

RESOURCES FOR TREATMENT

DMHAS – Save a life, make a call
800-563-4086

Infoline
211

Narcotics Anonymous (NA)
800-627-3543

**Department of Mental Health
and Addiction Services**
800-622-HELP

Project Assert
203-688-4854

Rushford Treatment Center
(**WALK IN, outpatient &
residential)
800-542-4791

[http://www.ct.gov/dmhas/cwp/
view.asp?a=2902&q=509650](http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650)

*“It is time to embrace
mental health and
substance use/ abuse as
an illness. Addiction is a
disease”
- Russell Brand*

Opioid Emergency



Strategies to
Reduce Overdose
Risk and Knowing
When to Take
Action

UConn School of
Pharmacy

NO FRIEND LEFT NALOXONE

What is an Opioid?

An opioid is a medication that acts on receptors in the nervous system to reduce pain sensation.

Opioids may come in various dosages forms such as pills, injections or patches.

Common Opioids Include:

- Percocet (oxycodone/acetaminophen)
- Vicodin (hydrocodone/acetaminophen)
- OxyContin (oxycodone)
- oxycodone
- Heroin
- Morphine
- Codeine
- Fentanyl
- And others...



RISK FACTORS FOR OPIOID DEPENDENCE

Addiction does not discriminate, it affects everyone

Over 25 million suffer from addiction

Individuals at higher risk:

Family history of addiction or substance abuse

Young adults who experiment with medications, especially in conjunction with benzodiazepines or alcohol

Comorbid mental illnesses

OPIOID EMERGENCY PREVENTION TECHNIQUES

Create an overdose emergency plan. If you must, use only with others nearby, educate them on naloxone administration

Know your tolerance, **many overdose the first time they relapse**

Use one substance at a time

Never share medication or mix with benzodiazepines (Ex. Valium, Xanax)

You Have a Responsibility to ACT

CALL 911

DO NOT WAIT

- **Connecticut Good Samaritan Law** provides immunity, within reason, to individuals who call 911

TAKE CONTROL

ADMINISTER NALOXONE (INTRANASAL-ASSEMBLY REQUIRED)

- Remove yellow plastic cap from the syringe (pictured left) and screw atomizer [white nose cone pictured right) on top
- Pull orange plastic cap off Naloxone cartridge (pictured center), uncap bottom of yellow syringe and screw together
- Spray half naloxone dose in one nostril and half the dose in the other nostril and wait for response (2-5 minutes) Repeat if necessary



ANALYZE THE SITUATION, IS THIS AN OPIOID OVERDOSE?

SIGNS OF OVERDOSE

Check:

- Unconscious and unresponsive
- Slow or absent breathing

Listen:

- Gurgling or Vomiting

Look:

- Blue lips, skin or fingernails
- Limp body
- pinpoint pupils

Touch

- Pale or clammy skin

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ADMINISTER NALOXONE (INTRANASAL)

1. Remove spray from box and open packet contents
2. Hold spray with thumb on the bottom of plunger and the pointer and middle finger on either side of nozzle
3. Tilt head back and gently insert tip of nozzle into one nostril, press firmly and administer full dose into nostril



ADMINISTER NALOXONE (INTRAMUSCULAR) AUTOINJECTOR

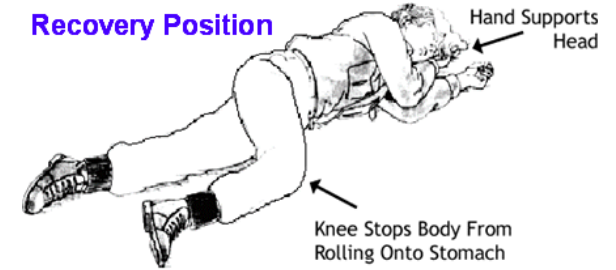
1. Remove plastic cap from naloxone auto injector and Pull off red safety guard when ready to use
2. Firmly press black end against individuals outer thigh and hold for **5 seconds**
3. If no response, wait 2-5 minutes before administering next dose



MONITOR AND STAY WITH THE INDIVIDUAL

- Role patient onto their right side

Recovery Position



- Wait until the EMS arrives
- Monitor **Withdrawal Symptoms**