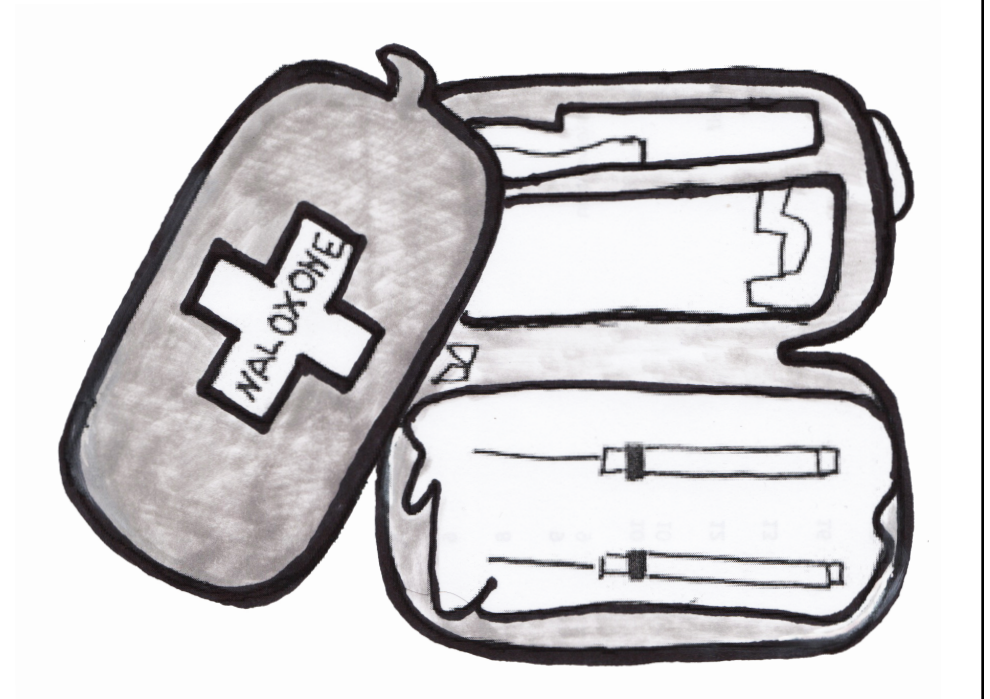




Thank you to The Public Studio, Parkdale People's Economy, and Parkdale Queen West Community Health Centre. Support has been provided by a grant from Toronto Foundation.



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HARM REDUCTION:

How to prevent & respond
to an opioid overdose

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Self Care Worksheet

What does self care look like for you?

Who is your support system?

Who do you feel safe around?

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SELF-REFLECTION EXERCISE:

What did I experience? What did you observe, hear, feel?

What did I do well?

What could I have done differently?

What do I need now?

How to care for yourself and others

Reminder: When the person revives, you will want to let them know that you just administered naloxone, that you are here for them, and that you care. The person will be going through withdrawal, so you will want to remind them that they need to wait before using again. They will not get high and could potentially overdose again.

BE AWARE OF YOURSELF AND YOUR SAFETY

People can have different reactions to Naloxone. Some can feel embarrassed. Some can feel guilt and shame. Some can feel scared. Some can feel grateful. Some might feel disoriented. Some can feel neutral. A rare few may react violently. Many will need comfort and reassurance that you are there for them. You will need to assess yourself, the environment, the person's situation, and how to best support them.

DEBRIEFING AND SELF CARE

Remember that these events can be traumatizing, and that it's important to debrief about the situation. If you're in a group, debrief and communicate with one another to talk about what happened, what you did well, what you could have done better, what you would do differently next time, or how you can support each other.

If you're debriefing with yourself, it's important to know what self care looks like for you. You might want to:

- Be in the company of a friend or a loved one.
- Take the time to read, write, and reflect.
- Listen to music.
- Engage in healthy coping mechanisms
- Give yourself a pat on the back and engage in positive self-talk: "You did a great job! You're going to be fine. Things happen. Nobody's perfect. Don't beat yourself up."
- Talk with someone - call somebody and communicate with them.
- Have strong faith that you are capable.
- Ask yourself what you need through self-reflection.
- Speak to a harm reduction worker at Parkdale Queen West Community Health Centre

About Us

WHO ARE WE

The Parkdale Women's Leadership Group is a collective of women of colour from Parkdale who are bound together to take action for human rights and justice. We were brought together through the Parkdale Leadership Training Series to organize in our community.

WHAT IS OUR FOCUS

Our key focus is on issues of mental health, wellbeing, and community information in the neighbourhood. We are documenting and sharing a series of trainings with the goal of opening a peer-led support space for mental health and wellbeing that is created by and for community members.

WHAT WE ARE AIMING FOR

We aim to enlighten people's minds through education and empowerment. When you educate people's minds, you build a common awareness of what is happening in the community. When you empower people's minds, you give them the strength and tools to go out and fight back. We're here to tear down the barriers that spread plight in our neighbourhood because we are warriors.

AUTHORS

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ZINE SUPPORT

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Why Parkdale?

Parkdale is our home. It is a place where we care for one another and hold deep integrity in our collective identity. Yet there are divisions in our community. The housing crisis has made Parkdale feel desirable for the rich while long-time residents are being pushed out of the neighbourhood. This has a deep and lasting impact on our physical and mental health. Parkdale is already negatively impacted by community health concerns due to the history of discharging patients from mental health institutions without community supports, the hardships experienced by newcomers due to our immigration systems, and intergenerational trauma experienced by Black and Indigenous communities. The rise of the opioid crisis has had a detrimental impact on our community as a result. We believe that if we can find solutions here, we can have a ripple effect in the City of Toronto, from Regent Park to Scarborough to Rexdale and beyond.

How to Use the Kit: Needle

The intramuscular needle requires more caution to administer. The dose takes 2-5 minutes to work and lasts about 20-45 minutes.

Before you administer:

- Remain calm and call for support.
 - Call for paramedics at **911**
 - If you're by yourself, you can put on speakerphone and say: the person is unconscious and not breathing.

Administering the Needle:

- Try to remove bulky layers of clothing, such as jackets, in a responsible way, and lie the person on their back.
- Snap the neck of the bottle, insert the needle into the vile, and draw up naloxone into the needle.
- Inject the dose mid-way through the arms (three fingers down), or mid-thigh.
- Conduct rescue breathing:
 - Plug the person's nose and tilt their head back.
 - Provide mouth to mouth breaths once every 5-6 seconds (count to yourself: "one-one-thousand, two-one-thousand...").
 - Make sure persons chest is lifting and getting air. If their chest is not lifting, give them another breathe immediately
- If the first naloxone doesn't work between 2-4 minutes, administer a second dose.
- Keep administering doses until the person revives or the ambulance arrives.
- To safely dispose of the needle, put it back in the kit and bring it to a needle disposal container (marked in the map).

Revival: When the person revives, place them in recovery position or lean their head back on a chair.

If the person undergoes cardiac arrest (no pulse or breathing), conduct CPR:

1. Secure the CPR mask in the kit on the person's face.
2. Pinch their nose, tilt the head back, and then conduct the first breath.
3. If they do not breathe, you can do 30 chest pumps (count to yourself: "one-one-thousand, two-one-thousand...") followed by one to two rescue breaths every five to six seconds.
4. Repeat step 3 until you see vital signs.

How to Use the Kit: Nasal Spray

Disclaimer: Before administering naloxone, it is critical to get the proper training. Refer to the map for where you can access trainings in the neighbourhood. Do not use this zine as a form of training.

Nasal spray is twice as strong and easy to administer. The dose takes 4-5 minutes to work and lasts about 90-120 minutes.

Before you administer:

- Remain calm and call for support.
 - Call for paramedics at **911**
 - If you're by yourself, you can put on speakerphone and say: the person is unconscious and not breathing.

Administering the Nasal Spray:

- Lay the person on their back and tilt their head back to open their airway
- Make sure the spray goes deep into their nostril, and then push the knob in.
- Conduct rescue breathing:
 - Plug the person's nose and tilt their head back.
 - Provide mouth to mouth breaths once every 5-6 seconds (count to yourself: "one-one-thousand, two-one-thousand...").
 - Make sure the person's chest is lifting and getting air. If their chest is not lifting, give them another breathe immediately
- If the first naloxone doesn't work between 3-5 minutes, administer a second dose in the other nostril.
- Keep administering doses until the person revives or the ambulance arrives.

Revival: When the person revives, place them in recovery position or lean their head back on a chair.

If the person undergoes cardiac arrest (no pulse or breathing), conduct CPR:

1. Secure the CPR mask in the kit on the person's face.
2. Pinch their nose, tilt the head back, and then conduct the first breath.
3. If they do not breathe, you can do 30 chest pumps (count to yourself: "one-one-thousand, two-one-thousand...") followed by one to two rescue breaths every five to six seconds.
4. Repeat step 3 until you see vital signs.

Why is this Important?

We need to fight the powers of the government, the pharmaceutical industry, and the criminalization of the drug trade that have led to the current opioid crisis. Now is a critical time to act due to the 66% rise in opioid overdose deaths in the past year across Toronto, and a marked increase in Parkdale over the past few months. In the summer of 2018, a grassroots group of drug users, harm reduction activists, and healthcare workers known as the Toronto Overdose Prevention Society alongside Parkdale community members opened an unsanctioned overdose prevention site in our neighbourhood just weeks after the Ford government announced a "pause" in funding for Parkdale's future site. Thanks to the pressure placed on the government, the Parkdale Queen West Community Health Centre were approved to open their legally sanctioned site in the neighbourhood. We as community members need to continue to enlighten people's minds to speak about drug overdoses and raise awareness of safe practices to ensure that our loved ones make educated decisions and know how to use wisely. We need to draw a line in the sand to reduce the harm faced by our community.

Stats Source: Public Health Ontario. Interactive Opioid Tool. 2013 to 2017.

Definitions

OVERDOSE

Passing a threshold in drug consumption that can impact your livelihood. It's not just about the quantity of the dose, it's about the quality and type of drug that you're ingesting.

NALOXONE / NARCAN

Naloxone, also known as Narcan, is an opioid blocker that helps resuscitate lives. It reverses the impact of an opioid overdose. In action, it blocks the opiate out of receptors for a short while allowing the person to breath. It can be administered intramuscularly (arms, thighs, or buttox) or intranasally. It causes a sudden withdrawal that lasts 20 – 90 minutes. It does not get you high, and has no effect if an opioid is not present

SUPERVISED CONSUMPTION SITE

Supervised consumption sites are long-term, permanent, and comprehensive sites for harm reduction that offer education and wrap-around support services in addition to overdose prevention.

OVERDOSE PREVENTION SITE

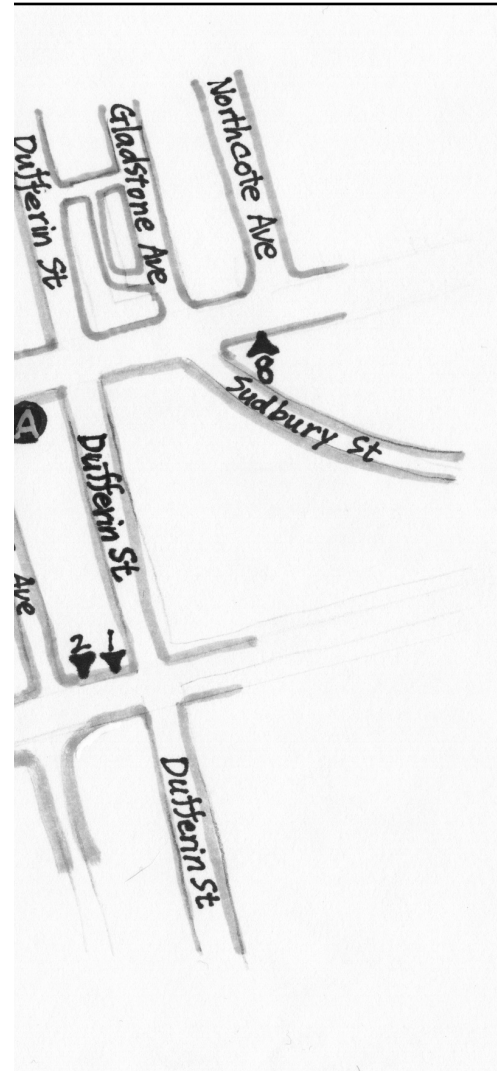
Overdose prevention sites are run by volunteers, peer workers, and frontline staff that offer space for people to consume and receive overdose prevention if necessary. It is the lowest-barrier access point.

SUPERVISED INJECTION SITE

Supervised Injection Sites are interim sites that are used to address an urgent need while supervised consumption sites undergo renovations.

OPIOIDS

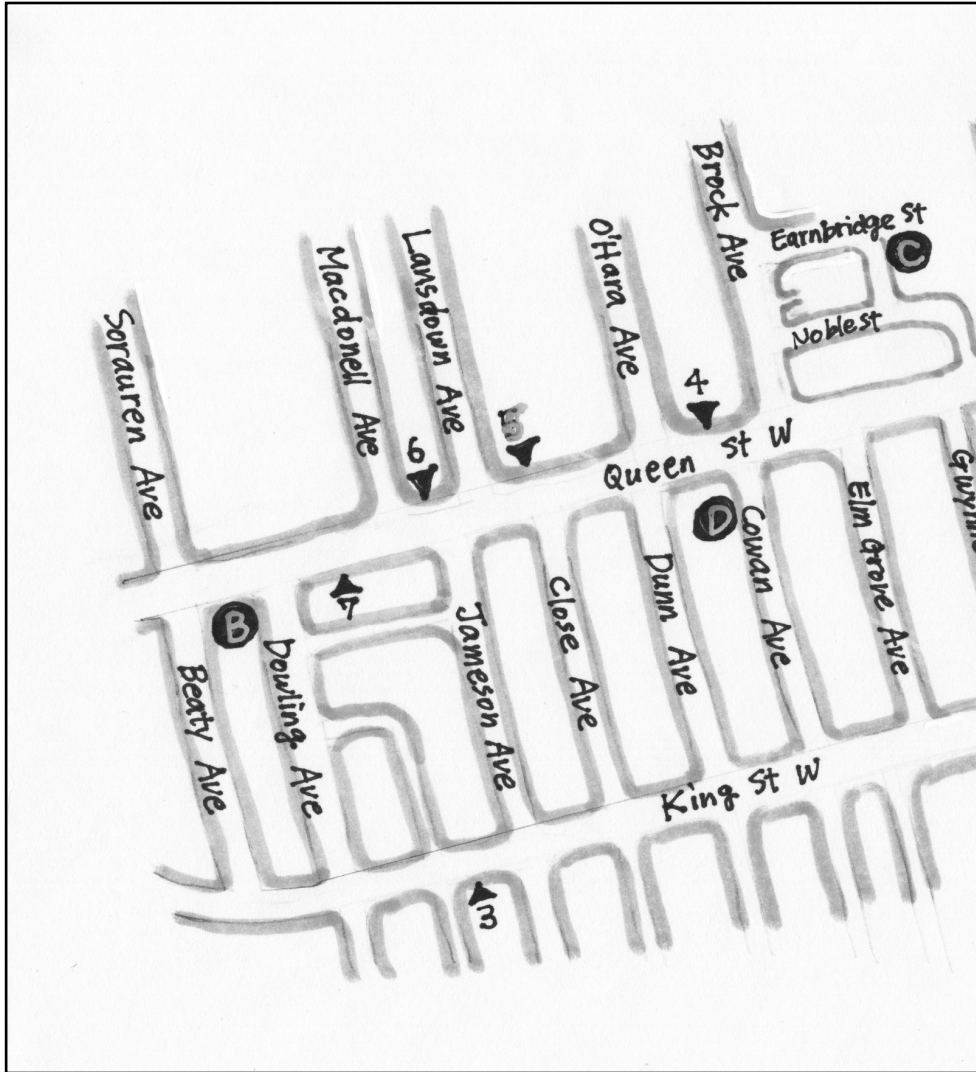
Opioids are a type of drug that originated from poppy seeds, such as oxycodone, morphine, codeine, and fentanyl. They relax your body (e.g. slow down your central nervous system and breathing systems) and relieve physical pain. Opioids are often used for medical operations. The following zine will focus on how to identify and manage an opioid overdose.



- A Parkdale Queen West Community Health Centre (1229 Queen St W)
- B Parkdale Activity-Recreation Centre (1499 Queen St W)
- C Breakaway Addiction Services (21 Strickland Ave)
- D Sistering - A Woman's Place (220 Cowan Ave)
- 1 Charles Pharmacy (1204 King St W)
- 2 International Pharmacy (1218 King St W)
- 3 Parkdale Pharmacy (1439 King St W)
- 4 Dunn Pharmacy (1386 Queen St W)
- 5 Vina Pharmacy (1460 Queen St W)
- 6 Parkdale Guardian Pharmacy (1488 Queen St W)
- 7 Shoppers Drug Mart (1473 Queen St W)
- 8 Health Care Mart Pharmacy (1173 Queen St W)

Where to get a kit and training

Try your best to travel with a kit. If you don't have a kit, use the map of Parkdale below to find where you can get one.



How to support someone going through a stimulant overdose:

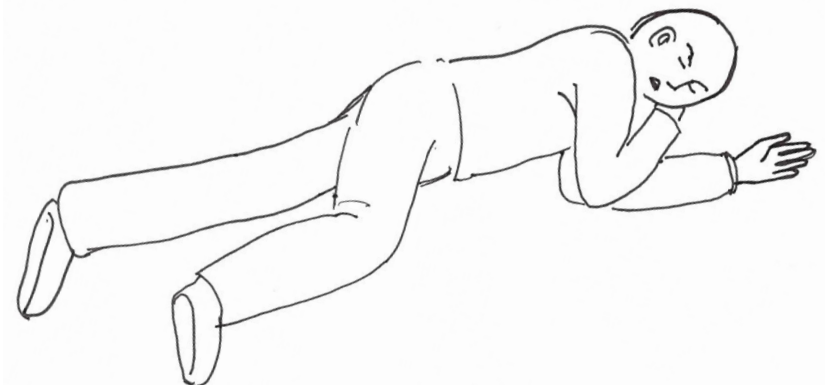
In order to manage a stimulant overdose, it's best to help the person to a safer physical and mental space. You can do so by managing crowds to limit impact, not arguing about what is reality and what is not, removing excess stimuli (people, lights, noise), using soothing language, dancing and putting on mellow music, turning on air conditioning or using ice packs and cold water to cool the person down. It's also key to check in with yourself and know when to stop. Stimulant overdoses can last hours or even days and become exhausting. Make sure to give lots of notice when you will be leaving, or when you need the person to leave.

STIMULANTS

By contrast, stimulants speed up your system. Examples of stimulants include cocaine, meth, adderall, ritalin, and many more. A stimulant overdose is different than an opioid overdose - it causes adrenaline and heart rate racing, high blood pressure and body temperature, and an inability to focus.

RECOVERY POSITION

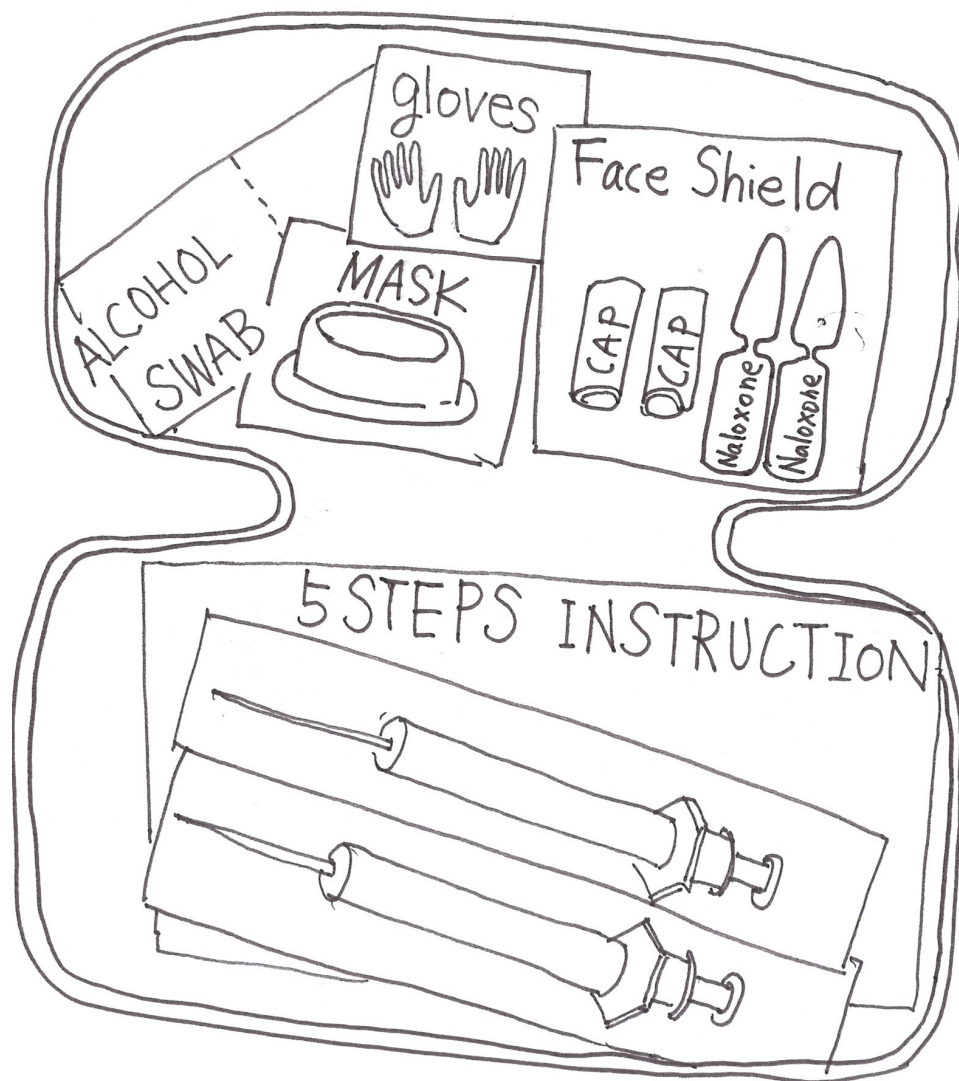
The recovery position is a way to place someone's unconscious body to keep their airway clear and open. It is important for their mouth to face downward, their chin to be kept up, and their arms and legs to be placed in a stable position that prevents rolling over.



Harm Reduction

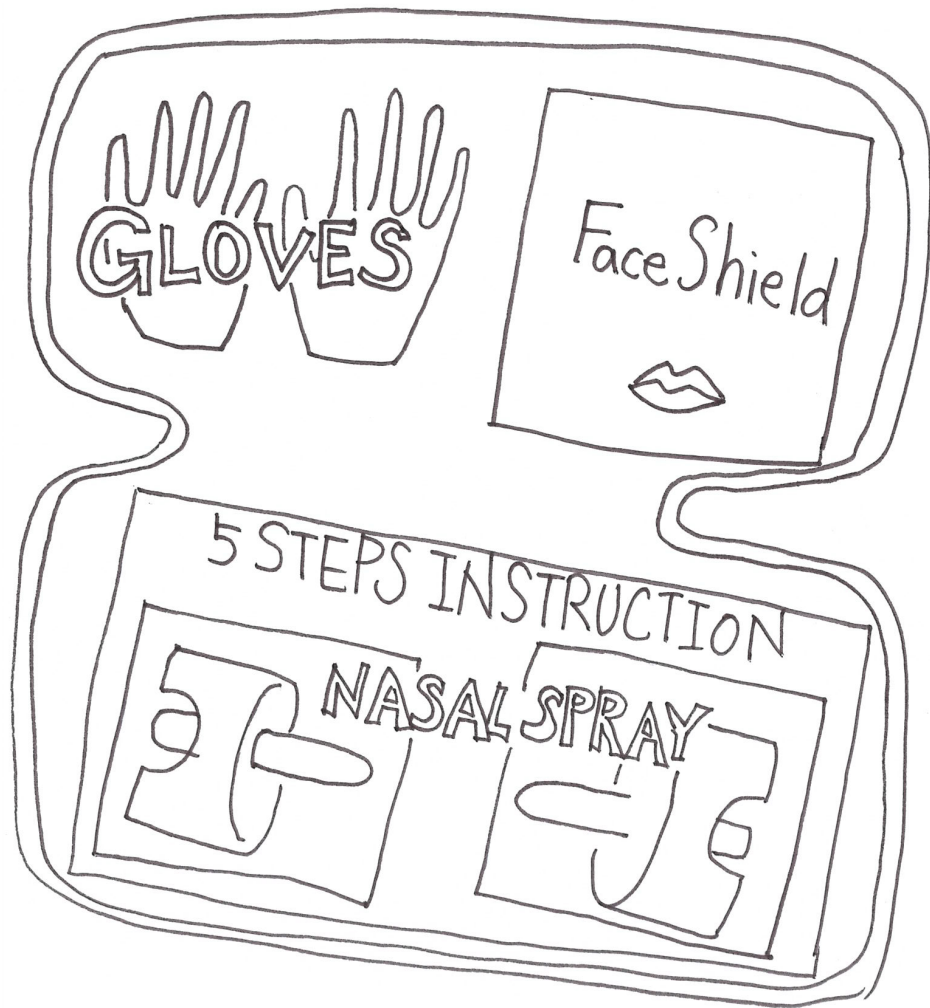
We recognize that substance use is not a choice but a complex health concern. People are in pain for many reasons: the impact of eviction and housing insecurity, not receiving enough money from ODSP, not having enough food, feelings of isolation and hopelessness, surviving abuse, and so on. When people are in pain, they turn to different forms of coping mechanisms for relief and distraction. There are many different pathways that lead to drug consumption as a coping mechanism, and depending on the circumstances it can lead to substance use. We believe that consumption can be done in a healthy way if we are capable of providing the support and the tools to help. By reducing harm to yourself, you can also reduce harm to other people. This concept of harm reduction can extend beyond drug consumption as one of the core concepts for self care: help yourself before helping others. This zine is focusing on overdose prevention, but there are many different forms of harm reduction, such as using clean needles to stop the spread of disease, testing drugs before using, and using with other people.

Needle Kit



Nasal Kit

There are two kinds of naloxone kits: nasal and needle.



Concepts

OUR APPROACH TO POLICE INTERVENTION

When you attend training on opioid overdose prevention, often one of the first things you are told to do in the case of an overdose is to call the police. As a community who have experienced traumatic relationships with the criminal justice system, we recognize that police intervention might escalate the situation. As a result, we wanted to offer options for numbers we can call that will provide care rather than lead to criminalization.

Above all else, we want to make sure the person gets the medical attention they need, especially if they are not responding to the naloxone.

In the case that you have to call 911, request an ambulance specifically and do not mention an overdose. Instead, say that the person is not breathing. This approach helps minimize police presence, however we cannot control whether they show up or not. The other option is to put someone in the rescue position after you have given naloxone, and tell the dispatcher exactly where the person is. Stay close by, and when you know they have arrived and are responding to the person, you can leave.

For other harm reduction concerns, such as finding syringes on the street or noticing that someone has been sleeping outside, you can contact an outreach worker by calling **Parkdale Queen West Community Health Centre** at **(416) 537-2455, ext. 1271**, their outreach team at **(416) 825-GEAR (4327)**, or call **211** to be referred to additional resources.

Phone numbers:

Paramedics
911

**Parkdale Queen West
Community Health
Centre — Outreach
Worker**
(416) 537-2455 x 1271

**Parkdale Queen West
Community Health
Centre — Outreach Team**
(416) 825-GEAR (4327)

**Community and Social
Services Help Line: 211**

Evaluating the Situation



IDENTIFYING AN OPIOID OVERDOSE: HOW DO WE KNOW IF SOMEONE IS GOING THROUGH AN OVERDOSE?

Imagine you're walking down the street, and you come across someone passed out on the ground. You're not certain if the person is sleeping, overdosing, or experiencing another medical emergency. Before administering naloxone, it's important to assess the situation to determine how you can best support. You can do so through the following steps: **(1) Sight; (2) Response; (3) Touch.**

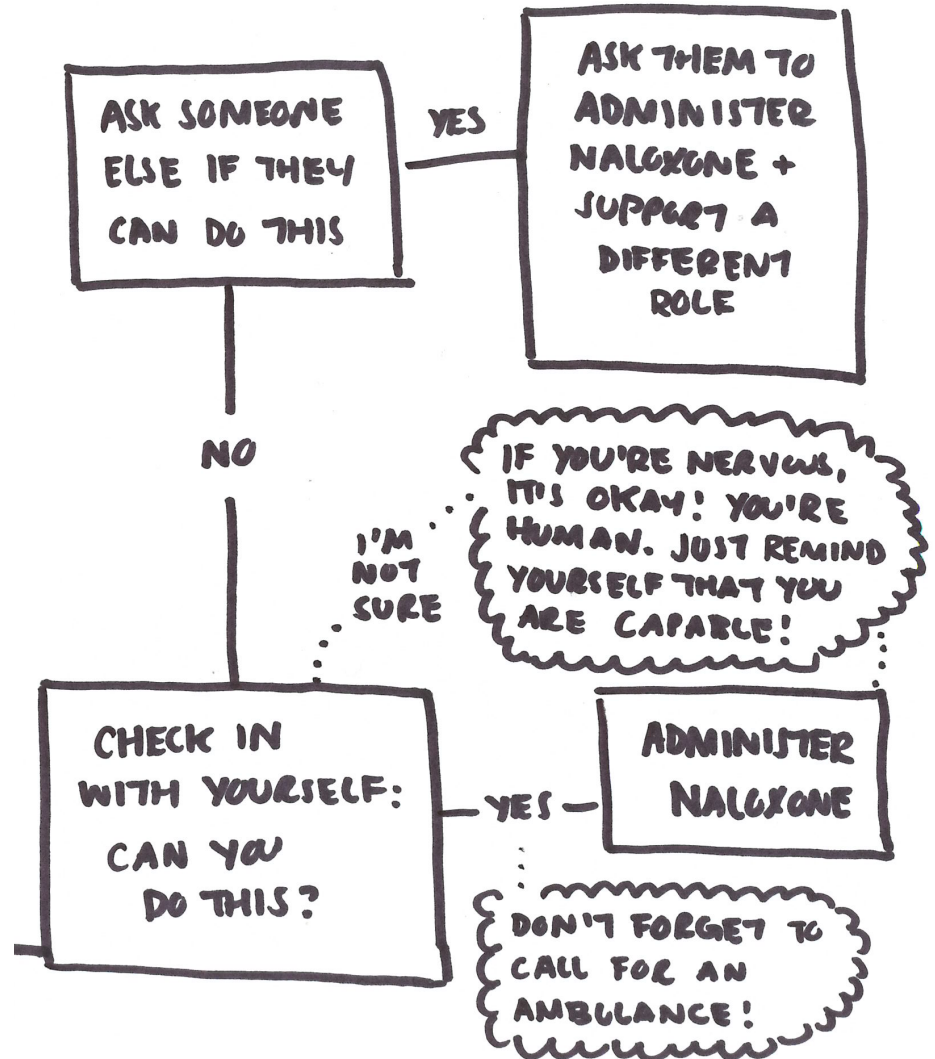


Sight: Tell Tale Signs of an Opioid Overdose

- Colour Change - Blue or ashen fingernails and lips
- Struggling to Breathe - Shallow breaths with gurgling or snoring noises
- Pupils - Small and pin-point
- Skin - Pale and clammy
- Nodding off - No longer responsive

REMINDER:

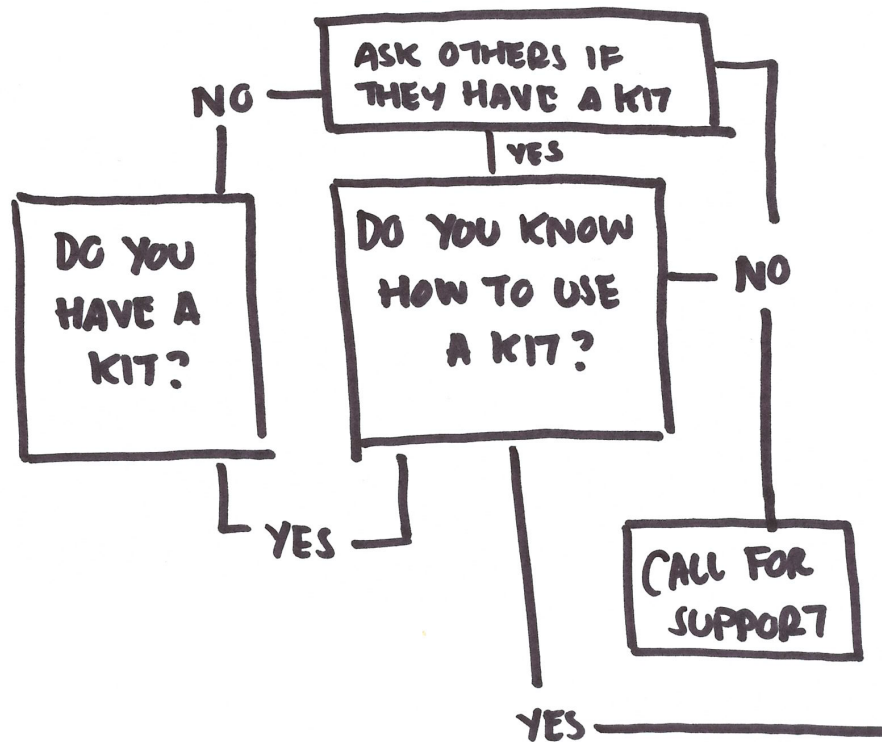
- STAY CALM
- DON'T RUN OR SHOUT
- WATCH YOUR LANGUAGE



WHEN TO CALL FOR HELP

FIRST: CHECK YOUR SURROUNDINGS:

- ARE YOU ALONE?
- ARE THERE OTHER PEOPLE AROUND?



Response: Check to see if the person responds

- Identify yourself loudly and clearly: "Hi, My name is [x], I'm your friendly neighbour / I live in the community. Are you okay?"
- If the person responds, you can ask, "Is there anything I can do to help?"



Touch: Try waking them through physical contact.

- Lightly tap or shake them.
- Rub their collarbone with your knuckles and apply pressure.
- Check their pulse.
- Test to see if they're breathing by placing your hand above their nose or mouth.

If the person is still unresponsive, tell them: "I believe you're going through an overdose, I'm going to administer naloxone." Sometimes hearing the word might pull someone out of a dazed state, because the naloxone will end their high and put them in withdrawal.

Checking In with Yourself

Now that you've assessed the situation and determined that the person is going through an overdose, it's critical to assess yourself. Are you alone or do you have backup? Are you in an environment where you feel safe? Do you have the right tools? Do you know the person who is overdosing? Is it affecting you? Are you experiencing any feelings of trauma that could trigger you? Are you in the right mindset to support, or do you need someone else to take the lead?

Check in with your body, mind, and soul through the following exercises:

- Breathe deeply
- Focus your thoughts on the task at hand: don't panic and stay calm.
- Remind yourself: "I am capable."
- Know yourself: Know what role you are comfortable, with and know when to leave.
- Mind over Matter: Engage in the right mindset by **focusing on saving a life and the positive impacts that will come from this.**

When to Call for Help

If you're in a group, there are different roles that people can play. Don't hesitate to delegate the work if you're not in the right mindset to take the lead.

- One person can attend to the person going through an overdose (e.g. administer naloxone)
- One person can call for an ambulance (911) and attend to them when they arrive
- One person can conduct crowd control (e.g. ask people to back up) and make sure everything is safe
- For everyone else, it's probably best to get out of the way. (The more people around the more frightening or embarrassing it could be for person who overdosed, and the more difficult it is for the responders to support in a calm manner.)

Note: If no one has naloxone on them, you can either wait for the paramedics to arrive or if you're near a harm reduction space, you can ask for a kit or someone trained to administer it.

If you're alone, it is important to stay with the person.

- If you have a phone and a naloxone kit, you can call for an ambulance (911) using speakerphone while you administer naloxone.
- If you only have a phone, you can call for an ambulance and stay with the person until the paramedics arrive. During this time, you can conduct rescue breathing. This can still save lives and prevent any brain damage from lack of oxygen to the brain.
- If you only have a naloxone kit, you can administer naloxone, put the person in the rescue position, find the nearest phone to call an ambulance, and return to the person.
- If you don't have a phone or naloxone on you, call for help! If no one responds, put the person in the rescue position and go to the nearest phone or harm reduction space and direct them to the person in need.