



Community Education: Opioids





Community Education

Carbon & Emery Opioid & Substance Use Coalition

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Welcome!

- Hello and welcome to the Carbon & Emery Opioid & Substance Use Coalition Community Education Dinner Event!
- In your bags you will find resource books, outlined presentations, and feedback surveys.
- Please be sure to complete the 5-10 minute event survey prior to leaving tonight. Your feedback about the event is important and will inform not only our future events, but may inform the state and nation more about the opioid epidemic we are facing. This survey is completely voluntary.



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Outline

- Introduction to Carbon & Emery Counties
- Substance Use Disorder:
 - What is it? What can we do?
- Harm Reduction:
 - What is it? What can we do?
- What is an overdose?
 - What can we do? Naloxone Training
- 15-minute Breather
- Opioid Safety:
 - What if I am taking prescriptions as prescribed?
- Recovery Resources:
 - What do we have in our communities? Where can I refer a loved one?
 - Other Local Resources: How do I find them?
- 30-minute Question & Answer Panel
- Survey & Thank You



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Introduction to Carbon & Emery Counties

Authors: Ashley Yaughner, Jac'lyn Bera, Justin Sacco

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A Brief History

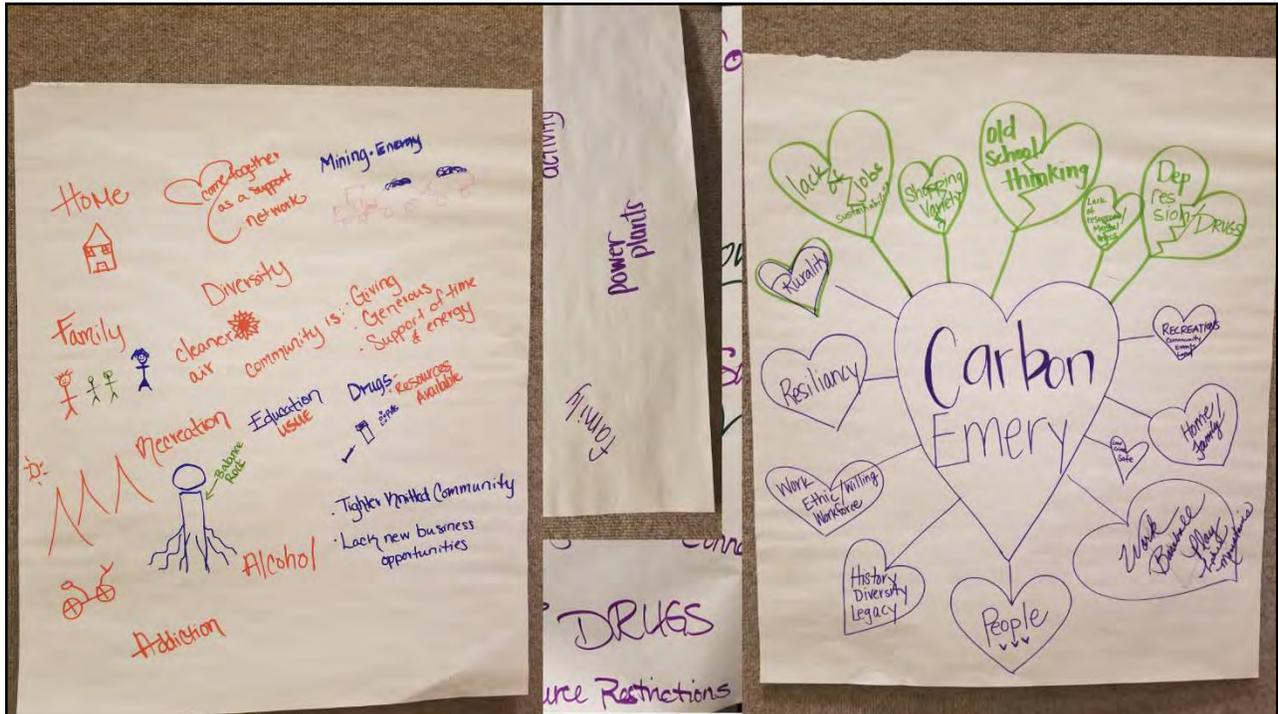
From Archaic to current communities, Carbon and Emery Counties are home to an incredible slice of history and culture.

- Carbon County was established in the 1870's (Utah.gov)
- Emery County was established in 1894 (Utah.gov)
- Despite our small size we have a lot to offer: clean air, minimal traffic, large diversity, and don't forget our mountains.



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County Profile: 2013-2017 [Share this Page](#) [Print this Page](#)

Carbon County, UT

Drug Overdose Mortality Rate

87.9 Deaths per 100k population (Ages 15-64)

32.5 Utah Drug Overdose Mortality Rate
25.1 U.S. Drug Overdose Mortality Rate

52 Total Deaths 20,512 Population Rural Urban / Rural

Choose County Profile Data Time Period
 2008-2012
 2013-2017
 Change from 2008-2012 to 2013-2017

Note: Sociodemographic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.

SOCIO-DEMOGRAPHIC	Carbon County	Utah	United States
Race / Ethnicity			
White (non-Hispanic)	83.3%	79.0%	61.5%
African American (non-Hispanic)	0.7%	1.1%	12.3%
Hispanic or Latino	13.2%	13.7%	17.6%
Asian (non-Hispanic)	0.4%	2.2%	5.3%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.2%	0.9%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.8%	0.9%	0.7%
Age			
Under 15	22.2%	25.6%	19.0%
15-64	62.1%	64.1%	66.1%
65+	15.7%	10.3%	14.9%
Educational Attainment			
At least High School Diploma (25+)	89.7%	91.8%	87.3%
Bachelor's Degree or more (25+)	15.7%	32.5%	30.9%
Disability Status			
% Residents with a disability (18-64)	14.3%	8.5%	10.3%
ECONOMIC			
Median Household Income	\$46,994	\$65,325	\$57,652
Poverty Rate	16.2%	11.0%	14.6%
Unemployment Rate	5.4%	4.4%	6.6%
Accident-prone Employment			
Construction	4.8%	6.3%	4.6%
Mining and Natural Resources	7.7%	1.2%	1.4%
Manufacturing	3.8%	9.2%	8.8%
Trade, Transportation, & Utilities	23.0%	19.4%	19.1%

(USDA)

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County Profile: 2013-2017 [Share this Page](#) [Print this Page](#)

Emery County, UT

Drug Overdose Mortality Rate

51.7* Deaths per 100k population (Ages 15-64)

32.5 Utah Drug Overdose Mortality Rate
25.1 U.S. Drug Overdose Mortality Rate

16 Total Deaths 10,410 Population Rural Urban / Rural

Choose County Profile Data Time Period
 2008-2012
 2013-2017
 Change from 2008-2012 to 2013-2017

Note: Sociodemographic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.

*For counties with 10-19 recorded deaths over the five-year period, the crude death rate is provided.

SOCIO-DEMOGRAPHIC	Emery County	Utah	United States
Race / Ethnicity			
White (non-Hispanic)	91.4%	79.0%	61.5%
African American (non-Hispanic)	0.1%	1.1%	12.3%
Hispanic or Latino	6.2%	13.7%	17.6%
Asian (non-Hispanic)	0.6%	2.2%	5.3%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.9%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.7%	0.9%	0.7%
Age			
Under 15	26.0%	25.6%	19.0%
15-64	58.8%	64.1%	66.1%
65+	15.2%	10.3%	14.9%
Educational Attainment			
At least High School Diploma (25+)	93.3%	91.8%	87.3%
Bachelor's Degree or more (25+)	15.0%	32.5%	30.9%
Disability Status			
% Residents with a disability (18-64)	15.1%	8.5%	10.3%
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Poverty Rate	12.9%	11.0%	14.6%
Unemployment Rate	4.4%	4.4%	6.6%
Accident-prone Employment			
Construction	11.1%	6.3%	4.6%
Mining and Natural Resources	10.3%	1.2%	1.4%
Manufacturing	0.6%	9.2%	8.8%
Trade, Transportation, & Utilities	28.8%	19.4%	19.1%

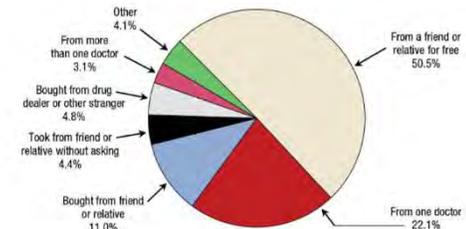
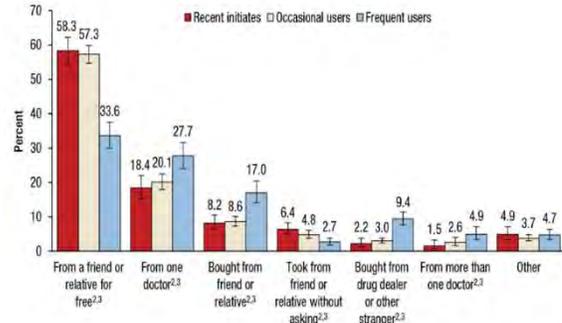
(USDA)

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What is an Opioid?

Opioids are a class of drugs that include:

- The illegal drug heroin (80% first misuse prescriptions)
- Synthetic opioids such as fentanyl
- Pain relievers available legally by prescription (21-29% misuse; e.g., oxycodone, hydrocodone, codeine, morphine, and many others; NIDA).

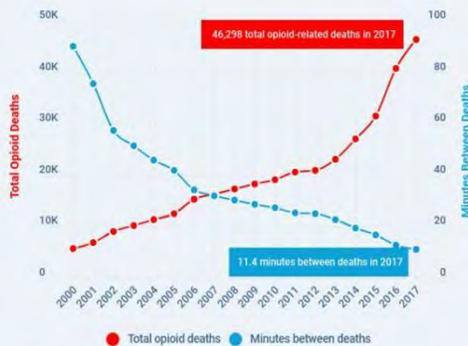


(SAMHSA.gov)

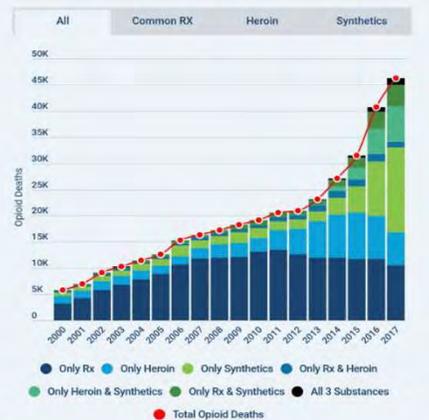
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In 2017, one person died of an opioid overdose every 11.4 minutes



Evolving combinations of substances responsible for opioid deaths



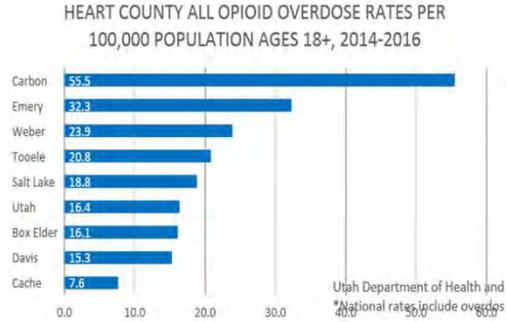
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Opioids In Utah

- The state of Utah has the **7th** highest rate of opioid overdose in the nation (in 2016; CDC)
- **Carbon & Emery Counties have the highest rates of opioid overdose in the state (USDA)**



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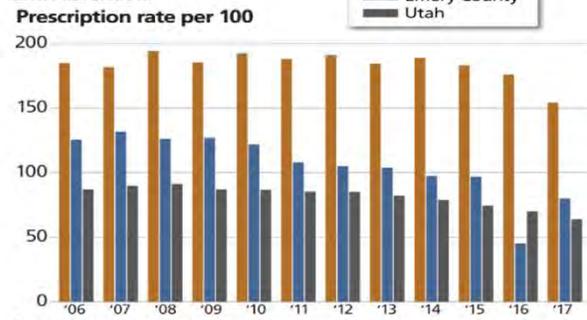
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Opioids In Utah

- The state of Utah has the **7th** highest rate of opioid overdose in the nation (in 2016; CDC)
- **Carbon & Emery Counties have the highest rates of opioid overdose in the state (USDA)**

Opioid prescription rates high in Utah's coal country

Carbon County had the highest rate of opioid prescriptions in Utah every year between 2006 and 2017. It peaked at 194.2 prescriptions per 100 people in 2008, more than twice the state average that year, according to the Centers for Disease Control and Prevention.

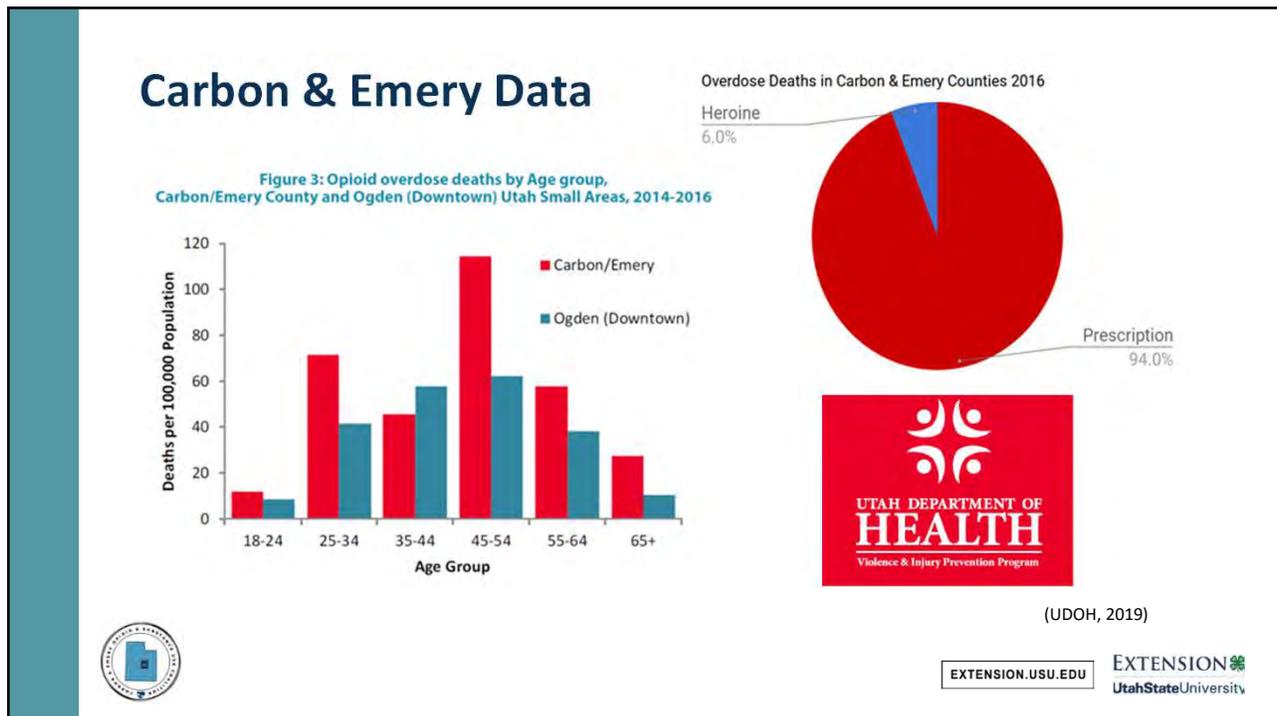
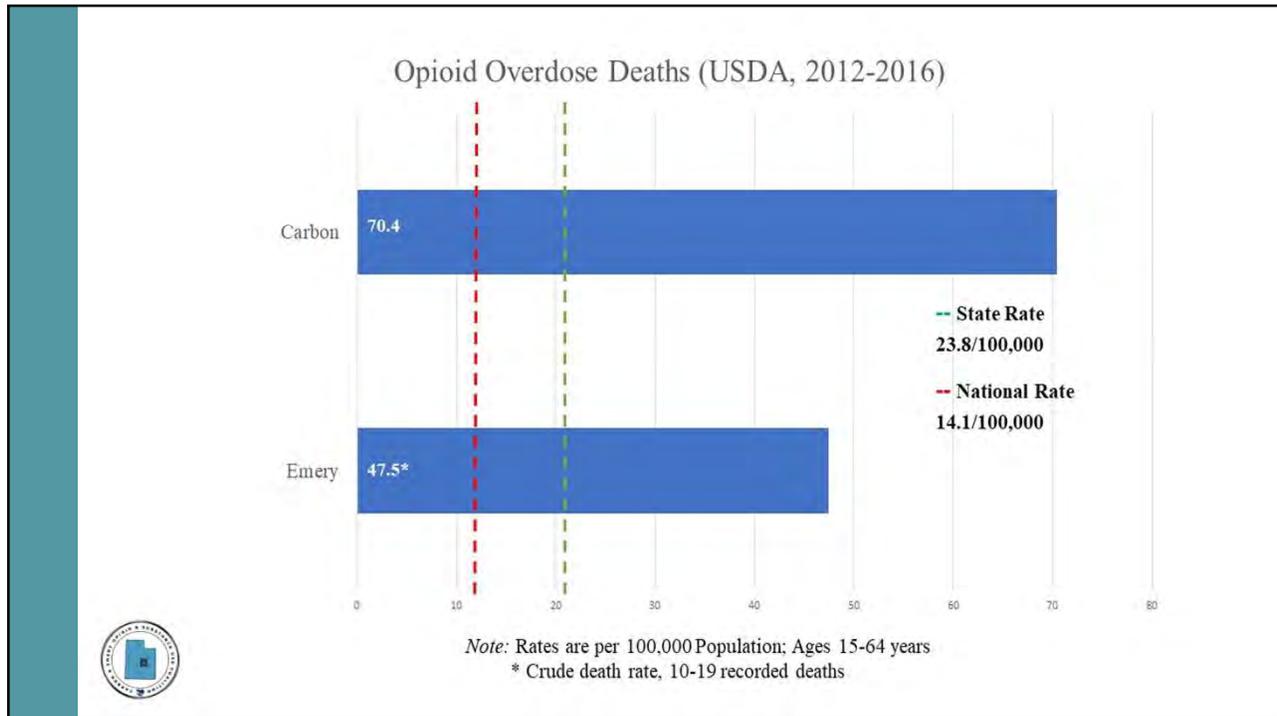


Source: Centers for Disease Control and Prevention
GRAPHIC BY CHRISTOPHER CHERRINGTON | The Salt Lake Tribune



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Stop the Opioid



STORIES OF LOSS, HOPE, AND HEALING



THE REALITY BEHIND UTAH'S ADDICTION



(Opidemic.org)



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Some Helpful Resources

Resources:

- Opidemic Website-<https://www.opidemic.org/>
- USDA Community Assessment Tool-<https://opioidmisusetool.norc.org/>
- The National Institute for Health Care Management Website-
<https://www.nihcm.org/categories/the-evolution-of-the-opioid-crisis-2000-2017>



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Action Items

Action Items: Things You can do Today!

- Learn more about resources in your communities and state
- Talk to your friends and loved ones about what is going on
- Get involved in local coalition, school, or other efforts to make a difference locally



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Substance Use Disorder: What is it? What can we do?

Authors: Alexandria Anderson, Haven Halk, Danielle Pendergrass, Amanda McIntosh, Ashley Yaughar, Justin Sacco, Kandice Atismé

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Definitions



- **“Substance Use Disorder**, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes.” (mayoclinic, 2017)
- **“Substance Use Disorders**, occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”(Bradbury, 2019)



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Opioid Use Disorder

Definition:

- **Opioid Use Disorder**, can be characterized by recurrent misuse or abuse of any opioid medication causing clinically significant impairment, including: health problems, disability, major social, economic, professional or interpersonal problems (APA, SAMHSA).



Risk Factors: genetics and peer factors increase risk, associated with heightened risk for suicide attempts and completed suicides, common with viral and bacterial infections and other Substance Use Disorders (DSM-5)



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Health Consequences

- Impaired visual acuity
- Sclerosed veins (“tracks” from injections)
- Infections from injections (e.g., skin or nose infections, tuberculosis, HIV, hepatitis, bacterial endocarditis)
- Sexual dysfunctions (erectile dysfunction, reproductive function, irregular menses)
- Newborn opioid dependence (DSM 5)



Opioid Drug Side Effects

Opioid medications are useful and appropriate after injuries and surgeries for brief time periods. When used long-term, they cause many side effects. For this reason, **Comprehensive Pain Medicine does not include on-going opioid therapy.**

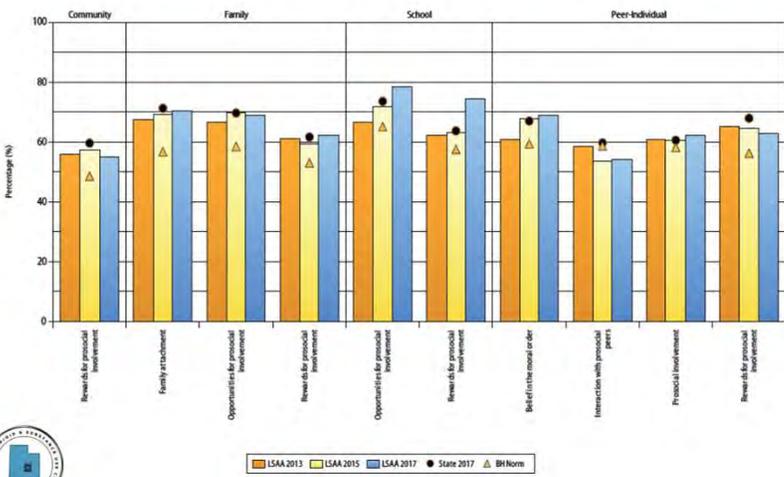
- Cognitive Dysfunction
- Sleep Disorders
- Drowsiness
- Physical Dependence & Tolerance
- Dry Mouth & Tooth Decay
- Opioid Induced Hyperalgesia
- Accidental Overdose & Death
- Breathing & Heart Problems
- Constipation & Bowel Dysfunction
- Low Sex Hormones
- Risk of Fracture

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Prevention - Protective Factors

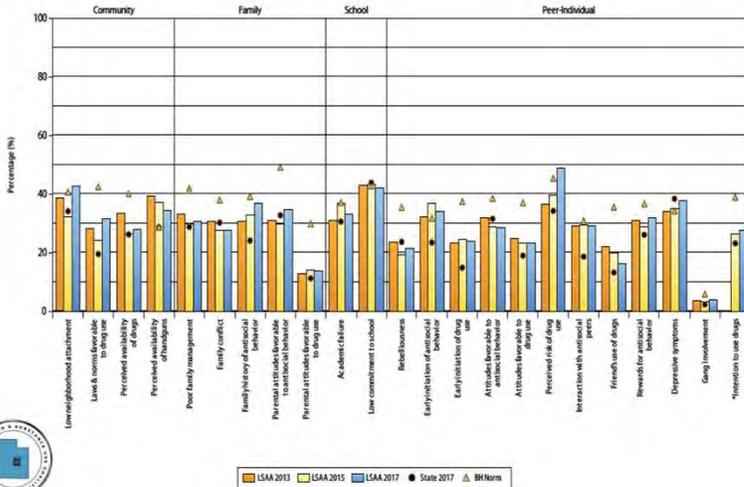
Protective Profile
2017 Four Corners District LSAA Student Survey, All Grades



- **Community, School, Family, Peer-Individual**
 - **Protective Factors -**
 - Reward for prosocial involvement
 - **Ways to promote Prosocial involvement**
 - Opportunities
 - Skill building
 - Consistent recognition
- (SHARP Survey, 2017)

Prevention - Risk Factors

Risk Profile
2017 Four Corners District LSAA Student Survey, All Grades



- **Community, School, Family Peer-Individual**
 - **Risk Factors**
 - Low neighborhood attachment - Up from 2015
 - Low commitment to school - Down from 2015
 - Perceived risk of drug use - Up from 2015
 - **Preventing these risk factors will limit things like**
 - Substance abuse
 - School drop-out
 - Violence
- (SHARP Survey, 2017)



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Prevention Cont.

For children:

- Support parents in recovery
- Address family poverty, homelessness, transportation, etc.
- Teach parenting skills from providing for basic needs to appropriate discipline
- Encourage parent-child bonding
- Teach social, personal, and emotional skills and resilience

For adults:

- Address joblessness, homelessness, poverty, transportation, etc.
- Support in stress management and coping skills

SUPPORT COMMUNITY CONNECTIONS & PROVIDE A SENSE OF BELONGING! END STIGMA!

(SAMHSA, 2019)



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Treatment in Rural Areas



Initiatives to help reduce overdose deaths & improve access / quality of care for rural, low-income residents struggling with opioid addiction:

- **Naloxone** to reduce overdose mortality
- **Reducing barriers to using medication-assisted treatment**, such as methadone, naltrexone, and buprenorphine
- **Enhancing state telehealth**
- **Insurance coverage strategies** to expand treatment services
- Focusing enrollment efforts for those **at risk** for opioid abuse (Corso & Townley, 2016)



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Evidence Based Treatment for Opioid Use

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Mindfulness-based Stress Reduction (MBSR)

Components of Comprehensive Drug Addiction Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

AMERICAN PSYCHOLOGICAL ASSOCIATION

NIH National Institute on Drug Abuse
Advancing Addiction Science



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Treatment Examples



Behavioral, group, and individual counseling; Inpatient treatment or rehabilitation; pain management; long-term follow-up to prevent relapse (APA).

Evaluation and treatment for co-occurring mental health issues (e.g., depression or anxiety) is needed; counseling is important for trauma and mental health histories (APA).



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Treatment Works

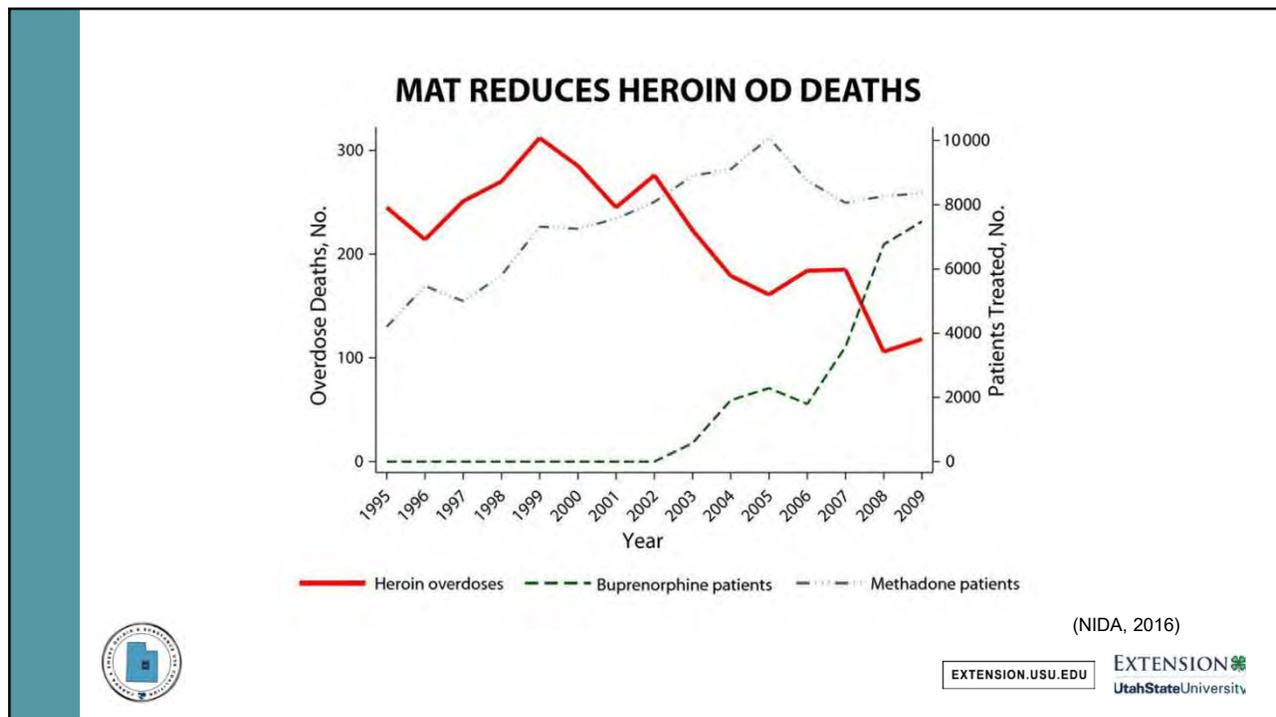
Reducing stigma is important for people to get the help they need for this medical disorder. Providing access to effective care may prevent misuse and negative consequences, such as overdose (SAMHSA).

Medication-assisted treatment (MAT) combined with behavioral counseling for a “whole patient” approach (Nathan & Gorman, 2002; NIDA, 2016).



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Medication Assisted Treatment

3 medications FDA approved to treat Opioid Use Disorders:

- **Methadone:** Is a full opioid that has long acting effect to prevent cravings and withdrawal. Administered at a qualifying Methadone Clinic.
- **Buprenorphine (Suboxone):** A partial opioid agonist prescribed as office-based treatment by medical providers with DEA Waiver. Long-acting preventing withdrawal & cravings.
- **Naltrexone (oral pill) & injection (Vivitrol):** An opioid antagonist. Used in office based treatment. Long-acting preventing cravings (NIDA)



Stigma

- Stigma is an **attitude, discrimination, or prejudice** directed toward an individual or a group (Angermeyer & Dietrich, 2006).
- Stigma against people who misuse opioids can prevent a person from seeking out proper care, support, and treatment (Kennedy-Hendricks et. al., 2017; McGinty, Pescosolido, Kennedy-Hendricks, & Barry, 2018).

Self

Negative feelings about one's self

Social

Groups boosting stereotypes of stigmatized people

Structural

Negative attitudes and behavior of those that represent larger groups



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What is Stigma?

WHAT
STIGMA
LOOKS
LIKE

That happens to other people, but it **WOULDN'T** happen to me.



Ignoring or pretending it isn't happening to you or someone near you.

Not touching, hugging, or holding hands.



That person was raised different, I was taught **BETTER**.

Atisme, Arrington, Yaucher, & Savoie-Roskos, (2019). Substance Use Disorder Stigma: What It Is and How You Can Prevent It" *All Current Publications*. Paper 1969. https://digitalcommons.usu.edu/extension_curall/1969



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Actions to take to reduce Stigma toward Substance Use Disorders

You can learn about prevention strategies (SAMHSA, 2018)

There are a number of things that contribute to a person developing a SUD. Prevention strategies focus on reinforcing protective factors and decreasing risk factors that influence SUD. Read more about risk and protective factors at <https://bit.ly/1EpnVOg> (SAMHSA, 2009).

You can learn about harm reduction strategies (UDOH, 2018)

Harm reduction strategies focus on reducing undesirable consequences that can come with substance use/misuse (e.g., viral infections, skin infections, overdose, etc.).

You can learn about recovery (UDOH, 2018)

There is no "one-stop-shop" solution, recovery looks different for everyone and does not have to follow any timeline to be valid. Repeating treatment does not mean failure, an using terms that signal failure (i.e. "falling off the wagon") to describe someone's journey can be harmful.

You can speak out and share what you have learned

Implement the things you have learned in both personal and professional settings. You are in a position to teach others about stigma toward SUD and how to help reduce it.

• Use affirmative, person-first language to inspire hope and advance recovery

- Abuser
- Clean/sober
- Reformed addict



A person with a SUD
Drug free
Person in recovery

(Atisme, Arrington, Yaugher, and Savoie-Roskos, 2019)



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Substance Use Disorder and Suicide



- In 1999, the amount of prescription opioids sold in the United States quadrupled.
- It quadrupled again 2006-2012
- Yet, there has not been an overall change in the amount of pain Americans report.

(endtheepidemicla.org; cdc.gov; Serafini, et al., 2018)



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Opioid Related Suicides and Overdose

Deaths have more than **doubled** since 2000

- Deaths from suicides and unintentional overdoses rose from **41,346** in 2000 to **110,749** in 2017
- The combined rates of these two causes of death have more than doubled; rising from **14.7** to **33.7** per 100,000 people
- When the numbers were refined to include only **opioid-related suicides** and **overdoses**, these causes accounted for approx. **41%** deaths in 2017, which is up from **17%** in 2000
- Opioids were cited in more than **two-thirds (2/3rd)** of unintentional overdose deaths in 2017 and **one-third (1/3rd)** of overdose-related suicides (cdc.gov; Gavin, 2019)



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Linking Opioids and Suicide

According to a study done by the Harvard T.H. Chan school of Public health in 2018 on “Suicide and Firearm Injury in Utah”:

- **18%** of **all people** who died by suicide had opioids in their system
- **15%** of those who died by firearm suicide had opioids in their system
- **48%** of those that died by overdose suicide had opioids in their system

We also know that many overdose **ATTEMPTS** are made outside of this data. (dsamh.utah.gov; Chan, 2018)



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Are Opioids and Suicide Linked?

- The rise in overdose and suicide death rates over the past two decades paralleled the rise in opioid painkiller prescriptions; later the rise in use of heroin and illegally manufactured fentanyl
- To quote from Dr. Mark Ilgen, Ph.D., a researcher from U-M, "To date, many system-level approaches to address overdose and suicide have addressed these as if they are unrelated outcomes... these adverse outcomes likely go together, and effective efforts to help those with pain will likely need to simultaneously consider both overdose and suicide risk."

Because of the common factors involved, the U.S. may be able to reduce the death toll from both overdose and suicide through increased use of proven *prevention and treatment strategies.* (Gavin, 2019)



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Suicide Facts & Figures: Utah 2019*



On average, one person dies by suicide every 13 hours in the state.

Over twelve times as many people died by suicide in Utah in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 16,309 years of potential life lost (YPLL) before age 65.



Suicide cost Utah a total of **\$629,958,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,331,835 per suicide death.**

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.

7th

leading cause of death in Utah

1st leading
cause of death for ages 15-24

2nd leading
cause of death for ages 25-44

4th leading
cause of death for ages 45-54

6th leading
cause of death for ages 55-64

17th leading
cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Utah	663	22.74	6
Nationally	47,173	14.00	



Suicide is a health issue.



Mental health treatment prevents suicide.



(afsp.org, 2019)



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Utah Ranks 6th in the Nation for suicide 2018 - 2019*



(afsp.org, 2019)



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Suicide Resources

If you are feeling suicidal, please talk to somebody.

The National Suicide Prevention Lifeline at:

- 1-800-273-8255

The Trans Lifeline at:

- 877-565-8860

The Trevor Project at:

- 866-488-7386

Text "Start" to Crisis Text Line at:

- 741-741



(Trevor Project, SafeUT, National Suicide Prevention)



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Local Prevention Training Resources

“Question, Persuade, Refer” (Q.P.R.)

The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.

To schedule this 1 hour training contact:

Amanda McIntosh
QPR Gatekeeper Instructor
Southeast Utah Health Department
amcintosh@utah.gov
435-636-1153
Ask a question, save a life



“Mental Health First Aid” (MHFA)

Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

There are two curricula available:

- Adults
- Adults working with youth

To schedule this 8 hour training contact:

Ammon Sorensen
Four Corners Behavioral Health
asorensen@fourcorners.ws
435-381-2432



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Some Helpful Resources

National Resources:

- Suicide Prevention Hotline (SPH)- **1-800-237-8255**
 - (SPH) *Deaf & Hard of Hearing*- **1-800-799-4889**
 - website: www.suicidepreventionlifeline.org
- Every Day Strong: <https://www.unitedwayuc.org/get-involved/everyday-strong>
- The American Psychological Association (APA): <http://www.apa.org/helpcenter/opioid-abuse.aspx>
- National Alliance on Mental Illness (NAMI): <http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Taking-Care-of-Your-Body/Drugs,-Alcohol-Smoking>
- National Institute on Drug Abuse (NIDA): <https://www.drugabuse.gov/>
- Substance Abuse and Mental Health Services Administration (SAMSA): http://www.integration.samhsa.gov/clinical-practice/substance_use



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Some Helpful Resources

Local Resources:

- Utah Poison Control Center: 800-222-1222: <http://poisoncontrol.utah.edu/>
- Utah Department of Health (UDOH):
<https://health.utah.gov/vipp/pdf/RxDrugs/PDODeaths2015.pdf>
- Utah Division of Substance Abuse and Mental Health (DSAMH):
<https://dsamh.utah.gov>



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Action Items

Action Items: Things you can do Today!

- Know your emergency contact numbers and put them in your phone
- Know where to seek help for Suicide Prevention
- Know what stigma is and how to change the language used



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Harm Reduction: What is it? What can we do?

Authors: Haven Halk, Danielle Pendergrass, Jeremy Humes, Justin Sacco, Ashley Yaucher

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Definition

“**Harm reduction** refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.” (Harm Reduction International)



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Goals of Harm Reduction

- “**Keep people alive** to continue to make positive impact on their lives
- **Reduce harm** of drug laws and policy
- **Reduce isolation** of individual and groups from connection with their community
- **Offer alternative approaches** to approaches that aim to end or prevent drugs use” (Harm Reduction International)



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Evidence-Based Harm Reduction

- Proper Syringe Disposal and other programs

*“Syringe exchange has been proven to **reduce HIV and Hepatitis C** In those who use IV drugs & **did not increase** illicit or injection drug use.” ~ Harm Reduction International*

- Drop Boxes (for all medications)

Easy access to a drug is a risk factor for addiction.



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Good Samaritan Laws (House Bill 11)

"78B-4-516, Immunity for providing assistance in a suicide emergency.

(1) As used in this section:

(a) "Emergency care" means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(b) "Suicide emergency" means an occurrence that reasonably indicates an individual is at risk of dying or attempting to die by suicide.

(2) A person who provides emergency care at or near the scene of, or during, a suicide emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any act or omission by the person providing the emergency care, unless the person is grossly negligent or caused the suicide emergency." (le.utah.gov)



The Good Samaritan Law- allows bystanders to report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit (illegal) drugs. (le.utah.gov)



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The Naloxone Law (House Bill 119)

- "Permits physicians to prescribe naloxone to third parties (someone who is usually a caregiver or potential bystander to a person at risk for an overdose).
- **Permits individuals to administer naloxone without legal liability"**

The Utah Naloxone Standing Order

- "Allows Pharmacists to distribute Naloxone to a third-party without a prescription." (Health.Utah.Gov)



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Some Helpful Resources

Resources:

- Use Only as Directed, Drop Box Locator website: <https://useonlyasdirected.org/throw-out/>
- Utah Harm Reduction website: <https://utahharmreduction.org/>
- Utah Good Samaritan Law House Bill website: <https://le.utah.gov/~2018/bills/static/HB0152.html>
- Naloxone Locator <https://naloxone.utah.gov/free-naloxone-resources>



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Action Items

Action Items: Things you can do Today!

- Know the goals of Harm Reduction
- Know where your local Rx drop boxes are located
- Know the Good Samaritan Law
- Know the Naloxone Law/Standing Order



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What is an Overdose? What can we do?

Authors: Savannah Eley, Danielle Pendergrass, Amy Jones, Justin Sacco, Ashley Yaugher

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What is Naloxone

- Naloxone (Narcan) is an antidote that reverses an overdose from **heroin or prescription opioids** and can help someone to start breathing again (during an overdose).
- Naloxone can be obtained by anyone (HB 119).
- It is very safe. There is no potential for abuse and side effects are rare.
- Works quickly (1-3 minutes) lasts 30-90 minutes
- **Only works on opioids. Does not work with stimulants or benzodiazepines** (UDOH)



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How to Access Naloxone

“Naloxone can be accessed from your local pharmacies/drug stores or Health Departments. The utahnaloxone.org website provides a map to locations that distribute Naloxone.”



Different Types of Naloxone devices

“Naloxone is administered as a nasal spray or via injection, depending on which of the following devices it has been prepared for and packaged with.”



Different Types of Naloxone Delivery Systems

- “Luer-lock nasal atomizer- pre-filled cartridge of naloxone along with the individual components of the luer-lock nasal atomizer device. (this requires minor assembly)
- Evzio auto-injector- an automated voice that guides the users through the procedures of an Naloxone injection. The auto-injector will deliver a single dose of Naloxone and has an auto-retractor needle (to prevent accident sticks).
- Narcan Nasal Spray- The package has two devices pre-filled with a single dose each.”



(drugfree.org)

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Who Should Have Naloxone

- **Anyone prescribed opioid medication(s)** (Morphine, Methadone, Buprenorphine, Hydrocodone, Oxycodone, Tramadol) for chronic or acute pain
- Anyone with family or friends who are prescribed an opioid medication(s)
- Anyone who uses **heroin or other opioids (Fentanyl or illicitly manufactured Fentanyl)**
- Anyone with family or friends who use heroin or other opioids
- Anyone taking medications treating depression or depressive substances like alcohol in conjunction with opioids
- Anyone recently released from prison, detox, or substance use treatment (even after a few days, a person's tolerance for opioids decreases significantly)
- Anyone injecting opioids (UDOH, CDC, SAMHSA)



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Signs and Symptoms of Overdose

“Opioid overdose is life-threatening and requires immediate emergency attention. Recognizing the signs of opioid overdose is essential to saving lives.” (Lynne W. SAMHSA)

“***Call 911 immediately*** if ***any*** of these signs/symptoms:

- Their pupils are pinpoint
- Their face is extremely pale and/or feels clammy to the touch
- Their body goes limp
- Their fingernails or lips have a purple or blue color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops” (Lynne W. SAMHSA)



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What SHOULD you do in an Overdose Emergency

**DON'T RUN
CALL 911**

If your friend needs help due to an overdose, the Good Samaritan Law will protect you.



Under House Bill 11 it is required that you call 911 if you deliver Naloxone (Narcan) for an Overdose. As the Naloxone will only work for approx. 30-90 minutes and some Opioids take longer to be released in the system. (HB11)



Brought to you by



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Some Helpful Resources

Resources:

- Utah Naloxone information website: <http://www.utahnaloxone.org>
- Utah Naloxone website rescue kit information: <http://utahnaloxone.org/utah-pharmacies-with-naloxone-rescue-kits/>
- Drug Free's Website: <https://drugfree.org/article/overdose-response-treatment/>
- Southeast Utah Health Department Naloxone standing order information website: <https://www.seuhealth.com/prescription-drug-overdose>



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Action Items

Action Items: Things you can do Today!

- Know what to look for with an overdose
- Learn how and when to use naloxone
- Find where you can get training and naloxone (FCCBH & SEUHD)
- Check out "NARCAN® Nasal Spray 4mg Instructions for Use"-
<https://vimeo.com/151191919>



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Let's Take a Breather

We'll take a 15 minute break

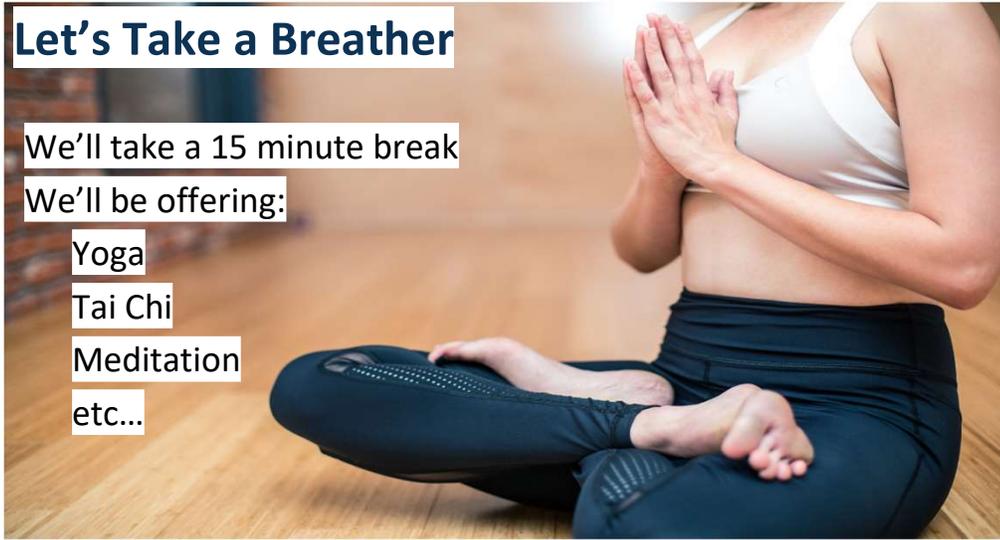
We'll be offering:

Yoga

Tai Chi

Meditation

etc...



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Opioid Safety: What if I am taking prescriptions as prescribed?

Authors: Andraya Montgomery, Haven Halk, Danielle Pendergrass, Alise Williams Condie, Justin Sacco, Ashley Yaughter

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Use Only as Directed



1. Am I at risk for addiction?
2. Will something else work?
3. How long will I be taking them?
4. Are you prescribing the lowest possible dose?
5. What's the plan to taper me off?

1. **Ask for Alternatives**
2. A combo acetaminophen (Tylenol®) and ibuprofen (Advil®)
3. Naproxen (Aleve®)
4. Physical Therapy
5. Exercise
6. Cognitive behavioral therapy

1. Use local prescription dropbox
 2. Prescription drugs take back events
 3. Home Disposal
 4. Don't Flush
 5. Don't Crush and Mix
 6. Don't Throw away pill bottles with information
- Call poison control 1-800-222-1222



<https://useonlyasdirected.org/>

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Importance of Safe Storage

“About 60,000 young children end up in emergency rooms each year because they got into medicines while an adult wasn't looking. These emergency visits can be prevented by always putting every medicine up and away and out of children's reach and sight every time you use it.”



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Dangers of Sharing Opioids

“We do know that something like 2 out of 3 people who abuse opioids obtain them at some point from a friend or a family member, so in the face of that high prevalence, it’s really hard to reach another conclusion other than that it is certainly not helping,” - Joseph A. Ladapo, MD, PhD quoted in *Healthline*

You cannot know for sure whether the person you are sharing your opioids with is taking other high risk medications or has chronic or acute medical conditions that increases their risk of overdose and death!

(Mastroianni, 2019)



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Risk of Overdose When Combining Opioids

- “Combination of opioids with alcohol and/or other medications (e.g., Rx/OTC sleep aids, muscle relaxers, anxiety medications, allergy medications, etc.)
- Medication that are especially concerning when mixed with opioids include:
 - Benzodiazepine like Xanax and Klonopin
 - Nerve pain medications like Lyrica and Gabapentin
 - Barbiturates like butalbital (found in Fioricet) and Nembutal” (health.utah.gov)



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Non-Opioid Pain Management Therapies

- How we can prevent opioid misuse
 - **“Non-Opioid Medication Options**
 - Acetaminophen
 - NSAIDs (non-steroidal anti-inflammatory Drugs)
 - Select Anticonvulsants- Pregabalin, Gabapentin, Carbamazepine
 - Select Antidepressants- Tricyclics, SNRIs
 - Topical Agents- Tricyclics, SNRIs, Capsaicin, Topical NSAIDs
 - **Interventional Approaches**
 - Epidural or intra-articular glucocorticoid injections
 - arthrocentesis
 - **Nonpharmacologic Treatment Options**
 - Exercise Therapy
 - Multimodal Approach and Multidisciplinary Therapies” (CDC)



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Interventional Pain Management

Russ Beecher, DO
Eastern Utah Pain and Spine



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Update on Migraine Treatments

- Botox



- CGRP



(Robert, 2017; Harris, 2018)



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Fluoroscopic guided injections

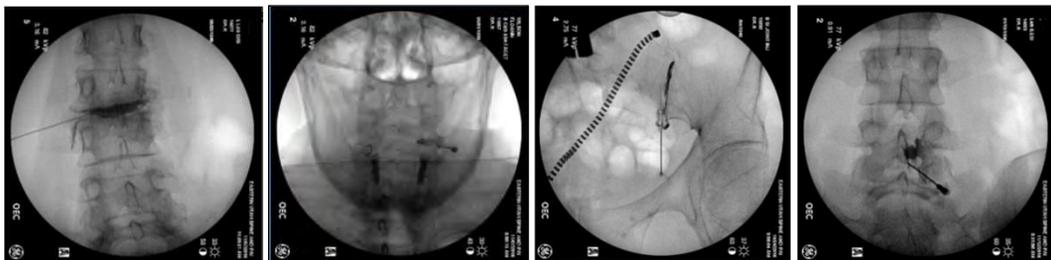
- Where is the pain coming from?

Disc

Facet joints

Sacroiliac Joint

Radicular pain



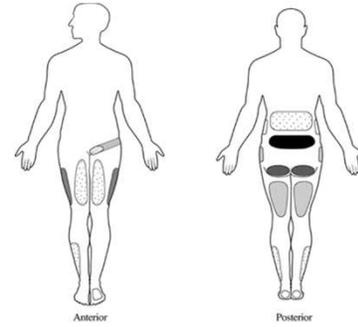
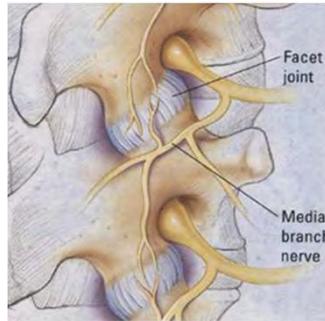
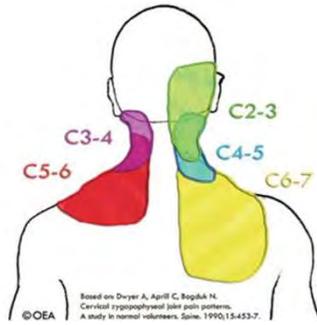
Photos are from procedures performed at Eastern Utah Spine and Pain. Patient identification has been removed.



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Radiofrequency neurotomy (RFN) Cervical and lumbar SPINE (Burning nerves)



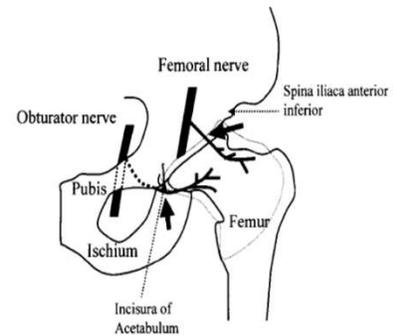
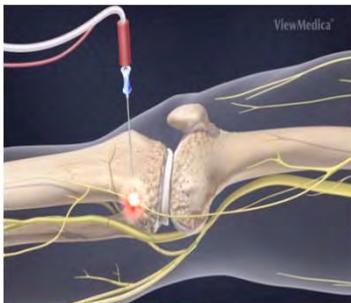
(Aprill, Dwyer, & Bogduk, 1990; User; Pain Mapping)



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Fluoroscopic guided procedures Knee and Hip



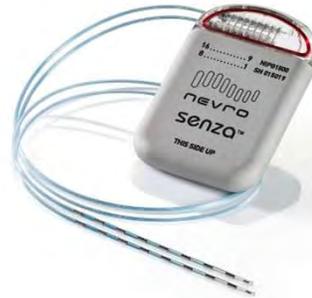
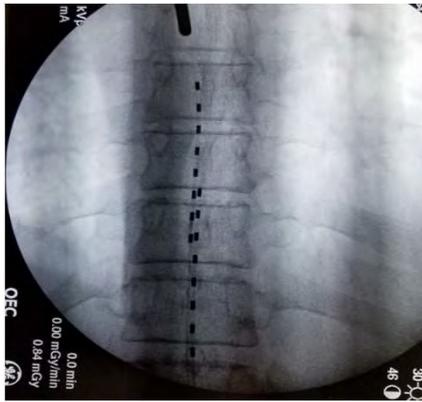
(Genicular Nerve Ablation; COOLIEF, 2015)



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Neuromodulation



Spine image is from a patient at Eastern Utah Spine and Pain identifying information has been removed. Nevro image is from the companies marketing website.



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Dorsal Column Stimulator Article



LIFE
September 1972

"The Dorsal Column Stimulator allows people with chronic disabling pain....to tune away their suffering by sending weak doses of electricity to the spinal cord."

(LIFE. September 1972)



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Nevro – HF10

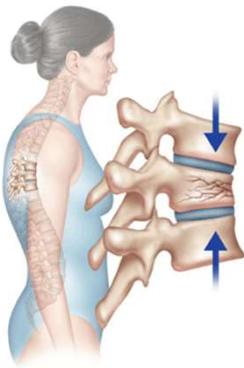
- “70% reduction in opiate use at 24 months
- Improved disability scores” (Al-Kaisy A, et. al. March 2014)



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Kyphon™ Balloon Kyphoplasty Procedure Animation



(Medtronic.com)

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MILD – Minimally Invasive Lumbar Decompression



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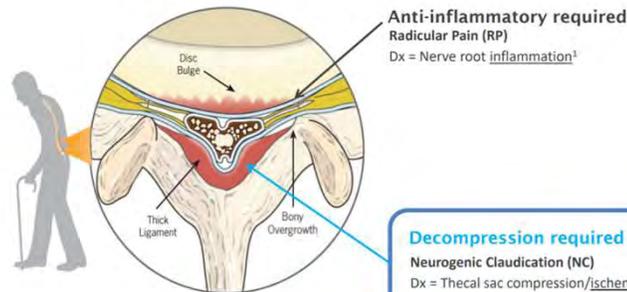
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Information on the Decompression

DECOMPRESSION REQUIRED TO EFFECTIVELY TREAT
LSS WITH NC

Vertos
MEDICAL

Aging Spinal Canal with Stenosis



¹Hakuzaki, M, et al. (1998), Symptoms of Spinal Stenosis Do Not Improve After Epidural Steroid Injection. *Clinical Journal of Pain*, 6,14(3)148-151.
²Forst R.W. (1996), Spinal stenosis and neurogenic claudication. *Spine*, Sep 1, 21(17): 2046-52.



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What does a Severe Lumbar Spine Central Canal Stenosis look like?



MRI images are from an actual patient. Identifying information has been removed



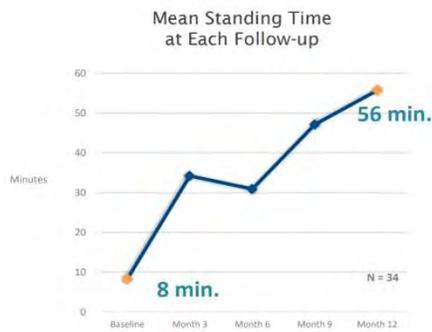
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Cleveland Clinic Standing Study

CLEVELAND CLINIC STUDY
DRAMATIC FUNCTIONAL IMPROVEMENT¹

Vertos
MEDICAL



8 min. =
preparing a
simple meal



56 min. =
engaging in
social settings



¹Winters, J., Naggo, et al. (2021) Functional and Patient-Reported Outcomes in Symptomatic Lumbar Spinal Stenosis Following Percutaneous Decompression. Pain Practice, 22(8), 824-832. doi: 10.1016/j.painpr.2021.05.004

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Cleveland Clinic Walking Study

**CLEVELAND CLINIC STUDY
DRAMATIC FUNCTIONAL IMPROVEMENT¹**




246' = walking to the mailbox



3,956' = walking around the mall



¹Heathell, Nagey et al. (2012). Functional and Patient Reported Outcomes in Symptomatic Lumbar Spinal Stenosis Following Percutaneous Decompression. Pain Practice, 12(6): 427-428. doi:10.1111/j.1533-2500.2012.00668.x

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Non-Opioid Pain Management Therapies

Cognitive Behavioral Therapy (CBT) for Chronic pain

Cognitive Behavioral Therapy is an evidence-based approach to help patients understand the thoughts, feelings, and impulses that lead to their behaviors—and replace them as needed (Gatchel, et al., 2014). Evidence suggests that CBT aids in chronic pain management by improving overall daily functioning and quality of life for a variety of chronic pain conditions (Williams Condie, Yaugher, & Voss, 2019).

Yoga/Tai Chi

Yoga and Tai Chi are types of mind-body meditation practices that has been proven to reduce perceived anxiety and stress while also improving mental and physical health, (Saoji, 2016). Yoga focuses on breathing, poses, personal discipline, concentration, mindful awareness, meditation, and stillness, (Chang, Holt, Sklar, & Groessl, 2016), whereas Tai Chi emphasizes movement and fluidity of mind/body connections (Williams Condie, et al., 2019).

Mindfulness

“Unlike CBT that strives to change thought patterns as needed, mindfulness practices aim to establish acceptance of one’s thoughts as a therapeutic technique. Mindfulness is often practiced with Yoga and Tai Chi, but can be practiced alone through mindfulness meditation techniques” (Williams Condie, et al., 2019).



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Non-Opioid Pain Management Therapies

Physical Therapy

It is therapy for the “preservation, enhancement, or restoration of movement and physical function impaired or threatened by disease, injury, or disability” (Merriam Webster Dictionary). It utilizes therapeutic exercise, physical modalities, like massage and electrotherapy, assistive devices, and patient education.

Using early physical therapy, consistent with recent clinical guidelines, could play an important role in reducing the risk of transitioning to chronic long-term opioid use for patients with shoulder, neck, knee, and low back pain (Sun, et al, 2018).

Acupuncture

Acupuncture involves the insertion of very thin needles through your skin at strategic points on your body. A key component of traditional Chinese medicine...explains acupuncture as a technique for balancing the flow of energy or life force — known as chi or qi (chee) — believed to flow through pathways (meridians) in your body. By inserting needles into specific points along these meridians, acupuncture practitioners believe that your energy flow will re-balance (Mayo Clinic 2018).

Acupuncture is indicated for chronic pain and headache pain. It is also promising for migraine, osteoarthritis, and many other painful conditions (Giannitrapani, et al, 2019).



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Some Helpful Resources

Resources:

- Use only as Directed Website: <https://useonlyasdirected.org/>
- American Society of Anesthesiologist
<https://www.asahq.org/whensecondscount/pain-management/non-opioid-treatment/>
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://www.ncbi.nlm.nih.gov/books/NBK92054/>



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Action Items

Action Items: Things you can do Today!

- Know how to safely store any/all medications
- Learn how or where to safely dispose of unused or old medications
- Understand the dangers of sharing medications (don't do it)
- Find local resources for non-opioid pain management



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Recovery Resources:

What do we have in our communities? Where can I refer a loved one?

Authors: Shirley Wayman, Debbie Peet, Jac'lyn Bera, Justin Sacco, Ashley Yaugher, Evan Done

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Recovery Community Organization (RCO)

- Utah Support Advocates for Recovery Awareness (USARA)
 - Celebrating the success of people in recovery
 - Advocating on behalf of the recovery community
 - Supporting others with peer recovery support services
 - Educating the public about the reality of recovery

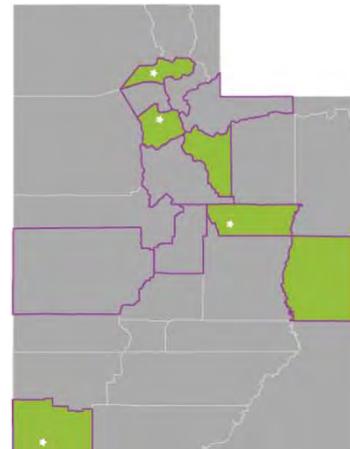


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Recovery Community Center (RCC)

- A centralized place (e.g., community resource hub/"One-stop-shop") in order to minimize trauma and encourage help-seeking behaviors
 - Peer Recovery Coaching
 - Variety of groups meet daily
 - Family Support Groups
 - Options for personal and professional development
 - Driven by community need



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Peer Recovery Support Services (PRSS)

- Increases recovery engagement
- Reduces incidences of substance use
- Helps to overcome common challenges
- Bridges the gap between clinical services and life in recovery
- Empowers and celebrates individuals personal success and achievements



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Peer Recovery Support Services (PRSS) cont..

- Non-clinical & peer-driven
- Evidence-based
- Supports individuals in multiple pathways of recovery
- Completely free & open to public
- Volunteer/grassroots support

“A technique focusing on bonding, goal direction, and structure, additionally, emphasizing reward activities other than substance use and stress management skills for building self-importance *and strong coping skills.*”

A review of existing studies suggests that the emphasis on these active ingredients probably underlies some aspects of the effectiveness of self-help groups” (Moos, R. 2008)



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Family Support Groups

Community Reinforcement & Family Training (CRAFT)

3 Goals of CRAFT:

- Reduce loved one's harmful substance use
- Engage loved one in treatment/Recovery Support
- Improve family functioning (emotional, physical, relationships)



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Some Helpful Resources

Resources:

- Utah Support Advocates for Recovery Awareness website: <https://www.myusara.com/>
- Four Corners Community Behavioral Health Website: <http://www.fourcorners.ws/>
- Alcoholics Anonymous website: <http://www.aa.org/>
- Help and Hope for Families and Friends of Alcoholics (Al-Anon/Ala-Teen) website: <https://al-anon.org/>
- Narcotics Anonymous website: <https://na.org/>



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Action Items

Action Items: Things you can do Today!

- Check with your local Peer Recovery Groups about times and location meetings
- Visit the new Recovery Center and learn about the resources they have to offer
- Encourage others to seek needed resources



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Local Resources: How do I find them?

Authors: Jeffrey Spears, Paula Dunham, Ashley Yaugher, Gypsie Everett, Justin Sacco

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United Way 2-1-1 Resources



- App (Android & Apple)
- Website - <https://211utah.org>
- Phone - 801-736-8929



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Some Helpful Resources

Resources:

- **Resource Booklet:** These have been compiled by your local mental health, law enforcement, health department, and other informants to provide up to date resources for SUD and recovery.* *This list is not exhaustive, but is a good place to start for local resources.
- United Way 2-1-1 website: <https://211utah.org>
- United Way 2-1-1 county list website: <https://uw.org/211/resource-lists-by-county/>



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Action Items

Action Items: Things you can do Today!

- Review resource books provided in your bags and share information with those who may need it
- Download the 2-1-1 app
- Call 2-1-1, or go online for additional resources
- Resource books and presentation materials will be stored online for future viewing at extension.usu.edu/heart/resources



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Community Education & Survey

- Thank you for attending the Carbon & Emery Opioid & Substance Use Coalition Community Education Event!
- As noted at the beginning of our event, there is a 2 page survey to complete prior to leaving tonight. Please be sure to complete this 5-10 minute event survey and drop it off as you exit or leave it upside down on your table once completed.
- Your feedback about the event is important and will inform not only our future events, but may inform the state and nation more about the opioid epidemic we are facing. Again, this survey is completely voluntary.
- We appreciate your time at the event, **THANK YOU!**



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Special Thanks!

We thank the Utah Coalition for Opioid Overdose Prevention (UCO-OP) Grant for funding this event, materials, and meals!

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- Paula Dunham, Green River Medical Center
- Amy Jones, Castleview Hospital
- Jeremy Hughes, County Attorney
- Kandice Atismé and Ashley Yaugher, Utah State University Extension-HEART Initiative
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- Danielle Pendergrass, Eastern Utah Women's Health
- UROHC (Utah Rural Opioid Healthcare Consortium)
- Carbon and Emery County Sheriff Offices
- Emery County Commissioners
- Local Law Enforcement & Emergency Medical Services
- Debbie Peet, Community Member
- Sabrina Carter, Positive Pathways
- Jeff Spears and SUN Center, Utah State University Eastern
- Carbon & Emery Opioid & Substance Use Coalition Members



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QUESTION & ANSWER PANEL

Ashley Yaugher, Haven Halk, Savannah Eley, Jeremy Humes, Karen Dolan, Russ Beecher/Andraya Montgomery, Sabrina Carter, Cacilia Jensen, Amanda McIntosh

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