

Take Home Naloxone Training for Healthcare Providers

Saskatchewan Health Authority e-Learning Module



Saskatchewan
Health Authority



Government
of
Saskatchewan

Overview

This presentation will provide the educator (staff) with the core knowledge that must be provided to clients receiving their first Take Home Naloxone (THN) kit, as well as any replacement kits.

The training materials and resources for this module are based off of BC's Toward the Heart Take Home Naloxone program.

Objectives

By the end of this module, you will be able to:

1. Understand the principles and benefits of harm reduction.
2. Describe the effects of opioids.
3. Describe risk factors for overdose and preventative strategies.
4. Recognize and respond to an overdose.
5. Provide Take Home Naloxone kits to clients, including teaching and client knowledge assessment.
6. Perform the necessary recording and reporting measures for the Ministry of Health.

What is harm reduction?

- ▶ The Saskatchewan Health Authority recognizes harm reduction as an important component in the continuum of care.
- ▶ Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption.

Examples of Harm Reduction Programs

- ▶ Needle exchange programs
- ▶ Take Home Naloxone provision
- ▶ Opioid agonist treatment
- ▶ Outreach, education and prevention services



Benefits of Harm Reduction Programs

Individual

- ▶ HIV/Hepatitis C prevention
- ▶ Decreased emergency visits
- ▶ Connection and care to services
- ▶ Empowerment and capacity building

Community

- ▶ Decreased crime
- ▶ Safer environment
- ▶ Lower healthcare costs
- ▶ Improved population health outcomes
- ▶ Decreased stigma and discrimination

Stigma: Why Words Matter

What is stigma?

Stigma refers to **negative attitudes and beliefs** about a group of people and their circumstances in life. It includes **discrimination, prejudice, judgement, labels, isolation and stereotypes**.

How does stigma affect people who use opioids?

Stigma can have a major **impact** on the **quality of life of people** who use opioids, people who are in recovery, and their friends and families.

Stigma **creates barriers** to accessing health and social services for substance use. Stigma can **make people feel ashamed** of their drug use which **can prevent them from receiving help** if they need or want it. Sadly, this often leads people to use drugs alone, which can in turn lead to overdosing and dying alone.

There are three types of stigma:

1. **Social stigma** – when you have **negative attitudes** or behaviours **toward people who use drugs** or their loved ones
2. **Structural stigma** – when **health care providers or first responders ignore** or do not take people with problematic substance use seriously
3. **Self-stigma** – when people **apply to themselves** the **negative attitudes and beliefs** that they have heard from others



Why words matter

Choosing our words carefully is an important first step toward reducing the cycle of stigma surrounding people who use drugs. **What we say and how we say it can have a profound impact** on those suffering around us. By **using compassionate words** in place of negative ones, you can **make it easier for someone to speak up**, to **feel heard and understood**, or to **receive help**.

A small change can help reduce the cycle of stigma

- ✓ **Listen with compassion and without judgement**, so that a person who uses drugs feels heard and understood
- ✓ **Speak up** when someone is being treated disrespectfully because of their substance use
- ✓ **Words matter. Be kind with the words you use. Use people-first language:**
 - Instead of "junkie" use "a person who uses drugs"
 - Instead of "addicts" use "people who have used drugs"
 - Instead of "drug abuse" use "problematic substance use"

**KNOW
MORE**

DRUGS: GET THE FACTS.
KNOW THE RISKS.

ISBN 978-0-660-28936-6

Get the facts at Canada.ca/Opioids



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CHANGING HOW WE TALK ABOUT SUBSTANCE USE*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs
People who have used drugs	Former drug addict Referring to a person as being “clean”	People who have used drugs People with lived/living experience People in recovery
Drug use	Substance/drug abuse Substance/drug misuse	Substance/drug use Substance use disorder/opioid use disorder Problematic [drug] use [Drug] dependence

* This document was created in discussion with people with lived and living experience, through existing research and documentation from other organizations trying to address stigma. This is not an exhaustive list. Furthermore, as a result of the evolving discussion around the best language to use to accurately discuss substance use, this list will likely be revised.
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What are opioids?

- ▶ Synthetic or natural agents that bind to opioid receptors in the body.
- ▶ Effects include euphoria, bradycardia, brachypnea, CNS depression, slowed/slurred speech and constricted pupils.
- ▶ Examples include heroin, Oxycodone, Hydrocodone, codeine, Hydromorphone, Morphine, methadone and Fentanyl.



Fentanyl

- ▶ Prescription Fentanyl is a powerful opioid pain medication.
- ▶ 100 times more potent than Morphine and causes higher rates of respiratory distress and overdose.
- ▶ Common street names: Fenny, White China, Popcorn Heroin, Oxy 80's, shady eighties.



Fentanyl

- ▶ In prescription form, Fentanyl is usually administered in a lozenge form, injection or transdermal patch.

However, when used for recreational purposes, illicitly produced Fentanyl is typically found mimicking other substances. For example:

- ❖ Fake OxyContin 80mg pills made with Fentanyl.
 - ❖ Fentanyl mixed with binding agents and dyes to mimic heroin.
 - ❖ Fentanyl added to non-opioid drugs such as cocaine.
- ▶ **Users may not be aware Fentanyl was added to their product.**

Carfentanil

- ▶ Fentanyl analogue not intended for use in humans.
- ▶ Licensed for use in large animals under strict safety conditions.
- ▶ 10,000 times more potent than Morphine and 100 times more potent than Fentanyl.
- ▶ An amount the size of a grain of sand can be lethal!
- ▶ Potential threat to those handling it without appropriate precautions.

Risk Factors for Opioid Overdose

In the next few slides, we will review the following risk factors for opioid overdose:

1. Mixing Drugs
2. Quantity and Potency
3. Tolerance
4. Individual Health Status
5. Routes of Administration
6. Previous History

Risk Factors for Opioid Overdose

1. Mixing Drugs

- ▶ If using illicit substances or even prescribed opioids or benzodiazepines, use only one drug at a time.
- ▶ Mixing CNS depressants such as alcohol, benzodiazepines and opioids can increase risk of overdose.
- ▶ A popular misconception is that when you use ‘uppers’ and ‘downers’ (speedball) together they cancel each other out. In reality, mixing stimulants with depressants actually increases risk of overdose because the body has more drug to process.

Risk Factors for Opioid Overdose

2. Quantity and Potency

- ▶ Opiates are not all created equal, some are more potent than others.
- ▶ Be careful when substituting one opioid for another or switching to another prescription opioid.
- ▶ If using illicit opioids, do a test hit first.
- ▶ Taking high doses of opioids (illicit and prescription) can increase risk of overdose.

Risk Factors for Opioid Overdose

3. Tolerance

- ▶ Tolerance drops rapidly within a few days of not using or using less.
- ▶ High risk situations for decreased tolerance include recent incarcerations, detox or hospitalizations.
- ▶ If using illicit opioids, use a smaller amount or dose to start.

Risk Factors for Opioid Overdose

4. Individual Health Status

- ▶ General physical health can play a role in overdose risk.
- ▶ Impaired liver or kidney function can affect how the drug is metabolized in the body.
- ▶ If using illicit opioids, go slow, take breaks and use less if sick.

Risk Factors for Opioid Overdose

5. Routes of Administration

- ▶ The route determines how quickly the drug takes effect.
- ▶ Be careful when switching routes, you may not be able to handle the same amount.
- ▶ Use the safest route you can (swallowed > snorted > injected).

CHOOSE A SAFER ROUTE



Risk Factors for Opioid Overdose

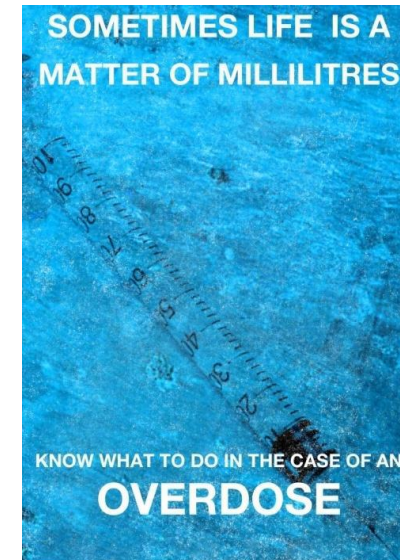
6. Previous History

- ▶ Previous overdose can be a risk factor or predictor for a future overdose.

General Overdose Prevention

- ▶ How can we support clients who are actively using opioids?
- ▶ **Educate about overdose prevention!**

- ▶ **Key messages to convey:**
 - ▶ Do not use alone.
 - ▶ Use safer routes of administration.
 - ▶ Do a test hit first (start low and go slow).
 - ▶ Know the signs and symptoms of an overdose.
 - ▶ If you mix drugs, use the opioid first. Wait before adding other drugs to the mix.
 - ▶ Do NOT underestimate the effects of alcohol as a depressant.
 - ▶ Carry Naloxone and call 911 for overdoses.
 - ▶ Know where to find resources and support.



How to Recognize an Overdose

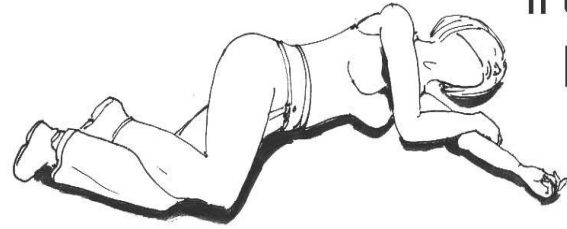
- ▶ Unresponsive to stimulus such as someone yelling their name, a light shake or rubbing knuckles along the breast bone.
- ▶ Breathing is slow, erratic or not breathing at all.
- ▶ Body is very limp.
- ▶ Fingernails and lips are blue.
- ▶ Skin is cold and/or clammy.
- ▶ Pulse is slow, erratic or not there at all.
- ▶ Choking sounds or a snore-like gurgling noise.
- ▶ They are vomiting and/or having seizures.
- ▶ There is loss of consciousness.
- ▶ Pupils are tiny.

Unhelpful Actions

If someone is overdosing from an opioid it is not helpful to:

- ▶ Let them sleep it off.
- ▶ Give them amphetamines to wake them up.
- ▶ Put them in a cold bath or shower.
- ▶ Slap, hit or punch them to try and wake them up.
- ▶ Try to get them to vomit.

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

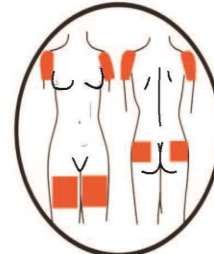
1 breath every 5 seconds



Ventilate



Evaluate



Muscular Injection

1 mL of naloxone



Evaluate

2nd dose?

For more information visit www.saskatchewan.ca/opioids

Responding to an Overdose:

SAVE ME

- ▶ **S**timulate: Sternal rub and call 911.
- ▶ **A**irway: Ensure no restrictions, open airway and begin rescue breathing.
- ▶ **V**entilation: Give 1 breath every 5 seconds, chest should rise with each breath.
- ▶ **E**valuate the situation.
- ▶ **M**uscular injection: IM Naloxone will take 2 - 5 minutes to kick in.
- ▶ **E**valuate again: Administer another dose of Naloxone if required and continue with rescue breathing until medical help arrives.

S - Stimulate

Can you wake the person? Do they respond to stimulus?

If not - CALL 911.

- ▶ Answer the dispatcher's questions briefly and clearly.
- ▶ Tell the dispatcher that the person is unconscious and not breathing.
- ▶ When EMS arrives, tell them as much as you know:
 - ▶ What they took, how much and when.
 - ▶ How long you have been giving rescue breaths.
 - ▶ If you gave Naloxone, how many doses and when.

A - Airway

V - Ventilation

**If they are unresponsive and not breathing,
start rescue breathing and call 911.**

- ▶ Place them on their back and tilt the chin up to open the airway.
- ▶ Check to see if there is anything in their mouth blocking their airway.
- ▶ Use your barrier mask from the kit to cover their mouth.
- ▶ Plug the nose with one hand and give 2 even, regular-sized breaths. This should make their chest rise.
- ▶ If you don't see their chest rise, tilt the head back more and make sure you're plugging the nose and covering the mouth with the mask.
- ▶ Give one breath every 5 seconds (rescue breaths).

E - Evaluate the Situation

**Your first priorities are to CALL 911
and provide rescue breaths.**

If no response then administer Naloxone.

Naloxone

(Also known by the brand name Narcan)

- ▶ Safe and effective medication that prevents or reverses the effects of opioids by blocking the opioid receptor sites in the brain.
- ▶ There is no potential for misuse.
- ▶ Does not cause intoxication.
- ▶ Only works on opioids.

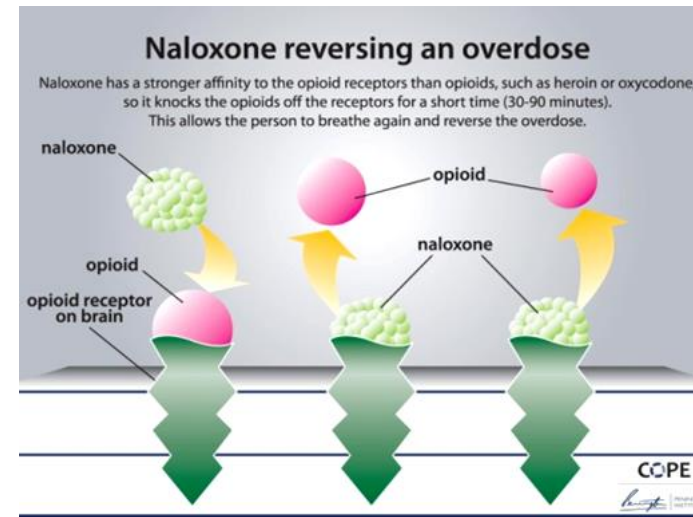


Image Credit: Pennington Institute's Community Overdose Prevention and Education (COPE) Project; adapted from artwork by Maya Doe-Simkins.

Take Home Naloxone Kit

- ▶ Each kit contains:
 - ▶ 3 ampules/vials Naloxone (0.4mg/mL)
 - ▶ 3 safety syringes with needles
 - ▶ 3 alcohol swabs
 - ▶ 1 pair gloves
 - ▶ One-way rescue breathing barrier mask
 - ▶ Instructions on how to respond to an opioid overdose
 - ▶ Contact information on where to obtain a replacement kit



M - Muscular Injection of Naloxone

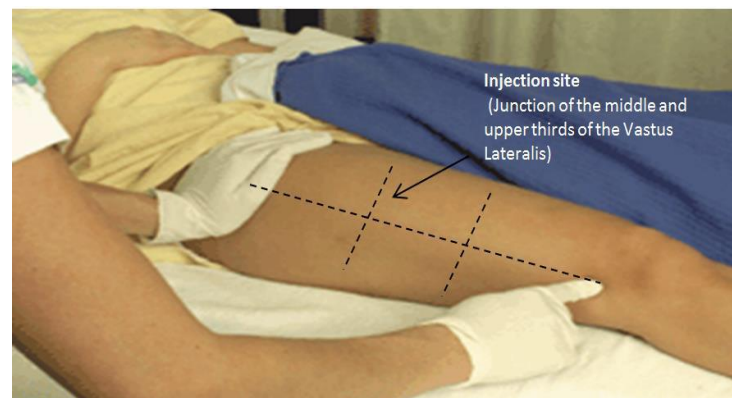
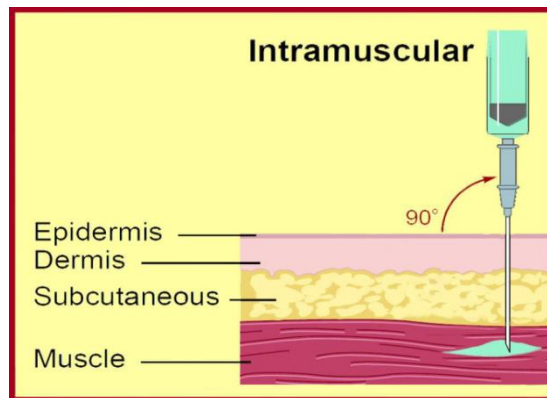
- ▶ Starts to work in approximately **2 to 5 minutes**.
- ▶ When Naloxone kicks in, the person may be disoriented, agitated, angry and want to use drugs again. Try to explain to them what happened, tell them EMS are on the way and urge them not to use more drugs for a few hours because the overdose can return.
- ▶ Effects wear off within **30-90 minutes** so its critical to call **911**.
- ▶ Should be stored between 15-30C and protected from light.
- ▶ Ensure the expiry date on the Naloxone is not past due.
- ▶ **ADMINISTRATION OF NALOXONE IS NOT A SUBSTITUTE FOR EMERGENCY MEDICAL CARE.**

M - Muscular Injection of Naloxone

- ▶ Apply your gloves and expose the thigh as much as possible, divide into thirds, plan to inject into the middle section (vastus lateralis).
- ▶ Clean the injection area with an alcohol swab if you can. Injection can be given through clothing if needed.
- ▶ Swirl the ampule to ensure the liquid is in the bottom of the ampule and break the ampule away from your body.
- ▶ Insert the needle into the ampule/vial and draw all of the liquid into the syringe.
- ▶ Draw up entire contents of the ampule/vial (1 mL of liquid) and remove air bubbles if needed from the syringe.
- ▶ Hold needle like a dart and insert into middle of the thigh at 90°.
- ▶ Push down on the plunger slowly and steadily and give the full dose. The needle will automatically be drawn back into the syringe.
- ▶ Dispose the syringe in a needle safe container (plastic bottle or container if no needle safe disposal box available).
- ▶ Keep ampule/vial(s) for EMS to see what was given.

M - Muscular Injection of Naloxone

- ▶ Vastus lateralis is the preferred site for IM injections.
- ▶ The deltoid (shoulder) site should **ONLY** be used if the vastus lateralis is unavailable.
- ▶ The vastus lateralis muscle is located in the thigh. It is an ideal site because it is well-developed in most individuals and contains few major blood vessels or nerves, thus reducing the potential for injury.



E - Evaluate Again

- ▶ Naloxone takes effect within 2-5 minutes.
- ▶ After giving the first dose, unless the person is awake and breathing normally on their own, continue rescue breathing.
- ▶ If they are still not responsive and breathing adequately on their own, give another dose of Naloxone.
- ▶ Continue rescue breathing until they are breathing on their own or until help arrives.
- ▶ Stay with the person until EMS arrives.

Recovery Position

- ▶ If the person starts breathing on their own or will be left alone, **put them in the recovery position.**
- ▶ This will help keep their airway open and prevent them from vomiting and choking.
- ▶ Stay at the scene until EMS arrives.

THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

Good Samaritan Act

- ▶ The Good Samaritan Drug Overdose Act can protect an individual who is experiencing, or is present when someone else is experiencing, a drug overdose from charges for possession of a controlled substance, as well as breach of conditions regarding simple possession.
- ▶ The act does not provide legal protection against more serious offences such as outstanding warrants, production and trafficking of controlled substances, and all other crimes not outlined within the act.
- ▶ More information is available at:
<https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/about-good-samaritan-drug-overdose-act.html>

The most important takeaways for clients receiving a THN kit:

1. Risk factors for overdose
2. Overdose recognition and prevention
3. SAVE ME steps

What is your role as a healthcare provider?

- ▶ **Engage** patients who use drugs.
- ▶ **Assess** for risk of harm and overdose.
- ▶ **Educate** patients on safer drug use and harm reduction.
- ▶ **Distribute** Take Home Naloxone and resources for community support and overdose prevention.
- ▶ **Empower** patients to engage in harm reduction and seek resources for addictions treatment.

Steps to Follow

- ▶ For all clients, use the following criteria to determine if a Take Home Naloxone kit should be provided at discharge:
 - a) Opioid use as follows: Any self-reported illicit opioid use in past months OR prescribed daily methadone, buprenorphine-naltrexone combination, benzodiazepine/opioid combination, gabapentin/opioid combination or daily opioids greater than or equal to 50 morphine equivalents (10 mg Hydromorphone/25 mg Oxycodone/375 mg codeine/18 micrograms per hour Fentanyl/12.5 mg methadone) within the last 6 months.
 - b) Clinical presentation suggestive of opioid use, including opioid overdose, opioid withdrawal, opioid prescription request or soft tissue infection thought to be related to opioid use OR referral from nurse or attending based on clinical judgment.
 - c) Non-Opioid drug use can also be a risk for opioid overdose due to contamination of supply without the clients knowledge, and these individuals should be considered at risk of overdose and provided a Take Home Naloxone kit on discharge.

Steps to Follow

- ▶ Review key concepts related to opioid overdose, prevention, recognition and response with the patient. Use the Participant Checklist as a guide.
- ▶ Demonstrate how to draw and inject Naloxone. This will be available on video; if time permits a live demo can be done with the client. Additional training is also available in community. The contact number for community resources is located on the THN kit.
- ▶ Give the patient a Take Home Naloxone kit and review its contents, highlighting where a replacement kit can be obtained.
- ▶ In the event that the THN kit was used to reverse an overdose, or their kit was lost or stolen, a replacement kit can be provided. THN kit replacements are also available for expired Naloxone.
- ▶ When giving a replacement kit, key concepts should be covered to ensure the client is familiar and comfortable with how to use it.
- ▶ Key concepts include: recognizing the signs of overdose, knowing how to respond (e.g., rescue breathing, where to inject) and calling 911.
- ▶ Provide patient with information on community resources.

**Naloxone is an unscheduled medication,
a prescription is not required.**

Reporting Requirements

- ▶ Reporting for initial and replacement THN kits is managed through REDCap using:
<https://redcap.rqhealth.ca/apps/surveys/index.php?s=WJ8AD9DFE9>
- ▶ REDCap application on a smart phone or tablet can also be used and information uploaded when data or wifi is available.
- ▶ Reporting information should be entered in real-time with the client present each time a kit is provided.
- ▶ Please encourage patients to call the THN program in their community to:
 - ❖ Get additional training for themselves, family and friends
 - ❖ Access harm reduction and addictions support and resources.

Healthcare providers must document all interventions related to patient care as per the professional expectations of their respective colleges.

Questions?

- ▶ For questions, please contact the THN program in your community.
- ▶ For a list of THN programs, please visit Government of Saskatchewan website:

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/alcohol-and-drug-support/opioids>

Questions?



Resources



Government of Saskatchewan

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/alcohol-and-drug-support/opioids>

Centre for Addiction and Mental Health (CAMH)

<http://www.camh.ca/en/hospital/Pages/home.aspx>

Government of Canada - About the Good Samaritan Drug Overdose Act

https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html?utm_source=google&utm_medium=cpc_en&utm_content=group7_creative1&utm_campaign=opioids_17

Government of Canada - Changing How We Talk About Substance Use

<https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/problematic-substance-use/substance-use-eng.pdf>

Government of Canada - Stigma: Why Words Matter

<https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/stigma-why-words-matter.pdf>

Resources

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Responding to an overdose during the COVID-19 pandemic

Take Home Naloxone Program

June 18, 2020

Risk of Overdose

If you are sick with COVID-19 or another illness that affects your lungs:

You may have a **higher risk of overdose death** while using depressant drugs (“downers”) that slow breathing.

- Depressant drugs that slow breathing include **opioids** (such as fentanyl, morphine, hydromorphone, heroin, oxycodone or methadone), **gabapentin** and **benzodiazepines**.
- Using more than one drug, even in small amounts, can also increase the risk of an overdose.
- Alcohol is also a depressant and can contribute to an overdose if mixed with drugs.

Smoking tobacco, cannabis or other drugs can make your illness worse if you are infected with COVID-19 or have another illness that affects your lungs.

The Buddy System

Isolation & Social Distancing

Buddy up when you are using - in person, by texting, by telephone or chatting online. Using with a buddy is safer than using alone.



In Person

- COVID-19 is passed by droplets. Stay 2 arms lengths from your buddy to avoid passing the virus.
- Have everyone wash their hands when they come over, and before and after using drugs.
- Stay home if you are sick, and ask others who are sick to stay at home.

You can also be a buddy to those who may need extra help. Check in on your buddies regularly. Help each other pick up supplies, including Take Home Naloxone, from harm reduction sites.



On the Phone or Online

- Tell your buddy what drug(s) you are using and where you are located, and make a plan.
- If you stop replying on the phone or through messaging, your buddy can call 911 and give them the information they need to help you.

Risk to the Rescuer & Person Overdosing

- ▶ Giving rescue breaths has never been required, but are recommended
 - ▶ Always voluntary, risk of infection existed pre-COVID-19
- ▶ Rescue breathing masks have a one-way valve and large impermeable area which protects the rescuer from respiratory secretions
 - ▶ No evidence available on whether it protects against the virus

Overdose risk to the person overdosing

COVID-19 risk to the rescuer & person overdosing

**Brain injury after 3-4 minutes
Death**

**Likelihood the rescuer/person overdosing is infected?
Likelihood that they are not already in close contact? Risk of transmission during rescue breaths?
Risk of harm?**

Red Cross Guidelines

According to the Public Health Agency of Canada, the COVID-19 situation is rapidly evolving, and an individual's risk is variable depending on location. If someone's heart stops, and the First Aider is concerned they may have had respiratory symptoms, **it is at the individual's discretion to perform or not perform mouth-to-mouth breaths based on personal preference.** It's still important to call emergency medical services and find an AED. If the individual chooses to perform breaths, they can also use a barrier device, such as a pocket mask, to help protect themselves.

CPR with breaths is recommended for people who have been trained in CPR, but as an alternative, hands-only CPR can be performed until help arrives if the First Aider is unsure about putting their mouth on a stranger's mouth, or has concerns the person may have COVID-19.

<https://www.redcross.ca/training-and-certification/first-aid-tips-and-resources/first-aid-tips/first-aid-protocols-for-an-unresponsive-person-during-covid-19>

TakeHomeNaloxone@health.gov.sk.ca

www.Saskatchewan.ca/opioids
www.Saskatchewan.ca/covid-19