



WE KEEP US SAFE

How to prevent and respond to
an overdose

BROUGHT TO YOU BY THE UNIVERSITY
HOSPITAL CARE NAVIGATOR TEAM

TABLE OF CONTENTS

- 1** INTRO
- 2** OPIOIDS 101
- 3** REDUCING RISK WITH MEDICATION
- 5** REDUCING RISK WITH NALOXONE
- 7** HOW TO RESPOND TO AN OVERDOSE
- 15** REDUCING RISK WITH SAFER USING STRATEGIES



Dear reader,

The purpose of this guide is to provide information about the risks of opioid overdose and how to reduce those risks. While we don't encourage drug use, we know that people who choose to use deserve to stay safe and healthy just like everyone else. No matter where you are in your life, you are worthy of love, compassion, and care.

About the CARE Navigator Program

The CARE Navigator program operates through the University Hospital Emergency Department. We connect people who use opioids to medication, counseling, insurance, and other resources.

For more information:

- Call us at 973-972-1973 ext.1
- Come into the University Hospital emergency room Monday-Friday from 7:30 AM to 6:30 PM and ask the registration staff to connect you with a CARE Navigator

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Opioids 101

"Opioid" is a term that includes morphine, oxycodone, heroin, fentanyl, and other drugs that attach to an area of the brain called opioid receptors.

Opioids are depressants, or "downers," which means they work by slowing down the body's functions.

It's possible to use opioids safely, but there are many risks, such as overdose, withdrawal, and addiction. These risks are especially high when using illegal opioids like heroin and fentanyl.

The most effective way to reduce these risks is to not use opioids at all. But for those who choose to use, there are methods that can help you stay safe by reducing the risks.



Reducing risk with medication

People who want to reduce or stop their opioid use may benefit from Medications for Opioid Use Disorder (MOUD) also known as Medication Assisted Treatment (MAT.)

The current medications for opioid addiction, also known as Opioid Use Disorder or OUD, are buprenorphine (Suboxone/Subutex), naltrexone (Vivitrol), and methadone.

These medications have been shown to reduce cravings, withdrawal, and overall drug use. People who take MOUD are also less likely to overdose than people who are not on MOUD.

MOUD can help people break the cycle of "chasing" so they can instead focus on improving other areas of their lives, like rebuilding relationships, getting ID, or going back to school.

MOUD myths vs. reality

Myth: MOUD is trading one addiction for another

Reality: MOUD replaces and/or blocks opioids in the brain. It fills the opioid receptors enough to reduce cravings and withdrawal without making a person feel high. It's the same idea as using a nicotine patch to help with quitting smoking or using insulin to manage diabetes. For additional questions, contact the CARE Team at 973-972-1973 or your healthcare provider.

Myth: People abuse MOUD

Reality: Sometimes people who use opioids take non-prescribed MOUD, or MOUD from the streets, to help manage their withdrawal or cravings. This wouldn't be considered "abusing" the medication, because the person is taking the medication for its intended purposes, even though it's not supervised by a doctor. To prevent the misuse of MOUD we recommend taking it as prescribed by a medical provider.

Myth: MOUD should be short-term

Reality: Length of treatment depends on the person. Studies show that people who use MOUD longer stay in treatment longer, are at lower risk of overdose, and are generally healthier.

Why see a doctor?

People buy MOUD from the streets for many reasons, but it's best to see a doctor because:

- For methadone it can be hard to get the dose right.
- Methadone can be difficult to wean off if you decide to do so.
- Some people shouldn't take certain medications due to health conditions.
- Buprenorphine can be tricky to start on because it makes people sick if taken too soon.
- You'll save money by getting MOUD covered by insurance.

Reducing risk with naloxone

Naloxone,
also known as
Narcan, is the drug
used to reverse an
opioid overdose



How to get naloxone:

- Ask your doctor for a prescription. Most insurances, including Medicaid, cover the cost.
- Call or text New Jersey Harm Reduction Coalition (NJHRC) at 1-877-4NARCAN (that's 1-877-462-7226) or submit a request at naloxoneforall.org/newjersey. They will mail you naloxone for free. All information is confidential.
- Visit North Jersey Community Research Initiative (NJCRI) at 393 Central Avenue in Newark.

What is an overdose?



An overdose happens when someone takes more opioids than their body can handle.

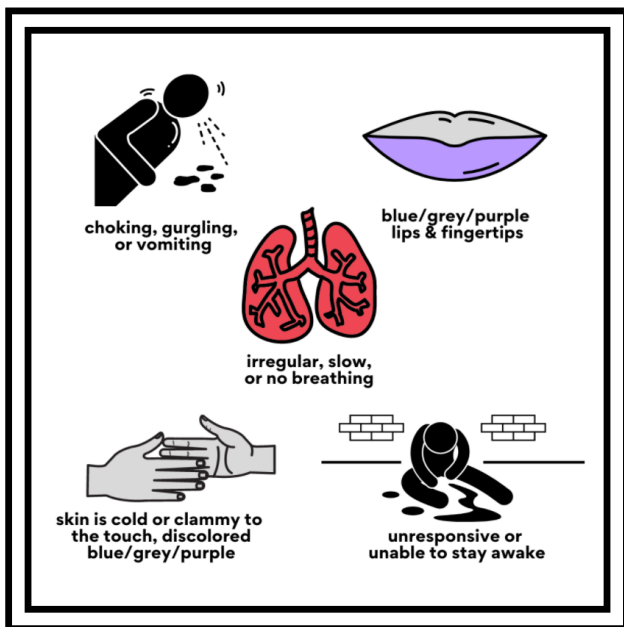
When someone overdoses, their body slows down so much that their breathing becomes dangerously slow, or they stop breathing completely.

When someone isn't breathing enough, their body doesn't get enough oxygen. Lack of oxygen causes organs like the heart and brain to shut down. The shutdown of organs causes a person to die.

The most important thing is to get the person breathing again! The sooner someone responds to an overdose, the better the chances are for survival.

How to respond to an overdose

- 1** Check for signs. Sometimes it's hard to know if someone is overdosing or if they're just very high. If they're showing signs (see graphic below) and/or taking less than one breath every five seconds, it's safe to say it's an overdose.



- 2** Try to wake them by shaking them, shouting their name, and/or using a closed fist to rub your knuckles into the middle of their chest. If they don't respond, follow the next steps to reverse the overdose.

DO NOT slap, punch, or kick the person, pour liquid on them, or put ice anywhere on their skin.

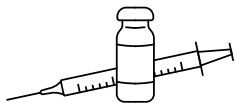


- 3** Call 911 or seek medical help in another way (see page 14) ASAP. Tell them there's an unresponsive person at the scene. It's important to get medical help because overdoses can cause other serious health problems.

If there are others around, one person should seek medical help while the other gives naloxone and other first aid. See pages 11-13 for legal protections in the event of an overdose.

- 4** Give naloxone. Your naloxone kit may come with the nasal spray which should go in the nose, or intramuscular injection, which should go into the upper arm or thigh.

Read the instructions on your kit when you get it so you know how to use it!



- 5** If the person doesn't improve within two minutes of getting naloxone, give another dose if available. Continue these steps until the person improves or first responders arrive.

If the person has a pulse, even if it's faint, DO NOT give chest compressions, a.k.a. CPR. If the person has no pulse, they need CPR ASAP.

- 6** If the person wakes up, congratulations! You may have saved their life. Sometimes people are confused, angry, or upset after they get naloxone. Stay calm, explain what happened, and let them know if first responders are coming.

If you didn't seek medical help, ask the person if they want to see a doctor. If you did seek medical help, the person can refuse care. However, if they're still acting weird after they woke up, you should encourage them to see a doctor.

- 7** Witnessing an overdose can be scary. Take time to care for yourself afterward. Try taking a walk or a shower, talking with someone, or writing down your thoughts.

The person who overdosed may also feel shaken up, embarrassed, or ashamed. Remember that they just had a near-death experience. Try to practice kindness toward them, even though you may be upset.



Important notes

Naloxone works by knocking opioids out of the brain for 30-90 minutes. It doesn't work on other drugs. It's less effective if a person has multiple drugs in their system.

Because naloxone knocks opioids out of the brain, it can make people sick. They may want to use again to feel better, but once the naloxone wears off they could go back into an overdose. This can happen even if they don't use more drugs.

Offer to stay with them, especially if they refuse medical care. Try to reassure them they will feel better once the naloxone wears off, and encourage them not to use for a few hours.



Overdose and the law

**The New Jersey
Overdose Prevention Act
and the Good Samaritan
Law provide legal
protections in the event
of an overdose.**

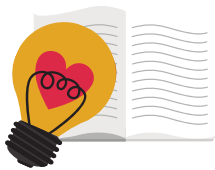


We use the phrase "seek medical help" to include any situation where a bystander gets medical attention for someone who is overdosing. For example, calling 911, having someone else call, bringing the person to the ER, etc.

It's always best to call 911, but there are exceptions to the laws that could still land a person in trouble. If you don't feel safe calling 911 for any reason, check out page 14 for ideas about other ways you could get help.

This information should not be used as legal advice. It is simply an overview of what the laws say. Speak with a lawyer if you have a question or issue.

The Overdose Prevention Act



The OPA says if a person seeks medical help for someone they believe is overdosing, the person (or people) seeking medical help and the person who is overdosing cannot be arrested, charged, prosecuted, or convicted of:

- Simple possession of an illegal drug
- Being under the influence of an illegal drug
- Possession of drug paraphernalia
- Illegally possessing prescription drugs
- Obtaining (i.e. buying or trading something for) an illegal drug.

The OPA does NOT apply for:

- Any outstanding warrants
- Any other crime, such as distribution, possession with intent to distribute, DWI, and strict liability drug-induced death, which is when a person dies from overdosing on a drug you sold to or shared with them.
- Change of conditions if you are on PTI, ISP, probation, or parole. It CANNOT be fully revoked.
- Seizure of property, including drugs and paraphernalia at the scene.

The OPA does not apply if no one seeks medical help.
If law enforcement or EMS show up, tell them IMMEDIATELY that someone is overdosing.

The Good Samaritan Law

The Good Samaritan Law grants protection from civil liability to bystanders who provide assistance at the scene of an emergency.

This means a bystander who tries to help a person who is overdosing cannot be sued for damages, even if they accidentally cause the person harm.

If you believe you should be protected but you are still facing legal consequences, tell your lawyer ASAP so they can bring this up in court.

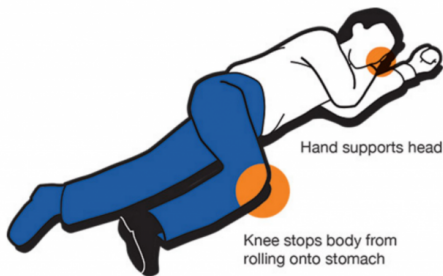


What to do if you can't call 911

There are many reasons why someone may be unable or unwilling to call 911. They may not have a phone, they may be fearful of legal consequences, or they may have had bad encounters with police in the past. There are still ways to help if you can't call 911.

- Ask someone else in the area to call 911, even a neighbor or passerby
- Give naloxone, and leave the person in the recovery position in a place where first responders can easily find them
- Drop them off at the nearest emergency room (their information will not be shared with police)

If you must leave the person alone even for a minute, put them in the recovery position, pictured below:



Reducing risk with safer using strategies

Not everyone is interested in stopping their drug use, so we've included information that can help people reduce their risk when they're actively using.



Know your cut. Powders and pills are often mixed with other substances that impact the risk of overdose.

Fentanyl

Fentanyl is an opioid like heroin, but it's much stronger. The increase in overdoses is mainly due to fentanyl. Taking just a little too much can cause an overdose. Most of the heroin in the state is cut with fentanyl. Some people even sell pure fentanyl. Fentanyl has also been found in crystal meth, cocaine, and pressed pills.

Xylazine

Xylazine (pronounced zy-LUH-zeen) is a tranquilizer used on large animals. While it produces opioid-like effects it often causes more drowsiness, sometimes making people blackout. Xylazine and opioids are both downers. Using more than one downer at a time increases the risk of overdose.

Tramadol

Tramadol (a.k.a. Ultram) is a prescription opioid. Taking more than one opioid at once increases the risk of overdose. Tramadol is known to increase the likelihood of seizures, and can have serious interactions with some prescription antidepressants.

Cocaine and crystal meth

Cocaine and crystal meth are stimulants, or “uppers,” which means they do the opposite of downers. They speed the body up. Using uppers and downers at the same time increases the risk of overdose, heart attacks, seizures, and strokes.

Fake pills

There's been an increase in fake or “pressed” pills that look like prescription pills. These pills are made illegally, so they don't contain the same chemicals as prescription pills. Many contain fentanyl and have been linked to overdoses.

Before taking a pill from the street, ask yourself:

- Is the text on the pill crooked or blurry?
- Are the edges of the pill jagged, uneven, or crumbling?
- Is there leftover powder inside the bag?

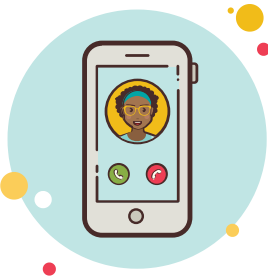
If the answer to any of these questions is yes, you probably have a fake pill. But sometimes it's hard to identify a pressed pill just from looking.

Always use fentanyl test strips on pills if you can!

Use with a friend if possible. Try to take turns using.

If using alone, you can:

- Call Never Use Alone at 1-800-484-3731. If you stop responding, they'll contact emergency services.
- Video or voice call someone you trust and stay on the line. Or, you could have someone check in via call, text, or by stopping by your location.
 - If they're located in another town, they will need to contact first responders in your area.
- Keep the place you're in accessible. Keep doors unlocked or ajar if possible.



Use in the same place

It's best to use in the same place if you can. Using in an unfamiliar place can lower your tolerance and increase the risk of overdose, even if you're using the same batch and amount as usual!

Do a test dose

Do a test dose by taking a small amount to start to test how strong the product is.

The amount for a test dose depends on your tolerance and how sick you feel. A good rule is between a quarter to half of what you think you need. Wait until you feel the full effects before taking more.

- If you are swallowing a pill, wait 30-60 minutes.
- If you are sniffing or smoking, wait 10-15 minutes.
- If you are injecting, you have options:
 - Sniff or smoke a little to check the strength.
 - Do a “tester shot” by injecting a quarter to a half of your normal dose, wait 2-3 minutes.

It's extra important to do a test dose if you're buying from a new source, if you're dipping and dabbing, or using for the first time in a while. If you're dipping and dabbing or using after a period of sobriety, you'll have a low tolerance. Therefore, you'll be at high risk of overdose.



Fentanyl test strips

Fentanyl test strips are available from NJCRI, NJHRC, and some online sources.

They only indicate presence, not quantity or purity.

The strips can also give false negatives.

Use risk reduction strategies no matter the results.

Try to avoid mixing

Taking more than one drug at a time increases the risk of overdose, and can produce unpredictable effects. The risk of overdose is especially high with other downers, like other opioids, alcohol, benzos (Xanax, Klonopin, Valium) and even some over-the-counter medications like Benadryl.

Keep in mind that most of the heroin on the streets now is mixed with fentanyl, xylazine, and/or other substances that increase the risk of overdose.

If you choose to mix, start with small amounts and try to use each drug at different times.

Be extra careful after an overdose



Studies suggest that if you experience one overdose, you are more likely to have another overdose, and you are more likely to die if you overdose again.

If you are going to use after an overdose, start with a very small amount next time. Use other safer using strategies to protect yourself.

The risk of dying from another overdose is very high within one year of the first overdose. People who have experienced an overdose are also more likely to have brain damage, increased depression, and increased suicidal thoughts.

For more information on safer using, you can visit NJCRI or research online at websites like harmreduction.org, dancesafe.org, reddit.com, tripsit.me, and psychonaut.wiki

Closing words

Although there are risks that come with using opioids, there are many ways to reduce those risks. The most effective strategy is to not use drugs at all, but people who choose to use deserve support that speaks to the reality of their lives.

Remember, you have the right to explore what works best for you, and you can always make changes if something isn't working.

We hope this guide was useful. If you learned something, please let us know and pass the info along. Take care!



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