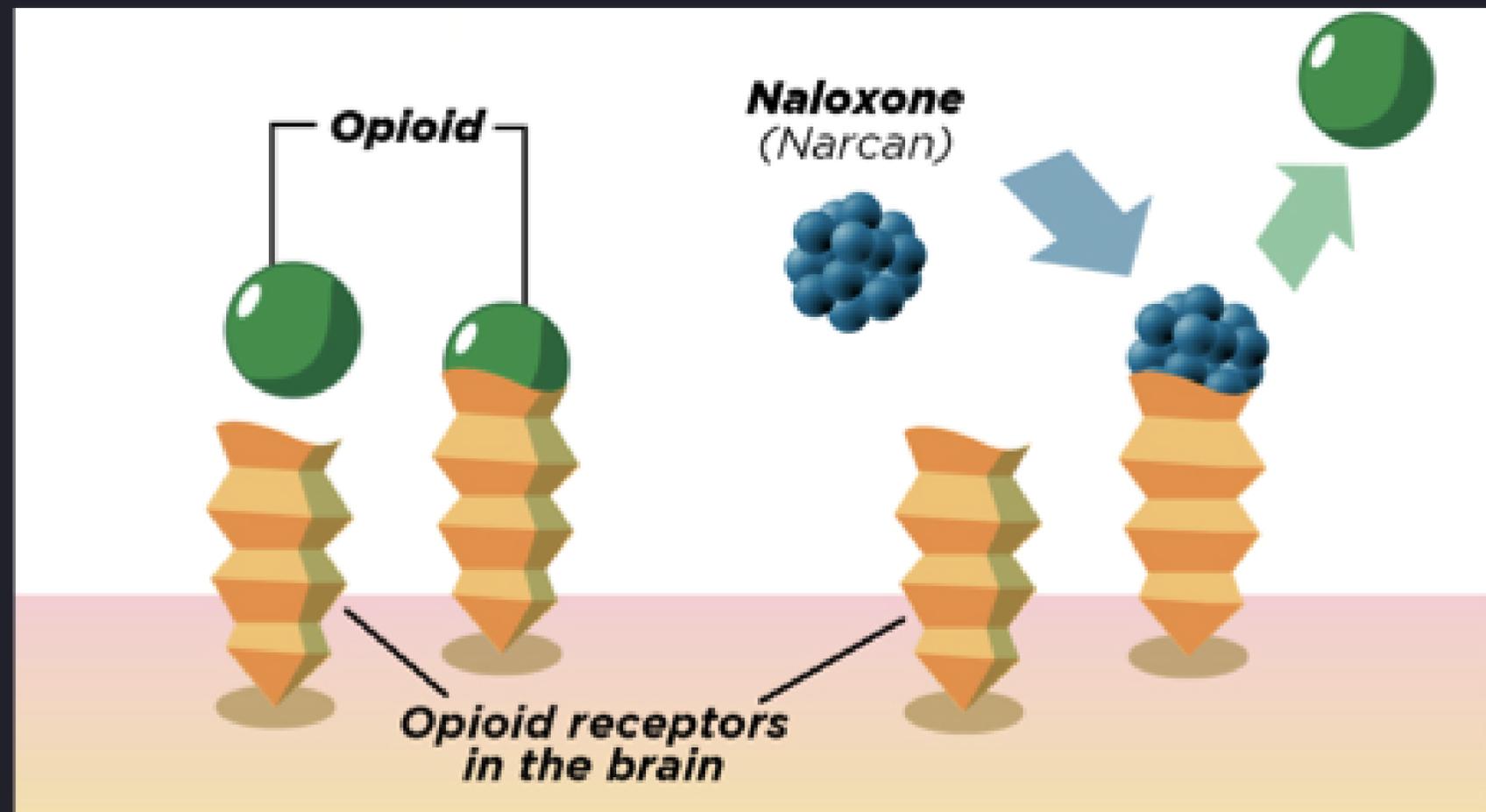
Understand that many people use drugs safely and in a way that works for them. Recognize that drug use is problematic when it becomes chaotic to the person

# HOW OVERDOSE & REVERSAL WORKS

## OPIOID RECEPTORS

Opioid receptors activate when a person uses opioids. This is how people feel the effects of being high

Naloxone knocks the opioids out of the receptors and temporarily blocks the receptors (30-90 mins)



# HOW OVERDOSE & REVERSAL WORKS

## OPIOID OVERDOSE

Opioids fill receptors



Activate systems that control breathing



Respiratory depression



No oxygen to brain, life-threatening



## NALOXONE EFFECTS

Fast-acting but short-lived



Displaces opioids in brain



Blocks opioids from filling receptors



Effects of overdose reversed, and life is saved!

# ALL ABOUT FENTANYL

## What is Fentanyl?

Fentanyl is a synthetic opioid and prescription medication

In recent years, it has become common as a drug of choice

## Can Be Used Safely

With the right overdose prevention tools, fentanyl can and is often used safely!

## Can Be In Other Drugs

Fentanyl is often found in street supplies of heroin in many cities, and can be found in trace amounts in other drug supplies as well



## More Potent

Compared to heroin, fentanyl is 50-100 times more potent as an opioid

This increases the margin of error involved for overdose

# OVERDOSE RISK FACTORS

## ▣ USING FAST

Using a lot at once, like doing a full shot of heroin at one time

## ▣ FORGETTING SELF CARE

Not drinking water or eating regularly, sleeping enough, or being aware of illness

## ▣ BEING UNPREPARED

Not having naloxone or knowing how to use it, or using with people who don't!

## ▣ MIXING MULTIPLE

Mixing multiple types or categories of drugs, like opioids and stimulants at the same time

## ▣ TOLERANCE CHANGES

Using the same amount after taking a break, like after hospitalization, jail, or detox

## ▣ BEING ALONE

Using alone, or without anyone knowing to do a "wellness check"



# OVERDOSE PREVENTION TIPS

## ▣ USING SLOW

Going slowly, and testing with a small amount before a full dose

## ▣ HEALTHIER THE BETTER

Eat well, stay hydrated, sleep well, and avoid illness

## ▣ BE READY, STAY READY

Always have naloxone and an overdose plan. Being prepared means being safe!

## ▣ AVOID MIXING

Avoiding mixing if possible, especially depressants with other depressants, or with stimulants!

## ▣ ADJUST FOR TOLERANCE

Use less than usual after a break from regular use

## ▣ FRIENDS MAKE THINGS BETTER

Use with trusted friends, and stagger use with each other



# 1. RECOGNIZING OPIOID OVERDOSE



- Slow, shallow, irregular breathing, or none at all
- Unresponsive
- Deep snoring, gurgling, and/or choking noises
- Blue or ashen/gray lips and fingertips
- Pale, cold, clammy, and/or sweaty skin

## 2. STIMULATE

### Verbal Stimulation

- Call their name
- Say "If you don't wake up, I'm going to 'narcain' you"

### Physical Stimulation

- Give a sternum rub
- Pinch the back of their arm





## 3. CALL 911

### Calling for Help is Critical

- They may be experiencing another health emergency
- While one person administers narcan and provides rescue breaths, another calls 911

### 911 Script

- "My friend is not responsive and not breathing"

# 4. ADMINISTER NALOXONE

**DO NOT TEST SPRAY DEVICE!**



- Peel back the package and remove device
- Hold device with thumb on bottom of plunger, and one finger on both sides of nozzle
- Place and hold tip of nozzle in either nostril until fingers touch bottom of person's nose
- Press the plunger firmly to release the dose
- Give another dose after 3 minutes if there is no sign of them breathing on their own

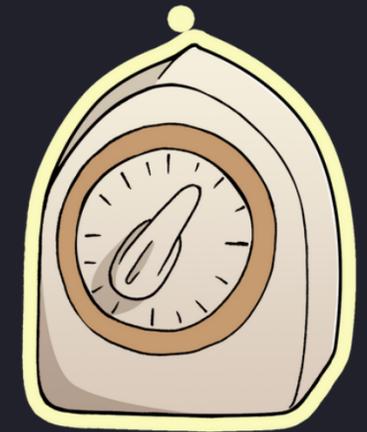


# MORE ABOUT NALOXONE



## It's Fast Acting

- Give one dose, then wait 3 minutes to see if they need more
- If no signs of them being able to breath on their own or becoming responsive, administer another dose
- Continue to give naloxone at 3 minute intervals until they show signs of responsiveness



## It's Short Lived

- After 30-90 minutes, naloxone will wear off
- Naloxone is only a temporary opioid blocker
  - A person can slip back into overdose, especially if they used more opioids in the 30-90 minute period

**\*Naloxone CAN be used for pregnant people!**

# 5. RESCUE BREATHING

*While waiting for naloxone to work, begin giving rescue breaths*

## Clear Airway

- Check and clear their airway

## Rescue Breathing

- Lay person straight on their back
  - Tilt their head back
  - Pinch their nostrils
- Create a seal around their mouth with yours
- Give two quick breaths, then another every 5 seconds



Without oxygen, brain damage can occur within minutes. Continue rescue breaths, even after giving a second dose or more of naloxone, until they breathe on their own

# 6. OVERDOSE AFTERCARE

## Recovery Position

→ At first sign of them breathing normally on their own, put them in recovery position

→ On side, hand supporting head, with one leg bent for stability

## Wait with Them

→ When person becomes conscious, let them know what happened and tell them if an ambulance was called

→ Ask if you can wait with them and make sure they're safe when naloxone wears off

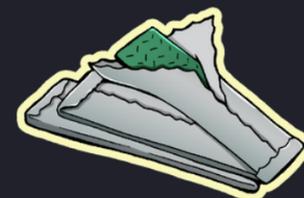


## Gentle Support

→ Understand that they will likely be in withdrawal and feeling terribly sick

→ Remind them not to use again until naloxone wears off

→ Offer what you can to make them as comfortable as possible while they wait for naloxone to wear off

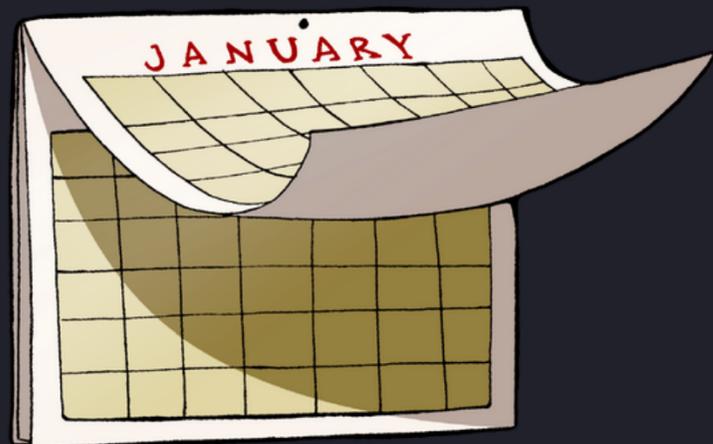


# CARING FOR YOUR NALOXONE



## STORAGE

Store naloxone in a safe and quickly accessible place. Keep it at room temperature and protected from direct sunlight. Never store in fridge or car!



## EXPIRATION

Be mindful of expiration dates and get new naloxone when it expires. However, keep expired kits in case you need extra doses in the future. Expired naloxone is slightly less potent but poses no risk of harm.

# WHERE TO GET NALOXONE

## For People Who Use Drugs

If there are any in your area, local harm reduction services like syringe access sites typically provide free naloxone to participants. If not, it will be available at your local pharmacy!

## For Other Community Members

In California, naloxone is available without prior prescription from your local pharmacy. Most plans, including Medi-Cal and Medicare, cover naloxone

Check with your local Indian Health Clinic if you're interested in individual naloxone access; and with CCUIH if you would like more information about the DHCS Naloxone Distribution Program for clinics!

# **MAT**

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## **MEDICATION ASSISTED TREATMENT**

The use of medications such as methadone, buprenorphine, and naltrexone, can assist with the reduction or end of opioid use.

### **METHADONE**

A replacement method of opioid management

Methadone is a monitored dose of opioids that is prescribed by specific doctors

Can prevent withdrawal, reduce risks associated with street supplies, and can be a safely monitored way to decrease use over time

A daily liquid dispensed only in specialty regulated clinics

### **BUPRENORPHINE**

A method of opioid management that primarily decreases negative withdrawal symptoms

Buprenorphine, also known by the brand Suboxone, is a more easily accessible method than methadone

Curbs withdrawal symptoms, and can curb cravings for opioids

A daily dissolving tablet, cheek film, or 6-month implant under the skin available from primary care clinics.

### **NALTREXONE**

A method of opioid management that primarily decreases cravings

Used for opioids, alcohol, and other substances after brief abstinence, and blocks the effects of opioids

Decreases cravings and can increase likelihood of continuing to not use opioids

A daily pill or monthly injection available from primary care clinics



**QUESTIONS?**





# SAINA MA'ASE CHI-MIIGWECH

**Jackie Pierson**

Jackie@CCUIH.org

**Niyok Leddy**

Niyok@CCUIH.org

