

Opiate Addiction: A Guide for Communities

Sandusky County
Prevention Partnership Coalition

and

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Health Department



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What are Opiates?

Opiates are commonly prescribed to treat pain with medications such as Oxycontin (oxycodone), Vicodin (hydrocodone and acetaminophen), Dilaudid (hydromorphone), and morphine. Heroin is also labeled as an opiate, even though it is an illegal drug. Opiate addiction has been an ongoing issue, but it has continued to progress through the years and has become an epidemic in Ohio. Help us to help others be a part of the solution.

Ohio Statistics:

- Unintentional drug overdoses caused 2,110 deaths of Ohio residents in 2013. Records show there were about 196 more deaths in 2013 compared to 2012, according to a new report released by the Ohio Department of Health (ODH). Opioids, which include heroin and prescription painkillers, were culpable in more than 70% of overdose deaths.
- Heroin-related deaths increased in 2013, significantly surpassing prescription opioids among unintentional overdose deaths. Heroin overdose deaths rose from 697 in 2012 to 983 in 2013. Prescription opioids remained a significant contributor to drug overdose deaths, increasing from 680 in 2012 to 726 in 2013.

Sandusky County Statistics:

- Sandusky County has had 38 drug overdose deaths from 2009-2013.
- In 2013, Health Assessment data shows the percentage of adults who report the misuse prescription drugs has increased to 7% while 6 % of youth report have misusing prescription medications that was not prescribed for them.

What is Addiction?

The American Society of Addiction Medicine defines addiction as “a primary, chronic disease of brain reward, motivation, memory and... characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.” Opiate addiction results from the use of opiate based drugs like heroin, morphine, oxycodone, hydrocodone, etc. Some individuals who use opiates may become physically dependent, even with taking an opiate medication correctly, while others may use them recreationally without ever becoming physically or psychologically dependent at all.

Prescription Abuse and Heroin Use

For several years, Ohio has seen widespread prescription drug abuse that soared to epidemic levels. But thanks to diligent efforts of public education, safe drug disposal programs, enforcement and legislative changes, we are seeing a decrease in the prescription drug problem for our community.

When one who has become addicted to opiates through prescription drugs and can no longer access the pills, one of three scenarios may occur:

- 1) Seek treatment and a life of recovery;
- 2) Find another drug to use that will give them the same effect
- 3) Out of desperation to find more pills, engage in even higher risk behaviors that can lead to incarceration, hospitalization, or overdose.

Unfortunately, many individuals who previously used prescription opiates are switching to heroin—which is cheaper and increasingly more available—and many of them are turning to injection use of this dangerous drug. Later sections of this guide will address heroin and its impact.

Opiate Addiction Symptoms

Addiction is often difficult to detect because the symptoms can vary based upon the individual and the length and frequency of use. More importantly, addiction is difficult to detect because denying and hiding addiction are often symptomatic of the disease itself.

Symptoms may include:

- **Weight loss/gain** due to fatigue and lack of self-care
- **Unexplained borrowing, stealing or financial problems**
- **A change in peer group** – may end friendships in favor of a new crowd
- **Grooming** – lack attention to appearance, not taking care of themselves
- **Excessive sleeping** – atypical drowsiness and excessive sleeping
- **Track marks or needle marks** – from shooting drugs intravenously
- **Wearing pants or long sleeves** – to conceal needle marks
- **Lethargic or heavy limbs** – limbs may seem heavy and long

Opiate Withdrawal

The physical illness that comes when someone stops using can be extremely difficult. Opiate withdrawal syndrome includes a range of symptoms that can vary widely from person to person.

Some withdrawal symptoms will appear within mere hours after the last dose, while others may take a few days to fully set in and can last for a few days, up to a few weeks. These symptoms are likely with abrupt quitting of opiate use but they can also be a problem for those who taper the drugs off too quickly.

Common opiate withdrawal symptoms include:

- Muscle aches
- Shakes or trembling
- Insomnia
- Dilated pupils
- Bone pain
- Vomiting
- Suicidal thoughts
- Diarrhea
- Irritation or agitation
- Anxiety
- Cravings for drugs
- Nausea
- Stomach cramping
- Sweating
- Chills or goose bumps

Most of the time, opiate withdrawal is non-life threatening. In some cases, however, based on the severity and history of addiction, there is some risk of serious danger, especially if the individual is mixing with other drugs, is pregnant, or has other chronic medical conditions.

WARNING: Dangerous Withdrawal Symptoms

If you or someone you love is detoxing and suffers seizures, spiked fever or coma during opiate withdrawal seek immediate medical attention by calling 911.

More About Heroin

Yesterday's prescription pill abusers are now turning to heroin because it is less expensive and more readily available. Drug traffickers from other parts of the country are taking advantage of this shift resulting from Ohio's crackdown on prescription pills and pill mills.

Due to increased costs and less availability of medication opiates, many users will progress or skip straight to heroin use. This drug will often lead to injection use, which brings many associated risks. Unlike controlled amounts and strengths an individual may be used to with prescription drugs, this sudden switch to IV heroin—where purity and strength are not known - also leaves them vulnerable to overdose and death.

Fact:

Opiate addiction does not discriminate. No one wakes up one day and says, "Hmm, I think I'll go get myself an addiction." Innocent lives are impacted by this disease. Legitimate, prescribed use of pain medication has in some cases turned into an unintended, unwanted addiction.

Today's heroin user could be your neighbor, or your aunt, or your son's soccer coach. We must stop perpetuating the outdated "junkie" stereotype and learn as much as possible to help families who are suffering with the disease of addiction.

What Is Narcan?

Naloxone (brand name—Narcan®) is a medication used to counter the effects of an opioid overdose. Used to counteract life-threatening depression of the central nervous and respiratory systems, it allows an overdose victim to breathe normally. Narcan isn't a life-saving guarantee. It must be administered quickly and medical treatment should be sought immediately. It is a temporary drug that wears off in 20-90 minutes. Narcan may have to be administered a second time before reaching a hospital.

Narcan is a non-addictive prescription medication with no potential for abuse. This is traditionally administered by first responders and may be injected in the muscle, vein or under the skin or sprayed into the nose.

How to Recognize an Opioid Overdose

- Doesn't respond when you call their name, shake them or cause pain by rubbing your knuckles hard on their breastbone
- Breathing too slow (less than 10 breaths/minute) or not at all
- Skin is blue or gray, especially the lips and fingernails
- May be making loud, uneven snoring or gurgling noises

What to do if you think a person has overdosed on opioids

1. **Call 911**—say that a person is having trouble breathing; give your exact location
2. **Rescue Breathing**—help the person get oxygen:
 - Turn them on their side and make sure their airway is clear
 - Put them on their back and open their airway by tilting their head back and lifting their chin
 - Pinch their nose and give two breaths first, then one breath every five seconds
 - Don't stop unless they revive or EMS arrives to give Narcan
3. **Give Narcan** — if you have it
4. **Recovery Position** — if you must leave the person alone at any time, roll them onto their side to avoid choking in case of vomit.

PLEASE MAKE SURE TO CALL 9-1-1 even if you have already successfully revived them, especially if you suspect that they may have used a combination of substances...

It can be the difference between life and death.

Be Part of the Solution—Help End Addiction Stigma

- Educate yourself and encourage your community to learn more
- Watch for signs and symptoms in the lives of those around you
- Make yourself available to advocate for those seeking help

Treatment for Opiate Addiction

Many methods of treatment exist to help those suffering from opiate addiction. There is no “one-size-fits-all” approach, and it is wise to learn about various methods to make an informed treatment decision.

Help for a Loved One Addicted to Opiates

What can you do to help if someone you love is addicted to opiates? There are steps you can take to help address their addiction, keep them safe, and guide them toward treatment.

Tips for getting someone you love into opiate addiction treatment:

Provide support and loving care.

Positive, healthy support means supporting a lifestyle of recovery, rather than supporting a lifestyle of addiction. There are resources to help define the boundary between healthy support and enabling an addiction. Support also means that you help them to understand that they have a problem, that you love them and that you want them to get help.

Provide meaningful answers.

When you decide it's time to address a loved one's addiction, try to gather information in advance. If and when your loved one becomes willing to enter into treatment—the window of opportunity is often very short. Have a plan in place for how you will respond. For 24/7 Emergency Crisis Services call 911.

Community Resources

Sandusky County– Outpatient Treatment Services:

Firelands Counseling & Recovery Services. Fremont : 419-332-5524; Bellevue: 419-483-6516

Lutheran Social Services. Fremont: 419-334-3431

Oriana House. Fremont. 567-280-4023

T.A.S.C. Fremont. 419-334-4644

Northwest Ohio– Outpatient & Inpatient Treatment Services:

Arrowhead Behavioral Health. Maumee 419-891-9333 (inpatient)

Bayshore Counseling. Sandusky 419-626-9156

Behavioral Connections of Wood County. Bowling Green 419-352-5387

Century Health. Findlay 419-425-5050

COMPASS. Toledo 419-241-8827 (inpatient)

Family Resource Centers. Findlay 419-422-8616

Fostoria Committee on Alcoholism: Fostoria 419-435-9465

Glenbeigh. Toledo 419-536-4000. Cleveland 440-563-3400 (inpatient)

Lorain County Alcohol and Drug Abuser Services. Lorain 440-282-4777 (inpatient)

Renewed Mind. Findlay 419-422-7800. Perrysburg 419-873-8280

Rigel Recovery Services. Tiffin 567-220-7018

Second Chance Sandusky 419-370-1074

New Transitions Counseling. Tiffin 419-448-4094

The Zepf Center. Toledo 419-841-7701 (inpatient)

Family Support Services

Firelands Counseling & Recovery Services.

Family & Friends Group. Tiffin: 419-448-9440

Oriana House. Family Matters Program. Fremont: 567-280-4023

Medical detoxification is a necessary first step in the treatment of many addictions, but by itself does little to change long-term drug use.

Seeking Drug Abuse Treatment: Knowing What to Ask

The goal of treatment is to stop drug use so that people can lead active, productive lives. A challenge is keeping patients in treatment long enough to achieve this goal. Finding the right type of treatment for the person's specific needs is crucial. Treatment is not "one size fits all."

Outcomes depend on:

- Extent and nature of the person's problems;
- Appropriateness of chosen treatment method;
- Availability of additional services; and
- Quality of interaction between the person and his/her treatment providers

Family and friends play an important role, but trying to identify the right treatment programs for a loved one can be difficult. Below are some of the most frequently asked questions to consider:

1. Is there a waiting list to get into the program?

A relapse to drug use does not mean that treatment has failed... it simply indicates a need to reinstate or adjust the treatment strategy.

Many programs, especially residential, can have long waiting lists. It is important to find out how long the list is, how an individual gets on the list, and how they can move up the list.

2. Can the program meet/accommodate an individual's needs?

It is important to let a program know if the individual is pregnant, taking certain medications, has a chronic health condition or requires special care.

3. What is the cost of the program?

Knowing whether the program accepts Medicaid, Medicare, insurance or self-pay and if they have payment plans can help determine affordability for the individual.

4. What does the program consist of and what are the requirements?

Many programs require the person stay in a certain length of time, attend daily, etc. It is important to consider whether the individual has the means to meet the program requirements (transportation, childcare, etc.) so we do not set them up to fail.

Call to Action—What Can Your Community Do?

What are community coalitions?

Community coalitions are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and others who are mobilizing to make their communities safer, healthier and drug-free. Coalition building is a strategy that promotes coordination and collaboration and makes efficient use of limited resources. By linking multiple sectors for a comprehensive approach, community coalitions achieve real outcomes.

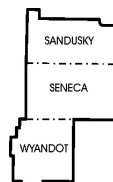
I want to help! How can I get involved?

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