NALOXONE TRAINING
OVERDOSE PREVENTION
AND SURVIVAL
ABOUT CCUIH

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

<table>
<thead>
<tr>
<th>OPIOIDS</th>
<th>BENZODIAZAPINES</th>
<th>DEPRESSANTS</th>
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<tbody>
<tr>
<td>Heroin</td>
<td>Valium</td>
<td>Ativan</td>
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<tr>
<td>Fentanyl</td>
<td>Xanax</td>
<td>Clonazepam</td>
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<td>Morphine</td>
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<td>Ambien</td>
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<td>Methadone</td>
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<td>GHB</td>
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<td>Percocet</td>
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<td>SEDATIVE HYPNOTICS</td>
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<tr>
<td>Codeine</td>
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<td>Ambien</td>
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<table>
<thead>
<tr>
<th>STIMULANTS</th>
<th>HALLUCINOGENS</th>
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<tbody>
<tr>
<td>Cocaine</td>
<td>LSD</td>
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<tr>
<td>Methamphetamines</td>
<td>Mushrooms</td>
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<tr>
<td>Adderall</td>
<td>PCP</td>
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<tr>
<td>Ritalin</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Caffeine</td>
<td>MDMA</td>
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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 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 'narcan' 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 breathe 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

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.

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!
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!
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

**BUPRENOHRPHINE**
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?