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Why India's Real Overdose Emergency Isn't the Drug, But the Delay

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Unlike heart attacks or an injury, an overdose may appear harmless at first glance



Ahead of International Overdose Awareness Day on August 31, most conversations turn to numbers: how many deaths, how many admissions, how the figures have climbed year on year. Those numbers matter. But inside an emergency room, the number that actually decides whether a patient walks out or doesn't is not any statistic; but the minutes.

In overdose medicine, there is a narrow window between when breathing starts to fail and when it stops altogether. What happens in that window, who notices, how fast they act, and how quickly the patient reaches a hospital equipped to manage it, matters more than the substance that was involved.

This is the part of the overdose crisis that almost never makes it into public conversation. It plays out quietly, in homes, hostels, and cars on the way to a hospital, long before a patient is even counted.

What Actually Kills, and How Fast

Most fatal overdoses, whether from a sedative, an opioid painkiller, or an unknown substance picked up at a party, follow a similar physiological path. The central nervous system, which controls breathing and heart rate, slows down. Breathing becomes shallow, then irregular, and then stops.

The heart can continue beating for several minutes after that, which means there is often a survivable window if oxygen can be restored in time. However, that gap is short. Depending on the substance and the person's health, permanent brain injury from lack of oxygen can begin as soon as four to six minutes after breathing stops.

In a hospital ICU, we can manage this: airway support, ventilation, monitoring, and reversal agents where applicable. Outside the hospital, in the time before help arrives, almost none of that is available unless someone nearby recognises what is happening and acts fast. This is where India's overdose problem becomes a community one.

The Recognition Gap

In practical experience of overdose cases, where the condition is identified very late, there always seems to be a similar trend where the individuals surrounding the person do not know what to do because the signs of an overdose only become apparent after many crucial moments have passed. Breathing difficulties are thought to be either drunkenness or blocked nose. Confusion and difficulty speaking are overlooked because they are immediate signs of visible pain.

Unlike heart attacks or an injury, an overdose may appear harmless at first glance. Most often, there is no collapse involved, no fight involved. The individual may lie dying in a bed while people around think the person just needs some rest. That is the one mistake deadlier than the substance, which can even result in death.

The Transport Gap

Even when an overdose is recognised in time, what happens next in most parts of India is inconsistent. In large cities with reasonable ambulance access, patients can reach a capable emergency department within a workable window. In smaller towns, or even in parts of large cities with heavy traffic, transport delays can erase the advantage of early recognition entirely.

Clinicians also see a hesitation factor: families delay calling for help or bringing a patient in because of the stigma attached to drug use, whether it involves an illegal substance or a misused prescription medicine. Fear of judgement, fear of legal trouble, or just embarrassment can add minutes to respiratory failure.

What Actually Moves the Needle

Overdose management does not really require a new drug or advanced medical technology. The interventions that save lives are almost entirely awareness and speed.

Here's how you can recognise some of the warning signs:

- Unusually slow or shallow breathing
- Bluish lips or fingertips
- Unresponsiveness to voice or touch
- Extreme agitation, a racing heartbeat, or seizures depending on the substance involved.

Treat any of these as a medical emergency rather than wait-and-watch approach, regardless of what was taken or how it was obtained. Removing any and all hesitation to call for help, and dial for emergency help or try to rush the person to the nearest healthcare centre. A hospital's role is to stabilise the patient, and not to judge how they got there.

Basic bystander training, such as the kind already used for choking or cardiac arrest, must be extended to cover overdose recognition, even in non-medical settings like colleges, hostels, and workplaces.

Reframing the Day

International Overdose Awareness Day is usually framed around loss, and rightly so. But from where emergency medicine sits, it is also a reminder that the difference between life and death is often what happens before the patient reaches a doctor.

India does not yet have a real-time system to track overdose response, community case mapping, or a mechanism to prevent prescription overdosing. What is within the reach of the healthcare system, that too at zero cost and one that could change outcomes immediately, is to teach people what an overdose looks like, what steps they should take as bystanders, and make it easier for them to ask for help the moment they recognise the quiet symptoms.

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