



**L'Équipe de soutien  
clinique et organisationnel**  
en dépendance et itinérance

**Tool for all professionals in the health  
and social services network (RSSS)**

# **Knowing How to Recognize and Respond**

to a **Severe Intoxication** or **Overdose** Related to  
Psychoactive Substance Use or Alcohol **Withdrawal**

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***Knowing How to Recognize and Respond to a Severe Intoxication or Overdose Related to Psychoactive Substance Use or Alcohol Withdrawal – Tool for all professionals in the health and social services network (RSSS)***

This document from the Équipe de soutien clinique et organisationnel en dépendance et itinérance is an adaptation of the *Knowing How to Recognize and Respond to a Severe Intoxication or Overdose Related to Psychoactive Substances Use or Alcohol Withdrawal – Toolbox*

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# Toolkit

This toolkit is intended for all professionals in the health and social services network (RSSS) who work with people who use psychoactive substances. The toolkit includes infosheets that provide information on severe intoxications, overdoses and severe withdrawal (of alcohol only), the main signs and symptoms that can help us to recognize these states, and the actions to implement in order to prevent or to respond to them when they occur.

Four infosheets are available, as follows:

- Knowing how to recognize and respond to a **severe intoxication or overdose related to opioid use**
- Knowing how to recognize and respond to a **severe intoxication or overdose related to alcohol use**
- Knowing how to recognize and respond to **severe alcohol withdrawal**
- Knowing how to recognize and respond to a **severe intoxication or overdose related to the use of a psychoactive substance** other than an opioid or alcohol

## WARNING

This document offers recommendations and tools that can help to reduce the risks resulting from a severe intoxication or overdose related to psychoactive substance use or severe alcohol withdrawal. It is not an exhaustive or prescriptive resource, nor has it been reviewed and approved by professional orders. Its authors cannot be held responsible for a professional's clinical practice or any harms resulting from the use of psychoactive substances in the context of community or institutional services. Managers who supervise services are responsible for and should ensure that employees have access to necessary tools and adequate training, and it is the responsibility of professionals to be adequately trained in the context of their work.

Overdoses are not always fatal, but they can have important physical and psychological consequences. A deprivation of oxygen over an extended period of time can lead to permanent cerebral lesions, pulmonary problems, cardiac complications and muscular problems. Moreover, bearing witness to an overdose can have important psychological repercussions.

It is important to provide support to people who intervene or are present during these events (including friends and family).

## Warning

The lists of signs and symptoms presented in these infosheets are not exhaustive. The team has intentionally decided to focus on identifying signs and symptoms that can be linked to a severe intoxication or an overdose related to the use of psychoactive substances, or severe alcohol withdrawal, which can be **observed** by a non-specialized frontline service provider, and which are **indications of an important risk** to the health and safety of the person, requiring that their state be monitored and quite possibly involvement of ambulance services (paramedics, EMTs) if outside the hospital, or hospital emergency care teams (emergency room, intensive care) if within the hospital.

## Good to know

**Intoxication** occurs when one or more bodily functions are impaired. There are several levels of intoxication: light, moderate, severe, overdose. An **overdose** occurs when the amount of alcohol or drugs consumed nears or exceeds the limit that can be tolerated by the body. An overdose can be fatal, or not.<sup>1</sup>

A person's level of intoxication depends on a variety of factors, including the type, quality and purity of the substance or combination of substances being used, the duration and frequency of use, the person's tolerance (which in turn is also shaped by various factors), their physical and mental state, and the context in which they are consuming. This is what is called the Law of effect.<sup>2</sup>

**Withdrawal** is “a group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses.”

Symptoms of withdrawal and their severity depend on the substance that is habitually used, how often it is used, and the pace at which substance use is halted (a sudden cessation vs. a gradual reduction).

**Withdrawal from alcohol, GHB, benzodiazepines or barbiturates can be severe and lead to important complications, even death.**


Withdrawal from opioids is not lethal in and of itself, but it can expose a person to a higher risk of relapse or overdose due to their diminished tolerance to opioids, as well as a higher risk for certain infections like HIV and hepatitis C.


It is strongly recommended that all professionals in the health and social services network receive training in their organization's clinical emergency protocols for hospital, out-patient, and community settings.


<sup>1</sup> [Government of Quebec, 2017, Problems Associated with Alcohol Consumption and Drug Use.](#)

<sup>2</sup> [Government of Quebec, 2021, Recognizing Drugs and Their Effects.](#)


# General principles for providing services to people who use psychoactive substances and measures supporting reduced risks related to substance use






 Communication within a team is central to risk reduction (ex. who are the individuals who require closer monitoring because they present a higher risk of experiencing a severe intoxication, an overdose or withdrawal?)


 Any substance that is acquired on the illicit market has the potential of being contaminated with opioids or other harmful substances.


 Symptoms to monitor closely: a person who has difficulty breathing and difficulty staying awake requires urgent medical attention.


 There is no danger in administering naloxone even if the person has not used opioids.


 Initiate and create space for discussion with the individuals who use your services. Knowing their substance use habits and having an open discussion about measures to put in place to reduce risks is one of the first steps in preventing an overdose. Associated measures include:


-  Invite individuals who have access to a phone or a direct messaging or video messaging system to alert a friend or other person when they are using substances. The support person can stay on the line during and after the person has finished using, and can call 911 in case the person stops responding.
-  Share information on overdose alerts that are published by public health authorities.
-  Invite the person to use a smaller dose of the psychoactive substance to test its effects.
-  If possible, use test strips to detect the presence of fentanyl in the substance.<sup>4</sup>
-  Offer counselling on ways to reduce the risks of substance use, if the service provider is trained to do so.<sup>5</sup>



 If the service offers rooms to couples, invite those who use substances not to do so at the same time.


 Share informational materials with people who access your services on how to react when an overdose occurs.

 Know your organization's plan to respond to severe poisoning/overdose and ensure that all employees are familiar with it.

 Provincial legislation states that pre-hospital emergency services (paramedics, EMTs) must have oxygen and naloxone on hand and be trained to use them.

 Adapt prevention measures depending on the type of service that is offered.

 Specific measures for safer washrooms (e.g., doors that swing outward to allow opening in case of emergency; shorter doors to see if someone has fallen; timer/checking system when time is up; good lighting; emergency call bell in stall; biohazard containers; naloxone nearby). For more details, see the [Overdose Prevention & Response in Washrooms: Recommendations for Service Providers](#) .





 If people are unsupervised or sleeping in your departments (e.g., Addiction Rehabilitation Centre internal services, CHSLD, etc.), implement a monitoring system for intoxicated people (sleeping while intoxicated confers increased risk). This system could involve a dedicated space for intoxicated people to remain while they are monitored.

<sup>4</sup> Test strips might not be available in all regions. Please check with your regional public health authority.

<sup>5</sup> Reducing injection risk clinical tools: [7 Steps to Safer Injections](#) and [Supporting Safer Injections](#)

<sup>6</sup> Substance replacement therapy seeks to replace the use of psychoactive substances that are purchased on the illicit market with pharmaceutical substances of known and stable content. This approach, which is based on principles of harm reduction and safer supply, aims to reduce overdose risks. Its first objective is not to treat a substance use disorder.

# Personal protective equipment, drug use and protection equipment, and medical equipment to have access to at all times

Drug use and protection equipment	Medical Equipment
 <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Naloxone kits:</b> <a href="#">Find a resource that can provide naloxone</a> </li></ul>  <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Drug use and protection equipment:</b><ul style="list-style-type: none"><li>✓ Needles and injection material</li><li>✓ Pyrex tubes</li><li>✓ Sharps disposal containers</li><li>✓ Condoms</li></ul></li></ul>	 <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Automatic External Defibrillators (AEDs)</b></li><li><input type="checkbox"/> <b>Oxygen</b></li><li><input type="checkbox"/> <b>Naloxone</b></li></ul>



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## to a severe opioid intoxication or overdose

### Opioids:

heroin, morphine (Kadian®), fentanyl, codeine, methadone, buprenorphine-naloxone (Suboxone®), hydromorphone (Dilaudid®), oxycodone (OxyContin®), etc.

### Risky combinations: Opioids + depressant

(ex. alcohol, benzodiazepines such as Ativan®, Valium®, Rivotril®, Xanax®...; GHB)

**Mixing an opioid with another depressant heightens the risk of experiencing a severe intoxication or overdose.**



### Signs and symptoms of a severe opioid intoxication or overdose

The main symptoms of a severe intoxication or overdose are:

- Troubled breathing: loud breathing, deep snoring, gurgling noises, very slow or irregular breathing (shallow breathing: the chest does not lift much), or complete absence of breath
- Blue lips or nails
- State of consciousness : significant drowsiness (nodding), difficulty staying awake, lack of tonus (body is limp), loss of consciousness (you are not able to wake the person up), absence of reaction (the person does not react when you speak to them or shake them)
- Extreme contraction of the pupils (which become tiny, known by the name of *pinpoint pupils*)
- Drooling (the person is no longer able to swallow their saliva)

**Symptoms to monitor closely: A person who has difficulty breathing or staying awake requires urgent medical care (911)**

For inpatient services, be sure to closely monitor anyone who demonstrates slow or irregular breathing, snoring, or difficulty swallowing their saliva. If you notice one or more of these symptoms, try to wake the person up to ensure that they are not experiencing an opioid overdose.



### Measures to adopt to prevent and respond to a severe opioid intoxication or overdose

- A person who is severely intoxicated and/or who has difficulty staying awake must not be left alone, go to bed/to lie down, or use additional substances. Ensure that this person is monitored; if symptoms don't subside or if they get worse, immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate..
- If the person is unconscious, try to wake them up by speaking loudly or using a painful stimulation (ex. pinching). If they do not wake up, immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.
- There is no danger in administering naloxone even if the person has not used opioids.

## Tools and trainings

### What to do in case of an opioid overdose

After administering the naloxone and when the person regains consciousness, stay with them until emergency medical help arrives. The naloxone will have temporarily reversed the effects of the opioids. The person could still suffer another overdose or experience withdrawal symptoms. In this case, you should explain to the person what has happened and suggest that they wait with you for emergency services. If they refuse, it is important to respect their decision. However, it is imperative to explain to them that the opioid effects may reappear, that they should wait awhile before using again, to give them a naloxone kit, and to direct them to safe consumption sites.

### Naloxone: An antidote for opioids

#### Naloxone kits:

For organizations: Organizations that provide services to people who use psychoactive substances should have a few naloxone kits on hand.

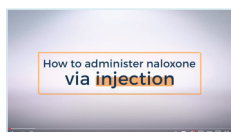
Any person who reports using prescribed opioids or illicit substances, whether these be opioids or another substance given their possible contamination with opioids, as well as their family and friends, should be encouraged to carry naloxone at all times.

→ [Find a resource that can provide naloxone](#)

→ [How to administer naloxone \(video\)](#)

Via injection:

Nasally:



### Possible opioid overdose: What to do

**The person seems to be unconscious**

**1 TRY MAKING THEM RESPOND TO SOUND OR PAIN** **YELL** their name **TALK TO THEM** loudly **RUB** the centre of their chest (sternum) hard

**They are unresponsive**

**2 CALL OR HAVE SOMEONE CALL 911**

**IF YOU ARE ON YOUR OWN WITHOUT A PHONE:**

- Administer a dose of naloxone
- Perform chest compressions for 2 min
- Lay the person on their side
- Find a way to call 911 and follow instructions

**They are unresponsive**

**3 ADMINISTER A DOSE OF NALOXONE**

**A** Lay the person on their back. Tilt head backwards, supporting neck. **B** Remove nasal spray from box: don't test it! **C** Insert tip into one nostril. Press firmly with your thumb.

**HOLD IT** like this

**They are unresponsive**

**4 PERFORM CHEST COMPRESSIONS IMMEDIATELY**

**GIVE 2** compressions (5 cm deep) per second **OR** **START** giving CPR if you have been trained, using the barrier mask

**They are unresponsive 3 min after administration**

**5 ADMINISTER ANOTHER DOSE OF NALOXONE IN THE OTHER NOSTRIL**

**REPEAT STEPS 4 AND 5** as long as the person is unresponsive

Out of naloxone? Continue chest compressions or CPR until help arrives

[Nasal administration of naloxone](#)

Source : MSSS, 2018

[Administration of naloxone by injection](#)

### Training:

**Each and every staff member (not only frontline service providers) should receive training on how to administer naloxone. Training is free.**

## INSPQ



→ For those who work in the health and social services sector (RSSS): [L'administration de la naloxone pour inverser les effets d'une surdose d'opioïdes](#) (available in French only)

→ For everyone: [Où en sommes-nous au Québec pour prévenir et faire face aux surdoses de drogues, dont les opioïdes?](#) (available in French only)

→ For service providers in the community sector, people who use drugs and their family and friends: [PROFAN Training Program](#)

**In the event of an outbreak, personal protective equipment is required.**

Refer to your establishment's infection prevention and control procedure.

### Collective prescription (available in French only)

Initier l'administration de naloxone auprès d'une clientèle présentant des symptômes d'une surdose d'une substance opioïde

[View link](#)



## to a severe intoxication related to alcohol use



### Signs and symptoms


of a severe intoxication or overdose to alcohol

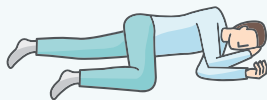
The main symptoms of a severe intoxication are:

- Confused speech
- Disorientation and/or confusion
- Difficulty standing up or staying upright
- Extreme vomiting
- State of consciousness : important levels of drowsiness, difficulty staying awake, loss of tonus (body is limp), loss of consciousness (you are not able to wake the person up), absence of a reaction (the person does not react when you speak to them or shake them)
- Troubled breathing: loud breathing, deep snoring, gurgling noises, very slow or irregular breathing, or complete absence of breath
- Drooling (the person is no longer able to swallow their saliva)

#### Symptoms to monitor closely:

**vomiting + unconsciousness = aspiration (risk of choking)**

For this reason, it is important that the person be placed in the [recovery position](#) , especially if they are unconscious.



### If the person is highly intoxicated, but still responds...

- A person who is severely intoxicated and/ or who has difficulty staying awake must not be left alone, go to bed/to lie down, or use additional substances. Ensure that this person is monitored; if symptoms don't subside or if they get worse, immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.
- Encourage the person to stay awake and in a seated position. If they are unable to do so, invite the person to take the **recovery position**.
- Discourage vomiting since this could lead to choking.
- If the person vomits, stay with them to ensure that they don't choke and that they remain conscious.
- Cover the person with a blanket to help them preserve their body heat. If they are outside, invite them to come inside.
- Comfort the person and encourage them not to consume any more substances for the time being.

**If the person falls asleep, monitor their breathing and their state regularly over the next few hours.**



### If the person is unconscious...

- If the person is unconscious, place them in the **recovery position** and **monitor them**. Never place a person who is severely intoxicated or vomiting on their back, as they could choke.
- Cover the person with a blanket to help them preserve their body heat.
- If the person has slow, difficult breathing, does not wake up despite painful stimulation (e.g. pinching) and/or is vomiting, immediately call pre-hospital emergency care (paramedics, EMTs) or hospital emergency response team, as appropriate.
- If the person's **heart** stops beating, that they stop breathing and that you are not able to find a pulse, carry out cardiopulmonary resuscitation (CPR) and immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.

**Combining depressors (alcohol, benzodiazepines, opioids, GHB) increases the risks of experiencing an overdose.**

If the person does not wake up or experiences difficulty breathing and you are unsure whether they might have consumed other psychoactive substances, administer naloxone. Administering naloxone is not dangerous, even if a person has not used opioids.

## to severe alcohol withdrawal



### Signs and symptoms of severe alcohol withdrawal

Symptoms of severe withdrawal can include :

- Shaking
- Sweating excessively
- Anxiety, agitation
- Hallucinations
- Convulsions
- Disorientation and confusion (in time, in space, with regard to others)
- Tachycardia, hypertension

**Severe withdrawal from alcohol can be deadly if it is not treated by a health professional.**

A person who demonstrates these symptoms requires **urgent medical attention**.



### If the person exhibits symptoms of withdrawal

For individuals who consume less than six alcoholic beverages per day, withdrawal rarely requires a specific treatment.



For individuals who consume more than six alcoholic beverages per day on a regular and prolonged basis or who may present risks for a complication, withdrawal must be done under medical supervision.<sup>9</sup>

#### **A person is at heightened risk of complications from alcohol withdrawal if:**

- they experience other health problems such as an infection, a heart or lung condition, a chronic health condition that is not well controlled, a mental health issue or suicidal thoughts;
- they stop using other psychoactive substances at the same time as they stop consuming alcohol;
- they have already experienced complications during a previous episode of alcohol withdrawal (ex. convulsions, being hospitalized).

For people who start to experience withdrawal symptoms, it is important to start medical treatment [🔗 \(in French only\)](#) quickly to avoid complications such as convulsions and delirium tremens.

## to a severe intoxication or overdose related to the use of psychoactive substances other than opioids or alcohol

<b>Classes and combinations of psychoactive substances</b>	 <b>Signs and symptoms</b> of a severe intoxication or overdose	 <b>Measures to adopt to prevent and respond</b>
<b>Depressants other than opioids and alcohol.</b>  Ex. benzodiazepines such as Ativan®, Valium®, Rivotril®, Xanax®; GHB	<ul style="list-style-type: none"> <li>→ Problems with coordination, unstable walking</li> <li>→ Vomiting</li> <li>→ Troubled breathing: loud breathing, deep snoring, gurgling noises, very slow or irregular breathing, or complete absence of breath</li> </ul> <ul style="list-style-type: none"> <li>→ State of consciousness : significant drowsiness (nodding), difficulty staying awake, lack of tonus (body is limp), loss of consciousness (you are not able to wake the person up), absence of reaction (the person does not react when you speak to them or shake them)</li> <li>→ Drooling (the person is no longer able to swallow their saliva)</li> </ul>	<ul style="list-style-type: none"> <li>→ A person who is severely intoxicated and/ or who has difficulty staying awake must not be left alone, go to bed/to lie down, or use additional substances. Ensure that this person is monitored.</li> <li>→ If the person is paranoid, delirious, hallucinating or aggressive, immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.</li> </ul>
<b>Stimulants</b>  Ex. cocaine, crack, amphetamine (speed), methamphetamine, Ritalin®	<ul style="list-style-type: none"> <li>→ Agitation, tics</li> <li>→ Excessive sweating</li> <li>→ Paranoia, delirium, hallucinations, aggressivity</li> <li>→ Sensation of compression and tightening in the chest, palpitations</li> </ul> <ul style="list-style-type: none"> <li>→ Fainting, loss of consciousness (you are not able to wake the person up)</li> <li>→ Convulsions or paralysis</li> </ul>	<ul style="list-style-type: none"> <li>→ If the person is unconscious, try to wake them by speaking loudly or using painful stimulation (ex. pinching). If the person does not wake up, immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.</li> </ul>
<b>Mind altering substances</b>  Ex. MDMA (ecstasy), cannabis, PCP, LSD, ketamine, magic mushrooms	<ul style="list-style-type: none"> <li>→ Paranoia, alteration or loss of contact with reality</li> <li>→ Agitation, aggressivity</li> <li>→ Difficulty breathing</li> <li>→ Nausea and vomiting</li> <li>→ Convulsions</li> </ul> <ul style="list-style-type: none"> <li>→ State of consciousness : important levels of drowsiness, difficulty staying awake, loss of tonus (body is limp), loss of consciousness (you are not able to wake the person up), absence of a reaction (the person does not react when you speak to them or shake them)</li> </ul>	<ul style="list-style-type: none"> <li>→ If the person's <b>heart</b> stops beating, that they stop breathing and that you are not able to find a pulse, carry out cardiopulmonary resuscitation (CPR) and immediately call pre-hospital emergency care (paramedics, EMTs) or a hospital emergency response team, as appropriate.</li> </ul>
<b>Risky combinations</b>	<ul style="list-style-type: none"> <li>→ Combining depressants, including opioids, increases the risks of experiencing a severe intoxication or an overdose.</li> <li>→ Combining alcohol with several psychoactive substances increases the risks of experiencing a severe intoxication or an overdose.</li> </ul>	<ul style="list-style-type: none"> <li>→ If the person does not wake up or demonstrates symptoms that could be associated to an opioid overdose (slow and irregular breathing, snoring, inability to swallow their saliva) and that you are unable to wake them up, administer naloxone. Administering naloxone is not dangerous, even if a person has not used opioids.</li> </ul>

## KNOWING HOW TO RECOGNIZE AND RESPOND TO A SEVERE INTOXICATION OR OVERDOSE RELATED TO THE USE OF PSYCHOACTIVE SUBSTANCES OTHER THAN OPIOIDS OR ALCOHOL

### Possible overdose from another psychoactive substances : What to do



Unlike naloxone, which can reverse an opioid overdose, there is no antidote to overdoses with other psychoactive substances. **If in doubt, administer naloxone.** Administering naloxone presents no risk, even in the absence of opioid use. Any substance that is purchased on the illicit market could potentially be contaminated with opioids.

1



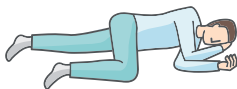
**Call 911** and stay with the person while you wait for emergency services to arrive.

2



(In the context of COVID-19) Put on a protective gown, procedural mask, eye protection (glasses or a face shield) and gloves.

3



If the person is unconscious, place them in the **recovery position (lateral safety position)**. Never place a person who is intoxicated or vomiting on their back, as they could choke.

→ [Video on the Recovery Position](#) (iHASCO, 143 sec.)

4



If the person is convulsing, **remove** any object with which they could injure themselves. Do not place anything in the person's mouth and do not attempt to immobilize them.

5



If the person's **heart** stops beating, that they stop breathing and that you are not able to find a pulse, carry out cardiopulmonary resuscitation (CPR).

6



If the person is **awake**:

- Make sure that the environment is quiet and reduce the number of people around them;
- Comfort them, invite them to stay on site and discourage them from using additional substances at this time;
- Keep them awake, explain that emergency services are on their way and stay with them;
- Place cold water compresses on their forehead or neck.

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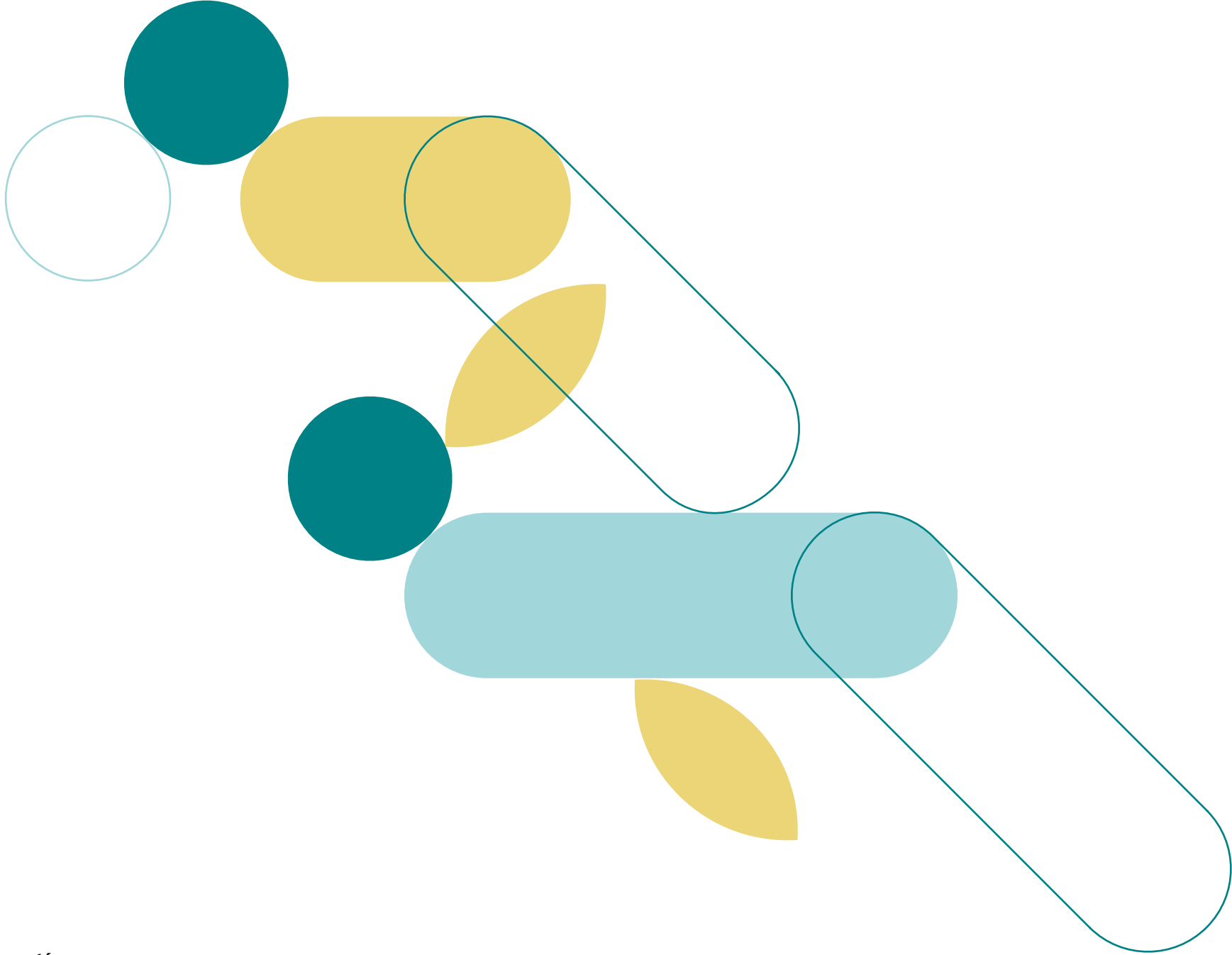
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