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Applying Science to Practice
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Don't Run Call 9-1-1:

Overdose Prevention

with

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(iHOPE), a middle Georgia peer recovery community organization
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and

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Before the seminar,

- 1) click [here](#) or go to <https://goo.gl/forms/QVB6r3MCJID2VELi1> and complete an overdose experiences questionnaire that takes less than 5-minutes
and
- 2) click [here](#) or go to <https://www.narcan.com/healthcare-professional> and watch the second video, a 7-minute and 26-second overview of Narcan®
then
- 3) click [here](#) to download and complete the [Brief Opioid Overdose Knowledge \(BOOK\) Questionnaire](#): Distribute the BOOK Questionnaire to your family, peers and anyone who knows someone who uses opiates

The endless vine: Ancient symbol of
Life, Infinity, and the Interweaving Flows
of Being and Movement Within and Without



Since 2000, the rate of drug overdose deaths in the US has increased 79% with a 200% increase in deaths involving opioids - opium-based pain relievers and illicit drugs such as heroin. Drug overdoses now exceed vehicle crashes as the leading cause of accidental death with an average of 120 deaths occurring daily in the US. Georgia's overdose death rate increased 6.7% from 2014 to 2015. While most overdoses occur in the presence of others, some people fear arrest and prosecution so they do not call 9-1-1 or seek medical services. However, Georgia's 9-1-1 Medical Amnesty and Expanded Naloxone Access Law protects overdosers and callers seeking medical assistance at drug or alcohol overdose scenes. The physician, pharmacist, and person administering naloxone are immune from civil, criminal, and professional liability when they act in good faith and in compliance with the applicable standard of care.

When they are still alive, there is hope!

- ☛ Before the seminar download and complete the [Brief Opioid Overdose Knowledge \(BOOK\) Questionnaire](#). Upon completion of the symposium, participants will:
 - 1) Summarize and access Georgia's 9-1-1 Medical Amnesty and Expanded Naloxone Access Law,
 - 2) Obtain naloxone administration kits, and
 - 3) Administer naloxone.

Goal: Introduce the basics of overdose prevention so that you engage by recognizing and responding to opioid overdoses.

Registration/sign-in: please click [here](#) or go to <https://goo.gl/forms/GwtZH8PLYCdCryQm1>

Download and complete the [Brief Opioid Overdose Knowledge \(BOOK\) Questionnaire](#): Distribute the BOOK Questionnaire to your family, peers and anyone who knows someone who uses opiates

A Moment of Still Silence

“If we had a keen vision of all that is ordinary in human life, it would be like hearing the grass grow or the squirrel's heart beat, and we should die of that roar which is the other side of silence.”

George Eliot (Mary Ann Evans). (1872). *Middlemarch*.



“But like a compass seeking north, there lives in me a still, sure spirit part. Clouds of doubt are cut asunder by the lightening and the thunder shining from the compass of my heart.”

David Crosby. (1988). *Compass*.

George S. Braucht; LPC, CPCS & CARES; Email: george@brauchtworks.com



- M.S. in Experimental/Physiological Psychology then Community Psychology; taught 1st psychology class at Georgia College in 1979
- Over 14,000 hours of supervised practice as a Licensed Professional Counselor and Certified Professional Counselor Supervisor in Crisis, AOD & MH recovery; Social justice; Recovery residences & Peer services
- Co-founder and Faculty, Certified Addiction Recovery Empowerment Specialist (CARES) Academy
- Curriculum Director and Faculty, RecoveryPeople's Recovery Residence Manager Training and the Recovery Outcomes Institute's Recovery Navigational Support Training
- Georgia Association of Recovery Residences Board & Charter Board Member, National Alliance for Recovery Residences
- Certified Trainer in the Partners for Change Outcome Management System with Dr. Barry Duncan's Heart and Soul of Change Project

Tarusa Stewart, Executive Director, Intentional Holistic Opportunities Promoting Empowerment (iHOPE), a middle Georgia peer recovery community organization; Email: ihoperco@gmail.com

Tarusa Stewart, CARES, CPS and FPM is a person in long term recovery meaning she has made better life choices because of not using any alcohol, drugs or other mind-altering substances since 2002. She has a fine son, Steven, and is happily married to Bernard Stewart. Mrs. Stewart began working in the recovery field in 2010 at Phoenix Center Behavior Health System and she has hosted two National Recovery Month events and a recovery symposium in Middle Georgia. After 2 years of employment she was recognized as the Employee of the Quarter. As a continuation of the 2015 recovery symposium, Tarusa has organized others in recovery and allies to form Intentional Holistic Opportunities to Promote Empowerment (iHOPE), a



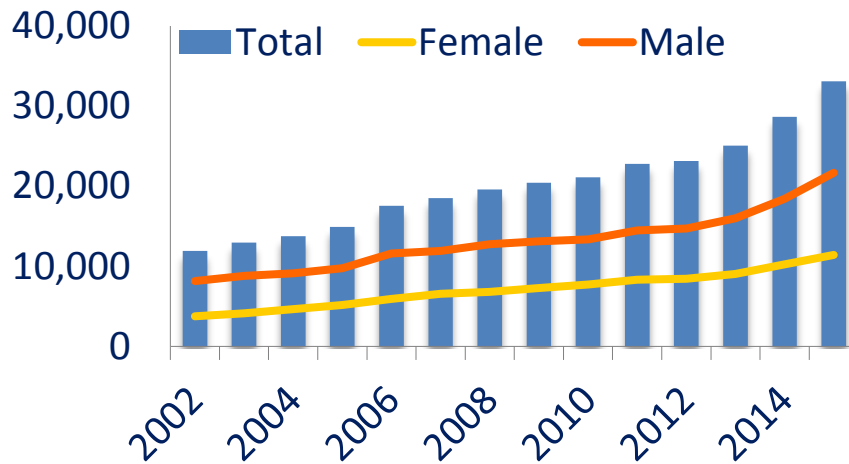
501c(3) recovery community organization. In addition to providing peer recovery support with individuals and groups, she is an experienced trainer on Applying the Science of Addiction Recovery and another specialty is Cultural Competency. Tarusa is gratefully to have discovered a place to pursue her passion for recovery advocacy and to show that recovery works.

National Overdose Deaths



National Institute on Drug Abuse

Number of Deaths from Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

- ✓ US population = ~319 million or 4.4% of the world's ~7.1 billion people
- ✓ US consumes 80% of the narcotics that are produced
- ✓ On average, 120 fatal overdoses occur each day in the US

Number of Deaths from Opioid Drugs in the US

- ❖ Annual overdose fatalities now exceed vehicle crash deaths
- ❖ Since 2000, opioid overdose deaths in the US have increased **200%**



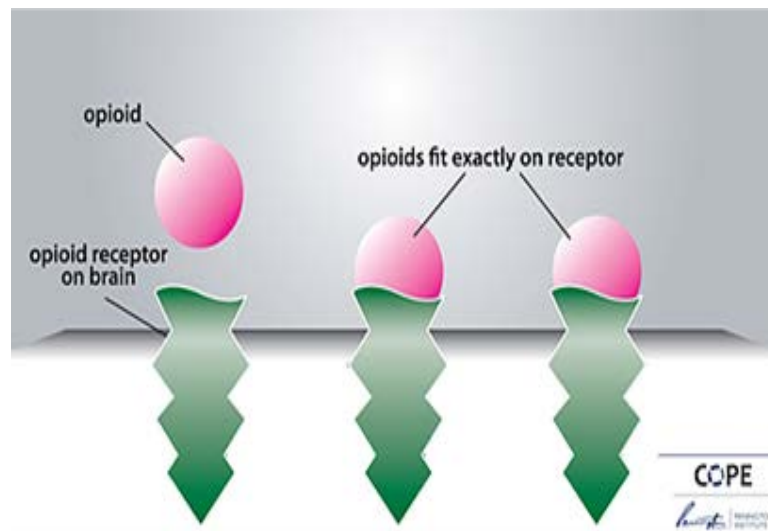
Four Drug Classes

- 1) Stimulants, 2) Depressants,
- 3) Hallucinogens and 4) Narcotics =

Pain reducers derived from the opium poppy & synthetics

- ❖ Opium, morphine, heroin, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin) fentanyl (Duragesic), and hydromorphone (Dilaudid)
- ❖ ***illicitly-made fentanyl and carfentanyl***

Opioids in the Brain



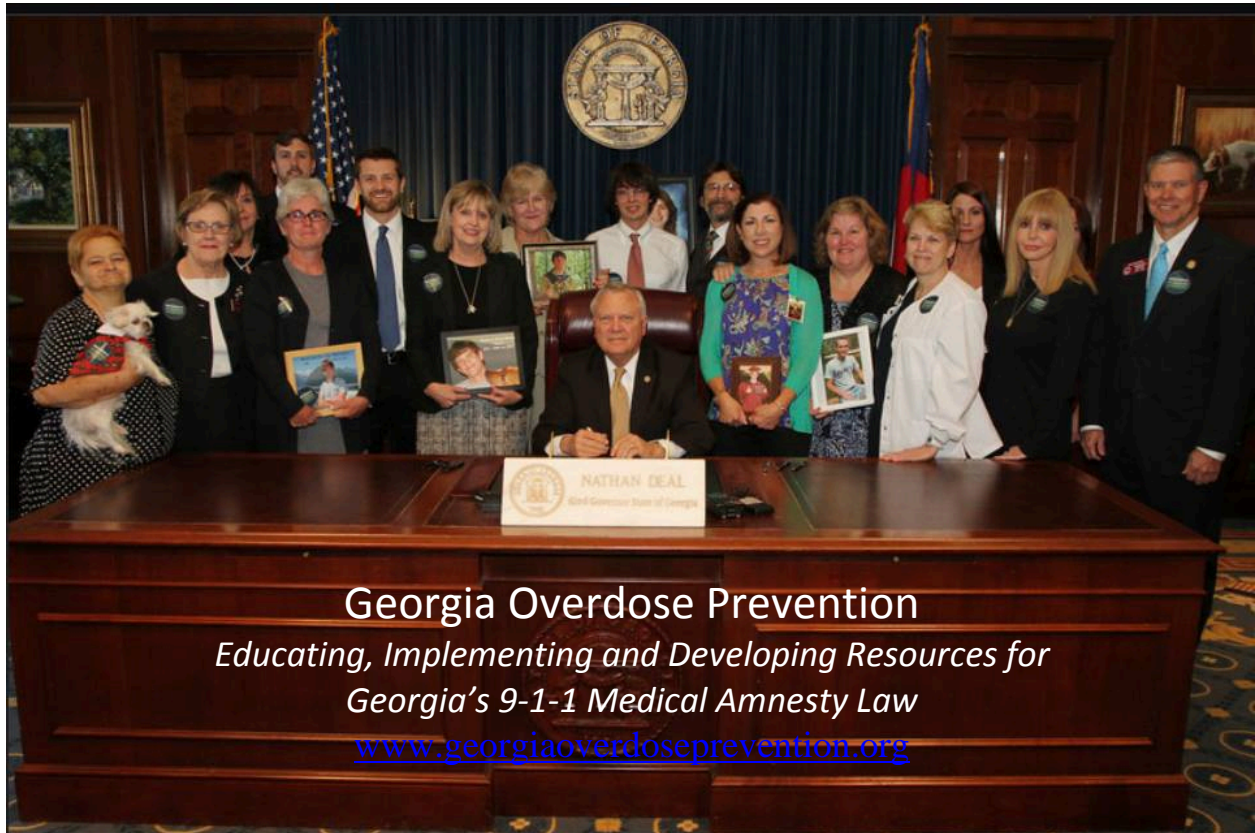
copeaustralia.com.au/naloxone

Why We Can Reverse Opioid Overdoses in Georgia

HB 965 Georgia 9-1-1 Medical Amnesty Law is due to Georgia Overdose Prevention

- Standing orders and individual prescriptions
- Prescriptions written for medical purposes
- Protection from criminal and civil liability as well as professional disciplinary action, so long as individuals act in good faith and in accordance with applicable standards of care





What is an Overdose?

- Generally, occurs over 1-3 hours - the stereotype “needle in the arm” death happens in about 15% of cases
- NON-RESPONSIVE: Opioids suppress breathing → decrease response to carbon dioxide → respiratory depression → death

Breathing slows > Breathing stops > Heart stops >
Blood circulation to the brain stops > Death

Overdose Continuum

- Overdose is rarely immediate – happens over 1-3 hours
- Potentially pre-overdose: Heavy/Uncontrollable nodding
 - ✓ Still arousable
 - ✓ Snoring or loud breathing



- Overdose signs
 - ✓ Not responsive
 - ✓ Very shallow breathing, gurgling
 - ✓ Skin changes, blue lips and nails

Context of Opioid Overdose

- Most heroin overdoses are witnessed = opportunity for intervention
- Fear of police/prosecution may prevent calling 911
- Witnesses may try ineffectual things
 - Myths and lack of proper training = Milk/salt shot/ice on genitals
 - Abandonment is the worst response

Heroin Users

- About 2% die each year - many from overdose
- 1/2 to 2/3 have at least one nonfatal overdose & once overdosed, are _____ susceptible to another
- 80% have observed an overdose

The cure for an opioid overdose is...

_____, **breathing support and airway control.**

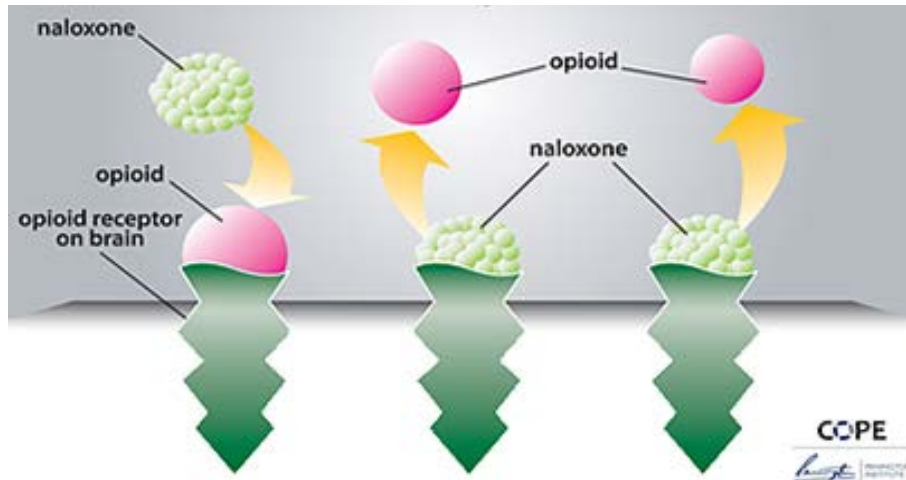
Naloxone

- ☛ Opioid antagonist = reverses opioid overdose
- ☛ Injectable or intranasal
- ☛ Pushes opioids off the receptors, then sits on the receptor preventing opioid activation for 30-90 minutes
- ☛ Analogy: Putting a temporary key in a lock



Overdose Reversal via Opioid Antagonist Naloxone

Naloxone = high affinity for 30-90 minutes!



copeaustralia.com.au/naloxon

Naloxone in Action

- ✓ Reverses opiate sedation and respiratory depression
- ✓ Causes sudden withdrawal = an unpleasant experience
- ✓ No psychoactive effects therefore no potential for diversion and is not addictive
- ✓ Routinely used by EMS and in operating rooms but often in larger doses
- ✓ Has no effect if an opiate is not present

Two Modes of Naloxone Administration

- Nasal spray
 - Two products or brands
 - Intramuscular injection
 - Two products or brands
- ☛ Trigger warning for next slide



Naloxone Nasal Caution: Ask for Narcan

- ⊗ The mucosal atomizer has been recalled in some states for not adequately converting the fluid to a spray
- ⊗ Half the strength (2 mg) of the current Narcan® Nasal Spray (4 mg)
- ⊗ Difficult to assemble and people drop and break the glass vials and/or forget to turn the glass vial three times to the right for the cannula to puncture the stopper so that it will work

Narcan® Nasal Spray



Videos on administering other, non-Narcan Nasal Spray, forms of naloxone:
<http://prescribetoprevent.org/patient-education/videos-for-download>

In this video (<https://www.narcan.com/healthcare-professional>), you'll learn:

1. How to recognize symptoms of an opioid overdose
2. How to administer NARCAN® Nasal Spray
3. How to proceed if the person regains consciousness before help arrives

Two potential errors in this video:

- 1) Step 3 = call 9-1-1 before administering naloxone
- 2) _____ the expiration date if another option is not available

Step 1: Check Responsiveness

First, tap or shake the person's shoulder and ask, "Are you OK?" Shout the person's name and "Wake up!"

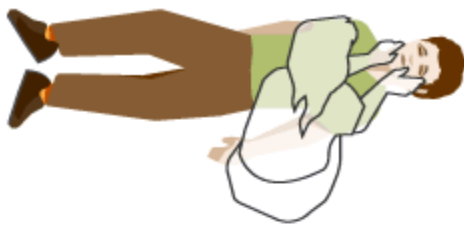
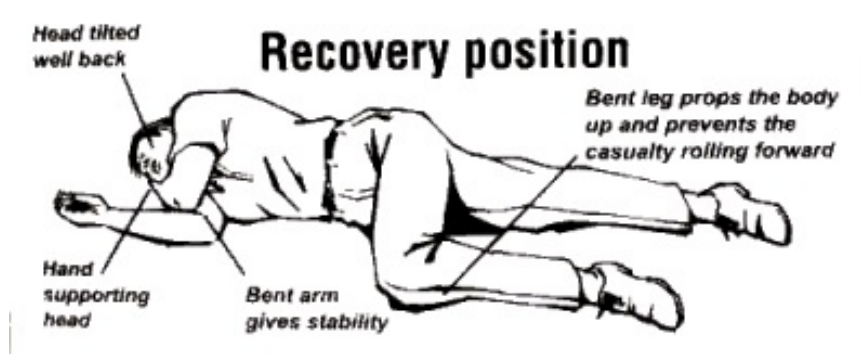
If no response, do a sternum **rub** with your knuckles.

As gently as possible to avoid injury

- ▶ Put person on the floor/ground



- ▶ Place hand under neck and lift while pressing down slightly on forehead to open airway



1 Tilt head backwards, ensure clear airway and straighten head and neck



2 Place arm at side and other arm across chest with hand against cheek



3 Bring far knee up to a 90° angle



4 Roll person over towards you with knee at angle and ensure head is supported



Naloxone

- ⊗ Causes WITHDRAWAL in a person using opioids = can be painful and physically unpleasant: vomiting, sweating, muscle cramps, headache
- ✱ _____ ONE DOSE may be needed to stop OD
- ✱ If OD returns when naloxone wears off in 30-90 minutes, re-administer!

Keep calm, carry naloxone

Fentanyl Test Strips are available

Please help improve this training by clicking [here](#) and providing your anonymous feedback or go to:

<https://goo.gl/forms/xzpcVe3XFfQTyUYR2>

Get a *Drug Intoxication and Withdrawal Symptoms Overview* by clicking [here](#) or going to:

http://brauchtworks.com/yahoo_site_admin/assets/docs/Drug_Intoxication_Withdrawal_Symptoms_170116.1594324.pdf

Resources

georgiaoverdoseprevention.org

prescribetoprevent.org

getnaloxonenow.org

naloxonesaved.us

narcans.com

pdaps.org

Goal

Introduce the basics of overdose prevention so that you engage with individuals who use opioids by recognizing and responding to opioid overdoses.

When they and we are still alive, there is hope!



RESILIENCE
RECOVERY &
EXPECT

