

# Overdose Prevention: The role of naloxone in the community

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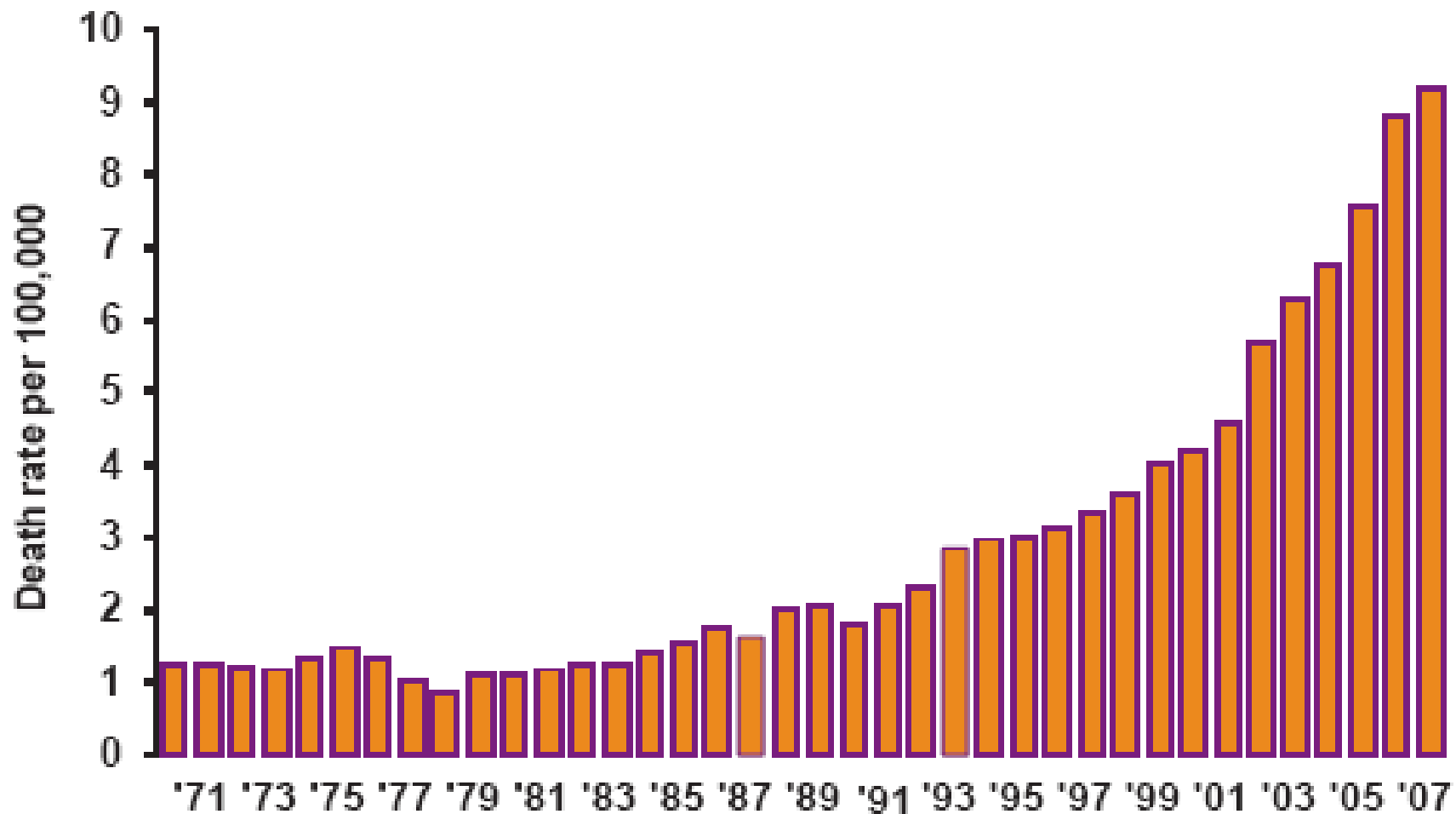
# Overview

- Overdose is a significant public health problem both in the United States and internationally
- People with or at risk of HIV are vulnerable to overdose
- Community based naloxone programs can save lives

**“Drug overdose death rates in the United States have never been higher”**

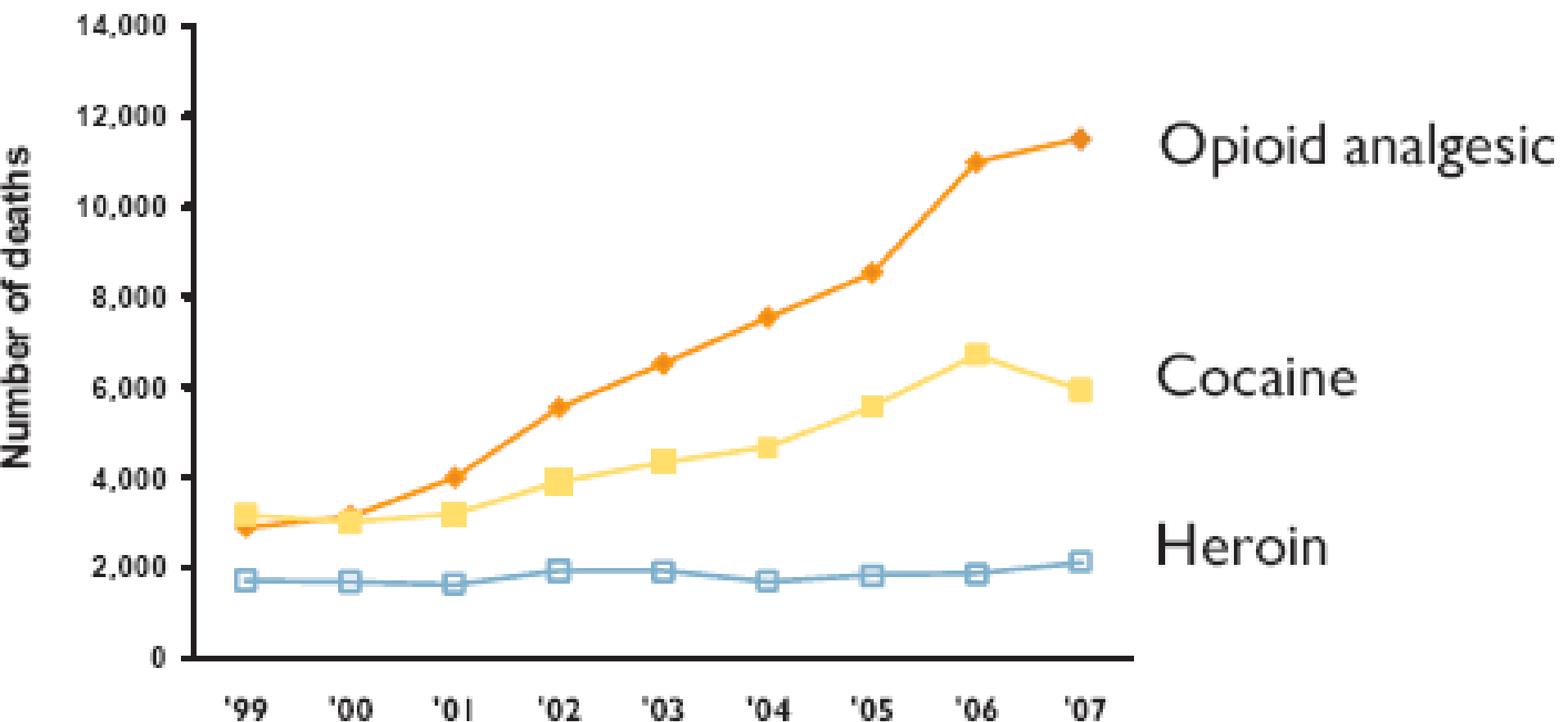
**Source: Unintentional Drug Poisoning  
in the United States – CDC Issue  
Brief – March 19, 2010**

**Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2007**



Source: National Vital Statistics System

**Figure 2: Unintentional drug overdose deaths by major type of drug, United States, 1999-2007**



Source: National Vital Statistics System

# Overdose and HIV

- **Overdose is a significant cause of mortality among people living with HIV.**
- **HIV infection puts people who inject drugs at greater risk of fatal overdose.**
- **Overdose prevention services can connect people who use drugs to HIV prevention, drug treatment, and primary health care.**

# Rationale for community-based naloxone

- Overdoses evolve over 1-3 hours
- There are often bystanders
- Naloxone is a safe and effective antidote

Many overdoses deaths are preventable with prompt recognition and treatment

# Related benefits

Overdose prevention:

- Makes drug user health a priority in diverse settings
- Endorses idea of drug users as capable and concerned with their community
- Expands benefits from harm reduction intervention to other medical populations
- May be a useful tool in outreach

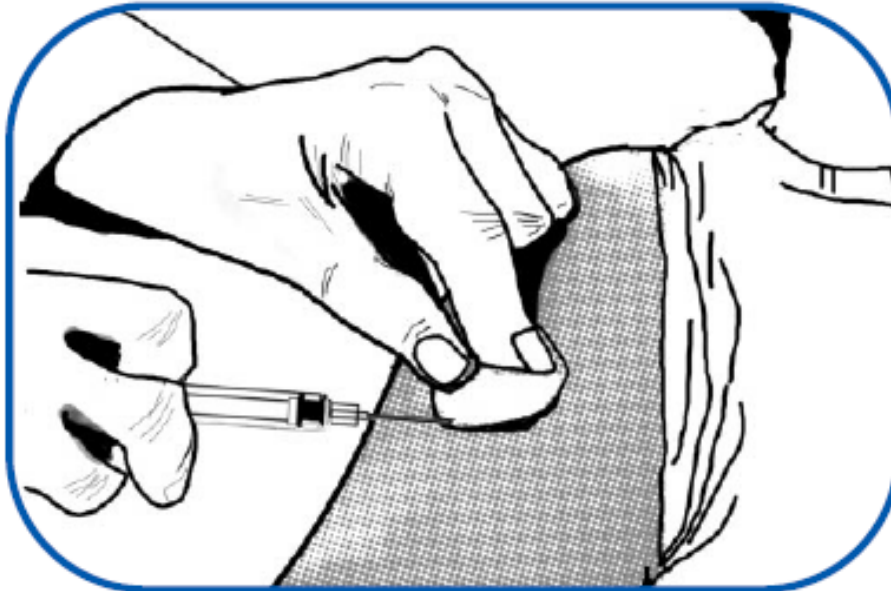
# The Training: 10-20 minutes

- Prevention understanding the role of:
  - mixing drugs
  - reduced tolerance
  - using alone
- Overdose recognition
- Actions
  - Call 911
  - Rescue breathing- using dummy
  - Naloxone administration

# Naloxone (Narcan)

- Opioid antagonist which reverses opioid related sedation and respiratory depression and may cause withdrawal
- Displaces opioids from the receptors, then occupies the receptor for 30-90 minutes
- No psychoactive effects
- Over the counter in Italy
- Routinely used by EMS





**3. GIVE NALOXONE**  
**Administra Naloxone**

# Nasal Naloxone

- Pre-loaded syringes
- Nasal adaptor
- Spray into nose
- No needles



# Legal issues

All state laws allow for prescription of naloxone to those at risk of overdose

- Some states have passed legislation to allow for prescribing to anyone potentially at risk of witnessing an overdose
- Other jurisdictions have passed local laws or initiated pilot programs
- Some agencies “just do it”

# Overdose fatality prevention programs: USA

2010 survey of programs known to the Harm Reduction Coalition

- 155 programs in 16 states ranging from state funded to underground 152 responses

1996- 2010:

- 53,339 individuals have received kits
- 10,194 overdose reversals reported

Naloxone Overdose Prevention, Education (NOPE)

Eliza Wheeler <[wheeler@harmreduction.org](mailto:wheeler@harmreduction.org)>

# Settings

- Syringe access programs
- Drug treatment
  - Methadone programs
  - Detoxification units
  - Psychosocial treatment
- Homeless shelters
- Post incarceration

# On the horizon

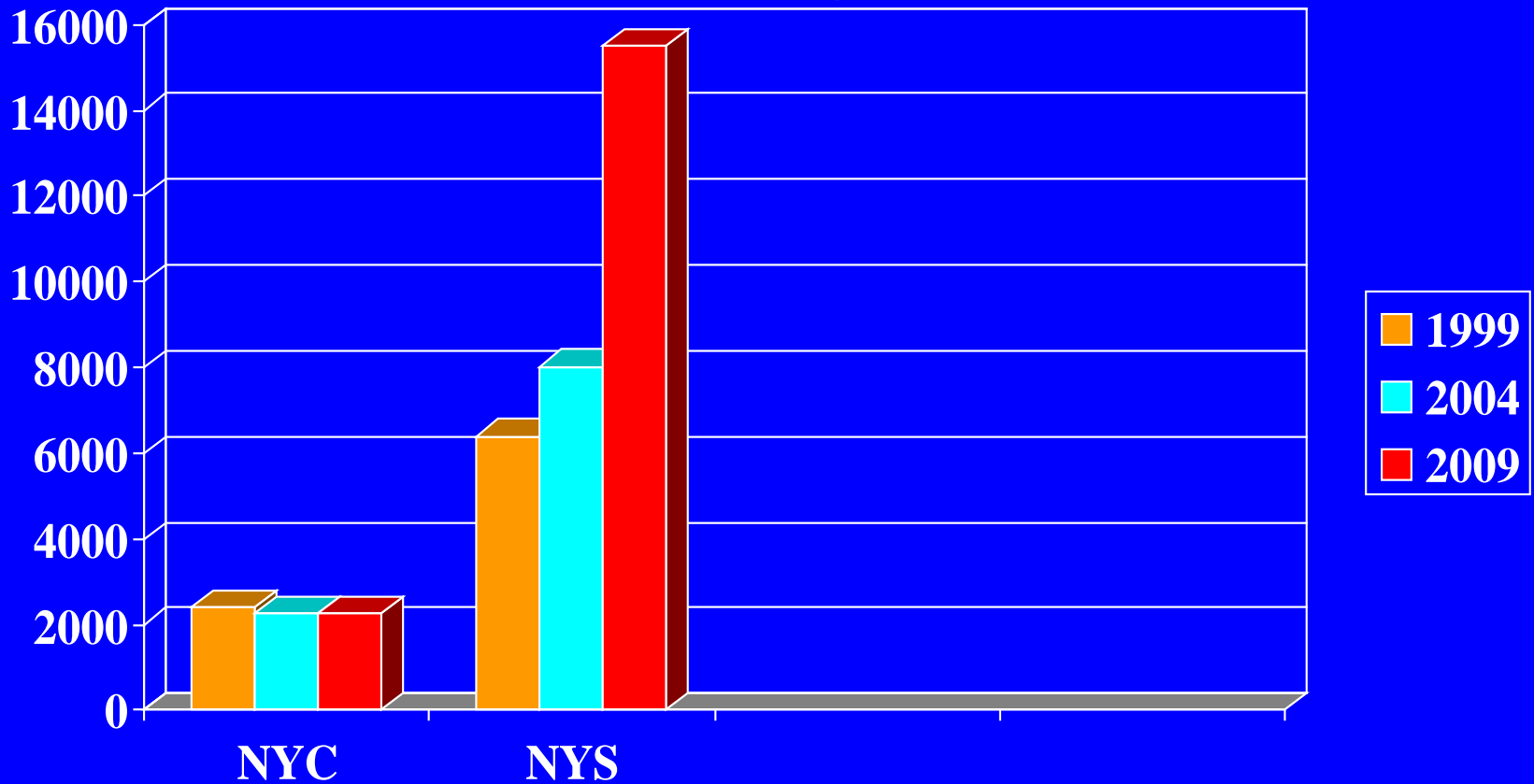
- Ft Bragg Army base initiating trial of naloxone prescription to soldiers receiving opioid pain medication
- SAMHSA, ASTHO, NASADAD collaborating on creating Overdose Prevention Tool Kit for OTPs
- Global Fund and PEPFAR money can be used for overdose prevention services

# Are things improving?

United States substance abuse  
treatment admissions between  
1998 and 2008:

Non-heroin opioid treatment  
admissions up **345%**

# Opioid treatment admissions: 1999-2009 ages 12-24



**FOUR TALES  
OF**

**OVERDOSE SURVIVAL**

*RESCUES FROM NEAR-FATAL ENCOUNTERS WITH  
HEROIN, OXYCONTIN AND OTHER OPIATES*



AFTER HE LEFT, I GOT WORRIED. I COULD SEE THAT HE HAD BEEN DRINKING...AND I KNEW HE WAS INTO PILLS. HE HAD DONE HEROIN FOR A WHILE AND I'D FOUND HIM OVERDOSED DOWNSTAIRS ONCE BEFORE.



I CALLED HIS NAME, RUBBED HARD ON HIS BRESTBONE TO WAKE HIM UP, BUT HE WAS OUT COLD.

KEITH!



I COULDN'T HEAR HIS BREATH OR SEE HIS CHEST MOVING. HIS LIPS WERE BLUE.  
I WAS PRETTY SURE KEITH HAD OVERDOSED.



I CALLED 911.



I HAD TO GET OXYGEN INTO HIM FAST, SO I TILTED HIS HEAD BACK AND MADE SURE HIS MOUTH WAS CLEAR. I THEN PINCHED HIS NOSE, GAVE HIM TWO QUICK BREATHS AND WATCHED HIS CHEST RISE. THEN I GAVE HIM A BREATH EVERY FIVE SECONDS.




THEN I GRABBED  
THE NARCAN WE  
KEPT DOWN THERE  
AFTER HIS FIRST  
OVERDOSE AND PUT  
IT TOGETHER.





I DID RESCUE BREATHING AGAIN FOR A FEW MINUTES  
UNTIL THE NARCAN WORKED AND HE CAME TO.



WHAAA... WHAT  
HAPPENED?

THEN I TURNED HIM ON HIS SIDE SO HE WOULDN'T CHOKE ON HIS SALIVA, AND I TRIED TO KEEP HIM CALM.

IT'S GONNA BE OKAY, KEITH, IT'S GONNA BE OKAY.

WHAT WAS HE TAKING?

HEROIN...UHH...HE WAS DRINKING  
AND HE COULD'VE TAKEN ANY OF  
THESE, AMBIEN, XANAX, PROZAC...  
I GAVE HIM NARCAN TO BLOCK THE  
HEROIN AND HE CAME TO.



IS HE  
GOING TO BE  
OKAY?

GOOD THING YOU  
HAD THE NARCAN  
AND KNEW WHAT TO  
DO. EVERY SECOND  
COUNTS.



# Conclusions

- Overdose prevention training consists of a few basic components
- Overdose prevention by non medical persons is feasible, safe and probably effective
- Potential goals:
  - Overdose training as standard of care
  - Naloxone over-the-counter

*If you ever get in a meeting with some professional-type people, tell 'em that, you know, people like us—no, we're not professionals, but if we have it at hand we can save somebody's life with this stuff [naloxone] . . . it's a lifesaver, there's no question.\**

\*quote collected by Suzanne Carlberg-Racich, Chicago