



Amy Holman Project Manager, Nebraska Pharmacists Association

opioid epidemic

1

opioid epidemic waves

1st Wave



2nd Wave



Started 1999 Over-Prescribing of Opioids Started 2010 Rise in Heroin Overdose Deaths

3rd Wave



Started 2013 Rise in Synthetic Opioid Overdose Deaths

2023 107,543 over dose Deaths

81,083 fromsynthetic opioids like Fent anyl

www.cdc.gov



Nearly 12,000,000 Americans report msusingprescription opioids

OPIOID USEDISORDER

Complex illness characterized by compulsive use of opioid drugs even when the person wants to stop, or when using the drugs negatively affects the person's physical and emotional well-being.



Sadie

Taisa

Paul



Jake

Lance

Matthew



Andrew

Derrek



OUD is a medical condition that can affect any e it does not discriminate!

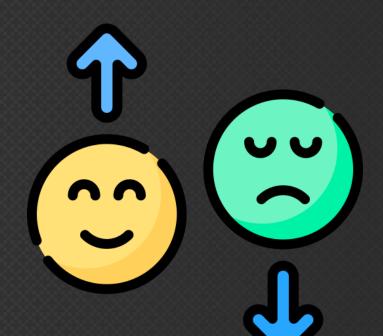
Signs of an Opioid Use Disorder

- Taking more opioids than prescribed, and/or for longer than intended. •
- Wanting to stop or cut down but not being able to.
- Spending a lot of time getting, using, or recovering from opioids.
- Having strong cravings or urges to use opioids.
- Struggling to meet responsibilities at work, school, or home. •
- Continuing to use opioids even when it causes problems in relationships.
- Using opioids in dangerous situations, like while driving.
- Still using opioids even though they are likely causing or worsening physical or mental ullethealth problems.
- Needing more opioids to get the same effect (tolerance). \bullet
- Feeling sick (withdrawal) when not using or using opioids to avoid those symptoms. ullet

To meet the diagnostic criteria for OUD, a person must exhibit at least 2 of the listed symptoms within a one year time frame

What are the warning signs?

- Changes in behavior (extreme mood swings from joy to anger) •
- Increased drowsiness \bullet
- Periodic flu-like symptoms (nausea, vomiting, sweating, shaking hands, etc) •
- Makes poor decisions that put themselves or others in danger
- Avoiding contact with family and friends, become more withdrawn •
- Isolation and secretive behavior \bullet
- Drop in grades or performance at work ullet
- New financial difficulties \bullet
- Actively seeking out opioids (multiple doctors, buying from others) •



Why Opioids?

- Opioids are highly addictive, in large part because they activate powerful reward centers in your brain.
- Opioids trigger the release of endorphins.
- Endorphins muffle your perception of pain and give you a euphoric feeling . . . but only temporarily.

What is the reason?

- Anxiety, Depression, Undiagnosed Mental Health
- Trauma, Mental and/or Physical Abuse
- Experimenting, Curious
- Peer Pressure, Everyone Is Doing It
- Enviromental/Exposure
- Constant Pain

An Accidental **Overdose Can Also** Happen Because Someone Has Taken Too Much Of A Prescribed Medication

2

Opioids including Fenta

Common Opioid Stydrocodone (Vicodin) NDC 59011-410-10 OxyContine Oxycodone (OxyContin, Percocet)

Codeine

Morphine

Fent anyl & Carfentanyl







what is fentanyl?

- It is a prescription drug used to treat severe pain, usually after surgery or in people with chronic pain. When prescribed it is given as a shot, a patch, or as a lozenge.
- Illegally used Fentanyl is made in a lab, normally in the form of a powder but can also be made as a liquid.
- It is a deadly synthetic opioid that is being pressed into fake pills or cut into heroin, cocaine, and other street drugs.



Cartentants

MREPORNTHANFent anyl





DEALABTESTINGREVEALSTHAT Sout of everyfake pills WIHFENTAMLONTANAPOENTIALY

Fake pills often contain fentanyl and are more let before. These pills are being sold through social m there is no way to tell if they contain fentanyl or not.



www.dea.gov/onepill

counterfeit pills

OXYCODONE



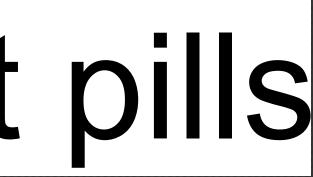


REAL



ADDERALL





REAL FAKE

www.dea.gov

Risk factors for overdose

- History of overdose or a substance use disorder (SUD) •
- Having sleep apnea or other sleep-disordered breathing •
- Taking higher dosages of opioids \bullet
- Returning to a high dose after losing tolerance \bullet
- Taking benzodiazepines (Xanax, Klonopin, etc) with opioids •
 - Approximately 38% of people with anxiety are prescribed Xanax or a similar \bullet benzodiazepine
- Having kidney or liver failure \bullet
- Being 65 years or older \bullet

www.cdc.gov



- Talk about "polysubstance use". Whether intentional or not, mixing drugs or drugs with alcohol is never safe because the effects from combining drugs are often stronger, more unpredictable,
 - and even deadly.
 - This can result in an accidental overdose.
- Additionally, DO NOT take any medication that is not prescribed to you.

3

opioid overdose &

life-saving narcan

Did you know?

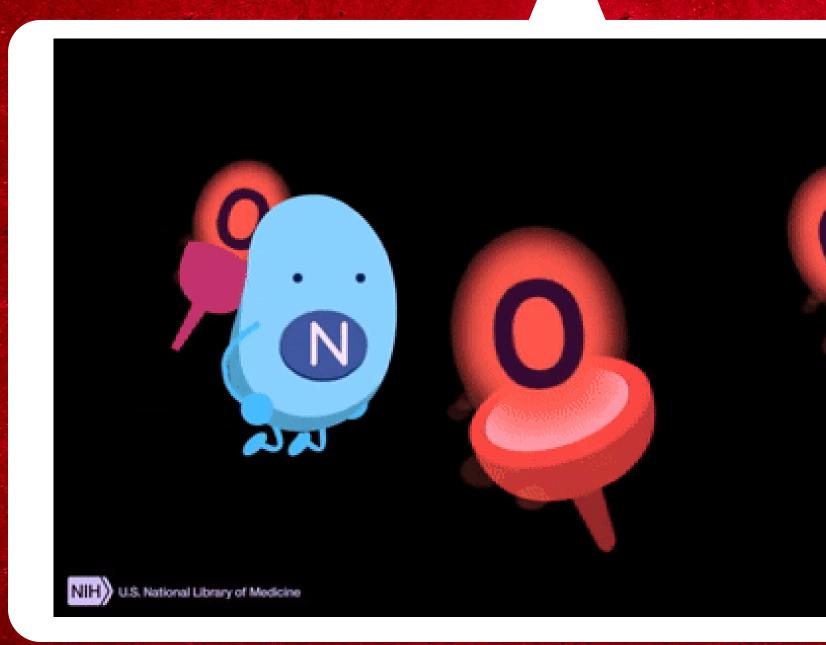
20% of Nebraska teens know of someone who has overdosed in the past year. 29% have heard of Narcan, however, only 10% know how to use Narcan.

2023 Nebraska Risk and Protective Factor Student Survey (NRPFSS)

Key Facts About Nalox

- When a person experiences an opioid overdose, their central nervous system and respiration system are depressed, and breathing slows down or stops.
- Naloxone (aka NARCAN®) medication blocks these effects and reverses the effects of an overdose.
- If given to someone who has not taken opioids, it will not have any effect on them, since there are no opioids in their system to reverse. Naloxone also can't get a person high.

How does Naloxone wor





signs of an opioid overdo

Blue lips, skin, or fingernails

Unresponsive to voice or touch

Pinpoint pupils

Choking sounds or snore -like gurgle Slow, irregular, or stopped breathing

Slow heartbeat or low blood pressure



respond to an opioid overdose



Try to wake them up



Give NARCAN®





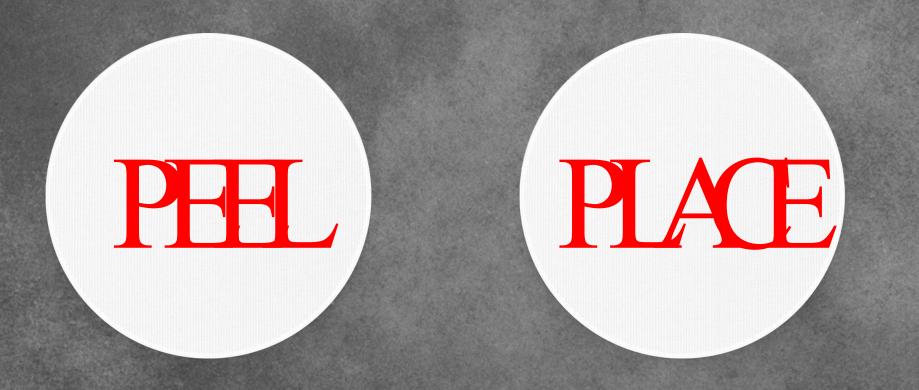


*SOMEONE CAN GO BACK INTO AN OVERDOSE WITHIN 30 MINUTES, EVEN IF NARCAN IS ADMINISTERED

CALL

ADMINISTER NAF

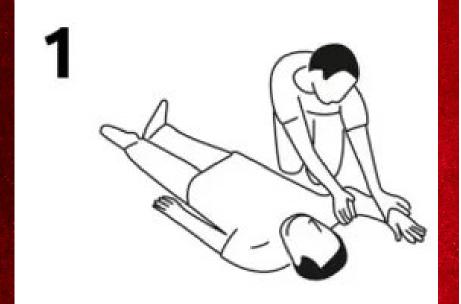
LAYPERSONFLAT



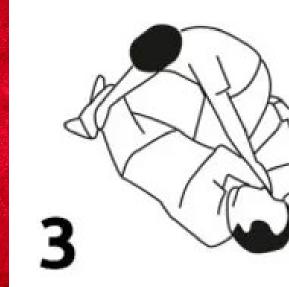
*NARCAN WILL NOT HURT SOMEONE WHO IS NOT HAVING AN OPIOID OVERDOSE



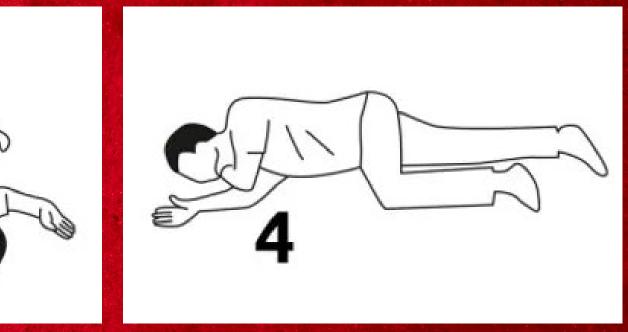
PKH











wait 2-3 minut es

check breat hing again

IF STILLNOT AWAKE, ADVINSTER ANOTHER DOSEGENARCANINTHEOHERNOSTRIL

STAY UNTIL EMERGENCY F

<u>godsavaranlav</u>

The Good Samaritan Law protects individuals from criminal and civil liability (with some limitations) if they actively respond to a crisis where the person cannot verbalize consent to treatment/intervention. This law encourages citizens to assist in cases of overdose without fearing criminal prosecution.

- Nebraska Revised Statute 25-21,186, Neb. Rev. Stat. 28-472

Storage

How Do I store Narcan Nasal Spray? Store at Room Temperature or Refrigerate, between 36 F to 77 F

- Do Not Freeze •
- Avoid Excessive Heat Above 104 F •
- Protect From Light •
- Best Stored in Bag or Pocket, not in Glove Box •
- 4 Year Shelf Life

157 **PHARMACIES**

VENDING MACHINES In Some Areas (other grant funding)

FIND NARCAN NEAR YOU

YOUR LOCATION

www.stopodne.com



Order Online

Easy process
Arrives within 7 days
Discreet Package





Be prepared to save a life. Get no-cost NARCAN® Nasal Spray so you can help reverse an opioid overdose.

This project is funded 100% from the Nebraska State Opioid Response grant (5H79TI085774-02, \$4,649,735) through the Substance Abuse and Mental Health Services Administration, contracted through the Nebraska Department of Health and Human Services, Division of Behavioral Health



stigma



stig-ma

noun noun: stigma; plural noun: stigmas; plural noun: stigmata

1. a set of negative or unfair beliefs that a society or group of people have about something.

2. "One of the major obstacles to persons seeking treatment for addiction is the stigma attached to the disease."





Treat people with dignity & listen without judgment.



Speak up when you see any kind of stigma.



Understand that it's a medical illness.



Change the words you use and avoid labels.

Werds matter

steac csayths: Stayed clean

Drug use/misuse Person living in recovery **Reoccurrence/setback** Maintained recovery

- Person with a substance use disorder
- Person arrested for a drug violation

Take the pledge

It encourages compassion over judgment, supports recovery journeys, and strengthens our community. By speaking out, we break down harmful stereotypes, promote better access to treatment, and let everyone feel seen, heard, and supported.



Scan Me

Substance Use Disorder is not a moral failing, it is a disease that can happen to anyone.

stopodne.com

Online Ordering Find a Pharmacy **Parent Resources** Videos **Treatment Centers** Downloads

Narcan Lockbox & Stigma Reduction Campus Readiness and Needs Assessment

Key Findings:

- Moderate concern, strong support: The average concern level was 2.95 out of 5, with 56% of respondents supporting public Narcan lockboxes.
- Training gaps, but high interest: While 53% have not received Narcan training, 82% are willing to, with a preference for online and video-based formats.
- Top lockbox locations: Residence halls, academic buildings, and wellness centers were identified as the most appropriate sites.
- Key barriers: Sustainability, cost, and potential misuse remain the biggest challenges.
- Stigma remains a barrier: Most respondents agree that stigma limits access to overdose prevention resources. Importantly, there was broad disagreement with the idea that Narcan availability encourages drug use.
- Preferred messaging: Fact-based, myth-busting, and public health-focused messaging were strongly favored.
- Campaign support: 59% support stigma-reduction campaigns, while others expressed openness but emphasized the need for leadership buy-in and alignment with Narcan lockbox initiatives.

Questions?

Contact Information: Amy Holman – amy.holman@npharm.org

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