Guideline 9.5.2 – First Aid Management of Suspected Opioid Overdose

Summary

Who does this guideline apply to?

This guideline applies to adults and children.

Who is the audience for this guideline?

This guideline is for first aiders and first aid training providers. This includes the family and friends of opioid users trained in the intranasal administration of naloxone for persons suspected to have an opioid overdose.

This guideline may also be used by members of staff at medically supervised injecting facilities where they exist.

Summary of Recommendations

1. The Australian and New Zealand Committee on Resuscitation (ANZCOR) makes the following recommendations: [all Good Practice Statements]

    1. Send for an ambulance and start cardiopulmonary resuscitation (CPR) without delay for any unconscious person not breathing normally (ANZCOR Guideline 8).

    2. Administer intranasal naloxone as soon as it is available in suspected opioid overdose with minimal interruption of CPR.

    3. People who regain normal consciousness and respiratory function after naloxone rescue should be transported to hospital.

    4. Administer supplementary oxygen if available and trained to do so.

1.0 | Introduction

Opioids are a class of drug (narcotics) which are generally used as pain management medications but are also used recreationally. Examples include morphine, codeine, hydromorphone, methadone, oxycodone, hydrocodone, heroin, fentanyl, tramadol and nitazenes. Different preparations of opioids can be ingested, injected, administered transdermally or inhaled.

Opioid overdose is a common and important type of poisoning in the community and increasing in frequency.[1-3] Overdose can lead to unconsciousness, slowing or stopping of breathing, and can potentially cause cardiac arrest. Opioid overdose was the cause of death in 1,123 cases in Australia in 2022[4], the latest year for which data was available at the time of writing. The rate of mortality doubled between 2003 and 2017. The majority, 82%, of the deaths in 2022 were "unintentional" overdose, and only 1/3 due to heroin.[4.]

Naloxone temporarily reverses opioid poisoning and is effective in the first aid setting.[5] This is now available for intra-nasal administration and can be dispensed at no cost to people at risk of opioid overdose or people who may witness opioid overdose.[6] Naloxone is available to the public in settings like pharmacies, harm reduction programs, and through public health campaigns. People at risk of opioid overdose and individuals who may witness an overdose can obtain naloxone for emergency use. The details of availability and statutory considerations can be found in the appendix to this guideline.

This guideline recommends the prompt provision of CPR to persons who are unconscious and not breathing normally as well as the administration of naloxone as soon as it is available in suspected opioid overdose. It should be noted there is very little risk of harm from administration of naloxone, the most serious being withdrawal seizure seen in 0.45% for persons suspected to have an opioid overdose administered the drug.[7] ANZCOR acknowledges the lack of randomized trials but agrees that the weight of published observational trials and the demonstrated benefit of the use of naloxone in the community mean that the skill should be taught in first aid courses in Australia and New Zealand.[8] It should also be noted that 90% of lay persons trained to administer naloxone in low resource settings did so when the circumstances required it,[9] meaning this is a skill that is readily acquired in a manner analogous to administration of auto-injector epinephrine for anaphylaxis, but easier to learn and with fewer potential adverse effects.

2.0 | Opioid ingestion and injection

Opioid use is an increasing cause of illness across the world. Australia has observed an increasing incidence of opioid overdose in the community. Opioid use resulting in life-threatening side effects can occur in a variety of circumstances, including deliberate administration, accidental ingestion,

unintentional overdose,[4] medical error and prescription by healthcare professionals.

2.1 | Signs and symptoms

The presence of evidence of opioid use (for example, opioid medications or packets, injecting materials, prescriptions or recent recorded medication administration should raise the possibility of opioid use. This can produce symptoms including:

- reduced conscious state or unconsciousness
- confusion
- slow or slurred speech
- reduced respiratory rate
- pinpoint pupils.

2.2 | General Treatment including CPR

First aid for opioid ingestion or injection has traditionally been managed using standard techniques for managing unconcious people. These principles are still of vital importance.

- Send for an ambulance by calling 000 in Australia and 111 in New Zealand [Good Practice Statement].
- Check for danger, e.g. syringes and needles [Good Practice Statement].
- If the person is unresponsive and not breathing normally, commence resuscitation following the Basic Life Support Flowchart (Refer to ANZCOR Guideline 8).
- Intranasal naloxone should be given as soon as it is available in suspected opioid overdose [Good Practice Statement].
- If the person is unconscious but is breathing, lay the person on their side and ensure airway is clear (ANZCOR Guideline 3) and continue close observation. Start supplementary oxygen (ANZCOR Guideline 9.2.10) if available and trained to do so, bearing in mind precautions for chronic pulmonary disease.

A delay in starting CPR for patients with cardiac or respiratory arrest may be fatal. Sometimes a person will still have ineffective efforts at breathing, but is not breathing normally and need CPR despite these breaths (Refer to ANZCOR Guideline 8).

2.3 | Follow up after successful naloxone rescue

A person who experiences opioid overdose and responds to first aid measures including CPR and naloxone should be referred to the ambulance service [Good Practice Statement].

Where the ingested medication is long-acting (for example, long-acting oral opioid preparations), there is a significant risk that the duration of action of the administered naloxone will be shorter than the ingested opioid, and the person may subsequently deteriorate, making referral essential.

Strong consideration should be given to transporting the person to hospital by ambulance, both to ensure that the risk of deterioration can be safely managed, and to allow the person to access further doses of naloxone. The person should be watched closely for evidence of recurrence of the respiratory depression until handed over to the paramedics [Good Practice Statement].

3.0 | Training requirements for naloxone use by lay responders

Emerging evidence has suggested that many people in the community can successfully deliver the intervention after brief training.[7] Organisations running naloxone-access programs should ensure that training provided is adequate for the purpose and equips participants specifically to safely deliver naloxone. Trainers should ensure that participants are adequately trained, including in CPR, safe management of persons during and after overdose and infection control techniques.

There remains a significant risk that naloxone administration may be prioritised over CPR, or that starting CPR might be delayed, and training programs should address this risk. It is also recognised that naloxone should be given as soon as available in suspected opioid overdose with minimal interruption of CPR.

4.0 | Other implications

Cost

Naloxone in Schedule 3 preparations in Australia is currently free to members of the general community under the Australian Government's Take-Home Naloxone Program.[6] Organisations running naloxone-access programs should determine program participants are eligible to receive naloxone as part of the Program.

Abbreviations

Abbreviation	Meaning/Phrase
ACT	Australian Capital Territory
ANZCOR	Australian and New Zealand Committee on Resuscitation
CPR	Cardiopulmonary resuscitation
NSP	Naloxone Subsidy Program
NSPs	Needle and syringe programs
NSW	New South Wales
NT	Northern Territory
NZ	New Zealand
OTP	Opioid Treatment Program

PBS	Pharmaceutical benefits scheme
PSA	Pharmaceutical Society of Australia
QLD	Queensland
SA	South Australia
SASA	Structured Administration and Supply Arrangement
TAS	Tasmania
THN	Take Home Naloxone
VIC	Victoria
WA	Western Australia

Appendix

This is a summary of the legal position in January 2025 in Australian states and New Zealand on dispensing and administering.

Both in Australia and New Zealand, naloxone is available to the public in settings like pharmacies, harm reduction programs, and through public health campaigns. People at risk of opioid overdose and individuals who may witness an overdose can obtain naloxone for emergency use.

Key points covered by the legal and medical resources include:

- Access: Availability of naloxone without a prescription in certain circumstances.
- Training: How to administer naloxone effectively.
- Regulations: Legal frameworks governing the distribution and use of naloxone.
- Support: Where to get naloxone, including pharmacies and harm reduction services.

These resources ensure that individuals, healthcare professionals, and the general public are well-informed about naloxone's availability and its life-saving potential.

In Australia, the Therapeutic Goods Administration (https://www.tga.gov.au) is responsible for regulating the supply of medications, however, access and distribution laws vary between states and territories. The overall goal for access and distribution of Naloxone is to provide life-saving interventions for those at risk of opioid overdose. Below is a summary of the legal status of naloxone across each Australian state and territory as well as New Zealand:

Readers should access the websites supplied for the most recent information.

New Zealand (NZ)

Access and Dispensing:

- Intranasal naloxone was available as a general sales medicine (Nyxoid) for purchase from PHARMACO NZ but not funded by PHARMAC NZ. Mundipharma has ceased distribution of Nyxoid since June 2025, and the country does not currently have another product to take its place. There is work being done to access a replacement intranasal product. Intramuscular naloxone can be prescribed by a doctor or can be accessed for free at some Needle Exchange Services across New Zealand.

- (After June 2025) Importation of an unregistered product (i.e. Nyxoid from Mundipharma Australia) under Section 23 of the Medicines Act. This is not funded by PHARMAC NZ.

Sources:

New Zealand Medicines and Medical Devices Safety Authority: https://www.medsafe.govt.nz/profs/class/Agendas/Agen68/6.2Naloxone.pdf

- Pharmaceutical Society of New Zealand (PSNZ): https://www.psnz.org.nz/
- NZ Drug Foundation: https://drugfoundation.org.nz/
- https://pharmaco-medicalemergency.co.nz/product-categories/emergency-care/opioid-overdose/nyxoid-naloxone-nasal-spray-solution/.

Australia

1. New South Wales (NSW)

Access and dispensing: Naloxone is available through pharmacies without a prescription via the Pharmaceutical Benefits Scheme (PBS) for those at risk of opioid overdose.

Take-Home Naloxone Programs: NSW Take Home Naloxone Program, allows individuals at risk of overdose and those who may witness an overdose to obtain naloxone from participating pharmacies.

Good Samaritan Laws: Under the NSW Good Samaritan Drug Overdose Law, a person who administers naloxone in an emergency is protected from criminal prosecution.

Sources:

- Pharmaceutical Society of Australia (PSA): NSW Opioid Treatment Program (OTP) https://www.psa.org.au/programs/nsw-otp/
- NSW Health Take home naloxone program: https://www.health.nsw.gov.au/aod/programs/Pages/naloxone.aspx

2. Victoria (VIC)

Access and Dispensing: Naloxone is available in pharmacies without a prescription through the PBS, specifically for individuals at risk of opioid overdose.

Take-Home Naloxone Programs: The Naloxone Subsidy Program (NSP) in Victoria provides free naloxone for people who are at high risk of overdose or who may witness an overdose. The program is available through participating pharmacies and needle and syringe programs (NSPs).

Good Samaritan Laws: Victoria has a Good Samaritan Drug Overdose Law, providing legal protection for individuals who administer naloxone during an overdose emergency

Sources:

- Victorian Legislation:
  Victoria: https://www.legislation.vic.gov.au/as-made/statutory-rules/drugs-poisons-and-controlled-substances-amendment-naloxone-regulations-2022
- Victorian Department of Health: The Naloxone Subsidy Program (NSP)
  https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program

3. Queensland (QLD)

Access and Dispensing: Naloxone is available through the PBS, but a prescription is required for dispensing in pharmacies. However, take home naloxone programs are becoming more widely available.

Take-Home Naloxone Programs: Queensland has pilot programs offering free or subsidized naloxone to those at risk of overdose, including through community-based outreach and needle and syringe programs.

Good Samaritan Laws: While Queensland does not have specific Good Samaritan laws regarding naloxone, individuals may not be prosecuted for administering naloxone in an emergency if they are acting in good faith.

Sources:

- Queensland Legislation: https://www.legislation.qld.gov.au/view/pdf/asmade/sl-2023-0051

4. South Australia (SA)

Access and Dispensing: Naloxone is available on prescription through pharmacies

Take-Home Naloxone Programs: South Australia runs programs like Take Home Naloxone, where people at risk of opioid overdose, or their friends and family, can access naloxone free of charge.

Good Samaritan Laws: There are protections under South Australia's Good Samaritan Law that apply to those administering naloxone during a medical emergency.

Sources:

- Government of South Australia: Take Home Naloxone (THN) Program https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/medicines+and+drugs/opioids/naloxone+-+preventing+and+responding+to+adverse+effects+of+opioids

5. Western Australia (WA)

Access and Dispensing: Naloxone is available through the PBS but requires a prescription for dispensing.

Take-Home Naloxone Programs: Western Australia has introduced the Take Home Naloxone Program to provide free naloxone to individuals who are at risk of overdose and those who may witness one.

Good Samaritan Laws: Western Australia has specific legal protections for individuals who administer naloxone in the case of an overdose emergency under its Good Samaritan Laws.

Sources:

- Government of Western Australia: Structured Administration and Supply Arrangement (SASA): https://www.health.wa.gov.au › Corporate › Word

6. Tasmania (TAS)

Access and Dispensing: Naloxone is available through pharmacies.

Take-Home Naloxone Programs: Tasmania has implemented take-home naloxone programs through public health services, including harm reduction services and needle exchange programs.

Good Samaritan Laws: Tasmania has Good Samaritan provisions that generally offer protection for people who administer naloxone in an emergency.

Sources:

- Tasmanian Legislation: https://www.legislation.tas.gov.au/view/whole/html/asmade/sr-2020-022

7. Australian Capital Territory (ACT)

Access and Dispensing: Naloxone is available through the PBS and can be dispensed with a prescription.

Take-Home Naloxone Programs: Tasmania has implemented take-home naloxone programs through public health services, including harm reduction services and needle exchange programs.

Good Samaritan Laws: Tasmania has Good Samaritan provisions that generally offer protection for people who administer naloxone in an emergency.

Sources:

- ACT take home naloxone: https://www.act.gov.au/health/topics/drugs-alcohol-smoking-and-vaping/take-home-naloxone

8. Northern Territory (NT)

Access and Dispensing: Naloxone is available through the PBS but requires a prescription from a healthcare provider.

Take-Home Naloxone Programs: The Northern Territory has been rolling out programs to provide naloxone to individuals at risk of overdose, including distribution through harm reduction programs.

Good Samaritan Laws: There are no specific Good Samaritan laws related to naloxone, but the NT generally has protections for people acting in good faith during an emergency situation

Sources:

- Northern Territory Government Naloxone: https://nt.gov.au/wellbeing/hospitals-health-services/naloxone#:~:text=This%20program%20allows%20people%20to,and%20if%20it's%20for%20yourself.

(Appendix naloxone prepared by Craig Ray, Tracy Kidd, Emily Hughes and Finlay Macneil).

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About this Guideline

Search date/s	October 2019 and grey literature Aug 2024
Question/PICO:	Population: Adults and children with suspected opioid-associated cardio / respiratory arrest in the pre-hospital setting Intervention: Bystander naloxone administration (intramuscular or intranasal), in addition to standard CPR Comparators: Conventional CPR only Outcomes: Survival to hospital discharge with good neurological outcome and survival to hospital discharge were ranked as critical outcomes. Return of spontaneous circulation (ROSC) was ranked as an important outcome. Study Designs: Randomized controlled trials (RCTs) and non-randomized studies (non-randomized controlled trials, interrupted time series, controlled before-and-after studies, cohort studies) are eligible for inclusion. Timeframe: All years and all languages were included as long as there was an English abstract; unpublished studies (e.g., conference abstracts, trial protocols) were excluded. Literature search updated to Oct, 2019
Method:	ILCOR systematic review and grey literature search
Primary reviewers:	Finlay Macneil, Dr Ned Douglas (SLSA)
Other consultation	Paul Deitz (co-Program Director, Disease Elimination Head of Alcohol and other Drug Research,Professor, National Drug Research Institute, Curtin University) Emily Hughes (New Zealand Drug Foundation)
Major changes	All Basic First Aid (previously Adult First Aid) courses to include instruction on administration of intranasal naloxone
Worksheet	https://costr.ilcor.org/document/resuscitation-care-for-suspected-opioid-associated-emergencies-bls-811-tf-systematic-review
Approved:	July 2025
Guidelines superseded:	April 2021

Referencing this guideline

When citing the ANZCOR Guidelines we recommend:

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https://www.anzcor.org/home/first-aid/guideline-9-5-2-first-aid-management-of-opioid-overdose