



NALOXONE USE EDUCATION :

YOU have the power to save a life

Take-Home Naloxone (THN) Program : Train-the-trainer

Courtesy of UBC MD Undergraduate Program 2022 and

Juliana Losier MD CCFP FCFP

Overview

Introduction

Drug classes

Toxidromes

Overdose Risks

Recognizing Opiate Toxicity

Take Home Naloxone Kits

Practice Materials

SAVE ME practice

Other points and legal considerations

Land Acknowledgement

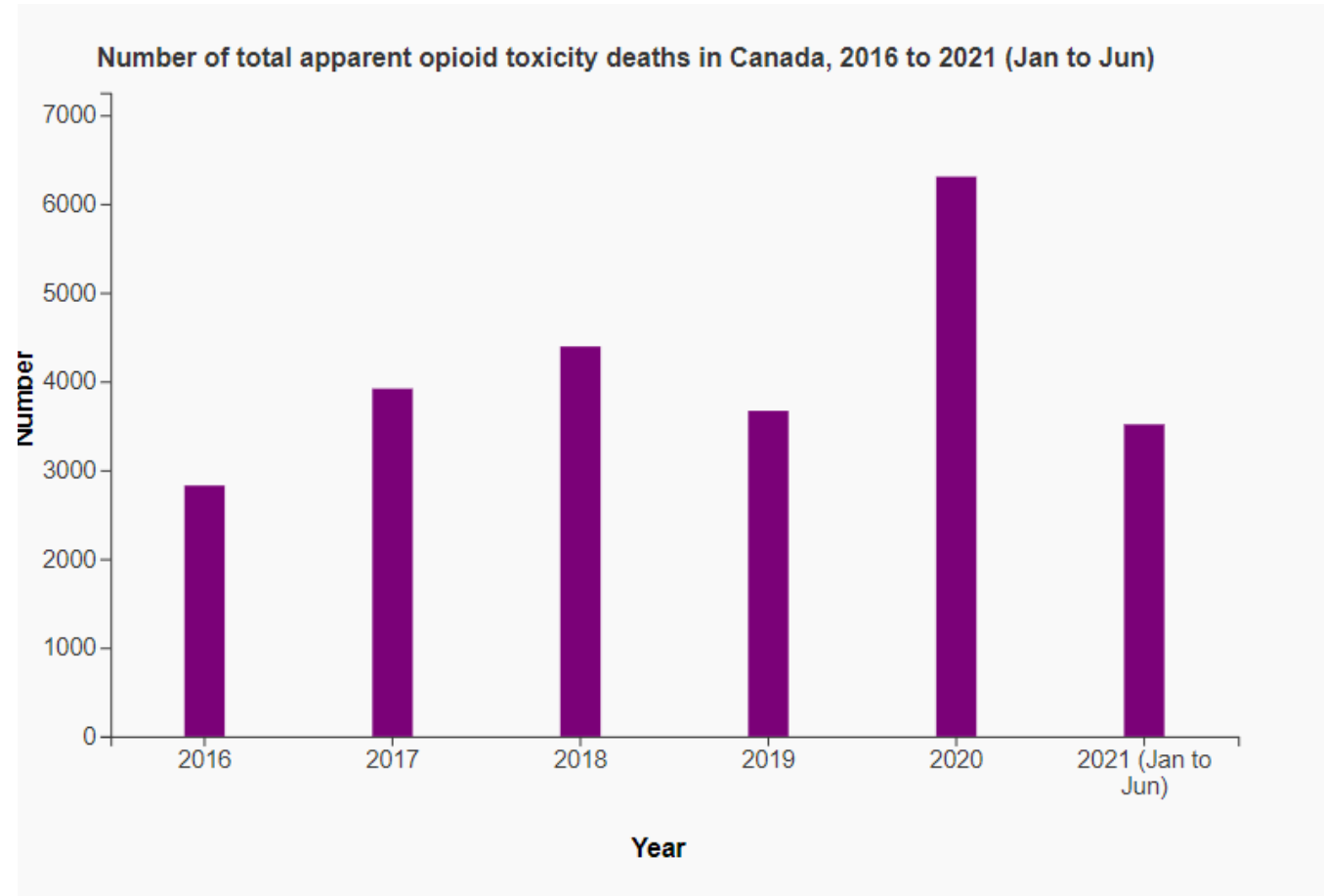
- We acknowledge that this presentation and community meeting is taking place on *S,K̓TAK*, known now as "Mayne Island" which is an ancestral, traditional, and unceded gathering place of many Coast Salish peoples, specifically that of the *W̓SÁNEĆ*, *Hul'qumi'num*, *Stz'uminus*, *Quw'ustun*, and *sc̓əwaθenaʔtəməx^w* (Tsawwassen) Nations.
- I am honored to work and live in a place with such a rich and meaningful history.
- We should take a moment and appreciate the land and the people around us and remember and reflect on all the injustices that the indigenous people faced and continue to face and what we can do to be meaningful partners towards reconciliation.
- I would also like to extend my sincere condolences to all of those grieving the loss of loved one due to the Opioid crisis .

Stigma

- Overdose related deaths and other harms are affecting our friends, families and communities. Addiction is not a choice . It is a treatable medical condition yet many people affected by addiction face stigma.
- Stigma is a negative attitude that includes discrimination, prejudice and judgement which can isolate people who use drugs. Letting them know they are not alone and substance use does not define who they are.
- Addiction is complex and can be due to many reasons : trauma, chronic stress, events in life , environmental factors, mental well-being, genetics and biology .
- Addiction is a treatable medical condition not a choice and is deserving of care like any other medical condition. No one choses to become addicted.

Introduction: UNPRECEDENTED TOXICITY of the unregulated drug supply is leading cause of unnatural death in BC

- Opioid crisis → number of drug overdose-related deaths doubled from 2006-2016 –when public health emergency was declared for substance related harms
- Canada: >6000 deaths in 2020 from drug overdose (doubled from 2016)
 - Homicide:743 (2020)
 - MVA: 1922(2018)
- US: 64,000 drug overdoses (2016)
- BC : 10,326 since 2016 , nearly 1,500 lives lost to illicit drug toxicity in the first 8 months of 2022, 71% 30-59 y, 78% male, 150 drug-related deaths/mo since Oct 2020
- Naloxone became publicly funded in 2012 to ↓ these deaths



What is Naloxone?

- Life saving SAFE medication = Opioid antagonist, quickly reverses the effects from an opioid overdose / toxicity
- “Antidote” to opioid overdose – displaces opiates from opioid receptors
- Lasting 20-90 min (ave ~30min)
- Works quickly - onset 2-5min (ave ~3min)
- Side-effects:
 - WITHDRAWAL (sympathomimetic toxidrome) symptoms
 - Anxiety, agitation, tachycardia, HTN, hyperthermia, diaphoresis, shivering, muscle pain, N/V, diarrhea
- IM INJECTION (BC), IV, or Intranasal (some indigenous communities, RCMP)
- Light-sensitive (amber vials)
- Store at room temp (no fridge/freezer)
- Good for 3 years (exchange at Take Home Naloxone site)

This process relies on the body's intrinsic metabolism of opioids (does not destroy opioid). Thus further doses may be needed if:

- ↑ drug levels
- Long-acting drug
- Liver disease

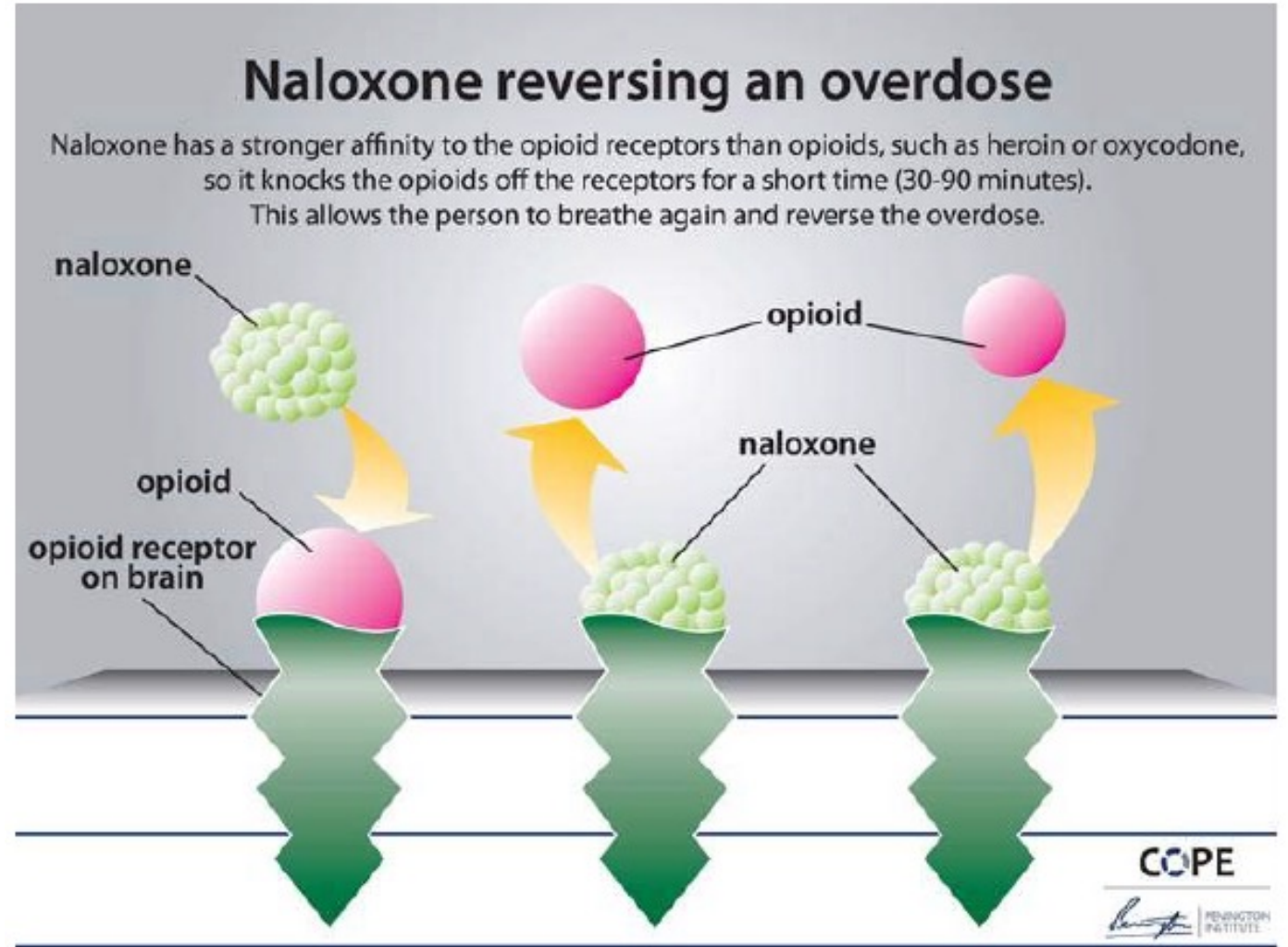


Image Credit: Penington Institute's Community Overdose Prevention and Education (COPE) Project. Adapted from artwork by Maya Doe-Simkins.

Drug Classes

Depressants (Downers)

OPIOIDS

Heroin
Fentanyl
Morphine
Methadone
Percocet/Perco
Dilaudid
Codeine/T1/T2/T3
Oxycodone/Oxy
Suboxone
Demerol
Opium

BENZODIAZEPINES (BENZOS)

Valium Ativan
Clonazepam Xanax
Rohypnol

SEDATIVE HYPNOTICS

Z-drugs (e.g. zopiclone, Ambien)
GHB

ALCOHOL

Beer Wine Spirits

Stimulants (Uppers)

Cocaine (Powder, Crack)
Methamphetamine/Crystal Meth
Amphetamines
Pseudoephedrine
Aderall
Ritalin
Nicotine/Tobacco
Caffeine

Hallucinogens

MDMA/
Ecstasy

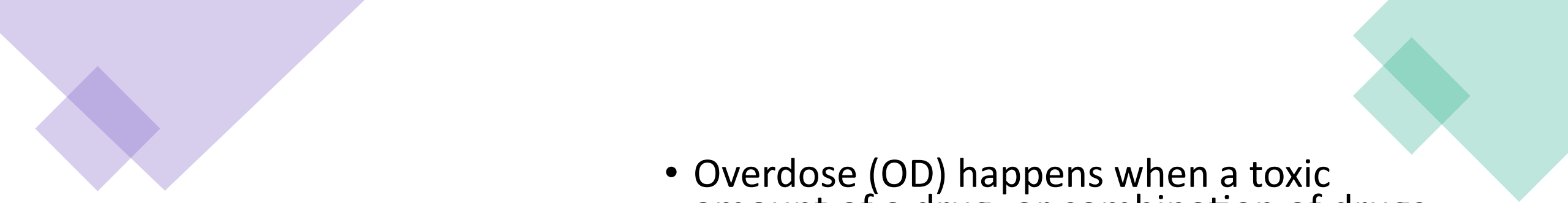
Marijuana
PCP
Ketamine
Ayahuasca
LSD
Mushrooms
Mescaline
Peyote

Toxidromes


Toxidromes are constellations of signs and symptoms associated with a class of toxins as a tool for rapid detection of the suspected cause. They include:

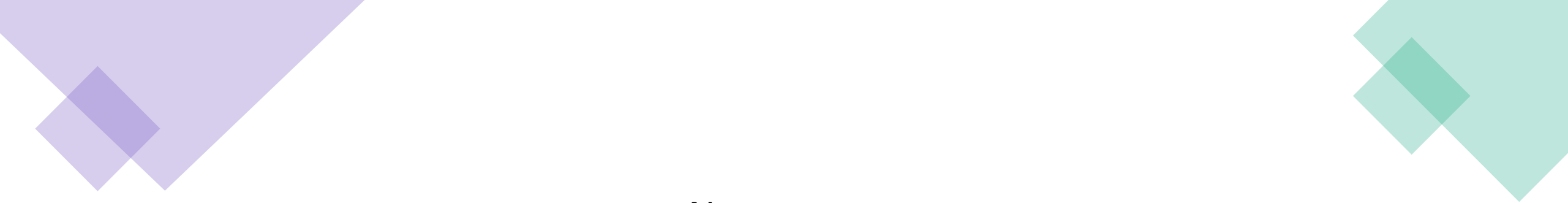
- OPIOIDS / HEROIN, MORPHINE, OXYCODONE, FENTANYL / have depressant effects causing slowing down of the brain function
- Sympathomimetic / stimulants = cocaine , amphetamine, MDMA /
- Alcohol / depressant /
- Sedatives / Hypnotics / exp. Benzodiazepines , cannabis /
- Anticholinergic (exp. Antihistamins, TCA)
- Cholinergic
- Serotonin syndrome
- Neuroleptic Malignant Syndrome (NMS)

	Vital Signs				Mental Status	Pupil Size	Bowel Sounds	Skin	Other
	BP	HR	R	T					
Anticholinergics	--/↑	↑	--/+	↑	Delirium	↑	↓	Dry, red, warm	Dry mucous membranes urinary retention
Cholinergics	--/+	--/+	--/↑	--	Normal to depressed	--/+	↑	Diaphoretic	Salivation, lacrimation urination, diarrhea, bronchorrhea, paralysis
Ethanol & Sedative Hyponotics	↓	↓	↓	--/↓	Depressed, Agitated	--/+	↓	--	Hyporeflexia, ataxia
Opioids	↓	↓	↓	↓	Depressed	↓	↓	--	Hyporeflexia
Sympathomimetics	↑	↑	↑	↑	Agitated	↑	↑	Diaphoretic	Tremor, seizure




What is an Overdose?

- Overdose (OD) happens when a toxic amount of a drug, or combination of drugs, overwhelms the body's homeostatic mechanisms necessary for life (RR, HR, BP, Temp).
 - The victim is not responsive to stimulation and the breathing is inadequate.
 - This happens because the opioid fits into specific receptors in the brain that affects the drive to breathe.
 - This oxygen starvation eventually stops other vital organs like the heart, then the brain – unconsciousness – coma – death.
 - Slow process: can be minutes to hours after the drug was used.
- 



Overdose Risk Factors

- New user
 - New route (ex: IV/inhalation)
 - ↑ dose
 - new drug or supplier, may be “cut” i.e. have unknown adulterants)
 - ↓ tolerance (recent release from treatment/incarceration/hospital, other comorbid disease)
 - Mixing (polysubstance use)
 - ↓ physiologic reserve (infection, COPD, mental status, IHD, hepatitis, etc)
- 



OVERDOSE PREVENTION TIPS

THE SUBSTANCE(S) TAKEN

Risk Factor	Overdose Prevention Tips
Mixing	<ul style="list-style-type: none">• use one drug at a time• if you intend to mix, use opioids before alcohol or benzos, and reduce the amount of each substance you take• let people around you know how much and what you are taking
Quantity Taken	<ul style="list-style-type: none">• wait before taking another dose, knowing it can take longer to feel the effects of some drugs• not all opioids are created equal - practice caution when substituting or transitioning from one opioid for another
Potency/ Quality/Cut	<ul style="list-style-type: none">• test your drugs by doing small amount at first, “two in the arm is better than one in the ground, [in the grave]”.• take the tourniquet off before depressing plunger, stop half way to see the effects, inject less if it feels too strong.

THE WAY THE SUBSTANCE IS TAKEN

Risk Factor	Overdose Prevention Tips
Route of Administration	<ul style="list-style-type: none">• Be careful when changing routes – you may not be able to handle the same amount.• Consider snorting or ingesting if you are using alone or may have decreased tolerance.

Overdose Prevention Tips

INDIVIDUAL CHARACTERISTICS

Risk Factor

Overdose Prevention Tips

Reduced Tolerance

- use less
- go slow,
- do testers (try a small amount first)
- change route of administration (injecting to snorting or swallowing drugs) until tolerance is developed

Health Status

- eat, drink fluids like water, sleep
- seek health care regularly as appropriate
- use less when you have been sick, lost weight, or feeling down – doing more to “feel better” is a risk factor for overdose

General Prevention Messages

- Get overdose prevention, recognition, and response training; carry naloxone
- Don't use alone. Make a plan and have a buddy who can call for help if needed
- Know your tolerance. If you are sick or had a time of abstinence or reduced use, use much less
- Don't mix drugs or mix drugs with alcohol
- Test a small amount first and go slow “start low and go slow”
- Use in a supervised consumption site or overdose prevention site if possible
- Call 911 right away if someone ODs
- Administer naloxone if someone ODs (it will not cause harm, and if the overdose is due to a mixture of substances, naloxone will take any opioid out of the picture)

STIMULANT OVERDOSE

- Stay calm, remain with the person
- Avoid taking anything else
- Give water or non-sugary, non-caffeinated fluids (don't overhydrate)
- Cool compresses on forehead, neck, armpits
- 911 – if any rigidity, myoclonus, seizures, ↓LoC, chest pains, palpitations, hyperthermia, tachycardia → 911
- If Loss of consciousness → CPR

OPIOID OVERDOSE (aka TOXIDROME)

- Pinpoint pupils (miosis)
- ↓LoC (not responsive)
- ↓RR (<12/min, or <1 per 5 seconds), or shallow/irregular breathing, gurgling, snoring, choking, gargling
- Cold, clammy hands
- Limp (hypotonia)
- Pale/Bluish lips or nails (central + peripheral cyanosis)

Know the Signs



Not Responding

Doesn't move and can't be woken.



Slow or Not Breathing

A breath every 5 seconds is normal.



Making Sounds

Choking, gurgling sounds or snoring



Blue Lips & Nails



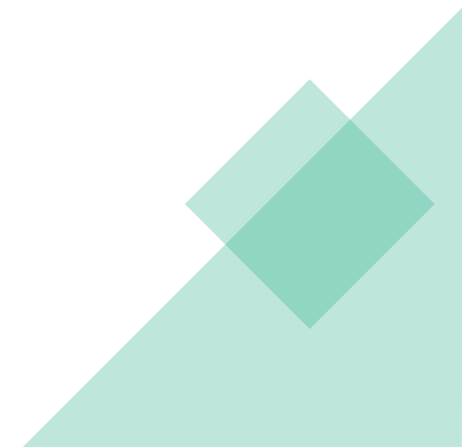
Cold or Clammy Skin



Tiny Pupils



Take-Home Naloxone Kit

- Contents:
 - 3 x Vanishpoint syringes
 - 3 x 1mL naloxone (Narcan) 0.4mg/mL single-use vials with plastic cap
 - Gloves
 - 1 x rescue breathing barrier
 - Overdose response information form
 - Instructions
 - Alcohol swabs
- 

OVERDOSE RESPONSE – SAVE ME

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

Check and open



VENTILATE

1 breath every 5 seconds



EVALUATE

Breathing?



MEDICATION

1 dose of naloxone*

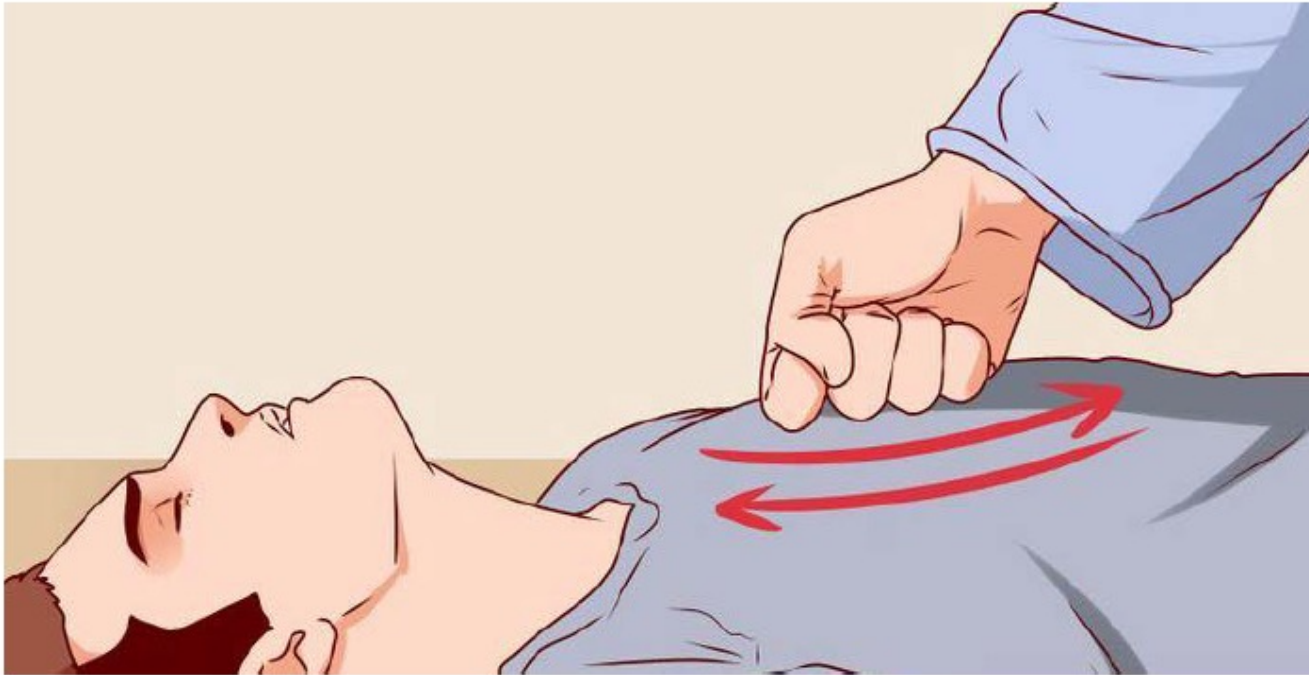


**EVALUATE
& SUPPORT**

Wait 5 minutes. Another dose?

- Remember your first aid!
 - “Are you okay?” “HELP HELP HELP” “Call 911”
- Stimulate
- Airway
- Ventilate
 - 2 breaths, then every 5 seconds
- Evaluate
 - If no improvement with breaths/CPR, prepare naloxone kit
- Medication (or Muscular Injection)
 - Draw up 1 dose
 - Inject in BAT (buttock, arm, thigh)
- Evaluate
 - Check breathing → repeat steps PRN
 - Repeat naloxone q3-5min x 3 doses or until improvement
 - Chest compressions if no pulse
 - Recovery position PRN
 - Sit them up but don’t stand (risk of falls)

STIMULATE



- Shout
- Shake
- Sternal Rub
- Pinch 1st web space
- Nail bed (w/ pen)
- Trapezius squeeze
- 911 if no response

AIRWAY

- Head tilt Chin lift
- Check for obstructions – dentures, food, needle cap.



VENTILATE

- Use breathing barrier (mouthpiece to patient)
- Pinch nose
- **2 breaths, then 1 breath every 5 seconds**
- Check for chest rise
- Continue breaths q 5 sec until paramedics arrive (keeps the brain alive)
- Chest compressions PRN



EVALUATE

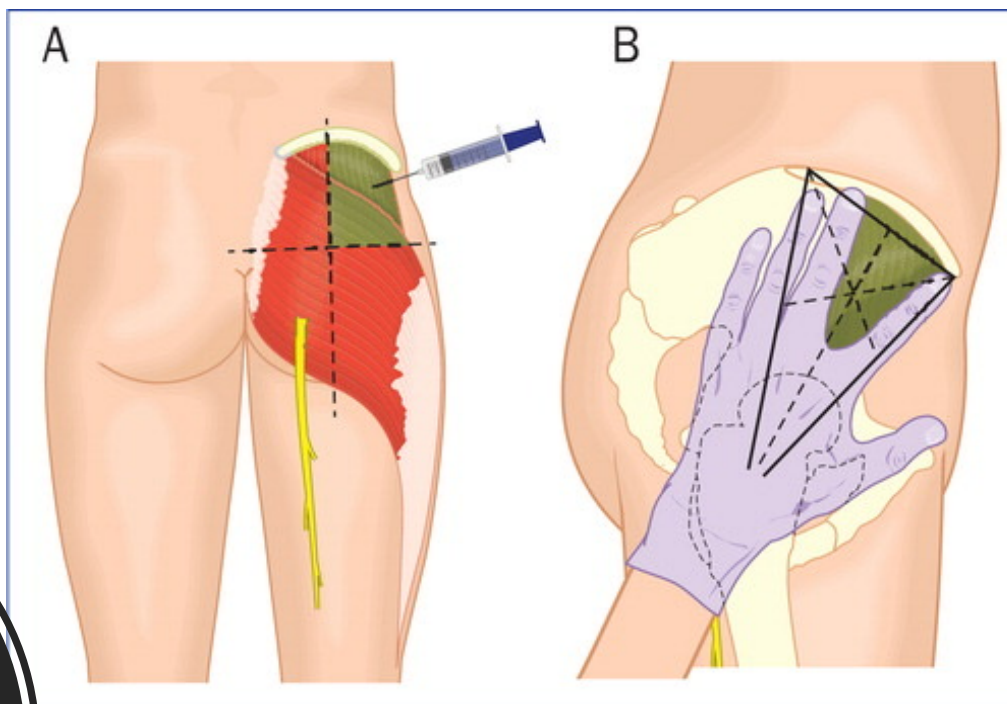
- If no improvement with rescue breaths, time to give Naloxone
- 

MEDICATION

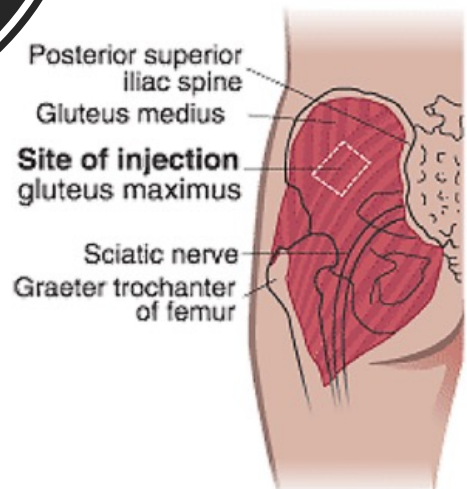
- Remove vial and swirl or tap (to get medication to bottom)
- Snap off top (dot away from you)
- Draw up solution (careful not to depress plunger and retract VanishPoint needle)
- Inject into Anterolateral thigh / in front-to the side/
- Alternative: supralateral gluteal = upper side buttock , deltoid =upper arm/



**QUICK
NOTE ON
GLUTEAL
INJECTIONS**



Dorsogluteal Site



Ventrogluteal Site



THIS AREA ABOVE THE LINE IS CONSIDERED TO BE THE SAFE ZONE FOR INTRAMUSCULAR INJECTION.





EVALUATE

- Continue giving 1 breath every **5 sec** for **3-5 min** (~40 breaths)
- If no improvement, repeat steps to give **2nd and 3rd dose of naloxone**
- Beware the agitated person (withdrawal)

OTHER POINTS

- Non-opioid depressant overdose: **SAVE** steps
- Recovery position (protects the airway from aspiration/secretions if not actively resuscitating the person)
- Stay with person
- Discourage further opioid use (“Waste”) min 2 hrs



LEGAL CONSIDERATIONS

Good Samaritan Overdose Drug Act – 4 May 2017 (Bill C-224)

- Persons seeking emergency medical or law enforcement assistance are exempt from charges for possession (personal use), violation of pre-trial release, probation order, conditional sentence, or parole related to simple possession
- The law **does not** provide protection from charges for selling illegal drugs (trafficking), offences other than drug possession, any outstanding warrants or arrests and violation of pre-trial release, probation order, conditional sentence, or parole for an a offence *other than* simple possession.

Good Samaritan Act.

- no known cases of legal action related to naloxone.
- Act protects a bystander who provides emergency first aid, including administration of naloxone, from liability
- Everyone is legally permitted to administer naloxone to someone appearing to be suffering from an opioid overdose outside of a hospital setting.
- This applies to everyone, including healthcare professionals, first responders, social workers, and laypeople

Health Professionals Act

- amended to allow all regulated health professionals to administer naloxone; previously, they were not supported to do so by their regulations.

WHERE TO GET NALOXONE

Anyone can purchase naloxone from a pharmacy or other provider at **NO COST**

The BCCDC take home naloxone program expanded into community pharmacies across British Columbia in December 2017. Individuals can use the **Toward the Heart** site finder to find a nearby community site or pharmacy that distributes THN kits at no-cost.

Everyone who is interested in learning how to save a life is encouraged to receive overdose prevention, recognition and response training.

Mayne Island
Clinic and
Ambulance
Station



Resources

- If you suspect an overdose, call 911 right away.
 - Vancouver Crisis Line : 1- 888- 494- 3888
 - Dial or text 2-1-1 to find help for all life challenges as addiction, harm reduction , shelter and street help line, counselling and more.
 - LIFEGUARD APP – Alerts 911 if the user becomes unconscious when using, saved 45 lives since 2020.
 - StopOverdose.gov.bc.ca - information for ways to get help and supports.
 - Drug testing site in Victoria: substance.uvic.ca, 1802 Cook Street Victoria BC
 - Monday to Saturday 12pm to 7pm.
 - 811 non-emergency help line and advice to speak to a health services navigator.
- 