

**ENVIRONMENTAL SCAN**

# **NALOXONE ACCESS AND DISTRIBUTION IN CANADA**

**JUNE 2019**



---

**Authors:** Amina Moustaqim-Barrette, Tara Elton-Marshall, Pamela Leece, Carole Morissette, Katherine Rittenbach, and Jane Buxton.

**Disclaimer:** This document was produced in order to consolidate information on current practices in naloxone distribution and to provide a preliminary evaluation of access and population coverage in Canada, and is intended for use by health care professionals, policy makers, and other decision makers, and is not meant in lieu of professional medical advice. A number of different sources were used to derive the information used in this document, and the information presented was collected between January and March 2019. Some information was collected in French and translated by the authors for the purpose of this report. Results are subject to change based on different data submission schedules and updates from the various data sources. This is a living document, and will be updated as new information becomes available. Nevertheless, naloxone distribution programs are evolving rapidly and different provincial program features may be in constant flux. The authors, CRISM and CIHR are not responsible for any errors, omissions, loss, or damage related to the use of any information, statements, or conclusions contained or implied in this document or any of the linked third-party material.

**Conflict of Interest:** The authors have no conflicts to declare.

**Role of Funding Source:** Funding for this project was provided by the Canadian Institute of Health Research (CIHR), through the Canadian Research Initiative in Substance Misuse (CRISM). Author KR works for Alberta Health Services (AHS), the agency responsible for administering Alberta's take-home naloxone program. Author JB works for the British Columbia Centre for Disease Control (BCCDC), the agency responsible for administering the British Columbia take-home naloxone program. Author PL is a co-investigator on a study with in-kind contribution of naloxone from Adapt Pharma. The company is not involved in the design or conduct of the study.

**About CRISM:** The Canadian Research Initiative in Substance Misuse (CRISM) is a national research consortium funded by the Government of Canada and the Canadian Institute of Health Research (CIHR), Canada's federal funding agency for health research.

**Abbreviations:** P/Ts: Provinces and Territories; THN: Take-Home Naloxone

**Cite as:** Environmental Scan: Naloxone Access and Distribution in Canada. Vancouver: Canadian Research Initiative in Substance Misuse (CRISM); 2019 Jun. doi : 10.14288/1.0379400. Available from <https://crism.ca/2019/06/13/naloxone-distribution-environmental-scan/>

**Key words:** Naloxone; opioid overdose; fentanyl; opioids; opiates

# TABLE OF CONTENTS

<b>TABLE OF CONTENTS</b> .....	<b>2</b>
<b>LIST OF TABLES</b> .....	<b>3</b>
<b>LIST OF FIGURES</b> .....	<b>3</b>
<b>REPORT HIGHLIGHTS</b> .....	<b>4</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>5</b>
<b>BACKGROUND</b> .....	<b>6</b>
<b>METHODS</b> .....	<b>6</b>
<b>A NATIONAL PERSPECTIVE ON NALOXONE ACCESS AND DISTRIBUTION</b> .....	<b>7</b>
TIMELINE OF NALOXONE DISTRIBUTION IN CANADA .....	8
DRUG SCHEDULING.....	9
FEDERAL DRUG BENEFIT FORMULARIES.....	10
EMERGENCY SERVICES EQUIPPED WITH NALOXONE FOR ADMINISTRATION .....	11
ORGANISATIONS EQUIPPED WITH NALOXONE FOR DISTRIBUTION TO INDIVIDUALS.....	13
TAKE-HOME NALOXONE KITS.....	15
<b>IMPROVING NALOXONE DISTRIBUTION PRACTICES IN CANADA</b> .....	<b>17</b>
POLICY BARRIERS AND FACILITATORS .....	17
OPERATIONAL BARRIERS AND FACILITATORS.....	18
GEOGRAPHICAL BARRIERS AND FACILITATORS.....	19
KNOWLEDGE/EVIDENCE BARRIERS AND FACILITATORS.....	20
<b>PROVINCE AND TERRITORY SPECIFIC INFORMATION</b> .....	<b>22</b>
BRITISH COLUMBIA (BC).....	23
ALBERTA (AB) .....	26
SASKATCHEWAN (SK) .....	28
MANITOBA (MB) .....	30
ONTARIO (ON).....	32
QUEBEC (QC) – ENGLISH .....	35
QUÉBEC (QC) – FRANÇAIS .....	38
NEWFOUNDLAND AND LABRADOR (NL).....	41
NEW BRUNSWICK (NB) .....	43
NOVA SCOTIA (NS).....	45
PRINCE EDWARD ISLAND (PEI) .....	47
YUKON (YK).....	49
NORTHWEST TERRITORIES (NT) .....	51
NUNAVUT (NU).....	53
<b>APPENDIX</b> .....	<b>55</b>
APPENDIX 1 – TERMINOLOGY AND DEFINITIONS .....	55
APPENDIX 2 – QUESTIONS FOR KEY INFORMANTS.....	56
<b>BIBLIOGRAPHY</b> .....	<b>60</b>

# LIST OF TABLES

Table 1 – Naloxone drug schedules across Canadian provinces and territories..... 9

Table 2 – Provincial drug benefit formularies which list naloxone for use in suspected opioid overdose ..... 10

Table 3 – Emergency services equipped with naloxone for administration ..... 12

Table 4 – Organisations equipped with naloxone for distribution ..... 14

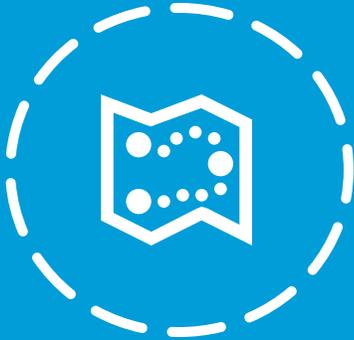
Table 5 – Naloxone kit contents across Canadian province and territories..... 16

# LIST OF FIGURES

Figure 1 – Timeline of Naloxone Distribution in Canada. .... 8

Figure 2 – Map of active THN distribution sites and kit distribution by province/territory. To date, more than 590,000 kits have been distributed across more than 8,700 distribution sites in Canada. Data collected January – March 2019..... 22

# REPORT HIGHLIGHTS



**100% of Provinces and Territories offer free, publicly funded naloxone kits for use in suspected opioid overdose**



**100% of Provinces and Territories offer injectable naloxone kits, while three Provinces/Territories also offer nasal naloxone spray**



**100% of Provinces and Territories have some emergency services (police, paramedics, and/or firefighters) equipped with naloxone for administration**



**8700 +  
naloxone  
distribution sites  
across Canada**



**590,000 +  
naloxone kits  
distributed across  
Canada**



**61,000 +  
naloxone kits  
reported used to  
reverse an  
overdose**

# EXECUTIVE SUMMARY

In response to an epidemic of opioid overdose deaths attributed to prescription and illicit opioid use, distribution of the opioid antagonist naloxone has been identified in Canada and abroad as a key emergency measure to effectively prevent rising mortality (1,2). The current environmental scan was produced in order to better understand current practices and programs aimed to distribute naloxone for use in suspected opioid overdose, to assess uptake of these programs across Canadian provinces and territories (P/Ts), and to understand barriers related to knowledge and evidence in the use of naloxone, as well as operational obstacles to achieving widespread population coverage.

Publicly funded take-home naloxone (THN) programs have been rolled out across every province and territory in Canada in response to the current opioid crisis. All publicly funded THN programs offer naloxone free of charge to those at risk of opioid overdose, while the majority of these programs also target any person who self-identifies as being at risk of witnessing an opioid overdose (including friends or family of people who use drugs). All provinces offer kits with the injectable formulation of naloxone as part of their publicly-funded program, while three P/Ts (Ontario, Quebec, and the Northwest Territories) also offer the nasal naloxone spray. Nasal naloxone spray is also available to clients of Veterans Affairs Canada, and through the Non-Insured Health Benefits (NIHB) Program (benefits for First Nations individuals who present a valid status card and personal health number to confirm their eligibility). In most P/Ts, naloxone is made available through a number of different sites and organisations, including community pharmacies, shelters, medical centres, and treatment service centres, although some jurisdictions are limited in their ability to distribute naloxone due to geographical considerations and regulations related to provincial drug scheduling.

While population access to naloxone has improved substantially across the country, there remain some jurisdiction-specific operational, geographic, knowledge/evidence, and policy barriers to access. Importantly, there are several unanswered questions regarding the safety and effectiveness of different naloxone routes of administration, dosing, and the extent of training needed to effectively respond to an overdose and administer naloxone. Evidence regarding the benefit of distributing naloxone broadly (as opposed to only specific at-risk populations) is needed. There are also ethical considerations including how to collect robust health data while protecting low-barrier access environments and respecting patient anonymity, and whether it is appropriate to provide naloxone kits to minors. Additional considerations include identifying the most effective overdose response strategy more generally (outlining actions to take beyond administering naloxone, such as chest compressions, rescue breaths, calling 911, etc., and the order to take them in), as well as in the development of program evaluation practices and performance indicators. Consolidating existing evidence, suggesting areas for future research, and building consensus among stakeholders may help improve naloxone access and ensure equitable outcomes in Canada.

Finally, there is continued recognition of the complex social, political, and legal solutions needed to address the state of the opioid crisis in Canada, as well as for the need to address continued stigma around drug use, integrate harm reduction practices, and support a holistic model of care in order to best confront the upstream factors leading to overdose, addiction, and substance use.

# BACKGROUND

Canada finds itself amidst an evolving public health crisis related to alarming levels of prescription and illicit opioid overdose. Between January 2016 and September 2018, it is estimated that more than 10,000 people lost their lives due to accidental opioid-related overdose across the country (3). In response, distribution of the opioid antagonist naloxone, which works to temporarily reverse the effects of an opioid overdose, has been identified as a key practice in avoiding rising numbers of opioid overdose deaths.

The rapid development of the opioid public health crisis in Canada has demanded a swift public health response, and has not necessarily allowed for the development or evaluation of quality assurance measures in naloxone distribution. There is a need to consolidate information on current practice and consensus among stakeholders across jurisdictions in order to ensure the effectiveness of our programs and systems, and to guarantee equitable naloxone provision nationally.

The current document consolidates and maps existing practices and management of opioid overdoses and naloxone distribution across Canada. It aims to ascertain barriers to distribution in order to inform current practice, improve access, and help policy makers and stakeholders make informed decisions in responding to the opioid crisis in Canada.

# METHODS

A search of the take-home naloxone program websites and informational resources, as well as other grey literature, was used to answer a series of questions regarding naloxone distribution across Canadian provinces and territories (P/Ts) (see Appendix 2). Conversations with one to three key informants per province and territory, which included provincial and territorial take-home naloxone distribution program directors and coordinators, were used to fill information gaps and for quality assurance purposes.

Conversations with informants were also used to begin assessing facilitators and barriers to naloxone distribution. Conversations were not recorded, though notes were taken to collect qualitative information. These notes were used to generate initial codes by hand, which were subsequently categorised into four main themes: policy, operations, knowledge/evidence, and geography (see Appendix for definitions). Some information was collected in French and translated by the authors to English for the purpose of this report. The final environmental scan report was sent back to stakeholders for validation before being formatted and published online.

The environmental scan process was designed as the first exploratory phase of a larger research project to examine evidence on naloxone use and distribution and develop best practice guidelines in association with stakeholders across Canadian P/Ts.

# A NATIONAL PERSPECTIVE ON NALOXONE ACCESS AND DISTRIBUTION

## OVERVIEW OF NALOXONE ACCESS IN CANADA

Currently, all provinces and territories (P/Ts) provide free, publicly funded take-home naloxone (THN) kits to individuals at risk of opioid overdose. All P/T THN programs are funded in part or in full by their respective provincial or territorial governments, though some programs were originally started, managed, and financed by non-governmental organisations. Figure 1 presents a timeline of naloxone access and distribution across Canada.

While naloxone is available in pharmacies to varying degrees in all P/Ts, only two provincial public drug plans (Quebec and Prince Edward Island) list naloxone in their formulary, making access from pharmacies free (without prescription) for eligible populations. In all other P/Ts, a separate distribution system was designed to make THN kits available to the public free of charge. The vast majority of these programs have reached some agreement with provincial pharmacists associations and community pharmacies to distribute publicly funded THN kits in pharmacies.

In community pharmacies that do not distribute publicly-funded THN kits, naloxone is often stocked or can be ordered as any other regular non-prescription drug approved for sale in Canada. The price for two doses of injectable naloxone and kit contents varies from \$30 to \$55, and between \$120 to \$200 for two doses of nasal naloxone spray.

All four federal drug plans – Correctional Service Canada (CSC), the Department of National Defence and the Canadian Armed Forces, Non-Insured Health Benefits Program (NIHB), and Veterans Affairs Canada – include naloxone in their formularies, allowing eligible populations to access naloxone for free.

The injectable formulation of naloxone is currently distributed free of charge through all THN programs in all P/Ts, although THN programs in Ontario, Quebec, and the Northwest Territories (as well as the federally funded NIHB plan) also provide the nasal naloxone spray for free through their publicly funded programs. Northwest Territories are currently phasing out the injectable naloxone kits and will distribute nasal naloxone spray only through their publicly funded program.

Emergency services (police, firefighters, paramedics, emergency departments, and others) are equipped with naloxone for administration to varying degrees in all P/Ts, while some of these are also authorised to distribute naloxone to individuals at risk of experiencing or witnessing an overdose. Other types of organisations equipped with naloxone for administration or distribution vary by P/T. Some provincial and all federal correctional facilities distribute naloxone to eligible individuals upon their release. In many P/Ts, certain restrictions apply for organisations or institutions to enroll as naloxone distribution sites under the provincial publicly-funded program. In response, some private and non-profit facilities have elected to purchase naloxone from third parties to distribute naloxone kits to employees or within communities.

# TIMELINE OF NALOXONE DISTRIBUTION IN CANADA

**2005**

**MARCH**

Streetworks, a Harm Reduction and needle exchange program in Edmonton, Alberta, begins distributing naloxone

**2011**

**AUGUST**

Toronto Public Health and other community organisations begin distributing naloxone in Toronto, Ontario

**2013**

**OCTOBER**

**Provincial, publicly funded take-home naloxone program launches in Ontario**

**2012**

**AUGUST**

**Provincial, publicly funded take-home naloxone program launches in British Columbia**

**2015**

**JUNE**

Alberta Ministry of Health announces a one year grant to provide naloxone kits in Alberta.

Direction régionale de santé publique de Montréal (DRSP) begins distributing naloxone in Montreal, Quebec

**NOVEMBER**

**Provincial, publicly funded take-home naloxone program launches in Saskatchewan**

**DECEMBER**

**Provincial, publicly funded take-home naloxone program launches in Alberta**

**2016**

**JANUARY**

A take-home naloxone pilot program launches in Winnipeg, Manitoba by Winnipeg's regional health authority

**MARCH**

Health Canada removes naloxone from the Prescription Drug list

**APRIL**

Public health emergency in British Columbia declared by British Columbia's provincial health officer in response to the rise in drug overdoses and deaths

**JUNE**

Ontario Naloxone Program for Pharmacies (ONPP) is established, making naloxone available for free at pharmacies in Ontario

Naloxone added as an open benefit on the Drug Benefit List under the Non-Insured Health Benefits program, First Nations & Inuit Health

**SEPTEMBER**

British Columbia College of Pharmacists unchedules naloxone in British Columbia

A pilot program is launched in Nova Scotia to distribute a limited number of naloxone kits

**NOVEMBER**

Federal correctional facilities begin distributing injectable naloxone to occupants upon release

**Provincial, publicly funded take-home naloxone program launches in Newfoundland and Labrador**

**DECEMBER**

**Provincial, publicly funded take-home naloxone program launches in Northwest Territories**

**2017**

**JANUARY**

**Provincial, publicly funded take-home naloxone program launches in Manitoba**

**Provincial, publicly funded take-home naloxone program launches in Yukon**

**FEBRUARY**

Alberta College of Pharmacists unchedules naloxone in Alberta

**Provincial, publicly funded take-home naloxone program launches in Nunavut**

**MARCH**

**Provincial, publicly funded take-home naloxone program launches in Nova Scotia**

**APRIL**

Ontario Ministry of community safety and corrections services established naloxone program in corrections facilities

**JUNE**

**Provincial publicly funded take-home naloxone program launches in Prince Edward Island**

**JULY**

Health Canada approves nasal naloxone spray for sale in the Canadian market. No prescription is required.

**AUGUST**

Take-home naloxone available on release at all provincial correctional facilities in British Columbia

**NOVEMBER**

**Provincial publicly funded take-home naloxone program launches in New Brunswick**

**Provincial publicly funded take-home naloxone program launches in Quebec**

**2018**

**MARCH**

Ontario Naloxone Program for Pharmacies (ONPP) begins offering nasal naloxone spray in addition to injectable kits

**APRIL**

Saskatchewan College of Pharmacy Professionals unchedules naloxone in Saskatchewan

Nasal naloxone added to the Non-Insured Health Benefits program, First Nations & Inuit Health

**MAY**

Quebec provincial take-home naloxone program begins offering nasal naloxone spray in addition to injectable kits

**JUNE**

Quebec introduces a community take-home naloxone program for naloxone distribution through community and harm reduction organisations

Figure 1 - Timeline of naloxone access and distribution in Canada

## DRUG SCHEDULING

Naloxone is an opioid antagonist medication used to block or reverse the effects of opioid drugs and thereby, can be used to temporarily reverse an opioid overdose. All drugs and health products are federally regulated through Health Canada, which is responsible for evaluating products for safety and efficacy, determining whether drugs may be put on the market and sold in Canada, as well as deciding whether medicinal ingredients should require a prescription for sale. All other conditions regarding the sale of drug products are within provincial/territorial jurisdiction. As of March 2016, Health Canada removed naloxone from the Prescription Drug List, leaving P/Ts to determine further drug scheduling.

While further scheduling falls under provincial and territorial jurisdiction, drug scheduling across P/Ts generally align with federal scheduling recommendations released by the National Association of Pharmacy Regulatory Authorities (NAPRA). NAPRA's National Drug Schedules (NDS) consist of three schedules and one category:

- Schedule I requires a prescription for sale;
- Schedule II requires pharmacist intervention for sale;
- Schedule III requires the option to consult a pharmacist for sale;
- And the *Unscheduled* category requires no professional supervision for sale.

Since February 2017, the NAPRA schedule for both non-prescription injectable naloxone and nasal naloxone spray is Schedule II. For kits distributed under Schedule II regulation, policy states that they must be provided by regulated health professionals (e.g. registered nurse, physician, nurse, registered psychiatric nurse, pharmacist, and paramedic). Some provincial college of pharmacists have moved to unschedule naloxone, including British Columbia College of Pharmacists in September 2016 (4), the Alberta College of Pharmacists in February 2017 (5), and the Saskatchewan College of Pharmacy Professionals in May 2018 (6), in order to remove barriers associated with Schedule II drugs and improve access to naloxone within the province. For a current list of naloxone drug scheduling across Canadian P/Ts, see Table I.

Table 1 – Naloxone drug schedules across Canadian provinces and territories

	<i>BC</i>	<i>AB</i>	<i>SK</i>	<i>MB</i>	<i>ON</i>	<i>QC</i>	<i>NL</i>	<i>NB</i>	<i>NS</i>	<i>PEI</i>	<i>YT</i>	<i>NT</i>	<i>NU</i>
<b>Schedule</b>	<b>UN</b>	<b>UN</b>	<b>UN</b>	<b>II</b>	<b>II</b>	<b>II</b>	<b>II</b>						

UN : *Unscheduled*

II : *Schedule II*

## FEDERAL DRUG BENEFIT FORMULARIES

### First Nations Non-Insured Health Benefits (NIHB)

Under the Canada Health Act, the federal government of Canada is responsible for oversight of healthcare for First Nations persons. As a result, First Nations persons who are registered under the Indian Act (commonly referred to as status Indians) and Inuk recognised by an Inuit land claim organisation are eligible for health benefits under the First Nations Non-Insured Health Benefits (NIHB) program. To access benefit coverage, individuals must show a status card and personal health number to confirm their eligibility to the program. Injectable naloxone and nasal naloxone spray is available for free for those eligible for NIHB in all provinces and territories.

### Other Federal Drug Benefits

Correctional Services Canada (CSC), Veterans Affairs Canada, and the Department of Defence and the Canadian Armed Forces all include injectable naloxone in their formularies. Veterans Affairs Canada also includes nasal naloxone spray in its formulary. Correctional Services Canada (CSC) is the umbrella organisation for all federal correctional facilities. Individuals sentenced for two or more years go to CSC facilities, while individuals with sentences under two years are sent to provincial or territorial correctional facilities. People who are incarcerated in CSC facilities are eligible to receive naloxone for free upon their release.

## PROVINCIAL DRUG BENEFIT FORMULARIES

All provincial and territorial governments offer a drug benefit plan for eligible groups. Many of these programs are designed for specific populations, including seniors, recipients of social assistance, and individuals with diseases or other conditions that are associated with high drug costs. Currently, naloxone for use in suspected or confirmed opioid overdose is listed in only two provincial drug benefit formularies, in Quebec and Prince Edward Island. For a list of all Canadian provinces and territories and the status of naloxone on provincial drug benefit formularies, see Table 2.

Table 2 – Provincial drug benefit formularies which list naloxone for use in suspected opioid overdose

	<i>BC</i>	<i>AB</i>	<i>SK</i>	<i>MB</i>	<i>ON</i>	<i>QC</i>	<i>NL</i>	<i>NB</i>	<i>NS</i>	<i>PEI</i>	<i>YT</i>	<i>NT</i>	<i>NU</i>
Naloxone listed in provincial drug formulary	X	X	X	X	X	✓	X	X	X	✓	X	X	X

X = NO ✓ = YES

## **EMERGENCY SERVICES EQUIPPED WITH NALOXONE FOR ADMINISTRATION**

Across provinces and territories, stakeholders have identified and worked with emergency services to equip personnel with naloxone kits for administration to patients or individuals suffering a suspected opioid overdose. Table 3 presents a list of emergency services equipped with naloxone for administration across Canadian provinces and territories.

### **Police and Correctional facilities**

Canada's federal police department, the Royal Canadian Mounted Police (RCMP), provides policing services to varying degrees across all Canadian provinces and territories. The RCMP released a national mandatory training course for naloxone in 2016, and more than 13,000 nasal naloxone spray kits were distributed to detachments across Canada and are now carried by on-duty officers in case of occupational accidental exposure, and to respond to overdose (7).

Many provincial and municipal police departments across provinces and territories also carry naloxone for administration, though few P/Ts have achieved complete coverage of municipal police departments.

Federal correctional facilities began distributing injectable naloxone to people who are incarcerated upon their release in November 2016, in British Columbia, and have since expanded this initiative to all facilities across Canada. Many provincial correctional facilities also distribute naloxone to people who are incarcerated upon their release. Additionally, both federal correctional facilities across Canada and many provincial correctional facilities are equipped with naloxone for administration (see Tables 3 and 4).

### **Firefighters, Paramedics, Hospitals and Others**

There is almost complete coverage of paramedics carrying naloxone for administration across all P/Ts, regardless of level of training, with the exception of one region in Nunavut that does not carry the antidote.

In many provinces, stakeholders have also sought to equip firefighters, though this has largely depended on different municipalities and jurisdiction-specific needs (in smaller jurisdictions some firefighters are not considered first responders, so have not been equipped).

Table 3 – Emergency services equipped with naloxone for administration

	<b>BC</b>	<b>AB</b>	<b>SK</b>	<b>MB</b>	<b>ON</b>	<b>QC</b>	<b>NL</b>	<b>NB</b>	<b>NS</b>	<b>PEI</b>	<b>YT</b>	<b>NT</b>	<b>NU</b>
<b>Equipped for administration</b>													
<b>Firefighters*</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X
<b>Hospitals/ERs</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Paramedics/EMTs</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Police officers*</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Provincial Correctional Facilities</b>	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Other</b>	✓ <sup>1</sup>	✓ <sup>2</sup>	✓	X	✓ <sup>2,3,4</sup>	X	X	✓ <sup>2</sup>	X	X	✓ <sup>4</sup>	X	X

X = NO ✓ = YES

\*Depends on municipality

<sup>1</sup> Transit police equipped (BC)

<sup>2</sup> Volunteer medical first responders (volunteer citizens in rural communities who often arrive first to the scene of emergencies) equipped (SK, ON, NB) . Medical first responders and Peace Officers equipped (AB).

<sup>3</sup> St John Ambulance branches equipped (ON)

<sup>4</sup> By-law officers (enforce animal bylaws, parking bylaws, etc) equipped (YK)

## **ORGANISATIONS EQUIPPED WITH NALOXONE FOR DISTRIBUTION TO INDIVIDUALS**

Across provinces and territories, provincial THN programs have worked with a number of different types of organisations to broadly reach individuals at-risk of witnessing or experiencing an overdose. Table 4 presents a non-exhaustive list of organisation types equipped with naloxone for distribution through publicly funded THN programs.

Importantly, Table 4 also lists provinces and territories which carry naloxone for purchase. As a non-prescription drug approved for sale in Canada, all community pharmacies are able to stock and sell naloxone. Across P/Ts, many community pharmacies have been enlisted as THN distribution sites through publicly-funded THN programs and thus offer naloxone free of charge. In three of these P/Ts (Quebec, Yukon, and the Northwest Territories), publicly-funded THN programs have achieved complete coverage of pharmacies enlisted as THN distribution sites. Where community pharmacies do not act as publicly-funded THN distribution sites, or where certain eligibility restrictions apply for access to publicly-funded THN kits, many carry naloxone for purchase.

In some jurisdictions, certain restrictions apply for organisations wishing to become a take-home naloxone distribution site (8,9). In this case, many organisations – including private, non-profit, and municipal facilities – have elected to distribute naloxone kits outside of provincial THN programs, by purchasing naloxone from third parties and distributing in their communities.

Table 4 – Organisations equipped with naloxone for distribution

	<b>BC</b>	<b>AB</b>	<b>SK</b>	<b>MB</b>	<b>ON</b>	<b>QC</b>	<b>NL</b>	<b>NB</b>	<b>NS</b>	<b>PEI</b>	<b>YT</b>	<b>NT</b>	<b>NU</b>
<b><i>Equipped for distribution (publicly funded THN kits)</i></b>													
<b>Provincial Correctional Facilities</b>	✓	✓	NA	X	✓	X	✓	X	X <sup>1</sup>	✓	✓	X	X
<b>Shelters</b>	✓	✓	X	X	✓	X	✓	X	X	X	✓	X	X
<b>Addictions Treatment Facilities</b>	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	X	X
<b>Health care centres/clinics</b>	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓
<b>Community pharmacies</b>	✓	✓	X	✓	✓	✓	X	X	✓	X	✓	✓	X
<b>Harm Reduction Sites</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NA	X
<b><i>Equipped for distribution (for purchase)</i></b>													
<b>Community Pharmacies</b>	✓	✓	✓	✓	✓	NA <sup>2</sup>	✓	✓	✓	✓	NA <sup>2</sup>	NA <sup>2</sup>	X

X = NO ✓ = YES

<sup>1</sup> Program currently being developed

<sup>2</sup> Free at all pharmacies in province

NA ; Not applicable

## TAKE-HOME NALOXONE KITS

All THN programs are partially or entirely funded by provincial governments. In some provinces, pilot programs and seed funding were originally provided by non-governmental organisations (NGO's). All P/Ts currently offer injectable naloxone kits, while Ontario and Quebec also offer nasal naloxone spray as part of their publicly funded THN program. The Northwest Territories are currently phasing out their injectable kits and will offer only nasal naloxone spray through their publicly funded program.

While most provinces and territories offer the same general contents in their naloxone kits, differences in kit contents reflect gaps in current evidence to guide practice. Most kits include a case, non-latex gloves, one-way rescue breathing mask, syringes, naloxone ampoules or vials, ampoule breakers, and an instruction sheet. Some P/Ts include two naloxone ampoules per kit, while others include three. The P/Ts that have increased to three naloxone ampoules did so mainly in response to preliminary literature<sup>(10)</sup> and surveillance data showing that some overdoses require a higher number of vials/ampoules or higher dosage of naloxone. For a list of naloxone kit contents across Canadian provinces and territories, see Table 5.

Table 5 – Naloxone kit contents across Canadian province and territories

	<b>BC</b>	<b>AB</b>	<b>SK</b>	<b>MB</b>	<b>ON</b>	<b>QC</b>	<b>NL</b>	<b>NB</b>	<b>NS</b>	<b>PEI</b>	<b>YT</b>	<b>NT</b>	<b>NU</b>
<b>Injectable Naloxone Kit</b>													
Carrying case	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
# of 0.4 mg/ml naloxone ampoules or vials	3	3	2-3	3	2	2	2	2	2	2	2	3	2
Alcohol swabs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-latex gloves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rescue breath mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Syringes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ampoule breaker	✓	X	✓	✓	✓	✓	✓	X	✓	X	X	X	X
Instruction sheet	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ID card	X	X	X	X	✓	X	X	X	✓	X	X	✓	X
Overdose response information form <sup>1</sup>	✓	X	X	X	X	X	X	X	X	X	✓	X	X
<b>Nasal Naloxone Spray Kit</b>													
Carrying case	-	-	-	-	✓	X	-	-	-	-	-	✓	-
Nasal spray (# of 4 mg/0.1ml)	-	-	-	-	2	2	-	-	-	-	-	2	-
Non-latex gloves	-	-	-	-	✓	X	-	-	-	-	-	✓	-
Rescue breath mask	-	-	-	-	✓	X	-	-	-	-	-	✓	-
Instruction sheet	-	-	-	-	✓	✓	-	-	-	-	-	✓	-
ID card	-	-	-	-	✓	X	-	-	-	-	-	✓	-

<sup>1</sup> Response information forms are included in kits for individuals to report on details of the incident after using naloxone kits, and are asked to return these forms by fax or email

# IMPROVING NALOXONE DISTRIBUTION PRACTICES IN CANADA

Through conversations with key informants, including directors and coordinators of take-home naloxone programs across all Canadian provinces and territories, the environmental scan process identified several barriers and facilitators to expanding current take-home naloxone (THN) programs in Canada – they are divided here into policy, operational, geographical, and knowledge barriers and facilitators. The environmental scan sought to summarise and categorise all discrete points identified in conversation with key informant interviews, without quantifying the frequency at which they occurred.

## POLICY BARRIERS AND FACILITATORS

Through consultations with key informants, drug criminalisation was identified as one of the main barriers to effective overdose response, naloxone possession and use. All THN programs currently urge responders to call 911 before administering naloxone in all instances - whether or not the overdose has been temporarily reversed using naloxone. The Good Samaritan Drug Overdose Act came into law in Canada in 2017 to provide some legal protection for individuals who seek emergency help during an overdose. If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, you are not to be charged with simple possession (possession for your own personal use) of an illegal substance. You are also not to be charged for breach of probation or parole relating to simple drug possession. However there is still anecdotal evidence of individuals being stopped or arrested for simple possession or for carrying naloxone kits. Preliminary literature (10–12) also indicates that lay responders still hesitate to call for emergency medical help in overdose situations. Among key informants, there continues to be an acknowledgement that naloxone distribution does not address unsafe drug supplies, and that safer drug supplies (through decriminalisation, legalisation, or better access to safe drug supplies (e.g. opioid agonist therapies)) are needed for effective overdose response and to curb overdose deaths.

The listing of naloxone in most provinces and territories (except for BC, AB, and SK) as a Schedule II drug was also described by some key informants as a barrier to access in some jurisdictions. Several P/Ts report having faced challenges equipping distribution sites that do not have a pharmacist or other healthcare professional on staff, an issue that is amplified in remote regions with lower capacity. While some jurisdictions acknowledge that scheduling of naloxone provides some standard of training and quality control, it has affected the P/Ts capacity to distribute naloxone more broadly. Importantly, informants note that restrictive scheduling may particularly impact high risk populations, who may hesitate accessing naloxone in more formal institutions (e.g. pharmacy, healthcare centres). In response, some P/Ts with naloxone listed as a Schedule II drug have circumvented the need of having the direct involvement of a healthcare professional during each case of naloxone distribution. Instead pharmacists, nurses, or other professionals are involved in the training of other trainers (often staff of community naloxone distribution sites), who then train individuals and distribute naloxone to the public.

Only Quebec imposes a minimum age for naloxone access. In other P/Ts, naloxone distribution to young minors has been taken on a case-by-case basis, and anecdotal evidence suggests that children as young as 11 years of age have accessed naloxone kits. As a result, questions around the extent of the mature minor doctrine and Duty to Report policies – where a professional has a duty to report if they suspect that a child is in need of protection from neglect or abuse – were described by key informants as a source of ambiguity in best practice.

Finally, political barriers related to changing provincial and territorial governments, and conservative social and fiscal policies, were identified as an issue for the expansion and continuation of some publicly-funded THN programs. Several key informants described political will and high acceptability on the part of the public as an important facilitator to implementing and expanding naloxone programs.

## **OPERATIONAL BARRIERS AND FACILITATORS**

Currently, most P/Ts have secured funding for the purchase of naloxone and kit contents through provincial governments. Across some P/Ts, key informants describe human resource and operational costs for running THN programs being largely subsumed into existing operations. In many P/Ts, counselling and dispensing fees in pharmacy are also uncompensated, with pharmacists volunteering to provide these services for free given the current crisis situation. While informants described building personal relationships between staff and clients as a facilitator to building trust and practicing effective harm reduction, staff burnout (due to low capacity and trauma from dealing with loss and overdose) was described as a key barrier to program management. Further financial provisions, and other supports for mental health and wellbeing, will likely be needed to ensure program sustainability.

Many informants have acknowledged difficulties in properly training and preparing ‘needle-naïve’ individuals to use injectable naloxone, especially transitioning from controlled training environments to high-stress overdose response situations. While many informants described wanting to offer both injectable and nasal formulations as part of the publicly funded THN programs, they cited the prohibitive cost of including nasal naloxone spray in the program. The wholesale cost of three injectable naloxone ampoules and three syringes is reportedly around ten times the price of two doses of nasal naloxone spray for administrators of publicly-funded THN programs. In addition, informants described concerns regarding the temperature excursion and shelf life allowed for nasal naloxone. Whereas nasal naloxone spray has an allowable temperature excursion of -4°C to 40°C (13), studies have shown that the injectable formulation is stable after freeze thaw cycles (14), an important consideration given the Canadian context.

While key informants in P/Ts describe taking significant actions to decrease barriers to naloxone access that arise from requiring identification, there remain some barriers to access across jurisdictions. More information is needed to know the extent to which identification is requested (even when policy states that naloxone kits may be distributed without the individual identifying themselves) and the impact it has on naloxone access. First Nations individuals must present a status card and personal health number to access the federal NIHB benefits and receive nasal naloxone spray.

Key informants describe some barriers relating to training standards for using naloxone. All jurisdictions use their own training standards, and trainings can last between ten minutes to one hour in most P/Ts. Some jurisdictions have noted that longer trainings become a barrier to some individuals. In other jurisdictions, there is evidence that kits are being distributed without having provided any training. While all P/Ts have tried to ensure that trainers are properly prepared to transfer knowledge and distribute kits to the public, questions regarding minimum standards and knowledge requirements – and how to ensure that these processes are being met across distribution sites – have arisen.

Dealing with expiring naloxone kits was also described by key informants as an increasing concern. The need to distribute naloxone broadly, especially in urban areas, has prohibited tracking of specific kits that have been distributed to the public. Program administrators have relied on trainings and other communications to remind individuals to check the expiry dates (usually available on kits or naloxone vials/ampoules), but concern is rising around ensuring that knowledge around kit expiry and the risks of using expired naloxone in overdose situations has been properly disseminated – while also communicating that using expired naloxone is better than not using any in an opioid overdose situation.

There are competing considerations in broadening the scope of THN programs, as well as loosening eligibility requirements, and obtaining robust surveillance data. Many programs have reported difficulty retrieving kit distribution and overdose response forms from participants and THN sites, and questions remain regarding broadening access while ensuring that data is systematically collected and analysed to increase THN program effectiveness and efficiency, as well as monitor adverse outcomes.

Finally, key informants stress the need to support a model of integrated healthcare. In some P/Ts, informants described having communications across different sectors of the health system as a facilitator to addressing and decreasing the burden of opioid overdose. In other P/Ts, there remain concerns around communication among different areas of the healthcare environment and among service providers. Questions around whether people prescribed opioids or opioid agonist therapies should systematically receive naloxone kits, and creating a clear path between presenting with an overdose, receiving a naloxone kit, and being directed towards further care, addictions treatment, and mental health services, also arose.

## **GEOGRAPHICAL BARRIERS AND FACILITATORS**

In many P/Ts, key informants describe uptake of naloxone kits being highly concentrated in urban areas. Fewer distribution sites available and the need to travel (without reliable public transport systems) to procure a kit in rural areas have been common barriers to THN uptake.

Key informants also described barriers related to small communities and stigma associated to drug use. Especially prominent in very small communities, simply having to speak with a pharmacist or other professional in order to receive a kit is prohibitive, as individuals fear being recognised and word spreading across communities. Community pharmacies are often private businesses, and onboarding some of these as distribution sites in rural areas has been difficult, reportedly due to stigma and discrimination towards people who use drugs.

Informants describe some jurisdictions with a standard of delivering naloxone to northern communities in heated transportation, to prevent freeze and thaw cycles that may negatively affect the medication. The high cost for transportation to northern communities in the winter months have encouraged some P/Ts to consider different distribution systems – for example, stocking up on kits during warmer months and halting deliveries during the winter.

## **KNOWLEDGE/EVIDENCE BARRIERS AND FACILITATORS**

Conversations with key informants raised a number of questions regarding the safety, effectiveness, and acceptability of different naloxone formulations, particularly in considering dosage to counteract highly potent illicit synthetic opioids, including fentanyl and carfentanil. While there is currently fairly consistent practice across programs in Canada, which each offer between 2 or 3 doses of naloxone per kit, some anecdotal and preliminary evidence have called into question the required dose to reverse opioid overdose, especially when synthetic opioids are involved (10,15). Some P/Ts cited good evidence of nasal and injectable efficacy as a facilitator in the distribution of either formulation. Additionally, there remain questions around what materials should be provided alongside both the injectable and nasal formulations of the medication (a carrier, mask, gloves, breakers, etc).

Questions around allowable temperature excursions continue to pose barriers across jurisdictions. Many P/Ts have included temperature considerations in their education and training materials, but more research is needed to examine the specific harms of storing naloxone in very hot or cold environments, and how this has affected instances of overdose response in Canada. Relatedly, research is needed regarding the drug's stability and the risk of using expired naloxone in cases of overdose.

Along with the cost-benefit of using different naloxone formulations, informants describe a lack of knowledge and research regarding priority populations for distribution of THN kits and training. Informants described a need for more evidence regarding the benefit (in terms of overdoses avoided and lives saved) of delivering naloxone broadly, compared to more targeted delivery to communities and individuals at the highest risk of opioid overdose. Relatedly, informants describe a lack of evidence regarding training standards or minimum standards in preparing individuals for overdose response to be an important evidence barrier.

Further, questions remain around what happens after an overdose rescue has occurred using naloxone. Informants describe needing better evidence for the consideration and care of people who use drugs and withdrawal symptoms that may arise from administering naloxone. Informants also described needing further outcomes research on overdose-related brain injuries and trauma-related injuries associated with using naloxone to better inform practice and care of individuals after an overdose has occurred.

The appropriateness of different overdose response strategies as part of THN training has also been called into question. While most P/Ts suggest rescue breathing (ventilation) after naloxone administration, others currently set CPR or chest compressions as the training standard, and there is a lack of evidence to support the most effective response strategy, and the specific order of actions, in responding to an overdose. Most overdose response strategies call for

responders to call 911 before doing anything, while some suggest giving a single dose of naloxone before calling emergency services.

# PROVINCE AND TERRITORY SPECIFIC INFORMATION

Access to naloxone differs significantly across the provinces and territories due to many factors, including the timing and severity of the effects of the opioid crisis, as well as the geography and rurality of communities across different P/Ts. Still, there are many points of similarity in naloxone distribution practices across P/Ts, as well as shared challenges and unanswered questions in regard to the effectiveness and safety of different distribution and usage methods.

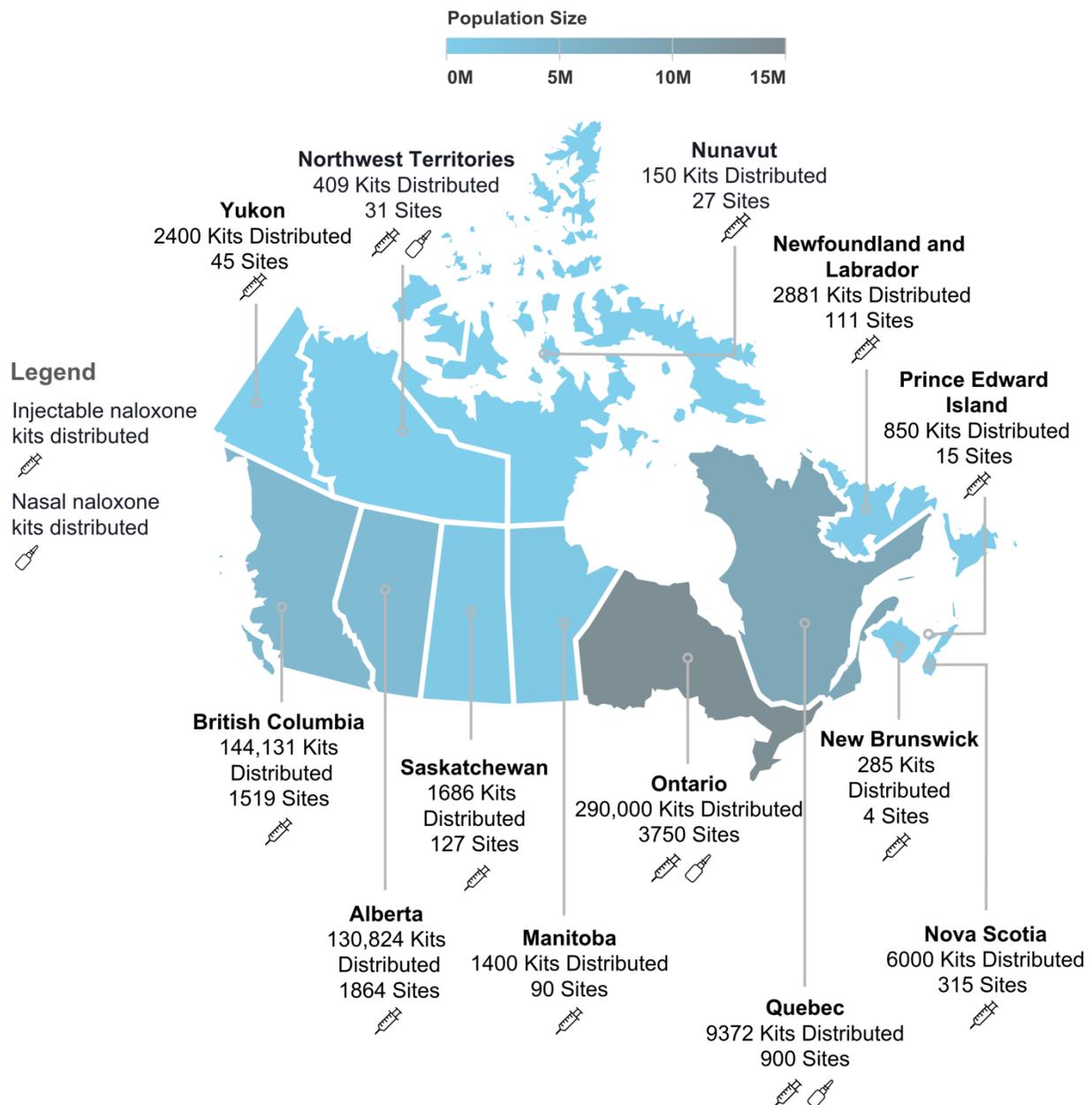


Figure 2 – Map of active THN distribution sites and kit distribution by province/territory. To date, more than 590,000 kits have been distributed across more than 8,700 distribution sites in Canada. Data

# BRITISH COLUMBIA (BC)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In British Columbia, a pilot take-home naloxone program (injectable) was launched by the British Columbia Centre for Disease Control (BCCDC) August 31, 2012, while naloxone was still a Schedule I drug. BC's THN program (hereafter referred to as BCTHN) has continued to expand since, particularly after a public health emergency was declared by BC's provincial health officer on April 14, 2016. The College of Pharmacists of BC unscheduled naloxone in September 2016 (16).

In December 2016, the BCCDC launched the Facility Overdose Response Box (FORB) program, which provides boxes containing several doses of naloxone and other supplies to community-based organisations. FORB was launched alongside the BCTHN to allow staff to respond to multiple overdoses and to ensure ongoing access to naloxone within community-based organisations. Registration as a FORB site requires a commitment to train staff and provide supports for staff responding to overdose situations.

Up to April 2019, 1,519 THN distribution sites have been registered, including 584 community pharmacies, 20 correctional facilities, and 87 hospital and emergency departments. 144,131 injectable naloxone kits have been reported distributed by sites, 39,126 have been reported used to reverse an overdose, and 24,492 have been reported stolen, lost, expired or confiscated (17).

### Oversight and Funding

The British Columbia Centre for Disease Control (BCCDC) oversees and administers the BCTHN program, while funding is provided the Ministry of Health (Government of British Columbia) through the Provincial Health Services Authority.

### Distribution of Naloxone Kits

The BCCDC coordinates distribution of naloxone kits to various take-home naloxone (THN) distribution sites, including shelters, clinics, health and rehabilitation centres, harm reduction sites, emergency departments, corrections facilities, other community organisations, and pharmacies. An [online site locator](#) listing all public access THN distribution sites is available for public use on the BCCDC's harm reduction website (9).

### Priority Population, Eligibility and Documentation

The BCTHN program targets people at risk of an opioid overdose as well as people likely to witness and respond to an overdose (such as a family or friend of someone at risk).

No identification or documentation is required in order for recipients to receive a kit, and the program relies on recipients self-identifying as being at risk of experiencing or witnessing an

overdose. When recipients receive a kit, distributor sites collect demographic information from individuals on a voluntary basis using the take-home naloxone [distribution form](#) (1), and are expected to return data to the BCCDC.

## **Cost to Patients**

Injectable naloxone kits are free at all sites through the BCTHN.

## **Training**

While the BCCDC develops training resources and competency checklists to support training, it is British Columbia's health authorities that coordinate training at the local level. Site coordinators and peers (people who use drugs) generally provide trainings to THN kit recipients. The BCCDC website, [Towardtheheart.ca](http://Towardtheheart.ca), provides training materials including an interactive learning lesson, videos, and training manual for use by THN sites. Individuals may also take [the online training course](#) outside of distribution sites to receive a proof-of-training certificate (18). Pharmacy sites were brought into the BCTHN program once training was standardized through the [towardtheheart.ca](http://towardtheheart.ca) website and app, in December 2017.

## **Replacing Used or Expired Naloxone Kits**

In British Columbia, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case, as well as on individual naloxone ampoule bottles. Recipients are advised during training to replace kits once expired. When needing to replace used or expired naloxone ampoules or other kit contents, distribution sites choose whether to replace an entire kit, or order 'replacement bottles' of naloxone or other loose supplies to refill incomplete kits.

## **Reporting and program evaluation**

Supply order forms are used to track the number of kits sent out to participating distribution sites by the BCCDC. A 'distribution form' is used by sites to collect voluntary demographic data including the date of receiving a kit, the recipient's overdose risk (at risk of overdose or at risk of witnessing an overdose), gender, age group, and whether the kit was the recipient's first kit or replacement kit. The distribution forms are faxed back to the BCCDC when filled.

An [overdose response information](#) form can be found online and is included in all injectable naloxone kits, for individuals to complete and return to the BCCDC after administering naloxone (19). This multiple choice form collects information on the date of overdose, the community and location the overdose event occurred, a description of the person who overdosed (gender, age), whether 911 was called, which first responders arrived on scene, whether rescue breathing was administered, how many naloxone ampoules were used, and whether there were any adverse effects.

The BCCDC produces evaluation reports for different facets of its naloxone distribution and overdose prevention programs, including an annual evaluation report of the BCTHN program (17,20). Finally, a number of qualitative, mixed-method, and quantitative evaluations of the program have been performed (1,10,21–23)

## **NALOXONE FOR PURCHASE IN PHARMACY**

As an unscheduled drug, naloxone is available in BC pharmacies, and many pharmacies (583 as of March 2019 (17)) in British Columbia act as THN sites, through which individuals can pick up injectable naloxone at no cost . First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

In pharmacies that are not listed as THN sites, injectable naloxone kits (three doses) may be purchased for \$45-55, and nasal naloxone spray (two doses) may be purchased for \$175 -200.

Pharmacists are generally provided with resource documents from the BCCDC, and generally provide verbal trainings for naloxone kit use in pharmacy.

# ALBERTA (AB)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Alberta, injectable naloxone was first made available for use in suspected or confirmed opioid overdose in 2005 through Streetworks, a harm reduction service site. In June 2015, the Ministry of Health announced a one-year, \$300,000 grant to provide naloxone kits through the Alberta Community Council on HIV (ACCH) harm reduction community partner organisations. The publicly-funded THN program (hereafter referred to as ABTHN) was then officially launched in December 2015 through Alberta Health Services, which is the provincial health care service organisation.

Up to January 31 2019, 1,864 community based naloxone (CBN) distribution sites have been registered. 130,824 injectable kits have been distributed, and 8,323 kits have been reported used to reverse an overdose.

### Oversight and Funding

Alberta Health Services (AHS) oversees and administers the ABTHN program, while funding is provided the Ministry of Health (Government of Alberta).

### Distribution of Naloxone Kits

AHS coordinates the procurement and distribution of overdose response kits (previously take home naloxone kits) to Community Based Naloxone (previously take home naloxone) program distribution sites, which include pharmacies, shelters, walk-in clinics, rehabilitation centres, harm reduction sites, emergency departments, corrections facilities, and other community organisations. As of January 2019, 1,864 distribution sites (1,132 community pharmacies, 631 non-pharmacies, and 101 medical first responders and peace officer sites) exist in Alberta. An [online site locator](#) listing all public access CBN distribution sites is available for public use on the AHS website (24).

### Priority Population, Eligibility and Documentation

The ABTHN program targets members of the public at risk of poisoning or overdose or likely to witness poisoning or overdose. No identification or documentation is required in order for recipients to receive a kit.

### Cost to Patients

Injectable naloxone kits are free at all sites through the ABTHN.

### Training

The ABTHN uses a training of trainers (ToT) model. AHS developed an e-learning module for all trainers to complete (with a minimum score of 80%) before being able to train the public on

naloxone kit use. Anyone that completes the e-learning module may serve as a trainer, and AHS also provides ABTHN sites with resources and knowledge checklists to ensure minimum training standards. The [e-learning module](#) for trainers (25) and [training resources for THN recipients](#) (26) is available publicly on the AHS website [AHS.ca/naloxone](https://www.ahs.ca/naloxone).

### **Replacing Used or Expired Naloxone Kits**

In Alberta, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

CBN distribution sites report data monthly to AHS using a [Naloxone Kit Monthly Distribution Report](#), which collects information regarding how many individuals were trained, how many first-time or replacement kits were distributed, and what happened to the previous kit if a replacement. Information on how many kits are distributed from community pharmacies is also reported through the use of dispensing cost reimbursement information from Blue Cross.

The reversal reporting form, which is completed voluntarily and anonymously with or without staff help when someone requests a replacement kit, collects information about when and where the kit was used. This multiple choice form collects information on the date of overdose, the community and location the overdose event occurred, a description of the person who overdosed (gender, age), whether 911 was called, which first responders arrived on scene, whether rescue breathing was administered, how many naloxone vials were used, and whether there were any adverse effects.

There is a multi-organisation evaluation working group to conduct a provincial evaluation of the program in order to improve access and efficacy. This group includes representatives from the Ministry of Health, AHS, ACCH, and FNHIB and collects the reversal data reported by all participating sites. A number of peer-reviewed evaluations of the ABTHN program have also been published (12,27).

### **NALOXONE FOR PURCHASE IN PHARMACY**

As an unscheduled drug, naloxone is available in Alberta pharmacies, and the majority of pharmacies in Alberta act as ABTHN community sites, through which individuals can pick up injectable naloxone for free. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their client identification to confirm their eligibility to the program.

In pharmacies that are not listed as ABTHN sites, injectable naloxone kits (two doses) may be purchased for \$40-50, and nasal naloxone spray (two doses) may be purchased for \$150 -180.

Pharmacists that participate in the ABTHN program must complete the pharmacy specific e-learning module on the Alberta Pharmacists Association website webpage, and offer offer training when providing a kit to members of the public. Pharmacists are reimbursed for dispensing costs (5).

# SASKATCHEWAN (SK)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

Saskatchewan's Take-Home Naloxone program(28) (hereafter referred to as SKTHN) began in November 2015 in Saskatoon, in order to provide access to naloxone to people who use drugs (PWUDs). In June 2016, naloxone kits were made available for purchase through community pharmacies in order for pharmacists to provide naloxone for emergency use outside of hospitals. In April 2018, a policy change expanded the program beyond PWUDs and allowed individuals likely to witness an overdose to access the publicly funded naloxone kits. In May 2018, an administrative bylaw change expanded the program to include friends and family of those at risk of experiencing an overdose. That same month Saskatchewan became the third province in Canada to list naloxone as an unscheduled drug in order to facilitate distribution from community sites.

As of December 2018, 127 distribution sites, including (84 pharmacies and 43 community sites), have been registered. Through the SKTHN program, 1,686 injectable kits have been distributed, 117 kits have been reported used to reverse an overdose.

### Oversight and Funding

The Saskatchewan Health Authority (SHA) oversees and administers the SKTHN program, while funding is provided the Ministry of Health (Government of Saskatchewan).

### Distribution of Naloxone Kits

The SHA orders THN kits from a SHA pharmacy and coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which include, clinics, health and rehabilitation centres, and harm reduction sites. An [online site locator](#) listing all public access THN distribution sites is available for public use on the Ministry's website (29).

### Priority Population, Eligibility and Documentation

The SKTHN program targets residents who are at risk of an opioid overdose and/or might witness an opioid overdose, such as friends and family of people who use opioids. These individuals are eligible for free training and a free THN kit. The SKTHN program collects some personal information when an individual requests a THN kit.

### Cost to Patients

Injectable naloxone kits are free at all sites through the SKTHN.

### Training

The SKTHN provides training regarding overdose prevention, recognition and response. While policy used to require individuals to be trained in person before accessing a kit, the policy was change in order to increase access. Currently, training and education resources are available and offered to recipients to use (online and in print resources available). While trainers must give a kit to anyone who requests it, they are obligated to offer the training and will use a combination of videos (from BCTHN's towardtheheart.ca (18)), in-person demonstrations, and group training sessions.

### **Replacing Used or Expired Naloxone Kits**

In Saskatchewan, expiry dates for naloxone kit contents are labeled on the outside of the naloxone ampoules or vials. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or ampoules, as well as other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

The SKTHN program receives monthly reporting from distribution sites; evaluation reports are produced bi-yearly. Demographic information is collected using distribution survey forms, including how many kits are distributed and how many people trained. Replacement survey forms are also used to collect data on how many kits have been used to reverse an overdose, what type of drugs the individual was using, what kind of adverse effects they experienced and whether they had any difficulty using the kits and any recommended changes for THN trainings.

### **NALOXONE FOR PURCHASE IN PHARMACY**

As an unscheduled drug, naloxone is available in Saskatchewan pharmacies. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

A [list of pharmacies](#) which carry naloxone for sale is available publicly on the Pharmacy Association of Saskatchewan website (30). Injectable naloxone kits (two doses) may be purchased for \$40-50, and nasal naloxone spray (two doses) may be purchased for \$160 -200.

Pharmacists provide verbal trainings, which cover overdose prevention, recognition, and response, including how to administer naloxone, for individuals who come in to purchase naloxone.

# MANITOBA (MB)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Manitoba, injectable naloxone was first made available in January 2016 through Winnipeg's regional health authority. The publicly-funded THN program (hereafter referred to as MBTHN), adapted Winnipeg's pilot program and was launched provincially in January 2017.

Up to June 2018, 90 distribution sites have been registered. Around 1,400 kits have been distributed, and around 60 kits have been reported used to reverse an overdose.

### Oversight and Funding

Street Connections (31), a harm reduction site run by Winnipeg Regional Health Authority, oversees and administers the MBTHN program, while funding is provided by Manitoba Health, Seniors and Active Living (MHSAL).

### Distribution of Naloxone Kits

Street Connections coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which include pharmacies, walk-in clinics, health, treatment and rehabilitation centres, harm reduction sites, emergency departments, and other community organisations. All publicly accessible sites are listed on the Street Connections [online site locator](#) (31).

### Priority Population, Eligibility and Documentation

Anyone who is at risk of opioid overdose may receive training and a free take-home naloxone kit through the MBTHN.

No identification or documentation is required in order for recipients to receive a kit.

### Cost to Patients

Injectable naloxone kits are free for people at risk of opioid overdose at all sites through the MBTHN.

### Training

The MBTHN uses a training of trainers (ToT) model. Individuals may walk in and be trained by a staff or peer in overdose recognition and response, and a health professional – such as a nurse, pharmacist, or other registered health professional – provides instruction on giving naloxone intramuscularly. Training resources are provided on the Manitoba Health website(32).

### Replacing Used or Expired Naloxone Kits

In Manitoba, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

## **Reporting and program evaluation**

The MBTHN uses three key sources of data to evaluate their program, including an inventory system, a [take-home tracking form](#), and an [overdose response form](#) (33,34).

The inventory system provides information on the number of distribution sites and kits delivered from the provincial naloxone warehouse. The take-home naloxone kit tracking form is completed by MBTHN sites on information on the number of first and replacement kits distributed, and data is reported to Manitoba Health.

MBTHN sites also collect information using overdose response forms, completed with individuals on a voluntary basis when they return to a MBTHN site to replace a used kit. This form collects information on the description of the person who overdosed (gender, age range), the setting of the overdose (date, community, location), the details of the overdose (what drugs were used, whether the kit was used on someone they knew or a stranger), emergency response (whether 911 was called, which first responder arrived first to the scene), overdose response (how many injections of naloxone were given, what other actions were taken, whether the person who overdosed experienced any adverse events in response to naloxone, whether the person survived), and finally program feedback (if the individual felt comfortable using the kit, if the kit was easy to use, and if there is anything that would have prepared the individual better in responding to an overdose). Data is analysed and quarterly surveillance reports are made available by Manitoba Health(35). Preliminary findings have been published (36).

## **NALOXONE FOR PURCHASE IN PHARMACY**

As a schedule II drug, naloxone is available in Manitoba pharmacies for purchase.

A [list of pharmacies](#) that carry naloxone for sale are listed through the College of Pharmacists of Manitoba (37). The cost for purchasing naloxone in pharmacy is \$30-50 for the injectable formulation, and \$160 -200 for nasal naloxone spray (two doses). First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

Training and education resources for pharmacists are also made available by the College of Pharmacists of Manitoba. Pharmacists generally provide a verbal training when individuals come in to purchase a kit. For pharmacists participating in the take home program, dispensing fees are provided by pharmacists for free.

# ONTARIO (ON)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Ontario, naloxone was first made available for use in suspected opioid overdose in August 2011 through Toronto Public Health, and distributed by organisations in several other communities before provincial distribution began in 2013 (38). The provincial THN program (hereafter ONTHN) began in 2013 through the Ministry of Health and Long-Term Care (MOHLTC). The ONTHN now distributes naloxone through three distinct programs: the Ontario Naloxone Program (ONP) established in October 2013, the Ministry of the Solicitor General (MSG, formerly the Ministry of Community Safety and Correctional Services) Take Home Naloxone Program (MSG-THN Program) established in April 2017, and the Ontario Naloxone Program for Pharmacies (ONPP) established in June 2016 (39).

Currently, over 3,500 pharmacies and 250 distributing agencies within Ontario's current Public Health Unit (PHU) catchment areas, and across all 14 Local Health Integration Networks (LHINs), distribute naloxone kits to eligible individuals. The MOHLTC funded ONTHN program also provides naloxone and kits to over 160 fire, police, and St John Ambulance branches in the province, for use when responding to an opioid overdose. As of December 31, 2018, more than 290,000 kits have been distributed and at least 14,000 administrations have been self-reported.

### Oversight and Funding

The MOHTHC administers and funds the ONP, and funds community pharmacies who choose to participate by submitting claims for naloxone through the ONPP. Additionally, the MOHLTC funds the naloxone for the MSG-THN Program and MSG administers the program.

### Distribution of Naloxone Kits

Through the ONP PHUs, needle exchange/syringe programs, hepatitis C programs, and participating community based organisations to distribute injectable and nasal spray naloxone kits to clients and their family and friends. The PHUs also act as distribution hubs for participating organisations in their catchment areas. Some organisations participating in the ONP also provide mobile services. Participating pharmacies in Ontario distribute injectable and nasal spray naloxone kits to members of the public. Pharmacies are then reimbursed by submitting a claim to the ministry. Generally, the recipient and pharmacist or community distributor will work together to determine whether a nasal spray or injectable kit is best suited on a case-by-case basis. The MSG-THN program trains people who are incarcerated in provincial correctional facilities who are identified as being at risk of an opioid overdose, and who will subsequently receive a kit upon their release. An online site locator tool can be used to locate all participating organisations and pharmacies (i.e., all ONP and ONPP sites) that distribute publicly funded naloxone in Ontario (40).

### Target Population, Eligibility and Documentation

The ONP targets clients (namely, people who use drugs) of participating organisations, and their family and friends. The ONPP targets members of the public who self-identify as being at risk of an opioid overdose, or a family member, friend, or other person able to help someone at risk of an opioid overdose.

While a health card was previously required to obtain a kit through the ONPP, since March 2018 identification or documentation is no longer required for recipients to receive a kit through a participating pharmacy.

### **Cost to Patients**

Nasal spray and injectable kits are free to eligible individuals through all ONP and ONPP sites. Nasal spray kits are free for eligible individuals who are incarcerated as part of the MSG-THN program.

### **Training**

While the MOHLTC has developed training tools for the ONP, Ontario's PHUs coordinate and provide training to participating organisations in their respective catchment areas. ONP site staff and peers (i.e. people who use drugs/people who formerly used drugs) generally provide training to naloxone kit recipients. The MOHLTC website, [www.ontario.ca/page/get-naloxone-kits-free](http://www.ontario.ca/page/get-naloxone-kits-free), is a conduit to information and resources about opioid overdose, naloxone, the ONTHN program, and addiction services, as well as the online site locator tool for ONP and ONPP sites (41). In consultation with MOHLTC, MSG developed the training delivered through the MSG-THN Program.

The Ontario College of Pharmacists (OCP) and Ontario Pharmacists Association (OPA) have developed a THN online module and offer other education and training resources for pharmacist use (39,42). Pharmacists generally provide consultation when individuals come in to pick up or purchase a kit. For pharmacies participating in the ONPP, dispensing and counselling fees are reimbursed by the MOHLTC, and naloxone kits are provided to patients free of charge (43).

### **Replacing Used or Expired Naloxone Kits**

In Ontario, expiry dates for naloxone kits distributed through the ONP, ONPP and MSG-THN Program are labelled on the outside of the kit carrying case. Recipients are advised during trainings to replace kits once expired. When individuals who access naloxone through the ONP or ONPP need to replace used or expired naloxone kit, it is left to the discretion of ONP and ONPP sites whether to replace entire kits or only the expired/used naloxone within the kit.

### **Reporting and program evaluation**

All ONP sites are required to report quarterly to the MOHLTC on the following data:

- number of kits distributed (injectable and nasal spray);
- number of people trained to administer naloxone (injectable and nasal spray);
- number of individuals who reported administering or receiving naloxone (injectable and nasal spray), including how many doses were given per administration;
- number of restock requests (naloxone only, injectable and nasal spray), including number of doses provided at each restock;
- number of times that 911 was called when naloxone was administered;

- local drug trends; and,
- a local need for naloxone that is not being filled (38).

The total number of naloxone kits and replacement kits distributed to patients by participating ONPP pharmacies is determined through claims data via the province's Health Network System (HNS). Additionally, ONPP pharmacies may voluntarily provide qualitative data on a quarterly basis on the following data:

- number of naloxone kits distributed (injectable and intra-nasal);
- number of trainings given to individuals on how to administer naloxone (injectable only);
- number of individuals who reported administering or receiving naloxone;
- number of times that 911 was called when naloxone was administered; and,
- the number of replacement naloxone emergency kits distributed.

Preliminary research evaluations from Ontario have been published (11). Evaluation of pharmacy naloxone distribution and opioid prescribing data is available at the Ontario Drug Policy Research Network (ODPRN) website (44).

### **NALOXONE FOR PURCHASE IN PHARMACY**

Kits are generally available for free across most pharmacies in Ontario. For pharmacies that act as ONPP sites, dispensing and counselling fees are reimbursed by the MOHLTC, and are provided to patients free of charge (43). First Nations individuals are eligible for nasal spray naloxone for free under the NIHB at all ONPP or other pharmacies, though they must show their client identification to confirm their eligibility to the program.

The OCP and OPA have developed a THN online module and offer other education and training resources for pharmacist use (39,42). Pharmacists generally provide a verbal training when individuals come in to pick up or purchase a kit.

# QUEBEC (QC) – English

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Québec, the first take-home naloxone program began in Montreal in June 2015, in response to a wave of opioid overdoses in 2014. This was made possible by a collective ordonnance signed by the Public Health Director, with support of the Collège des médecins du Québec (CMQ) and the Ordre des pharmaciens du Québec (OPQ), in order to make provisions for naloxone while the provincial program was developed.

The current take-home naloxone program (hereafter referred to as QCTHN) began in November 2017, when the Ministry of Health and Social Services announced that it would offer free take-home naloxone through community pharmacies and the Régie de l'assurance maladie du Québec (RAMQ), the province's health insurance board. Specifically, community pharmacists distribute naloxone for free to individuals requesting a kit and are reimbursed by the RAMQ. In the summer of 2018, a community take-home naloxone program was also started through the DRSP for community organisations, specified by Québec's 18 health regions/authorities. This program aimed to address access gaps in the provincial program by providing a completely anonymous program for clients of community services, and by specifically targeting individuals least likely to visit pharmacies in order to obtain a kit. Community organisations obtain kits from hospital pharmacies to distribute to their clientele, and these pharmacies are reimbursed through the Ministry of Health and Social Services.

Since 2017, 900 distribution sites (all Québec pharmacies) are available as naloxone distribution sites. Some pharmacies keep the drug in inventory and can provide it at any time without delay, and agree to be listed in the [online site locator](#) (45). Other pharmacies, not listed on the locator, will order naloxone when requested and can provide it within 24 to 48 hours. The RAMQ does not provide specific information on the number of kits distributed; rather the Info-Center presents these data. In 2017, 1,831 naloxone services were given to citizens by community pharmacies, with another 7,541 in 2018.

### Oversight and Funding

The Ministry of Health and Social Services funds the QCTHN, as well as helps administer the program alongside the Régie de l'assurance maladie du Québec (RAMQ).

### Distribution of Naloxone Kits

While all pharmacies as well as select community organisations are equipped to distribute naloxone for free, around 900 sites are listed on the [online site locator](#). In March 2019, 50 community organisations from 9 regions were integrated into the Health and Social Services Resource Directory and the Health and Wellness Portal to provide access to more vulnerable populations.

## **Priority Population, Eligibility and Documentation**

The QCTHN has made nasal and injectable naloxone kits available to anyone aged 14 and older. Provisions have been made for persons who do not have a health card but wish to obtain a free naloxone kit. Pharmacists may give individuals access to the free THN program if individuals who fall under the categories of a) any person who requires naloxone in an emergency situation, b) any individual who is homeless, c) any individual from another province and has proof of Canadian citizenship, d) foreign national who has identification, and e) any person who is a tourist, or in Quebec in passing, and has identification.

## **Cost to Patients**

Injectable and nasal naloxone kits are free at all sites through the QCTHN.

## **Training**

Between June 2015 and November 2017, the Direction régionale de santé publique (DRSP) de Montréal developed a training program and trained more than 1,500 individuals – including a peer-to-peer training with the collaboration of community partners – used to train community site workers and allow for a training of trainers (ToT) model.

Provincially, naloxone training was developed to target a variety of audiences:

- Training developed by Métad'Âme and the Quebec Addiction Practitioners Association is now available for community harm reduction organisations and peers
- Training on the administration of naloxone produced by the National Institute of Public Health for staff of the health and social services network
- Training for community pharmacists produced by the Quebec Association of Proprietor Pharmacists with training credits recognized by the Ordre des pharmaciens du Québec
- Training for public safety stakeholders produced by the National Police School of Quebec

The QCTHN relies on pharmacists to provide verbal training to individuals who request naloxone. Information and resources for the public are also provided on the Government of Quebec website (46).

## **Replacing Used or Expired Naloxone Kits**

In Quebec, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during distribution to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the pharmacist decides whether to replace the entire kit with a new kit.

## **Reporting and program evaluation**

Currently, no data is collected on overdose incidence or from individuals wishing to replace a naloxone kit within the QCTHN. The RAMQ does not have numbers of kits distributed, but does collect demographic information (age and sex) on individuals who collect naloxone kits.

## **NALOXONE FOR PURCHASE IN PHARMACY**

Naloxone is listed as part of Quebec's provincial formulary and is free for individuals across pharmacies in Quebec.

# QUÉBEC (QC) – Français

## PROGRAMME D'ACCES A LA NALOXONE

### Histoire et contexte

Au Québec, le premier programme d'accès à la naloxone a débuté à Montréal en juin 2015, après une vague de surdoses d'opioïdes dans cette même ville en 2014. Cette distribution a été rendue possible grâce à une ordonnance collective signée par le Directeur de la santé publique de Montréal (DRSP), avec l'appui du Collège des médecins du Québec (CMQ) et de l'Ordre des pharmaciens du Québec (OPQ), afin de permettre la distribution de la naloxone en attendant l'initiation du programme provincial.

Le programme provincial d'accès à la naloxone (ci-après QCTHN) a débuté en novembre 2017, avec l'annonce du ministère de la Santé et des Services sociaux que la naloxone serait offerte gratuitement en accord avec la Régie de l'assurance-maladie du Québec (RAMQ). Les pharmaciens communautaires remettent la naloxone gratuitement aux citoyens qui en font la demande et se font rembourser par la RAMQ. À l'été 2018, un programme communautaire d'accès à la naloxone a également été lancé dans les 18 régions sociosanitaires du Québec. Ce dernier visait à offrir un programme complètement anonyme aux clients des services communautaires et en ciblant plus particulièrement les personnes les moins susceptibles de se rendre dans les pharmacies afin d'obtenir une trousse. Les organismes communautaires obtiennent les trousseaux de naloxone des pharmacies de centres hospitaliers. Ces pharmacies se font rembourser les trousseaux par le ministère de la Santé et des Services sociaux.

Depuis 2017, il est possible de se procurer de la naloxone dans toutes les pharmacies communautaires du Québec (autour de 900). Certaines pharmacies commandent la naloxone au fur et à mesure, elles peuvent alors en fournir dans un délai de 24 à 48 heures. D'autres pharmacies gardent le médicament en inventaire et peuvent en fournir en tout temps sans délais. Celles-ci acceptent d'être identifiées comme tel dans [le localisateur de sites en ligne](#). La RAMQ ne fournit pas d'informations spécifiques sur le nombre de trousseaux distribués. C'est l'Info-Centre qui présente ces données. En 2017 : 1,831 trousseaux remis à des citoyens par les pharmacies communautaires et 7,541 en 2018

### Administration et financement

Le ministère de la Santé et des Services sociaux fournit les fonds nécessaires pour la QCTHN, et participe à l'administration du programme avec la Régie de l'assurance maladie du Québec (RAMQ).

### Distribution de trousseaux de naloxone

Bien que toutes ces pharmacies communautaires ainsi que certaines organismes communautaires soient équipés pour distribuer gratuitement la naloxone, environ 900 sites sont répertoriés dans [le localisateur de sites en ligne](#) (45). En mars 2019, 50 organismes communautaires de 9 régions étaient intégrés dans le Répertoire des ressources en santé et

services sociaux et le Portail Santé et mieux-être comme donnant accès aux populations plus vulnérables.

### **Population cible, admissibilité et documentation**

La QCTHN offre des trousse de naloxone par injection ou par voie nasale aux personnes âgées de 14 ans et plus. Des dispositions ont été prises pour les personnes qui ne possèdent pas de carte de santé mais souhaitent obtenir une trousse. Les pharmaciens peuvent donner accès aux personnes appartenant à l'une des catégories suivantes : a) dans un état requérant des soins urgents; b) un sans-abri, et c) un citoyen d'une autre province canadienne ou d'un territoire, un ressortissant étranger ou un touriste et que vous présentez une pièce d'identité (comme un passeport). Le médicament et les fournitures nécessaires à son administration sont fournis gratuitement par les pharmaciens dans tous les sites de distribution de la QCTHN.

### **Formation**

Entre juin 2015 et novembre 2017, la Direction régionale de santé publique (DRSP) de Montréal a développé en collaboration avec ses partenaires une formation par et pour les pairs, une formation pour habilités les intervenants communautaires, et une formation de formateur. Dans ce temps, 1,500 personnes ont été formées.

Au plan provincial, des formations sur l'administration de la naloxone visent différents publics-cibles :

- Formation élaborée par Métad'Âme et l'Association des intervenants en dépendance du Québec maintenant offerte pour les organismes communautaires en réduction des méfaits et pairs aidants
- Formation sur l'administration de la naloxone produite par l'Institut national de santé publique pour le personnel du réseau de la santé et des services sociaux
- Formation pour les pharmaciens communautaires produite par l'Association québécoise des pharmaciens propriétaires avec des crédits de formation reconnus par l'Ordre des pharmaciens du Québec
- Formation pour les intervenants en sécurité publique produite par l'École nationale de police du Québec

La QCTHN compte sur les pharmaciens pour dispenser des formations verbales aux personnes qui viennent chercher de la naloxone, ils reçoivent une rémunération pour ce faire. et des ressources d'informations sont également fournies sur le site Web du gouvernement du Québec (46).

### **Remplacement des kits de naloxone usés ou périmés**

Au Québec, la date d'expiration du contenu de la trousse de naloxone est indiquée à l'extérieur de la trousse. Lors de la fourniture de la trousse, les bénéficiaires conseillés de remplacer les trousse une fois expirés. Quand quelqu'un vient remplacer une trousse, c'est aux pharmaciens de décider quant au remplacement individuels d'ampoules de naloxone usés ou expirés, ou de remplacer la trousse au complet.

### **Rapport et évaluation du programme**

Actuellement, aucune donnée n'est collectée sur l'incidence de surdosage ou sur des individus souhaitant remplacer une trousse de naloxone. La RAMQ ne recueille pas de renseignements sur les nombres de trousse distribuées, mais récolte des informations démographiques (âge et sexe) sur les personnes qui collectent des trousse en pharmacies.

### **NALOXONE POUR L'ACHAT EN PHARMACIE**

La naloxone figure sur la liste du formulaire provincial du Québec et est gratuite pour les bénéficiaires dans les pharmacies du Québec.

# NEWFOUNDLAND AND LABRADOR (NL)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Newfoundland and Labrador, a take-home naloxone program (hereafter referred to as NLTHN) was first launched in November 2016, when it was also moved to a schedule II drug.

Up until March 31 2019, 111 (89 public) distribution sites have been registered. 2,881 kits have been distributed, and 55 have been reported used, 18 of which to reverse an overdose.

### Oversight and Funding

The regional health authorities, Safe Works Access Program (SWAP), and AIDS Committee of Newfoundland and Labrador (AVNL) help coordinate the distribution and administration of the NLTHN. The Department of Health and Community Services (Government of Newfoundland and Labrador) provides funding for the program.

### Distribution of Naloxone Kits

The regional health authorities coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which include corrections facilities, health centres, treatment and rehabilitation centres, and other community organisations. 89 public sites are [listed online](#), and another 22 sites distribute kits to their clientele internally (47).

### Priority Population, Eligibility and Documentation

The NLTHN program is for individuals who are at risk of an opioid overdose and their friends/family who might witness an overdose

No identification or documentation is required in order for recipients to receive a kit, and the program relies on recipients self-identifying as being at risk of experiencing or witnessing an overdose. When recipients go to collect a kit and receive training, training attendance sheets collect basic non-identifying demographic information on a voluntary basis.

Injectable naloxone kits are free at all sites through the NLTHN.

### Training

The NLTHN uses a training of trainers (ToT) model. Lead instructors from the regional health authorities and harm reduction organisations provide instruction to all 'kit contacts', who deliver trainings at NLTHN sites.

### Replacing Used or Expired Naloxone Kits

In Newfoundland and Labrador, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits

once expired. When needing to replace used or expired naloxone ampoules or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

Regular webinar meetings are conducted with all 'kit contacts', point people at each NLTHN site, to report to the Department of Health and Community Services on how things are working and what challenges sites are facing.

Data is collected and reported to the Department of Health and Community Services. The training attendance sheets are used to collect basic non-identifying demographic information on a voluntary basis when individuals collect a kit (i.e. date, age, gender, home community, why they want a kit (at risk of overdose, friend or family, on high-dose prescription opioids, staff or volunteer), and whether the individual is receiving a first or replacement kit. An overdose response form, on which individuals can voluntarily provide information when coming to replace a kit, is also used to collect information regarding overdose incident (i.e. date of overdose event, location of event, gender and age of person who overdosed, whether 911 was called, and how many doses of naloxone were given) .

Eastern Health, one of the 4 regional health authorities, was contracted to do an evaluation of the program and have conducted various interviews and surveys for program evaluation (48).

### **NALOXONE FOR PURCHASE IN PHARMACY**

While there are no pharmaceutical distribution sites as part of the NLTHN, as a schedule II drug, naloxone is available in pharmacy for purchase. While pharmacies may not stock naloxone at all times, it can be ordered for individuals wishing to purchase a kit. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

Injectable naloxone kits (two doses) may be purchased for around \$50, and nasal naloxone spray (two doses) may be purchased for around \$200. Pharmacists generally provide a verbal training for individuals wishing to purchase a naloxone kit.

# NEW BRUNSWICK (NB)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In New Brunswick, the Department of Health announced in November 2017 that it would invest around \$150,000 to buy around 2,500 injectable naloxone kits for distribution in the population (hereafter the NBTHN program).

Since January 31 2019, 4 distribution sites have been registered. Around 285 kits have been distributed, with 19 of these reporting being used to reverse an overdose.

### Oversight and Funding

Oversight of the program is done by three community agencies: AIDS New Brunswick (Fredericton and Miramichi), Avenue B (Saint John) and Ensemble (Moncton). Funding is provided by the Department of Health (Government of New Brunswick).

### Distribution of Naloxone Kits

Kits are available for pick up by the general public from four community agencies. [A list of these locations](#) is available online.

### Priority Population, Eligibility and Documentation

The NBTHN program targets members of the public at risk of poisoning or overdose or likely to witness poisoning or overdose.

No identification or documentation is required in order for recipients to receive a kit. Non-identifiable information is collected on a voluntary basis for individuals who come to collect a replacement kit.

### Cost to Patients

Injectable naloxone kits are free at all sites through the NBTHN.

### Training

[Online training](#) is available through BC's Toward the Heart's Take Home Naloxone website. Once an individual completes the training, they receive a certificate which they are asked to print or keep electronically, and present the certificate to receive a kit at one of the four distribution sites in New Brunswick.

### Replacing Used or Expired Naloxone Kits

In New Brunswick, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired.

When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

Distribution sites collect information on a voluntary basis when an individual comes in to receive a replacement kit. This includes information about where and when the overdose happened, whether 911 was called, which first responder was first on the scene, what type of drug was being used, and whether the person survived. Data is analysed and evaluations conducted by the Department of Health.

### **NALOXONE FOR PURCHASE IN PHARMACY**

As a schedule II drug, naloxone is available in New Brunswick pharmacies for purchase. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

In New Brunswick pharmacies, injectable naloxone kits (two doses) may be purchased for \$40-50, and nasal naloxone spray (two doses) may be purchased for \$150 -190.

Generally, a verbal training in overdose response and naloxone use is given.

# NOVA SCOTIA (NS)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In June 2015 naloxone was moved to a schedule II drug in Nova Scotia, and a one-year grant was introduced to begin a pilot program in September 2016 to distribute a limited number of naloxone kits. The provincial government announced further investments in March 2017 and the provincial take-home naloxone program (hereafter referred to as NSTHN) officially launched in September 2017 (49).

315 sites have been registered as NSTHN sites. As of February 2019, more than 6,000 kits have been distributed, and 60 individuals have reported using kits to reverse an opioid overdose.

### Oversight and Funding

The Nova Scotia Health Authority (NSHA) oversees the NSTHN administration, while funding is provided by the Ministry of Health and Wellness (Government of Nova Scotia).

### Distribution of Naloxone Kits

The NSHA coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which includes pharmacies, health centres, and other community organisations. There are just over 300 pharmacies across the province, and 282 of these are registered as NSTHN distribution sites. An [online site locator](#) and other information is available on the NSTHN program website (50).

### Priority Population, Eligibility and Documentation

The NSTHN targets people who are at risk for opioid overdose, or who are likely to witness and respond to an overdose (such as family/friends and those who work with people at risk of opioid overdose).

No identification or documentation is required in order for recipients to receive a kit, and the program relies on recipients self-identifying as being at risk of experiencing or witnessing an overdose.

### Cost to Patients

Injectable naloxone kits are free at all sites through the NSTHN.

### Training

The NSTHN uses a training of trainers (ToT) model. At each distribution site, a site lead has been trained by the NSHA for training in naloxone use and overdose prevention, and also acts as a liaison to the NSA and NSTHN program. Authorised implementers may also give training

for naloxone use, and must complete four online modules and receive a minimum score of 80%. Trainers also receive a checklist for quality control purposes and to keep track of key points to transmit across all trainings.

### **Replacing Used or Expired Naloxone Kits**

In Nova Scotia, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

In regard to reporting, distribution sites use a participant information form to collect number of kits distributed and demographic information on a voluntary basis from individuals collecting a kit, including their age, gender, whether they are at risk of overdose themselves, what route of administration they usually use if a person who uses drugs, and if they have experienced or witnessed an opioid overdose).

A kit usage form also collects data on participants who come in to a NSTHN to replace a used kit. This information is given on a voluntary basis and includes questions on whether the last kit was used on the individual or another person, whether 911 called, if there were barriers to calling 911, if there were barriers to having police involvement, whether the person survived the overdose event, and whether the person went to hospital. Data is reported to and evaluated by the Nova Scotia Health Authority (NSHA).

### **NALOXONE FOR PURCHASE IN PHARMACY**

As a schedule II drug, naloxone is available in Nova Scotia pharmacies for purchase, although the vast majority of pharmacies take part in the NSTHN as distributors and so have naloxone to be given for free. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their client identification to confirm their eligibility to the program can also procure the nasal naloxone spray.

Pharmacists that participate in the NSTHN program receive training, information and education resources from the NSA. For individuals who come in to pharmacy to pick up a kit, pharmacists will generally provide a verbal training in naloxone use, overdose recognition and response. The Pharmacy Association of Nova Scotia and the NSHA reach an agreement to provide a dispensing and counselling fee to pharmacists that participate in the NSTHN.

# PRINCE EDWARD ISLAND (PEI)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Prince Edward Island, a pilot program was launched in June 2017 at provincial needle exchange program sites (seven locations across Prince Edward Island) providing free, injectable take-home naloxone kits to existing clients. The program (hereafter referred to as PEITHN) has since expanded to include other community agency and health sites (51).

There are currently 15 distribution sites listed as part of the PEITHN. Since roll out, 850 kits have been distributed, with 21 reported used to reverse an opioid overdose.

### Oversight and Funding

The Prince Edward Island Department of Health and Wellness is the agency that oversees administration and funding of the PEITHN. Health PEI, the operational arm of the health system, will take over administration of the program in 2019.

### Distribution of Naloxone Kits

The PEI Department of Health and Wellness coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which include needle exchange sites, health and rehabilitation centres, and other community organisations. A list is published online with all distribution locations (51).

### Priority Population, Eligibility and Documentation

The PEITHN program targets people who are at high risk for opioid-related overdoses, and their friends or family members.

No identification or documentation is required in order for recipients to receive a kit. When recipients go to collect a kit, distribution forms are used to collect non-identifying demographic information on a voluntary basis.

### Cost to Patients

Injectable naloxone kits are free at all sites through the PEITHN

### Training

The PEITHN uses a training of trainers (ToT) model. All trainers must complete an in-person training before being able to give trainings at PEITHN sites. Kit recipients are shown a video and given a manual developed by BC's Toward the Heart website. If individuals do not want to watch a video, they can receive a one-on-one training with a distributor at the site.

### Replacing Used or Expired Naloxone Kits

In PEI, expiry dates for naloxone kit contents are labeled on the naloxone vials. Recipients are advised during trainings to replace kits once expired. The PEITHN program currently replaces unused naloxone vials in kits with expired vials of naloxone. However, if an individual uses a kit and needs a replacement, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

A distribution spreadsheet is used to track the number of kits sent out and the locations of distribution. Distribution forms are used to collect non-identifying demographic information upon distribution of naloxone kits, including the date of receiving a kit, the recipient's use for kit (family member, risk of overdose, etc), gender, age group, and whether the kit was the recipient's first kit, or replacement kit due to kit used to reverse an overdose, or a replaced for another reason. These forms are sent to the Chief Public Health Office (CPHO) when completed.

An overdose response form is filled out when a client returns stating the kit was used in an overdose situation. The form collects information on the date of overdose, the community and location the overdose event occurred, a description of the person who overdosed (gender, age), whether 911 was called, which first responders arrived on scene, whether rescue breathing was administered, how many naloxone ampoules were used, and whether there were any adverse effects.

The PEITHN currently has an evaluation process underway. One questionnaire was created for trainers who distribute the kits, and another for those who have received a kit.

### **NALOXONE FOR PURCHASE IN PHARMACY**

As a schedule II drug, naloxone is available in PEI pharmacies for purchase. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

Injectable naloxone kits (two doses) may be purchased for around \$50, and nasal naloxone spray (two doses) may be purchased for \$180.

# YUKON (YK)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Yukon, naloxone was given a schedule II status in August 2016, and a take-home naloxone program (hereafter YKTHN) was first introduced in January 2017.

As of January 31 2019, 45 distribution sites have been registered and 2,400 injectable naloxone kits have been distributed.

### Oversight and Funding

The Opioid Overdose Prevention Coordinator and Department of Mental Wellness and Substance Use coordinates the YKTHN, while the Ministry of Health and Social Services (Government of Yukon) funds the program.

### Distribution of Naloxone Kits

The Opioid Overdose Prevention Coordinator coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites, which include pharmacies and health centres. A [list of distribution sites](#) is available on the Government of Yukon website (52). Publicly listed distribution sites include all pharmacies and community health centres in the territory. Some other distribution sites exist but are limited to clientele of those sites.

### Priority Population, Eligibility and Documentation

The YKTHN program targets anyone who self-identifies as needing a naloxone kit.

No identification or documentation is required in order for recipients to receive a kit, and the program relies on recipients self-identifying needing a kit. When recipients go to collect a kit, a distribution form is used to collect voluntary non-identifying information.

### Cost to Patients

Injectable naloxone kits are free at all sites through the YKTHN sites.

### Training

YKTHN uses a training of trainers (ToT) model. The Opioid Overdose Prevention Coordinator provides training for any sites interested in distributing naloxone. Those that have been trained by the Opioid Overdose Prevention Coordinator will then provide a verbal training on how to use a naloxone kit. Generally, pharmacists or other trainers may also provide a demonstration on how to inject naloxone.

### Replacing Used or Expired Naloxone Kits

In Yukon, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

The distribution form collects voluntary non-identifying information on age in years, ethnicity of client (First Nations or not, generally), gender, how the individual heard about the program, the distributor site name, the kit number, and whether it is the first or a replacement kit, is generally used for program evaluation. Though few have been returned, naloxone kits also include an overdose response form.

The Opioid Overdose Prevention Coordinator uses information collected to evaluate the program.

### **NALOXONE FOR PURCHASE IN PHARMACY**

Naloxone is available for free in all Yukon pharmacies. For individuals who want to purchase more for use in other settings (for a business or otherwise, for example) injectable naloxone kits (two doses) may be purchased for around \$55 each, and nasal naloxone spray (two doses) may be purchased for around \$200.

First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their status card and personal health number to confirm their eligibility to the program.

# NORTHWEST TERRITORIES (NT)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

In Northwest Territories, a take-home naloxone program (hereafter NTTHN) was introduced with nasal naloxone spray first distributed in December 2016 through the Department of Health and Social Services. A few months later, the injectable formulations were used to replace the nasal naloxone spray kits. Currently, the program has transitioned to the territorial Health Authority, and the territory is planning to revert to the nasal formulation.

Current to February 2019, there are 31 distribution sites have been registered and 409 kits have been distributed.

### Oversight and Funding

The NTTHN program is administered by the Department of Health and Social Services (Government of Northwest Territories), but is currently being transitioned to the Territorial Health Authority to oversee the program.

### Distribution of Naloxone Kits

Injectable naloxone kit distribution is coordinated by the main hospital in Yellowknife, where the health territorial health authority also conducts its operations. This site acts as the central distributor of take-home naloxone kits to other distribution sites, which include all the pharmacies in the territory and other health and community organisations. A list of available distribution sites [is available online](#) at the Health and Social Services website (53). Some sites that only distribute naloxone to their own clientele are not listed. The territory plans to discontinue injectable kits and distribute nasal naloxone spray kits, similar to that of Ontario.

### Priority Population, Eligibility and Documentation

The NTTHN program targets people members of the public at risk of poisoning or overdose or likely to witness poisoning or overdose.

No identification or documentation is required in order for recipients to receive a kit, although voluntary information on the gender, age range, occupation, and self-reported risk is collected at time of distribution, along with the date and site.

### Cost to Patients

Injectable naloxone kits are currently free at all sites through the NTTHN. Once rolled out, nasal naloxone spray kits will also be free.

### Training

Generally, only pharmacists or other registered health professionals will provide training for naloxone kit use using videos and verbal trainings. Written documentation for client training was also available when the NTTHN program initially rolled out.

### **Replacing Used or Expired Naloxone Kits**

In Northwest Territories, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

### **Reporting and program evaluation**

Data is collected at distribution sites (gender, age range, occupation, and self-reported risk is collected at time of distribution, along with the date and site) and reported back to the department of health. The territorial health authority analyses this data and uses it to evaluate access to the naloxone in target populations, as well as more generally across the territory. An opioid agonist therapy (OAT) case manager is being hired to oversee surveillance and will conduct some of these analyses.

### **NALOXONE FOR PURCHASE IN PHARMACY**

Naloxone is available for free in all pharmacies in Northwest Territories. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB, though they must show their client identification to confirm their eligibility to the program can also procure the nasal naloxone spray. For pharmacies that act as NTTHN sites, dispensing and counselling fees are reimbursed to pharmacists, and are provided to patients free of charge

# NUNAVUT (NU)

## PUBLICLY-FUNDED THN PROGRAM

### History and Context

The government of Nunavut announced that 100 kits would be delivered to health centres across the territory in February 2017. The take-home naloxone program (hereafter NUTHN) continued under the prevue of the Department of Health.

As of February 2019, there are 27 distribution sites in Nunavut and 150 kits have been distributed.

### Oversight and Funding

The Government of Nunavut's Department of Health and territorial director of pharmacy oversees the NUTHN, while the Government of Nunavut Department of Health provides funding.

### Distribution of Naloxone Kits

The Department of Health coordinates distribution of naloxone kits to take-home naloxone (THN) distribution sites. A distribution site, either a health centre or hospital, exists in each town in the territory (27 total), however there is no publicly available list of NUTHN distribution sites. Radio announcements and media stories are generally used to spread the word about new services in the territory.

### Priority Population, Eligibility and Documentation

The NUTHN program targets members of the public at risk of poisoning or overdose or likely to witness poisoning or overdose.

No identification or documentation is required in order for recipients to receive a kit, and the program relies on recipients self-identifying as being at risk of experiencing or witnessing an overdose. Distributors are asked to collect general demographic information, although reporting has been low.

### Cost to Patients

Injectable naloxone kits are free at all sites through the NUTHN.

### Training

Only community health nurses are able to provide training for kit use, as pharmacists in Nunavut do not have an expanded scope of practice and there is no college of pharmacists (so no way of knowing who is certified). Community health nurses can provide training via video conferencing and sharing slides, or in person.

## **Replacing Used or Expired Naloxone Kits**

In Nunavut, expiry dates for naloxone kit contents are labeled on the outside of the naloxone carrying case. Recipients are advised during trainings to replace kits once expired. When needing to replace used or expired naloxone vials or other kit contents, the entire kit is replaced with a new kit.

## **Reporting and program evaluation**

Data collection from distribution sites is done on a voluntary basis, and no identifiable information is collected. However, program uptake and reporting of data back to central (Iqaluit) has been low thus far. There have been no instances of opioid overdose deaths in Nunavut up to present.

## **NALOXONE FOR PURCHASE IN PHARMACY**

Naloxone is not available for purchase in retail pharmacies. First Nations individuals are eligible for nasal naloxone spray for free under the NIHB and can receive their benefits through pharmacies at community health centres and hospitals, though they must show their status card and personal health number to confirm their eligibility to the program.

# APPENDIX

## APPENDIX 1 – TERMINOLOGY AND DEFINITIONS

### Thematic codes

- 1. Policy barriers and facilitators:** Any stated goals, bills, acts or policies enacted by government that affect overdose response and naloxone distribution. Also includes any documents, strategies or guidelines that describe how a regulatory authority or body should apply laws and regulations related to overdose response and naloxone distribution under their jurisdiction.
- 2. Operational barriers and facilitators:** Any considerations related to organisational and financial activities or capacity in the administration of naloxone distribution or overdose response within a given jurisdiction.
- 3. Geographical barriers and facilitators:** Any considerations related to physical geography, space, or distance in overdose response and naloxone distribution.
- 4. Knowledge/evidence barriers and facilitators:** Any matter related to evidence or consensus in optimizing overdose response and naloxone distribution practice in the population.

### Dispensing vs. distributing

In this document, dispensing relates to clients of pharmaceutical practice, while distribution relates to out-of-pharmacy clients. Pharmacy professionals adhere to a standard of practice when preparing and packaging drugs and counselling patients for use. 'Distribution' sites or distributors of naloxone within community agencies or organisations may each have different standards of practice and training standards, which may be individually set or coordinated by provincial naloxone distribution practices.

### Reporting vs. evaluating

In this document, reporting relates to the way in which information on naloxone distribution and use is described and gathered, who is responsible for giving their account of information, and how and where the information is transmitted to. Evaluating corresponds to the way in which naloxone programs and administrators use information to appraise and improve current practice.

## APPENDIX 2 – QUESTIONS FOR KEY INFORMANTS

### ENGLISH

#### **NALOXONE AVAILABILITY IN PHARMACY**

1. What are the current provincial naloxone schedules, and are there plans to change them?
2. Which institutional first responders are equipped with naloxone for emergency use (Paramedics, police/RCMP, transit police/officials, firefighters, hospitals/ERs, correctional officers)
3. How is each provincial drug plan involved with naloxone access (e.g., reimbursement of naloxone kits, coordinating reimbursement to pharmacies, distribution of kits to pharmacies, putting kits together)?
4. List of locations from which naloxone is distributed/made available in each jurisdiction to be given directly to opioid users, or their family members or friends? (e.g., dedicated clinics or health teams, correctional facilities, or community pharmacies).
  - 4.1. Is a list of locations publicly available?
5. What kinds of naloxone use/overdose response training and education strategies are being used in each jurisdiction in pharmacy (e.g. online training, apps, in person individual and group training, and peer-to-peer training)
6. What sort of documentation or identification is needed when purchasing a naloxone kit from the pharmacy?

#### **TAKE-HOME PROGRAMS**

7. Does the province or territory have a publicly funded take-home naloxone (THN) program?
  - 7.1. When was the program first implemented?
  - 7.2. Who is responsible for program administration/oversight?
  - 7.3. Which group/agency is responsible for program funding?
  - 7.4. How many distribution sites exist?
  - 7.5. How many kits have been distributed? How many reported used? How is information collected?
  - 7.6. How many overdoses have been reversed?
  - 7.7. Is there a cost to patients?
  - 7.8. Who can provide trainings for kit use?
  - 7.9. What sort of documentation is needed to get a free kit from the THN?
  - 7.10. What mechanisms are used to evaluate the program?
  - 7.11. Apart from take-home naloxone (THN) programs, do jurisdictions have any other organised programs to distribute naloxone (e.g. FORB in BC)?
  - 7.12. What are the contents of naloxone kits in each jurisdiction
8. Is there a list of THN locations from which naloxone is distributed/made available in each jurisdiction to be given directly to opioid users, or their family members or friends? (e.g., dedicated clinics or health teams, correctional facilities, or community pharmacies).
  - 8.1. Is a list of locations publicly available
9. What kinds of naloxone use/overdose response training and education strategies are being used in each jurisdiction (e.g. online training, apps, in person individual and group training, and peer-to-peer training)

#### **QUALITATIVE INFORMATION**

10. What barriers or facilitators did/do exist to implementation of naloxone program in your jurisdiction?
11. What is the perceived acceptability of the program from the perspectives of people who use drugs? From government? From the public?
12. Are there any other relevant details in regard to the THN program in your jurisdiction that you would like to add?
13. Are there any gaps in knowledge in naloxone use and distribution that you feel requires further research?
14. Would you be interested in joining a community of practice of naloxone programs?

## FRANCAIS

**Le genre masculin utilisé dans ce document désigne aussi bien les femmes que les hommes.**

### DISPONIBILITÉ DE NALOXONE EN PHARMACIE

1. A quels annexes sont inscrits actuellement la naloxone dans votre province, et est-il prévu de modifier cette classification?
2. Quels premiers intervenants sont équipés de naloxone pour l'utilisation en cas d'urgence (ambulanciers paramédicaux, policiers / GRC, agents / policiers de transport en commun, pompiers, hôpitaux / urgences)
3. Comment chaque régime d'assurance médical provincial participe-t-il à l'accès à la naloxone (par exemple, remboursement des kits de naloxone, coordination du remboursement aux pharmacies, distribution des kits, constitution des kits)?
4. Liste de types de sites à partir desquels la naloxone est distribuée / mise à disposition au Québec, à donner directement aux utilisateurs d'opioïdes, à leurs proches ou à leurs amis? (par exemple, des cliniques ou des équipes de santé dédiées, des établissements correctionnels ou des pharmacies communautaires).
  - 4.1. Une liste de lieux est-elle accessible au public?
5. Quels types de stratégies de formation et d'éducation à l'utilisation de naloxone / surdosage sont utilisées dans chaque juridiction (par exemple, formation en ligne, applications, formation individuelle ou en groupe, formation entre pairs)?

### PROGRAMME D'ACCES A LA NALOXONE

6. Il y a-t-il un programme d'accès gratuit à la naloxone au Québec
  - 6.1. Quand est-ce que le programme a été mis en œuvre?
  - 6.2. Qui est responsable de l'administration / de la supervision du programme?
  - 6.3. Quel groupe / agence est responsable du financement du programme?
  - 6.4. Combien de sites de distribution existent?
  - 6.5. Jusqu'à présent, combien de kits ont été distribués à date? Combien ont déclaré utilisés? Comment ces informations sont-elles collectées?
  - 6.6. Combien d'overdoses ont été inversés?
  - 6.7. Y a-t-il un coût pour les patients?
  - 6.8. Quels sont les objectifs déclarés du programme (objectifs spécifiques, par exemple, le nombre de décès dus à une surdose d'opioïdes évités) ou les résultats intermédiaires (nombre de kits distribués, nombre de kits signalés utilisés, nombre de kits par habitant)?
  - 6.9. Qui peut fournir des formations pour l'utilisation de kits?
  - 6.10. Quels mécanismes sont utilisés pour évaluer le programme?
  - 6.11. Mis à part les programmes de naloxone à emporter (THN), au Québec y il y a t'il d'autres programmes organisés pour distribuer de la naloxone (par exemple, FORB en Colombie-Britannique)?
  - 6.12. Quel est le contenu des kits de naloxone dans chaque juridiction?

### INFORMATIONS QUALITATIVES

7. Quels obstacles ou facilitateurs existait-il pour la mise en œuvre du programme d'accès gratuit à la naloxone dans votre juridiction?
8. Quelle est l'acceptabilité perçue du programme du point de vue des consommateurs de drogues? Du gouvernement? Du public?
9. Y a-t-il d'autres détails pertinents concernant le programme d'accès dans votre juridiction que vous souhaiteriez ajouter?

10. Y a-t-il des lacunes dans les connaissances sur l'utilisation et la distribution de la naloxone qui, selon vous, nécessitent plus de recherches?
11. Y a-t-il d'autres parties qui, à votre avis, devraient être contactées à propos de ce projet?
12. Seriez-vous intéressé à rejoindre une communauté de pratique des programmes d'accès à la naloxone?

# BIBLIOGRAPHY

1. Irvine MA, Buxton JA, Otterstatter M, Balshaw R, Gustafson R, Tyndall M, et al. Distribution of take-home opioid antagonist kits during a synthetic opioid epidemic in British Columbia, Canada: a modelling study. *Lancet Public Heal*. 2018 May 1;3(5):e218–e225.
2. McDonald R, Strang J. Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addict Abingdon Engl*. 2016 Jul;111(7):1177–87.
3. Public Health Agency of Canada. Special Advisory Committee on the Epidemic of Opioid Overdoses. National report: Apparent opioid-related deaths in Canada (January 2016 to September 2018) [Internet]. Government of Canada; 2019 Apr. Available from: <https://infobase.phac-aspc.gc.ca/datalab/national-surveillance-opioid-mortality.html>
4. College of Pharmacists of British Columbia. Non-Prescription Naloxone Now Available Outside of Pharmacies [Internet]. *Coll. Pharm. Br. Columbia*. 2016 [cited 2019 Apr 10]. Available from: <http://www.bcpharmacists.org/news/non-prescription-naloxone-now-available-outside-pharmacies>
5. Alberta Blue Cross. Update on the Naloxone Program [Internet]. *Pharm. BENEFACT- Bull. Pharm. Serv. Provid. Alta. BLUE CROSS*. 2016 [cited 2019 Apr 5]. Available from: <https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/pharmacy-benefact-575.pdf>
6. Government of Saskatchewan. Saskatchewan Becomes Third Province to Unschedule Naloxone | News and Media | Government of Saskatchewan [Internet]. *Gov. Sask*. 2018 [cited 2019 Apr 10]. Available from: <https://www.saskatchewan.ca/government/news-and-media/2018/may/16/thn-kit>
7. Government of Canada RCMP. Fighting fentanyl | Royal Canadian Mounted Police [Internet]. 2017 [cited 2019 Mar 6]. Available from: <http://www.rcmp-grc.gc.ca/en/gazette/fighting-fentanyl>
8. Manitoba Health, Seniors and Active Living. Take-Home Naloxone Program: Distribution Site Criteria [Internet]. Manitoba Health, Seniors and Active Living; 2018 [cited 2019 Apr 5]. Available from: [https://www.gov.mb.ca/health/publichealth/docs/thnp\\_dsc.pdf](https://www.gov.mb.ca/health/publichealth/docs/thnp_dsc.pdf)
9. BC Centre for Disease Control (BCCDC). Find A Site [Internet]. *Heart*. 2019 [cited 2019 Apr 5]. Available from: <https://towardtheheart.com/site-finder>
10. Karamouzian M, Kuo M, Crabtree A, Buxton JA. Correlates of seeking emergency medical help in the event of an overdose in British Columbia, Canada: Findings from the Take Home Naloxone program. *Int J Drug Policy*. 2019 Jan 25;
11. Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and Implementation of an Opioid Overdose Prevention and Response Program in Toronto, Ontario. *Can J Public Health*. 2013 Apr 18;104(3):e200–e204.
12. Freeman LK, Bourque S, Etches N, Goodison K, O’Gorman C, Rittenbach K, et al. Alberta’s provincial take-home naloxone program: A multi-sectoral and multi-jurisdictional response to overdose. *Can J Public Heal Rev Can Sante Publique*. 2017 Nov 9;108(4):e398–e402.

13. Canada H. Frequently Asked Questions: Access to naloxone in Canada (including NARCAN™ Nasal Spray) [Internet]. aem. 2016 [cited 2019 May 6]. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/narcan-nasal-spray-frequently-asked-questions.html>
14. Lai D, Pham AT, Nekkar Rao PP, Beazely MA. The effects of heat and freeze-thaw cycling on naloxone stability. *Harm Reduct J* [Internet]. 2019 Feb 27;16(1). Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0288-4>
15. CBC News. Sudbury health unit warns of new potent drug in circulation | CBC News [Internet]. 2019 [cited 2019 Apr 9]. Available from: <https://www.cbc.ca/news/canada/sudbury/potent-drug-circulating-1.5048810>
16. BC Centre for Disease Control (BCCDC). The History of Take Home Naloxone in British Columbia [Internet]. BC Centre for Disease Control (BCCDC); 2019 [cited 2019 Mar 26]. Available from: <https://towardtheheart.com/resource/thn-program-timeline/open>
17. BC Centre for Disease Control (BCCDC). THN in BC Infograph | Toward the Heart [Internet]. Heart. 2019 [cited 2019 Mar 26]. Available from: <https://towardtheheart.com/thn-in-bc-infograph>
18. BC Centre for Disease Control (BCCDC). Training and Resources [Internet]. Heart. 2019 [cited 2019 Apr 5]. Available from: <https://towardtheheart.com/naloxone-training>
19. BC Centre for Disease Control (BCCDC). Take Home Naloxone: Overdose Response Information Form [Internet]. BC Centre for Disease Control (BCCDC); 2018 [cited 2019 Apr 9]. Available from: <https://towardtheheart.com/resource/overdose-response-information-form/open>
20. BC Centre for Disease Control (BCCDC). Overdose Recognition and Response: The BC Take Home Naloxone Program Evaluation [Internet]. BC Centre for Disease Control (BCCDC); 2015 [cited 2019 Apr 9]. Available from: <https://bit.ly/2wXqMQx>
21. Kuo M, Shamsian A, Tzemis D, Buxton JA. A drug use survey among clients of harm reduction sites across British Columbia, Canada, 2012. *Harm Reduct J*. 2014 Apr 27;11:13.
22. Deonarine A, Amlani A, Ambrose G, Buxton JA. Qualitative assessment of take-home naloxone program participant and law enforcement interactions in British Columbia. *Harm Reduct J* [Internet]. 2016 May 21;13. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4875634/>
23. Banjo O, Tzemis D, Al-Qutub D, Amlani A, Kesselring S, Buxton JA. A quantitative and qualitative evaluation of the British Columbia Take Home Naloxone program. *CMAJ Open*. 2014 Jul;2(3):E153–161.
24. Alberta Health Services. Get Naloxone | Alberta Health Services [Internet]. Alta. Heal. Serv. 2018 [cited 2019 Apr 5]. Available from: <https://www.albertahealthservices.ca/info/Page15586.aspx>
25. Alberta Health Services. Primary Health Care Learning Portal [Internet]. Prim. Heal. Care Learn. Portal. 2018 [cited 2019 Apr 5]. Available from: <https://cdm.absorbtraining.ca/#/login>

26. Alberta Health Services. Drug Safe | Alberta Health Services [Internet]. Alta. Heal. Serv. 2019 [cited 2019 Apr 5]. Available from: <https://www.albertahealthservices.ca/info/Page16025.aspx>
27. Pijl EM, Bourque S, Martens M, Cherniwchan A. Take-Home Naloxone Kit Distribution: A Pilot Project Involving People Who Use Drugs and Who Are Newly Released from a Correctional Facility. *Can J Criminol Crim Justice*. 2017 Oct;59(4):559–71.
28. Government of Saskatchewan. Free Take Home Naloxone Kits Available to Those Who May Witness an Overdose | News and Media | Government of Saskatchewan [Internet]. Gov. Sask. 2018 [cited 2019 Apr 5]. Available from: <https://www.saskatchewan.ca/government/news-and-media/2018/april/18/naloxone-kits>
29. Government of Saskatchewan. Take Home Naloxone Program Sites | Opioids | Government of Saskatchewan [Internet]. Gov. Sask. 2018 [cited 2019 Apr 5]. Available from: <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/alcohol-and-drug-support/opioids/take-home-naloxone-program-sites?userLat=50.454722>
30. Pharmacy Association of Saskatchewan. Pharmacy Association of Saskatchewan - Naloxone [Internet]. Pharm. Assoc. Sask. 2019 [cited 2019 Apr 5]. Available from: <https://www.skpharmacists.ca/patients/naloxone>
31. Winnipeg Regional Health Authority. Street Connections: Overdose [Internet]. Str. Connect. 2018 [cited 2019 Apr 5]. Available from: [http://streetconnections.ca/content.php?navigation\\_id=2294](http://streetconnections.ca/content.php?navigation_id=2294)
32. Manitoba Health, Seniors and Active Living. Drug Overdose | Health, Seniors and Active Living [Internet]. Prov. Manit. - Heal. Seniors Act. Living. 2018 [cited 2019 Apr 5]. Available from: <https://www.gov.mb.ca/health/mh/overdose/providers.html>
33. Manitoba Health, Seniors and Active Living. Overdose response form [Internet]. Manitoba Health, Seniors and Active Living; 2018 [cited 2019 Apr 6]. Available from: [https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_6836\\_20171115.pdf](https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6836_20171115.pdf)
34. Manitoba Health, Seniors and Active Living. TAKE-HOME NALOXONE KIT TRACKING FORM [Internet]. Manitoba Health, Seniors and Active Living; 2018 [cited 2019 Apr 6]. Available from: [https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_6836\\_20171115.pdf](https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6836_20171115.pdf)
35. Manitoba Health, Seniors and Active Living. Surveillance of Opioid Misuse and Overdose in Manitoba [Internet]. Prov. Manit. - Heal. Seniors Act. Living. 2019 [cited 2019 Apr 29]. Available from: <https://www.gov.mb.ca/health/publichealth/surveillance/opioid.html>
36. Songul B-E, Shelley G. M, Colin Z, Joss R. At-a-glance - Lessons learned from launching the Manitoba Take-Home Naloxone Program. *Heal Promot Chronic Dis Prev Can Res Policy Pr*. 2018 Jun;38(6):252–5.
37. College of Pharmacists of Manitoba. Naloxone - College of Pharmacists of Manitoba [Internet]. Coll. Pharm. Manit. 2018 [cited 2019 Apr 6]. Available from: <https://www.cphm.ca/site/naxolone?nav=public>

38. Ontario Ministry of Health and Long-Term Care. Ontario Naloxone Program for Pharmacies (ONPP) Quarterly Reporting Form [Internet]. Ont. Public Drug Programs Minist. Heal. Long-Term Care. 2016 [cited 2019 Apr 5]. Available from: [http://www.health.gov.on.ca/en/pro/programs/drugs/opdp\\_eo/notices/repform\\_exec\\_office\\_20160817.pdf](http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/repform_exec_office_20160817.pdf)
39. Ontario Pharmacists Association. Naloxone - Ontario Pharmacists Association (OPA) [Internet]. Ont. Pharm. Assoc. 2019 [cited 2019 Apr 8]. Available from: <https://www.opatoday.com/professional/resources/for-pharmacists/tools-and-forms/naloxone>
40. Government of Ontario. Where to get a free naloxone kit | Ontario.ca [Internet]. Heal. Wellness. 2019 [cited 2019 Apr 8]. Available from: <https://www.ontario.ca/page/where-get-free-naloxone-kit>
41. Government of Ontario. Recognize and temporarily reverse an opioid overdose | Ontario.ca [Internet]. 2019 [cited 2019 Apr 8]. Available from: <https://www.ontario.ca/page/get-naloxone-kits-free>
42. Ontario College of Pharmacists (OCP). Dispensing or Selling Naloxone [Internet]. OCP Info. 2019 [cited 2019 Apr 8]. Available from: <http://www.ocpinfo.com/regulations-standards/policies-guidelines/naloxone-guidance/>
43. Ministry of Health and Long-Term Care, Ontario Public Drug Programs. UPDATED Notice from the Executive Officer: Funding of Naloxone Nasal Spray through the ONPP and Updates to the Existing Program [Internet]. Ont. Public Drug Programs. 2018 [cited 2019 Apr 8]. Available from: [http://www.health.gov.on.ca/en/pro/programs/drugs/opdp\\_eo/notices/exec\\_office\\_20180321.pdf](http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20180321.pdf)
44. Ontario Drug Policy Research Network (ODPRN). Landscape of prescription opioid use: patterns, trends and geographic variation in Ontario, Canada [Internet]. Ont. Drug Policy Res. Netw. ODPRN. 2018. Available from: <https://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/>
45. Institut national de sante publique Quebec. Où trouver de la naloxone en tout temps au Québec [Internet]. Inst. Natl. Sante Publique Quebec. 2019 [cited 2019 Apr 30]. Available from: <https://www.inspq.qc.ca/sites/default/files/cartes/naloxone/index.html>
46. Gouvernement du Québec. Risques liés à l'usage d'opioïdes [Internet]. Risques Liés À L'usage D'opioïdes. 2019 [cited 2019 Apr 30]. Available from: <https://www.quebec.ca/sante/conseils-et-prevention/alcool-drogues-jeu/risques-opioides-campagne/>
47. Government of Newfoundland and Labrador. Naloxone Kit Distribution Sites | Health and Community Services [Internet]. Dep. Heal. Community Serv. 2018 [cited 2019 Apr 8]. Available from: <https://www.health.gov.nl.ca/health/naloxonekits/>
48. Power N, Setliff A, Butt K. An Evaluation of Newfoundland and Labrador's Take-Home Naloxone Kit Program: December 2016-December 2017. Newfoundland and Labrador: Mental Health and Addictions Program, Eastern Health, by the Applied Health Research Division, Department of Research and Innovation, Eastern Health, St. John's, NL.; 2018.

49. Nova Scotia Health Authority (NSHA). Nova Scotia Take Home Naloxone Program [Internet]. Nova Scotia Take Home Naloxone Program. 2018 [cited 2019 Apr 8]. Available from: <http://www.nsnaloxone.com/>
50. Nova Scotia Health Authority (NSHA). WHERE TO GET ONE [Internet]. Nova Scotia Take Home Naloxone Program. 2018 [cited 2019 Apr 8]. Available from: <http://www.nsnaloxone.com/where-to-get-one.html>
51. Government of Prince Edward Island. Preventing Opioid-Related Overdoses | Government of Prince Edward Island [Internet]. 2019 [cited 2019 Apr 8]. Available from: <https://www.princeedwardisland.ca/en/information/health-and-wellness/preventing-opioid-related-overdoses>
52. Government of Yukon. Naloxone kits available across Yukon | Government of Yukon news release [Internet]. Gov. Yukon. 2017 [cited 2019 Apr 8]. Available from: <http://www.gov.yk.ca/news/17-022.html>
53. Government of Northwest Territories. NWT Naloxone Kit Distribution [Internet]. Heal. Soc. Serv. 2009 [cited 2019 Apr 8]. Available from: <https://www.hss.gov.nt.ca/en/naloxone-kit-distribution>