



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

# OVERDOSE & NALOXONE

## OPIOID OVERDOSE IN CALIFORNIA, PREVENTION AND SURVIVAL

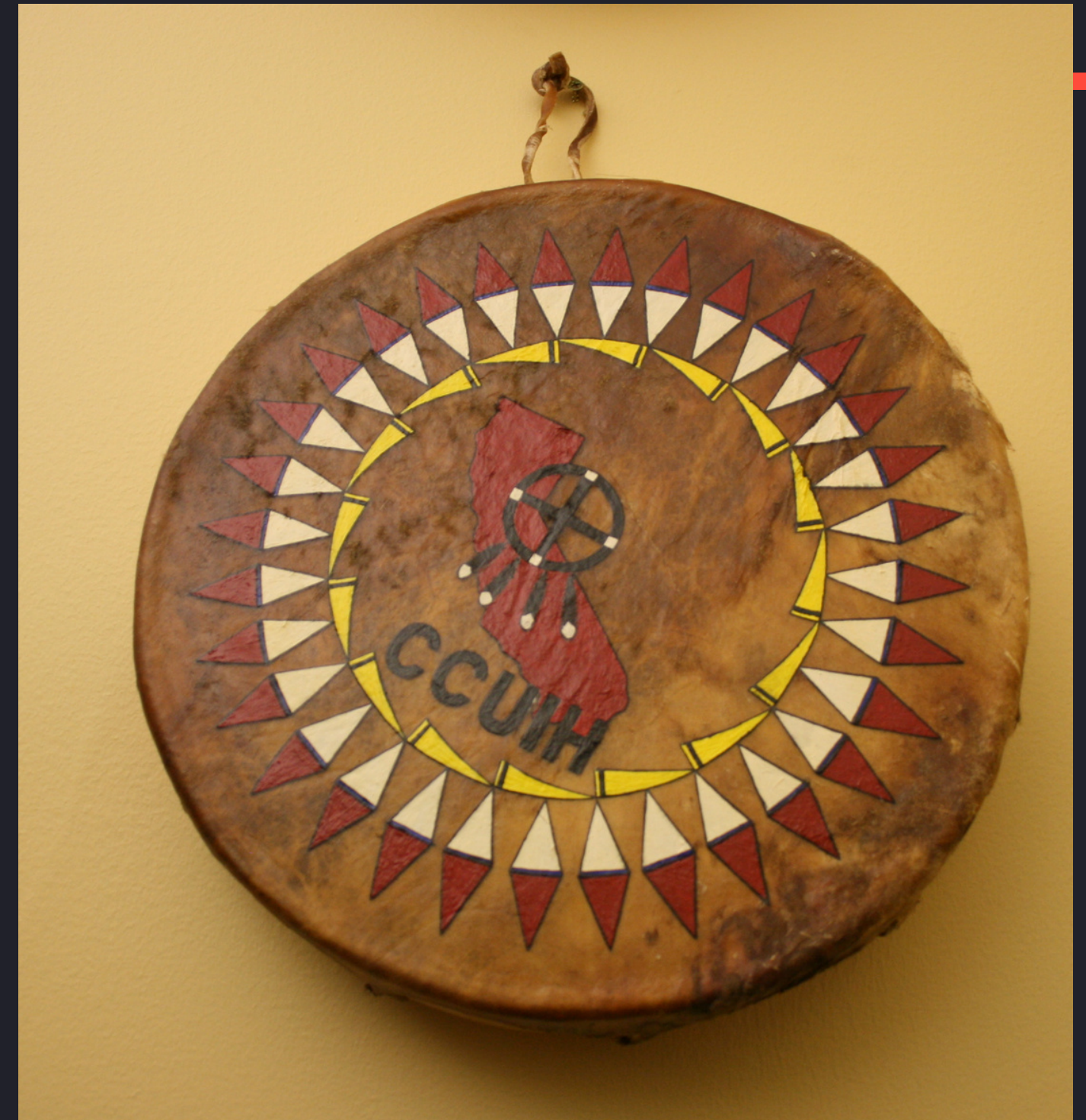


# ABOUT CCUIH

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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

Bakersfield American Indian Health Project Bakersfield

Fresno American Indian Health Project Fresno

Friendship House San Francisco

Indian Health Center of Santa Clara Valley San Jose

Native American Health Center Oakland, San Francisco, Richmond

Native Directions Inc. Manteca

Sacramento Native American Health Center Sacramento

San Diego American Indian Health Center San Diego

United American Indian Involvement Los Angeles




# OUR CURRENT PROJECTS

**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** aims to increase access to diverse services for patients who use opioids and other substances





# 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 Kauffman & Associates, Inc. (KAI).

### OUR METHODS AND SERVICES

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





# TRIBAL MAT PROJECT

## A CLOSER LOOK

### **CALIFORNIA INDIAN OPIOID SAFETY COALITION (CIOSC)**

CCUIH co-hosts the CIOSC tri-annual conferences, bringing partners, stakeholders, and programs from across California Tribal and Urban communities, serving as a learning community and professional networking resource.

### **CALIFORNIA INDIAN HARM REDUCTION WORK GROUP (CAIHR)**

CCUIH is co-hosting a harm reduction workgroup to bring together our Native community members across California to learn about and discuss harm reduction from a cultural lens, network together, build programs, and develop shared principles.

### **TRIBAL MAT GRANTS**

CCUIH also funds several of our partners through a series of subcontracted grants, including our Local Opioid Coalition (LOC) funding, our Tribal & Urban Indian Community-Defined Best Practices grant, and our Learning Community grant.

*If interested in any of our programs, contact us at [hannah@ccuih.org](mailto:hannah@ccuih.org) & [leddy@ccuih.org](mailto:leddy@ccuih.org)*



# TRIBAL MAT PROJECT

## A CLOSER LOOK

### COMMUNITY EDUCATION CAMPAIGN

CCUIH designs and disseminates materials for community education on opioids, opioid safety, naloxone, and medication assisted treatment myths. We are currently working on materials specific to the youth, elder and houseless populations.



**MEDICATION ASSISTED TREATMENT (MAT) IS A SAFE TOOL**

**TO HELP YOU STOP USING OPIOIDS LIKE PRESCRIPTION PAIN MEDICATIONS AND HEROIN.**



**AMERICAN INDIANS AND ALASKA NATIVES CAN USE MAT IN COMBINATION WITH CULTURAL ACTIVITIES AND COUNSELING**

**TO HEAL FROM OPIOID USE DISORDER. TALK TO YOUR HEALTH PROFESSIONAL TODAY.**



**TREATMENT IS AVAILABLE AND RECOVERY IS POSSIBLE.**

**FOR INFORMATION ABOUT CARRYING NALOXONE OR ABOUT OPIOID USE DISORDER TREATMENT OPTIONS, TALK TO YOUR PRIMARY CARE PROVIDER OR CONTACT:**

**California Consortium for Urban Indian Health**

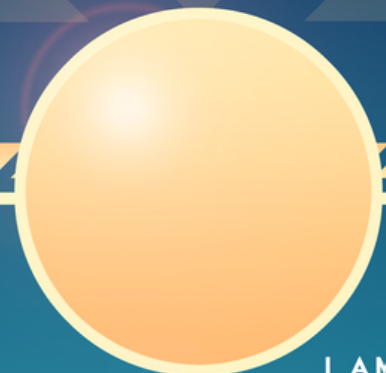
**CCUIH**

**Tribal MAT** A unified response to the opioid crisis in California Indian Country

**CRIHB** CRISIS RESPONSE INITIATIVE



# I CARRY NALOXONE THE OPIOID OVERDOSE REVERSAL MEDICATION BECAUSE...



I CAN  
SAVE LIVES.

MY DOCTOR  
PRESCRIBES ME  
OPIOIDS FOR  
CHRONIC PAIN.

I AM ALWAYS  
PREPARED.

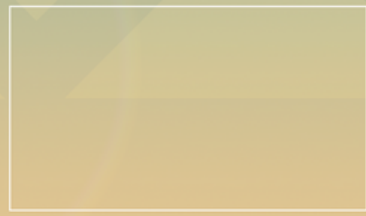
I AM NOT  
GOING  
TO LOSE  
MY  
BROTHER.



## NALOXONE SAVES LIVES

TALK TO YOUR HEALTHCARE PROVIDER ABOUT CARRYING  
NALOXONE, THE OPIOID OVERDOSE REVERSAL MEDICATION.

FOR INFORMATION ABOUT CARRYING  
NALOXONE OR ABOUT OPIOID USE  
DISORDER TREATMENT OPTIONS, TALK TO  
YOUR PRIMARY CARE PROVIDER OR  
CONTACT:



# OPIOIDS MAY INCLUDE



# BE SAFE.

**EDUCATION IS PREVENTION**

TALK TO YOUR HEALTHCARE PROVIDER ABOUT YOUR  
SAFEST OPTIONS  
FOR PAIN MANAGEMENT.



FOR INFORMATION ABOUT CARRYING  
NALOXONE OR ABOUT OPIOID USE  
DISORDER TREATMENT OPTIONS,  
TALK TO YOUR PRIMARY CARE  
PROVIDER OR CONTACT:



AMERICAN INDIANS AND ALASKA NATIVES EXPERIENCE  
HIGHER RATES OF OPIOID RELATED DEATHS THAN  
PEOPLE FROM OTHER RACIAL GROUPS. CDC 2014

# BUT WE HAVE HOPE



THERE ARE  
EFFECTIVE MEDICINES  
TO HELP PEOPLE RECOVER  
FROM OPIOID USE DISORDER.

TELL YOUR FRIENDS  
THAT ADDICTION IS TREATABLE  
AND RECOVERY IS POSSIBLE!

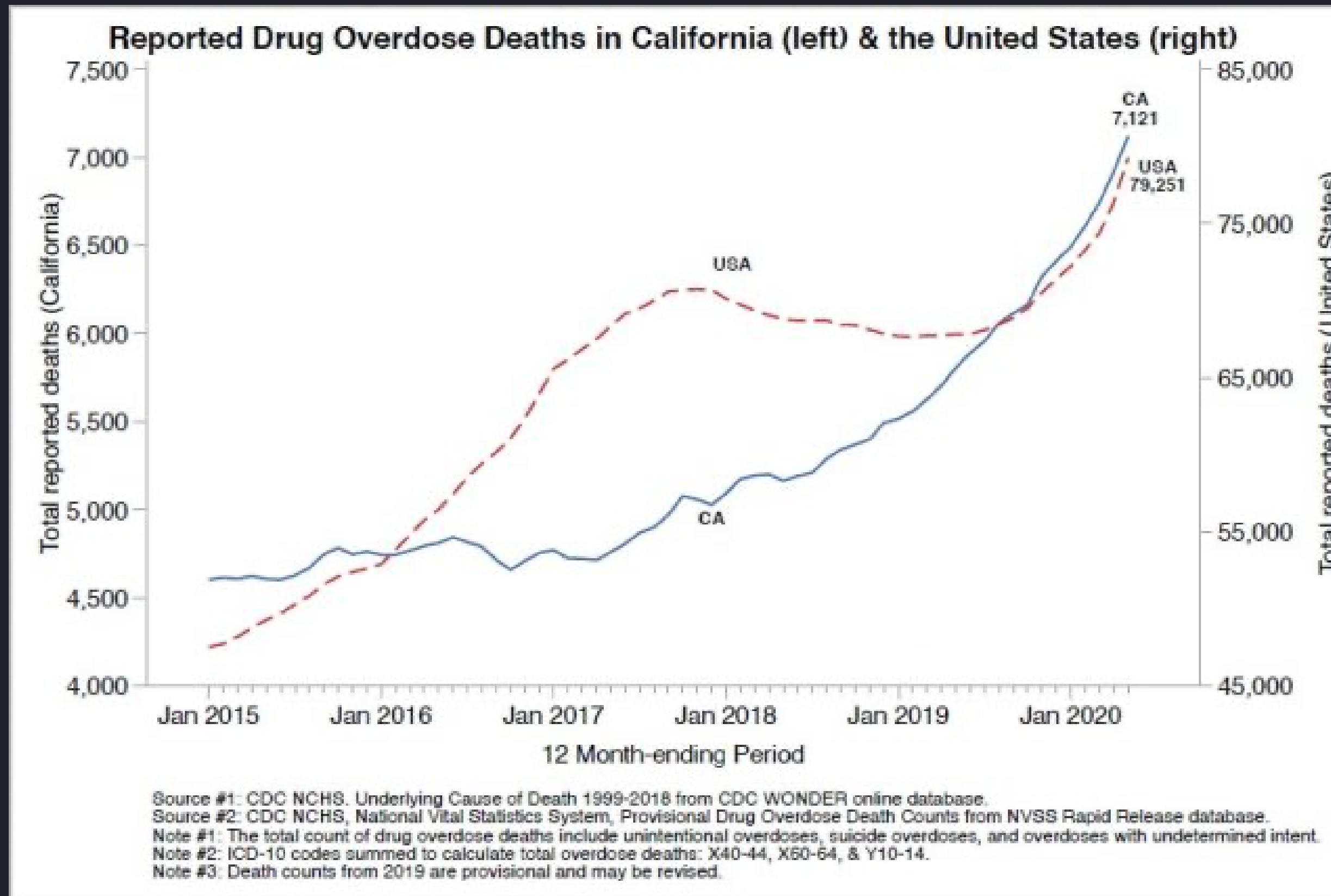


Need Help?  
Contact your  
local Indian  
Health  
Program:





# CURRENT TRENDS





# CURRENT TRENDS: NATIONAL

APRIL 2020 - APRIL 2021

Reported estimate of **100,306 overdoses** nationwide

Increase of **28.5%** from prior year

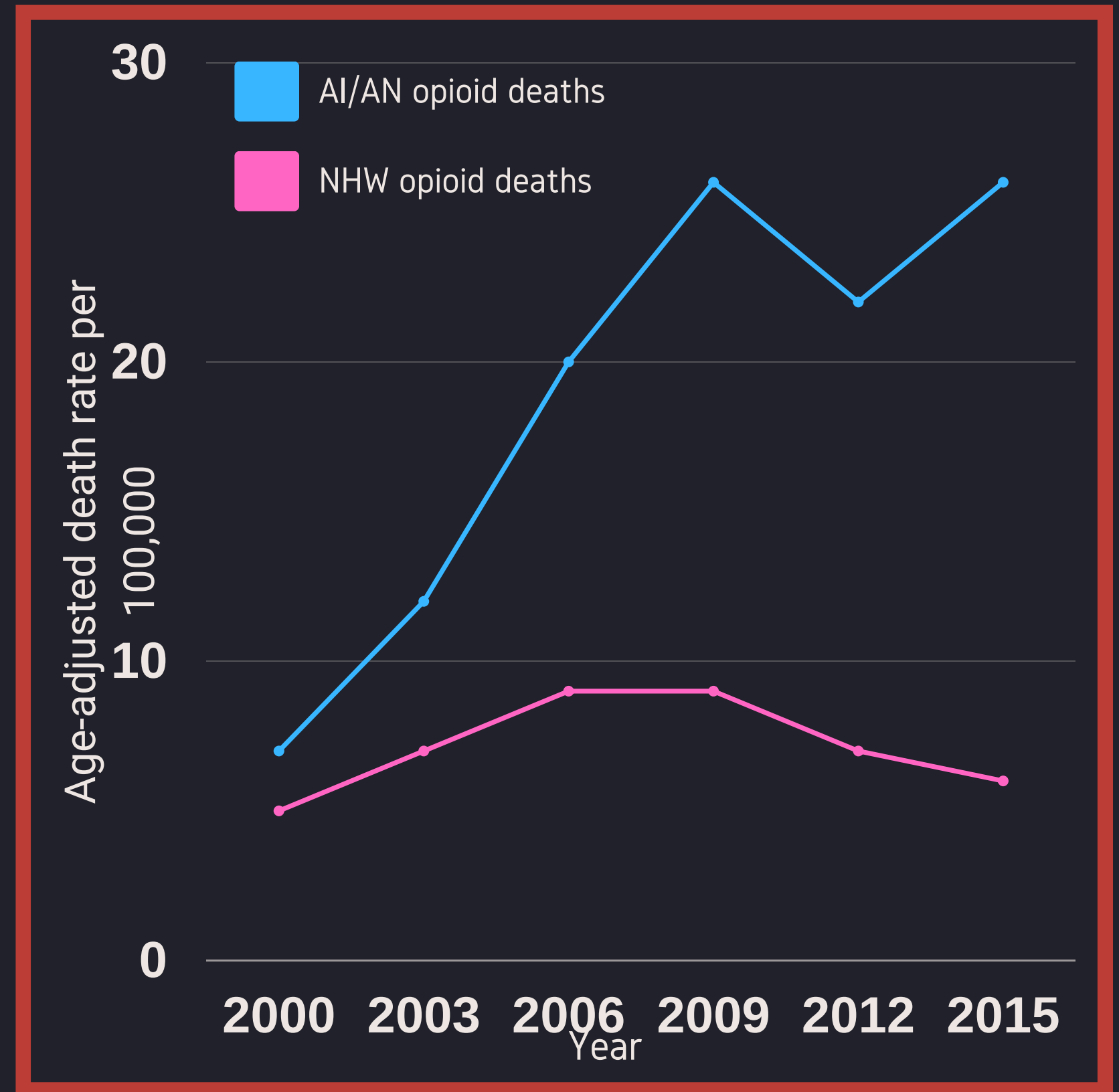
The highest increase was in opioid overdoses (56,046 -> 75,653) followed by increases in synthetic opioids and psychostimulant overdoses



# HISTORY OF 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



# CALIFORNIA

## ACCESS TO NALOXONE

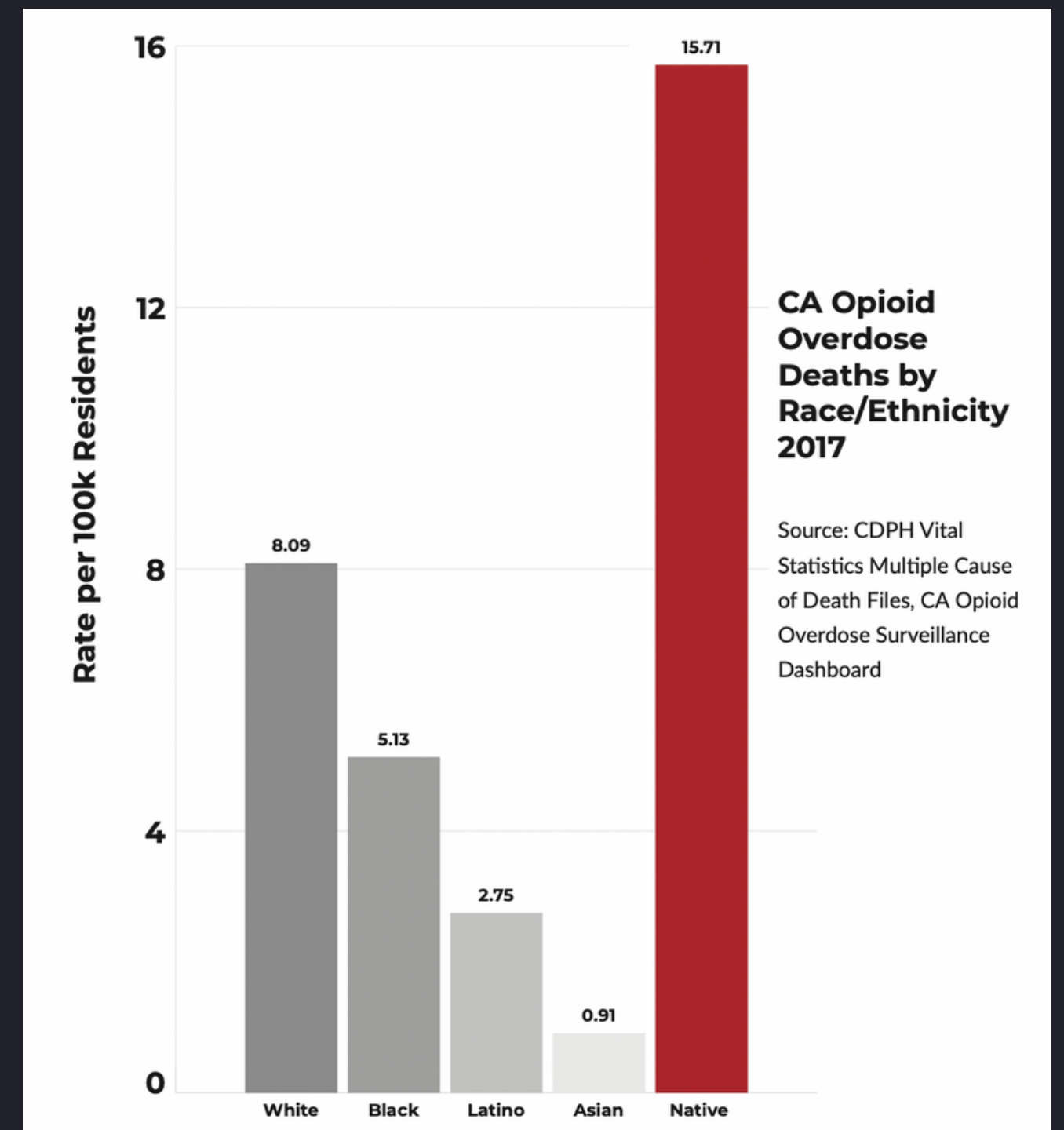
Especially in rural Tribal communities, but even in urban areas, lack of access to the life-saving medication naloxone is a leading cause for opioid overdose deaths.

## FENTANYL

In recent years (2010s), the widespread introduction of fentanyl to the drug supply in California means overdoses can happen more frequently than before.

## POLICY & LAWS

For decades, California has been at the center of the **War on Drugs**, and drug policy reform alike. Most of legal history involved harsh penalties for drug possession, illegality of safe supply access, & fear. This is **compounded** by policies of cultural repression, mission systems and historical trauma, & disproportionate enforcement of drug penalties for Black & Indigenous communities.



From "Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment" (2019)

# 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, and to confront the harms caused by systemic violence and historical impacts of colonization. Harm reduction calls for non-judgmental services and wide variety of resources for people who use drugs, their loved ones, and extended community.

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



# FOUR FIRES MODEL



"By focusing on community well-being and the restoration of various Indigenous knowledge systems, life ways, ceremonies, culture and governance structures, Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives." - NYSHN

**NATIVE YOUTH SEXUAL  
HEALTH NETWORK (NYSHN)**

# A Closer Look: Four Fires Principles

## ❑ CULTURAL SAFETY

"Acknowledge the power differences that exist between service provider and client/patient. Allow and create spaces for Indigenous peoples to feel safe to be our whole selves when receiving care."

## ❑ RECLAMATION

"Colonialism uprooted and distorted many structures and ways of life within our communities. Reclaiming cultural practices can strengthen us."

## ❑ SELF-DETERMINATION

"Allow individuals, communities and Nations to decide specifically for ourselves what works best for us."

## ❑ SOVEREIGNTY

"Principles like non-interference teach us to support and meet people where they're at."



# 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, dilaudid, percocet; and alternative names. If you hear a slang word, ask what it is! Some people have different definitions of words.

## 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

# 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 without overdose!

## 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 can be significantly more potent as an opioid. This increases the *margin of error* involved for overdose when using it





# More on Fentanyl

## Myths & Facts

Because fentanyl is in the news, is relatively new to the street supply, and is so potent, there have been many myths created around it and lots of misinformation spread.

→ "Naloxone doesn't work for fentanyl"

Naloxone is a **life-saving medication** that blocks the brain's opioid receptors. Naloxone works on all opioids, including fentanyl!

→ "Fentanyl is purposely put in other street drugs to kill people"

Cross-contamination is often just an **accident in the packaging process**, where small amounts are mixed in other drugs.

→ "Fentanyl will always cause an overdose"

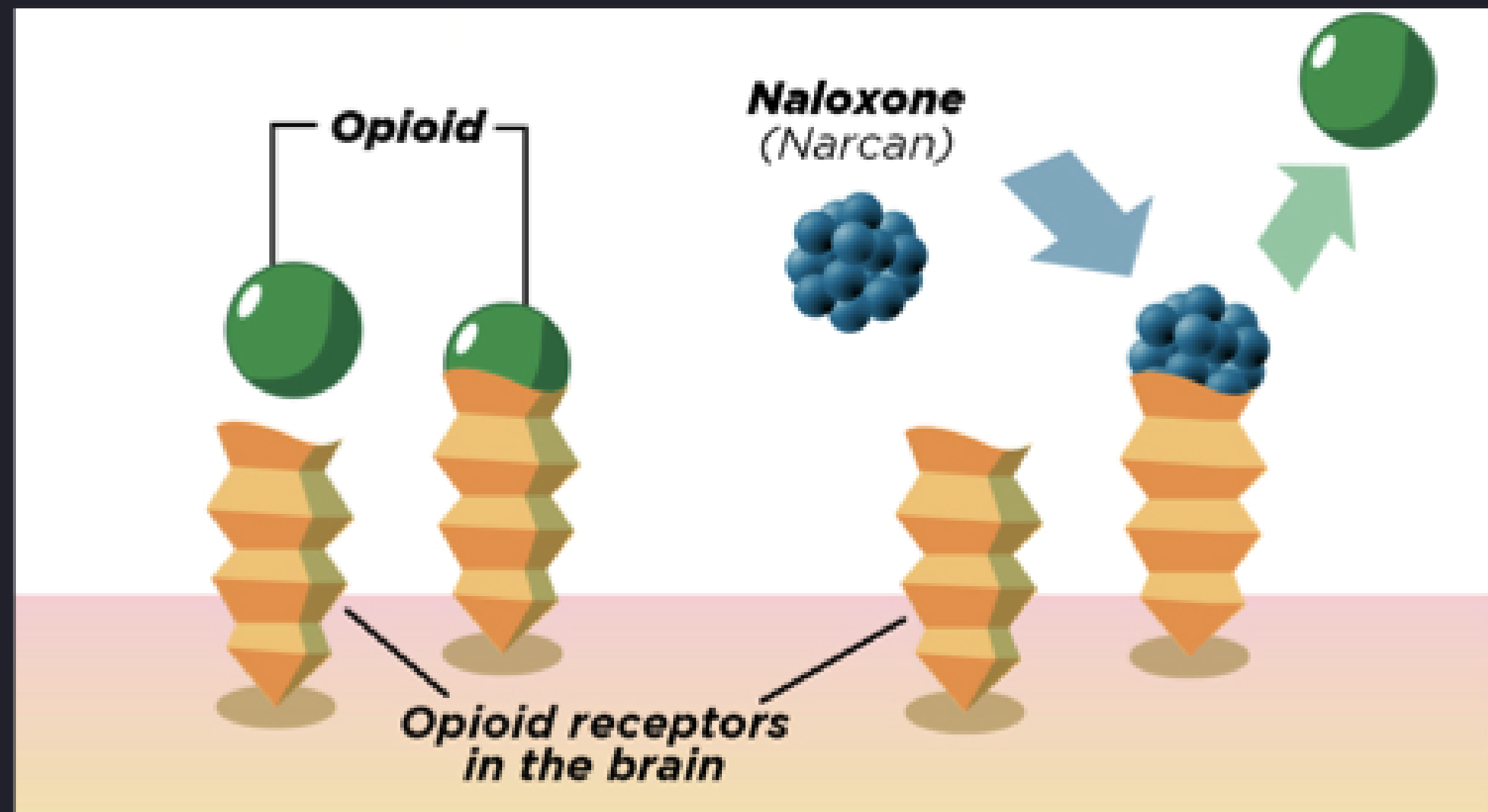
Fentanyl **can** cause an overdose more than other opioids simply because it is much more potent.

# 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



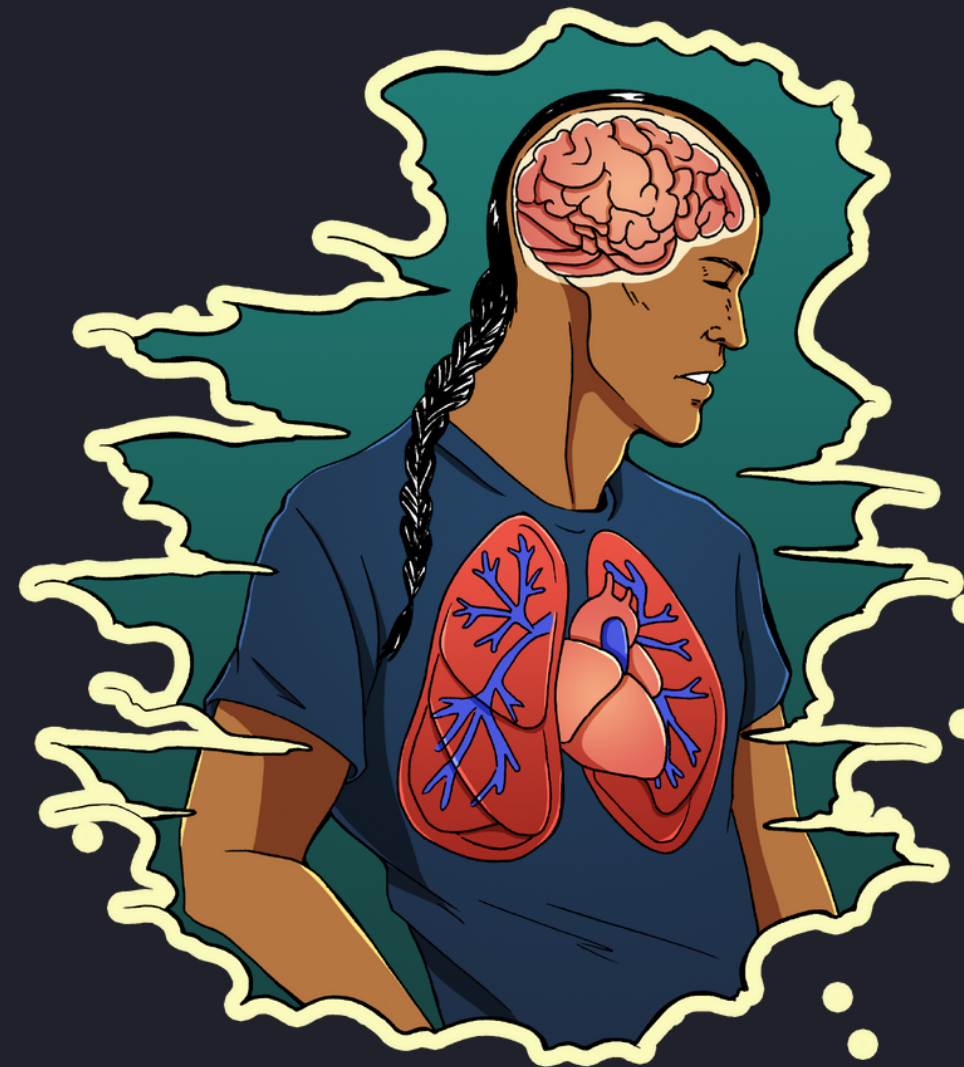
Activate systems that control breathing



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!

# 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

[neverusealone.com](http://neverusealone.com)



# REVERSING AN OPIOID OVERDOSE

Steps **you** can take to make sure your community is healthy, and how you can save a life!



# 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 'narcen' 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"

Avoid saying "overdose"

# 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



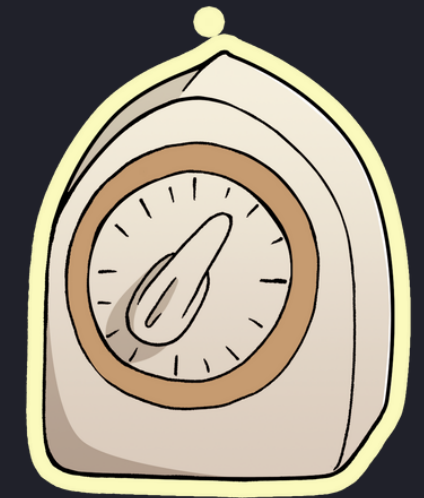


# MORE ABOUT NALOXONE



## 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

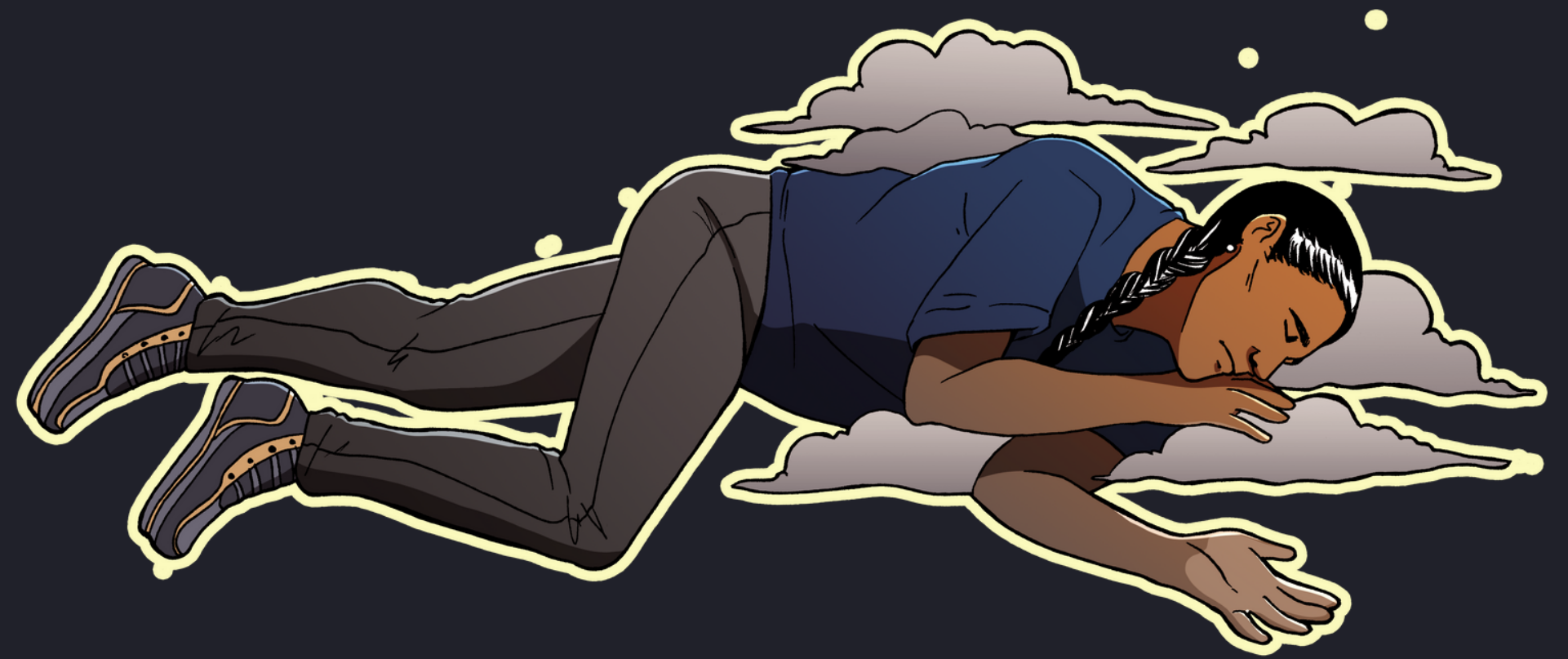
# 6. OVERDOSE AFTERCARE

## 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

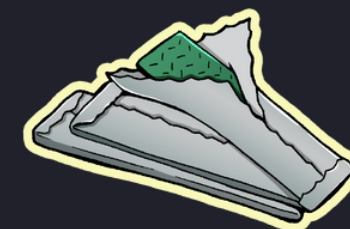
## Wait with Them

- 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



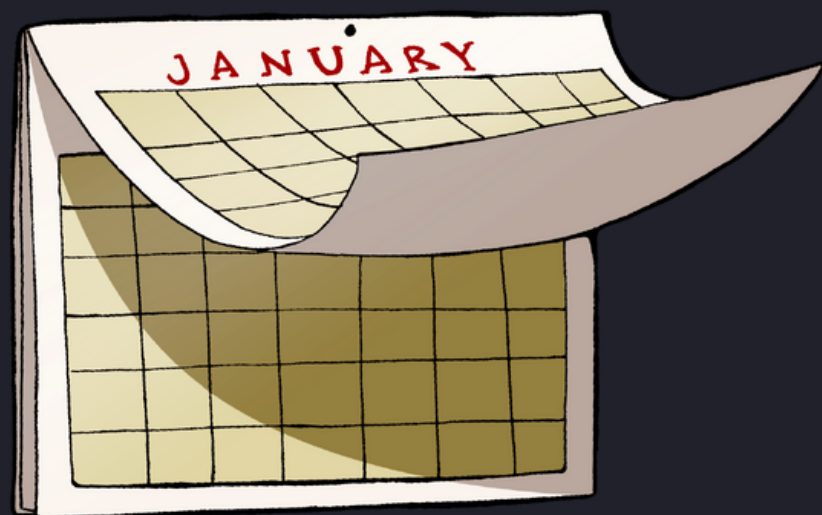


# CARING FOR YOUR NALOXONE



## 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

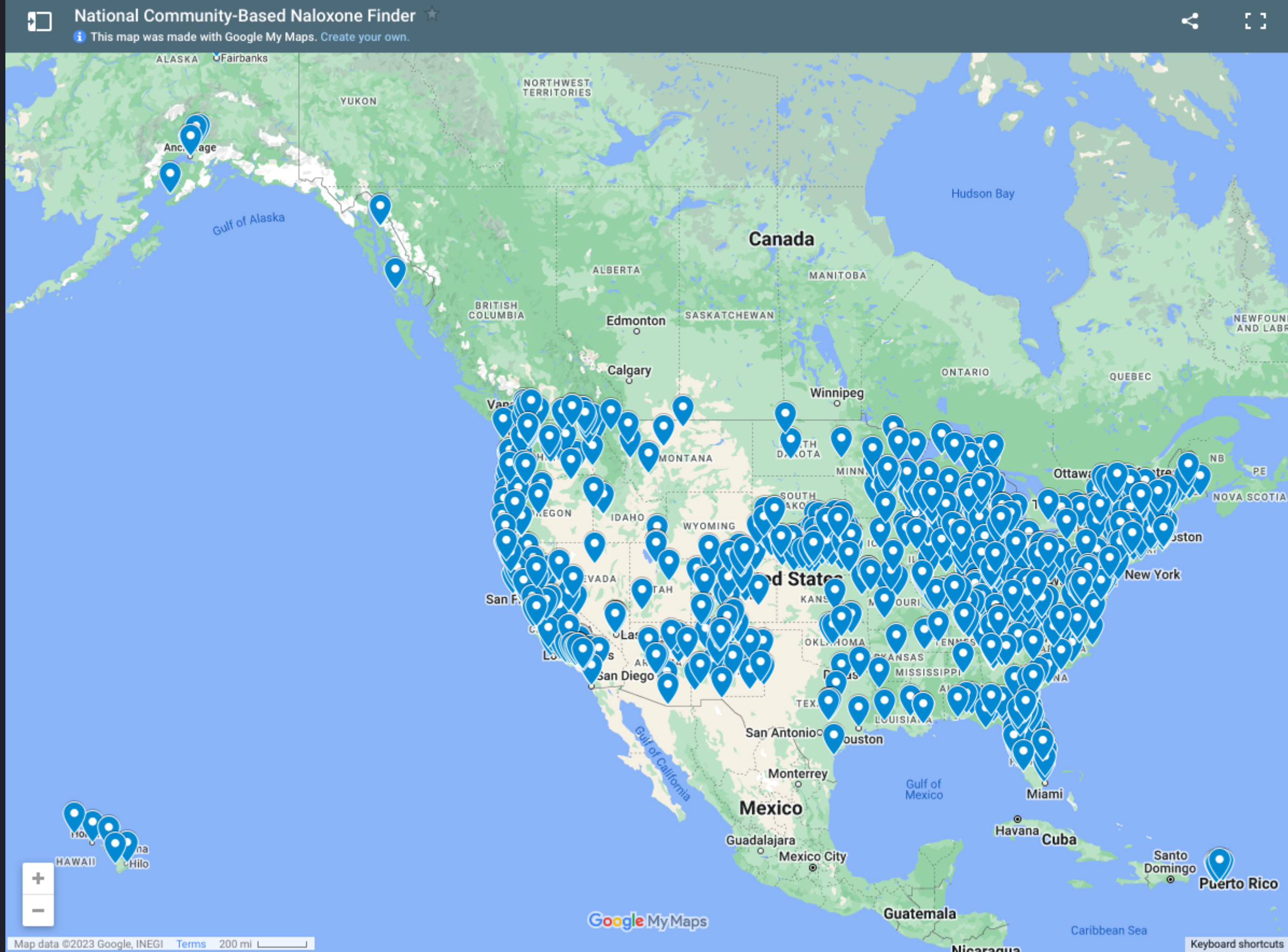
If there are any in your area, local harm reduction services like syringe access sites typically provide free naloxone to participants. If not, it will be available at your local pharmacy!

## For Other Community Members

In California, naloxone is available without a prescription from your local pharmacy.

Most plans, including Medi-Cal and Medicare, cover naloxone. For anyone including those outside of California, check the **Naloxone Finder** or use **NEXT Distro**

**Connect with us!** We can support you in getting naloxone to your community, or by completing the Naloxone Distribution Project application if you are apart of an organization or institution that would like to have recurring access!



# NHRC's Naloxone + Resource Finder



# MAT

## 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

Naltrexone can be provided by any doctor able to prescribe medication

Decreases cravings and can increase likelihood of continuing to not use opioids after brief abstinence; also used for alcohol

A daily pill or monthly injection available from primary care clinics

<https://choosechangeCA.org/>

<https://www.bridgetotreatment.org/>



# THANK YOU!



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