

OPIOID OVERDOSE RESPONSE

BACKGROUND

On April 14, 2016, Provincial Health Officer Dr. Perry Kendall declared a Public Health Emergency under the *Public Health Act* in response to an unprecedented increase in illegal drug overdose deaths. In 2016, 967 people died from an apparent illegal drug overdose, and at least 640 people have died in the first five months of 2017. The emergency impacts all regions across the province and people from all walks of life. Organizers should assess the risk of overdose for people attending major planned events and take proactive measures to prevent and reduce overdose harms.

OPIOIDS AND OPIOID OVERDOSE

The introduction of highly toxic synthetic opioids such as fentanyl and fentanyl analogues into the illegal drug supply is driving the increase in overdose deaths. Opioids are a class of drug or medication which includes morphine, heroin, methadone, fentanyl, and oxycodone. Fentanyl is around 50 to 100 times more toxic than morphine, which makes the risk of overdose higher. Fentanyl has medical uses and can be prescribed by a physician to help control severe pain, but in recent years it is also being produced in illegal labs and sold on the streets, often mixed with other drugs (such as heroin, cocaine, and others).

When fentanyl is combined with other opioids, alcohol, benzodiazepines, cocaine, or methamphetamines, it can further increase the risk of overdose. There is no easy way to know if fentanyl is in drugs and available testing methods may not detect all types of opioids. People may be taking fentanyl without knowing it and putting themselves at risk for overdose. An opioid drug overdose happens when you take more opioids than your body can handle. This causes breathing to slow or stop, reducing oxygen levels in the blood, potentially leading to brain damage, cardiac arrest, and death.

It is not just people who use drugs regularly that are being affected by fentanyl. People trying illegal drugs for the first time are also at risk. New data show that 41 percent of people who experienced a non-fatal overdose did not report daily drug use.

REDUCE THE RISK

NALOXONE

The Province recommends that planned event staff be prepared to respond to overdoses, and recognize that multiple overdoses could occur in one setting concurrently. It is imperative that event staff receive overdose recognition and response training and first aid supplies, including naloxone, to ensure that they can respond to someone experiencing an overdose and administer naloxone safely.

The Province also recommends that planned event staff permit attendees to carry naloxone even if trained staff is available on site. Confiscating naloxone may increase the risk of overdose harms and death both on and off site.

The Government of British Columbia and the Government of Canada have taken significant action to rapidly increase access to naloxone, a life-saving medication that can reverse the effects of an opioid overdose. Anyone can administer naloxone to anyone who has overdosed. Naloxone can reverse slowed breathing within 3 to 5 minutes. Naloxone only works on opioid-related overdoses, but will not harm someone who has not consumed opioids. The unregulated nature of the illegal drug supply, and the difficulty of detecting opioids like fentanyl and fentanyl analogues in a given drug sample, mean that naloxone should be given to an unresponsive person, particularly if they are breathing slowly or not at all. In some cases, multiple doses of naloxone are required to revive the individual.

Administering naloxone is only one aspect of an effective response to an opioid overdose. People responding to a suspected overdose should first call 911 and then work through the SAVE ME protocol (Appendix A), which includes providing rescue breaths and administering naloxone while waiting for first responders to arrive.

The Province has created a risk assessment tool to assist individuals and organizations to identify if they should have naloxone and be trained on its use (see below). This assessment weighs the likelihood of an overdose occurring in a particular setting, and the consequence of an overdose occurring where naloxone is not available. See Appendix B for a risk assessment tailored to planned events.

OUTREACH TEAMS

Planners can create outreach teams at the event to ensure people who are in distress can be located and supported.

PROVIDE INFORMATION

Now that you have a plan for reducing harms from alcohol and other drugs, make sure your attendees, volunteers, staff and collaborators know about your plans and how to find support and services at the event. It may be helpful to have signs and educational material in multiple languages.

STAFF TRAINING

Establish a policy for responding to drug use by staff or volunteers working at the event with particular attention to awareness of naloxone. This includes training staff on how to safely administer it and call for help (see section below on how to access naloxone and training for planned events).

- Develop a policy on how any person attending a planned event can quickly alert staff or volunteers who have naloxone in the event of an overdose so that it can be administered as quickly as possible.

COMMUNICATION WITH ATTENDEES

- Planners can advise people to check on friends or anyone who is unconscious or appears to be in distress.
- Inform attendees about any services or education initiatives that will be available at the event, including the location or identity of staff or volunteers with naloxone.
- Inform attendees about the opioid-contaminated drug supply currently in British Columbia, and identify access points for drug checking if available.
- Provide harm reduction information with tickets, on the event website, on social media, on posters and handouts. Examples include information that can be found on BC Centre for Disease Control's Toward the Heart website.

MONITOR HEALTH RISKS

Work with the local health authority, first responders, law enforcement and security agencies, and harm reduction groups to track and analyze any incidents at the event related to drug overdoses. Methods of tracking and communicating about drug-related health incidents at the event may vary, depending on the events size, duration, composition and character.

CHECKLIST

Each event is unique and will have different requirements. Items in the checklist may or may not apply to your event.

To Do:
<input type="checkbox"/> Work with local harm reduction organizations and health authority partners to provide information and other harm reduction services at the event.
<input type="checkbox"/> Complete the Naloxone Risk Assessment to determine if you should have staff carrying and equipped to administer naloxone at your event.
<input type="checkbox"/> Purchase naloxone kits if the assessment indicates a high likelihood of overdose or significant consequence to not having naloxone available.
<input type="checkbox"/> Ensure staff carrying naloxone receive training on how to respond to an overdose by calling emergency services and administering naloxone.
<input type="checkbox"/> Create a process for ensuring staff carrying naloxone can be alerted to an overdose at the event.

BRITISH COLUMBIA'S HEALTH AUTHORITIES

First Nations Authority http://www.fnha.ca/ 1-866-913-0033	HealthIsland Health http://www.viha.ca/ 1-877-370-8699	Provincial Health Services Authority www.phsa.ca/ 604-675-7400
Fraser Health http://www.fraserhealth.ca/ 1-877-935-5669	Northern Health https://northernhealth.ca/ 250-565-2649	
Interior Health http://www.interiorhealth.ca/ 250-862-4200	Vancouver Coastal Health http://www.vch.ca/ 1-866-884-0888	

LEGISLATION

Public Health Act

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01

Note: BC's *Public Health Act* (2008) gives the Provincial Health Officer or a medical health officer the authority to require a health authority or another official to do a “diagnostic examination” of potentially hazardous agents. Under the act, the term “diagnostic examination” includes collecting substances for examination to identify hazardous agents.

RESOURCES

Major Planned Events Guideline for BC

Government of British Columbia. (2017) *Public Health Guidelines: Major Planned Events*. <http://www2.gov.bc.ca/assets/gov/health/keeping-bc-healthy-safe/major-planned-events/bc-major-planned-events-guidelines.pdf>

Overdose Public Health Emergency Resources

Government of British Columbia. (2017). *Overdose Prevention and Response in B.C.* <http://www2.gov.bc.ca/gov/content/overdose>

Naloxone

BC Centre for Disease Control. (2017). *Toward the Heart: Naloxone*, <http://towardtheheart.com/naloxone/>

Government of British Columbia. (2017). *Community Pharmacies that carry naloxone and provide overdose training*, <http://www2.gov.bc.ca/assets/gov/overdose-awareness/community-pharmacies-dispensing-naloxone-providing-training-bc-june19-2017.pdf>.

Harm Reduction Policy in British Columbia

BC Centre for Disease Control. (2014). *BC Harm Reduction Strategies and Services Policy and Guidelines*.

<http://www.bccdc.ca/NR/rdonlyres/4D0992FA-0972-465B-81DD-970AEF178FDD/0/BCHRSSPolicyFinalMay2011.pdf>

British Columbia Ministry of Health. (2005). *Harm Reduction: A British Columbia Community Guide*. <http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>

British Columbia Ministry of Health. (2006). *Following the Evidence: Preventing Harms from Substance Use in BC*.
<http://www.health.gov.bc.ca/library/publications/year/2006/followingtheevidence.pdf>

Harm Reduction Supplies and Safer Partying Education

AIDS Network Kootenay Outreach and Support Society (ANKORS)

<http://www.ankorsvolunteer.com>

ANKORS, and UBC School of Population & Public Health. (2013) “*Start Small, Take it Easy*”: *Results from the ANKORS Harm Reduction Survey at the 2013 Shambhala Music Festival*.
http://www.ankorsvolunteer.com/uploads/4/6/9/3/46939087/ankors_2013_shambhala_survey_report.pdf

BC Centre for Disease Control. Harm Reduction.

<http://www.bccdc.ca/prevention/HarmReduction/default.htm>

Canadian Centre on Substance Abuse. (June 2015) *Preventing Drug- and Alcohol-related Harms at Music Festivals in Canada*.

<http://www.ccsa.ca/Resource%20Library/CCSA-Preventing-Alcohol-Drug-Harms-at-Music-Festivals-Summary-2015-en.pdf>

Canadian Students for Sensible Drug Policy. *Drug Checking Services Necessary to Prevent Youth Drug-Related Deaths*.

<http://cssdp.org/DrugCheckingBrief.pdf>

DanceSafe: Promoting Health and Safety within the Electronic Music community.

<http://www.dancesafe.org/>

HealthLink BC. *Treating Opioid Overdose: B.C.'s Take Home Naloxone Program*.

<http://www.healthlinkbc.ca/healthfiles/hfile118.stm>. See also:

<http://towardtheheart.com/naloxone/>

Here to Help: Mental Health & Substance Use Information. A Safe Night Out.

<http://www.heretohelp.bc.ca/factsheet/a-safe-night-out>

Here to Help: Mental Health & Substance Use Information. Safe Tripping: Magic Mushrooms, LSD and other Hallucinogens.

<http://www.heretohelp.bc.ca/factsheet/safer-tripping-magic-mushrooms-ld-and-other-hallucinogens>

Provincial Harm Reduction Program. *Overdose Survival Guide: Tips to Save a Life*.
http://towardtheheart.com/assets/uploads/files/OD_Survival_Guide_Tips_to_Save_a_Life_2012_08.29_upright_for_website.pdf

Trip Project: Providing health info to Toronto party people since 1995!
<http://www.tripproject.ca/trip/>

APPENDIX A – SAVE ME PROTOCOL

Naloxone is only one part of the response to an overdose. The first step is to assess if someone is unresponsive, and call 911.

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate
Unresponsive?
CALL 911



Airway



Ventilate
1 breath
every
5 seconds



Evaluate



Medication
1 mL of
naloxone as a
Muscular
Injection



Evaluate
2nd dose?

For more information, please see

http://towardtheheart.com/assets/uploads/THN%20Training%20Manual%20Final_2017.01.11.pdf

APPENDIX B – NALOXONE RISK ASSESSMENT FOR MAJOR PLANNED EVENTS

Naloxone risk assessment¹

Determining the likelihood of an overdose in your setting requires you to think about what you know about people accessing services in your setting, and what information you may not have. You may not know if people who use drugs (particularly heroin or other opioids, and stimulants such as cocaine, crack cocaine, and crystal methamphetamine) access your services. While the rate of overdose events and death in B.C. varies by region and setting, people who use drugs are at risk of overdose across the province and in multiple settings.

LIKELIHOOD OF ENCOUNTERING AN INDIVIDUAL WHO HAS OVERDOSED

- Do staff regularly encounter people who have overdosed?
- Do staff regularly encounter people who are suspected of having used drugs?
- Do staff regularly encounter people who are suspected of having a substance use disorder or to be in recent recovery from a substance use disorder?
- Do staff regularly encounter substances that are suspected to be illegal drugs?

An affirmative response to any of the questions may indicate a high likelihood of encountering someone who has overdosed. If you determine the likelihood of encountering someone experiencing an overdose is high, naloxone should be considered. However, if the likelihood is low, it is next important to consider the consequences of not having naloxone available in your setting should someone experience an overdose.

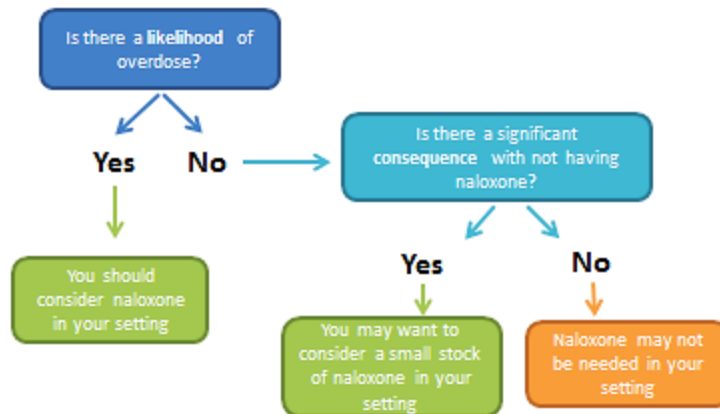
POTENTIAL CONSEQUENCE OF NOT HAVING NALOXONE AVAILABLE

- Does your organization have a mandated duty to provide care for clients?
- If naloxone were not available in this setting, what would the consequences be if an overdose were to occur?
- Does your organization operate in an area(s) that first responders can access easily and in a timely way?

WEIGHING LIKELIHOOD AND CONSEQUENCE

Using your assessment likelihood of someone witnessing an opioid overdose and the consequence of not having naloxone available will allow you determine if your organization should consider stocking naloxone in your setting.

¹ Adapted from Government of BC. (2017). *Naloxone risk assessment for non-public bodies*, http://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf



Likelihood High: You should consider naloxone

- Your assessment has indicated that the likelihood of an overdose occurring in settings where your staff operate is high.
- Staff should receive training to understand the signs of an overdose, be trained to administer naloxone as part of a response to someone experiencing an overdose.

Likelihood Low / Consequence High: You may want to consider naloxone

- Your assessment has indicated that the likelihood of overdose occurring in settings where your staff operate is low, but that the consequences of naloxone not being available should an overdose occur, are high.
- In this case, naloxone may be warranted *in small quantities* to ensure that any overdose could be reversed.

Likelihood Low / Consequence Low: Naloxone may not be needed in this setting

- Your assessment has indicated that the likelihood of overdose occurring in settings where your staff operate is low and that the consequences of naloxone not being available are low.
- Staff should still receive training to understand the signs of an overdose and the importance of calling for first responders without delay.

Formulation

The Province recommends intramuscular naloxone for a wide variety of reasons,² including ability to access, and cost, as well as recognizing the significant expertise and infrastructure in place for training on how to effectively use it in BC.

How to access naloxone and training for planned events

A number of pharmacies in B.C. are currently stocking naloxone kits for purchase.³ Individuals who use drugs and their peers who may witness or respond to an overdose are eligible for

² Government of BC. (2017). *Naloxone Risk Assessment*. Available from http://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf

publicly funded Take Home Naloxone kits through the BC Centre for Disease Control.⁴ St. John's Ambulance can provide training for event staff (including security or other members who may be in a position to witness and respond to an overdose).

Overdose response training/naloxone administration	
St. John's Ambulance - able to do group training	Contact Drew Binette (604) 418-6777 Drew.Binette@bc.sja.ca or Jill Wurflinger (604) 301-2712 Jill.Wurflinger@bc.sja.ca

If naloxone and assorted supplies are purchased through a community pharmacy, that pharmacy should be able to provide comprehensive training. However, it is imperative for all individuals who may administer naloxone to receive the training; therefore, group training is likely a more expedient option.

³ Government of BC. (2017). *Where can I get a naloxone kit?* <http://www2.gov.bc.ca/gov/content/overdose/where-can-i-get-a-naloxone-kit>

⁴ BC Centre for Disease Control. (2017). *Toward the Heart.* <http://towardtheheart.com/naloxone/>