



Preventing Opioid Overdose Death

A Guide to Naloxone for Patients with Chronic Pain

What is Chronic Pain?

Chronic pain is pain that lasts for more than 3 months. While *acute* pain can be caused by injuries, *chronic* pain is most often caused by changes in the nervous system, which remains sensitive to pain even after an injury has healed. Chronic pain is a common condition that affects approximately 50 million Americans, or 20% of the United States population. After careful consideration, your physician may prescribe an opioid. While these medications can help reduce your symptoms, they also carry serious risks — including the risk of an accidental, fatal overdose.

What Are Opioids?

Opioids include prescription pain medications like oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Lorcet/Lortab), fentanyl, hydromorphone (Dilaudid), and morphine (MS Contin). Buprenorphine (Suboxone) and methadone are used for the treatment of OUD. While some opioids can be injected and others are taken in pill form, they all act on the brain in the same way. **Although opioids are good medications for some types of pain, their use may result in physical dependence and, in some cases, addiction.**

What is an Opioid Overdose?

Most opioid overdoses are accidental. Because these medications interfere with breathing and brain functioning, people who overdose become sleepy or comatose, and breathing slows or eventually stops completely. **When the brain and body can't get enough oxygen, injury and death follow.** An overdose can happen minutes or hours after using opioids. Although it is impossible to predict who will overdose, taking opioids — even in low doses — can put a person at risk.

Can You Overdose if You're Taking Prescription Opioids for Chronic Pain?

Yes. Even people on stable doses of opioids are at risk of an overdose. Changes in how your lungs, kidneys, liver, and heart are working can dangerously elevate the amount of the drug in your blood. Infections can also alter how your body processes drugs. Changes in your other medications can also increase the level of opioids in your system. Drinking alcohol or taking benzodiazepines or other sedating medications further increases the risk of an overdose. As with other unlikely emergencies, it's best to be prepared. **It is important to understand that most overdoses happen at home; 20% of these events lead to death simply because they aren't recognized as overdoses.**



What Factors Increase the Risk of an Opioid Overdose?

- + Taking **any dose or formulation of opioid** for any reason
- + Using opioid pain medications **more often or at a higher dose** than prescribed
- + Mixing opioids with **benzodiazepines, alcohol, or illicit drugs**
- + Taking **extended-release/long-acting** preparations of opioids such as OxyContin, fentanyl patches, methadone, or MSContin
- + History of **overdose or emergency department visits** for opioid-related problems
- + Using **someone else's opioid** pain medications
- + Using opioids **alone** (you are more likely to die if no one is there to help)
- + Serious **medical illnesses**, such as COPD or another lung disorder; kidney, liver, or heart disease; and HIV/AIDS
- + Using **after a period of abstinence** from opioids (for example, after a period of hospitalization, incarceration, or "detox")

What are the Signs of an Overdose?

People with opioid poisoning may look as if they're sleeping.

REMEMBER: IT IS NEVER SAFE TO LET A PERSON WHO MIGHT BE OVERDOSING "SLEEP IT OFF."

Signs of Overdose Include:

- + Unresponsive to shouting or shaking, or difficult to wake up
- + Absent or shallow breathing, sometimes with gurgling or deep snoring sounds
- + Pale or grayish skin
- + Blue lips or fingertips
- + A slow or undetectable pulse

What is Naloxone and Who Should Have It?

Naloxone, also known by the brand name Narcan, is the antidote for an opioid overdose. The drug temporarily reverses the effects of opioids on the brain. **Giving naloxone to someone who has overdosed can be lifesaving.** The antidote can restore a person's ability to breathe and restore their level of consciousness. Naloxone is a safe, nonaddictive medication that has been used for decades to reverse overdose.

Anyone who is at risk of overdose, or knows someone who is, should carry naloxone — and this includes patients undergoing opioid therapy for chronic pain. If given to a patient with opioid dependence, naloxone can cause opioid withdrawal. Although these effects can be unpleasant and may cause agitation, naloxone will not cause harm.

Store naloxone at room temperature (never in a hot or freezing car), and **let your family and friends know where the medication is kept.** Replace your naloxone every 2 years.



Can My Friends and Family Members Get Naloxone, too?

Yes! Naloxone is available without a prescription at many pharmacies. Narcan nasal spray is the easiest naloxone formulation to use. **Medicaid, Medicare, and most private insurers cover the full cost of naloxone or charge only a small copay.** If you care about someone who is at risk of overdose, remind them that it is easy to get naloxone.

What Should I do if I Think Someone is Overdosing?

1. If you have naloxone, give it!

Try to wake the victim by shouting their name and shaking them. If someone is with you, they can call 911 while you prepare to administer naloxone. Naloxone is only effective for reversing opioid overdoses. However, if you are unsure of the substance(s) or illness involved, it's still wise to give naloxone. Many overdoses involve multiple drugs. Naloxone will not cause any harm in the case of a nonopioid overdose or other medical problem. If the first dose of naloxone doesn't bring back breathing and alertness within a few minutes, give a second dose. For videos on how to give naloxone, visit ERnaloxone.org.

2. Call 911

Call 911, even if the patient begins to wake up, and follow the operator's instructions. You may be instructed to perform CPR or rescue breathing if the victim remains unconscious.

3. Stay with the patient

The victim should be placed in the recovery position once they have begun breathing on their own. Even after waking up, some patients may not realize that they have overdosed. It is important to calmly explain what happened and stay with the victim until emergency medical help arrives. When revived, some victims may be agitated and suffering from withdrawal symptoms. It is important to know that naloxone wears off within 30 to 90 minutes, and victims can slip back into overdose. Always seek help in the emergency department, even if the patient appears to be feeling better.

For More Information About Naloxone and Opioid Overdose

If you would like more information about naloxone and opioid safety, please visit ERnaloxone.org.

In addition, **OpiRescue** is a free smartphone application that can direct you to nearby pharmacies that stock naloxone; it can also guide you through a naloxone rescue in the event of an overdose.

For Help Finding Treatment

If you or someone you care about would like help for OUD, we encourage you to call the Substance Abuse and Mental Health Services Administration (SAMHSA) national helpline **1-800-662-HELP (4357)**. This free, confidential service provides 24-hour-a-day, 365-day-a-year support for individuals and families struggling with substance use disorders.



Signs of Overdosing



Breathing will be slow or gone



Lips and nails are blue



Person is not moving



Person may be choking



You can hear gurgling sounds or snoring



Can't be woken up



Skin feels cold and clammy



Pupils are tiny



Recovery Position Steps



1

Lay the victim on his back, placing the right hand next to the head.



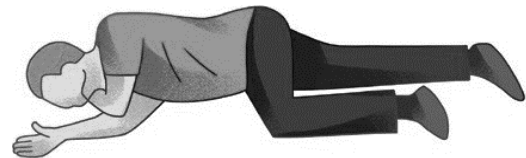
2

Place the left hand on the right cheek.



3

Hold the left shoulder and left leg, and pull the victim's body toward you, rolling him onto his side.



4

Rest the victim as show and move the head backward slightly.

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

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