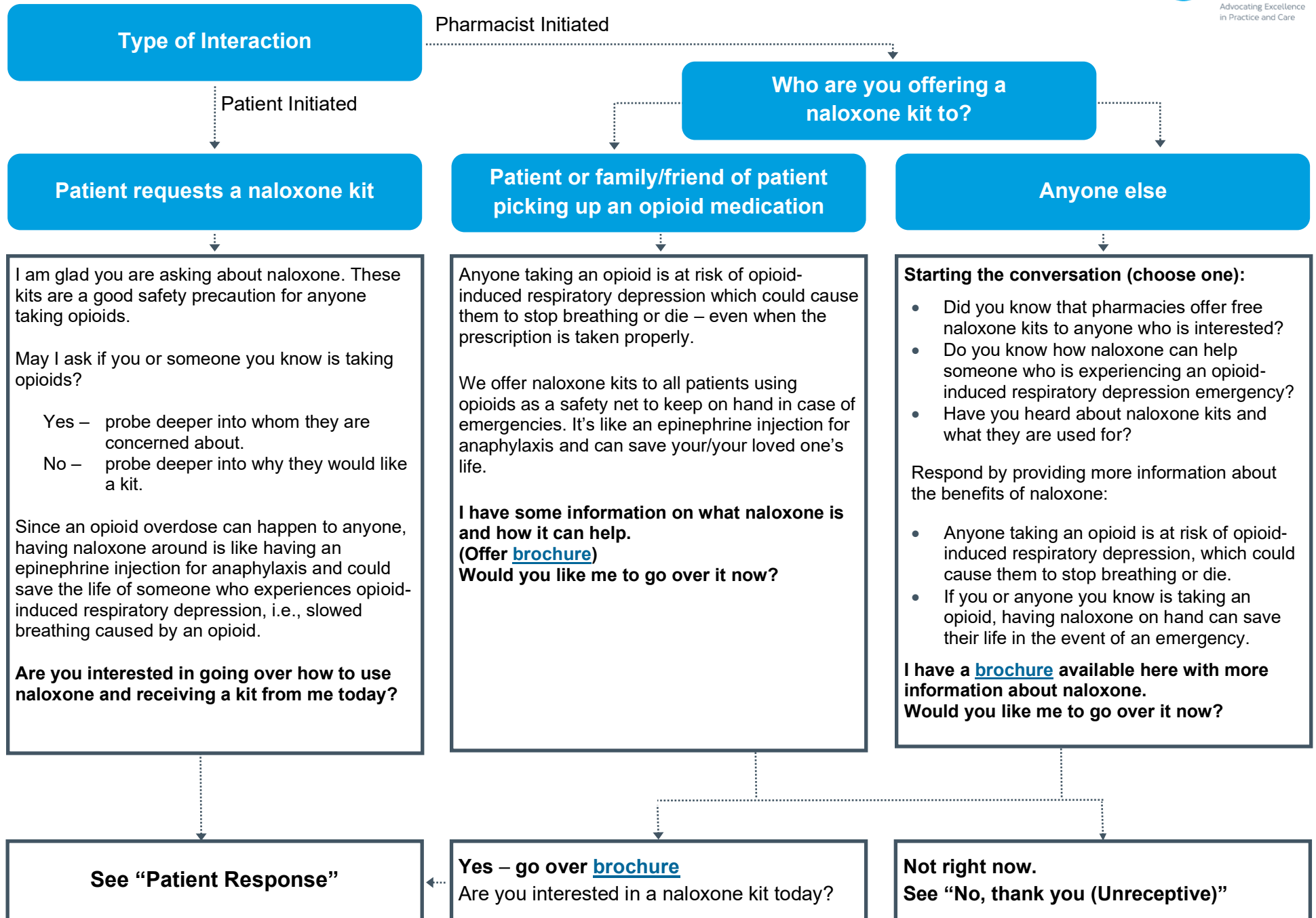
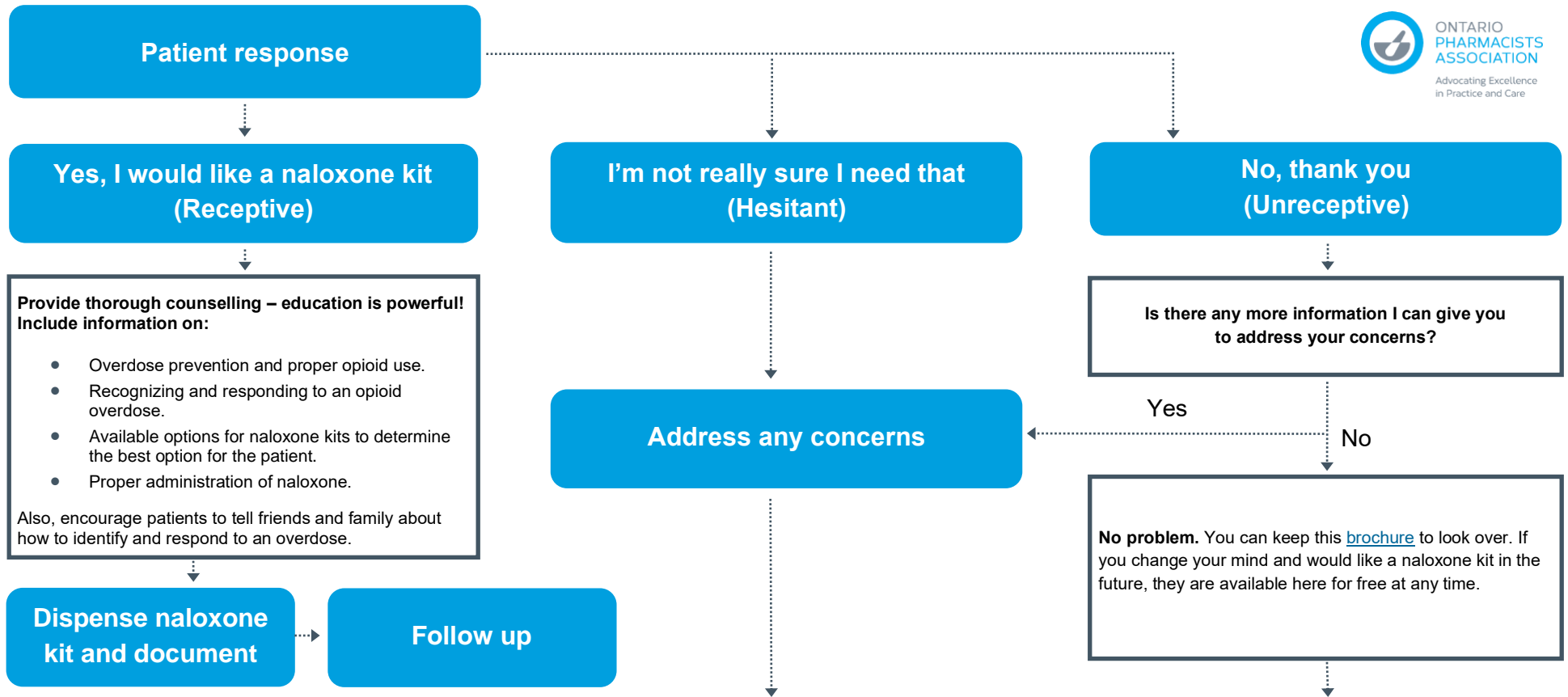


# Pharmacist Clinical Tool for Initiating Naloxone Discussions





**Be prepared for anything! You must be able to respond to concerns confidently. Some common concerns and responses are below.**

**Q: Naloxone is only for people who inject/abuse opioids! I am not at risk.**  
 A: Naloxone can help anyone whose body is unable to handle the opioids they are taking. Having a kit can protect you or anyone who takes an opioid and experiences opioid-induced respiratory depression, i.e., slowed breathing caused by an opioid. It doesn't matter which opioid is used or the reason for use, this is an adverse effect that can occur in anybody so having a naloxone kit is a good safety precaution just in case.

**Q: Do you recommend the nasal spray or injectable version of naloxone?**  
 A: It is your choice whether you prefer the intra-nasal spray or the injectable version of naloxone; either form is effective at reversing opioid-induced respiratory depression and both are available free of charge from the pharmacy. I can quickly review with you how they are administered if you would like?

**Q: Is naloxone harmful?**  
 A: Naloxone works to block the effects of opioids in the brain. For someone who is dependent on opioids, use of naloxone may cause them to go into withdrawal, however, naloxone will have no effect on a person if they do not have opioids in their system. In an emergency situation where someone is experiencing opioid-induced respiratory depression, naloxone should be given unless there is a known life-threatening allergy to naloxone.

**Q: I don't need a kit; I've been on this opioid for a very long time.**  
 A: Opioid-induced respiratory depression can occur in any person and having a naloxone kit on hand not only protects yourself but can also save someone else's life as a result of an accidental overdose - this includes children and other people in your household. *(Consider discussing other risk factor changes, if any, to help support the recommendation.)*

**Q: I don't want to give you my health card.**  
 A: Patient information is kept confidential and having your information on file allows the pharmacy to contact you in an emergency or if the need arises. However, if you do not have or do not wish to provide a health card that is not a problem, I can still provide you with a naloxone kit free of charge.

# Naloxone

## Pharmacist Toolbox

### Recognizing signs and symptoms of an overdose:

- Cannot stay awake, talk or walk
- Slow/irregular breathing or not breathing at all
- Limp body
- Unresponsive to noise or knuckles that are rubbed hard on their breastbone
- Deep snoring or gurgling sounds
- Skin is pale or blue-/purple-coloured (especially on the lips or nail beds) and feels cold
- Pupils are tiny (pinpoint) or eyes are rolled back
- Vomiting



**Call 911 immediately if you or someone is experiencing an overdose**

### Risk factors for overdose:

- History of a prior overdose
- Suspected or history of opioid use disorder or substance use disorder
- Concurrent use of sedatives (e.g., benzodiazepines, barbiturates) or alcohol
- Illicit use of non-prescribed opioids (especially when injected) or other recreational drugs (increasing presence of fentanyl in other street drugs like cocaine and methamphetamine is believed to be contributing to overdose deaths related to those substances)
- High prescribed doses (e.g., opioid doses  $\geq 50$  milligram morphine equivalents per day)
- Discontinuation of long-term opioid therapy
- Resumption of opioid use after a recent abstinence from opioids which can result in a lower opioid tolerance (e.g., recent release from incarceration, during or after discharge from hospitalization, or following medically supervised withdrawal or abstinence-based treatment of opioid use disorder)
- Comorbidities (e.g., pulmonary disease, sleep apnea, mental health conditions)
- Genetic predisposition to the respiratory depressive effects of opioids
- Low social determinants of health which can lead to unstable life situations and opioid tolerance interruptions

## Practice Guidelines for Naloxone:

- Take-home naloxone kits and counselling should be provided to all patients receiving an opioid given the difficulties associated with assessing a patient's potential risk of opioid-induced respiratory depression. Although not all dispensed naloxone kits will be used, the benefits of having them available in cases of emergency outweighs the drawbacks.
- Other benefits of having a naloxone kit available may include helping to prevent overdose deaths for those living in remote areas where there may be longer EMS response times and to provide emergency treatment in cases of accidental ingestion by children or other family members who live in the home.
- After dispensing take-home naloxone, follow-up should be conducted after 3 months and at 1 year and then annually thereafter to ensure naloxone kits have not expired and to reinforce overdose prevention and naloxone education.
- Additional opportunities to re-initiate a discussion about naloxone for patients who were previously offered a naloxone kit but declined include but are not limited to changes to their opioid prescription, addition of a benzodiazepine to their medication regimen, or other changes to their risk factors for an overdose.

## Additional Resources:

- [Dispensing or Selling Naloxone \(Ontario College of Pharmacists\)](#)
- [Steps to Respond to an Opioid Overdose \(Ministry of Health\)](#)
- [How to Use a Naloxone Kit \(Ministry of Health\)](#)

5 Steps Overdose Response Poster in multiple languages (Toronto Public Health)

Source:

<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/overdose-prevention-and-response/drug-use-services-and-supports/>

### DISCLAIMER:

The information provided in this document is intended to assist pharmacists with initiating discussions with patients about naloxone but does not replace professional judgment and responsibilities. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. The information provided in this document are current at the time of publication. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes.

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