

Dispelling Myths of Bystander Opioid Overdose AMA support for harm reduction initiatives

The AMA recognizes the great burden that substance use disorders (SUDs) and drug-related overdoses and death places on patients and society and reaffirms its support for the compassionate treatment of patients with an SUD and people who use drugs. It is the policy of the AMA that drug addiction is a disease amenable to treatment rather than a criminal activity. This issue brief seeks to dispel myths and provide practical strategies to reduce harms and save lives.

Bystander overdose via inhalation or dermal contact

The AMA is aware of news reports claiming that first responders or others have experienced opioid-related overdose symptoms via inhalation or dermal contact with fentanyl or other synthetic derivatives. Medical, law enforcement and public health authorities have published recommendations and other guidance for these professions. The excerpts below are meant to provide an overview, and the AMA encourages individuals to read the organizations' statements in their entirety.

According to the American College of Medical Toxicology and American Academy of Clinical Toxicologists, "Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity."¹

The National Institute for Occupational Safety and Health advises that, "Responders are likely to come into contact with a mixture of illicit drugs during routine job duties. These mixtures of illicit drugs can include cocaine, methamphetamines, cannabinoids, cathinones, and opioids such as fentanyl and heroin for example. Exposure to illicit drugs can be harmful. Although the components of illicit drug mixtures might not be known at the time, emergency responders can use the following information to learn about safe operating procedures, and proper use of personal protective equipment (PPE) when responding to incidents that may involve illicit drugs."²

Several medical journals, public health researchers and other commentators have attempted to separate the facts of unexplained medical symptoms from law enforcement and first responders from whether those symptoms can be accurately correlated with fentanyl exposure.³

¹ ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. 2017. Available at https://www.acmt.net/wp-content/uploads/2023/01/Fentanyl_PPE_Emergency_Responders_.pdf

² Preventing Emergency Responders' Exposure to Illicit Drugs. National Institute for Occupational Safety and Health. Page last reviewed February 11, 2020. Available at <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>

³ See, for example, Herman PA, Brenner DS, Dandorf S, Kemp S, Kroll B, Trebach J, Hsieh YH, Stolbach AI. Media Reports of Unintentional Opioid Exposure of Public Safety First Responders in North America. *J Med Toxicol*. 2020 Apr;16(2):112-115. doi: 10.1007/s13181-020-00762-y. Epub 2020 Feb 24. PMID: 32096007; PMCID: PMC7099103. Del Pozo B, Rich JD, Carroll JJ. Reports of accidental fentanyl overdose among police in the field: Toward correcting a harmful culture-bound syndrome. *Int J Drug Policy*. 2022 Feb;100:103520. doi: 10.1016/j.drugpo.2021.103520. Epub 2021 Nov 14. PMID: 34785420; PMCID: PMC8810663. Fentanyl Facts and Fiction: A Safety Guide for First Responders. *Journal of Emergency Medical Services*. May 7, 2019. Available at <https://www.jems.com/operations/fentanyl-facts-and-fiction-a-safety-guide-for-first-responders/>. Lynch, M. J., Suyama, J., & Guyette, F. X. (2018). Scene Safety and Force Protection in the Era of Ultra-Potent Opioids. *Prehospital Emergency Care*, 22(2), 157–162. <https://doi.org/10.1080/10903127.2017.1367446>

AMA policy regarding harm reduction initiatives

The AMA has longstanding and broad policies in support of a wide-range of harm reduction initiatives. These include advocacy and support for:

- Community-based programs offering naloxone and other safe and effective overdose reversal medications and other opioid overdose and drug safety and prevention services.
- Education of health care workers, families, at-risk patients and people who use drugs about the use of naloxone and other safe and effective overdose reversal medications and other harm reduction measures in preventing opioid and other drug-related overdose fatalities.
- Legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone and other safe and effective overdose reversal medications, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone and other safe and effective overdose reversal medications delivery.
- Private and public payers to include all forms of naloxone and other safe and effective overdose reversal medications on their preferred drug lists and formularies with minimal or no cost sharing.
- Efforts to increase the availability, delivery, possession and use of mail-order overdose reversal medications, including naloxone, to help prevent opioid-related overdose, especially in vulnerable populations, including but not limited to underserved communities and American Indian reservation populations.
- Increase access to fentanyl test strips (FTS) and other drug checking supplies for purposes of harm reduction, including the removal of FTS and other testing strips, devices or testing equipment used in identifying or analyzing whether a substance contains fentanyl or other adulterants from the legal definition of drug paraphernalia.
- The development of adjuncts and alternatives to naloxone to combat synthetic opioid-induced respiratory depression and overdose, and the continued study and implementation of appropriate treatments and risk mitigation methods for patients at risk for a drug-related overdose.
- State and county medical societies to advocate for harm reduction policies that provide civil and criminal immunity for the possession, distribution, and use of “drug paraphernalia” designed for harm reduction from drug use, including but not limited to drug contamination testing and injection drug preparation, use, and disposal supplies.
- State legislation modifying drug paraphernalia laws so that injection drug users can purchase and possess needles and syringes without a prescription and needle exchange program employees are protected from prosecution for disseminating needles, syringes and other supplies.
- The development and implementation of pilot supervised injection facilities (also called “harm reduction centers” or “overdose prevention sites”) in the United States that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of SIFs in reducing harms and health care costs related to injection drug use.
- Local, state, and federal efforts (e.g., funding, policy, regulations) to establish safe havens for sobering care, as an alternative to criminalization, with harm reduction services and linkage to evidence-based treatment in place of emergency departments or jails/prisons for medically uncomplicated intoxicated persons.

For more information

[AMA-Manatt Health State Toolkit to End the Nation’s Drug Overdose Epidemic: Leading-Edge Actions and Strategies to Remove Barriers to Evidence-based Patient Care.](#)

Please contact Daniel Blaney-Koen, JD, Senior Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org if you have any questions.