



# Strategies to Prevent Opioid Overdose

## **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, first responders and prescribers on how to prevent and manage overdose is available from SAMHSA's Opioid Overdose Prevention Toolkit at: <https://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 Kansas can be obtained from the Kansas Department for Aging and Disability Services, at <http://bit.ly/2inuDCf>, or through SAMHSA.



## **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.

On the other hand, naloxone is not effective in treating overdoses of benzodiazepines (such as Valium<sup>®</sup>, Xanax<sup>®</sup> or Klonopin<sup>®</sup>), barbiturates (Seconal<sup>®</sup> or Fiorinal<sup>®</sup>), clonidine, Elavil<sup>®</sup>, GHB, ketamine or synthetics. It also is 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.

## **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 need to say is “Someone is not breathing” and give a clear address and location.

## **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. Information about the program in Kansas can be accessed at <https://pharmacy.ks.gov/k-tracs>.