

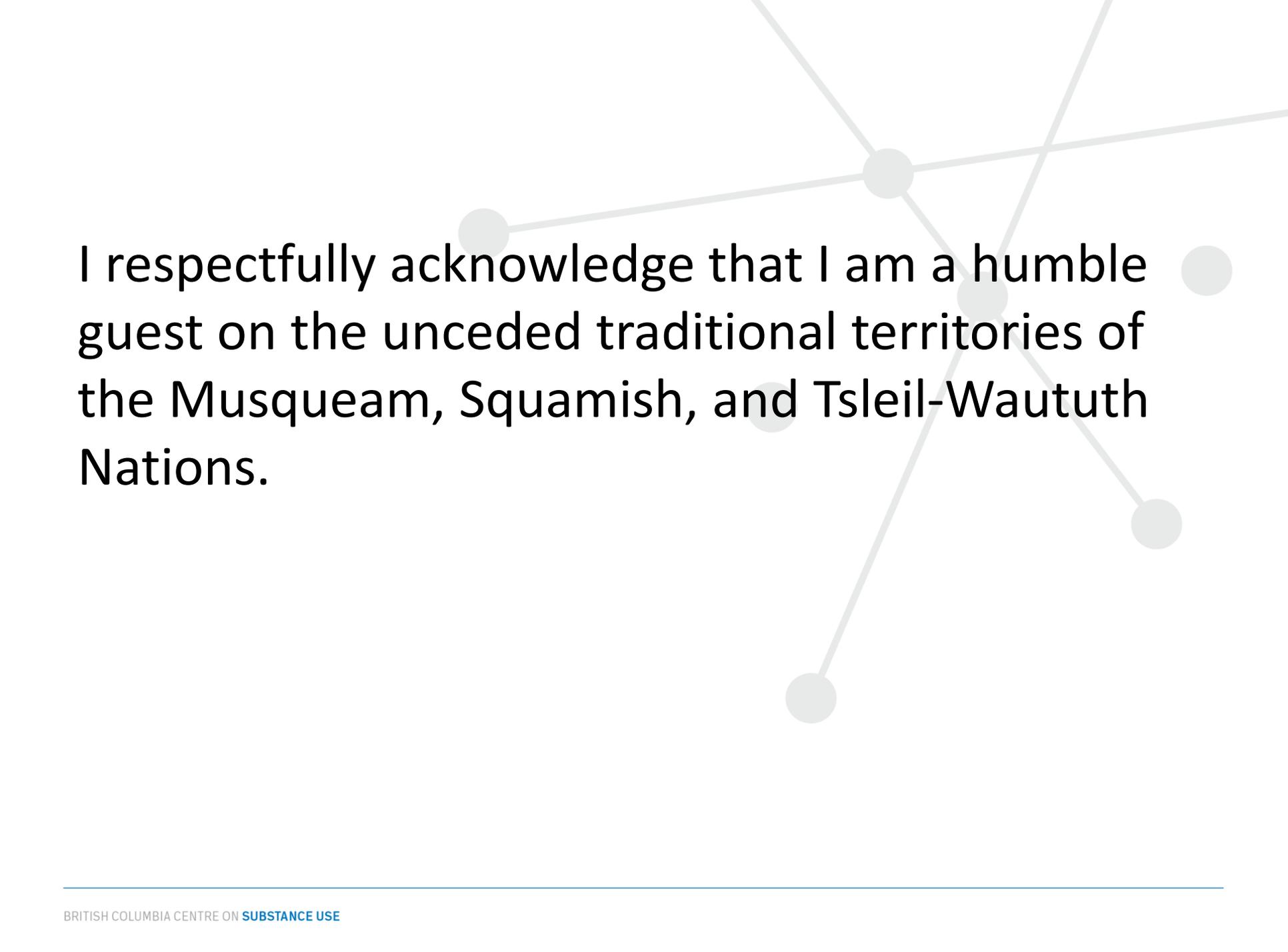
# Opioid Use Disorder



Mona Kwong, BSc(Pharm), PharmD, MSc  
Pharmacy Advisor, BC Centre on Substance Use

[www.bccsu.ca](http://www.bccsu.ca)

Clinical Pharmacist, Pharmasave Howe Street  
Pharmacist Consultant, Infinity Medical Specialists Clinic



I respectfully acknowledge that I am a humble guest on the unceded traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Nations.

# Outline of our time

- Background
- National Guideline Development
  - Methadone
  - Suboxone (Buprenorphine/Naloxone)
  - iOAT
- Stigma
- Resources
- Naloxone Practice

# Introduction to our team:

**Amanda** Giesler, Clinical and Internal Engagement Lead  
BC Centre on Substance Use

**Karen** McCrae, Project Manager, Implementations & Partnerships  
BC Centre on Substance Use

**Nicole** Fairbairn, Education Programs Assistant  
BC Centre on Substance Use

## Pharmacists:

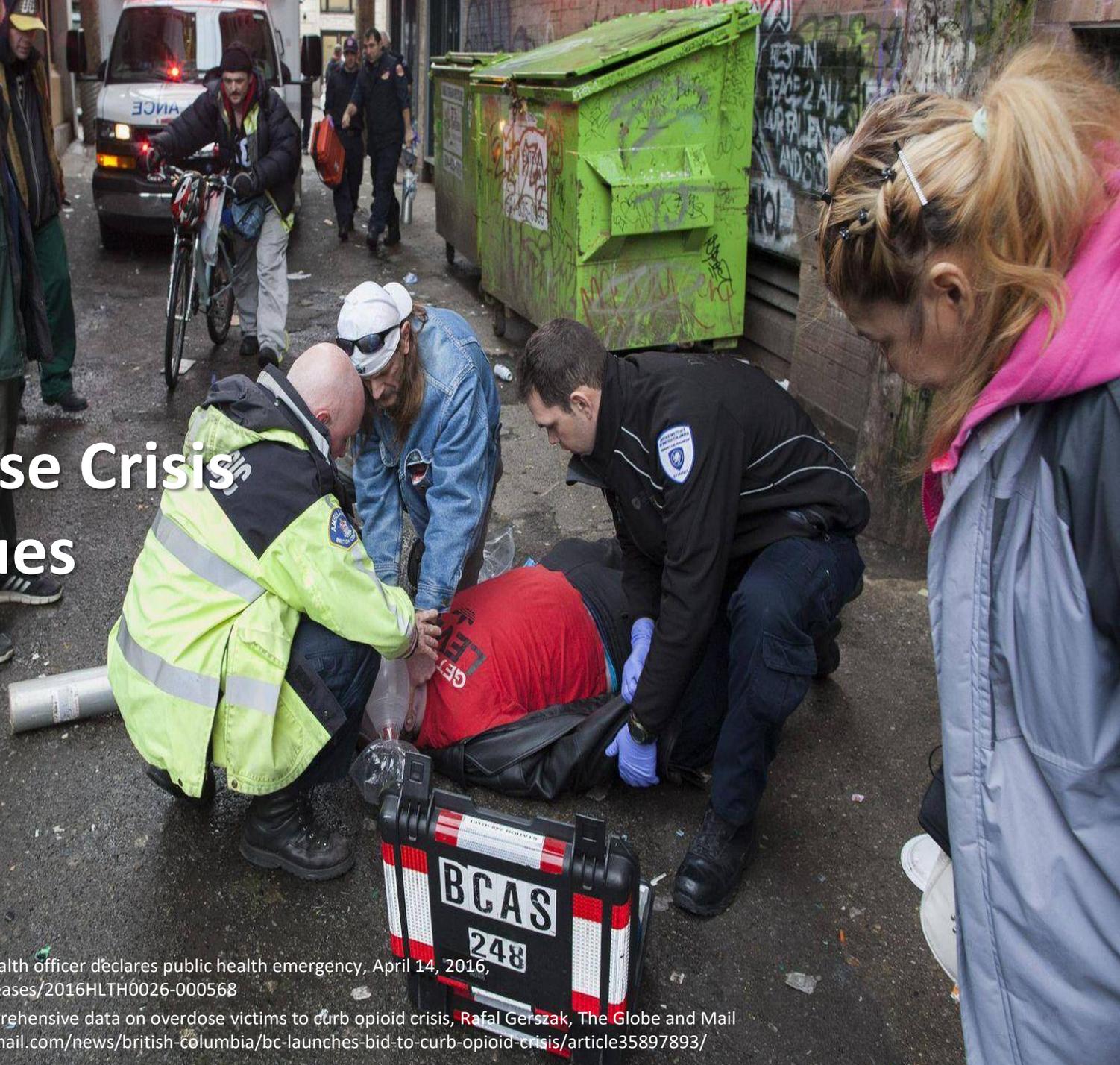
**Adam** Chang  
**Anissa** Penneway  
**Ann** Johnston  
**Annette** Ho  
**Georgina** Barbour  
**Jerry** Mejia  
**Lily** Liang  
**Sienna** Park

## Pharmacy Students:

**Joey** Pandher (U of Sask)  
**Shelly** Jin (Dalhousie)

What is happening in the news?

# Opioid Overdose Crisis Continues in BC

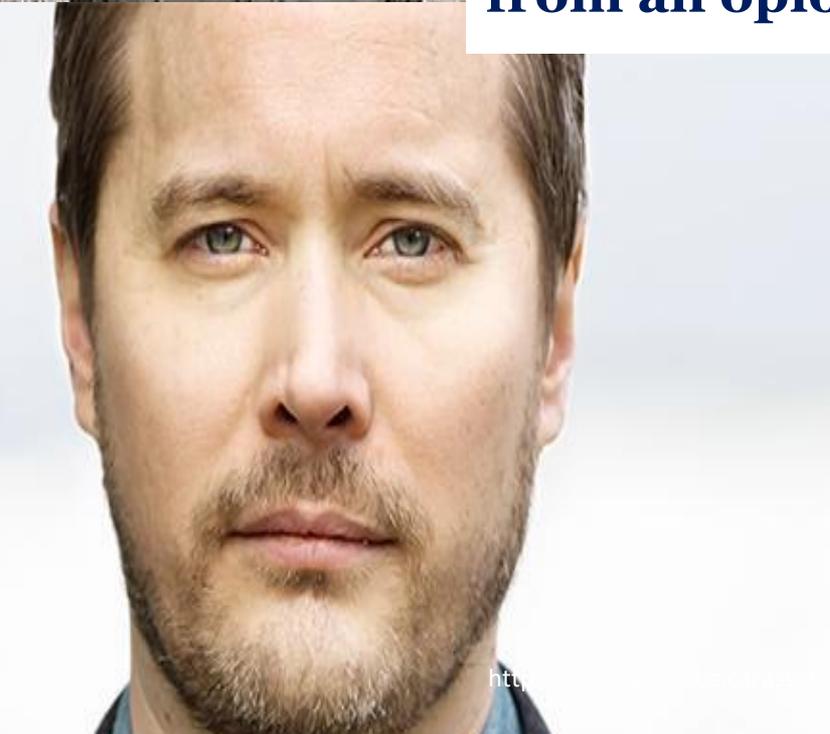


BC Gov News, Provincial health officer declares public health emergency, April 14, 2016,  
<https://news.gov.bc.ca/releases/2016HLTH0026-000568>

Image: B.C. collecting comprehensive data on overdose victims to curb opioid crisis, Rafal Gerszak, The Globe and Mail  
<https://www.theglobeandmail.com/news/british-columbia/bc-launches-bid-to-curb-opioid-crisis/article35897893/>



**Over 4 people a day are dying  
from an opioid overdose**

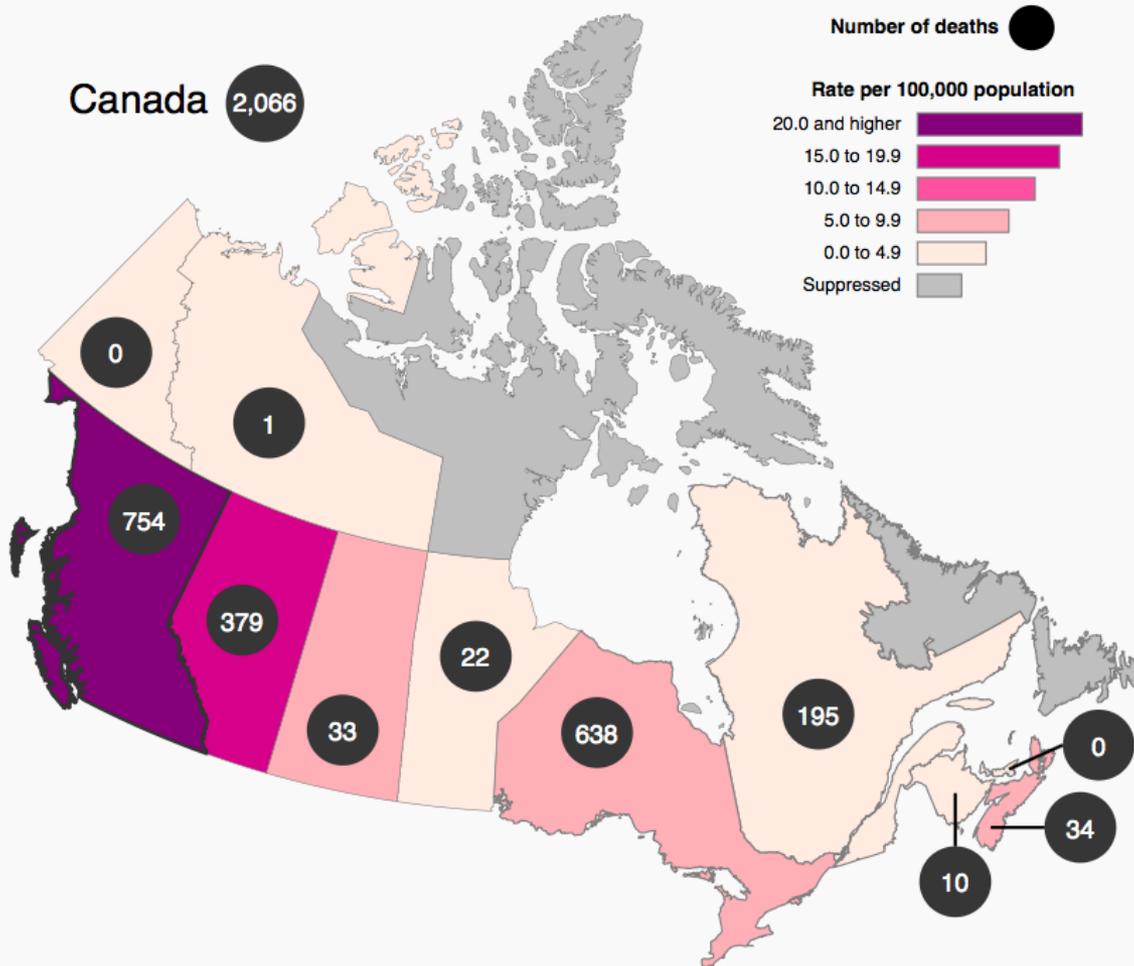


BC Coroners Service, Illicit Drug Overdose Deaths in BC, January 1, 2008 – July 31, 2018  
<http://www.bccoroners.com/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Images from StopOverdoseBC.ca campaign

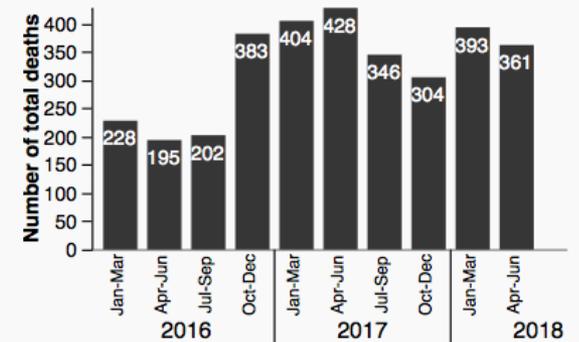
# Key Findings from the National report: Apparent opioid-related deaths in Canada (released November 2018)

- The opioid crisis has affected every part of the country, but some provinces and territories have been impacted more than others. According to data reported as of November 16, 2018:
- there were **9,078** apparent opioid-related deaths between January 2016 and June 2018
  - in 2016, there were **3,014** apparent opioid-related deaths (corresponding to a death rate of **8.3 per 100,000** population) and
  - In 2017, there were **3,998** apparent opioid-related deaths (corresponding to a death rate of **10.9 per 100,000** population)
  - from January to June 2018, there were **2,066** apparent opioid-related deaths, corresponding to a death rate of **11.2 per 100,000** population
- Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: Apparent opioid-related deaths in Canada (January 2016 to June 2018). Web Based Report. Ottawa: Public Health Agency of Canada; December 2018.



In **2018 (Jan to Jun)**, the number of total apparent opioid-related deaths in **British Columbia** was **754**.

The death rate in **British Columbia** was **30.2** per 100,000 population for the selected year.



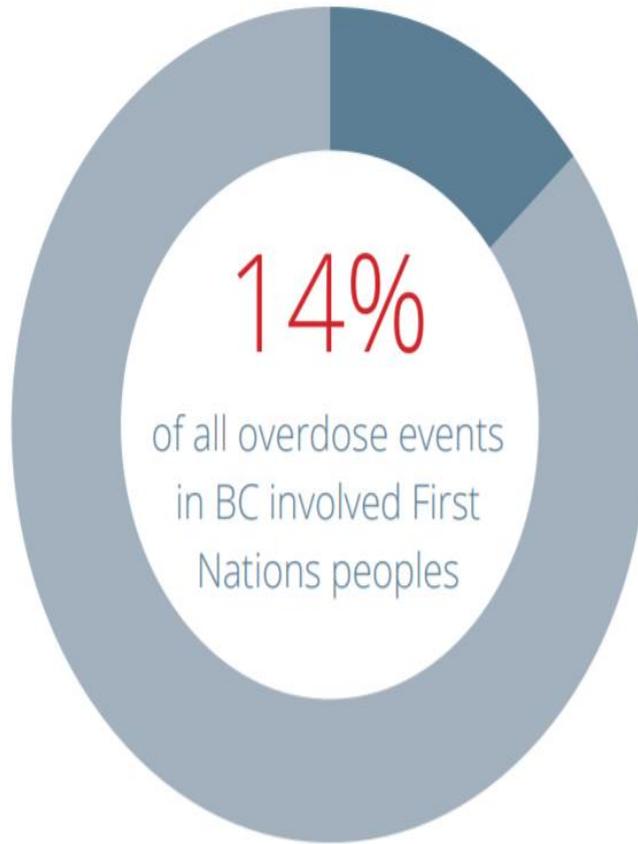
Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: Apparent opioid-related deaths in Canada (January 2016 to June 2018). Web Based Report. Ottawa: Public Health Agency of Canada; December 2018.

- Most accidental apparent opioid-related deaths were among young and middle aged adults
  - 20% were individuals between the ages of 20 and 29
  - 27% were between the ages of 30 and 39, and
  - 21% were between the ages of 40-49.
- The Canadian Institute for Health Information found that between 2016 and 2017, rates of emergency department visits due to opioid poisoning rose in Ontario and Alberta by 73% and 23%, respectively.
- Based on available emergency medical services data between January and June 2018, 71% of suspected opioid-related overdoses occurred among men.

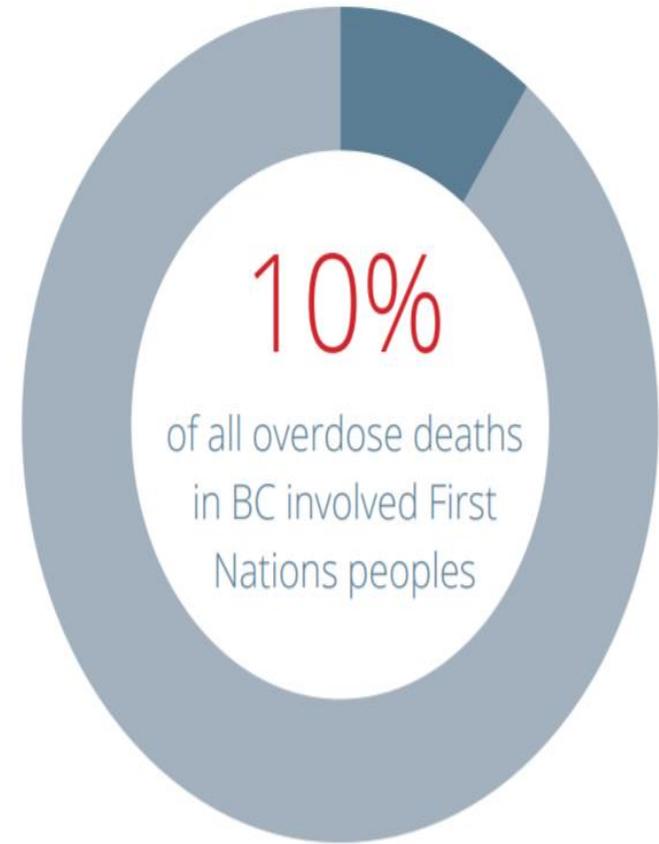
<https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/harms-deaths.html>



**Opioid overdose crisis  
has a disproportionate  
impact on First Nations  
in BC**



First Nations people are **5X** more  
likely than non-First Nations to  
experience an overdose event



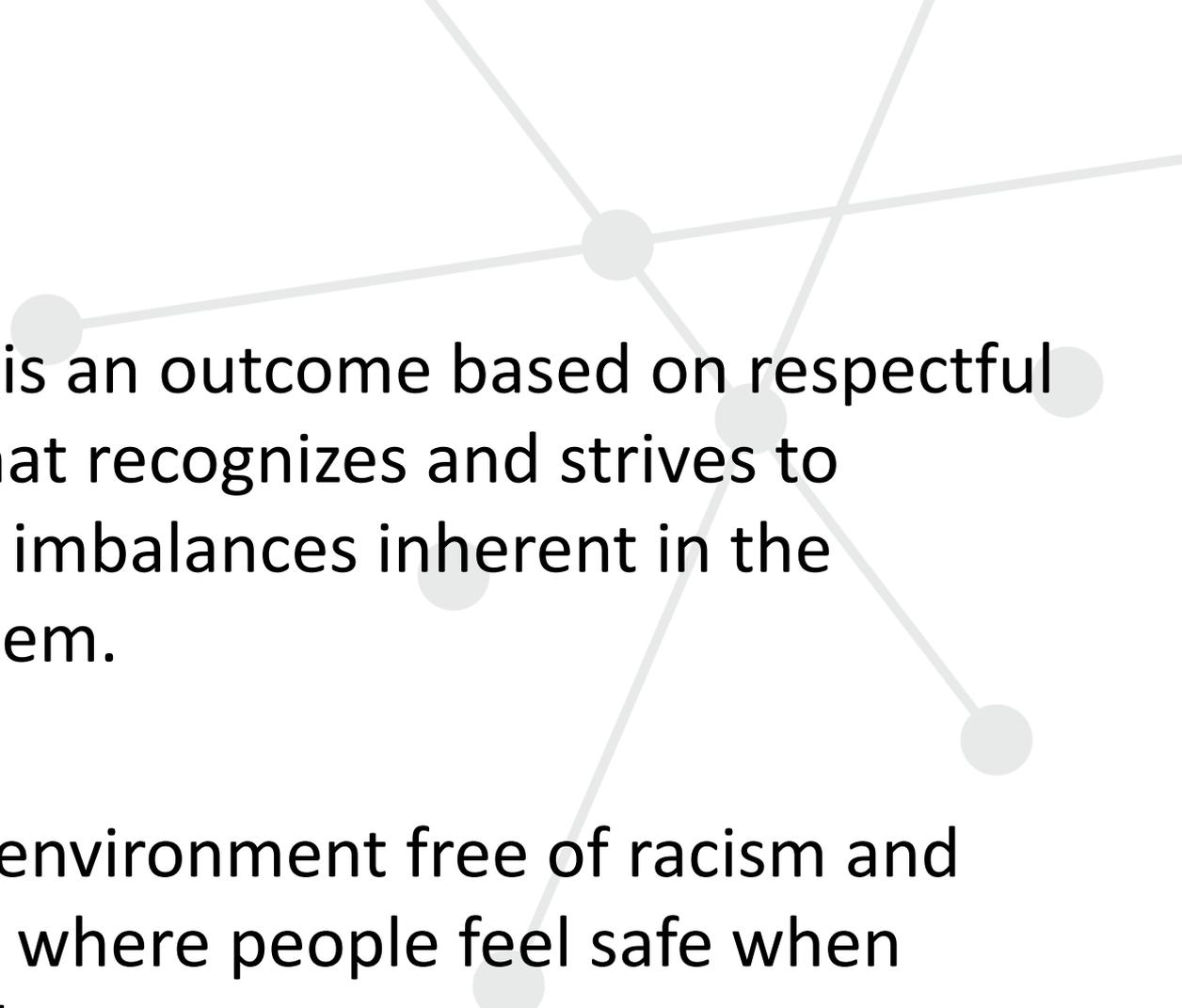
First Nations people are **3X** more  
likely than non-First Nations to  
die due to an overdose



## **Why First Nations are at a greater risk for opioid overdoses**

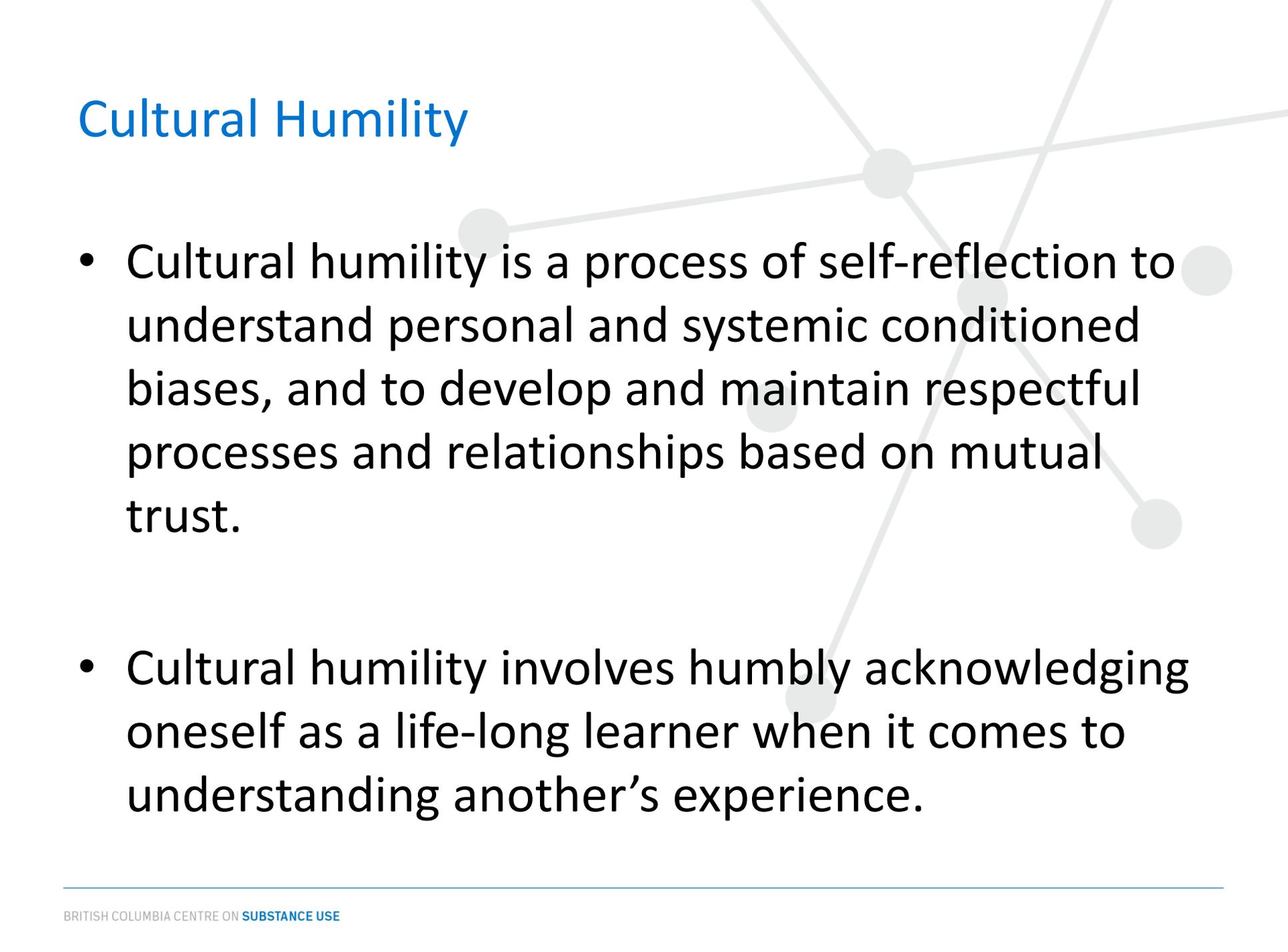
- Racism toward First Nations and intergenerational trauma are barriers to health care
- Intergenerational trauma is associated with risk of substance use
- First Nations peoples report reduced access to mental health and addiction treatment prevention sites

# Cultural Safety



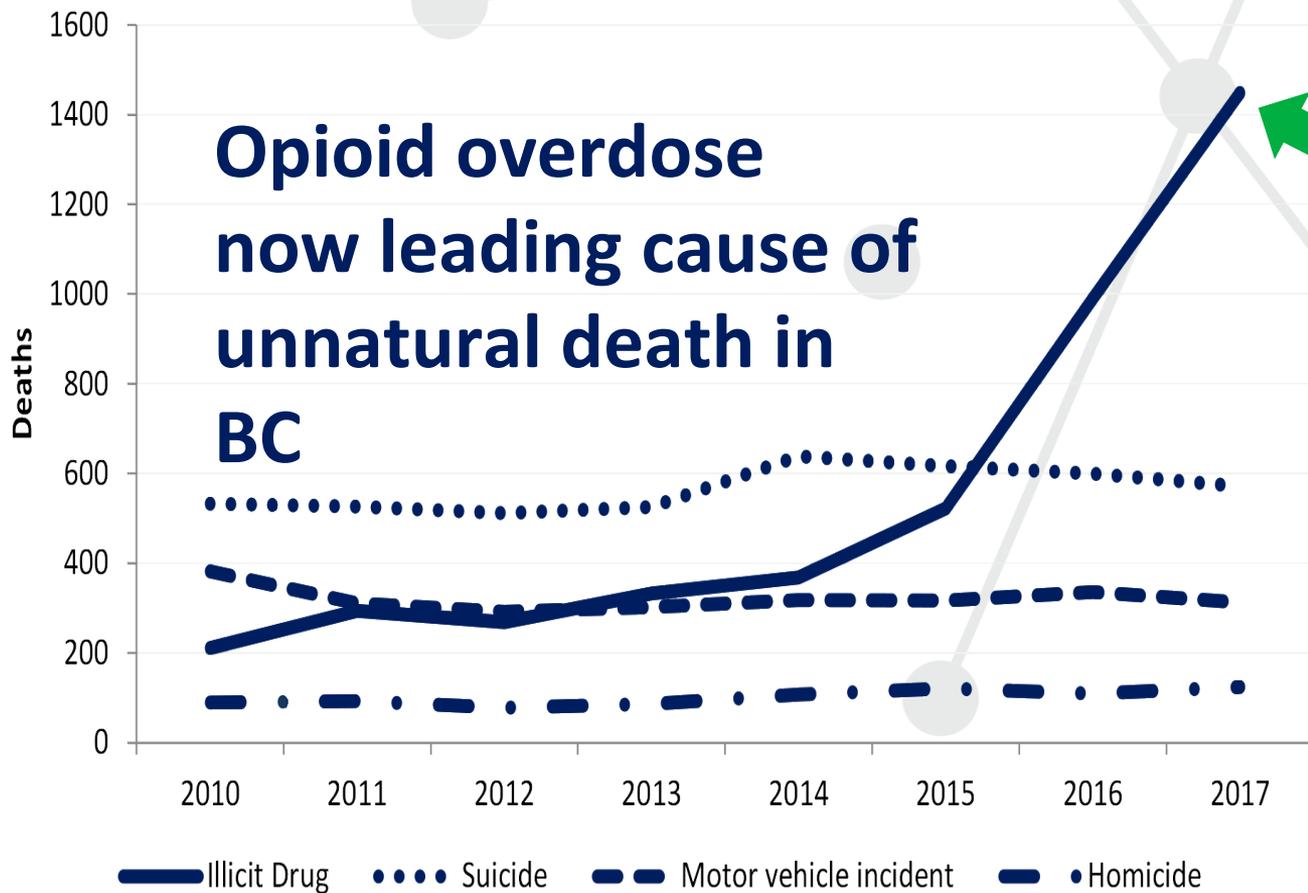
- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.
- It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

# Cultural Humility



- Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust.
- Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

# Major Causes of Unnatural Deaths in BC



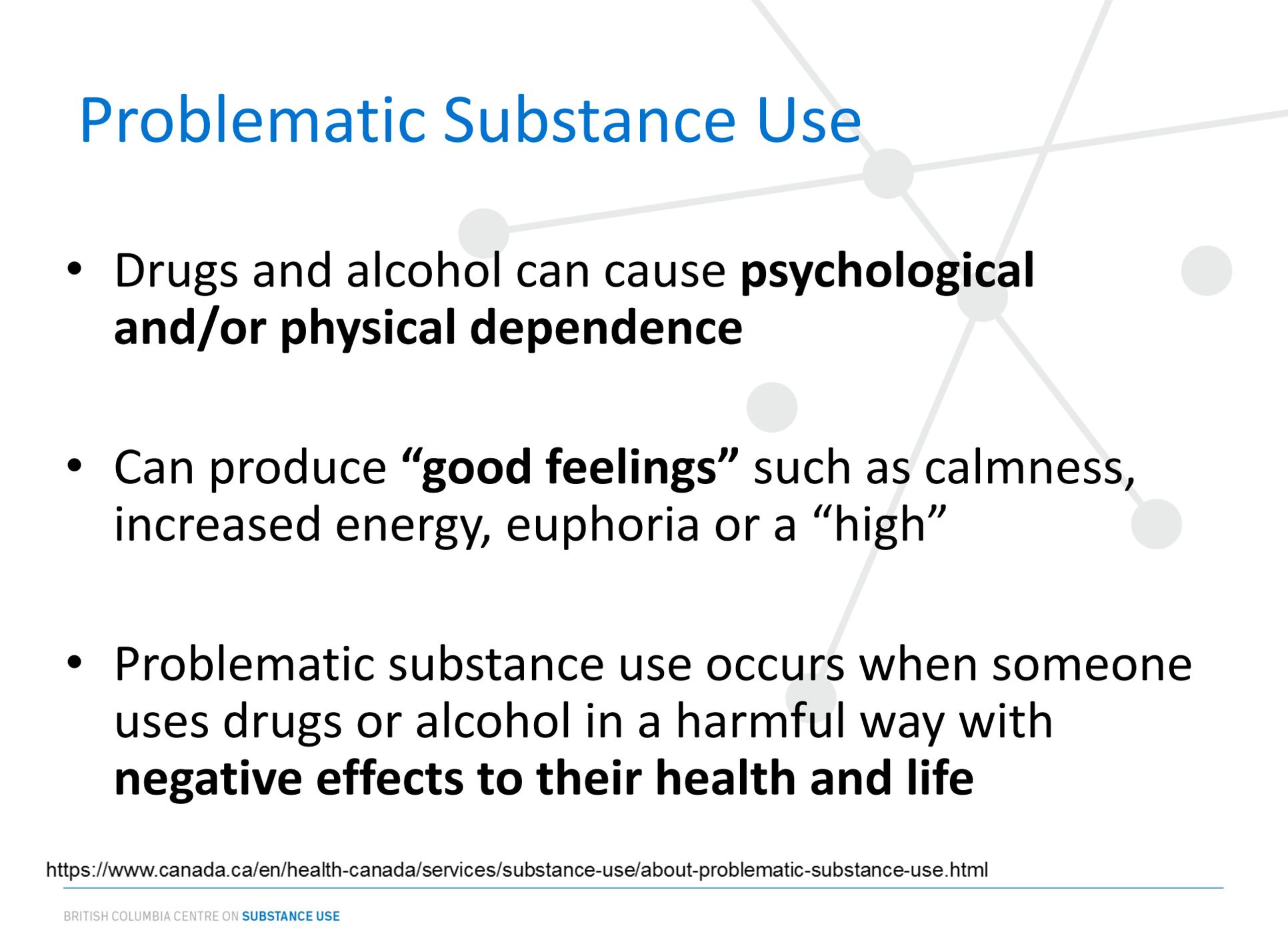
BC Coroners Service, Illicit Drug Overdose Deaths in BC January 1, 2008 to August 31, 2018

<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

# Prescription Opioids and Heroin/Fentanyl

- Efforts to reduce opioid prescribing created **inadvertent vacuum in illicit opioid supply**
- Heroin became a **cheaper, more accessible alternative**
- **Increasing contamination** of heroin and other high-potency synthetic opioids (eg. carfentanil)

# Problematic Substance Use



- Drugs and alcohol can cause **psychological and/or physical dependence**
- Can produce “**good feelings**” such as calmness, increased energy, euphoria or a “high”
- Problematic substance use occurs when someone uses drugs or alcohol in a harmful way with **negative effects to their health and life**

<https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html>

# Substance Use Disorder

- When someone regularly uses drugs or alcohol **despite continued negative consequences**, they may have substance use disorder
- **Medical condition** that often requires treatment from health care providers
- Can involve both **psychological and physical dependence**

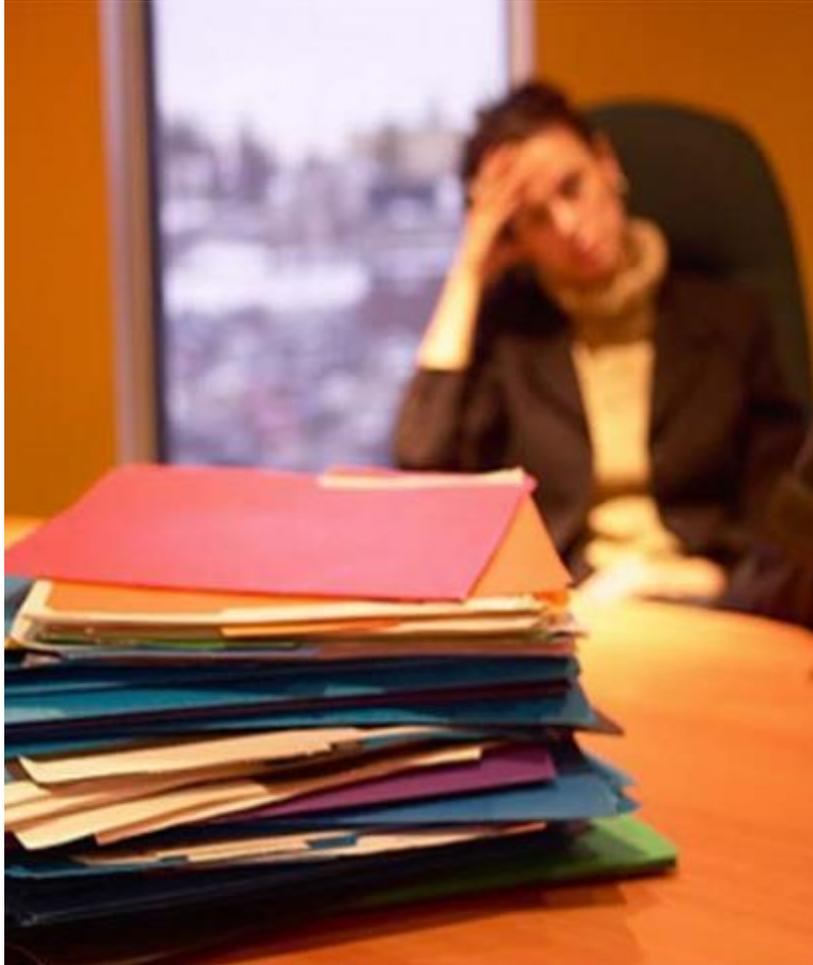
# Signs of Substance Use Disorder

- **Constant cravings/Compulsive seeking**
- **Continuous use despite:**
  - negative health effects
  - missing school or work
  - lower grades or marks at school
  - isolation from friends & family members
  - extreme changes in behaviours & mood



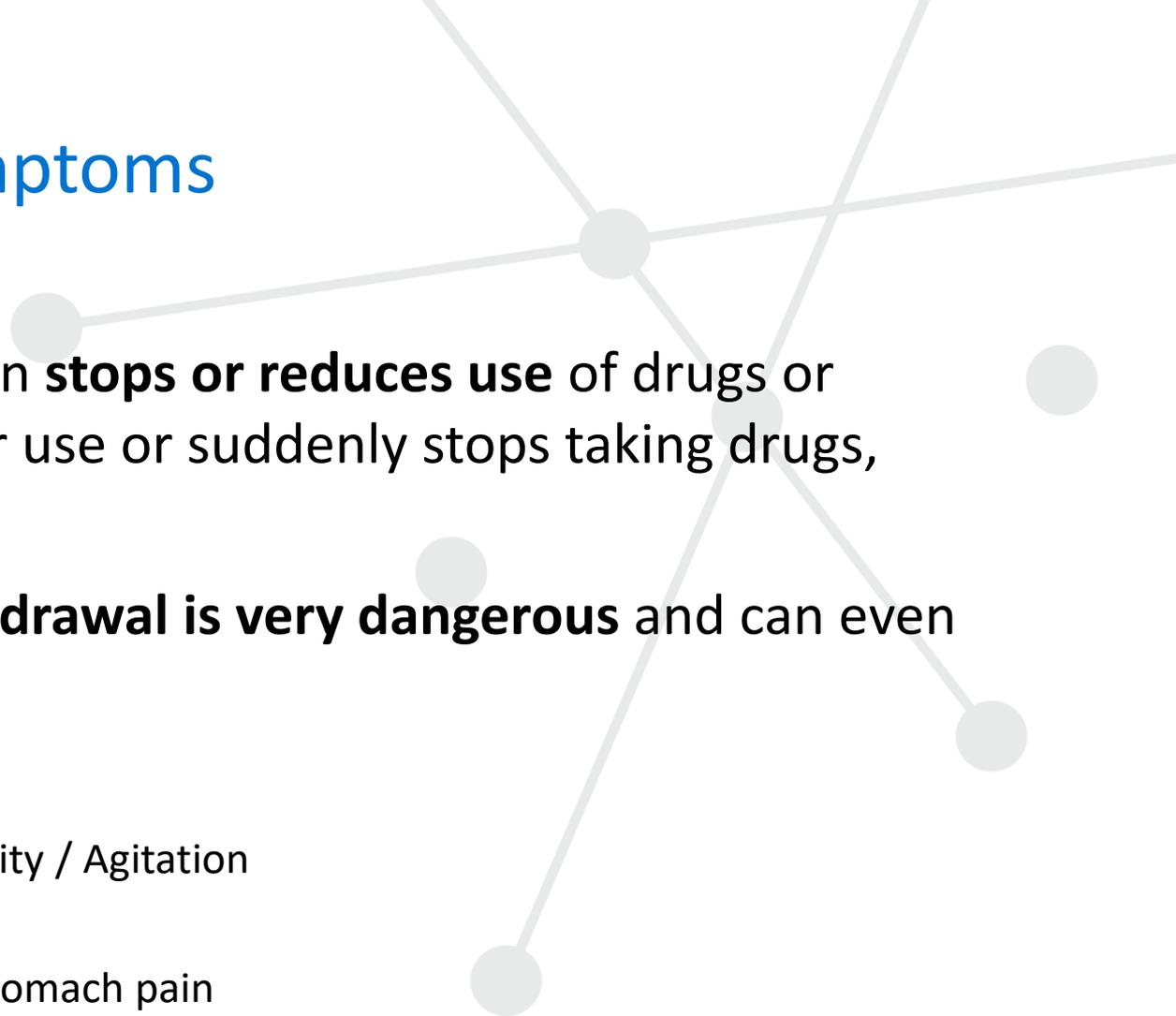
<https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html>

# Negative Effects of Substance Use



- **Mental Health**
- **Focus / Concentration**
- **Mood**
- **Money**
- **Relationships**
- **Sex**
- **Legal Problems**
- **Health & Safety**

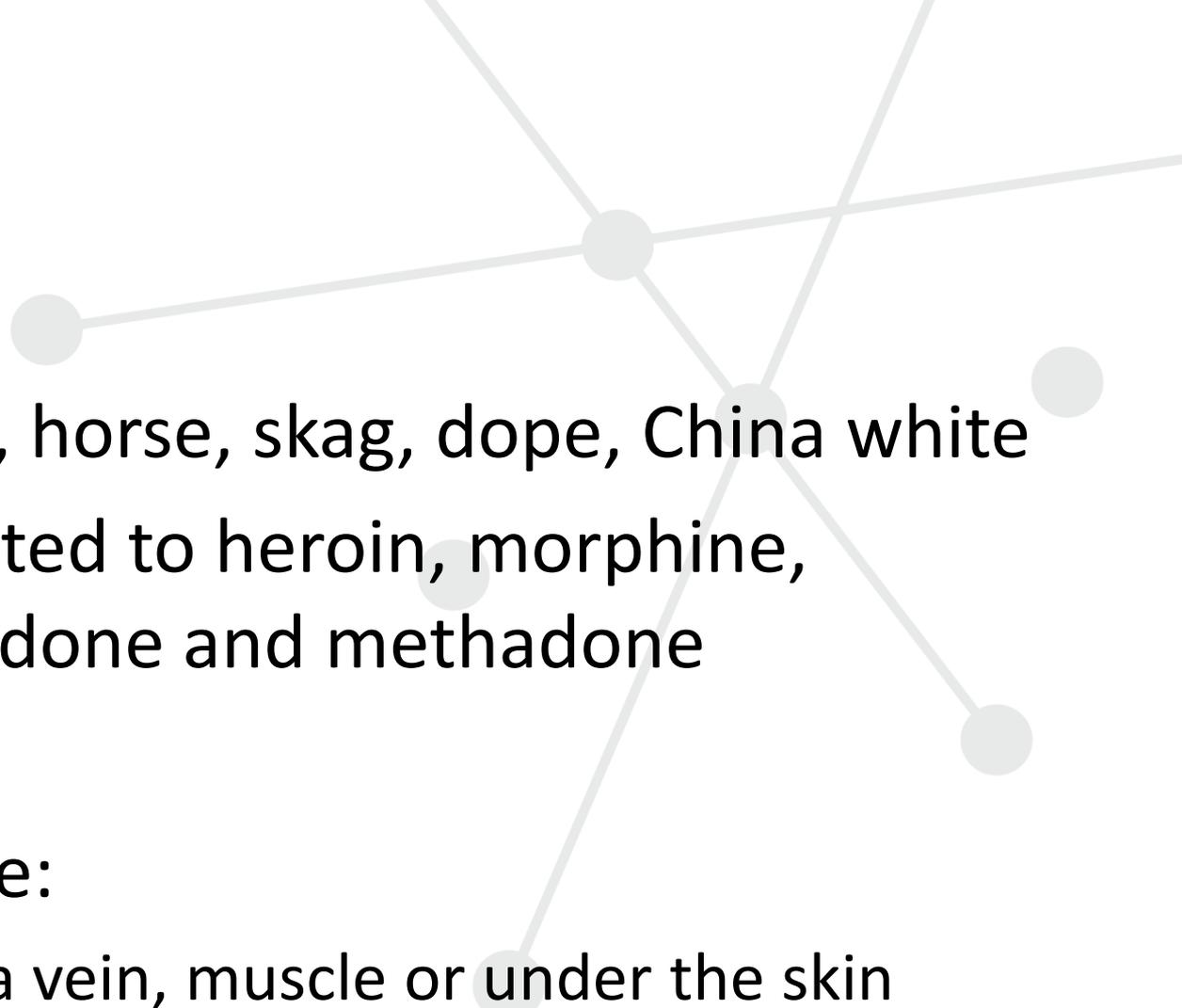
# Withdrawal Symptoms



- Occur when a person **stops or reduces use** of drugs or alcohol after regular use or suddenly stops taking drugs, such as opioids
- Severe **alcohol withdrawal is very dangerous** and can even cause death
- Symptoms:
  - Nervousness / Irritability / Agitation
  - Chills / Sweating
  - Diarrhea / Nausea / Stomach pain
  - Insomnia
  - Body aches / Widespread or Increased pain

<https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html>

# Heroin



- Junk, H, smack, horse, skag, dope, China white
- Fentanyl is related to heroin, morphine, codeine, oxycodone and methadone
- Methods of Use:
  - Injecting into a vein, muscle or under the skin
  - Snorting powder through the nose
  - Inhaling or smoking

# Heroin

- Individuals who use heroin daily must use every 6 to 12 hours to avoid withdrawal symptoms

## 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

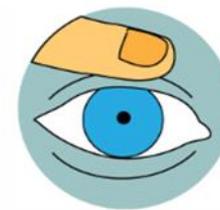
Choking, gurgling sounds or snoring



### Blue Lips & Nails

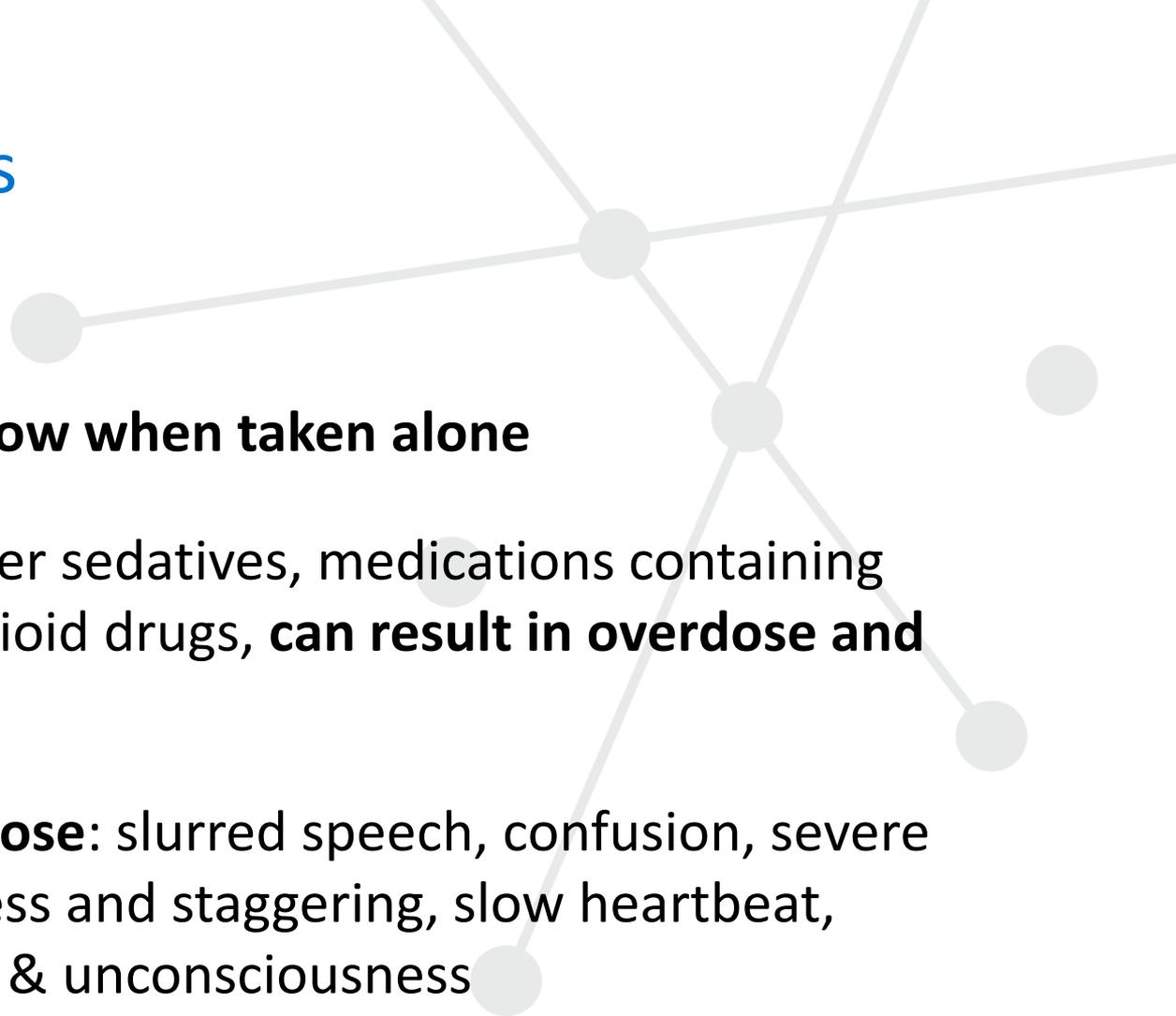


### Cold or Clammy Skin



### Tiny Pupils

# Benzodiazepines



- Risk of overdose is **low when taken alone**
- Combining with other sedatives, medications containing codeine or other opioid drugs, **can result in overdose and possible death**
- **Symptoms of overdose:** slurred speech, confusion, severe drowsiness, weakness and staggering, slow heartbeat, breathing problems & unconsciousness

## How to help

- Can mean different things for different people and **can take many different forms**
- Chronic nature of the disease means that **relapsing & re-using is not only possible, but likely**
- Successful treatment is **not determined by immediate, long-term abstinence**



# Stigma & Substance Use Disorder

- **Difficult for people to ask for help**
- People with substance use disorders **not seen as victims of a disease**
- **Judged for drug misuse** and accused of being responsible for their own illness
- **Prevents constructive dialogue about seeking help**





**CO-WORKER  
TEAMMATE  
DRUG USER  
HOCKEY FAN**

People who use drugs are real people.  
**Get involved. Get informed. Get help.**

[StopOverdoseBC.ca](http://StopOverdoseBC.ca)

# COUSIN STUDENT DRUG USER FRIEND

People who use drugs are real people.  
**Get involved. Get informed. Get help.**

[StopOverdoseBC.ca](http://StopOverdoseBC.ca)





GovCanHealth 

@GovCanHealth

Follow

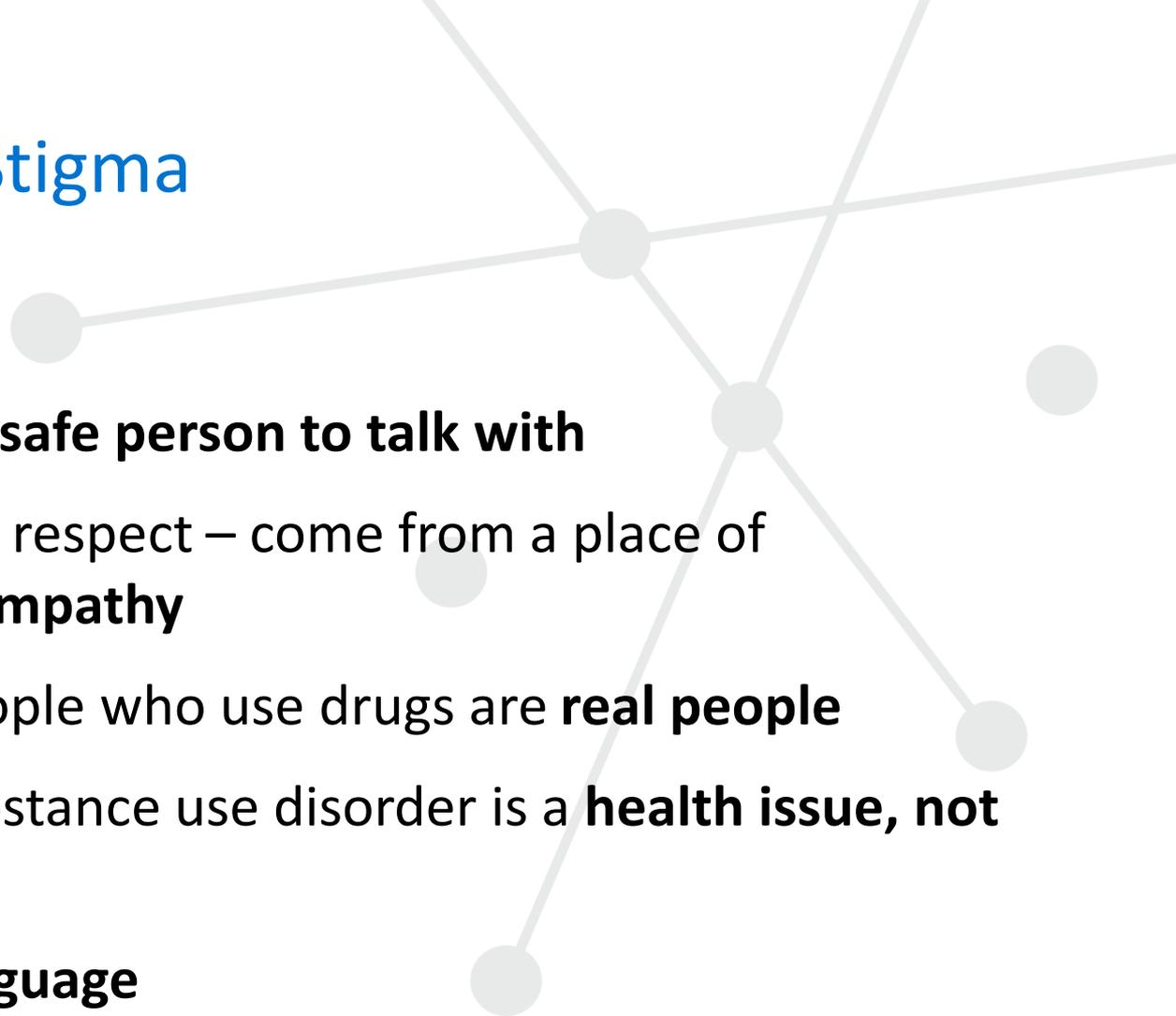


Problematic substance use can affect anybody and it can be difficult to ask for help. Let's work together to [#EndStigma](#) around drug use. [ow.ly/zV7Q30iZBSm](https://ow.ly/zV7Q30iZBSm)



9:01 AM - 19 Mar 2018

# Help Eliminate Stigma



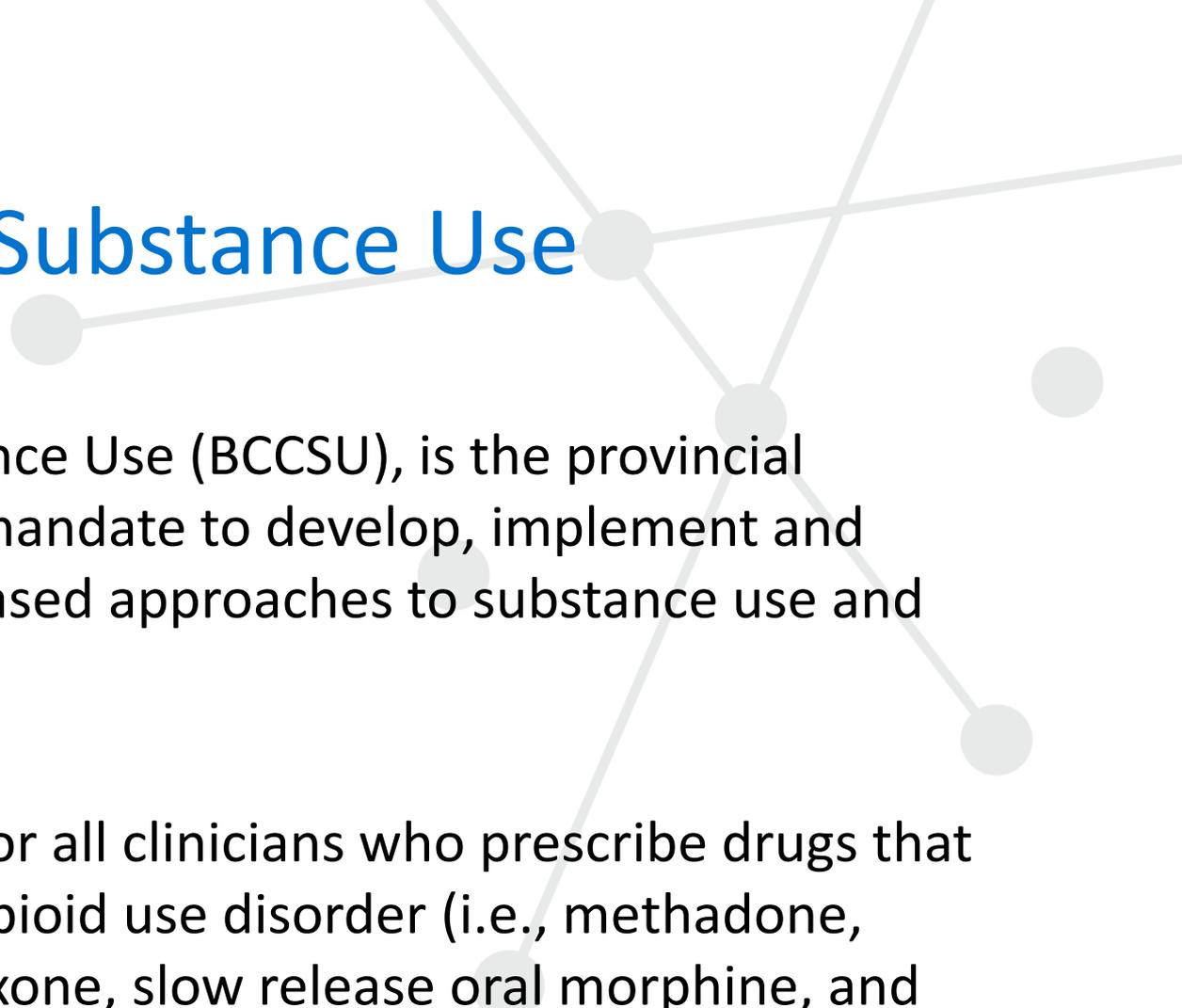
- Learn how to **be a safe person to talk with**
- Use extra care and respect – come from a place of **compassion and empathy**
- Recognize that people who use drugs are **real people**
- Recognize that substance use disorder is a **health issue, not a moral issue**
- Use **respectful language**
- Help **share the campaign to eliminate stigma**

# Respectful Language and Stigma

- **People-first language** – *“Person with a cocaine-use disorder”* instead of *“cocaine user”* or *“addict”*
- Use language that reflects the **medical nature of substance use disorders** – *“Addictive disease”* and *“substance use disorder”* instead of *“abuser”* or *“junkie”*
- Use language that **promotes recovery** – *“Opted not to”* and *“not in agreement with the treatment plan”* instead of *“unmotivated”* or *“non-compliant”*
- **Avoid slang and idioms** – *“Positive”* or *“negative”* when referring to drug tests, instead of *“dirty”* or *“clean”*

Language matters: reduce stigma, combat overdose, BCCDC, <http://www.bccdc.ca/about/news-stories/news-releases/2017/language-matters>

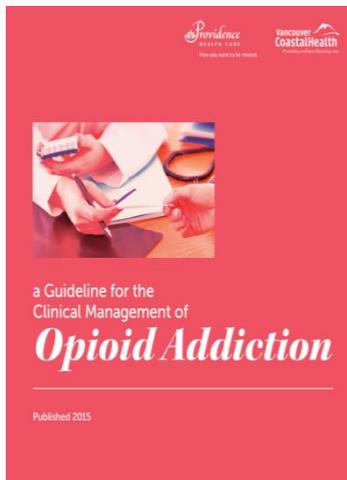
# BC Centre on Substance Use



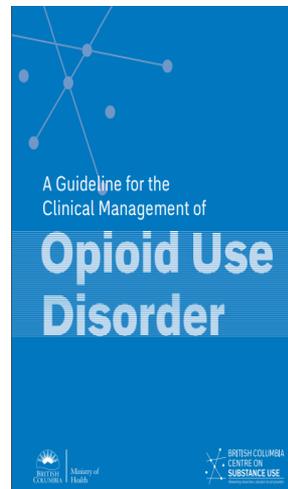
- BC Centre on Substance Use (BCCSU), is the provincial organization with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction.
- New guidelines are for all clinicians who prescribe drugs that treat patients with opioid use disorder (i.e., methadone, buprenorphine/naloxone, slow release oral morphine, and primarily hydromorphone)

# National Opioid Guidelines

## BC Opioid Guidelines, 2017



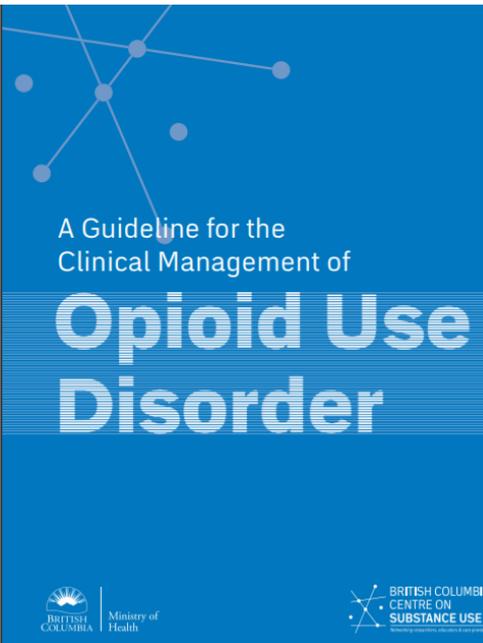
VCH Opioid Guidelines, 2015



National Opioid Guidelines, 2018



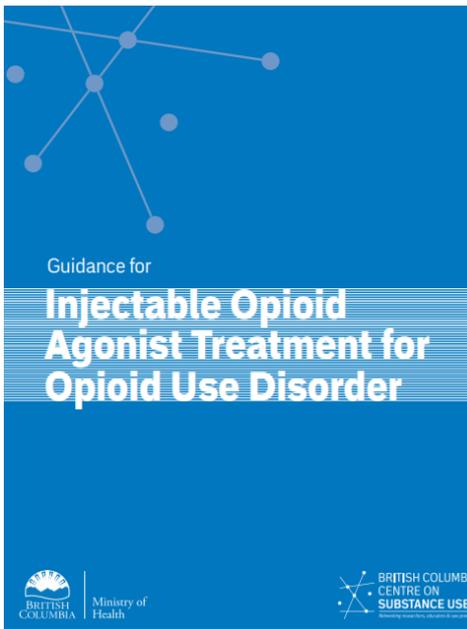
Other Provincial Opioid Guidelines



A Guideline for the  
Clinical Management of

# Opioid Use Disorder

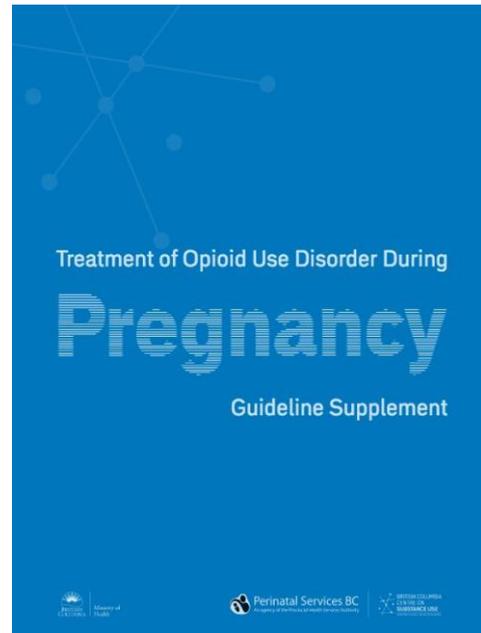
 



Guidance for

# Injectable Opioid Agonist Treatment for Opioid Use Disorder



Treatment of Opioid Use Disorder During

# Pregnancy

Guideline Supplement



Treatment of Opioid Use Disorder for

# Youth

Guideline Supplement



# Gone too Soon

Navigating grief and loss  
as a result of substance use

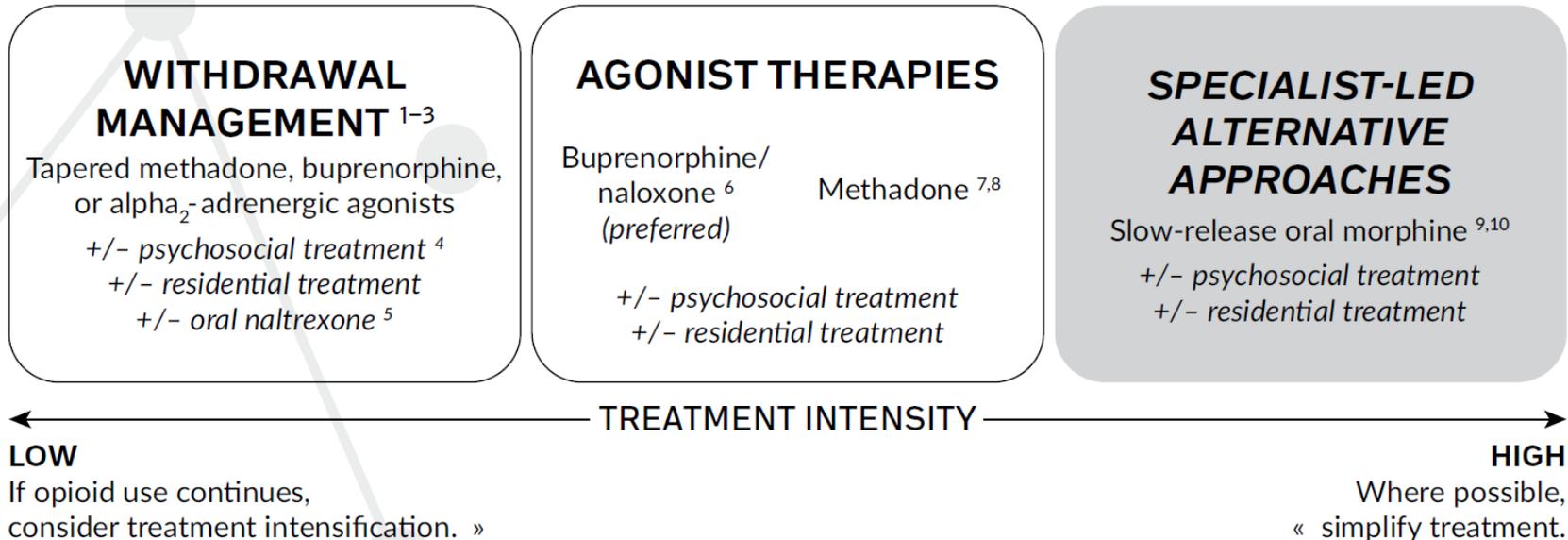


# From Grief to Action

## Coping Kit

Dealing with Addiction  
in Your Family

Table 1. Clinical management of opioid use disorder



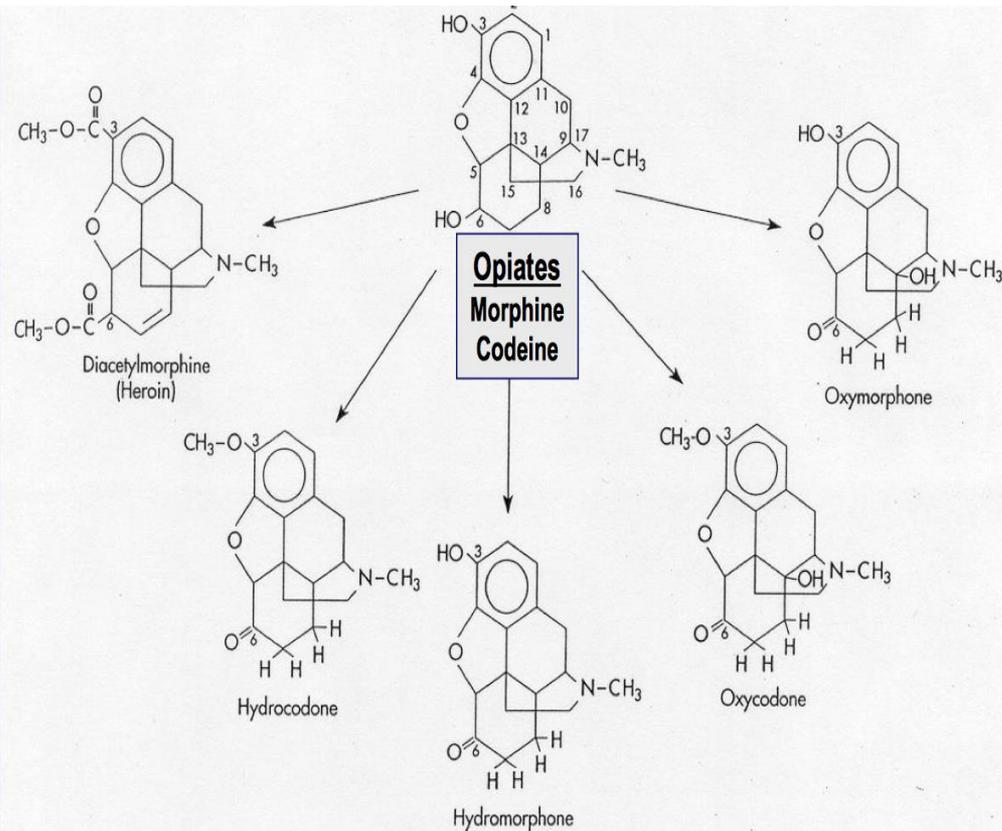
**HARM REDUCTION** <sup>11-13</sup>

Across the treatment intensity spectrum, evidence-based harm reduction should be offered to all, including:

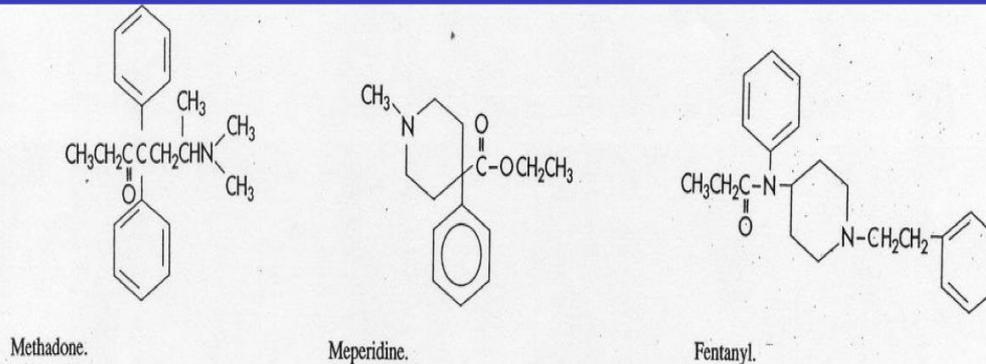
- Education re: safer user of sterile syringes/needles and other applicable substance use equipment
- Access to sterile syringes, needles, and other supplies
- Access to Supervised Injection Sites (SIS)
- Take-Home-Naloxone (THN) kits

# Opioids

Natural (opiates)  
&  
Semisynthetic



Synthetic



# Methadone

- 2001 – methadone program at pharmacies (1mg/mL or 2mg/mL diluted with Drink Crystals)
  - Has been used since 1950s for treatment of OUD (Opioid Use Disorder)
  - Thorough body of literature with established benefits in treatment of OUD in dose-dependent manner
  - Use is also associated with reduced risk of HIV and HCV transmission, and improved ARV adherence
  - Unfortunately, most patients tapering off methadone within the first year will return to opioid use
- 2014 – Commercially available methadone 10mg/mL
- 2017 – BCCSU new provincial guidelines (Suboxone first line for Opioid Use Disorder)
- Feb 1<sup>st</sup> 2017 – Plan G coverage for Opioid Use Disorder
- 2017 – Pharmacare extends coverage to include Kadian, iOAT (injectable Opioid Agonist Therapy)
- 2018 – Pharmacare extends coverage for other brand of methadone
- Dec 2018 – OAT Compliance Management Program by BCPhA for rollout for all pharmacists providing services for Opioid Use Disorder

# Buprenorphine/Naloxone



## BCCSU Guideline:

- Buprenorphine/Naloxone is the preferred first-line OAT for treating patients with an opioid use disorder.
- Buprenorphine/Naloxone is a 4:1 combined formulation of buprenorphine and naloxone administered as a sublingual tablet(s).

# Reduction in overdose mortality with expanded access to buprenorphine/naloxone (France)

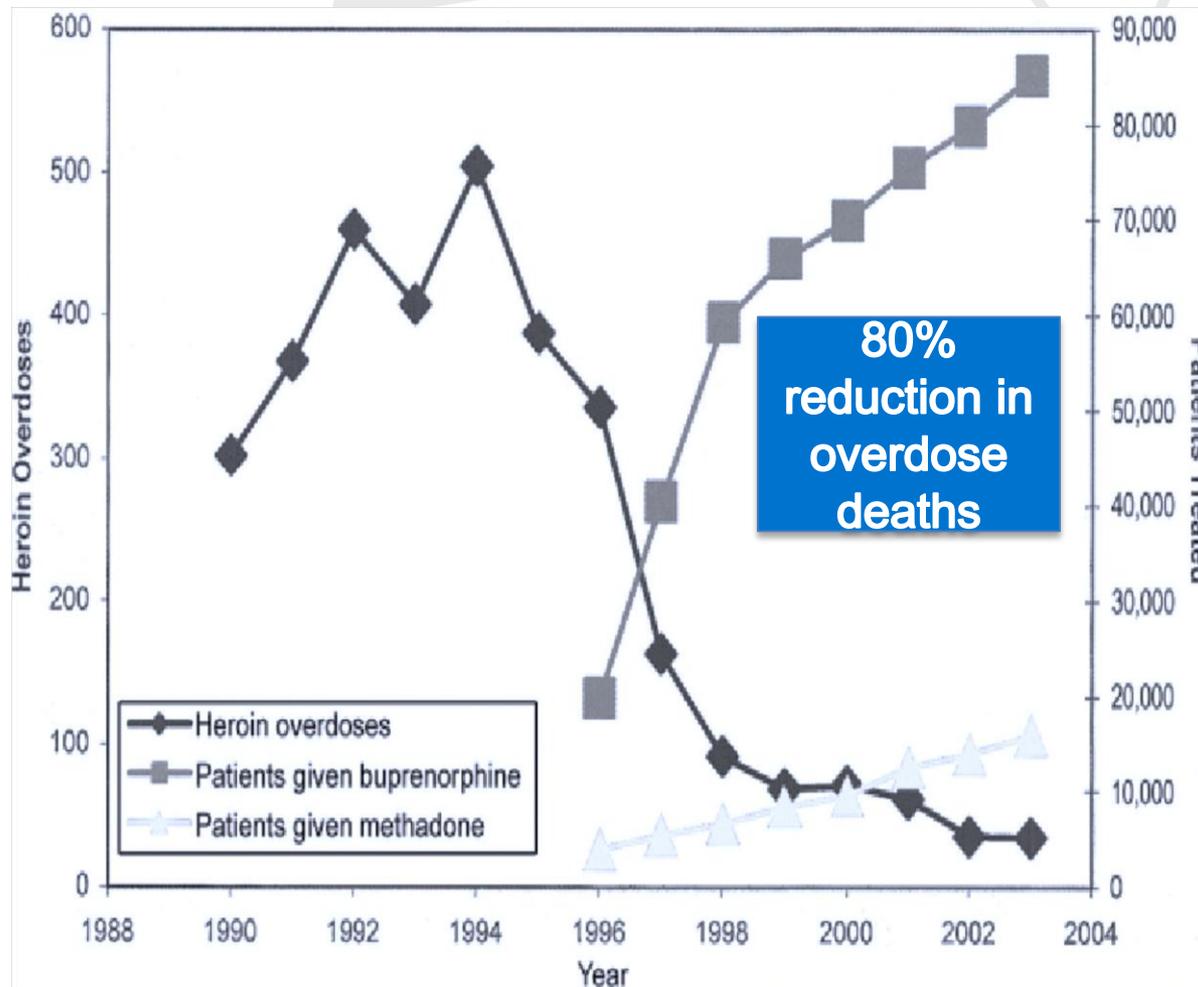
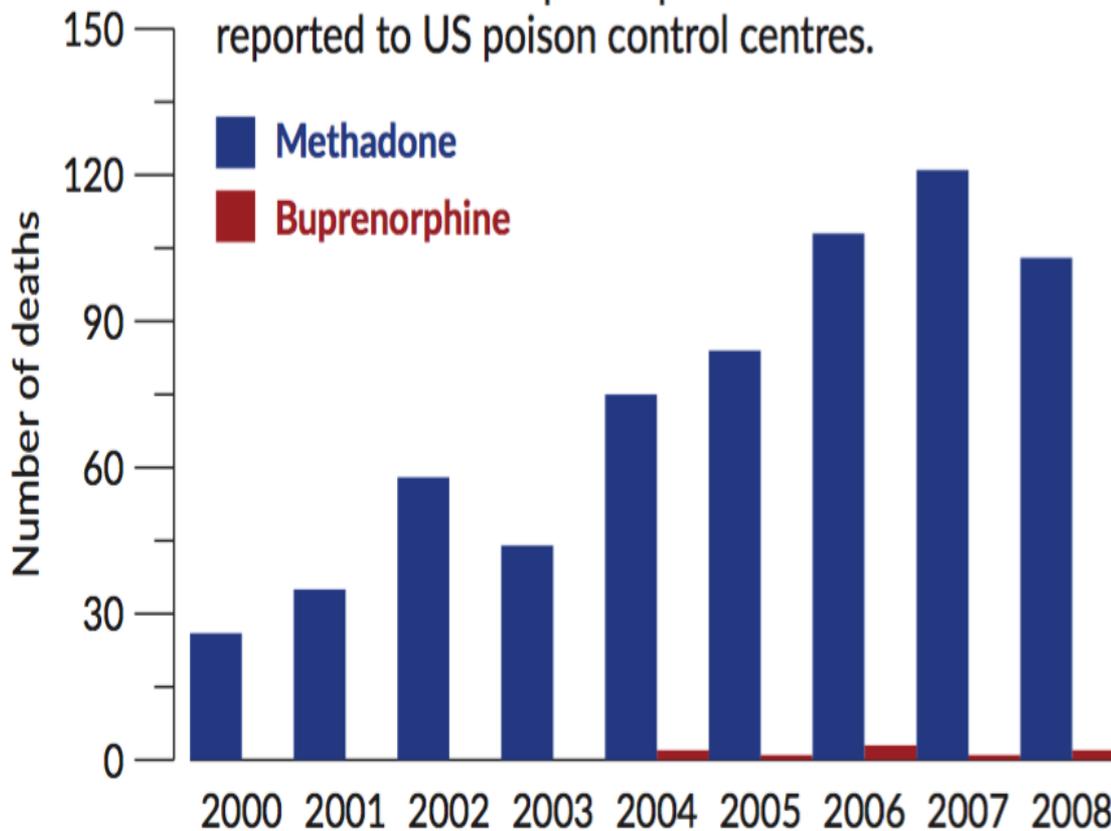


Figure 4

Methadone and buprenorphine deaths reported to US poison control centres.



<b>Methadone</b>	<b>26</b>	<b>35</b>	<b>58</b>	<b>44</b>	<b>75</b>	<b>84</b>	<b>108</b>	<b>121</b>	<b>103</b>
<b>Buprenorphine</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>

Source: National Poison Data System, American Association of Poison Control Centers. Adapted from Maxwell J, McCance-Katz E. Indicators of buprenorphine and methadone use and abuse: What do we know? *The American Journal on Addictions*. 2009, 19:73-88

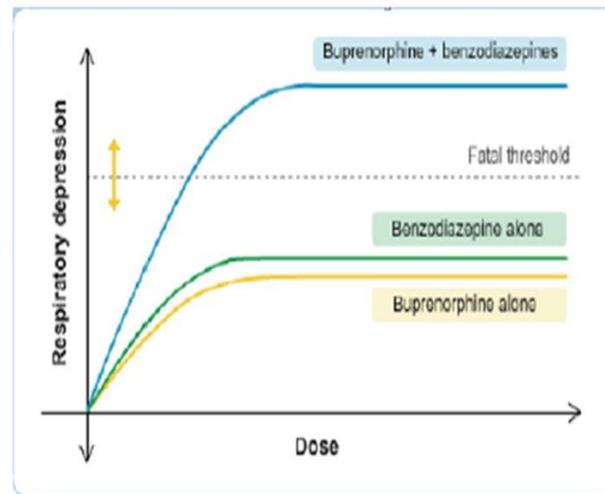
# How Does Buprenorphine-Naloxone Compare to Methadone?

Methadone	Buprenorphine-Naloxone
Higher risk for overdose, particularly during treatment initiation	Decreased risk of overdose and parenteral abuse
Full mu agonist	Partial mu agonist
Generally requires daily witnessed ingestion in pharmacy	Allows for safer take home schedules
More severe side effect profile including CNS/Respiratory depression	Milder side effect profile
Long time to achieve therapeutic dose (weeks-months)	Rapid titration to achieve therapeutic dose (hours-days)
Higher potential for drug-drug interactions (i.e. ABx, ARVs)	Lower potential for drug interactions, monitor for meds metabolized by CYP 3A4
Increased cardiac arrhythmias as a result of QTc prolongation	Decreased risk of QTc prolongation

# Buprenorphine-Naloxone and Adverse Drug Reactions

- Most common: headache, nausea, dry mouth
- Respiratory/CNS depression is very rare, but increased risk when used in combination with alcohol or other sedative-hypnotics

Additive Effects of Buprenorphine and Benzodiazepines

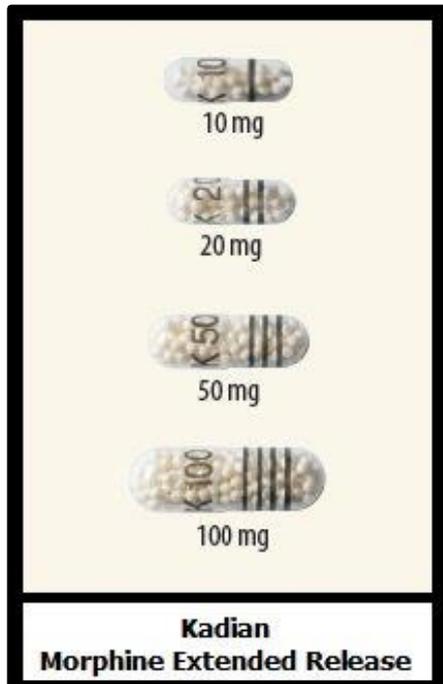


Suboxone Education Program

# Buprenorphine-Naloxone Contraindications

- Caution in patients with severe hepatic or respiratory disease
- History of hypersensitivity reactions to either buprenorphine or naloxone
- Pregnancy: typically Rx buprenorphine-only formulation (Subutex), with superior outcomes in pregnancy

# Slow Release Oral Morphine (SROM)



## BCCSU Guideline:

- OAT with SROM (24 hour formulation) prescribed as once-daily witnessed doses.
- May be considered for patients who have not benefited from treatment with first and second-line treatment options (i.e., methadone and buprenorphine/naloxone).

# Injectable Opioid Agonist Therapy (iOAT)

- OAT therapy, whether oral or injectable, is designed to prevent withdrawal symptoms and manage cravings.
- OAT therapy replaces ongoing injection use of non-medical drugs that may be adulterated, with safe, pharmaceutical-grade opioid agonists in safe and hygienic environments.
- OAT therapy aims to reduce the potential harms of IV drug use.
- iOAT is indicated for individuals who have not benefited from oral OAT (i.e., methadone, buprenorphine/naloxone, and/or slow-release oral morphine).

# iOAT



## BCCSU Guideline:

- Injectable OAT is highest intensity treatment option available for people with severe opioid use disorders who have been unsuccessful with lower-intensity treatment options.
- Patients must be prepared to attend for supervised injection at least daily.
- Patients should be supported and encouraged to move from iOAT to oral OAT (i.e., methadone, buprenorphine/naloxone, or slow-release oral morphine).

## Resources for exploration:

- 1-800-668-6868 (Kids Help Phone Line)
- 1-800-663-1441 (Alcohol & Drug Info Referral Service)
- 8-1-1 (HealthLink BC)
- 310-6789 (310 Mental Health Support) \*no need to dial area code\*
- [www.momsstoptheharm.com](http://www.momsstoptheharm.com)
- <http://www.StopOverdoseBC.ca>
- <http://www.bccsu.ca/family-and-caregiver-resources/>
- <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index>
- [www.towardtheheart.com](http://www.towardtheheart.com)

## Resources for exploration:

- Government of BC – Reducing Stigma (including stories on combatting stigma and health authority stigma campaigns)
- BC Centre on Substance Use Online Addictions Diploma (available to anyone)
- Sanyas Indigenous Cultural Safety (ICS) Training Courses:
  - [Core ICS Training](#)
  - [Core ICS Health Training](#)
  - [Core Mental Health Training](#)

# Treatment Clinics

## Opioid Agonist Treatment Clinics Accepting New Patients



CLINIC	ADDRESS	POSTAL CODE	PHONE	FAX
<b>ABBOTSFORD</b>				
Abbotsford Health Centre	33634 Busby Rd	V2S 1V2	604-870-9925 1-866-870-9925	604-870-9925
Abbotsford Community Services	203-31943 South Fraser Way (located in Clearbrook Plaza)	V2T 1V5	604-743-0543	604-743-0543
Emerald Clinic	113-2777 Gladwin Rd	V2T 4V1	604-853-4484	604-853-4484
McCallum Health Centre	1C 2481 McCallum Ctr	V2S 3P8	604-744-5016	604-744-5016
Midtown Health Centre	101-2359 Clearbrook Rd	V2T 2X6	604-746-7868	604-746-7868
<b>BURNABY</b>				
Burnaby OAT Clinic	3935 Kincaid St	V5G 2X6	604-453-1930	604-453-1930
Burnaby Primary Care	320-7155 Kingsway	V5E 2V2	604-453-1930	604-453-1930
Edmonds Medical Clinic	108-7738 Edmonds St	V3N 1B8	604-549-9959	604-549-9959
Spring Medical Centre	4453 Lougheed Hwy	V5C 3Z2	604-428-1363	604-428-1363
Westminster Medical Clinic	7636 6th St	V3N 3M5	604-777-7095	604-777-7095
<b>CAMPBELL RIVER</b>				
Columbia Coast Addiction Services	1371B Cedar St Box 781, Strn A	V9W6Y4	250-287-4822	250-287-4852
North Island Medical Clinic	1405 Spruce St	V9W 7K1	250-286-1334	250-286-1317
<b>CASTLEGAR</b>				
10th Street Clinic	707 10th St	V1N 2H7	250-304-1846	250-304-1283
<b>CHILLIWACK</b>				
CedarView Clinic	9380 College St	V2P 4L6	604-792-1070 1-877-792-1070	604-792-1062
Chilliwack General Hospital	45600 Menholm Rd	V2P 1P7	604-703-6976	604-701-3640
Sigma Health Centre	102-46198 Yale Rd	V2P 2P1	604-392-0333	604-392-1993
<b>COURTENAY</b>				
North Island Medical Clinic	1959 Cliff Ave	V9N 2L2	250-286-1334 250-338-5007	250-286-1317 250-338-5086

<http://www.bccsu.ca/wp-content/uploads/2018/12/OAT-Clinics-Accepting-New-Patients.pdf>

**How can we  
help fight the  
opioid overdose  
crisis?**



# Good Samaritan Drug Overdose Act

The Good Samaritan Drug Overdose Act protects people who experience or witness an overdose and call 9-1-1 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.

<https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html>

## Good Samaritan Drug Overdose Act...cont'd

The Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose.

The Act protects the person who seeks help, whether they stay or leave from the overdose scene before help arrives.

The Act also protects anyone else who is at the scene when help arrives.

<https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html>



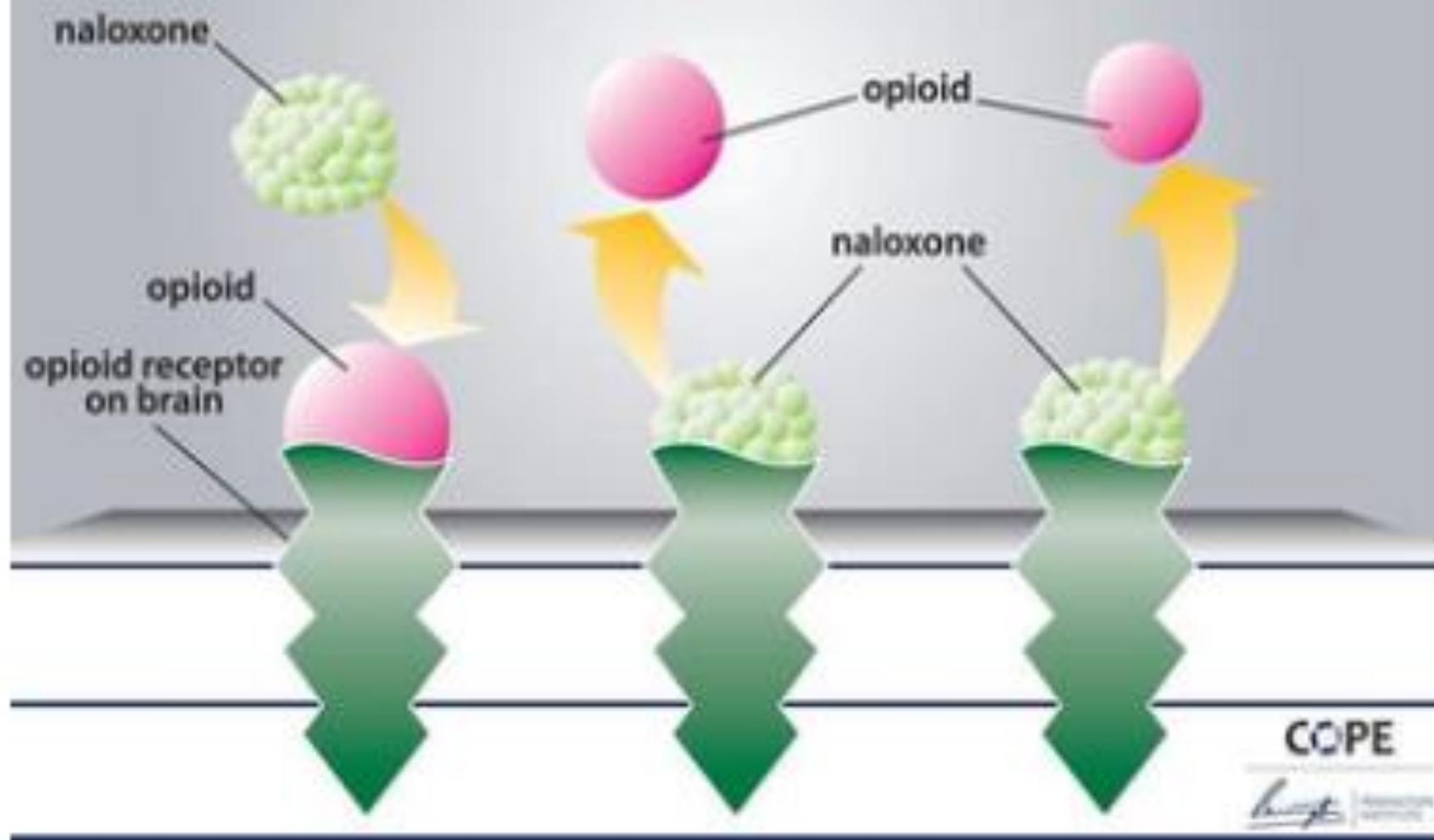
Know how to use and  
talk about Naloxone

[www.naloxonetraining.com](http://www.naloxonetraining.com)

# Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes).

This allows the person to breathe again and reverse the overdose.



# What's included?

- 3 Safety Syringes
- 3 (0.4mg) Ampoules of Naloxone
- Alcohol Swabs
- Mouthpiece for mouth-to-mouth resuscitation
- Gloves
- Overdose Response Information form
- SAVEME Instructions



## 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**

Overdose is a medical emergency - **CALL 9-1-1** | Tell attendant: Person is **not responsive** and **not breathing**.

HealthLink BC: 8-1-1

BC Drug & Poison Information Centre: 1-800-567-8911

## SAVE ME Protocol

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**

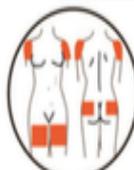


**Ventilate**

1 breath every 5 seconds



**Evaluate**



**Muscular Injection**

1st dose of naloxone



**Evaluate**

2nd dose?

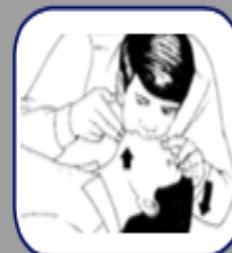
## How to Give Breaths

1



Tilt head back to open the airway

2



Pinch nose. Cover mouth with mask or clothing

3

Give 1 breath every 5 seconds

Breathing can slow down during an overdose but the heart is probably still beating - **Give breaths to keep them alive**

## Step 1 – Stimulate, Unresponsive? Call 9-1-1.

Can the person hear or feel you?

Stimulate with NOISE.

Stimulate with TOUCH.

- Tell the person what you are doing before you touch them.
- Shake their shoulders.
- Do a STERNAL rub (make a fist and rub knuckles along a person's breast bone)

Unresponsive? Call 9-1-1 .



**Stimulate**  
Unresponsive? **CALL 911**

# Recovery position



**If the person must be left unattended at any time, 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

## Step 2 – Airway

Check the person's mouth for any obstructions.



Items like gum, dentures, or a syringe cap could be preventing the person from breathing properly.

You can use the gloves in your Take Home Naloxone kit for protection. Remove any obstructions.

Once you've confirmed the mouth is clear, tilt the person's head back – this opens their airway.

## Step 3 – **V**entilate; 1 breath every 5 seconds

Rescue breathing throughout the overdose response will help keep oxygen going to the person's brain until the naloxone takes effect. Brain damage can occur within minutes without oxygen.



A mask is available in the Take Home Naloxone kit to provide a barrier.

To give breaths, keep the person's head tilted back, pinch their nostrils closed and breathe into their mouth. Give them 1 normal sized breath every 5 seconds. You should be able to see their chest rise with each breath.



## Step 4 – Evaluate

Sometimes giving a few breaths is enough for the person to regain consciousness.

Evaluate the person. Are they any better? Has breathing or colour improved?

If person is still unresponsive, it is time to prepare the naloxone if you have it.

If you don't have naloxone, keep giving breaths.



## Step 5 – Muscular Injection

Naloxone comes in glass ampoules that need to be opened. Kits will have 3 ampoules and each is a single dose of 1mL.

Get the syringe and naloxone out of your kit.

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 ampoule snapper is there to protect your fingers.

**SWIRL/SNAP**



**PULL**



You can watch a video on how to open a naloxone ampoule here:  
<https://vimeo.com/178537637>



## Step 5 – **M**uscular Injection...cont'd

Someone should be doing 1 breath every 5 seconds in the meantime if possible, otherwise you have to continue giving breathes in between getting the naloxone ready.

Uncap the syringe.

Draw up all the liquid into the syringe, making sure the needle tip goes to the bottom of the ampoule to get all the liquid out



## Step 5 – Muscular Injection...cont'd

Turn the syringe so needle is pointing up and push plunger in until most of the air is gone. Do not worry if there is a little air left because you are injecting into a muscle.

Inject into the meaty muscular part of the thigh, arm, or buttocks.



Hold the syringe like a dart and put the needle in firmly 90 degrees straight into the muscle, going into clothes is okay.

Inject until you hear a click – this is the needle retracting into the syringe.



## Step 6 – 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.

**Provide 1 breath every 5 seconds until breathing/conscious**

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

**Provide 1 breath every 5 seconds until breathing/conscious**

- If the person has not regained consciousness by 3-5 minutes then you can give a third dose of naloxone by injection into a muscle.

**Provide 1 breath every 5 seconds until breathing/conscious**

Continue with further doses until you run out of Naloxone.

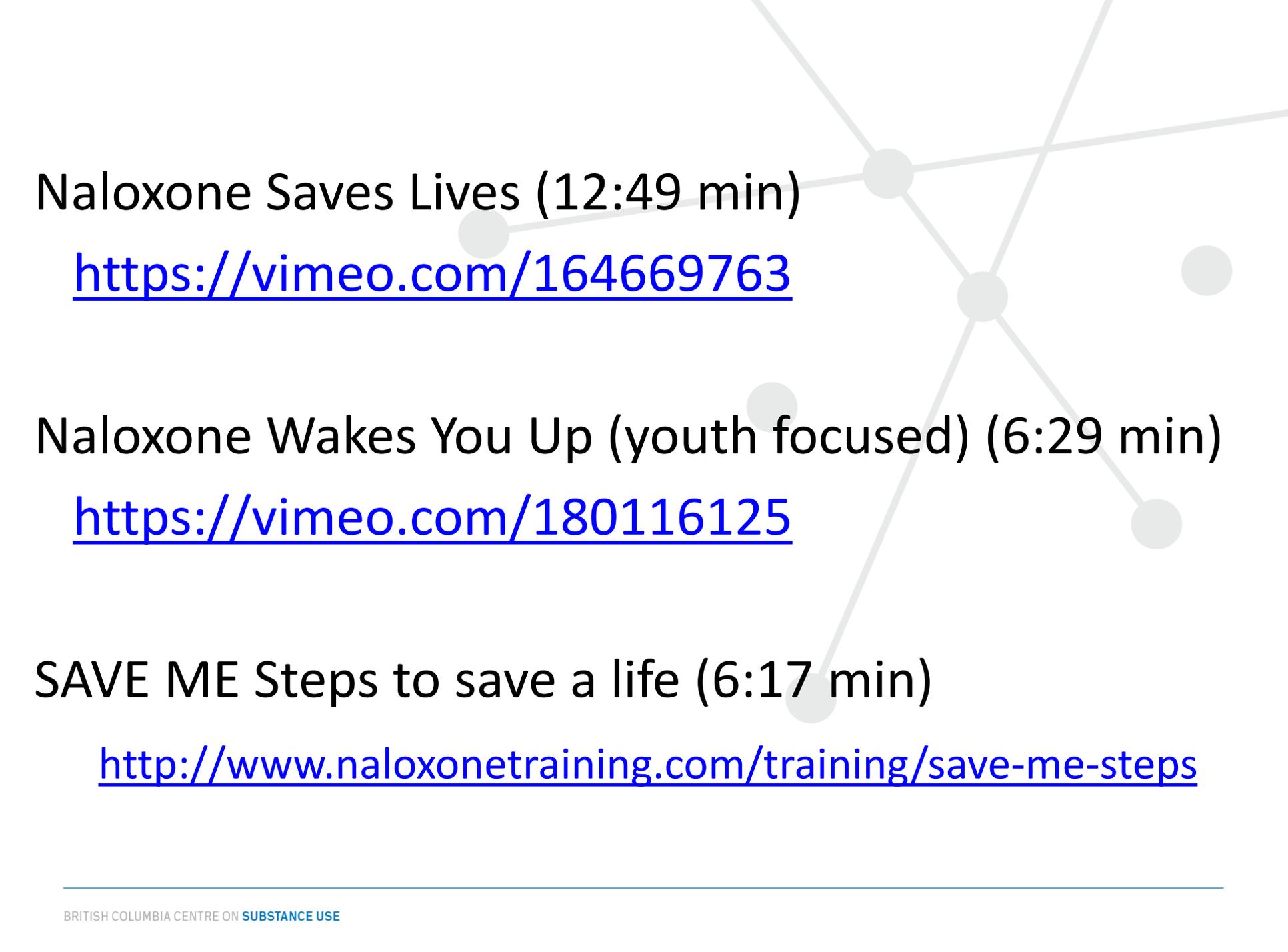
***Overdoses that are not caused by opioids will not respond to naloxone.***

***Calling 9-1-1 is important for these reasons.***

# Aftercare - Support the person as they recover

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

- Naloxone wears off after 20 to 90 minutes so the overdose can come back.
- 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.



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 (6:17 min)

<http://www.naloxonetraining.com/training/save-me-steps>

Thank you!

Email: [bccsu\\_education@bccsu.ubc.ca](mailto:bccsu_education@bccsu.ubc.ca)

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SUBSTANCE USE**

400-1045 Howe St  
Vancouver BC  
V6Z 2A9  
[www.bccsu.ca](http://www.bccsu.ca)