

# Take Home Naloxone: What Pharmacists Need to Know

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## Conflict of Interest/Disclosure

- Dr. Sheri Fandrey
  - Has no conflicts to disclose
  - Has received no speaking fees for this program
  - This program has received no financial support from any commercial or other organization.
  - This program received in-kind support from my employer to cover transportation costs.



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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



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### 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




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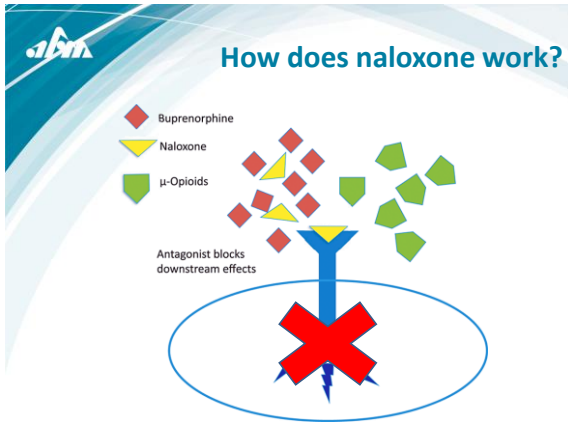
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### What is take home naloxone (THN)?

- 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




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### 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




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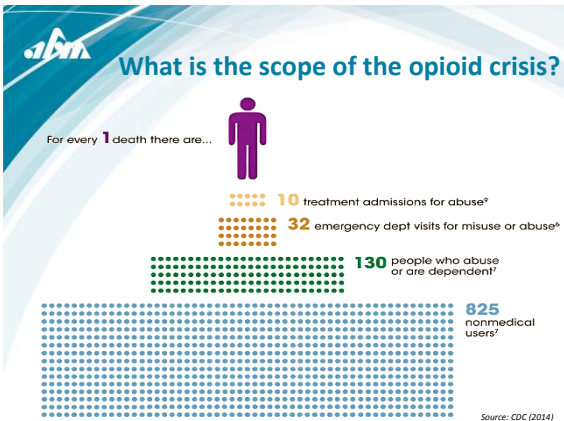
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**Good Samaritan  
Drug Overdose Act**

- 1** Call 911 during an overdose situation
- 2** Stay with your friend until help arrives
- 3** Save a life



**NOW LAW  
IN CANADA**

**Bill C-224 provides immunity from drug possession or breach charges for those who seek help in an overdose emergency.**

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### 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




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