

What are Opioids?

Opioids are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person's normal breathing function.

Opioid harms

- Taking too much opioids can make a person pass out, stop breathing and die.
- Opioids can be addicting and abused.
- Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
- If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
- An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

Share this brochure with a friend or family member.



www.va.gov

Safe Use of Opioids

Safe use of opioids prevents opioid harms from happening to not only you, but also to family, friends and the public.

To use opioids safely

- Know what you're taking (e.g., color/shape/size/name of medication)
- Take your opioid medication exactly as directed
- Review the booklet [*Taking Opioids Responsibly for Your Safety and the Safety of Others*](#) with your provider
- DON'T mix your opioids with:
 - » Alcohol
 - » Benzodiazepines (*Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium*) unless directed by your provider
 - » Medicines that make you sleepy

Ask a VA clinician if naloxone is right for you

Important considerations:

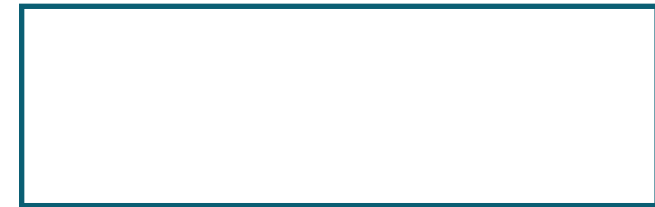
- Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.
- During an overdose the user cannot react, so someone else needs to give naloxone.
- Encourage family and significant others to learn how to use naloxone (see "Overdose Resources" section).
- If you have naloxone, tell family and significant others where you keep it.
- Store naloxone at room temperature (59° to 77° F), away from light. Avoid extremes of heat or cold (e.g., do not freeze).

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Resources



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

Taking Opioids Responsibly for Your Safety and the Safety of Others

- http://www.ethics.va.gov/docs/policy/Taking_Opioids_Responsibly_2013528.pdf

VA Substance Use Disorder Treatment Locator

- www2.va.gov/directory/guide/SUD.asp

VA Posttraumatic Stress Disorder (PTSD) Treatment Locator

- www.va.gov/directory/guide/PTSD.asp

"How To" VA Naloxone Video

- VA Naloxone Nasal Spray:
<https://youtu.be/0w-us7fQE3s>
- VA Auto-Injector Naloxone Kit:
<https://youtu.be/-DQBCnrAPBY>

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Employee Education System

Opioid Overdose

Responding to an Overdose

► **Opioid overdose** occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., *respiratory depression*).

» Overdose can occur seconds to hours after taking opioids and can cause death

► Signs of an Overdose*

Check: Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

Listen: Slow or shallow breathing (1 breath every 5 seconds); snoring; raspy, gurgling, or choking sounds

Look: Bluish or grayish lips, fingernails, or skin

Touch: Clammy, sweaty skin

• If the person shows signs of an overdose, see next section “Responding to an Overdose”

* Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

► Overdose Resources

SAMHSA Opioid Overdose Prevention Toolkit

Contains safety advice for patients and resources for family members

- <http://store.samhsa.gov/product/Opioid-Prevention-Toolkit/SMA13-4742>

Community-Based Overdose Prevention and Naloxone Distribution Program Locator

Identifies programs outside of the VA that distribute naloxone

- <http://hopeandrecovery.org/locations/>

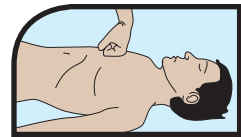
Prescribe to Prevent

Patient resources and videos demonstrating overdose recognition and response, including naloxone administration

- <http://prescribetoprevent.org/video/>

1. Check For A Response

- Lightly shake person, yell person’s name, firmly rub person’s sternum (*bone in center of chest where ribs connect*) with knuckles, hand in a fist
- If person does not respond—**Give Naloxone, Call 911**



Rub Sternum

2. Give Naloxone, Call 911

- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the tip of the nozzle into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull device from case and follow voice instructions.
- When calling 911, give address and say the person is not breathing.



Nasal Spray
(4 mg)



OR

Auto-injector

3. Airway Open

Rescue Breathing (if overdose is witnessed)

- Place face shield (*optional*)
- Tilt head back, lift chin, pinch nose
- Give 1 breath every 5 seconds
- Chest should rise

Chest Compressions (if collapse is unwitnessed)

- Place heel of one hand over center of person’s chest (*between nipples*)
- Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
- Place face shield (*optional*)
- Give 2 breaths for every 30 compressions



Rescue Breathing
(if overdose is witnessed)



OR

Chest Compressions
(if collapse is unwitnessed)

4. Consider Naloxone Again

- If person doesn’t start breathing in 2-3 minutes, or responds to the first dose of naloxone and then stops breathing again, give second dose of naloxone
- Because naloxone wears off in 30 to 90 minutes be sure to stay with the person until emergency medical staff take over or for at least 90 minutes in case the person stops breathing again



5. Recovery Position

- If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits

