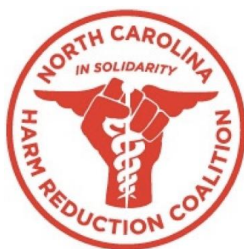


Jail-based Overdose Prevention Education and Naloxone Distribution

A North Carolina Harm Reduction Coalition Toolkit



Executive Summary

Several studies have reported an increased risk of overdose following release from prison and jail in the United States. [1-2] A study of formerly incarcerated people in North Carolina found greater risk of opioid overdose death soon after release; 40 times greater two weeks after release compared to a typical NC resident. [3] Because this is a highly vulnerable population for opioid overdose deaths, there is an urgent need to target interventions in opioid overdose education, and distribution of opioid overdose reversal drug naloxone. Take-home naloxone programs are an evidence-based opioid overdose prevention. A study of drug use risk behavior among heroin users after receiving take-home naloxone found no evidence of compensatory drug use following naloxone/overdose training. [4]

A study advocating for pre-release overdose prevention education found that an overwhelming majority (72%) of long-term opioid users previously involved with the criminal justice system are interested in having naloxone prescribed in case of emergency, and most are willing (90%) to participate in training to learn more about overdose prevention and recognition, rescue breathing, and naloxone administration. [5]

This toolkit can be used as a how-to-guideline to establish a jail-based overdose prevention education program, and a reference of education topics to train participants on harm reduction strategies and overdose prevention, including how to provide rescue in the event of an overdose. We furthermore encourage jail administrators to review promising practices, guidelines and resources for the field on “Jail-Based Medication-Assisted Treatment (MAT)” being recommended by The National Sheriffs’ Association. [6] This resource provides examples of real-world MAT programs including tools, treatment programs, and references.

We recognize substantial changes in jail populations have recently taken place both nationally and in North Carolina. In addition to the usual operational challenges facing jails today relating to maintaining adequate staffing and aging facilities with limited budget resources, unprecedented changes in jail populations have taken place as a result of numerous external factors, as well. The de-institutionalization of mental health care and the effects of prison reform efforts which have shifted some incarcerated populations previously housed in prisons to jails have increased the number of people who have a mental illness and/or a substance use disorder being housed in jails. Now, more than ever, jails play a key role in maintaining both the public safety and public health of our communities and are in need of programs to manage that.

This toolkit was developed from experiences of jail-based overdose education trainings provided in the Catawba, Cleveland, Durham, Haywood, New Hanover, Vance, and Wake detention facilities.

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I. DEVELOP AN IMPLEMENTATION PLAN

There are several steps to initiating a jail-based overdose prevention education and naloxone distribution (OEND) program. For our pilot project jails, we selected locations based on overdose burden, jail readiness to support an OEND program, ability to recruit outreach specialists, and access to naloxone.

Memoranda of Understanding:

It was critical to have support from jail leadership, and jail staff as they ultimately provide the space, and facilitate program implementation by identifying participants and distributing the naloxone with personal belongings upon release. Therefore, a crucial initial step is to have a signed memorandum of understanding that specifically states that space for training will be granted, jail staff will be allowed access on specific days and times, and that jail staff will support the distribution of naloxone.

If your program is providing a naloxone kit upon exit, ensure you have conversations upfront with the jail administration so they understand the type of device that will be placed within the exit package. You may find some detention staff are concerned about liability for the distribution of the naloxone; this is a good opportunity to explain laws regarding immunity for naloxone possession.

Recruit Peer Outreach Specialist:

The success of our pilot project sites as well as the advice of existing OEND programs in North Carolina have all encouraged that the outreach specialist offering the overdose education in jails are peers or individuals who embrace the harm reduction model of meeting people where they are at, in a nonjudgmental and respectful manner.

Outreach specialists will go through a short training to review the curriculum as described in this toolkit, and if they have no prior experience in the jail setting, they may receive one-on-one guidance from an experienced jail outreach specialist.

Outreach specialists also have a unique role in working collaboratively with jail staff. Current pilot sites have shown that program success hinges on support from jail staff; therefore relationships formed with jail staff will likely lead to more program referrals. And consequently, outreach specialists will also learn of additional programs being offered within the jails to educate participants on. Outreach specialists are also expected to work with jail staff to link participants with naloxone kits with their personal belongings upon release. An additional consideration is ensuring the comfort level of the specialist to work inside the jail setting. Staff should be prepared to take a brief PREA (Prison Rape Elimination Act) class if requested by jail administration.

Follow jail-specific standards:

The protocols and procedures for implementing a jail OEND program will vary jail by jail. Multiple classroom sessions may be required for both male and female participants. Participants may be required to remain handcuffed. Outreach specialists may be provided an open classroom style space, or they may only be allowed to meet with participants behind a glass window. Challenges such as the COVID19 pandemic have required some jails to transition classroom-style education to one-on-one sessions.

II. PREPARING FOR YOUR CLASS

Prepare for your class by making sure you do not have any materials with staples or items that may not be allowable in the jail. Discuss what is and isn't allowed in the jails prior to the first training with the jail administrator.

Educators recommend laminating pictures or documents that may be used during the training. For example, pictures of different types of naloxone for your demonstration of naloxone as you will most likely not be able to bring in naloxone into the classroom.

Be prepared for the jail staff to observe the class or be near the area. This is for everyone's safety.

Prepare your classroom discussion keeping in mind men and women may be separated for the class.

III. THINGS TO KEEP IN MIND WHEN WORKING IN JAILS

Keep in mind the mission of the jail is to provide a safe and secure environment. Anytime new external partners come in there may be a concern about ensuring the additional security and safety of visitors, the potential for the entry of contraband, the need for additional staffing capacity when the class is in session, and perhaps an overall lack of understanding of the program's importance.

Working in jails recommendation provided by Kay Sanford, a program advocate:

*Although rare, working in jails may be dangerous; there are people who could cause harm. There are some simple things that those working within correctional facilities can do to **increase their safety**.*

- *Never go inside without an escort*
 - *Discuss training days/times to arrange for a personal escort and dedicated space to work*
- *Appropriate dress code*
 - *No revealing clothing, no scarves or necklaces that could be used to choke the wearer, and no dangling earrings.*
- *Most detention facilities forbid cell phones in the cell block*

Change is not always welcomed. Staff training concerning the advantages of working with persons who use drugs in a detention center may relieve some of the tension. It is important to ask detention center staff what would make it easier to implement a jail-based overdose education and naloxone distribution program.

*Another ubiquitous truth in detention centers is that **there is no such thing as informed consent** from persons in jail even though you will often be asked to get permission from the persons in jail to do something. When your life is controlled by an authority and the offer of an opportunity comes with*

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the blessing of that authority, persons in jail can erroneously believe that their lives will be better if they agree. This is not informed consent. So, as public health providers, we must personally shoulder that burden and follow the basic principle in the practice of medicine: first do no harm.

*Every shift changes, every new day/week/month/ brings new staff, new persons in jail, and new situations. What you thought you had thoroughly put in place, trained or learned can change in a heartbeat. **What worked yesterday may not work today.** What was agreed upon in a staff meeting may not be what was implemented. Make no assumptions. Evaluation and frank discussions will enhance your program.*

In spite of all of the challenges, working with the justice-involved population will be one of the most rewarding jobs you'll ever be fortunate enough to have. It will be the reason you get up in the morning energized and fall asleep at night with a smile on your face.

IV. IDEAS FOR IMPLEMENTING YOUR PROGRAM

- Review daily mug shots via online public website and call your jail liaison to discuss referral
- Formulate a partnership with a jail staff member who will add you to their daily log via email of booking info
- Post flyers or digital messages on jails; work with jail to find out where info can be posted and type of material needed (kiosks, tv's, tablets, lobby, flyers)
- Make a connection with medical staff for referrals
- Assess jail booking/screening forms to see if OUD is being classified
- Consider creating a free call line for residents (prospective clients) to call your program directly while in the jail
- Ask your jail contact if residents are allowed to have business cards or flyers with them or if you can place them in their personal effects for exit.

V. JAIL-BASED OUTREACH WORKER STANCES AND BEST PRACTICES

Worker stances developed by Mona Bennett, Margaret Bordeaux, Hyun Namkoong, Edith Springer and Loftin Wilson.

- ❖ *First and foremost, explore one's own values about drugs and drug users, sex and sex workers, and crimes and the people accused of them. Take it a step further by exploring one's attitudes about jails and the criminal justice system.*

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- ❖ *We are not responsible for rescuing the participant, who is responsible for his or her own life. We are responsible for the intervention process: the participant is responsible for the outcome. Trust the participants' strength and ability.*
- ❖ *Consider the participants' relationship with drugs, sex, and criminal activity- the positives and the negatives, rather than judging the acts. The focus should be on behaviors.*
- ❖ *Be consistent with setting limits: control oneself and not the participants. Be honest with how you present yourself, your knowledge and limitations.*
- ❖ *You are not there to "fix" anybody, the participant is in the driver's seat and it is the participant's job to develop strategies and solutions that work for them at their own pace.*
- ❖ *Don't impose your personal beliefs about drug use - if a participant believes in a particular theory or intervention, support them. What outreach workers do in their private lives, what they believe in, what they practice, and what works for them is not relevant to the participants.*
- ❖ *You are playing a role. Act like an outreach worker and not a friend, and your jail work should not be for your own emotional needs. This makes it safe for the participants - be fair and treat everyone the same. Treating a participant like a child does not help them grow and develop and it does not help them learn to work in the real world, outside of the jail, without your guidance.*
- ❖ *Do not attempt to minimize the devastating impact substance use and criminal activity can have on individuals, communities, and families. Do not attempt to minimize or sensationalize the gravity of mass incarceration and the effects it has on individuals, their families and ultimately our communities*
- ❖ *Jail based outreach specialists must have a fundamental understanding of how discriminatory the criminal justice system is to people of color and poor folk in every step of the process, from arrest to charges to bails to sentencing to life after incarceration (re-entry).*
- ❖ *Quality of life and well-being are the criteria for measuring success. Recognize that being incarcerated, for even a short period of time, can be a traumatic event.*

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A recent publication by the Substance Abuse and Mental Health Services Administration (SAMHSA) provides guidelines for working with justice-involved individuals. The quality of care for a community-based service such as jail-based overdose education and naloxone distribution may be enhanced by following the recommended guidelines for justice-involved individuals. Some of these recommendations for outreach workers include: being knowledgeable about the criminal justice system, including the sequence of events, terminology, and processes of the criminal justice system; having a trauma-informed approach such as considering the safety and wellbeing of all persons involved; understanding structural biases in criminal justice systems and behavioral health care often based on race, ethnicity, gender, sexual orientation, and economic status. For complete guideline, go to: <https://store.samhsa.gov/system/files/sma19-5097.pdf>

VI. INTRODUCTIONS

Experienced jail-based educators recommend introducing oneself, and letting participants know they are in a safe, judgement free zone. They may volunteer to share their experiences but are not required to share if they do not want to. Introduce why this training program is important, the topics to be covered, and the ground rules. Current jail-based trainers encourage an interactive teaching model, topics are best presented as a conversation versus instructional delivery.

VII. PRE-TEST QUESTIONNAIRE

Before discussing overdose prevention topics, please ask class participants to complete the “Opioid Knowledge” pre-test assessment [See appendix]. Provide them 5 minutes to complete the assessment.

“I would encourage each potential instructor to design their own class model. Each jail has differing rules. One particular jail was in the accreditation process so they were extremely open to whatever we proposed. That may not be the case with other jails.”

EDUCATION TOPICS

I. OVERVIEW OF OVERDOSE PREVENTION

If the jail space provided allows you show a video during the training, you may consider **“Bunny and Wolf: An Animated Guide to Prevent Overdose Deaths”** a four-minute animation that demonstrates key steps to save someone’s life. This video shows how to avoid the risk of overdose, how to recognize when someone has overdosed, and how to respond to an opioid overdose.

You may also consider showing a 19 minute video, **“Staying Alive on the Outside.”** This was created by the Center for Prisoner Health and Human Rights and teaches viewers how to prevent and recognize opioid overdoses, and how to intervene when they happen.

Video References:



“Bunny and Wolf: An Animated Guide to Prevent Overdose Deaths.”

<https://www.youtube.com/watch?v=PMGVNlcppAk>



“Staying Alive on the Outside.”

<https://youtu.be/QwgxWO4q38>



Can anyone identify types of drugs that are most often involved in overdoses?



What are situations that put a person at increased risk of an overdose?

- If you use alone
- When you have just been released from jail, prison, drug treatment or drug detox
- When you are sick
- If you have kidney disease, liver disease, AIDS or hepatitis
- When you have not used for a while
- If you are rushing
- When you don’t know what you’re taking

What is an Opioid Overdose?

Opioid overdoses happen when there are so many opioids or a combination of opioids in the body that a victim is not responsive to stimulation and/or breathing is inadequate.

If someone cannot breathe or is not breathing enough, the oxygen levels in the blood decrease and the lips and fingers turn blue. This leads to unconsciousness, coma, and then death. **Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.** With opioid overdoses, surviving or dying wholly depends on breathing and oxygen. Fortunately, this process is rarely instantaneous; people slowly stop breathing which usually happens minutes to hours after the drug was used.

Opioid Overdoses in North Carolina

For North Carolina and county specific data on opioid overdoses, you may want to review the NC Opioid Data Dashboard,

<https://www.ncdhhs.gov/about/departments/initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>, created by the Injury and Violence Prevention Branch (IVPB) of the Division of Public Health. It provides data and visualization of state and county-level metrics such as opioid overdose deaths and ED visits.

You may also visit the IVPB Poisoning Data page, for overdose data slides on basic data trends and public health surveillance around the drug overdose epidemic. Additionally, you will find NC Harm Reduction slides which provide details about the implementation of opioid-related policies across the state, including community naloxone reversals, law enforcement naloxone reversals, counties served by syringe exchange programs, etc. These slides are updated monthly by IVPB.

<https://ivp.ncpublichealth.info/DataSurveillance/Poisoning.htm>

Statistics and Prevalence of Overdose Post-Incarceration

A North Carolina study found that in the first two weeks after release from prison, former persons who were incarcerated were 40 times more likely to die of an opioid overdose than someone in the general population. [Binswanger *et al.*, 2018] Another study of North Carolina formerly incarcerated persons also found that the leading cause of deaths were unintentional injuries (this includes overdoses). [Jones *et al.*, 2017]



What is there about getting out of jail that puts a person at increased risk of having an overdose?

- Finding a safe/clean place to live is difficult
- Finding people who don't use is difficult
- Reduced physiological tolerance
- New batch of drugs
- Inability to find trusted sellers

① What are strategies for preventing overdoses?

Trainers start a discussion about preventing overdoses including abstinence and safer use.

“The best way to not overdose is not to use drugs, but if you do, please follow these recommendations.”

① What can be done to reduce the risk of an overdose?

- Don't use (or restart using) an opioid drug that is not prescribed for you.=
- Know the drug's strength (2mg versus 80mg)
- Know the drug's length (short acting, long acting, extended release)
- If you use, don't use alone; if something goes wrong, they can have your back
- **Don't mix drugs** (this includes alcohol, benzos, antidepressants, cocaine); reduce dose if you've been ill
- If you don't use for a while (couple days, weeks, months) start with a low dose. When you don't use for a little while you lose your tolerance
- Find out where you can get Narcan (naloxone). Narcan reverses opioid overdoses and you have the legal right to get it with a prescription and abuse it in North Carolina to reverse overdoses

Signs and symptoms of an overdose from a depressant (e.g., opioids).

- Unresponsive to outside stimulus
- Loss of consciousness
- May be awake, but unable to talk
- Breathing is very slow and shallow, erratic, or has stopped
- Pulse (heartbeat) is slow, erratic, or not there at all
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purple
- Choking sounds, or a gurgling noise
- Vomiting

Overramping is the term used to describe what one might consider an “overdose” on speed. Overramping means a lot of things to a lot of people. Sometimes it is physical, when our bodies don’t feel right. Other times it is psychological, like paranoia, anxiety or psychosis — or a mixture of the two.



What are situations that put a person at increased risk of overramping?

- you’ve been up for too long (sleep deprivation)
- your body is worn down from not eating or drinking enough water
- you’re in a weird or uncomfortable environment or with people that are sketching you out
- you did “that one hit too many,”
- you mixed some other drugs with your speed that have sent you into a bad place

Whatever the reason, it can be dangerous and scary to feel overramped. Most of the time, when we hear the word overdose, we think of heroin, someone in a heavy nod, turning blue, not breathing. A lot of times people say “you can’t overdose on speed,” but then other people say, “I don’t know, I’ve passed out, or felt like I was gonna have a heart attack...is that an overdose?” The problem is actually with the word itself. “Overdose” isn’t really the best word to describe what happens when tweak turns bad...so we call it OVERAMPING.

Even the term “overdose” makes it sound like taking too much is the problem. With speed (unlike some drugs like heroin) it is much more unpredictable, overramping might happen regardless of how much or little you use, or how long you’ve been using. It might happen on the third day of a run when your body is getting run down, or when you get high with some people that make you feel weird.

Signs and symptoms of an overdose from a stimulant: (e.g., cocaine);

- Racing pulse
- Loss of consciousness
- Pressure, tightness or pain in chest
- Difficulty breathing
- Headache, ringing in the ears, dizziness
- Foaming at the mouth
- Profuse sweating, or failure to sweat
- Grossly enlarged pupils
- Muscle cramps
- Inability to urinate
- Nausea and vomiting
- Shaking, or seizures

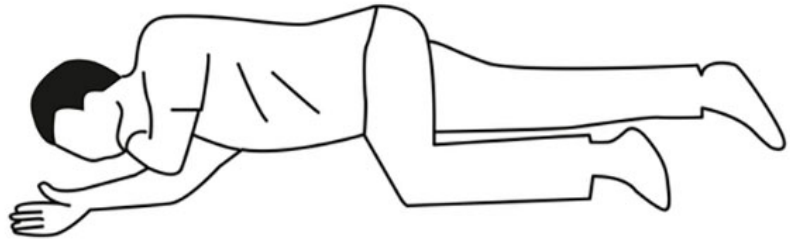
II. RECOGNIZING AND RESPONDING TO AN OVERDOSE

“The only viable option when someone is experiencing an opiate overdose is to administer naloxone, start rescue breathing and seek medical assistance.”

1. Check to see if they can respond, give them a **light shake** and **yell their name**. Was there a response? Are they breathing?
2. Next try a **sternum rub**. Demonstrate rubbing your knuckles on their chest bone.
3. Check for breathing. If not breathing or low respiratory rate, clear mouth. Begin **rescue breathing**.
4. If no response, place person in **recovery position***.
5. Call 911, **you don't need to mention drugs on the call**. Give the address and say “my friend is unconscious and can't wake them up.”
6. If available, **administer naloxone**.
7. Continue **rescue breathing**.

***Recovery Position**

If you have to leave the overdose victim, roll them on their side with the mouth facing down to avoid choking on vomit.



Overdose Don'ts.

- Don't leave the person alone.
- Don't put a person in a bath; could result in drowning.
- DON'T PACK THEM IN ICE OR PUT ICE DOWN THEIR PANTS. This will not help when a person is having trouble breathing and wastes precious time.
- Don't make the person vomit.
- Don't give the person something to drink; could result in vomiting.
- Don't do CPR unless you know how, or 911 talks you through; could result in injury.
- DON'T INJECT THEM WITH ANYTHING UNLESS IT'S NALOXONE.

III. FENTANYL RISK AND TESTING

Pharmaceutical fentanyl is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges and can be diverted for misuse and abuse in the United States.

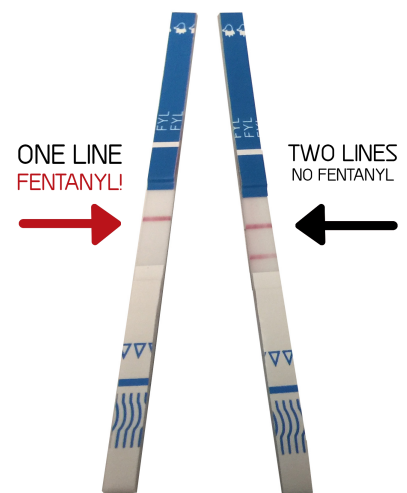
However, most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects. Fentanyl is not just potentially in injectable drugs, it can potentially be in your pills/ smokeable drugs as well.

We recommend not using alone: This includes alone in your own room. Fentanyl can cause people to fall out really fast. Make sure people know where you are using in your house/apartment/camp so they can take care of you in case you fall out

- Use Fentanyl test strips—**You deserve to know what you’re injecting!**
- Do a tester shot (or snort) when you use drugs. This will help you measure the strength.
- Slow your shots. Try not to inject all at once.
- Don’t lock yourself in somewhere that makes it hard for people to find you
- Let people know where you are so they can come check on you after a certain time
- Try and stay in contact with a buddy by text and if they can't reach you after a certain time ask them to come check on you
- Take turns. There are too many stories of folks going out at the same time. Watch out for your loved ones.

Fentanyl test strips are being used as an off-label harm reduction approach to test the presence or absence of fentanyl and many fentanyl analogs (very closely related drugs) in the unregulated drug supply.

1. Add sterile water to your empty baggie or the cooker you just prepped-mix well (load your shot first, only test your rinse water)
2. Dip the test strip in the water, in up to the first line & hold for 15 seconds
3. Place test strip on sterile surface or across top of cooker
4. One line, **positive**. Two lines, **negative**.



IV. NALOXONE TYPES AND ADMINISTRATION

You may consider preparing for this topic by having laminated images of different naloxone types for classroom demonstration.

What is Narcan (Naloxone)

Naloxone, also known by the brand name Narcan, is a safe and effective medication that can reverse the effects of an opioid overdose (i.e. heroin, methadone, morphine, codeine, or hydrocodone). Naloxone “tricks” the brain into thinking there are no opiates in the body. If someone is overdosing on an opiate, administering naloxone can speed up their breathing and temporarily bring them out of an overdose.

A person may start to feel withdrawal symptoms after naloxone has been administered, this can be really uncomfortable. Using more can send them back into an overdose. Reassure them they’ll feel better in about 45 minutes and the sick feeling will go away. Don’t let them use again and keep an eye on them because once it wears off they are still at risk of overdosing.

Remember naloxone only works on opiates, not speed or benzodiazepines like Klonopin or Valium. But if a person is not breathing it will not hurt to administer naloxone. Many overdoses happen due to mixing opioids with other drugs. If there is an opioid involved they will start breathing again but may be sedated from the other drugs.

Naloxone may be injected in the muscle, vein or under the skin or sprayed into the nose. Naloxone that is injected comes in a lower concentration (0.4mg/1mL) than Naloxone that is sprayed up the nose (2mg/2mL). It is a temporary drug that wears off in 20-90 minutes.

Naloxone is free to drug users, people on methadone/bupe and people recently released from detox/jail in NC via NC Harm Reduction Coalition. Naloxone is legal to use on any person who is experiencing an overdose in NC. You cannot be held civilly or criminally liable for using naloxone in

NC.

② What are types of Naloxone and how are they administered

There are four different formulations of naloxone:

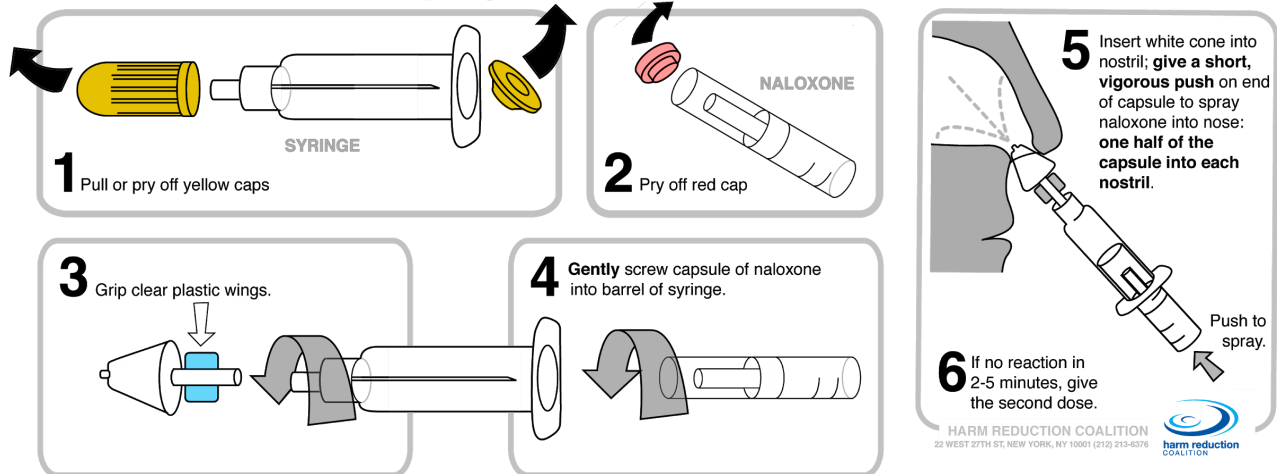
- (1) injectable naloxone that is drawn up out of a vial with a needle into a syringe with a dose concentration of 0.4 mg/1ml
- (2) auto injector with audio prompts that administers a 0.4 mg intramuscular dose via retractable needle
- (3) single-step nasal spray that administers a dose concentration of 4 mg/0.1ml into one nostril
- (4) a multi-step nasal spray assembled by combining a pre-filled luer lock syringe with a nasal atomizer, that administers a dose concentration of 2 mg/2 ml, where 1 ml is administered to each nostril



Data source: <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

Prepackaged Nasal Spray

How to Give Nasal Spray Naloxone



- Do rescue breathing for a few quick breaths if the person is not breathing.
- Affix the nasal atomizer (applicator) to the needleless syringe and then assemble the glass cartridge of naloxone (see diagram).
- Tilt the head back and spray half of the naloxone up one side of the nose (1cc) and half up the other side of the nose (1cc).

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- If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the naloxone to take effect.
- If there is no change in 3-5 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else is wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example).

Intramuscular

Injectable naloxone comes packaged in several different forms- a multi dose 10 mL vial and single dose 1mL flip-top vials with a pop off top. With all formulations of naloxone, **it is important to check the expiration date and make sure to keep it from light if it is not stored in a box.** If someone has an injectable formulation of naloxone, all of the steps in recognizing and responding to an overdose are the same except how to give the naloxone. To use injectable naloxone:

- Do rescue breathing for a few quick breaths if the person is not breathing.
- Use a long needle: 1 – 1 ½ inch (called an IM or intramuscular needle)- needle exchange programs and pharmacies have these needles.
- Pop off the orange top vial
- Draw up 1cc of naloxone into the syringe 1cc=1mL=100u.
- Inject into a muscle – thighs, upper, outer quadrant of the butt, or shoulder are best.
- Inject straight in to make sure to hit the muscle.
- If there isn't a big needle, a smaller needle is OK and inject under the skin, but if possible it is better to inject into a muscle.
- After injection, continue rescue breathing 2-3 minutes.
- If there is no change in 2-3 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone (can happen with Fentanyl, for example)



Start a discussion about creating an individualized overdose plan or a plan for helping a friend

V. LINKAGE TO COMMUNITY SERVICES

The “best practices in teaching” section of this toolkit introduces some of SAMHSA’s recommendations of principles for working with justice-involved individuals. One of the recommendations is for case management involving treatment, social services, and social supports to address current involvement with the criminal justice system.

If you are providing overdose prevention education in the capacity as a case manager and would like to connect participants to community services, please be ready to connect your justice-involved individuals with the following:

- ❖ *Where can I get or who can I contact to get naloxone?*
- ❖ *Where can I get or who can I contact to get treatment for Hepatitis C/HIV?*
- ❖ *Where can I get or who can I contact to get treatment for substance use/ mental health care?*
- ❖ *Where can I get or who can I contact for medication assisted treatment?*

We recommend developing an exit package and to do this research prior to teaching in the classroom to answer questions about community resources.

Drug Treatment in North Carolina: <https://www.treatment-centers.net/directory/north-carolina.html>

VI. THE 911 GOOD SAMARITAN AND NALOXONE ACCESS LAW

As of April 9th 2013, a person who seeks medical assistance for someone experiencing a drug overdose cannot be prosecuted for possession of small amounts of drugs, possession of drug paraphernalia, or underage drinking if evidence for the charge was obtained as a result of the person seeking help. Both witnesses and victims of an overdose have limited criminal immunity from prosecution for small amounts of most drugs and paraphernalia. But the caller must give their real name and stay with the victim.

As of August 1, 2015, a person who seeks medical assistance for someone experiencing a drug overdose cannot be considered in violation of a condition of parole, probation, or post-release, even if that person was arrested. The victim is also protected. Also, the caller must provide his/her name to 911 or law enforcement to qualify for the immunity.

For more information go to:

<http://www.nchrc.org/assets/Syringe-Exchange-resources/Good-Sam2016.pdf>



Where to get naloxone in North Carolina?

VII. HARM REDUCTION AND ROLE OF SYRINGE EXCHANGE PROGRAMS

The **North Carolina Harm Reduction Coalition (NCHRC)** engages in grassroots advocacy, resource development, coalition building and direct services for those made vulnerable by drug use, sex work, overdose, immigration status, gender, STIs, HIV and hepatitis. The program's goal is to bring North Carolina residents who engage in high-risk activities closer to prevention and health services by treating every person, regardless of their circumstance or condition, with dignity and respect. NCHRC's nonjudgmental approach allows this individuals to move through a process of self-discovery and self-empowerment at their own pace. By developing relationships based on honesty, community, tolerance and cooperation, NCHRC staff helps clients live healthier and more fulfilling lives, while raising the health index of the community. NCHRC distributes legal prescriptions of naloxone to drug users and their family and friends as part of overdose prevention and education.

Naloxone saves lives. If you or your friends have experienced an overdose before, or at risk of an overdose, it may be a good idea to get a naloxone kit from your nearest syringe exchange program if they have it. Talk to staff about how and when to use naloxone and how you can get more if you use or lose it.

After introducing NCHRC, provide participants information on where they can locally access naloxone, and they are able to receive a kit with their personal items upon release from jail. Transition to provide background on syringe exchange programs and benefits of accessing the program.



What are Syringe Exchange Programs?

At their most basic, syringe exchanges (SEPs) provide sterile syringes and secure disposal of used syringes. Syringe exchanges provide a point of contact for people who are often left behind or lack access to healthcare and community due to the stigma of drug use. SEPs provide a service to connect persons who use drugs to immediate needs (education, syringes, naloxone) and other needs (support, treatment and medical referrals, health education, and linkages to other health organizations).

Syringe Exchange is legal in NC as of July 2016 (2016's HB972). SEPs collect used and potentially contaminated syringes from people who inject drugs and exchange them for sterile syringes in order to prevent HIV, hepatitis C, and needle-stick injury. Most SEPs also offer a variety of social services, including access to housing programs, career services and addiction treatment.

VIII. HEPATITIS C RISK, DEFINITION, AND TESTING



Who has heard of hepatitis C?

Hepatitis C (HCV) is the most common blood-borne virus in the United States, with 4-5 million Americans currently infected. Injecting drugs with contaminated syringes or other injecting equipment (including cookers, cottons, water and tourniquets) is the leading cause of HCV infection, with the majority of people who inject drugs having been infected. Left untreated, hepatitis C can cause serious liver disease, including cirrhosis and liver cancer and HIV-positive persons coinfecting with hepatitis C are at greater risk for liver damage. Managing HCV can often be complicated by stigma, criminalization and even denial of basic human rights and health care.

Most people don't automatically feel sick when they first get infected with hepatitis C – and if they do, the symptoms are usually mild or are mistaken for the flu or dope-sickness. Unfortunately, people can have hepatitis C for decades without knowing it. Some people develop symptoms right away, but usually symptoms don't appear until the liver is already seriously damaged, ten to thirty years after infection. The only way to know for sure if you have Hepatitis is to have a blood test. [See resources for brochure]

Symptoms can include:

- Weight loss
- Headaches
- Low-grade fever
- Loss of appetite
- Fatigue and or/depression
- Nausea
- Stiff or aching joints
- Pain in right side, over the liver area
- Jaundice (the whites of eyes and skin become yellowish)

Hepatitis C is transmitted through blood to blood contact: blood from one person with hepatitis C getting into another person's body. Hepatitis C can remain infectious in blood outside of the body for several days or weeks.

Risks include:

- Sharing needles and other drug injection equipment (like cookers and cotton)
- Sexual activities *that involve blood*, such as anal sex or rough vaginal sex. Overall, the risk of sexual transmission is low for Hepatitis C.
- From mother to baby at birth (about 5% risk; much higher if the mother is also HIV+)
- Body piercing or tattooing using unsterilized needles or shared inkwells – primarily seen in jail settings
- Possibly sharing things that may contain small traces of blood, like snorting straws, toothbrushes, razors, or manicure implements

I. HIV/STI/Hepatitis Testing

HIV is a virus spread through certain body fluids that attacks the body's immune system. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These special cells help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body. This damage to the immune system makes it harder and harder for the body to fight off infections and some other diseases. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS. [See resources for CDC fact sheet]

Symptoms:

The only way to know for sure whether you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV. [Provide more information on where to get testing in participant exit package]

Some people may experience a flu-like illness within 2 to 4 weeks after infection (Stage 1 HIV infection). But some people may not feel sick during this stage. Flu-like symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, or mouth ulcers. These symptoms can last anywhere from a few days to several weeks. During this time, HIV infection may not show up on an HIV test, but people who have it are highly infectious and can spread the infection to others.

Content source: Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

X. Wellness Self-Care Tools for Grief

It may be hard to do at first, but you should practice being grateful for what you still have as part of the early grieving process. “Even in the toughest of times, there is something for which you can be thankful,” it notes. Find something to be thankful for, even if it’s simple – for example, it could be a kind word from a stranger, or spotting a pretty bird on your windowsill. Write down the things each day that have brought an ounce of joy to you, it adds. “Gratitude heals at a very deep level.” Losing someone is one of the most debilitating experiences you can go through. At times like this, it’s normal to feel confused or even disoriented. Life seems to stop in grief and it’s difficult to summon the energy to do even the most menial tasks. So how do you cope? Where do you go when you’re in such a dark place? Start by taking care of yourself. **Here are 15 small, loving actions you can do each day to help yourself move toward a place of healing.**

- 1. Get rest.** Take breaks from work or daily tasks to nap or just relax. Make yourself a cup of calming tea or take a leisurely walk.
- 2. Make lists.** It’s easy to forget things when your circuits are on overload. Make lists but only include short tasks that don’t require long periods of concentration. If you keep forgetting appointments, ask someone to remind you. This, too, will pass. It just takes time for all the parts of your system to reset, so be patient with yourself. It will get better.
- 3. Cry.** Do this as often as you need to. Tears provide a healthy emotional release and help clear out the cobwebs.
- 4. Talk to a friend.** Don’t hesitate to talk about your feelings with others, particularly someone with whom you are comfortable. Finding comfort in someone you trust can do wonders for a soul.
- 5. Write.** Consider starting a journal where you can reflect on what happened, and how it has changed your life. A journal lets you release pent-up feelings and helps you begin the healing process. Just a few minutes a day gives you a framework from which you can view the changes you’re going through.
- 6. Exercise.** Make sure some form of exercise is part of your daily routine. It doesn’t have to be anything strenuous. Stretching or a few easy yoga poses can help release tension. Even something as simple as a 20-minute walk may help lift your spirits. Choose an activity you enjoy, so you can look forward to it.
- 7. Ask for help when you need it.** This can be as simple as asking someone to get something down from a high shelf. Or you can reach out for help with more complicated tasks, such as grocery shopping, that you are just not feeling up to.

Jail-based Overdose Prevention Education and Naloxone Distribution Program

8. Eat regularly. Eating small meals 4 to 5 times a day can help curb emotional swings by keeping your blood sugar in check.

9. Drink a lot of water. Every cell is dependent on water; a dehydrated body will only contribute to your emotional drain. Aim for 8 to 10 glasses a day.

10. Breathe. If you find yourself drifting, take a few deep breaths. The body gets the oxygen it needs from the bottom of the lungs, but when we are tense and feeling stressed, our breathing tends to be shallow. Insufficient oxygen stresses the body, which just adds to the stress you're already feeling. Conscious, deep breaths not only help you relax, they give your system the oxygen it requires to function normally.

To help yourself breathe deeply, try breathing in and out through an imaginary straw so the oxygen can get to the bottom of your lungs. Or raise your arms slowly while breathing in through your nose, gauging the intake so you reach capacity when the arms are all the way up. Then slowly exhale on "sssss" while slowly lowering the arms, again gauging your movement so you reach "empty" when the arms are all the way down. Repeat this 2 or 3 times and then stop and smile. Do this several times a day, or whenever you're feeling particularly stressed.

11. Pray or meditate. These practices bring you back to your calm center and help restore a sense of stability in your life.

12. Laugh. Even though this may be the last thing you feel like doing, do it anyway. Give yourself permission to laugh at something ... anything. Laughter helps to break up the clouds and bring you in a better place.

13. End each day by giving thanks for your gifts in life. Even in the toughest of times, there is something for which you can be thankful. What can you give thanks for today? Did support come from an unexpected place? Did someone say exactly what you needed to hear? Did a robin stop and sing on your windowsill? Gifts come in many forms. You may even wish to begin a gratitude/joy journal in which you record how each day blessed or brought you some joy. Gratitude heals at a very deep level.

14. Go to bed around the same time every night. A regular routine helps create a feeling of stability. If sleep is difficult for you, a soothing bath or a cup of chamomile tea early in the evening will help you settle down as you prepare for sleep.

15. Go your own pace. Grief doesn't have a schedule. Do what you need to do and feel what you need to feel in order to heal. You are doing the very best you can at any given time, so be easy on yourself and let the process unfold. We "Feel, Deal, and we will...Heal."

No matter how difficult things may seem, healing does come. Focus on the small things and big change will come in time.