



THE MEMENTO

Promoting Well-Being & Self-Awareness

INFORMATION ABOUT OPIOIDS & A CONSUMPTION CALENDAR

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The purpose of this Health Promotion Booklet is to increase health, well-being and self-awareness by providing useful information about opioids and a calendar to record drug consumption. The Booklet was designed in collaboration with Plein Milieu to support the population of Plateau-Mont-Royal.

Disclaimer:

Please note this is a student product. Although we strive to ensure the product is accurate, ethical and credible, by using the product, the user is responsible for possible errors, omission and outcomes that can be present inadvertently.

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McGill Created by Ingram School of Nursing students

WHAT ARE OPIOIDS ?

- Opiates are compounds present in the opium poppy plant.
- Morphine is an opiate.
- Opioids and opiates act the same in the brain.
For convenience, the term opioids will be used.

Did you know...

- Opioids are synthetic compounds (man made) derived from morphine.
- Morphine is a natural substance taken from the seed pod of opium poppy plants in Southeast and Southwest Asia, Mexico, and Colombia.
- A significant increase in opioid prescriptions for moderate to severe pain control led to an increase in cases of opioid abuse and addiction.
- Today, non-opioid treatments (Examples: Tylenol, Advil, etc.) are the first step in treating pain.

The following image shows the strengths of common opioids compared to morphine



OPIOIDS THAT ARE PRESCRIBED

(EXAMPLES: CODEINE, MORPHINE, OXYCODONE, HYDROMORPHONE, FENTANYL)

Opioids are mainly prescribed for **moderate to severe pain**.

Available forms: Syrups, Tablets, Capsules, Nasal spray, Skin patches, Suppositories, Liquids for injection

Possible Undesirable Effects

Short-term:	Long-term:
<ul style="list-style-type: none">• Drowsiness• Nausea & Vomiting• Constipation• Euphoria• Headaches, Dizziness and Confusion• Difficulty breathing• Impotence in men	<ul style="list-style-type: none">• Increased tolerance• Substance use disorder or dependence• Worsening pain• Liver damage• Infertility in women



Risk of substance use disorder, dependence or overdose INCREASES when medication are:

- Taken at higher doses
- Taken in a different way or for different reasons than they were prescribed
- Used with alcohol or other prescription, over-the-counter or illegal drugs

TAKING OPIOIDS THAT HAVE NOT BEEN PRESCRIBED (ILLEGAL MARKET)

The ingredients and their amounts are unknown and could have been modified.

Fentanyl is known to have been added to many opioid products.

FENTANYL is:

A powerful prescription pain control medication about **100 X** stronger than morphine.

Odourless and **tasteless**, and therefore hard to detect

Only 2 milligrams (the size of about 4 grains of salt) is enough to cause death

Involved in **73%** of opioid-related deaths

What contributed to the increase of opioid-related deaths, better known as **The Opioid Crisis** occurring in Canada

THE OPIOID CRISIS IN CANADA

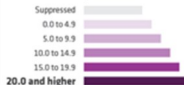
IN CANADA IN 2017:

- **11 deaths/day** related to opioid use. The majority of them were heroin users.
- Heroin is an illegal opioid that is highly addictive both psychologically and physically. It enters the brain very quickly and can depress breathing.
- The addition of FENTANYL to heroin without the consumer's knowledge contributed to the opioid crisis.
- The crisis also affected Montreal and Plateau-Mont-Royal area. Various forms of help are available through **Community Resources** (page 17) and **Harm Reduction Initiatives** (page 7)

APPARENT OPIOID-RELATED DEATHS

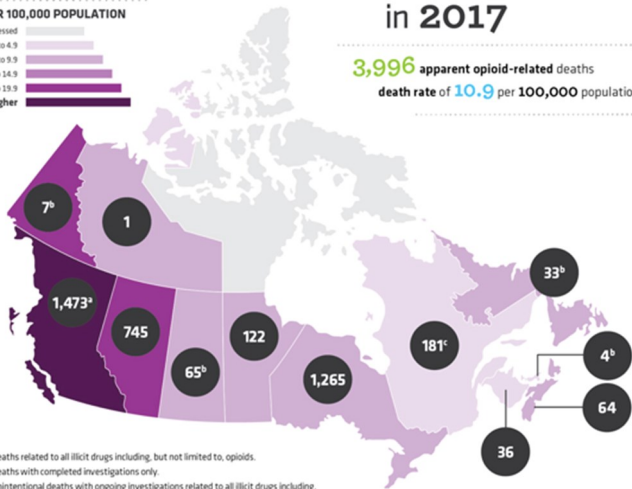
● Number of deaths in 2017

RATE PER 100,000 POPULATION



in 2017

3,996 apparent opioid-related deaths
death rate of **10.9** per 100,000 population



a Includes deaths related to all illicit drugs including, but not limited to, opioids.

b Includes deaths with completed investigations only.

c Includes unintentional deaths with ongoing investigations related to all illicit drugs including, but not limited to, opioids, from July to December only.

(Public Health Agency of Canada, 2018)

HARM REDUCTION INITIATIVES

PROMOTING SAFE PRACTICES FOR OPIOID USERS

What is harm reduction in the context of drug use ?

A non-judgmental approach aimed at promoting health and engagement of individuals within a community by reducing harm related to substance use.

Some initiatives put in place:

- Facilitate access to naloxone (see page 10)
- Disposable bins for used syringes
- Supervised Injection Sites (SIS)
- Access to sterile material
- Outreach workers
- Education and prevention activities
- Screening for infectious diseases

Refer to page 17 for local resources



RECOGNIZE THE SIGNS & SYMPTOMS OF OPIOID OVERDOSE

Overdose is caused by DEPRESSION of the Central Nervous System (CNS)*.

Opioids, alcohol and sedatives are called DEPRESSORS as they slow down the activity of the CNS.

***CNS** = Part of the nervous system including the brain that integrates the information and coordinates the activities of the body.

Breathing will be slow or gone



Lips and nails are blue



Person is not moving



Person may be choking



You can hear gurgling sounds or snoring



Can't be woken up



Skin feels cold and clammy



Pupils are tiny



Adapted with permission from the Ontario Harm Reduction Distribution Program

www.ottawapublichealth.ca

YOU CAN HELP! ACTIONS TO TAKE



Try to **wake** the person



Call **911**

If a phone is not available give one dose of Naloxone (Narcan), if available, and get help



Administer **Naloxone (Narcan)**

If available



Check for **breathing**

If not breathing, CPR is needed



Stay with the person until help arrives

GOOD SAMARITAN DRUG OVERDOSE ACT: Protects you from being charged or convicted for simple possession of controlled substances if you call 911 to report an overdose, or if you are at the scene when emergency services arrive

NALOXONE (NARCAN)

- Temporarily reverses the effects of opioid overdose
- Will require additional doses after **2-3 minutes** if the person is still unresponsive after initial dose
- For additional doses use opposite nostril
- **Free** in pharmacies
- Available as a ready to use **nasal spray** (injectable form is also available)
- Community benefit organizations have access to naloxone kits.



www.empr.com

**You can attend
Free Naloxone Workshop**

Méta d'Âme
514-528-9000
www.metadame.org

WHEN REDUCING OR STOPPING OPIOID CONSUMPTION

WITHDRAWAL SIGNS & SYMPTOMS

Emotionally
unstable

Sweating

Yawning

Nausea,
Vomiting

Goosebumps

Sneezing

Diarrhea

Dilated
Pupils

Fever

Muscle
Aches

Teary Eyes

Insomnia

Following a prolonged use of opioids, you may develop a psychological or physical dependence. As a result, reducing or stopping opioid consumption will provoke undesirable reactions called withdrawal.

Withdrawal signs and symptoms tend to intensify during the first 3 days, but will progressively decrease.

Proper support and withdrawal management strategies can offer ways to help reduce these undesirable effects

COMMON WAYS OF REDUCING OR STOPPING OPIOID CONSUMPTION

It is important to be informed and accompanied before and throughout the process.

Help is available, refer to page 17 for resources.

"Cold Turkey"

(Abrupt cessation)

Not recommended

Risk of overdose in
the case of relapse

"Progressive Reduction"

It is recommend to
be followed by a
health professional

Rigorous follow up
is needed for doses,
schedule and signs &
symptoms of
withdrawal

Substitution with Medication

(methadone or
suboxone)

Detox or Sobriety
maintenance

Therapies can be supported by non-opioid medication to manage symptoms (nausea, diarrhea, and muscle aches)

SUBSTITUTION WITH MEDICATION (SUBSTITUTES)

It is a regulated way to suppress withdrawal symptoms and cravings related to opioids under medical supervision.

	METHADONE	SUBOXONE (Buprenorphine + Naloxone)
Time to take effect	30 to 60 min	30 to 60 min
Frequency	Take everyday	Every 2 to 3 days
Route of administration	Oral (liquid form)	Sublingual
What to expect if you stop	Marked and prolonged withdrawal symptoms	Fewer withdrawal symptoms
WHAT TO KNOW	<ul style="list-style-type: none">• If treatment is stopped for 3 days or more, the dose needs to be readjusted due to high risk of overdose.• Analgesic effect (action duration 24h)• Does not induce euphoria and causes less sedation than other opioids.	<ul style="list-style-type: none">• Contains naloxone• Less sedation• Decreased risk of overdose
Anticipated Side Effects:	Sweating, hot flashes, constipation, weight gain, decreased libido, swelling, itchiness, palpitations	

This table presents general information, but note that dosing and effects may vary depending on individual response.

SUBSTITUTION AND CONSUMPTION:

IF TAKING A SUBSTITUTE AND THINKING OF USING OTHER DRUGS...

UNDERSTANDING the risks, helps you adopt **SAFER** practices

- Taking suboxone after taking other drugs could provoke withdrawal symptoms.
- Taking another drug might decrease the effect of the substitute
 - You might feel like the substitute has less of an effect in managing your opioid withdrawal symptoms

Support is available:

The **Cran** (*Centre de recherche et d'aide pour narcomanes*) is an organization that provides access to treatment for opioid dependence, follow up and support to individuals taking or planning to take a substitute. Address: 110, rue Prince-Arthur Ouest / 514-527-6939 / www.cran.qc.ca

HEALTH PROMOTION TIPS

AVOID CONSUMING ALONE to ensure assistance if you overdose

AVOID HAVING EVERYONE in the group consuming at the same time

DO NOT USE OTHERS' SYRINGES or material to prevent life-threatening infections

ENSURE USE OF STERILE SUPPLIES to consume safely and prevent any infections

DISPOSE USED MATERIAL in appropriate bins to ensure safety and cleanliness

HAVE NALOXONE on you and know where to find a phone

CONSIDER GOING TO Supervised Injection Site (SIS)

HOW TO USE THE CALENDAR

Purpose: Reflect on your consumption and its impacts on your daily life. From there, you may take specific actions to make positive changes that will enhance your health and well-being.

	MON	TUE	WED	THU
week 1				
	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____
	\$: _____	\$: _____	\$: _____	\$: _____
	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____
week 2				
	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____
	\$: _____	\$: _____	\$: _____	\$: _____
	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____

- The calendar can be used for one month at a time
 - Additional calendars are available at Plein Milieu
- Everyday, you write down the drugs taken, the money spent on drugs and circle how you feel after consuming
- This calendar is meant to help you record your consumption and increase self-awareness
- Can be used as a reminder to take your regular medication

CACTUS MONTREAL: Safe Injection Site.

1244 Berger street / 514-847-0067 / Proximity worker

514-561-4700 / 1-855-561-4700.

Sunday to Thursday: 4p.m. to 4 a.m. and Friday and Saturday: 4 p.m. to 6 a.m.

www.cactusmontreal.org

DOPAMINE: Sterile Syringe Access, Safe injection site (SIS), Proximity workers.

4205 Ontario East: Syringe Access and SIS / 3591 Sainte-Catherine Street East:

Drop in Center. 514-251-8872 / Monday to Sunday: 8 p.m. to 1 a.m.

www.dopamine.ca

L'ANONYME: Mobile Service and Psychological Support.

1-844-381-2455 (mobile unit- SIS mobile) / 1-855-236-6700 (Bus)

Every night from 0:30 a.m. to 6:30 a.m., www.anonyme.ca

SPECTRE DE RUE: Sterile material access, Safe Injection Site, Proximity work.

1278 Ontario East / 514 528-1700 / Monday to Friday: 9:30a.m. to 6 p.m.

Saturday and Sunday: 10 a.m. to 4 p.m., www.spectrederue.org

CLSC du Plateau-Mont-Royal

4625, avenue De Lorimier / 514 521-7663

RELAIS MÉTHADONE: Support to individuals dependent of opioids.

1015, Ste-Catherine East / 514-847-9300

RESOURCES



PLEIN MILIEU

Sterile material access, Proximity workers

4677 rue St-Denis

514-524-3661

Site fix Monday to Friday 5-7pm







































































www.pleinmilieu.qc.ca



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MONTH : _____

	MON	TUE	WED	THU	FRI	SAT	SUN	total
week 1	    	    	    	    	    	    	    	
	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	
	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	
	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	\$: _____
week 2	    	    	    	    	    	    	    	
	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	Drugs : _____	
	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	
	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	<input type="checkbox"/> Meds / h : _____	\$: _____

Legend     
 Happy/sad/angry/sick/worried

Drugs : what drugs did you take ?

H : heroin, **CK** : crack, **C** : cocaine **O** : opiates **CM** : crystal meth **SP** : speed

\$: how much money did you spend ? **meds / h** : did you take your meds / at what time ?

MON

TUE

WED

THU

FRI

SAT

SUN

total

week 3



Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____

\$:

week 4



Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

Drugs : _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

\$: _____

☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____☐ Meds / h : _____

\$:

I was feeling mainly _____ this month. Total of the month \$: _____

Notes : _____



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