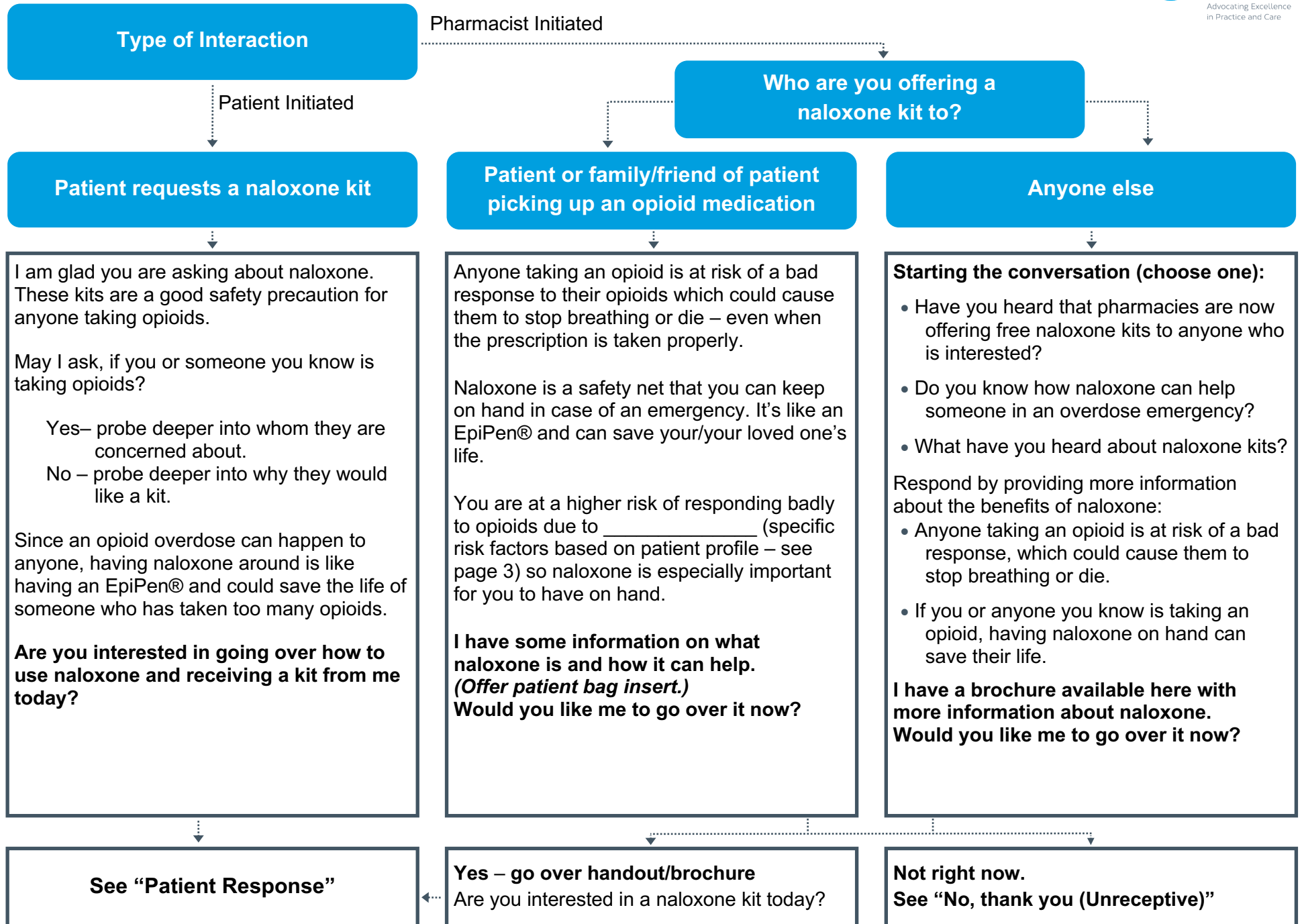


# Pharmacist Clinical Tool for Initiating Naloxone Discussions



I am glad you are asking about naloxone. These kits are a good safety precaution for anyone taking opioids.

May I ask, if you or someone you know is taking opioids?

Yes– probe deeper into whom they are concerned about.

No – probe deeper into why they would like a kit.

Since an opioid overdose can happen to anyone, having naloxone around is like having an EpiPen® and could save the life of someone who has taken too many opioids.

**Are you interested in going over how to use naloxone and receiving a kit from me today?**

Anyone taking an opioid is at risk of a bad response to their opioids which could cause them to stop breathing or die – even when the prescription is taken properly.

Naloxone is a safety net that you can keep on hand in case of an emergency. It's like an EpiPen® and can save your/your loved one's life.

You are at a higher risk of responding badly to opioids due to \_\_\_\_\_ (specific risk factors based on patient profile – see page 3) so naloxone is especially important for you to have on hand.

**I have some information on what naloxone is and how it can help. (Offer patient bag insert.) Would you like me to go over it now?**

**Starting the conversation (choose one):**

- Have you heard that pharmacies are now offering free naloxone kits to anyone who is interested?
- Do you know how naloxone can help someone in an overdose emergency?
- What have you heard about naloxone kits?

Respond by providing more information about the benefits of naloxone:

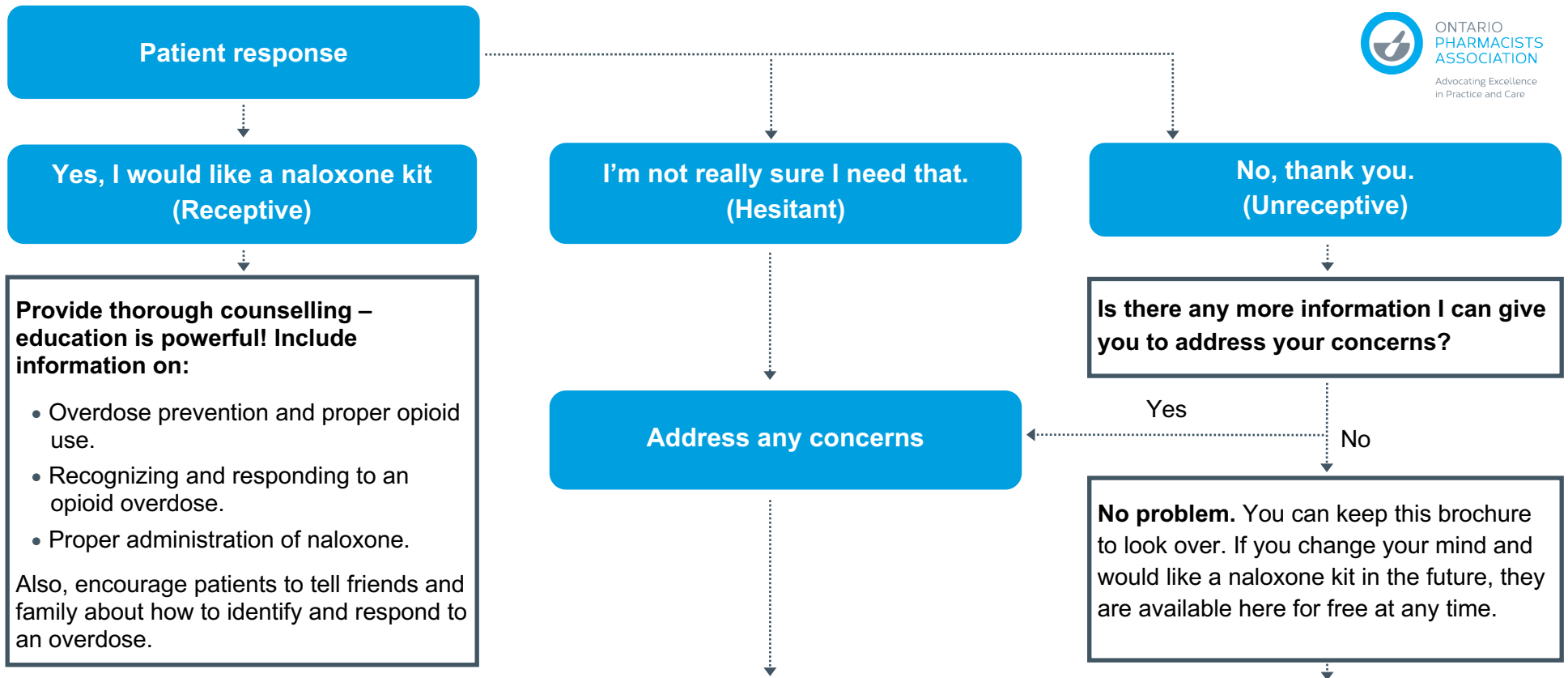
- Anyone taking an opioid is at risk of a bad response, which could cause them to stop breathing or die.
- If you or anyone you know is taking an opioid, having naloxone on hand can save their life.

**I have a brochure available here with more information about naloxone. Would you like me to go over it now?**

**See "Patient Response"**

**Yes – go over handout/brochure**  
Are you interested in a naloxone kit today?

**Not right now. See "No, thank you (Unreceptive)"**



**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:** Is naloxone only available by injection?  
**A:** No. Both the injectable and nasal spray versions of naloxone are available free of charge from the pharmacy.

**Q:** Can I get in trouble for calling 911 or administering naloxone?  
**A:** No. Canada has adopted the [Good Samaritan Drug Overdose Act](#), which provides personal 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:** Although patient information is kept confidential, you do not need to present your health card if you prefer to keep your identity private and you can still obtain a naloxone kit here in the pharmacy.

## 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.
- CNS<sup>#</sup> depressants (e.g., antidepressants, antipsychotics, sedating antihistamines, etc.) 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/opioidmanager/>

# CNS = Central Nervous System

#### References:

- Garg, R.K., Fulton-Kehoe, D., Franklin, G.M. (2017). Patterns of opioid use and risk of opioid overdose death among Medicaid patients. *Medical care*, 55(7): 661-668.
- Gomes T, Mamdani MM, Dhalla IA, Paterson JM, Juurlink DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med*. 2011;171(7):686-91. doi:10.1001/archinternmed.2011.117.
- Wilder, C.M., Miller, S.C., Tiffany, E., Winhusen, T., Winstanley, E.L., Stein, M.D. (2016). Risk factors for opioid overdose and awareness of overdose risk among veterans prescribed chronic opioid for addiction or pain. *J. addict Dis*, 35(1): 42-51.
- Van der schrier, R., Roozkrans, M., Olofesen, E., Aarts, et al. (2017). Influence of ethanol on oxycodone-induced respiratory depression: a dose escalating study in young and elderly individuals. *Anesthesiology*, 3\ (126): 534-542.
- CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [updated 2019 March; cited 2019 September 18]. Opioids [CPhA monograph]. Available from: <http://www.e-cps.ca> or <http://www.myrx.ca>. Also available in paper copy from the publisher.