HEALTH BASICS

# Drug use first aid

Drug use first aid is immediate help for someone who may be seriously affected by a drug.

**WHAT IT IS**
Immediate help after suspected harmful drug use

**WHERE IT COMES UP**
Overdose, poisoning, severe reactions, or unexpected unconsciousness

**WHY IT MATTERS**
Keeps breathing and circulation supported until medical help arrives

**WHAT IT IS NOT**
Not a diagnosis or substitute for emergency care

**WHO TO ASK**
Emergency services, poison control, pharmacists, or drug support services

**HOW IT IS CHECKED**
Breathing, alertness, vital signs, examination, and toxicology tests

## Overview

Drug use first aid means helping someone who may be having an overdose, poisoning, or severe reaction after taking a drug. The drug may be prescribed, bought without a prescription, or obtained illegally. Alcohol and combinations of substances can also be involved.

You do not need to identify the drug before giving basic first aid. Street drugs may contain unexpected substances, and the person may not know what they took. Focus first on whether they are awake and breathing normally.

Call your local emergency number if the person cannot be woken, has abnormal breathing, has a seizure, collapses, has severe chest pain, or becomes dangerously hot or confused. If you are unsure whether the situation is serious, emergency call handlers can guide you.

Do not leave the person alone to "sleep it off." Their breathing or level of consciousness can worsen.

## How it works

First aid supports breathing and circulation while professional help is coming. Begin by

checking that the area is safe. Watch for traffic, needles, powders, aggressive behaviour, smoke, or other hazards. Do not put yourself at risk.

Try to wake the person by speaking loudly and gently tapping their shoulder. If they do not respond, call emergency services or ask someone else to call. Tell the call handler that drugs may be involved, what you can see, and whether the person is breathing.

Look for normal breathing. Occasional gasps, snoring, gurgling, or very shallow breaths are not normal breathing. If the person is not breathing normally, begin cardiopulmonary resuscitation, or CPR. Follow the emergency call handler's instructions and use an automated external defibrillator, or AED, if one is available.

If the person is unconscious but breathing normally, place them on their side in the recovery position. This helps keep the airway open and allows vomit to drain. Continue checking their breathing.

If an opioid such as heroin, fentanyl, oxycodone, or morphine might be involved, give naloxone if it is available. Naloxone temporarily reverses the breathing effects of opioids like oxycodone or morphine . Follow the product instructions. More than one dose may be needed, but naloxone does not replace CPR or emergency care.

Naloxone will not reverse poisoning from alcohol, cocaine, benzodiazepines like diazepam or lorazepam , or other non-opioid drugs. However, it can still be appropriate when the substance is unknown because opioids may be present unexpectedly.

If the person has a seizure, move nearby objects away and protect their head with something soft. Do not hold them down or put anything in their mouth. When the jerking stops, check their breathing and place them on their side if they are breathing normally.

## Why it matters for your health

Some drugs slow the brain areas that control breathing. Opioids are a major example. Sedatives, including benzodiazepines, can add to this effect, especially when combined with opioids or alcohol. Without enough oxygen, the brain and other organs can be injured.

Other drugs can overstimulate the heart, brain, and body temperature controls. Cocaine, methamphetamine, MDMA, and some newer synthetic drugs may be linked with severe agitation, chest pain, seizures, stroke, abnormal heart rhythms, or overheating.

The contents and strength of an unregulated drug may be unknown. A powder or tablet can contain a different drug from the one expected. Taking several substances together can also produce effects that are difficult to predict.

Quick first aid can keep oxygen moving through the body and reduce the chance of choking on vomit. It also gives emergency teams useful time to provide oxygen, medicines, heart monitoring, temperature control, or other treatment.

## What can go wrong

Opioid overdose can cause extreme sleepiness, inability to wake, slow or stopped breathing, limpness, and pale, blue, or grey lips or skin. Very small pupils can occur, but their absence does not rule out an opioid overdose.

Sedative poisoning can follow alcohol, sleeping medicines, benzodiazepines, or combinations of depressant drugs. The person may become difficult to wake, vomit, lose coordination, or breathe abnormally.

Stimulant toxicity can involve severe agitation, panic, chest pain, a very fast or irregular heartbeat, overheating, confusion, or seizures. A person who is very agitated may feel threatened. Keep the surroundings quiet, allow space, and avoid arguing or physically restraining them unless needed to prevent immediate injury.

Aspiration means vomit or fluid enters the lungs. This can happen when an unconscious person is left on their back or is given food or drink.

Mixed-drug poisoning may not look typical. For example, a stimulant can temporarily hide the drowsiness caused by an opioid. When the stimulant effect fades, dangerous breathing problems may become clearer.

Call emergency services immediately for unconsciousness, abnormal breathing, severe chest pain, collapse, a seizure after drug use, marked overheating, severe confusion, or behaviour that creates immediate danger.

Routine follow-up is different. If the emergency has passed but you are concerned about repeated drug use, withdrawal, medication interactions, or an unexpected reaction, arrange an appointment with a primary care clinician, pharmacist, or substance-use service.

## What you can do

In an emergency:

Do not induce vomiting. Do not give food, drinks, coffee, or other drugs to an unconscious or drowsy person. Do not use a cold bath, force the person to walk, or try to cause pain to wake them.

Keep packets, medicine containers, or written details for emergency responders. Do not taste or closely handle an unknown substance. If it can be done safely, note the person's medicines, the substances they may have used, and when their condition changed.

Where naloxone is available in the community, a pharmacist, harm-reduction service, or substance-use service can explain how to obtain and use it. Ask whether friends or household members should also learn how to give it.

A poison control service can advise about swallowed, inhaled, injected, or skin exposures when the person is currently stable. Do not delay an emergency call to contact poison control when there are severe symptoms.

After a non-emergency drug exposure, you can ask a clinician whether testing for infections, organ injury, medication interactions, or other complications is appropriate. Toxicology tests exist, but they do not detect every substance and may not show how impaired someone is.

- Make sure the area is safe, then check responsiveness and breathing
- Call your local emergency number and follow the call handler's instructions
- Start CPR if breathing is absent or abnormal
- Give naloxone when opioid exposure is possible and naloxone is available
- Use the recovery position when the person is unconscious but breathing normally
- Stay with them and keep checking their breathing until help arrives
- Tell responders what was taken, when, and by what route, if known

## Common questions

Should I wait to see whether the person wakes up?

No. If they cannot be woken or are not breathing normally, call emergency services immediately. Begin CPR when instructed.

Can naloxone harm someone who did not take an opioid?

Naloxone has no useful effect when opioids are absent. It is generally used when opioid exposure is suspected because delaying treatment can be dangerous. The person still needs assessment because naloxone does not treat other causes of unconsciousness.

What if the person wakes after naloxone?

Stay with them and wait for emergency help. Naloxone can wear off before the opioid does, so breathing problems can return. The person may also feel sudden withdrawal, including nausea, sweating, pain, or agitation.

Should I tell emergency responders about illegal drug use?

Give the most accurate information you can. Knowing the possible drug, amount, route, timing, and other substances helps responders choose safe treatment. If you do not know, say so.

Can I let an unconscious person drink water?

No. They may choke or inhale the liquid into their lungs. Place a normally breathing unconscious person in the recovery position instead.

Is a home drug test enough to rule out danger?

No. Drug tests have limits and may miss newer or unexpected substances. Emergency decisions should be based on the person's breathing, alertness, temperature, chest symptoms, and overall condition.

## Sources

- Centers for Disease Control and Prevention. Lifesaving Naloxone
- Substance Abuse and Mental Health Services Administration. Overdose Prevention and Response Toolkit
- World Health Organization. Community Management of Opioid Overdose
- American Heart Association. 2020 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: Special Circumstances of Resuscitation
- NHS. Poisoning
- National Institute on Drug Abuse. Naloxone DrugFacts