



American Association of Poison Control Centers

NEWS RELEASE

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American Association of Poison Control Centers Publishes Joint Position Statement on Expanding Access to Naloxone

ALEXANDRIA, VA – On Oct. 6, 2014, the American Association of Poison Control Centers (AAPCC), joined with the American Academy of Clinical Toxicology (AACT) and American College of Medical Toxicology (ACMT), to jointly publish a position statement advocating expanding the access to naloxone throughout the United States in the October 2014 issue of *Clinical Toxicology*.

Over the past three decades, drug overdose deaths in the United States have tripled and in 2008, unintentional poisoning deaths surpassed the number of motor vehicle deaths for the first time. Of the 38,329 drug overdose deaths in the United States in 2010, 60 percent (22,134) were related to pharmaceuticals, with 75 percent of those deaths involving prescription opioid analgesics. Concurrently, heroin deaths have risen 55 percent between 2000 and 2010.

In overdose scenarios, opioids (including morphine, oxycodone, hydrocodone, methadone and fentanyl) cause slowed breathing which can lead to hypoxia and, if untreated, death. Timely administration of naloxone reverses the opioid-induced slowing of the respiratory rate and can save a person's life. Naloxone is very effective, inexpensive, and has been used for this purpose in hospitals and by emergency medical systems since 1970. Currently in the U.S., naloxone is principally administered in the health care setting, but use by laypersons is becoming more common.

“Deaths from prescription and non-prescription opioids have reached epidemic proportions,” said AACT President Robert S. Hoffman, MD. “Naloxone is easy to administer, very safe and can rapidly reverse toxicity. Unfortunately, help is often too far away. Putting naloxone into the hands of laypersons via a ‘Bystander Naloxone Training’ program can help save lives when time is of the utmost importance.”

Naloxone administered by laypersons is prescribed and distributed as part of “overdose education and naloxone distribution” programs. The word bystander refers to a family member, friend, or stranger who is in close proximity to the victim at the time of the overdose and specifically not a trained health care provider.

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Naloxone education programs include the following key elements:

1. Identify opioids licit and illicit, and non-opioids
2. Recognize a patient with an opioid overdose (vs. opioid use)
3. Attempt to rouse and stimulate victim
4. Call 911
5. Rescue breathing
6. Administer naloxone intramuscularly or intranasally
7. Place the victim on their left side while awaiting for 911 to arrive
8. Aftercare (definitive pre-hospital and hospital medical care for the overdose and its complications).

“Due to concerns of police involvement cited as a main reason for not calling 911, it is critical we have a system in place to rapidly respond to these increasing opioid overdoses,” said Dr. Hoffman. “Until immunity laws for drug-related emergencies are broader and better communicated, naloxone is a common sense means to prevent unnecessary and avoidable deaths.”

For more information, the media may contact Brett Schuster, AAPCC associate manager, Public Relations and Government Affairs, at 703.894.1865 or schuster@aapcc.org.

AAPCC supports the nation’s 55 poison center members in their efforts to treat and prevent drug, consumer product, animal, environmental and food poisoning. Members staff the Poison Help hotline at 1-800-222-1222 that provides free, confidential, expert medical advice 24 hours a day, seven days a week, 365 days a year from toxicology specialists, including nurses, pharmacists, physicians, and poison information providers. In addition, AAPCC maintains the only poison information and surveillance database in the United States, providing real-time monitoring of unusual poisoning patterns, chemical exposures and other emerging public health hazards. AAPCC partners with federal agencies such as EPA, HRSA and the CDC, as well as private industry.

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