



Use of Naloxone for Emergency Treatment of Opioid Overdose

Opioids are analgesics used in the treatment of acute or chronic pain. Opioid medication has been shown to be effective in reducing intensity of pain in many chronic pain conditions such as:

- Osteoarthritis
- Neuropathic Pain
- Back and Musculoskeletal Pain
- Rheumatoid Arthritis
- Fibromyalgia

Common Opioid Medications

Generic Name	Brand Name
Buprenorphine	BuTrans [®] , Suboxone [®]
Codeine	Ratio-Codeine [®] , Codeine Contin [®] , Tylenol #1, #2, #3, #4
FentaNYL	Abstral [®] , Duragesic [®]
HYDROmorphone	Dilaudid [®] , Hydromorph Contin [®]
Meperidine	Demerol [®]
Methadone	Metadol [®] , Methadose [®]
Morphine	Statex [®] , MOS [®] , MS-IR [®] , MS Contin [®] , M-Eslon [®] , Kadian [®]
OxyCODONE	Oxy-IR [®] , Supeudol [®] , Percocet [®] , Oxycocet [®] , Endocet [®] , OxyNeo [®]
Pentazocine	Talwin [®]
Tapentadol	Nucynta IR [®] , Nucynta CR [®]
TraMADol	Ultram [®] , Durela [®] , Ralivia [®] , Tridural [®] , Tramacet [®] , Zytram XL [®]

Deaths related to opioid overdose are on the rise in Canada and in November 2016, the Government of Canada released a **Joint Statement of Action to Address the Opioid Crisis**, following this, Health Canada and the National Association of Pharmacy Regulatory authorities changed the prescription status of naloxone and it can now be provided without a prescription for the emergency treatment of opioid overdose.

Groups at Risk of an Opioid Overdose

Certain groups of individuals are at risk for overdose from opioids. These individuals, their families, friends or caregivers should be trained in the use of naloxone for the emergency treatment of opioid overdose.

Prescription Drug Users	<ul style="list-style-type: none"> - Using high dose opioids (greater than 50 mg morphine or equivalent per day) and concurrent use of benzodiazepines or other hypnotics are at the highest risk of overdose. - Receiving greater than fentaNYL 12mcg/hour or HYDROmorphine orally 10 mg per day are considered high dose opioids.
Illicit Drug Users	<ul style="list-style-type: none"> - Illicit drugs may vary in potency putting the user at risk of overdose if they receive a more potent product than usual. - Individuals who have previously overdosed are at risk for a future overdose and those using drugs alone are at greater risk of overdose.
Individuals recently released from a controlled environment	<ul style="list-style-type: none"> - Those recently released from an environment where their medications were managed by a caregiver are at risk of overdose, particularly during the first few weeks when their tolerance to opioids may be low.
Individuals mixing opioids with other drugs	<ul style="list-style-type: none"> - Tolerance drops rapidly within a few days of using less of the opioid. - Combined use of opioids with alcohol, benzodiazepines or other sedating medications may increase the risk of overdose.
Poor Health Status	<ul style="list-style-type: none"> - Impaired liver or kidney function can affect how effectively a drug is metabolized and cleared from the body increasing risk of drug accumulation and overdose. - Increased age and acute illness may particularly impair kidney function.
Unintentional Opioid Overdose	<ul style="list-style-type: none"> - Individuals in various Home settings with impaired liver or kidney function who receive high dose opioid therapy (e.g. fentaNYL) for the management of chronic pain may be at risk of an unintentional opioid overdose.

Naloxone Facts



- Naloxone is a pure opioid antagonist used to reverse the respiratory depression caused by opioid overdose.
- Naloxone is considered safe and effective and side effects are rare.
- Intramuscular (IM) administration has been shown to be safe, even when administered by someone with minimal training.
- The onset of naloxone given IM is 3-5 minutes and duration of action is 20-90 minutes.
- Sometimes the first dose of naloxone may not be enough to restore breathing and a second dose of naloxone is repeated in 3-5 minutes.

Did You Know?



- Most opioids remain in the body longer than naloxone and therefore naloxone only provides temporary relief from an opioid overdose. Patients administered naloxone should be transferred to the hospital for observation and follow-up.
- Naloxone does not reverse respiratory depression caused by non-opioid drugs and may only be partially effective in reversing buprenorphine overdose.
- Naloxone is NOT harmful if administered to an individual who has overdosed with a non-opioid drug or substance.
- To reduce the risk of death associated with opioid overdose, have naloxone kits available and train staff members on the administration of naloxone.