

Engaging the Right Partners

Opportunities for Engaging Partners to Prevent Opioid Overdose-related Deaths

Preventing opioid overdose requires collaboration with a diverse range of partners—some familiar and some new to the world of prevention. The table below presents different sectors prevention practitioners may want to engage in opioid overdose prevention efforts, along with opportunities for meaningful engagement. These sectors include:

- Criminal Justice
- Government
- Harm Reduction Programs
- Health Care
- Law Enforcement
- Medical and Pharmacy Schools
- Medical Examiners and Coroners
- Mental Health Providers
- Parents
- People Who Use Drugs
- Pharmacies
- Prescribers
- Professional First Responders
- Recovery Community
- Treatment Providers
- Universities/Colleges
- Youth-serving Agencies

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Partner Sector	Opportunities for Engagement
<p>Criminal Justice <i>(for example, reentry programs, correctional facilities)</i></p>	<ul style="list-style-type: none"> • Encourage representatives from criminal justice to share information on incarcerated individuals who may be re-entering the community and in need of treatment or recovery support services. • Work with representatives from criminal justice to incorporate overdose prevention education and naloxone distribution into correctional and reentry programming.
<p>Government <i>(for example, mayor, city council, health department)</i></p>	<ul style="list-style-type: none"> • Enlist members of local government to become involved in efforts to raise awareness of the opioid problem, serve as prevention champions, and mobilize community support. • Work together to identify opportunities for integrating opioid prevention efforts into other community efforts (for example, into more general communitywide health improvement plans). • Educate stakeholders about the effectiveness of policies for preventing opioid overdose fatalities, such as Good Samaritan laws and naloxone training and distribution policies.
<p>Harm Reduction Programs <i>(for example, case managers, overdose trainers)</i></p>	<ul style="list-style-type: none"> • Collaborate with harm reduction program practitioners to learn more about the details of their naloxone distribution programs (for example, numbers of kits distributed to clients, whether these kits were used). • Conduct key informant interviews with program staff to learn more about the clients they serve, factors they see as contributing to misuse and overdose, and staff training needs. • Invite harm reduction program practitioners to train prevention practitioners and professional first responders in overdose prevention and naloxone administration. • Engage practitioners in efforts to educate current users on issues related to preventing overdoses (for example, loss of opioid tolerance after periods without opioid use).

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<p>Health Care <i>(for example, hospital administration, emergency department leadership)</i></p>	<ul style="list-style-type: none"> • Ask health care providers to share their procedures for screening individuals for opioid addiction/overdose risk and their response protocols for individuals identified as being at risk. • Request that emergency departments share emergency room overdose data. • Collaborate with emergency department leadership to develop and implement clear overdose survivor protocols (that is, follow-up steps for patients who have experienced a nonfatal overdose). • Work together to develop and implement staff trainings on overdose prevention and naloxone administration. • Collaborate to develop and disseminate patient education materials on the risks of prescription opioids.
<p>Law Enforcement <i>(for example, police chief, officers)</i></p>	<ul style="list-style-type: none"> • Work with law enforcement to: <ul style="list-style-type: none"> ○ Analyze drug seizure data and other information on illegal sales of opioids to determine drug access points. ○ Share information on the potency and purity of drugs being used (for example, if heroin is often laced with fentanyl, prevention practitioners can notify naloxone administrators that more than one dose of naloxone may be required to reverse an overdose). ○ Establish agreements to institutionalize real-time data sharing (for example, if law enforcement obtains information about a potent batch of heroin, alerts can go out to emergency medical services providers notifying them of the increased risk of overdose). • Encourage law enforcement to inform the public about the current state of the opioid problem in the community and the protections under Good Samaritan laws by speaking at town hall meetings, city council meetings, community awareness events, and professional development opportunities. • Work together to develop and implement trainings in naloxone administration for law enforcement professionals. • Collaboratively develop resources and guidance for individuals who witness an overdose (including future overdose prevention and support services).

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Medical and Pharmacy Schools <i>(for example, school administration, faculty)</i>	<ul style="list-style-type: none"> • Work with medical and/or pharmacy school administration to encourage students to participate in community prevention coalitions (for example, by providing incentives such as course credit or internships). • Work with school administrators to develop and provide continuing education opportunities on prescribing guidelines, best practices for prescribing opioids, and opioid reversal. • Work together to revise existing curricula to include information on appropriate prescribing practices and how to identify abuse.
Medical Examiners and Coroners	<ul style="list-style-type: none"> • Encourage medical examiners and coroners to share death certificate data and provide guidance as to what this data can tell us (that is, how it can be used to identify populations at risk, contributing risk factors, and where overdoses are occurring).
Mental Health Providers	<ul style="list-style-type: none"> • Invite mental health providers to share their insights into the relationship of mental health and substance use (for example, considerations for treating individuals with co-occurring mental health and substance use disorders, especially if continued medication is recommended). • Seek out their expertise in helping to understand the role of mental health in intervention, treatment, and recovery for individuals with substance use disorders. • Engage their support in identifying individuals who are misusing or addicted to opioids.
Parents	<ul style="list-style-type: none"> • Invite parents of individuals with opioid addiction or who have recently overdosed to become spokespeople for prevention efforts. • Train parents to become peer educators for naloxone distribution and other prevention education programs. • Educate parents about safeguarding medications.

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People Who Use Drugs	<ul style="list-style-type: none"> • Invite people who use drugs to participate in a focus group to identify factors contributing to opioid misuse. • Invite people who use drugs to join your coalition or task force. • Engage people who use drugs in efforts to raise awareness of opioid risks among other active users. • Invite people who use drugs to educate members of health care and treatment systems about gaps in care they have experienced. • Train people who use drugs in overdose prevention and naloxone administration.
Pharmacies <i>(for example, community pharmacies and chains)</i>	<ul style="list-style-type: none"> • Conduct key informant interviews with pharmacists and pharmacy staff to better understand pharmacy protocols and policies related to naloxone distribution. • Engage pharmacists in discussions about prescription drug monitoring programs (for example, ways to strengthen these programs and/or improve utility). • Work together to identify patients at risk for overdose, who may be in need of naloxone, and educate individuals on best practices for safely storing and disposing of prescriptions.
Prescribers <i>(for example, physicians, dentists)</i>	<ul style="list-style-type: none"> • Ask prescribers to share their protocols for appropriate dosing for prescription opioids and prescribing naloxone. • Work together to identify opportunities for integrating patient education into prescribing practices and increasing use of PDMPs. • Engage prescribers in efforts to increase screening for prescription opioid misuse and/or prescribe naloxone (for example, collaborate on the development of educational pamphlets for prescribers to encourage co-prescribing opioids and naloxone).

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<p>Professional First Responders (for example, emergency medical technicians, fire department)</p>	<ul style="list-style-type: none"> • Encourage emergency medical services (EMS) to share data on the number of opioid overdose incidents they respond to, the locations of these overdoses, and whether naloxone was administered. • Invite first responders to help identify issues that might be contributing to the opioid problem in the community. For example, first responders may be the first to become aware of the presence of a new, more potent batch of opioids in the community if they find themselves encountering individuals who require multiple doses of naloxone to reverse their overdose. • Work together to develop post-overdose prevention strategies (for example, post-overdose “door knocks” where firefighters visit individuals who have recently overdosed to provide education and connect them to support services)
<p>Recovery Community (for example, recovery coaches, after-care counselors, 12-step program staff)</p>	<ul style="list-style-type: none"> • Invite after-care counselors and other recovery professionals to staff meetings to talk about the needs of people with opioid use disorders. • Help members of the recovery community communicate the needs of individuals in recovery to primary care providers (for example, prescribing guidance for individuals in recovery experiencing pain). • Work together to develop and implement trainings in naloxone administration.
<p>Treatment Providers (for example, substance misuse treatment directors, medication-assisted treatment specialists)</p>	<ul style="list-style-type: none"> • Invite representatives from the treatment community to share data on treatment admissions and completions. • Collaborate with treatment providers to educate prescribers about medication-assisted treatment. • Train treatment program staff and administrators in naloxone administration in case clients experience an overdose while on site.

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Universities/Colleges <i>(for example, school administrators, campus health center directors, student support services leadership)</i>	<ul style="list-style-type: none"> • Encourage universities and colleges to share data on student overdose rates and drug use. • Work with your local college or university’s office of prevention to educate the student population on the dangers of opioid misuse, abuse, and addiction. • Collaborate with college staff to train student support services (such as residential life) on overdose prevention and naloxone administration.
Youth-serving Agencies	<ul style="list-style-type: none"> • Collaborate around efforts to educate parents and guardians about the risks of opioid-related overdoses and strategies to prevent them.