OVERDOSE IDENTIFICATION

WHAT DOES AN OVERDOSE EVEN LOOK LIKE? THIS ZINE WILL HELP YOU IDENTIFY THE SYMPTOMS OF AN OVERDOSE SO YOU CAN ACT QUICKLY.

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Important Note

We live in a post Oxycontin world. The Sackler family profited beyond belief by knowingly marketing their drug as non habit forming. A generation of people slid into addiction due to their actions and we are still feeling the effects of those decisions today.

Fentanyl (an incredibly potent opioid only used in medical situations previously) might not have ever entered the illicit drug supply without the boom in demand post Oxycontin.

This is only one facet of the story of addiction. Before you dismiss or pass judgement on anyone, remember that addiction isn't a choice and it cannot be overcome with pure willpower.

Addiction

Important Note

For people who have a physical dependence on opioids, not taking their substance regularly will put them into withdrawal. Withdrawal symptoms are rarely life-threatening, but are often agonizing to experience. This agony can also put people at higher risk for overdose as they attempt to alleviate their symptoms.

The symptoms of withdrawal include:

- Aches and pain.
- Anxiety.
- Chills and fever.
- Diarrhea.
- Dilated pupils.
- Elevated heart rate and blood pressure.
- Heavy sweating.
- Insomnia.
- Intense desire or craving for opioids or opiates.
- Nausea and vomiting.
- Despondence or Dread.

Withdrawal

History

Some confusion exists within the general public about the distinction between opioids and opiates. The most basic answer is that opiates are refined natural compounds derived from the seeds of the poppy flower and opioids are lab produced compounds that mimic the effects of opiates on the body.

For our purposes there is no real difference except in potential potency (opioids tend to be stronger).

Opiates were used long before the modern era to ease pain and facilitate religious experiences. The history of opiates and opioids is fascinating reading but not something we can cover in depth in this zine.

Opioids/ Opiates

General Info

From the belief that morphine was the 'non-addictive' form of heroin which allowed it to be sold as an over the counter cough medicine, to the marketing of Oxycontin as non-habit-forming leading to the modern opioid crisis, there is a long history of medical professionals or corporations misusing opiates/opioids or misleading the public about their use.

There are safe and effective uses for both opioids and opiates within and outside of the modern medical frameworks. Opioids, for example, are extremely effective at managing pain and can be particularly useful for short term applications like after surgery, or as palliative tools for individuals with painful terminal conditions.

Modern Uses

Symptoms

We are used to seeing diagrams (like the one pictured below) where the individual experiencing an overdose is already unconscious and unable to be woken up but, there are many other signs and symptoms of an overdose.

Many of these symptoms are the same/ similar to normal symptoms of opioid use.

Lets discuss how to tell them apart!

Whats the Difference?

Symptoms

Due to the sedative nature of opioids, individuals who have used a substance will likely slur their speech similarly to someone experiencing extreme tiredness. There may also be a large delay between words or thoughts. This is not necessarily a sign of an overdose.

Overdose Warning: An average dose should not cause a person to be unable to verbally communicate at all. If the person is still awake but unable to express themselves verbally, this is a potential sign of an overdose*.

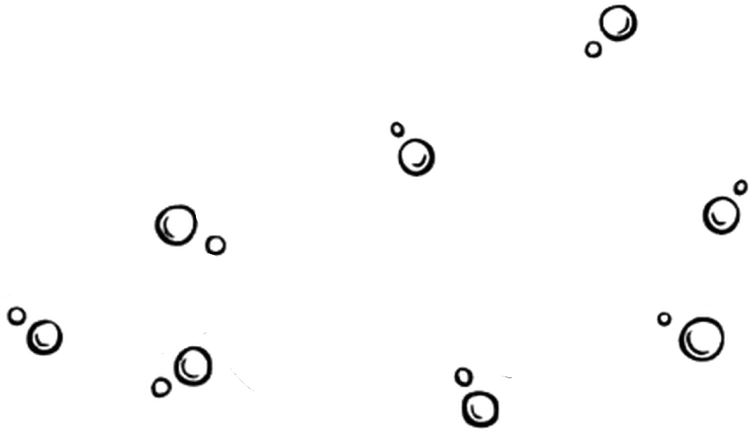
*Xylazine and medetomidine can also cause many of the symptoms listed in this zine! They will be detonated with a ⊕ symbol. Continue to treat it like an opioid overdose even if you know these substances are present.

Slurred Speech/ Inability to Speak ⊕

Symptoms

Along with the slowness or delay in speech, an individual who has taken an opioid may have delays in their movement. Their movement may also be very slow or less controlled than usual.

Overdose Warning: An average dose should not cause a person to be unable to move their bodies if they are awake. This is a sign of an overdose.



Slow Movement/ Limp Body

Symptoms

Opioids block chemicals and processes in the brain that signal wakefulness. Immediately after a dose, an individual will likely feel incredibly drowsy. This is not necessarily a sign of an overdose.

Overdose Warning: An average dose should not cause a person to fall asleep unexpectedly or be unable to be woken up (this is a coma and not a normal sleep experience). This is a sign of an overdose.

Lethargy/Falling Asleep

Symptoms

In some individuals, opioids trigger a 'sampling port' in the brain that detects unsafe substances in the blood and triggers the vomit reflex. For most folk, this stops happening within a couple of weeks of exposure to opioids. If the individual is awake and new/relapsing to using the substance, vomiting is not necessarily a symptom of overdose.

Overdose Warning: If a person is a habitual user a dose should not cause them to vomit. Additionally, vomiting while asleep is life threatening on its own, and may be a sign of an overdose.

Vomiting/Excessive Vomiting

Symptoms

A normal respiration rate for an adult who has not been exercising is 12-20 breaths per minute. The breaths should be easy to take, and shouldn't involve any muscles in the neck or back. They should also be deep breaths that fully fill the lungs. A person who has taken an opioid will likely have breathing at or below 12 breaths per minute with increased shallow breathing.

Overdose Warning: As a person moves into the later stages of overdose their respiration will likely drop below 8 breaths per minute and may stop altogether. If you cannot detect breathing or it seems abnormally slow or shallow, this is a sign of advanced stages of overdose.

Reduced/Slow or No Breathing

Symptoms

People snore for many reasons; but, habitual use of opioids can result in increased snoring due to dehydration and other factors, as well as causing a condition called sleep apnea, where the brain allows a higher build up of CO_2 in the body, then triggers a wake up reflex to force the body to take in more oxygen. This is one reason why habitual users express feeling tired even when they have slept.

Overdose Warning: If you have never heard agonal breathing or a 'death rattle,' we would recommend finding a video or audio clip to ensure you can tell the difference*. This sound is usually the brain's last ditch effort to get oxygen into the body immediately before it stops being able to. This is a sign of advanced stages of overdose.

*Please be careful with yourself, many/most of these types of videos depict deeply tramatic experiences.

Snoring/Agonal Breathing

Symptoms

This sign of overdose has no similar symptom associated with regular use. If you see these symptoms, begin your rescue procedures immediately.

Overdose Warning: A change in skin tone towards a bluish or grayish cast (most commonly seen in the lips and fingernails first) indicates that the person is hypoxic (severely lacking oxygen). In people with light skin tones this usually looks like a blueish tone to their skin and in individuals with darker skin it tends to look grayish. The first sign of hypoxia may also be cold or clammy skin, especially on the face. This is a sign of advanced stages of overdose.

Blueish or Grayish Skin Tone

What Next?

Learning the signs of an overdose and feeling comfortable with administering either nasal Narcan or intramuscular naloxone can save lives.

Carry Naloxone and Know How to Use It!

What Next?

Reading about the signs is an amazing start but please pursue additional opportunities for learning! Repetition and personal experience is the best way to ensure you will know what to do in an emergency.

Many public health agencies, non-profits, and mutual aid organizations run naloxone trainings regularly and can often provide you with free naloxone!

Take an In-Person Class

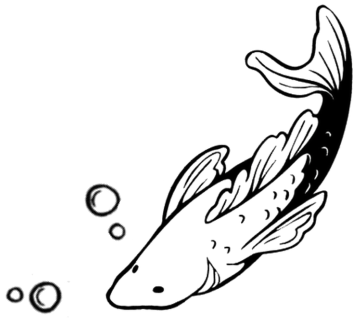
What Next?

Organizations doing the work to educate about, and respond to, opioid emergencies are chronically under-staffed and underfunded.

Find an organization in your area and ask how you can help!

Support Orgs in Your Area

Notes:



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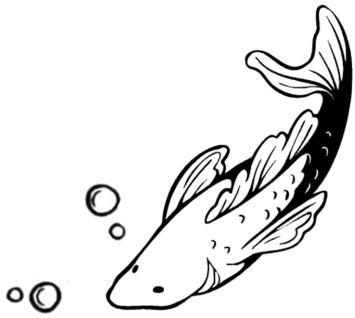

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