

YOU ARE AT HIGH RISK FOR AN OVERDOSE IF YOU:

- Are taking high doses of opioids for long-term management of chronic pain.
- Have a history of substance abuse or a previous non-fatal overdose.
- Have lowered opioid tolerance as a result of completing a detoxification program or recently being released from incarceration.
- Are using a combination of opioids and other drugs such as alcohol and benzodiazepines (Klonopin, Valium, Xanax).
- Are unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin.
- Are alone when using drugs.
- Smoke cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS.

The Utah State Legislature passed two laws in 2014 to help reduce drug overdose deaths.

Good Samaritan Law (House Bill 11)

Enables bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug.

Naloxone Law (House Bill 119)

Permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or a potential bystander to a person at risk for an overdose). Permits individuals to administer naloxone without legal liability.

Resources

Use Only As Directed
useonlyasdirected.org

Call 2-1-1 for local services and treatment centers or visit
findtreatment.samhsa.gov



USE ONLY AS
DIRECTED



YOU CAN PREVENT DEATH FROM AN OVERDOSE

Recognize Overdose Warning Signs:

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise

If you see or hear any one of these behaviors, call 9-1-1 or get medical help immediately!



WHAT TO DO AFTER CALLING 9-1-1

1. Try to wake the person.

Yell his/her name and rub hard in the middle of the chest (sternal rub).

2. Try rescue breathing.

- Make sure nothing is in his/her mouth.
- Tilt his/her head back, lift chin, and pinch nose shut.
- Give 1 slow breath every 5 seconds until he/she starts breathing.



3. Administer naloxone, if available.

4. Prevent choking. Put the person on his/her side.

5. Don't leave. Stay until an ambulance arrives.

Call 9-1-1, get medical help, or call the Utah Poison Control Center.



WHAT IS NALOXONE?

Naloxone (Narcan) is a drug that can reverse overdoses from heroin or prescription opioids such as oxycodone, hydrocodone, methadone, morphine, and fentanyl.

There is no potential for abuse and side effects are rare; however, a person may experience abrupt withdrawal symptoms.

How long does it take to work?

Naloxone may work immediately or may take up to five minutes. The effects of naloxone can last 30-90 minutes, so more than one dose may be needed.

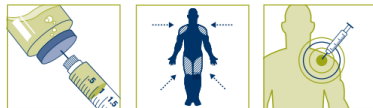
REMEMBER, NALOXONE WORKS FOR OPIOIDS ONLY!

If you are at risk for an opioid overdose or care for someone who is at risk, talk to your doctor or pharmacist about getting a prescription for naloxone.

HOW IS NALOXONE ADMINISTERED?

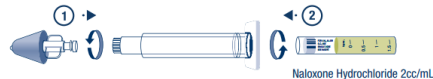
Naloxone may be injected into the muscle or sprayed into the nose.

Intramuscular administration:



Inject 1cc/mL in large muscle.

Intranasal administration:



Screw parts together. Use one full vial. Spray half in each nostril.



(Image courtesy of Prescribe to Prevent)