

OVERDOSE PREVENTION

**COMING TOGETHER TO STOP
AN OPIOID EPIDEMIC**

10 Things to Know About Opioids

What they are,
Why they can be dangerous,
And what you can do to prevent abuse.

The following information is from a 2018 – 2019 Snohomish County Overdose Prevention Guide put together by the Snohomish County Health District.

KNOW YOUR MEDS, LOCK YOUR MEDS

You may hear the word "opioid" thrown around a lot, and news headlines about the opioid epidemic are now commonplace. While you may be familiar with the word, can you spot an opioid in your own home? If they are in your home, what should you do to help prevent opioid misuse and abuse? Knowing more about your medications, or the medications used by your loved ones, is the first step to becoming more aware of the risks that opioids present.

THE BASICS ON OPIOIDS

Opioids are a class of drugs that include prescription medications and illegal substances, such as heroin. There are three categories of opioids: opiates, semi-synthetic, and synthetic opioids. Opiates are naturally occurring drugs that are derived directly from the opium poppy plant. Semi-synthetic opioids are a combination of these naturally occurring drugs and man-made components. Synthetic opioids are produced entirely by people in a lab. The majority of opioids prescribed by healthcare providers are semi-synthetic. These include hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), hydromorphone, and oxymorphone (Opana). All opioids interact with the body in the same way. By attaching to receptors in the brain and other organs, opioids can block pain signals from reaching the brain. That's why these medications often are prescribed for chronic pain, including pain associated with cancer, or for acute pain, like that following a surgery. Along with reducing pain, opioids increase pleasure by releasing the "feel good chemicals" in the brain. This increase in pleasure provides the basis for the slippery slope toward addiction.

OPIOIDS VERSUS HEROIN

Heroin was created in the late 1800's, as what was thought to be a "safer" alternative to morphine. Heroin is typically injected, rather than swallowed, snorted or smoked like other opioids. However, the molecular structures of heroin and prescription opioids are so similar that the brain cannot tell the difference. What can? Your wallet. Prescription opioids can be \$80 or more per pill on the street, while heroin may be as low as \$10 per hit.

HOW OVERDOSES HAPPEN

Too much of an opioid - which varies based on the individual, length of time using, and what the drug is made out of - overwhelms those brain receptors and depresses the central nervous system. This slows the breathing to the point that vital organs begin to shut down. If an overdose is not reversed in time, a person's body will simply shut down and breathing will stop. It can be difficult to tell if a person is just very high or experiencing an overdose. If you're having a hard time telling the difference, it is best to treat the situation like an overdose - it

could save someone's life.

DANGEROUS DRUG INTERACTIONS

It is important to know whether the medication you have been prescribed is an opioid. Individuals taking opioids can have negative interactions with other drugs being taken, specifically benzodiazepines and alcohol.

Benzodiazepines, including Xanax and Valium, often are prescribed for anxiety and insomnia. They slow down body functions. When benzodiazepines are combined with opioids, the risk of over-dose drastically increases. This is because both types of medications suppress breathing. When mixed together, they may cause you to stop breathing entirely. Alcohol acts in a similar way, so be sure to restrict alcohol use while taking prescription opioids.

Another thing to know about your opioid prescription is the proper dosage. Talking to your doctor or pharmacist will help you know exactly when to take your medication and how much you should take. It is recommended that you should take the lowest dose possible for the shortest amount of time to reduce the chance of your body building a tolerance to the medication.

PRESCRIPTION MISUSE AND ABUSE

A study conducted by the University of Washington's Alcohol & Drug Abuse Institute found that of those drug injectors who had used heroin within the past three months, 57 percent reported being "hooked on" prescription opioids before trying heroin. If you have an opioid prescription, it is important to take your medication exactly as prescribed and as directed by your doctor. Improperly using your own prescription is called "prescription misuse" and when that prescription is for opioids, this practice can be very dangerous. Taking too many pills, taking your medication too frequently, and taking your medication for longer than prescribed all can be considered prescription misuse. Taking pills that are not prescribed to you or seeking prescriptions for fake conditions would be examples of prescription abuse. Misusing and abusing opioid prescriptions can lead to substance use disorder, as well as an increased risk of overdose.

SAFELY STORING YOUR MEDICATIONS

Taking a prescription opioid puts you at risk for prescription theft. Prescription opioids are commonly abused. Safely storing your medications can prevent them from falling into the wrong hands. A great way to ensure that your prescriptions are secure is by placing them in locking medicine cabinets, small lock boxes, and portable lock bags or locking pill bottles. These can be purchased at some local pharmacies, large retailers including Amazon and Walmart, as well as independent online businesses

such as Safer Lock Rx, LockMed and Cardinal Bag Supplies.

TAKE BACK UNWANTED MEDS

How many times have you looked at a leftover bottle of prescription medication and thought, "I'll keep these just in case I get sick again later?" Or maybe you know a person whose medicine cabinet looks like a commercial pharmacy? Perhaps you felt like getting rid of medications was more of a hassle, and just stuck the expired or unused bottle back on the shelf? The enormity of the opioid crisis can feel overwhelming, especially with headlines warning of increased overdoses and deaths. As simple as it sounds, however, keeping current medication safely stored or locked away and quickly disposing of unused medication is a way for you to help fight the opioid epidemic.

RISKS OF IMPROPER STORAGE OR DISPOSAL

About one-third of medicines sold to consumers go unused. Storing unwanted or expired medicines in our homes contributes to the epidemic of medicine abuse and preventable poisonings in our community. Improper disposal of medicines down the drain or in the household trash adds to pharmaceutical pollution in the environment. Taking unused, unwanted, or expired medications to a secure medicine return kiosk ensures they will not fall in to others' hands or end up polluting local waters. Here in Washington, 26 percent of poisonings and deaths were caused by someone else's over the counter medications. Another 32 percent were caused by someone else's prescription medications.

PHARMACEUTICAL STEWARDSHIP PROGRAMS

Disposing of unwanted medication is as simple as entering a zip code on the MED-Project website to locate a kiosk. These new kiosks are located in pharmacies, grocery stores and police stations near you. Don't have a location nearby, or can't drive? You can call the hotline at 1-844-MED-PROJ or visit the mail-back page of the MED-Project website to request a pre-paid envelope to return your unwanted or expired medicine. Home healthcare professionals providing services to differentially-abled or home-bound residents may also request an envelope on behalf of their client(s).

THE DO'S AND DON'TS OF SECURE MEDICINE RETURN

Before disposing of your medicines, be sure to remove all personal identification from the bottle such as your name and prescription number. Medications can be disposed of in their

original packaging or in a sealed bag. If you transfer your medications to a sealed bag, recycle all remaining packaging.

MED-Project kiosks do not accept herbal remedies, vitamins, supplements, cosmetics, other personal care products, compressed cylinders, aerosols, inhalers, medical devices, pet pesticide products, illicit drugs and iodine-containing medications. Sharps are also not accepted and should be properly disposed of in a sharps container.

Safely disposing of your unwanted or expired medication can make a difference in your community.

LEARN ABOUT ADDICTION

Getting a fix. Chasing the dragon. These are just some of the street terms for using heroin, but they illustrate a thought process that perfectly describes what it means to struggle with addiction. The drugs become your singular focus. Research also shows that 1 in 4 people who try heroin becomes addicted.

So why is it that opioid addiction-or as it's more appropriately referred to, opioid use disorder-becomes so all-consuming? To answer that question, we reached out to Dr. Caleb Banta-Green, principal research scientist with the University of Washington's Alcohol and Drug Abuse Institute to help us unpack a little more about the science of addiction.

OPIOIDS AND YOUR BRAIN

It took several decades before researchers learned that opioids caused permanent changes to the brain's opioid receptors. Your brain becomes hard-wired to seek opioids to maintain its new normal. For some people, this happens in a matter of days. "Opioid use disorder causes measurable changes in the brain. It's a real thing that you can see," says Banta-Green. "It's a biological condition that's driving behavior. While it looks like a person making bad choices over and over, it's really about the brain being hijacked by the drug."

Prescription opioids release much higher levels of the chemicals than what our bodies naturally produce, so they can overwhelm our system and bind to places they shouldn't. Binding to some of these other receptors can completely eliminate the sensation of pain, creating drowsiness, mental confusion, and nausea, as well as euphoria.

Naloxone, also known as Narcan, is the life-saving drug that can reverse an overdose. It is not

addictive, nor can it cause harm if administered. Some skeptics believe that naloxone is a crutch that just enables users to keep using. Not so, says Banta-Green. "Naloxone puts them in sudden, acute withdrawal. This is the last thing they want, and precisely why they use opioids... to avoid withdrawal." Banta-Green also points to a recent study done at Harborview that showed "no evidence that providing naloxone increases overdose or opioid use risk behaviors."

DEPENDENCE VS ADDICTION

A person who uses opioids on a regular basis can develop a tolerance, feeling like they need to take more in order to feel "normal." Dependence is when a person's body has begun to develop a tolerance to a drug, and more and more of that drug is needed to get the same effect. If the drug were to be stopped, the body would begin to go through withdrawal. This can happen even if the drug is taken as directed by a doctor.

Addiction, however, is when an individual becomes physically unable to stop taking a drug even though that drug use is causing negative consequences. It is important to note that opioid addiction is not a moral failing, but a chronic disease. Just as you would do for a heart condition or cancer, finding the right mix of treatment options and services is crucial.

Another similarity to heart conditions or cancer is the random nature of how addiction can happen. For some, there were adverse experiences in child- or adulthood that caused emotional or physical trauma (current or past). These events lead to an increased risk of any substance use disorder. For others, they were born and genetically geared to either like opioids and feel "normal" on them, or they simply don't. The tricky part is that you won't know which camp you fit into until you try an opioid for the first time.

TREATING ADDICTION

Opioid use disorder is 100 percent preventable, but it's also 100 percent treatable. The first and most effective is medication assisted treatment (MAT) with buprenorphine and methadone. People can be on those medications and in recovery, with an added bonus of reducing death by 50 percent.

"With illicit opioids, you don't know what you're getting and they're short-acting. Your brain and body have been hijacked, and you are in a life that is a physical, mental and emotional roller coaster," says Banta-Green." MAT gets you to a steady ground to help get you through the day, rather than looking for a fix every few hours. Medications don't fix everything, but they're a big start."

KNOW HOW TO HELP

When someone you care about is struggling with a substance use disorder, it can be difficult to know how to help. Here are some tips and information to help you with that person struggling in your life.

BE SUPPORTIVE, WITH BOUNDARIES

There is a difference between supporting (helping) and enabling. Supporting someone in recovery requires clear boundaries to be set with both the user and non-user. Clear communication on what the boundaries are and sticking to them will help eliminate enabling.

You can also help by:

- Encouraging recovery and treatment
- Being honest without blaming
- Respecting privacy
- Communicating clearly
- Having realistic expectations and realizing there may be difficulties
- Learning about resources that can be a help to the person that is struggling
- Always loving and never giving up

HELP YOURSELF

Self-care is an important aspect of helping someone with a substance use disorder. What are things that you like to do? Read, take a walk, have coffee with a friend, or have a massage. Perhaps attending Al-Anon, Alateen, or Nar-Anon, or attending some counseling for yourself would be beneficial. If we don't take care of ourselves and allow our needs to go unmet, it is difficult to help someone else.

HELP OTHERS

While we are working to reduce the stigma around addiction, it still exists. Families and friends that are helping a loved one struggling with opioid use disorder can often feel guilty, isolated and ashamed. You don't need to be trained to help; you just need to be there.

In a recent article, The Partnership for Drug-Free Kids' president and CEO Fred Muench shared what he hoped others had done for his family while he was actively using. "When I was in the grips of active heroin addiction, I wish people who knew would have reached out to my family. It would have meant the world to them. They wouldn't have felt so alone." Dr. Muench goes on to suggest that "if you know a family touched by active addiction, reach out and offer them the

support you would for any family with a chronic medical condition."

CONNECT WITH TREATMENT OPTIONS

Another way to help is to learn about harm reduction. For those still using or waiting on treatment openings, find out if your county has a Syringe Exchange. They often offer health care services for drug users, as well as treatment referrals. There is evidence that people with an opioid use disorder are more successful in recovery if they have treatment combined with medication assisted treatment (MAT), like suboxone, Vitrol and methadone. Being supportive of the persons treatment needs is important and can improve the chance of their success.

Gaining understanding of resources is valuable to be able to support a person seeking treatment assistance. Check with your local health district to find if they have a contact telephone number for assistance in setting up both a mental health and a substance use disorder assessment. Encouraging the person seeking help to call can be instrumental in them taking that first step to finding the help they need.

HOW TO STOP AN OVERDOSE

Learning the signs and symptoms of an overdose is so helpful (see below), as well as having naloxone in your home. Naloxone, also known as Narcan, is an opioid overdose reversal drug that can be purchased at many pharmacies in the county. It can be administered through a nose spray or injection, and improves the chance for the person overdosing to breathe until emergency services arrive and transport the person so they can receive the medical care they need. Having Narcan in the house is similar to having a fire extinguisher; you hope to never need it but will be glad to have it if you do.

SIGNS AND SYMPTOMS OF AN OVERDOSE

The typical signs of an overdose include:

- Loss of consciousness
- Unresponsive to outside stimulus
- Awake, but unable to talk
- Breathing is very slow and shallow, erratic, or has stopped
- Bluish purple skin tone (light skin), or grayish/ashen (darker skin)
- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle")
- Vomiting
- Body is very limp

- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- Pulse (hearbeat) is slow, erratic, or not there at all

If someone is making unfamiliar sounds while sleeping, it is worth trying to wake him or her up. Many loved ones of users think a person was snoring, when in fact the person was overdosing. These situations can be a missed opportunity to intervene and save a life.