

YOU ARE AT HIGH RISK FOR AN OPIOID 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 were recently 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

NALOXONE RESOURCES

Utah Naloxone Laws

- Individuals can report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug (Good Samaritan Law 2014 GS HB 11)
- Naloxone can be prescribed and dispensed to third parties (usually a caregiver, friend, or family member of a person at risk for an opioid overdose) (Naloxone Access Law 2014 GS HB 119)
- Pharmacies can dispense naloxone through the use of a standing order issued by a physician (Naloxone Standing Order 2016 GS HB 240)

Websites

- naloxone.utah.gov
- opidemic.org
- useonlyasdirected.org
- utahnaloxone.org

Phone

Call 2-1-1 for local services and treatment centers

YOU CAN PREVENT DEATH FROM AN OPIOID 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
- Small pupils that do not respond to light

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. More than one dose may be needed. The effects of naloxone can last 30-90 minutes.

REMEMBER, NALOXONE ONLY WORKS FOR OPIOIDS!

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. For more information visit us at www.naloxe.utah.gov.

HOW IS NALOXONE ADMINISTERED?



Intramuscular Administration

Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if there is no or minimal response.



Intranasal Administration

Generic

Spray 1 ml (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if there is no or minimal response.

Branded

Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2-3 minutes if there is no or minimal response.

