



# AddictionHappens.org

Preventative Awareness and Education For The Community

## **Garrett County Opioid Misuse/Abuse Prevention Community Resource Guide**



**GARRETT COUNTY  
HEALTH DEPARTMENT**



**Public Health**  
Prevent. Promote. Protect.

## ACKNOWLEDGEMENTS

**This report was prepared by staff of the Garrett County Health Department.  
Created May, 2015. Revised November, 2016; December 2017.**

**We would like to acknowledge the use of North Dakota Prescription Drug Abuse Prevention Toolkit as a guide in developing this publication. North Dakota's toolkit to guide prevention efforts is available online at: <http://www.nd.gov/dhs/services/mentalhealth/prevention/pdf/drug-toolkit.pdf>.**

*North Dakota Prescription Drug Abuse Prevention Toolkit; ND Department of Human Services, Behavioral Health Division, Prevention Resource and Media Center; [www.nd.gov/dhs/prevention](http://www.nd.gov/dhs/prevention).*



The Opioid Misuse/Abuse Prevention Community Resource Guide is provided through a grant from the Maryland Behavioral Health Administration. Opioid misuse is a growing public health concern with devastating consequences for individuals and communities throughout the nation.

In January 2015, a grant was awarded to the Garrett County Health Department to conduct a countywide opioid misuse needs assessment, campaign, and conference.

The long-term goal of the Maryland Opioid Misuse Prevention Program is to reduce the number of overdose fatalities in each participating jurisdiction. The goal will be reached through the following objectives:

- Reduce opioid misuse
- Reduce opioid overdoses
- Prevent fatalities due to overdose

When assessing the needs of the county in relation to opioids, it was determined that prevention and treatment educational resources were needed. This community resource guide is an ongoing product based on that assessment.

The materials in this resource guide are informational and can be printed and utilized for your worksite, agency and/or community. Future plans are to create a tool kit section where easy downloads will be provided for various audiences.

The community working together creates an atmosphere where positive results are possible. Goals can be reached more readily because of preventative awareness and education.

Respectfully Yours,

The GCHD Prevention Team

Drug-Free Communities Coalition

Drug-Free Communities Action Team to Prevent the Misuse/Abuse of Opioids and Prescription Drugs

AddictionHappens.org

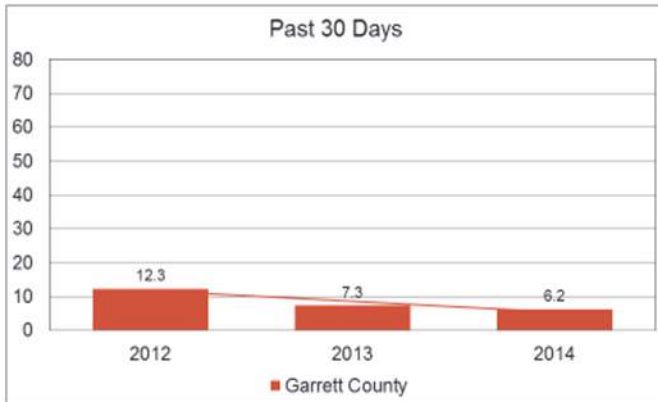


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## 2014 Youth Risk and Behavior Survey Middle and High School

### Prescription Drug Misuse, Middle School



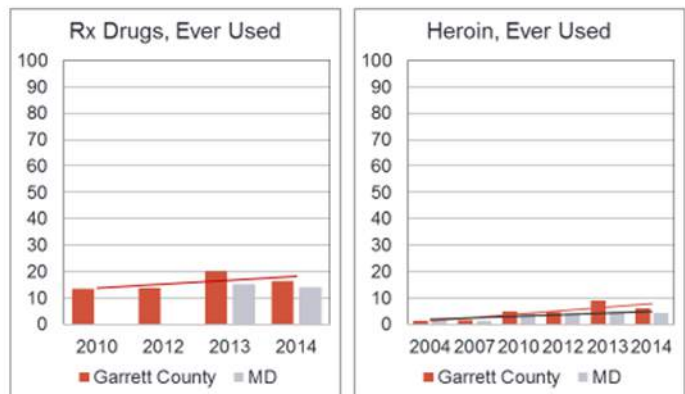
#### Statistics

- 16.5% of Garrett County high school youth have taken a prescription drug without a doctor's prescription. (MD YRBS 2014 – ever used)
- Nearly 1 in 5 (19.4%) Garrett County high school seniors have taken a prescription drug not prescribed to them. (MD YRBS 2014)
- Garrett County females are more likely to have misused prescription drugs than Garrett County males. (18.5% vs. 14.6%) (MD YRBS 2014)
- Nearly 60% of high school youth took their prescription drug from a family member (21.2%) or someone gave it to them (37.6%). (Garrett County YRBS 2012)
- 5.2% of Garrett County high school youth have injected an illegal drug. 6% have used heroin. (MD YRBS 2014)

#### Core Messages

- The classes of prescription drugs most commonly abused are opioid pain relievers such as Vicodin® or OxyContin®; stimulants for treating ADHD such as Adderall® or Ritalin®; and central nervous system depressants for relieving anxiety such as Valium® or Xanax®.
- People mistakenly believe that prescription drugs are safer than illegal drugs because they are prescribed by a doctor. However, they can be as addictive and dangerous, especially when taken with other drugs or alcohol.
- More than 75% of pain medication addicts will eventually switch to heroin because it is cheaper and easier to get. [American Society of Addiction Medicine, 2015]

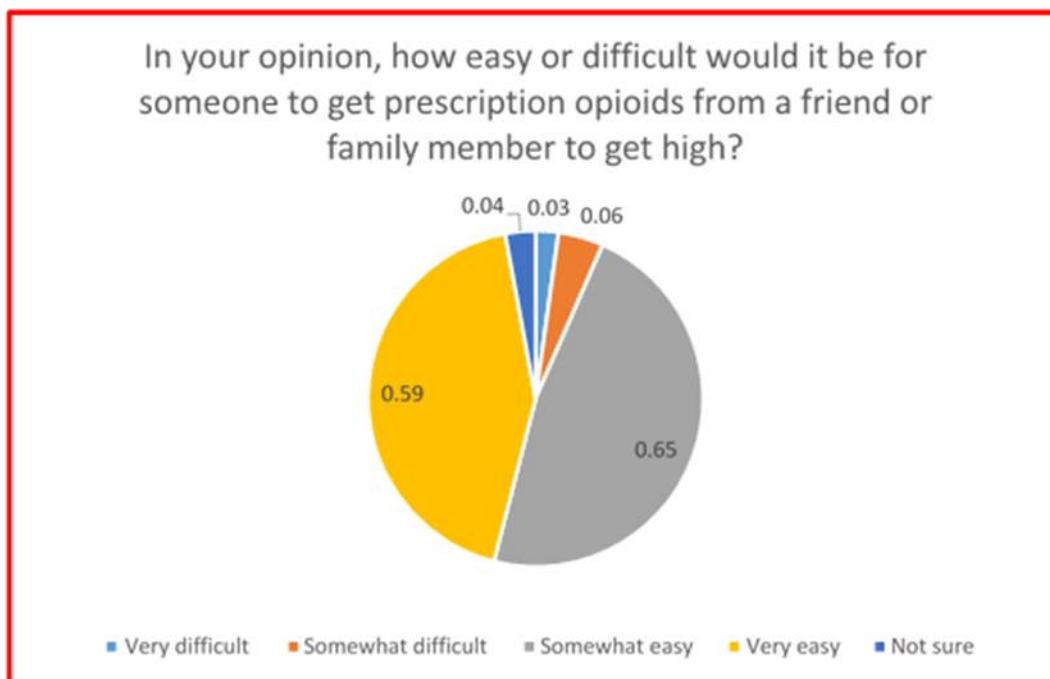
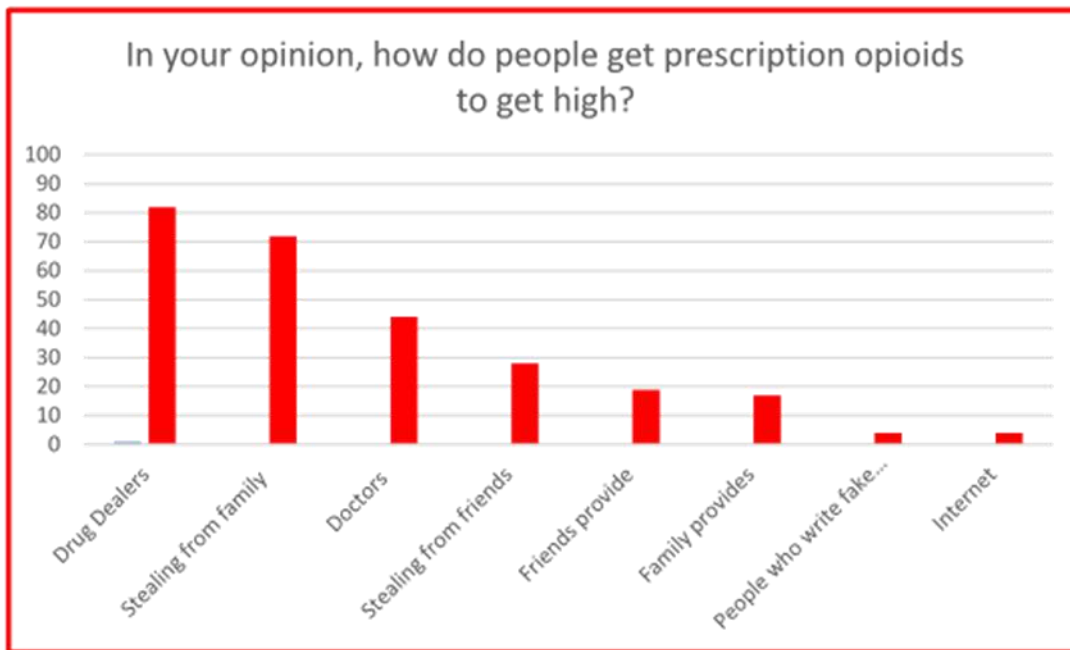
### Prescription Drug Misuse, High School



Note: Wording of question changed in 2013

# Maryland Public Opinion Survey (2017)

## Garrett County Survey Results



## Goals

### Goals of Opioid Misuse Prevention Project

The long-term goal of the Maryland Opioid Misuse Prevention Program is to reduce the number of overdose fatalities in each participating jurisdiction. The goal will be reached through the following objectives:

- Reduce opioid misuse
- Reduce opioid overdoses
- Prevent fatalities due to overdose

### Effective prescription drug abuse prevention efforts should . . .

- ✦ Incorporate a consistent message from multiple groups of people/organizations (e.g., school, parents, youth, law enforcement, etc.).
- ✦ Be implemented over a period of time and in many ways (e.g., media, education, policy, etc.).
- ✦ Impact the entire community and not just one person.
- ✦ Limit access to prescription drugs (to those who do not legitimately need medication).

The 2017 Garrett County Public Opinion Survey results shows that 91% of the community is either concerned or very concerned about opioid abuse. This is an 18% increase since 2015. Garrett County acknowledges the opioid crisis.

**ANNAPOLIS, MD** – Governor Larry Hogan today, March 1, 2017, signed Executive Order 01.01.2017.02 declaring a State of Emergency in response to the heroin, opioid, and fentanyl crisis ravaging communities in Maryland and across the country.

**WASHINGTON, D.C.** – President Trump on Thursday, October 26, 2017, directed the Department of Health and Human Services to declare the opioid crisis a public health emergency, taking long-anticipated action to address a rapidly escalating epidemic of drug use.

What is prescription drug abuse?

Prescription drug abuse refers to many things. It could mean using a medication not prescribed for you, using a medication in a manner other than prescribed (such as using more than the amount prescribed) or using a medication for the experience or feeling the drug can cause.

What is misuse of prescription drugs?

Misuse is when a person takes a legal prescription medication for a purpose other than the reason it was prescribed, or when that person takes a drug not prescribed to him or her. Misuse can include taking a drug in a manner or at a dose that was not recommended by a health care professional.

Common Behavioral Signs of Abuse:

- Taking higher dose than prescribed
- Seeking prescriptions from more than one doctor
- Excessive mood swings
- Increase or decrease in sleep
- Stealing, forging, or selling prescriptions
- Appearing to be high, unusually energetic or revved up, or sedated
- Continually “losing” prescriptions, so more prescriptions must be written

## Myth VS. Fact

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**MYTH:**

**Prescription painkillers, even if they are not prescribed by a doctor, are not addictive.**

**FACT:**

Prescription painkillers act on the same site in the brain as heroin and can be addictive.

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**MYTH:**

**There is nothing wrong with using prescription drugs without a doctor’s consent.**

**FACT:**

Taking prescription medicine that your doctor didn’t prescribe and doesn’t know about can be harmful, especially if it shouldn’t be mixed with other drugs prescribed for you.

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**MYTH:**

**If a prescription drug is legal and widely available, it must be safe.**

**FACT:**

Prescription drugs are safest when used correctly under a doctor’s supervision. Taking prescription drugs that aren’t intended for you and/or mixing them with alcohol or illicit drugs can result in potentially deadly consequences.

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**MYTH:**

**Taking an extra pill from my prescription, or giving one to my friend, is not harmful because a doctor prescribed it.**

**FACT:**

Taking prescription drugs that are not prescribed for you—or taking them in any way other than directed by a doctor—can be dangerous. Using another person’s medication and sharing your medication is against the law.

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**MYTH:**

**If this prescription is dangerous, the doctor wouldn’t prescribe it. And, they are safer than illegal drugs.**

**FACT:**

Prescription drugs provide many benefits when used correctly under a prescriber’s care. However, if they are misused or abused, they can be just as dangerous as illicit drugs, especially when taken with alcohol or other drugs.

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*Prescription Drugs: They Can Help But Also Hurt. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.*



## Signs & Symptoms

Drug Type	Physiological/ Psychological Effects of Abuse	Potential Health Consequences
<p><b>Painkillers - usually prescribed to treat pain</b></p> <p><b>Vicodin, Oxycodone (OxyContin), Darvon, Dilaudid, Tramadol, Demerol, Morphine, Fentanyl, Codeine, etc.</b></p>	<p>Smaller (constricted) pupils Drowsiness Weakness/dizziness Impaired coordination Nausea Confusion Dry mouth Itching Sweating Flushed, clammy skin</p>	<p>Slowed or arrested breathing Lowered pulse and blood pressure Tolerance Addiction Unconsciousness Coma Death (Risk of death increases when combined with alcohol or other depressants)</p>
<p><b>Depressants - usually prescribed to treat anxiety and sleep disorders</b></p> <p><b>Ativan, Librium, Valium, Xanax, etc.</b></p>	<p>Enlarged (dilated) pupils Drowsiness/fatigue Lowered inhibitions Slurred speech Poor concentration Confusion Irritability Dizziness Impaired coordination and memory</p>	<p>Lowered blood pressure Slowed breathing Tolerance Withdrawal Addiction Increased risk of respiratory distress and death when combined with alcohol</p>
<p><b>Stimulants – usually prescribed to treat ADHD, narcolepsy, and obesity</b></p> <p><b>Adderall, Concerta, Ritalin, etc.</b></p>	<p>Enlarged (dilated) pupils Decreased appetite Feelings of exhilaration Increased energy /restlessness Mental alertness Excessive sweating /flushed skin Nervousness Insomnia Hostility/aggression Panic/paranoia</p>	<p>Increased heart rate, blood pressure, and metabolism Weight loss Seizures Heart attack Stroke</p>

North Dakota Prescription Drug Abuse Prevention Toolkit, North Dakota Department of Human Services, North Dakota Prevention Resource and Media Center.

## Tips for Prevention Efforts

### What Can I Do as a Community Member?

You secure your valuables.  
Why not your  
prescription drugs?

#### Safeguard your medications

- o Keep track of your meds. Count how many pills you have at any given time to check for missing pills.
- o Store your meds in a secure and dry place (not the bathroom).
- o Keep your meds out of sight. Consider using a lock box or hide medications in a discreet location in your home so they are not easy for others to find.

#### Dispose of your unused/old medications safely.

- o Follow specific disposal instructions on the drug label or patient information that accompanies the medication.
- o Deposit unused meds in the Drop Box container at participating sheriff, state police department, and Oakland City Hall. (See Appendix viii )

#### Be a good role model

- o Take your medication as directed and keep it secure.
- o Don't share your medications under any circumstances. If a family member or friend is injured, instead of "sharing" a pain reliever, make sure he or she sees a healthcare professional for care.
- o Driving under the influence of alcohol or drugs (which can include legally-prescribed or over-the-counter medications) is not only dangerous, it is illegal.
- o Tell your health care provider about ALL medicines you take.
- o Talk with your healthcare provider about medications. Ask questions about side effects, possible addiction, etc.

#### Be aware of common signs and symptoms of abuse

\*Check out the SIGNS AND SYMPTOMS section, page 6\*

**You are an important part of  
your health care team!**

*When talking to youth...*  
*Limit the amount and type of information you share. (Don't share details about specific drugs that can be abused, where to get them, or how to abuse them to get high.)*  
*Do not use language that suggests that all teens (or a majority) are abusing prescription drugs.*  
*Avoid glamorizing or glorifying use, such as linking these drugs to popular celebrities or associating use with benefits such as weight loss and increased energy.*  
*Avoid using images of people taking these drugs.*  
*Focus on educating about the safe use of medication (as prescribed).*

## Tips for Prevention Efforts

### School Efforts

- Incorporate substance abuse prevention activities into your daily curriculum.
- Utilize awareness tools year-round to educate students and parents:
  - ◊ Hang posters in your school.
  - ◊ Distribute flyers to parents/caregivers.
  - ◊ Include articles focusing on prescription drug abuse and prevention of prescription drug abuse in school newspaper/newsletter.
  - ◊ Highlight prevention efforts on your school's website homepage.
- Review, and revise (if necessary), your school's policies on alcohol and other drug abuse (to include policies related to administering medication to students and student self-administering).



### WHAT CAN I DO AS AN EDUCATOR?

#### Be Aware of Changes in Students

- ▲ Look for the signs and symptoms of prescription drug abuse in your students, including physical, behavioral, and academic changes.
  - \*Check out the SIGNS AND SYMPTOMS section, page 6\*

#### Implement Awareness Programs

- ▲ Help students understand the risks and consequences of prescription drug abuse by holding school assemblies, implementing lesson plans/infusing prevention into your current curriculum, and sharing the school policy.
  - \*Check out the When Talking To Youth section, page 7\*

#### Get Parents Involved

- ▲ Educate parents about prescription drug abuse and encourage them to:
  - ▲ Restrict access to prescription medications by keeping them in a safe, concealed, and locked location.
  - ▲ Inform grandparents, other relatives, and neighbors about this issue and encourage them to safeguard their prescription medications.
  - ▲ Properly dispose of all unused or expired prescription medications.
  - ▲ Stress that prescription medications should NEVER be shared.
    - \*It is illegal for any person in MD to deliver or possess (with intent to deliver) a controlled substance
  - ▲ Begin a dialogue with their child about prescription drug abuse and encourage open, honest, and nonjudgmental communication.
  - ▲ Learn to recognize the signs of abuse.
  - ▲ Be good role models by taking prescription medication only as prescribed.

North Dakota Prescription Drug Abuse Prevention Toolkit, North Dakota Department of Human Services, North Dakota Prevention Resource and Media Center

## Tips for Prevention Efforts

Did you know that nationally, within a four year period, 900,386 pounds (450 tons) of prescription drugs had been turned in to the Drop Box Program as of April 2017? From April to October, 2017, 238.35 pounds of prescription drugs have been collected in Garrett County.

### Law Enforcement Efforts

- Advertise local Drop Box Program.
- Provide training/information to officers on detection of prescription drug abuse.
- Purchase lock boxes to sell or give away to community members for locking up abusable medication.

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### Realtor Efforts

- Encourage sellers to safeguard/lock their prescription drugs when holding open houses or showings.
- Provide a lock box for the seller to store prescription medication during all open houses and showings.
- Post a flyer/table tent during open houses showing support for prescription drug abuse prevention efforts.



**WHAT CAN I DO WHEN  
SELLING MY HOME?  
LOCK UP YOUR PRESCRIPTIONS  
DURING OPEN HOUSES AND  
SHOWINGS, AND WHEN OTHER  
PEOPLE ARE IN AND AROUND  
YOUR HOME.**

## Tips for Prevention Efforts

### Healthcare Efforts

(including pharmacists, dentist, veterinarians, and other professions that handle prescription medications)

- Hang up flyers/posters around hospital, clinic, pharmacist, etc.
- Create a display on prescription drug abuse, with information on how to safeguard/lock medications.
- Advertise the local Drop Box Program. Prescription Drug Drop Boxes are located at the McHenry State Police Barracks (24/7), the Garrett County Sheriff's Office (24/7), and Oakland City Hall (M-F 8:30-4:30 pm)
- Review Centers for Disease Control and Prevention (CDC) prescribing practices (to ensure patients are getting the right amount of the correct medication).
- Ask patients about their use of prescription drugs.
- Distribute information to patients and their family members related to prescription drug abuse.
- Use medication agreement forms that outline:
  - ◊ Appropriate amount of medication to take.
  - ◊ Physician's refill policy.
  - ◊ Adverse consequences of prescription drug abuse.
- Purchase lock boxes to sell or give to patients for locking up abusable medication.
- Ensure prescription pads are kept secure to prevent theft.

Did you know . . .

**Effective** prevention strategies are ongoing and encompass multiple activities in a variety of environments.

## Garrett County Resources

### Substance Abuse Prevention Office

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Health Education & Outreach

Garrett County Health Department  
1025 Memorial Drive  
Oakland, MD 21550  
Phone: 301-334-7730

For information on OMPP contact:  
Sadie Liller  
Email: [sadie.liller@maryland.gov](mailto:sadie.liller@maryland.gov)

### Outpatient Substance Abuse Providers

#### Garrett County Center For Behavioral Health

Garrett County Health Department  
1025 Memorial Drive  
Oakland, MD 21550  
Phone: 301-334-7670 or 301-895-3111  
[www.garretthealth.org](http://www.garretthealth.org)

Grantsville Outreach Center  
28 Hershberger Ln.  
Grantsville, MD 21536  
301-895-5355

#### **ADAC** (Alternative Drug and Alcohol Counseling)

994 National Highway  
La Vale, MD 21502  
Phone: 301-729-0340

#### Family Therapy Services

Henry A. Brown, ASCWL/LCSW-C, DCSW  
P. O. Box 309  
McHenry, MD 21541  
Phone: 301-387-7998  
Fax: 301-387-7746  
*DUI services*

### Suboxone Treatment in Garrett County

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#### Garrett County Health Department

Medication Assisted Treatment  
1025 Memorial Drive  
Oakland, MD 21550  
Phone: 301-334-7670  
*Prescribe: Methadone and Burprenorphine*

#### P. Daniel Miller, D.O.

69 Wolf Acres Dr.  
Oakland, MD 21550  
Phone: 301-334-4400

### Methadone/Suboxone Clinics in Allegany County

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#### Cumberland Comprehensive Treatment Center

14701 National Highway  
La Vale, MD 21502  
Phone: 866-753-3923  
*Prescribe: Methadone and Burprenorphine*

**Western MD Recovery Services**

11604 Bedford Road, NE  
Cumberland, MD 21502  
Phone: 301-724-1144  
*Prescribe: Methadone only*

**Western MD Health Systems-Behavior Health Program**

12500 Willowbrook Road  
Cumberland, MD 21502  
Phone: 240-964-8585  
Outpatient Behavioral Health Services  
To be placed on the waiting list, please call Cindy Knight 301-964-8599

**Inpatient Psychiatric and Addictions Services**

Phone: 240-964-2200  
*Prescribe: Suboxone*

**WMHS Occupational Health Center**

James Deren, MD  
1050 West Industrial Blvd  
Cumberland, MD 21502  
Phone: 240-964-9355  
*Prescribe: Suboxone*

**Allegany County HD Addictions Services**

10102 SE Country Club Road  
Thomas B. Finan Center, Cottage 4  
Cumberland, MD 21502  
Phone: 301-777-2285 (Massie Unit) or 301-777-2352 (Jackson Unit - adolescent)  
<http://www.alleganyhealthdept.com/addictions/massieupdate.html>  
*Type of Care: Residential short-term treatment and long-term treatment*

**Allegany County HD Addictions Services**

12503 Willowbrook Road SE  
Cumberland, MD 21502  
Phone: 301-759-5050  
Toll Free: 1-866-909-9629  
TTY: 1-800-735-2258  
*Type of Care: Outpatient*

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**Behavioral Health Treatment Services Locator**

[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

The Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

## Meetings

### Narcotic Anonymous (NA)

<http://meetings.intherooms.com/meetings>

Meeting Title	Location	Address	Day	Time	Fellowship
<u>Liberty Club</u>	<u>Liberty Club</u>	125 East Liberty Street Oakland, MD 21550-1201	WEDNESDAY	8:00 PM	Narcotics Anonymous
<u>Liberty Club</u>	<u>Liberty Club</u>	125 East Liberty Street Oakland, MD 21550-1201	SATURDAY	6:00 PM	Narcotics Anonymous

### Celebrate Recovery

Faith Evangelical Free Church  
1009 Maryland Highway  
Mt. Lake Park, MD 21550  
Contact Person: Linda  
Contact Number: 724-681-5378  
Day Group Meets: Friday  
Time Group Starts: 6:30pm  
Email: [dkimib@yahoo.com](mailto:dkimib@yahoo.com)

### Finding Hope to Cope

Garrett County Health Department  
1025 Memorial Drive  
Oakland, MD 21550  
First Floor Conference Room  
Contact Persons: Cara (304) 735-3683  
Teresa (240) 321-0737  
Day Group Meets: 3rd Tuesday each month  
Time Group Meets: 6-8 pm  
Follow on Facebook - Finding Hope to Cope



## Prescription Drug Drop Off Sites

### Garrett County Sheriff's Office

311 E. Alder Street  
Oakland, MD 21550  
301-334-1911  
[sheriff@garrettcountry.org](mailto:sheriff@garrettcountry.org)  
Hours: 24/7

### Maryland State Police

67 Friendsville Road  
McHenry, MD 21541  
301-387-1101  
[mshp.mchenry@maryland.gov](mailto:mshp.mchenry@maryland.gov)  
Hours: 24/7

### Oakland City Hall

15 South Third Street  
Oakland, MD 21550  
301-334-2691  
[townofOak@gmail.com](mailto:townofOak@gmail.com)  
Hours: Monday – Friday 8:30 am – 4:30 pm

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## Emergency Numbers:

Fire, Police and Medical Emergencies, call **911**.

To connect to health and human service resources in your community,  
call **1-866-411-6803**.

Maryland Poison Center Emergency Hotline, call **1-800-222-1222**

Maryland Crisis Hotline, call **1-800-422-0009**

## Other Resources

- [drugfree.org](http://drugfree.org)
- [theparenttoolkit.org](http://theparenttoolkit.org)
- [teens.drugabuse.gov](http://teens.drugabuse.gov)
- [samsha.gov](http://samsha.gov) - informational & free product for all ages and types of jobs
- [cdc.gov](http://cdc.gov)
- [prescribeprevent.org](http://prescribeprevent.org)
- [drugfreegarrettcountry.org](http://drugfreegarrettcountry.org)
- Maryland Poison Center, [mdpoison.com](http://mdpoison.com), 1-800-222-1222
- [drugpolicy.org](http://drugpolicy.org)
- [projectlazarus.org](http://projectlazarus.org)
- [learn2cope.org](http://learn2cope.org)
- [nacoa.org](http://nacoa.org)
- [niaaa.nih.gov](http://niaaa.nih.gov)
- [drugabuse.gov](http://drugabuse.gov)
- [jointogether.org](http://jointogether.org)
- [health.org](http://health.org)
- <http://amhserver.fmhi.usf.edu/schonfeld/gsa/home.htm>

## Resources for Schools, Colleges and Universities

Pre-K to Grade 12 schools, check out Smart Moves, Smart Choices awareness program toolkit ([www.smartmovesmartchoices.org/pdfs/SmartMoves\\_SchoolToolKit\\_Web.pdf](http://www.smartmovesmartchoices.org/pdfs/SmartMoves_SchoolToolKit_Web.pdf)).

Grades 8-10, check out PEERx (<http://teens.drugabuse.gov/peerx/>).

Colleges/Universities, check out Educate Before You Medicate ([www.talkaboutrx.org/college\\_resource\\_kit.jsp](http://www.talkaboutrx.org/college_resource_kit.jsp)) and The Generation Rx Initiative ([www.pharmacy.ohio-state.edu/outreach/generation-rx/index.cfm](http://www.pharmacy.ohio-state.edu/outreach/generation-rx/index.cfm)) resource kits.

## Information Facts

- <http://www.nacoa.net/pdfs/addicted.pdf>
- <http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>
- [http://www.drugabuse.gov/sites/default/files/drugfacts\\_nationtrends.pdf](http://www.drugabuse.gov/sites/default/files/drugfacts_nationtrends.pdf)
- [https://ncadd.org/images/stories/PDF/factsheet\\_ncadd\\_%20prescriptiondrugs.pdf](https://ncadd.org/images/stories/PDF/factsheet_ncadd_%20prescriptiondrugs.pdf)

# Appendix A

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# GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

## IMPROVING PRACTICE THROUGH RECOMMENDATIONS

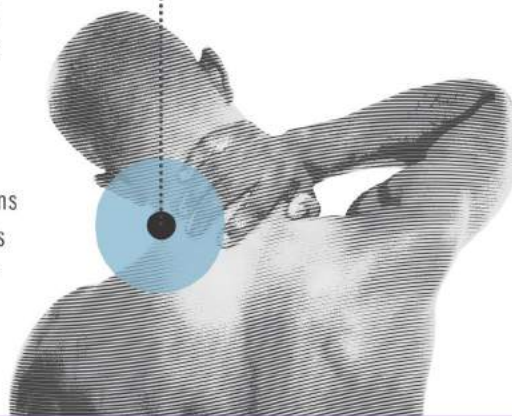
CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

## DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- 1** Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2** Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3** Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

### CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

## OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

### CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed



- 4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- 5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.
- 6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
- 7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

## ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

- 8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present.
- 9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.
- 10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
- 11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- 12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

### CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

# Opioid Overdose Response Steps



## Signs of an opioid overdose:

- Loud snoring
- Lips or fingertips turning blue
- Pale/grayish skin
- Shallow, slow, or stopped breathing
- Unresponsiveness
- A very limp body
- Slow or stopped heartbeat

Opioid overdose happens when a person takes too much of an opioid (heroin, morphine, methadone, oxycodone) by itself or with other drugs like alcohol or benzos. How much is “too much” depends on the person and can change over time. Most overdose deaths happen when mixing opioids and other drugs.

## WHAT IS NALOXONE?

Naloxone is a prescription medicine that safely and effectively reverses an opioid overdose. It is not addictive. Doctors and paramedics have used it for decades. Naloxone can be injected into a muscle or vein or sprayed up the nose.

### STEP 1 : GET THEIR ATTENTION

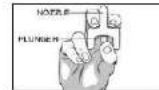
Firmly rub your knuckles up and down the middle of the person’s chest (sternum).

### STEP 2 : CALL 911

Tell them your location and the person’s symptoms.

### STEP 3 : GIVE NALOXONE

1. Peel back the package to remove the device
2. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the person’s nose



3. Press the plunger firmly to release the dose into the person’s nose.
4. Give a second dose if the first dose does not work within 1 to 3 minutes.

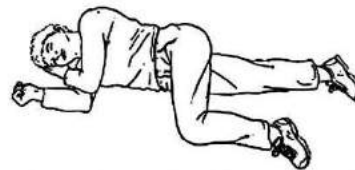
### STEP 4 : SUPPORT BREATHING

- 1 Lay the person on his or her back.
- 2 Tilt the chin back, remove anything blocking the airway.
- 3 Pinch the person’s nose closed and cover his or her mouth with your mouth.
- 4 Blow **2** regular breaths, then give **1** breath every **5** seconds.
- 5 Do chest compressions if trained in CPR

### STEP 5 : CARE FOR THE PERSON

Stay with the person until medical help arrives.

Place the person in the **recovery position**: face and body turned to the side, top hand placed under the head, and top knee bent to support the body.





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
Behavioral Health Administration – Spring Grove Hospital Center – Dix Building  
55 Wade Avenue – Catonsville, Maryland 21228

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary  
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

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## **Naloxone and the Statewide Standing Order: What you need to know**

*Starting June 1, 2017, anyone can get naloxone at a Maryland pharmacy without a prescription.*

*Naloxone* is a life-saving medication that can quickly restore the breathing of a person experiencing an opioid overdose. Opioids are a group of drugs that include heroin and prescription medications like oxycodone, hydrocodone, morphine, fentanyl and methadone. Naloxone is available as a generic drug or under the brand names NARCAN® and EVZIO®.

### ***Getting Naloxone from a Pharmacy***

1. Call ahead. Most pharmacies carry naloxone, but you may want to verify they have it in stock.
2. Ask to speak with the pharmacist. Naloxone is a prescription drug, so it won't be available on the retail shelf with "over the counter" medications like aspirin.
3. Mention the **Statewide Standing Order**, issued by Dr. Howard Haft, Maryland Department of Health. The Statewide Standing Order allows pharmacists to dispense naloxone to anyone without a paper or electronic prescription.
4. Talk to the pharmacist about how to recognize an opioid overdose and administer naloxone.
5. Need more information? Get overdose response training online at [www.getnaloxonenow.org](http://www.getnaloxonenow.org) or attend a training in your community through the [Maryland Overdose Response Program](#).

### ***Visit [www.naloxonemd.org](http://www.naloxonemd.org) for:***

- More information about naloxone and how to prevent and respond to opioid overdose
- A copy of the Statewide Standing Order
- Information for pharmacists on how to dispense naloxone and educate patients
- A list of Maryland pharmacies that stock naloxone
- Links to additional resources for people who use opioids and their loved ones

### ***Don't I need a prescription to get naloxone?***

No, the Statewide Standing Order acts as your prescription for naloxone in Maryland.

### ***How much does naloxone cost?***

Like other prescription drugs, what you pay depends on whether you have insurance with a prescription drug plan, and what that plan covers. *Naloxone is covered by Maryland Medicaid.* If you don't have insurance, ask the pharmacist about any discounts or coupons from the pharmacy or drug maker.

### ***Which type of naloxone will I get?***

The Statewide Standing Order covers generic naloxone, NARCAN® Nasal Spray, and the EVZIO® naloxone "auto-injector". Talk to the pharmacist to determine which product is right for you. Insurance plans may not cover every naloxone product, so ask the pharmacist or call your insurance company's customer service number for more information.



STATE OF MARYLAND

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## **Good Samaritan Law**

### **FACT SHEET**

Maryland's Good Samaritan Law protects people assisting in an emergency overdose situation from arrest, as well as prosecution, for certain crimes.

The purpose of the law is to encourage any person regardless of age, who experiences or observes a medical emergency caused by the ingestion or use of alcohol or other drugs, to seek medical assistance without fear of arrest or prosecution for:

- Possessing or using a controlled dangerous substance
- Possessing or using drug paraphernalia
- Providing alcohol to minors

The Good Samaritan Law applies to any person who seeks, provides, or assists with the provision of medical assistance as the result of a person ingesting or using alcohol or drugs.

It also applies to the victims if the victims receive assistance because someone else sought assistance for them.

**The law protects a person from a violation of a condition of pretrial release, probation, or parole, if the evidence of the violation was obtained solely as a result of a person seeking, providing or assisting with medical help to save someone's life.**

The law **does not** protect persons witnessing the medical emergency if they're not helping with the medical emergency.

The law protects persons from criminal arrest, charge or prosecution for the six misdemeanors listed below where the evidence was obtained solely because of the act of seeking medical assistance:

- § 5-601: Possessing or Administering CDS
- § 5-619: Drug Paraphernalia
- § 5-620: Controlled Paraphernalia
- § 10-114: Underage Possession of Alcohol
- § 10-116: Obtaining Alcohol for Underage Consumption
- § 10-117: Furnishing for or allowing underage consumption of alcohol

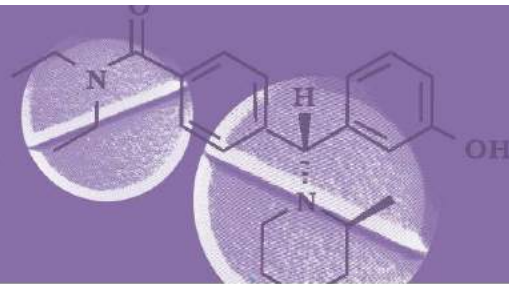
The Good Samaritan Law does not apply to drug felonies or other crimes not listed above. Additionally, it does not prevent law enforcement from conducting an investigation and gathering evidence.

For more information about prevention and treatment, visit: [MDDestinationRecovery.org](http://MDDestinationRecovery.org)

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258  
Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



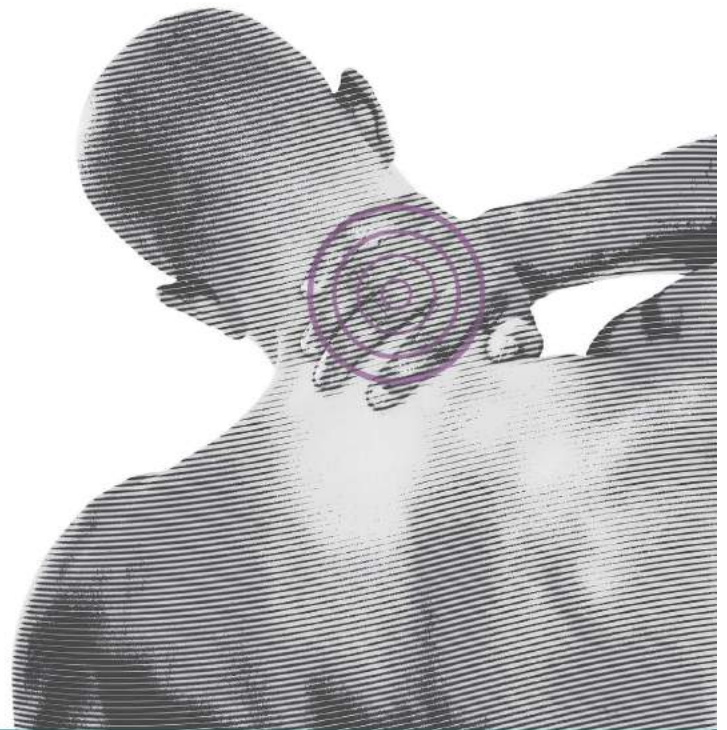
American Hospital  
Association

CS264107C May 9, 2016

## KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



For additional opioid abuse and misuse prevention and treatment resources, visit [AddictionHappens.org](http://AddictionHappens.org) on your computer or mobile device. You'll find toolkits, community resources for prevention activities and events, and treatment/recovery resources to help those currently struggling with opioid abuse and misuse issues in Garrett County.

Contact: Sadie Liller, Garrett County Health Department (301) 334-7730 or 301-895-3111.

Partially Funded by BHA and SAMHSA



*Prescription*  
**DRUG DROP BOX**  
 Sponsored by the Garrett County Drug Free Communities Coalition  
 Do you need a safe place to dispose of your medications?



**Keep your medications safe!**

Store medications in secure locations, such as lockboxes, medication safes, or other lockable spaces. Avoid storage places such as drawers, nightstands, or kitchen cabinets that children and others can easily access.

Follow any disposal instructions on the prescription label or patient information sheet. If none are given, dispose of unused medication at the Garrett County prescription drug drop boxes listed on the red card to the left, or visit [AddictionHappens.org](http://AddictionHappens.org) for additional information about safe disposal methods and prescription drug drop boxes that are available in a variety of locations within and outside of Garrett County.

**McHenry State Police Barracks (24/7)**  
**Garrett County Sheriff's Office (24/7)**  
**Oakland City Hall (M-F 8:30-4:30pm)**



**ADDICTIONHAPPENS.ORG**  
*Partially funded by the BHA and SAMHSA.*

*Mobile Friendly!*

*Some information provided by [GenerationRx.org](http://GenerationRx.org)*