

Opioid Overdose Prevention and Reversing an Overdose with Naloxone

What are opioids?

Opioids are a type of medicine used to treat pain, cough, and addiction. Opioids can also be non-prescribed substances like heroin.

Common opioid medicines:

- codeine (Tylenol #3®)
- fentanyl (Actiq®)
- hydrocodone (Vicodin®)
- hydromorphone (Dilaudid®)
- methadone (Methadose®)
- morphine (MS Contin®)
- oxycodone (Percocet®)

SAFER USE OF OPIOIDS

ANY OPIOID

- There is no safe dose of opioids.
- Naturally found opioids have the same risks as those made in a lab.
- Go slow! If you have not used opioids in a few days, your usual dose may cause an overdose.
- Wait! If you use an opioid, wait long enough to feel the effects before taking more.
- Many who overdose do so when using opioids alone. Tell someone so they can check on you.
- **Mixing opioids with alcohol and other substances can cause an overdose.**
- **Naloxone is a medicine that can reverse the effects of an opioid overdose.**

PRESCRIBED OPIOIDS

- Know the name of the opioid, strength, and amount taken each day.
- Take prescribed medicines exactly as instructed by your healthcare provider. Do not stop opioids abruptly since this can cause withdrawal.
- Review the booklet *Safe and Responsible Use of Opioids* with your healthcare provider. Download using the QR code at the right.



NON-PRESCRIBED OPIOIDS

- If you choose to use, go slow!
- Even a few days off opioids could make you more sensitive to them.
- Reduce your dose to half or less after any period of not using (even a couple of days).



WATCH OUT!

Some opioids, like fentanyl and carfentanil, are very powerful. **Even a very small amount can be deadly.** Opioid tablets purchased online or from non-healthcare sources are commonly mixed with fentanyl. Cocaine and methamphetamine can also contain deadly amounts of fentanyl or carfentanil.



Download a handout on fentanyl and carfentanil using this QR code.

Lethal opioid doses		
Opioid	Strength compared to morphine	Lethal dose
morphine	1x	1 pea
heroin	2x	1 sunflower seed
fentanyl	100x	1 sesame seed
carfentanil	10,000x	< ½ grain of salt

Source: <https://www.clearvuehealth.com/sufentanil>

Opioid overdose:



- Opioid overdose occurs when a person takes more opioids than the body can handle. The person may pass out and have difficulty breathing or slow breathing. In some cases the person may die.
- **Do not use opioids alone.** Tell your family, friends, and others how to recognize an overdose.
- Do not share your opioids with another person. The amount you take may be too much for a person who is not regularly taking opioids.

Things that put you at higher risk for an accidental overdose:

- **Loss of tolerance:** If you stop taking opioids, even for a few days (like during a hospital stay), you may lose your tolerance. This means that the dose you took before could be too much and lead to an overdose.
- **Medical conditions:**
 - Sleep apnea
 - Reduced liver or kidney function
 - Advanced AIDS
 - Smoking cigarettes and cannabis
 - Chronic obstructive pulmonary disease (COPD) or other lung problems
- **Older age:** As a person gets older, they do not process medicines as well and many need lower doses.



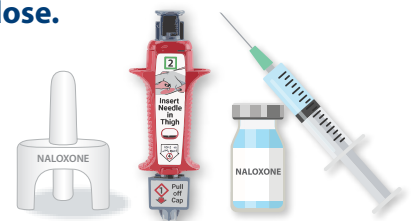
Mixing opioids with other substances puts you at higher risk for an accidental overdose. Avoid mixing opioids with:

- Alcohol
- Benzodiazepines like alprazolam (Xanax®), clonazepam (Klonopin®), or lorazepam (Ativan®). Only take if directed by your healthcare provider.
- Sleep medicines such as zolpidem (Ambien®), muscle relaxants like cyclobenzaprine (Flexeril®), some antidepressants, and nerve pain medicines like gabapentin and pregabalin (Lyrica®).
- Ask your healthcare provider or pharmacist if you have questions.

Ask a VA clinician if naloxone is right for you

Naloxone is a medicine that can temporarily reverse an opioid overdose.

- Opioid overdose can happen quickly. Make sure your family and friends know how and when to use naloxone and where you store it.
- Naloxone is not a substitute for safe use of opioids.
- Naloxone is available as an easy to use nasal spray. There is an intramuscular injection available if you are unable to use the nasal spray.
- Check the expiration date of your naloxone every year. Ask for a renewal before it expires.



Dispose of opioids to keep others safe



Prescribed medicine disposal:

- If you have prescribed opioids left over, ask your pharmacy for safe disposal instructions.
- Contact the VA Pharmacy to request medical disposal envelopes or to find the nearest location where you can bring your medicines for disposal.



Non-prescribed medicine/illicit substance disposal:

- Sharps containers may be available from the VA Pharmacy to safely dispose of syringes.
- Substances, cookers, spoons, and pipes can be placed in a coffee can, laundry detergent jug, or other heavy plastic container.
 - Crush and dissolve solid substances in a liquid. Add to the container.
 - Place sharp objects like broken glass or syringes in the container.
 - Add kitty litter, sawdust, dirt, or coffee grounds to the container. Seal container.
 - Destroy any information that may contain your name. Dispose in trash.

Responding to an overdose

Safety check: Look for signs of an overdose



Check

- sleepy
- heavy nodding
- deep sleep
- hard to wake
- vomiting



Listen

- slow or shallow breathing (1 breath every 5 seconds)
- snoring
- raspy, gurgling, or choking sounds



Look

- bluish or grayish:
- lips
 - fingernails
 - skin



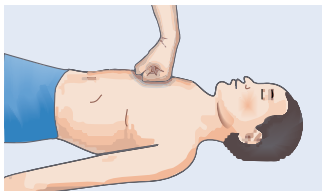
Touch

- clammy sweaty skin



If the person responds to the initial safety check, continue to monitor them. Some opioids can take longer to take effect. Stay with the person until help arrives. If they do not respond then follow the steps below:

1 Check for a response



- Give the person a light shake. Yell their name. Firmly rub their sternum (bone in center of chest where ribs connect) with knuckles and your hand in a fist.
- If no response, continue to Step 2.

2 Shout for help, call 911, and get naloxone



- Shout for nearby help.
- Call 911 or if someone else is around, have them call 911.
- Give your address and location. Say the person is not responding.
- Get naloxone.
- If available, get an automatic external defibrillator (AED).



3 Check for breathing



Look at the chest to see if it rises and falls. Check mouth to make sure airway is clear. **The person is not breathing normally if:**

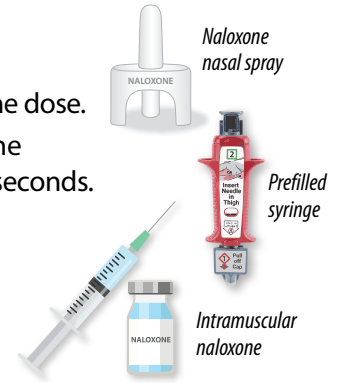
- the chest does not rise or fall.
- you see slow or shallow breathing. This means about 1 breath every 5 seconds or longer.
- you hear snoring, raspy, gurgling, or choking sounds.



If the person is **NOT breathing normally, start life saving treatment:**

Give naloxone and use an AED if available:

- If you have **naloxone nasal spray**, DO NOT PRIME OR TEST the spray device. Gently insert tip of nozzle into one nostril and press the plunger firmly to give the dose.
- If you have the **naloxone prefilled syringe**, remove needle cap and insert the needle into the thigh. Push the plunger all the way until it clicks and hold for 2 seconds.
- If you have **intramuscular naloxone**, insert syringe through rubber plug with vial upside down and pull back on plunger to 1 ml. Inject 1 ml at a 90-degree angle into a large muscle (upper arm, upper leg, or buttocks).



Start chest compressions:

- Place heel of one hand over center of the person's chest (between nipples).
- Place one hand on top of your other hand, keep elbows straight, shoulders directly above hands.
- Use body weight to push down, at least 2 inches, at a rate of 100 to 120 per minute.
- Continue until emergency medical services (EMS) arrives.



Start rescue breathing (if trained in CPR):

- After 30 chest compressions, open airway using the head-tilt, chin lift maneuver.
- Put your palm on the person's forehead and gently tilt the head back. Then gently lift the chin forward with the other hand. Give 2 rescue breaths.
- Continue chest compressions and rescue breaths at a rate of 2 breaths for every 30 compressions.



If the person is breathing normally, prevent worsening:

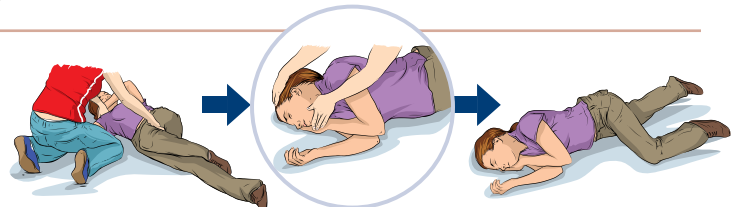
- Tap and shout.
- Reposition into the recovery position.
- If person stops responding, give naloxone.
- Continue to observe until EMS arrives.

4 Consider a second dose of naloxone if:

1. The person does not start breathing in 2 to 3 minutes after the first dose of naloxone.
2. Naloxone may wear off in 30 to 90 minutes. A second dose may be needed if the person stops breathing again. **Stay** with the person until EMS takes over or for at least 90 minutes to make sure the person does not stop breathing again.

5 Place in recovery position

If the person is breathing but unresponsive, put the person on their side to prevent choking if they vomit.



Resources:

VA Substance Use Disorder Program Locator: www.va.gov/directory/guide/SUD.asp

Substance Use Disorder Treatment Locator for Non-Veterans: <https://findtreatment.samhsa.gov>

Never Use Alone Hotline: 1-800-484-3731, www.neverusealone.com

Syringe Service Programs: www.hiv.va.gov/patient/ssp.asp

Help is available anytime

**Local Emergency Services: 911 • National Poison Hotline: 1-800-222-1222
Veterans Crisis Line: 1-800-273-TALK (8255), or text-838255**