



The Family of Opioids

Natural



Morphine - Codeine - Opium

Semi-Synthetic







Vicodin - Percocet - Oxycodone - Heroin

Fully Synthetic



Fentanyl - Methadone

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Prescription Opioids

Can be used to treat moderate-to-severe pain.

Are often prescribed following surgery or injury, or for health conditions such as cancer.

Increased acceptance and use for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.



Anyone who takes prescription opioids can become addicted.

As many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction.

Side Effect: Central Nervous System/Respiratory Depression & **Potential Overdose**

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Source: Centers for Disease Control (CDC)



Tips to Reduce Prescription Opioid Risks

Talk to Your Doctor

About nonopioid pain management options & addiction & overdose risks.

Only Take Prescription Medicine That's Prescribed to You

Don't Share Medications with Others

Take Medicine as Prescribed

Safely Store Medicine and Dispose of **Unused or Expired Medicine**

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Talk w/ Your Loved One

If you're concerned about opioid misuse or addiction, let them know that you care about them, be patient and open.

Encourage Them to Get Help

Help them look for treatment, offer to go with them to their first appointment.

SAMHSA.GOV/FIND-HELP

Source: Centers for Disease Control and Prevention (CDC)



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Fentanyl 101

Used in clinical settings since 1968 post surgery or for pain management.

Illicit Fentanyl is the primary driver for the overdose health crisis today

Illicit Fentanyl is cheap to manufacture, components easy to acquire, and concentrated (small amount goes a long way).

Fentanyl via the street market comes in white, gray or tan powder form and can be injected, smoked or snorted. Recent expansion, manufacturing "rainbow fentanyl" (variety of colors, shapes, and sizes).

Has been found in other drugs like heroin, cocaine, meth & pressed pills.

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Source: Harm Reduction Coalition



Street Drugs Laced with Fentanyl

"It's rare to find people who only overdose on cocaine or who only overdose on methamphetamines," said Dr. Nora Volkow, head of the National Institute of Drug Abuse. "Fentanyl is being used to lace the illicit drug market because it's very profitable."

6 out of 10 of the 59.6 Million Counterfeit Pills Seized by the DEA contained a <u>lethal dose of Fentanyl</u>

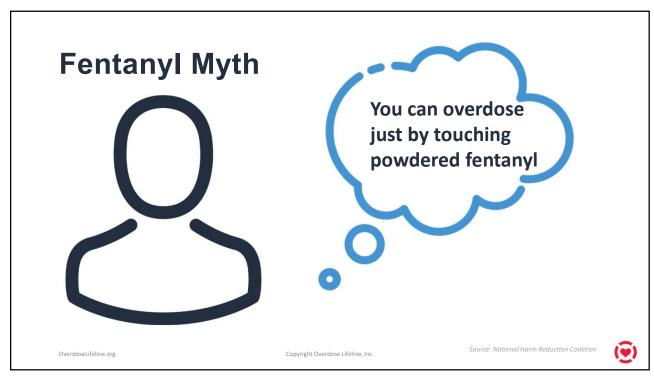
Fentanyl overdose is now the No. 1 cause of death among <u>Americans ages 18 to 45</u>.

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Source: Centers for Disease Control (CDC)





Fentanyl Myth Response

You cannot overdose simply by touching powdered fentanyl.

A common myth, but fentanyl must be introduced into the bloodstream or a mucus membrane for someone to feel the effects.

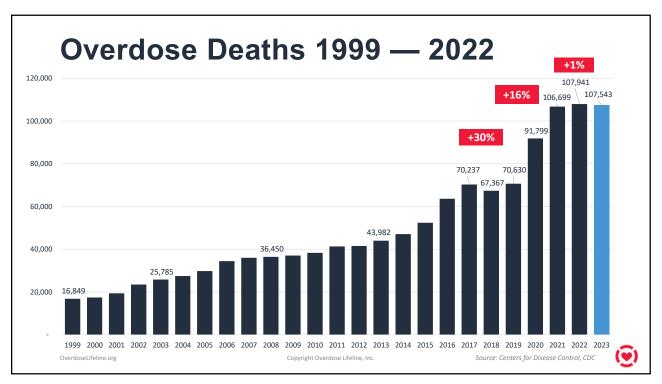
Dissolving the powder in a liquid does not change this property. Wet objects do not pose an increased risk for an overdose caused by casual exposure.

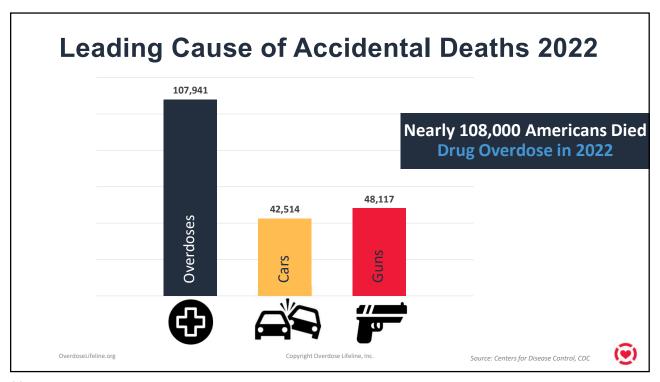
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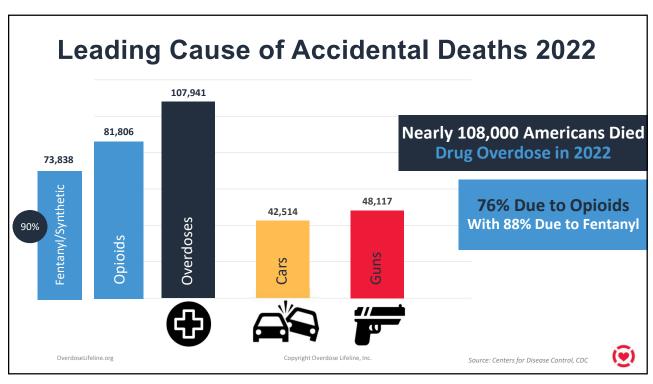
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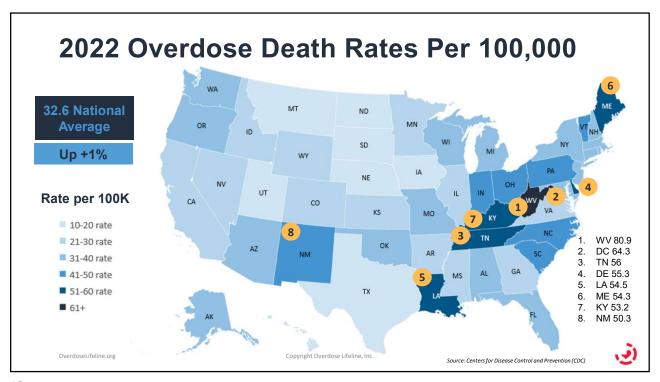
Source: National Harm Reduction Coalition

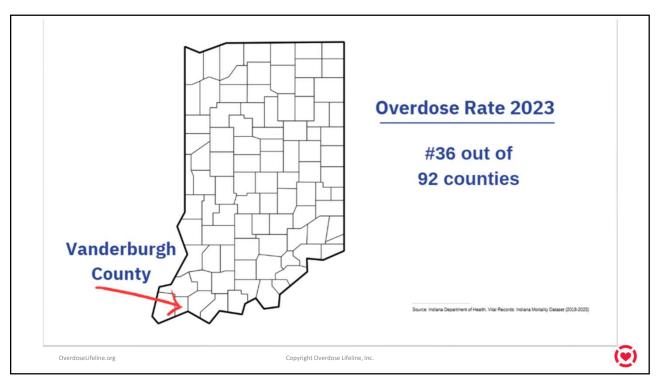


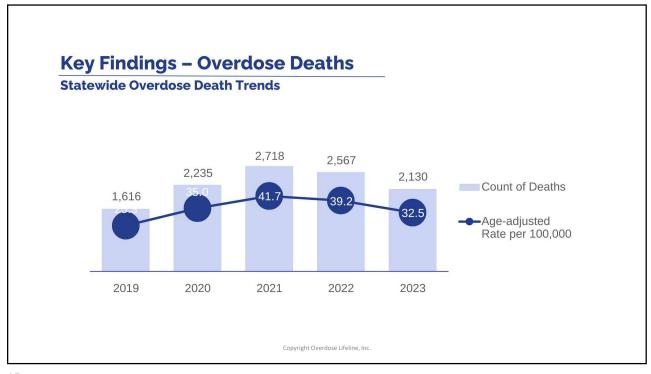


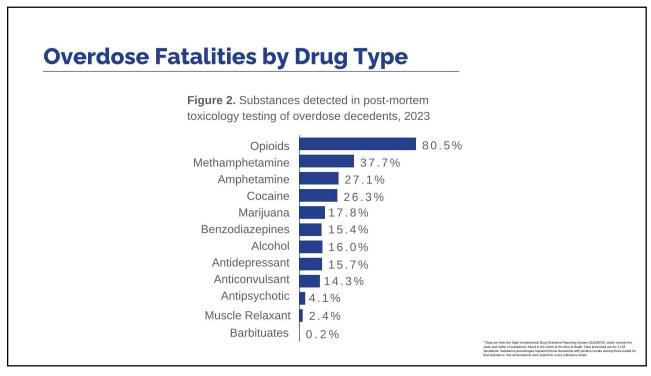


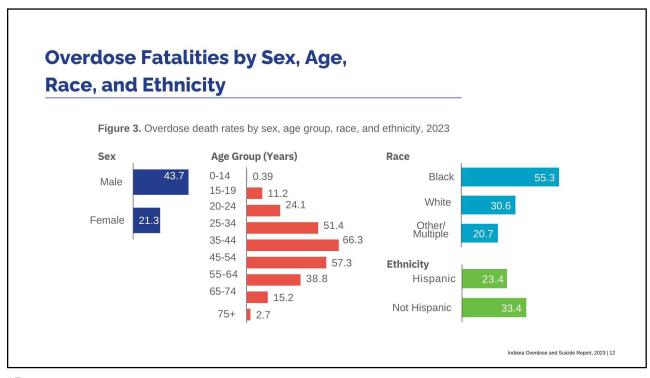


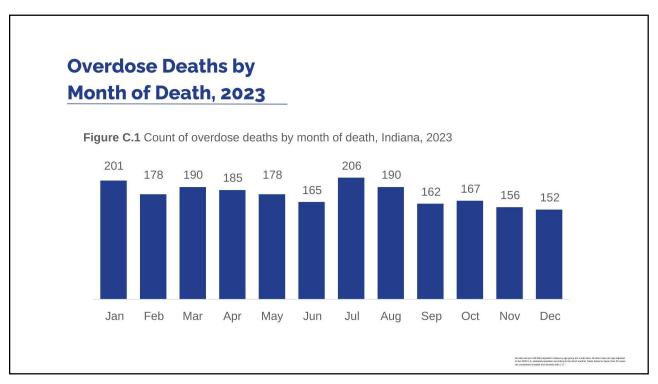




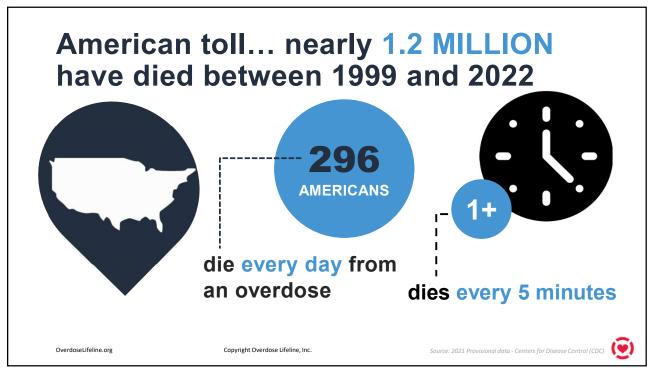


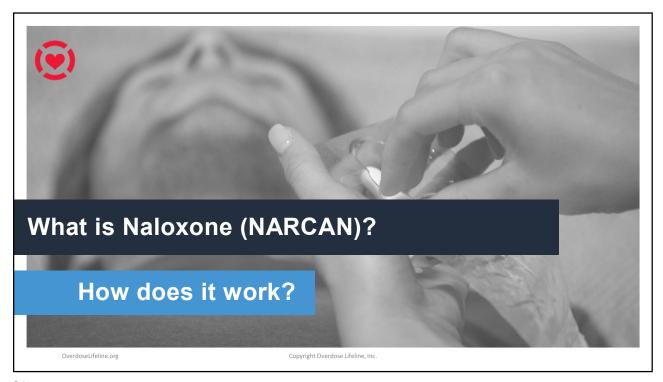


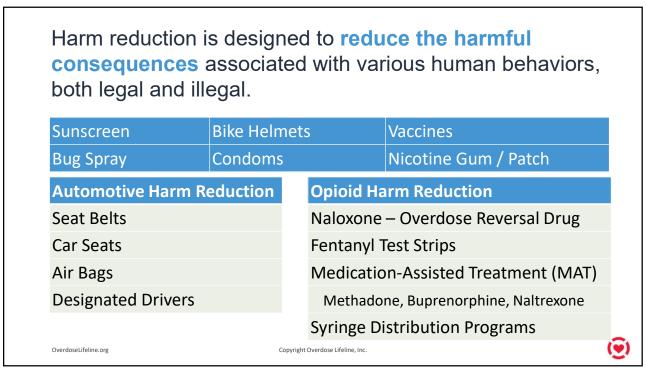


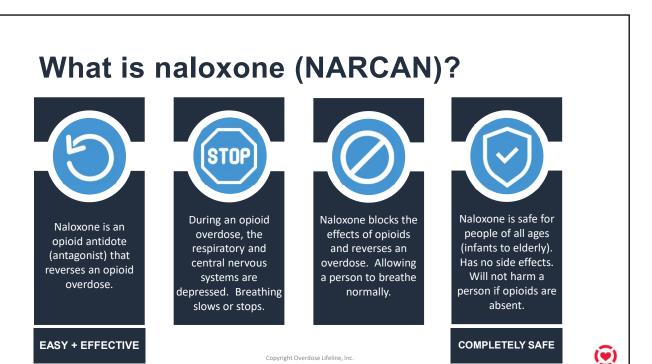


Who is at Risk to Overdose?	
People that get opioids from multiple sources	Elderly people prescribed opioids
People who use opioids for non-medical reasons (misuse)	Children who accidentally take opioids
People that use opioids prescribed to others	Anyone on high doses of opioids, even if taking medications as prescribed
Those who take more than, or more often than they are prescribed	People using pain-reliever patches incorrectly
Former opioid users recently released from prison or treatment >> lowered tolerance	People taking multiple respiratory depressants (alcohol, benzodiazepines)
People who snort or inject the opioid	People with chronic lung disease or sleep apnea taking opioids
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What is naloxone (NARCAN)?

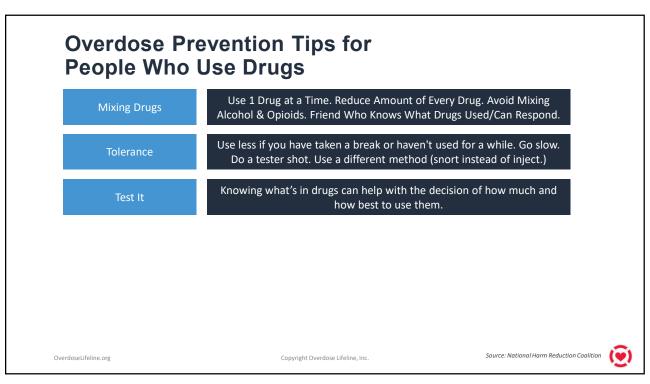
Naloxone Saves Lives

It is the same concept as CPR, AED's, EpiPens.
It mitigates the damage caused by a negative reaction in the body.

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Overdose Prevention Tips for Have Naloxone People Who Use Drugs Use 1 Drug at a Time. Reduce Amount of Every Drug. Avoid Mixing Mixing Drugs Alcohol & Opioids. Friend Who Knows What Drugs Used/Can Respond. Use less if you have taken a break or haven't used for a while. Go slow. Do a tester shot. Use a different method (snort instead of inject.) Knowing what's in drugs can help with the decision of how much and how best to use them. Try to Buy from the Same Dealer. Know the pills you are taking and be careful when switching types of opioids. Fix w/ a Friend. Develop a plan w/ friends or partners. Leave door **Using Alone** unlocked or slightly ajar. Have someone check on you. Be mindful that injecting and smoking can increase risk. Consider Modes of Administration snorting, when using alone or decreased tolerance. Source: National Harm Reduction Coalition OverdoseLifeline.org Copyright Overdose Lifeline, Inc

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Fentanyl Test Strips (FTS) A harm reduction tool to prevent overdoses

- An easy to use and low-cost method for detecting fentanyl.
- Allow a person using drugs to take the proper steps to prevent an overdose.
- Used to test drugs (cocaine, heroin, methamphetamine, etc.) and drug forms (pills, powder, and injectables)for traces of fentanyl and its analogs.

They do not measure how much fentanyl is contained in a drug sample nor does it measure the potency of the supply.



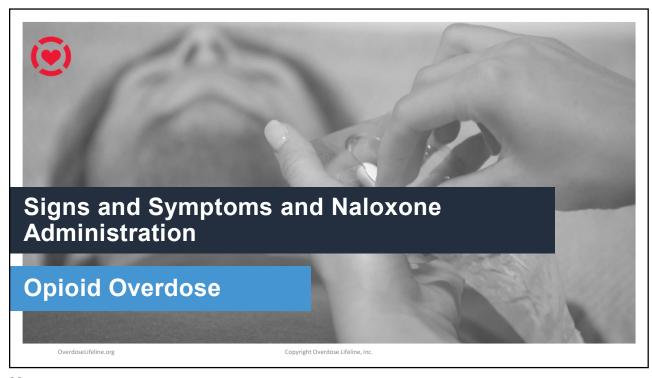
Image: Ohio State University

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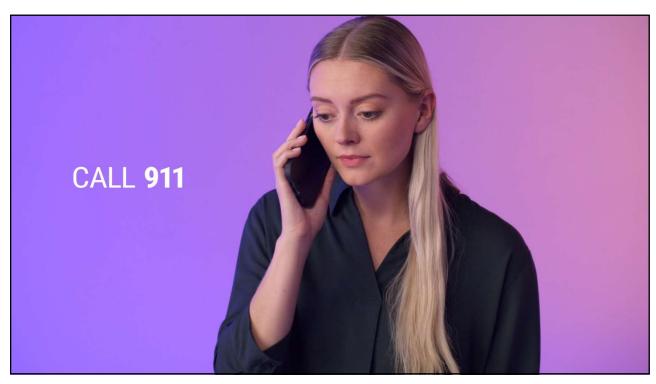
Sources: Center for Disease Control, Multnomah County News, WiseBatch





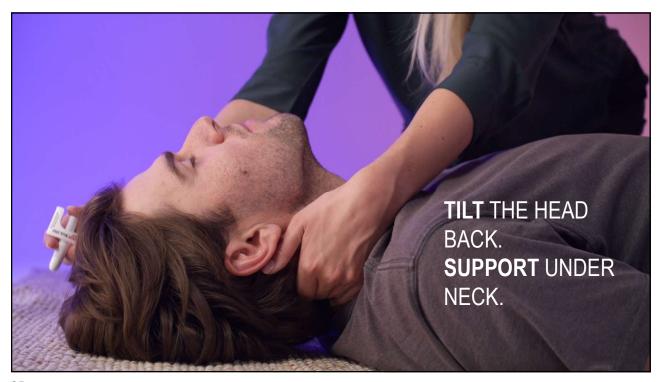


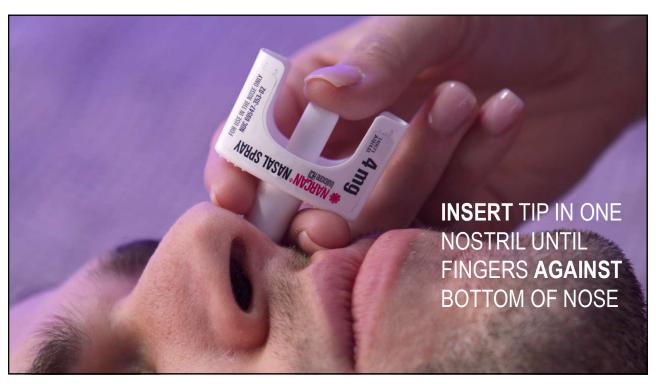


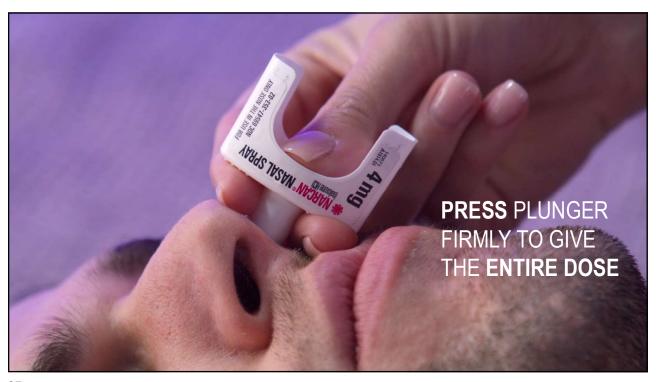












The person does not need to be breathing for naloxone to be effective.

After administering naloxone CPR and Rescue Breathing may be given if you are trained / certified.

If there is no response after 2-3 minutes additional doses can be administered every 2-3 minutes, switching nostrils, until help arrives.

Step-by-Step instructions inside the naloxone package.

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Post Administration

Allow some space and closely monitor

Individual may begin to wake-up

Pupils may begin to dilate (get larger)

Respirations may begin to increase

Individual may feel disoriented, scared, or nauseated

There is minimal possibility of combativeness as the individual comes around. Based on a 4 mg intranasal or .4 mg/ml intramuscular dose and route, chances are remote.

DOSAGE: Multiple studies comparing higher dose naloxone nasal spray (8mg) to lower dose (4mg) showed no significant difference in survival or in the number of doses administered to recipients. Higher doses of naloxone can send individuals into precipitated withdrawal, and may lead them to have worse withdrawal symptoms (vomiting, combativeness, lethargy, etc.)

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Sources: Center for Disease Control



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Medication action

Following administration —

For individuals who have developed a physical dependence to opioids, Naloxone often leads to withdrawal symptoms, which can be distressing but they are not life threatening.

Symptoms may include chills, excessive sweating, fever, intense pain sensations, nausea, muscle cramping, anxiety, and a racing heart.

- Give the person some space.
- Avoid physical contact, even a light touch can be painful during withdrawal.
- Comfort the person and explain what just happened.
- If police or emergency responders are present, let the individual know they are there to help and reassure them that they are not in trouble.

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General Naloxone Information

Making naloxone available does NOT encourage people to use more

Naloxone acts as a bridge between the call to 911 and when help arrives

Naloxone has **no effect** on persons not experiencing an opioid overdose

A repeat dose may be administered if no response in 2-3 minutes

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Naloxone lasts for 30-60 minutes. The half-life of an opioid may be much longer - risk of re-overdosing, stressing the importance of calling 911.

Storage: Do not expose to extreme temperatures (hot/cold)

Packaging displays expiration date

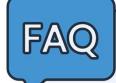
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Frequently Asked Questions



Can you administer naloxone if you don't know what drug(s)/medication(s) the person took?

Yes. Naloxone will not cause harm if it is given for a different type of overdose (e.g., stimulant, alcohol).

Once an overdose has occurred, how much time is there to administer the naloxone?

This is a case-by-case basis. Naloxone should be administered at any time an overdose is suspected. Naloxone reverses the effects of an overdose, respiratory distress, which will eventually lead to decreased oxygen and possible subsequent heart attack.

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Frequently Asked Questions



My naloxone is expired, is it OK to use?

Yes. In the event of an overdose, administer any naloxone available.

Studies show naloxone's stability remains at a usable standard even after multiple years of storage. While it may become less effective over time, research indicates that it does not cause harm if used past its expiration date.

My naloxone was exposed to extreme heat/cold, is it OK to use?

Yes. In the event of an overdose, administer any naloxone available.

Studies show that it is stable even when not stored in perfect conditions, such as when individuals carry naloxone with them or have a kit in a vehicle. Naloxone has been shown to be stable when frozen and thawed between the temperatures of -4 to $39^{\circ}F$ or at high temperatures of $176^{\circ}F$.

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Sources: Schuyler Pruyn et al 2019. Cid A et al 2021. Lai et al 2019.



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Frequently Asked Questions



Is OPVEE or Nalmefene another type of naloxone?

Nalmefene (Brand name OPVEE) is another FDA-approved opioid overdose medication. While this is not naloxone product, this medication reverses the effects of opioids and can treat symptoms of an acute overdose.

It remains in the body for significantly longer than naloxone, with a half-life of 11 hours compared to naloxone's half-life of 1.5 to 2 hours.

Research has shown that this longer half-life can lead to extended withdrawal symptoms in people who are tolerant on opioids—however, how this affects a real-world overdose is unknown. Injectable nalmefene was approved by FDA in 1995; however, nalmefene nasal spray was only recently approved in 2023 and does not yet have the same extensive field experience as naloxone.

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Sources: SAMHSA Overdose Prevention and Response Toolkit, 2023



Frequently Asked Questions



Do I need to give more naloxone for a fentanyl overdose?

Giving more than one dose of naloxone and using higher dose products may not be necessary when responding to a known fentanyl overdose.

An overdose may appear to need additional doses if other sedating drugs are present in the person's body, such as alcohol, benzodiazepines, or xylazine; however, rapidly giving more naloxone or using a stronger, more concentrated opioid reversal medication will not necessarily speed up the reversal process and it may increase the withdrawal severity.

Multiple studies have found that despite the presence of fentanyl, more doses were not associated with improved outcomes.

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Sources: SAMHSA Overdose Prevention and Response Toolkit, 2023





Naloxone Laws

State naloxone laws allow the prescribing and dispensing of naloxone, either directly, by standing order, over-the-counter, to individuals who are prescribed opioids, to the public, or to lay administrators.

Removal of civil, criminal, or professional liability for healthcare professional's <u>provision of</u> naloxone and for first responders and layperson for <u>administration</u> of naloxone.

"Good Samaritan" provisions, which encourage bystanders to administer naloxone and to summon emergency responders without fear of arrest or other negative legal consequences.

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How to Access Naloxone



STATE HHS / HEALTH DEPARTMENT

Visit state websites for naloxone information or search "get naloxone" and your state.



PHARMACY

Contact your local pharmacy to ask them if they carry naloxone. Insurance often covers.



LOCAL ORGANIZATION

Often local nonprofits have grants to provide naloxone to the public and at-risk communities

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