

What are Opioids?

Opioids are a type of drug used in many prescription pain medications and illegal drugs such as heroin. They affect all systems of the body including the brain, heart and lungs. Opioids minimize the effects of pain signals sent to the brain.

What are the Risks of Taking Opioids?

Overdose is the most serious risk associated with opioids. **An overdose is life threatening!**

During an overdose, your breathing becomes slow and shallow, causing you to pass out, stop breathing and die. The effects of an overdose can happen immediately or hours after taking your medication. An overdose occurs when you take more opioids than your body can handle.

Unfortunately, you can develop a tolerance to opioids with daily use. Tolerance is when your medication no longer gives you the desired effect. If this happens, your doctor may prescribe a larger dose.

If you stop taking opioids and need to use them again in the future, you cannot take them at the same dose you took when you used them before.

Restarting an opioid at a previously prescribed amount could cause an overdose!

Taking opioids can also lead to addiction and dependence. **Opioids are not recommended for long-term use. Talk to your doctor about other options for pain management.**

Why Do I Need Naloxone?

Just like people with asthma carry an inhaler, patients taking opioids need to carry naloxone.

In the event of an overdose, naloxone will temporarily restore your breathing. Because you pass out during an overdose, someone else will need to administer this medication. **Be sure to tell family and friends where you keep your naloxone, and teach them how to use it.**

Naloxone causes symptoms of opioid withdrawal which may include irritability, nausea, vomiting, diarrhea, trembling and cramps. Medical care after use can address these symptoms. **Pregnant or nursing women should discuss the risks of opioids and naloxone-triggered withdrawal in their infant with their obstetrician.**

Store naloxone at room temperature. Keep it away from heat, cold and light, or it may lose its effectiveness.

If your naloxone is used, contact your doctor as soon as possible to request a replacement.

Opioid Medication Safety

- Know the name, strength, directions and reason why you are taking an opioid.
- Take your medication **EXACTLY** as directed.
- Safely store your medication. You can save lives by making sure others including children and pets cannot access your opioids.
- Properly discard your medication by bringing unused opioids back to the pharmacy.
- **DO NOT** share your medication with others, as they could experience a deadly overdose.

DO NOT Mix Opioids With:

- Alcohol
- Benzodiazepines such as Xanax®, Ativan®, Klonopin®, Valium® (unless directed by your doctor)
- Medicines that make you sleepy (including over-the-counter drugs)
- Any illegal or “street” drugs

Other medications, drugs, alcohol and illness can increase the effects of opioids which can lead to dangerous, even deadly, consequences.

Fast Facts

- Just like people with asthma carry an inhaler, patients taking opioids need to carry naloxone.
- Each day, more than 1,000 people are treated in emergency departments for not using prescription opioids as directed.
- Every year, more people die from opioid overdoses than from car accidents.
- Almost half a million people have died from prescription opioid overdoses since the year 2000.
- Most people who die from opioid overdoses are taking opioids for a legitimate medical purpose.

Important Contact Information

Local Emergency Services: 911

National Poison Hotline:
1-800-222-1222

Addiction Treatment Services:
(301) 400-1298

Suicide Prevention Lifeline:
1-800-273-8255

suicidepreventionlifeline.org (for live chat)

Additional Resources



Taking Opioids Responsibly for Your Safety and the Safety of Others
www.healthquality.va.gov/guidelines/Pain/cot/OpioidTherapyforChronicPainPatient-Tool20May2013print.pdf



Important Naloxone Information
www.narcannasalspray.com



Opioid Safety

The U.S. is experiencing a crisis in the number of deaths caused by opioids. This brochure will help you understand the risks associated with taking your opioid medication.

For Family, Friends and Caretakers

Please go over this information with anyone who may be in a position to respond to an overdose.

Signs of an Overdose

- Unusual sleepiness or difficulty staying awake
- Cannot be awakened, even with sternal rub (see below for more information)
- Slow, shallow or irregular breathing
- Choking, gurgling, gasping or snoring sounds
- Bluish or grayish lips, fingernails or skin
- Small, pinpoint pupils
- Cool, clammy skin

Responding to an Overdose

An overdose interrupts the patient's breathing and causes him or her to pass out. Below are the steps you will need to care for the patient.

1. Check for a Response

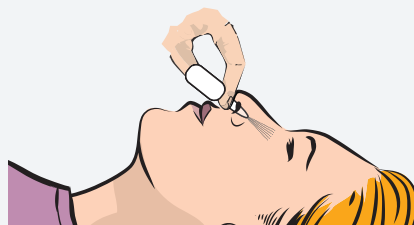
- Lightly shake the patient and yell his or her name.
- If there is no response, firmly rub the patient's sternum with the knuckles of your fist (sternal rub).

The sternum is the bone in the center of the chest where the ribs connect.

2. Give Naloxone

If using the Nasal Spray:

Place the tip of the nozzle in one of the patient's nostrils until your fingers touch the bottom of his or her nose. Press the plunger firmly to release a FULL dose into the patient's nose.



If using the Auto-injector:

Pull the device from its case and follow the voice instructions.



Auto-injector

The patient's naloxone is stored here:

Note: The goal of naloxone is to restore regular breathing, not to completely wake the patient.

3. Call 911

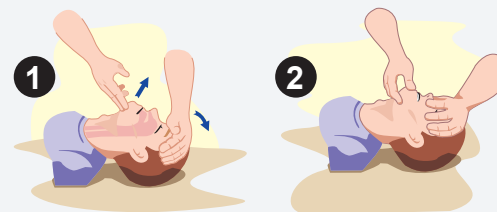
If you are by yourself, try using speakerphone so you can continue caring for the patient.



4. Care for Patient

If You Saw The Patient Pass Out: Provide Rescue Breathing

- Tilt head back, lift chin, pinch nose.



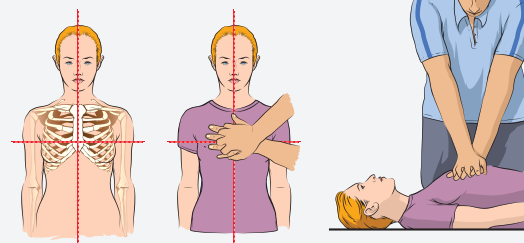
- Give 1 breath every 5 seconds.



Chest should rise and fall with each breath.

If You Did Not See The Patient Pass Out: Perform CPR

- Place heel of one hand over center of the patient's chest (between nipples).
- Place other hand on top of first hand; keep elbows straight and shoulders above hands.
- Use body weight to push straight down, at least 2 1/2 inches, at rate of 100-120 compressions per minute.
- Give 2 breaths for every 30 compressions.



5. Consider Giving Naloxone Again

If the patient is not breathing at this point (2-3 minutes after first dose) or responds to the first dose but stops breathing again, give the second dose of naloxone. *Naloxone wears off after 30 to 90 minutes.*

6. Place Patient in Recovery Position

If the patient is breathing but unresponsive, put the patient on his or her side to prevent choking in case of vomiting. *Stay with the patient until emergency medical staff takes over.*

