

TAKE HOME NALOXONE: INFORMATION FOR FIRST RESPONDERS

What is the BC Take Home Naloxone (THN) Program?

Unintentional deaths from opioid overdose are preventable with overdose and naloxone education. The BC THN program began in August 2012 with the goal of reducing harms associated with opioid overdose. At participating sites, clients learn how to prevent, recognize and respond to an overdose situation, and eligible participants are prescribed a naloxone kit



This THN kit contains:

- 2 ampoules of naloxone (0.4mg/ml)
- 2 retractable single-use syringes
- Gauze
- Alcohol swabs
- Breathing mask
- Gloves
- Instructions on how to administer naloxone
- THN administration form

Why do communities need naloxone?

Opioids suppress breathing, and in cases of overdose, can result in severe brain damage and even death due to oxygen deprivation. Since 85% of overdoses happen within the company of others, having naloxone offers the opportunity to save a life and reduce harms related to the overdose while waiting for the paramedics to arrive. In BC, there were 256 deaths due to illicit drug overdose in 2012, including from opioid overdose. Additionally, prescription opioids contributed to over 70 deaths in 2009.

What is Naloxone?

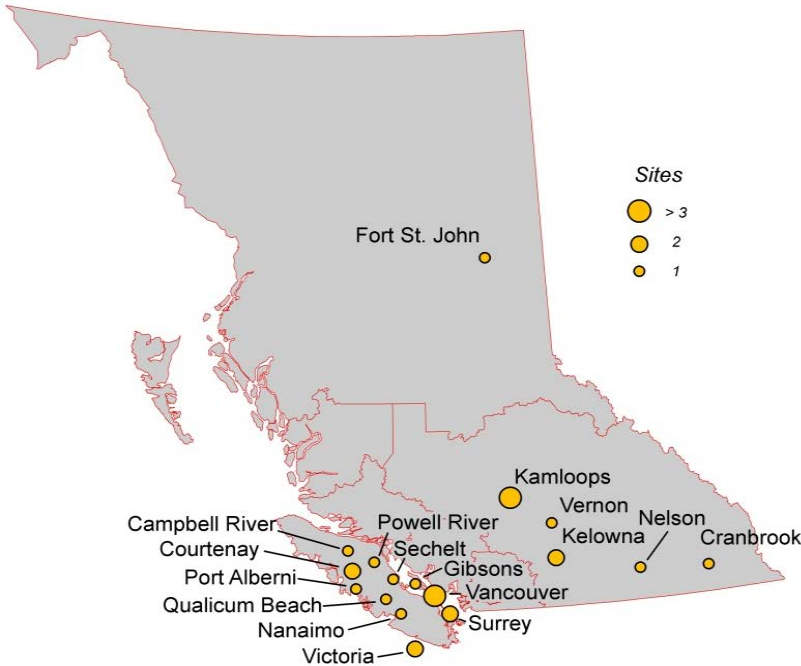
Naloxone is a safe, prescription only medication that has been used for over 40 years to reverse the effects of opioids on the body. In the event of an opioid overdose, naloxone restores normal breathing within 2-5 minutes of administration. However, the effects wear off between 30-90 minutes so clients are encouraged to call 911 and to tell the first responders that they have given naloxone. Naloxone has no effect on the body in the absence of opioids.

Naloxone does not cause a high and cannot be abused.

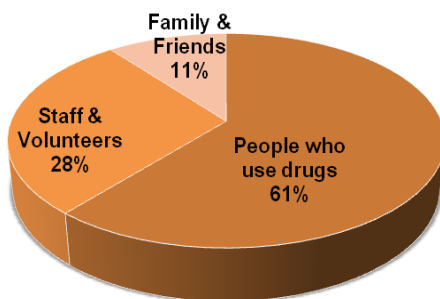


What has been accomplished?

Naloxone kits are now available in 35 sites across BC, as shown below.



Over 600 kits have been dispensed to clients and 55 overdose reversals have been reported. Nearly 1000 people have been trained to prevent, recognize and respond to overdose; these include staff and volunteers at health and social service agencies, as well as friends and family members of someone who uses drugs.



BCTHN training participants since August 2012

For more details and resources, visit:

<http://towardtheheart.com/naloxone/>

The Potential for Overdose

Street drugs are unregulated so clients are uncertain about the potency and toxicity of what they are consuming. Adulterants in street drugs may increase the likelihood of overdose. Recently, street heroin laced with illicit fentanyl is being sold in some regions of BC. Fentanyl is roughly 100 times stronger than morphine and lasts for a long time in the body. There was a sharp increase in fentanyl-associated deaths in early 2013, causing the Provincial Health Officer to issue an information bulletin to warn the public.

Prescription opioids are a major concern, since Canada has one of the world's highest prescription opioid consumption rates. Prescription opiates include codeine, hydromorphone, oxycodone, methadone and fentanyl. The National Advisory Council on Prescription Drug Misuse identifies Take Home Naloxone programs as a priority for a pan-Canadian response to opioid overdose mortality and morbidity.

BC's Drug Overdose and Alert Partnership works closely to monitor harms and deaths from substance use. The committee consists of members from all regional health authorities, Ministry of Health, BC Coroners Service, BC Ambulance Service, Provincial Toxicology labs, RCMP, Vancouver Police Department, Vancouver Area Network of Drug Users as well as researchers from the Centre for Excellence in HIV AIDS, Centre for Addictions Research and the BC Centre for Disease Control.