SAMHSA
Opioid Overdose Prevention TOOLKIT:

Facts for Community Members

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FACTS FOR COMMUNITY MEMBERS

SCOPE OF THE PROBLEM

Opioid overdose continues to be a major public health problem in the United States. It has contributed significantly to accidental deaths among those who use or misuse illicit and prescription opioids. In fact, U.S. overdose deaths involving prescription opioid analgesics increased to about 19,000 deaths in 2014[1,2] more than three times the number in 2001. According to Centers for Disease Control and Prevention (CDC) data, health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.[3-4]

WHAT ARE OPIOIDS? Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin®, Percodan®, Percocet®), hydrocodone (Vicodin®, Lortab®, Norco®), fentanyl (Duragesic®, Fentora®), hydromorphone (Dilaudid®, Exalgo®), and buprenorphine (Subutex®, Suboxone®).

Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain can also trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

HOW DOES OVERDOSE OCCUR? A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea, vomiting, severe allergic reactions (anaphylaxis), and overdose, in which breathing and heartbeat slow or even stop.

Opioid overdose can occur when a patient deliberately misuses a prescription opioid or an illicit drug such as heroin. It can also occur when a patient takes an opioid as directed, but the prescriber miscalculated the opioid dose or an error was made by the dispensing pharmacist or the patient misunderstood the directions for use.

Also at risk are individuals who misuse opioids and combine them with sedative hypnotic agents resulting in sedation and respiratory depression.[5,6]

WHO IS AT RISK? Anyone who uses opioids for long-term management of chronic cancer or non-cancer pain is at risk for opioid overdose, as are persons who use heroin.[7] Others at risk include persons who are:

- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance).
- Discharged from emergency medical care following opioid intoxication or poisoning.
- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed substance use disorder, or non-medical use of prescription or illicit opioids.
- Completing mandatory opioid detoxification or abstinent for a period of time (and presumably with reduced opioid tolerance and high risk of relapse to opioid use).
- Recently released from incarceration and who have a history of opioid use disorder (and presumably have reduced opioid tolerance and high risk of relapse to opioid use).

Tolerance develops when someone uses an opioid drug regularly, so that their body becomes accustomed to the drug and needs a larger or more frequent dose to continue to experience the same effect.

Loss of tolerance occurs when someone stops taking an opioid after long term use. When someone loses tolerance and then takes the opioid drug again, they can experience serious adverse effects, including overdose, even if they take an amount that caused them no problem in the past.

STRATEGIES TO PREVENT OVERDOSE DEATHS

STRATEGY 1: Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose. Providers should be encouraged to keep their knowledge current about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.

Federally funded Continuing Medical Education courses are available to providers at no charge at http://www.OpioidPrescribing.com (a series of courses funded by the Substance Abuse and Mental Health Services Administration [SAMHSA]).

Helpful information for laypersons on how to prevent and manage overdose is available from Project Lazarus at http://www.projectlazarus.org or from the Massachusetts Health Promotion Clearinghouse at http://www.maclearinghouse.org.

Encourage providers and others to learn about preventing and managing opioid overdose

STRATEGY 2: Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders. Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life. Medication-assisted treatment, as well as counseling and other supportive services, can be obtained at SAMHSA-certified and Drug Enforcement Administration (DEA)-registered opioid treatment programs (OTPs), as well as from physicians who are trained to provide care in office-based settings with medications such as buprenorphine and naltrexone.

Information on treatment services available in or near your community can be obtained from your state health department, your state alcohol and drug agency, or SAMHSA (see page 4).

Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders.

STRATEGY 3: Ensure ready access to naloxone. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As a narcotic antagonist, naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.[7]

On the other hand, naloxone is not effective in treating overdoses of benzodiazepines (such as Valium®, Xanax®, or Klonopin®), barbiturates (Seconal® or Fiorinal®), clonidine, Elavil®, GHB, ketamine, or synthetics. It is also not effective in overdoses with stimulants, such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

Naloxone injection has been approved by the United States Food and Drug Administration (FDA) and used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate persons who otherwise might have died in the absence of treatment.[8]

Naloxone does not have the potential for abuse. It reverses the effects of opioid overdose.[9] Injectable naloxone is relatively inexpensive. It typically is supplied as a kit with two syringes[10] These kits require training on how to administer naloxone using a syringe. The FDA has also approved an intranasal naloxone product, called Narcan® Nasal Spray, and a naloxone auto-injector, called Evzio®. The intranasal spray is a pre-filled, needle-free device that requires no assembly. The auto-injector can deliver a dose of naloxone through clothing, if necessary, when placed on the outer thigh.

Prior to 2012, just six states had any laws that expanded access to naloxone or limited criminal liability.[11] Today, 42 states and the District of Columbia have statutes that provide criminal liability protections to laypersons or first responders who administer naloxone. Thirty-nine states and the District of Columbia have statutes that provide civil liability protections to laypersons or first responders who administer naloxone. Thirty-eight states have statutes that offer criminal liability protections for prescribing or distributing naloxone. Thirty-three states have statutes that offer civil liability protections for prescribing or distributing naloxone. And 42 states have statutes that allow naloxone distribution to third parties or first responders via direct prescription or standing order. To find states that have adopted relevant laws, visit the White House website at https://www.whitehouse.gov/sites/default/files/ondcp/Blog/naloxonecirclechart_january2016.pdf.

Encourage the public to call 911.

STRATEGY 4: Encourage the public to call 911. An individual who is experiencing opioid overdose needs immediate medical attention. An essential first step is to get help from someone with medical expertise as quickly as possible.[12-13] Therefore, members of the public should be encouraged to call 911. All they have to say is “Someone is not breathing” and give a clear address and location. Thirty-two states and the District of Columbia have “Good Samaritan” statutes that prevent arrest, charge, or prosecution for possession of a controlled substance or paraphernalia if emergency assistance is sought for someone who is experiencing an opioid-induced overdose.

Encourage prescribers to use state Prescription Drug Monitoring Programs.

STRATEGY 5: Encourage prescribers to use state Prescription Drug Monitoring Programs. State Prescription Drug Monitoring Programs (PDMPs) have emerged as a key strategy for addressing the misuse of prescription opioids and thus preventing opioid overdoses and deaths. Specifically, prescribers can check their state’s PDMP database to determine whether a patient is filling the prescriptions provided and/or obtaining prescriptions for the same or a similar drug from multiple prescribers.

While nearly all states now have operational PDMPs, the programs differ from state to state in terms of the exact information collected, how soon that information is available to prescribers, and who may access the data. Therefore, information about the program in a particular state is best obtained directly from the state PDMP or from the board of medicine or pharmacy.

RESOURCES FOR COMMUNITIES

Resources that may be useful to local communities and organizations are found at:

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Helpline:
  1-800-662-HELP (4357) or 1-800-487-4889 (TDD — for hearing impaired)
- Behavioral Health Treatment Locator:
  https://findtreatment.samhsa.gov to search by address, city, or zip code
- Buprenorphine Treatment Physician Locator:
  http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- State Substance Abuse Agencies:
  https://findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx
- Center for Behavioral Health Statistics and Quality (CBHSQ):
  http://www.samhsa.gov/data
- SAMHSA Publications: http://store.samhsa.gov
  1-877-SAMHSA (1-877-726-4727)

Centers for Disease Control and Prevention (CDC)

http://www.cdc.gov/drugoverdose/epidemic
http://www.cdc.gov/homeandrecreationalsafety/poisoning

White House Office of National Drug Control Policy (ONDCP)

State and Local Information: http://www.whitehouse.gov/ondcp/state-map

Association of State and Territorial Health Officials

(ASTHO) ASTHO 214 Policy Inventory: State Action to Prevent and Treat Prescription Drug Abuse: http://www.astho.org/rx/profiles/Rx-Survey-Highlights

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

Overview of State Legislation to Increase Access to Treatment for Opioid Overdose:
http://nasadad.org/wp-content/uploads/2015/09/Opioid-Overdose-Policy-Brief-2015-Update-FINAL1.pdf

American Association for the Treatment of Opioid Dependence (AATOD)

Prevalence of Prescription Opioid Abuse:
http://www.aatod.org/projectseducational-training/prevalance-of-prescription-opioid-abuse

Resources that may be useful to local communities and organizations …

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