



Benefits of receiving Naloxone training

Save a life!

Reduce health impacts and death associated with opioid poisoning

Learn how to use a kit

Harm reduction

Harm Reduction uses a clientcentered approach that seeks to reduce the health impact and social harms associated with substance use.

Harm reduction aims to meet people "where they are at", whether that is active substance, abstinence or recovery.





harm reduction

[noun]

treating people with dignity and kindness



Harm reduction Services & Practices



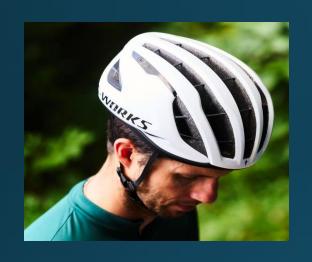






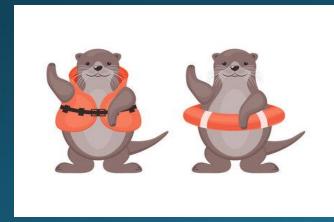


Harm reduction in everyday life









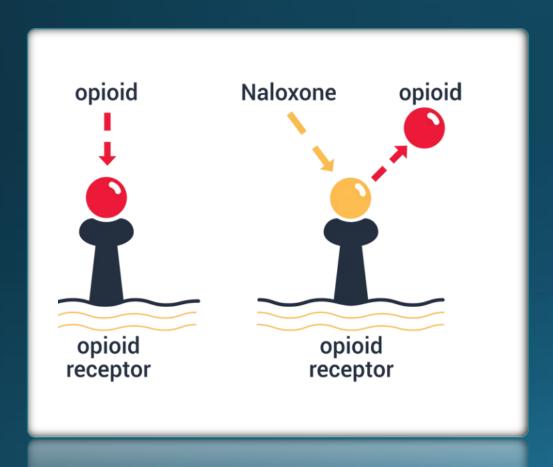


What is Naloxone



- Naloxone is a fast-acting medication that temporarily reverses the effects of an opioid poisoning
- It only works on opioids, but if it is given to someone who does not have opioids in their system, it won't work but it won't hurt!

How Naloxone works



- Naloxone binds to opioid receptors
- Once naloxone is given it binds more effectively
- It starts to take effect in approx. 1-5 minutes
- Naloxone only lasts for approx. 30-120 mins
- That is why it is important to call 911 outside of a because a poisoning can reoccur once the naloxone has worn off

Duration of Action: Refers to the length of time a drug has effect in the body after it is administered/taken

Drug	Duration of Action (in hours)
Codeine	4-6
Fentanyl	0.5-1
Hydrocodone	4-6
Meperedine	2-4
Methadone	24-48
Morphine	4-5
Oxycodone	3-6
Buprenorphine	24
Naloxone	30-90 minutes

What are Opioids

- Opioids are a class of drugs with pain relieving properties and can be used for pain management.
- There is a potential to become physically & psychologically dependent on opioids (Opioid Use Disorder).
- Some common opioids
- Hydrocodone, Hydromorphone
- Oxycodone (oxycontin, oxyneo)
- Percocets
- Heroin
- Codeine (T 1's, 2's, 3's, 4's)
- Methadone
- Suboxone (Buprenorphine + naloxone)
- Morphine
- Opium
- Fentanyl/Carfentanil



- Signs and Symptoms of an Opioid Poisoning:
- Discoloration in the skin:
- Lighter colored skin: lips/fingertips can turn blueish/purple
- Darker colored skin: lips/fingertips can turn grey/ashen/purple
- Breathing is slow or has stopped
- Skin can feel cold and clammy to the touch
- Deep snoring or gurling noises
- Pupils are tiny/pin-point
- Person is not moving/cannot be woken up

Nodding or Poisoning?



Everything You Need to Know



Nodding vs. Poisoning

Nodding is **NOT** the same as an opioid poisoning or overdose.

Nodding is <u>over sedation</u>
Poisoning/Overdose is an <u>EMERGENCY</u>

In an opioid poisoning, a person **CANNOT** respond to you.

Are they Nodding?



Closed eyes



Drooping head



Person looks like they are sleeping



Person **CAN** respond to you

Who is at risk of an opioid poisoning?



Opioid Poisoning:

Risk Factors and Prevention Messages



Change in Tolerance

Tolerance goes down quickly after people stop using opioids. For example, when people leave treatment, prison, and detox.

Prevention: Start low and go slow when tolerance is lower. Use a smaller amount (dose).



Route of Administration

All modes of taking drugs can potentially cause a poisoning/overdose such as IV, oral, IN, IM

Prevention: Use smaller doses at a time, have someone with you or let them know where you are.



Changing Opioids

Not all opioids are the same. Some are stronger than others.

Prevention: Start with a smaller dose when switching drugs. Does it taste, smell or look different?



Compromised Immune System

If you have liver, kidney problems, and/or breathing conditions you are at a higher risk for poisoning and overdose.

Prevention: If using opioids, go slow, take breaks and use less if you are



Previous Poisoning/Overdose

If you have experienced a poisoning before, you are at a higher risk for poisoning and overdose.

Prevention: get a naloxone kit, and the training on how to use it. Kits are available free of charge without a prescription at participating community pharmacies.



Using Alone

If you use alone and experience a poisoning, no one will be there to help and give you naloxone.

Prevention: Use with friend (but don't share equipment). Tell someone that you are going to use and have them check in once and a while. Leave the door unlocked.



Combining or Mixing Drugs

The more drugs you take, especially with depressant effects like opioids, alcohol and/or benzos, the higher your risk of poisoning and overdose.

Prevention: Try to use one drug at a time and give some time between taking multiple substances.



Quantity

The more you use at once the higher the risk for a poisoning.

Prevention: Use smaller amounts between doses.

Tip: Always store your naloxone at room temperature. Tell people that you have a kit and where you keep it.





Scan to go to the Nova Scotia Take Home Naloxone Program website: www.nsnaloxone.com





- NORS is an overdose prevention hotline for Canadians providing loving, confidential, nonjudgmental support for you, whenever and wherever you use drugs.
- Call OR Text (**Canada only**): 1-888-688-NORS(6677)

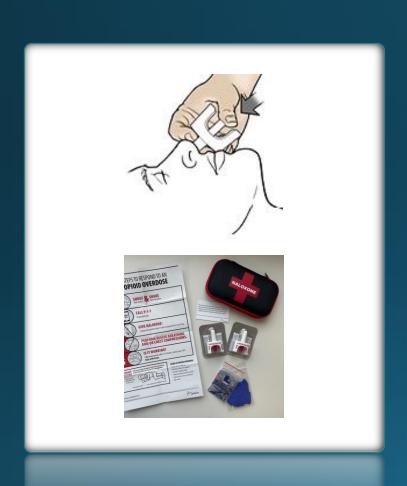
Intramuscular (IM) Naloxone kit contents



- Medical gloves
- Breathing barrier
- 2 doses of naloxone
- 2 vanish point syringes
- Alcohol swabs
- Training cards



Intranasal (IN) Naloxone kit contents



- 2 doses of nasal spray (4 mg each)
- Medical gloves
- Breathing barrier

How to respond instructions

Differences between IM & IN Naloxone

Intramuscular (IM) Naloxone	Intranasal (IN) Naloxone	
Each dose is o.4 mg	Each dose is 4 mg	
Administered by injection into the upper arm muscle or side of upper thigh muscle	Administered by a spray into nostril	
Hits the bloodstream faster for a rapid onset of action	May not be fully absorbed if the person has a stuff nose/scarring in their nasal passages	
Recommended to take some hands-on training/practice especially if you are unfamiliar with using or administer injections	User-friendly especially for lay-people and those without medical training	
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Key takeaways:

Both types of naloxone are safe and effective for responding to an opioid poisoning. The choice for the individual depends on comfort level and what they have access to

Naloxone kit care

- Keep it at room temperature (between 15 and 30°C)
- NOT in your car!
- If it has been temperature compromised exchange at any community pharmacy and/or THN distribution site
- Keep an eye on the expiry date, which can be found on the bottle or back of case
- Keep it with you



THE GOOD SAMARITAN DRUG OVERDOSE ACT

IS NOW LAW

THE LAW SAYS:

If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, you are not to be charged with simple possession (possession for your own personal use) of an illegal substance.



You are also **not to be charged for breach of probation or parole** relating to simple drug possession.



IF YOU SUSPECT AN OVERDOSE,

CALL 911

CALLING 911 SAVES LIVES

After calling 911, give **breaths** and **naloxone** if you have it.



Stay with the person until help arrives.

or more information, visit-

http://www.pivotlegal.org/good samaritan drug overdose act

or http://canada.ca/opioids



BC Centre for Disease Control

July 18, 2017



5 Steps to Save a Life

- 1) Assess for Response
- 2) Call 911
- 3) Administer Naloxone
- 4) Start Rescue Breathing & CPR
- 5) Is it working?
- Repeat steps 3 & 4 every 2-3 minutes

5 STEPS TO SAVE A LIFE

ASSESS FOR RESPONSE

SHOUT: Speak loudly/shout their name.

STIMULATE: Shake at/pinch their shoulders.

2



CALL 911

Put the phone on speaker to get support and instructions.

3



GIVE NALOXONE

Give one dose of (1ml) injectable Naloxone on the side of the upper thigh OR upper arm muscle (similar to a flu shot/vaccine)



OR give a dose of nasal spray (4mg) into the nostril.

4



START RESCUE BREATHING & CPR

Start rescue breathing and CPR as trained & instructed by the 911 operator. Use an AED if available.

5



IS IT WORKING?

If they are NOT awake and breathing on their own **give more NALOXONE every 2-3 minutes** and continue rescue breathing and CPR.

STAY!

Stay with them until help arrives. Watch for signs of the poisoning/overdose returning



Aftercare

- Once the person has responded to the naloxone and is alert-give them some space and debrief them on what happened
- Let them know that they have experienced an opioid poisoning
- They may be in mild-severe withdrawal (responses vary)
- Stay with the person until EHS arrives
- Encourage them to go to the hospital
- If they do not want to go encourage them to have someone with them, since the poisoning can return



How to Give Naloxone



Swirl the Ampule

Swirl or "windmill" (quick back and forth semi-circle) to make sure there is no medication in the neck of the ampoule.



Use Plastic Cap to Snap the Top

Hold plastic cap between two fingers and snap neck of ampoule away from you.

Place open amp on hard, flat surface or back in pill bottle so it does not spill.

3



Open Needle and Remove Cap

Insert needle into the ampoule. **Pull up, slowly and steadily on plunger** until the ampoule is empty.

If plunger comes out of syringe, keep end of needle in ampule, return plunger to the syringe, and pull up again.

There will be air in the syringe. A little bit of air is ok. The air is not expected to cause harm when injected into a muscle.



Inject at a 90 Degree Angle into the side of the upper thigh or upper arm muscle.

Similar to a flu shot or vaccine

Note: Needle can pierce light clothing.







Scan to find your free kit here

HOW TO GIVE NALOXONE





REMOVE NALOXONE FROM PACKAGING

Remove the naloxone from its packaging. Tilt the person's head back and support their neck





GIVE NALOXONE

Gently insert the tip of the nozzle into one nostril and press the plunger firmly to administer the dose Narcan Nasal Spray has 4 mg per dose*

Do not push down until you are ready to administer the naloxone.



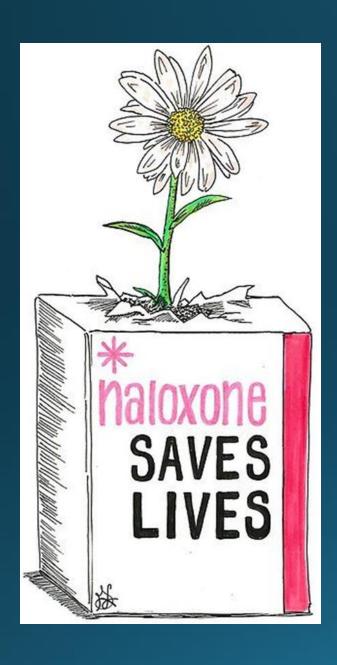
ARE THEY AWAKE AND BREATHING?

If they are **NOT** awake and breathing on their own give more Naloxone every **2-3 minutes** and continue rescue breathing and CPR.



STAY!

Stay with them until help arrives. Watch for signs of poisoning returning



Questions or thoughts?

Contact: nsnaloxone@nshealth.ca

References:

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