Now What? The Role of Prevention Following a Nonfatal Opioid Overdose

> *"Post-overdose interventions should be enticing, respectful, collaborative, and work on cementing that connection between people who use drugs and services that can help them survive."*
>
> *Maya Doe-Simkins, Harm Reduction Michigan*

The emergency has passed. The overdose wasn't deadly and the patient is being discharged. But you understand the grim reality: people who have nearly died from an opioid overdose are at increased risk of overdosing again, and of that next overdose being fatal.[1,2,3]

One reason for this increased risk is that many of the factors that contributed to the initial overdose—such as opioid dependence, poly-substance use, easy access to opioids, chronic pain, and/or mental health disorders—may still be present for the patient. Without appropriate intervention, these factors are likely to remain and increase in severity over time. Someone who overdoses on opioids may also suffer health-related consequences from the overdose itself, such as extreme stress; damage to the brain, heart, liver, or kidneys; and/or reduced opioid tolerance due to hospitalization/time away from use. These consequences may further increase a person's risk of and vulnerability to future overdose.

What can you do? This resource describes three post-overdose interventions that have shown promise in reducing the risk of subsequent overdoses and improving other health outcomes among people who have experienced a non-fatal overdose. Sometimes referred to as *warm handoffs,* these interventions represent a collaborative effort among law enforcement, medical providers, social workers, and prevention professionals to engage individuals who have experienced a non-fatal overdose and their family members in the period immediately following the overdose event.

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WHAT DO OVERDOSE SURVIVORS NEED?

The primary goal of post-overdose interventions is to keep people safe—however that is defined for the individual.

For some survivors, this may mean connecting them to treatment and recovery services. For others who are not yet ready for treatment (or for whom treatment is not appropriate), this may mean providing information on how to use opioids more safely. Some survivors may also have needs that lie at the root of their opioid use, such as economic and physical safety, mental health support, and housing. While individual warm handoff approaches may not address all these needs, they do provide a unique opportunity to begin building ongoing relationships that are respectful, collaborative, and cement the connections between people who use drugs and services that can help them survive.

WHAT ARE WARM HANDOFFS?

"Warm handoffs" comprise a range of interventions aimed at helping individuals who survive an opioid-related overdose connect with the people, resources, and/or services they need to prevent future overdoses and other negative health outcomes.

Typically, these interventions involve individuals from a range of professions, including healthcare providers, law enforcement, and social workers. There is also an important role for prevention practitioners in initiating and coordinating these interventions.

In recent years, three types of warm handoff interventions have gained prominence among communities working to address opioid overdose:

1. Emergency department-based screening and referral;
2. Emergency department-based naloxone provision; and
3. Post-overdose outreach and follow-up

Each type of intervention marks a unique opportunity to engage the overdose survivor: at the emergency department, as he or she is preparing to leave the emergency department, and after he or she has left the hospital. The choice of when to intervene will vary, as determined by the needs of the individual.

We briefly describe each of these strategies below. To learn more, explore the additional resources provided at the end of this tool.

Emergency Department-based Screening and Referral. Emergency departments are an ideal venue for offering a rapid assessment and intervention process known as Screening and Brief Intervention (SBI), or Screening, Brief Intervention, and Referral to Treatment (SBIRT). In this approach, counselors from within the hospital and/or external specialists, such as peer recovery coaches, use these assessment tools to determine a patient's risk for

future overdose, and suggest the most appropriate follow-up care, including treatment if appropriate.

These screening interventions also provide an important opportunity for practitioners to begin establishing a relationship with the overdose survivor; to explore factors and behaviors that may have contributed to the overdose, such as depression or homelessness; and to identify ways to support the survivor in addressing these factors. Administered prior to release, these screening and referral consultations typically take between 5–20 minutes.

This approach has worked well with patients with alcohol use disorders and has produced some strong results among patients with other substance use disorders.[4,5] It is currently under consideration or used in New York, Massachusetts, California, Connecticut, Maine, North Carolina, Ohio, Oklahoma, Texas, and Vermont.

Project ASSERT in Boston, Massachusetts helps emergency department patients who demonstrate risky alcohol and drug use behavior to access treatment and care. Since 1994, Project ASSERT has offered alcohol and drug use screening and/or referral to treatment for more than 60,000 patients treated for intoxication in the emergency department.

Emergency Department-based Naloxone Provision. The goal of these interventions is to ensure that overdose survivors and those close to them leave the hospital with the lifesaving opioid overdose-reversal medication, naloxone. Many emergency departments currently provide survivors and their families with naloxone kits they can use in the event of an overdose. Often, these programs also teach family and friends how to administer naloxone and life-saving rescue breathing, and the importance of calling 911 following an overdose.

Studies have shown that take-home naloxone is associated with a reduction in fatal opioid overdose and fewer opioid-related emergency department visits. People who received both naloxone and overdose education in the emergency department were more likely to call 911, administer naloxone, and stay with an overdose victim compared to people who received overdose education only.[6]

Since April 2017, **Maine General Medical Center** has been prescribing and handing out naloxone kits to friends and family members of potential overdose victims.

Post-Overdose Outreach and Follow-up. In this approach, teams of community-based professionals (typically a counselor accompanied by someone from the police or fire department) visit the overdose survivor and his/her family in the days or weeks following the overdose event. Frequently referred to as "knock and talks," these visits offer an opportunity

for survivors and their family and friends to learn about follow-up services, providing a bridge between the crisis and a safer future. Visits rest on a foundation of consent and respect for privacy and confidentiality. Outreach teams that include law enforcement make every attempt to minimize fear of arrest.

During these visits, outreach workers provide support, information (for example, about, insurance options and/or treatment facilities), referrals, and counseling services. Visits may focus on developing an overdose response plan, naloxone training, and/or exploring strategies for reducing the risk of another overdose (for example, by avoiding mixing opioids with other substances and/or understanding the changes in tolerance to opioids). Like all post-overdose interventions, these visits provide a starting point for building the kinds of relationships with survivors that make it more likely that they will contact professionals when they need help or treatment.

While no peer-reviewed studies have been conducted on this kind of follow-up, many communities, including **Chelsea, MA** and **Colerain Township, OH** have found them to be very helpful for survivors.

WHAT IS THE ROLE OF PREVENTION?

Prevention practitioners can play a pivotal role in supporting the implementation of post-overdose strategies.

Drawing on lessons learned from the delivery of primary prevention approaches, prevention practitioners are specifically well-positioned to do the following:

Provide audience-appropriate education and resources. Prevention practitioners can take the lead in developing and/or tailoring pamphlets, tip cards, instruction sheets, and other informational resources to support post-overdose strategies, on topics such as how to identify an overdose, use naloxone, reduce post-overdose risk, and access recovery supports. Practitioners also bring to the table experience developing and delivering trainings tailored to the needs of both lay and professional audiences, as well as expertise developing messaging designed to build awareness and support for selected interventions.

Promote community readiness. For any community-based intervention to succeed, community members must be prepared and motivated to support it. For post-overdose interventions like those described above—that rely on the participation and support of multiple community sectors, including members of the drug-using community—readiness is particularly important. Prevention practitioners have long recognized the relationship of readiness to success, and bring critical skills in readiness assessment and related capacity-

building. Some examples of how prevention practitioners can promote community readiness to adopt post-overdose interventions include:

- Increasing community knowledge about the dangers of opioid overdose;
- Increasing community knowledge of effective post-overdose interventions;
- Finding leaders and champions in the community to facilitate cross-sector collaboration; and
- Ensuring that the proper funding and other in-kind support are secured and properly allocated.

Reduce stigma. Prejudice directed toward people with substance use disorders can prevent many overdose survivors from getting the services and support they need to remain healthy. Fear of being judged can lead individuals to refuse to accept or seek help, including treatment and recovery services. Prevention professionals can play an important role in reducing the stigma associated with substance misuse by educating healthcare providers, first responders, and the community at large about what substance use disorder (SUD)-related stigma is, how it impedes treatment and recovery, and how to address it. Stigma-reducing strategies include:

- Promoting the use of non-stigmatizing language;
- Raising awareness of SUDs as treatable-diseases; and
- Encouraging treating those who suffer from SUDs with dignity and respect.[7]

Provide a socio-ecological lens. Prevention professionals understand that opioid misuse and overdose tend to be driven by risk factors at multiple socio-ecological levels. Some factors, such as chronic pain and mental health disorders, operate at the individual level. Others, such as having friends who use opioids and easy access to opioids, operate at the relationship and community levels. Still others, like lax policies regarding prescription opioids, operate at the societal level. Prevention practitioners can help to ensure that post-overdose approaches are integrated into comprehensive prevention approaches that address multiple factors operating at multiple levels.

Ensure that selected strategies are evidence-based. While emerging evidence confirms the effectiveness of post-overdose approaches in preventing future overdose, the research literature also cautions us that not all interventions work equally well. For example, studies have revealed critical differences in the reliability of different screening tools to detect substance use disorders.[8] Some strategies also have the potential for producing unintended consequences. For example, strategies that include compulsory referral to treatment for overdose survivors may increase, rather than reduce, future overdose risk.[9] The field of prevention has a long history using research to inform best practice, and can offer an important perspective on the potential ramifications of selected strategies.

Support evaluation efforts. In addition to identifying best practices backed by evidence, prevention professionals can contribute their evaluation expertise to assure that selected interventions are implemented as planned, and determine whether they are achieving their intended goals.

The field of prevention has much to contribute to the success of post-overdose approaches successful, but we cannot do it alone. It is important that we, as prevention professionals, seek out and work collaboratively with partners across the community—including healthcare providers, first responders, and treatment and recovery professionals—to develop and implement effective interventions that can save the lives of those who are most at risk for a future, fatal overdose.

WHERE CAN I LEARN MORE?

This section includes a variety of articles, tools, and videos on post-overdose interventions. Resources developed by SAMHSA's CAPT are marked with an asterisk (*) and available at samhsa.gov/capt.

Emergency Department-based Screening and Referral

- **SBIRT: Referral to Treatment.** This page of the SAMHSA-HRSA Center for Integrated Health Solutions website offers a clear definition of SBIRT and a number of helpful resources, including a link to a searchable directory of drug and alcohol treatment programs by location.
- **Three Strategies for Effective Referrals to Specialty Mental Health and Addiction Services.** This presentation from the SAMHSA-HRSA Center for Integrated Health Solutions presents strategies for forming partnerships with specialty mental health and addiction services for effective referrals.
- **Project ASSERT (Alcohol & Substance Abuse Services, Education and Referral to Treatment), Boston, MA.** This study by staff at the Boston University School of Medicine describes Project ASSERT, which links emergency department patients with the substance abuse treatment system and with primary care and other preventive services.
- **AnchorED, Rhode Island**. AnchorED's peer recovery coaches are available to all 12 hospitals in the state of Rhode Island.

Emergency Department-based Naloxone Distribution

- **Emergency Department Naloxone Distribution: Key Considerations and Implementation Strategies.** This white paper from the American College of Emergency Physicians provides information on rationale, implementation and utilization strategies, related policies and regulations, cost information, and other relevant considerations regarding setting and implementing a naloxone distribution program in the emergency department.

- **Why is it So Hard to Implement Change? A Qualitative Examination of Barriers and Facilitators to Distribution of Naloxone for Overdose Prevention in a Safety Net Environment.** Authors describe barriers to distribution programs, including those related to protocol and policy; workflow and logistical; staff roles and responsibilities; and education and training.

Community Naloxone Access

- **Getting Naloxone to Those in Greatest Need: Lessons from Massachusetts*** **(Video).** Building on lessons learned from Massachusetts, Dr. Alexander Walley, Medical Director of the Massachusetts Department of Public Health, presents strategies for getting naloxone, a safe and effective rescue medication for people experiencing opioid overdose, into the hands of those in greatest need.
- **Lessons from South Carolina: Tracking Naloxone Distribution* (Video).** Michelle Nienhius, Manager of Prevention Services from the South Carolina Department of Alcohol and Other Drug Abuse, discusses the importance of having an effective system for monitoring naloxone distribution.
- **Opportunities for Engaging Partners to Prevent Opioid Overdose-related Deaths.*** This tool presents different sectors prevention practitioners may want to engage in opioid overdose prevention efforts, along with opportunities for meaningful engagement.
- **Preparing for Naloxone Distribution: Resources for First Responders and Others.*** Provides a list of available resources on training first responders, both professional and lay, to prevent opioid overdose, including information on agencies doing work on this topic.
- **Preventing Opioid Overdose: The Value of Naloxone* (Video).** Dr. Alexander Walley, Medical Director of the Massachusetts Department of Public Health, underscores the importance of embracing naloxone distribution as a safe and effective strategy for preventing opioid-related overdose.
- **State- and Community-level Partners to Engage in Opioid Overdose Prevention Efforts.*** This tool is designed to help prevention practitioners identify potential partners within their state and communities, whose involvement is critical to preventing opioid overdose.
- **The Role of Prevention in Addressing Opioid Overdose* (Archived Webinar).** This webinar explores the role of prevention in addressing opioid overdose and opportunities for collaboration with other behavioral health sectors.

Post-Overdose Outreach and Follow-up

- **5 Investigates Reports from the Front Lines of the War on Opioids**. Boston television team reports from the frontlines, via video and article, on a crisis response team in Chelsea, MA.

- **Quick Response Team Workshop Videos**. The resources on this page were developed to support Northeast Ohio communities interested in developing Quick Response Teams.
- Posing the question **What's Next After Naloxone?,** this article explores what the Massachusetts, Ohio, and New Mexico programs have in common.

Other Resources

- **The Role of Prevention in Addressing Opioid Overdose* (Archived Webinar).** This webinar explores key factors associated with opioid overdose and the critical role that prevention practitioners can play in addressing it.
- **Words Matter: How Language Choice Can Reduce Stigma.*** This resource examines the role of language in perpetuating substance use disorder stigma, followed by tips for assessing our own use of stigmatizing language, and steps for ensuring that the messages we deliver are positive, productive, and inclusive.

REFERENCES

[1]Kinner, S. A., Milloy, M. J., Wood, E., Qi, J., Zhang, R., & Kerr, T. (2012). Incidence and risk factors for non-fatal overdose among a cohort of recently incarcerated illicit drug users. *Addictive behaviors*, *37*(6), 691-696.

[2]Caudarella, A., Dong, H., Milloy, M. J., Kerr, T., Wood, E., & Hayashi, K. (2016). Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs. *Drug and alcohol dependence*, *162*, 51-55.

[3]Larochelle, M. R., Liebschutz, J. M., Zhang, F., Ross-Degnan, D., & Wharam, J. F. (2016). Opioid prescribing after nonfatal overdose and association with repeated overdose: A cohort study. *Annals of internal medicine*, *164*(1), 1-9.

[4]Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug and alcohol dependence*, *99*(1), 280-295.

[5]Merchant, R. C., Liu, T., & Baird, J. R. (2016). Variations in Substance Use Prevalence Estimates and Need for Interventions among Adult Emergency Department Patients Based on Different Screening Strategies Using the ASSIST. *Western Journal of Emergency Medicine*, *17*(3), 302.

[6]Dwyer, K., Walley, A. Y., Langlois, B. K., Mitchell, P. M., Nelson, K. P., Cromwell, J., & Bernstein, E. (2015). Opioid education and nasal naloxone rescue kits in the emergency department. *Western Journal of Emergency Medicine*, *16*(3), 381.

[7]Landry, M. (2012). *Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma.* Silver Springs, MD: The Danya Institute on behalf of SAMHSA's Central East Addiction Technology

Transfer Center. Retrieved on 12/30/2017 from http://attcnetwork.org/regcenters/productDocs/2/Anti-Stigma%20Toolkit.pdf.

[8]Merchant, R. C., Liu, T., & Baird, J. R. (2016). Variations in Substance Use Prevalence Estimates and Need for Interventions among Adult Emergency Department Patients Based on Different Screening Strategies Using the ASSIST. *Western Journal of Emergency Medicine*, *17*(3), 302.

[9]Klag, S., O'Callaghan, F., & Creed, P. (2005). The use of legal coercion in the treatment of substance abusers: An overview and critical analysis of thirty years of research. *Substance Use & Misuse*, *40*(12), 1777-1795.