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Opioid Overdose Is Not Sleep

When someone is unconscious after taking opioids, it can be tempting to think that the person is simply "sleeping it off." That assumption can be deadly. Sleep, anesthesia, and opioid overdose may look similar from the outside because a person may be unconscious or unresponsive. Inside the brain, however, very different things are happening.

Opioid Overdose Injures the Brain

During normal sleep, the brain remains active and carefully regulates breathing, heart rate, and other essential functions. Sleep supports memory, learning, emotional regulation, immune function, and physical recovery. Although consciousness is reduced, the brain continues receiving the oxygen it needs.

General anesthesia is also different from an overdose. Anesthesia uses carefully measured medications to temporarily alter consciousness and brain-network activity. Throughout a medical procedure, trained professionals continuously monitor breathing, oxygen levels, heart function, blood pressure, and other vital signs. If breathing or oxygen levels become inadequate, clinicians intervene immediately.

An opioid overdose has none of those protections.

Opioids such as fentanyl, heroin, oxycodone, hydrocodone, and morphine can suppress the part of the brain that controls breathing. During an overdose, breathing may become dangerously slow, shallow, irregular, or stop completely. When that happens, the brain is deprived of oxygen, a condition known as **hypoxia**.

The brain is extremely sensitive to oxygen deprivation. Within minutes, inadequate oxygen can begin damaging brain cells. The longer the brain remains deprived of oxygen, the greater the potential for serious and sometimes permanent injury.

This is why opioid overdose should not be viewed only as a poisoning event. *It can also be a brain-injury event.*

A person who survives an overdose may regain consciousness and appear to be "okay," particularly after receiving naloxone, often known by the brand name Narcan. Naloxone can rapidly reverse the opioid effects that suppress breathing, making it an extraordinarily important lifesaving medication. But reversing the opioid does not necessarily erase an injury that may already have occurred while the brain was deprived of oxygen.

Depending on the severity and duration of oxygen deprivation, overdose survivors may experience problems with memory, attention, concentration, decision-making, coordination, mood, or other cognitive functions. Severe oxygen deprivation can result in significant neurological disability. In some cases, changes may not be immediately obvious.

This has important implications for recovery.

Traditionally, recovery from opioid use disorder has focused primarily on stopping or reducing harmful drug use, preventing another overdose, receiving appropriate treatment, and rebuilding a healthy life. Those goals remain essential. But for some overdose survivors, recovery may also require recognizing and addressing the effects of a brain injury.

Someone who has difficulty remembering appointments, following instructions, controlling emotions, concentrating at work, or making decisions after an overdose may not simply be "unmotivated" or "not trying hard enough." Cognitive changes following oxygen deprivation can complicate treatment, employment, relationships, and daily life. Medical evaluation and appropriate rehabilitation services may sometimes be necessary.

Most importantly, understanding overdose as a potential brain injury reinforces why *every minute matters.*

An unconscious person suspected of opioid overdose should never simply be placed somewhere to "sleep it off." Warning signs can include inability to wake the person, very slow or absent breathing, choking or gurgling sounds, limpness, and pale, gray, or bluish skin, lips, or fingernails. Pinpoint pupils may also occur.

If an opioid overdose is suspected, call 911 immediately. Administer naloxone if it is available and follow the product instructions. If the person is not breathing normally, provide rescue breathing or CPR as appropriate to your training and follow instructions from the 911 dispatcher.

Additional doses of naloxone may be necessary. Stay with the person until emergency medical professionals arrive.

Even when naloxone successfully restores breathing and consciousness, medical evaluation remains important. Naloxone's effects can wear off while opioids remain in the body, potentially allowing respiratory depression to return.

The key lesson is simple: *Unconsciousness from an opioid overdose is NOT restorative sleep. It is a medical emergency in which the brain may be running out of oxygen.*

Preventing death is the first priority. Protecting the brain is another reason to act immediately.

When an overdose occurs, seconds and minutes matter. Recognizing the emergency, restoring breathing, administering naloxone, and obtaining emergency medical care can mean the difference not only between life and death, but potentially between recovery and lasting brain injury.

The following suicide prevention information, while provided by the Georgia Dept. of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

Changing the Narrative: Suicide Prevention Month 2026

At the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), our Suicide Prevention Team is dedicated to ensuring every Georgian feels supported and heard. This September, we join the global community in recognizing Suicide Prevention Month with an important theme: "Changing the Narrative on Suicide."

For 2026, we are continuing a multi-year global campaign to shift the cultural perspective from silence and stigma to openness, empathy, and proactive support. Our call to action is both simple and profound: Start the Conversation.

Why Changing the Narrative Matters

For too long, the topic of suicide has been pushed into the shadows. This silence creates barriers for those who are struggling, making it more difficult for them to seek the help they need. Changing the narrative means:

- **Reducing Stigma:** Moving away from judgmental language and towards compassionate understanding.
- **Encouraging Help-Seeking:** Normalizing the act of seeking mental health support as a sign of strength.
- **Valuing Lived Experience:** Recognizing that individuals who have experienced suicidal thoughts or loss are essential voices in our prevention efforts.

How You Can Act

Suicide prevention is not solely the responsibility of clinicians; it is a communal effort. Here's how you can "Start the Conversation" this month:

- **Ask Directly:** If you are worried about someone, ask them directly: "Are you thinking about suicide?" Research shows that asking does not "plant the idea" but instead provides a crucial lifeline.
- **Listen Without Judgment:** When someone shares openly with you, listen with empathy. You don't need to have all the answers, just be present.
- **Share Resources:** Ensure that your friends, family, and colleagues know about the 988 Suicide & Crisis Lifeline. This resource is available 24/7 for calls, texts, or chats.
- **Mark Your Calendar:** Join us on September 10, 2026, for World Suicide Prevention Day (WSPD) as we align with global efforts to transform public understanding.

By changing the narrative, we can create a Georgia where hope is accessible to everyone. Let's start the conversation today.

You can visit preventsuicidega.org for more information and local resources.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat at 988lifeline.org.

To learn more about suicide prevention, visit the DBHDD website at: https://dbhdd.georgia.gov/suicide-prevention.

Or contact the Suicide Prevention Director, Rachael Holloman, at: rachael.holloman@dbhdd.ga.gov.

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