

4. Accidental overdose

Accidental overdose is one of the greatest risks of methadone use. Overdose can also occur with Suboxone®, especially if you take other sedative drugs such as benzodiazepines with it. Anyone who uses drugs can OD, from the first time user to the veteran.

- Overdose on methadone is possible because it has a slow onset of action and a long half-life, meaning methadone lasts in the body for a long time. An overdose of methadone can cause severe respiratory depression which can result in death.
- People with little or no prior experience of methadone may feel the dose isn't enough because methadone feels different than other opiates. In the hope of 'feeling better' they may then take more methadone or use other opiates on top. Doing this hugely increases the risk of overdose: their central nervous system (CNS) is already 'depressed' from the methadone; adding more opioids further depresses the CNS and can cause them to stop breathing.
- An adult who's not used to methadone (i.e. they're non-tolerant) can overdose on a methadone dose of 50 mg or less if they have taken alcohol or other sedatives (like benzodiazepines) as well.
- Any child who consumes any amount of methadone requires immediate medical attention. A methadone dose as low as 10 mg has been known to be fatal for children.
- If you haven't picked up your OST dose at the pharmacy for 3 consecutive days the assumption is made that you haven't had any OST in that time hence the risk of overdose is present. The pharmacist can't dispense if a client hasn't collected their methadone, Suboxone® or other OST meds for 3 consecutive days without written authorisation from the prescriber so you'll need to be reassessed by a doctor before your script is resumed.

Methadone/Suboxone®, Alcohol, and Other Drugs

- Alcohol, benzos, tranquilisers, and barbiturates all depress the central nervous system and can cause you to stop breathing so increase the risk of sedation and overdose.
- Although some people find that being on OST helps them to stop drinking, a significant minority of people on OST are also dependent on alcohol. These people in particular are at risk of overdose.
- The more alcohol you have in your system, the less methadone or other opioids it takes to overdose. Also, alcohol affects your judgement which can lead to mistakes when using opioids.
- Using benzos with methadone is particularly risky. This is why clients who continue using benzos may be required to remain longer with AOTS rather than moving to Shared Care with their GP) and may be limited in their options around takeaways.

Storing your Methadone/Suboxone®

- Store your medication safely, out of reach of both adults and children. (When you get takeaways you'll be asked to sign a 'Responsibility for takeaway doses' form. Part of this agreement is that you will store your medication safely.)
- Although your methadone is supplied in bottles with child resistant caps, they are not child proof because children can still open them. Your medication should never be left where children could possibly get hold of it.



Also available:

1. Opioid treatment with AOTS
 2. Facts about methadone
 3. First methadone dose and stabilisation
 4. Accidental overdose
 5. Ongoing Opioid Substitution Treatment (OST)
 6. Indicators of stability
 7. Clinical tests: blood, urine, etc.
 8. Restabilisation
 9. Pharmacy dispensing
 10. Changes to prescriptions
 11. Holiday arrangements within NZ
 12. Travelling overseas
 13. Methadone takeaways
 14. Shared Care with your GP
 15. Thinking about coming off?
 16. Involuntarily withdrawal
 17. Pregnancy and opioid treatment
 18. Methadone and medication interactions
 19. Driving and OST
 20. Finding a GP
- Facts about buprenorphine (Suboxone®)
- Suboxone® treatment with CADS

Preventing Overdose

- Take your medication as prescribed. It should be taken at the same time each day regardless of whether you feel like you need it or not.
- Make sure you're not alone for the first 2-4 hours after taking your first methadone dose.
- 3 - 4 days after your first methadone dose is the time of greatest risk of methadone overdose because by now the methadone has started accumulating in your body; there can be more methadone in your system than you think. Using anything on top (especially alcohol or sedatives/ benzodiazepines) greatly increases the risk of overdose.

If you do use other drugs in addition to your OST:

- It's not wise to use if you're on your own, but if you do, leave the door unlocked in case paramedics need to get to you, or
- Get someone to stay with you, and
- Use orally rather than IV.

Coping with an overdose

Depressant drugs (like opioids) and sedatives (like alcohol and valium®) slow down your heart rate and breathing.

A person overdosing on a depressant may pass out, stop breathing, or choke on their vomit – any of which can lead to death. Sometimes their breathing sounds raspy; that means they're having problems breathing but sometimes you don't know they've actually stopped breathing.

If their face turns blue they are close to death and need immediate attention – start CPR – and call 111 immediately.

Signs of overdose include:

- The person is awake but can't talk or speech is very slurred
- Their body is limp
- Face is very pale. Cold, clammy bluish skin means their body temperature is dropping
- Heartbeat is slow, erratic or not there at all due to their heart rate decreasing
- Vomiting
- Unable to 'come to'
- Choking sounds or a gurgling noise
- Slow and shallow or erratic breathing.

Someone who's overdosing usually isn't aware of what's happening so they need help.

If they stop breathing it only takes a few minutes for them to die.

What NOT to do. Don't:

- Wait for them to 'get over it' – they might die or suffer permanent brain damage from lack of oxygen
- Induce vomiting as this could cause choking
- Inject the person with salt or milk. Neither will revive the person and the time you spend looking for a vein could be better spent trying to wake them
- Inject them with speed or cocaine - this can make them worse and it's one more drug their body has to deal with
- Put them in a cold bath. If they're still breathing you can put them under a cold shower to wake them but don't leave them alone and keep the water away from their nose and mouth
- Leave them alone, even after you've called an ambulance. However, if you must leave, put them on their side in the recovery position – don't leave them lying on their back.



Many people are afraid to call an ambulance when someone OD's – but not doing so could see you in an even stickier situation.

When you call:

- Be as calm as possible
- Be clear and concise.
- Telling the operator that someone has stopped breathing should get the ambulance there pretty quickly.
- If you're asked if it's an overdose, don't lie. If you're scared, say you think the person took something but you don't know what. Be as honest as you can under the circumstances.

ODs don't have to be fatal.

The difference between life and death often depends on the care given to the person who has overdosed.

Need to know more?

If you need more information about overdose please speak to your key worker or check out www.harmreduction.org