

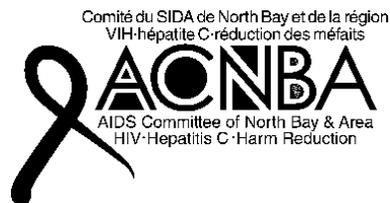
# carrynaloxONE

GET READY. GET TRAINED. **SAVE LIVES.**

**Opioid Overdose and Naloxone Administration:**

**Workshop for Community Members**

*2021*



# Agenda

1. Naloxone training
2. Where to get a naloxone kit
3. COVID-19 and the current drug situation
4. Supporting people who use substances



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# 1. Naloxone training

# What is an overdose?

- An overdose happens when a person takes an amount of a drug, a potent drug or combination of drugs, that is more than their body can handle
- As a result, the central nervous system is not able to control basic life functions, like breathing or body temperature, and the person may lose consciousness
- Both people new to taking drugs and people experienced with taking drugs can overdose

# What are opioids?

- Opioids are depressants or “downers”
  - Slow body functions down
- Opioids include:
  - Medications prescribed by doctors
  - Unregulated drugs that can be purchased illegally
- Opioids can be used to treat pain or used to get high
- Examples of opioids:
  - Codeine (Tylenol #1, #2, #3)
  - Oxycodone (Percocet, OxyNEO)
  - Hydromorphone (Dilaudid)
  - Meperidine (Demerol)
  - Methadone
  - Fentanyl (and analogues including carfentanyl)
  - Heroin

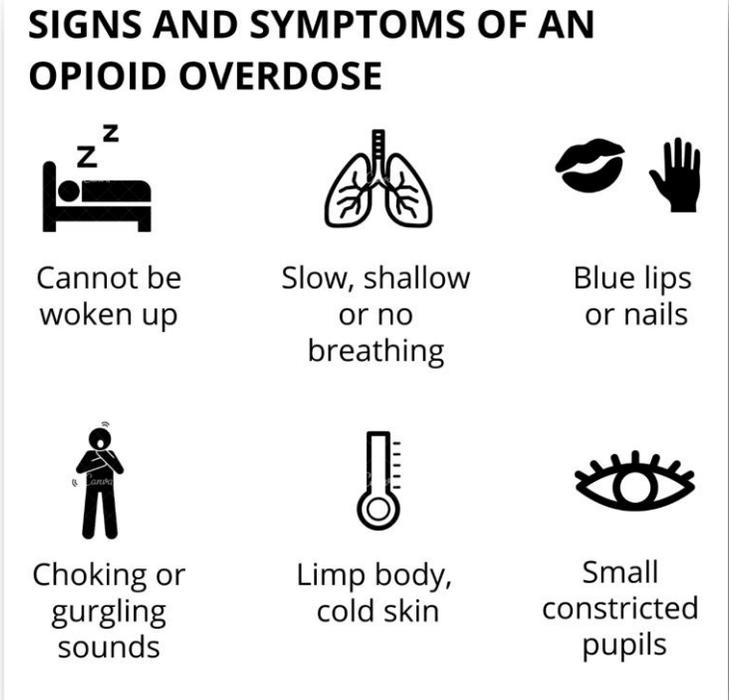


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# Opioid overdose signs and symptoms

- Person cannot be woken up
- Slow, shallow or no breathing
- Choking, snoring or gurgling sounds
- Blue or purple fingernails and lips
- Pupils are tiny (pin-point pupils) or eyes are rolled back
- Limp body, cold skin



# Overdose response myths

Do Not	Risk(s)
Put the person in a bath or cold water	Person could drown or go into shock
Induce vomiting	Could cause choking
Inject them with anything (saltwater, cocaine, milk) other than naloxone	Will not help and could cause more harm
Slap them too hard, kick them in the testicles or burn the bottom of their feet	Could cause serious harm
Let them sleep it off!	Person could stop breathing and die. The person may not be sleeping

# 5 steps to respond to an opioid overdose

STEP <b>1</b>		<b>SHOUT &amp; SHAKE</b> their name      their shoulders
STEP <b>2</b>		<b>CALL 9-1-1</b> If unresponsive.
STEP <b>3</b>		<b>GIVE NALOXONE</b> 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP <b>4</b>		<b>PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS</b>
STEP <b>5</b>		<b>IS IT WORKING?</b> If <b>no</b> improvement after 2-3 minutes, repeat steps 3 & 4. <b>Stay with them.</b>

**RECOVERY POSITION** If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



head should be tilted back slightly ..... to open airway

hand supports head ....

knee stops body from rolling onto stomach

## SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

Source: Ontario Ministry of Health and Long-Term Care, 2018

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# Step 1 – Shout and shake

*Is the person responsive? Perhaps they are just sleeping.*

- Stimulate with NOISE
  - Shout their name
  - Say, “Hey, are you okay?”



- Stimulate with TOUCH
  - Tell the person what you are doing before you touch them
    - “Hi... I’m just checking that you’re okay.”
  - Shake their shoulders
  - Rub your knuckles hard on their chest bone or under their nose
  - Pinch their ear lobe

# Are they responding?

- If the person responds to stimuli, keep an eye on them
  - Do not leave them alone in case the drugs they took have not fully taken effect – they could still overdose
- If the person does not respond to Step 1, proceed to Step 2, calling 911
- Reluctance to call 911
  - Many people who use drugs have had bad experiences in hospitals and emergency departments and may be reluctant to seek medical care
  - Drug use is criminalized
    - Many people who use drugs have already been arrested and have had bad experiences with the police
    - They can be fearful of arrest

# Good Samaritan Drug Overdose Act, 2017

See an overdose? Call 911 immediately.

Under Canada's *Good Samaritan Drug Overdose Act*, if you seek medical help for yourself or for someone else who has overdosed, neither of you will be charged for possessing or using drugs, nor will anyone else at the scene.

See the other side of this card to know exactly when the Good Samaritan law will and won't protect you against charges.

Police may not always know about the law's protections.

If you need legal help, call

1 (800) 668-8258 (toll-free) for Legal Aid Ontario or

1 (855) 947-5255 (toll-free) for Law Society Referral Service,

also online at <https://lsrs.lsuc.on.ca/lsrs>.

The law does provide protection against charges for

Possessing drugs for your own use

Violating conditions of your parole, bail, probation or conditional sentence for a simple drug possession charge

The law does not provide protection against charges for

Selling illegal drugs (trafficking): Police may suspect this if you have a large amount of drugs, cash or items like scales, baggies, and debt lists

Offences other than drug possession

Any outstanding arrest warrants

Violating conditions of your parole, bail, probation or conditional sentence for an offence that is not simple possession

Endorsed by the Ontario Association of Chiefs of Police.

**Disclaimer:** This is legal information — not legal advice.

If you need legal advice, please consult a lawyer about your situation.

 The Law Foundation of Ontario

 Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

English and French versions available for download from [www.aidslaw.ca](http://www.aidslaw.ca)

Source: Canadian HIV/AIDS Legal Network, 2017

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# Step 2 – Call 911

- If the person is unconscious, call 911
- Some dispatchers/operators will ask if you need ambulance, fire or police
- After you call 911, continue **immediately** to Step 3, give naloxone, while you wait for help to arrive



# Step 3 – Give naloxone

- Naloxone is a non-addictive, non-psychoactive drug that blocks the effects of opioids on the body
  - Does not create a “high”
- Temporarily reverses the effects of an opioid overdose
  - Works in less than 5 minutes (usually 2-3 minutes)
  - Wears off quickly (30-45 minutes)
  - There is no effect if naloxone is given to a person who has not used opioids. If unsure, administer
  - It is safe to use expired naloxone if that is all that is available (not as effective)
- Has been used by EMS routinely for over 40 years
- Two forms available in Ontario – Nasal spray and injectable

# Nasal spray naloxone

- Nasal spray naloxone is also known by the brand name “Narcan”



Source: Adapt Pharma Canada, 2017; Ontario Ministry of Health and Long-Term Care, 2018

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# Contents of nasal naloxone kit

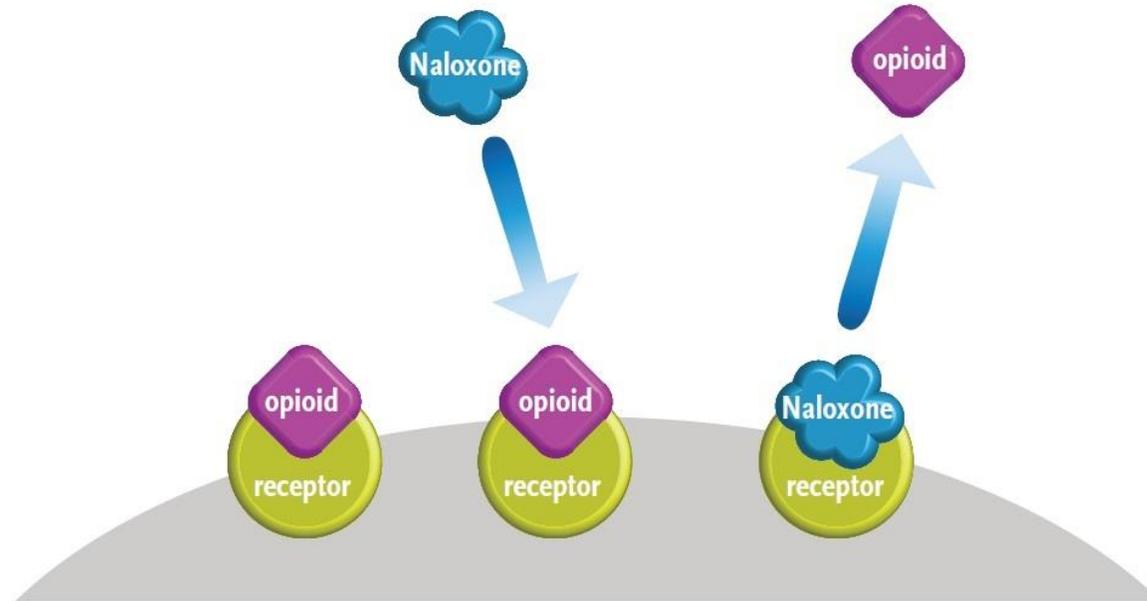
- 2 doses of nasal spray naloxone (inside a sealed package)
- 1 pair of non-latex gloves
- 1 breathing barrier
- 1 bilingual instructional insert
- 2 identifier cards (1 English & 1 French) showing that the person has received training in naloxone use, and the expiry date of the naloxone



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# How naloxone works



The brain's opioid receptors have a stronger attraction for naloxone than for opioids. When naloxone is given, it displaces opioids that are attached to the receptors, reversing opioid overdose.

# How to administer nasal naloxone

- Put on disposable gloves
- Nasal spray naloxone is administered into the nostril
- It does not require breathing to be absorbed across the mucosal lining
- Lay the person on their back, wipe the nose clear if necessary and keep the head tilted backwards slightly with one hand

# How to administer nasal naloxone

## PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

## PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

## PRESS



Press the plunger firmly to release the dose into the patient's nose.

***Do not touch the plunger until the device is in the person's nostril, otherwise you may accidentally trigger the spray.***

# Additional considerations for administering naloxone during COVID-19

- Naloxone is safe to give. It does not aerosolize COVID-19
- Still have concerns?
  - Use a mask or cloth to cover the mouth of the person who is overdosing (can be placed gently on the person's face). Be sure to remove this if you have to leave the person and/or if they start breathing (i.e., reduce risk of choking if they vomit)
  - Tilt the person's head to the side
  - **Remember:** Avoid touching your face
- In many cases individuals in the public administering naloxone
  - Know the health status of the individual overdosing
  - Have already been in close contact with the individual overdosing
- Everyone has a choice to administer
  - Life and death situation

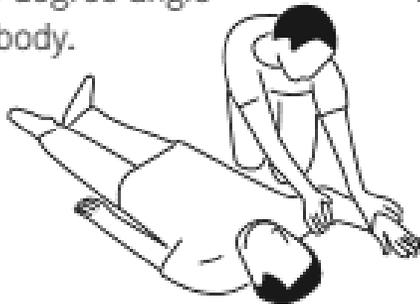
# How to check for breathing

- If the person does not respond to shaking and shouting, check their breathing.
  - Is their chest and/or stomach rising and falling?
  - Place the back of your hand over their mouth; can you feel their breath?
  - Hold the glass screen of your mobile phone over their mouth; does it fog up?
- If the person is breathing, put the person in the recovery position and keep monitoring them until they are more alert
  - The recovery position will keep their airway clear and open
  - It will also prevent them from choking if they vomit

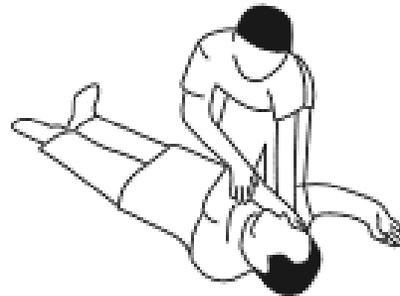
# If breathing → Recovery position

## RECOVERY POSITION

**Figure 1:** Kneel by the person. Raise the arm closest to you and place the arm out at a 90 degree angle to the body.



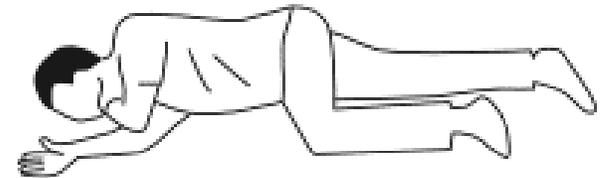
**Figure 2:** Place the other hand under their head against their cheek, to support their head.



**Figure 3:** Lift the leg furthest away from you and place their foot on the floor.

**Figure 4:** Using their knee as a lever gently pull the person onto their side, towards you.

Tilt the head back and ensure airway is open and clear.



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# Step 4 – Perform rescue breathing and/or chest compressions

- If you have been trained and/or are comfortable and the person is not breathing, perform rescue breathing and/or chest compressions



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## If not breathing (prior to COVID-19) → Rescue breaths and/or chest compressions

Rescue breaths (30 compressions for every 2 rescue breaths)



- ✓ Head tilt
- ✓ Jaw support
- ✓ Nose pinch
- ✓ Mouth seal



- ✓ Check for rise and fall of chest with each breath

Chest Compressions (100-120 per minute)



- ✓ Commence compressions with the person on a firm surface.
- ✓ Hands are positioned over middle of chest.
- ✓ Depress chest to one third depth.

## If not breathing (during COVID-19) → Chest compressions **ONLY**

Rescue breaths (30 compressions for every 2 rescue breaths)

Rescue breaths are NOT recommended during COVID-19



Chest Compressions (100-120 per minute)



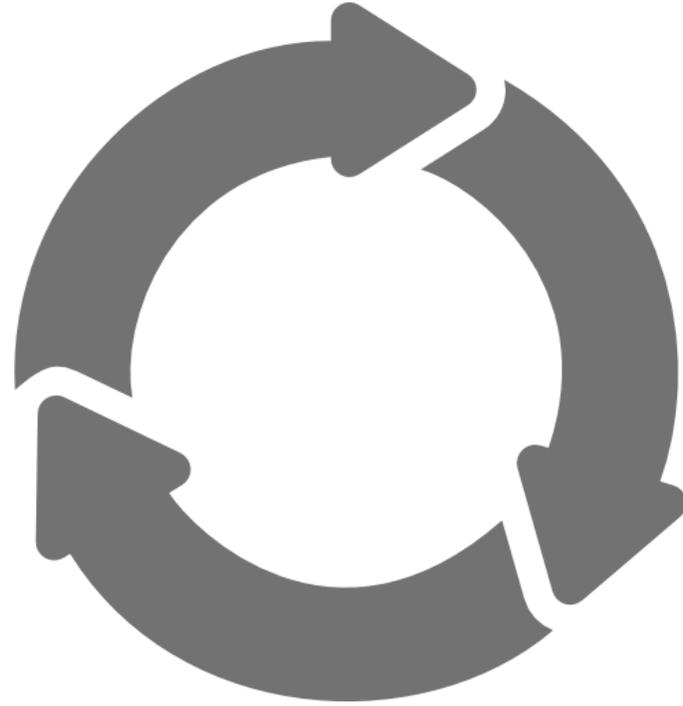
- ✓ Commence compressions with the person on a firm surface.
- ✓ Hands are positioned over middle of chest.
- ✓ Depress chest to one third depth.

# Step 5 – Is it working?

- Continue performing rescue breathing and/or chest compressions after administering naloxone, if necessary
- Naloxone usually starts working in less than 5 minutes (usually 2-3 minutes)
  - After this time, check their breathing again
- If the person is not responding, administer a second dose
  - Use the other nostril if giving nasal spray naloxone
- You can keep repeating doses as necessary, if you have access to additional doses
- Continue rescue breathing and/or chest compressions until the person becomes alert or until help arrives
- Monitor and prepare in case they lose consciousness again as the naloxone wears off
  - Let them know more naloxone may need to be given if that happens



1. Give naloxone



2. Perform chest compressions and/or rescue breaths (approx. 2 minutes)

3. Check for breathing

- Breathing → Recovery position and monitor
- Not breathing → Give additional dose of naloxone

Tell the first responders as much as you know about what drugs the person took and what you have done, like administering naloxone.

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# If naloxone is **NOT** working

- Reasons a person may not respond to naloxone:
  - The person is not under the influence of opioids
    - Administering naloxone will not harm them
  - There could be another serious medical issue
  - A higher dose of naloxone is needed
    - Some fentanyl analogues require additional doses of naloxone

# After an overdose

When naloxone starts working the individual may:

- Wake up suddenly or slowly
  - Take a step back
- Experience mild to severe withdrawal symptoms
  - They may feel sick or be sweating
  - They may also throw up or soil themselves
  - Explain that these symptoms will go away as the naloxone wears off (30-45 minutes)
- Want to use more drugs
  - Explain that taking more drugs will be a waste as the naloxone will block any more drugs' effects
  - It can also further increase the risk of overdosing again
- Wash your hands with soap and water or use an alcohol-based hand sanitizer

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# Caring for someone after an overdose

- Caring for the individual
  - Provide emotional support and reassurance, and explain what has happened
  - If paramedics were not called, suggest a trip to the hospital for further observation

## **2. Where to get a naloxone kit**

# Where to get a naloxone kit

Find free naloxone kit locations:

[www.ontario.ca/page/get-naloxone-kits-free](http://www.ontario.ca/page/get-naloxone-kits-free)

Call **1-866-532-3161** Monday to Friday 8:30 a.m. to 5 p.m.

[Home](#) > [Health and wellness](#) > [Addiction and mental health](#) > [Opioids](#)

## Where to get a free naloxone kit

Check our map of locations where you can get naloxone kits and training on how to use them.

This page is not for emergencies. If you are with someone who has overdosed, call 911 immediately.

Search the map to find the closest pharmacy\* or community organization where you can pick up a naloxone kit.

\*Not all pharmacies carry naloxone kits. Call ahead to check if your pharmacy has naloxone kits in stock. You can also ask the pharmacist any questions you might have.

Enter a city, address or complete postal code:



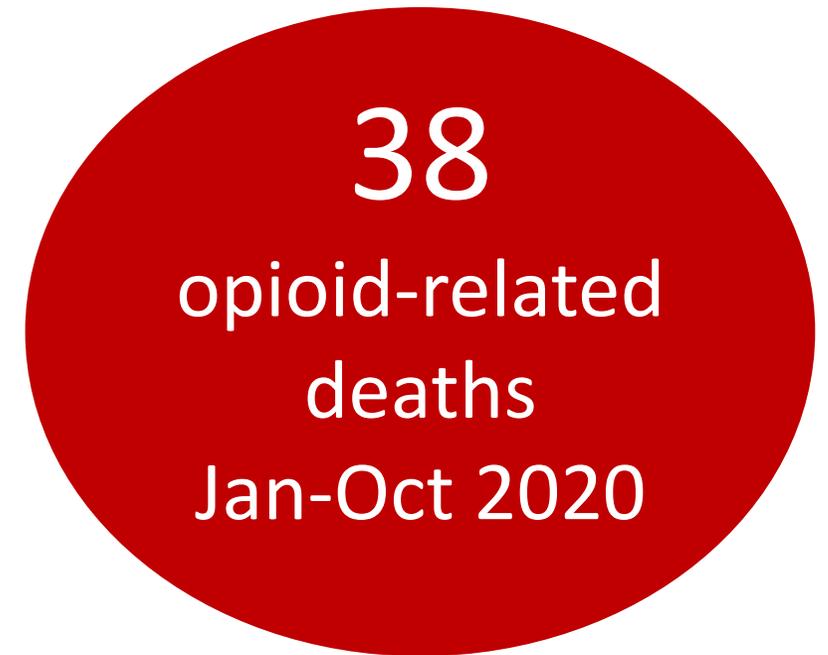
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# **3. COVID-19 and the current drug situation**

# Opioid-related overdose deaths in the Nipissing and Parry Sound districts

- Currently have 5<sup>th</sup> highest death rate in Ontario (29.3 per 100,000)
  - January to October 2020 – 38 opioid-related deaths in the Health Unit region
  - January to December 2019 – 18 opioid-related deaths in Health Unit region



*Updated: March 9, 2021*

*Please note that the data above is preliminary, and subject to change*

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# Opioid-related overdose deaths in the Nipissing and Parry Sound districts

- Health Unit region saw a statistically significant increase in rates of opioid-related deaths (pre-pandemic rate vs. pandemic rate)
  - Pre-pandemic rate – 5.4 deaths per 100,000
  - Pandemic rate – 13.2 deaths per 100,000

*Updated: March 9, 2021*

*Please note that the data above is preliminary, and subject to change*

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# Why are we seeing an increase in overdoses during COVID-19?

- There are many reasons why individuals who use substances might be at greater risk of withdrawal and/or overdose during the COVID-19 pandemic. These include (but are not limited to):
  - Scarcer and/or more toxic market
  - Substitution with other substances
  - Increase or loss of income
  - Closures or changes in services as well as limited intake at services
  - Increase in social isolation

**Slide adapted from:** Canadian Observatory on Homelessness. (2020). Harm reduction policies and interventions during COVID-19 [PowerPoint Slides]. Retrieved from: Slides not yet available.

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# 4. Supporting people who use substances

# Community response

- Knowledge and awareness
- Understanding of community resources
- Advocacy and support
- Compassion and encouragement

# Engaging with Individuals who Use Substances

- Always be kind
- Practice compassion and empathy
- Create a safe place
- Be inclusive
- Do not judge
- Put the person you are supporting at the centre of their own care
  - Act as a support for that person allowing them to navigate their own life choices
- Recognize and check your own biases around substance use
- Do not make assumptions about substance use or assume you know what is best

# Tips to consider when engaging with people who use substances

## Encourage safe practices such as:

- Avoid mixing substances
- Avoid taking unknown substances or switching substances, if possible
- Know the quality of the substances you are using
- Being aware of tolerance
- Avoid using alone
- Avoid using in an unfamiliar setting
- Pick-up naloxone
- Pick-up new substance use equipment and avoid the sharing of equipment with others

# Remember....

- Carry your naloxone kit with you at all times
- Store naloxone at room temperature and away from light
  - Leave the spray in the container your kit comes in
  - Don't leave it in a car on really hot or really cold days
- Check the expiry date on your naloxone regularly
- Encourage other people you know to carry naloxone
- Seek support if you have been involved in an overdose
- Report using your naloxone kit and get it replaced

# Follow-up

- Presentation materials
- Additional resources (e.g., posters)
- Information on where to pick-up naloxone
- Certificate
- Evaluation



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# Thank You!

## Any questions?

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705-497-3560

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