

The background of the slide features a faded image of a group of people in a huddle. On the left side, a person is wearing a green uniform, likely a St. John Ambulance member. The rest of the group is in dark clothing. The overall scene suggests teamwork and support.

St. John Ambulance WCB OHS Conference 2024

IYAD MANSOUR

Director of Learning SJA NS/PEI

Saving Lives Together: Combating the Opioid Crisis in Canada through Innovative Training and Partnerships



St. John Ambulance

SAVING LIVES
at work, home and play

Off The Top

- * **About Me – Iyad Mansour**
- * **Before We Start**
Sensitive Subjects
No Pressure to Participate
Exit as Needed
- * **Let's Begin!**

Iyad Mansour (Pronounced E-yad)



Director of Learning at St. John Ambulance NS/PEI. Iyad has 15 years of experience in logistics, Learning/Development, project management and health and safety project development and implementation. Iyad oversees the training department and is responsible for all programs and delivery in Nova Scotia/PEI. From First Aid to Mental Health and Wellness courses, Iyad ensures the appropriate onboarding of instructors with the latest best practices to teach and build curricula for the modern learner. Iyad is a health and safety advocate and strives to work with partners (provincially and nationally) to deliver world-class programs to PE Islanders and Atlantic Canadians.



St. John Ambulance

St. John Ambulance is a humanitarian organization and is the foundation of the Order of St. John. The charity has operated in Canada since 1883 with a mission to improve people's health, safety, and quality of life, training over 500,000 students in Canada each year in first aid and CPR. Its volunteers also provide hundreds of thousands of hours of community service across Canada. All proceeds from training and product sales fund St. John Ambulance's community services, in addition to generous support from donors.

Opioids... What are they?

- **What is an opioid?**

An opioid is a class of medication typically prescribed by a Doctor, Dentist, or Nurse Practitioner to treat types of acute pain. Opioid medications, like Morphine, come in a variety of formats and formulations and when used as prescribed, will safely treat a patient's pain with minimal side effects

- **What are examples of prescribed opioid medications?**

Examples include, Morphine, Oxycodone (Percocet™, Oxycocet, OxyNeo™), Fentanyl (Duragesic™ patches), Hydromorphone (Dilaudid™), Codeine (Tylenol™ #2 and #3's, certain cough syrups), and Methadone.

- **Are there examples of non-prescribed opioids?**

Prescription medicines (as described above) can be re-directed to the illegal narcotics trade and sold or used by others who have not had them prescribed as part of a treatment plan. Other examples include heroin, fentanyl and fentanyl analogues, like carfentanil – often imported illegally into Canada

Opioid Types and Consumption Methods

HEROIN



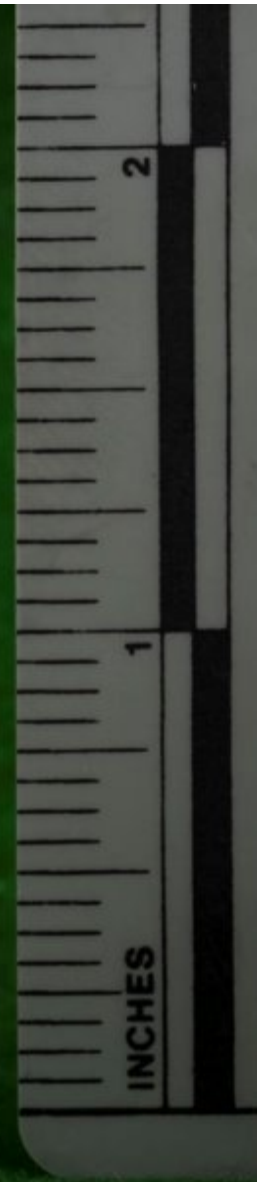
FENTANYL



COUNTERFEIT
OPIOIDS



LETHAL DOSE



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Canadian Statistics

The latest statistics from the Public Health Agency of Canada, in 2019, there were **11,577** apparent opioid-related deaths in Canada from January 2016 to December 2019.

Of these deaths, the highest number occurred in British Columbia, followed by Ontario and Alberta.

Atlantic Canada saw the highest rate of opioid-related deaths per 100,000 people in 2019, with Newfoundland and Labrador having the highest rate among the four Atlantic Provinces.

Every Canadian Prepared to Save a Life



Our Agenda



1st The Partnership



2nd The Course



3rd The Impact



4th Workplace Implications and the Future



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OPIOID POISONING RESPONSE TRAINING

COURSE OBJECTIVES

After completing this course, you will be able to:

- 1 Define Stigma and Harm Reduction**

- 2 Identify the Types of Opioids and their Impact**

- 3 Manage an Opioid Poisoning Emergency Using the SAVE ME Steps**

- 4 Develop a Self-Care Plan**



Dr. Glenn Doyle
@DrDoyleSays

You don't just "treat addiction."

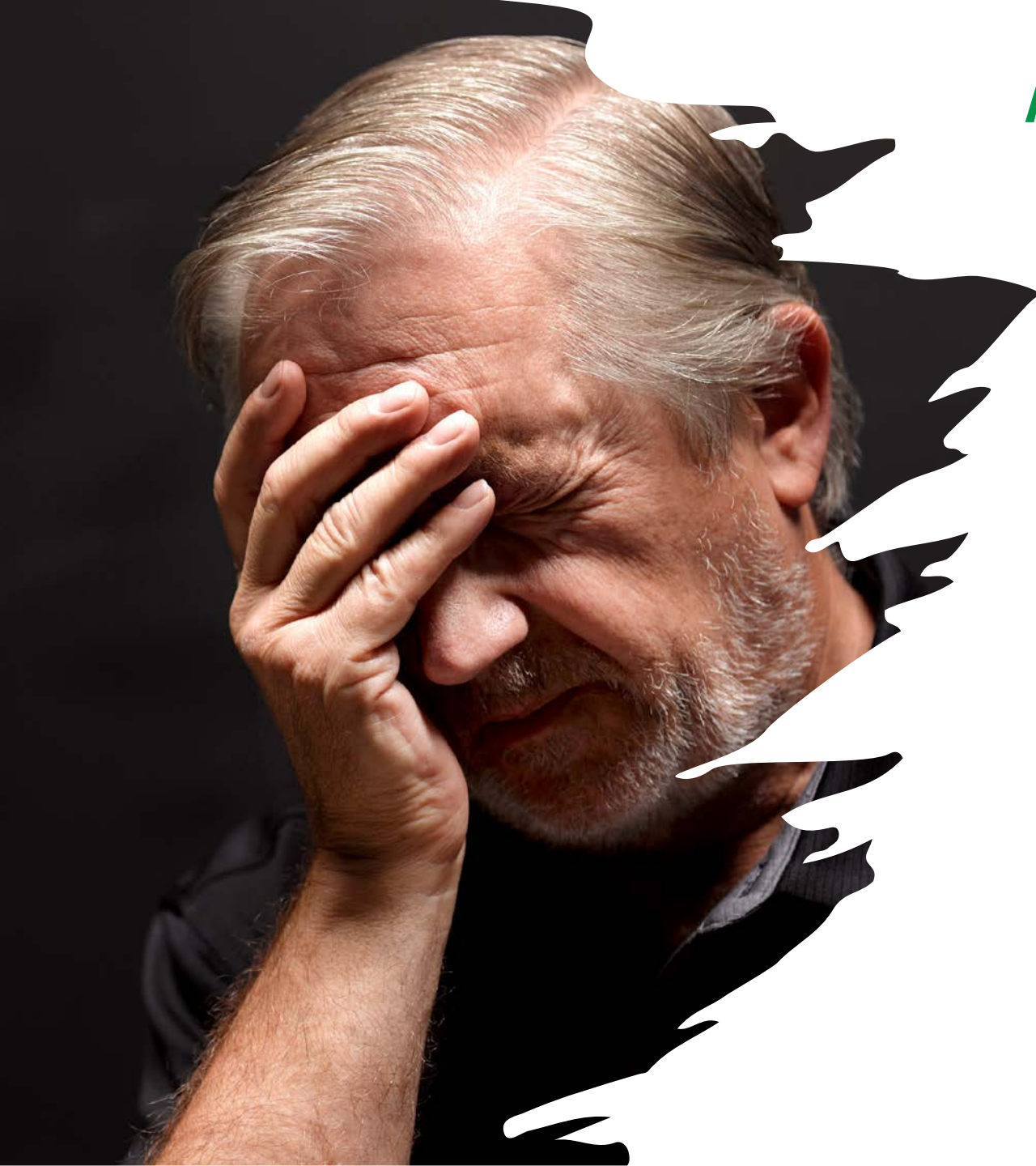
You end up treating anxiety, depression, PTSD, loneliness, rage, despair, toxic secrets, regret, undiagnosed head trauma, untreated ADHD.

Then you realize addiction is often someone's best attempt to cope when they don't see other options.

1:01 PM · 10/7/20 · [Twitter Web App](#)

TRAUMA *CAN* BE THE GATEWAY DRUG

Self medicating with substances are often the results of Adverse Childhood Experiences (ACE) or untreated trauma



Adverse Childhood Experiences (ACE) Test

1. Have you ever experienced physical or emotional abuse from an adult in your life?
2. Have you ever experienced neglect from an adult in your life?
3. Have you ever experienced the death of a parent or primary caregiver?
4. Have you ever experienced a family member in jail or prison?
5. Have you ever been separated from a parent or primary caregiver for an extended period of time?
6. Have you ever witnessed a parent or primary caregiver being abused?
7. Have you ever lived with someone who had a mental illness, substance abuse problem, or who was violent?
8. Have you ever experienced financial hardship or insecurity due to a parent or primary caregiver's inability to provide for the family?
9. Have you ever experienced bullying or teasing from peers or adults?
10. Have you ever experienced homelessness or a change in living situations due to economic or family circumstances?

SYSTEMIC STIGMATIZATION

- Stereotypes
- Labels
- Discrimination
- Informs perceptions of others
- Impacts how we treat groups



PERSON-FIRST

INSTEAD OF:	USE:
Addict	<ul style="list-style-type: none">• Person with substance disorder• Person with opioid use disorder (OUD) or patient• Asking people how they identify• Person that uses drugs• The acronym, PWUD, as a word
User, drug abuser, junkie	
Former addict	
Abuse	<p>For Illicit drugs:</p> <ul style="list-style-type: none">• Drug use <p>For Rx Medication:</p> <ul style="list-style-type: none">• Drug misuse• Used other than prescribed• Using them the way that I want to use them
Clean	<p>For toxicology screen results:</p> <ul style="list-style-type: none">• Testing negative <p>For non-toxicology purposes:</p> <ul style="list-style-type: none">• Being in remission or recovery• Person in long term recovery• Abstinent from drugs• Not drinking or taking drugs• Not currently or actively using drugs• Sober
Habit	<ul style="list-style-type: none">• Substance use disorder• Drug use

LANGUAGE

HARM REDUCTION TRY TO BE PRAGMATIC

- What is realistic within the organization?
- Is policy causing more harm?
- What is the path of least resistance to help people?



What to do in an Opioid poisoning emergency?

- 1. Call 911 immediately: Opioid overdoses can be deadly, so it is important to get medical help as soon as possible.**
- 2. Administer naloxone if available: Naloxone is a medication that can rapidly reverse the effects of an opioid overdose. It is available over-the-counter in many states and is usually administered as a nasal spray.**
- 3. Provide rescue breathing: If the person is unresponsive and not breathing normally, provide rescue breathing until medical help arrives.**
- 4. Monitor the person's vital signs: While waiting for medical help, check the person's pulse and breathing to make sure they are stable.**
- 5. Stay with the person: Stay with the person until medical help arrives and make sure they are comfortable. If possible, try to stay with the person until medical help arrives.**
- 6. Stay calm: It can be very stressful to witness an opioid poisoning. It is important to remain calm and try to help the person as best you can.**



GOOD SAMARITAN DRUG OVERDOSE ACT

**If you or someone call 9-1-1
for medical help, you are
NOT to be charged with:**

- **Simple possession of an illegal substance (i.e., drugs)**
- **Breach of conditions regarding simple possession of illegal substances (i.e. drugs) in:**
 - **Pre-trial release**
 - **Probation orders**
 - **Conditional sentences**
 - **Parole**



How Is It Going?

Program Evaluation

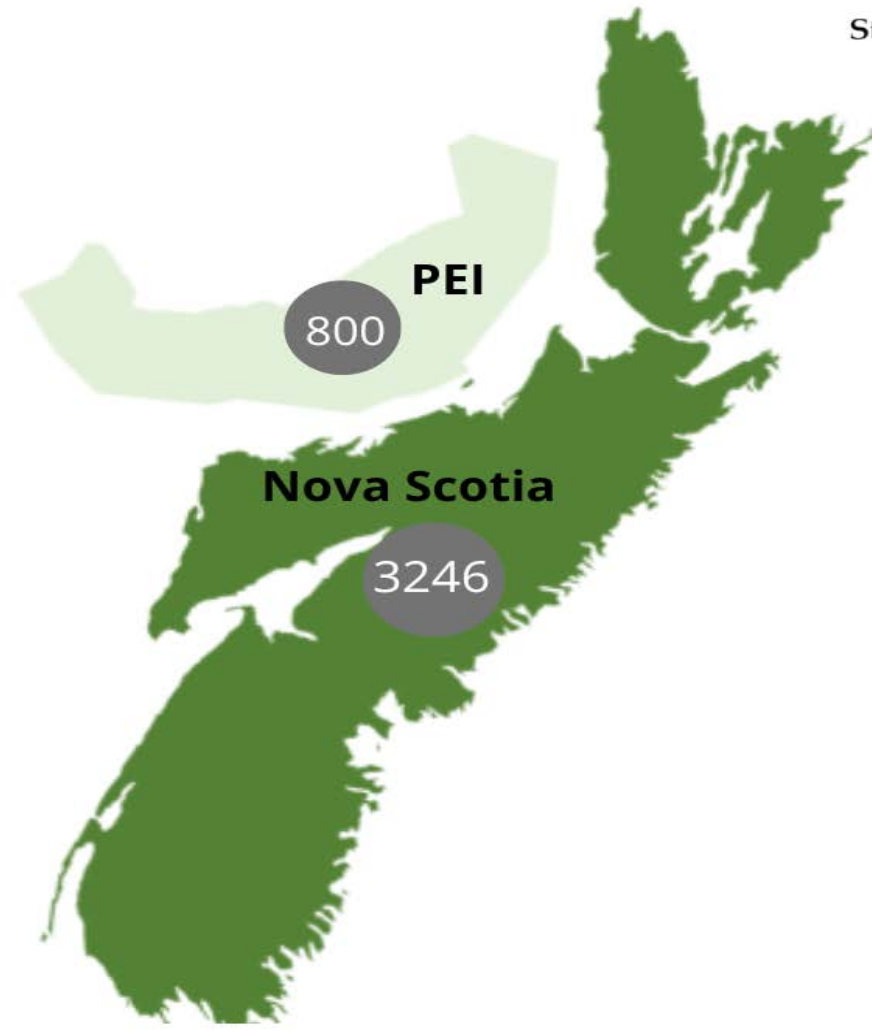
**PARTICIPANTS TRAINED THROUGH
OPRT PROGRAMS - PEI & NS**



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4,046

**Participants trained
across PEI and Nova
Scotia**



4,046

Participants trained to save a life

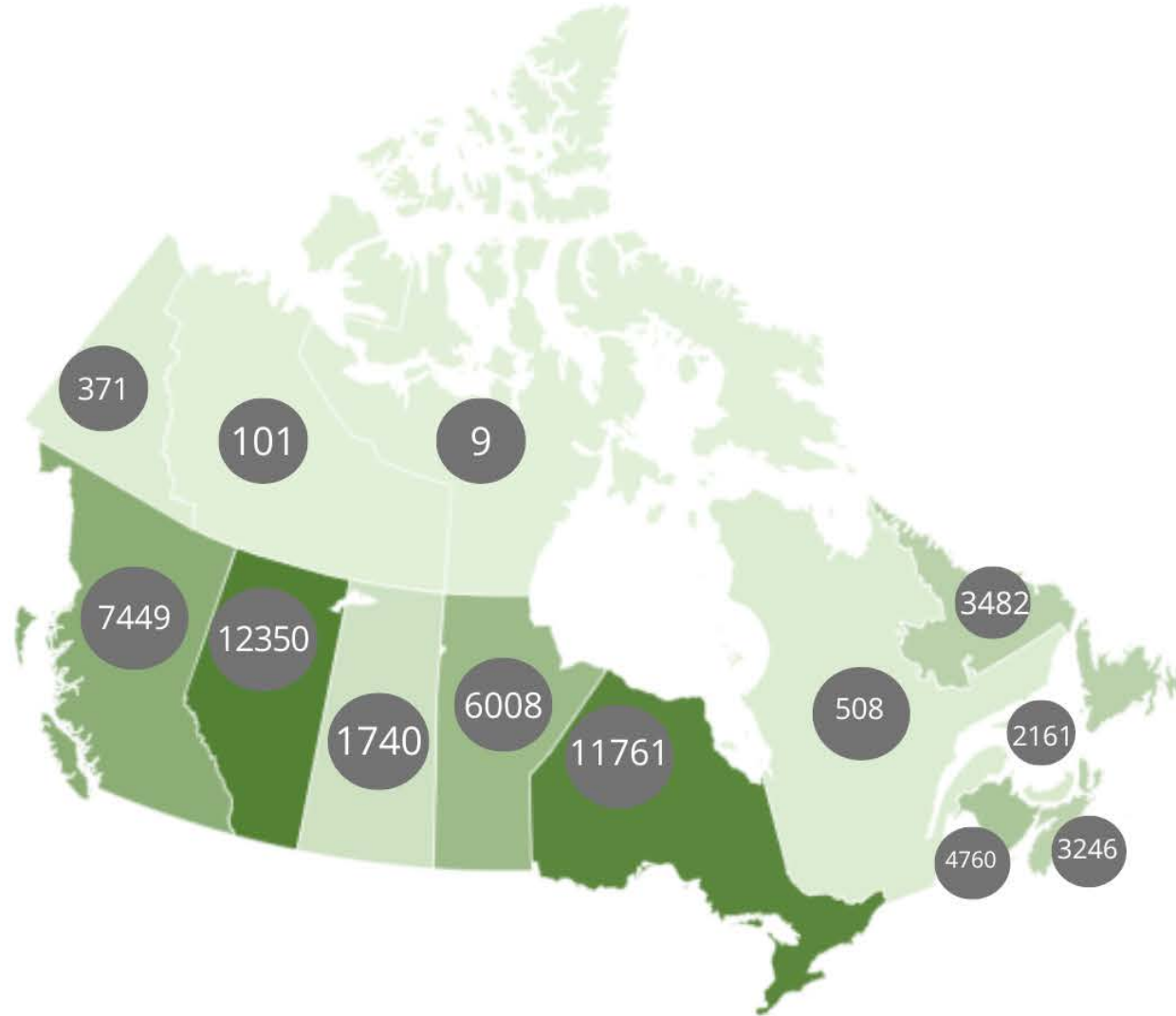


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PARTICIPANTS TRAINED THROUGH OPRT PROGRAMS

52,533

Participants trained
across Canada



52,533 Participants trained to save a life

NALOXONE CAN SAVE A LIFE



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8,242

**Nasal naloxone kits
distributed across PEI
and Nova Scotia**



8,242

Nasal naloxone kits have potential to save a life

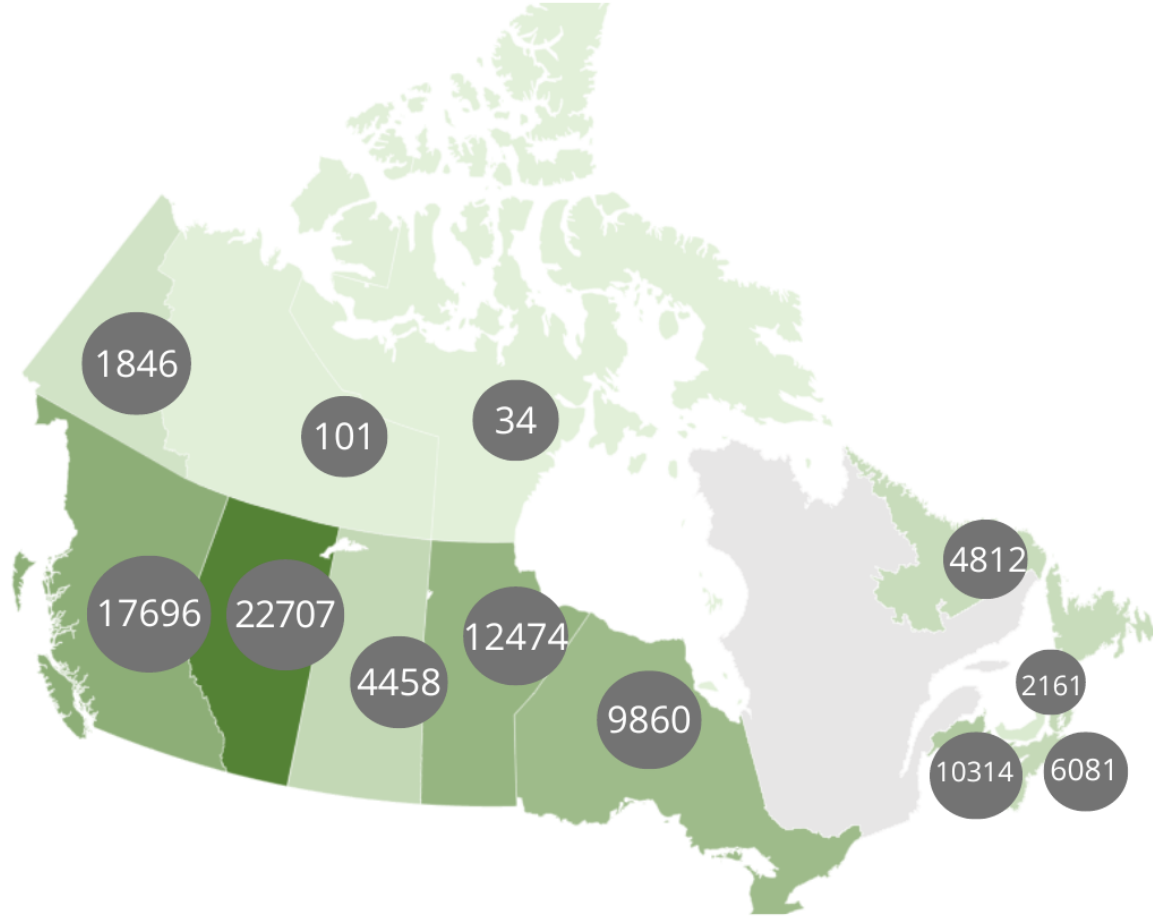


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NALOXONE CAN SAVE A LIFE

92,544

Nasal naloxone kits distributed across Canada

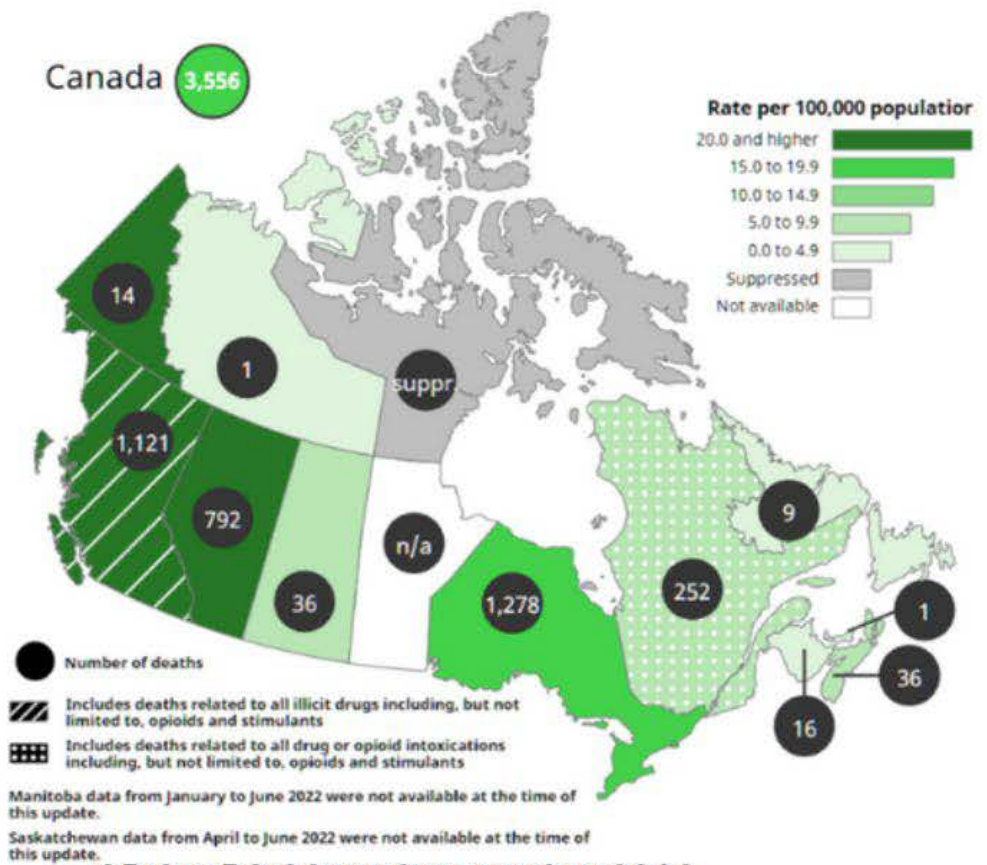


NALOXONE DISTRIBUTION OF BOTH SJA OPIOID POISONING RESPONSE TRAINING PROGRAMS

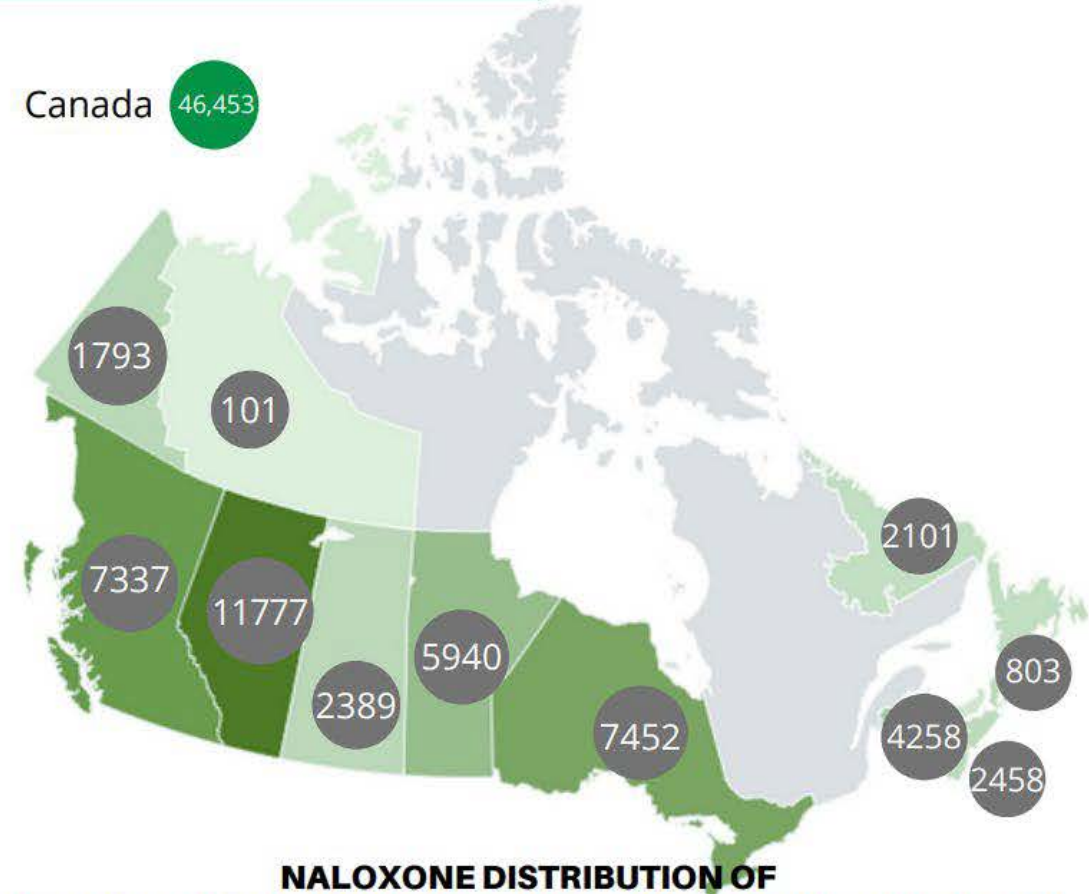
92,544

Nasal naloxone kits have potential to save a life

NALOXONE CAN SAVE A LIFE



OPIOID POISONING DEATHS IN 2022 (JAN-JUN)



NALOXONE DISTRIBUTION OF BOTH SJA OPIOID POISONING RESPONSE TRAINING PROGRAMS

7,902 Apparent opioid poisoning deaths occurred from Jan to Dec 2021
3,556 Apparent opioid poisoning deaths occurred from Jan to Jun 2022

46,453 Nasal naloxone kits have potential to save a life

SOURCE: Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; December 2022. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>



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ST. JOHN AMBULANCE CANADA OPIOID POISONING RESPONSE TRAINING

Not only does Opioid Poisoning Response Training equip participants and communities with the confidence, skills and knowledge to respond to an opioid poisoning with naloxone, it incorporates a harm-reduction approach, promotes de-stigmatization and self-care, and deepens empathy to better combat the opioid public health crisis in Canada.

“

It never occurred to me to change our vernacular - that is, referring to a critical incident event as a drug poisoning rather than an overdose. We have always used changing and progressive language but this one was staring us in the face and we missed it, until now.

”

“

I can see I organization using what we learned today to safely and effectively administer treatment for an opioid poisoning event. This is important due to the unfortunate circumstances present within our work environment. The information obtained today will likely save someone.

”

“

I've responded to 5 poisonings around my organization in the last year, some requiring so many needle kits that having more resources is more helpful and more training makes me a better responder.

”

“

The need for Policy development first and foremost. Employees were receiving a 25 minute session on the use of Naloxone and given a kit. This course confirmed my fears that a better level of training was needed and the whole self care piece essential.

”



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Workplace Considerations

The Ontario Model

Ontario Workplace Naloxone Program

The Ontario High Risk Workplace Naloxone Training is a program developed by the provincial government of Ontario to equip employees with the skills and knowledge to respond to and prevent opioid overdoses in the workplace.

The training program is designed for workers in high-risk occupations such as healthcare, hospitality, security, corrections, and long-term care.

The training provides an overview of the opioid crisis, tips on identifying and responding to an overdose, how to use naloxone, and strategies for preventing and managing overdoses in the workplace. It also includes access to an interactive web-based training program that allows workers to learn the material at their own pace.

The program is intended to equip workers with the skills and knowledge they need to recognize and respond to opioid overdoses in the workplace, as well as to help them understand the risks and realities of opioid use and addiction.

By providing workers with the necessary resources and training, the program seeks to reduce the risk of opioid overdoses in the workplace and to help keep workers and the public safe.

Ontario Workplace Naloxone Program

What is this Program?

- **Ontario Ministry of Labour legislation**
- **Workplaces that are at risk of employees experiencing an opioid poisoning must have the following**
 - **Two trained staff**
 - **A Naloxone kit on site**
- **Business self-identify**
- **Came into effect in June 2023**

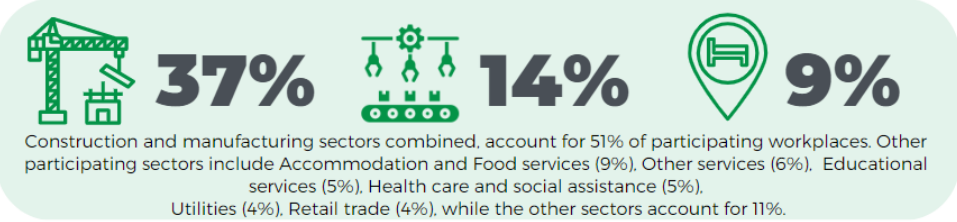
Ontario Workplace Naloxone Program

Why is this Important?

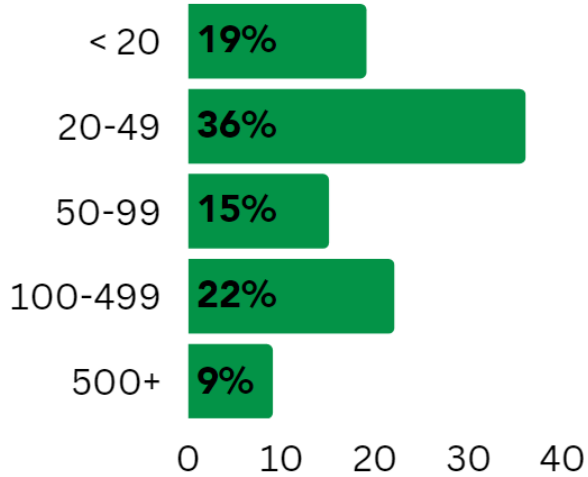
- **SJA was called upon to create a program to handle the need for training and kit distribution**
- **We applied the same system/practice from the OPRT program in terms of a 90-minute instructor led class**
- **Potentially this will move to other provinces**
- **Business are choosing the instructor led options**
- **Funding available until March 2024 for free training and kits (with possible extension)**

OWNT Q1 REPORT HIGHLIGHTS

December 2022 - February 2023

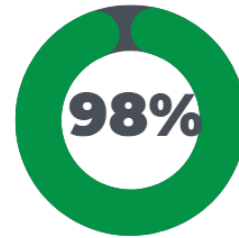


9 out of every 10 learners reported increased confidence in administering Naloxone, and awareness of opioid-related harms.

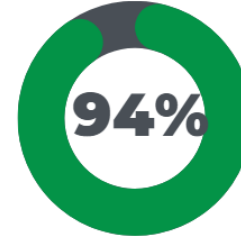


91% of workplaces had below 500 employees. Highlighting the programs reach of small and medium sized businesses.

31% of workplaces had 100+ employees at their workplace location.



98% of respondents were satisfied or very satisfied with the training.



94% say they are likely or very likely to use the knowledge that they have gained from the training.

— “ ————
As an F&B manager, I'm very active on the floor and I interact with a lot of people. This training course has now opened my eyes to be even more alert and attentive to my team members and guests.
 ———— ” —

— “ ————
I am the workplace H&S professional and this training will assist in enhancing and developing our workplace procedures, ensure compliance, develop awareness and may save a life some day.
 ———— ” —

QUESTIONS?

St. John Ambulance NS/PEI

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St. John Ambulance NL/NB

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Email (NFLD): nl.info@sja.ca 1-800-801-0181

E-Mail (NB): nb.info@sja.ca 1-800-563-9998



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Volunteer Medical Responders
Therapy Dog Teams
LifeSmart Program
