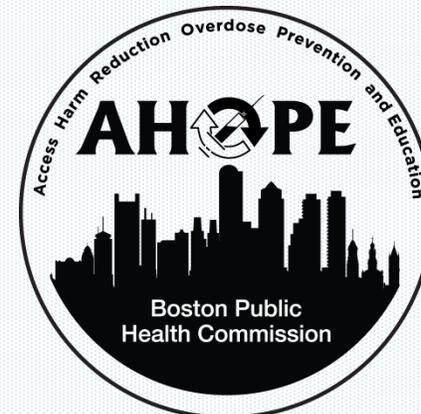


Opioid Overdose Preparedness & Response in Congregate Housing & Shelters



This document was developed by the Boston Health Care for the Homeless Program in partnership with the Boston Public Health Commission.

This guide has been developed in two versions: one for the management of congregate housing and shelters, and one for front-line staff. You are currently viewing the version for management.

Last Updated: January 2018

Please direct any inquiries to:

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**This guide is intended to be adapted to your local context.
Information specific to Boston or Massachusetts has been highlighted in yellow.**



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> Homelessness increases overdose risk

Drug overdose deaths continue to rise across the United States.

- **22 million people** in the US struggle with alcohol and substance use disorders.
- **Among drug users, overdose is the leading cause of death.**
- **Among all Americans, overdose is the leading cause of death from injury.** From 2000 to 2015, over half a million people in the US died from drug overdose. Drug overdoses now cause more deaths nationwide than car accidents.
- **Opioid use** is the cause of more than 6 out of 10 overdose deaths in America.

Homelessness increases overdose risk.

- **Homeless adults are already at higher risk of dying** from all causes than other adults.
- People who are homeless have **higher rates of physical illness, mental illness, and drug use.**
- And in a key study undertaken in Massachusetts, people who have experienced homelessness had a risk of opioid overdose death that was up to 30 times higher than it was for the general population.¹

¹ Data Brief: Opioid1-Related Overdose Deaths Among Massachusetts Residents. Massachusetts Department of Public Health, December 2017.

² Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., ... & Rigotti, N. A. (2013). Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. *JAMA internal medicine*, 173(3), 189-195.

³ *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015.* Massachusetts Department of Public Health, August 2017.

Drug Overdoses in Massachusetts and Boston

In Boston, fatal overdoses nearly tripled between 2012 and 2016. In Massachusetts, fatal overdoses increased nearly six-fold since 2000.² **Drug overdose is now the leading cause of death among people who are homeless, according to a study in Boston.**³

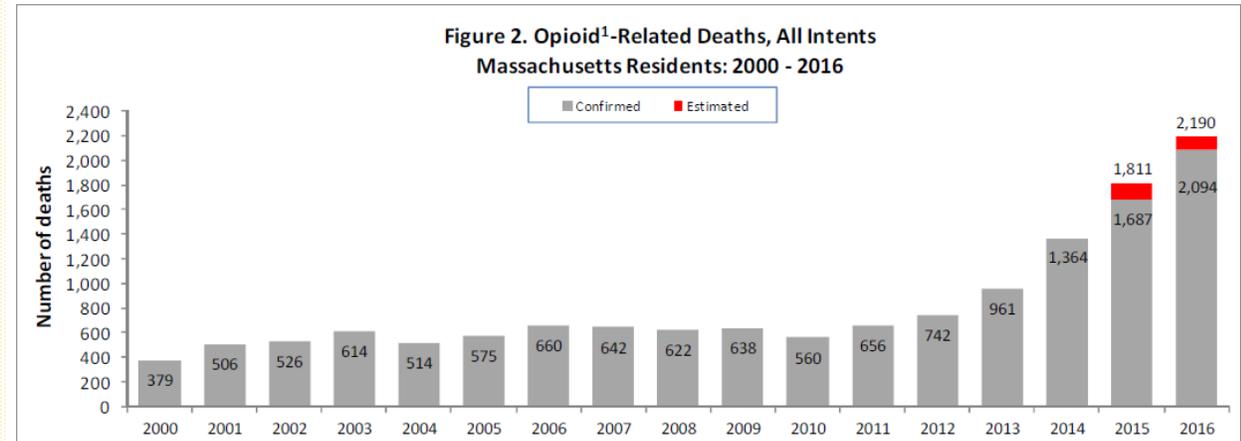


Chart Source: Massachusetts Department of Public Health

Who is most at risk for opioid overdose?

- **History of substance use disorder**
- **Previous overdose**
- **Inject drugs (but non-injectors are also at risk)**
- **Use alone**
- **Take high doses of prescription opioid painkillers**
- **In a place where there has been a recent change in the quality or purity of street heroin or fentanyl**
 - **Note: People who obtain any illicit pill or powder are now at risk for overdose, due to threat of fentanyl**
- **Recent discharge from hospital**
- **Recent period of low or no use. In key Massachusetts study, OD death risk was up to 120 times higher after being released from prison/jail.¹ Recent release from treatment program can also increase risk**
- **Other illness, like HIV, liver or lung disease, or those who suffer from depression**
- **People who are homeless (up to 30x higher risk in Massachusetts study).² Note: People living in homeless shelters may use right before going to bed, since withdrawal symptoms at night can make sleep difficult.**

¹“Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from Massachusetts prisons and jails.” *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015*. Massachusetts Department of Public Health, August 2017.

²“The risk of fatal opioid-related overdose death for persons who have experienced homelessness is up to 30 times higher than it is for the rest of the population.” *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015*. Massachusetts Department of Public Health, August 2017.

> Mixing drugs is common, and increases risk of overdose

When someone mixes drugs and then overdoses, it can be very dangerous and complicate overdose response.

- Some people choose to mix drugs to boost the effects of their main drug of choice.
- Some people accidentally mix non-prescribed drugs with medications that they are taking for health conditions.

Here are a handful of examples of the many drugs that are commonly mixed. Alcohol is another.

Type	Common Uses	Often seen as... (or related drugs)
Opioid	Pain relief	Morphine, heroin, codeine, hydrocodone, oxycodone, hydromorphone, fentanyl, methadone, buprenorphine
Benzodiazepines	Sedative; sleep-inducing; anti-anxiety; muscle relaxants	Valium, Xanax, Klonopin, Ambien, Lunesta
Gabapentin	Nerve pain relief	Neurontin, or related: Pregabalin (Lyrica)
Clonidine	Blood pressure medication	Catapres, Kapvay, Duraclon
Promethazine	Antihistamine / Anti-nausea	Phenergan

Examples of potentiators:
can intensify the effect of opioids

Fentanyl and mixed drug use are driving the overdose epidemic in Boston.

Any pill or powder may contain fentanyl.

> Naloxone rescue kits save lives.

What is naloxone?

Naloxone (trade name: Narcan®) is used to reverse an opioid overdose, and it can save a person's life. It only works on opioids, and not other drugs.

In what form does naloxone come?

It comes in more than one form, including intranasal, intramuscular, and intravenous forms. We recommend the intranasal form because it involves no needles, requires no assembly, and is easy to use. To learn more about different naloxone formulations, visit **Prescribe to Prevent:** <http://prescribetoprevent.org/pharmacists/formulations/>



Is naloxone covered by insurance?

Individuals with MassHealth will have the cost paid by their insurance. Other insurances may or may not require a co-pay.

Can naloxone be abused like other drugs?

No.

Can I hurt someone by giving them naloxone?

No. You won't harm them by giving them naloxone. If you give a lot of naloxone, it could just increase their withdrawal symptoms temporarily.

How can people get naloxone?

- **At pharmacies, with or without prescription:** People can either get a prescription from their health care provider and have it filled at a local pharmacy, or they can directly request naloxone from one of the following pharmacies (in Massachusetts): <http://tinyurl.com/naloxso>
- **From a Boston pilot program:** Shelter guests in Boston can also get naloxone from AHOPE at 774 Albany Street, 617-534-3967 or 617-534-3976. Mobile outreach: 617-592-7828.
- **From another MA pilot program:** Shelter guests in other areas of the state can also get naloxone from the other programs listed at: <https://tinyurl.com/yarakllq>

Where can people learn how to use naloxone?

- **This guide** presents some basic instructions – see Part 3.
- **In Boston, the Boston Public Health Commission** offers regular short trainings and online trainings on naloxone use. You can also schedule trainings for groups by contacting Helen McDermott at hmcdermott@bphc.org or 617-534-5072. For more information, visit: www.bphc.org/overdoseprevention



10 Naloxone Best Practices for Managers of Shelters and Congregate Housing

- 1. Offer staff trainings annually and as part of New Employee Orientation. Ensure all staff (on all shifts) are trained in OD response.** The Boston Public Health Commission offers regular short trainings on naloxone use. You can also schedule trainings for your teams by contacting Helen McDermott at hmcdermott@bphc.org or 617-534-5072. For more information, visit: www.bphc.org/overdoseprevention. This website also contains an online training that anyone can access in any part of the state or country.
- 2. Place naloxone in an easily accessible place.** Try to standardize naloxone placement in multiple rooms throughout your building, similar to how you may make AEDs accessible. For example, it could be located on the back of doors, behind reception desks, or in the shelter's first aid kit.
 - DO NOT lock up your naloxone.
 - Place clear and prominent signage indicating where the kit is located.
 - Make sure to include bathrooms and other areas where people are most likely to overdose.
- 3. Know the key elements of good rescue kits.** These include :
 - naloxone (2 intranasal doses)
 - 1 face mask for rescue breathing, with visual of rescue breathing
 - 1 pair of latex gloves
 - a 1-page graphic description of how to use the naloxone
 - overdose response protocol – you may wish to use the most helpful page(s) from this primer
- 4. Properly store and maintain your naloxone kit.** Store the naloxone away from strong light, in cool, dry conditions. It does not need to be refrigerated. Monitor expiration dates and replace your kit as needed. Typically, naloxone expires after 12-18 months. Keep out of the reach of children.
- 5. Install biohazard containers in bathrooms** for the safe disposal of clean needles from those who may inject, or from rescue kits containing injectable naloxone.
- 6. Obtain Ambu bags and educate staff about how to use them.** Ambu bags are hand-held devices that self-inflate to provide air to someone who has stopped breathing. Ambu bags are often used in place of mouth-to-mouth resuscitation.
- 7. Distribute pocket CPR masks to all staff.** If not possible, then at least ensure pocket masks are in all naloxone rescue kits. Like Ambu bags, pocket masks are also often used for the same purpose: They have a valve or filter that prevents spread of infection when delivering rescue breaths. They are easier to carry and use than Ambu bags.
- 8. Let staff and guests know where they may obtain naloxone.** Staff and/or shelter guests/residents can obtain naloxone at any of the following statewide pilot programs, which distribute naloxone to individuals or bystanders at risk of experiencing or witnessing an overdose: <https://tinyurl.com/yarakllq>
- 9. Hang educational posters throughout your site.** The posters can alert staff and guests/residents about how to use naloxone as part of an overdose response protocol, where naloxone can be obtained, and/or where training can be undertaken. See examples in Appendix. Post an overdose response diagram on shelter walls where guests frequently congregate.
- 10. Develop policies** that document all of the above decisions about training frequency, naloxone placement, and rescue kit storage, maintenance, and replacement. Collect and incorporate feedback received from your staff about elements of these policies.



Key Messages to Promote Among Shelter Guests and Congregate Housing Residents

Shelters and congregate housing sites can play a key role in educating people who are homeless about overdose, addiction, and treatment options more generally.

- ❑ **Post signs suggesting ways to keep safer if using drugs.**
 - ❑ For example, some signs can warn users not to use alone, while other signs can promote proper syringe disposal or explain risk factors for overdose. See appendix for some samples.
- ❑ **Share pamphlets promoting resources, including treatment options, harm reduction programs, and where to obtain naloxone;** however, do not be too forceful. It's important to build relationships with people, even if they are not ready for treatment.
- ❑ **Educate guests about overdose and about naloxone use.** Seek opportunities to discuss overdose prevention with guests, including at intake, when looking at waitlists, during trauma screening or individual/group counseling, at discharge, & after overdose. Host, or volunteer to help at, outreach and education events.
- ❑ **Emphasize harm reduction in all guest interactions.**
 - ❑ Focus on messaging that tells guests you value building trusting relationships with them and they don't need to stop using in order to get help.
 - ❑ Engage guests in conversations that avoid confrontational or judgmental language.
 - ❑ In informal conversations with clients, you could discuss overdose risk and encourage people to avoid using alone. Individuals recently exiting jails or drug treatment programs could be reminded about overdose risk and low tolerance.
 - ❑ Avoid punishment for over-sedated individuals: instead, monitor the situation and ensure the person does not begin to overdose.
 - ❑ Focus on safety and reducing risk of overdose. Emphasize that you talk to everyone about it.
 - ❑ Acknowledge how hard it can be for someone to experience/witness an overdose. Share with clients that they can be responders; they can save lives.



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Bathroom Safety Recommendations

- ❑ Provide a secure sharps container in each bathroom (for syringe disposal).
- ❑ Install an OD response kit outside/near the bathroom so naloxone is readily accessible in an emergency.
- ❑ Post the OD response protocol in a visible area near bathroom.
- ❑ If possible, keep bathrooms locked, and have clients ask to be keyed/buzzed in. This helps monitor bathroom use, and allows the person in charge to assess clients' state upon request for the key.
- ❑ Consider assigning staff to the role of bathroom monitor, in which they knock on the door within 4-6 minutes of someone going in, and if no response, the door is opened. Ensure clients' dignity and privacy is respected, since they may be undressed and expecting not to be disturbed. It can be helpful to post a sign notifying clients of any restrictions on time in the bathroom or shower.
- ❑ An intercom system, if possible, could help agency staff communicate with participants using the bathroom or showers.¹
- ❑ Provide biohazard safety training, especially for facilities staff, to prevent accidental needle sticks during trash removal and cleanup.
- ❑ “When space allows, there should also be a chair, to avoid chance of a participant falling and being injured.”¹
- ❑ Maintain cleanliness. Use tables that are porous and easily cleaned.
- ❑ Check restrooms regularly for paraphernalia.
- ❑ Provide shelves in the bathroom. This will allow users to rest paraphernalia (if they have it) on clean surfaces to prevent infection.
- ❑ Ensure proper lighting of bathrooms.
- ❑ Use motion sensor faucets when available.
- ❑ Consider installing bathroom doors that swing out rather than into the space,¹ and that have several inches removed from the bottom to allow staff to detect if someone is on the floor, or installing reverse motion detectors so an alarm sounds when there is no movement for a specified time.

¹*Policies and Procedures for Syringe Exchange Programs*. New York State Department of Health AIDS Institute. September 2016.

https://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/syringe_exchange/docs/policies_and_procedures.pdf



Milieu Management

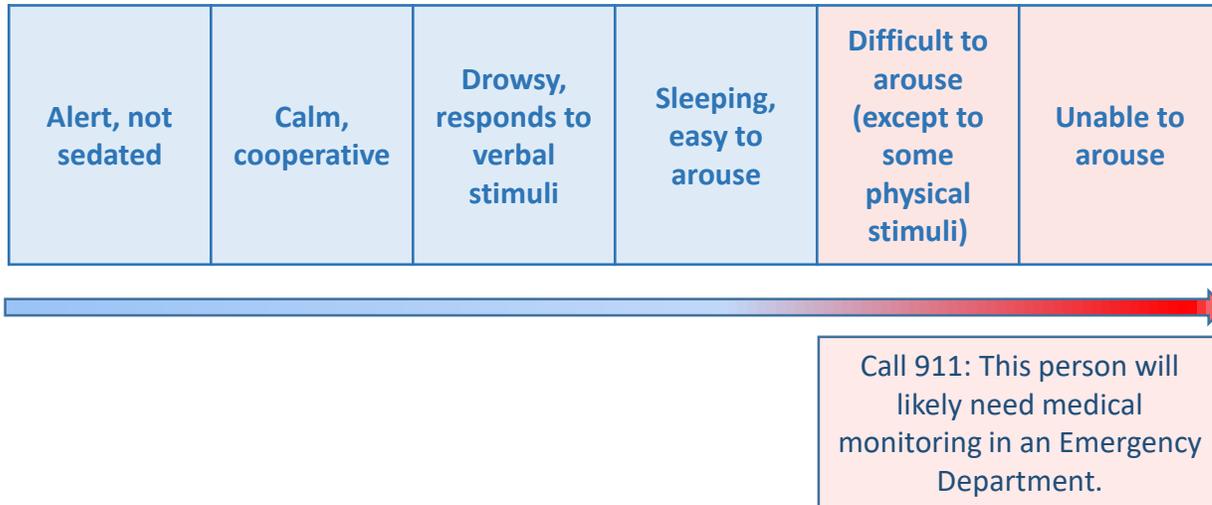
- Monitor the formation and activity of large groups.
- Be prepared: lobbies are constantly changing. Keep security staff alert and ready for emergency situations.
- Always check on individuals who appear to be “sleeping.”
- Use signage (like that included in the end of this guide) to promote educational messaging to clients, including overdose prevention & response.
- Try to brighten up dimly lit or dark areas (during the day) where guests may gather.
- Keep certain overdose response materials handy in key building areas:
 - Naloxone rescue kits! Especially at/near sites where overdoses are most likely to occur, such as bathrooms and other areas where people may congregate. (see slide 9. These include naloxone, a face mask, latex gloves, a 1-page graphic description of how to use naloxone, and your agency’s overdose response protocol)
 - Mobile phone (for calling EMS)
 - Walkie-talkies (for security staff)
 - Needle-stick gloves & body spill cleaning kit (for clearing hazards after an overdose)
 - AED/defibrillator (for restarting someone’s heart)

Convene appropriate staff at your shelter to develop agreed upon milieu management protocols that work for your site.

> Client Monitoring (Pre-Overdose Protocol)

With proper monitoring and intervention, you can save a life.

- ❑ **Develop an on-site overdose prevention plan** that describes how staff will monitor guests who appear to be sedated, and how they will recognize and respond to an overdose emergency.
- ❑ **Monitor client sedation:** Shelter staff should continually monitor where an intoxicated client falls on the following spectrum:



- ❑ **Continue to observe clients in communal areas;** if staff begin to feel a client is becoming higher risk, they can ask the client to stay in a given area of the shelter to ensure they remain safe from harm and to enable overdose response. If a client cannot be adequately supported to prevent overdose, or to respond to it adequately, emergency services should be called to care for the individual.
- ❑ **Staff changing shifts** should share information (verbally or via whiteboard) regarding clients who are being monitored or who are considered to be at high risk of an overdose. Sites should develop policies and procedures for shift change to ensure that all shifts begin and end with communications about any clients that need to be monitored.

⊗ **Keep in mind:**

Some clients who are sedated due to intoxication will need a level of care that can only be provided by an emergency department. Some clients won't. It's important that staff continually monitor clients who are sedated to be able respond to their needs; if in doubt, call 911.

> Know the Signs of an Opioid Overdose

Sedated/High

signs may include



- Contracted pupils
- Relaxed & droopy muscles
- “Nodding out,” but still responsive to stimulus such as noise, shaking, or a sternal rub
- Slow, slurred speech
- Scratching
- Normal skin tone

Keep monitoring...



- **Someone may be high but not yet overdosing**
- **At this point, you do not need to use naloxone**
- Try to get their attention by calling their name, gently shaking them or rubbing on their sternum
- Keep watching them closely
- Prop them upright to ensure their airway remains open
- Ask the person (if they can answer you) what they took, how much they took, and how long ago they took it. This can help to understand whether or not the person will get progressively worse

Overdose

signs may include

- Limp body
- No response to noise/touch
 - Face is pale or clammy
 - Blue lips, fingertips
 - Skin color may appear blue/purple, or grayish
- Slowed breathing or no breathing
- Choking, snoring, or rasping sounds
 - Loss of consciousness
 - Pinpoint pupils
 - Vomiting



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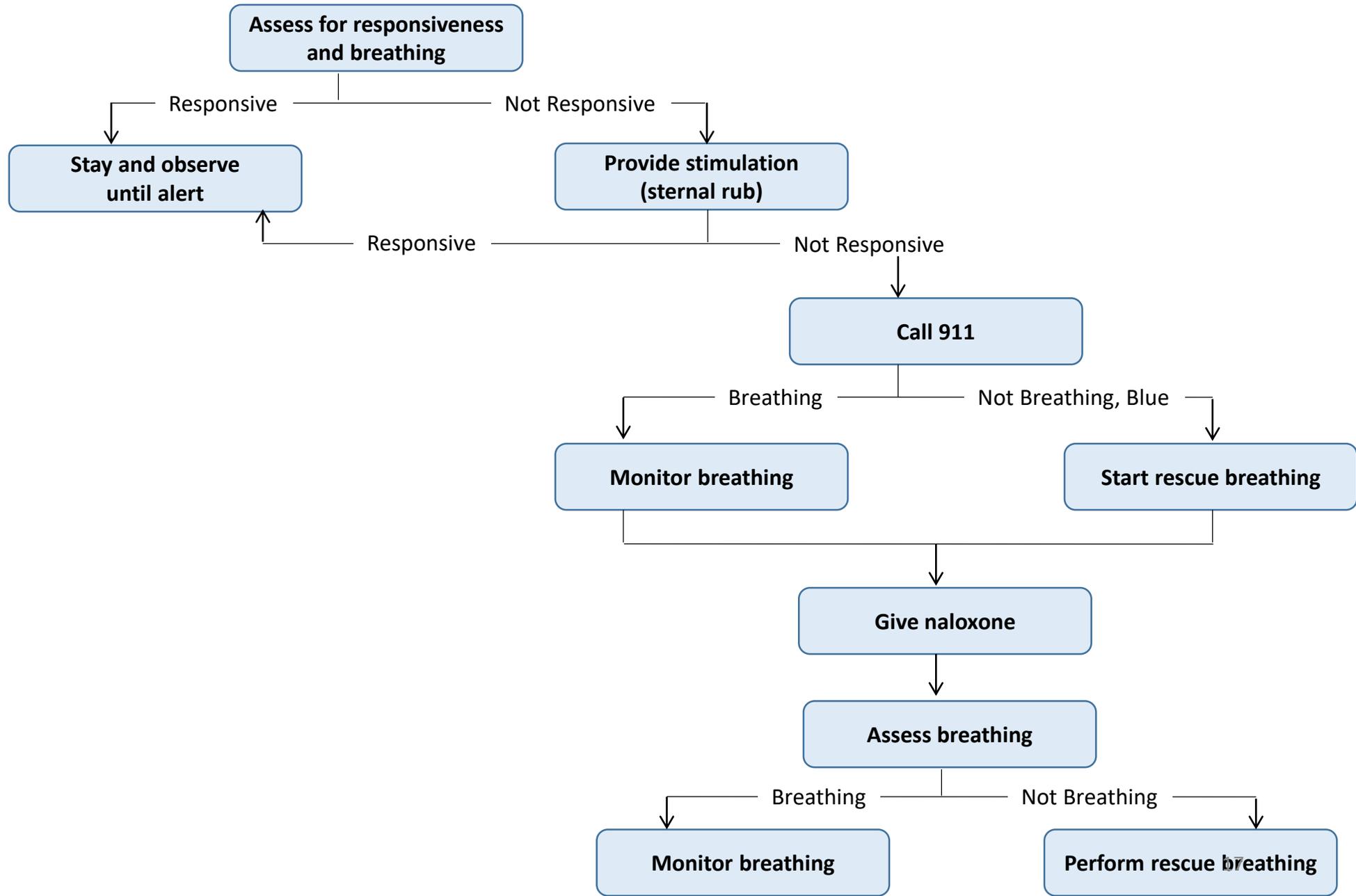
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> 6 Essential Steps for Overdose Bystanders

- 1. ASSESS >>
- 2. STIMULATE >>
- 3. CALL 911 >>
- 4. RESCUE BREATHING >>
- 5. NALOXONE >>
- 6. MORE RESCUE BREATHING >>

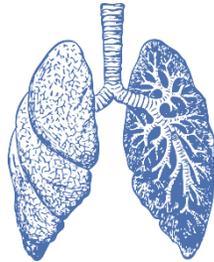


1. ASSESS >>

Assess for responsiveness and breathing

Is the person responsive or not responsive?
Are they breathing or not?

The first thing you should do if you suspect someone is overdosing is to assess their responsiveness and breathing. This assessment should take 5-10 seconds.



BREATH

Is breathing shallow or absent?

Look for chest rising & falling.

Listen for breath sounds coming from nose or mouth.

Feel for chest or belly expanding & contracting.

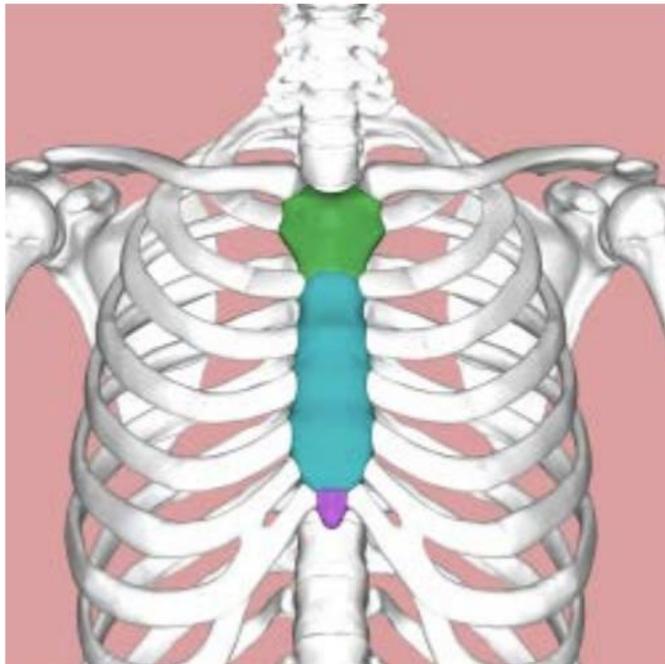
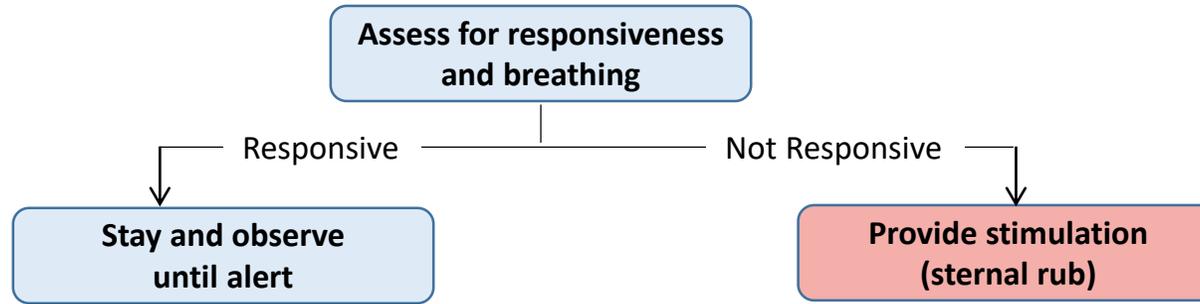


RESPONSIVENESS

Try saying the person's name and shaking them at the shoulders. Do they respond to your voice or touch?

1. ASSESS >>

2. STIMULATE >>

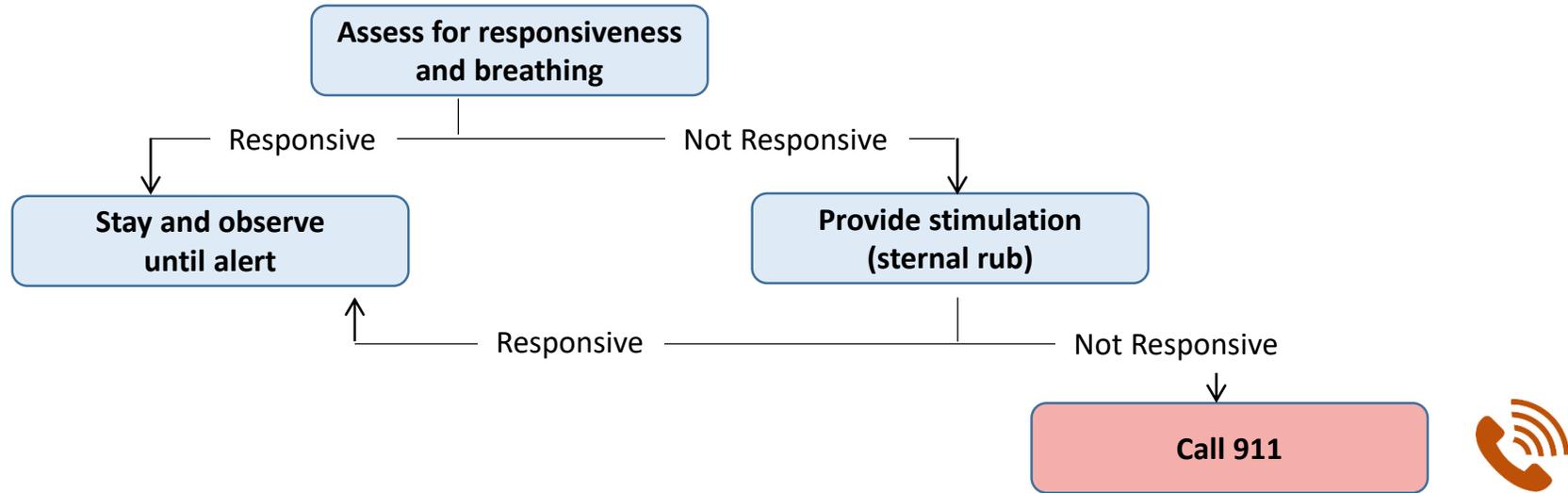


Try stimulating him or her with mild pain by rubbing your knuckles hard and fast into his or her sternum (the bony middle part of the chest, where the front ribs meet).
This stimulation should take 5-10 seconds.

1. ASSESS >>

2. STIMULATE >>

3. CALL 911 >>



If the person is responsive,

- Try to get him or her to focus. Can he or she speak to you?
- Try to keep the person awake and alert.
- If you are still worried about the way he or she is breathing or behaving, or if the person complains about chest pain, call 911.

If the person is not responsive to stimulation, treat this as an emergency and call 911 immediately. Begin your overdose response while you wait for EMS to arrive.

1. ASSESS >>

2. STIMULATE >>

3. CALL 911 >>

OTHER ADVICE WHEN CALLING 911



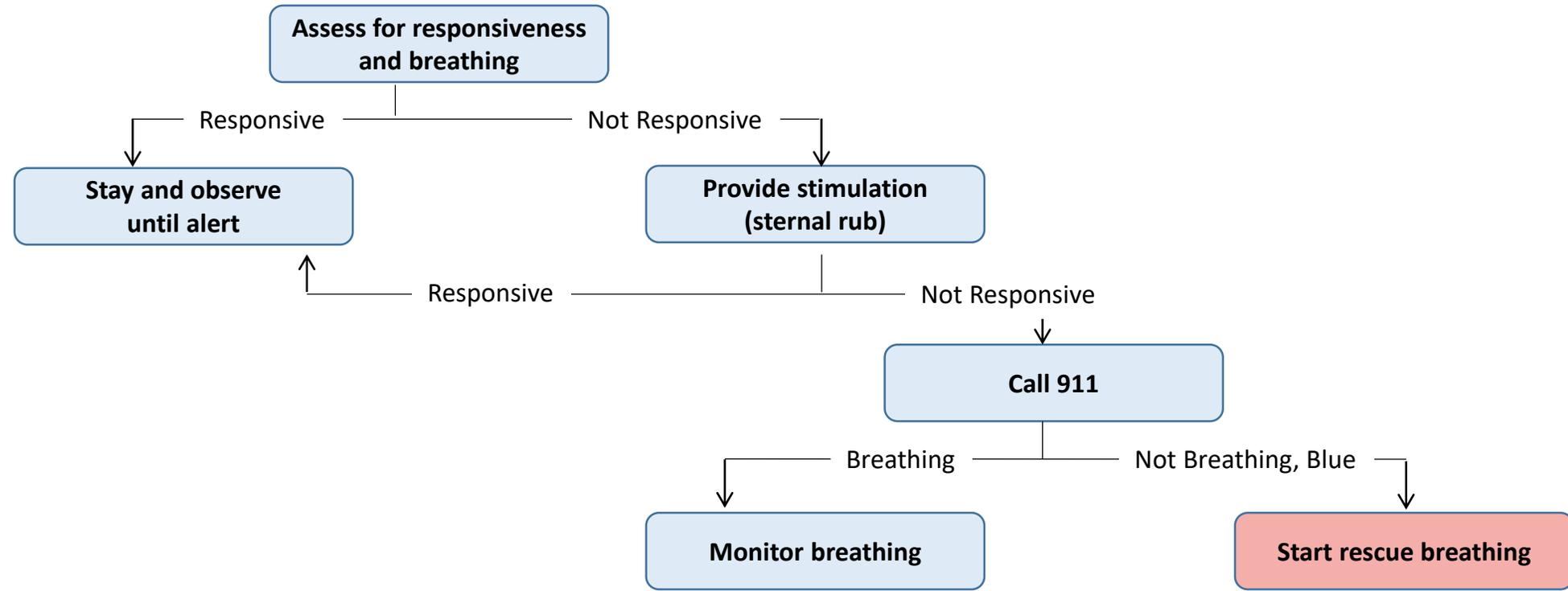
- **If possible, ask someone else to call 911** so that you can stay with the person.
 - When doing this, be very specific about who you are asking to complete this task.
 - Use their name or a specific descriptor, like “You with the red and black t-shirt!” so that there is no confusion.
 - Ask that he or she report back to you when emergency medical services (EMS) are on the way.
 - Ask that he or she guide EMS, once they arrive, to where you are.
 - Ask that person (or another staff member, if available) to clear the area of other guests to allow EMS to easily reach the client in need of help
- **If you are calling 911**, when speaking to the dispatcher, stick to what you see.
 - For example, you might say something like, “This person is not breathing, turning blue, is unresponsive,” etc.
 - Try to avoid explaining what you think is the cause. Avoid using words like “drugs” or “overdose” at this point.
 - Now, you can conduct a brief secondary survey of the person, looking for:
 - Lips or fingertips turning purple or blue
 - Pinpoint pupils (very small pupils)
 - Very limp muscles
 - Vomit
 - Some or all of the above may be signs of opioid overdose.

1. ASSESS >>

2. STIMULATE >>

3. CALL 911 >>

4. RESCUE BREATHING >>



- Lay the person on their back.
- Check for vomit or any foreign object(s) in the mouth/airway.
 - If there's anything there, remove it with a sweep of your finger.
- Tilt the chin up to open the airway.
- Pinch the nose, place your mouth over his/hers, and, ensuring you have a good seal, give 2 slow breaths.
 - If a bag-mask ventilator is available, use that to get a seal over the mouth and nose.
 - It would be best to use a CPR mouth guard if you have one readily available.
- Watch for chest rise from the corner of your eye or ask a bystander to watch for it.
- Give 2 breaths every 5 seconds.



MORE TIPS ON GIVING GOOD RESCUE BREATHS

HOW TO PERFORM RESCUE BREATHING

- 1** CHECK FOR BREATHING
(WATCH FOR CHEST RISING)
- 2** PINCH THE NOSE, AND LIFT CHIN
- 3** SEAL MOUTH TO MOUTH, GIVE 2 QUICK BREATHS, AND WATCH CHEST/
STOMACH RISE TO SEE IF AIR ENTERS LUNGS
- 4** GIVE 1 BREATH EVERY 5 SECONDS; CONTINUE UNTIL PARAMEDICS
ARRIVE



RESPONDING TO AN OVERDOSE: RESCUE BREATHE

> 6 Essential Steps for Overdose Bystanders

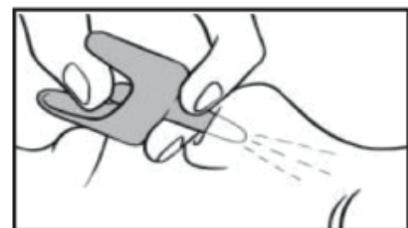
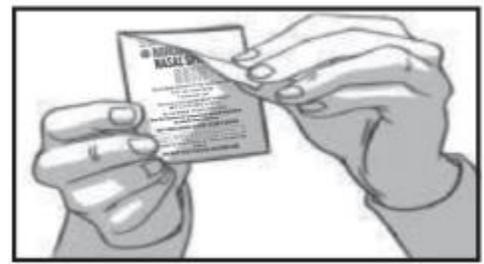
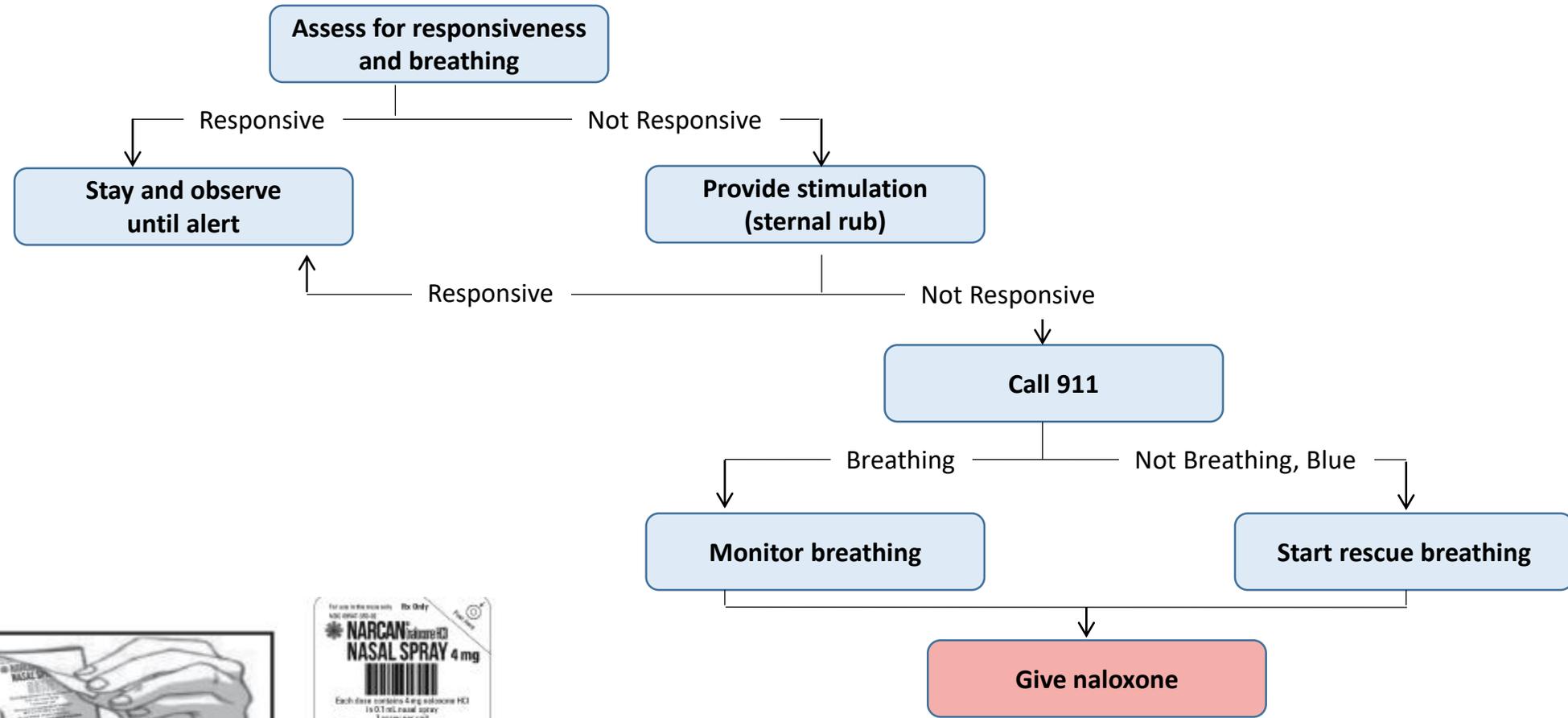
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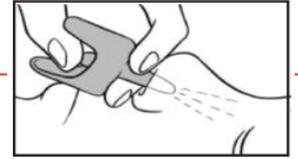
4. RESCUE BREATHING >>

5. NALOXONE >>



1. Peel back packaging to remove the device.
 2. Place the tip of the nozzle in the person's nostril until your fingers touch the bottom of their nose.
 3. Press the plunger firmly to give the dose.
- It can take 2-3 minutes for naloxone to be absorbed. While waiting, give rescue breaths if needed. After 2-3 min, if person still not responding, give another naloxone dose in other nostril. Then keep giving rescue breaths if needed, until EMS arrives.

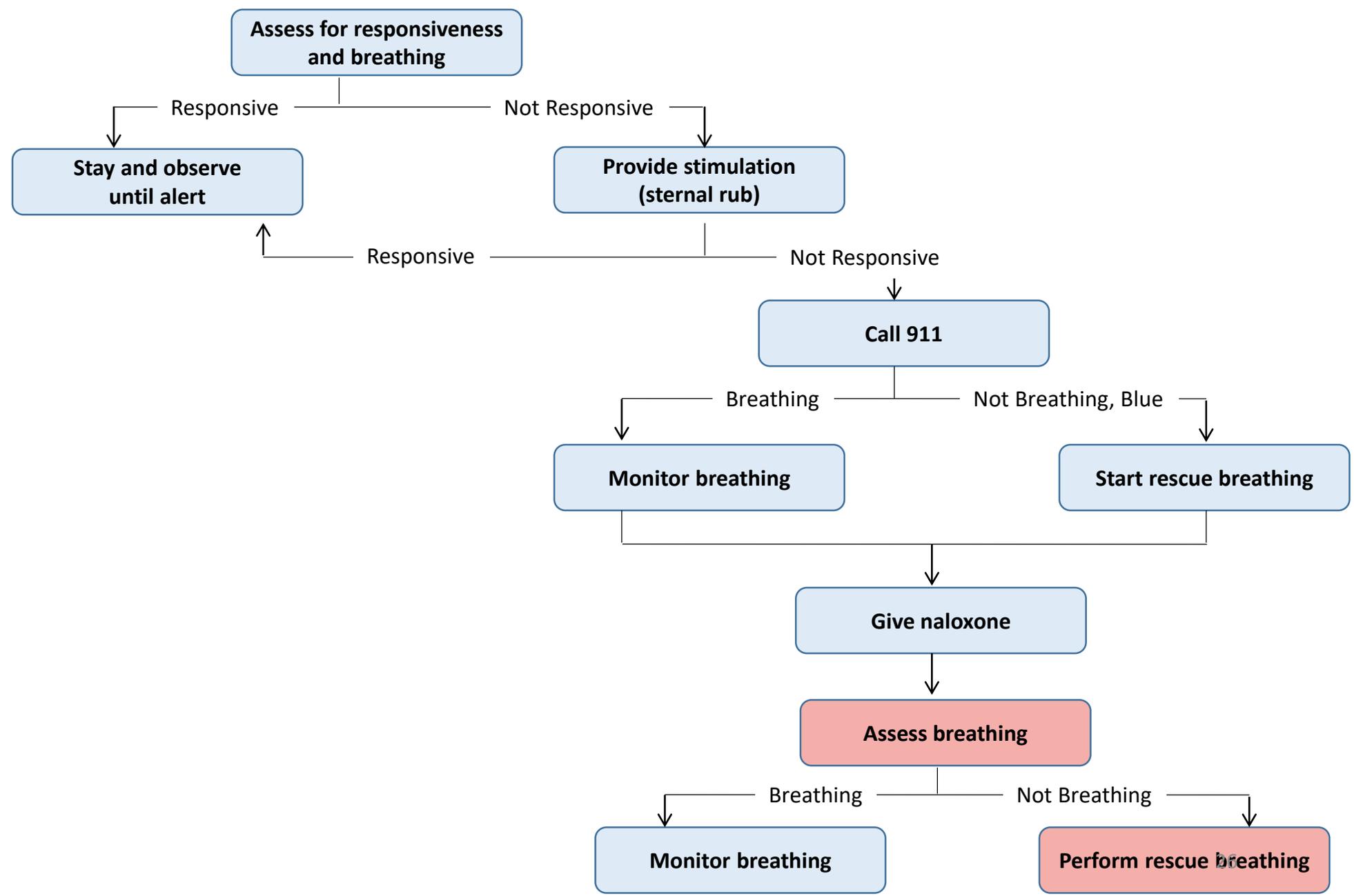
OTHER THINGS TO KNOW ABOUT GIVING NALOXONE



- **Withdrawal**: If there are opioids in the person's system, naloxone will cause withdrawal, which is uncomfortable, but not life threatening. This is a normal response and it means the medication has worked. It will not reverse the effects of other drugs.
- **Try to keep calm**: The person may become disoriented when he or she wakes up; you can help to calm him or her while staying as calm as possible yourself.
- **Timing**: The effect of naloxone lasts for 20-90 minutes. After the effect wears off, the person could become sedated again. Thus, it is important that the person be transferred to medical care.
- **The person may deny medical care**. If this occurs, you should let the person know how much naloxone was given, remind them about their increased risk of another overdose, and share key harm reduction tips (see Appendix).
- **AND DON'T FORGET: YOU NEED TO GIVE RESCUE BREATHS IF THE PERSON IS NOT BREATHING!**

> 6 Essential Steps for Overdose Bystanders

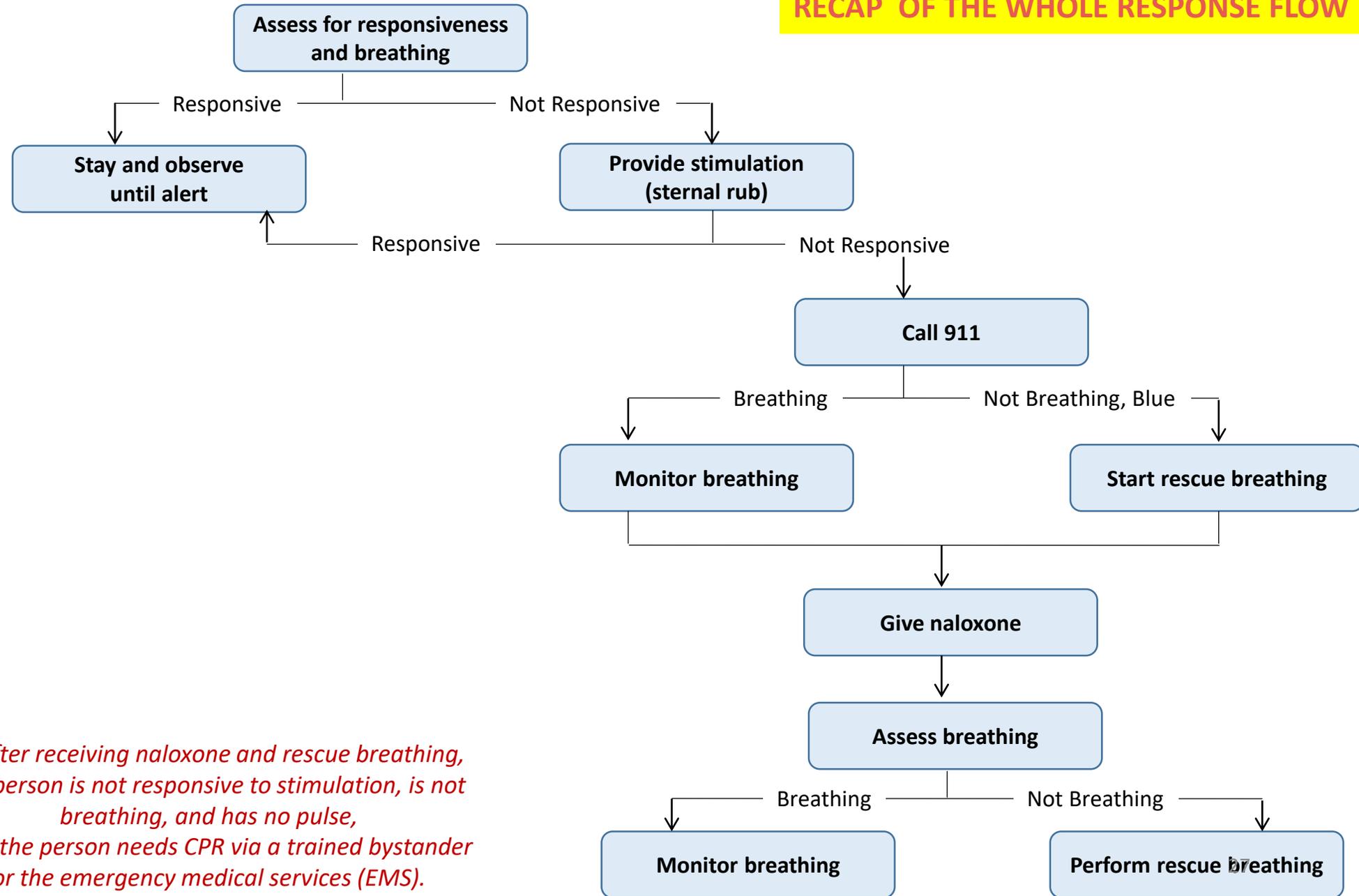
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- 3. CALL 911 >>
- 4. RESCUE BREATHING >>
- 5. NALOXONE >>
- 6. MORE RESCUE BREATHING >>



> 6 Essential Steps for Overdose Bystanders

RECAP OF THE WHOLE RESPONSE FLOW

- 1. ASSESS >>
- 2. STIMULATE >>
- 3. CALL 911 >>
- 4. RESCUE BREATHING >>
- 5. NALOXONE >>
- 6. MORE RESCUE BREATHING >>



If, after receiving naloxone and rescue breathing, the person is not responsive to stimulation, is not breathing, and has no pulse, then the person needs CPR via a trained bystander or the emergency medical services (EMS).

If person is awake but not yet completely coherent, put them in this rescue position – on their side – while waiting for help to arrive. This helps prevent choking on vomit.





After an Overdose: Tips for Shelter Managers

In the event of an overdose, there are things that [shelter managers](#) can do to support both staff and shelter guests and to reduce the risk of a future overdose occurrence.

Here are some immediate actions that can be taken after an overdose has occurred and the emergency has been addressed.

Take the opportunity to refresh staff education.

- Ensure that staff know how to assess risk of overdose among those who may have been using with the individual who overdosed.
- Ask staff whether they feel confident about talking with clients about overdose prevention and safe using.
- Discuss ways to share information about who the staff consider high risk of overdose.
- Ensure staff have updated lists of ongoing support groups, naloxone trainings, and other relevant resources to share with shelter guests.
- Remind staff that they should try to contact the hospital later in the day, if the client was transported to the hospital, to determine whether the client was okay.

Offer support & an opportunity to debrief with staff.

- Take some time to discuss what happened with staff who were present during the overdose. Discuss what happened, how the team responded, how they are feeling, any additional support they may need, and how the team might have responded differently at another time. Check in together again later in the day and, if needed, in the days or weeks that follow, and connect staff to support resources.
- Revise policies/procedures as needed, based on what was learned from this experience & staff feedback.

Replenish overdose rescue kits.

- Add new naloxone and other needed supplies like face masks or gloves to rescue kits. Do this even if just one naloxone dose was used.
- If your naloxone was provided by a pilot site (like AHOPE), please contact them right after the incident and give them a brief description of what happened. This will ensure that naloxone supplies are replaced quickly, and the pilot site can submit an (anonymous) report back to the state that naloxone was used to save a life.

> Striving to Provide Treatment on Demand

When shelter guests are ready for it, we should do our best to provide on-demand referrals to medical care and detox programs, and access to Medication for Addiction Treatment (MAT), which combines behavioral therapy and medications that can together help to treat substance use disorder.

Here is a current list of resources to help with those referrals.

Massachusetts Substance Use Helpline

<https://helplinema.org/>

800-327-5050

PAATHS (Providing Access to Addictions Treatment, Hope & Support)

774 Albany St, Boston, MA

Call 311 from City of Boston to connect directly to PAATHS.

If outside Boston, call 617-635-4500.

AHOPE Needle Exchange

774 Albany Street, Boston, MA

Sarah Mackin (AHOPE Director)

smackin@bphc.org

617-534-3967

Safe Place for Observation and Treatment (SPOT)

780 Albany Street, Boston, MA

857-654-1005

AIDS Action Committee

75 Amory Street, Boston MA

(617) 437-6200

Treatment Program Locators:

- National Treatment Referral Helpline: 1-800-662-HELP (4357)
- Massachusetts Substance Abuse Information Helpline: (800) 327-5050
- National Substance Abuse Treatment Facility Locator:
<http://www.findtreatment.samhsa.gov/TreatmentLocator>
- Buprenorphine Physicians and Treatment Locator:
http://www.buprenorphine.samhsa.gov/bwns_locator
- State Substance Abuse Agencies:
<http://www.findtreatment.samhsa.gov/TreatmentLocator/faces/abuse-Agencies.jsp>

Massachusetts Detox Programs:

- AdCare Hospital: Worcester, MA: (508) 799-9000
- Andrew House-Shattuck Hospital Center: Boston, MA: (617) 318-5600
- Bournwood Hospital: Brookline, MA: (617) 469-0300
- Brockton Treatment Center: Brockton, MA: (508) 584-9210
- CAB Boston: 784 Massachusetts Ave (behind Woods-Mullen Shelter): (617) 247-1001
- CAB Danvers: Danvers, MA: (978) 777-2121
- Community Healthlink: Worcester, MA: (508) 860-1200
- Dimock: Roxbury, MA: (617) 442-9661
- Faulkner Hospital Center: Jamaica Plain, MA: (617) 938-7710
- Gosnold Detox: Falmouth, MA: (508) 540-6550
- High Point: Plymouth, MA: (508) 224-7701
- NORCAP Lodge: Foxboro, MA: (508) 968-1104
- Phoenix House: Quincy, MA: (617) 934-1136
- SECAP at St. Elizabeth's Hospital: Brighton, MA: (617) 789-2574
- Spectrum: Westboro, MA: (508) 898-1570 or (800) 366-7732
- Spectrum: Weymouth, MA: (781) 331-9696 ext. 6227
- SSTAR: Fall River, MA: (508) 324-7763
- Tewksbury Detox: Tewksbury, MA: (978) 259-7021
- MA Substance Abuse Hotline: (800) 327-5050



Creating Safety Plans with Clients at High Risk for Overdose

As we aim to connect people to treatment, we also should remember that **not everyone will be ready to go to detox or other treatment options.**

Shelter staff can work with clients at high risk of overdose to develop a **Safety Plan**, which can minimize the risk of overdose death.

Safety Planning with Clients at Risk of OD

Talk with clients about ways to reduce their risk of overdose and overdose death.

For example:

Where can the person access naloxone?

Where can the person access clean supplies?

Talk about risk factors for OD death.

What is the person's plan for avoiding using alone?

Appendix: Sample Educational Materials and Signage



NALOXONE AVAILABLE HERE

A high-resolution version of this image is available for printing from:
<http://tinyurl.com/odprimer1>

DO YOU KNOW WHAT TO DO IF YOUR FRIEND OD's?

CALL 911

- You are protected under the Good Samaritan Law

GIVE NARCAN

- Spray the Narcan into one nostril



PERFORM RESCUE BREATHS

* Use of a barrier is recommended.

- Wait 1-3 minutes. **If they are not breathing, rescue breathe!**
- If they don't respond after 3-5 minutes, give them a second dose of Narcan
- Stay with them until help arrives! **Narcan wears off after 30-90 minutes**, so they could OD again

**KEEP EACH OTHER SAFE
NEVER GET HIGH ALONE**

For digital copy of full-size image,
contact Boston Health Care for the Homeless Program.

FENTANYL



ALERT

**ANY PILL OR POWDER MAY CONTAIN
FENTANYL**

FENTANYL is up to **100 TIMES
STRONGER THAN HEROIN** and causes
RAPID & SEVERE OVERDOSE!

HAVE A SAFETY PLAN
NEVER USE ALONE
DON'T GET HIGH AT THE SAME TIME
KEEP EACH OTHER SAFE
LOOK OUT FOR SIGNS OF OVERDOSE
ASK FRIENDS & FAMILY TO CARRY NARCAN

For digital copy of full-size image,
contact Boston Health Care for the Homeless Program.

OVERDOSE PREVENTION

KNOW THE FACTS



ANY pill or powder can be cut with Fentanyl!



USE THE BUDDY SYSTEM: Never Use Alone



TOLERANCE CHANGES: If you haven't used in a few days, weeks or years, your body can't handle the same amount as before



START LOW & GO SLOW: Heroin laced with Fentanyl *hits hard and fast*. So, start low and go slow.

RECOGNIZE THE RISKS



If you've overdosed once, you are 9 TIMES more likely to overdose again

TRY NOT TO MIX DRUGS: especially ones with the same effect like Benzos, Clonidine, Neurontin, Heroin, and Alcohol.



If you do mix use the slow acting one first.



EVEN IN SMALL AMOUNTS, Fentanyl can cause an overdose.

If you've not used dope in the last 4 days, you are at RISK OF AN OVERDOSE.



BE PART OF THE RESPONSE



CALL 911

You are protected under the Good Samaritan Law



ADMINISTER NARCAN

Ask your friends and family to carry Narcan and know how to use it



PERFORM RESCUE BREATHS

Rescue breathing, not chest compressions, saves lives!

For digital copy of full-size image, contact Boston Health Care for the Homeless Program.

RESPOND TO AN OVERDOSE

FOLLOW THE FORMULA



1. CALL 911

You are protected
under the Good
Samaritan Law



2. ADMINISTER NARCAN

Ask your friends and family
to carry Narcan and know
how to use it



3. PERFORM RESCUE BREATHS

Rescue breathing, not **chest
compressions**, saves lives!

BE SAFE | HAVE A PLAN | NEVER USE ALONE | WATCH OUT FOR EACH OTHER

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contact Boston Health Care for the Homeless Program,