

Community Based Naloxone Program: General Frequently Asked Questions

The Community Based Naloxone (CBN) Program distributes naloxone kits to sites that provide them for free to the general public. These sites include community pharmacies, community based organizations, public or private clinics, hospitals, community health sites, and private businesses, among other categories. These questions are intended for anyone who is interested in obtaining a kit or learning more about naloxone and opioid poisoning response. Staff who are providing kits to the public are encouraged to review these questions in order to answer general questions from clients or patients that may come up when providing someone with a kit.

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1. What is an opioid?

Opioids are a type of medication that are usually prescribed for pain relief. There are legal (prescription) and illegal (street-made) opioids; both can cause a person to experience signs and symptoms of opioid poisoning or overdose. Opioid effects include: slowed breathing, slowed heart rate, drowsiness, slurred speech, vomiting, constipation, pupil constriction, and euphoria (intense feelings of pleasure). Some common prescription opioids include: morphine, hydromorphone, oxycodone, Percocet, codeine, fentanyl, methadone, buprenorphine. Some common street names for illegal opioids include: fentanyl, fent, down, heroin, H, shady eighties, green beans, beans, pants. Illegal opioids pose a high poisoning risk due to their unpredictable and irregular strength and methods of production. Prescribed opioids can also cause poisoning, particularly in combination with other substances that depress the central nervous system like benzodiazepines (e.g., sedatives like Ativan, Xanax or Valium), alcohol, and other opioids.

2. How is poisoning different from overdose?

Poisoning and overdose may be used interchangeably. Both words mean that a substance has been taken in greater amounts than the body can tolerate and puts a person at risk of death or injury. Overdose can happen with alcohol, over-the-counter medications, illegal substances or any combination of substances, and can be intentional or accidental. There are negative associations with the word overdose, and some may view all overdoses as intentional. Poisoning is consuming enough of a hazardous substance (poison) to cause illness or death. Because the illegal drug supply is unpredictable and has been known to contain toxic substances like fentanyl or carfentanil, the more accurate term for accidental overdose is poisoning, and you may notice that this is the term we use most often in CBN materials.

3. What is naloxone?

Naloxone is an antidote to opioid poisoning or overdose. Opioid poisoning or overdose can cause a person's breathing to slow or stop. Naloxone is a medication that temporarily reverses this so the person can breathe normally and regain consciousness. Naloxone does not reverse the effects of non-opioid drugs, and would not work on poisoning or overdose due to stimulants (e.g., crystal meth, cocaine, ecstasy, GHB or alcohol) or benzodiazepines (e.g., Ativan, Xanax, Valium). However, if a person experiences poisoning or overdose due to multiple substances, including opioids, naloxone will help by temporarily reversing the effects of the opioid. Naloxone does not get a person intoxicated (stoned or high) and will have no effects on someone who has **not** used opioids.

A person receiving a dose of naloxone may slip back into poisoning after naloxone has worn off, because naloxone has a shorter duration of effects compared to some opioids. That means the naloxone may work for 20 to 90 minutes and then the person may experience

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poisoning again if they are still more opioids in their body that they are unable to tolerate. Someone receiving naloxone should be monitored for up to 90 minutes after being given naloxone to ensure that they do not go back into a poisoned state. This is why it is so important to call 911 if someone is experiencing opioid poisoning.

4. What is a naloxone kit?

A naloxone kit is also known as an overdose response kit, or take home naloxone (THN) kit. It is a small portable kit that can be used to respond to opioid poisoning or overdose in the community. Each kit contains:

- 3 vials of naloxone (each vial is 1 dose)
- 3 safety syringes
- 3 alcohol pads
- 1 pair of rubber gloves
- 1 barrier mask (for rescue breathing)
- An information pamphlet explaining how to respond to opioid overdose and inject naloxone

5. Who can get a naloxone kit? Do I need to show ID?

This is a community based program for the public. Anyone who is at risk of or likely to witness poisoning can get a naloxone kit for free, without ID, at many community sites across the province. This includes people who take prescription opioids, or nonprescription (street) drugs, family, friends, or community members. You do not need to prove your risk or provide personal identifiers (e.g., ID). It is free to any member of public as part of the publicly-funded CBN Program.

6. How can someone get a naloxone kit?

A member of the public can get a naloxone kit through many pharmacies, clinics, community programs and emergency departments and urgent care centres. To find a location near you visit [Get Naloxone](#). You may wish to call the location first to ensure they have kits available.

7. Is training mandatory to receive a naloxone kit? How long does it take?

Training is recommended for anyone receiving a kit. It takes approximately 10 minutes to complete. Training can be provided face-to-face by an Alberta Health Services (AHS) staff member, the pharmacist or a community provider if they have completed the training to do so. There are also educational videos, a learning module, handouts and other resources available on www.ahs.ca/naloxone if you are looking for more training you can do on your own.

8. Why should I complete training before I use a naloxone kit?

It is best to complete training before you have to use the kit in a suspected poisoning to ensure you respond safely and appropriately. Responding to a poisoning or overdose can

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be overwhelming if you don't know what you are dealing with, or how to respond appropriately in an emergency situation. Knowing how to spot poisoning, what to do to respond, and how to give rescue breaths and naloxone can help keep someone alive while waiting for Emergency Medical Services to arrive. Training prepares you to:

- Reduce opioid poisoning or overdose risk
- Recognize opioid poisoning or overdose
- Understand the importance of calling 911
- Provide rescue breathing
- Prepare and administer a naloxone injection
- Place someone in the recovery position
- Support the person and yourself after the incident

9. How does naloxone work?

Both naloxone and opioids bind to the same receptors in the nervous system. However, naloxone has a stronger attraction to these receptors than opioids, allowing it to bump off opioids from the receptors, and reverse opioid effects. Naloxone acts fast (within 3 to 5 minutes), and lasts for 20 to 90 minutes. It is temporary and does not last as long as opioids typically do, which is why follow up and monitoring after giving someone naloxone is critical. The body will have broken down some of the opioids over time, but naloxone does not destroy the opioids. It is always important to call 911 when someone experiences poisoning, as they may experience poisoning again once the naloxone wears off and opioids bind to the receptors again.

10. How is naloxone given and what if I am uncomfortable with giving an injection?

The publicly-funded CBN kits contain naloxone that is given by intramuscular (IM) injection. It is injected into large muscles, preferably the middle outer thigh or upper arm (deltoid muscle). Safety syringes are provided to prevent needle-stick injuries. If you are uncomfortable, tell the person providing you with a kit and they may demonstrate how to use the syringe in order to make you feel more comfortable. There is a nasal spray formulation of naloxone available, branded as NARCAN™ Nasal Spray in Canada. The nasal spray is not publicly-funded, but may be another option for those who want to have naloxone for personal use, but do not feel comfortable with injection. If you are not comfortable with giving naloxone, remember that the most important thing you can do to help someone who is in a state of suspected poisoning is to call 911 and provide rescue breaths as needed.

11. Where can I find more information about nasal spray naloxone?

The nasal spray formulation of naloxone, known as NARCAN™ Nasal Spray, can be purchased from community pharmacies. It is recommended you call ahead of time to check availability. NARCAN™ is listed as an open benefit under the Department of Indigenous Services Canada's Non-Insured Health Benefits Program. It is also covered by Veterans

Affairs Canada Program of Choice 10 – Prescription Drugs, for those who are eligible. You may speak with your pharmacist to find out more about nasal spray naloxone.

12. Can naloxone cause harm or be misused?

Naloxone is a very safe drug. Naloxone has no effect on someone who has no opioids in their system. It has been approved for use in Canada for over 40 years and is on the World Health Organization List of Essential Medicines. Naloxone only works to block/reverse the effects of opioids. It does not cause anyone to feel high or intoxicated. For people who are dependent on opioids, naloxone may cause them to go into withdrawal, which they may experience as pain, muscle aches/cramping, agitation, anxiety, nausea/vomiting, diarrhea, runny nose and watery eyes, dilated pupils, and chills. When giving naloxone to someone who is dependent on opioids, only give what is necessary and wait 3 to 5 minutes between doses to allow the naloxone effects to set in. (Rescue breaths should always be provided between doses if the person is not breathing.)

13. Is naloxone safe to give during pregnancy?

Well controlled human studies have not been done on naloxone use in pregnancy. Naloxone should be given cautiously in pregnancy and only if clearly needed (i.e., the person is unresponsive, not breathing and/or has no pulse). Always call 911 and follow the operator's direction for any suspected poisoning or overdose during pregnancy.

14. Do you have to be a medical professional to recognize an opioid poisoning or overdose and inject naloxone?

No. Anyone can give naloxone after receiving training. Research and experience shows that if people are given basic training they are able to recognize opioid poisoning or overdose and administer naloxone safely and effectively. Naloxone kits are for members of the public to use to respond to opioid poisoning or overdose in the community. Appropriate training should be provided with any kit to ensure the person receiving it knows how to use it correctly.

15. Can someone who has experienced stimulant poisoning (e.g., crack/cocaine or crystal meth) be given naloxone?

Naloxone will not reverse a stimulant poisoning or overdose; it only reverses opioid effects. If a person experiences poisoning or overdose due to polysubstance use (mixing different drugs) that includes opioids, naloxone may help by reversing the effect of only the opioid that was taken; however, this may not change how the person appears. Naloxone will have no effect on someone who has no opioids in their system. Stimulant poisoning or overdose is dangerous and is a complicated medical emergency. Call 911 immediately and follow the operator's directions for response.

16. Is expired naloxone effective?

Like most medication, naloxone will start to lose its effectiveness after the expiry date. However, it may be strong enough to reverse opioid poisoning if it is the only naloxone that is available, and can be used safely. Continue to perform rescue breathing. It is important to replace your naloxone kit as soon as you use it or when it is out of date. Expiry dates can be found on the label on the outside of the kit (on the back) and on the side of the naloxone vials. You may return expired naloxone vials to any pharmacy for appropriate disposal and to obtain a replacement kit. More information can be found in [Naloxone Expiry Notice](#).

17. How should naloxone be stored?

Naloxone should be stored away from light, and between 15 to 30° Celsius. It has been known to freeze in extreme cold. Vials can be removed from the kit and kept close to the body (in clothing pockets) for those who carry kits and are outdoors for long periods of time in the winter. Avoid storing naloxone kits in backpacks or cars in extreme weather. Replace your kits immediately when you know they have been out of the appropriate temperature range. However, kits stored outside the temperature range still have some effectiveness so they can be used if no other kit is available. See [Injectable Naloxone Storage Recommendations](#) for more information.

18. What do I do if I used my naloxone kit?

Replace your kit at a pharmacy or community distribution site near you. Visit [Get Naloxone](#) to find a site near you. Report your kit use by one of the methods described in Question 19 below.

19. Do I need to let anyone know that I used my naloxone kit?

If you have responded to a suspected opioid poisoning or overdose and used your naloxone kit, you need to let Emergency Medical Services know that you have done so when they arrive. Keep your kit and vials at the scene of the incident so that they can see how much you have given. The CBN Program collects reports of kit use by the Naloxone Kit Usage Survey found at is.gd/naloxonekit. Printable forms can also be found on www.ahs.ca/naloxone. Printed forms can be submitted to the person providing you with a replacement kit and will need to be inputted into the online survey. The survey does not ask for personal identifiers, such as name or date of birth. Any information you can provide on kit use helps to assess the effectiveness of the kits and trends in poisoning response in Alberta. Reporting is voluntary but very valuable in making sure this program meets the needs of Albertans across the province.

20. How should someone respond to opioid poisoning or overdose if they don't have naloxone?

If opioid poisoning or overdose is suspected, remain calm, look for signs of opioid poisoning, check to see if they are breathing, and if you are able to wake them up. If they are not breathing or can't be woken up, call 911 immediately. Provide the 911 operator with all the

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information you can. Answer all their questions, and follow their direction. Taking a First Aid and CPR course is always a good idea. If able to provide rescue breaths or CPR (if needed), do so until Emergency Medical Services arrive to take over. **Do not** give any other medication to the person, throw water on them or put them in the shower, hit/slap/punch them, or force them to vomit. These interventions can further harm them and complicate the emergency response needed to help them. The [Opioid Poisoning Prevention](#) booklet may be helpful.

21. Can I get arrested if there are drugs at the scene and I call 911 to help someone experiencing opioid poisoning or overdose?

The [Good Samaritan Drug Overdose Act](#) provides some legal protection for individuals seeking emergency help during poisoning or overdose. The act became a law on May 4, 2017 and is an effort to address the opioid crisis by reducing the fear of arrest for those using drugs, and to encourage people to help save a life. The Act may be able to protect a person from criminal charges and specific breaches of conditions around simple possession. More information can be found on the Government of Canada website linked above.

22. Where can I find more information?

Visit www.drugsafe.ca to find out more about safer substance use. Talk to a health professional via [Health Link](#) by calling 811 (24/7) for health information, advice and access to supports near you. Call the [Addiction & Mental Health Helpline](#) at 1-866-332-2322 (24/7) for confidential support, information and referrals for substance use, mental health and problem gambling. For any outstanding questions, please email the CBN Program at naloxone.kit@ahs.ca.