

# opioid overdose

*Overdose or 'OD' means consuming a larger amount of drugs than your body can cope with. It could be too much of one drug, or a combination of different drugs. It's possible to have too much of any drug, and the signs of OD can look different depending on the drugs involved.*

*Opioids like heroin, morphine and oxycodone are depressant drugs. This means they slow down (or depress) the messages from your brain to your body. If you take too much of these kinds of drugs, the message your brain sends to your body telling it to breathe can slow down. Your breathing can become dangerously slow or stop altogether.*

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## tolerance

If you use a drug regularly you build tolerance to it. This means that you need to use more each time to get the same effect. It also means that, if you haven't been using regularly, your tolerance will drop. If you use your usual amount after a break, it could be way too much and you could OD.

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## mixing drugs

Taking more than one kind of drug can increase the effect and the risk. Most heroin related ODs are caused when other depressant drugs are taken too. Alcohol or benzos like Xanax and temazepam are also depressants, and if you mix them with drugs like heroin or MS Contin you greatly increase the risk of OD.

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## avoiding an overdose

- Think about your tolerance (especially if you've been in jail, in detox, or you've had a break).
- Test a small amount first.
- What other drugs have you had in the last couple of days? Remember 'half-life'.
- Try to go to the same dealer, but the strength of their gear might vary too.
- Try not to use alone, but if you do, phone a friend before you have a hit. Tell them where you are and get them to ring you back in a few minutes. That way if you drop and can't answer the phone they can call an ambulance.
- Think about where you're using. If you drop, will you be found?

## signs of opioid overdose

- Shallow breathing or not breathing.
- Blue lips or finger tips.
- Snoring or gurgling sounds usually means the person is not able to breathe properly.
- There is a fine line between being on the nod and OD.
- Not all ODs happen quickly. Sometimes it can take hours for someone to die.
- If you can't get a response from someone, don't assume they're asleep and don't leave them to sleep it off.

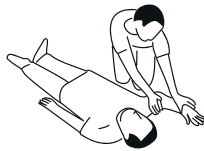
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## what to do

if you can't get a response from someone, you need to call an ambulance on 000.

Put them in the recovery position

a) RAISE ARM



b) SUPPORT HEAD



c) LIFT LEG



d) ROLL OVER



### ***If you have naloxone, use it.***

If the person's heart is beating but they are not breathing apply rescue breathing if you know how or are comfortable doing so (2 slow breaths and 1 breath every 5 seconds).

If there are no signs of life, in addition to the steps already taken, start CPR if trained or comfortable doing so. If the person does not begin to breathe after two to three minutes give a second dose of naloxone and continue other measures.

Stay with the person until the ambulance has arrived.

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## wearing off

Naloxone wears off in 30 to 90 minutes, quicker than opioids. Once it's worn off the person may drop again. Try to support the person during this time period and encourage them not to use for at least a couple of hours. Let them know that the effects of the naloxone will wear off and they will start to feel the effects of the opioids they took once again.

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