

# overdose

Life-saving information for people  
waiting for drug treatment



Everything you need to know

# Please read this booklet

— we 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.

We are sending this information to everyone who is on a waiting list for drug treatment to try and reduce the **thousands of deaths** from overdose.

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

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

# Getting into treatment reduces the risk of overdose.

Being put on a waiting list can be frustrating. But getting into (and staying in) treatment will reduce your risk of overdose.

## **Please don't give up.**

Find out from your drug service what services are available to you while you're waiting for treatment.

Funding for this booklet has come from the National Treatment Agency known as the NTA ([www.nta.nhs.uk](http://www.nta.nhs.uk)) which has been set up to cut waiting times and improve access to, and the quality of, drug services.

The NTA has set targets to get waiting times down, and all services must move towards these targets as a matter of urgency.

**Ask the service that gave you this booklet how long you will have to wait for treatment. If it is more than a few weeks, use your right to complain.**

Write to your local Drug Action Team, and ask them to look into the delay. Send a copy of your letter to your NTA regional manager. You can find out their addresses by ringing 0800 77 66 00.

**“If you don’t do the right thing, you’ll just watch someone die, and that will stay with you.”**

[quote from ‘Going Over’ – an overdose prevention video]

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;**
- **calling an ambulance; and**
- **first-aid for people who have overdosed.**

**As well as reading about what to do, please:**

- practise the recovery position; and
- talk to your friends about what can cause overdose, and what you should do when someone overdoses.

When you get into treatment, ask if the drug service is organising first-aid training. Going on a first-aid course could help you to save the life of anyone who overdoses while you’re around, or help someone you’ve told what to do save your 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 **alcohol** or **downers** (like valium and temazepam) in their system at the same time as heroin.

## Using opiates 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 so without opiates like heroin or methadone, a dose that at one time wouldn't have touched you could kill you.

**Getting into treatment reduces your risk.**

# People who die have often overdosed before and survived. The more you overdose, the more likely you are to die.

## Fact:

**Many people who die from drug overdoses die two or three hours after injecting heroin.** Usually this is because they've drunk alcohol or taken downers, before or after taking methadone or heroin. **So, just because someone survives the initial hit, it doesn't mean they're going to be OK.**

## Fact:

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.

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

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

# Methadone

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

Heroin injectors who are not in methadone treatment are around four 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.

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.

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

Most methadone overdoses happen to people who have bought methadone from someone in treatment. As little as 40mg of methadone can kill an adult who isn't used to taking opiates, so if you are prescribed it when you get into treatment, take care of it and make sure no one else can take it.

# 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.

The paramedics can then give them naloxone (the heroin antidote) and oxygen.

## 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 tell this by shouting at them, or pinching their ear.

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

If shouting and pinching 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.

**Injecting salt water is dangerous because:**

- it wastes time when you should be putting the person in the recovery position and calling for an ambulance; and

- if, in the panic, you give the salt water in a used syringe, it could give them HIV or hepatitis.

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.

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

**If you are worried about the police coming, don't mention drugs when you dial 999. Tell them you've found someone unconscious and explain what has happened when the ambulance arrives.**

**Make sure there is no shouting or panic in the background when you dial 999 to reduce the chances of the police coming.**

Remember: if you don't call an ambulance and someone dies, the police will always come so that they can inform relatives and investigate the death.

If the person who died had been given an injection by someone else, there could be a charge of manslaughter.

# Calling an ambulance saves lives.

If the police in your area have a policy of coming to overdose calls, then you can ask your local Drug Action Team (DAT) to sort it out.

**The DAT is responsible for getting everyone to work together to prevent drug problems. There may be a drug user representative on the Drug Action Team who could help get this type of problem sorted.**

You can find out how to contact your DAT by ringing 0800 77 66 00.

If there isn't a drug user representative on the DAT, tell the drug service or needle exchange if you hear of the police coming to an overdose. They can then keep up pressure to change the policy.

**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

*If someone has overdosed, put them in the recovery position and keep watching them.*

*You need to know if they are asleep or unconscious.*

*You can find out by shouting or pinching their ear.*

**They are unconscious if you can't wake them or they are showing other signs of unconsciousness such as:**

- snoring deeply;
- turning blue; or
- not breathing.

**Don't panic. Put them in the recovery position.**

Instructions on how to do this are on the inside back cover.

**Dial 999 and ask for an ambulance.**

**Stay with them until the ambulance arrives.**

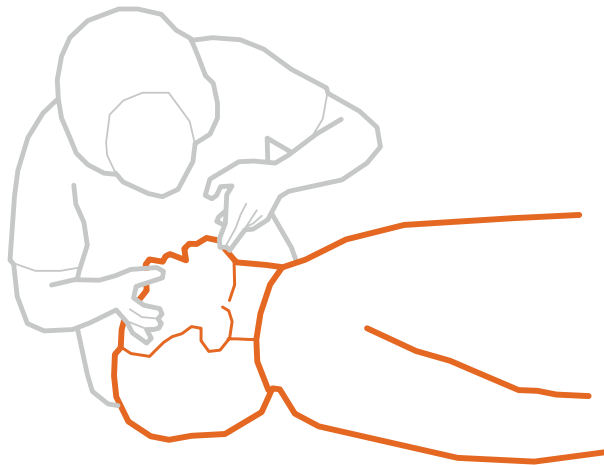
Read and practise the instructions on the following pages  
so that you know how to keep them alive until the ambulance gets there.

# Mouth-to-mouth

**If the person stops breathing, give them 10 breaths of mouth-to-mouth resuscitation. Then, if you haven't already done it, call an ambulance.**

## **Giving mouth-to-mouth**

- 1 The person should be lying flat on their back.
- 2 Remove chewing gum or anything else you can see in their mouth, then lift their chin.
- 3 Pinch their nostrils together, using your first finger and thumb.



- 4 Take a deep breath and make a good seal around their lips with your mouth.
- 5 Blow steadily until you see their chest rise.
- 6 Take your mouth away and let their chest sink right back down.
- 7 Repeat steps 3 to 6.

**If you are giving mouth-to-mouth but find that the person:**

- **isn't moving at all**  
(look to see if their eyes are moving); or
- **is getting bluer or colder;**

**don't waste time looking for a pulse  
— start chest compression  
straightaway.**

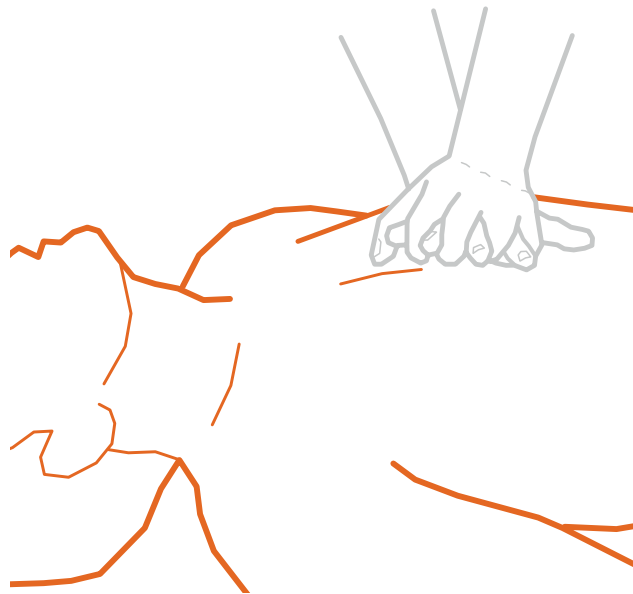
Chest compression is also known as heart massage. **Even if their heart is still beating, if they are not moving and are getting bluer or colder, their heartbeat can't be that strong.**

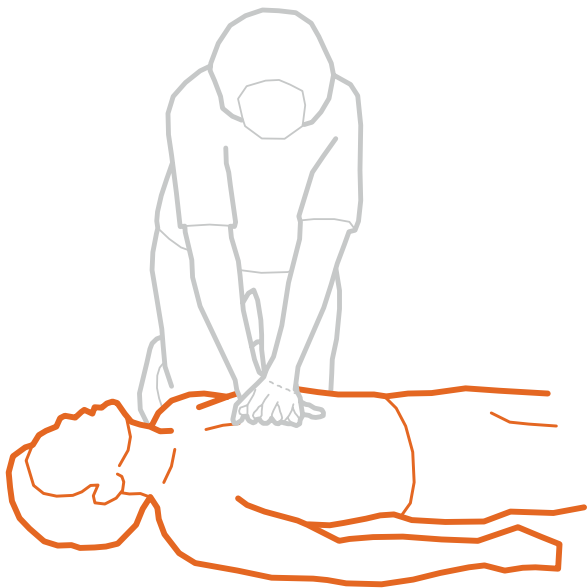
**You won't do any harm by starting chest compressions, and you could save their life.**

# Chest compression

- 1 Find the place where the ribs meet the breastbone, and lay two fingers there.
- 2 Put the heel of your other hand on their breastbone, just above where your two fingers are.
- 3 Put your first hand on top of this hand, locking your fingers together – as shown.

Then follow the instructions over the page.





- 4 Keeping your shoulders above the centre of the person's chest and your arms straight, press down on their chest by about 4 to 5 cm (1.5 to 2 inches).
- 5 Release the pressure, but keep your hands where they are. This is a chest compression.
- 6 Do 15 chest compressions in just under 10 seconds.
- 7 Give two breaths of mouth-to-mouth.
- 8 Continue to give 15 compressions followed by two breaths of mouth-to-mouth, until help arrives.

**If their heart starts beating again, and their colour changes from blue to pink, stop chest compressions and continue with mouth-to-mouth if necessary.**

# Practise the recovery position with your mates until you can all do it without thinking.

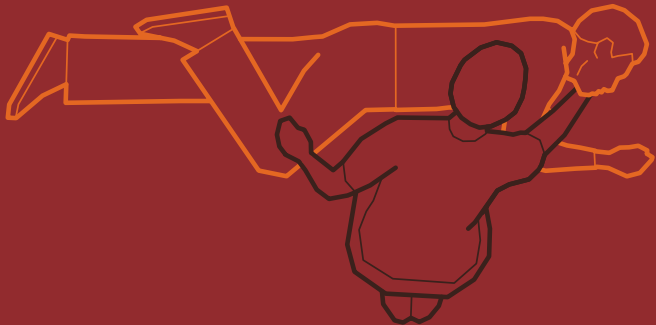
Open the person's airway by tilting their head back and lifting their chin. Straighten their legs.

Put the arm nearest to you at right angles to their body.

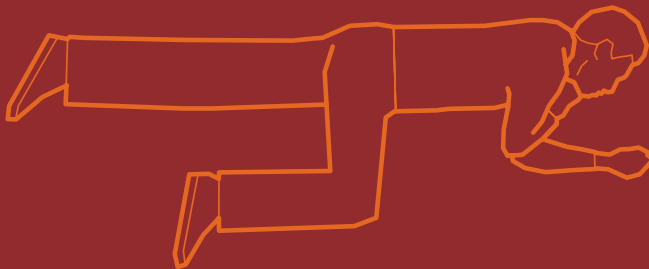
Pull the arm furthest from you across their chest and put the back of their hand against the cheek which is nearest to you.

Get hold of their far leg, just above the knee, and pull it up, keeping the foot flat on the ground.





Keep their hand pressed against their cheek.  
Pull on their upper leg to roll them towards you,  
and onto their side.



Tilt their head back to make sure they can breathe easily.  
Make sure that both the hip and the knee of their upper leg  
are bent at right angles.

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This booklet is available free to drug services in England for distribution to people on drug treatment waiting lists while stocks last.

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