

3 WHAT CAUSES A DRUG OVERDOSE?

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what increases the risk of overdose?

You increase the risk of overdosing if you:

- use too much (being too greedy);
- use a stronger batch — quality fluctuates from dealer to dealer, and even batch to batch from the same dealer;
- use after a break — on release from detox, rehabilitation or prison;
- mix heroin with alcohol and/or pills (benzos) — responsible for more than 60% of fatal heroin ODs in 2005;
- mix heroin with speed — responsible for more than 20% of fatal heroin ODs in 2005;
- use ketamine or GHB alone, or mixed with benzos, alcohol or opiates (very dangerous);
- have been on naltrexone and stop taking the tablets or remove the implant (using with no tolerance);
- use again after having Narcan;
- are in the first few days of a buprenorphine (bupe) or methadone (done) program and you use heroin, or you combine bupe or methadone with benzos and/or alcohol;
- use in a different environment than you are accustomed to using in;
- use by yourself, especially alone, at home; and
- use when you are tired, run-down or unhealthy.

what happens when you OD?

Heroin (like morphine, methadone etc.) slows down your breathing, which means less oxygen gets to your brain and you risk falling into unconsciousness. With amphetamines (speed) you could have a very fast heart rate but still have difficulty in breathing and lose consciousness. Ketamine and GHB also make your breathing slow or erratic and may lead to coma.

Whatever the cause, you may actually stop breathing and you need help to stay alive. If you do not breathe for three to five minutes you will be left with some degree of brain damage. When you stop breathing automatically, someone else needs to breathe for you. This is called 'mouth-to-mouth' or EAR — Expired Air Resuscitation (see page 41 for more information).

how do you know if someone has overdosed?

While some people drop immediately after a hit, others slip away over hours. Your friend may not just be on the nod.

If there are any of the following warning signs you need to act quickly.

heroin:

- failing to get a response when you talk to them;
- snoring or gurgling sounds;
- blue lips, blue fingernails;
- cold, clammy skin; or
- convulsions.

speed:

- very fast or irregular heart beat;
- excessive vomiting;
- difficulty in breathing;
- collapse;
- stroke (signs could be chest pain, aching left arm, very severe headache);
- unrouseable (you can't get the person to respond);
- very high body temperature;
- sweating; or
- panic attacks.

GHB danger signs:

- vomiting;
- total loss of coordination;
- slurred speech;
- convulsions;
- slow and irregular breathing; or
- unconsciousness — no response to pain.

ketamine — look for:

- vomiting;
- breathing difficulties; or
- loss of consciousness.

**what to do if someone has overdosed**

CALLING AN AMBULANCE IS FREE FROM ANY PHONE, EVEN A MOBILE WITH NO CREDIT (dial 112 from a mobile phone).

If you can, stay with the person who has OD'd — get someone else to call 000 (or 112 from a mobile phone) for an ambulance. If you are alone, lay the person on their side and if possible go and call the ambulance yourself, and then return to the person. If you are a long way from a telephone, try to get someone else to help you by ringing an ambulance. If the person is not breathing it is important that they keep getting oxygen.

Police no longer routinely attend ODs. In 2005, police attended only 14% of non-fatal heroin ODs. This was mainly when the police actually called the ambulance when they found the person who had OD'd. They will attend if it is a fatal OD or if the ambos fear for their own safety.

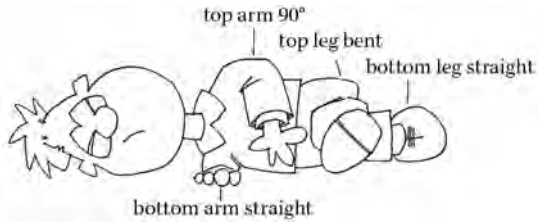
It is still a good idea to stash your injecting equipment and your dope away out of sight. It is now police policy that it is in the greater public interest to overlook minor possession and use charges at incidents of OD. If they do see illicit drugs, they are still required, by law, to confiscate them.

The ambos may administer Narcan to block the effects of heroin, so that you start breathing again. If the person is advised to go to hospital by the ambos, it is a good idea, because the Narcan may wear off really quickly and it is important that someone who has dropped is monitored in a safe environment. If they choose not to take the ride, it is vital that a friend stays with them for several hours — and this means staying awake!

NARCAN WEARS OFF AFTER APPROXIMATELY ½ TO 1 HOUR ... BUT THE HEROIN THAT CAUSED THE OD IS STILL IN YOUR SYSTEM — YOU ARE AT GREAT RISK OF OD ALL OVER AGAIN IF YOU HIT UP AFTER BEING GIVEN NARCAN.

what to do while waiting for an ambulance

- Lay the person on their side to keep their airways open (see illustration below).
- Remove any saliva or vomit from their mouth.
- If the person is snoring, their airway may still be partially blocked — tilt their head back to open their windpipe further.
- Listen for breathing and feel their chest to see if it rises and falls.



***IF BREATHING IS EXTREMELY SLOW OR SHALLOW,
YOU NEED TO BREATHE FOR THE PERSON.***

how to perform 'mouth-to-mouth' (expired air resuscitation)

- Roll the person gently onto their back.
- Tilt their head back, raising the jaw.
- Pinch their nose with your finger (as pictured) or block their nose with the side of your cheek.
- With their mouth open, place your mouth over theirs.
- Gently blow into their mouth (give 5 breaths at first).
- Make sure their chest rises and falls, so you know it is working. You should be able to feel the air come back out of their mouth on the side of your cheek.

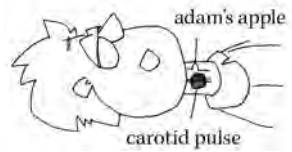


How fast do I breathe for my friend? — Every time you breathe, give one breath to your friend — about 15 breaths per minute.

When do I check for a pulse? — After the first five or so breaths, it's a good idea to make sure they have a pulse.

Where do I check for a pulse? — The easiest place to feel for a pulse is on the neck, just under the angle of the jaw (carotid pulse). Practise feeling for this pulse.

What if I cannot find a pulse? — Begin Cardio-Pulmonary Resuscitation (CPR).



If you are not 100% up on overdose response, why not call VIVAIDS or your local Needle & Syringe Program (NSP) / primary health service and find out about VIVAIDS' Overdose Prevention and Management Training workshops for users and their friends? You can call VIVAIDS on 9329 1500 or see the listing of NSPs at the end of Chapter 4, *Needle and Syringe Programs*.

what not to do if someone drops

- **Don't** hit them up with water, salt water, speed or lemon — it won't help. Narcan is the only drug that will help.
- **Don't** put them in a cold shower or bath — you could change their body temperature and send them into shock, or they could drown if their lungs fill up with water.
- **Don't** try and walk them around. It won't bring them round and you are just wasting valuable time.

most fatal ODs happen when people use alone

Try and use with other people around or at least arrange for someone to check on you. If you use in a toilet cubicle, lock the door while you mix up BUT UNLOCK the door before you inject, so if you drop someone can get in to help. You can keep the door shut with your foot. User feedback suggests that some features of modern automatic toilets (Exeloos) make it difficult to use in them, although the auto-release doors should make it easier to get help if you drop.

what you should know about naltrexone

Naltrexone is an opioid antagonist. This means that it blocks the effects of heroin. You need to have NO heroin or any other opiate-based medication (i.e. Doloxene, Panadeine Forte) in your body in order to take naltrexone, otherwise you can get heroin withdrawal symptoms, much like receiving Narcan after a heroin overdose (ONLY IT LASTS MUCH LONGER).

If you use heroin whilst taking naltrexone you cannot feel the heroin and you do not get stoned. Naltrexone takes a couple of days to get out of your system, so when you stop taking naltrexone (i.e. it stops blocking the effects of heroin), you are able to feel the heroin again but you have **no tolerance** to it.

It is very important to know that you have no tolerance to heroin or any other opiate-based drug at this point. **This is when you are most at risk of having a heroin overdose.**

Juggling heroin and naltrexone is a dangerous business. You are at risk of having a heroin overdose which could be fatal. Nobody believes their tolerance is zero after being on naltrexone, but it really drops to nothing and this is what has killed many opiate users.

Another useful tip about tolerance is that reducing the amount you use according to the length of time since you last used should help to reduce the risk of OD. Information distributed by VIVAIDS suggests as a guide that if you haven't used for:

- 2–3 days, use ¼ **less** than you normally would;

- 1 week, use half **less** than you normally would;
- 1–2 weeks, your tolerance is almost nothing; and
- at 1 month, you have no tolerance at all.

Your tolerance will drop faster than it will build up. Keep this in mind when you are using.

using opiates, drug half life and combining drugs

The half life of a drug is the amount of time it takes for your body to eliminate half of the initial dose.

For example, Valium has a half life of 20–40 hours (depending on how regularly you take it). What this means is that if you take 10 × 5mg tablets (50mg of Valium) at 3 pm, then by 3 pm the next day you will still have 5 tablets (25mg) of active Valium in your system. You may not still feel the same effect from the tablets you took yesterday, but they are still active inside your body.

It is always worth asking your doctor what the half life is of any medication you take. This includes methadone, anti-depressants and benzos especially. Information about half life is usually included in the pamphlet that comes with prescription medicines.

The most dangerous drugs to combine are called 'depressants'. These drugs depress your central nervous system (CNS), in other words they slow down your breathing and can even stop you breathing completely if you take enough at once, or even over a period of time. Heroin and methadone are CNS depressants; so are valium, alcohol, rohypnols and serapax etc.

When CNS depressants are used together the result is a drug combination greater than the sum of the individual drugs. The depressant effects are multiplied, into a very dangerous cocktail which could easily kill. **It is especially dangerous to mix any CNS depressants with GHB.**

If you are not sure which drugs are depressants check the 'Drug Reference Guide' in Chapter 1, *How Drugs Affect You*, for more information.

You need to be particularly careful of drugs with a long half life. The figures given below are based on information on overdose prevention from VIVAIDS and Moreland Hall. *They are only provided as a guide*, because the half life of a drug will vary in different situations (for example, according to how often you use it). This is why the half-life figure is usually stated as a range, as for Valium above (20–40 hours).

Drug type	Name	Half life (hours)
Benzos:	Mogadon (nitrazepam)	26
	Serepax (oxazepam)	5–15
	Valium (diazepam)	20–40
	Rohypnol (flunitrazepam)	25
	Normison (temazepam)	18–30
	Rivotrol (clonazepam)	20–60
	Frisium (clobazepam)	18
	Euhypnos (temazepam)	10–15
	Tranxene (clorazapate)	2
	Opiates:	Methadone
Heroin		8–12
Temgesic (low dose buprenorphine)		1.2–7.5
Morphine		3
Anti-depressants:	Tryptanol/Endep (amitriptyline)	12–36
	Deptran (doxepin)	17
	Prozac (fluoxetine)	60
	Tolvon (mianserin)	33
	Nardil/Parnate (phenelzine)	2
	Zoloft (sertraline)	26

depression and overdose

Depression (clinical depression) is a condition or mental state which impacts negatively upon a person's mood, energy levels, capacity to deal with stress and decision making. Depression is very common across the whole community, with up to 20% of people experiencing symptoms of depression at some time. There is a link between clinical depression and the incidence of drug overdose. This is probably because people are more likely to use a range of substances to try to cope with the feelings of depression and are likely to be less careful about the quantities and/or combinations of drugs used.

If you (or someone close to you) are feeling depressed, it may be helpful to talk to a GP or counsellor about the issues that are causing the depression. If your doctor suggests a course of anti-depressants to help you break out of the cycle of depression, it is a good idea to discuss with them any other drugs you use and the possible effects of using while you are taking anti-depressant medication.

Some of the support groups listed in Chapter 15, *Quick Guide*, particularly those under 'Information, support, counselling and advocacy', may also be helpful. The website <www.beyondblue.org.au> contains information about depression and lists sources of help and support for sufferers, family and friends.