# Opiate overdose prevention


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## Please read this booklet.

We can pretty much guarantee you'll learn something new.

**When you've read it, you'll know about overdose myths and:**

- what to do if you see someone overdose;
- what not to do; and
- how to reduce your risk of overdosing.

**Please talk to your friends about what you've read.**

**Make sure people around you know what to do if they see someone go over.**

People often die from
overdoses because
other people don't know
what to do to help.

**This booklet aims to change that by giving you information on:**

- overdose risks;
- methadone and overdose;
- myths and things that are dangerous to do;
- giving naloxone;
- calling an ambulance; and
- first aid for people who have overdosed.

**As well as reading about what to do, please practise the recovery position.**

Talk to your friends about what can cause overdose, and what you should do when someone goes over.

Many drug services provide short training courses on how to avoid overdoses, and respond to them if they happen.

**Going on an overdose response training course could help you to save a life.**

## The main things that cause overdose are:

### Injecting

People who inject heroin are much more likely to overdose, and much more likely to die, than people who smoke it.

### Mixing drugs and alcohol

Most overdoses happen when people have more than one sedative drug like alcohol, diazepam, pregabalin, methadone and/or heroin in their system at the same time.

Most of these drugs are long-acting, so a dose taken hours ago could still contribute to a fatal overdose.

## Injecting heroin when tolerance is low

If you stop or cut down it only takes a few days for your tolerance to drop. After a week, or less, without opioids like heroin or methadone, a dose that at one time wouldn't have touched you could kill you.

Getting into opiate substitute treatment reduces your risk.

People who die have often overdosed before and survived. The sad truth is, the more often someone overdoses, the more likely they are to die of an overdose.

**Think about your own overdose risks.**
**Think about the risks taken by people you know.**

**Look after yourself. Look after your mates.**

**Many people who die from a drug overdose die two or three hours or more after injecting heroin.**

Usually this is because they've drunk alcohol or taken downers, before or after taking methadone or heroin.

**Just because someone survives the initial hit, it doesn't mean they're going to be okay.**

**Not all overdoses are accidental.**

Feeling depressed, hopeless or not caring whether you live or die can all make overdose more likely. It is important to talk about your feelings – especially if you are feeling like you can't cope.

## Methadone

**If you inject heroin, methadone treatment reduces the risk of overdose.**

Heroin injectors who are not in methadone treatment are around 11 times more likely to die than those who are in treatment!

Methadone takes a few days to build up in your system at the start of treatment, so don't expect it to work instantly.

## The overdose risks are higher if people take methadone and drink alcohol within a few hours of each other.

Although it doesn't feel like heroin, it is powerful stuff and drinking or using other drugs (especially when you start treatment) can cause an overdose. Some methadone overdoses happen to people who have bought methadone from someone in treatment.

As little as 40mg of methadone can kill an adult who doesn't have a tolerance: so if you are prescribed methadone, take care of it, and **make sure no one else can take it.**

## Buprenorphine

Buprenorphine (also known as subutex or suboxone) is a long acting opiate that prevents withdrawals, and reduces cravings.

It is another prescribed ‘opiate substitution treatment’ that can dramatically reduce overdose risk.

## Myths

**There are lots of myths about what to do to bring someone round when they have overdosed.**

**But if someone has taken a lethal dose of drugs, there is nothing you can do to wake them up – call an ambulance and give naloxone (if you have it).**

**Myth 1**

"Walking people around helps"

## Wrong!

**Trying to walk people around may make things worse because it wastes time, and there is a risk they might fall.**

It is also possible that as the heartbeat increases with the exercise, the drugs will be absorbed into their bloodstream more quickly.

**Myth 2**

"Putting people in a cold bath wakes them up"

## Wrong!

If you know of people who woke up when they were put in the bath, it was because they were lucky and hadn't taken a lethal dose.

**It was not because they were put in the bath.**

Putting people in the bath is dangerous because it takes time to run the bath – and they could die while it is filling. There is also a risk of injury while they are being put in the bath and taken out, and of drowning while they are in there.

**Myth 3**

"Slapping or hurting someone can bring them round"

## Wrong!

You do need to know if someone is sleeping or unconscious. You can find this out by tapping and gently shaking them by the shoulders while calling out their name.

**Anything more drastic won't make any difference to whether or not they come round.**

If gently shaking their shoulders and calling their name doesn't wake them, they are unconscious and you need to call an ambulance and start first aid.

**Myth 4**

"Injecting people with salt water is an antidote to overdose"

## Wrong!

Some people think that giving an injection of salt water to someone who has overdosed will bring them round.

The idea of injecting people with salt water might have come from people seeing friends in hospital being given a saline (salt) drip.

**But the drip is only put up to keep a vein 'open' so they can inject medication. The salt doesn't affect the overdose at all.**

**Injecting salt water is dangerous because:**

- it wastes time when you could be injecting naloxone, putting someone in the recovery position, and calling an ambulance; and
- if, in the panic, you give the salt water in a used syringe, it could give them HIV or hepatitis.

The rest of this booklet has information on how to tell when someone is unconscious, and how to keep them alive until the ambulance gets there.

## Signs of an overdose

**The signs of overdose include:**

- **snoring deeply**;
- **turning blue** (especially the lips); and
- **not breathing.**

**Are they unconscious?**
**A person is unconscious if you can't wake them by gently shaking their shoulders and calling their name.**

## What you need to do

**Look, listen and feel for breathing for no more than 10 seconds.**

**If they are still breathing**
**Put them in the recovery position.**
**Give naloxone.**
**Call an ambulance.**

**If they are not breathing...**

**If someone is unconscious they need an ambulance.**

Try to make sure there is no shouting or panic in the background when you dial 999.

**Calling an ambulance saves lives.**


Batch: 2083016
Exp: 05/2020
Contains: 1 x 2ml Prefilled Syringe and 2 Needles
Prenoxad™ 0.91 mg/ml solution
for injection in a pre-filled syringe
(Naloxone Hydrochloride)
OBTAIN MEDICAL ASSISTANCE AS SOON AS POSSIBLE.
Inject 0.4ml into the outer thigh muscle or upper arm muscle.
If no response repeat at 2-3 minute intervals
Twist box to open


NYXOID 1.8mg
Naloxone
nasal spray

## Naloxone

Naloxone is a short-acting antidote to heroin (and other opiates). It reverses an overdose and can save lives, and should be used alongside the basic life support described in this booklet.

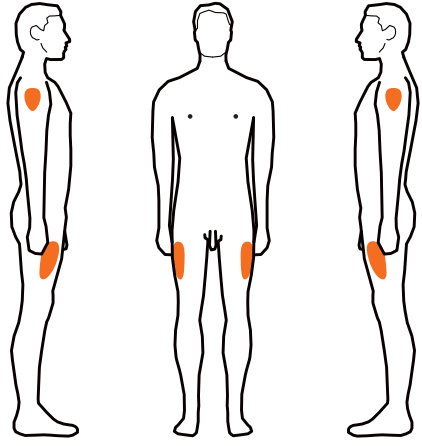
Making naloxone available to drug users and those living and/or working with them has the potential to significantly reduce overdose deaths.

The law permits everyone to administer naloxone in the event of an overdose emergency.

It is available as an injection, and a nasal spray.

# Prenoxad injection

## Prenoxad naloxone can be injected into these muscles:



Injecting in these places reduces the risk of hitting an artery or nerve.

**Instructions on how to give Prenoxad overleaf.**

## How to give a naloxone injection

1. Hold the syringe at a 90 degree angle about 2 or 3 inches from the skin.
2. Insert the needle with a single quick motion.
3. Push the plunger down with a slow, steady motion, stop at the first line '1 dose' mark.
4. If they do not respond, give another dose of naloxone every 2 to 3 minutes.
5. Dispose of the used syringe carefully.


1 DOSE

## How to give the Nyxoid nasal spray

Each nasal spray contains **one dose only.**

1. Peel off the back of the Nyxoid container.
   Remove the nasal spray and place it within easy reach.
2. Lay the person on their back.
   Support the back of the neck, and let the head tilt back.
   Clear away anything you see blocking their nose.
3. Hold the spray as shown – first two fingers either side of the nozzle, thumb ready to push the plunger.
   **Don't press to prime, or test before use.**
4. Gently insert the spray nozzle into one nostril.
   Press firmly on the plunger until it clicks and gives the dose.
   Remove the nozzle from the nostril.
   If possible, note which nostril you used.
5. If they do not respond in 2 to 3 minutes you can give another dose in the other nostril


1
2
3
DON'T PRESS YET
4
CLICK

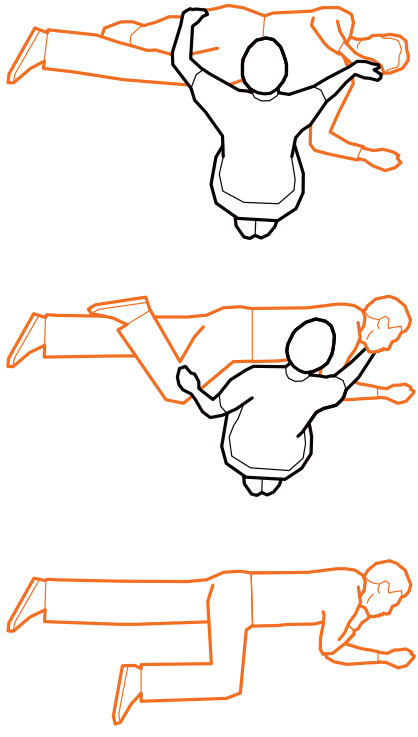
# The recovery position

**This is the best position for a casualty who is unconscious and breathing.**

If the casualty is unconscious but breathing, place them on their side in the recovery position as shown.

Make sure that the airway remains open by tilting the head back and lifting the chin.

Monitor their breathing and responsiveness until help arrives.

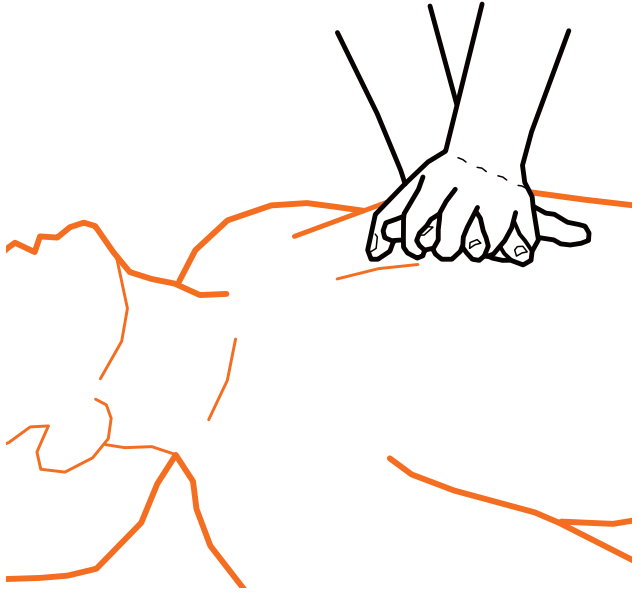


# CPR

**If an adult is not breathing normally you must call an ambulance and then start cardio-pulmonary resuscitation (CPR), which is a combination of chest compressions and rescue breaths.**

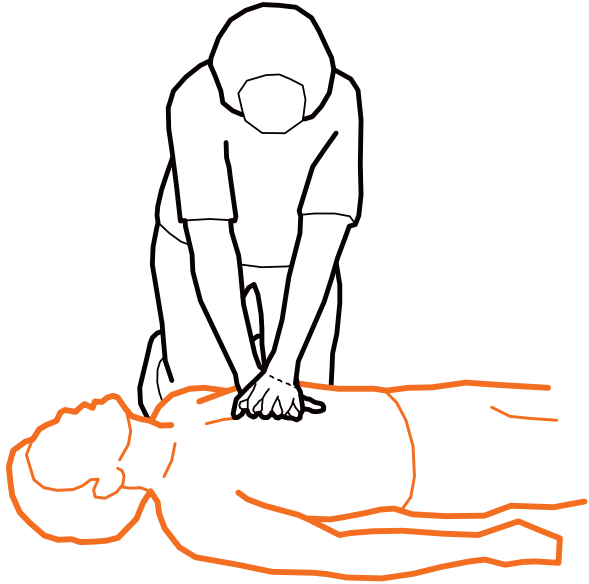
## Chest compressions

Place your hands on the centre of their chest and, with the heel of your hand, press down (4 to 5 cm).



Each chest compression pushes blood around the body so keeping the vital organs, especially the brain, supplied with some oxygenated blood.

**After every 30 chest compressions give two rescue breaths.**



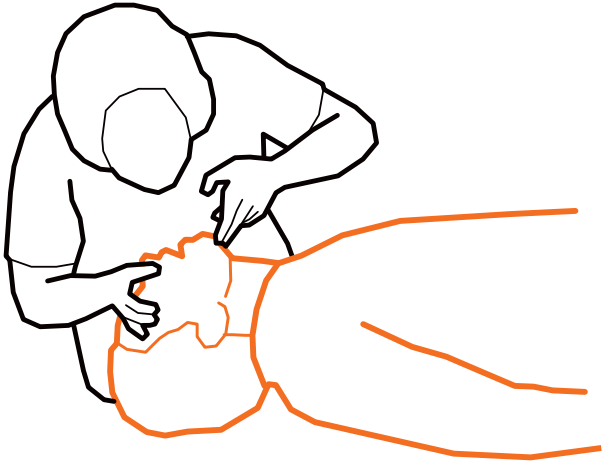
## Rescue breaths

**Give rescue breaths** – open the airway by tilting the head back and lifting the chin.

Pinch their nose closed, put your mouth over theirs and attempt two rescue breaths – each one lasting one second.

**Continue with 30 chest compressions followed by two rescue breaths until emergency help arrives or the person begins to breathe normally.**

If you are unable or unwilling to give rescue breaths, give naloxone (if you have it) and do chest compressions.



**The aim of chest compressions is not to restart the heart – the chance of doing this by chest compressions alone is very slim.**

Chest compressions pump a small amount of blood around the body to keep the key organs alive, most importantly the brain.

**Chest compressions, especially if combined with rescue breaths, significantly increase the possibility of the person being successfully resuscitated by the emergency services.**

**It is possible that you will not see any change in the person's condition while carrying out chest compressions.**

You should continue chest compressions for as long as possible. Only stop chest compressions if you see obvious signs of recovery, if emergency services staff are in place to take over from you, or you become too tired to carry on.

The first edition of this booklet was published in 2010 for the Department of Health, as part of the Harm Reduction Works campaign which was one element of the Reducing Drug Related Deaths Action Plan. This fully revised and updated second edition was published in 2022.

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