

Broadening THN access in BC, Canada, by implementing innovative policies and exploring initiatives



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

ThINC Bergen, No Sep 1st, 2015

Jane Buxton
jane.buxton@bccdc.ca

and many, many others

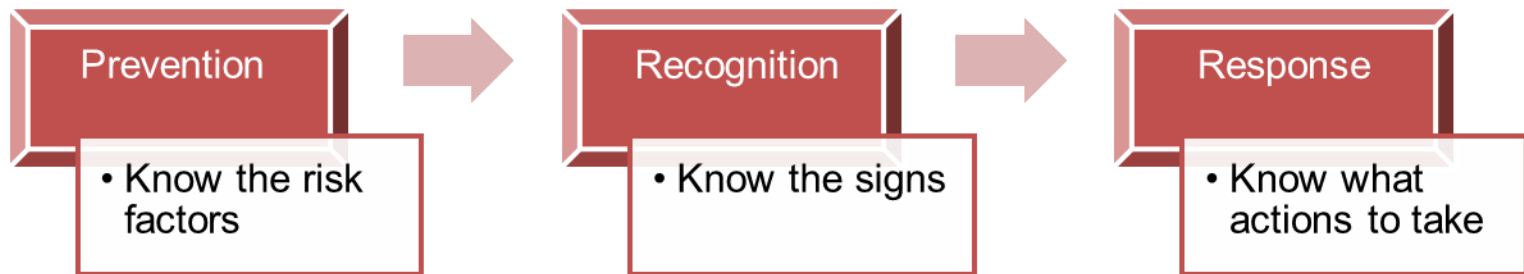




Overview

- Comprehensive program and Website
 - Drug overdose prevention, recognition & response
 - Standardized program materials
 - Site finder
 - Q and As – variety professionals
- Quality Improvement
 - Community advisory board meets quarterly
 - Performed two mixed methods evaluations
 - Outcomes:
 - Materials changed - e.g. kit case/ amp snappers
 - Communicating with police, ambulance etc
 - Created Door signs
 - Access restricted as POM - nurse DST dispensing
- Identifying and reaching high risk populations
 - Detox
 - Prison release (fed and provincial)
 - Previous OD- EDs-
 - Rural populations

BC comprehensive overdose program Launched August 31st 2012



OVERDOSE SURVIVAL GUIDE

TIPS TO SAVE A LIFE



PREVENTION

OVERDOSE IS MOST COMMON WHEN:

OVERDOSE?



THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR

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. |
| V ventilate | Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs). |
| E evaluate | Are they any better?
Are you trained to give naloxone? |
| M muscular injection | Inject 1cc of naloxone into a <i>muscle</i> . |
| 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 | • Chest pain |
| • Short of breath | • Seizures |
| • Body is hot/sweaty, or hot/dry | • Vomiting |
| • Confusion, hallucinations, unconscious | • Cannot talk or walk |
| • Clenched jaw | |
| • Shaky | |

There are NO medications to safely reverse a stimulant overdose.

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

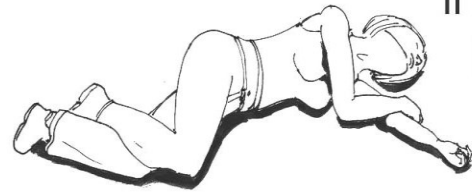
WHAT TO DO:

- 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**

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

OVERDOSE INFORMATION: Poison Control Centre (24 hrs)

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



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



Stimulate

Unresponsive? **CALL 911**



Airway

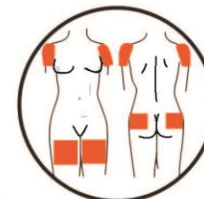


Ventilate

1 breath every 5 seconds



Evaluate



Muscular Injection

1 mL of naloxone



Evaluate

2nd dose?



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

General Information about the Take Home Naloxone Program

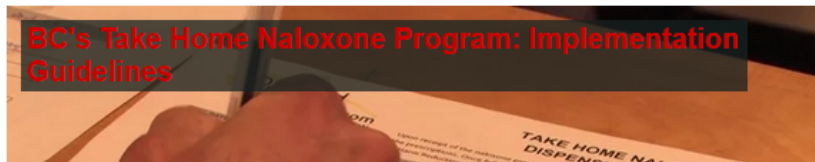
- [Background Information](#)
- [Naloxone: Frequently Asked Questions](#)
- [Overdose Prevention Training and Kits](#)

If you are a member of the public looking to get overdose prevention & response training and a naloxone kit, use our [site finder](#) to locate a **Take Home Naloxone** site near you.

Setting up a BC Take Home Naloxone Program in Your Community

If you are looking for information to set up a Take Home Naloxone program in your community, review the material below.

BC's Take Home Naloxone Program: Implementation Guidelines



NALOXONE RESOURCES

BC THN IN THE NEWS

Naloxone, Overdose Reversal Drug, Gives Life Back to B.C. Addicts

B.C. overdose prevention program may see purview expanded

Life-saving meds not reaching users

[See all BC THN in the News](#)

OTHER NALOXONE NEWS

A Super Bowl ad took on the nation's heroin problem, but this drug could do more

Alberta considers provincial overdose prevention program

Give addicts access to antidote, crime prevention official urges

[See all Other Naloxone News](#)

ARTICLES & DOCUMENTS

A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM

Join us



Search site

[NALOXONE](#) | [FENTANYL](#) | [SUPPLIES](#) | [E-ZINE](#) | [FIND A HARM REDUCTION SITE](#) | [NEWS](#) | [CONTACT](#)

FIND A HARM REDUCTION SITE

Where are you?

Distance

5km

What supplies are you looking for?

Naloxone

Search

Reset

LOCATIONS

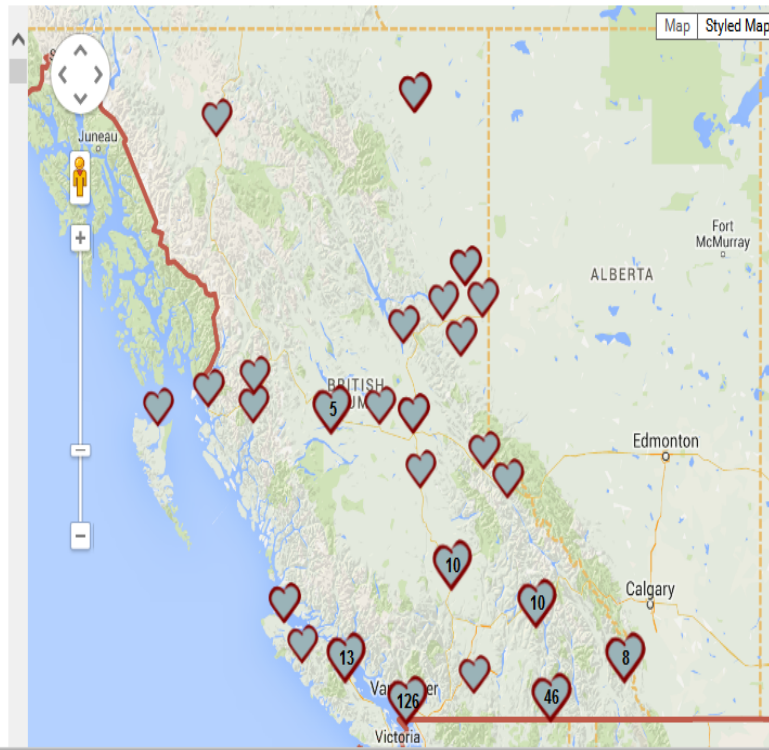
100 Mile House Health Unit (South Cariboo Health Centre)
555 D Cedar Ave
100 Mile House BC, V0K 2E0
[Zoom To](#)

Abbotsford Health Unit
104-34194 Marshall Rd
Abbotsford, V2S 5E4
[Zoom To](#)

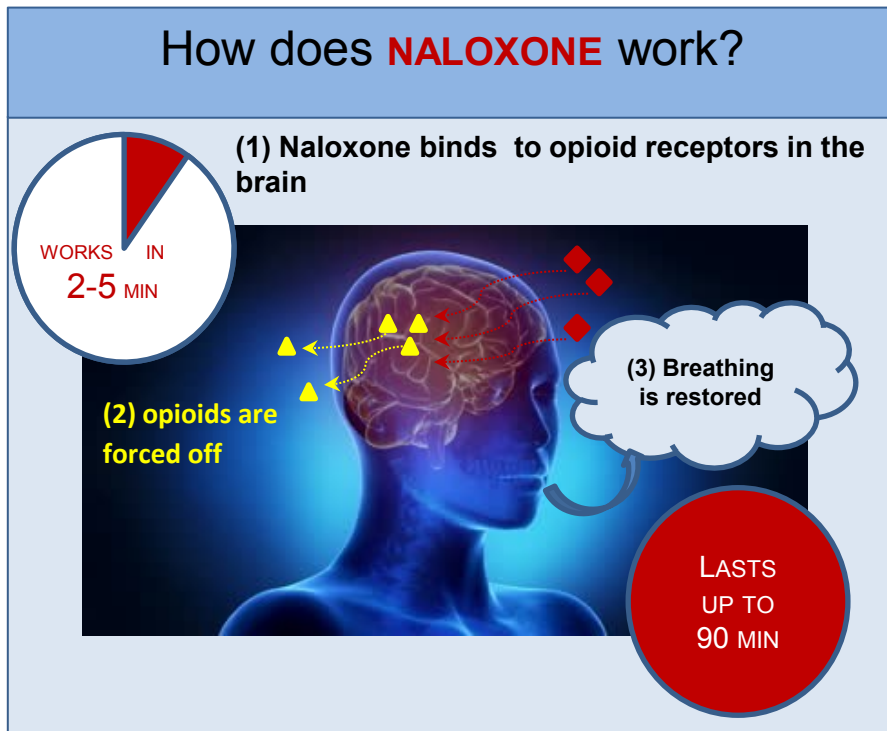
Warm Zone (Abbotsford)
33264 Old Yale Rd
Abbotsford, V2S 2J5
[Zoom To](#)

5 and 2 Ministries Outreach Office – Abbotsford
Mobile service, please call for details.
Abbotsford, V2T 3J7
[Zoom To](#)

MAP



Consistent, simple infographics and messages

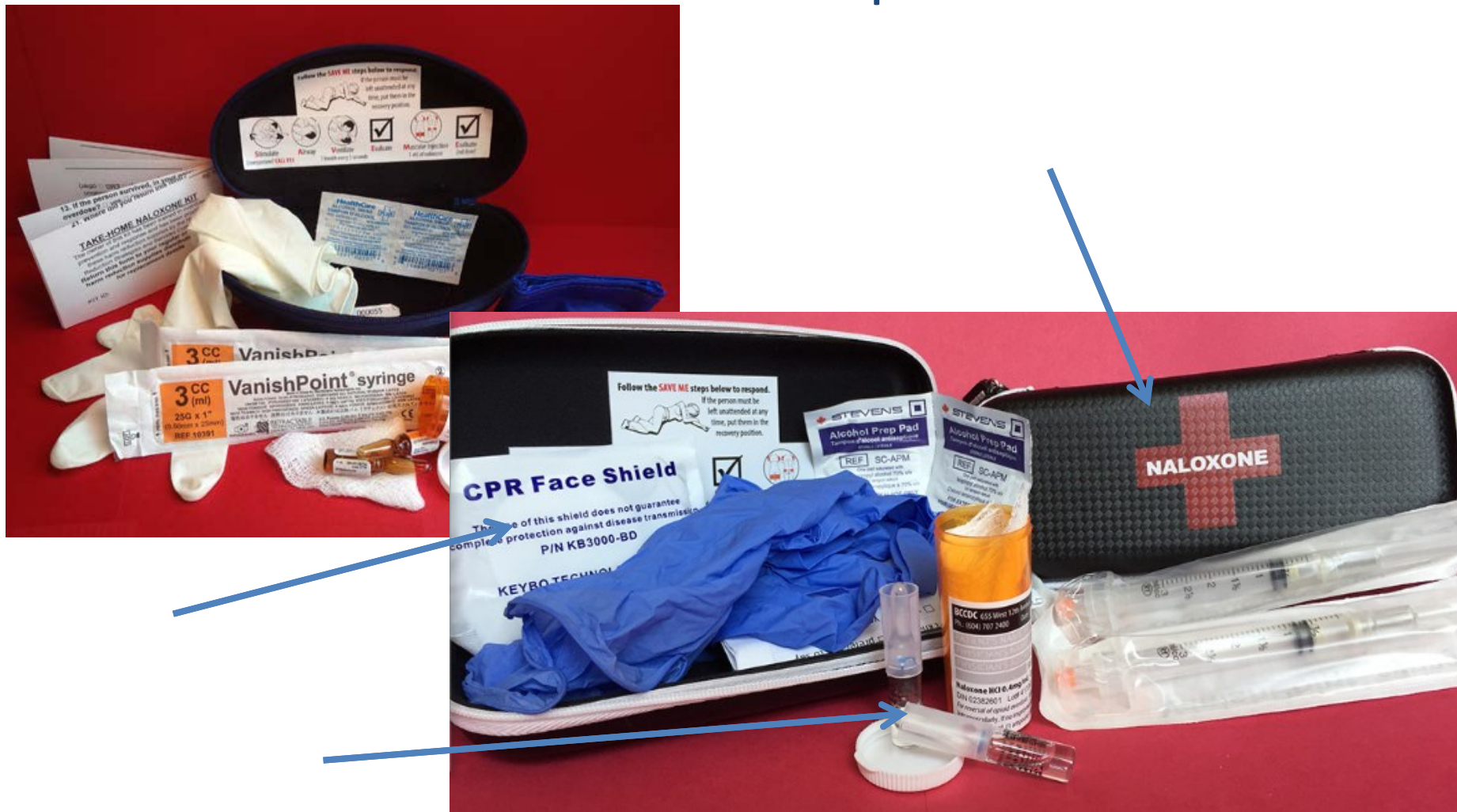


- Opioid overdose can be reversed by using naloxone (*Narcan*®)
- Pure opioid antagonist (antidote)
- No pharmacologic action in absence of opioids
- In use for over 40 years
- 85% ODs occur in company of others

Community Advisory Board; evaluations X2

- Ongoing feedback/ continuous quality improvement
- CAB – meet quarterly, site coordinators, front line staff, PWUD, police, ambulance
- Formal evaluation administration data & FG/interviews
- Responsive to input - changes to kit, business cards

The naloxone kit content - improvements



Certificate Of Completion

is trained to recognize opioid overdoses and respond by administering naloxone



BC Harm Reduction Program
www.towardtheheart.com/naloxone

Certificate Of Completion

is trained to recognize opioid overdoses and respond by administering naloxone



BC Harm Reduction Program
www.towardtheheart.com/naloxone

Certificate Of Completion

is trained to recognize opioid overdoses and respond by administering naloxone



BC Harm Reduction Program
www.towardtheheart.com/naloxone

Certificate Of Completion

is trained to recognize opioid overdoses and respond by administering naloxone



BC Harm Reduction Program
www.towardtheheart.com/naloxone

Community Advisory Board; evaluations X2

- Ongoing feedback/ continuous quality improvement
 - CAB - site coordinators, front line staff, PWUD, police, ambulance evaluation included FG/interviews
 - Responsive to input - changes to kit, business cards
 - **Issues identified and responses**
 - Confiscation of kits by police (developed one pager)
- Need to increase Nx availability to reach those at risk of OD
- Creative access
 - Poster on door, leave at front reception
 - Nx POM - Program limited by prescribers- physician/NP
 - Development new Decision support tool approved by CRNBC



BCCDC Non-certified Practice Decision Support Tool
Dispensing naloxone

DISPENSING NALOXONE KITS TO CLIENTS AT RISK OF OPIOID OVERDOSE

PREAMBLE

Opioid overdose from prescription and illicit drugs is an important public health issue. In 2013, there were 334 deaths due to drug overdose, and the BC Ambulance Service administered naloxone, an opioid antagonist, in 2011 events to reverse opioid-related respiratory depression.

In British Columbia, the Take Home Naloxone (THN) program was initiated in August 2012. Based at the BC Center for Disease Control, the program distributes naloxone to individuals at risk of opioid overdose. This has been shown to be an effective harm reduction strategy in reducing opioid overdose-related morbidity and mortality.

The Nurses (Registered) and Nurse Practitioners Regulation permits registered nurses to compound, dispense or administer Schedule 1 drugs autonomously for the purpose of treating opiate overdose. This authority is subject to standards, limits and conditions established by the College of Registered Nurses of B.C. (CRNBC).

CRNBC limits and conditions for registered nurses who dispense naloxone to treat suspected drug/opiate overdose require that they possess the competencies established by the B.C. Centre for Disease Control (BCCDC) and follow decision support tools established by BCCDC.

Naloxone is available as part of the Take Home Naloxone kit through the BC THN program or can be ordered as per local medication ordering procedure.

DEFINITION

Any person who uses an opioid is at risk of experiencing an overdose. Naloxone, an opioid antagonist, reverses an opioid overdose and restores breathing. [See Appendix 1 on more info about naloxone]

INDICATIONS FOR DISPENSING

Any person who uses opioids, who has received training and demonstrates understanding of opioid overdose prevention, recognition, and response is eligible to receive naloxone. The nurse

Populations at risk opioid OD

- People who use illicit opioids – unknown content/fentanyl
- Reduced tolerance due to abstinence (**prison**, detox)
- Entering/tapering methadone maintenance treatment
- High dose opioid prescription (>100mg/day morphine equivalence)
- Opioid (illicit and Rx) use by people:
 - with respiratory, renal or liver problems
 - taking resp. depressants e.g. benzos, sleeping tablets, alcohol
- Difficulty accessing emergency services (remote/rural areas)
- Those who don't see themselves at risk – (long term users, youth)
- Previous overdose **emergency departments**

Correctional Services Canada; discharge planning and transfer guidelines (May 2014)

*"Ensure offender is provided with relevant community resources and information. Offenders who use opioids either by physician prescription or illegally are at risk of opioid overdose. Therefore, it is important to **inform them about harm reduction services available upon discharge into the community. Resources may include education on naloxone take-home kits, including how they are to be utilized, possible side effects, and who can prescribe them.**"*

BC Provincial Correctional

Pilot in two facilities - one male/one female
Nurses trained; Project charter signed
Trained and receive kit on release

Emergency Departments

- First site was small hospital in Interior Health
 - Admitted with OD, trained 80% nurses
- St Paul's Hospital busy urban centre
 - All at risk of OD, research study – v. acceptable site
- Developed how to document
 - Taking it to Emergency Services Advisory Council

BC TAKE HOME NALOXONE: IMPLEMENTING THE PROGRAM IN AN EMERGENCY DEPARTMENT SETTING



Take Home Naloxone (THN) programs provide training in overdose prevention, recognition, and response, and provide naloxone kits to people who use opioids. Naloxone is an opioid antagonist: it reverses the effects of opioids and restores breathing during an opioid overdose. The British Columbia Centre for Disease Control (BCCDC) THN program has been successfully implemented in the emergency departments (ED) at Royal Inland Hospital (March 2014) and St Paul's Hospital (Jan 2015). This guide has been developed in consultation with these programs to enable other hospitals to implement similar programs in their settings.

Words of Encouragement & Caution:

We recognize that EDs are busy and chaotic, with time always at a premium. On the bright side, many potential clients are extremely receptive to ED THN, and the ED represents a unique setting to reach opioid users immediately after a life-threatening event. However, finding a quiet and confidential space for training may be near impossible, and many nurses and physicians will resist being directly involved in time-consuming training. That said, overdose education of 5 minutes or less has proven effective, and you might consider electronic resources and/or human resources to deliver training. Anticipating barriers to ED THN will greatly improve chances of program success.

A. Getting Started

1) *Get familiar with the program*

Visit <http://towardtheheart.com/naloxone/> and review the documents and videos under "Understanding THN" to gain a general understanding of THN in BC

2) *Find partners within your hospital*

Talk to your supervisor, colleagues and administrators to identify the key people who will help you navigate the system and champion the program in your ED

B. Plan Together

3) *Bring together key stakeholders.*

Plan a meeting with all key stakeholders, informants, and champions to discuss the potential implementation of an ED THN program. Identify and address any concerns staff may have, and determine items 4-7 below. Designate one individual to be the consistent point of contact with hospital administration (i.e. the ED manager). Stakeholders may include:

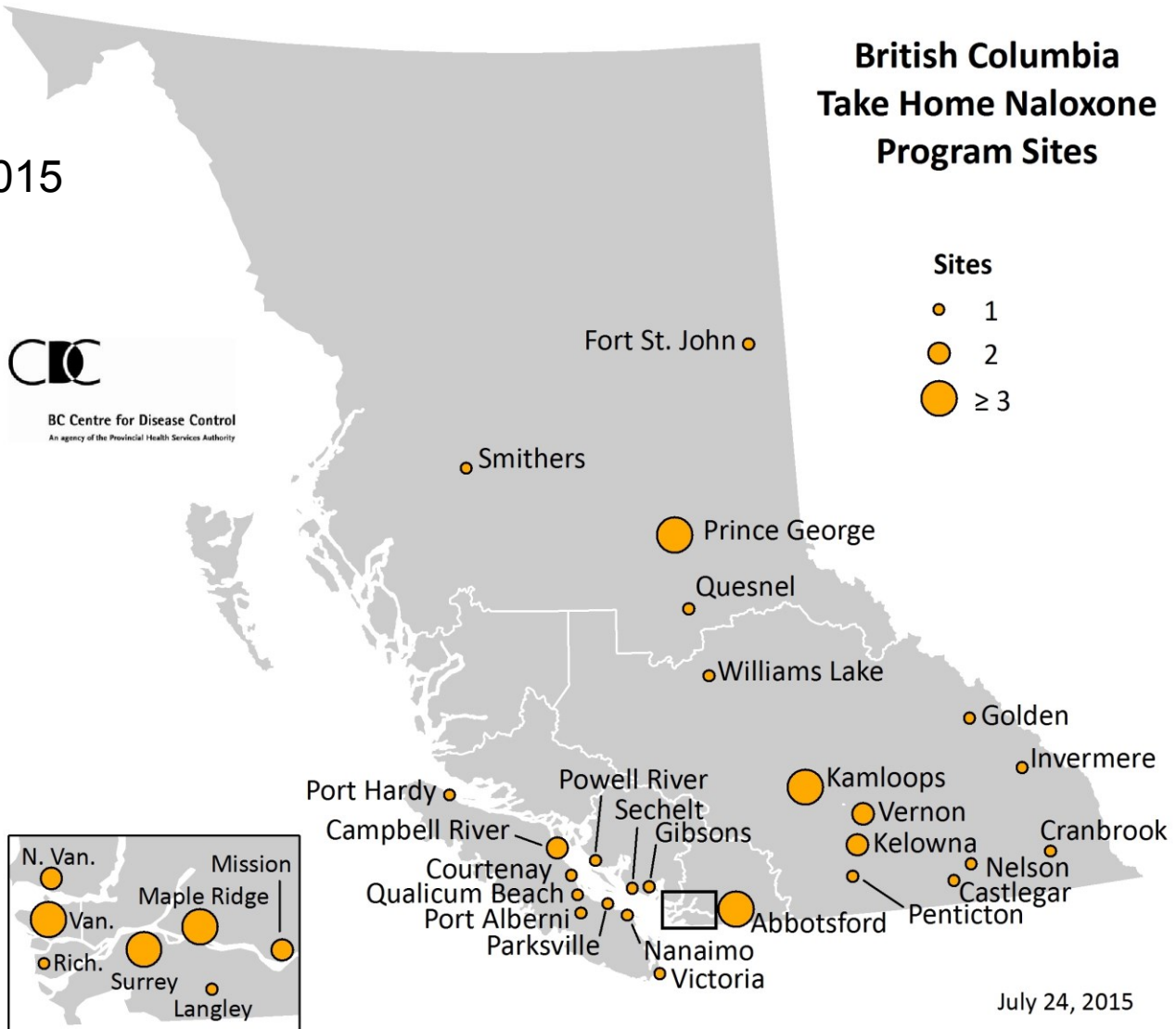
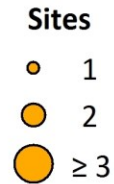
- ED manager
- ED Clinical Practice or Nurse Educators

August 31st, 2015
 N = 95 sites

**British Columbia
 Take Home Naloxone
 Program Sites**



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



July 24, 2015



Take Home Naloxone Program in BC

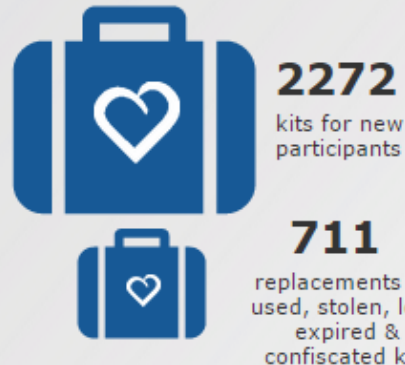
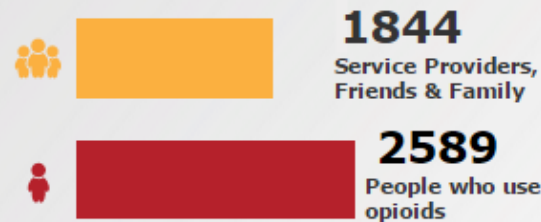
36 months of preventing overdoses & saving lives



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



Calling 911 is the first & most critical step of overdose response





Summary

- Importance comprehensive program
- One stop Website
 - Standardized program materials;
 - Site finder; Q and As
- Quality Improvement
 - CAB and evaluations
 - Outcomes:
 - Changes to kits
 - Improve communication
 - Nurse DST dispensing
- Identifying and reaching high risk populations
 - Detox; Prison; EDs; Rural populations