Need for opioid overdose prevention in primary care

Data recently released by the Coroners Court of Victoria supports the need for Community Overdose Prevention and Education (COPE) initiative. Data relating to opioid overdose released in 2014 indicates for the fourth consecutive year opioid overdose has exceeded the Victorian road toll. The number of Victorians who died from opioid overdose was 384 compared with 248 on Victorian roads. Of the 384 overdoses, 315 involved pharmaceutical drugs; 186 deaths involved opioid analgesics. Of the 162 fatal overdoses involving illegal drugs in 2014, 135 involved heroin.

Opioid overdose can now be addressed at a primary care level with Naloxone Mini-Jets (5 pre-filled syringes). Naloxone is available on the Pharmaceutical Benefits Scheme (PBS) for prescription as a take home medication for patients identified to be at high risk of opioid overdose.

Naloxone is a life-saving medicine that temporarily reverses an opioid overdose. It prevents the central nervous and respiratory systems from shutting down, thus allowing a person to breathe normally.

As primary care providers, General Practitioners (GPs) and pharmacists are in a prime position to identify individuals who are at high risk. Therefore, primary care providers have a key role to play in embedding naloxone as a standard overdose prevention tool by prescribing and/or dispensing naloxone to at high risk individuals.

Identifying individuals at high risk of opioid overdose

COPE is actively encouraging health professionals to routinely screen patients to identify those who are at high risk of opioid overdose. COPE recommends routine screening for overdose risk be incorporated into care planning processes for individuals being prescribed opioids for conditions such as chronic pain and those on opioid pharmacotherapies.

With appropriate education, patients on long-term opioid therapy and others at high risk for overdose, may benefit from having a naloxone prescription to use in the event of an overdose. All individuals identified at high risk should be made aware of naloxone availability, and offered the option of receiving a naloxone prescription.

Important note – UCB naloxone mini jets

UCB naloxone minijets approved by the Pharmaceutical Benefits Scheme (PBS) DO NOT come with a needle attached.

Needle tips SHOULD BE supplied with the medication upon dispensing.

The following needle sizes are recommended to administer naloxone via Intra-Muscular (IM) injection: 23 Gauge 1 ¼”; or 25 Gauge 1”
Overdose prevention in primary care

5 point checklist for health professionals

1. Identify suitable patients
   Patients who may be considered as at high risk for opioid overdose include those who:
   - Have had recent medical care for opioid poisoning/intoxication/overdose
   - Have a suspected or confirmed history of heroin or non-medical opioid use
   - Are at high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence or non-medical use of prescription or illicit opioids
   - Are being prescribed high doses of opioids for long-term management of chronic malignant or non-malignant pain for example (≥100 mg/day morphine equivalence)
   - Have recently been released from prison & have a history of opioid use
   - Have been recently released from drug withdrawal or rehabilitation program
   - Are being inducted onto a methadone or buprenorphine maintenance program (for addiction or pain)
   - Are on any opioid prescription and have known or suspected:
     » Smoking history, Chronic Obstructive Pulmonary Disease (COPD), emphysema, asthma, sleep apnoea or other respiratory system disease
     » Renal or hepatic disease
     » Alcohol use
     » Concurrent benzodiazepine use; and/or
     » Concurrent antidepressant prescription.

2. Discuss the option of naloxone script with patient
   It is highly recommended that any patient identified as at high risk for opioid overdose be offered a naloxone prescription.

3. Ensure the patient has adequate training
   As a result of the COPE initiative, some patients may present who have already undertaken training within a health or community setting. This training comprises how to recognise and respond to overdose including the administration of naloxone intra-muscular (IM) injection.
   For those who may not have received naloxone training, a range of training and information resources including a brief intervention has been developed for health professionals to deliver to at high risk individuals, their family, friends or caregivers who may not have received training in the community.

   The COPE Delivery Module 2: Brief Intervention (Short training program) for individuals at high risk of opioid overdose
   This module is intended to be delivered as a brief intervention. This brief intervention incorporates key messages relating to preventing, recognising and responding to overdose including the administration of naloxone via IM injection. It is the minimum that should be delivered to anyone receiving a script for naloxone.


   NB: To allow us to verify that you are a health professional requesting these resources, please include one of the following; your Medicare Provider #, Pharmacy Board Registration # or Australian Health Practitioner Regulation Agency (AHPRA) Registration # in your email when ordering the resources.
4. Provide naloxone prescription as part of patient’s overdose plan

A sample naloxone prescription is available via the website http://www.copeaustralia.com.au/health-professionals/prescribing-naloxone/

When prescribing and/or dispensing naloxone, it is recommended to advise the patient at high risk to create an overdose plan to share with friends, partners and/or caregivers. Such a plan would contain information on the signs of overdose, how to respond to overdose including administering naloxone, providing emergency care (for example, by calling 000) and where the patient plans to store their naloxone so it can easily be found in the case of an emergency.

An Opioid Overdose Response Plan that guides the reader through recognising and responding to overdose via administration of naloxone is available at:


It is recommended that a copy of this Opioid Overdose Response Plan be provided to all individuals being prescribed and/or dispensed naloxone.

NB: It is important to remind the patients to keep a copy of an Opioid Overdose Response Plan with the naloxone to guide third party administrators.

5. Follow up patient understanding and confidence (+/-) utilisation at subsequent review or upon dispensing

A brief overdose skill and knowledge test is available at:

This brief test enables health professionals who have delivered overdose training, to gauge the person’s understanding and confidence relating to the key messages delivered. The test could be administered straight after the training has been delivered or at a subsequent review.

The administration of this test is optional. It can be carried out verbally or by providing the patient with a hard copy of this questionnaire to complete.

It is not a legal requirement for a patient to undergo training in order to obtain a naloxone prescription. The training however, ensures a patient can recognise an overdose; respond accordingly, including the administration naloxone via IM injection, if required.
Information and Fact Sheets


» Information for Opioid users, families & friends
» FAQs about naloxone
» FAQs about overdose
» Overview of COPE

Useful information and contacts

Directline – 1800 888 236 Metro: 1800 858 584 Rural
