



QUICK STATS & FACTS

- In Wisconsin, more people die from overdoses than from motor vehicle accidents, firearms accidents, and suicides **combined**.
- In 2015, Milwaukee emergency services reported more than 900 reversals: this **does not** include overdoses that were never called in to 911.
- Opiate based pain pills are responsible for **2 times more overdose deaths** than heroin.
- The **18 – 25 age group** reports the highest percentage of use and abuse of pain pills.
- 4 out of 5 people who use heroin report **starting with pain pills**.
- 85% of all overdose deaths are witnessed: this means that **85%** of all overdose deaths could have been **prevented**.

COMMONLY PRESCRIBED OPIATES

Buprenorphine

Suboxone, Subutex, Bunavil

Codeine

Promethazine with Codeine, Tylenol with Codeine, Tylenol #3

Fentanyl

Duragesic

Hydrocodone

Vicodin, Lorcet, Lortab, Norco

Hydromorphone

Dilaudid

Meperidine

Demerol

Methadone

Dolophine, Methadose

Morphine

MSContin, Kadian, Embeda

Oxycodone

Percocet, Oxycontin, Percodan

Oxymorphone

Opana

Opiate Overdose

What Is It?

How Can It Be Prevented?

Who Is At Risk?

What Can I Do If I See An OD?



SAFE & SOUND



SAFE & SOUND

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Opiate Overdose

WHAT EXACTLY IS AN OPIATE OVERDOSE?

Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death. **This can occur with any opiate, consumed in any way** — overdoses aren't limited to those who inject drugs!

WHAT ARE THE MAIN CAUSES OF AN OVERDOSE (OD)?

- **Using alone:** no matter which opiate it is or how it is obtained, it is *always* dangerous to use alone.
- **Having a clean system:** tolerance for opiates drops faster than you think!
- **Mixing opiates with other medications or drugs:** especially alcohol and benzos.
- **Heroin/other street drugs can be laced with unknown substances,** increasing the likelihood of an OD.
- **Significant** weight gain, loss, and metabolism change.

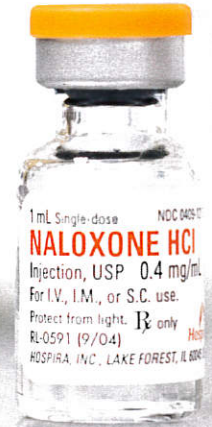
SIGNS AND SYMPTOMS OF AN OPIATE OD

- Lack of response to stimulus (*yelling "police," pinching the underarm or earlobe, rubbing knuckles against the teeth or the sternum*)
- Blue or ashy skin, lips, or fingernails
- Shallow / slow (*less than one breath every five seconds*) breathing
- Gasping, gurgling, or snoring
- In extreme cases, vomiting

Not all of these signs need to be present to constitute an OD: Lack of response to stimulus is enough reason to assume that you are dealing with an OD!

WHAT DO I DO?

- Call **911 immediately** and inform the operator that you are with someone who is non-responsive.
- Rescue breathing until help arrives.
- If conscious, keep the victim awake and talking until help arrives.
If you have it, administer NALOXONE as directed.



WHAT IS NALOXONE?

Naloxone, or Narcan, is a medication that temporarily stops the effects of opioids and allows the overdose victim to start breathing again. It **ONLY** works for an opiate OD, and has **NO EFFECTS** on the body if opiates are not present in the system.

I THINK I SHOULD HAVE NALOXONE ON HAND, HOW DO I GET SOME?

Call ARCW Prevention at 414.225.1608, or email preventOD@arcw.org to learn how to get trained in administering Naloxone, and get a kit for free.

NALOXONE MYTHS

- Naloxone is **not** addictive.
- Having Naloxone present does not encourage people who use to use **MORE** — no one wants to overdose!

