

# DISPELLING MYTHS ABOUT OPIOIDS

Stigma and fear of drug use, drug users and fentanyl have produced many myths and misconceptions.

These are so powerful that some campuses have decided not to stock naloxone or train staff or student peers to administer it.

Some cite liability concerns, including risk of personal liability for improperly administering naloxone, risk of violence when intervening, or health risks from needle-stick injuries or exposure to fentanyl powder.

**THE MYTH**

“But my campus has no reported overdoses...”

**THE FACT**

Not all overdoses are reported.

If your campus suggests that it doesn't need a protocol, it's just not the case. Overdoses often go unreported, and they might happen to students when they're off-campus. A protocol that includes how to recognize and respond to an overdose will help keep your community safe.

**THE MYTH**

Touching fentanyl can cause an overdose, coma, or even death.

**THE FACT**

Absorbing drugs through the skin happens slowly, if it occurs at all.<sup>xiii</sup>

Accidentally getting powdered fentanyl on your clothes and hands is very unlikely to harm you, unless it comes in contact with a mucous membrane, such as your eyes, nose or mouth.

You can watch on Twitter (@missourinetwork) as Chad Sabora holds a line of heroin cut with fentanyl and carfentanil in the palm of his hand [spoiler alert: he doesn't overdose].

# DISPELLING MYTHS ABOUT OPIOIDS



Doing nothing  
is the most  
dangerous thing  
you can do.



## THE MYTH

If I administer naloxone incorrectly, I could seriously injure someone.



## THE FACT

There are no reported cases of injury or death from giving naloxone.

When someone overdoses, **doing nothing is the most dangerous thing you can do.** Although some side effects can occur, such as nausea, vomiting, diarrhea, and dizziness (symptoms similar to withdrawal), serious side effects from naloxone are very rare.



## THE MYTH

Calling 9-1-1 is the best – and only – response in an overdose situation.



## THE FACT

Don't just call 9-1-1, because when someone stops breathing, brain damage can occur after only 3-5 minutes. Giving naloxone and mouth-to-mouth can save lives. But don't **just** give naloxone and mouth-to-mouth (and CPR): call 9-1-1 too, because naloxone can wear off and overdose symptoms can reoccur.



## THE MYTH

Naloxone can cause a violent response in someone who has just overdosed.



## THE FACT

Only a very small minority of people will react combatively after receiving naloxone.

Naloxone triggers withdrawal in a person who has consumed opioids. And while this can cause pain, distress, confusion and agitation, the “fight-or-flight” response is rare. The North Carolina Harm Reduction Coalition notes that this response occurs in a few as 8% of people who overdose. A person is very unlikely to react combatively if they receive naloxone from someone they know and trust.<sup>xiv</sup>

# DISPELLING MYTHS ABOUT OPIOIDS



## THE MYTH

Harm reduction (or safer substance use) condones the use of drugs.



## FACTS

Safer substance use is the way to go.

- You may know the term “harm reduction.” It involves ensuring that people who are using substances do so more safely, therefore “reducing harm.” Part of overdose prevention involves harm reduction, or safer substance use.
- It may strike some school boards and post-secondary institutions as controversial, but the spirit of harm reduction is to focus on the health and safety of the person using the drug. It does not condone illegal and underage substance use. It is, in fact, a recognized approach for making sure youth who are using drugs do so more safely.<sup>xv</sup>
- A harm reduction philosophy is not new to campuses. Think of safer sex. All of the following are harm reduction strategies: distributing condoms, providing education about contraception, sexually transmitted infections (STIs), informing students about consent and how to stay safe. The goal is to equip young people with knowledge and tools to reduce potential harms. This same philosophy can be applied to substance use.<sup>xvi</sup>

## LANGUAGE MATTERS

Language like “drug abuse,” “drug abuser,” and “addict” or even “drug misuse” can be harmful and can prevent people from seeking help. Use terms such as “problematic substance use” or refer to students as having a “substance use disorder/ problem.” This will help destigmatize addiction and encourage young people to seek help.

**HARM  
REDUCTION  
MEANS**

*Respect, dignity,  
Compassion*

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"It is unrealistic to expect an end to the recreational use of psychoactive substances."

— *Canadian Students for Sensible Drug Policy*



## THE MYTH (continued)

Harm reduction (or safer substance use) condones the use of drugs.



## THE FACT

Safer substance use is the way to go.

- Schools traditionally simply condemned drug use, and promoted abstinence, highlighting the risks. But for many students, it's just not realistic. In the case of abstinence-only sex education, researchers find that these programs do not stop youth from having sex and do not reduce rates of STIs or unwanted pregnancy.<sup>xvii</sup>
- Harm reduction is **neutral** about abstinence; it sees abstinence as one practice that can reduce harms.<sup>1</sup>
- A harm-reduction approach to substance use on your campus is a compassionate and humanizing way to involve your students. It strives to improve their health and increase their interest in treatment.



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