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## **PUBLIC HEALTH ADVISORY**

### **MASSACHUSETTS HEALTH OFFICIALS ISSUE ADVISORY TO PUBLIC AND HEALTH CARE PROVIDERS ON OPIATE OVERDOSE**

*Recent overdose deaths spur call to action*

**BOSTON** — Driven by recent reports of fatal and non-fatal opiate overdoses around the state, Governor Deval Patrick declared a public health emergency in Massachusetts to address the growing opioid addiction epidemic, and announced immediate action steps to combat overdoses and increase treatment availability.

In connection with the emergency declaration, the Massachusetts Department of Public Health (DPH) today issued a public health advisory on opiate misuse and overdose.

“We use these advisories to draw attention to a pressing health issue that is negatively impacting the citizens of Massachusetts,” said DPH Commissioner Cheryl Bartlett. “Fatal and non-fatal opiate overdose is a serious public health epidemic. Opiate misuse and overdose can be prevented and opiate addiction can be treated. State agencies, local municipalities, public and private social service agencies, medical and behavioral health treatment providers, community and religious leaders, friends and family members and opiate users all have a role to play in stopping these tragic deaths and creating healthy communities.”

Commissioner Bartlett added that she wanted to assure the public and health care providers that resources exist to prevent and treat addiction, stop overdoses, and support recovery from addiction in our communities. In addition to issuing the advisory through the media, pursuant to the Governor’s declaration of a public health emergency, DPH is implementing a series of new actions to immediately impact this problem, including banning a new high-dose opioid, expanding access to naloxone (“Narcan”) for first responders and convening a task force to study and identify additional recovery options.

#### **Opioid overdose and addiction epidemic**

The data on opioid overdose and addiction point clearly to the extent of this serious public health crisis.

- According to the Massachusetts State Police, at least 140 people died from suspected heroin overdoses in Massachusetts between November 2013 and February 2014.
- In 2012, 668 Massachusetts residents died from unintentional opioid overdoses, a ten percent increase over the previous year. Preliminary data suggest that unintentional overdose deaths for the first six months of 2013<sup>1</sup> are at least as high as 2012.

### **General information for people affected by addiction**

More can be done by the public, health care providers, and the media to inform individuals and families about services that can help them.

“Massachusetts has a robust system to combat opiate addiction including prevention, intervention, treatment and recovery support services for people who are affected by addiction,” said Hilary Jacobs, Director of the Bureau of Substance Abuse Services (BSAS) at DPH. Treatment programs are available for adolescents, adults and families. Funding is available to support persons who are uninsured or under-insured. Support groups are available for loved ones.

The **Massachusetts Substance Abuse Information and Education Helpline** provides free and confidential information and referrals for alcohol and other drug abuse problems and related concerns. The Helpline is committed to linking consumers with comprehensive, accurate, and current information about treatment and prevention services throughout Massachusetts. Services are available Monday through Friday from 8:00 am to 10:00 pm and on Saturday and Sunday from 9:00 am to 5:00 pm. Language interpreters are always available. If you need help, call the toll-free number (1-800-327-5050) or go to the website at <http://www.helpline-online.com/>.

### **Extending Lives**

People who are abusing opiates are at high risk for experiencing a number of serious health consequences, including liver disease, Hepatitis C and HIV infection, overdose and death. Opiate addicted individuals live approximately 15 years less than people who do not have the disease. The Department is therefore working diligently to connect communities and individuals with as many treatment alternatives and disease prevention programs as possible. Some examples include resources to decrease disease transmission through programs that curb the use of used needles and ensuring access to substances like naloxone, (sometimes known as Narcan), that can reverse an overdose if given in a timely manner.<sup>2</sup> There are also many treatment options to consider. Many people enter treatment multiple times prior to maintaining recovery. Consider all of the treatment possibilities, including inpatient detoxification, outpatient detoxification through opiate treatment programs and the use of medication assisted treatment, including methadone, buprenorphine and injectable naltrexone. The effectiveness of these medications are enhanced when combined with out-patient counseling and/or residential treatment to support behavioral changes necessary for long term recovery.

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<sup>1</sup> This is the projected rate for 2013 based on the first six months of data. The 2013 death file is provisional and subject to change.

<sup>2</sup> Narcan is available to active users and any person who may witness an overdose free of charge through the DPH naloxone pilot program. More information is available at <http://www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf>.

## Information for friends and families with opiate addicted loved ones

Addiction affects the entire family. When a person you care about is addicted to opiates, this extremely stressful and confusing situation can affect your physical and mental well-being. For this reason it is important to seek support in coping with a friend or family member with this chronic medical illness. Professional counseling, for individuals or families, is available throughout the state. Additionally there are numerous peer support groups available in the community including Learn to Cope, Al-Anon and Nar-Anon.

It is also critical for the general public to be aware of the signs and symptoms of an overdose. The following guidance may be helpful to that end:

### Differentiating between an Overdose and Opioid Intoxication (“High”)

INTOXICATION (“HIGH”)	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slowed / slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling (death rattle)
Responsive to stimuli (such as shaking, yelling, sternal rub, etc.)	Not responsive to stimuli (such as shaking, yelling, sternal rub, etc.)
Normal heart beat / pulse	Slow heart beat / pulse
Normal skin tone	Blue lips and / or fingertips

#### *Assessing for Responsiveness and Breathing*

In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. There are some relatively harmless ways to stimulate a person. These strategies are:

- yelling their name, and if they do not respond,
- rubbing knuckles over either the upper lip or up and down the front of the rib cage (called a sternal rub).

If an individual responds to these stimuli, they may not be experiencing an overdose at that time. If a person does respond to stimuli, it is always best to stay with the person to make sure the person remains alert and awake for a period of time. It is possible that the person could become unresponsive and would need immediate assistance.

## Information for the general public

All communities are impacted by opiate addiction and all individuals can assist in reducing opiate abuse and addiction. Below are some suggestions for getting involved in creating a healthy community:

- Lock up all medications that can be abused to keep them out of reach of persons with addictive disorders, curious teens and children who may unintentionally swallow them.
- Dispose of unused prescription medications. Many police stations around the state have drop boxes where anyone can drop off unused medications for proper disposal 24 hours a

day, every day. To find a drop off box go to <http://www.medreturn.com/medreturn-locations.php>

- Strongly discourage the use of alcohol in underage young people. There is a strong correlation between underage drinking and the later development of substance use disorders, including opiate addiction. Prevention efforts should start here.
- Parents can talk to their children about alcohol and drug use and its consequences. For some suggestions to start the conversation go to [www.mass.gov/dph/parentpower](http://www.mass.gov/dph/parentpower)
- The BSAS has many materials available free of charge through its MA Clearinghouse website, for more information go to <https://massclearinghouse.ehs.state.ma.us/>

### **Information for health care providers**

Medical, mental health and addiction treatment providers can all play a role in educating patients about addictive disorders, screening for behaviors that put people at risk for developing addictive disorders and intervening and referring people to treatment when the disorder is identified.

Below are some suggestions to incorporate into practice along with some available resources.

- DPH recommends routine screening for substance use disorders and at risk behaviors in all medical and behavioral health care settings. For more information on Screening, Brief Intervention and Referral to Treatment, go to <http://www.masbirt.org/>.
- DPH recommends that all mental health and addiction providers integrate overdose prevention education into group, family and individual treatment of people who are abusing opiates or likely to witness an overdose. For more information please read the BSAS Best Practice Guidance on this topic at <http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles-guidance-opioid-overdose.pdf>.
- All providers should be knowledgeable about appropriate referrals for treatment. Information can be obtained by contacting the Massachusetts Substance Abuse Information and Education Helpline at 1-800-327-5050 or thru the website at <http://www.helpline-online.com/>.
- The Governor's recent action steps include using emergency powers to universally permit first responders to carry and administer naloxone (Narcan), which has already led to more than 2,600 overdose reversals through DPH's education and distribution program. Naloxone will also be made widely available through standing order prescription in pharmacies to those likely to witness an overdose. For more information on prescribing follow the following link <http://prescribetoprevent.org>.
- For information on the law that allows bystanders to be prescribed naloxone, please go the following link <https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter192>.

- All providers should be informed about evidence-based practices that are proven effective to treat opiate addiction, including the use of medication assisted treatment. For more information please read the BSAS Best Practice Guidance on this topic at <http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles-guidance-mat.pdf>.

The Governor's action steps also include using emergency powers to immediately ban the new painkiller hydrocodone –only extended release<sup>3</sup> until there are adequate measures in place to safeguard against the potential for diversion, overdose and abuse. This action will protect public health, in advance of a more permanent solution through collaboration with the Legislature.

The Massachusetts Online Prescription Monitoring Program (MA Online PMP) is a secure website that supports the requirement of safe prescribing and dispensing. A licensed prescriber or pharmacist may obtain authorization, through completion and submission of an enrollment form, to view the prescription history of a patient for the past year. The MA Online PMP<sup>4</sup> also assists state and federal investigative agencies in addressing prescription drug diversion by supporting ongoing, specific controlled substances-related investigations. The MA PMP can serve as a critical clinical decision making tool in the care of patients with those suffering from acute and chronic pain while also potentially reducing opioid diversion, abuse and addiction.

**-DPH-**

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<sup>3</sup> The only product currently on the market in this form has the brand name Zohydro.

<sup>4</sup> For online provider and dispenser tools such as to register for the PMP, to access information on the PMP and the National Institute on Drug Abuse (NIDA) screening tool, visit:  
<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/ma-online-prescription-monitoring-program/>