

Opioid overdose continues to be a major public health problem in the United States. It has contributed significantly to accidental deaths among those who use or misuse illicit and prescription opioids. Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin®, Percodan®, Percocet®), hydrocodone (Vicodin®, Lortab®, Norco®), fentanyl (Duragesic®, Fentora®), hydromorphone (Dilaudid®, Exalgo®), and buprenorphine (Subutex®, Suboxone®). Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain can also trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea, vomiting, severe allergic reactions (anaphylaxis), and overdose, in which breathing and heartbeat slow or even stop. Opioid overdose can occur when a person deliberately misuses a prescription opioid or an illicit drug such as heroin or takes too much due to prescription error. Also at risk are individuals who misuse opioids in combination with sedative hypnotic agents resulting in excessive sedation.

Those at risk for an overdose include:

1. Anyone who takes prescription opioids, whether prescribed for long-term management of chronic pain or for acute pain or taken without a prescription
2. Anyone who uses heroin
3. Anyone who resumes use of opioids after a period of abstinence, such as recent release from incarceration or recent discharge from a detoxification program. This is due to reduced tolerance

Signs of opioid overdose:

1. Skin is pale and/or clammy to the touch
2. The body is limp
3. Fingernails and/or lips have a blue or purple cast
4. The person is vomiting or making gurgling noises
5. The person cannot be awakened or is unable to speak
6. Breathing is very slow or has stopped
7. Heartbeat is very slow or has stopped

Signs of OVERMEDICATION, which may progress to overdose, include:

1. Unusual sleepiness or drowsiness
2. Mental confusion, slurred speech, or intoxicated behavior
3. Slow or shallow breathing
4. Extremely small "pinpoint" pupils
5. Slow heartbeat
6. Difficulty being awakened from sleep

Naloxone

-Naloxone is a non-addictive medicine for an opioid overdose.

It is an opioid antagonist that is used to reverse the effects of opioids. Naloxone works by blocking opiate receptor sites. It is not effective in treating overdoses of benzodiazepines (such as Valium®, Xanax®, or Klonopin®), barbiturates (Seconal® or Fiorinal®), clonidine, Elavil®, GHB, or ketamine. It is also not effective in treating overdoses of stimulants such as cocaine and amphetamines (methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

Naloxone does NOT:

1. Cause addictions
2. “Enable” someone’s drug use or addiction
3. Give the user an intoxicated feeling
4. Have much potential to cause harm when administered appropriately, even if the person is not actually experiencing an opioid overdose.

Naloxone can be obtained by family members or anyone who is likely to witness an overdose. To the right are resources for Maryland, Virginia, Pennsylvania, Delaware, and New Jersey. If you do not live in one of these states, contact your state or local department of health for information about opioid overdose training and prevention. Most of these trainings are free of charge.

Resources

Maryland:

Maryland Overdose Response Program:

www.bha.dhmh.maryland.gov/NALOXONE

Virginia:

REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. REVIVE! provides training to professionals

www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive

Pennsylvania:

Family members and friends can access this medication by obtaining a prescription from their family doctor or by using the standing order (a prescription written for the general public, rather than specifically for an individual) issued by Rachel Levine, M.D., PA Physician General. The standing order is kept on file at many pharmacies.

www.health.pa.gov

then choose Hot Topics/Opioids

Delaware:

www.brandywinecounseling.org/announcements/dose-trainingschedule-2-16-2017

Or call: 302-656-2348

New Jersey:

www.state.nj.us/humanservices/dmhas/initiatives/naloxone

General information about getting Naloxone:

www.getnaloxonenow.org

*We hope you find this information helpful.
-Ashley Addiction Treatment Medical Staff*