

# 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):

● High ● Moderate ● Low ● Very Low

### Strength of the Recommendation:

◆ Strong ◆ 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.*

#### Grading:



### 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 naloxone
- 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.

#### Grading:



### 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

#### Grading:



THN programs should offer both **intramuscular** and **intranasal** formulations of naloxone, so that people accessing naloxone kits can choose their preferred formulation.

*\*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](#).

Access the guideline published in the Canadian Medical Association Journal [here](#).



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