

Guidance for the Care of Patients Presenting to New York City Emergency Departments Following a Non-Fatal Opioid Overdose

SUMMARY

To address the opioid overdose crisis, the New York City Department of Health and Mental Hygiene recommends the following when treating a patient following a non-fatal opioid overdose in your emergency department (ED):

1. Provide overdose prevention education:

- a. Discuss risk reduction strategies.
- b. Explain how to recognize and respond to an overdose.

2. Provide naloxone in one of four ways:

- a. Dispense free naloxone directly to patients if your ED is a registered Opioid Overdose Prevention Program (OOPP).
- b. Prescribe naloxone to patients.
- c. Direct patients to a pharmacy that offers naloxone without a prescription.
- d. Refer patients to a registered OOPP that dispenses free naloxone.

3. Recommend ongoing care to reduce health risks:

Depending on patient preference, recommend risk reduction services, pharmacotherapy, other health or support services, or a combination of these.

- a. Ask patients which services they are interested in: risk reduction services, pharmacotherapy, and/or supportive services (such as the Supplemental Nutrition Assistance Program, or emergency housing).
- b. Educate patients that risk reduction services, which include sterile syringes, supportive counseling and other services, are available.
- c. Educate patients that pharmacotherapy with an opioid agonist (i.e., methadone, buprenorphine) is the most effective form of treatment for opioid use disorder.
- d. Initiate pharmacotherapy or make referrals as above, if patient agrees.
 - i. For patients interested in treatment with buprenorphine, initiate buprenorphine in your ED and link patients with ongoing care.
 - ii. For patients interested in treatment with methadone, refer to an opioid treatment program.

Disclaimer: Other patients at risk for an opioid overdose may also benefit from the guidance in this document, however these recommendations are specifically focused for non-fatal opioid overdose in the emergency department setting.

BACKGROUND

Opioid overdose is a public health crisis. Every six hours someone dies of an unintentional drug overdose in New York City (NYC). The rate of unintentional drug overdose death increased for the seventh consecutive year, from 8.2 per 100,000 residents in 2010 to 21.2 per 100,000 residents in 2017, a 159 percent increase.¹ In NYC, more people now die from unintentional drug overdose than from motor vehicle crashes, suicides and homicides combined.² This increase has been driven by the presence of non-pharmaceutical fentanyl in the drug supply. In 2017, fentanyl was involved in 57 percent of all overdose deaths in NYC, making it the most commonly involved substance in these deaths.¹ Overall, opioids (including fentanyl) were involved in 82 percent of overdose deaths in 2017, but these deaths are preventable.¹

Non-fatal overdose is a predictor of a future fatal overdose.³ A 10-year retrospective study in a large healthcare system found about one in 10 patients died within 12 months after having one or more opioid-related overdoses.⁴ Treatment

with methadone or buprenorphine after a non-fatal overdose reduces all-cause and opioid-related mortality, however, few opioid overdose survivors receive these medications.⁵ In addition, overdose education combined with naloxone distribution programs reduce opioid overdose death rates.⁶

ED providers are in a unique position to address this crisis as they regularly provide medical care to patients who have overdosed or are seeking treatment for substance use disorders. Like other chronic conditions, such as type 2 diabetes, opioid use disorder and consequent non-fatal overdose can be addressed in the ED through patient education, offering effective treatment and referrals for follow-up care. To date, standardized guidance for opioid overdose prevention for EDs is limited.⁷ In an effort to promote high quality patient care, support providers, and reduce overdose deaths, the NYC Department of Health and Mental Hygiene recommends this three-step guidance when treating a patient following a non-fatal opioid overdose:

THREE-STEP GUIDANCE

1. Provide overdose prevention education:

Overdose education can be delivered by a variety of ED staff, including nurses, social workers, psychologists, pharmacists or physicians, and generally only takes a few minutes.

- a. **Discuss risk reduction strategies.** See below for sample language.

SAMPLE LANGUAGE: RISK REDUCTION EDUCATION FOR PATIENTS

Safest to stop using but if continue to use...

- Avoid mixing opioids with other drugs and/or alcohol.
- Be careful if you haven't used in a while (e.g., detoxification, incarceration, hospitalization) because you're more likely to overdose.
- Avoid using alone. If you overdose, it's important to have someone around to help.
- Fentanyl is a dangerous opioid that may be mixed into heroin, cocaine, crack, pills and other drugs being sold on the street and online. Anyone using drugs, even occasionally, is at risk.
- Make an overdose plan (e.g., be prepared with naloxone, have a phone on hand in case you need to call 911).
- If you think someone may be overdosing, **call 911 for medical help**. With some exceptions, the New York State 911 Good Samaritan Law provides protection to someone overdosing or anyone calling 911 to save a life, even if drugs are present.
- Carry naloxone and let your friends and family know where it is and how to use it.

See [Talking to Patients about Naloxone](#) for more risk reduction counseling points and example language. You can also download [Stop OD NYC](#), the Health Department's free mobile app, a tool you can use to educate your patients on overdose prevention, signs of an overdose, responding to an overdose, administering naloxone and performing rescue breathing.

- b. **Explain how to recognize and respond to an overdose.** See below for sample language.

SAMPLE LANGUAGE: OVERDOSE RECOGNITION AND RESPONSE EDUCATION FOR PATIENTS

- Common signs of an opioid overdose:
 - Unconsciousness: the person won't wake up even if you shake them, say their name or rub your knuckles vigorously up and down their chest bone or sternum.
 - Breathing difficulties: their breathing slows or stops, or you hear snoring or gurgling sounds.
 - Discoloration in lips and/or fingernails: these turn blue, pale or gray.
- It is important to always **call 911 for medical help**.
- Administer naloxone if available.
- Perform rescue breathing if the person is not breathing or CPR if you know how.

2. Provide naloxone in one of four ways:

We recommend that all patients presenting with a non-fatal overdose are offered and discharged with naloxone, ideally with a naloxone kit in-hand or a prescription. Choose one of the options below that best fits available resources and patient preference.

- a. **Dispense free naloxone directly to patients if your ED is a registered Opioid Overdose Prevention Program (OOPP).** For information on how to become an OOPP, email naloxone@health.nyc.gov.
- b. **Prescribe naloxone to patients.** Information on prescribing naloxone can be found in the Health Department's [Naloxone Prescribing Guidance for Clinical Settings](#) and [one-page summary](#) that includes example images of how to write a prescription for the different types of naloxone.
- c. **Direct patients to a pharmacy that offers naloxone without a prescription.** The NYC Health Commissioner issued a standing order permitting licensed pharmacists to dispense naloxone without a patient-specific prescription. All large chain pharmacies and many independent pharmacies in NYC participate in this program. To locate a pharmacy that dispenses naloxone without a prescription, visit nyc.gov/naloxone. You can also use the Stop OD NYC app or call 888-NYC-WELL. To download Naloxone in Pharmacies: What You Need to Know, a patient factsheet on accessing naloxone without a prescription, visit nyc.gov/health and search "naloxone in pharmacies."
- d. **Refer patients to a registered OOPP that dispenses free naloxone.** There are many OOPPs in a variety of settings (i.e., EDs, syringe service programs). To locate an OOPP download the list of community-based programs at nyc.gov/naloxone, use the Stop OD NYC app or call 888-NYC-WELL.

When prescribing and directing patients to a pharmacy that offers naloxone without a prescription:

- EDs should ideally refer patients to one designated pharmacy with which they have a relationship to reduce potential access barriers.
- Inform patients that most health plans cover naloxone with little or no copay. Additionally, the New York State [Naloxone Co-payment Assistance Program \(N-CAP\)](#), covers up to \$40 in naloxone copay costs.

Family members and friends of patients at risk for overdose should also obtain naloxone through any of the above options; EDs planning to dispense directly and/or prescribe to family and friends, should develop a mechanism for non-patients.

For technical assistance to provide naloxone in your ED, email naloxone@health.nyc.gov.

3. Recommend ongoing care to reduce health risks:

Depending on patient preference, recommend risk reduction services, pharmacotherapy, other health or support services, or a combination of these.

- a. **Ask patients which services they are interested in: risk reduction services, pharmacotherapy, and/or supportive services** (such as the Supplemental Nutrition Assistance Program, or emergency housing).
- b. **Educate patients that risk reduction services, which include sterile syringes, supportive counseling and other services, are available.** To locate these harm reduction services, visit nyc.gov/health and search for NYC Health Map. Under the “Drug and Alcohol Services” tab, select “Syringe Service Programs.” You can also call 888-NYC-WELL.
- c. **Educate patients that pharmacotherapy with an opioid agonist (i.e., methadone, buprenorphine) is the most effective form of treatment for opioid use disorder.** Pharmacotherapy with methadone and buprenorphine reduces mortality and drug use, keeps patients in care, and improves various health and social outcomes.⁸ Note that some patients might have a preference for methadone versus buprenorphine or might have a better clinical response to one medication over the other.⁹
- d. **Initiate pharmacotherapy or make referrals as above, if patient agrees.**
 - I. **For patients interested in treatment with buprenorphine, initiate buprenorphine in your ED and link patients with ongoing care.**

A randomized control trial demonstrated that ED-initiated buprenorphine treatment significantly increased engagement in addiction treatment and reduced illicit opioid use compared to referral alone.¹⁰ Email buprenorphine@health.nyc.gov for a tool kit and technical assistance to implement ED-initiated buprenorphine. Visit nyc.gov/health and search “opioid addiction treatment” for a list of NYC primary care providers who offer buprenorphine treatment (select the “How to Find Treatment” tab). You can also call 888-NYC-WELL or visit samhsa.gov and search “buprenorphine practitioner locator” to find a national list of buprenorphine providers.
 - II. **For patients interested in treatment with methadone, refer to an opioid treatment program.** Visit oasas.ny.gov and search “provider directory” or call 888-NYC-WELL (and press 2).

MONITORING AND EVALUATION

Emergency departments should monitor and evaluate use of this guidance to assess if objectives are being met, and to identify successes and areas for improvement. Suggested metrics are: 1) number of naloxone kits dispensed and 2) number of patients who received buprenorphine induction.

RESOURCES

Naloxone resources — for providers

Stop OD NYC Mobile App

<http://www1.nyc.gov/site/doh/services/mobile-apps.page>

How to Become a Registered Opioid Overdose Prevention Program

https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/become_a_program.htm

Naloxone Prescribing Guidance for Clinical Settings

<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/naloxone-presc-guidance.pdf>

Prescribing Naloxone to Your Patients

<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/naloxone-info-sheet-providers.pdf>

NYC Pharmacies Dispensing Naloxone without a Patient-Specific Prescription

<https://www1.nyc.gov/site/doh/health/health-topics/naloxone.page>

Talking to Patients about Naloxone

<https://www1.nyc.gov/assets/doh/downloads/pdf/hcp/naloxone-talking-to-patients.pdf>

Naloxone resources — for patients

Getting Naloxone in Pharmacies: What You Need to Know

<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/naloxone-faqs.pdf>

Naloxone Co-payment Assistance Program (N-CAP)

https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/directories.htm

NYC Registered Opioid Overdose Prevention Programs that Dispense Naloxone to the Public

<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/naloxone-community-based-programs.pdf>

Treatment resources

Primary Care Providers Offering Buprenorphine (New York City)

<https://www1.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page>

New York State OASAS Provider and Program Search

https://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=2

New York State AIDS Institute Provider Directory (HIV care, HCV Care, PrEP & PEP, Buprenorphine, Opioid Overdose Prevention Programs)

<https://providerdirectory.aidsinstituteny.org/>

SAMHSA Buprenorphine Treatment Practitioner Locator (United States)

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Other key resources

Reduce Your Risk of Overdose, Hep C and HIV

<https://www1.nyc.gov/assets/doh/downloads/pdf/mental/reduce-your-risk-od.pdf>

New York State 911 Good Samaritan Law

<https://www.health.ny.gov/publications/0139.pdf>

Syringe Service Programs

<https://a816-healthpsi.nyc.gov/nychealthmap>

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