



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 injectable naloxone available
- April 2018 Ministry expanded naloxone to emergency departments and urgent care centres
- May 2018 Naloxone available to St. John's ambulance for administration only
- July 2020 Introduced Expanded Access
- January 2021 Expanded naloxone to EMS

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 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'
- Can reverse the effects of an overdose with opioids
- Reverses respiratory depression that can lead to death



Naloxone

- 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

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
- Finger nails and/or lips blue or purple
- Body is limp
- Deep snoring or gurgling sounds
- Vomiting
- Loss of consciousness
- Unresponsive to stimuli
- Pinpoint pupils

What You SHOULD NOT Do For an Overdose

Do Not ...	Because they...
Put the person in a bath/cold water	Could drown or go into shock
Make the person vomit	Could choke
Inject them with anything (saltwater, cocaine, milk) other than naloxone	Will not help and may cause more harm
Slap too hard, kick them in the testicles, burn the bottom of their feet	Could be seriously harmed
Let them “sleep it off”	Could stop breathing and die

Drug Categories

- There are 3 main categories of drugs
- Classified by their effect on the Central Nervous System
 - Depressants
 - Stimulants
 - 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 and 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 (for example, anyone calling 911) during an overdose, including the person experiencing an overdose. The Act protects people from being charged with certain offences (for example, 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.
- “5 steps to save a life” fold out
- One pair of non-latex gloves;
- One rescue breathing barrier;
(currently educating clients to not do rescue breathing during COVID).



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

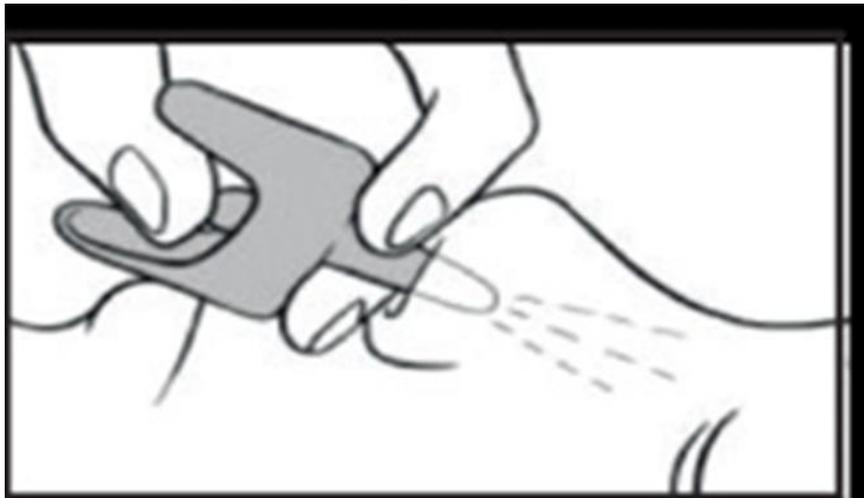
- Tilt the person's head back and provide support under the neck with your hand.



- 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.



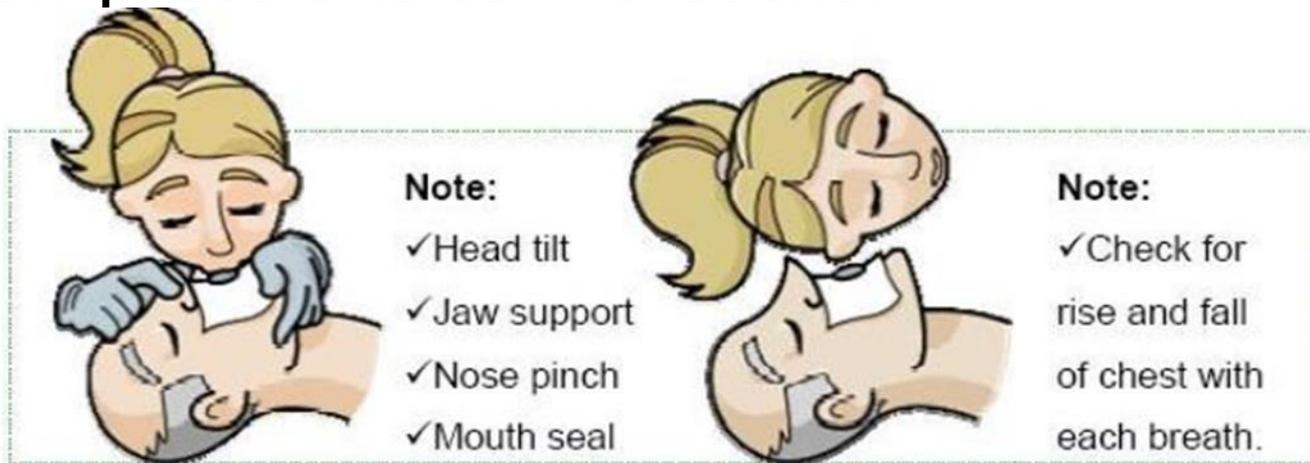
4. Start Chest Compressions

- 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
- If able, switch person doing compressions every 2 minutes to avoid getting tired



Rescue Breathing

- Please use the Rescue Breathing Barrier and gloves supplied in the naloxone kit.
- If you know how and are willing to, you can also begin rescue breathing. 30 compressions to 2 breaths.



COVID-19 and Naloxone

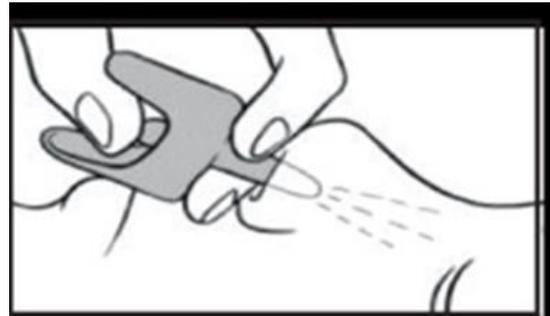
- **Please note** –During the COVID-19 pandemic, the rescue breathing barrier included in naloxone kits can be used as a layer of protection during rescue breathing, but may not prevent transmission of infection on its own. It is recommended that individuals responding to an opioid overdose are fully vaccinated against COVID-19 including any recommended booster doses to help prevent transmission.
- Reminder that Public Health Ontario has confirmed that the administration of intranasal naloxone is not considered an aerosol generating medical procedure (AGMP).

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 (and rescue breathing if you know how) until EMS (ambulance) arrives

Administer a Second Dose

- Administer naloxone



- Continue chest compressions



Recovery Position

- If the person is unconscious but breathing, place person in this position if you:
- are waiting for the Ambulance (Emergency Medical Services) 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

Where to Obtain a Kit

- Through the Naloxone Program – a partnership between RHAC, LIHC, MLHU and LANSU call 519-663-5317 for more information
*RHAC now offering in home training
- Local Pharmacies– use the following link to find a pharmacy <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

Additional Information and Resources

- <https://www.ontario.ca/page/where-get-free-naloxone-kit>
- Through a Blue Lens video overdose reversal at 3:10

www.youtube.com/watch?v=gwFRsfATaag&t=118s

- ADAPT Pharma Nasal Spray video:

www.youtube.com/watch?v=hGVSaO1oxpg

- Poison Control Ontario

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

Questions?

Thank you