

There have been reports of increased opioid poisoning events (overdose) with prolonged sedation. This guidance is intended for people who are trained and equipped to respond to opioid poisoning.

Prolonged Sedation means the person is unresponsive and cannot be woken up for an extended amount of time (usually a few hours) after the opioid poisoning has been reversed and their breathing is normal.

Background

The toxic unregulated drug supply contains unknown and harmful substances. Unregulated opioids (e.g. fentanyl) often contain very high levels of fentanyl and other potent opioids. The strength of the opioids differ widely between doses.¹ Unregulated opioids may also be contaminated with stimulants, fillers, cutting agents, and other unexpected substances.

Benzodiazepines and Xylazine

Benzodiazepines (commonly called benzos) and their analogues (e.g., etizolam, bromazolam) are in the unregulated drug supply across BC. **Benzodiazepines** are a type of sedative that slows the body down, including breathing and brain activity.² Benzodiazepines can also cause memory loss, agitation, confusion, muscle weakness, and withdrawal symptoms, including seizures.^{2,3}

Xylazine is a non-opioid sedative and central nervous system depressant that causes sedation, slowed breathing, muscle relaxation, and pain relief. Xylazine combined with opioids is sometimes referred to as **“tranq dope”**. There has been an increase in xylazine detected in the unregulated drug supply in BC since 2019.³

Xylazine mixed with other central nervous system depressants (such as opioids) increases the risk of experiencing a fatal opioid poisoning because it enhances the sedative effects of opioids and can further slow down breathing.³

Responding to an opioid poisoning event is more difficult when benzodiazepines and/or xylazine are added to opioids. This is because these sedatives can slow down breathing and cause prolonged sedation.

Prolonged Sedation or Severe Opioid Poisoning?

Across BC, there have been reports of prolonged sedation where people remain sedated, or unable to wake up, for several hours after receiving naloxone and their breathing has returned to normal. Opioid poisoning is considered to have prolonged sedation when the person remains unresponsive or unable to wake up after their breathing has returned to normal. Prolonged sedation after opioid poisoning may occur because of contamination of opioids with other sedating substances, such as benzodiazepines and/or xylazine.

There have also been reports of opioid poisonings that require multiple doses of naloxone to restore breathing, which may be caused by the presence of high potency opioids. Opioid poisoning is considered severe when multiple doses of naloxone are needed to reverse the opioid poisoning and restore breathing.

A severe opioid poisoning requires multiple doses of naloxone to restore breathing back to normal.

It can be difficult to tell the difference between a severe opioid poisoning that requires multiple doses of naloxone and prolonged sedation from contamination with non-opioid depressants. Sometimes a person experiences both. The difference is determined by the person's breathing. Responders are encouraged to focus on supporting the person's breathing and to give naloxone until the person's breathing is back to normal.

Responding to Opioid Poisoning: Back to Basics

Responding to any opioid poisoning requires attention to the basics of response (ABC's)—maintain the **airway**, give **breaths**, and check **circulation**:

- **Airway:** ensure the airway is clear and remove anything in the mouth.
- **Breathing:** provide oxygen by giving breaths, providing assisted ventilation and supplemental oxygen, or encouraging deep breaths if they are able.
- **Circulation:** check for a pulse (heartbeat). If there is no pulse, perform CPR with compressions and rescue breathing, and use an automated external defibrillator (AED) (if available).⁵

How to Respond to Opioid Poisoning with Prolonged Sedation

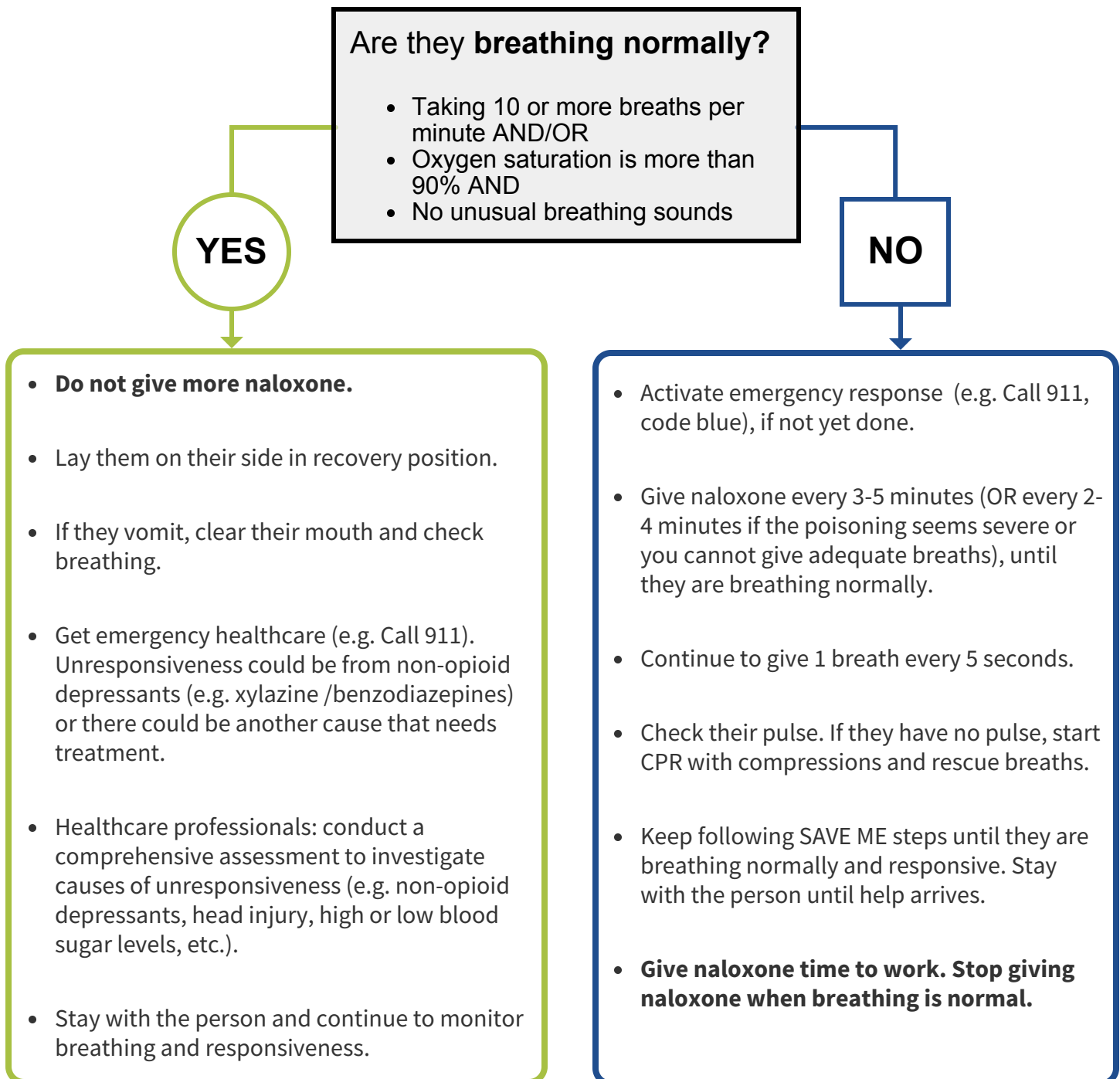
Always ask for consent and tell the person what you are doing, even if they are unresponsive.

Follow the **SAVE ME** steps if you suspect the person is experiencing opioid poisoning (summarized below):

- **Stimulate:** try to wake them up.
- **Airway:** remove anything blocking their airway.
- **Ventilate:** give 1 breath every 5 seconds until they are breathing normally.
- **Evaluate:** check their breathing, responsiveness, and pulse.
- **Medication:** Give naloxone if they are taking less than 10 breaths per minute.
- **Evaluate & Support:** Give the body enough time to respond to naloxone. Wait 3-5 minutes between doses (or 2-4 minutes if the opioid poisoning is severe or you cannot give breaths). Set a timer or announce the time of each naloxone dose to keep track of time. If they are still not breathing normally after 3-5 minutes, give another dose of naloxone, give breaths, and re-evaluate.

Stop giving naloxone when breathing returns to normal. Giving more naloxone than needed can cause a person to go into opioid withdrawal.

If the person is still unresponsive after doing the SAVE ME steps:



Responsive means (1) they are awake and alert, (2) they can respond to questions, or (3) they are no longer or remain only mildly sedated.

Care and Safety

During Prolonged Sedation:

Escalate Care

- Do not assume a person is experiencing prolonged sedation because of contaminated opioids. Several other conditions can cause unresponsiveness, including brain injury, high or low blood sugar levels, heart conditions, other substances, etc.
- Unresponsiveness is a medical emergency. Further assessment is recommended to rule out other conditions.
- Regulated healthcare professionals may conduct a comprehensive head-to-toe exam, including neurological assessment, blood glucose monitoring, cardiac assessment, and other relevant assessments, to investigate other causes.

Support and Monitor Breathing

- It is critical to monitor and support breathing. Ensure the person gets enough oxygen.
- When the person is getting enough oxygen their colour will usually return to their usual skin tone and there will be no blue, grey, or ashen colour to their lips or fingernails.
- Lay the person on their side in recovery position to protect their airway.

Give Naloxone Appropriately

- Naloxone restores breathing slowed or stopped by opioids. It will not wake someone up if they are sedated from non-opioid depressants (e.g. benzodiazepines, xylazine, alcohol, or other substances.)
- Keep giving naloxone every 3-5 minutes until the person's breathing returns to normal.
- If you are unable to give adequate breaths or the poisoning seems more severe than usual, give naloxone every 2-4 minutes. Use your judgement.
- Naloxone doses should be spaced at least 2-3 minutes apart to give enough time for the naloxone to work.
- If you have not received naloxone training or could use a refresher, visit the [Quick Learn Naloxone Course](#) from Toward the Heart.

Ensure Safety

- Ensure the person is transferred to another healthcare facility if your setting is unable to provide frequent observation and medical care of a person experiencing prolonged sedation.
- Inform responders and anyone present that emergency services have been called.
- Consider storing and securing items to prevent property loss.
- Do not leave the person unattended.
- Reposition the person every 30 minutes to reduce the risk of injury. Adjust their joints (e.g. wrists, neck) to a comfortable position and try to relieve areas of pressure by wedging blankets or rolled up clothing underneath pressure areas.

Responding to Opioid Poisoning with Prolonged Sedation

After Waking from Prolonged Sedation:

Provide Care

- Memory loss and confusion can cause distress after benzodiazepines wear off and the person wakes up.
- Decrease stimulation (e.g., dim the lights, turn off music, give personal space), offer food and beverages if available, and try to provide a quiet and safe space.
- Talk to the person clearly and calmly. Use a **trauma-informed approach**.
- Explain where the person is and what happened, including the time and amount of naloxone given.
- Check in with the other responders and offer an opportunity to debrief and review response strategies.

Discuss Safety Planning

- If appropriate, discuss drug poisoning prevention safety planning. If requested, provide information on safer substance use practices including location of drug checking services, using a test dose, and using with a buddy.
- Discuss the signs and symptoms of benzodiazepine sedation and benzodiazepine withdrawal.
- Encourage the person to seek urgent healthcare if they suspect they are experiencing moderate or severe benzodiazepine withdrawal.

Additional Resources

[BCCSU bulletin for information on benzodiazepine-opioid withdrawal](#)

[Toward the Heart harm reduction supplies and overdose prevention site finder](#)

[Communicable Disease Prevention: Responding to Drug Poisoning at OPS/SCS](#)

[Drug Checking Locations in BC](#)

[BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)

[Toward the Heart Do I keep giving naloxone?](#)

References

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