The number of overdoses (ODs) and overdose deaths in British Columbia (BC) has been increasing since 2012. The high rates of ODs and OD deaths led to the declaration of a public health emergency in BC on April 14th, 2016. In 2017 alone, there were over 1480 unintentional illicit drug overdose deaths.

Naloxone is an opioid antagonist that can reverse the effects of opioid OD when administered in a timely fashion. It can be administered either via injection or by nasal spray. Effects begin to wear off after about 20 minutes; OD may recur, requiring another dose of naloxone.

Naloxone has been used in Canada in emergency settings for over 45 years. The UK & Germany began distributing naloxone to people who use opioids in 1995; the USA began in 1996. Canada’s first take home naloxone program was started in Edmonton in 2005.

THE HISTORY OF NALOXONE

2012

JANUARY
Preparation by BC Centre for Disease Control (BCCDC) for the BC Take Home Naloxone (THN) program began, with letters of support from the Provincial Health Officer; Vancouver Coastal, Vancouver Island, Fraser, & Interior Health Authorities; City of Vancouver; & BC Centre for Excellence in HIV/AIDS

AUGUST
Aug 31 - THN pilot program launched; six sites located in Vancouver Coastal & Interior Health Authorities

2013

AUGUST
First anniversary of THN program: 30 OD reversals reported; >550 people trained in prevention, recognition, & response; >400 kits dispensed; 24 sites across BC

DECEMBER
All BC Health Authorities had THN sites (First site in Vancouver Island Health Authority opened Mar 2013, Fraser in Apr 2013, Northern in Dec 2013)

2014

MARCH
Harm Reduction Supply Distribution Site Locator launched - searchable map showing locations where THN training & kits are available

First emergency room based program in Canada launched at Royal Inlands Hospital, Kamloops
THN program endorsed by Doctors of BC in recognition of its importance in preventing OD fatalities

Evaluation of the THN pilot program published in CMAJ Open - concluded program was easy to implement, empowering for clients, and responsible for reversing 85 ODs within first 20 months

Second anniversary of THN program: >125 OD reversals reported; >2,200 people trained in prevention, recognition, & response; >1,200 kits dispensed; 51 sites across BC

New World Health Organization guidelines for reducing opioid-related deaths recommended expanding naloxone access to people likely to witness an OD in their community

THN program was runner up in the 2015 BC Quality Awards “Getting Better” category

Decision Support Tool developed that enables registered nurses & registered practical nurses to dispense naloxone without a prescription from a physician or nurse practitioner

First regional correctional facilities (Alouette Correctional Centre for Women & Fraser Regional Correctional Centre) offered THN on release

Evaluation report released reviewing data from Sept 2012 - Mar 2015

Ministerial Order authorized BC Emergency Health Services to permit all ambulance crew (regardless of training) to administer naloxone

BC Emergency Health Services announced first responders working for municipal fire departments are able to administer naloxone, after agreement with municipality & training are in place

Health Canada removed naloxone from Prescription Drug List and made available as Schedule II (behind the counter) in BC - pharmacist could train & dispense naloxone to the public

Number of naloxone doses in each kit increased from 2 to 3 doses

April 14 - public health emergency declared by Provincial Health Office
<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td>Naloxone Saves Lives video released for adult audiences, showing how to recognize &amp; respond to an OD</td>
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<td>All emergency departments in BC directed to provide THN</td>
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<td></td>
<td>BC Emergency Health Services changed policy regarding informing police. Police no longer informed of all suspected ODs. Case-by-case assessment; police attend if safety concern, suicide, attempt, death, or requested by paramedics</td>
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<td>Naloxone added as an open benefit on the Drug Benefit List under the Non-Insured Health Benefits program, First Nations &amp; Inuit Health</td>
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<td>College of Physicians &amp; Surgeons of BC professional standards &amp; guidelines for safe prescribing of drugs with potential for misuse/diversion recommended physicians document offering THN to all patients at risk of respiratory depression due to prescribed opioids</td>
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<tr>
<td>JULY</td>
<td>Federal Minister of Health signed interim order to allow intranasal naloxone to be imported from USA</td>
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<td>AUGUST</td>
<td>Collaborated with Inner City Youth to create an art booklet depicting experiences of street involved youth with THN</td>
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<td>Naloxone Wakes You Up video released for youth audiences, showing how to recognize &amp; respond to an OD</td>
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<td></td>
<td>Evaluation report released reviewing data from Sept 2012 - July 2016</td>
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<td>SEPTEMBER</td>
<td>Naloxone became unscheduled in BC - available for sale outside of pharmacies</td>
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<td>Intranasal naloxone became available for non-health staff in federal &amp; provincial corrections sites for use in medical emergency due to suspected OD if no nursing staff available</td>
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<td>How to Use Naloxone (Narcan) video released, showing steps involved in administering naloxone</td>
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<td>First federal corrections facility in Canada (Fraser Valley Institution for Women) to offer THN on release</td>
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<td></td>
<td>Expiry label added to outside of kits</td>
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<tr>
<td>OCTOBER</td>
<td>Health Canada approved sale of intranasal naloxone in Canada</td>
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<tr>
<td></td>
<td>Prescription &amp; patient names no longer required by THN program</td>
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</tbody>
</table>
FEBRUARY

Why Clients Should Complete OD Forms poster released on the Toward the Heart website

APRIL

QuickLearn training module on opioid OD recognition, response, & naloxone administration launched

MAY

Good Samaritan Drug Overdose Act was made law: people who call 911 to report an OD for themselves or for another person will not be charged with simple possession, nor will anyone who is at the scene when help arrives

SisterSpace, a women’s only overdose prevention site, opened in the Downtown Eastside

THN available on release in four federal corrections facilities in BC

BC Coroners pilot program launched, providing THN kits and training to surviving family, friends, or residents, where appropriate

JUNE

QuickLearn available on PHSA Learning Hub - certification of completion available

AUGUST

THN available on release in all provincial correctional facilities

OCTOBER

Following executive support for BC Coroners Service pilot, THN kits are now available for distribution by designated Coroners across BC

NOVEMBER

Overseeing care provider for THN distribution no longer required to be a medical staff member - counselors, program directors, etc. now able to oversee program onsite and delegate to trained staff

Branding changed from red to silver cross

DECEMBER

All licensed or registered treatment facilities in BC directed to carry naloxone & ensure staff are trained to administer it

Facility Overdose Response Box (FORB) program launched, providing naloxone & supplies to community sites at high risk of OD event (require sites to complete training, develop protocol & policy for OD response

THN kit eligibility expanded to include those at risk of witnessing as well as those at risk of OD (health care staff must continue to obtain from employer)

Overdose prevention sites opened by order of the Health Minister

2017
Naloxone training app available

DECEMBER

Free THN kits became available in some community pharmacies

JANUARY

Pilot program launched: ambulance services replacing used kits at call

MARCH

25 overdose prevention sites and 5 supervised consumption sites/supervised injection sites open and active; >800,000 visits; and >5,000 overdose events survived (as of Mar 31, 2018)

Ambulance THN kit replacement pilot program expands on the island, totalling 14 stations

APRIL

Nasal naloxone is listed as a Health Benefit for First Nations in BC

786 pharmacy sites active (as of April 15, 2018)

MAY

Article examining the acceptability of Take Home Naloxone in emergency departments is published in CJEM

SEPTEMBER

BCCDC releases a position statement recommending against the use of bag valve masks by untrained individuals in response to an overdose event

OCTOBER

BCCDC releases a position statement on the importance of Harm Reduction

NOVEMBER

The ambulance THN kit replacement program expands to mainland stations and select community paramedicine stations, totaling 139

DECEMBER

New monthly infographic shows the latest stats of the Facility Overdose Response Box (FORB) program

In 2018 two studies are published examining the emergence of unusual presentations in overdose, beginning in 2016. Publications examine a case of fentanyl-induced rigidity as well as dyskinesia and other atypical presentations.

JANUARY

A publication examining BC THN administration records found that when naloxone was administered 9-1-1 was called 56% of the time. Where take home naloxone was administered, 1 or 2 ampoules were used in more than 60% of cases.