What is an opioid overdose?

- **Opioids include** heroin and prescription pain medications like: Vicodin * OxyContin * Percocet * Dilaudid * Fentanyl * MS Contin * Methadone
- **Opioids slow down breathing.** In an overdose, your breathing slows down too much or stops completely. If the brain can’t get enough oxygen you can die. An opioid overdose is a respiratory crisis!
- **You can overdose minutes or even hours after you’ve used opioids.** You may start out just really sleepy. But eventually you might pass out and stop breathing.

What are signs of an overdose?

- won’t wake up
- slow or no breathing
- pale, gray skin
- blue lips or fingertips
- snoring or gurgling sound

What is naloxone?

- A medication that reverses an opioid overdose. Naloxone has been used for decades by emergency medical professionals for this sole purpose.
- Naloxone displaces opioids from their receptors in the brain and stops the effects of the opioids. The person can then wake up and start breathing again.
- Naloxone only works on opioids (not benzos, alcohol or stimulants). It has no effect on the body if a person is not using opioids.
- It is very safe and adverse or allergic affects are rare. It is safe to give to pregnant women, children – even dogs have been successfully rescued with naloxone.
- Naloxone only lasts for 30-90 minutes, at which time any remaining opioids can return to their receptors and take effect again. A person can slip back into overdose.
- Naloxone expires in 18-24 months and should be replaced.
- It is safe to store in car glove boxes, even for time periods above 90 degrees.
- It is legal for anyone in WA State to obtain, possess and administer naloxone.

What to do at an overdose scene:

1. **Try to wake them up.** Rub your knuckles hard up and down their sternum/breastbone.
2. **Give a single dose of naloxone.** Each kit will have 2 doses of naloxone. Naloxone sometimes works right away but can also take up to 2-3 minutes to work depending on which and how much opioid is involved.
3. **Wait for 2 minutes and then give a second dose of naloxone if the person is still not breathing.**
4. **If your protocol dictates, give chest compressions while waiting for the naloxone to take effect.** Mouth to mouth breathing is more useful than chest compressions, although most protocols do not mandate officers to perform rescue breathing.

People experience a range of reactions after being revived with naloxone. People can experience mild to acute withdrawal symptoms such as sweating, nausea, achiness, or vomiting. Individuals may feel agitated, but they are rarely combative. Almost certainly, they will feel confused or anxious about what is happening around them. Calmly explain what happened and that you administered naloxone to reverse the overdose. Stay with them until emergency medical help arrives. Encourage the person to go to the hospital. They should NOT use more opioids right now.
Legal issues:

**Officer Liability:** If acting within normal professional standards (i.e., no gross negligence or malice), police are not subject to civil liability or disciplinary action for giving naloxone. This is outlined in RCW 69.41.095. You are also not required to administer naloxone. There have been no known administrative or legal actions taken against police regarding naloxone.

The **911 Good Samaritan Overdose Law (RCW 69.50.315)** says that any bystander making a good faith effort to assist in an overdose (e.g., calling 911, staying with the overdose victim at the scene) cannot be prosecuted for drug possession relevant to any evidence that might be found at the overdose scene. This protection also applies to the overdose victim.

This law does not protect bystanders or victims from outstanding warrants, intent to distribute, or other criminal infractions or behaviors.

**Naloxone should not be confiscated.** Naloxone is legally available to anyone who wants it in WA State and many public health, medical services and community programs distribute naloxone to people at risk for overdose.