SBHC Naloxone Training







YOR CA Project

This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.





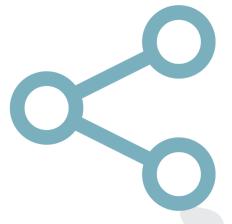


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The webinar is being recorded



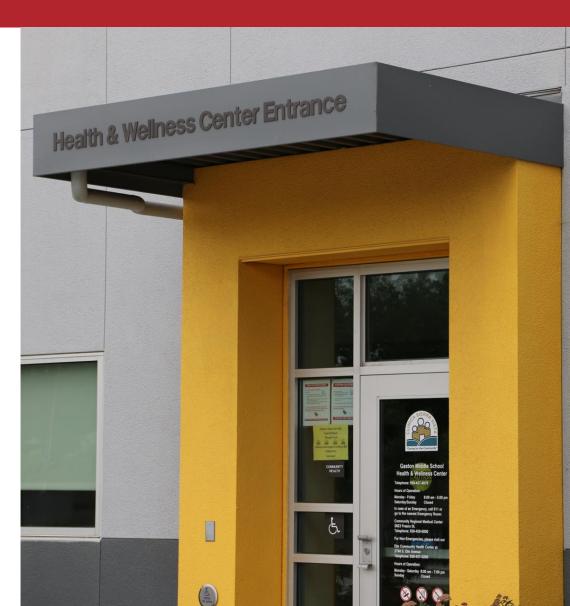
Supporting materials will be shared

Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org





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Overdose Prevention and Naloxone Distribution

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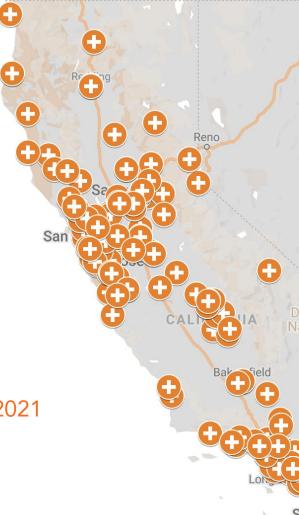
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Goal: 24-7 access to high quality treatment of substance use disorders in all California hospitals by 2025

Impact: From March 2019 - July 2020 over 50 hospitals treated patients with substance use disorders

Update: 135 hospitals implement the CA Bridge model in 2021



The Opioid Epidemic



100,306

people died from drug overdose in April 2021 (1)



9.3 million

people misused prescription opioids (2)



2.7 million

people had an opioid use disorder in 2020 (2)



902,000

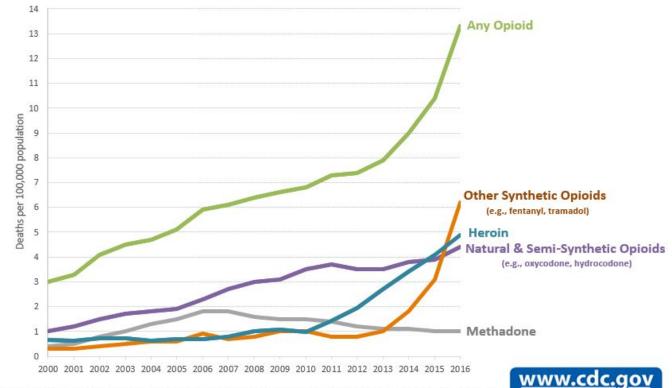
people used heroin (2)

Sources

- (1) NCHS Report, November 17, 2021
- (2) 2020 National Survey on Drug Use and Health, 2021

Opioid Crisis

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Ser vices, CDC; 2017. https://wonder.cdc.gov/.

YOUTH OD

What comes to mind when you think of Harm Reduction?

The Harm Reduction Approach

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

SAFER TECHNIQUES MANAGED USE

ABSTINENCE

The Harm Reduction Movement

- Pursues a model of public health and community support as social justice
- Combats the forms of racism, stigma, marginalization, and criminalization that place people in harm's way
- Understands the interlocking struggles against inequality and oppression central to both health and liberation
- Affirms the wisdom, dignity, and leadership of those most impacted by these harms as the keys to transformative change.

Harm reduction vs Emergency Response?

Harm reduction is about redistributing power and resources to people most impacted by structural violence

When it comes to narcan, the **harm reduction component** is putting it into the hands of people for free, low barrier access.

Emergency response is administering it to someone in the event of an overdose, just like you'd give rescue breathing or call 911

What is an Overdose?



What puts people at risk for ODs?

Mixing Drugs

Variations in Drug Supply

New & Experimental Use

Using Alone

Tolerance

Physical Health

Overdose

- Occurs when a drug overwhelms the body's ability to cope with it
- Is a spectrum
- The effects depend on the drug(s) taken
- Opioids are a Central Nervous System depressant,
 leads to people not getting enough oxygen

Universal Overdose Precaution Messaging from our Friends at:



Street drug supplies have always been and will always be inconsistent and unpredictable because of the War on Drugs and the criminalization of people who use drugs.

Assume an overdose risk and practice as many harm reduction strategies as consistently as possible to reduce overdose risk:

- + Know your supply, control your high
- + Use less & use slow
- + Try not to use alone/have someone check on you
- + Test your drugs when it makes sense
- + Have naloxone and know how to use it
- + Be aware of the risks of mixing drugs

What is Naloxone?

SIMPLE, SAFE, & LEGAL

SIMPLE - Use it if someone is 1) not breathing and 2) not responsive

SAFE - Will not cause harm if someone is not overdosing

LEGAL - California AB 635: California Overdose Treatment Liability Act: 2014

- Protects carriers, distributors, and users of naloxone in the event of an overdose from civil, criminal, and professional liability
- Applies to anybody and everybody, "trained" or not
- SF Standing Order Prescription



OPIOIDS

Drugs derived from, or similar to, opium

Drugs derived from, or similar to, o			
	Regulated	Criminalized (Unregulated)	
	Oxycontin Oxycodone Roxycodone Hydrocodone Hydromorphone Vicodin Percocet Tramadol Dilaudid	Heroin Fentan	yl
	Methadone Buprenorphine Suboxone		Many of the

Morphine

NOT OPIOIDS

Cocaine or crack
Methamphetamines

Benzodiazepines (Xanax, valium, Ativan, Klonopin)

Phenergan

Seroquel

Neurontin

Muscle Relaxers (Soma, Flexeril)

Alcohol

GHB

Ketamine

Many overdoses include one or more of the drugs listed in the orange box in combination with opioids.

Naloxone will reverse those

overdoses.

WHAT HAVE YOU HEARD PEOPLE SAY ABOUT FENTANYL?

CAN YOU OVERDOSE FROM TOUCHING FENTANYL?

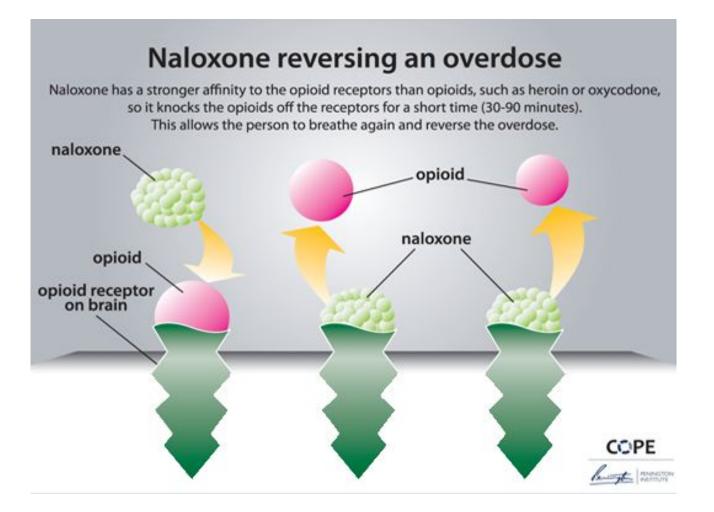
"Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity."

-American College of Medical Toxicology and American Academy of Clinical Toxicology official position statement, 2017

Learn more at: https://harmreduction.org/blog/fentanyl-exposure/

Naloxone (Narcan®)

- Opioid antagonist ("blocker") which reverses opioid overdose
- Can be administered intravenously, intramuscularly, or intranasally
- Causes sudden withdrawal in an opioid-dependent person
- Doesn't get a person "high" and is not addictive, and you can't be allergic to it!
- Only works for about 20-90 minutes
- Has no effect if an opioid is not present



Withdrawal

- + When your opioid tolerance needs are not met, you experience withdrawal, or you're dopesick.
- + Severe flu-like symptoms (i.e. nausea, diarrhea, muscle pain sweats) and physical cravings for a week
- + Mental health symptoms, including severe depression and anxiety
- + The root causes of your drug use (pain, trauma, mental health symptoms) are still there

It's never as easy as "Just stop using drugs."

HOW TO REVERSE AN OVERDOSE

- 1. Assess situation
- 2. Use naloxone
- 3. Call 911
- 4. Perform rescue breathing
- 5. Monitor & support

1. ASSESS SITUATION

See if person is overdosing:

 Call out their name or "hey buddy!" or shake their knee

Try a sternal rub:

 Make a fist and rub the sternum with the knuckles really hard

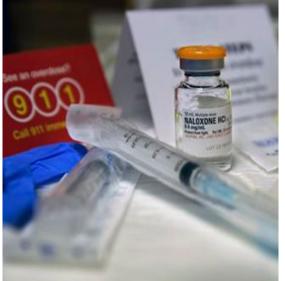


2. USE NALOXONE

 Use naloxone then dial 911 or the other way around

• If you use naloxone and see no reaction after 2-3 minutes, give a second dose (Start a timer)





3. CALL 911

- Administering naloxone is first aid, but the person may still need medical care
- It might not even be an overdose
- Let the person know you called 911 if they wake up before EMS Arrives

WHY WOULD SOMEONE RATHER NOT CALL 911 FOR HELP?

4. RESCUE BREATHING

- When someone is experiencing an opioid overdose, getting them oxygen is ESSENTIAL
- How to rescue breath for someone
 - Lay them on on them on their back
 - Check airway for anything
 - Tilt chin, pinch nose, seal mouth over theirs, and <u>BREATH</u>
 - Check for chest rising, one breath every 5 seconds

Options For Rescue Breathing

- Mouth shield
- Put two holes in a cup
- Cover person's mouth with shirt or bandana
- Ambi-bag (one-use)



5. MONITOR AND SUPPORT

- + Stay with the person!!
- + Naloxone wears of in 30-90 minutes
- + When they wake up explain what happened and reassure them
- + Advocate for them is EMS arrives

Getting Naloxone and Giving it Away

Getting Naloxone

- + You CAN get it through your insurance, but don't pay for it!!
- + Free take home naloxone available through the <u>DHCS Naloxone Distribution</u>
 Project
- Application process for your school or program and light reporting requirements
- + Can also get through partnerships with organizations that receive naloxone from the NDP

Giving it away

- + California AB 635: protects you from civil, criminal, and professional liability for carry, distributing, and using naloxone
 - + Can respond to all, some, or no parts of protocol
- + Applies to anybody and everybody, "trained" or not
- + Prescribed under a "standing order"
- + No regulations specific to minors

Join Us.

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cabridge.org/join-us

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f O @BridgeToTx



Charles Hawthorne

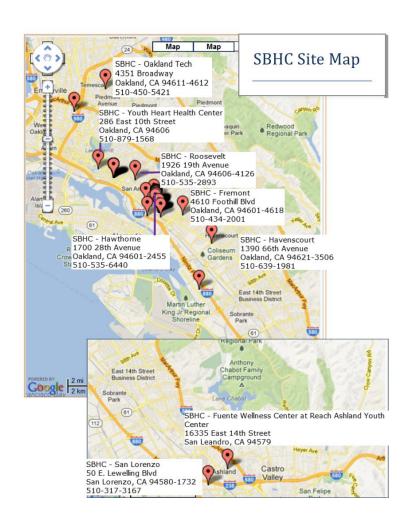
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Naloxone in School Based Health Centers

- Karen Gersten-Rothenberg, MSN, FNP
- Associate Medical Director
- La Clinica de la Raza
- September 20, 2022



La Clínica School Based Health Centers

- Federally Qualified Health Center with clinics in Alameda, Contra Costa, and Solano Counties
- SBHC Department: 8 sites (Oakland, San Leandro, San Lorenzo)
- Sexual/reproductive health and primary medical care, dental, vision, health education, and behavioral health
- Patients age 3-25, largest group is adolescents
- 12-15,000 visits each year



Nuts and Bolts of Naloxone in SBHCs

01

Why
Naloxone in
SBHCs?

02

Which staff to train? How to train?

03

When and how to talk to patients?

04

How to get and where to store in clinic?

THE OPIOID EPIDEMIC BY THE NUMBERS



70,630
people died from drug
overdose in 2019²



10.1 million
people misused prescription
opioids in the past year¹



1.6 million
people had an opioid use
disorder in the past year¹



2 million
people used methamphetamine
in the past year¹



745,000 people used heroin in the past year¹



50,000 people used heroin for the first time¹



1.6 million
people misused prescription
pain relievers for the first time¹



14,480 deaths attributed to overdosing on heroin (in 12-month period ending June 2020)³



48,006
deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)³

SOURCES

- 1. 2019 National Survey on Drug Use and Health, 2020.
- 2. NCHS Data Brief No. 394, December 2020.
- NCHS, National Vital Statistics System. Provisional drug overdose death counts.



Why Naloxone in SBHCs?

High school students reporte Rx opioids at least once in the



Is can:

- Develop substance use prevention programs
- Implement programs with individual, school, and

Youth Risk Behavior Survey, United States, 2019

Why
Naloxone in
SBHCs?

Why Naloxone in SBHCs?



Be part of the solution

- Save a life: prevent opioid overdose death
- *Be prepared*: essential component of emergency preparedness (like an AED or epipen)
- *Educate*: train staff, patients, and families to prevent opioid overdose deaths
- *Normalize*: create opportunities for conversations about drugs

Health, education, and legal advocacy groups promote naloxone in the community

California legislation supports naloxone in schools (Code, Education Code - EDC § 49414.3)

Good Samaritan Law AB 472 & Overdose Treatment Law AB635 protect any one in California who administers naloxone

Why Naloxone in SBHCs?

Which Staff to Train?





- **Community Partners**
- Medical Providers or Health Educators from your own organization
- Videos
- Written instructions



Opioid Overdose

Ask person if he or she is okay and shout name.

. Will not wake up or respond to your voice or touch

. Breathing is very slow, irregular, or has stopped

NARCAN Nasal

Peel back the tab with the circle to onen the NARCAN Naval St

Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle

Gently insert the tip of the nozzle into either nostril. . Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the botto of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray . Remove the NARCAN Nasal Spray from the nostril after giving the dose

emergency medical Evaluate,

Get emergency medical help right away. Move the person on their side (recovery position

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

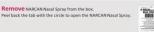
Repeat Step 2 using a new NARCAN Nasal Spray to

give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person















Clarify Confidentiality

Use routine opportunities to ask if patient, their family, or friends use opioids:

- Patient Medical History
- Medication review
- Family History
- Anticipatory guidance
- CRAFFT
- SHADDESS
- HEADDSS

Offer to provide a prescription or dispense if patient or friends/family use opiods

Share community distribution sites

Show how to use naloxone

Posters

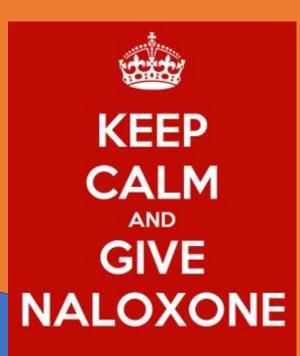
Flyers

How to Get Naloxone?

Patients

- Dispense or write a prescription (insurance coverage variable)
- Refer to community naloxone distribution programs





Clinic

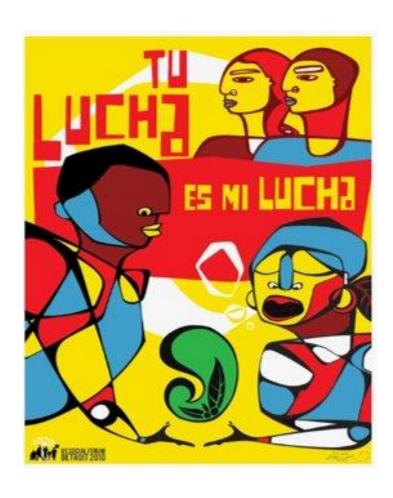
- •Free from various manufacturers
- Naloxone for Schools Program through CSBHA
- •Free from the community partners
- Purchase (340 B program)





- With emergency equipment
- •In your backpack or purse



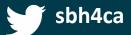


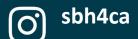
Question? Next Steps? Ideas?

STAY CONNECTED













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