

Understanding Opioids

*A collaboration of A Question of Care
and Peterborough Public Health*



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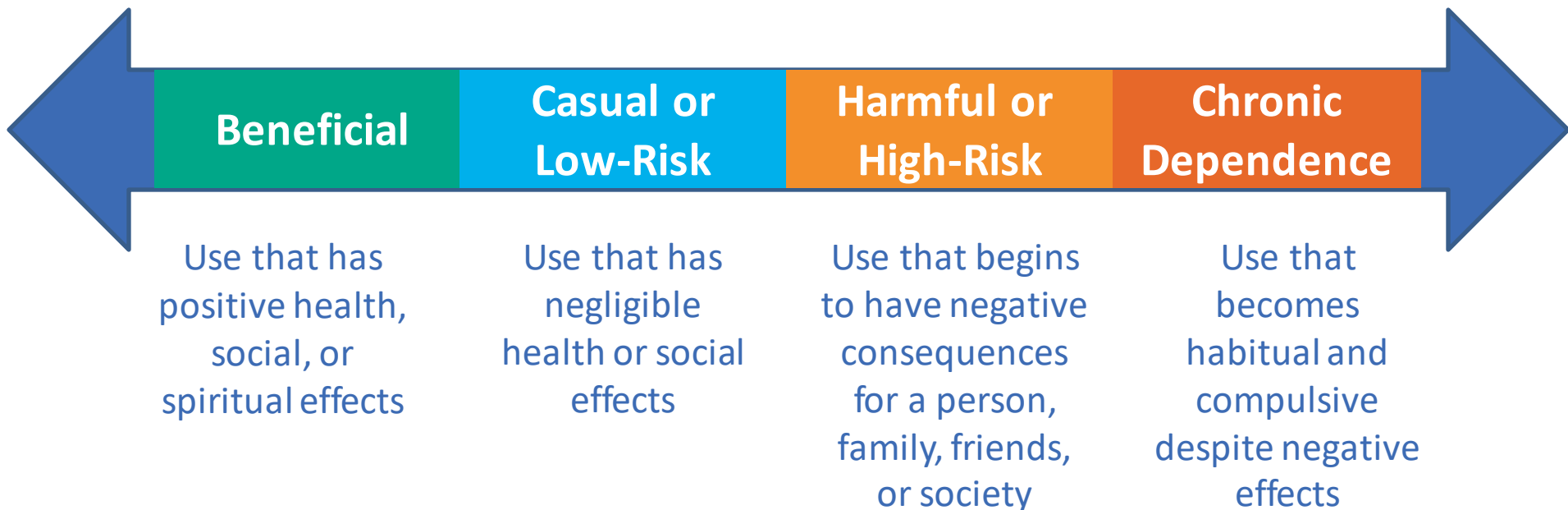
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Substance Use

Psychoactive substances (drugs which affect cognitive processes) are used by many people every day



Spectrum of Substance Use



Types of Substances

Depressants

- "Down" or "Downers"
- Slow down central nervous system
 - ↓ arousal
 - ↓ stimulation



Opioids
Alcohol

Benzodiazepines

Stimulants

- "Uppers"
- Speed up central nervous system
 - ↑ alertness
 - ↑ wakefulness
 - ↑ energy
 - ↑ confidence



Caffeine
Cocaine

Methamphetamines

Hallucinogens

- Visual, auditory, & psychological effects
 - Consciousness
 - Heart rate
 - Breathing
 - Body temperature



MDMA
LSD

Psilocybin



40,642

opioid-related deaths in
Canada between
January 2016 and June
2023.



**22 deaths
every day**

99% of deaths
are **accidental**



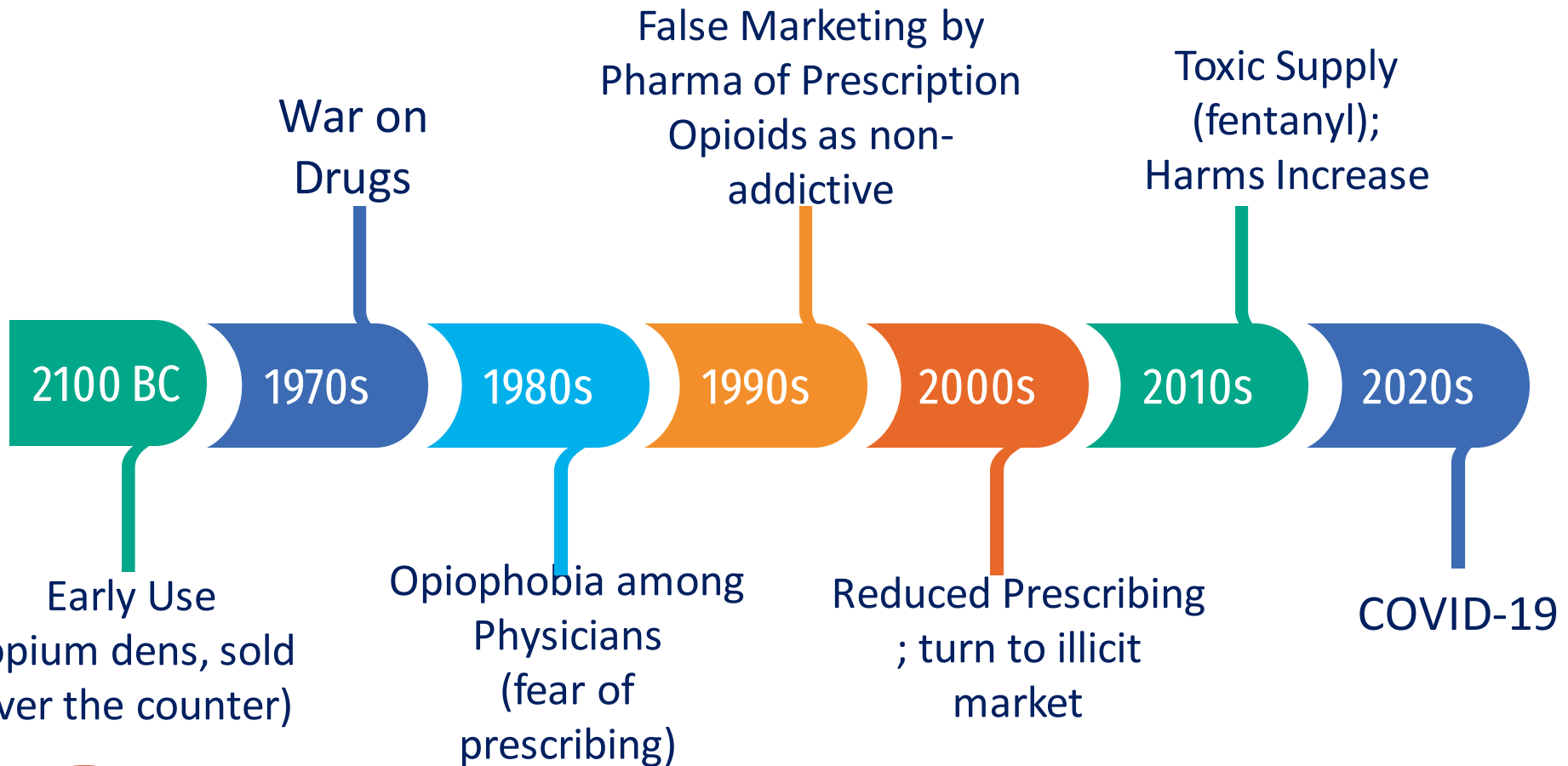
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Drug Poisoning Crisis in Peterborough

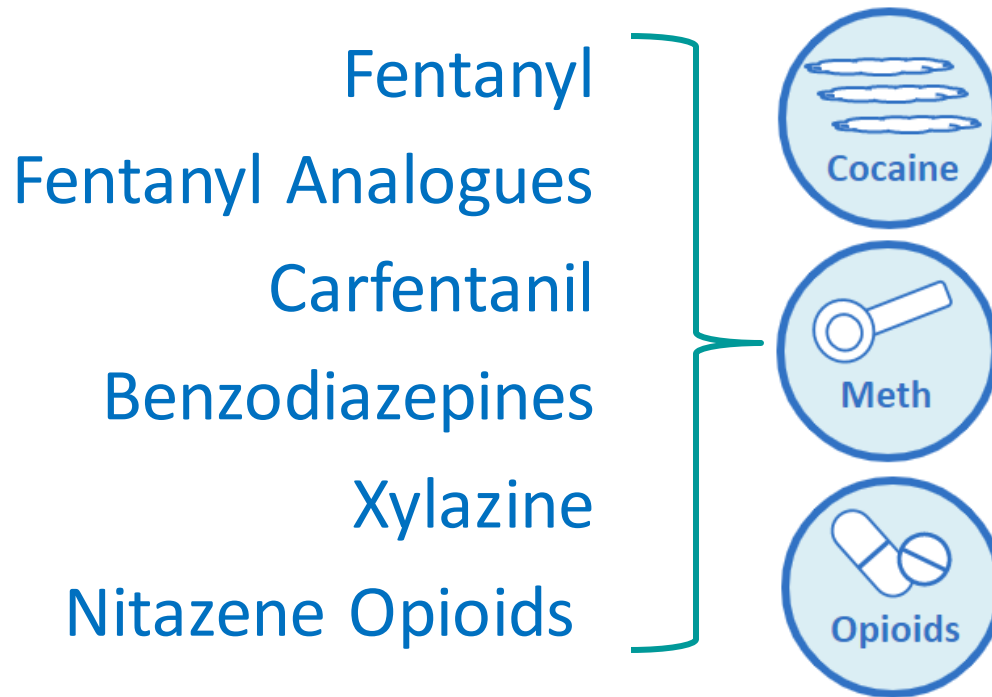
- On average, 1 death every 5 days in 2023
 - Higher than Ontario & Canadian averages
- No single reason why
- May be the result of...
 - Location; passage between Toronto & Ottawa
 - Constant supply of substances
 - Blue collar industry town
 - Increased rates of harm in construction & trade industry
 - No evidence people come to Peterborough specifically to use substances



The Drug Poisoning Crisis: A Brief History



Contaminated Supply



The drug supply is heavily contaminated with a variety of substances, creating more complicated drug poisonings.



An overview of...

HARM REDUCTION



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Harm Reduction

- An evidence-based, non-judgmental, client-centered approach that "*meets people where they are at*"
 - Not abstinence-based
- Policies, programs, and practices aimed at reducing harms



Examples of Harm Reduction

We all use harm reduction approaches in our daily lives!



Wearing a helmet



Best before dates



Using a seatbelt



Hand washing



Applying sunscreen

Harm Reduction for Substance Use

- Education on safer consumption practices
- Sterile supplies for injecting or inhaling
 - Needle exchange programs (NEPs)
- Naloxone distribution
- Advocacy for safer drug policy
- Safe Consumption Sites (SCS)
- Safer Supply programs



Harm Reduction Works

- ✓ Engages people who are otherwise marginalized
- ✓ Improves access to services
- ✓ Facilitates healthier practices
- ✓ Increases individual health and wellbeing
- ✓ Increases access to & retention in treatment programs



Harm Reduction: Global Evidence

- Needle Exchange Programs (NEPs):
 - 5.8% decrease in HIV infections; vs
 - 5.9% increase in cities without NEPs
- Safe Consumption Sites (SCSs):
 - Do not contribute to increased drug injecting, drug trafficking, or crime
 - Are associated with reduced levels of public drug injections or dropped syringes

Needle Exchange Works

Every \$1 spent on needle exchange saves...

\$4 in short-term health care

\$12 in health care over 10 years

\$27 in economic benefits of avoiding disease



The role of...

SUBSTANCE USE STIGMA



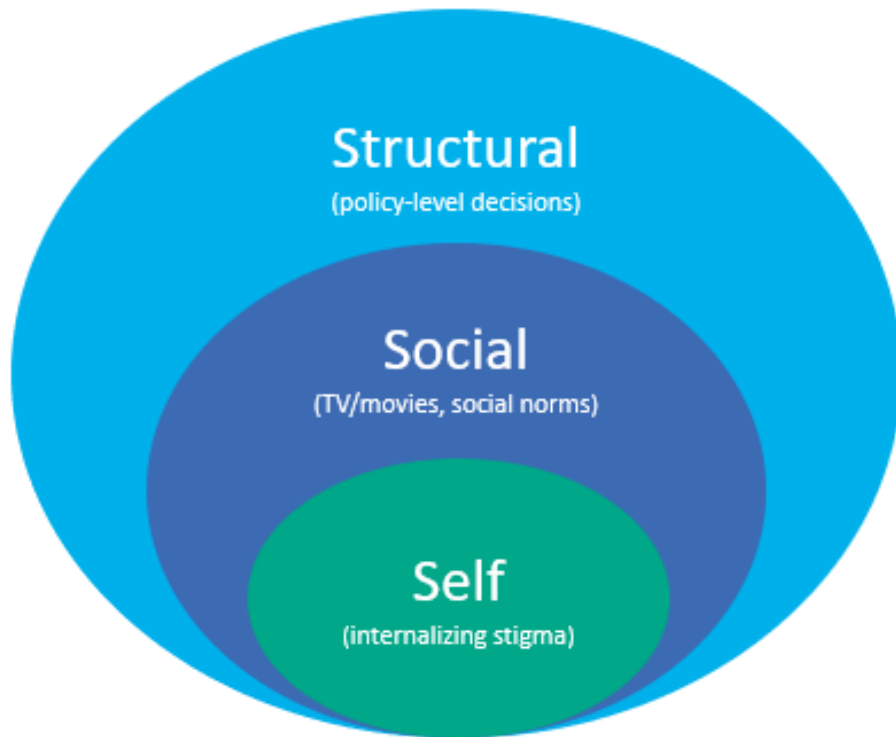
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What is Stigma?

- A complex social process of labelling, stereotyping, devaluing, and discriminating
- Two major parts:
 - Negative & unfavourable attitudes
 - Negative behaviours resulting from those attitudes



Levels of Stigma



- Each level impacts the others
 - When policy changes, society changes, individuals change
 - Goes both ways!
- E.g., cannabis legalization
 - How was cannabis viewed before legalization vs after?
- Self-stigma is the product of the other levels of stigma
 - Not the level that will have the biggest impact



Impacts of Stigma

- Stigma by association
 - Choosing not to be associated with someone
- Low self-worth & self-stigma
- Avoidance of treatment
- Poorer quality of care received
- Decreased employment, housing, educational opportunities
- Loss of friends/family



Stigmatizing Language

- Language impacts the way people see themselves and are treated by society
- What does stigmatizing language sound like?
 - Identifying a person by their substance use
 - Belittling and dehumanizing a person
- Anti-stigma language
 - Person-first
 - Avoid language with negative connotations



Examples: This Not That

| Instead of saying this... | Say that! |
|---------------------------|---|
| Alcoholic or drunk | Person who uses alcohol, person with an alcohol use disorder |
| Junkie or addict | Person who has a substance use disorder |
| User or drug abuser | Person who uses drugs/substances |
| Addicted to [x] | Has a [x] use disorder |
| Overdose | Drug poisoning |
| Relapse | Return to use |
| Clean (supplies) | Sterile, new |
| Clean (use) | Substance free, no longer uses drugs |

Rationale: these alternatives are either neutral or person-first



What Can You Do?

- Know the facts
- Be aware of your attitudes & behaviours
- Choose your words carefully
- Educate others
- Focus on the positive
- Support people
- Include everyone



Understanding

OPIOID POISONINGS



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What are Opioids?

- Family of psychoactive substances that have pain relieving effects
- Give sense of euphoria, calmness, relaxation
- Naturally sourced or artificially made
- Crisis can be attributed to:
 - Prescribed to an individual
 - Diverted prescriptions (given/sold to others)
 - Unregulated opioids (non-medical sources)



What is a Drug Poisoning?

- Commonly called "an overdose"
- When a person consumes a toxic amount of a drug or combination of drugs
- Prevents the central nervous system from controlling basic life functions
 - Heart rate
 - Body temperature
 - Consciousness
 - Breathing



"Drug Poisoning" vs "Overdose"

- Overdose = "to administer medicine in too large a dose"
 - Implies knowing what the substance is & correct dosage, and person chooses to take too much
- "Poisoning" is medically accurate for what is happening inside the body
 - People being physically poisoned by toxic supply
- Gradual shift to drug poisoning vs overdose



Who is At Risk of Drug Poisoning?

- Anyone can experience an overdose
- Consider health equity
 - History of mental health concerns, substance use, trauma, abuse, stigma
 - Lack of social support
 - Lack of comprehensive and coordinated healthcare & social services
 - Environment & social context



Poisoning Prevention Strategies

- Don't use alone
 - Friends nearby, hotlines
 - Visit CTS at 220 Simcoe
- Be aware of tolerance
 - Start low, go slow!
- Avoid mixing drugs
 - Especially depressants + opioids
- Carry naloxone & know how to use it

NATIONAL OVERDOSE RESPONSE SERVICE



NO JUDGEMENT. JUST LOVE.

888-688-NORS(6677)



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Early Warning Surveillance System

- Looks at daily local data of opioid-related:
 - Deaths
 - Paramedic calls
 - Emergency Department visits
- Collects information from:
 - Front-line agencies
 - Community members via online reporting
www.peterboroughpublichealth.ca/your-health/drugs-and-harm-reduction/opioids/opioids-drug-reporting-tool/
- High #'s or concerning information → alert
 - www.peterboroughpublichealth.ca/your-health/drug-poisoning-alerts/



Community Resources

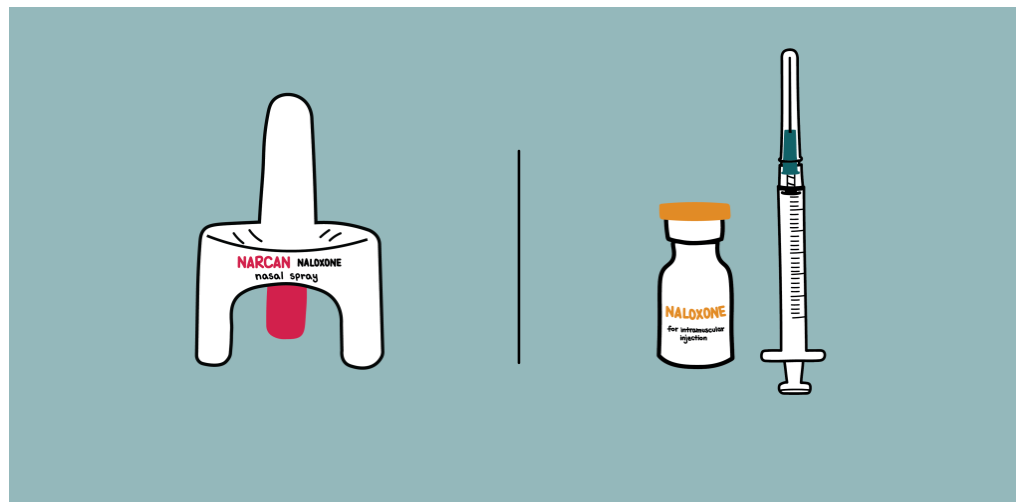


www.peterboroughpublichealth.ca/your-health/drugs-and-harm-reduction/resources-support-and-treatment/

Treatments for Opioid Use Disorders

- Safer supply
 - Pharmaceutical-grade opioids
- Opioid agonist therapy (OAT)
 - Methadone, buprenorphine
 - Goal: alleviate withdrawal, not cause intoxication
- Withdrawal management ("detox")
 - Support & care of withdrawal symptoms
 - Can be done at home or in specific facility
- Combined with counselling/psychosocial





OPIOID OVERDOSE/POISONING RESPONSE



Recognizing an Opioid Overdose

Opioid Intoxication

- Very relaxed muscles
- Slow & slurred speech
- Extreme lethargy
- Nodding off



Naloxone is **not** required – just monitor!

Opioid Poisoning

- Cold & clammy skin
- Blue/purple/grey fingernails, lips
- Body is limp
- Deep snoring or gurgling
- Slow, erratic, or stopped breathing
- Very small pupils
- Can't wake the person up



Recognizing an Opioid Overdose

contaminants → complex overdose symptoms

Poisonings of Benzodiazepines Mixed with Opioids:

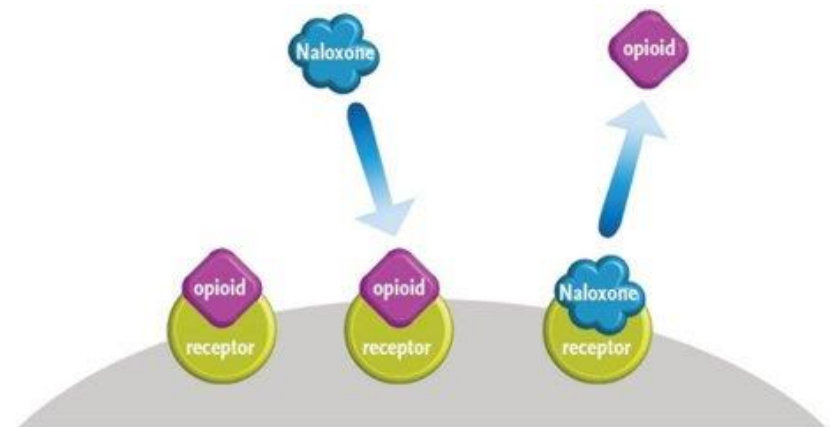
- Poor balance & movement control
 - Slurred speech
 - Blackouts & memory loss
- Extreme sleepiness or passing out

Naloxone restores breathing (opioids), but benzos may make a person stay unconscious for prolonged periods



What is Naloxone?

- Opioid antagonist ("opioid blocker")
 - Physically blocks opioids from impacting body
- Temporarily restores breathing
 - Lasts 30-90mins
- Only works on opioids
- Extremely safe
 - Can be used on children, people who are pregnant
 - Allergies extremely rare
 - Even if no opioids in body, will cause NO harm



Naloxone Kits in Ontario

Nasal Spray

- ✓ 2 doses of spray naloxone
- ✓ 1 pair of non-latex gloves
- ✓ 1 breathing barrier
- ✓ 1 bilingual instruction sheet



Intramuscular Injection

- ✓ 2 ampoules of naloxone
- ✓ 2 syringes
- ✓ 2 alcohol swabs
- ✓ 1 pair of non-latex gloves
- ✓ 1 breathing barrier
- ✓ 1 bilingual instruction sheet



5 Steps to Respond to an Overdose

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



Reluctance to Call 9-1-1

- People may be reluctant to call 911 during a poisoning because of:
 - Past experiences in hospital & emergency departments
 - Stigma, discrimination
 - Worried police will respond to the call
 - Criminalization of drug use



Good Samaritan Drug Overdose Act

| Provides protection against charges for: | Provides NO protection against charges for: |
|---|--|
| <ul style="list-style-type: none">• Possessing drugs for your own use• Violating conditions of your parole, bail, probation, or conditional sentence for a simple drug possession charge | <ul style="list-style-type: none">• Selling illegal drugs (trafficking)• 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 |

Overdose Response Myths

| Do Not... | Because... |
|---|---|
| Put person in a bath/cold water | Could drown or go into shock |
| Induce vomiting | Could cause choking |
| Inject them with anything other than Naloxone | Will not help; Could cause more harm |
| Slap or kick them hard, burn the bottom of their feet | Could cause serious harm |
| Let them sleep it off | Could stop breathing and die |



Caring for Someone After an Overdose

- Support & reassurance
 - What has happened?
 - You're there to help!
- Monitor & prepare
 - Could lose consciousness as naloxone wears off
 - May need to give more naloxone
- Strongly encourage a trip to hospital
- Care for yourself too!



Where to Get Naloxone

- Ontario Naloxone Program for Pharmacies
 - "Anyone in a position to help"
- Ontario Naloxone Program
 - Health & social service agencies
 - People who use opioids
 - Friends/family of PWUDs



www.ontario.ca/page/where-get-free-naloxone-kit



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Caring for Your Naloxone

- Room temperature
 - Ideally 15-25°C, at most 4-40°C
 - Nasal spray can freeze & thaw
- Check the expiry date!
 - Back of kit & each spray
- Use your kit?
 - Report it using PPH's "[Drug Reporting Tool](#)"
 - Replace it ASAP

