OPIOID AWARENESS AND EDUCATION

BE AWARE BE PREPARED
Understanding an Opioid Emergency
WHAT ARE OPIOIDS?

Prescription opioids are a class of powerful medications, prescribed by a healthcare provider to treat pain. While used for legitimate medical needs — including short- or sometimes long-term pain control, cough suppression, or to control severe diarrhea — prescription opioids are also sometimes used inappropriately for non-medical use.

There are also illegal opioid formulations. Although all formulations pose the risk for dependence or abuse, they do so to different degrees. The U.S. Drug Enforcement Agency (DEA) schedules opioids according to their acceptable medical use and potential for abuse or dependency.

It’s important to understand that prescription opioids can be helpful to manage chronic pain, but they come with risks even when used appropriately. When used too frequently, inappropriately, or without a prescription, they can cause serious life-threatening effects.
Recognizing which medicines are opioids is an important step to prevent opioid overuse emergencies! Frequently prescribed and common opioids include:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Names</th>
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<tbody>
<tr>
<td>Fentanyl</td>
<td>Actiq, Duragesic, Fentora, Abstral, Onsolis</td>
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<tr>
<td>Hydrocodone</td>
<td>Hysingla ER, Zohydro ER</td>
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<tr>
<td>Hydrocodone/Acetaminophen</td>
<td>Lorcet, LorTab, Norco, Vicodin</td>
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<tr>
<td>Hydromorphone</td>
<td>Dilaudid, Exalgo</td>
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<td>Meperidine</td>
<td>Demerol</td>
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<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
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<tr>
<td>Morphine</td>
<td>Kadian, MS Contin, Morphabond</td>
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<tr>
<td>Oxycodone</td>
<td>OxyContin, Oxydo</td>
</tr>
<tr>
<td>Oxycodone and Acetaminophen</td>
<td>Percocet, Roxicet</td>
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</tbody>
</table>

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Opioids attach to receptors in the brain, spinal cord, and gut. This produces a range of effects that include the release of chemical messengers to the brain, resulting in pain relief.

In addition to relieving pain, opioids can also cause life-threatening side effects, which include:

- Slowed or shallow breathing
- Weak pulse
- Low blood pressure

These effects can start as quickly as 5 to 10 minutes after taking an opioid and, depending on whether opioids are taken by mouth, via a skin patch, or by injection, can peak within 30 minutes to an hour.

Did you know that ~85% of opioid-related deaths are unintended/accidental?
WHO’S TAKING OPIOIDS AND WHY?

- Opioids are commonly prescribed for acute, transient (i.e., short-term) injuries.
- Opioids are also often prescribed for patients suffering from chronic, long-term pain.
- Others may have borrowed an opioid prescription from a friend or family member to self-treat their pain.
- Although many patients find themselves relying on opioid medications for pain relief, some grow dependent on them even though their underlying pain has gone away.
- The use of opioids without a prescription is considered “illicit use,” and may include “street drugs” like heroin, fentanyl, and carfentanil, all of which are significantly more potent than prescription-grade agents.
WHO’S AT RISK FOR AN OPIOID OVERDOSE EMERGENCY?

There are many reasons for opioid overdose emergencies and most often, these emergencies are accidental and unintentional. In fact, opioid overdose emergencies can even occur when opioids are used as directed. The World Health Organization (WHO) states that “people dependent on opioids are most likely to suffer an overdose.”

Those at highest risk:
1. Take moderate to high doses of opioids
2. Consume certain other sedating medications or alcohol
3. Have a history of substance abuse or have recently been released from treatment or incarceration
4. Have children, other family, friends and loved ones who have access to unlocked or unsecured prescription opioids

For example:
• Do you have a senior partner (65+) who is taking multiple medications, including sedatives or muscle relaxants, that can interact with opioids?
• Has a loved one recently served time in prison and gone through forced treatment withdrawal?
• Do you have children with ready access to the medicine cabinet?
• Do you have a sibling with a mental health disorder, such as depression or anxiety?

The bottom line is that anyone who uses opioids for pain control or for recreational purposes is at risk for an opioid emergency, and any household that has opioids may be at risk. Knowing the risks and who’s at risk, along with the steps to take in the event of an emergency, may mean the difference between life and death. Risk of fatal overdose in children under 10 is more than doubled (~2.5 times) when an opioid is in their home.
An opioid overdose emergency occurs when there are so many opioid molecules in the brain that they overwhelm the brain receptors and block the body’s drive to breathe.
KNOW THE SIGNS OF AN OPIOID EMERGENCY
The following signs and symptoms may indicate an opioid overdose emergency:

- UNUSUAL SLEEPINESS OR NOT ABLE TO AWAKEN
- BREATHING WILL BE SLOW OR ABSENT
- SLOW HEARTBEAT OR LOW BLOOD PRESSURE
- SKIN FEELS COLD AND CLAMMY
- PUPILS ARE TINY
- NAILS AND LIPS ARE BLUE

IN CASE OF EMERGENCY, CALL 9-1-1
OPIOID EMERGENCY TREATMENT OPTIONS

Opioid emergency-related deaths can often be prevented if a person receives emergency medical care and timely administration of an opioid overdose emergency treatment. Every second counts.

For years, treatments that quickly reverse the effects of an opioid overdose and help restore breathing have only been available in medical and hospital settings for use by trained personnel. Consumers are now able to purchase FDA-approved emergency treatments directly from the pharmacy without an individual prescription from a doctor. Many insurance plans cover the emergency treatment at a relatively low cost. Their role as an overdose reversal agent is critical.

The U.S. Surgeon General has recommended and reinforced consumer use of opioid emergency treatments in the first Surgeon General advisory in 13 years, emphasizing to anyone who may come in contact with a person overdosing to have an opioid emergency treatment on hand and within reach.

This is not a substitute for emergency medical care. When administering an emergency treatment option, always be sure to call 911 right away, even if the person wakes up. Rescue breathing or CPR (cardiopulmonary resuscitation) may be given while waiting for emergency medical help to arrive.
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ADDITIONAL RESOURCES

For More Information visit:
BeAwareBePrepared.com

SAMHSA (Substance Abuse and Mental Health Services Administration) Opioid Overdose Prevention Toolkit
SAMHSA (Substance Abuse and Mental Health Services Administration) Opioid Prevention App (IOS Only)
SAMHSA (Substance Abuse and Mental Health Services Administration) Endorsed OpiRescue Overdose Support Tool
CDC (Centers for Disease Control and Prevention) Opioid Overdose Tip Card
CDC (Centers for Disease Control and Prevention) Patient Fact Sheet: Promoting Safer and More Effective Pain Management
CDC (Centers for Disease Control and Prevention) Prescription Opioids: What You Need to Know
CDC (Centers for Disease Control and Prevention) Pregnancy and Opioid Pain Medications
JAMA (Journal of the American Medical Association) Patient Resource: Opioids for Chronic Pain