



College of Pharmacists  
of British Columbia

# Community Pharmacy Distribution of Naloxone

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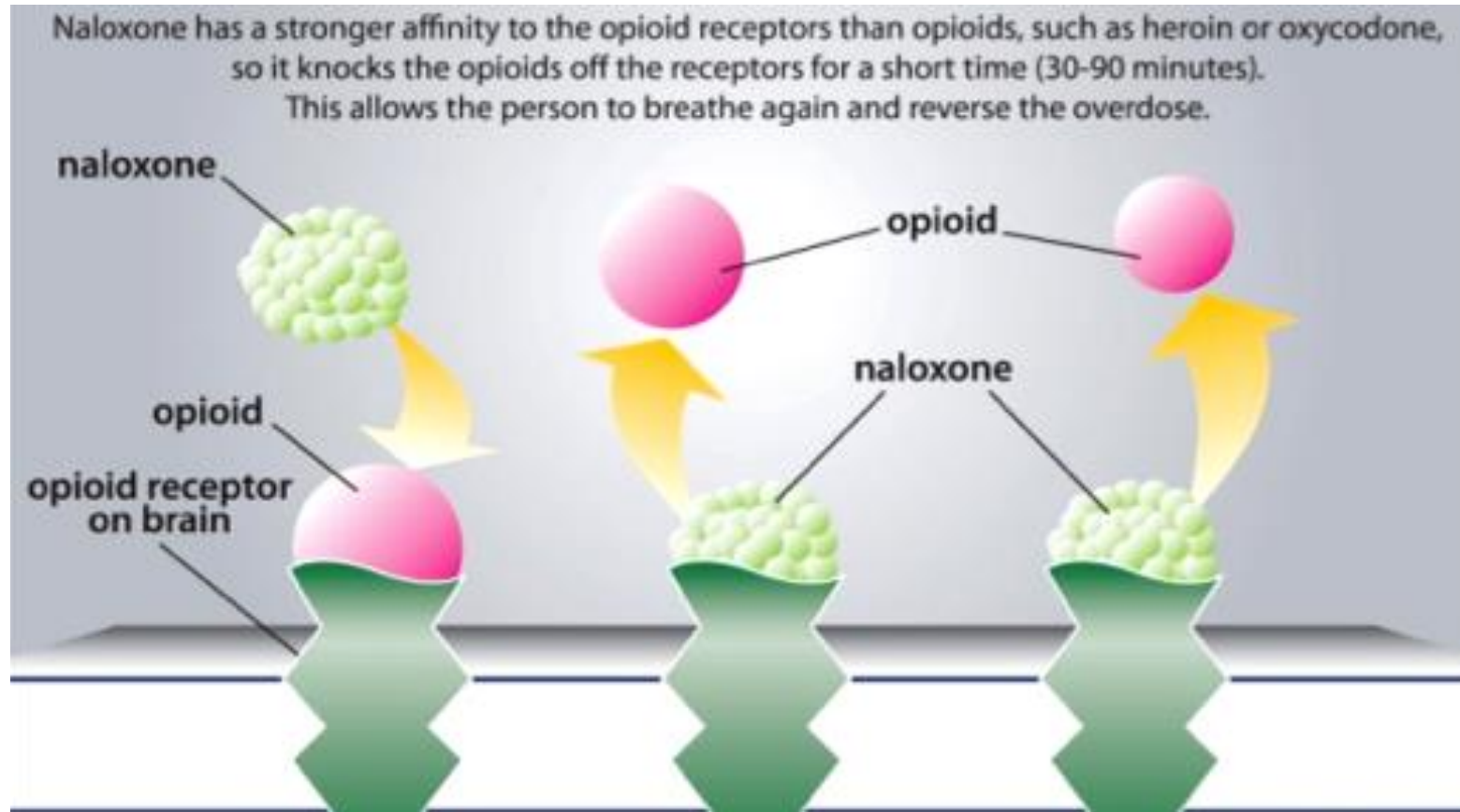
College of Pharmacists of BC

BC Centre for Disease Control – Harm Reduction Program

Sponsored in part by the BC Ministry of Health

# What is Naloxone?

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# Naloxone is Safe

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- it cannot be abused
- no effect in absence of opioids
- simply restores breathing
- used in Canada for 40+ years
- does not increase risk taking



# World Health Organization Recommendation

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People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.

**WHO Guidelines, November 2014**

[http://apps.who.int/iris/bitstream/10665/137462/1/9789241548816\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/137462/1/9789241548816_eng.pdf?ua=1&ua=1)



# Evidence supporting lay people giving naloxone

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Take Home Naloxone programs combine overdose recognition and response training (including administration of naloxone) with provision of 'take home naloxone kits'

Training is for lay people are trained, and kits are intended to be used in the community on peers or by friends or family members

The BCCDC Take Home Naloxone Program has been in operation since August of 2012.

Since then, over 6500 lay people have been trained and over 450 overdoses have been reversed



# Why is Naloxone Needed?

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Opioid overdoses are a serious public health issue

**Prescription opioid**-related deaths in BC (2004-2013):

- Women: 558
- Men: 1116

*Smolina et al. 2015.*

Fatal overdoses in both illicit and licit opioid users often involve:

- Polypharmacy
- Comorbidities

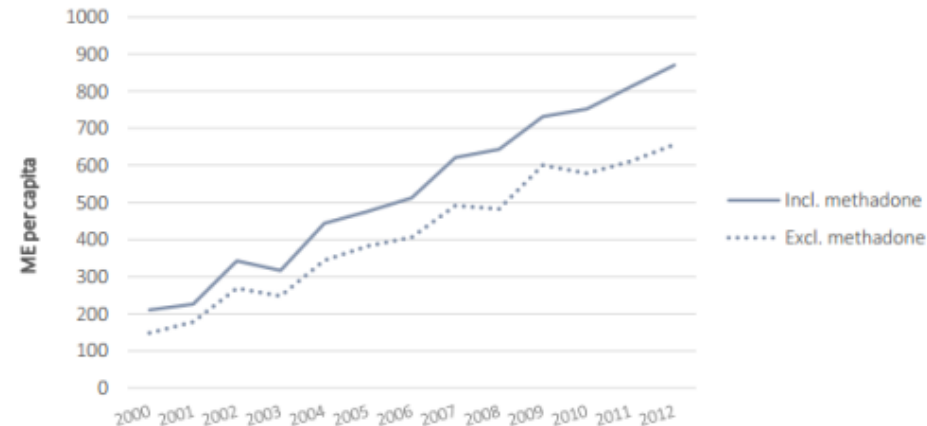


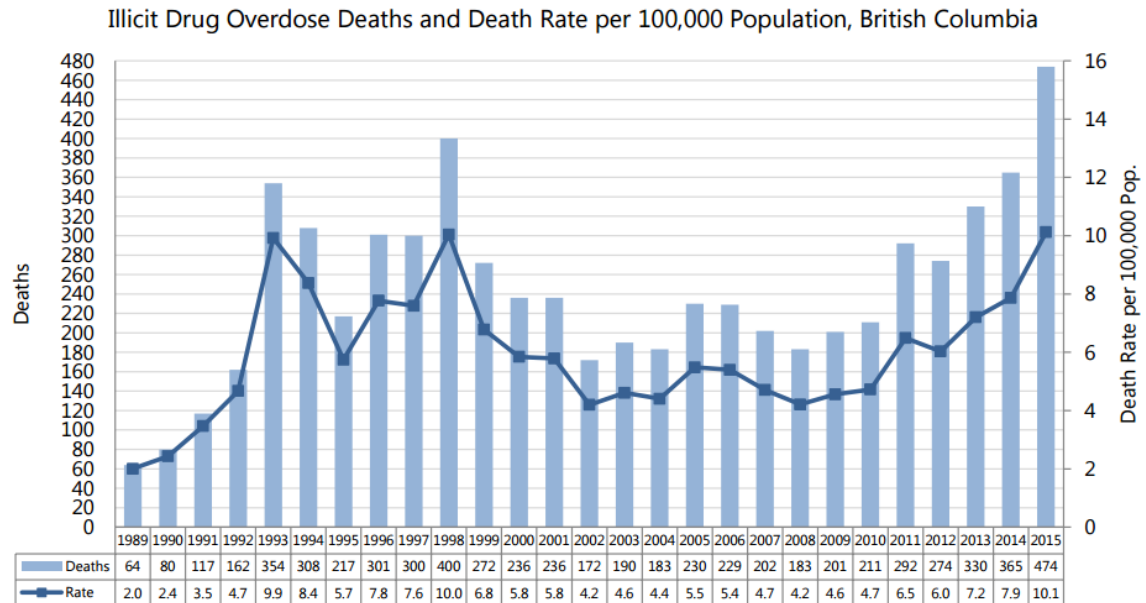
Figure 1. Opioid consumption in morphine equivalence (ME), mg per person. Data source: Pain and Policy Studies Group, University of Wisconsin-Madison.



# Why is Naloxone Needed?

**Illicit** drug overdose deaths are increasing across the province

*BC Coroners Service, 2015*



# Why is Naloxone Needed?

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Over  $\frac{3}{4}$  of overdoses are witnessed by someone

- Overwhelming evidence that with appropriate training, lay people can recognize and respond to opioid overdoses, including giving an intramuscular injection of naloxone
- Timely restoration of normal breathing reduces deaths and harms like severe brain damage
- While ambulance (and firefighters in some communities) have access to naloxone, long wait-times mean that without naloxone lay responders must do rescue breathing for extended periods of time





# Increasing Accessibility Through Pharmacies

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- Provide patient education and training
- Provide naloxone and suggest supplies

Remember

***Naloxone is a Schedule II drug to ensure pharmacists provide education and not to prevent access***



# Implications for BC

**NEW!** Pharmacy distribution of naloxone



**Target:**

General public

Family & friends of people using opioids

**Ongoing:** BCCDC Take Home Naloxone



**Target:**

Marginalized populations

First Nations communities

**Special Public Health Program**



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# Populations That Benefit From Naloxone

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**High dose opioid prescription (>100mg/day morphine equivalence)**

**Entering/tapering methadone maintenance treatment**

**Opioid (illicit and Rx) use by people:**

- with breathing problems (respiratory illness/obstruction)
- with kidney and/or liver disease
- also using depressants e.g. alcohol and benzos/sleeping tabs
- also taking some anti-depressants

**People who use illicit opioids**

**Reduced tolerance due to abstinence (prison, detox)**

**Difficulty accessing emergency services (remote/rural areas)**



# Who Else Might Ask for Naloxone?

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- **People who want to be able to recognize and respond to opioid overdose**
- **Family & friends of people who use prescription or illicit opioids**



# Reminder: Pharmacists are NOT a Gatekeeper

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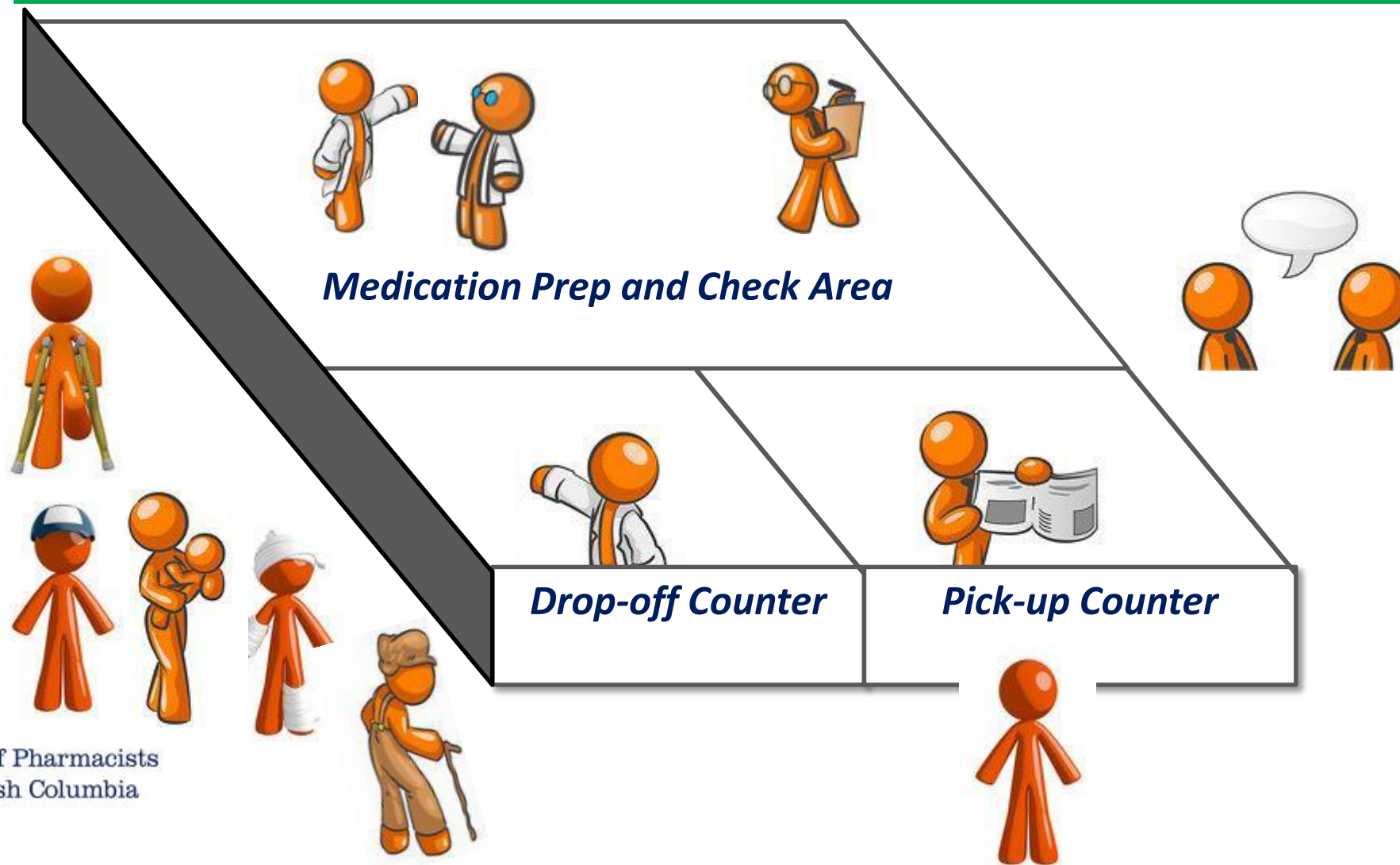
**Rationale for Schedule II is injectable format not safety concerns**

**No limits on:**

- Age of purchaser
- Quantity to be purchased
- Frequency of purchase



# Respect Patient's Right to Privacy



# Training Checklist



## Checklist for Naloxone Training

### RESPONDING TO AN OPIOID OD

- |   |   |
|---|---|
| <input type="checkbox"/> UNRESPONSIVE?                                  | <ul style="list-style-type: none"><li>• <b>Stimulate</b> with <b>noise</b> (shout, use their name)</li><li>• <b>Touch</b> (sternal rub), remember, tell person what you are doing before you touch them</li></ul>   |
| <input type="checkbox"/> CALL 911                                       | <ul style="list-style-type: none"><li>• Put person in the recovery position if you have to leave them alone</li><li>• Give address and if possible <b>send someone to meet paramedics</b> at door</li></ul>   |
| <input type="checkbox"/> CLEAR AIRWAY & VENTILATE                       | <ul style="list-style-type: none"><li>• Clear airway (removing anything from their mouth), tilt head, lift chin</li><li>• Pinch nose and give 2 breaths</li><li>• Continue <b>1 breath every 5 seconds until person is breathing again</b></li></ul>  |
| <input type="checkbox"/> GIVE 1 <sup>st</sup> DOSE                      | <ul style="list-style-type: none"><li>• Snap top off ampoule, draw up all of the naloxone</li><li>• Inject into large <b>muscle</b> (thigh, upper arm, or buttock)</li><li>• Inject at 90°, push plunger until you hear a click (needle will retract)</li></ul>   |
| <input type="checkbox"/> EVALUATE & GIVE 2 <sup>nd</sup> DOSE IF NEEDED | <ul style="list-style-type: none"><li>• <b>Continue to give breaths</b> until they respond (are breathing again on their own)</li><li>• <b>After 5 minutes, if still unresponsive, give a 2<sup>nd</sup> dose of naloxone</b></li><li>• <b>Continue breaths</b> until the person is breathing on their own or until paramedics arrive</li></ul> |
| <input type="checkbox"/> AFTERCARE                                      | <ul style="list-style-type: none"><li>• Naloxone wears off in 20-90 minutes</li><li>• Person will not remember overdosing (explain what happened)</li><li>• Monitor the person for at least 2 hours and do NOT allow them to take more opioids (could overdose again)</li></ul>   |
| <input type="checkbox"/> REFILL   | <ul style="list-style-type: none"><li>• Go to your nearest pharmacy to buy more naloxone</li></ul>  |



# Patient Education Handout

About Naloxone



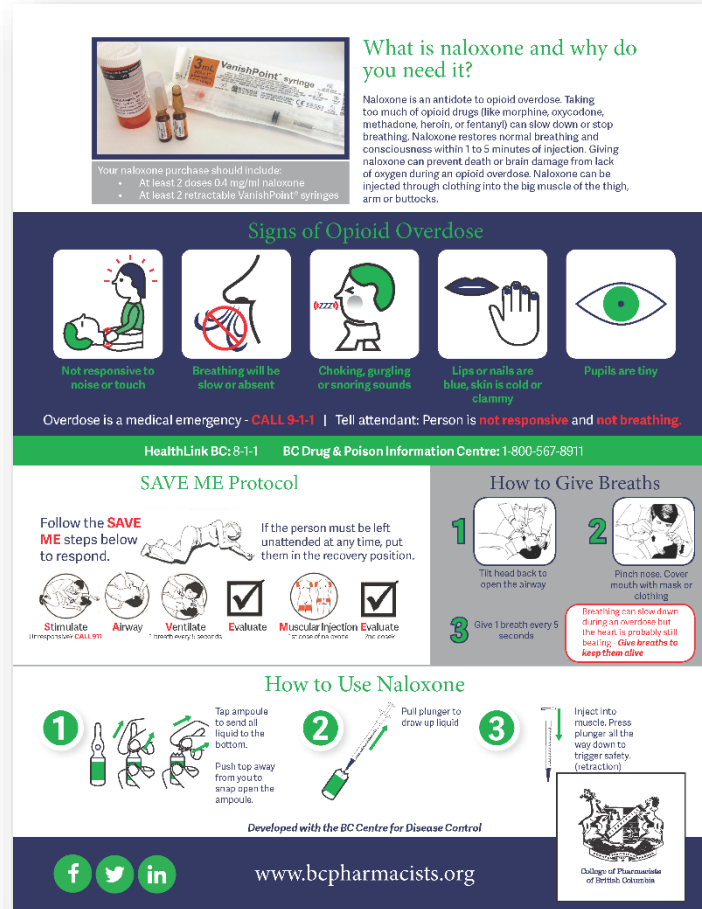
Recognizing overdose



Responding to overdose



How to use ampoule/vial



**What is naloxone and why do you need it?**

Naloxone is an antidote to opioid overdose. Taking too much of opioid drugs (like morphine, oxycodone, methadone, heroin, or fentanyl) can slow down or stop breathing. Naloxone restores normal breathing and consciousness within 1 to 5 minutes of injection. Giving naloxone can prevent death or brain damage from lack of oxygen during an opioid overdose. Naloxone can be injected through clothing into the big muscle of the thigh, arm or buttocks.

Your naloxone purchase should include:

- At least 2 doses 0.4 mg/ml naloxone
- At least 2 retractable VerishPoint™ syringes

**Signs of Opioid Overdose**

- Not responsive to noise or touch
- Breathing will be slow or absent
- Choking, gurgling or snoring sounds
- Lips or nails are blue, skin is cold or clammy
- Pupils are tiny

Overdose is a medical emergency - **CALL 9-1-1** | Tell attendant: Person is **not responsive** and **not breathing**.

HealthLink BC: 8-1-1 | BC Drug & Poison Information Centre: 1-800-567-8911

**SAVE ME Protocol**

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

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

Stimulate (wring or use CALL 911) | Airway (100% oxygen) | Ventilate (100% oxygen) | Evaluate (pulse of the neck) | Muscular Injection (in muscle) | Evaluate (no response)

**How to Give Breaths**

- Tilt head back to open the airway
- Pinch nose. Cover mouth with mask or clothing
- Give 1 breath every 5 seconds

Breathing can slow down during an overdose but the heart is probably still beating. Give breaths to keep them alive.

**How to Use Naloxone**

- Tap ampoule to send all liquid to the bottom. Push top away from you to snap open the ampoule.
- Pull plunger to draw up liquid
- Inject into muscle. Press plunger all the way down to trigger safety (retracting)

Developed with the BC Centre for Disease Control

www.bcpharmacists.org

College of Pharmacists of British Columbia

How to give breaths



College of Pharmacists of British Columbia



# Approved Formulations



**Pre-filled Syringe**



**Autoinjector**



# Suggested Dosing

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**Naloxone Hydrochloride: 0.4mg/ml, 1 ml [vial /amp]**

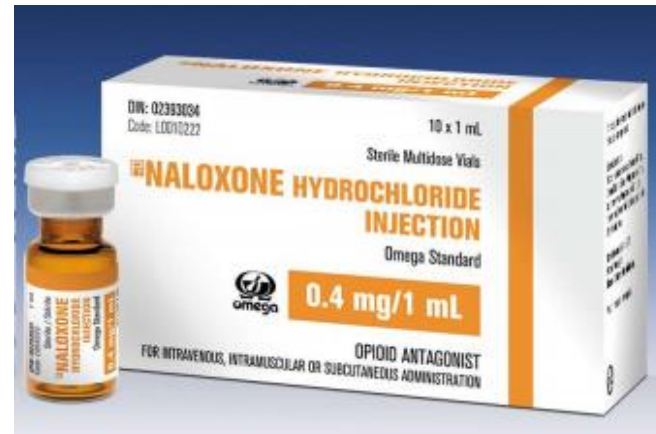
**Minimum dose to be sold: 2 doses (i.e. 2 ml of 0.4 mg/ml)**



Sandoz Canada  
DIN # 02148706  
DIN # 02382601  
(preservative free)



Alveda Pharma  
DIN #02382482



Omega Labs  
DIN # 02393034



# Suggested Supplies: Needles

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***Remember: Only injectable naloxone available***

Need 1 needle per ampoule/vial

Recommended: safety syringes

- 3 ml
- 25G x 1" needle



# Suggested Bundle

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Labelled medication vial containing at least 2 ml of 0.4mg/ml naloxone

- Plastic ampoule breaker

Equal number of VanishPoint<sup>®</sup> syringes



# Additional Suggested Supplies

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- Breathing mask
- Gloves
- Alcohol swabs
- Training supplies (water ampoules or vials)



# Purchasing

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## Where to purchase?

- Contact wholesalers or manufacturers (NOT BCCDC)

## How much do I purchase?

- Ask around for interest in new service

## Naloxone dating at time of sale?

- At least 6 months
- Ideally >1 year



# Costs & Coverage

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## Costs

- 1 Naloxone amp/vial at 0.4mg/ml: \$1 - \$15
- 1 VanishPoint<sup>®</sup> syringe: \$0.50 - \$1

## Coverage

- Not currently covered under Pharmacare
- Naloxone (medication only) may be covered by extended healthcare plans
- Naloxone education is simply counselling as per Sections 12&13 of the HPA Schedule F Standards of Practice
- Medication review fees only applicable if completing a full review as per set guidelines





# Other Guidelines

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## Recordkeeping

- Refer to *Health Professionals Act* – Bylaws
  - Requirements are the same for any Schedule II drug

## Storage and Disposal Guidelines

- See product monograph





# Questions?

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## Training materials for pharmacists and patients

- [www.bcpharmacists.org/naloxone](http://www.bcpharmacists.org/naloxone)

## CPBC Practice Support

- [practicesupport@bcpharmacists.org](mailto:practicesupport@bcpharmacists.org)
- 604-733-2440
- 1-800-663-1940

## BC Drug and Poison Information Centre

- 1-800-567-8911

