Sudbury Journal Club

Presents……..

Naloxone Kits… For Pharmacists

Speakers:

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2016/11/16

Learning Objectives

- Review OCP and MoHLTC policy regarding the provision of naloxone kits by pharmacists
- Increase capacity to properly train consumers on overdose prevention and response with the use of naloxone
- Increase proficiency to assess, engage, and effectively refer sub-populations to alternative services

Outline

- Introduction
- Overdose Prevention and Response with Naloxone
- OCP *Responsibility of the Pharmacist*
- OPA *FAQs*

Current Opioid Crisis

- In Ontario over the past 2 decades, there has been a 2-fold increase in opioid-related deaths, mostly in younger people aged 25 to 54 years.
- In fact, every 3 days, at least 1 Canadian dies from a fentanyl overdose.

Naloxone in the Media…

B.C. pharmacist has rattling experience on front-line of fentanyl crisis

Pier Health Resource Centre hoping to distribute take-home naloxone kits.

WRITTEN BY SONYA FELIX ON NOVEMBER 2, 2016 FOR CANADIANHEALTHCARENETWORK.CA

Read more articles on: addiction • drug abuse • fentanyl

Email Print Text size Comment

Greg Becotte working at Pier Health.

Naloxone Now Available as a Schedule II Drug….

- In response to these opioid related overdoses across Canada and as recommended by the World Health Organization, naloxone has been made available for emergency use for opioid overdose outside hospital settings.
- As of June 24, 2016 naloxone, pharmacists are authorized to dispense naloxone kits privately procured or from the MoHLTC

Who is Eligible?

To dispense to…

- Any patient or patient's agent (agent) are now permitted to obtain Schedule II naloxone directly from any community pharmacist without a prescription.

Who is Eligible?

To receive MoHLTC reimbursement for….

MoHLTC Re-imbursement: *One (1) naloxone kit may be provided to an eligible person at one time.*

- Currently using opioids **OR**
- Is a past opioid user who is at risk of returning to opioid use **OR**
- A family member, friend or other person in a position to assist a person at risk of overdose from opioids

Ontario Naloxone Program for Pharmacies (ONPP) Frequently Asked Questions for Pharmacy Dispensers: Providing Publicly Funded Naloxone Kits and Claims Submission Using the Health Network System

Updated August 17, 2016

1. When are dispensers able to provide publicly funded naloxone emergency kits for Ontarians?

All pharmacies that have a billing account under the Ontario Public Drugs Program (OPDP) are eligible to provide naloxone emergency kits free-of-charge, effective June 24, 2016, subject to their compliance with the Ministry of Health and Long-Term Care's (ministry) policy.

2. What are the publicly available kits that dispensers can bill Health Network System (HNS) for reimbursement?

Table 1: PINs to support reimbursement of Naloxone emergency kits

PINs	PIN Description	Total Amount Reimbursed
93877251	Initial naloxone emergency kit (reimbursed amount includes naloxone kit at $35, plus professional fee at $10, plus professional training at $25)	**$70.00**
93877252	Replacement naloxone emergency kit (reimbursed amount includes naloxone emergency kit at $35	**$45.00**

Dispense What?

- The College notes that pharmacists are authorized to dispense any formulation of naloxone available for sale and distribution in Canada.
- Nasal spray can be dispensed but MoHLTC reimbursement is for $35 and 2 doses of the basal spray costs $125

OCP Naloxone Kit Requirements

1) **Two** 1 mL ampoules or vials of naloxone hydrochloride 0.4 mg/ml injection
2) Two safety engineered syringes with 25 g one inch (or 3 inch) needles attached
3) Two safe ampoules opening devices (“snappers” or “openers”) as applicable, not needed with vials
4) One pair of non-latex gloves
5) One rescue breathing barrier
6) One naloxone identifier card.

Education and Training

- Research and experience show, with basic training laypeople can recognize an overdose and administer naloxone just as well as a medical professional.
- They give peers, friends, and families of people who use opioid drugs the chance to save a life as it has been proven to do so.

(*J Addict Med* 2014;8: 153–163)

A Systematic Review of Community Opioid Overdose Prevention and Naloxone Distribution Programs

Angela K. Clark, MSN, RN, Christine M. Wilder, MD, and Erin L. Winstanley, PhD

Community-based opioid overdose prevention programs (OOPPs) that include the distribution of naloxone have increased in response to alarmingly high overdose rates in recent years. This systematic review describes the current state of the literature on OOPPs, with particular focus on the effectiveness of these programs. We used systematic search criteria to identify relevant articles, which we abstracted and assigned a quality assessment score. Nineteen articles evaluating OOPPs met the search criteria for this systematic review. Principal findings included participant demographics, the number of naloxone administrations, percentage of survival in overdose victims receiving naloxone, post–naloxone administration outcome measures, OOPP characteristics, changes in knowledge pertaining to overdose responses, and barriers to naloxone administration during overdose responses. The current evidence from nonrandomized studies suggests that bystanders (mostly opioid users) can and will use naloxone to reverse opioid overdoses when properly trained, and that this training can be done successfully through OOPPs.

Key Words: naloxone, opioid overdose, overdose prevention, sub-

and prevents fatalities (Buajordet et al., 2004; Clarke et al., 2005; Dahan et al., 2010; Boyer, 2012). In 1996, community-based programs, often referred to as opioid overdose prevention programs (OOPPs), began naloxone distribution directly to patients at high risk for overdose (Sporer and Kral, 2007; Wheeler et al., 2012). Although bystander administration of naloxone by nonmedical persons is considered an off-label use of the medication, some states have passed legislation protecting prescribing physicians and bystander administrators from civil and/or medical liability (Sporer and Kral, 2007; Davis et al., 2013). There are now more than 188 community-run programs operating across the United States in various service venues, including needle exchange programs, detention centers, community clinics, and drug-treatment facilities (Wheeler et al., 2012). Opioid overdose prevention programs provide training to bystanders in 2 key areas: (1) how to identify the symptoms of an opioid overdose and (2) how to respond, including administration of naloxone (Enteen et al., 2010).

Because of the novelty of OOPPs, published information on them is limited. There are no published systematic litera-

HIV/Hepatitis
Health and
Social Services

Services sociaux
et de santé pour
l'hépatite et vih

OVERDOSE PREVENTION AND RESPONSE: NALOXONE

Introduction

Camille Lavoie, Hepatitis Treatment Nurse

Lisa Toner, Outreach Coordinator (HCV)

Réseau ACCESS Network

HIV/Hepatitis Health and Social Services

- Non-profit, community-based charitable organization
- Promotes wellness, harm and risk reduction and education
- Supports individuals and serves the whole community in a comprehensive/holistic approach to HIV/AIDS, Hep C and related health issues

Philosophy

- ACCEPT individuals as they are
- AFFIRM everyone's unique self-worth
- Provide confidential ASSISTANCE
- ADVOCATE for improvement of services and care
- Be ACCOUNTABLE to those we serve and the community

Réseau ACCESS Network

Services

- Direct Client Services

Case management, counselling, practical assistance, clinical and testing, outreach Provided to persons living with HIV/AIDS, and/or HCV, affected by HIV/AIDS and/or HCV, or those at risk of HIV/AIDS and/or HCV.

- Education and Prevention

Presentations and workshops specific to needs of educational institutions, and workplaces, on issues of HIV/AIDS, HCV, diversity. Employees, students, community members within the Sudbury / Manitoulin Districts

- Volunteers and student placement opportunities

Purpose

- Naloxone funding
- Services provided
- Commonly used acronyms/terms
- Training process
- Documentation
- Lessons learned

Commonly used acronyms/terms

IDU - Injection drug use/Injection Drug User

PWID- Person who injects drugs

OHRDP- Ontario Harm Reduction Distribution Program

OD - Overdose

Peers- Individuals who have lived experience, working with individuals with similar lived experiences or individuals who get supplies dropped off at their housing

Outreach- going into the community to work with marginalized individuals to provide support

HCV - Hepatitis C Virus

ASO- AIDS Service Organizations

Harm Reduction

"Harm reduction is anything that reduces the risk of injury whether or not the individual is able to abstain from the risky behaviour" - David Ostrow, M.D., Ph.D.

Harm Reduction

- Is a response that focuses on keeping people healthy
- Minimizing death, disease, and injury
- Harm reduction is a humanistic approach and maintains a realistic view
- Reduces risk and produces benefits

History of naloxone funding

In October 2013, organizations with specific eligibility criteria were able to begin accessing naloxone from the Ministry of Health and Long-term Care with complementary overdose prevention kits, supplies and training material from the Ontario Harm Reduction Distribution Program (OHRDP).

Our eligibility: Ministry funded hepatitis C team

OHRDP

The OHRDP (Ontario Harm Reduction Distribution Program) provides harm reduction supplies, educational materials, knowledge translation and exchange opportunities to Needle Syringe Programs across Ontario.

Our journey to naloxone funding

- **May 2014** - began process to apply for naloxone funding, significant amount of community development, development of medical directives
- **December 2014** - submitted application for funding
- **January 2016** - received naloxone
- **February/March 2016** – community development, and we began handing out kits

Naloxone Program Offers:

- Education to community
- Outreach within the community
- Drop-in training (clients or non-clients)
- Training at partnering agencies upon request/individual basis

Training Process

The remainder of the presentation demonstrates the training provided to those who receive naloxone kits.

Naloxone Pre/Post Test

1) **What can increase your risk of having an overdose? (choose 1 answer)**
   a) Mixing drugs
   b) Using alone
   c) Using after a period of non-use
   d) All of the above
2) **Which of the following are three signs of an opioid overdose?**
   a) Unable to wake the person up
   b) Not breathing at all or breathing very slow
   c) Turning blue/purple around lips and finger tips
   d) Increase energy, wanting to exercise
3) **Is it essential that you call 911 for all overdose?**
   a) Yes
   b) No
4) **Does Naloxone work for a cocaine overdose?**
   a) Yes
   b) No
5) **Why must you stay and support the person that overdose? (choose 1 answer)**
   a) Naloxone may wear off and overdose may return
   b) May need to give a 2nd dose of naloxone
   c) Provide important information to EMS
   d) All of the above
6) **How much naloxone do you administer for each dose?**
   a) 5 vials c) 2 vials
   b) 1 vial d) 0.5 vial
7) **How long does it take for naloxone to start working once given IM (intra muscular)?**
   a) 10 min
   b) 1-5 min
   c) 20 min
8) **How many doses of naloxone do you administer for an opioid overdose?**
   a) 10 doses
   b) Start with 1 dose, if no response in 3-5 mins give 2nd dose, ensure 911 has been called
   c) 1 dose

Opioid History Form

Date: _________ (mm/dd/yy)

Name: __________________ Gender: Male__ Female__ Birthday: ______(mm/dd/yy)
Trans__ Other__

1. **How many years have you been using opioids? _____**
2. **Do you use primarily:** ☐ by yourself ☐ in the accompany of others
3. **In the last <u>6 months</u> how often did you use?**

Opioids	not at all	once or twice	daily	weekly	monthly	# of grams usually used each time	Injecting	Non-injecting
Buprenorphine								
Codeine								
Hydromorphone –Dilaudid								
Fentanyl								
Heroin								
Hydrocodone –Vicodin								
Meperidine –Demerol								
Methadone								
Morphine								
Oxycodone –Percocet, Percodan, OxyContin, OxyNEO								
Oxymorphone								

In the last <u>6 months</u> how often did you use?

Non opioids	not at all	Once or twice	Daily	weekly	monthly	amount usually used each time	Injecting	non-injecting
Benzodiazepines – Alprazolam, Clonazepan, Diazapam, Temazepam, Lorazepam								
Alcohol								
Cocaine/Crack								
Amphetamine –Crystal, Meth, Speed								
Ketamine								
Hallucinagens –LSD, MDMA								

4. **In the past year, how many times have you gone 3 or more days without opioids?** _______ Why? ☐ prison ☐ hospital stay ☐ lack of money ☐ detox ☐ other______________________________________

5. **Have you ever overdosed on opioids?** ☐ Yes ☐ No
   a) On what drug (s)?____________________________
   b) How many times have you overdosed on opioids in the past year? ___
   c) Have you ever **received** an injection of Naloxone? ☐ Yes ☐ No ☐ Unsure
      If yes, how many times? _______

What was your experience with **receiving** Naloxone?

____
____
____

Have you ever had an allergic reaction to Naloxone? ☐ Yes ☐ No

6. Have you ever **seen** someone else overdose on opioids? Yes No
7. Have you ever **given** a Naloxone injection to someone? Yes No

What was your experience with **giving** Naloxone?:

____
____
____

Name & Signature ____

____

Naloxone Knowledge Checklist & Order to Dispense

☐ **Initial Prescription** ☐ **Refill(circle)** lost, stolen, expired, used for over dose
other____

	Overdose Prevention	• Demonstrates clear knowledge of causes and prevention
	Signs of Opioid Overdose	• Understands the signs of opioid overdose: *Breathing is very slow/erratic or not there at all, fingernails/lips blue or purple, unresponsive to stimulation, deep snoring/gurgling sound, body is limp, unconscious*
	Calling 911	• Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief with EMS
	Naloxone Administration	• Demonstrates understanding, including: 1cc/ml into upper shoulder or upper thigh. If no change in condition within 3-5 minutes give another dose of naloxone.
	Stimulation/Chest Compressions	• Know the overdose response myths • Demonstrates understanding of how to provide stimulation: *Shake and Shout* • Demonstrates understanding of how to provide chest compressions: *Press hard, fast, middle of chest*
	Evaluation/Aftercare	• Demonstrates knowledge that Naloxone lasts 30-90 minutes in the blood stream • Understands the importance of not allowing the person to do more opioids • Knows to watch for OD symptoms returning
	Care of Naloxone Vial/Program Evaluation/Refill	• Demonstrates knowledge to store naloxone at room temp away from light • Watch expiry date, keep Naloxone handy • Contact Access for refill and evaluation

Participants Name:_______________________________ Date of birth:__________
Dispense: Naloxone 0.4mg/ml ampoule lot (s) #__________________ Exp date(s):________
Staff's Name and Signature________________________ Date:______________

Overview

- What is an overdose
- What increases the risk of overdose
- How to recognize an overdose
- How to respond to an overdose
- What is naloxone, and how to use it
- Referral process for others to be trained

Overdose Defined

- Overdose is the use of a drug (or drugs) in an amount or way that causes acute harmful mental or physical effects
- Overdose may produce short-lived or lasting effects, and can sometimes be fatal

Types of overdose

Depressant overdose: slows the central nervous system down to the point where several systems may stop working. Breathing slows or even stops.

Stimulant overdose: speeds the central nervous system up to the point of overworking certain functions leading to failure

Who is at risk of an opioid overdose?

Overdose doesn't discriminate, but there are some key risk factors:

- Mixing Drugs
- Using drugs of unknown potency
- Low or Reduced Tolerance
- Using Alone
- Long-term use

Know your risks: mixing drugs

- New drugs can combine with drugs that may have been used hours earlier.
- Drugs may still be in the body long after a person can’t feel their effects.
- Mixing drugs with similar effects increases the risk of overdose (ex: downers with downers)
- Mixing drugs with different effects can disguise the amount of a drug in your system (ex: mixing an upper with a downer – may mask the high)
- The majority of overdoses involve the use of a combination of drugs.

Know your risks: potency

- Potency may vary dealer to dealer (referral to ACCESS)
- Some drugs vary a lot in potency (ex: fentanyl)
- Different drugs have different strengths (ex: codeine vs. fentanyl)

Know your risks: reduced tolerance

- when tolerance is low, the opioids effects are much stronger and overdose is more likely

- 3-4 days without an opioid can be long enough to lower a person's tolerance

Know your risks: reduced tolerance

Times when tolerance will be low or reduced:

- Following a period when use of an opioid has reduced or stopped for any reason
  - After drug detox or a rehab program
  - After being in custody or jail
  - After hospitalization
- Being a new or casual user
- Can also be affected by health status, hydration, etc.

Tolerance is drug-specific; high tolerance for one drug does not translate to high tolerance for another.

Know your risks: reduced tolerance

Information you can provide to patients:

- Use smaller amounts at first
- Avoid using alone
- Consider a safer route: oral, snorting, smoking
- Stick to one route only

Know your risks: using alone

Overdosing when alone could be fatal:

- less likely the situation will be noticed
- you probably won't be able to help yourself

Things you can do:

- Have someone in the room with you if possible
- Leave the doors unlocked
- Ask someone you trust to check on you

Know your risks: using alone

Overdosing when alone could be fatal, as it's less likely the situation will be noticed and you probably won't be able to help yourself.

Patient options:

- If possible, have someone you trust in the same room, or have them check on you
- Leave the door unlocked to facilitate EMS response

Using with others does not necessarily ensure safety:

- Share your knowledge with those you use with regularly to help ensure a proper response, as well as those you trust (neighbours, friends, family, roommates, etc.)
- Or, refer them to the program for training
- If you have naloxone, make sure it's accessible, and that other people know where it is and how to use it

Recognizing an opioid overdose: is it an overdose, or are they just high?

If someone is extremely high and using opiates, they may:

- have contracted/small pupils
- be “nodding out”
- scratch a lot due to itchy skin
- have slurred speech and/or be “out of it”

HOWEVER, THEY WILL RESPOND TO OUTSIDE STIMULUS

Verbal and physical stimulus

Start with verbal stimuli:

- anything that will get them to respond if they are able
- Shout their name
- Shout "POLICE"

If they are still unresponsive, go to physical stimuli:

- Sternal rub HARD
- Knuckles to the clavicle (collar bone)
- Rub knuckles on the lips
- Shake their shoulders

Opioid Overdose Signs And Symptoms

Don't use alone

• Breathing will be slow or gone

• Lips and nails are blue

• You can hear gurgling sounds or snoring

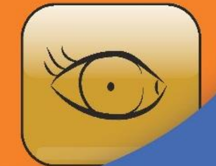
• Can't be woken up

• Person is not moving

• Person may be choking

• Skin feels cold and clammy

• Pupils are tiny



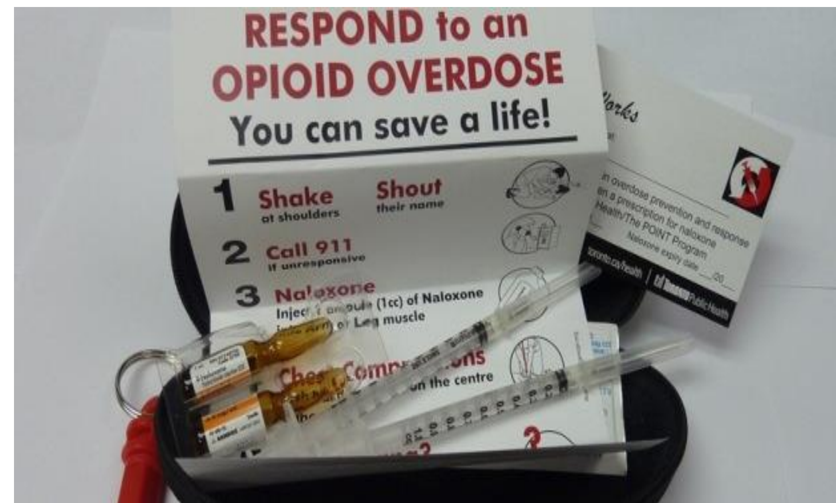
OHRDP

ontario harm reduction distribution program

Adapted from OHRDP Resource "Opioid Overdose Signs and Symptoms"

Responding to an opioid overdose

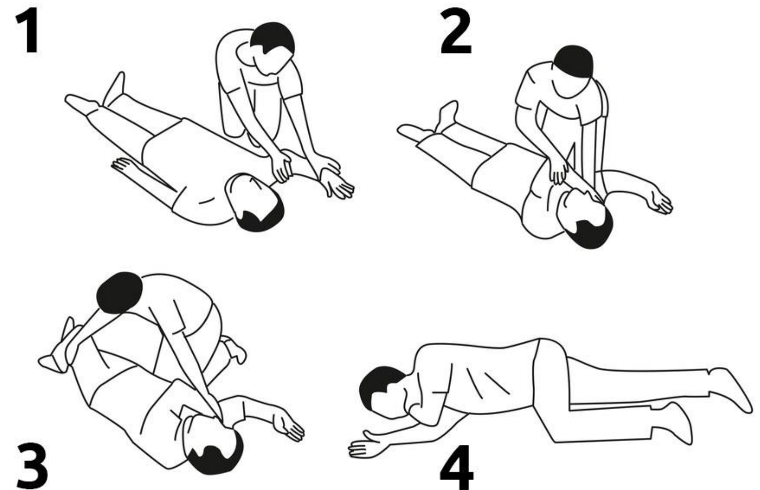
1. Recovery Position
2. Call 911
3. Ensure safety
4. Naloxone
5. Chest compressions



Step 1: recovery position

Keeps airway open, reduces chances of choking on fluids or vomit

1. Hand to the side to support their weight
2. Other hand across to face for their face to rest on
3. Roll over on their side with head tilted back
4. Top knee down to support their weight and keep the position



Step 2: call 911

Have someone call 911 and report back when they're done **OR** call 911 yourself if alone.

- Try to keep person awake and responsive if conscious
- The 911 procedure briefs paramedics on situation

1. "Police, fire or ambulance": respond ambulance and stay on the line to be transferred
2. "What is your emergency": respond with whatever info you are comfortable giving
3. Please try to give **exact address and apartment number.**

Even expired cell phones can call 911 if charged

Step 2: call 911

Police may attend as first responders

- If you absolutely can't stay, here are some steps to take before leaving:
  - Clean up (except what person was using)
  - Leave a note with details (especially drug used)
  - Prop doors open and unlocked, clear a path to the person

Step 3: Ensure Safety

You can't help someone if you need help yourself

- Check the scene for anything that could be dangerous to you, other people, or the person experiencing the overdose
  - Uncapped syringes
  - Sources of heat /fire

Step 3: Ensure Safety

- When ANY bodily fluid is present, such as blood, vomit, or saliva, always put a barrier between the fluid/victim and yourself such as gloves, plastic bag or a face mask if CPR trained

- Always avoid contact with the fluid(s) and wash hands thoroughly immediately after giving first aid.

Step 4: prepare naloxone

Prepare the Naloxone if available and you are trained.

1. Holding top of vial, “flick” or “swing" it to force all liquid out of the top

2. Snap top of the Naloxone vial

   Using snapper, alcohol swab, or rubber cover can protect you from sharp edges of the vial

3. Take out the “VanishPoint” muscle syringe
   - Pop cap off and insert into vial
   - Draw up all liquid from vial (one full dose)
   - Get rid of any *major air* from the syringe by holding syringe straight up, pushing air out

Step 5: administer naloxone

- Administer Naloxone to thigh muscle or upper arm muscle
  - Press the plunger all the way until it “clicks”
  - Needle will disappear
- Take note of the time administered and start chest compressions

  “Stayin’ Alive” beat , at least 2 inches deep

Step 5: Administer Naloxone

- If the person is still not breathing on their own after 4 minutes, give the second dose in the same way
- Continue chest compressions and wait for paramedics to arrive
- If the second administration does not stimulate breathing independently, it is not likely an opiate overdose
- Always dispose of needles in the closest biohazard bin
- **As naloxone does not last as long as most opiates, the overdose will return when it wears off**
- **Naloxone does not replace medical intervention, but it does buy life-saving time!**

What is naloxone?

- Naloxone is an opiate antagonist which works by forcing opioids off their receptor sites in the brain
- Naloxone can temporarily reverse the effects of an opiate overdose
- The opiates stay in the blood, but temporarily can’t access the receptor sites to cause its effects or “high”
- Naloxone usually takes between 1-3 minutes to work
- Naloxone lasts for up to 45 minutes (much shorter duration than most opioids)

Referral process

Anyone can receive overdose prevention training, but naloxone kits are only available to some individuals.

Criteria for receiving a naloxone kit

- History of drug use, or be a friend, family member, roommate, partner, peer, etc.
- Must have the ability to retain and process pertinent information around safety of kit use (literacy level is not an issue)
- Must be able to physically administer naloxone effectively

Making a Referral

- Contact us, make a warm referral and /or
- Provide our business card

For more information contact

Lisa Toner
Outreach Coordinator (HCV)
lisat@reseauaccessnetwork.com
705-688-0500 ext. 221

Responsibility of the Pharmacist

- When dispensing naloxone the pharmacist must determine the following:
  - If the person who naloxone is intended for has any known allergies to naloxone, or concomitant ingredients in specific formulations of naloxone (methylparaben or propylparaben).
  - Where the intended person has a known allergy encourage the person to seek medical attention from a physician.
    - Only dispense **if** in agreement with physician. Benefits often outweigh allergy risks.

Responsibility of the Pharmacist

- Each transaction must occur under the direct supervision of a pharmacist
- It is the professional responsibility of a pharmacist to ensure that he or she has sufficient knowledge, skills and abilities to competently deliver any pharmacy service.
- Patients and/or agents must be educated on more than just naloxone Dispensing or Selling Naloxone therapy and how to administer it.

Responsibility of the Pharmacist

Pharmacists should ensure patients and/or agents purchasing naloxone are also educated on such topics as:

- Harm reduction strategies when using opioids
- How to identify an opioid overdose
- Importance of immediately calling 9-1-1
- Importance of cardiopulmonary resuscitation (CPR) and how and when to give breaths
- When and how to administer naloxone
- Aftercare and the importance of staying with the person until emergency first responders arrive
- Withdrawal symptoms occur following naloxone administration and reversal of the effects of the opioid overdose
- Naloxone may have variable efficacy in reversing the clinical effects of an overdose due to preparations containing buprenorphine
- Naloxone is not effective against respiratory depression due to non-opioid drugs
- Risk of secondary overdose if opioids used when patient regains consciousness
- Any other information the pharmacist deems relevant.
- Pharmacists must also provide educational information and the steps for dealing with an opioid overdose in writing to the patient and/or agent.

If people who use opioid are given naloxone, will they continue using more opioids?

- 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 such as getting people into treatment are only possible if people are alive.

Why give breaths in opioid overdoses?

- Breaths serve to re-oxygenate a person's blood while chest compressions help circulate blood while the person's heart is not beating.
- Opioids bind to receptors in the area of the brain responsible for breathing. After binding, they decrease the rate of breathing, which can slow to a point where a person stops breathing.
- When a person who is not in cardiac arrest stops breathing and is unconscious because of an opioid overdose, the appropriate course of action is to CALL 911 and give breaths to that person. Because the heart is still beating, giving breaths helps increase the oxygen in the person's blood and supply it to oxygen sensitive tissues, such as the brain, preventing brain injury and death..

Why is it important to stay with an individual after giving them naloxone?

- Some longer acting opioids (e.g. 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 to take more drugs for several hours.
- You may need to tell them what happened, as they may be confused.
- Finally, it is important to tell emergency first responders everything you know about the situation so they can provide the best treatment.

Are there any anticipated adverse events with giving naloxone?

- 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.
- People with health conditions (e.g. heart, liver, respiratory etc.) and/or who have taken other substances need additional medical attention.

UW 5 in 5 Education

- https://www.youtube.com/watch?v=ie1YXkDEPNo
- https://www.youtube.com/watch?v=oT8EsHuikwY

Rapid Access Addictions Medicine (RAAM)

Photo: (Left) Amber Ritchie, Registered Nurse, RAAM Clinic, HSN; (Right) Catherine Watson, Clinical Manager, Withdrawal Management Service, HSN in the RAAM Clinic

A new treatment clinic at Health Sciences North (HSN) is proving successful in helping people deal with addictions.

The Rapid Access Addictions Medicine (RAAM) Clinic was launched last December at HSN's Withdrawal Management Service.

At the RAAM clinic, people dealing with addictions such as alcohol and opioids receive early, assertive treatment to help manage cravings and withdrawl symptoms. So far, there have been 25 visits by 14 patients to the clinic. The Clinic is led by Withdrawal Management staff and Dr. Mike Franklyn, a Sudbury physician with expertise in addictions treatment.

In its first 90 days, for people using the RAAM clinic, there has been a 63 per cent decrease in Emergency Department visits, an 80 per cent decrease in days spent in hospital, and a 97 per

Summary

- Naloxone kits are a life saving intervention that pharmacists can now provide to high risk patient's or their agents with MoHLTC compensation
- Pharmacist can provide Naloxone kits to high risk patient's or their agents in accordance with OCP policy, with a particular focus on education.
- Naloxone kits can be purchased commercially or can assembled at pharmacies according to OCP naloxone kit requirements

Questions?

Naloxone

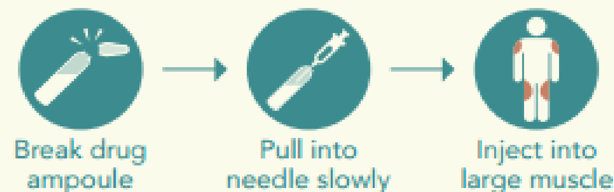
is an antidote for opioids which can include:

Codeine, Demerol, Hydromorphone, Heroin, Oxycodone, Dilaudid, Morphine, Buprenorphine, Fentanyl, Methadone

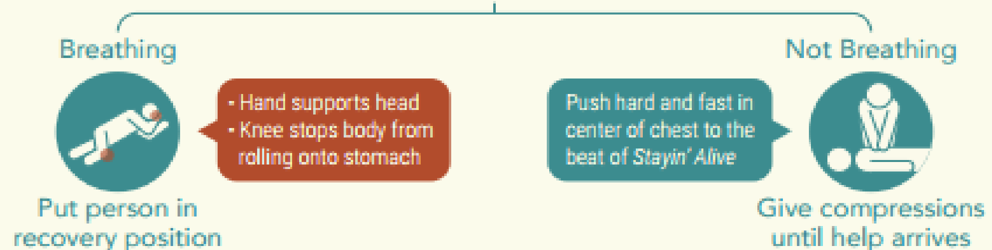
1 Signs of an Overdose

2 Call 911

3 Give Naloxone



4 Check The Person's Breathing



5 Stay Calm

Don't put them in a bathtub/shower

Wait for help to arrive

Don't inject stimulants (ie. meth)

Don't stand them up