

# OVERDOSE

what you need to do  
when someone hits  
the deck



New Zealand  
Needle Exchange  
Programme



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# Introduction to OVERDOSE

Overdose is a common cause of death among injecting substance users in New Zealand.

Many deaths occur because people don't know what to do to help. This booklet will provide some advice on how you can avoid OD's and what to do if someone you know hits the deck.

You may be at risk of overdose if:

- you are a new user
- you have just started using again – it doesn't take long for your tolerance to drop. After a week or so without using, a dose that at one time wouldn't have touched you could kill you.
- you use high amounts of the substance
- you have a medical condition
- you have other substances on board – for example, opioids with other depressants such as alcohol, benzos (diazepam, clonazepam, temazepam), or immovane; or methamphetamine with alcohol
- you have used gear from an unknown source or strength
- you are feeling down and / or impatient

It's not only new users who are at risk of overdose. 80% of people who die from overdose are experienced and regular users. Listen to your body. If you are run down or have had little sleep you may be at risk of OD from a shot you can normally handle.

Sometimes overdoses aren't accidental. Feeling down, hopeless or not caring whether you live or die can all make taking risks and overdose more likely. Talking about feelings is important and can help reduce your risk of non-accidental overdose.

**Don't use alone: if you drop when there are other people around they can get you help**

**Look after yourself and look out for your mates**



# Avoiding OVERDOSE

The best way to manage an overdose is to avoid it altogether. **Injecting a substance is the riskiest way of using** because it goes straight into the blood stream and to your brain, but remember that swallowing, snorting or smoking can also cause an overdose.

Although most substances used in New Zealand are of a known strength, for example, mgs and mls, the purity of some street drugs can vary. They may also contain quantities of other unknown substances that are sometimes toxic. Fentanyl is an example of a substance that is responsible for many overdose deaths overseas as it is up to 100 times stronger than morphine. Similarly there are different strengths and mixes of methamphetamine that can tip a person over into OD.

This is why it is best to take extra care with a new supplier or batch. Be sensible, not greedy. **Take less if you are unsure.** You can always top up later. Better to take a little extra time than end up in the morgue.

If you have stopped or cut down your use for any reason your **tolerance** may have reduced so you won't need to use as much to get the same effect.

**Never use alone.** If something does go wrong there isn't anyone to help you. Use with people you trust.

**Don't use combinations** as this greatly increases the risk of overdose. Substances like methadone, benzos and alcohol act in similar ways to slow down breathing and reduce your level of consciousness. Many people who OD on opioids actually die 2 or 3 hours after injecting because it takes time for the other substances that have been swallowed to be absorbed into the bloodstream. So, just because someone survives the initial hit, it doesn't mean they're going to be ok.

**Methadone is twice the strength of most street opioids**

**Fentanyl is 50-100 times the strength of most street opioids**

# Urban myths about OVERDOSE

There are many urban myths about what you can do to bring someone round when they have overdosed.

## 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 and injure themselves.

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

## 2. Putting people in a cold bath wakes them up **WRONG**

If you have heard of people who woke up when they were put in a 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. Even if they are alive when they are put in, they could easily drown or die of cold. Water is one of the quickest ways to lower a person's body temperature. If you put someone in a cold bath you could put them into shock by changing their body temperature too quickly. The same applies to cold showers. All this will achieve is to waste what little time you have to get them proper medical treatment.

3. Hurting, hitting or burning can bring them round **WRONG**

You do need to know if someone is sleeping or unconscious. You can tell whether a person is conscious by gently shaking them and calling their name or asking "are you OK?" If this doesn't wake them, they are probably unconscious and you need to call an ambulance and start CPR. Anything more drastic won't make any difference to whether or not they come round, and could cause them serious injury!

4. Injecting people with salt water is an antidote to overdose **WRONG**

Salty water is not an antidote for opioid OD and will not reduce or water down the effect or the amount of the substance taken. Injecting salt water could cause infection and upset the body's metabolism. Do not inject salt water. Get help.

Injecting salt water also wastes time that should be spent putting the person in the recovery position and calling for an ambulance.

5. If someone drops it is better to leave them to sleep it off **WRONG**

Leaving someone on their own could result in death. It can only take a few minutes for someone to stop breathing and die. Even if the person is still breathing they need someone to make sure they don't stop breathing. They may also roll on to their back and choke if they vomit. Someone needs to make sure that the person is on their side – in the recovery position (see instructions on page 14), and to keep their airway open until help arrives. If the person stops breathing and/or they don't have a pulse - call an ambulance and start CPR (see instructions on pages 16-19).

6. If you have dropped and been given Naloxone to bring you around, it is safe to have another shot right away  
**WRONG**

The effects of Naloxone (also called Narcan) are only temporary. After half an hour Naloxone will begin to wear off very fast and having another shot could make you drop again. In fact, even if you don't have another shot you are still at risk of going over again. Opioids are longer acting than Naloxone. If you end up in hospital don't check out immediately. Stay and allow the health professionals to do their job, keeping you alive. It is also important to realise Naloxone only works on opioids, not alcohol or benzos. If you have taken a drug cocktail you will still be affected by the other drugs and need to be monitored.

# Signs of an OPIOID OVERDOSE

Recognising an opioid overdose can be difficult. If you aren't sure, it is best to treat the situation like an overdose—you could save a life. It is important that you don't leave the person alone and make sure you ring 111 and ask for an ambulance.

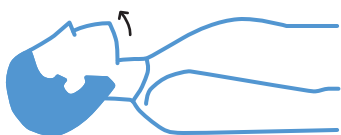
Signs of opioid overdose may include any of the following:

- Small, constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

# What to do if someone overdoses ON OPIOIDS

Read and practice the following instructions with your friends and whanau so that if an overdose does happen, you know how to keep the person alive until the ambulance gets there.

- Don't panic. Stay calm.
- Keep yourself safe. Watch out for used needles and blood on the bed or floor etc.
- Check if the person is conscious by gently shaking them and calling their name or asking "are you ok?" This may bring the person round.
- If the person does not respond, check whether they are breathing.
- Check their airway. Tilt their head back enough to open their airway. Remove anything from their mouth like food or vomit.
- Are they breathing? Put your ear next to their mouth. Can you feel any breath? Is their chest rising?
- If they are breathing put them in the recovery position (see instructions on page 14).
- If they are not breathing start CPR. See instructions for CPR on pages 16-19.



# If the person is unconscious but BREATHING

- Remove any of their tight clothing or belts and tourniquets. Check their mouth for blockages, turn them onto their side (see recovery position on page 14), tilt their head back and make sure they can't roll onto their back, then phone 111 for an ambulance. Calling an ambulance saves lives.
- Don't give the person anything to eat or drink. Don't put them in a bath or shower. Don't try to walk them around. Don't think you can let them "sleep it off".

# The recovery position

**Step 1:** Start with the person on their back. Kneel down on one side of the person (it doesn't matter which side).



**Step 2:** Place the person's arm nearest to you at right angles to their body, with the palm of their hand facing upward beside their head.



**Step 3:** Carefully pull their other arm across their chest and place the back of that hand against their cheek nearest to you. If you take their left arm for instance, then it should now be across their body and against their right cheek. Make sure the person's head is supported.

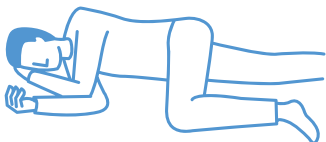


**Step 4:** Get hold of the leg furthest away from you, just above their knee, and pull it up, keeping the foot flat on the ground and the knee bent.



**Step 5:** Keep the person's hand pressed against their cheek and pull their bent knee toward you to roll them over onto their side so that their body is facing you.

**Step 6:** Position the leg that you've just moved at right angles in front of the person's body. This will ensure that they do not roll any further.



**Step 7:** Gently lift the person's chin and tilt their head back slightly. This ensures that they are able to breathe easily and that any fluid can drain away. Listen to make sure that they continue to breathe.

# CPR

Starting CPR quickly is very important – you won't do any harm by starting compressions (chest presses), and you could save their life.

New guidelines have changed the steps for CPR, telling rescuers that unless they are trained in doing mouth-to-mouth they should just do hard, fast chest presses until the ambulance arrives. Pushing hard and fast on the person's chest is really acting like an artificial heart. The blood carries oxygen that helps keep the person's organs alive until help arrives.

If someone has overdosed shout loudly for someone to help you. Get them to phone 111 and ask for an ambulance and to tell them the person is unconscious and not breathing. If you are the only person around ring 111 and ask for an ambulance and then immediately start chest presses. If you do not have a phone start chest presses and continue to call for help.

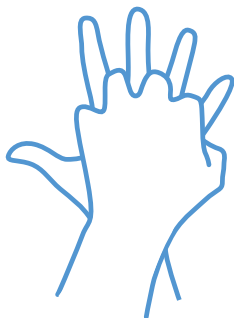
**Follow the instructions on pages 16-19.**

# Compressions

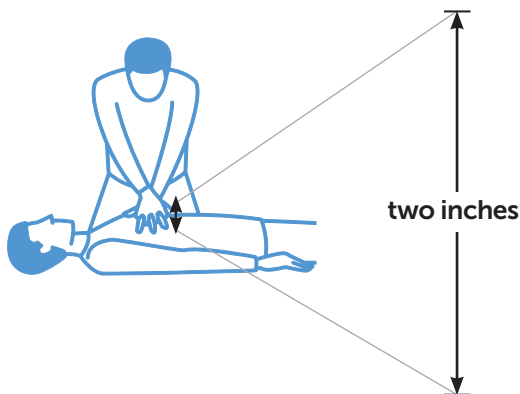
1. Lie the person on their back on a firm surface – like the floor or the ground – (not a bed as it is too springy). Kneel down beside them.



2. Place the heel of your hand over the centre of their chest. Put your other hand directly over the first one and interlace your fingers. Make sure your elbows are straight and your shoulders directly above your hands



3. Using your upper body weight, push hard and fast straight down on the person's chest – push down about two inches. Release the pressure and repeat.



4. Give 100-120 chest presses each minute and keep on doing this until help arrives



OR

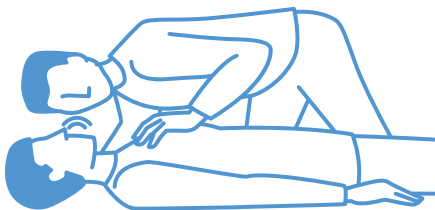
If you are confident or trained in doing mouth-to-mouth switch to **No 5 over the page**. It is ok to just keep on doing the chest presses though.

## Mouth-to-Mouth

5. After the first 100-120 chest presses prepare to give the person two big breaths by tilting their head back and lifting their chin to open their airway. Pinch their nose closed and cover their open mouth with yours – creating an airtight seal. Make sure there is nothing blocking their airway first.



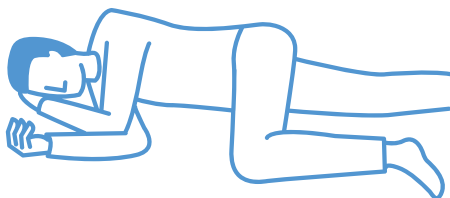
6. Give one big breath and watch for their chest to rise then give the other breath (each breath should only take around one second)



7. After the two breaths, give 30 hard and fast chest presses and then two more breaths. Continue doing this – 30 chest presses then 2 breaths, 30 chest presses then 2 breaths until help arrives or the person starts breathing on their own.



8. If the person starts breathing on their own, put them in the recovery position (see instructions on page 14). Stay with the person until the ambulance arrives.



# Methamphetamine OVERDOSE

Over time, repeated methamphetamine use can lead to the development of physical dependence and tolerance. As tolerance builds, meth users will often need to increase their usual dose to achieve the desired high. Using higher doses of meth or a stronger than usual batch can result in overdose. Using in combination with other substances (such as alcohol) is also a risk factor.

It is important to be aware of the signs and symptoms of a methamphetamine overdose as the sooner that a person who has OD'd receives help, the higher their chances of survival.

## Signs of a Methamphetamine Overdose

- Rapid, slowed or irregular heart beat
- Difficulty breathing
- Chest pains
- High body temperature (overheating, but not sweating)
- Agitation and paranoia
- Anxiety
- Hallucinations
- Seizure
- Unconsciousness

# What to do if someone has overdosed on METHAMPHETAMINE

Overdoses can be life threatening. If you think a person has taken methamphetamine and they are having symptoms of overdose, get them medical attention immediately. Caution should be taken if the person is excited or paranoid. Speak quietly but clearly. Do not move quickly or constrict the person's movement.

If the person is having a seizure, gently hold the back of their head to prevent injury. If possible, put them in the recovery position (see instructions on page 14). Do not try to stop their arms and legs from shaking.

How well a person does depends on the amount of the substance they took and how quickly they got help. The faster a person gets medical help, the better their chance for recovery. If the person is having a seizure, becoming violent, or having difficulty breathing, call 111 and ask for an ambulance as quickly as possible.

If the person is unconscious follow the instructions on pages 16-19 for doing CPR.

# Naloxone

If you overdose on opioids, you may be given Naloxone (narcane) intravenously or by injection into a muscle. If you are given Naloxone, you may quickly go into severe withdrawal. Naloxone is short-acting and wears off quickly but it may not neutralise all the drug you have in your system. This means you could begin to overdose again so it is recommended that you **stay with the medics**, or at the emergency department until you have been assessed as being no longer at risk. It is very important that you do not take any more drugs.

Naloxone can be administered by ambulance or medical staff and due to a New Zealand legislation change Naloxone packs are now available for distribution through **NZ Needle Exchange Programme**. Training will be available on how to use a pack when it is distributed. If you inject opioids and want to know more about Naloxone, ask at your NZNEP outlet.

In the meantime, it is very important that you **develop an overdose plan** in the event that something happens. Become familiar with what to do if someone you are with overdoses.

This booklet provides information on how to identify overdose and on CPR. **Read it before you need it.**



**Keep this booklet with you  
It could save someone's life**



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