Legal Considerations

- Illinois Public Act 099-0480 enables nonmedical persons to administer naloxone to persons experiencing an opioid overdose.
- Emergency responders such as EMS, firefighters, law enforcement, and pharmacists are required to be trained in administering naloxone in various forms.
- Trained personnel, bystanders, friends, and family members can obtain, possess, and administer naloxone.
- The law provides civil and criminal immunity protections for individuals administering naloxone if they believe a person is experiencing an opioid-related overdose.

Consider Becoming a Drug Overdose Prevention Program

- Putting naloxone into the hands of people who use opioids and people who care about them is the best overdose response strategy.
- Your recovery home, substance use disorder treatment program, church, social service agency, law enforcement agency, hospital, shelter, business or other organization can voluntarily enroll in the Drug Overdose Prevention Program (DOPP) and provide Overdose Education and Naloxone Distribution (OEND) services in Illinois.
- Go to the IDHS/SUPR DOPP homepage to find out more about DOPP enrollment and to access other educational materials: https://www.dhs.state.il.us/page.aspx?item =58142

Saving lives is the ultimate goal!

Naloxone Facts

- Current research shows that naloxone access reduced the number of overdose deaths by 50% in many communities.
- Naloxone is safe to use. It is non-addictive and as nontoxic as water.
- Insurance provider coverage of naloxone varies but Medicaid covers it with no co-pay.
- In Illinois, you can obtain naloxone through healthcare providers, pharmacies, and Drug Overdose Prevention Programs. Find your local naloxone distribution locations at: https://idph.illinois.gov/OpioidDataDashboard/

If you or someone you care about need(s) help with a possible substance use problem or need help locating treatment services, please call:

Illinois Helpline for Opioids and Other Substances 1-833-2FINDHELP www.helplineil.org

- Open 24 hours a day, seven days a week for people experiencing substance use disorders, families, and anyone seeking information and support.
- Confidential and free. Helpline specialists are trained in evidence-based approaches to help connect callers with treatment services and recovery support services.





Recognizing and Responding to an Opioid Overdose



Division of Substance Use Prevention and Recovery (SUPR)

401 S. Clinton St. Chicago, IL. 60607 (312) 814-3840 • www.dhs.state.il.us

Prevention

- Learn about the risks and benefits of prescription medications, the importance of using them as prescribed, and how to safely dispose of them.
- Illicit opioids, including pills, have unknown strength and contents. Substances like fentanyl can significantly increase the risk of overdose.
- Avoid mixing opioids with other drugs, especially alcohol, benzodiazepines (e.g., Xanax, Valium), cocaine, sleeping pills, and additional opioids.
- Following a period of abstinence (e.g., treatment or incarceration), people experience a loss of tolerance and an increased risk of overdose.
- Chronic health conditions such as HIV, liver disease, and asthma increase risk of overdose.
- Injecting opioids increases your overdose risk. However, you can still overdose from snorting.
- People who previously experienced an overdose are at an increased risk of future overdoses.
- It is safer to not use alone. In an emergency, someone can administer naloxone and call 911.
- Expand the use of naloxone by getting trained to use it and encouraging others to do so.

Responding to Overdose: A 5 Step Plan

1. Recognize Overdose

- No response if you shake them or call their name
- Breathing will be slow or stopped
- Snoring or gurgling sounds present
- Blue or grey lips and finger nails
- Pupils are pinned (small)
- Pale face, skin feels cold and clammy

2. Call 911 if no response

- Use sternal rub. Push firmly on their chest with knuckles and rub up and down. If there is no response, remain calm and call 911.
- Be specific: "The person stopped breathing.
 They are not responsive to commands."
- Be clear. Give cross streets or exact location

3. Give Naloxone - Injectable or Nasal Spray

A) Injectable - Intramuscular

- Remove cap from vial, insert needle, and turn vial upside down to assist with drawing the dose
- Pull back plunger, fill to 1mL/1cc (single dose)
- Inject into upper arm or thigh muscle. You can inject through clothing or fabric.

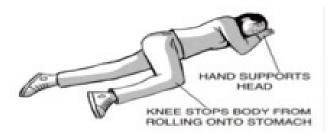
B) Nasal Spray - Intranasal

- Lay the person on their back to receive a dose of NARCAN® Nasal Spray.
- Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Insert the tip of the nozzle in either nostril until your fingers touch the bottom of person's nose.
- Press the plunger firmly to release the dose.



4. Place Person in Recovery Position & Rescue Breathing

- If the person has not started breathing again, or breathing is still severely impaired, start rescue breathing ASAP. It is the quickest way to get oxygen to the person in need.
- To perform rescue breathing, lay the person flat on their back. Tilt their head backwards and check that their airway is clear.
- Pinch their nose, cover their mouth with your mouth and give one breath every 5-10 seconds.
- Continue rescue breathing until the person is breathing on their own.
- If you must leave the person unattended, place them in the recovery position (pictured below).
 Turn them on their side, with their bent knee shifting their body weight forward, and place their hand under their head for support.



5. Monitor

- If the initial dose of naloxone does not work after 2-minutes, give another dose.
- Naloxone will only work for an opioid overdose.
- If they wake up, they may be confused or agitated.
 Orient them to the situation, keep them calm, and discourage them from taking more drugs until the effects of the naloxone wear off (30-90 minutes).
- Remain with the person until help arrives.
- After using naloxone please contact us at DHS.DOPP.coordinator@Illinois.gov to report and record the overdose reversal.