



Preventing Accidental Opioid Overdose

A Guide to Using Naloxone

You were seen in the emergency department today for an opioid overdose, a life-threatening event that can lead to severe sedation (sleepiness) and cause your breathing to slow or stop. **In 2018, more Americans under the age of 50 were killed by opioid overdoses than by any other disease.** We want to protect you from a future overdose and help you find treatment for opioid misuse or addiction.

What are opioids?

Opioids include prescription pain medications like oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Lorcet/Lortab), fentanyl, hydromorphone (Dilaudid), morphine (MS Contin), buprenorphine (Suboxone), and methadone. While some opioids can be injected and others are taken in pill form, they all act on the brain in the same way. **Although opioids are good medications for some types of pain, they can result in physical dependence if used incorrectly.** If you have already experienced an opioid overdose, you are at elevated risk for another one.

What is opioid use disorder?

While some patients take prescription opioids for pain relief, others use them for nonmedical reasons. Although opioids can lead to a temporary feeling of euphoria, or “a high,” tolerance and drug dependence can occur within weeks. **Anyone who takes opioids — for any reason — is at risk of developing an opioid use disorder (OUD).** Opioid addiction, the most serious of these disorders, rewires the brain to seek opioids above everything else. The disease often leads to significant medical complications and difficulties with relationships and employment. **It is important to understand that opioid addiction is a medical disease. Willpower is not enough to break the hold these drugs can have on a person’s life.** Genetic factors, trauma, mental health disorders, and environmental factors can all increase a person’s vulnerability to addiction.

What is an opioid overdose?

Most opioid overdoses are accidental. Because these drugs interfere with breathing and brain functioning, people who overdose become sleepy or comatose, and breathing slows or eventually stops completely. **When the brain and body can’t get enough oxygen, injury and death follow.** An overdose can happen minutes or hours after using opioids. Although it is impossible to predict who will overdose, taking opioids — even in low doses — can put a person at risk.

What factors increase the risk of an opioid overdose?

- Taking **any dose or formulation of opioid** for any reason
- Using opioid pain medications **more often or at a higher dose** than prescribed
- Mixing opioids with **benzodiazepines, alcohol, or illicit drugs**
- Taking **extended-release/long-acting** preparations of opioids such as OxyContin, fentanyl patches, methadone, or MSContin
- History of **overdose or emergency department visits** for opioid-related problems
- Using **someone else’s opioid** pain medications
- Using opioids **alone** (you are more likely to die if no one is there to help)
- Serious **medical illnesses**, such as COPD; kidney, liver, or heart disease; and HIV/AIDS
- Using **after a period of abstinence** from opioids (for example, after a hospitalization)

What are the signs of an overdose?

People with opioid poisoning may look as if they're sleeping. **REMEMBER: IT IS NEVER SAFE TO LET A PERSON WHO MIGHT BE OVERDOSING "SLEEP IT OFF."**

Signs of overdose include:

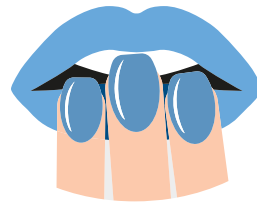
- Unresponsive to shouting or shaking, or difficult to wake up
- Absent or shallow breathing, sometimes with gurgling or deep snoring sounds
- Pale or grayish skin
- Blue lips or fingertips
- A slow or undetectable pulse

Opioid Overdose Signs and Symptoms

**Breathing
will be
slow or
gone**



**Lips
and nails
are blue**



Person is not moving



**Person
may be
choking**



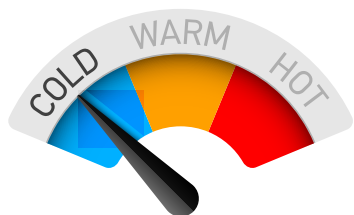
**You can
hear gurgling
sounds or
snoring**



**Can't be
woken
up**



Skin feels cold and clammy



Pupils are tiny



What is naloxone, and who should have it?

Naloxone, also known by the brand name Narcan, is the antidote for an opioid overdose. The drug temporarily reverses the effects of opioids on the brain. **Giving naloxone to someone who has overdosed can be lifesaving.** The antidote will often restore a person's ability to breathe and awaken them from an unconscious, coma-like state. Naloxone is a safe, nonaddictive medication that has been used for decades to reverse overdose.

Anyone who is at risk of overdose, or knows someone who is, should carry naloxone — and this includes those undergoing opioid therapy for chronic pain. If given to a patient with opioid dependence, naloxone can cause opioid withdrawal. Although these effects can be unpleasant and may cause agitation, the treatment is safe.

Avoid storing your naloxone in a very hot or cold location, and **let your family and friends know where the medication is kept.** Replace your naloxone every 2 years.

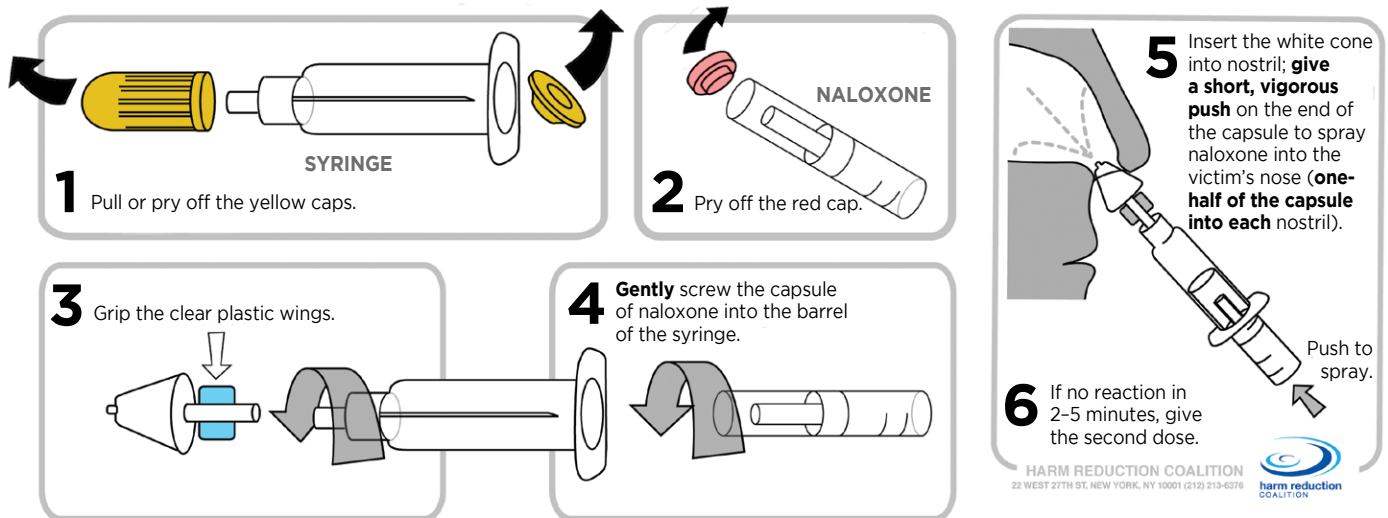
Can my friends and family members get naloxone, too?

Yes! Naloxone is available without a prescription at more than 500 Colorado pharmacies. Many different formulations of the medication are now available, but Narcan nasal spray may be easiest to use. You can find participating pharmacies at stoptheclockcolorado.org/map or ERNaloxone.org. **Medicaid, Medicare, and most private insurers cover the full cost of naloxone or charge only a small copay.** If you care about someone who is at risk of overdose, remind them that it is easy to get naloxone in Colorado.

HOW TO GIVE NALOXONE NASAL SPRAY

If you've been provided with a take-home naloxone kit, please follow the assembly directions below, or visit ERNaloxone.org to watch an instructional video.

Atomizer Assembly



Step-by-Step Instructions

1. Provide rescue breaths if the person is not breathing.
2. Affix the nasal atomizer (applicator) to the needleless syringe and then assemble the glass cartridge of naloxone (see diagram).
3. Tilt the victim's head back and spray half of the naloxone up one side of the nose (1 mL) and half up the other side of the nose (1 mL).
4. If there is no breathing or breathing remains shallow, continue to perform rescue breathing while waiting for the naloxone to take effect.
5. If there is no change in 3 to 5 minutes, administer another dose of naloxone and continue to breathe for the victim. If the second dose does not revive the victim, something else is wrong (for example, the overdose happened too long ago and the heart has already stopped, there are no opioids in the victim's system, or the opioids are unusually strong and require more naloxone [a problem that can happen with fentanyl].)

What should I do if I think someone is overdosing?

1. If you have naloxone, give it!

Try to wake the victim by shouting their name and shaking them. If someone is with you, they can call 911 while you prepare to administer naloxone. **Naloxone is only effective for reversing opioid overdoses.** However, if you are unsure of the substance(s) or illness involved, it's still wise to give naloxone. Many overdoses involve multiple drugs. Naloxone will not cause any harm in the case of a nonopioid overdose or other medical problem. If the first dose of naloxone doesn't bring back breathing and alertness within a few minutes, give a second dose. For videos on how to give naloxone, visit ERnaloxone.org.

2. Call 911.

Call 911, even if the patient begins to wake up, and follow the operator's instructions. **You may be instructed to perform CPR or rescue breathing** if the victim remains unconscious.

3. Stay with the patient.

The victim should be placed in the recovery position once they have begun breathing on their own. Even after waking up, some patients may not realize that they have overdosed. It is important to calmly explain what happened, and stay with the victim until emergency medical help arrives. When revived, some victims may be agitated and suffering from withdrawal symptoms. It is important to know that naloxone wears off within 30 to 90 minutes, and victims can slip back into overdose. **Always seek help in the emergency department, even if the patient appears to be feeling better.**

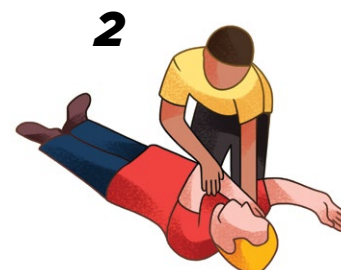
4. After an Overdose

The time following an overdose may present an opportunity to consider treatment. Your emergency department team can connect you with people who can help. Visit drugfree.org for more information.

RECOVERY POSITION STEPS



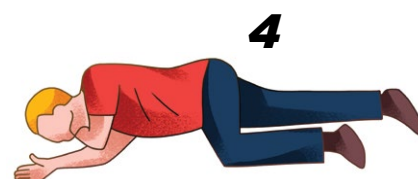
1
Lay the victim on his back, placing the right hand next to the head.



2
Place the left hand on the right cheek.



3
Hold the left shoulder and left leg, and pull the victim's body toward you, rolling him onto his side.



4
Rest the victim as show, and move the head backward slightly.

FINDING HELP

OUD is a chronic yet treatable disease. Medication-assisted treatment with buprenorphine, methadone, or naltrexone can help by stabilizing the brain's chemistry. **Abstinence and detox do not work and can increase the risk of overdose.** More than 95% of those who try to stop using opioids on their own will fail.

If you or someone you care about would like help for an OUD, we encourage you to call the Substance Abuse and Mental Health Services Administration (SAMHSA) national helpline: **1-800-662-HELP (4357)**. This free, confidential service provides 24-hour-a-day, 365-day-a-year support for individuals and families struggling with substance use disorders.

FOR MORE INFORMATION ABOUT NALOXONE AND OPIOID OVERDOSE

If you would like more information about naloxone and opioid safety, please visit ERnaloxone.org. In addition, **OpiRescue** is a free smartphone application that can direct you to nearby pharmacies that stock naloxone; it can also guide you through a naloxone rescue in the event of an overdose.