



Protect Your Children *BE AWARE & DON'T SHARE*

HEALTH CARE PROFESSIONAL INFORMATION

Prescription drug misuse occurs when a person takes a prescription medication that is not prescribed for him/her, or takes it for reasons or in dosages other than as prescribed. The nonmedical use of prescription medications has increased in the past decade and has surpassed all illicit drug usage except marijuana in the United States. Misuse of prescription drugs can produce serious health effects, including addiction. One of the most striking aspects of the misuse of prescriptions has been the change in the consumption of opioids.

PRESCRIPTION SAFETY



What you need to know when you take a prescription home.

Prescription analgesic overdoses killed nearly 15,000 people in the US in 2008; more than 3 times the 4,000 killed by these medications in 1999. (CDC Vital Signs 11/2011)

In 2010, 7 million (2.7 %) persons age 12 or older misused or abused some type of prescription drug in the past month similar to 2009 and 2002 levels. (NSDUH 2010)

Forty-seven percent of teens obtained free prescription drugs for non-medical use from relatives or friends. Six percent reported obtaining the drugs without asking and 20 percent said they bought them from a friend or a relative.

Two in five teens report they believe prescription drugs are safer than illicit drugs and 20 percent believe they are not addictive.

After alcohol and marijuana, prescription drugs are the next most abused drugs among youth.

Commonly abused prescription drugs include: opioids indicated for pain, depressants indicated for anxiety and sleep disorders and stimulants indicated for ADHD

OPIOID OVERDOSE FIVE STEP EVALUATION AND TRIAGE

- Health care prescribers should avoid starting long-acting drugs in narcotic-naïve patients.
- Because dose titration is simpler with short-acting than long-acting drugs, short-acting drugs are preferred for acute pain.
- Be sure to provide the Medicine Cabinet inventory checklist to all patients.

Overdose assessments should be conducted at first contact and repeated whenever behaviors change or opioid medications/drugs are used. **The steps for an overdose assessment are:**

1. Identify Risk factors:

- Loss of tolerance
- Mixing Drugs
- Variation in strength of street drugs
- Serious illness
- Drug use alone

2. Identify Protective Factors:

- Never using alone



- Awareness of tolerance and variability of opiate strength
- Awareness of drug interactions
- Access to Narcan (Naloxone)
- Identifies high value on life
- Connected to family and friends

3. Overdose Inquiry:

- Ask specific questions about:
 - When the person uses?
 - What do they use?
 - The route of use?
 - Do they mix drug classes?
 - Will someone be available to check on their status?
 - Does anyone know how to use Narcan?

4. Risk Level/Intervention:

- Use clinical judgement and reassess as necessary. When high risk is assessed, **TAKE ACTION:**
 - Coordinate with other prescribers to reduce risk of multiple potentiating medications
 - Check the Prescription Drug Monitoring Program
 - Educate the patient and family on overdose risk and provide Narcan (Naloxone)
 - Consider lower dosage of opioid medication
 - Taper slowly to avoid a rapid change in tolerance
 - Provide education about tolerance reduction
 - Educate patient and family about signs of overdose
 - Consider admission into treatment
 - Use motivational interviewing approach
 - Consider referral for medical care if appropriate

5. Document:

- For youth, the treatment plan should include the roles of parents/guardians.

OPIOID OVERDOSE PREVENTION FACTS

Opioid overdose as a cause of death is preventable in the majority of cases.

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) supports a broad range of philosophies and approaches to SUD treatment. Regardless of approach, the goal is to provide care that will engage and support patients throughout the process and stages of their recovery.

A new life-saving law took effect in 2006, making it legal in New York State for non-medical persons to administer Narcan (Naloxone) to another individual to prevent an opioid/heroin overdose from becoming fatal. Any adult who has been trained and furnished with naloxone is able to act as an overdose responder. All OASAS programs with prescribers on staff (physicians, nurse practitioners and physician assistants) are encouraged to register as programs which can train staff and patients in the use of naloxone. OASAS also encourages staff at OASAS licensed programs without prescribers on staff to become trained as overdose responders so that they may be able to administer naloxone in the case of a suspected opioid overdose.

Brochures are available to download, print and distribute

www.oasas.ny.gov/stoprxmisuse/

www.health.ny.gov/diseases/aids/harm_reduction/opioidprevention/index.htm

New York State HOPEline: **1-877-8-HOPENY** (1-877-846-7369)

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