

Responding to the Effects of Substances

INTERIOR HEALTH

HARM REDUCTION PROGRAM – YOUTH SERVICES

Resources

Substance Use Resources

[Drug Wheel](#)

[Drug Checking Locations](#)

[Naloxone & Harm Reduction Supply Locations](#)

Policies and Protocols

[Opioid Overdose Response Policy Template](#)

[School Substance Use Checklist](#)

[Legislation & Policies](#)

Naloxone

[Harm Reduction – Key messages for schools](#)

[Naloxone in Schools FAQ](#)

Naloxone Training Videos

[Toward the Heart Naloxone Training Videos](#)

[Carry Naloxone Training Video](#)

Youth Health

[Youth Health](#) – mental health, tobacco/vaping, substance use & sexual health resources

[Foundry](#) - Foundry offers free and confidential support for young people ages 12-24 – mental health care, substance use services, physical & sexual healthcare, youth and family peer supports, and social services – both online and in-person in communities across BC.

Psychosocial Support

[Provincial Mobile Response Team](#)

The [Interior Health Youth Toolkit](#) has credible harm reduction information, resources and tools. You will find curriculum, parent information, professional development, legislation policies and more.

The Interior Health Youth Harm Reduction Team can help with all of these. Please reach out.

harmreduction.coordinator@interiorhealth.ca

Responding to the Effects of Substances

Interior Health Youth Harm Reduction Program

Learning Objectives

- Understand the prevalence of substance use among BC youth.
- Understand the effects of substances and how to respond to adverse effects /overdose (drug poisoning).
- Know how to recognize and respond to an opioid overdose.
- Next Steps: where to go from here.



Land Acknowledgement

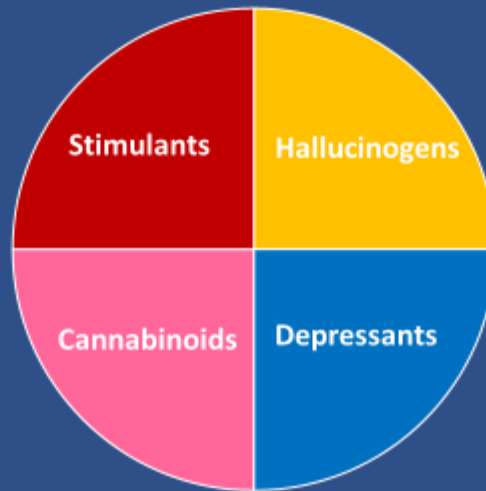
We recognize and are grateful to be collectively gathered on the territories of the seven Interior Region First Nations and 15 Chartered Métis Communities. We want to acknowledge the on-going colonialism and racism the Indigenous people continue to face today and it is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.



Effects of Psychoactive Substances



Categories of Substances



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Psychoactive substances can be classified based on the effect they have on the body. So for today, the simplest way to categorize psychoactive drugs which you may be familiar with is in these four categories

- **Stimulants** (red) these speed the body up – people may take them because they want increased energy levels, feelings of alertness, confidence, increased concentration, euphoria, or to stay awake. *Ask group for examples: coffee, cocaine, methamphetamine, Ritalin*
- **Depressants** (blue)) these drugs slow the body down – people may take them to feel relaxed, calm, euphoric, confident/bold, more social. *Ask group for examples: alcohol, benzos, GHB – Opioids like heroin and fentanyl also are depressants but we will deal with those separately*
- **Hallucinogens** (light/dark yellow/orange) these substances potentially change the way people hear, see, taste and feel, while also effecting mood and thought – people may take them to feel euphoria, connectedness, relaxation, arousal *Ask group for examples: MDMA, mushrooms, psilocybin*
- **Cannabinoids** (pink) produce feelings that may be desirable like calmness, floaty, giggly, relaxation. Cannabis and Synthetic cannabis

It's important to note that not all drugs fit nicely into one category and there can be overlap. For example many hallucinogens – like ecstasy also have stimulant effects.

[Drug Wheel](#)

Substance use among BC Youth



Ever used substances other than alcohol and marijuana			
	2008	2013	2018
Prescription pills without a doctor's consent	15%	11%	9%*
Mushrooms	8%	5%	5%
Ecstasy/MDMA	7%	4%	3%
Hallucinogens	5%	4%	3%
Cocaine	4%	3%	3%
Inhalants	4%	2%	2%
Amphetamines	2%	1%	1%
Ketamine, GHB	NA	1%	1%
Crystal meth	2%	1%	1%
Heroin	1%	1%	1%



This data is based on the McCreary Centre Survey, Survey is from 2018 will be done again in 2023 – It is a BC school district survey so use caution in generalizing to other youth. Local stats are available on the McCreary website if you wish to localize.

[BC Adolescent Health Survey | McCreary Centre Society \(mcs.bc.ca\)](https://mcs.bc.ca/)

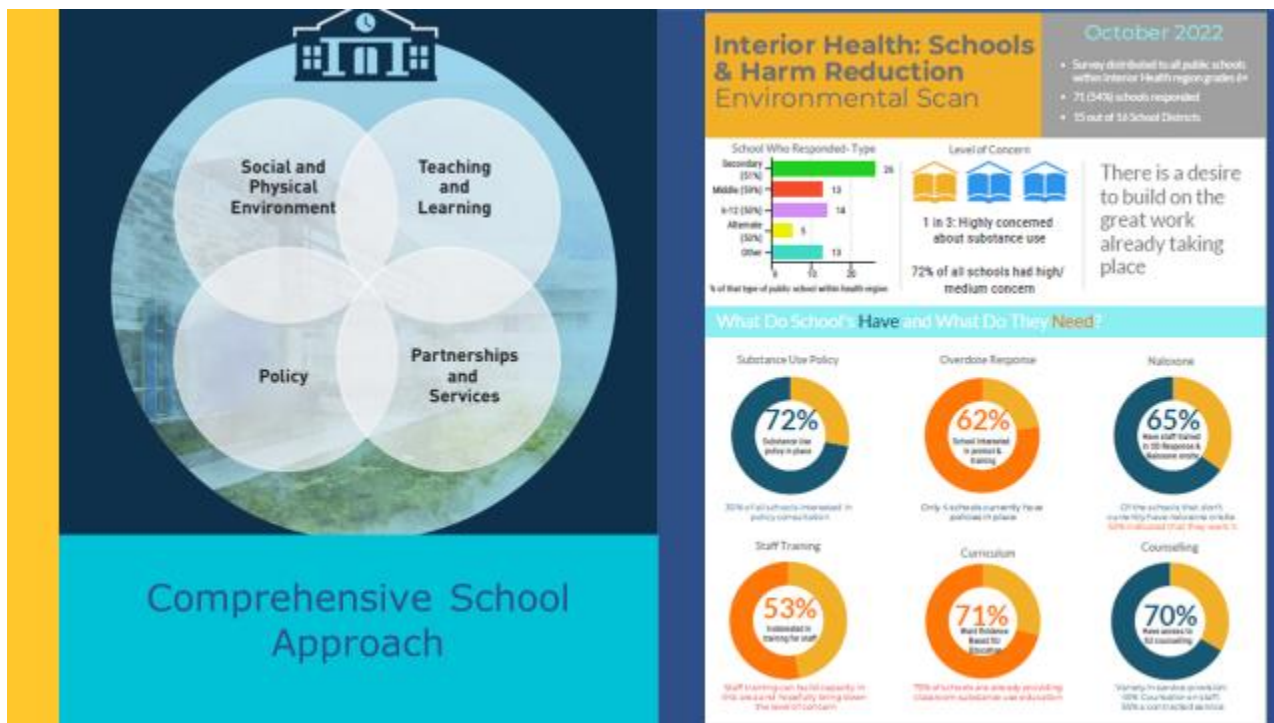
Alcohol – most commonly used substance

- 44% of youth had tried alcohol, which was similar to the percentage in 2013 and a decline from 54% in 2008.
- Average age of first use is age 14 which is unchanged.
- Females were more likely than males to have tried alcohol (45% vs. 43%), unlike in previous survey years when there was no gender difference.
- Decrease in reported 'binge drinking' - Among students who drank alcohol "last Saturday", 61% engaged in binge drinking, which was a decrease from 76% in 2013. Binge drinking refers to males who consume four or more alcoholic drinks within a couple of hours and to females who consume three or more.
- Females more likely than males to exceed the recommended number of drinks for adults.

Cannabis use - down from 10 years ago at 25%

- A quarter of students (25%) had tried marijuana, with no gender differences. For males this represented a decrease from both 2008 (31%) and 2013 (26%), whereas for females rates were similar to 2013 and lower than 2008 (29%). Youth who did use marijuana waited longer to first try it.
- Average age 14/15.

Connect with [Interior Health's Tobacco and Vapour Reduction team](#) that specializes in tobacco and vapor products.



Comprehensive School Health is an internationally recognized approach to building healthy school communities. The approach can be used to guide the planning, implementation and evaluation of school initiatives related to various aspects of health. It has been widely adopted in Canada and in various formats, ranging from local school action plans to provincial/territorial school health strategies. It has been effective in improving youths' health, social and educational outcomes and reducing health inequities, and that these benefits can be long lasting.

Social – relationships and culture

Teaching – curriculum, resources and professional development opportunities

Policy – promote health and wellbeing

Partnerships – with community agencies, health sector and families

Lots of times we're good at doing one piece but the key for lasting change is combining all pieces

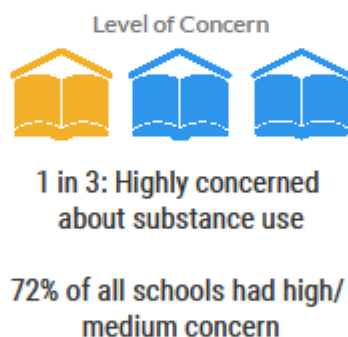
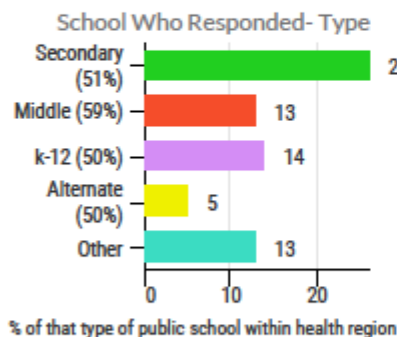
So why are we here today? With that in mind we completed an environmental scan of all schools in IH gr 6 and up and here is the highlights.

As mentioned before the booklet you will receive will provide access to curriculum, evidence based research, policies and resources

Interior Health: Schools & Harm Reduction Environmental Scan

October 2022

- Survey distributed to all public schools within Interior Health region grades 6+
- 71 (54%) schools responded
- 15 out of 16 School Districts



There is a desire to build on the great work already taking place

What Do School's Have and What Do They Need?

Substance Use Policy



30% of all schools interested in policy consultation

Overdose Response



Only 4 schools currently have policies in place

Naloxone



Of the schools that don't currently have naloxone onsite 52% indicated that they want it

Staff Training



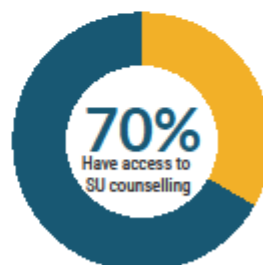
Staff training can build capacity in this area and hopefully bring down the level of concern

Curriculum



75% of schools are already providing classroom substance use education

Counselling



Variety in service provision: 45% Counsellor on staff, 55% a contracted service

What is Harm Reduction?

Harm reduction is a term for programs, policies and practices that aim to reduce the negative or harmful outcomes that can happen with behaviors that are typically considered high risk.



In its simplest form Harm reduction is something most of us practice in our everyday lives –its things that we do to protect ourselves when we do things that are risky. Seatbelts, helmets, avalanche gear are all harm reduction strategies... most people accept these practices without question.

The same can be applied to when we decide to use any substance, whether it's alcohol, drugs or marijuana, we can take actions to decrease the risks involved in using. Things like never using alone, carrying a Naloxone kit, arranging a safe way home, educating yourself on different substances and being aware that mixing substances has a risk of overdose.

When it comes to substance use, harm reduction is not always as easily accepted often due to people's values, beliefs or misunderstandings. But the goal of harm reduction is to keep people safe by respecting people's choices and taking realistic steps to provide resources, education and supplies to meet a person's needs. So what does that mean for schools? It means engaging in relationships with the students like you do, having realistic conversations with students about substances and provide awareness around where to go for resources and to ask questions.

As we run through this training today I want you to think of how you can reduce harms for a student and harms within the school environment within your role

What is an overdose?

Overdose (drug poisoning) happens when a toxic amount of a drug, or combination of drugs overwhelms the body.



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For the purpose of today we will use this definition of overdose –note that the preferred terminology for many now is ‘drug poisoning’ to reflect the fact that the toxic and unpredictable/unregulated drug supply is a key contributor to the overdose crisis. It is not simply about the person taking too much – it’s about not knowing what or how much you are taking because the drug supply is so unpredictable.

An overdose (OD) is when the body is overwhelmed by exposure to a toxic amount of a substance or combination of substances. People can overdose on lots of things: alcohol, Tylenol, opioids or a mixture of drugs. Not all overdoses are fatal but some overdoses can cause long term complications (brain damage from lack of oxygen)

There are a variety of factors that can combine to affect how an individual experiences a drug, including the benefits or harms they might experience. Drug poisoning/overdose risk is complicated and depends on interaction between several factors.

- **Substance** – what substance(s) were taken and the dose – dose may be known with legal/regulated drugs but is rarely known with the unregulated supply
- **The way it was taken** -this effects how quickly the drug reaches the brain and the effects are felt. EX: oral (swallowing) is one of the slowest to take effect (for edible cannabis it can take a couple hours) but the effects can last longer whereas injection or inhalation produce a more rapid effect.
- **Setting** –**This is important to take note of because you have influence over this** - does the person feel safe, is it stressful, are they alone, what is the energy or the vibe – these can all have an impact on the experience.
- **Individual**- health status, body size, gender, mood, past trauma, tolerance and expectations also influence the effect.

Depressant Poisoning - Signs



- Breathing slowed/not breathing
- Choking, gurgling or snoring
- Swallowing reflexes decreased
- Loss of coordination
- Nausea/vomiting /seizures
- Loss of bladder and bowel control
- Pale skin, turning blue
- Cold/clammy skin
- Tiny pupils
- Confusion/Blacking out/memory loss
- Loss of consciousness/passing out



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Depressants – drugs that slow down body functions – includes alcohol, medications that support sleep or reduce anxiety (Ativan/Xanax), GHB and Opioids – but we will discuss opioids more when we do naloxone training.

- Depressant poisoning (including alcohol) can be fatal especially when taken with other depressants: as we discussed previously when looking at the youth data and prescription pill use
- Alcohol drinking games that test consumption limits and speed have led to death.
- Swallowing reflexes decreased - runs the serious risk of breathing vomit into lungs which can cause choking.

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in position to keep airway clear and prevent choking.

Alcohol and Other Depressant Poisoning Response

- Check yourself
- Try to keep person awake and sitting up
- Hydrate

If unconscious/passed out:

- ✓ place in recovery position
- ✓ check breathing (10 breaths/min)
- ✓ stay and monitor symptoms
- ✓ call 911 if not breathing/breathing too slow and give breaths
- ✓ consider using naloxone

- Check yourself – you will see this in most of the responses we discuss today – your approach can influence the drug experience and escalate or de-escalate a situation. If the person feels unsafe or in trouble this will not help the situation.
- Try to keep person awake by talking to them, sitting with them, gently shaking their shoulders or legs.
- Provide water.
- If unconscious – check breathing, skin colour etc
- If not breathing give rescue breaths
- Naloxone only works on opioids – it will not be effective on other depressants including alcohol – if the person has taken opioids it will work – if not, it won't hurt.

Common Myths about alcohol - Things that don't help:

- Letting someone sleep it off.
- Coffee will not help (it will further dehydrate them)
- Encouraging someone to 'walk it off' won't help and might lead to accidents/injuries.
- Cold shower. Alcohol lowers your body temperature, which could lead to hypothermia.

Cannabinoid Poisoning - Signs



- Anxiety or panic/paranoia
- Confusion
- Pale skin
- Nauseous/vomiting
- Dizzy
- Rapid heart rate
- Seizures
- Loss of consciousness / breathing
- Psychosis



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Cannabinoids –produce feelings that may be desirable like calmness, floaty, giggly, relaxation.

Includes: Cannabis and Synthetic Cannabis. If higher doses are consumed you may see the following signs – sometimes referred to as “greening out” or cannabis ‘over intoxication’.

- These effects are more common with **larger quantities or stronger strains**, also more common with edibles or if **mixing cannabis with other drugs (including alcohol) and especially with synthetic cannabinoids**.
- Edibles carry a much higher risk of more severe symptoms like psychosis-their slow onset (can be hours) often contributes to over-consumption.
- Psychosis definition – loss of touch with reality – hallucinations (hearing, seeing feeling things that are not there, delusions – beliefs that are not in line with your culture, situation or don’t make sense to others
- Synthetic cannabinoids are man-made drugs that bind to cannabinoid receptors in our brains but they are not the same as cannabis. They are often much stronger and the effects can tend to vary.

They can be a solid form, such as herbal material similar in appearance to cannabis. It can also be sold as a spray or liquid which are then added to dried herbs/plant matter. Synthetic cannabinoids are most commonly smoked but can also be ingested orally, such as through an infusion for drinking.

[Synthetic-cannabinoid-resource.pdf \(interiorhealth.ca\)](https://www.interiorhealth.ca/Synthetic-cannabinoid-resource.pdf)



Cannabis Poisoning Response

- Check yourself
- Stay with them/monitor symptoms
- Provide a quiet environment/low stimulation
- Reassure
- Provide hydration
- If lying down the recovery position is recommended
- Seek medical attention for unconsciousness, seizures, psychosis

As always ... Check yourself – your approach can make things better or worse.
Medical attention should be sought for more severe symptoms like unconsciousness, seizures, psychosis

Stimulant Poisoning - Signs



- Disorientation
- High level of anxiety or panic
- Paranoia
- Shortness of breath
- Increased body temperature/ sweating
- Rapid or irregular heartbeat
- Psychosis
- Chest pain
- Unconscious/ in and out of consciousness
- Seizures



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Stimulants (or “uppers”) speed up the body’s central nervous system so heart rate goes up and so does breathing and body temperature. Includes drugs like: cocaine, amphetamine (Adderall, Ritalin, dexadrine) and methamphetamines (crystal meth)

Hallucinogen Poisoning - Signs



- Can be similar to stimulants plus...
 - Paranoia
 - Memory Loss
 - “Bad trip”



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Hallucinogens alter senses and mood and some may produce hallucinations.

Include: mushrooms, LSD, Ketamine, MDMA (ecstasy/molly), MDA.

Many hallucinogens also have stimulant properties. Hallucinogens can also cause changes in senses and mood and they may produce hallucinations or distortions of reality which sometimes may be disturbing – “bad trip”.



Hallucinogen & Stimulant Response

- Check yourself
- Practice safe communication – calm voice, ask for permission
- Provide a quiet low stimulation environment
- Provide reassurance
- Allow/encourage self soothing behaviours
- Don't interrupt
- Give fluid
- Help them cool down
- Call 911 for severe symptoms or if safety issues

Remember setting plays a key role in the drug experience so the objective here should be to create a safe and calm setting.

1. Check yourself – be aware of your approach
2. Safe Communication - Keep your voice low, calm and steady, ask for permission to support
3. Low Stimulation – dim lights, low noise
4. Reassure -tell individual they will ok and what they are experiencing will pass
5. Self-soothing - Behaviors like rocking or repeating themselves are self-soothing- don't discourage unless they are harming themselves
6. Don't interrupt - let them speak at their own pace
7. Encourage fluids but be careful not to overhydrate –too much in a short period – in some cases thirst can feel extreme and lead to over hydration.
8. If overheating, apply cool cloth to back of neck or forehead
9. Call 911 for severe symptoms such as seizures, unconsciousness, high body temps (hot to touch profuse sweating), difficulty breathing, chest pain or risk of harm to self or others.

Other soothing activities

Hands in
water

Breathe
deeply

Dim lights

Pick up or
touch items

Describe your
surroundings

Sit with a
trusted
person

Visualize your
favorite place

Listen to
music

Recite
something



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When to call 911



- Unconscious/Unresponsive
- Shallow or no breathing
- Rapid heart rate - chest pain
- High body temp
- Excessive vomiting
- Choking – difficulty breathing
- Seizures
- Psychosis
- Risk of harm to self and others
- Whenever you are not sure what to do



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Decriminalization in BC

- What?
- Why?
- When?
- Effect to schools



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WHAT

-Decriminalization is not legalization

- Allowed to possess up to 2.5g of a substance for personal use (cumulative) – example: 3g is roughly equivalent to ¼-1 teaspoon of sugar
- production and trafficking remains illegal
- drugs included in the exemption are opioids, methamphetamine, cocaine/crack and MDMA

WHY

- helps shift the approach from a criminal justice response to a public health response
- aim to reduce shame, stigma and risk of criminal penalties associated with substance use that can lead to poor health and social outcomes

WHEN

- January 31 2023 – January 31 2026

Effects

- This exemption does not apply to people under the age of 18
- Youth aged 17 and younger who possess illegal drugs are subject to the federal Youth Criminal Justice Act, which authorizes the use of alternative measures to criminal charges in some cases, such as referral by law enforcement to appropriate community or health services.
- Adults are prohibited from possessing illegal drugs on school premises and licensed childcare facilities

Responding to Opioid Overdoses



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BC Coroners Report

Table 7: Illicit Drug Toxicity Deaths by Age Group, 2012-2022^[3]

Age Group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<19	5	6	3	5	12	26	18	13	18	29	25
19-29	61	94	83	117	204	272	302	171	309	327	226
30-39	61	77	101	137	261	400	397	274	415	542	387
40-49	67	74	85	130	234	355	347	219	411	496	379
50-59	56	62	73	110	230	314	363	214	408	575	404
60-69	19	21	24	29	50	121	127	92	197	266	203
70-79	1	0	0	1	3	7	8	4	17	31	19
Unknown	0	0	0	0	0	0	0	0	0	1	1
Total	270	334	369	529	994	1,495	1,562	987	1,775	2,267	1,644

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Although youth under 19 may be dying from drug poisoning less than many other age groups - the loss is huge when you consider years of life lost and the impact on families, friends and communities. Even one death is tragic and preventable.



What is Naloxone?

- Also known as Narcan – it is an antidote to opioid overdose – it can reverse the effects
- Only works on opioids (like fentanyl, heroin, codeine, morphine etc.) but does not cause harm if there are no opioids on board
- Works by temporarily displacing opioids off of the receptors in the brain
- Acts fast (within 3-5 min) and the protective effects last for 20-90 min
- It's important to store Naloxone out of direct sunlight and at room temperature
- Keep track of the kits as the Naloxone expires after 2 years.

Opioid Poisoning – Signs



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We are going to add an extra S for a scene assessment, much like any approach to a first aid situation

S-scene assessment: think about any visible signs of injury/drug use, bystander observations, crowd control, do you have enough space? Any hazards?

- S-Stimulate: Always talk through your actions, use names, shake and attempt to rouse them, shoulder or nailbed squeeze. If no response call 911
- A-Airway: Are they breathing? Listen and watch for chest rise – you want a min of 10 breaths/min.

Breathing: recovery position and monitor until help arrives

Not breathing/not enough: check airway for obstructions, if none tilt their head back to open the airway

- V-Ventilate: **Breaths are crucial to the overdose response.** Use the mask, pinch the nose and give 2 breaths (enough for the chest to rise). Give 1 breath every 5 sec until help arrives or for 3-5 min if you have Naloxone.
- E-Evaluate: Are they breathing (check/listen, look for other signs like color of skin). If not give Naloxone!

****So what if they are breathing and do not wake up?** This likely means that there may be another substance on board that does not respond to naloxone (such as benzos) if they are breathing well put in recovery position and monitor. Continuing to give naloxone will not wake the person up – your focus should be on breaths.

What about chest compressions? Depending on where you received your training you may hear confusing messages about whether or not to do CPR. We all know if you stop breathing, your heart will stop beating over time.

If you know you are responding to a drug poisoning immediately after it occurred, **giving breaths is the immediate response.** If it's been a longer period of time, there is no pulse or you do not know how long the person has been unconscious you may need to perform CPR - 911 can guide you through this.

Training Links

[Toward the Heart Naloxone Training Videos](#)

[Carry Naloxone Training Video](#)



Aftercare

- Stay with the person
- Explain what happened
- Discourage using more opioids for at least 2 hours.
- Tell the emergency response team what you know – what they took and what you have done so far.
- Debrief all involved

Symptoms of withdrawal sickness if they occur will start to wear off in half an hour. Using more opioids will be a “waste”. While naloxone is in their system it blocks opioids from getting to receptors and they will continue to feel sick; using more opioids can also make the overdose more likely to return.

Responding to a drug poisoning and administering a life saving intervention can be a traumatic experience – ensure debriefing is available for all involved including witnesses/bystanders.

[Provincial Mobile Response Team](#)

Next Steps



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What's
Next?

- ✓ Overdose Response Policies and Protocols, training plans, debrief protocol
- ✓ Review other substance use related policies and practices for unintended harm
- ✓ Access to harm reduction services
- ✓ Substance Use Education

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Taking this training is an important step in reducing the risk of substance use related harm at your site. But for many it may be a first step. There is a lot more that can be done.

Policies and Protocols: Do you have a policy/protocol document on overdose response? Who is involved in a drug poisoning response? Do staff know where the kit is – are they clear on process? Who checks the expiration dates and is responsible for re-stocking?

[Opioid Overdose Response Policy Template](#)
[School Substance Use Policy Checklist](#)

Refresher training: Is there a training plan? How often are staff trained? Who is responsible for making sure it happens? What training resources are you using?

[Toward the Heart Naloxone Training Videos](#)

[Carry Naloxone Training Video](#)

Debrief: What is in place to take care of the people who respond or witness a drug poisoning? Is drug poisoning response part of your critical incident debrief plan?

[Provincial Mobile Response Team](#)

Other site policies and practices: Does your substance use policy put up barriers or perpetuate stigma? Does it have stigmatizing language?

Are youth who call for help in response to a potential substance use related emergency protected from punishment? Do you offer evidence based substance use education? Are there safe people that youth can talk to about substance use without fear of punishment?

[Harm Reduction – Key messages for schools](#)
[Naloxone in Schools FAQ](#)

Access: Do you provide information or access to naloxone, harm reduction supplies, information on drug checking ... etc.

[Drug Checking Locations](#)

[Naloxone & Harm Reduction Supply Locations](#)

[Youth Health](#) – mental health, tobacco/vaping, substance use & sexual health resources

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