Naloxone Training Manual

Drug Poisoning Prevention, Recognition & Response

Last Update: June 2026

Acknowledgements

The BC Take Home Naloxone program is a part of the BCCDC's Harm Reduction Strategies and Services program. The BCCDC provides services to a diverse population including First Nations, Métis Peoples and Inuit living in various settings and communities across British Columbia. As a provincial network, we operate on the unceded traditional and ancestral lands of First Nations. Our main office is located on the unceded traditional and ancestral lands of the Coast Salish Peoples, and mores specifically of the *xʷməθkwəy̓ əm (Musqueam), Skwxwú7mesh (Squamish), and sel̓íl̓witulh (Tsleil-waututh) Nations*.

We are incredibly grateful to the Take Home Naloxone distribution sites across British Columbia (BC) for their commitment providing naloxone to those who need it. And we are so thankful to the many communities and individuals who have take the time to receive drug poisoning recognition and response training and for learning to help save a life using naloxone.

Contents

Acknowledgements 2
Introduction 4
Purpose 4
Training Recommendations 4
Additional Training Resources & Tools 4
Learning Objectives 5
Psychoactive Substances 6
Opioid Poisoning Recognition 7
What is a drug poisoning (overdose)? 7
Opioid drug poisoning 7
Signs of opioid drug poisoning 7
Naloxone 9
How Naloxone Works 9
Naloxone Formulations 10
Dosing & Duration 10
Opioid Drug Poisoning Response 11
Stages of Opioid Poisoning 11
Responding to Opioid Poisoning 11
Why Call 9-1-1? 11
Why Give Breaths? 11
Recovery Position 11
SAVE ME Steps to Respond 12
Aftercare 14
Stimulant Toxicity Signs & Response 15
Drug Poisoning Risk Factors & Prevention 16
Unregulated Toxic Drug Supply 16
Isolation & Using Alone 16
Mixing Substances 16
Lower Opioid Tolerance 16
Changes in Health 16
Prevention and Safer Use Tips 17
Summary 18
Appendix 1: Recommended Resources 1

Introduction

Thank you for taking the time to review this manual that provides education about drug poisoning recognition and response, including the use of naloxone, an opioid antidote, which is used to address the harms associated with opioid poisonings.

This information can also be found in the free, online, and self-guided, interactive **Naloxone 101 Course.** This course can be accessed:

- On Learning Hub - https://learninghub.phsa.ca/Courses/8458
- On Toward the Heart – https://towardtheheart.com/naloxone-course

For an overview of the provincial naloxone supply programs, including the Take Home Naloxone (THN) program, please visit http://towardtheheart.com/naloxone/. If you are an individual interested in additional training, or to obtain a Take Home Naloxone kit, you can search for a registered Take Home Naloxone site here: http://towardtheheart.com/site-locator

Purpose

This training manual is for any person interested in learning how to prevent, recognize, and respond to an opioid poisoning. This manual includes key knowledge and steps required to administer naloxone and provide rescue breaths.

Organizations interested in participating in the Take Home Naloxone (THN) or Facility Overdose Response Box (FORB) Programs (i.e., become a registered site and receive supplies directly from the BCCDC), must connect directly with their Regional Harm Reduction Coordinators and acknowledge that they have reviewed this information as part of their application. You can find a list of Regional Harm Reduction Coordinators here: https://towardtheheart.com/resource/regional-harm-reduction-coordinator-contacts/open

Training Recommendations

The unregulated drug supply is toxic, unpredictable, and constantly changing. Drug poisoning prevention and response recommendations continue to adapt and change with new evidence. We recommend that individuals refresh their knowledge annually and/or if skills have not been used recently.

Additional Training Resources & Tools

Refer to our Recommended Resources at the end of this document for additional information including tools for trainers, information for potential distribution sites, as well as links to services and other supports.

Learning Objectives

After reviewing this training manual, you will be able to:

1) Describe the types and effects of psychoactive substances.
2) Define drug poisoning and identify key features of opioid toxicity.
3) Identify the signs and symptoms of opioid poisoning.
4) Understand effects of naloxone on the body.
5) Use the SAVE ME steps to manage and respond to an opioid poisoning.
6) Care for someone immediately after giving naloxone.
7) Understand factors that can increase or reduce harms from drug poisoning.

Psychoactive Substances

Psychoactive substances can be classified based on the effect they have on the body.

- Psychoactive substances are different from other substances because they alter function of the Central Nervous System (CNS). More information on the CNS can be found in the section How Naloxone Works.
- When this manual refers to a 'substance' it is referring to a psychoactive substance.

The diagrams below show the classification of some common substances. Most people have taken substances at some point in their life, and many use them regularly (e.g., alcohol, caffeine, sugar). The diagram below shows the different substances and how they are classified:

Stimulants (or uppers) speed up body systems (increase heart rate, body temperature, and blood pressure) and can make people feel more alert and euphoric. Examples include:

- Cocaine (powder, crack)
- Methamphetamine (crystal meth)
- Amphetamine (Adderall, Concerta)
- Nicotine/Tobacco
- Pseudoephedrine (Sudafed)
- Methylphenidate (Ritalin)
- Caffeine (coffee, energy drinks)

Hallucinogens can change people's perception of their surroundings, thoughts, and feelings. Examples include:

- Ayahuasca
- Ketamine
- LSD
- PCP
- Psilocybin (magic mushrooms)
- Mescaline
- Peyote

Combined Substances can have both stimulant and hallucinogenic effects. These effects can speed up body systems, change peoples' perception of surroundings, thoughts, and feelings, and make people feel more alert and euphoric. An example of a combined substance is:

- MDMA/Ecstasy

Depressants (or downers) slow down body systems (including breathing) and can make people sleepier. Depressants may be prescribed or used illegally to reduce pain, manage opioid dependence, and can make people feel sleepy, euphoric, or relaxed. Some examples of depressants include:

Opioids:

- Codeine
- Hydromorphone (Dilaudid)
- Fentanyl
- Diacetylmorphine (Heroin)
- Methadone (Methadose)
- Morphine (Kadian)
- Oxycodone (OxyCONTIN)
- Oxycodone acetaminophen (Percocet)

Benzodiazepine(Benzos) & Benzo-like substances:

- Lorazepam (Ativan)
- Clonaxepam (Klonopin)
- Etizolam
- Flunitrazepam (Rohypnol)
- Diazepam (Valium)
- Alprazolam

Beverage Alcohol

- Beer
- Wine
- Spirits

Non-Beverage Alcohol

- Rubbing alcohol
- Hand sanitizer

Sedative Hypnotics:

- Sodium oxybate or gamma hydroxybutyrate (GHB)
- Zopiclone (Imovane)

Figure 1: Classification of different substances.

Opioid Poisoning Recognition

What is a drug poisoning (overdose)?

A drug poisoning (overdose, OD) happens when the body is unable to function properly because of exposure to a toxic amount of substance(s). These functions may include:

- Effective breathing.
- Delivery of oxygen to the body and brain.
- Staying alert, awake, and responsive.

Drug poisonings are more likely to happen when people do not have access to substances with known quantity and quality of active ingredients. Anyone can experience an accidental drug poisoning regardless of their substance use history (including prescription substances) and their method of use (e.g., smoking, swallowing, boofing/booty bumping, etc.). There can be long-term impacts from a drug poisoning, such as brain damage from lack of oxygen. Drug poisoning can also lead to death.

Any substance can cause a drug poisoning if the substance reaches a toxic amount in the body. Every person is different and what is toxic for one person may be different for another.

Opioid drug poisoning

An opioid poisoning occurs when a toxic amount of opioids attach to receptors in the central nervous system (CNS). Opioids change the body's ability to maintain normal function. In an opioid poisoning, three **key signs** include:

- Breathing that is slow, irregular, or stops completely.
- The person is sleepy, difficult to wake up, or unresponsive.
- Tiny pupils.

Signs of opioid drug poisoning

Opioid poisoning can look different each time. These are some of the signs:

	Less or unresponsive to verbal or physical stimulation. The person is not responding to stimulation such as shouting and squeezing the muscle between the neck and shoulders (trapezius) or tip of the finger.		Breath sounds that are unusual snoring or sound like snoring. The person may seem like they are asleep and making gurgling or choking sounds.
	Breathing that is slow, shallow, irregular, or no breathing. The person is taking less		Skin with blue or grey discoloration. The person has skin discoloration, especially around the nose and mouth. Darker skin tones appear

	than 1 breath every 5 seconds.		grey or ashen. Lighter skin tones appear blue or purple.
	Skin can feel cold or clammy.		Opioids cause the muscles around the pupils to become constricted and the pupils become very small. The person has tiny pupils.
	They may have stiff or rigid neck or chest, or body.		

Table 1: Signs of an opioid drug poisoning.

Naloxone

Naloxone is substance that **temporarily reverses** (antidote) the effect of opioids in the Central Nervous System (CNS). Naloxone restores breathing that is slowed or stopped by opioids (e.g., dilaudid, morphine, heroin, methadone, fentanyl, etc.) Naloxone **temporarily reverses** the effect of opioids and restores breathing; this prevents longer-term brain injury and death.

How Naloxone Works

The CNS is made up of the brain and spinal cord. This is the centre that controls many functions, including breathing. The CNS sends and receives messages between the brain and body through a diverse network of receptors.

When an opioid substance attaches to a receptor it 'unlocks' the effects of the opioid. The effects of substances are felt through these receptors (e.g., euphoria, relaxation, and pain relief). This means that when an opioid is consumed it can temporarily alter the function of the brain and body.

Figure 2: This image shows a digital illustration of a human brain. There's a zoomed-in section that shows where the connection point is between brain cells, called receptors. This is where signals are passed from one cell to another.

Naloxone knocks the opioids off receptors, which blocks and reverses the opioid effect on breathing. The person starts breathing normally after enough opioids are knocked off receptors.

Naloxone can temporarily cause opioid withdrawal symptoms (precipitated withdrawal). Withdrawal symptoms will wear off as the Naloxone wears off. Taking more opioids will not reverse withdrawal symptoms and can cause another poisoning as the naloxone wears off.

Naloxone **does not** work for non-opioid poisonings such as benzos, xylazine, cocaine, ecstasy, GHB or alcohol. However, if a drug poisoning involves multiple substances, including opioids, naloxone helps by **temporarily** removing the opioid from the equation. **Naloxone is not harmful and is safe to give even if you are unsure what someone has taken. Stop giving naloxone when the person is breathing normally.**

Naloxone Formulations

You can give naloxone by injection into a large muscle group (such as the thigh or upper arm) or intranasally (sprayed into the nose).

The BCCDC Take Home Naloxone program provides both injectable (intramuscular) and nasal (intranasal) take home naloxone kits.

Formulations	Image	1 Dose	Administration
Intramuscular Ampoule		0.4mg/1ml	Inject naloxone into the muscle. Sometimes more than one dose is needed to restore breathing.
Intramuscular Vial		0.4mg/1ml	Inject naloxone into the muscle. Sometimes more than one dose is needed to restore breathing.
Intranasal		4mg/0.1ml	Spray into one nostril. Sometimes more than one dose is needed to restore breathing.

Table 2: Naloxone formulations, dosage, and administration.

Dosing & Duration

Naloxone does not destroy the opioids so when naloxone starts to wear off, it releases from receptors and opioid poisoning can return. This is called secondary poisoning.

Formulation	1 Dose	Timing
Intramuscular	0.4mg/1ml	Every 3 minutes
Intranasal	4mg/0.1ml	Every 3 minutes

Table 3: Naloxone formulation, dosing, and timing.

If large doses of highly toxic opioids (e.g., fentanyl), or long-acting opioids (e.g., methadone) are involved, more doses of naloxone every 3 minutes may be needed.

In BC, the Take Home Naloxone program supplies both intramuscular (injectable) and nasal (intranasal) naloxone. A detailed description of how to administer naloxone follows this section of the manual.

Opioid Drug Poisoning Response

Stages of Opioid Poisoning

Early identification and quick response to an opioid poisoning is critical to slow or stop the progression of the opioid poisoning and to prevent longer-term brain injury or death.

Stage	
Mild	• Breathing is shallow. ○ Can be less than 1 breath every 5 seconds. • Appears drowsy but becomes alert when you talk to them or touch their shoulder.
Moderate	• Breathing is less than 1 breath every 5 seconds. • Appears to be nodding off but responds when you talk to them or touch their shoulder.
Severe	• Making unusual breathing sounds like snoring. • Not breathing. • Unresponsive and may only respond to painful stimuli when you pinch their shoulder.

Table 4: Stages of opioid poisoning

Responding to Opioid Poisoning

Why Call 9-1-1?

Drug poisoning is a medical emergency. Escalating emergency care is an important part of responding to an opioid poisoning event. This is because the effects of an opioid can last in the body longer than naloxone. When the naloxone wears off the poisoning can return, and more naloxone is needed.

There may also be other medical issues that look like drug poisoning and need emergency medical treatment, such as brain or spinal injury, low blood sugar, seizure, and others.

Why Give Breaths?

Rescue breaths can save a person's life because rescue breathing gives the body life-saving oxygen. When the body does not get enough oxygen, brain injury can occur within minutes. Rescue breaths can slow the progression of the opioid poisoning, especially when naloxone is not available. Sometimes giving breaths is enough for a person to regain consciousness and to start breathing on their own. Just giving breaths can keep someone alive until naloxone has a chance to work, or until help arrives.

Breathing normally means:	Responsiveness means:
• Taking 12 or more breaths per minute.	• Awake and alert.
• Breathing on their own.	• Responds to questions.
• No unusual breathing sounds (e.g., snoring, gurgling).	• Easy to wake up.
	• Minimal to no sedation.

Table 5: How to identify normal breathing and responsiveness.

Recovery Position

If at any point you need to leave the person, always leave the person on their side, in the recovery position (whether they are breathing or not). Being on their side prevents the person from choking if they vomit. Vomiting can be from drug poisoning or withdrawal caused by naloxone.

SAVE ME Steps to Respond

SAVE ME is a way to remember the steps to respond to an opioid poisoning.

Before responding to a drug poisoning, **it is critical to call 9-1-1** as soon as you suspect someone is experiencing an opioid poisoning:

- Slow or no breathing, AND
- Unresponsive

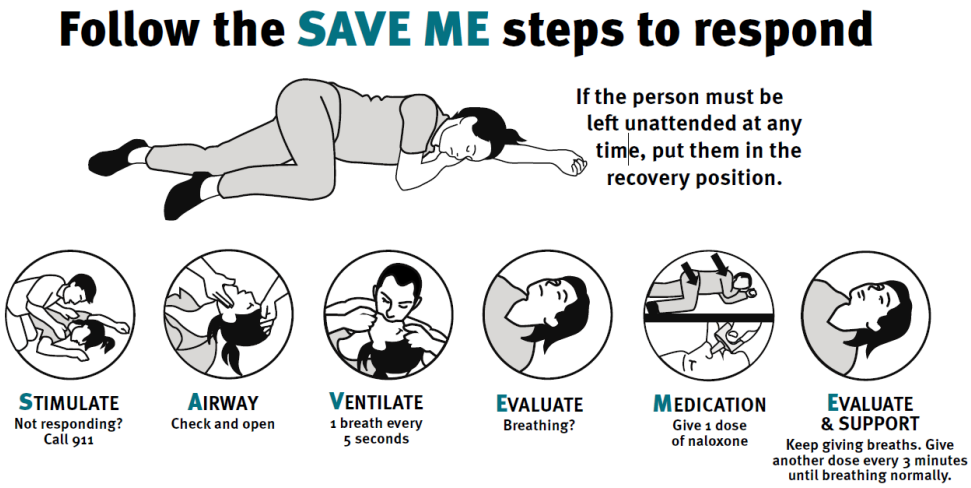

Figure 3: SAVE ME steps to respond to a suspected opioid poisoning

SAVE ME Steps	Actions

S – Stimulate 	Check if they are responsive and try to wake them.
	• Can the person hear you?
	  ○ Speak to them or make noise.
	  ○ Call their name.
	  ○ Say 'wake up!' or 'are you OK'?
	  ○ Get help, call 9-1-1 if not done already.
	• Can the person feel you?
	  ○ Put on gloves.
	  ○ Say who you are and what you are doing.
	  ○ Tap or squeeze the muscles between the neck and shoulders (trapezius) or squeeze their fingertip.

A - Airway 	Check breathing and make sure their airway is clear.
	• Are they breathing normally?
	  ○ Look to see if the chest is rising and falling.
	  ○ Listen for any unusual choking, gurgling, or snoring sounds.
	  ○ Put your hand near their mouth or nose to feel for their breath.
	• Is the airway clear?
	  ○ Check the person's mouth to see if there is anything blocking the airway, such as needle caps, gum, or chewing tobacco.
	  ○ If the person has something in their mouth, with gloves, remove

	any solid material blocking the person's airway using a finger sweep. • Check for pulse (heartbeat) for less than 10 seconds if trained and comfortable to assess. EVERYONE SHOULD CALL 911 AND FOLLOW THEIR ADVICE. If trained in CPR, check pulse for less than 10 seconds. If no pulse, give compressions and rescue breaths.
V – Ventilate 	Position the face shield provided in a THN kit. • Put the **raised** oval shaped piece in the person's mouth, between their teeth. This keeps their lips open so you can get air into their lungs. Give Rescue Breaths. • Open the person's airway by tilting their head back and lifting their chin. • Pinch their nose and put your mouth over the one-way valve on the face shield. • Give 1 breath every 5 seconds.
E – Evaluate 	Check if the person is breathing normally and is responsive. • If not, continue giving rescue breaths (1 breath every 5 seconds). • Prepare the naloxone. • Check for pulse (heartbeat) for less than 10 seconds if trained and comfortable to assess. EVERYONE SHOULD CALL 911 AND FOLLOW THEIR ADVICE. If trained in CPR, check pulse for less than 10 seconds. If no pulse, give compressions and rescue breaths.
M – Medication 	**Give naloxone if the person is not breathing normally** (12 or more breaths per minute or 1 breath every 5 seconds). Injectable Naloxone • Inject 1 dose of naloxone (1 ampule) into the outer thigh or upper arm. OR Intranasal (nasal) naloxone • Spray into one nostril. Continue giving rescue breaths.

E – Evaluate 	Evaluate breathing and responsiveness. Provide support. • Keep giving rescue breaths (1 breath every 5 seconds). • Check breathing again. • If the person is still not breathing normally, give another dose of naloxone every 3 minutes until breathing normally. • Continue giving rescue breaths. • Continue the *Evaluate* steps until they are breathing normally. Stop giving naloxone once the person is breathing normally, even if they are not responsive. Giving more naloxone than is needed can cause opioid withdrawal for people who use opioids regularly. After administering naloxone, it temporarily lasts in the body for 30-120 minutes.

Table 6: SAVE ME steps and actions.

Aftercare

If you respond to a suspected opioid poisoning, it's important to provide support until emergency services or help arrives.

Action	Aftercare response
Stay with the person	• It's important to stay with the person until additional help arrives. After the person has woken up, they may not remember what has happened or they may be experiencing opioid withdrawal symptoms.

Inform the person	• It's important to inform the person who you are, and what has happened.
	• Tell them how much naloxone you gave them and how this was administered (i.e., injection or nasal spray).
	• Encourage, if you can, the person to wait until naloxone wears off before they take more opioids.
	• Taking more opioids while naloxone still has effect:
	  ○ Will not produce feeling of euphoria.
	  ○ Will not reduce withdrawal symptoms.
	  ○ Can lead to a return of poisoning symptoms as the effects of naloxone wear off (30-120 minutes).

Give the person space	• Sometimes people can feel confused of agitated. • It's important to remain calm and give the person space. • Reassure them that withdrawal symptoms are temporary.
Monitor	• Once the naloxone wears off, another poisoning could occur. This is due to the opioids lasting longer in the body than naloxone.

Table 7: Aftercare for suspected opioid poisoning.

Stimulant Toxicity Signs & Response

If the individual is conscious and experiencing "over-amping" or mental distress (i.e., crashing, anxiety, or paranoia) linked to stimulant use and sleep deprivation from stimulant use:

- Stay calm, remain with them, encourage them not to take any more substances, and move away from activity and noise.
- Be careful not to over-hydrate, but give water or another non-sugary, non-caffeinated drink to help replace lost electrolytes.
- Place cool wet cloths on forehead, back of neck, and armpits.

If the individual has symptoms of **stimulant toxicity**, including rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains, **this is a medical emergency**. Call 9-1-1 as the person needs immediate medical attention.

While waiting for the ambulance to arrive:

- Stay with the individual for support, encourage hydration, and stay calm.
- Do not give them anything by mouth if they are unconscious.
- If they are having a seizure, make sure there is nothing around them that can hurt them.
- Do not put anything in their mouth or restrain them.

There is no antidote to stimulant toxicity. Naloxone will not help.

This is a medical emergency. Call 9-1-1 immediately.

If the heart has stopped, provide chest compressions. Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death.

Drug Poisoning Risk Factors & Prevention

Unregulated Toxic Drug Supply

The unregulated drug supply is unpredictable, constantly changing, and often contains toxic levels of opioids (e.g., fentanyl) and other substances (e.g., xylazine, etizolam). Drug poisonings are more likely to happen when people do not have access to substances with known quantity and quality of active ingredients. Access to harm reduction, including pharmaceutical alternatives, compassion clubs, drug poisoning prevention sites, and drug checking, can reduce harms from using unregulated substances.

Isolation & Using Alone

Using alone, behind a locked door, or in an unfamiliar environment can increase harms from an accidental drug poisoning. No one can check in or respond to a drug poisoning event if someone is using alone or if in isolation from others.

Mixing Substances

It is not always possible to know about mixing substances when using unregulated substances. Using more than one depressant (e.g., alcohol, opioids, benzodiazepines, etc.) can slow breathing and other parts of the Central Nervous System (CNS) faster than using one substance alone.

Most unintentional fatal drug poisonings involve multiple substances.

Using stimulants with opioids does not reduce drug poisoning. Stimulants do not stimulate the breathing centre, so will not reverse the effects of an opioid poisoning. Using opioids with stimulants increases harms from over-amping because early signs of stimulant toxicity are not detected.

Lower Opioid Tolerance

Tolerance can be lower for someone who is new to using opioids. Anything that lowers the body's tolerance to opioids, such as time away from using opioids (e.g., detox, hospitalization, incarceration, etc.) or taking prescribed medications, can also make the body more sensitive to the effects of opioids.

Changes in Health

Chronic health conditions, illness, and infection can change the body's tolerance to opioids.

Other health considerations that may impact a person's tolerance include:

- Sleep deprivation, dehydration, and malnourishment.
- Mental health status.
- Recent drug poisoning.

Prevention and Safer Use Tips

There are many factors associated with increased harms from drug poisoning. It is important to practice prevention and safer use strategies to reduce these harms.

Factors Associated with Increased Harms from Drug Poisoning	Prevention and Safer Use Tips
Unregulated Toxic Drug Supply	• Start low, go slow. • Use drug checking services, if available. • If you choose not to use your drugs after you get them checked, the technician can safely dispose of them at the testing site.
Isolation & Using Alone	• Try to use with a buddy. • If using with a buddy, stagger use to make sure someone can respond and call for help.
Mixing Substances	• Use drug checking services, if available. • It is not always possible to know about mixing substances when using unregulated substances.

Opioid Tolerance	• Test a small amount first. Start low and go slow.
	• Tolerance can be lower for someone:
	  ○ New to using substances.
	  ○ Taking prescribed medications.
	  ○ When there is a break in regular substance use.
	  ○ Experiencing health changes.

Changes in Health	• Start low and go slow. • Try a smaller amount if feeling unwell. Know your health. • Use less when you have been sick, lost weight, or are feeling down. • Doing more to “feel better” increases harms from drug poisoning.

Table 8: Prevention and safer use tips for factors associated with increased harms from drug poisoning.

Have a drug poisoning response plan.

- Take drug poisoning, prevention, recognition, and response training.
- Let someone know you are using.
  - Use overdose prevention sites, through an opioid poisoning prevention app or phone line (Lifeguard, and NORS).
- Carry naloxone.
- Call 9-1-1 right away if someone experiences a drug poisoning.
- Follow the SAVE ME steps.

Figure 4: Drug poisoning response plan.

Summary

Thank you for taking the time to learn about drug poisoning, prevention, recognition, and response, including key knowledge and steps required to administer naloxone and provide rescue breaths.

After reviewing this training manual, you should now be able to:

- Describe the types and effects of different psychoactive substances, such as depressants, stimulants, hallucinogens, and combined substances.
- Identify the signs and symptoms of opioid poisoning, including:
    - The person is less or unresponsive to verbal or physical stimulation.
    - Breathing is slow, shallow, and irregular, or no breathing.
    - Breath sounds that are unusual snoring or sound like snoring.
    - Skin with blue or grey discoloration and feels cold or clammy to the touch.
    - Tiny pupils.
    - Stiff or rigid neck, chest or body
- Understand the temporary effects of naloxone on the body and how it can restore breathing that is slowed or stopped by opioids.
- Identify the different naloxone formulations (i.e., intramuscular and nasal), how they are administered, and timing of dose(s).
- Use the SAVE ME (**S**timulate, **A**irway, **V**entilate, **E**valuate, **M**edication, **E**valuate & support) steps to manage and respond to an opioid poisoning.
- Provide care for someone immediately after giving naloxone.
- Understand drug poisoning risk factors and prevention of harms.

The information presented in this manual can also be found in the free, online, and self-guided Naloxone 101 Course:

- On Learning Hub - https://learninghub.phsa.ca/Courses/8458
- On Toward the Heart – https://towardtheheart.com/naloxone-course

For more information about the BCCDC Take Home Naloxone program please visit http://towardtheheart.com/naloxone/.

If you are an individual interested in additional training, or to obtain a Take Home Naloxone kit, you can search for a registered Take Home Naloxone site here: http://towardtheheart.com/site-locator

Additional recommended resources are provided in Appendix 1.

Appendix 1: Recommended Resources

RESOURCE	URL	DESCRIPTION
General Information		
Toward the Heart	https://towardtheheart.com/	The Toward the Heart website contains harm reduction information for sites, service providers, people who use substances, and other community members.
Toxic Drug Alerts	https://towardtheheart.com/alerts	Information on how to sign up for Toxic Drug and Public Health Alerts, as well as how to access overdose prevention, drug checking, and substance use services in BC.
Naloxone Access and Site Information		
Naloxone Site Finder	https://towardtheheart.com/site-finder	Use this site finder tool to locate naloxone, harm reduction, overdose prevention sites, and drug checking services in your area.
Naloxone Training		
Naloxone Training Resources	https://towardtheheart.com/naloxone-training	Naloxone training materials, resources, videos, and posters to educate people on how to use naloxone.
Naloxone 101 Course	https://towardtheheart.com/naloxone-course	Online, self-paced training tool. Best for a first training or annual refresher training. Completion time is approximately 60 minutes.
Naloxone Training	https://naloxonetraining.app/	Online, self-paced training tool. Best for quick refresh training. Completion time is approximately 10 minutes.
Naloxone Resources for Trainers	https://towardtheheart.com/resources-for-trainers	Naloxone train the trainer materials including guidance and tools to support facilitating training sessions.
Naloxone 101 Additional Resource List	https://towardtheheart.com/resource/naloxone-101-course-resource-list/open	Resources that are complimentary to the BCCDC How to Use Naloxone Course including general information by region; naloxone, alerts, and virtual overdose prevention services; additional training; and grief, mental, emotional, and spiritual supports.

SAVE ME Steps to Respond to Suspected Opioid Poisoning	https://towardtheheart.com/resource/save-me-steps-to-respond-to-suspected-opioid-poisoning-colour/open	Printable handout on how to respond to an opioid poisoning using SAVE ME steps.
Should You Give Naloxone	https://towardtheheart.com/resource/should-you-give-naloxone/open	Printable handout for when to give naloxone during a suspected drug poisoning (overdose).
Key Resources for Trainers		
Naloxone Training Key Takeaways Checklist	https://towardtheheart.com/resource/naloxone-training-key-takeaways/open	This checklist provides guidance for trainers to ensure that key learning objectives are covered in each naloxone training session. This resource can also be used to help assess the knowledge of training participants prior to or following a training session.
Participant Training Checklist	https://towardtheheart.com/resource/training-checklist-certificate/open	This checklist provides a guidance for trainers to assess the knowledge of the participant following a naloxone training session. Trainers/educators should be confident that each knowledge objective was covered in the training and that the participant understands each objective.
Take Home Naloxone Training Quiz	https://towardtheheart.com/resource/thn-pre-training-and-post-training-quiz/open	A quick quiz for trainers and participants to test knowledge about drug poisoning recognition and response.
Training Certificate	https://towardtheheart.com/resource/training-certificates/open	This certificate can be presented to people who have completed the Take Home Naloxone training.
Resources for Harm Reduction Sites and Service Providers		
BCCDC Harm Reduction Manual	http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction	The BCCDC and FNHA recently developed the **Harm Reduction Manual** to bring together best practice guidance for anyone who provides services to people who use substances across BC. This manual is intended to be a learning tool and reference guide for policymakers and service providers - including nurses, social workers, peer workers, mental health staff, housing workers, and more.
Take Home Naloxone Site Registration Information	https://towardtheheart.com/naloxone	Information on eligibility and how to apply to become a registered Take Home Naloxone site.

Table 9: Recommended additional resources.