

HOW TO SAVE A LIFE

Learn to identify an opioid overdose and administer naloxone

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she/they

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AGENDA

Introduction

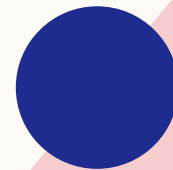
Primary goals

Harm Reduction Definition

Person First Language

Naloxone Training

Questions and Discussion





PRIMARY GOALS

- Grow understanding of harm reduction theory and practice
- Learn how to identify & respond to an overdose

WHAT'S HARM REDUCTION?

Bike Helmets	Designated Driver
Face Masks	Methadone
Naloxone	Nicotine Patch
Syringe Exchange	Safety Belts
Speed Limits	Sunscreen

ALL OF THE ABOVE!

“Harm reduction is a set of practical strategies and ideas aimed at **reducing negative consequences associated with drug use.** Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, **meeting people who use drugs “where they’re at,”** and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.”

– National Harm Reduction Coalition

PRINCIPLES CENTRAL TO HR PRACTICE

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1. **Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.**
2. **Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.**
3. **Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies.**
4. **Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.**
5. **Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.**
6. **Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.**
7. **Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.**
8. **Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.**

-National Harm Reduction Coalition

If you are providing a service, resource, or support, use

PERSON-FIRST LANGUAGE



Don't stigmatize.

Person-first language is a way to communicate that puts a person before a diagnosis or their actions.

When we talk about people who use drugs, we use person-first language to emphasize their humanity first and foremost.

THE PURPOSE

People who use substances face compound stigma related to their usage. This impacts their physical and mental health, relationships, and general ability to thrive in society. It can even result in death as folks hide their usage in shame.

When people use alone, and behind closed doors putting them at higher risk for overdose, they can disengage with important treatment and care putting their health at risk.

Self description

If a person with lived experience is describing themselves, they are free to use whatever language they feel comfortable with. We do not use the same language to describe others.

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131-138.

What to say?

Some tips on what you can say when working with folks.

People need Support and community.

When we talk to people, we communicate how we feel about them in our body and language subtleties.

RE-INITIATING USE

The term “relapse” is based in moral judgement and stigma. Removing this stigma can build rapport that allows you to provide meaningful support, instead of adding to the shame one may feel.

HIGHLY STIGMATIZED DRUGS

The Hard/Soft description of drug use is harmful to those using more highly stigmatized drugs, the change in language recognizes that people can use responsibly. Usage issues depend on the person, not the drug.

STERILE/USED

These terms can be used to describe injecting or smoking supplies instead of using clean/dirty, which can perpetuate a narrative of stigma.

CLEAN/DIRTY

The clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean. This is not only false but extremely stigmatizing. “You cannot be clean because you were never dirty to begin with.”

PWUD

Abbreviation for a person who uses drugs or substances. Referring to all usage of drugs as “abuse” implies willful misconduct and has been shown to increase stigma.

How We Stigmatize People

Pathologizing drug use and patronizing people who use drugs: Implying that people who use drugs are diseased, don't have control over themselves, or can't be trusted

Blaming people who use drugs and imposing our own moral judgments: Telling people who use drugs that they don't care about themselves or their community.

Criminalizing people who use drugs: Thinking someone can be "saved" by hitting "rock bottom" and calling law enforcement or excluding them from programming as a result

Creating fear around people who use drugs, which serves to isolate them: Believing that people who use drugs are morally corrupt, untrustworthy, dangerous to children and the community

SHIFTING PRACTICES TO REDUCE HARM

- Actively include people who use drugs and experience marginalization for their expertise when developing new programming or evaluating a current one
- Emphasize building relationships and trust with people who use drugs as important outcomes
- Consider how past histories of trauma, violence, layers of disadvantage and stigma may affect a person's ability to engage with providers
- Ensure services are grounded in an understanding of how people's health, priorities and experiences are shaped by the criminalization of drug use
- Ensure all services are provided in a culture of respect and safety within workplace
- Review documents and materials to ensure we are using people-first language/non-stigmatizing language and change them if necessary

OVERDOSE PREVENTION

Overdose deaths are preventable. We have the tools we need to stop people from dying from drugs.

Nearly 110,000 people have died due to drug overdose in the last year. That's about one death every 5 minutes.

Harm Reduction offers evidence-based strategies that reduce the risk of dying from an overdose. We aim to support people who use drugs, and the people who love people who use drugs, with information to mitigate the risk of an overdose and to stop an overdose while it's happening.

You can reverse an overdose if you know what to do and you act in time. Whether you use drugs, love someone who does, or just care about the people in your community, it's important to be prepared if you encounter someone who is overdosing.

Use Naloxone for a Drug Overdose

You should give naloxone to anyone who has taken drugs and may be overdosing. Someone who is overdosing may stop breathing or their breathing may be slow and labored. **Act fast! An overdose is life threatening.**

Give naloxone even if you do not know what kind of drugs a person took. Naloxone will only work on opioids, but there is no harm if they took a different kind of drug.

Washington's Good Samaritan Law provides some protection when calling 9-1-1 to save a life – even if drugs are at the scene. (RCW 69.50.315)

1. Check for a response

- Try to wake them up. Shake them and shout their name.
- Rub your knuckles hard on the center of their chest.
- Hold your ear close to their nose, listen and feel for signs of breathing.
- Look at their lips and fingernails – pale, blue, or gray color is a sign of overdose.

2. Call 9-1-1

- Tell the operator your exact location.
- Say you are with a person who is not breathing. You do not have to say anything about drugs or medicines at the scene.
- Tell the operator you are going to give the person naloxone.
- Follow any instructions you get from the operator.

How to Use

Nasal spray – Needs no assembly. **Do not test the device.** Each device only works once. You may need both devices.

1 Peel back the package to remove the device.



2 Place and hold the tip of the nozzle in either nostril.



3 Press the plunger firmly to release the dose into nose.



OR

Injectable – This requires assembly.

3. Give naloxone

- There are two common types of naloxone. Follow the “How to Use” instructions on the right.

4. Start rescue breathing

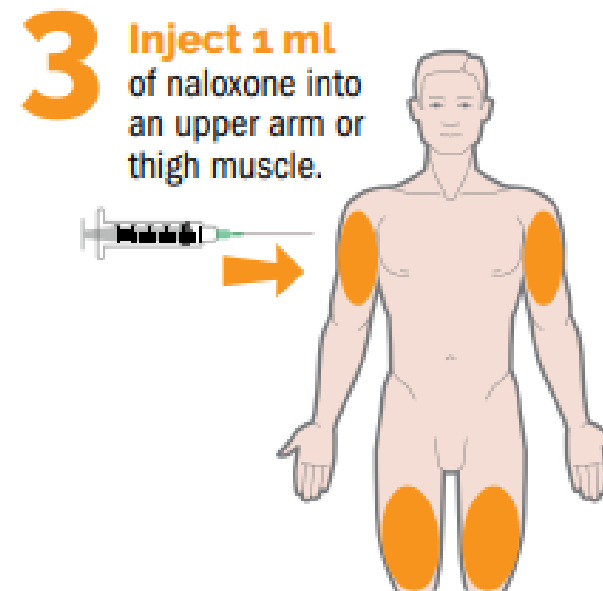
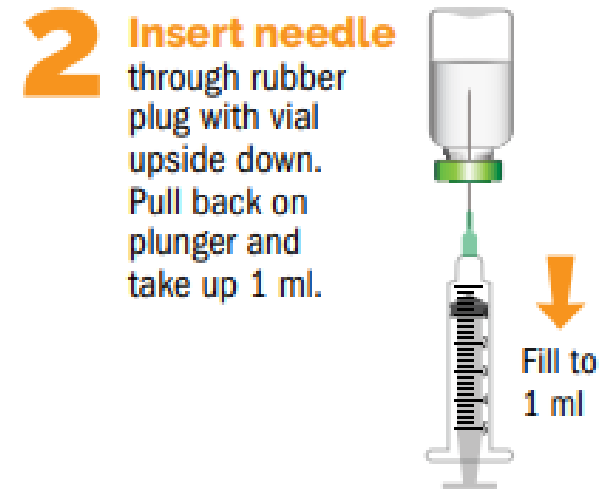
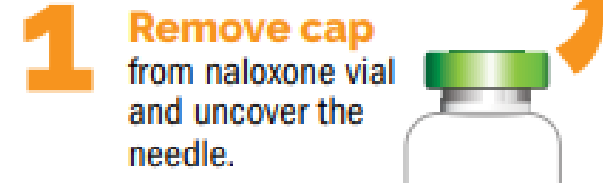
- Someone who has overdosed needs oxygen. Naloxone may take a few minutes to start working. Check again to see if they are breathing.
- If you can't hear them breathe or their breath sounds shallow, provide rescue breaths. (See the other side of this sheet.)
- Follow instructions of 9-1-1 operator until help arrives.

5. Give a second dose of naloxone

- Wait about 3 minutes for naloxone to take effect.
If the person has not responded after 3 minutes, give a second dose.

6. Post care for overdose

- Stay with the person until help arrives. Remember, the Good Samaritan Law offers protections when you call 9-1-1 for an overdose.
- If the person starts breathing on their own, but they do not wake up, roll them on their side to a recovery position. (See the other side of this sheet.)
- When the person wakes up, they may have opioid withdrawal symptoms such as chills, nausea, and muscle aches.
- They may not remember what happened. They may be scared, nervous, or restless. Keep them calm until help arrives. Try to stop them from taking more drugs.



Be Prepared

Learn basic first aid skills from a trained instructor before you are in an emergency situation. If you are with a person who is unconscious and may be overdosing, you will need to perform these steps in order:

Check breathing.



Give rescue breaths.



- 1** Lay the person flat on their back.
- 2** Gently tilt their head. Pinch their nose.
- 3** Give 2 quick breaths into their mouth. The chest (not stomach) should rise.
- 4** Give 1 slow breath every 5 seconds until they start breathing or wake up.

Roll to a recovery position.



If the person starts to breathe, but they do not wake up, roll them on their side to a recovery position.

-Naloxone has an expiration date, but it is still effective up to 30 years after expiration date

- Keep it at room temperature but if it goes above or below, it will still work just the same when it goes back to room temp

-Be gentle with the person experiencing an overdose and with yourself

QUESTIONS?

COMMENTS?



THANK YOU

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