

## **Opioid Overdose and Naloxone Frequently Asked Questions for Law Enforcement**

### **1. What are the side effects of naloxone?**

Naloxone reverses opioid overdose and causes withdrawal. The most common symptoms of withdrawal are pain, nausea, vomiting, sweating, and anxiety. Less common are agitation, seizures, or irregular heartbeat. While opioid withdrawal can be dramatic and unpleasant, it is not life threatening.

### **2. Can people have violent reactions after naloxone administration?**

It is possible an individual will become agitated and combative after going into withdrawal due to naloxone administration, however this is not likely with the relatively small dose used by lay-responders. Also, naloxone administered intranasally seems to provide a more gentle reversal with less acute withdrawal symptoms. The City of Boston did not report ANY violent reactions in over 500 administrations of nasal naloxone by non-medical personnel.

### **3. Will naloxone work on fentanyl, Suboxone, or other synthetic opioids?**

Yes. Different drugs bind to opioid receptors with different strengths. Overdose on stronger-binding drugs will require more naloxone than others. Naloxone IS effective and should be given up to a dose that is effective. If you have 4mg, give 4mg - that's 4mg less than will have to be given by rescue/ED.

### **4. Does naloxone work on cocaine, methamphetamine, benzodiazepines, or alcohol?**

No. Naloxone only works on opioids (heroin, morphine, fentanyl, methadone, etc). It will not have any effect on someone overdosing on another type of drug. However, if someone is overdosing on opioids AND another drug, naloxone will reverse the opioid part of the overdose and potentially help the person.

### **5. What if naloxone is given to someone who doesn't have any opioids in their system?**

There are no adverse effects if someone is given naloxone who doesn't need it. If someone looks like they may be overdosing on opioids (unconscious, slow or no breathing), they should be given naloxone. If opioids are present, it will help, if they aren't, it won't hurt.

### **6. If someone has received naloxone for an overdose in the past, will it be effective if they overdose again?**

Yes. The effects of naloxone only last 30-90 minutes and it is completely excreted from the body in 24-72 hours. There is no tolerance to naloxone, therefore the same dose will be equally as effective if given for another overdose.

### **7. Shouldn't drugs only be administered by EMS?**

Many drugs have complicated dosing or can cause adverse effects if giving to the wrong person. Naloxone comes in single-dose containers and does not cause any problems if given to someone not experiencing an opioid overdose. When given to someone who needs it, in a timely manner, naloxone can save a life. For these reasons, public safety and lay-responders are ideally suited to carry and administer naloxone. Such programs have been instituted across the country and internationally and have shown that with a minimum amount of training, non-medical personnel can identify an overdose and administer naloxone effectively, leading to many lives saved.

### **8. What is the difference between giving naloxone IM (injection), IN (nasal spray), or IV (intravenously)?**

All of these routes of administration are equally effective and can be administered interchangeably to anyone experiencing an overdose. There is a slightly longer time to onset with IN than IM (and longer than IV). Naloxone is not effective if taken orally. Giving naloxone IN does not involve an exposed needle and therefore can be safer for the person administering it.

### **9. How many doses are necessary?**

For most individuals, one dose (2mg IN or 0.4mg IM) is enough to let the person start breathing again. Some people may need more than one dose depending on their tolerance, how much they took, and what opioid they overdosed on. Children and people who overdose on synthetic opioids (fentanyl, suboxone, etc) are likely to need multiple doses.

### **10. What about people with cardiac issues?**

There are NO contraindications to naloxone in the case of overdose. There are more risks associated with overdose when someone has a chronic health condition, so it is even more important that they get medical attention than someone who is otherwise healthy.

### **11. What if someone is pregnant?**

There are NO contraindications to naloxone in the case of overdose. Opioids easily cross the placenta and effect the fetus. The best way to get oxygen to the fetus is to get oxygen to the mother. When naloxone is given it can induce withdrawal in both the mother and the fetus, therefore they MUST be evaluated in an appropriate medical setting (i.e. a hospital with OB services).

### **12. Is rescue breathing 100% necessary?**

People die from opioid overdose because of a lack of oxygen (hypoxia) caused by slow or absent breathing. The only way to prevent permanent damage and death is to get oxygen into the person. Naloxone helps do this by allowing them to breathe on their own, but it takes 3-5 minutes to work. Permanent brain damage can occur after as little as 4 minutes without oxygen. Rescue breathing can provide oxygen until the person can breathe on their own. Always use a mask or barrier device to avoid contact with body fluids.

### **13. What about “hands-only” CPR?**

Giving only chest compressions (not breaths) has been shown to be effective for adults who have a primary cardiac event (like a heart attack) and whose heart is not pumping effectively. The American Heart Association still recommends giving rescue breaths for anyone who has a primarily respiratory problem such the case with children, carbon-monoxide poisoning, drowning, and DRUG OVERDOSE. Additionally, in the case of an opioid overdose, the individual's heart is still beating, they just aren't breathing effectively.

### **14. Can I be sued for administering naloxone?**

The Good Samaritan Overdose Prevention Act (RIGL 21-28.8-3) provides civil and criminal immunity to an individual when they administer naloxone to another person “in good faith” and “with reasonable care”. The specific protections for law enforcement are being clarified and will be reflected in departmental policies.

### **15. Will increased naloxone availability lead to increase drug use?**

No. While this is a common fear, naloxone distribution programs that have been studied have shown a DECREASE in risky drug use and an INCREASE in access to drug treatment programs. They have also been effective in reducing the overdose death rates in communities where programs are implemented.

### **16. What is the shelf-life of naloxone?**

When manufactured, naloxone has approximately a two-year shelf-life. Most of the naloxone that is being distributed has an expiration date 12-18 months in the future. Always check the expiration date on your naloxone (found on the end of the box and on the vial) and follow your department's procedure for exchanging expired or near-to-expiration medications. The atomizers also have an expiration date after which they are no longer considered sterile. This is usually in the 4-5 year range.

### **17. How should naloxone be stored? Can I leave it in my car?**

Naloxone must be kept at room temperature (59-86°F or 15-30°C). It should never be stored in a refrigerator or a vehicle glove box or trunk. It must also be stored out of direct light. Effective methods include leaving it in its box or storing in a standard orange medication bottle.