

# LET'S TALK ABOUT NALOXONE — IT SAVES LIVES

Pharmacists are well positioned to optimize opioid safety and foster harm reduction with naloxone. Coprescribing naloxone to patients taking opioids has been shown to significantly reduce opioid-related harms. Greater access to naloxone has been associated with:

- »63% fewer emergency department visits<sup>i</sup>
- »27%–46% fewer opioid overdose deaths<sup>i</sup>

## Patients at higher risk of overdose who need naloxone:

- »OTC sterile syringe purchase
- »History of overdose
- »Untreated substance use disorder
- »Period of abstinence (e.g., patients recently released from criminal justice system, detoxification, or rehabilitation programs)

### Step 1: Initiate a conversation about naloxone.<sup>iii,iv</sup>

Patient Characteristics	Pharmacist's Advice
Diagnosed with pre-existing respiratory (e.g., sleep apnea, COPD) and/or mental-health (e.g., anxiety, depression) condition	"Pain medications can be helpful but have a range of side effects, including slowing down or even stopping your breathing. Because you have a history of [sleep apnea, COPD, etc.], you are especially at risk for this happening. Naloxone is a medicine I can give you that will help you breathe normally, when administered by your [spouse, caretaker, etc.]."
Chronically taking high opioid doses (i.e., >50 oral morphine milligram equivalents (MME)/day) <sup>v</sup>	"Even if you have been on this medication/these medications for long periods of time and have taken it/them as prescribed, a bad reaction or breathing emergency can still occur. Risks can increase when opioid medications are combined with other medications potentially from other prescribers."
Taking long-acting opioid	
<u>Any/New Patients</u>	"One of the risks with opioid medications is they could cause your breathing to slow or stop, especially at night while you are sleeping. Because you are taking an [opioid and CNS depressant] OR [opioid] at this dose, there is a risk that this could happen to you. Would you mind if I talk to you about naloxone, an antidote which could save your life if this does happen?"
Taking potentially harmful medication combinations (e.g., opioids and other respiratory depressants, such as benzodiazepines, antidepressants, and/or sedatives)	"One of the risks with opioid medications is they could cause your breathing to slow or stop. Because you are taking an [opioid and CNS depressant] OR [opioid] at this dose, there is a greater risk that this could happen to you."
For families/loved ones with opioid-related concerns	"Opioid medications can help manage pain for patients who need it. However, they can also increase the risk of a breathing emergency for the person who takes them, as well as anyone in the household, especially children, if they ingest the medication. If this happens, you could save a life with naloxone."
	"Let's keep you, your friends, and your family as safe as possible with these medications in your house. Just in case, get naloxone."
Using medications for opioid use disorder treatment (e.g., methadone, buprenorphine, naltrexone)	"Have you had any concerns about your friends or family who may have bad reactions to opioids? If so, we are encouraging all of our customers to consider getting naloxone to help others in case of an emergency."

**Step 2: Respond to questions and describe naloxone as a medication only to be used in a worst-case scenario.<sup>vi</sup>**

Follow up to all patients	"Naloxone is a lifesaver, like having a fire extinguisher. Hopefully, you will not need it, but it is important to have it on hand just in case you do—for yourself or someone else."
	"Naloxone is like a seat belt. You probably won't need it, but if you do, it can save your life."
	"Naloxone is for opioid medications like an epinephrine pen is for someone with an allergic reaction."

**Step 3: Offer or discuss naloxone in more detail.**

"Are you interested in taking home naloxone with your opioid prescription today?"
"Would you mind if I talk to you about naloxone?"
"Would you mind if I talk to you about naloxone, an antidote that could save your life if this does happen?"
"Would you like to learn how to obtain and use naloxone?"

**Communication matters:<sup>vii,viii,ix,x,xi</sup>**

Use	Avoid	Remember <sup>xii</sup>
Risky medicines	Risky patients	<ul style="list-style-type: none"> <li>»Be empathic and unbiased.</li> <li>»Express positive body language and appropriate eye contact.</li> <li>»Tell the patient you are speaking out of concern for their safety.</li> <li>»Ask open-ended questions.</li> <li>»Understand the potential stigma and impact of biases about opioid use disorder on patient care.</li> <li>»Use active listening techniques with clear, nontechnical words.</li> <li>»Ask permission before giving unsolicited advice.</li> <li>»Use a neutral professional approach as with any patient consultation</li> </ul>
Substance use disorder OR opioid use disorder	"Abuse/abuser," "opioid abuse disorder," "drug habit"	
Person with an opioid use disorder (person-first language)	"Addict," "junkie," "someone like you"	
Person in long-term recovery	A person who is "clean"	
Sterile syringes, used syringes	"Clean"/"dirty" needles	
Medication-assisted treatment (MAT) OR substance use disorder pharmacotherapy OR treatment	Opioid substitution therapy (OST), opioid replacement therapy	
Bad reaction, breathing emergency, accidental overdose	Overdose, OD	

<sup>i</sup> Coffin PO, et al. Ann Intern Med. 2016;165(4):245–52

<sup>ii</sup> Walley AY, et al. BMJ. 2013;346:f174

<sup>iii</sup> IPE Brown training videos for naloxone motivational interviewing: <https://apha.us/2u0vVWz>

<sup>iv</sup> Mueller SR, et al. J Gen Intern Med. 2017;32(3):277–83

<sup>v</sup> CDC Guideline for Prescribing Opioids for Chronic Pain-- United States 2016: <https://apha.us/2TwmuNB>

<sup>vi</sup> Bratberg JP, Jacobson AN. Naloxone (Narcan) Training, 2018 Interprofessional Development Workshop: <https://apha.us/2SZZDF8>

<sup>vii</sup> San Francisco Department of Public Health. 2015. <https://apha.us/2J3CcuU>

<sup>viii</sup> Executive Office of the President. 2017. <https://apha.us/2VS2YI2>

<sup>ix</sup> Substance Abuse and Mental Health Services Administration. 2017. <https://apha.us/2HsLcHu>

<sup>x</sup> Keck Graduate Institute School of Pharmacy. 2018. <https://apha.us/2HbYzfx>

<sup>xi</sup> Executive Office of the President. 2017. <https://apha.us/2XLoG2t>

<sup>xii</sup> Keck Graduate Institute School of Pharmacy. 2018. <https://apha.us/2HbYzfx>