

**University Health Services (UHS) at UC Berkeley**  
**Health Promotion Department**

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## **Alcohol and Other Drugs (AOD) Risks, Signs of Overdose, and Steps to Take**

All alcohol and drug-use choices have consequences. Reviews of existing research show that there are a variety of factors associated with whether those consequences are positive or negative (for self, others, and community). However, the fact is that the risk for negative consequences starts at small doses and generally rises in proportion to the amount consumed ([Dose-Response relationship](#)). Overdoses are when a drug overwhelms the body's ability to function and, while not necessarily fatal, usually have more positive outcomes with effective bystander intervention and support - knowing the Signs of Overdose and the Steps to Take.

A contraindication (a specific situation in which a drug should not be used because it may be harmful to the person) for all substance use is a family history of psychological or physical dependence. Addiction is not fully understood but is known to depend heavily on genetics, emotional fulfillment, social connection, past trauma, and environment, to name a few factors.

<b>Group</b>	<b>Substances</b>	<b>Possible Negative Consequences</b>	<b>Signs of Overdose</b>	<b>Steps to Take</b>
<b>Alcohol</b>	Alcohol	Amnesia - Blackout Dizziness Loss of motor control Slurred speech Impaired judgment Incoherence Vomiting  Withdrawal seizures Death at high doses due to respiratory	Cold, clammy, pale or bluish skin or extremities (fingernails, lips, etc.) Unconscious or unable to be roused Slow or irregular breathing Puking or vomiting repeatedly	1. Call 911 or 510-642-3333 (UCPD) from mobile. 2. Ensure their airway is clear and put them in the recovery position on their side to prevent choking. 3. No food, drink, or drugs if vomited in the last three hours. 4. Stay with them while waiting for help. Side effects can continue to worsen. 5. When talking to 911 or paramedics

		depression or choking on vomit	Overdose is significantly more dangerous and potentially fatal when sedatives are combined.	communicate what and how much was consumed, where it came from, and if they've vomited. 6. Ensure no interference with access to the patient.
<b>Cannabis</b>	Cannabis	Anxiety Dissociation Loss of REM (dream-phase) sleep Overactive appetite Paranoia Poor memory  Long-term use can lead to psychological dependence.	Lethal overdose has not been known to occur, but the experience can be very uncomfortable and cause nausea/vomiting.  Combining with alcohol increases the chances of nausea and vomiting.	If vomiting while unconscious, place them in the recovery position as choking on vomit can be fatal. However, cannabis users tend to be functional enough to prevent serious adverse effects on their own.
<b>Benzodiazepines</b>	Diazepam (Valium) Alprazolam (Xanax) Lorazepam (Ativan) Clonazepam (Klonopin)	Amnesia Dizziness Loss of motor control Impaired judgment Muscle weakness Nausea Slowed/stopped breathing Slurred speech  Withdrawal seizures	Unconsciousness  Overdose is unlikely to be fatal except when combined with alcohol, opioids, or other depressants.	1. Call 911. 2. Try to rouse them, and keep them awake and alert if possible. 3. Place them in the recovery position to prevent any accidental choking if vomiting occurs.
<b>Psychedelics</b>	LSD Psilocybin Mescaline DMT	Depersonalization Intrusive or unwanted thoughts/feelings Triggering preexisting	Overdose has never occurred but large amounts may lead to psychotic episodes or	BREATHE, RELAX, LET GO  1. Do your best to make them feel emotionally and physically safe.

		<p>psychosis Paranoia</p> <p>A family history of schizophrenia may lead to an onset of psychosis.</p>	intense negative emotions.	<p>2. Remind them they have consumed a mind-altering substance and that it will end.</p> <p>3. Try guiding them through a calm breathing exercise (4 seconds in, hold, out, hold, repeat) if they are open.</p> <p>4. Ensure all of their needs are met (hunger, thirst, temperature, the volume of surroundings, comfortable environment, etc.)</p> <p>Call 911 only as a LAST RESORT if they are a danger to themselves or others. But if they are experiencing a challenging episode, keep them safe and it will pass.</p>
<b>Stimulants</b>	<p>Amphetamine (Adderall/Dexedrine) Methamphetamine Methylphenidate/CNS Stimulant (Ritalin/Concerta) Cocaine MDMA</p>	<p>Aggressive mood (not typically true for MDMA) Chest pain Dehydration Headache Increased heart-rate/blood pressure Insomnia Paranoia Psychosis Vomiting</p> <p>Potential suicidal ideation or depressive</p>	<p>Hallucinations High body temperature Panic attacks Rapid and/or irregular heart rate Seizures Severe headache</p>	<p>1. Hydrate / cool them down.</p> <p>2. Calm them down / de-escalate the situation.</p> <p>3. Instruct them to practice slow breathing exercises to calm the heart and mind.</p> <p>4. Call 911 if the above steps do not calm them down.</p>

		states after the experience Death at high doses due to cardiac arrest		
<b>Dissociatives</b>	Ketamine Nitrous	Anesthesia Dizziness Loss of motor control Unconsciousness  Long-term regular use of Ketamine may lead to bladder or kidney problems.	Seizures Unconsciousness Vomiting  Overdose is rare unless combined with other substances. Combining with alcohol or other sedatives can lead to more severe side effects.	1. Place into the recovery position if unconscious/unresponsive and at risk of vomiting. 2. Call 911 if they are unable to breathe.
<b>Sedatives</b>	Zolpidem (Ambien) Barbiturates	Amnesia Anxiety Dizziness Impaired judgment Loss of motor control Slowed/stopped breathing Slurred speech  Death at high doses	Blue/purple extremities (fingernails, lips, etc.) Cold skin/low body temperature Seizures Very slow or stopped breathing Very slow or stopped heartbeat Vomiting Unconsciousness  Overdose is significantly more dangerous and potentially fatal when sedatives are combined with alcohol or other	1. Call 911. 2. Try to place them upright. If they cannot sit upright, place them in the recovery position. 3. Ensure their airway is clear. 4. Give them some water to sip on if they are able. 5. Ensure they are adequately warm. 6. Stay with them until help arrives as side effects can worsen several hours after ingestion.

			sedatives.	
<b>Opioids / Painkillers</b>	Oxycodone (OxyContin/Percocet) Hydrocodone (Vicodin) Morphine Methadone Fentanyl Heroin Codeine	Contracted pupils Drowsiness Slurred speech  Death at high doses due to respiratory depression or choking on vomit	Blue/purple extremities (fingernails, lips, etc.) Gurgling noises Pale/clammy skin Shallow/slowed/stopped breathing Slowed/stopped heart rate Unconsciousness Vomiting	1. Try to shout at or shake them to see if they are responsive. 2. Call 911. 3. Administer naloxone/Narcan if available. 4. Perform rescue breathing/chest compressions if they are not breathing. 5. Place them in the recovery position. 6. Monitor and administer 2nd dose of naloxone/Narcan after 3 minutes if the person has not been revived.
<b>PCP</b>	While PCP is technically a dissociative, it does not neatly fit into any substance class and thus deserves its own set of effects.	Amnesia Anesthesia Anxiety Dissociation Increased blood pressure/heart rate Shallow breathing  Death at high doses	High blood pressure High body temperature Irregular heartbeat Loss of motor control Paranoia Psychosis Seizures Unconsciousness Uncontrollable eye movement Vomiting	1. Call 911. 2. Support their physical or emotional safety in any way you can while you wait for help to arrive.

**PartySafe@Cal expects this AOD Health Risk Chart to be a useful educational tool for students and comply with the DFSCA regulations: <https://safesupportivelearning.ed.gov/sites/default/files/hec/product/dfscr.pdf>**