

**Opioid Overdose Recognition and
Naloxone Administration for Community
Health Workers & Representatives**

WORKBOOK

**Created by
The University of Arizona Center for Rural Health**



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



ARIZONA DEPARTMENT
OF HEALTH SERVICES



AzCHOW
Arizona Community Health Workers Association



Introduction

This workbook is intended to guide you through activities related to the Overdose Recognition and Naloxone Administration training. It includes resources to help you and your clients navigate substance use prevention, intervention, and treatment best practices. More resources can be found at the end.



Community Health Worker/Representative and Core Competencies:

- Communication
- Relationship Building
- Service Coordination
- Capacity Building
- Outreach
- Knowledge Base

American Public Health Association Definition: “A community health worker is a front line public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

Save a life. Carry Naloxone.


- Call 911 if you suspect someone is having an overdose.
- After giving them Naloxone, give the person space as they can react, but do not leave them alone.
- Stay with them until help arrives.

The magnet shows three images for administering nasal naloxone and two images showing the recovery position.



Administering. The first image shows the naloxone nasal device. The second shows it inserted into the nose. The third shows the naloxone plunger being pushed to release the medicine.

Recovery position. The first recovery image shows someone rolling the person on their side. The second image shows the person on their side with their opposite side arm under their head and the other arm facing up. The same side leg is stretched out and the opposite side leg is angled to prevent them from rolling on their back.

How to give Naloxone (Nasal)





CALL 911.
Open Naloxone.



Give Naloxone.
Slowly insert the nozzle into the nostril and press the plunger.


Recovery Position



Monitor the person.
If no improvement after 2-minutes, give more naloxone. If improvement, put into the **recovery position** and give them space.

Keep an eye on them and wait for help to arrive.
Make sure they are not left alone.

For more go to: aznaloxone.org



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

We would like to thank our community partners for contributing efforts to this project. Thank you to the Arizona Community Health Worker's Association, Arizona Advisory Council on Indian Health Care, the Arizona Rural Women's Health Network, the Arizona Prevention Research Center, the Arizona Department of Health Services, and other contributing partners!

Suggested Citation: Cameron E, SantaMaria B, Losoya M. & Horn, J. 2023. Opioid Overdose Recognition and Naloxone Administration for Community Health Workers & Representatives Workbook. The University of Arizona Center for Rural Health. crh.arizona.edu/programs/naloxone

The material presented here was supported by Grant number CDC-RFA-CE19-1904 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Updated August 2023

Table of Contents

Introduction	
Community Health Worker/Representative Core Competencies.....	i
Signs of an Opioid Overdose: <i>Learning Objective 4</i>	1
Learning Objectives	2
Define terms: <i>Learning Objective 1</i>	
Activity: Definitions Worksheet	3
Activity: Change the Language by Role Modeling	4
How can you tell if your prevention messages are stigmatizing?.....	5
Trauma & Substance Use: <i>Learning Objective 3</i>	
Adverse Childhood Experiences.....	6
ACEs can be Prevented.....	7
How to use Naloxone: <i>Learning Objective 5</i>	8
Don't Run. Call 9-1-1. Good Samaritan Law.....	9
Aftercare & Referral Resources: <i>Learning Objective 6</i>	
Activity: Resources.....	10
OAR Line	11
Arizona 2-1-1.....	11
Dump the Drugs AZ Campaign.....	12
Overdose Prevention Tips.....	13
If someone is willing to seek help.....	14
Reduce the Risk: <i>Learning Objective 7</i>	
Harm reduction tip sheet	15
Resources	
Naloxone Decision Tree.....	16
Arizona: Statewide Opioid Resources	17-18
Check Your Shelf	19
Chronic Pain Management Tips	20-21
Brand & Generic Names for Prescription Opioids.....	22
Answer Key	23
Aftercare guidance	24

SIGNS OF AN OPIOID OVERDOSE



Unable to wake

**Blue/pale skin/
lips/nails**



**Breathing is
shallow/absent**

Pinpoint pupils

How to Respond to an Opioid Overdose:

- 1. Sternum Rub**
- 2. Call 911**
- 3. Give Naloxone**
- 4. Rescue Breathe**



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

Training: Overdose Recognition & Naloxone Administration

Learning Objectives:

1. Define terms such as adverse childhood experiences, trauma, substance use disorder, opioids, naloxone, & others.
2. Summarize the current opioid epidemic in Arizona.
3. Identify the relationship between trauma and substance use.
4. Recognize signs of an opioid overdose.
5. Show ability to respond to an opioid overdose using naloxone.
6. Identify aftercare next steps, including where to refer to resources.
7. Define risk reduction messages and resources to share with clients and communities.



Activity: Definitions Worksheet

Match the words on the left with the definitions on the right.

Word	Definitions
1. Adverse Childhood Experiences	A. The use of medications with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of Substance Use Disorder.
2. Trauma	B. All types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.
3. Substance Use Disorder (SUD)	C. The recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
4. Opioids	D. A synthetic opioid that is similar to morphine but is 50 to 100 times more potent.
5. Fentanyl	E. An event, series of events, or set of circumstances that an individual experiences as physically/emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
6. Naloxone/Narcan	F. Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This includes heroin, fentanyl, Hydrocodone, Oxycodone, Morphine, Codeine, and others.
7. Harm Reduction	G. A set of practical strategies aimed at reducing negative consequences associated with drug use.
8. Medication Assisted Treatment (MAT)	H. Any treatment program certified by the Substance Abuse and Mental Health Services Administration to provide medication-assisted treatment for individuals who are diagnosed with opioid use disorder.
9. Peer Support Services	I. A medication used to counter the effects of an opioid overdose. Can be inserted nasally or via an injection.
10. Opioid Treatment Programs	J. Social support services designed to fill the needs of people in or seeking recovery. They are designed and delivered by people who have experienced both Substance Use Disorder and recovery.

Answers can be found on page 35

Activity: Change the Language by Role Modeling

“As prevention practitioners, we are in a unique position to reduce the stigma surrounding substance misuse. The language we use to discuss substance use disorders (SUDs) either formally, as part of prevention messaging, or informally, in conversations with colleagues and stakeholders, can either increase or decrease SUD stigma. In the context of the growing opioid crisis, the language we use becomes particularly important as we find ourselves working in partnership with people who actively misuse substances and confront directly the myriad societal stigmas associated with having an SUD.”
– SAMHSA’S Center for the Application of Prevention Technologies

Fill in the blank

Instead of **clean**, say _____, _____,
or _____.

Instead of **dirty**, say _____, _____,
or _____.

Instead of **addict** or **alcoholic**, say _____,
or _____.

Instead of **abuse** or **dependence**, say _____.

Instead of **former drug addict**, say _____

See next page for examples: *How can you tell if your prevention messages are stigmatizing?*

Answers can be found on page 35

How can you tell if your prevention messages are stigmatizing?

Consider these five questions:

1 Are you using “person first” language?

Person first language (for example, reference to “a person with substance use disorder”) suggests that the person *has* a problem that can be addressed. By contrast, calling someone a “drug abuser” implies that the person *is* the problem.

2 Are you conflating substance use and substance use disorder?

While some substance use may be illegal or unhealthy, we should limit language about substance use disorders exclusively to situations where a clinical diagnosis has been made. For prevention practitioners, keeping this distinction clear is key to avoid perpetuating stigmas associated with substance use. For example, a person who has used heroin should not be targeted in the language of a prevention effort aimed at people who meet the clinical definition of opioid addiction or dependence.

3 Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?

Consider the difference between the terms “negative urine drug screen” and “clean urine.” The first is a clear description of test results; the second a value-laden term that implies drug use creates “dirty” urine. Similarly, “pharmacotherapy for opioid use disorder” is a technical term for medications that can be used to treat an illness, while “substitution/replacement treatment” falsely implies that one opioid is being substituted for another, perpetuating the stigma of “once an addict, always an addict.”

4 Are you using sensational or fear-based language?

Prevention practitioners often walk a fine line between wanting to inspire action and inadvertently inflating the burden of illness and associated consequences due to a health issue. Referring to emerging drug threats as “newer,” “bigger,” “scarier,” or “unlike anything ever seen before” can be perceived as inauthentic by people who use those substances. It further compounds stigma by conveying the message that anyone who uses such a “terrible” substance is stupid, dangerous, or illogical.

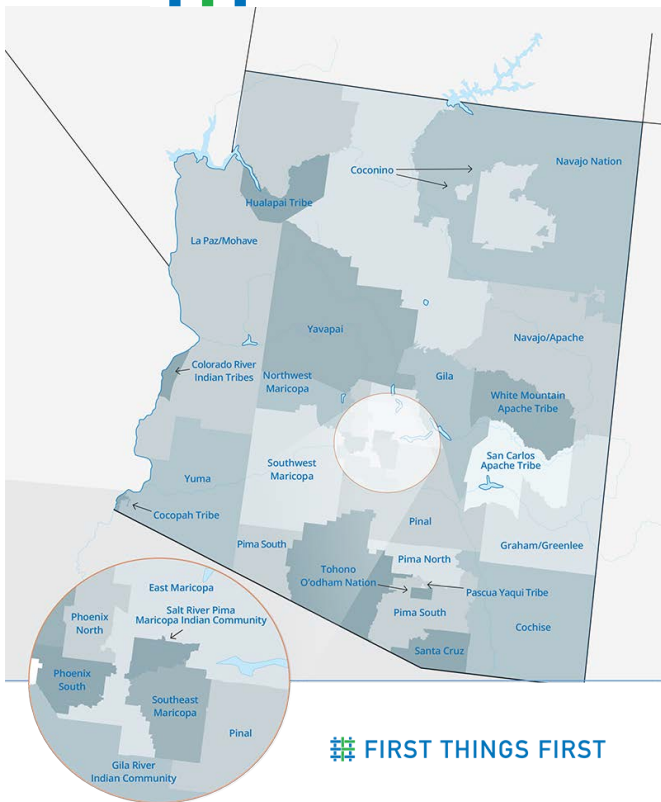
5 Are you unintentionally perpetuating drug-related moral panic?

From publicizing stories about “crack babies” in the 1980s to “opioid babies” today, the tendency toward moral panic has a long history in prevention messaging and media coverage of substance use disorders. Moral panics inevitably marginalize people who are vulnerable and often bring their morality or even humanity into question. This moral panic may prevent mothers who use drugs from accessing prenatal care because they are afraid of being judged or mistreated by medical professionals, or of being forced into the child welfare system.

Adverse Childhood Experiences

Early exposure to family violence, abusive treatment, neglect, alcohol and drug abuse, or separated/divorced parents can lead to health and social problems, risk-taking behaviors and a shortened lifespan. Safe, stable, and nurturing relationships and communities can break the cycle of abuse and maltreatment.

FIRST THINGS FIRST



As Arizona's early childhood agency, **First Things First** funds early learning, family support and children's preventive health services to help kids be successful to enter kindergarten. Decisions about how those funds are spent are made by local councils staffed by community volunteers. You can find more information about programs funded by First Things First by visiting the First Things First website: [FirstThingsFirst.org](https://www.FirstThingsFirst.org)

More Parenting Resources

- [Childhelp.org](https://www.childhelp.org), or call 1-800-4-A-CHILD (1-800-422-4453)
- Birth to Five Helpline 1-877-705-KIDS (1-877-705-5437)
- [Pbs.org/parents/learn-grow](https://www.pbs.org/parents/learn-grow)
- [Cdc.gov/parents](https://www.cdc.gov/parents)
- To Report Suspected Child Abuse or Neglect, call 1-888-SOS-CHILD (1-888-767-2445)

ACEs can be Prevented



Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

Source: Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/38864>

In case of overdose:

1

CALL 911 - Give naloxone
If no reaction in 3 minutes, give second naloxone dose if available

2

Rescue breathing or chest compressions
Follow 911 dispatcher instructions

3

After naloxone
Stay with person for at least 3 hours or until help arrives

Injection

VIAL

- 1—Flip off the cap to reveal latex seal.
- 2—Turn vial upside down. Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)

AMPULE

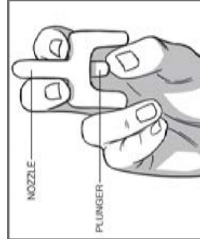
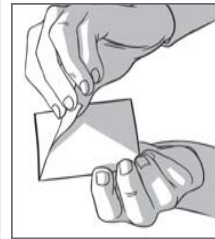
- 1—Tap ampule to send all liquid to the bottom.
Push top away from you to snap open the ampoule.
- 2—Pull plunger to draw up liquid.
- 3—Inject into muscle. Press plunger all the way down to trigger safety. (retraction)

Nasal spray

- 1—Remove naloxone nasal spray from the box.
- 2—Peel back the tab with the circle to open the naloxone nasal spray.
- 3—Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

4—DO NOT PRIME OR TEST THE SPRAY DEVICE. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

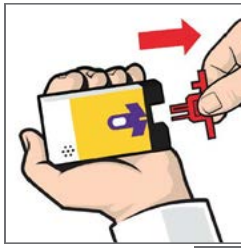
- 5—Press the plunger firmly to give the dose. Remove the spray device from the nostril.
- 6—If no reaction in 2-3 minutes or if person stops breathing again, give the second dose of naloxone in the OTHER nostril using a NEW spray device.



How to Use Naloxone

Auto-injector

- 1—Pull the auto-injector from the outer case.
- 2—Pull firmly to remove the red safety guard (do not touch the black base).



3—Place the black end against the middle of the outer thigh, through clothing if necessary, then press firmly and hold in place for 5 seconds.



4—If no reaction in 2-3 minutes or if the person stops breathing again, give the second dose of naloxone using NEW auto-injector.

Don't Run. Call 9-1-1. Good Samaritan Law

Don't run...

Call 911



You cannot be charged for possession if you call 911 for an overdose, and neither can the overdose victim.

The most commonly cited reason for not calling for help is fear of arrest or punishment by law enforcement.

In early 2018, Arizona Revised Statute (ARS) 13-3423 was amended.

WHO DOES IT HELP?

Anyone who is at risk for overdose or anyone who cares about someone who could overdose

WHAT DOES IT CHANGE?

Out of fear of arrest, some people leave the scene of an overdose instead of calling for help. And in the past, those who were brave enough to call for help risked going to jail or sending the victim to jail for drug possession. The 911 GOOD SAMARITAN law has changed all of this! Here is how:

This publication was made possible by grant number T1010004 from SAMHSA. The views, opinions, and content of this publication are those of Sonoran Prevention Works and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

If someone is experiencing a drug-related overdose or someone calls 911 in a drug-related overdose, both parties can no longer be charged for the possession or use of a controlled substance or paraphernalia.

You can still be charged with intent to sell if there are greater than these amounts in your possession:

HEROIN: 1 gram

METH, OTHER AMPHETAMINES, OR COCAINE: 9 grams

LSD: ½ milliliter (liquid) or 50 doses (blotter)

PCP: 4 grams (powder) or 50 milliliters (liquid)

MARIJUANA: 2 pounds

Folks who call for help or are overdosing can still be charged with other crimes or use evidence found in other investigations not related to above crimes, and contraband can still be seized.

Calling for help can be used to justify a reduced sentence in unrelated court proceedings.

Note that a person may still be arrested, but they will not face criminal charges for possession of a controlled substance or paraphernalia.

<https://spwaz.org/>

Activity: Resources

Instructions:

1. Please take out your cell phones, tablets, or computers.
2. Go to each website listed below (1-4) in red. Follow the steps listed for each website.
3. Search for services in your zip code.
4. Write down your closest resource information in the blank space to the right.

Website 1: 211arizona.org	
Steps	List the resource information (phone, location, etc.)
<ol style="list-style-type: none"> 1. Scroll to Search by Category 2. Click Health Care and Mental Health 3. Scroll to Substance Use Disorder 4. Click Substance Use Disorder Treatment 5. Enter your Zip Code or City and click Update My Results 	
Website 2: azdhs.gov/gis/dump-the-drugs-az/	
<ol style="list-style-type: none"> 1. On the right in Enter Full Address, type an address close to your service area. 2. Click the search icon. 	
Website 3: findtreatment.gov	
<ol style="list-style-type: none"> 1. Type your zip in the search 2. Click SEARCH 	
Website 4: aznaloxone.org	
<ol style="list-style-type: none"> 1. Type your address in the Search by city, address, or zip code 2. Enter Search radius 3. Click Search 	

Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona **OAR** Line
1-888-688-4222

WE CONNECT YOU TO THE RESOURCES YOU NEED

2·1·1

Arizona

2-1-1 Arizona transforms lives by linking individuals and families to vital community services throughout Arizona.

We are a trusted, local, nonprofit organization providing you with access to **35,000+ COMMUNITY RESOURCES** including housing, health, food, employment services and so much more.



SEARCH



DIAL 2-1-1



CONNECT

JUST DIAL

2·1·1

877.211.8661

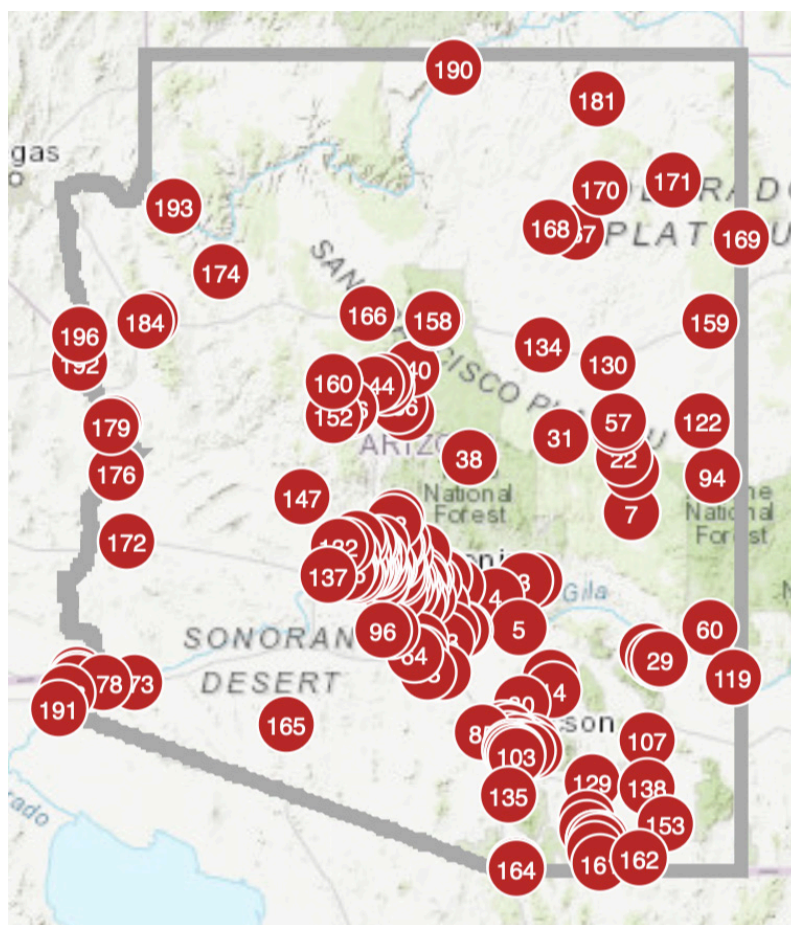
FREE | **24/7/365** | **CONFIDENTIAL**

211Arizona.org

This program was funded through a contract with the Arizona Department of Economic Security. Points of view are those of the author and do not necessarily represent the official position or policies of the Department.

ADHS: Dump the Drugs AZ

Find drop box locations to dispose unused or unwanted prescription drugs. The link below displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.



What's Accepted:

- Expired/unused/unneeded prescriptions
- Over-the-counter medications
- Tablets
- Capsules
- Vitamins
- Veterinarian prescribed medications

What's NOT Accepted:

- Liquids
- Cremes
- Inhalation/aerosol bottles
- Sharps
- Household hazardous waste
- Batteries

azdhs.gov/gis/dump-the-drugs-az/

WORKSHEET

Overdose Prevention Tips

This worksheet is a component of *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, produced by Harm Reduction Coalition.

More information at harmreduction.org

This worksheet highlights common overdose risks and provides prevention tips.

We understand that every prevention message might not be applicable or pragmatic in every situation; we hope these tips can provide and messages can be shared and adapted as needed.

More information on each risk factor can be found at harmreduction.org.

Mixing Drugs:

- Use one drug at a time.
- Use less of each drug.
- Try to avoid mixing alcohol with heroin/pills – this is an incredibly dangerous combination.
- If drinking or taking pills with heroin, do the heroin first to better gauge how high you are – alcohol and especially benzos impair judgment so you may not remember or care how much you've used.
- Have a friend with you who knows what drugs you've taken and can respond in case of an emergency

Tolerance:

- Use less after any period of abstinence or decreased use – even a few days away can lower your tolerance.
- If you are using after a period of abstinence, be careful and go slow
- Use less when you are sick and your immune system may be weakened.
- Do a tester shot, or go slow to gauge how the shot is hitting you.
- Use a less risky method (i.e. snort instead of inject).
- Be aware of using in new environments, or with new people—this can change how you experience the effects of the drugs and in some cases, increase the risk of overdose

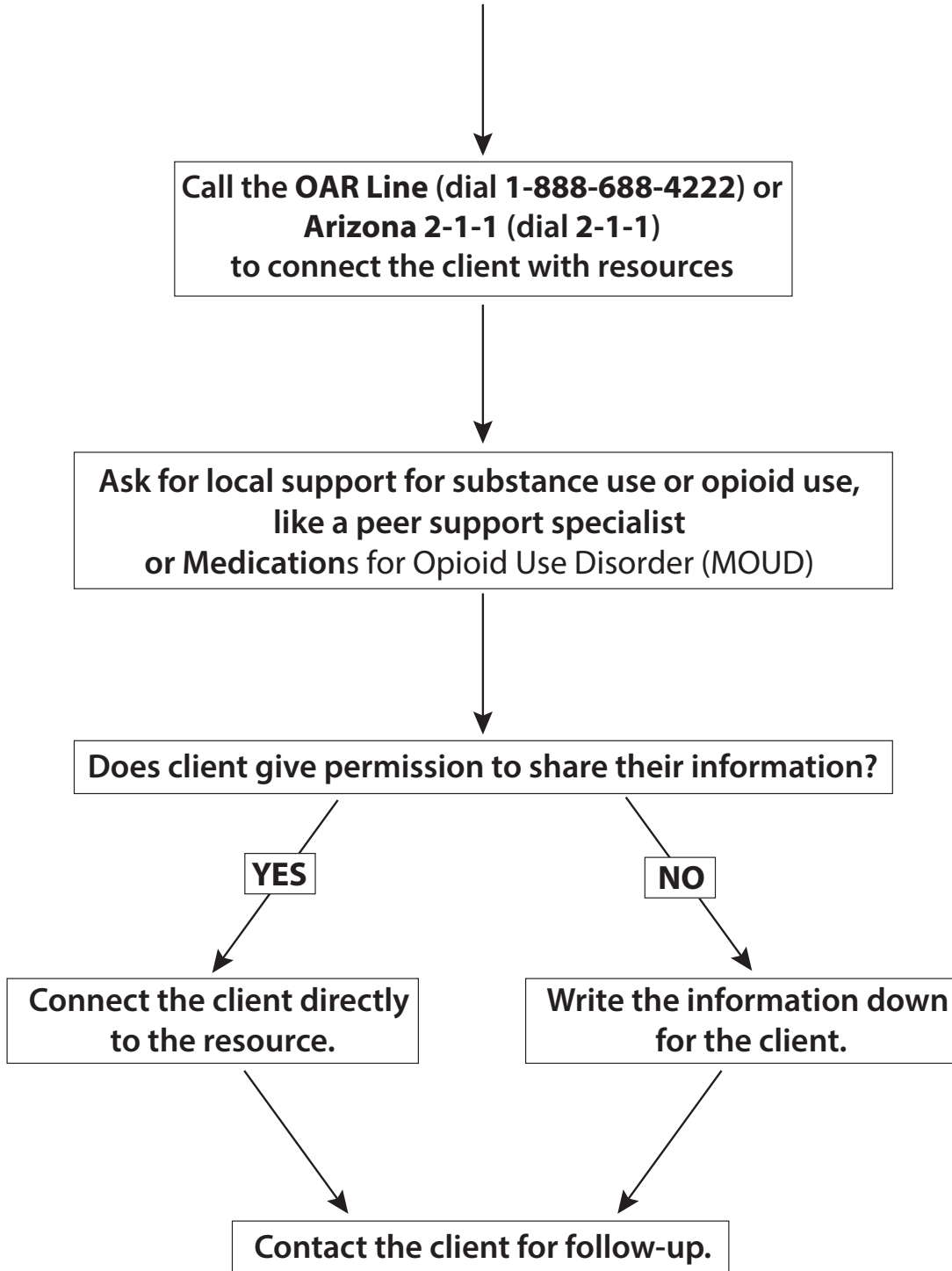
Quality:

- Test the strength of the drug before you do the whole amount.
- Try to buy from the same dealer so you have a better idea of what you're getting.
- Talk to others who have copped from the same dealer.
- Know which pills you're taking and try to learn about variations in similar pills.
- Be careful when switching from one type of opioid pill to another since their strengths and dosage will vary.

Using Alone:

- USE WITH A FRIEND!
- Develop an overdose plan with your friends or partners.
- Leave the door unlocked or slightly ajar whenever possible.
- Call or text someone you trust and have them check on you.
- Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually given themselves naloxone before!

If someone is willing to seek help...



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

crh.arizona.edu

Fentanyl Overdose Alert

There have been reports of fentanyl showing up in **cocaine, crack, meth, pills, and heroin**. Even if you're not using downers, you may be at risk of unknowingly consuming fentanyl.

What is fentanyl?

Fentanyl is a fast-acting, extremely strong opioid. An opioid is a downer and acts like heroin, oxycodone, and morphine. Although it's available by prescription, some fentanyl is being created in illicit labs and mixed into various drug supplies. Oftentimes, dealers aren't even aware that they are selling a product that contains fentanyl.

What's the danger?

A fentanyl overdose looks just like a heroin or other opioid overdose, but it comes on much faster. It's often not possible to tell that your dope has fentanyl mixed into it, and it doesn't mix consistently. So if you get a bag of pills, a few of them may contain fentanyl, and the rest may not.

Who is at risk?

Anybody using street drugs may be at risk of unknowingly consuming fentanyl and potentially experiencing an overdose. Remember, it's not just in heroin, but could be found in uppers like cocaine and meth. People who inject, snort, smoke, or swallow drugs are all at risk.



spwaz.org
480-442-7086

How can I stay safe?

Don't use alone. If you fall out, nobody will be there to help. If you must use alone, don't lock the door, and let somebody know where you'll be if you can.

Go slow. You can always use more, but you can't use less. Try a little and see how it affects you first before taking the whole pill, slamming the full dose, or snorting a big line.

Use a fentanyl testing strip to test your dope before you use. These can be purchased at www.dancesafe.org, and may be able to pick up on fentanyl mixed into other drugs.

Know how to recognize the symptoms of an overdose. Fentanyl and other opioids make the body stop breathing. A person will become unconscious, their breathing will become shallow or abnormal, and their pupils will be pinpointed. Their skin may turn blue or gray. After a person stops breathing, they have 4 minutes until they die.

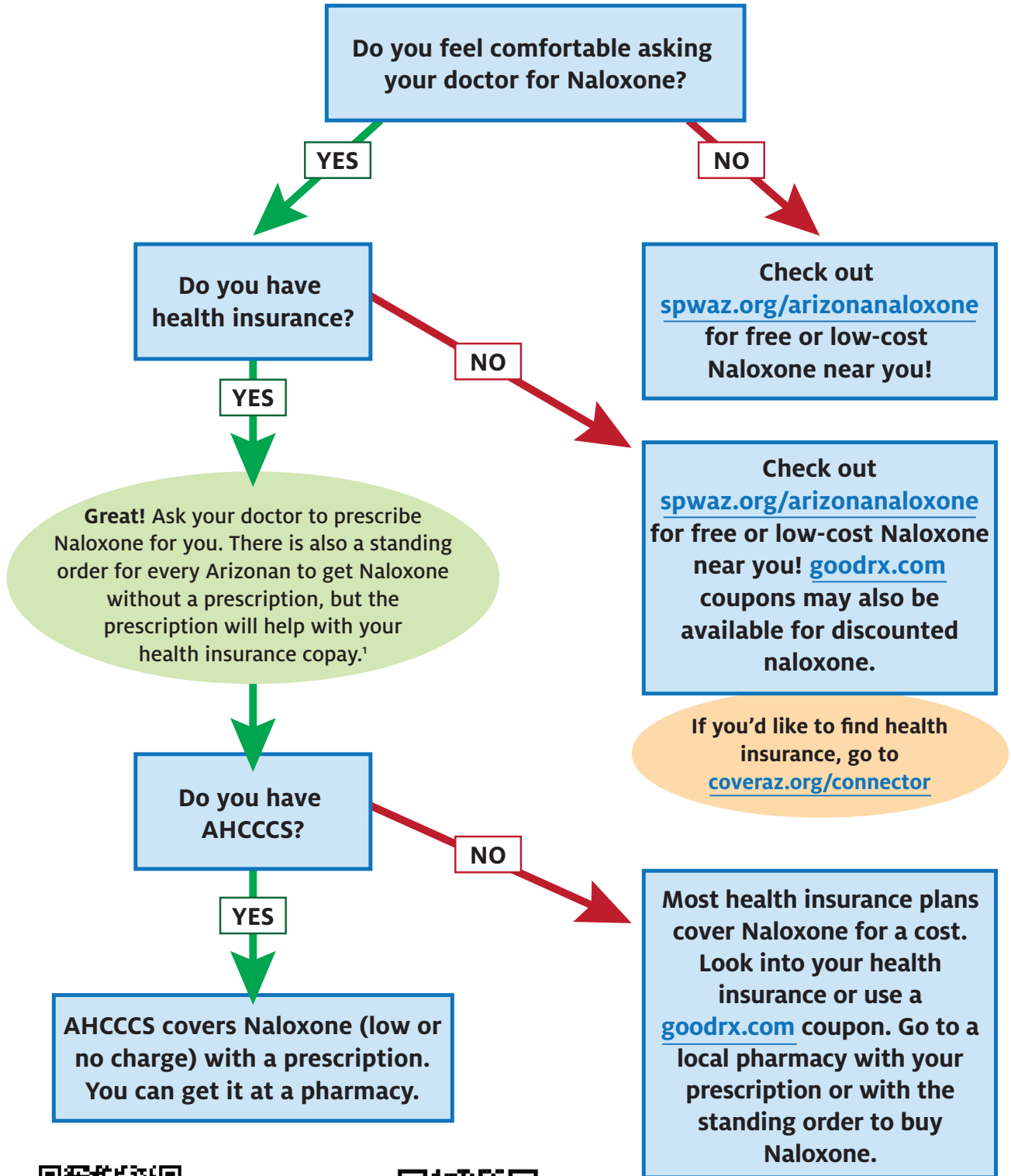
Learn rescue breathing. Put the person on their back, plug their nose, tilt their head back, and give them a deep breath every 5 seconds. If you don't have naloxone, or the naloxone isn't working, do this until help arrives or until they gain consciousness.

Carry naloxone (Narcan), and make sure your friends carry it too. Naloxone is the opioid overdose rescue medication, and it will work on a fentanyl overdose. It is 100% legal to carry and administer in Arizona, and can be obtained for free through Sonoran Prevention Works. Visit www.spwaz.org or call 480-442-7086

<https://spwaz.org/wp-content/uploads/2016/12/Bulletin-FentanylOverdoseAlert-Small.pdf>

I want Naloxone. Where do I start?

Naloxone (or Narcan®) is the opioid overdose reversal drug.



» Click or scan for Arizona Standing Order



» Click or scan for SPW Trifold on naloxone



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

¹<https://www.azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20210915>

Arizona: Statewide Opioid Resources

Thank you for your interest in reducing drug overdose deaths and working on prevention, intervention, and treatment of substance use in Arizona. Free materials, resources, funding streams, services and organizations are available and summarized below to help your efforts.

Free Materials

Material	Go to:
Deterra bags for drug disposal, timer caps for pill bottles, other materials (varies by county)	County Health Departments: crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative
Fentanyl test strips & Naloxone Kits	Email info@spwaz.org or visit spwaz.org/
Print and share material from the AZ Rx Drug Misuse & Abuse Initiative toolkit	Go to rethinkrxabuse.org , (scroll down to strategy 1-5) Tribal Rx Toolkit: azhidta.org/expert-resources/prescription-drug-abuse-in-triba-communities?rq=tribal
Naloxone Standing Order - anyone can ask for Naloxone (to reverse opioid overdose) at a pharmacy, and the pharmacist can dispense	azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20220823

Services: Community & Coalition Focused

Services	Audience	Go to:
Find Treatment	All	findtreatment.gov
Naloxone/Harm Reduction trainings, policy setup, & refills	All	First Responders: azdhs.gov/opioid/index.php#ems-law Tribal/Native American/IHS: ihs.gov/opioids/naloxone/naloxonetoolkit/ All: spwaz.org/ Find Naloxone: aznaloxone.org
Rx 360 Trainings	Parents, older adults, & youth	Request a training at azyp.org/adverse-childhood-experiences-training
Adverse Childhood Experiences Training	All	Request a training at azyp.org/program/aces/
Crisis, Treatment and Support services & 24/7 helpline	All	Apache, Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, or Yuma: Arizona Complete Health: 866-495-6735 Coconino, Navajo, Mohave, Yavapai: Care 1st: 877-756-4090 Gila, Maricopa, Pinal: Mercy Care: 1-800-631-1314 Gila River and Ak-Chin Indian Communities: 1-800-259-3449 Salt River Pima Maricopa Indian Community: 1-855-331-6432 Tohono O'odham Nation: 1-844-423-8759 Suicide and Crisis Line: 9-8-8 More hotlines and crisis chat services: azahcccs.gov/BehavioralHealth/crisis.html
Health insurance help	All	1-800-377-3536 or coveraz.org/connector

Population Specific Resources:

Services	Audience	Go to:
Prevention and Reduction of Drug and Alcohol Use	Youth	Drug Free AZ Kids.org Crisis Line: +1(800) 631-1314 Phone: (602) 305-7126 sbhservices.org/drugfreeazkids
Preventing Prenatal Exposure to Alcohol and Other Drugs	Pregnant Women	Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs Phone: (602)364-1400 azprenatal.wixsite.com/taskforce
U.S. Department of Veteran Affairs	Veterans	Veterans Crisis Line:1-800-273-8255, Press 1 Be Connected: www.beconnectedaz.org/ mentalhealth.va.gov/substance-abuse/index.asp
Alcohol and Substance Misuse Programs	Native Americans	ihs.gov/asap/
Sexual and Domestic Violence	Domestic Violence	Arizona Coalition to End Sexual & Domestic Violence acesdv.org/ National Domestic Violence Hotline: 1-800-799-SAFE (7233) or National Sexual Assault Hotline: 1-800-656-4673 domesticshelters.org/

Statewide Opioid Resource Hubs

AZ Data and Services: azdhs.gov/opioid/

\$ AZ Rx Drug Misuse & Abuse Initiative toolkit: rethinkrxabuse.org

3. AHCCCS Opioid Use Disorder & Treatment: azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/index.html

4. AzRORI Hub (Scroll down to Arizona Rural Opioid Response-Implementation): cpac.arizona.edu/education

Is your organization interested in becoming a Naloxone Distributor?

Fill out the [Naloxone Request form](#) from the Arizona Department of Health Services to get started. Be sure to leave the Agency Type blank if yours is not listed. Contact azopioid@azdhs.gov with any questions.

Link: azdhs.gov/opioid/#naloxone



CHECK YOUR SHELF!



CHECK YOUR SHELF!

Permanent Rx Disposal Now Available

People are misusing prescription drugs they take right out of your medicine cabinet. In an effort to provide an easy, secure and responsible way to dispose of unused medicines in your home, permanent prescription drug drop boxes have been installed throughout Arizona. The Rx drop boxes accept:

- Unused, unwanted or expired medication – Leave medicine in container, black out any personal information
- Pet medication
- Medicine samples
- Over the counter medication (no syrups, fluids or creams)
- <https://www.azdhs.gov/gis/dump-the-drugs-az/>



Why is it important to properly dispose of medication?

Protects Our Groundwater

Prevents Childhood Poisonings

Reduces Substance Abuse

To see a list of prescription drug drop boxes visit: <https://www.azdhs.gov/gis/dump-the-drugs-az/>

For more information on safe storage and disposal, visit rethinkrxabuse.org and click on strategy two of the Rx Misuse and Abuse Toolkit!

Chronic Pain Management Tips

Diagnosing Chronic Pain

Some pain is normal after an injury or illness, and everybody feels pain at times. When the pain is lasting longer than it should or is keeping you from enjoying life or functioning normally, a consultation with a healthcare provider may be a good step.

Managing Chronic Pain Therapy Options

Living life with chronic pain requires taking a first step, which can include different therapies, depending on the type of your pain. Providers can help you get connected with these resources, and can discuss the risks and benefits of each.

Physical Therapy

Physical therapy is a first-line treatment for chronic pain. Physical therapy is when you work with specialized therapists on restoring maximum body movement and physical functioning. This can be accomplished through exercise therapy, stress management, and teaching about nervous system changes that occur with chronic pain.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy is a form of psychotherapy that can help you identify and modify your thought and behavior patterns to help retrain your brain, improve quality of life, and take actions towards important life goals. Studies show that cognitive behavioral therapy is a preferred first line treatment for many types of chronic pain.

Acupuncture Therapy

Acupuncture is a therapy in which very fine needles are inserted at specific points on the body. Heat or electrical stimulation may also be used at these specific points. Acupuncture can provide significant pain relief and can be a step for patients to begin engaging more fully in self-management activities.

Massage Therapy

Massage therapy may provide short-term relief from musculoskeletal pain such as neck and back pain, shoulder pain, and fibromyalgia. Please talk to your provider before starting massage therapy, especially if you are pregnant or suffering from certain forms of cancer such as lymphoma.

Other Therapies

Seeing a chiropractor or having spinal manipulation may also be helpful in some chronic pain conditions. Medications may also be indicated, but their risks and benefits should be discussed with your provider.

Some therapies and services may not be covered by health insurance plans. Please check with your insurance carrier and healthcare provider.

<https://www.azdhs.gov/prevention/tobacco-chronic-disease/chronic-pain-management/index.php>



Questions to Ask Your Healthcare Provider

You are the expert managing your life with chronic pain and developing a plan with yourself, your family, and community to increase your quality of life. Here are some questions that you could ask your healthcare provider in learning to understand chronic pain and how to live well with it.

- What is chronic pain, and what does it mean for my future health?
- What type of changes can I make to my diet or physical activity to improve my movement?
- Is there a particular therapy that would work well for me? What if I have limited resources?
- What are the non-medication options for management of my condition?
- If medications are involved, do they interact with the other drugs used to treat my heart, stress, or insomnia?
- What can I do to improve my overall health?

If you have questions about opioid or other prescription medications, you can call the **Opioid Assistance and Referral Line (OARLine) at 888-688-4222.**

<https://www.azdhs.gov/prevention/tobacco-chronic-disease/chronic-pain-management/index.php>

ARIZONA'S OPIOID EPIDEMIC

Brand & Generic Names for Prescription Opioids



Astramorph®
 Avinza®
 Butrans®
 Codeine
 Dilaudid®
 Dolophine®
 Duragesic®
 Duramorph®
 Demerol®
 Embeda®
 Exalgo®
 Fiorinal® with Codeine
 Kadian®
 MS Contin®
 Norco®
 Nucynta® ER
 Opana® ER
 OxyContin®
 Palladone
 Percocet®
 Roxanol
 Tylenol® with Codeine #3
 Tylenol® with Codeine #4
 Ultram®
 Vicodin®

Buprenorphine
 Fentanyl
 Hydrocodone
 Hydromorphone
 Methadone Hydrochloride
 Morphine
 Oxycodone
 Oxymorphone Hydrochloride
 Tapentadol
 Tramadol



Sources: drugabuse.gov, fda.gov
For more information: azhealth.gov/opioid



Answer Key

Definition Matching Answers:

1. **B. Adverse Childhood Experiences (ACEs):** The term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18 (<https://www.cdc.gov/violenceprevention/aces/index.html>).
2. **E. Trauma:** An event, series of events, or set of circumstances that is experienced by an individual as physically/emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (<https://www.samhsa.gov/trauma-violence>).
3. **C. Substance use disorder:** The recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (<https://www.samhsa.gov/find-help/disorders>).
4. **F. Opioids:** Natural or synthetic chemicals that interact with receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This includes heroin, fentanyl, Hydrocodone, Oxycodone, Morphine, Codeine, and others (<https://www.cdc.gov/drugoverdose/opioids/terms.html>).
5. **D. Fentanyl:** A synthetic opioid that is similar to morphine but is 50 to 100 times more potent (<https://www.cdc.gov/opioids/basics/terms.html>).
6. **I. Naloxone/Narcan:** A medication used to counter the effects of opioid overdose (<https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>).
7. **G. Harm Reduction:** A set of practical strategies aimed at reducing negative consequences associated with drug use (<https://harmreduction.org/about-us/principles-of-harm-reduction/>).
8. **A. Medication Assisted Treatment (MAT):** The use of FDA-approved medications with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of Substance Use Disorder (<https://www.samhsa.gov/medication-assisted-treatment>).
9. **J. Peer Support Services:** Social support services designed to fill the needs of people in or seeking recovery. They are designed and delivered by people who have experienced both Substance Use Disorder and recovery (<https://store.samhsa.gov/system/files/sma09-4454.pdf>).
10. **H. Opioid Treatment Programs:** Any treatment program certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide medication-assisted treatment for individuals who are diagnosed with opioid use disorder. (https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/OTP_Requirements.html)

Fill in the Blank Answers:

- Instead of clean, say **negative, not currently using substances, or sterile.**
- Instead of dirty, say **positive, currently using substances, or not sterile.**
- Instead of addict or alcoholic, say **a person who uses drugs or a person who uses alcohol.**
- Instead of abuse or dependence, say **drug use.** If someone is diagnosed by a provider, say **Opioid Use Disorder.**
- Instead of former drug addict, say **a person in recovery.**

Aftercare Guidance

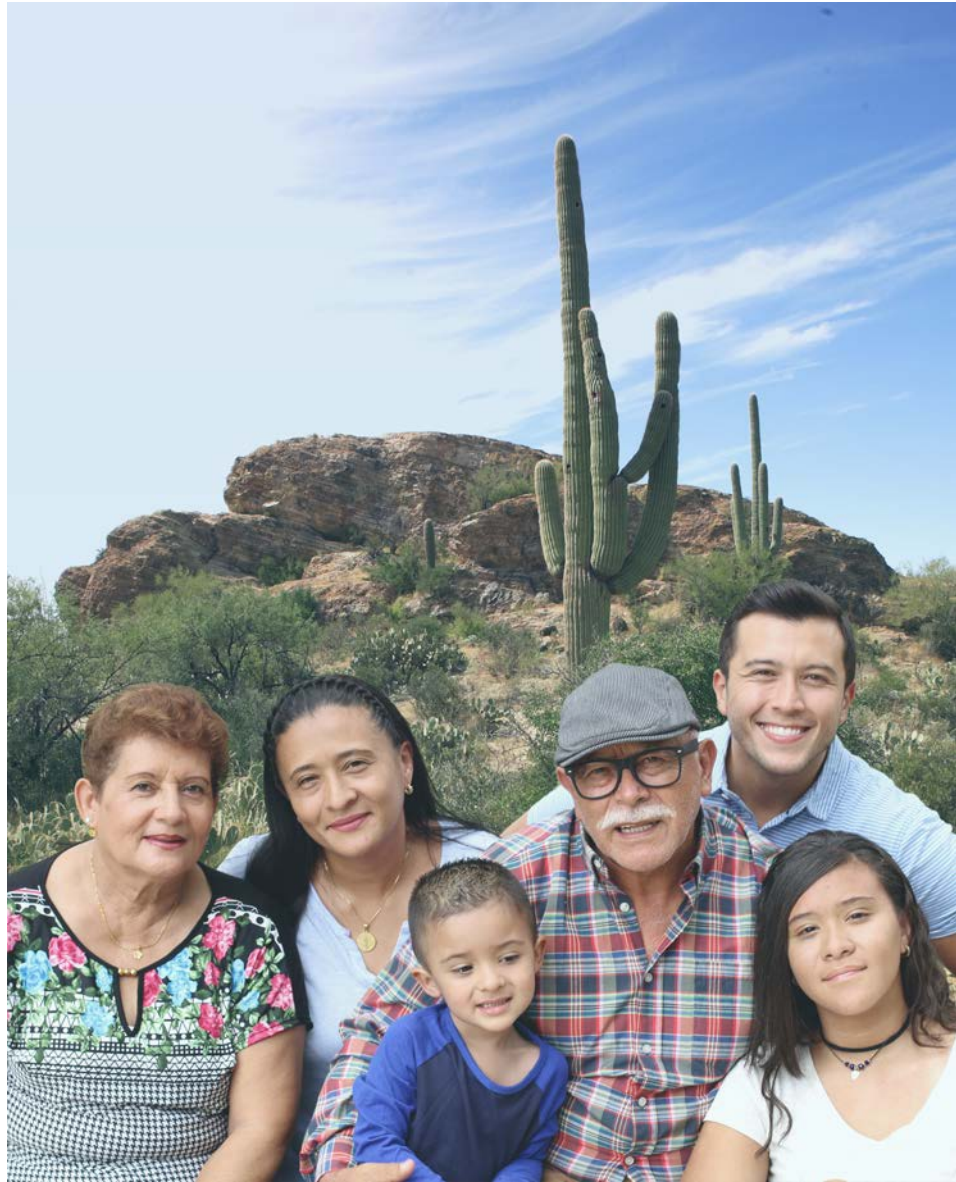
What steps can you take to help someone after they were given Naloxone?

- Calmly explain that the client might have overdosed and were given Naloxone
- Explain that further opioid use may cause another, worse overdose
- If possible, stay with the person and keep them awake until EMS comes (or, if they refuse medical care, stay for several hours)
- You may have to give the person another dose of Naloxone
- Ask if the person would like to call the OAR line for help. There are Peer Support Specialists who can help them.
- Ask if there is anyone to call for them

Where can someone go for help in your community?

- Call the OAR line
- Call Arizona 2-1-1
- Contact your local Harm Reduction Organizations
- Find local MAT Treatment Centers or Opioid Centers for Excellence
- Contact your local County Health Departments
- Connect with your local Hospitals

Notes



Save a life. Carry Naloxone.