

# **Strengthening Communities to Address Overdose Prevention and Substance Use Care in Rural Arizona**

**June 3, 2025**

**Presenters: Bianca SantaMaria, MPH, Rocio Torres, MPH  
Annual Rural Health Conference 2025**



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MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH  
**Center for Rural Health**



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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

The **Comprehensive Center  
for Pain & Addiction**  
empowers those of us affected by  
pain and addiction to thrive.

# Disclosure and Disclaimer

**Disclosure:** Bianca and Rocio have no financial disclosures to report.

**Disclaimer:** This project was made possible by funding support from the Arizona Department of Health Services (ADHS) through the Centers for Disease Control and Prevention's (CDC) Overdose Data to Action in States (OD2A-S) cooperative agreement grant number CDC-RFA-CE23-2301). The content presented is solely the responsibility of the authors and does not necessarily reflect the views, opinions or policies of ADHS or the CDC.



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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 2023, 105,000 people died from a drug overdose in the United States. The death rate nearly quadrupled between 2003 and 2022. ***We are beginning to see these rates decrease.***<sup>1,2</sup>

We continue to work to develop and implement evidence-based solutions for current and future generations. We recognize more than **29.0 million adults who perceived that they ever had a substance use problem, 72.2% (or 20.9 million) consider themselves in recovery or recovered.**<sup>1,2</sup>



**Prevention, harm reduction, treatment, and recovery works!**

5



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1. Center for Disease Control and Prevention. Drug overdose deaths. Last reviewed December 2024. Accessed February 4, 2025. <https://www.cdc.gov/nchs/products/databriefs/db522.htm#:~:text=Statistics%20System%2C%20MortalityThe%20overall%20age%2Dadjusted%20rate%20of%20drug%20overdose%20deaths%20decreased,Figure%201%2C%20Table%201>.
2. Substance Abuse and Mental Health Services Administration: Recovery from Substance Use and Mental Health Problems Among Adults in the United States. Publication No. PEP23-10-00-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.



# Learning Objectives

1. **Identify** risk and protective factors for addressing chronic pain, opioids, stimulant, and substance use in rural locations.
2. **Analyze** resources and training available to increase capacity for overdose prevention and substance use care.
3. **Identify** at least 1 solution for increasing awareness and access to resources for people and their families with pain management, opioid, stimulant, and substance use concerns.





# Overdose Prevention and Substance Use Care

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# 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.

## OD (Opioid Use Disorder)

According to National Institute of Mental Health, **opioid use disorder (OD)** is defined as the chronic use of opioids that causes clinically significant distress or impairment.

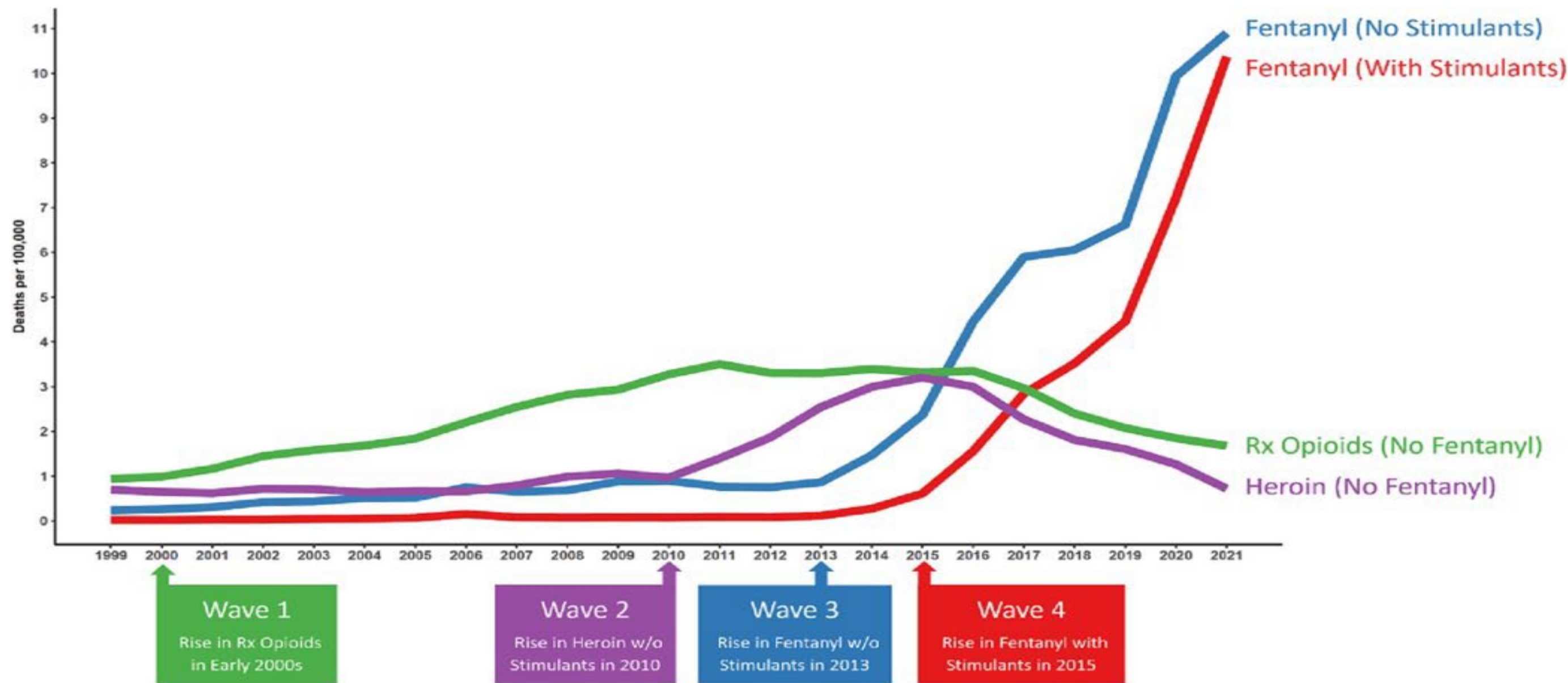
*Most people who use or misuse alcohol or drugs **do not have** an SUD/OD.*





# Relevant Statistics – National (1 of 3)

## Changes in opioids over time



3. 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

# Relevant Statistics – Arizona (2 of 3)

Data obtained from the Arizona Department of Health Services<sup>5</sup>

Figure 1. Opioid deaths by year

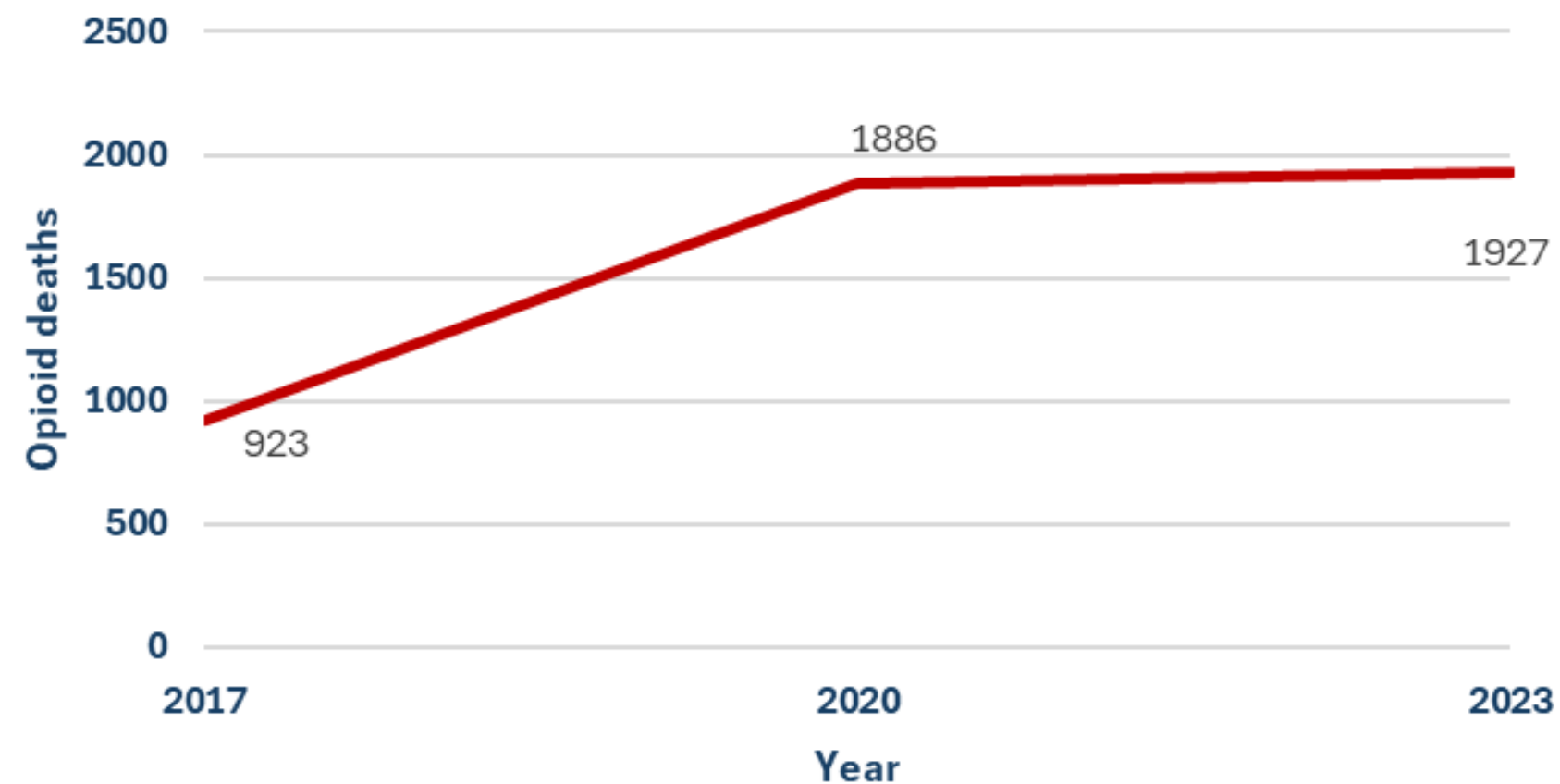
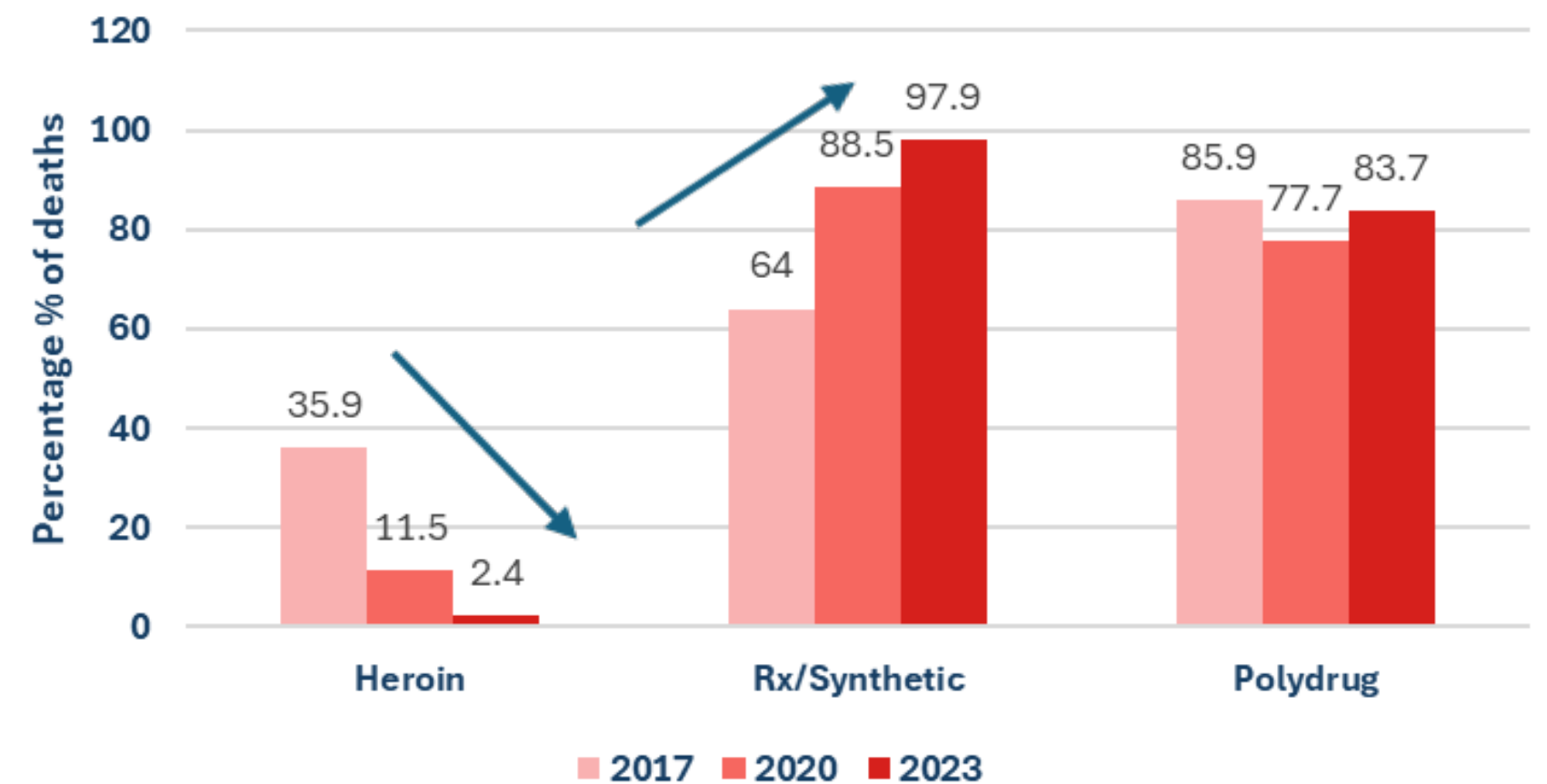


Figure 2. Drugs involved in opioid deaths



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.

# Relevant Statistics – Arizona (3 of 3)

Data obtained from the Arizona Department of Health Services<sup>5</sup>

## Prevalence

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

**5+ Arizonans die per day from an opioid overdose.**<sup>3</sup>



The majority of opioid overdoses happen ... at home and alone.<sup>3</sup>

4. Arizona Department of Health Services . Opioid Overdose Deaths Dashboard. Last reviewed July 11, 2024. Accessed July 17, 2024. <https://www.azdhs.gov/opioid/dashboards/index.php#overdose-deaths>

5. 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>

6. 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>





# Stimulant Use – Recognizing Signs and Risks

Stimulants increase dopamine and norepinephrine, affecting mood, energy, attention, and reward.

Common examples include methamphetamine, cocaine, amphetamines, and methylphenidate. Routes of use include swallowing, snorting, smoking, injecting, and rectal or vaginal insertion.

## Intoxication

- Rapid or nonstop speech
- Restlessness or pacing
- Enlarged pupils, sweating
- Hyperactivity or distractibility
- Repetitive or focused behaviors

## Withdrawal

- Excessive fatigue or sleep
- Depressed or irritable mood
- Low motivation
- Slowed movement or speech
- Intense cravings

## Overdose

- Confusion or disorganized thinking
- Paranoia or hallucinations
- Chest pain or irregular heartbeat
- Panic, overheating, or collapse
- Seizures or loss of consciousness

Chronic stimulant use is associated with cardiovascular disease, stroke, psychosis, neurocognitive impairment, dental deterioration, and increased risk of infections such as HIV and hepatitis C.

# Stimulant Use – Supporting Recovery and Treatment

Treatment for stimulant use can happen across different levels of care—outpatient, intensive outpatient, residential, or inpatient—based on a person’s needs.

Behavioral approaches like contingency management, cognitive behavioral therapy (CBT), the Matrix Model, and community reinforcement help people reduce use and build structure, skills, and motivation for recovery.

## How You Can Help

- Explain the treatment options in clear, simple terms
- Help patients schedule appointments or complete referral paperwork
- Follow up with patients after a referral is made
- Provide information and resources relating to housing, food, and transportation – as well as harm reduction supplies

### **Level 1: Outpatient Treatment**

Weekly appointments with a counselor or therapist. Medication may be included.

### **Level 2: Intensive Outpatient (IOP)**

Structured care with 9–20 hours of services per week while living at home.

### **Level 3: Residential Treatment**

24/7 live-in support in a structured, home-like setting.

### **Level 4: Inpatient/Hospital Treatment**

For urgent psychiatric or medical needs (e.g., overdose, psychosis).

# 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.



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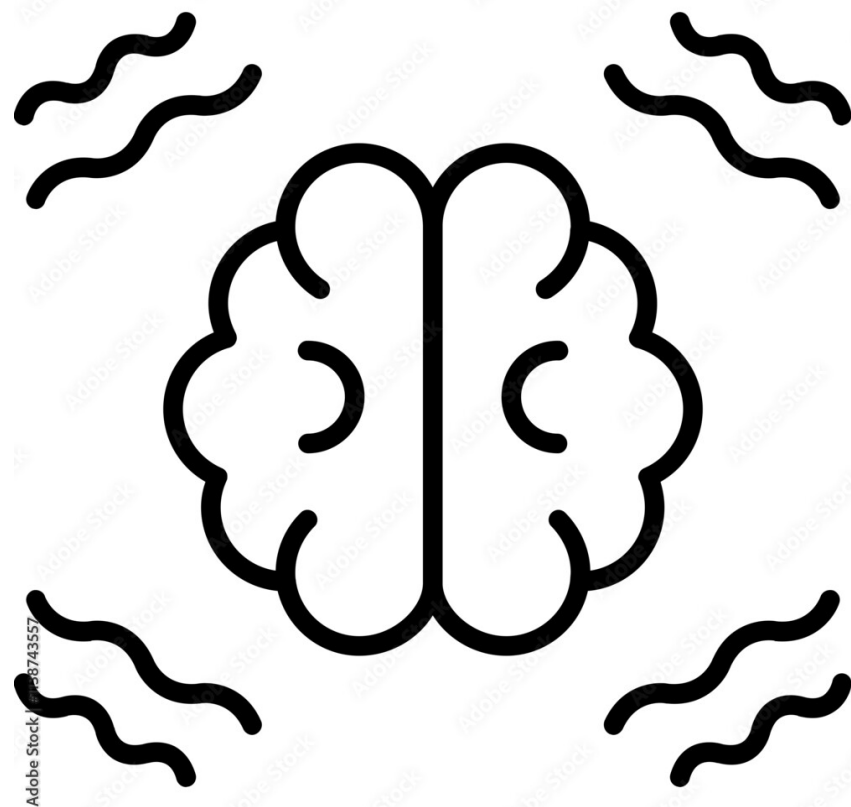
# Healthy Communities SUD and OUD

<b>Access to Treatment</b> <i>CMS Priority 4</i>	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. <sup>6</sup>
<b>Quality of Care</b> <i>CMS Priority 3 &amp; 4</i>	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. <sup>7</sup>
<b>Social Determinants of Health</b> <i>CMS Priority 1</i>	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. <sup>8</sup>

9. 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/s11606-024-08898-1>

10.. 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.

11. 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.



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

Changes brain functioning and structure.

Hereditary, environmental & social factors contribute.

# 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>).





# The Effects on the Brain

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

Functional domain: Drug reward. Incentive salience

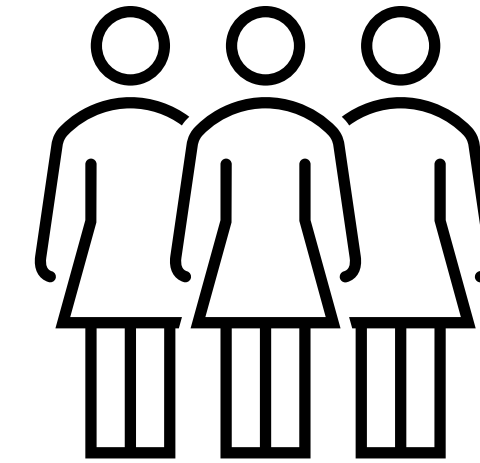
**Withdrawal/negative affect: Neurobiological circuit  
= Extended Amygdala**

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

**Preoccupation/anticipation: Neurobiological circuit  
= Prefrontal Cortex**

Functional domain: Return to use/recurrence

# Stigma Surrounding SUD/OD



## 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/OD

*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



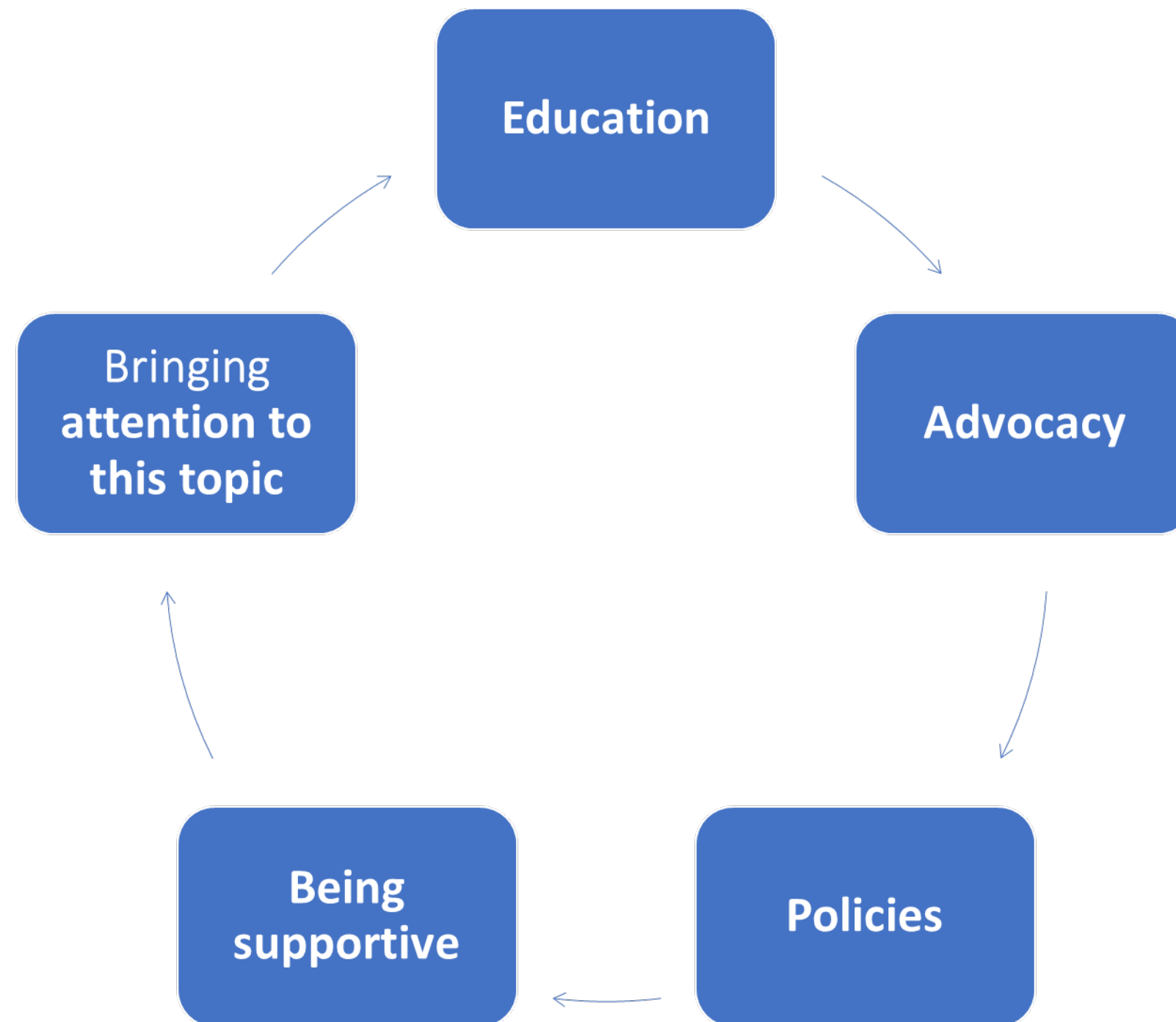
You can find some more resources here, scan QR.

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

13. <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.

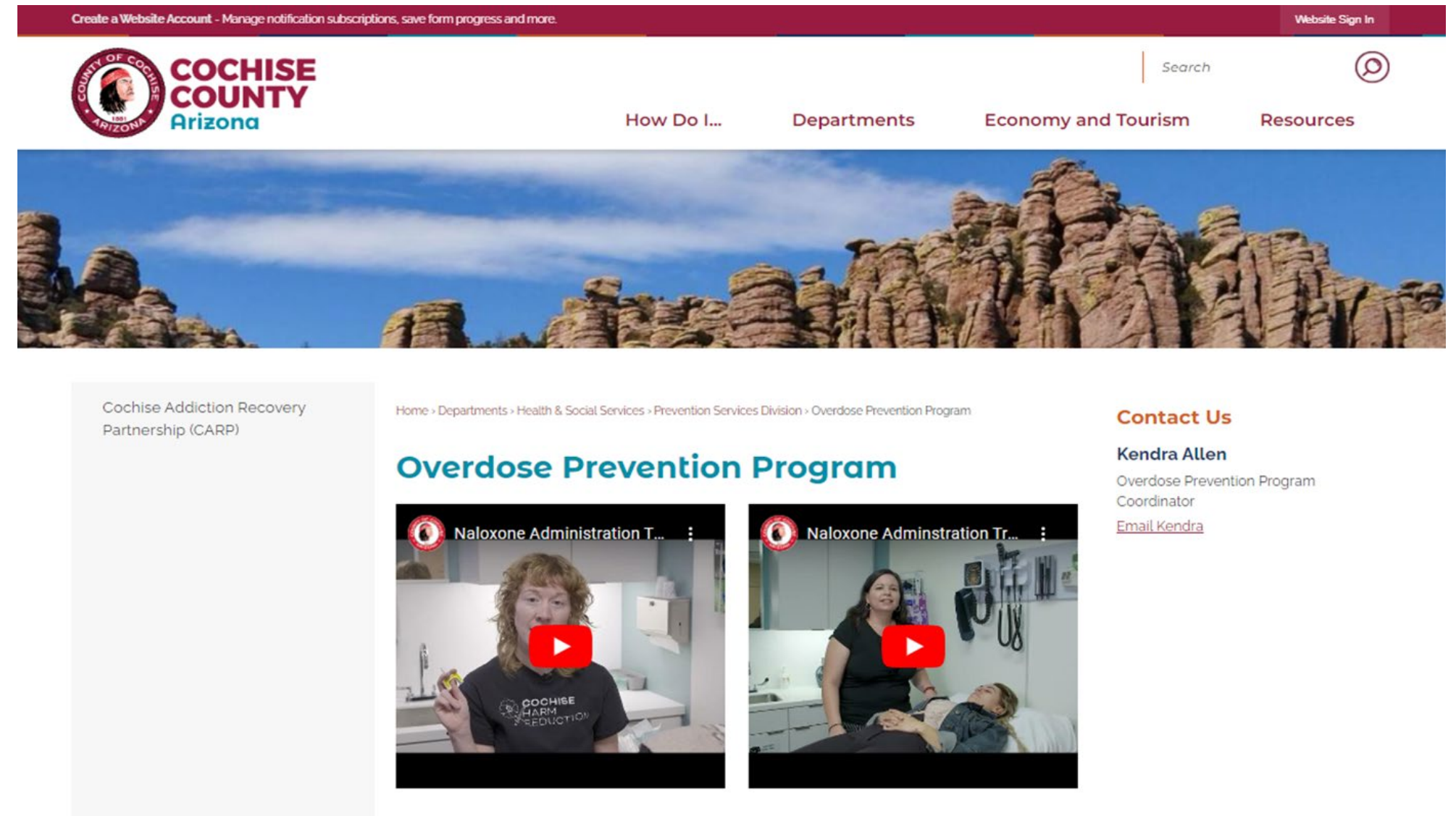


# How to Administer Naloxone

- English
- Spanish



Scan QR Code  
to visit Cochise  
County Arizona  
Site.

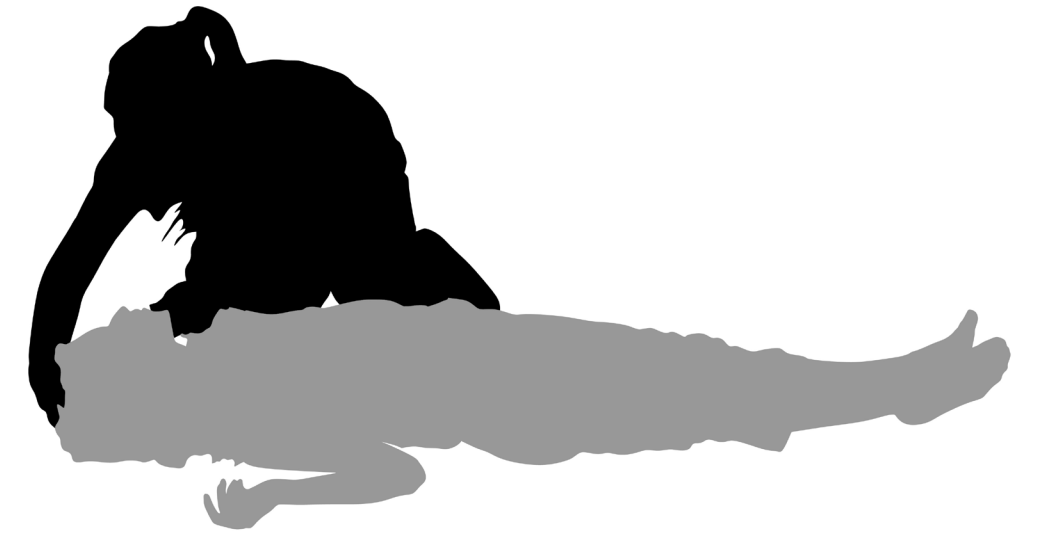


QR Link: <https://www.cochise.az.gov/725/Overdose-Prevention-Program>



# Signs of an Opioid Overdose

- Unable to wake up
- Unresponsive to stimuli
- Change in skin, lip or nail-bed color
  - Light/medium complexions → blue or very pale lips, gums or fingernails
  - Brown/Black complexions → gray, ashen or whitish lips, gums, nail-beds or inner eyelids
  - *(check the inside of the lower lip, tongue, nail-beds and conjunctiva if skin tone makes color-change hard to see)*
- Very limp body
- Slow heartbeat
- Slow/irregular breathing or absent
- Choking, gurgling sound
- Pinpoint Pupils



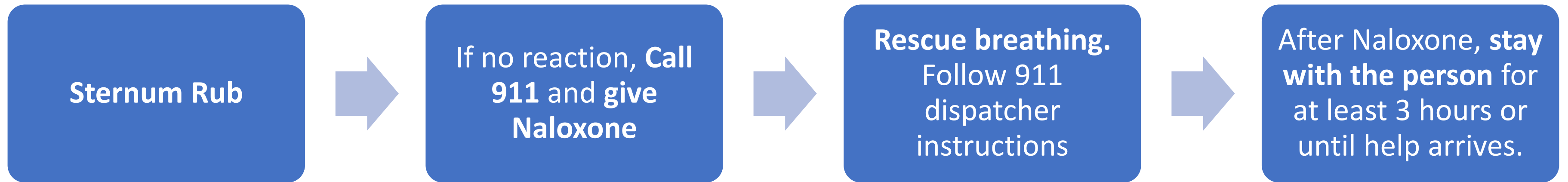
# Practice Scenario

I'm doing a home visit with my client Michael. After talking with him for a few minutes, he starts to space out and seems "out of it". He mentioned how his chronic pain has been bad and took more medications to help. Suddenly he passes out! I try to wake him up, but he doesn't respond to my voice, and he doesn't respond when I try to move him. What should I do?





# Steps to Take if You Suspect an Overdose



# 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.



Scan me for a guide for CHW/Rs on self-care after overdose response: stress management, peer support, and mental-health resources to strengthen resilience.

**QR Code/ Resource URL:**

[https://crh.arizona.edu/sites/default/files/2024-11/241112\\_CHW-after-care-resources-spread.pdf](https://crh.arizona.edu/sites/default/files/2024-11/241112_CHW-after-care-resources-spread.pdf)



# 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



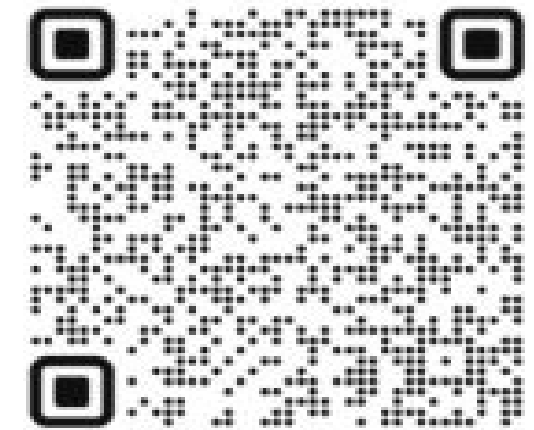
# TAKING CARE OF SELF WHILE TAKING CARE OF COMMUNITY

## 1 ESTABLISH YOUR COMMUNITY AND SUPPORT GROUP



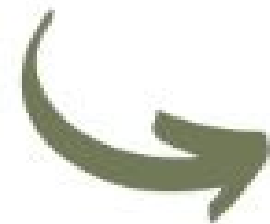
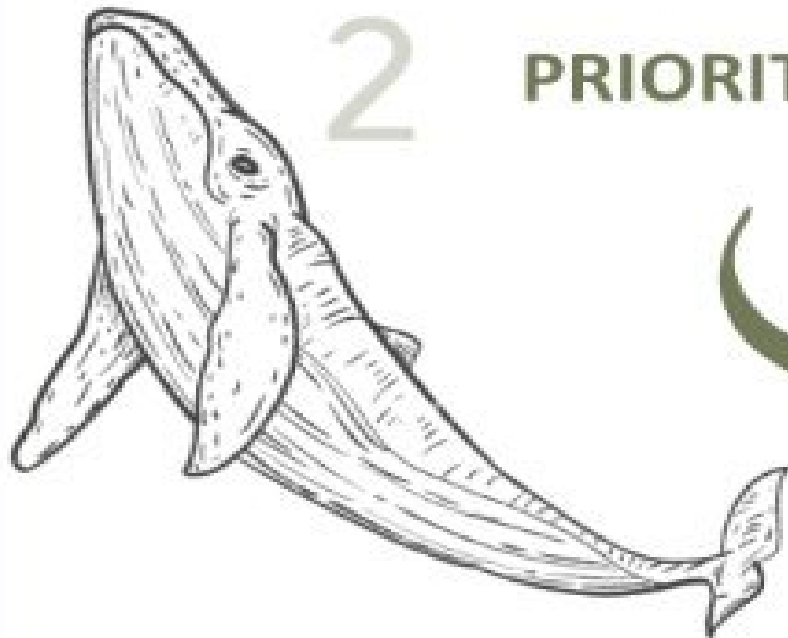
PODS: THE BUILDING BLOCKS OF  
TRANSFORMATIVE JUSTICE &  
COLLECTIVE CARE

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

# Safety in the Community

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.

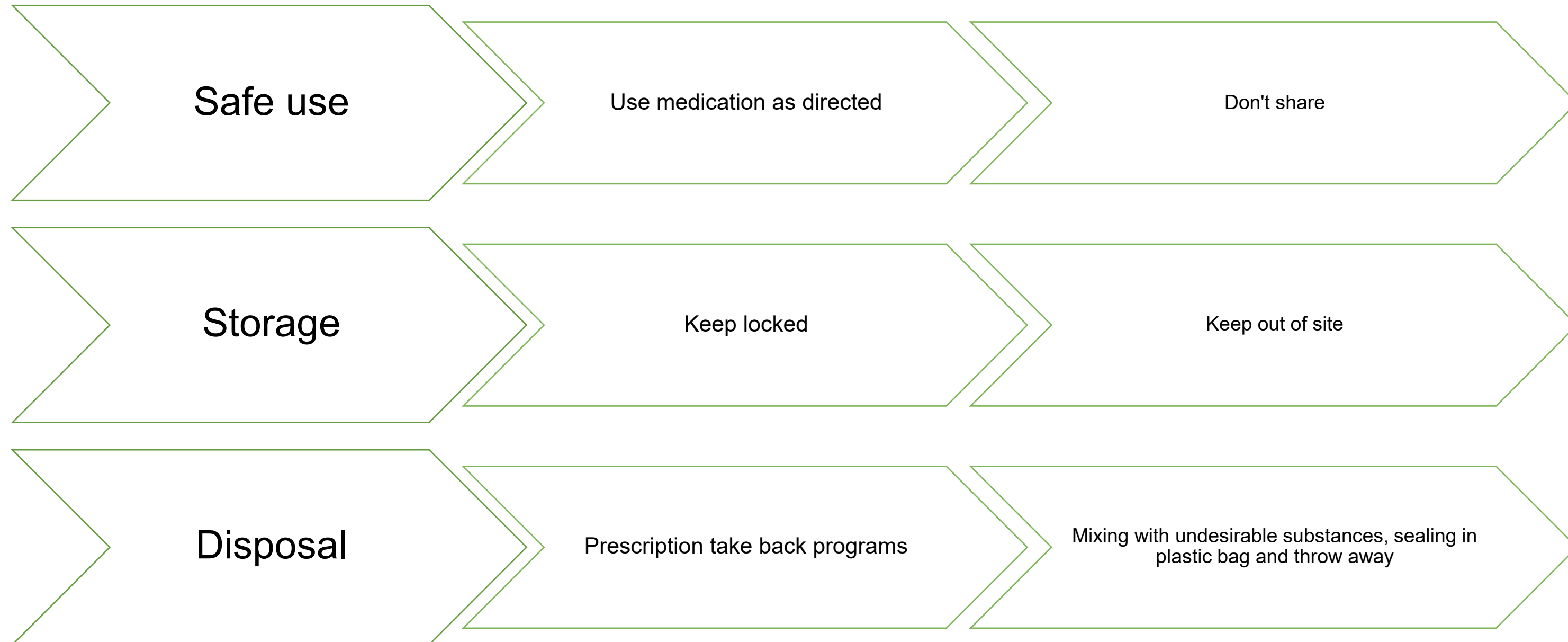


# Harm Reduction Tips

- Tell others not to use alone.
- Inform them on using fentanyl test strips.
- Know how to recognize the symptoms of an overdose.
- Learn how to administer naloxone.
- Carry naloxone.
- Sterile syringe programs (SSPs).
- Safe medication disposal.
- Talk about the dangers of mixing substances (polysubstance use).
- Share relevant resources.



# Safe Use, Storage, and Disposal of Opioids



14.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)





# Treating Pain in Rural Healthcare

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# Pain Defined (1 of 2)<sup>4</sup>

- The International Association for the Study of Pain defines pain as **“An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”**<sup>3</sup>
- Three types of pain:
  - acute (<1 month)
  - subacute (1-3 months)
  - chronic (duration of > 3 months)
- **Pain is one of the most common** reasons adults seek medical care in the United States.
- In 2019, **1 in 5 adults** had chronic pain and **1 in 14 adults** experienced **“high-impact”** chronic pain, defined as having pain on most days or every day during the past 3 months that limited life or work activities.
- In 2011, the economic costs of chronic pain were estimated to range from \$560 to \$635 billion in annual direct medical costs, lost productivity, and disability.



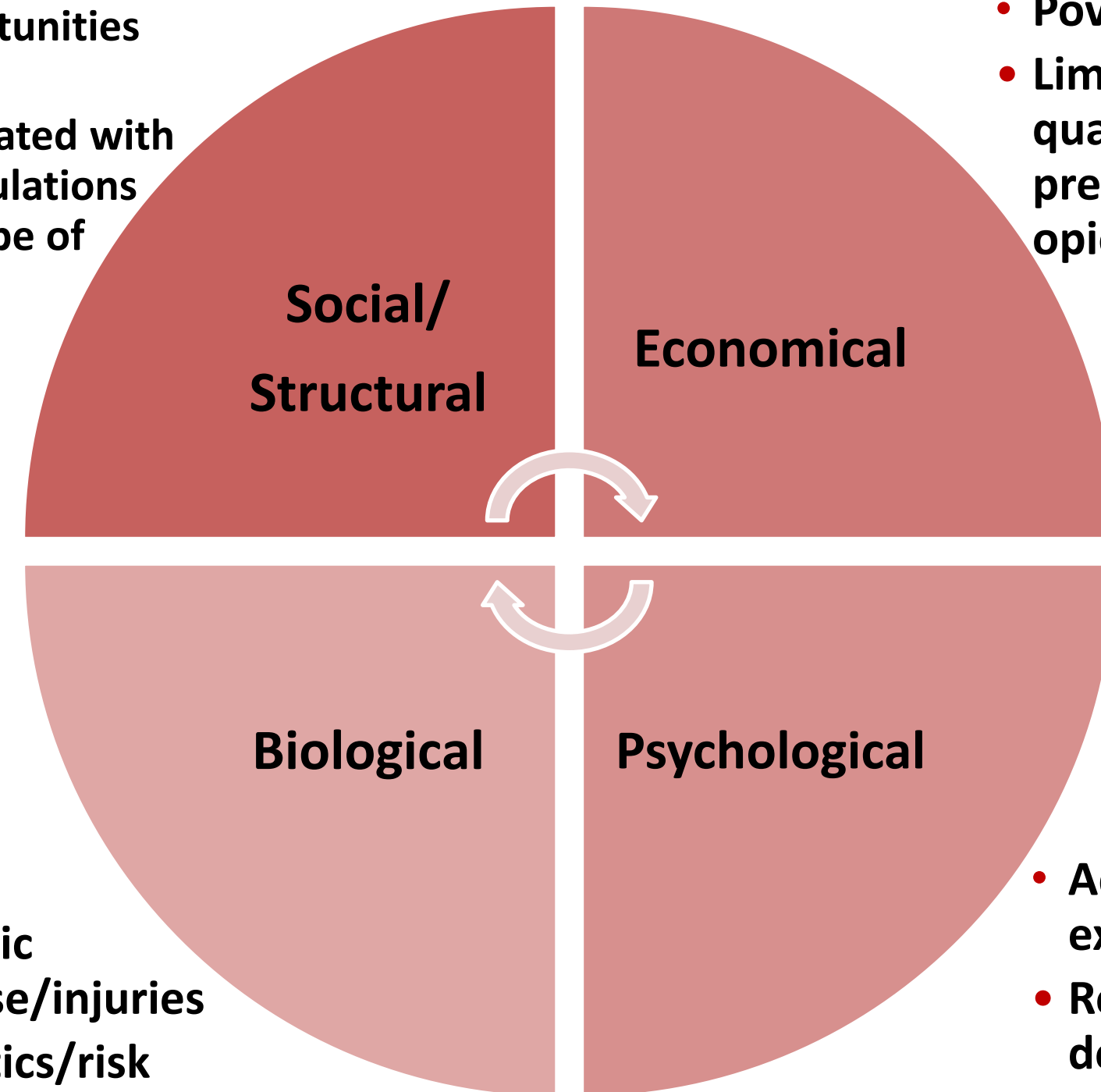
# Pain Defined (2 of 2)<sup>4</sup>

- **Pain is a complex phenomenon** influenced by multiple factors. People have pain because ...
- **Prevention, assessment, and treatment** of pain is a persistent **challenge for clinicians** because of the multifactorial nature.
- **Pain might go unrecognized**, and some persons can be at **risk for inadequate pain treatment**.

- Lack of opportunities and mobility
- Stigma associated with minority populations affects the type of treatment

- Age
- Chronic disease/injuries
- Genetics/risk factors

- Poverty
- Limited access to quality care (e.g., preventive and non-opioid treatment)



# CDC Clinical Practice Guideline for Prescribing Opioids for Pain -United States, 2022<sup>4</sup>

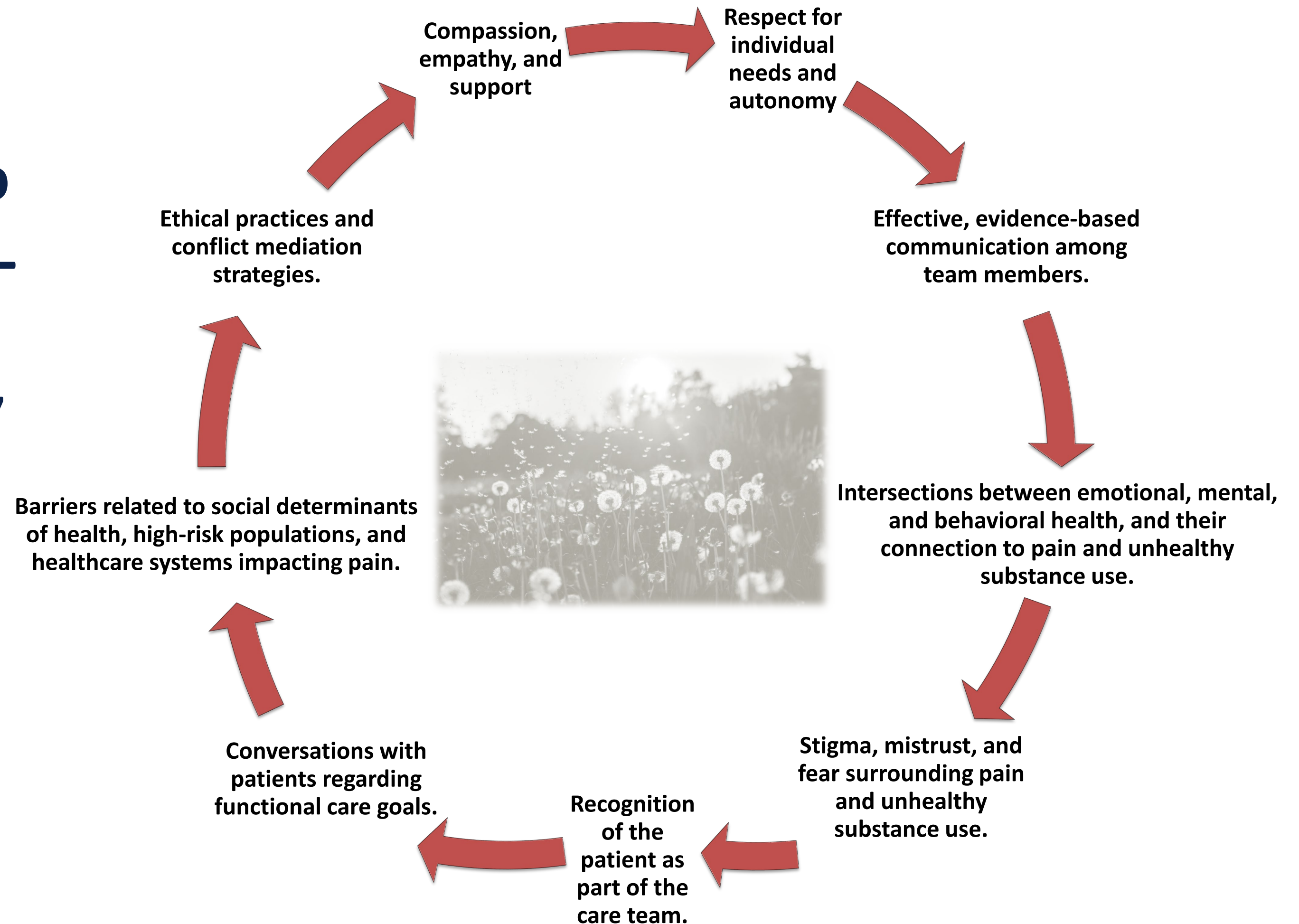
## This clinical practice guideline is

- Update to the 2016 Clinical Practice Guideline
- Provides 12 evidence-based recommendations in 4 practice areas.
- For people who are 18 years or older.
- They do **not replace clinical judgement or shared decision-making processes with patients and their families.**
- Intended to be **flexible to enable person-centered decision-making,** taking into account a patient's expected health outcomes and well-being.





# Strategies to Offer Whole-Person Pain Treatments<sup>7</sup>



# Non-Opioids Treatments for Pain Management

Consider these non-opioid alternatives as your first-line therapy to treat chronic pain under some conditions.

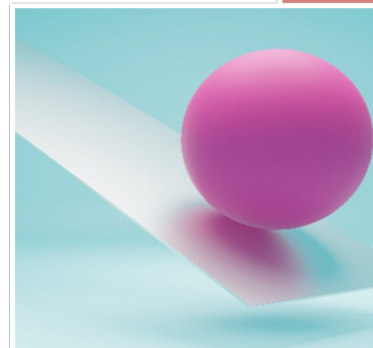
## Non-pharmacological

- Cognitive behavioral therapy (CBT)
- Exercise and/or physical therapy
- Chiropractic therapy
- Mind-body therapies (e.g., acupuncture, yoga, tai chi, mindfulness)
- Ice, heat, elevation, immobilization
- Non-invasive devices



## Non-opioids medications

- Acetaminophen, ibuprofen, and topical/oral nonsteroidal anti-inflammatory drugs (NSAIDs), local anesthetics (lidocaine patches), serotonin norepinephrine reuptake inhibitor (SNRI) antidepressants, pregabalin and gabapentin



## Interventional treatments

- Spinal cord stimulators
- Peripheral Nerve Stimulation
- Nerve blocks and radiofrequency ablations
- Joint injections
- Epidurals



# Key Take Aways

## We want everyone to leave with:

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.
5. The 2022 CDC Clinical Practice Guideline provides overarching voluntary recommendations on the use of opioids to manage pain.
6. Clinicians, patients, and their families (as appropriate) should work together to identify treatment goals, including functional goals, and tailor an approach that considers both the benefits and risks of available options.



# Case Study and Group Discussion

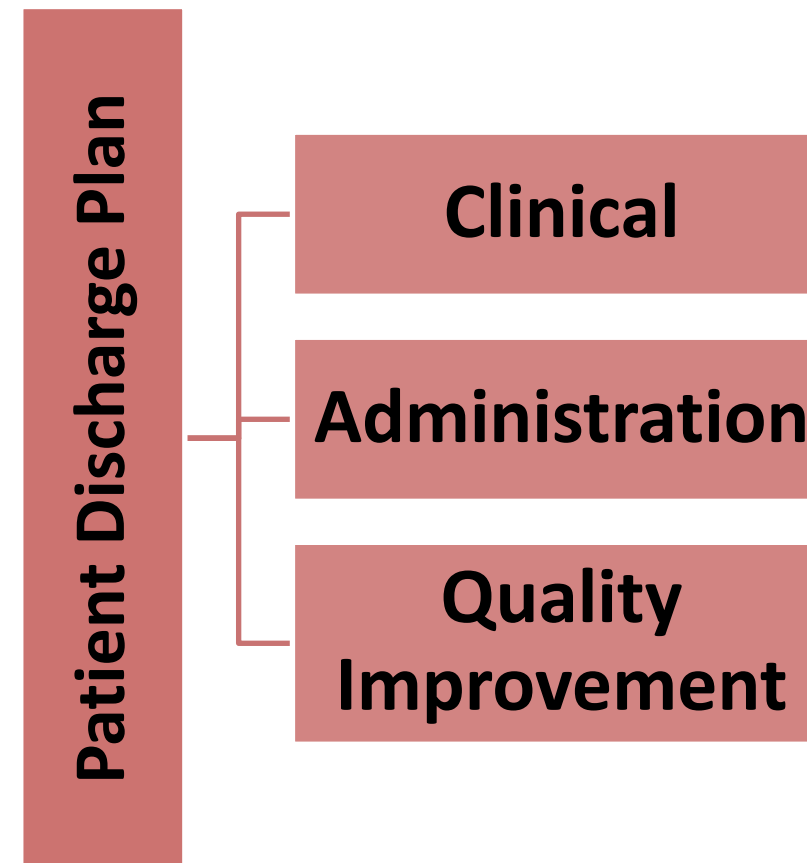
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# Case Study and Group Discussion

1. From your professional perspective, recommend a discharge plan for the patient in the video.



2. Identify 1 person from your team to share your group's thoughts with everyone.
3. The team lead will share discharge plan with everyone and answer the following questions:
  - What, if anything, was challenging about this case?
  - What is one thing that was learned?



being immersed  
— how I feel about this

# Discussion

- What are the most effective strategies for empowering communities to prevent overdoses?



# Resources

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# Overdose Data to Action State Program's (OD2A-S) Resources for Rural Workforce

*Find tailored tools to support your work in substance use and overdose prevention:*

<https://crh.arizona.edu/od2a>

- **County Resource Cards** – Local guides for Rural Maricopa, Pima, and Cochise Counties featuring SUD treatment, mental health support, naloxone access, and more.
- **OD Resources for AI/AN** – Culturally responsive care and prevention programs for American Indian/Alaska Native communities in Central Arizona.
- **Wellness Resources for CHWs/Rs** – Self-care tools and mental health support for those responding to overdoses.
- **AHEAD Resource Hub** – A statewide directory advancing health equity and reducing disparities across Arizona.
- **OD2A-S Monthly Bulletin** – Stay updated with evidence-based practices, training opportunities, and harm reduction strategies.
- **Our Call to Action: Training Request**
  - Overdose Recognition/Naloxone Administration and Us
  - Center for Disease and Prevention Prescribing Guideline
  - Polysubstance Use



**Visit the OD2A-S Website**



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Resource Bulletin Sign Up**



# Resources

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

- Go to [211arizona.org](http://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](http://Dumpthedrugsaz.org)
- Find Local treatment Services: [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)
- Find Naloxone: [aznaloxone.org](http://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](mailto:azopioid@azdhs.gov).
- OD2A-S has a monthly email resource share for CHW/Rs, please email [azcrh-od2a@arizona.edu](mailto:azcrh-od2a@arizona.edu) to let us know if you are interested.



# Naloxone Resources

## *State-Wide/National*

### State-Wide Resources

- **Sonoran Prevention Works** – [spwaz.org](http://spwaz.org)
  - Naloxone **pick-up locations** available at SPW sites.
- **Arizona Department of Health Services (ADHS)** – [azdhs.gov](http://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](http://naloxoneaz.com)
  - Interactive resource listing **naloxone access locations** across Arizona.

### Pharmacy Access (Statewide)

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

### National Resources

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



# Naloxone Resources

## *Maricopa County*

### Public Libraries

- **Phoenix Public Libraries** – [phoenixpubliclibrary.org](http://phoenixpubliclibrary.org)
  - All 17 locations offer free naloxone kits
  - Contact your local library for more information.

### Community-Based Organizations

- **EMPACT-SPC** – [lafronteraaz-empact.org](http://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](http://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](http://terroshealth.org)
  - Distributes naloxone and provides overdose prevention education.

### County Health Departments

- **Maricopa County Public Health** – [maricopa.gov](http://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](mailto:azcrh-od2a@arizona.edu)**





# Contact Information



**Bianca SantaMaria, MPH**  
**[biancas@arizona.edu](mailto:biancas@arizona.edu)**  
**OD2A-S**



**Rocio Torres, MPH**  
**[torresm1@arizona.edu](mailto:torresm1@arizona.edu)**  
**OD2A-S**





# Thank you

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



THE UNIVERSITY OF ARIZONA HEALTH SCIENCES  
**Comprehensive Center  
for Pain & Addiction**