

Naloxone~ A necessary device

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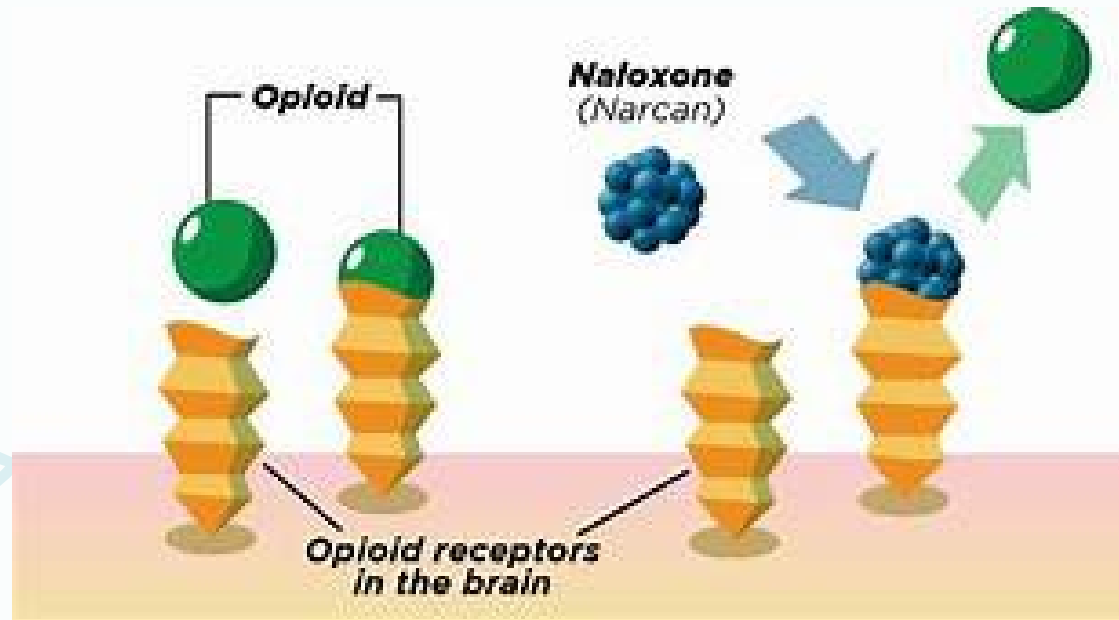
Understanding the Law

- naloxone, while a prescription medication is **NOT** a scheduled drug. It is not included in the Controlled Substance Act.
- This can be prescribed by anyone who has prescription privileges
- Legislation co-sponsored by Drug Policy Alliance, **AB 1535**, Californians are able to purchase naloxone directly from a participating local pharmacist, either with cash or in some cases, private insurance. Customers purchasing naloxone must also receive a brief training on its use
- Can be administered by anyone to a person who is in crisis
- CA has additional liability protections for prescribers and the users of this medication

What is an OPIOID Overdose?

- **Overdoses happen when there is a combination of opioids or a large amount of opioids in the body and the brain begins to shut down breathing**
- **If a person cannot breathe or isn't breathing enough, oxygen cannot get to the brain (CO₂ levels rise, O₂ levels fall) When this happens, the heart stops beating which leads to unconsciousness, coma and death as**

How Does it Work?



Naloxone has a stronger affinity to the opioid receptor than the opioid itself so Naloxone knocks the opioid off the receptor for a short period of time. This allows the person to breathe again and reverse the overdose.

Who Is At Risk of Overdose and Why?

Overdose affects people from every socio-economic background, culture, race, ethnicity etc and occurs in every part of the state~ rural, urban and suburban.

The Who:

People who use
Opioids for pain
control

Young people who
Are experimenting
with drugs; those
with drug dependence;
Opiate naive

Long time drug users, especially those
who use after a period of abstinence (county
jail, prison, rehab setting), or when mixing drugs
or other medications

The Why:

Mixing medications, content of illicit or “street” drugs, using alone, physical health (respiratory illness, Decreased immune system, malnutrition, dehydration, weight loss, cardiac issues etc.

Common opioids in each class

Natural:

morphine
codeine

Esters of Morphine:

morphine diacetate or heroin
methyldesorphine
nicomorphine or Vilan

Semi~Synthetic:

Hydromorphone or Dilaudid
Hydrocodone or Norco
Oxycodone or Percodan
Oxymorphone or Opana
Buprenorphine or Suboxone

Fully Synthetic:

fentanyl
methadone
tramadol
tapentadol
loperamide (Immodium, etc)

Endogenous:

endorphins
enkephalins
dynorphines
endomorphines

naloxone

- **Opioid antagonist or blocker, which reverses opioid overdose in people**
- **Can be administered IV, IM, SubQ or intranasally**
- **Is short acting~ works only for 20-90 minutes**
- **Causes sudden withdrawal in an opioid dependent person**
- **Does not get a person “high”, is not addictive and cannot harm a person who is not using opiates**

Recognizing an Opioid Overdose

- **Loss of consciousness**
- **Unresponsive to outside stimulus**
- **Awake, but unable to talk**
- **Breathing is very slow and shallow, erratic, or has stopped**
- **Fingernails or lips/skin turn blue or purplish black**
- **Skin clammy**
- **Choking sounds, or a snore-like gurgling noise (sometimes called the agonal breaths)**
- **Vomiting**
- **Slack muscles**
- **Pulse (heartbeat) is slow, erratic, or not there at all**

Assess the Signs

- **Is the person responsive? think CPR (shake and shout)**
- **Is the person breathing? Watch for chest rise and fall**
- **Can the person speak**
- **How does their skin, lips and fingernails appear? (blue, grey, clammy etc)**

Recognizing and Responding to Overdose

- Check for signs of opioid overdose
- Support the person's breathing
- Start Chain of Survival~ Call 911, deploy 1st dose of Narcan, start CPR (if needed)
- Monitor response and place in recovery position person on their side with their arm under their head and face pointing downward



Review

- **Opioid antagonist or blocker, which revers opioid overdose in people**
- **Can be administered IV, IM, SubQ or intranasally**
- **Is short acting~ works only 20-90 minutes**
- **Causes sudden withdrawal in someone who has used opiates**
- **Does not get a person “high”; is not addictive and cannot harm a person who is not using opiates**

After care and Support

- **Naloxone only lasts between 20-90 minutes in the blood**
- **Reactions upon waking up from naloxone administration include being disoriented or confused, lethargic or combative.**
- **People don't realize that they have overdosed. Attempt to keep them calm and explain what happened**
- **If possible, attempt to keep them from ingesting any more of the drug**
- **It is important that someone stay with the person as naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids that are in the brain.**
- **Long acting opioids that may be on board present the greatest risk of a patient being re-sedated. It is vitally important to get further assistance if they have taken any long acting opioid like methadone; sustained release (SR) morphine, SR oxycodone; SR hydromorphone etc.**

For more information:

- **Contact:**
- **Gateway at 800-488-9919**
- **Santa Clara County Addiction Medicine & Therapy program (AMT) at 408-885-5400 or 408-272-6577**
- **Santa Clara County Opioid Overdose Prevention Program at 408-272-6073**
- **AMT Division Director and SCCOOPP Director Mira Parwiz at 408-885-3412**
- **WWW.SAMSHA.GOV**
- **Anjanette DeVito, RN nurse manager at 408-272-6073
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