Overdose Prevention and Response Guidelines

For Transition Houses, Second Stage Houses and Safe Homes

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BC Society of Transition Houses

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Overview

In April of 2016, BC's Provincial Health Officer declared a public health emergency in response to a sharp rise in overdose-related deaths in British Columbia. Fentanyl, a highly toxic synthetic opioid, has been detected in an increasing proportion of overdose events since 2016. Despite innovative responses and ongoing efforts from Health Authorities and community services across the province, BC saw the highest number of overdose-related deaths ever recorded in May and June of 2020, indicating that the unregulated drug supply remains highly toxic.[1]

Overdose-related deaths have been recorded in every region of the province, with some populations experiencing disproportionate impacts; people living in rural communities, people who are unhoused and people who are incarcerated face greater risk of overdose-related harms.[2] Systemic racism in healthcare systems, a lack of culturally safe supports and the ongoing, intergenerational impacts of colonization have contributed to the disproportionate impact of overdose-related harms on rural and urban Indigenous communities across the province.[3] Women with experiences of violence are also at greater risk of experiencing or witnessing an overdose;[4] and women whose children are "forcibly removed" from their care are 55 per cent more likely to have an overdose.[5] These odds of overdosing double for Indigenous women after losing custody of their child.

As BC faces a new public health emergency in responding to the novel coronavirus (COVID-19), existing social problems are being exacerbated. Reports from front-line services suggest rates and severity of violence against women and children are rising as family stressors increase and lockdowns force women and families to spend more time at home with perpetrators of violence.[6]

The use of substances is a common coping mechanism for women with experiences of violence; women report using substances in an effort to cope with the violence they are experiencing and other stressors in their lives including poverty, lack of access to safe, affordable housing, and the resulting impacts of violence on their physical and mental health.[7] Perpetrators of violence may also use substances as a tool to exert control over women, who may face increasing violence if they attempt to reduce or stop their use.

The toxicity and unpredictability of the unregulated drug supply in combination with the individual and societal impacts of COVID-19 place women who use substances at unprecedented risk of overdose. Front-line services can support the health and wellbeing of women experiencing violence and who use substances by working collaboratively from a trauma- and violence- informed approach to prevent further overdose-related harms.

These guidelines are intended to provide information and resources to help front-line workers prevent, recognize and respond to an overdose in Transition Houses, Second Stage Houses and Safe Homes. They also offer resources and information on how policies and guidelines within residential settings can prevent harms associated with substance use and support the health and safety of women who use substances.

Background Information

What is an overdose?

Toward the Heart provides the following definition of an overdose:

> *"An overdose (OD) is when the body is overwhelmed by exposure to a toxic amount of a substance or combination of substances. The body becomes unable to maintain or monitor functions necessary for life, like breathing, heart rate, and body temperature regulation. Not everyone who overdoses will die; however, there can be long term medical impacts from overdose, such as brain damage from lack of oxygen."*[8]

It is important to consider the language we use when discussing risks and harms related to substance use. For some, the term "overdose" implies that a person has intentionally taken an unsafe dose of a substance. In reality, most people have no way of knowing the chemical makeup and potency of a substance unless they have access to a safe supply. Due to the recent introduction of fentanyl and other highly toxic opioids into the unregulated drug supply, some medical professionals recommend the use of the term "poisoning" to better describe the epidemic of substance-related deaths happening across Canada.[9]

The implication of personal responsibility often associated with the word "overdose" can increase stigma associated with substance use, creating more barriers for people to access lifesaving support. However, for the purposes of clarity and consistency with current government and public health messaging, we have chosen to use the word "overdose" throughout this document.

What is fentanyl?

Fentanyl is a synthetic opioid used in medical settings to treat severe pain, often prescribed in the form of a slow-release patch. Unregulated forms of fentanyl are typically manufactured in labs and can be found in pill or powder form. Fentanyl is significantly more toxic than other opioids; it is 20 to 40 times more potent than heroin and 50 to 100 times more potent than morphine.[10] Fentanyl and fentanyl analogues[1] have been detected in samples of heroin, cocaine, oxycodone, crack and methamphetamine, placing both opiate and non-opiate substance users at risk of accidental overdose. Fentanyl has been detected - alone or in combination with other substances - in approximately 71% of overdose deaths in BC in 2020. [11]

[1] Fentanyl analogues are substances with very similar chemical makeup to fentanyl. For example, carfentanil is a fentanyl analogue typically used as a sedative for large animals, and is 100 times more potent than fentanyl.

How does fentanyl contribute to accidental overdoses?

An opioid overdose occurs when the body is flooded with opioids, which bond to specific receptors in the brain also responsible for breathing. A large or highly potent dose of an opioid substance can cause breathing to be significantly impaired or to stop altogether.

Due to the high potency of fentanyl, the difference between a safe dose and a dose that causes an overdose may be very small. Overdoses caused by fentanyl and fentanyl analogues can be more difficult to reverse than other opioid overdoses and require higher doses of naloxone. Fentanyl can be difficult to detect when mixed with other substances. People who distribute or use substances may not be aware that a substance contains fentanyl or how potent a substance may be. The risk of accidental overdose is increased when fentanyl is used with other substances such as alcohol, benzodiazepines, stimulants, and other opiates.

It is important to note that not all accidental overdoses involve fentanyl. Opiates and other drugs prescribed by a physician can cause overdose when taken improperly or in combination with other substances, including alcohol or other prescription medications.

What factors impact overdose risk?

A number of factors impact risk of accidental opioid overdose, including:

- **Potency:** Some substances are more potent than others, and different batches of the same substance may have different levels of potency, contributing to higher risk of overdose.

- **Quantity taken:** Using a large quantity of a substance in a short period of time, rather than taking several smaller doses, can increase the risk of overdose.

- **Tolerance:** Tolerance to opioids builds over time and varies from person to person. A dose that gets one person high may cause an overdose for another. Tolerance will be reduced after a period of cessation (e.g., a hospital stay, detox, incarceration), placing a person at increased risk of overdose upon returning to use.

- **Mixing:** Using other substances in combination with opioids increases the risk of overdose. This can include mixing opioids with depressants or “downers” - substances that suppress the central nervous system such as alcohol, benzodiazepines and barbiturates.

- **Method of use:** Injecting or smoking will deliver a substance more rapidly to the brain compared to other methods of use, and is more likely to cause an overdose.[12]

- **Setting of use:** Using alone places someone at higher risk of fatal overdose than using with others or in a supervised environment.

- **Health status:** Heart, lung or liver disease, infection, recent overdose history, sleep deprivation, malnourishment, and dehydration can all increase risk of overdose.
    - Note: COVID-19 can cause respiratory infection and other serious health complications, potentially increasing the risk of overdose.[13]

What does an opioid overdose look like?

Signs of an opioid overdose include:

- Impaired breathing: breathing slowly (less than 1 breath every 5-10 seconds), or not breathing at all.
- Non-responsiveness: can't be woken up, even with painful stimulus like rubbing your knuckles on their chest.
- Cold or clammy skin that may appear blue in lighter complexions or gray in darker complexions.
- Snoring or gurgling sounds.
- Tiny or "pinned" pupils.

Responding to an Opioid Overdose

Naloxone

Naloxone (NARCAN™) is a medicine used to temporarily reverse an opioid overdose. Naloxone is administered by injection or nasal spray and begins working rapidly (in 3-5 minutes) to restore breathing. Naloxone works by binding to opioid receptor sites in the brain, temporarily blocking the opioid from the receptor and working to restore normal breathing. The effects of naloxone can last between 20 and 90 minutes. If there is a large quantity of opioids in the person's system, the overdose may return once the naloxone wears off.

Naloxone is not effective for treating non-opioid overdoses, but can be used when multiple substances, including opioids, are involved in an overdose. Naloxone will have no effect on someone with no opioids in their system, and will not cause harm if administered to someone who is not overdosing.

How to Use Naloxone

If someone is overdosing, follow the **SAVE ME** protocol for administering naloxone.[14]

- **Stimulate:** Check if the person is responsive. Try calling their name and telling them you are going to apply pressure, then rub your knuckles across their chest. If they are still unresponsive, call 911.
- **Airway:** Place the person on their back. Check to ensure there is nothing blocking their airway, removing anything from their mouth.
- **Ventilate:** Plug their nose and tilt their head back. Blow enough air into their lungs to make their chest rise, giving one breath every 5 seconds.
- **Evaluate:** Check to see if they are breathing on their own. If not, prepare the naloxone.
- **Medication:** Inject one dose of naloxone into their shoulder, leg or buttocks. Continue to give rescue breaths (see below for description of rescue breaths).

- **Evaluate and support:** After 3-5 minutes, check to see if the person is breathing on their own. If they are still unresponsive, give another dose of naloxone. Continue to give rescue breaths and administer naloxone until help arrives. Stay with the person and place them in the recovery position if you have to leave them alone.

Please see the following video from Toward the Heart for detailed instructions on how to use naloxone when responding to an overdose.[15] Visit the Toward the Heart website to learn about where you can access naloxone kits and training.

Frequently Asked Questions

1. What if I'm not comfortable using naloxone, or naloxone is not available?

If you are responding to an overdose and naloxone is not available, call 911 immediately. If the person's breathing is severely impaired (less than one breath every 5-10 seconds), they are not breathing or they are unresponsive, give rescue breaths to ensure they receive oxygen as soon as possible.

Steps for rescue breathing [16]

1. Place the person on their back and tilt their chin upwards to open the airway.
2. Check their mouth and remove any items that could block their airway.
3. If available, place a protective barrier over their face.
4. Plug their nose and give 2 breaths, observing their chest rising as breaths are administered. If their chest does not rise, tilt the head back again and make sure their nose is plugged.
5. Continue to give one breath every 5 seconds.

Continue to give rescue breaths until help arrives. If the person is in cardiac arrest, chest compressions may be given in addition to rescue breaths. If an Automated External Defibrillator (AED) is available, it can be used and will be able to determine if a shock to the heart is required.[17]

2. What if the person is not actually overdosing and I give them Naloxone? Will it hurt them?

No. Naloxone will have no effect on someone who does not have opioids in their system. If you come across someone who is unresponsive and are not sure what happened, call 911 and provide first aid.

If you suspect they may be overdosing, administer naloxone if it is available and wait for help to arrive.

3. Can you give someone too much naloxone?

You will not harm someone by giving too much naloxone. If a person regularly uses opioids, a high dose of naloxone may cause withdrawal symptoms upon reversal of the overdose. If a person has been given naloxone and complains of withdrawal symptoms, explain that the symptoms should fade in 30-60 minutes.[18] Encourage them to avoid using opioids for the next few hours, as the overdose could return once the naloxone wears off.

4. Is it safe to administer naloxone to someone who is pregnant?

Yes. If a woman is pregnant and is experiencing an opioid overdose, call 911 and follow normal overdose response protocols (including administering naloxone) in order to restore breathing. Ensure that she receives medical attention as soon as possible, as withdrawal symptoms can cause fetal distress.[19]

5. What if someone is overdosing on stimulants?

Stimulants are substances that increase or "speed up" the activity of the central nervous system, including methamphetamine, cocaine, MDMA and Ritalin. While stimulants do not cause overdose in the same way depressants do, stimulant toxicity should be treated as medical emergency.

Signs of stimulant toxicity or "overamping" include loss of consciousness, chest pain, high temperature/sweating, rapid pulse, severe headache and seizures. If someone is showing signs of stimulant toxicity, call 911 and stay with them until help arrives. See Toward the Heart's guidelines on stimulant toxicity for more information.[20]

Someone who is "overamping" may also experience psychological symptoms, including severe anxiety, paranoia, agitation and hallucinations. You can provide support by inviting them to move to a calm environment and encouraging them to rest and hydrate. For more information on providing psychological support to someone who has used stimulants, see the Harm Reduction Coalition's Stimulant Overamping Guidelines.[21]

If someone is unresponsive and you are not sure what substance(s) they have used, you can still administer naloxone while you wait for help to arrive. Naloxone will not reverse a stimulant overdose but will temporarily suppress the effects of any opioids in their system. If they have not used opioids, naloxone will have no effect.

6. How can I protect myself and other staff and residents from COVID-19 transmission when responding to an overdose?

The BC Centre for Disease Control has released guidelines for the use of PPE and other safety considerations when responding to opioid overdoses in light of COVID-19. On the risk of COVID-19 transmission during overdose response, BCCDC states: "Whenever CPR is carried out, there is always a risk of infection, particularly if rescue breaths are given without PPE. However, this risk is very low relative to the very high risk of brain injury or death during an overdose event. Taking basic precautions will minimize risk of infection of both the patient and the responder."[22] Precautions include:

- Using the face shield in the naloxone kit which has a one-way valve and covers a large area of the face of the person who is overdosing. This protects you from their respiratory secretions and droplets.
- If you need to do chest compressions, place a towel or a small piece of clothing over the person's nose and mouth to protect yourself from droplets.
- After responding, dispose of the face shield, take off the gloves, and then wash your hands thoroughly.

Overdose Prevention and Harm Reduction in Transition Houses, Second Stage Houses and Safe Homes

There are many things we can do to prevent overdoses and promote harm reduction in Transition Houses, Second Stage Houses and Safe Homes. As there is currently little information and guidance related to overdose prevention and response for anti-violence residential settings, the following guidelines are intended to be adaptable to the unique needs and capacity of each organization and the diverse populations your organization supports.

Develop Policies and Protocols

1. **Develop a substance use policy** that provides clear guidelines governing different substance use-related scenarios in the organization, as well as guidelines for staff on how to respond in ways that promote safety and reduce the risk of harm associated with substance use. See the "Resources" section of this document for sample substance use policies.

    - Consider to what extent the current policy is aligned with the principles of harm reduction and where changes could be made to support the health and wellbeing of women who use substances.[23]

    - Consider how the current policy may encourage or dissuade residents from being honest with staff about their substance use and overdose risk.

    - Consider what barriers to service may exist for women who use substances and those who access opioid agonist therapy (OAT) such as methadone (Methadose) or buprenorphine (Suboxone).[24]

    - Ensure that the policy is in line with the ethics of the work and the organization. Policies that are difficult to enforce consistently or fairly can have a negative impact on staff morale and resident safety.

2. **Develop a comprehensive policy and protocol for responding to on-site overdoses** and train staff and volunteers on overdose prevention and response. See the "Resources" section of this document for sample overdose policies and protocols.

   A comprehensive overdose policy may include:

   - First aid, harm reduction and naloxone training for staff, volunteers, and residents.
   - Policy and procedures for recognizing and responding to an on-site overdose.
   - Policy and procedures for critical incident reporting in the event of an overdose.
   - Policy and procedures for debriefing and psycho-social support for staff and residents following an overdose.
   - Ongoing evaluation of the effectiveness of the policy, including input from residents.

   An overdose response protocol can entail:

   - Identifying areas where overdoses are likely to happen and come up with solutions to reduce the possibility of overdose.
   - Identifying key staff that are comfortable taking the lead during an overdose (e.g., calling 911, meeting first responders, providing rescue breaths and administering naloxone).
   - Ensure residents are aware of the protocol and know with whom to communicate if they suspect an overdose.
   - Have regular practice scenarios to help alleviate stress amongst staff in the event of an actual overdose.

3. **Ensure that staff feel supported and safe**

   - Create opportunities for staff to share their concerns.
   - Prioritize, normalize and create space for debriefing after critical incidents. Note, that some staff might want to take a walk, get a coffee or call a friend or family member immediately after an overdose reversal and allow time for this.
   - Encourage staff to use their sick time if they need a mental health day, and access the Employee Assistance Program if your organization has one.

Encourage Residents to Use Safely

Having open conversations with residents can assist in the prevention of overdoses and thus avoid staff distress related to responding to overdoses.

1. **Discuss overdose prevention** with residents and screen for overdose risk at intake.

    - Discuss your overdose prevention policy and procedures with residents upon intake, ensuring they are aware of what to do and who to inform if they suspect an overdose. If staff are not available 24/7, ensure residents know the location of naloxone kits in the house.

    - Consider how your organization's substance use policy may encourage or dissuade residents from being honest about their substance use. A woman is unlikely to share information about her substance use if she is worried about being denied services, which may place her at increased risk of overdose.

    - See Fraser Health's Engaging in Overdose Prevention Conversations resource to provide some examples of how to start the conversation.

2. **Ask residents how they would like to be supported** in keeping safe while staying in the house.

    - For example, some women might appreciate an occasional knock on the door or room check to ensure they are safe, while others may find the practice invasive.

3. **Make harm reduction supplies available** to residents, such as sharps disposals, take home naloxone kits, safe injecting supplies and drug testing kits.

    - Visit the Toward the Heart website for information on accessing and offering harm reduction supplies and the Facility Overdose Response Box program.

    - Consider the location of harm reduction supplies in the house and how this may impact accessibility. For example, some organizations report that sharps disposals are more likely to be used when placed in private bathrooms as opposed to staffed areas.

    - Consider providing lockers in rooms so residents can safely store medication and harm reduction supplies.

4. **Talk to residents about the availability and location of naloxone** in the house, and offer referrals to community resources including overdose prevention and supervised injection sites.

    - See a list of overdose prevention and supervised injection sites across BC.[25]

- Discuss or incorporate overdose prevention in groups and activities where appropriate.

5. **Offer support for Indigenous residents** who use substances to access culturally safe and relevant services.

    - Build relationships with Indigenous-led organizations in your community to support residents in accessing culturally safe harm reduction services.

        - See First Nations Health Authority's (FNHA) map of harm reduction projects for locations of Indigenous-led harm reduction projects across BC.

    - Learn about Indigenous perspectives on substance use and harm reduction.

        - See the Native Youth Sexual Health Network's article on Indigenizing harm reduction.[26]

        - See the Indigenous Harm Reduction video series and teaching guide from First Nations Health Authority:

            - Taking Care of Each Other: Harm Reduction
            - Taking Care of Each Other: Indigenizing Harm Reduction
            - Taking Care of Each Other: Reducing Stigma
            - Taking Care of Each Other: Hopes For The Future
            - Teaching Guide for 'Taking Care of Each Other'

6. **Put up posters and provide educational materials** to residents about overdose risks and safer using.

    - Encourage residents to practice safer using strategies[27], including:

        - using with others
        - using the LifeGuard Overdose Prevention app
        - starting slowly using "test" doses
        - using less when they are feeling unwell, and
        - carrying a naloxone kit

    - See the FNHA Overdose Prevention & Harm Reduction: Get Informed page for posters and video resources on overdose prevention and harm reduction.

Responding After an Overdose

Regardless of the outcome, an overdose can be a highly stressful and upsetting event for everyone in involved. Staff and residents may experience feelings of anxiety, sadness, fear, anger, grief and overwhelm in the aftermath of an overdose. It is important that staff and residents are supported in debriefing and discussing their feelings about what happened. Consider what resources are available within your organization and community to support staff and residents following an overdose.

The Impact Debriefing: Support for individuals and teams responding to overdoses resource and Vikki Reynolds' Opioid Catastrophe Responses offer some helpful tips for organizations in cases of overdose reversal and overdose deaths.

Debriefing is an important component of any overdose incident. It will ideally take place as soon after an overdose incident as possible and happen in a way that is structured and meaningful. During the debrief:

- Recognize that people respond in different ways to a crisis. Learn how staff members respond and what their support needs are.
- Don't go over all of the details. The goal is to connect in support and solidarity.
- Reflect on what happened and what was learned, including what could be done differently next time.

In the event of a death of a resident staying in the house, there are a number of things to be considered. These include:

- Who should be informed and how?
- Is there a way that the organization recognizes a death?
- What is available for staff in terms of mental health and stress leaves?
- What processes are in place for staff to debrief?
- What processes are in place for residents to debrief?

See the "***Support Following an Overdose Resources***" section of this document for more information on how to support your team and promote resiliency.

Additional Resources

Manuals

Fraser Health (2018). Overdose Prevention Site Manual.

Toward the Heart (2012). Training Manual: Overdose Prevention, Recognition and Response.

Vancouver Coastal Health (2018). Housing Overdose Prevention Site Manual.

Training Resources

Ontario Association of Interval and Transition Houses: Harm Reduction in VAW Organizations [online course]

Provincial Health Services Authority: Overdose Response for Organizations [in-person training]

Toward the Heart: Naloxone Training [online training]

Policy Resources

Fraser Health (2017). Overdose Response Protocol Checklist.

Ministry of Health (2017). Guidelines and Resources for Supportive Housing Providers, Homeless Shelter Providers and Regional Health Authorities on Overdose Prevention and Response.

Toronto Harm Reduction (2012). The First Seven Minutes: Designing an Overdose Prevention Protocol [video]

Toward the Heart (2017). Sample Overdose Policy.

The following resources were developed for a UK context, however provide some helpful guidance and considerations for a range of approaches to the use of substances in residential settings.

Flemen, K (2016). Getting it right: How to write a drugs policy.

Flemen, K. (2017). Sample Drugs Policy and Guidance Notes v1.01: Low Tolerance Version for Non-Using Environments.

Flemen, K. (2017). Sample Drugs Policy and Guidance Notes v1.01: Moderate Tolerance Version for Lower-Use Environments.

Flemen, K. (2016). Sample Drugs Policy and Guidance Notes v8.01: High Tolerance.

Naloxone Program and Harm Reduction Resources

LifeGuard Overdose Prevention App

Toward the Heart: BC Harm Reduction Sites

Toward the Heart: Facility Overdose Response Box Program

WorkSafeBC (2017). First Aid Advisory: Naloxone.

Support Following an Overdose Resources

Toward the Heart (2015). Take Home Naloxone: A Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal

AIDS Bereavement and Resiliency Program of Ontario (2018). Impact Debriefing: Support for individuals and teams responding to overdoses.

Vikki Reynolds: Opioid Catastrophe Responses

Provincial Health Services Authority: Mobile Response Team

COVID-19 Resources

BC Centre for Disease Control (2020). COVID-19: Provincial Episodic Overdose Prevention Service (e-OPS) Protocol.

BC Centre for Disease Control (2020). COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS)

VAW and Overdose Resources

Ataiants, J. et al. (2020). Multiple Victimizations and Overdose Among Women With a History of Illicit Drug Use.

BC Centre of Excellence for Women's Health (2018). Trauma-Informed Practice & the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers.

BC Society of Transition Houses (2011). Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use.

El-Bassel, N. et al (2019). Drug overdose among women in intimate relationships: The role of partner violence, adversity and relationship dependencies.

Goldberg, S. M. (2020). Addressing Violence and Overdose Among Women Who Use Drugs—Need for Structural Interventions.

West Coast Leaf (2020). The Overdose Crisis isn't Gender Neutral.

Other Resources

Ministry of Mental Health and Addictions (2019). A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.

References

[1] BC Coroner's Service (2020, August 25). *Illicit drug toxicity deaths in BC: January 1, 2010 – July 31, 2020.* Ministry of Public Safety & Solicitor General. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[2] Blezak, L. & Halverson, J. (2018). Evidence synthesis - The opioid crisis in Canada: a national perspective. *Health Promotion and Chronic Disease Prevention in Canada, 38*(6), 224–233. doi: 10.24095/hpcdp.38.6.02

[3] First Nations Health Authority (2017). *Overdose data and First Nations in BC: Preliminary findings.* https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf

[4] El-Bassel, N., Marotta, P. L., Goddard-Eckrich, D., Chang, M., Hunt, T., Wu, E., et al. (2019) Drug overdose among women in intimate relationships: The role of partner violence, adversity and relationship dependencies. *PLoS ONE, 14*(12). https://doi.org/10.1371/journal. pone.0225854

[5] Watson, B. (2020, Nov. 19). Mothers of children removed from their care are more likely to accidentally overdose, study shows. *CBC News.* Mothers of children removed from their care are more likely to accidentally overdose, study shows | CBC News

[6] Daya R. & Azpiri, J. (2020, April 7). Calls to Vancouver domestic-violence crisis line spike 300% amid COVID-19 pandemic. *Global News.* https://globalnews.ca/news/6789403/domestic-violence-coronavirus/

[7] BC Society of Transition Houses (2011). *Report on violence against women, mental health and substance use.* https://bcsth.ca/publications/report-on-violence-against-women-mental-health-and-substance-use/

[8] Toward the Heart (2012). *Training manual: Overdose prevention, recognition and response.* https://towardtheheart.com/assets/uploads/1498514967PSAevW07SnLq5ijdOkb7Rr3YNBTMxd4jhysYRI1.pdf

[9] Allingham, J. (2017, September 2). Is the fentanyl situation an overdose crisis or a poisoning crisis? *CBC News.* https://www.cbc.ca/news/canada/british-columbia/overdose-fentanyl-1.4269917

[10] Toward the Heart (n.d.). *Fentanyl*. Retrieved September 1, 2020 from: https://towardtheheart.com/fentanyl

[11] BC Coroner's Service (2020, August 25). *Illicit drug toxicity deaths in BC: January 1, 2010 – July 31, 2020.* Ministry of Public Safety & Solicitor General. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[12] National Harm Reduction Coalition (n.d.). *Opioid overdose basics: Overdose risks and prevention.* Retrieved September 1, 2020 from: https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/

[13] BC Centre for Disease Control (2020, June 26). *COVID-19: Provincial episodic Overdose Prevention Service (e-OPS) protocol.* BC Ministry of Health. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf

[14] Toward the Heart (n.d.). *Opioid overdose awareness.* Retrieved September 1, 2020 from: https://towardtheheart.com/opioid-od-awareness

[15] Toward the Heart (2016). *How to use Naloxone.* https://vimeo.com/185012011

[16] National Harm Reduction Coalition (n.d.). *Opioid overdose basics: Responding to an opioid overdose*. Retrieved September 1, 2020 from: https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/

[17] Manitoba Health, Seniors and Active Living (2017). *Training Manual: Overdose Prevention, Recognition and Response.* Government of Manitoba. https://www.gov.mb.ca/health/publichealth/docs/training_manual_overdose.pdf

[18] National Harm Reduction Coalition (n.d.). *Opioid overdose basics: Overdose FAQs.* Retrieved September 1, 2020 from: https://harmreduction.org/issues/overdose-prevention/overview/overdose-faqs/

[19] Toward the Heart (2018). *Naloxone use in pregnancy.* https://towardtheheart.com/assets/uploads/1538068528cwLmmlvQwI6FMZizJ88aR6U6aLaqFdhB22p36a9.pdf

[20] Toward the Heart (n.d.). *Stimulant overdose awareness.* Retrieved September 1, 2020 from: https://towardtheheart.com/stimulant-od-awareness

[21] National Harm Reduction Coalition (n.d.). *Stimulant overamping basics.* Retrieved September 1, 2020 from: https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/

[22] BC Centre for Disease Control (2020, April 21). *COVID-19: Responding to opioid overdoses in Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS).* BC Ministry of Health. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_RespondingToOpioidODsInOPS_SCS.pdf

[23] National Harm Reduction Coalition (n.d.). *Principles of harm reduction.* Retrieved September 1, 2020 from: https://harmreduction.org/about-us/principles-of-harm-reduction/

[24] Centre for Addiction and Mental Health (2016). *Opioid agonist therapy*. https://www.camh.ca/-/media/files/oat-info-for-clients.pdf

[25] Government of B.C. (2020, June 30). *Safe spaces that help stop overdoses.* Ministry of Mental Health and Addictions. https://www.stopoverdose.gov.bc.ca/theweekly/safe-spaces-help-stop-overdoses

[26] Native Youth Sexual Health Network (2016). Indigenizing harm reduction: Moving beyond the four-pillar model. *Visions Journal, 11*(4), p. 36. https://www.heretohelp.bc.ca/visions/indigenous-people-vol11/indigenizing-harm-reduction

[27] Toward the Heart (2020). *Safer Sex and Safer Drug Use*. Retrieved October 1, 2020 from: https://towardtheheart.com/safer-use