

OPIOID OVERDOSE KNOWLEDGE SCALE

Please answer the following questions about heroin overdose (or an overdose from other opioids such as: methadone, morphine, oxycodone, tramadol, fentanyl or codeine):

1. Which of the following factors increase the risk of a heroin (opioid) overdose? (tick all that apply)

- Taking larger than usual doses of heroin
- Switching from smoking to injecting heroin
- Using heroin with other substances, such as alcohol or sleeping pills
- Increase in heroin purity
- Using heroin again after not having used for a while
- Using heroin when no one else is present around
- A long history of heroin use
- Using heroin again soon after release from prison
- Using heroin again after a detox treatment

2. Which of the following are indicators of an opioid overdose? (tick all that apply)

- Having blood-shot eyes
- Slow/shallow breathing
- Lips, hands or feet turning blue
- Loss of consciousness
- Unresponsive
- Fitting
- Deep snoring
- Very small pupils
- Agitated behaviour
- Rapid heartbeat

3. Which of the following should be done when managing an opioid overdose? (tick all that apply)

- Call an ambulance
- Stay with the person until an ambulance arrives
- Inject the person with salt solution or milk
- Mouth to mouth resuscitation
- Give stimulants (e.g. cocaine or black coffee)
- Place the person in the recovery position (on their side with mouth clear)
- Give Naloxone (opioid antidote)
- Put the person in a bath of cold water
- Check for breathing
- Check for blocked airways (nose and mouth)
- Put the person in bed to sleep it off

4. What is naloxone used for?

- To reverse the effects of an opioid overdose (e.g. heroin, methadone)
- To reverse the effects of an amphetamine overdose
- To reverse the effects of a cocaine overdose
- To reverse the effects of any overdose
- Don't know

Continue 

5. How can naloxone be administered? (tick all that apply)

- Into a muscle (intramuscular)
- Into a vein (intravenous)
- Under the skin (subcutaneous)
- Swallowing- liquid
- Swallowing- tablet
- Don't Know

6. Where is the most recommended place for non-expert to administer naloxone?

- Outside of thighs or upper arms
- Any vein
- Heart
- By mouth
- Don't know

7. How long does naloxone takes to start having effect?

- 2-5 minutes
- 5-10 minutes
- 10-20 minutes
- 20-40 minutes
- Don't know

8. How long do the effects of naloxone last for?

- Less than 20 minutes
- About one hour
- 1 to 6 hours
- 6 to12 hours
- Don't know

Please mark "true", "false" or "don't know"

	True	False	Don't Know
9. If the first dose of naloxone has no effect a second dose can be given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There is no need to call for an ambulance if I know how to manage an overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Someone can overdose again even after having received naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The effect of naloxone is shorter than the effect of heroin and methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. After recovering from an opioid overdose, the person must not take any heroin, but it is ok for them to drink alcohol or take sleeping tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Naloxone can provoke withdrawal symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This scale has been developed and validated by Anna Williams, John Strang and John Marsden from the Addictions Department, Institute of Psychiatry and Psychology and Neuroscience, King's College London. The psychometric properties were tested and published in: Williams AV, Strang J & Marsden J (2013). Development of Opioid Overdose Knowledge (OOKS) and Attitudes (OOAS) Scales for take-home naloxone training evaluation. Drug Alcohol Dependence.132(1-2):383-6. Author's contact: anna.v.williams@kcl.ac.uk or annaw06@gmail.com