

OPIOIDS

31 AUGUST

INTERNATIONAL
OVERDOSE
AWARENESS DAY

WHAT ARE OPIOIDS?

Opioids is an umbrella term for natural or synthetic drugs that are derived from – or related to – the opium poppy.

Opioids attach to receptors in the brain to block pain signals and slow down the central nervous system. Commonly used opioids include oxycodone, morphine, codeine, heroin, fentanyl, methadone and opium.

EFFECTS AND SIGNS OF OVERDOSE

Opioids typically have a relaxing and euphoric effect but can slow breathing and heart rate. Too many opioids, and when combined with other depressant drugs, can slow breathing to dangerous levels which can lead to brain damage or death.

Signs of overdose can include:

- Not responding / cannot be woken
- Limp body and cold or clammy skin
- Irregular, shallow, or slow breathing (less than 12 breaths per minute)
- Snoring or gurgling sounds (can appear like deep sleep)
- Blue / pale or grey / ashen lips or fingertips
- Possible vomiting

OVERDOSE RESPONSE

Sometimes it can take hours for an opioid death to occur. Non-fatal overdoses can still cause brain damage if a person is not breathing properly. Immediate action could save a life.

Check for vital signs:

A Alert: Not responding to voice, touch, or pain

B Breathing: Noisy? Shallow? Slow? Stopped? Strange snoring or gurgling

C Colour: Blue or pale lips or fingertips (lighter skin)
or grey / ashy colour (darker skin)

If you see any of these signs, act immediately.

Before you act: Check for danger (sharp objects, chemicals, traffic, etc.).

Try to get a response from the person by calling their name, squeezing their shoulder firmly or rubbing knuckles firmly across their sternum (chest bone).

If no response (person is breathing): Put them in the recovery position. Make sure their head is supported, airways are open and monitor vital signs closely.

If no response (person not breathing): Use naloxone (Narcan) or start rescue breathing.

Call an ambulance: follow operator instructions and stay on the line.

How to use naloxone / Narcan®:

1. Assemble the naloxone according to packet instructions.
2. Give the smallest dose possible and record the time (keep packaging and give it with time of dose to paramedics when they arrive).
3. Wait 2-4 minutes and stay with the person.
4. If the person does not start breathing, give another dose of naloxone and/or start rescue breathing (2 breathes every 5 seconds).
5. If the person starts breathing, place them in the recovery position and monitor vital signs until an ambulance arrives.

Note: Naloxone will only temporarily reverse an opioid overdose. It will not reverse the effects of other drugs. Never leave the person alone as they can 'drop' again when naloxone wears off.

Rescue breathing (if you DO NOT HAVE naloxone):

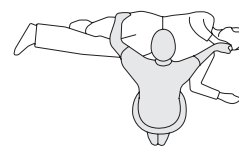
- Roll the person onto their back, supporting their head.
- Tilt head to open airway (one hand on forehead and one under the chin).
- Clear airways if blocked.
- Pinch nose and create a mouth-to-mouth seal.
- Give 2 quick every 5 seconds (check for rising chest – not stomach – after each breath).
- Maintain rescue breaths until
 - the person starts breathing on their own
 - an ambulance arrives
 - someone else can take over for you.

WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

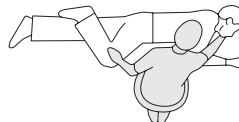
- Do **NOT** allow a person to 'sleep it off' (they may stop breathing).
- Do **NOT** leave the person alone -always stay until an ambulance arrives.
- Do **NOT** give the person any other medicine, drugs, or anything to eat or drink.
- Do **NOT** try to induce vomiting, put them in the shower / bath or slap them to 'wake them up'.

The Recovery Position

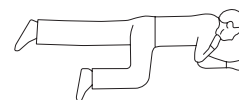
Support face Place the arm nearest to you at right angles to the body. Place their other hand against their cheek.



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



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



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UNDERSTANDING NALOXONE OR NARCAN

It's possible to overdose on all types of drugs, including methamphetamine, alcohol and prescription (pharmaceutical) medication including benzodiazepines, anti-psychotics, anti-convulsant and opioid medication.

The signs of an overdose can look different depending on the drugs involved, but opioid overdoses are particularly dangerous. This is because they slow down a person's breathing. It can be hard to know when a person is having an opioid overdose because they may seem to be sleeping.

An opioid overdose causes a person's breathing to slow to dangerous levels to the point that they can't breathe properly. This can cause brain damage and, in some cases, death.

NALOXONE IS A MEDICATION USED TO TREAT OPIOID OVERDOSE

Naloxone temporarily reverses the effects of opioid overdose, allowing the person to breathe again while help is on its way.

When administered to a person experiencing an opioid overdose, naloxone reverses the effects of the opioid, restoring their respiratory system and buying time for emergency services to arrive and provide treatment.

It is a remarkable medicine, easy to use with very few side effects and no capacity for misuse.

Naloxone has been used for treating opioid overdose for decades, though its use has traditionally been restricted to medical settings. In 1983 the World Health Organization (WHO) classified naloxone as

an essential medicine and in 2014 the WHO issued guidelines recommending that people likely to witness an opioid overdose, including people who use opioids and their friends and family be given access to naloxone and training in its use so they can respond in the event of an overdose.

HOW NALOXONE WORKS

Naloxone works by blocking the body's opioid receptors which then prevents the opioid drugs from working.

It typically lasts for 30 to 90 minutes after first being administered.

If a person has had an overdose reversed with naloxone, they may experience withdrawal symptoms. It's important that they do not use opioids or other depressants for at least two hours. Once the naloxone wears off, the person may overdose again even if they haven't used any more opioids. If they do use in this time, the chance of overdosing again is increased.

If a person does not respond to a dose of naloxone, repeated doses can be given every two to three minutes.



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SIDE EFFECTS OF NALOXONE

There are very few risks associated with naloxone use. A very small number of people have hypersensitivity to naloxone. If someone is dependent on opioids and they are given a high dose of naloxone, it can bring on symptoms of opioid withdrawal. It is not a drug of abuse or dependence.

Naloxone is available in two forms:

- As an injectable liquid in a pre-filled syringe, or ampoule
- As an intra-nasal spray

Naloxone can be given by injection into the upper arm or outer thigh of the leg, if using a nasal spray, into the nose. The type of naloxone available and how you access it depends on where you live.

In most countries, doctors can prescribe naloxone. It may also be available from a drug store or pharmacy without a prescription. Some areas have programs where they give naloxone out for free.

If you're taking opioids, ask your doctor about naloxone and getting trained to use it. If they're not sure about this, contact your local harm reduction organisation. You can also search online for naloxone availability in your area.

HANDLING NALOXONE

Naloxone should be stored at room temperature and protected from light. It should never be exposed to extreme heat or cold, such as in a parked motor vehicle.

It can be kept securely inside a cupboard, drawer or handbag or anywhere else that is easily accessible in an emergency.

If you give naloxone to someone who has not taken opioids, it will not have any adverse effects.

Unused naloxone loses efficacy over time and should be replaced when its expiry date has been reached.

Anyone using opioids should keep a supply of naloxone at home. People they live with should know where it is, what it does and how to use it.

If you obtain naloxone, tell your friends and family and show them how to use it.

If you overdose, you won't be able to give it to yourself. Someone else will have to do it for you.

Naloxone does not "solve" the issue of opioid overdose: it does not address the underlying causes of overdose and therefore cannot be relied upon to reduce the harms of overdose by itself.

RELATED USES

Naloxone is included as an overdose blocker in some opioid-based medicines to reduce the risk of misuse.

FENTANYL

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WHAT IS FENTANYL?

Fentanyl is a potent synthetic opioid commonly used in medicine for strong pain relief. Fentanyl can be up to 100 times stronger than morphine and other prescription opioids and its effects come quickly. Similar chemical compounds like carfentanyl and acetylfentanyl (fentanyl analogues) tend to be even stronger at small amounts and have even higher risk of overdose.

Illegally-produced fentanyl is more common in North America than in other parts of the world like Europe or Australia, where non-medical fentanyl use tends to be from diverted pharmaceutical supplies.

EFFECTS AND SIGNS OF OVERDOSE

Like all opioids, fentanyl attaches to receptors in the brain to block pain signals and slow down the central nervous system. Opioids typically have a relaxing and euphoric effect but can slow breathing and heart rate. Too many opioids, and when combined with other depressant drugs, can slow breathing to dangerous levels by stopping the natural urge to breathe in, leading to brain damage or death.

Signs of overdose can include:

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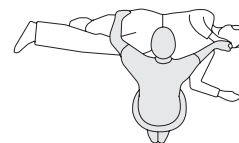
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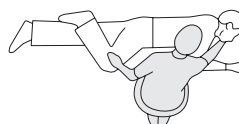
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- Do **NOT** try to induce vomiting, put them in the shower / bath or slap them to 'wake them up'.

The Recovery Position

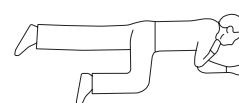
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Lift leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



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FACT SHEET

CRYSTAL METHAMPHETAMINE

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WHAT IS CRYSTAL METHAMPHETAMINE?

Methamphetamine (or methylamphetamine hydrochloride) is a central nervous system (CNS) stimulant.

It is generally available in four forms:

- 1 **Speed** – which comes in powder form and is typically of low purity.
- 2 **Base** – a damp oily substance with white to yellow or brown colour (also known as “pure”, “paste”, “wax”).
- 3 **Pills/tablets** – usually contain only a small dose of methamphetamine.
- 4 **Crystal** – purest form of methamphetamine and has a translucent to white crystalline appearance. The crystal form of the drug is also known as ice.

Meth can be swallowed, snorted, smoked or injected, with each of these methods having different risks. For example, swallowing makes it difficult to work out the dose and when its effects will be felt. Smoking is harsh on the lungs and risks burning them. Injecting any drug attracts risks of injection-related injury and diseases including blood borne viruses (e.g. HIV, hepatitis C).

Smoking and injecting ice can have a nearly instantaneous onset of its effects which might account for the higher likelihood of methamphetamine dependence among people who smoke and/or inject ice.

SIGNS OF OVERDOSE

Because of its high purity, meth overdose, or toxicity, can occur even with small doses, especially when mixed with other drugs. The greatest concern in meth overdose is the risk of seizures, stroke and heart attack. Emergency presentations featuring meth toxicity are less common than meth psychosis. However, risks to the cardiovascular system from high levels are significant, especially when there is a pre-existing health problem.

Some signs of overdose can include:

Physical signs

- Hot, flushed, sweaty skin
- Severe headaches
- Chest pain
- Unsteady walking
- Rigid muscles or tremors, spasms, jerky movements
- Movement of the limbs, and seizures
- Difficulty breathing

Psychological signs

- Psychotic symptoms in individuals with no prior mental illness
- Severe agitation or panic
- Altered mental state (e.g. confusion, disorientation)

OVERDOSE RESPONSE

Before you act, check for dangers such as needles.

Call an ambulance, tell the operator your location, and stay on the line.

Move the person to a quiet, safe room away from bystanders, noise, excessive light, heat and other stimulation.

If confused or panicking, try to reassure them.

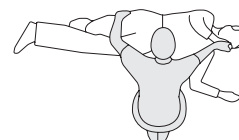
If overheating, try to cool them down by loosening outer clothing or putting a wet towel on the back of the neck or under their arms.

If you can't get a response or the person is unconscious, put them in the recovery position.

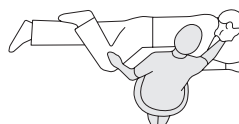
If muscle spasms or seizures occur, remove anything from the immediate environment that might cause injury.

The Recovery Position

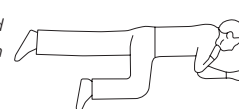
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Lift leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- Do **NOT** leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.

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ALCOHOL

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WHAT IS ALCOHOL?

Alcohol is a legal depressant that slows down the messages travelling between the brain and the body. In small amounts, alcohol can cause you to feel relaxed, more confident and heighten your emotions.

Alcohol depresses the nerves that control involuntary actions such as breathing and the gag reflex (to prevent choking). A fatal dose of alcohol will eventually cause these functions to shut down. Since alcohol is an irritant to the stomach, excessive vomiting is also common. If the person is unconscious, this could lead to death by asphyxiation.

SIGNS OF OVERDOSE

- Confusion
- Loss of co-ordination
- Vomiting
- Seizures
- Irregular breathing (a gap of more than 10 seconds between breaths)
- Slow breathing (less than eight breaths per minute)
- Pale or blue tinged skin
- Low body temperature (hypothermia)
- Unconsciousness or passing out

OVERDOSE RESPONSE

Call an ambulance, tell the operator your location, and stay on the line.

Keep them warm.

If you can't get a response or the person is unconscious, put them in the recovery position. Don't leave them on their back.

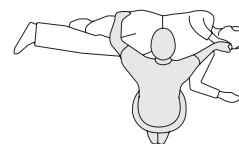
If they are awake, try to keep them in a sitting position and awake.

Be prepared to give CPR if they stop breathing before an ambulance arrives.

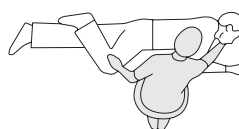
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The Recovery Position

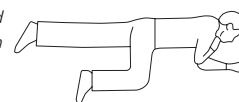
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Lift leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- **Do NOT leave them to sleep it off:** the amount of alcohol in someone's blood continues to rise even when they stop drinking.
- **Do NOT give them coffee:** alcohol and coffee both dehydrates the body. Having both can lead to severe dehydration and permanent brain damage.
- **Do NOT make them sick:** alcohol can interfere with a persons gag reflex, causing them to choke on their own vomit.
- **Do NOT walk them around:** alcohol slows brain function and affects co-ordination and balance. Walking them around might cause accidents.
- **Do NOT put them in a cold shower:** it could dangerously reduce body temperature and lead to hypothermia.
- **Do NOT let them drink more alcohol:** the amount of alcohol in their bloodstream could become even higher – which could put them in further danger.

BENZO- DIAZEPINES

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WHAT ARE BENZODIAZEPINES?

Benzodiazepines are often prescribed to treat severe anxiety or insomnia, or to manage pain and seizures. They slow the central nervous system down to produce a calming effect, but excessive use or when mixed with other depressant drugs can cause serious, life-threatening harms.

Fake or counterfeit benzodiazepines can look a lot like pharmacy medicines, sold in similar packaging but tend to have variable and unknown ingredients.

EFFECTS AND SIGNS OF OVERDOSE

Too much of any benzodiazepine can make you drowsy, uncoordinated, or confused. This increases the risk of accidental injury and overdose.

Overdose risk is much higher when benzodiazepines are mixed with other depressants that slow the brain and body. Mixing benzodiazepines with opioids or alcohol is particularly risky as all three drugs impact breathing in different ways. Often fatal benzodiazepine overdoses also involve other drugs.

- Extreme drowsiness, dizziness, or confusion
- Slurred speech, lack of coordination or muscle control (spasms)
- High anxiety, agitation, extreme mood swings or delusion / hallucinations
- Unresponsive (but awake)
- Loss of consciousness
- Shallow or slowed breathing or pulse (heart rate)

OVERDOSE RESPONSE

If you think someone has overdosed, know how to respond:

Before you act: Check for danger (sharp objects, chemicals, traffic, etc.)

Try to get a response from the person by calling their name, squeezing their shoulder firmly or rubbing knuckles firmly across their sternum (chest bone).

If no response (person is breathing): Put them in the recovery position. Make sure their head is supported, airways are open and monitor vital signs.

Call an ambulance: follow operator instructions and stay on the line.

Be prepared to give CPR if they stop breathing before an ambulance arrives.

If you think they've also used opioids, you can use naloxone to reverse the opioid effects.

Provide paramedics with as much information as possible, including what, when, and how much of the drug was taken (if known) and any known medical conditions. If you can find a bottle or packaging, give this to paramedics when they arrive.

Naloxone or Narcan® - a medicine that reverses opioid overdose - will not reverse the effects of benzodiazepine overdose, but it won't cause additional harm if you think opioids have also been used.

WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

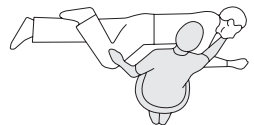
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- Do **NOT** leave the person alone - always stay until an ambulance arrives.
- Do **NOT** give the person any medicine or any thing to eat or drink.
- Do **NOT** try to induce vomiting - they could choke.
- Do **NOT** put them in the shower / bath or slap them to 'wake them up'.

The Recovery Position

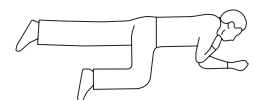
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DEPRESSANTS

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WHAT ARE DEPRESSANTS?

Benzodiazepines, barbiturates (medical depressants), and alcohol all slow the central nervous system to produce a calming effect.

These substances are often prescribed to relieve pain, help you sleep or in the case of alcohol, used recreationally when socialising. However, when taken in excessive amounts or in combinations with other drugs, depressants can depress normal functions such as breathing and heart rate until they eventually stop, resulting in brain damage or death.

SIGNS OF OVERDOSE

- Vomiting
- Unresponsive, but awake
- Limp body
- Pale and/or clammy face
- Blue fingernails or lips
- Shallow or erratic breathing, or not breathing at all
- Slow or erratic pulse (heartbeat)
- Choking or sounds of a gurgling noise
- Loss of consciousness

OVERDOSE RESPONSE

Call an ambulance, tell the operator your location, and stay on the line.

Be prepared to give CPR if they stop breathing before an ambulance arrives.

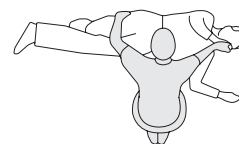
Ensure the person has adequate air by keeping crowds back or opening windows. Loosen tight clothing.

If the person is unconscious or wants to lie down, put them in the recovery position and continue to monitor them.

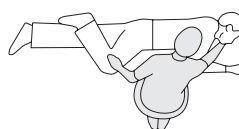
Provide paramedics with as much information as possible, such as what, and how much of the drug was taken, how long ago and any pre-existing medical conditions. If the drug came in a bottle or packet, give the packaging to the ambulance officers.

The Recovery Position

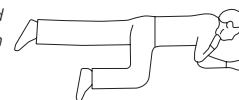
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Lift leg Get hold of the far leg just above the knee and pull it up, keeping the foot flat on the ground.



Roll over Keep their hand pressed against their cheek and pull on the upper leg to roll them towards you and onto their side.



WHAT NOT TO DO IN THE EVENT OF A SUSPECTED OVERDOSE

- Do **NOT** ignore snoring or gurgling: This could mean someone is having trouble breathing.
- Do **NOT** leave the person alone.
- Do **NOT** give the person anything to eat or drink, or try to induce vomiting.