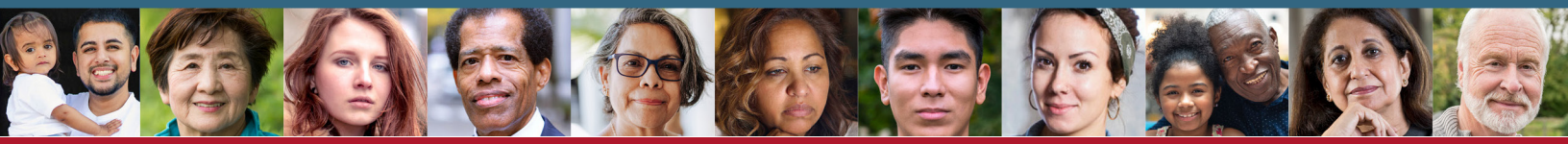
Responding to Opioid Overdose During COVID-19



MAKING REAL PROGRESS TO IMPROVE THE LIVES OF REAL PEOPLE, EVERY DAY

There is a well-established set of steps for responding to opioid overdose that are meant to be followed by first responders and bystanders to prevent the overdose from being fatal. The COVID-19 pandemic does not change the need for intervention in overdose. It does, however, make having access to naloxone, the opioid overdose reversal drug, even more critical. **As a professional providing support to people who use drugs, some of the most important things you can do during COVID-19 are: learn where to access naloxone by state at Next Naloxone; obtain and carry naloxone; and ensure that those most likely to be present at an overdose (people who use drugs and their friends and family) have free access to multiple naloxone kits and are familiarized with how to use it.** To respect physical distancing requirements and minimize the threat of COVID-19 exposure when responding to an overdose, some of the standard steps in overdose response need to be modified. This *JBS News Brief* draws upon our staff expertise and direct experience in opioid overdose risk reduction and response to provide common-sense guidance in the following areas of overdose response under COVID-19:

- Calling 911
- Resuscitation Procedures
- Responding to an Overdose
- Following Up After the Overdose

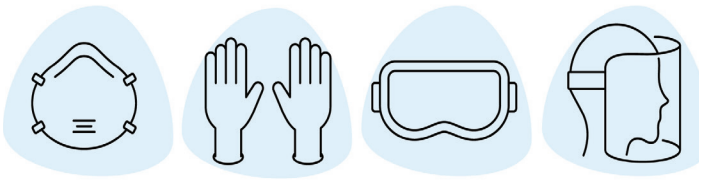
This guidance should be shared with people who use drugs and their friends and family, so that they also can respond effectively if they are bystanders to an overdose. Please also refer to the companion JBS News Brief Reducing Opioid Overdose Risk During COVID-19.

Calling 911

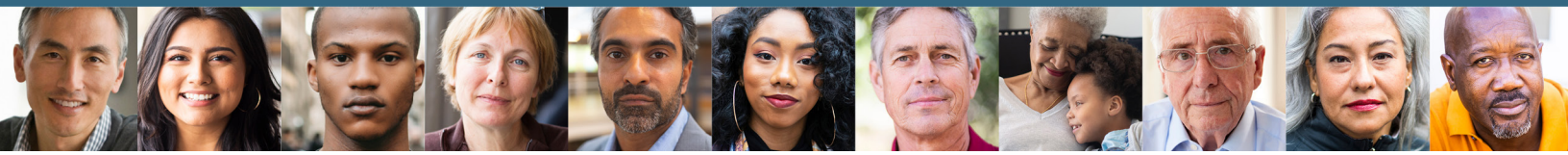
- Call 911 and describe the scene. For example: "A person is unconscious and not breathing."
- Provide the street address or your location in relation to the nearest intersection or landmark.
- Answer the 911 dispatcher's questions one by one as clearly as possible.
- Response times for emergency medical services (EMS) may be longer than usual due to the impact of COVID-19. Be prepared to keep the person safe until EMS arrives by assisting with breathing, administering naloxone, and putting them in the rescue position until help arrives (see sections below).
- Know your legal rights. Some states provide the caller and/or the victim of an overdose with at least partial protections from criminal charges for being present at a scene where illicit drugs are used, as well as possible immunities for probation and parole violations. These protections are known as 911 Good Samaritan laws, and 46 states and the District of Columbia have them. The amount of protection varies by state. For more information, see Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Good Samaritan Laws.

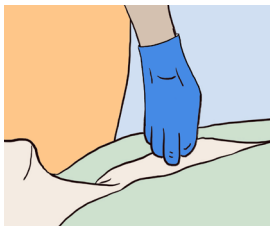
Responding to an Overdose

If the person who is overdosing is a member of your inner circle and you have had ongoing contact with them during the pandemic, providing assistance may not increase your risk of contracting the disease. With anyone else, wear a mask, gloves, and goggles or a disposable shield that fully covers the front and sides of the face, if you have them, for each of these steps:



- **Perform sternal rub:** Check to see if a painful sensation will wake the person up. A sternal rub is a way to cause enough pain to wake someone who is barely conscious without injuring them. To perform a sternal rub, run the

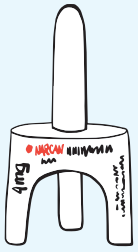




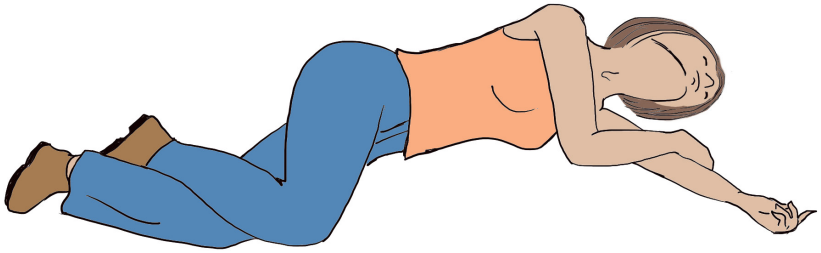
knuckles of your gloved fist up and down their chest along the chest bone or sternum. If the person does not awaken and is not breathing on their own, proceed to the next step.

- **Administer naloxone:** Naloxone comes in several different forms. There is no need to change how you administer naloxone, even nasally administered forms of it, because of COVID-19. Use a second dose if the person does not become conscious within 3 minutes of the first dose being administered. If the person is not breathing, attempt resuscitation.

INTRAMUSCULAR NALOXONE (IM) involves minimal contact with the face and breathing passages of the person receiving the drug compared with **INTRANASAL NALOXONE.** Therefore, it may be safer to administer in terms of coronavirus infection transmission risk than the intranasal form, especially if the person having an overdose is not part of the rescuer's intimate circle. Some communities have resisted IM because it involves needles. However, IM is more easily obtained in volume and at lower cost or free. These factors make IM all the more important to consider at this time.



- **Place in rescue position:** To keep a semiconscious person from choking on vomit or smothering, place them on their left side with the left arm stretched out perpendicular to their body and their right leg bent so their ankle is resting on the upper calf of their left leg.



- **Share these useful documents:** How to Prevent an Overdose and Keep Calm and Learn to Use Naloxone.

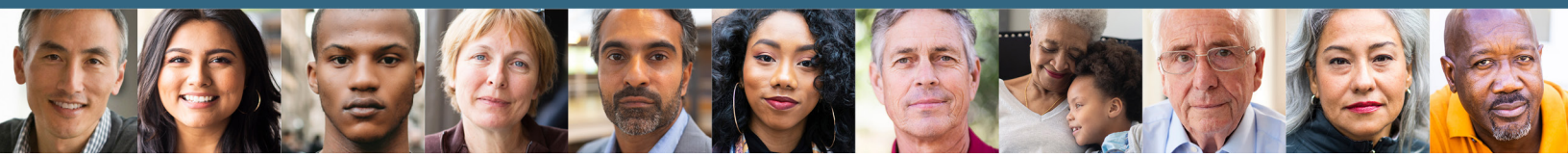
Resuscitation Procedures

Hands-only cardiopulmonary resuscitation (CPR), also called chest compressions only, is an alternative to rescue breathing if the person who has overdosed is not a member of your intimate social circle and may present a risk for exposure to coronavirus.

Using hands-only CPR in the context of opioid overdose

According to the Technical Working Group on Resuscitation Training in Naloxone Provision Programs: 2016 Report, published by the New York State Department of Health:

- Most overdose response education programs in the United States recommend performing rescue breathing only (without chest compressions) after administering naloxone if the person who has overdosed is not breathing.
- However, the American Heart Association recommends hands-only CPR for sudden cardiac arrest outside of the hospital. In addition, no evidence has been found for the superiority of either rescue breathing or hands-only CPR.
- Recommendations differ in other countries: the United Kingdom and parts of Australia teach full CPR (chest compressions together with rescue breathing) as part of bystander response to opioid overdose, and in Canada and elsewhere, overdose response education allows the bystander or first responder to choose between rescue breathing and hands-only CPR based on their skill level and circumstance.
- Much as one might consider using hands-only CPR rather than rescue breathing with any person who has HIV, hepatitis, an autoimmune disorder, or breathing problems or who is 50 or older, hands-only CPR may be useful if the person who has overdosed is not a member of your intimate social circle and who therefore may present a risk for exposure to coronavirus. Again, a mask, gloves, and goggles or disposable shield that fully covers the front and sides of the face should be used if possible.



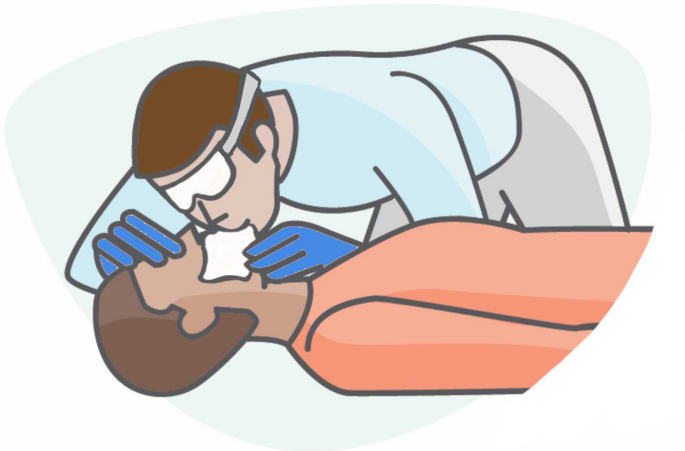
Steps in hands-only CPR

- Place the heel of one hand on the center of the person's chest.
- Place the heel of the other hand on top of the first hand.
- Keep arms straight and shoulders directly over hands.
- Push hard and fast, compressing chest at least 2 inches.
- Let chest rise between each compression.
- Rate should be 100-120 times per minute. Thinking of the rhythm to the Bee Gees song Staying Alive will help you get the right rate.

Steps in rescue breathing

You may choose to perform rescue breathing for someone overdosing who is a member of your intimate social circle.

- Open the person's mouth and clear out any material in the mouth such as gum or chewing tobacco.
- Use a mouth barrier device, if you have one.
- Tilt the person's head back slightly.
- Pinch their nose.
- Give one breath every five seconds until the person is breathing on their own.



Following Up After the Overdose

An overdose is a traumatizing experience. Support and compassion may help the person who overdosed reach a decision to receive harm reduction, medication treatment, or recovery services for their opioid use disorder. In response to the COVID-19 pandemic, many treatment policies have been liberalized, making treatment easier to access than before.

- An individual who has experienced overdose reversal may initially need to reorient themselves and seek safety. This is not usually an opportune time for them to receive information about treatment opportunities. However, follow-up in the days after the experience by quick response teams (units that may include peer specialists, health professionals, and, sometimes, first responders) has shown promise as a means of connecting people to care. The initial approach can be to ask the individual what they need and if they are open to talking about resources or referrals.
- Refer the person who is not ready to stop using drugs to a harm reduction services program. The services it provides can protect the individual's health, reduce their overdose risk, and help them build skills that can support positive change.
- It also may be beneficial to refer the individual who has overdosed to housing, legal, and mental health care services. Some of these services are now available online.
- After using naloxone in an overdose recovery effort, make sure to restock your supply.

Links to Additional Information

How to Respond to an Opioid Overdose (HHS web page)

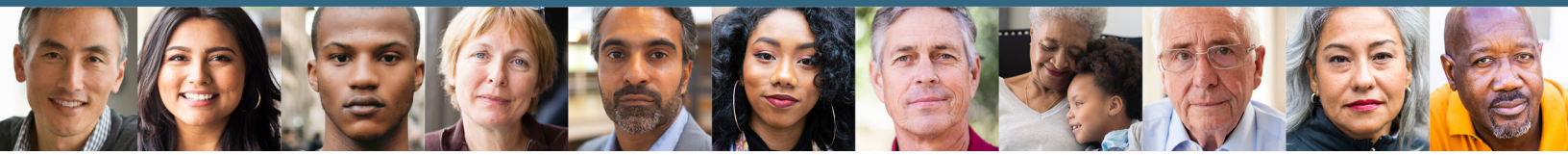
Find Treatment (SAMHSA resource page)

Next Naloxone (online and mail-based naloxone distribution platform)

North American Syringe Exchange Network (map of sites that offer harm reduction services)

COVID-19 Guidance for Opioid Overdose Prevention Programs in New York State (generally applicable guidance)

Sign up for JBS opioid updates and alerts.



JBS Staff: Experts You Can Trust

Our staff offer an array of clinical and technical expertise to address the prevention and treatment of mental illness and substance use disorder. Brief bios of a sampling of our staff are provided below.

Lisa Patton, PhD: Dr. Patton, a clinical psychologist with more than 20 years of experience in the behavioral health industry, has directed evaluation and research related to health care, serious mental illness, and the opioid crisis. During her 7 years at the U.S. Department of Health and Human Services (HHS), Dr. Patton directed work at the Office of the Assistant Secretary for Planning and Evaluation and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Division of Evaluation, Analysis and Quality, where she stood up the national evaluation of the State Targeted Response to the Opioid Crisis (Opioid-STR) grants. Dr. Patton has also worked in community mental health.

Melinda Campopiano von Klimo, MD: Dr. Campopiano is a family doctor, boarded in addiction medicine, and an expert in primary care. Over her 18-year career, she has led a family medical practice, served as medical director of opioid treatment programs (OTPs), and treated patients with buprenorphine in an office-based setting. As a medical director at SAMHSA for 5 years, Dr. Campopiano had regulatory authority for OTPs, updated the federal guidelines for OTPs, and wrote new regulations expanding access to buprenorphine. She serves as senior medical advisor at JBS.

Robert Childs, MPH: Mr. Childs has specialized for two decades in harm reduction practices, overdose prevention and response initiatives, drug policy advocacy and legislative reform, media affairs, and law enforcement occupational safety and overdose prevention partnerships. He previously worked as North Carolina Harm Reduction's executive director (2009-2018), where he helped develop the largest syringe services network and community- and law enforcement-based naloxone distribution programs in the Southern U.S. and helped set up the South's first law enforcement assisted diversion (LEAD) program. Mr. Childs' work has been featured in *The New York Times* and *The Wall Street Journal*.

Andrew Bell, BA: Mr. Bell has worked with people who use drugs and programs that serve them for the past 10 years as a frontline mental health worker, program manager, and state health department administrator. From 2017–2019, he supervised expansion of the Maryland Department of Health's Syringe Services Program after state laws changed in response to the ongoing opioid overdose crisis. Previously, Mr. Bell helped expand naloxone access in Washington, DC, while managing direct service programming and staff at HIPS, a community-based organization in the District of Columbia.

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