

# Opioid Overdose Prevention Project Overview

- \* The New Jersey Division of Mental Health and Addiction Services appropriated monies for the distribution of Narcan®/(naloxone) by four non-profit, licensed and accredited opiate treatment programs (OTP's) in New Jersey.
- \* These four agencies will be servicing the five counties in NJ with the most opiate overdose deaths over the last 18 months: Ocean, Monmouth, Essex, Camden and Atlantic Counties.

# Funded OTP's

- \* JSAS HealthCare, Inc. (Monmouth & Ocean)
- \* John Brooks Recovery Center (Atlantic)
- \* The Lennard Clinic (Essex)
- \* Urban Treatment Associates (Camden)

# Planning Meetings

Coordinated by Ed Higgins, JSASHC and  
Connie Greene, VP Barnabas Behavioral Health,  
Institute for Prevention

- \* Division of Mental Health and Addiction Services
- \* Senator Robert Singer, NJ 30th Legislative District
- \* Ocean County Prosecutor
- \* Monmouth County Assistant Prosecutor
- \* Monmouth County Division of Mental Health and Addiction Services
- \* Monmouth County Health Department
- \* Ocean County Health Department
- \* Psychiatric Emergency Screening Services (PESS), Ocean and Monmouth Counties

**JSAS HealthCare, Inc.**

# **Overdose Prevention Project**

Addiction Education  
and  
Naloxone Administration Training

# Trainings at JSASHC

- \* All trainings are provided by a credentialed addiction counselor and a licensed nurse in a small, confidential setting, to allow participants to receive “hands on” training.
- \* Trainings are limited to 25 participants on a “first-come, first-served” basis and are open to community members and active patients.

# Counselor's Presentation

- \* Overdose Prevention Act (Good Samaritan Law)
- \* Definition of Addiction (explaining that addiction is brain disease)
- \* Difference between physical dependence and addiction
- \* Signs and symptoms of addiction
- \* Definitions of opioids and the effects of opioids on the body
- \* Alteration of brain chemistry and how opioids bind to receptors in brain
- \* Available treatment options: MAT, Short and Long-Term Residential, Detox, Partial Care, IOP and OP
- \* Family Supports: Self-help groups, parent groups, and bereavement groups
- \* Warning signs relapse

# Nurse's Presentation

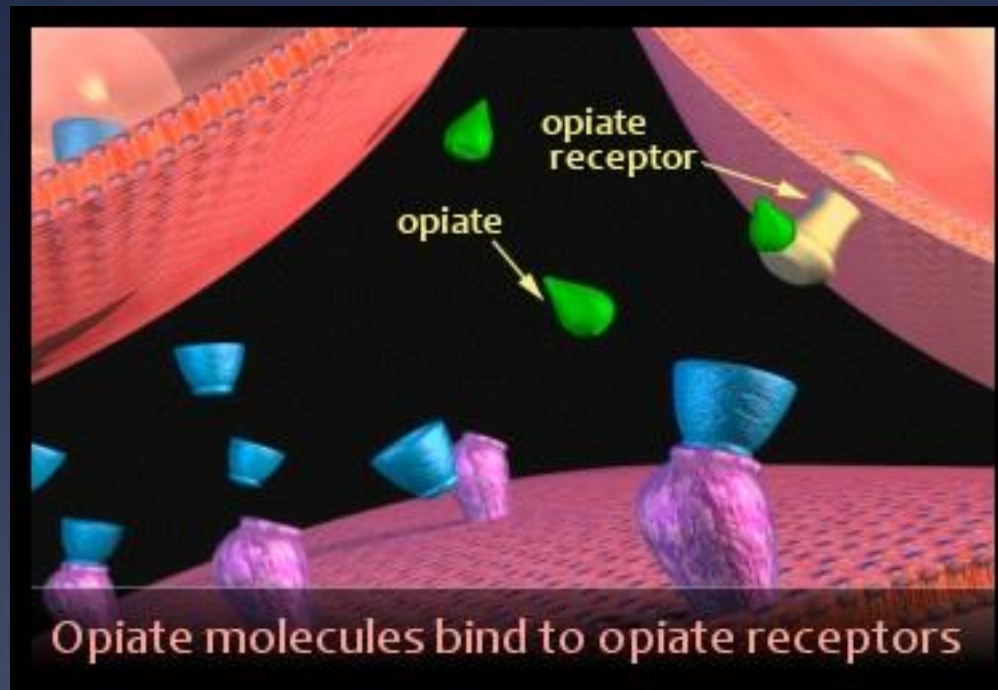
- \* Risk factors for overdose
- \* Signs and symptoms of overdose
- \* Steps when an overdose occurs:
  - \* a. CALL 911
  - \* b. Rescue breathing
  - \* c. Administer naloxone (1<sup>st</sup> and 2<sup>nd</sup> dose if needed in 3-5)
  - \* d. What to do until help arrives
  - \* e. Recovery position

# Nurse's Presentation

- \* Review naloxone kit contents
- \* Instruct how to assemble and administer naloxone (adult and pediatric doses)
- \* Instruct what to do until help arrives (explain that naloxone will put the person in withdrawal and lasts about 30-90 minutes)
- \* Review what NOT to do during an overdose
- \* Reiterate that naloxone will ONLY work on opioid overdose
- \* Reiterate it is imperative to CALL 911



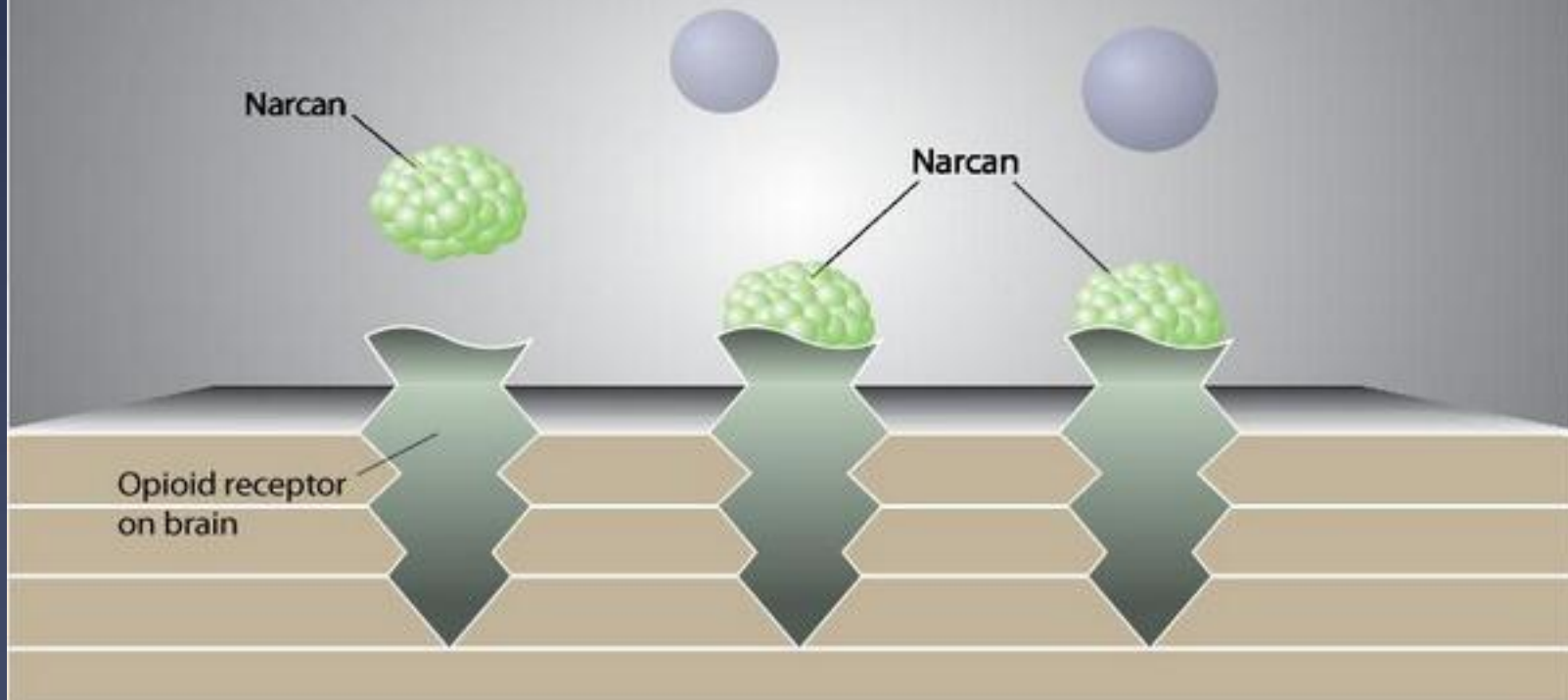
Opiates bind to opiate receptors  
in the brain.



# How Naloxone Works

## Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



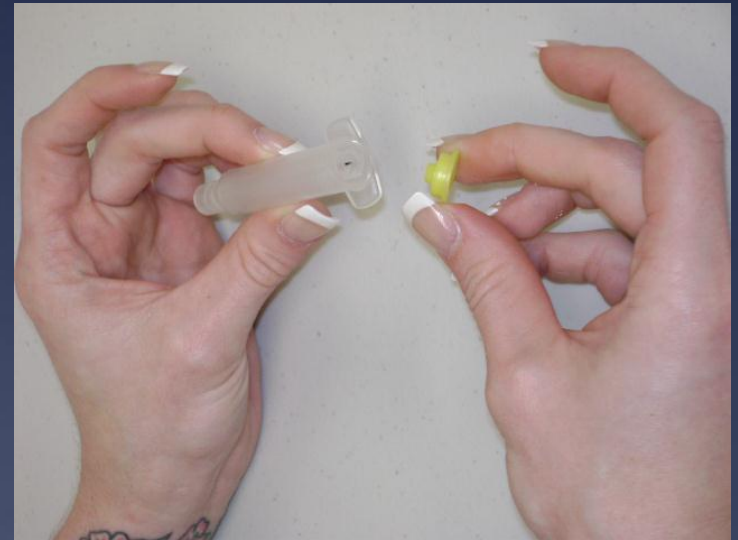
# Nasal Atomizer Use



# Preparation



Remove the caps from both ends of the needle free syringe



Remove the red cap from the naloxone vile. Screw the now open end of the vial into the syringe. It will be difficult to turn when it is threaded enough



Attach the nasal atomizer to the opposite end.



This is how the final product will look.





# Administration



- CALL 911
- Do rescue breathing if you know how
- Look to see if the nose cavity is free of blood or mucous
- Assemble kit
- Gently, but firmly, place the atomizer in one side of the nose and spray half the medication
- Repeat on the other side
- If only one side of the nose is available, put all of the medication on that side

## Administering Naloxone

1. Aim slightly upwards and toward the ear on the same side of the nostril
2. Briskly compress the syringe to administer up to 1 mg of atomized spray
3. Repeat in the other nostril
4. WAIT with the person until 911 arrives

# Have a Plan

- \* Educate household members on the administration of naloxone
- \* Let household members know where naloxone is stored
- \* Periodically check kit and review how to use the naloxone kit (many YouTube videos are available online)

# “Hands On” Training

- \* Assemble the naloxone kit
- \* Administer the naloxone
- \* Rescue breathing
- \* Recovery position

# Registration

- \* All participants will complete a registration form that includes:
  - \* Date of Training
  - \* Site
  - \* Zip code of the participant
  - \* Registration ID (agency assigned)
  - \* Who the kit is intended to help (self, family, friend)?
  - \* How did they hear about the training?
  - \* Have you ever witnessed an overdose?
    - \* If yes, who overdosed?
- \* All documents (except the Training Log and Standing Order) will have the Registration ID only to maintain confidentiality.

JSAS OPIOID OVERDOSE  
PREVENTION PROJECT

THE CARRIER OF THIS CARD HAS BEEN TRAINED IN THE  
USE OF NALOXONE FOR OPIOID OVERDOSE BY:

JSAS HEALTHCARE, INC  
685 NEPTUNE BOULEVARD, STE 101  
NEPTUNE, NJ 07753  
732-988-8877  
WWW.JSASHC.ORG

DATE: 9/17/14

REG. ID#: N-0067

# Report Back

- \* If the kit is used during an overdose, registrants are asked to complete the DMHAS “Report Back Form” or contact us by phone (we will complete the form and forward the information to DMHAS). Data collected includes:
  - \* Date of overdose
  - \* Naloxone Registration ID
  - \* Who overdosed?
  - \* What drugs were used?
  - \* Zip code where overdose occurred
  - \* What was the setting?
  - \* How many doses were used?
  - \* Any problems using the kit?
  - \* Was 911 called?
  - \* What was the result of the overdose?

# Refill Information

- \* If a registrant returns for another kit, they must present his/her registration card for verification of training. A staff will meet with the registrant to complete the *Naloxone Refill Form* which includes the reason for refill:
  - \* Given Away
  - \* Lost
  - \* Stolen
  - \* Confiscated
  - \* Damaged
  - \* Expired
  - \* Used during an overdose
- \* If the kit is used during an overdose, the DMHAS Report Back Form will also be completed.

# All Registrants Will Receive:

- \* Summary of "Overdose Prevention Act"
- \* Signs and symptoms of opiate overdose and when to seek emergency assistance
- \* "Safe a Life" card
- \* "About Methadone and Buprenorphine" Booklet
- \* Naloxone FAQ
- \* High Vs. Overdose
- \* Resources on the web
- \* Registration Card
- \* Naloxone Kit (2 doses with 2 atomizers, 1 rescue breathing face mask, pair of gloves and instruction card in a soft case).
- \* Treatment Voucher for JSAS HealthCare



# JSAS HealthCare, Inc.

685 Neptune Boulevard, STE 101  
Neptune, NJ 07753  
732-988-8877

Registration ID#: N-0067

Redeem for 30 days of free treatment (\$100 Value)

From: JSAS Opioid Overdose Prevention Project

Issued By: Curtis Blum

Issue Date: 9/17/14

## Treatment Voucher

A hand is shown from the right side, palm up, holding a bright, glowing light that illuminates the text 'Treatment Voucher'.

# Treatment Voucher

- \* All registrants will receive a treatment voucher for 30 days of free substance abuse treatment at JSASHC to use or distribute to any person that needs medication-assisted treatment.
- \* The treatment voucher will include *Name of Staff Trainer, Date of Issue* and *Registration ID#* only
- \* Registration ID# on the voucher will enable us to track any admission back to the registrant's standing order

# Treatment Voucher Redemption

- \* If a person seeking admission to JSAS presents a treatment voucher, the person will be assessed for admission using standard agency assessment and admission criteria and protocols.

# Admission Questionnaire

- \* During the assessment process, the patient will complete a brief questionnaire including:
  - \* How you obtained the treatment voucher?
  - \* Have you ever had an opiate overdose?
    - \* (If yes – complete the DMHAS Report Back Form)
  - \* Was naloxone used?
  - \* Do you know where the person obtained the naloxone?
  - \* Was 911 called?
  - \* If yes, were you transported to the hospital?
  - \* If yes, what happened?
    - Treated and released the same day
    - Admitted to the hospital
    - Received counseling/intervention regarding opiate use/abuse in the hospital
    - Referred to JSAS
    - Referred to another treatment facility

# Counseling & Case Management

- \* The Project Coordinator (Clinical Supervisor) will provide case management services to all patients admitted through this project.
- \* For adolescents (ages 16-17), a parent or guardian must be present to complete the admission process.
- \* The goal for this population would be to facilitate admission to an adolescent residential program within the first 30 days of treatment.

# Project Implementation

- \* On September 15<sup>th</sup>, we began practice/live trainings on-site at JSAS
- \* 12 people were registered and trained
- \* Weekly trainings will be provided onsite at JSASHC
- \* Two larger events are scheduled in Ocean County in collaboration with the Ocean County Prosecutor's Office
- \* The Ocean County Prosecutor will be recording a PSA for the radio and contacting other media outlets
- \* Updated training information will be posted on our website at [www.jsashc.org](http://www.jsashc.org)

# VERY Preliminary Data Gathered Since 9/15/14

12 registrants were trained - 10 kits were issued

Who are you attending the training to help?

Family (4) Partner/SO (1) Friend (4) Self (1) N/A (2)

How did you hear about this training?

Flyer (5) Family/Friend (5) Professional Meeting (2)

Have you every witnessed an overdose?

Yes (8) No (4)

If yes, who overdosed?

Family (3) Friend (4) Self (1)

# Upcoming Trainings in Monmouth County

**Every Monday, Tuesday and Wednesday in  
September (except 09/29/14)**

**3:00 pm, 5:00 pm and 6:30 pm**

JSAS HealthCare, Inc.

685 Neptune Boulevard, STE 101

Neptune, NJ 07753

732-988-8877



# Upcoming Trainings in Ocean County

**Monday, September 29, 2014, 6:00 pm – 9:00 pm**

Parkertown Volunteer Firehouse Station 70  
51 Fire House Drive  
Little Egg Harbor Twp, NJ 08087

**Tuesday, October 7, 2014, 6:00 pm – 9:00 pm**

Lacey United Methodist Church  
203 Lacey Road  
Forked River, NJ 08731

# Contact Information

Diane Villari, LCADC, Project Coordinator

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732-988-8877, ext. 1135

Maggie Rizzo, Administrative Director

[mrizzo@jsashealthcare.org](mailto:mrizzo@jsashealthcare.org)

732-988-8877, ext. 1114

[www.jsashc.org](http://www.jsashc.org)