

The following information addresses frequently asked questions related to the drug Naloxone, which is provided through the BCCDC's provincial Take Home Naloxone program.

## WHAT IS NALOXONE?

Naloxone, or Narcan®, is an antidote to opioid overdose. One side effect of opioids (e.g. dilaudid, morphine, heroin, methadone, fentanyl etc.) can be a slowing or stopping of breathing. Naloxone can reverse this effect and restore normal breathing and consciousness. Giving naloxone can prevent death or brain damage from lack of oxygen during an opioid overdose. It does not work for non-opioid overdoses, such as cocaine, ecstasy, GHB or alcohol. However, if an overdose involves multiple substances including opioids, naloxone helps by temporarily removing the opioid from the equation.

## HOW IS NALOXONE GIVEN?

You can give naloxone by injection (into a muscle, vein, or under the skin) or intranasally (sprayed into the nose). The BC Take Home Naloxone program supplies injectable naloxone which should be given in a muscle. You can inject naloxone through clothing into the muscle of the upper arm, upper leg, or buttock. Safety needles are provided in each naloxone kit to avoid needle-stick injuries, and to facilitate safe needle disposal.

## HOW DOES NALOXONE WORK?

The brain has different receptors which can be activated when specific molecules bind to it, much like a lock and key. Naloxone and opioids both fit and bind to the same receptor that affects breathing. When an opioid is taken in a high dose, these molecules flood and bind to these specific receptors in the brain which can slow or stop breathing. When naloxone is given, the naloxone molecules knock the opioid off the receptor and takes their place on the receptor thereby reversing the effects of the overdose (see picture).

Naloxone acts fast (usually within three to five minutes), and the protective effect can last for 20 to 90 minutes. The body will have broken down some of the opioids over time, but naloxone does not get rid of it. As a result, if large doses, strong opioids (such as fentanyl), or long-acting opioids (such as methadone) are involved, or the individual has liver damage, another dose of naloxone may be needed. Thus, each Take Home Naloxone kit contains three doses of naloxone, and it is always recommended to call 911 when someone overdoses.

## CAN NALOXONE BE HARMFUL?

Naloxone has been used in Canada for more than 40 years and is on the World Health Organization (WHO) List of Essential Medicines. Naloxone is ineffective in an individual who has not taken opioids, since the antidote merely blocks the effects of opioids in the brain. Naloxone cannot get a person high and does not encourage opioid use. While naloxone is a very safe drug, it may cause individuals dependent on opioids to go into withdrawal. However, the small doses found in the Take Home Naloxone kits minimize this risk.

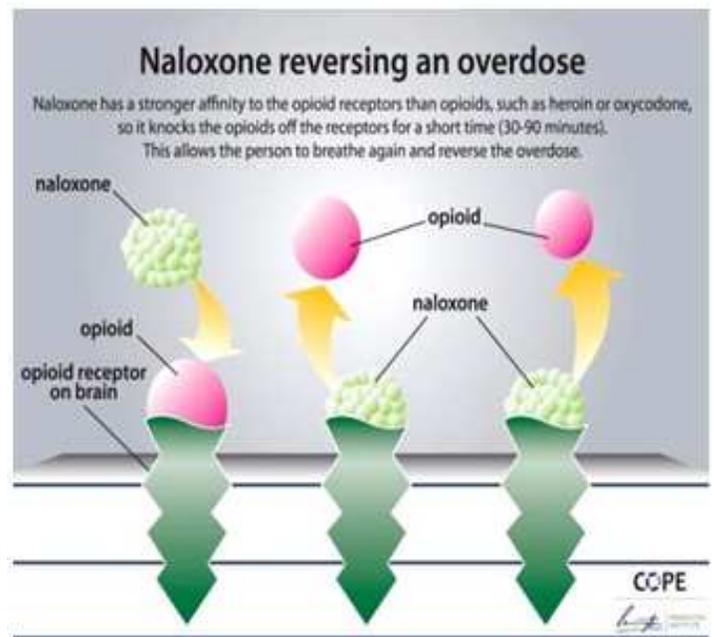


Image Credit: Pennington Institute's [Community Overdose Prevention and Education \(COPE\) Project](#); Adapted from artwork by [Maya Doe-Simkins](#)

## ARE THERE RISKS ASSOCIATED WITH USING NALOXONE?

The only contraindication to naloxone is hypersensitivity. Naloxone may cause opioid withdrawal in those with opioid dependence. Withdrawal symptoms include pain, high blood pressure, sweating, agitation and irritability. In addition, it can be unsettling to come out of an overdose unaware of what has happened. Finally, people with health conditions (heart, liver, respiratory etc) and/or those who have taken other substances may require additional medical attention. For these reasons, calling 911 is an important component of any overdose response. If someone is overdosing and you are uncertain about what substances a person has consumed, including alcohol, give naloxone and call 911.

## WHAT DOES OVERDOSE EDUCATION AND NALOXONE TRAINING INVOLVE?

Participants discuss how to reduce overdose risk, recognize different types of overdose (i.e. those stemming from stimulants, depressants, etc.), and respond appropriately. Appropriate response to an opioid overdose includes calling 911, performing rescue breathing, placing someone in the recovery position (if you have to leave them, or if breathing has been restored), and administering naloxone. These skills are not a substitute for professional medical care, but can help keep someone alive until an ambulance arrives.

## DO YOU NEED TO BE A MEDICAL PROFESSIONAL TO RECOGNIZE OPIOID OVERDOSE AND ADMINISTER NALOXONE?

Research and experience show that with basic training anyone can recognize an overdose and administer naloxone. Furthermore, community-based overdose prevention programs can bring people together and foster connection. They provide people with lived experience, friends, families, and communities the tools to save the lives of their loved ones and send a clear message to those who use substances that their lives matter. However, the availability of Take Home Naloxone does not replace the need for emergency care or minimize the importance of calling 911.

## WHO HAS ACCESS TO NALOXONE IN BC?

Historically, only ambulances, hospitals, and some clinics used naloxone. Now, people who use or know someone who uses substances and has overdose response training, can receive "take home" naloxone kits (i.e. for use in community settings) at no cost. Training and kits are available at more than 1,500 sites across B.C., including many community pharmacies (see [www.towardtheheart.com/site-finder](http://www.towardtheheart.com/site-finder)) for locations) and as of May 2018, more than 22,000 kits provided by B.C.'s Take Home Naloxone Program had been reported as being used to reverse an overdose.

For people with Indian or Inuit status, they can access the take home naloxone as well as intranasal naloxone (spray in the nose versus needle in the muscle) through First Nations Health Authority (FNHA) or Non-Insured Health Benefits (NIHB). With that being said and while this is a covered benefit, it is encouraged that health centres serving First Nations and Indigenous peoples to continue to access and bulk order injectable naloxone kits through the Toward the Heart Program.

# Naloxone FAQ

## IF PEOPLE WHO USE DRUGS ARE GIVEN NALOXONE, WILL THEY CONTINUE USING OR USE MORE DRUGS?

Research shows that having naloxone available does not increase risk-taking behavior or cause people to use more opioids. The goal of distributing naloxone and training members of the community to prevent, recognize and respond to overdose is to prevent death and reduce brain injury or brain damage. Other harm reduction goals, such as navigating people into treatment, are only possible if people are alive.

## WHY IS IT IMPORTANT TO STAY WITH AN INDIVIDUAL AFTER GIVING THEM NALOXONE?

Some longer acting opioids (like methadone) may last longer in the body than naloxone, so an overdose could return. To prevent the overdose from returning, it is important to make sure that the individual knows not to take more drugs for several hours. In addition, you may need to tell them what happened, as they may be confused. Finally, it is important to tell paramedics everything you know about the situation so they can provide the best available treatment.

## WHY ARE OPIOID OVERDOSES AN IMPORTANT PUBLIC HEALTH ISSUE IN BC?

Opioid overdoses are an important public health issue because they not only impact the health and wellness of those directly involved, but also that of their family, friends, and communities at large. In 2017 there were more than 1,440 illicit drug overdose deaths in B.C., which does not take into account the number of overdose events. Overdose survivors can face long term health issues such as brain injury due to a lack of oxygen during an overdose. Naloxone can reduce these deaths and injuries.

Along with alarming overdose rates, many people continue to face social and structural barriers that limit their ability to push forward in this public health crisis that often leads to stress and burnout which can lead to other health conditions.

## SHOULD YOU PRE-LOAD NALOXONE INTO SYRINGES?

Currently, there are no pre-filled syringe products available in Canada. Community use of naloxone is new to British Columbia, which means there are no current pre-loading regulations to inform us of the potential benefits and harms of pre-loading naloxone. For this reason, **pre-loading naloxone into syringes is not recommended for the following reasons:**

- i. Potential risk of infection
- ii. Potential risk of non-naloxone administration
- iii. Inefficient use of naloxone and syringe supplies
- iv. Naloxone potency concerns

See fact sheet <https://www.towardtheheart.com/resource/naloxone-pre-loading-concerns/open>

## WHERE CAN I FIND MORE INFORMATION?

Visit [www.towardtheheart.com](http://www.towardtheheart.com) for up-to-date information and resources.