## Consumer Relations Committee Meeting - Friday, August 24, 2018

<u>Attendees:</u> James Barnes, Armstead Hetherington, Bill Price, Dorsheena Hagler, Awesome Hagler, Sylvia Hoke, Paul Behler, Stanley, Daryl, Larry, Dominic, Tony Simmons, Athena Haniotis

Staff: Katherine Cavanaugh, Malcolm Williams, Regina Reed, Katie League

### **Meeting Objectives:**

Naloxone Training

#### **Minutes**

- Introductions and group agreements
- Review minutes
  - Clarification: Sylvia would like to invite her pastor to a future meeting to observe so he can see what HCH does. Checked to make sure everyone was comfortable with a pastor coming, and as long as he is there to observe and it won't be a religious visit, everyone approved.
  - Update since the minutes were created: HCH has two LVC corps members this year—the referrals
    care navigator and a medical interpreter. The medical interpreter will be based at 421 Fallsway.
     While she is completing her medical interpreting training, she will be assisting clinic admin—front
    desk CAAs, referrals, etc.
  - Decision: Minutes Approved
- Naloxone Training Katie League, Director of Community Services
  - Opioid Overview
    - Heroin tends to be the most common opioid we think of, but there are many forms that include prescription pills or liquids. Fentanyl is one of these manufactured opioids that has become increasingly cut into other drugs, and is thus increasing the likelihood for overdoses (as it is 10 to 100 times the potency of heroin).
  - Narcan
    - Overview:
      - Same medication as Naloxone, which works to stop or reverse an opioid overdose (only for an opioid overdose not for all substances). It works by blocking the body's ability to absorb opioids (but it doesn't rid them from your system).
      - Cannot hurt someone (if you are not sure and falsely administer the drug, it won't be harmful to them. Has been safely used on children)
      - Effects last for about 60 90 minutes.
    - Overdose
      - To save 1 persons life it requires 100 doses of naloxone in the community.
        - Important for people who are around someone who is using to have it in case, for people who are using in pairs, each of them should have this to support each other as they use (to increase safety).
      - The first sign is TRUE unresponsiveness (e.g. not moving, making noises). Breathing can be slow or irregular, may sound like snoring.
        - Note: as long as they are safe where they are located, leave them where they are as moving them will be heavy and could be dangerous for you or them.

#### Narcan (continued)

- Steps for reversing the overdose
  - Check for consciousness. You can try speaking loudly/shouting or shaking an appendage (leg or arm) to wake them.
    - Speed of drug effects: interveinous, inhalation/smoking, ingestion
  - If they do not wake up, call 911.
  - Administer Narcan
    - The Narcan is ready to go out of the package. Just peel off the back, and take it out. When you are ready to go, administer spray in nose (push the bottom of the cylinder in middle). Use the entire container.
      - Takes 30 90 seconds to take effect in the body.
        - The more you can put the cylinder in the nose the better, however as long as it is in the nose it should be effective.
    - Wait 1 2 minutes, and if they are still not responsive then administer another dosage.
      - You can put in either nostril the second time.
    - Stick around until medical professionals are there to tell them what you administered, how much and when (if you are able).
- Considerations when administering
  - This drug blocks the absorption of the drug, which can lead to a person feeling shocked, angry, or sick. As you are administering, be aware of your safety if they wake up upset or violent.
  - After Narcan has been administered, it is important for the person who overdosed
    to be mindful of their actions or monitored. The opioids in their system are
    currently being blocked, but when the Narcan wears off, the opioids may still be
    there.
    - When people wake up, they may want to use again, but then they will experience the effects of this new batch, and whatever is left from their initial high when the Narcan wears off in 60 – 90 minutes.

#### Legal Information

- Maryland Good Samaritan Law covers both the person who overdosed and the
  person who administers Narcan. Neither will be prosecuted for misdemeanors
  related to drug use that law enforcement may happen upon when responding to
  the overdose call.
  - Note: this is the Maryland law, other states have laws that cover the person who administers the Narcan, but may not cover the person who overdosed.
- Standing order in the state of Maryland, anyone can go into any pharmacy and get the medication without a prescription.
  - Note: Anyone with an HCH number can go next door to Mt. Vernon Pharmacy and get for free.

#### Updates/Issues

Athena discussed poor communication between staff members or misinformation shared with clients by staff. Discussed an incident in which a medical provider called out and the information was not properly communicated by front desk staff to clients. Athena states she spent a very long time on the list waiting, only to be told no provider was available for today and they were not doing walk-ins due to the call out. Despite this, Athena had been placed on the walk-in list. If no provider

- is available it should be posted for clients to see. Information can be lost if only shared with staff. Athena did state she was seen by a provider but only because she knew her history and was able to assist her. Athena noted that poor communication hasn't only affected her but others she has witnessed.
- Members would like to bring up stipends, food and transportation for board meetings, and communication assistance at next board meeting. Feel frustrated that this has yet to come to fruition and it has been on the table for many months. Members have no idea where it is in the process and would like to having an open discussion about it.
- o Members discussed the need to obtain access to Wi-Fi in the building.

Common Opioids (via Katie League):

## **Oxycodone**











OxyContin

Percocet

Roxicodone





## **Oxymorphone**





## Opana





# Heroin





# Morphine







## Methadone





# **Fentanyl**







# Meperidine







# Codeine Tylenol 3 and 4 NDC 0472-1627-04 PROMOTINE OF THE CORRESPONDENCE OF THE CORRE

# Buprenorphine



