

# AOTS 3. Accidental overdose

For more information on overdose see *OST and You pp.29-30*

Anyone who uses drugs from the first time user to the veteran can OD.

Accidental overdose is one of the greatest risks of methadone use. It can also happen with buprenorphine especially if you take other sedative drugs such as benzodiazepines at the same time.

An adult who has no tolerance to methadone can overdose on a methadone dose of 50 mg or less even if they haven't taken alcohol or other sedatives (like benzodiazepines) as well.

A child who consumes any amount of methadone or buprenorphine requires immediate medical attention. A methadone dose as low as 10 mg has been known to be fatal for children.

## Missed doses

See *OST and You p.24*

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 so risk overdose if your usual dose is taken. This is why the pharmacist can't dispense if a client hasn't collected their methadone, buprenorphine or other OST meds for 3 consecutive days without written authorisation from the prescriber. Before your script can be resumed you will need to be assessed by a doctor.

## OST medications, alcohol, and other drugs

- Opioids (eg morphine), alcohol, benzos, tranquilisers, and barbiturates all depress the central nervous system when used on their own. The risk of sedation and overdose increases when any of these are used together
- 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. Overdose is a real risk when they drink on top of their OST meds
- The more alcohol or benzos you have in your system the less methadone or other opioids it takes to OD
- Alcohol and benzos affect your judgement and decision-making which can have fatal outcomes
- Using benzos and/or alcohol 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 takeaways may be limited.



## Naloxone

Naloxone can rapidly reverse opioid overdose and is available from AOTS and some needle exchanges

## Storing your OST meds

- 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.

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## Preventing Overdose

- Take your OST medication as prescribed at the same time each day
- 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 and there can be more methadone in your system than you think/feel
- Using anything on top at this stage (especially alcohol or sedatives/ benzodiazepines) greatly increases the risk of overdose but if you do decide to use on top of your OST have someone with you, use orally rather than IV, and leave the door unlocked in case paramedics need to get to you.

## Coping with an overdose

- Depressant drugs (like opioids) and sedatives (like alcohol and diazepam) 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 or rattles; 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

- 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.

For more signs of overdose see *OST and You p. 30*

## 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. The longer a person is not breathing, the more damage is being done to their brain
- 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. If you must leave put them on their side in the recovery position – never 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 calm clear and concise.
  - Tell the operator that someone has stopped breathing. That 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. Learn rescue breathing before you need it!

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