

# NALOXONE ACCESS AND DISTRIBUTION IN CANADA: ENVIRONMENTAL SCAN AT-A- GLANCE

In response to an epidemic of opioid overdose deaths in Canada, distribution of the opioid antagonist naloxone has been identified as a key emergency measure to effectively prevent rising mortality.

An environmental scan was performed through searches of the grey literature and conversations with key informants in order to better understand current practices and programs aimed to distribute naloxone for use in suspected opioid overdose in Canada.

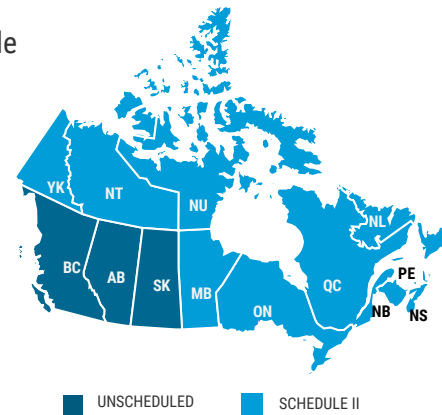
June 2019

Full environmental scan report available at : [crism.ca/2019/06/13/naloxone-distribution-environmental-scan/](http://crism.ca/2019/06/13/naloxone-distribution-environmental-scan/)

## NALOXONE AVAILABILITY FOR USE IN SUSPECTED OPIOID OVERDOSE

Naloxone is an opioid antagonist medication used to block or reverse the effects of opioid drugs. Across Canadian provinces and territories (P/Ts), prescriptions are no longer required to obtain naloxone, and the drug is either unscheduled (no professional supervision required for sale or distribution) or a Schedule II drug (requires pharmacist or other health professional intervention for sale or distribution). Importantly, many P/Ts with Schedule II naloxone status have circumvented the need for medical professionals' intervention at each instance of naloxone distribution. In many cases, medical professionals offer training of trainers at community sites, who in turn train and distribute naloxone to members of the public.

Naloxone Schedule by Province



Across P/Ts, emergency services (police, firefighters, paramedics, emergency departments) are equipped with naloxone for administration, and in some cases authorised for distribution, to some degree in all P/Ts.

## TAKE-HOME NALOXONE (THN) PROGRAMS IN CANADA

All provinces and territories (P/Ts) currently provide free, publicly funded take-home injectable and/or nasal naloxone (THN) kits to individuals at risk of experiencing or witnessing an opioid overdose.

Organisations and institutions that act as THN distribution sites differ across P/Ts, but can include shelters, addiction treatment facilities, health care centers and clinics, community pharmacies, and harm reduction sites.

Naloxone kit contents vary somewhat by P/Ts. Generally, injectable naloxone kits include a carrying case, 2-3 ampoules of naloxone, non-latex gloves, a breath mask, syringes, an ampoule breaker, and an instruction sheet. Nasal naloxone spray kits include 2 doses of nasal spray, and can include a carrying case and non-latex gloves.

Eligibility criteria, training practices, and reporting and evaluation of programs were fairly consistent across P/Ts, although important differences exist. See Page 2 or full report from province-specific THN program details.

Through conversations with key informants, the environmental scan process also identified a number of barriers and facilitators to THN program implementation and expansion, which were separated into policy, operational, geographical, and knowledge/evidence categories:

### REPORTED BARRIERS AND FACILITATORS TO THN PROGRAM IMPLEMENTATION AND EXPANSION

#### Policy

Key informants identified naloxone scheduling, drug criminalisation, and other policy issues as barriers to THN program implementation and expansion. Political will was reported as a facilitator to program implementation.

#### Operational

Key informants described a number of considerations related to organisational and financial capacity, and dealing with expiry or temperature excursion of naloxone, as barriers to program implementation.

#### Geographical

Key informants described the concentration of naloxone distribution in urban areas, lack of confidentiality and stigma in rural areas, and transportation and storage considerations over large distances as barriers to program implementation and expansion.

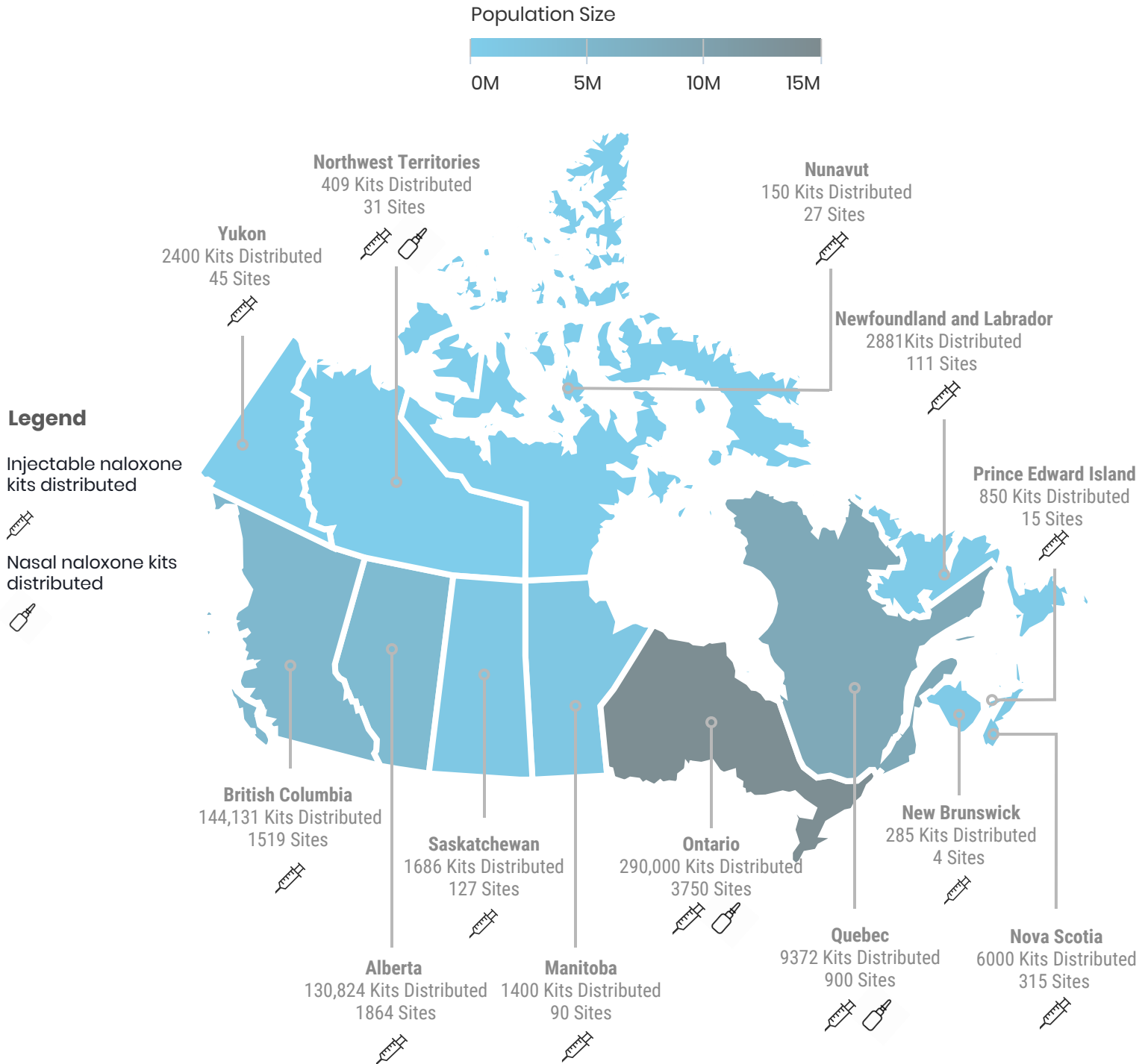
#### Knowledge/evidence

Key informants described a lack of evidence regarding the safety, effectiveness, and acceptability of different naloxone administration methods, minimum training standards, temperature excursions, and withdrawal or other adverse effects, as barriers to program implementation and expansion.

# PUBLICLY FUNDED TAKE-HOME NALOXONE DISTRIBUTION AT-A-GLANCE

The first take-home naloxone (THN) program appeared in Alberta in 2005. All provinces and territories (P/Ts) now provide free, publicly funded THN kits to individuals at risk of experiencing or witnessing an opioid overdose.

The map presents the most accurate numbers of active THN distribution sites and kit distribution by P/T. To date, more than 590,000 kits have been distributed across more than 8,700 distribution sites in Canada.



According to data collected from January - March 2019