The Role of Prevention in Addressing Opioid Overdose: Reviewing the Evidence and Overcoming Challenges

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This webinar provides a high-level overview of the opioid overdose crisis, including a review of relevant data on overdose rates from prescription opioid and heroin use, risk factors and prevention strategies identified from the literature, and important lessons learned from the field to help prevention practitioners more effectively address this emerging issue.

Originally developed for recipients of SAMHSA’s Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO), this information may be useful to any prevention practitioners interested in evidence-based, secondary prevention strategies that can be utilized to effectively confront this growing public health issue.

SCOPE OF THE PROBLEM

Opioids are a class of drugs that include the illegal drug heroin, as well as powerful pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, fentanyl, and many others. These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain.

Overdose rates are on the rise:

- Data show a dramatic increase in opioid-related overdose deaths in the United States, which nearly quadrupled between 2000 and 2014.
- Data also show a recent spike in heroin-related overdose deaths, which were relatively stable in the early 2000s before increasing by 248% between 2010 and 2014.
- Prescription pain relievers are contributing to heroin dependency and the opioid overdose crisis.

WHAT’S DRIVING THE PROBLEM?

Some factors that may increase an individual’s risk for opioid overdose include:

- History of substance use or misuse
- Access to prescription drugs
• Engaging in doctor-shopping\(^1\) or pharmacy-hopping\(^2\) behavior
• Witnessing a family member overdose
• Having been incarcerated or had a change in tolerance related to incarceration history
• Having been admitted to a psychiatric hospital
• Experiencing homelessness in the past 90 days
• Experiencing a non-fatal overdose

**STRATEGIES TO PREVENT OPIOID OVERDOSE**

There are a number of potentially promising strategies, some with demonstrated success, to prevent opioid overdose, including:

• **Educational strategies**, which aim to raise awareness and understanding about the dangers of prescription drug overdoses, how to recognize when an individual is at risk for overdose, how to recognize when an overdose is occurring, how to appropriately respond to an overdose, and the laws relevant to overdoses (i.e., Good Samaritan Laws).

• **Tracking and monitoring strategies**, which may involve expanding, improving, or mandating use of Prescription Drug Monitoring Programs (PDMPs)\(^3\) in order to prevent individuals from receiving medically unnecessary prescriptions, knowingly or not, that may be abused and cause overdose.

• **Supply reduction strategies**, which limit access to commonly abused prescription drugs in order to reduce doctor-shopping behavior and the amount of controlled drugs in circulation.

• **Harm reduction strategies**, which focus on reducing fatality rates by targeting individuals who are at high risk for overdose; these often focus on increasing access to and use of antidotes (such as naloxone) that reverse the effects of the overdoses, and protecting first responders (i.e., professional and/or laypersons) from legal repercussions.

**NALOXONE: WHAT DO PREVENTION PROVIDERS NEED TO KNOW?**

• **Naloxone is an opioid antagonist** that binds to the opioid receptors in an individual’s nervous system to block opioid drugs from having an effect. In the form of a nasal spray or

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\(^1\) When individuals simultaneously visit multiple health care providers to obtain multiple prescriptions for medications during a single illness episode or for treating a continuous illness.

\(^2\) Also known as pharmacy shopping; patients visit multiple pharmacies to fill prescriptions, often using cash to avoid the insurance system.

\(^3\) Prescription Drug Monitoring Programs (PDMPs) are electronic databases that track and house data on prescriptions and dispensations of controlled substances.
injection, it has the potential to reverse an opioid overdose. Naloxone is fast-acting, generally taking effect within 5-10 minutes.

- **Access to naloxone is governed by state laws and policies.** These determine:
  - Who can distribute naloxone and under what conditions (e.g., whether laypersons and/or certain kinds of professionals can carry and administer naloxone).
  - Number and size of naloxone doses an individual can have a supply of at one time.

### LESSONS LEARNED FROM THE FIELD

Implementing opioid overdose prevention strategies can come with new challenges that may not have been encountered when working to prevent other substances. Here are some important lessons from the field to help guide your own prevention efforts:

- **Collaboration is key**—prevention efforts will likely require working with new and non-traditional partners. Conduct a readiness assessment to help identify who should be at the table and think strategically about how to gain access to these stakeholders.

- **Be open, transparent, and knowledgeable** about state and local laws and policies, and select strategies that fit your community’s level of readiness.

- **Treat all perspectives equally.** For example, remember that some community partners can be reimbursed for this work, while others do it because they are passionate.

### RELATED RESOURCES


- **BJA NTTAC’s Law Enforcement Naloxone Toolkit:** [https://www.bjatraining.org/tools/naloxone/Law-Enforcement-Training](https://www.bjatraining.org/tools/naloxone/Law-Enforcement-Training)