Take Home Naloxone: What Pharmacists Need to Know

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Conflict of Interest/Disclosure
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Objectives
• Examine the scope of the current opioid overdose crisis
• Identify risk factors associated with opioid overdose
• Recognize the signs & symptoms of opioid overdose
• Demonstrate the use & administration of naloxone
• Identify resources for training the public on naloxone
What is naloxone?

• Naloxone is a competitive antagonist at the mu, kappa & delta opioid receptors
  – Has no effect in the absence of opioids, or with non-opioids
  – Any adverse effects directly related to induced opioid withdrawal or reaction at injection site
  – Very safe – no abuse potential
• It has a higher affinity for opioid receptors than most opioid agonists – displaces agonists from receptor site
• Newer super-potent fentanyl analogues may have affinity for the opioid receptor equal to naloxone
• Onset of action – 3-5 minutes
• Duration of action – 30-90 minutes
  – MUCH shorter duration than opioids, especially in overdose

How does naloxone work?

What is take home naloxone (THN)?

• THN – kits containing 2 doses of IM or IN naloxone, along with:
  – Gloves
  – Safety syringes (for IM or non-proprietary IN)
  – Alcohol swabs
  – Breathing mask – one way valve to protect person giving breaths
Why is THN necessary?

- Opioid overdoses are a serious public health issue
  - More than 100 people die in Manitoba every year from overdose – leading cause of accidental death
- More than 75% of overdoses are witnessed by someone
  - Very strong evidence that lay people – with appropriate training – can recognize and respond to opioid overdoses
  - Administering naloxone avoids the need for prolonged rescue breathing
- Temporary reversal of respiratory depression
  - Buys enough time for transport to an ER
  - Reduces risk of brain injury (anoxia) and death
- No evidence that THN increases risk taking behaviour

What is the scope of the opioid crisis?
Targets of overdose prevention

- Prevention
- Treatment
- Harm reduction
- Emergency intervention

Source: EMCDDA (2015)

Risk factors for overdose

- Use
- Dependence
- Access

- Parishioner use
- Use of high-dosage prescription opioids
- Use in combination with other sedating substances
- Reduced tolerance following dosing escalation, relapse from tapering, acquisition of treatment
- Opioid use and other illegal drugs may cause harm (e.g., poisoning, heart disease, depression)
- Family members of people in possession of strong opioids

Source: EMCDDA (2015)

Why should pharmacists care?

- Canadians have the 2nd highest use of prescription opioids in the world
- The current opioid overdose crisis was largely driven by overuse of prescription opioids (e.g., OxyContin)
- Diversion of prescription opioids – still major source of street opioids
- Pharmacists have an opportunity to be part of the solution by providing:
  - education on the use of naloxone and treatment of opioid overdose for all Rx opioid patients
  - improved access to THN, especially in rural/remote areas
  - referrals to those looking for treatment options
Trends in high-dose opioid prescribing in Canada (2006-2011)

Who might benefit from THN?

- High dose opioid prescriptions (>100mg/day ME)
- Entering/tapering methadone maintenance treatment
- Illicit and Rx opioid use by people:
  - with breathing problems
  - with kidney and/or liver disease
  - who also use Rx/non-Rx depressants (e.g., alcohol, BZs)
- People who use illicit opioids
- Reduced tolerance due to abstinence (prison or detox) – even for a few days
- Reduced access to emergency services (rural/remote)
- Family and friends of those who use Rx or illicit opioids
- Those who want to recognize & respond to OD
Info about naloxone

Recognizing overdose

Responding to overdose

How to use ampoule/vial?

How do you recognize an overdose?

CALL 911 FOR HELP

www.czphm.ca

SOLVE Protocol

1. Safely approach overdose person;
2. Offer a Sniff Test;
3. Offer Breath-Tests;
4. Offer the Naloxone Device;
5. Engage the person;
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How do you respond to an overdose?

Follow the SAVE ME steps below to respond.

- Stimulate Unresponsive? CALL 911
- Airway 1 breath every 5 seconds
- Ventilate
- Evaluate
- Naloxone Injection
- Evaluate 2nd dose?

What else is important?

- After administering THN
  - Stay with person until ambulance arrives
  - Good Samaritan Drug Overdose Act (5/5/17)
  - The person is likely to be confused – explain that they overdosed
  - Any withdrawal symptoms caused by naloxone will quickly dissipate
  - Try to prevent use of other substances
  - Be prepared to administer additional naloxone
- Replace THN supplies after use and/or if expired
- Experiencing an overdose is a risk factor for a future fatal overdose
What are other overdose precautions?

- Don't use alone
  - Have a partner
  - In larger groups – have a sober "guide" or "trip sitter"
- Use alternate routes of administration
  - Oral
  - Snorting
  - Inhaling/smoking
- Be very cautious with dosing until potency known
  - Take very small first hits – ¼ or ½ of normal amount
- Avoid polysubstance use
  - Depressants are particularly dangerous in combination (e.g., alcohol, benzodiazepines, GHB, gabapentin, etc.)
  - Stimulants (e.g., cocaine, methamphetamine) are also risky
- Have a naloxone kit available

References


