

# OPIOIDS

also known as narcotics

- Opiates: opium, morphine, codeine, heroin
- Prescription opioids: cough syrups with codeine, darvocet, vicodin, percocet, oxycontin, oxymorphone, Demerol, fentanyl
- Methods of use: swallowing, smoking, snorting, intravenous



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## KEY

- **OUD – opioid use disorder**
- **MOUD – medication for opioid use disorders**
- **MAT – medication assisted treatment**
- **OBOT – office based opioid treatment**

# PREVALENCE OF OPIOID USE IN RURAL AREAS

The opioid epidemic is said to be from the over prescription of legal pain medications, but has reached an all-time high with the influx of cheap heroin and synthetic opioids, particularly fentanyl, supplied by foreign-based drug cartels.

In 2017, Health and Human Services declared the opioid epidemic a public health emergency.

Opioid use in rural areas:

- The Centers for Disease Control (CDC) found patients in rural areas had an 87% higher chance of receiving an opioid prescription compared to those in metro areas
- Factors contributing to higher rural OUD and overdoses include geography/isolation, poverty, a higher unemployment rate, less access to primary health and mental health-care, and a higher percentage of labor-intensive jobs and work-related injuries

# EFFECTS OF OPIOID USE

Relaxation, euphoria, nausea, vomiting, constipation, itching, dizziness, dry mouth, nodding, sedation, respiratory depression, slowed reaction time.

Long-term use (90 days or more) can result in:

- Addiction to opioids
- Organ system damage throughout the body
- Increase in HIV/hepatitis rates due to IV use
- Behavioral problems: increased involvement in criminal justice system; school/work related issues; family/interpersonal relationships

## PREGNANCY AND OPIOID USE

Opioid use during pregnancy may cause fetal growth abnormalities, preterm birth, stillbirth, birth defects, neonatal abstinence syndrome (NAS)

Taking MOUD as prescribed during pregnancy has benefits that outweigh the risks. Healthcare providers and pregnant women should work together to manage medical care including, managing OUD during pregnancy and after delivery.

- **745,000 people used heroin in 2019**
- **70,630 people died of an overdose in 2019 compared to 106,000 in 2021**
- **71% of preventable opioid deaths are ages 25-44**
- **1.6 million people had an OUD in past year**
- **Nearly 75% of drug overdose deaths in 2020 involved an opioid**
- **45% of adults living in rural areas say they have been directly impacted by the opioid epidemic**

# CO-INGESTING SUBSTANCES

Co-ingesting is when another substance is used with opioids. Opioid use, along with stimulants is especially dangerous because the stimulant effect counterbalances the depressant effect increasing overdose risk.

The National Institute of Drug Abuse (NIDA) has issued an emergency statement regarding the rise of using opioids with Xylazine, a non-opioid veterinary tranquilizer, that has recently been linked to many overdose deaths throughout the US.

## OPIOID OVERDOSE & OPIOID OVERDOSE REVERSAL MEDICATIONS

- Signs of opioid overdose: nonreactive or “pinpoint” pupils; slow, absent or irregular breathing; vomiting; inability to speak; limpness; pale skin; purple lips/fingernails
- Opioid overdose reversal medications sold over the counter, like naloxone, can be administered in suspected opioid overdose and can help to immediately reverse the effects of opioids

**IF OPIOID OVERDOSE IS SUSPECTED:**

**Call 911 for help, then administer  
opioid overdose reversal medication**

# MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

- Effective MOUD include methadone, buprenorphine, and naltrexone
- Benefits include helping reduce opioid cravings & withdrawal; helps restore balance to the brain

## TREATMENT OPTIONS AND SUPPORT GROUPS FOR OPIOID USE

Medication-assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used are approved by the Food and Drug Administration (FDA) and are clinically driven and tailored to meet each patient’s needs.



**Rural areas have been hit particularly hard by the opioid epidemic. The overdose death rate for rural areas has surpassed the death rate for urban and suburban areas.**

**– Ellen Piekalkiewicz, Director, Center for the Study and Promotion of Communities, Families and Children**



MAT can be delivered in either of the following formats:

- Opioid Treatment Program (OTP) : where MOUD and counseling are provided
- Office-based Opioid Treatment (OBOT) where MOUD is provided by doctors within their regular medical practice
- Support groups and additional resources include:
  - Twelve-step support groups, like Narcotics Anonymous
  - SMART Recovery
  - Additional individual or group outpatient counseling

**If someone you know is struggling with stimulant use disorder, please consult the SAMHSA treatment locator here:**



**1-800-662-HELP (4357)**

**In a crisis?  
Call or text 988**

**For more information and to view references:**



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**1(833) 869-4353**

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## MAJOR COLLABORATORS



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