

Appendix 2 - Expert evidence and opinion generated from the Naloxone Guidance Development Group used to inform recommendations

We based our approach to expert evidence and opinion on Schünemann HJ, Zhang Y, Oxman AD. Distinguishing opinion from evidence in guidelines. *BMJ*. 2019 Jul 19;|4606.

Recommendation	Expert Evidence	Expert Opinion
Route of Administration	<ul style="list-style-type: none"> • People with disabilities have difficulty administering intramuscular naloxone • Some people responding to multiple overdoses have struggled to coordinate intramuscular administration on multiple people • More people administered intranasal naloxone seem to experience withdrawal symptoms 	<ul style="list-style-type: none"> • Both intramuscular and intranasal naloxone should be made available
Kit Contents	<ul style="list-style-type: none"> • Multiple kits are commonly used to reverse overdose 	<ul style="list-style-type: none"> • While there is risk of people experiencing withdrawal symptoms more frequently, the risk of a responder having inadequate naloxone outweighs this concern. Three or more ampoules or vials are needed for THN kits
Overdose Response	<ul style="list-style-type: none"> • Naloxone Guidance Development Group members with community overdose response experience reported being able to effectively check for a pulse • Naloxone Guidance Development Group members reported that they are able to effectively train others to check for a pulse • Naloxone Guidance Development Group members reported having successfully reversed hundreds of overdoses of people experiencing respiratory depression using rescue breathing alone • People who use drugs experience barriers to obtaining pain management medication, this is particularly impactful following an overdose, as there may be broken ribs or sternum 	<ul style="list-style-type: none"> • Naloxone Guidance Development Group members with community overdose response experience voiced the desire to respond to the physiological state of persons experiencing overdose (e.g. either cardiac arrest or respiratory depression) versus relying on proxy measures to determine response (i.e. witnessed or unwitnessed overdose) • Naloxone Guidance Development Group members supported the prioritization of overdose response including rescue breathing versus compressions-only