Take Home Naloxone Kit (THNK)

TRAINING MANUAL

Life-Saving Training for Opioid Overdose Prevention and Response

Saskatchewan Health Authority

Government of Saskatchewan

Introduction

Thank you for taking the time to review this manual that will assist you in educating individuals about overdose prevention, recognition 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, information 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.

List of Acronyms & Abbreviations *Updated*

Acronym	Description
CCB	Community Care Branch
GoS	Government of Saskatchewan
HR	Harm Reduction
MoH	Ministry of Health
NORS	National Overdose Response Service (https://www.nors.ca/)
OD	Overdose
OST	Opioid Substitution Therapy
PC	Project Coordinator
PS	Placement Site
PWUD	People Who Use Drugs
SHA	Saskatchewan Health Authority
TDS	Training & Distribution Site
THN	Take Home Naloxone
THNK	Take Home Naloxone Kit(s)
THNF	Take Home Naloxone Fee

Important Websites *Updated*

	Web Address
Online Site Registration *Also used to update your site & coordinator's contact information	https://is.gd/TakeHomeNaloxoneRegistration (Alternative: https://redcap.rqhealth.ca/apps/surveys/?s=HNA339NPN8)
REDCap Kit Distribution Tracking	https://is.gd/TakeHomeNaloxone (Alternative: https://redcap.rqhealth.ca/apps/surveys/?s=WJ8AD9DFE9)
THN - SharePoint Resources	Ministry of Health (Registration Required) https://sharepoint.ehealthsask.ca/sites/THNP/SitePages/Home.aspx SHA (Internal to SHA staff) https://www.saskhealthauthority.ca/intranet/forms-policies/policy/take-home-naloxone

Important Site Info *Updated*

	Site Specific Information
Your Site Name for Online Reporting	Example: ABC Pharmacy (P#0123)
Site Type	Either: Training & Distribution Site or Placement Site
Current Site Coordinator	First and Last Name
Site Coordinator Contact Information	Phone and Email

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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

Who is Eligible to Receive a Take Home Naloxone Kit through the Ministry of Health Funded Take Home Naloxone Program?

Saskatchewan residents who are at risk of an opioid overdose and/or might witness an opioid overdose (e.g., peers or family members of people at risk of an opioid overdose) are eligible to receive a THN kit. Training for clients can be individualized to best meet their needs and should be guided by the knowledge objectives outlined in the **Participant Knowledge Checklist** (see Appendix). Individuals and organizations who might not be eligible to receive a free THN kit are still encouraged to receive this training on how to use a THN kit. Mortality related to any kind of overdose is greatly reduced when the community has an increased awareness of how to mitigate risks, as well as how to recognize an overdose event and respond appropriately in a timely manner.

Preparing for a Training Session

The educator should use their professional discretion regarding the inclusion of additional content, size of group, and the appropriate instructional methods to best engage participants. Group training sessions are encouraged in community or instead of and non-acute settings and may 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):

Ideally, in community settings, individual training should take 20-30 minutes and group training may take one hour. The length of training should be adapted to the training environment and the needs, previous knowledge, and/or experience of the client/group.

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

- Sample THN kit
- Practice vial/ampoule and auto retractable syringe – One each for all participants
- Oranges or very thick sponges to practice injecting into – One for each participant
- Sharps container
- Forms (found in the appendix)
- **Wallet cards**
  - Wallet cards are provided with additional information and videos on how to use a naloxone kit are provided to participants for further reference.
  - National Overdose Response Service (NORS) cards are provided to individuals and encourage to use drugs safely such as the buddy system or NORS.
- Pens and writing paper for participants

Optional Items:

- Whiteboard or chart paper/markers/tape
- Audio/Video Set-up: laptop computer with internet access, recommended video downloaded, or tablet with THN learning module for Emergency Department settings
- Plastic page protectors in which participants may keep items
- 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 written horizontally so you can to 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** (see Appendix) is a guiding document that can help in this process.

Training Video Quick Links:

- Live! Using Injectable Naloxone to Reverse an Opiate Overdose: https://anypositivechange.org/live-using-injectable-naloxone-to-reverse-opiate-overdose/
- How to Use Naloxone (Narcan): https://vimeo.com/185012011
- Naloxone Wakes You Up: https://vimeo.com/180116125
- Naloxone Saves Lives: https://vimeo.com/164669763

Session

Introduction

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

	Individual Training	Group Training
Roles & Expectations	• Name and position/role • Length of training (approximately 20 minutes in community settings, less in Emergency Departments) • Training activities: paper work, video or tablet module, discussion	• 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

Participant Knowledge Objectives

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

Discussion Points

- Most participants will have experience with responding to an overdose event.
- 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:
  - What are Opioids?
  - What is an overdose?
  - Factors that can increase the risk of overdose

- How to recognize an overdose, including depressant and stimulant overdoses
- How to respond to an overdose using **SAVE ME**
- Naloxone will not cause harm and is scientifically proven to reverse an opioid overdose quickly.

What are Opioids?

Opioids are medications which are primarily used for persistent or severe pain relief when prescribed by a physician. They work by blocking pain signals between the brain and the body and can be found naturally in the opium poppy plant (e.g. morphine) or manufactured in a laboratory (e.g. fentanyl).

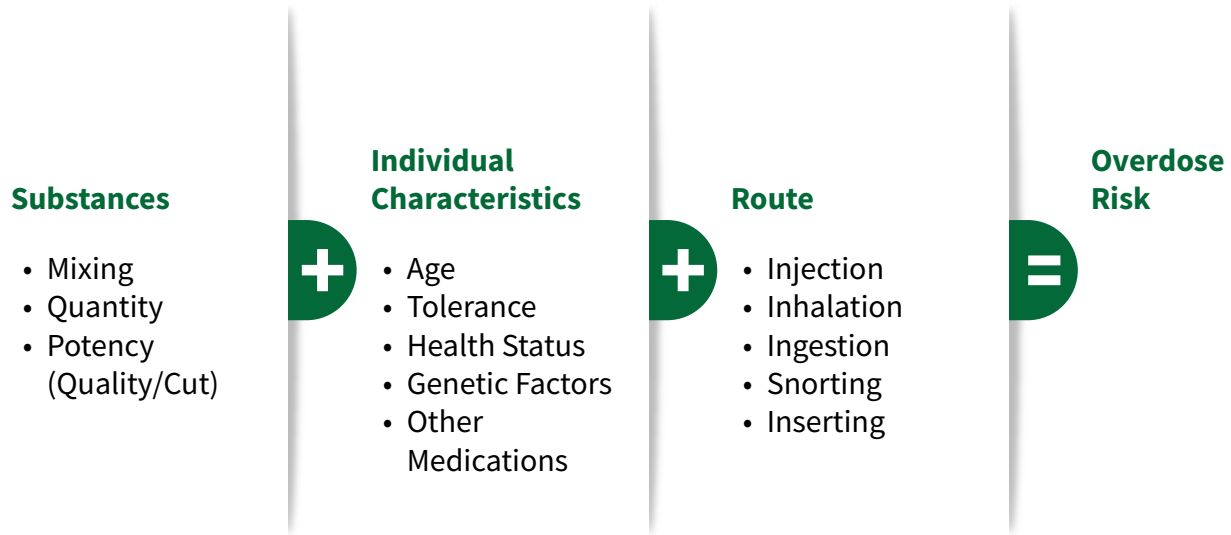
Opioids are dangerous because they are addictive. When consumed at higher doses, opioids may slow breathing and heart rate. As a result, excessive opioid use may lead to death.

Opioids are a special class of Depressants (Downers), which are psychoactive substances. Other classifications of psychoactive substances are Stimulants (Uppers) and Hallucinogens.

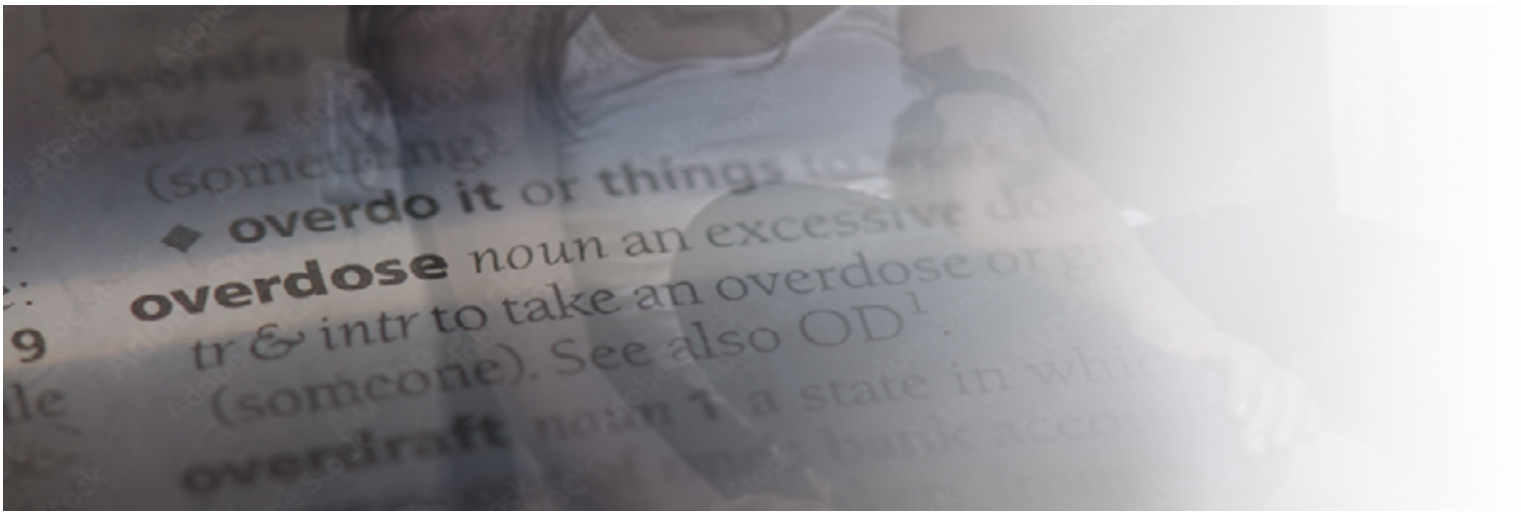
What is an overdose?

Discussion Points

- The body is overwhelmed by exposure to a toxic amount of a drug or combination of drugs which may 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 brain and/or 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?



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 – (e.g. mixing either Ritonovir (HIV medication) or antidepressants with ecstasy). Some combinations are more dangerous than others. Street drugs may contain a mixture of substances that are unknown to the purchaser.
  - **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 other substances, 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. Use drug checking services: (www.saskatchewan.ca/overdose)
- **Quantity:** refers to the amount of drugs used. Some drugs are harder to measure (e.g. Gamma-hydroxybutyrate or "GHB") or may have varying time release mechanisms (i.e. 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 contents/ 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. If using a tourniquet, take it 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 more aware of the current drugs in the area, such as people who use drugs and harm reduction service providers. Use drug checking services: (www.saskatchewan.ca/overdose)
- **Route:** determines how quickly the drug takes effect. Injecting into the vein will affect the body more quickly and intensely than ingesting the drug. 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 to a slower-acting 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, and/or detox/treatment, and starting/tapering opioid substitution therapy.
  - **Prevention:** use less, do testers, 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 of drug use include harm to one's liver, kidneys and respiratory function. Drug use can contribute to a person developing a compromised immune system, high blood pressure, heart disease, diabetes, decreased lung capacity and/or difficulty breathing, infections, sleep deprivation, dehydration, and malnourishment. Lastly, compromised physical and/or mental health status may increase the likelihood of an overdose and/or or experiencing other adverse effects of drug use.
  - **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, whether they be prescribed, over-the-counter, and/or drugs you get on the street.

- **Genetic factors:** how an individual's body and nervous system breaks down drugs may be influenced by genetics.
  - **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 *Updated*

- **Don't Use Alone.**
  - It's safer when someone is there to administer naloxone and/or call for help. You can:
  - Access a supervised consumption service when using your drugs.
    - There is a supervised consumption site in Saskatoon at Prairie Harm Reduction.
    - There is an overdose prevention site in Regina at the Nēwo Yōtina Friendship Centre.
  - Use the buddy system.
    - Buddy up when you are using drugs – in person, by texting, by telephone or chatting online. It's safer when someone is there to administer naloxone and/or call for help.
    - If you are both using drugs, stagger your use so that one of you is always able to help the other.
    - Tell your buddy what drug(s) you are using so they can relay that information to paramedics if you overdose.
  - On the phone or online:
    - 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.
    - Make a plan: talk about how long your buddy should wait before they call 911, tell your buddy where you are located and how paramedics can get to you (e.g. your address, "last door on the right," "the key is under the doormat"), and other information they might need to help you.
  - Call the National Overdose Response Service at 1-888-688-NORS (6677)
    - This toll-free, 24-hour hotline aims to prevent deadly overdoses by connecting people who are alone and using drugs with peer volunteers who can call for help if it's needed.
- **Check Your Drugs**
  - If using alone, it is important to know your limit and only buy drugs with consistent manufacturing methods. Have your drugs tested at: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/overdose-information-and-prevention/make-a-plan-for-safer-drug-use#dont-use-alone
- 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.

How to recognize an overdose

Review the signs of an overdose, including:

For Depressants (Downers – including Opioids)	For Stimulants (Uppers)
e.g. Alcohol, benzodiazepines, opioids*: morphine, Dilaudid®, heroin, methadone	e.g. Cocaine, crack, Ritalin®, Adderall®, methamphetamine, ecstasy
• 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	• 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.

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/them and calmly let the person know what you are doing as you are doing it (even if he/she/they appear(s) 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 is important.
- Demonstrate and practice the recovery position.

Responding to a Stimulant Overdose

Stimulant Over-amp:

1. **Call 911** at any point you are not comfortable.
2. **Naloxone will only help if opioids are involved in the overdose. Naloxone cannot reverse a stimulant over-amp.**
3. 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.
4. Encourage the individual to not take any more substances.
5. Move away from activity and noise, open a window, and place cool wet cloths on forehead, back of neck, and under armpits.
6. Being careful not to over-hydrate; give water or other non-sugary, non-caffeinated drink to help replace lost electrolytes.
7. 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/pulse, or chest pains, **this is a medical emergency** – Call 911 immediately.
- Stay with the individual for support, encourage hydration, and stay calm. Do not give anything by mouth if unconscious. If the individual is having a seizure make sure there is nothing around that can hurt them. Do not put anything in the mouth or restrain the individual.
- There is no antidote to stimulant overdose. If the heart has stopped, provide chest compressions if you know how.

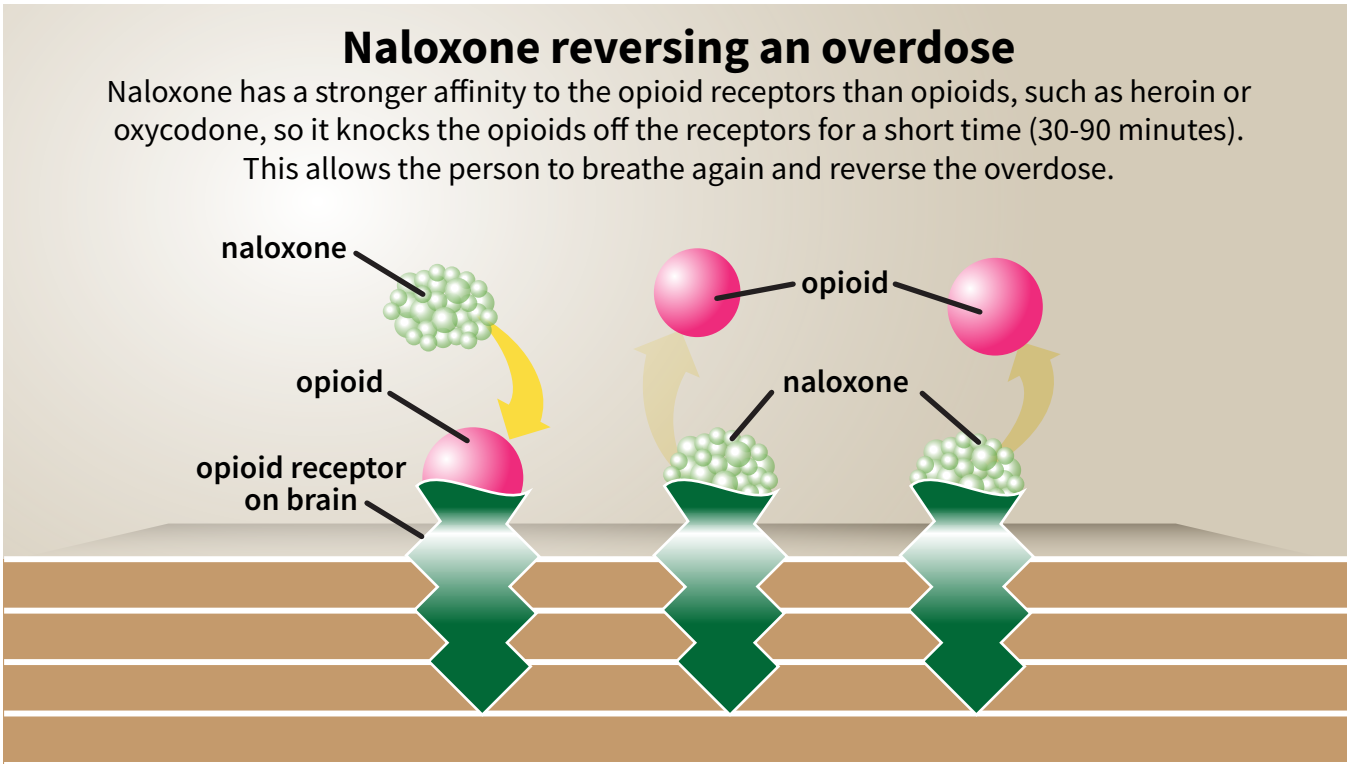
Responding to a Depressant (Non-opioid) Overdose *Updated*

- **Naloxone has no effect on depressant overdoses that do not involve opioids.**
  - Non-opioid depressant overdoses (e.g. alcohol, Xanax®, GHB) look like opioid overdoses (because opioids also act as depressants). If you are certain that someone has not taken opioids, support the person similar to an opioid overdose response without the administration of naloxone. **If you are uncertain about whether the individual has taken opioids, respond as though the individual is experiencing an overdose that involves opioids.**
- **Call 911.**
- If you are **certain** opioids were **not** involved, respond with the **SAVE** steps until the help arrives.
- If the overdose involves multiple substances ***including*** opioids, naloxone will temporarily remove the effect of the opioids from the overdose experience.
- If you are in doubt about whether it is an opioid, depressant, or a multi-substance overdose, administer naloxone. Naloxone will not harm the person who is experiencing an overdose.

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;
  - tell the person that naloxone wears off in 30 to 90 minutes and discourage using more opioids for at least 2 hours; and,
  - tell emergency response team as much as you know.

Naloxone will not cause harm and is scientifically proven to reverse opioid overdose quickly.



Adapted from Maya Doe-Simkins' artwork for the Penington Institute's Community Overdose Prevention and Education (COPE) Project

Good Samaritan Drug Overdose Act

According to The Government of Canada, 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 .

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

	S	**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 the person is **not breathing and not responsive.** **Follow directions given by 911 dispatcher.**	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. Check breathing. A person needs to take a breath every 5 seconds. If person responds keep them moving and awake – watch them for several hours.
	A	**Airway.** Tilt the person's head back to open their airway. Make sure nothing is in their mouth that keeps them from breathing – gum, food, pills, rig cap, etc.	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. Look, listen, feel if they are breathing. Head above mouth, look towards chest.
	V	**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.** If the heart has stopped, provide chest compressions, if you know how.	Remind the individual that instructions are on the barrier. 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.
	E	**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.	Has breathing improved? Colour? **If you do not have naloxone – just breathe.** Keep breathing for them until the ambulance arrives. This can be very effective.

	M	**Muscular Injection.** Inject 1cc of naloxone into a muscle at a 90° angle. Inject into outer thigh or the meaty part of the shoulder. Can inject through clothing.	Suggest individual takes a deep breath before administering naloxone. If this is not an opioid overdose naloxone will have no effect.
	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 any more 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 that they may have to continue giving normal sized breaths, every five seconds, into person until the naloxone starts to work and the 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. Naloxone restores breathing but it will not always restore consciousness, especially if another substance is involved in the overdose. If they are breathing but not conscious, move them into the recovery position and check on them frequently. 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.

Video: Using Injectable Naloxone to Reverse An Opioid Overdose

The following videos are suggested to demonstrate the use of injectable naloxone to reverse an opioid overdose. Choose one or more videos that would be most appropriate for your audience.

Live! Using Injectable Naloxone to Reverse Opiate Overdose (13:12)

- 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 ampoules 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 or http://www.anypositivechange.org/menu.html

How to use Naloxone (Narcan) (3:21)

- This short video walks through the symptoms of an opioid overdose and how to respond with naloxone. It demonstrates the use of the breathing mask included in the THN kit. The video can be downloaded for offline use.
- Explain that the naloxone used in the video may be different than what is in their THN kit. The video demonstrates a THN kit with naloxone in ampoules; the Saskatchewan initiative uses both ampoules and vials.

A great resource from Toward the Heart in B.C.:

https://vimeo.com/185012011

Naloxone Wakes You Up (6:28)

- This youth oriented video walks through the symptoms of an opioid overdose and how to respond with naloxone. It demonstrates the use of the breathing mask included in the THN kit.
- Explain that the naloxone used in the video may be different than what is in their THN kit. The video demonstrates a THN kit with naloxone in ampoules; the Saskatchewan initiative uses both ampoules and vials.

A great resource from Toward the Heart in B.C.:

https://vimeo.com/180116125

Naloxone Saves Lives (12:48)

- This longer video covers naloxone and the history of Take Home Naloxone programs, symptoms of an opioid overdose and how to respond with naloxone, the importance of calling 911, that both prescription and illegal opioids can be deadly, and it emphasizes that people should not use drugs alone. It demonstrates the use of the breathing mask included in the THN kit. The video can be downloaded for offline use.
- Explain that the naloxone used in the video may be different than what is in their THN kit. The

video demonstrates a THN kit with naloxone in ampoules; the Saskatchewan initiative uses both ampoules and vials.

A great resource from Toward the Heart in B.C.:

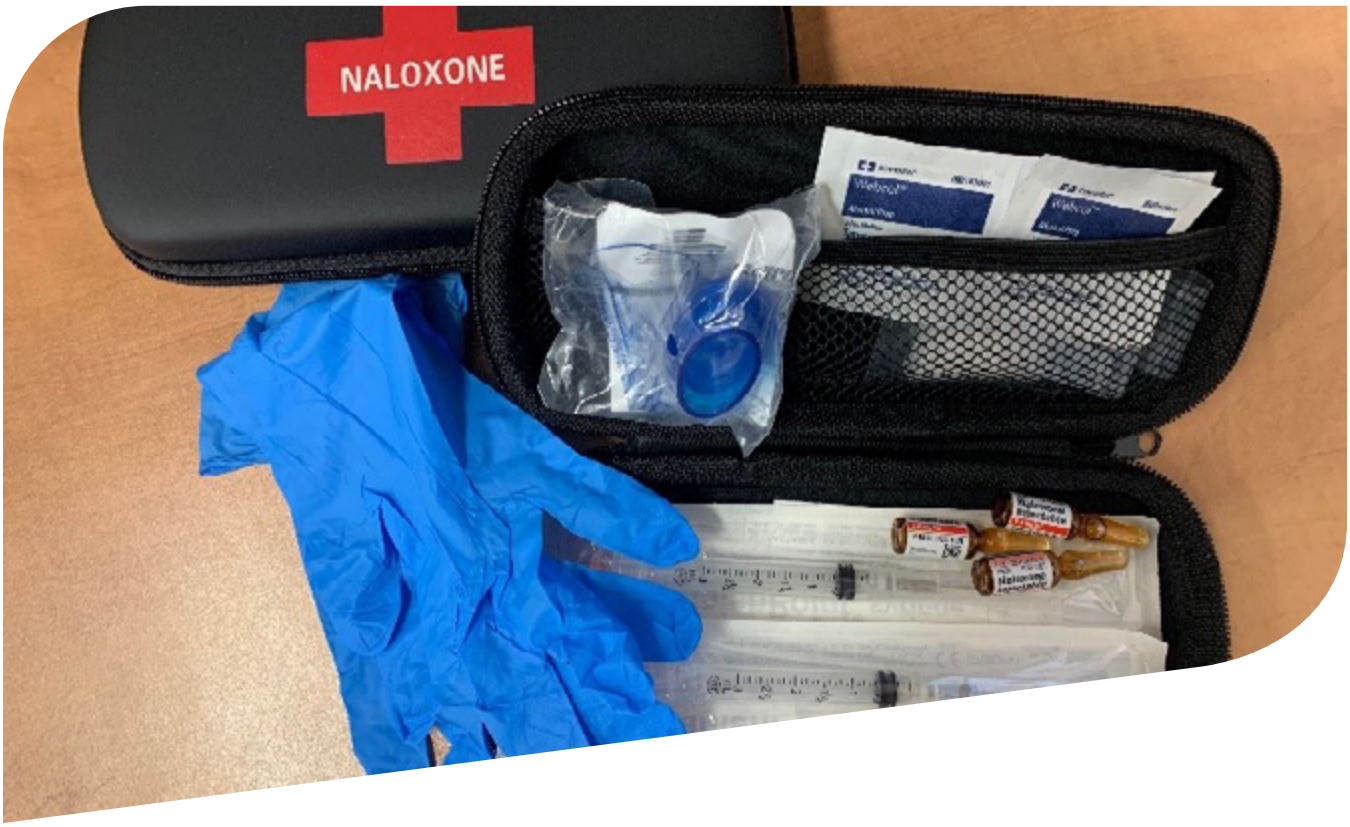
https://vimeo.com/164669763

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.



Introduction to Saskatchewan Take Home Naloxone Kit and Practice Injection

Explain and show the kit contents

- Each kit contains:
  - One zippered case.
  - Gloves and a one-way rescue breathing mask to practice universal precautions.

- Three Alcohol prep pads – can use swab to wipe off skin prior to injecting.
- Three auto-retractable safety syringes: 3 cc – 25 g x1
- Three ampoule breakers
- Steps to respond to an opioid overdose

- **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 to the individual that they bring it back for a new kit.

Demonstration and practice with auto retractable syringe and water ampoule

- It may be beneficial to show or describe a vial and an ampoule and explain which product is in the kit provided. The publicly-funded THN program utilizes ampoules, however, it is important to note both of these options in the event the person comes across someone else's THN kit and it contains the component that the person is not familiar with.
- Explain that the syringe is an auto-retractable, intra-muscular safety syringe, with a needle that automatically retracts when the plunger is depressed all the way.
- Holding practice vial/ampoule upright, swirl in a circular motion to gather all liquid in the base of the vial/ampoule - this is an important step is an important step.
- Take the needle cover off the auto-retractable syringe; draw up all the liquid from the vial/ampoule. 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/ampoule into a sharps container or plastic bottle with lid.
- Debrief the experience.
- Note that the injection can be delivered through thin clothing if necessary.
- Remind individuals they should keep the naloxone in the case in which it was provided.

NARCAN Nasal Spray Basics *NEW*

- Some community members may have a Narcan® or Naloxone Nasal Spray.
- Indigenous Services Canada provides federally funded intramuscular or nasal spray for individuals covered by First Nations and Inuit Health's Non-Insured Health Benefits.
- Key steps to administering Narcan Nasal Spray:
  - **Peel** – Peel back the package to remove the device. Hold the device with your thumb on the bottom of the red plunger and two fingers on the nozzle.
  - **Place** – Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
  - **Press** – Press the red plunger firmly to release the dose into the patient's nose.

- **See appendix - Learn How to Use Take Home Naloxone,** for more detailed instruction on how to use a nasal Narcan®.
- Nasal naloxone spray may take longer to take effect than injectable naloxone, therefore waiting **two to three minutes** between doses is important.
- If an individual indicates they have friends/peers who carry Narcan® or naloxone nasal spray provide a copy of the detailed nasal Narcan® instruction in the appendix XI and also found at https://www.narcan.com/static/Gen2-Instructions-For-Use.pdf

Peer Training *NEW*

- It is recognized that an individual who receives a naloxone kit, as well as the training included in this manual, may encounter a peer that would benefit more from having the kit in their possession.
- In these situations, it is advised that the trained individual (peer) share the **SAVE ME** steps and important training information with the individual and provide them with the original naloxone kit.
  - The SAVE ME card included within the kit may be used as a resource to ensure the correct information regarding responding to an overdose is shared with the new individual.
- The individual that gave their naloxone kit away will be **eligible** to receive a replacement kit.

After-Care for Naloxone Use *NEW*

The use of naloxone may cause some side effects which are symptoms of opioid withdrawal such as: nervousness, restlessness, body aches, dizziness, stomach pain, nausea, slight fever and chills, among others.

- **Please ensure 911 has been called.**
- Coming out of an overdose can be traumatic for the individual so it is understandable that they might be confused, aggressive or experiencing withdrawal symptoms. Be patient and calm while explaining what has happened and what was done to the person.
- Whenever possible, stay with the individual until help arrives. If the individual is delirious, combative, and/or violent, prioritize your personal safety and remove yourself from the situation as soon as possible.
- Remind individuals that naloxone wears off in 30-90 minutes and that they should try not to use any opioids for at least two hours. The risk of another overdose is still present and may be greater immediately after an overdose.
- Tell the emergency responders as much as you know. This may include: what substance was taken and what was done to assist the individual so far.

Self-Care After Administering Naloxone *NEW*

- An overdose event is traumatic for the person who experiences the event as well as for the person who administers naloxone. Using a naloxone kit can be a stressful experience for many individuals and talking to someone about it right away or days after the event may be helpful. It is important to remember that you may experience changes in your thoughts and feelings as a result of a traumatic event. Encourage people to reach out for help should they find themselves struggling with negative emotions after administering naloxone.

- Remember to reach out for help when you experience challenges with coping. HealthLine 811, Kids Help Phone, and Mobile Crisis phone lines along with the federally funded ***Hope for Wellness*** chat line are available throughout the province. In the case of a mental health emergency, do not hesitate to call 911.
- Suggest that participants complete a self-care action plan found in the appendix. A self-care action plan should be completed before experiencing a potentially traumatic event. It is best to discuss the plan with your family or close friends so they can help you recognize your triggers and provide support.

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.

Distributing the Take Home Naloxone Kits to eligible clients

- Explain that naloxone may be less effective after its expiry date, and that clients can return to the site for a free replacement when it is near expiration. Do not distribute naloxone that is less than three months from its expiration date.
- Demonstrate where to find the expiration date for the naloxone vials or ampoules.

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. As of May 16, 2018, the Saskatchewan College of Pharmacy Professionals made an administrative bylaw change to remove naloxone from Schedule II and make it an unscheduled drug. This means that pharmacists are no longer required to be involved in the provision or sale of naloxone.

Data collection ensures accountability and will inform program evaluation and potential expansion. No unique identifiers (names, birthdates, health card numbers, etc.) will be used for this process. Program data will be collected through an online software called REDCap. Previous Kit Distribution Tracking Forms will continue to be utilized within the REDCap system. The Ministry of Health and the Saskatchewan Health Authority will instantly have access to the valuable information regarding overdose events and community needs related to naloxone. Each time an individual is given a kit, or an individual returns to the THN site to receive a replacement kit, data will be entered into REDCap. This information is important to evaluate the kits, training, and the impact of the provincial initiative. For more information, view the 20 minute overview of the new online data collection https://youtu.be/zzN-2G1jWvI .

Using a naloxone kit can be a stressful experience for many individuals and talking to someone about it right away or days after the event may be helpful. Encourage people to reach out for help should they find themselves struggling with negative emotions after administering naloxone.

Liability related to various aspects of naloxone is a common concern. There are no known cases of legal action related to naloxone administration. Ask participants to let you know if they experience any problems from carrying or administering naloxone.

Partnerships

The Saskatchewan Health Authority (SHA) may choose to form partnerships with other non-SHA organizations as (1) sites to provide training and distribute THN kits, and/or (2) sites to place THN kits to respond to overdose events. Guidelines for the formation of these partnerships and registration requirements for partner organizations are outlined in the Publicly Funded Take Home Naloxone Policy. Training and Distribution Sites and Placement Sites must register with the THN Program by answering and affirming questions within the registration link: https://is.gd/TakeHomeNaloxoneRegistration (Alternative: https://redcap.rqhealth.ca/apps/surveys/?s=HNA339NPN8)

All sites must complete data tracking for each kit distribution or use through the REDCap system. Paper copies are available if a site does not have access to computers or internet. Paper forms must be submitted monthly to the SHA coordinator, as well as any Kit Replacement Information Forms submitted by their clients.

Informing Your Community

A key strategy for your successful program implementation is assessing your local environment and building strong partnerships. Engagement in the early stages of your program will provide opportunities to address concerns, help to increase community understanding and support, and reduce potential roadblocks in the future. This can help to increase community support and uptake of your site, increased reach and impact, and increased levels of information and knowledge about overdose issues in the community. Engaging multiple partners in meaningful ways about drug use can help build capacity within a community, to provide coordinated care and reduce drug-related harm including stigma.

All of these components are particularly important in increasing accessibility of harm reduction measures for all individuals. The more people that know about the THN being offered in the community, the greater the chances that it reaches someone who is at risk. Also, the more likely that it will enable individuals to become aware of how and where they can access resources to support their health and reduce social barriers (shame and stigma) that perpetuate isolation.

Preventing and responding to overdose is often met with less opposition than other harm reduction initiatives. This may be an opportunity to forge new partnerships and garner support. Overdoses may occur in any community, including populations of persons that experience pain. Naloxone education may be a way to engage communities that are resistant to acknowledging drug use or may have strict rules about substance use, or are less willing to talk about harm reduction.

Notify Your Community

You may want to consider notifying key organizations in your community that you are now providing THN Kits as a placement or training & distribution site. Possible organization to contact include:

- ❑ Aboriginal Organizations and Communities
- ❑ City (Mayor's office, etc.)
- ❑ Correctional Institutions including: release planners, officers, medical staff, probation offices
- ❑ Defense Lawyers' Offices
- ❑ Detox
- ❑ Drop-in Centres
- ❑ Drug and Alcohol Treatment Offices, Centres, Recovery Housing
- ❑ Emergency Response Personnel:
  - ❑ Local Fire and Rescue
  - ❑ Local Law Enforcement
  - ❑ Local or regional Paramedics
- ❑ Emergency Room Departments
- ❑ Pharmacies – particularly ones that dispense methadone
- ❑ Physicians' Offices (especially ones that prescribe opioids)
- ❑ Saskatchewan Health Authority Programs
- ❑ Services that support people who use drugs
- ❑ Shelters
- ❑ Supportive Housing
- ❑ Support Groups for people who use drugs and for those that love them (i.e. AA/NA, Al-Anon, Parent Support Groups)
- ❑ _____
- ❑ _____
- ❑ _____

People report not calling 911 due to fear of legal ramifications; therefore, engaging law enforcement prior to program initiation is important. Developing communication strategies and working relationships with local law enforcement may reach beyond these key objectives and outcomes related to overdose:

- Increase awareness about the overdose prevention initiative and naloxone kits. The program operates within provincial, federal, and medical professional regulations to train people who use opioids to prevent an overdose. This may preemptively address legal concerns from law enforcement, thereby reducing problems for those carrying naloxone, and preventing confiscation.
- Police may have contact with individuals that are not connected to harm reduction programs – they may assist in referring individuals that may benefit.

Inform emergency response networks within your region about the naloxone initiative. It is useful for paramedics, fire and rescue, and emergency room nurses and physicians to know the support that their patient may have been given prior to their care.

Appendix Index

27 COVID-19 Harm Reduction Tips for People Who Use Drugs ***NEW***

28 Learn How to Use Take Home Naloxone 2021 ***NEW***

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COVID-19 Harm Reduction Tips for People Who Use Drugs

Have What You Need

- Clean supplies (syringes, pipes, etc.)
- Food and basic household needs.
- A Take Home Naloxone kit.
- All medications you might need.

Practice Safer Drug Use

- Use new, clean supplies. If you have to share, clean your supplies with alcohol wipes or use new mouthpieces to avoid spreading COVID-19.
- Wash your hands or use wipes before preparing, handling or using your drugs. Prepare the drugs yourself.
- Disinfect surfaces before preparing drugs.
- Be cautious when trying a new drug or getting a drug from a new source.

Use the Buddy System

Buddy up when you are using - in person or via text, phone or online chat. Using with a friend is safer than using alone. You can also be a buddy to those who may need extra help. Check in on your friends regularly. Help each other pick up supplies, including Take Home Naloxone.

In Person

- COVID-19 is passed via coughing or sneezing, or touching surfaces with the virus on it. Stay two arms lengths away from your friend 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 home.

Online or By Phone

- Tell your friends what drugs you are using and where you are.
- Make a plan. If you stop replying to messages from your friends, they should know to call 911 and be able to give the operator the information they need to help you.

Symptoms of COVID-19

- Fever
- Cough
- Shortness of breath or difficulty breathing

Know the Risks

COVID-19 infects your lungs. Smoking can make your illness worse if you are infected with COVID-19.

- Downers like fentanyl and other opioids, gabapentin and benzodiazepines can slow your breathing rate.
- COVID-19 may increase the risk of overdose death when using downers.

Adapted from the B.C. Centre for Disease Control, B.C. Ministry of Health and Manitoba Harm Reduction Network

Learn How to Use Take Home Naloxone

SHA sites

The Saskatchewan Health Authority's Take Home Naloxone sites provide free training on how to prevent, recognize, and respond to an overdose, including hands-on training on how to use naloxone.

Find a list of training sites at https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/alcohol-and-drug-support/opioids/take-home-naloxone-program-sites

Online Training

Toward the Heart, a service of the B.C. Centres for Disease Control, has developed online training modules, videos, and other information on the use of naloxone: http://towardtheheart.com/naloxone-training.

Note that there may be some differences between Take Home Naloxone programs and training guidance across jurisdictions. For example, Take Home Naloxone kits in B.C. generally use ampoules of naloxone, whereas Take Home Naloxone kits in Saskatchewan could have ampoules or vials.

Always call 911 before or immediately after administering Naloxone.

We recommend...

Resources from **Toward the Heart**:

- Quick-Learn: Naloxone Administration
  An interactive lesson on how to respond to an overdose *(15-20 minutes)*
  http://towardtheheart.com/naloxone-course
  This interactive online course includes instructions on how to use multiple forms of naloxone, including both ampoules and vials. Note that all syringes in Saskatchewan's Take-Home Naloxone kits are auto-retractable safety syringes.
- Naloxone Saves Lives *(13 minutes)*
  https://vimeo.com/164669763
  This longer video talks about naloxone and the history of Take Home Naloxone programs, symptoms of an opioid overdose and how to respond with naloxone (ampoule form), the importance of calling 911 even if naloxone is available, how both prescription and illegal opioids can be deadly, and the dangers of using drugs alone.
- How to use Naloxone (Narcan) *(4 minutes)*
  https://vimeo.com/185012011
  This short video covers how to recognize an opioid overdose and how to respond with naloxone (ampoule form).

Note: If you have chosen to purchase another form of naloxone not offered by the Saskatchewan Health Authority's Take Home Naloxone program (e.g. a naloxone nasal spray) instructions for its use will be included in an insert with the packaging, or you can visit the manufacturer's website for more information about the product and its use.

The resources are shared with permission from B.C.'s Toward the Heart project.

TAKE HOME NALOXONE: KIT TRACKING FORM

SITE NAME: _____ **MONTH:** _____

Client #	DATE	KIT, TRAIN or BOTH	USES DRUGS? (Y/N)	AGE (PWUD only)	SEX (PWUD only)	IF CLIENT IS A PERSON WHO USES DRUGS (PWUD), WHAT DRUGS DO THEY USE? Check all that apply															Kit Type				
																						Replacement Kit				
						Fentanyl	Morphine	Heroin	Codeine	Hydromorphone (Dilaudid)	Methadone	Oxycodone	Hydrocodone	Suboxone	*Cocaine*	*Crystal Meth*	*Benzodiazepines*	*Gabapentin*	*Ritalin*	Other	Unknown	First Kit	USED KIT	Lost/Stolen	Expired	Given away
1	MM/DD/YY																								
2	MM/DD/YY																								
3	MM/DD/YY																								
4	MM/DD/YY																								
5	MM/DD/YY																								
6	MM/DD/YY																								
7	MM/DD/YY																								
8	MM/DD/YY																								
9	MM/DD/YY																								
10	MM/DD/YY																								

The FACTS about street **FENTANYL**

There is no such thing as a safe street drug. Know the risks.

Fentanyl is often **added** to other illegal drugs without people knowing.

Fentanyl has been used illegally in various forms including:

- Pills
- Pure powder
- Powder mixed with other drugs
- Patches

50 - 100 times

more deadly than

Heroin • Oxycodone • Morphine

Fen•ta•nyl
[fen-tuh-nil]

An opioid narcotic, a prescription drug used for cancer patients in severe pain.

Overdose Signs

- Trouble walking or talking
- Pinpoint pupils
- Seizures

- Slow heartbeat
- Shallow breathing
- Bluish or cold/clammy skin

Slang Terms

- Fake oxy
- Greenies
- Green beans
- Green apples
- Apples
- Eighties
- Shady eighties

You can't **See** it, **Smell** it, or **Taste** it.

Visit saskatchewan.ca/addictions for more information.

HealthLine 811 HEALTHLINEONLINE.CA

Call 911 if you suspect someone has overdosed!

Government of Saskatchewan

TAKE HOME NALOXONE:
OVERDOSE EXPERIENCE SURVEY

BASIC INFORMATION

Kit Tracking Form: _____ **Site:**
Month/Page/Client #

These questions should be asked whenever a replacement kit is required due to a kit used during an overdose. Answering these questions is voluntary, and the client can stop at any time. An overdose can be a traumatic experience: there are resources available at www.saskatchewan.ca/mental-health.

OVERDOSE DESCRIPTION

ANSWER QUESTIONS #1 to #12 FOR EACH PERSON WHO RECEIVED NALOXONE FROM THE SAME KIT

(attach another form if necessary)

1. Which of the following best describes how the naloxone was given?

☐ owner of this kit gave naloxone to someone else
☐ owner of this kit gave naloxone to himself/herself
☐ someone other than the owner of this kit gave naloxone to the owner of this kit
☐ someone other than the owner of this kit gave naloxone to another person (not the kit owner)
☐ staff at a Placement Site gave naloxone to a client
☐ naloxone was given to a pet (e.g. dog or cat) ☐ don't know/prefer not to say

2. Describe the person who overdosed

a) Sex: ☐ male ☐ female ☐ transgender/two-spirit/other ☐ don't know/prefer not to say

b) Age (yrs): ☐ 10 -19 ☐ 20 – 29 ☐ 30 – 39 ☐ 40-49 ☐ 50-59 ☐60 and Up ☐ don't know/prefer not to say

3. When and where did the overdose occur?

a) Date (m/d/y): _____ ☐ don't know/prefer not to say

b) City/Town: _____ ☐ don't know/prefer not to say

4. What drugs were reportedly used by the person who overdosed? *(check **ALL** that apply)*

☐ heroin ☐ oxycodone ☐ methadone ☐ codeine ☐ morphine ☐ fentanyl
☐ alcohol ☐ hydromorphone ☐benzos ☐ GHB ☐ cocaine/crack ☐ crystal meth
☐ ecstasy ☐ don't know ☐ other:_____ ☐ prefer not to say

5. Did the person who overdosed survive? ☐ no ☐ yes ☐ don't know/prefer not to say

EMERGENCY RESPONSE

6. Was 911 called? ☐ no ☐ yes ☐ prefer not to say

a) If 911 was NOT called, why? *(check **ALL** that apply)*

☐ thought person would get better on their own
☐ worried that police would come ☐ other:_____ ☐ prefer not to say

GIVING NALOXONE

7. How many injections of naloxone were given? ☐ 1 ☐ 2 ☐ Other ► *(specify:____)* ☐ prefer not to say

8. How many doses of nasal naloxone were given? ☐ 1 ☐ 2 ☐ Other ► *(specify:____)* ☐ prefer not to say

9. How long did the last dose of naloxone take to work (minutes)?

☐ less than 1 min ☐ 1 - 5 min ☐ 6 - 10 min ☐ more than 10 min ☐ don't know/prefer not to say
☐ naloxone did not work

10. Did the person who overdosed stop breathing more than once?

☐ no ☐ yes ☐ don't know/prefer not to say

11. Did the person who overdosed and received naloxone experience any negative events?

☐ experienced withdrawal symptoms ► *(☐ mild ☐ moderate ☐ severe)* ☐ don't know/ prefer not to say
☐ was aggressive ☐ other: _____

12. Was the person who overdosed told that …

a) Naloxone wears off in 30-90 minutes ☐ no ☐ yes ☐ person unconscious ☐ prefer not to say

b) Overdose can return so avoid using for a few hours ☐ no ☐ yes ☐ person unconscious ☐ prefer not to say

YOUR EXPERIENCE – THIS SECTION ONLY NEEDS TO BE FILLED OUT ONCE

13. Is there anything else you would like us to be aware of?

ANSWER THE NEXT QUESTIONS ONLY IF YOU (the kit recipient) GAVE THE NALOXONE INJECTION

14. Was this your first time giving naloxone?	☐ no	☐ yes	☐ don't know/ prefer not to say
15. Did you feel confident giving naloxone?	☐ no	☐ yes	☐ don't know/ prefer not to say
16. Were the kit contents easy to access and use?	☐ no	☐ yes	☐ don't know/ prefer not to say

17. What (if anything) would prepare you better for responding to an overdose?

Form filled by: _____

Site staff person (please print)

For more information about the program:
www.saskatchewan.ca/opioids

TAKE HOME NALOXONE: PARTICIPANT KNOWLEDGE CHECKLIST

This checklist provides a guideline to assess the knowledge of the participant following the training session. As the Educator you should be confident that each knowledge objective was covered in the training and that the participant understands each of the objectives. The items in **bold** are the **most important** to cover.

Participant's Name: _____ **Date:** MM/DD/YYYY

Educator's Name (Print):_____

INITIALS	KNOWLEDGE OBJECTIVE	
	Overdose Prevention	• **Knows causes, contributing factors, and prevention strategies to overdoses**
	General Overdose Knowledge	•Understands stimulant overdose (OD) – there is no antidote •Knows the application of *myths* in responding to OD can be harmful
	Signs of Opioid Overdose	• **Understands the signs of opioid OD**: *breathing is very slow/erratic or not present at all, fingernails/lips blue or purple, unresponsive to stimulation/sternal rub, deep snoring/gurgling sound, body is limp, unconscious* • Understands that naloxone does not work for non-opioid ODs
	Recovery Position and Calling 911	• **Demonstrates the recovery position and knows to put the person in this position if they have to leave them alone to keep airway clear** • **Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief EMS when they arrive**
	Stimulation and Application of Breaths	• Demonstrates how to provide stimulation: *Sternal Rub/Say the person's name/Tell them to breathe* • **Demonstrates how to provide breaths and use 1-way face mask**
	Naloxone Administration	• **Demonstrates, including: 1 mL into muscle of upper shoulder, upper thigh, or upper-outer quadrant of buttocks; if no change in condition within 3-5 minutes – should give another dose of naloxone.**
	Evaluation and Aftercare	• **Knows the effect of naloxone only lasts 30-90 minutes and the OD can return** • Knows to stay with person to communicate to that person: what happened, not to let person take more drugs; sickness will go away, more opioids will have no effect while naloxone is active, and more drugs will make OD more likely to return when effect of naloxone wears off • **Knows to watch for OD symptoms returning**
	Care of Naloxone Vial, Program Evaluation, Refill	• Knows how to store naloxone: at room temperature and away from light • Knows to watch the expiry date on ampoules/vials • Knows to keep naloxone in a regular place and let others know where it is in case of emergency • **Knows to return to the site to obtain another kit if they have used theirs, or it has become lost, stolen or expired**

This resource content has been used with permission of the B.C. Centre for Disease Control Harm Reduction Program

Government of Saskatchewan

Self Care Action Plan

(Based on the Wellness Recovery Action Plan developed by Mary Ellen Copeland)

Name: _____ Date: _____

Daily Maintenance List

Make a list of things you need to do for yourself every day to keep yourself feeling well.
(e.g. get enough sleep, take medication, eat well, exercise, spend time with friends)

Events/Activities/Occurrences That Cause an Increase in Symptoms

Write down those things that might be difficult for you to deal with. They may have increased symptoms in the past *(e.g. fighting with a friend, being criticized, or hearing bad news*). Identify ways that you have learned to cope with these events.

Event	Coping Strategy

Self Care Action Plan

(Based on the Wellness Recovery Action Plan developed by Mary Ellen Copeland)

Early Warning Signs

Early warning signs of illness may be unrelated to events or stressful situations. In spite of your best efforts at reducing the symptoms, you may begin to experience early warning signs that indicate you need to take some further action. Write an action plan of early warning signs and coping strategies to use *(e.g. go for a walk, call a friend, take a nap, or make a doctor's appointment).*

Early Warning Signs	Coping Strategy

Crisis Planning

In spite of good self-care, you may find yourself in a crisis situation. Write an action plan for what you will do in a crisis situation (e.g. call the crisis service, go to an emergency department, call a friend for support). Include all of the information that you think other people need to know to help you such as:

- The symptoms that indicate that action needs to be taken
- What actions needs to be taken and who will take them
- Treatment that your prefer during and after the crisis is past
- How others will know when you are doing well enough to cope on your own

If I have any questions or concerns about my medications, I would contact: _____

I want to share this plan with: _____

Take Home Naloxone Program Steps, Roles & Responsibilities

Identify	**Who:** The Saskatchewan Health Authority (SHA)/Health Care Professionals • The SHA will identify potential partners and community-based organizations (CBOs) to act as training and distribution or placement sites. Interested CBOs and organizations should contact the SHA.
Identify	**Who: All Training & Distribution and Placement Sites** Saskatchewan residents who are at risk of an opioid overdose and/or might witness an opioid overdose (e.g. family and friends) are eligible for a Take Home Naloxone kit through the publicly-funded program.
Educate	**Who:** Training & Distribution Site Staff or Site Educator • Conduct a training session with participants and record those who have been trained using the *Training Attendance Form* or the *THN Kit Distribution Survey* on REDCap (if a kit was distributed alongside the training). • A standardized curriculum is used, but the educator may modify the curriculum or test the participant's knowledge accordingly. The curriculum is set out in the "Overdose Prevention and Response: Take-Home Naloxone Kit Training Manual". *Materials:* Training Video for Participants, Training Manual, and Participant Knowledge Checklist.
Provide	**Who:** Training & Distribution Site Staff • Verify the participant is eligible to receive a Take Home Naloxone kit. • Inspect the contents of the kit, including expiry date of the naloxone.
Track	**Who:** Training & Distribution Site Staff • The participant is encouraged to return to the site from which they received the kit if they used, lost, had their kit stolen, or need a replacement for expired naloxone and to complete the online *THN Kit Distribution Survey* – https://is.gd/TakeHomeNaloxone • If using a paper tracking form, it is the responsibility of the site to Email the *Kit Distribution Tracking Form* and any *Kit Replacement Information* forms to their regional SHA Coordinator on a monthly basis. *Documents:* Kit Replacement Information form, Kit Distribution Tracking Form,
Track	**Who: SHA Regional THN Coordinators** • It is the responsibility of the Saskatchewan Health Authority to e-mail a monthly roll-up of their region and any Training and Distribution or Placement Site who are not reporting electronically to the Ministry of Health Take Home Naloxone team at TakeHomeNaloxone@health.gov.sk.ca on a monthly basis. *Documents:* Multi-Site Kit Distribution Tracking Form,

Take Home Naloxone: Backgrounder

Naloxone can prevent opioid-related harms, disability and death

Unintentional deaths from opioid overdose are preventable with overdose and naloxone education. Naloxone or Narcan® has been used in emergency settings for over 40 years in Canada and is on the World Health Organization List of Essential Medicines. Naloxone is a drug that can help restore breathing within about 2 to 5 minutes when it has been dangerously slowed or stopped due to opioid use. Naloxone is not a controlled substance, cannot be abused, and there are few dangers or negative consequences associated with using this drug.

Naloxone can be given by injection or nasal spray. Intramuscular injection is an effective way to use this drug as it can be given through clothing into the muscle of the upper arm or upper leg. While other forms of naloxone exist (such as nasal spray), the Ministry of Health funded Take Home naloxone program utilizes the intramuscular injection form.

Plan ahead - be trained in how to use naloxone. If you come across an opioid overdose situation call 911 and administer naloxone.

Take Home Naloxone programs provide education regarding prevention, recognition and response to opioid overdoses to the public, as well as provide a THN kit to Saskatchewan residents at risk of an opioid overdose and/or witnessing an opioid overdose, once they have received the standard education and training arranged by the Saskatchewan Health Authority. Naloxone is not intended to replace emergency care.

About 85% of overdoses happen when other people are around, so having naloxone available can help save a life and reduce harms related to the overdose while waiting for paramedics to arrive. Naloxone and overdose education go hand-in-hand; together they can greatly reduce the negative and life threatening effects that can result from opioid overdose.

Considerations

Calling 911 is important when dealing with an opioid overdose.

Some individuals may experience a hypersensitivity to naloxone. Naloxone may cause opioid withdrawal in those with opioid dependence. Naloxone should also be used with caution in people who have a history of seizures and cardiovascular disease. However, the harms associated with lack of oxygen during an opioid overdose are likely far more serious and could be permanent or fatal. Naloxone is intended to help prevent the damaging effects of an opioid overdose.

Aside from administering naloxone, it is also important to stay with that person while awaiting medical personnel to arrive. The effect of naloxone begins to wear off after 30 minutes Some longer acting opioids (such as methadone) may last longer in the body than naloxone, so an overdose could return. A second dose of naloxone may be needed.

To make it less likely that an overdose will return, it is important to make sure that the individual knows not to take more drugs for several hours. In addition, you may need to tell them what happened, as they may be confused. Finally, it is important to tell paramedics and/or other medical professionals everything you know about the situation so that they can provide the best treatment.

Good Samaritan Drug Overdose Act

According to The Government of Canada, *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.

Conclusion

Overdose and naloxone education programs can help save lives. Overdose is one of the harms associated with substance misuse. By learning about opioid overdose and what to do, disability and death can be prevented.

Where can I find more information?

Call Saskatchewan's HealthLine by dialing 811 for general information regarding fentanyl and other alcohol/drug use, including overdose symptoms. HealthLine can refer callers to the appropriate medical, health and/or alcohol/drug related resources available within the community.

Visit www.saskatchewan.ca/opioids for up-to-date information and resources.

If you or your client requires more information, please contact the Saskatchewan Health Authority Addictions/Mental Health Services office or doctor in your community. To locate Addictions/Mental Health Services near you:

- visit www.saskatchewan.ca/addictions
- visit HealthLine Online at healthlineonline ca; or
- contact HealthLine at 811 and ask to speak to an addictions or mental health counsellor.

HealthLine 811
HEALTHLINEONLINE.CA

NOTE: This material is for information only and should not replace information from a doctor, addictions or mental health counsellor, or other health care provider.

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Take Home Naloxone: Frequently Asked Questions

What is the goal of the Take Home Naloxone program?

The goal of the publicly funded Take Home Naloxone program is to distribute naloxone and provide training in recognizing and responding to overdose in order to **prevent death and reduce brain injury or brain damage**. It also encourages individuals to seek treatment as an important component in addressing opioid misuse.

What is naloxone?

Naloxone, or Narcan®, is an antidote to opioid overdose. Taking too much of opioid drugs (such as morphine, heroin, methadone, oxycodone, and fentanyl) can make breathing slow down or stop. Naloxone reverses this, restoring normal breathing and consciousness. Giving naloxone can prevent death or brain damage from lack of oxygen during an opioid overdose. It does **not** work for non-opioid overdoses (such as those caused by cocaine, ecstasy or alcohol). However, if an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid from the equation.

How does naloxone work?

Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. However, naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing. Naloxone acts fast (usually within 5 minutes), and the protective effect lasts for 30 to 90 minutes. The body will have broken down some of the opioids over time, but naloxone does not destroy the opioids. Therefore if large doses, strong opioids (e.g., fentanyl), or long-acting opioids (e.g., methadone) are involved, or the individual has liver damage, another dose of naloxone may be needed. For this reason, each Take Home Naloxone Kit contains two doses of naloxone. **It is always important to call 911 when someone overdoses.**

Can naloxone be harmful or be misused?

Naloxone has been used in Canada for over 40 years and is on the World Health Organization List of Essential Medicines. Naloxone blocks the effects of opioids in the brain. It cannot get a person high and does not encourage opioid use. While naloxone is a very safe drug, it may cause individuals dependent on opioids to go into withdrawal. However, the small doses found in the Take Home Naloxone Kits minimize this risk.

Are there risks associated with using naloxone?

Some individuals may experience a hypersensitivity to naloxone. Naloxone may cause opioid withdrawal in those with opioid dependence. Withdrawal symptoms include pain, high blood pressure, sweating, anxiety and irritability. In addition, it can be unsettling to come out of an overdose unaware of what has happened. Finally, individuals with health conditions (related to heart, liver, respiratory system, etc.) and/or those who have taken other substances could require additional medical attention. For these reasons, **calling 911 is an important part of the overdose response.**

What does overdose education and naloxone training involve?

Participants are taught how to reduce overdose risk, recognize different types of overdose (i.e., stimulant, depressant), and respond appropriately. Appropriate response to an opioid overdose includes calling 911, performing rescue breathing, placing someone in the recovery position (especially if you have to leave them, or if breathing has been restored), and administering naloxone. These skills are not a substitute for professional medical care, but can help keep someone alive until an ambulance arrives.

Do you need to be a medical professional to recognize opioid overdose and administer naloxone?

Research and experience show, with basic training the general public can recognize an overdose and administer naloxone just as well as a medical professional. Furthermore, overdose prevention programs are empowering. They give peers, friends, and families of people who use drugs the chance to save a life, and send a clear message to those who use drugs that their lives matter.

The availability of Take Home Naloxone does not replace the need for emergency care or minimize the importance of calling 911.

HealthLine 811
HEALTHLINEONLINE.CA

Who has access to naloxone in Saskatchewan?

Historically, ambulances and hospitals have used naloxone. The Take Home Naloxone program provides overdose response training and Take Home Naloxone kits at no cost to people at risk of opioid overdose and/or people who might witness an opioid overdose (e.g. friends and family). Naloxone is also available for purchase at pharmacies across Saskatchewan. The Pharmacy Association of Saskatchewan has a list of pharmacies that carry naloxone here: https://www.skpharmacists.ca/patients/naloxone.

Why is it important to stay with an individual after giving them naloxone?

Some longer acting opioids (such as methadone) may last longer in the body than naloxone, so an overdose could return. To make it less likely that an overdose will return, it is important to make sure that the individual knows not to take more drugs for several hours. In addition, you may need to tell them what happened, as they may be confused. Finally, it is important to tell paramedics and/or other medical professionals everything you know about the situation so that they can provide the best treatment.

Where can I find more information?

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