It’s 3:30 p.m. and you receive a 9-1-1 call from a home in a quiet neighborhood. “Help! I just came home from work and I found my son on the floor. He’s not breathing!”

You dispatch medical units and send law enforcement for backup. Upon questioning the caller further, she relays to you that her 19-year-old son, Jason, is taking Suboxone. She says he’s had some drug issues in the past, but he’s been clean for a few months. You attempt to gain control of the caller’s emotions and have her further assess her son, but she’s unable to move him. When paramedics and police officers arrive on scene, they find Jason prone on the floor in respiratory arrest. They roll him over and find a spoon and a hypodermic needle. He’s lucky his mother found him when she did. The effect of a heroin overdose, especially when coupled with other drugs, can be deadly.

Heroin abuse is back, and is no longer limited to a subculture of our society. The spectrum of heroin abusers now transcends age, gender and socioeconomic class. According to an article in The New York Times, 88% of those who died from heroin in 2010 were white, half were younger than 34, and almost a fifth were ages 15 to 24.¹ Recent notable deaths include John Lennon, Princess Diana, and Britney Spears. The study reveals that younger people acquire opioid medications either from personal prescriptions or those stolen from family members, and use them in social settings such as parties. Other individuals can develop an addiction after being prescribed opiate painkillers following an injury or surgery. The addiction to prescription painkillers can begin with frequent doctor visits to obtain more medication, reporting recurrent symptoms, or stolen medications—whatever it takes to get another prescription. Eventually the addict will run out of supply and need to find another source to feed the addiction, often street-level heroin.

According to a fact sheet published by the Drug Enforcement Administration (DEA), heroin is a highly addictive drug that is the most rapidly acting of all the opiates.² The quick effects of heroin, coupled with the low street cost, make it very attractive to addicts. Heroin can be injected, smoked or snorted, and comes in many forms depending on where it is made. It is a very potent medication that affects the brain’s reward system, causing a euphoric high when taken. Heroin use affects many functions including the respiratory system. The suppressed respiratory drive is a pressing problem for first responders on the street, it becomes an urgent issue for telecommunicators to be aware of in the comm center.

THE PATH TO ADDICTION
What possesses a person to try heroin for the first time? According to a study conducted by the Centers for Disease Control and Prevention (CDC), addiction frequently begins with opiate painkillers that are widely prescribed in many forms, including morphine, Dilaudid, codeine, OxyContin and Vicodin.³ The study reveals that younger people acquire opioid medications or those stolen from family members, and use them in social settings such as parties. Other individuals can develop an addiction after being prescribed opiate painkillers following an injury or surgery. The addiction to prescription painkillers can begin with frequent doctor visits to obtain more medication, reporting recurrent symptoms, or stolen medications—whatever it takes to get another prescription. Eventually the addict will run out of supply and need to find another source to feed the addiction, often street-level heroin.

As addicts continue to abuse heroin, they build an increasingly higher tolerance and need to get another high. Tolerance have an especially high risk of overdosing if they relapse and start using again.

NEW TOOLS FOR RESPONDERS
Heroin acts as a powerful central nervous system suppressant. In mild dosages, the user simply enters a deep state of relaxation. In increased doses, however, heroin suppresses the autonomic nervous system, which controls organ functions including the respiratory drive. The suppressed respiratory drive will affect the breathing rate, eventually leading to respiratory arrest.

“Information from your caller will help determine the appropriate response”

Until recently, only paramedics and emergency room personnel could deliver an effective anti-narcotic drug, Naloxone (commercially available as Narcan), to treat a suspected opiate overdose. Naloxone blocks the body’s opiate receptors, temporarily reversing the effects of opiates on the body. Unfortunately, Naloxone’s effects are only temporary and often do not outlast the effect of the opiates themselves.

Due to the stunning increase of deaths attributed to heroin overdoses in recent years, the federal government and several states have opened discussions on who should be allowed to possess and deliver Naloxone. Many states have changed or are considering changing the scope of
A recent surge in heroin overdoses has prompted public health officials to put Naraloxone and educational pamphlets in the hands of addicts and their loved ones, in addition to police and first responders.

**practice for EMTs to include the ability to deliver Naraloxone. There are also initiatives to let police officers and lay rescuers administer Naraloxone so that the medication can be delivered prior to EMS arrival. Some jurisdictions have already enacted this policy.**

reported many saves. Those that have already arrived. Some jurisdictions have already enacted this policy.

Having this policy have reported many saves that would likely have led to death otherwise. The U.S. Food and Drug Administration (FDA) is currently fast-tracking a commercial product, Evzio, that will even put Naraloxone into the hands of family members and caregivers. Evzio is an autoinjector that provides computerized voice prompts to walk the caregiver through proper application of the device. After it injects the medication, Evzio verbally prompts the user to contact emergency services. It is therefore imperative that telecommunicators be aware of this drug, as it could have a role in 9-1-1 calls in the near future.

Putting anti-opiate drugs into the hands of first responders and caregivers alike will give many overdose victims a second chance at life. It is important to emphasize, however, that Naraloxone is not an “antidote” to opiate overdoses. Naraloxone only provides temporary relief (approximately 30–60 minutes) to opiate toxicity. Once the drug diminishes in the bloodstream, the opiate will take over once again. Naraloxone can only help ensure that a victim stays alive and breathing long enough to receive advanced medical care and detoxification.

**CONCLUSION**

Heroin addiction has reached epidemic levels across the U.S. Increased media attention and public awareness has led to heightened enforcement efforts, however, heroin has been present on the street in one form or another for decades and will never fully go away. Remember that the typical user is not just another junkie—callers should be treated with the same level of respect as any other caller and encouraged to aid the victim as best they can.

Always remember that an unresponsive patient should be treated as any other unresponsive patient per your agency protocols. The possibility of drug overdose should be considered, yet not automatically assumed; information provided from your caller will help determine the appropriate response. As opiate antagonists become more readily available, we may need to consider working this in to our questioning processes. Be sure to discuss this topic with your agency leadership and allow medical control to determine how these emergencies are treated today and what changes are on the horizon.

One day enforcement and prevention may reduce the incidence of opiate overdoses, but we must always remain vigilant for the next big product to hit the streets and affect those who have succumbed to addiction.

**REFERENCES**


**“Be sure to inform responders if such a device is available and at what time it was used”**

Opiate addicts should not think that they can abuse as much as they want because Naraloxone is now more available. Education is key to informing responders, caregivers and addicts about the realities of this medication and the importance of further medical care after it is used.

**OVERDOSE RESPONSE**

In responding to a call for a potential heroin overdose, 9-1-1 telecommunicators should remember the true danger of opiate overdose: suppressed respiratory drive. Calltakers and dispatchers should always follow their protocols for unresponsive patients and airway control, which may include utilizing CPR guidelines due to the lack of regular respirations. At a minimum, the airway needs to be opened and respiratory support in the form of manual respirations (mouth-to-mouth or BVM, if available) must be provided until more advanced treatment is available.

If the victim is breathing, he/she should be positioned in the recovery position and the caller should be prepared for the potential vomiting. This is especially important if an anti-opiate drug has already been administered, as this is a common side effect. Any vomit should be cleared from the mouth to reduce the possibility of aspiration.

If the caller has yet to administer an available prescription device for opiate overdose, they should be asked to follow the directions on the device or as a physician has directed. Depending on the method of administration, the drug could take several minutes to take effect. Be sure to inform responders if such a device is available and at what time it was used.

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**CDE #36489: RETHINKING OVERDOSE RESPONSE**

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**CDE #36489: RETHINKING OVERDOSE RESPONSE**

1. Of people who died from heroin overdose in 2010, how many were younger than 34 years old?
   a. One-fifth
   b. One-fourth
   c. One-third
   d. Half

2. Which of these prescription drugs is not an opiate?
   a. Dilaudid
   b. Acetaminophen
   c. Oxycontin
   d. Vicodin

3. How does Naloxone reverse the effects of a heroin overdose?
   a. It blocks the body’s opiate receptors
   b. It increases the body’s adrenaline levels
   c. It stimulates the heart to beat faster
   d. It causes a chemical reaction in that delivers increased oxygen levels to vital organs

4. Naloxone is a drug that:
   a. Should be used regularly to prevent addiction relapses
   b. Provides temporary relief from the effects of overdose
   c. It is a substitute for drug education programs
   d. Prevents overdose victims from requiring medical attention

5. Which of these is a common side effect of Naloxone?
   a. Increased heart rate
   b. Body spasms
   c. Vomiting
   d. Low blood sugar

6. What is the true danger that victims of opiate overdose face?
   a. Hemorrhage
   b. Injury caused by loss of consciousness
   c. Respiratory arrest
   d. Cardiac arrest

7. In the event Naloxone has already been administered to the patient, telecommunicators should:
   a. Follow protocols for adverse control
   b. Dispatch law enforcement backup
   c. Alert the caller that patient may be violent
   d. Seek up obtaining consciousness
   e. All of the above

8. How long do the effects of Naloxone last?
   a. Permanently
   b. 30–60 minutes
   c. 60–90 minutes
   d. 24 hours

9. What is Evzio?
   a. A generic form of Naloxone
   b. A bag valve mask that enables manual respiration
   c. A cure for heroin addiction
   d. An easy-to-use autoinjector that delivers anti-opiate medicine

10. Widespread availability of Naloxone and Evzio means that opiate addicts may continue to use heroin without fear of medical repercussions.
    a. True
    b. False

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