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Naloxone

Naloxone (often known by the brand name, Narcan) is a safe, easy-to-use and effective way to reverse an opioid overdose. Naloxone is currently available through a prescription. Though traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypeople. If an overdose is suspected, it is safe to give naloxone, even if it turns out that opioids, such as heroin, fentanyl or prescription medications like oxycodone, are not present.

Signs of an opioid overdose include:

- Unresponsive or unconscious
- Slowed or stopped breathing
- Blue, gray, or white lips or fingernails
- Snoring or gurgling sounds

Responding to an Overdose with Naloxone

When responding to an overdose, it's important to first call 911 as the person may need other medical care. Naloxone can be administered via an injection or nasal spray and it works in 2 to 5 minutes. Rescue breathing or CPR should be performed while waiting for the naloxone to take effect so oxygen can get to the brain. If you need to leave the person for a minute, for example to call 911, you should place the person on their side to prevent choking. If the person doesn't wake up in 2 minutes, a second dose should be administered. Naloxone typically wears off in 30 to 90 minutes and may cause withdrawal symptoms, so it is important that someone stays with the person, to ensure that they don't experience another overdose.

What are the Barriers to Accessing and Administering Naloxone?

Naloxone is not available over the counter. It is, however, available through harm reduction organizations, and in some states, it is available behind the counter at pharmacies where a pharmacist can dispense it, without a prescription. Cost is also an issue as the Narcan nasal spray and the auto-injector are prohibitively expensive. Two nasal doses of Narcan is \$150, while a 2-dose pack of Evzio (auto-injector) is \$4,500. Some people may not feel comfortable performing an injection, and drug users may feel reluctant to carry a needle and syringe, which can be used as criminal evidence by law enforcement.

Some people falsely believe that naloxone may encourage drug use, although it is not addictive and cannot be used to get high. A [2014 study](#) showed that naloxone does not promote increases in drug use, while a [2005 study](#) found that participation in a naloxone training program not only increased heroin overdose management knowledge but also decreased heroin use, perhaps due to an increased sense of self-efficacy among the participants

Who Is Most at Risk?

The barriers to access naloxone and associated stigma around it results in preventable deaths due to opioid overdose. Those most at risk of overdose include people:

- Recently released from jail or detox
- Who are mixing opioids with alcohol or other drugs
- Using alone
- And in places where the heroin supply is tainted with fentanyl and fentanyl analogs

What's the Solution to Increasing Access to Naloxone and Reducing Overdose Deaths?

To reduce barriers to access, naloxone should no longer be classified as a prescription drug and should be available over the counter. This change would allow for wider access for family members, friends and others in the community, who are often the first to respond to an opioid overdose. According to [the CDC](#), between 1996 and 2014, community-based overdose prevention programs trained and equipped more than 150,000 laypeople with naloxone, who successfully reversed over 25,000 opioid overdoses.

More funds should be allocated to naloxone community programs—that train people and equip them with naloxone—in state budgets. Providing take-home naloxone to people who use opioids as well as their family, friends and caretakers is cost effective demonstrated by this [2017 study](#). Providing those recently released from jails and prisons with naloxone is critical in reducing the risk of overdose, as there is nearly a 130% greater chance of overdose in the two weeks after release compared to the general population, according to the [Drug Policy Alliance](#).

Lastly, to address the rising costs of naloxone, the US government could grant compulsory licenses on existing naloxone patents. This would allow local responders to get less expensive versions from new manufacturers.

Bottom Line

Naloxone is a safe, easy-to-use and effective way to stop opioid overdose and death. It should be available over the counter and distributed to local communities to save lives.

Case Example

In 2004, Blyth Barrow lost someone she loved to an accidental overdose. It was the first in a long string of deaths.

Unfortunately, the churches her loved ones were connected to were sources of shame instead of care, so in 2014, she decided to go to seminary school. While there, she realized that she wanted to support her friends and people who use drugs in living and living well. “As Christians we are called to cure the sick, raise the dead, cleanse the lepers of our own making, and cast out the demons of shame and stigma.” This gospel, for Blyth Barrow, is also a call to harm reduction work.

Naloxone Saves was born out of Blyth’s connection between Christianity and harm reduction, and the realization that both are rooted in unconditional love and a commitment to justice. Through the Naloxone Saves services, Blyth has partnered with grassroots harm reduction groups to distribute thousands of naloxone kits, allowing people to take what they need, no questions asked. But more than that, these services have shifted the place of people who use drugs, moving them from the shadows of congregations to the altar.

You can learn more about Blyth Barrow, a preacher and harm reductionist at Faith in Public Life, and the Naloxone Saves services, through this [Q&A and short video](#).

Resources

[Naloxone 101](#)

[Naloxone, Drug Policy Alliance](#)

[What is Naloxone?](#)

[Stopping Overdose: Peer-Based Distribution of Naloxone](#)

[Changing the Narrative](#)

- [Naloxone: Moral Hazard and "Narcan Parties"](#)
- [“Naloxone can't reverse fentanyl overdoses”](#)