



Opioid Toolkit

Tools and Samples

- Nursing Facility Regulatory Guidance: Drug Overdose Prevention and Response
- Naloxone (Narcan) Policy and Procedure
- Opioid Overdose Management Policy and Procedure
- Opioid Use Disorder Care Plan
- Medication Risk Alert: Opioids & Benzodiazepines
- Information about Naloxone and Nalmefene
- Naloxone in Nursing Facilities: How it Saves Lives
- National Opioids Crisis: Help and Resources
- CDC Clinical Practice Guidelines for Prescribing Opioids for Pain
- Language Matters – Reduce negativity and stigma around substance use disorder by changing your language.
- SAMHSA Opioid Overdose Prevention Toolkit
- CDC - Preventing an Opioid Overdose
- CDC – Stop Overdose

Nursing Facility Regulatory Guidance: Drug Overdose Prevention and Response

Like other adverse events, overdoses are not always preventable. Regulatory guidance reminds surveyors that relapses of substance use and drug overdoses are a common occurrence in the Substance Use Disorder (SUD) disease process. The key compliance areas are whether a facility took appropriate steps to prevent an overdose and responded appropriately once the overdose occurred.

Regulatory guidance notes requirements related to preventing and responding to overdoses:

- **Identification of risk:**
 - Staff should assess residents for risk of substance use.
 - Have knowledge of warning signs, symptoms, and triggers for possible substance use
- **Preventive Care Plan:** Staff should develop preventative interventions to reduce the risk of substance use, such as treatment referrals and offering appropriate diversional activities such as meditation, music therapy, resident specific hobby/interest etc.
- **Provision of supervision:** If there is suspected substance use or a suspicion that a resident may have acquired substances, staff should provide additional supervision and checks on that resident.
- **Response to an overdose:** Staff should administer Naloxone in case of an opioid overdose.

Steps you can take today:

- Ensure you have a routine substance use assessment process in place.
 - What assessment tool are you using/documenting?
 - When are you assessing? For example, are you assessing upon admission, quarterly, etc.?
- Ensure appropriate preventative interventions are identified, implemented, and documented for each resident at high risk of substance use.
- Ensure staff have knowledge of warning signs, symptoms, and triggers for possible substance use.
 - What training do staff receive on the topic?
- Ensure you provide adequate supervision and checks on residents who are at high risk for substance use or who engaged in a high-risk activity (eg. a resident with a history of SUD returning from an offsite visit).
 - Do you have a policy regarding steps to take for residents with high risk for substance use?
- Ensure appropriate response in case of an overdose.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

- Is Naloxone available at the facility?
- Are staff trained in the use of Naloxone to reverse an overdose?

SAMPLE

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Naloxone (Narcan) Policy and Procedure

Background:

- Naloxone is a medication approved by the [Food and Drug Administration](#) (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids, such as heroin, morphine, and oxycodone. Administered when a patient is showing signs of [opioid overdose](#), naloxone is a temporary treatment and its effects do not last long. Therefore, it is critical to obtain medical intervention as soon as possible after administering/receiving naloxone. The medication can be given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.
- Naloxone is an opioid antagonist medication that is used to reverse an opioid overdose.

Policy:

When permitted by state law/regulation and facility policy, a registered nurse may administer Naloxone to a resident who is exhibiting overdose symptoms.

Procedure

1. When a resident is suspected of an overdose of an opioid, the nurse will conduct an initial assessment of the resident.
2. The resident will be assessed for overdose symptoms including:
 - a. extremely pale face or clammy to the touch,
 - b. limp body,
 - c. blue or purplish color to fingernails or lips,
 - d. vomiting or making gurgling/snoring noises,
 - e. inability to awaken or speak,
 - f. breathing or heartbeat slows or stops.
3. If the resident exhibits any of these symptoms, the licensed nurse will activate emergency medical service response by calling 911.
4. The licensed nurse shall review the physician order and administer Naloxone per order.
5. Basic life support shall be initiated as indicated.

Documentation

The licensed nurse shall document the following information in the resident's medical record the:

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

- time the resident was observed with symptoms of an overdose and what the symptoms were.
- time 911 was called.
- time basic life support was initiated, if applicable.
- time Naloxone was administered to include route, dose, and the resident's response.
- time EMS arrived and assumed responsibility for providing care to the resident.

Substance Abuse and Mental Health Services Administration. *SAMHSA Opioid Overdose Prevention Toolkit*. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Opiod Overdose Management Policy and Procedure

Policy:

It is the policy of this facility to recognize and treat opiod overdose per current standards of practice.

Definitions:

“Medication Assisted Treatment” (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance abuse disorders.

“Opioids” include prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine, as well as illegal drugs such as heroin and illicit potent opioids such as fentanyl analogs (e.g., carfentanil).

“Opiod Use Disorder” (OUD) is a problematic pattern of opiod use leading to clinically significant impairment or distress.

“Overdose” refers to taking more than the normal or recommended amount of something, often a drug. It can result in serious, harmful symptoms, or death.

Policy Explanation:

Whether intentional, unintentional, or undetermined, opiod overdose continues to be a health crisis in the United States. Recognizing the signs of overdose and quickly responding can prevent brain injury and death.

Process:

1. The facility will review each residents’ medication orders and history to determine if opioids are in use or, they have a history of addiction, opiod use disorder (OUD), or are on a medication assisted treatment program for OUD.
2. When treating pain in a resident with a history of addiction or OUD, strategies must be used to relieve pain while also considering the OUD or addiction history. These strategies may include continuation of medication assisted treatment (MAT), if appropriate, non-opioid pain medications, and non-pharmacological approaches.
3. The facility will keep naloxone (Narcan) readily available and located in a designated area to be administered as per facility protocol.
4. The facility will periodically check to ensure that naloxone (Narcan) is not expired or changed characteristics and will have the pharmacy replace as needed.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

5. The facility will train all staff to recognize the signs of opioid overdose and respond to it according to facility policy.
6. If a resident exhibit any of the following overdose symptoms, the facility will call 911, initiate basic life support, if indicated, and administer naloxone as per facility protocol and manufacturer's instructions:
 - a. Extremely pale face or clammy to the touch
 - b. Limp body
 - c. Blue or purplish color to fingernails or lips
 - d. Vomiting or making gurgling/snoring noises
 - e. Inability to awaken or speak
 - f. Breathing or heartbeat slows or stops.
7. The resident's physician shall be notified of the resident's change in condition.
8. The resident representative will be notified of the resident's change in condition.
9. The licensed nurse shall document:
 - a. The time the resident was observed with overdose symptoms,
 - b. A detailed description the symptoms observed,
 - c. The time 911 was called,
 - d. The time basic life support was initiated if applicable,
 - e. The time Naloxone was administered to the resident to include the dose and route and the resident's response.
 - f. The time first responders arrived and assumed responsibility for the care of the resident.

Centers for Medicare & Medicaid Services, Dept. of Health and Human Services. *State Operations Manual, Appendix PP: Guidance to Surveyors for Long Term Care Facilities* (October 2022). F-697 Pain Management 42 C.F.R. 483.25(k)

Substance Abuse and Mental Health Services Administration. *SAMHSA Opioid Overdose Prevention Toolkit*. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Opioid Use Disorder (OUD) Care Plan

<p>Resident has a history of OUD (Opioid Use Disorder)</p> <p>Potential for Opioid Overdose</p> <p>At risk for impaired gas exchange</p>	<ul style="list-style-type: none">• Resident will admit the inability to control their drug habit.• Resident will verbalize acceptance of the need for treatment.• Will demonstrate active participation in their recovery.• Resident will demonstrate no signs/symptoms of opioid overdose.<ul style="list-style-type: none">• Extremely pale face or clammy to the touch,• Vomiting or making gurgling/snoring noises,• Inability to awaken or speak, or• Breathing or heartbeat slows or stops.• Marked confusion• Delirium• Acting drunk• Intermittent loss of consciousness• Pinpoint pupils	<p>Provide education on substance abuse and its effect.</p> <p>Assist in developing coping skills and relapse prevention strategies.</p> <p>Facilitate access to appropriate treatment programs and resources.</p> <p>Support the resident's physical and emotional well-being.</p> <p>Address any co-occurring mental health issue.</p> <p>Encourage participation in support groups or counseling.</p> <p>If the resident exhibits any signs/symptoms of overdose staff will:</p> <ul style="list-style-type: none">• Call 911,• Initiate basic life support, if indicated,• Administer naloxone per facility protocol and manufacturer's instructions.
--	--	---

Medication Risk Alert: Opioids & Benzodiazepines

Opioids & Benzodiazepines: A Deadly Combination.

When a benzodiazepine (benzo) is prescribed to a resident for the management of severe anxiety, insomnia, alcohol withdrawal symptoms or other health related conditions, special precautions should be followed. Prior to starting the medication, conduct a review of the resident's medication administration record to ensure that the resident is not also taking an opioid medication. Opioid overdose deaths often involve benzodiazepines.

What is a benzo?

Benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®).

What is an opioid?

Opioids are a class of drugs that include synthetic opioids such as fentanyl and pain relievers; examples include oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and the illegal drug, heroin.



Watch for opioid-benzodiazepine side effects:

- Falls
- Sleepiness and dizziness
- Confusion
- Constipation
- Nausea, vomiting, and dry mouth
- Depression
- Increased sensitivity to pain
- Physical dependence

Three quick, non-pharmacological ways to reduce anxiety:

- Deep breathing exercises
- Listen to relaxing music
- Visualizing a favorite place

Please see the Center of Excellence [Comfort Menu](#) for additional ideas.

Overdose Reversal Medications:

Naloxone (Narcan) is used to reverse the effects of an opioid overdose, but is ineffective in the reversal of a benzodiazepine overdose. Flumazenil (Romazicon) is the agent that will reverse a benzodiazepine overdose.

If you suspect a resident is experiencing an opioid or benzodiazepine overdose, administer the appropriate medication and call 911.

Information about Naloxone and Nalmefene

The agency continues to advance the FDA Overdose Prevention Framework and take actionable steps that encourage harm reduction by supporting the availability, accessibility, and development of novel overdose reversal drugs, including naloxone and nalmefene.

Overdose Reversal Drugs

To support these efforts, the FDA approved the first over-the-counter naloxone nasal spray in March 2023 to help reduce drug overdose deaths. Naloxone is a lifesaving emergency treatment that reverses opioid overdose. It is a medicine with no abuse potential, and it is not a controlled substance. It can also be administered by individuals with or without medical training to help reduce opioid overdose deaths, as shown on [CDC's website](https://www.cdc.gov/stopoverdose/naloxone/index.html) (<https://www.cdc.gov/stopoverdose/naloxone/index.html>).

The FDA also approved the first nalmefene hydrochloride nasal spray in May 2023 to reverse opioid overdose. Nalmefene is an opioid receptor antagonist that is used to treat acute opioid overdose. The newly approved product is available by prescription and is intended for use in health care and community settings.

FDA understands the importance of having such overdose reversal drugs available for community use, and the agency will continue to take key steps in encouraging and supporting harm reduction.

Recent Activities

- [FDA Approves Second Over-the-Counter Naloxone Nasal Spray Product \(/news-events/press-announcements/fda-approves-second-over-counter-naloxone-nasal-spray-product\)](#)
- [FDA Approves Prescription Nasal Spray to Reverse Opioid Overdose \(/news-events/press-announcements/fda-approves-prescription-nasal-spray-reverse-opioid-overdose\)](#)
- [FDA Approves First Over-the-Counter Naloxone Nasal Spray \(https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray\)](#)

- [FDA Issues New Guidance to Help Facilitate Availability of Naloxone to Prevent Opioid Overdoses and Reduce Death \(/news-events/fda-voices/fda-issues-new-guidance-help-facilitate-availability-naloxone-prevent-opioid-overdoses-and-reduce\)](/news-events/fda-voices/fda-issues-new-guidance-help-facilitate-availability-naloxone-prevent-opioid-overdoses-and-reduce)

Stakeholder Meetings

- [FDA Stakeholder Call: Expanding Access to Naloxone \(https://www.youtube.com/watch?v=orn6Anpkeeg\)](https://www.youtube.com/watch?v=orn6Anpkeeg) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
 - March 2023: Stakeholder call to discuss next steps for nonprescription naloxone following the first nonprescription naloxone approval.
- [FDA Stakeholder Call: Harm Reduction and Naloxone Access \(https://content.govdelivery.com/accounts/USFDA/bulletins/335ab22\)](https://content.govdelivery.com/accounts/USFDA/bulletins/335ab22) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
 - November 2022: Stakeholder call to discuss naloxone access and emphasize support for harm reduction programs' ability to acquire FDA-approved naloxone products.
- [Naloxone Access: Answering Questions \(https://reaganudall.org/news-and-events/events/naloxone-access-answering-questions\)](https://reaganudall.org/news-and-events/events/naloxone-access-answering-questions) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
 - March 2022: Public workshop facilitated by the Reagan-Udall Foundation to explore some of the most frequently asked questions about access to naloxone.

Public Workshops

- [Understanding Fatal Overdoses to Inform Product Development and Public Health Interventions to Manage Overdose \(https://www.fda.gov/drugs/news-events-human-drugs/understanding-fatal-overdoses-inform-product-development-and-public-health-interventions-manage\)](https://www.fda.gov/drugs/news-events-human-drugs/understanding-fatal-overdoses-inform-product-development-and-public-health-interventions-manage)
 - March 2023: Public workshop facilitated by the Reagan-Udall Foundation to understand fatal overdoses, with the goal of informing product development and public health interventions to manage overdoses.

Resources

- [Food and Drug Administration Overdose Prevention Framework | FDA \(https://www.fda.gov/drugs/drug-safety-and-availability/food-and-drug-administration-overdose-prevention-framework\)](https://www.fda.gov/drugs/drug-safety-and-availability/food-and-drug-administration-overdose-prevention-framework)
- [Timeline of Selected FDA Activities and Significant Events Addressing Substance Use and Overdose Prevention \(https://www.fda.gov/drugs/information-drug-class/timeline\)](https://www.fda.gov/drugs/information-drug-class/timeline)

[selected-fda-activities-and-significant-events-addressing-substance-use-and-overdose\)](#)

- [Having Naloxone on Hand Can Save a Life During an Opioid Overdose](#)
(<https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose>)
- [Opioid Medications](#) (<https://www.fda.gov/drugs/information-drug-class/opioid-medications>)

Naloxone in Nursing Facilities: HOW IT SAVES LIVES

What is naloxone?

Naloxone, also known as Narcan, is a life-saving medication that can reverse an overdose of opioids, including prescription opioid medications, heroin and fentanyl. Often available as a nasal spray, naloxone is safe and easy to use.

Source: <https://www.cdc.gov/stopoverdose/naloxone/>

How does naloxone work?

Naloxone can reverse an overdose within three to five minutes of administering. If the first dose does not revive the person who overdosed, a second dose or more might be necessary. Once the person is revived, naloxone will stay in the body for about 30 to 90 minutes.

Are there side effects to naloxone?

Naloxone does not affect someone who does not have opioids in their body, and any side effects would be due to a fast withdrawal from an opioid.

Source: <https://nida.nih.gov/publications/drugfacts/naloxone>

Why should nursing facilities have naloxone available?

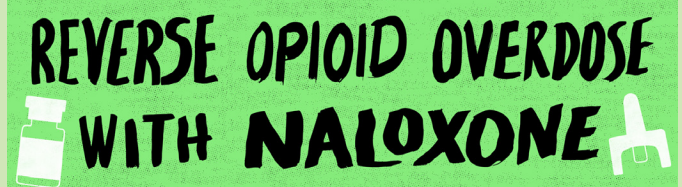
Using naloxone in case of overdose can save a resident's life. Naloxone should be available to residents with a history of substance use disorder. Additionally, residents with an opioid prescription, along with any of the below risk factors, should also be considered at risk for an opioid overdose:

- Are taking higher dosages of opioids (≥ 50 morphine milligram equivalents (MME)/day)
- Have certain medical conditions, such as chronic obstructive pulmonary disease

(COPD) or obstructive sleep apnea, which may increase their risk of overdose (regardless of opioid dose), or reduced kidney or liver function

- Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)
- Are receiving medication for opioid use disorder (OUD), such as methadone, buprenorphine or naltrexone
- Have a history of overdose
- Are using illegal drugs or pills purchased "on the street," which could potentially be contaminated with illicit synthetic opioids like fentanyl
- Are aged 65 years and older with a non-opioid substance use disorder, reported excessive alcohol use, or mental health disorder (regardless of opioid dose)
- Have a history of opioid use and were recently released from a controlled setting where tolerance to opioids may have changed

Source: <https://www.cdc.gov/opioids/naloxone>



**REVERSE OPIOID OVERDOSE
WITH NALOXONE**

In nearly 40% of overdose deaths, someone else was present. Having naloxone available allows bystanders to help prevent a fatal overdose and save a life.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6935a1>

Common prescription opioids:

Oxycodone (OxyContin®), hydrocodone (Vicodin®), Percocet®, codeine or morphine. Ask the prescribing doctor or pharmacist if there are uncertainties about the medication.

Establishing a nursing facility naloxone use program:

The following considerations can help implement a naloxone use program specific to your nursing facility:

- Update the facility's current emergency kit/box to include naloxone for use in the event of an opioid overdose.
- Naloxone can be stored in a box or storage container until ready for use. Protect from light and store at room temperature.
- Identify staff to be trained in administering naloxone.
- Combine training on opioid overdose and naloxone with other first aid/CPR training and certifications.
- Update facility policies, procedures and protocols regarding the training and use of naloxone.
- Re-evaluate your program periodically. Plan for maintaining and restocking naloxone (including replacement of expired naloxone), other first aid supplies and PPE.
- Use this link to find your state's naloxone access rules and resources: <https://www.safeproject.us/naloxone/awareness-project/state-rules/>

Source: <https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101.pdf?id=10.26616/NIOSH PUB2019101>

For further instructions on how to administer naloxone, visit: https://nursinghomebehavioralhealth.org/news-events/site_resources/using-naloxone-to-respond-to-an-overdose-in-a-nursing-facility/

For information on Naloxone in Nursing Facilities: A Checklist for Process Review, visit: https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/05/COE-NF-Naloxone-Nursing-Home-Checklist-FINAL_508.pdf

Signs of an opioid overdose

During an overdose, breathing can be dangerously slowed, irregular or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Unable to speak or respond to your voice or touch
- Falling asleep or loss of consciousness
- Small, constricted "pinpoint pupils"
- Choking or gurgling sounds
- Breathing is slow, irregular or has stopped
- Faint heartbeat/pulse
- Limp arms and legs
- Pale, blue, or cold skin
- Blue or purple lips or fingernails



Here's what to do if you think someone is overdosing

It may be hard to tell if a person is experiencing an overdose. If you aren't sure, it's best to treat it like an overdose—you could save a life.

1. Check for a response.
2. Call 911 immediately.
3. Administer naloxone, if available.
4. Try to keep the person awake and breathing.
5. Lay the person on their side to prevent choking.
6. Stay with them until emergency workers arrive.

Sources: <https://www.cdc.gov/stopoverdose/naloxone/index.html>

<https://www.cdc.gov/drugoverdose/pdf/patients/preventing-an-opioid-overdose-tip-card-a.pdf>



U.S. Department of
Health and Human Services

Enhancing the health and well-being of all Americans

National Opioids Crisis: Help and Resources

Need Help?

Call the national help line

1-800-662-4357

Find treatment near you

[FindTreatment.gov](https://www.findtreatment.gov)

Increased prescription of opioid medications like oxycodone and hydrocodone led to widespread misuse of both prescription and non-prescription opioids.

Prevention, treatment, and recovery information is available here to help health professionals and families combat the epidemic.

Resources

[Browse Grant Opportunities](#)

Explore funding opportunities available to help your community.

[Learn About Treatment](#)

There are many types of treatment available to help your recovery.

[Find Useful Resources](#)

Locate community resources for opioid overdose prevention help.

[Managing Your Pain](#)

Know the options for which approach is right for you.

Worth Reading



Civil Rights and Child Welfare

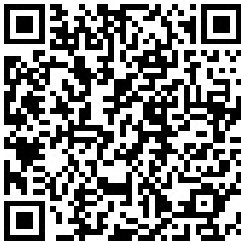


Combatting Opioids in Rural Communities

The Rural Communities Opioid Response Program works to reduce the impact of opioids in rural America.



[Public Health Emergency Declaration - PDF - PDF](#)

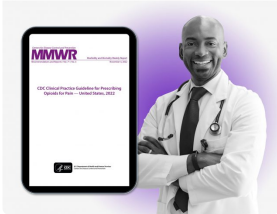


Opioids

2022

CDC Clinical Practice Guideline for Prescribing Opioids for Pain






MMWR Report:
2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

More



What is Opioid Use Disorder (OUD)?
Test your knowledge on this chronic disease that impacts millions of Americans.




Opioid Basics

See the basics about illicit and prescription opioids including fentanyl and understanding the opioid overdose epidemic.



Opioid Data and Analysis

See information on data, research, surveillance systems, and resources related to overdose and prescribing practices, and more.



Opioid Overdose Prevention

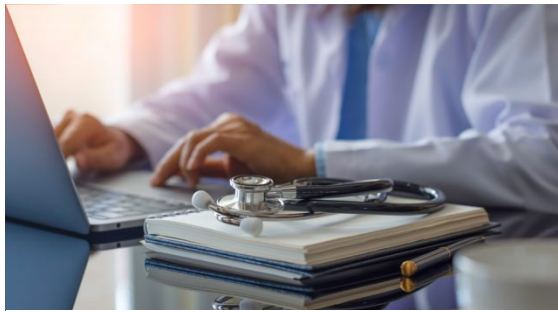
Improve opioid prescribing, reduce exposure to opioids, prevent misuse, and treat opioid use disorder.

You can help prevent opioid overdoses and deaths

Information for Patients, Families, and Caregivers	Information for Clinicians and Healthcare Professionals	Information for Healthcare Administrators



- Explore nonopioid options for pain
- Learn about opioid therapy and different types of pain
- Be informed about opioid risks and how to reduce them
- Read Patients’ Frequently Asked Questions (FAQs)



- Find opioid prescribing resources
- Learn about the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain
- Use Prescription Drug Monitoring Programs (PDMPs) to improve patient safety
- Explore the strategies and resources in the Addiction Medicine Toolkit



- Support healthcare professionals and patients
- Create a culture of safety for opioid prescribing
- Implement quality improvement (QI) and care coordination
- Watch videos to implement quality improvement measures when prescribing opioids for chronic pain

Key Opioid Resources and Tools



Naloxone Saves Lives



Addiction Medicine Toolkit



Linking People with Opioid Use Disorder to Medication Treatment



Opioid Overdose Prevention Evidence-Based Interventions



Rx Awareness Real Stories





Opioid Rapid Response Program

Quick Links

- CDC’s Overdose Response Framework
- Overdose Data to Action (OD2A)
- Drug-Free Communities (DFC)
- Public Health Public Safety Partnerships
- Understanding the Opioid Epidemic
- Commonly Used Terms
- U.S. Opioid Dispensing Rate Maps
- Process for the Development of the 2022 Clinical Practice Guideline

LANGUAGE MATTERS

Reduce negativity and stigma around substance use disorders by changing your language.

	Stigmatized Language (Not this)	Preferred Language (Use this)	
	Addict/User	Person with a substance use disorder	
	Addicted to <i>[alcohol/drug]</i>	Has an <i>[alcohol/drug]</i> use disorder	
	Alcoholic/Drunk	Person with an alcohol use disorder	
	Clean	Abstinent	
	Clean screen	Substance-free	
	Dirty	Actively using	
	Dirty Screen	Testing positive for substance use	
	Drug abuser <i>[crack head/meth head]</i>	Person in active use	
	Drug habit	Regular substance use	
	Lapse / Relapse / Slip	Resumed substance use	
	Medication Assisted Treatment	Medication for Opioid Use Disorders	
	Opiate addict	Person with an opioid use disorder	
	Reformed addict or alcoholic	Person in recovery	
	Substance abuse	Substance use disorder	
	Substance abuser	Person with a substance use disorder	

SAMHSA Opioid Overdose Prevention TOOLKIT

Opioid Use Disorder Facts



SAMHSA
Substance Abuse and Mental Health
Services Administration

TABLE OF CONTENTS

SAMHSA Opioid Overdose Prevention Toolkit

- Opioid Use Disorder Facts 1
 - Scope of the Problem..... 1
 - Strategies to Prevent Overdose Deaths 2
 - Resources for Communities 4
- References 5
- Acknowledgments 6

OPIOID USE DISORDER FACTS

SCOPE OF THE PROBLEM

Opioid overdose continues to be a major public health problem in the United States. It has contributed significantly to overdose deaths among those who use or misuse illicit and prescription opioids. In fact, all U.S. overdose deaths involving opioids (i.e., unintentional, intentional, homicide, and undetermined) increased to more than 42,000 deaths in 2016.¹

WHAT ARE OPIOIDS? Opioids include prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine, as well as illegal drugs such as heroin and illicit potent opioids such as fentanyl analogs (e.g., carfentanil).

Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they diminish the body's perception of pain. However, opioids can also have an impact on other systems of the body, such as altering mood, slowing breathing, and causing constipation. Opioid receptor binding causes the signs and symptoms of overdose as well as the euphoric effects or "high" with opioid use.

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

Opioid overdose can be due to many factors. For example, overdose can occur when a patient deliberately misuses a prescription, uses an illicit opioid (such as heroin), or uses an opioid contaminated with other even more potent opioids (such as fentanyl). Overdose can also occur when a patient takes an opioid as directed but the prescriber miscalculated the opioid dose, when an error was made by the dispensing pharmacist, or when the patient misunderstood the directions for use. It can also occur when opioids are taken with other medications—for example, prescribed medications such as benzodiazepines or other psychotropic medications that are used in the treatment of mental disorders—or with illicit drugs or alcohol that may have adverse interactions with opioids. At particular risk are

individuals who use opioids and combine them with benzodiazepines, other sedative hypnotic agents, or alcohol, all of which cause respiratory depression.²

WHO IS AT RISK? Anyone who uses opioids for long-term management of chronic pain is at risk for opioid overdose, as are individuals who use heroin or misuse prescription pain relievers.³ Others at risk include those who:

- Are receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance).
- Have been discharged from emergency medical care following opioid overdose.
- Need opioid pain relievers, coupled with a suspected or confirmed substance use disorder or history of non-medical use of prescription opioids or use of illicit opioids.
- Have completed opioid detoxification or are abstinent for a period of time (and presumably have reduced opioid tolerance and high risk of return to opioid use).
- Have been recently released from incarceration and have a history of opioid use disorder or opioid misuse (and presumably have reduced opioid tolerance and high risk of return to opioid use).

Tolerance develops when someone uses an opioid drug regularly so that his or her 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, he or she can experience serious adverse effects, including overdose, even if the amount taken had not caused problems in the past.

OPIOID USE DISORDER FACTS

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.

The Substance Abuse and Mental Health Services Administration (SAMHSA) funds continuing medical education courses that are available to providers at no charge from the Providers Clinical Support System (PCSS) at <https://pcssnow.org/>.

Helpful information for laypersons on how to prevent and manage overdose is available from Prevent & Protect at <http://prevent-protect.org/>.

STRATEGY 2: Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder. Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life. Medications for opioid use disorder, as well as counseling and other supportive services, can be obtained at SAMHSA-certified and Drug Enforcement Administration-registered opioid treatment programs and in specialty substance use disorder treatment programs, as well as from physicians and other practitioners including nurse practitioners and physician assistants who are trained to provide care in office-based settings with 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 the SAMHSA Behavioral Health Treatment Services Locator at <https://www.findtreatment.samhsa.gov>.

STRATEGY 3: Ensure ready access to naloxone. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. (For instructions on how to use naloxone, go to <http://prescribetoprevent.org>). Naloxone displaces opioids from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths. Naloxone is an appropriate response for all opioid overdose events, including fentanyl-involved overdoses. Multiple doses of naloxone may be required when the overdose results from ingestion of large amounts of opioids or potent opioids such as fentanyl, carfentanil, or other opioid analogs.⁴ (For more information regarding the various formulations of naloxone, see <https://www.drugabuse.gov/publications/naloxone-opioid-overdose-life-saving-science/naloxone-opioid-overdose-life-saving-science>.)

On the other hand, naloxone is not effective in treating overdoses of benzodiazepines, barbiturates, clonidine, GHB, or ketamine. It is also not effective against overdoses of stimulants, such as cocaine and amphetamines (including methamphetamine and MDMA). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

Naloxone injection has been approved by the Food and Drug Administration (FDA) and used for more than 40 years by emergency medical services personnel to reverse opioid overdose and resuscitate

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

Ensure access to treatment for individuals who have a substance use disorder.

Expand access to naloxone.

OPIOID USE DISORDER FACTS

individuals who otherwise might have died in the absence of treatment.⁵ Naloxone comes in several forms, including injectable, intranasal, and auto-injector. Injectable naloxone is typically supplied as a kit with a minimum of two doses and two syringes.⁶ Brief education on how to administer naloxone using a syringe can be obtained from the provider of the naloxone kit or from <http://prescribetoprevent.org/>. The FDA has also approved an intranasal naloxone product (a nasal spray) and a naloxone auto-injector that delivers a therapeutic dose of naloxone in an overdose situation. The intranasal spray is a prefilled, 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 laws that expanded access to naloxone or limited criminal liability.⁷ By mid-2017, every state and the District of Columbia had enacted statutes that provide criminal liability protections to laypersons or first responders who administer naloxone. Forty-six states and the District of Columbia have statutes that provide civil liability protections to laypersons or first responders who administer naloxone. Thirty-seven states have statutes that offer criminal liability protections for prescribing or distributing naloxone. Forty-one states have statutes that offer civil liability protections for prescribing or distributing naloxone, and 46 states have statutes that allow naloxone distribution to third parties or first responders via direct prescription or standing order. To find relevant laws for each state, visit the Prescription Drug Abuse Policy System at <http://www.pdaps.org/>

STRATEGY 4: Encourage the public to call 911. An individual who is experiencing an opioid overdose needs immediate medical attention. An essential first step is to get help from someone with medical expertise as quickly as possible.⁸ Therefore, members of the public should be encouraged to call 911. All they have to say is “Someone is unresponsive and not breathing” and give a specific address and/or description of the location. Thirty-seven states and the District of Columbia have “Good Samaritan” statutes that prevent prosecution for possession of a controlled substance or paraphernalia if emergency assistance is sought for someone who is experiencing an overdose, including an opioid-induced overdose.⁹

STRATEGY 5: Encourage prescribers to use state prescription drug monitoring programs (PDMPs). State 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 Prescription Drug Abuse Policy System at <http://www.pdaps.org/>, the specific state PDMP, or the state’s board of medicine or pharmacy.

*Encourage
the public to
call 911.*

*Encourage
prescribers
to use state
prescription
drug
monitoring
programs.*

OPIOID USE DISORDER FACTS

RESOURCES FOR COMMUNITIES

Resources that may be useful to local communities and organizations include:

SAMHSA

- National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD, for hearing impaired)
- Behavioral Health Treatment Services Locator (search by address, city, or ZIP Code): <https://findtreatment.samhsa.gov/>
- Buprenorphine Treatment Practitioner Locator (search by address, city, or ZIP Code): <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- Single State Agencies for Substance Abuse Services: <https://www.samhsa.gov/sites/default/files/ssa-directory.pdf>
- State Opioid Treatment Authorities: <https://dpt2.samhsa.gov/regulations/smalist.aspx>
- SAMHSA Publications Ordering (all SAMHSA Store products are available at no charge): <https://store.samhsa.gov/>; 1-877-SAMHSA-7 (1-877-726-4727)

Centers for Disease Control and Prevention

- Understanding the Epidemic: <https://www.cdc.gov/drugoverdose/epidemic>
- Poisoning: <https://www.cdc.gov/homeandrecreationalafety/poisoning>

Association of State and Territorial Health Officials

- Preventing Opioid Misuse in the States and Territories: <http://my.astho.org/opioids/home>

National Association of State Alcohol and Drug Abuse Directors

- Opioids Fact Sheet (February 5, 2016): <http://nasadad.org/2016/02/opioids-fact-sheet-2016/>

Prevent & Protect

- Tools for conducting overdose prevention and naloxone advocacy, outreach, and communication campaigns: <http://prevent-protect.org/community-resources-1/>

*Resources
that may
be useful
to local
communities
and
organizations*

REFERENCES

- ¹ Centers for Disease Control and Prevention. Opioid overdose. <https://www.cdc.gov/drugoverdose/index.html>. Accessed Feb 28, 2018.
- ² Boyer EW. Management of opioid analgesic overdose. *N Engl J Med*. 2012;367(2):146-155.
- ³ Webster LR, Cochella S, Dasgupta N, Fakata KL, Fine PG, Fishman SM, Grey T, Johnson EM, Lee LK, Passik SD, Peppin J. An analysis of the root causes for opioid-related overdose deaths in the United States. *Pain Medicine*. 2011 Jun 1;12(suppl_2):S26-35.
- ⁴ Somerville NJ, O'Donnell J, Gladden RM, Zibbell JE, Green TC, Younkin M, Ruiz S, Babakhanlou-Chase H, Chan M, Callis BP, Kuramoto-Crawford J. Characteristics of fentanyl overdose-Massachusetts, 2014-2016. *MMWR Morb Mortal Wkly Rep*. 2017 Apr;66(14):382-386.
- ⁵ Green TC, Doe-Simkins M. Opioid overdose and naloxone: the antidote to an epidemic. *Drug Alcohol Depend*. 2016;163:265-271.
- ⁶ Enteen L, Bauer J, McLean R, Wheeler E, Hurlaux E, Kral AH, Bamberger JD. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health*. 2010;87(6):931-941.
- ⁷ Davis C, Carr D. State legal innovations to encourage naloxone dispensing. *Journal of the American Pharmacists Association*. 2017 Mar 1;57(2):S180-184.
- ⁸ Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*. 2008;103(6):979-998.
- ⁹ Legal Science. Good Samaritan prevention laws. <http://www.pdaps.org/datasets/good-samaritan-overdose-laws-1501695153>. Accessed Feb 28, 2018.

ACKNOWLEDGMENTS

ACKNOWLEDGMENTS

This publication was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number 10-233-00100 with SAMHSA, U.S. Department of Health and Human Services (HHS). LCDR Brandon Johnson, M.B.A., served as the Government Project Officer.

Disclaimer

The views, opinions, and content expressed herein are those of the authors and do not necessarily reflect the official position of SAMHSA or HHS. Nothing in this document constitutes an indirect or direct endorsement by SAMHSA or HHS of any non-federal entity's products, services, or policies, and any reference to a non-federal entity's products, services, or policies should not be construed as such. No official support of or endorsement by SAMHSA or HHS for the opinions, resources, and medications described is intended to be or should be inferred. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment decisions.

Public Domain Notice

All materials appearing in this toolkit except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication

This publication may be ordered from SAMHSA's Publications Ordering web page at <https://store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *SAMHSA Opioid Overdose Prevention Toolkit*. HHS Publication No. (SMA) 18-4742PT1. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Nondiscrimination Notice

SAMHSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Originating Office

Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

HHS Publication No. (SMA) 18-4742PT1. First printed 2013. Revised 2014, 2016, 2018.



SAMHSA
Substance Abuse and Mental Health
Services Administration

HHS Publication No. (SMA) 18 4742PT1. First printed 2013. Revised 2014, 2016, 2018

Know the Signs. *Save a Life.*

Opioid Overdose Basics

Prescription opioids (like hydrocodone, oxycodone, and morphine) and illicit opioids (like heroin and illegally made fentanyl) are powerful drugs that have a risk of a potentially fatal overdose. Anyone who uses opioids can experience an overdose, but certain factors may increase risk including but not limited to:



- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illicit or illegal opioids, like heroin or illicitly-manufactured fentanyl, that could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe.

Learn more about opioids to protect yourself and your loved ones from opioid abuse, addiction, and overdose: www.cdc.gov/drugoverdose



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

PREVENTING AN OPIOID OVERDOSE

Signs and Symptoms of an Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Small, constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

What To Do If You Think Someone Is Overdosing

It may be hard to tell if a person is high or experiencing an overdose. If you aren't sure, it's best to treat it like an overdose— you could save a life.

- ① Call 911 immediately.
- ② Administer naloxone, if available.
- ③ Try to keep the person awake and breathing.
- ④ Lay the person on their side to prevent choking.
- ⑤ Stay with him or her until emergency workers arrive.



Ask your doctor about naloxone - a safe medication that can quickly stop an opioid overdose. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

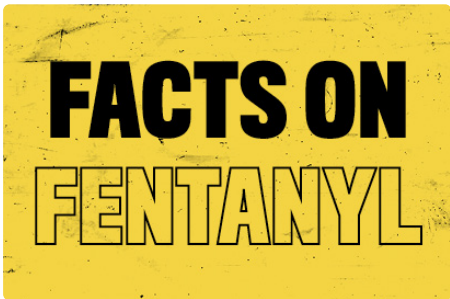


Stop Overdose

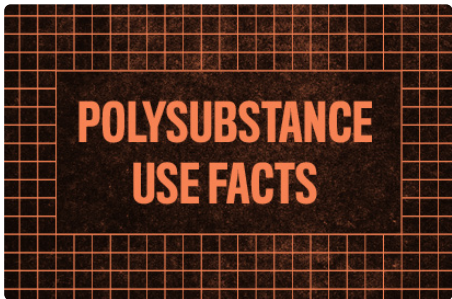


To address the increasing number of overdose deaths related to both prescription opioids and illicit drugs, we created a website to educate people who use drugs about the dangers of illicitly manufactured fentanyl, the risks and consequences of mixing drugs, the lifesaving power of naloxone, and the importance of reducing stigma around recovery and treatment options. Together, we can stop drug overdoses and save lives.

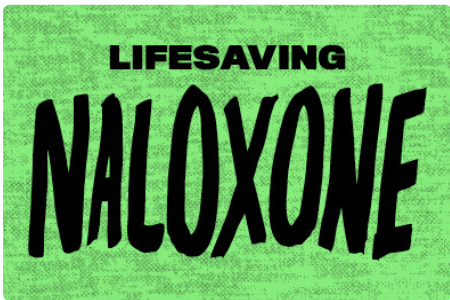
Click on a topic below to find out more.



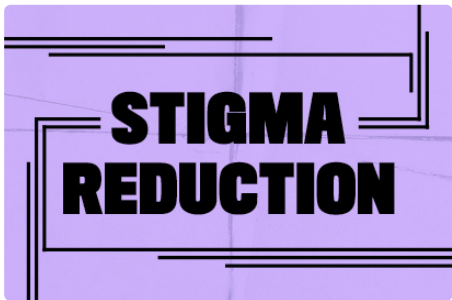
Fentanyl is up to 50x more potent than heroin and 100x more potent than morphine. **Learn more about the dangers of fentanyl and how it has taken over the drug supply.**



Polysubstance use occurs when two or more drugs are taken together, either intentionally or unintentionally. **Learn more about the risks and consequences of mixing different types of drugs.**



Naloxone is a safe medication that can reverse an overdose from opioids, including heroin and fentanyl. **Learn more about where to get naloxone and how to use it.**



Addiction is a disease, not a character flaw. There are many ways to treat substance use disorders. **Learn more about what options are available and how to support loved ones on their recovery journey.**



How to help someone recover

If you know or think someone is struggling with addiction, ask them if you can help. Your concern might be just what they need to start their



Recovery is possible


Don't wait to get started. Look for information on your state or local health department's website or ask your healthcare provider for treatment and referral services available in your area.


recovery journey, and your support could make all the difference in their success.



Everyone has a role to play in helping prevent fatal and non-fatal drug overdoses. Check out these implementation toolkits that include fact sheets, videos, conversation starters, and other resources that are tailored for specific audiences at different opportunities for prevention.

Related Content


[Executive Summary: Stop Overdose Campaigns](#)  [PDF – 28 pages] (2022)
Centers for Disease Control and Prevention


[Overdose Death Rates](#)  (2021)
National Institute on Drug Abuse

[Other Drugs.](#) (2021)
Centers for Disease Control and Prevention

[Understanding the Epidemic.](#) (2021)
Centers for Disease Control and Prevention

[Opioid Basics](#) (2021)
Centers for Disease Control and Prevention

[Tolerance, Dependence, Addiction: What’s the Difference?](#)  (2017)
National Institute on Drug Abuse

[Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018](#)  (2020)
Centers for Disease Control and Prevention

[COVID-19 and People at Increased Risk for Substance Use Disorder](#) (2021)
Centers for Disease Control and Prevention

Last Reviewed: September 15, 2022