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**ML** MIDDLESEX-LONDON  
HEALTH UNIT

# Overdose Management with Naloxone



Middlesex-London Health Unit

## Today we will cover...

- General info about the history of the naloxone program and eligibility
- What are opioids?
- What is naloxone?
- Overdose risk factors, including drugs and drug categories
- Good Samaritan Act
- Naloxone kit and storage
- Steps to overdose response and management
- How to obtain a kit
- After using naloxone

## London & Middlesex “Naloxone Program”

- Naloxone kits are provided by Ontario Government Pharmacy (kits contain nasal naloxone since Jan. 2017)
- Ministry funds naloxone for individuals who identify as at risk of opioid overdose, their friends and family
- On-site training at RHAC & MLHU

# Pharmacy distribution of Naloxone

- Funded by Ontario Ministry of Health
- Pharmacies provided injectable Naloxone kits since Summer 2016 and now provide nasal.
- Naloxone is stored behind the counter so the pharmacist can provide training when dispensing kits
- A health card is not needed
- The Ontario College of Pharmacists regulate behind-the-counter medication distribution

# Harm Reduction and Program Enhancement

- Aug 2017 Ministry expanded naloxone program with the health unit as a naloxone distribution/hub for eligible community organizations which will increase dissemination of kits to those most at risk of opioid overdose.
- Jan 2018 naloxone expanded to police and fire
- April 2018 Ministry expanded naloxone to emergency departments and urgent care centres
- May 2018 Naloxone available to St. John's ambulance for administration only

## What are Opioids?

- A family of pain management drugs
- High potential for addiction and subsequent misuse
- Include naturally occurring opiates, such as morphine and codeine, semi-synthetic opioids such as oxycodone, hydromorphone and heroin, synthetic opioids such as methadone
- Work by binding to our body's natural opioid receptors in the brain

# What is Naloxone?

- A medication; also called ‘Narcan’
- An opioid antagonist
  - Binds to opioid receptors in the brain, temporarily displacing the opioid
- Reverses respiratory depression caused by opioid overdose that can be fatal
- Given intramuscularly (arm or thigh) or **intranasally**
- Starts to work in 1-3 minutes
- **\*Temporary: Stays active in the body for 30-90 minutes- MUST call 911\***





## Naloxone

- Not effective for non-opioid drugs
- Does not cause euphoria nor dependence
- No action in the absence of opioid drugs
- Will cause symptoms of withdrawal
  - agitation, anxiety, muscle aches, sweating, nausea, vomiting

# Opioid Overdose

- No exact formula
- Individual characteristics play a role:
  - Weight, health, tolerance, drug potency, route of administration, frequency or amount of drugs used
- Higher risk situations:
  - mixing drugs, using after a period of abstinence-tolerance can change in as little as 3 days (e.g. treatment, hospitalization, incarceration)

# Opioid Overdose

- Can happen to anyone:
  - First time users
  - Long time users
  - Older people
  - Younger people
  - Opioid users who have not used drugs for some time (e.g., have been in jail or in treatment)
- Can't predict how much of an opioid drug or combination of drugs will lead to an overdose

# Overdose Prevention

- Don't do drugs alone.
- If you buy from a new dealer, try a small amount before using your usual dose-can always use more, can't take back.
- If you stop for a period of time, and then you start up again, make sure to start small.
- Avoid mixing drugs. If you mix, use one drug at a time and use less of each drug.

# Recognize an Opioid Overdose

- Breathing is very slow, erratic, or absent
- Fingernails and/or lips blue or purple
- Body is limp
- Deep snoring or gurgling sounds
- Vomiting
- Loss of consciousness
- Unresponsive to stimuli
- Pinpoint pupils

## Drug Categories

- There are 3 main categories of drugs
- Classified by their effect on the Central Nervous System
  1. Depressants
  2. Stimulants
  3. Hallucinogens
- Remember, naloxone is only effective with **opioids**  
– **one type of depressant.**
- Mixing drugs can increase risk of overdose with opioids

# Stimulants & Hallucinogens

\*naloxone has **no** effect on these drugs

## Stimulants

### Examples:

Cocaine  
Crack Cocaine  
Amphetamine  
(speed, crystal,  
meth)  
Methylphenidates  
(Ritalin)  
Khat

## Hallucinogens

### Examples:

LSD (acid)  
Magic  
Mushroom  
PCP  
MDMA  
DMT  
2C-B  
Cannabis

# Stimulant & Hallucinogen Overdose

*\*naloxone has **no** effect on these symptoms*

## Stimulants

- Seizures
- Pressure/tightness in chest
- Foaming at the mouth
- Racing pulse
- Profuse sweating
- Vomiting
- Headache, dizziness, ringing in ears
- Difficulty breathing
- Sudden collapse
- Loss of consciousness

## Hallucinogens

- Psychosis
- Catatonic syndrome (person may sit in a trance-like state)
- Seizures
- Nausea, vomiting



# Depressants

## Opioids

### Examples:

Methadone  
Morphine  
Buprenorphine  
Codeine  
Demerol  
Fentanyl  
Heroin  
Hydrocodone (Vicodin)  
Hydromorphone  
(Dilaudid)  
Oxycodone (Oxycontin,  
OxyNEO, Percodan,  
Percocet)

## Benzodiazepines

### Examples:

Ativan  
Halocion  
Restoril  
Rohypnol  
Serax  
Valium  
Xanax

## Other

### Examples:

Barbiturate  
Amytal  
Nembutal  
Seconal

### Other Depressants:

Zopiclone  
Alcohol  
GHB

# Good Samaritan Drug Overdose Act

- The federal government's Good Samaritan Drug Overdose Act passed as of May 4th, 2017 and is now law.
- The Act applies to anyone seeking emergency support (anyone calling 911) during an overdose, including the person experiencing an overdose.
- The Act protects people from being charged with certain offences (ex. simple possession) for those who either stay or leave from the overdose scene before help arrives.

# Naloxone Kit

- Two nasal naloxone
- One identifier card which identifies the kit carrier as having received the necessary training to administer naloxone
- Info sheet/fold out
- One pair of non-latex gloves;
- One instructional insert; and
- One rescue breathing barrier



## Storing Naloxone

- Store in a cool dark place, away from light
- Keep it between 15o and 30o Celsius (room temperature is 18o – 23o Celsius)
- Keep out of reach of children
- Routinely check that all the supplies are in the kit
- *Watch expiry date*
- If expired and you have no other naloxone, **give naloxone anyway because it may still be effective**
- Keep your kit with you when you are using
- Tell others about your kit

# Responding to an Opioid Overdose with Naloxone

1. Shake and Shout
2. Call 911
3. Give naloxone
4. Start chest compressions
5. Is it working?

# 1. Shake and Shout

- Shout their name
- Shake at the shoulders



## 2. Call 911

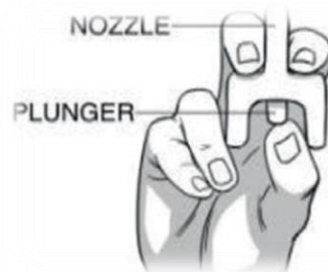
- When talking with Police / Emergency Medical Services (EMS - ambulance)
- Speak clearly and calmly
- Tell dispatcher:
  - That the victim is not responding to shake and shout
  - Where you are, the address, room number. If outside, tell them the nearest intersection and a landmark
- If you can, get someone to watch for ambulance
- When ambulance arrives, tell them how much naloxone you gave
- It is essential that you call 911 because naloxone is temporary, and the person needs medical intervention

## 3. Give Naloxone

- Remove NARCAN Nasal Spray from the box.
- Peel back the tab with the circle to open the NARCAN Nasal Spray.



- HOLD the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.





## ... Give Naloxone

- Tilt the person's head back and provide support under the neck with your hand.



- Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose

## ...Give Naloxone

- Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



## 4. Start Chest Compressions

- Push hard (approximately 2 inches deep) and fast (60 to 100 compressions per minute) with both hands on the centre of the chest
- Position arms in locked position
- Push down at least 2 inches with each compression
- Continue chest compressions until EMS (ambulance) arrives or the person starts breathing (*& rescue breathing if comfortable/trained*)
- If able, switch person doing compressions every 2 minutes to avoid getting tired



## 5. Is it Working?

- If person does not start breathing on their own within 3 to 5 minutes:
  - administer a second dose of naloxone following the same procedure as before
  - continue chest compressions until EMS (ambulance) arrives

# Administer a Second Dose

- Administer naloxone

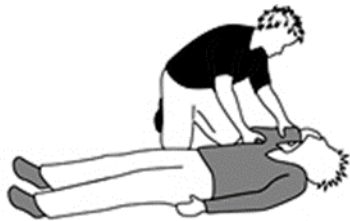


- Continue chest compression



# Recovery Position

- If the person is unconscious but breathing, place person in this position if you:
  - are waiting for the ambulance (EMS) to arrive
  - need to leave the person alone



# When Naloxone Starts Working...

- Will cause mild to severe withdrawal symptoms (agitation, anxiety, muscle aches, sweating, nausea, vomiting)
- The person may:
  - Wake up suddenly or slowly
  - Be disorientated
  - Want to use more drugs
  - Be agitated

## What else can I do to help?

- Stay with the person until EMS (ambulance) arrives
- When the person wakes up, explain that they overdosed
- Urge them to not use more drugs – will increase chance of overdose returning once naloxone wears off
- Watch for signs and symptoms of overdose returning



## Who can obtain a kit?

- Anyone who uses opioids
- A friend or family member of someone who uses opioids
- A client of a needle syringe/exchange program or hepatitis C program
- Newly released from a correctional facility

## Where to Obtain a Kit

- Through the Naloxone Program – a partnership between RHAC, LIHC, MLHU and LANSU  
call 519-663-5317 for more information

### Local Pharmacies

- <https://www.ontario.ca/page/where-get-free-naloxone-kit>

# Support After Using Naloxone

- Being part of an overdose can be a very traumatic experience, whether you're the person overdosing or the witness
- Talk with your friends and family
- Contact a nurse Middlesex-London Health Unit
- If you are connected with a health professional, seek support
  - **Reach Out** (mental health, addictions, crisis services): **519-433-2023**

# Additional Information and Resources

- Through a Blue Lens video overdose reversal at 3:10

[www.youtube.com/watch?v=gwFRsfATaag&t=118s](http://www.youtube.com/watch?v=gwFRsfATaag&t=118s)

- NARCAN Training video:

<https://www.youtube.com/watch?v=tGdUFMrCRh4>

- Poison Control Ontario

<http://www.ontariopoisoncentre.ca/health-care-professionals/Opioid-Management/opioid-management.aspx>

**Thank you!**  
**For questions/inquires,**  
**please reach The Clinic**



**519-663-5317**