

# Responding To Patients' Behavioral Health In General Medical Settings: Behavioral Aspects of Naloxone Resuscitation for Opioid Overdose

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# Disclosure

- The presenter has no financial arrangement related to the content of this continuing education activity.

# Objectives

At the completion of this activity, participants will be able to:

- Know the general processes for treating opioid overdose with naloxone.
- Identify acute emotional and behavioral responses of individuals revived after overdose.
- Identify strategies for assisting patients with acute emotional and behavioral responses.
- Identify strategies for initiating or supporting a recovery process with the addicted person.

# Participant Survey

- What is your work setting?
  - Primary Care
  - Specialty Care
  - Emergency Department or EMS
  - Medical/Surgical hospital
  - ICU
  - Health Promotion
  - Behavioral Health
  - Social Work
  - Other, please specify:

# Participant Survey

- What is your current position?
  - Physician or mid-level provider
  - Nursing
  - Medical Support/Medical Assistant
  - Manager/director
  - Administrative Support
  - Community Health Worker or Health Education
  - Behavioral Health Clinician or Social Worker
  - Other, please specify:

# Why address behavioral health in general medical settings?

- 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
- Nearly 45% of ED patients screened positive for a DSM-IV diagnosis
- 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
- One-year prevalence of substance use disorders is 8% of US population.
- Only 41% of people with a mental disorder use mental health services in any given year.
- The median length of delay from symptom onset to seeking behavioral health treatment is 10 years.

# Why address behavioral health in general medical settings?

- BH conditions significantly affect treatment adherence and health outcomes.
- Health care providers and staff have a unique potential to encourage patients to:
  - Access appropriate professional care;
  - Engage in self-help and other support strategies

# Defining the Problem

- Behavioral health problems that most significantly impact health and health behavior across population:
  - Depression
  - Anxiety
  - Substance Use Disorders
  - Trauma

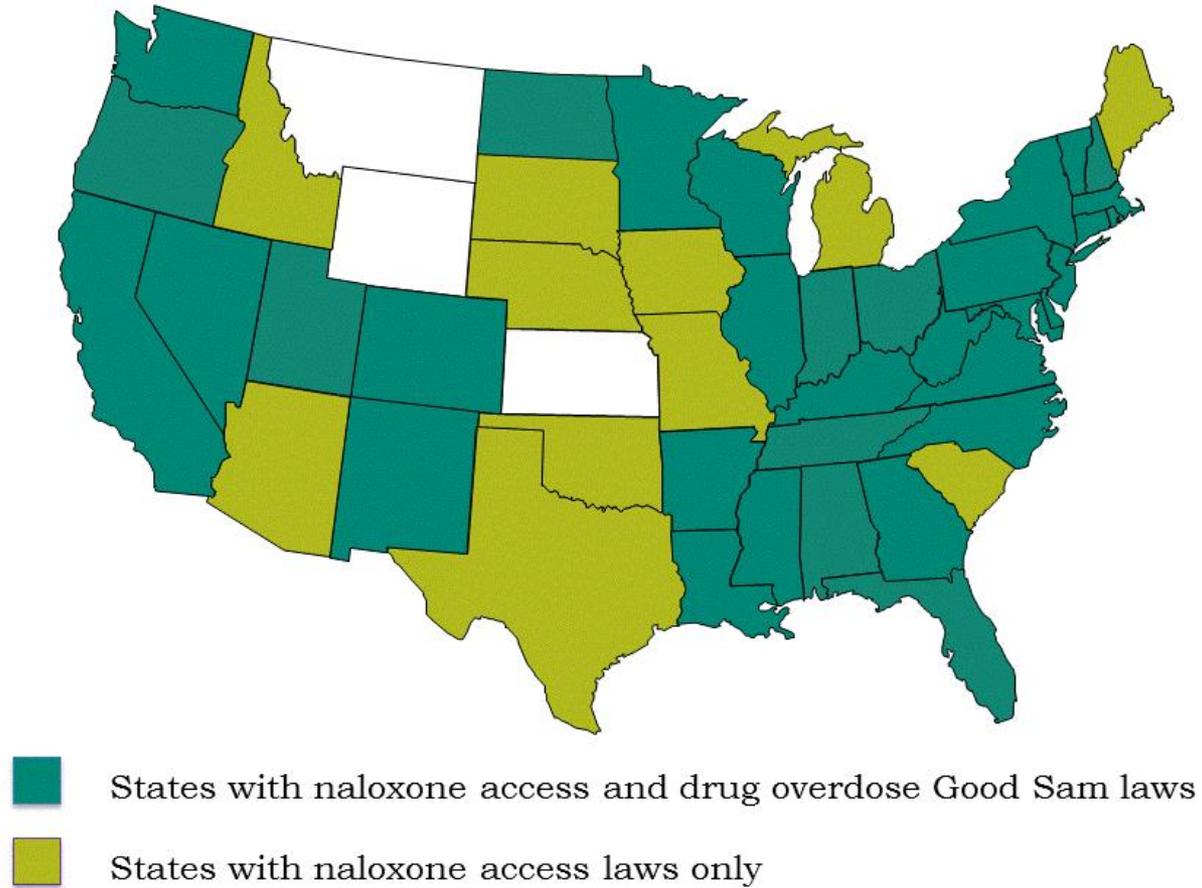
# How to assess and assist

- Assess for risk of suicide or harm:
  - Suicidal thoughts and behaviors
  - Severe substance intoxication or withdrawal
  - Aggressive or violent behavior (perpetrator or victim)
  - Non-suicidal self-injury

# Trends in Drug Overdose Deaths

- Between 1999 and 2013, prescriptions for opioids increased 400% and drug overdose deaths have doubled.
- In 2013, 71% of prescription medication overdose deaths were caused by opioids.
- Between 2002 and 2013, heroin overdoses increased 400%.
- In 2014:
  - Total drug overdose deaths increased 6.5%
  - Prescription opioid deaths increased 9%
  - Heroin deaths increased 26%
- Among American Indians and Alaska Natives, deaths from prescription opioid overdose increased nearly 400% from 1999 to 2013.

## Changes in State Regulations to Increase Naloxone Access



The Network for Public Health Law (2016, June)

# Naloxone Distribution and Access

- Emergency Responders
  - EMS
  - Police
- Hospital Emergency Departments
- Community Distribution
  - IV Drug Users
  - Patients and Families
  - Pharmacy standing orders
- IHS pharmacies dispensing naloxone to BIA law enforcement officers.
- Passage of the Comprehensive Addiction and Recovery Act (CARA) in July 2016 includes grants to tribal law enforcement for naloxone training and purchase.

# Opioid Dependence

- **Opioids** include heroin, morphine, methadone, oxycontin, oxycodone, hydrocodone, fentanyl, etc.

## Diagnostic Criteria:

- A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
  - Opioids are often taken in larger amounts or over a longer period than was intended.
  - There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
  - A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
  - Craving, or a strong desire or urge to use opioids.
  - Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
  - Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
  - Important social, occupational, or recreational activities are given up or reduced because of opioid use.
  - Recurrent opioid use in situations in which it is physically hazardous.
  - Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
  - **Tolerance, as defined by either of the following:**
    - A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
    - A markedly diminished effect with continued use of the same amount of an opioid.
  - **Withdrawal, as manifested by either of the following:**
    - The characteristic opioid withdrawal syndrome.
    - Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

# Opioid withdrawal

## Diagnostic Criteria:

### A. Presence of either of the following:

1. Cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e., several weeks or longer).
2. Administration of an opioid antagonist after a period of opioid use.

### B. Three (or more) of the following developing within minutes to several days after Criterion A:

1. Dysphoric mood.
2. Nausea or vomiting.
3. Muscle aches.
4. Lacrimation or rhinorrhea.
5. Pupillary dilation, piloerection, or sweating.
6. Diarrhea.
7. Yawning.
8. Fever.
9. Insomnia.

# Opioid overdose

- Excessive amount of opioids in the central nervous system suppresses the respiratory drive;
- Breathing slows over time and eventually stops;
- Oxygen levels decrease, carbon dioxide levels increase;
- Brain damage may occur; heart stops; death.
- Can be immediate or occur over a period of hours.
- Signs of an overdose:
  - Snoring/choking sounds
  - Unresponsive
  - Pinpoint pupils
  - Slow, shallow or cessation of breathing
  - Bluish or grayish tinge of skin, lips, nails
  - Slow or erratic heartbeat

# Overdose Risk

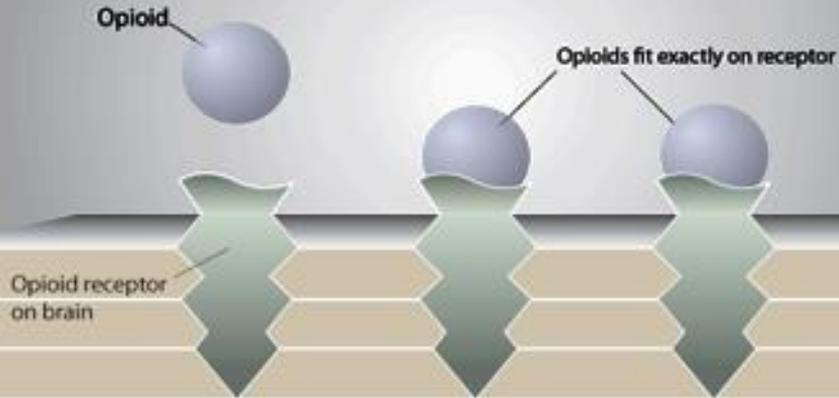
- Overdose can occur accidentally with any user, including patients using prescribed pain medication.
- Risk increases with:
  - Intravenous administration
  - Drug dependence
  - Comorbid physical or mental disorders
  - Use in combination with other sedating drugs
  - Lowered tolerance due to metabolic changes
  - Lowered tolerance due to a period of abstinence (e.g., following treatment or incarceration)

# Narcan (naloxone)

- An opioid antagonist, it binds to the opioid (mu) receptors in the CNS, but does not activate the receptors.
- Has a greater affinity for the opioid receptors than opiates themselves, so it blocks the opiates at the receptors.
- Immediately reverses the effects of opioid drugs.
- Has no other effects and is not a controlled substance.
- Can be administered by intramuscular injection or nasal spray.
- After brief orientation, can be easily administered by any community member.

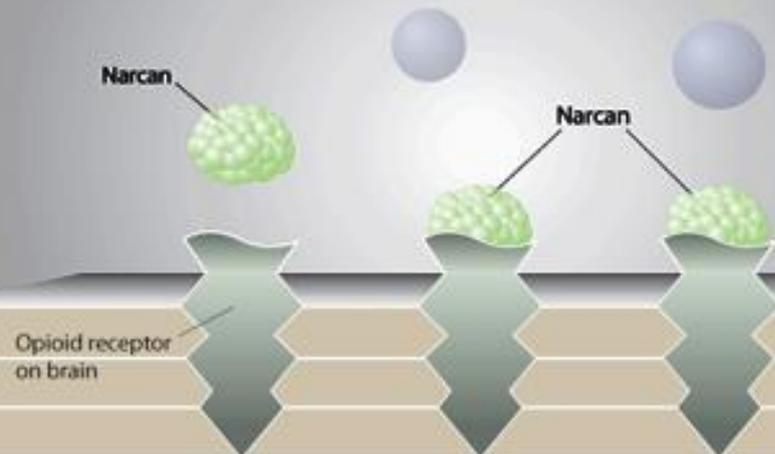
## What is an opioid overdose ?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



## 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.



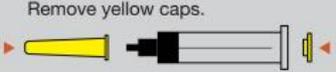
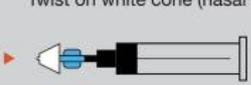
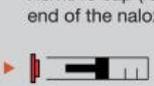
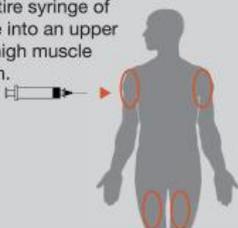
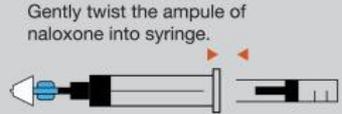
Harm Reduction Coalition

<http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

# Naloxone Administration

## How to give naloxone:

Follow the instructions for the kit you have.

NASAL SPRAY NALOXONE	INJECTABLE NALOXONE
<p><b>1</b> Remove yellow caps.</p> 	<p><b>1</b> Remove naloxone vial cap.</p> 
<p><b>2</b> Twist on white cone (nasal atomizer).</p> 	<p><b>2</b> Remove cap from the needle.</p> <p>Turn vial upside down and insert needle through rubber stopper. Pull back on plunger and fill syringe to 1 ml.</p> <p><b>Fill to 1ml</b></p> 
<p><b>3</b> Remove cap (red or purple) off end of the naloxone ampule.</p> 	<p><b>3</b> Inject entire syringe of naloxone into an upper arm or thigh muscle as shown.</p> 
<p><b>4</b> Gently twist the ampule of naloxone into syringe.</p> 	<p><b>4</b> If no response in 2 to 3 minutes, administer second dose.</p>
<p><b>5</b> Insert white cone into nostril and aim slightly upwards; spray 1/2 of the naloxone ampule into each nostril with a quick, strong push on end of the ampule.</p>  <p>PUSH ON END OF AMPULE TO SPRAY.</p>	
<p><b>6</b> If no response in 2 to 3 minutes, administer second dose.</p>	

# Behavioral reactions to resuscitation

“The first time [revived with naloxone] was at an apartment with other people who were getting high...I went directly into withdrawals, and I started fighting the person [another heroin user] who gave me the shot, the person who just saved my ass, but I didn’t see that at the time...I had to leave to get more dope right away.” “The second time, I had cocaine in my system too, and [when I was administered naloxone] I think I had a heart arrhythmia, because now the heroin was not counteracting the cocaine. I probably should have gone to the hospital.”

- New Mexico Peer Support Worker

# Behavioral reactions to resuscitation

- One study found 10% of resuscitated persons became “angry or dope sick” upon resuscitation (As reported by persons requesting a naloxone refill).
- NM Peer Workers interviewed said in their experience, most people revived have immediate withdrawal symptoms, and many become:
  - Confused, disoriented
  - Fearful, terrified
  - “Frantic”
  - Angry: “They are ready to swing at you, because they are thinking, ‘You messed up my high.’”
- EMS and ED workers report frustration because, “Right away the patient is combative, then they are out there using again two hours later.”

Acute behavioral reactions after being resuscitated from opioid overdose may be caused by:

- A. Painful physical withdrawal symptoms.
- B. Frightened confusion about what is happening.
- C. The urge to get away and find drugs to relieve withdrawal symptoms.
- D. All of the above.

# Responding to behavioral reactivity

- Responding effectively is important because:
  - The person needs to stay under observation for a couple of hours in case another administration of naloxone is needed;
  - An aversive experience with emergency medical or public safety workers may reduce that chance that drug users will contact emergency workers in the future;
  - The overdose crisis may provide an opportunity to enhance the drug users motivation to seek treatment.

# Responding to behavioral reactivity

- Peer workers and persons in recovery from opioid dependence recommended training that includes:
  - Preparing providers for what to expect when a person is revived;
  - Teaching providers to not personalize the reactions of the addicted person;
  - How to be fully present, calm, reassuring, and convey a sense of safety;
  - Explain what happened with clear, simple, short, statements;
  - “Give space” to help the person make a good decision about what to do next;
  - Involve certified peer support workers if possible.

A person who has just been resuscitated from an opioid drug overdose:

- A. Should feel thankful somebody saved their life.
- B. Needs a simple explanation of what just happened and why they may be feeling sick.
- C. Is still high on the drugs they ingested earlier.
- D. Both A and C.

# Increasing the chance for treatment

- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

# How to assess and assist

- Listen nonjudgmentally
  - Key **nonverbal skills** to show you are actively listening:
    - Attentiveness
    - Comfortable eye contact
    - Open body posture
    - Being seated
    - Sitting next to the person rather than directly opposite
    - Refocus attention from computer, writing, etc.
  - Focus on understanding the symptoms for what they are.
  - Empathize with emotions the person is feeling about his or her beliefs and experiences.
  - Take care not to make assumptions; ask first.

# Language Matters

Language is powerful – especially when talking about addictions.  
Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

## SAY THIS NOT THAT

Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

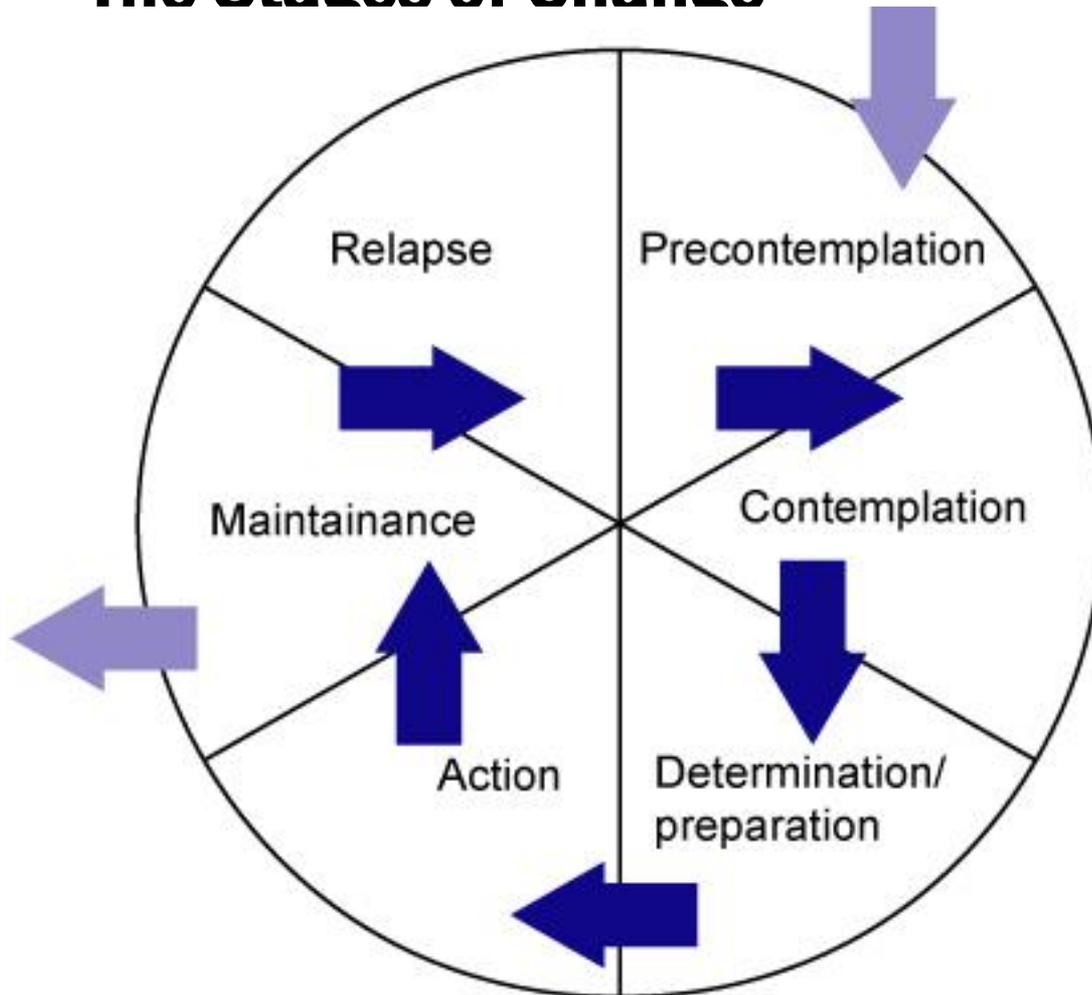
# How to assess and assist

- Give reassurance and information
  - Basic info about their specific problem;
  - General info about potential resources;
  - Recognize the person may have struggled with the problem for a long time, and feels ashamed to talk about it.
  - While expressing concern and recognition of the person's distress, also try to convey a sense of hope and normalizing of their experience, e.g.:  
“This is something many people have experienced, and there are things that can help.”
  - Look for simple, practical ideas that will help. Completely solving the problem may be many steps down the road.

# Motivational Interviewing

- Open-Ended Questions
- Affirmation
- Reflective Listening
- Summary
- Eliciting Change Talk

# The Stages of Change



*Stages of Change Model (Prochaska and DiClemente)*

# How to assess and assist

- Encourage appropriate professional help
  - Provide a simple explanation of medication-assisted treatment for opioid dependence.
  - Describe specific resources in the area you are familiar with, or a person such as a social worker who has more detailed knowledge of services.
  - Offer to help with a referral
  - Consider any specialized peer support programs in the area.
  - Consider traditional or culturally-based healing if appropriate to the person's values.

# Treatment Approaches

- Medication Assisted Treatment (MAT) for opioid dependence combines behavioral therapy, substance abuse counseling and medications:
  - Methadone
  - Suboxone (buprenorphine + naloxone)
- Treating chronic pain
  - Pain management clinics
  - Alternative medications
  - Cognitive behavioral therapy
- Treatment for blood-borne infections
  - Hepatitis
  - HIV
  - AIDS

# How to assess and assist

- Encourage self-help and other support strategies, for example:
  - Harm reduction programs, such as needle exchange and naloxone training
  - Exercise
  - Relaxation and Meditation
  - Support groups such as Narcotics Anonymous
  - Family, friends, faith, and other social networks
  - Community groups and cultural activities

# The Impact of Harm Reduction

“When I was in college, I found a local underground needle exchange. They helped me kick heroin the first time by checking up on me and referring me to a non-judgmental medical doctor. I was so appreciative that I started volunteering with them. I relapsed many times after that, but continued to volunteer through it all. While I was using, I had access to all the new needles I wanted and used a brand new needle for every hit. Today, I have been clean for 7 years, still do not have HIV or hepatitis, and have a masters degree in public health. I intend to use my MPH to help keep other injection drug users from getting HIV and hepatitis also. Being an injection drug user was a small part of my life and I am forever grateful it didn't ruin all of it.”

A person with Opioid Use Disorder may be able to start a process of recovery by engaging with:

- A. Peer support groups, such as Narcotics Anonymous.
- B. Harm reduction programs, such as needle exchange.
- C. Medication Assisted Treatment, such as Suboxone.
- D. Any of the above.

# Instilling hope

- Adopt and transmit a recovery and resilience perspective:
  - Persons with behavioral health challenges can live full and rewarding lives and contribute to their community.
  - The person is not a problem to be fixed.
  - Symptoms may fluctuate in severity or remit entirely.
  - Functional abilities can increase even if symptoms are still present.
  - Nonlinear change processes can be influenced by building strengths, creating access to supports, and fostering a holistic approach to health.

# Being Effective

- Consistently support the patient over time
  - Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
  - Support patient behavior that builds recovery.
  - Support patient behavior that builds resilience.
  - Team communication
  - Appropriate documentation
  - Dealing with staff turnover

# Being Effective

- Making effective referrals
  - Be prepared
  - Ask the patient
  - Give encouragement and information
  - Be thorough in communicating the referral
  - Follow up
  - Re-evaluate and try again
- Resources
  - Collect and organize info
  - Utilize social services and “local experts”
  - Take advantage of available consultation

# Being Effective

- Use a team approach
  - Utilize individual strengths
  - Consider capacities of specific disciplines
  - Establish leadership/management support
- Divide tasks
  - Screening
  - Data management
  - Identifying information and resources
  - Communication
  - Managing referrals
- Training, e.g. Mental Health First Aid

# Find or Host a Course

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



The screenshot shows the website's navigation bar with links for 'BLACK DOG RIDE', 'TAKE A COURSE', 'BECOME AN INSTRUCTOR', 'ABOUT', and 'NEWS & UPDATES'. A social media icon for Facebook and a Twitter icon are also present, along with an 'INSTRUCTOR LOGIN' button. The main content area features a 'WHAT YOU LEARN' section with 'COURSE TYPES' listed as 'ADULT' and 'YOUTH'. A prominent 'FIND A COURSE' button is displayed. Below this, there is a 'DONATE TO BLACK DOG RIDE' button. The page also includes a testimonial from a responder, a 'DONATE TO BLACK DOG RIDE' button, and a 'FIND A COURSE' button. A 'LEARN MORE' link is also visible.

USA  
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BLACK DOG RIDE TAKE A COURSE BECOME AN INSTRUCTOR ABOUT NEWS & UPDATES

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WHAT YOU LEARN  
COURSE TYPES  
ADULT  
YOUTH

Sign up for a class near you  
**FIND A COURSE**

responders,  
members in

Mental Health First Aid.  
**DONATE TO BLACK DOG RIDE.**

Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

Help us train more veterans and first responders in Mental Health First Aid.  
[Support Black Dog Ride.](#)

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LEARN MORE

“ I’ve taken regular first aid, and I’ve used both, but certainly the opportunities to use Mental Health First Aid are much more abundant.”

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