RESPONDING TO AN OVERDOSE

What do I do if someone is overdosing?

Try to wake them

Try to wake the person by yelling their name, and rubbing your knuckles hard across their chest bone (sternum).

Give the address or location and say “someone is not breathing!”

If you can't stay, put them in the recovery position and make sure they can be found.

Give Naloxone

Inject one dose of naloxone (one vial) into the muscle in their shoulder or upper leg.

Repeat in 3 minutes if person does not wake up.

Rescue Breaths

Lift chin, tilt head back, pinch nose.

Give 1 slow breath every 5 seconds.

Keep doing rescue breaths until the person wakes up or help arrives. Naloxone wears off in 30-90 minute, so make sure they don't OD again!

What are the signs of an overdose?

Overdosing can happen really fast or take a few hours. A person who is overdosing might start to nod out. Their breathing slows. Eventually they go fully out and won't wake up.

Look out for these signs:

- Slow or no breathing
- Won't wake up
- Blue lips or fingertips
- Gurgling, gasping, or snoring

What can cause an overdose?

Using again after your tolerance has dropped (like after detox, hospital, jail, or treatment). Always start at a lower dose.

Heroin that is higher purity than you are used to. You can’t tell how strong heroin is by how it looks or cooks down.

Mixing opioids with benzos, alcohol, speed or cocaine.

Using opiate pain meds more often or at higher doses than prescribed for you.

Using someone else’s opiate pain meds.

Using alone. You are more likely to die if no one is there to help you.

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Naloxone is that stuff that you stick through the heart, like in that movie Pulp Fiction, right?

No, while naloxone does have an injectable form, it is never injected into the heart. The injectable form of naloxone is injected either intravenously or intramuscularly. However, the dramatic difference between the character overdosing and the character after receiving the medicine that is depicted in the film is a possible scenario with naloxone.

Hey, isn’t there naloxone in Suboxone? What’s up with that?

Buprenorphine (brand name Suboxone) diminishes cravings for opioids such as heroin, while naloxone (naloxone) counters “potential abuse” (meaning: injecting) of Suboxone. If the Suboxone is taken under the tongue, naloxone will not get absorbed into the body. If Suboxone is injected, the naloxone will be used to the opioid receptors, delaying and lessening the high.

OK, so there IS naloxone in Suboxone... will Suboxone work for an OD?

Using buprenorphine to reverse an overdose is not something that has been scientifically studied. However, there are reports of this working. This is probably because the buprenorphine has a stronger affinity or attraction to the opioid receptors than heroin or other opioids, so it displaces the opioids. The reason Suboxone may reverse an overdose is probably not because of the naloxone in it—it is a very small amount—and it is most likely the buprenorphine that causes the person to wake up. Remember: during an overdose it is all about time and oxygen. Anything that is done to reverse an overdose should not sacrifice time or oxygen. Preparing a Suboxone to inject takes precious time, and waiting for the pill to dissolve in the mouth takes even longer.

What if the person is not even overdosing and I give them naloxone? Will it hurt them?

Naloxone has no effect on someone who has no opioids in their system. It will not help anyone who is not in an OD, but it will not hurt them either, unless it means wasting time or delaying getting access to emergency medical services.

Can someone overdose on naloxone or what if I give too much naloxone?

It is not possible to give so much naloxone so as to harm a person. However, if a person is dependent on opioids (including people without substance use disorders, but on chronic pain medication) or has a habit, the more naloxone they get, the more uncomfortable they will be because of withdrawal symptoms. Vomiting is a possibility—be sure they don’t aspirate (inhale) the vomit— that is very dangerous. If the person gets too much naloxone, try to explain to them that the withdrawals or dopesickness will fade in a half hour or so.

Will naloxone work on an alcohol OD?

Naloxone will not work on an alcohol overdose, only opioid overdoses. If it is an alcohol overdose that also involves opioids, it might help by dealing with the opioid part of the OD.

What if it is a crack/coke OD?

Naloxone will not work on a cocaine overdose, only opioid overdoses. If it is a cocaine overdose that also involves opioids, it might help by dealing with the opioid part of the OD. Cocaine overdoses are dangerous because they are not dose-dependent and they are a complicated medical emergency—call 911.

Will hitting someone bring them out of an OD?

You really do not want to kick, slap, punch, drag anyone...you might hurt them. The sternal rub basically does the same thing as hitting, but we want to cause pain but without causing harm. If someone doesn’t respond to a sternal rub, move on! Call 911, do rescue breathing and give naloxone.

What about ice or cold showers?

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Can I give them a shot of coke or speed OR does speedballing balance you out?

No—speedballing does not cancel out OD risk—it actually increases risk, especially cocaine which can also numb the urge to breathe. Speedballing is any combination of a stimulant (upper) and a depressant (downer) taken together, especially a mixture of heroin and cocaine, or heroin and methamphetamine injected into the bloodstream. Stimulants actually constrict blood vessels, and cause the heart to beat faster, which can depletes the body of much-needed oxygen, which makes the overdose worse. The more different drugs someone’s body has to process, the harder it is on their body. People who speedball usually use much more frequently that people who use only heroin, this increases OD risk.

What about salt shots?

The salt shot causes pain (1. the injection & 2. saltwater will sting/burn) so if the person CAN respond to pain, they WILL. Fixing a salt shot wastes precious time that could be spent on calling 911, rescue breathing & giving naloxone. While salt shots may have appeared to have worked sometimes, they could also cause damage. Naloxone is a safer alternative.

What role does your liver play in an overdose?

The liver processes all drugs in a person’s body. If the liver is damaged or not functioning properly, it could cause a back-up of drugs in the body, causing an OD. A person whose liver isn’t functioning properly could have a longer overdose in addition to more frequent overdoses.

What’s the deal with Fentanyl and ODs?

Fentanyl is an extremely concentrated/potent opioid. Some heroin dealers mix Fentanyl powder with larger amounts of heroin in order to increase potency or compensate for low-quality heroin. If it is not well mixed a small bit of highly potent Fentanyl could cause an OD in a user that is expecting just heroin. Fentanyl patches can also be used by either slapping them on the skin to get the time released medication, and then using other drugs on top of that, or by placing the patch inside the cheek, which allows the medication to release quicker, or by shooting or snorting the gel inside the patch (a bit of a process to get it into injectable form, but it can be done!). Very risky in terms of overdose, Fentanyl is extremely potent and short-acting and can flood the receptors in the brain very quickly. Fentanyl is designed to treat pain for people who are already dependent on opioids for pain management, so it is designed to be very strong to handle the pain someone experiences despite already taking sometimes high doses of opioids.

For more overdose FAQs go to: http://harmreduction.org/issues/overdose-prevention/overview/overdose-faqs/

OVERDOSE FAQS
From the Harm Reduction Coalition

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