

State Technical Assistance Team Education and Support

EmPOWERED TO END OPIOID USE

Program Toolkit



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EmPOWERED TO END OPIOID USE PROGRAM OVERVIEW

Thank you for your participation in the EmPOWERED to End Opioid Use initiative. This pilot program of 10 churches is a program with the American Heart Association and the Opioid Response Network to address opioid (i.e., heroin and prescription opiate pills) and stimulant (i.e., cocaine and methamphetamine) use within Black/African Americans and Hispanic/LatinX communities.



This toolkit contains information and materials to provide educational resources for your faith-based organization. You'll find:

- Key Messages
- Relevant Statistics
- Opioid Overview
- Treating and Preventing Opioid Use Disorder
- Stigma and Language
- Community Resources
- Important links and assets

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KEY MESSAGES

The Why

Due to the increased opioid and stimulant usage by Black/African Americans and LatinX/Hispanics, the Opioid Response Network is implementing new initiatives with trusted voices, like the American Heart Association.

Racism among medical professionals can lead to discriminatory practices in prescribing opioids and treating pain in Black/African American and LatinX/Hispanic communities, which can lead to harmful outcomes including overdose death.

Black/African Americans have experienced the largest percentage increase in death rates from drug overdoses doses, including opioids, since 2015, [according to the Centers of Disease Control and Prevention](#).

EmPOWERED to Serve and our community impact team will partner with faith-based organizations to launch a pilot program, EmPOWERED to End Opioid Use, in collaboration with Opioid Response Network.

Why work with churches?

- Black and LatinX churches have an established history of delivering social solutions and playing an important role in economic development of the within communities.
- Place of inherent trust and civic advocacy
- Provides a freedom to talk about spirituality and religion for those with addiction.
- Provides a supportive atmosphere committed to members' success.
- Presents opportunity to develop local leaders in health and wellness.
- 82% prayer is part of their daily lives.
- 62% attend religious services regularly.
- 38% contributed to religious organizations in the last 12 months.



Risk of harmful outcomes from opioid use are increased due to factors related to mistrust in the medical community given present and historic maltreatment, access to available treatment, and limitations in technology to ongoing treatment during the COVID-19 pandemic.

Due to drug laws/policies that disproportionately affect people who use drugs from Black and Latinx communities, there is an over-representation of these populations in the carceral system (jail and prisons). As a result, these communities have been more likely to die during covid-19, where opioid treatment has been interrupted and social distancing is not possible. Even when people in prisons who have received treatment are released to relieve crowding, there are not treatment options available to them. This puts them at a greater risk of returning to using and overdosing on opioids.

About the EmPOWERED to End Opioid Use Initiative

- The American Heart Association is committed to being a relentless force for a world of longer, healthier lives. We are speeding up our efforts to translate science to cardiovascular disease and stroke (heart failure, high blood pressure, etc.) prevention, treatment, and care standards; improving quality of care delivery in clinical and community settings; engaging the public in innovative health literacy programs; eliminating health disparities; serving as a scientific platform for research discourse and dissemination; and saving lives through CPR training.
- Due to the increased opioid and stimulant usage in Black/African American and LatinX/Hispanic communities, the Opioid Response Network has planned new program to implement, including EmPOWERED to End Opioid Use.
- EmPOWERED to End Opioid Use will recruit and engage 10 Black/African American and LatinX/Hispanic faith-based organizations to establish a faith-based network for the Opioid Response Network.
- The initiative will bring science-based opioid education and training to faith-based communities across the country.
- Participating faith-based organizations will provide educational resources and workshop(s) to their members. They will receive funds to implement opioid trainings.

EmPOWERED to End Opioid Use is a program of the American Heart Associations' EmPOWERED to Serve platform, which is inspired by volunteers who are passionate about driving change through health justice and empowerment in their communities. These committed ambassadors are impacting gaps in health equity through advocacy, policy, education and social change.

- For more information, visit empoweredtoserve.org

ENVIRONMENT, CULTURE, AND OTHER SOCIAL DETERMINANTS

Eating a low-fat diet, getting regular exercise, and watching your weight can help lower risk for heart disease, stroke, and improve overall health. But environmental and cultural factors also make a difference. So, can how much you make for a living, especially if it barely brings in enough to pay for housing, groceries or the electricity bill.

Social determinants of health are factors that influence where and how people live, learn, work and play. They provide context to a person's life and can play just as big of a role in affecting health as medications and physical lifestyle changes.

Only 20 percent of a person's health is shaped by access and quality of health care. However, the neighborhoods where people live – particularly their ZIP codes – could cost them upward of two decades of life. Factors such as education, family income and access to healthy foods impact life expectancy for vulnerable populations across the United States.

The social determinants of health and health disparities can worsen addiction due to higher stress levels, access to health care,

While addressing the social determinants of health, it is important to call out structural racism as a key cause of health disparities in the United States. The American Heart Association published a [presidential advisory](#) to summarize the historical context of structural discrimination, connection to current health disparities, and ways to reduce its continuing effects.

AN OVERVIEW OF OPIOIDS

What are opioids?

Opioids include illegal drugs like heroin and manufactured products such as fentanyl. Opioids also include prescription medications such as:

- morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl hydromorphone and buprenorphine
- See more common opioid names on the next page.



How do opioids work?

Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract (lining of stomach, small and large bowel). They decrease the body's perception of pain.

However, opioids can also have an impact on other systems of the body, such as altering mood, slow breathing and making it difficult to have a bowel movement. Opioid receptor binding causes the signs and symptoms of overdose as well as the euphoric effects or "high" with opioid use. Therefore, they're often used for nonmedical reasons and are sold illegally.

How does an opioid overdose occur?

An overdose occurs when someone takes more opioids than the body can handle. This results in unconsciousness (or passing out) and very slow or no breathing, which can cause death.

How does an addiction occur?

Addictive substances, including opioids and stimulants, change the way the brain works, especially the parts of the brain that encourage activities that are important for survival such as eating, drinking water, and connecting with others. Normally, a person's brain allows him or her to remember the activities, people, places, and things that caused these pleasurable experiences. This allows a person to repeat important activities in the future. The brain also associates pleasure with the use of addictive substances.

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With repeated substance use, a person values using the substance over doing more important things, even though the amount of the substance has to increase to achieve the same level of pleasurable effect. This need for more substance to achieve the same effect is known as tolerance. A person with

tolerance may feel compelled to keep using a substance just to avoid withdrawal sickness. When a person continues to use a substance despite significant substance-related problems, he or she may have developed a substance use disorder/opioid use disorder.

Who is at risk? Anyone who uses opioids long-term to manage chronic pain, uses heroin or misuses prescription pain relievers is at risk of opioid overdose. Others at risk include:

- Those receiving rotating opioid medication.
- Those discharged from emergency care following opioid overdose.

How to recognize an opioid overdose...

Check – Is the person hard to wake up? Have they vomited (spit up content from their stomach)?

Listen – Are they breathing slowly? Are they snoring or making raspy, gurgling, or choking sounds? Are they not breathing at all?

Look* – Do their lips, fingernails or skin look blue? Are the pupils of their eyes small?

*With darker skin, this may be more difficult to appreciate.

Touch – Does their skin feel sweaty?

An opioid overdose requires immediate medical attention. Call 9-1-1 immediately!

COMMON OPIOIDS

Properly dosed prescription opioids are important for treating patients who have acute and chronic pain, need end-of-life care, or have cancer pain. People who misuse opioids are at increased risk for addiction and overdose. The lists below don't include every available prescription drug, and the street names are ever-changing, but we've included some here. For additional information about opioid drug names, refer to the sources after each list.

Brand Names

Abstral (fentanyl)
Actiq (fentanyl)
Butrans (buprenorphine)
Demerol (meperidine)
Dilaudid (hydromorphone)
Dolophine (methadone)
Duragesic (fentanyl)
Duramorph (morphine)
Exalgo (hydromorphone)
Fentora (fentanyl)
Hysingla (hydrocodone)
Kadian (morphine)
Methadose (methadone)
Morphabond (morphine)
MS Contin (morphine)
Nucynta ER (tapentadol)
Opana (oxymorphone)
Oxaydo (oxycodone)
OxyContin (oxycodone)
Sublimaze (fentanyl)
Xtampza ER (oxycodone)
Zohydro ER (hydrocodone)

Source: [National Institutes of Health](#), [National Institute on Drug Abuse](#)

Common Generic Names

Codeine
Fentanyl
Hydrocodone
Hydromorphone
Meperidine
Methadone
Morphine
Oxycodone
Oxymorphone

Source: [National Institute on Drug Abuse](#)

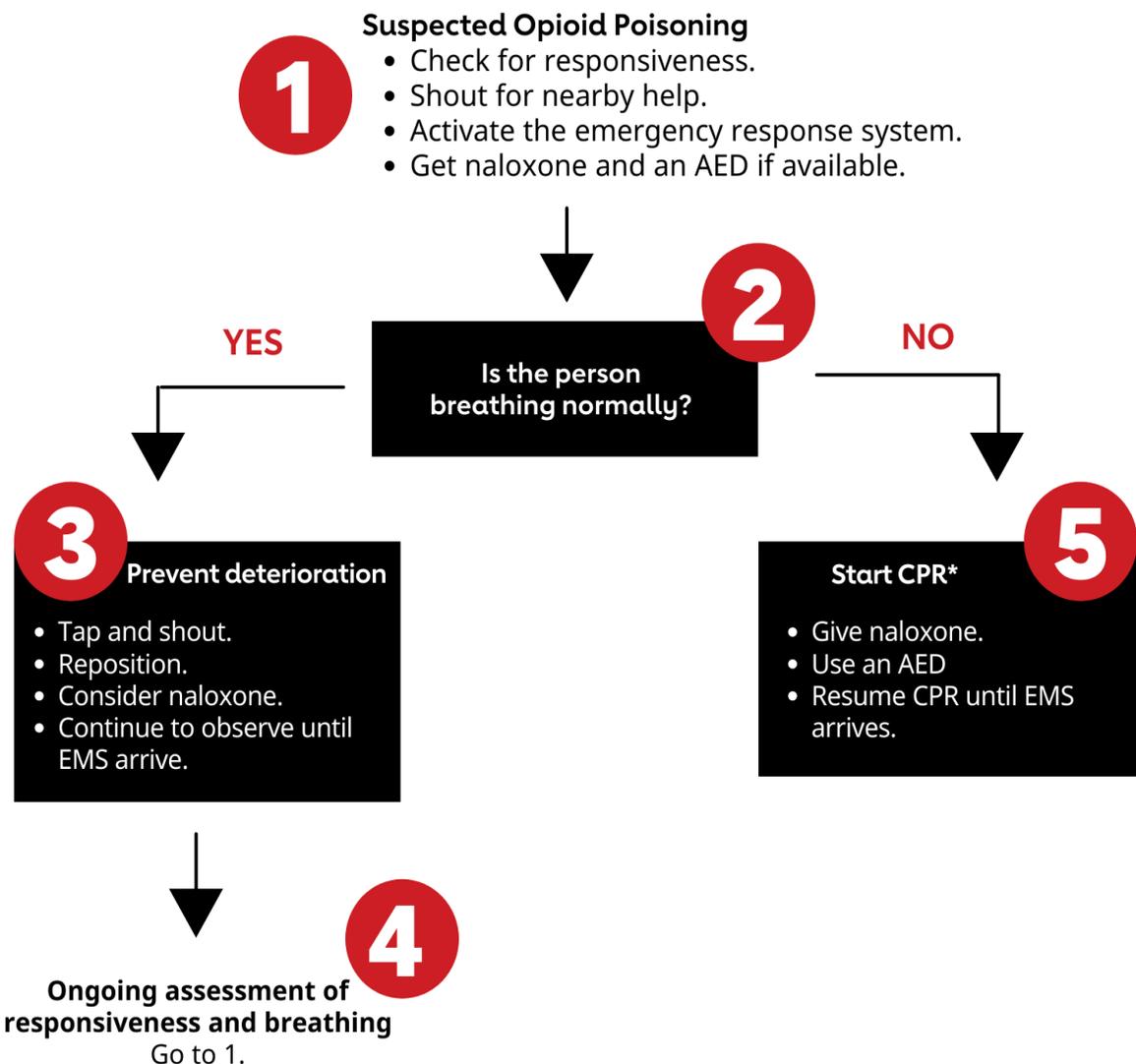
Common Street Names

Apache
Biscuits
Blue Heaven
Captain Cody
China Girl
China White
Cody
D
Dance Fever
Demmies
Dillies
Dreamer
Fizzies
Friend
Lean
Miss Emma

Source: [National Institute on Drug Abuse](#),
[US Drug Enforcement Administration](#)

Procedures for Opioid Associated Emergency

Recognizing and Responding to an Opioid Overdose:
An overdose occurs when someone takes more opioids than the body can handle. This results in unconsciousness (or passing out) and very slow or no breathing, which can cause death.



- For adult and adolescent victims, responders should perform compressions and rescue breaths for opioid-associated emergencies if they are trained and perform Hands-Only CPR if not trained to perform rescue breaths. For infants and children, CPR should include compressions with rescue breaths.

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RECOGNIZING, RESPONDING, AND PREVENTING OVERDOSE

If you are concerned about your opioid use, don't wait! Talk with the health care professionals who prescribed the medications for you.

If you are concerned about family members or friends, urge them to talk to whoever prescribed their medications.

Effective treatment of an opioid use disorder can reduce the risk of overdose and help a person who is misusing or addicted to opioid medications attain a healthier life.

Opioid use disorder is a chronic disease, much like heart disease.

An evidence-based practice for treating opioid addiction is the use of Food and Drug Administration-approved medications can decrease the risk of death from opioid use disorder. Counseling and support can also help but is not mandatory. These services are available at Substance Abuse and Mental Health Services Administration (SAMHSA)-certified and Drug Enforcement Administration-registered opioid treatment programs and from specialty substance use disorder treatment programs.

- In addition, physicians and other practitioners, including nurse practitioners and physician assistants who are trained to provide treatment for opioid addiction in office-based and other settings with medications such as buprenorphine/naloxone and naltrexone, may be available in your community (*resources provided in this toolkit*).



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Signs of overdose, which is a life-threatening emergency, include the following:

- The face is extremely pale and/or clammy to the touch (however, may be difficult to detect in darker skin).
- The body is limp.
- Fingernails or lips have a blue or purple cast (however, may be difficult to detect in darker skin)
- The person is vomiting or making gurgling noises.
- The person cannot be awakened from sleep or cannot speak.
- Breathing is very slow or stopped.
- The heartbeat is very slow or stopped.

Signs of overmedication, which may progress to overdose, include:

- Unusual sleepiness or drowsiness.
- Mental confusion, slurred speech, or intoxicated behavior.
- Slow or shallow breathing.
- Extremely small “pinpoint” pupils.
- Slow heartbeat or low blood pressure.
- Difficulty being awakened from sleep.

Naloxone for opioid overdose

Naloxone reverses a life-threatening opioid overdose. It only works for opioid overdose; it doesn’t work for other types of drug overdoses.

Naloxone comes in different forms. It is available in most states without a prescription.

There are currently three ways approved by the FDA for giving naloxone*:

1. Nasal Spray
2. Autoinjector
3. Injectable

If the patient is...	do this...
Responding <i>and</i> breathing	Phone 9-1-1
Not responding <i>but</i> breathing	Phone 9-1-1 and give naloxone
Not responding <i>and</i> not breathing or only gasping	Phone 9-1-1 and provide CPR

*Information on how to administer naloxone can be found on AHA’s course, ‘Opioid Education for Non-clinical staff and Lay Responders).

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MANAGEMENT OF OPIOID USE DISORDER

What are the options for opioid use disorder treatment?

There are multiple treatment options that can help you reach your goals. No single treatment is right for everyone. By talking with your provider and family, you can learn more about the possible treatment options and decide which ones are best for you.

Treatment Setting: By talking with your provider, you can help pick the best treatment setting for you. You may want to be treated in a specialty clinic, where you will have access to healthcare providers with special expertise and a range of treatment options. If you and your provider decide that treatment in a specialty clinic is not right for you, you may be treated in a primary care or general mental health clinic.

Medication: Medications help treat alcohol use disorder, tobacco use disorder, and opioid use disorder, but medications are not used for all substance use disorders.

Examples of Medication Assisted Treatment for Opioid Use Disorder:

1. Methadone: For treatment of OUD, methadone must be administered in a federally regulated opioid treatment program
2. Buprenorphine
3. Extended-Release Naltrexone

HOW TO AVOID OPIOID OVERDOSE

Summary

1. Take medication only if it has been prescribed to you by your doctor. Make sure to tell your doctor about all medications you are taking.
2. Do not take more medication or take it more often than instructed.
3. Call your doctor if your pain gets worse.
4. Never mix pain medications with alcohol, sleeping pills or any illicit (illegal) substance.
5. Learn the signs of overdose and how to use naloxone to keep an overdose from becoming fatal.
6. Teach your family members and friends how to respond to an overdose.
7. Dispose of unused medication properly.

INSERT FAITH-BASED LANGUAGE (HOW CAN THE CHURCH HELP)

SUPPORTING OVERDOSE SURVIVORS AND FAMILY MEMBERS

Survivors of opioid overdose have experienced a life-changing and traumatic event. They have had to deal with the emotional consequences of overdosing, which can involve embarrassment, guilt, anger, and gratitude, all accompanied by the discomfort of opioid withdrawal.

Most need the support of family and friends to take the next steps toward recovery. While many factors can contribute to opioid overdose, it is almost always an accident. Moreover, the underlying problem that led to opioid use — most often pain or substance use disorder — still exists and requires attention.



The person who has experienced an overdose is not the only one who has endured a traumatic event. Family members often feel judged or inadequate because they could not prevent the overdose. It is important for family members to work together to help the overdose survivor obtain the help that he or she needs.

It is important to find a network of support.

As with any health condition, it is not a sign of weakness to admit that a person or a family cannot deal with overdose and its associated issues without help. It takes real courage to reach out to others for support and to connect with members of the community to get help.

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If the survivor's underlying problem is pain, referral to a pain specialist may be in order.

If it is addiction, the patient should be referred to an addiction specialist for assessment and treatment by a physician specializing in the treatment of opioid addiction in a residential treatment program or a federally certified opioid treatment program.

In each case, counseling can help the person manage his or her problems in a healthier way. The path to recovery can be a dynamic and challenging process, but help is available.

In addition to receiving support from family and friends, overdose survivors can access a variety of community-based organizations and institutions, such as:

- Health care and behavioral health providers
- Peer-to-peer recovery support groups such as Narcotics Anonymous
- Faith-based organizations
- Educational institutions
- Neighborhood groups
- Government agencies
- Family and community support programs



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DESTIGMATIZING OPIOID AND OTHER SUBSTANCE USE DISORDERS

Language can intentionally or unintendedly perpetuate stigma.

Many people who are unfamiliar with **Substance Use Disorder** may find themselves unintentionally using words that perpetuate negative stigmas. These words shape the opinions of others, reinforce longstanding stereotypes and adversely affect quality of care and treatment outcomes. They may also deter help-seeking among those with substance use disorders and their families.

REPLACE



USE

Addict, Abuser, Junkie, User	Person with Substance Use Disorder (Opioid Use Disorder)
Clean sample, dirty drug test	Negative test, Positive test
Staying Clean	Maintaining Recovery, Substance-Free
Habit or Drug Habit	Opioid Use Disorder, Opioid Use
Opioid Replacement or Methadone Maintenance	Treatment, Medication-Assisted Treatment, Medication
Suffering from/a victim of mental illness	Experiencing/being treated for/a diagnosis/history of mental illness

Source: www.bchumanservices.net



People are more than their health problems! Opioid/substance use disorder does not describe what a person is, but rather describes what a person has.



ADDITIONAL RESOURCES

American Academy of Addiction Psychiatry (AAAP)

- Addiction psychiatrists by state:
<https://www.aaap.org/education/resources/patients/find-a-specialist/>
- Stories from patients:
<https://www.aaap.org/education/resources/patients/patient-videos/>

Opioid Response Network (ORN)

<https://opioidresponsenetwork.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD, for hearing impaired)
- Behavioral health treatment services locator (search by address, city, or zip code): <https://findtreatment.samhsa.gov/>
- Buprenorphine treatment practitioner locator (search by address, city, or zip code): <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- Single state agencies for substance abuse services:
<https://www.samhsa.gov/sites/default/files/ssadirectory.pdf>
- State opioid treatment authorities:
<https://dpt2.samhsa.gov/regulations/smalist.aspx>
- SAMHSA publications ordering (all SAMHSA Store products are available at no charge): <https://store.samhsa.gov/>; 1-877-SAMHSA-7 (1-877-726-4727)

Providers Clinical Support System (PCSS)

Family and patient resources: <https://pcssnow.org/resources/resource-category/community-resources/>

Centers for Disease Control and Prevention (CDC)

- Understanding the epidemic:
<https://www.cdc.gov/drugoverdose/epidemic>
- Poisoning: <https://www.cdc.gov/homeandrecreationalsafety/poisoning>
- CDC Guideline for Prescribing Opioids for Chronic Pain:
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Faces & Voices of Recovery

Shaping the future of recovery: <https://facesandvoicesofrecovery.org/>

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Project Lazarus

Learn about the Project Lazarus model: <https://www.projectlazarus.org>

Harm Reduction Coalition

Main page: <http://www.harmreduction.org>

Prevent & Protect

Tools for conducting overdose prevention and naloxone advocacy, outreach, and communication campaigns: <http://prevent-protect.org/community-resources-1/>

Prescribe to Prevent

Prescribe Naloxone, Save a Life: <http://prescribetoprevent.org>

GRASP

Grief Recovery After a Substance Passing (GRASP) is for those who have lost a loved one: <http://grasphelp.org/>

Learn to Cope

Learn to Cope is for families with loved ones who have a substance use disorder: <https://www.learn2cope.org/>

International Overdose Awareness Day

The International Overdose Awareness Day website has a list of worldwide events: <https://www.overdoseday.com/>

*The AHA, ORN, and AAAP do not specifically endorse any group, and appropriateness should be determined at the local level. Many groups are appropriate for loved ones and family members. Referrals are encouraged to groups that have received explicit endorsements from those who have been intimately affected by opioid use and overdose.

SPANISH RESOURCES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Prevención de la Sobredosis de Opioides Manual de Instrucción:

<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Spanish-/SMA18-4742SPANISH>

Intermountain Healthcare Patient Education (En Español)

- Prescription Opioids – What You Need to Know:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529425899>
- Managing Short-Term Pain at Home:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=520441062>
- Breastfeeding and Prescription Pain Medication:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=520732128>
- Newborn Withdrawal: <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=522600462>
- Prescription Pain Medication in Pregnancy:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=523317754>
- Substance Use During Pregnancy:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=523111450>
- Chronic Pain Management: <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=521390092>
- Opioid Medication for Chronic Pain:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=521025038>
- Pain Medication Tracker: <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=528099465>
- Leftover Medications: How to Dispose of Them Safely:
<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=520896951>

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