

SWWA FYSPRT

Regional June Meeting

Monday, June 17th, 2024

4:00 PM – 6:00 PM

In-Person

Agenda

Presenters	Topic
Michelle Karnath	Group Norms
Michelle Karnath	Introductions and Ice Breaker: What are you most looking forward to this summer?
SWACH Nicole Hamberger	Narcan Training <ol style="list-style-type: none">1. Discussions on overdose prevention, including causes, instructions for rescue breathing, risks related to opioid and fentanyl use, and the rise in overdose deaths.2. Introduction to naloxone (brand name Narcan), its administration, and overdose signs.3. Highlight on xylazine, a horse tranquilizer that increases overdose risks when mixed with fentanyl.4. Presentation of various forms of Narcan and the recommended dosages.

NARCAN® Naloxone Administration

Overdose Prevention

by Nicole Hamberger

Community Engagement Specialist, SWACH



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Introduction - Welcome

Key Concepts:

- Causes of an overdose
- Instruction in rescue breathing
- Fentanyl and Xylazine
- How to help prevent an overdose

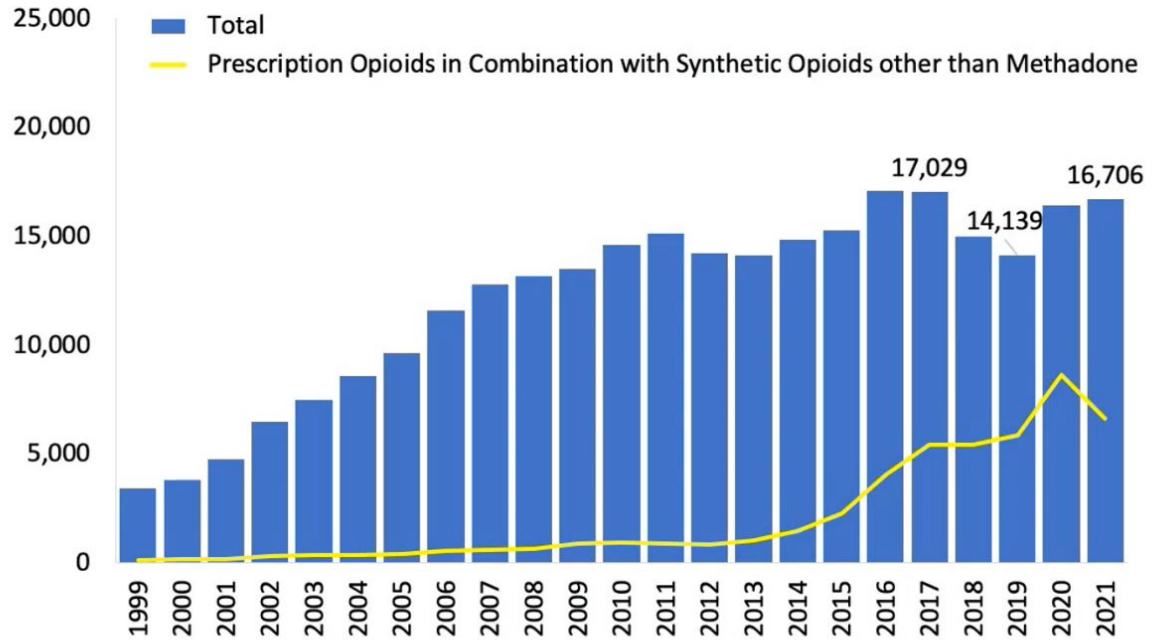


Who Is At Risk of Overdose?

- Anyone who takes prescription or illegal opioids
- Combining opioids with other drugs, especially alcohol and other downers (Xanax, Klonopin, sleep medications)
- Anyone who uses an opioid alone
- People who use Fentanyl or other illicit drugs mixed with fentanyl (including stimulants)

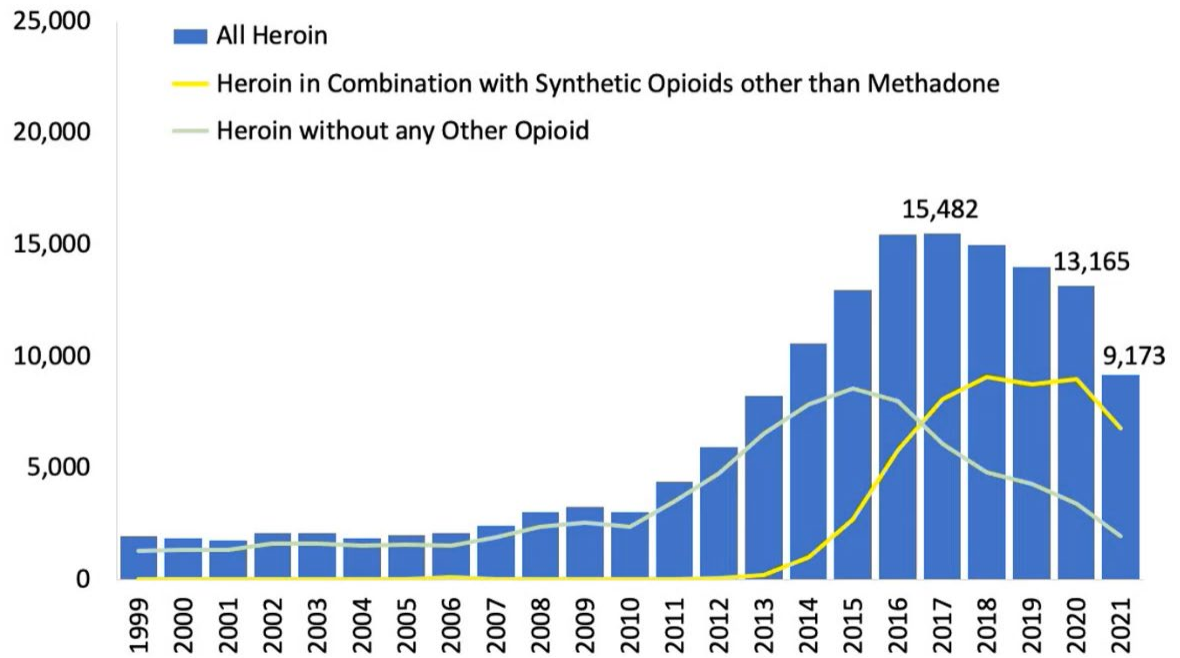


Figure 4. National Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2021



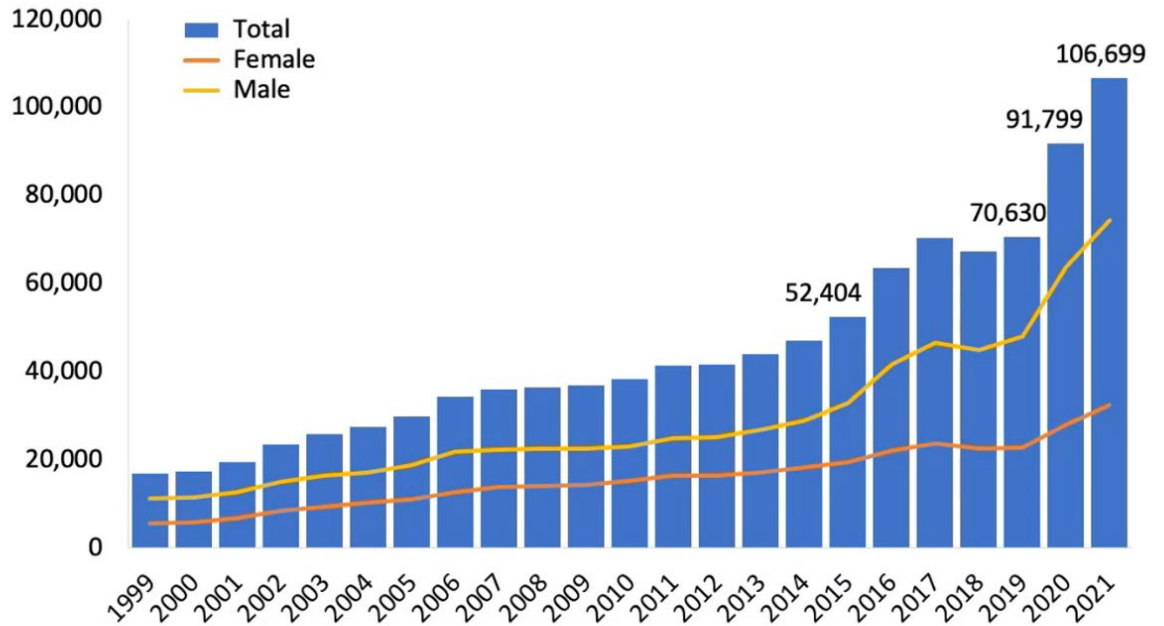
*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death, 1999-2021. <https://www.cdc.gov/nchs/data/hestats/overdose-deaths-by-drug-1999-2021.pdf>

Figure 5. National Overdose Deaths Involving Heroin*, by other Opioid Involvement, Number Among All Ages, 1999-2021



*Among deaths with drug overdose as the underlying cause, the heroin category was determined by the T40.1 ICD-10 multiple cause-of-death code. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of

Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention. National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC

Overdose Awareness:

- According to the CDC, Overdoses caused by fentanyl are now the leading cause of death for individuals under the age of 50.
- Every 11 minutes, someone dies from an opioid overdose.
- In Clark County, overdose deaths have increased by 500% from 2018-2022.



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Background On Opioids:

All opioids are the same in that they:

- Come from the opium poppy (non-synthetic) or are chemically created to be like a drug which comes from the opium poppy (synthetic)
- All effect the same part of the brain
- Cause overdose in the same way if too much is used (respiratory depression)

Opioids are different in that they:

- Have different concentrations or strengths
- Produce different speed, length, and intensity of withdrawal.
- Have varying durations of action, such as:

Methadone	24 Hours
Codeine	3-4 Hours
Heroin	6-8 Hours
Demerol	2-4 Hours
Dilaudid	4-6 Hours
Fentanyl	1-2 Hours



Opioid Effects & Withdrawal

Opioid Effects:

- Sleepiness
- Relaxation
- Euphoria
- Nausea & Vomiting
- Constipation
- Pupil constriction
- Slowed breathing, respiratory depression which can result in a potentially dangerous reduction of oxygen circulating in the body = Potential overdose

Opioid Withdrawal:

- Anxiety and irritability
- Insomnia
- Abnormal sensitivity to light
- Runny nose, teary eyes, goosebumps on skin
- Pupil dilation
- Severe pain in muscles
- Flu-like symptoms: diarrhea, nausea, vomiting, sweating
- Increased heart rate and high blood pressure



Fentanyl & Xylazine

Fentanyl:

- Fentanyl is a synthetic opioid that is 100x stronger than morphine and 50x stronger than heroin
- Different chemical structures of fentanyl are referred to as fentanyl analogues that differ in strength.
- Newer, more potent chemical structures of synthetic opioids such as fentanyl analogues and Nitazenes are known to produce more severe overdoses and require more naloxone to reverse.

Xylazine:

- Xylazine is a horse tranquilizer, not approved for use in humans.
- It has been found in the US in illegal drug supply, mostly mixed in with certain fentanyl analogues.
- Xylazine increases risk of overdose due to sedating effects and respiratory depression.
- Xylazine is not an opioid, and therefore naloxone does not reverse the effects of xylazine.

About Naloxone (Narcan):

- Naloxone is a medicine that rapidly reverses an opioid overdose.
- Naloxone is an opioid antagonist: which means it attaches to opioid receptors, and reverses and blocks the effects of other opioids.
- Generic name: Naloxone
- Brand name: Narcan
 - Most people know of this medication as Narcan



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Recognizing Signs of an Overdose:

- Main thing to look for: Slow or no breathing
 - Might sound like: gurgling, snoring, soft gasping, or you may hear nothing at all
- Inability to speak or respond
- If you lift their eyelids, they may have pin point pupils
- Oxygen deprivation
 - Might look like:
 - In a light skin person: blue lips and blue fingertips
 - In a dark skin person: ashy lips and ashy fingertips



Overdose is Suspected, Now What?

- Shake and Shout
- Sternum Rub
- Shout, "Hey, I am going to Narcan you if you don't wake up!"

- Call 911 and get ready to administer first dose of naloxone

- Two forms of naloxone:
 - Intramuscular - Injectable
 - Intranasal - Nasal Spray

- All naloxone kits come with 2 doses
 - It is now recommended everyone carries 2 kits/4 doses of naloxone



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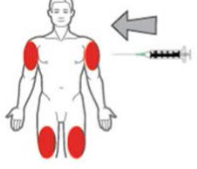

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Intramuscular - Injectable:

How To Use This Injectable Naloxone

Injectable naloxone

This requires assembly. Follow the instructions below.

- 1** Remove cap from naloxone vial and uncover the needle. 
- 2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml. 
- 3** Inject 1 ml of naloxone into an upper arm or thigh muscle. 
- 4** If no reaction in 3 minutes, give second dose. 

https://www.pharmacy.ca.gov/publications/naloxone_fact_sheet.pdf



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Intranasal:

KEY STEPS TO ADMINISTERING NARCAN[®] NASAL SPRAY*:

PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the red plunger and 2 fingers on the nozzle.

PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

PRESS



Press the red plunger firmly to release the dose into the patient's nose.

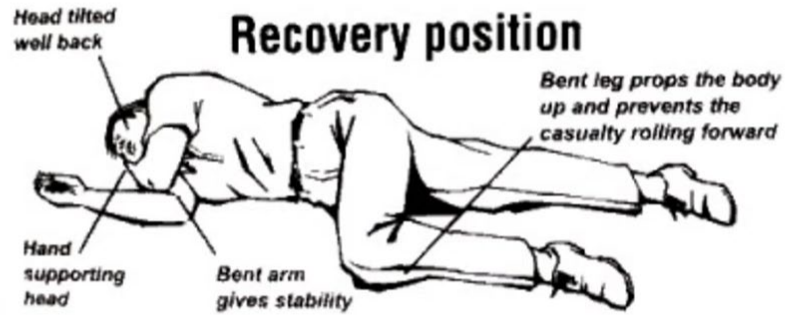
After you've administered the first dose:

- It takes up to 2-3 minutes to go into effect.
- While you wait, do Rescue Breathing to get oxygen into their lungs and brain.
- Lift the chin, pinch the nose, open the mouth, give one breath every 5 seconds.
- You should see the chest rise and fall.
- Don't do chest compressions, just rescue breaths.

- After 2-3 minutes, if they are not waking up, they need more naloxone. Repeat cycle: administer a second dose, 2-3 minutes of rescue breathing.
- Keep repeating this cycle until:
 - The person wakes up
 - EMT arrives
 - Or you run out of naloxone



Recovery Position:



About Naloxone (Narcan)

Naloxone or Narcan causes precipitated withdrawal (withdrawal caused by other medications such as naloxone, naltrexone, or buprenorphine).

Opioid withdrawal symptoms may include:

- Severe body aches
- Diarrhea
- increased heart rate
- Fever
- Runny nose
- Sneezing
- goose bumps
- sweating
- yawning
- Nervousness
- Restlessness
- Irritability
- Shivering or Trembling
- Stomach Cramping
- Weakness
- Increased Blood Pressure
- Nausea or vomiting



Good Samaritan Law

- If you believe you are witnessing a drug overdose, you must seek medical help.
- The Good Samaritan Law states you will receive immunity from criminal charges of drug possession at the time. The Act does not protect against outstanding warrants or production and selling of controlled substances.
- The overdose victim you're helping is protected as well.
- This includes minors in possession of drugs and alcohol.
- Don't ever let your state prevent you from calling 911



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Why do we need to call 911?

- If you are able to wake the person up with naloxone, the person still needs medical attention.
- Naloxone wears off in 30-90 minutes. Much faster than opioids, and they could experience another overdose at that time.



Naloxone is safe for everyone

- The only effect is turning off the opioid receptors in your brain.
- No known side effects or allergies to naloxone. Benefit outweighs the risk!
- You can give naloxone to babies, toddlers, elderly, pregnant people.
- You can give naloxone to your dog if you suspect she got into something.



Storing Naloxone:

- Intramuscular medication is in vials and are sensitive to UV light. Don't take them out of the dark packaging until you are ready to use.
- Nasal Narcan is in protective foil.
- Both kits are sensitive to extreme temperatures of hot and cold – but it is more important to have it on you. If exposed to extreme temperatures, it may be slightly less effective and require more doses.
- The same goes for expired naloxone- Don't throw it away!
- Any Narcan is better than no Narcan!



Emergent BioSolutions has just informed:

- FDA has extended the shelf life of 4mg naloxone hydrochloride nasal spray (Narcan) from 2 years to 4 years.
- Expired Narcan is better than NO Narcan!
- Please note for trainers: When you are providing a training and distributing naloxone kits, don't dispense expired Narcan.



How To Help Prevent An Overdose


- Individuals should not use alone – Never Use Alone Inc., 877-696-1996
- If drugs are bought off the street, use drug checking equipment to test your drugs and see if they are mixed with other drugs such as fentanyl.
- If you are not able to test your drug, make sure to take a smaller dose at first.
- If an individual hasn't used in a while, they are at higher risk of overdose. An individual needs to make sure the dose is less than it usually is.
- Lock up drugs and medications. Check out the Locks Saves Lives program with Prevent Coalition: <https://www.lockssavelives.org/>



How to Access Naloxone kits:

- Walk into your neighborhood pharmacy and ask for a Narcan kit. You do not need a prescription with WA State Standing Order, and most insurance companies cover 100% of cost. (free)
- **WA State Naloxone Mail Order** Click this link and have 1 kit per month mailed to your address. (free)
<https://docs.google.com/forms/d/e/1FAIpQLSd4Wut2Ai5SANT3ZAHj7WOC5KynstN9vcfzIXYlp9bNg6iVyw/viewform>
- Organization/Program Naloxone Request Form (DOH): **Naloxone Program Application** (free)
<https://redcap.doh.wa.gov/surveys/?s=DPP4FNJRJ3Y8XEEA>
- Narcan Vending Machines: (free)

Clark:	Skamania:	Klickitat:
XChange Church & Recovery Center 21810 Northeast 37th Avenue Ridgefield, WA 98642	NorthShore Medical Group 875 SW Rock Creek Dr Stevenson, WA 98648	Klickitat Valley Health 317 Sanders Way Goldendale, WA 98620
Lifeline Connections Recovery Resource Center 9317 NE Hwy 99 Suite M Vancouver WA 98665		
Recovery Café 3312 E. Fourth Plain Blvd. Suite #100 Vancouver, WA 98661		

	<p>References</p> <ul style="list-style-type: none"> • Narcannasalspray.ca • https://www.narcan.com/static/Carer_Patient_Brochure.13bde7cf.pdf • https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates • https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates • https://www.cdc.gov/opioids/naloxone/training/index.html • https://neverusealone.com/ • https://wafriendsforlife.com <p>Questions?</p> <p>Nicole Hamberger, Community Engagement Specialist Nicole.hamberger@southwestach.org</p> 
Updates	<ul style="list-style-type: none"> • YAE- July 1st • State- July 25th
Dona Allison	Next meeting: July 15 th - Virtual

<p>FYSPRT is a ...</p>	<p>Space for youth and families to share their experiences with the Crisis System of Care and for System Partners to hear from the community.</p> <p>The Southwest Washington Family Youth System Partner Round Table (FYSPRT) is a community-based group of youth, families, professionals, systems, and community members from Clark, Skamania, and Klickitat counties who are passionate about making needed changes in the System of Care (SOC) that serves those with behavioral health needs. The SW WA FYSPRT strengthens sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth and families and ensures that family and youth are key</p>
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	collaborators and in positions of leadership. The SW WA FYSPRT leverages the experience and expertise of all participants dedicated to building effective behavioral health services and will report up to the Statewide FYSPRT on challenges and successes of the region.
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Comfort Agreement	<u>Listen</u> when others are talking and save any input until they are finished. Share the floor “Step Up, Step Back!”
	Explain “lingo” i.e. acronyms and abbreviations.
	Practice respectful honesty and FYSPRT is a safe space void of any judgement.
	Keep an open mind.
	Wait until after the meeting to use your cell phone (unless in an emergency situation.)
	Remember that what is said at FYSPRT, stays at FYSPRT.
	Attend to support positive change.

SW FYSPRT members will...	Expand and sustain effective leadership roles for families, youth, and system partners
	Improve/expand outreach by utilizing local resources
	Ensure that youth and families are represented and have a voice at the FYSPRT
	Create culturally diverse membership
	Help address stigma around behavioral health for the community
	Review Wraparound with Intensive Services (WISe) Data Reports quarterly

If you have something you would like to add, please share with the group and it will be added to the list.

*This is a living document and will be updated to reflect the guidelines