



# **Overdose Awareness Workshop**

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“What’s your score” is derived from Kevin Flemen’s Hostel Opiate Overdose Risk Assessment Tool (HOORAT), used with permission.  
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## Disclaimer

These tools are unvalidated and are for guidance only they not do not guarantee to identify all risk taking behaviour. No liability can be taken for a failure on the part of this tool to anticipate overdose.



# Overdose awareness

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## Introduction

This set of tools have been designed to work with people around overdose risks.

The main focus is opiate overdose as by far the largest number of deaths from substance use are around the use of depressant drugs, however the section on symptoms and recovery does also deal with the issues of stimulant overdose.

## Running the workshop

You can run the entire set of tools as one 60-90 minute workshop, possibly even make a half day out of it if you include some of the extra resources (from page 12).

However you can also use some of the the tools in waiting areas or one to one sessions. The sections that work best in this way are 'What's your score', 'Overdose quiz' and the 'Overdose promise'. See individual sessions worker notes for suggestions on use outside of normal workshop settings.

I would strongly advise you to use this workshop alongside the DVD '[Overdose: Everything you need to know](#)' from Harm Reduction Works, this includes great resources for working with people to address OD risks (see page 12 for details).



# What's your score?

## Risk factors

## Score

## Notes

1.	I'm a current heroin user	1	
2.	I'm a current injector	3	
3.	I started injecting within the last six months	3	
4.	I'm on a methadone/buprenorphine script	-1	
5.	I'm on non-supervised consumption	2	
6.	I use street methadone	1	
7.	I drink alcohol until drunk	2	
8.	I use non-scripted benzos	2	
9.	I use heroin and crack together	2	
10.	I've been <u>drug free</u> in prison, hospital or residential drugs treatment in preceding month	3	
11.	I've overdosed (but not in past year)	1	
12.	I've overdosed once in past year	2	
13.	I've overdosed two or more times in past year	3	
14.	I have access to naloxone	-2	
15.	I've been using for more than five years	1	
16.	I'm using larger amounts to get a high	1	
17.	I finds it harder to get a high	2	
18.	I enjoy a really <u>big</u> 'gouch' or 'nod'	3	
19.	I've told the people I inject with that I'll stay with them if they go over	-1	
20.	I'm currently experiencing severe low mood or depression	3	
21.	I usually use alone	3	
22.	I've got health problems (e.g hepatitis, respiratory problems)	2	

**Date:**

**Total score:**



# What's your score?

## Worker notes

### Whats your score

'What's your score' is based on Kevin Flemen's great Hostel Opiate Overdose Risk Assessment Tool (HOORAT) for identifying the risk factors for independent living (you can find a link to Kevin's site on page 1)

However it also lends itself really well to work within other service settings.

### Suggested uses

**Overdose workshops:** of course this can be used as a great tool within the workshop itself. It's probably best to use the assessment at the start of the session (after any icebreakers you use). This will work give you some idea of the opiate overdose risk of the participants, and also to start raising their awareness of their own risk factors.

**Within needle and syringe programmes (NSP):** A great way to use this is as part of an ongoing OD campaign. For example you can put up a large notice saying "Overdose: what's your score?" and then show the average score for your area/NSP. This way people may become competitive to get the lowest score as well as realising how much their risk factors compare to others.

**One to one sessions or assessments:** This can be used for doing targeted work around OD, and for showing changes in risk factors over time.

### Scoring

**Score of less than 5:** relatively low risk of overdose, consider some basic harm reduction work around identified areas.

**Score of 5-10:** medium risk factors, think about doing some structured/targeted work in identified areas, if this is not being done as part of a workshop consider running one and inviting this person.

**Score of 10-15:** high risk, some kind of urgent targeted work is needed, consider running special one to one sessions to reduce risk factors.

**Score of 15+:** urgent changes needed for this person to avoid becoming an OD statistic.



# Overdose quiz

- Injecting cocaine/crack will stop an OD True  False
- More than half of overdoses happen with another person in the room True  False
- If a someone ODs you should walk them around True  False
- Injecting salt water will stop an OD True  False
- New users are more likely to overdose True  False
- There have been over 6000 UK deaths in 5 years from opiate ODs (like heroin) True  False
- If someone is snoring they're OK True  False
- Most OD deaths are deliberate suicides True  False
- More than one third of heroin users have seen an OD True  False
- If a someone ODs you should put them in a cold bath True  False
- Naloxone/Narcan reverses opiate ODs True  False
- ODs are fast ('Trainspotting' style) True  False
- Ambulance staff don't call police if someone ODs True  False
- Making someone vomit will slow down a heroin OD True  False



# Overdose quiz

## Worker notes

Injecting cocaine/crack will stop an OD

*Injecting crack will actually make the OD happen faster. Crack speeds up your heart rate making the body require more oxygen, however heroin slows down breathing.*

**False**

More than half of overdoses happen with another person in the room

*AT LEAST 50% have another person there, however this number may be far higher. In Australia studies have found its around the 70% mark.*

**True**

If a someone ODs you should walk them around

*All you're doing is wasting time, in fact you may even be speeding up the overdose. Also there is always the chance that the person you walk about will fall over and bang their head. Then you'll have an overdose AND a head injury.*

**False**

Injecting salt water will stop an OD

*No it won't! And neither will injecting; milk, water, orange juice etc, all you might manage to do is add to their problems.*

**False**

New users are more likely to overdose

*There are many things that effect overdose risk. Even spending one night in the cells is enough to drop your tolerance down far enough that injecting what you normally inject will lead to an OD.*

**False**

*People who have been using for years are also at risk because their liver may not work as fast to process the heroin as well.*

There have been over 6000 UK deaths in 5 years from opiate ODs (like heroin)

*6,097 to be more precise, if you scaled this up to the population as a whole this would be the same as 3,097,000 dying.*

**True**

If someone is snoring they're OK

*If someone who had used heroin is snoring it's a sign that they're struggling to breathe and you need to get them help*

**False**



# Overdose quiz

## Worker notes

Most OD deaths are deliberate suicides

*Most deaths are accidental, there are of course some times people use heroin to deliberately commit suicide though. Because of the way deaths are recorded its really difficult to say without the presence of a suicide note.*

**False**

More than one third of heroin users have seen an OD

*38% of heroin users report having witnessed an OD, 15% report having witnessed a death. Witnessing an overdose increases your chance of having an OD.*

**True**

If a friend ODs you should put them in a cold bath

*You can change body temperature really fast and put them into shock. There is also a drowning risk, plus trying to get an unconscious person out of a bath when they are wet and slippy is a nightmare.*

**False**

Naloxone/Narcan stops ODs

*This is what ambulance crews and some drug services give you if you OD, beware though that it only has a short effect so you may go back into overdose again when it wears off. Stay with the medics and never NEVER go and use again straight away because you're withdrawing.*

**True**

ODs are fast ('Trainspotting' style)

*While some overdoses can be fast, a large number of deaths happen within a few HOURS of using.*

**False**

Ambulance staff don't call police if someone ODs

*Ambulance control in the UK won't as standard call the police unless there are threats/history of violence, the property is known to contain weapons, or there is thought to be a child at risk.*

**True**

Making someone vomit will slow down a heroin OD

*All this will do is increase the chances of them choking to death, heroin stops your gag reflex which makes choking more likely*

**False**



# Symptoms and recovery

## Expected outcomes

- For participants to be aware of the symptoms of both opiate and stimulant overdose.
- For participants to feel confident in their skills to use the recovery position.

## Running the session

**Section one:** Ask people to detail all the ‘symptoms of an overdose’, also ask them to detail what you should do when someone is OD’ing. Collect this information on the left side of a piece of flipchart paper, while writing allow discussion around times they may have experienced people OD etc.

Once participants have fed back ask them what all the symptoms have in common, if they don’t work it out point out to them that they are all from an opiate overdose, (people will almost always assume that’s what you meant when you said overdose). Repeat the process for stimulant OD.

**Section two:** looking at the flipchart where you’ve discussed opiate OD someone will have said to put people in the recovery position (if this doesn’t happen naturally the group may need some prompting), ask the group if they feel confident doing this.

Get a volunteer to lie down and have people do what they would do if they had come across him unconscious. Check that they don’t just put them in recovery but also that they check for injury sustained though any possible fall. Keep stopping the process and asking everyone if they think what is being done is right, keep changing around who is unconscious and who is putting them in the recovery position.

## Points to consider

- That the unconscious person acts as if they are unconscious eg not keeping hands up in the air for no reason, you can use anything like this as an opportunity to inject some humour “Do you have Velcro on your hand? No. Then why’s it magically stuck to the side of your face?” etc
- Make sure you get the point over that although there is a ‘right’ way to put someone in the recovery position, the most important thing is to get them on their side with an airway open.
- Try and make it fun, people remember things they learn while laughing for longer than anything else
- Make use of other resources like the ‘Overdose: everything you need to know’ DVD which includes the ‘Going over’ film, or a resuscitation doll (see p12 for these resources).



# Recovery position handout



## Don't worry

If you can't exactly remember the recovery position. The most important things to remember are:

- Get them on their side
- Put their head back
- Phone an ambulance





# Overdose promise

## Expected outcomes

- Understand the need to stay with someone
- Get people talking with peers about overdose (both in the session and out in the real world)
- Get people to make a promise to stay with a friend in need

## Running the session

This session is in the style of a discussion. The ultimate end of the discussion should be to ask people if they are willing to make a promise, both to themselves, their friends and associates that they will stay with them if they overdose. The discussion can be kept light, but the tone will probably be more serious than previous parts of the sessions. Example discussion points below.

## Discussion points

- What kind of people do you normally use with eg friends, partner, dealer, friends of friends, or strangers?
- Has anyone ever left you when you've OD'd?
- Do you trust the people you use with to stay with you and ring 999 if you overdose?
- Do they know if you'd stay with them when they overdose?

## Rounding up the session

Make sure people know the importance of having the overdose conversation with each other when using. Acknowledge that this is an uncomfortable conversation to have, but one that might save their life.

Give everyone an 'Overdose Promise' card to carry in their wallet. People are of course free not to take/carry these and shouldn't be put under pressure to do so by the worker. (Although you may find that peers pressure each other to do this).

Thank everyone for their time and let them know that if they want to have further discussion on this or talk through the issues they can come to the service and have one to ones.



**Friends dont  
let friends  
go over  
Overdose**

**We are running sessions on overdose awareness that include:**

- **How to spot someone who is going over**
- **Myths about ODs**
- **How to put someone in the recovery position**
- **Why you need to stay with people**
- **How to talk about OD with a friend**

**There have been enough deaths from OD already, lets work together to make sure we have no more!**

**Next overdose session is:**



# More resources

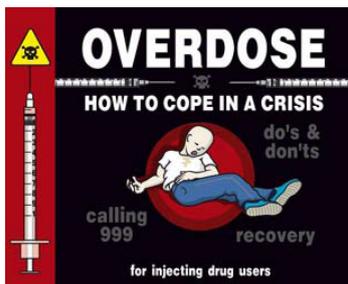
## Campaign materials

**Exchange Supplies** developed OD prevention materials for the UK National Treatment Agency as part of Harm Reduction Works, these include DVDs, posters, wallet cards and leaflets.

These high quality resources are free for people/services in England (small charge for people/services in other areas).



[www.harmreductionworks.org.uk](http://www.harmreductionworks.org.uk)



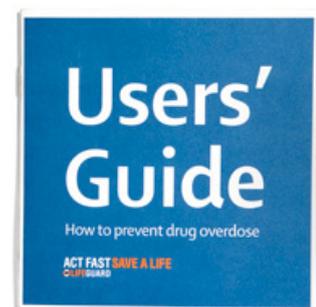
**Lifeline Publications** produce an excellent set of leaflet including this one 'Overdose - how to cope in a crisis'. What make this leaflet especially useful is it's been designed to be accessible for people with limited reading skills. Lifeline publications are now available through Exchange Supplies.

[www.exchangesupplies.org](http://www.exchangesupplies.org)

**HIT** produce a number of overdose campaign materials aimed at both substance users and their family members.

They have also developed resources for workers to help them understand the causes and effects of overdose.

[www.hit.org.uk](http://www.hit.org.uk)



**British Red Cross** produce a wealth of great resources on resuscitation and other forms of first aid.

One of the best bits is a first aid training pack including a resuscitation dummy for just over £100. The pack is designed for 11-14 yr olds, but at the price the dummy alone is worth the cost!

[www.redcross.org.uk/lifelineit](http://www.redcross.org.uk/lifelineit)

# Overdose Awareness Workshop

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For the latest version of this and other tools please visit [injectingadvice.com](http://injectingadvice.com)

If you are using this workshop please let me know how it goes [nigel@injectingadvice.com](mailto:nigel@injectingadvice.com)

Please also consider donating to the upkeep of the site. That way I can afford to keep producing these kinds of tools for working with injecting drug users.



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