

## ***Harm Reduction and Overdose***

### **Characteristics of a good relationship with drugs:**

- Recognition that the substance is a drug and know how it affects your body
- You maximize the pleasure you get from a drug by using it sparingly and strategically
- Employing harm reduction strategies during use
- Knowing why you're using/what are your goals when taking a substance

### **Routes of administration:**

- Smoking (most immediate effect on brain)
- Injection (intravenous is quicker than subcutaneous – skin popping” or muscling)
- Snorting (insufflation)
- Oral (slowest to reach brain)
- Boofing (anal use - works quickly – harm reduction strategy)

### **Benefits of opioid use:**

- Pain reduction
- Sleep aid
- Anxiety, depression, boredom reduction
- Euphoria, “rush”
- Retreat from reality into security and comfort
- Distance from trauma

### **On Pleasure:**

People are aware that their decisions are correlated with risk. However, they are rarely, if ever, using drugs solely to take risks. Thus, interventions that focus on risk may not always land.

Acknowledging that drug use often originates in a basic human drive for pleasure is crucial. Connect on their level. If you don't demonstrate that you understand where they're coming from, your communication has broken down before it even begins.

### **Associated Harms:**

- Increased risk of HIV and HCV seroconversion (and others)
- Collapsed veins
- Bacterial infections
- Abscesses
- Infection of heart lining and valves
- Severe and chronic constipation
- *Death due to respiratory arrest*
- Criminalization
  - Leads to increased potency

### **Opioid Overdose Risk Factors:**

- Opioid dependence
- Using alone
- Returning to use after periods of abstinence
- Tolerance
- Post detox, incarceration, or other cessation
- Erratic use patterns
- Multiple drug use
- HIV or medical conditions or infections
- Mental health conditions
- Injection use
- Black identity
- Other POC are also at increased risk, though often less than black people in the US
- Data on queer communities is sparse but LGBTQIA communities experience many other health disparities as well
- Low socioeconomic status

### **Important facts about Opioid Overdose:**

- Opioid overdoses are usually multiple drug overdoses
- Street heroin is rarely pure (usually fentanyl)
- Even if people think they're taking one drug, they're likely taking multiple
- Risks of mixing opioids with benzos, EtOH, other opioids (like fentanyl) and cocaine (speedballs)

## Prevention is the Best Treatment:

- **ASK PEOPLE WHAT THEY ALREADY DO**
- Use with someone else
- Get your drugs from the same person
- Taste or use a smaller amount if a new provider
- Taste or use a smaller amount if you have not been using, or have reduced use for a period (voluntary, hospitalization, incarceration)
- Don't mix with other drugs or alcohol (acknowledge that most people do this anyway)
- Keep an overdose kit wherever you use
- Keep your phone charged
- Have an overdose plan

## How Naloxone Works:

Naloxone has a higher bonding affinity for mu receptors than opioids, which means that it essentially kicks opioids off the receptors and bonds to them instead. Rather than agonizing them (turning them on) it antagonizes them (turns them off). This results in the return of breathing. It can also result in withdrawal symptoms.

Naloxone for all ages?

- The dose in kits is safe for any age.
- Multiple doses can be given.
- Respond like you would for any other overdose!!!

## Administering Nasal Naloxone

Grasp dispenser with two fingers and thumb

Place into the person's nostril

Press ejector button with thumb

## Signs of an Opioid Overdose

Slowed heart rate

*Breathing:*  
< 8  
breaths/min

Loss of consciousness

Pinned pupils

Cyanotic  
blueish or duller in color lips or fingers

A person may not display all signs of overdose; don't assume that it is not an overdose due to the absence of a sign or two.

## Responding to Overdose:

The chance of surviving an overdose depends greatly on how fast one receives medical assistance. The time that elapses before an overdose becomes a fatality presents a vital opportunity to intervene and seek medical help.

Strategies for calling 911: Don't tell them it is an overdose; tell them someone is not responding or not breathing. This way, they're more likely to send paramedics and not police. The threat of police is often a deterrent to people who would otherwise seek help.

## NALOXONE WEARS OFF

Naloxone can wear off in 60-90 minutes and someone can go back into overdose. Make sure they're monitored.

Have another dose of naloxone ready!

## Administering Intramuscular Naloxone

Snap off	Snap off lid
Insert	Insert syringe into vial •you may have to screw the syringe tip to the barrel
Turn	Turn vial and syringe upside down •Ensure that the tip is below the liquid line
Draw up	Draw up dose •1mL total / the whole vial!
Remove	Remove syringe and eject air
Inject	Inject into thigh or shoulder muscle •Insert at 90°, like a dart

**Recovery position:**

If someone passes out, make sure that they are positioned on their side in the recovery position. Do not leave unattended. This will ensure that if they vomit, they do not choke on it and that they maintain an open airway (can breathe).

**OVERDOSE RESPONSE STEPS**

- Rouse
- Count Breaths or check breathing  
4 in 30 seconds
- Sternal Rub
- Administer Naloxone
- Recovery Position
- Call for help
- Rescue Breathing (if needed)
- 2 Minute Check
- 2<sup>nd</sup> Dose

Calling for help can be done in tandem with other steps!!!

Use speakerphone!

**Get drug updates via text or email!**

To get updates on local drug supply that may be harmful to our clients, sign up at:

**[kingcounty.gov/overdose](http://kingcounty.gov/overdose)**

**Key Vulnerable Groups:**

- People experiencing homelessness
  - #1 cause of death (Baggett, 2012)
- People experiencing incarceration
  - #1 cause of death (Binswanger, 2013)
- People entering & exiting Tx for OUD
  - Detox riskier than AMA or nothing (Strang, 2003)
- People living with HIV/AIDS
  - 74% higher if HIV+ (Green, 2012)
- BIPOC Communities
- There is not good data on LGBTQIA specific risk

### **Radical Imagination:**

Remember that while these harm reduction strategies can help keep people alive and relatively well, the work does not end here. Harms associated with drug use are worsened by prohibition and the particularities of the drug war in the US continue a centuries old legacy of racist harm and control. We need to end the drug war. We need to end prohibition. We need to continue to show up for all those who are most at risk in our society.

**We need better solutions because what we're doing is not enough!**

### **How To Get Naloxone:**

King County Overdose and Prevention  
[kingcounty.gov/overdose](http://kingcounty.gov/overdose)

DOH Drug User Health  
<https://doh.wa.gov/you-andDistribution-your-family/drug-user-health/overdose-education-naloxone-distribution>

DCHS Naloxone Portal  
<https://redcap.iths.org/surveys/?s=RL4KXHELLK>

Washington State Naloxone Order Form  
<https://docs.google.com/forms/d/e/1FAIpQLSd4Wut2Ai5SANT3ZAHj7WOC5KynstN9vcfzIXYIp9bNg6iVyw/viewform>

King County Pharmacy Naloxone Access  
<https://www.kelley-ross.com/polyclinic/ll/>

Stop Overdose Naloxone Finder Tool  
<https://stopoverdose.org/find-naloxone-near-me-washington-state/>

King County Needle Exchange  
<https://kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction/needle-exchange.aspx>

**Notes:**