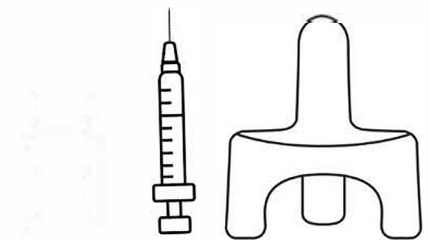


# NALOXONE & NARCAN



## OVERDOSE

- Assume any rock, powder, or pill is cut with fentanyl or other strong opioid analogs
- If you're looking fentanyl—or if you aren't – follow these steps
- Use a small amount every time—fentanyl and other cuts can be mixed unevenly in the same bag
- Keep your naloxone out and obvious and let someone know that you're using if you can
- Naloxone wears off after 30–90 minutes, which means you can fall out again

### Fentanyl is a powerful opioid

- Fentanyl is a very strong opioid about 50x more potent than heroin
- It has been found in drugs that were not expected to contain an opioid
- Naloxone works on opioids = naloxone works on fentanyl, though some people have reported needing more doses to reverse a fentanyl overdose.



### What is an opioid

- Some examples of opioids are tar or powder heroin, fentanyl, methadone, Percocet, Vicodin, morphine, oxycodone, hydrocodone, codeine
- Opioids slow down the central nervous system (which is why they're called "depressants"), **including your breathing**
- When using opioids (intentionally or unintentionally), all modes of consumption can result in overdose. Always test your dose and go

slow, especially when trying a different route of administration, because you might feel effects faster



### Signs of a fentanyl-related overdose

- A “wooden chest” when the chest pops out and is rock hard to the touch, test, rub center of chest with your knuckles
- A “standing seizure” when the person’s chest puffs up and freezes and they could be shaking fast
- If they were sitting down, their chin drops down tight and their arms bend up from the elbow with wrists flexed down

### When responding to a fentanyl-related overdose

- Respond like you would another overdose
  - Give them one dose of naloxone
  - Breathe from them (by mouth) FULL 2 MIN
- If they don’t show signs of waking up
  - Give another dose of naloxone
  - Breath for them FULL 2 MIN
- If they don’t show signs of waking up, give another dose of naloxone
- Keep this pattern until the person wakes up or the EMT’s arrive
- Avoid giving them multiple doses at once
  - It doesn’t help
  - The naloxone needs at least 2-min to “take”
  - Never give naloxone to someone who is conscious
  - Only give naloxone to someone who is unconscious and nonresponsive (try rubbing your knuckles along their sternum or on the top lip against their teeth to get a response)

## **OPIOID OVERDOSE**

### Health Messages for People Who are Experienced with Opioid Use

- Treat each bag and street pill like it has been cut with fentanyl
- Use a small amount every time
- Keep your naloxone out and obvious
- Naloxone wears off after 30–90 minutes which means you can fall out again

### An opioid overdose can occur:

- After too much of an opioid, intentionally or unintentionally
- After too many drugs in addition to the opioid (some drugs interact and create stronger effects, increasing the risk of overdose)
- The result is “too much” for the person whether by one drug or more than one
- Unintentional overdose can happen by any route of administration (swallowing a pill, injecting a liquified drug, or smoking tar, powder, or rock, for example)

Someone overdosing from opioids will show at least one of these signs.

Remember to never give naloxone to someone who is still responsive.

1. Shallow breathing or no breathing
  - They might make a deep throat snore with a choking sound

2. Discolored mouth, lips, or fingertips, nail beds: blue, purple, silver grey
  - Lighter skin > blue
  - Darker skin > silver tint, ashen grey
  - Some people turn purple
3. Person is non-responsive—they are unconscious
  - They won't wake up when you call their name, touch their shoulder, or after doing a sternum rub

### Responding to an opioid overdose

#### For overdose response:

- You can try talking loudly or yelling "Hello!" in their ears
- Double-check w. a sternal rub
  - Make a fist
  - Put knuckles down in middle of their chest (the sternum) and
  - Rub down *hard*
  - If you can't sternal rub, try shaking their knee or tugging their ear lobe. You can also rub your knuckles along their top lip and press against their teeth
- If they don't respond to stimulation, then respond as-if they are having an opioid overdose (naloxone won't work on any other drugs in their system, but it will help take opioids out of the mix.)
  1. Use the naloxone (either by nasal or injection spray)
  2. Breathe for the person for 2 full minutes between each dose of Narcan
    - Put your mouth on theirs and breathe every 5 seconds

3. If you're not sure it's an overdose, call 911 if you can—if you're unsure it's some kind of medical emergency and they probably need more help than you can give

### No matter what drug you're using

- Use less
- Go slow, do a tester shot when you can
- Try not to use alone
- Make your Narcan obvious to find
- Practice harm reduction strategies as often as you can
- If you have access to fentanyl test strips, think of them like a helpful tool, not a laboratory test. They can help give an idea of what is in your supply and when you should take extra caution to prevent overdose
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### What is naloxone?

- Narcan is naloxone, Narcan is a brand name for the kind that comes in a nasal spray
- Does not get a person "high" and is not addictive
- Is safe—there is no effect on the person if there are no opioids in their system
- Keep out of extreme cold or heat and avoid leaving in direct sunlight
- Stays in the system 30-90 min at that point the "high" will return
- Avoid using again for next three hours to avoid another overdose

- Naloxone can be administered IM, IV, SC = intramuscularly, intravenously, subcutaneously
  - IV is done in a medical setting or by EMT
  - IM method would be using a syringe to pull in the liquid naloxone from a vial or super small bottle
  - IN is the nasal nose spray (intranasal)
- Naloxone does not make you violent
  - If someone regains consciousness and is upset, starts fighting, gets mad—it's not because of the naloxone, it is in response to the environment, how they're treated, and the experience of having an overdose reversed
  - To help alleviate this, everyone but one person should back up when they come to; tell the person what happened; ask if they are okay; and try to keep the scene calm or without loud panic

### Different ways to prevent opioid overdose

- In a group, try to stagger each shot so everyone wouldn't fall out at the same time
  - Taking turns or staggering would give the person at the end a chance to use Narcan if someone overdosed
- Text someone (friend, neighbor) before setting up + ask them to text you back in 15 minutes to check in
- Ask someone to knock on your door or check the tent in X-minutes
- Use a small amount of the drug, every time you pull from the bag
- Assume everything is cut with fentanyl or any synthetic opioids

- If using fentanyl test strips treat them like an “indicator” but not a lab result
- Fentanyl test strips are not 100% accurate but they can give an idea of what’s in the powder/rock/pill
- Unintentional overdose can happen after injecting, snorting, smoking, dripping, or swallowing opioids (or drugs containing opioids), so use the same precautions—start small, go slow, test your dose, have an OD plan—for all mode of use
- If someone has a bag of benzos to sell on the cheap, assume they’re cut with fentanyl
- Put your Narcan out where you prep a shot
  - Make your Narcan so obvious anyone can find it
  - Tell people it’s okay to Narcan you if you don’t wake up
- If mixing drugs, use the opioid first
  - If there is an overdose, then the Narcan would be able to respond to just that one drug in the system
  - If using benzos with opioids, be super mindful about how much you take and when you take it. Benzos mess with short term memory and it’s harder to gauge drug pacing if you can’t remember
  - Write a B on your hand, and keep a tally every time you take a pill or dose to track how much you’ve take
- Use a lot less if using right after getting out of jail, rehab, or somewhere else where you haven’t used in at least a week because your tolerance will be lower



## Risk factors for overdose

### Period of abstinence

- Not using an opioid for a period of time can lower a person's tolerance
- Tolerance can change over a few days
- This includes anyone recently released from jail, or hospital, or just got out of rehab, or is intent on using after they haven't for a while

### Mixing drugs

- Overdose can happen when using too much of one drug or when using multiple substances, because some drugs interact to cause stronger (and sometimes unhealthy) effects
- Mixing drugs can be risky because of bad interactions and overdose, but there are ways to make it safer. People sometimes choose to mix to create different effects or to stretch their supply
- If using opioids, take the opioid first so you can gauge the effects. Try to know what is in all your substances so you're not mixing anything unintentionally. Stay hydrated and try to eat something to line your stomach. Have naloxone handy

## Fentanyl in the drug supply

- There is a chance of fentanyl or other synthetic opioids in any drugs that aren't medical-grade
- Fentanyl can show up even if someone thought they were getting another drug (this happens with opioids like heroin, but can also with stimulants like meth and coke)
- Some people are used to fentanyl and look for it, and some people use it unintentionally. People who don't ordinarily use opioids are very vulnerable to unintentional overdose because they have low tolerance

## Using alone

- Using alone increases your chances of a fatal overdose.
- Naloxone only works when there's someone around who can give it to the person who has overdoses
- The person who is experiencing the overdose is probably not going to Narcan themselves, and not with the IN type
- We tell people try not to use alone but if they do, reasons could include wanting privacy to being ashamed of drug use to not wanting to share their drugs

## **OVERAMPING**

- Overramping (over-amp) is the term to describe what one might consider an “overdose” on stimulants
- Overramping can mean different things to different people.
  1. Could be physical when the body doesn't feel right
  2. Could be psychological, like paranoia, anxiety, or psychosis
  3. Could be a mixture of the two
- Whatever the reason, it can be dangerous and scary to feel overramped

Overramping can happen for a lot of different reasons. The person:

- May have been up for too long
- Their body is worn down
- Is in a weird or uncomfortable environment or with people that are sketching them out
- Did “one hit too many”
- Mixed some other drugs and got in a bad place

Signs of stimulant overramping

- Psychological symptoms of overramping could include:
  - Anxiety/ confusion
  - Agitation
  - Being hyper aware
  - Suspiciousness or paranoid thinking
- Physical symptoms of overramping could include:
  - Nausea/ vomiting
  - Chest pain
  - Racing pulse/fast heart rate

- Shortness of breath
- Faintness
- Feeling hot, sweaty, shaking
- Mix of the two: the mind and body don't feel right at all, physical and psychological symptoms might exacerbate each other

## Responding to someone who is overamped

### Psychological

If you are confident the problem is not medical in nature, but the person is experiencing anxiety or other psychological symptoms of overamping, there are a few things to try:

- Stay calm and try to help the person stay calm
- Drink water or a sports drink, eat some food
- Try to rest quietly or sleep
- Switch how they're doing the stimulant
- Change the environment or the people they're with
- Take deep breaths
- Walking, walking, walking—walk it off
- Get some fresh air

### Physical

Physical symptoms of overamping can lead to serious conditions that may. Need further attention like:

- Overheating
- Stroke
- Seizure
- Heart Attack/cardiac arrest

If you're with someone who's overamping, there are things you can do to reduce the symptoms and keep them from getting worse. But sometimes, people might need more help than you're able to give. If you can call 911, tell the operator it's a medical emergency (you don't have to say it's drug related) and if you think it might be a stroke, seizure, or heart attack. If you can't call 911, try to get someone who can.

## Overheating

- Overheating, or "hyperthermia"
- Hyperthermia might look like their skin is red or dry and hot, swollen mouth or lips. This can be serious and sometimes life-threatening. If you see someone overheating:
  - Is there a place can sit? Keep an eye on them to see if it gets worse
  - Dim lights, less noise
  - Open a window or put on a fan for air. Find a cool place to lower body temperature.
  - Offer water or a sports drink with electrolytes, keep them hydrated
  - Offer a cool wet cloth they can put on their forehead, in their arm pits, behind the knee

## Stroke

For possible stroke, the symptoms can happen quickly:

- Grunting and snorting
- Sudden numbness or weakness of the face, arm, or leg (especially on one side)
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination

- Sudden severe headache with no known cause

## Seizure

What to do if someone has a seizure:

- DO remain calm, be a good observer. Speak calmly and softly to the person
- DO help the person into a lying position and put something soft under the head
- DO remove glasses; loosen ties, collars, and tight clothing
- DO protect the head and body by clearing the area of hard or sharp objects
- Dial 911 if you don't know if this is their first seizure or if it lasts more than a few minutes
- DO NOT put anything into the person's mouth or between their teeth
- DO NOT try to restrain the person. You cannot stop the seizure

## Heart attack/cardiac arrest

Symptoms can range from mild to severe, and they may come and go. Even though a cardiac arrest may be related to drug use it still looks like a cardiac arrest that might not be drug related.

- Uncomfortable pressure, fullness, squeezing, or pain located in the center of the chest
- Discomfort in other areas, such as the neck, arms, jaw, back, or stomach
- Shortness of breath, lightheadedness, nausea, or breaking out in a cold sweat
- Dial 911 if the person has lost consciousness and you notice they are not breathing

