



First Nations Health Authority
Health through wellness

FREQUENTLY ASKED QUESTIONS

FNHA'S Nasal Naloxone Program

What is the difference between intramuscular (IM) naloxone and nasal naloxone?

While intramuscular (IM) naloxone and nasal naloxone can reverse the effects of opioids in the body, there are a few important differences between the two products. Below is a chart that helps break down these differences.

	IM Naloxone	Nasal Naloxone
DOSE	0.4mg/1 ml per dose (ampule). IM naloxone kits come with three ampules of naloxone.	4mg/0.1ml per dose. Nasal naloxone is 10x stronger than IM naloxone and due to the way it is absorbed in the body it may be the same as giving five IM injections at the same time.
ABSORPTION	Naloxone is injected into a muscle and is quickly absorbed into the bloodstream.	Naloxone is sprayed into the nose and absorption may be inconsistent. It is dependent on intranasal substance use, nasal discharge, bleeding, or fractures, which may have damaged nasal passages.
AVAILABILITY	Kits are provided free to those who are at risk of experiencing or responding to a toxic drug poisoning through the BCCDC.	Nasal naloxone kits are available to buy from a pharmacy and can be accessed without a prescription. Individuals with First Nations Health Benefits can access up to two kits per month with their benefits plan.
STORAGE	Store in controlled room temperature of 15°C to 30°C. Store in a cool, dry place and protect from light. Remains effective in temperatures of -20°C for up to 2 weeks or to spikes as high as 40° if less than 24 hours.	Store in a cool, dry place, away from sunlight with a room temperature of 15-30°C. Avoid extreme temperatures (hot or freezing). If frozen, thaw at room temperature and use only if no other option is available.
ATTENTION	Less likelihood of precipitated withdrawal due to lower dose of naloxone. BCCDC recommends IM naloxone for muscle stiffness caused by fentanyl (also called "wooden chest syndrome).	There is an increased risk of precipitated withdrawal as one 4mg spray is the same as giving five 0.4mg IM injections at the same time.

What is Precipitated Withdrawal ?

Precipitated withdrawal occurs when naloxone is given and opioids are quickly kicked off of the opioid receptors causing severe withdrawal symptoms. Symptoms of precipitated withdrawal may include: Increased heart rate, nausea/vomiting, diarrhea, muscle cramps/severe pain, anxiety and emotional distress, severe cravings for opioids. As mentioned above, there is an increased risk of precipitated withdrawal when administering nasal naloxone as one 4mg spray is the same as giving five 0.4 mg injections at the same time.

Will nasal naloxone replace IM naloxone in Community?

The FNHA Nasal Naloxone Program is not intended to replace IM naloxone in community. IM naloxone remains the preferred product to use when responding to a toxic drug poisoning due to the predictable response that it provides.

The FNHA Nasal Naloxone Program was developed to ensure that First Nations individuals who are at risk of experiencing or responding to a toxic drug poisoning AND who cannot use IM naloxone due to physical limitations (such as missing or broken fingers, or arthritis) can still respond to a toxic drug poisoning when needed.

Does our Community/Organization meet the program requirements for the FNHA Nasal Naloxone Program?

Our team at the Harm Reduction Hub will work with your community or organization to help ensure that the FNHA Nasal Naloxone Program requirements are met, or to support you to access nasal naloxone through alternate ways if needed.

The three main program requirements for the FNHA Nasal Naloxone Program include:

- Having a funding arrangement with FNHA (special exceptions are considered)
- Having a plan in place for distribution, education/training, and storage of nasal naloxone.
- Being a registered primary or satellite THN site with the BCCDC. Becoming a registered THN site is an easy process and our team at the Harm Reduction Hub is here to support you. If you have questions or would like support with registering as a site please contact us at: harmreduction@fnha.ca.

How many nasal naloxone kits should I order?

When placing an order for nasal naloxone it may be helpful to consider

- the size of the community,
- the number of community members who are at risk of experiencing or responding to a toxic drug poisoning that cannot use the IM kits due to physical limitations,
- the number of kits that are needed for a three month period of time.

This is to avoid a surplus of stock that may go unused or expire before it can be distributed to community members. We encourage communities to order in quantities of 10, 20, 30, 40, or 50. At this time the maximum number of nasal naloxone kits that can be shipped is 50.

How long are nasal naloxone kits good for?

The naloxone that you receive in your shipment has a shelf-life of about two years. To help ensure that individuals are given naloxone with the longest possible shelf life we encourage sites to order enough supply to distribute for a 3 month period.

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It is important to keep track of the kits that are distributed to individuals for take home use as well as to regularly check the number of kits you have on hand, and order more as needed.

Please note no confidential information/identifiers needs to be tracked or reported to FNHA.

If you have kits that are close to expiring (within 6 months) and you don't think you will be able to distribute them please contact the Harm Reduction Hub and we will support with next steps.

Is it OK for us to share our nasal naloxone supply with community partners when asked?

If you are asked to share your supply of nasal naloxone we ask that you instead refer them to the harm reduction hub so that our team can support them in accessing their own supply, as well as supporting them with any other harm reduction needs they may have.

Can we order nasal naloxone kits to provide to participants at a community event we are planning?

Providing education and training at community events about naloxone and responding to a toxic drug poisoning is very important. However, it is not recommended by the BCCDC, or FNHA, that naloxone kits (both IM and nasal) be distributed broadly to people who attend large trainings or community events, unless they are at risk of experiencing or responding to a toxic drug poisoning. While we understand the intention behind mass distribution of nasal naloxone to the community as a way of responding to the toxic drug crisis, it is important to ensure that this resource is there for those who need it the most.

Can we order nasal naloxone kits for our staff to use at work?

The FNHA Nasal Naloxone Program is designed to support First Nations individuals who are at risk of experiencing or responding to a toxic drug poisoning and is not for staff use. If you have staff who might be in situations where they might be responding to a toxic drug poisoning while at work there are programs available to support this including the BCCDC's Facility Overdose Response Box Program. If you would like additional information on these programs please contact the Harm Reduction Hub.

How can community members who live away from home access a nasal naloxone kit?

Community members who are covered under First Nations Health Benefits can access up to two nasal naloxone kits per month without a prescription with their benefits plan. In order to obtain a kit individuals must provide ID and status number.

How can Individuals who do not have First Nations Health Benefits access nasal naloxone?

Individuals who are not covered under First Nations Health Benefits are able to purchase nasal naloxone kits through their local pharmacy without a prescription.

Resources

To learn more about First Nations Health Benefits call 1-855-550-5454 or visit:

<https://www.fnha.ca/benefits/about-us>

To learn how to access an IM naloxone kit near you visit the Naloxone Site Finder at:

towardtheheart.com/site-finder