

### Harm Reduction Tip Sheet for Workers - Opioids

This tip sheet is designed to support workers to provide harm reduction information to people who use opioids and may be helpful to explore harm reduction strategies with your client. This is not an exhaustive list but workers may find the following harm reduction strategies helpful.<sup>1 2</sup>

- **Avoid mixing drugs (poly-drug use):** Mixing opioids with other central nervous system depressants, such as alcohol, other opioids or benzodiazepines, increases the risk of overdose.<sup>3</sup> This is due to potentiation, which means that the combined use of drugs can produce a greater drug effect including respiratory depression.
- **Be aware of reduced or increased tolerance:** Reduced access to opioids in settings including residential rehabilitation, detoxification, incarceration, medical programs such as naltrexone and periods of planned or unplanned abstinence, can reduce a person's tolerance to heroin and other opioids.<sup>4</sup> This can occur within a few days of not using and can increase a person's risk of overdose. An increased tolerance means people may have to use more heroin/opioids to get a desired effect, which may increase risk of overdose. Using a smaller amount first may reduce the risk of overdose.
- **Knowledge of purity and content of illicit opioids may reduce overdose risk:** Illicit opioids are manufactured illegally without any controls on the quality or purity of the drug, which can vary greatly. The risk of overdose can increase if a person uses heroin or other opioids that are a higher purity than they are used to. The risk of overdose can be higher when illicit opioids are mixed with other opioids (e.g. fentanyl).
- **Changing the route of administration and risk:** Changing the route of administration may increase or decrease the risk of overdose. Injecting a drug increases its bioavailability in the bloodstream. If a person is switching from smoking to injecting and vice versa, the amount required may change. Using a smaller amount first, can reduce the risk of overdose<sup>3</sup>
- **Avoid using alone:** Having someone present, who knows how to recognise and respond to opioid overdose, including how to administer naloxone, can reduce drug overdose-related harms and death. If a person is using alone, leaving a door unlocked or asking someone to check in on them may reduce the risk of overdose.
- **Avoid leaving a person to 'sleep it off':** One of the signs of opioid overdose is a snoring or gurgling sound, which can mean the person's airway is obstructed and they are having trouble

<sup>1</sup> Frisher, M., Baldacchino, A., Crome, I., & Bloor, R. (2012). *Preventing opioid overdoses in Europe: A critical assessment of known risk factors and preventative measures Final report*. Lisbon, PT: European Monitoring Centre for Drugs and Drug Addiction.

<sup>2</sup> European Monitoring Centre for Drugs and Drug Addiction. (2016). *Perspectives on drugs: Preventing overdose deaths in Europe*. Lisbon, PT: Author.

<sup>3</sup> Massachusetts Department of Public Health, Opioid Overdose and Naloxone Distribution. (n.d.). *MDPH Naloxone pilot project core competencies*. Retrieved from <http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>

<sup>4</sup> Darke, S., & Hall, W. (2003). Heroin overdose: Research and evidence-based intervention. *Journal of Urban Health, 80*, 192-193. DOI:10.1093/urban/jtg022.

breathing. This is a medical emergency and should not be ignored. Try to wake the person immediately. If they do not wake, follow DRSABCD and administer naloxone. Once they are awake they should be regularly monitored in case they overdose again. Always encourage the person to seek medical or ambulance assistance.

- **Changes in physical health can increase the risk of overdose:** The risk of opioid overdose is higher if the person has an underlying health condition such as liver or lung disease, as drugs will be metabolised and processed differently.<sup>5</sup>
- **Blood-borne virus transmission:** Sharing drug paraphernalia (e.g. syringes, tourniquets and spoons) increases the risk of blood-borne virus transmission. Encourage the use of sterile injecting equipment every time. Avoid sharing tourniquets and spoons.

### Other harm reduction considerations:

- Avoid driving or operating machinery when using opioids
- Organise childcare before using opioids
- Plan how much to spend (buy groceries and pay bills before buying opioids)

### Signs of an opioid overdose:

- Constricted pupils (pinned)
- Blue lips, toenails and fingernails. If the person has dark skin, the inside of the mouth or eyelid will appear blue/grey in colour
- Slow, shallow, irregular breathing or not breathing at all
- Snoring or gurgling sound (similar to sleep apnoea)
- No response to touch or voice (calling their name)
- Slumped posture (positional asphyxia; cutting off the airway)

For detailed information on responding to opioid overdose using DRSABCD and naloxone, see ***Recognise & Respond fold-out card (blue), Recognising and responding to opioid overdose with naloxone: A guide for frontline workers, and the Brief Education Tool (BET)*** to assist workers to provide education to clients about recognising and responding to opioid overdose.

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<sup>5</sup> Warner-Smith, M., Darke, S., Lynskey, M., & Hall, W. (2001). Heroin overdose: Causes and consequences. *Addiction*, 96(8), 1113-1125. DOI: 10.1046/j.1360-0443.2001.96811135.x.