FACT SHEET

OPIOID OVERDOSE





Overdose Risk Factors

Mixing drugs

- Taking more than one drug can increase the risk of overdose
- Mixing uppers and downers can slow breathing and speed your heartrate using up oxygen, increasing the risk of overdose

Tip: Only taking one drug at a time. Learn about half time and tolerance

Changes in tolerance or using more

- Breaks from using drugs detox, rehab, jail, using less) causes tolerance to drop quickly
- Changing supply means toxicity levels may be different to what you are used to

Tip: Be aware: try a small amount first

Health problems

- Health problems makes it harder for your body to deal with drugs
- Examples include kidney problems, liver problems, infections and dehydration
- Older users
- Heart and breathing problems
- Tobacco smokers may have reduced lung capacity

Tip: look after your health. Get check ups, act on concerns.

Using alone or in an unfamiliar place

 Increased chance of dying from overdose if no one can get to your or noone knows where you are

Tip: Don't use alone, or tell someone you are about to use, and arrange to check in with them a few minutes later.

Injecting drugs instead of swallowing or snorting

- Injecting drugs has an increased rick of overdose because less is needed to achieve the same effect
- It is a lot harder to predict the dosage amounts when injecting.

Tip: try other ways of taking drugs

Assuming pharmaceuticals are less risky

- Some pharmaceuticals are a lot stronger than illicit drugs. Fentanyl can be 80 to 100 times stronger than morphine
- risk is further increased when using multiple drugs

Tip: only use one substance at a time. Don't make assumptions

History of overdose

 previous non-fatal overdose can cause damage to kidney's, liver and/or the brain, further increasing the risk of overdose

RECOGNISE

Limp body

Heavy nod

Breathing

Slow/irregular/stopped

Possible vomiting

Pale skin

Clammy

Blue lips/finger tips

Dark skin

Clammy

Grey/ashen skin

Unresponsive

RESPOND

- 1. Danger
- 2. Try for response
- 3.000
- 4. Recovery position
- 5. Naloxone
- 6. Rescue breathing
- 7. Naloxone if needed (3 -5 minutes later)
- 8. Aftercare

Opioid Overdose Response Plan





Signs of Overdose:

Pinpoint pupils

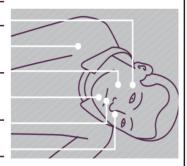
Unresponsive

Pale skin / blue lips for lighter skinned people

Ashen skin / grey lips for darker skinned people

Shallow / slow breathing

Snoring / rasping breaths



Response Plan:

- 1. Before you act, check for danger. Look out for things like needles or angry bystanders.
- 2. Try to get a response from the person by calling their name, shaking their shoulders
- 3. If there is no response, dial 000 and ask for an ambulance.
- 4. Put the person in the recovery position.
- 5. Assemble the naloxone ready for use and inject the full amount of one minijet into the outer thigh or upper arm.
- 6. Apply rescue breathing if you know how or are confident to try (2 slow breaths then continue with 1 every 5 seconds).
- 7. Inject another dose of naloxone if there has been no response after three-to-five minutes.

If YES to any - Response Plan

Assembling Naloxone Minijets



Unscrew black cap to reveal luer lock (twist on bit). This is where to attach the needle.



Take needle (23 or 25 gauge) out of packet. With needle still in its protective sheath, screw onto syringe.



Remove protective sheath from needle ready to inject.

Assembling Naloxone Ampoules



Attach a 23 or 25 gauge needle to a 3ml syringe



Hold the body of the ampoule in one and the narrow tip with the other



Snap the ampoule away from you with gentle pressure



Draw up all the naloxone from the ampoule into the syringe

Administering Naloxone



1. Hold Syringe at a 90° angle

3. Note

time of injections



2. Inject full amount into the upper arm or outer thigh

4. Dispose all needles, syringes and ampoules safely into a sharps container where

Recovery Position



1. Raise arm

2. Support head



3. Lift leg



4. Roll over

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to inform paramedics safely into a sharps container where possible Pictures provided by Canberra Alliance for Harm Minimisation & Advocacy (CAHMA) 2016.