



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

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

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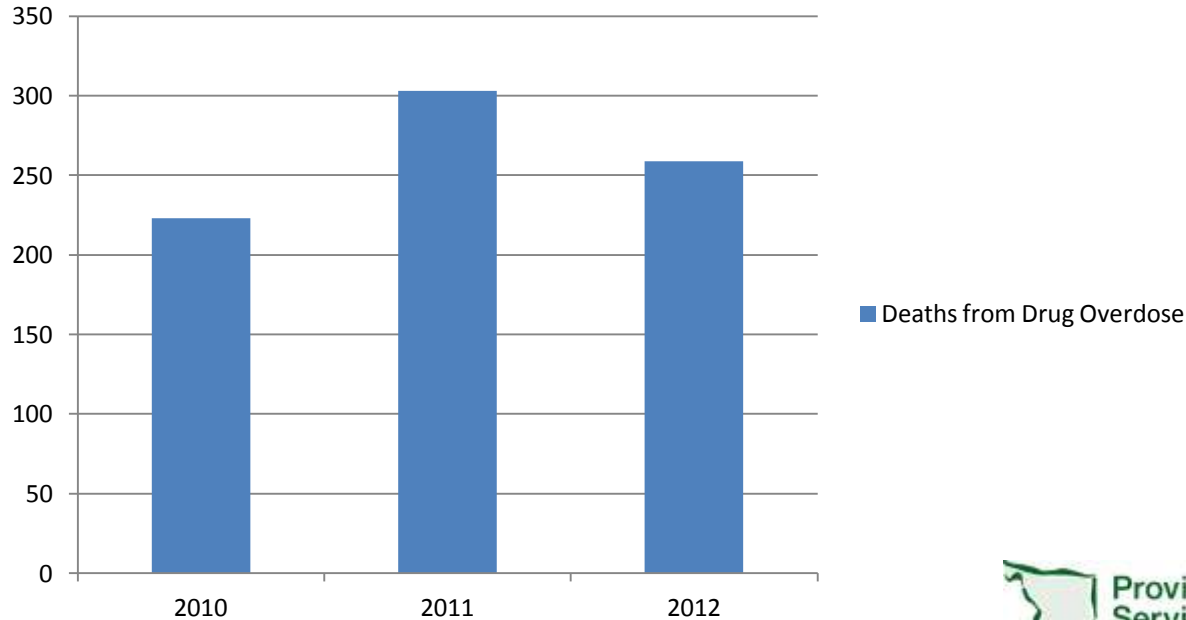
## Outline

- 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

**Deaths from Drug Overdose**



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

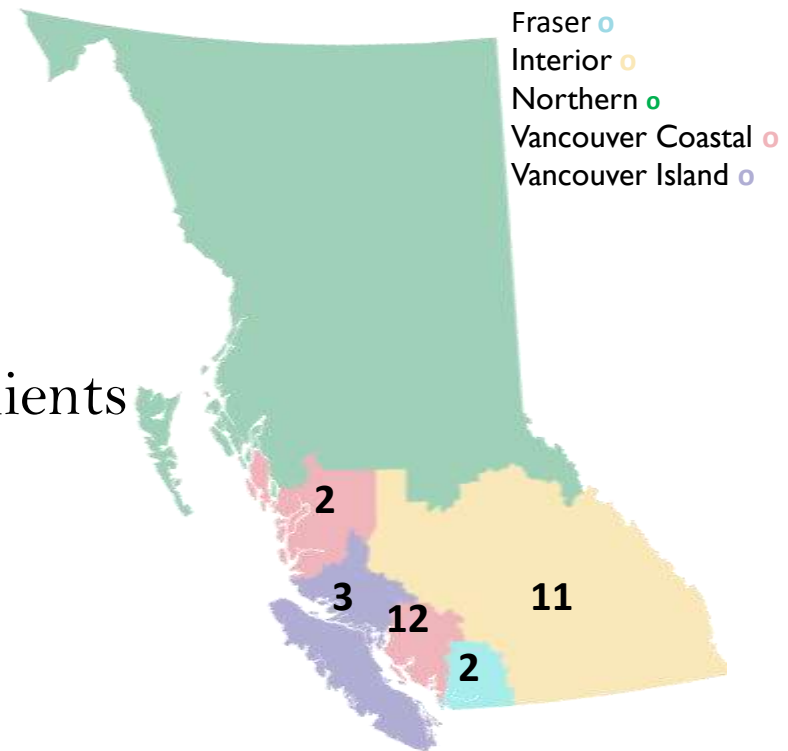


[www.towardtheheart.com](http://www.towardtheheart.com)

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:

**Table 1. All interviewees**

	N	Sex			Health Region	
		Female	Male	UK <sup>a</sup>	VCH	IHA
<b>Clients</b>	<b>40</b>	11	24	5	40	0
<b>Service providers</b>						
Physician	2	1	1	-	1	1
Coordinator	2	1	1	-	1	1
Educator (nurse)	4	4	-	-	3	1
<b>Police</b>	<b>2</b>	1	1	-	2	0
<b>Parent</b>	<b>2</b>	2	0	-	2	0
<b>Total</b>	<b>52</b>	20	27	5	49	3

<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

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Despina Tzemis, Erin Gibson, Dylan Collins and Kristy Williams

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