

Overdose:

Awareness

Prevention

Response



PFHRC

Person-First Harm Reduction Coalition

3:

Rescue breathing.

(Technically speaking, one could rescue breathe until the person comes out of the overdose.)

-Lay the person on their back.

-Check mouth and throat for blockage (gum, food, vomit, etc), clear airway if you find anything.

-Tilt chin back, pinch nose, and give 2 quick breaths every 5 seconds.

*make sure you see their chest rising as you breathe, otherwise you might be pushing air into their stomach which could force them to vomit.

-Continue rescue breathing until help arrives or the person wakes up from the overdose.

4: If you have naloxone or naran, use it as soon as you can in this process!

*if you use naloxone or naran, make sure you stick around with the person who overdosed. These drugs knock all the opiates out of a person's system and can send them into withdrawal, making them feel sick and wanting to use again. **DO NOT LET THEM USE AGAIN.** Their high will come back when the naloxone wears off, but if they use again, they will likely overdose again!



Opiate-Related Overdoses in Delaware County (2016)

- **38 deaths** by overdose
- **13** of those people died of an **opiate-related overdose**
- **244 emergency room visits** related to an **opiate-related overdose**
- **60 people** were hospitalized because their **opiate use**

Main drivers of overdose deaths

- Not calling for help out of fear of arrest
- Drug-induced homicide laws that charge a person's friends and dealers with murder for sharing drugs that lead to an overdose death
- No regulation of the drug supply (people who are using do not always know what they are consuming)
- Fentanyl: a chemical much more potent than heroin that has been making its way into all sorts of drugs (heroin, cocaine, meth, molly / ecstasy, and other powdered drugs)
- People with extended periods of sobriety (after jail-time or time in rehab) are at a much higher risk of overdose.
- Lack of safe spaces to use drugs. Using while on the street or in an unsafe place can lead to using too much of a drug, or using in an unsafe way.
- Lack of education about safe drug use.
- Lack of available naran / naloxone that can reduce opiate-based overdoses.

What is an opiate overdose?

Opiates (heroin, painkillers) are *depressants*, meaning they slow down the brain and the body. This is why people who take opiates often appear sluggish and may "nod out" or fall asleep easily while high. If a person takes too many opiates, or combines opiates with other downers (like alcohol or benzos like Xanax), then the brain and body can slow down *too much*. An opiate overdose happens when a person's brain stops telling their body to breathe, leading to unconsciousness, then coma, and then death as the body's organs shut down.

How to spot an overdose

Sometimes it can be hard to tell if someone is just really high, or if they are actually overdosing. Here are some pointers to help tell if someone is just

really high:

- Pupils will contract and appear small.

- Muscles are slack and droopy.

- They might "nod out" or fall asleep.

- Scratch a lot due to itchy skin.

- Speech may be slurred.

- They might be out of it, but **they will respond to outside stimulus** like loud noise or a light shake from a concerned friend.

And here are the signs that someone is experiencing an opiate-related overdose:

- Loss of consciousness.

- Unresponsive to outside stimulus.

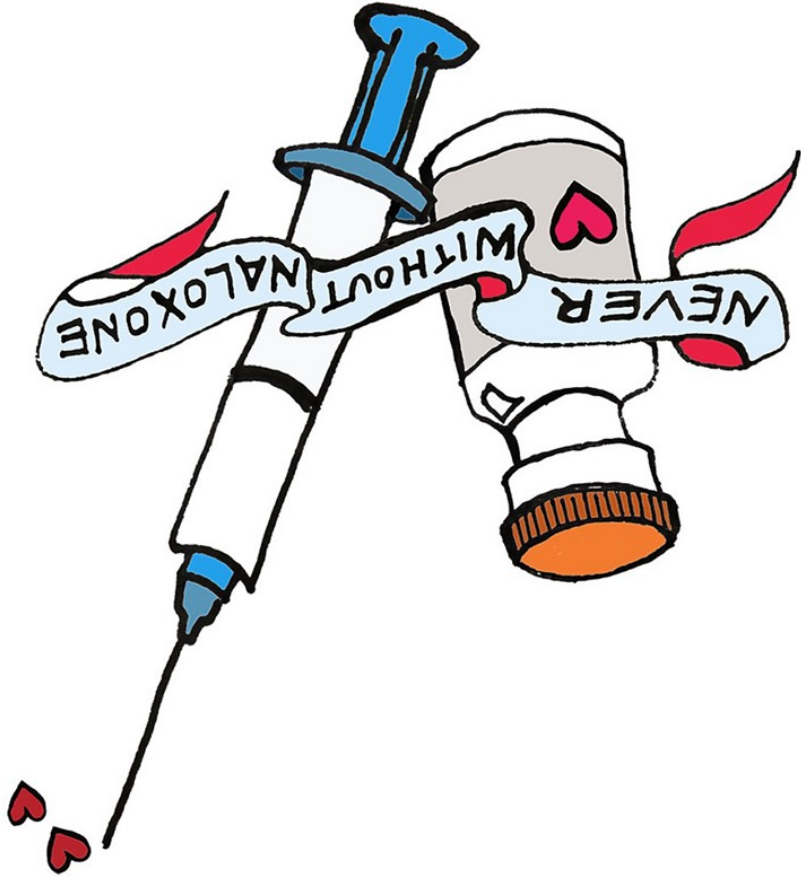
- Awake, but unable to talk.

- Breathing is very slow and shallow, erratic, or has stopped.

- Vomiting.

What can we do to prevent overdose deaths?

1. **Refuse to prosecute or arrest** anyone who is present when someone calls for help for an overdose.
2. **Make naloxone readily available** to people who are actively using and their friends and family.
3. **Fund and distribute fentanyl testing strips** so that people who are using can test their supply.
4. **Legalize and implement overdose prevention sites**, where people can use drugs under the supervision of personnel trained to respond to an overdose and other drug-related complications.
5. **Implement Overdose Education and Naloxone Distribution (OEND) programs** for people leaving jail and detox/rehabilitation centers.
6. **De-stigmatize drug use and addiction.** Treating overdose and drug use as a public health issue will help build trust with people who use drugs and allow for conversations about how to keep someone alive in the midst of chaotic drug use.



- Body is very limp.
- Face is very pale or clammy.
- Pulse (heartbeat) is slow, erratic, or not there.
- Bluish purple skin, lips, or fingernails for lighter skin people.
- Grayish or ashen skin, lips, or fingernails for darker skinned people.
- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle").

How to respond to an overdose

1: **Assess and stimulate.**

- Check to see if the person is showing signs of an overdose listed above.
- To check if someone is unable to respond, rub your knuckles up-and-down against the bone in the middle of their chest. If they do not respond, they are likely experiencing an overdose or other serious medical emergency.

2: **Call for help.**

- Tell 911 dispatch that the person is not breathing or is unresponsive. **Telling them that it is an overdose or that drugs are involved will bring the police to the door first so avoid sharing that information.**
- Give clear directions to dispatch (notable scenery outside the house, where you are in the house, etc) so they can find you quickly and easily.
- Hide all drugs and paraphernalia to help protect yourself and the person overdosing from arrest and discrimination.
 - *If you are leaving the person alone for any amount of time, put them in the recovery position while you are away.
- Stick around to give EMS information that could help keep the person safe.

Harm reduction is a set of strategies geared towards reducing the harms of stigmatized activities or behaviors. There is a large community of harm reductionists across the world who focus on drug use and the War on Drugs. Harm reductionists work to reduce the harms of all types of drug use through distributing overdose reversal medicine, safe use supplies, test kits, and social support. **With** overdose death rates so high that overdosing is now the leading cause of death for people under the age of 50, we must come together to address this very preventable cause of death. Harm reduction might not be the final answer, but it works to save lives.

About PFHRC:

Person-First Harm Reduction Coalition works directly with people who have been affected by the drug war. Whether you use drugs, have friends or family who use, or have been incarcerated for your drug use, we are here to help. We are able to train and distribute naloxone / narchan, the opiate overdose reversal drug, and we have some safer use supplies for people who inject. We can also offer warm and caring conversation, and help you get linked up to substance abuse treatment or health services if interested

At Person-First Harm Reduction Coalition, we believe that recovery is a process of working toward any positive change. We provide non-coercive, non-judgmental care to people who use drugs. We believe in following the lead of people who use drugs down their own determined path of recovery; we meet them where they're at and walk alongside them through their journey.



Wanna get in touch?

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