

Should I Use Injectable or Nasal Naloxone?

Use either! Use what you have!

Per a study from 2019: "intranasal naloxone is as effective as injectable naloxone in the pre-hospital management of opioid overdose complications"². However, there is a slight benefit to using the injectable form that's worth considering:

- "The need for a rescue dose of naloxone for opioid overdose was up to 2.2 times higher"² for intranasal as opposed to the injectable form.
- The onset of action is "slightly prolonged with the intranasal form of naloxone" by "one to two minutes."²

Resources

National Harm Reduction Coalition - Resource Center

<https://harmreduction.org/resource-center/>

How to Use Narcan with the DOPE Project - NHRC

<https://www.youtube.com/watch?v=bUrYpbdlUSs>

Reference

1. "Frequently asked questions about naloxone: Part 3." Canadian Pharmacists Journal: RPC vol. 155, 19-11. Ctd, Ashley et al. 5 Nov. 2021, doi:10.1177/17151635211056571
2. "Intranasal versus Intramuscular/Intravenous Naloxone for Pre-hospital Opioid Overdose: A Systematic Review and Meta-analysis." *Advanced Journal of emergency medicine* vol. 4, 2 e27. Yousefiand, Mahmoud et al. 16 Nov 2019, doi:10.22114/ajem.v0i0.279

CARRY NARCAN,
SAVE A LIFE

An essential primer

What Is Naloxone/Narcan?

Naloxone is a short acting opiate blocker. It takes about 1-3 minutes for onset of action and lasts about 60-90 minutes. Narcan is a common name brand for Naloxone, and the terms are interchangeable. Naloxone comes in both intranasal and injectable forms.

Naloxone does not "reverse" overdose, just postpones it. If the body cannot get rid of enough of the drugs before wearing off, the person will go back into overdose.

Naloxone saves lives! It works on opioids such as fentanyl, heroin, and other opioid-based painkillers. It *may* not work for Suboxone or Subutex, but if an opioid overdose is suspected - administer naloxone regardless!

Naloxone is safe! Naloxone can be administered to all ages, those who are pregnant, and those who have any health condition. ¹ Naloxone will not harm someone if you give them more than they need, or if there is no opioids in their system.

Expired Naloxone is still effective to use! Recent studies have shown naloxone that had been expired for 30 years still contained > 90% active Naloxone. ¹

What To Do If You Suspect Someone Is Overdosing

An opioid overdose happens when the opioids disrupt your brain's ability to regulate breathing, causing slowed or erratic breath and potentially respiratory failure.

If you see someone who appears unresponsive, check in on them!

1. Check In!

Speak loudly and clearly: *"Hey friend, are you doing okay?"*

If they're unresponsive to this, try lightly shaking their shoulder. If this has no effect, try rubbing your knuckles firmly against their sternum.

If this doesn't wake them up, they need immediate medical attention! Make sure to continuously monitor their breathing and pulse.

2. Administer Naloxone!



Injectable

Remove caps from the vial and syringe. Hold vial upside down and draw 1ml.

Inject in a large muscle, such as the thigh or upper arm. Inject through clothing if necessary. Bubbles in the syringe is okay!

Intranasal

Hold the device with your thumb on the plunger.

Tilt the person's head back, supporting their neck with your other hand.

Gently insert the nozzle into the person's nostril and push the plunger down with your thumb.



3. Call 911!

Make sure to administer a dose of naloxone first!

Tell the dispatcher: *"my friend is not breathing"*

DO NOT say *"my friend is overdosing"* or *"on drugs"*, the dispatcher will likely involve police. We keep us safe!

Recognizing Symptoms

Signs of opiate use:

Pinpoint pupils
Slurred speech
Muscles are slack and droopy
Drowsiness / "Nodding off"
"Out of it," but still responsive to outside stimuli

Signs of opiate overdose:

Skin, lips, and fingernails turn blue/purple in lighter skinned folks, gray/ashen in darker skinned folks
Choking, gurgling, or vomiting
Muscles are completely limp
Slow, erratic, or stopped breathing
Loss of consciousness or unable to talk
Unresponsive to outside stimuli

4. Give Rescue Breaths!

While you wait for them to wake up, give rescue breathing (mouth to mouth).

Roll the person flat on their back. Tilt the head back and lift the chin slightly to open the airway. Pinch their nose, and give one breath every 5 seconds.

Chest compressions are not usually necessary. If they still have a pulse, they do not need chest compressions. In the case of opiate overdose, the breathing stops first and the heart keeps beating for several minutes.

5. Repeat!

Continue to administer Naloxone doses every 2-3 minutes until they wake up. In between doses, continue with rescue breathing.

6. Provide Aftercare & Support!

When the person wakes up, they will be disoriented and likely scared or upset! Give them space, be gentle.

Tell them what happened:

"Hey friend, my name is []. You're here at this location. We saw you weren't breathing, we think you were overdosing. I'm so sorry. I had to give you some naloxone. I know you don't feel good right now. Sit up when you feel ready. I got you. You're safe."

Stay with the person until medical help arrives!