OVERDOSE INTERVENTION

OPIOID OVERDOSE PREVENTION AND INTERVENTION IS RELIANT ON QUICK ACTION. THIS ZINE WILL GIVE YOU TOOLS TO TREAT AN OVERDOSE.

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Who?

It is easy to believe that you don't know anyone who might experience an opioid overdose. That the only people at risk are those who know the risks and have intentionally put themselves in a position to overdose. **This is not true!**

It is common to find fentanyl, an incredibly potent synthetic opioid and the leading cause of overdose in the United States, in party drugs like DMT or pressed pills sold as Adderall among other substances. Many people who overdose do not know they have been exposed to an opioid at all.

Overdoses are also common in older adults who may have multiple chronic conditions. Accidental medication interactions or interactions with things like alcohol can make an overdose much more likely.

All of these factors put an incredibly wide range of people at risk of accidental overdose. If you think you don't know someone at risk, **think again.**

Important Note

For people who have a physical dependence on opioids, being given naloxone will put them into withdrawal as the opioids are prevented from binding to the receptors. Withdrawal symptoms are rarely life-threatening, but are often agonizing to experience. **They 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

What Is Happening?

What is actually happening to cause the life threatening effects of an overdose?

Opioids bind to three different receptors in the brain which are responsible for multiple bodily functions including breathing, kidney function and dopamine production.

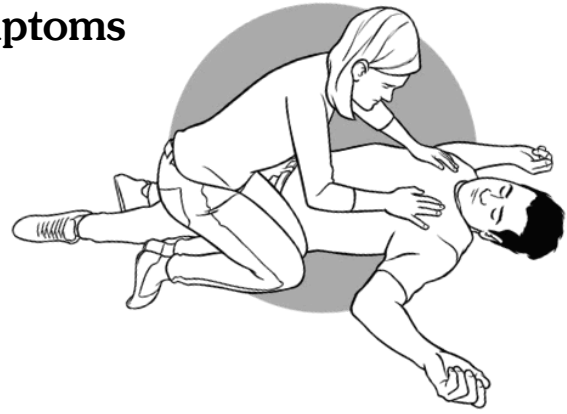
When talking about overdose, the breathing is by far the most pressing concern. When an over abundance of opioids bind to the Mu receptor, it can depress breathing to the point of stopping it entirely. When someone isn't breathing, there is no longer oxygenated blood being provided to their brain. After a short period without oxygen, the brain begins to die which will eventually lead to full brain death.

What Do I Do?

There are many ways to encounter someone experiencing an overdose.

In this zine we are going to focus on what to do if you come across someone who is already unconscious.

Please read our zine (Overdose Identification) that focuses on the earlier signs of an overdose and how to distinguish them from more common symptoms of opioid use.



Unconsciousness

What Do I Do?

So, you have come upon an unconscious person who you believe might be experiencing an opioid overdose.

There are several steps you should take, and things you should check before administering naloxone. All of this should happen in the first 30 seconds - 1 minute.

- **Do they have any friends nearby?**
- **Are you unable to wake them up?**
- **Are they breathing?**
- **Do you or someone near you have naloxone?**
- **Do you have a way of contacting 911?**

As a note: this explainer is framed from a harm reduction and street medicine perspective. We place a high priority on consent that may conflict with what you have heard from other organizations. If anything we say isn't something you are comfortable doing, please do what you are comfortable with!

What Do I Do?

One of the first things to check is if the person you are concerned about is alone. If you aren't sure if the person is experiencing an overdose, you can check with the folk around them. They may be able to tell you if that person has used a substance or if they are simply sleeping.

If you still have concerns, saying something like "Hey, I'm still a little worried that your friend isn't waking up even though we are talking. Is it OK with you if I check on them?" can make interactions much safer for everyone involved.

If you do confirm the person needs intervention, those people can also be a good resource for support in gathering supplies, providing compressions and rescue breaths.

Do They Have Friends Nearby?

What Do I Do?

There are a lot of reasons why someone might be sleeping in public and not all of them are drug related. Begin by speaking to the person kindly. Ask them if they need anything, say you are worried about them and just want to check if they are OK. If that doesn't have any effect move on to more physical methods of rousing them.

You can begin by lightly shaking their shoulder while continuing to explain what you are doing and why. If they don't wake or show any other kind of response you should move on to a more painful stimulus.

Grabbing the muscle just below the neck at the shoulder and squeezing hard can cause enough pain for most people not in a coma to wake up. Try this on yourself to understand how hard to press and where. Remember to state what you are doing and why before you do it.

Are You Unable to Wake Them Up?

What Do I Do?

What you are checking for here is normal breathing. If their breathing is normal, you should be seeing or feeling their chest actively rise without excessive effort 12-20 times per minute (you don't need to spend a full minute observing, the tempo should feel easy and consistent immediately).

Opioid overdose will cause slower/no breaths. If you are seeing rapid or strained breathing it is likely not an overdose and isn't covered in this zine.

You may also see a blueish (light skin) or grayish (darker skin) tone to the skin around the lips and fingers. If you see this you do not need to check for normal breathing, the person is not getting enough oxygen into their system and you need to move to the next step.

Are They Breathing?

What Do I Do?

Place them on their back, on a sturdy flat surface (like the ground) to make CPR effective after the naloxone dose.

Look in their mouth to ensure there isn't any foreign material in there (this is especially important if they have vomited).

Then tip their head back (pictured below). This opens their airway by aligning the mouth and the windpipe.

All of this should take less than a minute to accomplish. Don't let perfect be the enemy of the good. Time is more important than perfection.

Positioning

What Do I Do?

This is the time for you, or someone with you, to call 911.

Please be aware that people around someone who is overdosing may not want to encounter EMS or law enforcement.

You should ensure that **everyone** is aware that 911 is being called and that it is possible law enforcement will arrive.

Calling 911

What Do I Do?

When you are talking to EMS you don't need to provide them with any information beyond what is necessary to begin their response. Don't lie to them, but you don't need to volunteer any unnecessary information.

For someone experiencing an overdose you can say "I am here at [location] with someone who isn't breathing. Please send EMS." You can then hang up or you can stay on the line to have them talk you through CPR if you need assistance with that.

There is no requirement to stay on the line for any length of time and the more you say about the condition the person is in, the more likely you are to get a law enforcement response which can have deeply harmful impacts for the person experiencing an overdose and those around them.

Calling 911

What Do I Do?

If you are reading this Zine, we believe you should be carrying some form of naloxone with you.

If you don't have any on you in an emergency situation, remember to ask anyone around you if they have any, or direct someone to go find some.

Even if you do have some on you, gathering more is always useful; depending on the type/dose, an individual may need as many as 4-6 doses for the naloxone to fully replace the opioids in their system.

There are two main ways to administer Naloxone: intramuscularly and nasally. Knowing how to administer both can save a life!

Naloxone/Narcan

What Do I Do?

A kit will likely come with two vials of naloxone, two needles, and alcohol prep pads.

Intramuscular naloxone is often much cheaper than nasal administration options, and with the cuts to healthcare and harm reduction services, it is becoming more and more common.

Intramuscular (IM) Naloxone Part 1/3

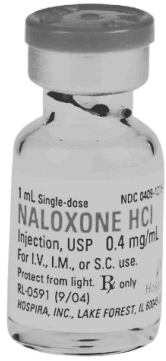
What Do I Do?

To use, remove a needle from its package and then remove the cap, ensuring you do not stick yourself with the needle.

Remove the top from the vial (pictured below) then, while holding the vial upside down, insert the needle into the vial and draw up 1mL of the liquid in the vial.

You can depress the plunger to remove any air trapped in the syringe but it isn't strictly necessary*

*There has been a lot of worry about embolisms caused by air in needles in popular culture. The likelihood of air in a syringe causing harm with an intramuscular injection is near 0%

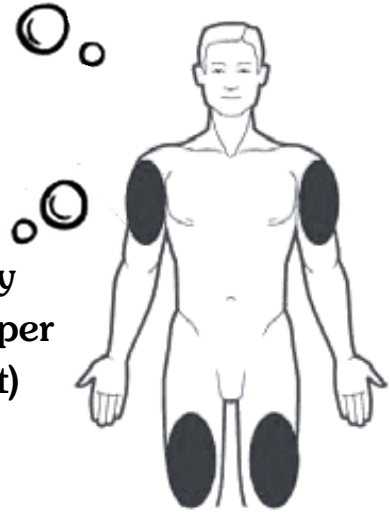


Intramuscular (IM) Naloxone Part 2/3

What Do I Do?

If you have easy access to skin, you can use the alcohol pad to wipe the skin off before the injection; but because speed is the most important factor, this may not be possible for the first dose. The injection can even be made through clothing, if necessary.

Because this injection is meant to go into the muscles the best places are areas that have large muscles without any large veins or arteries. The upper arms and thighs (pictured right) are the best options.



Holding the needle straight down, quickly insert it into the skin and then depress the plunger. Do not remove the needle until all of the liquid has been administered.

Intramuscular (IM) Naloxone Part 3/3

What Do I Do?

Nasal naloxone (brand name Narcan) is much easier to administer than IM naloxone is. It also contains an average of 10x more naloxone than an IM dose. This can be good in circumstances where many doses are needed but it can also cause more severe withdrawal symptoms after individuals are revived, which may lead to negative consequences later.

Individuals who are revived, may attempt to use their substance again afterwards to escape the withdrawal symptoms. After the naloxone becomes ineffective, 30-90 minutes later, the remaining opioids from their overdose and any they took after can cause another overdose.

This is why many harm reduction operations and people with lived experiences of addiction prefer the IM option.

Nasal Naloxone Part 1/2

What Do I Do?

To use, remove the nasal sprayer from the package. Do NOT test the spray mechanism.

Place the round piece at the top in the nose and depress the plunger at the bottom.

The nozzle doesn't need to be very far into the nose to be effective. If the nose is blocked with mucus push the nozzle as far as is easy and depress the plunger.

Remember: neither the IM or the nasal naloxone will work if they are frozen. If the plunger does not depress then the contents are likely frozen and you need to find another option.

Nasal Naloxone Part 1/2

What Do I Do?

After you have administered the first dose of naloxone, you should begin CPR.

This explainer cannot cover effective CPR practice. Please seek out in-person instruction on CPR. If you can't find a free class, reach out to harm reduction non-profits and community medical providers in your area to see what they might offer.

One thing that may be different between CPR instruction focused on heart attacks and the kind needed for overdose prevention is rescue breaths. Because opioids often repress breathing early in their symptom progression, folk experiencing overdose are often much more in need of oxygen than those suffering from heart attacks. This makes rescue breaths much more necessary.

Post 1st Dose

What Do I Do?

Face masks that use a one way valve to prevent anything from entering your mouth as you provide breaths are readily available from harm reduction organizations. If you do not feel comfortable giving breaths, compressions will absolutely help!

Again, don't let perfect become the enemy of the good.

Perform CPR for 2-3 minutes, checking periodically to see if normal breathing has resumed. If it hasn't resumed in that time, give another dose. Continue to provide doses and CPR until the person wakes up, EMS arrives or you run out of naloxone.

You should not need more than 5-6 doses of any kind unless something more unusual is happening.*

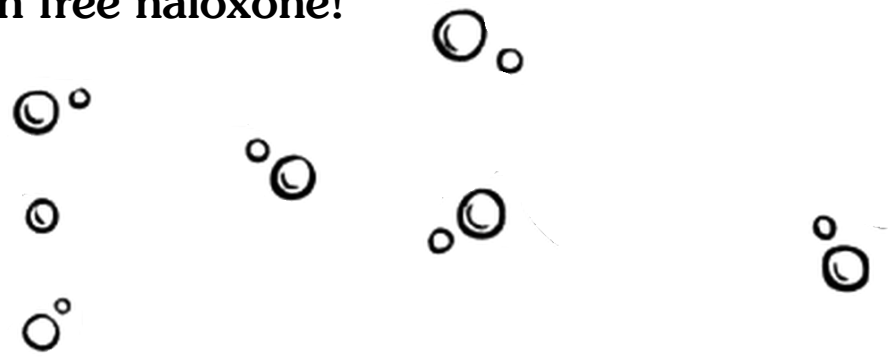
*Remember that xylazine and metedomidine can also cause depressed breathing and do not respond to naloxone.

Post 1st Dose

What Next?

Not only will an in-person class provide you with the repetition and experience necessary to make responding to an emergency easier, it will also connect you with people in your community who also care!

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

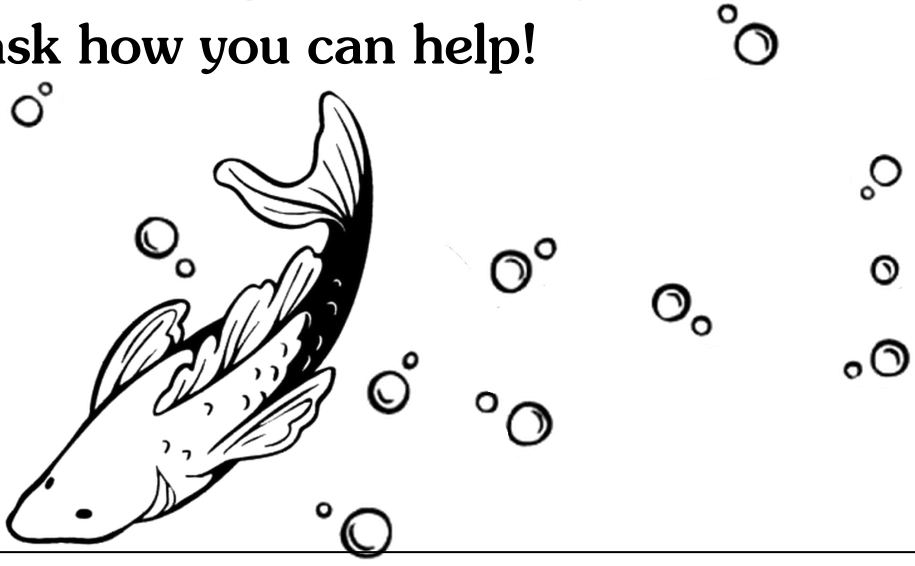


Take an In-Person Class!

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

Donate to Help Today!

RISING WATERS MUTUAL AID

Liberapay

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We are now fiscally sponsored! Donations are now tax deductible!

Thank you for your solidarity!