

Questions Asked During Live Webinar Broadcast on 3/14/2018



Don't Run – Call 9-1-1: Overdose Prevention

Presenters: George Braucht and Robin Elliott

What are your thoughts on the needle exchange programs?

GB: May save lives.

RE: Hep B and C and HIV are rampant in IV drug users. I would have hated for Zack to have finally found long term recovery only to discover he had contracted another life-threatening disease. People who are IV drug users are going to use needles so they can either be clean needles or not. I vote for clean. Also, creating needle exchanges where people bring in used syringes in exchange for clean helps to prevent used needles from being discarded where others may encounter them. Helps protect law enforcement as they are who encounter needles in searches.

Can you describe sternal rub technique?

GB: Make a fist, rub knuckles on the breastbone while calling the person's name and/or saying "wake up."

As a treatment provider that may have to call a parent with the awful news of a fatal overdose, can you share for my staff and me some "dos" and "dont's," about that contact?

GB: Share the news then listen to affirm or validate and reflect the other persons' response without judgement. Don't try to "fix it." Instead of offering advice, ask about the persons' existing resources and if the other persons express an interest, offer connections to peers (other family members) in the recovery community who have lost loved ones to overdose – of course you will need to personally know those connections. Explore those connections by contacting your local recovery community organizations, harm reduction programs, etc. A good national resource for anyone who has lost a loved to Overdose is GRASP (Grief Recovery After Substance Passing).

How do you address concerns with participants who worry about themselves going into OD if they come across fentanyl?

GB: Ask what resources they know about for ascertaining the content and quality of street drugs. If you know of such resources, suggest them as options. If you don't know any resources, explore who the other person may be able to ask and how you can support the participant in finding reliable and appropriate resources. Consider asking other clients and staff.

RE: Recommend using gloves when removing fentanyl patches or touching anyone who has used fentanyl. Contact a local harm reduction group for more info.

Do you think it's problematic to provide Narcan to active users and addicts?

GB: No. Best practice is to also offer peer support.

RE: Active users, those in recent recovery, those who have had a period of abstinence (incarceration) and their friends and families are our primary target market. They need Naloxone more than anyone. All the research I have read indicates it does not promote use.

Can one naloxone kit be used more than once, if a person is not responsive after 30 minutes. Or should you carry more than one kit?

GB: Unused kits contain two single doses. After administering a dose, use a new container.

I'm curious how overdose death numbers differ in states with amnesty and advanced naloxone to states without these measures.

A: Check www.samhsa.gov/data