Emergency first aid for a suspected opioid overdose:

If a person is exhibiting symptoms of an opioid overdose, these following life-saving measures should be taken immediately:

1) Check to see if they can respond

- Give them a light shake, yell their name. Any response?
- If you don't get a response, try a STERNUM RUB (rub your knuckles in the middle of their chest where the ribs meet for 10 seconds).

2) Call 9-1-1

You do not need to mention drugs when you call - provide basic information:

- Give the address and location.
- Say "I have a person who has stopped breathing and is unresponsive".

3) Perform Rescue Breathing

- Make sure nothing is in their mouth.
- Tilt head back, lift chin & pinch nose.
- Start by giving two breaths making sure the chest rises.
- If the chest does not rise, tilt the head back more and make sure you are plugging their nose.

4) Give Naloxone

- Assemble the nasal spray Naloxone.
- Spray half (1 ml) up one nostril, half up the other.
- Continue rescue breathing, one breath every 5 seconds, while waiting for the Naloxone to take effect.
- Give a second dose of Naloxone if there is no response in 2-5 minutes.

5) After Naloxone

- Continue to monitor their respirations and perform rescue breathing if respirations are below 10 breaths a minute.
- Stay with them until help arrives. The Naloxone may wear off and the victim could start to overdose again.

What is Project DAWN?

Project DAWN is a community-based drug overdose education and naloxone distribution program. Participants receive training on:

- Recognizing the signs and symptoms of overdose
- Distinguishing between different types of overdose
- Performing rescue breathing
- Calling emergency medical services
- Administering intranasal Naloxone

Project DAWN is named in memory of Leslie Dawn Cooper, who struggled with addiction for years before dying of a witnessed opioid overdose on October 3, 2009.

More information is available by calling one of the numbers listed below. Free DAWN Clinics available:

Thursdays at 9am, 10am, 11am. Walk-in or by appointment at **Edwin Shaw Rehab 330-436-0950**
405 Tallmadge Road, 2nd Floor, Cuyahoga Falls 44221

Or

Tuesdays at 3pm, 4pm, 5pm, 6pm. Walk-in at **Summit County Public Health 330-812-3983**
1867 W. Market Street, Akron 44313

Ohio Department of Health

Violence and Injury Prevention Program
(614) 466-2144

www.healthy.ohio.gov/vipp/injury

Ohio Department of Health

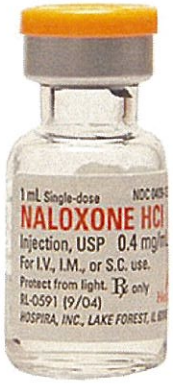
PROJECT DAWN

Deaths Avoided With Naloxone

A community-based drug overdose education and naloxone distribution program.

www.healthy.ohio.gov/vipp/drug/ProjectDAWN

What is Naloxone?



Naloxone (also known as Narcan) is a medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, Naloxone blocks the effects of opioids on the brain and restores breathing within two to eight minutes.

Naloxone has been used safely by emergency medical professionals for more than 40 years and has only one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent death. Naloxone has no potential for abuse.

If Naloxone is given to a person who is not experiencing an opioid overdose, it is harmless. If naloxone is administered to a person who is dependent on opioids, it will produce withdrawal symptoms. Withdrawal, although uncomfortable, is not life-threatening.

Naloxone *does not* reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g. Xanex, Klonopin and Valium), methamphetamines, or alcohol.

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What are some common opioids?

Opioids include both heroin and prescription pain medications. Some common opioid pain medications include: hydrocodone (**Lorcet** and **Vicodin**), oxycodone (**Percocet**), long acting opioids (**Oxycontin, MS Contin, Methadone**), and patches (**Fentanyl**). Other brand name opioid pain medications include **Opana ER, Avinza** and **Kadian**.

How do I know if someone is overdosing?

A person who is experiencing an overdose may have the following symptoms:

- breathing is slow and shallow (less than 10 breaths per minute) or has stopped;
- vomiting;
- face is pale and clammy;
- blue or grayish lips and fingernails;
- slow, erratic, or no pulse;
- choking or loud snoring noises;
- will not respond to shaking or sternum rub;
- skin may turn gray, blue, or ashen.

An overdose is a medical emergency! Call 9-1-1 immediately and begin first aid.

What are the risk factors for an opioid overdose?

Mixing Drugs

Many overdoses occur when people mix heroin or prescription opioids with alcohol, benzodiazepines, or anti-depressants. Alcohol and benzodiazepines (such as Xanex, Klonopin and Valium) are particularly dangerous because, like opioids, these substances impact an individual's ability to breathe.

Lowered Tolerance

Tolerance is your body's ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. However, tolerance can decrease rapidly when someone has taken a break from using a substance whether intentionally (in treatment) or unintentionally (in jail or the hospital). Taking opioids after a period of not using can increase the risk of a fatal overdose.

Health Problems

Your physical health impacts your body's ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver or kidney disease or dysfunction, heart disease or HIV/AIDS are also at an increased risk of an overdose.

Previous Overdose

A person who has experienced a nonfatal overdose in the past, has an increased risk of a fatal overdose in the future.