



**Joint Position Statement of
American Psychiatric Association and
American Academy of Addiction Psychiatry**

Title: Opioid Overdose Education and Naloxone Distribution

Issue: There has been a significant increase in mortality from prescription drug overdoses over the past 20 years in the U.S. (1). Overdose deaths now exceed automobile accidents as the leading preventable cause of death by injury in the U.S., posing a significant public health crisis (2). Rates of opioid overdose have surged throughout the world, including in Canada, Europe, Asia, and Australia (3-7). In addition to the traditional risks associated with heroin use, increasing use of opioid analgesics (especially long-acting formulations at high doses) has been a major contributor to increased overdose mortality (8-10).

Position Statement:

The American Psychiatric Association and the American Academy of Addiction Psychiatry endorse expanded access to naloxone, along with appropriate training and education, for bystanders, family members, and other individuals who may be in a position to initiate early response to opioid overdose, including EMTs, paramedics, corrections officers, and law enforcement. Naloxone kits should be distributed to individuals at high risk of witnessing or experiencing an opioid overdose, including users of heroin or other opioid drugs. Additionally, naloxone should be prescribed to groups at heightened risk for opioid-induced respiratory depression including individuals: 1) on high-dose full-agonist opioid pharmacotherapy (i.e. greater than 100 mg of morphine equivalence per day), 2) prescribed opioids in combination with benzodiazepines, and/or 3) suspected or known nonmedical opioid use (15).

Individuals authorized to dispense naloxone overdose kits should be required to undergo training and education in the recognition of signs and symptoms of overdose, techniques for administration of naloxone, and referral to emergency medical services. Supervision and training of these individuals should be maintained on an ongoing basis.

Additionally, states should actively protect the efforts of providers and civilians through Good Samaritan laws, amnesty protections for certified providers, and the allowance of third-party prescriptions (i.e. for the family member of the index patient). States with limitations on access to naloxone should be encouraged by their state health officials and medical societies to broaden distribution of naloxone and support legislation to remove barriers to naloxone access.

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Background:

Naloxone is an opioid antagonist that is used to rapidly reverse respiratory depression and other effects of opioids in cases of suspected overdose. It is approved for use by IM, SC, or IV routes of



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administration; an intranasal (IN) spray is also available for off-label use. Adverse effects other than precipitation of opioid withdrawal are rare. Recently, the FDA approved a hand-held autoinjector, similar to an “epi pen” that may be used by untrained persons outside of healthcare settings.

Reversal of opioid overdose is a time-sensitive medical emergency, and individuals at the scene of an overdose may be reluctant to call for emergency services for fear of legal consequences or arrest. Opioid Overdose Education and Naloxone Distribution (OOEND) initiatives involving laypeople who may be first responders at the time of overdose have been associated with reduced mortality from opioid overdose in multiple studies (11-15). Findings have demonstrated that bystanders may safely administer naloxone via intramuscular injection or IN insufflation in cases of suspected overdose. Distribution of naloxone kits should be accompanied by brief training that incorporates education about opioid overdose recognition and response and calling for emergency services. Although a randomized controlled trial has not been conducted due to logistical and ethical barriers, mounting empirical evidence supports this public health intervention. The substantial evidence for effectiveness of naloxone, as well as the low risk and low cost of the intervention, strongly support its use, particularly when considering the lethal potential of opioid overdose.

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