

Unintentional Overdose Policy

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Guidance

Defining Policy, Process and Procedure

	Definition	Purpose
Policy	An overall approach or principle of action in relation to a specific issue	Describes <i>why</i> this document is required
Process	Provides a high-level view of how the policy is implemented	Outlines <i>what</i> tasks should be performed, <i>when</i> , and <i>by whom</i>
Procedure	Detailed step-by-step instructions on how to do parts of that process or specific tasks	Details <i>how</i> the steps of each task need to be performed

Background

Some volunteers may encounter callers who report an overdose. This overdose could be intentional, such as suicide attempts, or unintentional, such as miscalculating recreational drug dosage or being spiked. A volunteer must be able to distinguish whether the overdose was intentional, requiring suicide guidance, or unintentional and requiring alternative safeguarding procedures.

If any policy includes reference to calling emergency services/ campus security, or otherwise breaking confidentiality it must be clearly linked to your confidentiality/ third party data policies.

Resources and Research

- Good Practice Guidelines
- Safeguarding Policy
- Suicide Call Guidance
- Sexual Assault Policy
- Third Party Disclosures Policy
- Call Taking Policies
- Empathy Phrasing Suggestions

Good Practice Guidelines

The latest version of the GPGs state that:

Policies relevant to unintentional overdoses/harm

Nightlines must:

- Nightlines are legally required to state if/when volunteers should/can refer the caller to other services.
- Provide volunteers with guidance on how to respond to direct questions from a caller on practical suggestions for staying safe.
- Include in their procedures instructions on how volunteers call for help and what details are required from a caller to do so.
- **Not** require volunteers to assess callers' capacity.
- Have a policy and procedure on how to handle third party contacts.
- Not contact a third party unless they have reached out to Nightline themselves.

Nightlines should:

- Ask a caller if they are feeling suicidal to clarify an ambiguous situation.
- Offer to call for help more than once during a call, as appropriate and necessary.

Definitions

Term	Definition
Unintentional	A harmful act that was not done on purpose, such as unintentionally taking a stronger dose of drugs.
Overdose	An excessive and dangerous dose of a drug, including recreational drugs, prescriptions, and alcohol.
Calls/callers	Anyone who makes contact with Nightline through all channels, including email and instant messaging
Volunteer	Anyone who has successfully completed training and signed the Nightline Volunteer Agreement.

Purpose

This policy establishes the difference between intentional and unintentional overdoses and signposts volunteers to the most appropriate safeguarding procedure for the caller's form of overdose.

Scope

This policy applies to all listening volunteers and safeguarding leads.

Policy Considerations

When drafting this policy, the following factors should be considered:

- Guidance on how to clarify whether an overdose was unintentional.
- How much responsibility the Nightline volunteers will take on for referring the caller to other services.
- What procedures must be followed should the volunteer call for help on the caller's behalf.
- How to handle third party contacts.
- How often the policy will be reviewed and by whom.
- How this policy will be linked to suicide, third party data, and other call taking policies.

Legal Considerations

Nightline Unintentional Overdose/Harm policies must align with legal frameworks set by the UK Government for **England/Wales/Scotland/Northern Ireland** *[Delete as applicable]*. This includes, but is not limited to:

-   *Mental Capacity Act 2005;*
- *Northern Ireland: Mental Capacity Act (NI) 2016;*
-  *Scotland: Adults with Incapacity (Scotland) Act 2000;*
- *Ireland: Assisted Decision-Making (Capacity) Act 2015].*

Unintentional Overdose/Harm Policy

Policy approved	Month YYYY <i>[add details of relevant committee members, etc. if required]</i>
Policy review due	Month YYYY
Any other info?	

Definitions

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Purpose

This policy establishes the difference between intentional and unintentional overdoses and signposts volunteers to the most appropriate safeguarding procedure based on the form of overdose.

Guidelines regarding intentional overdoses, namely the Suicide Calls Guidance, are inappropriate for callers whose harm was unintentional. This guidance provides more suitable safeguarding procedures and relevant policy documents once it is clearly established that the caller's overdose was not an attempt to end their life.

Scope

This policy applies to all contacts made with [X] Nightline through its official listening channels [phone, IM, email, Skype, drop-in, etc] where the caller discloses unintended overdoses. All listening volunteers at [X] Nightline must adhere to this policy and related procedures when providing support to callers.

Policy statement

Just because a caller is contacting an emotional support helpline about an overdose, this does not mean there is suicidal intent. Nightline should take care not to assume suicidal intent or action is present without clarifying.

If a caller reports that they or a third party have overdosed on any substance, and that the overdose was unintentional, [X] Nightline still has a duty to signpost the caller to the required support. A listening volunteer may decide to call the emergency services on the caller's behalf when the overdose is life-threatening and the caller doesn't have the capacity to call for help themselves.

When dealing with unintentional overdoses, [X] Nightline must act in accordance with the subsequent relevant policies, including the Safeguarding, Third Party Disclosure, and Sexual Assault policies. Should the caller later admit the overdose was intentional and they have considered ending their life imminently, the volunteer must refer instead to the Suicide Calls Guidance.

Roles and Responsibilities

Committee member	Responsibilities
Safeguarding Lead	- Review the unintentional overdose procedure and subsequent policies every 2 years minimum. - Provide clear guidance to volunteers on how to respond to direct questions from a caller on practical suggestions for staying safe. - Ensure volunteers who take distressing calls regarding overdoses receive adequate wellbeing support following the call.
Listening Volunteer	- Volunteers will be the first contact to learn of a caller's unintentional overdose. They must follow the appropriate procedures, whether it is their role as a listener or providing practical suggestions for staying safe. - Volunteers are not trained medical health professionals, so it is not their responsibility to assess the callers capacity
Training Officers	- Carrying out and maintaining training of all Nightline volunteers, especially providing volunteers with the tools to implement this policy and procedure.

Legal considerations

There is no legal obligation for Nightlines to call for help on behalf of a caller *[England & Wales: Mental Capacity Act 2005; Northern Ireland: Mental Capacity Act (NI) 2016; Scotland: Adults with Incapacity (Scotland) Act 2000; Ireland: Assisted Decision-Making (Capacity) Act 2015]*.

As Nightline volunteers are not qualified mental health practitioners, they should not make any assessment of a caller's mental capacity, nor should they make any decisions about keeping the caller safe based on their capacity or incapacity. Helplines have no legal obligation to assess capacity. Even healthcare professionals struggle to assess capacity, so you cannot expect your volunteers to do this.

If the caller asks for help to be called, and **your Nightline follows a policy of implicit consent (if the caller gives their location but does not ask for help, it is still called)** the volunteers will need to pass their information to a third party such as the emergency services or campus security. This falls under data protection legislation and requires volunteers to follow their third party data policy appropriately.

Reviews and amendments

List any changes to this policy that need to be recorded for historical purposes.

E.g. May 2021: changed wording on ____, updated definitions

Unintentional Overdose Procedure

Procedural Steps

If possible, add links to the relevant policies (in bold) for ease when volunteers follow this procedure.

Use the following questions to guide the volunteer to the correct policy procedure to follow.

Once a caller has indicated they or a third party have overdosed, first confirm whether the overdose was intentional or unintentional. If the caller states the overdose was intentional and an attempt to take their own life, refer to **[X] Nightline's Suicide Policy**.

An unintentional overdose can take the following forms:

- Taking the wrong medication by mistake.
- Taking a too large dose of medication.
- Mixing certain medications with alcohol.
- Taking a unknowingly dangerous combination of medications.
- Taking non-prescription/recreational drugs, especially from unknown sources.
- Drinking too much alcohol.
- Ingested unsafe substances, such as cleaning products.

If the caller indicates the overdose was unintentional, such as the examples above, use any of the following questions which appear relevant to navigate towards the appropriate policy procedure. You do not need to ask all these questions. Be guided by the caller in the first instance as always.

“Can you access help yourself?” and...

“Is it a critical situation requiring emergency medical attention for you or anyone else involved?”

Assess whether the caller may require assistance beyond a signposting or listening capacity.

If the caller responds no, they do not have the ability to obtain help themselves, yes, they/the other person is in a critical condition, and they consent to you obtaining help for them and provide their location:

Call 999 using [X] Nightline’s **Ambulance procedure** and refer to **Third Party Disclosure Policy** as calling an ambulance requires passing the caller’s data to a third party.

If the caller responds yes, they can obtain help themselves, and yes they/the other person is in a critical condition, advise that they immediately call 999 themselves.

If the caller responds yes, they can obtain help themselves, and no, they are not in a critical condition, there is no requirement for emergency assistance. Move on to the next questions.

“Are you 18 years old or over?”

If the caller says no, they are under 18 years of age and have overdosed:

The call becomes a greater safeguarding concern as they are a vulnerable individual. Refer to the Child Callers Procedure under the **Safeguarding Policy**.

If the caller says yes they are over 18, move on to the next questions.

“Would you like to be signposted for additional support?”

It is important the volunteer only gives additional information if the caller wants it.

If the caller responds no, they do not want additional support:

Continue the call in a listening capacity, referring to **Call Taking policies** as required.

If the caller responds yes, they do want to be signposted for additional support, move on to the next questions.

“Have you ever had thoughts about ending your own life?”

Callers often do not volunteer information about suicidal feelings, requiring the volunteer to bring up the topic of suicide before admitting intentions. Thus, it’s important the caller clarifies the overdose was not an attempt to take their life.

If the caller says yes, it does not mean this overdose was necessarily a suicide attempt, but their risk of doing so again warrants greater sensitivity in

the call thereafter. Follow the **Suicide Calls Guidance**, especially the sections on example phrases, to safeguard the caller and ensure the volunteer uses the appropriate language.

“Do you believe you could have been spiked?”

Spiking refers to the act of administering drugs or alcohol to a person without their knowledge or consent, often by adding substances to their drink or food. Individuals who have been spiked may be unaware it has occurred; however, sudden and unexplained changes in their physical or mental state — particularly in the presence of others — may indicate that spiking has taken place.

If the caller says yes, they did not purchase any substances or consume them knowingly and believe they have been spiked, please refer to guidance on spiking in the **Sexual Assault Policy**.

If the caller says no, they do not think they’ve been spiked, such as if they took the substances knowingly, move on to the next question.

“Did someone force or pressure you to take the substance?”

Being forced to take a substance could suggest the caller is currently in a vulnerable position. For example, from an abusive partner enforcing they partake in substance misuse or a person providing medical care to the caller is abusing their position.

If the caller says yes, refer to **Safeguarding Policy** to ensure the volunteer signposts them to adequate support.

If the caller was forced by a partner to take the substance, or they were forced by someone with sexual intentions, you could consider referring to the **Sexual Assault policy** if it feels more relevant.

If the caller is at imminent risk from the person enforcing they take substances, refer to **Third Party Disclosure Policy** should they ask for help obtaining support.

“Have there been other times when you’ve overdosed, or experienced something similar?”

Repeated overdoses could be a sign of a substance addiction or a poor relationship with drugs and/or alcohol.

If the caller says yes, they have overdosed on multiple occasions before, offer to signpost to drug/alcohol addiction services (like the *Talk to FRANK* helpline) and follow [X] Nightline’s **Empathy Phrasing Suggestions**. To not give support unless explicitly asked for.

“Did you take the substance to reduce physical pain from an ongoing condition?”

Some overdoses may be accidental in attempting to reduce pain from long-term conditions like arthritis, crohn's disease, or chronic back pain. Thus, the caller could

require longer-term support from another organisation to find alternative solutions and avoid risking an overdose in the future.

If the caller says yes and discloses the ongoing condition which prompted them to take the substance, offer to guide them through GP referrals or to signpost them to an association that supports their condition. For example, support and advocacy organisations like *Versus Arthritis* for arthritis or helplines like *Pain Concern*.

Process

Caller indicates they have overdosed on a substance.

Identifying an unintentional overdose.

An overdose can take the following forms:

- Taking the wrong medication by mistake.
- Taking a too larger dose of medication.
- Mixing certain medications with alcohol.
- Taking a unknowingly dangerous combination of medications.
- Taking non-prescription/recreational drugs, especially from unknown sources.
- Drinking too much alcohol.
- Ingested unsafe substances, such as cleaning products.

Use following questions as guidance

Do you have the capacity to obtain help yourself?

No

Are you/the third party in a critical or emergency condition? I.e. unresponsive.

Yes

Call 999 using the Nightline's Ambulance procedure

Refer to Third Party Disclosure Policy

Yes

Are you 18 years old or older?

No

Refer to the Child Callers Procedure under the Safeguarding Policy

Yes

Would you like to be signposted to additional support?

No

Continue call in a listening capacity

Yes

Have you ever had thoughts about ending your own life?

Yes

Refer to Suicide Call Policy

No

Do you believe you could have been spiked?

Yes

Refer to Sexual Assault Policy

No

Did someone force or pressure you to take the substance?

Yes

Refer to Safeguarding Policy or Sexual Assault Policy

Refer to Third Party Disclosure policy if they are vulnerable and at significant risk.

No

Have you overdosed on multiple occasions before?

Yes

Offer to signpost to drug/alcohol addiction services

No

Did you take the substance to reduce physical pain from an ongoing condition?

Yes

Offer to guide them through GP referrals or to signpost them to an association that supports their condition.