

# Opioid Overdose and Rescue Naloxone

Jason B. Fields MD

Advanced Recovery Systems

# Program Overview

**I. What Is an Opioid?**

**II. Recognizing an Opioid Overdose**

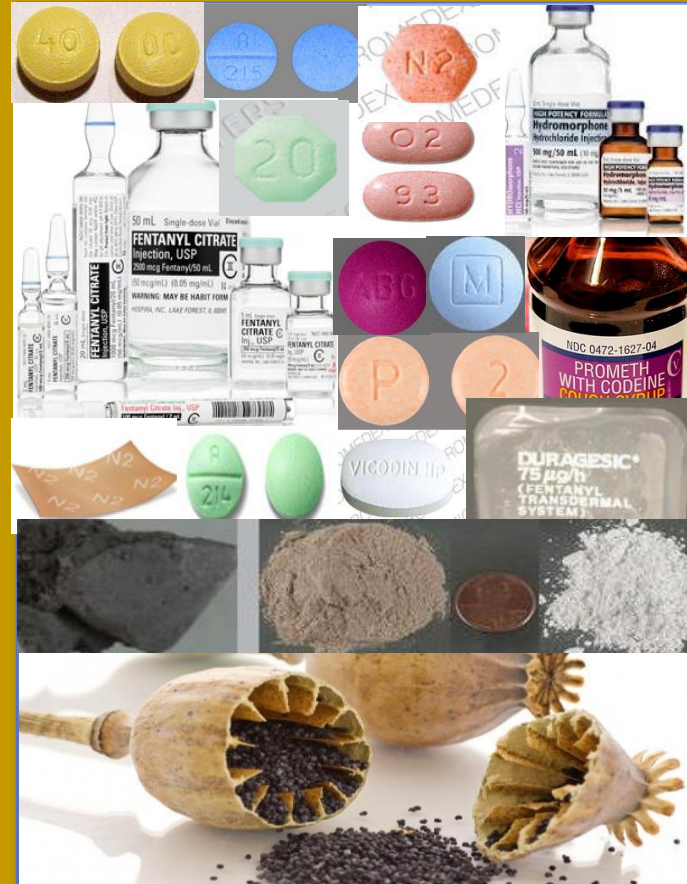
**III. Responding to an Opioid Overdose**

**IV. Important Information for Certificate Holders**

**V. *[Opt.]* Tips for Preventing Opioid Overdose**

**VI. *[Opt.]* Suggested Resources for Family Members, Friends & Loved Ones**

# What is an Opioid?



# Opioids . . .

- Any drugs that contain **opium** (or its derivative)
- Natural or synthetic
- **Prescription** medications or **illegal** drugs
- Pill, capsule, powder or liquid
- Swallowed/drank, smoked, snorted or injected



# Opioids . . .



- Manage pain, suppress coughs and **treat opioid-use disorders** (addictions)
- Cause **feelings** of euphoria, contentment and/or detachment
- Effects last from **3 to 24 hours**

In excessive amounts, opioids can **suppress** a person's urge to **breathe**.

# Examples of Common Prescription Opioids

**Oxycodone** – 512s, OC, Oxy, 80s, Oxycotton, Hillbilly Heroin, Killers, Roxis



**OxyContin®**

**Percocet®**

**Roxicodone®**



**Hydrocodone** – Vikes, Hydro, Norco, Fluff, Scratch, Watson 387



**Oxymorphone** - Mrs. O, Pink/Blue Heaven, The O Bomb, Octagons, Stop Signs



**Opana®**



**Hydromorphone** – D, Juice, Dust, Footballs, Hospital Heroin, H Bomb, Smack



## Morphine - M, Miss Emma, Monkey, White Stuff, Dreamer



# Examples of Common Prescription Opioids

## Codeine - Captain Cody, Schoolboy, Pancakes & Syrup, T-3s, Doors & Fours, Purple Drank



## Meperidine



## Demerol®

## Methadone - Jungle Juice, Fizzies, Chocolate Chip Cookies

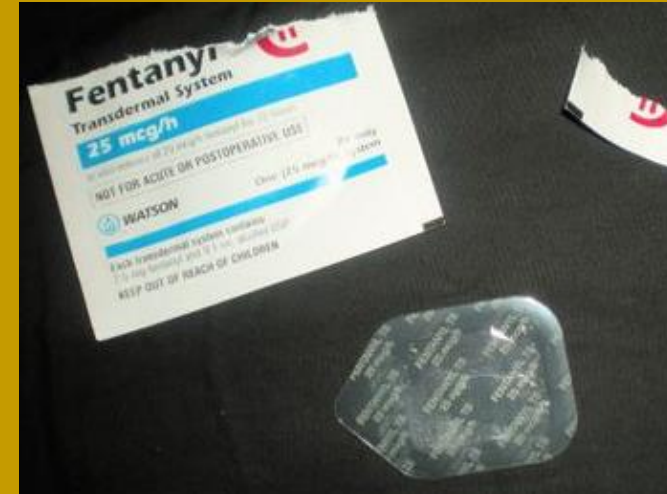
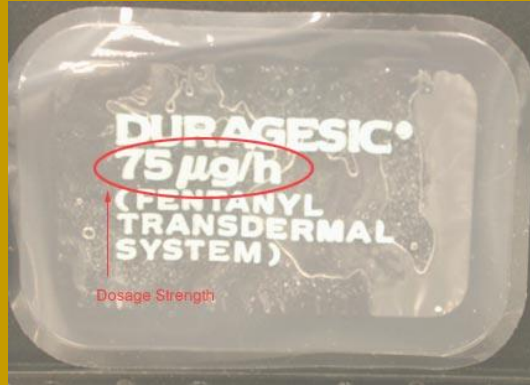


## Buprenorphine — Bupe, Box(es), Subs/Subbies, Orange guys



## Suboxone®

## Subutex®



# Prescription Fentanyl





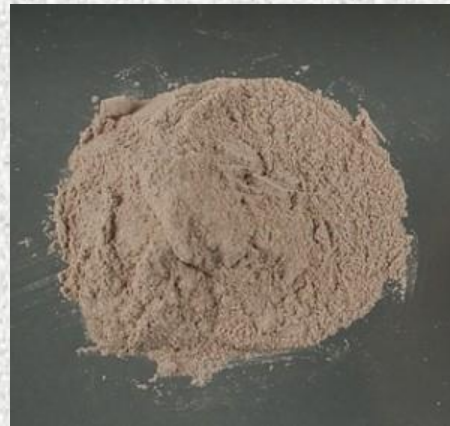
# Illegal Opioids: Heroin



*Slang terms:*



*H, Dope, (Hell) dust, Hammer, Smack, Junk, Skag, Horse, Henry, Elephant, Rock, Brown Sugar, Slow, Hero, Black Tar, Poison, Homebake, Thunder, (China) White, Chinese, H, Train, White Dynamite, Dragon*



# Illegal Opioids: Non-pharmaceutical Fentanyl

- ❖ Illicitly produced, synthetic drug
- ❖ Pill form packaged to look like prescription medications
- ❖ Powder form looks similar to heroin



*Packets of fentanyl-laced heroin*

**Fentanyl + heroin can be a deadly combination →**  
*fentanyl is hundreds of times more potent than heroin*

# Scope of the Problem (U.S.)

- In 2014, CDC reported...
  - Drug overdose passed car accidents as leading cause of unintentional injury death in U.S. among people ages 25-64 yrs. old
  - 47,055 drug OD deaths in U.S.
    - 28,647 (61%) involved some type of opioid (Rx or heroin)

# Opioid Overdoses

- In 2015, there were more than 33,000 deaths nationwide and nearly 3,900 deaths in Florida attributed to opioid overdoses.
- On May 3<sup>rd</sup> 2017 Governor Scott signed an Executive Order directing a Public Health Emergency across Florida for the opioid epidemic.
- On June 30<sup>th</sup> 2017 Celeste Philip MD, MPH, Surgeon General and Secretary of Florida issued a Standing Order for naloxone for emergency responders to help save lives

[http://www.floridahealth.gov/\\_documents/newsroom/press-releases/2017/08/081717-phe-opioid-re-dec-6-30-17-004.pdf](http://www.floridahealth.gov/_documents/newsroom/press-releases/2017/08/081717-phe-opioid-re-dec-6-30-17-004.pdf)

# Recognizing an Opioid Overdose

# What happens in an opioid overdose?

- Pain relief
- Intoxication
- Respiratory depression
- Death

# What Is an Opioid Overdose?

- Opioid overdose happens when a **toxic amount** of an opioid—alone or mixed with other opioid(s), drugs and/or substances—**overwhelms the body's** ability to handle it.
- Many opioid-related overdoses result from **mixing** prescription painkillers or heroin with benzodiazepines (benzos), cocaine and/or alcohol.

# Risk Factors for Overdose

- Mixing different types of drugs
  - Opiates with alcohol and/or cocaine, benzodiazepines (Xanax)
- Quality of drug
  - Black market heroin commonly laced with much stronger opiates (fentanyl)
- Low tolerance
  - Period of abstinence due to drug treatment, detox, incarceration
- Using alone
  - No one to call 911 and administer naloxone
- Weak immune system/illness
- Stressful or new environments (set and setting)



# Who is at risk for opioid overdose?

- People using Rx opioids as prescribed
- People with history of opioid abuse being released from jail/prison (low tolerance)
- People being discharged from drug treatment, especially abstinence-based (low tolerance)
- People in medication-assisted treatment (methadone is long-acting)
- People using heroin

# Signs of Opioid **OVERMEDICATION**

- Signs of Opioid **OVERMEDICATION**, which may progress to overdose, include:
  - Unusual sleepiness or drowsiness
  - Mental confusion, slurred speech, intoxicated behavior
  - Slow or shallow breathing
  - Pinpoint pupils
  - Slow heartbeat, low blood pressure
  - Difficulty waking the person from sleep

# Signs of Opioid Overdose

- Unresponsive
- Blue/pale skin, lips, nails
- Slow heartbeat
- Slow/irregular breathing, or no breathing at all
  - Choking, gargling, snoring sound, “death rattle”
- Vomiting
- Passing out

# What Leads to Overdose Death?

- **Respiratory failure** – lack of sufficient oxygen in the blood
- Vital organs like the heart and brain start to fail
- Leads to unconsciousness, coma, death

*Surviving an opioid overdose =*

***BREATHING and OXYGEN***

# Myths of Overdose Reversal

- Letting the person “sleep it off”
- Putting the person in the shower
- Induce vomiting
- Giving the person coffee or water
- Beating, punching, or kicking the person
- Injecting the person with other substances (saltwater, stimulants, milk, etc.)

# Recognizing the Signs & Symptoms of an Opioid Overdose

- Loud snoring or gurgling noises
- Body very limp
- Unresponsive
- Skin pale/gray, clammy
- Lips/fingertips turn blue(ish)
- Pulse slow or erratic
- Breathing very slow, shallow, or not at all
- Unconscious

# Responding to an Opioid Overdose

1. Rouse and Stimulate
2. Call 9-1-1
3. Give Naloxone
4. Further Resuscitation
5. Care for the Person

# Step 1: Rouse & Stimulate

Noise: Shake person's shoulders and yell:

*"[Name!] Are you all right? Wake up!"*

Pain: If no answer, do a **sternal rub**:

**Make a fist, rub your knuckles firmly up and down the breast bone.**



# Sternal (Sternum) Rub



## Step 2: Call 9-1-1: Why?

*Get emergency medical help  
for someone experiencing an overdose!*

1. May have **complications** or **other health problems**.
2. **Naloxone** is only **temporary**.
3. May need to give **additional doses of naloxone**.
4. May be a **non-opioid overdose** situation.

# Call 9-1-1: What to Say

- Tell 9-1-1 operator:
  - ✓ **Where you are**
  - ✓ **What you observe** about the person in distress:  
*e.g., gurgling noises, turning blue, won't wake up*
- Tell emergency responder on site:
  - ✓ **Drugs/substances** the person used
  - ✓ **Naloxone** administered – how much/when.

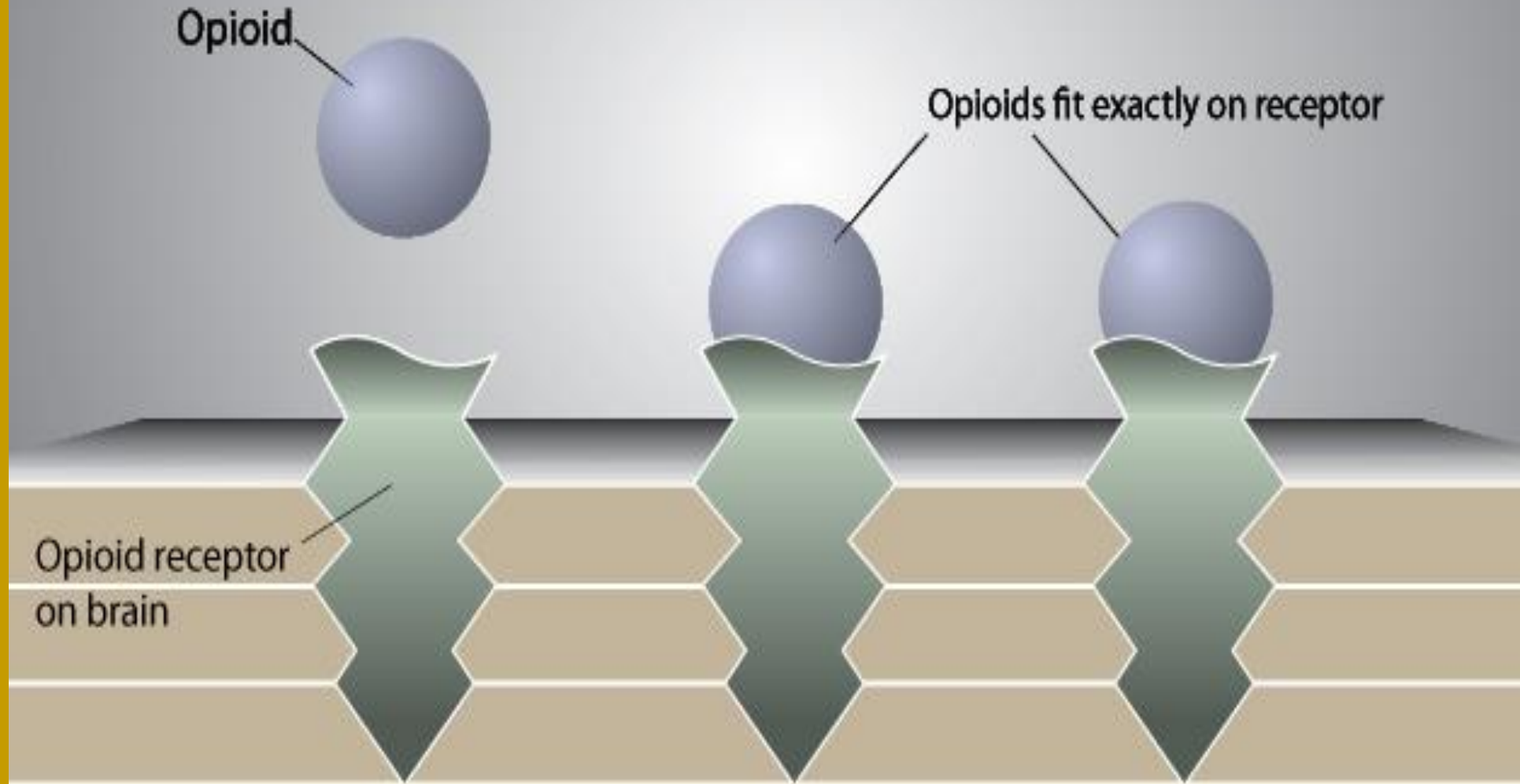
# Step 3: Give Naloxone



# Naloxone

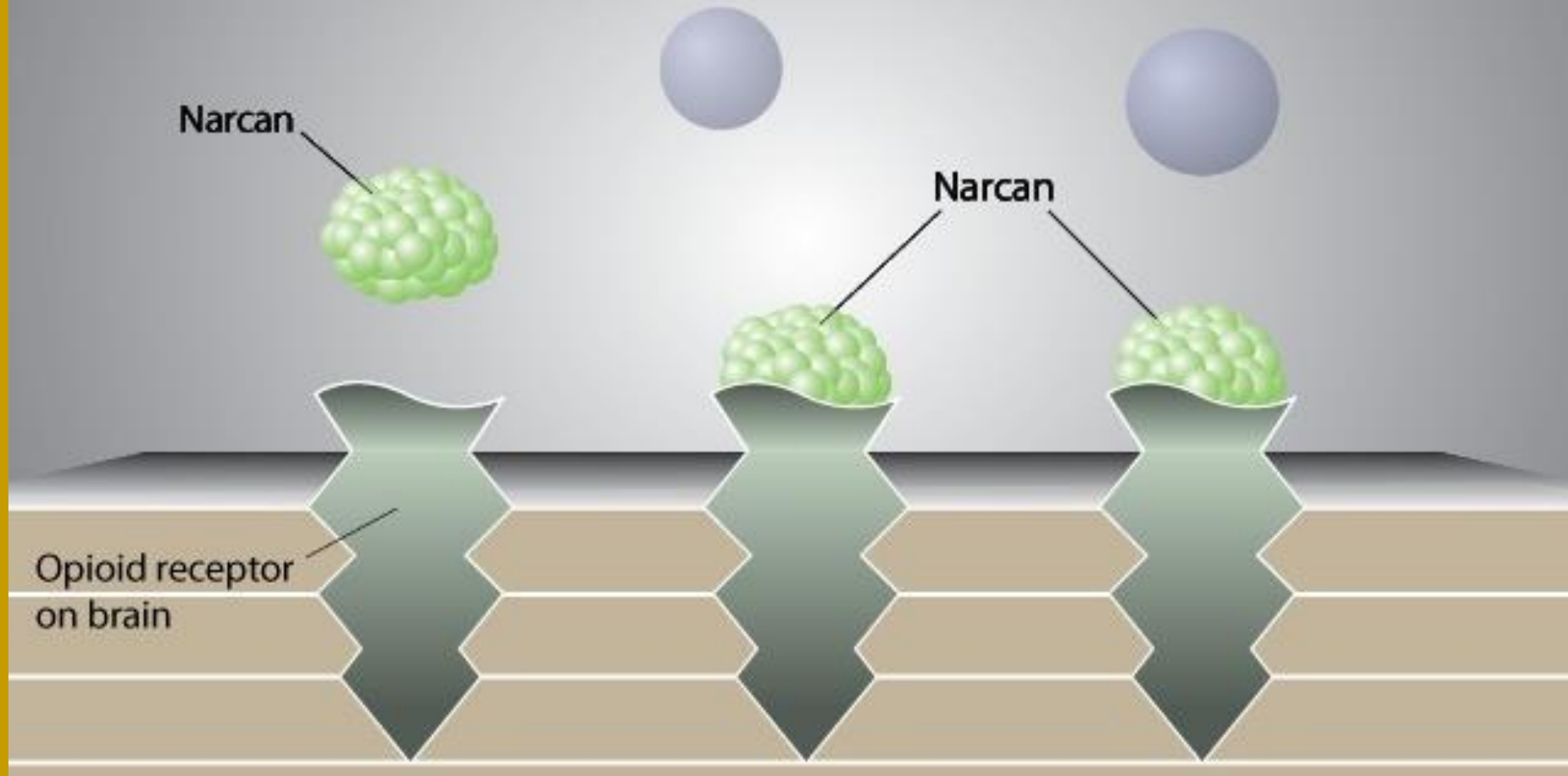
- FDA approved Rx medication
- Safe and effective - reverses opioid overdose (opioid/opiate antagonist)
- Used by paramedics for 40+ years
- Cannot be abused or cause overdose, not psychoactive
- Does not work on other overdoses (cocaine, alcohol, benzodiazepines, etc.)
- If naloxone is administered to someone not overdosing opioids, it has no adverse effects
- This is NOT suboxone or naltrexone (Vivitrol), which are MAT medications

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.



# How Narcan Works

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



# Goal of Naloxone

- The goal of Naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal.



# What is Naloxone?

- Reverses opioid overdose by **restoring breathing**
- No potential for abuse or getting high
- No effect on someone who hasn't taken opioids
- Side effects are minimal and rare
- Safe for children and pregnant women
- Intramuscular, intranasal or intravenous
- Wears off in 30 - 90 minutes

***Naloxone is only effective in reversing  
opioid overdoses***

# Signs of Opioid Withdrawal

•The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include, but are not limited to, the following:

- body aches,
- diarrhea,
- tachycardia,
- fever,
- runny nose,
- sneezing,
- Goosebumps,
- sweating,
- yawning,
- nausea or vomiting,
- nervousness,
- restlessness or irritability,
- shivering or trembling,
- abdominal cramps,
- weakness,
- and increased blood pressure.

Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. As a result, some persons become agitated or combative when this happens and need help to remain calm.

# Possible Side Effects of Naloxone

## Allergic Reaction

- Hives
- Difficulty breathing, or
- Swelling of your face, lips, tongue, or throat.

## Serious Side Effects

- Dry cough, wheezing, or feeling short of breath;
- Sweating, severe nausea, or vomiting;
- Severe headache, agitation, anxiety, confusion, or ringing in your ears;
- Seizures (convulsions);
- Feeling like you might pass out; or
- Slow heart rate, weak pulse, fainting, or slowed breathing.

# Naloxone Storage & Disposal

## Storage:

- Do not attach naloxone to delivery device until ready to use
- Store naloxone in original package at room temperature; avoid exposure to light
- Keep in a safe place away from children & pets, but easy to access in case of emergency

## Expiration:

- Naloxone loses its effectiveness over time
- Check expiration date on label

## Disposal:

- Check with a local health department or pharmacy about properly disposing of expired naloxone

# Intranasal Naloxone

Amphastar:



Narcan:



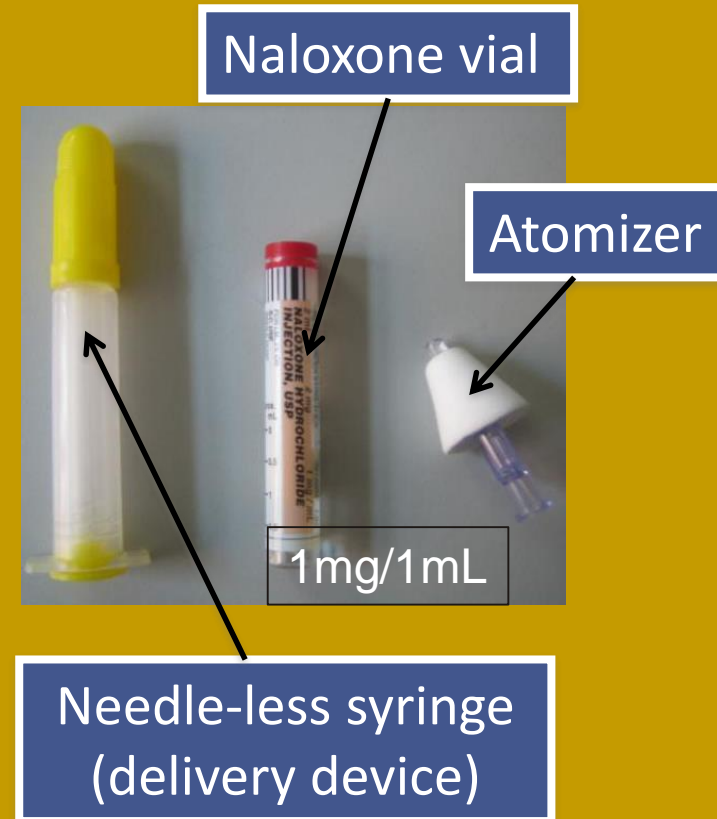
# Administering Amphastar Nasal Naloxone – Step by Step

**Step 1:** Remove caps from  
needle-less syringe.

**Step 2:** Screw nasal atomizer  
into top of syringe.

**Step 3:** Remove cap from  
prefilled vial of naloxone.

**Step 3:** Gently twist naloxone  
vial into delivery device  
until you feel it “catch.”



# Administering Amphastar Nasal Naloxone – Step by Step

## Step 5:

**Tilt back the head**

so the naloxone will  
not run out of the  
person's nose.



**Step 6: Spray one-half (1cc) of  
the naloxone up each nostril.**

# Administering Amphastar Nasal Naloxone – Step by Step

**Step 7:** Allow 1-3 minutes for the naloxone to work.  
Continue resuscitation as necessary.

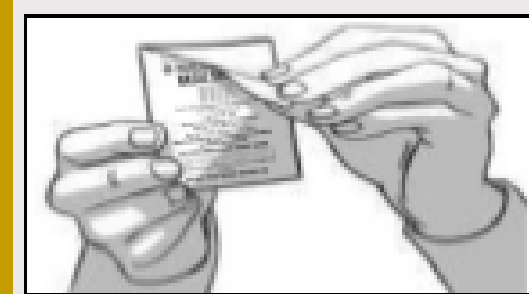
**Step 8:** If breathing is not restored after 2-3 minutes,  
*give another dose* of naloxone (see **Steps 5 & 6**).  
Continue resuscitation as necessary.

**Step 9:** Stay with the person and provide care as  
directed until medical help arrives.

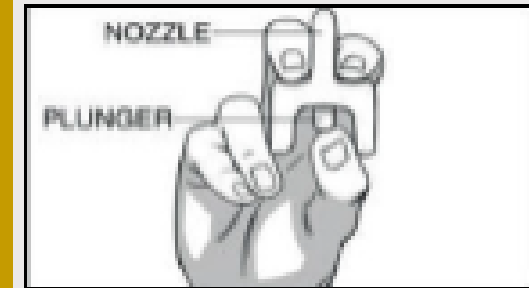


# Administering Narcan – Step by Step

**Step 1:** Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray



**Step 2:** Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



# Administering Narcan – Step by Step

**Step 3:** Gently insert the tip of the nozzle into either nostril. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

**Step 4:** Press the plunger firmly to give the dose of NARCAN Nasal Spray. Remove the NARCAN Nasal Spray from the nostril after giving the dose.



# Administering Narcan – Step by Step

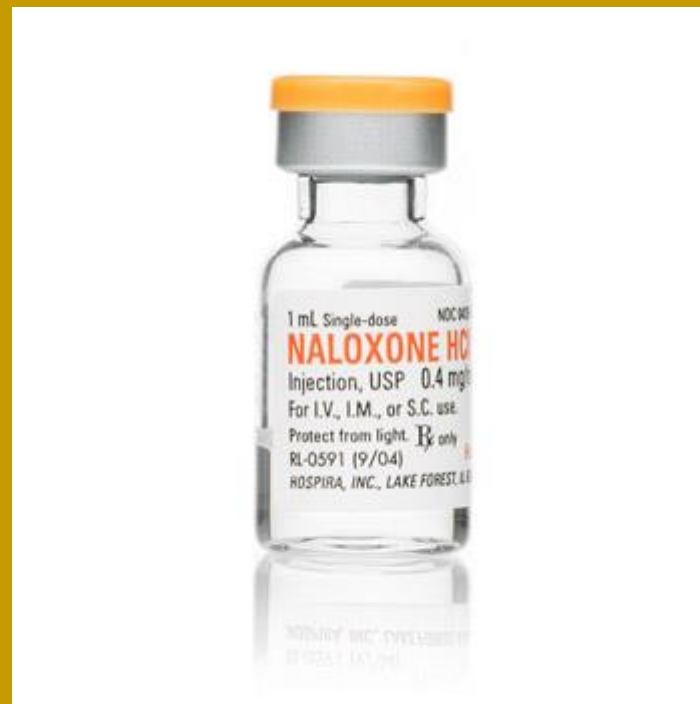
**Step 5:** Allow 1-3 minutes for the naloxone to work. Continue resuscitation as necessary.

**Step 6:** If breathing is not restored after 2-3 minutes, *give another dose* of naloxone. Continue resuscitation as necessary.

**Step 7:** Stay with the person and provide care as directed until medical help arrives.

Note individual Narcan cannot be reused.

# Intramuscular/Injectable Naloxone



# Administering Injectable Naloxone – Step by Step:

**Step 1:** Pop off the flip-top from naloxone vial.

**Step 2:** Insert needle into vial and draw up 1cc of naloxone into syringe.

**Step 3:** Use alcohol wipe to clean injection site – shoulder, thigh or buttocks.

**Step 4:** Inject needle straight into muscle (through clothes, if necessary), then push in plunger.



**Do not inject naloxone into the person's heart, chest or back!**

# Naloxone Injection Sites



Shoulder

Thigh

Buttocks (upper,  
outer quadrant)

# Administering Injectable Naloxone – Step by Step

**Step 5:** Allow **1-3 minutes** for the naloxone to work.  
Continue resuscitation as necessary.

**Step 6:** If breathing is not restored after 2-3 minutes,  
*give another dose* of naloxone (see **Steps 1 - 4**).  
Continue resuscitation as necessary.

**Step 7:** Stay with person and provide care as directed  
until medical help arrives.

# Administering Evzio – Step by Step





# Administering Evzio – Step by Step

**Step 1: Pull off the red safety guard.**

- **Note:** The red safety guard is made to fit tightly. **Pull firmly to remove.**



# Administering Evzio – Step by Step

**Step 2:** Place the **Black** end of EVZIO against the outer thigh, through clothing, if needed.

**Press firmly** and hold in place for 5 seconds.

EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound.

The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.



# Administering Evzio – Step by Step

**Step 3:** Allow **1-3 minutes** for the naloxone to work.  
Continue resuscitation as necessary.

**Step 4:** If breathing is not restored after 2-3 minutes,  
***give another dose*** of naloxone.  
Continue resuscitation as necessary.

**Step 5:** Stay with person and provide care as directed  
until medical help arrives.

Note individual Evzio cannot be reused.

# Step 4: Further Resuscitation

Assess breathing: if the person is not breathing, or if breath is shallow or short,

Give **rescue breaths**.

OR

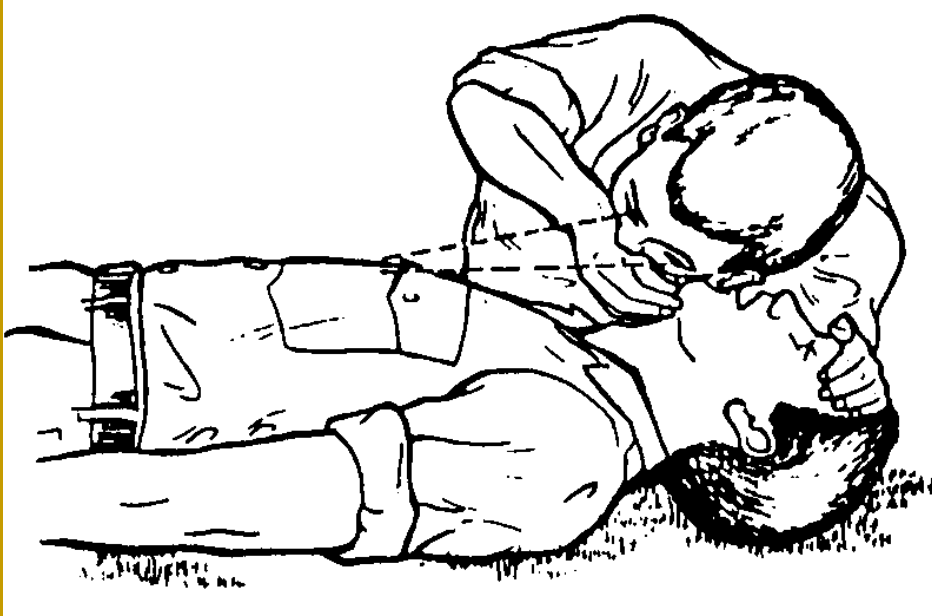
If you are trained in cardiopulmonary resuscitation (CPR), administer **traditional CPR**, chest compressions with rescue breaths.

OR

**Follow the 9-1-1 dispatcher's instructions.**

*Continue until the person wakes up or medical help arrives.*

# Assess Breathing



Look,  
Listen &  
Feel

If shallow or short breaths,  
or not breathing →  
*start rescue breathing right away*

# Rescue Breathing Instruction

*Rescue breathing is the quickest way to get oxygen into the body and one of the most important things you can do to prevent someone from dying from an opioid overdose.*

# Rescue Breathing – Step by Step

**Step 1:** Lay the person on his/her back on a flat surface.

**Step 2:** Tilt the chin to open the airway.

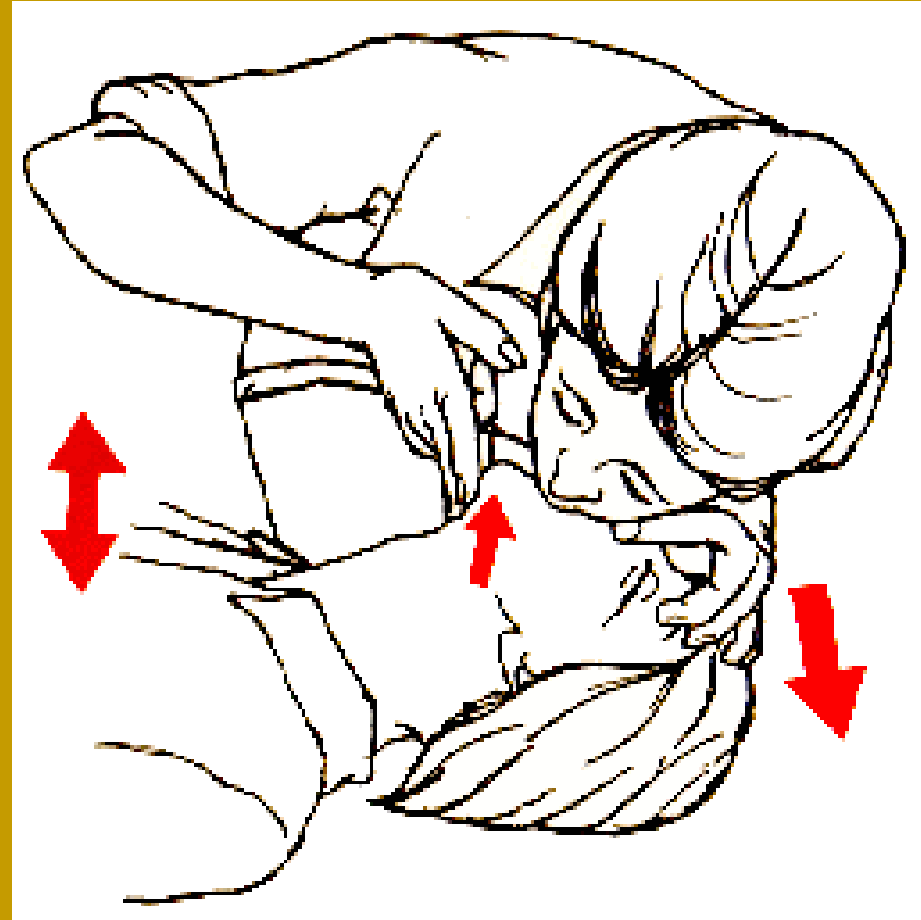
**Step 3:** Remove anything blocking the airway.



# Rescue Breathing – Step by Step

**Step 4:** Pinch the person's nose closed completely.

**Step 5:** Cover his/her mouth with your mouth and **blow 2 regular breaths** about 1 second each.





# Rescue Breathing – Step by Step

**Step 6:** Breathe again.

Give **1 breath every 5 seconds.**

# Step 5: Care for the Person

- **Stay with the person until medical help arrives.**
- If s/he is unable to sit up, put person in **recovery position.**
- Keep person **calm** and encourage him/her not to take more opioids.
- If overdose re-occurs, give **another dose** of naloxone.

# Care for the Person

After receiving naloxone, a person may:

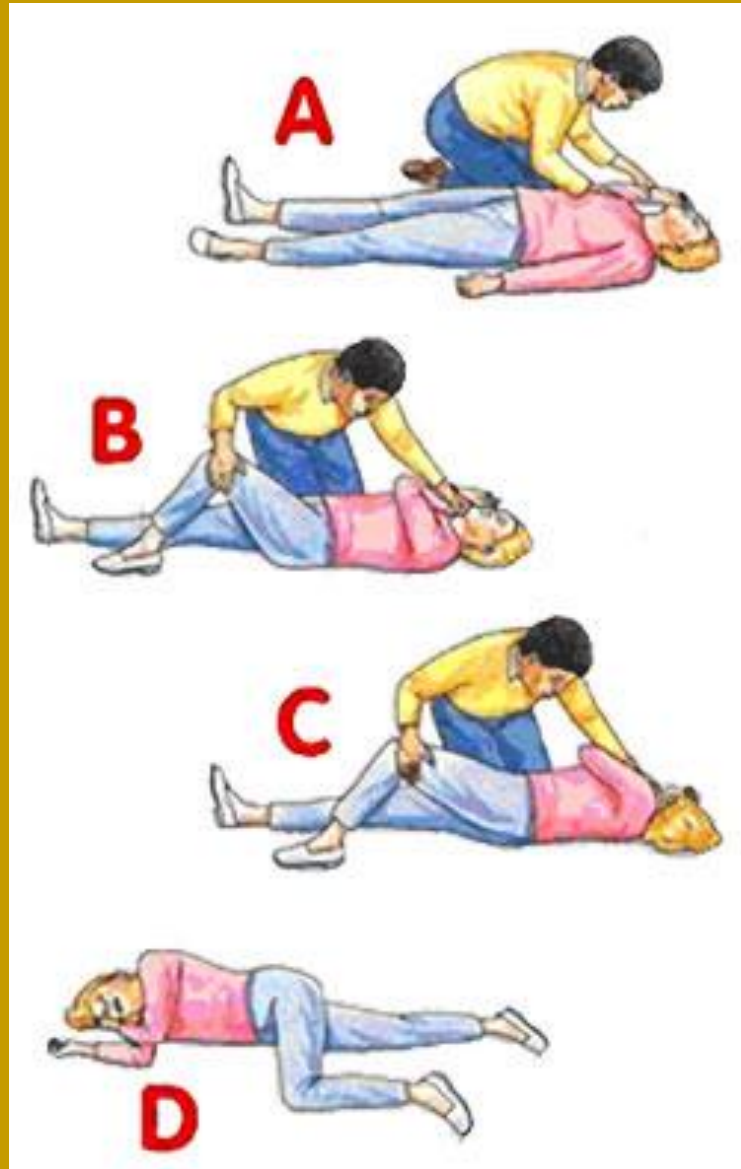
- Feel **physically ill/vomit**.
- **Experience withdrawal** symptoms, which can be unpleasant, but not life-threatening.
- Become **agitated and upset** due to withdrawal symptoms or coming off high.
- Have a **seizure**, though this is rare.

# Recovery Position

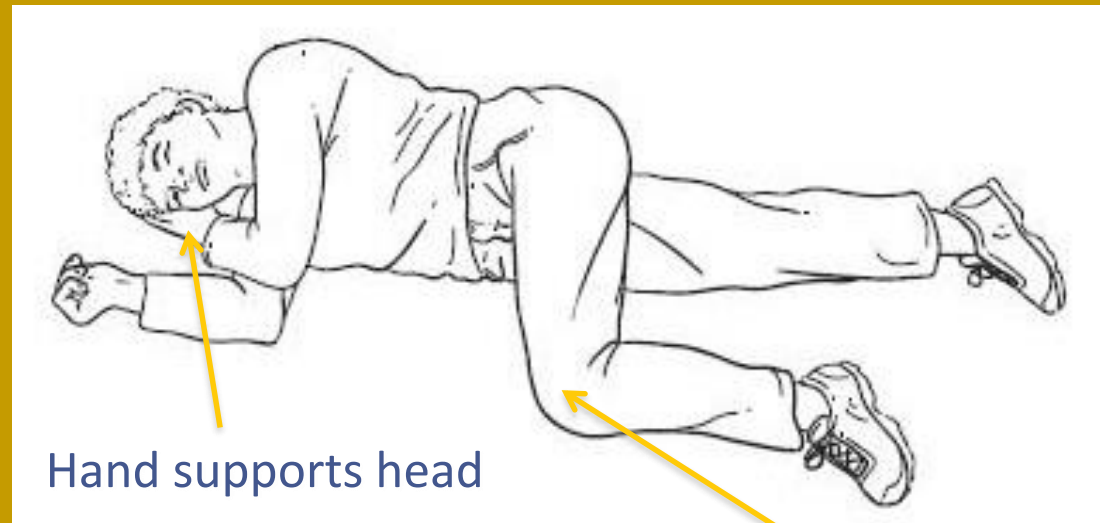
If you have to leave the person—*even briefly*—put him/her into the **recovery position**.

This keeps the **airway clear** and **prevents choking/aspiration** if vomiting occurs.

# Recovery Position



Face & body turned to side



Hand supports head

Bent knee supports body

If You Administer Naloxone . . .

**Call the  
Poison Center  
1-800-222-1222  
*Within 1-2 hours***

Or contact the training entity  
that issued your certificate.

**What is Florida doing to  
prevent overdose deaths?**

# Overdose Prevention Legislation

- 911 Good Samaritan Act
- Emergency Treatment and Recovery Act



# 911 Good Samaritan Act

- Encourages people to call for help during life-threatening overdose
- In the majority of overdose situations, an individual is at the scene who can intervene and call 911 and/or administer naloxone.
- In 50% of overdose cases, no one called 911 and the number one reason was fear of arrest/police involvement.

# Florida 911 Good Samaritan Act

- SB 278 passed during 2012 legislative session
- [s. 893.21, F.S.](#)
- Effective October 1, 2012

# Florida 911 Good Samaritan Act

- In an overdose situation, protects the person who calls 911 (caller/help-seeker) and the overdose victim from...
  - Being charged, prosecuted, or penalized for possession of controlled substances (if found as result of seeking emergency medical care)

# Florida 911 Good Samaritan Act: Limitations

- No protections from arrest (many people still afraid to call)
- No protections for drug paraphernalia or possession with intent to distribute or an amount/weight considered trafficking
- No protections offered for underage alcohol possession/consumption
- No protections extended to people on probation or parole
- Possibly low awareness among law enforcement, prosecutors, community members

IF YOU WITNESS AN ALCOHOL  
OR DRUG OVERDOSE...

**DON'T RUN. CALL 911.**

The Good Samaritan Overdose Law Protects You From Arrest

LAMAR

# Florida Naloxone Law

- HB 751 passed during 2015 legislative session
- Effective June 10, 2015
- [Emergency Treatment & Recovery Act, s. 381.887, F.S.](#)
- Expanded during 2016 legislative session with the passage of HB 1241

# Florida Naloxone Law

- Allows authorized health care practitioners to prescribe naloxone to anyone at risk of *experiencing or witnessing* an opioid-related overdose
  - Third party Rx – prescribing a medication to someone with the intent that they will use it on someone else (friend/family of person overdosing)
    - Necessary component as no one can use naloxone on themselves
  - Prescribers are immune from any civil or criminal liability for prescribing naloxone, pharmacists are immune for dispensing

# Florida Naloxone Law

- Emergency responders (law enforcement, paramedics, EMTs) and laypersons in the community can possess, store, and administer naloxone to someone believed in good faith to be experiencing an opioid overdose



# Florida Naloxone Law

Effective July 1, 2016

- Pharmacies can dispense naloxone via standing order (auto-injector, nasal spray)
- Similar to CVS operating under a standing order to administer flu shots to the general public
- Helps reduce barriers to naloxone
  - Doctor appointment (fees, transportation, time off work), stigma

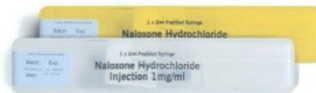
# I SAVED MY BEST FRIEND'S LIFE

“He was always taking risks...  
Mixing drugs and drinking...  
He's still my friend though,  
and I'm glad I knew what to  
do that night... I couldn't waken  
him and he wasn't breathing  
right. Thank God I knew where his  
naloxone was. It saved his life!”

## SAVE SOME NALOXONE

### NALOXONE CAN TEMPORARILY REVERSE THE EFFECTS OF OPIOID OVERDOSE

For more information on being supplied with and trained to use  
naloxone, ask at your local drug service or needle exchange.



[WWW.NALOXONE.ORG.UK](http://WWW.NALOXONE.ORG.UK) / [WWW.SDF.ORG.UK](http://WWW.SDF.ORG.UK)



# YOU CAN **SAVE a LIFE** WITH a SPRAY



**Naloxone,**  
given as a nasal spray,  
can reverse the effects of  
an opioid overdose and  
**Save a Life.**

Give someone a second chance...  
**to recover and live.**

Attend a free training session.

Call 410-222-0100

for more information and to register.

[www.AAHealth.org](http://www.AAHealth.org)

Supported by SAMHSA and the Maryland Behavioral Health Administration



# Law Enforcement Equipped with Naloxone

As of 8/22/2016:

- Sarasota County Sheriffs (30 reversals)
- Delray Beach PD (50 reversals)
- University of Central Florida (UCF) PD
- Orlando PD (1-2 reversals)
- St. Lucie County Sheriffs
- Orange County Sheriffs (1-2 reversals)
- Martin County Sheriffs

# DCF Naloxone Initiative

- Purchased 2,400 Narcan kits for pilot program
  - Currently being distributed to pharmacies of DCF substance abuse treatment providers to dispense to clients at discharge, their friends and family members, and to keep on-site at the facilities for staff in case of emergency
- Awarded Partnerships for Success (PFS) Grant
  - Naloxone purchase, training, and distribution:
    - Broward, Palm Beach, Hillsborough, Manatee, Duval, Franklin, Walton, & Washington

# [Opt:] How NOT To Respond to an Opioid Overdose

## Anecdotal Remedy

## Possible Consequence(s)

Use ice to cool down body	→	Slowed heart rate, arrhythmia
Put person in bath/shower	→	Drowning
Hit/slap or burn fingers/feet	→	Bruising, broken bones, infection, amputation
Give drink/induce vomiting	→	Choking to death
Inject person with cocaine, salt water, milk, epinephrine	→	High blood pressure, infection

# [Opt.] Opioid Overdose Prevention Tips

- ❖ Keep all medicine in a safe place, such as a locked cabinet. (*Naloxone should be kept readily available.*)
- ❖ Properly dispose of expired or unwanted medications.
- ❖ Take only medicine prescribed for you and only as directed.
- ❖ Never share your prescription drugs with anyone else.
- ❖ If you have breathing problems (e.g. asthma, sleep apnea), check with your doctor before taking opioids.
- ❖ Never mix pain medication with alcohol, benzos, sleeping pills, muscle relaxants, anti-nausea drugs, other opioids or illegal drugs.

# [Opt.] Opioid Overdose Prevention Tips

- ❖ Do not use alone.
- ❖ Make an **overdose prevention plan** and share it with someone you trust to give you naloxone if needed.
- ❖ If you have not used opioids in a while, your tolerance will be lower and risk for overdose greater, so use less opioids than you normally would.
- ❖ You are also at greater risk for overdose if you have overdosed before.
- ❖ **Always keep naloxone on hand.**
  - ❖ Get treatment for drug dependence or addiction.
  - ❖ Seek professional help if you are depressed.
  - ❖ Call a crisis hotline [*insert #*] or 9-1-1 if you are suicidal.

# Suggested Resources for Family, Friends & Loved Ones of Opioid Users

- ❖ *Entities: Use this slide to list information about local resources for things such as:*
  - ❖ **Self-care**
  - ❖ **Support groups**
  - ❖ **Grief/trauma counseling**
  - ❖ **Advocacy groups** for involvement
  - ❖ **Treatment & recovery services.**
- ❖ **Recovering from Opioid Overdose – Resources for Overdose Survivors & Family Members**, part of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2014 OPIOID OVERDOSE TOOLKIT, available at <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/All-New-Products/SMA14-4742>.



# Naloxone

## Myth vs. Fact

# Misconceptions About Naloxone

- Myth: Naloxone provides a safety net to active users, encourages or increases drug use, and sends the wrong message.
- Fact: Studies report that naloxone does not encourage drug use, and in fact, has been shown to decrease it in some circumstances and increase users' desire to seek drug treatment. Naloxone also causes unpleasant withdrawal symptoms in opiate-dependent people, an experience no active user aims to achieve.
- Ex: Fire extinguisher, epi pen, snake bit kit, seat belt

# Misconceptions About Naloxone

- Myth: Naloxone will replace calling 911.
- Fact: All overdose prevention programs teach people to call 911. Naloxone is meant to keep people alive long enough for EMS to arrive and provide medical care, if necessary.

# Misconceptions About Naloxone

- Myth: Naloxone will prevent drug users from seeking treatment.
- Fact: Death prevents people from seeking treatment. Naloxone keeps people alive long enough and provides people with another chance to receive treatment.

# Misconceptions About Naloxone

- Myth: A person under the influence of drugs cannot be trusted to respond appropriately to an overdose.
- Fact: Community members, including active drug users, can be easily trained in OD recognition/response. Since 1996, over 150,000 community members have been trained on naloxone and over 26,000 overdose reversals have taken place using naloxone. The vast majority of these overdose reversals occurred in the community by active drug users. Most overdose prevention programs train active drug users how to reverse an overdose with naloxone and see great success in community overdose reversals.

# Misconceptions About Naloxone

- Myth: Naloxone makes people violent.
- Fact: “Fight or flight response / people waking up swinging” generally only seen at very high naloxone doses administered IV, not seen in many individuals with lower doses and a slower route of administration (intramuscular or intranasal)

# Resources

- [SAMHSA Opioid Overdose Prevention Toolkit](#)
- [Narcan Nasal Spray Training Video](#)
- [Narcan Nasal Spray Website](#)
- <http://www.naloxoneinfo.org/>
- <http://prescribetoprevent.org/>



**"I need your help  
to fight overdose!"**

[naloxoninfo.org](http://naloxoninfo.org)