

OVERDOSE PREVENTION AND RESPONSE: TAKE-HOME NALOXONE KIT TRAINING MANUAL

Saskatchewan

Fall 2016

INTRODUCTION

Thank you for taking the time to review this manual that will assist you in educating individuals about overdose prevention and response. This training includes education about the use of naloxone, an opioid antidote, to address the morbidity and mortality associated with opioid overdoses.

Information in this manual comes from multiple sources including community, medical, and academic resources. Most importantly, it has come from people who use drugs who have taken the time to educate and share lived experiences in the ongoing effort to preserve life and prevent unnecessary deaths.

We would like to acknowledge the generosity of the British Columbia Centre for Disease Control as this manual is adapted from the resources they have created.

DRAFT

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1. Using the Training Manual

This training manual is to be used by the educator to perform the training session.

This training manual has up-to-date information and resources for the educator. It is important that participants who are being trained in using the Take Home Naloxone (THN) kits are aware of this information. Training can be modified based on available resources, the group dynamics (i.e. size, history of use) or individual needs and circumstances.

The core information needed to be understood by participants is:

- **basic overdose prevention for stimulants and opioids,**
- **identification of an overdose, and**
- **response, including naloxone administration.**

 This symbol notes important discussion points.

 This symbol notes when to play a video

2. Who is Eligible to Receive a Take Home Naloxone Kit?

Anyone is eligible to purchase a Take Home Naloxone Kit through their community pharmacy. A Saskatchewan resident that is at risk of an opioid overdose is eligible to receive training and a free Take Home Naloxone kit through the Provincial Take Home Naloxone Program. For more information on the Provincial Take Home Naloxone Program, please contact your regional health authority.

Individuals who don't use opioids, but know someone who does (e.g., peers or family members of people who use opioids) are encouraged to receive this training on how to use a Take Home Naloxone kit. Mortality related to any kind of overdose is greatly reduced when the community has an increased awareness of how to mitigate risks, recognize, and respond appropriately in a timely manner.

3. Preparing for a Training Session

The educator should use their professional discretion regarding inclusion of additional content, size of group, and the appropriate instructional methods to best engage participants. Group training sessions are encouraged in community and non-acute settings and can be longer if appropriate. Allow time after group trainings for individual support/discussion.

Length of training (this does not include the time it takes to provide the kits):

- individual training 20-30 minutes
- group training 1 hour

Resources Required (will depend on the environment, audience, group size, experience, and time):

- Documents
 - Take Home Naloxone Backgrounder
 - Take Home Naloxone Frequently Asked Questions
 - Participant Knowledge Checklist
- Pens and writing paper for participants

Optional Items:

- Practice vial, and auto retractable syringe – *one each for all participants*
- Oranges or very thick sponges to practice injecting into– *one for each participant*
- Sharps container
- Whiteboard or chart paper/markers/tape
- Audio/Video Set-up: laptop computer with internet access or recommended video downloaded
- Dolls to practice rescue breathing

Suggested tips:

- It is helpful to have SAVE ME written vertically on chart paper/board with the words associated with each letter of the acronym so you can refer to it during the educational session.
- As the educator you may want to follow up with particular participants to clarify the information they have received. The **Participant Knowledge Checklist** is a good guidance document that can help in this process.

4. Session

A. Introductions

The session introduction will vary depending on whether it is being providing in an individual or group setting.

	Individual Training ☺	Group Training ☺
Roles & Expectations	<ul style="list-style-type: none"> • Name and position/role • Length of training (approximately 30 minutes) • Training activities: paper work, video, discussion 	<ul style="list-style-type: none"> • Name and position/role • Length of training (approximately 1 hour) and breaks, if any • Training activities: paper work, video, discussion • Group introduction – may want to ask for name and learning needs (e.g. one person speaking at a time) • Confidentiality • Availability for questions, discussion, debriefing

B. Participant Knowledge Objectives

It is important the participant(s) understands what they will be learning.

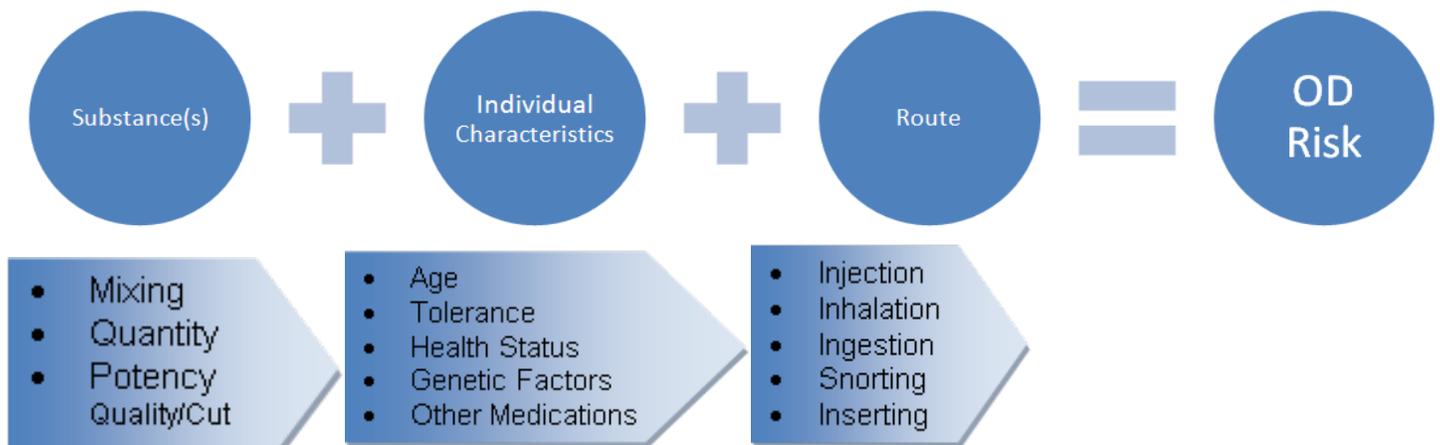
Discussion Points

- Most participants will have experience with overdose.
- Acknowledge that myths exist about how to respond to an overdose.
- Communicate that naloxone and Narcan® are different names for the same drug, and that it only works in overdoses involving opioids (naloxone is not just for fentanyl but is effective for all opioid overdoses).
- Acknowledge the value of participants learning this life saving skill.
- The following topics will now be discussed:
 - i. What is an overdose?
 - ii. Factors that can increase the risk of overdose
 - iii. How to recognize an overdose, including depressant and stimulant overdoses
 - iv. How to respond to an overdose using SAVE ME
- **Naloxone will not cause harm and is scientifically proven to reverse an opioid overdose quickly.**

i. What is an overdose?

Discussion Points

- The body is overwhelmed by exposure to a toxic amount of a drug or combination of drugs which cause the body to be unable to maintain or monitor functions necessary for life.
- Not everyone who overdoses will die.
- There can be long-term medical impacts (permanent physical damage to one's body) from overdose.
- Anyone can overdose, regardless of their history, gender or age. There is no exact formula. Overdose risk can increase or decrease depending on variables related to the three factors in the following figure:



- Potential discussion questions:
 - What are some of the drugs people use?
 - What are some of the drugs people combine?
 - What are some things people could do to test the strength of a new batch?
 - What are some ways to reduce the risks associated with these factors?
 - What are some things you can do to look after your body to reduce overdose?
 - When are some times that a person's tolerance might change?
 - What are some things a person could do if they just got out of jail and bought drugs?

ii. *Factors that can increase the risk of overdose*

Discussion Points 

Drug factors that can increase risk of overdose

- **Mixing:** refers to mixing drugs with other substances (including alcohol). Prescribed medications can also increase overdose risk – for example mixing either Ritonovir (HIV medication) or anti-depressants with ecstasy.
 - **Prevention:** use one drug at a time, do not mix substances. If you are going to mix anyway, choose to use opioids before alcohol or pills, and reduce the amount you take. Alcohol is often an underestimated risk factor. People often think that mixing stimulants with a depressant will cancel out the risk, but mixing in this way increases the risk of overdose because the body has to process more drugs. Let people around you know how much and what you are taking.
- **Quantity:** refers to the amount of drugs used. Some drugs are harder to measure (e.g. GHB) or may have varying time release mechanisms (immediate vs. extended). Individuals may have taken more drugs intentionally or by accident, being unaware of the additive effects and the delayed onset.
 - **Prevention:** use standardized measuring or devise a readily available measuring method (e.g. pop bottle cap noting size and if it has the plastic liner or not). 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 one opioid for another.
- **Potency:** refers to concentration, quality, and/or cut. Substances can have unknown content/adulterants due to processing. Other substances can be added by people who have handled drugs before the consumer receives it.
 - **Prevention:** test your drugs by doing a small amount at first. Take the tourniquet off before depressing plunger, stop half way to see effects, and inject less if it feels too strong. Purchase from a reliable source (know your dealer). Check with community members who might be in the know about current drugs in the area such as people who use drugs, and harm reduction service providers.

- **Route:** determines how quickly the drug takes effect. Injecting into the vein will affect the body more quickly and intensely than ingesting. In general, the faster a drug hits the blood stream, the greater the risk of overdose. There is a risk of overdose with every route of use.
 - **Prevention:** be careful when changing routes – you may not be able to handle the same amount. Consider changing route if you are using alone or may have decreased tolerance.

Individual factors that can increase risk of overdose

Research shows that increased risk factors for fatal overdose include: having overdosed before, using alone or in an unfamiliar environment, and increased age.

- **Tolerance:** changes rapidly with even a few days of not using or reduced use. High risk times include: exiting jail, hospital, detox/treatment, and starting/tapering methadone maintenance.
 - **Prevention:** use less, do test runs, change route of administration (injecting to snorting or eating drugs) until tolerance is developed.
- **Physical and Mental Health Status:** can affect how a person reacts to a drug, and can impact a person's overall health. Some consequences include harm to one's liver, kidneys and respiratory function. Drug use can contribute to a person having a compromised immune system, high blood pressure, heart disease, diabetes, smoking, infections, sleep deprivation, dehydration, and malnourishment.
 - **Prevention:** eat, drink fluids like water, sleep, and seek health care regularly as appropriate. If using drugs, go slow, take breaks, use less when you have been sick, lost weight, or are feeling down – doing more of the drug to “feel better” is a risk factor for overdose. Research or discuss with a health care provider you trust about interactions of the drugs you take; prescribed, over-the-counter, and drugs you get on the street.
- **Genetic factors:** how an individual breaks down drugs can be influenced by genetic make-up.
 - **Prevention:** know risks associated with different drugs and be aware that the drug may be something different. Apply as many prevention measures as possible; make a plan with people you are with as to what to do if something goes wrong.

General Prevention Messages

- Don't use alone, or use in a place where people can help if needed (leave doors unlocked etc.). If using alone, it is important to know your limit and only buy drugs with consistent manufacturing methods.
- Talk to an experienced person or trusted health care provider about reducing risk. Learn overdose response training, and carry naloxone if you use opioids.
- Create an overdose plan with peers or family members so that in the event of an overdose there is a quick and effective response – with no hesitation in calling 911. Talking about this before an emergency happens can clarify what needs to be done and reduce the responder's anxiety.

iii. How to recognize an overdose

Review the signs of an overdose, including: 

For Depressants (downers – including opioids)	For Stimulants (uppers)
e.g. Alcohol, GHB, benzodiazepines opioids*: morphine, Dilaudid®, heroin, methadone	e.g. Cocaine, crack, Ritalin®, methamphetamine, ecstasy
<ul style="list-style-type: none"> - Person can't stay awake, walk or talk - Slow or absent pulse - Slow or absent breathing, snoring or gurgling - Less than 10-12 breaths per minute (a breath every 5 seconds is normal) - Skin feels cold, looks pale or blue (especially nail beds and lips) - Pupils are pinpoint or eyes rolled back - Vomiting - Body is limp - No response to noise or to knuckles being rubbed hard on the breast bone - Unresponsive 	<ul style="list-style-type: none"> - Fast pulse or no pulse - Short of breath - Body is hot/sweaty, or hot/dry - Racing pulse, shortness of breath - Confusion, hallucinations, unconscious - Clenched jaw - Shaky - Chest pain - Seizures, loss of consciousness - Vomiting - Cannot walk or talk - Rigid or jerking limbs

*The term "opioid" is inclusive of the entire class of drugs, whether natural, semi-synthetic, or synthetic, that activate the body's existing opioid receptors. "Opiate" refers only to drugs derived from opium.

iv. How to respond to an overdose

In all overdose events it is recommended to: 

- Call 911
- Stay with the person, use the person's name when talking to him/her and calmly let the person know what you are doing as you are doing it (even if he/she appears unresponsive). **People who have overdosed have said someone using their name and talking to them calmly has made a big difference.**
- Acknowledge potential fears about calling 911.

The Recovery Position 

- If you are not actively working on an individual, or have to leave an unconscious/unresponsive person at any point, put them in the recovery position to help keep the airway clear from their tongue or vomit. The potential for the lungs to fill up with fluid can happen quickly; this is another reason why calling 911 and the individual seeking medical attention is important.
- Demonstrate and practice the recovery position.



Responding to a Stimulant Overdose 💬

Stimulant Over-amp:

- Call 911 at any point you are not comfortable.
- **Naloxone will not help if opioids are not involved.**
- If the individual *is conscious* and experiencing “over-amping” or mental distress (i.e. crashing from sleep deprivation, anxiety, paranoia) linked to stimulant use and you are sure this is not medical in nature, they may need support and rest. Call Poison Control 1-866-454-1212 to help assess.
- Encourage them not to take any more substances.
- Move away from activity and noise, open a window, and place cool wet cloths on forehead, back of neck, and under armpits.
- Being careful not to over-hydrate; give water or other non-sugary, non-caffeinated drink to help replace lost electrolytes.
- If aggressive/paranoid, *ask* if it helps if they close their eyes and be aware of their personal space.

Stimulant Toxicity:

- **Call 911 immediately.** Tell medical professionals as much as possible so that they can give the right treatment to prevent organ damage and death.
- **Naloxone will not help if opioids are not involved.** If the overdose involves multiple substances *including* opioids, naloxone will temporarily take opioids out of the picture.
- If symptoms include rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains, **this is a medical emergency.**
- Stay with the individual for support, encourage hydration, and stay calm. Do not give anything by mouth if unconscious. If he/she is having a seizure make sure there is nothing around that can hurt him/her. Do not put anything in the mouth or restrain him/her.
- There is no antidote to stimulant overdose. If the heart has stopped, provide chest compressions.

Responding to a Depressant Overdose

- Support the person similar to an opioid overdose response without the administration of naloxone.
- **Call 911.**
- Respond with the **SAVE** steps until the help arrives.
- **Naloxone has no effect on depressant overdoses that do not involve opioids.**
- If the overdose involves multiple substances *including* opioids, it will temporarily take opioids out of the picture.

Responding to an Opioid Overdose

- Fatal opioid overdoses are rarely instantaneous; they usually happen over 1-3 hours, are frequently witnessed but may not be recognized as an overdose.
- It is important to wake someone up if they are making unfamiliar snoring or gurgling noises.
- **Call 911.**
- Respond with the **SAVE ME** steps until the help arrives.
- Tell medical professionals as much as possible so that they can give the right treatment to prevent organ damage and death.
- If medical assistance or naloxone is not available – give breaths and stay with the person.
- Stress the importance of staying with the individual **after** giving naloxone to:
 - explain to the person what happened when they wake up
 - discourage using more opioids for at least 2 hours
 - tell emergency response team as much as you know
- **Naloxone will not cause harm and is scientifically proven to reverse opioid overdose quickly.**

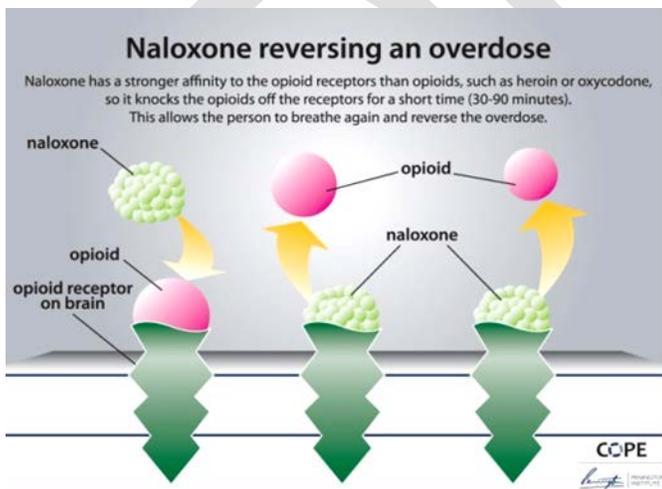


Image Credit: Pennington Institute's [Community Overdose Prevention and Education \(COPE\) Project](#); Adapted from artwork by [Maya Doe-Simkins](#)

Tell responder to go slow, continuously evaluating the impact of their actions on the individual, remembering to take breaths for themselves. Professionals are the best equipped to deal with an overdose situation - find extra support (if available) until they arrive.

SAVE ME 

	<p>S</p>	<p>Stimulate. Can you wake them? Call their name, give sternal rub (demonstrate), tell them to breathe. If you cannot wake them call 911. If you have to leave them, put them in the recovery position. Calmly, tell the operator that person is not breathing and not responsive.</p>	<p>When approaching a stranger – use foot to nudge their foot, yelling at them to wake up. Be wary when approaching people who appear to be “sleeping” or “unresponsive” – be sure to say out loud the actions you are doing.</p> <p>Check breathing. A person needs to take a breath every 5 seconds.</p> <p>If person responds keep them moving and awake – watch them for several hours.</p>
	<p>A</p>	<p>Airway. Make sure nothing is in their mouth that keeps them from breathing – gum, food, pills, rig cap, etc.</p>	<p>In training: can ask participant to tuck chin down on their chest and try to breathe – demonstrating how a relaxed tongue can block airway. Moving head can sometimes get someone breathing again.</p> <p>Look, listen, feel if they are breathing. Head above mouth, look towards chest.</p>
	<p>V</p>	<p>Ventilate. Breathe for them. Tilt head back, place barrier over mouth, plug nose, and give 2 breaths. Breath should be big enough to make person’s chest rise. Continue to breathe for the person – one breath every 5 seconds.</p>	<p>Remind the individual that instructions are on the barrier.</p> <p>You cannot catch HIV by giving mouth to mouth. If you are still concerned about touching someone’s mouth and do not have a breathing mask – can give rescue breaths through a shirt placed over their open mouth and plugged nose.</p>
	<p>E</p>	<p>Evaluate. Are they any better? If not, prepare naloxone. If you are the only responder, you can stop breaths temporarily while you get naloxone ready.</p>	<p>10 second pulse check if (10-12 heartbeats in this time) Has breathing improved? Colour?</p> <p>If you do not have naloxone – just breathe. Keep breathing for them until the ambulance arrives. This can be very effective.</p>
	<p>M</p>	<p>Muscular Injection. Inject 1cc of naloxone into a muscle at a 90° angle. Outer thigh or the meaty part of the shoulder. Can give through clothing.</p>	<p>Suggest individual takes a deep breath before administering naloxone.</p> <p>If this is not an opioid overdose naloxone will have no effect.</p>



E*

If you haven't called 911 yet, call **NOW**. It's important to call **911** because:

- there might be another medical emergency that naloxone will not work for, or the overdose may not have been from opioids alone
- the person may overdose again when the naloxone wears off
- there is a small chance of side effects from the naloxone, such as a hypersensitivity (allergic) reaction

Evaluate and Support. Is the person breathing on their own? Has their colour improved? If the naloxone has no effect within 5 minutes and opioids are involved* administer another dose of naloxone. Tell the person not to use anymore drugs for at least 2 hours. If person is feeling dope sick, tell them it will start to wear off in about 30 minutes and opioids in the system can reach the receptors again.

Explain they may have to continue breathing normal sized breaths, every five seconds into person until the naloxone starts to work, and person starts to breathe on their own or until the ambulance arrives. Suggest counting out loud if it helps: one one thousand, two one thousand, three one thousand, four one thousand, breathe.

Put needles in sharps container or plastic pop bottle with lid to dispose of safely.

When the paramedics arrive – be sure to tell them as much as possible – what the person has taken and what steps you have taken.

C. Video: Live! Using Injectable Naloxone to Reverse Opiate Overdose (Optional)

- This is a **real** video of an overdose and administration of naloxone. 
- Explain that the naloxone used in the video is different than the naloxone in the Saskatchewan THN kits. The video uses multi-dose vials; the Saskatchewan initiative uses single dose vials to eliminate contamination risks, and simplifies the dosage for administration.

A great resource from the Chicago Recovery Alliance: 

<http://www.youtube.com/watch?v=U1frPJoWtkw>

While the video is playing it may help to state the SAVE ME steps out loud as they occur in the video:

Stimulate, Airway, Ventilate, Evaluate, Muscular Injection, Evaluate.

For Consideration:

- Show the sample THN kit and practice tools *after* viewing the video.
- Some paperwork can be filled out by educator/assistant *during* video to assist completion.

D. Introduction to Saskatchewan Take Home Naloxone Kit

i. Explain and show the kit contents 

- Gloves and a breathing mask to practice universal precautions.
- Alcohol swab package – can use swab to wipe off skin prior to injecting.
- **Taking care of the Naloxone: Keep out of the sunlight and at room temperature. Don't put 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, suggest they bring it back for a new prescription.

ii. Demonstration and practice with auto retractable syringe and water vial (Optional)

- Explain that the syringe is an auto retractable syringe, which is an intra-muscular safety syringe, with a needle that automatically retracts when the plunger is depressed all the way.
- Holding *practice* vial upright, swirl in a circular motion to gather all liquid in the base of the vial. This is an important step.

- Take the needle cover off the auto retractable syringe; draw up all the liquid from the vial. If there is air in the syringe, try to remove it without losing “naloxone”. Because the injection is going into a large muscle, having a small amount of air in the syringe will not matter. The urgent need to restore breathing is more concerning. Show participant where muscular injection should go.
- Hold an orange or dense sponge steady in one hand, hold the syringe like a dart insert into “flesh” at a 90° angle. Slowly depress the plunger of the auto retractable syringe all the way until the needle retracts.
- Suggest safe disposal of syringe and vial into a sharps container or plastic bottle with lid.
- Debrief the experience.
- Remind individuals they should keep the naloxone in the case in which it was provided.

E. Ending the Training Session

- Review the Participant Checklist to ensure the individual has understood the information provided. The following probing questions may be helpful:
 - What can increase your risk of having an overdose?
 - What is a sign of an opioid overdose?
 - Is it essential that you call 911 for all overdoses?
 - Does naloxone work for a cocaine overdose?
 - How many doses of naloxone should you administer for an opioid overdose?
 - Why is it important to stay and support the person that overdosed?
 - What is 1 dose of naloxone?
 - How long does it take for naloxone to start working once given intramuscularly?
 - How long does the effect of naloxone last before it starts to wear off?
- Thank participants for taking this training. Acknowledge the value of learning this life saving skill.
- Ask if there are any last questions.

5. Record Keeping and Legal Considerations

Naloxone is **not** a controlled substance, and is specifically **excluded** from the Controlled Drug and Substance Act. It is regulated under the Federal Food and Drugs Act. On March 22, 2016, Health Canada removed naloxone from the Prescription Drug List which means that a prescription for naloxone is no longer required. In Saskatchewan, naloxone is deemed a Schedule II drug which means it requires a pharmacist to be involved in the provision or sale of naloxone. The pharmacist must document the sale of all Schedule II drugs.

Liability related to various aspects of naloxone is a common concern. There are no known cases of legal action related to naloxone. Many places have legislation protecting people who prescribe, dispense, or administer naloxone from liability, including 11 US states (see <http://towardtheheart.com/naloxone/service-providers/> for references).

6. Appendix

Appendix A: Program Documents and Related Information

For convenience of making copies, the following documents do not have page numbers in the training manual

I	<u>Backgrounder</u>	Provides specific overdose and naloxone information. Helpful to learn more about Saskatchewan's THN program.
II.	<u>FAQ's</u>	General FAQ's for individuals not as familiar with how preventable overdose can be and with people who use drugs. For more specific FAQ's www.harmreduction.org
III.	<u>Participant Knowledge Checklist</u>	The checklist serves as an overview of information the educator needs to cover and a reminder for participant of what they have learned.