

FAQs

What is Narcan™ (Naloxone)?

It is a prescription medicine that reverses an opioid overdose. It cannot be used to get high and is not addictive.

Can Narcan™ (Naloxone) harm someone?

No. If you suspect an opioid overdose, it is safe to give naloxone. People who used opioids will then wake up and go into withdrawal. Withdrawal is miserable but better than dying.

How quickly does Narcan™ (Naloxone) work?

Properly administered, Narcan™ (Naloxone) usually works within 2 – 5 minutes. If there is no response during this time, a second dose should be administered.

Are there any side effects to using Narcan™ (Naloxone) ?

Known sensitivity is possible but rare for most people. Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Is Narcan™ (Naloxone) legal in Illinois?

It is legal in Illinois for any trained person to administer Narcan™ (Naloxone) to another individual in order to prevent an opioid/heroin overdose from becoming fatal. Narcan™ (Naloxone) has been successfully prescribed and distributed to heroin and opiate users, their families and friends in several areas of the United States

including Chicago. It saves lives and has proven to be cost effective.

Doesn't a person need to be a medical professional to be able to spot a serious overdose and give Narcan™ (Naloxone)? Research has shown that with basic training, nonmedical professionals, such as friends, family members or even concerned bystanders, can recognize when an overdose is occurring and give Narcan™ (Naloxone).

What does Narcan™ (Naloxone) training involve?

Training typically covers the reduction of overdose risk; recognizing the signs of overdose, correct emergency response - the importance of calling an ambulance; basic life support; the recovery position and administration of naloxone. Administering naloxone is not intended to replace calling an ambulance; rather it is to help keep someone alive whilst waiting for the ambulance to arrive.

Can Narcan™ (Naloxone) wear off before the drugs that cause the overdose?

Yes. Naloxone typically wears off in 30-90 minutes and the person can stop breathing again, or potentially slip back in to an overdose state, unless more naloxone is available. For this reason, it is safest and absolutely critical to always call 911 and have the person access follow-up medical care.

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Will the person who recovers from an overdose be violent?

A violent reaction is possible, but infrequent in most cases. Physical withdrawal symptoms may be noticeable but violent outbursts are uncommon. It remains important to ensure 911 is called, EMS are on their way, and to monitor the person's response. Research has shown that in less than 45% of cases, one of many reactions may occur that are typically mild and represent acute withdrawal symptoms including confusion, headache, nausea, vomiting, or infrequent aggressiveness.

What about the added risk of pharmacological dangers such as pulmonary edema that have been linked to Naloxone?

More current research shows this risk to be minimal. In one study, poor outcomes including pulmonary edema, asystole fits/cardiac arrhythmias, or violence were observed in only 1.3% of cases. In another study of paramedics who administered Naloxone in the field, 0.25% of cases resulted in adverse outcomes. Nonetheless, it remains important to seek professional medical support as soon as possible following an overdose.

Will I be arrested if I call 911 when there's been an overdose?

The Illinois General Assembly approved the Good Samaritan Overdose Law, which went into effect on June 1, 2012. Under this law, if someone witnesses a drug overdose and

seeks medical help, they will receive immunity from criminal charges for drug possession. The overdose victim they are helping is also protected.

What does this new law do?

You and the overdose victim cannot be charged with possession for small amounts of illegal drugs when calling 911 or taking someone to an emergency room for an overdose.

What is considered a small amount of drugs?

Under this new law possession of up to 3 grams or less of heroin or cocaine and less than one gram of methamphetamine would be immune from prosecution.

Are there any drugs that are not covered under this law?

Yes. Marijuana (cannabis) is not covered under this law. If you are in possession of cannabis, this law will not protect you from prosecution. All other drugs are covered under this law, but weight restrictions apply. Please refer to Illinois Public Act 097-0678 for information on specific drugs.

Does the law always apply if the person dies from the overdose?

It depends. As long as the caller sought medical attention for the overdosing person in good faith - meaning the 911 call was placed when the person was alive - the caller will still receive immunity from possession charges. However, if the caller is the person who gave or sold the victim the drugs that led to the overdose, the caller could be charged with drug-induced homicide if the person dies. In that case, the fact that the person tried to get medical help may be used by the judge as a condition for getting a shorter sentence.

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The 911 law refers to “seeking emergency medical help.” Does the immunity apply only when calling 911, or will it also apply if I take the overdose victim to an emergency room? The immunity applies to any “good faith effort” to seek emergency medical help, whether that is calling 911, taking the overdose victim to an emergency room or running to a neighbor who is a doctor. Remember, though, that the key to saving a life from overdose is to get professional medical help the fastest way possible. If your community has an emergency medical response system in place, it is best to call 911 in the event of an overdose. In rural areas it might be different. You need to use your best judgment about the fastest way to get someone help. If you have Narcan™ (Naloxone), use it first.

Is the use of naloxone by non-medical people controversial?

No. Recently the American Medical Association endorsed the training of lay people in the use of Narcan™ (Naloxone) to prevent overdoses.

Why are opiate overdoses an important public health issue?

The number of opiate users in the Illinois has increased substantially over the past 15 years. Opiate use and negative consequences (death, arrests, emergency room visits) are increasing across the state.

Is Narcan™ (Naloxone) just a “safety net” that allows users to use even more?

Research studies have investigated this common concern and found that making naloxone available does NOT encourage people to use opiates more. The goal of distributing naloxone and educating people about how to prevent, recognize and intervene in overdoses is to prevent deaths. Other goals, such as decreasing drug use, can only be accomplished if the user is alive.

Shouldn't people just go into treatment?

There are multiple barriers to people going into treatment for substance use: Sometimes people are not interested, willing, ready or able to go to treatment; Financial; Waiting lists/availability; Stigma; Untreated underlying mental health or trauma issues; Acceptability of treatment models, hours of operation, staff, requirements. Overdose Response and Naloxone trainings are a practical strategy that focus on what is, as opposed to what should be. If this question is raised in a group setting, one successful strategy is to turn this question around to the group. Usually group members elucidate the reasons why treatment is only sometimes a viable option for some substance users.

If we help people avoid overdoses, how will they ever learn how dangerous drug use is/hit “rock bottom”/ get a “wake up call”?

The death of a peer or a near death experience does not “teach” drug users a “lesson.” Increased psychological distress or trauma can actually increase substance use. The actual definition of addiction (called “dependence” or “abuse” by the American Psychological Association’s DSM IV-TR) includes one important criteria that relates to this issue: Use continues despite knowledge of adverse consequences (e.g., failure to fulfill role obligation, use when

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physically hazardous) This means that someone who is addicted by definition may not modify behaviors based on bad outcomes such as overdose.

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