

## Opioid overdose prevention

### Patient advice

Patients in the following risk categories should receive advice on overdose prevention:

- Opioid-addicted patients who inject, smoke, or snort opioids.
- Recently abstinent opioid-addicted patients (e.g., patients discharged from a treatment program, withdrawal management, prison, or hospital).
- Patients on very high prescribed doses (> 400 mg MEQ)
- Patients on high opioid doses (> 200 mg MEQ) who also take benzodiazepines or drink heavily.

#### Advice for patients at risk for overdose

- Taking more than 200 MEQ a day is associated with increased risk of death.
- If you relapse after being recently abstinent, do not inject, and take a much smaller opioid dose than usual. You have lost tolerance and could die if you take your previous dose.
- Do not mix opioids with alcohol or benzodiazepines.
- Always have a friend with you if you inject or snort opioids.
- If a friend seems drowsy, has slurred speech, or is nodding off after taking opioids:
  - Shake them and keep talking to them to keep them awake.
  - **Do not let them fall asleep, even if someone watches them overnight.**
  - Call 911.
- The best way to avoid an overdose is to get treatment for your addiction. **Please attend the next rapid access addiction medicine clinic.**

### Providing take-home naloxone to at-risk patients

Patients (or their friends/relatives) should be given take-home naloxone if they have the following risk factors:

- Started on methadone or buprenorphine/naloxone within the past two weeks.
- On methadone or buprenorphine but not stable.
- On high-dose opioids for chronic pain.
- Treated for an overdose in the emergency department, or reports a previous overdose.
- Injects, crushes, smokes, or snorts opioids (fentanyl, morphine, hydromorphone, oxycodone).
- Buys methadone or other opioids from the street.
- Recently discharged from an abstinence-based residential treatment program, withdrawal management service, hospital, or prison.
- Uses opioids in a binge pattern (i.e., does not use the same opioid dose every day).
- Uses opioids with benzodiazepines or alcohol.

**Patient instructions for administering naloxone**

- Shake the overdose victim and call their name.
- Call 911.
- Inject a full vial of naloxone into an arm or leg muscle.
- Start chest compressions.
- Inject another vial if they do not wake up in 3–4 minutes.