



Naloxone Public Policy Statement: The Use of Naloxone for the Prevention of Opioid Overdose Deaths

The abuse of, and addiction to, opioids is a serious and challenging public health problem. Deaths from drug overdose have risen steadily over the past two decades and are now the leading cause of injury death in the United States.¹ Prescription opioid analgesics, e.g. hydrocodone, oxycodone, morphine, and methadone, used to treat both acute and chronic pain, have increasingly been implicated in drug overdose deaths over the last decade.^{2,3} From 1999 to 2013, the rate of drug poisoning deaths involving opioid analgesics nearly quadrupled.⁴ Deaths related to heroin have also increased sharply since 2010, resulting in a 39 percent increase between 2012 and 2013.⁵ Given these alarming trends, there needs to be an intellectually honest, sustainable, and transparent, discussion concerning the prevention, identification and treatment of individuals with an opioid use disorder. Included in this discussion there needs to be an understanding of the utility of naloxone in the prevention of opioid overdose deaths. As an opioid antagonist, naloxone is an effective medication in blocking opioid receptor activation thus reversing opioid overdose.^{6,7,8,9,10} It can, if given soon enough, restore normal respirations in a person whose breathing has slowed or stopped as a result of heroin or prescription opioid overdose.

Several overdose education and naloxone distribution programs have been developed to provide instruction on its use and direct issuing of the medication to opioid users, associates, and families. These programs are attempting to get it into the hands of anyone that may have a potential of being in the presence of someone using opioids at risk of overdose. This includes those prescribed opioids for pain that are either concurrently prescribed a sedative hypnotic medication or on high dose opioids, and those with a history of alcohol and other drug use problems.

The Center for Disease Control reported that between 1996 and 2010 more than 10,000 overdose reversals took place nationwide as a result of the distribution of naloxone to nonmedical personnel.¹¹ As of November 2014, 23 states have statutes that allow for “third-party” prescriptions of naloxone. This allows for the prescription to be written for a person other than the person that may receive the medication such as a friend, relative or person in a position to assist a person at risk of experiencing an opioid overdose.¹² An evaluation of Massachusetts’ overdose education and nasal naloxone distribution program found that opioid overdose death rates declined in communities where programs were implemented compared to those where it was not available.⁸

The FDA is also supporting the development of new opioid overdose treatments by using expedited review programs. Given the effectiveness of naloxone in overdose reversal, the Food and Drug Administration (FDA) has encouraged innovations in more user-friendly naloxone delivery systems such as auto-injectors, made particularly for lay use outside of health care settings.

The American Osteopathic Academy of Addiction Medicine supports the important role of naloxone, an opioid antagonist plays in overdose prevention. This AOAAM policy focuses on four objectives. The AOAAM will

1. **Expand our support** in media, curriculum and CME to advocate for responsible utilization of naloxone in overdose prevention.
2. **Partner with other individuals and organizations** to advance the awareness of naloxone in the prevention of opioid overdose by the media, state and federal governments, health care providers and the public.
3. **Encourage further grant support and public policy** that underwrites the distribution of naloxone.
4. **Offer our experience and expertise** to government, research, education and industry in their efforts to accelerate the development and availability of naloxone and user-friendly delivery systems. .
5. AOAAM will make every effort to identify, **create, and disseminate best practice naloxone or antagonist delivery models and strategies** to all stakeholders.