

carrynalox**ONe**

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

Opioid overdose and naloxone administration

September 2018



What is an overdose? What is naloxone?

- An overdose happens when a person takes an amount of a 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.
- Naloxone is a medication that can temporarily reverse an opioid overdose. It is safe and easy to use.

What are opioids?

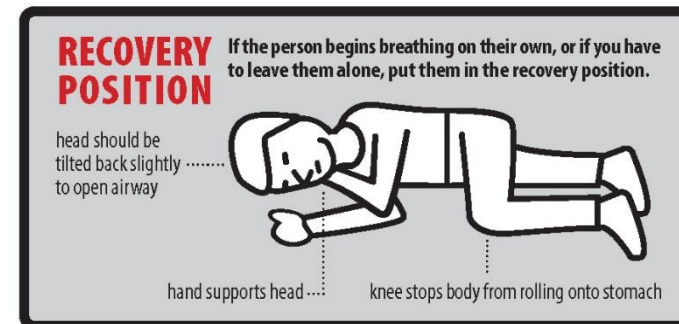
- Opioids include, but are not limited to, medications prescribed by doctors to treat pain.
- Opioids might also be taken or used to get high.
- Examples of opioids:
 - Codeine (Tylenol #1, #2, #3)
 - Oxycodone (Percocet, OxyNEO)
 - Hydromorphone (Dilaudid)
 - Meperidine (Demerol)
 - Methadone
 - Fentanyl (and analogues)
 - Heroin

Opioid overdose signs and symptoms

- 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

Responding to an opioid overdose

5 steps to respond to an opioid overdose



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

carrynalox**ONE**
GET READY. GET TRAINED. **SAVE LIVES.**

Step 1 – Shout and Shake

Is the person responsive? Perhaps they are just sleeping.

Stimulate with NOISE.

- Shout their name.
- Say, “Hey, are you ok?”



Stimulate with TOUCH.

- Tell the person what you are doing before you touch them.
 - “Hi... I’m just checking that you’re OK.”
- 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.

Step 2 – Call 911

- If the person is unconscious, call 911.
- Some dispatchers will ask if you need ambulance, fire or police.
- After you call 911, continue **immediately** to Step 3, administering naloxone, while you wait for help to arrive.
- Tell the first responders as much as you know about what drugs the person took and what you have done, like administering naloxone.



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.
- In 2017, the Good Samaritan Drug Overdose Act was introduced.

Good Samaritan Drug Overdose Act – wallet cards

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>.

English and French versions available for
download from www.aidslaw.ca

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

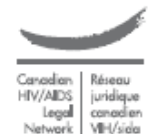
Any outstanding arrest warrants

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.

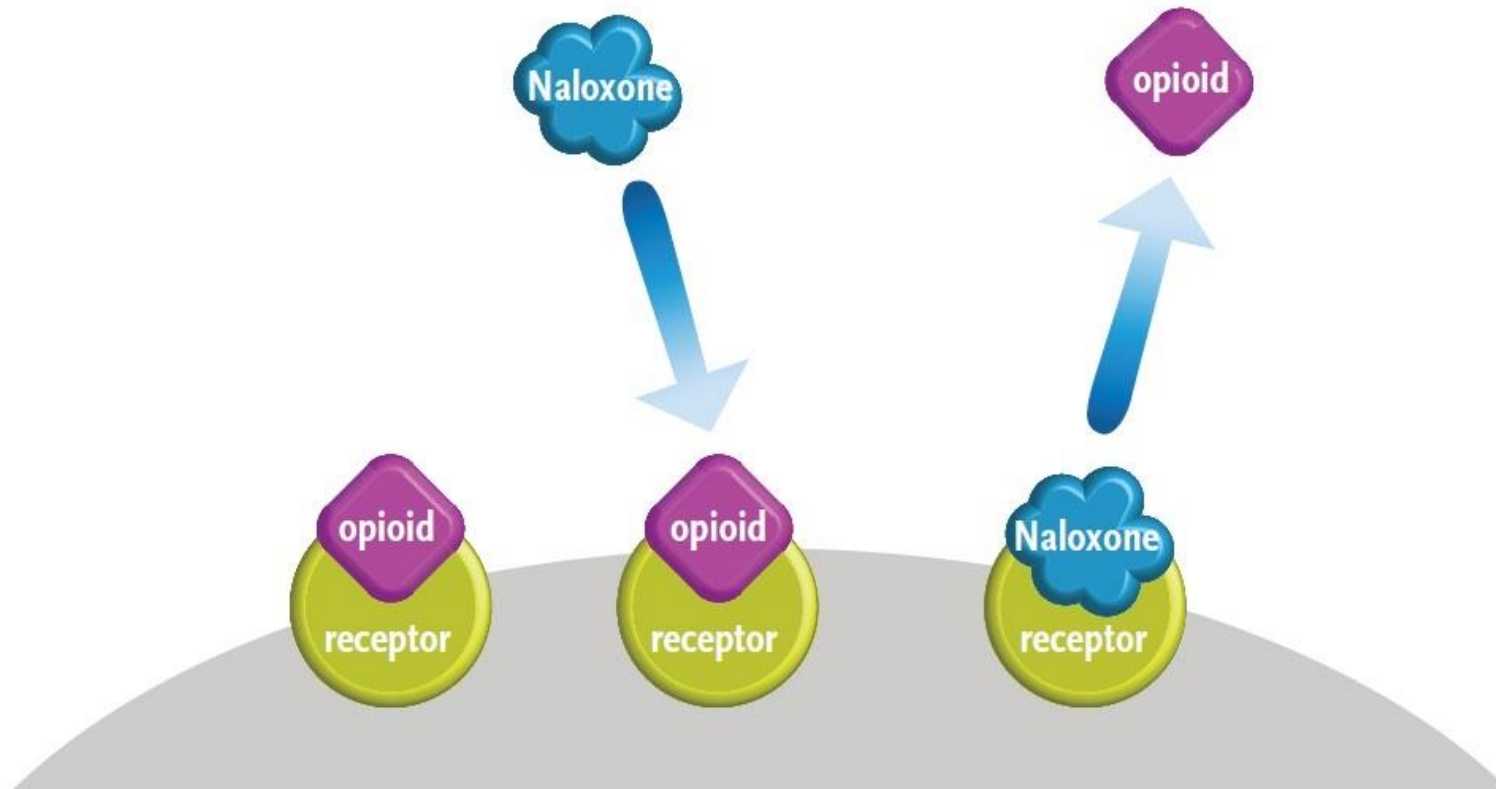
If you need legal advice, please consult a lawyer about your situation.



Step 3 – Give naloxone

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

How naloxone works



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

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



**Store at room
temperature between
15°C to 25°C**

Protect from light

Check expiry dates

**LET OTHERS KNOW
WHERE YOU STORE
YOUR KIT(S)**

carrynaloxONE

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

Nasal spray naloxone

- Nasal spray naloxone is also known by the brand name “Narcan”
- Administered into the nostril; does not require breathing to be absorbed across the mucosal lining



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

carrynalox**ONE**
GET READY. GET TRAINED. **SAVE LIVES.**

How to administer nasal naloxone

- Lay the person on their back, wipe the nose clear if necessary and keep the head tilted backwards slightly with one hand



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

Injectable naloxone kit

- 2 ampoules of naloxone
- 2 ampoule snappers
- 2 syringes
- 2 alcohol swabs
- 1 pair of non-latex gloves
- 1 breathing barrier
- 1 bilingual instructional insert
- Training date card



**Store at room
temperature between
15°C to 30°C**

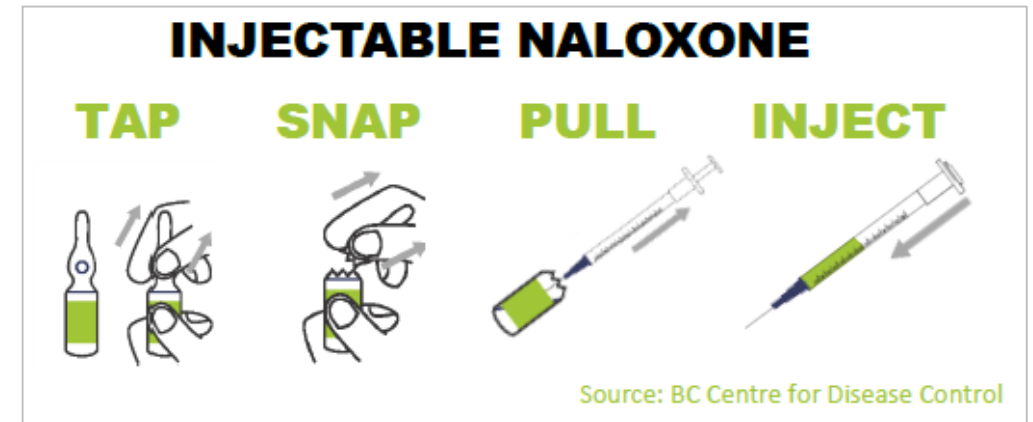
Protect from light

Check expiry dates

**LET OTHERS KNOW
WHERE YOU STORE
YOUR KIT(S)**

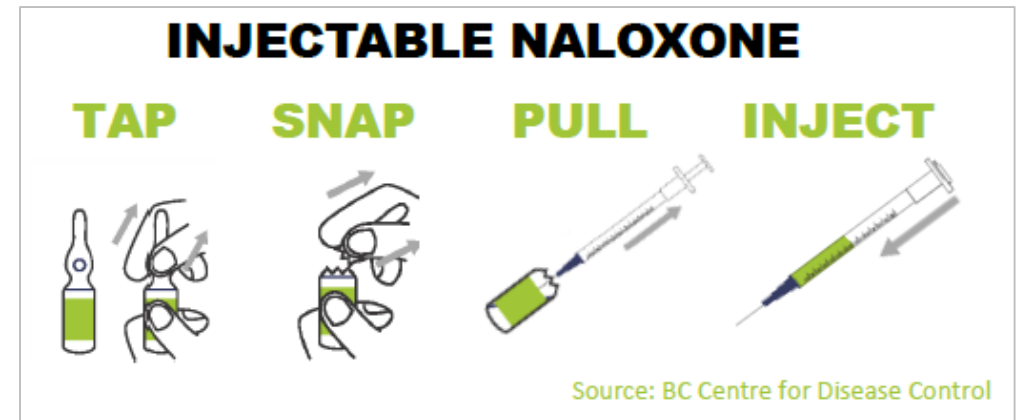
How to administer injectable naloxone

- Grasp the top (narrow end) and bottom end with the thumb and forefinger of each hand
 - Use snapper or alcohol pad to grasp
- Swirl or tap the ampoule so the liquid falls into bottom
- Snap open the ampoule away from you
- Remove a syringe from its packaging and remove the cap
- Insert the needle into the ampoule and pull the syringe plunger up to draw up the naloxone
- Turn the syringe, needle pointing up, and lightly tap the syringe, then slowly push plunger to expel air bubbles
 - A little bit of air is not harmful



How to administer injectable naloxone

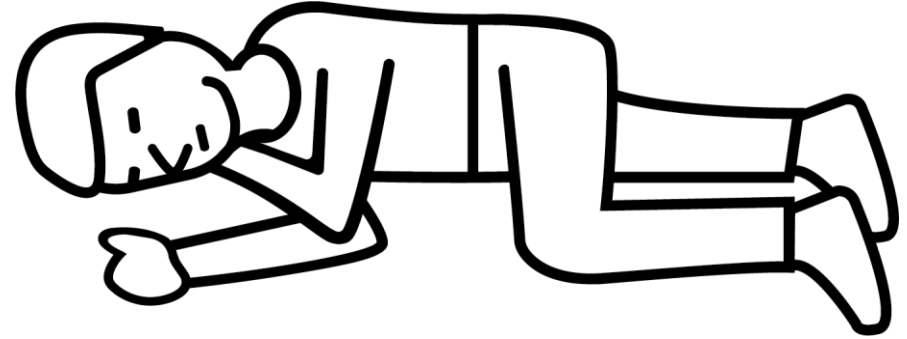
- If able to, wipe the skin with an alcohol swab
- Insert the needle, at a 90 degree angle, into:
 - The large muscle of the thigh, or
 - Upper arm (muscle below the shoulder)
 - You can inject through their clothing if you need to
- Push the plunger down and inject all of the naloxone
- Dispose of the needle/syringe and ampoule in a plastic, puncture proof container like a sharps container or a water bottle
- Note the time or start a timer on your phone.
 - You will want to know how long it has been in case another dose is needed



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.

Recovery position



- First, place the person's arm nearest you at a right angle to their body, with the palm facing upwards.
- Take their other arm and place it so the back of the hand is against the cheek closest to the ground.
- Lift their far knee so that it is at a 90 degree angle, and roll them onto their side.
- When you are finished, the top arm should be supporting the head to keep the airway open, and the bent leg should be on the floor to stop them from rolling over too far.

Step 4 – Perform rescue breathing and / or chest compressions

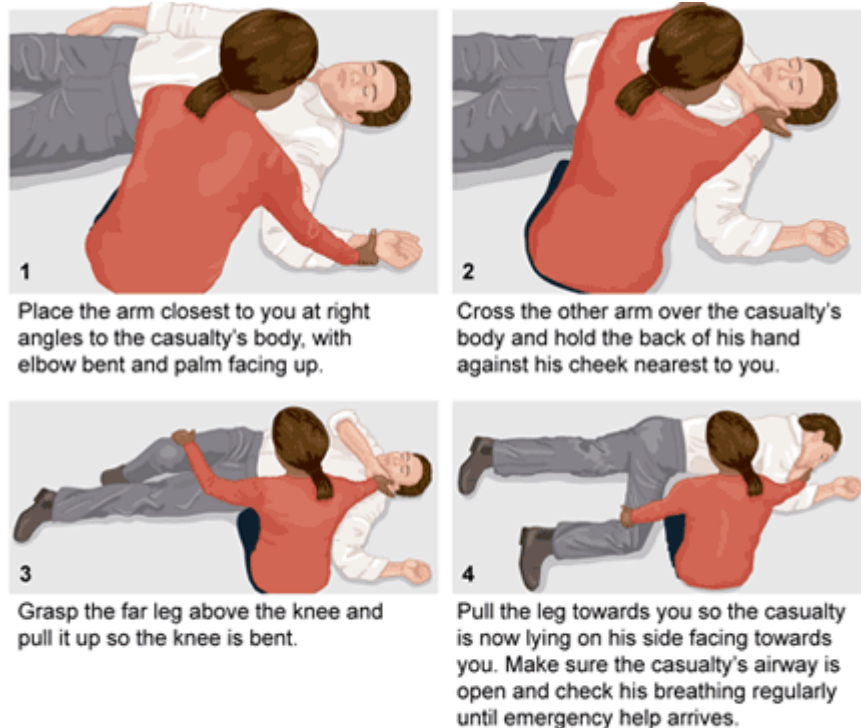
- Depending on whether or not the person is breathing, and your training and comfort level, put the person in the recovery position or perform rescue breathing and/or chest compressions.



Step 4 – Perform rescue breathing and/or chest compressions

If breathing:

Recovery position



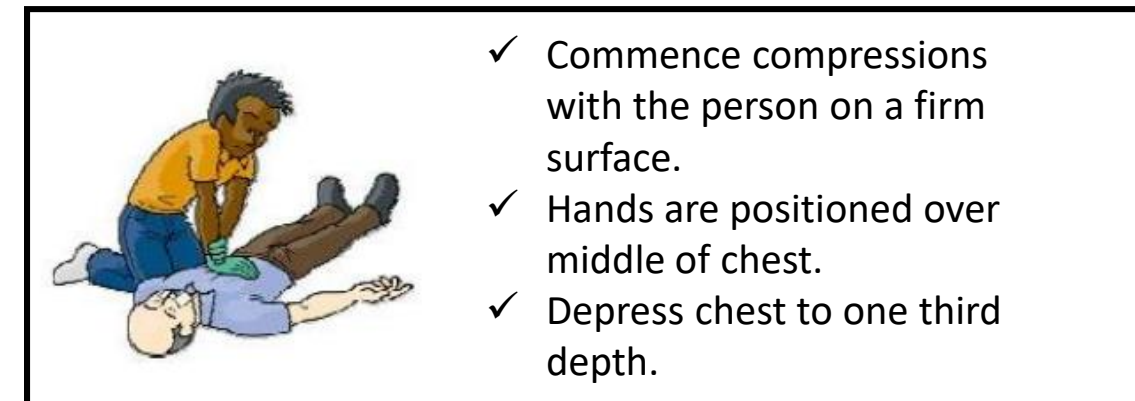
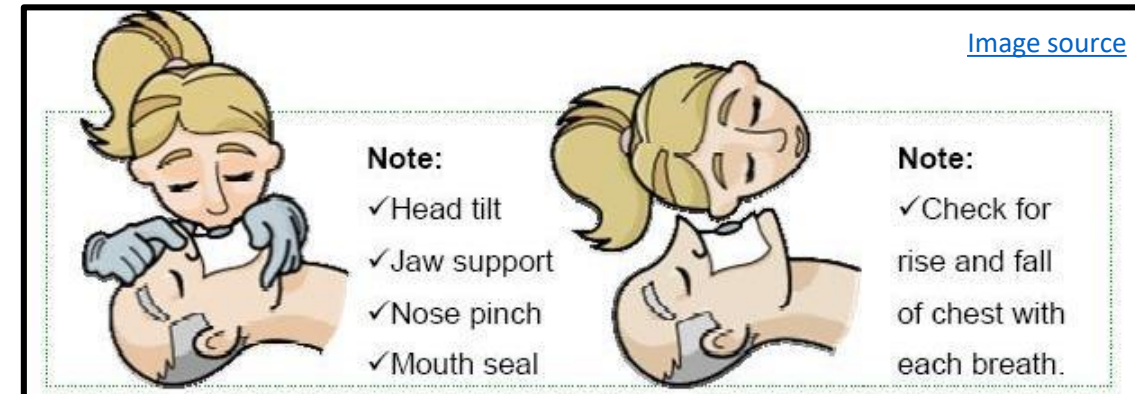
Recovery position



Source: Bupa, 2018; SIE Learning, 2018

If not breathing:

Rescue breaths and/or chest compressions



Step 5 – Is it working?

- Continue performing rescue breathing and/or chest compressions after administering naloxone, if necessary.
- Naloxone usually starts working in 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 administering nasal spray.
- 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.



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.

911 should already have been called regardless.

After an overdose

When naloxone starts working the individual may:

- Wake up suddenly or slowly.
- 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 (30-90 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.

Caring for someone after an overdose

- Provide emotional support and reassurance, and explain what has happened.
- 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.
- If paramedics were not called, suggest a trip to the hospital for further observation.
- Check in with a friend or colleague if you need to debrief afterwards. Self-care is important.

Overdose response myths

Do Not	Risks
Put the person in a bath/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, burn the bottom of their feet	Could cause serious harm
Let them sleep it off!	Person could stop breathing and die

Preventing opioid overdose

Key principles for preventing opioid overdose:

- Do not use alone
- Be aware of your tolerance
- Avoid mixing drugs
- Know the quality of your drug(s)

Don't use alone

If you overdose alone, no one will be able to help you.

Prevention:

- Fix with a friend
- Call someone to let them know you are about to use
- Set up call or text check-ins
- Leave your door unlocked

Be aware of your tolerance

A person's ability to withstand the effects of a drug

- Develops over time
- Can be affected by: age; weight; health; stress; situation
- Can rapidly decrease when they have taken a break from using either street or prescription drugs
 - E.g., time in prison; drug treatment programs; hospital stays

Prevention:

- Use less drugs when tolerance may be lower
- Use small amounts to test your tolerance
- Use by smoking, snorting or swallowing instead of injecting

Avoid mixing drugs and substances

Many overdose deaths occur when multiple and different types of drugs have been taken.

Prevention:

- Avoid mixing drugs
 - Especially depressants like benzodiazepines, other opioids and alcohol
- Try to use only one drug at a time
- If you are mixing, use less of each drug

Know the quality of your drug(s)

Drug quality is unpredictable. Illegal drugs are unregulated; therefore, their purity and strength can be different with each batch, even from the same dealer.

Prevention:

- Know your dealer; try to stick to the same source
 - Ask if they have a new supply
 - Ask others if they have tried a particular batch
- Does the drug look, smell or taste different?
- Access drug checking kits or services if you are able
- Try a small dose to start (start slow)

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.
- Find free naloxone kit locations:
 - www.ontario.ca/page/get-naloxone-kits-free