

JUSTICE SPEAKERS INSTITUTE TRAINING HANDOUT

LIFE SAVING BENEFITS OF NALMEFENE & NALOXONE

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MEDICATIONS FOR OPIOID USE DISORDER TRAINING



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OVERDOSE PREVENTION

- Nalmefene and Naloxone reverses opioid overdose
- Overdose education combined with Nalmefene/Naloxone is an effective harm reduction strategy
- Populations: exit from jail in MAT drug treatment, high risk prescribed opioids
- Prescribe to Prevent educational modules:
http://www.opioidprescribing.com/naloxone_module_1-landing
- BEST WHEN LINKING NALMEFENE AND NALOXONE TO MAT services.

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NALMEFENE – CLINICAL PHARMACOLOGY

- Nalmefene prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension.
- Nalmefene is an essentially pure opioid antagonist, i.e., it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists.
- Nalmefene has not been shown to produce tolerance or cause physical or psychological dependence.
- Nalmefene time to onset of reversal of respiratory depression was 2.5 to 5 minutes, and full recovery was demonstrated as early as 5 minutes.

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NALMEFENE – CLINICAL PHARMACOLOGY

- Nalmefene also has a higher potency for opioid receptors than naloxone. Its potency is 4 times higher than naloxone at MOR and slightly more potent at KOR.
- Nalmefene also has a longer elimination half-life, ranging from 8 to 11 h, and a longer duration of action of 1–4 h.
- The longer duration of action is also associated with the medication's slow dissociation from the opioid receptor.

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NALOXONE – CLINICAL PHARMACOLOGY

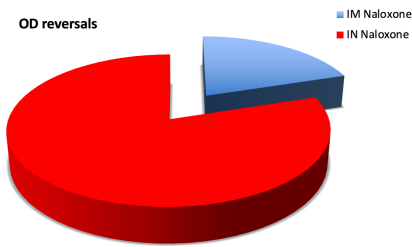
- Naloxone prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity.
- Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. In the presence of physical dependence on opioids, naloxone will produce withdrawal symptoms. In the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours. The severity and duration of the withdrawal syndrome are related to the dose of naloxone and to the degree and type of opioid dependence.

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NALOXONE IS OFF LABEL



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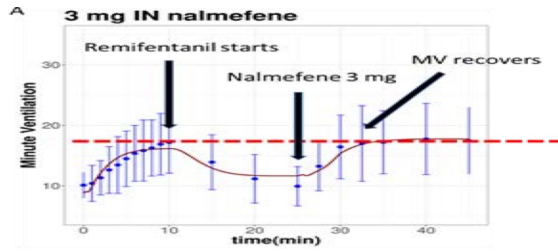
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FDA HAS APPROVED NALMEFENE



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INDICATIONS AND USAGE FOR NALMEFENE AND NALOXONE

Nalmeferene and Naloxone are indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids.

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RESPIRATORY DEPRESSION DUE TO OTHER DRUGS

Naloxone is not effective against respiratory depression due to non-opioid drugs. Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine, may be incomplete or require higher doses of naloxone. If an incomplete response occurs, respirations should be mechanically assisted as clinically indicated.

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PRECAUTIONS: GENERAL

In addition to Nalmefene and Naloxone, other resuscitative measures such as rescue breathing and/or chest compressions should be employed when necessary to counteract acute opioid poisoning.

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DRUG INTERACTIONS

- Multiple doses may be required required to antagonize longer acting opioids such as Methadone or OxyContin, where the overdose may recur after the initial dose/s have worn off.
- Larger doses may be required to reverse overdoses that are a result of more potent opioids such as fentanyl, which can be up to 50 times stronger than heroin.

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CONTRAINDICATIONS

- Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in naloxone.

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ADVERSE REACTIONS: OPIOID DEPENDENCE

- Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but is not limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, tachycardia.

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DRUG ABUSE AND DEPENDENCE

- Physical dependence associated with the use of naloxone has not been reported.
- Tolerance to the opioid antagonist effect of naloxone is not known to occur.

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PATIENT EDUCATIONAL PROGRAM COMPONENTS WILL INCLUDE:

- Overdose prevention techniques
- Risk factors for overdose
- Recognizing signs and symptoms of overdose
- Administering a sternal rub
- Calling 911
- Airway and breathing assessment
- Rescue breathing
- Naloxone storage, carrying, and administration
- Post-overdose follow-up and care

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POSSIBLE RESOURCES

Naloxone for Opioid Safety: A Provider's Guide to Prescribing Naloxone to patients who use opioids by the San Francisco Department of Health

Can be found on Training page along with other resources

"Other Resources"

JusticeSpeakersInstitute.com/appa-training

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THANK YOU

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