APPENDIX 1

Survey Questions

1. Have you ever heard about community-based programs in Canada that prescribe or distribute naloxone to people at risk of opioid overdose?

Yes/No

If yes, how did you hear about them?

Please indicate as many as appropriate:

i. Cared for a patient involved in such a program.

ii. Involved directly with these programs.

iii. Popular media - newspapers, web, etc.

iv. Scholarly or medical media or journals

v. Heard about it from a colleague/ at a conference

vi. Other: \_\_\_\_\_\_\_\_\_\_

2. Would you be willing to prescribe or distribute take-home naloxone kits to your patients from the Emergency Department where you work?

Yes/No

Please state your level of agreement with the following statements: (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)

3. What would prevent you from prescribing the take-home naloxone kit to your patients?

a. There isn’t enough time during the clinical encounter

b. I am not trained to prescribe this medication

c. I don’t know enough about the evidence, benefits, or harms associated with take-home naloxone kits

d. I don’t have a good enough way to follow-up with the patient

e. I can’t train the patient about how to use the kit

f. There isn’t enough ED administrative or allied health support for patient education

g. I don’t believe that people who use opioids should have access to take-home naloxone

h. I’m not sure that my colleagues or college would support me and/or the risk of medico-legal liability

i. Other: \_\_\_\_\_\_\_

4. These patients would benefit from take-home naloxone programs:

a. Known or suspected prescription opioid dependence or heroin use

b. History of emergency care for opioid overdose

c. Opioid use with known or suspected use of alcohol or benzodiazepines, or other drugs known to increase overdose risk

d. Discharge from a treatment program for opioid dependence

e. Enrollment in opioid dependence treatment with methadone during specific times such as induction or discharge

f. High doses of prescribed opioids

g. Friends and family members of at-risk opioid users

h. Other:\_\_\_\_\_\_\_\_\_\_

5. In your practice, how often do you see patients who meet one or more of these criteria (list: Known or suspected prescription opioid dependence or heroin use, History of emergency care for opioid overdose, Opioid use with known or suspected use of alcohol or benzodiazepines, or other drugs known to increase overdose risk, Discharge from a treatment program for opioid dependence, Enrollment in opioid dependence treatment with methadone during specific times such as induction or discharge, High doses of prescribed opioids, Friends and family members of at-risk opioid users)

a. Always

b. Frequently

c. Sometimes

d. Infrequently

e. Never.

1. Who is best suited to train the patient/recipient in the use of naloxone in the Emergency Department?
2. Emergency Physician
3. Emergency RN
4. Nurse Practitioner
5. Administrator
6. Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Additional Comments

8. Gender

a. Male

b. Female

c. Other

9. Please indicate your emergency medicine credentials

a. FRCP

b. CCFP-EM

c. CCFP

d. Pediatric EM

e. Resident

d. Other \_\_\_\_\_\_\_\_\_\_\_

10. How many years have you been practicing emergency medicine?

1. Resident
2. 0-5
3. 6-10
4. 11-20
5. 21-30
6. 30+

11. On average, how many hours per week do you work in patient care in the ED?

12. In what type of hospital do you perform most of your emergency medicine clinical activity?

a. Urban tertiary centre

b. Community hospital

c. Rural/remote hospital

13. What province/territory do you work in?

1. AB
2. BC
3. MB
4. NB
5. NL
6. NS
7. NT
8. NU
9. ON
10. PE
11. QC
12. SK
13. YT