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 front-line staff.

Last Updated: January 2018

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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.
1. PREPARE

- KNOW WHO’S AT RISK OF OD
- NALOXONE RESCUE KITS
- MESSAGING & SIGNAGE

2. MONITOR

- ENVIRONMENTAL SUPPORTS
- CLIENT MONITORING
- KNOW THE SIGNS OF OVERDOSE

3. RESPOND

- HOW TO RESPOND TO OVERDOSE
- FOLLOWING UP AN OVERDOSE
- CONNECTIONS TO HELP
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   - CONNECTIONS TO HELP
Drug overdose deaths continue to rise across the United States.

- **22 million people** in the US struggle with alcohol and drug 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

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

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Know the risk factors for opioid overdose

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
  - Note: People who obtain any illicit pill or powder are now at risk for overdose, due to threat of fentanyl
- In a place where there has been a recent change in the quality or purity of street heroin or 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 can 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.

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\(^1\) "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.
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.

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

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/

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.

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.

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
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.
1. PREPARE
- KNOW WHO’S AT RISK OF OD
- NALOXONE RESCUE KITS
- MESSAGING & SIGNAGE

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- HOW TO RESPOND TO OVERDOSE
- FOLLOWING UP AN OVERDOSE
- CONNECTIONS TO HELP
Bathroom Management

- In some settings, it may be possible to keep bathrooms locked, and have clients ask to be keyed or buzzed in. This not only helps monitor bathroom use, but allows you or your coworkers to assess guests’ state upon request for the key.

- Keep an eye on how long guests are taking in the bathroom or shower, if possible.

- Keep an eye on restroom cleanliness, unless someone else is assigned to do so.

- Check restrooms regularly for paraphernalia, unless someone else is assigned to do so.

Milieu Management

- Monitor the formation and activity of large groups.
- Be prepared: lobbies are constantly changing. Remain alert and ready for emergency situations.
- Always check on individuals who appear to be “sleeping.”
- Try to keep lights on, where appropriate, in otherwise dimly lit or dark areas where guests may gather during the day.
- Know the locations of overdose response kits:
  - Naloxone rescue kits! Especially at/near sites where overdoses are most likely to occur, such as bathrooms and other areas where people may congregate. (These kits 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)
  - For clearing hazards after an overdose: Needlestick gloves & body spill cleaning kit
  - AED/defibrillator (for restarting someone’s heart)
With proper monitoring and intervention, you can save a life.

- **Monitor client sedation:** It’s important that you continually monitor where an intoxicated client falls on the following spectrum:

<table>
<thead>
<tr>
<th>Alert, not sedated</th>
<th>Calm, cooperative</th>
<th>Drowsy, responds to verbal stimuli</th>
<th>Sleeping, easy to arouse</th>
<th>Difficult to arouse (except to some physical stimuli)</th>
<th>Unable to arouse</th>
</tr>
</thead>
</table>

- **Continue to observe clients in communal areas:** if you begin to feel a client is becoming higher risk, you could 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) with one another, regarding clients who are being monitored or who are considered to be at high risk of an overdose.

- **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 you 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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6 Essential Steps for Overdose Bystanders

1. **ASSESS**
   - Assess for responsiveness and breathing
     - Responsive
     - Not Responsive
     - Stay and observe until alert
     - Not Responsive
       - Provide stimulation (sternal rub)
         - Responsive
         - Not Responsive
           - Call 911

2. **STIMULATE**
   - Not Responsive
     - Not Breathing, Blue
       - Start rescue breathing
     - Breathing
       - Monitor breathing

3. **CALL 911**
   - Not Breathing, Blue
     - Start rescue breathing
     - Not Breathing
     - Not Breathing
     - Assess breathing
     - Not Breathing
     - Not Breathing
     - Monitor breathing
     - Not Breathing
     - Not Breathing
     - Perform rescue breathing
     - Breathing
     - Give naloxone

4. **RESCUE BREATHING**

5. **NALOXONE**

6. **MORE RESCUE BREATHING**

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?

**Assess for responsiveness and breathing**
- Is the person responsive or not responsive?
- Are they breathing or not?
6 Essential Steps for Overdose Bystanders

1. ASSESS 
   - Assess for responsiveness and breathing
     - Responsive
     - Not Responsive
     - Stay and observe until alert
     - Provide stimulation (sternal rub)

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.
6 Essential Steps for Overdose Bystanders

1. **ASSESS**

   **Assess for responsiveness and breathing**
   - Responsive
   - Not Responsive

2. **STIMULATE**

   **Stay and observe until alert**
   - Responsive
   - Not Responsive

   **Provide stimulation (sternal rub)**
   - Responsive
   - Not Responsive

3. **CALL 911**

   **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.
• 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.
6 Essential Steps for Overdose Bystanders

1. **ASSESS**

   - **Assess for responsiveness and breathing**
     - Responsive
     - Not Responsive

     - **Stay and observe until alert**
     - Responsive
     - Not Responsive

     - **Provide stimulation (sternal rub)**
       - Responsive
       - Not Responsive

2. **STIMULATE**

   - **Call 911**
     - Breathing
     - Not Breathing, Blue

     - **Monitor breathing**
     - Breathing

     - **Start rescue breathing**

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.
6 Essential Steps for Overdose Bystanders

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

1. **ASSESS**

   - Assess for responsiveness and breathing
   - Stay and observe until alert
   - Provide stimulation (sternal rub)

2. **STIMULATE**

   - Responsive
   - Not Responsive

   - Responsive
   - Not Responsive

3. **CALL 911**

   - Call 911

4. **RESCUE BREATHING**

   - Monitoring breathing
   - Start rescue breathing

5. **NALOXONE**

   - Give naloxone

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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.
6 Essential Steps for Overdose Bystanders

• **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

1. ASSESS >> Assess for responsiveness and breathing
   - Responsive: Stay and observe until alert
   - Not Responsive: Provide stimulation (sternal rub)

2. STIMULATE >>
   - Responsive: Stay and observe until alert
   - Not Responsive: Provide stimulation (sternal rub)

3. CALL 911 >> Call 911
   - Breathing: Monitor breathing
   - Not Breathing, Blue: Start rescue breathing

4. RESCUE BREATHING >>
   - Breathing: Give naloxone
   - Not Breathing: Assess breathing

5. NALOXONE >>
   - Breathing: Monitor breathing
   - Not Breathing: Perform rescue breathing

6. MORE RESCUE BREATHING >>
6 Essential Steps for Overdose Bystanders

1. ASSESS >>
   - Assess for responsiveness and breathing
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   - Call 911
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4. RESCUE BREATHING >>
   - Monitor breathing

5. NALOXONE >>
   - Give naloxone
     - Assess breathing
       - Breathing
       - Not Breathing

6. MORE RESCUE BREATHING >>
   - Perform 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).

RECAP OF THE WHOLE RESPONSE FLOW
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.
In the event of an overdose, there are things that **front-line shelter staff** can do to support 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.

- **Notify shelter management of the overdose (if applicable).** Complete any necessary paperwork.
- **At least one staff member should follow up with the individual who experienced the overdose.**
  - If the person was transported to the hospital, try contacting that hospital later in the day to determine whether he/she is ok, and to provide any pertinent information to the hospital care team. Pass this task on to next staff, if shifts are changing.
  - If/when the client returns to the shelter, consider them at high risk of future overdose, keep an eye on them to monitor for the possibility of such an occurrence. Find a time to try to connect with the client about overdose prevention and safe using. This conversation should be non-judgmental and would ideally be undertaken by someone who has a relationship with the individual and who has appropriate training/knowledge.
- **If you are able, provide support to other shelter guests who were not involved in the overdose emergency.**
  - Address any concerns of guests who may have been onlookers.
  - Provide acknowledgement, support, and validation to any shelter guests who may have been involved in recognizing or responding to the overdose emergency. Remind them that they play a key role in saving lives.
  - Ensure that anyone who may have been using with the individual who overdosed are not at current risk of overdose.
  - Share information about ongoing support groups, naloxone trainings, and other resources.
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

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**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](http://www.findtreatment.samhsa.gov/TreatmentLocator)
- Buprenorphine Physicians and Treatment Locator: [http://www.buprenorphine.samhsa.gov/bwns_locator](http://www.buprenorphine.samhsa.gov/bwns_locator)

**Massachusetts Detox Programs:**

- AdCare Hospital: Worcester, MA: (508) 799-9000
- Andrew House-Shattuck Hospital Center: Boston, MA: (617) 318-5600
- Bournewood 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
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.

<table>
<thead>
<tr>
<th>Safety Planning with Clients at Risk of OD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with clients about ways to reduce their risk of overdose and overdose death.</td>
</tr>
<tr>
<td>For example:</td>
</tr>
<tr>
<td>Where can the person access naloxone?</td>
</tr>
<tr>
<td>Where can the person access clean supplies?</td>
</tr>
<tr>
<td>Talk about risk factors for OD death.</td>
</tr>
<tr>
<td>What is the person’s plan for avoiding using alone?</td>
</tr>
</tbody>
</table>
Appendix:
Sample Educational Materials and Signage
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!

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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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