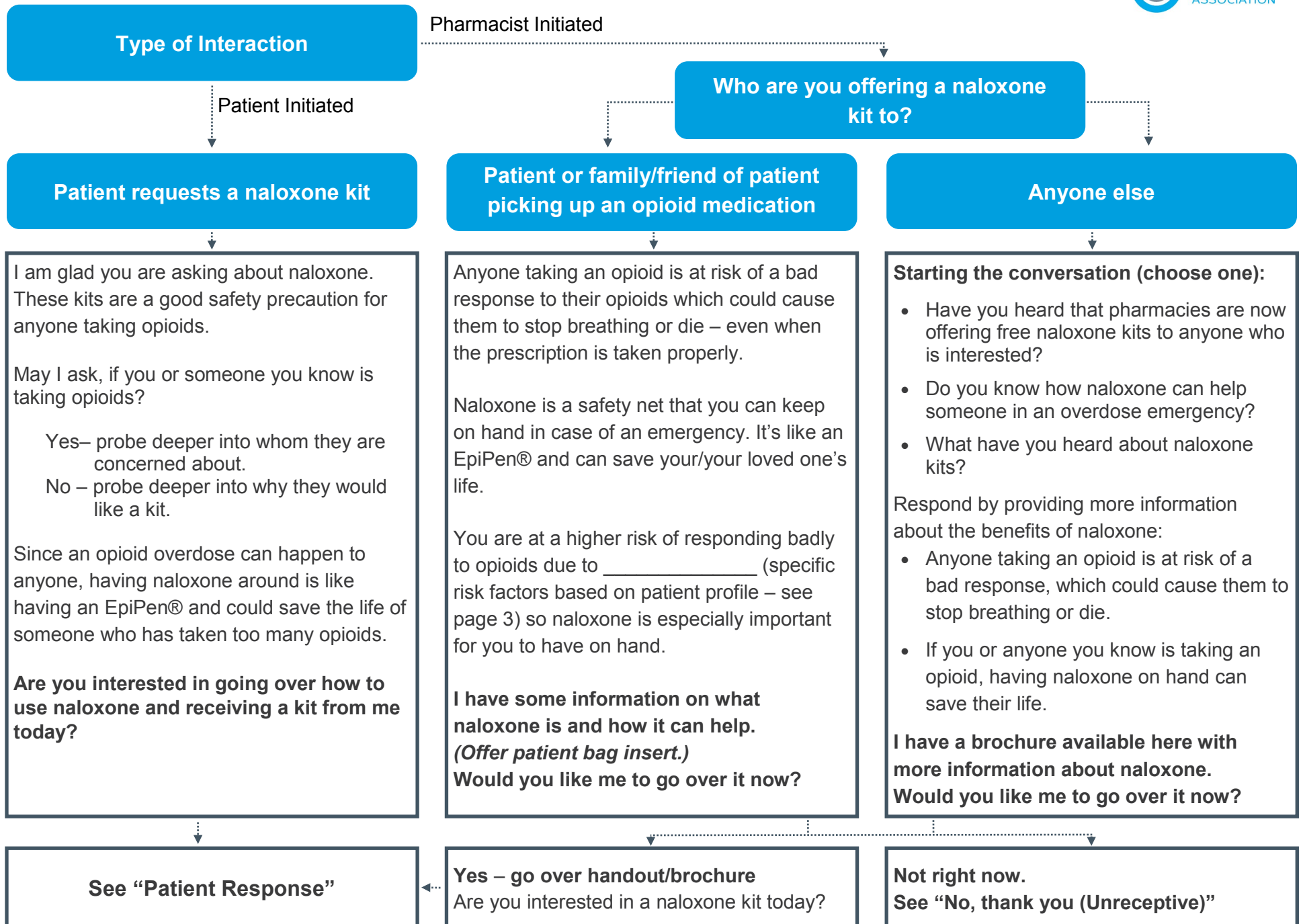
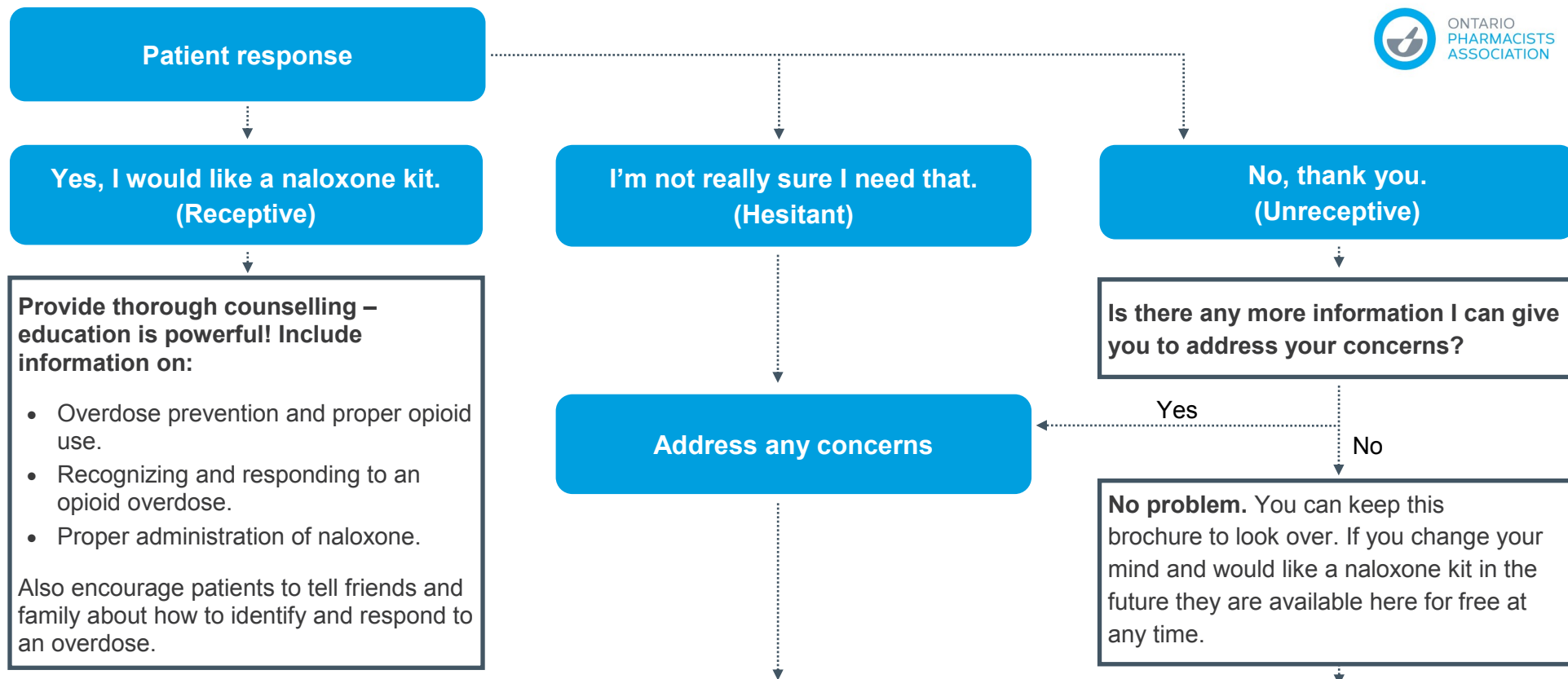


Pharmacist Clinical Tool for Initiating Naloxone Discussions





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 has a bad response. Regardless of the dose or situation, having a naloxone kit is a good safety precaution just in case.

Q: Why dose the naloxone have to be injected? What about the nasal spray?

A: Only the injectable version of naloxone is widely available and provided free of charge. The spray is also available but must be purchased.

Q: Can I get in trouble for calling 911 or administering naloxone?

A: No. Canada has adopted the Good Samaritan's Act, which provides certain protections to those helping someone who may be overdosing.

Q: Is this something I should only use for myself?

A: No, having a kit can save someone else's life as a result of accidental overdose – this includes children and other people in your household.

Q: I don't want to give you my health card.

A: Patient information is kept confidential. If you do not have or do not wish to provide a health card, you can get a kit at your public health unit.

Identifying patients at highest risk of opioid-related respiratory depression

A number of factors can increase a person's risk for respiratory depression, even with proper use of a prescription opioid. Consider the following when talking to patients about their overdose risk and identifying why naloxone is an important precautionary measure for them.

Opioids are risky drugs

Always assess the patient's medications.

Opioid doses greater than 50 mg/d MEQ*

Doses above 50 mg/d double a person's risk of overdose death, while doses greater than 200 mg/d increase the risk five-fold.

Long term use of opioids

After one month of use, a patient's risk of overdose increases four-fold, and becomes 14 times as high for those taking opioids for more than one year.

Opioid dosage forms

Patients on long-acting opioids have a two times higher risk of opioid overdose. Use of methadone is a major risk factor, especially in the first month of treatment.

Concomitant use of other medications:

- Benzodiazepines = seven fold increased overdose risk.
- Skeletal muscle relaxants = three fold increased risk.
- Barbiturates and other hypnotics = three fold increased risk.
- Antidepressants, antipsychotics, and warfarin are also associated with an increased risk.

Use of two or more of the above in combination with opioids exponentially increases the risk of overdose.

Alcohol

Even a modest amount of alcohol significantly increases the risk of respiratory depression when combined with an opioid.

A thorough history is important!

Certain medical, social, and environmental questions can help identify those who would benefit most from naloxone.

History of overdose

Questions about overdose (or a "bad reaction") can be included in information gathering.

Comorbidities

Certain conditions put patients at even higher risk, including:

- Respiratory conditions like asthma, COPD, and sleep apnea.
- Renal, or liver dysfunction.
- Depression or other mental health disorders.

Recent discharge from prison or rehabilitation program

A person's opioid tolerance is dramatically decreased after even a short period of abstinence (2-3 days).

Suspected illicit use of opioids or other recreational drugs

Testing shows that heroin, cocaine and methamphetamine are often contaminated with fentanyl.

Living in a remote area

Longer EMS response times makes naloxone more vital for preventing overdose deaths.

Children in the household

Stress the importance of having naloxone on-hand in case of accidental ingestion by children or others in their home.

*MEQ = Morphine Equivalents. Conversion tool: http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b08.html

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