TIMELINE OF Community Naloxone IN BRITISH COLUMBIA

BACKGROUND







Naloxone is an opioid antagonist that can temporarily reverse the effects of opioid overdose. It can be administered either via injection or by nasal spray.

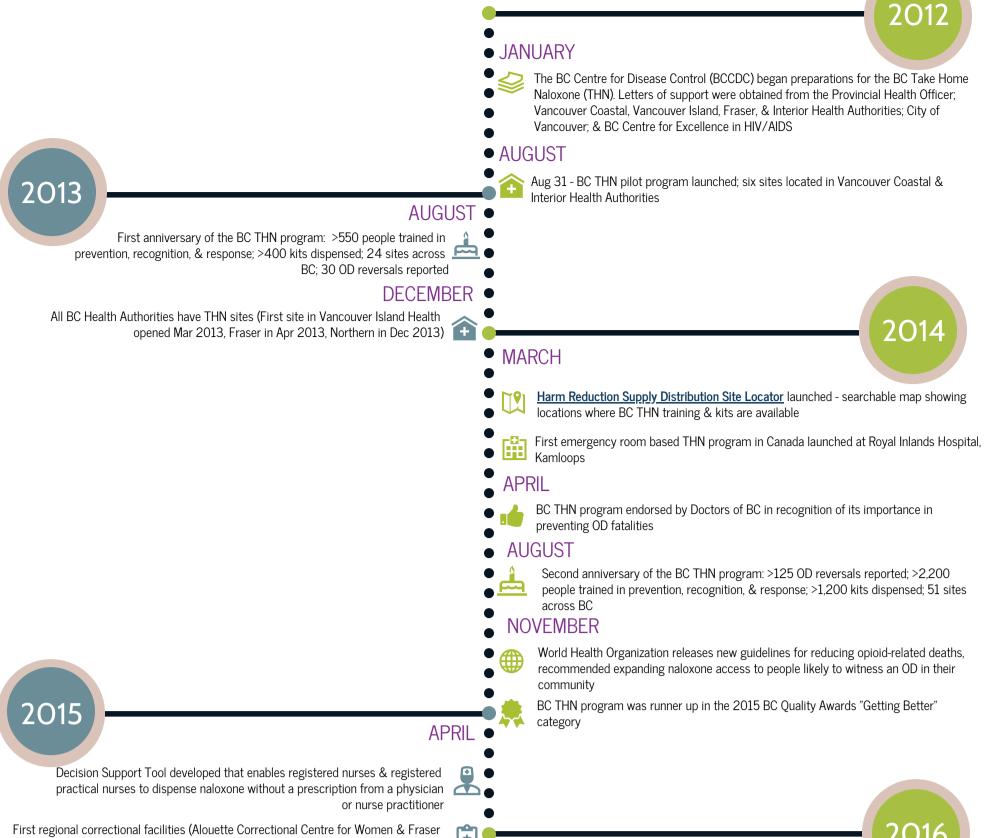
Effects begin to wear off after about 20 minutes; OD may recur, requiring another dose of naloxone.

HISTORY 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.



Regional Correctional Centre) offered THN on release		JAN	IUARY
	•	e i	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 &
	•	MΔ	training are in place RCH
	•		Health Canada removed naloxone from Prescription Drug List and made available as
	•	٤	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
	•	APF	
	•		April 14 - public health emergency declared by Provincial Health Office provide BC THN
	•		
	•		Educational sessions for pharmacists held by BC College of Pharmacists, Ministry of Health, and BC Centre for Disease control - 1,000 pharmacists trained; <u>webinar available</u>
	•		<u>Naloxone Saves Lives video</u> released for adult audiences, showing how to recognize &
	•	JUL	respond to an OD
	•	***	
	•	▦	All emergency departments in BC directed to provide THN
	•	H	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
	•	Ê	Naloxone added as an open benefit on the Drug Benefit List under the Non-Insured Health Benefits program, First Nations & Inuit Health
	•		College of Physicians & Surgeons of BC professional standards & guidelines for safe
	•		prescribing of drugs with potential for misuse/diversion recommended physicians offering THN to all patients at risk of respiratory depression due to prescribed opioids
	•	JUI	_Y
	•	Ø	Federal Minister of Health signed interim order to allow intranasal naloxone to be imported from USA
	•	AU	GUST
	•		Collaborated with Inner City Youth to create an <u>art booklet</u> depicting experiences of
	•	IJ	street involved youth with THN
	•		<u>Naloxone Wakes You Up</u> video released for youth audiences, showing how to recognize and respond to an OD
	•	SEI	PTEMBER
	•	Ê	Naloxone became unscheduled in BC - available for sale outside of pharmacies
	•		Intranasal naloxone became available for non-health staff in federal & provincial
	•	8	corrections sites for use in medical emergency due to suspected OD if no nursing staff are avaiable
	•		How to Use Naloxone video released, showing steps involved in administering
	•	<u></u>	injectable naloxone First federal corrections facility in Canada (Fraser Valley Institute for Women) to
	•	8	offer THN on release
	•	\bigcirc	Expiry label added to the outside of kits
	•	00	TOBER
	•		Regulated health professionals are able to administer naloxone without a physician directive after an amendment is made to the <u>Health Professions General Regulation</u>
	•		(HPGR)
	•	**	Health Canada approved sale of intranasal naloxone in Canada
	•		Prescription & patient names no longer required by the BC THN program
	•	NO	VEMBER
	•	8	Overseeing care provider for BC 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
	•	***	
	•		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
	•	\bigcirc	BC 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)
2017	_		Overdose prevention sites opened by <u>Order of the Health Minister</u>
JANUA			
An additional amendement is made to the <i>Health Professions General Regulation (HPGR</i>)			
act to allow any designated health professional to administer emergency use naloxone whether or not they are in a hospital setting.			
APRI	L ●		
QuickLearn training module on opioid OD recognition, response, & naloxone			
administration launched	Y		
Good Samaritan Drug Overdose Act was made law: people who call 911 to report an	•		
OD will not be charged with simple possession, nor will the person who overdoses or anyone who is at the scene when help arrives	••••		
THN available on release in four federal corrections facilities in BC $$ $$	- St		
BC Coroners pilot program launched, providing THN kits and training to surviving family, friends, or residents, where appropriate	0		
JUN	IE •		
QuickLearn available on PHSA Learning Hub - certification of completion available			
AUGUS	ST •		
BC THN available on release in all provincial correctional facilities $$ (
OCTOBE	R•		
Following executive support for BC Coroners Service pilot, BC THN kits are now available for distribution by designated Coroners across BC	0		
NOVEMBE	R		
November 100 verified			
	≍Ļ, –		
DECEMBE	.π -/?		2018
BC THN kits became available, at no cost, in some community pharmacies		I۷I	NUARY
	•		Pilot program launched: ambulance services replacing used kits at call
	•		
	•		RCH 25 overdose prevention sites and 5 supervised consumption sites/supervised injection
	•	(±)	sites now active; >800,000 visits; and >5,000 overdose events survived (as of Mar 31, 2018)
	•	AP	RIL
	•	XV	Nasal naloxone is listed as a Health Benefit for First Nations in BC
	•	SF	PTEMBER
	•		BCCDC releases a position statement recommending against the use of bag valve masks
	•		by untrained individuals in response to an overdose event VEMBER
		INC	



2019

November	Evaluation Report released reviewing the Take Home Naloxone program - to December 2018		
	Evaluation Report of expansion of Take Home Naloxone into community pharmacies is released		
October	A <u>publication</u> examining the 2016 ramp-up of the Take Home Naloxone program in BC is published		
July	Evaluation Report of British Columbia's Facility Overdose Response Box (FORB) program is released		
June	An environmental scan is developed by released by CRISM to examine naloxone access and distribution across Canada		
January	A <u>publication examining BC THN administration records</u> 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.		
2018			
December	In 2018 two studies are published examining the emergence of unusual presentations in overdose, beginning in 2016. Publications examine a case of <u>fentanyl-induced</u> <u>rigidity</u> as well as dyskinesia and other <u>atypical presentations</u> .		
May	Article examining the acceptability of Take Home Naloxone in emergency departments is <u>published in CJEM</u>		
2016			
August	Evaluation report released reviewing the Take Home Naloxone program - to July 2016		
2015			
September	Evaluation report released reviewing the Take Home Naloxone program - to March 2015		
2014			
July	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		

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