

Opioid Overdose Recognition and Naloxone Administration for Community Health Workers & Representatives

WORKBOOK

Created by
The University of Arizona Center for Rural Health



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



ARIZONA DEPARTMENT
OF HEALTH SERVICES



AzCHOW
Arizona Community Health Workers Association



If you suspect an opiate overdose, rub the person's sternum hard with your knuckles. If they do not respond to the pain, call 911, & then give the person naloxone.



- 1** Pop the orange lid off of one vial. Stick an intramuscular 1" needle into the thin film & pull up all of the liquid. If you don't have an intramuscular needle, you can use an insulin syringe, though it is not ideal.
- 2** Stick that bad boy in your friend's arm or thigh and inject all of the medication. No need to look for a vein.
- 3** While you're waiting for it to kick in, **perform rescue breathing** on the person. No need for chest compressions, just tilt their head back, plug their nose, and give a deep breath every 5 seconds.
- 4** If the first dose doesn't wake your friend up within 2 minutes, **give them the second dose**. Use a new syringe.
- 5** **Continue to rescue breathe** for them until they can breathe on their own.
- 6** Once they're breathing on their own, **place them on their left side** with their hand under their head.



For more naloxone and harm reduction info contact SPW at (480) 442-7086 | www.spwaz.org

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Introduction

This workbook is intended to guide you through activities related to the training Overdose Recognition and Naloxone Administration. It includes resources to help you and your clients navigate substance use prevention, intervention, and treatment best practices. More resources can be found at the end.



Community Health Worker/Representative Core Competencies:

- Communication
- Relationship Building
- Service Coordination
- Capacity Building
- Outreach
- Knowledge Base

American Public Health Association Definition: “A community health worker is a front line public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

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Training: Overdose Recognition & Naloxone Administration

Learning Objectives:

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.
5. Show ability to respond to an opioid overdose using naloxone.
6. Identify aftercare next steps, including where to refer to resources.
7. Define risk reduction messages and resources to share with clients and communities.



Activity: Definitions Worksheet

Match the words on the left with the definitions on the right.

Word	Definitions
1. Adverse Childhood Experiences	A. The use of medications with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of Substance Use Disorder.
2. Trauma	B. All types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.
3. Substance Use Disorder (SUD)	C. The recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
4. Opioids	D. A synthetic opioid that is similar to morphine but is 50 to 100 times more potent.
5. Fentanyl	E. An event, series of events, or set of circumstances that an individual experiences as physically/emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
6. Naloxone/Narcan	F. Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This includes heroin, fentanyl, Hydrocodone, Oxycodone, Morphine, Codeine, and others.
7. Harm Reduction	G. A set of practical strategies aimed at reducing negative consequences associated with drug use.
8. Medication Assisted Treatment (MAT)	H. Any treatment program certified by the Substance Abuse and Mental Health Services Administration to provide medication-assisted treatment for individuals who are diagnosed with opioid use disorder.
9. Peer Support Services	I. A medication used to counter the effects of an opioid overdose. Can be inserted nasally or via an injection.
10. Opioid Treatment Programs	J. Social support services designed to fill the needs of people in or seeking recovery. They are designed and delivered by people who have experienced both Substance Use Disorder and recovery.

Activity: Change the Language by Role Modeling

“As prevention practitioners, we are in a unique position to reduce the stigma surrounding substance misuse. The language we use to discuss substance use disorders (SUDs) either formally, as part of prevention messaging, or informally, in conversations with colleagues and stakeholders, can either increase or decrease SUD stigma. In the context of the growing opioid crisis, the language we use becomes particularly important as we find ourselves working in partnership with people who actively misuse substances and confront directly the myriad societal stigmas associated with having an SUD.”
– SAMHSA’S Center for the Application of Prevention Technologies

Fill in the blank

Instead of **clean**, say _____,
or _____.

Instead of **dirty**, say _____,
or _____.

Instead of **addict** or **alcoholic**, say _____,
or _____.

Instead of **abuse** or **dependence**, say _____.

Instead of **former drug addict**, say _____

See next page for examples: *How can you tell if your prevention messages are stigmatizing?*

How can you tell if your prevention messages are stigmatizing?

Consider these five questions:

1 Are you using “person first” language?

Person first language (for example, reference to “a person with substance use disorder”) suggests that the person *has* a problem that can be addressed. By contrast, calling someone a “drug abuser” implies that the person *is* the problem.

2 Are you conflating substance use and substance use disorder?

While some substance use may be illegal or unhealthy, we should limit language about substance use disorders exclusively to situations where a clinical diagnosis has been made. For prevention practitioners, keeping this distinction clear is key to avoid perpetuating stigmas associated with substance use. For example, a person who has used heroin should not be targeted in the language of a prevention effort aimed at people who meet the clinical definition of opioid addiction or dependence.

3 Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?

Consider the difference between the terms “negative urine drug screen” and “clean urine.” The first is a clear description of test results; the second a value-laden term that implies drug use creates “dirty” urine. Similarly, “pharmacotherapy for opioid use disorder” is a technical term for medications that can be used to treat an illness, while “substitution/replacement treatment” falsely implies that one opioid is being substituted for another, perpetuating the stigma of “once an addict, always an addict.”

4 Are you using sensational or fear-based language?

Prevention practitioners often walk a fine line between wanting to inspire action and inadvertently inflating the burden of illness and associated consequences due to a health issue. Referring to emerging drug threats as “newer,” “bigger,” “scarier,” or “unlike anything ever seen before” can be perceived as inauthentic by people who use those substances. It further compounds stigma by conveying the message that anyone who uses such a “terrible” substance is stupid, dangerous, or illogical.

5 Are you unintentionally perpetuating drug-related moral panic?

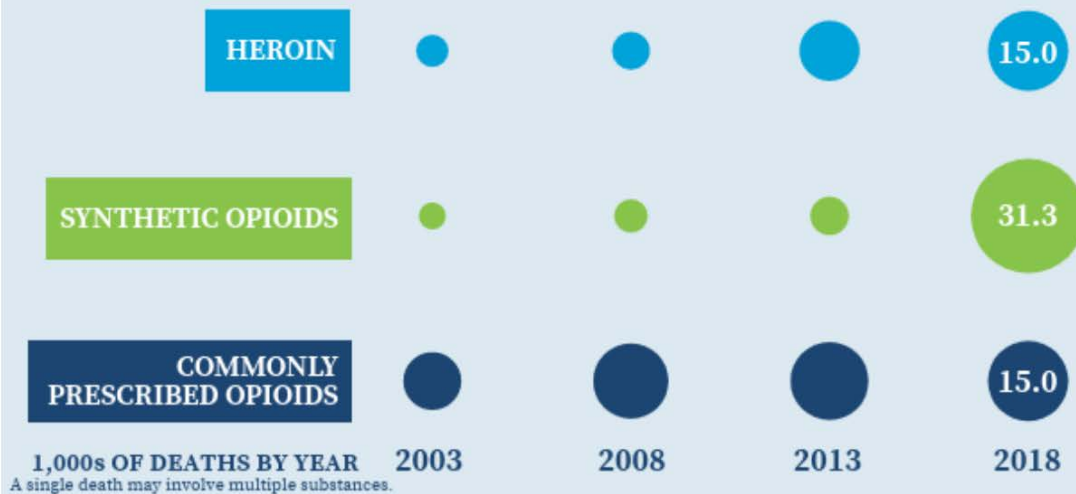
From publicizing stories about “crack babies” in the 1980s to “opioid babies” today, the tendency toward moral panic has a long history in prevention messaging and media coverage of substance use disorders. Moral panics inevitably marginalize people who are vulnerable and often bring their morality or even humanity into question. This moral panic may prevent mothers who use drugs from accessing prenatal care because they are afraid of being judged or mistreated by medical professionals, or of being forced into the child welfare system.

In 2018, one person died
of an opioid overdose
every 11.5 minutes

Type 45,865 total opioid-related deaths in 2018



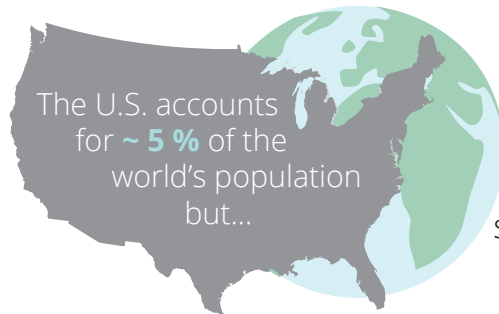
Opioid deaths increasingly involve heroin & synthetic opioids



Opioid-related deaths impact all age groups, but heroin and synthetic opioids are hitting young adults particularly hard



Opioid Epidemic In Arizona



consumes **80 %** of the global opioid supply

&

4 out of **5**



new heroin users start by misusing prescription painkillers

1 in 4

people taking prescription opioids long term in a primary care setting struggles with **addiction**



4 out of **10**

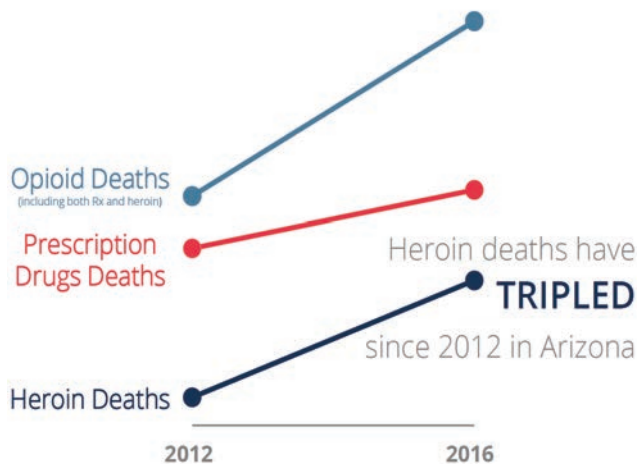
Arizona adults know someone addicted to **prescription painkillers**

431 MILLION

opioid pills were prescribed in 2016

enough for **every** Arizonan to have a

2.5 week supply



Drug overdoses* take **more lives** than car crashes in Arizona

*Includes overdoses from opioids, cocaine, meth, and other illicit drugs.



In the last 5 years,

86%

of persons who died from an opioid related cause were using

multiple substances

For more information: www.azdhs.gov/opioid



ARIZONA DEPARTMENT OF HEALTH SERVICES

Data Source: MEDSIS (Medical Electronic Diseases Surveillance Intelligence System, AZ-PIERS (Arizona Prehospital Information and EMS Registry System, HDD (Hospital Discharge Data, CSPMP (Arizona State Board of Pharmacy Controlled Substances Prescription Monitoring Program) <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#-dashboard>

Data: Rural Populations

The Opioid Crisis in Rural America

The prevalence of substance use disorders in the United States has increased dramatically in recent years. In 2014, opioids were involved in 28,648 deaths, becoming the leading cause of unintentional injury death.¹



200%

Rate of increase in overdose deaths involving opioids since 2000.²

586

thousand Americans age 12+ with a heroin use disorder.³



1.9

million Americans age 12+ with pain reliever disorder.⁴



The rate of opioid overdose death is 45% higher in rural areas than urban ones.⁵

Urban

Rural

There is a scarcity of services for substance use treatment in rural areas.



25%

of the U.S. population lives in rural/non-metropolitan areas.⁷



Opportunities for Medicaid agencies and safety net providers to collaborate to achieve shared goals in servicing rural populations struggling with opioid use.

Opportunity 1
Expanding access to naloxone to first responders and laypersons

47

states have recently passed laws to increase layperson access to naloxone.⁸



41

states have enacted Good Samaritan laws to protect those seeking or administering naloxone during an overdose.⁹



42

states have modified their laws to allow for naloxone to be prescribed to an individual who has not been examined by a provider.¹⁰



Sources:

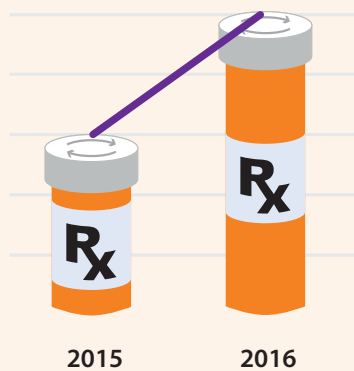
- 1) Rudd et al., "Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014," accessed April 2016, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6406a3.htm>
- 2) Ibid
- 3) Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), "Results from the 2013 NSDUH: Summary of National Findings, SAMHSA, CBHSQ," accessed April 2016, <http://www.samhsa.gov/data/files/default/files/NSDUHresultsPDFWHHTML2013/WebNSDUHresults2013.html#7.1>
- 4) Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), "Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health," accessed April 2016, <http://www.samhsa.gov/data/files/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>
- 5) "Substance Abuse in Rural Areas Introduction - Rural Health Information Hub," accessed April 2016, <http://www.ruralhealthinfo.org/topics/substance-abuse/prescription-drug-abuse>
- 6) Lenardson, Jennifer and John Gale, "Distribution of Substance Abuse Treatment Facilities Across the Rural – Urban Continuum," accessed April 2016, <https://muskie.usm.maine.edu/Publications/rural/pb35bSubstAbuseTreatmentFacilities.pdf>
- 7) New Freedom Commission on Mental Health, "Subcommittee on Rural Issues: Background Paper," (DHHS Pub. No. SMA-04-3890, Rockville, MD: 2004), accessed April 2016, <http://annapoliscoalition.org/wp-content/uploads/2014/03/presidents-new-freedom-commission-background-paper.pdf>
- 8) Personal communication with Corey Davis, July 17, 2016, updating research initially found here: Davis, Corey S., "Using Law to Support Pharmacy Naloxone Distribution," accessed May 2016, https://www.networkforpi.org/_asset/qdks7/Pharmacy-Naloxone-Distributions.pdf
- 9) Weinstein, Susan P., "Commentary: Naloxone Access and Good Samaritan Overdose Protection Laws Abound in State Legislatures," accessed May 2016, <http://www.drugfree.org/join-together/commentary-naloxone-access-good-samaritan-overdose-protection-laws-abound-state-legislatures/>
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- 11) American Society of Addiction Medicine, "Advancing Access to Addiction Medications: Implications for Opioid Addiction Treatment," accessed May 2016, http://www.asam.org/docs/default-source/advocacy/asam_implications-for-opioid-addiction-treatment_final
- 12) Comprehensive Addiction and Recovery Act of 2016, P.L. 114-198, signed July 22, 2016.
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- 14) Morgan, Laura, "Update On Behavioral Health Carve-Outs From Medicaid MCOs," accessed May 2014, <https://www.openminds.com/market-intelligence/executive-briefings/update-behavioral-health-carve-outs-medicare-mco/>

A publication of the National Academy for State Health Policy. For more information visit www.nashp.org

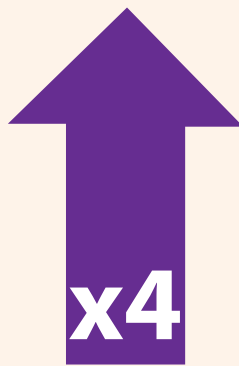
US Opioid Crisis: Addressing Maternal and Infant Health

Opioid use disorder (OUD) can cause many negative health outcomes for mothers and their babies, both during pregnancy and after delivery. Infants can be born with breathing and feeding problems, and mothers are at risk of opioid-related overdoses. As part of its overarching five-point strategy to prevent opioid overdoses and harms, CDC is taking specific actions to prevent OUD among pregnant women and women of reproductive age and to make sure women with OUD get proper treatment.

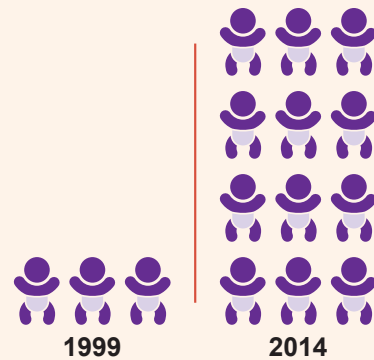
The Toll



The rate of overdose deaths among women rose 20% in one year.



Opioid use disorder has gone up more than 4 times among pregnant women.



4 times as many infants were born with neonatal abstinence syndrome (NAS) in 2014 than in 1999.

Health Outcomes

Opioid use disorder during pregnancy has been linked to:



Preterm
Birth



Low
Birthweight



Breathing
Problems



Feeding
Problems



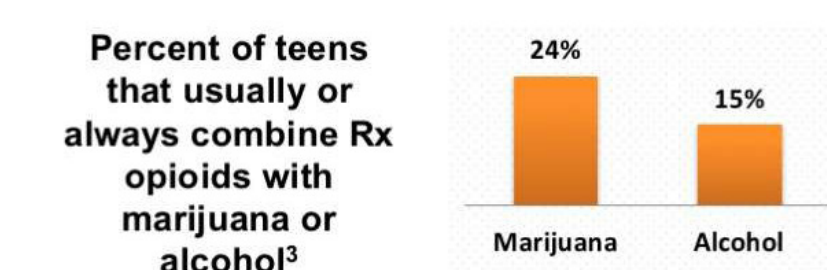
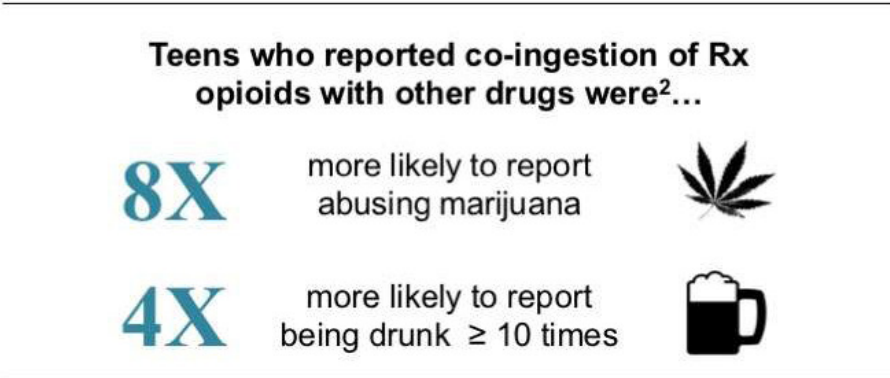
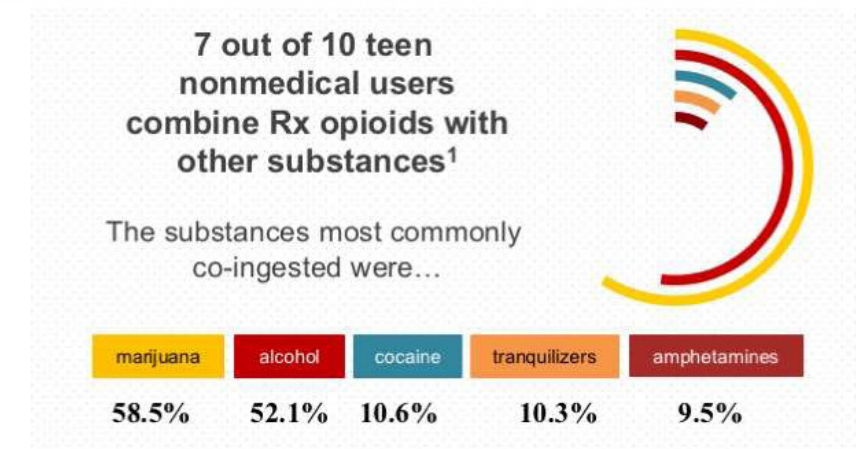
Maternal
Mortality

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>

Data: Teens

Teens Mix Prescription Opioids with Other Substances

Nonmedical use of prescription (Rx) opioids by teens remains high, and a new study shows that 7 out of 10 teen nonmedical users combine opioid medications with other drugs and/or alcohol. This puts teens at much greater risk of overdose.



(1) McCabe et al., Drug Alc. Dep., 2012; (2) Compared to no past year nonmedical use; (3) Among nonmedical users of Rx opioids

<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/teens-mix-prescription-opioids-other-substances>

Data: Polydrug Use

People who overdose use a number of different substances and usually use more than one type of drug.

Figure 7: Prescription Drug, Heroin, and Poly-drug Use in Verified Opioid Overdoses January 1, 2018-December 31, 2018

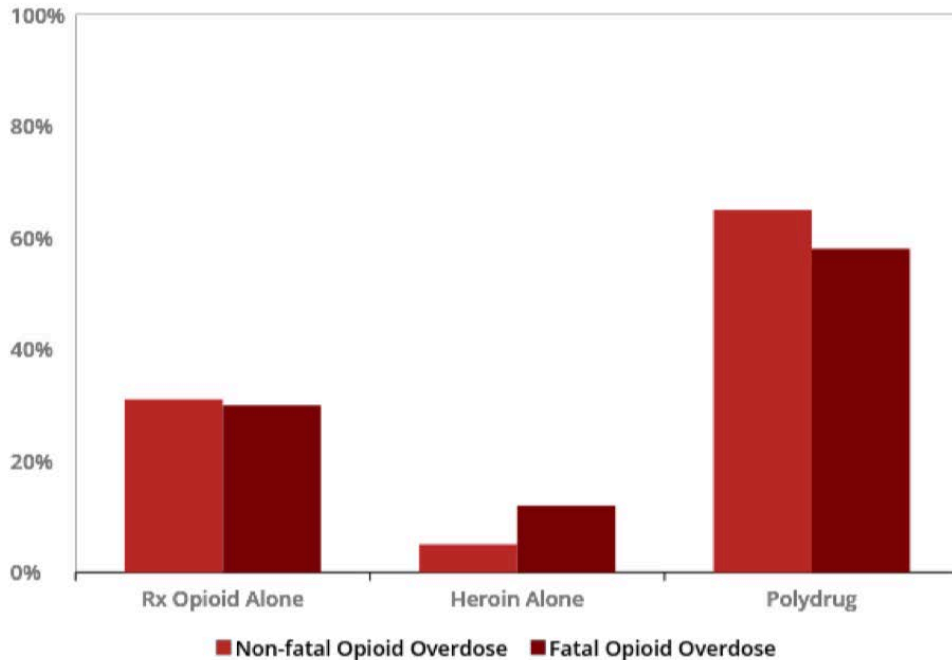
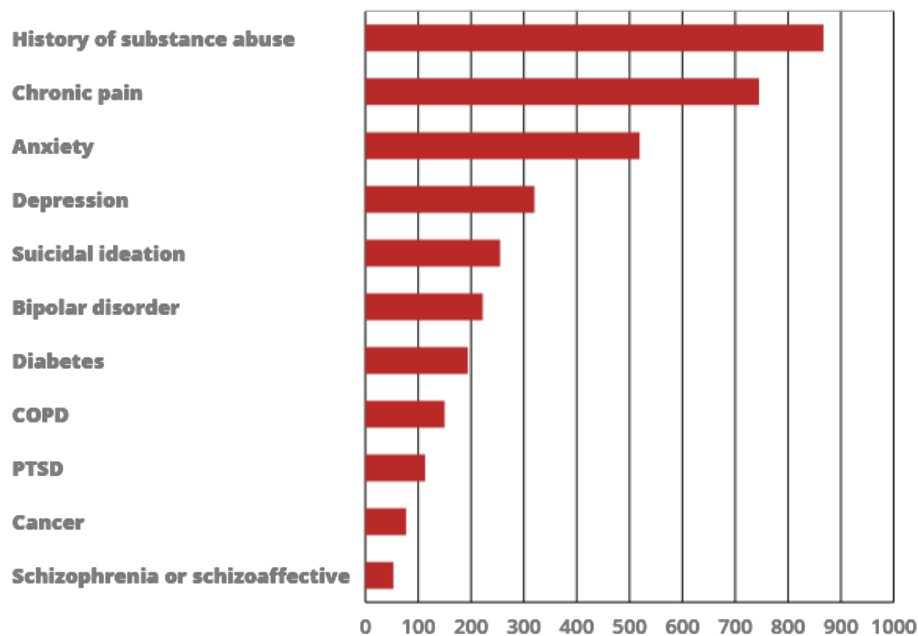


Figure 5: Reported Pre-Existing Conditions for Verified Opioid Overdoses: January 1, 2018-December 31, 2018

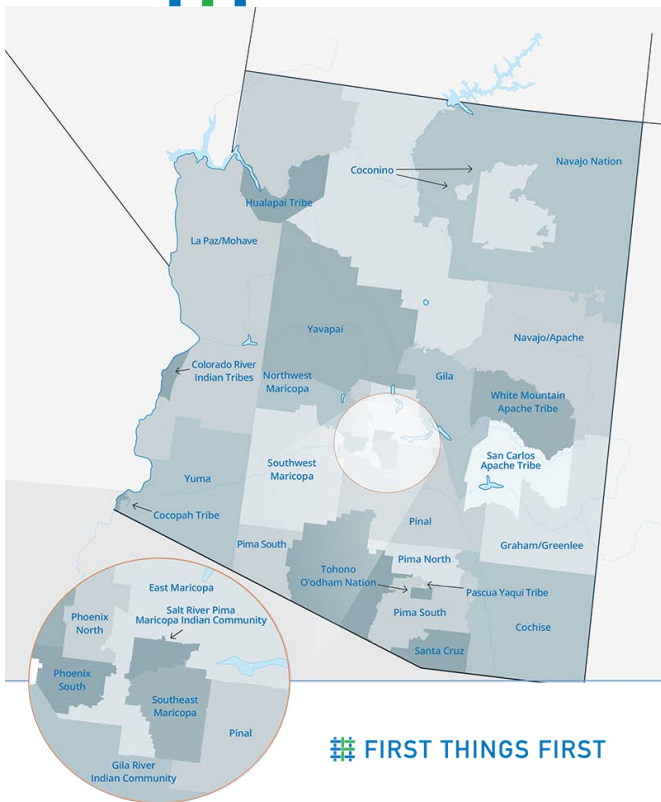


<https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-response-report-2018.pdf>

Adverse Childhood Experiences

Early exposure to family violence, abusive treatment, neglect, alcohol and drug abuse, or separated/divorced parents can lead to health and social problems, risk-taking behaviors and a shortened lifespan. Safe, stable, and nurturing relationships and communities can break the cycle of abuse and maltreatment.

FIRST THINGS FIRST



As Arizona's early childhood agency, **First Things First** funds early learning, family support and children's preventive health services to help kids be successful to enter kindergarten. Decisions about how those funds are spent are made by local councils staffed by community volunteers. You can find more information about programs funded by First Things First by visiting the First Things First website: FirstThingsFirst.org

More Parenting Resources

- www.childhelp.org, or call 1-800-4-A-CHILD (1-800-422-4453)
- Birth to Five Helpline 1-877-705-KIDS (1-877-705-5437)
- <https://www.pbs.org/parents/learn-grow>
- www.cdc.gov/parents
- To Report Suspected Child Abuse or Neglect, call 1-888-SOS-CHILD (1-888-767-2445)

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

<https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

ACEs can be Prevented



Source: Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

SIGNS OF AN OPIOID OVERDOSE



Unable to wake



**Blue/pale skin/
lips/nails**



**Breathing is
shallow/absent**



Pinpoint pupils

How to Respond to an Opioid Overdose:

- 1. Sternum Rub**
- 2. Call 911**
- 3. Give Naloxone**
- 4. Rescue Breathe**



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Adapted from: YorkOpioidCollaborative.org

In case of overdose:

1

CALL 911 - Give naloxone
If no reaction in 3 minutes, give second naloxone dose if available

2

Rescue breathing or chest compressions
Follow 911 dispatcher instructions

3

After naloxone
Stay with person for at least 3 hours or until help arrives

Injection

VIAL

- 1—Flip off the cap to reveal latex seal.
- 2—Turn vial upside down. Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)

AMPULE

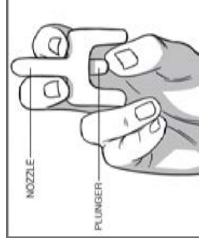
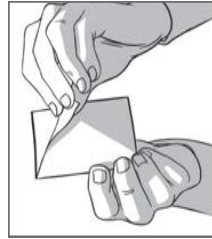
- 1—Tap ampule to send all liquid to the bottom.
Push top away from you to snap open the ampoule.
- 2—Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)

Nasal spray

- 1—Remove naloxone nasal spray from the box.
- 2—Peel back the tab with the circle to open the naloxone nasal spray.
- 3—Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

4—DO NOT PRIME OR TEST THE SPRAY DEVICE. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers are against the bottom of the person's nose.

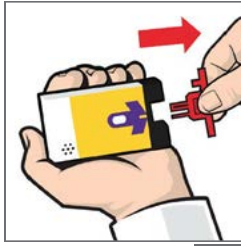
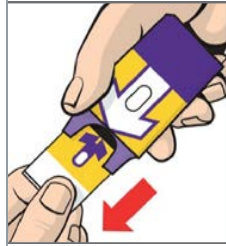
- 5—Press the plunger firmly to give the dose. Remove the spray device from the nostril.
- 6—If no reaction in 2-3 minutes or if person stops breathing again, give the second dose of naloxone in the OTHER nostril using a NEW spray device.



How to Use Naloxone

Auto-injector

- 1—Pull the auto-injector from the outer case.
- 2—Pull firmly to remove the red safety guard (do not touch the black base).



3—Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds.



4—If no reaction in 2-3 minutes or if the person stops breathing again, give the second dose of naloxone using NEW auto-injector.

Don't Run. Call 9-1-1. Good Samaritan Law

Don't run...
Call 911



You cannot be charged for possession if you call 911 for an overdose, and neither can the overdose victim.

The most commonly cited reason for not calling for help is fear of arrest or punishment by law enforcement.

In early 2018, Arizona Revised Statute (ARS) 13-3423 was amended.

WHO DOES IT HELP?

Anyone who is at risk for overdose or anyone who cares about someone who could overdose

WHAT DOES IT CHANGE?

Out of fear of arrest, some people leave the scene of an overdose instead of calling for help. And in the past, those who were brave enough to call for help risked going to jail or sending the victim to jail for drug possession. The 911 GOOD SAMARITAN law has changed all of this! Here is how:

This publication was made possible by grant number T1010004 from SAMHSA. The views, opinions, and content of this publication are those of Sonoran Prevention Works and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

If someone is experiencing a drug-related overdose or someone calls 911 in a drug-related overdose, both parties can no longer be charged for the possession or use of a controlled substance or paraphernalia.

You can still be charged with intent to sell if there are greater than these amounts in your possession:

HEROIN: 1 gram

METH, OTHER AMPHETAMINES, OR COCAINE: 9 grams

LSD: ½ milliliter (liquid) or 50 doses (blotter)

PCP: 4 grams (powder) or 50 milliliters (liquid)

MARIJUANA: 2 pounds

Folks who call for help or are overdosing can still be charged with other crimes or use evidence found in other investigations not related to above crimes, and contraband can still be seized.

Calling for help can be used to justify a reduced sentence in unrelated court proceedings.

Note that a person may still be arrested, but they will not face criminal charges for possession of a controlled substance or paraphernalia.

<https://spwaz.org/>

Activity: Resources

Instructions:

1. Please take out your cell phones, tablets, or computers.
2. Go to each website listed below (1-4) in red. Follow the steps listed for each website.
3. Search for services in your zip code.
4. Write down your closest resource information in the blank space to the right.

Website 1: 211arizona.org	
Steps	List the resource information (phone, location, etc.)
<ol style="list-style-type: none">1. Scroll to Search by Category2. Click Health Care and Mental Health3. Scroll to Substance Use Disorder4. Click Substance Use Disorder Treatment5. Enter your Zip Code or City and click Update My Results	
Website 2: Dumpthedrugsaz.org	
<ol style="list-style-type: none">1. On the right in Enter Full Address, type an address close to your service area.2. Click the search icon.	
Website 3: findtreatment.samhsa.gov	
<ol style="list-style-type: none">1. Type your zip in the search2. Click SEARCH	
Website 4: aznaloxone.org	
<ol style="list-style-type: none">1. Type your address in the Search by city, address, or zip code2. Enter Search radius3. Click Search	

Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona **OAR** Line
1-888-688-4222

WE CONNECT YOU TO THE RESOURCES YOU NEED

2·1·1

Arizona

2-1-1 Arizona transforms lives by linking individuals and families to vital community services throughout Arizona.

We are a trusted, local, nonprofit organization providing you with access to **35,000+ COMMUNITY RESOURCES** including housing, health, food, employment services and so much more.



SEARCH



DIAL 2-1-1



CONNECT

JUST DIAL

2·1·1

877.211.8661

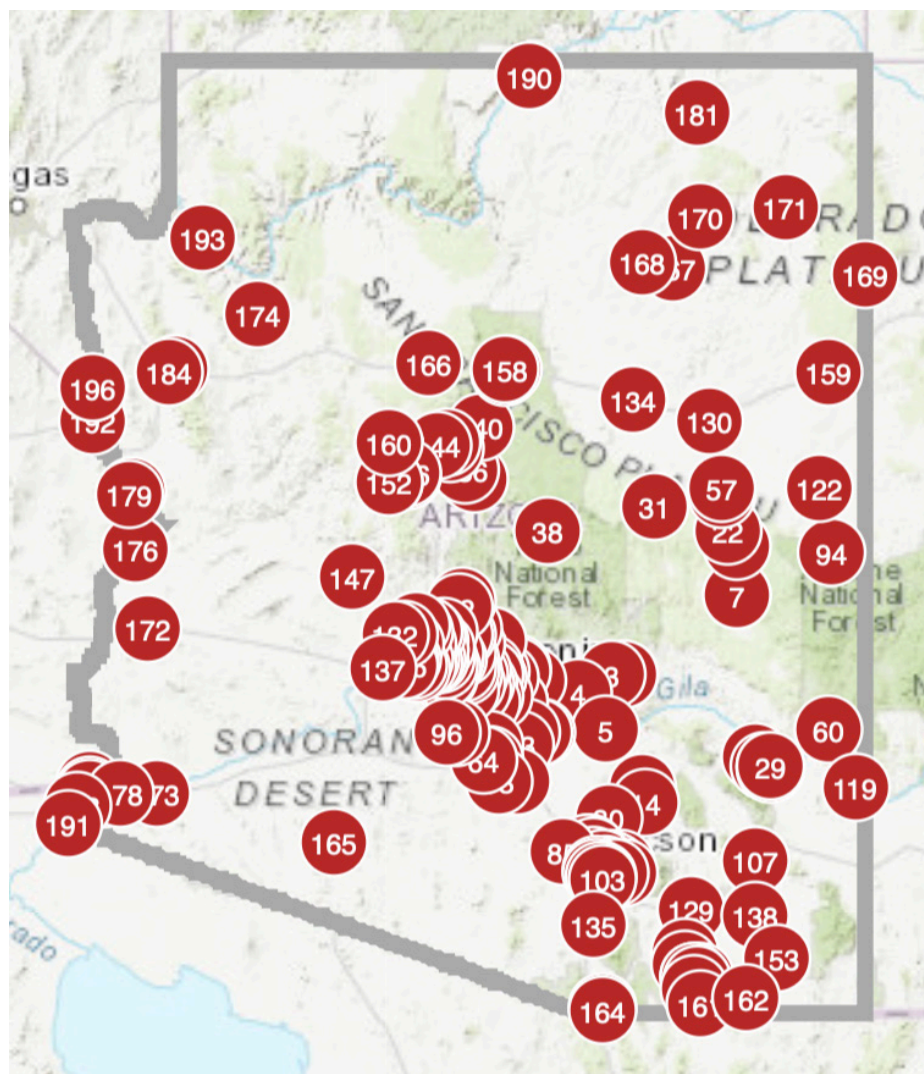
FREE | 24/7/365 | CONFIDENTIAL

211Arizona.org

This program was funded through a contract with the Arizona Department of Economic Security. Points of view are those of the author and do not necessarily represent the official position or policies of the Department.

www.DumpTheDrugsAz.org

Find drop box locations to dispose unused or unwanted prescription drugs. This application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.



What's Accepted:

- Expired/unused/unneeded prescriptions
- Over-the-counter medications
- Tablets
- Capsules
- Vitamins
- Veterinarian prescribed medications

What's NOT Accepted:

- Liquids
- Cremes
- Inhalation/aerosol bottles
- Sharps
- Household hazardous waste
- Batteries



SIGNS OF PRESCRIPTION DRUG DEPENDENCE

Dependence on prescription drugs generally happens over time. It is rare that someone wakes up one morning suddenly dependent on their medication. Many people unintentionally find themselves not able to control their prescription drug use. This is a very dangerous situation that requires professional help and treatment. The good news is that now, more than ever, there is help and there is hope to restore the lives of those addicted to and dependent on prescription drugs.

Here are some signs that you or someone you know may be on a dangerous path of prescription drug dependence:

- You're starting to use your pain medication to feel better, not just ease the pain:** Most people who begin to use prescription pain relievers do so because of pain they received as a result of an accident, surgery, illness or other condition. The shift begins when the person no longer takes the medication because they're in physical pain, but rather because of the positive effects it has on their mood or outlook.
- You're thinking about increasing your dose even though your doctor has not recommended it:** While those who use prescription pain relievers long term for legitimate purposes may need to increase their dose over time because they have built up a tolerance for the drug, the problem starts when you begin venturing outside the recommendations of your physician by using a higher dose than prescribed. For instance, using the medication more often than prescribed or using it in conjunction with other drugs to amplify the effects.
- You're starting to take the medication automatically, even though the pain has subsided:** If a person's pain has mostly subsided or their doctor no longer recommends they take it for pain, and yet they continue to do so, it may be a sign that they are taking the drug for something other than pain.
- You're spending more and more time thinking about and getting medication:** How much time are you thinking about your prescription pain relievers? When do you get to take the next dose? When are you due for a refill? If this has become the number one priority instead of doing things you once loved to do, it may be a sign of the beginning of a prescription pain reliever abuse problem.
- You've lost interest in non-drug pain management options:** Even if your doctor suggests non-drug alternatives, such as yoga, for your pain, you have no interest. Instead you prefer the medication to everything else, which is a major red flag.

<https://goyff.az.gov/content/arizona-rx-drug-toolkit>

Click on Strategy 5, download Signs and Symptoms materials.

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?*

WORKSHEET

Overdose Prevention Tips

This worksheet is a component of *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, produced by Harm Reduction Coalition. More information at harmreduction.org

This worksheet highlights common overdose risks and provides prevention tips.

We understand that every prevention message might not be applicable or pragmatic in every situation; we hope these tips can provide and messages can be shared and adapted as needed.

More information on each risk factor can be found at harmreduction.org.

Mixing Drugs:

- ☐ Use one drug at a time.
- ☐ Use less of each drug.
- ☐ Try to avoid mixing alcohol with heroin/pills – this is an incredibly dangerous combination.
- ☐ If drinking or taking pills with heroin, do the heroin first to better gauge how high you are – alcohol and especially benzos impair judgment so you may not remember or care how much you've used.
- ☐ Have a friend with you who knows what drugs you've taken and can respond in case of an emergency

Tolerance:

- ☐ Use less after any period of abstinence or decreased use – even a few days away can lower your tolerance.
- ☐ If you are using after a period of abstinence, be careful and go slow
- ☐ Use less when you are sick and your immune system may be weakened.
- ☐ Do a tester shot, or go slow to gauge how the shot is hitting you.
- ☐ Use a less risky method (i.e. snort instead of inject).
- ☐ Be aware of using in new environments, or with new people—this can change how you experience the effects of the drugs and in some cases, increase the risk of overdose

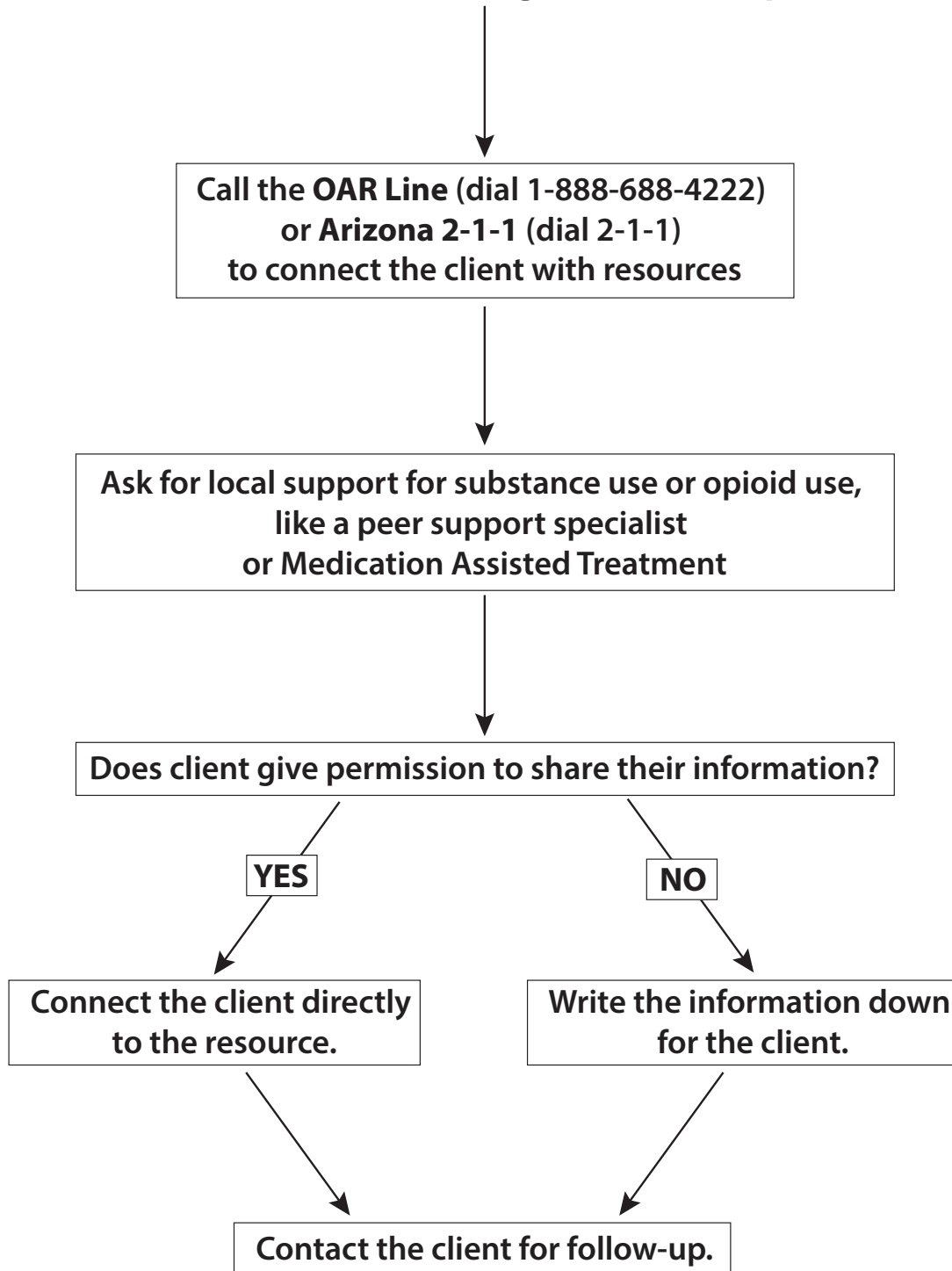
Quality:

- ☐ Test the strength of the drug before you do the whole amount.
- ☐ Try to buy from the same dealer so you have a better idea of what you're getting.
- ☐ Talk to others who have copped from the same dealer.
- ☐ Know which pills you're taking and try to learn about variations in similar pills.
- ☐ Be careful when switching from one type of opioid pill to another since their strengths and dosage will vary.

Using Alone:

- ☐ USE WITH A FRIEND!
- ☐ Develop an overdose plan with your friends or partners.
- ☐ Leave the door unlocked or slightly ajar whenever possible.
- ☐ Call or text someone you trust and have them check on you.
- ☐ Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually given themselves naloxone before!

If someone is willing to seek help...



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

crh.arizona.edu

Community Health Worker/Representative Situational Awareness:

Home Visits

A productive and respectful home visit builds trust with clients and aids in creating healthier communities.

If you are going to someone's home
you need to be aware of and respect:



Your
safety



Their privacy

Always knock on the door, request permission to come in and wait to be let in.

If you have any concerns at all, do not enter. Call your team.

In all visits with your client, you must continue to establish a relationship. Remember the purpose of the visit that day and prepare in advance for what you want to do/see/learn while there. Most importantly, you will always be most successful if you have good communication skills so that you can learn how your client is doing and help them move towards recovery and positive change.

<https://health.maryland.gov/mchrc/Documents/ONE-Toolkit-from-Behavioral-Health-Leadership-Institute.pdf>

[illegible]

Fentanyl Overdose Alert

There have been reports of fentanyl showing up in **cocaine, crack, meth, pills, and heroin**. Even if you're not using downers, you may be at risk of unknowingly consuming fentanyl.

What is fentanyl?

Fentanyl is a fast-acting, extremely strong opioid. An opioid is a downer and acts like heroin, oxycodone, and morphine. Although it's available by prescription, some fentanyl is being created in illicit labs and mixed into various drug supplies. Oftentimes, dealers aren't even aware that they are selling a product that contains fentanyl.

What's the danger?

A fentanyl overdose looks just like a heroin or other opioid overdose, but it comes on much faster. It's often not possible to tell that your dope has fentanyl mixed into it, and it doesn't mix consistently. So if you get a bag of pills, a few of them may contain fentanyl, and the rest may not.

Who is at risk?

Anybody using street drugs may be at risk of unknowingly consuming fentanyl and potentially experiencing an overdose. Remember, it's not just in heroin, but could be found in uppers like cocaine and meth. People who inject, snort, smoke, or swallow drugs are all at risk.



spwaz.org
480-442-7086

How can I stay safe?

Don't use alone. If you fall out, nobody will be there to help. If you must use alone, don't lock the door, and let somebody know where you'll be if you can.

Go slow. You can always use more, but you can't use less. Try a little and see how it affects you first before taking the whole pill, slamming the full dose, or snorting a big line.

Use a fentanyl testing strip to test your dope before you use. These can be purchased at www.dancesafe.org, and may be able to pick up on fentanyl mixed into other drugs.

Know how to recognize the symptoms of an overdose. Fentanyl and other opioids make the body stop breathing. A person will become unconscious, their breathing will become shallow or abnormal, and their pupils will be pinpointed. Their skin may turn blue or gray. After a person stops breathing, they have 4 minutes until they die.

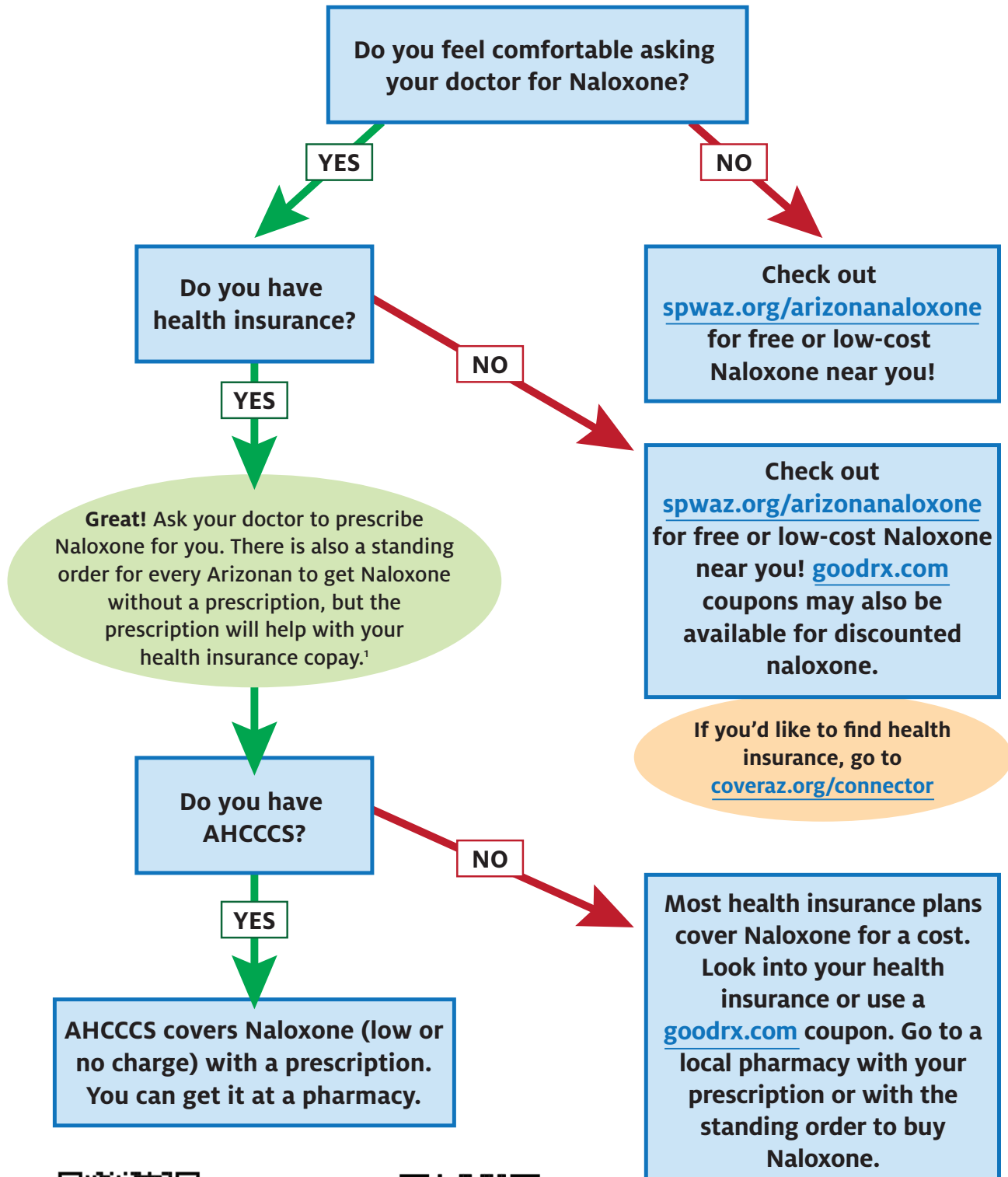
Learn rescue breathing. Put the person on their back, plug their nose, tilt their head back, and give them a deep breath every 5 seconds. If you don't have naloxone, or the naloxone isn't working, do this until help arrives or until they gain consciousness.

Carry naloxone (Narcan), and make sure your friends carry it too. Naloxone is the opioid overdose rescue medication, and it will work on a fentanyl overdose. It is 100% legal to carry and administer in Arizona, and can be obtained for free through Sonoran Prevention Works. Visit www.spwaz.org or call 480-442-7086

<https://spwaz.org/wp-content/uploads/2016/12/Bulletin-FentanylOverdoseAlert-Small.pdf>

I want Naloxone. Where do I start?

Naloxone (or Narcan®) is the opioid overdose reversal drug.



» Click or scan for Arizona Standing Order



» Click or scan for SPW Trifold on naloxone

¹<https://azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/naloxone-standing-order.pdf>

Arizona: Statewide Opioid Resources

Thank you for your interest in reducing drug overdose deaths and working on prevention, intervention, and treatment of substance use in Arizona. Free materials, resources, funding streams, services and organizations are available and summarized below to help your efforts.

Free Materials

Material	Go to:
Deterra bags for drug disposal, timer caps for pill bottles, other materials (varies by county)	County Health Departments: https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative
Fentanyl test strips & Naloxone Kits	Email Stacey Cope, scope@spwaz.org or visit http://spwaz.org/
Print and share material from the AZ Rx Drug Misuse & Abuse Initiative toolkit	Go to www.rethinkrxabuse.org , (scroll down to strategy 1-5) Tribal Rx Toolkit: https://www.azhidta.org/expert-resources/prescription-drug-abuse-in-triba-communities?rq=tribal
Naloxone Standing Order - anyone can ask for Naloxone (to reverse opioid overdose) at a pharmacy, and the pharmacist can dispense	https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/naloxone-standing-order.pdf

Services: Community & Coalition Focused

Services	Audience	Go to:
Find Treatment	All	Rethinkrxabuse.org
Naloxone/Harm Reduction trainings, policy setup, & refills	All	First Responders: endtheepidemic@email.arizona.edu or azopioid@azdhs.gov Tribal/Native American/IHS email Hillary.Duvivier@ihs.gov All: email Stacey Cope, scope@spwaz.org or visit http://spwaz.org/ Find Naloxone: aznaloxone.org
Rx 360 Trainings	Parents, older adults, & youth	Request a training at https://azyp.org/program/rx360/ or email Anaiz Acosta at anaiz@azyp.org
Adverse Childhood Experiences Training	All	Request a training at https://azyp.org/program/aces/ or email Ruben Castro at: ruben@azyp.org
Crisis, Treatment and Support services & 24/7 helpline	All	Maricopa: Mercy Care: 602-222-9444 or 1-800-631-1314 Yavapai, Gila, Mohave, Navajo, Coconino or Apache: Steward Health Choice Arizona: 877-756-4090 La Pa, Yuma, Pinal, Pima, Graham, Greenlee, Cochise, or Santa Cruz: Arizona Complete Health: 866-495-6735 Gila River and Ak-Chin Indian Communities: EMPACT: 1-800-259-3449 Tribal: Scroll to "Regional Behavioral Health Authority": https://www.stewardhealthchoiceaz.com/health-wellness/behavioral-health/
Health insurance help	All	1-800-377-3536 or coveraz.org/connector

Population Specific Resources:

Services	Audience	Go to:
Prevention and Reduction of Drug and Alcohol Use	Youth	Drug Free AZ Kids.org Crisis Line: +1(800) 631-1314 Phone: (602) 305-7126 https://www.sbhservices.org/drugfreeazkids
Preventing Prenatal Exposure to Alcohol and Other Drugs	Pregnant Women	Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs Phone: (602)364-1400 https://azprenatal.wixsite.com/taskforce
U.S. Department of Veteran Affairs	Veterans	Veterans Crisis Line 1-800-273-8255, Press 1 https://www.mentalhealth.va.gov/substance-abuse/index.asp
Alcohol and Substance Misuse Programs	Native Americans	https://www.ihs.gov/asap/
Sexual and Domestic Violence	Domestic Violence	Arizona Coalition to End Sexual & Domestic Violence https://www.acesdv.org/ National Domestic Violence Hotline: 1-800-799-SAFE (7233) or National Sexual Assault Hotline: 1-800-656-4673 https://www.domesticshelters.org/

Statewide Opioid Resource Hubs

1. AZ Data and Services: <http://www.azdhs.gov/opioids>
2. AZ Rx Drug Misuse & Abuse Initiative toolkit: www.rethinkrxabuse.org
3. AHCCCS Opioid Use Disorder & Treatment: <https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/index.html>

Is your organization interested in becoming a Naloxone Distributor?

Fill out the [Naloxone Request form](#) from the Arizona Department of Health Services to get started. Be sure to leave the Agency Type blank if yours is not listed. Contact azopioid@azdhs.gov with any questions.

Link: <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#naloxone-info>



CHECK YOUR SHELF!



CHECK YOUR SHELF!

Permanent Rx Disposal Now Available

People are misusing prescription drugs they take right out of your medicine cabinet. In an effort to provide an easy, secure and responsible way to dispose of unused medicines in your home, permanent prescription drug drop boxes have been installed throughout Arizona.

The Rx drop boxes accept:

- Unused, unwanted or expired medication – Leave medicine in container, black out any personal information
- Pet medication
- Medicine samples
- Over the counter medication (no syrups, fluids or creams)
- www.dumpthedrugsaz.org



**Why is it
important to
properly dispose
of medication?**

**Protects Our
Groundwater**

**Prevents
Childhood
Poisonings**

**Reduces
Substance Abuse**

To see a list of prescription drug drop boxes visit: www.dumpthedrugsaz.org

For more information on safe storage and disposal, visit rethinkrxabuse.org and click on strategy two of the Rx Misuse and Abuse Toolkit!

Chronic Pain Management Tips

Diagnosing Chronic Pain

Some pain is normal after an injury or illness, and everybody feels pain at times. When the pain is lasting longer than it should or is keeping you from enjoying life or functioning normally, a consultation with a healthcare provider may be a good step.

Managing Chronic Pain Therapy Options

Living life with chronic pain requires taking a first step, which can include different therapies, depending on the type of your pain. Providers can help you get connected with these resources, and can discuss the risks and benefits of each.

Physical Therapy

Physical therapy is a first-line treatment for chronic pain. Physical therapy is when you work with specialized therapists on restoring maximum body movement and physical functioning. This can be accomplished through exercise therapy, stress management, and teaching about nervous system changes that occur with chronic pain.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy is a form of psychotherapy that can help you identify and modify your thought and behavior patterns to help retrain your brain, improve quality of life, and take actions towards important life goals. Studies show that cognitive behavioral therapy is a preferred first line treatment for many types of chronic pain.

Acupuncture Therapy

Acupuncture is a therapy in which very fine needles are inserted at specific points on the body. Heat or electrical stimulation may also be used at these specific points. Acupuncture can provide significant pain relief and can be a step for patients to begin engaging more fully in self-management activities.

Massage Therapy

Massage therapy may provide short-term relief from musculoskeletal pain such as neck and back pain, shoulder pain, and fibromyalgia. Please talk to your provider before starting massage therapy, especially if you are pregnant or suffering from certain forms of cancer such as lymphoma.

Other Therapies

Seeing a chiropractor or having spinal manipulation may also be helpful in some chronic pain conditions. Medications may also be indicated, but their risks and benefits should be discussed with your provider.

Some therapies and services may not be covered by health insurance plans. Please check with your insurance carrier and healthcare provider.

<https://www.azdhs.gov/prevention/tobacco-chronic-disease/chronic-pain-management/index.php>



Questions to Ask Your Healthcare Provider

You are the expert managing your life with chronic pain and developing a plan with yourself, your family, and community to increase your quality of life. Here are some questions that you could ask your healthcare provider in learning to understand chronic pain and how to live well with it.

- What is chronic pain, and what does it mean for my future health?
- What type of changes can I make to my diet or physical activity to improve my movement?
- Is there a particular therapy that would work well for me? What if I have limited resources?
- What are the non-medication options for management of my condition?
- If medications are involved, do they interact with the other drugs used to treat my heart, stress, or insomnia?
- What can I do to improve my overall health?

If you have questions about opioid or other prescription medications, you can call the **Opioid Assistance and Referral Line (OARLine)** at 888-688-4222.

<https://www.azdhs.gov/prevention/tobacco-chronic-disease/chronic-pain-management/index.php>

ARIZONA'S OPIOID EPIDEMIC

Brand & Generic Names for Prescription Opioids

BRAND	GENERIC
Astramorph®	Buprenorphine
Avinza®	Fentanyl
Butrans®	Hydrocodone
Codeine	Hydromorphone
Dilaudid®	Methadone Hydrochloride
Dolophine®	Morphine
Duragesic®	Oxycodone
Duramorph®	Oxymorphone Hydrochloride
Demerol®	Tapentadol
Embeda®	Tramadol
Exalgo®	
Fiorinal® with Codeine	
Kadian®	
MS Contin®	
Norco®	
Nucynta® ER	
Opana® ER	
OxyContin®	
Palladone	
Percocet®	
Roxanol	
Tylenol® with Codeine #3	
Tylenol® with Codeine #4	
Ultram®	
Vicodin®	

Sources: drugabuse.gov, fda.gov
For more information: azhealth.gov/opioid



Answer Key

Definition Matching Answers:

1. **B. Adverse Childhood Experiences (ACEs):** The term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18 (<https://www.cdc.gov/violenceprevention/aces/index.html>).
2. **E. Trauma:** An event, series of events, or set of circumstances that is experienced by an individual as physically/emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (<https://www.samhsa.gov/trauma-violence>).
3. **C. Substance use disorder:** The recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (<https://www.samhsa.gov/find-help/disorders>).
4. **F. Opioids:** Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This includes heroin, fentanyl, Hydrocodone, Oxycodone, Morphine, Codeine, and others (<https://www.cdc.gov/drugoverdose/opioids/terms.html>).
5. **D. Fentanyl:** A synthetic opioid that is similar to morphine but is 50 to 100 times more potent (<https://www.cdc.gov/opioids/basics/terms.html>).
6. **I. Naloxone/Narcan:** A medication used to counter the effects of opioid overdose (<https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>).
7. **G. Harm Reduction:** A set of practical strategies aimed at reducing negative consequences associated with drug use (<https://harmreduction.org/about-us/principles-of-harm-reduction/>).
8. **A. Medication Assisted Treatment (MAT):** The use of FDA-approved medications with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of Substance Use Disorder (<https://www.samhsa.gov/medication-assisted-treatment>).
9. **J. Peer Support Services:** Social support services designed to fill the needs of people in or seeking recovery. They are designed and delivered by people who have experienced both Substance Use Disorder and recovery (<https://store.samhsa.gov/system/files/sma09-4454.pdf>).
10. **H. Opioid Treatment Programs:** Any treatment program certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide medication-assisted treatment for individuals who are diagnosed with opioid use disorder. (https://www.azahcccs.gov/Members/OpioidUseDisorderAndTreatment/Locating_Treatment.html)

Fill in the Blank Answers:

- Instead of clean, say **negative, not currently using substances, or sterile.**
- Instead of dirty, say **positive, currently using substances, or not sterile.**
- Instead of addict or alcoholic, say **a person who uses drugs or a person who uses alcohol.**
- Instead of abuse or dependence, say **drug use.** If someone is diagnosed by a provider, say **Opioid Use Disorder.**
- Instead of former drug addict, say **a person in recovery.**

Aftercare Guidance

What steps can you take to help someone after they were given Naloxone?

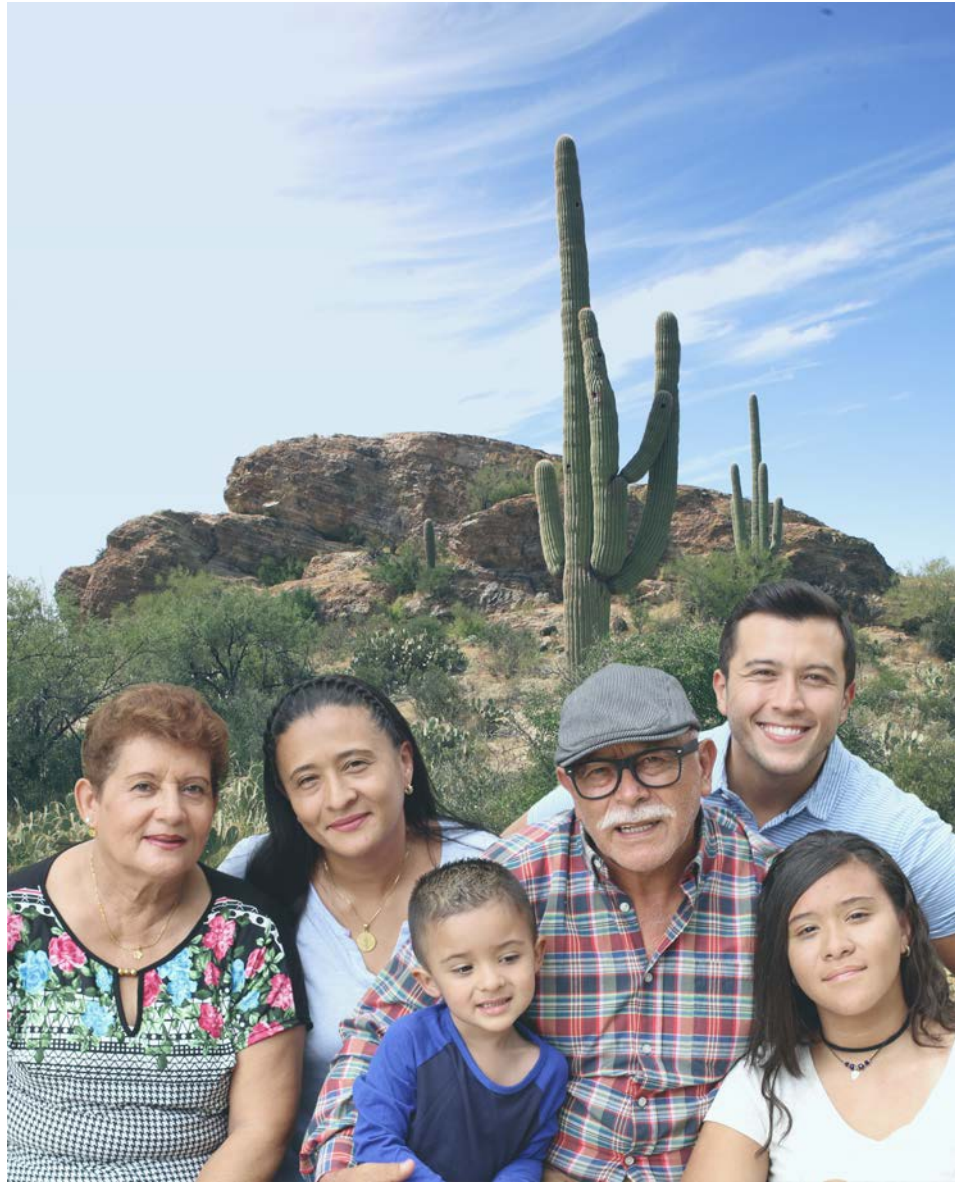
- Calmly explain that the client might have overdosed and were given Naloxone
- Explain that further opioid use may cause another, worse overdose
- If possible, stay with the person and keep them awake until EMS comes (or, if they refuse medical care, stay for several hours)
- You may have to give the person another dose of Naloxone
- Ask if the person would like to call the OAR line for help. There are Peer Support Specialists who can help them.
- Ask if there is anyone to call for them

Where can someone go for help in your community?

- Call the OAR line
- Call Arizona 2-1-1
- Contact your local Harm Reduction Organizations
- Find local MAT Treatment Centers or Opioid Centers for Excellence
- Contact your local County Health Departments
- Connect with your local Hospitals

[illegible]

[illegible]



Save a life. Carry Naloxone.