

Sample Language for Overdose Prevention (Doe-Simkins & Bell, 2014)

Sample language to be added to intake forms:

- *Have you ever overdosed?*
- *Have you ever witnessed an overdose?*
- *What would you do in a situation where someone was overdosing in your presence?*

During Induction:

- *If you were to have even a single instance of use at some point, we want to make sure that you stay alive to get back on track. Everyone should know what to do in an overdose situation.*
- *We are committed to your safety, which is why we gradually increase your methadone dose, observe your reaction to it, and discuss overdose prevention and management with you (and, with your permission, your loved ones).*
- *We hope that you are here tomorrow, and next week, and next month, but if some of you are not, our foremost concern is that you stay alive, so that we can see you again down the road.*

Sample language to identify strengths and resiliencies and explore trauma:

- *Have you ever ODD? [If yes] How did you survive? Who was with you and helped you? How did that affect the ways you used after the overdose? How did you protect yourself from it happening again? [If no] More than half of people who use opioids have an overdose- what did you do to avoid being part of that group? What other ways did you keep yourself safe from the risks of drug use?*
- *Have you ever witnessed an OD? [If yes] What did you do? What did others do? Did the person live? Do you think about that event(s) often? How do you feel about it? [If no] Most people say that they have seen an overdose- what is special about your experience that you have not? How do you talk with friends about preventing overdose? How do you and your friends protect each other from other dangerous or difficult situations?*

Psychoeducational:

- *What are the risk factors for overdose? How does HIV medicine interact with different drugs? People living with HIV/AIDS are at higher risk for overdose- does anyone have thoughts on why this might be?*
- *What do you do if you are with someone who overdoses? What are some less effective ways to respond? [Clients may tell stories of previous responses that are less effective strategies. This can be a good opportunity to provide accurate information.] While putting ice on someone may wake them up, if they are able to wake up, sternal scrub is quicker (and less messy) and you can get the same result. If someone isn't breathing, they need oxygen (breathe for them) and/or naloxone.*
- *Has anyone used naloxone or had it used on them? Do you know where to get naloxone?*

- *Do you now or have you ever had an “overdose plan”? What are the risks and benefits of responding to someone’s overdose? You may not need this information yourself, but do you know others who do?*

Support Groups:

- *How has your experience with overdose (yours or other’s) affected your use? How has it influenced your recovery?*
- *How do you think your family/community will react to your interest in preventing overdose (and carrying naloxone)? How has overdose affected your friendships or family Relationships?*
- *How would you help a friend who has had a lapse? How would you want your recovery coach to support you if you were worried about a lapse? How would you want your sponsor (or similar) to support you if you were worried about a lapse? How would you feel about making an “overdose plan”?*

Family Groups:

- *We encourage every family to make an overdose plan. It can serve as an important way to have deeper conversations, illustrate how your loved one’s use is affecting the whole family unit, and set rules and expectations. In the event of a tragedy, it may also provide some relief from regret. Elements of an overdose plan could include getting trained to use naloxone; discussing where the naloxone is kept; learning rescue breathing; learning signs and symptoms of an overdose; discussing not locking bedroom or bathroom doors; agreeing to check in if a relapse happens; agreeing to a discussion before making major decisions if a relapse happens.*

After positive drug screen:

- *I care about you [even though I don’t like what you do] and I do not want anything to happen to you.*
- *It is my job to make sure you have access to the skills & information to help you survive, no matter what happens.*
- *Please do not do it alone, make sure the people you are with know what to do.*
- *Do you and your friends have an overdose plan? Let’s figure out how/where to get you Naloxone.*

At Discharge:

- *I hope that you never are in this situation, but with so many people dying of overdose, it’s important that everyone knows what to do if you are ever with someone and might be able to save their life.*
- *Whether someone is getting high or taking opioids for pain, anyone who uses opioids can be at risk of overdose and people with lower tolerance are at higher risk.*

Doe-Simkins, M. & Bell, A. Opioid overdose prevention and related trauma: incorporating overdose prevention, response, and experience into substance use disorder treatment. Chicago, IL: Illinois Cooccurring Center for Excellence at Heartland Health Outreach, 2014.