SAMHSA Opioid Overdose Prevention TOOLKIT

Safety Advice for Patients & Family Members





TABLE OF CONTENTS

SAMHSA Opioid Overdose Prevention Toolkit

Safety Advice for Patients & Family Members	1
What Are Opioids?	
Preventing Overdose	
If You Suspect an Overdose	
What Is Naloxone?	
Naloxone Storage	2
Summary: How to Avoid Opioid Overdose	2
References	3
Acknowledgments	

SAFETY ADVICE FOR PATIENTS & FAMILY MEMBERS

WHAT ARE OPIOIDS?

pioids include prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine, as well as illicit drugs such as heroin.

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.

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.^{1,2}

PREVENTING OVERDOSE

If you are concerned about your own use of opioids, don't wait! Talk with the health care professionals who prescribed the medications for you. If you are concerned about family members or friends, urge them to talk to whoever prescribed their medications.

Effective treatment of an opioid use disorder can reduce the risk of overdose and help a person who is misusing or addicted to opioid medications attain a healthier life. Opioid use disorder is a chronic disease, much like heart disease. An evidence-based practice for treating opioid addiction is the use of Food and Drug Administration-approved medications, along with counseling and other supportive services. These services are available at Substance Abuse and Mental Health Services Administration (SAMHSA)-certified and Drug Enforcement Administration-registered opioid treatment programs and from specialty substance use disorder treatment programs. In addition, physicians and other practitioners, including nurse practitioners and physician assistants who are trained to provide treatment for opioid addiction in office-based and other settings with medications such as buprenorphine/naloxone and naltrexone, may be available in your community. For more information, see the Resources section at the end of this toolkit.

IF YOU SUSPECT AN OVERDOSE

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible. Call 911 immediately if you or someone you know exhibits any of the signs listed below. All you have to say is "Someone is unresponsive and not breathing." Give a specific address and/or description of your location.

SAFETY ADVICE FOR PATIENTS & FAMILY MEMBERS

Signs of **OVERDOSE**, which is a lifethreatening emergency, include the following:

- The face is extremely pale and/or clammy to the touch.
- The body is limp.
- Fingernails or lips have a blue or purple cast.
- The person is vomiting or making gurgling noises.
- The person cannot be awakened from sleep or cannot speak.
- Breathing is very slow or stopped.
- The heartbeat is very slow or stopped.

Signs of **OVERMEDICATION**, which may progress to overdose, include:

- Unusual sleepiness or drowsiness.
- Mental confusion, slurred speech, or intoxicated behavior.
- Slow or shallow breathing.
- Extremely small "pinpoint" pupils.
- Slow heartbeat or low blood pressure.
- Difficulty being awakened from sleep.

WHAT IS NALOXONE?

Naloxone is an antidote to opioid overdose. It is an opioid antagonist that is used to reverse the effects of opioids. Naloxone works by blocking opioid receptor sites. It is not effective in treating overdoses of benzodiazepines, barbiturates, clonidine, GHB, or ketamine. It is also not effective in treating 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.

Suspected fentanyl-involved overdoses should be treated with naloxone.³ However, because of the higher potency of fentanyl and fentanyl analogs compared to that of heroin, larger doses of naloxone may be required to reverse the opioid-induced respiratory depression from a fentanyl-involved overdose.^{3,4,5} Quicker oxygenation efforts and naloxone delivery may be warranted compared to heroin-only overdose.

NALOXONE STORAGE

Store naloxone in a safe and quickly accessible place at room temperature and protected from light. Keep all medicine in a safe place where children or pets cannot reach it.

SUMMARY: HOW TO AVOID OPIOID OVERDOSE

- Take medication only if it has been prescribed to you by your doctor. Make sure to tell your doctor about all medications you are taking.
- Do not take more medication or take it more often than instructed.
- 3. Call your doctor if your pain gets worse.
- 4. Never mix pain medications with alcohol, sleeping pills, or any illicit substance.
- Learn the signs of overdose and how to use naloxone to keep an overdose from becoming fatal
- 6. Teach your family members and friends how to respond to an overdose.
- 7. Dispose of unused medication properly.

REFERENCES

- ¹ Boyer EW. Management of opioid analgesic overdose. N Engl J Med. 2012;367(2):146-155.
- ² Brunton L, Chabner B, Knollman B. *Goodman and Gilman's The Pharmacological Basis of Therapeutics*. 12th ed. New York: McGraw-Hill; 2011.
- ³ Takase I, Koizumi T, Fujimoto I, et al. An autopsy case of acetyl fentanyl intoxication caused by insufflation of "designer drugs." Legal Medicine. 2016;21:38-44..
- ⁴ Sumner S A, Mercado-Crespo MC, Spelke MB, Paulozzi L, Sugerman DE, Hillis SD, Stanley C. Use of naloxone by emergency medical services during opioid drug overdose resuscitation efforts. Prehospital Emergency Care. 2016; 20(2):220-225.
- ⁵ Faul M, Lurie P, Kinsman JM, Dailey MW, Crabaugh C, Sasser SM. Multiple naloxone administrations among emergency medical service providers is increasing. Prehospital Emergency Care. 2017 Apr 26:1-8.

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) 18-4742PT4. 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) 18-4742PT4. First printed 2013. Revised 2014, 2016, 2018.





HHS Publication No. (SMA) 18 4742PT4. First printed 2013. Revised 2014, 2016, 2018