Preventing Overdose

Guidance for Drug Action Teams on providing resuscitation training for drug users

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Introduction

Many Drug Action Teams have now put overdose prevention firmly on their agenda as a priority concern that needs to be properly addressed. In March 2001 a pilot scheme to test overdose response training was run by needle exchanges across seven NHS regions, funded by the Department of Health. Evaluation reports from the pilot show that it was extremely successful both in terms of ease of running the sessions and their value to participants.

A total of 336 people participated in the training and 334 evaluation forms were received. The forms showed how useful the participants found the training and all participants felt they had been given the skills to deal effectively with an overdose. Most of the participants had witnessed several overdoses before attending the session and some of them have since used the techniques they learnt in the sessions to deal successfully with real life overdoses.

As part of the government's Action Plan to reduce drug-related deaths, the Department of Health has decided to use the successes of the pilot and lessons which were learned to provide a clear and comprehensive set of recommendations on commissioning and running resuscitation training sessions for drug users for DATs to use in their respective areas.

The report on the pilot scheme is available from the Department of Health and Mainliners.

Recommendations

1. *Who to target*

- All drug users, but especially those most at risk of overdose, e.g. people leaving prison, those in or due to leave residential detoxification or residential rehabilitation, homeless people and people who are not in contact with mainstream services. Time after time when such people have not used drugs for a while, they do not take into account that their tolerance has reduced and therefore use the same amount of drugs as they used to.

- Poly-drug users. There is a general awareness that using more than one drug at a time increases the chance of overdose; however many overdoses occur when people have, for example, used their normal amount of main drug but also drink alcohol, take valium etc. There is a general consensus that a drug used several hours ago is no longer effective. Users need to understand that a drug used several hours ago will still be in their system and increases the chances of overdose.

- Hard to reach drug users who are usually homeless and not in touch with mainstream services. These users are usually more chaotic and have fewer support networks in place.

- Long-term users who have a high tolerance level and may have become complacent about the risks of overdose.

- Those who are in treatment and are stable on a methadone (or similar) prescription. Despite the fact that their motivation may well be higher than the other groups discussed, they are also at risk of relapse. Many people do relapse at some stage and this group is therefore still at high risk while in treatment. This group will generally still be in contact with people using illicitly and to increase their awareness for this reason is also useful.

- Staff, some of whom may witness overdoses themselves. It is useful for staff to have a good understanding of overdose prevention so they can advise users and also attract people into the training. It will often be the frontline staff who are relied upon to do this. Staff can be included in training where there is capacity or a separate staff-only session may be preferable.

2. How to attract drug users

- Advertise training sessions through posters and flyers in local drug projects and needle exchange services, outreach sessions, hostels, squats, word of mouth and newsletters such as Mainliners, Druglink, The Big Issue, Monkey and Black Poppy.

- Pay participants' travel and offer refreshments.

- Consider ways to encourage involvement, such as paying participants to attend the training, i.e. give a voucher. In the pilot scheme, all clients were paid £15-20 in vouchers.

- Make the training accessible to drug users. Ideally the training should be taken to them. If training sessions are being run in a treatment service, the training sessions could be arranged to coincide with clinic times so that people only have to make one journey.

All the above initiatives were taken during the pilot in encouraging users to attend. As a result, 78% of those who agreed to attend turned up to the session.

3. The trainers

- Ideally, two people should facilitate training, one of whom should be fully trained in CPR techniques and one who should have experience in working with drug users. It may also be helpful for one of the facilitators to be familiar with group work facilitation.

- The training should be consistent; therefore it would be useful for the same trainers to facilitate all the sessions within each respective area.

- As St John Ambulance have a good reputation for providing such training at a reasonable rate, it would be useful to explore the option of buying in training from them.

- Resuscitation teams based at local hospitals or the local ambulance service may also be useful contacts for helping with the training. Statutory agencies or services based in NHS Trusts may have access to their own resuscitation trainer.

- Whoever is chosen to run the training, it is important that the training meets the needs of drug users and appropriate language is used. Ideally, the (or one of the) trainer(s) should have an understanding of drug users and the problems they face in overdose situations. However, this may not be possible; therefore if DATs require assistance with making sure that the training is appropriate to the needs of users they could contact a local user group or Mainliners, The Methadone Alliance or The National Drug Users Development Agency. Contact details are listed in section ten of this guidance.

- If outside agencies are chosen to facilitate the training, a contract should be signed by all parties.

4. The training venue

- The training should be held somewhere which is close and easily accessible to drug users. In the pilot, needle exchange services were used very successfully as clients generally felt comfortable in these environments. However, venues also used in the pilot were a young people's project, residential care home, MIND hostel, Salvation Army day centre, converted mobile needle exchange coach and in a nightclub. Homeless centres/hostels where a proportion of attendees will be drug users would also be useful venues to consider.

- Depending upon the resources, it may be possible to offer on-going training in some venues, for example a session on the first Monday morning of every month at a known drop-in, the last Friday afternoon of every month at the local nightshelter etc. Local areas may wish to have an on-going programme such as this in a range of different settings.

- As a high proportion of overdoses occurs when people leave prison, venues should also include local prisons and 'detox' centres.

- Hard to reach chaotic drug users will not travel far. It may be better to hold the session in a local project they attend.

- A collection point could be organised whereby the participants are collected from a convenient site and dropped off after the session.

- Each session may want to focus on different client groups, i.e. one session could target people who have recently been released from prison. This would enable the facilitators to focus specifically on the needs of the respective client group.

5. The training session

- A number of sessions should be held in each area. From the evaluation of the pilots, it was felt that services should allow for at least 12 sessions per year (1 per month = 1 x 2 hours one-off basic training for new participants and 1 x 1 hour refresher session, i.e. three hours in total). Costs to be considered will include the (initial) purchase of appropriate equipment, room hire, specialist trainer fees (e.g. St John Ambulance personnel), written materials, client incentive (e.g. £5 per session) and basic refreshments. In the pilot, each participating service received a grant to run at least six sessions for their users. Prior to receiving the grant, each service was required to complete an application detailing the trainers, a timetable for the sessions and how the grant was to be spent.

- The training should last for approximately 90 - 120 minutes; after this people's attention span decreases. In the pilot, trainers said that this was about right for each session in order to maintain interest and cover all the essential areas required.

- Do not have less than 4 participants or more than 8 participants in each session. It may be useful for participants to decide on 'ground rules' at the start of group sessions.

- Make sure the session is structured but informal and not didactic to allow the participants to interact.

➢ Give the participants relevant information to take away and share with other users. Good overdose prevention material should be used. A range of literature on overdose prevention is produced by Exchange Campaigns, Lifeline and HIT, for example. The information provided for the pilots was as follows:

- Overdose briefing papers
- Overdose recovery position intervention pads
- Overdose booklets
- Overdose risks and signs posters
- Overdose recovery position posters

6. *Content of the session*

The following content was used in the pilot and the feedback received from attendees was very good. Also included are some brief points under each heading of areas which DATs may wish to cover in the training.

Prior to the training, it is essential to identify and think through the aims and expected outcomes.

a. Aims of the training

- To provide participants with the necessary basic knowledge and skills to respond effectively, appropriately and confidently to a drugs overdose

b. Learning outcomes

At the end of the session participants should be able to:

- Summon medical assistance appropriately and confidently
- Identify the key risks for accidental overdose
- Recognise the signs and symptoms of a drug overdose
- Keep themselves safe, e.g. look out for used needles if dealing with someone who has overdosed
- Assess vital life signs and prioritise actions to provide first aid
- Place someone in the recovery position
- Give mouth to mouth resuscitation
- Provide cardio-pulmonary resuscitation (CPR)
- Outline common myths and dangerous practices in overdose response
- Discuss what has been covered in the session.

c. Overview of the main risk factors for drug overdose

- Main risk 'groups', i.e. people leaving prison and detox, or having recently stopped the use of naltrexone, those on a stable script and those using more than one drug (particularly at any one time)
- Behaviours which can help predict those at greater risk of overdose
- Low tolerance
- Injecting drugs
- Longer history of injecting
- Poly-drug use
- Risks associated with using combinations of depressant drugs, e.g. mixing heroin with other sedative drugs or mixing with alcohol
- Depression and suicidal thoughts
- Following a missed hit with a second hit
- Higher risk injecting behaviours

d. How to recognise when someone has overdosed

- Deep snoring/'gurgling' noises
- Not wakeable, not responsive to noise or pain, e.g. pinching earlobe
- Turning blue
- Not breathing
- No pulse

e. Attendees' experiences of overdose

- With the group, discuss people's differing experiences of overdose and how they dealt with it

f. Prioritising first aid action; checking vital signs; calm assessment of initial response

- Recognise when someone has overdosed
- Check their breathing and pulse
- Depending upon the situation, think carefully about the best response but do not delay placing the person in the recovery position and calling an ambulance

g. Why and how to place someone in the recovery position with practical demonstration and practice

- Discuss if someone is unconscious and breathing and how to put them in the recovery position
- Demonstrate the recovery position, encouraging all attendees to participate

h. When and why to call an ambulance; giving clear and appropriate information; local policy regarding police notification; stay or leave?

- Discuss the local policy on overdose – are the police routinely called?
- Discuss the importance of calling an ambulance
- Discuss deciding whether to stay with the person or not
- Discuss the fact that even if a person is confident in resuscitation techniques, an ambulance should always be called

i. When and how to give mouth-to-mouth resuscitation with practical demonstration and practice on a model

- For this a dummy will be necessary
- When using the dummy it is important that appropriate health and safety measures are taken. It may be useful to provide all attendees with disposable mouth pieces both to use on the dummy and to take away with them

j. When and how to provide cardio-pulmonary resuscitation with practical demonstration and practice

k. Overview of the most common myths and dangerous practices in response to overdose

Allow the group to discuss common misconceptions about how to respond when someone overdoses, such as:

- Putting them in cold baths
- Walking them around the room
- Taking them outside for 'fresh air'
- Hitting them
- Injecting salt water

Emphasise that if someone is overdosing, they cannot be 'forced' into regaining consciousness.

l. Question and answer session

Give all participants the opportunity to ask questions

m. Conclusion

- Key 'take home' points
- Telling and showing others what participants have learned
- Participant feedback

Ideally, post-training support should be given to participants. Many users have witnessed overdoses and carry a huge amount of guilt. Following the training, it would be useful to provide a forum for people to receive support and reassurance around this.

7. Evaluation

In order to evaluate the success of the training, the following data should be gathered:

- A record of attendance.

- Post-training feedback – verbal and completion of forms (a sample feedback form, which was successfully used in the pilot scheme, is attached at the end of this guidance). It is important to implement a way for all participants to give feedback, e.g. they may have literacy problems or English may not be their first language.

- Formal written feedback from trainers.

All the above evaluations should be sent to the DAT Co-ordinator to enable them to develop the training sessions further. Users should be allowed to submit their evaluations anonymously so that participants can be honest.

8. *Suggestions for further work to prevent overdoses*

- Overdose response training should ideally become a key part of core services to users to help reduce drug-related deaths.

- One of the main reasons why people don't call 999 in the event of an overdose is due to their fear of police intervention. It is therefore useful to liaise with police to discuss ways for this fear to be prevented. Local protocols have been established in many areas.

- Regular training for drug users is vital; however training for families and friends of users and anyone else who is likely to witness an overdose is also important.

- Drug workers and other professionals who have regular contact with drug users should also be provided with regular training on both overdose prevention strategies and how to effectively deal with an overdose. It is important that this training is consistent.

- Outcome monitoring, such as of the number of evaluation forms completed, the level of positive responses and the number of people attending refresher training, should be implemented to measure the effectiveness of the training.

- DATs should prioritise the most at-risk groups in their areas.

- Relationships could be established with A&E departments where training could be provided to give staff a better understanding of the needs of drug users.

- Better literature regarding overdose prevention and how to deal with an overdose should be displayed and distributed in agencies which drug users access, e.g. drug projects, hostels, day centres etc. GUM clinics and A&E departments may also be prepared to display or hold a stock of literature.

- More focus could be given to young people, many of whom regularly mix drugs. More outreach work could be done in clubs and joint work established with youth workers.

- Where possible, involve users in the development and implementation of new strategies. Drug users' knowledge could be utilised more in some areas.

9. Sources and suggestions for further reading

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Ward J., Chester J., Bates S. and Richards J. (2002). Identifying Risks and Responding to Overdose: Piloting of an Overdose Prevention Programme. *Journal of Substance Use* 7, 1-9.

10. Useful contacts

- Acorn CDAS
  49 Farnham Road
  Guildford
  Surrey
  GU2 4JN
  overdoseprevention@hotmail.com
  01483 302617

- Department of Health Drugs Misuse Team
  580D Skipton House
  80 London Road
  London SE1 6LH
  drugs@doh.gsi.gov.uk
  020 7972 2000

- DrugScope
  32-36 Loman Street
  London SE1 0EE
  services@drugscope.org.uk
  020 7928 1211

- Exchange Campaigns
  24 Monmouth Road
  Dorchester
  Dorset
  DT1 2DG
  info@saferinjecting.org
  01305 260668

- HIT
  Cavern Walks
  8 Matthew Street
  Liverpool
  L2 6RE
  hit@hit.org.uk
  0151 227 4012

- Lifeline
  39-41 Thomas St
  Manchester
  M4 1NA
  publications@lifeline.org.uk
  0161 839 2075

- Mainliners
  38-50 Kennington Park Road
  London SE11 4RS
  emailinfo@mliners.org
  020 7582 5434

- The Methadone Alliance
  35 Cavendish Road
  London N4 1RD
  methadone.alliance@blueyonder.co.uk
  020 8374 4395

- The National Drug Users Development Agency
  PO Box 33539
  London E9 7YN
  020 8986 5475

- The National Treatment Agency
  5th Floor Hannibal House
  London SE1 6TE
  nta.enquiries@nta.gsi.gov.uk
  020 7972 2000

- Release
  388 Old Street
  London EC1V 9LT
  info@release.org.uk
  020 7729 2599

- St John Ambulance
  27 St. John's Lane
  London EC1M 4BU
  08700 104950

Overdose Prevention Training Evaluation Form

Please note: any information given will help the development of future training sessions and will be treated in the strictest of confidence.

Are you:

	✔
A current drug user	☐
An ex drug user	☐
A relative/friend of a user	☐
Other	☐

Please give details: _____

_____

Are you:

	✔
Male	☐
Female	☐

Have you witnessed an overdose?

	✔
Yes	☐
No	☐

If so, approximately how many?

	✔	
1 to 10	☐	
11 to 20	☐	
21 to 30	☐	
31 to 40	☐	
41 to 50	☐	
Other	☐	Please give number:_____

Did you know what to do in the event of an overdose before this training?

	✔
Yes	☐
No	☐

Do you know the main reasons for accidental overdose?

	✔
Yes	
No	

Can you tell if someone has overdosed?

	✔
Yes	
No	

What would be the first 5 things to look for in a person who has overdosed?

1. _____
2. _____
3. _____
4. _____
5. _____

Can you place someone in the recovery position?

	✔
Yes	
No	

Do you feel confident in giving someone mouth to mouth resuscitation now?

	✔
Yes	
No	

Could you give CPR if necessary?

	✔
Yes	
No	

Are you more likely to call an ambulance now than you were before training?

	✔
Yes	
No	

Do you feel you would stay with the person who has overdosed if an ambulance was called?

✔

Yes ☐
No ☐

Do you feel more confident about dealing with an overdose?

✔

Yes ☐
No ☐

Do you think some of the things you may have done before this session were not as effective as the information and skills you have just learned?

✔

Yes ☐
No ☐

Would you recommend this training to a friend?

✔

Yes ☐
No ☐

Have you enjoyed the session today?

✔

Yes ☐
No ☐

What could we do to improve the training session?

_____

_____

_____

Please add any further comments

_____

_____

_____

_____

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