

## Background

The toxic unregulated drug supply contains unknown and harmful substances. Unregulated opioids (e.g. fentanyl) may be contaminated with stimulants, fillers, cutting agents, non-opioid sedatives, and other unexpected substances.

Non-opioid sedatives in substances can increase sedation and cause unresponsiveness, also known as prolonged sedation. Prolonged sedation can be concerning because it can not be reversed by naloxone.

**Prolonged Sedation** means a person is breathing normally but is unresponsive and cannot be woken up for an extended amount of time (usually a few hours) after taking substances.

## Non-Opioid Sedatives: Benzodiazepines and Xylazine

Benzodiazepines and xylazine are types of non-opioid sedatives. These substances have been found in the unregulated drug supply, mostly in opioids. Non-opioid sedatives combined with other depressants like opioids can further slow down breathing and increase the risk of a fatal opioid poisoning.

Benzodiazepines (commonly called benzos), their analogues (e.g., etizolam, bromazolam), and xylazine are a type of sedative that slows the body down, including breathing and brain activity. Benzodiazepines can also cause memory loss, agitation, confusion, muscle weakness, and withdrawal symptoms, including seizures.

**Xylazine** is also 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**”.

## Opioid Poisoning & Prolonged Sedation

Prolonged sedation can happen after opioid poisoning if the substances are contaminated with non-opioid sedatives. Prolonged sedation after opioid poisoning happens when someone's breathing has returned to normal after receiving naloxone but they remain sedated, or unable to wake up.

Responding to drug poisonings with prolonged sedation can be more difficult because naloxone will restore breathing that is stopped by opioids but it will not wake someone who is sedated because of non-opioid sedatives. Sometimes, responders will administer too much naloxone because the person remains unresponsive.

It can also be difficult to tell the difference between a severe opioid poisoning that requires multiple doses of naloxone and prolonged sedation from non-opioid depressants.

## Key Considerations for Responding to Opioid Poisoning with Prolonged Sedation

Respond to opioid poisoning using the (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).

If a person is not responsive or is difficult to wake up, check if they are breathing normally. Do NOT give naloxone if the person is breathing normally, even if they are not waking up. Giving more naloxone than is needed can cause opioid withdrawal.

## 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.

First, follow the **SAVE ME** steps if you suspect the person is experiencing opioid poisoning:

- **Stimulate:** try to wake them up.
- **Airway:** check for respiratory depression and keep their airway open.
- **Ventilate:** give 1 breath every 5 seconds until they are breathing normally.
- **Evaluate:** check their breathing and pulse.
- **Medication:** give naloxone if they are taking less than 12 breaths per minute.
- **Evaluate & Support:** give the body enough time to respond to naloxone. Keep giving breaths. Set a timer or announce the time of each naloxone dose to keep track of time. If they are still not breathing normally give another dose (**3 minutes after last injection OR 3-5 minutes after last intranasal**), give breaths, and re-evaluate.

**Stop giving naloxone when breathing returns to normal.**

## If a person remains unresponsive after the opioid poisoning has been reversed and their breathing has returned to normal:

### 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 minutes (injectable) OR every 3-5 minutes (intranasal) until the person's breathing returns to normal.
- Naloxone doses should be spaced apart to give enough time for the naloxone to work.
- If you have not received naloxone training or could use a refresher, visit the [Naloxone 101 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.

## After a person wakes up 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](#)

[Should You Give Naloxone?](#)

## References

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