



American Red Cross Scientific Advisory Council Position Statement on Overdose Education and Naloxone Distribution

It is the position of the American Red Cross Scientific Advisory Council that overdose education programs and naloxone distribution programs should be widely available to the community. Furthermore, overdose education programs should include training on naloxone administration, the potential complications of naloxone administration, and the management of these complications.

The American Red Cross Scientific Advisory Council strongly supports legislation and policies that promote overdose education and the widespread availability of naloxone to those using opioids, people likely to encounter overdoses, first responders, and the general public; and considers these tools as a standard to help reduce mortality and increase opportunities for secondary prevention in the current opioid epidemic in North America.

Overdose is the leading cause of unintentional death in the United States (US) and opioids, such as heroin, fentanyl and oxycodone, account for approximately two-thirds of these deaths.(1,2,3) Opioid use disorder and associated harms are an escalating concern in the context of the COVID-19 pandemic, and many of the societal, resource scarcity, and infrastructural changes associated with the pandemic continue to have a disproportionate impact on the most marginalized members of our communities. (21) Opioid overdose resulted in 47,600 deaths in 2017 making it more likely to die in the US that year of an opioid overdose than a motor vehicle collision. (3) Over the last 20 years, the age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 in 1999 to 21.7 per 100,000 in 2017, with opioid deaths being the main determinant in the data.(1,2) In 2017 approximately 130 persons died per day in the US from opioid overdose, leading the US Department of Health and Human Services to declare the opioid epidemic a public health emergency. (2,3) An estimated 2.0 million people age 12 and over have an opioid use disorder (addiction) and approximately 10.3 million people in this same population misused opioids in 2018, representing a population that is at high risk of opioid related mortality. (4) In addition, those with opioid addiction are at high risk for contracting infectious disease, and developing complications of those diseases. (19,20) This includes infections not only from injectable drug use and sexually transmitted disease, but also respiratory illness, which may be of particular importance in epidemics and pandemics such as COVID-19. (19,20,21) However, it is not only those that use illicit opioids that are at risk of overdose, individuals who have been prescribed opioids for medical purposes, and their family members, are also at risk of overdose and accidental death. (11)

While the opioid epidemic affects every geographic location and socioeconomic status in North America, tools are available to combat this epidemic. Opioid education and naloxone distribution (OEND) programs are associated with a reduced mortality from opioid overdose. (8,9) Education is an essential aspect of preventing opioid deaths and the American Red Cross provides public educational programs that teach opioid overdose education, including the recognition of opioid overdose, use of the overdose reversal agent naloxone, and the importance of activating emergency services. While educating the public on the recognition and treatment of opioid overdose is essential, naloxone, a medication used to reverse opioid overdose, can prevent death when administered to an individual experiencing opioid overdose. Naloxone can be used by both

lay and trained medical providers and naloxone distribution programs have also been associated with reduced mortality from opioid overdose. (6,7,8,9,12,18) Programs that distribute naloxone widely to communities, along with education programs, demonstrate that the lay public can be taught how to recognize an opioid overdose and administer naloxone with a suspected overdose, and that this can lead to a measurable reduction on mortality in the population. (6-9,13,14,18)

There is a risk of potential complications with use of naloxone, including the induction of withdrawal symptoms. Pulmonary edema can occur in opioid overdose with or without the administration of naloxone and is a specific complication that warrants medical evaluation for all opioid overdoses. (15,16) Due to the risk of complications, educational programs should include training on naloxone administration, the potential complications of naloxone administration, and the management of these complications. However, as naloxone can be a life-saving medication, its use in judicious doses, with careful monitoring for complications, outweighs the potential risks.

Although many states have enacted legislation that makes naloxone easier to obtain, barriers such as availability, cost, and training requirements to naloxone distribution continue to exist and hinder the availability of this life-saving medication. (10) Policies and legislation that lessen these barriers and support widespread distribution increase the odds of naloxone being available to the responder to help save lives. The Red Cross fully supports strategies that diminish barriers and assist the public in gaining access to naloxone.

Overdose education and naloxone distribution programs have a demonstrable effect on saving lives from opioid overdose and should be considered a standard for increasing awareness, training and naloxone availability to combat the opioid epidemic. Promoting policies that support education and the widespread availability of naloxone will increase survival from opioid overdose. Educational programs on the use of naloxone should include training in the recognition and management of complications.

Resources:

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