Everyone deserves a kind wake-up.

Plenty of rescue breaths
+ low-dose naloxone
can result in more kind,
considerate, and humane
opioid overdose reversal outcomes.
**No one should suffer
for surviving an overdose.**

Remedy Alliance
For The People

+

new jersey
harm reduction
coalition

OXYGEN FIRST!

a guide to compassionate response to sedative-involved opioid overdoses

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Sedatives are showing up as cuts and buffs in our street drug supply, and you may have noticed that **opioid overdoses are different now- this means that how we respond to them needs to be different, too!**

Opiates & opioids (heroin, fentanyl, oxycodone, morphine, dope, etc) cause **respiratory depression**, slowing down a person's rate of breathing.

An opioid overdose occurs when the brain's opioid receptors are overloaded, and breathing slows down significantly or stops totally.

Naloxone (aka "Narcan") works by moving opioids off the brain's receptors & taking their place temporarily, restoring breathing.

Xylazine and medetomidine are strong animal sedatives currently being found by community drug checking techs across the US, in opioids in the street drug supply.

These sedatives add another layer to overdoses; while naloxone moves the opioids off the brain's opioid receptors, a sedative added in may cause the person to stay sedated longer, or to need more oxygen support (rescue breaths).

Taking longer to open their eyes does not mean the naloxone did not work!
Be patient and know this :

Sedative-involved overdoses take time; low-dose naloxone, rescue breaths, and time.

Look for signs of restored breathing as a way to know the naloxone has worked. Their eyes may not open as soon as their breath returns.

So what do we do if someone is overdosing? OXYGEN FIRST!

The person overdosing needs oxygen in their brain and bloodstream. If looks like this person is overdosing and having difficulty breathing, **get them oxygen ASAP by giving them rescue breaths!**

For rescue breaths, aim for 1 breath every 5-7 seconds, until they are breathing independently.

Use a disposable CPR mask or part of your shirt if you need a barrier & consider carrying canned oxygen as backup if you'll respond alone.

- **Give 1 dose of naloxone**

or

- **Give rescue breaths & stimuli**
  (light arm pinching or sternum rubs)
  for 2-4 minutes.
- **If they're not breathing after ~ 4 minutes, give 2nd dose of naloxone.**
- Continue rescue breaths, stimuli, and urging them to wake up!
- Continue to monitor their breathing until they slowly wake up, giving rescue breaths if needed

If not responding to rescue breaths, say "I'm going to give you naloxone now"- if no response:

Independent breathing may return before their eyes open. Once they can breathe on their own, YOU GAVE ENOUGH NALOXONE- DON'T GIVE MORE IF BREATHING!

IF THEY'RE BREATHING, YOU GAVE ENOUGH NALOXONE!

More than 2 doses of naloxone causes painful precipitated withdrawal symptoms that can linger for hours!

Naloxone temporarily blocks the brain's opioid receptors (hence, withdrawals) and giving too much naloxone will keep the receptors blocked for an unnecessarily long time -

Using right away won't work because your opioid receptors are blocked until naloxone wears off and the remaining drugs get back on to your brain's opioid receptors.

Even after the naloxone begins working & they're breathing on their own, they may not open their eyes or sit up until the sedative effect wears off.

Sedatives can delay wake-ups.

A safe way to allow someone to breathe freely while the effects of the sedatives wear off is to **place them in the Recovery Position, so their airways remain open and independent breathing may resume:**

We can survive the ever-evolving cuts in the drug supply if we continue to educate & look out for each other! If the rest of the world stigmatizes us, it's up to us to respond to overdoses with dignity and care at the forefront.

No matter what drugs we use or don't use, we deserve survival, we deserve dignity, and so much more.