

1. Opioid Substitution Treatment (OST)
- 2a. Facts about OST - Methadone
- 2b. Facts about OST - Buprenorphine and Naloxone
- 3a. OST First Dose and Stabilisation for Methadone
- 3b. OST First Dose and Stabilisation for Buprenorphine and Naloxone
4. OST - Accidental Overdose
5. OST - The Maintenance Phase
6. OST - Indicators of Stability
7. OST - Serum Levels
8. OST - Restabilisation
9. OST - Pharmacy Dispensing
10. OST - Changes to Prescriptions
11. OST - Holiday Arrangements within NZ
12. OST - Travelling Overseas
13. OST - Takeaways
14. OST - Thinking About Coming Off?
15. OST - Involuntarily Withdrawal
16. OST and Pregnancy
17. OST - Case Management and Case Managers
18. OST - Managing Pain
19. OST and the Heart
20. OST - Blood Borne Viruses
21. OST and Ageing
22. OST - You and Your GP

# The BOP Addiction Service

## Opioid Substitution Treatment (OST) - Accidental Overdose

Accidental overdose is one of the greatest risks of OST use, especially methadone.

An overdose on methadone is possible as it has a slow onset of action and a long half-life, meaning it can last in the body for a long time. An overdose on methadone can cause severe respiratory depression that can result in death.

People with little or no experience of methadone often think they're not getting enough when they first start, because methadone feels different, so they'll use MSTs, heroin, etc. to 'feel better'. This hugely increases the risk of overdose as opioids depress your central nervous system and can cause you to stop breathing.

If you haven't picked your dose up for 3 days (and it's therefore assumed, you haven't had any methadone for 3 days) you'll need to be reassessed by a Medical Officer as there is a risk of overdose if you're given your original dose.

An adult who's not used to methadone (i.e., non-tolerant) can overdose on a dose of 50mg of methadone. However, a lower dose can be fatal if the person has taken alcohol or other sedatives (like benzodiazepines) as well as methadone.

Children are very susceptible to methadone and **require immediate treatment** if they consume any methadone, regardless of the amount. A dose as low as 10mg has been known to be fatal.

### Methadone, Alcohol and Other Drugs/AOD

Alcohol, benzos, tranquilisers, and barbiturates increases the risk of sedation and overdose because they, like methadone, depress the central nervous system and can cause you to stop breathing.

Some people alternate between using opiates and alcohol, and some find that methadone can be helpful because their alcohol consumption often decreases or stops.

However, a significant minority of people on methadone are also dependent on alcohol. These people are at risk of overdose.

The more alcohol you have in your system, the less methadone (and other opiates) you need to overdose.

People using benzos may be required to remain longer with BOPAS OST (rather than moving to GP Shared Care) and may be limited in their options around takeaways).

Alcohol affects your judgement which can lead to mistakes when using opioids.

### Storing your Methadone

Store your methadone safely, out of the reach of both adults and children. (When you get takeaways, you'll be asked to sign a "Responsibility for takeaways doses of methadone" form. Part of this agreement is that you will store your methadone safely).

Although methadone is supplied in bottles with child restraint caps, they are not child proof because children can still open them. Methadone should never be left where children could possibly get hold of it.

## Preventing Methadone Overdose

Take your methadone as prescribed. It is a medication so should be taken at the same time each day regardless of whether you feel like you need it or not.

On admission to BOPAS – OST, ensure that you are not alone for the first 2-4 hours after taking your dose of methadone.

The time of greatest risk is around day 3-4 of stabilisation. Using any other drugs (especially alcohol or sedatives/benzodiazepines) in addition to your first doses increases the risk of overdose because this is when the methadone is starting to accumulate in your body (there can be more methadone in your system than you think!).

If you do use other drugs in addition to your methadone, ask someone to stay with you – don't use other drugs if you're on your own.

## Coping with a Methadone Overdose

Depressant drugs (like opioids) and sedatives (like alcohol and Valium) slow down your heart rate and breathing. A person who overdoses on a depressant may pass out, stop breathing or choke on their vomit – any of which can lead to death. Sometimes you can hear a person's raspy breathing and know they're having problems - and sometimes you don't know they've actually stopped breathing. If their face turns blue, they are close to death and need immediate attention – CPR – and call 111 immediately.

The following signs indicate overdose:

- Nausea and vomiting.
- Extreme drowsiness, an inability to 'come to'.
- Very pale face, cold and clammy bluish skin due to the body temperature dropping.
- Choking sounds or a gurgling noise.
- Slow and shallow breathing.
- Slow or erratic heartbeat due to the heart rate decreasing.

Someone who's overdosed isn't always aware of what's happening. They might be quite helpless, so need help. If they stop breathing it only takes a few minutes to die.

## DO NOT

- Wait for them to 'get over it' – they might die or suffer permanent brain damage from lack of oxygen.
- Induce vomiting as this could cause unconsciousness/central nervous system depression and lead to 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 help them.
- Inject them with speed or cocaine because this can make them worse – and it's one more drug their body must 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. However, if you must leave, put them in the recovery position – don't leave them lying on their back.

**References:** Overdose: Prevention and Survival. [www.harmreduction.org.od2000.html](http://www.harmreduction.org.od2000.html)  
Preston, A. and Robert Kemp (eds). 1999 New Zealand Methadone Briefing 1999.

*Te Whatu Ora Hauora a Toi Bay of Plenty has an active commitment to the Treaty of Waitangi and the improvement of Māori health.*

Tauranga Hospital 07 579 8000, Whakatāne Hospital 07 306 0999  
[www.bopdhb.health.nz](http://www.bopdhb.health.nz)

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