



*National Treatment Agency
for Substance Misuse*

Drug overdose: Prevention and response

Guidance for helplines

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This guidance, and other resources designed to reduce drug-related deaths, are available to download or order online at: **www.nta.nhs.uk**

They can also be ordered from:

Prolog
PO Box 777
London SE1 6XH
Tel: 08701 555 455
Fax: 01623 724 534
Email: nta@prolog.uk.com

Please quote reference DRD Helplines if you wish to order this report.

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The purpose of this guidance

The following guidance has been developed as part of the National Treatment Agency for Substance Misuse (NTA) initiatives to reduce drug-related deaths. This guidance is for helplines that sometimes find themselves called upon to provide information and advice about drug use. Each helpline should consider how the guidance should be applied in the context of its own service.

The majority of the guidance refers to accidental overdose amongst adults. Policies and procedures for referral to the ambulance service when the callers are under 18 need to take account of child protection procedures under the Children's Act 1989. Situations where the overdose is deliberate may also require a different approach. These issues are briefly discussed at the end of this document.

Introduction

Helplines, particularly those that provide a confidential service (see below), often take calls from drug users and from their friends, family and colleagues. For some of these callers this may be the first time they have approached someone about their drug use. This might be because they do not know where to go, they don't feel comfortable about approaching an agency, or because the agencies that they might approach are not available at a time when the caller wants help. They may not initially want to call a specialist 'drugs helpline' because they do not identify themselves as either being, or being close to, a 'problem drug user'.

Most helplines will claim to provide a confidential service. The general perception is that no one else other than the caller and the helpline worker will know the content of the call. However, duty of care and professional codes of practice support individuals to breach confidentiality in certain cases. Helplines' operational policies should indicate how confidential information is managed in their service and this information should be in the public domain.

Helplines are in a good position to provide potentially life-saving information and advice on the prevention of overdose, and on the appropriate actions for people to take if an overdose occurs – provision of accurate and credible information about overdose should therefore be an integral component when people request information about drug use.

It is rare for a helpline to take a call relating to an ongoing overdose. The majority of people who find themselves in this situation take appropriate action by calling 999 for an ambulance. For helpline staff and managers, if this unlikely event occurs, the best approach is usually to advise the caller to hang up and ring for an ambulance. Issues around contacting the emergency services and factors that may discourage people from contacting them are discussed in more detail below.

Injecting drug users are a very high-risk group for overdose death. However, this is not the only serious risk that they face. Other risks associated with injecting drug use include the likelihood of increased dependency, transmission of blood-borne viruses such as hepatitis B, C and HIV, as well as a wide range of bacterial infections and medical conditions. Helplines should be able to provide basic information on the location of local outlets for free sterile injecting equipment, advice on the necessity of avoiding the sharing of equipment with others, as well as a discussion, alongside contact details, of the potential benefits of referral to a drug treatment agency.

Drugs helpline

A dedicated drugs helpline called 'Talk to Frank' is available throughout England for callers who are experiencing problems with their drug use or are worried about the drug use of others. Callers can be referred to a freephone number, 0800 77 66 00, which is open 24 hours a day. Calls are free from fixed-line phones, and the service is confidential within normal boundaries. A helpline can provide detailed information about the risks and effects of drugs, and can refer the caller to local services such as needle exchange schemes, where more practical help is available on issues such as advice on safer injecting.

Preventing and reducing overdose and delayed death

Callers to helplines may describe their drug use either as a cause or an effect of a problematic situation. Helplines can play a part in reducing the incidence of overdose by taking account of factors that affect risk and raising these with callers where appropriate.

The drug(s)

The first set of factors relate to **the drug used and the way it is taken**. These include the following considerations:

- alcohol causes many problems when used to excess and is often implicated in drug-related deaths, both when used on its own and in combination with other drugs
- sedative drugs such as alcohol, benzodiazepines (such as valium or temazepam), methadone and heroin cause more overdose deaths than stimulant drugs
- using more than one drug at a time (this is called poly-drug use) greatly increases the risk of overdose, particularly when it involves sedative drugs
- the user may not be aware that the cumulative effects of separate drugs can result in overdose occurring up to six hours after the drugs are taken
- injecting drugs is a major cause of overdose – callers should be advised not to inject. Other ways of using drugs such as smoking, snorting or swallowing are by no means risk-free, but the risk of overdose and other problems is much lower
- the use of drugs increases the possibility of accidents as perceptions are likely to be significantly altered – callers should be strongly advised not to engage in complex and dangerous activities, such as driving, when under the influence of alcohol and/or drugs
- if callers are intending to experiment with drugs, it will be less dangerous for them to use only a small amount at first to test their own tolerance to the drug and its strength
- stimulant drugs such as cocaine, amphetamine and ecstasy are particularly dangerous when significant amounts are swallowed. This may, for example, be done when a package not designed to be ingested is hurriedly swallowed to hide evidence during an arrest. Stimulant overdose is currently the major cause of the relatively small numbers of drug-related deaths in police custody.

The place

There are also factors relating to **the situation in which the drug is being taken**. These include:

- people who take drugs, and particularly those who inject, should avoid doing this alone. If they overdose and are with others, their companions may be able to administer first aid and contact the emergency services
- if someone is worried that a person they are with has taken too many drugs, placing them in the recovery position will help to keep their airway open and to avoid suffocation if they vomit
- drug users should be encouraged to put themselves in the recovery position before they go to sleep whilst under the influence of drugs and/or alcohol
- people should also avoid taking drugs in situations where there are other health and safety risks. For example, risks are significantly increased if sedative drugs are used in the bath
- if a person is in unfamiliar surroundings, they may become more anxious and alter their drug-taking behaviour. This may include taking more of a drug, taking it more quickly, or injecting it rather than taking it in a less risky way, which could increase the risk of overdose.

The person

Further factors relate to the **general circumstances of the person** taking the drug, including advice that:

- if a person is returning to drug use after a period of abstinence, they may not be aware that their tolerance level to drugs will have dropped – this will increase their risk of overdose. This applies particularly to people who have recently been released from prison or undergone drug detoxification and rehabilitation
- the mental health of an individual may influence their susceptibility to deliberate overdose. If a caller is anxious, depressed or expresses suicidal intentions, it may be helpful to refer them to their general practitioner or another helpline agency, such as the Samaritans, to help them deal with these feelings
- a person's underlying physical health affects their body's response to drug use. In particular, underlying cardiovascular problems can be made much worse by the use of stimulants such as cocaine
- women who are pregnant or breast-feeding and using drugs should ask the advice of their doctor, midwife or health visitor
- drug users with high tolerance levels, and who have experienced non-fatal overdoses recently, are at high risk of fatal overdose
- helpline staff should be aware that there may be child protection issues, particularly when adult callers are severely intoxicated. However, a child protection issue does not arise just because illegal drugs are being used.

Responding to overdose

Overdose signs

If a caller is a family member or close friend who is concerned about someone else's drug use, it is important for them to know the signs of sedative overdose. These may include the person:

- snoring deeply (this indicates difficulty in breathing, not deep sleep)
- not waking up in response to stimuli
- turning blue (especially the lips)
- not breathing.

If the above signs are present, urgent medical help is needed. A drug called naloxone (also known as Narcan) reverses the effects of opiates such as heroin and methadone. Naloxone can be given in hospital and is carried by some paramedics. It is even occasionally prescribed to drug users themselves. However, no time should be wasted if this treatment is to be effective.

Calling an ambulance

Calls to helplines from people who are concerned that somebody close to them has overdosed, or from a person who may themselves be close to losing consciousness through overdose at the time the call is made, are rare.

In these situations, time is of the essence. If the helpline has identified an overdose situation, the most important thing is to get an ambulance to the scene. **It is therefore essential to encourage the caller to dial 999 and ask for an ambulance, as a matter of urgency.**

If the caller is obviously too weak to call an ambulance themselves, or is losing consciousness, duty of care and any relevant professional codes of practice will encourage helpline staff to call an ambulance on the person's behalf, initially by asking for consent (because of data protection legislation), **but even without their consent if assessment indicates that the caller themselves or a child is at risk.**

Where a caller is suicidal, or is presenting additional issues and has built up trust in the service, it may also be considered appropriate to call an ambulance on their behalf – the issues of consent discussed above still apply. Although the caller has the right to remain anonymous, staff should try their best to get the caller to accept help.

Although dialling 999 and asking for an ambulance should be the first response to overdose, many drug users fear that the police will also attend. As a result of this fear, they may delay calling for help.

Recently, many areas have changed their protocols on the ambulance service response to an overdose call. In these areas, policies have been changed so that the police do not routinely attend ambulance call-outs to overdose incidents unless there has been a death, a child is at risk or the ambulance crew perceive themselves to be at risk. You can find out what the ambulance overdose protocol is locally, by contacting the local Drug Action Team Co-ordinator (details are available online at www.drugs.gov.uk). Even where such local agreements have not been reached and police attendance is routine, callers can be reassured that in the majority of cases the police only attend as a precaution and are not usually interested in conducting searches for drugs.

If the caller is under 18, it is important that the service acts in accordance with child protection procedures. Appropriate documentation should be kept and specialist support should be available to helpline staff dealing with this type of call.

999 ambulance call information requirements

If a caller dials 999 for an ambulance, they will be asked to:

- confirm the telephone number they are calling from
- provide the address to which an ambulance should be sent.

An ambulance can be despatched with just this information.

If the caller is worried about calling an ambulance for fear of police attendance, you can advise them to simply give the information above and to say they have found the casualty in an unconscious state. However, this is not ideal as it is also very useful for the 999 operator/ambulance crew to know the patient's name, what drugs they have taken and when.

Other information that will be useful includes whether the patient:

- overdosed accidentally or intentionally
- is agitated or calm
- is awake
- is breathing normally.

A person who calls 999 to get help for someone else is not obliged to give their name.

Once an ambulance has been despatched, the 999 service can provide advice over the telephone on practical steps the caller can take to help before the ambulance arrives.

Helpline policies

The NTA recommends that this guidance is used to support helplines in developing their operational policy and is included in staff training alongside any other procedures that the helpline may have developed for 'emergency situations'. Helplines should consider the implications of an emergency procedure for other policies and practices adopted by the helpline – and whether this policy represents an exception to these?

Helplines should also ensure that:

- procedures are clearly communicated and easily accessible to helpline workers, including out-of-hours workers or home-workers
- there are opportunities for people who take 'emergency' calls to access support during and after the calls
- there are clear boundaries of the role of the helpline in 'emergency' situations (for example, in what circumstances to offer to call 999 on behalf of the caller).

About the National Treatment Agency

The NTA is a special health authority that has been operational since Autumn 2001.

It was established by the Department of Health and the Home Office with a remit to provide more, better and fairer treatment to drug users in England.

Reporting to the Secretary of State for Health, the NTA is funded from the pooled budget for drug treatment. The total budget for drug treatment for 2002/3 was £195 million.

Reducing drug-related deaths

This guidance is one of the measures taken to inform key staff of the role they can play in reducing drug-related deaths.

Other NTA projects have targeted information at drug service providers, police custody suites, accident and emergency staff and, of course, drug users themselves.

Useful web addresses

www.nta.nhs.uk	The National Treatment Agency
www.drugs.gov.uk	UK government drugs web site, including Drug Action Team contacts
www.childline.org.uk	Childline
www.chai.org.uk	Commission for Health Audit and Inspection
www.chi.nhs.uk	Commission for Health Improvement
www.exchangesupplies.org	Information for drug users, including the 'goingover' od prevention video with drug users telling their own stories
www.drugscope.org.uk	National charity providing drug information and policy advice
www.helplines.org.uk	Telephone Helplines Association
www.healthwise.org	Providers of publications, training and helplines on drugs and drug use
www.hit.org.uk	Drug information and resources
www.lifeline.org.uk	Drug information and resources
www.mainliners.org.uk	Information on hepatitis C and HIV from an innovative London drug service

**24-hour information on drugs is available on 0800 77 66 00
and via the internet at www.talktofrank.com**

Further copies of this guidance are available online at: www.nta.nhs.uk

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All NTA publications and updates on our activities
are available online at: www.nta.nhs.uk

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