

# Community responders more likely to seek help during overdose when naloxone does not work

October 7 2019

---

Calling emergency services is an integral part of overdose response training. This step may be even more important in the setting of rapidly-progressing overdoses from fentanyl. New research from Boston Medical Center's Grayken Center for Addiction found, however, that community members responding to an overdose with naloxone are more likely to seek emergency help when naloxone does not work or takes more time to work. Published in *Drug and Alcohol Dependence*, the results show several factors associated with calling emergency services when helping someone with naloxone.

Overdose rescue reports submitted to the Massachusetts Department of Public Health between January 2007 through December 2017 by community responders trained in Overdose Education and Naloxone Distribution (OEND) were analyzed. These reports were created as responders arrived to refill their [naloxone](#). The drug use status of the person refilling the naloxone—the responder—was identified and specific characteristics of the overdose experience were assessed to determine if any patterns exist and should be considered in future training.

Overall, the results indicated that calling [emergency services](#), or help-seeking, occurred in 47 percent of overdose response reports. These rates increased between four of the past five years, most likely due to growing public awareness of overdoses, the passing of Good Samaritan

laws and the increasing fatality threat attributed to fentanyl.

"While individuals are trained that seeking help should be the first step when responding to an overdose, our study results indicate that it is often seen as a last resort when the naloxone does not work," says Jamie Lim, MD, a first year pediatrics resident in the Boston Combined Residency Program at Boston Medical Center and Boston Children's Hospital.

"Given the current ubiquity of fentanyl in opioid supplies, it is critical to emphasize that calling for help is always indicated, given the potential it has to save lives."

Other factors that were independently found to contribute to help-seeking were setting (where the overdose occurred), responder gender, responder age, overdose severity, responder relationship to the victim, and the responder's experience with overdose. Among people who used drugs, public compared to private overdose settings were significantly associated with help seeking; qualitative research has revealed that public settings are easier to flee, and private settings include exposure to neighbors and a potential space where drugs are kept.

The researchers recommended that improvements to [overdose](#) response training include further emphasizing the importance of calling for help, as well as additional harm reduction strategies for those less likely to call for help. Additional efforts are also needed to better understand how programs can work together to maximize help-seeking, including community coalitions, first responder agencies and OEND programs.

**More information:** Jamie K. Lim et al, Factors associated with help seeking by community responders trained in overdose prevention and naloxone administration in Massachusetts, *Drug and Alcohol Dependence* (2019). [DOI: 10.1016/j.drugalcdep.2019.06.033](https://doi.org/10.1016/j.drugalcdep.2019.06.033)

Provided by Boston Medical Center

Citation: Community responders more likely to seek help during overdose when naloxone does not work (2019, October 7) retrieved 4 May 2024 from <https://medicalxpress.com/news/2019-10-overdose-naloxone.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.