

Overdose Recognition, Naloxone Administration, and Us: Empowering Action for Safety and Overdose Prevention

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**Comprehensive Center
for Pain & Addiction**

Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.





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MISSION

The **Arizona Center for Rural Health** (AzCRH) core mission is to improve the health and wellness of Arizona's rural and underserved populations.



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MISSION

Comprehensive Center for Pain & Addiction

We are an innovative, diverse team of experts reimagining and transforming health care for pain and addiction. We advance science to provide students, educators, professionals, leaders and communities with evidence-based insights, therapies and resources. Together, we empower those of us affected by pain and addiction to thrive.

Disclosure and Disclaimer

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More information below:

<https://storymaps.arcgis.com/stories/913da25f6c3d46658690c3800bfef48e>



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Recognition

We pause to recognize all the people who have lost their lives due to accidental poisoning, substance use, misuse, and addiction and their families and communities. In 2021, 106,699 drug overdose deaths occurred in the United States which was a 14% increase since 2020.¹

We continue to work to develop and implement evidence-based solutions for current and future generations. We recognize more than 22 million people report resolving their substance use issues.²

Prevention, harm reduction, treatment, and recovery works!



1. Center for Disease Control and Prevention. Drug overdose deaths. Last reviewed August 22, 2023. Accessed October 31, 2023. <https://www.cdc.gov/drugoverdose/deaths.html#:~:text=The%20age%2Dadjusted%20rate%20of,overdose%deaths%20involved%20synthetic%20opioids>

2. Kelly JF, Bergman BG, Hoepfner BB et al. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug Alcohol Depend.* 2017; 181(1):162-169.

<https://doi.org/10.1016/j.drugalcdep.2017.09.028>

Learning Objectives

- 1. Learn** a wellness exercise to help you focus and relax. **Slide 6.**
- 2. Identify** substance use disorder (SUD), opioid use disorder (OUD), stigma surrounding SUD. **Slide 8, and Slides 20-23.**
- 3. Assess** the current opioid epidemic in Arizona. **Slides 9-13.**
- 4. Recognize** the health disparities and stigma surrounding substance use disorder. **Slides 15 and 16.**
- 5. Summarize** the signs of an opioid overdose. **Slide 26.**
- 6. Prepare** to respond to an opioid overdose using Naloxone. **Slide 27-28.**
- 7. Develop** an after-care plan, what to do after someone experiences an overdose. **Slide 30.**
- 8. Create** a safe in the community. **Slide 32-34.**
- 9. Apply** harm reduction strategies in the community. **Slide 8.**
- 10. Become aware** of safe use, storage and disposal of opioids. **Slide 36.**



Wellness Activity

<https://youtu.be/QtE00VP4W3Y>



Substance Use Disorder, Opioid Use Disorder, Defined

SUD (Substance Use Disorder)

- According to the National Institute of Mental Health, **substance use disorder (SUD)** is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.

OUD (Opioid Use Disorder)

- According to National Institute of Mental Health, **opioid use disorder (OUD)** is defined as the chronic use of opioids that causes clinically significant distress or impairment.
- Most People who use or misuse alcohol or drugs do not have an SUD/OUD.



Drug Overdose Death Rates

1. We have had epidemic proportions of **people who have died as a result of substance use** in the United States.
2. Although deaths involving **opioids, primarily fentanyl, psychostimulants, and polysubstance** have plateaued, it is still a serious public health issue.



Statistics – Arizona

Data obtained from the Arizona Department of Health Services

Figure 1. Opioid deaths by year

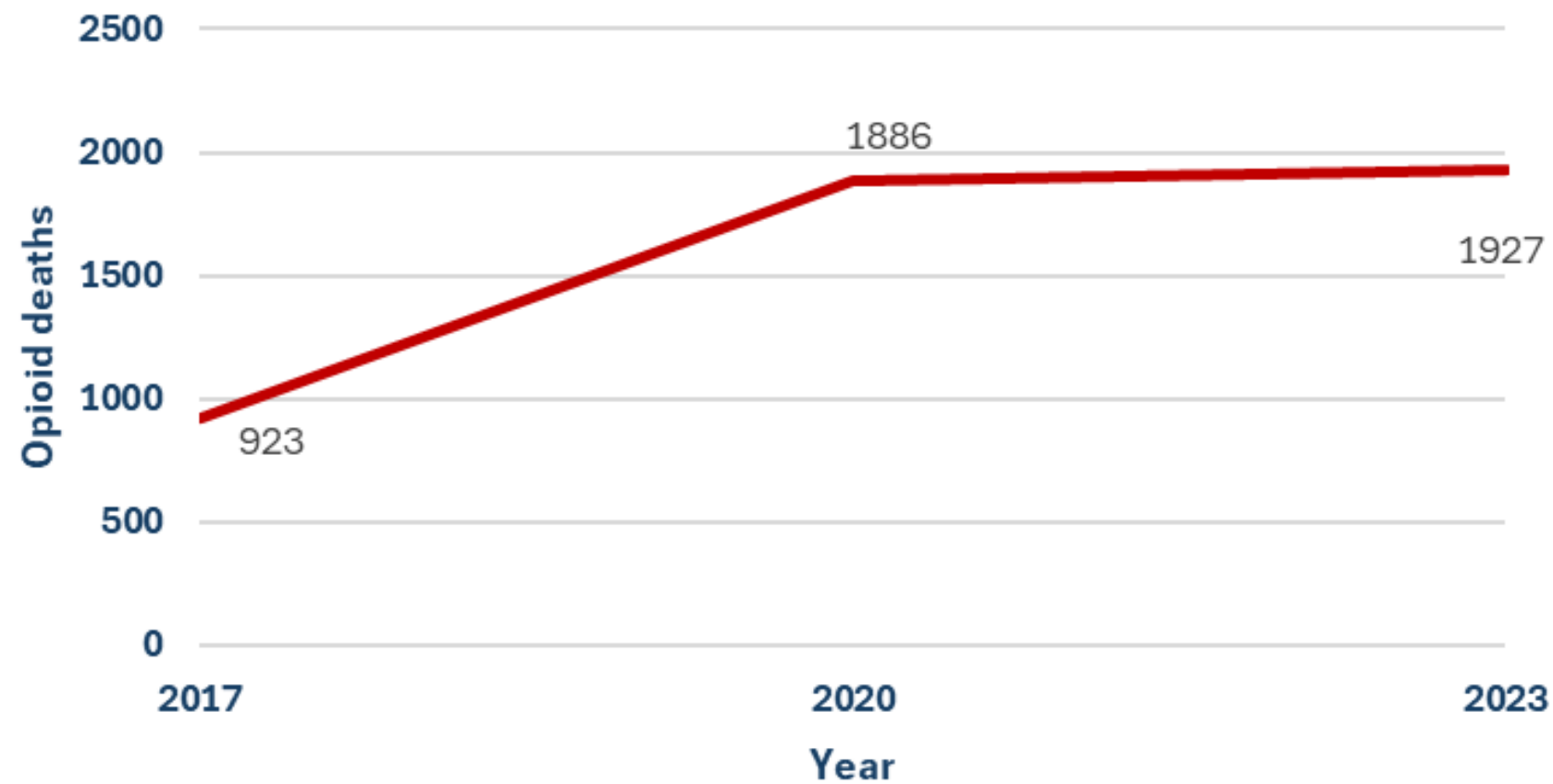
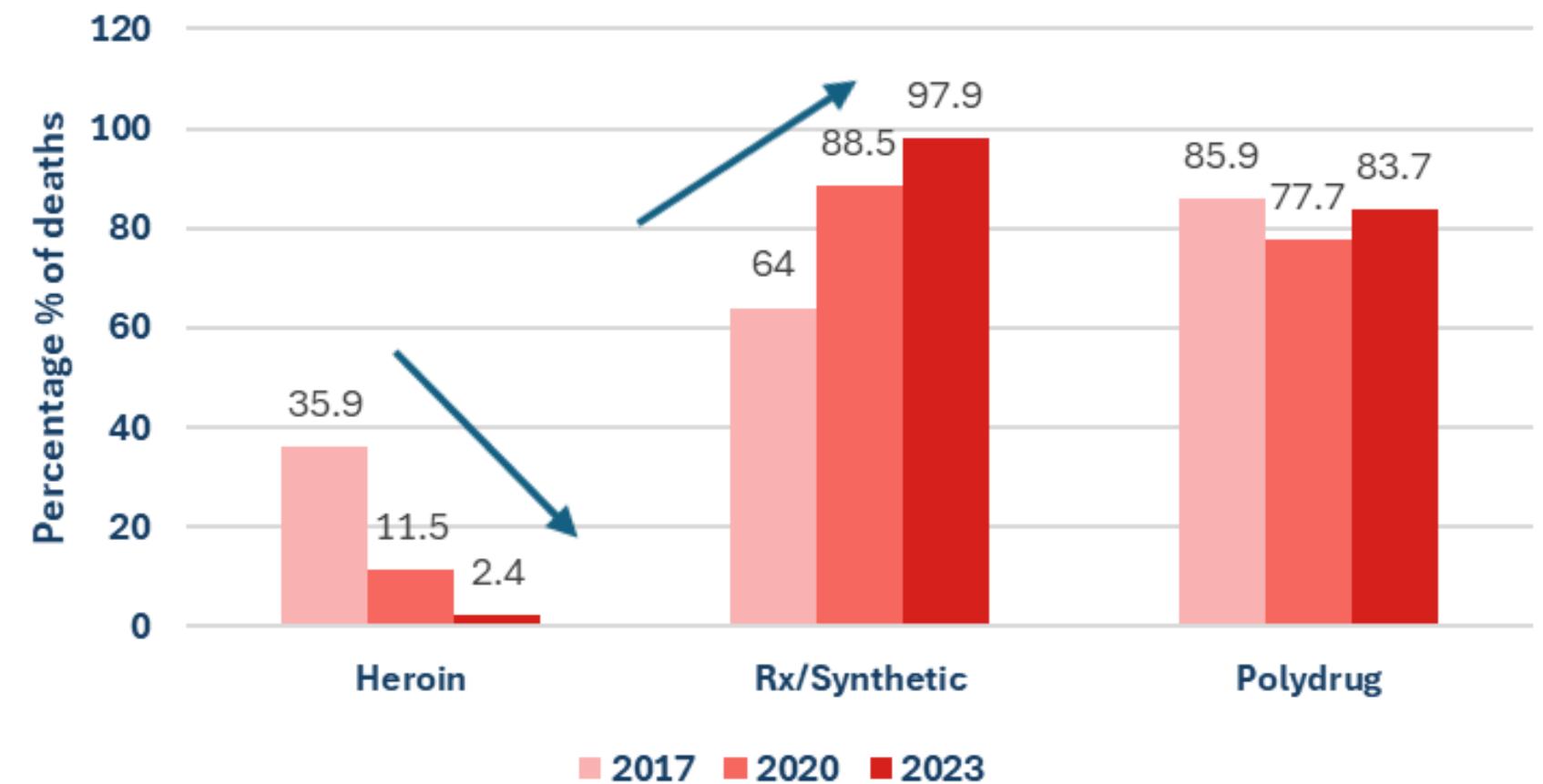


Figure 2. Drugs involved in opioid deaths



Rx/synthetic: This category includes synthetic (fentanyl) and prescription medications (oxycodone, hydrocodone), whether obtained legally or illicitly.

Polydrug: Opioid deaths involving opioids in combination with other non-opioid substances. All polydrug deaths are also counted in either the Heroin or Rx/synthetic category.



Prevalence

Drug overdose is the **leading cause of unintentional injury deaths** in the U.S. (1-44 yrs).²

The majority of opioid overdoses happen... **at home, alone.**³

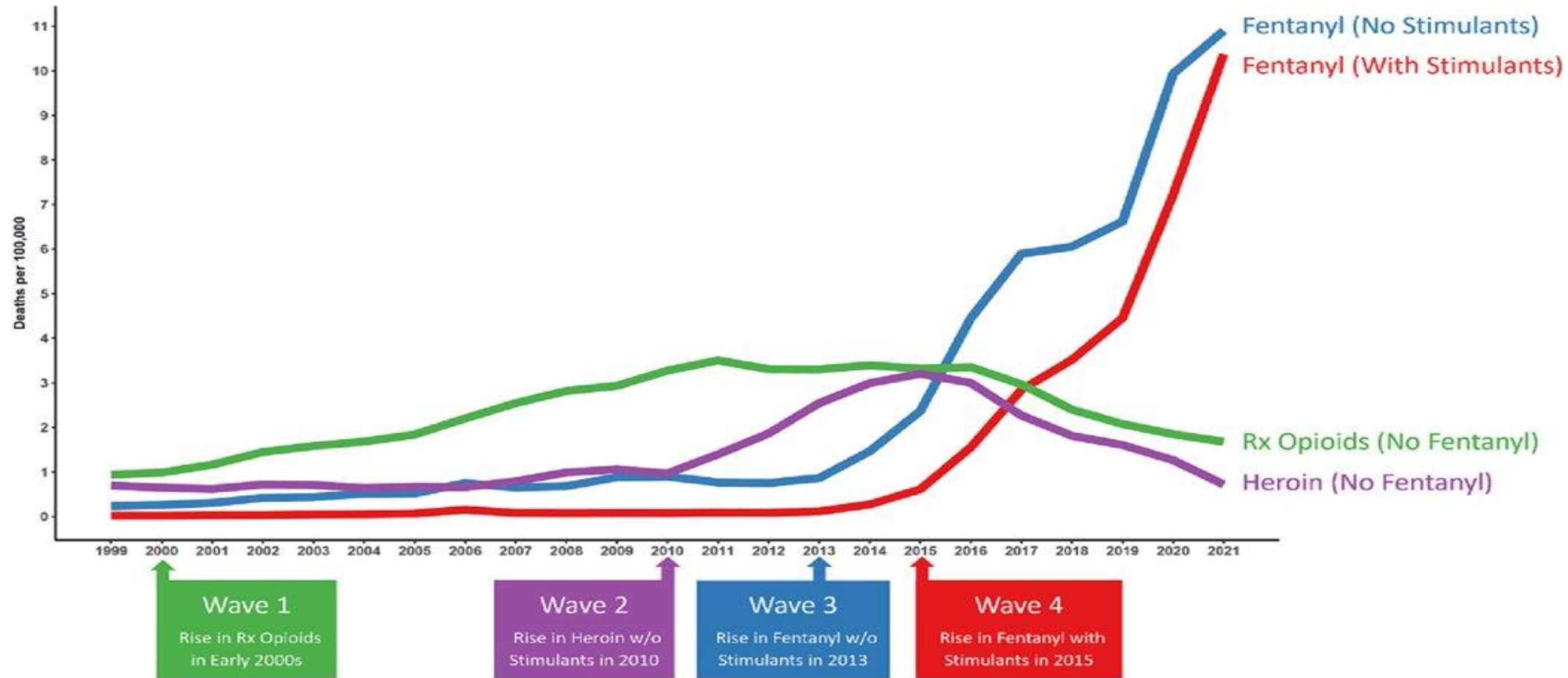
5+ Arizonans die per day from an opioid overdose.³

2. Center for Disease and Control Prevention. Injuries and Violence are Leading Causes of Death. Last reviewed March 27, 2025. Accessed April 7, 2025. <https://www.cdc.gov/injury/wisqars/animated-leading-causes.html>

3. Arizona Department of Health Services . Opioid Prevention. Data from ADHS Jan 2022 Opioid Report. Last reviewed Last reviewed March 27, 2025. Accessed April 7, 2025. <https://azdhs.gov/opioids>



Changes in opioids over time



Friedman J, Shover CL. Charting the fourth wave: Geographic, temporal, race/ethnicity, and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. *Addiction*. 2023;118(12):2477-2485. doi:10.1111/add.16318
Creative Commons Open Access - Attribution-NonCommercial 4.0 International <https://creativecommons.org/licenses/by-nc/4.0/> Accessed April 2025



Significance

The opioid epidemic has been categorized into 4 waves. A 'fourth wave' of high mortality involving methamphetamine and cocaine use has been gathering force in the US. Availability and use of illicit fentanyl's are still the major drivers of overdose deaths and the current rise in stimulant-related deaths appears entwined with the ongoing opioid epidemic.⁴

Polysubstance use is the use of more than one drug at one time or within short period of time. Intentionally or non-intentionally.⁵

Stimulants = cocaine, methamphetamines, amphetamines. Increase heart rate, blood pressure and increase risk of serious health risks.⁵

4. Ciccarone D. The rise of illicit fentanyl, stimulants and the fourth wave of the opioid overdose crisis. *Curr Opin Psychiatry*. 2021;34(4):344-350. doi:10.1097/YCO.0000000000000717. Accessed April 1, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8154745/#S8>

5. Center for Disease Control and Prevention. Polysubstance use facts. Last reviewed March 27, 2025. Accessed April 7, 2025. <https://www.cdc.gov/stopoverdose/polysubstance-use/index.html>



Building and Sustaining Healthy Communities

The Centers for Medicare and Medicaid Services (CMS) Healthy Communities Framework has five priority areas:

Priority 1: Expand the collection, reporting and analysis of standardized data.

Priority 2: Assess opportunities to close gaps in CMS programs, policies and operations.

Priority 3: Build capacity of health care organizations and the workforce.

Priority 4: Promote language access, health literacy, and the provision of person-centered services.

Priority 5: Increase access to health care services for individuals living with disabilities.

U.S Department of Health and Human Services. Centers for Medicare & Medicaid Services. The CMS Framework for Healthy Communities. Last updated 2/28/2025. Accessed 4/8/2025. <https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework>**Building and Sustaining Healthy Communities**



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Healthy Communities SUD and OUD

Access to Treatment
CMS Priority 4

Rural and underserved communities face major barriers to SUD/OUD treatment, including limited providers, stigma, and lack of access to medications for addiction treatment. Locally driven solutions have shown promise in expanding access, especially when tailored to community needs.⁶

Quality of Care
CMS Priority 3 & 4

Even when care is available, it may be lower in quality due to limited resources, lack of integrated services, and challenges treating co-occurring disorders in rural settings. These gaps often result in inconsistent care and fewer opportunities for recovery.⁷

Social Determinants of Health
CMS Priority 1

Integrating substance use treatment (SUT) services into mainstream healthcare may be hindered by barriers at multiple levels, including patient socio-demographics, financial constraints, and legal concerns; provider limitations in training and time; and systemic issues like insufficient leadership support and financial resources. Addressing these challenges requires targeted strategies that consider the specific needs and circumstances of rural and underserved populations.⁸

6. Wyse, J.J., Eckhardt, A., Newell, S. et al. Integrating buprenorphine for opioid use disorder into rural, primary care settings. *J Gen Intern Med*; 39: 2142–2149 (2024). <https://doi.org/10.1007/s11606-024-08898->

7. Zhu Y, Baldwin LM, Mooney LJ, Saxon AJ, Kan E, Hser YI. Co-occurring substance use disorders among patients with opioid use disorder in rural primary care clinics. *J Subst Use Addict Treat*. 2024 Mar;158:209269. doi: 10.1016/j.josat.2023.209269. Epub 2023 Dec 12. PMID: 38097045; PMCID: PMC11522973.

8. Adeniran E, Quinn M, Wallace R, Walden RR, Labisi T, Olaniyan A, Brooks B, Pack R. A scoping review of barriers and facilitators to the integration of substance use treatment services into US mainstream health care. *Drug Alcohol Depend Rep*. 2023 Mar 24;7:100152. doi: 10.1016/j.dadr.2023.100152.

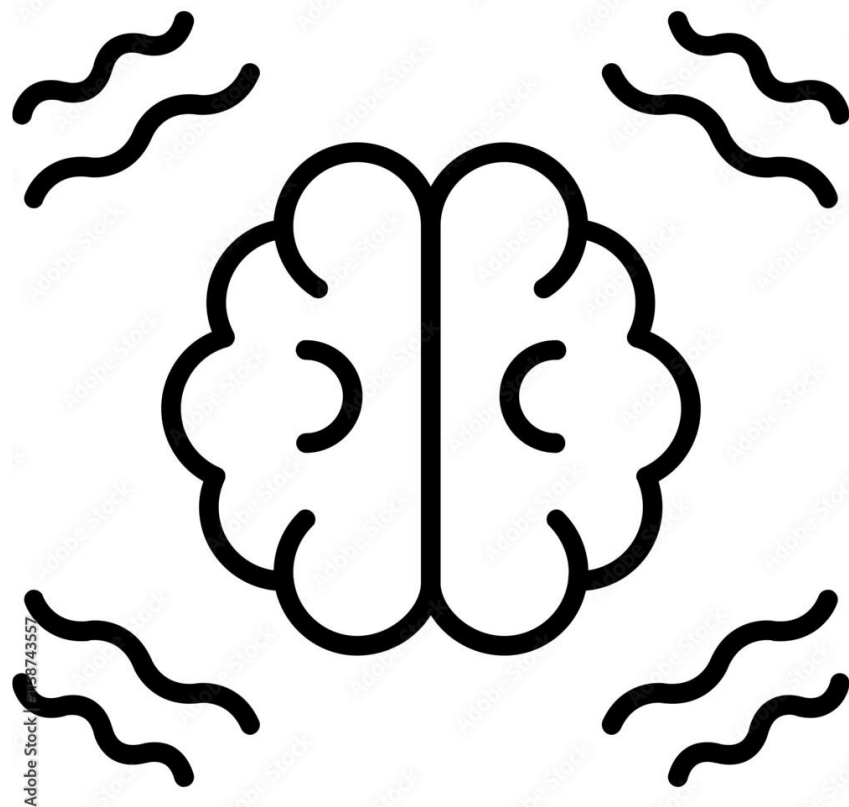


Healthy Communities in SUD/ODU

Working towards advancing the CMS Healthy Communities priority areas has the potential to improve access to person-centered, culturally tailored care by addressing language access, health literacy, and disabilities using data driven approaches.



Understanding Addiction



Addiction is NOT a moral failing.
It is a chronic, relapsing brain disease.

- Changes brain functioning and structure.

Hereditary, environmental & social factors contribute.

6. NIDA. Drug Misuse and Addiction. National Institute on Drug Abuse website. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>. July 6, 2020, Accessed March 29, 2025.



The effects on the brain

**Binge/intoxication: Neurobiological circuit
= Basal Ganglia**

Functional domain: Drug reward. Incentive salience

**Withdrawal/negative affect: Neurobiological circuit
= Extended Amygdala**

Functional domain: Decreases in sensitivity to natural reward/negative emotional state

**Preoccupation/anticipation: Neurobiological circuit
= Prefrontal Cortex**
Functional domain: Return to use/recurrence



What does Science say ?

- Drugs can alter important brain areas that are necessary for life-sustaining functions and can drive the compulsive drug use that marks addiction (NIDA. Drugs and the Brain. National Institute on Drug Abuse website.

<https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>).

- Some drugs like opioids also disrupt other parts of the brain, such as the brain stem, which controls basic functions critical to life, including heart rate, breathing, and sleeping (NIDA. Drugs and the Brain. National Institute on

Drug Abuse website. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>).



Stigma Surrounding SUD/ODU

- **Stigma from within (Self)**

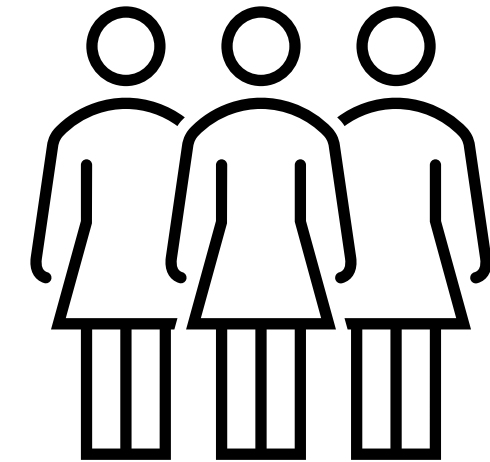
- Self-blame, feelings of hopelessness

- **Stigma from others (could be family and friends)**

- Moral failing (self-made choice) vs. it is a disease/diagnosis

- **Stigma from Clinicians/Health Professionals**

- Treatment doesn't work



Stigma Surrounding SUD/ODD

The differences in how you talk to a person:

Person 1 referred to as “substance abuser.”

- Jimmy is a drug addict who attends the support group every Monday. He is trying hard to remain abstinent from alcohol and other drugs.

- **Person 2 referred to as “someone who has a substance use disorder.”**

- Jimmy has a substance use disorder, and he attends support group every Monday. He is trying hard to remain abstinent from alcohol and other drugs.



Change the Language by Role Modeling

Instead of these:	Use these:
Clean	Negative (test) Not currently using substances Sterile (needle)
Dirty	Positive (test) A person who is currently using substances Not sterile (needle)
Addict Alcoholic	A person with substance use disorder A person with alcohol use disorder

8. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>



Change the Language by Role Modeling continued...

Instead of these:	Use these:
Abuse Dependence	Drug use If someone is diagnosed by a provider, say Opioid Use Disorder.
Former drug addict	A person in recovery

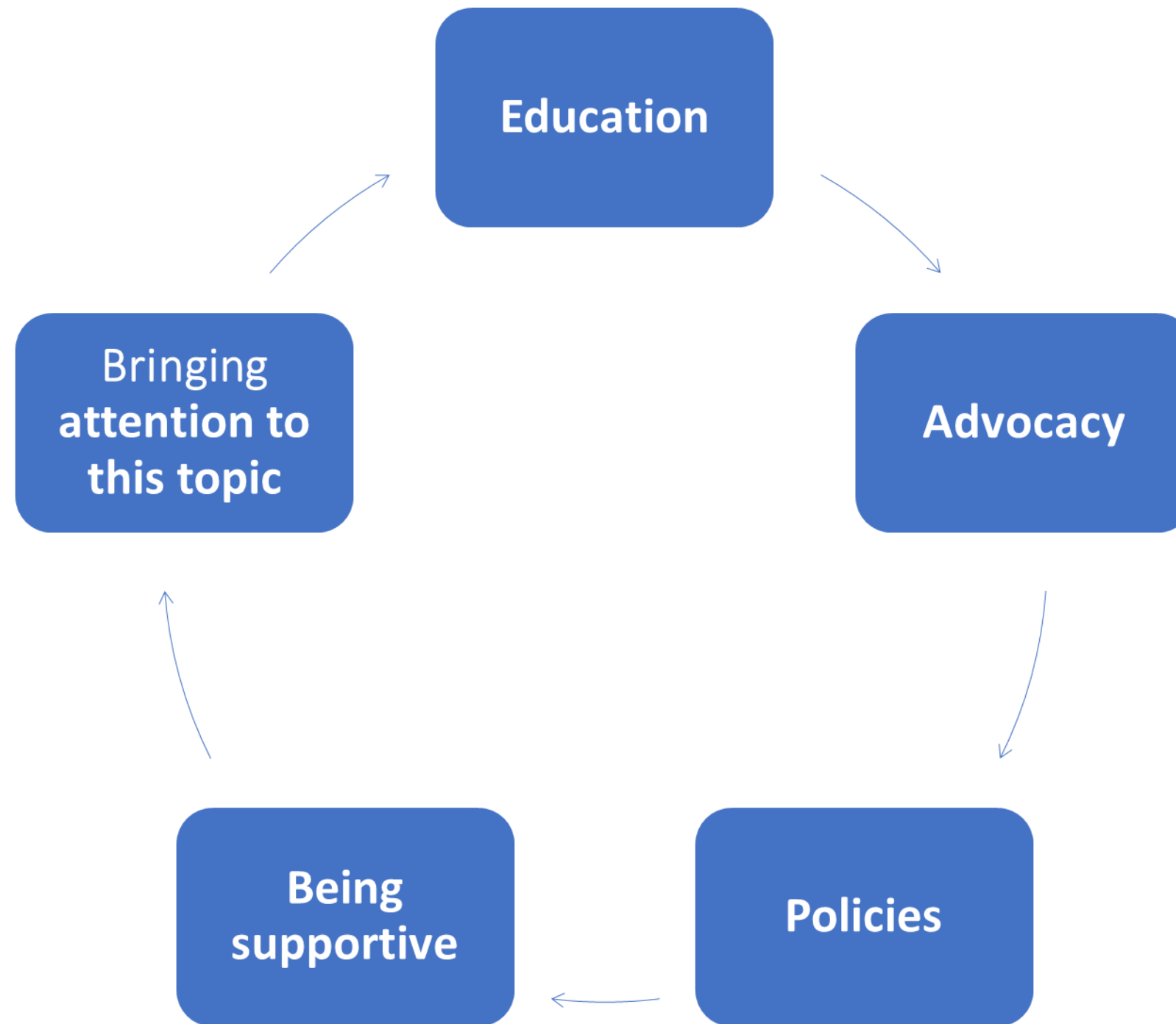
You can find some more resources here:

<https://extension.usu.edu/heart/research/reducing-stigma-towards-opioid-use-disorder-treatment>

8. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>



Stigma...What Can Be Done



Risk Factors for Overdose

Mixing Drugs/Polysubstance Use

Ex: Opioids with Alcohol, Cocaine or Benzodiazepines (Xanax, Ativan).

Drug Purity, Quality

Ex: Street drugs laced with fentanyl (50X more potent than heroin, and 100X more potent than morphine).

Low Tolerance

Period of abstinence due to incarceration, hospitalization, or inpatient treatment.

Using Alone

No one to call 911 or administer Naloxone.

Compromised Immune System or Illness

Someone who has HIV/AIDS or other immunocompromised illnesses.

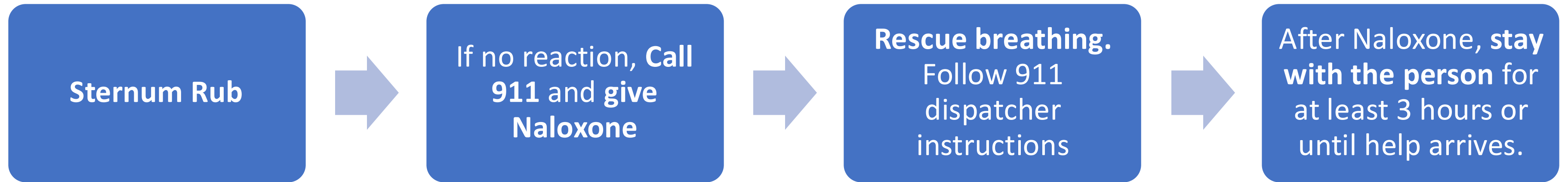


Signs of an Opioid Overdose

- Unable to wake up
- Unresponsive to stimuli
- Blue or pale skin, lips, and nails
- Very limp body
- Slow heartbeat
- Slow/irregular breathing or absent
- Choking, gurgling sound
- Pinpoint Pupils



Steps to Take if You Suspect an Overdose



How to Administer Naloxone

- English
- Spanish

The screenshot shows the Cochise County website. At the top, there is a navigation bar with the Cochise County logo, a search bar, and links for 'How Do I...', 'Departments', 'Economy and Tourism', and 'Resources'. Below the navigation bar is a large banner image of a rocky landscape. The main content area features a breadcrumb trail: 'Home > Departments > Health & Social Services > Prevention Services Division > Overdose Prevention Program'. The title 'Overdose Prevention Program' is prominently displayed. Below the title are two video thumbnails, both titled 'Naloxone Administration Tr...'. To the right of the main content is a 'Contact Us' section for Kendra Allen, Overdose Prevention Program Coordinator, with an email link.



Possible Effects of Naloxone

The person may become irritated and react.

Give them space if needed.

Can cause an opioid withdrawal

Fatigue

Fever/sweating

Loss of bowel/bladder function

Upset stomach/vomiting

Confusion, disorientation

Increased heartrate/breathing

Pain/aches



After an Overdose

- Be supportive, ask open ended questions (ex: How would you like things to be different?)
- Show them you are listening.
- Locate a treatment center where they can get help.
- Help them find support (groups, peer support, and others).
- Let them know that asking for help is ok.
- Follow-up and check on them.
- Make sure to do some self-care. Administering naloxone can be an upsetting situation so make sure to take a moment for yourself.



Importance of Self-Care

If you administer naloxone to someone it's important to take time to process the experience.

- Remember, take time to check-in with your body.
- Allow time to “metabolize” the experience by engaging in activities that you bring you calmness.

SELF CARE CONCEPTS



BE ACTIVE



TAKE A LONG BATH



PRACTICE MEDITATION



GO FOR A WALK



STOP COMPARING
YOURSELF



GO TECH FREE

Safety in the community 1 of 3

Creating strategies for ensuring safety, that include connections with community resources, safe medication disposal, shelters, and other safe spaces.

Harm Reduction Programs

Programs like syringe services programs (SSPs) and overdose prevention education, like this training, can help save lives and reduce the spread of infectious diseases like HIV and Hepatitis C.

Naloxone Access

Ensuring community access to naloxone, which can help save the lives of others.



Safety in the community 2 of 3

- **Treatment Access:** Access to treatment for substance use disorders is important to creating a safe and supportive community.
- **Peer Support and Recovery Groups:** Support groups offer a sense of belonging and can help with the challenges of substance use disorder.
- **Safe Disposal Sites:** Sites that allow the safe disposal of unused medications can help prevent accidental overdoses.



Safety in the community 3 of 3

- **Collaborative Problem Solving/Community Efforts:** Collaboration between local government, community leaders, law enforcement, healthcare providers, and schools, and local organizations creates an extensive network of support and safety.
- **Stigma Reduction:** Stigma can reduce the chances of someone going to get help. Creating a supportive and non-judgmental environment can help make a difference and can increase the chances of someone getting help.

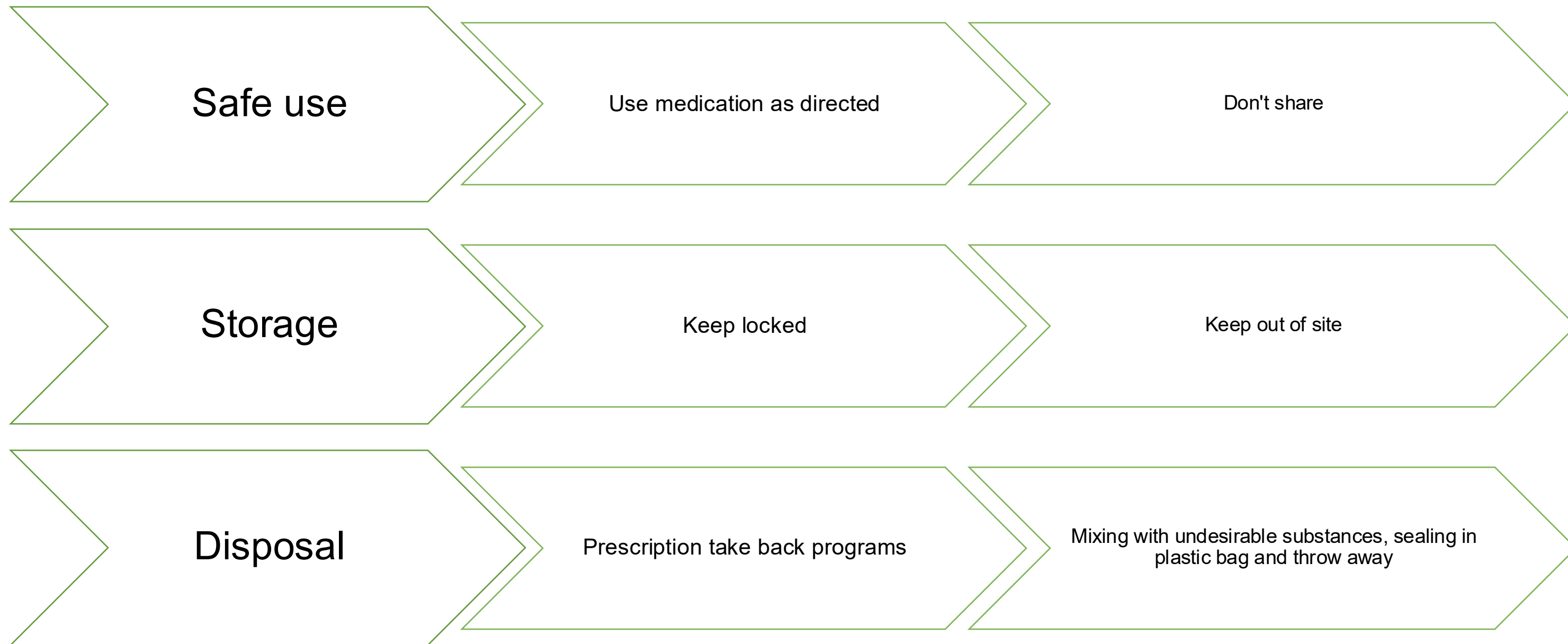


Harm Reduction Tips

1. Tell others not to use alone.
2. Inform them on using fentanyl test strips.
3. Know how to recognize the symptoms of an overdose.
4. Learn how to administer naloxone.
5. Carry naloxone.
6. Sterile syringe programs (SSPs).
7. Safe medication disposal.
8. Talk about the dangers of mixing substances (polysubstance use).



Safe Use, Storage, and Disposal of Opioids



9.Reddy A, de la Cruz M. Safe opioid use, storage, and disposal strategies in cancer pain management. *Oncologist*. 2019; 24(11): 1410-1415. [10.1634/theoncologist.2019-0242](https://doi.org/10.1634/theoncologist.2019-0242)



Resources

Remember there are effective prevention, harm reduction, treatment, and recovery resources. Listed below are some great resources:

- Go to 211arizona.org to get information on community services in Arizona.
- 988 Suicide and Crisis Lifeline
- Arizona Opioid Assistance & Referral Line: 1-888-688-4222 connects individuals with local support for opioid use and substance use disorder.
- Find local Rx Drug Drop-Off Locations: Dumpthedrugsaz.org
- OD2A-S will be starting a monthly email resource share for CHW/Rs, please email biancas@arizona.edu to let us know if you are interested.



Resources continued...

- Find Local treatment Services: [findtreatment.samhsa.gov](https://www.samhsa.gov/findtreatment)
- Find Naloxone: [aznaloxone.org](https://www.aznaloxone.org)
Here you can find information on free or reduced naloxone locations.
- Become a naloxone distributor: go here <https://www.azdhs.gov/opioid/data/index.php#order>
If you have questions send an email here azopioid@azdhs.gov.



Naloxone Resources

State-Wide/National

State-Wide Resources

- **Sonoran Prevention Works** – spwaz.org
 - Naloxone **pick-up locations** available at SPW sites.
- **Arizona Department of Health Services (ADHS)** – azdhs.gov
 - Provides **free naloxone** to organizations and agencies.
 - Become a **naloxone distributor** by filling out this [form](#).
- **Substance Abuse Coalition Leaders of Arizona** – naloxoneaz.com
 - Interactive resource listing **naloxone access locations** across Arizona.

Pharmacy Access (Statewide)

- **Walgreens Pharmacy** – walgreens.com
 - **Naloxone available without a prescription.** Call ahead to confirm availability.
- **CVS Pharmacy** – cvs.com
 - **Naloxone dispensed without a prescription.** Check with your local store for stock availability.

National Resources

- **NEXT Distro** – nextdistro.org
 - Provides **mail-order naloxone** to rural and underserved Arizona residents.
- **National Harm Reduction Coalition** – harmreduction.org
 - Offers a **naloxone Finder** to locate nearby naloxone distribution points.



Naloxone Resources

Maricopa County

Public Libraries

- **Phoenix Public Libraries** – phoenixpubliclibrary.org
 - All 17 locations offer free naloxone kits
 - Contact your local library for more information.

Community-Based Organizations

- **EMPACT-SPC** – lafronteraaz-empact.org
 - To inquire about naloxone availability or related services, you can contact them directly at (480) 784-1514.
 - **24/7 Crisis Line Available** for immediate support.
- **Community Bridges, Inc. (CBI)** – communitybridgesinc.org
 - Provides free naloxone kits & harm reduction training.
 - For immediate assistance or to inquire about naloxone availability, you can contact their 24/7 Access to Care line at **877-931-9142**.

- **Terros Health** – terroshealth.org
 - **Distributes naloxone** and provides overdose prevention education.

County Health Departments

- **Maricopa County Public Health** – maricopa.gov
 - Offers free naloxone distribution programs & overdose education.
- **Maricopa County Public Health Satellite Offices**
 - Provides naloxone resources in rural communities such as **Wickenburg & Gila Bend**.
 - Contact the main Public Health office for resource locations at **602-506-6900**.

For additional Naloxone resources in other counties, please email us at: azcrh-od2a@arizona.edu



Naloxone Resources

Pima County

Public Health Resources

- **Pima County Health Department, Community Mental Health and Addiction Program (CMHA)**
 - Serves as the **local storage and distribution center for naloxone (Narcan)** in Pima County.
 - Supplies **free naloxone kits** to local agencies, community providers, law enforcement, and substance use treatment organizations.
 - Provides **overdose prevention training** for organizations and the public.
 - Website, [here](#).
 - Call **(520) 724-7470**
- **Naloxone Community Distribution Sites Map** – [View Map](#)
 - Interactive tool to find naloxone distribution sites in Pima County.



Community-Based Organizations

- **CODAC Health, Recovery & Wellness** – [codac.org](#)
 - To inquire about naloxone availability or related services, you can contact CODAC directly at (520) 327-4505.
- ⑩ **Southern Arizona AIDS Foundation (SAAF)** – [saaf.org](#)
 - Provides harm reduction services. For more information on naloxone availability and other services, you can contact SAAF directly through their website.



“We must encourage and not discourage.”

Video Call to Action:

<https://www.youtube.com/watch?v=AG09XzymbFE&list=PLxMUkc-cccTALPIftnwRsaXdpRiw4j8xb&index=14>



Discussion

- What are the most effective strategies for empowering communities to prevent overdoses?
- What are some ways public health can help reduce stigma associated with substance use?
- Ways we can help improve



TAKING CARE OF SELF WHILE TAKING CARE OF COMMUNITY

1 ESTABLISH YOUR COMMUNITY AND SUPPORT GROUP



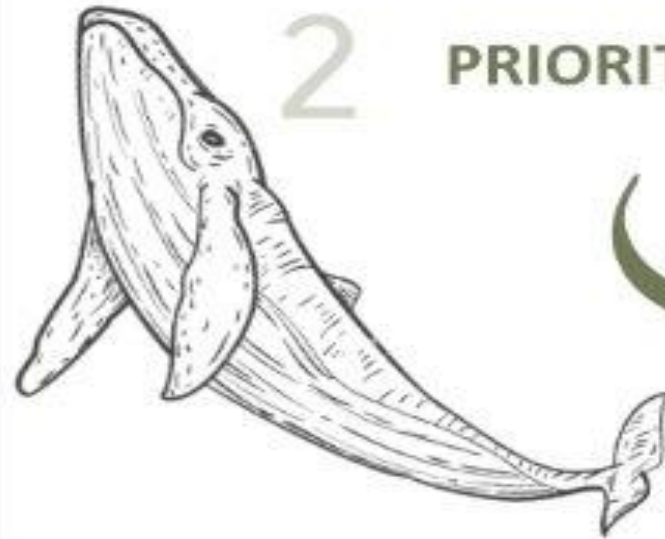
PODS: THE BUILDING BLOCKS OF TRANSFORMATIVE JUSTICE & COLLECTIVE CARE

BUILD YOUR PODS HERE



[HTTPS://WWW.SOILTJP.ORG/OUR-WORK/RESOURCES/PODS#H.PN1JEOK3AVX1](https://www.soiltjp.org/our-work/resources/pods#H.PN1JEOK3AVX1)

2 PRIORITIZE SELF-CARE



EXERCISE, MEDITATION, MINDFULNESS, CREATIVE EXPRESSION, NATURE CONNECTION, HOBBIES, OR SPENDING TIME WITH LOVED ONES



Key Take Aways

The four key takeaways we want everyone to leave with is:

1. People who use drugs are not bad people. They're just people.
2. A substance use disorder is a chronic relapsing brain disease, and naloxone reverses an opioid overdose.
3. Save a life and carry naloxone.
4. Be kind to yourself and your community.



Contact Information



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Thank you



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