



**BC Centre for Disease Control**  
An agency of the Provincial Health Services Authority

# BC's Take Home Naloxone Program: A Year in Review

Jane Buxton & Ashraf Amlani

October 23, 2013

# Outline

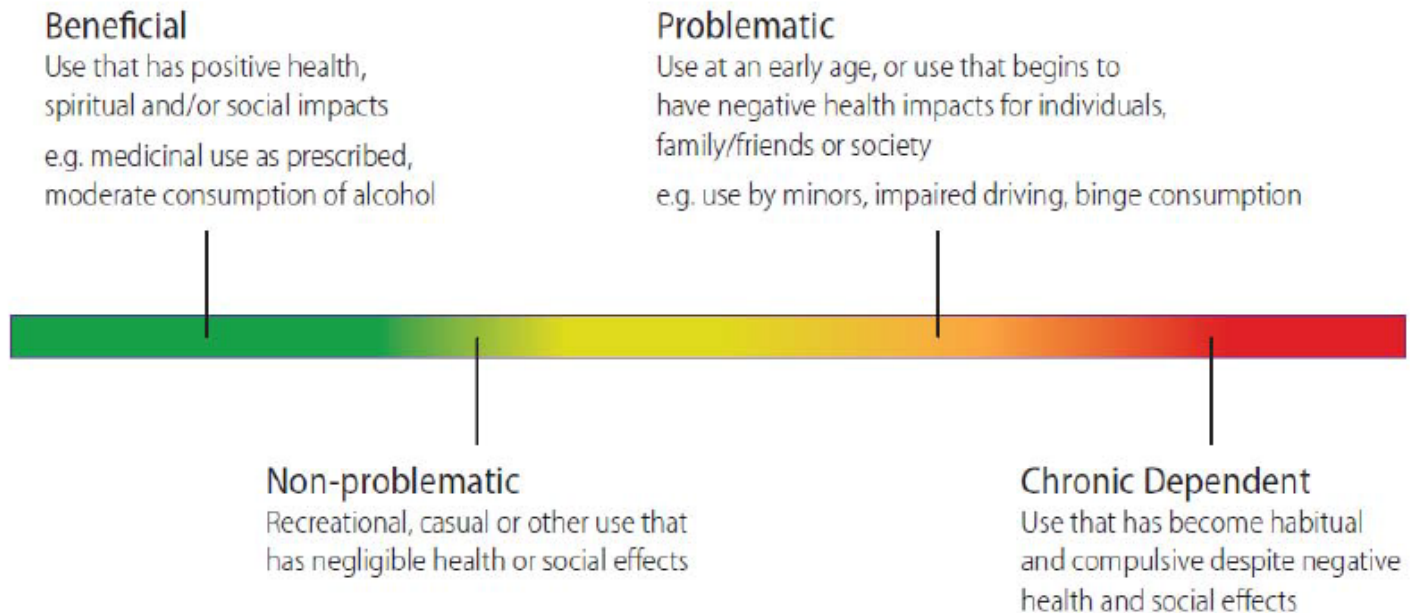
- Intro to Harm Reduction
- The BC Harm Reduction Program
- HRSS & Supply Distribution
- DOAP & Opioid Overdose in BC
- BC Take Home Naloxone (THN) Program
- THN Training
- Stakeholder Evaluation
- Additional Resources & Next Steps
- Questions

## What is Harm Reduction (HR)?

Harm reduction (HR) aims to minimize death, disease, and injury from high-risk behaviour by **promoting safer drug use practices**.

HR consists of **non-judgemental approaches** to delivering health services and aims to treat people who use drugs with **respect, dignity, and compassion**.

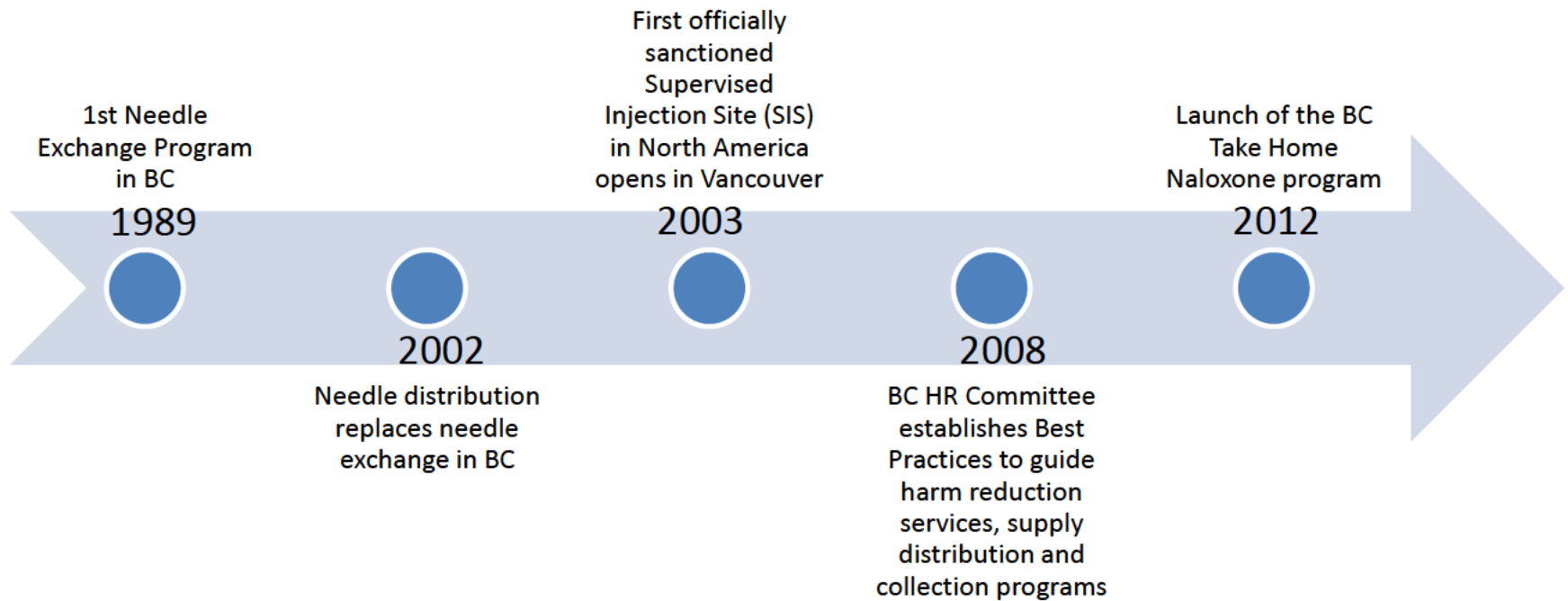
## Spectrum of Psychoactive Substance Use



## HR: A Public Health Response

- Doesn't mean trying to legalize drugs
- Doesn't make people try drugs
- Doesn't prevent people from quitting – it connects people to services
- HR is not just giving out needles and condoms
- HR works with prevention, treatment and enforcement

# History of HR in BC



Timeline of HR in BC: [www.bccdc.ca/prevention/HarmReduction/default.htm](http://www.bccdc.ca/prevention/HarmReduction/default.htm)

# HR Strategies and Services Committees

- Members
  - Ministry of Health, health authorities, First Nations input, & people who use drugs, other stakeholders.
- Objective
  - Develop evidence-based policies, training resources, proper messaging & distribute supplies to reduce drug related harms.
- Meet 4x a year to track progress, discuss concerns, and offer expertise to come up with ideas and solutions

# We Include People who Use Drugs

## Why?

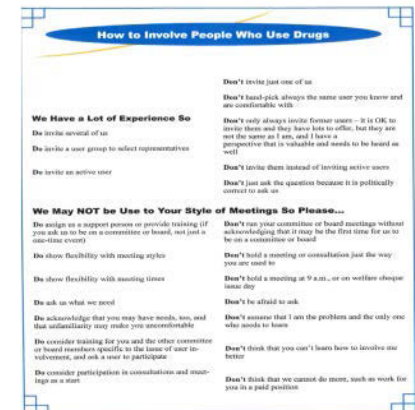
- Ensures appropriate, adequate hr strategies & services
- Lived experience
- Keeps us accountable

## When?

- Assessing needs
- Design/ implementation/ policy
- Evaluation

## How?

- Guiding Documents

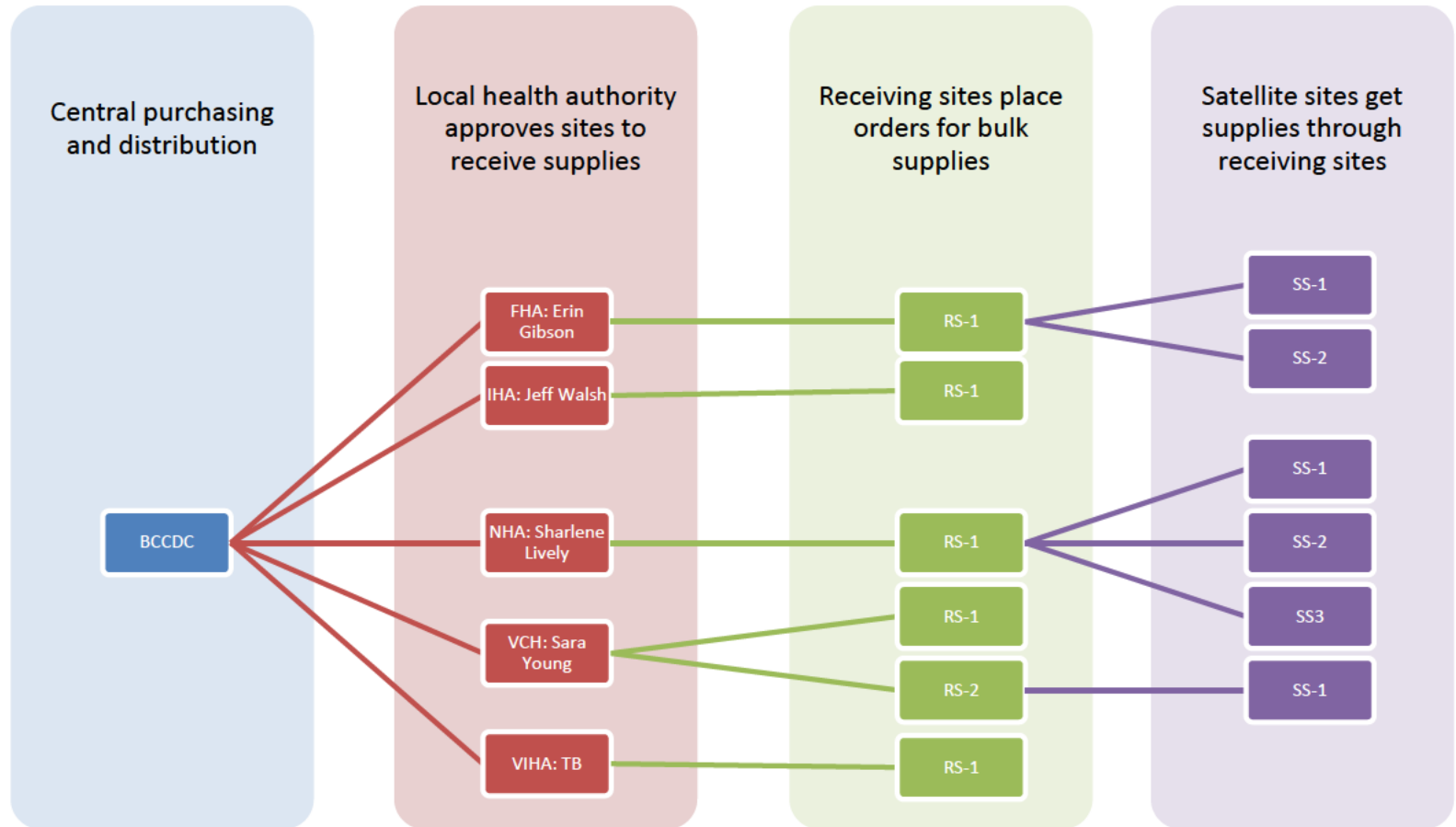




# HR Supplies



# Ordering HR Supplies



[www.towardtheheart.com](http://www.towardtheheart.com)



## SUPPLIES & RESOURCES

### SUPPLY CATALOGUE

Requisition forms available on the BCCDC website

		
Condoms	Female Condom	Lubricant
		
Needles & Syringes	Sterile Water	Acidifier (Vitamin C)
		
Cooker	Tourniquet	Swabs
		
Sharps Container	Crack Pipe Mouthpiece	Crack Pipe Screens
		
Push Sticks		

- Supply requisition form
- Product description
- Pan-Canadian best practice guidelines

## More on HR supplies

# Harm Reduction in the Context of HIV/ Hepatitis C Co-Infected Community Members

*Sara Young (VCH), Lara Lise Barker, (CATIE), Denise Thomas (FNHA)*

Today at GW

2:45pm - 3:25pm

English Bay Room

# BC Drug Overdose & Alert Partnership

Timely info about increases in overdoses, adverse reactions to contaminated products, and other emerging issues

Meets 4x a year, share the data, discuss concerns, and offer their expertise to come up with ideas and solutions

The committee members include:

- BCCDC, CARBC, BC Coroners Service, CfE, MoH, BC's Regional Health Authorities, Provincial Toxicology Centre, DPIC, BC Ambulance, Health Canada DAS Laboratory, people who use drugs, VPD, and the RCMP

# Summer 2013: Illicitly produced Fentanyl

Concerns in Prince George, Vancouver, Interior BC

DOAP reviewing data

Concerns from historic Fentanyl outbreaks

Action:

- Health centered approach
- PHO alerted emergency services
- PH alerted harm reduction sites
- Consistent messaging in media

## ALERTS

- a) BC's provincial health officer warns about the dangers of Fentanyl. It's an increasing concern in BC.
- b) Here is the Fentanyl Information Bulletin from the Ministry of Health.
- c) BC's Drug Overdose and Alert Partnership Committee is working to better understand this situation.
- d) RCMP warn local drug users in the Prince George area of a powerful narcotic that resembles heroin.



## INFORMATION BULLETIN

May 30, 2013

Office of the Provincial Health Officer

### Health workers urged to watch for suspicious overdoses

VICTORIA – The Provincial Health Officer has advised emergency physicians, first responders, and other health-care workers to be watchful for potential overdoses associated with the drug fentanyl.

The BC Coroners Service's preliminary numbers suggest that there have been 23 deaths related to fentanyl in the first four months of 2013, as compared to 20 related deaths in all of 2012. When fentanyl has been sold on the street in other jurisdictions, many people died from unexpected overdoses. During a 2006 fentanyl epidemic in Chicago, 342 people died.

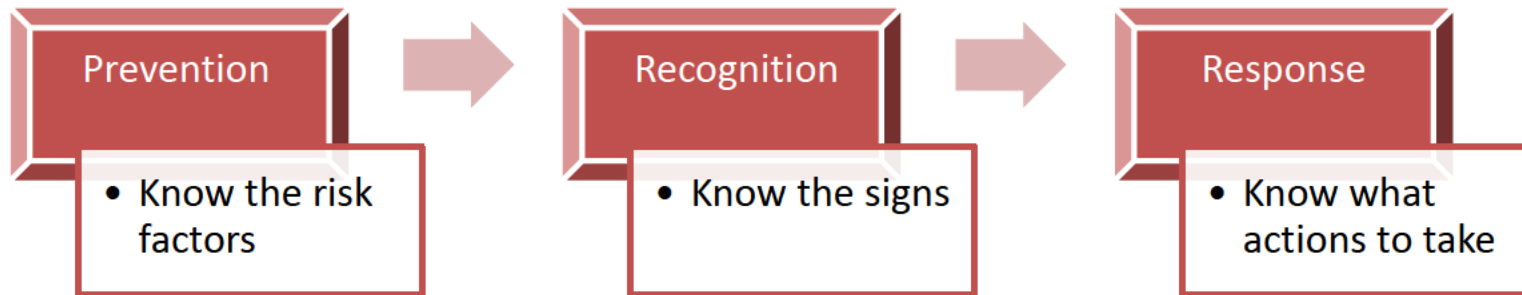
A large supply of the drug was seized by Vancouver Police recently in connection with two overdose events. Fentanyl is very dangerous, and people taking it might be under the

## Background: Overdose (OD) in BC

- Opioid overdose is a public health concern in BC
  - **275 deaths** were attributed to *drug overdose* (2011)
  - **70 deaths** were attributed to *prescription opioid* medication (2009)
  
- Provisional illicit drug deaths in BC\* reflect changes in potency of illicit drugs:
  - 223 in 2010
  - 303 in 2011 – a cluster was associated with high purity heroin
  - 259 in 2012

\* Data Source: BC Coroners Service,

# Need to develop a comprehensive Overdose Survival Guide





## OVERDOSE SURVIVAL GUIDE

TIPS TO SAVE A LIFE



### PREVENTION

#### OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: changes in supply, dealer, or town

#### TO PREVENT OVERDOSE:

- Know your health status and your tolerance
- Do not mix drugs and alcohol. If you do mix, choose to use drugs before alcohol
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave door unlocked. Tell someone to check on you
- Do testers to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

### THE RECOVERY POSITION

#### KEEP THE AIRWAY CLEAR



Hand supports head

Knee stops body from rolling onto stomach

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking. **Call 911 for help.**

#### CHOOSE A SAFER ROUTE

SAFER / NO USE	SWALLOWED	SNORTED / SMOKED / INSERTED	INJECTED	MORE LIKELY TO OVERDOSE

## OVERDOSE? →

## TAKE CHARGE. →

## TAKE CARE.

### OPIOIDS / DEPRESSANTS (e.g., opioids: morphine, dilaudid, heroin / depressants: alcohol, GHB, benzodiazepines)

#### FEELS AND LOOKS LIKE: →

- Person cannot stay awake
- Can't talk or walk
- Slow or no pulse
- Slow or no breathing, gurgling
- Skin looks pale or blue, feels cold
- Pupils are pinned or eyes rolled back
- Vomiting
- Body is limp
- **No response to noise or knuckles being rubbed hard on the breast bone**

#### IN CASE OF OPIOID OVERDOSE: →

- Stay with person. Use their name. Tell them to breathe
- Call 911 and tell them person is not breathing. When paramedics arrive tell them as much as you can about drugs and dose
- Use naloxone if available. Naloxone only works on opioid overdose
- After naloxone a person might feel withdrawal. Do not take more drugs. Sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: overdose can return

#### SAVE ME

- S** stimulation Can you wake them up?  
If not, call **911**
- A** airway Make sure there's nothing in their mouth that stops them from breathing. Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs). Are they any better?
- V** ventilate Are you trained to give naloxone?
- E** evaluate
- M** muscular injection Inject 1cc of naloxone into a *muscle*.
- E** evaluate & support Is the person breathing on their own? If they're not awake in 5min, another 1cc dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours.

This is proven to work. Other remedies can actually be harmful.

### STIMULANTS (e.g., cocaine, methamphetamine, ecstasy)

#### FEELS AND LOOKS LIKE: →

- Fast pulse or no pulse
- Short of breath
- Body is hot/sweaty, or hot/dry
- Confusion, hallucinations, unconscious
- Clenched jaw
- Shaky
- Chest pain
- Seizures
- Vomiting
- Cannot talk or walk

There are NO medications to safely reverse a stimulant overdose.

**PAMPHLET INFORMATION BC Harm Reduction Program:**  
Tel: 604.707.2400 e-mail: outreach@towardtheheart.com

OVERDOSE INFORMATION: Poison Control Centre (24 hrs)

#### ASSESSMENT: ARE THEY EXPERIENCING A OR B?

##### A: MENTAL DISTRESS/OVERAMP

Associated with: sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.

##### WHAT TO DO:

- Keep calm. Stay with person. Use their name
- Give water or fluid with electrolytes. Do not overhydrate
- Place cool, wet cloths under: armpits, back of neck, and head
- Open a window for fresh air
- Get them comfortable. Move away from activity
- If aggressive/ paranoid suggest they close their eyes, give person space
- Encourage person not to take any other substances

##### B: PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY

Medical attention is required immediately if person has:

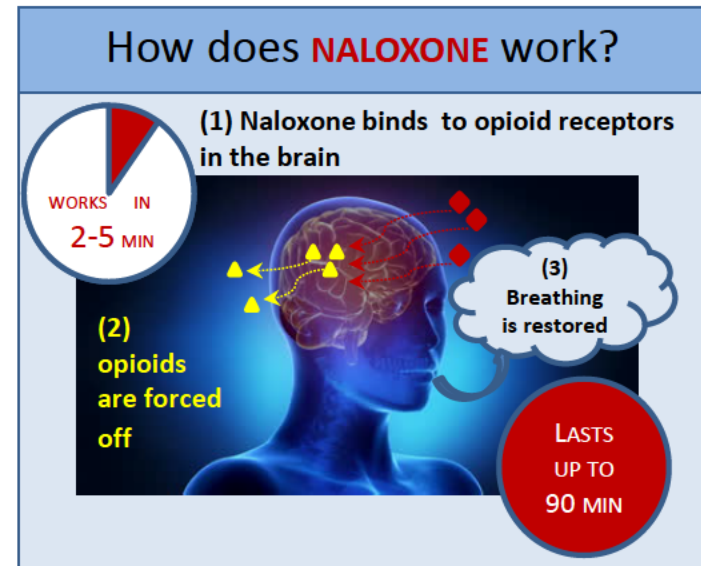
- Jerking or rigid limbs
- Rapidly escalating body temperature and pulse
- In and out of consciousness
- Severe: headache, sweating, agitation
- Chest pains

##### WHAT TO DO:

- Call **911**
- Stay with person
- Keep person: conscious, hydrated, calm
- If heart has stopped do 'hands-only' CPR
- Tell medical professionals as much as possible

# Naloxone Reverses Opioid Overdose

- Opioid overdose can be reversed by using naloxone (*Narcan*®)
- Pure opioid antagonist
- No pharmacologic action in absence of opioids
- In use for over 40 years



# Populations At Risk

- People who use illicit or non-medical opioid
- High dose opioid prescription (>100mg/day morphine equivalent)
- Entering methadone maintenance treatment
- Opioid use by people:
  - with breathing problems (respiratory illness/obstruction)
  - with kidney and/or liver disease
  - who also use alcohol
  - also prescribed or taking benzodiazepine (benzos)
  - also prescribed or taking some anti-depressants
- Reduced tolerance due to abstinence (prison, detox)
- Difficulty accessing emergency services (remote/rural areas)

# Community Naloxone

- 85% of OD happen in the company of others
- Take Home Naloxone (THN) Programs worldwide: US, Canada, UK, Estonia, Russia, Afghanistan, Cambodia, Australia and Africa
- Four programs in Canada:
  - Edmonton (2005)
  - Toronto (2011)
  - Ontario (2012) \*was on hold from Spring – Fall 2013
  - BC (2012)
- Naloxone does not increase drug use – people trained use more safely and less risk of OD



The screenshot shows the website 'toward THE heart' with the tagline 'WORKING TOGETHER REDUCING HARM'. It is identified as 'A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM'. Navigation links include NALOXONE, E-ZINE, LIKE, FOLLOW, VIDEO, JOIN, and CONTACT. The main article is titled 'BRINGING NALOXONE TO BC', posted on April 10th, 2012, with 19 likes, 1 tweet, 0 +1s, and 3 shares. A video player is embedded, showing a person behind a counter with various signs, including one that says 'NOT A GARBAGE'. An 'ARCHIVE' section on the right lists content from 2013 (1) and 2012 (3), with a sub-entry for May (1) titled 'Take Home Naloxone Program: Nine Month Review...'. The video player shows a timestamp of 0:10 / 1:54.

<http://towardtheheart.com/news/bringing-naloxone-to-bc>

October 11, 2012 Updated: October 11, 2012 | 1:37 pm

# Mother who lost son to overdose advocates for life-saving drug

By Staff  
Metroland News Service

WATERLOO — A Georgetown mother who lost her only child to drug addiction urged people lobby hard to increase the availability of a life-saving drug that prevents fatal overdoses.

Betty-Lou Kristy told about 100 people attending a forum on overdose prevention that her son, 1 today if he had been given a drug named naloxone — the generic form of the brand-name drug — essentially an antidote used only by doctors and paramedics to revive people from an [opioid \(http://medical.net/health/Opioids-What-are-Opioids.%20.aspx\)](http://medical.net/health/Opioids-What-are-Opioids.%20.aspx) overdose.

"Pete did not have to die," Kristy said. "Naloxone would have saved his life."

Kristy wants naloxone to be readily available in Ontario, including in the homes of both users and would empower people to recognize and intervene in an overdose instead of another case of "fired beds syndrome," she said.

Only Ottawa and Toronto have programs where a medical directive is issued allowing trained police and paramedics — to dispense Narcan, said Michael Parkinson of the Crime Prevention Council hosted the forum.

The training takes about 30 minutes and a Narcan kit costs \$11.

"The holdup here is having a prescriber come on board in Waterloo Region" to train people, Pat

Dr. Liana Nolan, the region's medical officer of health, said she's open to exploring Narcan.

She said a committee of the public health unit will meet this month to discuss harm-reduction programs and Narcan will be on the agenda.

**"Pete did not have to die," Kristy said.  
"Naloxone would have saved his life."**

<http://metronews.ca/news/kitchener/400427/mother-who-lost-son-to-overdose-advocates-> 10/23/2012

# BC Take Home Naloxone





# Program Development

- Full-time coordinator
- Understanding policies/regulations
  - BC naloxone - prescription only medication, not available on PharmaCare
  - No delegated prescribing (physician or nurse practitioner)
- Engaged with multiple stakeholders
- Learning from other programs
  - US +++; Edmonton; Toronto
- Developed program implementation guidelines

# The BC THN Program

- The BC THN program webpage is a one-stop-shop:
  - FAQs
  - Program Implementation guidelines
  - Training resources (including videos)
  - Program evaluation materials
- Sites in taking part in the BC THN program need to identify: an educator, prescriber, and a dispenser.
- The BCCDC provides the naloxone kits to THN sites.
- Copies of the: training attendance sheet; naloxone prescriptions; dispensing forms, and client administration form are faxed back to the BCCDC.

# toward THE heart

WORKING  
TOGETHER  
REDUCING  
HARM

A PROJECT OF THE PROVINCIAL  
HARM REDUCTION PROGRAM



NALOXONE



E-ZINE



LIKE



FOLLOW



VIDEO



JOIN



CONTACT



## Naloxone PREVENTING OVERDOSES SAVING LIVES

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, morphine). BC has developed a **Take Home Naloxone (THN) Program** to help save lives. This site will help you learn more about **THN** programs and how the BC **THN** program can be part of your community .

## UNDERSTANDING THN

These resources provide background information on the BC THN program and how your community could take part. [Click here](#) for a summary of the documents below.

- **Backgrounder**
- **FAQs: Frequently Asked Questions**
- **Overdose Prevention Training and Kits**
- **Program Guide: Initiating & Implementing a Program**
- **WATCH: A community expresses the need for naloxone**

## NALOXONE RESOURCES

### NEWS

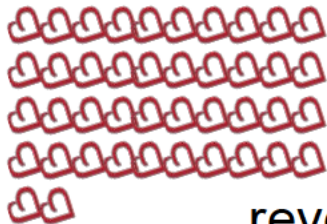
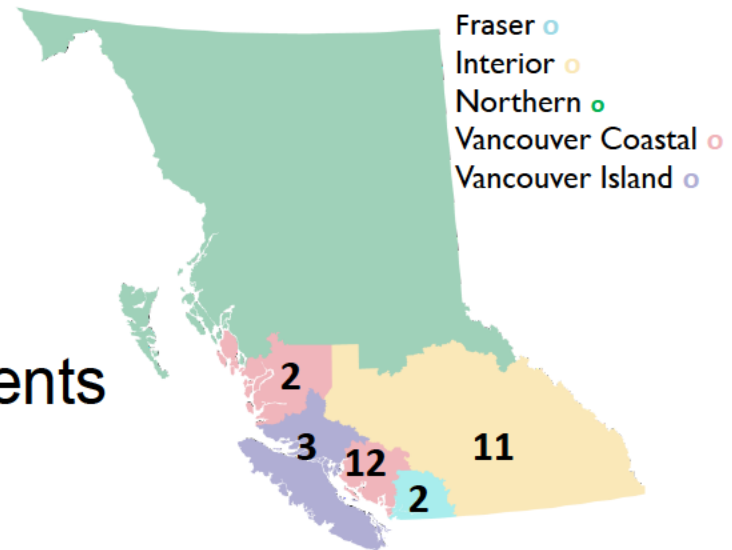
- **AMA Adopts New Policies: Promoting Prevention of Fatal Overdose**
- **Ontario Government Health Bulletins**
- **Support letters from across BC**

[See all News](#)

### ARTICLES

# After 14 months...

- 30 sites currently participating
- 1300 kits at participating sites
- 630+ people trained
- 440+ kits dispensed to trained clients



**42** overdose  
reversals reported

# Naloxone Kit Contents



- 2 glass amps of 0.4mg/ml naloxone
  - wrapped in gauze inside a pill bottle
  - Label includes prescription info
- 2 retractable VanishPoint® safety syringes
  - 3cc – 25g x 1”
- 2 alcohol swabs
- 2 latex gloves
- One-way rescue breathing barrier mask
- THN Administration Information Form
- Steps to respond to opioid overdose

# LIVE Training Video



Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



**S**timulate

Unresponsive? **CALL 911**



**A**irway

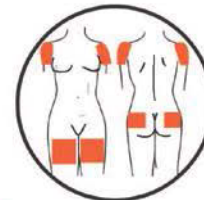


**V**entilate

1 breath every 5 seconds



**E**valuate



**M**uscular Injection

1 mL of naloxone



**E**valuate

2nd dose?

# Stakeholder Evaluation

Understand experiences of THN service providers and clients

Identify structural barriers and challenges

Conduct needs assessment in different provincial settings



# Methods

## Target groups

- Clients
- Service providers
- Police
- Parents

## Data Management

- Audio-taping
- Verbatim transcription
- Analysis using NVivo 8 software

## Tools

- Focus groups
- One on one interviews

## Ethical approval

- UBC BREB,
- VCH
- IH

## Results: clients (n=44)

- Comprehensive training beneficial and an essential component of the program
- Clients feel empowered
- Program doesn't increase drug use
- Police confiscate kits\*; loss during transient housing
- Suggest more hands-on experience during trainings
- Suggest media advertisement
- Advocated increased access to trainings and THN kits

*“I think [naloxone] should be offered to the community anyway ‘cause **you never know who, when, where it will happen and it’s so easy to save someone’s life** that way, right.”*

*“... Having the kit or not having the kit, you’re going to do very little to change whether or not they do overdose. It’s only going to change **whether or not they survive the overdose.**”*

# Results: Service Providers

- Materials from BC Harm Reduction program helpful and easy to use
- Adapted material/training to suit site resources and clients' needs
- Mainly word of mouth
- Positive feedback on the video from clients
- Suggest involving parole officers and methadone prescribers
- Uncertainty about legality of third-party naloxone administration\*
- Challenges
  - getting people who have a long history of drug use & chronic pain patients interested
  - clients reluctant to call 911 (~52%)
  - program sustainability at sites (especially prescriber)

\*Check out: [www.towardtheheart.com/naloxone](http://www.towardtheheart.com/naloxone)

# Results: Police & Parents

## Police

- Concerned about
  - medical follow-up
  - clients injecting other clients
- Misconceptions about program
- Uncomfortable about administering naloxone

## Parents

- Feel that program is beneficial
- Mixed reaction to attending trainings
- Fear of unknown, social stigma, confidentiality

*“... my primary concern is that **the child will die using opioids** and so if there is a way that **something that could save her**, that would be one way it would be beneficial.”*

*“... I don't see it as at all being enabling, I see it as a **factor that prevents death or serious brain damage** and other harms.”*

## Discussion & Conclusion

- Program is easy to implement. Great website
- Beneficial, generating positive results
- Need increased awareness – **response:**
  - Identified Vancouver CHC outside the DTES for youth/parent training
  - Correcting misconceptions about naloxone
    - One-pager for police developed
    - One-pager about legality & ethical issues of naloxone administration
- Encourage clients to call 911 (important with recent Fentanyl issues)
- On-going evaluation is important to improve program

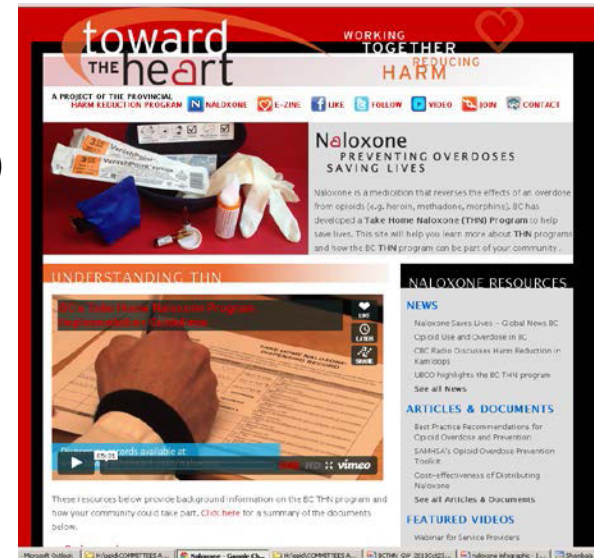
# Acknowledgements

- All sites participating in the BC THN program
- Community members and stakeholders that participated in this study
- BC THN implementation team
- Members of BC THN Evaluation Study Team



# Bringing THN to your community

- Review materials on program webpage
  - Find a:
    - Prescriber (physician or nurse practitioner)
    - Educator
    - Dispenser
    - Coordinator
- \*all roles can be filled by one person!
- Contact [outreach@towardtheheart.com](mailto:outreach@towardtheheart.com)



# Useful Resources

- Videos
- Training manual
- Decision support tool
- Specialized resources for:
  - Health care professionals
  - Service providers
  - Law enforcement
  - Parents or other community members

# Naloxone DST

## Decision Support Tool (DST) for the use of naloxone HCl (Narcan) in the management of suspected opioid overdose in outreach and harm reduction settings

### Introduction

**Opioid overdose that is not detected or treated in a timely manner can lead to neurological damage or death from respiratory depression or arrest. Naloxone is a safe treatment that can be used to help prevent these outcomes in situations where opioid overdose is suspected.**

The purpose of this decision support tool is to assist Registered Nurses working in **outreach or harm reduction settings** in using naloxone to help manage patients who have overdosed on opioids or in situations where an opioid overdose is likely.

Further information on opioids as a class of drugs is provided in Appendix A.

### Information on naloxone HCl (Narcan)<sup>1,2</sup>

Classification	Synthetic opioid antagonist
Mechanism	Competes for opioid receptor sites. Displaces previously administered opioids from their receptors. No pharmacological activity on its own.
Indications	Opioid-induced collapse; hemodynamic instability and respiratory depression due to suspected opioid overdose; Cardiovascular collapse with airway compromise due to suspected opioid overdose.
Contraindications	Hypersensitivity to naloxone
Dose	0.4 mg to 0.8 mg initial dose followed by repeat doses of 0.4 mg as indicated to a maximum of 2-5 mg

# Take Home Message for today

- 1) BC Take Home Naloxone program reduces harms from opioid overdose
- 2) BC THN is easy to implement and is already making a difference in BC
- 3) Check out resources available online at:  
[www.towardtheheart.com/naloxone](http://www.towardtheheart.com/naloxone)

# Your Thoughts

Is THN something you feel would be useful in your community?

Who should be engaged and how?



**BC Centre for Disease Control**

An agency of the Provincial Health Services Authority

