



Opioid Overdose Discharge Instructions and Harm Reduction Education

What happened to me?

You overdosed on an opioid – heroin, fentanyl, Percocet, Vicodin, methadone or some other combination of drugs. Overdose is a dangerous and deadly consequence of heroin (or any opioid) use. A large dose of an opioid (or a small dose of a potent opioid like fentanyl) slows your breathing so much that you cannot survive without immediate medical help. **With opioid overdoses, surviving or dying wholly depends on breathing and oxygen.** Fortunately, this process is rarely instantaneous; people slowly stop breathing, which usually happens *minutes to hours after* the drug was used. While people have been “found dead with a needle in their arm,” more often there is time to intervene between when an overdose starts and before a victim dies. 10% of those that survive an overdose are dead within one year (because help didn’t get there on time during another overdose event in the future).

How was I saved?

Someone called for help (or you were brought to the hospital in time) and you were likely given the antidote for opioids, Narcan, that saved your life. Naloxone (e.g., Narcan®) is a medicine used to reverse the effects of opioids in an overdose. It is available as a nasal spray or as an auto-injector. It must be given within a short few minutes after an overdose or you will stop breathing and die. If not given soon enough, you could survive but with some degree of brain damage as well.

Am I a bad person for using drugs?

You are not a bad person for using drugs, but it is a serious problem that needs to be addressed. Addiction is not a character flaw, but a chronic brain disease with both physical and mental symptoms. Abused substances cause physical changes to the brain’s functioning, resulting in cravings, depression, difficulty with decision making, and other symptoms. Addiction is a disease that can affect anyone.

How can I get help?

The path to recovery is different for every individual. Very few are able to quit without the proper medical assistance and community support networks. If you are ready to quit using opioids, please ask your healthcare provider (doctor/nurse) about Lee Health’s Medication Assisted Treatment or ED Opioid Bridge.

If I am not ready to stop using heroin/opioids, how can I make the process safer?

- Only smoke, snort or inject with others around who can monitor you and give the antidote Naloxone (Narcan), if needed, in case you overdose.
- Since street heroin has no quality control and is often mixed with other more potent drugs such as fentanyl, always do a tester snort/shot (a very small dose) if the supply is new or quality is unknown.
- If injecting, always wash your hands and clean your work area prior to use with sanitizing wipes.
- Use only new, sterile needles and syringes. Avoid licking the needle tip or syringe (this introduces dangerous bacteria).

If you are unable to get a new, sterile needle, all blood and dirt should be cleaned off of your current needle using tap water. Second, all parts of the equipment should be immersed in bleach water made with 1 tablespoon of household bleach in 1 gallon of tap water. After the parts are immersed for 15 minutes, let them air-dry fully. Assemble when dry and store in a clean container.

- Use alcohol swabs to sterilize the injection site on your skin before and after injection.
- Only use distilled, sterile water to dissolve the heroin. Any other water source (tap water, pond water, toilet water, etc.) or liquid will have impurities and if used may cause a **serious infection**. Do not draw water from someone else’s source. Heat can be used to help dissolve the heroin/distilled water solution. No other liquid substance should be added to the injection.



If you are unable to access clean, sterile water, you may boil water on the stove for 2-3 mins, or microwave it until it boils and then allow it to cool.

- Use .22 micron or cotton filters (these can be ordered from Amazon) to help remove impurities from your solution. **Never, ever** reuse the cotton filter as it can harbor bacteria, and cause severe health consequences. Always dispose of the filter after a single use. Do not squeeze the filter to get out more heroin since it may only introduce harmful bacteria. **It is better to cut your filter smaller than to reuse a used filter.**
- After sucking the solution into the syringe through the filter, make sure no air bubbles are present in the syringe barrel before the plunger is released. **Injecting large air bubbles into the bloodstream can easily result in**

fatal injury.

- Properly dispose of used injecting equipment, especially needles. They should be stored in a thick walled plastic container, such as an empty orange juice jug, until they can be surrendered to a hospital or needle exchange program. Used sharps should never be discarded in standard trash or left as litter outside where someone could accidentally injure themselves by stepping on them or trying to dispose of them.

What other risks do I face if I continue to use heroin/opioids?

While intravenous (IV) injection is the most effective way to get an intense, nearly instantaneous rush of euphoria from heroin, all types of opioid users – shooting up (through veins, muscles, fat), snorting or smoking – pay for that rush by risking their health and livelihood in several ways:

- Exposure to blood-borne diseases (HIV, Hepatitis) and worsening withdrawal
- Damage to blood vessels and nerves, blood clots, severe heart valve infections, and sepsis (blood poisoning)
- Abscess or cellulitis formation, gangrene (which can result in loss of limbs)
- Economic ruin, incarceration, loss of family and friends, stroke, brain damage, and overdose death

Get regular STD, Hepatitis and HIV testing. If your injection site becomes red or tender, get it checked immediately at the closest emergency department. We want you to use safely even if you are not ready for a path toward recovery.

When should I return to the emergency department?

If your symptoms are not improving in 24 hours or worsens you should seek immediate medical care. Other concerning symptoms include the development of opioid withdrawal (nausea, muscle cramping, depression, agitation, anxiety and/or opiate cravings), fever, chest pain or shortness of breath.

In the event of an overdose, contacting EMS and rescue breathing are critical in addition to naloxone administration. If naloxone is given, then 911 should be called so that the person can be transported to an emergency department rapidly. Rescue breathing can keep the person alive until EMS arrives even if the naloxone was inappropriately administered or ineffective. If you are unsure about how to perform rescue breathing or administer naloxone please ask your emergency department healthcare provider.