

OVERDOSE RISK FACTORS & PREVENTION

Opioids include heroin as well as prescription medications used to treat pain such as morphine, codeine, oxycodone, hydrocodone, fentanyl, and others. 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 on someone's ability to breathe. **Avoid mixing opioids with other drugs or alcohol. If a doctor prescribes an opioid and a benzodiazepine, take only as directed.**

Tolerance

Your body's ability to process a drug is called tolerance, which changes over time. You may need more of a drug to feel its effects. When someone stops using opioids then starts 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 impair your ability to breathe, asthma or other breathing problems put you 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 non-fatal 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, ashy and clammy**
- **Blue lips**, fingernails or toenails
- **Pulse** is slow, erratic or undetectable
- **Snoring or gurgling noises** while asleep or nodding out
- **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**

For patient education, videos and additional materials, please visit

<https://hhs.iowa.gov/mat>

Iowa
HHS

hhs.iowa.gov/substance-abuse
SAMHSA National Helpline
1-800-662-4357 or
1-800-487-4889
(TDD—for hearing impaired)



Opioid Overdose Recognition and Response



STATE OF IOWA DEPARTMENT OF
Health AND Human
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HOW TO GIVE NALOXONE

WHAT IS NALOXONE?

Naloxone (such as Narcan®) is a prescription medication that can reverse an opioid overdose. When given during an overdose, naloxone restores breathing by blocking the effects to the brain. It can be given as an injection into a muscle or as a nasal spray.

Naloxone has no potential for abuse. If given to a person not experiencing an opioid overdose, side effects are rare. If naloxone is given during an opioid overdose, it can produce withdrawal symptoms. Naloxone does not reverse overdoses that are caused by non-opioid drugs.

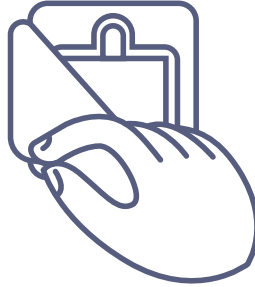
Naloxone should be stored at room temperature and away from light. The shelf life of naloxone is one to two years.

How to respond to an overdose

- 1. Try to wake the person** by yelling their name and rubbing the middle of their chest with your knuckles (sternum rub).
- 2. Call 9-1-1.** 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 blocking the person's airway and mouth.** 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 one 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 doesn't respond after 3 minutes, an additional dose of naloxone should be used.**
- 7. After giving them naloxone,** the person may be disoriented or possibly combative as they gain consciousness.

NASAL SPRAY

Peel



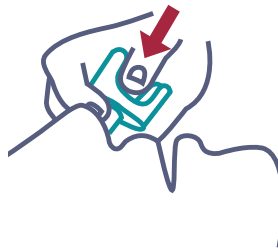
Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle.

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.

Iowa's Good Samaritan Law encourages those who witness a drug overdose to stay and call 911, rather than running out of fear of prosecution. Generally, overdose witnesses, defined as "overdose reporters" under the law, will not be arrested, charged or prosecuted for possession of a controlled substance, delivery of a controlled substance or possession of drug paraphernalia, and if the person makes a good faith effort to seek medical assistance for an overdose patient.

