MINUTES of the MedChi Opioid, Pain & Addiction Committee November 18th, 2025 (virtual)
(34 attendees)

COMPASSIONATE OVERDOSE RESPONSE
(& RECOVERY SERVICES BEST PRACTICES)

Guest Speaker, JOHN TORSCH, identifies as a person who uses drugs, and as a person in long term recovery from addiction. He has trained over 1,000 people in compassionate overdose response. John is the co-founder & Program Director of the Daniel Carl Torsch Foundation which serves those experiencing addiction, homelessness and others. As an Adjunct Professor at CCBC, he teaches ethical principles of harm reduction. John has helped to get overdose legislation enacted in the MD General Assembly. He has dedicated a substantial portion of his life to understanding best practices for preventing death, and improving the quality of life, for people who use drugs.

SEE JOHN'S SLIDE DECK
https://mail.google.com/mail/u/0/#search/jtorsch84%40gmail.com?projector=1
'Harm Reduction and Compassionate Overdose Response'
A number of the 34 people in attendance expressed their appreciation for John's presentation, and that it contained perspectives they had not been exposed to, including his critique of some aspects of current treatment and recovery practices.

THE FOLLOWING EXCELLENT RESOURCE WAS ALSO SHARED:

The best modern OD training video we've seen: "Evolving Overdose Response"
https://www.youtube.com/watch?v=qi5CYthDOE0 (created 8-2025)
accompanying slide deck:
https://research.jefferson.edu/content/dam/academic/research/connected-care/evolving-overdose-response.pdf
From Thomas Jefferson University and the Philadelphia Dept of Health
Presenters: Megan K. Reed, Research Assist Prof, Thomas Jefferson University, and
Rose Laurano MPH, Harm Reduction Mngr, Div of SUD Preven'n & HR, Phila Dept of Health
Based on a NIDA-funded study in which interventions were co-design and piloted by people who use xylazine.
Medetomidine starts to replace Xylazine in 2024.
Modern OD response (to prolonged sedation/unresponsiveness) emphasizes greater emphasis on positioning for an open airway, and avoiding excessive naloxone when unresponsiveness persists after breathing is restored.

People need positioning to maintain open airway, they may remain unresponsive even when breathing restored, which may lead to unnecessary doses of naloxone.
Sequence used by the Philadelphia Dept of Health:
Call out for help, give naloxone, call 911, start rescue breathing, after 3 min give 2nd dose naloxone if not breathing, stay with the person until help arrives.
Some recommendations are to give naloxone first; others are to call 911 first, valid reasons for each.
The majority of OD 1st responders are people who use drugs, and may not want to call 911).

With sedatives, the person may be unable to answer b/o heavy sedation, but if they are breathing, they don't need naloxone.
Check for breathing:

Do they have chest (or shoulders) movement at least every 5 seconds? Can you hear them breathing? Does it sound strained, choked? See if glass, plastic, or key – gets fogged. Check lips & tips for blue or gray coloring.
Painful stimuli may cause unnecessary harm.
Too much naloxone can cause precipitated withdrawal in people who use opioids.
A 2023 study of initial IN dose of 4 vs 8 mg. naloxone found that those receiving the higher dose were over twice as likely to experience w/d sx, with no difference in survival.
The more naloxone administered, the worse the withdrawal.
Studies have shown that people who experience severe ppt'd withdrawal are more at risk for fatal OD in the future.
They may begin using alone out of fear.

Naloxone takes time and should be supported by rescue breathing.
naloxone wears off in 45 min – 2 hours.
Sedation resolves with time, possibly up to 2-3 hours, possibly longer with medetomidine.
So have a plan for monitoring or transition.
The ideal dose of naloxone is one that restores breathing without inducing withdrawal (Russell et al., 2024)
Be calm and kind, explain, respect their wishes, reduce the number of people nearby, especially if in uniform.
THE PHILADELPHIA DEPT OF HEALTH USES:

naloxone: **3 mg. nasal spray (**brand: Revive) or **0.4 mg. IM (generic),** or **1 & 2 mg. nasal atomizer (generic)**. 4 mg. IN spray (Narcan) is also a good product.
These doses are low enough to allow for appropriate titration.

THEY DO NOT RECOMMEND:

nalmefene/Opvee IN spray, 8 mg. IN spray, nor 5 mg. auto injector IM brand (Zimhi)

The "recovery position" is very important.
If they're sitting up, you may place a towel or bag on their shoulder so they can rest their head on this to the side, to open their airway.
(If slumped and chin is touching their chest, this may close their airway).
Move them to a safe place (out of street, not in the middle of sidewalk, away from train tracks).
Verbally explain everything you are doing even if they are unresponsive.

Minutes (incomplete; the video recording was not preserved) by Joseph Adams MD, FASAM, Chair, MedChi Opioid, Pain & Addiction Committee

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