



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

Toolbox for non-RSSS frontline service providers

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 – Toolbox was produced by the Institut universitaire sur les dépendances (IUD) du CIUSSS du Centre-Sud-de-l'Île-de-Montréal.

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Toolkit

This toolkit is intended for frontline service providers who work with people who use psychoactive substances, who may or may not be specialized in the field of addiction, and who work in isolation wards, housing services for those who are homeless or street-involved, managed alcohol programs (wet services), drop-in services, emergency shelters and all other services that are frequented by 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 necessitating urgent medical attention (911).

If you have any doubts, don't hesitate to call 911.

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.¹

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.²

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."





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

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

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.


Recommended trainings and protocols for any organization that comes into contact with people who use psychoactive substances


- L'administration de la naloxone pour inverser les effets d'une surdose d'opioïdes (this training is available, in French only, to those who work in the RSSS, the social and health services sector in Quebec) – [View link](#) 
- PROFAN Training Program (Preventing and Reducing Overdoses – Training and Accessing Naloxone) (training for the community sector, available in English and French) – [View link](#) 
- Cardiopulmonary resuscitation training (CPR)
- Protocole de prise en charge de surdose et utilisation de la naloxone dans la communauté en contexte de COVID-19 (document available in French only) – [View link](#) 
- Protocole de réanimation simplifié de la COVID-19 à l'intention des milieux de vie et de soins prenant en charge des usagers hors des hôpitaux (document available in French only) – [View link](#) 

A person who has been trained (CPR and administering naloxone) should be present at all times in any resource that provides services to people who use substances. It is important to identify these individuals whenever a new shift begins.


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.



 Symptoms to monitor closely: a person who has difficulty breathing and difficulty staying awake requires urgent medical attention (911).


 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:


-  Put in place a simple communication system that allows the person to let a service provider know that they are going to use substances (for example a small poster on their door).
-  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.⁴
-  Offer counselling on ways to reduce the risks of substance use, if the service provider is trained to do so.⁵



 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 (ex. [CATIE](#) .



 Develop an organizational plan on how to respond if a severe intoxication/overdose occurs and make sure that all staff are aware of it.

 Make sure that naloxone kits are available at all times to staff and people who use psychoactive substances. Make sure that everyone knows how to use them.

 Adapt prevention measures depending on the type of service that is offered (sleeping in a dorm or in rooms, showers, drop-in services, etc.)

 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 you provide housing to people or if they are left alone for prolonged periods of time (ex. showers), put in place a mechanism to monitor people who are intoxicated (intoxication and sleep = increased risks). This mechanism could include a dedicated space for people who require monitoring, cameras, or regular monitoring rounds.

 For those who use psychoactive substances and present a risk of overdose, offer to refer them to a health professional with whom they could explore the therapeutic options that are available to them, including [substance replacement therapy](#)⁶ .

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

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

⁶ 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
 <input type="checkbox"/> Naloxone kits: Find a resource that can provide naloxone 	 <input type="checkbox"/> Automatic External Defibrillators (AEDs)
 <input type="checkbox"/> Drug use and protection equipment: <ul style="list-style-type: none">✓ Needles and injection material✓ Pyrex tubes✓ Sharps disposal containers✓ Condoms	

In the context of COVID-19, when performing a resuscitation procedure / administering naloxone:

Wear a **protective gown, procedural mask, eye protection** (glasses or a face shield) and **gloves**. Put a procedural mask on the person's face (or cover their mouth and nose with a piece of cloth or an item of clothing). After the procedure, remove your gloves and wash your hands. Remove your eye protection, remove your mask and wash your hands once again.

Cardiac massage and defibrillation should be carried out regardless of the person's risk of COVID-19 infection, since these procedures are less likely to produce aerosols.⁷

The guidelines for COVID-19 are evolving. We invite you to validate your procedures with your institution's Infection Prevention and Control (IPC) team.

⁷ [Protocole de prise en charge de surdose et utilisation de la naloxone dans la communauté en contexte de COVID-19.](#) (Document available in French only)



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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:

- Extreme contraction of the pupils (which become tiny, known by the name of *pinpoint pupils*)
- Troubled breathing: loud breathing, deep snoring, gurgling noises, very slow or irregular breathing, 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)
- 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 sites where people can sleep (ex. housing and shelters), 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, call **911**.
- 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, call **911**, administer naloxone and carry out cardiopulmonary resuscitation (CPR).
- 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

- Follow the protocol [Prise en charge de surdose et utilisation de la naloxone dans la communauté en contexte de COVID-19](#) (available in French only)
- Once naloxone has been administered and the person regains consciousness, stay with them until emergency services arrive. The effects of the opioids could resurge and provoke another overdose.

Naloxone: An antidote for opioids

Naloxone kits:

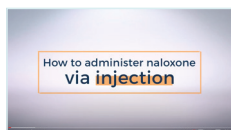
For organizations: Organizations that provide services to people who use psychoactive substances should have a few naloxone kits on hand.

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 context of COVID-19, the management of an opioid overdose must be adapted:

Wear a **protective gown, procedural mask, eye protection** (glasses or a face shield) and **gloves**. Put a procedural mask on the person's face (or cover their mouth and nose with a piece of cloth or an item of clothing). After the procedure, remove your gloves and wash your hands. Remove your eye protection, remove your mask and wash your hands once again. Put on a new procedural mask.

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

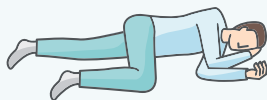
of a severe intoxication or overdose to alcohol

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 = 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, call **911**.
- 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.
- Slow and laboured breathing, difficulty waking up and vomiting while sleeping could be symptoms of an alcohol intoxication that could be fatal.
- Try to wake the person by speaking loudly or using painful stimulation (ex. pinching). If the person does not wake up, call **911** and stay with the person until emergency services arrive.
- 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).

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)

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.⁹

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 individuals who begin to experience symptoms of withdrawal, consuming alcohol may help to quell these symptoms. In such cases, it is important to diminish alcohol intake progressively, because ceasing completely and suddenly could cause severe withdrawal.

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

Classes and combinations of psychoactive substances	 Signs and symptoms of a severe intoxication or overdose	 Measures to adopt to prevent and respond
<p>Depressants other than opioids and alcohol.</p> <p>Ex. benzodiazepines such as Ativan®, Valium®, Rivotril®, Xanax®; GHB</p>	<ul style="list-style-type: none"> → Problems with coordination, unstable walking → Vomiting → Troubled breathing: loud breathing, deep snoring, gurgling noises, very slow or irregular breathing, or complete absence of breath <ul style="list-style-type: none"> → 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) → Drooling (the person is no longer able to swallow their saliva) 	<ul style="list-style-type: none"> → 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, call 911. → If the person is paranoid, delirious, hallucinating or aggressive, call 911. → 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, call 911 and stay with the person until emergency services arrive. → 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). → 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.
<p>Stimulants</p> <p>Ex. cocaine, crack, amphetamine (speed), methamphetamine, Ritalin®</p>	<ul style="list-style-type: none"> → Agitation, tics → Excessive sweating → Paranoia, delirium, hallucinations, aggressivity → Sensation of compression and tightening in the chest, palpitations <ul style="list-style-type: none"> → Fainting, loss of consciousness (you are not able to wake the person up) → Convulsions or paralysis 	
<p>Mind altering substances</p> <p>Ex. MDMA (ecstasy), cannabis, PCP, LSD, ketamine, magic mushrooms</p>	<ul style="list-style-type: none"> → Paranoia, alteration or loss of contact with reality → Agitation, aggressivity → Difficulty breathing → Nausea and vomiting → Convulsions <ul style="list-style-type: none"> → 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) 	
<p>Risky combinations</p>	<ul style="list-style-type: none"> → Combining depressants, including opioids, increases the risks of experiencing a severe intoxication or an overdose. → Combining alcohol with several psychoactive substances increases the risks of experiencing a severe intoxication or an overdose. 	

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



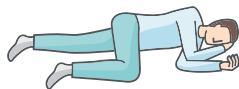
Call 911 and stay with the person while you wait for emergency services to arrive.

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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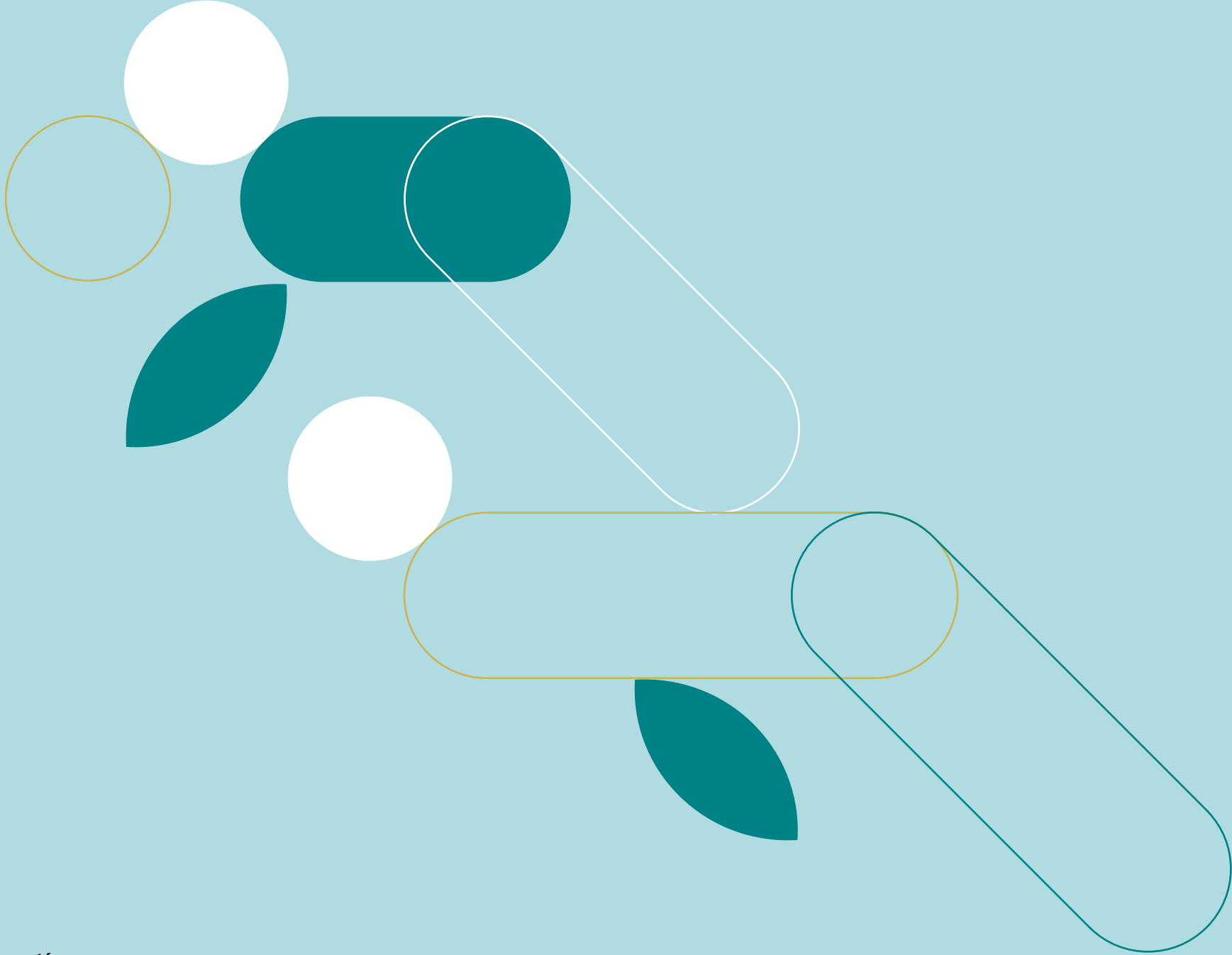
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Disclaimers

The views expressed herein do not necessarily reflect those of Health Canada.

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