BSAS Principles of Care highlight safe, effective and transparent treatment. Integrating opioid overdose prevention strategies into substance abuse treatment demonstrates these principles in action. This Practice Guidance focuses on ways to incorporate these strategies into substance abuse treatment.

Addiction is a chronic, relapsing condition. It is also treatable. However, treatment can produce changes in drug tolerance that can increase risk of overdose in the event of relapse. Therefore, integrating opioid overdose prevention into substance abuse treatment along with substance abuse education and relapse prevention, is essential to reducing risk of overdose and promoting individuals’ overall health and well-being.

Massachusetts is committed to preventing opioid overdose and improving response to overdose when it happens. Since 2005, the annual number of opioid related overdose deaths in Massachusetts has exceeded the number of motor vehicle deaths. Since 2000 opioid overdose deaths have increased three-fold, and non-fatal opioid-related hospital episodes increased nearly 100%. At least half of opioid users report experiencing at least one overdose, and some more than one. A study of Massachusetts’ communities demonstrated that opioid overdose deaths were reduced in those communities that had implemented overdose prevention education, including naloxone rescue kits.

Opioid Overdose occurs when concentrations of opioid drugs are so high that they depress respiration and cause unresponsiveness, which can result in death. Effective strategies to improve prevention, recognition and reversal of opioid overdose are well established and focus on:

- Education about:
  - Prevention: Understanding risk factors and harm reduction;
  - Recognition: Determining whether an overdose is happening;
  - Response: Responding to overdose, including calling 911, rescue breathing, side-lying recovery position and staying with the person;

- Training and equipping people likely to witness an overdose with a naloxone rescue kit; and

- Engaging individuals in conversation about opioid overdose prevention, recognition and response.

---


4 ibid.

5 MA Opioid Overdose Prevention Strategies, op cit

6 Walley, et al., op cit.
Naloxone can reverse opioid overdose; it is safe and without abuse potential. Massachusetts law (c. 192 §11 of laws of 2012) permits prescribing, possessing and administering naloxone by persons acting in good faith. BSAS supports training and access to naloxone through its Overdose Prevention Program, and an array of other initiatives.7

Opioid overdose prevention, recognition and response reduce risks and increase safety, both proper goals for treatment. This is true for all levels of care, regardless of current or future abstinence. Transparency about addiction, treatment and recovery engages individuals as partners with shared responsibility, and supports individuals’ capacity to ensure their own well-being. Discussions about the course of recovery should include possibilities of relapse, and associated risks of overdose. These conversations equip the individual with effective knowledge and strategies to pursue recovery, avoid fatal opioid overdose and respond effectively if witnessing an opioid overdose.

Family, partners, friends and peers in treatment are also potential witnesses of overdose, and should be educated about opioid overdose risks, overdose recognition and response, with or without naloxone.

In order to integrate opioid overdose prevention into treatment, agency staff need to be trained in opioid overdose prevention, recognition and response, and when possible have access to up-to-date naloxone kits. Providers and staff should also ensure that individuals are informed about naloxone and referred to naloxone programs.8

II. GUIDANCE:

A. Organization:

Policy: Agency policy:

- States commitment to opioid overdose prevention, recognition and response;
- Permits individuals who possess naloxone to retain possession during the course of treatment.9

Operations:

- Management and supervisory staff stay abreast of the status of existing resources and development of new local and statewide resources; and they ensure that staff are fully informed and make use of resources, for example, DPH pilot sites, pharmacies with standing orders for naloxone, and other resources as they become available;
- Agencies that maintain naloxone rescue kits ensure that:
  - Staff and program participants are trained in opioid overdose prevention, recognition and response, including administration of naloxone, and seeking emergency medical assistance (911);

---


9 Code of Massachusetts Regulations 105 CMR 164.139(B)(4) and 408(B) allow exceptions to safe storage requirements when medications are used to treat acute episodes.
Naloxone rescue kits are located in areas accessible to staff and program participants;
Naloxone rescue kits are checked on a regular schedule to ensure expiration date has not passed;
Staffing schedules ensure each shift has one staff person trained in recognizing overdose symptoms and administering intranasal naloxone.

- In agencies with medical directors, the medical director establishes procedures to ensure individuals have naloxone rescue kits either by directly prescribing kits or by referral to local resources such as a DPH pilot site or a pharmacy with standing orders for naloxone.\(^{10}\)
- Agencies establish protocols for responding to on-site overdoses, including on-site administration by staff.
- All agencies have educational materials (brochures, posters) about opioid overdose prevention, recognition and response available for individuals served, and for their families, partners and peers.

**Supervision, Training and Workforce Development:**

- Staff training includes:\(^{11}\)
  - Opioid overdose prevention, recognition and response, including the program’s staff protocol for responding to on-site overdoses;
  - Exploration of staff attitudes and beliefs about opioid overdose prevention, recognition and response, including use of naloxone;
  - Integration of opioid overdose prevention, recognition and response in their work with individuals and their families; and
  - How to make referrals to programs that distribute naloxone rescue kits.
- Individual and group supervision explore:
  - Staff attitudes and beliefs about opioid overdose prevention, recognition and response, including use of naloxone;
  - Staff experiences related to overdose, e.g. witnessing, having worked with individuals who overdosed, personal experiences.
- Supervisors ensure staff are debriefed after an overdose episode among individuals served.
- Staff are provided trauma and grief support if an opioid overdose occurs.
- Training sessions are offered annually.

**B. Service Delivery and Treatment:**

**Assessment:** In reviewing alcohol and drug use history, staff determine:

- Overdose risk factors such as:


\(^{11}\) See: Overdose Prevention Training Initiative at: [http://center4si.com/praxis/resources/](http://center4si.com/praxis/resources/). Accessed May 2015. Also see the BMC example of standing order listed in resources.

- History of opioid use;
- History of previous overdose;
- History of using alone;
- Current period of abstinence;
- Using multiple substances, especially central nervous system depressants such as alcohol;
- Taking medication;
- Living in an area remote from medical care;
- Chronic medical conditions such as, lung and liver diseases;
- Smoking; and
- History of obtaining drugs from an unknown or unreliable source;

- Whether the individual has witnessed an overdose;
- Whether the individual has experienced an overdose;
- Whether the individual knows how to recognize an overdose, and what to do if they witness an overdose; and
- The individual’s current understanding of how to avoid overdose.

**Treatment Planning:** Treatment plans include an individualized opioid overdose risk reduction plan, providing for:

- Education in opioid overdose prevention, recognition and response; and
- Referral to naloxone resource.

**Service Provision:**

- In individual and group sessions\(^\text{12}\), staff address opioid overdose prevention, recognition and response, and discuss plans to prevent and respond to overdose.
- Opioid overdose prevention, recognition and response are included in relapse prevention services;
- Family, partners, friends and peers are educated about opioid overdose risk, and are referred to training and support resources;
- Staff facilitate access to naloxone rescue kits for individuals and families by referral with follow up to a current accessible resource such as DPH Pilot Sites (listing available at: [http://www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf](http://www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf), accessed May 2015) or pharmacies with standing orders for naloxone (listing available at [http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits](http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits), accessed May 2015) or other accessible resource.
- Staff provide trauma and grief support to program participants, and to families, if an overdose occurs.

**Education:** All programs ensure all individuals are educated about risks of opioid overdose as well as overdose prevention, recognition and response with and/or without naloxone.

**Discharge and Aftercare:**

- Prior to discharge, staff review:
  - Opioid overdose risk, prevention, recognition and response; and
  - Individual’s opioid overdose risk reduction plan.
- Staff ensure that individuals and families have, and know how to obtain, overdose prevention and naloxone resources, such as DPH Pilot sites and pharmacies having standing orders for naloxone (listing available at [http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits](http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits), accessed May 2015) or other accessible resources.

**III. MEASURES:**

- Number of opiate using clients and/or family members who receive a naloxone kit and/or are referred to an accessible local resource;
- Number of staff trained in opioid overdose prevention, recognition and response;
- Number of staff participating in refresher opioid overdose prevention, recognition and response training.

**IV. FORMS:**

- Praxis overdose prevention inventory, available through: [http://center4si.com/praxis/resources/](http://center4si.com/praxis/resources/)

**V: RESOURCES**

All links accessed May 2015

**Massachusetts:**

Department of Public Health:


Opioid Overdose Prevention and Reversal Information Sheet:
Massachusetts Opioid Overdose Prevention Core Competencies:

Prescription and Pharmacy Access to Naloxone Rescue Kits: Visit

Principles of Care and Practice Guidance:

Responding to Relapse:

Praxis offers training and resources for opioid overdose prevention, recognition and response. To request a training, complete the Praxis Training Request Form at: http://center4si.com/praxis/trainings/. Praxis has many educational resources for opioid overdose prevention available on the website, including:

- Opioid Overdose Program Inventory is a self-assessment for programs to evaluate program structures related to opioid overdose prevention.
- Opioid Overdose Prevention Card Game and Facilitator's Guide

Additional resources and assistance are available to BSAS-funded treatment programs and their staff. Please visit the Praxis website: http://center4si.com/praxis/

To request assistance: http://center4si.com/praxis/technical-assistance/

Massachusetts Clearinghouse:
An overdose is a medical emergency (magnet):
http://massclearinghouse.ehs.state.ma.us/product/SA1068.html

Know the signs: available in English, Spanish and Portuguese:
http://massclearinghouse.ehs.state.ma.us/product/SA1067kit.html

Learn to Cope: Learn to Cope is an organization that hosts support groups for parents and family members dealing with a loved one with a substance use problem, particularly heroin, Oxycontin and other drugs. Meetings are held weekly in several communities in Massachusetts. Training on overdose prevention, recognition and response, and naloxone kits are available through the meetings. For a list of meeting locations, and other information, go to:
http://www.learn2cope.org

National:

Prescribe to Prevent: Information for prescribers: medical and legal issues re: prescribing and stocking naloxone; and billing insurance: http://prescribetoprevent.org
Harm Reduction: www.Harmreduction.org: Many resources, including a manual available at:
and a bibliography:

SAMHSA:
Letter for DATA-waived physicians:
http://buprenorphine.samhsa.gov/20130715110430811.pdf


Office of National Drug Control Policy:
Strategy: includes a section on overdose:

Resources:
Fact Sheet: Prevention, Treating and Surviving Overdose:
Epidemic: Responding to America’s Prescription Drug Abuse Crisis:

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us.