

ALIVE TO THRIVE:

Eva's Youth Overdose Prevention Toolkit

eva's 25

This simple toolkit gives you basic information to help young people in your life avoid and deal with overdose risks. It's for parents/guardians, family, peers, friends, and neighbours.

Note : This is for your information only. It is not fully comprehensive and does not constitute advice, health-based or otherwise.

Definitions



Substances : chemicals that we use, often to enhance and make our lives better. Includes legal drugs like aspirin, beer, caffeine, and cannabis and illegal drugs like cocaine.

Overdose : taking a drug in a higher dose than what is normally recommended, leading to sickness, poisoning, or even death. It can happen to anyone: first-time or long-time users, older people, younger people, people coming out of a treatment program or jail, etc. Everybody is different and there's no exact formula for what drugs/combination of drugs will lead to overdose.

Fentanyl : powerful pain medication. It's dangerous if misused and even a small amount can cause an overdose. Street fentanyl can come from illegal drug labs or legal patches. Most street fentanyl is a powder that can be mixed with other drugs. People may take it without realizing.

Depressants : drugs that slow down the brain and nervous system. Can make you sleepy, quiet, and move slower.

Stimulants : drugs that stimulate the brain and central nervous system, speeding up communication between the two. Can make you speak, move, and think faster.

Hallucinogens : drugs that act on the brain and central nervous system to change your thoughts and senses (e.g. sight, sound). Can make you hallucinate and see, hear, and feel things.



Did you know? Harm reduction programs reduce the negative health, social, and economic consequences of using substances. They don't force people to stop using drugs before offering help and try not to create barriers to giving help. They take a "step back" from a person's behaviour to recognize that a lot of the problems people face from drugs are the result of laws and practices that "don't fit" their needs and punish them more than help them. Eva's uses a Youth Harm Reduction approach that doesn't judge or punish and responds to young people in ways that make sense for their unique experiences, cultures, and backgrounds.

Risk Factors for Opioid Overdose



People dependent on opioids are the group most likely to suffer an overdose. The incidence of fatal opioid overdose among opioid-dependent individuals is estimated at 0.65% per year. Non-fatal overdoses are several times more common than fatal opioid overdoses. About 45% of drug users experience non-fatal overdose and about 70% witness drug overdose (fatal) during their lifetime.

People at higher risk of opioid overdose

- people with opioid dependence, in particular following reduced tolerance (following detoxification, release from incarceration, cessation of treatment);
- people who inject opioids;
- people who use prescription opioids, in particular those taking higher doses;
- people who use opioids in combination with other sedating substances;
- people who use opioids and have medical conditions such as HIV, liver or lung disease or suffer from depression;
- household members of people in possession of opioids (including prescription opioids).

People likely to witness an opioid overdose

- people at risk of an opioid overdose, their friends and families;
- people whose work brings them into contact with people who overdose (health-care workers, police, emergency service workers, people providing accommodation to people who use drugs, peer education and outreach workers).

Risk factors for overdoses with prescribed opioids include a history of substance use disorders, high prescribed dosage (over 100mg of morphine or equivalent daily), male gender, older age, multiple prescriptions including benzodiazepines, mental health conditions and lower socioeconomic status



Overdose Signs



Note : Drugs could be combined so you might notice a different combination of symptoms.

Opioids (e.g. opium, heroin, morphine, codeine, oxycodone, fentanyl)

Called : smack, dope, junk, downers ...



- / Breathing is slow, erratic, not at all
- / Fingernails and lips blue or purple
- / Body is limp
- / Deep snoring or gurgling sounds
- / Vomiting
- / Unconscious
- / Don't respond when you touch/talk to them
- / Pupils of the eye are tiny dots

Alcohol (e.g. beer, vodka, wine, mixed drinks, liquor)

Popular drinks include : Vodka Red Bull, Smirnoff, Bud Light



- / Dizziness
- / Slurred speech
- / Nausea, headache
- / Dehydration
- / Can't move the way you usually can/less motor control
- / Can't remember well
- / Blackouts



Overdose Signs



Note : Drugs could be combined so you might notice a different combination of symptoms.

Stimulants (e.g. cocaine, crack, crystal meth, ecstasy, MDMA, speed, Ritalin, caffeine, nicotine, ephedra, pseudoephedrine, Ketamine)

Called : uppers, blow, snow, Special K, speed, marties, ecstasy, molly, rolls ...



- / Seizures
- / Pressure/tightness in chest
- / Foaming at the mouth
- / Racing pulse
- / Heavy sweating
- / Vomiting
- / Headache, dizziness, ringing in ears
- / Difficulty breathing
- / Sudden collapse
- / Unconscious

Hallucinogens (e.g. LSD, Magic Mushrooms, PCP, MDMA, DMT, 2C-B, Ketamine)

Called: psychedelics, acid, shrooms, L ...



- / Psychosis (not sure what's real and what's not)
- / Catatonic (e.g. in a trance)
- / Seizures
- / Nausea, vomiting



Overdose Myths



If someone overdose, DO NOT ...

... because ...

Put them in a bath or cold water

They could drown or go into shock

Make them vomit

They could choke

Inject them with anything other than Naloxone (like saltwater, cocaine, milk)

It could hurt them even more

Slap them hard, kick them, burn them

It could injure them

Let them "sleep it off"

They could stop breathing

Did you know? People are more likely to overdose: in unfamiliar places; if they overdosed before; if they use drugs alone; and if they haven't used drugs in a long time.

How to Respond to a Possible Overdose

Note : If you need to leave the person alone at some point, pull them on their side in “recovery position”, this will prevent choking.

- Stay calm
- Call 911
- Assess the person ; look for overdose symptoms
- If it looks like it was caused by an opiate, follow the steps for Naloxone below**

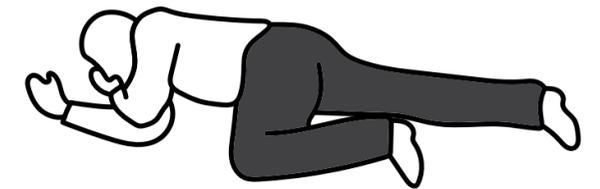
Use Naloxone

Naloxone : is an antidote to opioid overdoses. It temporarily removes effects of opioids and could reverse breathing problems that often lead to overdose deaths. It only works with opioid overdose and will start to work in about 2-3 minutes. It stays active in the body for about 60-90 minutes; after that, overdose symptoms might return.

Where do I get a Naloxone Kit? Some provinces offer free kits in pharmacies and community organizations.

Find places in Ontario : www.ontario.ca/page/where-get-free-naloxone-kit

Find places in other provinces : www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/naloxone.html



Steps to Respond to a Possible Overdose



Shake and shout : try to wake the person by shouting their name and shaking their shoulders.
If they don't respond ...

Call 911/emergency services : tell them clearly that the person is not responding to “shake and shout”. Tell them you suspect overdose. Tell the dispatcher exactly where you are. If possible, get someone else to watch for the ambulance and stay with the person who might have overdosed.

Use nasal Naloxone (Narcan) : lay the person on their back, tilt their chin up, put the Naloxone nozzle in a nostril, and spray.

Chest compressions : lock hands one over the other and push your palm down on the centre of the person's chest, pumping hard and fast. Push down at least 2 inches with each pump. Continue until emergency services arrive. If possible, have someone else take your place every 2 minutes to avoid fatigue.

Working? If the person does not start breathing on their own in 2-3 minutes, give a second dose of Naloxone, following steps 1-5. When Naloxone starts working, the person may: wake suddenly or slowly, be confused or angry, and/or want to use more drugs. This is normal. Urge them to not use more drugs: it won't make them feel better, and it will increase their chance of overdose once Naloxone wears off.

Stay : when the person wakes up, explain they overdosed and watch for signs of the overdose returning. When paramedics arrive, tell them as much as you know about what drugs the person did and how much Naloxone you gave.

Tips: Talking About Substances and Overdose



Be real : we all use substances in one way or another and we have lots of reasons to use them. Some are more accepted than others, and some carry more risks than others. When people use drugs, they often do it to try to make their lives better. Some may use it to “self-medicate” or deal with painful or stressful things.

Understand the levels : there are different levels of drug use, from no use to experimental and social use, to regular use, to harmful use and dependent use. Each level has its own issues and risks to consider.

Stigma sucks : people have strong feelings about drugs, especially illegal drugs, and people who use drugs are looked down upon. They’re often called names like “druggies” and “junkies”. Sometimes, they get punished when it would be more helpful to offer them health services and other support. The stigma is only worse for people who also face discrimination based on homelessness, race, poverty, gender, sexuality, and ability. But saying stereotyping things or making fun of people who use substances only creates stigma and fear. It makes it difficult for people to ask for help. Challenge this stigma and let young people in your life know you care about them, no matter what.

From “No” to “Know” : just telling a young person not to use substances doesn’t necessarily reduce their risk of overdose, but knowledge can. Share what you know about overdose and how to use Naloxone. Help young people get their own Naloxone Kit so they can use it to help someone else. Knowledge is empowering.



Tips: Talking About Substances and Overdose



Prevention to reduce risks - these are key prevention steps in using drugs :

- **Don't use alone** : be with a friend, keep the door open/unlocked, call someone beforehand
- Start with a little bit, especially if you haven't used before or used in a long time
- Don't use if it looks, tastes, or smells different
- Advise clients to use one drug at a time, or use less of each if mixing
- Have a Naloxone Kit and know how to use it

Build awareness : do you know where programs on harm reduction and overdose prevention are in your community? How about any safe consumption sites and great information and programs for diverse young people? Go on a learning journey with young people in your life. Knowing where to get the right support at the right time can equip young people to deal with challenges that come their way.

Good Resources



Eva's Satellite: 25 Canterbury Place, Toronto, ON, M2N 0E3 / 416-229-1874

Distress Centre of Toronto: 416-408-4357 / 416-408-0007 (TTY)

Kids Help Phone: 1-800-668-6868 / kidshelpphone.ca

Mental Health Helpline (Ontario): 1-866-531-2600

Telehealth Ontario: 1-866-797-0000 / 1-866-797-0007 (TTY)

Ontario Aboriginal HIV/AIDS Strategy: 1-800-743-8851 / www.oahas.org

Toronto Public Health, The Works: toronto.ca/community-people/health-wellness-care/health-programs-advice/services-provided-by-the-works

Centre for Addictions and Mental Health: camh.ca/en/health-info

Students for Sensible Drug Policy: ssdp.org/resources

Government of Canada, Opioid Overdoses: canada.ca/en/health-canada/services/video/opioid-overdoses.html

Ontario Harm Reduction Distribution Program: ohrdp.ca



About Us



Eva's Initiatives for Homeless Youth is an award-winning organization that provides shelter, transitional housing, and programming to help homeless youth reach their potential to lead productive, self-sufficient, and healthy lives.

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Chosen as one of Canada's top 10 high-impact charities by Charity Intelligence



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