

Welcome to Opioid Overdose Prevention Training



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Health**



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to fill out the
demographic
information

Naloxone Training Participant Demographic Form



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Train the Trainer Participant Demographic Form



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Today's Objectives



- Learn about different substances to reduce barriers
- Highlight the opioid epidemic and its effects in Erie County
- Overdose physiology and when and how to use naloxone
- Increase understanding of the Good Samaritan Law
- Discuss ESAP and SEP program
- Other available resources

The Words We Choose Matter

- Person-first language
 - Reduce stigma
 - Provide sense of empowerment
 - Offer respectful communication
 - Decrease barriers to care



Words Matter

Terms to use, terms to avoid, and why

Talking About Yourself or Others with Substance Use Disorder (SUD)

- SUD is a chronic brain disease.
- Use person-first language to show that SUD is an illness and the person with SUD “has” an illness, rather than “is” the problem/illness.
- Suggested terms avoid negative associations, punitive attitudes, and individual blame.
- Use medically accurate terminology as we would for other medical conditions.
- Stigmatizing language may decrease a person’s sense of hope and self-efficacy for change.

Say ...	Instead of ...
• Person with a substance use disorder ◦ Person with opioid use disorder (OUD) ◦ Person with alcohol use disorder • Person with alcohol use disorder • Person in recovery ◦ Person who previously used drugs • Testing positive (on a drug screen) • Being in recovery or remission • Newborn exposed to substances ◦ Baby with neonatal abstinence syndrome	• Addict • User • Substance/drug abuser • Junkie • Alcoholic • Drunk • Former addict • Reformed addict • Dirty • Failing a drug test • Clean • Addicted baby

Talking About Using Substances

- “Habit” implies that a person is choosing to use substances or can choose to stop; this is inaccurate.
- Describing SUD as a habit makes the illness seem less serious than it is.
- The term “abuse” was found to have a high association with negative judgments and punishment.

Say ...	Instead of ...
• Substance use disorder (SUD) ◦ Opioid use disorder (oud) ◦ Alcohol use disorder • Use exceeding prescriber guidelines • Use • Medication Supported Recovery (MSR) ◦ Medication for opioid use disorder or a substance use disorder • Medication for Opioid Use Disorder (MOUD)	• Habit • Addiction • Abuse • Misuse or overuse • Opioid substitution • Replacement therapy • Substituting one drug for another

It is a common myth that medications “substitute” one drug or “one addiction” for another. Medications help manage withdrawal symptoms, reduce cravings, and help individuals achieve and maintain recovery.



Adapted from: Words Matter, National Institute on Drug Abuse (NIDA) ; Updated July 2024

erie.gov/narcan

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Office of Harm Reduction

Who We Are

- Branch of the Erie County Department of Health dedicated to response after overdose and overdose prevention education

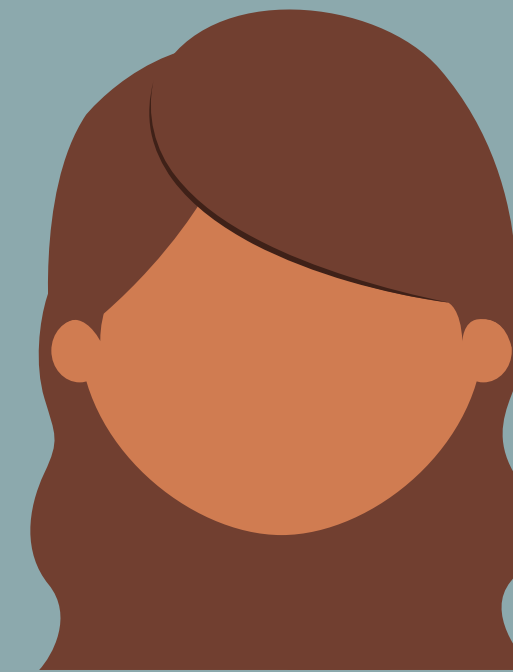


Goals

- Keep individuals safe and alive
- Mitigate potential consequences of substance use by meeting individuals where they are at and not leaving them there
- Provide variety of support services including peer navigation

Harm Reduction

- Harm Reduction is prevention, risk reduction, and health promotion
- Provide individuals with tools and information to encourage safer use of substances to prevent a potential overdose
- Frequently used with individuals who use substances, seeking to manage use, or obtain abstinence
- Movement focused on shifting power and resources to people most vulnerable



Did you know we use
harm reduction
everyday?



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Substance Use and Opioid Use Disorder



Substance Use Disorder

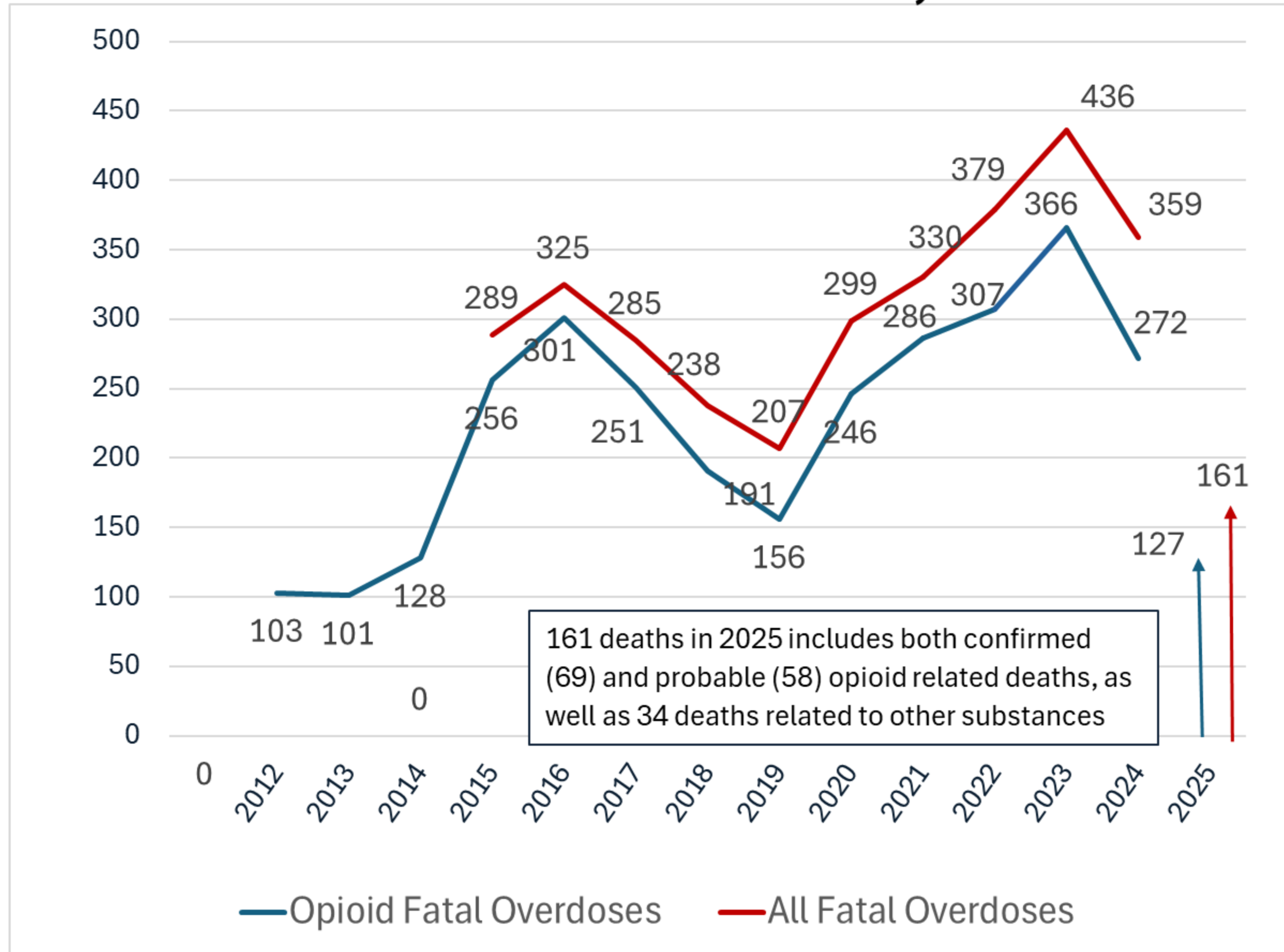
- Treatable, chronic disease
- Brain imaging studies show changes in judgement, decision making learning, memory, and behavior control
 - Includes: alcohol, cannabis, hallucinogens, inhalants, opioids, stimulants, tobacco, ect.



Opioid Use Disorder

- Subset of Substance Use Disorder, specific to opioids
- Increased use of opioids can cause to a rise in tolerance leading to dependence
- Risks include accidental overdose, trauma, suicide, and infectious disease

OVERDOSE-RELATED DEATHS, 2012 - 2025*



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

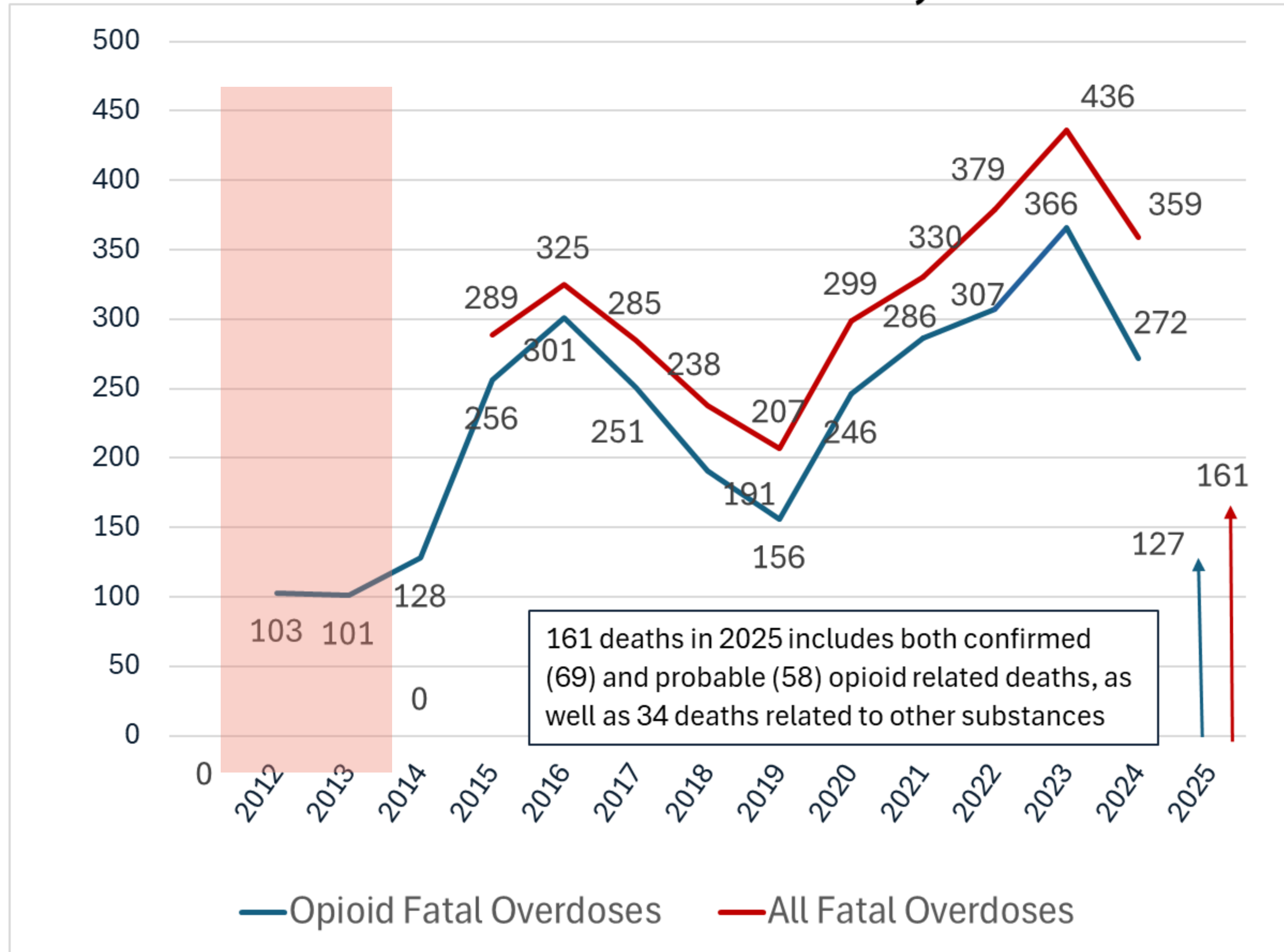


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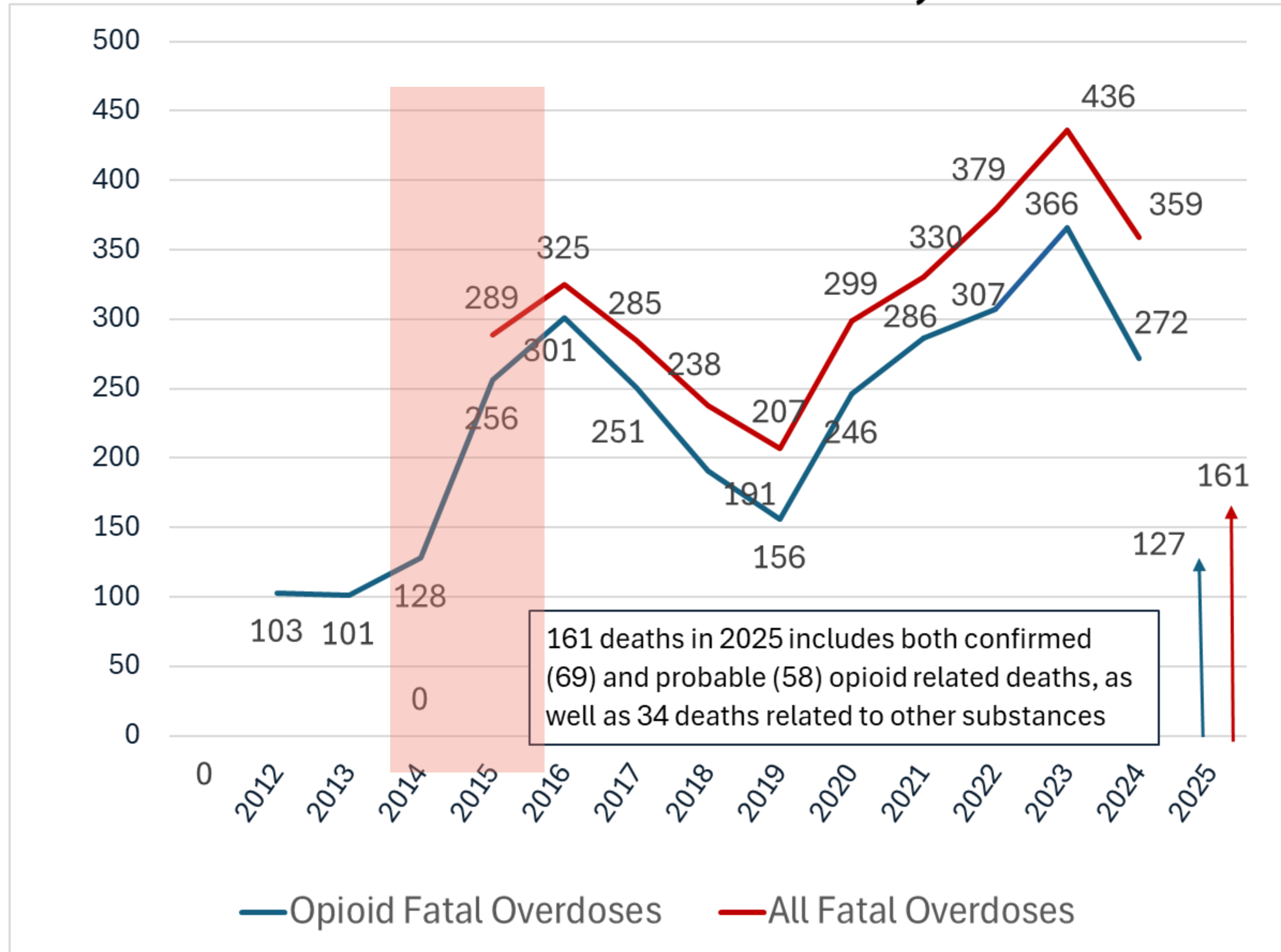
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OVERDOSE-RELATED DEATHS, 2012 - 2025*



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

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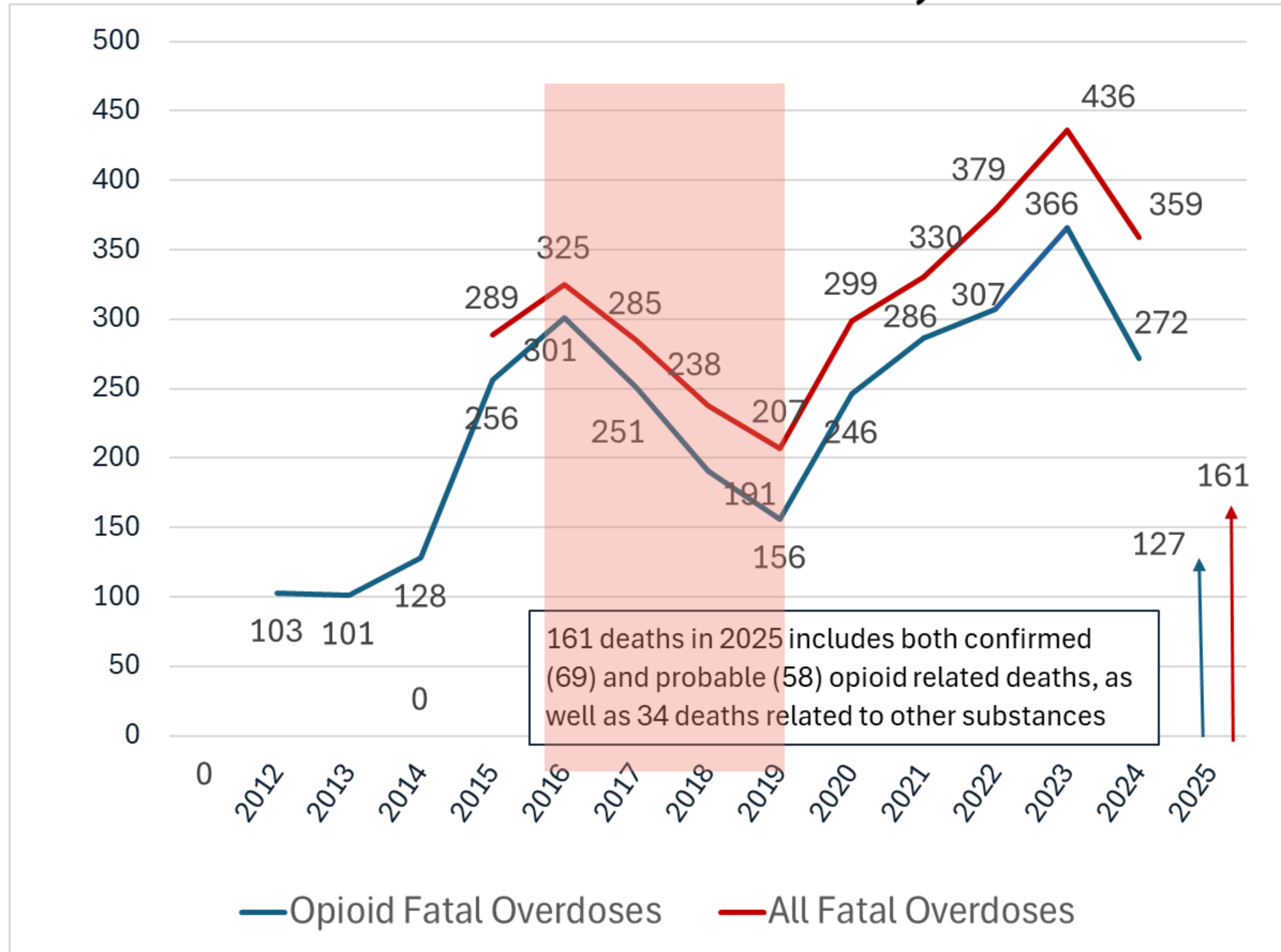


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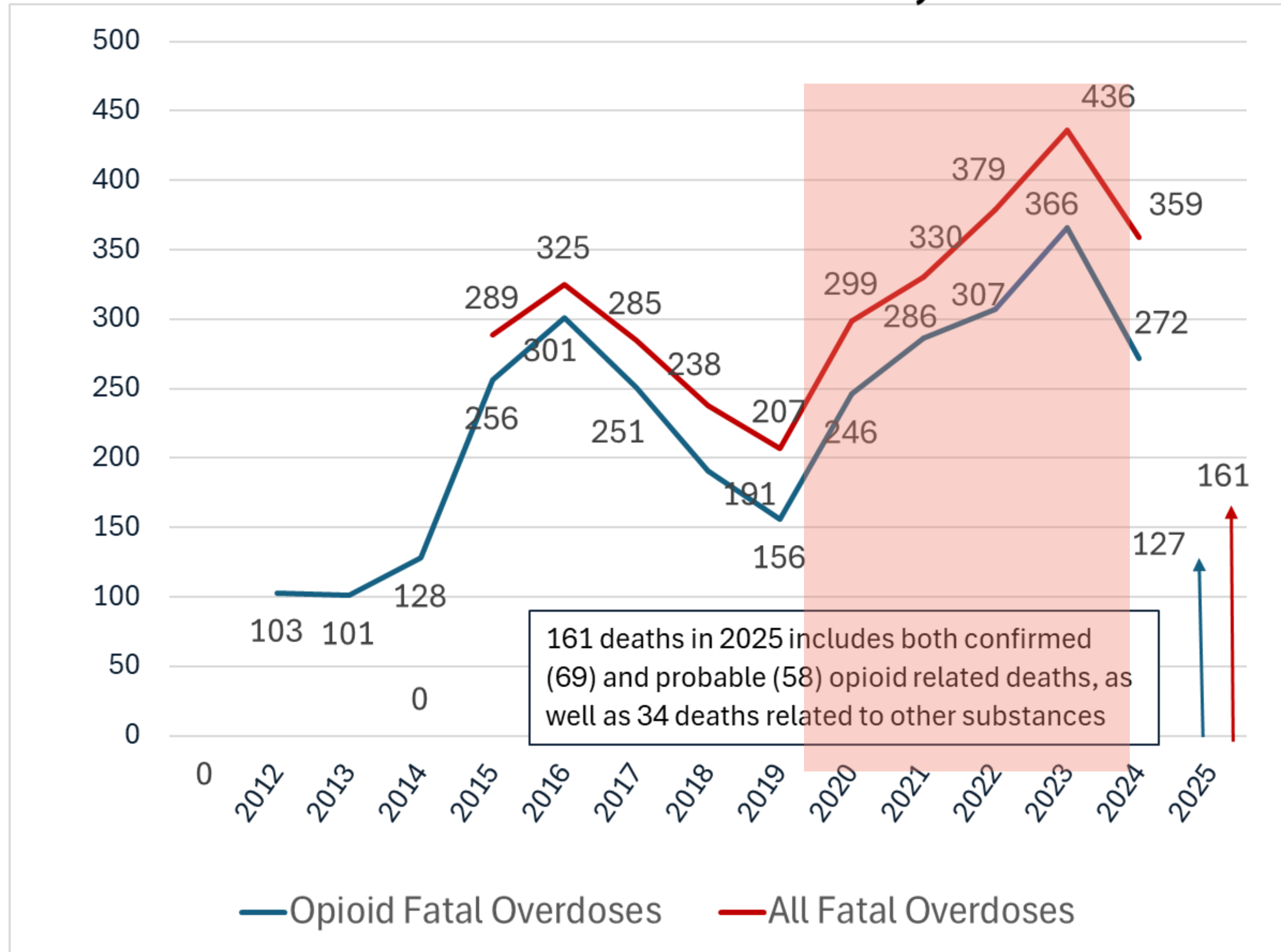
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OVERDOSE-RELATED DEATHS, 2012 - 2025*



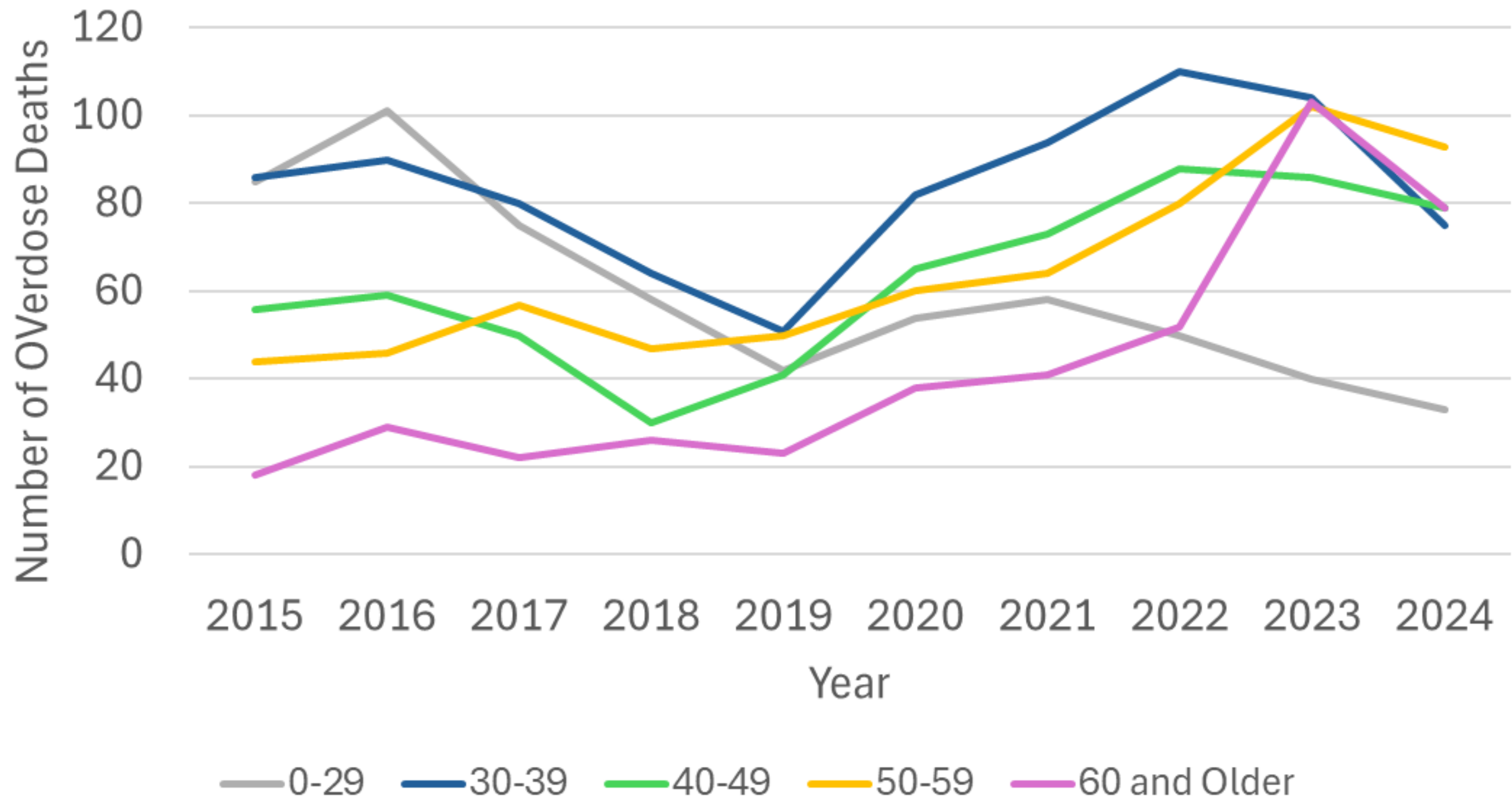
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

OVERDOSE-RELATED DEATHS, 2012 - 2025*



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

Erie County Overdose Deaths by Age Group, 2015 - 2024



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

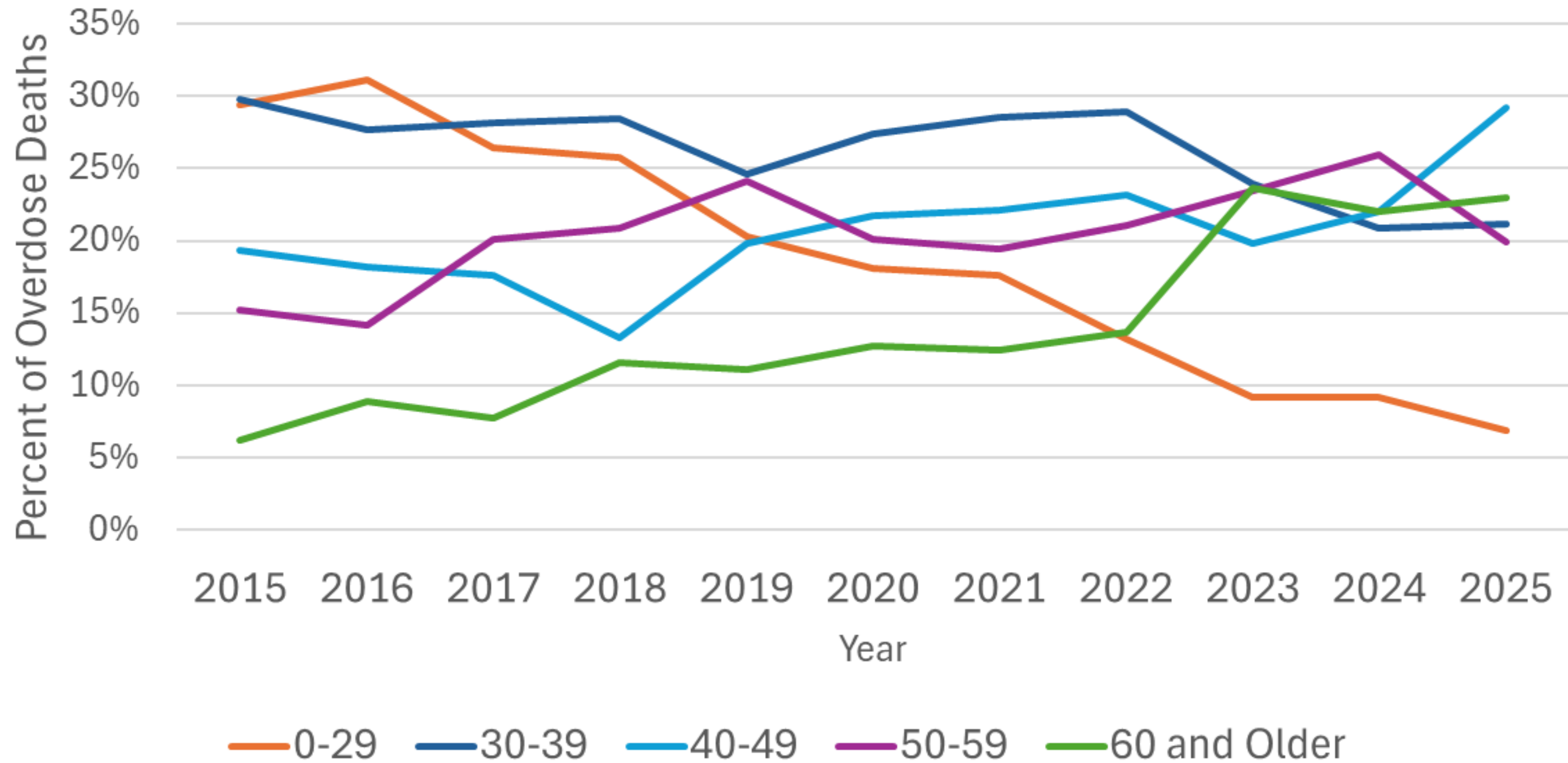


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Erie County Overdose Deaths by Age Group, 2015 - 2025



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 8/20/2025

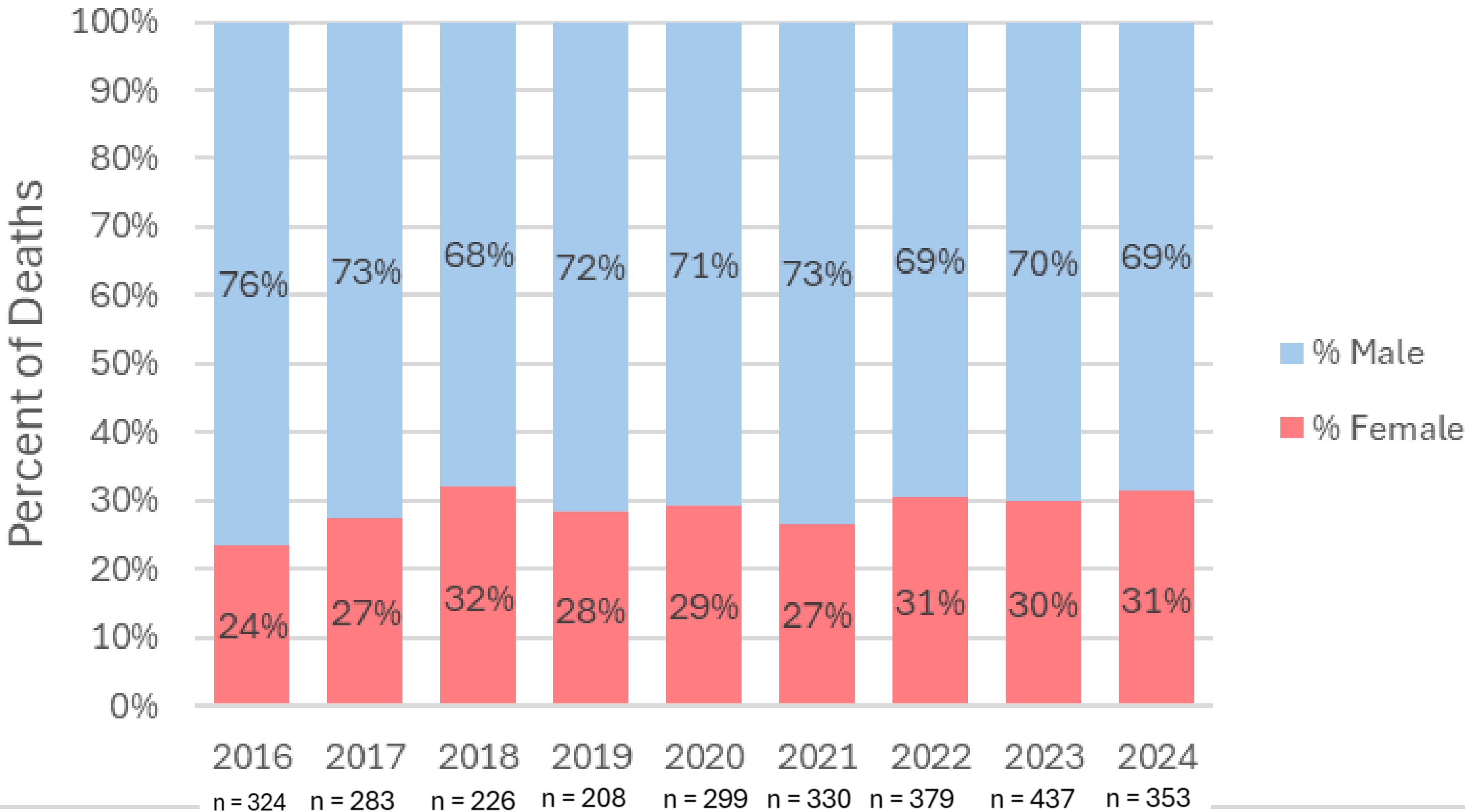


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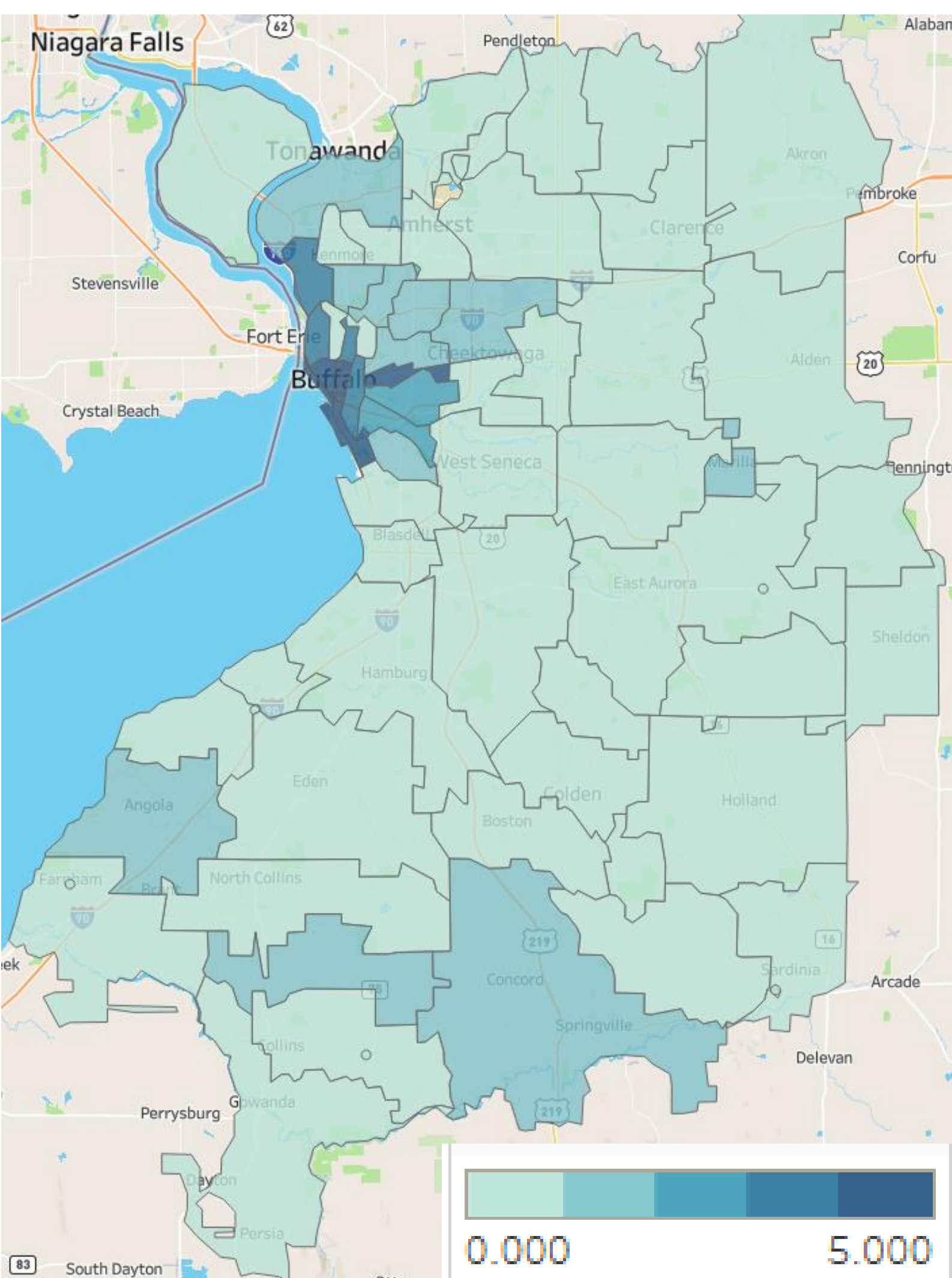
2016 - 2024 Erie County Overdose Deaths by Sex



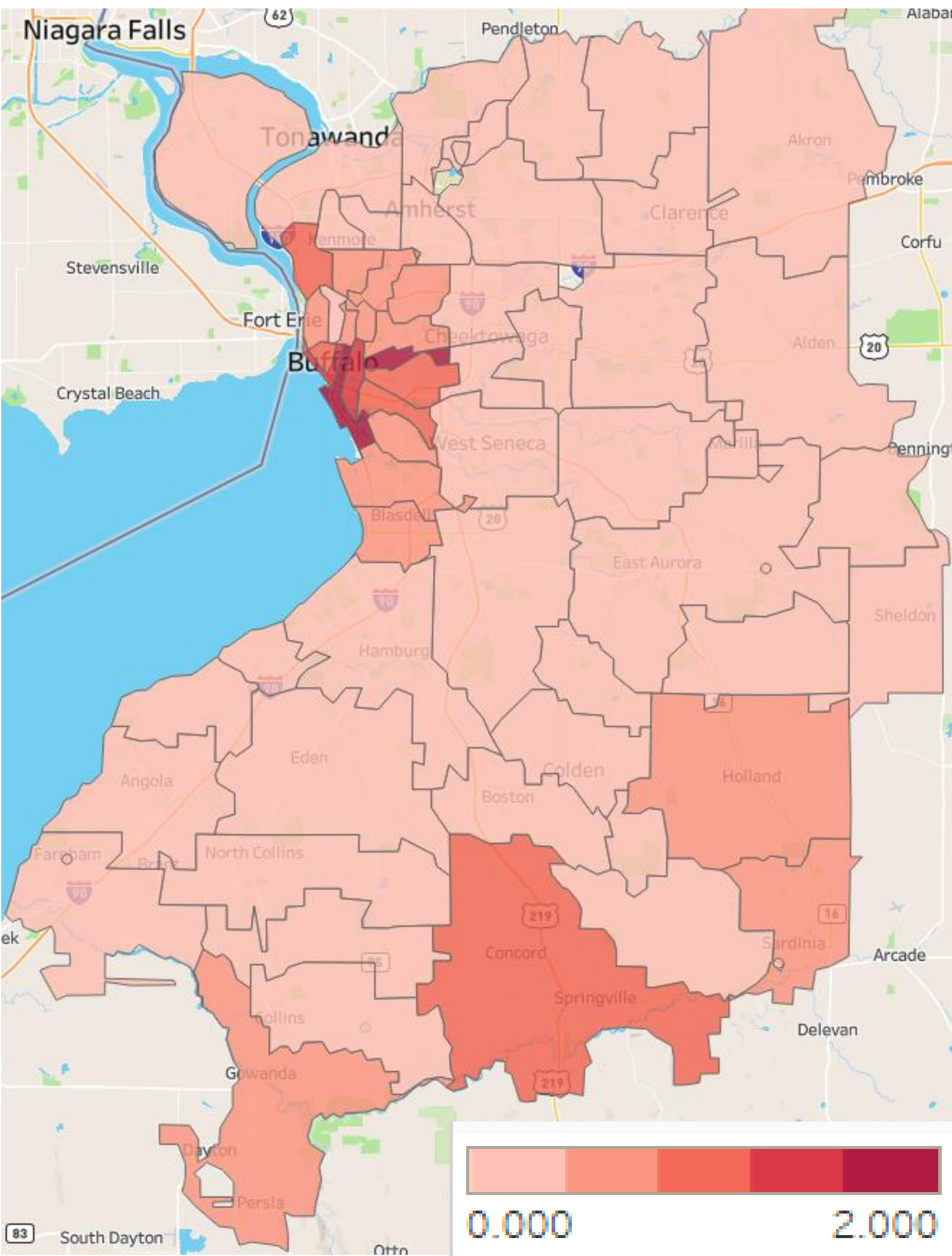
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 2/6/2025

Race Distribution of Overdose Deaths

	Population % (n = 954,236) 2020 Census	2021 Overdose % (n = 330)	2022 Overdose % (n = 379)	2023 Overdose % (n = 435)	2024 Overdose % (n = 359)
Race					
White	73%	70%	68%	64%	63%
Black/African American	14%	25%	29%	33%	33%
American Indian/Alaskan Native	0.60%	3%	2%	2%	2%
Other	12%	2%	1%	1%	2%
Ethnicity					
Not Hispanic or Latino	94%	90%	90%	90%	92%
Hispanic or Latino	6%	10%	10%	10%	8%



2024 Erie County Non-Fatal Overdose Incidents
per 1000 Residents by Zip Code



2024 Erie County Fatal Overdose Incidents
per 1000 Residents by Zip Code

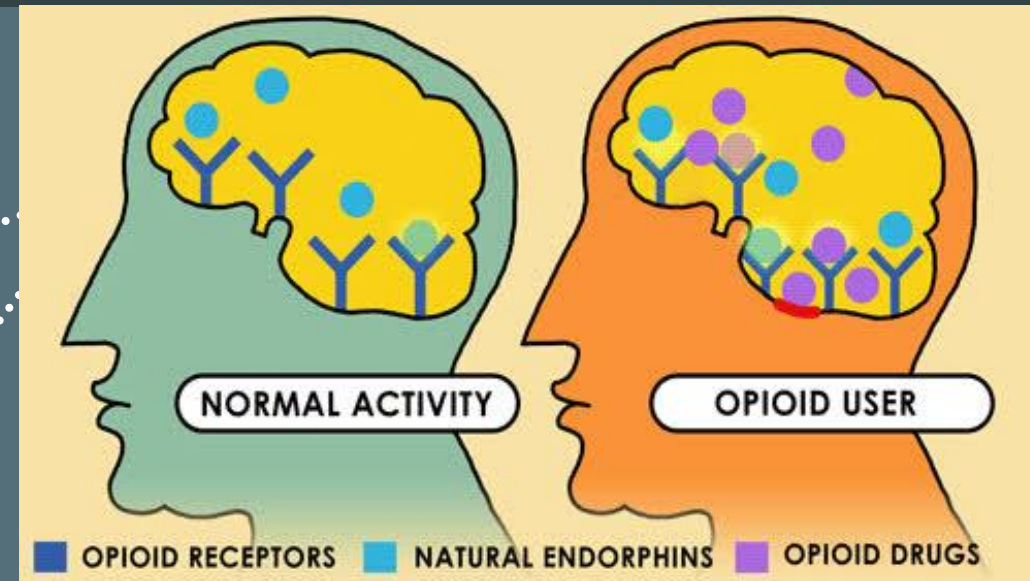
Opiates and Opioids

Also known as painkillers or narcotics

- Opiates are naturally occurring and made from an opium poppy
 - Ex: Codeine, Heroin, Morphine
- Opioids are a class of synthetic drugs that relieve moderate to severe pain
 - Ex: Hydrocodone, Oxycodone, Oxycontin, Fentanyl, etc.
- Generally prescribed after surgeries or injuries
- Can create a sense of euphoria and relaxation
- Can lead to complications for some individuals



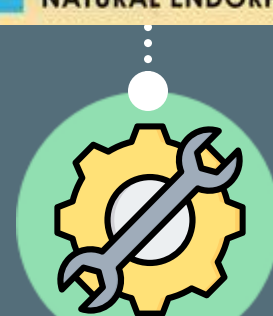
Opioid Use Physiology



Opioid can be utilized for pain relief



Opioids seek out and bind to the naturally occurring receptors that our endorphins target



Tolerance increases after multiple uses needing more to create same response

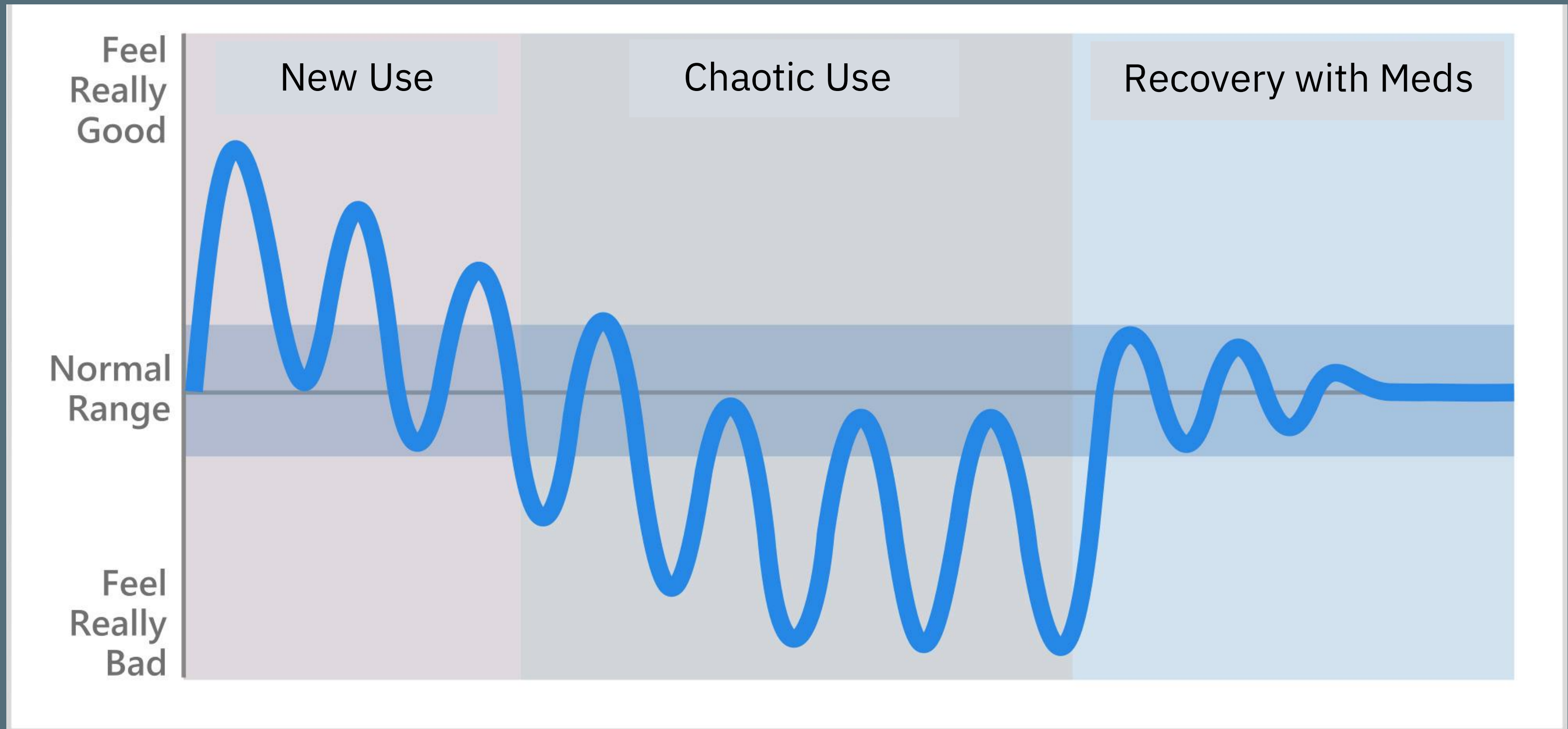


Reliance can occur due to feedback from receptors signaling for more opioids to avoid negative effects

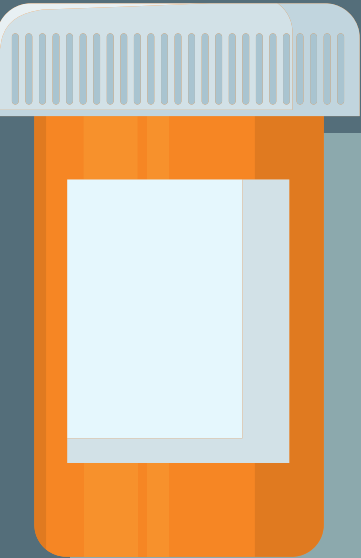


If opioid use is decreased or stopped, painful or debilitating withdrawal symptoms are experienced

How does Medication for Opioid Use Disorder Work?



Regulated vs Unregulated Opioids



- Predetermined strength and dosage
- Dispensed through pharmacies with strict oversight
- Regulated and monitored by healthcare professionals
- Subject to specific guidelines to ensure safe use

**Both should
be used with
caution**

- Lacks standardized dosage and potency
- Obtained through informal channels and markets
- More readily available in certain environments
- Could contain contaminants of other substances unknown to the individual: xylazine, stimulants, fentanyl, benzodiazepines, etc.



Fentanyl

Opioid, naloxone will work



PHARMACOLOGICAL INTENT:

- End of life sedative, operational anesthesia, or pain management for chronic illness

BODY EFFECT:

- Causes sedation and relaxation
- Manages high to extreme pain relief

SIDE EFFECT:

- Nausea and vomiting
- Pinpoint pupils
- Respiratory depression



Fentanyl

- Visually indistinguishable from other substances
- Fentanyl is found in fake pills, cocaine, methamphetamines, and others
- A very small dose of fentanyl, 2 mg, is potentially lethal to an average individual with no previous exposure to opioids.

Opioid, naloxone will work

Fentanyl is a synthetic opioid that is up to

50x
stronger than
heroin

100x
stronger than
morphine



Many are unaware that their drugs are contaminated with fentanyl



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Xylazine (Tranq)

Not an opioid
naloxone will not be effective

PHARMACOLOGICAL INTENT:

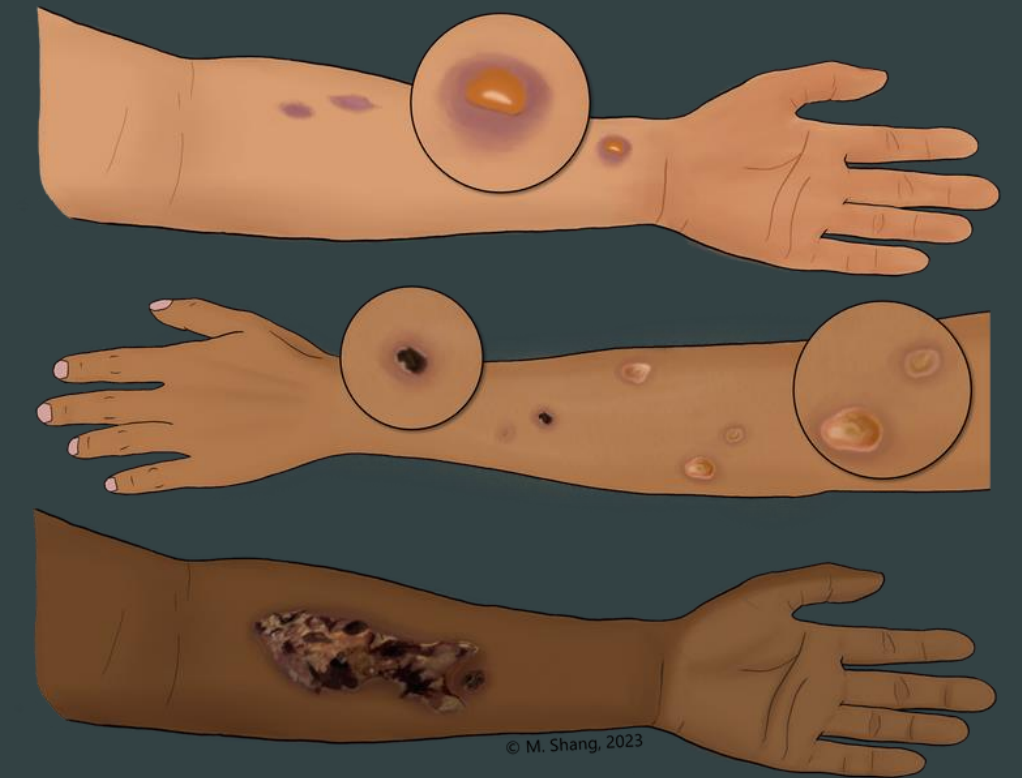
- Administered through injection, swallowing, or sniffing, affecting the central nervous system
- Enhances effects of other substances
- Veterinarian medication

BODY EFFECT:

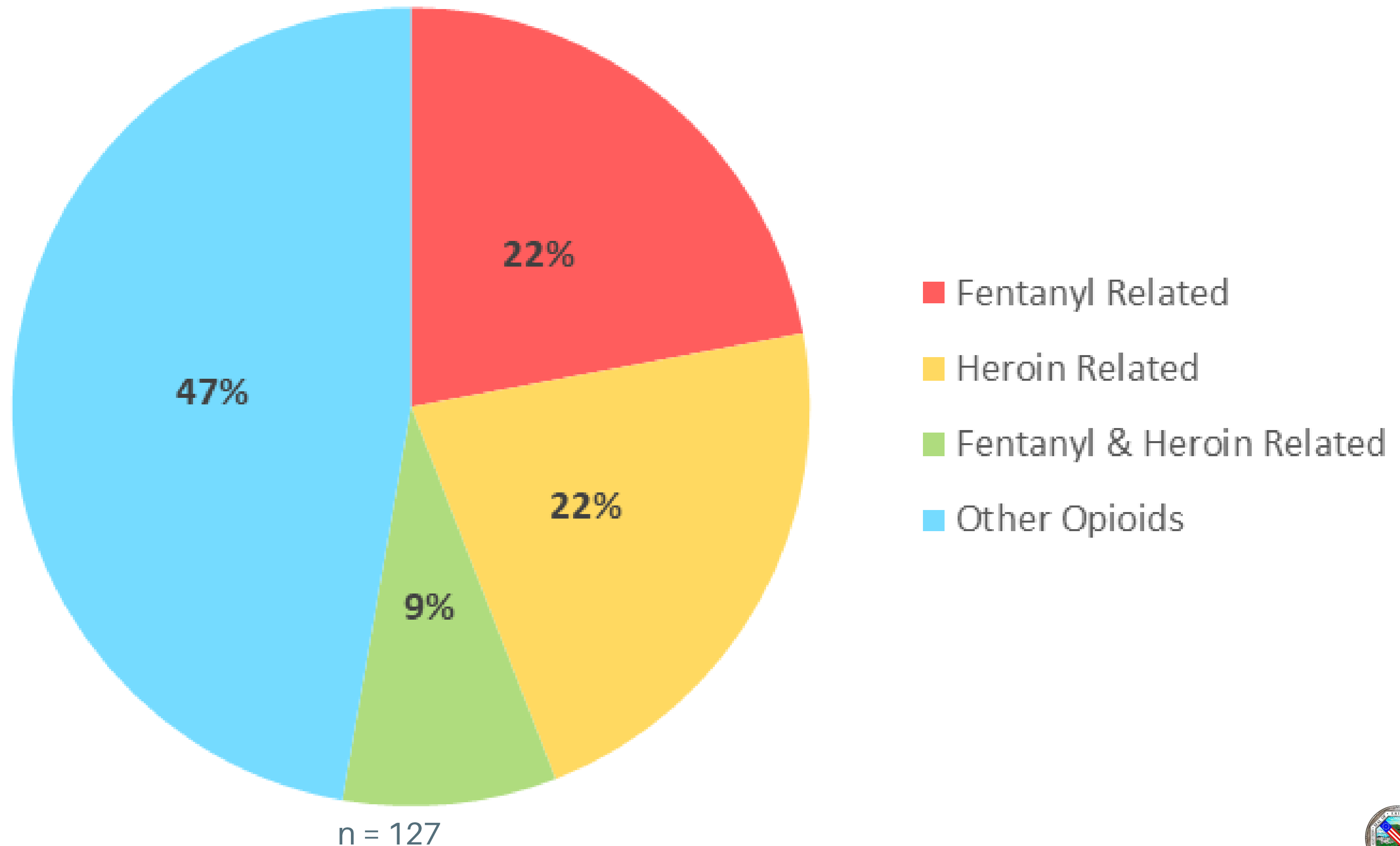
- Induces a longer state of sedation and relaxation
- Causes severe wounds

SIDE EFFECT:

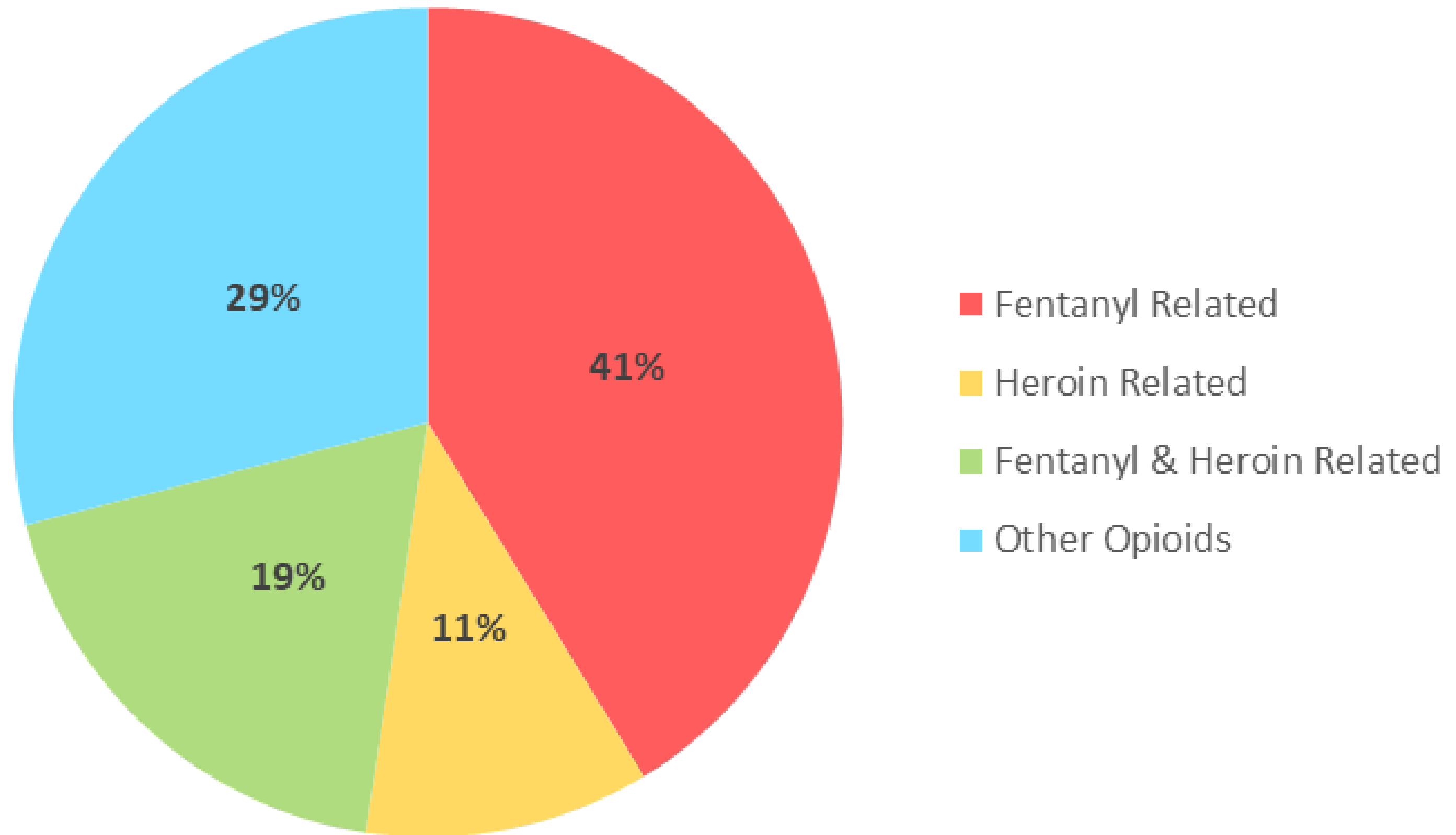
- Other potential effects of xylazine remain unknown



2014 Erie County Opioid Related Deaths by Opioid Type



2015 Erie County Opioid Related Deaths by Opioid Type



n = 252

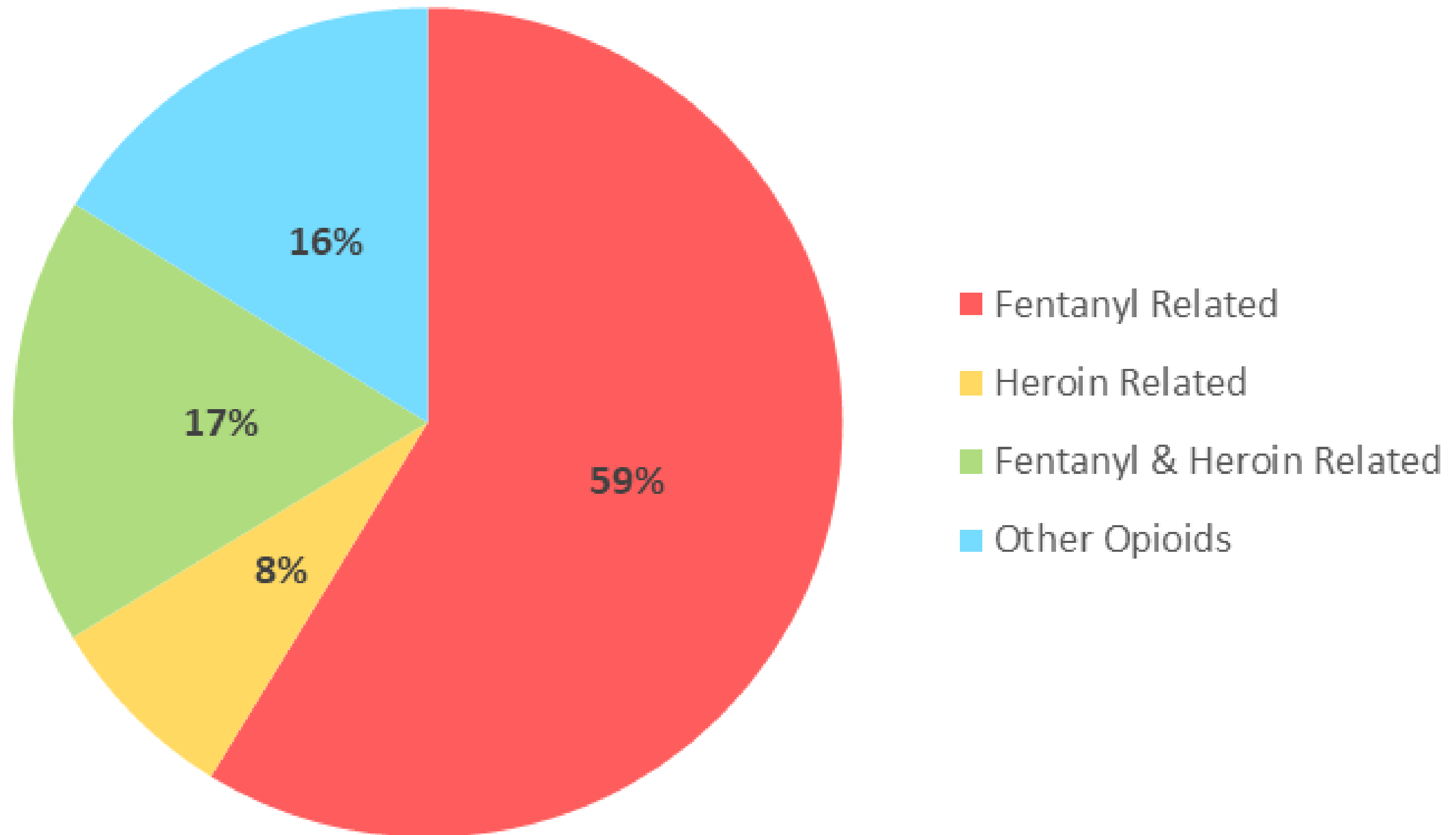


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2016 Erie County Opioid Related Deaths by Opioid Type



n = 303

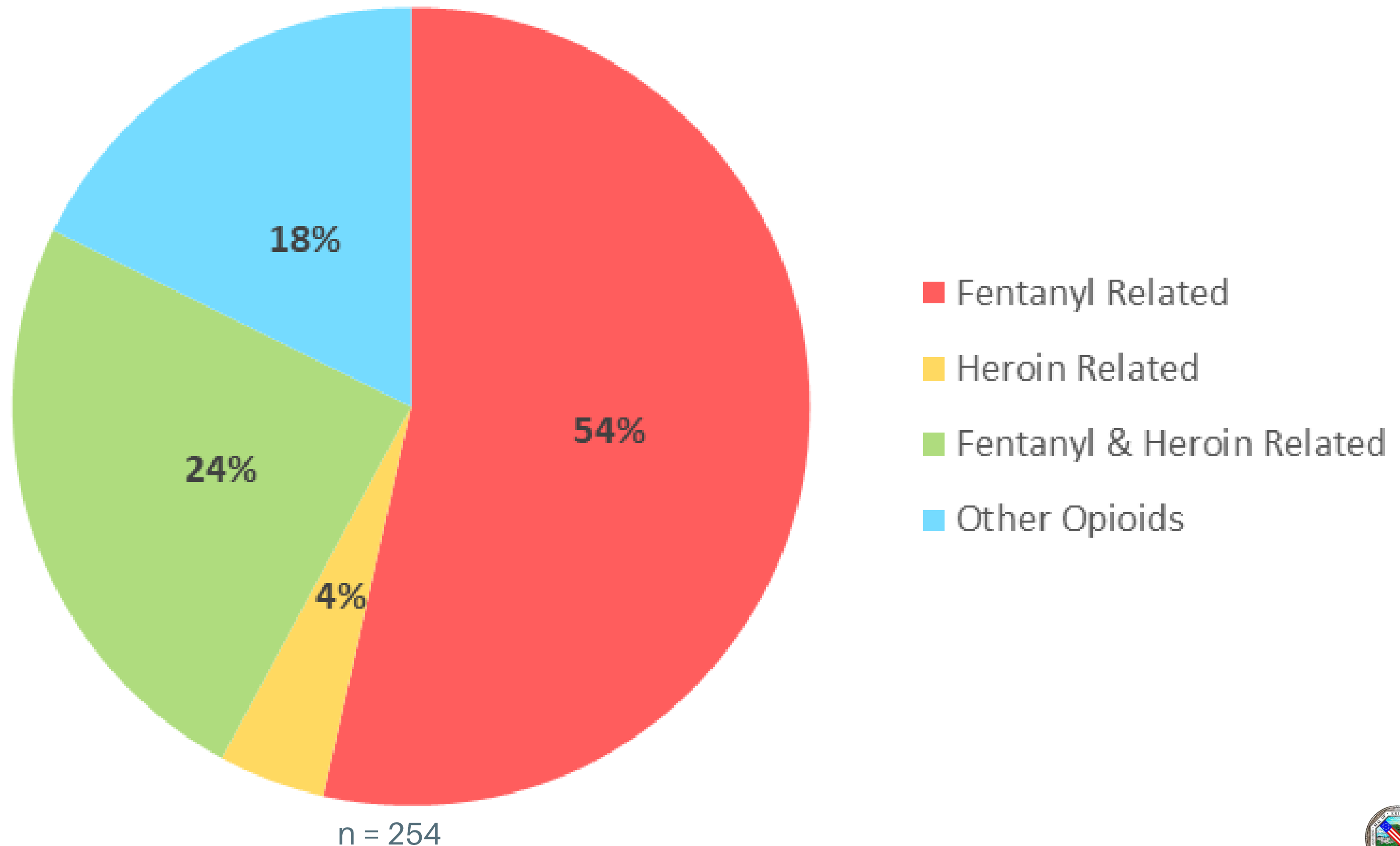


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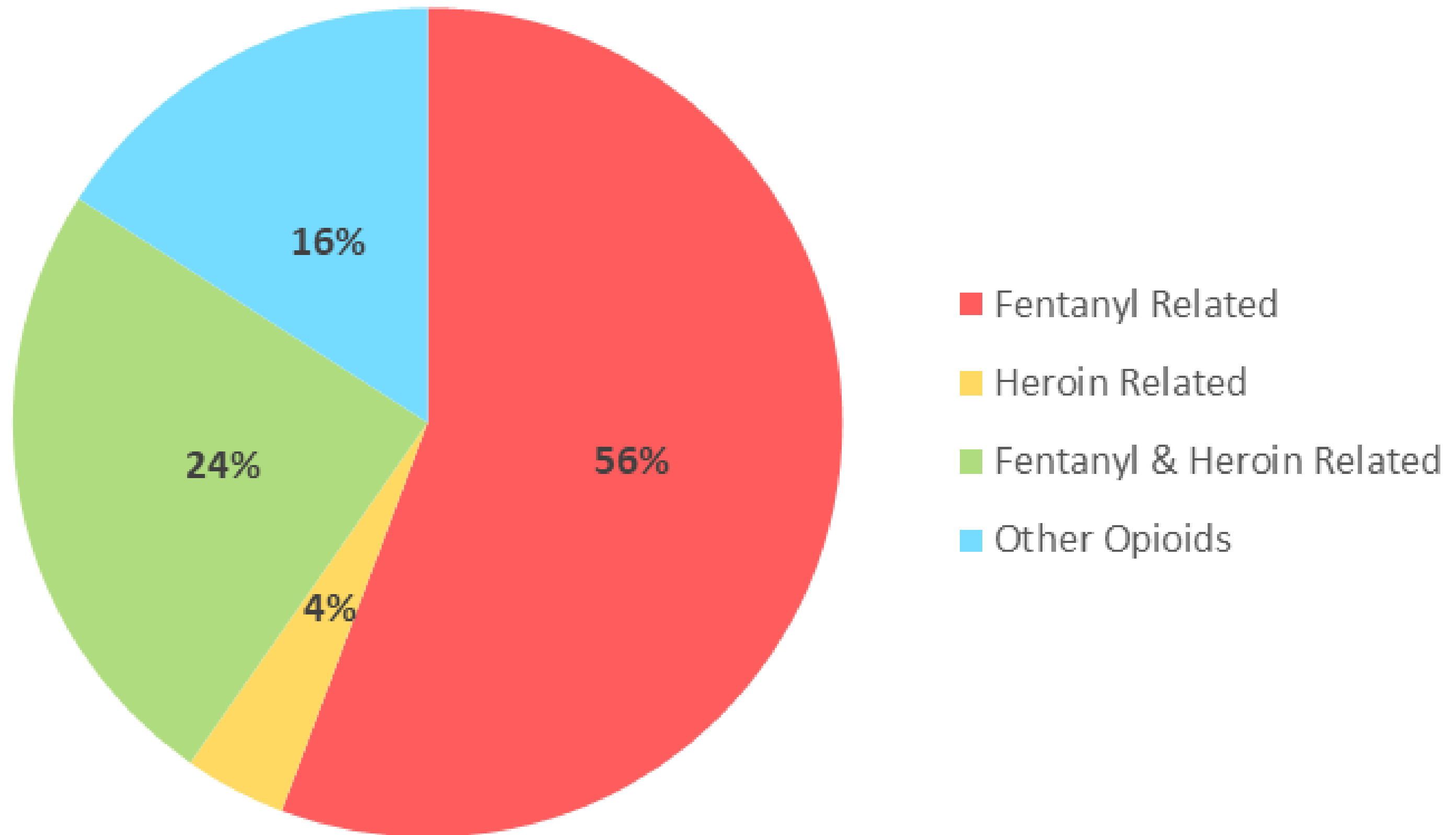


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2017 Erie County Opioid Related Deaths by Opioid Type



2018 Erie County Opioid Related Deaths by Opioid Type



n = 201

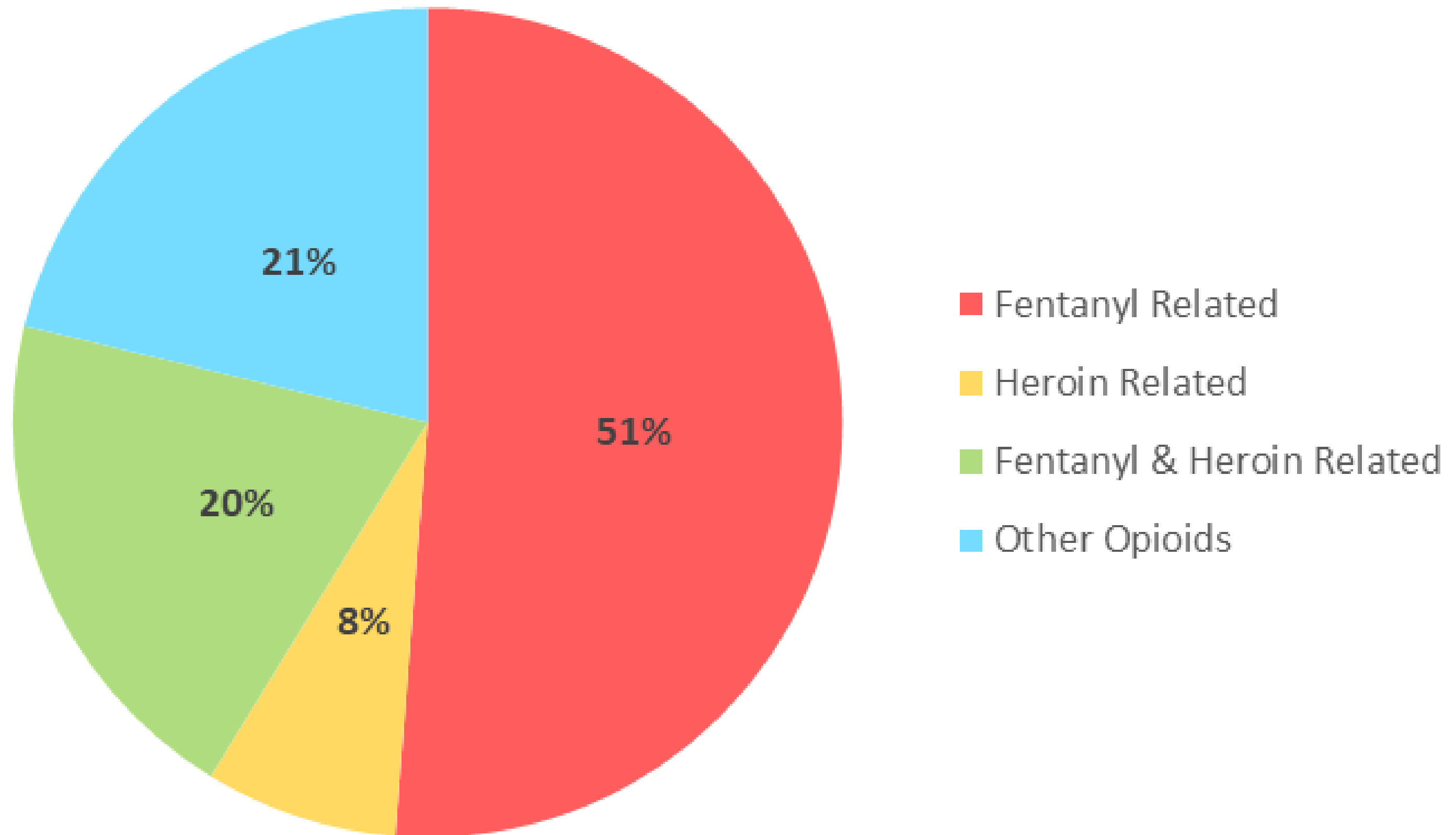


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2019 Erie County Opioid Related Deaths by Opioid Type



n = 160

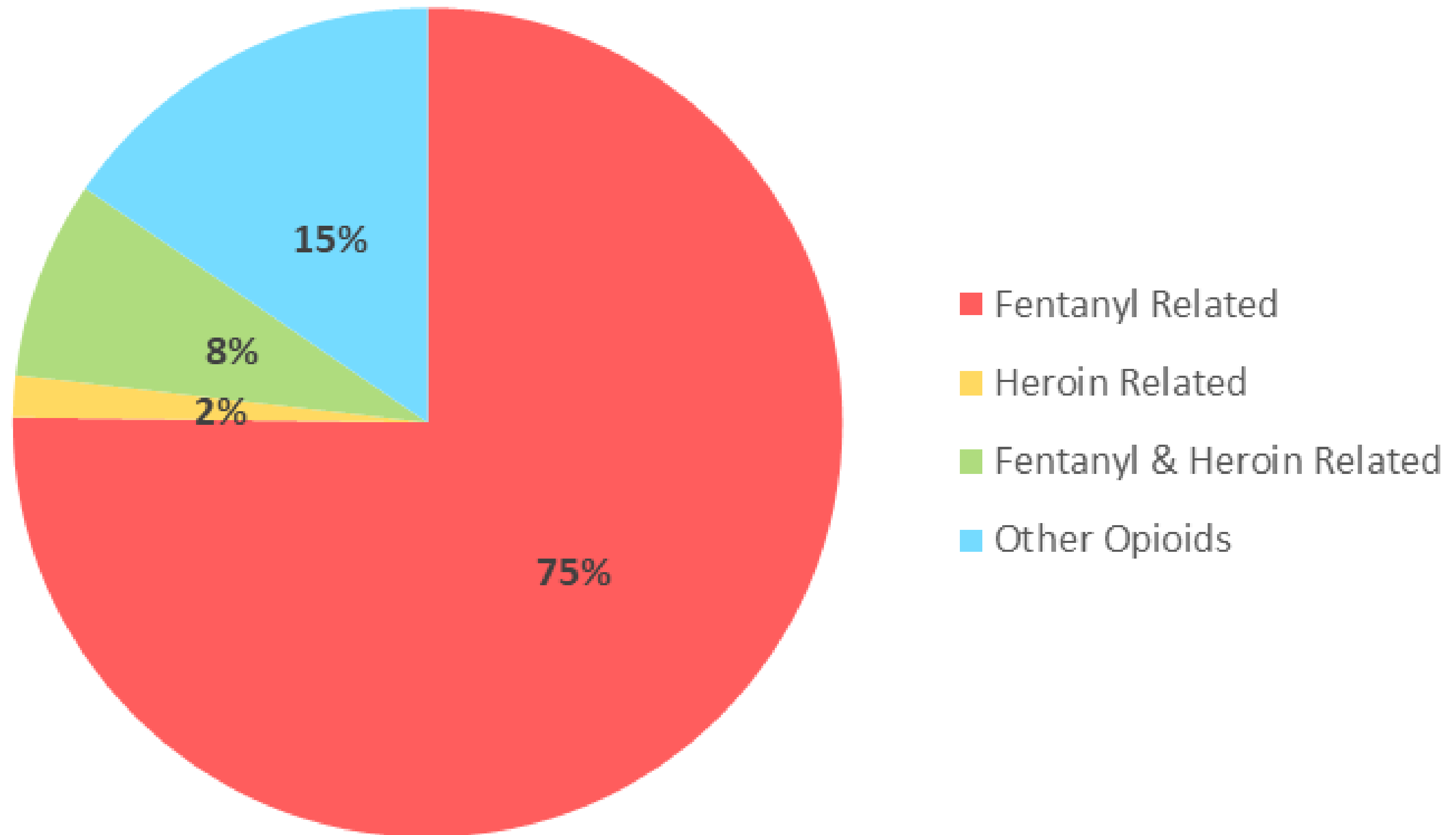


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2020 Erie County Opioid Related Deaths by Opioid Type



n = 246

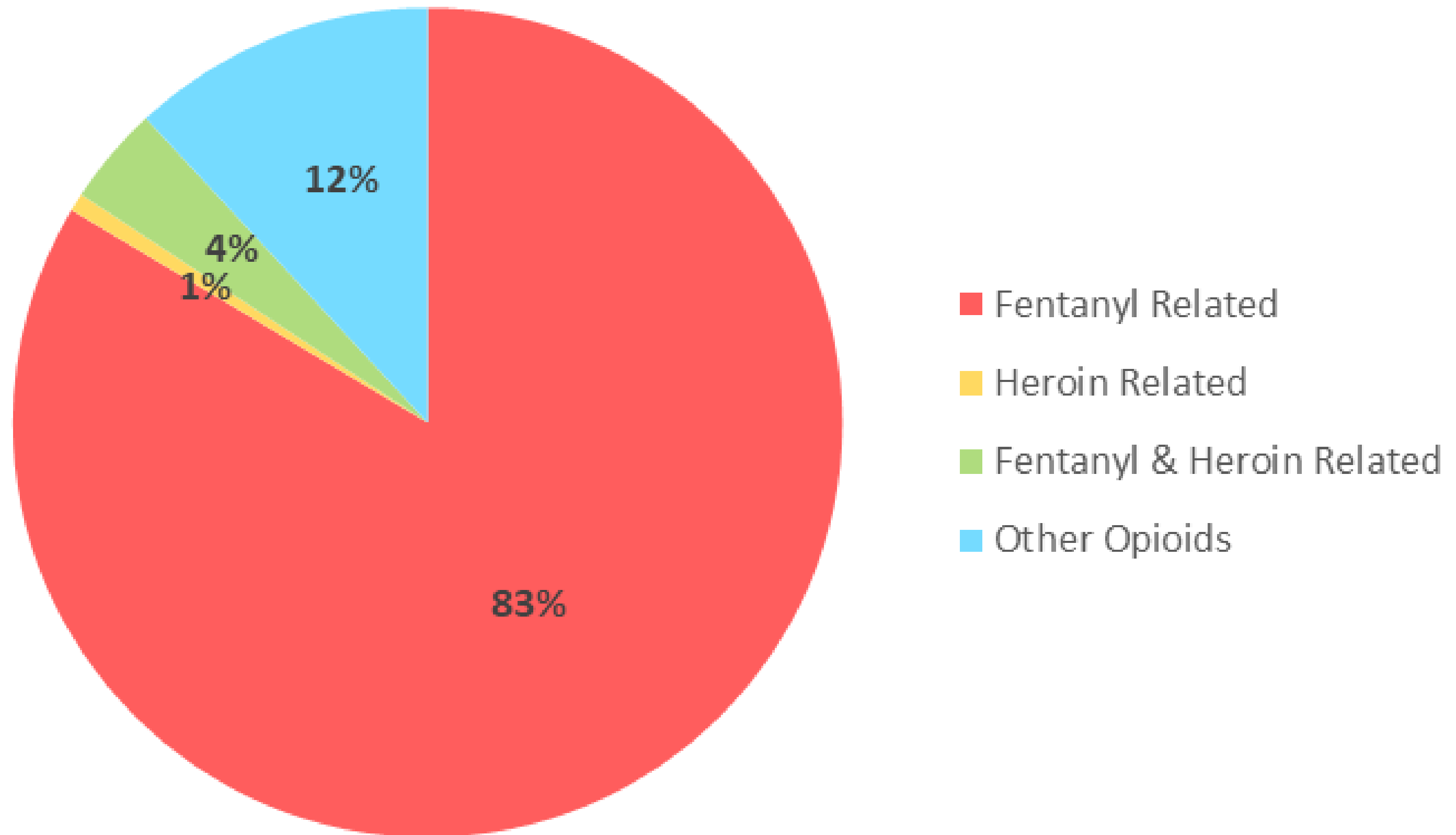


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2021 Erie County Opioid Related Deaths by Opioid Type



n = 286

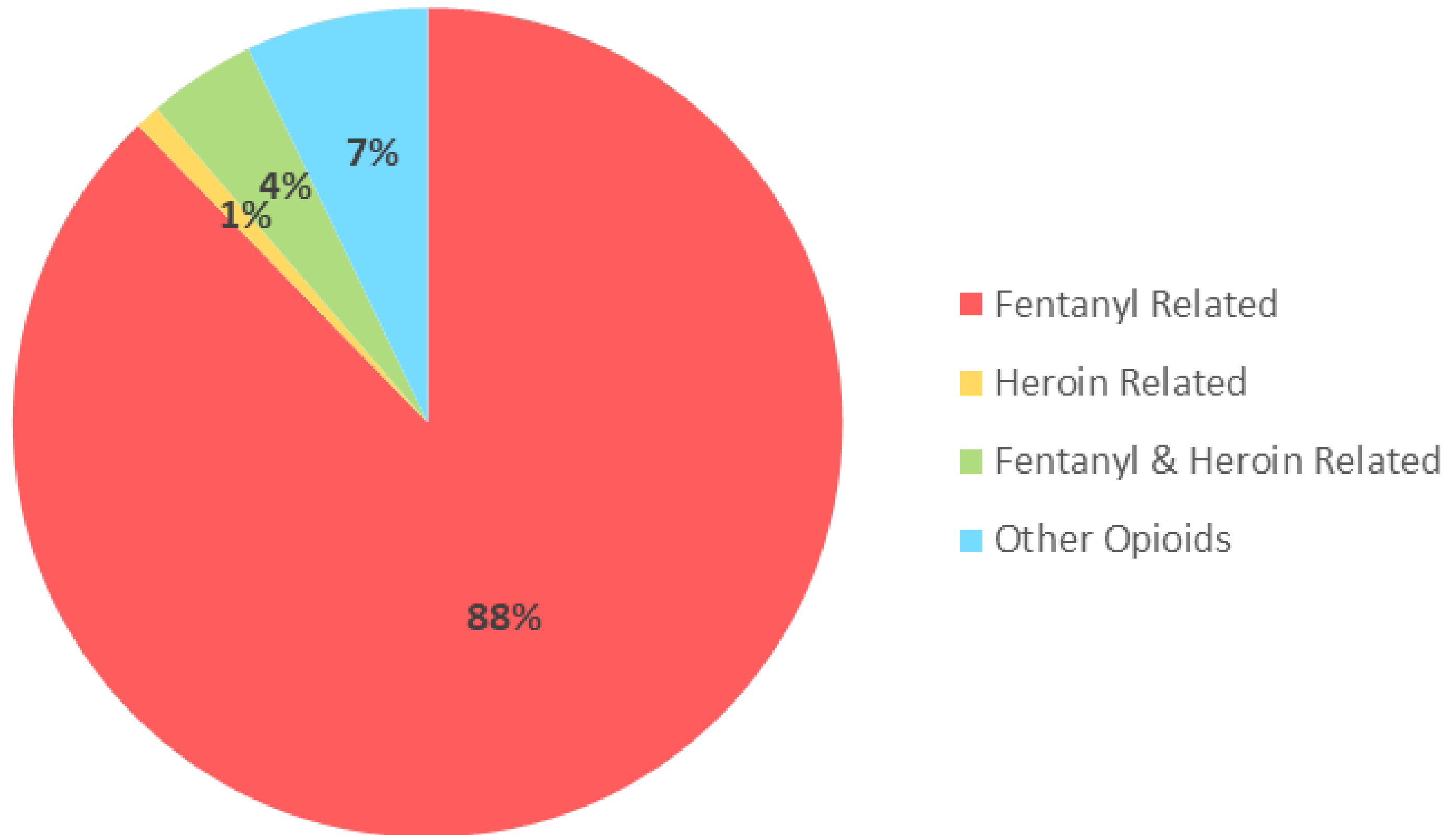


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2022 Erie County Opioid Related Deaths by Opioid Type



n = 309

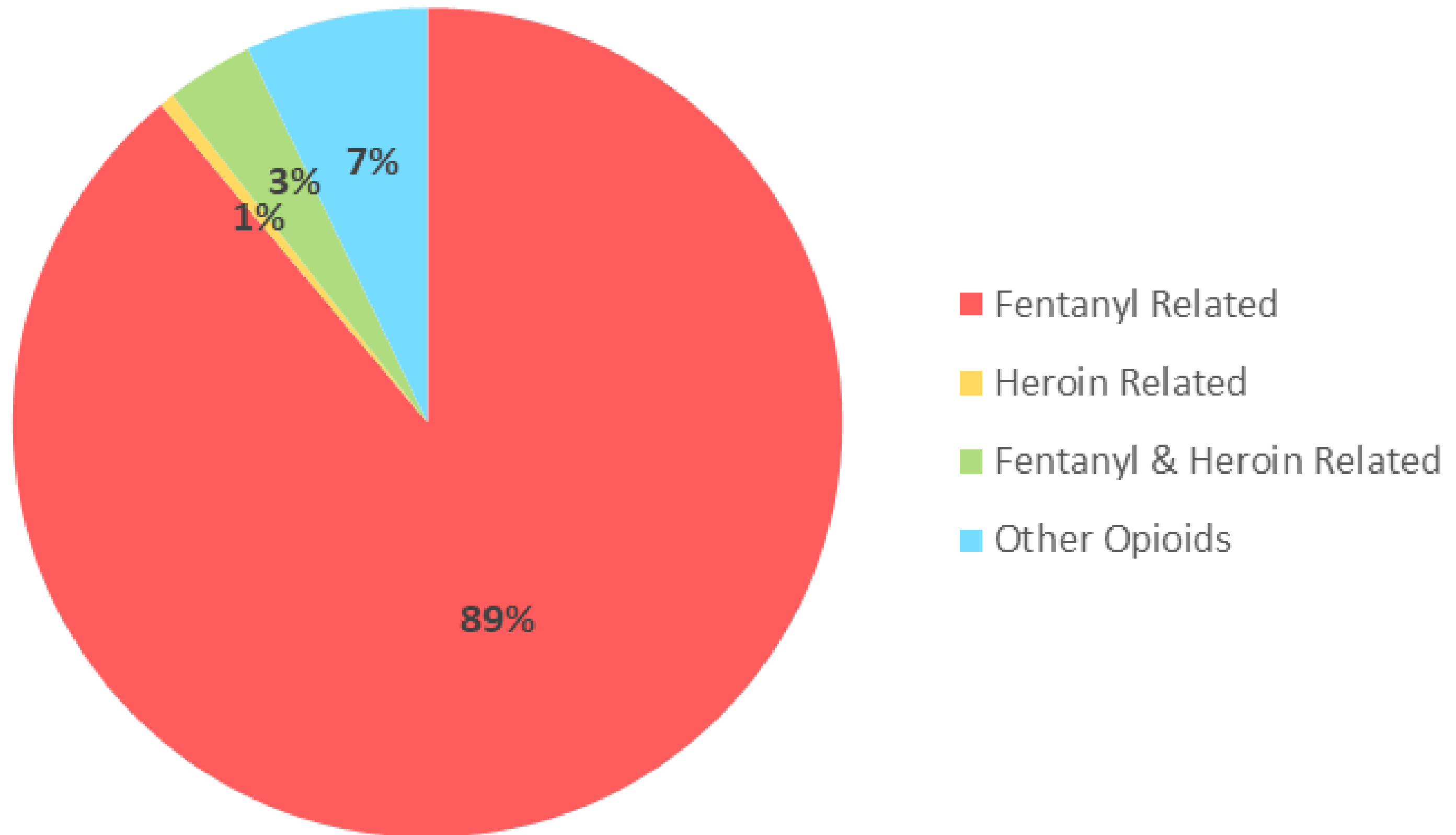


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2023 Erie County Opioid Related Deaths by Opioid Type



n = 366

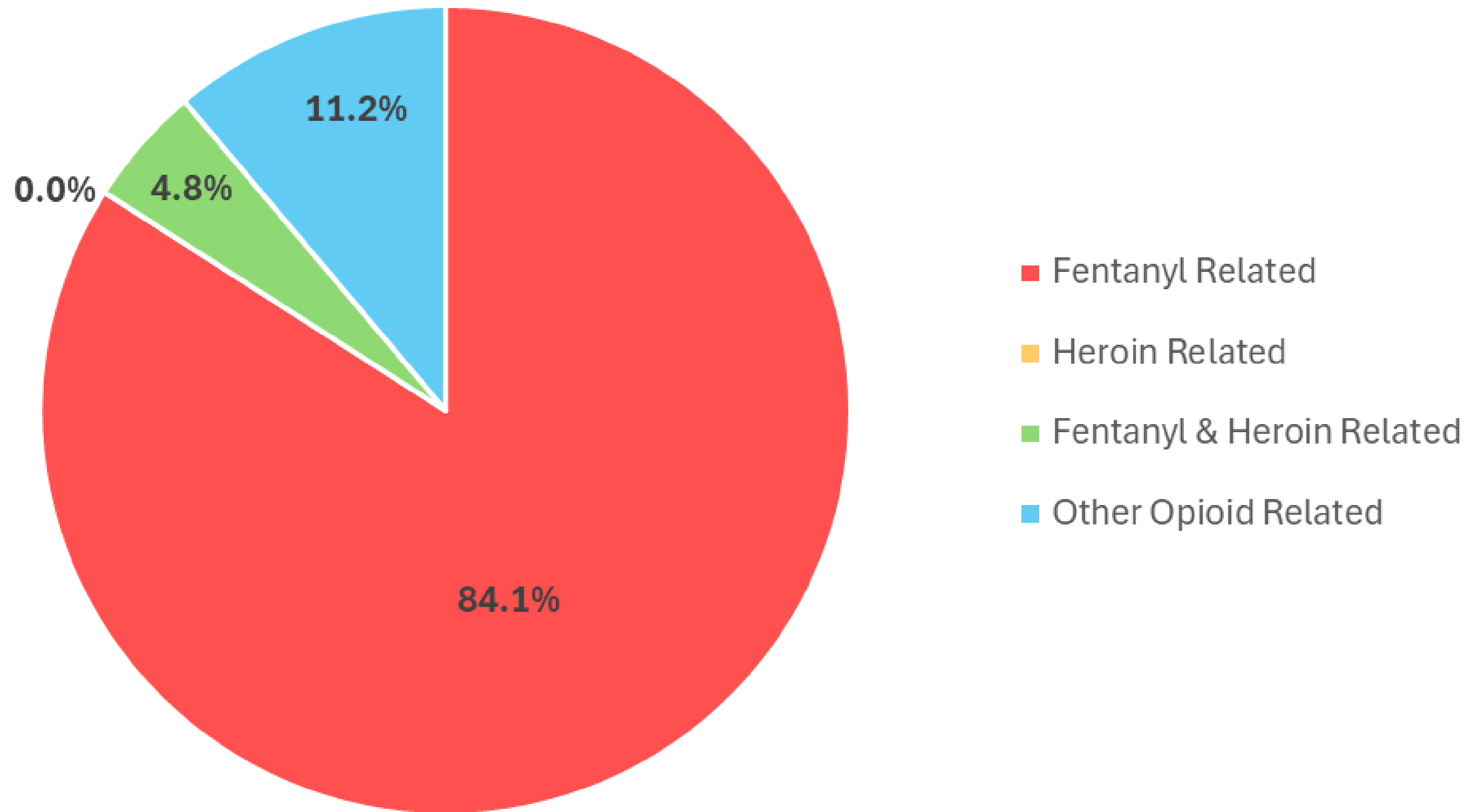


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2024 Erie County Opioid Related Deaths by Opioid Type



n = 251

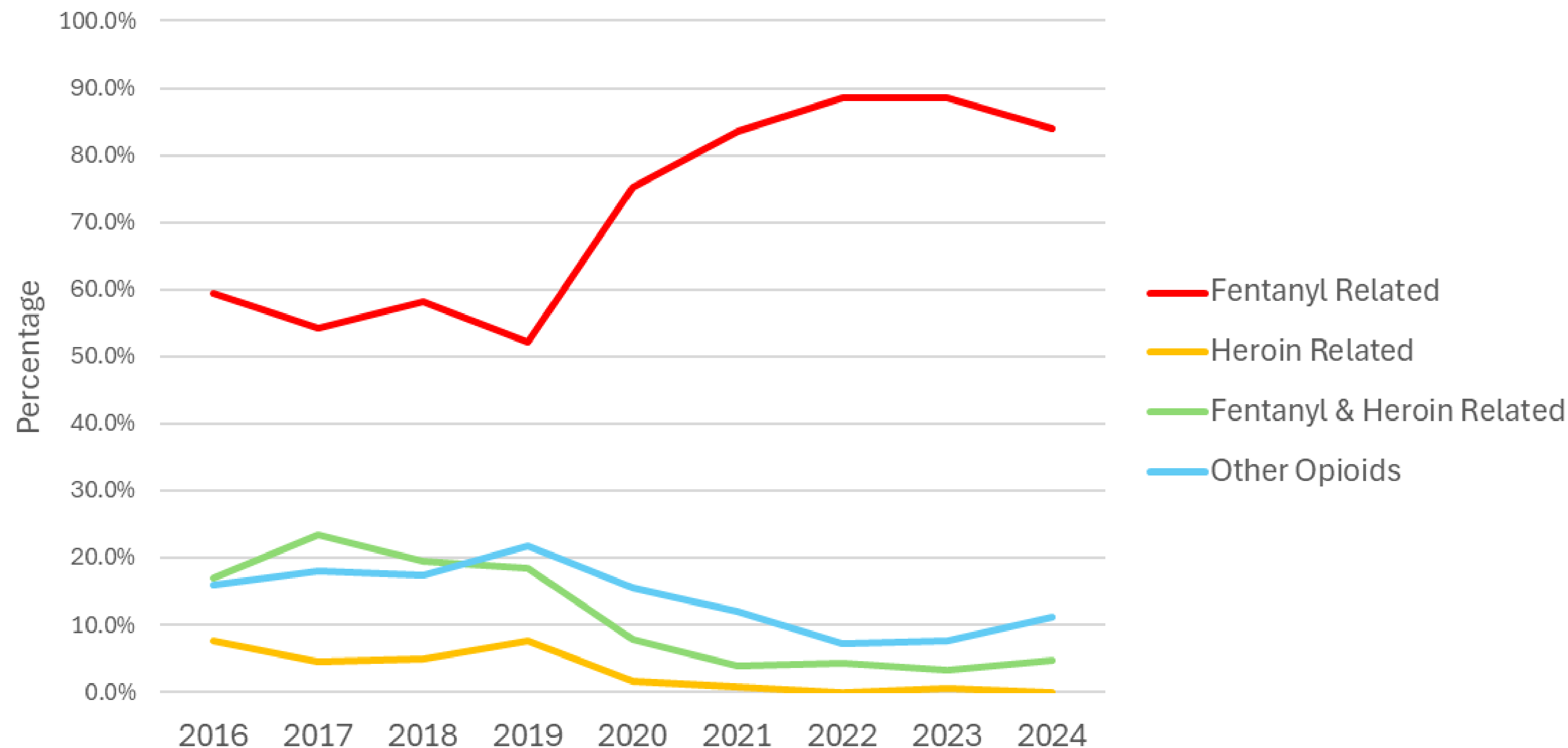


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2016 - 2024 Erie County Opioid Related Deaths by Opioid Type



Fentanyl and Fentanyl Analogs

Think about a chocolate chip cookie...

- Not every cookie is made with the same or exact amount of ingredients
- Not every bite is going to have chocolate chips
 - Possibility of false negative when testing substances
 - Regardless of test result, use substances with caution



Would you be able to
detect this?

All look the same.
All are lethal doses.



Carfentanil
.02-.03mg



Fentanyl
2-3mg



Heroin
30mg

Stop the Opidemic.



justice.gov/usao-md



@USAO_MD



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Stimulants

Not an opioid
naloxone will not be effective

PHARMACOLOGICAL INTENT:

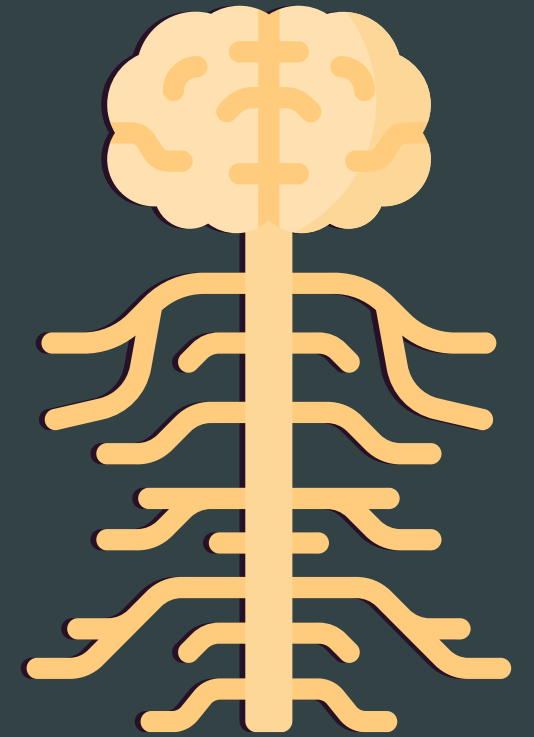
- Increase the activity of the central nervous system
 - Examples: cocaine, methamphetamine, ecstasy, and caffeine

BODY EFFECT:

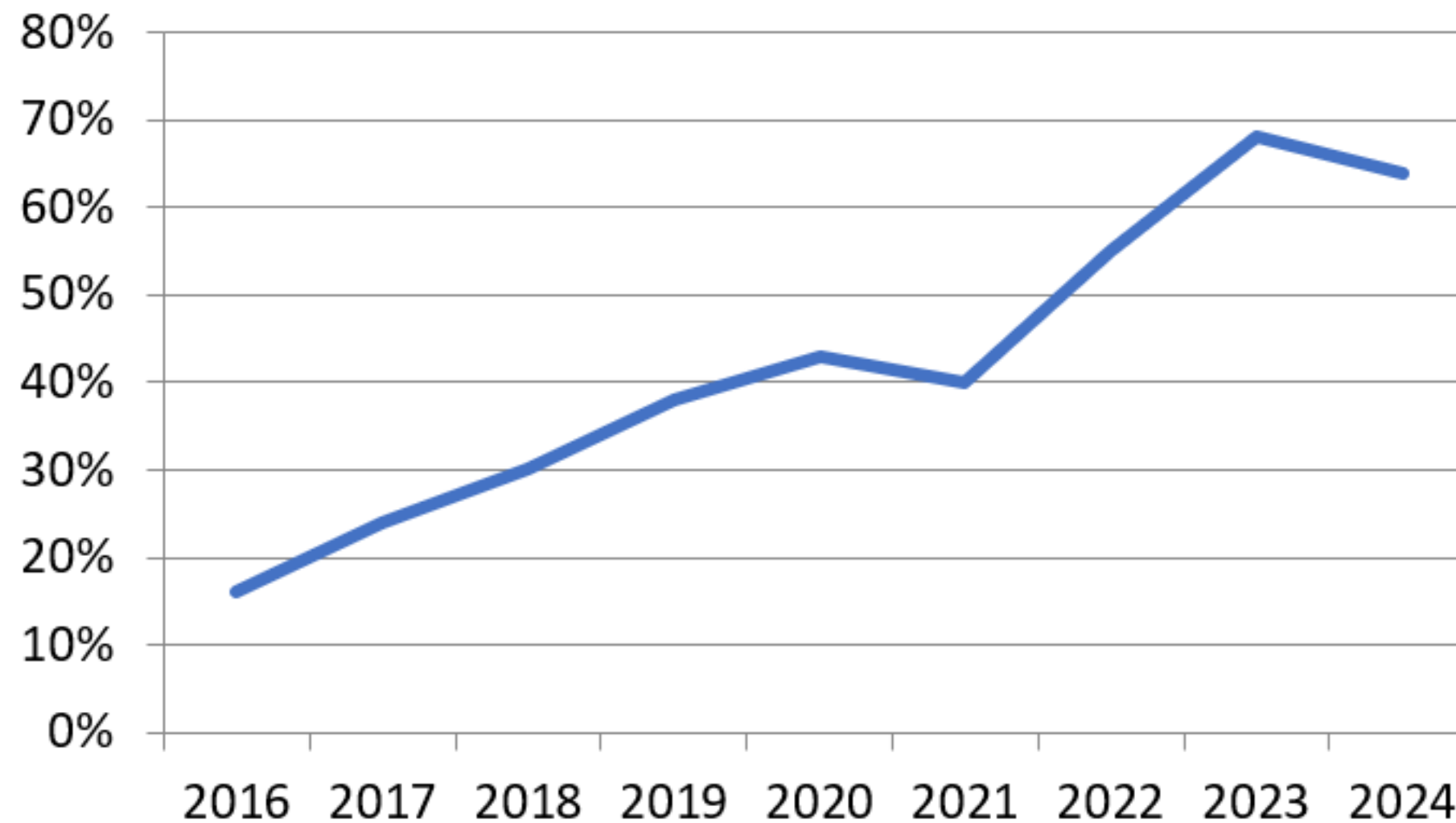
- Increase alertness, energy levels, mood, and focus
- Increase heart rate and blood pressure

SIDE EFFECT:

- Route of administration can vary in effect
- *Overamping*: High stimulant consumption combined with sleep deprivation and lack of nutrition
 - Can cause individuals extreme panic, paranoia, and restlessness
 - Can lead to heart attack, seizures, overheating, stroke, and psychosis



2016 – 2024* PERCENT OF ALL OPIOID RELATED DEATHS ASSOCIATED WITH FENTANYL¹ AND COCAINE ERIE COUNTY

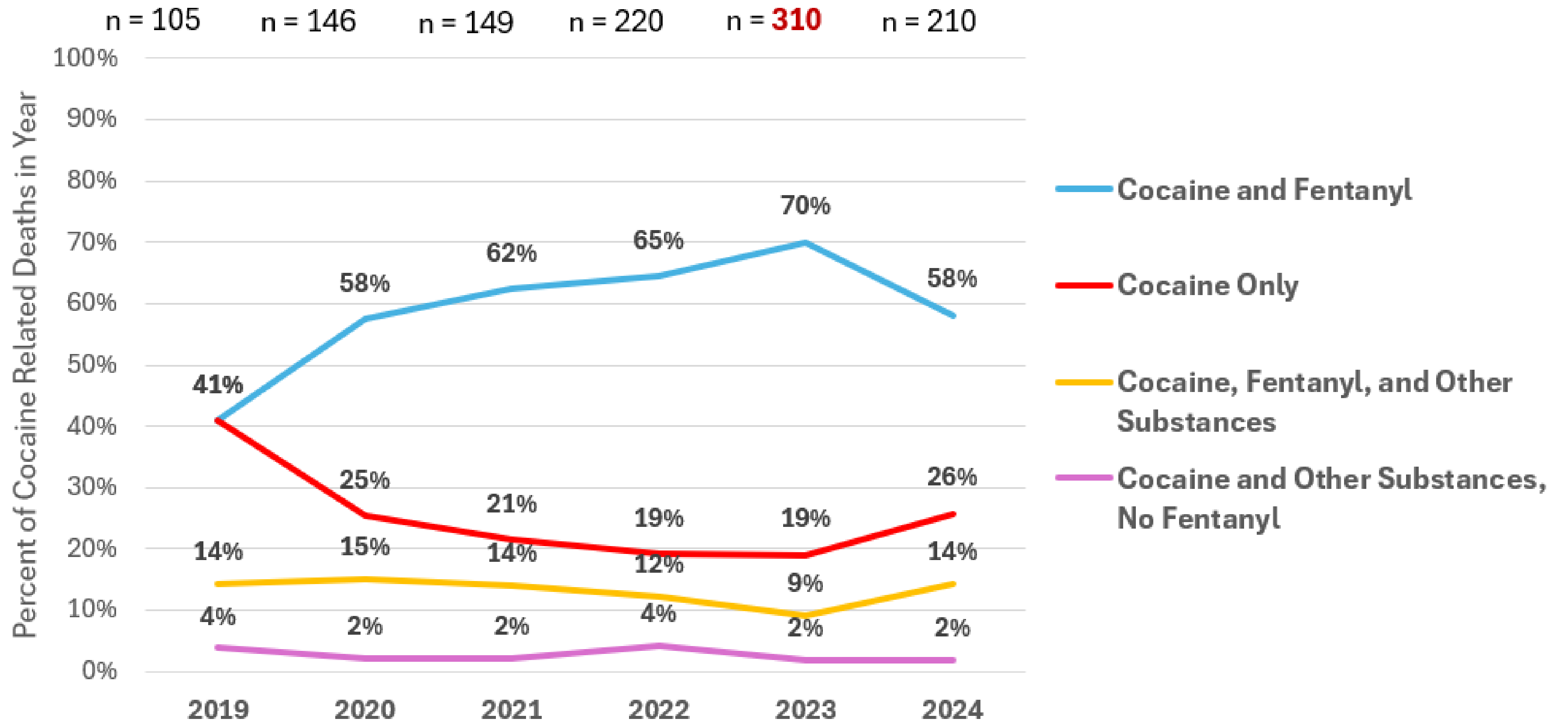


2020: 48% (118/246) of opioid related deaths involved cocaine
2021: 44% (125/286) of opioid related deaths involved cocaine
2022: 57% (174/307) of opioid related deaths involved cocaine
2023: 68% (192/281) of opioid related deaths involved cocaine
2024*: 64% (167/260) of opioid related deaths involved cocaine

¹Includes all Fentanyl related deaths.

SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CASES REPORTED THRU 1/24/2025

Cocaine Related Deaths, 2019-2024



Benzodiazepines

Not an opioid
naloxone will not be effective

PHARMACOLOGICAL INTENT:

- Central nervous system depressant to treat anxiety, insomnia, muscle spasms, and seizures
 - Examples: Alprazolam (Xanax), Clonazepam (Klonopin), Lorazepam (Ativan)

BODY EFFECT:

- Feeling of relaxation, sedation, and calmness
- Promote muscle relaxation and may reduce seizure activity

SIDE EFFECT:

- Can alter brain functioning, decision-making, concentration, and short-term memory
- Withdrawal: Can cause seizures, intense anxiety, and psychotic reactions
 - Detoxing should be done under the guidance of a medical professional



Polysubstance

- When two or more substances are taken together, or within a short time period, either intentionally or unintentionally
- Effects from combining substances may be stronger and more unpredictable
- Polysubstance use fatalities are becoming a growing concern
- Drinking alcohol while using other substances has the potential to magnify the effect of other substances
 - Mixing alcohol with other substances may increase your risk of overdose



Fake or Real?



Fake or Real?

Fake Oxycodone



Authentic Oxycodone



**Authentic Adderall
(20mg)**



**Fake Adderall
(30mg)**



Fake Xanax



Authentic Xanax



WHO?

WHAT?

HOW?

Risk Factors

Who is at
risk?



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EVERYONE



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Who is at an Increased Risk?

- Everyone is at risk for an opioid overdose including:
 - Long-term use of regulated and unregulated substances
 - Individuals utilizing a substance for the first time
- High Risk
 - After drug rehab
 - After incarceration
 - Mental health concerns
 - Mixing of substances
 - Individuals without a safety plan
 - Communities with lower access to resources



If I experience an overdose, will someone be there to help me?

- Are there people around me and can we take turns when using substances?
- Can someone check on me?
- Can I call Never Use Alone?

If I experience an overdose, will someone be able to find me?

- Does someone know where I am?
- Are the doors unlocked?
- Can someone reach me?
- Is there naloxone nearby?

What is my overdose risk?

How does the way I use drugs change my risk of overdose?

- Can I use test strips?
- How am I taking my substances?
- Can I use less or go slowly?
- Can I avoid mixing substances?

What drugs, medications or routines change my risk of overdose?

- What substances am I using?
- Has my tolerance changed?
- Am I taking any medications?



Ways to Lower Risk



1

If you are using
after a period of
abstinence, be
careful and go slow

SLOW



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Ways to Lower Risk



1

If you are using after a period of abstinence, be careful and go slow

SLOW

2

Develop an overdose safety plan with someone you trust



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Ways to Lower Risk



1

If you are using after a period of abstinence, be careful and go slow

SLOW

2

Develop an overdose safety plan with someone you trust



3

Always test your substance before use



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Ways to Lower Risk



1

If you are using after a period of abstinence, be careful and go slow

SLOW

2

Develop an overdose safety plan with someone you trust



3

Always test your substance before use



4

Don't use alone, alternate between individuals



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NEVER USE ALONE

Web : www.NeverUseAlone.com
FB : www.facebook.com/Neverusealone

No Judgement
No Shaming
No Preaching
Just Love!



Call us if you are going to
Use Alone!
877-696-1996

One of our operators will stay on the line with you while you use, to try and ensure that you don't die from fentanyl poisoning!

HOW IT WORKS

When you call, one of our volunteer operators will answer your call. You will be asked for your first name, exact location (down to the exact room you're in), and the phone number you're calling from.

After you've given us the required information, you can go ahead and use your substance. We ask that you let us know when you're done. If you stop responding afterward, we will notify emergency services of a "unresponsive person" at the location you've given us.

All calls are confidential. We do not store your personal information anywhere, and we never share your info with anyone other than EMS if we have to call them. So far we've called EMS for 35 callers, and not once has anyone been charged with anything!



CONFIDENTIAL

We don't share your personal info with anyone other than EMS, if we have to call them. We are NOT affiliated with any law enforcement agency, or treatment center!



TREATMENT RESOURCES

If you are interested in getting help, we have a large list of free/low cost, and state funded facilities throughout the country. We will never push this on you though.



HARM REDUCTION RESOURCES

If you need Narcan, or access to safe supplies, we can assist you with locating resources within your state.



Never Use Alone

Using substances alone is extremely dangerous and can be deadly

- Speak with a peer
- Only required information is first name and exact location (specific room)
 - Use substance while on the phone
 - First responders are called if unresponsive
 - Everything is confidential
 - Alternate and pause between individuals

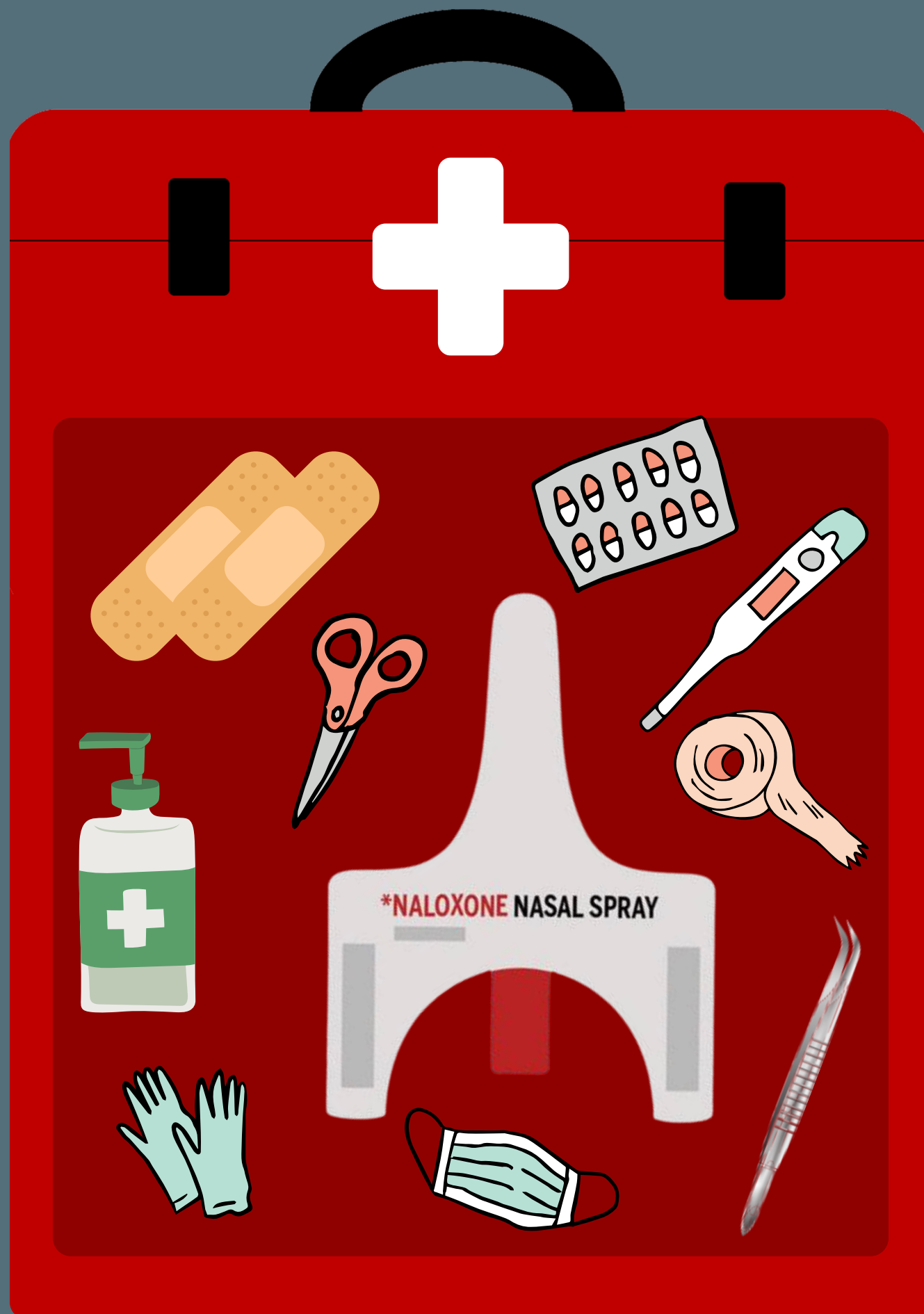
NO JUDGEMENT, NO SHAMING, NO PREACHING @ YOU TO QUIT, JUST LOVE!



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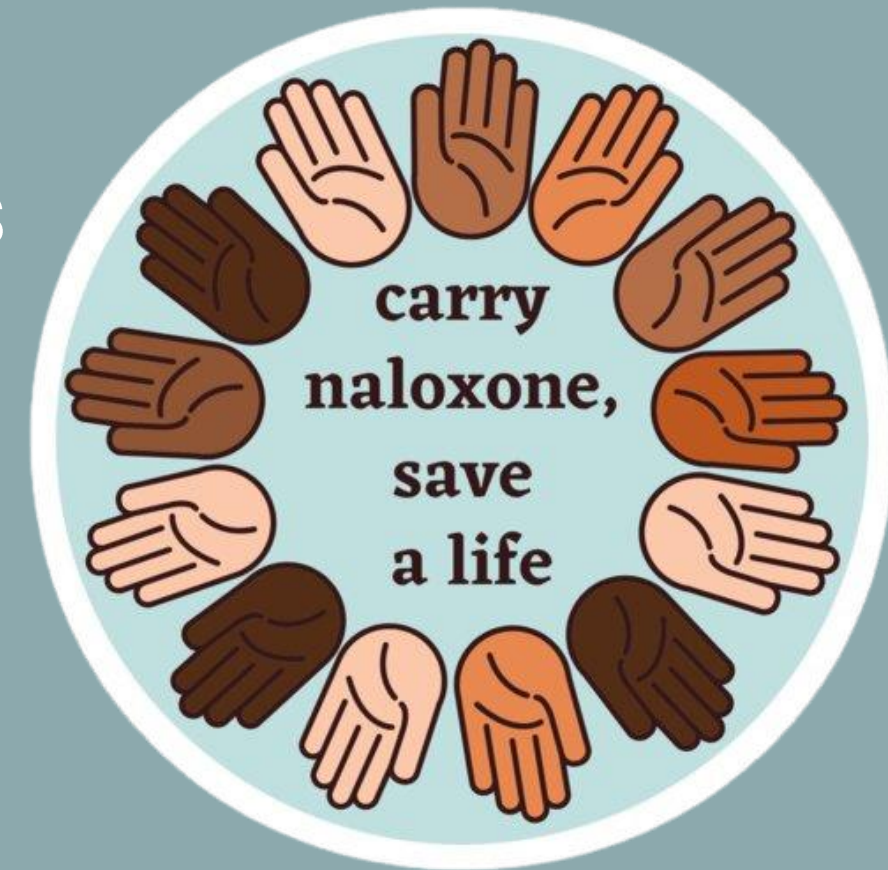


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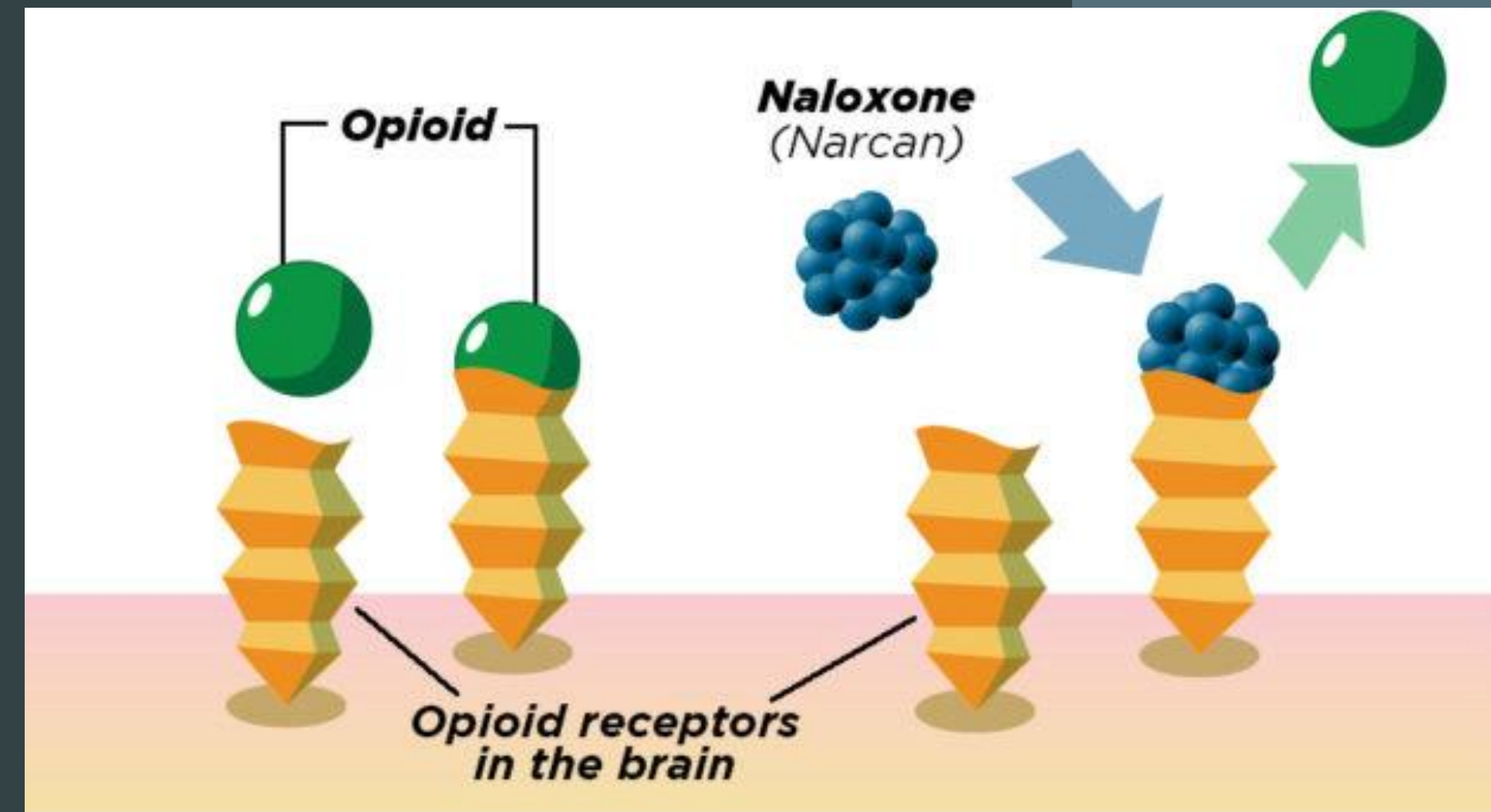
Naloxone is First Aid

- Anyone can overdose
- Only reverses opioid overdoses
- Naloxone saves lives
- “Do No Harm” drug
- Temperature stable
- Keep at least one dose with you at all times
 - Offer Naloxone to someone who may need it



Naloxone and the Body

- Naloxone doesn't remove opioid from the body
- Naloxone occupies the receptors for 30-90 minutes
- Allows the central nervous system and respiratory system to resume normal function
 - May need multiple doses of naloxone to be effective

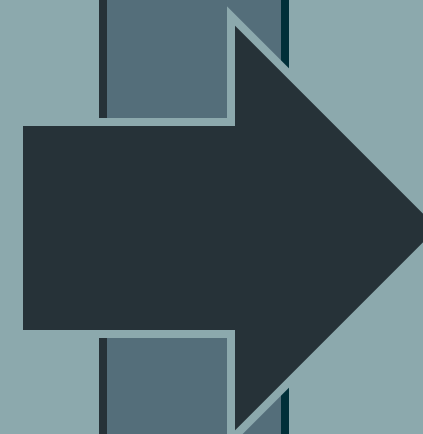


Recognize an Opioid Overdose

Signs and Symptoms

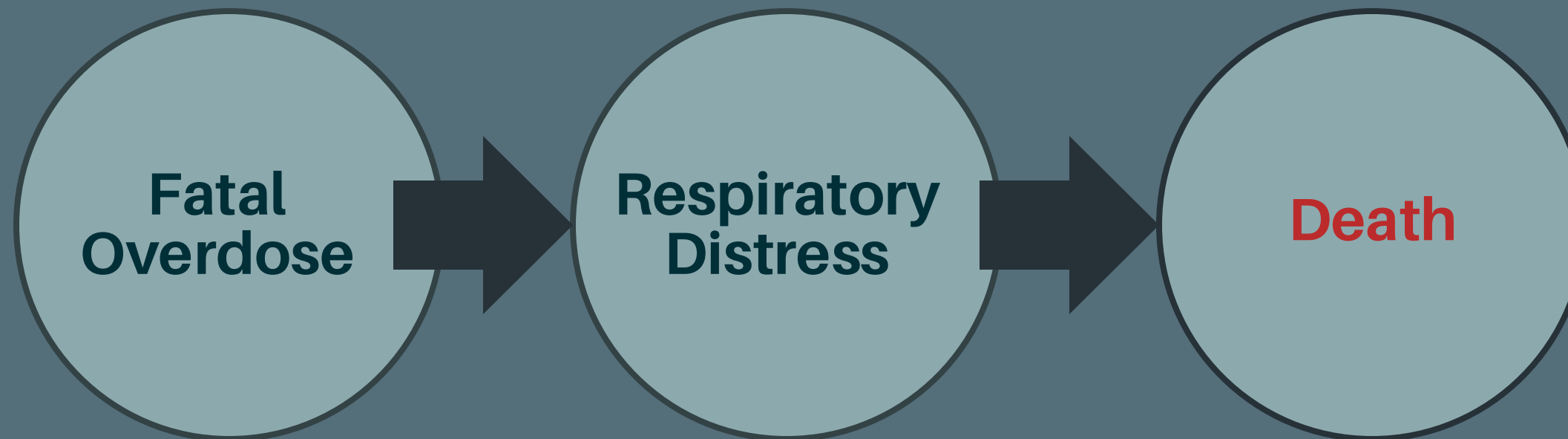
- Heavy/ Uncontrollable Nodding
 - Still arousable
 - Snoring or loud breathing
 - May have excess drooling

Do Not Use Naloxone

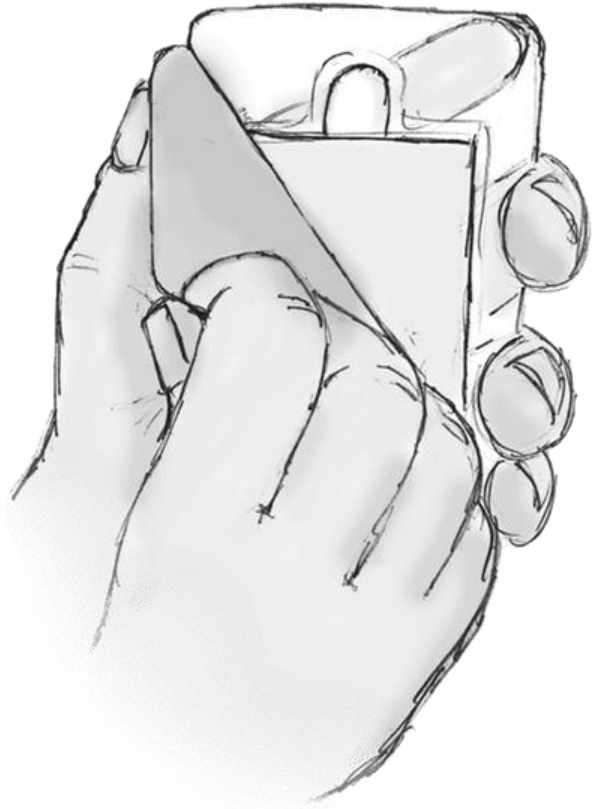


- Overdose
 - Not responsive, lack of response to sternal rub, painful stimuli
 - Very shallow breathing, gurgling
 - Skin changes, blue lips and nails

Use Naloxone

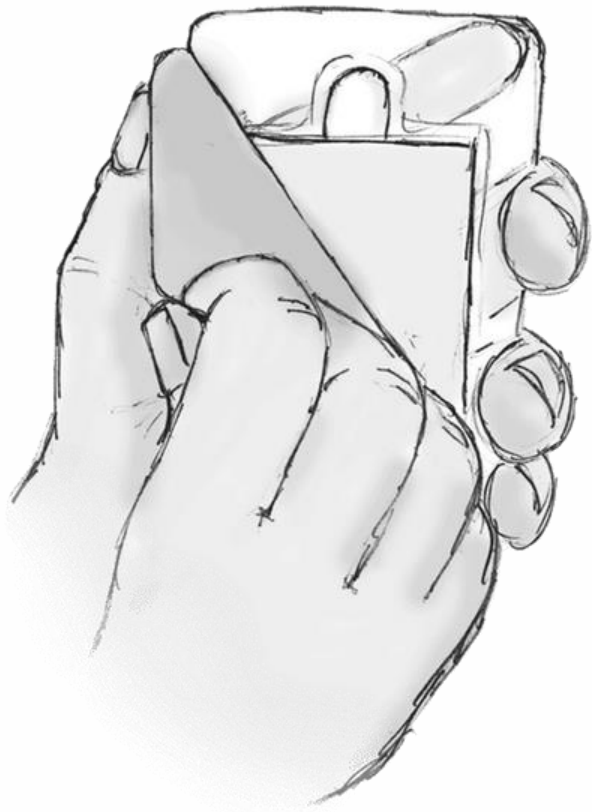


How to Use Naloxone



Peel

How to Use Naloxone

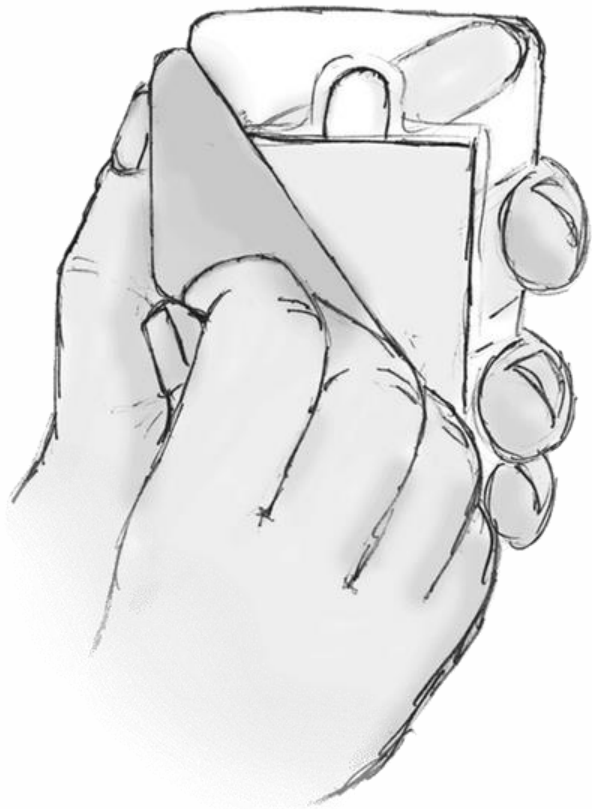


Peel



Place

How to Use Naloxone



Peel



Place



Press

Responding to an Opioid Overdose

1

Stay with
the
individual



2

Call 911



- "I have a suspected overdose"

3

Naloxone
administration



4

Oxygen



- Provide oxygen if available and comfortable

5

Place in
recovery
position



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Naloxone Administration

- 1) Lie individual on back, make sure neck is extended, chin is lifted and air way is clear
- 2) Oxygen, if available and comfortable
Administer dose of naloxone in one nostril
- 3) Observe individual for 2 minutes, continuing rescue breathing
 - If no response administer second dose of naloxone in other nostril
- 4) Continue if possible, until individual responds



When to Provide Rescue Breathing

Look for Respirations; not Conversations

Signs of Not Breathing or Inadequate Breathing:

- No chest movement
- No airflow felt or heard
- Gasping or irregular, slow breathing
- Blue/gray color of lips or fingertips
- Unresponsive to verbal or physical stimulation



Rescue Breathing

How to Provide Rescue Breathing:

- 1.If possible, use a face shield or pocket mask.
- 2.Open the Airway
 - a. Gently tilt the head back and lift the chin.
- 3.Check the Mouth
 - a. Remove any visible objects (e.g., gum, toothpick, pills).
- 4.Pinch the nose shut.
- 5.Seal your mouth (or mask) over theirs.
- 6.Give two slow breaths (1 second each), watching the chest rise and fall.
- 7.Give 1 breath every 5–6 seconds (10–12 per minute).
- 8.Keep going until they breathe on their own, help arrives, or you can't continue.

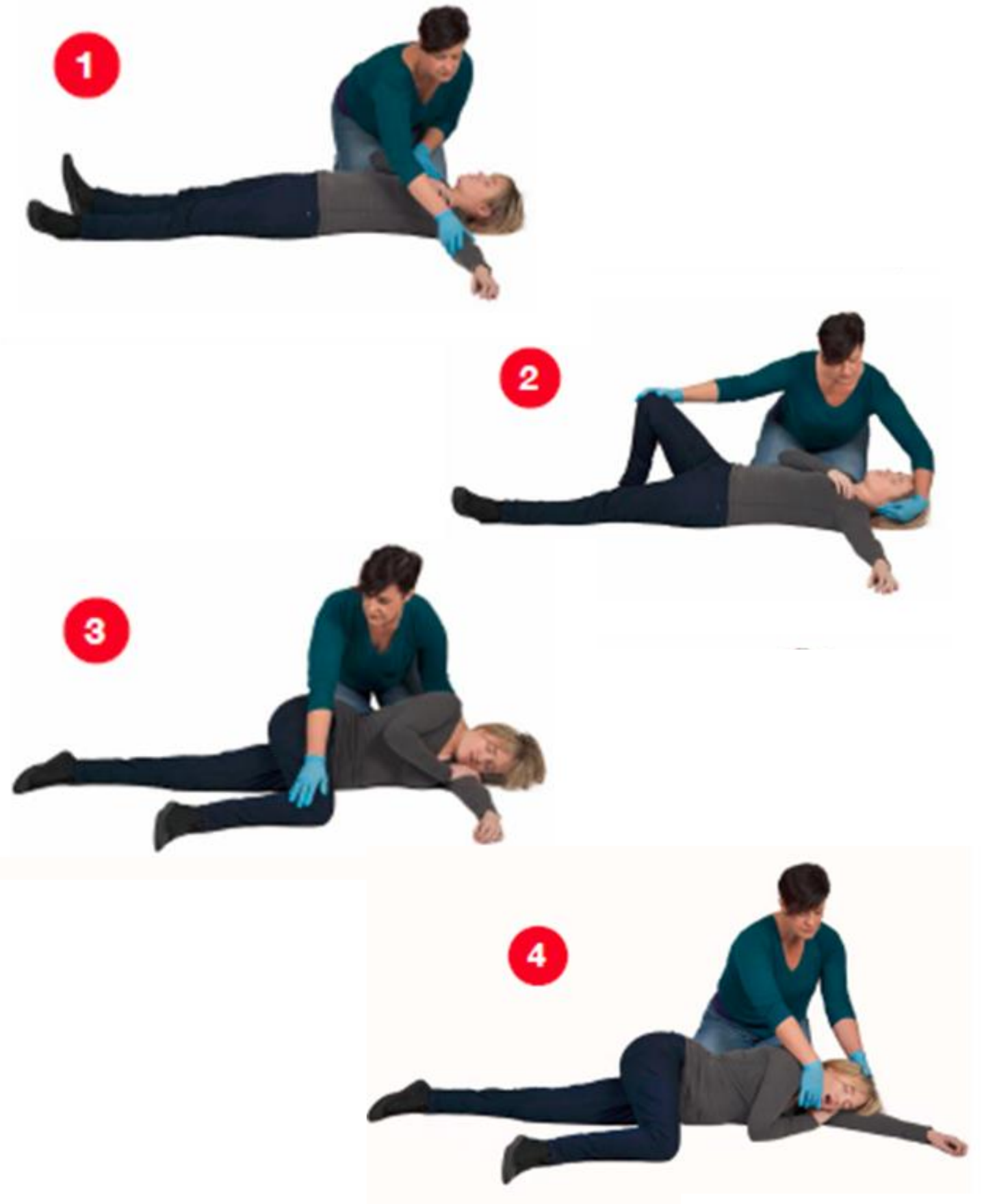
When to Stop Rescue Breathing:

- The person begins breathing on their own.
- They show signs of responsiveness: opening eyes, coughing, speaking, or following commands.
- Professional medical help arrives, or you are unable to continue.



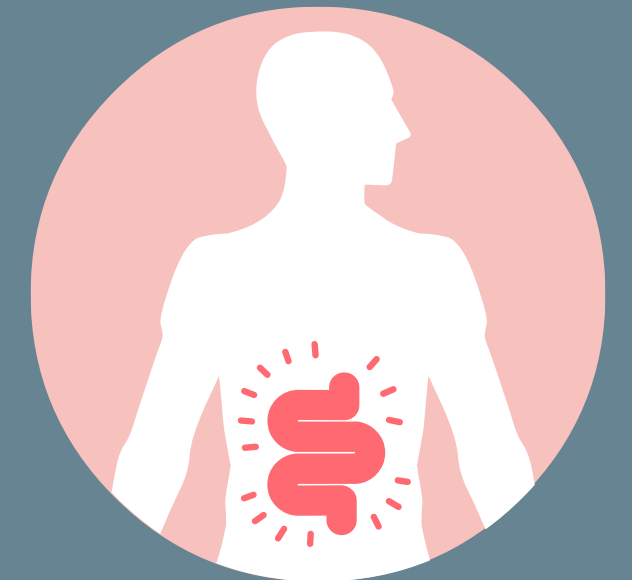
Recovery Position

- If you have to leave the person or once they start responding to naloxone, roll into recovery position so they do not aspirate if they vomit
 1. Roll individual on their side
 2. Fold arms and legs to stabilize
 3. Tilt head to ensure airway is clear
 4. Position yourself behind them
- Stand back and let medication do its job, do not hold the person down, position yourself behind them as in the picture



Withdrawal

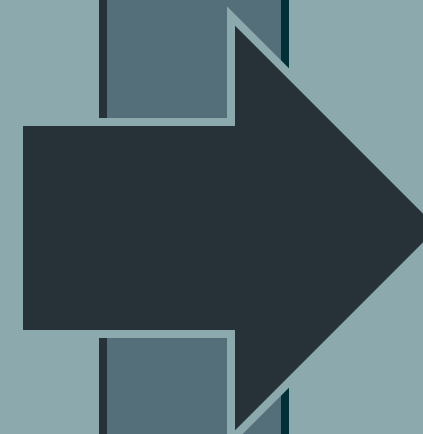
- Precipitated Withdrawal
 - Abrupt onset of withdrawal symptoms
 - More severe than natural withdrawal
- Opioid withdrawal symptoms can include:
 - Nausea, Vomiting, Diarrhea
 - Hypertension, Tachycardia
 - Lower seizure thresholds
 - Unmasking of other ingestions
 - Stimulants, Benzodiazepines, etc.



Review- Recognize an Opioid Overdose

Signs and Symptoms

- Heavy/ Uncontrollable Nodding
 - Still arousable
 - Snoring or loud breathing
 - May have excess drooling



- Overdose
 - Not responsive, lack of response to sternal rub, painful stimuli
 - Very shallow breathing, gurgling
 - Skin changes, blue lips and nails



Post-Naloxone Response and compassionate overdose response

- Administering naloxone puts an individual into immediate withdrawal
 - Symptoms are uncomfortable, but generally not life-threatening
- A compassionate overdose response restores breathing and minimizes the risk of precipitated withdrawal.
- Once breathing stabilizes, do not administer any more Narcan doses, as this can lead to precipitated withdrawal symptoms.

How to Provide Support:

- Treat the person as a valued individual, not just “an overdose.”
- Speak calmly and clearly, reassuring them you want to help.
- Reduce panic by creating a supportive and understanding space.
- Offer supportive resources including Naloxone and remain nonjudgmental.



911 Good Samaritan Law



1. A person who, in good faith, seeks health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency **shall not be charged or prosecuted for a controlled substance offense** under this article or a cannabis offense under article two hundred twenty-two of this title, other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years under section sixty-five-c of the alcoholic beverage control law, or for possession of drug paraphernalia under article thirty-nine of the general business law, with respect to any controlled substance, cannabis, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care.

NYS Penal Code
Chapter: 40
Part: 3
Title: M
Article: 220
Section: 220.78

911 Good Samaritan Law



2. A person who is experiencing a drug or alcohol overdose or other life threatening medical emergency and, in good faith, **seeks health care for himself or herself** or is the subject of such a good faith request for health care, **shall not be charged or prosecuted for a controlled substance offense** under this article or a cannabis offense under article two hundred twenty-two of this title, other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years under section sixty-five-c of the alcoholic beverage control law, or charged or prosecuted for possession of cannabis or concentrated cannabis by a person under the age of twenty-one under section one hundred thirty-two of the cannabis law, or for possession of drug paraphernalia under article thirty-nine of the general business law, with respect to any substance, cannabis, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care.

NYS Penal Code
Chapter: 40
Part: 3
Title: M
Article: 220
Section: 220.78



911 Good Samaritan Law

- Allows individuals to call 911 without fear of arrest if they are having a drug or alcohol overdose that requires emergency medical care or if they witness someone overdosing
- Offers protection from prosecution for:
 - Individual calling (complainant)
 - Individual called for (victim)



911 Good Samaritan Law

You are protected:

- Only individual calling and individual receiving services are covered under this law
 - Up to 8 oz of narcotics
 - Alcohol if underage
 - Cannabis if underage
 - Paraphernalia
 - Sharing of substances



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911 Good Samaritan Law

You are not protected:

- Individuals in possession of an A1 felony amount of narcotics (8 oz or more)
- Individuals with a warrant or in violation of probation/parole
- If another crime is being committed at the same time



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ESAP

Expanded Syringe Access Program

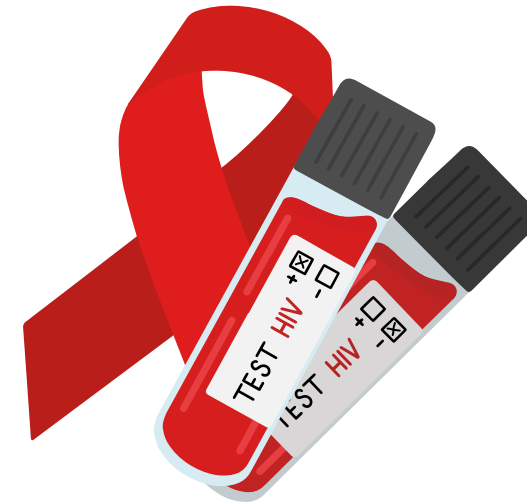


- Purchase needles/syringes at any pharmacy
- Free from registered program such as ECDOH
- Hospitals are best for disposal
- Website for sharps disposal:
 - providerdirectory.aidsinstituteny.org

SEP

Syringe Exchange Program

- Bring in used needles/sharps and exchange for new, sterile ones
- Wrap around services
 - HIV and Hep C testing
 - Connection to care
 - Drop-in centers

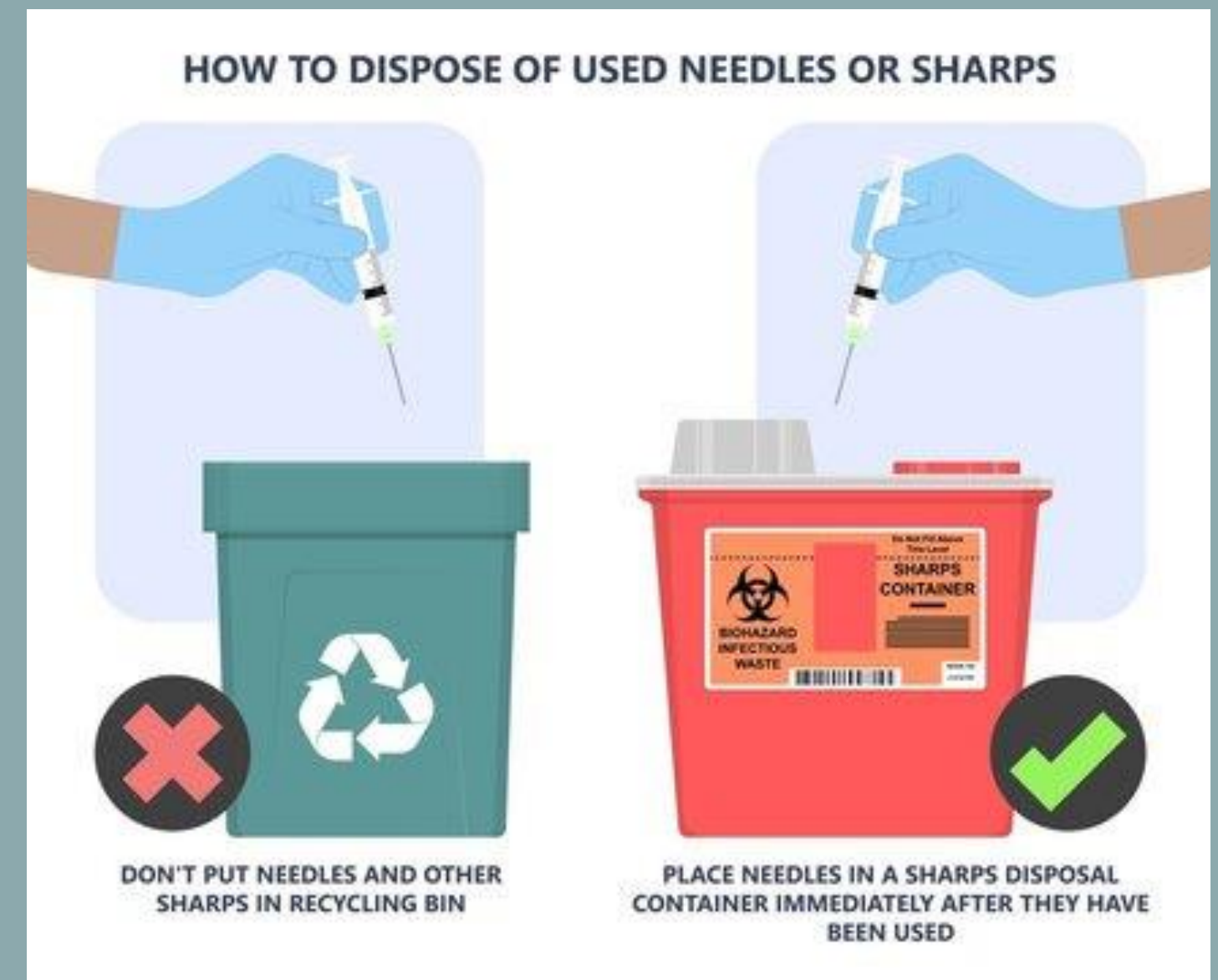


Needle Stick Precaution

Always wear proper PPE to regardless of the situation

Needle-Stick Prevention

- Any needle stick should be evaluated immediately
- When encountering used needles/syringes, contact the local municipality or the property owner



Reducing Illicit Drug* Exposure: Safety Measures for First Responders

WHEN YOU SUSPECT ILLICIT DRUGS ARE PRESENT:

DO

wear your personal
protective equipment.



+

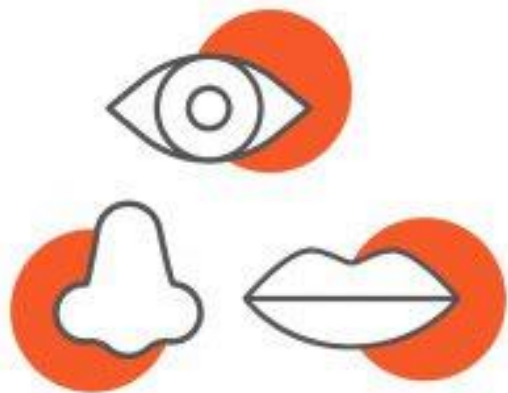
DO

wash your hands
with soap and water.



DO NOT

touch your eyes,
nose, and mouth.



+

DO NOT

use hand sanitizer, eat, drink,
smoke, or use the bathroom.



*Illicit drug products include but are not limited to opioids, cocaine, cannabinoids, methamphetamines, heroin, and cathinones.
Learn more at: cdc.gov/niosh/topics/fentanyl/risk

Safety Precautions

Always wear proper PPE to regardless of the situation

Opioid Exposure

- Use soap and water only, **NEVER** use hand sanitizer or alcohol based products
- Risk of second-hand fentanyl exposure is low, universal precautions are always advised
- Seek medical attention if you think you have consumed or been exposed to fentanyl
- If you suspect exposure and are feeling the effects, naloxone yourself

Peer Navigators



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Treatment and Recovery

This looks different for every individual and may change as recovery progresses



Medication for Opioid Use Disorder

- Medications prescribed may include:
 - Methadone, Buprenorphine, Naltrexone
- Benefits:
 - Normalizes brain chemistry
 - Reduces cravings
 - Reduces withdrawal symptoms
 - Help stabilize on a day to day basis
 - Individualized treatment plans



Behavioral Therapy

- Diverse therapy options and peer support
 - CBT, TSF family therapy
- Benefits:
 - Supports individuals in overcoming challenges
 - Growth and personal development
 - Builds resilience and coping skills
 - Promotes social connections and support



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Treatment and Recovery

This looks different for every individual and may change as recovery progresses



Comprehensive Treatment Program

- Inpatient and outpatient
- Psychiatric assessments, family counseling, and therapy sessions
- Benefits:
 - Identify mental health needs
 - Involves loved ones in recovery
 - Tailored to the individual's needs



Detoxification and Rehabilitation

- Methods Used
 - Medical detoxification or abstinence-based
- Benefits:
 - Safely manages withdrawal symptoms
 - Provides structured environments
 - Provides emotional support and guidance



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City of Good Neighbors

- Fatal overdoses are preventable
- It is important to be prepared
- Together, we can equip our community to save lives
- Recognizing the signs of an overdose is essential
- BE PART OF THE SOLUTION



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Scenario Practice

Scenario 1

You are talking to a group of older folks, several of who manage diabetes. After your discussion on ways individuals can access Narcan free of charge, one person asks why Narcan is free from the New York State Department of Health, but insulin is not. How do you respond?

Scenario 2

Someone approaches you after hearing you discuss Narcan and states if we provide Narcan to someone who uses drugs aren't we just enabling this substance use. How would you respond?

Scenario 3

You're at a community event where someone is offering free Narcan training. When invited to participate your friend says they're not interested because they don't think it applies to them. How might you respond to help them see the value in being prepared to help others?

Scenario 4

You are having a discussion with a family member about overdose and how to respond to an OD using Narcan. Your family member states they are afraid to administer Narcan because they are afraid the person experiencing the overdose will be violent. What is your response?



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Scenario Practice

- 1. You are talking to a group of older folks, several of who manage diabetes. After your discussion on ways individuals can access Narcan free of charge, one person asks why Narcan is free from the New York State Department of Health, but insulin is not. How do you respond?**
- 2. Someone approaches you after hearing you discuss Narcan and states if we provide Narcan to someone who uses drugs aren't we just enabling this substance use. How would you respond?**
- 3. You are at a community event and someone is offering on the spot Narcan trainings to you and your friend. Your friend respond to the Public Health Worker and says no because they don't do drugs. What is your response?**
- 4. You are having a discussion with a family member about overdose and how to respond to an OD using Narcan. Your family member states they are afraid to administer Narcan because they are afraid the person experiencing the overdose will be violent. What is your response?**



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In-Person Support

To register contact: Alan Tomski
atomski@wnyil.org
716-931-0380

Hope Heals Family Support Group

Tuesdays, 12:00 – 1:30 p.m.

- Sparks of Hope, 107 Main St, Hamburg, NY 14075
- Come join our A2A, F2F all-inclusive group supporting multiple pathways of recovery
- Every 1st and 3rd Tuesday, 6:00 – 7:00 p.m.

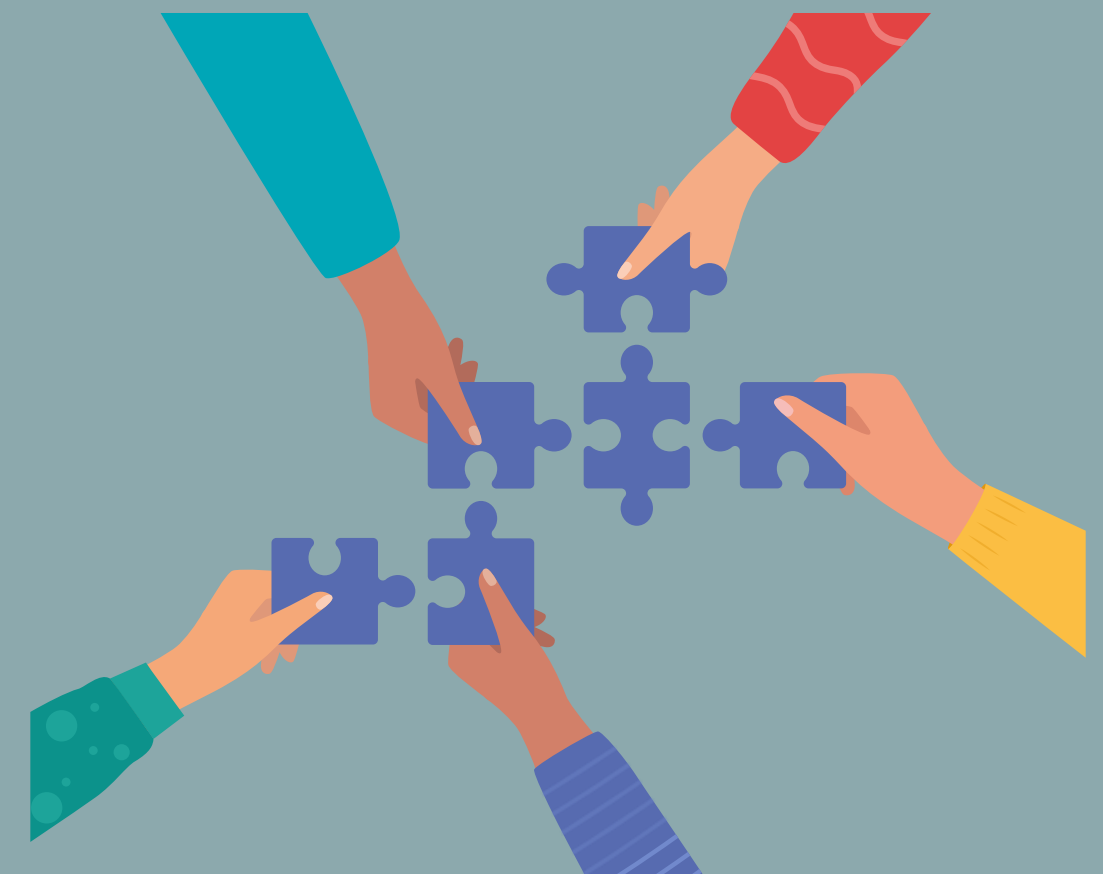
Rural Outreach Center

- 730 Olean Road, East Aurora, 14052
- Come join us for our A2A peer support group
- Ride service and child services available

In-Person SMART Recovery

Thursdays, 12:00 – 1:00 p.m.

- Revive Wesleyan of Hamburg, 4999 McKinley Parkway, Hamburg, NY 14075



First Responder Initiative: Leave Behind Kits

- Provide kits to leave behind at the scene of an overdose or suspected overdose so that resources can be accessed once the overdose event has resolved
 - These can be left with the individual who suffered the medical emergency, a bystander, family member or friend
- This effort began in 2022 and has received more traction as well as continued support from HIDTA (High Intensity Drug Trafficking Areas) and the ORS (Overdose Response Systems)



Contact Jennifer
Garrigan at
[Jennifer.Garrigan@
erie.gov](mailto:Jennifer.Garrigan@erie.gov) or call
716-858-7945
to enroll

First Responder Initiative: Leave Behind Kits

Contains:

- Two doses of Narcan
- Information of Peer Navigators for support and recovery options
- Two fentanyl test strips and instruction card
- Text for Narcan card with Never Use Alone information
- Card with link to instructional video on how to use Narcan
- Breathing shield to provide rescue breaths
- Bandages, first aid ointment and cleansing wipes
- Additional information as needed



Ways We Can Help

Naloxone

- **Free** Naloxone and test strips
- Community access sites and open stands
- **Free** Naloxone trainings for individuals or groups



Scan the QR code to
access **free** supplies
or visit us at:

<https://www3.erie.gov/health/naloxonenarcan>



Education and Awareness



- Narcan trainings online and in-person
- Narcan trainings for the workplace
- Family support
- Safe sexual health education
- Opioid and substance use education
- Overdose awareness

Harm Reduction Supplies



- Fentanyl and Xylazine test strips
- New syringes
- Sharps containers
- Limited medical supplies
- First aid supplies
- Naloxone

Peer Navigation



- Support for individuals at high risk or engage in substance use
- Support for individuals at high risk for HIV/AIDS
- Get linked to services
- Case management

Community Events



- We would love to attend your event!
- We are able to do Narcan trainings
- We can bring **free** information and supplies



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Where to get Naloxone

erie.gov/narcan

Text **(716)858-7695** for
FREE Narcan & Test Strips
(Fentanyl and Xylazine)



Scan to
text your
request



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Office of Harm Reduction

Co-payment Assistance

N-CAP

- Naloxone Co-payment Assistance Program
- Need either:
 - A valid script and prescription coverage
 - OR the pharmacy you utilize must have a standing order with NYS
 - Ask for N-CAP at a participating pharmacy
- NYSDOH covers up to \$40 of the co-payment
- Pharmacies can be unfamiliar with the process
 - Instruct patients to tell their pharmacist the following:
 - i. Put the prescription through their insurance
 - ii. Then put script through N-CAP

N-CAP

Naloxone Co-payment Assistance Program

Naloxone is an emergency medicine that can stop an opioid overdose.

Do you have prescription coverage as part of your health insurance plan? If you do, you can use N-CAP to cover up to \$40 in prescription co-payments so there are no or lower out-of-pocket expenses when getting naloxone at a participating pharmacy.



Many New York State pharmacies provide naloxone through a “standing order” which means you can get the medication at these pharmacies without a prescription from your doctor. To find the nearest registered program or participating pharmacy, please visit: www.health.ny.gov/overdose

Reverse an overdose.
Carry Naloxone.



**Department
of Health**



EriePath

- Are you a parent or caregiver of a child dealing with mental health or other behavioral issues?
 - "One-stop-shop" app to learn about mental health resources available locally for your specific need.



EriePath find your way

Erie Path is Erie County's new smartphone app that helps parents and caregivers address the mental and behavioral health challenges faced by children and adolescents:

- ▶ **Find available programs and services** for children and adolescents.
- ▶ **Access information** that explains what their children and adolescents may face.
- ▶ **Explore practical strategies** for helping children and adolescents in their care.

erie.gov/eriepath

SCAN CODE WITH YOUR SMARTPHONE:



SCAN ME

Erie Path also includes resources for adult mental and behavioral health services, information for housing, employment, childcare, food pantries, medical care, social services, and senior services that can benefit adults and caregivers.



ReadyErie

- Are you "Storm Ready"?
 - Preparedness app for critical weather and emergency alerts in Erie County



Keep your family and loved ones

SAFE

Get the **ReadyErie** app

erie.gov/ReadyErie

FREE • DOWNLOAD FOR iOS & ANDROID



Thank you!

Questions and support?

Jordon Frank

- *Jordon.Frank@erie.gov*

Frank Scarpinato

- *Frank.Scarpinato@erie.gov*

Jennifer Garrigan

- *Jennifer.Garrigan@erie.gov*

Zachary Kay

- *Zachary.Kay@erie.gov*

General Phone Number

- 716-858-7695



Please scan
this QR Code
to fill out the
demographic
information

Naloxone Training Participant Demographic Form



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