Local healthcare leaders and officials are taking steps to offer assistance to the addicted, with ramped up trainings for physicians, changes in care-routing procedures and talks of a new emergency hotline. But in the case of such a widespread problem, our entire community must band together in an effort to prevent and treat addiction. We can each play a part in the fight against opioid addiction by choosing to become educated, staying aware, and speaking up when necessary. In this special-edition EAP newsletter, you can learn more about the issues and find resources for support.

**WHAT ARE OPIOIDS AND HOW DO THEY WORK?**
Opioids are generally used to treat pain, and include both prescription painkillers and heroin. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain.

Most people have a hard time understanding how the pills their doctor or dentist prescribes could be a factor in a heroin epidemic— but there is in fact a direct link. According to a study from The Journal of American Medical Association, “Today’s typical heroin addict starts using at 23, is more likely to live in the affluent suburbs and was unwittingly led to heroin thought painkillers prescribed by his or her doctor.” –CNN

Both prescription painkillers and heroin produce the same result: decreased pain and a sense of euphoria… as well as a slowing of the user’s breathing. All opiates also trigger “tolerance,” or the need to take higher doses for the same effect, and a strong craving to keep the drug in the user’s system. With this tolerance comes the added complication of withdrawal. Withdrawal occurs when there is an absence of the addictive substance in a user’s bloodstream, and causes extremely painful flu-like symptoms. Many addicts say that after a while, they don’t use these substances to get high—they use them to avoid the sickness of withdrawal. They use them so that they can function at school or make it to work.

**FROM PRESCRIPTION PILLS TO EXPLICIT HEROIN USE:**
The jump from using pills to heroin happens mainly due to cost and accessibility. In an effort to reduce access to addictive prescription opiates, laws have been put into place around prescribing these drugs. The laws are working, making the pills not accessible in the way they once were. This causes addicted individuals to find other ways to avoid withdrawal sickness. The most affordable and accessible option is often heroin. To compare costs, in the WNY region, the street value of a prescription pill like Opana can run around $80-$100, while a bag of heroin generally costs $5-$10. When we connect the dots, we can begin to understand how a person who is prescribed an opioid painkiller for a sports injury is put at high-risk for addiction, and could be quickly drawn into illegal drug use.

**SIGNS OF AN OPIOID EMERGENCY OR OVERDOSE:**
Opioids can cause a person’s breathing to slow or stop—this is considered an overdose. All opioids put people at risk.

**Call 911 if:**
- A person is unresponsive and won’t wake up even if you shake them or loudly call their name
- Breathing slows or even stops.
- Lips and/or fingernails turn blue, pale or gray

**ENCOURAGING THE CALL FOR HELP:**
The majority of opioid overdoses are witnessed, which provides an opportunity for intervention. However, witnesses to an overdose often hesitate to call for help or, in many cases, simply don’t make the call.

Research shows that the most common reason people cite for not calling 911 is fear of police involvement. In an effort to encourage witnesses to seek medical help, the 911 Good Samaritan laws exempt callers in New York State from arrest and prosecution for minor drug and alcohol law violations. It is important for all community members to be aware of this protection, so that there is no hesitation in reaching out for help in an overdose situation. You can help spread awareness by having a conversation about Good Samaritan laws with your co-workers, friends, family and older children.

**THERE IS NO “FACE” OF HEROIN USE:**
When we consider illegal drug use, we often do not relate. We may have a pre-conceived notion of what an addict looks like, and may associate the experience with homelessness or a criminal background. The fact is, a person who is addicted to opiates is much more likely to look like your own child, co-worker or neighbor. Last year, CNN reported that when the Carolinas Medical Center in
Charlotte looked closely at who was coming in for detox, they found among them police officers, lawyers, nurses and ministers who lived in some of the best area neighborhoods. A striking statistic shows that 80% of the world use of pain pills occurs in the US, which makes up only 5% of the world population. Accidental prescription drug overdose is now the leading cause of acute preventable death for Americans. While addiction affects all ages, in Western New York, the crisis is especially acute among young people.

THE CARETAKER CHALLENGE:
According to the Centers for Disease Control, “About a third of high school seniors across the country report using an illicit drug sometime in the past year.” That means a lot of parents and caregivers are actively struggling to make sense of this issue. While many Western New Yorkers are unaware that their loved ones are using, there are many who do know about it, but feel helpless to solve the problem. As more families have two parents in the workforce, or a single working parent, people are balancing work demands as well as caring for their family. This becomes especially difficult when the addiction of a family member is a concern.

Even when the problem is known, there are medical appointments, counseling appointments, and possible court involvement/apparitions to consider. Beyond the obvious financial burden of these interventions is the time it takes to coordinate and transport. Employees are often afraid to speak up at work, because of the stigma surrounding addiction. Struggling to stay afloat and keep their loved ones safe, many parents experience extreme shame related to drug or alcohol use in their family. Some even begin to blame themselves and see their loved one’s struggle as their own failure. The stress of hiding this kind of concern often causes social and even medical problems for working caretakers.

One Western New York parent, whose child lost his battle with addiction in 2009 said,:

“The stigma is still there, and we need to let others know that this is a disease, just like diabetes and cancer. By offering education in a group, such as to employees, everyone benefits. Even if they don’t have something going on in their family, they most certainly know someone who does. The only way to stop this epidemic is to educate.”

COMMITY EDUCATION AT WORK:
One response to the need for education is to address the local epidemic where Western New Yorkers spend most of their time- at work. One such program is called Face 2 Face in the Workplace, delivered by Kids Escaping Drugs. The presentation is geared toward both opioid addiction in general and the direct effect on youth and working families. Audiences learn how people are becoming addicted— both the science and the behavior patterns. Part of this program includes a parent of an addict sharing his/her story, and a big part of that story is how dealing with opioid addiction in the family affected their ability to work.

“Our employees were educated, inspired, shocked, and ultimately, grateful for the interactive dialogue. Questions were asked and answered; feedback was encouraged and given; and senior management was thanked for providing the opportunity. We viewed this training opportunity as a benefit designed not just for the employee, but their family as well.”
– Pat Greco, Operations Manager, Buffalo Coca-Cola

When a community faces an epidemic like this one, these types of conversations can arm individuals with the information necessary to save lives and repair families.

SERVICES AND SUPPORT:
Community resources are available to individuals and families living with addiction. There are inpatient as well as outpatient options, trainings available for caregivers, and even kits and training available for individuals to administer Narcan- a medication that can immediately reverse the effects of overdose.

Most programs have eligibility requirements, such as age or gender, and not all are covered by every insurance provider. Your EAP can help you navigate the services available to select the right option for you or family members. If you are concerned about your situation, or that of someone you care about, don’t hesitate- just call or email EAP.

ContactEAP@cfsbny.org