



Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization

Jean Hopkins, Policy Analyst, Canadian Mental Health Association, Ontario Division
jhopkins@Ontario.cmha.ca



**Canadian Mental
Health Association**
Ontario

The Canadian Mental Health Association

- Founded in 1952, the Canadian Mental Health Association (CMHA), Ontario, is a non-profit, charitable organization committed to making mental health possible for all
- CMHA Ontario works closely with its 30 local branches in communities across the province to ensure the delivery of services to consumers and families of individuals with mental health and substance use concerns.
- All CMHAs in Ontario work in a variety of partnerships to provide a coordinated, continuum of care using the social determinants of health model.



**Canadian Mental
Health Association**
Ontario

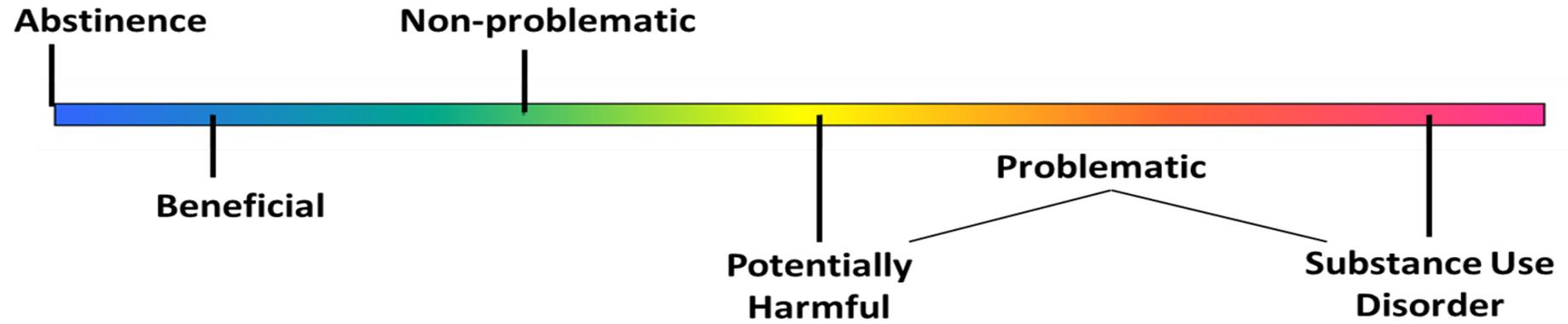
**Association canadienne
pour la santé mentale**
Ontario

What is Harm Reduction?

An evidence-based, client-centred approach that seeks to reduce the health and social harms associated with substance use. **Harm reduction is any program or policy designed to reduce substance-related harm without requiring the cessation of drug use.**

- **Pragmatism:** Harm reduction recognizes that substance use is inevitable in a society and that it is necessary to take a public health-oriented response to minimize potential harms.
- **Humane Values:** Individual choice is considered, and judgement is not placed on the substance user.
- **Focus on Harms:** Promotes safer consumption wherever someone may be on the substance use spectrum and supports informed decision making.

Substance Use Spectrum



Opioids

```
graph TD; Opioids --> Opiates; Opioids --> Semi-Synthetic; Opioids --> Synthetic; Opiates --- Opium; Opiates --- Morphine; Opiates --- Codeine; Semi-Synthetic --- Heroin; Semi-Synthetic --- Hydrocodone; Semi-Synthetic --- Hydromorphone; Semi-Synthetic --- Oxycodone; Semi-Synthetic --- Buprenorphine; Synthetic --- Fentanyl; Synthetic --- Methadone; Synthetic --- Tramadol;
```

Opiates

Opium

Morphine

Codeine

Semi-Synthetic

Heroin

Hydrocodone

Hydromorphone

Oxycodone

Buprenorphine

Synthetic

Fentanyl

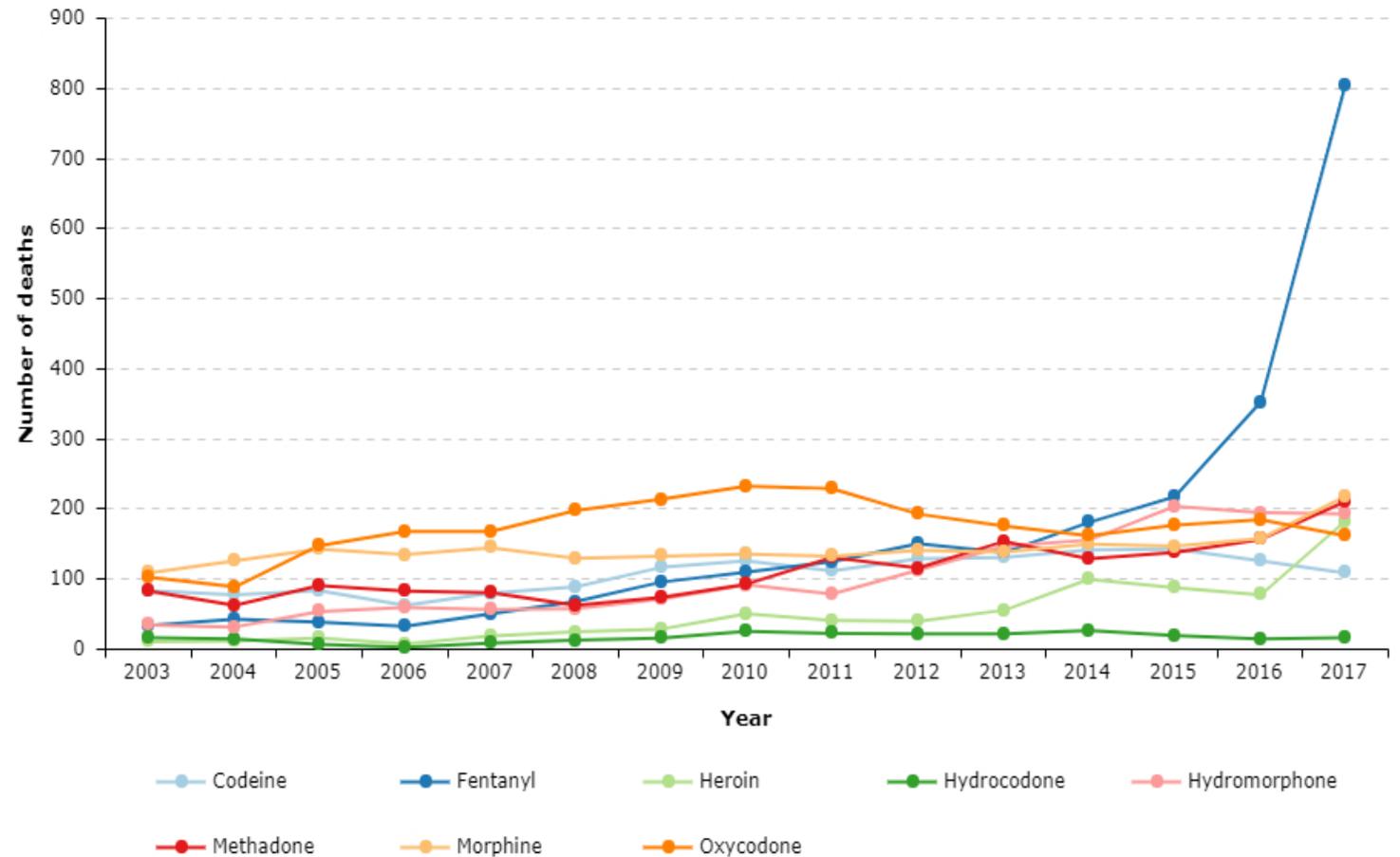
Methadone

Tramadol

Opioids in Ontario

- **80 per cent** of people entering residential treatment for opioids were first exposed through a prescription.
- Among young adults ages 25 to 34, 1 of every 8 deaths is due to Opioids.
- Most recent data states that at least 1,265 people died of opioid overdoses, up from **865 deaths** in 2016.
- Currently, there is an average of 3 overdose death due to opioids **daily in Ontario**.
- **Fentanyl** is the leading cause of opioid deaths in Ontario. Hydromorphone is second.

Type of opioid present at death,
Ontario, 2003 – 2017

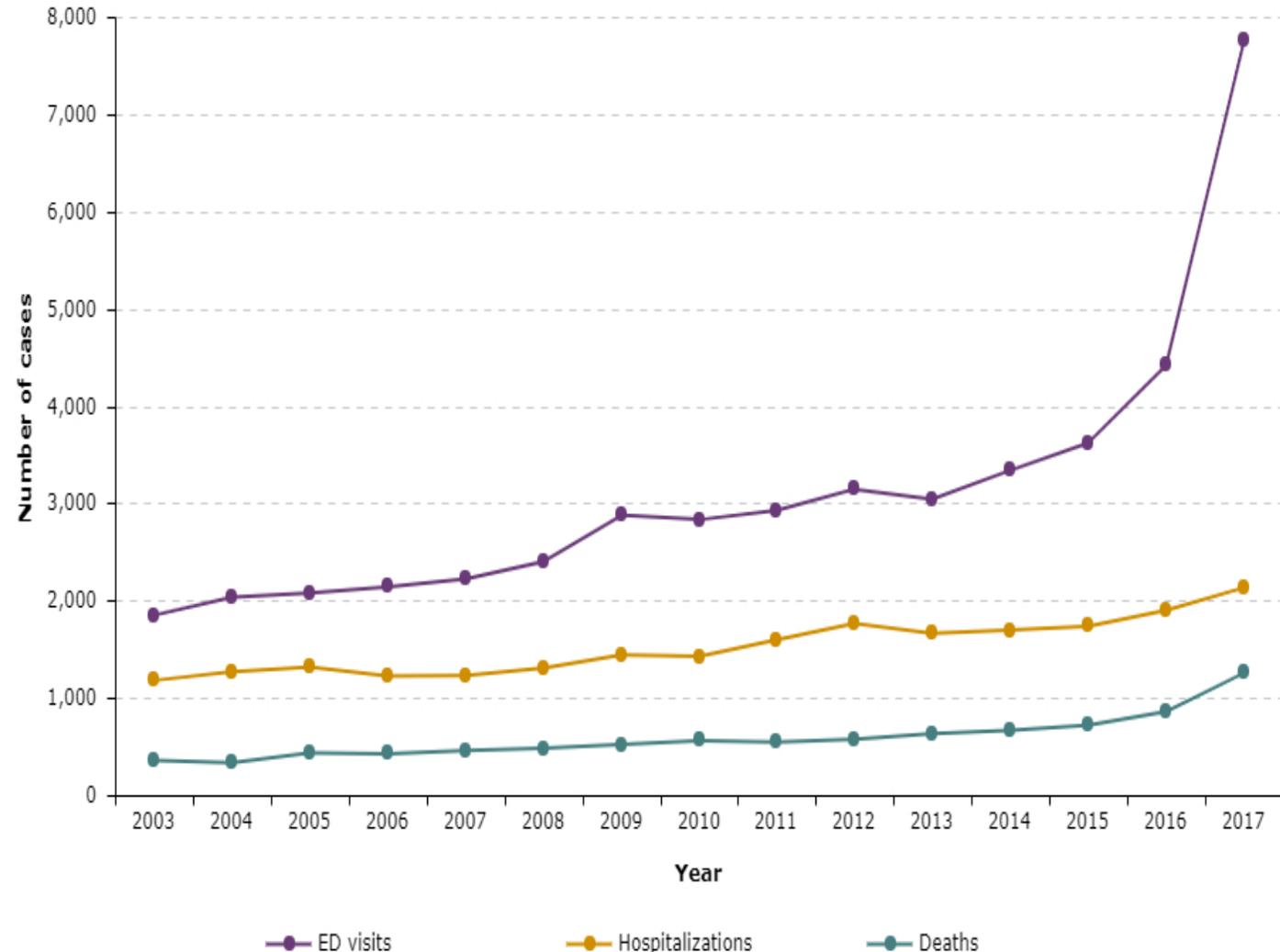


The Ontario Ministry of Health and Long Term Care Opioid Strategy

Main goals include reducing opioid addiction and overdose by focusing on three main areas:

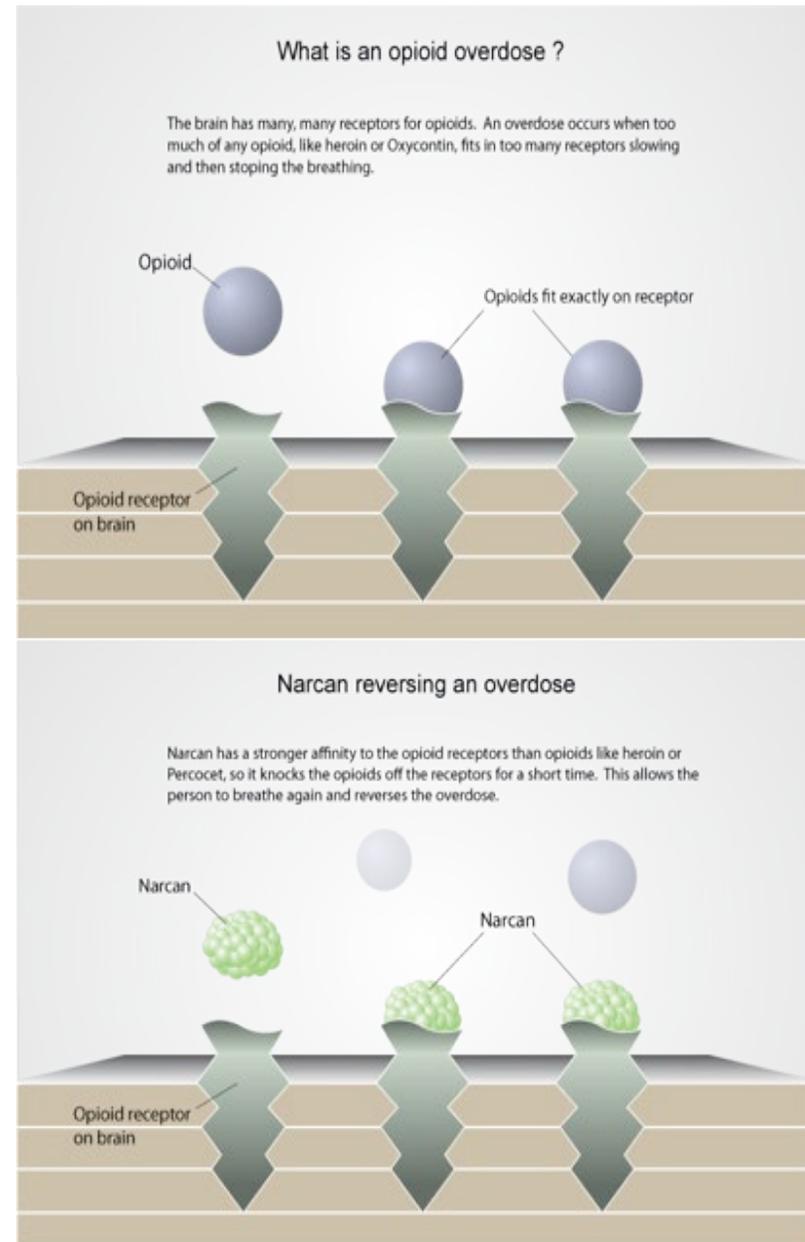
- Enhancing data collection
- Modernizing prescribing and dispensing practices
- Connecting patients with high quality addictions treatment services, including harm reduction initiatives and expanding access to suboxone and naloxone.

Cases of opioid-related morbidity and mortality, Ontario, 2003 – 2017



Naloxone (Narcan™)

- Injectable or intranasal medication
- Reverses the effects of opioids (opioid antagonist)
- No prescription needed, and free of charge
- Only last for a short period of time
- It will not have an effect on other substances in the body
- No harms if administered to someone who is not experiencing an overdose



Naloxone (Narcan™)



Intramuscular Naloxone



Intranasal Naloxone



Naloxone Availability

<https://www.ontario.ca/page/where-get-free-naloxone-kit>

Ontario Naloxone Program (ONP) (No health card needed)

Ontario's needle exchange programs, hepatitis C programs and public health units provide kits containing both Intranasal naloxone (4mg/0.1ml) and intramuscular naloxone to:

- Clients of needle syringe and hepatitis C programs
- Friends and family of clients
- Individuals newly released from a correctional facility

Ontario Naloxone Pharmacy Program (ONPP) (Health card needed)

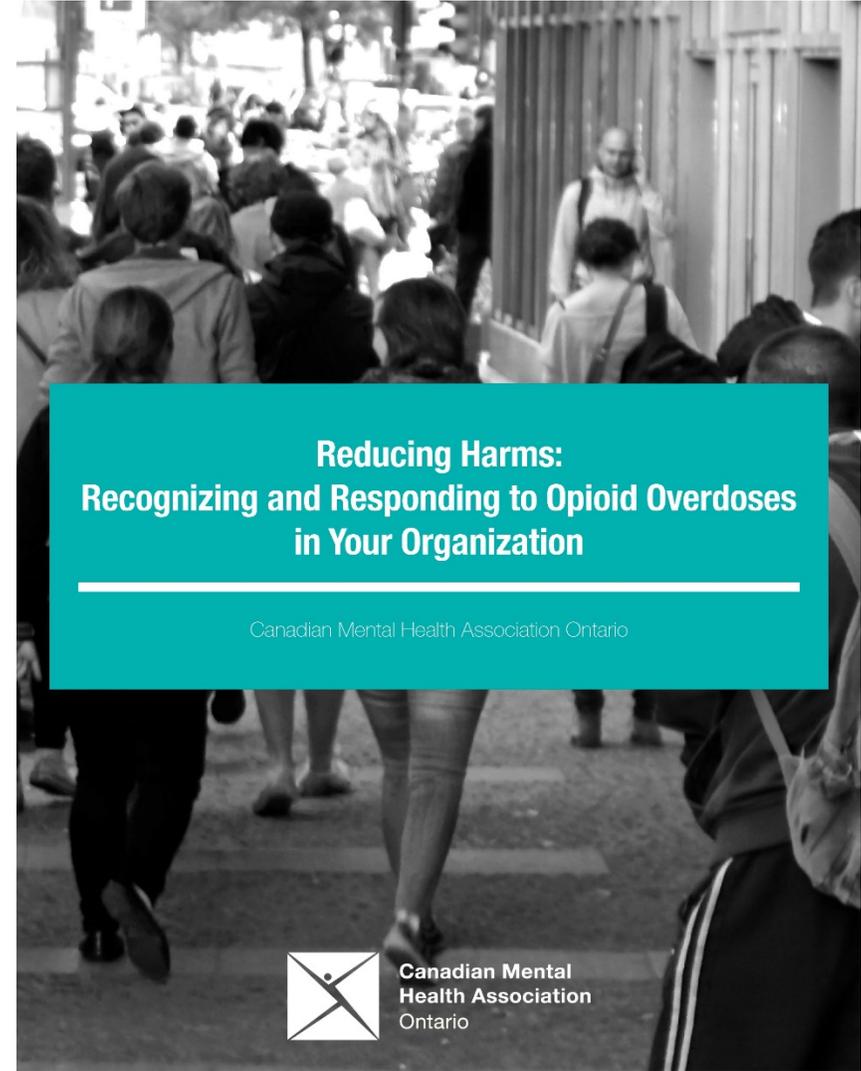
Participating pharmacies distribute intramuscular naloxone (0.4mg/1ml) kits and intranasal kits to:

- Individuals currently using opioids
- Past opioid users who are at risk of returning to opioid use
- A family member, friend or other person in a position to assist a person at risk of overdose from opioids

The ONP has expanded - both intranasal and intramuscular naloxone kits are distributed through community organizations such as shelters, outreach organizations, AIDS services organizations, Community Health Centres, withdrawal management services, and participating hospitals.

Purpose of Our Document

- The 'Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization' will:
- Provide current, accurate and relevant information about opioids and naloxone in Ontario
- Assist organizations to develop and implement an overdose prevention protocol
- Provide infographics on administering naloxone and templates for policy development
- Encourage naloxone to be a part of any first aid protocol
- Can be found at: <http://ontario.cmha.ca/wp-content/uploads/2018/05/CMHA-Ontario-Reducing-Harms-Updated.pdf>



Topics Covered in Our Document

- **Opioids and Naloxone in Ontario**
 - Understanding harm reduction
 - Who is at risk
- **Administering Naloxone**
 - Signs and symptoms of an overdose
 - Intramuscular, Intranasal and aftercare
- **Setting Up Naloxone Administration as a First-Aid Response in Your Organization**
 - Developing a protocol
 - Training options
 - Opioid risks in the workplace
 - Debriefing and distress prevention
- **Additional Considerations**
 - Incorporating equity into your overdose protocol
 - Monitoring and evaluation
 - Good Samaritan Legislation
 - Developing a communication strategy
- **Templates & Infographics**

ADMINISTERING INTRAMUSCULAR NALOXONE



Shake **shoulders** and shout **name**



Call **911** if unresponsive



Inject 1 vial or ampoule of naloxone into their **upper arm** or **upper leg**



Perform **first aid**; give **chest compressions**



If **breathing has not improved** after two to three minutes, perform **step 3 and 4 again**



If breathing has resumed, place in **recovery position**

ADMINISTERING INTRANASAL NALOXONE



Shake **shoulders** and shout **name**



Call **911** if unresponsive



Lie person on their back. Insert **nozzle tip** into **one nostril**. Firmly press plunger



Perform **first aid**; give **chest compressions**



If **breathing has not improved** after two to three minutes, perform **step 3 and 4 again**



If breathing has resumed, place in **recovery position**

Good Samaritan Legislation

- A 2016 survey showed that individuals who used naloxone to treat an overdose did not call emergency services 30 to 65 per cent of the time. The number one reason for not doing so was concern about police involvement and possible arrest.
- The Good Samaritan Drug Overdose Act (Bill C-224) was passed in May, 2017
- This bill has made amendments to the *Controlled Drugs and Substances Act* and provides legal protections for people who experience or witness an overdose. This includes possession of illegal substances.
- The bill will also protect an individual if they are in breach of the following conditions:
 - *Parole* • *Pre-trial release* • *Probation orders* • *Simple possession* • *Conditional sentences*



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario

Good Samaritan Legislation

The law <u>does</u> provide protection against charges for	The law <u>does not</u> provide protection against charges for
Possessing drugs for your own use	Selling illegal drugs (trafficking): Police may suspect this if you have a large amount of drugs, cash or items like scales, baggies, and debt lists
	Offences other than drug possession
Violating conditions of your parole, bail, probation or conditional sentence for a simple drug possession charge	Any outstanding arrest warrants
	Violating conditions of your parole, bail, probation or conditional sentence for an offence that is not simple possession

Endorsed by the Ontario Association of Chiefs of Police.

Disclaimer: This is legal information — not legal advice.

If you need legal advice, please consult a lawyer about your situation.



See an overdose? Call 911 immediately.

Under Canada's *Good Samaritan Drug Overdose Act*, if you seek medical help for yourself or for someone else who has overdosed, neither of you will be charged for possessing or using drugs, nor will anyone else at the scene.

See the other side of this card to know exactly when the Good Samaritan law will and won't protect you against charges.

Police may not always know about the law's protections.

If you need legal help, call

1 (800) 668-8258 (toll-free) for Legal Aid Ontario or

1 (855) 947-5255 (toll-free) for Law Society Referral Service,

also online at <https://lsrs.lsuc.on.ca/lsrs>.

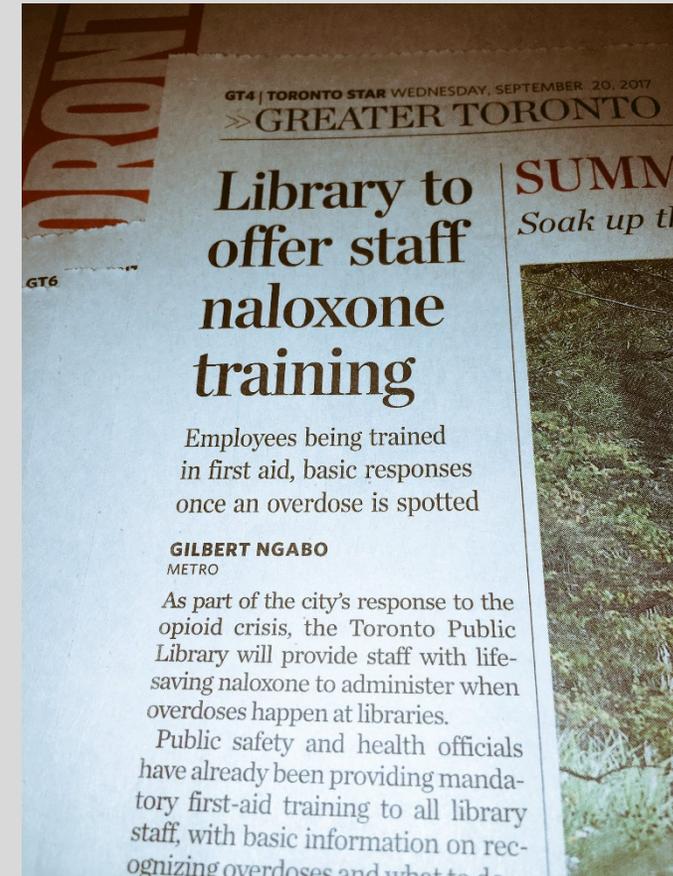
Language and Stigma

- The language we use is an important component in reducing stigma and breaking down negative stereotypes associated with substance use.
- It is recommended to use language that is neutral and precise whenever possible.
- It is also recommended to use 'people first' language that focuses on the individual, not the action.

Instead of	Try
Drug User	Person who uses drugs
Drug Abuser / Addict	Person who uses drugs problematically / Person with a Substance Use Disorder
Drug Habit	Regular substance use
Addicted to '...'	Has a '...' substance use disorder
Former / Ex-Addict	Person in recovery
Suffering from an addiction	Person living with an addiction
Stayed sober / clean	Maintained recovery
Drug Offender	Person arrested for a drug violation
Non-compliant	Chooses not to at this point

Campuses and Organizations that have implemented opioid overdose protocols

- Toronto Public Libraries
- Kingston City Council
- Ontario Provincial Police
- Toronto District School Board
- York University
- Ryerson University
- Seneca College
- Algonquin College
- George Brown
- Sheridan College
- Queens University



Peer Leadership on Campus

- Residence Don & Peer Health Educator
- Peer Support: peers are often a first point of contact
- Role modelling: actions and words
- Shared experiences, common language
- Relate to the campus-specific context
- Recognize → Reach out → Refer → Reassess



How Students Talk About Substance Use

Volunteer
Advertise
Feedback
QJ Longform
Subscribe

 THE QUEEN'S UNIVERSITY - SINCE 1873
JOURNAL

NEWS FEATURES EDITORIALS OPINIONS ARTS SPORTS LIFESTYLE SPECIAL PROJECTS WATCH

Home > Features > Drug use on campus persists

Drug use on campus persists

Four students share their stories of drug use on campus

November 17, 2017 | Brigid Goulem



Archive

Features

- 2018 >
- 2017 >
- 2016 >
- 2015 >
- 2014 >
- 2013 >
- 2012 >
- 2011 >



{CONFESSION #452}

“Cocaine is a way bigger problem at Queen's than like 90% of people realize”

- FOURTH YEAR COMMERCE STUDENT

Naloxone Training On Campus

- **Name Recognition:** Naloxone training as a way to help a friend, resident or peer in an emergency
- **Make it Easy:** On campus, free, nasal spray kits
- **Give Context:** History of opioids and opioid poisonings in Canada and Kingston
- **Community Partnership:** KFL&A Public Health & Queen's Student Wellness Services working together
- **Campus Connection:** Discuss how this training supports the work peer leaders are doing
- **Intangible Takeaways:** Education on safer substance use, signs of opioid poisoning, how to talk about substance use, campus & community resources

KFL&A Public Health in partnership with Student Wellness Services, Queen's University presents:

Preventing, Recognizing and Responding to an Opioid Overdose



Drugs in this area are being cut with fentanyl. Come and learn how to stay safe and help others if an overdose happens.

**Tuesday,
November 28,
2017**

Room Queen's Centre 505
(ARC)

5:30 to 6:30 p.m.
Refreshments provided

No registration required.



Naloxone training and free nasal spray naloxone kits will be available.

Naloxone is a medication that can temporarily reverse the effects of an opioid overdose and can help save a life.

kflaph.ca/Fentanyl

2017-11-15



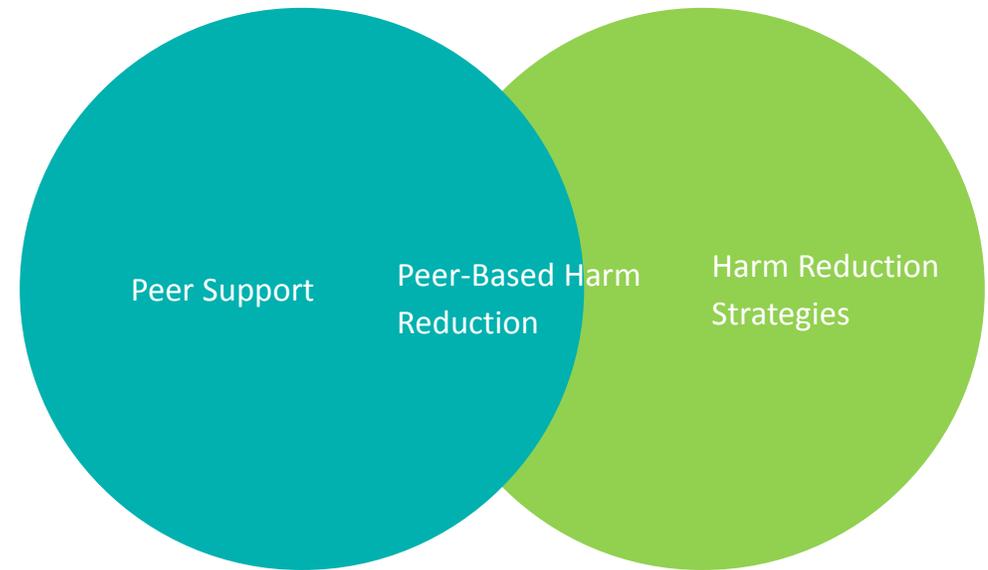
Peer-Based Harm Reduction

Peer Support and Harm Reduction are rooted in the same values

- Empathy
- Person-first
- Value autonomy, non-judgemental responses
- Managing risks, minimizing harms

Peer Voices Are Listened To & Peers Will Listen

- More relatable than institutions -- but only when honest and realistic
- Open uncomfortable and important conversations, create two-way dialogue
- Confront stigmas and common myths



Developing a 'Community Engagement Plan'

Why should I develop a community engagement plan?

- Increases credibility and accountability with stakeholders
- Identifies concerns
- Ensures sustainability and long-term success
- Provides the community with a stake in engaging with the current opioid crisis



Community Engagement Framework



Identify the stakeholder group



List out the key messages and/or action items to be completed



List the communication methods



Bonus: develop a deployment calendar

The Importance of Debriefing

Immediately after incident

- An initial debrief should occur immediately following the emergency incident:
- All staff members involved in the incident should be present
- Emergency Response Incident Form will be completed
- Review of the emergency event
- A staff member will be assigned to call the hospital and obtain report regarding the client's medical situation and plan of care (if applicable)
- Information will be documented in the client's record and a plan of care to be discussed (if applicable)
- Immediate support needs for staff will be discussed

7 days after incident

- Was the need for assistance communicated clearly and effectively prior to the incident? During the incident?
- Were roles and responsibilities understood by all team members?
- How are staff involved in the incident currently coping?
- Have the staff been provided access to additional supports as needed (i.e.: Employee Assistance Programming).
- Name of staff involved in incident.

What have been your experiences with overdose awareness, naloxone, and harm reduction on your campus?

Have you encountered any barriers to implementing opioid overdose awareness and training on your campuses?

Thank You!

Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization can be found at:

<http://ontario.cmha.ca/wp-content/uploads/2018/05/CMHA-Ontario-Reducing-Harms-Updated.pdf>

For further inquiries, contact:

Jean Hopkins, Policy Analyst at CMHA Ontario

jhopkins@Ontario.cmha.ca