

**SF NEEDLE EXCHANGE  
& HARM REDUCTION  
SERVICES  
HEROIN OVERDOSE  
MANAGEMENT AND  
PREVENTION  
MANUAL**

## HEROIN OVERDOSE MANAGEMENT MANUAL

Drug overdoses can be accidental, or they may be intentional. Recreational or recently initiated drug users overdose. So do experienced long-term users. The amount of drug or drugs that may cause an overdose varies with the type of drug(s), the person taking it, and sometimes, the route of administration. Overdoses of prescription, over the counter, or street drugs can be life-threatening.

This manual will focus on heroin (opiate) overdoses. It will provide potentially life saving information on how to recognize an overdose, why and how overdoses occur, and what you can do to prevent fatal outcomes when they do occur.

### Section 1

#### HOW AND WHY AN OVERDOSE HAPPENS

An overdose occurs when the body receives a drug dose that is toxic. Heroin depresses the respiratory system. Overdoses cause respiratory arrest, which can result in the heart and/or circulation stopping, and then, finally, death.

**Q.T.M.D. - Quality, Tolerance, and Mixing drugs** are three main factors in a drug overdose.

**Quality of Drugs** -How pure the drug is, determined by the drug/cut ratio.

Varying purity levels are why street drugs are so unpredictable. The strength of the drug is inconsistent and cannot be relied on. Heroin can sometimes be cut with very little, making it extremely pure, and therefore much stronger. Or it can be cut with a lot of crap, therefore a larger amount is needed to achieve the desired high. Black tar heroin, a solid form, is usually cut with milk sugar, coffee or another benign substance, causing it to vary in strength depending on how much and how many times it has been cut. With tar heroin the cut itself doesn't cause -or enhance an OD. Powdered heroin, like china white, is sometimes cut with fentanyl (a synthetic opiate many times stronger than heroin) and is often the culprit in many OD's in areas where china white is the form of heroin used (most commonly on the east coast).

**Tolerance** - The body's ability to accept a certain amount of drug.

Different people have different tolerances. This can depend on weight, size, physical or emotional illness, duration of use, damage to the liver or kidney from disease (cirrhosis, hepatitis). First time or recreational users have a low tolerance. Tolerance may vary and change, even in long-time users, usually due to being isolated from the drug. About half of all OD's occur within 7 days of release from treatment/detox or jail. Even a short break from using can lower tolerance enough to where a person's usual dose is now enough to cause an overdose. Special attention should be given to individuals in such situations.

**Mixing Drugs (poly-drug use)** - Taking heroin along with other substances.

Using alcohol and pills with even a small amount of heroin can be lethal. Many overdoses happen when people mix heroin with alcohol or benzodiazapams such as Valium and Klonopin. The depressant effects of alcohol, pills, and heroin are enough to stop breathing. Mixing heroin and cocaine (speedball) can also lead to an overdose. A majority of OD's involve alcohol.

## What Happens during an OD?

When heroin is injected the effects come on almost instantly. Heroin causes the breathing, heart rate, blood pressure, pulse, and temperature to decrease. The pupils constrict (pin dot/pinned), veins dilate.

### HOW TO TELL

#### When someone is really high

- Muscles become relaxed
- Speech is slowed or slurred
- Sleepy looking
- light nod
- responsive to outside stimuli

VS.

#### When someone is beginning to OD

- Snoring or gurgling noises
- Slow shallow breathing (less than 12 times per min).
- Pale, clammy skin, loss of color
- Heavy nod, not responsive to outside stimuli
- Slow heart beat/pulse

Try to wake the person, call their name, shake them, shout the word "Narc" at them. Splash cold water on their face. If there is little or no response, rub your knuckles on their gums or the roof of the mouth or on the sternum (this works much better than kicking them in the genitals). If the person isn't coming around, check for breathing.

### What you can do during an overdose

*If the person is conscious:*

- Walk the person around, get some fresh air
- Help them into a cool shower (not a bath, they could drown in it) and stay with them
- Keep them warm, wrap them in a blanket, but keep them taking, moving, and awake
- The body may be able to process enough of the drug to allow the person to come back from the
- OD

*If the person is unconscious:*

Someone who has "gone out" may show one or more of the following signs. Blue lips, toenails and fingernails (from lack of O<sub>2</sub>), slow or shallow breathing, or no breathing at all, faint or no pulse, no response to calling their name, or pain. Check the breathing of someone who is making snoring or gurgling noises while asleep/nodded out.

### NEXT STEPS

#### Recovery position

If you are the only person around when someone "goes out" and you have to leave them to get help, place them in the recovery position and return as soon as possible. This position will help avoid choking in the event of vomiting.



## **What about the police?**

Many people are reluctant to call for an ambulance because they think the police will show up as well. They often do. The police will not attend unless the dispatcher or paramedics request them to do so, their purpose is to assist or protect the paramedics - not to make arrests during a medical emergency. The dispatcher may request police back-up if there's a lotta noise or chaos during the phone call, or if there's a history of drug related incidents at that address, or if you're calling from a welfare hotel or a "bad" neighborhood. If there is evidence of a serious offence, officers will have to investigate. Get your story straight. Stash or get rid of any drugs & paraphernalia before the ambulance arrives. Remove 11D from the persons pocket/wallet if necessary. (911 protocols may vary from place to place, so you may wanna check into what goes down in your town. The info presented here is based on SF, CA.)

## **Calling 911**

When calling 911 stay calm. Ask anyone else present to be quiet. Have the address handy. You don't even have to mention drugs if you don't want to. Advise the dispatcher that someone has collapsed, that the person is unconscious and whether or not you can get them to respond to p whether or not they are breathing, and if they have a pulse or not. If you feel squeamish about dealing with EMS and the police, you can tell the dispatcher and anyone who arrives at the scene that you just showed up and found the person in this condition, thereby not implicating yourself in any illegal activity. You can always split right before or when EMS shows up, but make sure they'll be able to easily find and get to the person overdosing.

## **Paramedics**

When the ambulance arrives, tell the paramedics that the person is having trouble breathing or has stopped breathing. Tell them exactly what drugs were taken and when, including prescription drugs, alcohol, and methadone. Nearly all overdoses are reversible if an ambulance arrives quick enough, but lack of help at an early stage of the OD can result in death. By cooperating with the paramedics you can avoid having them call for police back up. At this stage of the game if your friend comes to and refuses medical attention the police will be called in order to assure that medical orders are followed (ie going to the hospital for observation and follow up).

## **BASIC OD PROTOCOL**

Check to see if the person will respond, shake them, call their name, "Hey are you OKT" If the person responds, get them up, walk around and talk to them. Keep them awake. If the person does not respond, check for breathing:

- Put your ear next to the persons mouth
- Look at the chest to see if it is rising or falling
- Listen for breathing (even gurgling, snoring, wheezing)
- Feel for any breathing on your cheek or ear

If the person is not breathing, lay them down on their back, use the head-tilt chin lift method (see below) to open the airway. Sometimes this is all a person may need.

If the person is still not breathing put them in the recovery position and call for help.

**911:** 911, how can I help you?

**You:** Help! I need an ambulance.

**911:** Where are you?

**You:** I'm at [address, location]

**911:** What happened?

**You:** My friend is not breathing.

Don't hang up. All dispatchers in SF are trained in CPR, they can tell you what to do.

Find out if dispatchers in your city are trained in CPR.

For the purposes of this manual we will explain only rescue breathing (mouth-to-mouth artificial respiration), not CPR (cardio-pulmonary resuscitation), which consists of proper chest compression techniques. These techniques are best learned in a hands-on CPR certification training program. We offer this training once a month at S.F.N.E. and the Red Cross also offers regular CPR certification trainings. In the beginning stages of most heroin overdoses the heart has not yet stopped beating, breathing is what slows to a stop first. Getting oxygen into the persons body is the most important thing you can do to prevent a fatal overdose.

## **RESCUE BREATHING**

Use the head-tilt chin lift method to open the airway

- tilt head back with nearest hand by applying backwards pressure to the persons forehead
- place fingers of other hand under chin bone and lift
- tilt head back without closing mouth

Check for breathing

- place car over mouth and nose, while looking at chest for rise and fall
- listen and feel for breathing

Pinch the nose (this prevents air from coming out of the nose).

Take a deep breath.

Put your mouth over theirs.

Establish a tight seal (mouth to mouth)

Give two slow breaths

Blow enough air into the persons mouth to make the chest rise.

Turn your head after each breath to watch and ensure that the chest rises and falls.

If it doesn't work tilt the head back more.

Breathe again!

Count: one-one thousand, two-one thousand, three-one thousand, four-one thousand

Breathe!

Etc ... etc ... etc...

**Continue this until;**

- the person starts to breathe on his/her own
- an ambulance arrives
- *someone* else can take over
- you are too exhausted to do it any longer

## **Checking the pulse**

Check the pulse every minute with your finger (not thumb). The pulse can be found under the jaw line in the *neck*. If there is no pulse and you know how to do CPR, go for it. If you don't, continue rescue breathing until help arrives.

## **OVERDOSE DON'TS**

- |  |  |
|--|--|
| • Don't leave the person by themselves--                               | They could stop breathing  |
| • Don't throw the person in a bath--                                   | They could drown   |
| • Don't make the person try to vomit--                                 | They could choke on their vomit  |
| • Don't give the person something to drink--                           | This may cause them to vomit   |
| • Don't inject anything into the person (unless it is Narcan/naloxone) | They need help, not more drugs or salt water (Speed, coke, and salt water will not |

## ADDITIONAL TOOLS OF THE OD TRADE

### Naloxone/Narcan

Naloxone/Narcan is an opiate antagonist. This means it can reverse the effects of a heroin overdose. It will reverse the respiratory depression which has caused the person to stop breathing. It blocks the effects of the opiate for about 45 minutes, then wears off. It may have to be re-administered if the person returns to an overdose state. This is the drug that the paramedics use when they answer an opiate OD call. Users can be trained in proper administration techniques and use Naloxone as a tool in overdose management.

The basic protocol is 1 cc at a time given either IV or IM and repeated until the person is breathing. While waiting for the drug's effect rescue breathing should be preformed. It is suggested that you CALL 911, however this is left up to the individuals. Since you now have about 45 minutes, taking the person to the emergency room may be an option that reduces many legal hassles associated with calling 911 - The following is an example of the protocol one may follow in a heroin OD situation

### The scenario:

You and a friend score some dope (heroin) and go get high. You're fine, but your friend is beyond nodded and now blue. She has a pulse but is not breathing. Fabulous, you have an overdose on your hands. But you're prepared, you have Naloxone (Narcan is a brand name, Naloxone the generic) and know how to do rescue breathing, You would like to avoid calling 911 and all the grief that goes with it.

### Equipment:

Have an overdose kit ready and accessible. The kit should include the following:

- Muscle syringes, the point being 1" long, usually 23-25 gauge, w/ a barrel of 1 through 5cc's.
- Naloxone/Narcan comes in either a single dose glass ampule, containing 1 ml of Narcan or a 10ml multiple dose vial of Naloxone. Each ml. contains 0.4 mg of Naloxone/Narcan. This drug needs to be stored at room temperature and kept out of the light.
- Alcohol wipes are a nice touch as is a small sharps container.
- Written instructions, like a cheat sheet, on rescue breathing and Naloxone administration is a good idea. **-Hopefully, the number 911 is ingrained in your psyche.**

### The Procedure:

You've tried shouting their name, shaking them, the head chin lift and the whole rescue breathing trip. No luck. It's Narcan time, baby. You are going to administer 1 cc. of Naloxone/Narcan intramuscularly or intravenously. If you can easily hit a vein, then do so and inject 1 cc/100 units into the vein. Effects will come on quickly. For IV injection you can use a regular 100 unit insulin syringe, ie 28g 1/2", or whatever size syringes were used to inject the dope, just use a new rig.

1. Have one brand new muscle syringe ready for action, the point must be 1 inch long in order to reach the muscle.
2. If using an ampule, break off the top, and draw up 100 units/1 cc of Naloxone/Narcan. If using a vial, insert needle in rubber stopper and draw up the Naloxone/Narcan to the cc. or 100 unit mark. (100 units = 1 cc)
3. Chose a site, upper arm, front of thigh, hip/upper butt, insert syringe and push down plunger.
4. Begin rescue breathing. It will take 5-10 minutes for the Naloxone/Narcan to take effect.

5. If the person *has* not begun breathing administer another 100 units/ 1 cc. You can safely administer up to 5cc.'s to get them breathing.
6. Naloxone/Narcan's effects may only last 20-45 minutes. It takes ***much*** longer for the body to process heroin, so when it wears off the person may slip right back into an overdose, be ready to readminister the drug. You need to stay with them during this time and monitor their breathing.
7. Once the person is breathing decide whether or not to go to the hospital, call 911, or see a doctor. Follow up care is often needed.

### **Important Points to Remember**

Naloxone/Narcan starts the breathing process by blocking all the opiates in the person's system. If the individual does not have a habit they will not experience any withdrawal or ill effects. If however, they have a habit they can experience extreme withdrawal symptoms. This is why we recommend the lower, 1 cc dosing. If your really afraid and freaked out use 2 cc's, but be prepared to sit out the awful withdrawal with this person. Also remember they cannot get high during this time, if they try it will just be blocked and come on when the Naloxone/Narcan wears off and could send them right back into overdose. Most hospitals and paramedics use 3 cc's, which we feel causes the OD victim undue suffering.

### **The Law**

Naloxone/Narcan is not a controlled substance, but state law prohibits dispensing it without a doctors prescription. If you get jacked by the cops you could be cited for possessing a prescription drug with out a prescription. In SF the cops will just confiscate the Naloxone, if they cite you for it the charges will most likely be thrown out.

### **CREATING AN OVERDOSE PLAN FOR INJECTION PARTNERS**

This manual, hopefully, provides you with some basic education on overdose management so that you can begin the process of creating an OD plan for yourself and your injection partners. Use it to encourage your friends to talk about OD'ing. Figure out what each individual wahts do \* ne in the event that they OD, and what your willing and able to do as a care giver in an overdose, situation. Below are some questions that will help you formulate an OD plan.

- At what stage do you want 911 called (ie. When blue, when not responding, not breathing)?
- Do you want Naloxone/Narcan used, if so when (ie. when Ups are blue, when rescue breathing failed, when breathing stops, as a last resort)?
- How much Naloxone do you want used?
- How do you want it administered, IV or IM?
- After the Naloxone has brought you back do you want 911 called? Would you rather go to the ER with a friend in a bus or cab, or not at all?
- If OD occurs during daylight hour would you rather go to a clinic for medical follow up?
- If 911 is called, where should stuff be stashed? Should your ID be hidden as well?

These are just some of the main points that a plan should cover, you and your partner/s can elaborate on these questions so they best suit your needs.

## TIPS FOR PREVENTING OVERDOSE

- Try not to use alone (see below for additional tips for solitary users).
- Have an OD plan with the people you get high with.
- Taste your dope: let the tourniquet off after you register and push your shot in slowly. By doing this you are able to "taste" or feel your shot as you inject, giving you more control of your high.
- Do test shots, smaller dose than usual, "you can always do more, but you can't do less". This is especially important if your getting your dope from a new connect or it's a new batch, or if your tolerance has gone down.
- Prepare your own drugs- so you know how strong you've made it and know exactly what's in it.
- Learn to hit yourself so that you're in control of your high.
- If another person does hit you (shoot you up), make sure they let the tourniquet off after they register, then inject slowly while you're giving feedback on how you're feeling. Have an OD plan
- with this person, just in case you "go out".
- Drinking alcohol when using heroin greatly increases the risk of an OD.
- Mixing pills (Valium, Klonopin) and dope also increases the risk of OD
- Be aware that tolerance can drop quickly, even within a day or two of not using. Many OD's happen when a person has just gotten out of jail or detox/treatment, has been trying to kick, or just got in to town.
- Be careful when you use in a different city, dope differs from city to city. Your SF dose may not be the same in Seattle.
- Be careful if you switch from tar to china white (powder), dosage amounts and strength will vary.

### Tips for gettin' high alone

- Call up someone you trust and get high while on the phone.
- Don't lock your door while getting high so roommates or paramedics can get to you, quickly if need be
- Have a Naloxone kit ready, if you feel "too high" you can manage it by giving yourself a small shot of Naloxone (50-60 **units iv injection**)
- If you're getting high in a public place (ie. a restaurant/bar bathroom, space toilet, park bathroom) let a friend know where you are, or have them wait outside, give them a time limit, or have them periodically check on you by knocking and respond quickly so they don't freak out. Then you can switch and return the favor.