

Addressing the Substance Use and Overdose Crisis: Putting Prevention Front and Center

Christopher M. Jones, PharmD, DrPH, MPH
CAPT, US Public Health Service
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

Illicit Drug Supply Has Never Been Riskier and Patterns of Use Are Changing

Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

Mbabazi Kariisa, PhD¹; Julie O'Donnell, PhD¹; Sagar Kumar, MPH¹; Christine L. Mattson, PhD¹; Bruce A. Goldberger, PhD²

Trends in Nonfatal and Fatal Overdoses Involving Benzodiazepines — 38 States and the District of Columbia, 2019–2020

Stephen Liu, PhD¹; Julie O'Donnell, PhD¹; R. Matt Gladden, PhD¹; Londell McGlone, MPH¹; Farnaz Chowdhury²

Illicit Benzodiazepines Detected in Patients Evaluated in Emergency Departments for Suspected Opioid Overdose — Four States, October 6, 2020–March 9, 2021

Kim Aldy, DO^{1,2}; Desiree Mustaquim, PhD³; Sharan Campleman, PhD¹; Alison Meyn, MPH¹; Stephanie Abston¹; Alex Krotulski, PhD⁴; Barry Logan, PhD^{4,5}; Matthew R. Gladden, PhD³; Adrienne Hughes, MD⁶; Alexandra Amaducci, DO⁷; Joshua Shulman, MD⁸; Evan Schwarz, MD⁹; Paul Wax, MD^{1,2}; Jeffrey Brent, MD, PhD¹⁰; Alex Manini, MD¹¹; the Toxicology Investigators Consortium Fentalog Study Group

RESEARCH

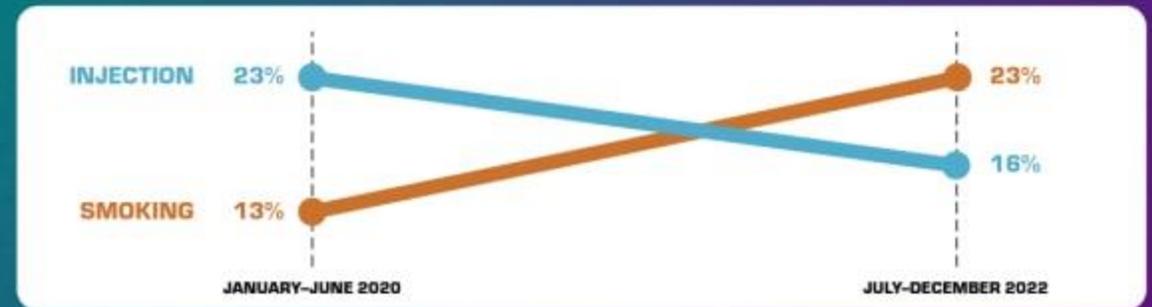
Open Access

Signals of increasing co-use of stimulants and opioids from online drug forum data

Abeed Sarker^{1*}, Mohammed Ali Al-Garadi¹, Yao Ge¹, Nisha Nataraj², Christopher M. Jones² and Steven A. Sumner²



In the U.S., the leading route of drug use involved in overdose deaths changed from injection to smoking*



Consider enhancing harm reduction services to reach people who use drugs by smoking

Provide naloxone and fentanyl test strips

Conduct peer outreach

Emphasize risk of overdose when drugs are smoked



*CDC's State Unintentional Drug Overdose Reporting System (SUDORS)

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FEBRUARY 15, 2024

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The Future We Envision

- **CSAP's Vision**

- A future where individuals, families, and communities are healthy and thriving

- **CSAP's Mission**

- Provides leadership and collaborates across sectors to advance prevention across the lifespan in order to:
 - Prevent substance use initiation
 - Prevent progression of substance use
 - Prevent and reduce harms associated with substance use

- **CSAP's Strategic Priorities**

- Analyzing and Disseminating Information on the Latest Data, Trends, and What Works in Prevention
- Building Prevention Capacity at the National, State, Tribal, Territorial, and Local Levels
- Advancing Prevention through Strategic Collaborations and Partnerships
- Raising Awareness and Catalyzing Prevention Action

- **CSAP's Guiding Principles**

- Data-driven
- Innovative
- Community-informed
- Grounded in cultural humility
- Focused on health equity
- Inclusive of social determinants of health

SAMHSA STRATEGIC PLAN



Harm Reduction Framework

- First document to comprehensively outline harm reduction and its role within HHS
- Provides a roadmap of best practices, 12 principles, and 6 pillars that anyone can apply to their work.
- Will inform SAMHSA's harm reduction activities moving forward, as well as related policies, programs, and practices



Harm Reduction Framework

Pillars and Principles

Six Pillars

- Led by PWUD and lived experience
- Embraces inherent value of people
- Commits to deep community engagement and community building
- Promotes equity, rights, and reparative social justice
- Offers most accessible and noncoercive support
- Focuses on any positive change, as defined by the person

Twelve Principles

- Respect autonomy
- Practice acceptance and hospitality
- Provide support
- Connect with community
- Provide many pathways to well-being across the continuum of health and social care
- Value practice-based evidence and on-the-ground experience
- Cultivate relationships
- Assist, not direct
- Promote safety
- Engage first
- Prioritize listening
- Work towards systems change

Core Practice Areas

- **Safer Practices:** Education and support describing how to reduce risk; provision of risk reduction supplies and materials
- **Safer Settings:** Access to safe environments to live, find respite, practice safer use, and receive supports that are trauma-informed and stigma-free
- **Safer Access to Healthcare:** Ensuring access to person-centered and non-stigmatizing healthcare that is trauma informed, including FDA-approved medications
- **Safer Transitions to Care:** Connections and access to harm-reduction-Informed and trauma-informed care and services
- **Sustainable Workforce and Field:** Resources for maintaining a skilled, well-supported, and appropriately managed workforce and for sustaining community-based programs
- **Sustainable Infrastructure:** Resources for building and maintaining a revitalized and community-led infrastructure to support harm reduction best practices and the needs of PWUD

SAMHSA Overdose Prevention and Response Toolkit



- Updated to reflect latest overdose trends
- Practical tips for preventing, recognizing, and responding to an overdose
- Information on available opioid overdose reversal medications (OORM)
- Information for specific audiences
 - People who use drugs
 - People who take prescription opioids
 - Practitioners and health systems
 - First Responders
 - Policy and systems considerations



Specifics on OORM and Harm Reduction Strategies

OORM	Brand	Formulation	Dosage	Availability	Considerations
Naloxone	N/A	Adaptable Nasal Spray	2 mg/ml	Rx, community naloxone distribution, harm reduction organizations	Assembly required to attach nasal spray adapter to needle-less syringe. Not approved by FDA. Possible to titrate to meet the needs of the patient and facilitate a gentler overdose reversal with potential for less severe withdrawal in people with opioids in their body.
Naloxone	RiVive™	Single-use Nasal Spray	3 mg	Rx, OTC, community naloxone distribution, harm reduction organizations	Lower dose can facilitate a gentler overdose reversal with less severe withdrawal in people with opioids in their body.
Naloxone	Narcan, generic	Single-use Nasal Spray	4 mg/0.1 ml	Rx, OTC, community naloxone distribution, harm reduction organizations	May cause withdrawal symptoms in people who have opioids in their body.
Naloxone	N/A	Single-dose Vial Intramuscular Injection; can also be given intravenously or subcutaneously	0.4 mg/ml	Rx, community naloxone distribution, harm reduction organizations	Has been studied and used in the real world to reverse overdoses for decades; cheapest naloxone available; easy to use.
Naloxone	Zimhi®	Intramuscular or subcutaneous Auto-Injection	5 mg/ml	Rx, community naloxone distribution, harm reduction organizations	Accessible product format that auto-injects the medication; high dose compared to other products; may cause severe withdrawal symptoms in people with opioids in their body.
Naloxone	Kloxxado®	Single-use Nasal Spray	8mg/0.1 ml	Rx, community naloxone distribution, harm reduction organizations	High dose compared to other products; may cause severe withdrawal symptoms in people with opioids in their body.
Nalmefene	Opvee	Single-use Nasal Spray	2.7 mg/0.1 ml	Rx, community naloxone distribution, harm reduction organizations	Longer lasting than naloxone, but may cause severe extended withdrawal in people with opioids in their body.

RISK FACTOR AND ASSOCIATED HARM REDUCTION STRATEGY

Overdose Risk Factor	Harm Reduction Strategy to Reduce Risk of Overdose
You experience a recent period of not taking any opioids, such as an emergency department stay, jail, or detox, or you are starting to use opioids again after a period of non-use or administration of an opioid antagonist such as naloxone.	<ul style="list-style-type: none"> Never use drugs alone, tell a friend or call 988 to talk about overdose risk with a professional or peer counselor. Start with the lowest possible amount of drug. Use or consume drugs slowly and observe their effects. Test unregulated drugs purchased on the street for fentanyl. If you took medications such as methadone or buprenorphine while incarcerated but then stopped, starting to use street drugs upon release increases risk of overdose.
You are using any kind of drug.	<ul style="list-style-type: none"> Start low and go slow. Start with a low dose and only increase gradually. Do not use alone. Use with a trusted person who is alert and can respond in the event of overdose or let a trusted person know to check on you. Look up a local “never use alone” hotline. Stagger your use. If you are using with a group, be sure that someone is alert and can respond in the event of overdose. Avoid using drugs, including opioids, with alcohol. Taking opioids in combination with alcohol and/or other depressant medications like benzodiazepines or tranquilizers can greatly increase the risk of overdose. Always carry an OORM. Be familiar with signs of an overdose and be prepared to respond with an OORM. See earlier section on OORM and responding to an overdose. Test it. Using test strips or other drug checking equipment to determine the presence of fentanyl and other drugs can help you decide how to use a drug to reduce risk for overdose. Listen to your body. Overall health can impact overdose risk. Rest, eat, and hydrate^{15,16}
You are changing your method of administration of an opioid, altering the opioid by crushing it, or taking opioids differently from how they were prescribed.	<ul style="list-style-type: none"> If you obtain unregulated opioids on the street, consider the increased risk of switching between different types and strengths of opioids, and test drugs to know the contents. Your risk of overdose increases when injecting or smoking opioids as compared to snorting or swallowing them. You can reduce risk by using alternatives to injecting or smoking. Crushing or otherwise manipulating prescription opioids can make the dose unpredictable, and risk of overdose increases if you snort instead of swallowing a drug.

Tips for Healthcare Providers

APPENDIX 3: PRACTITIONERS & HEALTH SYSTEMS

Research shows that people at risk of overdose frequently interact with the health system.³⁵ Whether they are prescribed opioids or obtain them from an illicit source, they may seek medical attention for various needs. Moreover, they may have been treated for a previous nonfatal overdose. Healthcare providers can support people at risk of overdose and are uniquely positioned to significantly impact overdose prevention and response efforts in their community.

IF YOU ARE A MEDICAL PROVIDER:

- Use every interaction with a patient as an opportunity to discuss medication management and substance use, create an open dialogue about opioids and overdose risk, screen for substance use, and offer support.
- Create a practice of open dialogue with patients, encouraging them to share their questions and concerns about opioids. Respond to their questions and concerns using non-judgmental and non-stigmatizing language, sharing factual information, seeking understanding of the patient's goals and experiences, refraining from lecturing or patronizing, and approaching the interaction through a lens of shared decision-making.
- If a patient screens positive for and/or discloses substance use, assess for a potential diagnosis of a SUD and related treatment needs in a nonjudgmental manner. Not all patients are ready for or desire treatment. You can direct patients to local harm reduction programs e.g., syringe service program, offer linkage to treatment that includes MOUD, prescribe buprenorphine, or refer to local support groups (e.g., recovery community organizations).
- Familiarize yourself with addiction developmental theories, risk and protective factors, and the role Adverse Childhood Experiences and trauma play in risk for substance use disorders.
- Understanding the Stages of Change/Transtheoretical Model and Motivational Interviewing (MI) can also help providers engage with patients. MI is a practical technique for patient engagement across many chronic health conditions, including SUD. With awareness of what causes or contributes to substance use and SUDs, providers can challenge their assumptions about a person and treat them with greater compassion, dignity, and respect.
- Practice trauma-informed care and consider the possibility that a patient might feel stress during an appointment. This may prevent them from opening up about their needs.
- Integrate peer recovery specialists into the medical team.

IF YOU ARE A PRESCRIBER OF OPIOIDS:

- Practice proper opioid stewardship by familiarizing yourself with the CDC's latest [opioid prescribing guidelines](#).
- Provide this Toolkit to patients and direct them to where they can learn more about the risks and benefits of opioid use, whether prescribed or obtained illicitly.
- Prescribe an OORM when you prescribe an opioid and encourage patients to have it on hand.
- Seek out education on medications for OUD, such as buprenorphine and methadone.

Federally funded continuing medical education courses are available at no charge at <https://pcssnow.org/> and <https://attcnetwork.org/>.

Thank You!

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Grant Opportunities

www.samhsa.gov/grants
www.grants.gov/web/grants

988 Suicide and Crisis Lifeline Toolkit

www.samhsa.gov/find-help/988/partner-toolkit

