

Providing naloxone for personal use as an unscheduled drug Guidelines for pharmacy teams

Background

Naloxone, when indicated for emergency treatment of opioid poisoning outside of a hospital setting, is unscheduled in Alberta. Despite being an unscheduled product, proper use of injectable and nasal naloxone for self-administration requires training, and naloxone must be kept in the dispensary.

While providing an intramuscular injection is a restricted activity, the training required for self-administration is not. Therefore, ACP Council has determined that after completing appropriate education, naloxone training for personal use may be provided in pharmacies by pharmacists, pharmacy technicians, and unregulated employees.

The following guidelines are based on the

- · Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT),
- Standards for the Operation of Licensed Pharmacies (SOLP), and
- Code of Ethics (CoE), and

are intended to ensure pharmacy team members meet the requirements when they provide naloxone to an individual for personal use.

These guidelines **do not apply** to naloxone sold for workplace use as these organizations are responsible for training their staff in the use of naloxone.

Guidelines for providing naloxone for personal use

- 1. Pharmacy team members who provide naloxone for personal use have adequate training to effectively educate the individual receiving the naloxone.
 - a. Licensees should ensure that each team member providing naloxone for personal use has completed appropriate education and training.
 - b. Licensees should implement a process to supervise and monitor unregulated team members and be confident in the abilities of the unregulated team member to competently deliver that service.
- 2. Pharmacy team members respect the autonomy, privacy, and dignity of anyone requesting naloxone.
 - a. Licensees should ensure that all pharmacy team members understand and apply the principles of harm reduction.
 - b. Pharmacy team members should treat individuals requesting naloxone for personal use in a non-judgmental manner that does not stigmatize or discriminate against them.
 - c. Providing naloxone for personal use **does not require** the pharmacy team member to collect or document any personally identifying information, and this should not be collected or documented unless the individual requests it.

- 3. Pharmacy team members ensure individuals being provided naloxone for personal use have sufficient information to enable them to receive the intended benefit of the drug therapy.
 - a. When naloxone is provided for personal use for the first time, a trained pharmacy team member should make every effort to verbally communicate with that person.
 - b. Education from a trained pharmacy team member is important to ensure effective and safe use of the naloxone.
 - c. Written information should not replace verbal communication, if possible, but can be considered as a last resort if the individual refuses to accept training.
 - d. An individual's unwillingness to accept training should not result in a refusal to provide naloxone.
- 4. Pharmacy team members identify, when possible, if it is appropriate to refer an individual requesting naloxone to the pharmacist, another healthcare provider, or a harm reduction agency.
 - Unregulated employees should be given clear direction by the licensee about the scope and limitations of their role in providing naloxone for personal use, and should be directed to refer individuals to a regulated member as required.
 - Regulated members who provide naloxone kits should be familiar with harm reduction agencies and resources in their area and may direct individuals to contact Alberta Health Link at 811 or the AHS 24 Hour Addictions Helpline (1-866-332-2322).
 - c. Clinical questions or considerations brought forward by individuals requesting naloxone must be directed to a pharmacist in accordance with the SPPPT.
- 5. Pharmacists consider circumstances when it is appropriate to offer naloxone to individuals they determine to be at risk of opioid poisoning. In addition to requests from individuals for naloxone, pharmacists should consider offering naloxone to individuals who, through their assessment, they have identified may be at risk. This includes, but is not limited to, individuals
 - a. using chronic opioid therapy,
 - b. receiving large quantities or high doses of opioid medications,
 - c. with a history of overdose,
 - d. being actively treated for substance use disorder,
 - e. with a history of substance use disorder, or
 - f. determined to be at risk of inappropriate substance use.

Additional resources

Alberta Blue Cross. <u>"Workplace naloxone: information for pharmacy teams."</u> Pharmacy Benefact. Number 1083, (January 2023).

Alberta Blue Cross. "Take Home Naloxone (THN) Program Update." Pharmacy Benefact. Number 734, (April 2018).

Alberta Blue Cross. "Take Home Naloxone (THN) program update." Pharmacy Benefact. Number 715, (December 2017).

Alberta Blue Cross. <u>"Naloxone update – Naloxone moves to unscheduled drug status and future Take Home Naloxone kits will include three vials of naloxone."</u> Pharmacy Benefact. Number 672, (February 2017).

Alberta Blue Cross. "Naloxone update—naloxone moves to Schedule 2 status." Pharmacy Benefact. Number 612, (May 2016).

Alberta Blue Cross. "Update on the Naloxone Program." Pharmacy Benefact. Number 575, (January 2016).

Alberta Health Services. Get Naloxone. Retrieved May 1, 2023.

Alberta Health Services. Community Based Naloxone Program. Retrieved May 1, 2023.

Alberta Health Services. Community Based Naloxone Training for Kit Distribution. Retrieved May 1, 2023.

Alberta Health Services. Frequently Asked Questions for Pharmacists. Retrieved May 1, 2023.

Alberta Health Services. SAVE ME Patient Poster. Retrieved May 1, 2023.

Government of Alberta. Pharmacy and Drug Regulation. Retrieved May 1, 2023.

Baxter Corporation. Product Monograph Naloxone Hydrochloride Injection, USP. Retrieved May 1, 2023.