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We are a fiscally sponsored 501c3 but still no questions asked!

Thank you for your solidarity!

NALOXONE MYTHS

NALOXONE IS THE BACKBONE OF OPIOID OVERDOSE PREVENTION. OVER THE YEARS, MANY MYTHS HAVE SPREAD BOTH IN AN OUT OF EFFECTED COMMUNITIES.

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What Can I Do?

Support Orgs in Your Area!

Organizations doing the work to educate about, and respond to, opioid emergencies are chronically under-staffed and underfunded.

Find an organization in your area and ask how you can help! This may mean volunteering, joining a collective, donating, or simply spreading information! You can do all of that with Rising Waters Mutual Aid!

What Can I Do?

Carry Naloxone/Narcan and Know How To Use It!

Many public health agencies, non-profits, and mutual aid organizations run naloxone trainings regularly and can often provide you with free naloxone!

Read this list, and others like it, regularly to ensure you know how to refute the common myths associated with this life saving medication.

Learning the signs of an overdose and feeling comfortable with administering either nasal Narcan or intramuscular naloxone can save lives.

General Info

Naloxone (common brand Narcan) can reverse the effects of an opioid overdose. Several versions have been available over-the-counter in the U.S. since 2023.

It works by binding to the same receptors as the opioids much more strongly than those opioids can, which effectively 'kicks' the opioid off the receptor. This eliminates the symptoms of overdose that are life threatening for the time that the naloxone is effective.

Naloxone/Narcan

Important Note

Not everyone who needs naloxone to save their lives has an addiction to opioids. With the addition of substances like fentanyl to other illicit drugs, folks who are experimenting for the first time or folks with addictions to substances like benzodiazepines are also at risk of opioid overdose.

That said, folk with an addiction to opioids are no less deserving of life saving care. Addiction is not a personality flaw, and it isn't something that can be controlled through willpower. Addiction is as complex as every person who struggles with it, and each one is worthy of care.

Addiction

Myth #12

You Can Take it Propholactically

No!

While it is theoretically possible to take naloxone as a prophylactic measure, due to the short active time of the medication (30-90min) there is no reliable way to ensure it would be protective, when opioid active time can be upwards of 5 hours.

Test strips are available through many public health services that can identify if an opioid is present in a sample. This is a more reliable option if you are worried about accidental exposure.

Myth #11

It Causes Harm If You Aren't On Opioids

No!

Naloxone is a competitive opioid antagonist. It produces no chemical result if opioids aren't present!

Many negative symptoms reported after a dose are the result of opioid withdrawal and not naloxone itself.

If someone does have opioids in their system but isn't chemically dependent on them, then the only effect of naloxone is overdose reversal.

Important Note

For people who have a physical dependence on opioids, not taking their substance regularly will put them into withdrawal. Withdrawal symptoms are rarely life-threatening, but are often agonizing to experience. This agony can also put people at higher risk for overdose.

The symptoms of withdrawal include:

- Aches and pain.
- Anxiety.
- Chills and fever.
- Diarrhea.
- Dilated pupils.
- Elevated heart rate and blood pressure.
- Heavy sweating.
- Insomnia.
- Intense desire or craving for opioids or opiates.
- Nausea and vomiting.
- Despondence or Dread.

Withdrawal

Myth #1

It Increases Drug Use

No!

While some people believe that readily-available naloxone makes people more likely to use opioids (or, more likely to use them in a risky way), this is not borne out in the research.

Instead, Naloxone allows people to survive overdoses they might not otherwise live through. This includes older individuals who overdose due to medication mistakes or younger folk who overdose due to adulterated supplies of other substances.

Myth #10

Nasal Narcan Won't Freeze

No!

Nasal sprays of naloxone like Narcan are a liquid delivered via a spray mechanism. They can still freeze and you can't deliver a dose of frozen medication.

If you carry naloxone in any form during the winter, please ensure it does not freeze so it is available to use! If it does freeze, you can defrost if by leaving it in a warm room but this isn't feasible during an emergency!

Myth #9

You Can't Get it Hot or Cold

No!

Studies have shown that naloxone is remarkably resilient to temperature. It is best to keep it stored between 68°F to 77°F (20°C to 25°C) but it retains the vast majority of its effectiveness, even after having been frozen, or kept up to 104°F for lengthy time periods.

Don't hesitate to give a dose because you think it might have been stored incorrectly. Even with decreased efficacy, it is still the right choice!

Myth #2

It Makes People Violent

No!

People coming out of an overdose after naloxone has been administered might be agitated or disoriented due to the results of hypoxia. They may also be waking up to crippling withdrawal symptoms.

Both of these realities might make someone unhappy or more physically resistive than they might otherwise be. Both of these are completely understandable and not the result of the naloxone directly.

Myth #3

It Must Be Administered by a Medical Professional

No!

As of 2023, the FDA has approved Narcan as an over the counter drug. Studies have shown that naloxone is most effective when it is readily available to the communities who need it.

If you are a member of an at-risk community, or are in solidarity with one, you should carry naloxone, and know how to use it!

Myth #8

You Need A LOT of Doses

No!

With the rise of more potent opioids like fentanyl, we *are* seeing an increase in the number of doses necessary to reverse an overdose.

That said, if you are using 5, 10, 20 doses, something else is happening. Remember that **xylazine** and **medetomidine** also repress breathing and cannot be reversed with naloxone. Be prepared to provide rescue breathing and CPR while you call 911.

Myth #7

You Only Need One Dose

No!

Depending on the amount of opioid present in a person's system, multiple doses of naloxone will likely be necessary.

Also, naloxone is a fast-acting drug that only remains in the body for 30-90 minutes. Depending on the type of opioid, it may remain active in the system for much longer. It is possible to overdose again after the initial doses of naloxone have worn off either by readministering the substance or just from the remaining does within the system from the initial overdose.

Myth #4

It Costs Too Much

No!

Purchasing brand name Narcan as an individual is less than $20 per-dose. Governments and organizations have access to bulk pricing that makes each dose much cheaper.

There have also been many studies indicating that providing naloxone to communities that need it is cost effective to governments by preventing ER visits and other expensive care.

Myth #5

You Can Self Administer Naloxone

No!

If someone recognizes the symptoms of an overdose early **and** has naloxone immediately to-hand, it is theoretically possible they could self-administer. But, this should never be the plan!

Using alone puts people in danger! With the increase in adulterants like xylazine and medetomidine that can also cause overdoses not reversible by naloxone, it is more important than ever to have folk around to assist in an emergency.

Myth #6

It Can Be Abused

No!

Naloxone is not an opioid and it has no desirable effects that would make it an appealing illicit substance. It does not cause a high or provide any pain relief or dissociative effects. It does bind to the same receptors in the brain as opioids, but it does not activate them. It also does not produce a chemical dependency of any kind.

In the absence of opioids in the system it is effectively inert. It is also extremely safe. To reach the most conservative recorded LD_{50}* of naloxone, a 150lb person would need to inject over 6,000 times the dose provided in one vial.

*LD_{50} is the dose at which 50% of test subjects (in this case mice) died during the test.