essentials of preventing opioid misuse
introduction

addressing the opioid overdose crisis

training focus

- understanding prevention of opioid misuse and overdose
- equipping you with knowledge, skills, and alternatives
- empowering you to combat the epidemic

key statistics

- 900K+ Americans since 1999
- 90K+ in the last year
- 500+ annually in Arkansas
history of opioids

1800s: morphine for pain, controlled dosing
early 1900s: hydromorphone, hydrocodone
WWII: synthetic opioids without poppy
1968: fentanyl introduction
• **natural opioids** come from the opium poppy plant, including morphine and codeine

• **semi-synthetic opioids** are derived from natural opioids but go through chemical modifications, such as both oxycodone and hydrocodone

• **synthetic opioids** are entirely made through chemical synthesis, fentanyl being an example
effects of opioids on the body

- pain relief: alleviating pain by reducing pain signals
- euphoria: Inducing a sense of intense pleasure and relaxation
- respiratory depression: slowing the respiratory system leading to shallow breathing
- sedation and a reduced level of consciousness
- drowsiness
The effects of opioids on the body include:

- **Constipation**: Slowing down the movement of the gastrointestinal tract.
- **Vomiting**: Intense nausea leading to vomiting.
- **Addiction**: Physical dependence when the body adapts to the presence of the drug.
- **Withdrawal**: Discontinued use leading to muscle aches, anxiety, insomnia, and flu-like symptoms.
I appreciate the offer, but I’m choosing not to use drugs because I prioritize my health and well-being.

no thank you, I have an important day at work tomorrow and don’t want drugs to get in the way of my job.
what makes us more prone to drug use?

- personal history of addiction
- chronic pain
- peer influence
- lack of education and awareness
- genetic predisposition
- mental health concerns
- stress and anxiety
prescription opioids

- hydrocodone known as vicodin
- oxycodone known as oxycontin and percocet
- oxymorphone known as opana
- hydromorphone known as dilaudid
- morphine known as kadian or avinza
- codeine known as codeine

opioids you might receive from a doctor or pharmacy
individual level prevention

safe storage and disposal of opioid prescriptions

- store opioids in a locked container
- keep opioids in their original packaging
- keep opioids out of the reach of children
- never share an opioid prescription with others
- safely dispose of unused pills
safe disposal

- find a “take-back” program in your community for your unused pills, your pharmacist or local law enforcement should be able to tell you more
- find a community “drop box” which are usually located near law enforcement offices
- use a “deterra” bag, a specially designed package that neutralize the prescription drugs and allows them to be thrown away in the regular garbage
individual level

prevention

alternatives to pain management

- chiropractic treatment
- acupuncture
- yoga or exercise
- mind-body therapies
- massage and therapeutic touch
- diet, nutritional supplements, herbal remedies
- cognitive behavioral therapy like counseling
55% didn’t drink in the past month
95% didn’t vape or use e-cigarettes in the past month
21% didn’t use marijuana in the past year
97% did not misuse an opioid of any kind in the past year
99% have never in their life used heroin
the makers of illicit drugs are **putting fentanyl in many of their products** because it is easy to produce, easy to smuggle, and becomes addictive so quickly. the drug enforcement agency has found that **four out of ten illegally made pharmaceuticals have a lethal dose of fentanyl in them**. this means that if you think you are getting pills online to help you focus, or you are vaping marijuana for the first time, or experimenting with a party drug, **you could die of an opioid overdose**
conclusion

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