

Saving Lives and Reducing Other Risks in Your Jail Through Harm Reduction

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WELCOME & INTRODUCTIONS

PRESENTERS



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AGENDA

Welcome and Introductions

Protocols for Naloxone Administration

Naloxone Dosage

Buprenorphine Initiation After an Overdose

Questions and Wrap Up

LEARNING OBJECTIVES

- Identify best practices for using naloxone to respond to an overdose that take into consideration:
 - Patient outcomes.
 - Naloxone dosing.
- Understand why breathing is a critical step in an overdose response.
- Describe the importance and timing of initiating buprenorphine following an overdose reversal.

WHAT DOES HARM REDUCTION LOOK LIKE IN PRACTICE?

Harm reduction: **doing what we can to keep people who use drugs as safe as possible**, including strategies such as naloxone distribution and overdose response.

PROTOCOLS FOR NALOXONE ADMINISTRATION

RECOMMENDATIONS | NATIONAL COMMISSION ON CORRECTIONAL HEALTHCARE (NCCHC)

- NCCHC recommends naloxone kits be readily available to all people in the facility – health staff, custody staff, and, optimally, people who are incarcerated.
- Correctional facilities should provide training to all people, including those incarcerated. This includes education on opioid overdose and its signs, correct technique for administration of naloxone, and essential related procedures, including performance of cardiopulmonary resuscitation.
- Policies, procedures, and training should be in place to ensure emergency transfer of the incarcerated patient to a facility equipped to treat overdose.



NCCHC Position Statement: Naloxone in Correctional Facilities for the Prevention of Opioid Overdose Deaths

RECOMMENDATIONS | CALAIM JUSTICE-INVOLVED (JI) INITIATIVE

The following guidance is included in the Policy and Operational Guide for Planning and Implementing the CalAIM JI Initiative:

- Ensure that opioid overdose reversal medication is available, and staff have been trained in its use. Support access to overdose-reversal medication (naloxone).
- Correctional staff have received training and education on medication-based treatment and naloxone use.
- Support overdose prevention by providing naloxone upon release and a clinically appropriate supply of MAT with follow up.



Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative

SIGNS OF AN OPIOID OVERDOSE



Unconsciousness or unresponsiveness



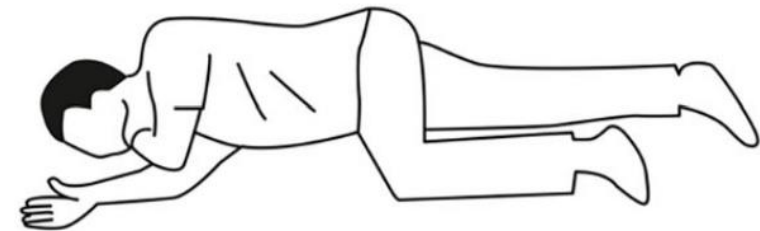
Slowed or stopped breathing



Blue lips or fingertips, ashen skin

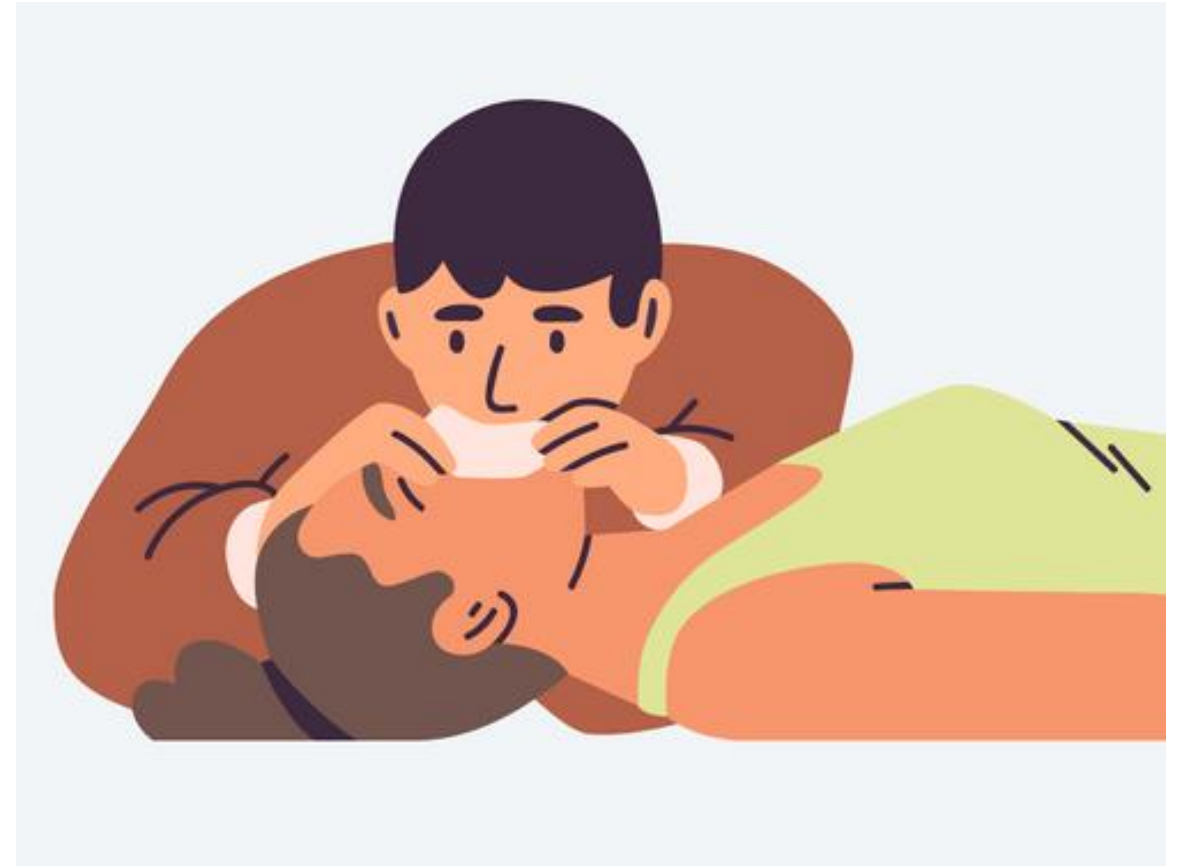
OVERDOSE RESPONSE PROTOCOLS

1. Give the person a light shake and try a sternum rub.
2. Give one dose of naloxone.
3. Clear airway and give rescue breaths.
4. Wait 3 minutes before giving a second dose.
5. Place the person in the rescue position when not administering naloxone or providing rescue breaths.
6. Turn over care to emergency services when they arrive.
7. Document the event.



EMPHASIS ON RESCUE BREATHING

- The goal of the overdose response is to restore breathing.
- Polysubstance use can slow the waking up process, especially benzodiazepines, xylazine, and/or alcohol.



CPR Select 2024

COMPASSIONATE OVERDOSE RESPONSE

- May lead to agitation toward the responder – a calm environment can reduce the likelihood of agitation.
 - As the person wakes up, get on their level and speak in a soft voice.
 - Explain what happened, that they are OK, and you are helping them. Do not use restraints when reversing an overdose.
- Identify who is essential to be in the room when an overdose occurs and remove those who aren't.
- Effects of naloxone last 30-90 minutes, and the person may experience withdrawal symptoms during this time.

POST-OVERDOSE CARE

Manage acute pain and withdrawal symptoms.

Focus on ventilation and oxygen.

Offer access to buprenorphine for continued care and initiate if the patient is interested (discussed further later in this session).

In the days/weeks after overdose, offer connection to mental health resources, substance use counseling, and other support services.

NALOXONE DOSAGE

FORMULATIONS

Manufacturer	Brand Name	Formulation	MG
Adamis Pharmaceuticals	Zimhi [®]	Injectable prefilled	5 mg/0.5 ml
Emergent Biosolutions	Narcan [®]	Nasal Spray	4 mg/1.0 ml
Hikma Pharmaceuticals	Kloxxado [®]	Nasal Spray	8 mg/1.0 ml
Hospira	Generic	Injectable	0.4/1.0 ml
Harm Reduction Therapeutics	RiVive [®]	Nasal Spray	3.0/1.0 ml
Teva	Generic	Nasal spray	4.0 mg/1.0 ml

NALOXONE IN ITS LOWEST DOSE IS EFFECTIVE.

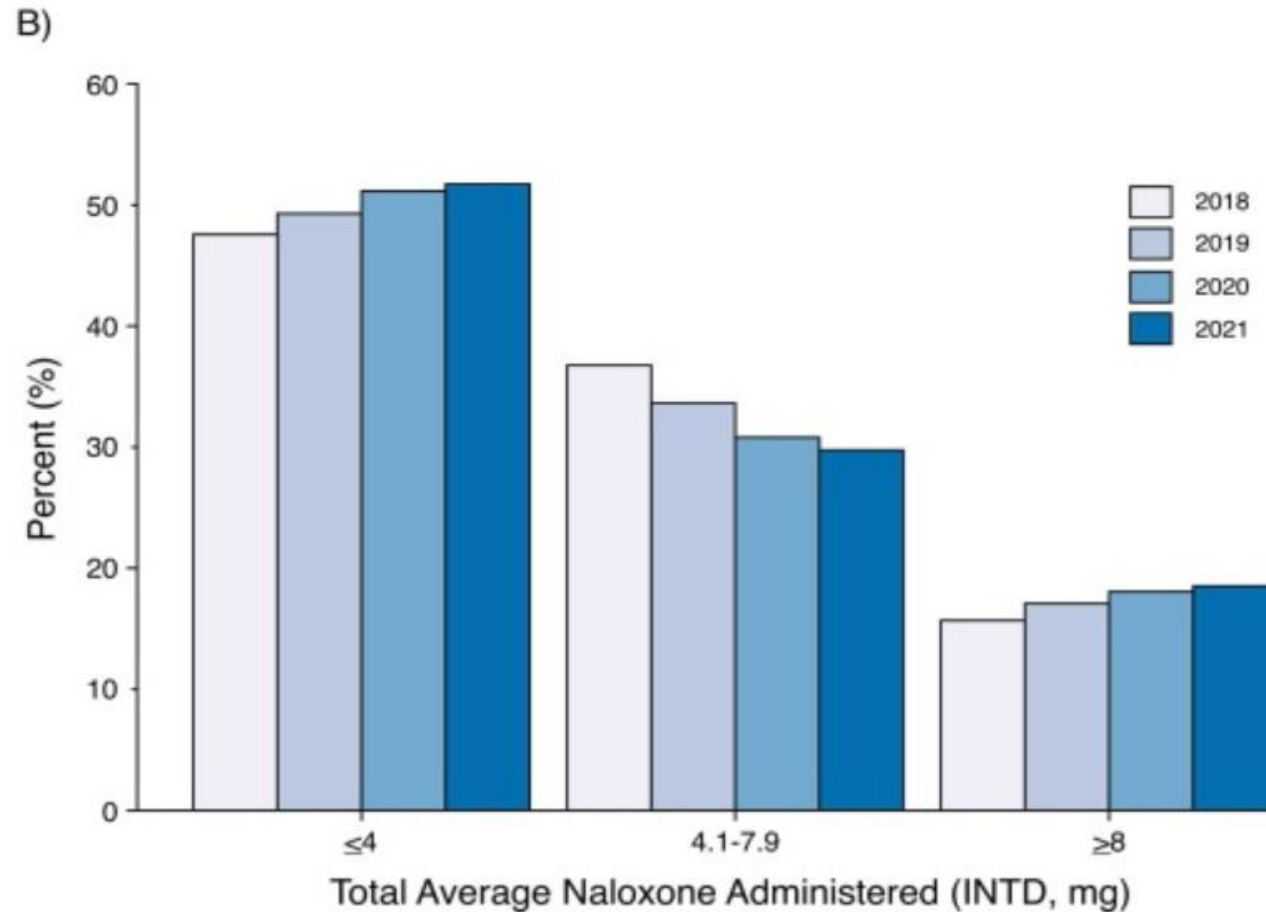
- Generic intramuscular 0.4mg/1ml naloxone is effective in reversing opioid overdoses— **including fentanyl overdoses.**
- **All new naloxone products are compared to this standard.**



HIGH DOSE NALOXONE IS NOT NECESSARY

- Studies have found no increase in the average number of naloxone doses used to reverse an overdose involving fentanyl:
 - Retrospective patient chart reviews.
 - Retrospective examination of reported naloxone use by the public and law enforcement.
 - Examining data from harm reduction programs (90% of naloxone use).
 - Past fentanyl outbreak experience.
- Rapidly giving more naloxone, or using stronger, more concentrated reversal agents will not speed up the reversal process.

EXAMINATION OF NALOXONE DOSING PATTERNS FOR OPIOID OVERDOSE BY EMERGENCY MEDICAL SERVICES IN KENTUCKY DURING INCREASED FENTANYL USE FROM 2018 TO 2021



Rock, et al. 2024

COMPARISON OF ADMINISTRATION OF 8-MILLIGRAM AND 4-MILLIGRAM INTRANASAL NALOXONE BY LAW ENFORCEMENT DURING RESPONSE TO SUSPECTED OPIOID OVERDOSE — NEW YORK, MARCH 2022–AUGUST 2023

- People who received 8 mg nasal spray were 2.5 times more likely to experience withdrawal symptoms than those who received 4 mg nasal spray.

Postnaloxone sign or symptom	8mg (n=101)	4 mg (n=253)	Risk Ratio	P Value
Opioid withdrawal sign or symptom, including vomiting†	37.6%	19.4%	2.51 (1.51–4.18)	<0.001
Vomiting only	20.8%	13.8%	1.64 (0.90–2.98)	0.11
Disorientation	66.3%	58.5%	1.40 (0.86–2.27)	0.17
Lethargy	52.5%	43.5%	1.44 (0.90–2.28)	0.13



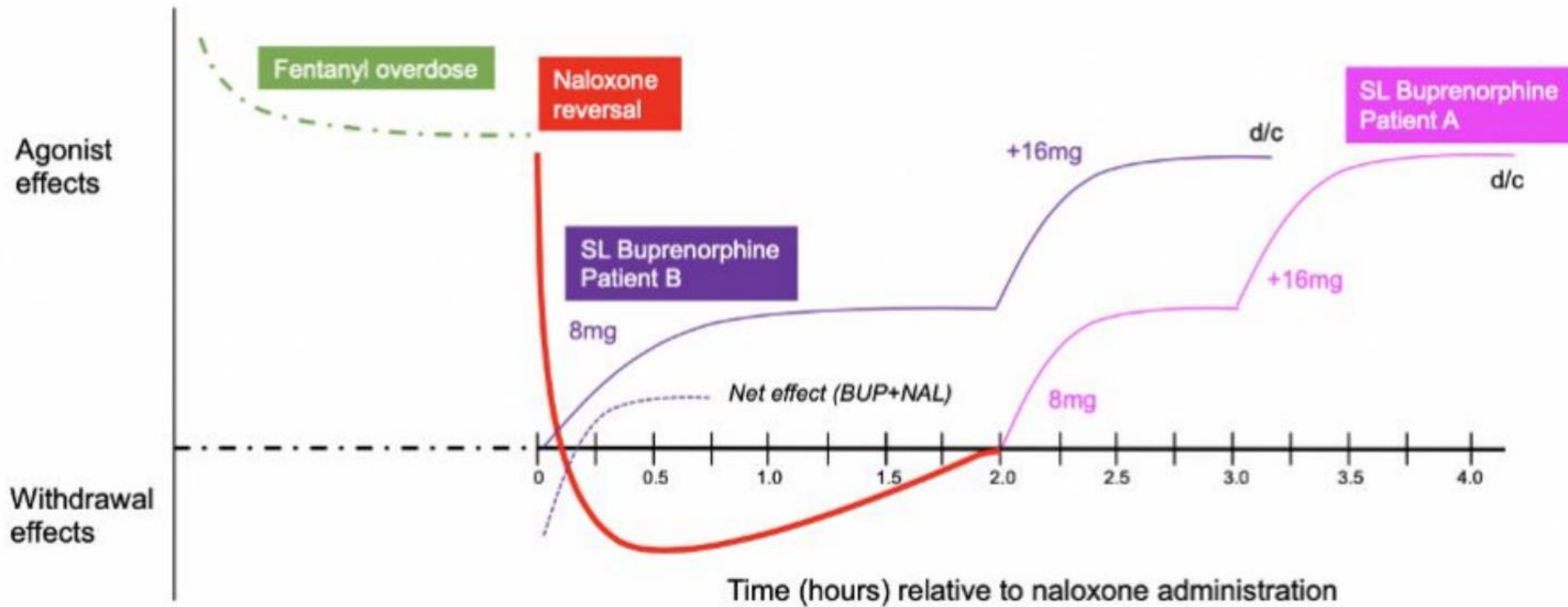
Overall, 99.0% of persons who received 8 mg and 99.2% of those who received 4-mg intranasal naloxone survived.

WITHDRAWAL IS A RISK AND A CONCERN

- Feeling sick may be motivation to use more drugs and risk another overdose.
- They may not want to call 911 for future overdose events.
- It may be perceived as punitive and stigmatizing, because the choice was made to use a higher dose of naloxone than was necessary.
- The person may experience agitation and direct it toward the first responder. A gentle overdose reversal and a calm environment reduce the likelihood of agitation.

BUPRENORPHINE INITIATION FOLLOWING AN OVERDOSE

BUPRENORPHINE AFTER OVERDOSE REVERSAL



<https://bridgetotreatment.org/wp-content/uploads/CA-BRIDGE-PROTOCOL-Bup-after-overdose-reversal-September-2020.pdf>

BUPRENORPHINE

- To prevent someone from going back into an overdose after the naloxone wears off, if patient wants MOUD, then start buprenorphine within 2 hours of overdose reversal.
- Buprenorphine treats withdrawal symptoms.
- Buprenorphine treats opioid use disorder.
- Buprenorphine can reach a therapeutic dose on day one.
- Buprenorphine or methadone are standard of care.

Weimer MB, Herring AA, Kawasaki SS, Meyer M, Kleykamp BA, Ramsey KS. ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids. *J Addict Med.* 2023 Nov-Dec 01;17(6):632-639. doi: 10.1097/ADM.0000000000001202. Epub 2023 Jul 28. PMID: 37934520.
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REMINDER: NALOXONE DISTRIBUTION PROJECT (NDP)

- Best practice is to offer naloxone to individuals upon release.
- DHCS created the NDP to combat opioid overdose-related deaths throughout California.
- Eligible entities include (but are not limited to):
 - County public health and behavioral health departments.
 - Law enforcement such as police departments, county jails and probation.



[Apply for naloxone in your county through the Naloxone Distribution Project website](#)

POLLING QUESTION: INTEREST IN OTHER HARM REDUCTION STRATEGIES

Please let us know if you would be interested in learning about any of the following topics:

- Fentanyl and xylazine test strips
- Strategies upon reentry (e.g., naloxone kit, education materials, resources, vending machine)
- N/A – Not interested in other topics
- Other (please drop your recommendations in the chat)

POLLING QUESTIONS

1. Overall, today's webinar was:
 - A. Very useful
 - B. Somewhat useful
 - C. Not very useful
 - D. Not useful at all

2. The material presented today was:
 - A. At the right level
 - B. Too basic
 - C. Too detailed

RESOURCES

- [A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons](#)
- [CA Bridge Starting Buprenorphine Immediately after Reversal of Opioid Overdose with Naloxone](#)
- [Jail Based Overdose Prevention Curriculum](#)
- [Legality of Dispensing Expired Naloxone in California](#)
- [SAMHSA Overdose Prevention and Response Toolkit](#)

CONTACT US

FOR ANY QUESTIONS OR COMMENTS
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