Two studies evaluate barriers to contacting emergency services during an overdose in British Columbia:

(1) Predictors of seeking emergency medical help during overdose events in a provincial naloxone distribution programme: a retrospective analysis
(2) Qualitative assessment of take-home naloxone program participant and low enforcement interaction is British Columbia

Rates of dangerous opioid-related overdoses are increasing in BC, in part due to the rise in fentanyl use. The BC-wide Take Home Naloxone Program (THN) trains community members to recognize and respond to overdoses and provides them with a naloxone kit. This training emphasises calling 911 to get expert help as the first step in the response to an overdose for several reasons: naloxone loses its effect after 30 minutes, so more doses of naloxone may be needed; and overdoses can be complicated by other medical conditions and the presence of multiple substances. Despite the importance of calling 911, records from the BC THN program showed that nearly a third of those who administered naloxone did not seek emergency medical help.

Why did we do the studies?

We wanted to know who was not calling 911 during an overdose and why so we could develop plans to increase the likelihood that people will seek emergency medical help during an overdose.

The aim of study (1) was to identify factors that may be related to witnesses calling 911 during overdoses where naloxone is given by people trained in the THN program. [See the full study here].

An aim of study (2) was to explore TNH participants' perspectives on barriers to calling 911 during an overdose. We also explored law enforcement officers' thoughts on barriers to overdose-related 911 calls [See the full study here].

How did we do the studies?

Study (1): Following an overdose event, naloxone kit holders are asked to fill out the standard "administration information" form contained in the kit, and send it to the THN program. The form asks questions about the circumstances of the overdose and steps taken to respond. We reviewed forms from overdoses that happened between Aug 31, 2012 and March 31, 2015. We compared information from these forms to the likelihood of calling 911.

Study (2): Two focus groups and four individual interviews were conducted with BC THN program participants; two interviews were conducted with BC law enforcement officers; and all discussions where analysed.

What did we find?

In study (1), we reviewed 164 forms; percentages are based on the questions which were completed:

- Emergency medical services were called in 54.3% of overdoses where naloxone was administered.
- Most overdoses took place in either private residences (50.6%) or on the streets (23.4%).
- It was 10 times more likely for 911 to be called if an overdose occurred on the street vs. in private residences.
- The results suggest that 911 is more likely to be called by female overdose witnesses.

In study (2):

- According to BC THN program participants, the main barrier to calling 911 was concern about being arrested for either:
    a. Outstanding warrants—police collect names of those present at overdose scenes and check for warrants.
    b. Illegal activity—such as drug possession or breach of the conditions of probation.
- Law enforcement officials confirmed that they are sometimes required to act if (a) someone has an outstanding warrant or if (b) large amounts of illegal substances are observed, but stated that during overdoses responses are not clear-cut.
- Another BC THN participant barrier to calling 911 was concern that their naloxone kit(s) would be confiscated by police. The two law enforcement officers interviewed stated that in general they would not confiscate kits.

What should practitioners & policy makers consider (based on the results of these studies)?

When overdoses occur in private residences in the context of the BC THN program, witnesses are far less likely to call 911. This is concerning, as the majority of overdoses take place in private residences. The lower likelihood of calling 911 from private residences is likely explained by stated concerns about possible arrests. In public settings it is easier for people to leave the scene, and police are more likely to discover large amounts of illicit substances in private residences.

Recommendations

Policy Recommendations

- BC Police: emulate VPD's policy of OD non-attendance + create clear policies when arrests may or may-not occur
- Police: stop recording names at OD scenes
- Emergency services: overdose & anti-stigma training
- Federal government: Good Samaritan Law (immunity from possession charges during ODs)
- Decriminalize minor drug offences and more towards regulated legal market (Csete et al. Public health and international drug policy. Lancet (2016) 387: 1427-80. https://doi.org/10.1016/s0140-6736(16)00619-x)

Practice Recommendations

During participant training:

- Keep emphasising calling 911
- Teach kit holders/family/ friends 911-calling strategies that minimize police attendance
- Consider police involvement in training to clarify policies around arrests and kit confiscations

Keep raising awareness about:

- The BC THN program with law enforcement
- VPD's policy of not routinely attending overdose calls

Recommendations to the general public

When an overdose is suspected:

- Call 911 and report that the victim is not breathing or is unconscious—instead of reporting an overdose—in order to reduce police attendance
- Advocate for life-saving policy changes

Research Teams

Studies (1) and (2)
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We would like to acknowledge the support this project received from:

Clients and staff at all take home naloxone sites
UBC clinical investigator program

For more information, visit towardtheheart.com or contact the BCCDC

Last Updated: July 15, 2016

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Last Updated: July 15, 2016