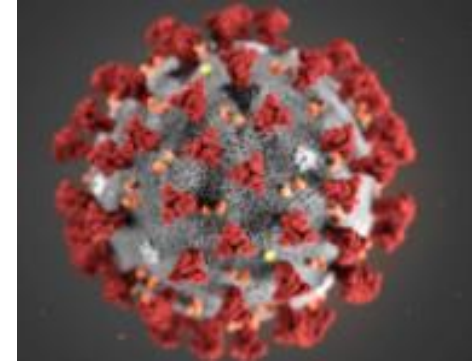


# THE GREAT AMPLIFIER: Opioid Overdoses in Times of Disruption



**Dr. Samim Hasham** BSc. Pharm (Hons), CDE, MMngt, PharmD

Consultant | CMHA Peel | Rapid Access Addiction Clinics | 102- 60 West Drive, Brampton, ON

Session Instructor | Faculty of Health Sciences | Midwifery Education Program | McMaster University | Hamilton, ON

Faculty | Adler College | 870 Yonge Street | Toronto, ON

**Robb Johannes** MA, BA (Hons.) [he/him]

Health Promotions and Program Development, Fred Victor

Adjunct Lecturer, Factor Inwentash Faculty of Social Work, University of Toronto

Co-Chair, St. James Town Service Providers' Network

# Impact of Disparities on PWUDs



**Increased drug  
contamination  
and toxicity**

**Increased  
drug prices**

**Barriers to harm  
reduction and  
Healthcare  
services**

**Decreased drug  
quality and  
purity**

**Increased  
violence in  
drug  
market**

**Housing  
Food insecurity**

# COVID-19 Harm Reduction Tips



## Clean your hands

Clean hands frequently with soap and water for at least 15 seconds. If soap and water is not available, clean hands with BZK wipes followed by alcohol-based hand sanitizer. Alcohol-based hand sanitizer can be used alone only when hands are not visibly soiled. Do this right before you prep your drugs and after any contact with others, using the TTC, handling cash, and getting your drugs.



## Wear a mask or face covering

Masks or face coverings are required in indoor public places. Also, wear a mask when you have to be close to other people (within 2 metres/6 feet). If possible, wear a mask when doing drug exchanges or fixing with a friend.



## Don't share gear

Sharing stems, meth pipes, straws, and injecting supplies (including ties, swabs, filters) all increase the risk of spreading the virus and other germs. Avoid sharing cigarettes, bong, joints and vapes too.



## Prep your own drugs

Try not to let others handle your drugs or drug-use supplies and don't let them handle yours. Before you prep, wash your hands and use alcohol swabs or a household cleaning product to clean the surface you are using. If you have to have someone else prep your drugs, make sure they wash their hands or use alcohol based hand sanitizer.



## Get extra harm reduction supplies and naloxone

Next time you are at a harm reduction agency, ask for extra supplies. Stocking up for 2-4 weeks will help to limit your contact with others.



## Avoid putting drug baggies/wraps in your mouth, anus or vagina

If you have to carry drugs inside your body, clean the bag/wrap thoroughly with alcohol-based sanitizer, alcohol swabs or isopropyl alcohol solution prior to inserting and after you take it out. Use an alcohol-based mouthwash to clean your mouth if that's how you carry. If your dealer carries in their mouth, ask them to consider a different method.



## Work with your Methadone/Suboxone/OAT Prescriber

If you are on opioid agonist treatment or prescribed opioids for safer supply reasons, ask your healthcare provider to extend your prescription and reduce the frequency of your in-person appointments. Ask them for telephone or video-chat appointments, carries or to help you get doses delivered to you if possible.



## Prepare for unplanned withdrawal

Have a back-up plan in case your dealer gets sick. Ask your healthcare provider to help with getting on OAT or getting the medications you might need for opioid withdrawal. Benzodiazepine and alcohol withdrawal can be very dangerous—team up with someone you trust who will be able to get you medical care if you go into withdrawal.



## Respond to overdose

Any time you have to give naloxone or respond to a medical emergency, use the gloves provided in your naloxone kit and try to use a mask or face covering. Always safely dispose of used kits contents after use and clean your hands.

**If you ever have difficulty breathing or experience other severe symptoms, call 911.**

416.338.7600

[toronto.ca/COVID19](https://toronto.ca/COVID19)

 **TORONTO** Public Health



**The Opioid Epidemic needs the SAME**



**COVID-19 pandemic**

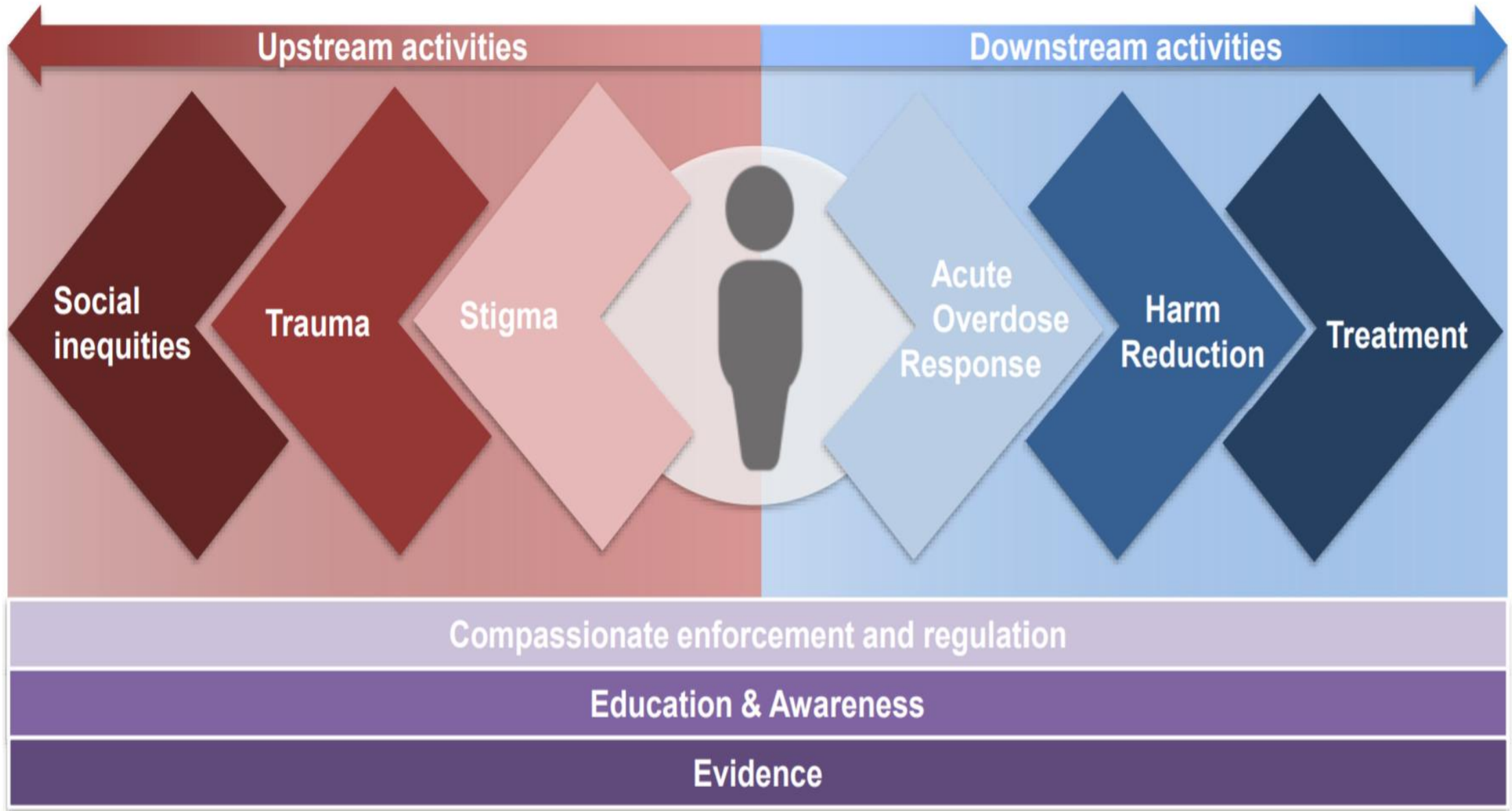
**Humanity needs leadership and  
solidarity to defeat the coronavirus**

# ACTION NOW DETERMINES OUR FUTURE



# Three ways to face disruption

- There are three ways to deal with a Disruption:
  - Let it do its own thing and adjust accordingly
  - Implement policies intended to hold back the tide
  - Use policy levers to manage change for competitive advantage and harm mitigation.





HUMAN RIGHTS-BASED  
APPROACH



LEAVING NO  
ONE BEHIND



INTEGRATED AND  
INDIVISIBLE



INCLUSIVITY AND  
PARTICIPATION



PROGRESS WITHIN  
PLANETARY BOUNDARIES



INTERGENERATIONAL  
RESPONSIBILITY



ASPIRATIONAL



TRANSPARENCY AND  
ACCOUNTABILITY

“The opioid overdose crisis is a complex problem that we know will take time to turn around. To have a significant and lasting impact, we need to continue working together on whole-of-society changes. This includes addressing the **stigma** that surrounds substance use, implementing further **harm reduction** measures and **reducing barriers to treatment**. It also means continuing to work together to better understand and address the drivers of this crisis, such as **mental illness**, and **social and economic** factors that put Canadians at increased risk.”

Dr. Theresa Tam, Co-Chair, Special Advisory Committee on the Epidemic of Opioid Overdoses [Joint Statement](#) December, 2019



# Health in All Policies (HiAP)

A short overview of the approach and of initiatives related to HiAP in the Canadian context

*“ Health in All Policies is an approach to public policies across sectors that **systematically** takes into account the health implications of decisions, **seeks synergies** and avoids harmful health impacts in order to improve population health and health equity. It implies **accountability** of policymakers for health impacts at all levels of policy-making”.*

Helsinki Statement (WHO, 2013).

<https://www.who.int/healthpromotion/conferences/8gchp/state>



## Canadian initiatives related to HiAP – A brief overview

Tripartite partnership to improve mental health and wellness services and achieve progress on the DH and wellness

A HiAP analysis process and toolkit

A HEIA of Saskatoon's Growth Plan

Healthy Child Manitoba

HEIA

Healthy Seniors Pilot Project

Government Policy of Prevention in Health

A HiAP approach included in a new PH legislation

PEI Children's Report 2017 - addressing SDH

NS PH Standards upstream action on SDH

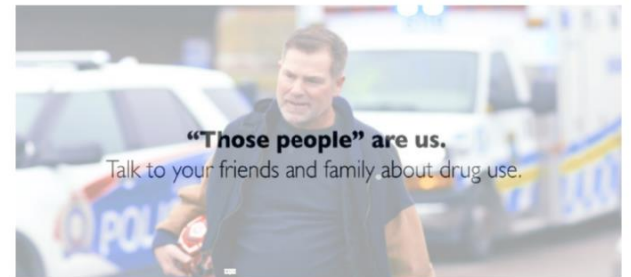


# Stigma is a barrier to accessing services, health care, and treatment for people who use drugs.



“Stigma is the chief reason that people who use opioids do so alone. It prevents them from coming forward, and if they do seek help, it keeps them from admitting they were unwell in the first place.”

Gord Garner, Executive Director, Community Addictions Peer Support Association (CAPSA) [Ottawa Citizen](#)





- Safer drug supply
- Decriminalization
- 24/7 Treatment
  - Opioid Navigator
  - “Never waste a crisis”
- Telehealth
- Innovations
  - Apps

**Drug-dispensing machines being installed to help address overdose crisis, including in Victoria**

Compassionate enforcement and regulation

Education & Awareness

Evidence

Indigenous Communities



Citizen centricity

Renaissance talent

Medical education

# Recognizing Opioid Overdose

***Opioid Overdose  
Signs & Symptoms***  
Don't use alone

<p>Breathing will be slow or absent</p> 	<p>Lips and nails are blue</p> 	<p>You can hear gurgling sounds or snoring</p> 	<p>Can't be woken up</p> 
<p>Person is not moving</p> 	<p>Person may be choking</p> 	<p>Skin feels cold and clammy</p> 	<p>Pupils are tiny</p> 

 **CALL 9-1-1 IMMEDIATELY**  
Adapted from resources developed by CHRDP

# Recognizing Opioid Overdose

- Shallow/no breathing
- Vomiting/gurgling
- Skin cold/Pallor
- Blueing under fingernails
- UNRESPONSIVE
- Pain – sternal rub
- Auditory stimuli – yelling their name
- Shaking their shoulders

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod
Will respond to stimulation like yelling, sternal rub, pinching, etc.	No response to stimulation
	Slow heart beat/pulse

# AND THEN THERE IS : Etizolam

- Etizolam is a benzodiazepine analogue
- Classification: Depressant



Physical	Mental
Decrease in energy	Mood enhancement
Decreased heart rate	Relaxation
Impaired coordination	Reduced anxiety
Sleepiness	Lowered inhibitions
Respiratory depression	Sedative effects
Blurred vision	Mental confusion
Yawning	Short term memory loss
Constricted pupils	
Decreased appetite	
Nausea and vomiting	
Muscle relaxation	
Dry mouth	
Headache	
Involuntary eye closure	
Rebound insomnia (prolonged use)	

**10 times more  
potent than  
diazepam**

Harm reduction is a respectful nonjudgmental approach to reducing harms of substance use that meets people “where they are at”

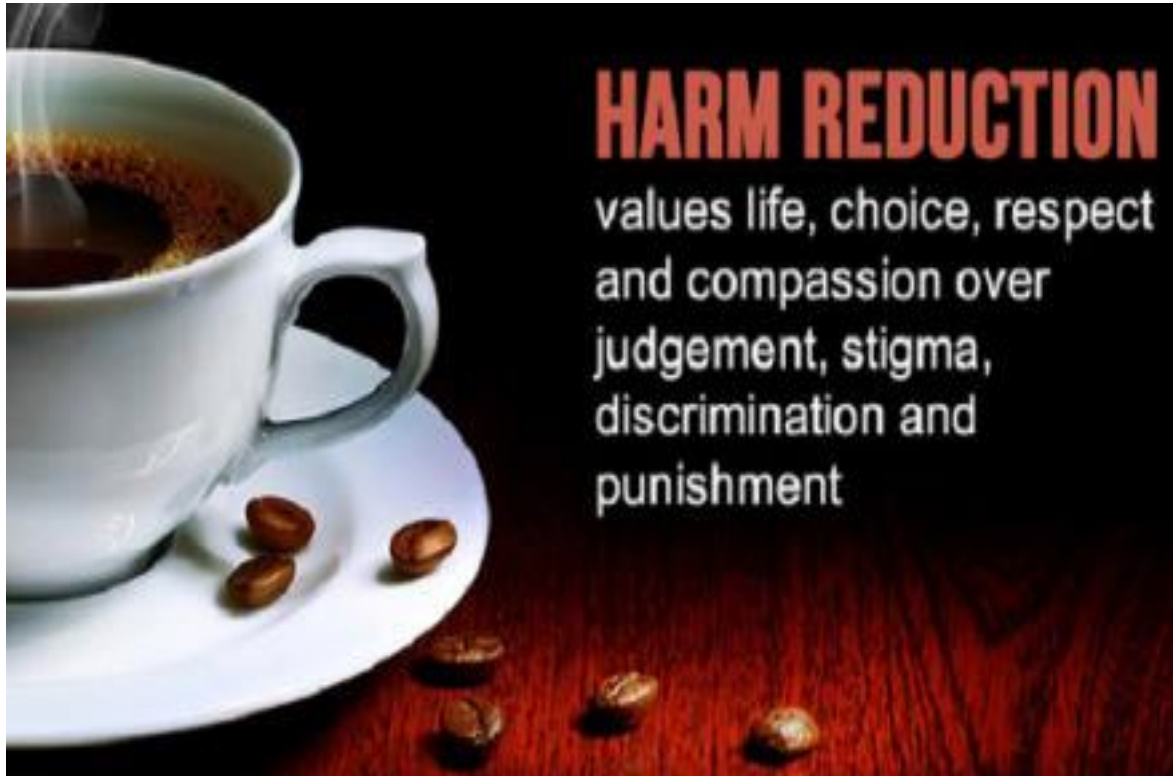


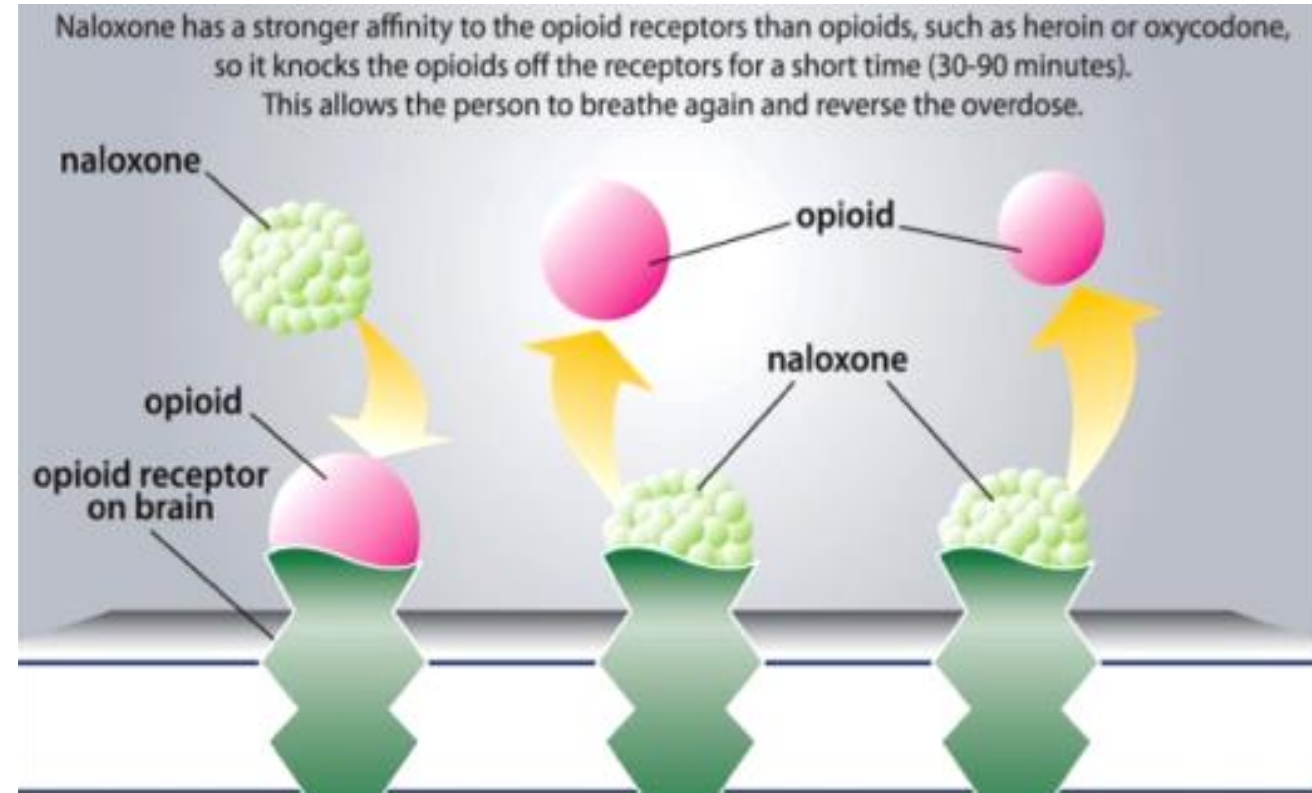
Image source: [harmreductioncafe.com](http://harmreductioncafe.com)








# Naloxone Basics 101

- Opioid Antagonist
- Competitively displaces opioids from receptors
- Complete, **temporary reversal** of opioid overdose effects
- Typical onset is within 2-3 minutes
- Stays active for 20-90 minutes depending on metabolism, amount of drug used
- May cause acute/severe opioid withdrawal
- Can not get high on it
- Can not abuse it
- Demonstrated to reduce opioid-related deaths and some high-risk use behaviours.


- Safely administered by laypersons with virtually no side effects and no effect in the absence of opioids.
- Helps to overcome barriers to accessing care.



# 5 steps to respond to an opioid overdose

<b>STEP 1</b>		<b>SHOUT &amp; SHAKE</b> their name      their shoulders
<b>STEP 2</b>		<b>CALL 9-1-1</b> If unresponsive.
<b>STEP 3</b>		<b>GIVE NALOXONE</b> 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
<b>STEP 4</b>		<b>PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS</b>
<b>STEP 5</b>		<b>IS IT WORKING?</b> If <b>no</b> improvement after 2-3 minutes, repeat steps 3 & 4. <b>Stay with them.</b>

**RECOVERY POSITION** If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



head should be tilted back slightly ..... to open airway

hand supports head ..... knee stops body from rolling onto stomach

## SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

# Good Samaritan Drug Overdose Act – wallet cards

See an overdose? Call 911 immediately.

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

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

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

If you need legal help, call

1 (800) 668-8258 (toll-free) for Legal Aid Ontario or  
1 (855) 947-5255 (toll-free) for Law Society Referral Service,  
also online at <https://lsrs.lsuc.on.ca/lsrs>.

English and French versions available for  
download from [www.aidslaw.ca](http://www.aidslaw.ca)

## The law does provide protection against charges for

Possessing drugs for your own use

Violating conditions of your parole, bail,  
probation or conditional sentence for a  
simple drug possession charge

## The law does not provide protection against charges for

Selling illegal drugs (trafficking): Police may  
suspect this if you have a large amount of drugs,  
cash or items like scales, baggies, and debt lists

Offences other than drug possession

Any outstanding arrest warrants

Violating conditions of your parole, bail, probation  
or conditional sentence for an offence that is not  
simple possession

Endorsed by the Ontario Association of Chiefs of Police.

**Disclaimer:** This is legal information — not legal advice.

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



# COVID-19 Guidance for Naloxone Use

- 1. Risk Assessment: Organizational and on-scene
- 2. Infection Prevention: Exposure reduction on-scene
- 3. Infection Control: Interventions and PPE
- 4. Supporting Someone with Symptoms of COVID-19

# COVID-19 Guidance for Naloxone Use

## 1. Risk Assessment: Organizational and on-scene

- Written and understood overdose response protocol.
- Staff trained and competent in overdose response protocols, PPE practices, environmental cleaning.

## 2. Infection Prevention: Exposure reduction on-scene

- **Prioritize calling 911.** Engaging paramedics early in the overdose response will help to get advanced care faster and limit the number of people potentially exposed. If you suspect a respiratory illness or know that the person is COVID-19 positive, inform the dispatcher.

# COVID-19 Guidance for Naloxone Use

## 3. Infection Control: Interventions and PPE

- **Put on PPE before coming within two metres/six feet of the overdosed person.** Ideally all overdose responders in the community will wear at minimum donning in order: gown, mask, eye protection, and non-latex gloves.
- **Visually assess airway, breathing and circulation.** The primary assessment can be done without personal contact by looking for the person's chest rise and fall and their skin colour. Listen for a gurgling or rattling throat sound, or gasping.
- **Do not administer mouth-to-mouth rescue breaths.** There is no evidence that CPR face shields or pocket masks offer protection against COVID-19.
- **If administering chest compression-only CPR, use droplet and contact precautions.** Put on a mask, eye protection, an isolation gown and non-latex gloves prior to administering care.
- **Doff PPE in the correct sequence and properly dispose PPE following an overdose response.** Include a garbage bag with overdose response equipment. Put used PPE carefully into the garbage bag, in the proper sequence, then tie off securely and dispose in a garbage bin as soon as possible.

# COVID-19 Guidance for Naloxone Use

## **4. Supporting Someone with Symptoms of COVID-19**

- Anyone with symptoms of COVID-19, even mild symptoms, should be helped to self-isolate for 14 days. Provisions are being made to ensure people who are homeless can be tested, and provided with a space to self-isolate if necessary.

# ‘That tiny person on that speck needs my help – Now!’

This is complex and costly. It’s the consequence of 20 or 30 years of events... and to throw your hands up is not going to be successful. That’s not the right solution, to say it’s too big, too complex or not to think about those issues that are longer-term that we have to address.

Dr. Jeff Turnbull, [Ottawa Citizen](#)





# **Let's Talk**

**Robb Johannes, MA, BA (Hons.)**  
**[rjohannes@fredvictor.org](mailto:rjohannes@fredvictor.org)**

**Dr. Samim Hasham, BSc.Pharm (Hons), MMngt,**  
**CDE, PharmD**  
**[Hashams@cmhapeel.ca](mailto:Hashams@cmhapeel.ca)**