Guidance on take-home naloxone distribution and use by community overdose responders in Canada

Scope

- This take-home naloxone (THN) guidance aims to provide recommendations for the distribution and use of naloxone by community overdose responders for administration in out-of-hospital settings.
- The guidance does not address how to train community responders to use naloxone or how programs should be monitored and evaluated.

Key Points

- THN programs should provide both intramuscular and intranasal kit options, allowing individuals to select their preferred kit formulation.
- Recommended kit contents include: naloxone and appropriate delivery device, personal protective equipment, instructions, and a carrying case.
- Trained community overdose responders should prioritize rescue breathing in the case of respiratory depression, and conventional cardiopulmonary resuscitation in the case of cardiac arrest, among other interventions.

Recommendations on Take-Home Naloxone Distribution

GRADE Ranking (Quality of evidence):

Grading:

Moderate

Strength of the Recommendation:

Conditional

KIT CONTENTS

All THN kits should include:

- A recognizable carrying case
- Non-latex gloves
- A rescue breathing mask
- Instructions on naloxone administration:
 - Instructions on how to administer naloxone should be designed in collaboration with people who use these kits.
 - THN programs can use previously developed instructions or develop their own in collaboration with the affected community.

Intramuscular kits should include:

- Three or more 0.4 mg/mL naloxone ampoules/vials (based on program discretion and local experience)
- · A syringe and needle for each ampoule/vial of
- Alcohol swabs
- Ampoule breaker (in kits with ampoules)

Intranasal kits should include:

• Two 4 mg/0.1 mL intranasal devices

OVERDOSE RESPONSE

 Response to suspected opioid overdose should depend on the skill and comfort level of the responder. • People accessing services at THN distribution sites may be trained on

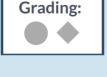


- overdose response through their peers, using online resources, a cardiopulmonary resuscitation (CPR) training course, or training developed by THN programs.
- THN distribution sites without capacity to offer overdose response education should direct people to services that offer training, if needed.

Trained community responders should follow these steps:

- Apply vigorous verbal and physical stimuli. Call Emergency Medical Services (EMS).*
- Administer naloxone.**
- If the individual experiencing overdose is in respiratory depression, provide rescue breathing.
- If the individual experiencing overdose is in cardiac arrest, provide conventional CPR, including rescue breathing and chest compressions.

ROUTE OF ADMINISTRATION



formulations of naloxone, so that people accessing naloxone kits can choose their preferred formulation.

THN programs should offer both intramuscular and intranasal

*We acknowledge that many people who use drugs do not feel safe calling EMS, especially in jurisdictions where police commonly attend EMS calls for overdose. There is differing guidance on the order of naloxone administration and resuscitation. Our recommendation

does not address order of response interventions.

Source: Ferguson, M., Adams, A., Elton-Marshall, T., Ali, F., Lorenzetti, D., Alausa, H., Ng, J., Gallant, K., & Buxton, J.A., Leece, P., Rittenbach, K., And The Naloxone Guidance Development Group. (2023). *Canadian Take Home*

Naloxone Program Guidance. Vancouver, British Columbia: Canadian Research Initiative In Substance Misuse.

Access the Guidance Document online **here**.

CANADIAN RESEARCH

Access the guideline published in the Canadian Medical Association Journal here.



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