

NALOXONE EFFECTIVENESS AND SAFETY

1. Some of the new fentanyl analogues are resistant to naloxone

When administered within the right amount of time and at the right dose, naloxone will reverse the effects of an overdose and prevent death for any opioid, including acrylfentanyl. (See White House Office of National Drug Control Policy National Heroin Coordination Group response that addresses recent news reports about the effectiveness of naloxone in treating opioid overdoses -DOAP website)

2. People are always violent after naloxone is given

People who are tolerant to opioids may have withdrawal after naloxone is administered. Those experiencing severe withdrawal may be confused and aggressive when they regain consciousness; this can be minimized by:

- Giving one dose of naloxone, then give breaths for 3-5 minutes before the next dose
- Talking calmly to the person, explain what you are doing, even if they appear unconscious
- Tell the person the withdrawal symptoms will disappear after 20 minutes or so
- Avoid having police in uniform close by when a person wakes up

3. A pregnant person should not be given naloxone

If a pregnant person is having a life threatening overdose they should be given naloxone to save their life and that of the fetus (baby). See fact sheet <http://towardtheheart.com/resource/naloxone-use-in-pregnancy/open>

4. Children should not be given naloxone

Naloxone administration can save the life of a child and is safe. See fact sheet <http://towardtheheart.com/resource/naloxone-use-in-children/open>

5. You should only give naloxone if you are sure someone is having a opioid overdose

- Naloxone is a very safe drug
- In the absence of an opioid, naloxone has no pharmacological effect
- If a person is having an overdose due to a mixture of substances, naloxone will take the opioid out of the picture

6. Don't use naloxone in case a person is allergic to it

The frequency of an allergic reaction* and anaphylaxis to naloxone is rare. It occurs less than 1 in 10,000 times
* includes urticarial (itchy rash), rhinitis (runny nose), dyspnea (shortness of breath), Quincke's Oedema (swelling)

1 <https://www.medicines.org.uk/emc/medicine/22164> (section 4.8)

2 <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-PI-02490-3&d=2017070516114622483> (Adverse Reactions, page 4)

7. You shouldn't use naloxone if it goes above or below room temperature

- Naloxone remains effective after exposure to temperatures as low as -20°C for up to two weeks, or to spikes as high as 40°C as long as it does not exceed 24 hours
- Naloxone that has been repeatedly exposed to temperatures outside 2-40°C should be replaced
- If the only naloxone available has been outside the recommended temperatures use it. It may not be as effective but do not wait for additional help to arrive. See fact sheet - <http://towardtheheart.com/resource/naloxone-and-temperature/open>

8. High doses of naloxone should immediately be given when fentanyl rigidity occurs

- Fentanyl induced muscle rigidity is reversed by naloxone
- High doses can cause withdrawal and vomiting causing further breathing problems
- Give one dose of naloxone and breaths repeat after 2 minutes if no effect. See fact sheet – <http://towardtheheart.com/resource/fentanyl-induced-muscle-rigidity/open>

NALOXONE EFFECTIVENESS AND SAFETY cont.

9. People are using naloxone to 'yo-yo'

- "Yo-yoing" refers to the practice of using naloxone before or with opioid drugs with the supposed intent of avoiding overdose, and to get high when the naloxone wears off
- This activity has been described by first responders and law enforcement personnel. However, people who use drugs (PWUD) have stated that this practice does not make sense and that they are not aware of people engaging in this practice. Repeating such rumours can influence those less experienced to try this dangerous practice

10. Naloxone should not be used past its expiry date

- The potency of naloxone may be reduced after its expiry date, but it will still have an effect
- If it is the only naloxone available - use it; do not wait for additional help to arrive

TAKE HOME NALOXONE (THN) PROGRAM

1. The THN program is a waste of tax payers' money

- Naloxone like other harm reduction initiatives can be cost saving
- Every person has the right to the best possible health
- Harm reduction initiatives can connect people to services and treatment
- THN administration by community members will reduce the risk of brain damage due to lack of oxygen, hospitalization and death

2. Giving people THN encourages substance use and high risk activities

- There is no evidence that THN encourages increased substance use
- Training people about the risks of overdose and providing the tools to reverse an overdose is empowering and a person may reduce their drug consumption in order to be available to respond to an overdose

3. People who use drugs should not be THN program educators

- Peers have experience with drug use and overdose and thus make excellent educators
- Peers are credible and trusted sources of information for other PWUD

TAKE HOME NALOXONE (THN) KITS

1. People are using the needles in the naloxone kits to administer their drugs

- The needles in THN are safety (retractable) needles
- People who inject drugs prefer not to use retractable needles as they will lose some of their drugs in the larger dead space and may be difficult to 'boot' draw blood into the syringe to mix with the drug and then inject
- The needle is bigger (to inject into muscle) and may damage the vein when it retracts

2. You can get an infectious disease giving rescue breathing when using a barrier

- The THN kits come with a disposable face mask with a one-way valve to prevent the person giving breaths from having vomit and saliva regurgitating into their mouth
- Diseases transmitted through saliva include the common cold, influenza, mono, herpes and meningitis. Using a breathing barrier and washing hands can prevent infections.