Key recommendation of the BC Drug Overdose and Alert Partnership Opioid Overdose Response Strategy (DOORS): Review April 11, 2017,

The Drug Overdose and Alert Partnership (DOAP) Opioid Overdose Response strategy (DOORS) was released February 4th, 2016. A Public Health Emergency due to opioid overdoses was declared by the BC Provincial Health Officer on April 14th 2016 https://news.gov.bc.ca/releases/2016HLTH0026-000568 A Joint Task Force was announced July 27, 2016. This document reviews the DOORS recommendations highlighting naloxone initiatives and development of task groups.

1. **Increase Access to Naloxone, an Opioid Overdose Antidote, Through Changes in Practice**
Health authorities should expand the BC Take Home Naloxone (THN) program sites for at-risk groups and the general public • In community health centres, First Nations health centres and community-based agencies • In acute care settings including emergency departments (EDs) • In substance use withdrawal management and treatment facilities (including Opioid Substitution Treatment clinics)
- On **March** 31st**, 2017, there were 4**95 **BCTHN locations; including** 58 Emergency Departments and 97 **First Nations communities being** served by 71 **First Nations sites. Since the program started August 31st, 2012 there have been a total of** 36,911 **kits dispensed and** 7,083 BCTHN **kits reported used to reverse an overdose.** In 2016 alone more than 22,000 **kits were dispensed**. https://infograph.venngage.com/publish/2245254a-ccaa-461b-87ec-ec97a4840525
Provincial and federal correctional facilities should expand access to THN programs on release
- On August 10, 2016 there were 3 provincial corrections facilities dispensing THN on release. An evaluation of 12 months pilot program at ACCW and FRCC was undertaken and findings were used to implement THN in other facilities. As of March 31st 2017 THN has been implemented in 9 provincial corrections facilities and 7 forensic psychiatric facilities. - In September 2016 the first Federal corrections facility in Canada (Fraser Valley Institution for Women) began offering THN on release, 3 additional minimum security facilities are offering THN.
Provide access to naloxone for non-medical staff working in community settings where overdoses occur (e.g. in shelters, temporary housing, drop-in centres, etc.)
- A pilot program was implemented and evaluated at Look Out Society facilities in Vancouver Coastal and Fraser Health. - On **December 1st, 2016 the BCCDC Harm Reduction program launched the Facility Overdose Response Box (F.O.R.B) program which provides eligible sites with naloxone, at no cost, to administer to clients in the event of an overdose at their organisation. As of March 7th 2017, there** were **213** sites re**gistered.** http://towardtheheart.com/assets/uploads/Introduction%20to%20the%20Facility%20Overdose%20Response%20Box%20Program%20FINAL.pdf
Healthcare professionals' colleges and associations should encourage physicians, nurse practitioners and nurses to prescribe and/or dispense naloxone including as a co-prescription to people who are receiving opioids and may be at risk for an overdose. **Naloxone is now unscheduled – see policy below.**
- April 2015 – A Decision Support Tool was developed to enable RNs and RPNs to dispense naloxone without a prescription from a physician or nurse practitioner. - The CPSBC professional standards and guidelines for safe prescribing of drugs with potential for misuse/diversion (June 1, revised Aug 5, 2016) recommends physicians document offering THN to all patients at risk of respiratory depression due to prescribed opioids https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf - Methadone 101 course for physicians includes introduction to take home naloxone - On October 13th, 2016, the BC Health Professions Act and the Emergency Health Services Act was amended to allow **any** health professional to administer naloxone outside of a hospital setting.

2. Increase Access to Naloxone Through Changes in Policy

Naloxone for the public, family and friends of people at risk of overdose and non-medical staff working in community settings where overdoses occur

- Mar 24, 2016 naloxone became unscheduled and made available for purchase from behind the counter at licensed pharmacies in BC.
- June 2016 naloxone was added as an open benefit on the Drug Benefit List under the Non-Insured Health Benefits (NIHB) program, Health Canada, First Nations and Inuit Health, http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php#s2016-06-06a3
- Naloxone prescribed by a physician is covered by many private health insurance providers.
- The Ministry of Health announced that the BC THN program would expand the eligibility of those who could receive THN kits to include those at risk of witnessing an overdose.

Health Canada should change naloxone to a non-prescription medication to increase access to naloxone for the public, family and friends of people at risk of overdose and non-medical staff working in community settings where overdoses occur

- Mar 22, 2016 - Health Canada removed naloxone from Prescription Drug List.

College of Pharmacists of BC and the BC government should act quickly to change drug scheduling, to provide the least barriers to access naloxone while ensuring proper consumer education, when there are changes in federal scheduling or changes in available formulations

- Mar 24, 2016 – Naloxone available as Schedule II (behind the counter) licensed pharmacist can train and dispense naloxone to member public. 1,000 pharmacists trained in Apr and materials available on CPBC website http://www.bcpharmacists.org/events/naloxone-education-sessions
- Sep 21, 2016 – The College of Pharmacists of BC changed emergency use naloxone from Schedule II to unscheduled drug so potentially available for sale anywhere and for purchase by anyone.

BC Ministry of Health should expedite providing coverage for naloxone under BC's PharmaCare

- No intent to consider naloxone being on BC provincial formulary.

Municipal fire departments should sign consent agreements with BC Emergency Health Services to allow their firefighters to receive training and approval to administer naloxone when responding to an overdose-related call

- Jan 28, 2016 – BC Emergency Health Services announced all ambulance crew can administer naloxone (regardless of level of training level).
- As of March 22, 2016, 107 fire departments have trained their members; >3800 first responders trained.

Law enforcement agencies should review current policies to ensure the best and most rapid medical response to an opioid overdose.

- June 2016 - BCEHS changed its policy regarding informing police and no longer request police attend at all suspected overdoses – case by case assessment attend if safety concern, violence, death suicide attempt.
- September 2016 – Intra-nasal naloxone becomes available for non-health staff in all federal corrections sites, for use in a medical emergency due to suspected overdose if no nursing staff is available. Also available in all BC Provincial corrections for non-health care staff.

Encourage pharmaceutical manufacturers to submit applications for the use of intranasal (IN) naloxone to Health Canada (IN administration is more acceptable to responders who do not inject drugs and is used by many US law enforcement agencies)

- May 2, 2016 Adapt Pharma's submission for naloxone nasal spray accepted by Health Canada for review.

Health Canada should expedite the approval process for any naloxone-related applications

- July 8, 2016 Federal Minister of Health signed an interim order to allow intranasal naloxone to be imported from US while waiting Adapt Pharma's naloxone intranasal spray expedited review. Narcan now approved.

The following DOOR recommendations are being led by various task groups

- therefore response to recommendations below are incomplete but are in progress

3. **Improve Overdose Prevention Education, Training and Services**
Health care and allied health professionals as well as provincial and regional organizations with mandates to promote public health and safety should work together to: • Provide training for staff to have trauma-informed discussions with individuals with known current or recent substance use problems about how to prevent, recognize and respond to overdoses • Encourage health care and social service providers to work from a trauma-informed lens to strengthen client-provider relationship and foster open dialogues around substance use
Increase physician awareness of best practices for opioid prescribing and encourage physicians to carefully review patients' medical and medication histories and consider relationship with the patient when prescribing opioids. • Opioid-naïve patients (i.e. who have not been prescribed opioids before) should be prescribed a lower dose or a short course of opioids • Avoid co-prescribing opioids with benzodiazepines or other sedating medications • Patients receiving continuous/ongoing prescriptions of opioids should not have their prescriptions suddenly stopped or have their dose of prescription opioids abruptly reduced as this may result in patients managing withdrawal and pain symptoms through illicit means. Suspicions of diverted medications or addiction should be confirmed through a candid conversation with the patient, random pill counts/urine drug testing and daily dispensing/witnessed ingestion. Options for withdrawal management and opioid substitution treatment should be discussed with the patient. Establish a professional practice standard requiring the prescriber to review PharmaNet before prescribing opioids (or benzodiazepines and stimulant) medications
The CPSBC professional standards and guidelines for safe prescribing of drugs with potential for misuse/diversion was created (June 1, revised Aug 5, 2016). https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf
Inform/train staff on overdose prevention, recognition and response strategies
New training videos have been developed and available on towardtheheart.com website. Health authorities are developing staff train-the-trainer materials.
Provide training to laypersons, patients and their social network that is trauma-informed and teaches them how to recognize and respond to overdoses
The BCCDC has developing a QuickLearn training module on opioid overdose recognition, response and naloxone administration.
Raise awareness about overdose symptoms and response in different affected populations by placing relevant messages in: • Areas with high visibility (public transit vehicles & shelters) • Areas where people are likely to use drugs (public washrooms, clubs, etc.) • Targeted outreach to at-risk groups
The Public engagement task group is developing messaging - including stigma reduction.
Provide evidence-informed, fact-based education to younger adults about overdose prevention, recognition and response (including calling 911 immediately) through schools and post-secondary institutions
The Public engagement task group is developing messaging.
Include overdose prevention, recognition and response training as part of standard first aid training
Require BC Housing and all Health Authorities who contract with supportive housing non-profits to have

an opioid overdose policy including, but not limited to naloxone.
Expand access to supervised consumption services in regions of BC where overdose deaths are a public health concern
Supervised Consumption and Drug Checking Task Group developed.
Work with the federal government to facilitate approvals for new supervised consumption services in BC
Supervised Consumption and Drug Checking Task Group developed.
Expand access to evidence-based withdrawal management and substance use support services, including opioid substitution therapy which reduces opioid overdose risk by almost 90%
Treatment Task Group developed.

4. **Enhance Surveillance and Utilization of Overdose Data**
Provincial and regional organizations with mandates to promote public health and safety should take leadership and provide resources to: • Increase the timely collection, analysis, and dissemination of data on drug overdose events in collaboration with regional and provincial partners • Improve data sharing between law enforcement, public health, researchers, coroners service, drug analysis and toxicology labs to improve response plans and early warning to reduce harms • Improve the format of surveillance and alert data disseminated to the partners • Review the evidence for making overdoses a reportable condition to allow follow-up by public health agencies and improve the quality of data collected • Support increased communication about unexpected/unusual drug-related events within and between government agencies and with the general public • Conduct a review of overdose deaths to inform recommendations to prevent and reduce harms • Develop system for community-level reporting of unexpected/unusual drug-related events as an early warning system e.g. developing an online tool • Improve access to drug checking (testing) capacity in communities to increase accuracy of real-time surveillance as issues arise
Declaration of public health emergency included order for reportability of overdoses by emergency departments and BC Emergency health services. Agreement with BC Coroners Service in development. Surveillance task group developed. Supervised Consumption and Drug Checking Task group developed.