



When it's dark enough,
you can see the stars

BEYOND THE NUMBERS

Echoes of the Opioid Epidemic

Facilitator's Guide
May 2019



Acknowledgements

Beyond the Numbers: Echoes of the Opioid Epidemic was made possible by the Affected Family & Friends Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention. These dedicated volunteers wanted to put a face on this terrible crisis in order to help the public understand that *no* family is beyond the long reach of this epidemic. The work group's hope was for the project to help Colorado communities:

- See that those affected by the epidemic look and sound like them;
- Increase awareness of the dangers posed by inappropriate opioid use;
- Increase knowledge about the crisis overall; and
- Become inspired to be part of the solution.

We are grateful to all our work group members for their vision and commitment.

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Sincerely,

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Overview

The numbers are staggering – 47,000 people died in 2017 from opioid overdose, both prescription and illicit, in the United States, averaging to more than 130 each day. In Colorado, the epidemic continues to impact public health and social welfare; over 500 people lost their lives in 2017 due to opioid use. There are an estimated 43,000 Coloradans struggling with opioid use disorder. It is a problem that touches every demographic category and geographic region in our state.

Though it may be simpler to focus on these alarming, growing statistics, we must remember that every statistic is a family member, loved one, or friend, and that communities are also impacted. **Every statistic has a story.**

Beyond the Numbers: Echoes of the Opioid Epidemic showcases ten stories written, directed, edited, and narrated by people with personal experience in the tragedies and triumphs inherent to the epidemic. These are *their* stories of pain, stigma, family disruption, loss, tremendous love, recovery, and hope, told in the way *they* wished to tell them. We know there are many more perspectives, experiences, and demographics that are not yet represented in this project.

This *Facilitator's Guide* is designed for use by individuals or organizations working to raise awareness about the opioid epidemic. Should someone wish to show one or more of these videos to a community audience, the accompanying material contained in this guide should be used to facilitate an audience's understanding of the context, themes, and key messages related to the real-life impacts of opioid use depicted in the videos.

This guide includes:

- Descriptions of the storyline of each video and run-time
- Themes embedded within each story
- Relevant statistics
- Recommendations for appropriate target audiences
- Suggested discussion questions
- Resources
- Sample meeting agendas
- Follow-up survey

Questions about video or Facilitator's Guide content should be directed to the Program Manager supporting the Affected Families & Friends Work Group at the Colorado Consortium for Prescription Drug Abuse Prevention: pm@corxconsortium.org.

How to Use This Guide

1. **Select video(s).** Facilitators should watch the videos prior to the event in which they will be shown, to determine which stories, themes, etc. best meet the need for the event and audience. Determine when to use the story in your event's agenda in order to provide enough time to discuss/process.
2. **Frame the story.** Depending on the video(s) and anticipated audience, the facilitator should determine how much (if any) of the backstory should be shared about the video to support audience members' understanding of key themes and messages. Although "Ideal Audiences" are listed for each video, these may or may not apply, depending on nuances of your particular event and community members attending.
3. **Cover Key Takeaway messages.** Determine which key takeaway messages will be focused on and how they will be reinforced. This could occur through facilitation of discussion questions, providing handouts, audio-visual support, and/or additional personal stories (such as in-person panelists, etc.).
4. **Empower your audience.** Determine a "call to action" for audience members, based on the discussions and interests that are expressed during your event. Empower them to educate or support others in the ways they deem meaningful; assist with planning next steps and providing resources, when possible.
5. **Be prepared.** Be aware of emotional impacts that could result from audience members' personal experiences related to video and topic content (i.e. loss of life, family trauma, personal trauma related to one's own substance use, etc.). Let individuals know ahead of time that there could be triggering content or images and provide them with permission to take care of their needs, should triggering occur. Consider having clinical or community health staff available for audience members. Also, be prepared for individuals who may bring younger, less appropriate, audience members.

It is up to organizers whether they would like to contact the media, whether for an event listing, a story in advance to notify the public of the event, or to cover the event. Organizers should consider their goals for the event, the intended audience and its potential concerns, and what they would like media coverage to achieve. Please contact the Consortium at pm@corxconsortium.org if you have questions.

6. **Provide resources.** A list of local resources should be available at all events. Consider having materials available regarding treatment providers, support groups, and opioid-reversal drugs such as Narcan. The Colorado Consortium for Prescription Drug Abuse Prevention may be able to assist with providing some collateral materials. Visit the Consortium's "Order materials" page for more information: <http://www.corxconsortium.org/order/>.

The Importance of Language

As a community event facilitator, the language you use regarding content can influence the experience and perspective of your audience members. Although not necessarily reflected in the language used in the videos themselves, “person-first,” de-stigmatizing language should be used and stressed as a part of any community education event.

The chart in this guide shows some examples of terms you should use or avoid depending on the environment and audience.

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

Key Messages

Pillars of Prescription Drug Abuse Prevention

The Colorado Consortium for Prescription Drug Abuse Prevention promotes the adoption of three key strategies to prevent misuse of prescription medications in every Colorado community:

Safe Use

- Take prescriptions as directed by the prescriber; this means only the prescribed amounts, by the prescribed patient, at the prescribed intervals.
- Be aware of the dangers of mixing opioids with other medications and/or alcohol.
- Don't share medications with others.

Safe Storage

- Keep opioid prescriptions in a secure, preferably locked location; medication safes are an optimal storage option.
- Monitor medications so you know how much has been used and how much should remain in the bottle at all times.
- Always use the medication's original container. Make sure the label remains attached and all child-resistant caps are secured.

Safe Disposal

- Never flush medicine down the toilet and do not give it to friends or family members to dispose of on your behalf. For directions about appropriate home disposal visit <http://takemedsseriously.org/safe-disposal/disposal-options>.
- Unused or expired medications can be disposed of via secure collection boxes throughout the state. Visit <http://takemedsseriously.org/safe-disposal/disposal-options> for collection box locations.
- Unused or expired medications can also be taken to a drop-off location during the semi-annual National Prescription Drug Take Back Day managed by the U.S. Drug Enforcement Agency. Typically, the event is held on the last Saturday of April and October. For information regarding dates, locations, and times, visit https://www.dea diversion.usdoj.gov/drug_disposal/takeback/index.html.

Family impacts

According to the National Survey on Drug Use and Health, about 1 in 8 children aged 17 or younger reside with at least one parent with a substance use disorder. Estimates of US households impacted by a family member with a substance use disorder range from 45% to 66%. Although definitions of "family" may differ among households and communities, one undeniable truth is that substance abuse and substance use disorders have distinct effects on different family structures. Both nuclear *and* extended family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt, or they may wish to ignore or cut ties with the person using substances. Termed a "family disease," substance use disorders can negatively impact financial stability, emotional and physical safety, and overall mental health in the home.

Treatment works

Like other chronic illnesses, substance use disorders can be managed effectively. “Treatment enables people to counteract addiction’s powerful disruptive effects on the brain and behavior and to regain control of their lives. The chronic nature of the disease means that relapsing to drug abuse is not only possible but also likely, with symptom recurrence rates similar to those for other well-characterized chronic medical illnesses—such as diabetes, hypertension, and asthma” (NIDA, 2018).

Effective treatment must address the individual’s drug use behaviors and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual’s age, gender, ethnicity, and culture.

Behavioral therapies are the most commonly used forms of substance use disorder treatment. However, the use of FDA-approved medications in combination with behavioral therapies have demonstrated better treatment retention and outcomes than behavioral treatment alone for the treatment of opioid, alcohol, and tobacco use disorders. Often referred to as medication-assisted treatment (MAT), the use of medications specifically used to treat and manage opioid use disorder have been “greatly underutilized, even though their use is strongly associated with reduced morbidity, mortality, and costs compared to treatment without medication” (ASAM Fact Sheet, 2018).

Overdose prevention

An effective life-saving strategy for individuals using opioids is to utilize a reversal agent when someone is suspected of experiencing an opioid overdose. Naloxone (brand name Narcan®) can reverse an overdose within minutes of being administered, giving time to provide life-saving treatment. Many emergency medical responders and law enforcement officers carry naloxone and have been trained in its use. But naloxone isn’t just for first responders—the medication can be administered by anyone, whether they have been trained or if they are following instructions included in a naloxone kit. A growing number of communities are hosting events to train people how to use naloxone to save a person who has overdosed.

Since 2015, consumers in Colorado have been able to buy naloxone from participating pharmacies without getting a prescription. They are able to obtain the medication because the state’s chief medical officer created a “standing order,” which removes the need for a prescription. As of 2017, more than 500 pharmacies in Colorado carry naloxone. You can find those pharmacies on the *Stop the Clock Colorado* website: www.stoptheclockcolorado.org/map/.

For more information on using naloxone, visit the Naloxone Page on the Consortium website at www.corxconsortium.org/naloxone/.

Recovery is possible

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a working definition of recovery from mental disorders and/or substance use disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health:** Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** A stable and safe place to live
- **Purpose:** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community:** Relationships and social networks that provide support, friendship, love, and hope

Studies conducted since 2000 show that more than 50% of adolescents and adults who once met diagnostic criteria for a substance use disorder no longer meet criteria for the disorder. A multitude of community-based and peer support services exist across Colorado, the nation, and the internet, aimed at continuing to support individuals in their pursuit of long-term management of a substance use disorder.

Story Guides

Our Dance

By Kristi
(Run time: 3:54)

Kristi is a “stand-in parent” who is raising her cousin’s 18-year old son while his mom is in court-ordered substance use disorder treatment. Due to his mother’s disorder, much of this young man’s early childhood was spent being cared for by Kristi and her mother. When he was in sixth grade, he came to live with them on a permanent basis. Kristi’s family has been significantly impacted by substance use disorder, already having lost Kristi’s cousin, Daniel, to the disease. This story is a poignant description of Kristi’s fears for the boy she loves like a son, for her cousin’s long-term future, and for a system full of barriers and challenges for those struggling with substance use disorders.

Themes

- Love
- Hope
- Family impacts
- Criminal justice involvement
- Lack of services
- Stigma

Ideal Audiences

- Treatment agencies
- Family and human services employees
- Criminal justice employees
- School-based educators and administrators
- Families
- General audiences

Other Considerations

- Those with loved ones in treatment or incarcerated may be triggered by this story
- Picture of gravesite/headstone

Discussion Questions

- What stressors would a child in these circumstances experience? How might his school and/or community be able to support him and/or his family?
- What additional stressors would be experienced by children of incarcerated individuals without extended family members willing to care for them?
- How might stigma impact this family and others like it?

Key Takeaways

- Parental substance use disorder impacts children and larger family systems
- Need for better systems of care for individuals with substance use disorder and their families before, during, and after they become involved in the criminal justice system
- The need for community support for families
- The need for school-based support for children and siblings

Because of You

By Christina
(Run time: 3:47)

Christina was granted permanent custody of her nephew, Katlin, when he was 5 years old. Katlin's mother had an active substance use disorder throughout her pregnancy and Katlin's early childhood, resulting in a chaotic and traumatic environment. For eight years, Christina worked diligently to give Katlin a better life, promote the treatment of his developing mental health issues, and assist with leaving the trauma of his early childhood behind him. When he was 13, his mother, who was still struggling with substance use disorder, re-entered his life and introduced him to a variety of substances including prescription pain medications and illicit substances. After developing a substance use disorder himself, Christina supported Katlin through multiple cycles of treatment, abstinence, and relapse, until he was able to sustain recovery on his own for over two years. At the age of 25, Katlin was married and had a family of his own when he went to see a doctor for anxiety issues. He was prescribed a psychotropic drug which caused hallucinations. Rather than stopping the medication, he turned to heroin to alleviate the hallucinations and, according to his autopsy, died from heroin toxicity.

Themes

- Love
- Loss
- Hope
- Family impacts
- Disorder management
- Co-occurring mental health issues
- Relapse

Ideal Audiences

- Individuals in treatment
- Parents of those struggling with addiction
- Healthcare providers
- Counselors

Other Considerations

- Could be triggering for individuals who have suffered the loss of a loved one, especially a child.

Discussion Questions

- What could have prevented Katlin's death? (Narcan®, improved collaborative care, advanced psychiatric directives, MAT, etc.)
- How might stigma have played a role in Katlin's last visit with the physician?

Key Takeaways

- Recovery is an ongoing process
- When co-occurring mental health issues are present, it is critical to have good care-collaboration by all providers, ideally involving addiction psychiatry
- Importance of disclosing mental health and substance use history to physicians
- Keeping naloxone or other harm-reduction measures on-hand in homes where opioid use has or is occurring

Brothers Again

By Quentin
(Run time: 2:36)

Discussions about substance use disorders generally focus on the affected individual, but the impact of the disease is also devastating to that person's family, a fact that Quentin has lived with for over two decades. His younger brother, now 36, has struggled with addiction to opioids and methamphetamine since he was a teenager. That has created emotional and financial stress for Quentin, his parents, and his other siblings. Now 40, Quentin admits he never understood his brother's choices and always judged him harshly because of them. After learning more about addiction, Quentin began to understand that his brother has a chronic disease and needs help, not criticism, in order to get better. Armed with that knowledge, Quentin tried a new approach when visiting his brother recently – acceptance. He saw that this new attitude changed the dynamic between them and their visit, unlike those in the past, went well. Unfortunately, that change was only temporary, and his brother continues to struggle with the isolation that often accompanies mental health and substance use disorders. Quentin's new understanding and deep love for his brother sustains his attempts to help. "I am always thinking about solutions," he says. Reflecting on his family's situation, Quentin notes, "It's sad that we can't socialize and talk about 'regular' stuff because this topic always dominates every conversation."

Themes

- Love
- Family impacts of substance use disorder
- Stigma: Judgement vs acceptance
- Co-occurring mental health issues
- Relapse

Ideal Audiences

- General (adult)
- Parents
- Counselors
- Parents/siblings of those struggling with addiction
- Individuals in treatment

Other Considerations

- One instance of vulgar language

Discussion Questions

- What was Quentin's new approach to dealing with his brother?
- Did it make a difference and, if so, why?

Key Takeaways

- Importance of understanding a substance use disorder is a chronic, relapsing disease, not a moral failing
- Stigma prevents individuals from seeking treatment and getting well
- Emotional and financial stress experienced by family members

JP

By Karen
(Run time: 2:51)

The story of a mother's unexpected loss. Karen's son, James Patrick (JP) Carroll, died of a fatal drug interaction between an opioid and a benzodiazepine (anti-anxiety medication) when he was 26 years old. JP was taking a benzodiazepine as prescribed in order to treat anxiety. While visiting his grandmother, he was having difficulty sleeping. He found a long-forgotten opioid prescription in the medicine cabinet, took one pill from the bottle, went to sleep, and never woke up. Why? Because mixing benzodiazepines and opioids, both of which depress the central nervous system, caused him to stop breathing. This tragic loss changed the trajectory of Karen's life and has turned her into a vocal advocate for opioid awareness.

Themes

- Danger of mixing medications
- Danger of taking someone else's medication
- Safe Storage
- Proper disposal of unused medications
- Loss
- Love
- Impacts on family

Ideal Audiences

- General (adult)
- Older adults/grandparents
- Parent groups
- Anyone prescribed a benzodiazepine
- College/University students

Other Considerations

- Could be triggering for individuals who have suffered the loss of a loved one, especially a child

Discussion Questions

- How could JP's death have been prevented? (Safe storage/disposal of leftover medications, education provided by his physician, Naloxone, etc.)
- How could you/your community support someone who has lost a child due to substance use?

Key Takeaways

- Safe use – don't take medications that are not prescribed for you
- Safe storage – keep opioid medications locked up. 5% of people obtain opioids from family or friends without asking
- Safe disposal – if you have opioids left over, dispose of them quickly and safely at a secure disposal site.

Death of a Daughter

By Suzi
(Run time: 3:57)

The mixing of opioids with other medications, prescribed and over-the-counter, can be fatal. Suzi's 37-year-old daughter, Heidi, was in a car accident; the chronic pain from the accident started a cycle of opioid prescribing that went on for several years. In an effort to manage the pain, sometimes Heidi would take more than the prescribed dosage. She also struggled with anxiety and another physician prescribed a benzodiazepine. With a springtime onset of allergies, Heidi added Benadryl to the already dangerous mix of medications, and the combination of the multiple drugs caused her to stop breathing.

Themes

- Dangers of mixing medications (prescribed and over-the-counter)
- Dangers of taking more medication than what has been prescribed
- Loss
- Family impact
- Love
- Lack of effective care coordination

Ideal Audiences

- General (adult)
- Healthcare providers
- Pharmacists
- Parents
- Older adults/grandparents
- Individuals taking benzodiazepine and opiate medication

Other Considerations

- Could be triggering for individuals who have suffered the loss of a loved one, especially a child; and for those experiencing chronic pain.

Discussion Questions

- How could Heidi's death have been prevented? (Use of PDMP, Narcan®, etc.)
- How might stigma have played a part in Heidi's story? (i.e. being hesitant to disclose a history of anxiety and medication to manage it)

Key Takeaways

- Safe use: Don't take more of the medication than has been prescribed.
- Safe use: Don't mix medications – prescribed or over-the-counter – without first checking with your physician and/or pharmacist about potential side effects or synergistic effects.
- Healthcare providers should use the PDMP
- Prescribers and pharmacists should ask about regular and PRN over-the-counter medication use
- Care teams and patients should consult with pain specialists and addiction specialists
- Prescribers should follow specialty guidelines regarding opioid prescribing (if established) for your practice area
- Prescribers should follow the CDC Guidelines for Prescribing Opioids:
https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

A Night to Remember

By Renee
(Run time: 2:41)

Even trained medical professionals can find themselves impacted by the opioid epidemic. Twenty-six-year-old Renee is studying to be a pharmacist and her training has cautioned her about the use of opioids, especially with other medications. After having ankle surgery and suffering complications, she was given Norco, an opioid, and Tizanidine, a muscle relaxant. She remembers taking the original dosage of each and going to sleep. She awoke later that day feeling ill and disoriented. She noticed all the pills in her bottles were gone, but did not recall taking more than her prescribed initial dose. A 911 call by her roommate and the use of Narcan® by paramedics and hospital staff saved her life. Renee is continuing her pharmaceutical studies and says she is committed to educating her current and future patients as well as other healthcare providers on potentially lethal drug interactions. She says she wants to be “that person who stands between a lethal opioid drug interaction and living life to its fullest.”

Themes

- Hope
- Safe use
- Safe storage
- Danger of mixing medications
- Benefits of Narcan®
- Medication side effects

Ideal Audiences

- Healthcare providers
- Healthcare students
- College/university students and residence staff
- Anyone taking opiate medication, especially with other medications

Other Considerations

- Emergency room images may be disturbing to viewers

Discussion Questions

- How could Renee have prevented this from occurring? (storage/supervision of medications)
- How could Renee’s healthcare providers have prevented this from occurring? (Co-dispensing Narcan®, discussing potential dangers, suggesting monitored use, etc.)

Key Takeaways

- Safe use – don’t mix medications (prescribed or over-the-counter) without first checking with your physician and pharmacist
- Safe storage: Keeping potentially dangerous medications locked up to be dispensed by a trusted caregiver is advisable post-surgery.
- Be aware of potential side effects of medications, such as cognitive confusion and impaired motor function, and take precautionary action
- Notify all healthcare providers of all adverse reactions you experience with medications

The Lanky Old Texan

By Preston
(Run time: 3:45)

A young man's story of empowerment and recovery. Twenty-seven-year-old Preston began drinking and using prescription opioids when he was only 15. He quickly transitioned to heroin and almost immediately found himself "addicted." After attending five different treatment programs in three years, he still had not found anything that, in his words, "stuck." When he met the "lanky old Texan," Preston was provided the guidance he needed to put what he had learned in treatment and in his Twelve-Step program into action. He found that doing his step-work and being encouraged to sponsor others do the same right away made the difference. Preston has maintained his recovery since 2012 and he uses his experiences to counsel others struggling with substance use disorder.

Themes

- Hope
- Recovery is possible
- Safe use – opioids are highly addictive
- Disorder management

Ideal Audiences

- General (adult)
- Individuals with substance use disorder
- Counselors

Other Considerations

- Could be triggering for individuals with children who struggle with a substance use disorder.

Discussion Questions

- What seem to be the key pieces for Preston's successful recovery? (i.e. active vs. passive learning, helping others, giving back, etc.)
- How did hope (or lack thereof) play a role in Preston's illness and recovery?

Key Takeaways

- Over 75% of heroin users start with prescription opioids
- Treatment works and sometimes requires multiple treatment episodes
- Community involvement, purpose, and action are keys to recovery maintenance

Life with an Addict

By Cory
(Run time: 2:11)

Siblings are often overlooked sufferers when the story of someone with substance use disorder is told. Cory, a 15 year old, has lived with the impact of his older brother's substance use disorder for 11 years. He says his brother was "a monster to me," and Cory always thought his brother hated him. Cory's honest declaration about his sadness and anger for what his brother has put him and their mother through is both profound and heartbreaking. This story provides valuable insight into the impact the epidemic is having on siblings as well as the entire family system.

Themes

- Loss
- Impacts on families
- Co-occurring mental health issues
- Stigma

Ideal Audiences

- Families
- Siblings of those struggling with a substance use disorder
- Counselors
- School-based educators/administrators
- Individuals in treatment

Other Considerations

- Could be triggering for individuals with a history of substance use disorder.
- Could be triggering for siblings of individuals with substance use disorder.

Discussion Questions

- How might this stressful family situation impact other areas of an adolescent's life?
- What are the normal feelings to experience when a family member has a substance use disorder?
- How might his school and/or community be able to support him and/or his family?

Key Takeaways

- Loss (and related emotions) can occur without experiencing a death
- Unmanaged mental health issues complicate effective management of a substance use disorder.
- It can be difficult to separate a loved-one's substance use disorder behaviors from the person they are without those behaviors.
- Family support is key; ensure siblings have support services they need.

The Ghosts

By Judy
(Run time: 3:32)

Judy, who is a nurse, says she knew early on that her son Caleb had difficulty processing the world around him. At 14 he began to self-medicate his anxiety and depression with marijuana, and by age 19 he had transitioned to heroin. Caleb is now 24 and has been through multiple recovery programs, none of which have given him what he needed to stay in recovery. And, she notes that none of those programs addressed Caleb's mental health issues. To help her son and others who struggle with addiction and mental health issues, Judy established a nonprofit that embraces harm reduction and as she says, meets people "where they are." This is touching story of a mother's love and commitment to her son despite the challenges it has presented in her life.

Themes

- Role of mental health in addiction
- Love
- Acceptance
- Relapsing

Ideal Audiences

- Families
- Siblings of those struggling with addiction
- Family Counselors
- Treatment agencies
- General Audiences

Other Considerations

- Could be triggering for individuals with children or other family members who struggle with addiction.
- Could be triggering for individuals who do not understand or agree with harm reduction strategies.

Discussion Questions

- What roles do mental health issues play in the development of a substance use disorder?
- What role does mental health play in the effective management of a substance use disorder?
- What role does a parent or guardian have in managing their child's substance use and/or mental health disorder? How much control do they actually have?

Key Takeaways

- Managing mental health and substance use disorders is possible, but can be difficult and often requires working with a collaborative team of experts.
- Caregivers need unique support to assist in the balance of self-care, love for their struggling child, and boundary/expectation development and enforcement.

When it's Dark Enough You Can See the Stars

By Cynthia
(Run time: 3:33)

At age 10 Cynthia knew her life goal—be the best mom possible. With eight children she “rocked” motherhood for more than 21 years. All that changed when she experienced hip pain and was prescribed her first OxyContin. She quickly became addicted and stopped living for her children and started living for her next pill. When she could no longer get pills, she turned to heroin. Cynthia’s story of hitting rock bottom and finding her way back is inspiring and provides a message of hope for those who are facing similar circumstances.

Themes

- Hope
- Recovery is possible
- Prescription opioids for chronic pain should be carefully managed
- Danger of taking more medication than has been prescribed

Ideal Audiences

- General - adults
- Individuals in treatment
- Individuals in early recovery
- Communities lower in awareness/readiness
- Healthcare providers

Other Considerations

- Mentions suicidal ideation, which may be triggering for individuals
- One instance of vulgar language
- Use of the word “junkie,” which is a very stigmatizing word.

Discussion Questions

- What do you think Cynthia meant when she stated “I opened my bottle of Oxy to find only eight, which experience proved wouldn’t be enough”? (answer: suicide)
- How often do you think suicide enters the minds of individuals with substance use disorders? (Answer: Many individuals with a substance use disorder disclose having thoughts of suicide as a way to stop their use and end the pain their disorder was causing themselves and others.)

Key Takeaways

- Substance use disorders do not discriminate
- Opioid use disorders can begin with a valid prescription to treat pain
- Individuals who develop an opioid use disorder often switch from prescription pain medications to heroin
- Recovery is possible

Discussion Questions

1. What attempts do you see your community making to address the opioid epidemic?
2. How can you support (or initiate) your community's efforts?
3. How does stigma show up in your community?
4. What can you do to battle stigma?
5. What services are in place in your community to address the unique needs of sub-groups of folks suffering with substance use disorder? Consider the following:
 - GLBTQ
 - Youth
 - Older adults (65+)
 - Individuals with disabilities
 - Non-English speakers
 - Individuals with criminal backgrounds
 - Pregnant women/mothers of small children
6. Knowing that substance use disorders impact one in three families in some way, consider how many of your friends/neighbors/community members are struggling. How can you help?

Resources

Prescription Drug Abuse Prevention

- Colorado Consortium for Prescription Drug Abuse Prevention website: www.CoRxConsortium.org
- Safe Use, Safe Storage, Safe Disposal information: www.TakeMedsSeriously.org
- Naloxone locator: <http://stoptheclockcolorado.org>

Treatment Finder

- Office of Behavioral Health LADDERS: www.colorado.gov/LADDERS/
- SAMHSA Treatment Services Locator: <https://findtreatment.samhsa.gov>
- Colorado Crisis Services: <https://coloradocrisiservices.org>

Resources for Families

- Strengthening Families Program for Parents & Youth 10-14. For more information on Colorado programming contact Reagan Miller at reagan.miller@colostate.edu or Doug Coatsworth at doug.coatsworth@colostate.edu.
- CRAFT - Community Reinforcement and Family Training. For more information, contact OBH Director of Community Prevention and Early Intervention Programs Jenny Wood at jenny.wood@state.co.us.
- Parents of Addicted Loved Ones: in-person support groups www.palgroup.org
- Grief Recovery After a Substance Passing (GRASP): in-person support groups www.grasphelp.org
- Grand Resource: Help for Grandfamilies Impacted by Opioids and Other Substance Use: www.gu.org/app/uploads/2019/01/Grandfamilies-Report-GRANDResource-Opioids.pdf
- Smart Recovery Family & Friends Meetings: www.smartrecovery.org/family/
- Nar-Anon family groups: <https://www.nar-anon.org/>

Recovery Support Services

- Narcotics Anonymous: www.nacolorado.org
- Pills Anonymous: www.pillsanonymous.org
- Advocates for Recovery Colorado (Denver-Metro): www.advocatesforrecovery.org
- The Phoenix: www.thephoenix.org
- Celebrate Recovery (search for local churches offering this)
- Springs Recovery Connection (CO Springs): www.springsrecoveryconnection.org
- SMART Recovery: www.smartrecovery.org
- Refuge Recovery: www.refugerecovery.org

For Healthcare Providers

- Colorado Consortium for Prescription Drug Abuse Prevention Provider Education Events: www.corxconsortium.org/provider-education-work-group
- CDC Opioid Prescribing Guidelines
www.cdc.gov/drugoverdose/prescribing/guideline.html
- Colorado Department of Regulatory Agencies *Guidelines for the Safe Prescribing and Dispensing of Opioids*:
<https://drive.google.com/file/d/19xrPqsCbaHHA9nTD1Fl3NeCn5kwK60zR/view>
- Colorado Chapter of the American College of Emergency Room Physicians (COACEP) 2017 Opioid Prescribing and Treatment Guidelines:
https://www.coacep.org/docs/COACEP_Opioid_Guidelines-Final.pdf
- Alternatives to Opioids (ALTOS) Project: <https://cha.com/quality-patient-safety/opioid-safety-updates/colorado-alto-project/>
- OpiSafe, a safe opioid prescribing platform for healthcare providers: www.opisafe.com

Additional Information about Substance Use Disorder and Mental Health

- US Department of Health & Human Services, Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- National Institute on Drug Abuse: www.drugabuse.gov
- National Alliance on Mental Illness: www.nami.org
- Colorado Mental Wellness Network: www.coloradomentalwellnessnetwork.org

Other Consortium Partner Links:

- Illuminate Colorado: www.illuminatecolorado.org
- Rise Above Colorado: www.riseaboveco.org
- JP Opioid Interaction Awareness Alliance: www.jpopioidalliance.org
- Colorado Rural Health Center: www.coruralhealth.org

Survey

Please submit a survey response for each event where you utilize one (or more) video from *Beyond the Numbers: Echoes of the Opioid Epidemic*.

Surveys can be completed online: <https://www.surveymonkey.com/r/KNMDBGQ>

