Why should I recommend/prescribe naloxone?

- Naloxone can decrease the number of people who die from opioid overdose. Increasing access to naloxone is a proven harm reduction strategy.
- All people who take opioids are at risk for harm.
- Pharmacists are trusted and accessible.
- Naloxone is a safe drug and saves lives.
- It provides the opportunity to discuss opioid safety concerns.

Who may need/request naloxone?

- Patients who take opioids.
- Patients with a history of opioid addiction.
- Family members or others who live with or are around those taking opioids.

Which patients using opioids may be at higher risk for overdose?

Those who:
- Are taking high-dose opioid therapy (i.e., some studies show increased risk above 50 mg of morphine equivalents per day).
- Have a new prescription for long-acting opioids.
- Have a suspected or confirmed history of substance use disorders, illicit opioid use, or misuse of prescription medications.
- Have known or suspected alcohol use while on opioid therapy.
- Are taking drugs that increase the risk of respiratory depression (i.e., benzodiazepines, skeletal muscle relaxants, or other sedative/hypnotics).
- Have a history of COPD, asthma, or other respiratory illness.
- Have a history of opioid overdose.
- Have significant psychiatric comorbidity.
- Participated in a recent opioid detoxification or abstinence program.
- Have been recently released from a correctional facility.
- Have recently tapered down or off opioids.

Won’t this just cause more people to overuse opioids?

- Ongoing research does NOT support concerns that naloxone availability will encourage additional risky behavior.
- Withdrawal is unpleasant and most people taking opioids want to avoid it.

What do I have to do to prescribe naloxone?

- There is no specific training required.
- Review the Board of Pharmacy rules and regulations.
- Review and be familiar with the OHA-approved naloxone training documents.
- Review information on naloxone, including how to identify opioid overdose and administration.
- Consider taking one of the many online CE trainings.

How do I bill?

- Pharmacists must have an NPI number like that needed to bill for vaccinations.
- Health plans may cover naloxone for those on chronic opioid therapy and those with a history of opioid addiction.
- A prescription for a friend or family member is likely to not be covered by any health plan.

Role for pharmacists in fighting the opioid epidemic

Educate your patients, their families, and your communities on:
- Safe storage and disposal of opioids.
- Naloxone availability to reverse opioid overdoses.
Engaging patients to make changes and improve their health

- Learn to use reflection/empathy – simple statements that let the patient know you have heard them. “This new information on opioids is upsetting.”
- Elicit their questions about what they heard “What questions do you have about what I have shared?”
- Discuss next steps.
- Consider attending a training to learn more skills to help patients improve their health.

Suggestions for having conversations about opioid use

- Ask if their prescriber has talked with them about how to avoid and recognize the serious side effects of opioids.
- Ask permission to share new information about the risks of opioids. (Get a “yes” before continuing.)
  - Sedation
  - Slowed breathing
  - Accidental deaths
- Avoid the use of the term ‘overdose’ when talking to patients prescribed opioids. It has a negative connotation and they may not think it applies to them. Consider saying “bad reaction” or “accidental overdose.” “Opioids can sometimes slow or even stop your breathing.”
- Ask if they would like to know about things they can do to be safe.
  - Take prescription opioids only as prescribed even when they have more pain.
  - Avoiding other sedating medications/OTCs/alcohol.
  - Use a pill box to keep track of doses (it is easy to forget).
- Ask what they plan to do to keep themselves and their medications safe.
- Offer naloxone to have on hand if they become over sedated or have slowed breathing.
  - “Naloxone is the antidote to opioids – to be used if there is a bad reaction where you can’t be woken up.”
  - “Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”
- Let them know you are concerned about their safety.
- Do not judge the patient for taking opioids.
- Patients who get angry may be scared. LISTEN more than you talk.

Frequently missed counseling points when dispensing opioids

- Communicate the new information on the risks of taking opioids, including death to those prescribed opioids.
- Educate patients and support people on the importance of proper storage and disposal of opioids.
- Encourage those with difficulty controlling their use of opioids to seek help from their clinician or an addiction specialist.

Keeping patients safe is our responsibility as pharmacists, remember to engage the prescribers in this important work.

1 www.oregon.gov/pharmacy/Pages/Naloxone.aspx