



# Opioid Toolkit



[www.weber.edu/OgdenCAN](http://www.weber.edu/OgdenCAN)

# Opioid Epidemic Information and Data

In 2016, the Surgeon General of the United States, Dr. Vivek Murthy, recognized the misuse and abuse of opioids as a problem. A year later the Department of Health and Human Services declared an epidemic based on many years of opioid overdoses and deaths in the United States. Dr. Murthy encouraged more people to carry naloxone (the life-saving opioid overdose reversal drug) and teach communities about the problem.

## Opioids in the United States

- More than 72,000 Americans died from an opioid overdose in 2017. This is more than the number of U.S. casualties during the 20-years of the Vietnam war and Iraq wars combined.

(Centers for Disease Control [CDC], 2018; Lopez, 2017)

- In 2017, opioid related deaths were equivalent to a September 11th event every 3 weeks.

(Christie et.al., 2017)

- In 2013, prescription opioid dependence, abuse, and overdoses cost the United States \$78.5 billion, due to increased use of healthcare services, substance abuse treatment, and criminal justice.

(Florence, Feijun, Xu, & Zhou, 2016)

- Between 2013–2017, an average of 3.5 adults died every month from an opioid overdose in Weber County — higher than Utah and the U.S.

(Utah Department Of Health [UDOH], 2019)

- 8 out of 10 people who use heroin started with prescription opioids.

(Jones, 2013; Muhuri et. al., 2013)



## WHAT IS AN OPIOID?

Opioids are medications commonly prescribed by a doctor to treat severe pain. They are also referred to as painkillers and narcotics.

(Use Only as Directed [UOAD], 2019.)

Opioids work by blocking pain messages sent from the body through the spinal cord to the brain. This can help your body feel relaxed, they can also stop essential functions like breathing.

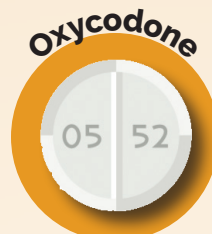
(National Institute on Drug Abuse [NIDA], 2018)

Opioid is an all-encompassing term that includes prescription, illicit, and synthetic drugs.

(NIDA, 2019)

Opiates refer to specific drugs that are derived from the opium poppy (e.g., heroin, morphine, codeine).

(Center on Addiction, 2017; Opidemic, 2016)



OxyContin, Oxecta, Roxicodone



Percocet, Endocet, Roxicet



Lortab, Vicodin, Lorcet, Norco



Only available in generic form.



ConZip, Ultram



Actiq, Duragesic, Fentora



Dilaudid, Exalgo



Demerol



Dolophine, Methadose

# Who is at Risk for Opioid Overdose/Dependence?

## Risk factors for opioid abuse and overdose

(ICDCI, 2017; UDOH, 2014)



- **Having access to prescription drugs**  
(Substance Abuse and Mental Health Services Administration [SAMHSA], 2016; UDOH, 2014)
- **Physical health problems**  
(National Academies of Sciences, 2013)
- **Multiple prescriptions from several pharmacies and doctors**  
(Sun et. al., 2017)
- **Mental illness**  
(NIDA, 2018)
- **History of substance abuse**  
(Dragisic et. al., 2015)
- **History of suicide attempts**  
(Dragisic et. al., 2015)
- **Living in rural areas**  
(Green et. al., 2007)
- **Low income**  
(Han et. al., 2017)
- **Taking high doses of opioids**  
(National Academies of Sciences, 2017)

## Naloxone

Naloxone is a safe antidote to opioid overdoses that has no risk of abuse. It works by removing opioids from their receptors in the brain and blocks the receptors for 30–90 minutes and only works on an opioid overdose. It will not help or harm someone if it is administered in the case of an overdose to another drug.

## Always act

Even if you're not sure someone is overdosing, act as if their life depended on it. Call 9-1-1, administer naloxone if available, and perform rescue breathing. Don't leave them alone!

## The Utah State Legislature Passed Two Laws in 2014 to Reduce Overdose Deaths

**The Good Samaritan Law (House Bill 11):** Allows an individual to report an overdose without fear of criminal prosecution for possession of a controlled substance or illicit drug

**Naloxone Law (House Bill 119):** A caregiver or potential bystander can get naloxone without a prescription at a participating pharmacy and/or healthcare provider. You may administer naloxone without fear of criminal persecution for having a controlled substance. If you use naloxone you must **call 9-1-1**.

## Where you can get naloxone

- Any pharmacy without a prescription
- Intermountain Healthcare pharmacies
- Associated Foods Store pharmacies
- Wasatch Pharmacy
- Weber Human Services (free)
- <http://www.utahnaloxone.org/>

**For more locations in Weber and Morgan Counties visit:** [http://bit.ly/naloxone\\_pharmacy](http://bit.ly/naloxone_pharmacy)

## Opioid overdoses

If someone is experiencing an overdose **call 9-1-1** immediately then administer naloxone if it is available. An overdose can occur any time between the time the person takes the drug to 3 hours after the fact. Signs of an overdose can include:

- Faint heartbeat
- Won't wake up, limp body
- Gurgling, choking noises
- Small, pinpoint pupils
- Purple/blue fingernails and lips
- Shallow or stopped breathing



# How to Prevent Opioid Abuse, Misuse, and Dependence

A person can become dependent on prescription opioids in just 7 days.

(UOAD, 2019)

According to the National Institute on Drug Abuse (2017), opioids are safe and effective at reducing pain when they are taken following your doctor's prescription for a short time. However, there is always a risk to developing dependence and addiction when taking prescription opioids, especially when they are being misused.

(NIDA, 2017)

**Dependence** is when you experience symptoms of withdrawal after discontinuing use of the medication. **Addiction** is when you continue to use or misuse medication or substances, regardless of negative consequences.

(NIDA, 2017)

For more information on how you can prevent opioid abuse, misuse, and dependence, visit the links below.

## Speak Out:

<https://useonlyasdirected.org/speak-out/>



Before beginning any pain treatment, speak to your doctor about your treatment goals including realistic goals for pain and functionality. Much of the time being 100% pain free is not a realistic goal. Below are questions to ask your doctor.

(Use Only As Directed [UOAD])

- Am I at risk for addiction?
- Will something else work?
- How long will I be taking them?
- Are you prescribing the lowest possible dose?
- What's the plan to taper me off?

## Opt Out

<https://useonlyasdirected.org/opt-out/>

- A combination of acetaminophen (Tylenol®) and ibuprofen (Advil®)
- Naproxen (Aleve®)
- Physical Therapy
- Exercise
- Certain medications that are also used for depression or seizures under a physician's supervision
- Interventional therapies (injections)
- Cognitive behavioral therapy



## Throw Out

<https://useonlyasdirected.org/throw-out/>

74% of Utahns currently addicted to opioids report that they get them from friends or family.

Proper disposal of prescription opioids reduces the chance that someone will become physically dependent on them.



The best way to dispose of your unused prescription opioids is by turning them in through drug takeback locations or neutralizing the medication with a specialized product.

For DisposeRX packets that neutralize prescription medications for safe disposal, contact Ogden CAN at <https://weber.edu/OgdenCAN>

**For drop box locations visit:**

<https://useonlyasdirected.org/throw-out/>

**For more take back information visit:**

<http://www.utahtakeback.org/collection.php>

# Stigma

Substance use disorder (SUD), or addiction, is the repeated use of drugs despite negative consequences. It is a mental health condition that is highly stigmatized.

(American Psychiatric Association, 2013)

SUD is a disease of the brain which alters how the body experiences pleasure or rewards. Individuals with an addiction are negatively viewed because of the false belief that a person chooses to be addicted.

## Stigma can look like:

- Creating distance or choosing to be distant, either physically or emotionally, from someone who may need help.
- Expressing disapproval – showing or expressing a negative opinion that you have for someone.
- Making someone feel inferior on purpose or by accident.
- Promoting discrimination – promoting personal or group goals and objectives by discrediting others.
- Creating an environment where someone may not feel safe that leads to feelings of vulnerability or being targeted.
- Encouraging fear – providing a false sense of security in expressing fear about other's behavior.
- Not touching, hugging, or holding hands.
- Ignoring or pretending it isn't happening to you or someone near you.

Stigma is harmful because the negative feelings towards someone with a SUD can lead to discrimination at home, school, and work.

## What you can do to help support someone with a SUD:

- Talk to them with compassion and share your concerns, offer to support where you can, and help them find other positive supports.
- Use words carefully, harmful words can trigger different emotions and lead to stigma.
- Learn about resources in your area so when your loved one is ready you are there to help them.
- Continue educating yourself and others about SUD to reduce stigma.

- Monitor your language and thoughts:

"They are an addict/junkie" – "My loved one has a substance use disorder, a medical condition."

"They are a loser" – "Many people have a SUD, I can help them by being there when they are ready to get in the treatment they need for this medical condition."

"They hurt me and don't care" – "Many people with a SUD do things they would not do if not on the brain altering substances, it does not mean they don't care, and it means that they need my support now more than ever."

(Atismé, Arrington, Yaugher, & Savoie-Roskos, 2019)



# Recovery Options

## Professional Help

- Medication Assisted Treatment (MAT)
- **Methadone** is a full agonist, meaning it fully attaches to opioid receptors in the brain.  
(Bay Area Addiction Research and Treatment, 2019)
- **Buprenorphine** is a partial agonist which means it only attaches to some opioid receptors.  
(Vrik et. al, 2009)
- **Suboxone** is a prescription medication used to treat opioid use disorder. It contains naloxone and Buprenorphine, which acts as a partial agonist.  
(Addiction Center, 2019)
- **Vivitrol**, or its generic form Naltrexone, work as an antagonist by attaching to opioid receptors without releasing dopamine  
(Vivitrol, 2019)
- Abstinence
- Counseling
- Group Therapy
- Physical Activity
- Yoga
- Whatever works for you! Treatment and recovery does not have to look a certain way to be valid.

To find more information and resources visit: <https://weber.edu/OgdenCAN>

## Self-Help

(Opidemic, 2016)

- Massage
- Acupuncture
- Icing
- NSAIDS (Asprin, Ibuprofin, Aleve)
- Acetaminophen (Tylenol)
- Exercise
- Cognitive Behavioral Therapy with a counselor
- Interventional therapies (injections)
- Mindfulness
- Physical Therapy



## References

- Addiction Center. (2019). Suboxone – Addiction Center. Retrieved May 28, 2019, from <https://www.addictioncenter.com/treatment/medications/suboxone/>
- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association
- Atisme, Kandice; Arrington, Reshma; Yaughner, Ashley; and Savoie-Roskos, Mateja. "Substance Use Disorder Stigma: What It Is and How You Can Prevent It" (2019). All Current Publications.Paper 1969.
- BAART Programs. (2019). Methadone Treatment Services & FAQ: Methadone. Retrieved May 28, 2019, from <https://baartprograms.com/addiction-treatment/methadone/>
- Center on Addiction. (2017, September 28). We Asked, You Answered: Is There a Difference Between an Opioid and an Opiate? Retrieved May 22, 2019, from <https://www.centeronaddiction.org/the-buzz-blog/we-asked-you-answered-there-difference-between-opioid-and-opiate>
- Centers for Disease Control and Prevention. (2018, December 19). Opioid Overdose. Retrieved May 28, 2019, from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999–2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Mar 21, 2019 12:53:39 PM
- Community Anti-Drug Coalitions of America. (n.d.). Synthetic Drugs. Retrieved May 22, 2019, from <https://www.cadca.org/synthetic-drugs>
- Dragisic, T., Dickov, A., Dickov, V., & Mijatovic, V. (2015, June). Drug Addiction as Risk for Suicide Attempts. Retrieved May 28, 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499285>
- Florence, C., Feijun, L., Xu, L., & Zhou, C. (2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care, 54(10), 901–906. doi: 10-1097/mlr.0000000000000625
- Green TC, Graub LE, Carver HW, Kinzly M, Heimer R. Epidemiologic trends and geographic patterns of fatal opioid intoxications in Connecticut, USA: 1997– 2007. Drug and Alcohol Dependence 2011;115:221-8.
- Han, B., Compton, W. M., Blanco, C., Crane, E., Lee, J., & Jones, C. M. (2017, September 05). Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. Retrieved May 28, 2019, from <https://annals.org/aim/article-abstract/2646632/prescription-opioid-use-misuse-use-disorders-u-s-adults-2015>
- [https://digitalcommons.usu.edu/extension\\_curall/1969](https://digitalcommons.usu.edu/extension_curall/1969)
- Opidemic. (2016). Prescription Opioid Use Kills 6 Utahans Every Week. <https://www.opidemic.org/wp-content/uploads/2017/01/Poster-CommonOpioids.pdf>
- Lopez, G. (2018, August 16). 2017 was the worst year ever for drug overdose deaths in America. Retrieved May 22, 2019, from <https://www.vox.com/science-and-health/2018/8/16/17698204/opioid-epidemic-overdose-deaths-2017>
- Jones, C.M. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008– 2010. Drug and Alcohol Dependence, 132(1–2), 95–100. doi: 10.1016/j.drugalcdep.2013.01.007
- Muhuri, P.k., Gfroerer, J.C., Davies, M.C. (2013). Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. Substance Abuse and Mental Health Services Administration CBHSQ Data Review. Retrieved from <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>
- National Academies of Sciences, Engineering, & Medicine. (2017, July 13). Trends in Opioid Use, Harms, and Treatment. Retrieved May 28, 2019, from <https://www.ncbi.nlm.nih.gov/books/NBK458661/>
- National Academies of Sciences, Engineering, & Medicine. (2017, July 13). Trends in Opioid Use, Harms, and Treatment. Retrieved May 28, 2019, from <https://www.ncbi.nlm.nih.gov/books/NBK458661/>
- National Institute on Drug Abuse Blog Team. (2017). Prescription Pain Medications (Opioids). Retrieved from <https://teens.drugabuse.gov/drug-facts/prescription-pain-medications-opioids>
- National Institute on Drug Abuse. (2016, April 07). Synthetic Cannabinoids (K2/Spice). Retrieved May 28, 2019, from <https://www.drugabuse.gov/drugs-abuse/synthetic-cannabinoids-k2spice>
- National Institute on Drug Abuse. (2018). Comorbidity: Substance Use Disorders and Other Mental Illnesses. Retrieved May 22, 2019, from <https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses>
- National Institute on Drug Abuse. (2018, June). Prescription Opioids. Retrieved May 22, 2019, from <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>
- National Institute on Drug Abuse. (2018, June). What is heroin and how is it used? Retrieved May 22, 2019, from <https://www.drugabuse.gov/publications/research-reports/heroin/what-heroin>
- National Institute on Drug Abuse. (2018, March 15). Benzodiazepines and Opioids. Retrieved May 22, 2019, from <https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids>
- National Institute on Drug Abuse. (2019). Opioids. Retrieved May 22, 2019, from <https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue>
- Only Use as Directed. (2019). Throw OUT. Retrieved May 28, 2019, from <https://useonlyasdirected.org/throw-out/>
- Opidemic. (2016). Do Your Part to Stop the Opidemic. Retrieved May 28, 2019, from <https://www.opidemic.org/take-action/>
- Opidemic. (2016). What are Opioids? Retrieved May 22, 2019, from <https://www.opidemic.org/what-are-opioids/>
- Recovery First. (2019, March). What Is Carfentanyl? Retrieved May 22, 2019, from <https://www.recoveryfirst.org/what-is-carfentanyl/>
- Stop the Opidemic. (2016). Poster – Common Opioids. Retrieved from Sun, E. C., Dixit, A., Humphreys, K., Darnall, B. D., Baker, L. C., & Mackey, S. (2017, March 14). Association between concurrent use of prescription opioids and benzodiazepines and overdose: Retrospective analysis. Retrieved May 28, 2019, from <https://www.bmj.com/content/356/bmj.j760>
- Use Only as Directed. (2019). OPT OUT. Retrieved May 28, 2019, from <https://useonlyasdirected.org/opt-out/>
- Use Only as Directed. (2019). What is an opioid? Retrieved from <https://useonlyasdirected.org/the-problem/>
- Utah Department of Health. (2019). Opioid Overdose by County Data [Data Set].
- Virk, M. S., Arttamangkul, S., Birdsong, W. T., & Williams, J. T. (2009, June 03). Buprenorphine is a weak partial agonist that inhibits opioid receptor desensitization. Retrieved May 28, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/19494155>
- Vivitrol. (2019). How Vivitrol Works. Retrieved May 28, 2019, from <https://www.vivitrol.com/opioid-dependence/how-vivitrol-works>



The Ogden Civic Action Network (OgdenCAN) is an alliance of community partners and innovators dedicated to improving health, housing and education.

This document is produced with financial support from the Weber-Morgan Health Department.

[www.weber.edu/OgdenCAN](http://www.weber.edu/OgdenCAN)