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

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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.
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

Abstinence  Non-problematic  Problematic  Potentially Harmful  Substance Use Disorder

Beneficial
Opioids

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.
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.
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
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

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**

1. Shake shoulders and shout name
2. Call 911 if unresponsive
3. Inject 1 vial or ampoule of naloxone into their upper arm or upper leg
4. Perform first aid; give chest compressions
5. If breathing has not improved after two to three minutes, perform step 3 and 4 again
6. If breathing has resumed, place in recovery position

**ADMINISTERING INTRANASAL NALOXONE**

1. Shake shoulders and shout name
2. Call 911 if unresponsive
3. Lie person on their back. Insert nozzle tip into one nostril. Firmly press plunger
4. Perform first aid; give chest compressions
5. If breathing has not improved after two to three minutes, perform step 3 and 4 again
6. 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
### Good Samaritan Legislation

<table>
<thead>
<tr>
<th>The law does provide protection against charges for</th>
<th>The law does not provide protection against charges for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possessing drugs for your own use</td>
<td>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</td>
</tr>
<tr>
<td>Violating conditions of your parole, bail, probation or conditional sentence for a simple drug possession charge</td>
<td>Offences other than drug possession</td>
</tr>
<tr>
<td>Violating conditions of your parole, bail, probation or conditional sentence for an offence that is not simple possession</td>
<td>Any outstanding arrest warrants</td>
</tr>
</tbody>
</table>

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](https://lsrs.lsuc.on.ca/lsrs).

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.
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.

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

Drug use on campus persists

Four students share their stories of drug use on campus

November 13, 2017

.archive

“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

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**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

Queens

KFL&A Public Health
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 the communication methods
- List the key messages and/or action items to be completed
- Bonus: develop a deployment calendar
The Importance of Debriefing

<table>
<thead>
<tr>
<th>Immediately after incident</th>
<th>7 days after incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An initial debrief should occur immediately following the emergency incident:</td>
<td>• Was the need for assistance communicated clearly and effectively prior to the incident? During the incident?</td>
</tr>
<tr>
<td>• All staff members involved in the incident should be present</td>
<td>• Were roles and responsibilities understood by all team members?</td>
</tr>
<tr>
<td>• Emergency Response Incident Form will be completed</td>
<td>• How are staff involved in the incident currently coping?</td>
</tr>
<tr>
<td>• Review of the emergency event</td>
<td>• Have the staff been provided access to additional supports as needed (i.e.: Employee Assistance Programming).</td>
</tr>
<tr>
<td>• 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)</td>
<td>• Name of staff involved in incident.</td>
</tr>
<tr>
<td>• Information will be documented in the client’s record and a plan of care to be discussed (if applicable)</td>
<td></td>
</tr>
<tr>
<td>• Immediate support needs for staff will be discussed</td>
<td></td>
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</table>
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?
Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization can be found at:

For further inquiries, contact:
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