

Overdose Awareness Day 2020 - Overdose Prevention Training Outdoor Kit

This kit is designed for overdose prevention training in an outdoor space.

For Overdose Awareness Day 2020 MHRN designed this event planning kit to facilitate outdoor naloxone training, in response to the COVID-19 pandemic and the increase in overdose that it has caused. This kit can be used to plan a standalone event, or an activity at a larger event.

Event overview

The core of the event is overdose prevention training. The floor cards are laid out on the ground, taking the place of a PowerPoint presentation. Rather than participants remaining in one place, they will move to the next set of cards as each section of the training is completed. The cards support the material that the facilitator is presenting, which should include some interactive activities.

Enhancing your event

If possible, partner with the RHA to do naloxone distribution at the event, so that any eligible participants can get a kit as soon as they're done with the training.

Buttons, stickers, and other resources can be distributed at your event. "I Carry Naloxone" buttons and "We Have Naloxone" stickers for homes and businesses can be requested from info@mhrn.ca.

You can also offer other fun activities, a raffle for participants, individually packaged snacks, stuff for kids, or other things to keep people engaged.

Consider creating space for those who are grieving the loss of loved ones. This could include having a sharing circle at your event, drummers or ceremony people, speakers, a moment of silence, purple ribbons to wear or take and tie on a bridge/tree, or something else identified by peers/community.

Planning your event

Materials needed

- Floor Cards and Speaking Notes
 - Weights for floor cards (binder clips, river rocks, etc) OR hole punch and string/zip ties if mounting on trees/fence
 - Plastic drop sheet (optional, to keep cards dry if ground is damp - due to supply issues)

not all cards were able to be laminated before shipping)

- Overdose resources to share (www.catie.ca)
- Information cards on where to get a naloxone kit in your community
- Vanish point syringes and water ampules
 - Sharps container, garbage bin
- "I carry naloxone" buttons and "We have naloxone" stickers

If you will be doing naloxone distribution at your event you will also need:

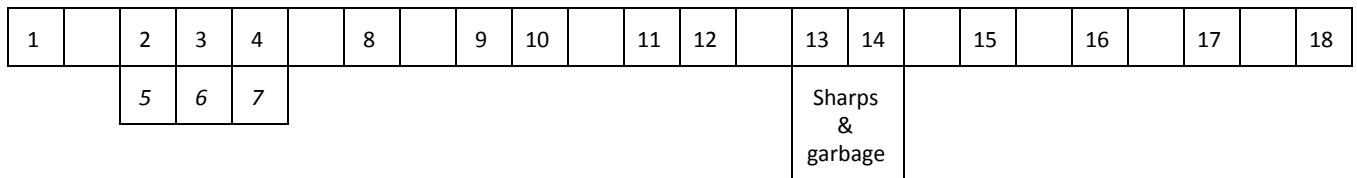
- Naloxone kits and documentation (from the provincial take-home naloxone program)
- Seating for nurse and client (two chairs and a table, or a long picnic table)
- Hand sanitizer and wipes
- Pens, enough for single use, buckets / containers for new and used pens

Variations on presentation

1. Standard scheduled presentation - indicate when the training(s) will start, one facilitator presents on schedule with the people who are there
2. Active stations - Have a facilitator stationed at each group of cards, each facilitator presents their section as groups/individuals come by
3. Rolling presentations - With two or more facilitators, start a new training whenever there is a group expressing interest
4. Self-guided - Participants walk through and read the cards, a facilitator is available to answer questions (not preferred)

Set up

- Lay out the cards on the ground, spaced out so that a small group of people can gather at each card while maintaining distancing. Some cards will be grouped together.
 - For active stations cards can be grouped into fewer groups. Practice and plan ahead - some cards have much longer speaking notes than others. Plan to avoid bottlenecks and groups piling up at one station.
- Hold back cards 5-7, you will place these on the ground when you speak.
 - For rolling presentations or self-guided place all the cards on the ground.



Do a practice set up in advance to ensure that you have enough space and that the flow of people is in one direction, to support good physical distancing. Ensure that your weights will prevent your cards from blowing away.

Speaking Notes

#	Speaking and Activity Notes
1	Introduction and housekeeping Land Acknowledgement Trigger warning/content note, resources available if folks are triggered afterwards
2	<ul style="list-style-type: none"> - Drugs are broadly classified into three categories based on the effect they have on the body. - Psychedelics <ul style="list-style-type: none"> - sometimes called hallucinogens - alter perceptions, feelings and thoughts - can cause hallucinations, but do not always
3	<ul style="list-style-type: none"> - Stimulants <ul style="list-style-type: none"> - tend to 'speed up' body including heart rate - tend to make people feel more awake, energetic, social, creative, talkative
4	<ul style="list-style-type: none"> - Depressants <ul style="list-style-type: none"> - tend to slow the body down, including heart rate and breathing, and tend to make people feel more sleepy
5	Hold up card and ask folks which class of drugs they are, then place it on the ground in front of the psychedelics card
6	Hold up card and ask folks which class of drugs they are, then place it on the ground in front of the stimulants card
7	Place the card on the ground in front of the depressants card <ul style="list-style-type: none"> - Opioids are part of the depressant family. - Naloxone only works on opioids, not other types of depressants, stimulants, or psychedelics. - Review which drugs are opioids. Naloxone works on all opioids. - If asked about cannabis: Cannabis doesn't fit neatly into any of the three categories. - It's a plant with many different chemicals in varying amounts. - Depending on the chemical makeup of the particular plant, cannabis can have stimulant, depressant or hallucinogenic effects.
8	<ul style="list-style-type: none"> - Anyone can overdose regardless of their substance use history (including prescription substances). - Overdose risk is complicated and depends on interaction between several factors. - Increase/decrease depending on: <ul style="list-style-type: none"> - the substance(s) taken

	<ul style="list-style-type: none"> - how the substance is taken - the setting where use occurs - characteristics of the individual - Risk is very individualized. If several different people use the same amount of the same substance, it might affect them all differently. - Mixing: opioids with alcohol or other drugs (including prescriptions). Mixing is very common and can increase overdose risk. <ul style="list-style-type: none"> - Avoid mixing if possible - If mixing drugs and alcohol use drugs first then alcohol after - Stimulants and depressants don't cancel each other out - using them together increases risk - Tolerance: exiting jail, hospital, detox, hospital (especially methadone detox), other breaks <ul style="list-style-type: none"> - If you're new to using that drug - Quality: the quality of street drugs is unpredictable by nature. <ul style="list-style-type: none"> - Even in the same batch, baggie or pill may not be consistent. Eg not every bite of a chocolate chip cookie will have the same amount of chocolate in it. - Start low, go slow. - You don't know if your substance is what you're expecting, could contain cuts or be an analogue or something else - Quality is even more unpredictable during the pandemic. - Environment: using alone, behind closed/locked door, somewhere you can't be found, etc. <ul style="list-style-type: none"> - Using in an unfamiliar place increases your risk, even if everything else (drug, amount, method of use) is the same - Route of use: injection hits harder than smoking, snorting, swallowing. - Binging: can forget how much you have taken - Health: Liver, breathing problems (asthma), weight loss, stress, compromised immune system, active infection, lack of sleep, dehydration, not enough to eat.
9	<ul style="list-style-type: none"> - Symptoms of a stimulant overdose are the opposite of an opioid overdose. - Stimulant toxicity is a medical emergency. Call 911 immediately. Signs: <ul style="list-style-type: none"> - rigid or jerking limbs - in and out of consciousness - Seizures - rapidly escalating temperature and pulse - chest pains - Extremely severe headache
10	<ul style="list-style-type: none"> - Over-amping: Conscious but paranoid, agitated, "crashing" <ul style="list-style-type: none"> - Sleep deprivation is often a factor - Stimulant over-amps bring many people to the hospital, although they can usually be managed in the community. - Know the signs that someone may need medical attention. - Naloxone will not help. - Do not give depressants, this will increase the risk of harms.
11	<ul style="list-style-type: none"> - Opioid overdoses may involve: <ul style="list-style-type: none"> - Slow, shallow, irregular or no breathing – less than 1 breath every 5 seconds

	<ul style="list-style-type: none"> - Unresponsive – can’t be woken up - Unusual snoring, gurgling sounds, choking - Blue lips or nails, pale cold or clammy skin - Tiny pupils - You might think the person is just sleeping - check on your “sleeping” friends if they have used opioids
12	<ul style="list-style-type: none"> - Review SAVE ME - Don't worry we will go over each step in more detail
13	<ul style="list-style-type: none"> - If you suspect an opioid overdose, start by stimulating them to confirm that they are unresponsive. - Shout at them – use their name if you know it. - Next do a sternal rub. - You should always tell someone what you are going to do before you touch them. - Don't slap them, put them in a shower/bathtub - you could injure them, people have drown - Don't give them a stimulant drug - this will increase the harm, not reverse the overdose <p>Demonstrate a sternal rub on yourself. Have participants try it on themselves - a little pressure hurts a lot, you can't ignore it.</p> <ul style="list-style-type: none"> - Check to make sure there is nothing in their mouth (e.g. gum, tobacco, syringe cap) - Look, listen and feel: see if the chest rises and listen/feel for breath. If no breathing or barely breathing, commence CPR and get naloxone - If you are alone with the overdosing person, give 2 rescue breaths and then go get naloxone. - If you're not alone, start CPR (cycles of 2 rescue breaths and 30 chest compressions) while another person goes to get the naloxone. - Rescue breaths: Apply the valve shield, tilt the head back and lift the chin to allow the airway to open, plug the nose and give 2 normal sized breaths. You should see the chest rise. - Normally, giving rescue breaths is very safe. During COVID that risk changes. Some organizations recommend not giving rescue breaths and just doing chest compressions, while others recommend still doing it, as lack of oxygen will cause brain damage and death very quickly. We can't tell you what you should do, but you should think about how you would make this decision in advance. Responding to an overdose is already very stressful, so the more prepared you are the better. - Some things you might consider are: <ul style="list-style-type: none"> - Have you been distancing from the person or are you already exposed to each other's germs? - Are COVID rates very high in your community, or are there very few cases? What is the likelihood that you or the person overdosing currently has COVID? - Are you at high risk of serious complications if you get COVID? - Is there anyone with you who could give rescue breaths if you can't? - Did anyone call 911? Is an ambulance on the way? How fast might EMTs get here?

	<ul style="list-style-type: none"> - Calling 911 - the good samaritan Good Samaritan Drug Overdose Act protects people who experience or witness an overdose and call 911 for help. - The Act provides immunity to simple drug possession charges, breach of parole, conditional sentences, pre-trial release. - The Act does not protect people involved with drug trafficking, drug production, or those with outstanding warrants. - If you need to leave to call 911 put the person in the Recovery Position <p>Demonstrate recovery position. If there is adequate space, have participants who came in groups/pairs put each other in the recovery position.</p>
14	<ul style="list-style-type: none"> - Get the shot ready: <ul style="list-style-type: none"> - Ampoules: shake contents of ampoule down below top, apply ampoule breaker and snap off top. - Draw up the entire contents (1 ml = 0.4 mg) of Naloxone into the syringe. Hold needle tip up, push air out. Don't worry too much about air bubbles – it's not going in a vein - Site location: Shoot into muscle, not a vein. <ul style="list-style-type: none"> - Thigh muscle – (vastus lateralis) is the preferred site. Middle third of thigh. When you're standing with your arms hanging and relaxed, around the area your hand naturally rests. - Could also use deltoid muscle. If you put your thumb in your armpit and grab your arm, around the area your index or middle finger rests (depending how big your hands and arms are!) - You can inject through clothes! Don't take off their pants. <p>Demonstrate landmarking, get participants to try identifying injection sites on their own bodies/with the people they came with.</p> <ul style="list-style-type: none"> - Inject: use a 90 degree angle and push in the plunger until the VanishPoint© syringe 'clicks'. This is different if you are used to injecting into a vein. <p>Demonstrate how to break off ampoule, use of a vanishpoint syringe, then have participants try. Distribute water ampoules with breakers and syringes. Syringes of water can be squirted onto the ground. Dispose of syringes and ampoules in the sharps container, dispose of needle wrappers in garbage can.</p> <ul style="list-style-type: none"> - If you have a nasal spray kit open the package, put the tip in one nostril, and squeeze the plunger all the way down. - Don't test the device - it contains only one dose! - And then evaluate again, if you need another shot. - It takes 3 to 5 minutes for naloxone to take effect. This feels like a really long time! - If the person does not come around/start breathing, continue administering naloxone every 3-5 minutes until you run out of naloxone, or until the paramedics arrive and take

	<p>over.</p> <ul style="list-style-type: none"> - The amount of naloxone in the overdose kit may not be enough to reverse some overdoses (large doses of fentanyl or carfentanyl). - The vast majority of opioid overdoses will respond to amount of naloxone in the kit, as long as the person was overdose was discovered early enough (before the heart stops). - The provincial naloxone program now gives out two kits at a time if there is enough supply. - Give CPR: cycles of 30 chest compressions to 2 breaths while you wait, or if you don't have naloxone - Learn CPR! Its a 1 day course and can save a life.
15	<ul style="list-style-type: none"> - It temporarily reverses the life-threatening slowed breathing from an opioid overdose. - Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. - Naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing. - Naloxone doesn't destroy the opioid, but the body will break down some of the opioid while the naloxone is working. - When it wears off, the opioids left in the body will trigger the receptors again.
16	<ul style="list-style-type: none"> - Naloxone is not fun. They may be confused, upset. Explain what happened and don't let them use more drugs. - If folks have withdrawal symptoms they will recede as the Naloxone wears off in 20-90 minutes. - If they use more drugs it won't help with withdrawal symptoms but it will increase the risk of the overdose coming back. - Most important thing we can do is stay with the person for at least 2 hours - when it wears off the overdose can come back. - Naloxone only lasts 20-90 minutes. Some long acting opioids like methadone are meant to stay active in the body for much longer! - If that's not possible make a system for checking in like phone calls, get someone else to stay with them, other plan to make sure they will be okay
17	<ul style="list-style-type: none"> - If a naloxone kit is expired, you can still use it, it just may not be as effective. Expired naloxone is better than no naloxone! - Store at room temperature, not some place it will freeze/overheat, like in your car. - If your kit does freeze/overheat research one study shows that the naloxone should still be effective but we need more research still. Use you kit even if it has frozen & thawed or overheated.
18	<ul style="list-style-type: none"> - Refer to get Naloxone Kit or go over some places folks can get Naloxone kits in the community - Find a distribution site on streetconnections.ca for a free kit - Some pharmacies also sell kits - injectable kits are usually \$20-60, nasal spray kits are usually around \$160, but prices will vary. - If you are covered by NIHB (if you have a status card) nasal spray kits are covered. Ask your local pharmacy to carry them. You can get one nasal spray kit a day.

- We want Naloxone to be an unscheduled drug so it is easier to get, if you agree go to www.mhrn.ca to sign our petition