



# The importance of community overdose responders in developing Canadian take-home naloxone program guidance

CoLab presentation Jan 12, 2024

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Nominated PI - THN best practice guidance project; Professor Emeritus UBC  
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# Acknowledgments

- This work was performed across Turtle Island which we colonially call Canada which has been cared for and nurtured for all time by many First Nations.
- The presenters are on the traditional, ancestral and unceded territories of many BC First Nations and are grateful to live, work and learn on this land.
- We acknowledge that Indigenous people live on these lands that originate from their own respective territories and the Chartered Communities of the Métis Nation B.C. and Inuit.
- We recognise the trauma and grief that people who use substances and their loved ones suffer everyday due to the unregulated toxic drug emergency and the thousands of preventable deaths which have and continue to occur

# Acknowledging the work

- Co-PIs were Jane Buxton in BC, Kay Rittenbach AB and Pamela Leece ON
- The project was overseen by Jane Buxton & research epidemiologists Amina Moustaqim-Barette and Max Ferguson at BC Centre for Disease Control which is on the traditional, ancestral and unceded territories of the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səlilwitulh (Tsleil-wathuth) Nations
- It was a huge collaborative effort by many people who provided their time and expertise despite also coping with personal and work pressures due to COVID-19 and the overdose emergency

# Overview

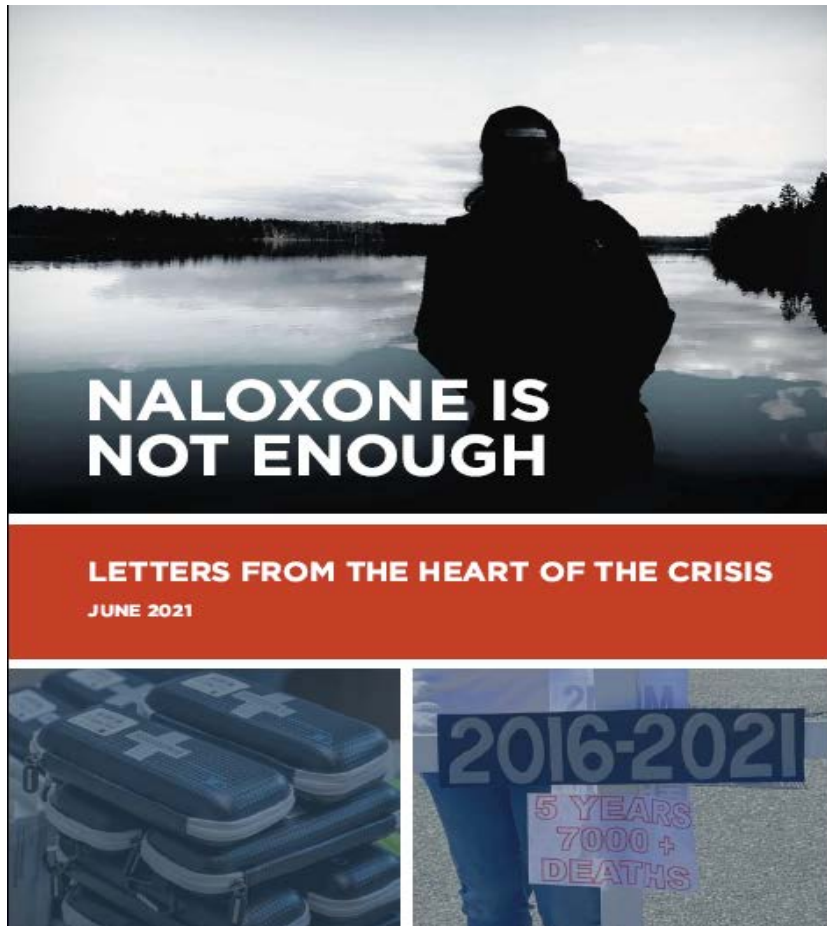
- **Brief history of naloxone in BC & Canada**
- **CIHR/CRISM funding** to develop national community THN guidelines
- **Where are we now?** Environmental scan of programs across Canada
- **What do we know?** Scoping review of published evidence to identify gaps
- **What do we want to know?** We used an adapted online Delphi process to select priority topics for systematic review
- **What did we find?** Results of three systematic reviews
- **Guidance developed** through collaboration many experts; PWLLE sat on various committees (*Paul & Charlene will provide insights as committee members*)
- **External feedback sought** (*Charlene co-led focus groups with PWLLE*)
- **Guidance published** in CMAJ and report on CRISM website

# History of naloxone - BC & Canada

- **Aug 31, 2012:** BC started longest running provincial THN program in Canada
  - Naloxone was prescription only, prescriber needed; only people at risk of an overdose
- **Mar 2016:** Naloxone removed from Prescription Drug List ; BC kits 3 doses
- **Jun 2016:** BC EDs directed to make THN available; FNIH added naloxone to Drug Benefit List under Non-insured Health Benefits Program,
- **Jul 2016:** Federal health minister signed an interim order to allow intranasal naloxone to be imported from US
- **Sep 2016:** Naloxone unscheduled in BC; patient names no longer required
- **Dec 2016:** People at risk of witnessing an overdose eligible for a kit in BC
- **Dec 2017:** THN became available in pharmacies
- **Jan 2018:** Pilot for ambulance staff replacing used kits at a call

Blue - Federal initiatives

# May 2021, 1m THN kits had been shipped



*“To the thousands of families who have lost their parents, children, siblings, aunts, uncles, and friends because of poisoned drug supply, I am sorry that naloxone wasn’t enough to save your loved one”*

*“It breaks my heart because each and every overdose death is preventable”*

*“After so many years, after so much death, after all the burn-out... we are still relying on naloxone as our main intervention to address the toxic drug supply”*

*“I’m tired of the band aid ways... “*

<https://towardtheheart.com/resource/naloxone-is-not-enough/open>

# TAKE HOME NALOXONE PROGRAM IN BC

SAVING LIVES SINCE AUGUST 2012



To find a site in BC visit:  
[towardtheheart.com/site-finder](http://towardtheheart.com/site-finder)

CALLING 911 IS THE FIRST & MOST CRITICAL STEP OF OVERDOSE RESPONSE

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, fentanyl, morphine, oxycodone)

Take Home Naloxone (THN) kits are free for people at risk of an opioid overdose and those most likely to witness and respond to an overdose

## REPORTED DISTRIBUTION OF KITS

Data are derived from a live environment and are subject to change. Distribution data are reasonably complete until Sep 30, 2022 due to lag in kit distribution record return to Harm Reduction Services. Distribution data is no longer tracked as of Jan 1, 2023. All other data updates will be provided on a quarterly basis on [towardtheheart.com](http://towardtheheart.com).



2,227  
ACTIVE THN DISTRIBUTION LOCATIONS IN BC INCLUDING:

21  
CORRECTIONS FACILITIES

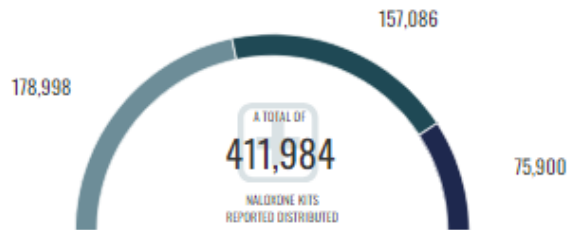
87  
HOSPITALS & EMERGENCY DEPTS.

871  
COMMUNITY PHARMACIES

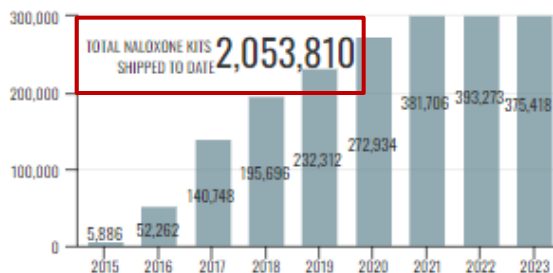
175  
FIRST NATION SITES

157,086

KITS REPORTED AS USED TO REVERSE AN OVERDOSE



## NUMBER OF KITS SHIPPED TO SITES BY YEAR

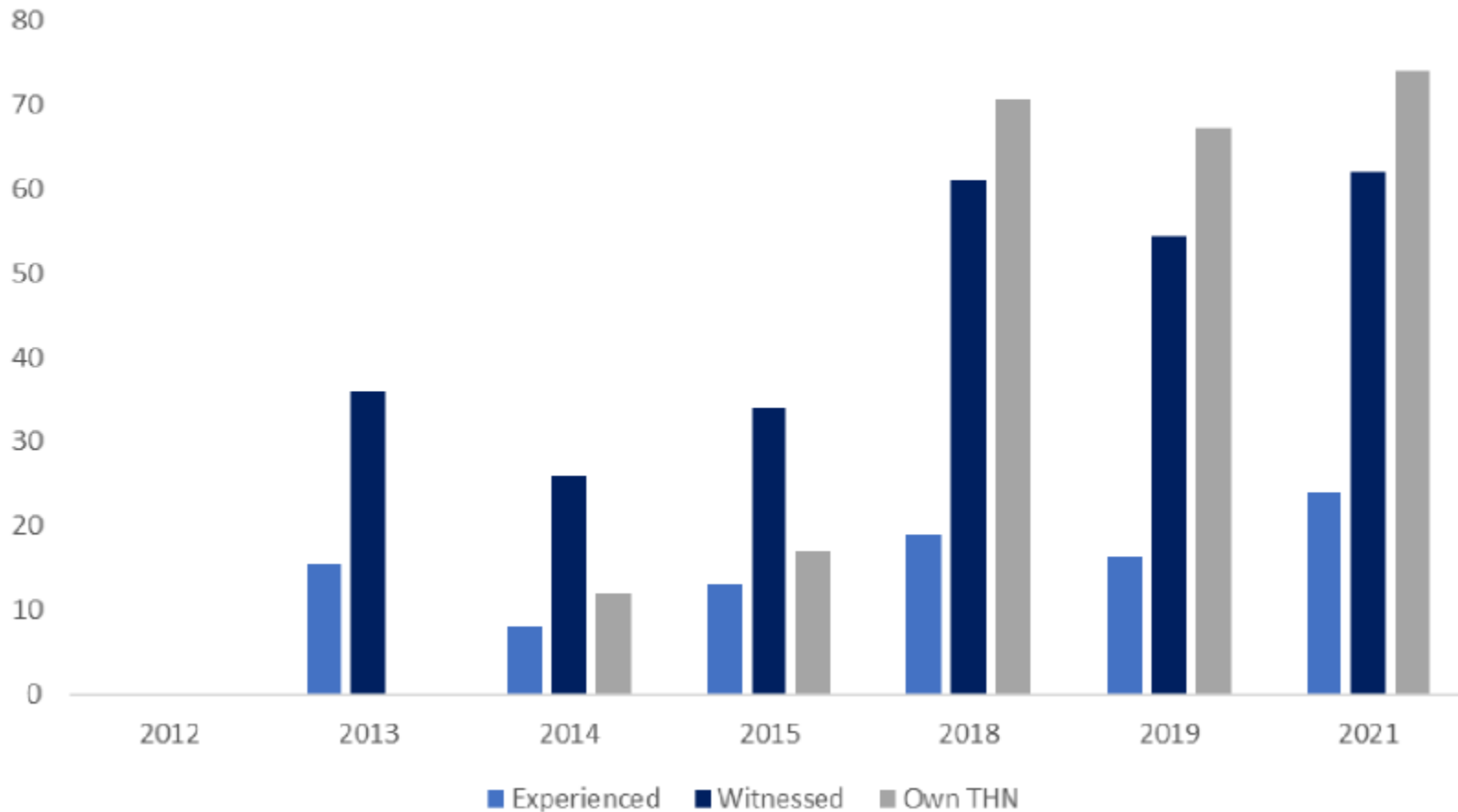


FOR MORE INFORMATION VISIT [towardtheheart.com/naloxone/](http://towardtheheart.com/naloxone/)

WORKING TOGETHER | REDUCING HARM

toward  
THEheart.com  
BCCDC HARM REDUCTION SERVICES

## Opioid Overdose (past 6 mos) & Take Home Naloxone Kit Ownership



2022 survey: 74% reported owning a naloxone kit

<http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-client-survey>



# Naloxone Best Practice Guideline Development

- The project was funded by CIHR through Canadian Research Initiative in Substance Misuse (CRISM)
- Led by investigators from across Canada (BC, AB, ON & QC)
- Aim: to create evidence-based best practice document for THN distribution in Canada
- JAB (NPI) & research epidemiologist led the project at BCCDC with assistance of students



# Take-home message re naloxone distribution and use in the community

- Quality of evidence is low
- Huge collaboration of diverse experts
- Insights from affected community who have responded to thousands of overdoses was invaluable



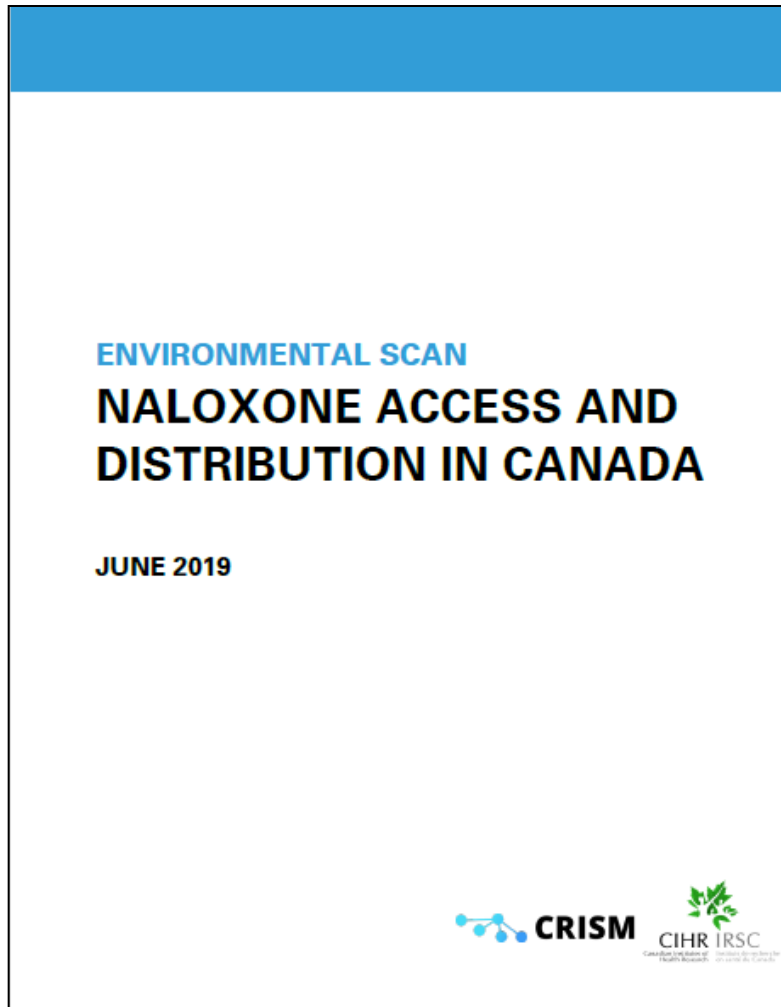
Where are we now?

**Environmental Scan**

# Environmental Scan:

- **Aim:** to better understand THN practices and programs across Canada including barriers, challenges and knowledge gaps
- **Methods:**
  - Searched THN websites, resources & grey literature
  - Conversations with 1-3 key informants at every P/T
  - Notes taken in En and Fr, Fr translated to En
  - Coded into 4 themes
    - Policy, operations, knowledge/evidence & geography
  - Findings collated/synthesized & report sent to stakeholders for input and validation
  - Final report published

# Environmental Scan:



# Environmental Scan:

## THN kit distribution by province/territory (P/T) - June 2019



- All P/Ts provide free, publicly funded THN
- Programs started at different times, kit content & training differ
- All have injectable THN; NT, ON, QC had nasal spray
- Naloxone is unscheduled in BC/AB/SK, rest schedule II (requires pharmacist/HCP intervention for distribution)
- **Therefore, there is a need for consistent policies & protocols across Canada**

What do we know?

**Scoping review**

# Scoping review

- **Aim:** To identify existing systematic reviews and best practice guidelines relevant to clinical and operational guidance on THN distribution
- **Methods:**
  - Used Arksey and O'Malley framework for scoping reviews
  - Searched academic & grey literature databases using keywords
    - Naloxone and Overdose and (Guideline or recommendation or Toolkit)
    - Data extracted - study identifiers & methodologic characteristics



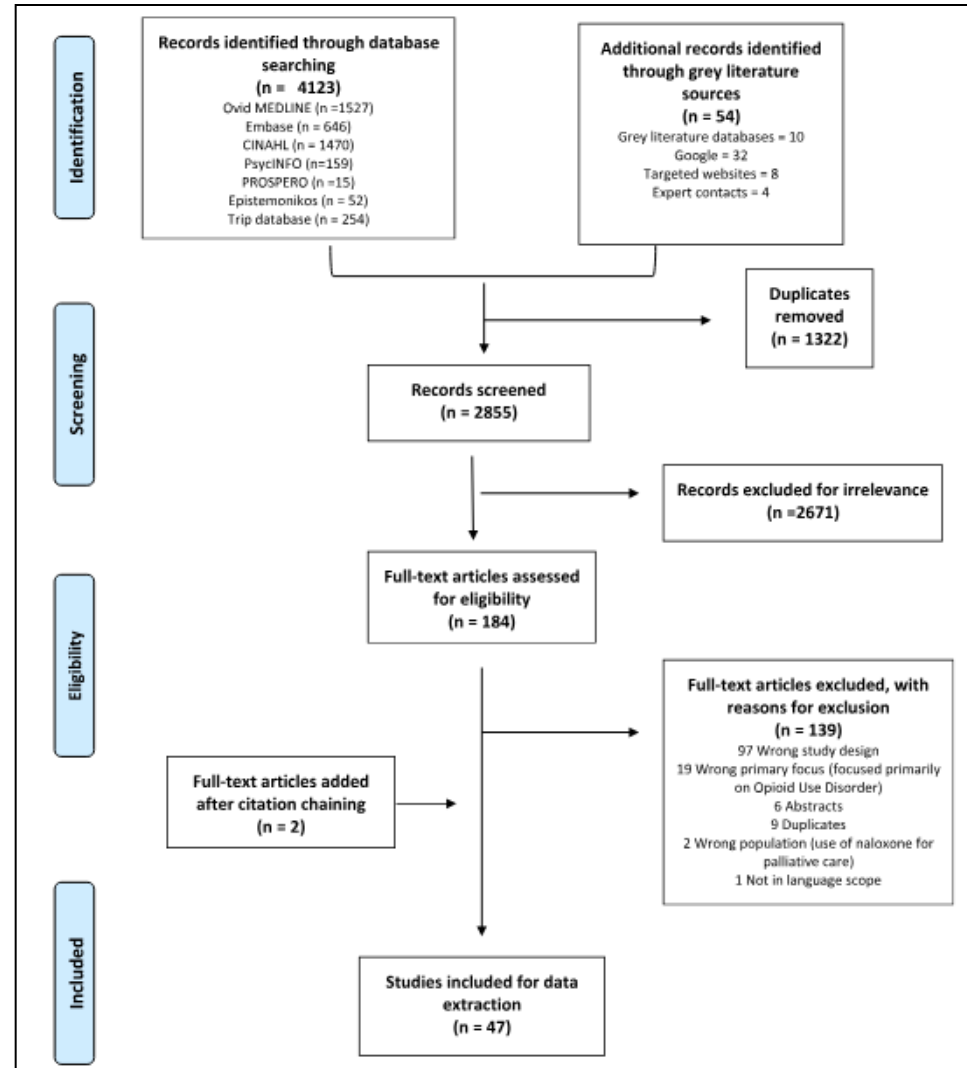
# Scoping review - results

## 47 articles included

- 20 systematic reviews
- 10 grey literature articles
- 8 short-cut or rapid reviews
- 4 scoping reviews
- 5 other review types

## Common themes

- Naloxone effectiveness
- Safety
- Feasibility/acceptability of THN distribution
- Dosing & routes of administration
- Overdose response & training
- Cost effectiveness
- Policy & practice recommendations
- Knowledge gaps



PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) flow diagram

RESEARCH ARTICLE

Open Access

# Take-home naloxone programs for suspected opioid overdose in community settings: a scoping umbrella review



Amina Moustaqim-Barrette<sup>1</sup>, Damon Dhillon<sup>2</sup>, Justin Ng<sup>1</sup>, Kristen Sundvick<sup>2</sup>, Fariyah Ali<sup>3</sup>, Tara Elton-Marshall<sup>3,4,5</sup>, Pamela Leece<sup>5,6</sup>, Katherine Rittenbach<sup>7,8,9</sup>, Max Ferguson<sup>1</sup> and Jane A. Buxton<sup>1,10\*</sup>

## Abstract

**Background:** Opioid related overdoses and overdose deaths continue to constitute an urgent public health crisis. The implementation of naloxone programs, such as ‘take-home naloxone’ (THN), has emerged as a key intervention in reducing opioid overdose deaths. These programs aim to train individuals at risk of witnessing or experiencing an opioid overdose to recognize an opioid overdose and respond with naloxone. Naloxone effectively reverses opioid overdoses on a physiological level; however, there are outstanding questions on community THN program effectiveness (adverse events, dosing requirements, dose-response between routes of administration) and implementation (accessibility, availability, and affordability). The objective of this scoping review is to identify existing systematic reviews and best practice guidelines relevant to clinical and operational guidance on the distribution of THN.

**Methods:** Using the Arksey & O’Malley framework for scoping reviews, we searched both academic literature and grey literature databases using keywords (Naloxone) AND (Overdose) AND (Guideline OR Review OR Recommendation OR Toolkit). Only documents which had a structured review of evidence and/or provided summaries or recommendations based on evidence were included (systematic reviews, meta-analyses, scoping reviews, short-cut or rapid reviews, practice/clinical guidelines, and reports). Data were extracted from selected evidence in two key areas: (1) study identifiers; and (2) methodological characteristics.

**Results:** A total of 47 articles met inclusion criteria: 20 systematic reviews; 10 grey literature articles; 8 short-cut or rapid reviews; 4 scoping reviews; and 5 other review types (e.g. mapping review and comprehensive reviews). The most common subject themes were: naloxone effectiveness, safety, provision feasibility/acceptability of naloxone distribution, dosing and routes of administration, overdose response after naloxone administration, cost-effectiveness, naloxone training and education, and recommendations for policy, practice and gaps in knowledge.

**Conclusions:** Several recent systematic reviews address the effectiveness of take-home naloxone programs, naloxone dosing/route of administration, and naloxone provision models. Gaps remain in the evidence around evaluating cost-effectiveness, training parameters and strategies, and adverse events following naloxone administration. As THN programs continue to expand in response to opioid overdose deaths, this review will contribute to understanding the evidence base for policy and THN program development and expansion.

**Keywords:** Naloxone, Opioid overdose, Fentanyl, Opioids, Opiates

Scoping review:

<https://rdcu.be/chz2L>

# What do we want to know?

Identified knowledge gaps and used a Delphi process to prioritise questions for systematic review

# Priority setting:

- **Aim:** We used an adapted anonymous online Delphi method to generate consensus to guide guideline development
- **Methods:**
  - Guideline development group generated a series of key questions
  - Questions reviewed for content, completeness and readability
  - 35 questions brought to 15-member voting panel (included PWLLE, academics, clinicians and PH professionals)
  - Panel voted and gave their rationale
  - 17 questions identified as most important + anonymized rationale given back to panel who voted again
  - 9 questions were ranked highly; of which 3 were identified for systematic reviews

RESEARCH

Open Access

# Priority setting for Canadian Take-Home Naloxone best practice guideline development: an adapted online Delphi method



Max Ferguson<sup>1</sup>, Andrea Medley<sup>2</sup>, Katherine Rittenbach<sup>3,4,5</sup>, Thomas D. Brothers<sup>6,7</sup>, Carol Strike<sup>9</sup>, Justin Ng<sup>1</sup>, Pamela Leece<sup>8,9,10</sup>, Tara Elton-Marshall<sup>11,12</sup>, Fariyah Ali<sup>12</sup>, Diane L. Lorenzetti<sup>4</sup> and Jane A. Buxton<sup>1,13\*</sup>

## Abstract

**Background:** Take-Home Naloxone (THN) is a core intervention aimed at addressing the toxic illicit opioid drug supply crisis. Although THN programs are available in all provinces and territories throughout Canada, there are currently no standardized guidelines for THN programs. The Delphi method is a tool for consensus building often used in policy development that allows for engagement of stakeholders.

**Methods:** We used an adapted anonymous online Delphi method to elicit priorities for a Canadian guideline on THN as a means of facilitating meaningful stakeholder engagement. A guideline development group generated a series of key questions that were then brought to a 15-member voting panel. The voting panel was comprised of people with lived and living experience of substance use, academics specializing in harm reduction, and clinicians and public health professionals from across Canada. Two rounds of voting were undertaken to score questions on importance for inclusion in the guideline.

**Results:** Nine questions that were identified as most important include what equipment should be in THN kits, whether there are important differences between intramuscular and intranasal naloxone administration, how stigma impacts access to distribution programs, how effective THN programs are at saving lives, what distribution models are most effective and equitable, storage considerations for naloxone in a community setting, the role of CPR and rescue breathing in overdose response, client preference of naloxone distribution program type, and what aftercare should be provided for people who respond to overdoses.

**Conclusions:** The Delphi method is an equitable consensus building process that generated priorities to guide guideline development.

**Keywords:** Delphi, Naloxone, Harm reduction

# Three priority research questions:

<b>Topic</b>	<b>Research Question ; In community settings</b>
<b>1.</b> Route of administration	What is the effect of intramuscular vs. intranasal naloxone administration on morbidity or mortality of persons experiencing opioid overdose?
<b>2.</b> Kit contents	What is the evidence to support the impact of specific naloxone kit contents on outcomes? This question is framed from the perspectives of both people experiencing and people responding to overdose.
<b>3.</b> Overdose response	Are there different rates of morbidity and mortality for persons experiencing opioid overdose associated with various overdose responses in addition to naloxone administration: a) rescue breathing, b) conventional cardiopulmonary resuscitation (CPR) with rescue breathing, c) compression-only CPR, or d) neither rescue breathing or chest compressions

What did we find?

**Three systematic reviews**

## 3 systematic reviews - methods

- Searched academic and grey literature;
  - additional content solicited from experts,
  - citation chaining,
  - reviewed funding databases (CIHR and NIH) and
  - PROSPERO (database that registers protocols)
- 2 team members screened all articles for relevance & duplicates
- Covidence software was used to organize screening
- Disagreements re inclusion were discussed & consensus reached
- 2 team members extracted data and performed quality assessment in duplicate using REDCap software
- MetaQAT tool assessed relevancy, reliability, validity & applicability (Public Health Ontario)



## Data extracted:

Article title, date, authors, country where study conducted

## Study:

- design, objective
- research questions;
- population, sample size,
- data source,
- analyses;
- main findings & conclusions,
- effect measures

## Grading of recommendations

- Recommendations graded according to *Grading of Recommendations Assessment, Development and Evaluation* (GRADE) framework based on:
  - desirable and undesirable consequences,
  - quality of published evidence,
  - values & preferences of those affected, and
  - resource use

**Strength of recommendations** determined as **strong** – desirable effects outweigh the undesirable effects and can be adapted as policy in most situations and regions or **conditional** - policy-making requires substantial debate and involvement of many stakeholders. Policies are more likely to vary between regions

**Quality of published evidence** is graded **high**, **moderate** or **low**

*Strength of recommendation* is determined thru' separate judgement to *strength* and *quality of evidence*

# How to meaningfully involve people who access services in guideline development

## **Rationale:**

- It's important to get authentic input from PWLLE
  - People to whom THN is administered
  - PWLLE are most likely to administer THN
    - 2017-2020, 90% of BC kits reported used were by people at risk of an overdose
  - Involve PWLLE at the start; avoid check box after guideline created

## **Methods & findings:**

- Literature review 2011-2021
  - 6 guideline standards and 18 publications
- Thematic analysis – 3 themes:
  - Reasons for involvement, methods of involvement, factors in success
- Identified 5 essential considerations for guideline development
- Findings validated by 2 organizations of PWLLE



Contents lists available at ScienceDirect

## Drug and Alcohol Dependence Reports

journal homepage: [www.elsevier.com/locate/dadr](http://www.elsevier.com/locate/dadr)



### Review

## Guideline development in harm reduction: Considerations around the meaningful involvement of people who access services



Alison Adams<sup>a,b</sup>, Max Ferguson<sup>a</sup>, Alissa M. Greer<sup>c</sup>, Charlene Burmeister<sup>a</sup>, Kurt Lock<sup>a</sup>,  
Jenny McDougall<sup>a</sup>, Mamie Scow<sup>a,b</sup>, Jane A. Buxton<sup>a,b,\*</sup>

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### ARTICLE INFO

#### Keywords:

Guidelines  
Harm reduction  
Public health  
Peer engagement

### ABSTRACT

**Background:** Harm reduction seeks to minimize the negative effects of drug use while respecting the rights of people with lived and living experience of substance use (PWLE). Guideline standards (“guidelines for guidelines”) provide direction on developing healthcare guidelines. To identify essential considerations for guideline development within harm reduction, we examined whether guideline standards are consistent with a harm reduction approach in their recommendations on involving people who access services.

**Methods:** We searched the literature from 2011–2021 to identify guideline standards used in harm reduction and publications on involving PWLE in developing harm reduction services. We used thematic analysis to compare their guidance on involving people who access services. Findings were validated with two organizations of PWLE.

**Results:** Six guideline standards and 18 publications met inclusion criteria. We identified three themes related to involving people who access services: *Reasons for Involvement*, *Methods of Involvement*, and *Factors in Success*. Subthemes varied across the literature. We identified five essential considerations for guideline development in harm reduction: establishing a shared understanding of reasons for involving PWLE; respecting their expertise; partnering with PWLE to ensure appropriate engagement; incorporating perspectives of populations disproportionately affected by substance use; and securing resources.

**Conclusion:** Guideline standards and the harm reduction literature approach the involvement of people who access services from different perspectives. Thoughtful integration of the two paradigms can improve guidelines while empowering PWLE. Our findings can support the development of high-quality guidelines that align with the fundamental principles of harm reduction in their involvement of PWLE.



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### ARTICLE INFO

Keywords:  
Guidelines

### ABSTRACT

*Background:* Harm reduction seeks to minimize the negative effects of drug use while respecting the rights of people with lived and living experience of substance use (PWLE). Guideline standards (“guidelines for guidelines”)

## Five essential considerations for guideline development in harm reduction:

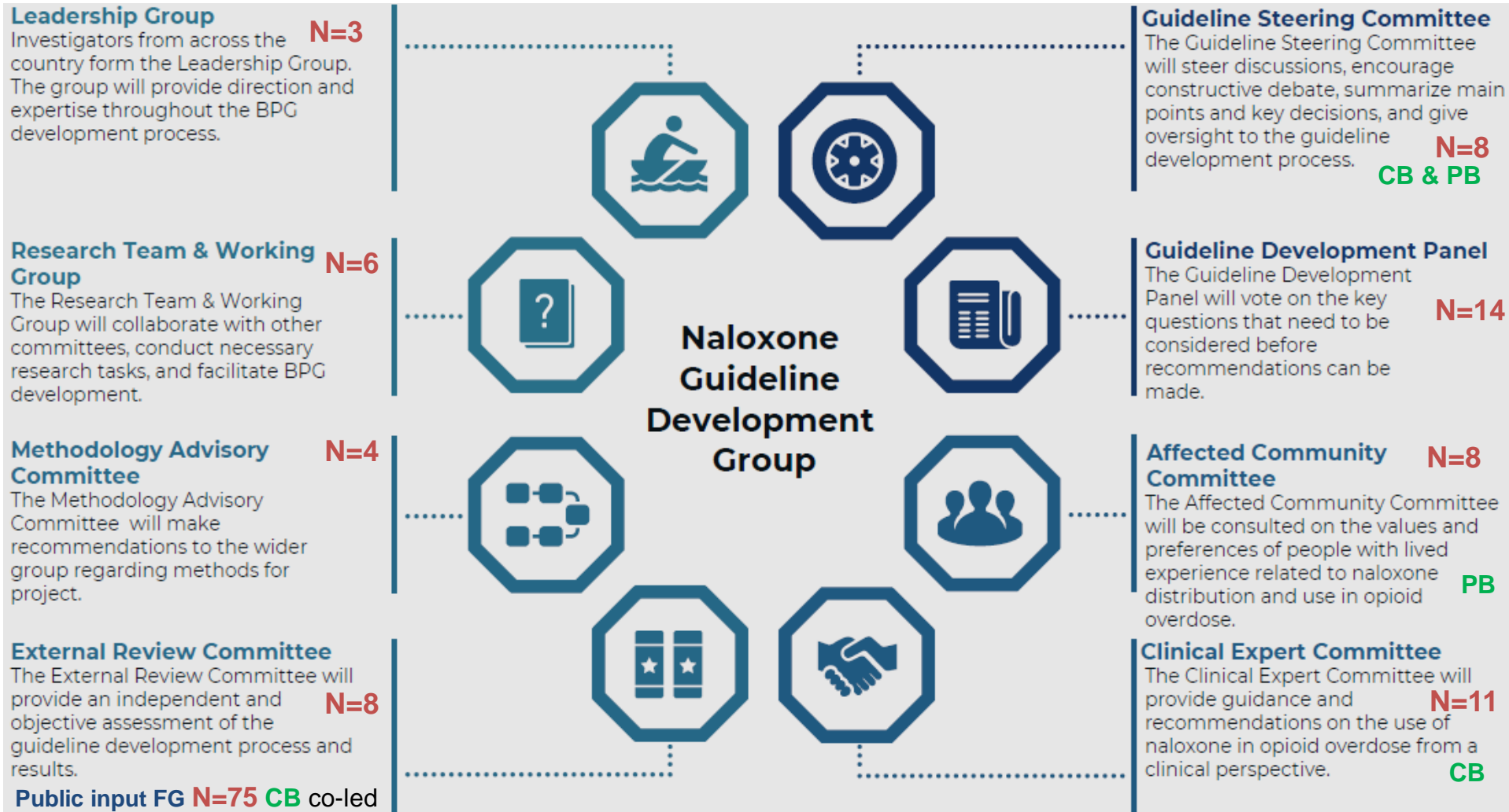
1. establish a shared understanding for reasons for involving PWLE,
2. respect their expertise;
3. partner with PWLE to ensure appropriate engagement;
4. incorporate perspectives of populations disproportionately affected by substance use
5. secure resources

while empowering PWLE. Our findings can support the development of high-quality guidelines that align with the fundamental principles of harm reduction in their involvement of PWLE.

# Guidance developed

**In collaboration with Canadian experts including: PWLLE, academics, clinicians, public health professionals & front line staff**

# Naloxone best Practice Guideline Project collaboration structure



# Insights and reflections from participating in committees

- Paul
- Charlene

# Dealing with low quality evidence

- Quality of the published literature was low for all 3 questions
- **Expert evidence** can be effective to develop robust and trustworthy guidelines in the absence of published evidence<sup>1</sup>
- The expertise of the **affected community** who have responded to thousands of overdoses was invaluable
- Committees met through Zoom and reached informal consensus on recommendations for **Guidance** (rather than Guidelines)

1. Schunermann et al 2025 Guidelines International Network: Principles for Disclosure of Interests and Management of Conflicts in Guidelines. *Annals of Internal Medicine*, 163(7), 548. <https://doi.org/10.7326/M14-1885>



# Three priority research questions:

Topic	Recommendation	Strength of recommend <sup>n</sup>	Quality of literature
1. Route administ <sup>n</sup>	THN programs should offer both i.m. and i.n. formulations of naloxone, so that people can choose their preferred formulation	Conditional*	Very Low
2. Kit contents	<p>All THN kits should include:</p> <ul style="list-style-type: none"> <li>• A recognizable carrying case</li> <li>• Non-latex gloves</li> <li>• A rescue breathing mask</li> <li>• Instructions on naloxone administration designed in collaboration with people who use the kits</li> </ul> <p>Intramuscular THN kits should include</p> <ul style="list-style-type: none"> <li>• 3 or more 0.4mg/ml naloxone ampoules or vials based on local experience</li> <li>• A syringe &amp; needle per amp/vial of naloxone</li> <li>• Alcohol swabs</li> <li>• Ampoule breaker (for kits with ampoules)</li> </ul> <p>Intranasal THN kits should include</p> <ul style="list-style-type: none"> <li>• Two 4 mg/0.1ml intranasal devices</li> </ul>	Strong	Very Low

\*Little evidence re routes of administration by community overdose responders. Low quality literature.

**Values & Preferences:** PWUD, family, youth may prefer i.n. for ease of use, but i.m. easier to titrate.

**Resource:** Cost i.n 7x i.m.; currently only one approved manufacturer in Canada

# Three priority research questions:

Topic	Recommendation	Strength of recommend <sup>n</sup>	Quality of literature
<b>3.</b> Overdose response	Response to suspected opioid overdose should depend on skill & comfort level of the responder. People accessing services at THN distribution sites may be trained on OD response through their peers, online resources, a CPR training course or training developed by THN programs. <sup>1</sup> Trained community responders should follow these steps: <ul style="list-style-type: none"> <li>• Apply vigorous verbal and physical stimuli</li> <li>• Call emergency medical services</li> <li>• Administer naloxone<sup>2</sup></li> <li>• If person experiencing an OD is in respiratory depression provide rescue breathing</li> <li>• If person is in cardiac arrest, provide CPR incl. rescue breathing and chest compressions</li> </ul>	Strong	Very low

1. THN distribution sites without capacity to offer OD response education should direct people to services that offer training

2. Guidance on order of naloxone administration and resuscitation differs. Our recommendation does not address order of response interventions

## External feedback sought

Feedback was received from external experts,  
online survey and focus groups of PWLLE

Input incorporated

# External feedback

- National/International experts identified **(N=8)**
- Online public survey **(N=73)**
  - Participants were eligible for draw for 2 x \$100 visa cards
  - 2 individuals did not support rescue breathing
- Focus groups PWLLE **(N=75)**
  - PWLLE compensated \$50 for their expertise
  
- Feedback was incorporated into publication and report

# Focus group feedback

- 15 focus groups with 78 individuals
- Gave practical insights from real-life experience
- Route of administration:
  - Desire for increased access to intranasal naloxone
    - Responders discomfort with needles – e.g. family members, youth
    - Challenges drawing up & administering naloxone
      - Physical accessibility – poor dexterity, loss of digits due to infection or frostbite
      - Physical environment – dark, sub-zero temperatures (responder wearing gloves or person overdosing many layers thick clothing)
  - BUT: people also emphasized importance of titrating injectable naloxone to avoid withdrawal
- Overdose response – unanimous supported of rescue breathing
  - Most felt able to determine if cardiac arrest occurred – especially if overdose was witnessed
  - Concern re ribs fractured due to compressions

# Guidance published

**CMAJ open access in English and French  
Report on CRISM website**

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

Max Ferguson MPH MSN, Katherine Rittenbach PhD, Pamela Leece MD MSc, Alison Adams MPH, Fariyah Ali PhD, Tara Elton-Marshall PhD, Charlene Burmeister, Thomas D. Brothers MD, Andrea Medley MPH, Paul Choisil, Carol Strike PhD, Justin Ng, Diane L. Lorenzetti PhD, Kat Gallant MPP, Jane A. Buxton MBBS MHSc; for the Naloxone Guidance Development Group

■ Cite as: *CMAJ* 2023 August 28;195:E1112-23. doi: 10.1503/cmaj.230128

**Background:** The increasing toxicity of opioids in the unregulated drug market has led to escalating numbers of overdoses in Canada and worldwide; take-home naloxone (THN) is an evidence-based intervention that distributes kits containing naloxone to people in the community who may witness an overdose. The purpose of this guidance is to provide policy recommendations for territorial, provincial and federal THN programs, using evidence from scientific and grey literature and community evidence that reflects 11 years of THN distribution in Canada.

**Methods:** The Naloxone Guidance Development Group — a multidisciplinary team including people with lived and living experience and expertise of drug use — used the Appraisal of Guidelines for Research & Evaluation (AGREE II) instrument to inform development of

this guidance. We considered published evidence identified through systematic reviews of all literature types, along with community evidence and expertise, to generate recommendations between December 2021 and September 2022. We solicited feedback on preliminary recommendations through an External Review Committee and a public input process. The project was funded by the Canadian Institutes of Health Research through the Canadian Research Initiative in Substance Misuse. We used the Guideline International Network principles for managing competing interests.

**Recommendations:** Existing evidence from the literature on THN was of low quality. We incorporated evidence from scientific and grey literature, and community expertise to develop our recommendations. These were in 3 areas:

routes of naloxone administration, THN kit contents and overdose response. Take-home naloxone programs should offer the choice of both intramuscular and intranasal formulations of naloxone in THN kits. Recommended kit contents include naloxone, a naloxone 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.

**Interpretation:** This guidance development project provides direction for THN programs in Canada in the context of limited published evidence, with recommendations developed in collaboration with diverse stakeholders.



## Canadian Take-Home Naloxone Program Guidance

NATIONAL GUIDANCE





# Recap – what we did



- **Where are we now?** Environmental scan of programs across Canada
- **What do we know?** Scoping review of published evidence to identify gaps
- **What do we want to know?** Selected priority topics for systematic review
- **What did we find?** Results of three systematic reviews
- **Guidance developed** collaboration many experts including PWLLE
- **External feedback obtained**
- **Guidance published**

# Recap - what we found

- The quality of published evidence is low
- Project was a huge collaboration and commitment by diverse experts
- Insights from the affected community who have responded to thousands of overdoses was absolutely invaluable

## **Recommendations included:**

- Offer choice of kits containing intramuscular or intranasal naloxone formulations but maybe cost constraints
- Provide rescue breaths if breathing is depressed; if in cardiac arrest give both compressions and breaths

# References

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