

Study explores how people's beliefs impact overdose education and naloxone distribution programs

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Overdose education and naloxone distribution are key parts of a comprehensive response to the overdose epidemic, and evidence

supports expansion of these programs in the U.S. to reduce fatal overdoses. But naloxone still appears to be insufficiently available and/or used.

A new study by Indiana University researchers, published in the journal *BMC Public Health*, explored people's beliefs about overdose and naloxone as a step to understanding why some communities are not using the reversal medication. They found there are still a number of misconceptions about naloxone, particularly that it encourages more [drug use](#).

"We found that most people believe that trained bystanders can prevent overdose with naloxone," said Jon Agley, associate professor at the IU School of Public Health-Bloomington and lead author of the study.

"However, we also found that some people also held unsupported beliefs that might make them less comfortable with having a program in their community."

Overdose education and naloxone distribution often rely on bystanders and laypersons—those who may witness an overdose—to respond with naloxone. But little formal research has been conducted to understand what laypeople believe about naloxone and overdose, Agley said.

The study used an approach from team members' research on COVID-19 misinformation to examine beliefs across four conceptual domains, three of which are contradicted by one or more scientific studies.

They were compensation beliefs—the idea that people who use opioids will use more opioids or be less likely to seek treatment if they have access to naloxone; overdose inevitability—the idea that people who experience nonfatal overdose once will usually overdose again and will usually die of an overdose within the year; and believability of

misinformation—in this case, the idea that take-home naloxone can be used to get high, which is not possible. They also asked about the efficacy of layperson naloxone—the idea that training and provision of naloxone is associated with bystander prevention of fatal overdose.

Most people believed naloxone saved lives and most understood that people cannot get high on naloxone. However, the study found many believed that opioid users will use more opioids if they know they have access to naloxone, an idea Agley said has been contradicted by research. He expressed concern that such beliefs might prevent communities from engaging in these programs.

"It's very encouraging to see the widespread belief that bystanders can use Naloxone to help prevent overdose, which has been backed by research," Agley said. "But there is more work that needs to be done to eliminate some of the misconceptions around the use of overdose education and naloxone distribution and to encourage communities to use these life-saving programs."

Agley said more research is needed to truly understand not only the sometimes opposing beliefs people have of [overdose](#) education and [naloxone](#) distribution, but also to create educational programs that can help communities understand how these programs can play a role in reducing the number of fatal overdoses.

More information: Jon Agley et al, Beliefs and misperceptions about naloxone and overdose among U.S. laypersons: a cross-sectional study, *BMC Public Health* (2022). [DOI: 10.1186/s12889-022-13298-3](https://doi.org/10.1186/s12889-022-13298-3)

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