AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 532
(A-19)

Introduced by: Young Physicians Section

Subject: Dispelling Myths of Bystander Opioid Overdose

Referred to: Reference Committee E
(Leslie H. Secrest, MD , Chair)

Whereas, 70,237 people died of drug overdoses in the United States in 2017, and deaths related to synthetic opioids, such as fentanyl, have increased considerably in the last several years, accounting for 28,400 lives lost in 2017;[1] and

Whereas, Higher doses of the opioid-reversal agent naloxone may be needed to reverse the effects of potent synthetic opioids such as fentanyl and carfentanil, which often enter the illicit drug supply as contaminants of other drugs like heroin and cocaine;[2] and

Whereas, First-responders, such as police and firefighters, are often not aware of the potential harm posed by exposure to white powdered substances that may consist of heroin, cocaine, fentanyl, or other illicit drugs; and

Whereas, Self-administration of naloxone is contraindicated in individuals who are breathing independently and have not consumed opioids, which results in waste of a limited and costly resource that is essential to any public health response to the opioid epidemic; and

Whereas, Stigma of opioid abuse and overdose has already made first-responders reluctant to intervene in a timely manner when someone is suspected of overdosing, and further delays in administration of naloxone in the setting of opioid overdose can have fatal consequences; and

Whereas, There have been multiple media reports of police officers and firefighters falling ill, reportedly due to brief dermal exposure to an unknown white substance, which often leads to symptoms of panic and self-administration of intranasal naloxone, has misrepresented the science behind fentanyl while increasing paranoia among the lay public related to fentanyl;[3] [4] [5] and

Whereas, Fentanyl is so poorly absorbed through the skin that it required years of research to develop a fentanyl patch for topical delivery of the drug at extremely slow rates of absorption;[6] and

Whereas, Photos and videos purporting to show “the amount of fentanyl required to kill hundreds or thousands of people” are misleading and exaggerate the risk of bystander overdose and instead create fear among first-responders;[7] and

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[1] https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates
[2] Moss RB, Carlo DJ. Higher doses of naloxone are needed in the synthetic opioid era. Subst Abuse Treat Prev Policy. 2019 Feb 18;14(1):6.
[3] https://www.statnews.com/2017/08/09/fentanyl-falling-ill/
[4] https://tonic.vice.com/en_us/article/8xk4jk/touching-fentanyl-absorbed-through-skin
[5] https://www.usatoday.com/story/news/nation/2019/04/29/fentanyl-overdose-police-accident-touching-drug/3615448002/
[6] https://www.acmt.net/_Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf
[7] How did enough fentanyl to kill “every man, woman and child in Cleveland” make it to the U.S.? 60 Minutes reports. https://www.cbsnews.com/news/deadly-fentanyl-bought-online-from-china-being-shipped-through-the-mail-60-minutes-2019-04-28/

Whereas, Companies have profited by marketing “fentanyl-resistant” gloves and respirators, despite a lack of evidence that fentanyl aerosolizes or poses an inhalation hazard in well-ventilated spaces;[8] and

Whereas, A recent JAMA Viewpoint titled “Protecting the Value of Medical Science in the Age of Social Media and ‘Fake News’" identifies an important role for physicians in correcting misconceptions that can have dangerous public health implications;[9] and

Whereas, A recent New York Times editorial, titled “Fear, Loathing, and Fentanyl Exposure,” notes that “misinformation has triggered a panic about the risks [of fentanyl exposure];”[10] and

Whereas, The American College of Medical Toxicology and the American Academy of Clinical Toxicology issued a position paper on the topic in 2017, concluding that inhalation and dermal exposure risk for fentanyl and other synthetic analogues is extremely low in the absence of mucous membrane exposure;[11] and

Whereas, Our AMA policy “encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities,” but does not address non-medical first-responders or the dangers of misinformation and stigma in impeding timely emergency response when opioid overdose is suspected; therefore be it

RESOLVED, That our American Medical Association work with appropriate stakeholders to develop and disseminate educational materials aimed at dispelling the fear of bystander overdose via inhalation or dermal contact with fentanyl or other synthetic derivatives (Directive to Take Action); and be it further

RESOLVED, That our AMA work with appropriate stakeholders to identify those professions, such as first responders, most impacted by opioid overdose deaths in order to provide targeted education to dispel the myth of bystander overdose via inhalation or dermal contact with fentanyl or other synthetic derivatives. (Directive to Take Action)

Fiscal Note: Modest: between $1,000 - $5,000.

Received: 06/08/19

[8] https://twitter.com/Devin_Reaves/status/1120821782926245888
[9] Merchant RM, Asch DA. Protecting the Value of Medical Science in the Age of Social Media and "Fake News". JAMA. 2018 Nov 19. doi: 10.1001/jama.2018.18416. [Epub ahead of print]
[10] Fear, Loathing and Fentanyl Exposure. The New York Times Editorial Board. https://www.nytimes.com/2019/04/04/opinion/fentanyl-opioids-exposure.html
[11] https://www.acmt.net/_Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf

RELEVANT AMA POLICY

Prevention of Opioid Overdose D-95.987
1. Our AMA: (A) recognizes the great burden that opioid addiction and prescription drug abuse places on patients and society alike and reaffirms its support for the compassionate treatment of such patients; (B) urges that community-based programs offering naloxone and other opioid overdose prevention services continue to be implemented in order to further develop best practices in this area; and (C) encourages the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities; and (D) will continue to monitor the progress of such initiatives and respond as appropriate.
2. Our AMA will: (A) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (B) encourage the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for opioid overdose.
3. Our AMA will support the development and implementation of appropriate education programs for persons in recovery from opioid addiction and their friends/families that address how a return to opioid use after a period of abstinence can, due to reduced opioid tolerance, result in overdose and death.
Citation: Res. 526, A-06; Modified in lieu of Res. 503, A-12; Appended: Res. 909, I-12; Reaffirmed: BOT Rep. 22, A-16; Modified: Res. 511, A-18; Reaffirmed: Res. 235, I-18