



Edwin Lee
Mayor

**San Francisco Health Network Behavioral Health Services
Medication Use Improvement Committee**
1380 Howard St. 5th Floor
San Francisco, CA 94103



Recommendations for Take-Home Naloxone

Background

Drug overdose has surpassed motor vehicle accidents as the leading cause of unintentional death in the United States with opioids being the leading agents involved. In response to this opioid epidemic, the United States Department of Health and Human Services is focusing on five priorities, including promoting the use of overdose-reversing medications.

Naloxone is a mu opioid antagonist that reverses the effects of opioids. In the absence of opioids, it has no effect. When used for an opioid overdose, side effects can include opioid withdrawal symptoms, also known as precipitated withdrawal. These side effects are uncomfortable, but are not life threatening.

Target Population

Take-home naloxone should be available to all individuals who use opioids or are at risk for witnessing an opioid overdose. This is supported by California Civil Code §1714.22. Availability is particularly important in BHS because people with mental illness and/or history of substance use are at increased risk for accidental overdose. In addition, due to recent contamination of illicit stimulants and pills in San Francisco, take-home naloxone should be available to all individuals who use illicit drugs.

Methods for Clients to Obtain Take-home Naloxone

1. Prescribed by provider
2. Community pharmacy
 - a. California law allows for trained pharmacists to furnish naloxone without a prescription
 - b. CBHS Pharmacy will furnish naloxone to BHS and non-BHS clients.
1380 Howard St, 1st Floor Pharmacy
Monday-Friday, 9:00am-4:30pm
3. Distribution programs
 - a. Available at all Needle Exchange sites
 - b. Schedule available at: <http://sfaf.org/client-services/syringe-access/site-schedule.html>

Take-home Naloxone Products

Factors that should be considered when selecting a naloxone product include:

1. Client/caregiver preference
2. Ability to administer product
3. Insurance coverage/cost
 - a. Insurance coverage table available on the BHS public website at:
<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>

Table 1. Intranasal Naloxone Products

	Naloxone 4mg/0.4ml Intranasal Spray	Naloxone 2mg/2ml luer-lock prefilled syringe
Dosing	Spray entire contents of device into one nostril upon signs of opioid overdose. Call 911. May repeat x1	Spray ½ syringe (1ml) into each nostril upon signs of opioid overdose. Call 911. May repeat x1.
Quantity	1 twin pack	2 syringes
Required supplies	None	2 mucosal atomizing devices (MADs)
Comments	Does not require assembly or additional supplies	Requires assembly and MADs which are not covered by insurance

Table 2. Intramuscular Naloxone Products

	Naloxone 0.4mg/1ml vial	Naloxone 2mg/0.4ml auto-injector
Dosing	Inject 1ml intramuscularly upon signs of opioid overdose. Call 911. May repeat x1.	Use 1 auto-injector upon signs of opioid overdose. Call 911. May repeat x1.
Quantity	2 vials	1 twin pack
Required supplies	2 syringes: 3ml with 25G 1in needle	None
Comments	Requires comfort with injections	Device has a speaker that instructs proper administration

Client Education

Education should include the client’s caregiver, friend or family who may be administering the naloxone when possible. Education should include:

1. Identification of an opioid overdose: not responsive when shaken, breathing slow, stopped or labored, blue/gray lips and fingernails, pale/clammy skin
2. Call 911
3. Proper administration of naloxone. If not responsive in 3 minutes, give second dose
4. Follow the instructions from the 911 dispatcher, this may include rescue breathing and/or chest compressions
5. Remaining with the person until help arrives

Education materials on how to respond to an opioid overdose with take-home naloxone are available in multiple languages at: http://www.pharmacy.ca.gov/licensees/naloxone_info.shtml under “Fact Sheets”