

# Naloxone for Opioid Overdose – What pharmacists need to know

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# Speaker

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# Fraser Health issues warning after 36 overdoses in 48 hours in Surrey

By Staff The Canadian Press

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**WATCH:** A shocking number of overdoses in Surrey this weekend. 36 in just 48 hours. As John Hua reports -- there are fears that number could go even higher.

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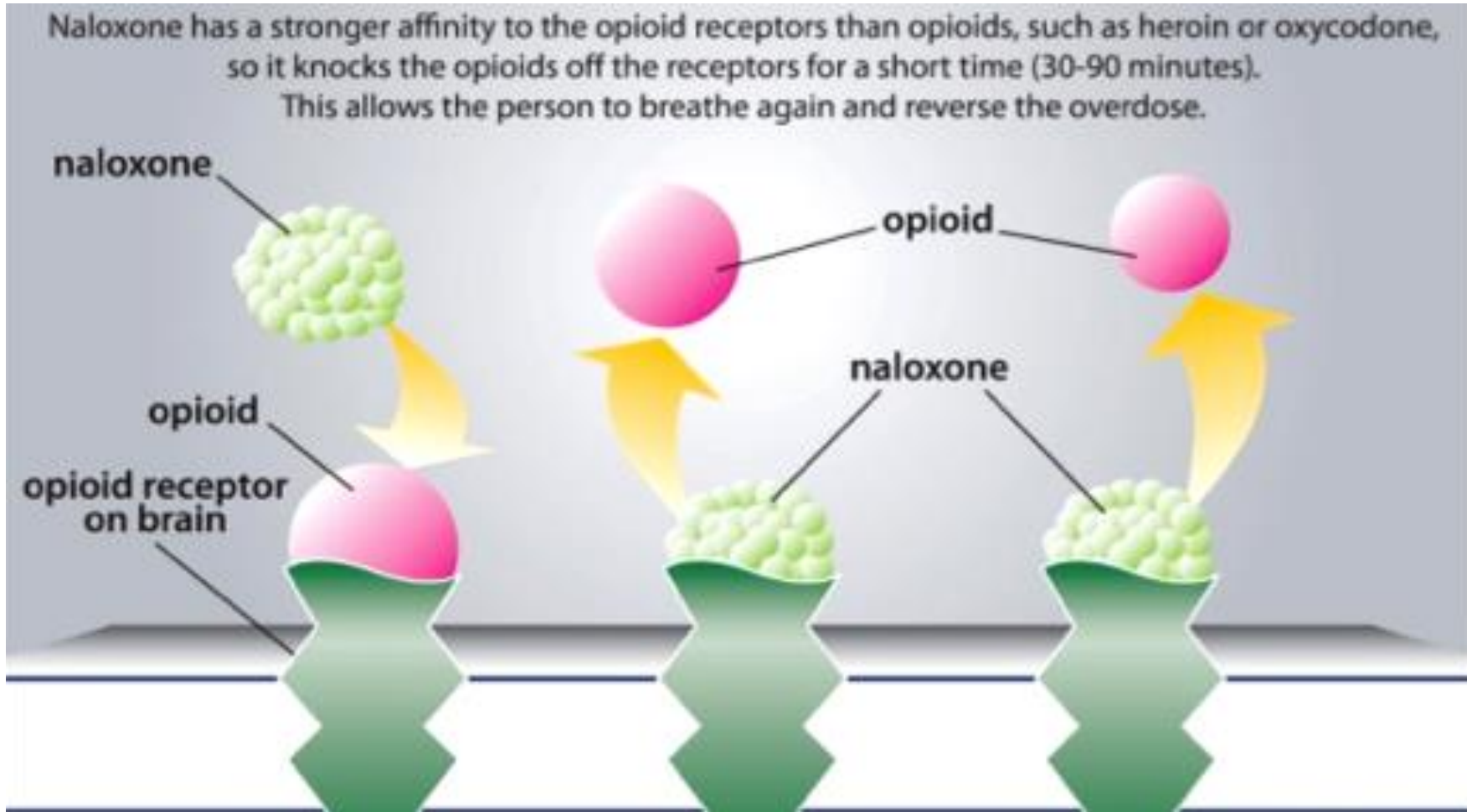
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# Outline

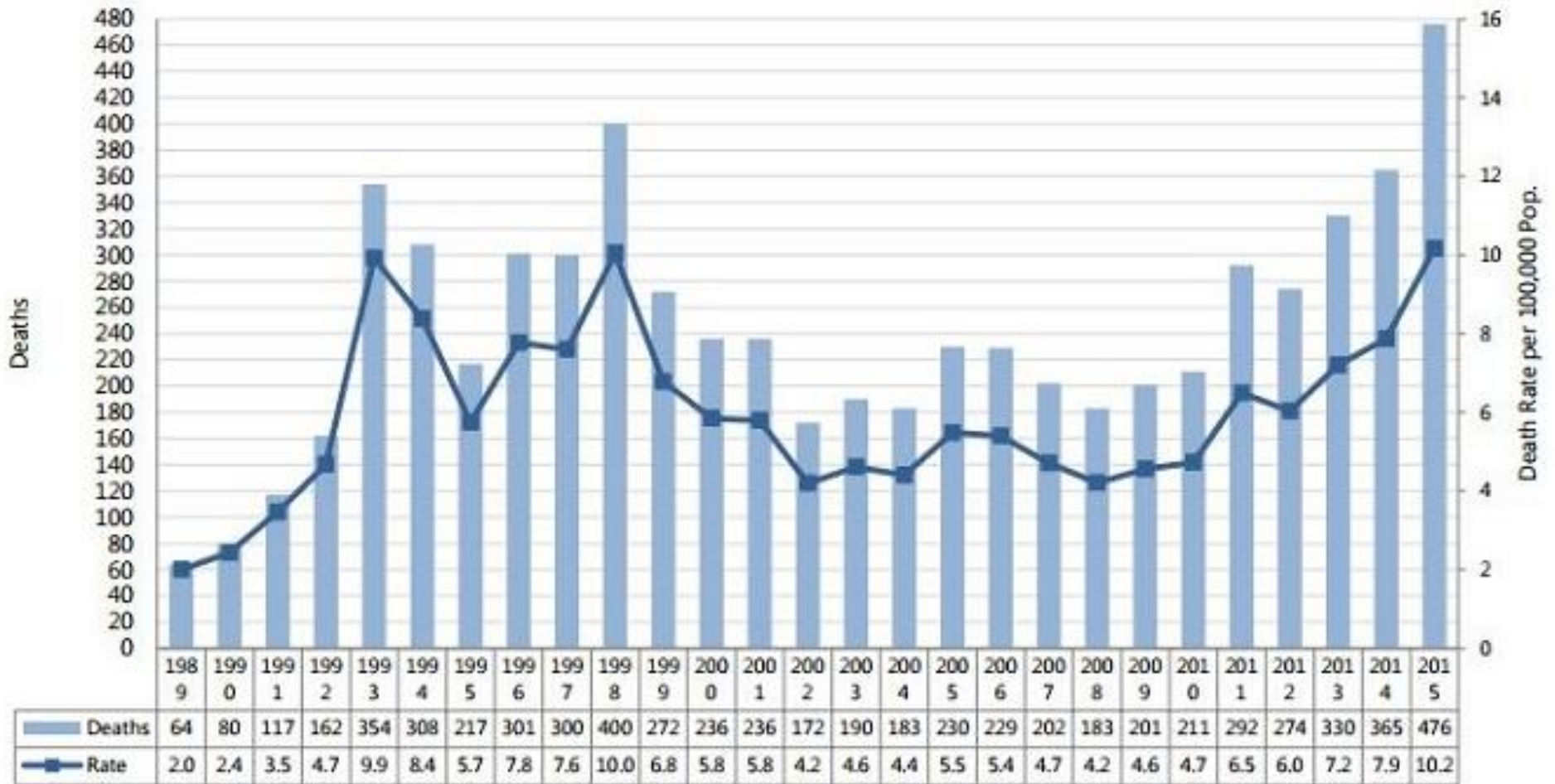
- What is naloxone?
- Why is naloxone needed?
- What pharmacists need to know
- Case based learning

# What is Naloxone



# Why is this needed?

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population



# Poll question

- Do think that opioid abuse is a problem in your community?
  - Yes
  - No

# Opioid Use

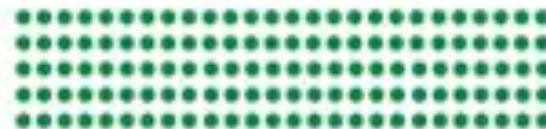
For every **1** death there are...



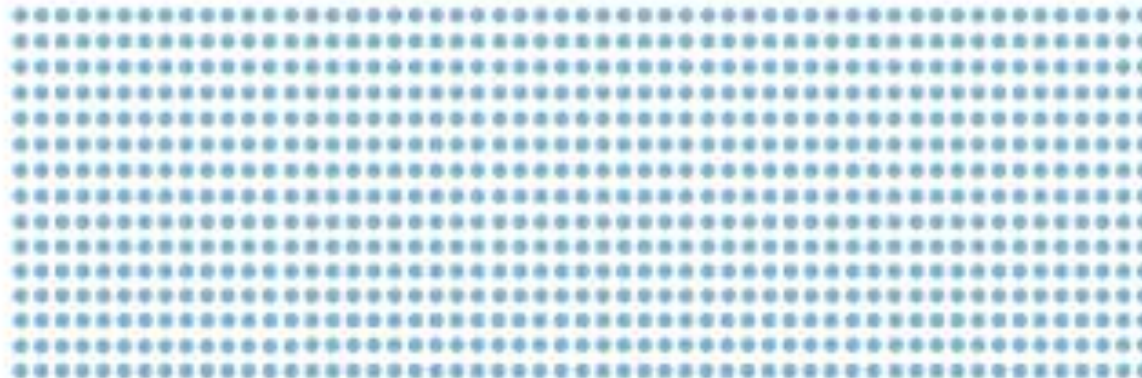
**10** treatment admissions for abuse<sup>9</sup>



**32** emergency dept visits for misuse or abuse<sup>6</sup>



**130** people who abuse or are dependent<sup>7</sup>



**825**  
nonmedical  
users<sup>7</sup>





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# Why is this needed?

- Majority of overdoses happen in the presence of others.
- Naloxone allows for the reversal of respiratory depression
  - Buy some time until an ambulance arrives and supportive care can be given
  - Decreases risk of anoxic brain injury and death.
- Very safe
  - Has no effect in the absence of opioids
  - No abuse potential
  - Most of the adverse effects are directly related to opioid withdrawal or injection site reaction
- No increase in risk taking behaviour
  - No evidence suggesting it does



# What do you need to know

- Health Canada rescheduled it to Schedule 2 (OTC) March 22 2016
  - Provinces following suit
  - Schedule 2 only because training needed for administration of medication
- Currently only IM formulation currently available in Canada
  - Ampoules or vials
  - Intranasal formulation coming
- Formal Take Home Naloxone programs exist in most provinces
  - These may have different requirements than OTC naloxone for sale in pharmacies
    - Some are specifically for people who use opioids illicitly
    - <http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Take-Home-Naloxone-Canada-2016-en.pdf>



# Using Naloxone in an opioid overdose

- Recognizing OD
- CALL 911
- Prepare/administer naloxone
- Aftercare



# Recognizing opioid overdose

- Shallow/no breathing
- Vomiting/gurgling
- Skin cold/Pallor
  - Blueing under fingernails
- **UNRESPONSIVE**
  - Pain – sternal rub
  - Auditory stimuli – yelling their name
  - Shaking their shoulders



# Responding to overdose

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



**S**timulate  
Unresponsive? **CALL 911**



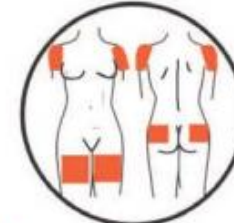
**A**irway



**V**entilate  
1 breath every 5 seconds



**E**valuate



**M**uscular Injection  
1 mL of naloxone  
*Continue to provide breaths until the person is breathing on their own*



**E**valuate  
2nd dose?  
*If no response after 3-5 minutes give another injection*

For more information visit [www.towardtheheart.com](http://www.towardtheheart.com)



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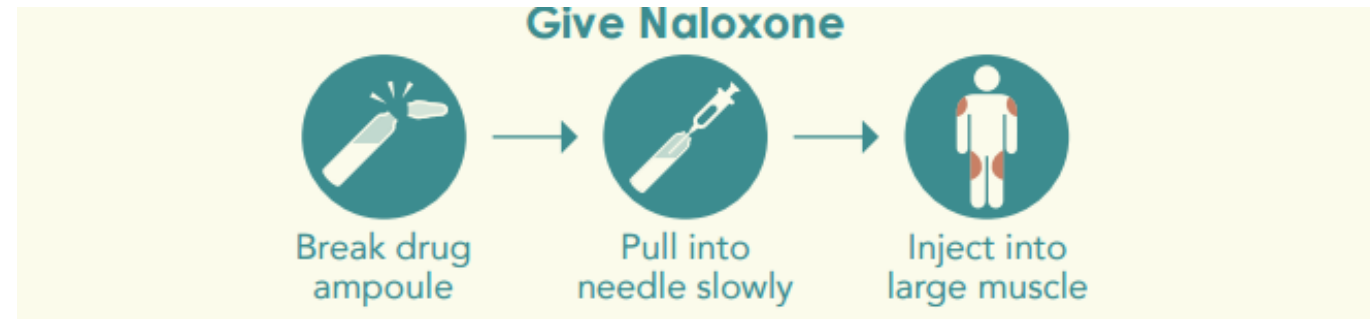
# Naloxone bundles

- Naloxone 0.4mg/mL ampoules
  - Minimum 2 in a bundle
  - Minimum 6 month expiry date
- Safety syringes (3mL x 25ga)
  - Unlikely to be used for anything else
  - Reduced risk of needle-stick injury
- Nitrile gloves
- Breathing mask
- Alcohol swabs
- Ampoule breakers



# How to use Naloxone

- Spin/Open ampoule
  - Use alcohol swab if needed
- Prepare syringe
- Draw up all contents of 1 amp
- Inject into **thigh**, buttocks or shoulder
  - Fully depress the plunger of safety syringe
    - Needle retracts into barrel
- Evaluate
  - Continue to give breaths
- Re-administer q5mins if not working





# After Care

- When the person wakes up
  - Stay with them until ambulance arrives
  - They will likely be confused - explain that they overdosed
  - Do not let them use more substances
  - Withdrawal symptoms will dissipate rapidly
  - Be prepared to give more naloxone if necessary



# Overdose precautions

- Don't use alone
  - Have a partner
  - Larger groups; have a sober guide (“trip sitter”)
- Use alternative modes of ingestion
  - Eating
  - Snorting
  - Inhaling/smoking
- Limit drug use until potency known
  - First hits are small ( $\frac{1}{4}$  or  $\frac{1}{2}$  of normal quantity)
- Limit polysubstance use
- Have naloxone available



# Availability of Naloxone – July 7<sup>th</sup>, 2016

- British Columbia
  - Schedule II, no Pharmacare coverage
  - BCCDC THN kits free of charge
- Alberta
  - Schedule II, free of charge through pharmacy if trained/registered
  - THN also available free through certain programs,
- Saskatchewan
  - THN pilot program in Saskatoon
- Manitoba
  - THN available free through harm reduction programs
- Ontario
  - Schedule II, available free through pharmacies
  - Available through numerous harm reduction sites
- Nova Scotia
  - Schedule II
  - THN available free through harm reduction sites



# Intranasal Naloxone

- Fast tracked by Health Canada
- Provincial regulators now looking at scheduling
  - \$125 USD per 2 devices?

**NARCAN<sup>®</sup>** (naloxone HCl)  
**NASAL SPRAY 4mg**


NARCAN<sup>®</sup> Nasal Spray 4 mg Dose    Opioid Overdose Epidemic    Helpful Resources    How to Obtain NARCAN<sup>®</sup> Nasal Spray    FAQs

## FIRST and ONLY FDA-Approved

Nasal Naloxone for Emergency Treatment of Opioid Overdose<sup>1</sup>


- Needle-free
- Ready-to-use

NARCAN<sup>®</sup> Nasal Spray is not a substitute for emergency medical care.



Introducing the NARCAN<sup>®</sup> Now App  
Access training and safety information in an easy to use app.

Being Prepared  
Watch the instructions for use video before an overdose emergency.



## How to Use NARCAN<sup>®</sup> Nasal Spray

### 3 Steps to Help Reverse Opioid Overdose

Using NARCAN<sup>®</sup> Nasal Spray involves 3 simple steps.

- 1 PEEL** back the package to remove the device.
- 2 PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
- 3 PRESS** the plunger firmly to release the dose into the patient's nose.



# All clear?



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# Case #1

- Bart – 32 year old Male
- IVDU on and off for 15 years
  - Drug of choice is heroin
- Recently paroled, living in community housing
- Receives methadone (45mg DWI, Sunday Carries) at your pharmacy
- Bart asks about naloxone one day while waiting for his methadone.
- How would you approach the situation?



# Poll question

- Would you offer Bart naloxone?
  - Yes
  - No



# Case #1 - Bart

- Indication
  - User of opioids
  - Recent change of location, perhaps not familiar with potency of local drugs
- Safety
  - How will this affect his methadone? What if he was on Suboxone?
  - Could be used on friends/close contacts
- Instruct on use of kit
  - Keep it handy
  - Do not use alone
  - Recognizing OD
- Communicate with GP/methadone provider





# Case #2

- Marge – 52 year old female
- Comes into the pharmacy asking about naloxone
  - “I heard about naloxone on the radio. I’m really worried that my daughter is using drugs. What is this stuff?”
    - Suspects daughter (19 years old) may be using drugs
    - Found drug paraphernalia in the home
    - Daughter is otherwise healthy
- How would you approach this situation?



# Poll question

- Would you offer Marge naloxone?
  - Yes
  - No



# Case #2 - Marge

- Indication?
  - Knows someone who may use opioids
- Safety
  - How will this affect someone if they're not using opioids?
- Could be really helpful
- Unlikely to be harmful in any way
- Provide education, encourage conversation
  - Safe drug use techniques
  - Naloxone
  - Presence of strong drugs in communities



## Case #3

- Abe – 74 year old male
- Chronic pain/insomnia
  - MED – 120mg daily
  - Oxazepam 30mg hs x many years
- His adult child and 2 grandchildren live with him
- Arrives at the pharmacy to renew his prescription
- How would you handle this situation?



# Poll question

- Would you offer Abe naloxone?
  - Yes
  - No



# Case #3

- Indication
  - Uses opioids (+ benzos)
  - Others in the home who could inadvertently take his medications
- Safety?
  - Could increase safety in the home
  - Unlikely to cause any harm
- Encourage patient to have naloxone in the home
- Communicate with GP?

# Additional Resources

- Alberta Pharmacists' Association – [Take Home Naloxone Program](#) (accredited for 0.5 CEUs)
- Pharmacy Association of Nova Scotia – Naloxone support material available on their website for members
- Ontario Pharmacists Association – [Take-Home Naloxone Program](#) and [Additional Resources](#)
- Alberta College of Pharmacists – [Guidance for Pharmacists and Pharmacy Technicians Dispensing or Selling Naloxone as a Schedule 2 Drug](#)

# Additional Resources

- College of Pharmacists of British Columbia - [Naloxone Resources](#)
- College of Pharmacists of Manitoba – [Guidelines for Pharmacists Selling Naloxone as a Schedule II Drug](#)
- University of Waterloo – [Clinical support tools](#) and [video](#)

