Frequently Asked Questions (FAQs)
Naloxone and Opioid Poisoning

1. Is naloxone effective once it has expired?

Naloxone is most effective when used before its expiry date. If you have no other option, it is safe to use expired naloxone, but its effectiveness is not guaranteed. You should check the naloxone in your kit regularly and replace it if it has expired.

2. How should I dispose of an expired or unused naloxone kit?

Naloxone can be taken to your local pharmacy for disposal. There may be other programs or drop-off locations in your community as well. If possible, dispose of the personal protective equipment from the kit (CPR face shield and gloves) in a biohazard bag. If a biohazard bag is not available, they should be placed inside a sealed bag and then disposed of in the regular garbage.

3. How do I determine the date of expiration?

Check the expiry date listed on the kit. Naloxone typically expires after three years.

4. What are the storage requirements?

Naloxone is most effective when it is stored at room temperature. If your kit has not been stored at room temperature or if it is past the expiry date, you should get a new kit. Refer to your naloxone kit package for appropriate storage conditions. CLICK HERE for Narcan Nasal Spray guidelines. Ensure that supplies, especially needles, are kept away from children.

5. Is naloxone still effective when it gets hot or cold? Can you unfreeze it and still use it?

Extreme temperatures can reduce the effectiveness of the medication. If you know that the naloxone in your kit has been frozen or exposed to high temperatures, exchange it at your local pharmacy as soon as possible. However, it is safe to use it in an emergency.

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6. **How many doses of naloxone are contained in an intranasal kit?**

An intranasal kit may contain more than one spray device, the kits provided by the Canadian Red Cross contain two (2) spray devices. Each spray contains one (1) dose and is a single use product. Do not open or test the device until you are ready to use it.

7. **Will naloxone help a person who has used substances other than opioids, such as benzodiazepine, stimulants, or alcohol?**

Naloxone will only help a person if they have used opioids. It will temporarily reverse the effects of an opioid, such as fentanyl, codeine, heroin, or morphine. If the person has used multiple substances, the opioid poisoning can be reversed, but the effects of the other drugs will not be impacted.

8. **What happens if you administer naloxone to someone who does not need it?**

If they have not taken opioids, it will have no effect. Administering naloxone will not hurt the person if their condition is not caused by opioid poisoning.

9. **When you administer naloxone, what reaction can you expect from the person?**

It is possible that the administration of naloxone may cause the person to wake up suddenly. They may be confused and agitated. Be prepared for this reaction and adjust your distance and behaviour to respond to the situation. If they have used opioids and become responsive, they may also feel ill.

10. **Does intranasal (IN) naloxone cause more intense withdrawal shock than intramuscular (IM)?**

At equivalent doses, IN does not cause more intense withdrawal shock than IM.

11. **Does the intramuscular (IM) naloxone reverse the effects of opioids more quickly than the intranasal (IN) naloxone?**

At equivalent doses, IM and IN naloxone have the same effects in terms of reversing the effects of opioid poisoning.

12. **Does the person need to be breathing for intranasal (IN) naloxone to be effective?**

The person does not need to be breathing to absorb IN naloxone. The spray is pressurized and does not require the person to inhale. Whether or not the person is breathing, you should always fully depress the plunger when administering IN naloxone.

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13. How long do the effects of naloxone last?

Naloxone's effects last for 20 to 90 minutes. Because opioids last much longer than that in the body, more than one dose of the naloxone may be needed.

14. How long do you wait before administering subsequent doses of naloxone?

There should be an improvement in the person's condition within 2 to 5 minutes. Naloxone can be administered every 2 to 5 minutes.

15. Is it possible to do harm by administering too much naloxone?

When responding to an opioid poisoning, begin with one dose of naloxone. After 2 to 5 minutes, it is safe to administer another dose. You cannot harm a person by administering more naloxone than is required to reverse the effects of the poisoning. More potent opioids or large quantities may require multiple doses before you see any results. The effects of the naloxone only last 20 to 90 minutes; therefore, you may need to administer more naloxone if emergency care has not yet arrived.

16. Are there any risks to using naloxone?

Naloxone is a safe medication that only works if you have opioids in your system, and it is safe to use even if there are no opioids present. In some cases, administering naloxone can cause withdrawal symptoms which can be uncomfortable.

17. Is it safe to use naloxone on children?

Yes, if a child has been poisoned by an opioid, naloxone should be administered. It is safe for all ages.

18. Can you administer naloxone to a person who is pregnant?

Yes, if a pregnant person has been poisoned by opioids, you should administer naloxone.

19. Can naloxone cause a high on its own?

No, naloxone cannot be used to make someone high, and it will not create a dependence.

20. Could I share one dose of intranasal (IN) naloxone between two people?

You cannot share one dose between two people as it is not effective to give less than one full dose. There is also a risk of disease transmission when sharing devices.

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21. Can you be poisoned by touching someone's fentanyl patch?

Although it is rare for opioid poisoning to occur through skin contact, it can occur if you touch a fentanyl patch with your bare skin. Always wear gloves if you must touch someone's fentanyl patch.

22. Are there any laws that prevent First Aiders from administering naloxone as a bystander?

No. In fact, federal laws (such as the Good Samaritan Drug Overdose Act) offer some specific legal protection for individuals who seek emergency help. The law applies to the person who has been poisoned, the person who seeks help, and anyone at the scene when help arrives. CLICK HERE for more information.

23. Can you travel with naloxone? For example, can you take it with you on a plane or from one province to another?

Yes, you can travel with naloxone medication, provided you follow air travel baggage regulations.

24. Do people need specific training to administer intramuscular (IM) naloxone?

Administering IM naloxone is not the same as administering intranasal (IN) naloxone. Therefore, provinces and territories that distribute IM naloxone will require users to take specific training before receiving an IM kit.

25. Can you use naloxone on your pet if they ingest opioids?

While naloxone can be lifesaving in animals following accidental exposure to an opioid, there are too many variables (including species, size, type of opioid, and duration since ingestion) to be able to have a standard response for every situation. If you are concerned that a pet may have ingested an opioid, you should immediately contact a veterinarian or an emergency veterinary hospital.

26. What should I do if someone discloses their drug use to me, or asks for help?

Acknowledge their experience without judgement, and refer them to appropriate resources.

27. Will naloxone help in a poisoning that occurs due to opioid replacement therapy medications?

Opioid replacement therapy (also called opioid agonist treatment, or OAT), provides people with opioid use disorder with prescribed treatment medications like buprenorphine/naloxone (Suboxone) and methadone. Methadone is a synthetic opioid agonist used to treat opioid use disorder. Because these medications belong to the opioid family, naloxone will be effective.

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28. Why do you need to provide CPR when you administer naloxone?

Opioids suppress a person's central nervous system (CNS), which can cause the person to stop breathing. When a person stops breathing their heart will soon stop beating as well. Naloxone temporarily reverses the effects of opioids on the CNS, but it won't make the person's heart start beating again. Naloxone also requires several minutes to take effect, and a person can suffer permanent damage if their brain does not receive oxygenated blood for even a short time.

A person who is unresponsive and not breathing normally will require both naloxone and CPR. CPR circulates blood throughout the person's body, providing oxygen to the cells until emergency personnel arrive.

29. What if I don't feel comfortable giving rescue breaths?

Compression-only CPR uses chest compressions (without rescue breaths) to pump the heart and circulate oxygen that is already in the person's body. If you are unwilling or unable to give rescue breaths for any reason, compression-only CPR is acceptable.

30. If you are trained in CPR, when should you apply the automated external defibrillator (AED)?

If a person with suspected opioid poisoning is not breathing it is important to call for help, start CPR, administer naloxone, and apply the AED pads. AEDs are safe to use and will not deliver a shock unless it is required. Whenever you perform CPR, you should also apply an AED (if one is available) as soon as it arrives, only pausing CPR briefly. Using an AED as soon as possible (along with starting CPR immediately) gives the person the best chance of surviving cardiac arrest.

31. How do I learn more about first aid?

The Canadian Red Cross offers a wide variety of First Aid & CPR courses that meet the needs of workplaces, schools, and other organizations, as well as the general public. Red Cross First Aid programs offer learner-centred, evidence-based first aid training that empowers people with lifesaving skills while preparing them to make safe choices, prevent injuries, and respond in emergency situations. Visit myrc.redcross.ca to find a course near you.

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OHR Project content is developed with and approved by the CRC Opioid Harm Reduction Advisory Council. To learn more about the Project or the Council, visit www.redcross.ca.

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