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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Opioids</strong></td>
<td>Pain relievers, including opioid analgesics (prescription painkillers), heroin and fentanyl</td>
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<tr>
<td><strong>Fentanyl</strong></td>
<td>A highly potent, fast acting opioid</td>
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<td><strong>Naloxone</strong></td>
<td>A safe medication that can reverse the effect of opioids and prevent fatal overdose</td>
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<td><strong>MOUD</strong></td>
<td>Medications for Opioid Use Disorders</td>
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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

- Individual factors and social/community context (race, gender, immigration status)
- Neighborhood, physical environment, housing stability
- Education
- Food (access, security, nutrition)
- Economic stability, employment access, job security
- Health care access

Health Outcomes
- Mortality, morbidity, life expectancy, health care costs, health status

Adapted from Kaiser Family Foundation
# Iron Law of Prohibition

The harder the enforcement, the harder the drugs.

**Increasing Law Enforcement**

- **Beer and Wine**
- **Cannabis**
- **Coca Leaf/Tea**
- **Opium**
- **Ephedra**

**Increasing Cost of Illegality**

- **Spirits**
- **High THC Cannabis**
- **Powder Cocaine**
- **Heroin**
- **Amphetamine**

**Increasing Potency of the Substance**

- **Moonshine**
- **Synthetic Cannabinoids**
- **Crack/Paco/Basuco**
- **Fentanyl/Carfentany**
- **Ice/Methamphetamine**

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

Unintentional drug poisoning deaths (overdoses),
New York City, 2010-2020*

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

Source: American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT)
https://www.acmt.net/_Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf
Stigma and Harm Reduction
The words we use matter

<table>
<thead>
<tr>
<th>Potentially stigmatizing language</th>
<th>More compassionate, person-centered language</th>
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<tbody>
<tr>
<td>Addict</td>
<td>Person who uses (or injects) drugs</td>
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<tr>
<td>Substance abuser</td>
<td>Person living with a substance use disorder</td>
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<tr>
<td>Junkie / Dope fiend / Tecato(a)/Zombie</td>
<td></td>
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<tr>
<td>Substance abuse</td>
<td>Substance use or possibly misuse</td>
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<tr>
<td>Clean</td>
<td>Currently abstaining; making changes to drug use</td>
</tr>
<tr>
<td>Doctor shopper / Drug seeker</td>
<td>Patient / Participant / Client</td>
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<tr>
<td>Replacement / substitution therapy</td>
<td>Medications for addiction treatment</td>
</tr>
<tr>
<td>You should / shouldn’t</td>
<td>Would you consider? / Can you try to avoid</td>
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Other loaded words: Relapse, recovery
**Common Risk Factors**

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

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**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?

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. Importantly, 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
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

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

Do **NOT** press the plunger until ready to use.
Give rescue breaths or do CPR, if you know how

1. Place the person on their back and tilt their chin up to open the airway
2. Pinch nose closed with one hand, make a seal between your lips and theirs
3. Give 2 even, regular-sized breaths - Blow enough air to make their chest rise - Give one breath every 5 seconds until help arrives

Note: Each kit comes with a face shield
Note: It might be difficult to perform rescue breaths on persons experiencing muscle rigidity from fentanyl

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
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

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<tr>
<th>Methadone</th>
<th>Buprenorphine</th>
<th>Naltrexone</th>
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<tbody>
<tr>
<td>Prevents opioid withdrawal and reduces cravings</td>
<td>Prevents opioid withdrawal and reduces cravings</td>
<td>Blocks effects of opioids</td>
</tr>
<tr>
<td>Maintenance use prevents opioid use OD risk</td>
<td>Maintenance use prevents opioid OD risk</td>
<td>Requires 7-10 days of no opioids to begin</td>
</tr>
<tr>
<td>Can treat chronic pain</td>
<td>Can treat chronic pain</td>
<td>Available in primary care settings</td>
</tr>
<tr>
<td>Only available through licensed Opioid Treatment Programs (OTP)</td>
<td>&quot;Built-in&quot; ceiling effect (reducing misuse)</td>
<td>Not for use in pregnancy</td>
</tr>
<tr>
<td>Better for individuals who benefit from structured programs</td>
<td>Available in primary care, ED, and other settings</td>
<td>Reduced tolerance may increase risk of opioid OD if return to use</td>
</tr>
<tr>
<td>Might take weeks to get to stable dose</td>
<td>Prescribed like other medications</td>
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<tr>
<td>Higher risk of opioid overdose if combined with other depressants</td>
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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 Addition Services and Supports
  - OASAS Provider and Program Search
  - OASAS 24/7 HOPEline: call 877-8-HOPENY (877-846-7369) or text “HOPENY” to 467369
“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/](https://neverusealone.com/)

- Find your local Syringes Service Program
  - 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?