WHITE HOUSE GUIDE TO SAVE LIVES FROM OVERDOSE

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BACKGROUND

Overdose deaths remain at historically high levels in the United States. The Centers for Disease Control and Prevention (CDC) estimates that over 108,000 people died from overdose in 2022. Most of these deaths involved opioids. That's why President Biden, in his first State of the Union address, pledged to beat the opioid epidemic. Although illicitly manufactured fentanyl has been a significant driver of deaths, other drugs in the illicit drug supply have become increasingly lethal and unpredictable. For example, overdose deaths involving illicit stimulants such as cocaine and methamphetamine—often in combination with opioids—have also risen. In addition, xylazine, an active ingredient in a non-opioid sedative approved by the Food and Drug Administration (FDA) for use in animals, but not approved for use in humans, is increasingly added as an adulterant to the illicit drug supply.

Given these realities, it is important that everyone has access to accurate and timely information about overdose risk and prevention. Understanding what to look for and how to respond when an overdose occurs can help save lives. Evidence-based interventions are available—knowing when and how to use them can help end the overdose crisis.

ABOUT THE GUIDE

The primary purpose of this guide is to provide information on overdose causes, risks, and signs, as well as the steps to take when witnessing and responding to an overdose. It provides clear, accessible information on opioid overdose reversal medications, such as naloxone. This serves to complement, not replace, training on overdose prevention and response.

Overdose education and response tools have the greatest impact when focused on people who use drugs because they are most likely to witness and respond to an overdose. However, anyone could witness and respond to an overdose—whether on the street or at work, school, or home—so everyone should be trained and equipped to save a life.

For additional tools, refer to the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) comprehensive Overdose Prevention and Response Toolkit.

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OVERDOSE BASICS

OPIOIDS

Opioids are powerful substances that activate opioid receptors, which are present in cells throughout the body and are especially concentrated in the brain. This activation leads to chemical changes that block the experience of pain and produce euphoric effects, often described as an intense sensation of warmth or well-being. Medical practitioners have prescribed opioid medications for the treatment of acute and chronic pain, severe cough, and diarrhea for hundreds of years. Under the supervision of a medical provider, prescription opioid medications can be effective and safe to use for certain types of conditions. Common names for prescription opioids include morphine, codeine, oxycodone, hydrocodone, fentanyl, and hydromorphone.

Prescription opioids are also shared, sold, and used illicitly outside of a medical setting or a practitioner's supervision. Behaviors that put a person at greater risk of overdose include using prescription opioids for reasons not intended by the prescription and altering their form of ingestion, such as crushing, snorting, smoking, or injecting. People who share their prescribed opioids with family, friends, or co-workers may not realize that doing so places that person at risk for overdose. Drugs that are illicitly sold or purchased are unregulated, meaning that their potency and content are unknown, and may include lethal amounts of drugs. Illicit drugs also may be combined with other active or inactive ingredients that affect their potency and effect. It is important to understand that illicitly manufactured fentanyl or other illicit opioids are often found in counterfeit pills, which are made

FENTANYL IS A STRONG, SYNTHETIC OPIOID that can be prescribed by a practitioner or obtained from unregulated sources when it is made illicitly. In some cases, fentanyl is also mixed with other illicit drugs, such as cocaine or methamphetamine. A person using that drug may not know they are also taking fentanyl or how much fentanyl they are taking. Fentanyl is now common in the illicit drug supply, and in recent years has become more common than heroin. Synthetic opioids, primarily illicitly manufactured fentanyl, are involved in most drug overdose deaths in the United States.

to look like prescription drugs. They may also be added to other illicit drugs such as methamphetamine or cocaine. As a result, individuals using unregulated drugs may be exposed to fentanyl or other synthetic opioids unknowingly, further increasing risk for an overdose.

In addition, people who use opioids, whether prescribed or illicit, can experience other negative side effects. For example, opioids can reduce saliva, often leading to a dry mouth, and cause constipation in some people. When people take a high dose of opioids for more than a week, the opioid receptors in their bodies can become used to that amount. This phenomenon, called *tolerance*, happens with many substances and medications, not just opioids. It is the body's way of adjusting to a specific dose or amount and means that an increasingly higher dose will be needed to experience the same effects.

The body's adjustment to dose is part of an expected phenomenon known as physical *dependence*. Physical dependence includes both a tolerance and a withdrawal component. *Withdrawal* can happen when a person suddenly stops taking an opioid or sharply reduces the amount to which their body has become tolerant. During withdrawal, the person experiences unpleasant symptoms, such as vomiting, diarrhea, severe abdominal cramping, runny eyes, runny nose, and severe anxiety. Withdrawal from opioids is usually not fatal, but people can become extremely dehydrated during withdrawal, which can lead to death. Physical dependence also does not automatically mean that the person has an opioid use disorder or are not in recovery from an opioid use disorder. For example, people taking opioids for cancer pain or individuals taking methadone or buprenorphine for the treatment of an opioid use disorder may experience withdrawal if they abruptly stop taking or significantly reduce the dose of these medications. This is only a manifestation of physical dependence and does not mean that they meet other diagnostic criteria for an opioid use disorder.

STIMULANTS AND OTHER DRUGS

Stimulant use, particularly methamphetamine use, has been on the rise in the United States since 2009. The rise in overdose deaths involving stimulants and opioids represents the most recent dimension of the ongoing overdose crisis. This follows successive surges in overdoses related to prescription opioids, then heroin and illicit fentanyl. Many deaths from stimulant drugs also involve an opioid, suggesting that some people may be buying unregulated stimulant drugs without knowing they contain

fentanyl; however, patterns of stimulant use also have been changing, with a noted increase in people reporting use of both stimulants and opioids.

People can experience an overdose of methamphetamine or cocaine without opioid involvement, which is referred to as *overamping*. Overamping often affects multiple organs at the same time. People might present with cardiac symptoms, such as chest pains or heart palpitations, or appear to be experiencing a stroke. Some people experience psychiatric symptoms, such as agitation, delirium, or trauma. A lack of sleep, poor diet, or dehydration can increase the risk of overamping. Cocaine overdoses, in particular, are more likely to cause seizures, heart attacks, and strokes.

If stimulant overdose or overamping is suspected, seek medical assistance as quickly as possible. Although there is no available medication that can reverse stimulant overdose, as naloxone reverses opioid overdose, there are prescription medications and medical treatment that can manage acute symptoms.

HOW OVERDOSE OCCURS

An overdose occurs when someone takes more of a drug than their body can handle. This can happen in some people even when the quantity of a drug is small. In an overdose, the substances or medications that a person has taken can overpower the brain and other organs, preventing them from functioning normally. For example, an opioid overdose causes breathing to slow or even stop, depriving cells of the brain and heart of life-sustaining oxygen. This slowed or stopped breathing is called respiratory depression, which occurs because the opioids affect the breathing center in the brainstem. Without intervention, overdose can lead to death.

OVERDOSE RISK CONSIDERATIONS

Overdose risk in each individual increases or decreases depending on individual factors and community context. Below are some key examples, not an exhaustive list, of individual and community-generated risk factors.

INDIVIDUAL RISK FACTORS

- Taking an amount of a drug that is greater than someone's tolerance level. This may include using drugs after a recent period of abstinence, which may decrease previous tolerance levels.

- Returning to drug use after leaving jail/prison or health care setting where a medication for opioid use disorder was not provided or taken.
- Returning to drug use before receiving another injection of naltrexone, an FDA-approved medication for opioid use disorder, since the opioid blockage effect of naltrexone will have worn off and prior tolerance levels will have decreased.
- Taking a drug that is much stronger than what the person is used to taking.
- Using a drug when someone has underlying lung or heart conditions that leave them unable to tolerate lower levels of oxygen, such as asthma or sleep apnea.
- Using a similar drug to the one with which a prior overdose occurred.
- Combining different drugs—for example, opioids with other sedating substances such as benzodiazepines or alcohol.
- Using drugs alone without notifying someone who can respond using an overdose reversal medication.

COMMUNITY CONTEXT

- Due to clinic closure or inadequate access to health system providers to address pain treatment or OUD treatment, switching from prescription opioids to unregulated street-purchased opioids that have unknown contents and potency.
- Not having access to drug checking tools to test illicit drugs for contents prior to use.
- Not having easy and timely access to opioid overdose reversal medications.
- Not checking for prescriber or pharmacist error, or misunderstanding instructions that can lead to taking a medication more often or at a higher dose than was intended.
- Using a substance or taking a medication obtained from an unregulated source and not knowing its contents.
- Using drugs in an unfamiliar or stressful environment, which can reduce awareness of and access to overdose prevention tools.

OPIOID OVERDOSE REVERSAL MEDICATIONS

ROLE OF OPIOID OVERDOSE REVERSAL MEDICATIONS (OORM)

Opioid Overdose Reversal Medications (OORMs) are life-saving medications that reverse the effects of an acute opioid overdose and restore breathing. They are available to the public by prescription, through standing orders or without a prescription/"over-the-counter" at pharmacies and other retail outlets, or at no charge from local community-based organizations. Training is typically not required to obtain OORM and, when widely offered and used, OORM can reduce overdose fatality rates.

The most known and used OORM is **naloxone**. Naloxone is FDA-approved and has been used for decades by emergency medical service (EMS) providers and lay people to reverse opioid overdose and resuscitate individuals who have experienced an overdose involving opioids. There are two primary ways naloxone can be administered. It can be given intranasally through a device that sprays the medication into the person's nose. It is also available as an injection into a person's muscle—typically the buttocks, shoulder, or thigh. Different FDA-approved naloxone products are available in different doses. Products may come in kits compiled by harm reduction or other community organizations, which may include two doses of the medication, syringes for administering intramuscular naloxone if the medication is to be injected, gloves, a plastic face shield to support rescue breathing, and information on local resources; these harm reduction organization-provided kits have not been reviewed or approved by FDA.

Another FDA-approved OORM is called **nalmefene**. This medication reverses the effects of opioids and can treat symptoms of an acute overdose. It remains in the body for significantly longer than naloxone, with a half-life of 11 hours compared to naloxone's half-life of 1.5 to 2 hours. Research has shown that this longer half-life can lead to extended withdrawal symptoms in people who are tolerant on opioids; however, how this affects a real-world overdose is unknown. Injectable nalmefene was approved by FDA in 1995; however, nalmefene nasal spray was only recently approved in 2023. The table below provides more details on the available OORMs.

OORMs AVAILABLE TO THE PUBLIC

OORM	Brand	Formulation	Dosage	Availability
Naloxone	RiVive ™	Single-use Nasal Spray	3 mg	Rx, OTC, community naloxone distribition, harm reduction organizations
Naloxone	Narcan, generic	Single-use Nasal Spray	4 mg/ 0.1 ml	Rx, OTC, community naloxone distribition, harm reduction organizations
Naloxone	N/A	Single-dose Vial Intramuscular Injection; can also be given intravenously or subcutaneously	0.4 mg/ ml	Rx, community naloxone distribition, harm reduction organizations
Naloxone	Zimhi®	Intramuscular or subcutaneous Auto-Injection	5 mg/ ml	Rx, community naloxone distribition, harm reduction organizations
Naloxone	Kloxxado®	Single-use Nasal Spray	8mg/ 0.1 ml	Rx, community naloxone distribition, harm reduction organizations
Nalmefene	Opvee	Single-use Nasal Spray	2.7 mg/ 0.1 ml	Rx, community naloxone distribition, harm reduction organizations

- Everyone should keep an OORM on hand, but especially those who use opioids or other drugs or have friends or family members who use opioids or other drugs. All forms of overdose reversal medicines can effectively reverse an opioid overdose, including overdoses involving fentanyl.

- Anyone can use any formulation of OORM to reverse an overdose, though some populations may prefer a specific dose or administration method. For example, people who are physically dependent on opioids might avoid higher dose products, which could cause withdrawal symptoms.

- If someone is having a medical emergency that is not an opioid overdose, such as a heart attack or diabetic coma, giving them naloxone or nalmefene will generally not have any effect or cause them additional harm.

- Brief education on how to administer naloxone can be obtained from the provider of the naloxone kit or online at http://prescribetoprevent.org or www.getnaloxonenow.org. Speak with your pharmacist or harm reduction provider to understand the products available to you and any training considerations.

- Over-the-counter naloxone products have directions for use on the Drug Facts Label of the product.

OORM Q&A

> **Is any naloxone better than no naloxone?**

Yes, in the event of an overdose, administer any naloxone available. When stored under appropriate conditions, the shelf life of naloxone is 18-24 months for injectables and 36-48 months for a nasal spray. It is important to check the expiration date of naloxone and replace it at regular intervals. However, studies show naloxone's stability remains at a usable standard even after multiple years of storage. While it may become less effective over time, research indicates that it does not cause harm if used past its expiration date. No research is yet available on the long-term shelf life of nalmefene.

Can naloxone treat any overdose?

All OORMs are effective in reversing opioid overdose, including overdose caused by fentanyl. OORMs can be used in both youth and adult populations to reverse opioid-involved overdose. Use naloxone even if you are not sure what drugs someone took. OORM may be less effective if someone has used multiple different drugs, especially those that also have a sedating effect on the body, such as alcohol or benzodiazepines. Xylazine, an active ingredient in a sedative approved by FDA for use in animals, but not humans, is increasingly being mixed into the unregulated drug supply. These drugs may make overdose reversal even more challenging. If the person is still unresponsive after the first dose, a second dose can be administered. Wait 2-3 minutes before giving a second dose of naloxone.

Where can I get an OORM?

Naloxone is available in all 50 states, territories, and Tribal Nations and communities. Ask your doctor, pharmacist, or other medical provider about naloxone, especially if you or someone you know is using opioids. Narcan in the 4mg nasal spray is now available for purchase over the counter in certain retail outlets with other products becoming available over-the-counter (e.g., RiVive™ 3mg naloxone nasal spray).

There are multiple options to obtain an OORM at no charge. Ask your local health department for more information or visit a harm reduction program. Many state and local health departments and behavioral health agencies now offer naloxone in public places through a vending machine, street-outreach, at fairs and festivals, or other local events. Some programs even offer naloxone delivery by mail or will deliver it to you. Keep an eye out for a "NaloxBox": an emergency naloxone kit that can sometimes be found alongside public defibrillators.

XYLAZINE IS A NON-OPIOID SEDATIVE THAT IS APPROVED BY FDA FOR ANIMAL USE, BUT NOT FOR PEOPLE.

Xylazine is increasingly added to other drugs such as cocaine, heroin, or fentanyl to enhance the effect or increase street value. Effects of xylazine include difficulty breathing, dangerously low blood pressure, sedation, slowed heart rate, and skin lesions. A person who has taken xylazine may appear to have symptoms of opioid overdose. If you are providing first aid to a person who does not respond to naloxone, continue providing rescue breaths until EMS arrive.

There are so many kinds of OORM, how do I decide which to get?

Preference for an OORM is individual and can depend on familiarity with and accessibility of different products, which varies by program or pharmacy retail outlet. The major difference between each product is the strength, concentration, cost, and how it is administered. When presented with options, consider:

(1) All OORM have been approved by the FDA to reverse opioid overdose. They all act quickly to reverse an opioid overdose and restore breathing, and there is no difference in effectiveness between a nasal spray and a muscular injection.

(2) The higher the dose, the more likely and more severely someone who has developed tolerance to opioids will experience symptoms of withdrawal upon awakening. Withdrawal symptoms are flu-like and can include muscle pain, sweating, gastrointestinal distress, and heightened anxiety. A person who responds to a low dose of naloxone will typically wake up slowly and gently, similar to coming out of anesthesia after surgery. More naloxone can always be administered if needed.

(3) If you are comfortable using a needle and syringe, learn how to use intramuscular naloxone. It is significantly more affordable than nasal spray products and provides the standard dose used by EMS providers.

It is important to note that people who use drugs are those who both experience overdose and also witness and reverse the most overdoses. Experiences of withdrawal, particularly when severe, can be traumatic and may result in people who use drugs avoiding or leaving medical care settings due to their withdrawal symptoms. As a result, it is critical for organizations that work in this area to support choice and interest in particular products when purchasing and distributing OORM.

Do I need to give more naloxone for a fentanyl overdose?

Giving more than one dose of naloxone and using higher dose products may not be necessary when responding to a known fentanyl overdose. An overdose may appear to need additional doses if other sedating drugs are present in the person's body, such as alcohol, benzodiazepines, or xylazine; however, rapidly giving more naloxone or using a stronger, more concentrated OORM will not necessarily speed up the reversal process. Multiple studies have found that despite the presence of fentanyl, more doses were not associated with improved outcomes. Waiting 2-3 minutes before administering a second dose and ensuring that effective rescue breaths are being provided may be sufficient to reverse the overdose.

RESPONDING TO AN OVERDOSE

OVERDOSE RESPONSE STEPS

(1) Check for a response.

(2) Give naloxone or other OORM.

(3) Call 911 and support the person's breathing. Administer rescue breaths or place the person in the recovery position.

(4) Wait for EMS to arrive

STEP 1 – CHECK FOR A RESPONSE AND THE SIGNS OF AN OVERDOSE.

The following are signs and symptoms of an opioid overdose:

- Unconsciousness or inability to awaken.
- Slow or shallow breathing or difficulty breathing such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple. For lighter skinned people, the skin tone may turn bluish purple; for darker skinned people, skin tone may turn pale/grayish or ashen.
- Pinpointed pupils or pupils that don't react to light.

If an overdose is suspected, try first to wake the person up by calling the person's name. If this doesn't work, rub your knuckles on the person's upper lip or center of the chest.

DON'T LET STIGMA STOP YOU FROM SAVING A LIFE!

There is no "type" of person who experiences OUD or opioid overdose. Research has shown that women, older people, and those without obvious signs of OUD are undertreated with naloxone and, as a result, have a higher death rate. Use OORMs any time someone shows symptoms of overdose.

STEP 2 – ADMINISTER AN OPIOID OVERDOSE REVERSAL MEDICATION.

Naloxone and nalmefene are antidotes for opioid overdose. If overdose is suspected and the person is unresponsive, give an OORM as quickly as possible and then call 911. Naloxone and nalmefene do not cause harm if given to a person who is not experiencing opioid overdose.

If the person does not start breathing or otherwise respond **after 2-3 minutes**, administer a second dose of naloxone or nalmefene. Continue to give doses every 2-3 minutes until the person starts breathing.

STEP 3 - IF THE PERSON DOES NOT RESPOND OR YOU ARE NOT SURE WHAT TO DO NEXT, CALL 911.

AN OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION. If you suspect an overdose or are not sure what to do next, call 911. When the call connects, all you have to say is "someone is unresponsive and not breathing." Be sure to give a specific address and/or description of your location. After calling 911, follow the dispatcher's instructions.

SUPPORT THE PERSON'S BREATHING. If you can, provide rescue breaths. When a person overdoses, they stop breathing and this can quickly cause damage to the brain and other organs. Giving oxygen through rescue breathing saves lives. In fact, early administration of oxygen may help prevent the need to use an OORM. You may use a medical oxygen delivery device, if available.

BREATH IS LIFE.

The goal of overdose reversal is to restore breathing. Breathing is more important than waking up.

If you do not have training in rescue breathing and chest compressions, follow the instructions of the 911 operator. When breathing returns, gently place the person in the recovery position. Roll the person onto their side with the top leg bent to support the position.

STEP 4 – WAIT FOR EMERGENCY MEDICAL SERVICES TO ARRIVE.

Naloxone wears off after 30-90 minutes and overdose symptoms may return. Encourage the person to receive treatment from EMS and/or go to an emergency department.

> ***Know your rights!*** Familiarize yourself with your state's Good Samaritan Laws. These laws may provide limited immunity from certain civil or criminal consequences of drug use or rendering assistance in response to drug use in the event of an overdose.
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> Visit here for additional information on your state's Good Samaritan Laws: https://www.networkforphl.org/resources/legal-interventions-to-reduce-overdose-mortality-overdose-good-samaritan-laws/

POST-OVERDOSE CONSIDERATIONS

When people who have developed physical dependence on opioids are given naloxone or another OORM, they may start to breathe again, but they may also develop signs and symptoms of opioid withdrawal. These signs and symptoms may include body aches, diarrhea, fast heart rate, fever, runny nose, sneezing, gooseflesh, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure. These symptoms are uncomfortable and can be quite miserable, but they are generally not life threatening. If the person is amenable, encourage them to seek medical care right away.

WHAT IF THE PERSON DOES NOT WANT FURTHER MEDICAL CARE?

988 IS THE SUICIDE & CRISIS LIFELINE
Trained crisis counselors who respond to calls, texts, and chats are prepared to help anyone who needs support for a suicidal, mental health and/or substance use crisis. Sometimes a call to 988 requires the dispatch of EMS and/or police. However, if a person is experiencing an overdose and is breathing slowly or not breathing, they require immediate medical attention. Calling 911 is the best next step.

If the person declines further medical care, assess whether the person understands the risks and benefits of that decision, then offer to stay with the person to monitor for the possible return of opioid overdose signs and symptoms. Stay with the person for at least 4 hours from the last dose of naloxone. If you cannot stay with the person, leave them with a friend or family member. Be sure that whoever remains with the person has access to OORM in case overdose symptoms return. Use the 988 Crisis Lifeline as a resource for both the person who experienced the overdose and the responder to help them develop a safety plan to prevent a future overdose event.

Surviving an overdose can be a traumatic experience. Provide support, understanding, and empathy to the person.

The risk of a fatal overdose remains high even a year after a non-fatal opioid overdose event.

DO'S AND DON'TS WHEN RESPONDING TO AN OVERDOSE

There are important things to keep in mind to help protect a person's safety when they experience an overdose. The most effective intervention is opioid overdose reversal medications, such as naloxone and nalmefene. You should prioritize giving an opioid overdose reversal medication in accordance with the dos and don'ts below. Avoid actions that may cause further harm to the person.

DO attend to the person's breathing and cardiovascular needs by performing rescue breathing and/or chest compressions. Rescue breathing can be lifesaving itself. If you have access to it, administering supplemental oxygen can also be helpful.

DO administer an opioid overdose reversal medication if the person is not breathing. Give an additional dose if there is no response within 2-3 minutes of each dose.

DO put the person in the "recovery position" on their side, if you must leave them unattended for any reason, or if their breathing has returned but they are still not fully awake. In this case, monitor breathing closely.

DO stay with the person and keep the person warm.

DON'T slap or forcefully try to stimulate the person; it will only cause further injury. If you cannot wake the person by shouting or rubbing your knuckles on the sternum (center of the chest or rib cage), the person may be unconscious.

DON'T put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.

DON'T inject the person with any substance (e.g., saltwater, milk, stimulants). The only safe and appropriate treatment is an opioid overdose reversal medication.

DON'T try to make the person vomit drugs that may have been swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

RESOURCES

SAMHSA

988 Suicide & Crisis Lifeline: 988 or https://988lifeline.org/

SAMHSA's National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD, for hearing impaired) or send a text to 435748 (HELP4U) for 24/7, 365-day-a-year, free and confidential treatment referral in English and Spanish https://www.samhsa.gov/find-help

FindTreatment.gov: https://findtreatment.gov/

Single State Agencies for Substance Abuse Services: https://www.samhsa.gov/sites/default/files/ssa-directory.pdf

State Opioid Treatment Authorities: https://www.samhsa.gov/medications-substance-use-disorders/sota

SAMHSA Harm Reduction Framework: https://www.samhsa.gov/find-help/harm-reduction/framework

SAMHSA Publications Ordering (all SAMHSA Store products are available at no charge): https://store.samhsa.gov or 1-877-SAMHSA-7 (1-877-726-4727)

Centers for Disease Control and Prevention

Understanding the Epidemic: https://www.cdc.gov/drugoverdose/epidemic

Public Health and Safety Toolkit (PHAST): https://www.cdc.gov/drugoverdose/pdf/phast-toolkit-508.pdf

Next Distro

Online and mail-based harm reduction service for access to naloxone and other harm reduction supplies and collaborate with others in your community: https://nextdistro.org/

Remedy Alliance for the People

Naloxone buyer's club created to increase access and distribution of injectable naloxone for programs: https://remedyallianceftp.org/

Association of State and Territorial Health Officials

Preventing Opioid Misuse in the States and Territories: http://my.astho.org/opioids/home

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