

# Downers Are...

- **Opioids (Legal or Street)**
  - Heroin and Fentanyl
  - Oxycodone, Morphine, and others
- Alcohol
- GHB
- Benzodiazepines
- Xylazine

*All downers can slow down breathing, limiting oxygen that gets to the brain, and can cause brain injury, organ failure and death (overdose).*

## Super High or Overdosing?

An Overdose looks like...

Breathing is uneven, infrequent, or stopped



Blue lips/fingernails (ashen if darker skin)

Not responding to pain stimulus



Pinpoint pupils

Deep snoring/gurgling



# We Provide

## FREE Safer...

## Sex

supplies like condoms, lube, dental dam, and more!

## Rigs

and other health tools like pipes, naloxone, and all the works!

## Safety

through our **FREE** no judgement trauma-healing Harm Reduction Case Management, Therapy, and Support Groups.

## Contact Us

122 South St.  
Belleville, MI 48111  
(734) 697-9511 (signal available)  
[www.sooar-nonprofit.org](http://www.sooar-nonprofit.org)



# OVERDOSE SURVIVAL GUIDE

# Opioids



# Safety 1st

- Know your health and tolerance
- Have naloxone out & ready
- Limit/avoid mixing downers
- Start low & slow
- Walk around to see how it hits
- Make a safety plan; Use with a trusted person & take turns using
- If using alone; leave the door unlocked; ask someone to check on you, or use:

-Never Use Alone (877) 696-1996

-MA Overdose Prevention helpline (800) 972-0590

-Download the BRAVE APP

- Store meds/substances out of reach of children and pets
- Tests your drugs w/test strips & drug checking programs if you can

## Set, Setting, Risks

You are more likely to overdose if:

- Tolerance is low (recently in jail, detox)
- You are sick, tired, or dehydrated
- Mixing drugs, especially downers
- Current drug supply is unreliable



**Reminder: Quicker highs mean higher risks of overdosing.**

# ABC's of OD

## Check Responsiveness

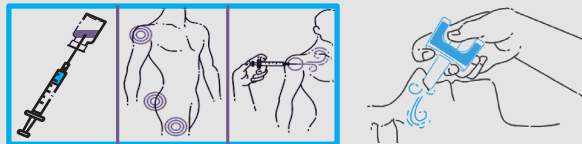
Yell, "Hey friend, I think you're overdosing and if you don't respond I'm going to use Narcan!", shaking them, pinching their fingernails, or the back of their arm (nobody likes withdrawals, so if they don't need it, they'll tell you).

### A Administer Naloxone

Give 1 dose of naloxone every 2-3 minutes (give it time to work). At least 10-12 breaths per minute is the goal.

**Injectable:** Draw up full vial with 23-25G, 1-1.5" needle & inject into muscle in thigh, butt, or upper arm (through clothes if needed).

**Nasal:** Spray full dose all the way up one nostril while pinching the other nostril.



### B Breath for Them

Rescue breaths are critical. Tilt their head back, lift their chin, pinch their nose, 2 breaths initially, then give one breath every five seconds through the mouth.

### C Contact Help/EMS/911

Give exact location and say "I have someone who isn't responsive or breathing!" Put away syringes/equipment in area. *If you must leave the person alone to make the call or feel unsafe to stay, put them in the recovery position\*.*

# Position\*

Put the person on their side, hand under their head, so if they vomit, they won't choke on it.



\*Recovery Position

## The Wake Up

People can be disoriented, traumatized, and dope sick as they wake up. Be gentle with them and give them space!

- Naloxone wears off 30-90 minutes, stay with them if you can.
- Be kind to yourself-no matter the final results.

## Not Your Mama's Dope

- The war on PWUD has created an unpredictable supply
- If giving naloxone isn't restoring their breathing, other substances are likely involved, focus on rescue breaths and get them medical care
- Fentanyl is mixed with the majority of the "heroin" supply
- Fentanyl often gets confused for powder and crack cocaine. It cannot be detected by taste, smell, sight, or touch
- White powders and rocks can look the same, so test your drugs