Stakeholders’ Perceptions of the British Columbia Take Home Naloxone Program: A Qualitative Evaluation Study

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Outline

- Background
  - Opioid overdoses
  - Take Home Naloxone (THN) programs
  - Naloxone
    - BCTHN program
- Study objectives
- Methods
- Results
- Discussion/Conclusion
Background

- Opioid overdoses are a major public health concern in BC
- 70 deaths were attributed to prescription opioid medication in 2009

Source: Provisional data from BC Coroner’s Service
Take Home Naloxone programs

• Provides training on overdose prevention, recognition and management

• Dispenses naloxone for peer to peer administration
• Naloxone, a pure opioid antagonist
  • no pharmacological action in absence of opioids
  • drug of choice in opioid overdose situations
  • prescription-only medication
British Columbia Take Home Naloxone (BCTHN) program

- Started August 31, 2012
- Provides training and distributes kits through participating sites
- Kits: naloxone, syringes, face mask, gloves, alcohol swabs

www.towardtheheart.com
After 14 months …

- 30 sites currently participating
- 1300 kits at participating sites
- 630+ people trained
- 440+ kits dispensed to trained clients

42 overdose reversals reported
Objectives of Study

• Determine acceptability of the British Columbia Take Home Naloxone (BCTHN) program
• Identify short-term outcomes and challenges
• Synthesize stakeholders’ recommendations
Methods

Target groups

- Clients
- Service providers
- Police
- Parents

Tools

- Focus groups
- Individual interviews

Data Management

- Constant comparison and
- a qualitative descriptive approach

*Ethics approval from UBC BREB, VCH and IH*
Results

Fifty-two participants:

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<th>N</th>
<th>Female</th>
<th>Male</th>
<th>UK&lt;sup&gt;a&lt;/sup&gt;</th>
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<sup>a</sup> Unknown
Results

Program Implementation at BCTHN sites

- Service providers found the resources provided by BC Centre for Disease Control (BC CDC) useful and easily adaptable.

- Training delivery varied within and between sites: trainings were individual or group, brief or comprehensive and in different locations.
• Service providers considered individual training as an engagement tool to build relationships with clients.

• Clients felt that the educators treated them with respect and were confident, friendly, and knowledgeable.

“…we are on the other side of the table but we are at the same table which is really cool, so I got that from [the educators]… that yeah, we are here to teach you but we are not here, you know, to humiliate you.” – Client
Short-term Outcomes

• All stakeholders except the police considered the program to be beneficial and were pleased the BCTHN program is being implemented.

• Some clients reported feeling empowered through the program.

• Police were less accepting of program and felt the program may not be beneficial in the environment they work in.
• Clients who have had to administer the naloxone felt it was easy to use and were glad they had it available.

• Clients did not express concerns about carrying or using the kits in public.

“I think it’s a really great idea, yeah. Because I could have used it a couple times, you know … It just feels like forever when [emergency medical services] are coming, when you do phone 9-1-1…” – Client
Challenges

- Service providers reported experiencing time and fiscal constraints.

- Service providers perceived that clients were unwilling to call 9-1-1 for follow-up treatment mostly due to fear of police involvement.
• Other limitations reported by service providers were
  - low community awareness
  - resistance from some health care workers
  - difficulty recruiting chronic pain patients and people who have use drugs for a long time

“The challenging ones for me hasn't been stigma but it's been ... veteran users that are sure that they are not going to overdose.” – Nurse
• Police officers were concerned that naloxone may have a market value
• Police officers also thought clients may become overconfident about having the kits and fail to get medical attention following an overdose.

“Follow-up is the biggest [concern] … I wouldn’t count on them [people who use drugs] to call 9-1-1.” – Police
Stakeholders’ Recommendations

• Parents, clients and most service providers expressed frustration with the current scheduling of naloxone in Canada as a prescription-only medication.

“I’m for that 110 percent … I think people who are concerned and caring friends and family should be able to have naloxone kits and to be trained.” – Nurse
• Clients also felt that making naloxone kits available to only people who use drugs can increase stigmatization around drug use.

“If the cops started to recognize what those kits are, they are going to zero in on you. Oh why you got that? What else do you have there?” – Client
One of the service providers felt the BCTHN program should be efficiently integrated into medical practice to ensure sustainability.

“I don't think opioid overdose is going to go away and in fact, the indications are that it's going to be increasing and so, it's a high priority situation.” – Physician
Discussion & Conclusion

- Program is beneficial and easy to implement
- Generating positive results
- Increased awareness needed
- Need to correct misperceptions about naloxone
- Encouraging clients to call 9-1-1
- Support for re-scheduling of naloxone
Acknowledgements

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• Community members and stakeholders that participated in study

• BCTHN implementation team – Jane Buxton, Ashraf Amlani, Despina Tzemis, Erin Gibson, Dylan Collins and Kristy Williams
Thank you.