



TRIBAL & RURAL
OPIOID INITIATIVE

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Tribal Opioid News

The Tribal Opioid News Mission:

To address the opioid crisis plaguing tribal communities by providing community members with education about opioids, opioid substance abuse, prevention and treatment resources, and opportunities to participate in activities which promote healthy tribal communities.

Opioid Basics

Illicit vs. prescribed — when does a prescription become an illicit drug?

More than 191 million opioid prescriptions were dispensed to American patients in 2017 – with wide variation across states. Health providers in the highest prescribing state, Alabama, wrote almost three times as many of these prescriptions per person as those in the lowest prescribing state, Hawaii. Studies suggest that regional variation in use or prescription opioids cannot be explained by the underlying health status of the population. The most common drugs involved in prescription opioid overdose deaths include, methadone, oxycodone, hydrocodone.

Overdose risk increases when your opioid medication is combined with alcohol, benzodiazepines (also known as “benzos”), other sedatives, or other opioids (prescription or illicit, including heroin).

- **When over-use occurs:** over-use most typically occurs when a tolerance is built up, causing the prescribed to need more medication for the same pain relief.
- **Dependence vs addiction:** Dependence is characterized by the symptoms of tolerance and withdrawal. There can be physical dependence without addiction. However, with dependence, addiction can be right around the corner. Addiction is defined as a brain disorder characterized by compulsive engagement in rewarding stimuli despite adverse consequences. As well as, the fact or condition of being addicted to a particular substance, thing, or activity. The medical definition of addiction is *a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain.*

Sources: 1. cdc.gov; 2. drugabuse.gov; 3. cdc.gov; 4. drugabuse.gov.



What is addiction?

Drug addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. Addiction in the most severe form of a variety of substance use disorders, and is a medical illness caused by repeated misuse of a substance or substances. Addiction is considered both a brain disorder and a mental illness.

How can I help?

Rethink how we talk about addiction. People with substance abuse disorders and other mental health issues face more stigma than most. Many of the addiction related terms used today are considered judgmental. Changing how we talk about addiction is the start to changing how we treat people with addiction.

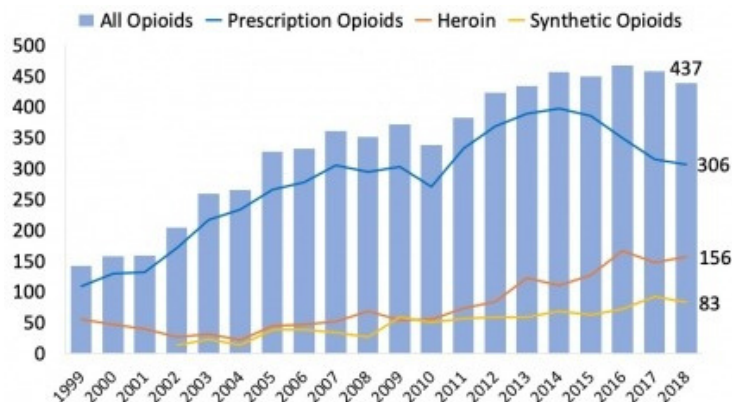
Repeated substance use causes changes to our brains, causing people to lose motivation and ability to derive pleasure from natural rewards. This causes distress when not using, and less ability to resist the urge to use drugs or follow through with quitting. Addiction is not a weakness or a moral failing, it is a medical issue. Too many people still act like it is a choice for people with addiction.

Opioid Statistics

437 drug overdose deaths in Utah involved opioids in 2018. Deaths involving prescription opioids, heroin or synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) remained stable with a respective 306, 156, and 83 in 2018.

In 2018, Utah providers wrote 57.1 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.

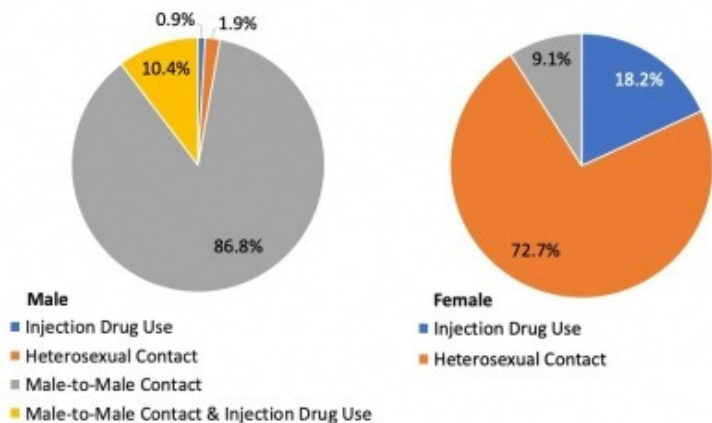
The rate of **Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome in Utah in 2017 was 6.4 cases per 1,000 hospital births.** The highest rates in the US during 2016 were reported among American Indian/Alaska Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.



Number of drug overdose deaths involving opioids in Utah, by opioid category. Drug categories presented are not mutually exclusive, and deaths may have involved more than one substance. Source: CDC WONDER

117 new HIV diagnoses reported in 2017 occurred in Utah — a rate of 4.8. Among males, 11.3% of new HIV diagnoses were attributed to injection drug use or male-to-male sexual contact and injection drug use. Among females, 18.2% of new HIV diagnoses were attributed to injection drug use. The same year, an estimated 2,757 persons were living with a diagnosed HIV infection in Utah — a rate of 113.5. Of those, 21.8% of male cases were attributed to injection drug use or male-to-male sexual contact and injection drug use. Among females, 25.7% were living with HIV attributed to injection drug use.

Approximately 81 new cases of acute Hepatitis C Virus were reported in Utah in 2017 (2.6 per 100,000 persons). Based on the 2013-2016 annual average, there were an estimated 12,300 persons in Utah living with Hepatitis C Virus.



Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2017. Percentages may not add up to 100% due to rounding. Source: CDC NCHHSTP, AtlasPlus.

The opioid epidemic can affect any one of us, and in many ways affects us all. There is comfort and wisdom to be gained in coming together and affirming that we are not alone.
 — <https://www.opidemic.org/stories>

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. (2020 February 14) Retrieved from <http://wonder.cdc.gov/mcd-icd10.html>; Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. (2019, October 3). Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>; Healthcare Cost and Utilization Project (HCUP). Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations. (2019, December 12) Retrieved from <https://www.hcup-us.ahrq.gov/faststats/nas/nasquery.jsp?>; Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015; Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. (2020, January 30). Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/main.html>; 6. HepVu. Local Data: Utah. Retrieved from <https://hepvu.org/state/Utah/>

What do I do if I suspect an opioid overdose?

When people take opioids, they are at risk. Many overdoses are unintentional and may still happen even when taking medication as prescribed. A person overdosing may exhibit any or all of the signs listed below:

- Small, pinpoint pupils
- Slowed or stopped breathing
- Blue/purple fingernails and lips
- Faint heartbeat
- Won't wake up, limp body
- Gurgling/choking noise

If you believe someone is overdosing, call 911, perform rescue breathing, and administer naloxone if available. Don't leave until help arrives.

Source: <https://www.opidemic.org/overdose>

How to Administer Narcan

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- 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 on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



What is harm reduction?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Following are two harm reduction treatment programs, additional programs will be discussed in the next issue of Tribal Opioid News.

Naloxone – Programs have been established in approximately 200 communities throughout the United States. These programs aim to expand naloxone access to drug users and their loved ones by providing comprehensive training on overdose prevention, recognition, and response, in addition to prescribing and dispensing naloxone.

Syringe Exchange Programs – also known as Syringe Services Programs, are community-based programs that provide access to sterile needles and syringes, facilitate the safe disposal of used syringes, and provide and link to other important services and programs. Syringe exchange programs can also provide referrals to other substance use disorder programs (cdc.gov)



If you or someone you know is dealing with a substance use disorder, there is help!

Warrior Spirit Recovery Community
1959 Aaron Dr, Tooele, UT
www.warriorspiritrecovery.com

Four Points Health
440 N Paiute Dr, Cedar City ,UT
440 S Main St, Richfield, UT
157 N Reservation Dr, Kanosh, UT
1449 N 1400 W Ste 19, St. George, UT
www.fourpointshealth.org

Sacred Circle Healthcare
660 S 200 E Ste 250, Salt Lake City ,UT
www.sacredcirclehealth.com

Red Pine Treatment Center
Fort Duchesne, UT
www.utetribes.com/departments/red-pine-treatment-center.html

Suicide Prevention Lifeline
800-273-TALK (8255)
www.suicidepreventionlifeline.org

Additional Resources
www.health.utah.gov
www.opidemic.org
www.dea.gov
www.drugabuse.gov
www.utahnaloxone.org
www.utahharmreduction.org



Tribal Opioid News is a limited-edition publication created to provide education and resources to Utah's tribal communities regarding opioid use disorder and how the disorder impacts community members of all ages.

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Odalis Dial, MEd
Classroom Coordinator
Tribal & Rural Opioid Initiative Resource Center
USU Office of Health Equity & Community Engagement
57 North 100 East
Roosevelt, UT 84066
(435) 722-1200
odalis.dial@usu.edu

Suzanne Prevedel, MEd
Director, Tribal & Rural Opioid Initiative Resource Center
USU Office of Health Equity & Community Engagement
USU Extension Associate Professor, Family & Consumer Science
57 North 100 East
Roosevelt, UT 84066
(435) 722-1200
suzanne.prevedel@usu.edu

Sandra H. Sulzer, PhD
USU Extension Health & Wellness Specialist
USU Emma Eccles Jones College of Education & Human Services,
Department of Kinesiology & Health Science
Director, USU Office of Health Equity & Community Engagement
24 South 1100 East, Suite 201
Salt Lake City, UT 84102
(435) 797-2925
sandra.sulzer@usu.edu

This publication is shared with you by: