

Overdose Prevention, Recognition and Response

Take Home Naloxone



Acknowledgment

2



Overdose Prevention



1. Risk Reduction – Opioid Overdose Prevention
2. Recognizing an Opioid Overdose
3. Overdose First Aid and Naloxone

Overall Goal

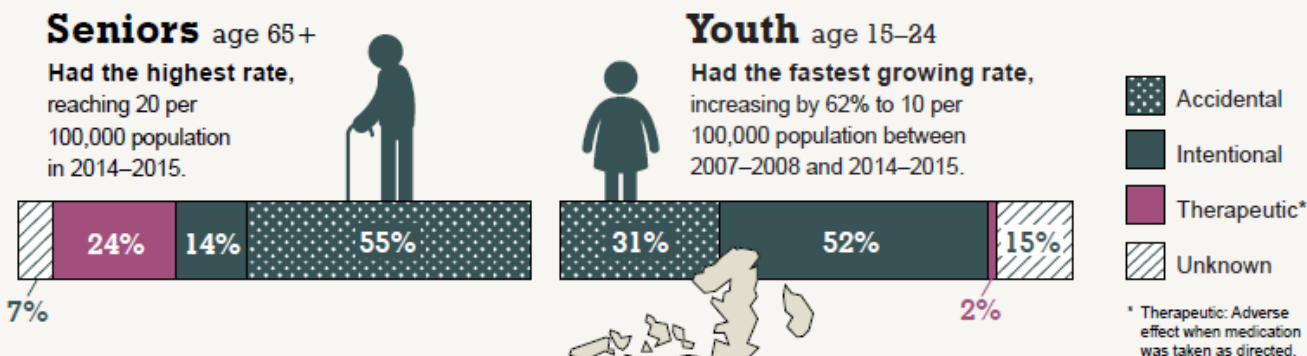
Increase the **preparedness** of people likely to witness an opioid overdose and respond increasing the rate of **effective resuscitation** and saving **someone's life**.

On average in 2014–2015, there were

13 hospitalizations for opioid poisoning each day in Canada



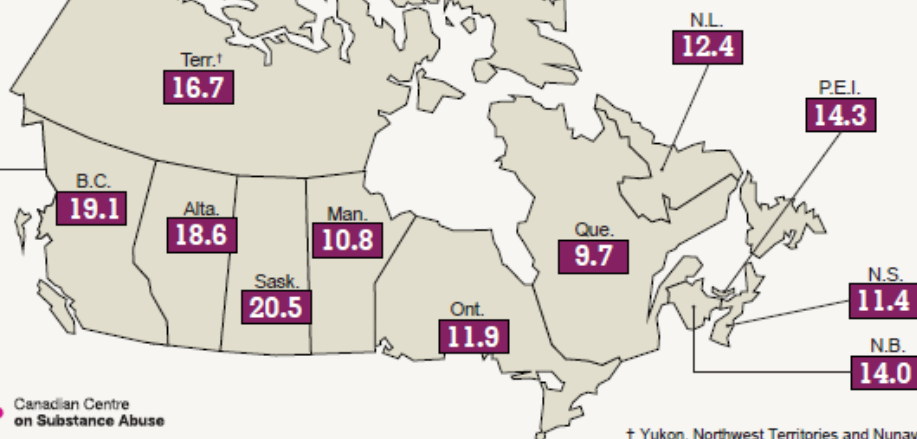
Who is being hospitalized and why?



How do rates differ across Canada?



Age-adjusted rate per 100,000 population, 2014–2015



CIHI



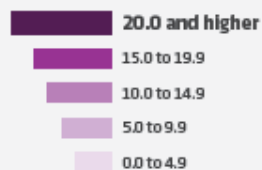
Canadian Centre
on Substance Abuse

MAP OF APPARENT OPIOID-RELATED DEATHS IN CANADA

As of August 29, 2017

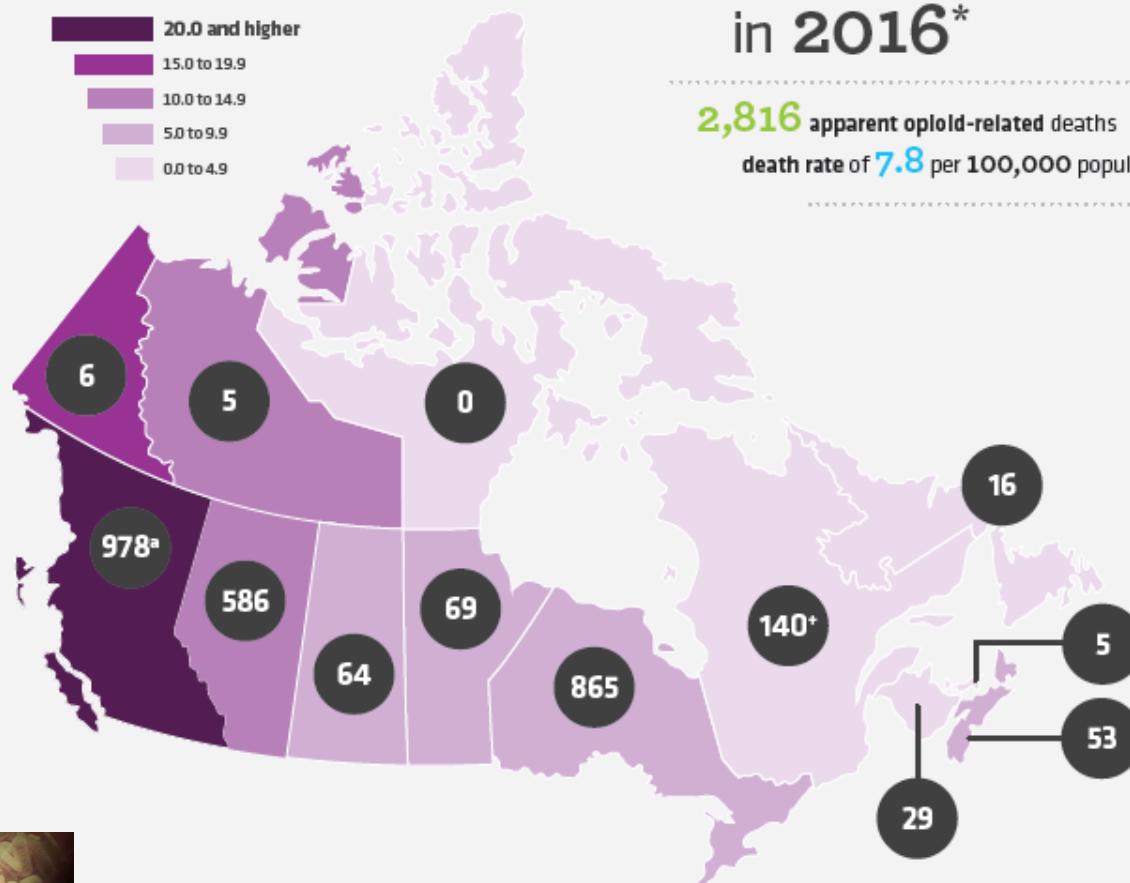
● Number of deaths

RATE PER 100,000 POPULATION



in 2016*

2,816 apparent opioid-related deaths
death rate of 7.8 per 100,000 population



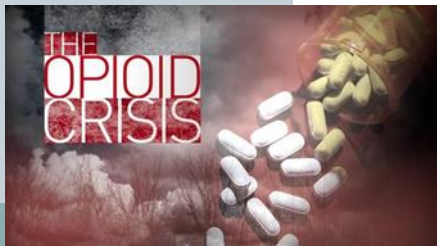
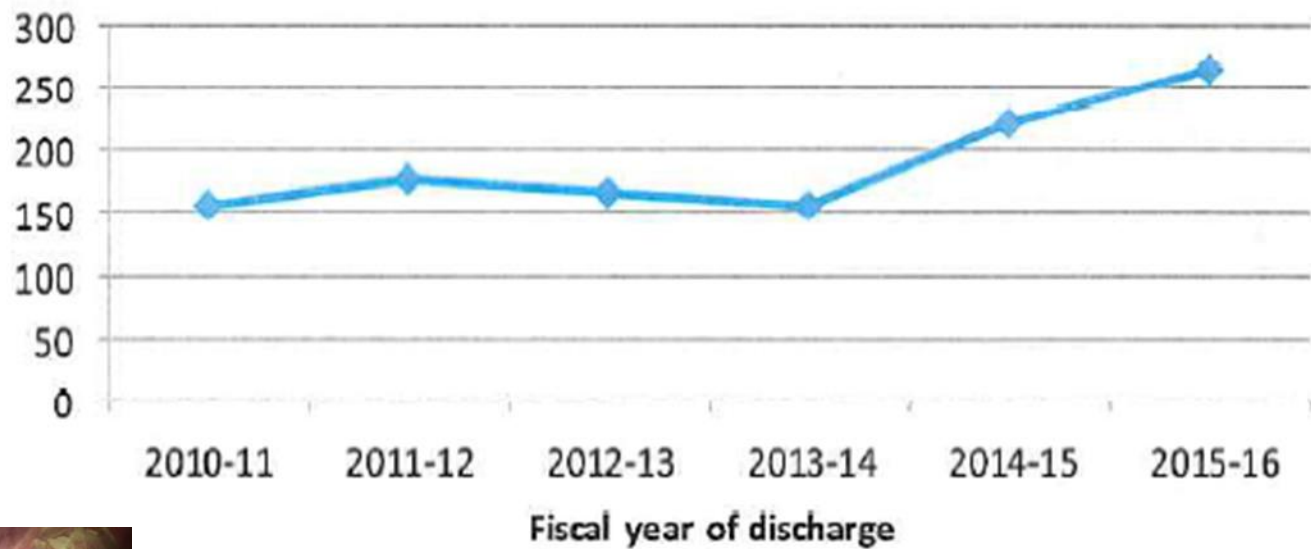
TOGETHER WE CAN #STOPOVERDOSES

LEARN MORE AT CANADA.CA/OPIOIDS

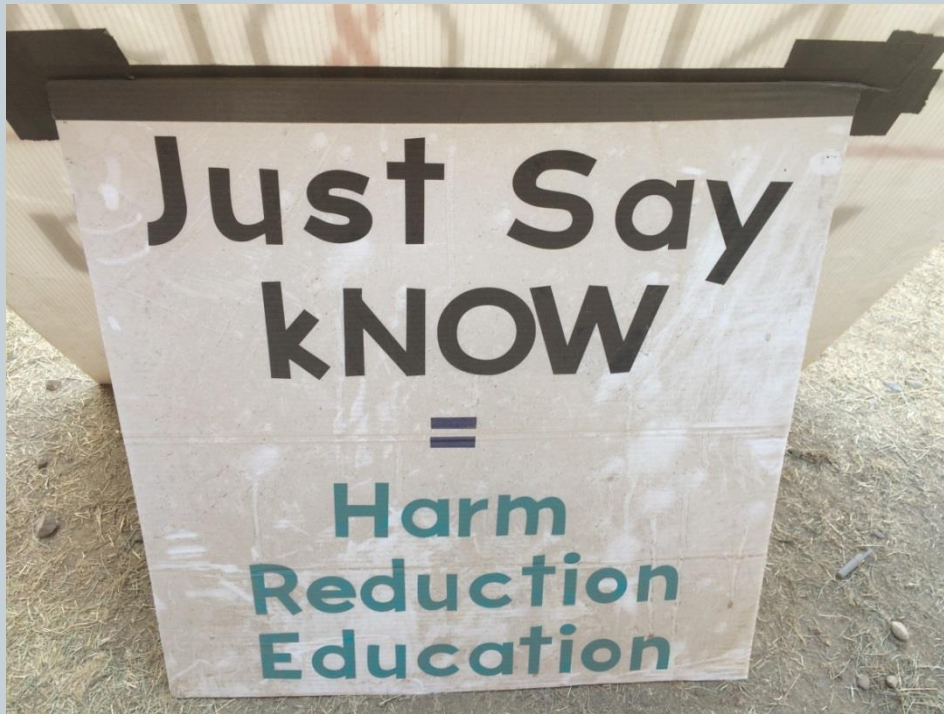




Hospitalizations for significant opioid poisoning (SK residents)



Harm Reduction

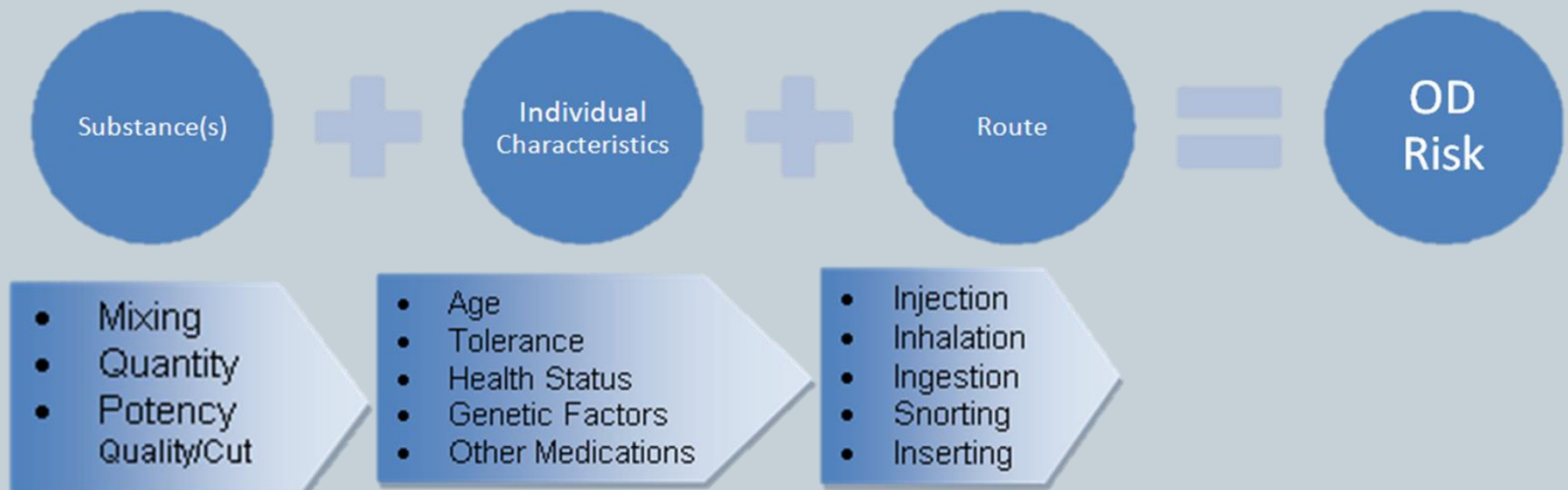


Stop Stigma: Build Connection

“Stigma often drives people to isolation and alienation; distancing themselves from their communities and families, and building reluctance in accessing healthcare services or treatment.

Recognizing that individuals have different lived-experiences that shape their behaviours, sense of self and well-being, sense of safety, and engagement with others.

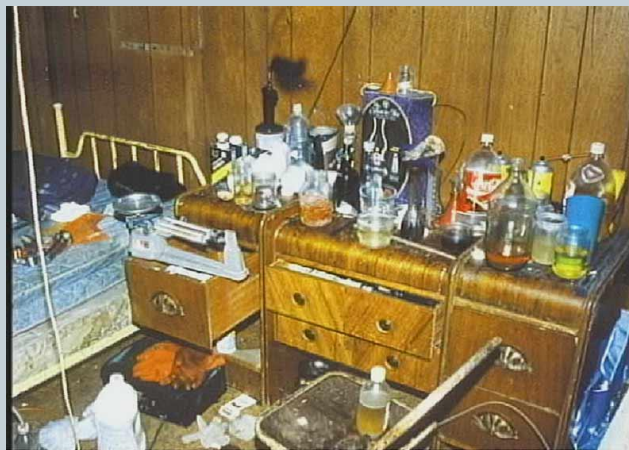
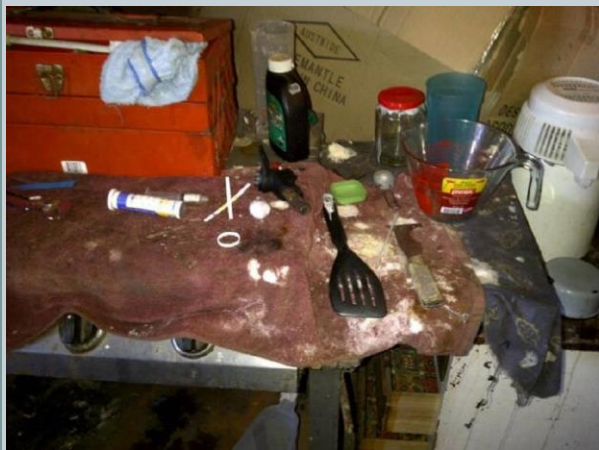
Risk of Opioid Overdose



Unstable strength and content

Fake/Counterfeit pharmaceuticals

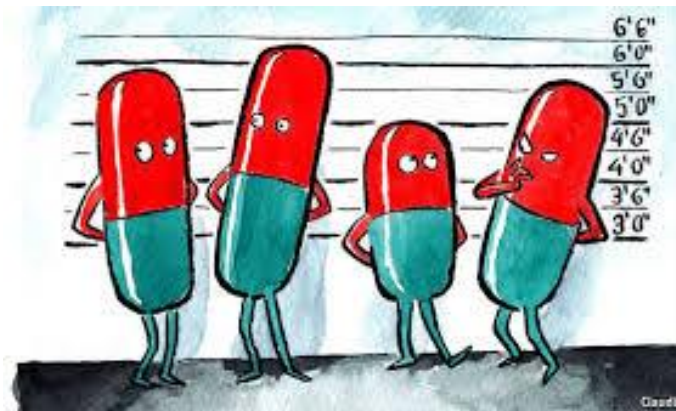
- Made to look like real pharmaceuticals.
- May be contaminated with other drugs, or contain a completely different active ingredient.
- False sense of safety



Strength and Content Varies



VS



**Inconsistency of dose
from one tablet or
powder to the next
increases the risk of
overdose!**

No quality control for illicitly obtained drugs



How much can you handle?

- Decreased Tolerance after a break in using, (post detox/treatment or incarceration)
- Recently started using

BE SAFE:

- ✓ Know your tolerance
- ✓ Use less
- ✓ Pace yourself
- ✓ Do testers
- ✓ If you have been abstinent, start by using much less

got tolerance?

My tolerance level is

EXTREMELY

LOW

Proceed with
caution!



Polysubstance use



The majority of unintentional fatal overdoses involve multiple substances, **including alcohol and prescribed medications.**



Despite common beliefs, stimulants do not cancel out the effects of depressants.



Be careful mixing substances

- ✓ Do not mix drugs (including prescribed medications) and alcohol.
- ✓ Be aware that any prescribed medication can increase OD risk.
- ✓ If you do mix, use drugs before alcohol.



Route of Administration



Use a safer way of taking the drug
Take less if you are injecting

Safety Tips

Plan ahead

- ✓ Develop an OD plan before use;
- ✓ Make sure that someone is sober enough to call 911 if an overdose happens;
- ✓ Use a small amount to start.

Don't use alone

- ✓ Fix with a friend (not at the same time).



If you use alone, it is safer to...

- ✓ Leave the door unlocked or slightly ajar
- ✓ Call or text someone you trust and have them check on you

A crash course in drugs

Classification of substances based
on effects

Name some opioids .

Heroin

Codeine

Hydromorphone

Fentanyl

Methadone

Oxycontin

Morphine

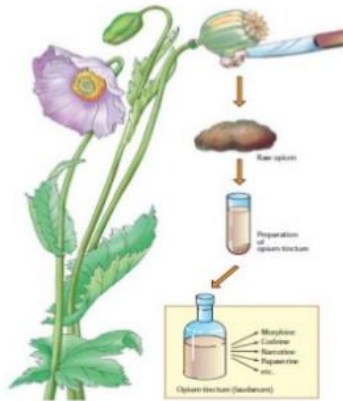
Percocet

What is an Opioid / Opiate?

- A Class of drugs (prescribed or used illicitly)
- May be used to:
 - Reduce pain
 - Manage opioid dependence
 - Produce temporary euphoria/relaxation



Poppy to Opioids



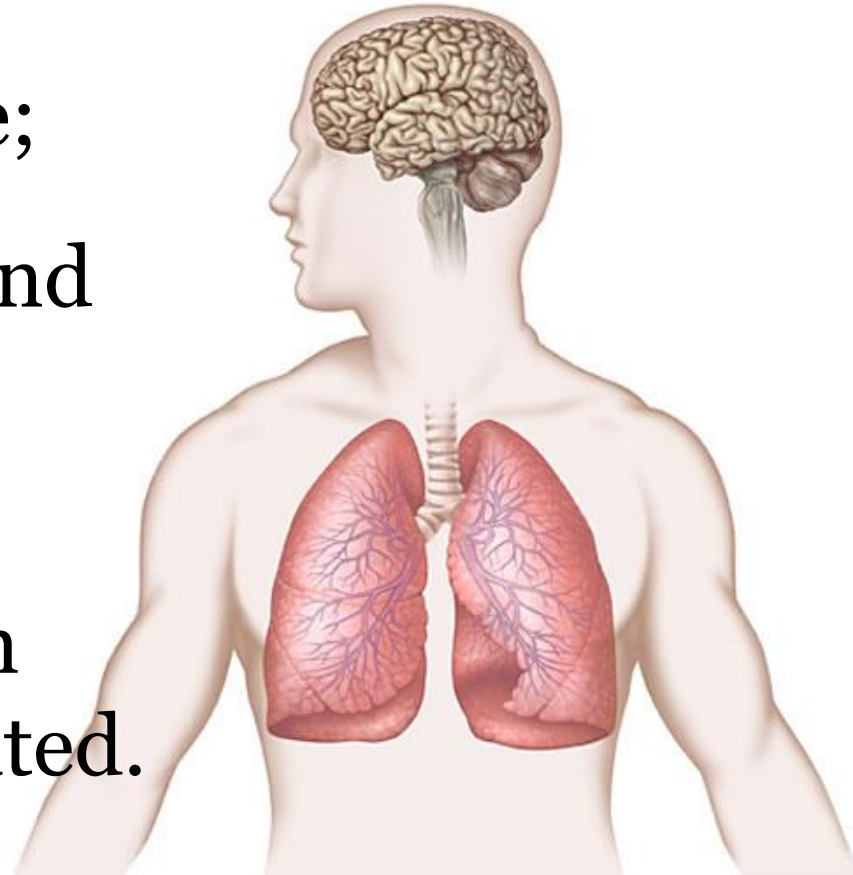
Fentanyl

- Used medically as a painkiller or anaesthetic;
- 50-100 times more potent than morphine;
- Can be absorbed through skin if touched;
- Illicit fentanyl can be sold as fentanyl, heroin, or fake oxys OR any street drug may be contaminated.



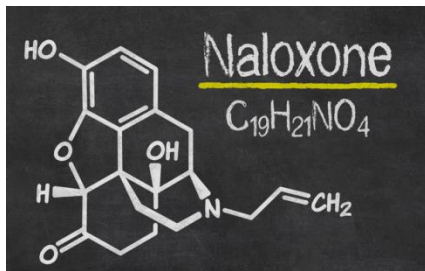
Why is too much opioids dangerous?

- Lose the urge to breathe;
- Breathing slows down and decreases oxygen to the brain; and
- Risk of permanent brain injury or death if untreated.



What is naloxone (Narcan[®])?

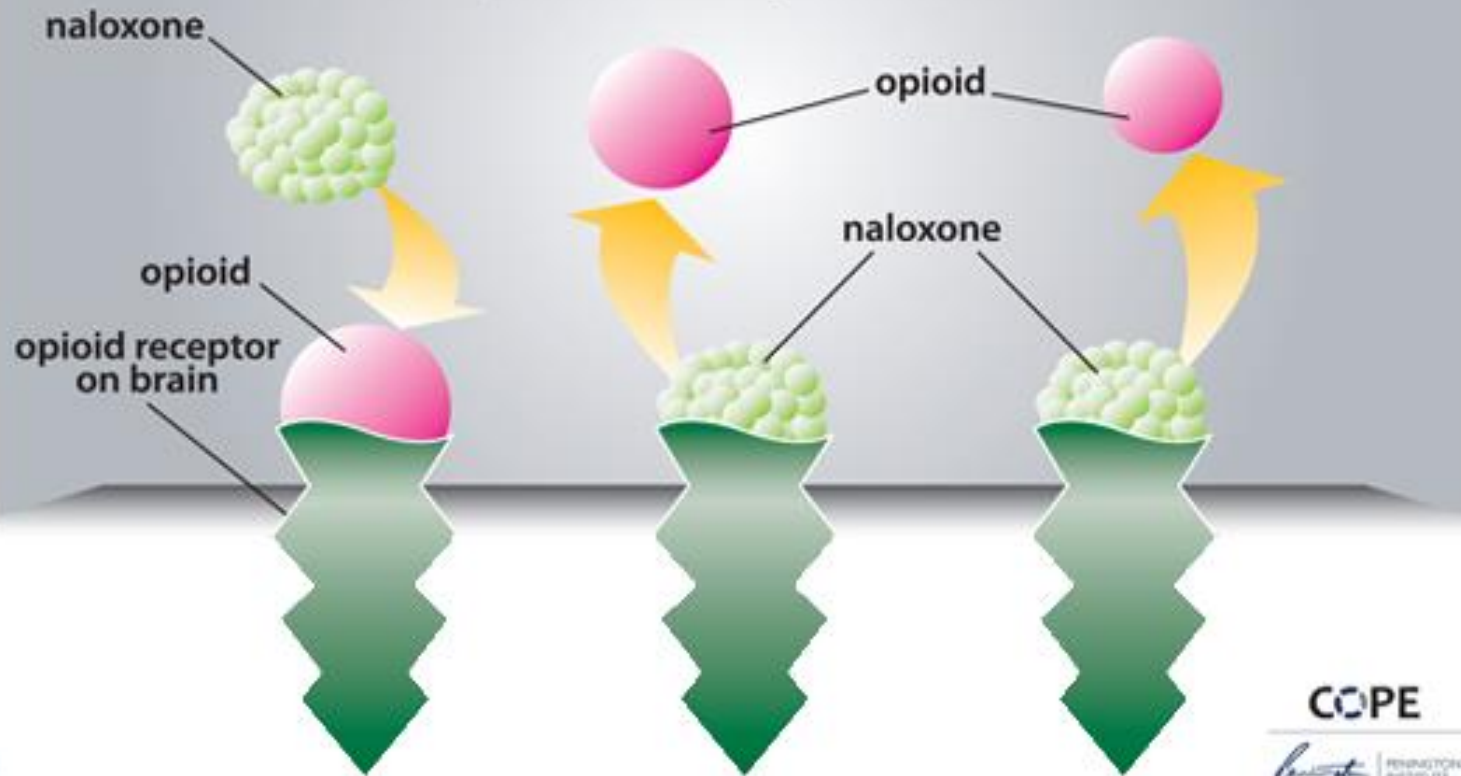
- Temporarily reverses slowed breathing from too much opioids;
- Does NOT work for non-opioid ODs
 - Can help if multiple substances involved



How does naloxone work?

Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



Source: Adapted diagram from Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects

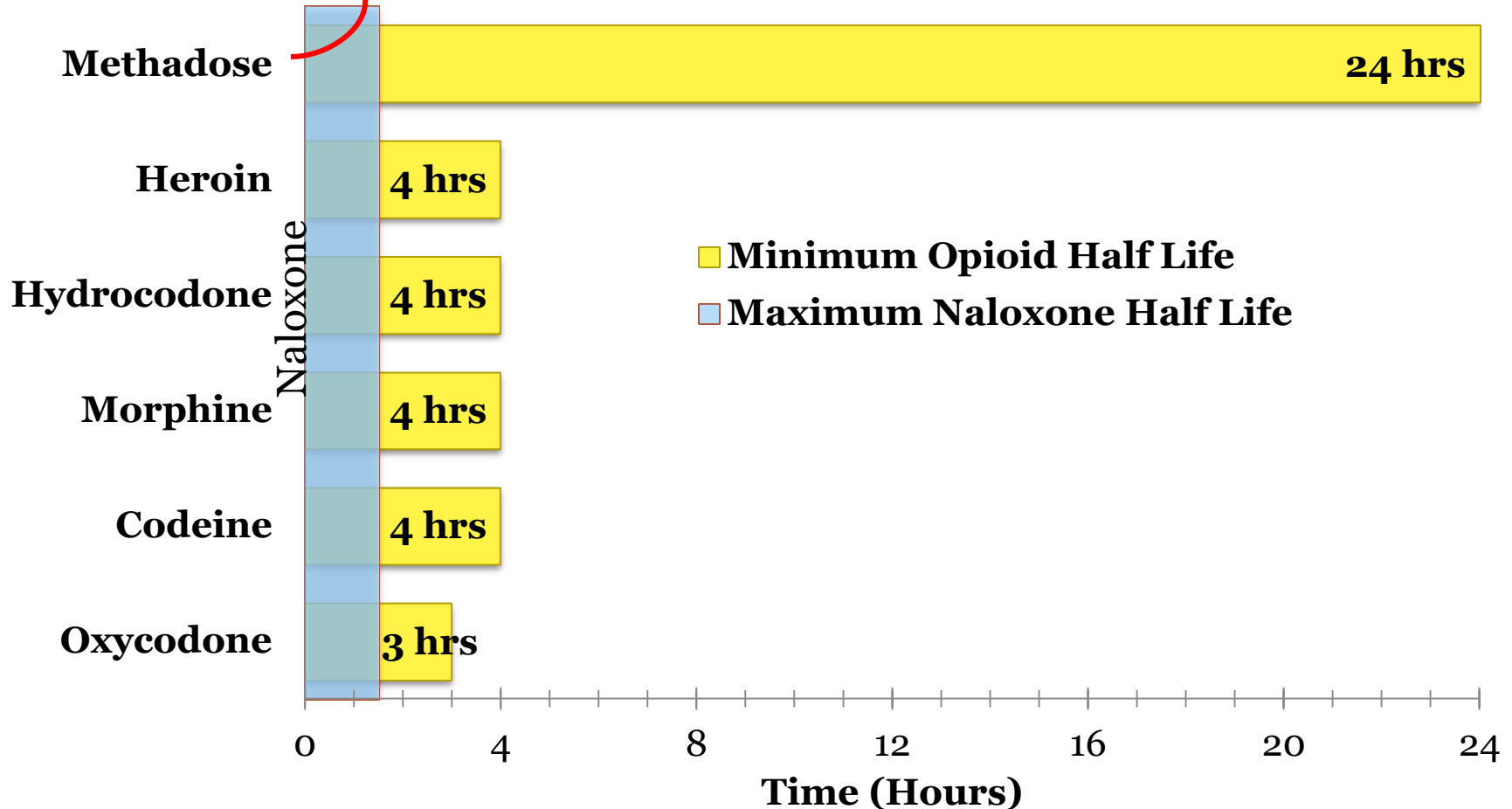
What does naloxone do?

- Restores normal breathing in 4-5 minutes
- Effects last 30-90 minutes
 - During this time taking more opioids will have no effect
 - Overdose can return



How long does naloxone work for?

**An overdose can return!
A person's high will return.**



Recognizing Opioid OD

Early Overdose Signs

Severe sleepiness



Trouble breathing

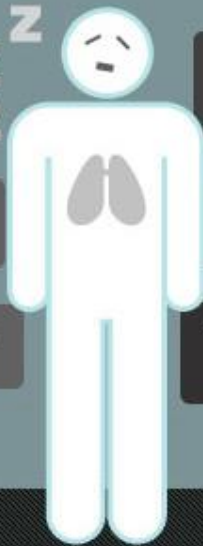


Slow heartbeat

Slow, shallow breathing
or snoring

Cold, clammy skin

Trouble walking or talking



Key Features:

- **Unresponsive**
- **Slow breathing**

May also have:

- Small pupils
- Snoring or gurgling
- Blue lips, fingernails
- Cold clammy skin

Non-Opioid ODs



Stimulant

- Fast pulse, rapid heartbeat, short of breath, chest pain;
- Body is hot;
- Agitation, confusion, hallucinations, unconscious.

Non-Opioid Depressants

- Looks much like an opioid overdose;
- Naloxone won't help but won't hurt.

Stimulant Overdose Response



WHAT TO DO:

- Keep calm. Stay with person. Use their name
- Give water or fluid with electrolytes. Do not overhydrate
- Place cool, wet cloths under: armpits, back of neck, and head
- Open a window for fresh air
- Get them comfortable. Move away from activity
- If aggressive/ paranoid suggest they close their eyes, give person space
- Encourage person not to take any other substances

If you're not comfortable with the situation, call 911.

A green starburst graphic with a white outline, containing the word "Cocaine" in white text.

Cocaine

A red starburst graphic with a white outline, containing the word "Methamphetamine" in white text.

Methamphetamine

Responding to Opioid Overdose

SAVE - ME



S – Stimulate

A – Airway

V – Ventilate

E – Evaluate

M – Medication

E – Evaluate

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate
Unresponsive? **CALL 911**



Airway



Ventilate
1 breath every 5 seconds



Evaluate



Muscular Injection
1 mL of naloxone
Continue to provide breaths until the person is breathing on their own



Evaluate
2nd dose?
If no response after 3-5 minutes give another injection

S - Stimulate

- **VOICE**

- Shout their name
- Tell them to wake up
- Tell them to take a breath
- Say Narcan or Police



- **PAIN**

- Do a sternal rub
- Don't slap



- Tip: **Remember to keep yourself safe** and always tell the person what you are going to do before you do it.

SAVE ME



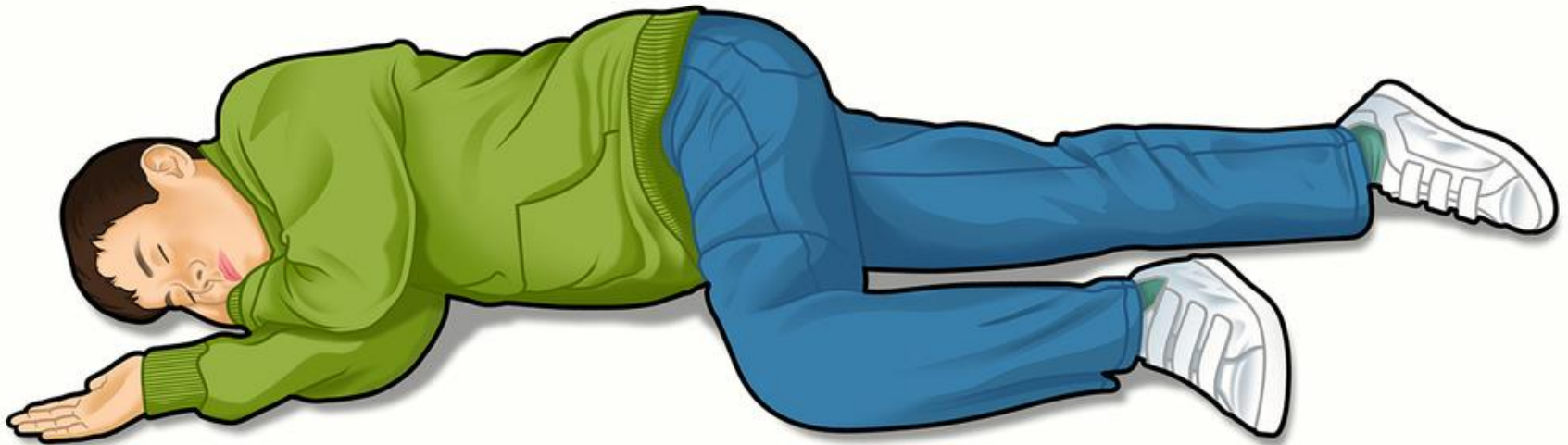
Call 911

- Someone is unresponsive and not breathing;
- Give your exact address;
- If possible send someone to front door to show paramedics in.



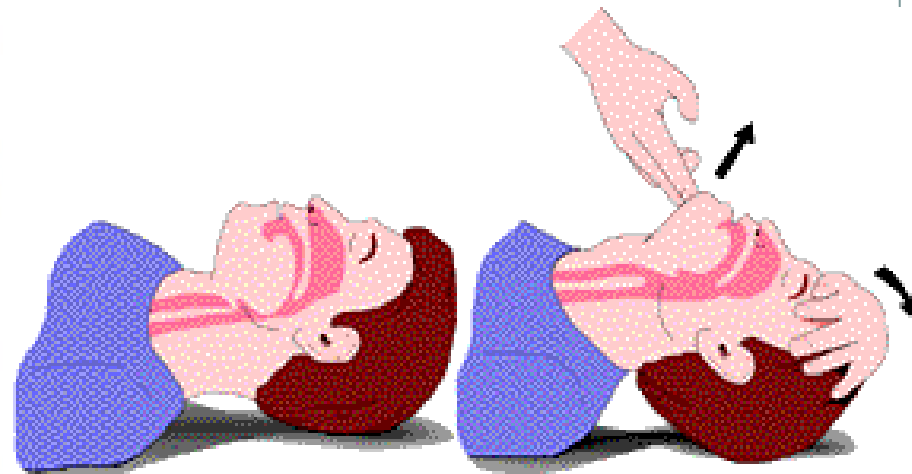
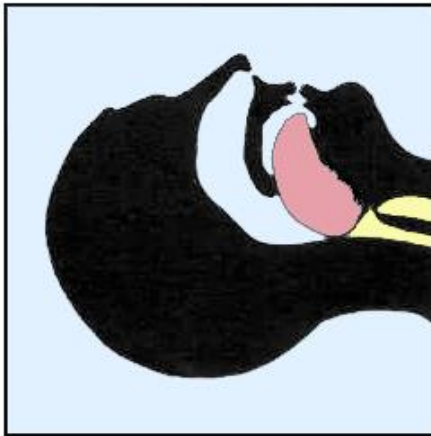
Recovery Position

- If you have to leave the person at any time (to get naloxone, to call 911, etc.), place them in the recovery position



A - Airway

- Make sure nothing in mouth
- Tilt head back



SAVE ME

V - Ventilate

- Pinch nose
- Start with 2 breaths
- **1 breath every 5 seconds**
- CRUCIAL to prevent brain injury and death



SAVE ME

E - Evaluate

- Has the person started to breathe on their own again?



- If not, prepare the naloxone. If you are the only responder, you can stop breaths temporarily while you get naloxone ready.

SAVE **E** ME

Overdose Response - No Naloxone

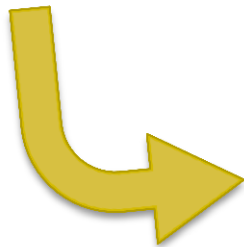
If you see someone overdose, giving breaths is enough to keep someone alive until help arrives



Overdose
Person is unresponsive
Exact Location

If someone has recently overdosed, they have become unconscious due to lack of oxygen even though their heart is still beating.

It is important to put oxygen into their blood by breathing for them.



Stimulate
Unresponsive? **CALL 911**



Airway



Ventilate
1 breath every 5 seconds



Evaluate

What if you are told to give chest compressions (CPR)?

- **Rescue breathing is a crucial part of the response to an opioid overdose.**
- If you do not know how long someone has been unconscious for chest compressions may be necessary.
- The **most important** thing is to provide **breaths** (with or without compressions) to reduce the risk of brain injury from lack of oxygen.

Responding With Naloxone

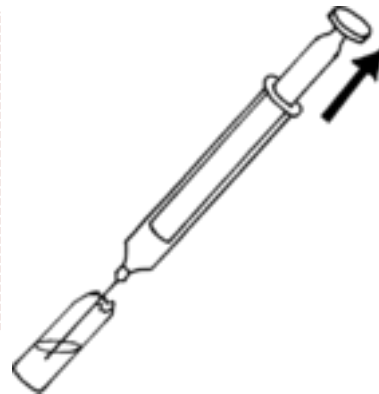
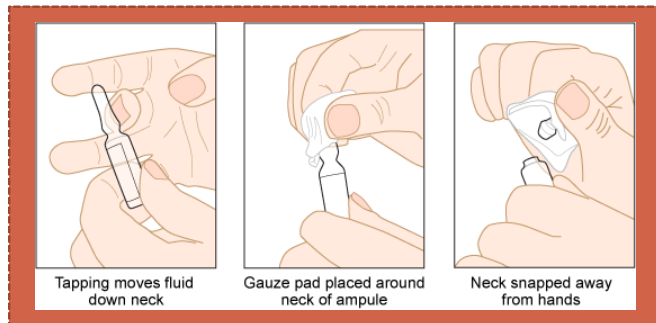
SAVE ME



**Always tell the person who overdosed
what you are doing before you do it**

Medication - Muscular Injection

- Tap or swirl all medication to the bottom
- Snap away from you (gentle but firm)
- Draw up all fluid (1 ml) into the vanishpoint syringe
- Remove most of the air



SAVE **ME**

Medication - Muscular Injection

- At 90 degrees into large **muscle**
 - Thigh (recommended)
 - Upper Arm
 - Butt
- It is ok to inject through clothes;
- Be firm and steady – no windup necessary, the needle could bend;
- Push the plunger all the way until you hear a click (probably much further than you would expect).

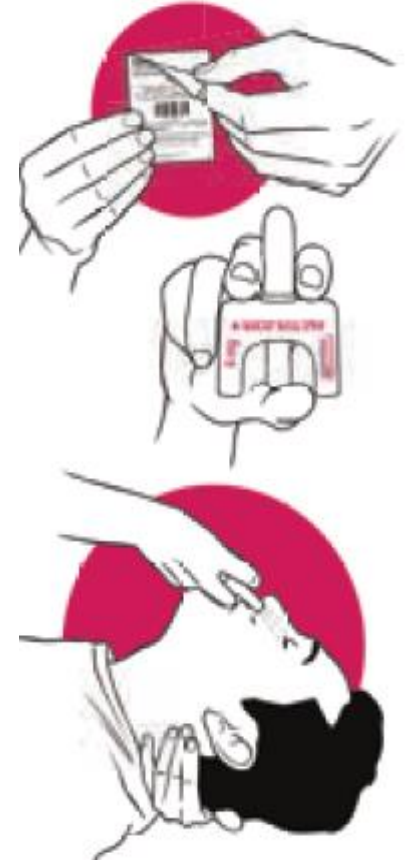


SAVE ME

Medication – Nasal Spray

1. **Lay the person on their back.**
2. **Remove** device from packaging.
Do not test the device. There is only one dose per device.
3. **Tilt the person's head back** providing support under their neck with your hand.
4. **Hold the device** with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.
5. **Gently insert the tip of the nozzle into one nostril.** Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.
6. **Press the plunger firmly** with your thumb to give the dose.

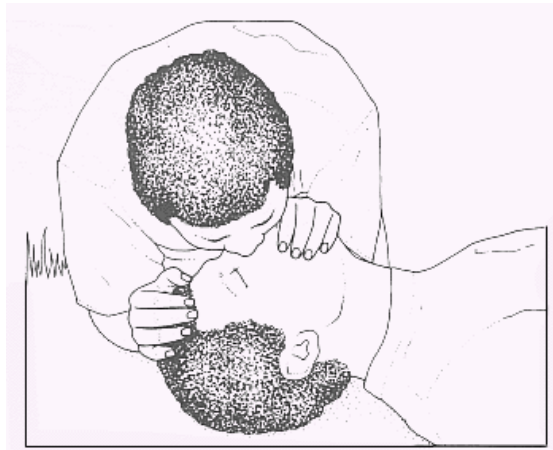
Alternate nostrils with each dose.



SAVE ME

Evaluate

- Wait at least 4 minutes
- **Continue to give breaths**
 - **Approximately 40-50 breaths before you consider a second dose.**



**If not breathing
regularly after 4-5
minutes, give a 2nd dose.**

Evaluate

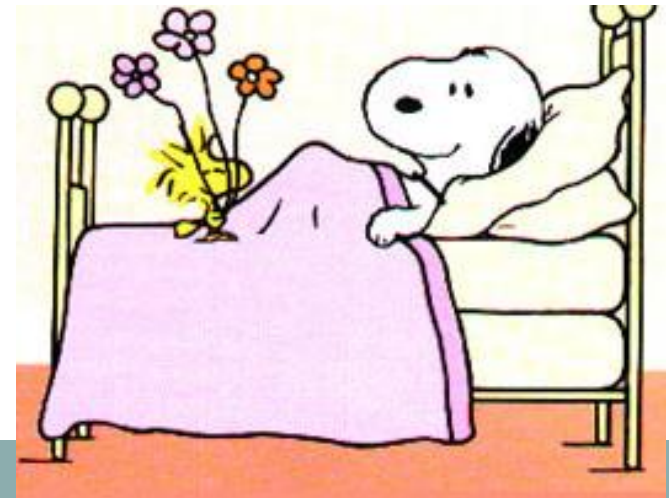
- The goal is for someone to be breathing on their own (at least 1 breath every 5 seconds)

It is OK if they are not fully conscious

- Give as little medication as possible to restore breathing
 - Less likely to cause opioid withdrawal
 - More likely to go to hospital for proper treatment

Aftercare

- If the person becomes responsive
 - Tell them what happened;
 - They maybe agitated or angry;
 - Tell them that naloxone will wear off;
 - Prevent them from using again; and
 - Support through withdrawal/dope-sickness if required.



Aftercare

- Tell Paramedics:
 - How long the person has been unresponsive;
 - Known medical conditions;
 - Drugs used; and
 - How much naloxone given.



Naloxone Wakes You Up Toward the Heart

Watch Video



<http://towardtheheart.com/naloxone>

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate
Unresponsive? **CALL 911**



Airway



Ventilate
1 breath every 5 seconds



Evaluate



Muscular Injection
1 mL of naloxone



Evaluate
2nd dose?

The Good Samaritan Drug Overdose Act



Provides some legal protection for people who experience or witness an overdose and call 9-1-1 for help.

The act can protect you if you are in breach of the following conditions under section 4 (1) of the Controlled Drugs and Substances Act:

- *Parole;*
- *pre-trial release;*
- *probation orders;*
- *simple possession; and*
- *conditional sentences.*

The Good Samaritan Drug Overdose Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose.

The act became law on **May 4, 2017.**

The Kit and Demonstration

Taking care of the Naloxone:

- Keep out of the sunlight and at room temperature.
- Check the expiry dates of the naloxone periodically; it usually lasts about 2 years.

Please let me know if you use your kit!



Availability of Take Home Naloxone in Saskatchewan



Anyone is eligible to purchase a Take Home Naloxone Kit through their community pharmacy, also an NIHB benefit.

Publicly funded Take Home Naloxone kits are available to eligible Saskatchewan residents at no cost. Anyone can receive the training.

To locate Addictions/Mental Health Services near you:

- Visit www.saskatchewan.ca/addictions.
- Visit HealthLine Online at healthlineonline.ca.
- Call HealthLine at 811. Specially trained staff are available to provide mental health and addictions crisis support, in a safe and confidential manner.

Questions?

THANK YOU

