

# Strategies to Prevent Opioid Overdose Deaths



- Encourage providers and others to learn about preventing and managing opioid overdose.
- Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders.
- Encourage the public to call 911.
- Encourage prescribers to use state Prescription Monitoring Programs.

**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: [www.OpioidPrescribing.com](http://www.OpioidPrescribing.com) (a series of courses funded by the Substance Abuse and Mental Health Services Administration [SAMHSA]).

Helpful information for laypersons, first responders, and prescribers on how to prevent and manage overdose is available from SAMHSA's Opioid Overdose Prevention Toolkit at [www.store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf](http://www.store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf).

**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, SAMHSA's National Helpline 1.800.662-HELP (4357) and SAMHSA's Behavioral Health Treatment Locator: [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov) to search by address, city, or zip code.

**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.



Wheeler

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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.

Naloxone does not have the potential for abuse. It reverses the effects of opioid overdose. Injectable naloxone is relatively inexpensive. It typically is supplied as a kit with two syringes. 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.

For additional relevant information visit the Connecticut Department of Mental Health and Addiction Services Opioid Overdose Prevention/ Naloxone (Narcan) Initiative at: [www.ct.gov/dmhas/cwp/view.asp?q=509650](http://www.ct.gov/dmhas/cwp/view.asp?q=509650)

## Connecticut Resources

Department of Mental Health  
and Addiction Services  
[www.ct.gov/dmhas](http://www.ct.gov/dmhas)

Prescription Monitoring  
Program  
[www.ct.gov/dcp/cwp/view.a  
sp?q=411378](http://www.ct.gov/dcp/cwp/view.asp?q=411378)  
860.713.6300

## National Resources

Substance Abuse and Mental  
Health Services  
Administration  
[www.samhsa.gov](http://www.samhsa.gov)  
1.800.662.HELP (4357)

National Institute on  
Drug Abuse  
[www.drugabuse.gov](http://www.drugabuse.gov)

**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. 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.

**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.

