

# TAKE HOME NALOXONE: FREQUENTLY ASKED QUESTIONS

## What is naloxone?

Naloxone, or Narcan®, is an antidote to opioid overdose. Taking too much of opioid drugs (like morphine, heroin, methadone, oxycodone, and fentanyl) can make breathing slow down or stop. Naloxone reverses this, restoring 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 (like 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). In BC, the Take Home Naloxone program supplies injectable naloxone (the only type currently approved in Canada). You can inject naloxone through clothing into the muscle of the upper arm, upper leg, or buttock. Safety needles are provided with the naloxone to avoid needle-stick injuries, and facilitate safe needle disposal.

## How does naloxone work?

Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. However, naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing (see picture). Naloxone acts fast (usually within 5 minutes), and the protective effect lasts for 30 to 90 minutes. The body will have broken down some of the opioids over time, but naloxone does not destroy the opioids. So, if large doses, strong opioids (like fentanyl), or long-acting opioids (like methadone) are involved, or the individual has liver damage, another dose of naloxone may be needed. Thus, each take home naloxone kit contains two doses of naloxone, and it is always important to call 911 when someone overdoses.

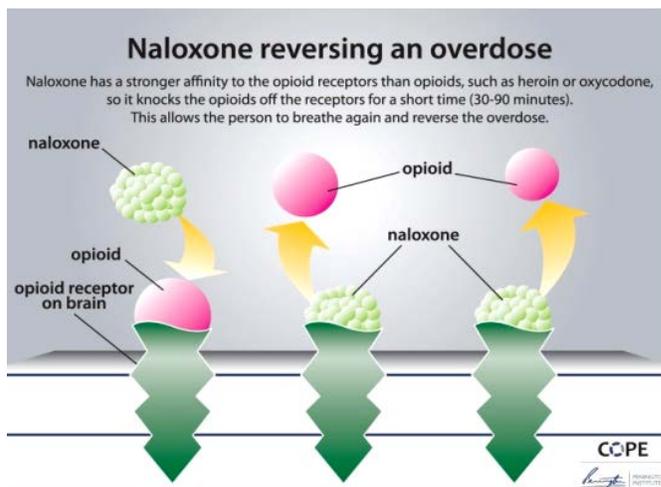


Image Credit: Penington Institute's [Community Overdose Prevention and Education \(COPE\) Project](#); Adapted from artwork by [Maya Doe-Simkins](#)

## Can naloxone be harmful or be abused?

Naloxone has been used in Canada for over 40 years and is on the World Health Organization List of Essential Medicines. Naloxone does nothing in someone that has not taken opioids, since all it does is block 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.

## 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 that have taken other substances need additional medical attention. For these reasons, calling 911 is an important component of the overdose response.

## What does overdose education and naloxone training involve?

Participants are taught how to reduce overdose risk, recognize different types of overdose (i.e. stimulant, depressant), 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, with basic training laypeople can recognize an overdose and administer naloxone just as well as a medical professional. Furthermore, community based overdose prevention programs are empowering. They give peers, friends, and families of people who use drugs the chance to save a life, and send a clear message to those who use drugs 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.



## Where are Take Home Naloxone programs already established?

Naloxone has successfully reversed countless opioid overdoses worldwide. The US has over 180 Take Home Naloxone programs, resulting in an estimated 10,000 overdose reversals. Scotland and Australia have national Take Home Naloxone programs. Edmonton started the first program in Canada (2005), followed by Toronto (2011). Both Ontario and BC started provincial Take Home Naloxone initiatives in 2012.

## Who has access to naloxone now in BC?

Historically, only ambulances, hospitals, and some clinics used naloxone. However, since 2012, people who use opioids and have 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 70 sites across BC (see [www.towardtheheart.com/site-locator](http://www.towardtheheart.com/site-locator) for locations).

## If people who use drugs are given naloxone, will they continue using and use more drugs?

Research has shown that having naloxone available does not increase risk-taking behaviour, or cause people to use more opioids. The goal of distributing naloxone and training laypeople to prevent, recognize and respond to overdose is to **prevent death and reduce brain injury or brain damage**. Other goals (like getting 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 make it less likely that an overdose will return, it is important to make sure that the individual knows not 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 treatment.

## Why are opioid overdoses an important public health issue in BC?

Every year in BC, there are about 340 deaths from illicit drug overdose deaths, and 70 deaths from prescribed opioid overdose. Furthermore, overdose survivors can have long-term problems, like brain injury from the lack of oxygen to the brain during the overdose. Naloxone can reduce these deaths and injuries. As of March 2015, more than 180 overdoses had been reversed using naloxone provided by the BC Take Home Naloxone program.

## Where can I find more information?

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