

OVERDOSE RISK FACTORS AND PREVENTION

Opioids include heroin as well as prescription medications used to treat pain such as morphine; codeine; methadone; oxycodone (Oxycontin, Percodan, and Percocet); hydrocodone (Vicodin, Lortab, and Norco); fentanyl (Duragesic and 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, take only as directed.

TOLERANCE

Tolerance is your body's ability to process a drug. Tolerance changes over time so 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 off.
- 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 911
IMMEDIATELY**

Per Alabama Code § 20-2-280, an individual who, in good faith believes that another individual is experiencing an opioid overdose and exercises reasonable care in administering naloxone, is immune from any civil or criminal liability for actions authorized by this law.



OPIOID
CRISIS IN ALABAMA

**OPIOID OVERDOSE
RECOGNITION AND
RESPONSE GUIDE**

HELP IS AVAILABLE!
Contact the **HELPLINE** for
free treatment options.

ALL CALLS ARE CONFIDENTIAL

1-844-307-1760

Made possible through funding from
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Mental Health Services Administration



alabamapublichealth.gov
mh.alabama.gov

WHAT IS NALOXONE?

Naloxone (such as NARCAN® Nasal Spray and EVZIO® Auto-Injector) 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 a nasal spray or as an injection into a muscle. 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 direct light. The shelf life of naloxone is 1 to 2 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 911. 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 1 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 does not 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 regain consciousness.

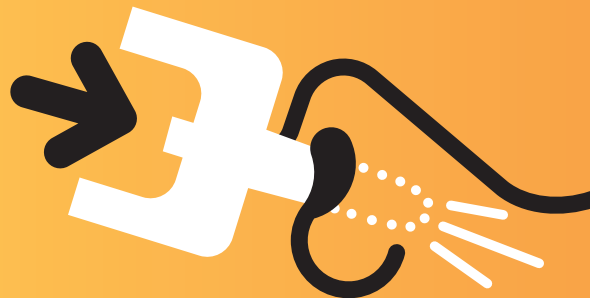
KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY:



PEEL: Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.



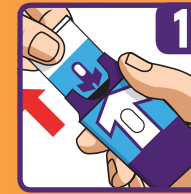
PLACE: Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



PRESS: Press the plunger firmly to release the dose into the patient's nose.

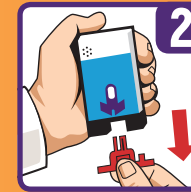
Additional information available at www.narcan.com

EVZIO® DIRECTIONS



Pull EVZIO from the outer case.

Do not go to Step 2 (Do not remove the **red** safety guard) until you are ready to use EVZIO. **If you are not ready to use EVZIO, put it back in the outer case for later use.**



Pull off the **red** safety guard.

To reduce the chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The **red** safety guard is made to fit tightly. **Pull firmly to remove. Do not replace the red safety guard after it is removed.**



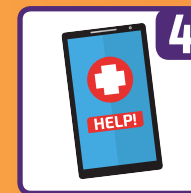
Place the **black** end of EVZIO against the outer thigh, through clothing, if needed.

Press firmly and hold in place for 5 seconds. If you give EVZIO to an infant less than 1 year old, pinch the middle of the outer thigh before you give EVZIO and continue to pinch while you give EVZIO.



Note: EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and

means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.



After using EVZIO, get emergency

medical help right away. If symptoms return after an injection with EVZIO, an additional injection using another EVZIO may be needed. Give additional injections using a new EVZIO auto-injector every 2 to 3 minutes and continue to closely

watch the person until emergency help is received. **EVZIO does not take the place of emergency medical care.**

EVZIO cannot be reused. After use, place the auto-injector back into its outer case. Do not replace the **red** safety guard.

Additional information available at www.evzio.com