



PRACTICE GUIDANCE: INTEGRATING OPIOID OVERDOSE PREVENTION STRATEGIES INTO TREATMENT

I. RATIONALE:

The Bureau of Substance Addiction Services (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 is essential to reducing risk of overdose.

Massachusetts (MA) 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 MA has exceeded the number of motor vehicle deaths.¹ Current rates of opioid overdose deaths are nearly six times greater than they were in 2000.² A study of MA communities demonstrated that opioid overdose deaths were reduced in those communities that had implemented overdose prevention education, including naloxone rescue kits.³

Opioid overdose occurs when concentrations of opioids in the body are so high that they depress respiration, and cause unresponsiveness. This can ultimately lead to 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 strategies;
 - Recognition: Determining whether an overdose is happening;
 - Response: Responding to overdose, including calling 911, performing rescue breathing, using the recovery position, and staying with the person;
- Training individuals who are likely to witness an overdose, and equipping them with a naloxone rescue kit; and
- Engaging individuals in conversation about opioid overdose prevention, recognition and response.

Naloxone can reverse opioid overdose; it is safe, and without abuse potential. MA law ([c. 192 §11 of laws of 2012](#)) permits prescribing, possessing, and administering naloxone by persons acting in good faith. BSAS works to reduce opioid overdoses in MA through various [initiatives and projects](#).

Providing education to patients on overdose prevention, recognition, and response increases their safety. This is true for all levels of care, regardless of current or future abstinence. Substance use disorder treatment should be provided in a way that is transparent about addiction and recovery. This kind of approach engages individuals as partners with shared responsibility, and supports them in ensuring their own well-being. Discussions about the course of recovery should include possibilities of relapse, and the risk of overdose if a relapse should occur. These conversations equip the individual with the knowledge and strategies to pursue recovery, avoid overdosing in the event of a relapse, and respond effectively if witnessing an 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 have access to naloxone. Providers and staff should also ensure that individuals are informed about naloxone and referred to naloxone programs.

II. GUIDANCE:

A. Organization:

Policy:

- States commitment to opioid overdose prevention, recognition and response.
- Permits individuals who possess naloxone to retain possession during the course of treatment (in accordance with [Code of Massachusetts Regulations 105 CMR 164.139\(B\)\(4\) and 408\(B\)](#), which allow exceptions to safe storage requirements when medications are used to treat acute episodes.)

Operations:

- Management and supervisory staff:
 - Stay up-to-date on the status of existing resources, and development of new local and statewide resources.
 - Ensure that staff are fully informed and make use of resources.
- In agencies that maintain naloxone rescue kits:
 - Staff and program participants are trained in opioid overdose prevention, recognition, and response. This includes administration of naloxone, and seeking emergency medical assistance by calling 911.
 - 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 patients have naloxone rescue kits, either through directly prescribing or partnership with a local overdose education and naloxone distribution (OEND) program.
- Agencies establish protocols for responding to on-site overdoses, including on-site administration by staff.
- Agencies provide and/or display educational materials (hand-outs, brochures, posters, videos) about opioid overdose prevention, recognition and response.
- 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 sessions are offered annually, and include:

- Information on opioid overdose prevention, recognition, and response, which includes training on the use of naloxone.
- A detailed overview of protocol for responding to on-site overdoses.
- Information on how to integrate opioid overdose prevention, recognition, and response into interactions with individuals who use opioids, and their social networks.
- Information on how to make referrals to OEND programs.
- 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 an overdose, having worked with individuals who overdosed, and other personal experiences).
- Supervisors ensure staff are debriefed after a known overdose has occurred among patients served.
- Staff are provided with adequate trauma and grief support if an opioid overdose occurs.

B. Service Delivery and Treatment:

Assessment:

In reviewing alcohol and drug use history, staff determine:

- Overdose risk factors such as:
 - History of opioid use
 - History of previous overdose
 - History of using alone
 - Length of current period of abstinence
 - History of using multiple substances, especially central nervous system depressants such as alcohol
 - Current medications
 - Living in an area remote from medical care
 - Chronic medical conditions, such as lung and liver diseases
 - History of tobacco and/or nicotine use
 - History of obtaining drugs from an unknown and/or unreliable source
- Whether the individual has ever witnessed an overdose
- Whether the individual has ever experienced an overdose
- Whether the individual knows how to recognize and respond to an overdose with naloxone
- The individual's current understanding of how to avoid overdose

Treatment Planning:

Treatment plans include an individualized opioid overdose risk reduction plan, which includes:

- Education in opioid overdose prevention, recognition, and response
- Referral to an OEND program

Education and Service Provision:

- Opioid overdose prevention, recognition and response, including the use of naloxone is discussed during:
 - Individual and group sessions
 - Relapse prevention services
 - Interactions with family, partners, friends, and peers
- Access to naloxone for individuals and social network members is provided through:
 - Referral to OEND programs

- Referral to pharmacy
- On-site programming (either through prescription or an OEND program partnership)
- Trauma and grief support is provided to patients and families, if an overdose occurs among program participants.

Discharge and Aftercare:

- Prior to discharge, staff review:
 - Opioid overdose risk, prevention, recognition, and response
 - Individual's opioid overdose risk reduction plan
- Staff ensure that individuals and families have, and know how to obtain, overdose prevention and naloxone resources.

III. MEASURES:

- Number of program participants who receive a naloxone kit and/or referral to an OEND program
- Number of social network members of program participants who receive a naloxone kit and/or referral to an OEND program or pharmacy
- 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: RESOURCES

Massachusetts:

Department of Public Health:

- [Opioid Overdose Prevention homepage](#)
- [Overdose Education and Naloxone Distribution homepage](#)
- [Overdose training resources for staff](#)
- [Principles of care and practice guidance](#)
- [Resources for family and friends](#)

Massachusetts Clearinghouse:

- [Overdose response magnet](#)
- [Overdose response wallet card](#)
- [Overdose response poster](#)
- [Fentanyl poster](#)

Praxis: Offers free [training and technical assistance](#) for all Bureau of Substance Addiction Services (BSAS)-funded addiction treatment programs. Praxis offers training and resources on many subjects, including [opioid overdose prevention, recognition, and response](#). Of note, Praxis's [Opioid Overdose Program Inventory](#) is a self-assessment for programs to evaluate program structures related to opioid overdose prevention.

National:

American Society of Addiction Medicine:

- [Policy statement on naloxone](#)

Harm Reduction Coalition:

- [Opioid overdose basics training guide](#)
- [Overdose prevention and naloxone distribution project guide](#)
- [Preventing overdose in community webinar](#)

Prescribe to Prevent:

- [Information for opioid prescribers](#)

Substance Abuse and Mental Health Services Administration:

- [Overdose prevention toolkit](#)