



AAAP Policy Statement

Opioid Overdose Education and Naloxone Distribution

Background

There has been a significant increase in mortality from prescription drug overdoses over the past 20 years in the U.S. (1). Many other areas of the world including Europe and Asia have also experienced a surge in overdose rates (2, 3). Increasing use of opioid analgesics (especially long-acting formulations at high doses) has been a major contributor to increased overdose mortality (1, 4, 5).

Opioid Overdose Education and Naloxone Distribution (OEND) has been associated with reduced mortality from opioid overdose in multiple studies (6-8). Although a randomized controlled trial has not been conducted due to logistical and ethical barriers, mounting empirical evidence supports this intervention. The substantial evidence, as well as the low risk and low cost of the intervention, strongly support its use, particularly when considering the high lethal potential of opioid overdose.

Policy Statement

AAAP supports the Surgeon General's stance on naloxone, including the distribution of naloxone along with appropriate education to not only people who are at high risk of experiencing an opioid overdose, but also to community members who come into contact with people at risk for an opioid overdose. Additionally, AAAP encourages states to 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).

References

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- 5 Centers for Disease Control and Prevention (CDC). Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016. Morb Mortal Wkly Rep 2018;67(12):349-358.
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