

October 4, 2016

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 16-10
-------------------	---

TO: ALL JOB CORPS NATIONAL OFFICE STAFF
ALL JOB CORPS REGIONAL OFFICE STAFF
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: LENITA JACOBS-SIMMONS
National Director
Office of Job Corps

SUBJECT: Identifying and Responding to Opioid Misuse in Job Corps

1. **Purpose.** To inform the Job Corps community of the opioid epidemic, Job Corps' drug testing procedures, identifying opioids, and to provide strategies on responding to an overdose.
2. **Background.** Opioids can be illegal (e.g., heroin) or legal (e.g., codeine, hydrocodone, oxycodone, hydromorphone, morphine, fentanyl, or methadone). In recent years, injuries and deaths from opioid use have skyrocketed. Since 2013, more people die from drug overdoses than in traffic accidents, and more than three out of five of these deaths involve opioids.¹

Heroin use has more than doubled in the past decade among individuals ages 18 to 25 years old,² with a significant increase among adolescents. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), most opioids available to adolescents are either prescribed to them, or were bought, stolen, or provided by a relative or friend.³

Urine Drug Screen and Opioids

The nationally contracted laboratory Urine Drug Screen (UDS) will detect only codeine, morphine, and acetylmorphine (heroin), each within 48-hours of last use. The UDS will not

¹ Drug Enforcement Agency. 2015 National Drug Threat Assessment Report. Retrieved online September 20, 2016, from: <https://www.dea.gov/docs/2015%20NDTA%20Report.pdf>

² Centers for Disease Control and Prevention. Today's Heroin Epidemic. Retrieved online September 20, 2016, from: <http://www.cdc.gov/vitalsigns/heroin/>

³ SAMHSA, Center for Behavioral Health Statistics and Quality. Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved online September 20, 2016, from: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.

detect hydrocodone (Vicodin), oxycodone (Percocet, OxyContin), methadone (Dolophine) or buprenorphine (Suboxone, Subutex).

Identifying Opioids on Center

Opioid addiction is characterized by the three “Cs” – loss of control, craving and disregard for consequences. Students may appear sedated or sleepy, with decreasing function in activities and relationships. Students may exhibit slow or slurred speech, head nodding and constricted pupils. Withdrawal symptoms may occur, including agitation, insomnia, nausea, vomiting, diarrhea, muscle cramping, excessive sweating, frequent yawning, increased tearing and runny nose.

Prescription opioids may be obtained in pill or liquid form. Heroin is sold as white or brown powder in glassine packets or bags, and in tin foil packets or balloons (“black tar heroin”). Packets may be stamped with a street brand name for the drug. Availability and purity vary over time and by location.

Opioids may be taken orally, nasally, smoked/inhaled, or injected. Paraphernalia includes:

- Hypodermic needles and syringes to inject heroin
- Small cotton balls used to strain the drug
- Spoons or bottle caps for “cooking” (liquefying) the heroin
- A “tie-off” that the user wraps around his or her arm to make veins protrude
- Razor blades, straws, rolled paper currency, nasal spray bottles, and pipes. Balloons and condoms are used for transporting the drug.

Opioid Overdose Overview

Opioid misuse, especially by injection, can cause medical complications with virtually every organ system. Because of the rapid development of addiction and tolerance to increasingly higher doses of opioids, unintentional overdose is the greatest cause of death.

Risk factors for opioid overdose:

- Development of tolerance to opioids
- Mixing opioids with other drugs like benzodiazepines, sedatives, cocaine; or alcohol
- Chronic medical conditions
- Mode of administration
- Previous non-fatal overdose
- Variation in strength and content of “street drugs”
- Using drugs alone

Fortunately, opioid overdose is rarely instantaneous. Users gradually stop breathing after consumption, so there may be time to counteract depressed breathing. Administering oxygen can increase survival chances.

Identifying an Overdose

An opioid overdose can be identified by a combination of three signs referred to as the “opioid overdose triad:” (1) pinpoint pupils, (2) unconsciousness, and (3) respiratory depression. The victim is excessively sleepy, and cannot be aroused with a loud voice or sternal rub – a painful stimulus induced by pressing and rubbing the knuckles up and down the victim’s breastbone. Slow, shallow, or no respirations may be present and a “death rattle” from respiratory secretions may be mistaken for snoring. Heart rate and blood pressure may both be low; pupils may be pinpoint. Blue or purple fingernails or lips indicate lack of oxygen. Needle tracks may be present on the arms/hands.

Responding to an Overdose

Call 911 immediately, and report a suspected drug overdose.

Initiate full CPR if no pulse is detected.

Initiate rescue breathing if pulse is present but breaths are slow and shallow, and the victim has blue fingernails and lips:

- Tilt head and lift chin to open airway
- Administer two breaths for every 30 chest compressions; use Ambu bag if not alone
- Push hard at a rate of about 100 compressions a minute.
- Use intranasal naloxone (Narcan) in both nostrils (see below); and supplemental oxygen if available

If vital signs are restored, place the victim on his or her side in the recovery position while awaiting Emergency Medical Services (EMS).

Do not give the victim anything to drink. Do not induce vomiting. Do not put the victim in a bath. Do not apply ice to the victim. Do not try to stimulate the victim in a way that could cause harm, such as slapping, kicking, or burning. Do not inject the victim with anything.

Naloxone (brand name Narcan)

Naloxone is a life-saving, short-acting drug for emergency use in opioid overdose. It should be administered as soon as possible in these circumstances:

- Unconscious individual with obvious signs of recent drug use, including nearby paraphernalia
- Individual exhibiting symptoms of the opioid overdose triad

- Unconscious individual with known history of opioid abuse, including students currently on Medication Assisted Treatment (MAT) for opioid dependence
- Self-report of opioid use in a conscious individual developing symptoms of opioid overdose

If naloxone is mistakenly administered, no adverse effects will occur in a healthy individual. Naloxone does not alter mental status, produce tolerance or cause physical or psychological dependence. When administered in usual doses in the absence of opioids, naloxone exhibits essentially no pharmacologic activity.

Guidance on Stocking Emergency Supplies

Per PRH 6.12, R14(a), Equipment and Supplies, centers should maintain emergency-response kits. A minimum of two kits are recommended to be maintained on center – one in the Health-and-Wellness Center, and one in Safety and Security with 24/7 access. Each kit should include the suggested one, two-dose supply of Narcan, at least. Be sure to monitor expiration dates. Other recommended items that should be in the emergency response kits include: airways and an Ambu bag, supplemental oxygen and an Automated External Defibrillator (AED), if available. Staff training in first aid/CPR should include training health and non-health staff in responding to overdoses.

A minimum of two “Grab and Go” Emergency Response Kits should be on each center – one in the Health-and-Wellness Center, and one in Safety and Security with 24/7 access. Include at least one two-dose supply of Narcan in each kit, and monitor expiration dates. Include airways and an Ambu bag, supplemental oxygen and an Automated External Defibrillator (AED), if available. Staff training in first aid/CPR should include training both health and non-health staff in responding to overdoses.

3. Action. Center clinicians should rarely prescribe opioids to Job Corps students. If needed, opioids should be prescribed in the lowest effective dose for the shortest duration possible. Multiple non-opioid alternatives are available for treating many painful conditions.

Job Corps staff training should include current information about the opioid epidemic, as well as specific information about recognizing opioid use and possible overdoses. Update the suspicion screen form to include signs of opioid use. Student education should repeatedly include information on the opioid epidemic, as well as helpful resources available on center. Trainee Employee Assistance Program (TEAP) Specialists are available on each center to rapidly intervene with students who either express concern about their opioid use or are referred.

A Webinar on this topic is scheduled for October 27, 2016, at 1 p.m., Eastern. Register for the event on the Job Corps registration board.

Addressees are to ensure this Information Notice is distributed to all appropriate staff.

4. Resources.

- National Institute on Drug Abuse (NIDA) factsheet on opioids: <https://www.drugabuse.gov/drugs-abuse/opioids>
- American Society of Addiction Medicine (ASAM) Opioid Addiction 2016 Facts and Figures: <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>
- Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>
- Case Studies of Standing Orders for Narcan: <http://naloxoneinfo.org/case-studies/standing-orders>
- CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016: <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>
- Non-Opioid Drug Products for Pain Management: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/dfc-non-opioid-drug-products.html>
- Map of State Laws Regulating Naloxone: <http://www.drugpolicy.org/resource/map-state-laws-regulating-naloxone>

5. Effective Date. Immediately.

6. Expiration Date. Until superseded.

7. Inquiries. Inquiries should be directed to Johnetta Davis at (202) 693-8010 or davis.johnetta@dol.gov.