

Naloxone Myths

Debunked



Indiana State
Department of Health
Trauma and Injury Prevention

Myth #1:

Naloxone encourages substance users to take more drugs.

FACT: Research has shown that naloxone does not lead to more drug use or riskier drug use.¹ In fact, some studies have shown that naloxone results in a decreased use of opioids.² Naloxone also causes opioid withdrawal symptoms, which is an effective abuse deterrent.

Myth #3:

Naloxone makes people violent.

FACT: One of the most common side effects of naloxone administration in patients is confusion and disorientation.⁴ It is rare for someone to wake up from an overdose and become combative.⁵ This is especially rare if naloxone is administered by someone they know and trust.

Myth #5:

Naloxone is taking too much of the public's funds and attention.

FACT: Every medical and emergency service has an associated cost. Substance use disorder and overdose is a recognized health condition that deserves attention. In 2017, more than 72,000 Americans died from a drug overdose.⁶ Many of these deaths could have been prevented by naloxone.

Myth #2:

Naloxone prevents substance users from seeking treatment.

FACT: There is no evidence to support that naloxone prevents substance users from entering a treatment program.³ In fact, the near-death experience often serves as a catalyst to seeking treatment and maintaining recovery.

Myth #4:

Only doctors can prescribe naloxone.

FACT: The Indiana State Health Commissioner issued a standing order in 2016 that allows anyone to go directly to a pharmacy and purchase naloxone without having to obtain a prescription from their doctor.

Myth #6:

First responders administer naloxone to the same people over and over again.

FACT: Research has shown that the majority of overdose patients do not have repeated overdose events.⁷ Even so, public health officials believe that every life is worth saving, even if that requires repeated administration of naloxone to the same patient.

SOURCES:

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2. Wagner, K. D., et al. "Evaluation of an Overdose Prevention and Response Training Programme for Injection Drug Users in the Skid Row Area of Los Angeles, CA." *International Journal of Drug Policy*, vol. 21, no. 3, 2010, pp. 186–193.
3. Bazazi, A.R. et al. "Preventing Opiate Overdose Deaths: Examining Objections to Take-Home Naloxone" *Journal of Health Care for the Poor and Underserved*, vol. 21, no. 4, 2010.
4. Buajordet, I., et al. "Adverse Events after Naloxone Treatment of Episodes of Suspected Acute Opioid Overdose." *European Journal of Emergency Medicine*, vol. 11, no. 1, 2004, pp. 19–23.
5. Fisher, R., et al. "Police Officers Can Safely and Effectively Administer Intranasal Naloxone." *Prehospital Emergency Care*, vol. 20, no. 6, 2016, pp. 675–680.
6. Ahmad, F.B., et al. "Provisional Drug Overdose Death Counts." National Center for Health Statistics. 2018.
7. Sullivan, C. T. "Opioid Prescribing After Nonfatal Overdose and Association with Repeated Overdose." *Annals of Internal Medicine*, vol. 165, no. 5, June 2016, p. 376.