OPIOID USE DISORDER RESOURCE GUIDE

UtahStateUniversity

Presented by the USU Tooele Health Extension

"It takes a village for a person to recover—a community to surround the individual during their recovery journey. Without a supportive community, recovery will be a challenge."

> -Adam Baxter, Young People in Recovery, Tooele Chapter



Contents



| What are Opioids? | 1 |
|--|----|
| Why are Opioids Dangerous? | 2 |
| Terminology | 3 |
| Utah's Clinical Guidelines on Prescribing | 5 |
| Who Is at Risk for Opioid Use Disorder? | 6 |
| Pain Management | 7 |
| Infectious Disease, Hepatitis C, and Opioids | 9 |
| Neonatal Abstinence Syndrome (NAS) | 10 |
| Needle Exchange | 11 |
| Medication Drop Boxes | 12 |
| Do Your Part to End Utah's Opioid Epidemic | 13 |
| Overdose | 15 |
| Naloxone | 17 |
| Resource Directory | |

Opioids



What are Opioids?

Opioids are drugs such as heroin, fentanyl, and prescription pain relievers. They are available legally by prescription or can be obtained illegally.

All opioids attach to opioid receptors in the brain, blocking pain signals and improving mood.

When used correctly, prescription pain medications are helpful. Misusing prescription opioids puts individuals at risk for dependence and accidental overdose.

Types of Opioids:

- Oxycodone/Acetaminophen
- Hydrocodone/Acetaminophen
- Codeine
- Tramadol
- Hydromorphone
- Meperidine (Demerol)
- Methadone
- Morphine

Why are Opioids Dangerous?

Opioids can have harmful effects on the body including:

- Drowsiness
- Confusion
- Nausea
- Constipation
- Euphoria
- Slowed Breathing
- Slowed Heart Rate



Opioids are powerful medications with strong side-effects and drug interactions. Opioids should not be taken with any of the following:

- Alcohol
- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

Terminology: Levels of Use and Misuse



Tolerance – Long-term use of opioids (even taken as prescribed) can lead to the body's need for more of the drug to achieve the same effect.

Dependence – Repeated opioid use causes neurons in the brain to function properly only while the drug is in the system. Dependence results in withdrawal when the drug is stopped.

Misuse – Abuse occurs when taking too much medication, taking someone else's medicine, taking the medication for a different reason or in a different dose than prescribed, or taking the medication to get high.

Addiction – Dependency is a chronic disease with the signs and symptoms of drug-seeking, compulsivity, an uncontrollable need to use the drug (despite harmful consequences), and long-lasting changes to the brain. Drug-seeking behaviors include misrepresenting symptoms, frequent trips to doctors to get medications, or claiming you need more medication because it has been lost or stolen.

Utah's Clinical Guidelines on Prescribing Opioids for the Treatment of Pain

Screen for mental illness and 1

- substance use disorders.
- Check the Utah Controlled 2. Substance Database.
- Explain the risks. 3
- 4 Provide safeguards.

Who Is at Risk for **Opioid Use Disorder?**

- Anyone who uses opioids for long-term pain management.
- Anyone who takes high daily dosages of opioids.
- Anyone with a history of substance misuse.
- Anyone with a history of mental illness or mood disorders.
- Anyone who has used illegal drugs.





Pain Management

Opioid medications are usually prescribed to treat acute (short-term) pain, such as pain due to a broken bone. For chronic pain, healthcare providers conduct thorough assessments, consider all possible treatments, closely monitor risks, and safely discontinue opioids in cases where opioid use is no longer helpful or should be augmented. Some alternatives to opioids can offer pain management approaches. The CDC offers guidelines for healthcare providers to offer patient-centered care for people with chronic pain: https://www.cdc.gov/ drugoverdose/prescribing/guideline.html. Non-opioid therapies effective for treating chronic pain include:

- Disease-specific treatments
- Medical procedures
- Self-management strategies
- Non-opioid pain medications (NSAIDs, aspirin, etc.)
- Acupuncture
- Cognitive behavioral therapy
- Exercise
- Intervention therapies (injections, surgery)
- Massage therapy
- Mindfulness
- Physical therapy
- Tai Chi
- Yoga

Always talk to your healthcare provider about the risks and benefits of opioids and alternative pain management options.

Infectious Disease, Hepatitis C Virus (HCV), and Opioids

Hepatitis C spreads easily through shared needles and syringes, exposing individuals to infected blood.

- People who use opioids are especially susceptible because 80%¹ of heroin users started opioid use with a prescription.
- There has been a 364%² increase in Hepatitis C infection among youth who injected opioids in the United States.

Early screening for Hepatitis C is critical. Initial symptoms of the disease are mild until it progresses into later stages. The CDC recommends that everyone be tested for Hepatitis C at a local medical clinic. Rapid HCV screening is also available through the Utah Department of Health. Refer to the Resource Directory at the back of this guide for more information.

Hepatitis C is a curable disease and effective treatments are available. If you have Hepatitis C, or are at risk for Hepatitis C, talk with your healthcare provider about your options.

Neonatal Abstinence Syndrome (NAS)

Neonatal abstinence syndrome (NAS) is a treatable condition that newborn infants may experience due to exposure to certain substances before birth, most often opioids. Symptoms of NAS may include irritability, seizures, and feeding and respiratory problems.³

- If you're pregnant and you use opioids, tell your provider right away.
- Don't stop taking the drug without getting treatment from your provider first (quitting suddenly can cause severe problems for you and your baby).

Ask your provider about medication for opioid use disorder (MOUD).



Needle Exchange

Legal needle exchange programs can reduce the spread of diseases like HCV and HIV by 50%. If you are interested in using needle exchange services in Utah, or would like more information, please contact the Utah Syringe Exchange Network to locate services near you. Syringe exchange is not available in all Utah communities, but Utah Syringe Exchange Network can help locate regional services.

Utah Syringe Exchange Network (385) 499-0986 (HCV/STD/HIV testing and syringe exchange services.)

QUICK FACT: 80% of heroin users in Utah started with prescription drugs.¹

Medication Drop Boxes

Where to Take Unwanted or Expired Medications



Do not store unused prescription opioids or other medications. Keeping unused opioid prescriptions at home could encourage abuse by friends and family. Flushing drugs down the toilet is bad for the environment. Disposal bins, located in health departments, law enforcement offices and pharmacies throughout Utah, should be used when possible.

Accepted: prescriptions, vitamins, ointments, pet medications, medicated patches, over-thecounter medications Not Accepted: needles, inhalers, aerosol cans, thermometers, lotions or liquids, hydrogen peroxide

Contact your local health department or sheriff's office to find the safe medication disposal box nearest you.

Do Your Part to End Utah's Opioid Epidemic

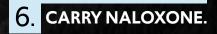
STEER CLEAR OF OPIOIDS.

2. AVOID TAKING MORE.

3. NEVER SHARE PAIN KILLERS.

4. GET RID OF UNUSED MEDICATIONS.

5. REACH OUT.



Overdose

All forms of opioid drugs have a risk of causing accidental overdose. Overdose happens when too much of the drug enters the body, making breathing difficult.

Signs of an Overdose

- · Small, pinpoint pupils.
- Pale, blue, or cold skin.
- Blue/purple lips or fingernails.
- Loss of consciousness or responsiveness.
- Slow, shallow or no breathing.
- Choking or gurgling noises.
- Limp body.
- Won't wake up.
- Faint heartbeat.

CALL 911 FOR ANY SUSPECTED OVERDOSE.

When is someone at risk for an overdose?

- Combining opioids with alcohol or other specific drugs.
- Taking high daily doses of prescription opioids.
- Taking more opioids than prescribed.
- Taking illicit or illegal opioids (heroin or fentanyl).
- Taking opioids when diagnosed with certain medical conditions (sleep apnea, reduced kidney or liver function).
- Age greater than 65 years old.
- Being alone when using drugs.
- Cigarette smoking or having a respiratory illness.
- Lowered opioid tolerance (after completing a detoxification program or recent release from incarceration*).



* Denotes severe risk.

Naloxone: Opioid Reversal Medication

Naloxone is a temporary opioid reversal drug that can save lives.

Naloxone comes in different forms, including injectable and spray.



If you or a loved one are prescribed or use opioids, ask for a prescription for naloxone.

Naloxone is available at:

- Tooele County Health Department.
- USU Extension.
- Most local pharmacies (refer to the Resource Directory at the back of this guide).
- www.naloxone.utah.gov/locations.

Many first responders in Tooele County also carry naloxone and are trained to reverse an opioid overdose.

CALL 911 FOR ANY SUSPECTED OVERDOSE.

Tooele County Rural Opioid Healthcare Consortium Resource Guides are available at the following community partner locations:

Mountain West Medical Center 2055 North Main Street Tooele, UT 84074 (435) 843-3600

Bonneville Family Practice 134 West 1180 North Suite #5 Tooele, UT 84074 (435) 248-0333

Skull Valley Health Clinic 1929 North Aaron Drive, Suite I Tooele, UT 84074 (435) 850-1823

Tooele Technical College Department of Nursing & Allied Health 88 South Tooele Boulevard Tooele, UT 84074 (435) 248-1862

Tooele County Health Department 151 North Main Street Tooele, UT 84074 (435) 277-2300

Utah State University Extension, Tooele County 151 North Main Street Tooele, UT 84074 (435) 277-2400 FREE Infectious Disease Screening (HCV & HIV) available by appointment

Utah Harm Reduction Coalition (385) 323-2217

The Valley Mental Health Mobile Crisis Outreach Team is now certified by Utah Division of Substance Abuse and Mental Health

If you are in crisis, please call dispatch at (435) 882-5600 and ask for a crisis worker.

Notes

¹ https://www.opidemic.org/

² https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm?s_cid=rr6902a1_x

³ https://ncsacw.samhsa.gov/topics/neonatal-abstinence-syndrome.aspx

Photo Credits

Cover Image: Bonneville Salt Flats by Sam Wilson (@visualsby_sam) Narcan Nasal Spray, page 17 and page 18: Utah Department of Health Violence and Injury Prevention Program Stop the Opidemic (opidemic.org) Naloxone, page 18: https://www.drugs.com/slideshow/know-your-naloxone-1239



This product was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant aGA1RH33553. The information, conclusions and opinions expressed in this product are those of the authors' and no endorsement by PORHP, HRSA, or HHS is intended or should be inferred.

In its programs and activities, Utah State University does not discriminate based on race, color, In its programs and activities, including in admissions and employment, Utah State University does not discriminate or tolerate discrimination, including harassment, based on race, color, religion, sex, national origin, age, genetic information, sexual orientation, gender identity or expression, disability, status as a protected veteran, or any other status protected by University policy, Title IX, or any other federal, state, or local law. Utah State University is an equal opportunity employer and does not discriminate or tolerate discrimination including harassment in employment including in hiring, promotion, transfer, or termination based on race, color, religion, sex, national origin, age, genetic information, sexual orientation, gender identity or expression, disability, status as a protected veteran, or any other status protected by University policy or any other federal, state, or local law. Utah State University does not discriminate in its housing offerings and will treat all persons fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, source of income, sexual orientation, or gender identity. Additionally, the University endeavors to provide reasonable accommodations when necessary and to ensure equal access to gualified persons with disabilities. The following individuals have been designated to handle inquiries regarding the application of Title IX and its implementing regulations and/or USU's non-discrimination policies: Executive Director of the Office of Equity, Matt Pinner, JD, matthew.pinner@usu.edu, Title IX Coordinator, Hilary Renshaw, hilary,renshaw@usu.edu, Old Main Rm. 161, 435-797-1266. For further information regarding nondiscrimination, please visit equity.usu.edu, or contact: U.S. Department of Education, Office of Assistant Secretary for Civil Rights, 800-421-3481, ocr@ed.gov or U.S. Department of Education, Denver Regional Office, 303-844-5695 ocr.denver@ed.gov. Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Kenneth L. White, Vice President for Extension and Agriculture, Utah State University. Copyright 2023

