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

“IT IS TIME TO EMBRACE MENTAL HEALTH AND SUBSTANCE USE/ABUSE AS AN ILLNESS. ADDICTION IS A DISEASE”
- Russell Brand

OPIOID EMERGENCY

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)

Strategies to Reduce Overdose Risk and Knowing When to Take Action

UCONN SCHOOL OF PHARMACY

NO FRIEND LEFT NALOXONE

NO ONE LEFT NALOXONE
You Have a Responsibility to ACT

**CALL 911**

**DO NOT WAIT**

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

**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

**TAKE CONTROL**

**ADMINISTER NALOXONE (INTRANASAL)**

1. Remove spray from box and open pocket 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)**

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

**ADMINISTER NALOXONE (INTRANASAL- ASSEMBLY REQUIRED)**

1. Remove yellow plastic cap from the syringe (pictured left) and screw atomizer (white nose cone pictured right) on top
2. Pull orange plastic cap off Naloxone cartridge (pictured center), uncap bottom of yellow syringe and screw together
3. 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

**MONITOR AND STAY WITH THE INDIVIDUAL**

- Role patient onto their right side
- Wait until the EMS arrives
- Monitor Withdrawal Symptoms

**MONITOR AND STAY WITH THE INDIVIDUAL**

- Recovery Position