

Everyday Heroes: Community Overdose Prevention & Response Strategies

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What does Overdose Education and Naloxone Distribution Unit (OENDU) do?

NALOXONE DISTRIBUTION

Supply OOPPs with nasal spray and IM naloxone kits and related resources

TRAINING

Conduct Overdose Prevention and Response training & dispense naloxone

TECHNICAL ASSISTANCE

Provide programmatic guidance and Training of Dispensers to OOPPs

ENGAGEMENT

Recruit OOPPs in priority systems and offer guidance for effective engagement/ dispensing

DATA AND TRACKING

Manage data on all naloxone dispensed in NYC, and report on OENDU-related activities

PHARMACY ACCESS

Recruit and engage pharmacies in the NYC pharmacy naloxone standing order initiative

Goals

- Build capacity and competence in preventing and responding to overdoses
- Provide tools and suggestions for proactive safety planning and overdose response
- Address stigma and develop a shared vision and language around overdose and drug use
- Develop a broader perspective of the overdose crisis and what risk looks like

Agenda

- Overdose Crisis History
- NYC Overdose Mortality Data
- Overdose Prevention and Response
- Best Practices for Supportive Housing Providers and Staff
- Fighting Stigma within your Agency
- Treatment and Harm Reduction Resources

Key terms

Opioids

Pain relievers, including opioid analgesics (prescription painkillers), heroin and fentanyl

Fentanyl

A highly potent, fast acting opioid

Naloxone

A safe medication that can reverse the effect of opioids and prevent fatal overdose

MOUD

Medications for Opioid Use Disorders

Harm Reduction

- Respect for participants' own treatment and life goals
- Recognizing that treatment is an individual process that may vary greatly among participants
- Understanding that the path to successful treatment may vary among participants and that “**any positive change**” is a step towards greater well-being and health
- Non-punitive policies

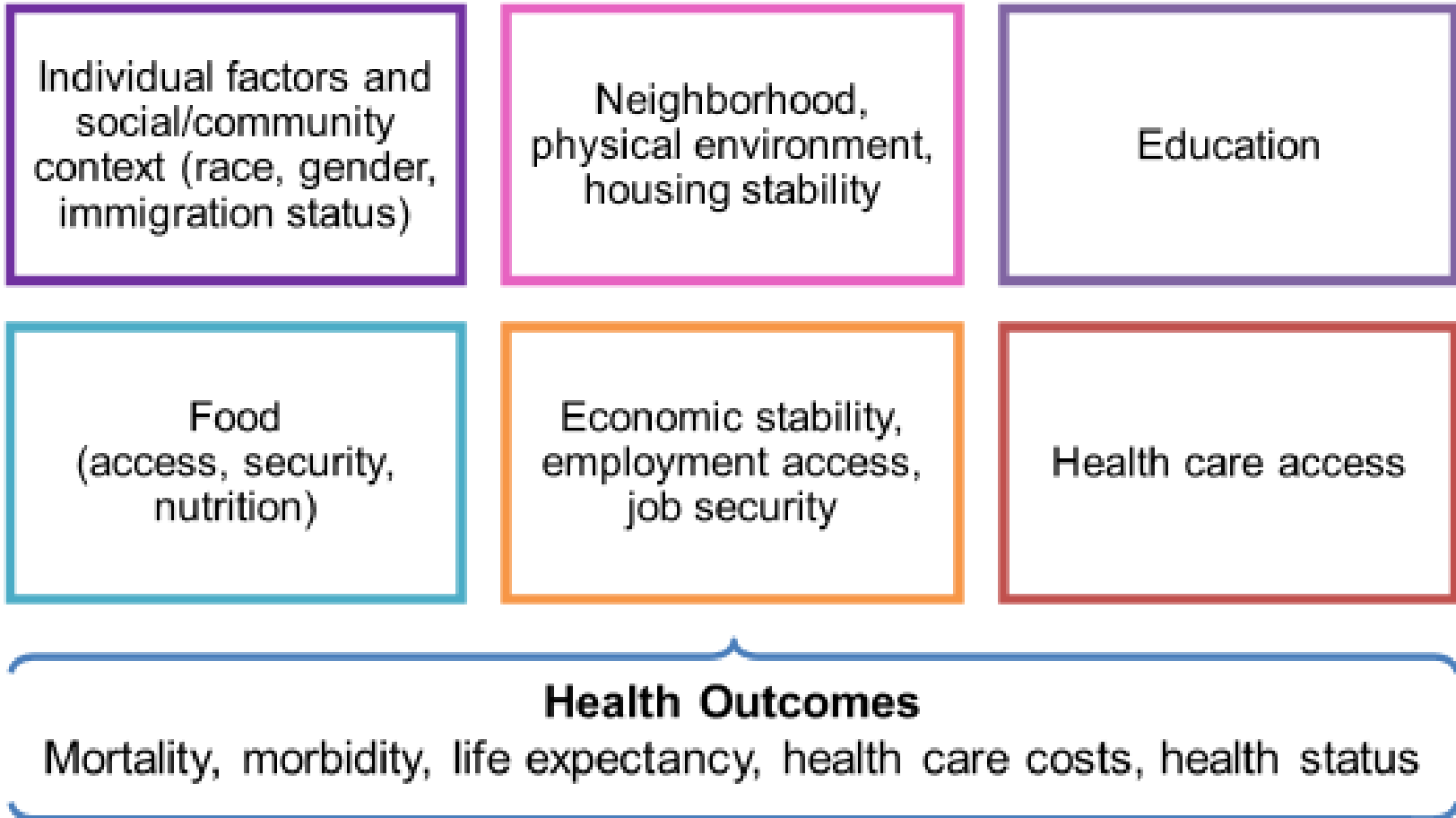


Supportive Housing is Harm Reduction

- People who use drugs are a worthy and deserving of safe, affordable housing, and comprehensive healthcare at any point along the continuum of care
 - Supportive Housing is a highly effective, critical tool in the Harm Reduction Toolbox
- Stigma and myths can prevent people from seeking care
 - Providing concrete tools, information, and resources are all effective ways to combat stigma and save lives

History

Social determinants of health



IRON LAW OF PROHIBITION

THE HARDER THE ENFORCEMENT, THE HARDER THE DRUGS

INCREASING LAW
ENFORCEMENT



INCREASING COST OF
ILLEGALITY



INCREASING POTENCY OF
THE SUBSTANCE



Need to Avoid Detection
(Less Weight and Volume, Easier to Hide,
Store and Transport)

Beer and Wine



Spirits



Moonshine

Cannabis



High THC Cannabis



Synthetic Cannabinoids

Coca Leaf/Tea



Powder Cocaine



Crack/Paco/Basuco

Opium



Heroin



Fentanyl/Carfentanyl

Ephedra



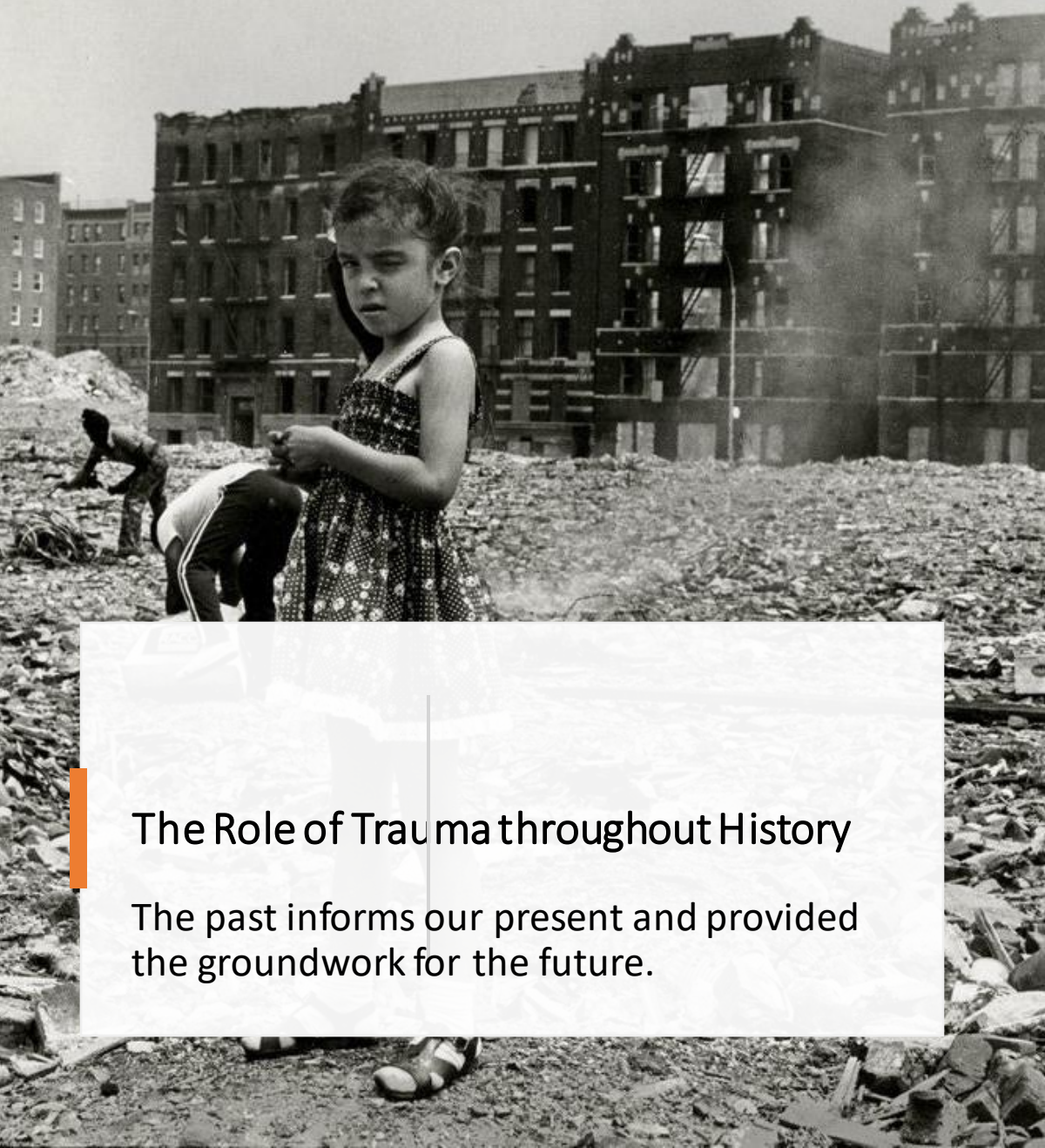
Amphetamine



Ice/Methamphetamine

Judge rejects opioid settlement over legal protections for Sackler family

Purdue Pharma deal arranged for the family to be guarded from lawsuits over their role in the US epidemic

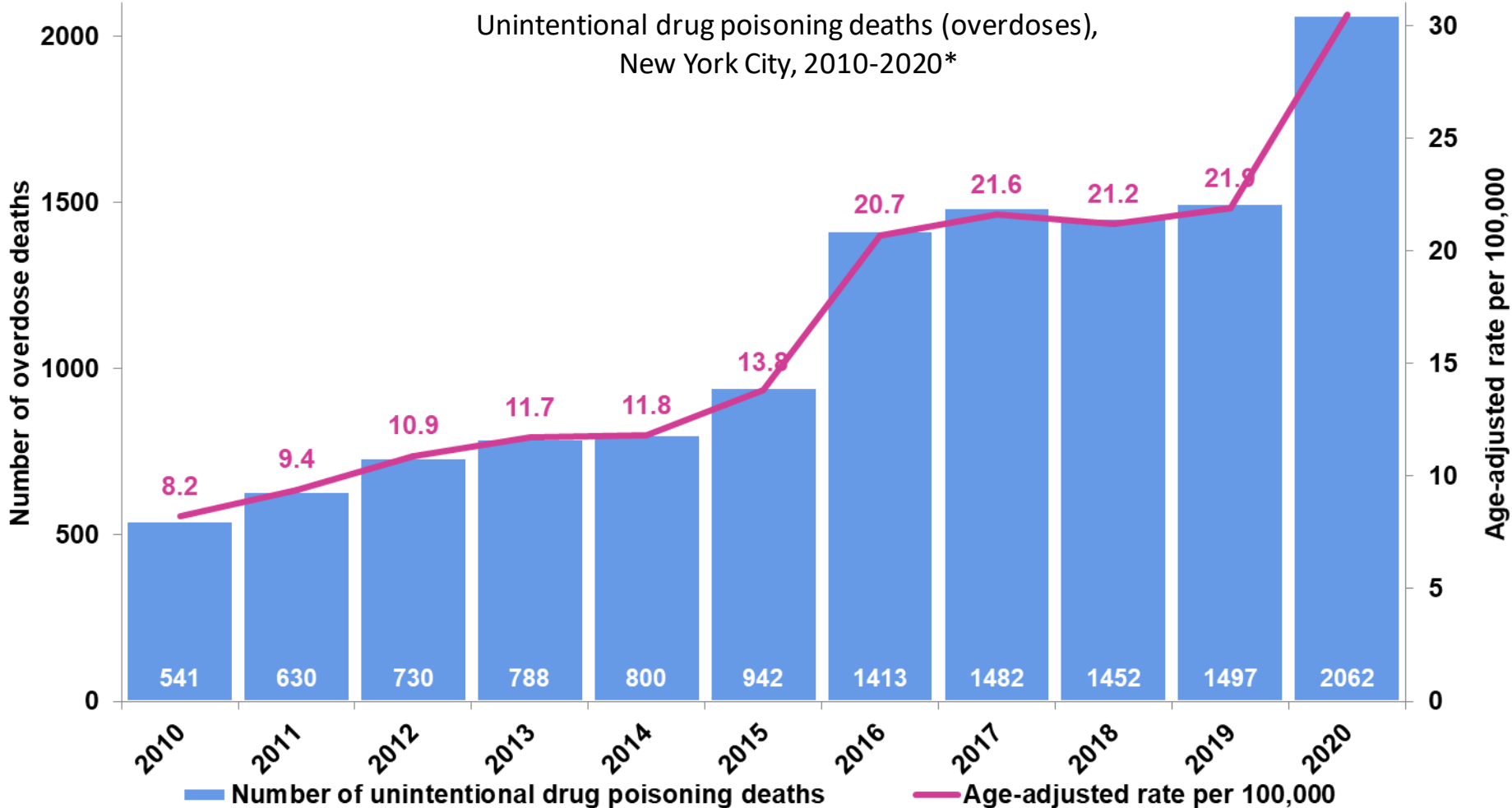


The Role of Trauma throughout History

The past informs our present and provided the groundwork for the future.

New York City Overdose Mortality Data

Overdose deaths in NYC increased in 2020

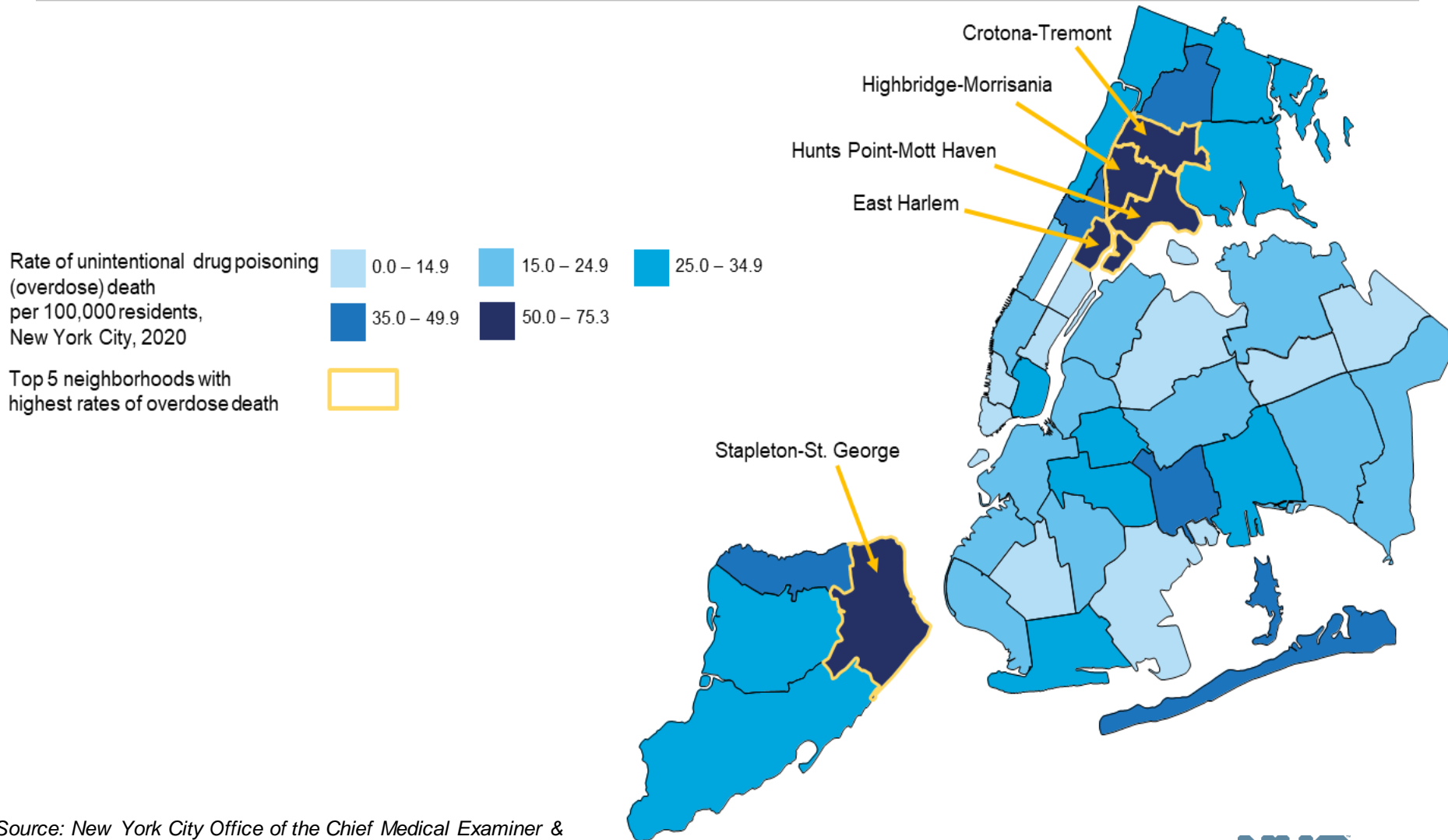


Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2020*

*Data for 2020 are provisional and subject to change

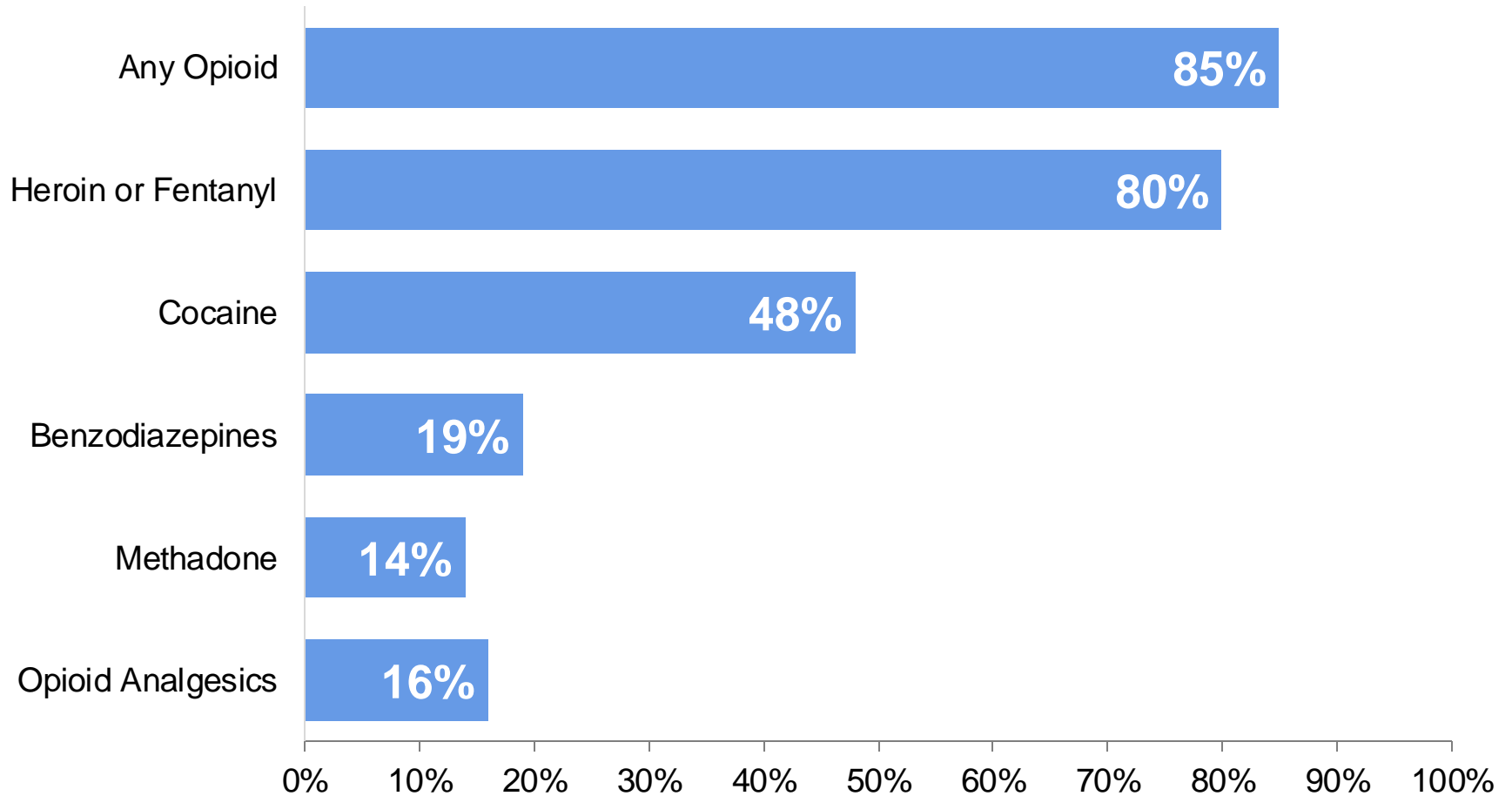


Rates of overdose deaths, by neighborhood of residence, 2020



Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2020*
*Data for 2020 are provisional and subject to change

Heroin or fentanyl involved in nearly all opioid overdoses in 2020



Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2020*

*Data for 2020 are provisional and subject to change

Non-pharmaceutical fentanyl in NYC drug supply

- Fentanyl is 50-100 times > morphine, 30-50 times > Heroin
- Non-pharmaceutical fentanyl (NPF)
 - Not patches or lollipops
- Heroin, cocaine and crack, counterfeit pills, ketamine, methamphetamine and other drugs bought on the street or online may contain NPF
 - Cut in and/or pressed prior to purchase
- No risk of overdose from touching fentanyl






Stigma and Harm Reduction

The words we use matter






Potentially stigmatizing language	More compassionate, person-centered language
Addict	Person who uses (or injects) drugs
Substance abuser	
Junkie / Dope fiend / Tecato(a) / Zombie	Person living with a substance use disorder
Substance abuse	Substance use or possibly misuse
Clean	Currently abstaining; making changes to drug use
Doctor shopper / Drug seeker	Patient / Participant / Client
Replacement / substitution therapy	Medications for addiction treatment
You should / shouldn't	Would you consider? / Can you try to avoid

Other loaded words: Relapse, recovery

Common Risk Factors

-  Changes in Tolerance
-  Mixing Drugs
-  Drug Quality
-  Previous Non-Fatal Overdose
-  Using Alone

Risk Reduction (If/When possible...)

-  Be careful if you take a break or miss doses, use less, go slow/do a slow shot
-  Make an overdose plan, have a phone on hand to call 911
-  Buy from people you trust and ask about changes in product, talk with others about drug quality
-  Use with someone else and take turns or call the “Never Use Alone” hotline at 800-484-3731
-  If or when ready, medication for opioid use disorder (MOUD) with methadone or buprenorphine

Use of any opioids can put someone at risk

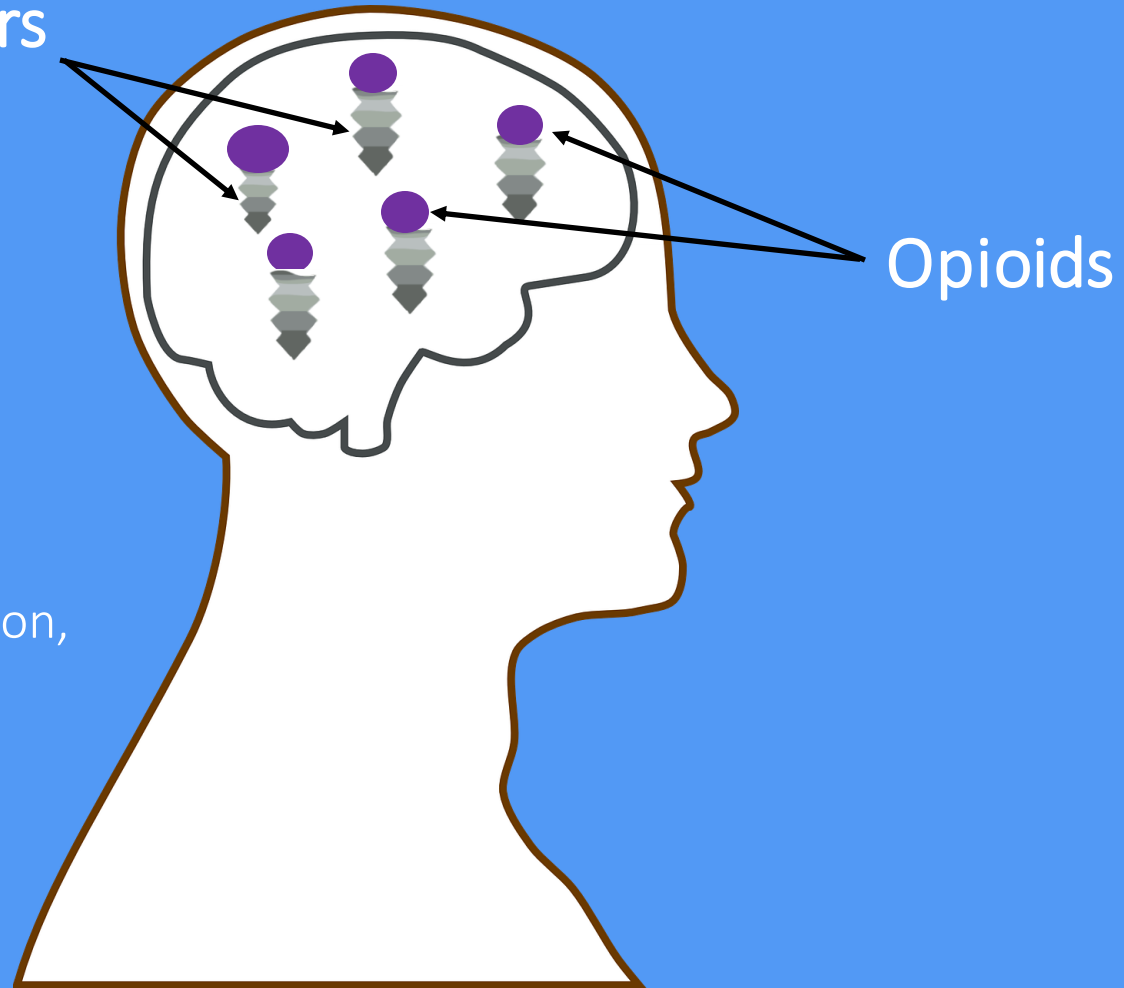
Overdose Response and Prevention

Training Video:

<https://www.youtube.com/watch?v=p5st4Raik-8>

How do opioids work?

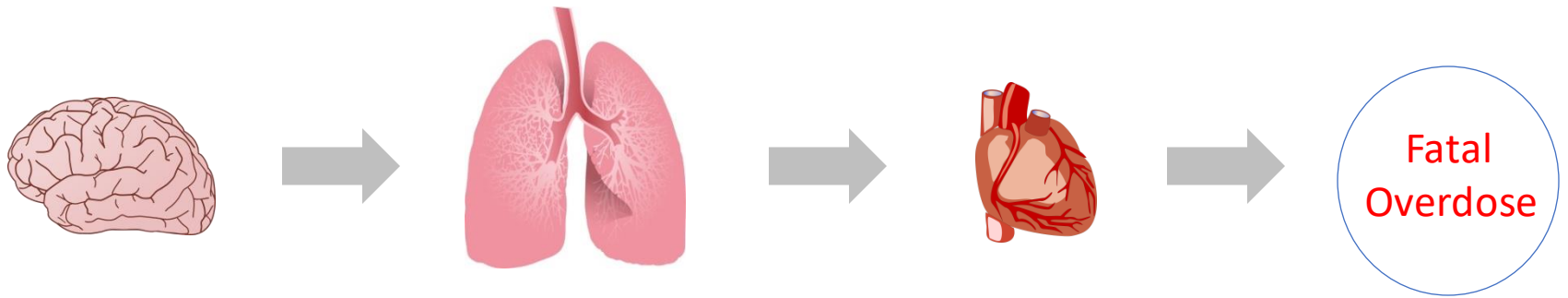
Opioid receptors



Opioids can:

- Relieve pain
- Relieve withdrawal
- Produce feelings of mental and/or physical comfort
- Cause side effects: constipation, nausea, drowsiness and respiratory depression

The process of overdose can happen over the course of minutes to hours



Quantity or strength of opioids gradually suppress involuntary drive to breathe

Breathing slows down

Heart Stops

Important: It is rare for someone to die immediately from an overdose. When people survive, it's because someone was there to respond

Naloxone

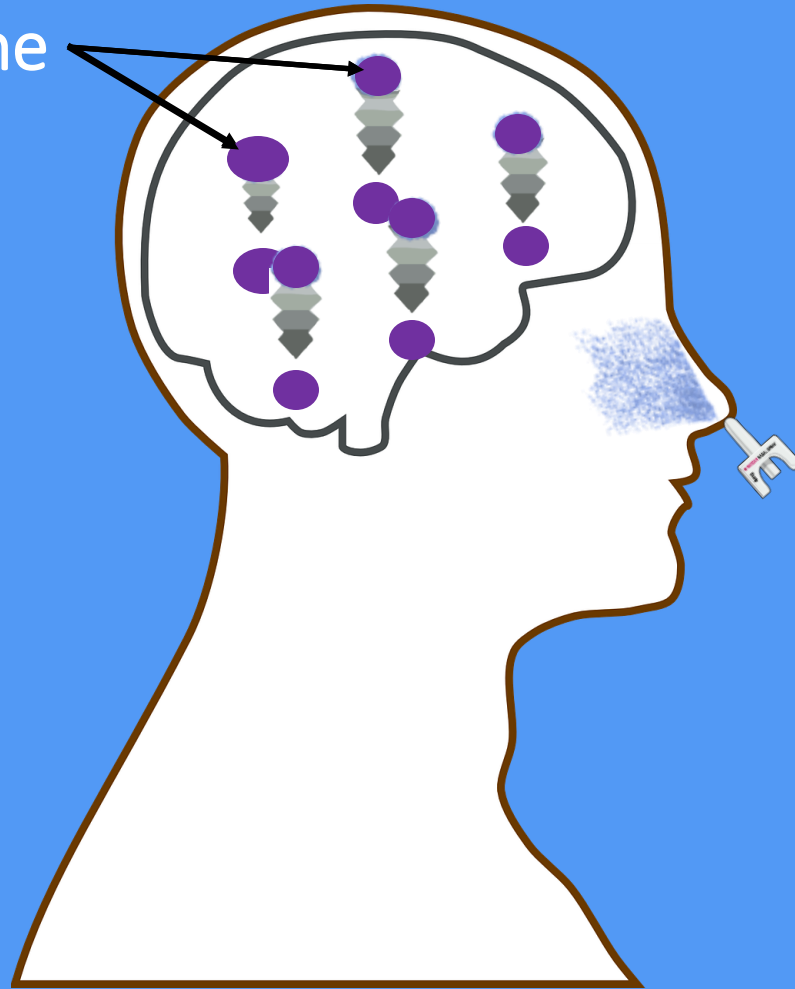
- Only function is to reverse opioid overdose
 - Safe: Zero effect if opioids are not present
 - Available as nasal spray or intramuscular injection
- No known negative effects
 - May put opioid dependent person in withdrawal
- No potential for misuse or dependence
- Responders have liability protection in NYS



How does naloxone work?

- Usually takes effect within 2-8 minutes to restore breathing
- Lasts for 30-90 minutes

Opioids

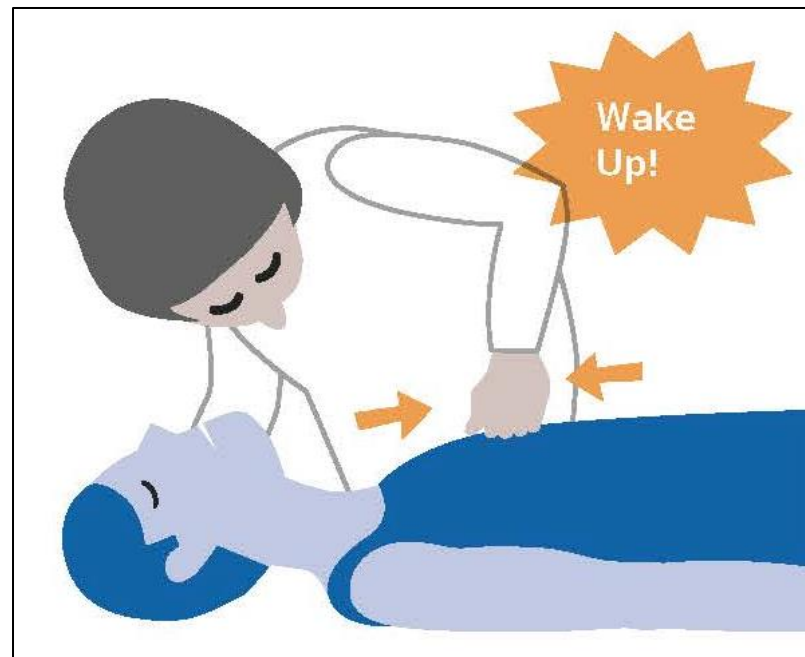


Look for signs of opioid overdose

- Slow or stopped breathing
- Unconscious or unresponsive
- Blue/gray/white lips and/or nails
- Snoring or gurgling sounds
- Muscle stiffness or rigidity (fentanyl)

Check for responsiveness

- **Shout from a distance**
 - Tell them you will call 911
- **Sternal Rub**
 - Try to wake the person up by grinding your knuckles, applying some pressure, into their breastbone



Reminder: Always perform a sternal rub before administering naloxone

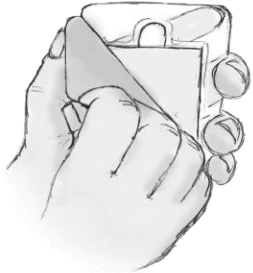
Note: All naloxone kits come with non-latex gloves

If no response to sternal rub, call 911 for medical help

- Give dispatcher address and specific location
- Tell them what you see: “Person is not breathing, turning blue/gray, unconscious, non-responsive”
- Reasons to call 911:
 - May not be an overdose
 - Potential medical complications
 - More doses of naloxone may be needed



Give naloxone: Narcan Nasal Spray®



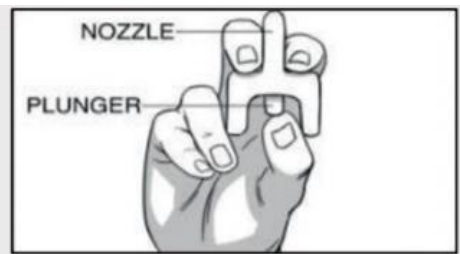
1. Peel



2. Place



3. Press



Do **NOT** press the plunger until ready to use



4. Repeat

If after **2 minutes**, the person does not wake up, give a second dose

Give rescue breaths or do CPR, if you know how

COVID-19 Guidance:

Rescue breathing may increase risk of exposure to COVID-19.

However, when done correctly, rescue breathing can save a life. It is an individual responder's decision, informed by the risks and benefits, whether to provide rescue breathing.



Note: *It might be difficult to perform rescue breaths on persons experiencing muscle rigidity from fentanyl*

Recovery position

- Put person on their side to prevent choking and open their airway
- Can be done anytime, but very important:
 - Any time you have to leave the person alone
 - When not administering naloxone
 - When not giving rescue breaths



Someone may be high, but not yet overdosing

- If someone responds to shouting or to the sternal rub, even verbally, try to keep them alert and monitor closely
 - Overdose is still possible
 - Keep naloxone nearby
 - Stay with them and/or ensure they will not be alone
- When in doubt, call 911 for medical help

If the person becomes responsive

- They might be confused or afraid
 - Explain to them that they overdosed
- They might be in withdrawal
 - Reassure them that naloxone wears off in 30 – 90 minutes
 - **Using more drugs is unlikely to reduce withdrawal but may increase risk for another overdose**
- Discuss benefits of receiving follow-up medical care
 - If person declines medical attention, make sure someone stays with them for at least 3 hours

911 Good Samaritan Law

- The law offers some protection to the overdose victim and those who call 911 from prosecution for:
 - Drugs up to A2 felony offense (possession up to 8 oz of narcotics)
 - Alcohol (for underage drinkers)
 - Cannabis (any amount)
 - Paraphernalia offenses
 - Sharing of drugs (in NYS sharing constitutes a “sales” offense)
- Does not provide explicit legal protections for probation or parole violations, violations for open warrants, issues related to immigration, child welfare

Overdose response planning

- An individualized response plan acknowledges the difficulty of calling 911 and allows the person to respond to the overdose while taking care of themselves
- Reasons why someone may not want to call 911
 - Previous experience reversing overdoses without medical intervention
 - Stigma attached to drug use
 - Fear for personal safety
 - Potential impact on other legal matters
 - Criminalization and policies around drug use
 - NYPD Overdose Response Squads

Best Practices for Overdose Response in Supportive Housing Programs

Best Practices

- Naloxone Access
- Designated Roles & Responsibilities
- Formalized Response & Emergency Planning
- Harm Reduction & Treatment Resources
- Addressing Stigma

Best Practices: Naloxone Access

Naloxone Access

- One of the most important best practices is to have naloxone on site and provide/offer training to both staff and residents
- Naloxone can be obtained several ways in NYC:
 - Pharmacy
 - No prescription needed (NYC Standing Order)
 - Select pharmacies provide free kits – see list [here](#)
 - Opioid Overdose Prevention Program (OOPP) provide free Naloxone to laypersons
 - See list [here](#)
 - Consider becoming an OOPP

Who should become an OOPP?

- We prioritize access to people who use drugs and their social networks and communities experiencing high rates of overdose
- NYC DOHMH provides NYC OOPPs with resources and guidance
- NYC OOPPs are responsible for reporting naloxone dispensing activities to DOHMH and NYS DOH
- If you're interested in becoming an OOPP, or discussing other options for accessing naloxone email us at naloxone@health.nyc.gov

Best Practices: Designated Roles & Responsibilities

Recommendations for All Staff

Training, Training, Training!

- Naloxone and CPR Training
 - Annual trainings and refreshers recommended
- Stigma and Harm Reduction Training
 - Always useful training for staff at all levels (supports positive interactions between staff and residents)
- Annual trainings on site-specific emergency protocols
 - Ensure staff feel confident and supported in their roles

Recommendations for Program Leadership

- Ensure naloxone access
- Review existing emergency protocol plans and consider how overdose response fits in
 - Engage staff, residents, and building management in planning and feedback process
- Formalize roles and responsibilities for staff and residents in overdose prevention and response planning
 - Ensure staff and residents have regular access to training and support to fulfil roles and responsibilities
- Reflect on punitive policies
- Responsible to speak with law enforcement in the event of an overdose

Recommendations for Resident-Facing Staff

- Provide information to all residents on overdose prevention
- Incorporating substance use assessments for new residents
- If residents disclose that they are actively using drugs, provide more robust safety planning support
- Develop a plan for conducting 'wellness checks' for high-need individuals, with residents' consent
- Provide holistic, stigma-free support for all individuals
- Provide after-care and follow-up support to individual and other residents
- Be open to feedback

Recommendations for Security & Maintenance Staff

- Be aware of limitations in roles/responsibilities
- Offer and provide naloxone, CPR, and harm reduction & stigma training for staff to ensure they feel prepared and empowered
- Consider incorporating staff into wellness check process
- Provide proper safety training for maintenance staff on the disposal of sharps containers

Recommendations for Residents

- Consider identifying roles that peers can play in your emergency response protocols
- Offer all residents overdose response and naloxone administration training
 - Ensure residents have access to phones and naloxone
- Ensure residents are trained and prepared on emergency response protocols
 - Consider public signage

Best Practices: Formalize Emergency Response Plans

Formalize Emergency Response Plans

- Delineate roles and expectations regarding CPR, AED, naloxone administration during regular staff hours, as well as the evening shift.
- Develop a formal post-overdose protocol for both staff and residents, which includes guidelines for debriefing one-on-one and as a community.
- Facility effectiveness
 - Security Verification System (key fobs, rounds, security desk)
 - Emergency Phone
 - CPR, Narcan, First Aid
 - Sharps containers
- Categorize levels of inebriation and the respective response for security and staff
 - Red/yellow/green
 - The program manager is responsible to speak with law enforcement.

Identifying and Responding to Inebriated Clients

If a client is inebriated, it is not necessarily required for staff to call 911.

If there is any question of what to do during work hours, please speak with the Program Director.

If working nights and weekends, please speak with the Shift Supervisor.



The client cannot stand or sit on their own, will not listen to staff or is belligerent/threatening to staff.

If belligerent:

Call 911 with EDP designation. NYPD and EMS are to report to the scene

If non-responsive:

Call 911 and respond to overdose

The client appears uncoordinated and may need assistance from staff.

Client should be able to listen to staff and adhere to personal safety plan

Client should stay in the lobby for 30 minutes until staff determine whether it is safe enough to allow the client to go to their apartment or seek medical attention.

Staff may determine to conduct a safety check twice later that evening.

The client appears to be inebriated but able listen to staff members and adhere to personal safety plan

Client should stay in the lobby for a few minutes to be observed by staff

Staff may determine to conduct a safety check later that evening.



Best Practices: Harm Reduction and Treatment Options

What does treatment look like?

- Not always abstinence... can also look like:
 - Reduced substance use
 - Improved Overall health
 - Prevent overdose and death from other causes
 - Improve social support
 - Employment, family, community
 - Medication for Opioid Use Disorder (MOUD)



Medication Treatment Terminology

Medications for Addiction Treatment (MAT)

- Historically referred to as medication assisted treatment, but this term incorrectly implies that medication is just an "assist"

Medications for Opioid Use Disorder (MOUD)

- MOUD is now the preferred term over MAT for medications that treat OUD as it is more an accurate description of the medication, though MAT is still a commonly used and recognized term

Summary of MOUD

Methadone	Buprenorphine	Naltrexone
Prevents opioid withdrawal and reduces cravings	Prevents opioid withdrawal and reduces cravings	Blocks effects of opioids
Maintenance use prevents opioid use OD risk	Maintenance use prevents opioid OD risk	Requires 7-10 days of no opioids to begin
Can treat chronic pain	Can treat chronic pain	Available in primary care settings
Only available through licensed Opioid Treatment Programs (OTP)	"Built-in" ceiling effect (reducing misuse)	Not for use in pregnancy
Better for individuals who benefit from structured programs	Available in primary care, ED, and other settings	Reduced tolerance may increase risk of opioid OD if return to use
Might take weeks to get to stable dose	Prescribed like other medications	
Higher risk of opioid overdose if combined with other depressants		

Key Messaging Regarding MOUD

- Educate residents about medication being the most effective treatment for OUD and overdose prevention
 - Individuals on MOUD are still considered in recovery; telling clients they are not “clean” or “sober” when taking MOUD prevents clients from seeking and staying in treatment
- Anyone with OUD should be presented with information about all options for MOUD

Ways to help residents access MOUD & treatment

- Help ensure clients have active insurance
- Remind of upcoming appointments if possible
- Facilitate exchange of medical information between providers
- Provide information on availability of other needed social services, and other physical and mental health treatment needs
- Identify medication-friendly mutual support groups for clients who participate in MOUD

Abstinence and Detox

- Medication treatment is not for everyone, and many people seek recovery through detox and abstinence
- It is important to allow individuals to define what recovery looks like for themselves
- Abstinence does not provide any evidence-based protection against overdose (unlike Methadone and Buprenorphine)
 - Consider what other overdose prevention strategies to put in place with individuals seeking abstinence
- To find a local inpatient detox program, visit NYS Office of Addiction Services and Supports
 - [OASAS Provider and Program Search](#)
 - OASAS 24/7 HOPEline: call 877-8-HOPENY (877-846-7369) or text “HOPENY” to 467369

Social Networks & Connection

- “The opposite of addiction is connection” – Johann Hari
- Strategies to support residents’ social networks and connection:
 - Mental health services and physical therapy
 - Developing additional programming that would encourage socialization
 - Leverage holidays, birthdays and addressing the needs of individuals that can translate to the larger community
 - Turkey/ham drives
 - Homework help/employment enrichment
 - Community walks
 - Community gardens/gardening in the common spaces of the facility

Tips for addressing stigma in your organization

- Nurture a culture of care within your organization
- Ensure staff feel comfortable and confident talking about harm reduction, substance use, and overdose prevention in clear and non-judgmental ways
- Foster social connection and engage residents in holistic, individualized, comprehensive support at any point along the continuum of care
- Normalize overdose response and safety planning in program policies and practice

Resources

Resources: Naloxone access in NYC

Request a mailed naloxone kit at:
nextdistro.org/nycnaloxone

Please allow ten business days for requested kits to arrive in the mail

If you need access to naloxone sooner, visit nyc.gov/naloxone to find naloxone within your community.

- Participating Pharmacies
- OOPPs

Resources: Harm Reduction

- Never Use Alone Hotline
 - To provide a life-saving point of contact for people who use drugs, to help increase their odds of surviving an overdose/fentanyl poisoning.
 - <https://neverusealone.com/>
- Find your local Syringes Service Program
 - <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/syringe-service.pdf>
 - SSPs offer...
 - Naloxone
 - Syringe Distribution and Disposal
 - Fentanyl Test Strips
 - Safer Smoking Supplies
 - Safer Sex Kits
 - Hygiene Kits
 - Hepatitis C and HIV testing etc.

Resources: How to find Treatment

- [NYC Health Department Website](#): list of primary care-based buprenorphine treatment in New York City under “How to Find Treatment”
- [NYC Well](#): phone/text line for mental health and substance use services in New York City
- [Medication for Addiction Treatment via Telehealth](#): list of buprenorphine treatment providers in NYS that provide telehealth options
- [OASAS Provider and Program Search](#): list of methadone and other drug treatment programs in New York State
- OASAS 24/7 HOPEline: call 877-8-HOPENY (877-846-7369) or text “HOPENY” to 467369
- [NYS DOH AIDS Institute Locator](#): list of buprenorphine and other services in New York State
- [SAMHSA Buprenorphine Treatment Practitioner Locator](#): list of buprenorphine treatment providers in the United States

Reflection

Everyday Heroes

Developing a mission statement for your Supportive Housing Program and community to reflect your vision and values as an organization is essential to understanding your motivation and capacity opioid overdose response

Thank you!

Questions?
