ENVIRONMENTAL SCAN

Funding and Management of Naloxone Programs in Canada

Service Line: Environmental Scan
Issue: 67
Version: Final
Publication Date: March 2018
Report Length: 18 Pages
Authors: Sirjana Pant, Melissa Severn

Cite As: Funding and management of naloxone programs in Canada. Ottawa: CADTH; 2018 Mar. (Environmental scan; no. 67).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policymakers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners’ own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein are those of CADTH and do not necessarily represent the views of Canada’s federal, provincial, or territorial governments or any third party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user’s own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian Copyright Act and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada’s federal, provincial, and territorial governments, with the exception of Quebec.

Contact requests@cadth.ca with inquiries about this notice or legal matters relating to CADTH services.
Background

The number of opioid overdoses is increasing in Canada. According to a September 2017 report from the Canadian Institute for Health Information, opioid poisonings have resulted in an average of 16 hospitalizations a day in Canada in 2016-2017.\(^1\) Between 2007–2008 and 2016–2017, the rate of hospitalizations due to opioid poisoning increased by 53%. The report also found that the rate of emergency department visits due to opioid poisoning doubled in Alberta and increased by 50% in Ontario between 2012–2013 and 2016–2017 (the only provinces for which this information is available). Available preliminary data from the provinces and territories (excluding Quebec) from 2016 indicate that there were more than 2,800 apparent opioid-related deaths in Canada.\(^2\) Between January and March of 2017, there were at least 602 deaths due to apparent opioid overdose and preliminary data suggests this number will climb to at least 3,000 deaths by the end of the year.

Naloxone is a drug that can temporarily reverse the effect of opioids in the case of an opioid overdose. It is a competitive opioid antagonist with rapid onset and very short duration of action.\(^3,5\) Once administered, naloxone displaces the opiate at the mu-receptors, effectively reversing potentially fatal opiate effects, such as respiratory depression, within a few minutes.\(^6\) This temporary reversal of opioid overdose allows time for emergency intervention.\(^7\) Naloxone has been used to reverse the effects of a wide range of natural, semi-synthetic, and synthetic opioids in both pre-hospital (community settings) and hospital settings.\(^5\)

Naloxone has been approved for use in Canada for more than 40 years and is also on the World Health Organization’s Essential Medicines List.\(^8\) In March of 2016, Health Canada amended its prescription drug list to allow for the non-prescription use of naloxone in emergencies of opioid overdose — which means that naloxone can now be purchased or distributed without a prescription, thereby increasing its access.\(^9,10\) Note that jurisdictional legislation may align in some provinces and territories but may be more restrictive in others.\(^11\) As of November 2017, British Columbia and Alberta have changed the status of emergency-use naloxone (non-hospital use) to the “Unscheduled” category, making it available for purchase anywhere by anyone in the province. The remaining 11 provinces and territories in Canada have placed naloxone under Schedule II category; that is, a prescription for naloxone is not required, but it has to be dispensed or sold at a pharmacy under the supervision of a pharmacist.\(^12\)

There are several generic brands of injectable naloxone available in Canada. The injectable formulations (for intramuscular, intravenous, or subcutaneous use) are available in 0.4mg/mL and 1mg/mL strengths.\(^13\) In July of 2016, the Minister of Health signed an Interim Order to temporarily allow naloxone in nasal spray form to be imported from the US and sold in Canada.\(^14\) In October of 2016, Health Canada approved the nasal spray formulation of naloxone, NARCAN Nasal Spray, for marketing in Canada. This needleless device delivers a fixed intranasal dose of naloxone, available in 2 mg/0.1mL and 4mg/0.1mL strengths.\(^13,15\) The typical shelf life of naloxone products is 18 months to 24 months.\(^16\)

To address the increasing harms due to opioid poisoning, several policy and program changes are taking place in Canadian jurisdictions to improve access to naloxone. This includes establishing take-home naloxone programs to make the potentially life-saving drug
available to those who are at risk of an opioid overdose. This Environmental Scan provides an overview of how naloxone is made available in Canadian jurisdictions, with a focus on take-home naloxone programs.

Objective
The purpose of this Environmental Scan is to present how naloxone is made available in Canadian provinces and territories. The key objectives are to answer the following questions:

- How are take-home naloxone programs managed and funded?
- How are take-home naloxone kits distributed?
- What are the contents of publicly funded take-home naloxone kits?
- How are public drug plans involved in the coverage and distribution of naloxone?
- Which first responders carry and administer naloxone?

This Environmental Scan does not provide a comprehensive review of naloxone programs, nor does it appraise the effectiveness of these programs or policies. It does present a profile of how naloxone is made available in each jurisdiction, and provides examples of the operation, oversight, and funding of take-home naloxone programs, along with if and how public drug plans and first responders provide naloxone.

Methods
The information in this report was initially gathered in February 2017 from a survey of federal, provincial, and territorial public drug plans in Canada. (Please see Appendix 1 for the survey questionnaire.) The March 2016 report, *The Availability of Take-Home Naloxone in Canada*, published by the Canadian Centre on Substance Abuse, in partnership with the Canadian Community Epidemiology Network on Drug Use, was also used to inform the survey questionnaire and this Environmental Scan Report. A draft report was prepared in May of 2017, which was shared with stakeholders, including public drug plans and related authorities from each jurisdiction who provided feedback on and validated the draft report between June and October of 2017.

Respondents included the following 10 provinces and territories: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edwards Island, Newfoundland and Labrador, and Yukon. Respondents from the following four federal drug plans programs also responded to the survey and provided feedback on the draft report: Correctional Service Canada (CSC), the Department of National Defence and the Canadian Armed Forces, Non-Insured Health Benefits Program, and Veterans Affairs Canada.

Findings
The following section provides a description of how each province and territory is making naloxone available in their jurisdictions. Unless otherwise referenced, the information is from the February 2017 survey of public drug plans and stakeholder feedback gathered between June and October of 2017. Given that the policy on the naloxone program is changing rapidly, some of the information in this report may already be out of date at the time of publication.

As of October 31, 2017, the following jurisdictions which responded to the survey have established take-home naloxone (THN) programs: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Newfoundland and Labrador, and Yukon. In Prince Edward
Island, a THN program is currently in development, and a pilot program has been underway since June 2017. CSC has also implemented a THN program.

The following section presents a profile of each jurisdiction and details of their THN programs.

**British Columbia**

**Operation, Oversight, and/or Funding of the Take-Home Naloxone Program**

BC Centre for Disease Control (BCCDC) is the agency operating the THN program. The BCCDC Harm Reduction Program is responsible for the oversight of the THN program.

**Program Implementation and Distribution of Kits**

BCCDC has enrolled more than 400 sites and agencies in the THN program throughout British Columbia. Kits are distributed through these sites and agencies throughout British Columbia and are available to opioid users, people likely to witness and respond to opioid overdoses, community organizations, provincial Corrections, police, and firefighters. Kits are also available for purchase through community pharmacies.

**Content of Naloxone Kits**

The kits contain the following:

- three 1 mL ampoules of naloxone injection (0.4mg/mL)
- three plastic ampoule breakers
- pill bottles containing naloxone ampoules
- three VanishPoint Syringes (3 mL)
- alcohol swabs
- one pair of non-latex gloves
- one individual breathing mask, in a pouch
- an instruction sheet on the lid
- an overdose response information form to be completed after naloxone has been used.

**Additional Information**

Information on the British Columbia THN program can be found at [http://towardtheheart.com/naloxone/](http://towardtheheart.com/naloxone/).

**Alberta**

**Operation, Oversight, and Funding of the Take-Home Naloxone Program**

Alberta Health Services (AHS) is the agency operating the THN program and providing oversight in Alberta. The funding is provided by Alberta Health (AH).

**Program Implementation and Distribution of Kits**

Take-home naloxone kits are distributed at the following locations registered with AHS and participating in the THN program: community pharmacies, harms reduction agencies, provincial correctional facilities, post-secondary institutions, Opioid Dependency Treatment Clinics, residential treatment centres, community health centres, inner-city agencies, AHS...
pharmacies, First Nations reserve communities, Medical First Responders (e.g., firefighters), and urban and rural urgent care centres.

As of June 2017, there were about 1,245 sites registered with AHS for participating in the THN program and providing THN kits and associated training and education. Community pharmacies represent about 71% of THN kit access sites (886 registered). A list of pharmacies, walk-in clinics, and harms reduction agencies offering THN kits in Alberta is available at www.stopods.ca.

Content of Naloxone Kits

The kits contain the following:
- three vials of naloxone injection (0.4mg/mL)
- three safety syringes (3 mL, 25 g by 1-inch)
- three alcohol swabs
- one pair of gloves
- one one-way rescue breathing barrier mask
- a THN brochure on how to respond to opioid overdose.

Additional Information


An evaluation of the THN program is underway with the end of 2018 as the anticipated completion date. The evaluation is a collaborative project between AH, AHS, and the Alberta Community Council on HIV.

Saskatchewan

Operation, Oversight, and Funding of the Take-Home Naloxone Program

The Saskatchewan Ministry of Health Community Care Branch provides the funding and oversight for the THN program in Saskatchewan. The following agencies are currently operating the THN program: Saskatoon Health Region, Regina Qu’Appelle Health Region, Prairie North Health Region, Sunrise Health Region, Prince Albert Parkland Health Region, and Five Hills Health Region.

Program Implementation and Distribution of Kits

THN kits are currently available through six health regions:
- Saskatoon Health Region
- Regina Qu’Appelle Health Region
- Prairie North Health Region
- Sunrise Health Region
- Prince Albert Parkland Health Region
- Five Hills Health Region.
Content of Naloxone Kits
The kits contain the following:
• naloxone injection (0.4mg/mL) in vials
• retractable syringes
• alcohol swabs
• gloves
• breathing mask
• an instruction sheet.

Additional Information
More information about the Saskatchewan naloxone program can be found at

Manitoba
Operation, Oversight, and Funding of the Take-Home Naloxone Program
Manitoba Health, Seniors and Active Living provides oversight for the THN program.

Program Implementation and Distribution of Kits
Manitoba's THN program launched in January 2017. There are currently 43 distribution sites, and the program is expanding rapidly.

Kits are available for free to people at risk of opioid overdose. Kits are currently not available without cost to family and friends. For details of distribution site criteria, see
http://gov.mb.ca/fentanyl/service-providers.html.

Content of Naloxone Kits
The kits contain the following:
• three ampoules of naloxone injection (0.4mg/mL) in a pill bottle
• three ampoule breakers
• three VanishPoint Syringes
• two alcohol swabs
• two gloves
• one airway barrier with one-way valve
• a bilingual instruction sheet.

Additional Information
More information about the Manitoba naloxone program can be found at
Ontario
Operation, Oversight, and Funding of Ontario’s Publicly Funded Take-Home Naloxone Program

The following agencies are operating the naloxone program in Ontario:

- The Ministry of Health and Long-Term Care’s (MOHLTC) Ontario Public Drug Programs: Since June 2016, the MOHLTC has made naloxone injection kits available in pharmacies to eligible persons (see *Eligible persons for the ONPP* that follows) at no charge, through the Ontario Naloxone Program for Pharmacies (ONPP). Pharmacy participation in the ONPP is voluntary.

- The MOHLTC’s AIDS and Hepatitis C Programs: Beginning in October 2013, the Ontario Naloxone Program (ONP) was distributing injectable naloxone kits and training supplies to needle exchange programs housed at both Public Health Units (PHU) and community-based organizations, and ministry-funded Hepatitis C teams (see *Eligible persons for the ONP* that follows). Beginning in January 2017, the ONP began transitioning from naloxone injection kits to naloxone nasal spray kits.

- In Ontario, the naloxone nasal spray has recently begun being distributed to at-risk inmates being released from provincial correctional facilities through the Ministry of Community Safety and Correctional Services THN Program (see *Eligible persons for the ONP* that follows). All 26 provincial correctional facilities distribute naloxone nasal spray.

- Beginning in the fall of 2017, the MOHTC is beginning a PHU-led expansion of naloxone distribution. PHUs will sub-distribute naloxone kits to eligible community-based organizations.

Program Implementation and Distribution of Kits

The following organizations are eligible to distribute naloxone kits in Ontario under the ONP:

- PHUs that manage a core needle exchange program
- Community-based organizations that have been contracted by their local PHU to manage a core needle exchange program
- Ministry-funded Hepatitis C teams.

*Eligible persons for the ONPP*

Naloxone injection kits are distributed by participating pharmacies to eligible persons who include a current user, or a past user at risk of opioid overdose, friends and families of persons at risk, or a person in a position to assist a person at risk of an overdose from opioids.

*Eligible persons for the ONP*

Nasal spray naloxone kits are distributed by ONP sites to eligible persons who include active clients at-risk of opioid overdose, friends and family members of at-risk clients, and newly released inmates at risk of opioid overdose.
Content of Naloxone Kits*

The kits contain the following.

a) Kits with a naloxone injection:
   - two vials or ampoules of naloxone injection (0.4mg/mL)
   - two ampoule breakers per kit for opening ampoules safely (only for kits containing ampoules; kits containing vials do not require ampoule breakers)
   - two safety-engineered syringes with 25 g one-inch needles attached
   - one pair of non-latex gloves
   - one card that identifies the person who is trained to give the naloxone
   - one hard case.

b) Kits with NARCAN Nasal Spray:
   - two doses of nasal naloxone spray (4 mg/0.1 mL)
   - one pair of non-latex gloves
   - one card that identifies the person who is trained to give the naloxone
   - one insert with instructions in English and French
   - one insert with additional information on the medication in English and French
   - one hard case.

Additional Information

More information about the ONPP can be found at: www.ontario.ca/opioidoverdose.27

Nova Scotia

Operation, Oversight, and Funding of the Take-Home Naloxone Program

The Nova Scotia Health Authority provides oversight for the THN program.

There are two agencies currently operating the program:

- Nova Scotia Health Authority Mental Health and Addictions (Eastern Zone) partnering with the Ally Centre of Cape Breton in Cape Breton
- Direction 180 partnering with Mainline Needle Exchange in the Halifax Regional Municipality. Kits are also provided in adult provincial Corrections facilities.

Program Implementation and Distribution of Kits

The following sites distribute naloxone kits in Nova Scotia:

- several sites across Cape Breton, in partnership with the Ally Centre
- in Halifax, Direction 180; the Mainline Needle Exchange also provides some outreach to program clients in mainland Nova Scotia.

* Effective April 21, 2017, the injectable naloxone kits assembled by pharmacies participating in the ONPP no longer required the rescue breathing barrier.26
Note that the THN program in Nova Scotia is in the process of expansion. When implemented, it will include distribution via community pharmacies and a range of community and health organizations.28

Content of Naloxone Kits (Fully Assembled)
The kits contain the following:
- two ampoules of naloxone injection (0.4mg/mL)
- two ampoule breakers
- pill bottle
- two Vanish Point Syringes (3 cc, 26 g 1-inch)
- two alcohol swabs
- two nitrile gloves
- a rescue breathing mask
- a step-by-step instruction pamphlet
- a training card.

Newfoundland and Labrador (NL)
Operation, Oversight, and Funding of the Take-Home Naloxone Program
The Department of Health and Community Services operates the THN program through four Regional Health Authorities, and through Corrections and community groups.

Program Implementation and Distribution of Kits
Naloxone kits are available at 93 community sites including residential treatment centres, correctional facilities, needle exchange programs, public health clinics, and through its Mental Health and Addictions Services. Planning has begun to expand the distribution of take-home kits to pharmacies, emergency departments, and interested physicians.

Content of Naloxone Kits
The kits contain the following:
- two ampoules of naloxone injection (0.4mg/mL) in a pill bottle with expiry date
- two ampoule breakers
- two 3 mL Vanish Point Syringes
- alcohol swabs
- gloves
- a rescue breathing mask
- an instruction insert (two-sided card).

The naloxone kit number and a training attendance sheet provide non-identifying information including the general location of the kit recipient, age, gender, type of drug use, and the reason if replacing a kit. Also, a voluntary and confidential overdose response form is completed if an individual requests another kit. The form assists in supporting those who have administered naloxone and is a mechanism to gather valued feedback from those with lived experience.
Prince Edward Island

Operation, Oversight, and Funding of the Take-Home Naloxone Program

A THN program is currently in development, and a pilot program has been underway since June 2017.

Program Implementation and Distribution of Kits

Since June of 2017, a pilot program has been underway at provincial needle exchange program sites (seven locations across Prince Edward Island) providing free, injectable take-home naloxone kits to existing clients. The first phase of a THN program — which will provide naloxone free of charge to individuals at greatest risk of overdose at several targeted locations, including Corrections facilities, the Provincial Addictions Treatment Facility, and at opioid replacement therapy clinics — is in development.

Content of Naloxone Kits

The kits contain the following:

• two vials of naloxone injections (0.4mg/mL)
• two syringes/needles
• two alcohol swabs
• two pairs of non-latex gloves
• a rescue breathing barrier mask
• an instruction sheet.

Yukon

Operation, Oversight, and Funding of the Take-home Naloxone Program

Alcohol & Drug Services is responsible for the operation and oversight of the THN program, which is funded by Yukon Health and Social Services.

Program Implementation and Distribution of Kits

The following sites provide THN kits: all community pharmacies, the Kwanlin Dun First Nation Health Centre, the Taiga Medical Clinic, the Blood Ties Four Directions Centre, and Alcohol & Drug Services.

Content of Naloxone Kits

The kit contains the following:

• two vials of naloxone injection (0.4mg/mL)
• two syringes
• alcohol swabs
• one pair of gloves
• one breathing mask
• an instruction sheet.
Correctional Service Canada
Operation, Oversight, and Funding of the Take-Home Naloxone Program
CSC Health Services is responsible for the funding, oversight, and operation of the program.

Program Implementation and Distribution of Kits
All CSC inmates being released to the community or transitioned to community supervision are eligible for the program.

Content of Naloxone Kits
The kit contains the following:
- two ampoules of naloxone injection (0.4mg/mL)
- two retractable Vanish Point Syringes
- alcohol swabs
- two pairs of nitrile gloves
- a rescue breathing barrier device
- a step-by-step instruction card on how to respond to an overdose, and how to use naloxone in an emergency situation.

Use of Naloxone by First Responders
In addition to paramedics, jurisdictions are increasingly authorizing more groups of first responders to carry and administer naloxone.

British Columbia
All ambulance paramedics throughout the province can carry and administer naloxone. Firefighters, after completing training and updating their licences, can also carry and administer naloxone.

Alberta
All classifications of paramedics can administer naloxone. Since early 2017, police, firefighters, and Public Security Peace Officers are also authorized to administer naloxone by injection for emergency use in an opioid overdose outside a hospital setting, through a Ministerial Order. As administration of naloxone as a nasal spray was deemed not to be a restricted activity, a similar Ministerial Order for administration was not required; i.e., first responders can administer NARCAN Nasal Spray. As naloxone for emergency use in an opioid overdose outside a hospital setting is now an unscheduled drug in Alberta, first responders can readily access it.

Note that some first responder organizations in Alberta may have their own policies regarding the administration of drugs to the public (whether intra-nasally or by injection). Additionally, as NARCAN nasal spray is not included in the THN program, there may be a cost to the providers of the program.
Saskatchewan
Naloxone can be carried and administered by emergency medical responders, emergency medical technicians, primary care paramedics, intermediate care paramedics, and advanced care paramedics. In some regions, firefighters can now carry and administer naloxone (Saskatoon Health Region, Regina Qu’Appelle Health Region).

Manitoba
Paramedics, the Winnipeg Police Service, the RCMP, and firefighters with the Winnipeg Fire Paramedic Service can carry and administer naloxone.

Ontario
All advanced care paramedics and all primary care paramedics are able to administer naloxone under a physician’s orders. Naloxone is a mandatory medication for all advanced care paramedic and primary care paramedic vehicles, with a specified minimum quantity, as directed by the Provincial Equipment Standards for Ontario Ambulance services. In some cities in Ontario, firefighters and police are being trained to administer naloxone.

New Brunswick
Paramedics, the RCMP, police, and firefighters carry and administer naloxone.

Nova Scotia
Paramedics, the RCMP, and municipal police are provided with naloxone kits.

Newfoundland and Labrador
Primary care paramedics and advanced care paramedics can carry and administer naloxone.

Prince Edward Island
Municipal police, the RCMP and all emergency medical services are equipped with naloxone kits and educated to administer naloxone. Firefighter medical first responders will be equipped with kits before 2018.

Public Drug Plans Coverage for Naloxone
Provincial or Territorial Public Drug Plans
None of the provincial or territorial public drug plans that responded to the survey lists naloxone in their formularies. Public drug plans are also not involved in the THN programs in their jurisdictions except for Alberta and Ontario:

- The AH’s public drug plan reimburses pharmacies for pharmacist services for providing THN kits through the usual drug plan payment processes.
- In Ontario under the ONPP, the Ontario Public Drug Programs provides a fee to pharmacies to cover the cost of the naloxone kit, dispensing, and training. There is no cost to the recipient. Claims are submitted under the Health Network System — the same system that adjudicates claims for the Ontario Drug Benefit program.

The following provincial or territorial public drug plans responded to the survey: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edwards Island, Newfoundland and Labrador (NL), and Yukon Territory.
Federal Drug Plans

All of the four federal drug plans that responded to the survey\(^d\) list naloxone injection as an open benefit or regular benefit in their formularies:

- CSC has a THN program for inmates being released to the community or transitioned to community supervision. CSC Health Services is responsible for the funding, oversight, and operation of the program (see the aforementioned details).
- The Non-Insured Health Benefits Program reimburses the cost of the kit components and the pharmacy dispensing fees according to the cost of the contents, which may vary, up to a maximum amount for a kit. Eligible contents include:
  - two to three ampoules or vials of naloxone injection (0.4mg/mL or 1 mg/mL)
  - ampoule breakers
  - syringes
  - alcohol swabs
  - gloves
  - a breathing mask
  - an instruction sheet provided from the dispensing community pharmacy in the province or territory.

Conclusion

Opioid poisoning and related harms, including overdose and deaths, are increasing at an alarming rate in Canada. To address the harms from opioid poisoning, Canadian jurisdictions have established THN programs to make naloxone available to those who are at risk of an opioid overdose.

This Environmental Scan report presents information on THN programs in Canada. The information is based on a February 2017 survey of 14 federal, provincial, and territorial public drug plans; and stakeholder feedback on the draft report, provided between June and October 2017. Given that the policy on naloxone programs is changing rapidly, some of the information in this report may already be out of date at the time of publication.

Most provinces and territories in Canada have implemented a THN program. Among the survey respondents, THN programs are available in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Newfoundland and Labrador, and Yukon. In Prince Edward Island, a THN program is currently in development, and a pilot program has been underway since June 2017. CSC has also implemented a THN program. Depending on the jurisdiction, agencies that provide oversight of these programs may include public health harms reduction units, health authorities, and regulatory colleges. Sites that distribute THN kits could include one or more of the following depending on the jurisdiction: community centres, community pharmacies, needle exchange programs, residential treatment centres, correctional facilities, post-secondary institutions or urgent care centres, and others.

Increasingly, in addition to paramedics, more provinces are moving toward authorizing law enforcement and/or firefighters to carry and administer naloxone.

\(^d\) The following federal public drug plans responded to the survey: Correctional Service Canada, the Department of National Defence, the Non-Insured Health Benefits Program, and Veterans Affairs Canada.
The content of the naloxone kit is consistent across Canada, with most containing ampoules or vials of the injectable naloxone, and other kit components such as syringes, breathing masks, gloves, ampoule breakers, alcohol swabs, etc. The exception is Ontario, which also has kits containing the nasal spray formulation.

Among the survey respondents, none of the provincial or territorial public drug plans list naloxone in their formulary; however, some may be involved in the processing of the reimbursement of the kits to community pharmacies, or play a liaison role between a THN program and community pharmacies. Four federal drugs plans who responded to the survey include naloxone injection in their formularies. Among the survey respondents, only Ontario offers NARCAN Nasal Spray to its residents and members in their THN kits.

Naloxone is a life-saving drug that can temporarily reverse opioid overdose. Aligning with the principles of harms reduction, Canadian jurisdictions are improving access to naloxone for those who are risk of opioid overdose through THN programs, and by increasingly allowing first responders to carry and administer naloxone.
Appendix 1: Survey Questionnaire

1. Does your province or territory have publicly funded take-home naloxone (THN) programs? Yes/No

2. If yes to Q1, please provide further details of the program, such as, which group/agency is responsible for funding the program; which group is responsible for oversight of the program; and which agency(ies) are responsible for operating the THN program? Please provide names (Public Health Units, public drug plans, health authorities, law enforcement unit).

3. How is your drug plan involved in THN program(s) (e.g., reimbursement of naloxone kits, coordinating reimbursement of pharmacies [i.e., adjudication only], distribution of kits to pharmacies or others)?

4. Is naloxone (injectable or intranasal — please specify) listed as a benefit on your formulary? Yes/No. If yes, please provide details of eligibility, any criteria or limits, and the approval process.

5. Where (location) are naloxone kits distributed/made available in your jurisdiction to be given directly to opioid users, or their family members or friends? Please list all that apply; e.g., dedicated clinics or health teams, correctional facilities (for recently released inmates), or community pharmacies.

6. Which first responders are authorized to administer naloxone? Please list all who apply; e.g., firefighters, law enforcement (police, RCMP, peace officers), paramedics?

7. What are the contents of provincially funded naloxone kits in your jurisdiction?
   - naloxone injection 0.4mg/mL: Yes/No (please provide number in units of vials or ampoules included)
   - naloxone nasal spray: Yes/No (please provide number of units included)
   - alcohol swabs: Yes/No
   - gloves: Yes/No (please provide any details; e.g., number of units included)
   - breathing mask: Yes/No (please provide any details; e.g., number of units included)
   - syringes: Yes/No (please provide number of units included)
   - pill bottles (for containing naloxone): Yes/No (please provide any relevant details)
   - ampoule breakers: Yes/No (please provide number of units included)
   - instruction sheet: please provide link to the instruction sheet if available online
   - other: please provide any other items included in the naloxone kits; e.g., atomizer for intranasal delivery (number of units provided)

8. Please provide any other relevant details in regard to the THN program in your jurisdiction.
References


15. Naloxone hydrochloride nasal spray: 2 mg/0.1 mL and 4 mg/0.1 mL [product monograph] [Internet]. Dublin (IR): Adapt Pharma; 2016 Oct 3. [cited 2017 Jun 27]. Available from: https://pdf.hres.ca/dpd_pm/00036638.PDF


17. Toward the heart. Follow the SAVE ME steps below to respond [Internet]. Vancouver (BC): Harm Reduction Program, BC Centre for Disease Control; [2016] [cited 2017 Nov 27]. Available from: http://towardtheheart.com/assets/uploads/15083639515uJSTSWUdRlJRR316s88B0nGoeeNHePoXivNbmTh.pdf


