What is naloxone and how does it work?
Naloxone (naloxone HCL, Narcan®, Evzio®) is an FDA-approved medication that reverses the effects of an opioid overdose by blocking receptors in the brain and restoring breathing.

What are the signs of an opioid overdose?
Signs may include unresponsiveness, slow or shallow breathing, pinpoint (constricted) pupils, blue fingernails or lips, vomiting, or gurgling noises.

What should I do in the event of witnessing an opioid overdose?
Call 911 first and try to keep the person awake, then administer naloxone. If the individual is not breathing, begin to perform rescue breathing and chest compressions, also called CPR, if trained to do so. An additional dose of naloxone may be given after 2-3 minutes if there is no to minimal response. Stay with the individual until help arrives. For specific instructions on naloxone administration, refer to the medication insert or NC Naloxone Distribution Toolkit.

The Good Samaritan Law protects people who call for 911 to help someone who has overdosed from prosecution for possession of small amounts of certain drugs and possession of drug paraphernalia. The person calling 911 must give his or her real name to receive these legal protections.

Will naloxone work in an alcohol or benzodiazepine (Valium®, Klonopin®, Xanax®) overdose?
No. Naloxone only reverses the effects of opioids. Examples of opioids include hydrocodone, oxycodone, fentanyl, morphine, and heroin. However, if an opioid overdose also involved other substances such as alcohol or benzodiazepines, naloxone may help. Naloxone will have no effect on an individual if an opioid is not present in their system.

What are the side effects of naloxone?
Naloxone is a generally safe medication, but may cause some individuals to experience withdrawal. Symptoms of withdrawal include confusion, sweating, vomiting, and irritability. Rarely do individuals become combative.

Can someone overdose on naloxone if given too much?
No. However, if the individual is dependent on opioids, they may experience increased withdrawal symptoms with repeated doses of naloxone.

Is there anyone that naloxone should not be given to?
Naloxone should not be given to anyone with an allergy or sensitivity to naloxone hydrochloride. When necessary, naloxone may be used in pregnant women at the lowest possible dose to prevent fetal distress. Contact your healthcare provider for any questions or concerns.

Is naloxone addictive?
No, naloxone is non-addictive and has no potential for abuse.

I’ve heard a lot about fentanyl. Is naloxone effective against it? What happens if I am exposed to it while helping someone?
Yes. In some cases, fentanyl may be so potent that multiple doses of naloxone are required. Incidental skin exposure to fentanyl is very unlikely to harm you. If you believe you may have come in contact with fentanyl, wash your hands with soap and water as soon as you can—especially before eating or touching your mouth or nose (i.e., mucous membranes).

Sources: North Carolina Harm Reduction Coalition, Harm Reduction Coalition
Can expired naloxone still be used?
If it is the only thing available, yes. Like most medications, the efficacy of naloxone may begin to decline past the expiration date and should be replaced. It is also important to store naloxone at room temperature (59° to 77° F) and protected from direct light.

I work at a local health department that would like to begin distributing naloxone. What type of standing order is required?
A dispensing standing order that allows distribution AND a distribution standing order signed by a physician, nurse practitioner, or physician assistant are required. For templates and more information on types of standing orders, please refer to the NC Naloxone Distribution Toolkit.

Can I be held liable for distributing naloxone?
No. The North Carolina Naloxone Access Law protects any agent of a community-based organization that distributes naloxone under the standing order of a medical provider from civil or criminal liability.

Do I need to have any training to distribute naloxone?
It is recommended that all individuals distributing naloxone receive training on recognizing the signs and responding to an overdose. Also, the Naloxone Access Law requires that basic instruction and information on how to administer naloxone be included with any distribution. Please refer to NC Naloxone Distribution Toolkit for organizations that offer tailored training.

How does an organization go about acquiring naloxone?
Naloxone may be purchased from a pharmacy or directly through the manufacturer. Some organizations may donate naloxone based on availability and population of individuals served. Refer to the NC Naloxone Distribution Toolkit for details on acquiring naloxone and materials required.

Is there any difference between the different forms of naloxone – which should I order?
Studies have shown there is no difference in efficacy between Narcan® and intramuscular forms of naloxone. Choice of product depends on cost, availability and comfort level of the individual.

Am I required to track the number of naloxone kits distributed from my organization?
No. However, the law requires that basic education is provided to each person receiving naloxone. One mechanism of documenting this is maintaining a log of the date each kit was distributed and initial/signature of the distributor to indicate education was provided. Tracking systems can also be helpful in determining the success of a standing order in the community.

Doesn’t naloxone enable people to overdose by acting as a safety net?
No, this is a common misconception. Research has shown that communities with naloxone distribution and education programs have decreased rates of overdose deaths. For this reason, several health organizations have endorsed naloxone distribution as a strategy to combating the opioid epidemic.

Where can I learn more about naloxone?
There are several resources with valuable information including Prescribe to Prevent, NC Harm Reduction Coalition, NaloxoneSaves, NC DHHS: Opioid Epidemic.

Sources: North Carolina Harm Reduction Coalition, Harm Reduction Coalition