

Quick Reference Sheet

Visit: www.upstreamprevention.org



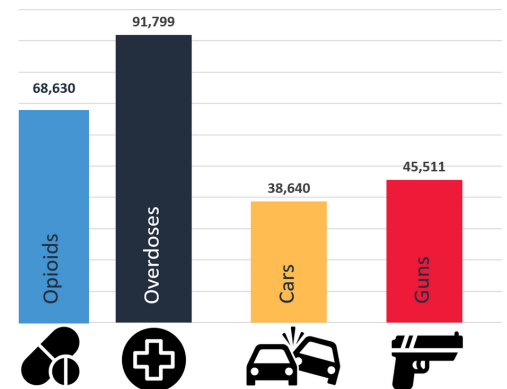
Drug overdose is the leading cause of accidental death in the United States with nearly 92,000 Americans losing their lives to a drug overdose in 2020. More than car accidents, more than guns. In fact, overdose is the leading cause of death for Americans under 50.

The health crisis is long-running and affects all U.S. states, crossing socio-economic and ethnic groups. Between 1999 - 2020 more than 933,000 Americans have died due to an overdose.

Opioids account for 75% of all overdose deaths, equal to 68,630 deaths in 2020. The opioid family of drugs include prescription pain medicine such as Morphine, Vicodin, Percocet, Oxycodone, Heroin, and Fentanyl. There are two distinct trends driving America's opioid overdose epidemic: a 16-year increase in deaths from prescription opioid overdoses, and a recent surge in opioid overdoses driven mainly by fentanyl which rose by 56% in 2020.

Most of the increases in fentanyl deaths do not involve prescription fentanyl but are related to illicitly made fentanyl. It is often found in counterfeit pills or mixed with heroin, meth and/or cocaine as a combination product—with or without the user's knowledge.

Overdose is the Leading Cause Accidental Death

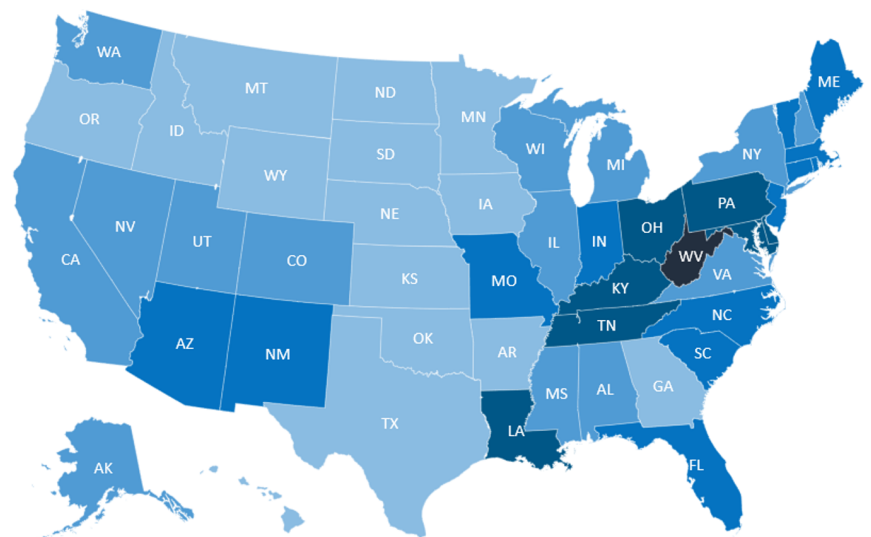


Opioids Account for 75% of all Overdose Deaths

For 2020, the Centers for Disease Control (CDC) reports a **28.3 rate per 100,000 national average, up 31% from 2019**. The U.S. map displays the individual state impact. The darker the blue, the higher the rate per 100,000 in 2020. **Indiana reported 2,316 overdose deaths, 36.7 rate per 100,000, up 37% from 2019.**

For 26 U.S. states, the overdose death rate was below the national average. No states reported a decrease in 2020. The states with the highest overdose death rate per 100,000 are Tennessee (46), Ohio and Delaware both at (47), Kentucky (49), District of Columbia (58) and West Virginia (81) per 100,000.

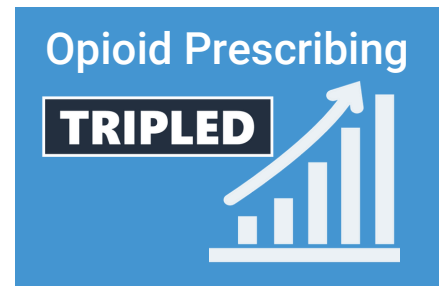
2021 Provisional Estimates
108,000 Deaths. +15%
IN Predicts +21%



Source: State Overdose Death Rate Data: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

Contributors to the Health Crisis

A change in opioid prescribing practices is one of the primary contributors to the health crisis. Between 1991, and the peak in 2012, opioid prescribing rates more than tripled with 255M prescriptions dispensed, at a rate of 81 prescriptions per 100 persons. Since 2012 national rates have slowly declined to 43 per 100 persons in 2020. **IN 57 per 100 persons.**



Misrepresentation of opioid's addictive risks and distribution practices is another contributor with lawsuits and settlements against pharmaceutical companies and distributors coverage in national and local news.

Naloxone - Opioid Overdose Reversal Medication

Naloxone (brand name NARCAN) Is an opioid antidote (antagonist) which reverses an opioid overdose in much the same manner as an EpiPen (epinephrine auto-injector) reverses an allergic reaction.

Naloxone acts as a bridge between the call to 911 and when help arrives. Naloxone is a KEY strategy recommended by CDC, State and Federal organizations to address the health crisis.

How it Works

Naloxone reverses an opioid overdose by attaching to opioid receptors and reversing and blocking the effects of opioids.

Completely Safe

Naloxone is completely safe, especially when used in low doses and administered properly.

No Side Effects

Naloxone will not hurt someone who is not overdosing. There are no effects unless opioids are present.

Saves Lives

It is the same concept as CPR, AED's, EpiPens. It mitigates the damage caused by a negative reaction in the body.

Naloxone only works in the body for 30 to 60 minutes. Overdose symptoms can continue, return or worsen depending on the potency and duration of the opioid used. Stressing need to call 911.

MYTHS About Naloxone

Naloxone encourages people to use opioids more.

False. Studies have shown decreases in use in areas where narcan is commonly used and available.

Naloxone makes the recovered violent.

Not quite. Less than 3%. Naloxone at high dose can cause a quick reversal of an overdose, leading the body to go into "fight-or-flight" mode. This is because the user's addiction relies on the opioid for survival, without it withdraw kicks in and a person may become combative.

Naloxone prevents people from seeking treatment.

False. Areas with naloxone distribution have seen higher rates of treatment seeking among those saved by the drug.

State of Indiana Naloxone Laws

Indiana naloxone laws allow the prescribing and dispensing of naloxone, either directly or by standing order, to individuals at risk of an overdose, first responders, the public, or to lay administrators. Individuals who administer naloxone are protected from some criminal and civil charges under this Good Samaritan Law as long as they “act in good faith,” do not display “gross negligence or willful misconduct,” and they “attempt to summon” EMS.



More information visit: <https://www.overdoselifeline.org/about-naloxone/>

Signs and Symptoms of an Opioid Overdose

Opioid overdose is life-threatening and requires immediate emergency attention. When a person is overdosing from an opioid, their central nervous system and respiration system is depressed and breathing slows or stops. Some brain cells start dying after 5 minutes without oxygen. Every second counts.

Recognizing the signs of opioid overdose is essential to saving lives. When someone is experiencing an opioid overdose, the individual's:

- Face is Pale and/or Feels Clammy to the Touch.
- Their body goes limp.
- Fingernails or lips have a blue or purple color.
- They may be vomiting or making gurgling noises.
- They cannot be awakened or are unable to speak.
- Their breathing or heartbeat slows or stops.

**EVERY SECOND
COUNTS
CALL 911
IMMEDIATELY**

Overdose Prevention Tips for People Who Use Drugs

Naloxone is one overdose prevention solution. The National Harm Reduction Coalition provides this helpful list of the primary risk factors associated with opioid overdose, and offers prevention tips.

Mixing / Drugs	Use 1 drug at a time. Reduce the amount of every drug taken. Avoid mixing alcohol & opioids. Have a friend who knows what drugs used who can respond in case of an emergency.
Tolerance	Use less if you have taken a break/haven't used for a while. Go slow. Do a tester shot. Use a different method (snort instead of inject.)
Quality	Test the strength of the drug. Try to buy from the same dealer so you know what you're getting. Know the pills you are taking and be careful when switching from one type of opioid to another.
Using Alone	Using alone can increase the risks of an overdose. Fix w/ a friend. Develop a plan w/ friends or partners. Leave door unlocked or slightly ajar. Have someone you trust check on you.
Modes of Administration	Be mindful that injecting and smoking can increase risk. Consider snorting, when using alone or decreased tolerance.

Source: National Harm Reduction Coalition

How to Administer NARCAN Nasal Spray*

Confirm overdose. Ensure 911 has been called and EMS is on the way.



Open the medication package and peel back the tab to open it.



Hold the NARCAN with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into one nostril until your fingers are against the bottom of the nose.

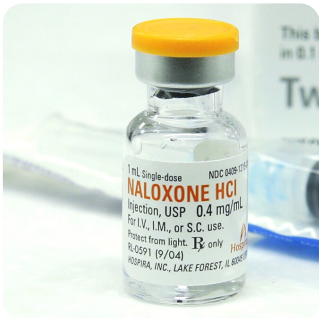


Press the plunger firmly to give the entire dose into one nostril.

**Administration steps for the intranasal naloxone options follow the same stepped process. For demonstration purposes, step-by-step instructions for the Emergent, NARCAN intranasal spray are presented.*

How to Administer Intramuscular Naloxone

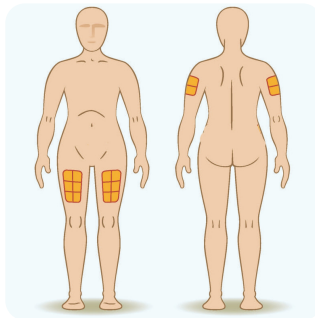
Confirm overdose. Ensure 911 has been called and EMS is on the way.



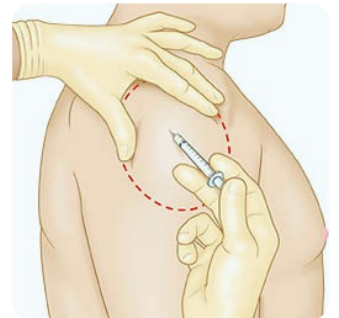
Remove orange cap from naloxone vial and uncover needle.



Pull back on plunger and draw up 1cc. (1cc = 1mL = 100u)



Possible Injection sites: shoulder or thigh muscle.



Inject at a 90° straight into the muscle on the shoulder or thigh to give the entire dose.

If you are trained or certified, apply CPR and/or Rescue Breathing.

After administration, place the person in the recovery position.

A repeat dose of naloxone may be administered if no response in 2-3 minutes.



Recovery Position

1. Place the person's arm that is nearest to you at a right angle. Gently place the back of the other hand against their cheek.
2. Gently pull the person's knee furthest from you towards you so that they roll over onto their side, facing you.
3. Raise their chin to tilt their head back slightly, this will open up their airway and help them to breathe.
4. Stay with them until help arrives.