

PREVENTING AND RESPONDING TO THE ADVERSE EFFECTS OF OPIOIDS: NALOXONE

Guide for Workers

Background

Discussing how to prevent and respond to adverse effects of opioids, including how to administer naloxone, can increase people's knowledge and willingness to act.

Some people are at higher risk of experiencing adverse effects (also known as an overdose) than others.

Risk factors include:

- Consuming multiple drugs that are respiratory depressants (slow or stop breathing)
- Multiple diseases, e.g. kidney, liver or lung disease
- Using alone
- Variations in drug purity
- Using illicit drugs that may be mixed with an opioid, e.g. MDMA or methamphetamine supplies containing an opioid (e.g. protonitazene).
- Previous overdose experience
- Decreased tolerance due to not using opioids for a period of time. For example, after detox, rehabilitation or drug treatment e.g. dose reduction
- People who use prescription opioids, especially higher doses (e.g. over 40mg oral morphine equivalent/25mg oral oxycodone daily)
- People who inject opioids, especially specific populations (e.g. Aboriginal people and post-release prison populations) are also at an increased risk.

What is naloxone?

Naloxone reverses the effects of opioids, is fast acting (takes 2 – 3 minutes to start working) and can be a life saving measure for people experiencing adverse effects of opioids. Opioids include, but are not limited to, morphine, methadone, fentanyl, oxycodone, codeine, and heroin.

Naloxone is non-addictive (no potential for misuse) and there are no side effects except potential for precipitated withdrawal symptoms. Naloxone has no effect on someone who has not used opioids as it only works if opioids are involved in the overdose. It will not reverse an overdose resulting solely from cocaine, methamphetamine, alcohol, benzos or other non-opioid based drugs.

Naloxone is available as an intramuscular injection or as a needle free preparation in the form of a nasal spray.

Take Home Naloxone (THN) Program

South Australia is participating in the PBS-Subsidised THN Program to increase access to naloxone and reduce opioid related fatalities. Naloxone is provided at no cost through participating community and hospital pharmacies (a user-friendly map is available at www.sahealth.sa.gov.au/naloxone).

Intramuscular injections:

Intramuscular injections are available in

- 1mL (400 microgram) ampoule
- 2mL Prenoxad[®] prefilled syringe (5 x 400 microgram doses).

If using the Prenoxad[®] prefilled syringe, a 23-gauge (blue) needle is required (two are provided with the device).

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A 23-gauge (blue) needle and a syringe are required to administer naloxone from an ampoule.

Sharps disposal units are recommended and available at selected Needle and Syringe Program (NSP) sites or pharmacies.

Nasal spray:

Intranasal naloxone, Nyxoid®, is available in a box of two, single-dose, nasal spray units, each containing 1.8mg/0.1mL of naloxone per box. One dose of nasal spray has a similar onset for reversing opioid adverse effects comparable to 400 micrograms of intramuscular naloxone. Two nasal spray doses are expected to perform similarly to five doses of 400 micrograms intramuscular naloxone.

How to provide brief advice to clients (5-10 minute discussion)

A 5-10 minute conversation can effectively educate people on how to recognise and respond to the adverse effects of opioids, including how to administer naloxone. Discussions can be quick and informal and be incorporated within existing client interactions.

1. Use the following pages to guide your discussions with clients on:
 - Overdose risk and prevention
 - Response strategies (“DRS ABC”)
 - How to administer naloxone
 - Overdose symptoms
2. Provide the accompanying Client Handout which summarises how to administer either intramuscular or intranasal naloxone
3. For the administration of intramuscular naloxone by injection provide the following if available:
 - Ampoule: 5 x 23 gauge (blue) needles AND 5 x syringes
 - Prenoxad®: 3 x 23 gauge (blue) needles – As Prenoxad® comes in a kit with five doses but only two needles, provision of additional needles is encouraged.

The “DRS ABC” response strategy can be applied however, naloxone itself is only effective for opioids.

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Brief advice discussion points - preventing and responding to adverse effects of opioids

Ensure the client has the accompanying Client Handout and equipment required for administration

OVERDOSE RISKS

1) Explain that risk of overdose is highest when...

- Drug tolerance is low due to not using opioids for a period of time. For example, after prison, detox, or drug treatment
- Drugs are mixed, especially heroin/opioids with other downers, like alcohol, 'benzos' or medicines that make you sleepy
- Using illicit drugs that may be mixed with an opioid, e.g. MDMA or methamphetamine supplies containing an opioid (e.g. protonitazene)
- Using alone
- Increase in amount/dose, or strength of opioids compared to usual (increase in purity)
- Other health issues present, e.g. kidney, liver, or lung disease (e.g. sleep apnoea, chronic obstructive pulmonary disease).

OVERDOSE SIGNS

2) Describe the signs of overdose

Look and listen for:

- Very slow and shallow breathing or not breathing at all
- Not waking up (or not reacting to loud noises)
- Blue lips and nails
- Gurgling, snoring, or choking sounds
- Slow, faint or no pulse.

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WHAT TO DO

3) Explain action plan

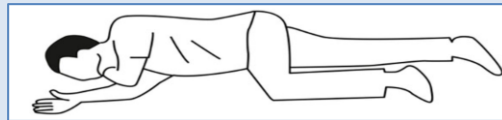
DRS ABC + Naloxone

DRS ABC can be applied for any overdose event. However, the naloxone medicine only works on opioids

- **DANGER:** Ensure that there is no danger to you or the person
- **RESPONSIVE:** Try to wake them up by calling their name and squeeze shoulders
- **SEND FOR HELP:** Call 000 for an ambulance. Give the address or location. Say “*The person is unconscious and not breathing*”
- **AIRWAY:** Make sure nothing is blocking their airway
- **BREATHING:** Check their breathing - watch their chest and put your cheek over their nose and mouth to feel breathing.
 - If the person is breathing, give one dose of naloxone and place in recovery position
 - If the person is not breathing or not breathing normally, give two rescue breaths, then administer one dose of naloxone and commence CPR

Prepare the intramuscular naloxone and inject it into their outer thigh or shoulder muscle.

If using nasal spray, gently insert spray nozzle into one nostril and depress plunger fully (use other nostril for second dose).



- **CPR (one round):**
 - Do 30 chest compressions
 - Tilt their head back. Lift their chin. Pinch their nose
 - Give 2 quick breaths

If no response after 2-3 minutes, give a second dose of naloxone.

If the person is **pregnant**:

1. Intramuscular naloxone: if no response, give additional doses every four minutes
2. Intranasal naloxone: give one dose and follow directions from 000 call-taker or medical professional

Repeat CPR and naloxone as necessary until the person is responsive or an ambulance arrives.

Do NOT do any of the following:

- **DO NOT** leave the person alone
- **DO NOT** inject anything (e.g., saline, salt water) except naloxone
- **DO NOT** give stimulants (e.g. amphetamines, coffee)
- **DO NOT** place the person in a bath or running shower
- **DO NOT** give nalTREXone.

Police will ONLY come if:

- the overdose is suspicious,
- there has been, or is likely to be a death,
- ambos call for help.

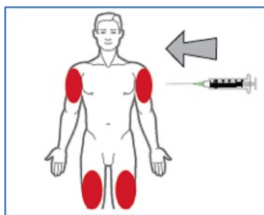
HOW TO ADMINISTER NALOXONE

- 4) Explain what naloxone is and how to administer it

Naloxone reverses the effects of opioids, is fast acting (takes 2 – 3 minutes to start working) and can be a life saving measure for people experiencing adverse effects of opioids. Opioids include, but are not limited to, heroin, morphine, methadone, fentanyl, oxycodone, and codeine.

Naloxone doesn't work on any other drugs besides opioids, can't be used to get high, and isn't addictive.

Naloxone can be injected into a muscle e.g., thigh or shoulder or used intranasally, i.e., sprayed up a nostril.



Naloxone can wear off in as little as 30-90 minutes

If using **intranasal naloxone**, give one spray into one nostril. Take note which nostril was used.

If using Intramuscular naloxone by injection:

- If using **ampoule**: Attach 23 gauge (blue) needle to syringe. Swirl the ampoule to ensure all the naloxone is in the base. Break the ampoule by placing thumb on blue dot, and break with a quick motion. Draw up the entire contents of the ampoule of naloxone
- If using **Prenoxad®**: Attach 23-gauge (blue) needle to syringe
- No need to remove clothing
- Insert needle into muscle (outer thigh muscle or shoulder)
- Using ampoule: Slowly and steadily push plunger all the way down
- Using Prenoxad: Administer one dose – stop at the nearest black line

- Take note of time naloxone is given
- Continue with CPR
- If the person does not respond, administer a **second dose of naloxone** after 2-3 minutes
- If using intranasal naloxone, **spray second dose into the other nostril**
- Repeat as necessary until the person is responsive or an ambulance arrives
- When person is responsive or an ambulance has arrived, discard any unused Prenoxad® and safely dispose of needles/syringes in a sharps container
- Dispose of any used nasal sprays safely and as per manufacturer's instructions.
- **Recovery position:** If you must leave, give the person CPR until you hear the ambulance sirens. Then, put the person on their side with their hand under their head.

HOW TO GET NALOXONE

5) Advise that naloxone is available at pharmacies over the counter at no cost

Ensure the individual:

- *has the Client Handout*
- *has access to a list of NSP sites*
- *is encouraged to share the information with their network.*

- Naloxone is available in:
 - 1mL ampoule (intramuscular injection)
 - 2mL Prenoxad® (5 x 400 microgram doses) (intramuscular injection)
 - 1.8mg/0.1mL Nyxoid® (2 single dose, nasal spray units)
- Naloxone can be accessed at no cost over the counter at the pharmacy
- Needle tips and syringes are not included with the ampoule. It is recommended the following be collected from selected NSP sites or pharmacies to administer naloxone:
 - Ampoule: 5 x 23 gauge (blue) needle
 - Prenoxad®: 3 x 23 gauge (blue) needle
- If naloxone is not in stock at your local pharmacy, you may request it is ordered in
- Naloxone only works if opioids are involved in the overdose. It will not reverse an overdose resulting solely from cocaine, methamphetamine, alcohol, benzos, or other non-opioid based drugs
- Encourage information to be shared among networks.

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General strategies to discuss with at-risk individuals on how to prevent and respond to adverse effects of opioids.

TOLERANCE

Take less after a break - even a break for a few days can reduce your tolerance

QUALITY

Purity levels of illicit opioids vary so use less if you have a new supply

OTHER PEOPLE

Don't use opioids alone

MIXING

Don't mix drugs

Think about what you already have on board (e.g. alcohol, benzos, methadone)

BE PREPARED

Carry naloxone, be familiar with DRS ABC

(being a better prepared witness reduces opioid overdose deaths)

NEEDLE AND SYRINGE PROGRAM (NSP) PEER EDUCATORS

Contact the Alcohol and Drug Information Service (ADIS) on 1300 131 340
to find your nearest NSP location

To find your nearest NSP site that has a Hepatitis SA Peer Educator call 1800 437 222 or visit:

<http://hepatitissa.asn.au/our-services/clean-needle-program/169-hepatitis-sa-cnp-sites>

TO CONTACT THE TAKE HOME NALOXONE (THN) PROGRAM DIRECTLY

Please email Health.THNDASSA@sa.gov.au

Disclaimer: The information in this booklet is a guide only and while care has been taken to ensure the material contained is up-to-date at the time of production, Drug and Alcohol Services South Australia (SA Health) accepts no responsibility for the accuracy or completeness of the material in the publication and expressly disclaims all liability for any loss or damage arising from reliance upon any information contained within it.

For more information

Alcohol and Drug Information Services (ADIS)

Phone: 1300 131 340

Confidential telephone counselling and information available between 8.30am and 10pm every day.

Take Home Naloxone (THN) Program

Health.THNDASSA@sa.gov.au

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