

# Post opioid-overdose interventions emerge in US

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Opioid-related deaths continue to take the lives of thousands in the U.S. each year, with non-fatal opioid overdoses as a significant risk factor for a subsequent fatal overdose. Post-overdose interventions are emerging in affected communities, using what support systems are available to assist in the program design.

Survivors often do not seek treatment or overdose risk reduction services immediately after an overdose for many reasons, including shame and stigma, and lack of referrals to substance use treatment.

In a scoping review article published in *Preventative Medicine*, Sarah M. Bagley, MD, MSc, medical director of the CATALYST (Center for Addiction Treatment for Adolescents/Young adults who use Substances) Clinic and addiction specialist at Boston Medical Center's Grayken Center for Addiction, provides an overview about the emerging prevalence of post-overdose intervention programs in the U.S. and the variety of methods that communities and states are using based on availability of resources and support.

For the review, researchers examined articles published between 1999 and January 2019 that specifically described a specific post-overdose program. A total of 27 unique programs were identified for qualitative synthesis, which were organized into five categories based on timing, setting, and collaborations—[emergency department](#)-based, emergency department and home-based, home and/or overdose venue-based, mobile/not site-specific outreach, and diversion programs. Some of the key takeaways from the review are:

- Nine post-overdose programs operated directly out of the emergency department
- 18 programs provided post-overdose support in additional ways:
  - Three were operated both in the ED and home setting
  - Four were through mobile means or non-site specific
  - One was through law enforcement diversion, offering quick connections into treatment
  - 10 were based in the community where follow-up occurred in the homes or venues where the overdose took place
- Individuals were either approached while still in the ED for a non-fatal overdose or within one week of discharge; follow-up usually occurred between two and seven days
- Many programs rely on collaboration between fire departments, law enforcement, emergency [medical services](#), and public health departments to generate lists for those requiring follow-up post-overdose
- Follow-ups typically involved a police/fire/sheriff's officer and health clinician or harm reduction specialist, including support and referrals for friends and family

- Many programs were peer-based—found to be effective in other chronic illness programs due to greater comfort and more credibility based on a shared experience

"We are at a time when post-overdose programs are imperative to supporting people who are struggling with [opioid use disorder](#)," said Bagley, who is also an assistant professor of medicine and pediatrics at Boston University School of Medicine. "It is important to engage individuals in care after they have survived an overdose so that we can provide the services and support necessary to reduce the risk of future overdose and prevent opioid-related fatalities in the U.S."

As more peer-based programs are implemented, further research should follow the role of collective responsibility with overdose risk reduction and treatment engagement. In addition, rigorous evaluation of existing and emerging programs is needed assess effectiveness of programs to reduce [overdose](#) and engage survivors in harm reduction and substance use disorder treatment.

**More information:** Sarah M. Bagley et al, A scoping review of post opioid-overdose interventions, *Preventive Medicine* (2019). DOI: [10.1016/j.ypmed.2019.105813](https://doi.org/10.1016/j.ypmed.2019.105813)

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