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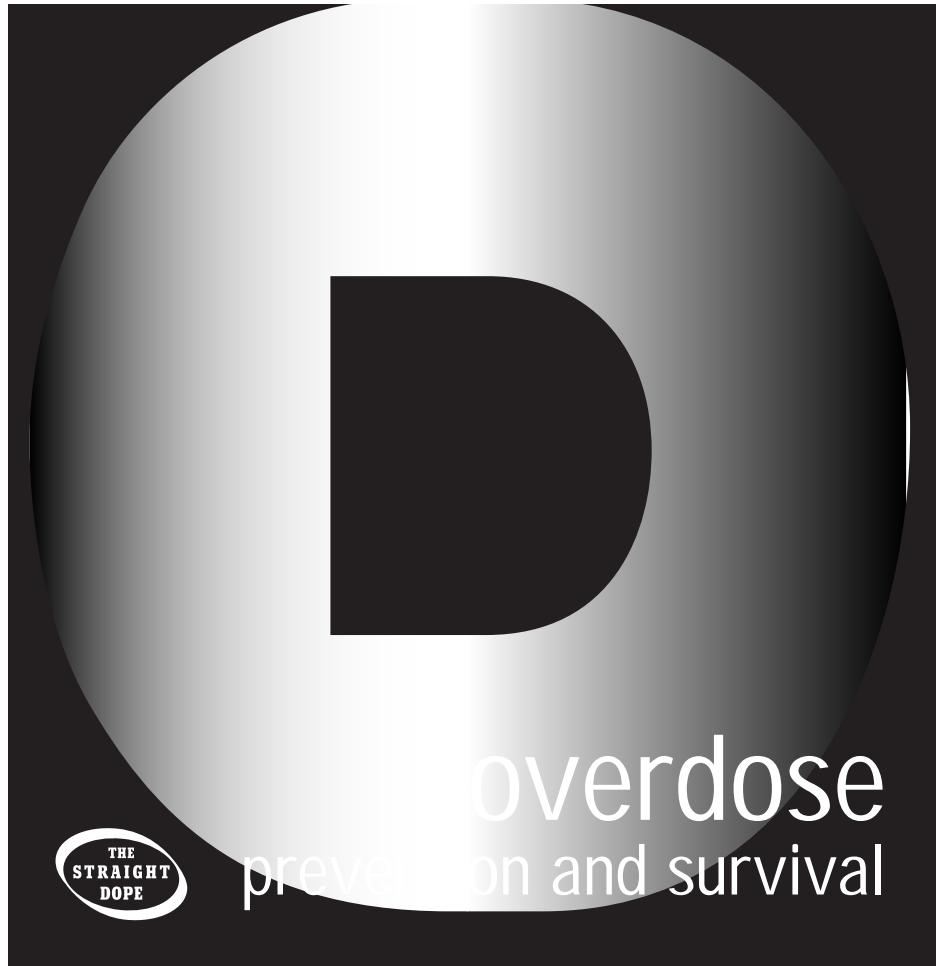
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The Straight Dope Education Series was created to provide accurate information about drugs so that people can make rational, safer and informed decisions about their drug use.

*Special thanks to Dan Bigg of the Chicago Recovery Alliance,
Raquel Algarin, L.P.N. of the Lower East Side Harm Reduction Center and the focus group participants from Citiwide Harm Reduction in Bronx, NY.*

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What is an Overdose?

Overdose (OD) happens when you take too much of a drug (or a combination of drugs), and it overwhelms your body—especially your brain and other important organs like your liver, heart, lungs and kidneys. When this happens your body loses the ability to cope with the drug: you may pass out, stop breathing, have heart failure or have seizures. All of these can kill you. But overdoses don't have to be fatal!

Anyone who uses drugs can overdose; from the first-time user to the veteran. There are many risk factors for overdose: some aren't even drug-related. Problems caused by poor health, depression/low self esteem, homelessness, drug prohibition/ scarcity and lack of syringes don't have immediate solutions. While it's good to be aware of them (thinking about how and why you use can lead to safer use), this brochure focuses on simple steps you can take to reduce your risk of overdosing. It also tells you how to keep someone alive if they OD.

Overdoses do not have to be fatal. The difference between life and death often depends on how you take care of the person who has overdosed.

How ODs Happen and Tips to Prevent Them.

Mixing drugs (like heroin, pills and alcohol) is the most common cause of death by overdose. Drugs taken together can interact in ways that increase their overall effect. With depressants (drugs that slow you down), the risk of passing out or stopping breathing increases. With stimulants (drugs that speed you up), the risk of seizures or heart attacks increases.

- Avoid mixing drugs that have the same effects, such as heroin with other depressants (like alcohol, Xanax or Clonopin) or cocaine with other stimulants (like speed and ecstasy).

Heroin and alcohol and/or downs are a particularly deadly combination. The more alcohol and/or downs you have in your system, the less heroin you need to overdose. Alcohol also affects your judgement, which can lead to mistakes in dosing.

If you plan to drink and do heroin too, take smaller amounts, do the heroin first and pace your drinking. If you do the heroin and then drink over a period of hours, it may give your body a chance to clear some of the heroin from your system before the effects of the alcohol fully build up. Plus, your mind is clearer when you're measuring your heroin dose. (The same goes for downs.)

Remember, the more you plan out in advance, the less room there is for error and panic in the event of an actual OD.

Tolerance has a lot to do with overdosing. If you are using a drug for the first time your body will not be used to it. If you haven't used for a while—like time in jail or detox—your tolerance decreases and your body can't take as much as it could before.

Many people who overdose have just come out of jail or detox. Be especially careful if you use after you've been away for a while: not only has your tolerance gone down, the strength of the dope may have risen.

- Do a little less if you haven't used lately. Even if it's only been a few days, your body may react to the drug like it did when you first began to use. If your health has worsened or you've lost weight since your last use, consider that too when measuring your dose.
- Take the drug in a way that gets you high more slowly—snorting heroin or cocaine rather than injecting it, for example.
- Try to use with someone who knows what to do in case you go out. If you must use alone, let a friend know so they can check in on you.
- Try to find out as much as you can about the stuff you plan to use: it may have gotten stronger since the last time you tried it.
- Be careful if you're using a new drug, as it will be hard to know how much to do. Try to use with someone who has some experience with the drug you're doing, *and with new users*.

Some people OD because they just do too much in a short time period, and the drugs build up in their system, leading to an overdose.

- Let your drugs work first before you do more. If you don't give your body enough time, you will overwhelm it.
- Purchase just the amount you plan to use. If you have to buy more than you need, see if you can stash it somewhere, like with a non-using friend.
- Keep track of how much you've used. Remember that each time you do more, you are increasing the amount of drugs in your system.
- Take control of your own preparation and intake. You are the only one who really knows how much you can handle.

There is no quality control with illegal drugs. Basically, you don't really know what you're getting. Street drugs vary in purity from day to day. They are often cut with cheaper drugs (or other materials) that can be dangerous, unpredictable and increase your chances of overdosing. Every time you buy from a different dealer or new batch, it's a gamble.

- Check out anything that's new: does it taste, smell and look OK?
- If you have doubts about what you just bought and you normally shoot-up, snort a bit first instead. Or...
- Do a tester shot first to see how strong the drugs are. You can even push a little in, and once sure it's ok, do the rest.
- If you get something that's really strong, let your friends know. If you get your needles at an exchange, see if they can put up a bulletin board or make up a hot sheet warning users of especially strong (or bad) dope.
- Try to buy from a regular source that you trust. Establish a relationship with a dealer who will talk to you about their product. Talk to the other buyers; the more information you have about potency, the better.

Changes in your health or body can put you at risk for an OD. Getting sick or losing weight affects your tolerance and your body's ability to adjust to the drug.

- Use less when you are sick or while you are recovering from illness.
- If you have lost weight, do a tester shot or take less to see how much you need.
- Women usually weigh less than men. If you're a woman getting high with a man, make sure your needs are taken into account when your dose is measured.
- Maintain your health by eating and sleeping well, drinking lots of juice and water and getting an annual physical.

Although not necessarily a cause of overdose, using alone increases the chance of fatally overdosing because there is no one there to call for help or take care of you if you go out. When you can, use with people you trust and talk with them about an overdose plan (see opposite).

- Put together a support system of people who know you use. Let them know when you plan to use alone and ask them to check in on you.
- If you are alone and overdosing, or afraid you might, call 911 or one of your supportive friends while you still can.
- If you do use alone, unlock your door so the paramedics or your friends can get inside.
- Think through each step of your drug-taking. This will lessen the likelihood of making a mistake that can lead to overdose.

Talk With Your Partners: Make A Plan For Dealing With Overdoses

The time to talk is when *all of you can talk*.

Questions to consider:

- When should someone take action? (Do you wake your friend if he's in a heavy nod? Do you call 911 if his breathing is erratic?) What about...
- calling 911? (Immediately, or should resuscitation be tried first?)
- the use of rescue breathing? (If it's not working, at what point is 911 called? Narcan used?)
- trying narcan? (Where/how administered? How much - 1cc or less, multiple doses?)
- after the person resumes breathing? (What kind of support is desired? Will you take the person to the ER? Who will stay to make sure they don't OD again?)
- when the naloxone wears off? (Do you go to the ER? Who will stay with the person? What's to be done if the person's really dopesick afterwards?)
- Is it ok to remove an overdosing person's I.D—just in case they have any warrants? Some people have medical conditions, and an ID card or bracelet could help doctors save such a person's life, especially if the medical condition contributed to their collapse.

How can you tell if a person has Overdosed?

What happens when someone overdoses depends on the kind of drugs they have taken.

Depressant drugs like opiates (like heroin and Dilaudid) and sedatives (like Valium and alcohol) slow down your heart rate and breathing. A person who overdoses on a depressant may pass out, stop breathing or choke on their vomit—any of which can lead to death. Sometimes you can hear a person's raspy breathing and know they're having problems. Often, you don't know they've stopped breathing. If their face turns blue they are very close to death and need immediate attention—rescue breathing, or the Heimlich Maneuver (to clear a blockage in their windpipe) or CPR (if their heart has stopped). Call 911 immediately!

Stimulants (like speed and cocaine) speed up the body's functions. A person who has overdosed on any of these may collapse from exhaustion, have a seizure or become so disoriented that they accidentally hurt themselves. They can also have a heart attack or experience cardiac arrest.

Someone who is overdosing isn't always aware of what is happening. They may be helpless; if so, you need to act quickly. If a person stops breathing, it only takes a few minutes for them to die. Don't wait for them to "get over it": they could die, or suffer permanent brain damage from lack of oxygen.

Symptoms of an Overdose	
Depressants <ul style="list-style-type: none">• Awake, but unable to talk• Body is very limp• Face is very pale• Pulse (heartbeat) is slow, erratic or not there at all• Breathing is very slow and shallow, erratic or has stopped• Passing out• Choking sounds, or a gurgling noise• Throwing-up	Stimulants <ul style="list-style-type: none">• Foaming at the mouth• Pressure, tightness or pain in chest• Shaking, or seizures• Passing out• Choking sounds, or a gurgling noise• Throwing-up

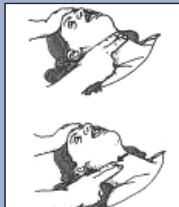
What To Do If Someone Overdoses.

If someone looks like they are overdosing, act quickly and follow these steps:

First, find out if the person is conscious. See if the person can open their eyes or speak to you: shake them and call their name. If that doesn't work try to bring them around by causing pain: rubbing their breastbone with your knuckles really hard, or twisting a pencil up against the space between their fingers. Don't worry about either of these methods hurting too much! It is more important that the person wakes up.



Heimlich maneuver
Place fist just above navel and give 5 quick upward thrusts until object is removed.



Check Pulse

If the person is conscious:

1. Do they know what's happening to them? Get them up and walking around, even if you have to hold them up. Talk to them; it's important to keep them as alert as possible.
2. If they are experiencing nausea, chest tightness, shortness of breath, choking or similar symptoms, call 911 (see p. 13 for tips on how to call).
3. If they are choking, use the Heimlich Maneuver (see picture, left).
4. Stay with them and keep an eye on them. Otherwise, they could pass out, stop breathing and die.

If the person is unconscious:

1. Check their pulse (if you know how) and breathing
 - Does a mirror held under their mouth fog up?
 - Can you feel their breath on your hand?
 - Is their chest moving up and down?
 - Can you hear their heartbeat when you put your ear to their chest? Feel a pulse on their neck?
2. If the person's breathing is erratic or has stopped altogether, or they have blue skin or no pulse, call 911 immediately. If you don't know how to give first aid put them in the recovery position. While you wait for help to come, continue trying to wake them.

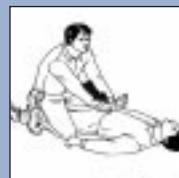
If you know how to do first aid, start right away. *If they have a pulse, just do rescue breathing.* (see picture, right). *If there is no pulse (and you know how to perform CPR) begin now* (see 7, below).

3. Begin Rescue Breathing: Tilt head back and lift chin. Pinch nose shut. Give one slow breath every 5 seconds. If your breaths don't go in retilt head and repeat breathing. *If air still won't go in...*
4. Give Abdominal Thrusts: Sit on their legs. Placing hands a few inches above belly button (but below breast bone's notch) press in and up, 5 quick independent thrusts. (see illustrations, right). *If air still won't go in...*
5. Check to see if the person's airway is clear.
6. If there is something blocking their throat, like vomit or food, do a finger sweep. Hold down chin. Use the forefinger of your other hand as a scoop and remove the object—see illustration, left. (Don't worry about them swallowing their tongue—that is a myth.)

Once airway is clear, restart breathing, or if there is no pulse...



Rescue Breathing



Abdominal Thrusts



Airway Check



CPR

NOTE
Performing rescue breathing/CPR is one of the most important things you can do to help someone survive an OD. Because a brochure like this cannot be a substitute for actual first aid training, HRC urges users to contact their local red cross, YMCA or needle exchange for rescue breathing or CPR instruction classes.

7. Begin CPR
 - Find hand position on center of breastbone, above the notch. (See picture, left)
 - Compress chest 15 times with arms locked at elbow, then give 2 slow breaths (repeat whole cycle 5 times a minute).
 - Repeat until heart restarts or help arrives.
8. If you have narcan and know how to use it, give them 1mg. While you wait for the narcan to take effect remember to continue with the rescue breathing. If they don't respond after a few minutes, give them another 1mg. If they haven't responded after 3-5 mg most likely there is something else causing their present condition that requires immediate medical intervention. In such cases, continuing to give them narcan wastes valuable time.
9. Stay with them, and keep an eye on their condition, as it can suddenly get worse. If you must leave—for a minute or permanently—put them in the recovery position (see picture below).



Recovery Position

When you call 911, say "my friend is unconscious and not breathing." If you don't tell the operator that the person's overdosed, they may not send the police.

Calling 911

Many of us are afraid to call 911 when someone we know ODs. You may have had a bad experience with paramedics, or heard stories about people being arrested when the cops came too. But if you don't know how to do rescue breathing and/or CPR (or don't want to), and you don't have narcan, calling 911 may be the only way to save the person's life. Here are a few tips for your call:

When you make the call...

- Be as calm as possible: the more things appear to be under control the less likely the cops will be sent.
- Be clear and concise. Telling the dispatcher someone's stopped breathing should get the paramedics zipping over. If you're asked if it's an overdose, don't lie. Say you think the person took something, but you're not sure what it was.
- Make sure you've given them the address, phone number (if there is one) and instructions on how to get into the building. (If you're squatting, send someone out to the street to wait, if you can.)

If you're afraid of the cops, absolutely cannot stay and no one else is around...

- You can still call 911. If you're on the street or in a park, calling from a pay phone is pretty anonymous.
- If you can do it without hurting your friend, take her into the street, or the building doorway. The easier it is for the paramedics to get to her, the better. Remember to put her in the recovery position!

- If your friend is outside, try to get a passerby to help before you leave.
- If you can't move your friend, you can stay until you hear the sirens get really close, then split. Just make sure help can get to your friend: leave the door open, put a note up, etc. Again, remember to put her in the recovery position before you leave. A final suggestion: if it's not your place and there's a fire escape or back door, you can always wait until the last minute and duck out the back way.

If your friend wakes up: A person can OD again, so it's important to stay with your friend, or take her to the emergency room.

When help arrives...

If it's just paramedics: The paramedics are there to help. Give them as much info as possible: what the person took, any medical conditions you know about, etc. (You don't have to tell them you used, or that you saw your friend use.) Be respectful of the paramedics and let them do their job; they will usually only call the police if they are physically threatened.

If the cops come too: Most times paramedics can figure out what's wrong with someone. Sometimes, though, when a person is really overdosed, or has taken drug combinations, it's not as obvious. Even if you have to pull the paramedic to the side to tell them what was taken, this can make a difference—especially if more than one drug is involved! Just remain calm, don't have an attitude and be as honest as you can without getting yourself into trouble.

For many of you, hiding cookers, cottons, empty bags, etc. before anyone comes is standard practice. Remember to put the person in the recovery position while you do this!

About Narcan

Narcan is the drug paramedics use to revive people who've ODed on opiates. Narcan restarts a person's breathing by blocking the opiates in their system. If you don't have a habit narcan may make you feel a little uncomfortable but it shouldn't hurt you. Giving narcan to someone who has a habit may send them into withdrawal, so be prepared to support them until the narcan wears off. And remember, since narcan only lasts about an hour, another dose may be needed to keep the person from ODing again. Although you need a prescription for narcan, some harm reduction activists are working to make it freely available. Ask your local needle exchange if they teach you how to use it. (For more information, contact HRC for copies of our Fall 1999 newsletter, which has a bunch of articles on ODs and narcan, or see HRC's website, www.harmreduction.org.)

Narcan's effects only last for about an hour. Once it wears off, the person can OD again.

What NOT to do if someone overdoses.

Do NOT inject the person with salt water, or milk. Neither will help revive the person, and the time you spend looking for a vein could be better spent doing rescue breathing or trying to wake them up.

Do NOT inject the person who has overdosed on heroin with cocaine or speed, or vice versa. It wastes valuable time and can make them worse: it's one more drug that their body has to deal with..

Do NOT put the person in a cold water bath—they may drown. If they are still breathing, you can put them under a cool shower to wake them up, but stay there with them and keep the water away from their nose and mouth.

Do NOT leave someone who has overdosed alone, even after you've called an ambulance. If you must go, leave them in the recovery position.