

How to respond to a drugs overdose

There have been a number of recent deaths in Lothian, some of them possibly linked to the use of depressant drugs such as 'street benzos'.

HARM REDUCTION



Downer drugs depress the central nervous system which means they slow down heart rate and breathing. Downer drugs include opioids (such as heroin, methadone, buprenorphine, tramadol, codeine) and depressants (such as benzos, alcohol, zopiclone, gabapentinoids).

Mixing drugs (including alcohol and medicines) is risky. Mixing downer drugs is dangerous and increases the risk of respiratory depression (slowed breathing) and death.

If you take drugs...

- **Start with a test dose** every time you get a new batch/packet, even if they look genuine or like ones you have had before.
- **Avoid sharing paraphernalia** (including snorting tools, injecting equipment, joints, pipes, vapes) as this can spread infections. Make sure your equipment is marked and easy to identify so you don't get mixed up.
- **Tolerance can develop quickly.** This means that a higher dose is needed to achieve the intended effect, which increases the risk of overdose and dependency.
- **Make a note of when you dosed** and set reminders for important tasks. Downers can affect your memory and can make it difficult to keep track of the time.
- **Avoid taking drugs while alone** if possible. If you are by yourself it is a good idea to arrange someone to check in with you by text, phone or online.
- **Sleep on your side** if you have been taking drugs. This will help to keep your airway clear.

BENZOS



Benzodiazepine tablets in circulation may produce different and stronger effects than expected. Pills sold as 'diazepam', 'Valium' or 'vallies' may not contain only (or any) diazepam. Instead, they often contain 'street benzos' such as etizolam, flubromazolam and flualprazolam.

Many of these 'New Psychoactive Substance' benzos are extremely potent. This means that you need significantly less to feel the same effects and it is easier to overdose on.

In Scotland, benzodiazepine-related deaths have increased from 149 in 2008 to 888 in 2019, so it is important to be extra careful if taking them.

If you take benzos:

- Avoid mixing with other drugs. If you do mix, take less of each drug than you would if you were only taking one.
- It can take a few hours to feel the full effects. Wait as long as you can between doses (at least two hours).
- Benzos can accumulate (build-up) and you may have more in your body than expected, which increases the risk of overdose.
- Sudden withdrawal from heavy/regular use is dangerous and can be fatal. Try to gradually reduce your intake.

OVERDOSE



Signs of a downer drug (e.g. benzos, heroin, alcohol) overdose include...

- Unconsciousness – won't wake with a shout or a shake
- Confusion
- Severe nausea and vomiting
- Seizures/fitting
- Difficulty breathing/snoring/raspy breathing
- Blue/pale tingeing of knees, hands and lips
- Slow or erratic pulse (heartbeat)
- Pale, cold and clammy skin
- Pin point pupils (in opioid overdose)

Signs of a stimulant drug (e.g. cocaine, MDMA, amphetamine) overdose include...

- Seizures/fitting/rigid
- Severe nausea and vomiting
- Rapid heart rate/chest pains/heart attack
- Hallucinations
- Difficulty breathing
- Anxiety/fear/panic
- Hyperthermia (overheating)

IN AN EMERGENCY



DO

- Keep calm and get help. **Call 999**
- Give as much information as possible including location, age, gender, what has happened and be honest about what they have taken
- Stay with them and check on them regularly
- **If they are distressed**, sit them somewhere calm and give reassurance
- **If they are fitting**, keep the area safe and move anything that could hurt them
- **If they are overheating**, take them somewhere cooler, loosen clothing, cool them with fans or wet towels and give them small sips of water
- **If they are unconscious**, put in the recovery position (or on their side) and monitor breathing
- **If they stop breathing**, call 999 and start chest compressions. The call handler will provide guidance and support on what to do
- If you have someone there, ask them to get a defibrillator
- Carry a resuscitation face mask/shield. If you are unable or unwilling to give rescue breaths, give chest compressions only
- If you think opioids may be involved administer naloxone

DO NOT

- Leave them alone
- Inflict excessive pain to wake them
- Give any other psychoactive drug
- Encourage them to vomit
- Give them anything to eat or drink (apart from small sips of water)
- Put them in a bath/shower
- Walk them about or attempt to restrain them

THE RECOVERY POSITION

1. Put the hand closest to you by the head (as if they were waving).



2. Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek.



3. Hold the hand and lift up the knee furthest away from you, then turn them on their side by pushing down on their knee.



4. Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.



NALOXONE



- Naloxone is a life-saving medicine that temporarily reverses the effects of an opioid overdose by 'kicking' the opioid (e.g. heroin, methadone) out of the opioid receptors in the brain, allowing normal breathing and heart rate to resume.
- Naloxone should be given to anyone who is non-responsive and displaying the sign of an overdose.
- If you are unsure if the person has taken opioids, **always use naloxone** as this will not cause any harm. If they do have opioids in their system amongst other drugs, reversing the effects may be enough to bring that person round.
- **Carry naloxone.** In Edinburgh, kits are available from some pharmacies, Recovery Hubs, Spittal Street and Injecting Equipment Providers.
- Get one delivered by visiting Scottish Families Affected by Alcohol and Drugs: www.sfad.org.uk/support-services/take-home-naloxone