

Communiversities Developed and Tested Toolkit for Opioid Abuse Abatement



OPIOID-ABATEMENT TOOLKIT



Julius L. Chambers Biomedical/
Biotechnology Research Institute (BBRI)



Together for Resilient Youth (TRY)



Every person's loss is society's cost.

Credits

We congratulate our “Communiversy” team members for a job well done, with profound gratitude to our sponsor, North Carolina Collaboratory at the University of North Carolina at Chapel Hill (“UNC-Chapel Hill”).

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During the last six months of this project, a small team within the collaborative decided that deaths in our community are enough reason to participate in action for the future. They diligently worked many long days to get this project developed and published.

With that said, I extend my gratitude and appreciation to **Alice Heiserman**, editor; **Steven Palmquist**, graphic designer/website and print toolkit developer; and **Andrea Couch**, research assistant/coordinator, for your dedication and commitment to this work. Without the three of you, this project may not have been possible. We spent many hundreds of hours together trying to bring this project alive.

May our time be multiplied through the health outcome it yields.

Thanks a million!

Opioids Have Many Names

Common Names

Vicodin Morphine
Codeine OxyContin
Methadone
Fentanyl
Percocet Heroin
Roxicodone

Slang Terms

china white
lean captain cody
vikes
oxy white horse perc
apache amidone
white stuff roxies/roxys
scag dipping & dabi

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Introduction1

The five core modules provide a wealth of material. Each module has objectives that list what we hope you can learn from it and questions to see if you did learn. This toolkit isn't school, so before you begin the module, read the questions and answers to fix some of the ideas in your head. Then, read the module, think about it, and see how to apply it. When you're done, take the test and see what you learned. Go over the things you got wrong — knowing the answers can be the difference between life and death.

Modules

All the modules are full of information; spend some time with each section in each module — look at the illustrations, videos, resources, and take the tests.

1: Opioids 101 and Addiction - History and Terminology2
This chapter is dense; spend some time with each section in this module — look at the illustrations and videos.

2: Building Community Coalitions 11
Some people may be able to skip this section.

3: Adverse Childhood Experiences (ACEs) and Peer Pressure 16
Be sure you pay attention here — this chapter can give you a plan of action.

4: Preventing Opioid Deaths - Availability and Use of Naloxone 26
Life-saving information.

5: Understanding Treatment and Providing Support.....33
Vital information about differences in medicines, peer support, and other critical material.

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Quiz: Please visit <https://opioid-abatement.com> to take our quiz. Those who pass with at least 70 percent will receive a Community Warrior Certificate, showing your mastery of the Community Opioid-Abatement material.

Resource Guide: <https://opioid-abatement.com/wp-content/uploads/2023/10/Opioid-Treatment-Guide.pdf>

Thank you for using our material. To learn more about our research, for training, or a presentation at your organization, please contact: Dr. Dasherline Cox Johnson, Psy.D., Biomedical/Biotechnology Research Institute (BBRI), North Carolina Central University. Email: djohn410@ncsu.edu

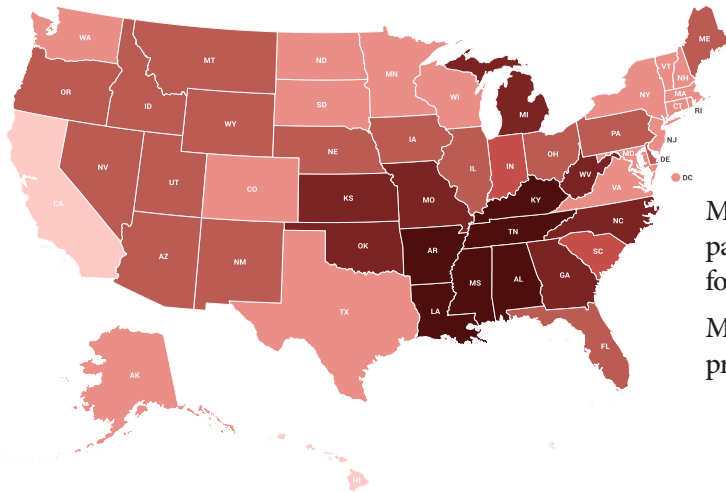
We want this toolkit to provide you with useful material to help give you information and motivation to do what needs to be done. Embedded in the words are short videos for quick guidance. We also want your feedback on the parts of the toolkit that were especially useful and want to know what other things you need in your community to stop the deaths from opioids, fentanyl, and other killers. With your help, we can make a difference. We hope this toolkit will guide you on your path. We are members of your community and want all of families to be healthy and flourish.

Introduction

Opioid addiction is not only a medical issue but a social justice issue, a community and family power issue, and an issue of life and death. Opioid misuse is a pervasive problem in the United States, with devastating results especially within Black and Brown communities in Durham.



Background



Number of Opioid Prescriptions Dispensed in the U.S. in 2020 (per 100 people)

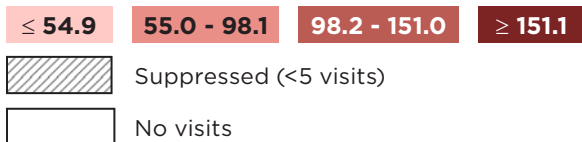
Source: CDC, 2021



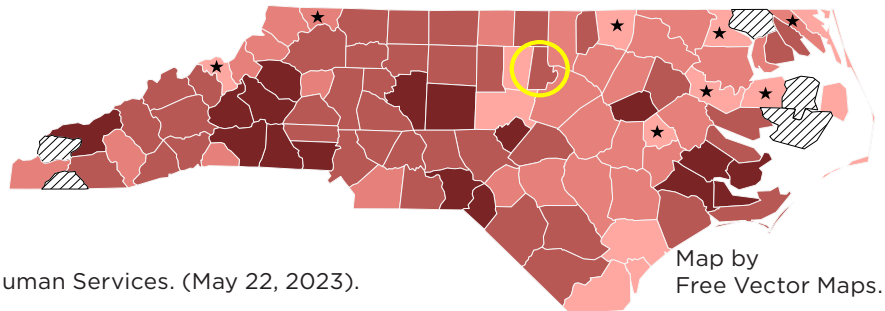
More than 142 million opioid prescriptions were dispensed to American patients in 2020, with prevalence varying widely across states (Centers for Disease Control and Prevention, 2021).

Many people overdose on street drugs, including fentanyl, in addition to prescription opioids. An overdose of either can kill you.

12 Months Opioid Overdose Emergency Department Visits Rate by County of Residence



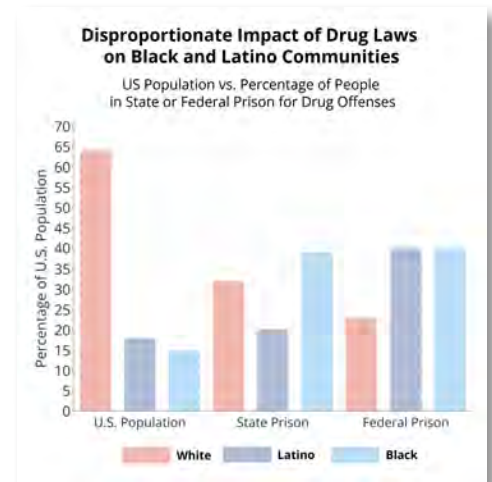
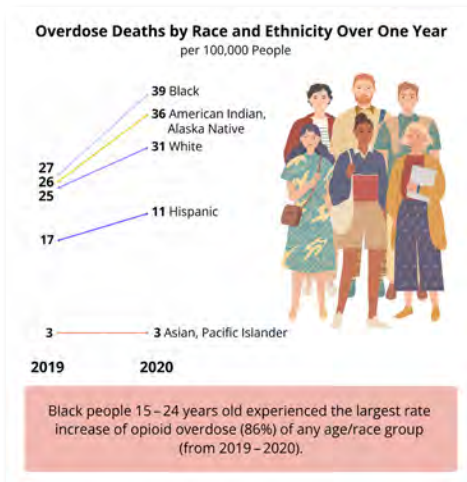
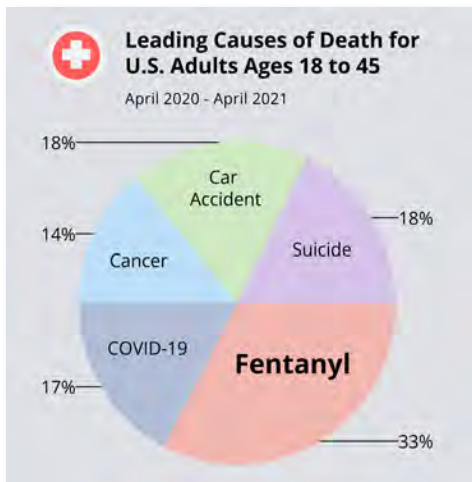
★ Interpret with caution, low numbers (5 to 9 visits)



Map by Free Vector Maps.

Note: Encircled area is Durham County, NC.

Reference: North Carolina Department of Health and Human Services. (May 22, 2023). IVP Branch: Overdose Data.



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Module 1

Opioids 101 - History and Terminology

This chapter is meant for everyone wanting to learn more about this epidemic and make an impact or a difference. It can be used by parents, children, and the general public. The last section shows how systemic racism and laws use Black and Brown people's drug misuse as a trap to reinforce racism and disempower this community.

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Opioids 101 and Addiction: History and Terminology

Substance misuse keeps people dis-empowered by reinforcing racism, poverty, isolation, a broken self, broken families, and devastated communities. The health of an individual, particularly a parent, is directly related to the health of our children and families, the neighborhood in which we live, and society at large.



Terminology

Opioids are natural or human-made chemicals that interact with nerve cells in the body and brain to reduce the intensity of pain. Opioids may be prescribed — or bought illegally. They are highly addictive.

- **Prescription opioids**, when legally prescribed by a doctor and used as directed, can relax the body and relieve symptoms of an illness, injury, or surgical procedure. For example, they may be used to lessen postsurgical pain or severe pain due to trauma or disease.
- **Opioid misuse or abuse** is when people use opioids in any way other than prescribed. Misuse may be in a manner, situation, amount, or frequency that can cause harm to self or others. An overdose is when a person hurts or poisons him- or herself by taking too much of a drug. An overdose may cause respiratory failure, leading to coma, brain damage, and, too often, death.

How Opioids Affect a Person

- Opioids are not meant for long-term use. They change the brain's chemistry and lead to drug tolerance, which means a person must take a higher quantity or use them over longer periods to get the same effect.
- Some people become dependent on the drug. When they stop taking it, they experience withdrawal (Shah & Hucker, 2022). Opioid withdrawal occurs when someone dependent on opioids suddenly reduces or stops taking opioids. A person withdrawing from opioids needs treatment because withdrawal may be difficult or even life-threatening. Signs of withdrawal may include muscle cramping, diarrhea, and anxiety.
- A small percentage of people become addicted. They experience a compulsive and continued need for the drug.

Opioid Basics

National Institute on Drug Abuse (NIDA/NIH)
<https://youtu.be/ks5wG1UbUMY?si=cpd5gmJYIsUOrR5W>



What Happens When Our Brains Are Hooked on Opioids?

Our brains decide what gives us pleasure. The way this occurs is through our neurons — nerve cells in our brain that send messages all over our body, much like a general directing his troops. These messages allow us to do everything — breathing, talking, eating, and thinking.

The brain sends and receives chemical and electrical signals throughout our body. Different signals control different processes, and our brain interprets each. Now, think of a coach calling the plays for a game. Some signals, for example, make you feel tired, while others make you feel pain.

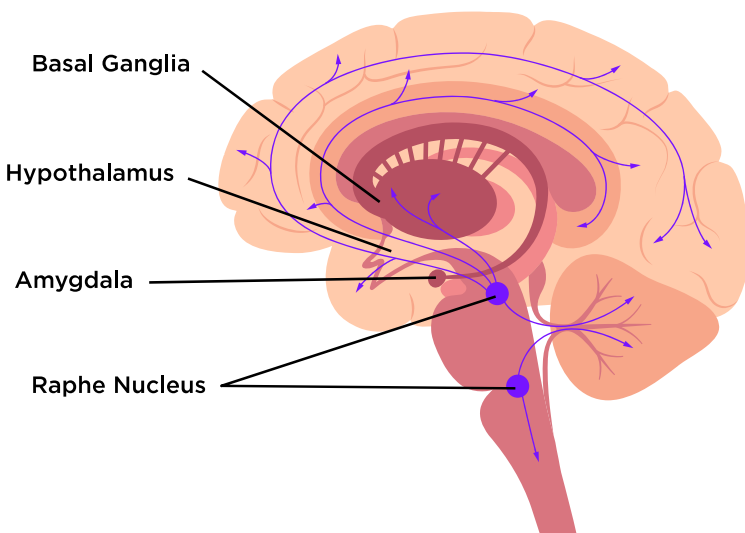
Some messages are kept within the brain, like in the coach's playbook, while others are relayed through the spine and across the body's vast network of nerves to distant parts of the body. The body has its own Uber system — the central nervous system, to get these messages out and relies on billions of neurons (nerve cells) — the Uber drivers.

The brain has many players, including the GABA neurons. These are the best players. They are the gatekeepers and decide what gets into your brain. GABA neurons can slow down the messages your brain gets, which regulates your mood and anxiety. If GABA can't do its job, you might have problems with mental health.

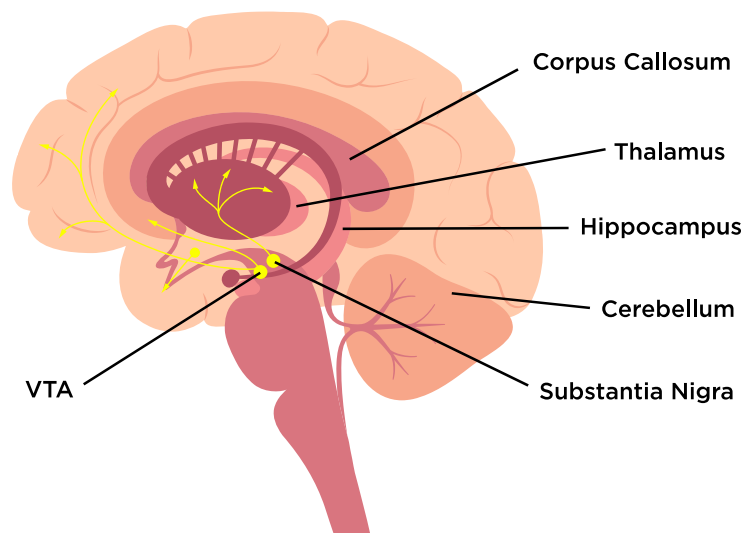
When a person takes opioids, these drugs hold back the GABA neurons. They can't get out on the field. So, the home team, dopamine, another messenger group of neurons, can't get onto the field. Dopamine does a lot of things when it's able to circulate in our body. It gives us pleasure and is also responsible for many other things that we take for granted: learning, motivation, heart rate, sleep, and control of nausea and vomiting, among many other roles. So, if the dopamine routes are blocked, the body tries to do an end-run around the problem but gets blocked.

When opioids block or shut out the GABA neurons, the dopamine neurons demand attention. They lure the person to increase the opioids because they feel so good. So, the GABA can't do its job of regulating the mood and other important duties of the body. Just like the coach would bench a player who showed up drunk, the brain on opioids is like that drunk player — unable to make the needed plays.

SEROTONIN

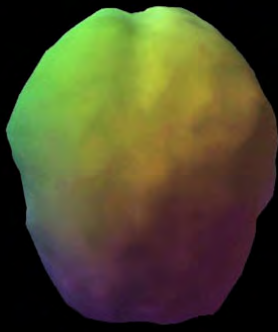


DOPAMINE



There are healthy ways to increase our dopamine level so we feel good (Julson, 2022), like getting enough sleep, eating well, listening to music, and walking outdoors. When we reward our brain with dopamine, the craving for addictive opioids is reduced or may disappear.

Healthy Brain

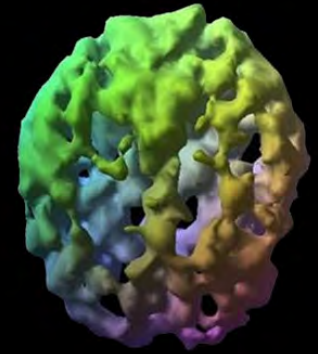


The image comparison shows a healthy brain scan and a brain scan from a 38-year-old person who has used opioids for seven years.

The wavy appearance of the image on the right indicates oxygen and blood flow restriction, often referred to as “scalloping” or perfusion. It is associated with opioid abuse.

Source: *Frontiers in Psychology*.
<https://www.frontiersin.org/articles/10.3389/fpsy.2021.715315/full>

Brain on Opioids



This is What Happens to Your Brain on Opioids



NatGeo: https://www.youtube.com/watch?v=NDVV_M__CSI

How a Brain Gets Hooked on Opioids



PBS NewsHour: <https://www.youtube.com/watch?v=fVdXlB89QOA>

Brain Reward Pathway



Neuroscientifically Challenged: <https://www.youtube.com/watch?v=f7E0mTJQ2KM>

Fentanyl: What You Should Know

Doctors prescribe pharmaceutical fentanyl to treat severe pain, for example, for advanced-stage cancer treatment. However, **illicitly manufactured fentanyl (IMF)** is illegally manufactured and distributed through drug markets for its heroin-like effect and is most involved in overdose deaths. The availability of black-market fentanyl and fentanyl analogs led to a U.S. opioid epidemic that causes thousands of overdose deaths each year and destroys families and communities. President Biden, in November 2023, talked with the head of China about curbing the production of fentanyl and its analogs, but it is still very available through your local drug dealer.

- Fentanyl is very powerful, and a little bit of it sprinkled in with other drugs may be enough to kill you or your loved ones.
- Fentanyl is cheaper than other opioids, powerful, addictive, and dangerous.
- Fentanyl (IMF) is available in different forms (e.g., nasal sprays, eye drops, and dropped onto paper or small candies). It can be liquid or powder and is commonly mixed with heroin, cocaine, and methamphetamine.
- Determining if pills were legally produced for pharmaceutical distribution or illegally produced for illegal drug sales is difficult.
- Drugs may contain very little fentanyl, not detectable by taste, sight, or smell, and it is nearly impossible to detect a fentanyl-laced drug without using fentanyl strips to test for fentanyl.
- Beware: a negative test interpretation should be done cautiously because the fentanyl strip might not detect potent fentanyl-like drugs, such as carfentanil (Bergh et al., 2021).
- Counterfeit prescription medications, such as a fentanyl-laced Xanny bar or counterfeit Xanax, were reportedly made at a “pill mill” or by illegal pill presses.

Opioids 101 and Addiction: History and Terminology—Part 2

The Dangers of Fentanyl

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (for pain relief) and as an anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

<https://www.dea.gov/factsheets/fentanyl>

PRINCE died of an accidental overdose of the opioid fentanyl, according to a medical examiner. CNN: <https://www.youtube.com/watch?v=rvwoduQ3vVE>



Protect Yourself from the Dangers of Fentanyl



CDC: https://www.youtube.com/watch?v=zu_WtBrmScs

Your Brain on Fentanyl



AsapSCIENCE: <https://www.youtube.com/watch?v=C0tW8FWBm1g>

Xylazine

Xylazine is a non-opioid veterinary tranquilizer not approved for human use; it been called “an emerging threat” due to its role in the ongoing opioid crisis. Xylazine is increasingly being combined with the powerful synthetic opioid fentanyl in illicit drugs.

PBS NewHour: <https://www.youtube.com/watch?v=GDXLyNhoNdo>

Xylazine News



Carfentanil: drug more deadly than heroin



CBC News: <https://www.youtube.com/watch?v=flnwlOSqBmo>

Carfentanil is a dangerous synthetic opioid, approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. Only properly trained and outfitted law enforcement professionals should handle any substance suspected to contain fentanyl or a fentanyl-related compound (McPhillips, 2023).

Nitazenes Is a New Threat

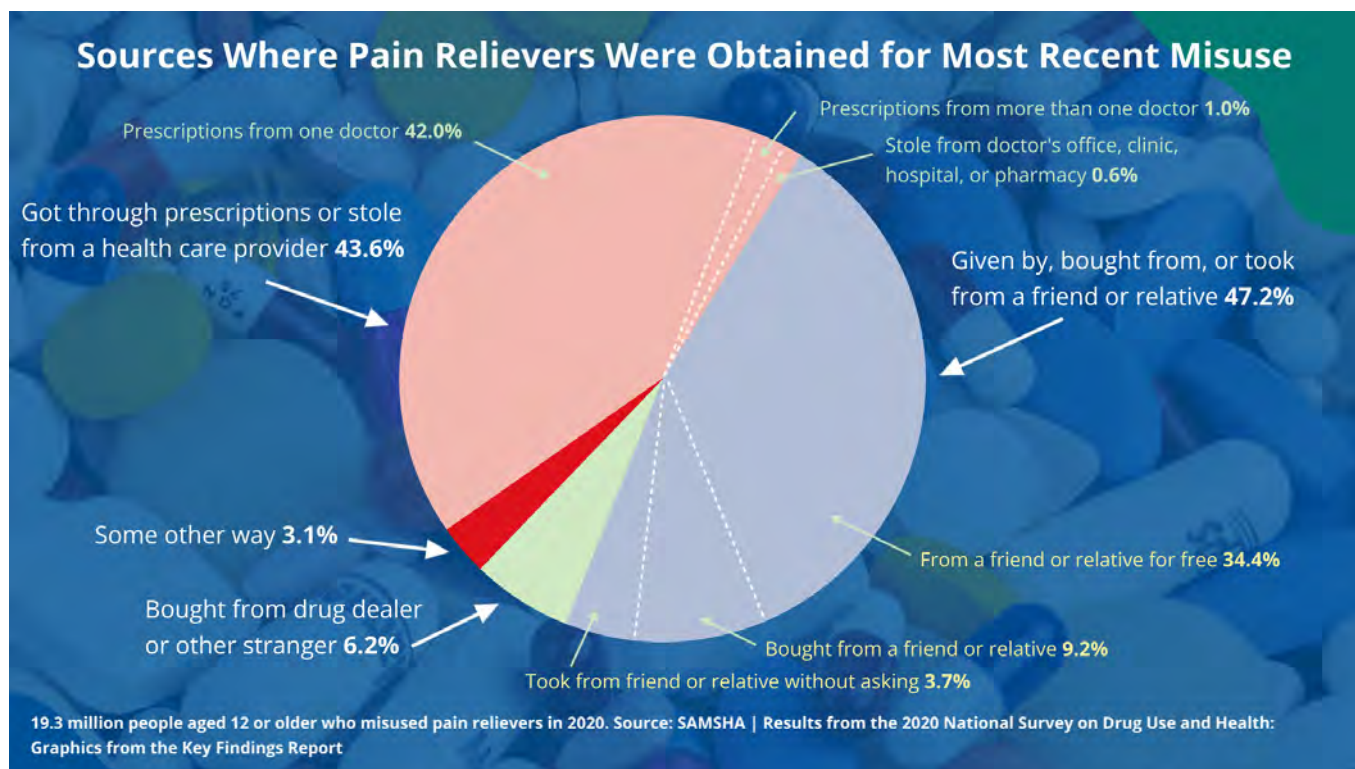
Willow Grove Lab Is the First in the World to Identify Nitazene Opioid



An emerging group of synthetic opioids may be more potent than fentanyl, study warns.

From CBS Philadelphia: <https://youtu.be/36N1p5kX61Mwatch?v=flnwIOSqBmo>

Where Do Opioids Come From?*



Safeguarding Prescription Opioids

At times, people are prescribed more pain medication than they need. Misuse of opioids or other drugs may occur when someone has a leftover prescription at home. You can properly dispose of extra medication by taking it to a drop box.

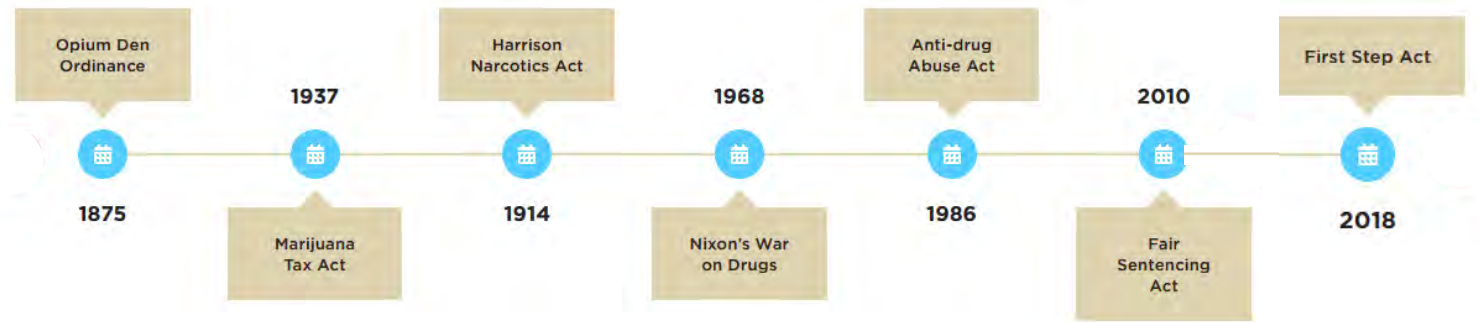
- Permanent drop boxes are located at police substations. The sheriff's office collects opioids twice

a year. You can also take them to the Justice Center downtown, the NCCU substation, or Carolina Behavioral Health Pharmacy (paid for by TRY).

- There is a drop box at the Health Department. <https://www.morepowerfulnc.org/get-involved/pill-disposal/>

Opioids 101 and Addiction: History and Terminology—Part 3

History of the Opioid Epidemic



Racial Disparity

Black Americans use illicit drugs at similar rates as Whites but are six to ten times more likely to be incarcerated for drug offenses (Bigg, 2007; Gross, 2022), leading to a higher proportion of Blacks in prison (Ghandnoosh; Drug Policy Alliance, 2023).

Hispanic/Latinos are one of the fastest growing minority populations— expected to comprise nearly 30 percent of the U.S. population by 2060(5) — it becomes imperative to understand the unique sociocultural factors that influence drug use and access to prevention, treatment, and recovery in this population.

1875 — Opium Den Ordinance

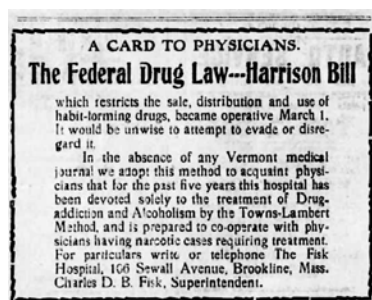
The 1875 **Opium Den Ordinance** was the nation’s first anti-drug law, banning opium dens. The ordinance was directed at Chinese immigrants and led to racial disparities in drug policies and addiction treatment (Pascual, 2021).

1910—Mexican Revolution

The Mexican Revolution in 1910 led to the immigration of Mexicans to the U.S. Southwest. Some immigrants brought marijuana with them. Texas police officers claimed that marijuana aroused a “lust for blood,” leading to violent crimes. In 1914, El Paso, Texas was the first city to ban the sale or possession of marijuana (Schlosser, 1994).



Poster promoting the movie *The Weed with Roots in Hell* (1936)



1914 — Harrison Narcotics Act

In 1914, the U.S. Congress passed the Harrison Narcotics Tax Act, imposing “a special tax” upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes.” This law banned doctors from prescribing opioid-based drugs, leading to the arrest and imprisonment of many doctors, which led to underground markets of opioids and cocaine and increased police enforcement, according to the Institute of Medicine, 1992.

1937—Marijuana Tax Act

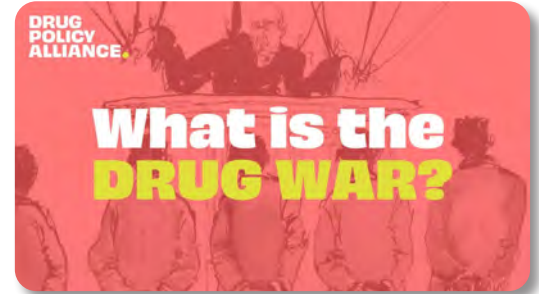
The **Marijuana Tax Act** of 1937 targeted Mexican Americans, with increased penalties for drug possession.

1968 — Nixon’s War on Drugs

The Comprehensive Sentencing Act of 1970 (US Sentencing Commission, 1991), signed by Richard Nixon, was a precursor to his declaration of the War on Drugs a year later, which contained punitive sentencing guidelines. The War on Drugs in 1971 *reversed mid-century civil rights and Great Society commitments*, which focused on social programs to address poverty and, subsequently, crime.

The drug war legislation *expanded the scope of criminal justice* and culminated in decades-long mass incarceration (Hodge & Dholakia, 2021) via:

- Increasing mandatory minimum sentencing
- The use of plea-bargaining
- The implementation of drug raids and asset forfeiture
- Allocating funds for policing and the building of state prisons
- The broadening of state surveillance



The Drug Policy Alliance has teamed up with artists Jay-Z and Molly Crabapple to tell the brief history of how the Drug War went from prohibition to the gold rush of the legalized cannabis industry. Do you know your history? <https://youtu.be/HSozqaVcOU8>

1986 — Anti-Drug Abuse Act

Systemic racism in drug policy is also recognizable in the Anti-Drug Abuse Act of 1986, “which enacted a 100-fold greater sentencing disparity for water-soluble cocaine base (‘crack’) versus powder cocaine,” according to ASAM’s policy statement.

- The distribution of five grams of crack, mainly used by Black people, carried a minimum of a five-year sentence in federal prison.
- Distributing 500 grams of powder cocaine (mainly used by White people) had the same sentencing.

The law resulted in the arrest of a disproportionate number of Blacks compared to Whites.

- Triggered by the abolition of slavery, many Whites advocated that formerly enslaved people be sent back to Africa or remain under control. Whites’ fear for their safety led them to seek ways to control the Black population. Part of this was through the war on drugs.
- The war on drugs reinforced racial hierarchies through differential enforcement and perception

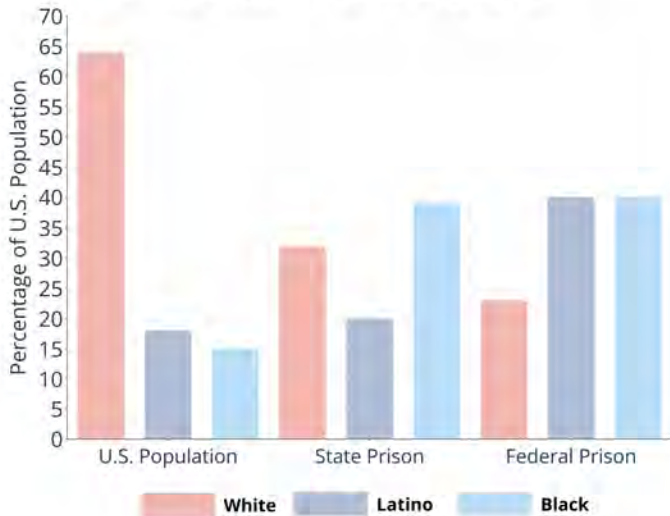
about what constitutes addiction (Netherland & Hansen, 2017). It subjected millions to criminalization, incarceration, and lifelong criminal records, disrupting or eliminating access to adequate resources and support to live healthy lives (Cohen et al., 2022).

- The effects of the war on drugs include the expenses families suffer from the loss of the economic contributions of incarcerated family members and the need for extra help for the children of incarcerated parents (Wagner & Rauby, 2017; Sawyer, & Wagner, 2023). What is more, these children of incarcerated parents are subject to additional risk factors of substance misuse, as seen in the ACEs module.
- Further, in the case of opioids, addiction treatment is being selectively “pharmaceuticalized” to preserve a protected space for White opioid users while leaving intact a punitive system for Black and Brown individuals who use drugs (Netherland & Hansen, 2017).

Please read this article: “The War on Drugs That Wasn’t: Wasted Whiteness, ‘Dirty Doctors,’ and Race in Media Coverage of Prescription Opioid Misuse.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5121004/>

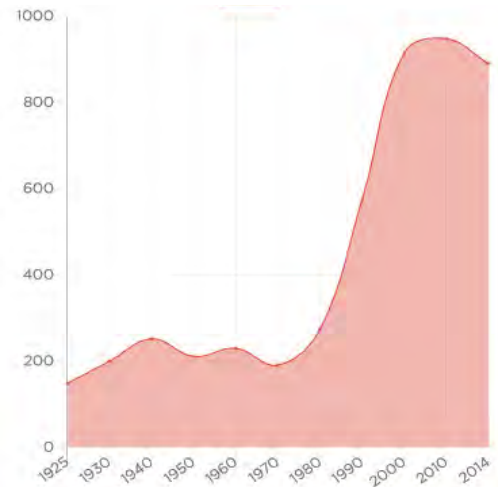
Disproportionate Impact of Drug Laws on Black and Latino Communities

US Population vs. Percentage of People in State or Federal Prison for Drug Offenses



Carson, "Prisoners in 2013," Table 14; Bureau of Justice Statistics, "Federal Justice Statistics Program."

Male Incarceration Rates of Sentenced Prisoners under State and Federal Jurisdiction per 100,000 Population, 1925-2016



Perry, Mark. (June 14, 2018). The Shocking Story Behind Richard Nixon's 'War on Drugs' that targeted Blacks and anti-war activists. <https://www.aei.org/carpe-diem/the-shocking-and-sickening-story-behind-nixons-war-on-drugs-that-targeted-blacks-and-anti-war-activists/>

2010 – Fair Sentencing Act; 2018 First Step Act

In 2010, Congress passed the Fair Sentencing Act, reducing the sentencing disparity between crack and powder cocaine to 18 to 1. The amount of powder cocaine triggering a minimum sentencing of five and ten years remained unchanged.

In 2018, the First Step Act was signed into law, making sentencing reforms of the Fair Sentencing Act retroactive, but left out those previously arrested for low-level offenses that involved 0 to 5 grams of crack cocaine.



President Barack Obama at the signing ceremony for the Fair Sentencing Act. (Photo by Pete Souza) from Washington, DC. Public Domain

Test Your Knowledge (answer yes or no)

1. Children of incarcerated parents are often substance users.
2. The Drug War began many punitive actions by the government that have continued.
3. One of the reasons for the great expansion of incarceration in the United States was caused by drug war legislation, which increased mandatory minimum sentencing.
4. Every group is incarcerated for drug offenses at the same rate.
5. Many groups today are fighting to decrease the opioid problem in the United States.

Answers: 1 = Yes. 2 = Yes. 3 = Yes. 4 = No. 5 = Yes.

Communiversality Developed and Tested Toolkit for Opioid Abuse Abatement



Module 2

Building Community Coalitions to Address Opioid Abatement

This section is meant to be used by organizations within communities, local and state government agencies, families, and advocates to show how working together can reduce the impact of opioid problems.

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Building Community Coalitions to Address Opioid Abatement

Opioids affect our ability to be empowered to make good decisions for us and our families. For Black and Brown people, opioids open you up to the trap within our justice system to take away what rights, resources, and abilities we have to use to take care of our families and ourselves. Opioids also tear our families apart, break down our communities, and reinforce racism.

Because opioid misuse affects the entire community, the community needs to come together to solve the opioid problem. We must work to delay substance misuse among the young and offer accessible treatment for those trapped in addiction. To combat the stigma associated with treatment, providing accurate information about the nature of addiction and the role of brain functioning is important, as is addressing myths and presumptions about addiction and recovery.

What is COMMUNIVERSITY?



Communiversality implies a link between a university and the community. The current collaboration attempts to marry a nonprofit harm-reduction organization with a Historically Black University, HBCU, allowing the organizations to effectively work together to reduce opioid misuse, overdose, and deaths in Durham, and throughout North Carolina.

The importance of a community coming together to solve the opioid problem cannot be overstated. This issue affects the entire community. The advantages of working together toward a solution include the following:

- When individuals agree that change is in their best interest, they can accomplish more by working together than by working individually.
- Collaboration can be a powerful force when solving problems that affect society as a whole.

The power of many different minds contributing to an initiative can improve the likelihood of successful outcomes.

Elements of Effective Community Coalitions



**Common
Agenda**



**Shared
Measurement**



**Mutually Reinforcing
Activities**



**Continuous
Communication**

What Is Collective Impact?

Collective impact is the commitment of a group from different sectors working toward a common agenda for solving a specific social problem.

Organizations have been implementing collective impact for a long time. These successful collective impact initiatives have five conditions for their success.

1. COMMON AGENDA

All participants share a vision for change. It includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.

2. SHARED MEASUREMENT

All participating organizations agree on measuring and reporting success. They develop a short list of common indicators they will use for learning and improvement.

3. MUTUALLY REINFORCING ACTIVITIES

Diverse stakeholders, typically across sectors, coordinate differentiated activities through a mutually reinforcing action plan.

4. CONTINUOUS COMMUNICATION

All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.

5. BACKBONE SUPPORT

An independent, funded staff is dedicated to the initiative. The staff provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.



Source: Community Toolbox (2023). University of Kansas.

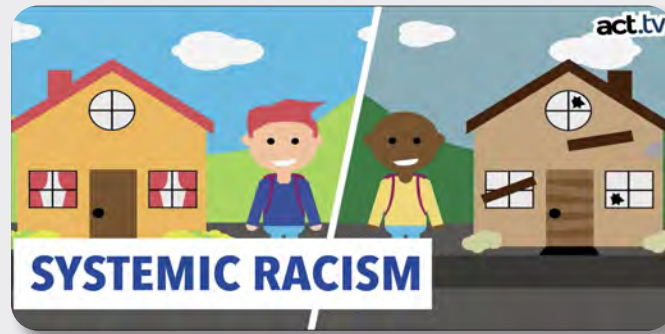
How Might a Collaborative Reduce Opioid Deaths?

Many factors are responsible for the continuous increase in overdose rates, such as health disparities, social determinants of health, and income inequality. The disparities in opioid overdose (OOD) rates result not only from substance abuse but also from the inequality in or inaccessibility of substance abuse treatment and insufficient mental health access and stigma about seeking treatment. Lack of access to treatment and socioeconomic inequality are barriers against Hispanics and Black people seeking mental health care and substance abuse treatment.

We must work together to reduce disparities and ensure that the systems in place work for everyone; we can change things so that all people are treated more equitably!

By coordinating, communicating, and collaborating with education, public health, public safety, and other sectors, we can apply a cross-systems approach to inform and design overdose prevention interventions, programs, and policies and ensure they are available to all our neighbors (Houry, 2022). Several organizations are on paths like ours, and we might work together with such groups that are not directly focused on opioids but on health concerns, including the Prevention Institute and the National Network of Immunization Coalitions, which have several publications and resources that we could use in fulfilling our objectives. See [PreventionInstitute.org](https://www.preventioninstitute.org) and use works such as the CDC's Public Health and Safety Team Toolkit: <https://www.cdc.gov/drugoverdose/pdf/phast-toolkit-508.pdf>.

ACT.tv: Systemic Racism Explained



Source: https://youtu.be/YrHIQIO_bdQ

Dealing with Adverse Childhood Experiences (ACEs)

ACEs are Adverse Childhood Experiences that impact individuals over a lifespan. They are so important that we have devoted Module 3 to ACEs. However, ACEs are a community problem as well as an individual one. So, we wanted to have you think about what our community can do to make life better for our children. If we can help our children, everyone's life will be better. There will be fewer cases of delinquency, healthier people, and life will be better for all.

Groups in Durham are working to improve the lives of people here.

They include the Community Health Assessment group that looks at various factors, many of which are ACEs, to see how to make these factors less devastating to our population. The objectives of this group, like ours, are united by the sponsorship of Duke University.

The goals of the Durham County Community Health Assessment, like those of this project, involve various community segments working together to improve people's lives in various areas, including awareness and ACEs remediation. There should be a link or tie-in with this group because we have common objectives (Durham County Health Assessment, 2020).

Raising awareness of ACEs can help:

- Change how people think about the causes of ACEs and who could help prevent them.
- Shift the focus from individual responsibility to community solutions.
- Reduce stigma around seeking help with parenting challenges or substance misuse, depression, or suicidal thoughts.
- Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Let's help all children reach their full potential and create neighborhoods, communities, and a world where every child thrives (CDC, 2023).

Community Organizations Making a Difference

Safe Kids NC Safe Disposal

Safe Kids North Carolina partners with the State Bureau of Investigation, the Drug Enforcement Administration and local Safe Kids Coalitions and law enforcement agencies to provide a safe disposal method for over-the-counter medicines and old or unneeded prescriptions.

NC Harm Reduction Coalition (NCHRC)

Naloxone kits and instructions are provided by NCHRC throughout North Carolina. Kits are available on Fridays from 4–6 p.m. at the Sunrise Recovery House during the summer.

NCHRC in Durham County provides clean needles and injection supplies to those addicted to opioids. nchrc.org

Community Linkages to Care (CLC)

The Peer Support Program for Overdose Prevention and Response links Durham residents with substance use disorder (SUD) to evidence-based treatment, harm reduction, housing and other support services through community-based partnerships and a proven peer support model.

Together for Resilient Youth (TRY)

Together for Resilient Youth (TRY) works to prevent Adverse Childhood Experiences, racism and historical trauma that can result in substance use, suicide, violence, and other behaviors among youth by creating a resilient community through education, grassroots actions, grassroots mobilization, and collective impact.

When we work together, we can make many positive things happen that will not only lower the OUD rate but enhance the lives of all people in our community.

Test Your Knowledge (answer yes or no)

1. Agreement on goals and how to measure them are elements of effective community coalitions.
2. Collective impact is when members of the group work toward a common goal.
3. Communication is not as important in collective impact as is electing a strong leader.
4. Community engagement means that members of the group get along so well that many of them decide to get engaged and marry.
5. Some of the ways our community can work toward solving the opioid problem include providing fentanyl strips to test drugs and ensuring that there is an adequate supply of Narcan.

Answers: 1 = Yes, 2 = Yes, 3 = No, 4 = No, 5 = Yes.

Communiversality Developed and Tested Toolkit for Opioid Abuse Abatement



Module 3

Adverse Childhood Experiences (ACEs) and Peer Pressure

This section can be used by schools, communities, organizations, local and state government agencies, families, and advocates to show the importance of investing in building healthy families. Communities can use it to reduce the impact of the opioid crisis. It is meant to educate everyone about ways to create a healthy society.

This chapter is quite dense; spend some time with each section in this module — look at the illustrations, videos, and resources. Be sure you pay attention here — this chapter can give you a plan of action.

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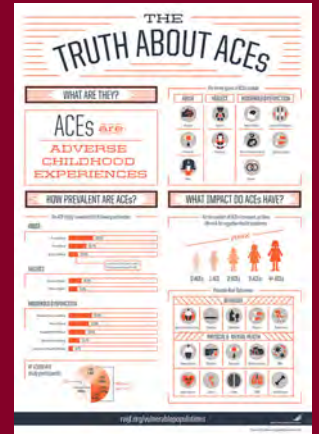
Thank you for using our material. To learn more about our research, for training, or a presentation at your organization, please contact: Dr. Dasherline Cox Johnson, Psy.D., Biomedical/Biotechnology Research Institute (BBRI), North Carolina Central University. Email: djohn410@nccu.edu

Adverse Childhood Experiences (ACEs) and Peer Pressure

Many factors affect the course of our development. ACEs provide us with many insights into risk factors and protective factors. Our job as members of society is to identify these risk factors and commit to minimizing them. Most of all, we must understand the power of resilience and build those aspects into our individual lives, families, and homes (Morgan et al., 2022).

ACEs contribute to deteriorating communities. However, creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.

Download the poster: <https://www.tfec.org/wp-content/uploads/The-Truth-About-ACEs-Infographic.pdf>



What Are ACEs?

Definition

ACEs (Adverse Childhood Experiences) are potentially traumatic childhood experiences (0 – 17 years) that impact individuals during their lives. The more ACEs one has, the greater the likelihood of a problem with opioids, but there are things an individual can do to lessen the impact and to help communities lessen the impact of difficult circumstances to help children thrive.

The infographic illustrates the definition of ACEs and lists various types of experiences. It is organized into three main columns:

- ABUSE:** Includes Physical (hand with lightning bolt), Emotional (eye with tear), and Sexual (person with lightning bolt).
- HOUSEHOLD NEGLECT:** Includes Mental Illness (head with lightning bolt), Mother Treated Violently (mother with lightning bolt), Divorce (two rings), Incarcerated Relative (prison bars), and Substance Abuse (pill).
- NEGLECT:** Includes Neglect (teddy bear) and Emotional (person with lightning bolt).

We talk about “acing” a course as a good thing. But another type of ACE is bad. This type of ACE stands for Adverse Childhood Experience. Something adverse is bad and includes things that occur to children before they are age eighteen. ACEs can include growing up in a household where your parents drink or are violent.

Maybe you had a brother or one of his friends who invaded your boundaries and harmed you. Look at the pictures and see if any of the issues relate to things that happened to you. Each of these things affected you. Now, you must find a way to lessen the impact of these things so they don’t continue to drag you down. By understanding your past, you can begin to get beyond the bad parts. Your past doesn’t have to be your future.

How Common Are ACEs?

About 64 percent of adults in twenty-five states reported they had experienced at least one type of ACE before age eighteen, and nearly one in six reported they had experienced four or more ACEs, according to the American Academy of Family Physicians (n.d.).

Number of ACEs Experienced by Age 18



Source: (PACes Science 101, n.d.; National Collaborative for Health Equity, 2021; CDC, 2019)

ACEs Are Common

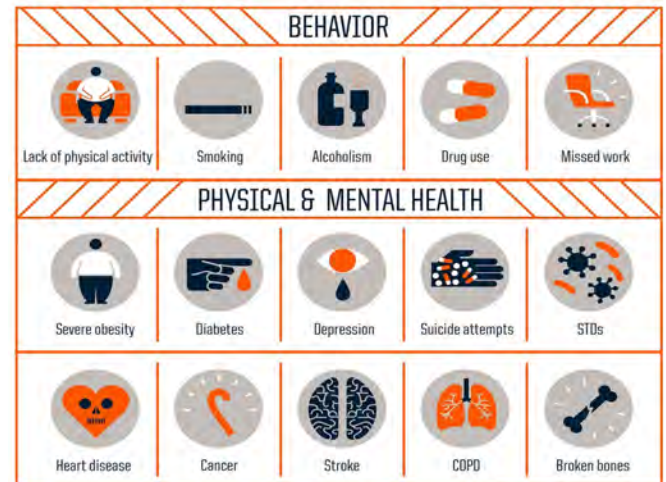


What Impact Do They Have?

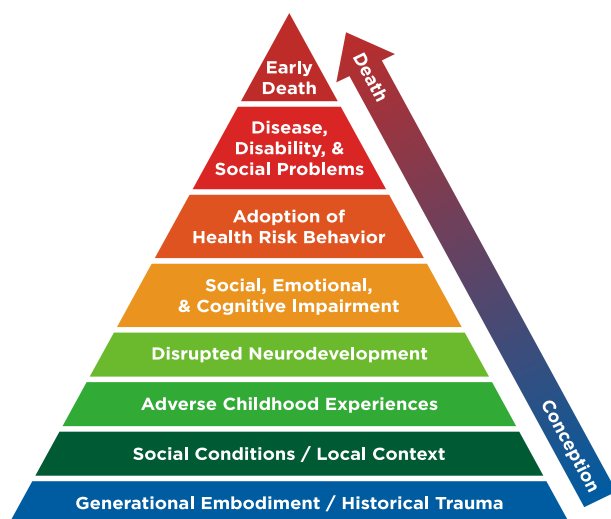
ACEs impact children from all ethnicities and genders. Women and several racial/ethnic minority groups are at greater risk of experiencing four or more ACEs.

Individuals are at a higher risk for alcohol and substance misuse, among other health and social outcomes, as there are increases in the number of Adverse Childhood Experiences (ACEs), such as abuse, neglect, violence, and other forms of trauma (Merrick et al., 2018; Grummitt et al., 2022; SAMHSA, 2000).

ACEs are linked to chronic health problems (cancer, diabetes, heart disease), suicide, mental illness, substance use problems in adolescence and adulthood, and early death. ACEs can also negatively impact education, job opportunities, and earning potential. ACEs can also increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death) and involvement in sex trafficking.



What Contributes to ACEs?



- High rates of violence and crime
- High rates of poverty and limited educational and economic opportunities
- High unemployment rates
- Easy access to drugs and alcohol
- Where neighbors don't know or look out for each other
- Communities with limited community involvement among residents
- Few community activities for young people
- Unstable housing or where residents move frequently
- Communities where families frequently experience food insecurity
- Racism and bullying

ACEs Protective Factors

Individual

Caregivers who do these things or have the following characteristics

- Create safe, positive relationships with children
- Nurture their children and provide emotional support
- Who can meet basic needs of food, shelter, education, and health services
- Who have a college degree and have steady employment

Family

Families with the following characteristics

- Strong social support networks and stable, positive relationships in their community
- Caregivers are present and interested in the child(ren)
- Caregivers enforce household rules and monitor their child(ren)
- Caring adults outside the family who can serve as role models or mentors

Community

Communities where families have access to the following

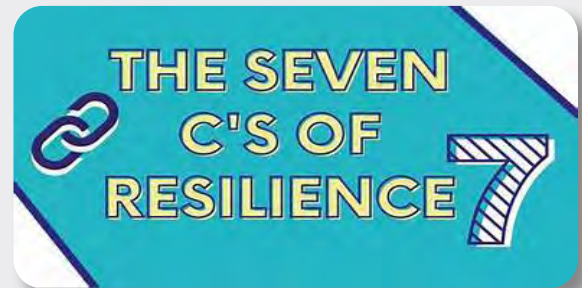
- Safe, stable housing
- High-quality preschool
- Nurturing and safe childcare
- Safe, engaging after-school programs and activities
- Medical care and mental health services
- Economic and financial help
- Adults have work opportunities with family-friendly policies

Resilience: The Biology of Stress & The Science of Hope (movie trailer)



<https://www.youtube.com/watch?v=49YZ2rn5R2M>

The Seven C's of Resilience



Parent and Teen: https://www.youtube.com/watch?v=DTmi4kHor_s

- Raise awareness of Adverse Childhood Experiences (ACEs), which are associated with substance use disorders, including an earlier age of initiating opioid use, recent drug use, and lifetime overdoses (Stein et al., 2017).
- Reduce stigma around seeking help with parenting challenges, substance misuse, depression, and suicidal thoughts.
- Shift the focus from individual responsibility to community solutions and promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Adverse Childhood Experiences (ACEs)



Source: <https://www.cdc.gov/violenceprevention/aces/index.html>

The Threat of Opioid Misuse for Families



Tools to Start the Conversation



Download the 2-page PDF: <https://www.cdc.gov/drugoverdose/pdf/Prevent-Addiction-Fact-Sheet.pdf>

The Teenage Brain

The human brain does not reach adult status until after age twenty-five. During the teen years, certain brain sections are more likely to reach out for excitement and get high than at other times. So, your brain can get you into trouble. However, if you know what's happening, you can coach yourself to resist some of the lures.

Different areas of your brain grow and mature at different rates. See the limbic structures. These areas are responsible for your emotions and rewards.

- The limbic system matures before the areas of your brain responsible for impulse control and judgment.
- This means you seek experiences that make you feel good before you realize you shouldn't do something.
- So, you could get involved in drugs without realizing the harm they could cause you later.
- Your brain is like a cheerleader leading you into mischief before your coach can stop it (Compton et al., 2019; Partnership to End Addictions, 2023; Center on the Developing Child, n.d.; First Things First, n.d.; Finel, 2015; and VAWnet, n.d.).

Opioid Use among Adolescents

Video on child brain development (NIH)



NIH: Teen Brain Development
<https://www.youtube.com/watch?v=EpfDijz2d8>

Talking with Your Teen about Opioids



Download the PDF brochure: <https://www.samhsa.gov/sites/default/files/TTHY-Opioid-Broch-2020.pdf>

What's the link between lack of sleep and drugs? Cell phones as culprits.

Another sleep problem is the cell phone. Cell phones emit blue light, which causes people to be more awake. So, put your cell phone in a drawer and don't use it or other electronic devices at least a half hour before bed (Wiginton, 2022). If you insist on watching TV, that's better for you than texting or gaming before bed. And what you watch on TV also matters; a sitcom rather than a suspenseful drama is better. There are also blue-light-blocking glasses, but stuffing your phone is easier (Pacheco & Truong, 2023; CDC, 2020; Rosen et al., 2019).

Most junior high and high school students do not get enough sleep. The recommendation for teens is nine-to-twelve hours per night to be extra alert and smart.

Despite biology and homework, lack of sleep has major consequences: impaired mood and attention and diminished impulse control. So, it's harder to say no to things. This is not

an excuse for doing drugs, but it means you must be extra alert and smart. If you're too tired, you're more likely to give in to drugs and peer pressure.

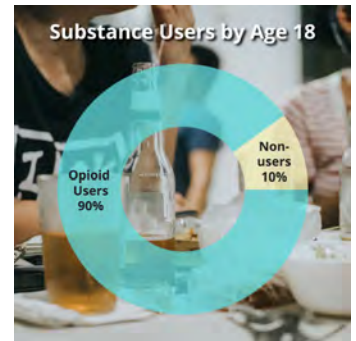
Knowing this trick of your brain, you can out-smart your brain.

The pre-frontal cortex and areas around it are responsible for judgment, decision-making and impulse control. Even later, the brain develops and uploads the executive function, which allows you to plan and meet goals, display self-control, follow multiple-step directions even when interrupted, and stay focused despite distractions, among other things (Abrams, 2022).

During the teenage years, the individual needs to forge independence from parents and fashion; self-identity; seeking out novel experiences and taking risks are part of this process. Unfortunately, the uneven maturation of the adolescent brain also increases susceptibility to environmental influences dominant during the adolescent years, such as peer influence.

Focus on delaying substance use in youth.

- Nine out of ten people with substance problems started using by age 18 (National Child Traumatic Stress Network, n.d.).
- For every year a teen delays substance use, the risk of addiction and substance misuse decreases by 4 to 5 percent (Scott & Krinke, 2019; Jordan & Anderson, 2017).



Talk to your kids about drug use.

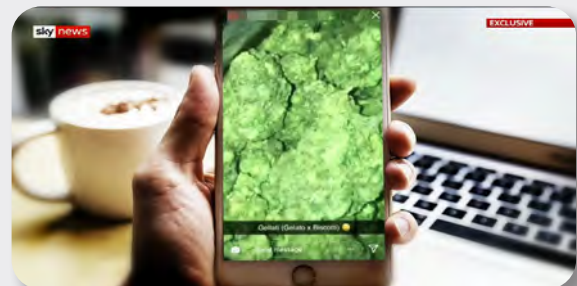
- Ask your child to explain what they know about alcohol and drugs.
- Inform your child that drugs are harmful and they may result in injury, overdose, or death.
- Use simple language to explain your rules about alcohol/drugs.
- Store opioids and other prescription medicine securely.
- Properly dispose of leftover prescriptions. (Many communities offer "take-back" programs to collect unused medication.)

How Drug Dealers Are Exploiting Social Media To Target Young People



TODAY: <https://www.youtube.com/watch?v=iK8fcTPM46U>
More about the movie: <https://kplrfilms.co/resilience/>

Drug dealers moving from street corners to social media



Sky News: https://www.youtube.com/watch?v=ESG_nGs7obc

Peer Pressure

What Is Peer Pressure?

Peer influence is when you **choose to do something you wouldn't otherwise do** because you want to feel accepted and valued by your friends. It isn't just or always about doing something against your will. It is often a feeling that one must do the same things as other people of one's age and social group to be liked or respected by them—conform to their standards. It is the influence of friends and acquaintances on our thoughts and actions (Brown, 2017).

Is Peer Pressure Good or Bad?

Peer pressure comes in two flavors: good and bad. For instance, peer pressure to participate in sports and join a team can be good, but peer pressure to use drugs can be bad (Brown, 2017).

What Are Examples of Peer Pressure?

Negative Peer Pressure?

- Convincing a friend to skip school.
- Encouraging a peer to fight or bully someone.
- Getting friends to engage in sexting.
- Pressuring a friend to drink or try drugs.
- Pushing someone to buy e-cigarettes online.

Peer pressure shapes your behaviors in subtle but powerful ways, such as these (Morin, 2022):

- The clothes you wear
- The places you go
- The way you behave
- The music you listen to
- The friendships you keep
- Whether you take drugs

How Can Pressure from Peers Lead to Drugs?

Teens whose friends or acquaintances use drugs are likely to experience pressure to do the same because peer pressure is a major factor in drug use and abuse. Millions of teenagers give in to peer pressure and first use drugs to gain acceptance from kids who already use drugs (Brown, 2017). Others, who are not teens, also are influenced by peer pressure.

Who Does Pressure from Peers Affect Most?

Everyone is subject to peer pressure at some point, but young people—especially teenagers—are most likely to give in to it. The most vulnerable teens are those still learning to make friends and gain acceptance from others. Many of them imitate the group they want to be a part of (Brown, 2017).

What Are the Gateway Drugs?

Gateway drugs are frequently used first and can act as an entryway to using other substances. They are frequently simple to obtain at home or inexpensive to purchase on the streets. Peer pressure to use substances frequently starts with the use of these gateway drugs (Brown, 2017):

- Alcohol
- Nicotine
- Marijuana

Who Is Likely to Give in to Pressure from Peers to Use Drugs?

Some factors make some teens more likely than others to give in to peer pressure to use drugs. These teens use drugs to cope with life stressors (Brown, 2017). They include teens with or who have:

- Alcohol or Drug-abusing Parent(s)
- Depression
- Financial Problems
- Low Self-Esteem
- Sexual, Physical, or Emotional Abuse
- Domestic Violence
- Lack of Supervision
- Parental Divorce
- Emotional Neglect
- Loss of a Meaningful Relationship
- Stress

How Can Pressure from Peers Affect Drug Treatment Programs?

Counseling and therapy frequently fail because peer pressure is such a powerful influence that it can quickly undo the progress made in treatment programs and lead to relapse. If a person only spends a few hours per week in treatment but spends a lot of time with drug-using peers, imagine how hard it would be to progress toward a drug-free lifestyle. The one solution that seems to work is replacing the old peer group with a new, more positive one (Brown, 2017).

How Can One Refuse Peer Pressure to Use Drugs?

Although the majority of teenagers face peer pressure to use drugs at some point, some of them refuse to do so because they are aware of the harm that drugs can cause to their bodies and minds, and they have the self-confidence to stand up for what they think is best for them. They will employ the following strategies to resist peer pressure (Brown, 2017).

AVOID PEOPLE WHO USE OR SELL DRUGS

- The easiest way to refuse drugs is not to be around them. Stay away from people who use drugs and places where dealers sell drugs.

IGNORE THE OFFER

- Act like you did not hear the offer or are not interested in hearing more.

CHANGE THE SUBJECT

- Find something else to discuss.

SUGGEST ALTERNATIVES

- Offer to do something else—such as go to a movie or visit a friend who does not use drugs.

USE HUMOR

- Turn the offer into a joke and use laughter to make your point.

STATE YOUR OPINION

- Give your point of view, “I enjoy my life the way it is.”

KEEP YOUR RESPONSE SIMPLE

- Do not get into a debate. State your position in a few words. “Drugs are not for me.”

BE ASSERTIVE

- Stand tall, make eye contact, and emphasize your point. “I said no, and that is my final answer.”

LEAVE

- If the pressure to use drugs continues, just walk away. Some people will not take “no” for an answer.

As teens learn about boundaries, sometimes they will take them too far or won't erect them. Both scenarios can be problematic. Like most things, too much is not good either. Look at the following list. Do you fall into any of the following categories? If so, consider what you can do to make changes because these scenarios will lead to bad outcomes that can hold back your future (Gordon, 2021).

- Shutting people out of your life completely and not trusting anyone.
- Demanding friends or dating partners be there for you whenever you request it.
- Believing that others know what you are thinking or feeling and should respond accordingly.
- Giving in to friends or dating partners even when it goes against what you believe.
- Going against your values or beliefs to fit in, be liked, or please others.
- Allowing a romantic partner to make decisions for you or direct your life without ever standing up for yourself or questioning their behavior.
- Spending time with friends or dating partners who treat you poorly or disrespectfully.

One thing parents should also do is give their children ways to say no (Saprea, 2023).

When faced with a peer pressure situation, teens need to be confident in their answers and their decisions, and the way to do that is to rehearse them beforehand (American Addiction Centers, 2021). Parents can role-play situations with their teens or give them these different ways to say no, if needed. If parents are unavailable, do this role-playing with a peer or other family member, or, if nobody is around, in front of a mirror.

Respond with a reason why you don't want to drink or use drugs, suggested by American Addiction Centers (2021)



Where Can I Learn More about Drugs and Peer Pressure?

Knowing more about how drugs affect the mind and body may help you better understand the significance of saying “no,” as peer pressure to use drugs can sometimes be challenging to resist (Brown, 2017). Visit the following websites for further information:

- National Clearinghouse for Alcohol and Drug Information: www.ncadi.samhsa.gov
- Drug Free America Foundation: www.dfaf.org

Resources

How to engage in self-care:

- <https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>
- Your Healthiest Self: Wellness Toolkits (National Institute of Health): <https://www.nih.gov/health-information/your-healthiest-self-wellness-toolkits>

What is your ACEs score?

Take a survey at <https://acestoohigh.com/got-your-ace-score/>.

**We all have a role to play
in preventing ACEs!**

Test Your Knowledge (answer yes or no)

1. ACEs can happen at any age.
2. ACEs have no relationship with physical health.
3. Racism is related to ACEs.
4. Caregivers or parents who have a positive relationship with their children may make up for some ACEs.
5. School-age psychosocial tasks include developing competence and a feeling that you can make it the world.

Answers: 1 = No, 2 = No, 3 = Yes, 4 = Yes, 5 = Yes.

Communiversality Developed and Tested Toolkit for Opioid Abuse Abatement



Module 4

Preventing Opioid Deaths — Availability and Use of Naloxone

This chapter is tailored toward those in the throes of opioid addiction. It is critical to hospitals after discharge, those released from incarceration, and harm-reduction organizations. It is also important for the general public to know this life-saving information.

This chapter focuses on life-saving information; this chapter can give you a plan of action.

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Preventing Opioid Deaths: Availability and Use of Naloxone

Medication is available that can counteract an opioid overdose, and it can help save lives. Carry and learn how to use naloxone/Narcan in the event you are nearby when someone has had too much heroin, fentanyl, or any prescription opioid medication.

The opioid crisis is devastating, but we have ways to reduce its impacts, including the death rate. Please prevent opioid misuse; share information about opioid treatment; carry Narcan; seek treatment; and pledge to inform others.



What Is Naloxone?

Definition

Naloxone is a life-saving medication that can counteract an overdose of opioids, including heroin, fentanyl, and prescription opioid medications. Naloxone/Narcan is available in most states without a prescription, is easy to use, and light to carry. Carrying naloxone with you can help save lives (CDC, 2023).

Naloxone is now available over the counter at Walgreens, other drug stores, and at some local grocery stores. It's about \$45/two doses. However, it is free in two Durham locations.

One is at the local Durham County Detention Center, 219 S. Mangum St., Durham, NC 27701 which is open 24/7, and another is free at the Durham County Public Health Center at 414 E. Main St., Durham, NC 27701 during business hours.

- Bystanders with naloxone can help save the life of a person who has overdosed on opioids.
- Those struggling with opioid use disorder (OUD) should carry naloxone and keep it at home. (80 percent of overdose deaths occur at home).
- Because you can't use naloxone on yourself, let others know you have it in case you experience an opioid overdose.
- Carrying naloxone is especially recommended for people who are taking high-dose opioid medications (greater or equal to 50 morphine mg equivalents per day), people who use opioids and benzodiazepines together, or people who use illicit opioids like heroin or fentanyl.

What Is Opvee?

Definition

New Prescription Nasal Spray is more effective than Narcan, especially with fentanyl overdoses. It's stronger and lasts longer but has more side effects.

For more information: "Opvee vs. Narcan: 6 Similarities and Differences Between These Opioid Reversal Medications" in *Good RX Health* by Jennifer Gershman & Stacia Woodcock (2023).



Recognizing Signs of an Opioid Overdose and How to Respond

What Happens during an Overdose?

Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural desire to breathe. During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death.

RECOGNIZING SIGNS OF AN OVERDOSE

(SAMHSA, 2023)



Sleepy,
Unresponsive



Shallow Breathing,
Gurgling, Snoring



Pinpoint
Pupils



Blue Lips,
Nails, Skin



Cold Clammy
Skin



Nausea,
Vomiting

RESPONDING TO AN OVERDOSE

(CDC, n.d.)

STIMULATION

Shout or call to the person to wake up. No response? Rub on center of chest with your knuckles. If there is a response, keep the person awake until help arrives.

GIVE NAXOLONE

Give naloxone. If still unconscious after 2-3 minutes, do rescue breaths again and give another dose of naloxone.

CALL FOR HELP

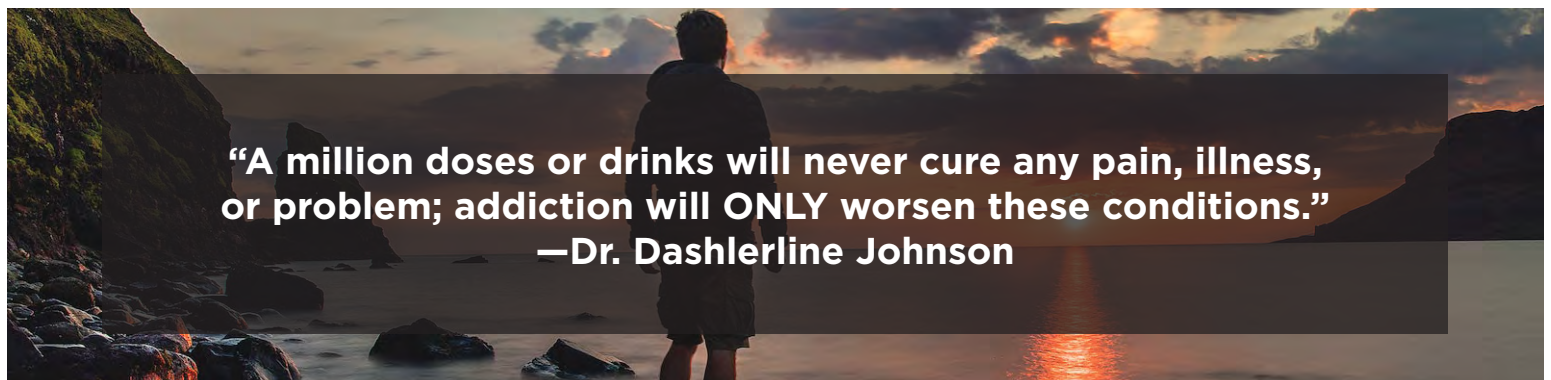
Call 911. Say: "A person has overdosed or is unresponsive."

RESCUE BREATHING

Make sure mouth is clear. Tilt head up and perform rescue breathing.

RECOVERY POSITION

Put person into recovery position. Angle head down in case of vomiting. Stay with person until help arrives



"A million doses or drinks will never cure any pain, illness, or problem; addiction will ONLY worsen these conditions."

—Dr. Dashlerline Johnson

Risk Factors

Several factors can increase a person's risk of overdosing.

1. Changes in tolerance may occur after not using opioids or using less of them, such as after in-patient treatment or incarceration.
2. Changes in the drug supply.
3. Mixing opioids with respiratory depressants or “downers,” such as alcohol or benzodiazepines (benzos), can slow down the central nervous system and can lead to extreme sleepiness, slow or difficulty in breathing, coma, or even death (DEA, 2020).
4. Mixing opioids with stimulants, such as cocaine and methamphetamine.
5. Having chronic health conditions such as HIV, hepatitis C, lung disease, heart disease, or other health concerns.
6. History of past overdoses.

Source: (Mass.gov. 2023)

Alcohol and Opioids: A Deadly Combo

A person who misuses alcohol has a greater risk of using at least one other substance, such as opioids, marijuana, cocaine, and heroin. Prolonged use of drugs and alcohol increases your tolerance, requiring more substances to achieve the same effects (Alcohol Rehab Guide: Recognizing a Drug and Alcohol Problem, May 2023).

Opioids and alcohol are both depressants that slow down breathing and impair judgment. Mixing them has a synergistic effect, meaning each substance is stronger when taken together than when taken separately, often leading to potentially fatal consequences, such as coma, brain damage, overdose, and death. Therefore, no amount of alcohol is considered safe when taking opioids.

Don't mix depressants (aka downers), including alcohol, opioids (heroin, morphine, oxycodone, hydrocodone, fentanyl), and benzodiazepines. Depressants can slow your breathing and increase your risk of death and other bad outcomes, such as damage to your brain and other organs. In other words, **DON'T DRINK WHEN YOU TAKE OPIOIDS.**

Mixing stimulants and depressants does not balance or cancel each other out. The results of combining drugs are unpredictable, often modifying or even masking the effects of one or both drugs, which may trick you into thinking that the drugs are not affecting you, making overdosing easier.

Standard Drink Sizes

ABV = Alcohol by Volume. Distilled Spirits are gin, rum, vodka, whiskey, etc.



12 oz.
5% ABV beer



8 oz.
7% ABV
malt liquor



5 oz.
12% ABV wine



1.5 oz.
40% ABV
distilled spirits



<https://www.cdc.gov/alcohol/CheckYourDrinking/>

Don't mix depressants (aka downers), including alcohol, opioids (heroin, morphine, oxycodone, hydrocodone, fentanyl), and benzodiazepines. Depressants can slow your breathing and increase your risk of death and other bad outcomes, such as damage to your brain and other organs. In other words:

DON'T DRINK WHEN YOU TAKE OPIOIDS.

Mixing stimulants and depressants does not balance or cancel each other out. The results of combining drugs are unpredictable, often modifying or even masking the effects of one or both drugs, which may trick you into thinking that the drugs are not affecting you, making overdosing easier.

Opioids + alcohol = BAD RESULTS, including (Geng, 2022):

- Respiratory depression and arrest
- Unconsciousness
- Cardiovascular risk
- Irregular heart rate
- Coma
- Nausea and vomiting
- Dehydration
- Changes in blood pressure
- Loss of coordination
- Dizziness
- Extreme lack of inhibition
- Unusual behavior
- Death

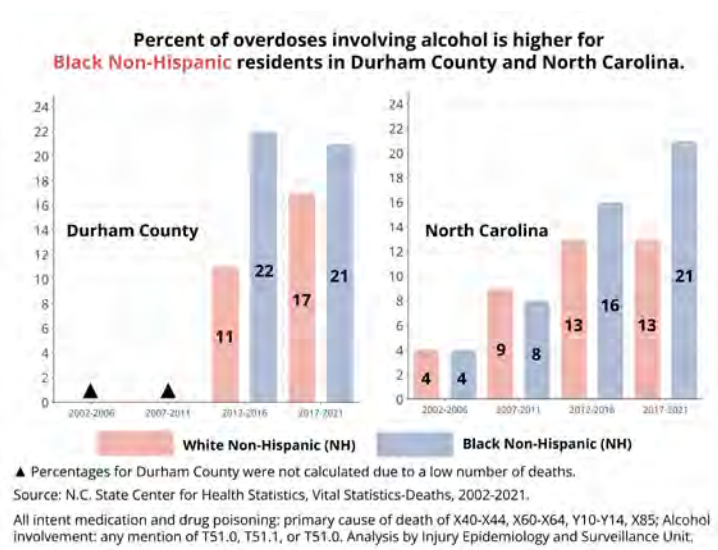
Stimulants + opioids =

Stimulants (also known as Uppers) include Ecstasy (MDMA), cocaine, methamphetamines, and amphetamines (speed).

- Fast/troubled breathing
- Increased body temperature
- Nausea or vomiting
- Chest pain
- Seizures or tremors
- Brain injury
- Liver damage
- Heart attack
- Stroke
- Death

Sources:

American Psychiatric Association (2022). *Diagnostic and Statistical Manual of Mental Disorders* (DSM), 5TR. American Psychiatric Association.
 Geng, Caitlin. (2022, Dec 7). What to know about alcohol and opioids. *Medical News Today*. Alcohol and opioid use: Risks, side effects, and more (medicalnewstoday.com)



Definition: Speedballing

Speedballing is taking cocaine and heroin together, which causes a “push-pull” reaction in the body that can be very dangerous. It is especially risky because it forces the body to process more types of drugs (<https://www.addictioncenter.com/drugs/illicit-drugs/>) simultaneously.

More about Speedball: <https://www.addictioncenter.com/drugs/heroin/speedball/>

5 Signs of an Opioid Overdose

If you see these signs, call 911.
If prepared, administer naloxone.



American Society of Anesthesiologists®:
<https://www.youtube.com/watch?v=US0jy7Xg3Gg>

What You Need to Know about Providing Medical Assistance

Under North Carolina's Good Samaritan Law, you may not be prosecuted for certain drug offenses under the following conditions.

- You seek medical assistance for someone experiencing a drug-related overdose by contacting the 911 system, a law enforcement officer, or emergency medical services personnel.
- You are the first person to seek medical assistance for the overdose victim.
- You provide your name to the 911 system or to a law enforcement officer upon arrival.
- Law enforcement officers were not already at your location executing an arrest warrant, search warrant, or other lawful search.
- Any evidence for prosecution of a drug-related offense obtained by a law enforcement authority was obtained because you sought medical assistance for a drug-related overdose.

Learn more about the Safe to Call campaign, which encourages teens and young adults to call 911 to help prevent deaths due to drug overdose and alcohol (More Powerful NC, n.d.).

Protect Friends and Family with Lifesaving Naloxone (CDC)



CDC: <https://www.youtube.com/watch?v=hM0wXoMTp1Y&v=US0jy7Xg3Gg>

You Need to Know

“Who Should Carry Naloxone?”

<https://www.asahq.org/madeforthismoment/pain-management/opioid-treatment/opioid-abuse/>

“Life-saving Naloxone” (April 21, 2023)

<https://www.cdc.gov/stopoverdose/naloxone/>

FDA approves first over-the-counter version of opioid overdose antidote Narcan

Younang et al., 2023; Help Keep Yourself and Others Safe (CDC, n.d.) Video.

Barriers to access include cost/affordability (\$45 – \$150), insurance coverage, and access, among others.

Fentanyl Test Strips (FTS)


Fentanyl test strips can detect the presence of fentanyl in drug samples. FTS are a reliable means of providing people at risk of fentanyl exposure with more information, which can decrease the risk of overdose. They cost \$1 or \$2 per strip, but may be free from local health departments.

 **Fentanyl**

 **No Fentanyl**

FTS may be obtained at your local health department, needle-exchange programs (that distribute clean syringes) in your community, and/or vending machines in some states.

Use instructions: Dip the BTNX strip into a sample of the drug dissolved in water. One line indicates that fentanyl is present. Two lines mean it is negative for fentanyl. (No line means the test is invalid).



Drugs impact many areas of life. Good treatment also needs to reach those areas.

Test Your Knowledge (answer yes or no)

1. You need a prescription to obtain naloxone (Narcan).
2. Pinpoint pupils, slow breathing, and pale or blue skin are all symptoms of an overdose.
3. Even prescription opioids can be dangerous, and anyone can become addicted.
4. It is safe to take opioids with other drugs.
5. Some side effects of taking opioids are increased pain sensitivity, constipation, nausea, vomiting, and depression.

Answers: 1 = No. 2 = Yes. 3 = Yes. 4 = No. 5 = Yes.

Communiversality Developed and Tested Toolkit for Opioid Abuse Abatement



Module 5

Understanding Treatment and Providing Support

This section is meant to be used by everyone but tailored toward treatment centers, families, and individuals needing resources and at risk.

Vital information about differences in treatment and other critical material. Be sure you pay attention here. This chapter can give you a plan of action.

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Understanding Treatment and Providing Support

OPIOID USE DISORDER is best treated by an integrated health care team that addresses both the patient’s physical and mental health needs. Effective care will include proper communication among team members, respect for the opinions of all healthcare providers involved, and prioritizing patient involvement in treatment decisions.

Opioid treatment is effective and requires nonjudgmental treatment providers, family members, and society. One person’s loss is society’s cost. Sometimes, people need more than one treatment for effective results—just like in cancer, and sometimes one treatment can last for years.

Signs of an Opioid or Substance Use Disorder

- A substance use disorder involving opioids causes significant impairment and distress;
- Unsuccessful efforts to cut down or control the use;
- Failure to fulfill obligations at work, school, or home, among other criteria;
- Overpowering desire to use opioids, increased opioid tolerance, and withdrawal when use has stopped.

Source: CDC, 2023

Important Things to Know about Treatment

- Treatment must be readily available.
- The earlier the treatment is offered, the better.
- Counseling/behavioral therapies are important.
- Treatment must be continually monitored and followed/linked.
- Mental health issues, common in people with Substance Use Disorder, should be addressed.
- Medically assisted detoxification is only the first stage of addiction treatment and does little to change long-term drug use.
- Treatment does not have to be voluntary to be effective.
- Family and peers are important to recovery.
- Many people who misuse opioids do not get treatment. They need to know about treatment options.
- **Medications (methadone, buprenorphine, or naltrexone) are helpful.**

Understanding Opioid Addiction Treatment and Types of Medications



Source: Mass General Brigham | <https://youtu.be/8iwL6R4cczA>

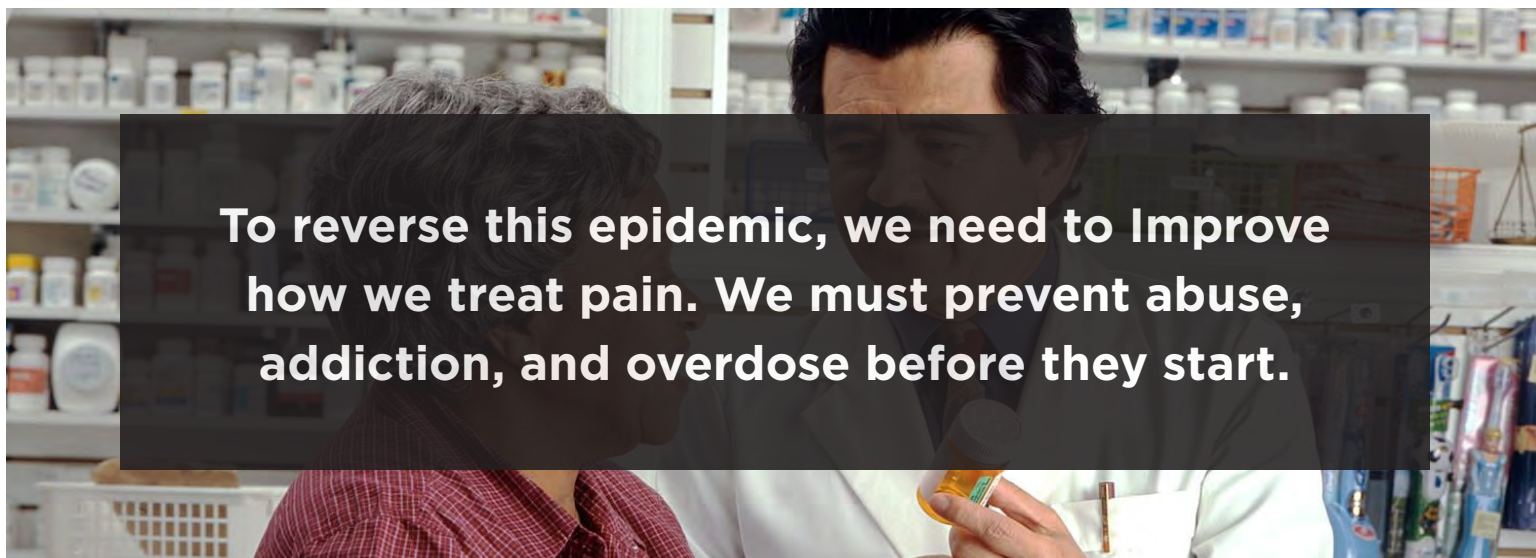
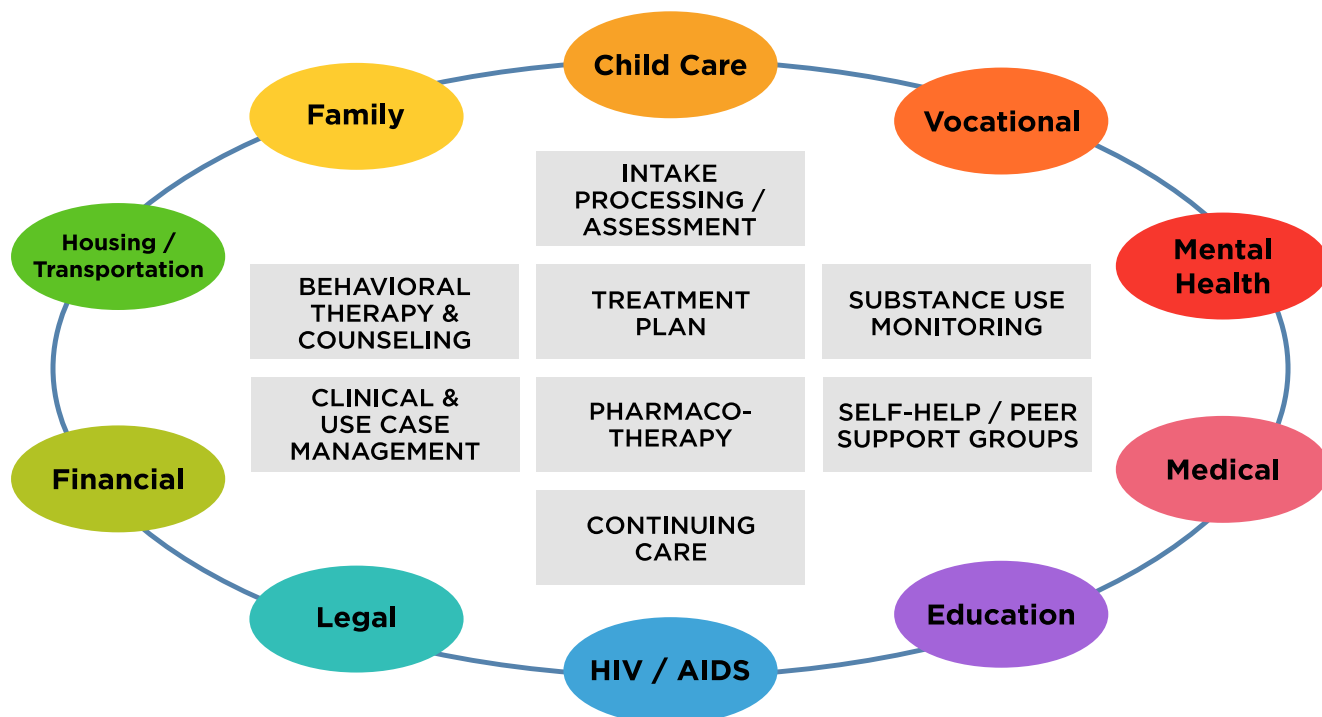
What Is the Treatment for Opioid Disorder?

Many Paths to Recovery

One size doesn't fit all. There are many paths to recovery. Treatment can look different for different people. For example, some get buprenorphine only. That's all they get. And that's helpful. Some get that plus counseling. Others get methadone. Some people choose abstinence. Just as there are many roads into overdose, there are many roads out — talk with your health professional and loved ones about what's right for you.

Elements of an Effective Treatment Plan

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient. Source: (NIDA, 2018)



To reverse this epidemic, we need to improve how we treat pain. We must prevent abuse, addiction, and overdose before they start.

Reversing the Epidemic

Integrated Health Care

The best treatment plans may need a variety of professionals:

- Nurses
- Social Workers
- Psychiatrists
- Therapists
- Doctors

Keys to Effective Health Care:

- Proper communication among team members
- Respect for the opinions of all healthcare providers involved
- Patient involvement in treatment decisions
- Prioritizing the patient's needs

Source: Robinson, 2023

Treatment Access

The Current State of Treatment

Do you have insurance, and do you know where you can go for treatment? Disparities in access to care and treatment for Black and African American people have persisted over time, according to Black Mental Health. Implementation of the Affordable Care Act has helped to close the gap in uninsured individuals; 11.5 percent of Black and African Americans versus 7.5 percent of White Americans were still uninsured in 2018. In 2018, 58.2 percent of Black and African American young adults 18 – 25 and 50.1 percent of adults 26 – 49 with serious mental illness did NOT receive treatment.

Ask your healthcare provider about a full range of options for MOUD (Medications for Opioid Use Disorder) available in North Carolina. The good news is Medicare expansion has passed NC. Medicare probably will pay for MOUD. Know your rights and ask for MOUD treatment if you are eligible.

- Approximately 90% of people with opioid use disorder (OUD) do not receive evidence-based treatment (Krawczyk et al., 2022).
- Only 27% of outpatient treatment programs offer medications such as buprenorphine, methadone, or Naltrexone for addictions (Drug Policy Alliance, 2022).
- Barriers to opioid treatment include affordability, lack of access, and stigma associated with Opioid Use Disorder (Saini, Johnson, & Qato, 2022) and mental illness (Novak et al., 2019).

FDA-approved Medications for Treating Opioid Use Disorder (OUD)

Methadone—replacement medication that suppresses or reduces cravings for opioids.

Buprenorphine—replacement medication that suppresses or reduces cravings for drugs being abused.

Naltrexone—blocking medication which binds and blocks opioid receptors for drugs being abused.

Medication-assisted Treatment Options for Opioid Misuse*

Methadone	Buprenorphine	Suboxone	Naloxone
Full opioid (agonist). Binds fully to mu-opioid receptors, allowing its effects to be fully felt.	A partial mu-opioid agonist, so while it binds to receptors, it does not produce the same intensity of effect as methadone and other full agonists.	Antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids.	An opioid antagonist, a medication that blocks opiate receptors, therefore blocking the effects of the opioid.
Methadone is a Schedule II controlled substance, indicating a higher misuse risk.	Buprenorphine is a Schedule III controlled substance with lower risk and generally has fewer requirements.	Suboxone is a Schedule III controlled substance with lower risk and generally has fewer requirements.	Exempt from Drug Enforcement Agency (DEA) scheduling
Synthetic	Semi-synthetic compound	Synthetic or semi-synthetic Contains both buprenorphine and naloxone™ and works to reduce withdrawal symptoms of dependence	Synthetic An antidote to reverse an opioid overdose
24 to 36 hours or half-life	36 to 45 hours/half-life	Lasts about 24 hours	4 mg, and repeat every 2-3 minutes in alternating nostrils until help arrives
Oral concentrate (10 mg/ml), oral solution (5 and 10 mg/5ml), tablet (5, 10, and 40 mg), injection (10mg/ml) and powder (50, 100, and 500 mg/bottle for prescription compounding).	Oral forms include a buccal film and sublingual tablets. Parenteral routes include a subdermal or subcutaneous implant and intravenous (IV) or intramuscular (IM) injections.	Film dissolved in the mouth Oral Pill Injection in the stomach	Nasal spray Injection
Higher risk of overdose- Need more supervision, more highs	Less risk of overdose due to the ceiling effect	Less risk of overdose due to the ceiling effect	No risk
Providers who have completed special certification through clinics Specialized Opioid Treatment Program (OTP) license	Any physician can prescribe buprenorphine in NC, but X-waiver for advanced practice providers (PAs) require them to take special training Easier to access than methadone	Doctors apply for specialized certification	Anyone can administer Narcan/ Naloxone
It can take weeks to reach a full therapeutic effect with methadone	It takes only a few days with buprenorphine to reach full effect.	It takes effect in about 20 to 60 minutes.	It takes effect in a couple of minutes (2-3) and lasts for about 30 to 90 minutes.
Moderate to severe protracted withdrawal systems/ fewer side effects	Mild withdrawal symptoms/more side effects	May result in acute withdrawal	Withdrawal symptoms may last as long as a month
Inexpensive	More expensive than methadone	More expensive than methadone	The nasal spray is more expensive than the injection.

* Footnotes are with the references for Module 5.

“Medication-Assisted Treatment Overview: Naltrexone, Methadone & Suboxone - The Partnership”



Partnership to End Addiction:
<https://www.youtube.com/watch?v=tMusvDyoIRI>

Mechanism of Action of a Partial Opioid Agonist



UBC CPD: <https://www.youtube.com/watch?v=qeVNcNf8orE>

Medications for Opioid Use Disorder: Myths and Misconceptions

(MOUD) / Medication Assisted Treatment (MAT) is harmful and perpetuates stigma, limiting recovery options and healing. FALSE.

MOUD/MAT just substitutes one addiction for another.

False. MOUD/MAT promotes healing and recovery by relieving withdrawal symptoms and reducing drug cravings. It can prevent relapse without causing a “high” to improve patient survival, increase retention in treatment, decrease illicit opiate use and criminal activity, and increase employment ability and maintenance (National Center on Substance Abuse and Child Welfare, 2021).

Quitting drugs is all about willpower.

False. Addiction is a medical disease that affects the brain and body. Opioids are highly addictive and change how the brain works. Many treatment programs supplement opioid withdrawal drugs with behavior therapy and support groups to address biological symptoms (SAMHSA, 2023).

You should not be on MOUD/MAT if you are pregnant.

False. Quickly stopping opioids during pregnancy can have serious consequences, including preterm labor, fetal distress, or miscarriage. Talk with your doctor about which drug is best for you. Women with opioid use disorder may have babies with NAS (Neonatal Abstinence Syndrome) or NOWS (Neonatal Opioid Withdrawal Syndrome). Close collaboration with the pediatric care team can identify and treat NOWS/NAS (SAMHSA, 2018).

MOUD/MAT should not be long-term.

False. Individuals’ treatment plans are created with their doctors, and the length depends on the person (Connecticut, n.d.). People may safely be on MOUD/MAT medications for months, years, or even a lifetime. Shortening or extending treatment should always be discussed with one’s provider first before stopping treatment.

Opioid Treatment Has a Racial Component

- Whites are more likely to be treated than Blacks (45.7% vs. 32.2%) and are more likely to receive physical therapy (Chen et al. 2005).
- Black and Hispanic patients receive a lower dose of opioids than their White counterparts (Morden, Chyn, Wood, & Meara, 2021).
- Blacks with non-fatal overdoses are half as likely to obtain follow-up appointments for OUD care after discharge from the emergency room (Kilaru et al., 2020).
- Access to methadone and buprenorphine showed racial segregation and predicted differences in access to both medications (Goedel et al., 2020).
- Language barriers compound the issue in the Hispanic and Latino community, according to Dr. Pierluigi Mancini (Adams, 2021).

Stigma and Treatment: How to Correct



The Substance Abuse and Mental Health Services Administration (Wood & Elliott, 2020;) suggests that individuals may be misinformed and/or biased about opioid use disorders. Treatment providers and concerned individuals should provide accurate information about the nature of addiction and the role of brain functioning to address myths and presumptions about addiction and recovery.

It is important to clarify the medical nature of opioid addiction as a chronic illness responsible for hijacking chemicals in the brain. This is a message that should be communicated in counseling sessions and educational sessions in the community.

Treatment For Special Populations

Infants

Infants born to women who use opioids are likely to have physiological disturbances and low birth weight (Stein, 2022).

- Using opioids during pregnancy may cause early labor, fetal distress, or miscarriage
- Infants born to moms using fentanyl may have small heads, webbed fingers, genital abnormalities, and other peculiarities (Edwards, NBC News, 2023, Dec. 5). Doctors have found, in a dozen cases, a probable association between fentanyl use and these babies' development and have ruled out genetic causes but have not been able to establish a causal relationship with fentanyl truly. More studies are needed to determine if there are other agents or a mixture of them and other causes which could explain these defects. In the meantime, pregnant mothers are advised not to use fentanyl.
- Pregnant women need supervised withdrawal.
- Babies should be monitored for Neonatal Abstinence Syndrome (NAS) and be referred to services as needed.
- Breastfeeding is usually encouraged for newborns with NAS.
- SAMHSA's National Helpline at 1-800-662-HELP (4357) provides guidelines for managing the care of infants with long-term opioid exposure during pregnancy.



Fentanyl exposure during pregnancy possibly linked to new medical syndrome in babies.

Source: Mass General Brigham | <https://youtu.be/8iwL6R4cczA>

Pregnant Women

Treatment for Pregnant women:

- Current clinical recommendations for pregnant people with OUD include medication for opioid use disorder (MOUD) rather than supervised withdrawal due to a higher likelihood of better outcomes and a reduced risk of relapse (CDC, September 2023).
- Healthcare providers and pregnant people with OUD should work together to manage medical care during pregnancy and after delivery.
- Coordination of care between a prenatal care provider and a specialist with expertise in opioid use helps avoid problems for pregnant people and their babies.
- Methadone and buprenorphine are first-line therapy options for pregnant people with OUD, along with behavioral therapy and medical services.
- While some treatment centers use naltrexone to treat OUD in pregnant people, information on its safety during pregnancy is limited.
- If a woman is stable on naltrexone before pregnancy, continuing naltrexone treatment during pregnancy should involve a careful discussion between the provider and the patient.

Those who run prisons, jails, and detention facilities, including juvenile facilities

Those Released from Prison

Conflicting Factors

- A lack of in-prison substance treatment feeds the growing opioid crisis.
- Former opioid users in prison may have developed a lower tolerance to the drug. Therefore, when they use it again, their body cannot tolerate the level of drugs they were used to before and many die from overdoses.

Targeted Programs

- Addiction Treatment for Incarcerated Persons - North Carolina Opioid Settlements (ncopioidsettlement.org)
- Methadone and MAT programs are needed in prisons and jails
- Welcome Home aims to reach prisoners sixty days before release to generate trust and a post-release game plan.
- Formerly Incarcerated Transition (FIT) Program connects formerly incarcerated individuals who have a chronic disease, mental illness and/or substance use disorder with health care services and other resources.
- Reservoir of Hope provides housing for men who have recently been released, wrap-around services, and mental health counseling.
- Religious Coalition for Non-Violent Durham. Drew Doll, Reentry and Reconciliation Coordinator. reentry@nonviolentdurham.org

Should do the following:

- Assess mental health, especially suicide risk and follow up. Be sure there is sufficient staffing to allow for the follow-up.
- Provide mental health services.
- Offer MOUD for those with substance problems.
- Promote visitation.
- Encourage communication with the inmates/juveniles.

- Coming Home—A Justice-Involved Permanent Supportive Housing Program. Email: ncreferral@rhd.org. Phone: (919) 755-1335.
- Local Reentry Council. 326 East Main Street, Durham, North Carolina 27701. Phone: (919) 560-7589. Email: durhamlrc@dconc.gov. Website: <https://www.dconc.gov/county-departments/departments-a-e/criminal-justice-resource-center/durham-local-reentry-council>

For returning citizens

- Provide housing, jobs, and healthcare linkages, including mental health services, before the person leaves prison, and set up mental health follow-through.
- Remind them that alcohol intensifies the impact of substance misuse and is likely to kill them.
- Peer support is vital. Make the link with peer supporters during the incarceration and follow through to see prisoners follow through when they are out of confinement.
- Establish these links while the person is still incarcerated.

Medical Intervention

Health problems are frequent in individuals with SUD including HIV, hepatitis A, B, & C. Sexual side effects are also common. Other chronic health conditions such as lung disease, heart disease, cancer, and other illness may exacerbate the problem. They must be addressed concurrently, using a whole-person approach.

Overdose risk factors

- Mixing opioids with respiratory depressants or “downers” such as alcohol or benzodiazepines.
- Mixing opioids with stimulants or “uppers” such as cocaine or methamphetamine.
- History of past overdoses.

Source: Opioid Overdose Risk Factors <https://www.mass.gov/service-details/opioid-overdose-risk-factors>

Veterans

Factors that Can Affect Veterans:

Opioid misuse issues | Chronic pain | Stress | Traumatic experiences

Veterans benefit from services delivered by individuals who share key experiences or similar backgrounds (Peer Support). They may need help connecting to the Veterans Health Administration Interventions. Services for veterans should incorporate the perspectives and voices of veterans with the lived experience of substance use.

Veteran's Crisis Line: 1 (800) 273-8255

Housing Intervention

Participants noted that being discharged to live on the streets or to a shelter without placement in a recovery house created many challenges and that many people face triggers for their opioid use when they do not have a place to go after inpatient detox (David et al., 2022).

Some participants reported that without a plan in place, they were unable to get the support they needed to successfully complete crucial next steps on the road to long-term recovery (David et al., 2022).

Some participants identified safe and stable housing as an important factor for success and discussed using treatment as a means to get help with housing instability. Assistance in securing stable housing would allow individuals to focus on recovery from substance use (David et al., 2022).



Mental Health Intervention

About 51.4% of the total opioid prescriptions distributed in the United States each year were written for people with a history of anxiety or depressive disorders, (Davis, Lin, Liu, & Sites, 2017).

Those who are suffering from pain often have anxiety and depression. Many struggle to cope with daily stressors or past trauma. Mental health therapy can help a person:

- Become motivated to change
- Develop an understanding for why we abuse substances
- Develop problem-solving skills
- Help reduce or stop drug abuse
- Replace drug use with new healthy activities
- Refine or develop effective skills for rebuilding relationships
- Build a support network

Group therapy can help you know that you are not alone. Peer support programs can help maintain abstinence.

Post-overdose Response Team (PORT)

The overdose follow-up program allows agencies to visit a recently overdosed person (within 24–72 hours). According to the North Carolina Harm Reduction Coalition (NCHRC), a follow-up visit within days of a naloxone reversal provides the following:

- Opportunity to direct people to harm reduction services and/or treatment to reduce or stop substance use
- Opportunity to provide naloxone, overdose prevention training, and prevention materials
- Opportunity for stakeholders to work together to reduce overdose mortality

Source: North Carolina Department of Human Services: Post Overdose Response Toolkit (PDF)
<https://files.nc.gov/ncdhhs/Post-Overdose-Response-Toolkit.pdf>

Relapse Prevention Strategies Help People Stay in Treatment

Top Relapse-Prevention Strategies

- Self-care
- Address common withdrawal symptoms including insomnia and fatigue
- Assess HALT (Hungry, Angry, Lonely, and Tired)
- Practice Mindful Meditation habits, anger, etc.
- Identify Your Triggers: They may include boredom, stress, money problems, relationship issues, certain sights or smells, certain people or places, falling into old
- Join a Support Group, either online or in-person
- Use Grounding Techniques
- Breathe Deeply

Source: Parisi, Theresa, “The Top 10 Relapse Prevention Skills,” October 24, 2019. Addiction Center.

Complementary/Alternative Health Approaches for Chronic Pain

Rather than taking opioids to treat chronic pain, a person may try other ways to reduce pain such as acupuncture, hypnosis, massage, mindfulness meditation, music-based interventions, spinal manipulation, tai chi, qigong, and yoga.

- Some people have found relief by using the TENS unit (TENS, NHS, 2022). Transcutaneous electrical nerve stimulation (TENS) is an easy-to-use pain relief method using a mild electrical current connected to sticky pads (electrodes).
- To learn more about chronic pain alternative treatments, visit: <https://bit.ly/3vsPGcp>
- For dietary supplement recommendations, visit <https://www.nccih.nih.gov/health/dietary-and-herbal-supplements>

Transportation to Treatment

Modes of transportation within Durham County include:

- GoDurham and GoTriangle (Public Transportation in Durham County through both fixed-route bus service and ACCESS demand-response van service) 919 – 485-RIDE.
- GoDurham ACCESS (Durham County contracts to provide transportation options for qualified individuals for medical, employment, human services, government, and personal care trips)

Wisdom Care Transportation (specializes in Non-Emergency Medical Centers Transportation) needs, from airport transfers to transportation to medical, chemotherapy, dialysis, adult day centers, etc. Medicaid accepted.

Duke Regional: (919) 470-4000 Duke ER only does referrals and assessments.

NC Specialty Hospital: (919) 514-1700.

Lincoln Community Health Center: (919) 956-4000



Harm Reduction

- Meets people who use drugs (PWUD) where they are at
- Aims to prevent overdose and infectious disease transmission
- Offers low-threshold options for accessing substance abuse treatment and other health care services
- Emphasizes the need for humility and compassion toward those who use drugs
- Helps prevent acute life-threatening infections related to nonsterile drug injection and chronic diseases like HIV

Fentanyl test strips (FTS) can detect the presence of fentanyl in drug samples before use.

Sources:

Centers for Disease Control (CDC), National Harm Reduction Technical Assistance Center. <https://harmreductionhelp.cdc.gov/s/>

Krawczyk, N., et al, 2022. "Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of drug users." *Harm Reduction Journal*, 19(1).

Substance Abuse and Mental Health Services Administration (SAMHSA) (April 24, 2023). Harm Reduction. <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

Harm Reduction Principles: Ryan White HIV/AIDS Program TargetHIV. <https://www.youtube.com/watch?v=UXdLsyuQATk>

Support Community Efforts

Recommendations and Resources

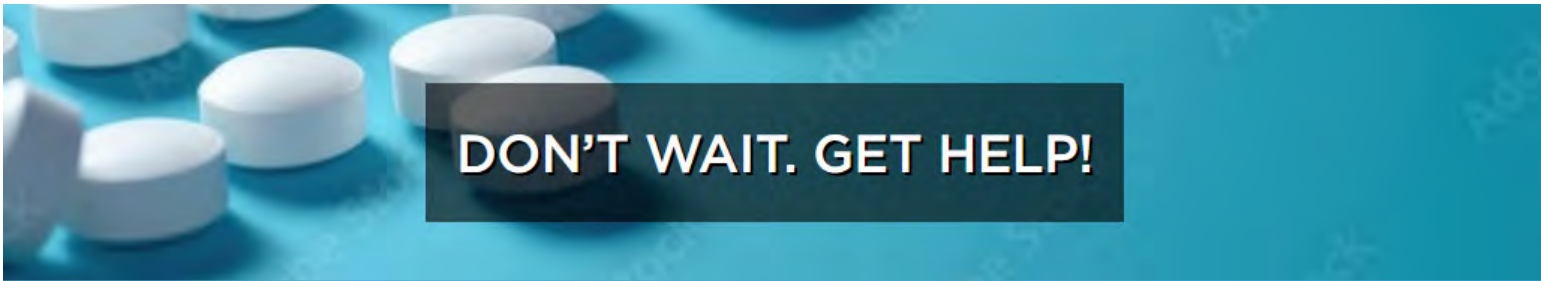
Starting the Conversation

<https://opioid-abatement.com/wp-content/uploads/2023/10/starting-the-conversation-guide.pdf>

Helping a Loved One Deal with Mental Issues and/or Substance Misuse Disorder (n.d.)

https://opioid-abatement.com/wp-content/uploads/2023/10/samhsa_families_family_support_guide.pdf

Source: (SAMHSA, 2023)



If you or a family member needs help with a mental health or substance use disorder, try one of the following:

- Call SAMHSA's National Helpline at 1 – 800-662-HELP (4357) or TTY: 1 – 800-487-4889,
- Text your zip code to 435748 (HELP4U)
- Resources for Families Coping with Mental and Substance Use Disorders (SAMHSA): <https://www.samhsa.gov/families>
- Find treatment options at <https://findtreatment.gov/>
- Refer to the resource guide for many services around Durham.

Test Your Knowledge (answer yes or no)

1. Opioids change how your brain works.
2. It's okay to combine opioids and alcohol as long as it is in very small amounts (less than 1 drink).
3. The FDA has approved three opiate withdrawal medications.
4. Everyone has access to opioid treatment.
5. Treatment should be closely monitored.

Answers: 1 = Yes, 2 = No, 3 = Yes, 4 = Yes, 5 = Yes.

Call to Action

Make a Pledge to Do Something Today


The Solution Is in Collaboration

It takes the right policies, funding, and open hearts to form a collaborative to sustain people when they cannot help themselves.

Medication-assisted therapies, harm reduction, mental health, peer support services, and state and governmental support offer communities some hope for addressing the opioid crisis.

Make a commitment to following and linking patients to much-needed services after inpatient/detox to outpatient treatment and into their communities.

Work with your local school district to mentor and supervise students so they can overcome adverse childhood experiences (ACEs).



True healing comes from sharing our knowledge and supporting the vulnerable among us. We must form connections within families, friends, and communities in an effort to promote healing.

Often people with opioid addiction have lost a lot. They experience...

- A compromised ability to make life-sustaining decisions.
- Burned bridges with their families, friends, and community.
- Unemployment and/or homelessness.

YOU CAN MAKE A DIFFERENCE!

Here are some strategies you can use with families and neighbors.

- Inform yourself about opioids. The more you know, the more you can help save lives.
- Handle prescription pain medication with care. Safely remove excess medication from your home and encourage others to do the same.
- Lend a listening ear to an at-risk teen. Help them channel their time and effort into a community-building cause or project.
- Learn the signs of opioid misuse, withdrawal, and overdose.
- Carry Narcan; learn how and when to use it.
- Learn ways to motivate people to join in this effort.
- Help with treatment referral when needed.
- Share our resources.

Appendix A: References

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**“The individual choices we make tend to reverberate into the world in which we live.
One person’s loss is the society’s cost. Thus, make wise choices.”**

—Dr. Dasherline Johnson