

CDUHR FACT SHEET

Compassionate Overdose Response: Key Findings and Call to Action

PURPOSE OF THE STUDY

Peer Network of New York (PNNY) members and New York University (NYU) researchers collaborated to document the experiences of overdose survivors whose overdoses were reversed with naloxone, focusing on:

- Whether survivors experienced being given higher doses that precipitated withdrawal
- Whether negative reversal experiences deter future naloxone use
- Whether people are treated with dignity and respect by responders

KEY FINDINGS

- Many overdoses are reversed using excessive naloxone doses, causing painful withdrawal
- Disrespectful treatment by responders is common
- Negative experiences discourage lifesaving behaviors (carrying naloxone, calling 911, responding to overdoses)
- Misinformation and stigma amplify harm and undermine trust

RECOMMENDATIONS

Compassionate Care

- Treat PWUD with dignity and respect at all times
- End stigmatizing language, judgment, and punitive practices

Training & Policy

- Train all overdose responders (EMTs, police, hospital staff, outreach workers) in compassionate overdose response
- Educate responders to distinguish opioid overdose from sedation caused by xylazine and other adulterants

Best Practices for Overdose Response

- Use lowest effective dose of naloxone (3–4 mg) to restore breathing
- Prioritize rescue breathing and oxygen when breathing is slow or stopped
- Do not give additional naloxone if the person is breathing but sedated
- Stay with the person until help arrives whenever possible

Broader Strategies

- Expand access to oxygen, pulse oximeters, and injectable naloxone
- Counter fentanyl misinformation and media fearmongering
- Promote overdose prevention strategies (test shots, not using alone, drug checking)

CALL TO ACTION

Our team is developing a 1-hour training for EMTs, nurses, and physicians on compassionate overdose response, including low-dose naloxone use and nonjudgmental care. We will continue advocacy for evidence-based policies that reduce harm, save lives, and restore humanity to overdose response.

BACKGROUND

Despite the widespread availability of naloxone, a life-saving medication approved in 1971 to reverse opioid overdoses, people are continuing to die at unacceptable high levels. As synthetic opioids (e.g., fentanyl, nitazenes) and sedatives (e.g., xylazine, benzodiazepines) have increasingly contaminated the drug supply, overdose deaths rose from 9 per 100,000 (2003) to 33 per 100,000 (2022). In parts of the Bronx, mortality exceeds 100 per 100,000.

Naloxone distribution expanded rapidly through syringe service programs and community initiatives. However, misinformation and fear-based narratives about fentanyl led to widespread use of multiple or high doses of naloxone, often without rescue breathing. Research shows higher-dose naloxone does not improve survival, but does increase severe and prolonged withdrawal, which many people experience as punitive and traumatic. Negative overdose reversal experiences can deter people who use drugs (PWUD) from carrying naloxone, calling 911, or using with others—paradoxically increasing overdose risk.

METHODS

- Community-based participatory research
- 13 trained PNNY Community Investigators + 4 NYU investigators
- NYU IRB-approved protocol
- 91 participants in the greater NYC area who overdosed in the past 12 months, surveyed June–August 2024

KEY RESULTS

Participant Characteristics

- Average age: 42 (range 22–81)
- 69% male
- 25% Black, 26% White
- 56% unstably housed or homeless
- 53% previously arrested

Overdose Context

- 60% occurred outdoors in public
- 43% occurred while alone
- Drugs involved: heroin (77%), fentanyl (61%), cocaine (41%)
- Injection most common route (58%)

Naloxone Use

- 80% owned naloxone; 67% had it at time of overdose
- Intranasal naloxone used in 84% of cases
- Multiple doses common (2–4 doses reported by 61%)
- Rescue breathing used in only 28% of overdoses

Responders

- EMTs: 41%
- Friends/family: 34%
- Harm reduction workers/peers: 21%

Experiences of Care

- 38% reversed by EMTs reported disrespectful or stigmatizing treatment
- 25% treated in hospitals reported similar negative experiences

Withdrawal after naloxone:

- Severe: 42%
- Pretty bad: 20%
- Only 20% of overdoses involved a 911 call

Impact on Future Behavior

- 33% said the experience made them less willing to have future overdoses reversed with naloxone
- 26% said they would hesitate or refuse to use naloxone on others

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