

OPIOID OVERDOSE PREVENTION FACTS

Protect your Children **BE AWARE & DON'T SHARE**

NYS Office of Alcoholism and Substance Abuse Services (OASAS)

New York State [HOPEline](https://www.opioidoverdoseprevention.org/): 1-877-8-HOPENY (1-877-846-7369)

Anonymous, Confidential and Toll-Free

24 hours a day, 365 days a year

OPIOID OVERDOSE: [coma, decreased breathing rate and very small (pinpoint) pupils (the black center part of the eye)]

- is a preventable death in the majority of cases and
- can be treated (reversed) effectively with naloxone (Narcan).

WHAT DRUGS ARE OPIOIDS?

- Examples include: heroin; morphine; codeine; methadone; oxycodone (Oxycontin); hydrocodone (Vicodin); oxymorphone (Opana); and fentanyl (Duragesic).
- Naloxone does not reverse overdoses in which:
 - non-opioid sedating drugs (benzodiazepines), alcohol, ketamine or stimulants are used.

IDENTIFY RISK FACTORS:

- **Loss of tolerance:** Regular use of opioids leads to greater tolerance, i.e. more is needed to achieve the same effect (high). Overdoses occur when people start using again following a period of not using (abstinence) such as after coming out of treatment, detox or incarceration.
- **Mixing Drugs:** Mixing opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Klonopin) or alcohol can lead to an overdose. The effect of mixing drugs is greater than the effect one would expect if taking the drugs separately.
- **Variation in strength of street drugs:** Street drugs may vary in strength and effect based on the purity.
- **Serious illness:** Users with serious illnesses such as HIV/AIDS, liver disease, diabetes and/or heart disease are at greater risk for overdose.
- **Drug use alone:** As no one is present to initiate rescue measures if an overdose occurs, this is particularly high risk.

RISK LEVEL/INTERVENTION:

- When high risk is assessed, **TAKE ACTION:**
 - to reduce risk of multiple potentiating medications, use only one prescriber;
 - educate all you know and love on overdose signs, risk and NARCAN use to prevent overdose;
 - educate all you know and love about signs of opioid overdose; and
 - consider getting a substance use disorder assessment from your healthcare provider or local substance use disorder treatment program if you believe addiction is a possible issue.

OASAS supports a broad range of philosophies and approaches to SUD treatment. Regardless of approach, the goal is to provide care that will engage and support patients throughout the process and stages of their recovery.

A new life-saving law took effect in 2006, making it legal in New York State for non-medical persons to administer naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal. Any adult who has been trained and furnished with naloxone is able to act as an overdose responder. All OASAS programs with prescribers on staff (physicians, nurse practitioners and physician assistants) are encouraged to register as programs which can train staff and patients in the use of naloxone. OASAS also encourages staff at OASAS licensed programs without prescribers on staff to become trained as overdose responders so that they may be able to administer naloxone in the case of a suspected opioid overdose.

- www.oasas.ny.gov/stoprxmisuse/
- www.health.ny.gov/diseases/aids/harm_reduction/opioidprevention/index.htm

