

Overdose Risk Factors & Prevention

Opioids include heroin as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone). The following are some common risk factors for opioid overdose as well as some prevention strategies:

Mixing Drugs

Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or benzodiazepines. Alcohol and benzodiazepines (Xanax, Klonopin, Ativan and Valium) are particularly dangerous because, like opioids, these substances impact an individual's ability to breathe. **Avoid mixing opioids with other drugs or alcohol. If prescribed an opioid and a benzodiazepine by a prescriber, take only as directed.**

Tolerance

Tolerance is your body's ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. Tolerance can decrease rapidly when someone has taken a break from using an opioid. When someone loses tolerance and then takes an opioid again, they are at-risk for an overdose, even if they take an amount that caused them no problem in the past. **If you are using opioids after a period of abstinence, talk to your prescriber first.**

Physical Health

Your physical health impacts your body's ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver (hepatitis) or kidney problems and those living with HIV are also at an increased risk of an overdose. **If you have questions about an opioid prescribed to you, please talk to your prescriber or pharmacist.**

Previous Overdose

A person who has experienced a nonfatal overdose in the past has an increased risk of a fatal overdose in the future. **To prevent a fatal overdose, teach your family and friends how to recognize and respond to an overdose.**

How do I know if someone is overdosing?

If someone takes more opioids than their body can handle, they can pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur.

A person who is experiencing an overdose may have the following symptoms:

- Slow breathing (less than 1 breath every 5 seconds) or no breathing
- Vomiting
- Face is pale and clammy
- Blue lips, fingernails or toenails
- Slow, erratic, or no pulse
- Snoring or gurgling noises while asleep or nodding out
- No response when you yell the person's name or rub the middle of their chest with your knuckles

An overdose is a MEDICAL EMERGENCY!

Call 9-1-1 immediately

For patient education, videos and additional materials, please visit www.prescribetoprevent.org



<http://idph.iowa.gov/substance-abuse>

SAMHSA National Helpline

1-800-662-4357 or

1-800-487-4889

(TDD—for hearing impaired)

This brochure was developed in part by the State of Ohio

Opioid Overdose Recognition and Response



What is naloxone?

Naloxone (such as Narcan®) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It can be given as an injection into a muscle or as a nasal spray.

Naloxone has no potential for abuse. If it is given to a person who is not experiencing an opioid overdose, side effects are rare. If naloxone is administered to a person who is experiencing an opioid overdose, it can produce withdrawal symptoms. Naloxone **does not** reverse overdoses that are caused by non-opioid drugs.

Naloxone should be stored at room temperature and away from light. The shelf life of naloxone is one to two years.

How to respond to an overdose

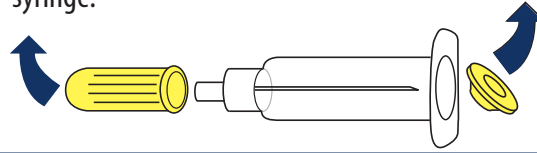
1. Try to wake the person up by yelling their name and rubbing the middle of their chest with your knuckles (sternum rub).
2. Call 9-1-1. Indicate the person has stopped breathing or is struggling to breathe. Stay with the person until emergency medical services (EMS) arrives.
3. Make sure nothing is in the person's mouth that could be blocking their breathing. If breathing stops or slows, begin rescue breathing as follows:
First Step: Tilt their head back, lift chin, pinch nose shut.
Second Step: Give 1 slow breath every 5 seconds. Blow enough air into their lungs to make their chest rise.
4. Use naloxone and continue rescue breathing at one breath every 5 seconds.
5. If the person begins to breathe on their own, put them on their side so they do not choke on their vomit. Continue to monitor their breathing and perform rescue breathing if respirations are below 10 breaths a minute. If vomiting occurs, manually clear their mouth and nose.
6. If the person doesn't respond after 3 minutes, an additional dose of naloxone should be used.
7. Following naloxone administration, the person may be disoriented or possibly combative as they gain consciousness.

How to give naloxone:

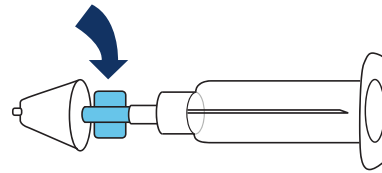
There are four ways to give naloxone. Follow the instructions for the type you have.

Nasal spray (assembly required)

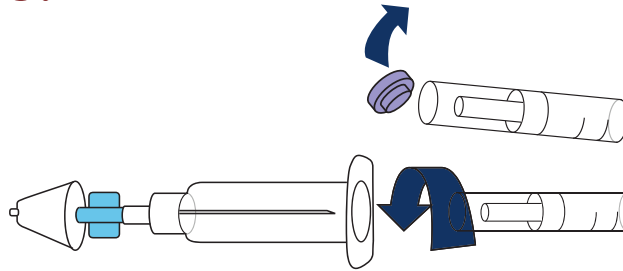
1. Remove the two colored caps from the delivery syringe.



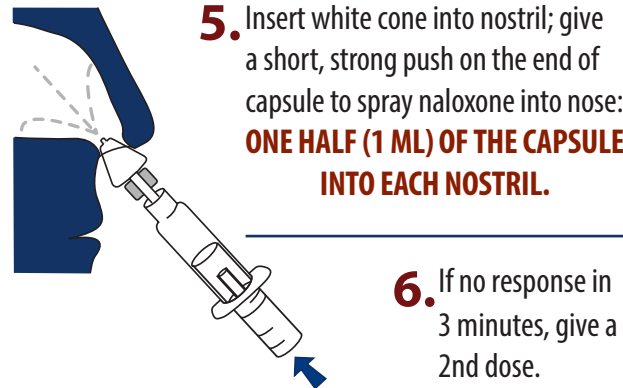
2. Screw the white atomizer cone onto the top of the delivery syringe.



3. Remove the cap off the capsule of naloxone.



4. Gently screw the capsule of naloxone into the barrel of syringe.



5. Insert white cone into nostril; give a short, strong push on the end of capsule to spray naloxone into nose:
ONE HALF (1 ML) OF THE CAPSULE INTO EACH NOSTRIL.

6. If no response in 3 minutes, give a 2nd dose.

Nasal spray (ready-to-use)

1. Peel back the package to remove the device.
2. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
3. Press the plunger firmly to release the dose into the patient's nose.
4. If there is no response after 3 minutes, give 2nd dose in other nostril.

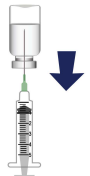
Auto-injector (ready-to-use)

1. Pull auto-injector from outer case.
2. Pull off red safety guard.
3. Place the black end of the auto-injector against the outer thigh, through clothing if needed, press firmly and hold in place for 5 seconds.
4. Repeat if there is no response after 3 minutes.

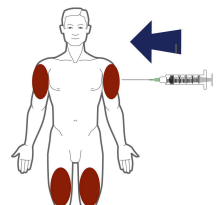
Injectable naloxone

(Recommended administration by trained EMS)

1. Remove cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and draw up 1 ml of naloxone.



3. Insert the needle into the muscle of the upper arm or thigh, through clothing if needed, and push on the plunger to inject the naloxone.



4. Repeat the injection if no response after 3 minutes.