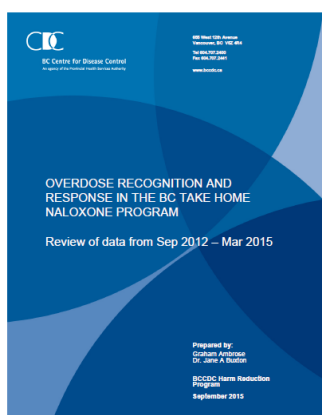


Overdose Recognition and Response: The BC Take Home Naloxone Program Evaluation

Review of data from Sept 2012 – Mar 2015

The BC Take Home Naloxone Program (THN) provides training and kit distribution throughout British Columbia to allow community-based opioid overdose reversal by trained by-standers. Naloxone administrations using THN kit have been reported in each health authority. This THN evaluation reviewed data collected regarding program training, prescribing and dispensing, forms completed after naloxone was given and clients' reports of the program benefit and challenges.

Why did we do the study?



The THN program was implemented on August 31st, 2012 in all provincial regional health authorities. Based on the program's initial evaluation published in 2014, clients reported increased confidence in responding to overdoses and ease of administration of the kits; as well as reluctance to call 911 due to concern of police involvement and beliefs that the person would recover. Misconceptions by the police force about the naloxone kits were also reported.

This study encompassed an update, as of March 31st, 2015, on the number and types of individuals trained by the program and number of overdose events where naloxone was administered. The study aimed to characterize the context of naloxone administration, to identify facilitators and challenges to naloxone administration and to assess appropriateness of drug overdose response, including calling 911. A list of recommendation was devised for future program improvement. [See the full report [here](#)]

How did we do the study?

Information about who is trained, who received a kit and details of the overdose event is entered into a database. Following an overdose event, naloxone kit holders are asked to complete and return a standard "administration information" form to the THN program. The form asks questions regarding circumstances of the overdose, naloxone administration and steps taken to respond to the overdose. Information in the database was analysed.

What did we find?

Between August 31st, 2012 and March 31st, 2015, a total of 3132 participants were trained and 2083 kits dispensed. Out of all trainees, 41% were people who used opioids, 48% were staff and volunteers, and 10% were family and friends.

The following results are based on 182 Administration Information forms; percentages are based on the questions completed:

- Most THN kits were administered by a person who had been prescribed the kit to another individual.
- 41% of naloxone administration occurred in Vancouver Coastal Health Region and overall 54% occurred in private residences.
- The majority (59% of events) needed only one ampoule of naloxone.
- Following naloxone administration, 87% of recipients had no or mild withdrawal symptoms.
- The top five reported substances implicated in the overdose were heroin, fentanyl, alcohol, crack/cocaine and methamphetamine. The majority (55%) had used one substance.

- Overdose was recognized because the victim could not be woken up, failed to respond to sternal rub or other physical stimulation, or had turned blue.
- Most (97%) of the clients felt that the training was sufficient for naloxone administration.
- 911 was most frequently called in Fraser Health Region (69%) and Vancouver Coastal Health Region (63%). 911 was called more often by women (64%), those over 40 years of age (66%), and when the overdose occurred on the street (79%).
- Police attended 45% of the 911 calls.

What should practitioners and policy makers consider (based on the results of this study)?

This study found that the Take Home Naloxone Program enabled clients to successfully administer naloxone without barrier and to follow appropriate steps in response to an overdose. Further client consultations are needed to explore barriers to assessing airway, reducing inappropriate practices and reluctance in 911 calling in the event of an overdose.

Policy Recommendations

Continue to raise awareness about:

- *The THN program with law enforcement, especially at new establishments*
- *VPD’s policy of not attending apparent overdose calls.*

Limit police attendance at apparent overdose calls.

Practice Recommendations

Emphasize the following during participant training:

- *Assess airway when responding to an overdose.*
- *Avoid inappropriate responses because they are not effective, can detract from appropriate steps and be detrimental.*
- *Call 911!*

Recommendations to general public

When an overdose is suspected:

- *Practice appropriate response as learned in training.*
- *Call 911 and report that the victim is not breathing or is unconscious, instead of reporting an overdose.*

Discuss concerns about calling 911 in private residences and develop an overdose response plan with other residents to avoid delays getting medical help.

Research Team

Graham Ambrose, Master of Public Health Candidate, UBC
Ashraf Amlani, Harm Reduction Epidemiologist, BCCDC

Sonya Ishiguro, Harm Reduction Coordinator, Fraser Health
Dr. Jane A. Buxton, Harm Reduction Lead, BCCDC, and Professor, UBC School of Population and Public Health

We would like to acknowledge the support this project received from:



Clients and staff at all take home naloxone sites

For more information, visit towardtheheart.com or contact the BCCDC Harm Reduction Program at outreach@towardtheheart.com or 604-707-2400

