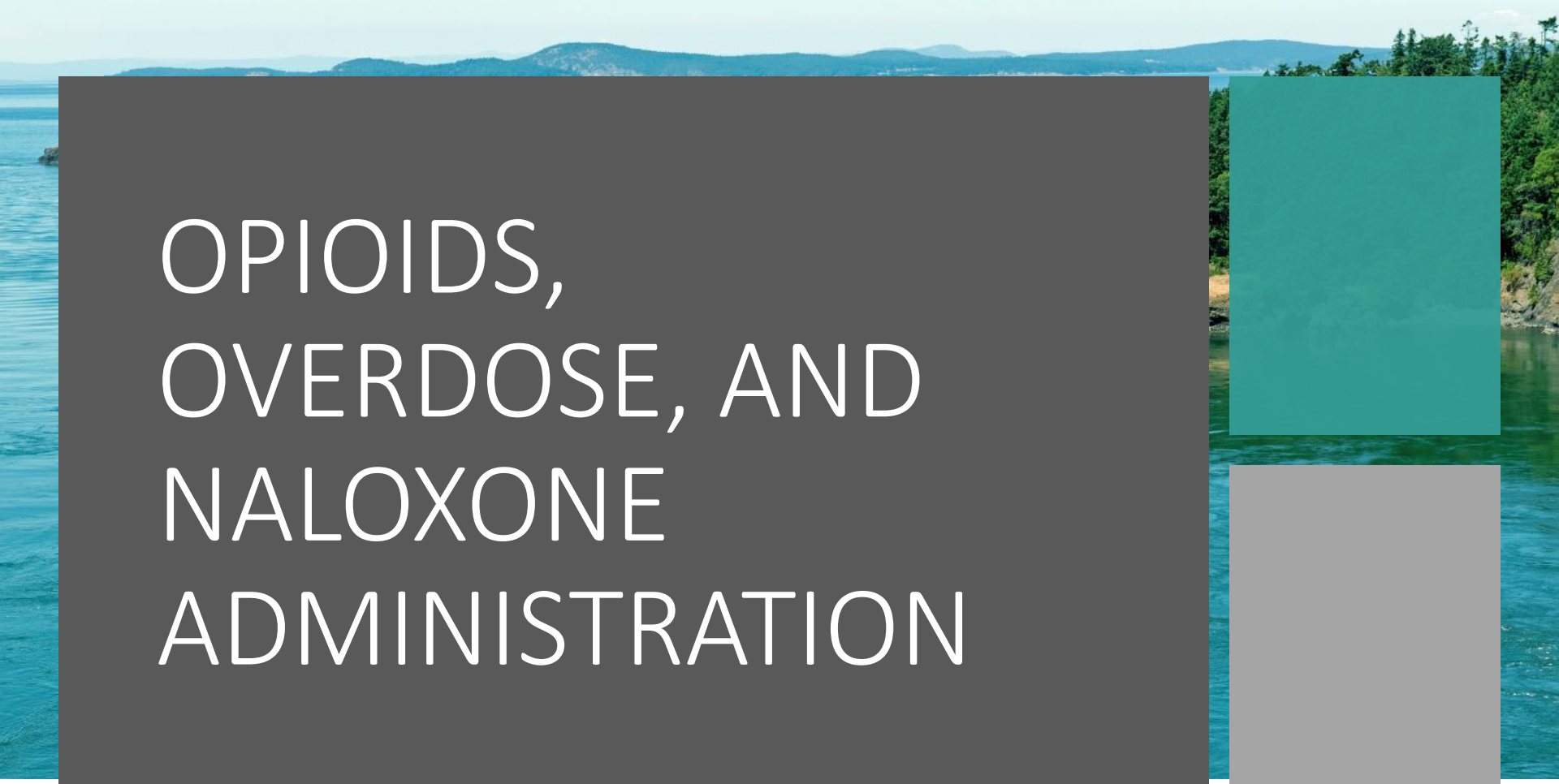
OPIOIDS, OVERDOSE, AND NALOXONE ADMINISTRATION



Washington State Department of Health

Drug User Health Team/Office of Infectious Disease

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Goals For Today

- What is an opioid/opiate?
- What happens during an overdose?
- Discuss current overdose trends and naloxone laws in WA
- What are some risk factors associated with overdose?
- How to recognize and respond to an opioid overdose
- What if it's *not* an opioid overdose?
- Post-overdose care- They woke up, now what?
- Tools for finding naloxone in your area
- Naloxone storage
- Agency specific rules for naloxone and overdose response

What is an opiate/opioid?

Opioids slow down your central nervous system, including your breathing. Opioids refers to the entire class of opiates

"Opiate" is used for substances where the active ingredient is derived from the opium poppy. This includes morphine and codeine. Heroin is considered semi-synthetic, since it contains processed morphine.

Synthetic Opiates, or "Opioids"

Active ingredient created by humans

- Fentanyl (Actiq®, Subsys®)
- Hydromorphone (Dilaudid®)
- Methadone (Dolophine®)

Oxycodone (OxyContin®) is synthesized from thebaine, an opium alkaloid, making it semi-synthetic.

REMEMBER:

- **At the end of the day, opioids and opiates do the same thing!**
  - Both attach to the same brain receptor (Mu opioid receptor/MOR)
  - Euphoria
  - Nausea
  - Drowsiness
  - Relieve physical and emotional/psychological pain
  - Slow down breathing
  - Constipation
  - Slowed reaction time
  - “Nod”- falling in and out of consciousness for brief periods

Why Fentanyl?

Licit:

- Prescribed for "breakthrough pain"
- Synthetic Opioid
- Administered via patch, lozenge, spray, injection
- Potent, fast-acting, short-lasting
- Measured in micrograms (millionth of a gram)

Illicit:

- Used for whatever the user intended it
- Also synthetic
- Found in heroin, counterfeit pills, crystal meth, cocaine, and other street drugs
- Unknown purity and origin
- Unintentional use

One packet of sugar averages 3 grams…

You can make *30,000* 100 microgram doses out of 1 packet of sugar…

Overdose Trends

Rise in illicit fentanyl

Being found in heroin, stimulants and counterfeit pills

Fentanyl's half-life requires more use

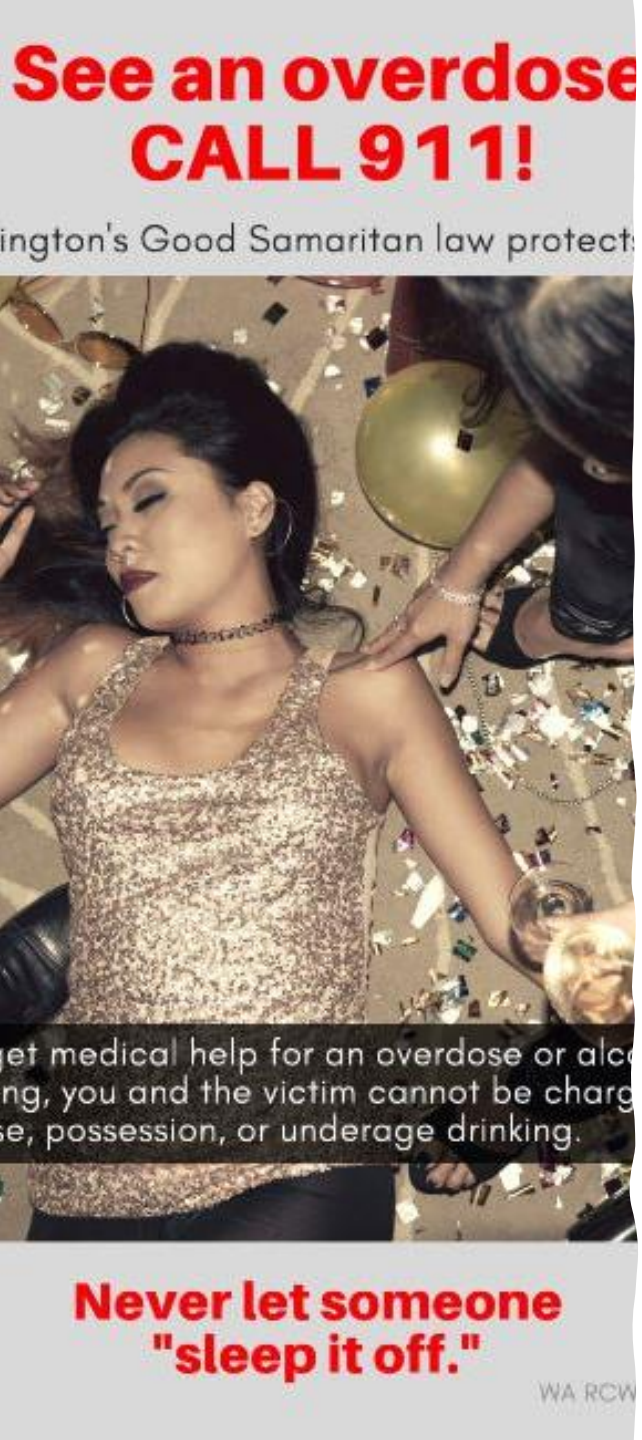
Polysubstance use is rising

"Among those who identified heroin as their main drug, 78% said they had also used methamphetamine at least once in the last three months, up from 60% in 2015."

Naloxone now widely available

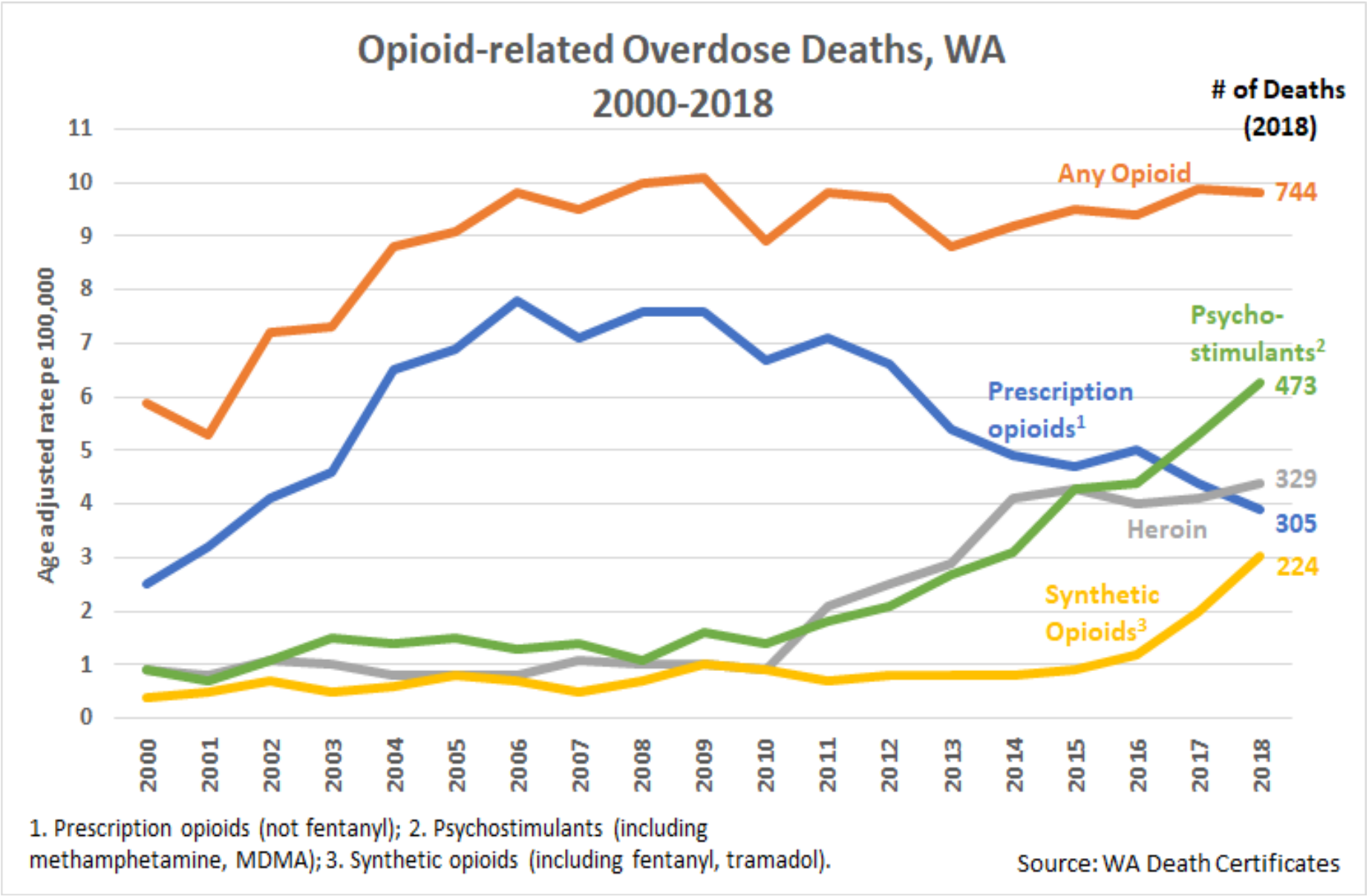
Medicaid reimburses for naloxone and bystander naloxone

Costco, Safeway, Rite Aid, Albertsons all dispense naloxone w/o prescription



Good Trends (Continued)

- **2010**- **Washington State Good Samaritan Law** enacted!
- Protects against prosecution for drug use, possession and underage drinking if 911 is called for medical help during an overdose.
- NOTE: Does NOT protect you if you have DOC or an active warrant, or if there are other factors like scales or firearms at the scene, or controlled substance homicide.
- **2015**- Washington State “Naloxone Law”
- **2019**- Statewide Standing Order enacted

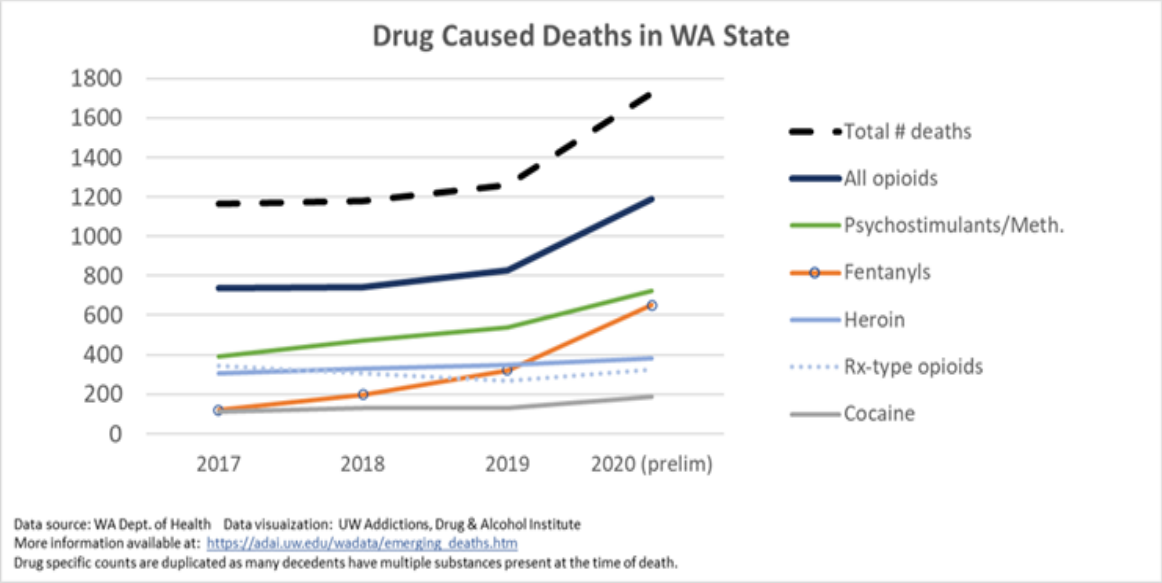

Opioid-related Overdose Deaths, WA
2000-2018
# of Deaths (2018)
Age adjusted rate pe 100,000
0
1
2
3
4
5
6
7
8
9
10
11
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Any Opioid
744
Psycho-stimulants[2]
473
Prescription opioids[1]
305
Heroin
329
Synthetic Opioids[3]
224
1. Prescription opioids (not fentanyl); 2. Psychostimulants (including methamphetamine, MDMA); 3. Synthetic opioids (including fentanyl, tramadol).
Source: WA Death Certificates

37% increase in overdose deaths in WA in 2020

ADAI's WA Data page has updated data from the Department of Health, including preliminary overdose death data through the end of 2020.

Overdose deaths increased 37% in WA in 2020; with 1,724 deaths in 2020 compared to 1,259 in 2019. The largest contributor is a dramatic increase in deaths from fentanyl and fentanyl-related drugs that are illicitly manufactured.

- Fentanyl involved deaths doubled, with 652 deaths in 2020 compared with 321 deaths in 2019. Fentanyl has contributed to a greater share of drug deaths, ~10% in 2017 to ~40% in 2020.
- Deaths involving psychostimulants, primarily methamphetamine, increased 34%, from 540 in 2019 to 725 in 2020.
- Heroin and prescription-type opioid deaths were relatively flat.



Economics of Opioids

Poverty impacts use

People use opioids to feel better!

They take away emotional pain

They also alleviate hunger for some

COVID-19 has only emphasized this (depression, isolation, job loss, etc.)

Opioid Dealing is Profitable!

You can make a LOT of money dealing heroin and pills!

For some, drug dealing is generational

For some, it's the only option

Fentanyl has changed *everything*

With illicit fentanyl, we've eliminated the need for opium

A small amount can go a long way

Combined with the internet…

What if it's NOT an opioid overdose?

What is overamping?

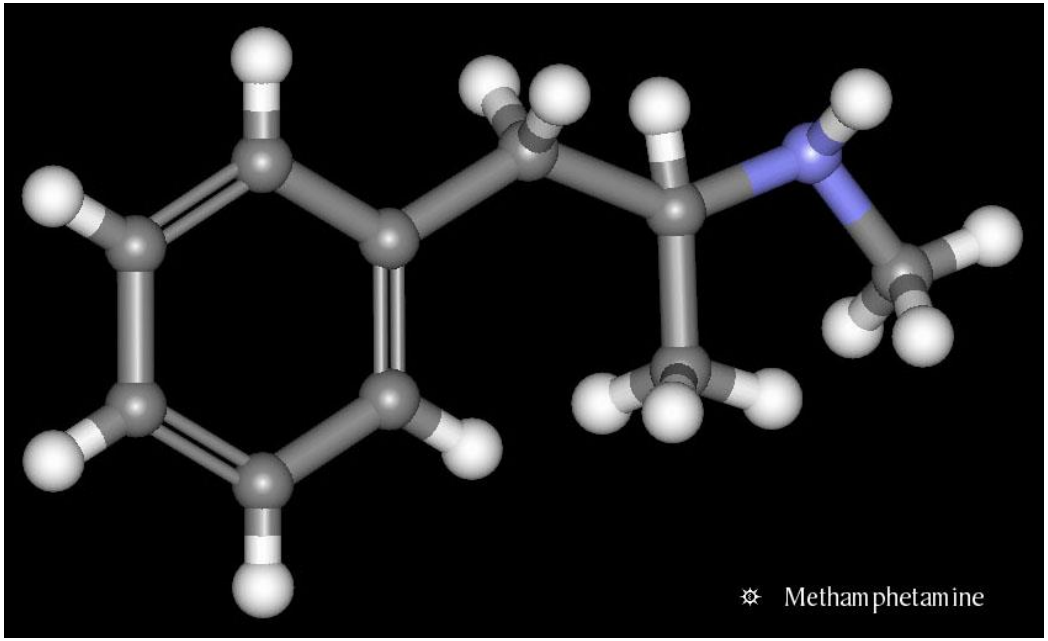
- Overamping occurs when your body and mind are overwhelmed by the effects of a stimulant
- Can be caused by any stimulant: powder or crack cocaine, amphetamines, pharmaceutical speed, ecstasy/”molly”/MDMA

Physical signs and symptoms:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain/tightening
- High temperature
- Sweating (often with chills)
- Fast heart rate and racing pulse
- Shortness of breath
- Grinding teeth
- Insomnia
- Tremors

Psychological signs and symptoms

- Extreme anxiety
- Extreme paranoia
- Hallucinations (visual or auditory)
- Agitation
- Aggressiveness
- Hypervigilance
- Suspiciousness



How to help someone who is overamping

1. **Remove external stimuli**

   No television, video games, music, or other things that forces thought or action

2. **Hydrate!**

   Often times the person will be severely dehydrated; this goes for stimulant users who *aren't* overamping as well

3. **Be supportive**

   Let the person know that things will get better

   Remove nearby objects that could cause harm if the person is having a seizure

What is an opioid overdose?

Opioid overdose

An ***overdose*** occurs when a toxic amount of one or multiple drugs overwhelms the body

In an ***opioid overdose***, this primarily affects the victim's ability to breathe

Why breathing?

Your brain has receptors that are specific to opioids, which are also the receptors that tell your body to breathe

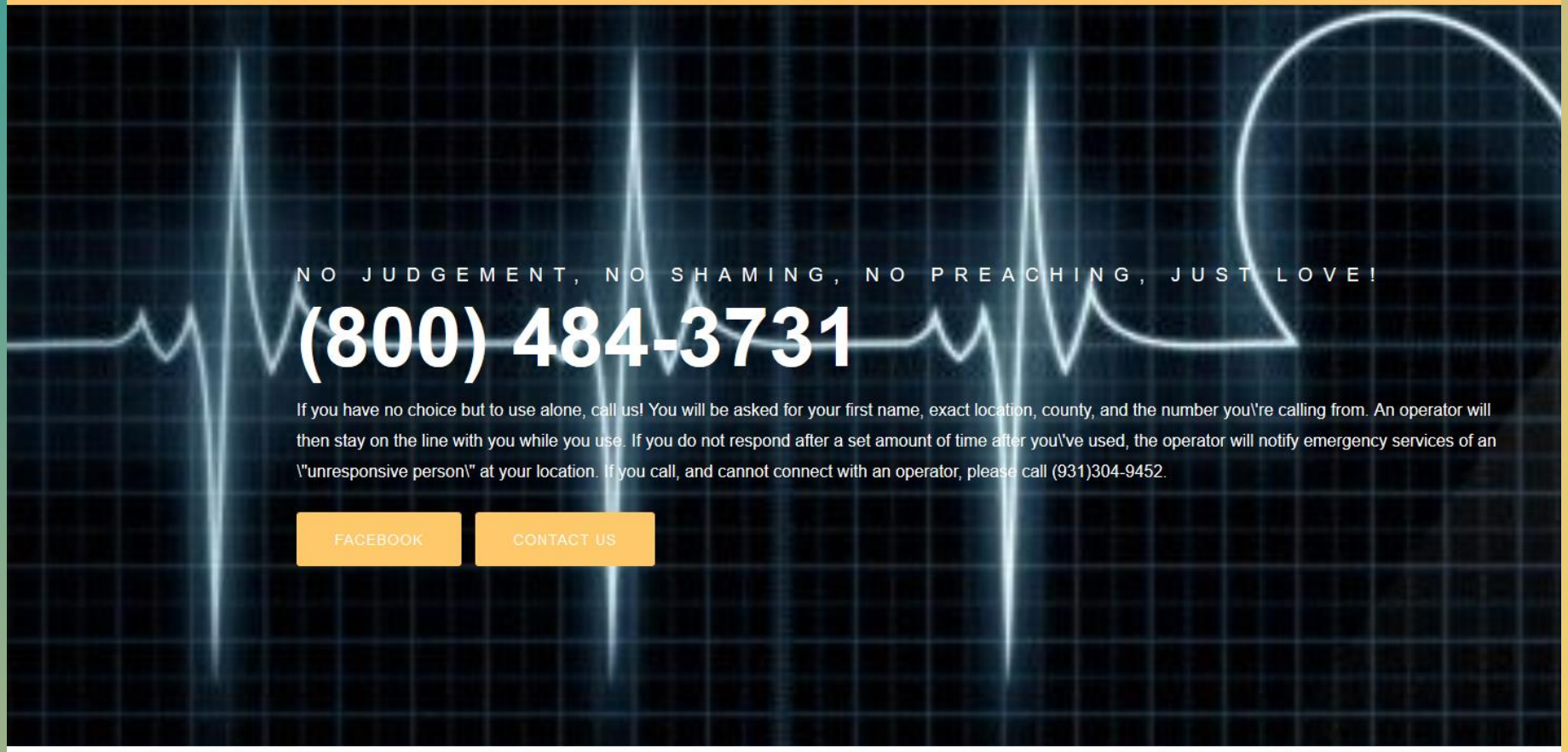
At first glance, it may be difficult to tell the difference between a "nod" and overdose

Risk factors associated with opioid overdose

- Periods of abstinence/recently released from Drug Tx
- Polysubstance use (*especially alcohol and benzos*)
- Being released from jail/prison
- Due to fentanyl's half life, the need to use more throughout the day and night
- Route of administration
- Use of street drugs/illicit drugs of unknown purity or origin
- Using alone
- History of drug overdose
- Other non-drug use related ailments (diabetes, COPD, etc.)

Never Use Alone

Meeting people where they are, on the other end of the line, one human connection at a time.



1,756	5	5
Calls Recieved	EMS Calls	Lives Saved

What will naloxone work on?

Naloxone will NOT work on

Cocaine

Methamphetamine

Benzodiazepines (Xanax, Valium, Klonopin)

Alcohol

Muscle Relaxers

Inhalants like paint thinner and copier duster

Naloxone WILL work on

Heroin

Fentanyl

OxyCodone/OxyContin

Percocet

All other opioid-based pain medication

What are the signs of an opioid overdose?

1. **Blue fingernails and blue lips, or ashy white lips on a person of color**

   The best visual indicators

2. **Struggling or no breathing**

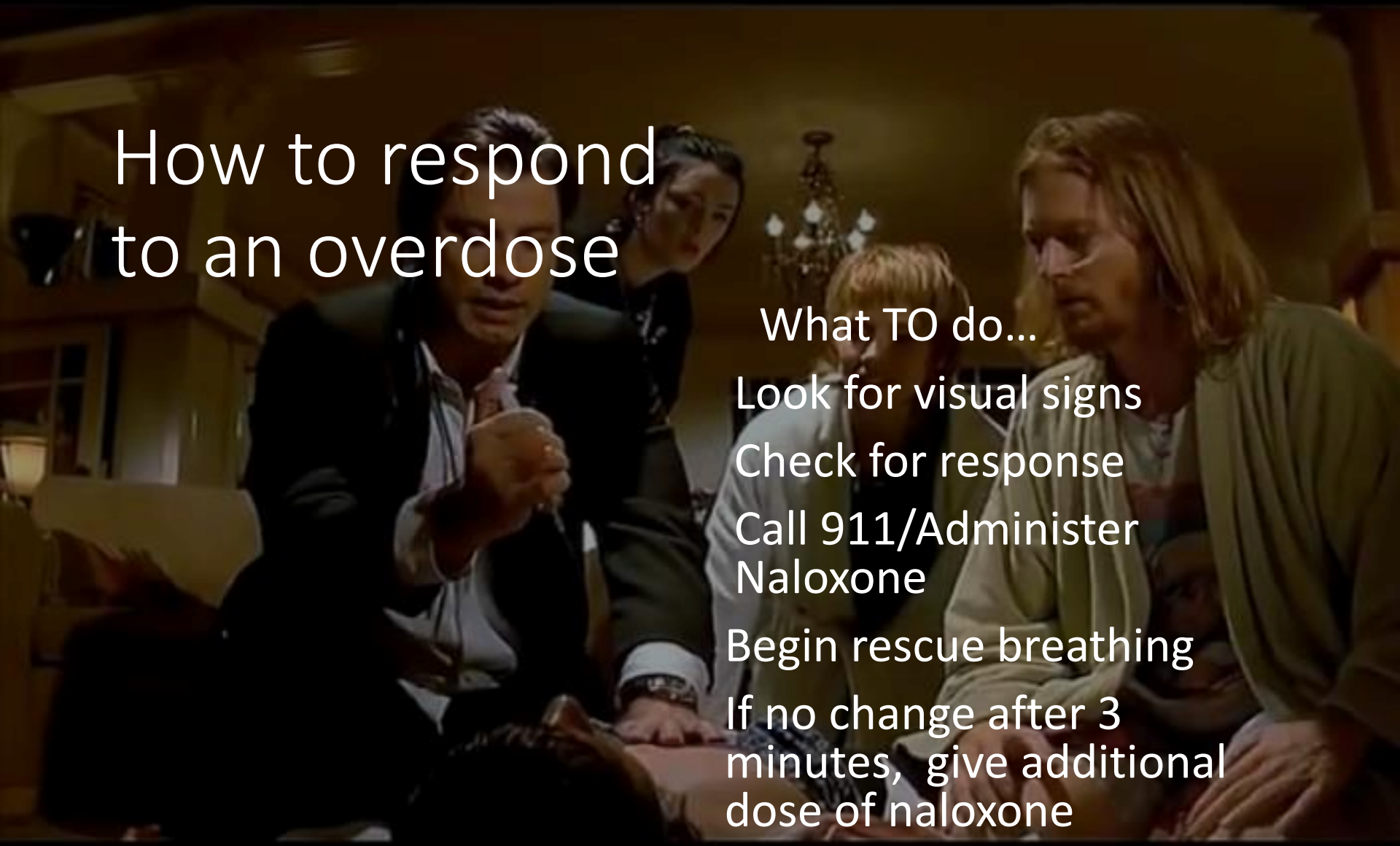
   "Death Rattle"

   Snoring sound, victim is attempting to breathe

3. **Unresponsive to external stimuli**

   No reaction to sternum tap/rub, shaking or yelling their name

How to respond to an overdose



What TO do…

- Look for visual signs
- Check for response
- Call 911/Administer Naloxone
- Begin rescue breathing
- If no change after 3 minutes, give additional dose of naloxone

Once the person wakes up

Stay with them!

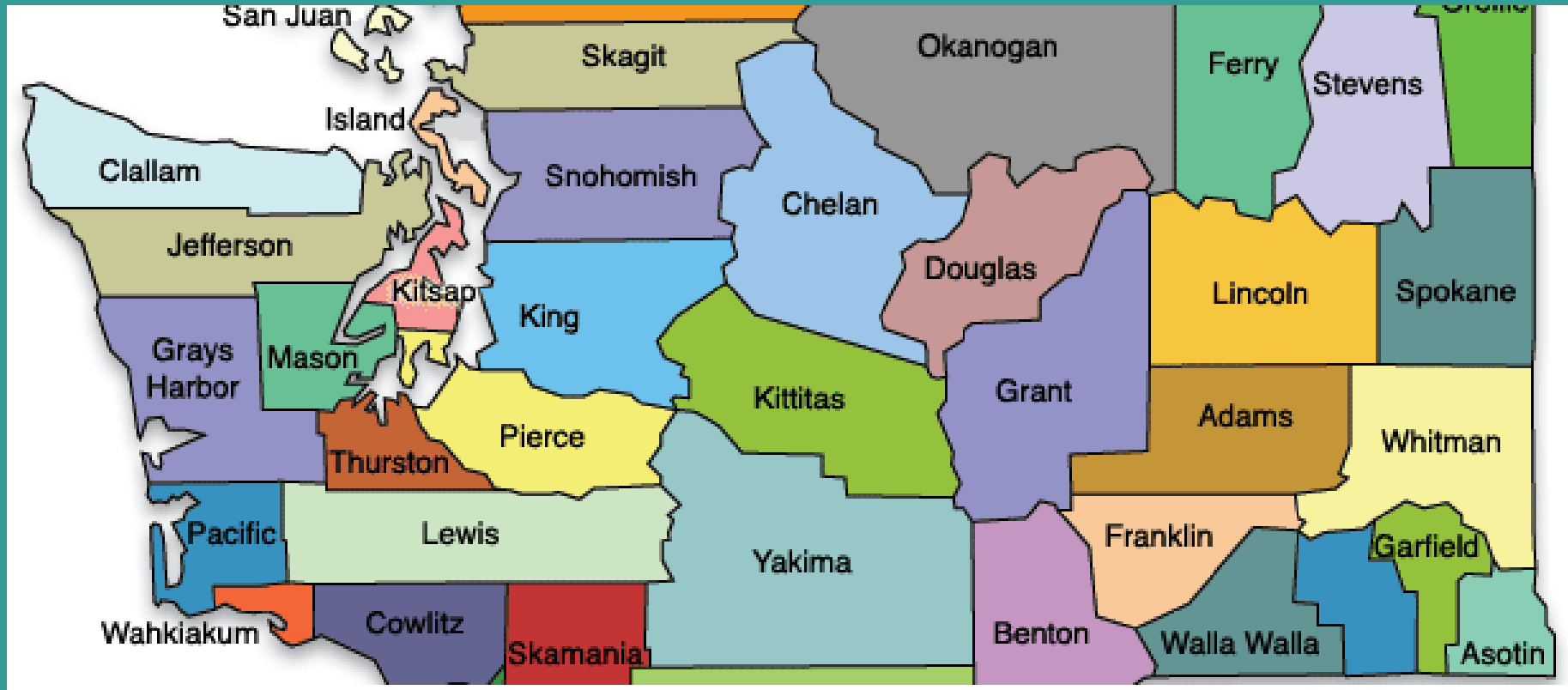
Naloxone wears off after 30-90 minutes, they might fall into an overdose again

Do not let them use any more drugs!

Naloxone might still be present in their system

If unsure about their condition, take them to the ED!

They might need closer observation



Where to find naloxone in Washington State

Your local syringe service program is a great resource!

[North American Syringe Exchange Network]

[stopoverdose.org]

- Keep at room temperature as often as possible
- Keep the medication out of the sunlight
- Pay attention to the expiration date

Things to consider:

- Where will the naloxone kit be kept? Any barriers (locks, different floor, accessibility limited by hours of operation)? Is there a restroom nearby? Remember, people like to use public restrooms to use drugs!
- Who will have immediate access to the naloxone kit?
- Will there always be someone in the building trained on overdose response?
- Is there a log used to document when naloxone is administered?
- Who is responsible for expired naloxone? Who is responsible for restocking the supply?

Questions?

Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.