

Training Manual: Overdose Prevention, Recognition and Response

“If you are using drugs you are probably going to be there when someone overdoses – and that’s less awful if you’re carrying naloxone”

Acknowledgements: This training manual was adapted from the *Toward the Heart* Training Manual (www.towardtheheart.com) with permission from the British Columbia Centre for Disease Control.

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**Manitoba Health, Seniors and Active Living
Population Health and Health Equity**



Training Manual

Overdose Prevention, Recognition and Response

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Welcome

Thank you for taking the time to review this manual which provides education about the use of the opioid antidote *naloxone*, to address the morbidity and mortality associated with opioid overdoses.

For additional information about the Manitoba Health, Seniors and Active Living Take-Home Naloxone program, see www.gov.mb.ca/fentanyl/

Who should use this training manual?

This manual is intended to prepare educators/trainers in provincial Take-Home Naloxone distribution sites to prepare lay-persons to prevent, recognize and respond to overdose in a voluntary capacity. Overdose Prevention, Recognition and Response training includes the key knowledge and competencies required to administer naloxone. Lay-responder training is designed to be brief and low-threshold, and is designed specifically for the preparation of people at risk of opioid overdose.

Performing cardiopulmonary resuscitation (CPR) is also an important part of responding to an overdose. The steps of CPR (e.g. rescue breathing and chest compressions) are introduced in Overdose Prevention, Recognition and Response Training, but mastery of these skills requires full CPR training. Both trainings are recommended for lay-responders.

Health care providers who administer naloxone in the course of their work will have professional standards of practice that may not be covered in this manual.

Learning Objectives

After reviewing this training manual, you will have an understanding of:

- 1) Factors that can increase or decrease the risk of an overdose
- 2) How to recognize depressant (including opioid) and stimulant overdoses
- 3) How to respond to an overdose using the SAVE ME steps, including:
 - a) how to put someone in the recovery position
 - b) how to communicate with 911 and why it is important to call
 - c) how to prepare and administer naloxone
 - d) how and when to evaluate and if and when to administer further doses of naloxone and
 - e) How to support the person who has overdosed after they regain consciousness
- 4) The Take Home Naloxone Program

Basics of Psychoactive Substances

Psychoactive substances can be classified based on the effect they have on the body. The diagrams on the right show the classification of some common substances.

Depressants (or downers) tend to slow the body down (including breathing) and can make people sleepier.

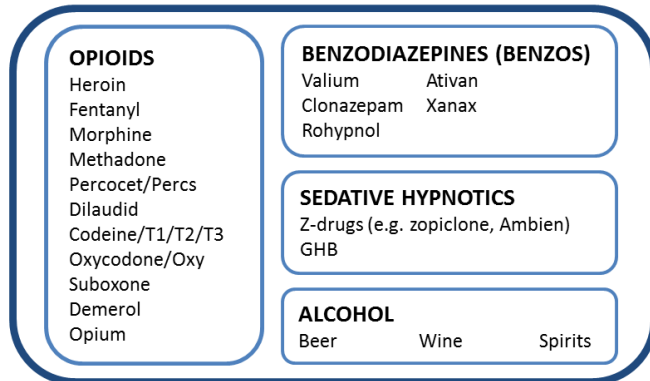
Opioids are a special class of depressant. They may be prescribed or used illegally to reduce pain, manage opioid dependence or produce a state of euphoria/relaxation. Common opioids include heroin, fentanyl, morphine, methadone, codeine and oxycodone.

Stimulants (or uppers) tend to speed the body up (including heart rate) and can make people feel more alert.

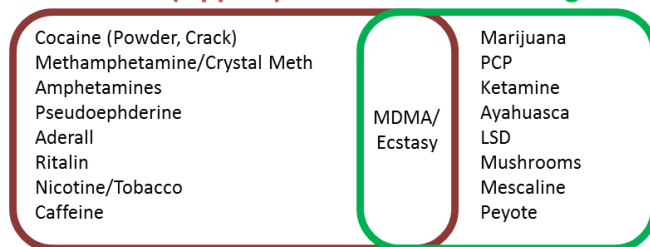
Hallucinogens are drugs that can cause hallucination.

Most people have taken depressants and stimulants at some point in their life, and many use them regularly (e.g. alcohol and coffee (caffeine) and alcohol).

Depressants (Downers)



Stimulants (Uppers)



Overdose Risk Factors and Prevention

What is an overdose?

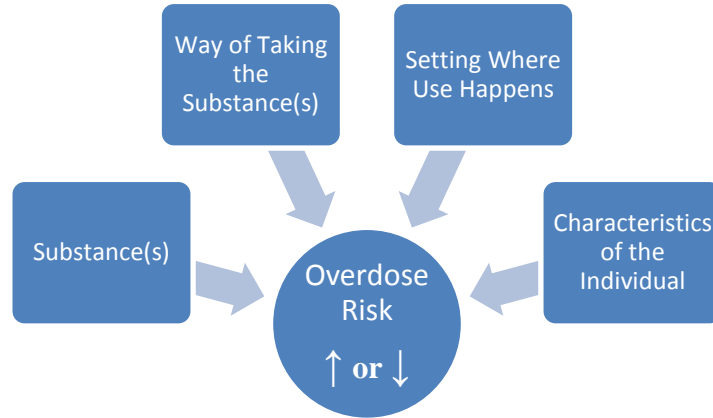
An overdose (OD) is when the body is overwhelmed by exposure to a toxic amount of a substance or combination of substances. The body becomes unable to maintain or monitor functions necessary for life, like breathing, heart rate, and body temperature regulation. Not everyone who overdoses will die; however, there can be long-term medical impacts from overdose, such as brain damage from lack of oxygen.

Anyone can overdose regardless of their substance use history (including prescription substances).

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Overdose risk is complicated and depends on interaction between several factors. Overdose risk can increase or decrease depending on the substance(s) taken, how the substance is taken, the setting where use occurs and characteristics of the individual. Risk is very individualized. If several different people use the same amount of the same substance, it might affect them all differently.

The risk factors for drug overdose are shown in the diagram to the right. One of the most common risk factors for overdose is lower tolerance for a drug, which can occur because someone is new to use, or has not been using as much recently (e.g. has recently been released from prison or detox/treatment or hospital). Tolerance is discussed in more detail on pages 5-6.



Risk Factor – The Substance(s) Taken

Mixing

Taking more than one substance (including alcohol and over the counter and prescription medications) over a short period of time substantially increases overdose risk. In fact, the majority of unintentional fatal overdoses involve multiple substances, including alcohol and prescribed medications.

People may mix substances because they are unaware of the risk, or because it intensifies their high. Taking more than one downer (including opioids, alcohol and prescription benzodiazepines [benzos] like Xanax) increases the risk of an

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

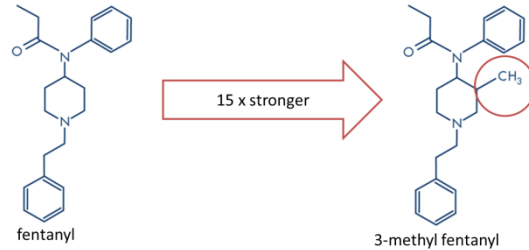
overdose. All drugs in this class decrease the rate of breathing. Despite common beliefs, stimulants will not cancel out the effects of depressants. In fact, people who use speedballs (mix uppers and downers) are at higher risk because the body has to process more drugs. Stimulants cause the body to use up more oxygen and depressants reduce the breathing rate.

Quantity Taken

Overdose can occur if the drugs taken (including alcohol) build up faster than the body can break them down (metabolize). This can occur by taking too much, or too frequently, or if someone is unaware of how long a specific drug lasts in the body. Some drugs are harder to measure a specific dose (e.g. GHB) or may have varying time release mechanisms (immediate vs. extended). Most benzodiazepines have at least a 12 hour half-life, and the half-life of methadone can be 24 hours or more. Many opioids come in both immediate release and sustained release formulations – however, the rate at which the drug is “available” may differ depending on the route of administration (e.g. injecting a sustained release medication may have a more toxic effect than swallowing it). Finally, the actual amount of the active drug may vary depending on how much it has been cut or buffed, making it hard to determine quantity from sample to sample.

Strength

Substances can have unknown content/adulterants due to processing (e.g. PMMA sold as MDMA). Other substances can be added before sale to the consumer either to expand the amount of product or to enhance the effects of the drugs. However, sometimes drugs are not cut prior to sale. A specific substance can have “analogues” – substances that have similar chemical structure but may differ in strength. For example, some analogues of fentanyl (e.g. carfentanil) are stronger, while others are less strong. It is impossible to tell what is present in the drugs you purchase without scientific equipment.



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
Quantity Taken	<ul style="list-style-type: none">• let people around you know how much and what you are taking• 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.

Risk Factor – The Way the Substance is Taken

Regardless of how you take a drug, if you use enough of that drug in a short period of time overdose is possible. However, some ways of taking drugs are more likely to result in an overdose than others. In general, the faster a drug hits blood stream (i.e. injecting or smoking), the greater the risk of overdose. A fast injection into the vein will affect the body more quickly and intensely than ingesting (i.e. taking by mouth or swallowing); however, you can still overdose even if you don't inject.

Regardless of how you take a drug, if you use enough of that drug in a short enough period of time OD is possible.

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 transdermal (e.g. place in armpit), snorting, smoking or ingesting rather than injecting.

Risk Factor – Individual Characteristics

Tolerance

Individuals have lower tolerance (and higher risk of overdose) when they have:

- taken a break from using (or have not been using as much or as often as usual)
- recently been in detox/treatment
- recently been incarcerated
- recently been in hospital
- recently started using
- lung, liver & other health issues (e.g. asthma, Chronic Obstructive Pulmonary Disease (COPD), Hepatitis C)

Health Status

The health of an individual can increase risk for overdose. For example, the following conditions can increase overdose risk:

- liver, kidney, and respiratory problems (e.g. hepatitis, COPD, asthma, smoking)
- compromised immune system (e.g. HIV)
- high blood pressure, heart disease, diabetes
- infections
- sleep deprivation, dehydration, malnourishment
- mental health status can all play a part in overdose situations
- recent history of overdose

INDIVIDUAL CHARACTERISTICS

Risk Factor	Overdose Prevention Tips
Reduced Tolerance	<ul style="list-style-type: none">• use less• do testers• change route of administration (injecting to snorting or swallowing drugs) until tolerance is developed
Health Status	<ul style="list-style-type: none">• eat, drink fluids like water, sleep• seek health care regularly as appropriate• go slow,• use less when you have been sick, lost weight, or feeling down – doing more to “feel better” is a risk factor for overdose

Risk Factor – Setting of Use

Research shows using alone or in an unfamiliar environment can increase the risk for a fatal overdose. Potential for risk is created and heightened by social-structural environments; homelessness, colonialism, having to inject in public, poverty, irregular drug supply, incarceration, and unsupported mental health all put people at greater risk for overdose.

General Prevention Messages

- Get overdose prevention, recognition, and response training and bring a friend
- 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
- Avoid mixing drugs with other drugs or alcohol. If you mix, reduce the amount of each drug, take the opioids first, and give them time to take full effect
- Be aware that many drugs are being adulterated with strong opioids, even stimulants like cocaine and crystal methamphetamine
- Test a small amount first and go slow "start low and go slow"
- Use in a space where you are safe and don't have to rush
- 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)

Overdose Recognition and Response

An overdose is when the body is overwhelmed by exposure to something, in this case a toxic amount of drug or combination of drugs which cause the body to be unable to maintain or monitor functions necessary for life. These are functions like breathing, heart rate, and regulating body temperature.

The *Good Samaritan Drug Overdose Act* protects people from drug possession charges if they witness or experience an overdose and call 911 for help. Calling 911 is an important part of responding to any suspected overdose.

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There are lots of reasons why people might not call 911; they may be afraid of stigma, they may believe that giving naloxone will be enough, or they may not have access to a phone. A person could die or suffer long-term consequences of an overdose if they do not receive adequate medical treatment, and if they are actually having a medical emergency that is not an opioid overdose, naloxone will not help. Having a naloxone kit may not save someone's life because some strong opioid overdoses (e.g. caused by illegal fentanyl, carfentanil) can require more naloxone than is contained in the kit.

Stimulant Overdoses

If the individual ***is conscious*** and experiencing “over-amping”, or mental distress (i.e. crashing, anxiety, paranoia) linked to stimulant use and sleep deprivation from stimulant use:

- stay calm, remain with them, encourage them not to take any more substances, and move away from activity and noise.
- give water or other non-sugary, non-caffeinated drink to help replace lost electrolytes. Do not to over-hydrate
- place cool wet cloths on forehead, back of neck, armpits.

*If the individual has symptoms of stimulant toxicity, including rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains – this is a medical emergency. **Call 911 immediately.***

If the individual has symptoms of ***stimulant toxicity***, including rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains – this is a medical emergency. Call 911 immediately. The person needs immediate medical attention!

While waiting for the ambulance to arrive:

- Stay with the individual for support, encourage hydration, and stay calm.
- Do not give them anything by mouth if they are unconscious.
- If they are having a seizure make sure there is nothing around them that can hurt them. Do not put anything in their mouth or restrain them.

There is no antidote to stimulant overdose. Naloxone will not help. If the heart has stopped provide CPR. Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death.

Opioid Overdoses

Opioid overdoses may involve the following signs and symptoms:

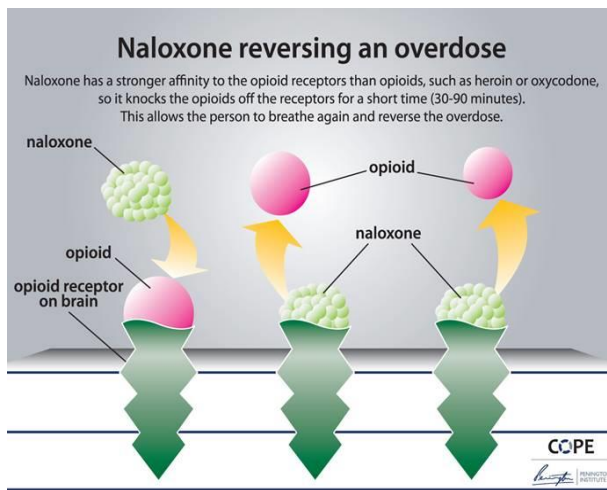
- **Slow, shallow, irregular or no breathing** – less than 1 breath every 5 seconds
- **Unresponsive** – can’t be woken up
- Unusual snoring, gurgling sounds, choking
- Blue lips or nails, pale cold or clammy skin
- Tiny pupils

What is naloxone?

Naloxone, is an antidote to an opioid overdose. It temporarily reverses the life-threatening slowed breathing from an opioid overdose. It does not work for non-opioid overdoses (like cocaine, ecstasy, GHB or alcohol). However, if an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid from the equation. You can give naloxone by injection into a muscle, or intranasally (sprayed into the nostril). In Manitoba, the Take Home Naloxone program supplies injectable naloxone – a detailed description of how to administer an intramuscular injection of naloxone will follow this section of the manual.

Naloxone acts fast, (usually within 3-5 minutes), and the protective effect lasts for 20 to 90 minutes.

Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. However, naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing (see picture).

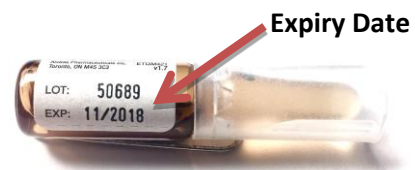


and restoring breathing (see picture).

Naloxone acts fast (usually within 3-5 minutes), and the protective effect lasts for 20 to 90 minutes. The body will have broken down some of the opioids during that time, but naloxone does not destroy the opioids. So, if large doses of highly toxic opioids (like fentanyl), or long-acting opioids (like methadone) are involved, or the individual has liver damage, more doses of naloxone may be needed. Each take-home naloxone kit contains three doses of naloxone, and it is always important to call 911 when someone overdoses.

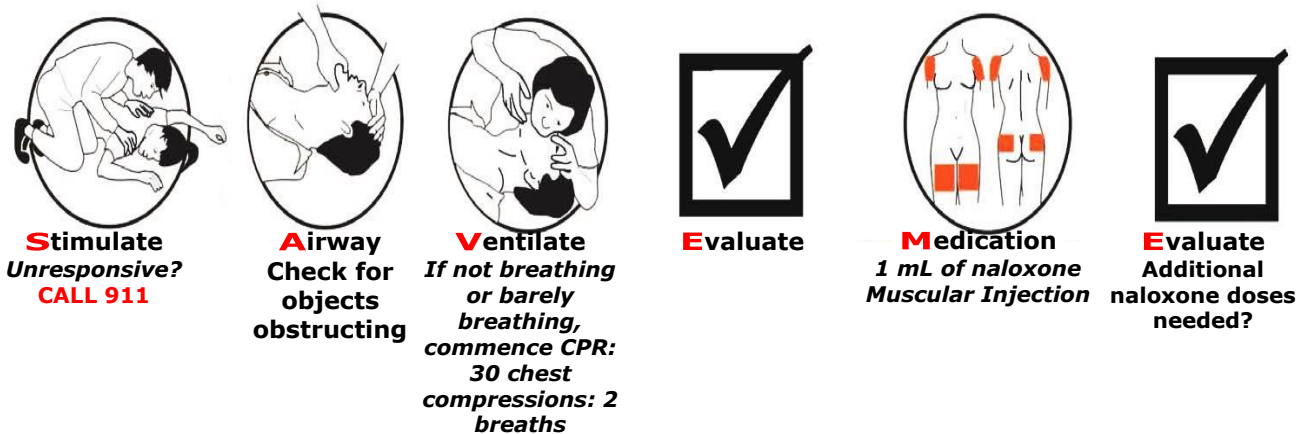
Naloxone is light sensitive, so should be stored out of the sunlight and at room temperature. Don't put it in the refrigerator.

Check the expiry dates of the naloxone periodically, it lasts about 2 years. If the naloxone gets close to the expiry date, you should return with your kit to a Take Home Naloxone site to replace the naloxone. The expiry date can be found on a sticker on the outside of the kit, or on the ampoule (see image to right).



Responding to Opioid Overdose

Some trainers/educators find the SAVE ME acronym helpful for teaching the steps involved in responding to an opioid overdose. Instruction on how to recognize and respond to overdose can be found on the insert inside the naloxone kit. The steps involved in responding to an opioid overdose will now be described in greater detail.



Stimulate: If Unresponsive call 911

If you suspect someone is having an opioid overdose, start by stimulating them to confirm that



they are unresponsive. **Shout** at them – use their name if you know it. Next do a **sternal rub** (make a fist and rub your knuckles along the person’s breast bone). You should always tell someone what you are going to do before you touch them. If the person does not respond to sound or pain, then it is a medical emergency.

Calling 911 (or your local emergency response number)

If you are alone, you can put the phone on speaker. 911 dispatchers will walk you through the steps of managing an overdose – including how to perform CPR. The *Good Samaritan Drug Overdose Act* protects people who experience or witness an overdose and call 911 for help. The Act provides immunity from charges for simple drug possession, breach of parole, pre-trial release and conditional sentences. The Act does not protect those involved in drug trafficking, drug production, or those with outstanding warrants.

Airway

Next, check the person's mouth for any obstructions. Items like gum, dentures, or a syringe cap could be preventing the person from breathing properly. Remove any obstructions. Once you've confirmed the mouth is clear, tilt the person's head back – this opens their airway.

Breaths are crucial in an overdose response. Oxygen keeps the brain alive.

Ventilate: Rescue Breathing

The next step is to breathe for the person. Opioid overdoses slow breathing decreasing oxygen to the brain. By doing rescue breathing throughout the overdose response, you help keep oxygen going to the person's brain until the naloxone takes effect. A mask is available in the Take Home Naloxone kit to provide a barrier – you can use a piece of clothing instead if you do not have a mask. To give breaths, keep the person's head tilted back, pinch their nose, and give them 2 normal sized breaths. You should be able to see their chest rise with each breath.



Evaluate

Sometimes giving a few breaths is enough for the person to regain consciousness. If they are still unresponsive, it is time to give naloxone if you have it. If they are barely breathing (less than 1 breath every 5 seconds) or not breathing, you should commence CPR. If you do not have naloxone, you may still save the life of someone who has overdosed on opioids with CPR and calling 911 if the overdose was very recent.

You should give chest compressions and rescue breaths until first responders arrive [cycles of 30 compressions: 2 breaths]. 911 will instruct you how to give CPR.

Chest Compressions: To give chest compressions, place the heel of one hand on the breast bone in the centre of the chest between the nipples, place your other hand on top of the first hand, push hard and fast 30 times, about 2 inches deep, and let the chest come all the way up between pumps.

If you do not have naloxone, you may still save the life of someone who has overdosed on opioids if the overdose was very recent. Stimulate to confirm they are not responsive, and call 911. Check their airway, and provide CPR [30 chest compressions: 2 breaths] until first responders arrive.

If there is an Automated External Defibrillator (AED) nearby it should be used. The AED can tell if the person's heart is still beating, and can shock the heart if required.

Muscular Injection

Naloxone comes in glass ampoules that need to be opened. Hold the ampoule by the top and swirl to bring all the medication to the bottom. Gently but firmly snap the ampoule top off away from your body. The plastic amp snapper is there to protect your fingers. You can watch a video on how to open a naloxone ampoule here: <https://vimeo.com/178537637>

Remember – someone should be doing CPR in the meanwhile if possible



Draw up all of the liquid into the syringe – make sure the needle tip is at the bottom of the ampoule so you get all the medication. To remove the air, turn the syringe so the needle is pointing up and push the plunger in until most of the air is gone. It is OK to leave a little air because you are injecting into a muscle. Firmly put the needle straight into a large muscle

(preferably the thigh, but the upper arm is also okay) at a 90 degree angle. The needle will go right through clothes. Push the plunger in until you hear it click – this is the needle retracting into the syringe.

Evaluate

Naloxone can take 3-5 minutes to work, so waiting between doses is important. Monitor the person to see if they respond to the naloxone. Do they start breathing again? Do they regain consciousness? Keep providing CPR (30 chest compressions: 2 breaths).

If the person has not regained consciousness by 3-5 minutes (give approximately 7 cycles of CPR) then you can give a second dose of naloxone by injection into a muscle.

Monitor the person for 3-5 minutes (7 cycles of CPR) after each dose is given. If the person does not regain consciousness, repeat the same process with a 3rd dose of naloxone, and continue with further doses (if available) until you run out of Naloxone. Most overdoses will be reversed with one or two doses of naloxone, but occasionally a very strong overdose may require more naloxone than is in the kit. Overdoses that are not caused by opioids will not respond to naloxone. Calling 911 is important for these reasons.

While naloxone is a safe medication, individuals that are dependent on opioids may experience unpleasant withdrawal symptoms like pain, sweating, agitation and irritability. For this reason, it is important to give the lowest dose of naloxone required to reverse the overdose.

The Recovery Position

If you have to leave an unconscious/unresponsive person at any point, put them in the recovery position. This helps to keep the airway clear from their tongue or vomit allowing them to breathe properly. During an opioid overdose, slowed breathing can cause the lungs to fill up with excess fluid – if you are not actively working on an individual (giving CPR or administering naloxone) put them in the recovery position.



To put someone in the recovery position, hold the leg and arm on the side of their body closest to you and **roll them away from you**. In the picture above it is the **right leg** and the **right arm** that get bent

Aftercare

It is important to stay with someone who has overdosed after giving naloxone because:

- When the person wakes up they may have no memory of overdosing or receiving naloxone – gently explain to them what happened
- The person may experience withdrawal symptoms and want to take more drugs. The person should be discouraged from using more opioids or other drugs for at least 2 hours. Symptoms of withdrawal sickness will start to wear off in half an hour. Using more opioids will be a “waste”. While naloxone is in their system it blocks opioids from getting to receptors and they will continue to feel sick; using more opioids will also make the overdose more likely to return
- It is helpful to be there to tell the emergency response team as much as you know – what drugs the person took, and what actions you have taken so far

Responding to a non-opioid depressant overdose

Non-opioid depressant overdoses (e.g. Xanax, alcohol, GHB) look like opioid overdoses (since opioids also act as depressants). If you are certain that someone has not taken opioids, support the person similarly to an opioid overdose without the administration of naloxone. In other words, call 911 or your local emergency number and provide CPR. Naloxone has no effect on depressant overdoses that do not involve opioids. However, if the overdose involves multiple substances including opioids, it will temporarily take opioids out of the picture and if opioids are not involved, administering naloxone will not be harmful (it will have no effect).

Chest Compressions and Rescue Breathing

Most overdose response programs recommend giving rescue breaths in an opioid overdose because opioids affect breathing first. If a person stops breathing, the heart will eventually stop. Therefore, getting oxygen into the body is the first priority (rescue breathing) but circulating that oxygen through the body (chest compressions) is also necessary. In an overdose that is potentially fatal, the best way to prevent death is to provide chest compressions and rescue breathing, in addition to naloxone. For these reasons, this training manual introduces rescue breathing **and** chest compressions as part of a comprehensive response to opioid overdose.

It is important to note that chest compressions and rescue breathing are challenging skills that take time to master. These skills are developed through CPR training. Overdose Prevention, Recognition and Response training is designed to be brief and low-threshold, and focuses on the administration of naloxone. CPR training is encouraged in addition to Overdose Prevention, Recognition and Response training. However, CPR training takes longer, and is generally less accessible – so is not required in order to be eligible for a free Take-home naloxone kit. When a lay-responder calls 911 (or local emergency response number) in an overdose emergency, the dispatcher will support the lay-responder by providing instructions on rescue breathing and chest compressions.

Videos

Watch any or all of the following instructional videos to review the content covered in this manual. **Please note that chest compressions may not be included in the overdose response steps covered in these videos.**

- **Naloxone Saves Lives** (12:49 min) <https://vimeo.com/164669763>
- **Naloxone Wakes You Up** (*youth focused*) (6:29 min) <https://vimeo.com/180116125>
- **SAVE ME Steps to Save a Life** (3:21 min) <https://vimeo.com/185012011>

Introduction to the Manitoba Take-Home Naloxone Program

The Manitoba Take-Home Naloxone kits contain:

- Instruction sheet (French and English)
- Alcohol Swabs
- Gloves and a breathing mask to protect the responder
- 3 Vanish Point® syringes
- Pill bottle containing 3 ampoules of naloxone
- 3 ampoule breakers



Legal Considerations

A bystander who provides emergency first aid, including administration of naloxone is protected from liability by the Manitoba Good Samaritan Act.

Liability related to various aspects of naloxone is a common concern. There are no known cases of legal action related to naloxone. A bystander who provides voluntary emergency first aid, including administration of naloxone, is protected from liability by the Manitoba **Good Samaritan Protection Act**. Note: this is different from the **Good Samaritan Drug Overdose Act**.

Where can you get naloxone?

In Manitoba, there are many "Take Home Naloxone" distribution sites which offer free take-home naloxone kits and training to individuals who are at risk of opioid overdose. Additionally, anyone can purchase a naloxone kit at any community/retail pharmacy that has naloxone kits for sale. Individuals do not need to provide their name or identifying information to a pharmacist if purchasing naloxone. A pharmacist will assist with this purchase, as the product is stored behind the pharmacy counter, and the pharmacist is required to provide training to the individual purchasing naloxone.

Naloxone for use in the workplace is not publically funded under Manitoba's Take-Home-Naloxone program. Please contact your employer about purchasing naloxone for use in your workplace.

Anyone interested in learning about overdose prevention, recognition, and response should access training.

Resources

Visit www.gov.mb.ca/fentanyl/ to find:

- Information on the Manitoba Health Take Home Naloxone Program:
- Paperwork for Registered Take Home Naloxone Sites:
- Educational Materials

Training Videos:

- Naloxone Saves Lives (12:49 min) <https://vimeo.com/164669763>
- Naloxone Wakes You Up (*youth focused*) (6:29 min) <https://vimeo.com/180116125>
- SAVE ME Steps to Save a Life (3:21 min) <https://vimeo.com/185012011>

Learning Objectives Checklist

Here is a checklist that summarizes material covered by this manual.

☑ TOPIC	IMPORTANT DETAILS
<input type="checkbox"/> Overdose Prevention	<ul style="list-style-type: none"> • MIXING: opioids with downers OR opioids with uppers (Prevention: don't mix, or if do, use drugs before alcohol) • TOLERANCE: taking drugs, after periods of non-use or lower use e.g. jail, detox/abstinence, hospital, new use (Prevention: use less at these times) • QUALITY OF STREET DRUGS: unpredictable (Prevention: do testers, go slow, use a consistent reliable dealer) • USING ALONE: behind closed locked door when no-one knows (Prevention: tell someone before you use, leave door unlocked) • HEALTH: liver, breathing problems, lack of sleep, dehydration, infections (Prevention: eat, drink, sleep, see doctor, carry inhaler)
<input type="checkbox"/> Signs and Symptoms of Opioid OD <i>(Naloxone only works for <u>opioid OD</u> – NOT for non-opioid depressants like alcohol or benzos BUT if you don't know, <u>naloxone won't hurt</u>)</i>	<ul style="list-style-type: none"> • e.g. carfentanil, fentanyl, heroin, morphine, oxy, Dilaudid, T3, methadone • opioid OD = too much drugs, breathing slows, not enough oxygen to the brain (less than 1 breath every 5 seconds) • Key feature: UNRESPONSIVE & SLOW/SHALLOW/IRREGULAR BREATHS • May also observe: (1) blue lips/ fingernails; (2) snoring/gurgling
<input type="checkbox"/> Signs and Symptoms of Stimulant Overdose <i>(or 'overamping')</i>	<ul style="list-style-type: none"> • e.g. crystal meth, cocaine, crack, MDMA, caffeine, nicotine • Chest pains, dizziness, rapid heartbeat, extreme agitation • Lots of sweat or no sweat, seizures/convulsions, foaming at the mouth • Paranoia, delusions, psychosis • <u>MEDICAL EMERGENCY – CALL 911 – NALOXONE WON'T WORK</u>
RESPONDING TO AN OPIOID OVERDOSE	
<input type="checkbox"/> CONFIRM UNRESPONSIVE	<ul style="list-style-type: none"> • Stimulate with: Noise (shout, use their name), Pain (ex. sternal rub) – Remember, tell person what you are doing before you touch them
<input type="checkbox"/> CALL 911 or local emergency response number	<ul style="list-style-type: none"> • Put person in the recovery position if you have to leave them alone. The Good Samaritan Drug Overdose Act protects the caller from drug possession charges
<input type="checkbox"/> CLEAR AIRWAY	<ul style="list-style-type: none"> • Clear airway (is there anything in their mouth?), tilt head, lift chin • Pinch nose and give 2 breaths. If no response: administer naloxone if you have it
<input type="checkbox"/> GIVE INTRAMUSCULAR NALOXONE <i>(demonstrate if possible)</i>	<ul style="list-style-type: none"> • Swirl ampoule, snap top off, draw up all of the naloxone, remove most of the excess air • Inject into large muscle – THIGH, or upper arm • Inject at 90°, push plunger until you hear a click (needle will retract)
<input type="checkbox"/> GIVE BREATHS AND CHEST COMPRESSIONS	<ul style="list-style-type: none"> • If the person is barely breathing or not breathing: commence cycles of 30 chest compressions to 2 rescue breaths • 911 will review these instructions
<input type="checkbox"/> EVALUATE EFFECTS (for 4-5 minutes) & GIVE MORE NALOXONE IF NEEDED	<ul style="list-style-type: none"> • Continue to give breaths <u>FOR 3-5 MINUTES</u> (about 7 CPR cycles) OR until they respond (are breathing again on their own). • <u>After 3- 5 minutes, if still unresponsive, give a 2nd dose of naloxone</u> • Continue CPR and naloxone administration every 3-5 minutes until person breathing OR paramedics arrive OR you run out of naloxone (continue CPR only)
<input type="checkbox"/> AFTERCARE AND CARING FOR NALOXONE	<ul style="list-style-type: none"> • Naloxone wears off in 20-90 minutes • Person will not remember overdosing – explain what happened • If person does NOT go to hospital monitor at least 2 hours and do NOT allow them to take more opioids (could OD again)Naloxone should be stored out of the light at room temperature (15-30 C) • Be aware of the expiry date – it is on the ampoule

STATEMENT AGAINST THE DISCRIMINATION OF PEOPLE WHO CARRY NALOXONE

This statement is in support of the rights of people who carry naloxone or have it in their possession to be free from discrimination and harmful assumptions about their conduct.

People in Manitoba can access take-home naloxone kits in three different ways;

1. Kits can be purchased by any person in a pharmacy that makes naloxone available for sale
2. Kits can be procured free of charge by any person whose health is covered by National Insured Health Benefits (NIHB) from a pharmacy that makes naloxone kits available – with a dispensing fee charged to NIHB
3. Kits can be provided free of charge to any person at risk of opioid overdose from a participating provincial naloxone distribution site

Risk of opioid overdose includes people who take prescription opioids at 20 mg morphine/day or greater, people involved in illicit opioid use, or any illicit drug use where the drug may be adulterated with strong opioids, and people who do not take drugs but are likely to in the near future, even episodically. Many people at risk of opioid overdose do not have addictions or problematic drug use. Many people who have naloxone kits carry them because of their concern over others.

A person who carries or has access to naloxone should not be discriminated against because of assumptions based on what carrying naloxone might mean. Take-home naloxone kits are not evidence of problematic drug use, addiction, drug trafficking, child abuse, or child neglect.

A naloxone kit in a person's possession or in the home should not be used as evidence to obtain a search warrant, detain and/or search a person, apprehend children, evict a person from residence, or any other discriminatory harm.