

# Risks of Drug Overdose

Charlotte Behavioral Health Care



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Drug overdoses are one of the scariest risks associated with substance use, and, unfortunately, they happen frequently. According to the National Institute on Drug Abuse (NIDA), more than 70,000 Americans died from drug-involved overdose in 2019, including illicit drugs and prescription opioids. That breaks down to 192 people every single day.

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**Drug overdoses are medical emergencies  
that require immediate intervention.  
If someone doesn't get help  
soon enough, they can die.**

Sources Referenced in this Booklet:

<https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>

<https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/>

# A Note From CBHC



Dear CBHC Patient,

If you are reading this booklet, you are in the fight of your life. Our staff sincerely hope that this treatment is a final step towards your long term recovery.

We encourage you to review your relapse prevention plan today - or to develop one, if you haven't already. Our staff is available to assist you with this process.

This handbook is written because the road to recovery has bumps (relapse). Many times, our patients leave detox or another CBHC program, and, after a period of abstinence, do not realize the risks that follow. Relapse after a period of sobriety can be very dangerous. Although our ultimate goal when you leave is abstinence from substances, this book is written to save your life should you relapse.

Throughout this booklet, you will see references to the website [harmreduction.org](http://harmreduction.org). We encourage you to take the time to learn more about your addiction and the risks of relapse. Knowledge is power, and this particular information is life-saving.

Please know that we are here, your community is here, and other supports are available to you on this journey. And, please know that we are here if you should need us again.

You are definitely not in this fight alone.

Sincerely,

A handwritten signature in black ink that reads "Victoria Scanlon". The signature is written in a cursive, flowing style.

Victoria Scanlon, LMHC, CEO  
and the Staff at CBHC

# Signs of an Overdose

A drug overdose occurs when you take more of a drug than your body can process. You may not recognize that you're overdosing when it's happening.

An overdose can result in mild to serious symptoms which will vary depending on the type of substance used, the dosage that was taken, and the person's weight and height. Different drugs affect different parts of the brain. Depending on the drug, overdose symptoms vary, but some common symptoms include:



Difficulty breathing  
or slowed breathing



High or low  
body temperature



Hallucinations



Vomiting



Seizures

Drug and alcohol overdoses can be extremely serious or even deadly, and unfortunately, the rate of overdoses caused by these substances is increasing. According to NIDA, drug overdose deaths have become a significant health problem in the United States. In fact, the rate of drug overdose deaths in the U.S. in 2019 was early 2.5 times the rate in 2010 (21,088 in 2010/49,860 in 2019).

# What Puts You at Risk of an Overdose?

You're at risk of overdosing anytime you abuse a substance, but some things can increase the risk. These are called risk factors, and common ones include:

- Having an opioid use disorder
- Having medical conditions, like HIV or liver or lung disease
- Using the same amount of a drug after a sustained period of not having taken that drug
- Having a low level of physical tolerance
- Increasing the amount of the substance you're using
- Becoming dependent on the drug
- Binging or taking a large amount of the drug in a short period
- Using drugs intravenously (directly into the veins)
- Having a history of suicide attempts
- Mixing drugs or taking multiple substances closely together
- Dropping out of substance abuse treatment prematurely
- Having a history of previous overdoses
- Being recently released from jail or prison
- Having co-occurring mental health conditions



# Primary Risk Factors for Overdose

Overdoses can happen for various reasons. Some of the primary risk factors include:

## Tolerance

Tolerance is your body's ability to process a certain amount of a drug. Low tolerance means that your body can only process a small amount of a drug (i.e., it takes less drugs to feel the effects) and increased tolerance means your body has learned how to process increased amounts of the drug (i.e., it takes more drugs to feel the effects).

Tolerance develops over time, so the amount of a drug a long-time user needs to feel the drug's effects is a lot greater than a newer user. Tolerance also wavers depending on several factors including, weight, size, illness, stress, compromised immune system, and age.

Most importantly, tolerance can decrease rapidly when someone has taken a break from using a drug whether intentionally or unintentionally - for example, while in CBHC's CRF, detox, jail, or hospital. During that period, your tolerance for the drug decreases. If you then take the same dose that you were used to taking, you may increase the risk of overdosing.

Research has also shown that tolerance is affected when a person uses drugs in a new or unfamiliar environment, and therefore at a higher risk for overdose.

## Prevention & Harm Reduction Tips:

- If you find yourself thinking about using, implement your relapse prevention plan early to avoid relapse. Call a sponsor, trusted friend, or attend a meeting (virtual or in person).
- Use less when you are sick or you haven't used—even a few days of abstinence or decreased use can lower your tolerance.
- If you are using after a period of abstinence, be careful and go slow.
- Consider that injecting is a higher risk method, and snorting is a lower risk method (see [harmreduction.org](http://harmreduction.org) for more information).

**Tolerance can decrease rapidly when someone has taken a break from using a drug whether intentionally or unintentionally - for example, while in CBHC's CRF, detox, jail, or hospital.**

# Primary Risk Factors for Overdose

## Mixing drugs

Street drugs are rarely pure. Many times, dealers “cut” drugs with cheaper ingredients to make them stronger. For instance, many dealers combine heroin with other synthetic opioids like fentanyl, a substance that’s 50-100x more potent than morphine. There’s no way of knowing how your body will react to this combination.

In addition, drugs taken together can interact in ways that increase their overall effect. Many overdoses occur when people mix heroin or prescription opioids and/or alcohol with benzodiazepines such as Klonopin, Valium, and Xanax. Most fatal overdoses are the result of poly-drug use.

All sedating medications carry overdose risks on their own, however, when drugs are combined, the risk is substantially increased because the drugs typically use different mechanisms in the body to create sedation. These mechanisms represent overlapping protection from the brain and respiration shutting down. This overlapping protection is diminished when multiple substances are combined. For example, the more alcohol and/or downers in someone’s system, the less heroin needed to cause an overdose.

Speedballing (mixing heroin and cocaine) is another common drug combination. While it seems intuitive that combining a stimulant and a depressant would counterbalance the different effects, the combination does not cancel out overdose risk. Actually, people who speedball are at higher risk for overdosing than people who use heroin or cocaine alone. This is likely because:

- the body has to process more drugs;
- the stimulant causes the body to use more oxygen while the depressant reduces the breathing rate, and
- people who speedball usually inject more frequently with less time between shots than people who are using only heroin.

**All sedating medications carry overdose risks on their own, however, when drugs are combined, the risk is substantially increased because the drugs typically use different mechanisms in the body to create sedation. These mechanisms represent overlapping protection from the brain and respiration shutting down.**

# Primary Risk Factors for Overdose

## Prevention & Harm Reduction Tips :

- If you find yourself thinking about using, implement your relapse prevention plan early to avoid relapse. Call a sponsor, trusted friend, or attend a meeting (virtual or in person).
- Avoid using multiple drugs together. If using multiple drugs, use one drug at a time or use less of each drug.
- Reduce the amount of every drug being taken.
- Try to avoid mixing alcohol with heroin/pills—this is an incredibly dangerous combination.
- If drinking or taking pills with heroin, do the heroin first to better gauge how high you are. Alcohol and especially benzos impair judgment so you may not remember or care how much you've used (see [harmreduction.org](http://harmreduction.org) for more information).
- Have a friend with you who knows what drugs you've taken and can respond in case of an emergency.

## Quality

Quality refers to how pure, or strong, a drug is. The content and purity of street drugs is always unpredictable. They are often “cut” with other drugs or materials that can be dangerous. You can't tell how pure your drugs are from looking at it, and purity levels are always changing, which means you can do a shot that's a lot stronger than what you are used to and put yourself at risk of an overdose.

Same goes for prescription drugs—while we may know the contents of the pill and the dosage, we may not know how strong one type of pill is compared to another of a similar type. For example an Oxycontin is not the same as a Vicodin, even though both are in the opioid family.

Knowing the strength and understanding dosage when taking pills is as important as knowing the strength and purity of street drugs like heroin.



# Primary Risk Factors for Overdose

## Prevention & Harm Reduction Tips:

- If you find yourself thinking about using, implement your relapse prevention plan early to avoid relapse. Call a sponsor, trusted friend, or attend a meeting (virtual or in person).
- Test the strength of the drug before you do the whole amount.
- Try to buy from the same dealer so you have a better idea of what you're getting,
- Talk to others who have copped from the same dealer.
- Know the pills you're taking.
- Be careful when switching from one type of opioid pill to another.

## Using Alone

While using alone isn't necessarily a cause of overdose, it 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. Many fatal overdoses have occurred behind closed or locked doors where the victims could not be found and no one was there to intervene.

## Prevention & Harm Reduction Tips:

- If you find yourself thinking about using, implement your relapse prevention plan early to avoid relapse. Call a sponsor, trusted friend, or attend a meeting (virtual or in person).
- Do not use alone.
- Develop an overdose plan with your friends or partners.
- Leave the door unlocked or slightly ajar.
- Call someone you trust and have them check on you.
- Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually naloxone'd themselves before!

# Primary Risk Factors for Overdose

## Age & Physical Health

Your age and physical health are going to impact your body's ability to manage drugs. Older people and/or those with longer drug using careers are at increased risk for fatal overdose. While more experience with substances in and of itself is probably protective, the cumulative effects of long term substance use, which could include illnesses, like viral hepatitis or HIV or infections, like endocarditis or cellulitis, may hinder resiliency. Older people who overdose are less likely than younger people to survive their overdose. If you have a compromised immune system, you've been sick, or if you have a current infection, like an abscess, this also puts you more at risk for overdose because your body is weakened. Dehydration, not eating or sleeping also puts you more at risk for overdose.

If you are a stimulant user, you are more at risk for a seizure, stroke, or heart attack if you also have other health issues like high blood pressure, heart disease, diabetes, high cholesterol or if you smoke cigarettes.

## Liver and Lung Health

Liver and lung health, negatively impacted by hepatitis and smoking respectively, play an important role in overdose. The liver filters substances in the body and is involved in their metabolism, so a poorly functioning liver means less capacity to do that in a timely manner. In other words, when your liver is not working so great it can't process drugs and alcohol as easily, leading to "build-up" of drugs in your system, which can be toxic and make the effects of certain drugs last longer than they should.

Also, since downers cause your breathing to slow down, if you have asthma or other breathing problems, you could be at higher risk for overdose. Poor lung function decreases the body's capacity to replenish the oxygen supply, which is essential for a person to survive an overdose. Someone should use less when they are sick or recovering from an illness.

# Primary Risk Factors for Overdose

## Everybody is Different

Drug using partners should rely more on what they know about their own body, tolerance and experience, then rely on what their partners are using, as there is substantial variability in how different substances are processed by different people.

Anyone who uses opioids, including people who take opioids for pain, should be aware of increased overdose risk if they have any of the following health characteristics:

- Smoke or have COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness.
- Have kidney or liver disease or dysfunction, cardiac illness or HIV/AIDS.
- Drink alcohol heavily.
- Currently taking benzodiazepines or other sedative prescription or antidepressant medication.

## Prevention & Harm Reduction Tips:

- Drink lots of water or other fluids, try to eat.
- Pharmaceuticals, like opioids and benzos, especially with Tylenol (acetaminophen) in them, are harder for your liver to break down because of a lot of the stuff that's in them. If you have liver damage, stay away from pharmaceuticals with a lot of acetaminophen in them, like Vicodin and Percocet.
- Carry your inhaler if you have asthma, tell your friends where it is, and that you have trouble breathing.
- Go slow if you've been sick, lost weight, or have been feeling under the weather or weak—this can affect your tolerance.
- Try to find a good, nonjudgmental doctor and get checked out for other health factors that increase your risk of stimulant overdose, like high blood pressure, high cholesterol, heart disease or other physical issues that could increase your risk for a stroke or heart attack.

# Primary Risk Factors for Overdose

## Modes of Administration

There are many ways to use drugs, including:

- Swallowing
- Snorting
- Intramuscular injection
- Intravenous injection
- Skin-popping (injecting just under the skin, not in a vein, and not in the muscle)
- Plugging (drug-water solution introduced rectally with a needleless syringe – aka “booty bumping”)

Regardless of mode of administration, if someone uses enough drug in a short enough period of time, overdose is possible.

Modes of administration that deliver the drug more quickly to the brain and are more likely to create a rush, such as intravenous injection and smoking also place people at higher risk for overdose. Transition periods can be dangerous, too. When someone switches the mode of administration that they are used to, it is harder to anticipate effect.

Similarly, when someone migrates to a new drug of choice, or temporarily substitutes a different primary drug, there can be a period of heightened risk. For example, if a person migrates from swallowing methadone to injecting methadone, from swallowing oxycodone (OxyContin, Roxicodone, Percocet) to swallowing oxymorphone (Opana), or from injecting heroin to injecting Dilaudid – these are all periods when a person should employ heightened overdose prevention techniques.

## Prevention & Harm Reduction Tips:

- Be mindful that injecting and smoking can mean increased risk.
- Consider snorting, especially in cases when you’re using alone or may have decreased tolerance.
- If you inject, try and remove tie after registering (flash of blood back in the syringe) and before injecting – this will allow you to better taste your shot and inject less if it feels too strong.
- Be careful when changing modes of administration since you may not be able to handle the same amount.

# Primary Risk Factors for Overdose

## Previous Non-Fatal Overdose

If a person has ever had a nonfatal overdose in the past, this increases the risk of a fatal overdose in the future. This is because people who have overdosed before may have drug use patterns that put them at risk for an overdose in the future. In addition, experiencing a nonfatal overdose may cause damage to the body even if the person survives the overdose.

### Prevention & Harm Reduction Tips:

- Always use with a friend or around other people.
- Use less at first, especially if you are using a new product.
- Make an overdose plan with friends or drug partners.



**If a person has ever had a nonfatal overdose in the past, this increases the risk of a fatal overdose in the future.**



# Preventing Overdose After Abstinence

Detox in a clinical facility helps you safely withdraw from a substance after discontinuing all use. After detox, there are four primary things you can do to protect yourself or a loved one from relapse and overdose.

## Enroll in an addiction treatment program.

Residential inpatient or intensive outpatient treatment is a great way to begin your new sober life. These recovery programs will not only provide a safe, comfortable place for you to remain sober, but they will also empower you with the necessary life skills and tools to make long-lasting recovery a reality. In working through the 12-step program with others in recovery, you'll gain valuable self-awareness, have the support of your peers in recovery, and learn how to restructure your life in a healthy way. After you graduate from an inpatient or outpatient treatment program, you may also want to continue treatment with a sober living program. The National Institute on Drug Abuse reports that treatment lasting 90 days or longer is recommended for maintaining positive outcomes, so the longer you continue your treatment, the better.

## Mindfully prepare your home after a loved one returns from detox.

Removing all addictive substances from your home is one major way you can help a loved one manage cravings after completing detox. You may also want to store all prescription and over-the-counter medications in a safe, locked location to ensure that any temptation is minimized. This process should also include being mindful of the conversations you have with others in the home and engaging your loved one in fun, sober activities, both in and outside the home.



# Preventing Overdose After Abstinence

## Maintain a strong support system.

While you're in detox, clinical staff, detox counselors, and your peers are all there to keep you accountable. After you return home, you'll continue to need that support to maintain your sobriety. Continuing your addiction treatment with drug or alcohol rehabilitation (as mentioned above) is a great way to do this. If you are financially or otherwise unable to commit to rehab, joining a local Alcoholics Anonymous (A.A.) group or Nar-Anon family group can help keep you on track and accountable to your recovery.

## Create a relapse prevention plan.

If you are in recovery, you should have a relapse prevention plan. These types of plans are designed to help you prevent and prepare for relapse while involving others in your recovery journey. If you do relapse, your prevention plan will be there to minimize the damage and quickly get you back on track.

Relapse and overdose are very real risks for individuals in recovery. If you are concerned about someone you love or can feel yourself slipping into relapse after detox, please contact our admissions team. We can help you find the appropriate care you need to maintain your sobriety.

**Overdoses can be intense wake-up calls. For many people, they act as a catalyst for entering treatment. At Charlotte Behavioral Health Care, we're here to help you get back on your feet. No matter your circumstances or your past, we're here to support you. Contact us today to learn more.**

**941-639-8300**



# Getting Help

**If you suspect someone is overdosing on any drug, call 911 immediately. The faster someone gets help, the more likely they are to survive.**

## **911 Good Samaritan Act in Florida**

Some people feel nervous about seeking medical attention because they don't want the police to get involved. In response to this fear, the 911 Good Samaritan Act in Florida allows people to obtain help for a drug overdose without the risk of being prosecuted. This statute gives people immunity for being prosecuted for simple drug possession if they seek medical attention for someone suffering from a drug overdose. The provision is intended to save lives in a state where thousands of people die every year from drug overdose.

## **CBHC Narcan Rescue Kit**

CBHC provides free Narcan, along with instructions on how to administer it, to anyone who requests it. Any community member may pick up free Narcan, by stopping by CBHC M-F from 8:30 a.m. - 4:30 p.m. Location: 1700 Education Avenue, Building A, Punta Gorda, FL 33950.

## **Sheriff's Drug Recovery Initiative**

You may bring your "use amount" of drugs to any Deputy or Sheriff's facility without fear of arrest. The Charlotte County Sheriff's Office will then assist you in obtaining necessary detox or recovery at Charlotte Behavioral Health Care.

## **CBHC's Central Receiving Facility (CRF)**

If you are experiencing a substance use emergency, just walk in to our CRF anytime of the day or night for a free assessment. A substance abuse crisis can occur when an individual is so impaired by substance use that they are a danger to themselves or others. Our CRF is designed to serve those who are experiencing an acute substance abuse crisis and in immediate need of crisis intervention and stabilization services. Location: 1700 Education Avenue, Punta Gorda, FL 33950.

# My Personal Relapse Prevention Plan

This is an exercise to help you identify what the warning signs of your relapse might be by planning your own relapse. In planning your relapse you will gain insight into how it can happen to you and more importantly, how you can prevent it. If you have relapsed in the past, use the information here and add to it what you have learned in your recovery about your warning signs. THESE MUST BE PERSONALIZED, SPECIFIC, OBSERVABLE, AND MEASUREABLE.

Five thoughts or thinking patterns that could lead me to relapse: (I start thinking that I could probably use in a controlled way since I have been abstinent for so long.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Five feelings that could lead me to relapse: (I become more irritable or depressed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# My Personal Relapse Prevention Plan

Five behaviors that could lead me to relapse: (I stop going to meetings or change my recovery routine suddenly)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Some questions to ask yourself:

1. At what step do I call my therapist or get back into a group therapy?
2. At what step do I go on Antabuse or Naltrexone or Suboxone?
3. At what step do I start working the 12 Steps again with my sponsor?
4. At what step do I need to set up external monitoring of my recovery program?
5. What step is it "too far gone?" or when do I lose the chance to intervene?
6. When does it become "a train running without brakes?"

Beside the people in your group, who will you share this Relapse Prevention Plan with to help you be aware when the warning signs are happening? (Your spouse?, your sponsor?, your therapist?, a friend?)

\_\_\_\_\_

\_\_\_\_\_

# My Personal Relapse Prevention Plan

Relapses do not occur “out of the blue” and there are several warning signs. Many people think that a relapse starts with one drink or drugging, when actually it is the last step. In planning your relapse, think of it in 10 Steps, with the 10th Step being using. For example:

- |   |                                |
|---|--------------------------------|
| I become restless or antsy.                           | I become irritable or grouchy. |
| I start to think negatively about AA or NA.           | I skip meetings.               |
| I start withdrawing from people in recovery.          | I become more isolated.        |
| I get depressed.                                      | I start having sleep problems. |
| I decide drinking or drugging would help my problems. | I use.                         |

My relapse in ten steps or warning signs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. I use.

# My Personal Relapse Prevention Plan

List 5 things that you will do when the warning signs are happening? (behaviors not thoughts)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the things that you will do that involve other people: (call to go back on drug screens, re-work a step with your sponsor, come back to group)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list the actions that you do daily for your recovery: (I meditate or pray)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# My Personal Relapse Prevention Plan

Please list the actions that you do weekly for your recovery: (I write a gratitude list)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list the actions that you do monthly for your recovery: (I read my plan and do a self check or ask someone if they have seen any of my warning signs)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Quick Tips to Avoid Relapse

- Cravings will eventually pass. Do your best to distract yourself and ride it out.
- Don't become complacent. Relapse can happen years after you've quit using. It probably won't ever be safe to "just have one."
- Avoid situations that you know will put you at risk of relapse, such as spending time with friends who use or going to places that remind you of your past use.
- The decision to relapse is made when you put yourself in risky situations, long before you actually use.
- Don't view relapse as a failure. Falling back into old patterns because of a slip will only make the situation worse.

× × . . . . × ×

**YOU HAVE  
THREE CHOICES :**

*Give Up,*

**GIVE IN,**

**GIVE IT ALL YOU'VE GOT**

# My Personal Supports

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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