

HIGHLIGHTS

Take Home Naloxone program in BC saves lives

In August 2012, the BC Take Home Naloxone (THN) program was introduced to help to reduce opioid overdose and its consequences. Participating sites trained people who use opioids, their family and friends, and service providers in overdose prevention, recognition and response. The sites also provided prescriptions for naloxone kits to those who use opioids. Banjo and colleagues conducted a quantitative and qualitative evaluation of the first 20 months of the program, which included examination of the program records and individual or group interviews with 52 key participants (clients, parents of those who use opioids, service providers and police officers).

How effective was the program? Stakeholders were largely supportive of the program, 1318 participants were trained in overdose prevention, recognition and response, and 85 overdoses were reversed (Box). There were some misconceptions and reservations about the program, particularly among police officers. Some clients were afraid to call 911 in an overdose situation for fear of prosecution.

Box: Respondent views on administration of THN

"The guy was almost gone. ... The ambulance guy said that if we didn't do what we've done [administer naloxone], he wouldn't have made it." — Client 2 (Focus group 2), Urban

"You're worried about dealing with the overdose, right, so ... it was useful to get the instructions on the kits themselves." Client 1 (Focus group 1), Urban

"It was my wife, I didn't use gloves. I wanted to bring her back so ... that was my main concern so ... you know, but she didn't respond after the first one. I waited about a minute and then I gave her the second shot, and then she came to." — Client interview 11, Urban

The authors conclude that the program was easy to implement and effective in reducing harms and deaths from overdose. However, the program is reliant on engaging and retaining prescribers in addition to experiencing time and fiscal constraints. Banjo and colleagues emphasize that stakeholder concerns and misconceptions should be addressed. *CMAJ Open* 2014;2:E153-E161

Does immigrating to Canada affect the weight of youth?

When people immigrate to a new country, their health may change, eventually approximating that of people born in the host country, via a process called acculturation. Does this process also occur in Canada, among school-aged youth?

In this study of a national sample of students in grades 6 to 10 ($n = 19\ 272$), Kukaswadia and colleagues examined the independent and joint effects of country of birth and ethnicity on body mass index (BMI), including the effect of time since immigration. The BMIs were calculated from participants' self-reported heights and weights in the Canadian Health Behaviour in School-Aged Children study.

The BMI percentiles of foreign-born youth were lower than those of their Canadian-born peers (-4 , 95% confidence interval [CI] -6 to -2), and this association was not linear with time since immigration, which goes against the theory of acculturation (Table). BMI percentiles also differed by ethnicity, irrespective of country of birth, several ethnic groups having lower BMI percentiles than youth of the Canadian host culture. For example, there were differences in BMI percentiles in East Indian and South Asian groups by country of birth, whereas East and Southeast Asian groups showed no such differences.

The authors stress the importance of considering both ethnicity and country of birth when designing and implementing weight-loss interventions. Given the high proportion of Canadians who are immigrants, uncovering reasons for weight gain will

Table: Mean BMI percentile of grade 6–10 students by immigration status and additional covariables based on the 2010 Canadian Health Behaviour in School-aged Children study (weighted sample $n = 19\ 272$)*

Characteristics of the study population	Weighted sample, no. (%)	BMI percentile, difference from reference group (95% CI)
Country of birth		
Canadian born	17 659 (91.6)	Reference
Foreign born	1 613 (8.4)	-4 (-6 to -2)*
Time since immigration, yr		
Canadian born	17 659 (91.6)	Reference
≥ 6	891 (4.6)	-6 (-8 to -4)*
3–5	396 (2.1)	-2 (-5 to 1)
1–2	325 (1.7)	-2 (-6 to 1)

Note: CI = confidence interval.
* n values were weighted according to the Canadian Health Behaviour in School-aged Children study protocol. Totals in a category may vary slightly due to rounding.
† $p < 0.001$

lead to a better understanding of the determinants of childhood BMI. *CMAJ Open* 2014;2:E145-E152.