

A CAMPUS OPIOID OVERDOSE PROTOCOL

WHY YOUR SCHOOL NEEDS ONE¹

Why does your campus need an opioid overdose protocol? The case is simple. When it comes to substance use, youth in Canada are at high risk. Consider that:

Youth are using non-medical opioids

- A high number of Canadian youth in grades 7 to 12 report the non-medical use of a pain reliever or opioid: up to 10% of youth in Ontario, 11.7% in Nova Scotia, 6.8% in Prince Edward Island, and 11.1% in New Brunswick.ⁱⁱⁱ
- Youth aged 15-24 have the second fastest-growing rates of hospitalizations from opioid harms in Canada, next to adults aged 25 to 44.^{iv}
- Up to 5.5% of post-secondary students surveyed in Ontario used prescription pain relievers that were not prescribed to them within the past 12 months.^v A national U.S. survey of post-secondary students also found that non-medical opioid use was 7%.^{vi}

Drugs are part of youth culture

- Drug consumption is part of college and university culture, where many young people experiment with drugs recreationally. They may experience peer pressure to do so, they may enjoy the experience, or they may use drugs to cope with the stresses, responsibilities, and new challenges related to their studies and living independently for the first time.
- Post-secondary students have a high rate of alcohol and polysubstance use (using several substances at once). Mixing opioids, benzodiazepines (tranquilizers), or alcohol can be deadly.

They're students, and they're enrolled in university and college. We shouldn't be naive and pretend that drug users aren't across the spectrum.

ZOË DODD, TORONTO HARM REDUCTION ACTIVIST



For Advocates: MAKING THE CASE

Even if your campus isn't ready to implement a protocol, you can create a compelling case for why it should. Here's what to include in your case or presentation to your campus decision-makers, like managers or directors of the health and wellness centre, or of counselling services.

Understand why your campus might be reluctant:

Your campus may be taking the position not to stock naloxone and/or offer training for staff and/or students. Or to only make naloxone available through health services staff and campus security. Some campuses report that they are prevented from training students due to concerns about legal responsibility – or liability – and the concerns of their insurance companies.

¹ Alignment between this protocol and other school policies (safety policies, student codes of conduct) may need to be considered. Also, for schools that have multiple or satellite campuses, it may be necessary to discuss if and how a protocol initiated at one campus should align with broader school policies.

If your campus is worried about lawsuits and liability:

- **In fact**, there is potential for great harm when students and staff are not trained to respond in overdose emergencies.
- **Even if an injection is given incorrectly, it will still work and will not cause harm.** Normally, the injection is given through the muscle, but it will still be effective if it is injected through a vein or into the skin. The syringe provided in a Naloxone Kit is designed to be administered through clothing.^{vii}
- Every province in Canada has **legislation that protects civilians who provide first aid**, including in cases of opioid overdose. No one need fear legal repercussions or liability when trying to help in an emergency.
- **Naloxone training doesn't oblige you to administer naloxone in an overdose emergency.** When students or staff opt to receive naloxone training, it does not mean they are required (by the college or university) to administer it in an overdose emergency.
- Naloxone is approved in Canada to be administered by a layperson (non-professional) or bystander in an opioid overdose emergency.



Tip:

Include the "Dispelling the Myths About Opioids" fact sheet in your presentation or case to campus decision-makers.

If your campus is concerned about wounds caused by needles (needle-stick injuries):

- **Injecting naloxone is like injecting an EpiPen.** The Naloxone Kit has two retractable syringes that retract back into the needle as soon as they are deployed. This helps prevent needle-stick injuries.
- Still, not everyone will be comfortable injecting naloxone and may be reluctant to get trained because of that. That's why there are two approved ways to deliver naloxone: by injection, or by using Narcan® nasal spray. Both are safe to administer. Make sure decision-makers know that **the nasal spray is also available**, and that giving it involves fewer steps.
- When a person "comes to" after receiving naloxone, **they are unlikely to react with fear or aggression (fight-or-flight response) although there is a small risk that they will.** In light of this, campuses should ensure that student peers are trained to respond when the person wakes up by educating them about the kind of responses they might see and how to manage these if they occur. The fear response may be more likely if police or emergency services (EMS) are present. When training peers, encourage them to immediately call 9-1-1 before administering naloxone and provide them with tips for creating an environment that is as safe as possible for the person regaining consciousness.

If your campus is concerned about trauma from witnessing or intervening in an overdose:

The experience of witnessing an overdose can be upsetting, and even traumatic. However, watching someone die from an overdose is no less traumatic. All campus overdose protocols should include a debrief and psychological supports for anyone involved. See the Template Tool for advice on how to include debriefing in your protocol.

DEVELOPING YOUR CAMPUS OPIOID OVERDOSE PROTOCOL

So, you're ready to create your protocol. What are the next steps?

Note: A template called "Your campus protocol – a template" is included in this toolkit.

STEP ONE

Establish a Planning Group

First, you may want to identify and create a **planning group**, comprised of staff, faculty and students, who will lead the development of the protocol, the planning and the implementation. **You can use the sample protocol included in this toolkit, and adapt it for your own campus.**

Involve all stakeholders – staff, faculty (including teaching assistants) and students – in your planning, including when and where to hold the trainings. This might mean polling, or it may mean hosting community meetings. This will increase engagement! It will also strengthen relationships among campus administrators, staff, faculty and students, while tapping into students' experiences of campus life. Together you can find creative ways to make your campus safer.

STEP TWO

Get with the legislation: Revise your Student Code of Conduct

Your current student code of conduct is likely in line with federal drug regulations in that students can face disciplinary action (expulsion) for possession of illegal drugs on campus. But students who aid in overdose prevention are exempt from disciplinary action (or prosecution). This is because a new law called the *Good Samaritan Drug Overdose Act* provides legal protection from simple possession charges for someone who experiences or witnesses an overdose and calls 9-1-1, whether or not they've been consuming drugs.²

In adopting this law, the Government of Canada recognized that witnesses were often afraid to call 9-1-1 for fear of arrest for drug possession or use. The *Good Samaritan Drug Overdose Act* aims to reduce that fear. Your campus can do the same – and help reduce the drug overdose crisis – by updating its student code of conduct.

² This law doesn't protect someone who:

- Has an outstanding warrant
- Is found to be producing and trafficking illegal drugs
- Has committed other crimes not outlined in the *Good Samaritan Drug Overdose Act*

STEP THREE

Your Training Plan

Your protocol will include a training plan to prepare staff, faculty and students to recognize and respond to situations involving overdose, including how to intervene using a naloxone kit.

WHAT IS TRAINING FOR?

Training prepares people to be as effective as possible in an opioid emergency.

WHO SHOULD BE TRAINED ON CAMPUS?

- Any adult – staff, faculty or student – can be trained to administer naloxone.
- Students who use drugs and their peers should be trained.
- Anyone who sees themselves as an ally in preventing overdose should take the training, including staff, faculty, and students. Your campus might consider incentivizing students to encourage participation (certificate of completion).
- Your campus will decide which training modules are mandatory for staff and faculty.

WHEN SHOULD TRAINING BE OFFERED?

You can provide ongoing trainings, or time them to coincide with key programs and events on campus, like:

- Orientation or “Frosh” week
- Fall reading week
- Winter reading week/spring break
- Exam times, when students may feel greater stress and anxiety
- End of semester/year, when students might get together to celebrate

You may also want to hold training sessions during public awareness campaigns and events, like:

- International Overdose Awareness Day (August 31st each year)
- National Addictions Awareness Week (November)
- Mental Health Week (the first full week in May)



Tip:

Identify a Naloxone Training Lead(s) who will be responsible for the training initiative on campus.

The lead(s) will:

- Identify suitable training programs available from public health or community agencies in your province or territory
- Plan and host naloxone training sessions, in collaboration with appropriate campus staff and services
- Coordinate the distribution of kits on campus, and inform trainees of their location(s)
- Keep and regularly update records of who has been trained
- Ensure documentation of staff who have acquired competencies to administer naloxone
- Organize response drills and offer an annual refresher naloxone training

Where to Stock Naloxone Kits on Campus

Stock naloxone kits in places where student health services are offered, and with your campus emergency responders and security services.

But don't stop there.

Not all students will feel comfortable asking for naloxone. They may be concerned about outing themselves as opioid users, or as being "at risk" of overdose. This could be stigmatizing.

So, where else on campus?

Opioid overdose kits should go wherever students do: in pubs, libraries, student centres, fitness centres and some bathrooms.



Tip:

Naloxone kits should be stocked wherever First Aid Kits and defibrillators are, and wherever there might be a higher risk of drug use.

Naloxone kits should be stocked wherever students spend their time.

Display signs to identify where kits are located.

Switch it, then pitch it. Naloxone's shelf life is 18 months. If it expires, replace the kit, then discard the expired one.

Naloxone kits should be easily accessible:

- Anywhere students spend their time
- With residence (dorm) staff, in residence reception areas and common rooms, in sororities and fraternities (and, if students are comfortable, in their dorm rooms)
- In the student lounge
- At the campus pub, bar and student night clubs
- At campus libraries
- In the Student Centre, at the student union office, and in the offices of student associations
- At campus health clinics and at the campus pharmacy
- In the campus security office and with campus emergency responders

Ask your campus pharmacy to carry it.

You will also want to brainstorm where to keep naloxone and do a campus "walkthrough" of high-risk locations. Involving students is key to doing this.



Tip:

Create a Campus Naloxone Map that can be posted and shared in common areas to indicate where naloxone is available on campus.

Storing naloxone³

You will want to ensure there are safeguards for properly storing naloxone and replacing it once expired.



Tip:

Identify a **“Naloxone Monitor.”**⁴ This staff/faculty member or student will be responsible for documenting and monitoring the expiry dates of each onsite naloxone kit. This person will also be responsible for replacing old kits and returning expired medication to the pharmacy.

The Naloxone Monitor will also ensure that:

- Naloxone is stored correctly:
 - at room temperature between 15°C and 25°C
 - not exposed to extreme temperatures (e.g. in a car, or outside). However, naloxone can be stored for short periods up to 40°C
 - in a dark place
 - kept in the box until it is ready to use
- It’s not expired:
 - Naloxone should be replaced before the expiry date on the box.
 - Don’t discard an expired Naloxone kit until you replace it. But, remember that using an expired kit or a kit that’s been exposed to temperature extremes is better than not using it at all.
- It remains stocked in each location.
- It remains out of reach of children.

³ For more information, visit: <https://www.narcannasalspray.ca/en/faqs>

⁴ Your campus may ask an occupational health and safety professional to take on this role.