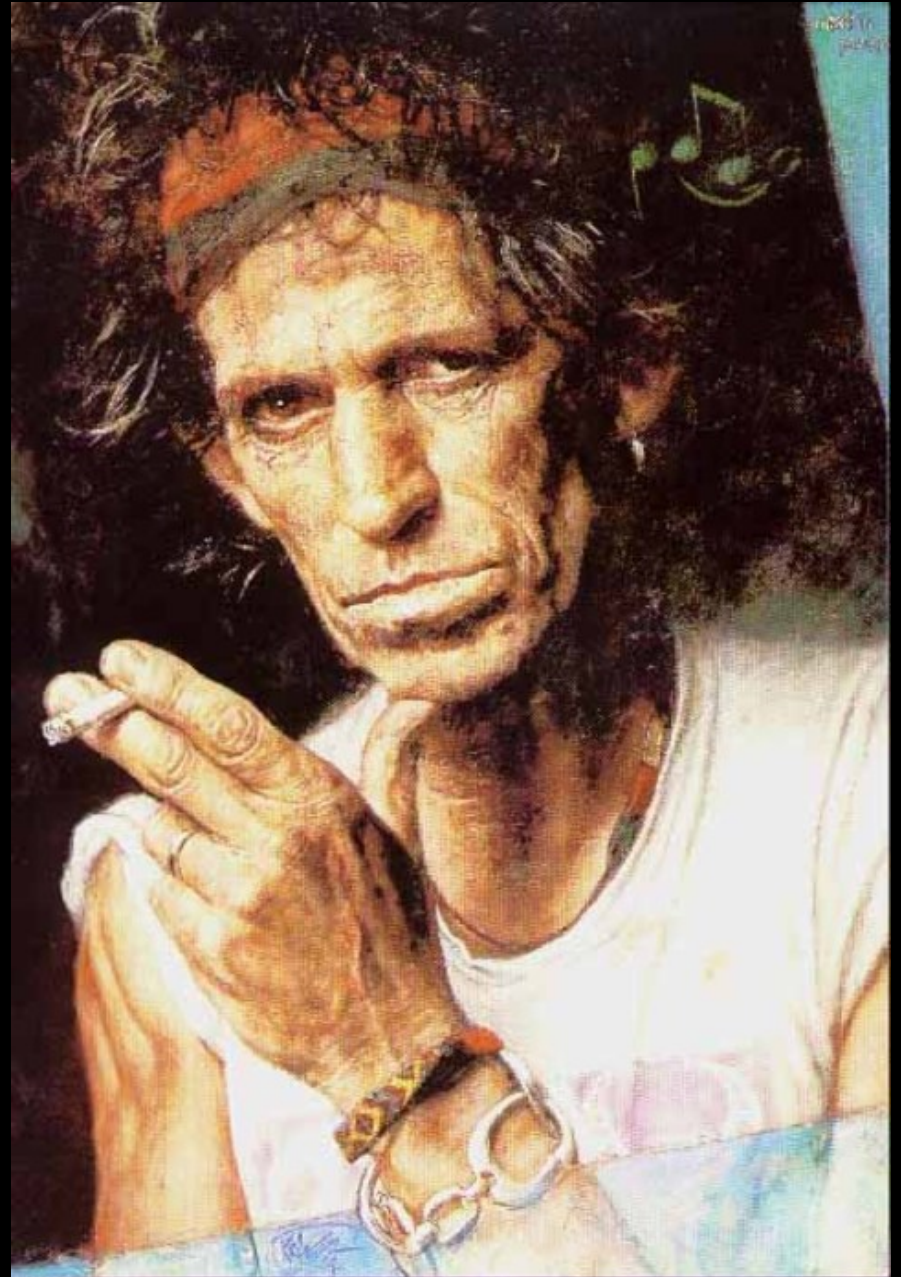


OPIATE USERS IN YOUR LIBRARY: From Behavior Management to Overdoses

Presented for LibraryWorks by
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"I've never had a
problem with drugs.
I've had problems
with the police."

Keith Richards
The Rolling Stones



REALITY IS *NOT* A RIVER IN
EGYPT . . .



Some Caveats . . .

- I'm *not* a physician, DRE, mental health clinician, pharmacologist, attorney, or recovering addict / alcoholic.
- My background is in HR, security, employee behavioral issues, and law enforcement.
- We cannot ignore this problem away.
- This issue will require help from your Police / Sheriff's Department and qualified medical support.
- You must weigh the real hazards connected to getting involved versus waiting for paramedics.

S.H.O.C.A.D.I.Ds

Stimulants	cocaine, meth, Ritalin, Adderall
Hallucinogens	LSD, Ecstasy, mushrooms
Opiates	morphine, heroin, pain pills, fentanyl, carfentanil
Cannabis	marijuana, hashish, hash oil
Alcohol	beer, wine, distilled spirits
Depressants	anti-anxiety, tranquilizers, Valium
Inhalants	solvents, aerosols, gases
Dissociative Anesthetics	PCP, Ketamine, DXM

ONE NIGHT

TRADE MARK

COUGH SYRUP

EACH OUNCE CONTAINS

ALCOHOL, (less than 1%)	4 1/4 m.
CANNABIS INDICA, F.E.,	4 1/2 m.
CHLOROFORM,	2 1/5 m.
MORPHIA, SULPH,	1/8 gr.

SKILLFULLY COMBINED WITH A NUMBER
OF OTHER INGREDIENTS

DIRECTIONS

DOSE - One half teaspoonful three

Prepared by

25 C
SOL
G
M
M



Opiates



Examples: **Heroin, OxyContin, synthetics – Fentanyl.**

Ingestion: smoked, snorted, swallowed, injected.

Effects: CNS depressant, euphoria, “drifting down.”

Symptoms: pinpoint pupils, muscle relaxation,
“on the nod” (narcosis), slow pulse and reactions.

Chronic use: easy to overdose, possibility of
hepatitis, HIV / AIDS for needle users. Death,
especially when mixed with alcohol or stimulants.



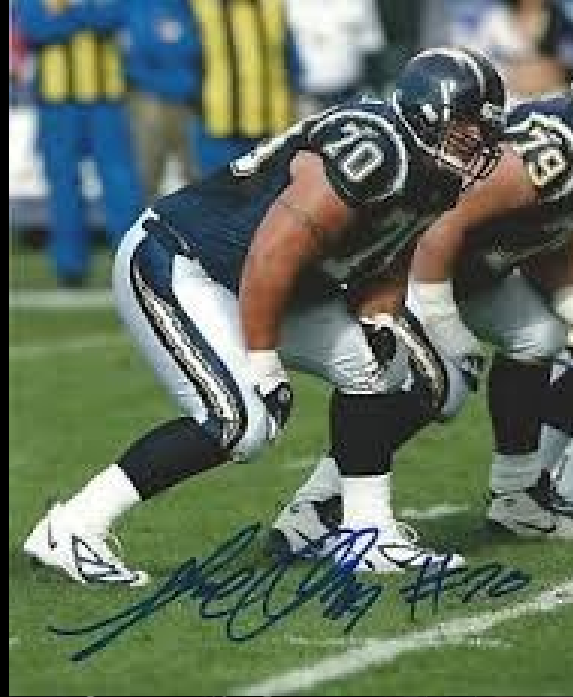


Fatal dose of fentanyl
(2 mg or 2000 mcg)



Fatal dose of carfentanil
(0.02 mg or 20 mcg)

“There wasn’t one day in the NFL after my rookie year when I wasn’t high on a pill. At the height of my Vicodin use, I would take 125 pills a day. It got to the point I would take a pile of 15 Vicodin and would have to take them with chocolate milk. If I did it with water or Gatorade, I’d throw up.”



Shane Olivea
Former NFL lineman

Defining Our Terms

- A *drug* is any substance, when taken into the body, can cause physical or mental impairment. It can be legal, illegal; abused, not abused; prescribed, over-the-counter; natural, synthetic.
- *Abuse* is when the substance is not taken for medical reasons, not as prescribed, or irresponsibly.
- *Tolerance* occurs when the same dose of the drug produces diminishing results. As such, larger and larger doses will be taken to get the original effects.

Drug Impacts

These substances affect the body's Central Nervous System (brain, brain stem, spinal cord); eyesight; heart (pulse and blood pressure); respiration; balance and coordination; motor skills; decision-making and thought processes.

Poly-drug users: Alcohol + marijuana and their drug of choice. (Odors and Eyes)

Substance Abuse Cycle

Stages from use to abuse:

- Experimentation
- Social use
- Regular use
- Daily preoccupation
- Dependency / addiction



What is the difference between a “physical addiction” and a “psychological addiction”?

Opiate Users Under the Influence

- Opiate narcosis – “on the nod.”
- Slacked, flushed face, dry mouth, slow movements and responses, slurred speech.
- Pinpoint pupils, droopy eyelids.
- Slow pulse.
- Itching, yawning, raspy voice.
- Fresh injection sites.
- Lack of awareness.





DRUG ABUSE RECOGNITION
"FROM CURBSIDE TO COURTROOM"
DAR 7-STEP PROCESS

HORIZONTAL GAZE NYSTAGMUS (HGN)

Lack of Smooth Pursuit
Distinct & Sustained at the Maximum
Angle of Onset

VERTICAL GAZE NYSTAGMUS (VGN)

LACK OF CONVERGENCE (LOC)

PULSE

(Take 3 Times During Exam)
Near Normal Range
60 to 90 BPM
30 seconds \times 2 = BPM

ROMBERG STAND

Internal Clock Estimation
30 seconds \pm 10 seconds

PUPILLARY COMPARISON

Normal Range
3.0 mm to 6.5 mm
Room Light
Near Total Darkness
Direct

**PUPILLARY REACTION
TO DIRECT LIGHT**

Normal, Slow, or Minimal
Rebound Dilation

[Do Not Reproduce This Card]



Opiate Users in Withdrawal

- Agitation, anger, depression, desperation.
- Sweats, chills, shaking, nausea, vomiting, diarrhea.
- Flu-like symptoms, runny nose, teary eyes.
- Abdominal pain, bone pain, muscle spasms, cramps.

* Opiate users may seem under the influence of meth when in withdrawal.

METH



BEFORE



AFTER





2005 © "Faces of Meth"



2.5 years later



2005 © "Faces of Meth"



5 Years Later



2005 © "Faces of Meth"



4 Years Later

Opiate Users in Distress

- Bluish nails or lips.
- Breathing problems.
- Weak pulse.
- Pinpoint pupils.
- Disorientation or delirium.
- Extreme drowsiness.
- Repeated loss of consciousness.





Naloxone = Narcan

Miracle Drug or Enabler?



Narcan.com

Takes effect in two to three minutes; lasts one to two hours.

Hard Narcan Questions

- What is the usual dosage for someone in an opiate overdose?
- How does it work? How soon?
- Can you overdose someone with Narcan?
- Will Narcan affect a non-opiate user?
- How long does it last? Additional doses?
- Can you kill someone with Narcan?
- Will I need to do CPR as well?

Giving Narcan

https://www.youtube.com/watch?v=xa7X00_QKWk

Harder Narcan Questions

- Giving Narcan to an opiate user in distress?
- Train staff to give Narcan?
- Store Narcan at the library?
- What are the legal issues if I do or don't give Narcan?
- How do we protect staff from opiate users post-Narcan?
- Do we encourage more opiate use by giving Narcan?
- Paramedics and police response? Arrests? Impounds?
- Cost recovery issues?
- Ethical issues?



Serious Safety Hazards

- ☠️ Bloodborne pathogens (lots of vomit)!
- ☠️ MRSA!
- ☠️ HIV/AIDS!
- ☠️ Hepatitis!
- ☠️ Fentanyl exposure!
- ☠️ Needle sticks!
- ☠️ Gloves, mask must be used!



Fentanyl Exposure Video

- <https://www.post.ca.gov/did-you-know-fentanyl.aspx>

Opiate Users: Library Security

- More restroom checks.
- Camera system with posted signs near restrooms.
- More sharps boxes.
- Talk to known opiate users.
- Ban known opiate users.
- Spread the word among street people.
- Get help from police, SAPs, social workers.

NOTICE
THIS IS A
DRUG-FREE
WORKPLACE

Lol at the pharmacy



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