Community Based Naloxone Program Launch

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Today’s Plan

• Scope of the problem
• Provincial Recommendations
• Revive Program History
• In’s and Out’s of the Revive Program
• What has happened to date
• Next Steps
• Q & A
Background- Why We’re Here

- Naloxone – YouTube
Opioid Statistics

- How many people worldwide, each year die from opioid overdoses?
  1. 100,000
  2. 15,000
  3. 80,000

*Approximately 100,000 people die from opioid overdoses each year (WHO, 2013)*
Opioids In Ontario

• Ontario has the highest rate of opioid abuse in Canada
1. True
2. False

True. Ontario has highest rate of narcotic use in Canada (The Way Forward, 2010)

• 2 to 4 times higher that any other province
Ontario Opioid Statistics- Cont’d

• 578 people in Ontario died in 2012 because of opioid overdoses (Preliminary Data from the Ontario Coroner, 2014)

• 3rd leading cause of accidental death in Ontario (OPDP, 2012)

• Opioids are killing more Ontarians than Motor Vehicle Collisions (The Way Forward Stewardship Report on Narcotics, 2012)

• 2004 – 2008 admissions to publicly funded treatment centres doubled for Narcotics (The Way Forward Stewardship Report 2012)

• Some First Nations Reserves: 70% to 80% of their people are addicted to Opioids
Scope of the Problem

- Fentanyl rates as a result of discontinuing Oxycontin in fentanyl related deaths
- Fentanyl use continues to rise across the province, including being sold as Heroin in Southern Ontario.

***ALERT*** CANADIAN CENTRE ON SUBSTANCE ABUSE (CCSA) WARNS ABOUT RECENT POTENTIAL OPIOID OVERDOSE CLUSTERS

CCSA has reported at least two clusters of overdoses that may be linked to fentanyl.

- There was a news report today (June 5, 2014) about another suspected cluster in Gatineau
- June 5, 2014 – Agence de la santé et des services sociaux de Montréal
- June 4, 2014 – BC Coroners Service warns of deaths related to illicit fentanyl use
This alert is to advise that, as of February 6, 2015, there continues to be reports of fatal and non-fatal overdoses that are suspected or confirmed to involve non-pharmaceutical (illicit) fentanyl. Since June 2013, there have been numerous reports from across Canada of fentanyl appearing in pill and powder form and being sold as oxycodone tablets, heroin or other substances. Fentanyl might also be mixed into other recreational drugs, including stimulants such as cocaine and MDMA.
In the News

More Canadians overdose on painkillers than heroin and cocaine combined: Study

Fentanyl suspected in multiple overdoses in Abbotsford, B.C.

Overdose deaths linked to 'superdrug' heroin and fentanyl mix

Coroner investigating a spate of possible overdose deaths

Six potential overdose calls in three hours raised alarm bells for EMS

Warning about potentially lethal heroin on Hamilton's streets
Canada slow to respond to opioid addiction crisis

Opioid drug abuse on the rise locally
Steph Crosier, The Sault Star
Thursday, August 28, 2014 12:27:52 EDT PM

Opioid abuse tops Ontario average
Lack of resources may fuel problem
Barrie Advance
By Janis Ramsay and Maija Hoggett

Canadian prescription drug crisis: opioid use per capita second to US
Troy Media | August 27, 2014 | 0 Comments

More Montreal paramedics needed to administer naloxone: public health officials
The antidote reverses the effects of opiates, such as heroin, to prevent fatal overdoses

Naloxone Program Helps Reverse Dozens of Overdoses
August 28, 2013

Gatineau drug overdoses concern public health officials
BY DANIELLE BELL, OTTAWA SUN
FIRST POSTED: WEDNESDAY, JUNE 04, 2014 05:55 PM EDT
More Headlines....

Pro sports doctors may be over-prescribing drugs to players
CBC's the fifth estate uncovers new details about Derek Boogaard's death
By Catherine Tsai, CBC News  Posted: Mar 12, 2015 3:08 PM ET  Last Updated: Mar 13, 2015 12:33 PM ET

Overdose deaths linked to 'superdrug' heroin and fentanyl mix
Coroner investigating a spate of possible overdose deaths

Teen's fentanyl overdose highlights troubling trend in Alberta
By Erika Tucker and Jill Croteau  Global News

Program fights fentanyl abuse
By Brian Kelly, Sault Star
Tuesday, February 24, 2015 4:27:57 EST PM

Study finds that reformulated OxyContin forces some drug abusers to switch to heroin
Published on March 12, 2015 at 7:55 AM  No Comments

NYPD officers to carry heroin antidote
USA TODAY NETWORK  Jessica Durando, USA TODAY Network  2:15 p.m. EDT May 27, 2014
LGL Statistics

- 5 reported Opioid overdose deaths in LGL from Jan - July 2014

**Drugs Being Reported**

- Dilaudid: 15
- Fentanyl: 10
- Heroin: 5
- Hydrocodone: 3
- Morphine: 2
- Oxycodeone: 1
- Oxycontin: 1
- Percocet: 1
- Cocaine: 1
- Crack: 1
- Meth: 1
- Other: 1

**Personal Experience with Overdose**

- Yes: 36%
- No: 54%
- Unsure: 10%

**Witnessed an Overdose**

- Yes: 51%
- No: 46%
- Unsure: 3%

**What Drugs were Involved**

- Marijuana: 2
- Cocaine: 16
- Speed: 1
- Opiates: 8
- Crack: 4
- Heroin: 2
- Other: 2
History of the Provincial Naloxone Program

• In 2011 Purdue Pharma informed the MOHLTC that it would no longer be distributing Oxycontin in Canada
• Early 2012, MOHLTC announced it would fund OxyNeo
• Effects: Some went in to treatment, more switched to other drugs such as Fentanyl and Dilaudid
• Minister’s Expert Working Group on Narcotic Addiction – March 2012
• The Way Forward Stewardship Report was produced
Recommendation:

• Increase and sustain the availability of Naloxone overdose prevention kits and harm reduction information and materials via public health units across the province.
History Continued...

- Naloxone was funded by the MOHLTC for a short period of time during late 2012 to early 2013 but was abruptly stopped.
- Some better funded programs continued to operate such as Toronto and Ottawa Public Health.
- Fall 2013 – MOHLTC announced full funding to approved Public Health Units.
LGLDHU Timeline: Phase 1 Naloxone Roll Out

**October 2012**
The Way Forward Document released

**October 2013**
Ministry announces funding for Naloxone Programs

**October 2013 - January 2014**
Writing letter of intent to ministry

**January - February 2014**
Program planning commences; Medical Directive, P+P’s, documentation

**January 2014**
Clients continually expressing interest in being trained, asking when program is coming

**September 2014**
Medical Directive Approved
Forms and documentation finalized

**September 2014**
Staff Training!

**October 2014**
Projected program roll out date
Time for a break
Introducing....Naloxone
Naloxone Hydrochloride

• Non-selective opioid antagonist
• Temporarily removes opioid from receptor sites
• Only effective with opioids
• Works within 1-5 minutes
• Stays in the body for 60-90 minutes
• Call 911 before administering
Contents of the Naloxone Kit

• Two 0.4mg/1ml ampoules of Naloxone Hydrochloride
• Three 1cc 25g 1 inch safety engineered syringes
• ID card
• Step by step pamphlet
• Gloves
• Alcohol swabs
In’s and Out’s
BEST PRACTICE RECOMMENDATIONS FOR CANADIAN HARM REDUCTION PROGRAMS

Opioid overdose prevention: education and naloxone distribution

**Key messages**

Overdose is the most common cause of death among heroin and opioid users worldwide. In response, overdose prevention and naloxone programs are being developed and implemented as part of larger harm reduction strategies. These programs train people who use opioid drugs how to avoid overdose events and how to respond if they witness another person experiencing an overdose. Training includes recognizing signs of overdose, knowing when to call 911, providing recommended bystander first response techniques, and administering naloxone. Naloxone is a fast acting, safe, and effective opioid reversal agent with the potential to decrease morbidity and mortality from overdose. Naloxone distribution began in the United States in the late 1990s and, as its use in the community is a relatively new intervention, the literature on its effectiveness is limited yet growing. Existing evidence shows that naloxone distribution likely reduces mortality and is cost-effective. In addition, the training opioid drug users receive in overdose prevention programs improves self-reported knowledge, confidence, and willingness to intervene in an overdose. However, more research is needed before further conclusions can be drawn. More rigorous studies about opioid overdose prevention and response interventions, including naloxone distribution, are needed.
Main Components

• Client receives a 30 minute – 1 hr long training by a Revive Certified Health Unit RN

• Topics included in training:
  – Overdose Prevention
  – Naloxone Information (desired effects, side effects, precautions, Contraindication etc.)
  – Overdose Response (Including Naloxone Administration)
  – Aftercare
Step 1: Stimulate

• SHAKE the person’s shoulders
• SHOUT their name
Step 2: Call 9-1-1

- Tell the dispatcher the person isn’t conscious
- Give exact location
- Tell paramedics as much as you know about the drugs used and how much naloxone you gave
- Tips to give EMS if you cannot stay with the person
Step 3: Give Naloxone

- Break open ampoule
- Insert new syringe
- **Draw up** all of the naloxone (1cc)
- Inject all of naloxone into upper arm or thigh muscle
- * needle is long enough to reach through light clothing
Step 4: Start Chest Compressions

- Push **hard and fast with both hands** on the center of the chest
- Lock arms
- Push down at least **2 inches**
- Continue with compressions for as long as possible
Step 5: Assessment

- Give a second dose if the person does not start breathing within 3-5 minutes
- Then repeat the same procedure as before and continue chest compressions
- When the naloxone starts working: confusion, agitation, may want to use drugs
- Stay with the person, when they wake up explain that they overdosed, tell them not to use drugs after
- do the best you can with the situation you are in
Revive Program

Client walks away with the following:
1. Naloxone Training Guide
2. 5 Step Pamphlet
3. 1 Naloxone Kit
4. They know how and when to follow up and with whom
Eligibility Criteria

Eligible Clients are:

1. 16 years of age and older
2. Currently Using Opioids
3. Have had an Opioid Dependency
4. Not Allergic to Naloxone
Where can clients access Revive?

Health Unit Service Sites

Smiths Falls – 25 Johnston St.
Brockville – 458 Laurier Blvd.
Perth – 1 Sherbrooke St. W.
Gananoque – 375 William St. S.
Almonte – 79 Spring St.
Kemptville – 2675 Concession Rd.

Change Health Care

Smiths Falls Clinic – 13 William St. (Clinic Clients Only)  
2nd Wednesday of the Month
Brockville – King St.  
(Open to any eligible Client)  
Last Tuesday of the Month
From Mid December 2014 to Mid March 2014

- Trained 25 Clients in Overdose Response
- Distributed 31 Naloxone Kits between SF & BR

1st Year Goal (Originally!!): 15 Naloxone Kits

Used Kits
- 2 vials have been used in SF, both by the same person but each vial was used on a different person
- Both individuals survived but medical care was not sought
- The person who administered has returned to the Health Unit and completed the Evaluation and was re-issued a new kit.
Program Effectiveness- Cont’d

• Toronto; Spring 2014 - 1100 trained,
  – 250 kits used
• Ottawa; Fall 2013 (within first 9 months) - 36 trained,
  – 10 kits used
Effectiveness of Training

“Since the first opioid overdose prevention program began distributing naloxone in 1996, the respondent programs reported training and distributing naloxone to 53,032 persons and receiving reports of 10,171 overdose reversals”

– CDC, 2012
Phase 2: Moving Forward

- Community Education and Awareness
- Training at satellite sites (Interval House, Social Services etc.)
- Referrals from community (figuring out a process)
- Working with Local Jails
Questions????

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