



Health Literacy

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The Opioid Crisis

(a zine for Maine library workers)

(This zine was created in 2019)

Thank you for reading!

This zine was created by and with library workers, people who use or have used drugs, community health workers, and harm reduction advocates.

For their time, guidance, and wisdom, thank you to:

- Zoe Brokos, Portland Needle Exchange
- Preble Street Resource Center
- Overdose Prevention Society
- All of our coworkers and friends who provided feedback

Please feel free to share this zine and to make copies.

We hope this will inspire you to learn more, share with your libraries, and boldly make changes that benefit your community.

In solidarity,

Marie—melizabethlibrary@gmail.com

Ann—libraryannn@gmail.com

Becca—librarybecca925@gmail.com

Resource roundup - Maine

Maine Legislation

- **Governor Mills Executive Orders**
www.maine.gov/governor/mills/official_documents
- **Maine Legislature Bill Search**
legislature.maine.gov
- **Maine Revised Statutes**
legislature.maine.gov/statutes

Maine-Specific Resources for Harm Reduction & Recovery

- **211 Maine**
211maine.org
- **Health Equity Alliance**
www.mainehealthequity.org
- **Maine Access Points**
www.maineaccesspoints.org
- **Maine General Harm Reduction Program**
www.maine-general.org/medical-services/behavioral-health-services/harm-reduction
- **Maine Public Health Association**
www.mainepublichealth.org
- **Portland Needle Exchange**
www.portlandmaine.gov/866/Needle-Exchange-Program
- **Portland Overdose Prevention Society**
portlandops.org
- **Portland Recovery Community Center**
www.portlandrecovery.org

Resource roundup

Library-Specific Resources

- **National Network of Libraries of Medicine Opioid Resources**
nnlm.gov/gmr/guides/health-resources-public-libraries/opioid-resources
- **PLA Healthy Community Tools for Public Libraries**
publiclibrary.health

Opioids & Naloxone Health Literacy

- **Centers for Disease Control: Opioids**
www.cdc.gov/drugoverdose/opioids
- **Harm Reduction Coalition: Recognizing Opioid Overdose**
harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose
- **MedlinePlus: Naloxone Injection**
medlineplus.gov/druginfo/meds/a612022
- **MedlinePlus: Opioid Overdose**
medlineplus.gov/opioidoverdose
- **MedlinePlus: How Naloxone Saves Lives (CC Video)**
medlineplus.gov/medlineplus-videos/how-naloxone-saves-lives-in-opioid-overdose

National Resources for Harm Reduction & Recovery

- **Harm Reduction Coalition**
harmreduction.org
- **North America Syringe Exchange Network (NASEN)**
nasen.org
- **SAMHSA Behavioral Health Treatment Services Locator**
findtreatment.samhsa.gov

A note about language

We use people-first language.

People-first language uses medically-accurate terminology and puts someone's humanity first.

Instead of...	You can use...
Addicts/Junkies	People who use drugs
Former drug addicts	People who used to use drugs/ People in recovery
Drug abuse/Addiction	Substance use/Drug use



Opioids

What are opioids?

Opioids are used to reduce pain. Many are available by prescription. Common opioids include:

- Oxycontin
- Vicodin
- Morphine
- Heroin

What is fentanyl, and why is it so dangerous?

Fentanyl is a powerful synthetically manufactured opioid. It is frequently cut with heroin – intentionally or unintentionally - to increase its potency.

Fentanyl is 50-100% more potent than morphine.

It is possible to test for fentanyl presence in heroin; however, the test does not indicate how much is present.

Making change

- What do policies look like at your library around drug use?
- What does the culture around talking about drug use look like at your library?
- What would you like to change?
- What are steps you can take to start those changes?
- What is one step I can take today?



Recovery Research Institute

Consequence with compassion

Accepting someone exactly as they are does NOT mean that all behavior is acceptable.

When a behavior violates a library policy, at times, we need to ask that person to leave.

If someone is using drugs in your library, there will likely be consequences for that behavior.

What is the point of a consequence?

When you find someone using drugs in the library:

- Speak calmly, clearly, and kindly
- Focus on the behavior, not the person
- Offer a wide range of “takeaway” local resources, not limited to abstinent sobriety
- Ask if they are interested in accessing naloxone or other harm reduction services
- If possible, determine a return date to discuss re-entry to the library
- Ask the patron what will help them be successful when they return

What is harm reduction?

Harm reduction is a series of strategies designed to minimize the negative consequences associated with high-risk behavior.

We use harm reduction tactics every day.



Basic harm reduction principles

From the Harm Reduction Coalition:

(emphasis is our own)

Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to **minimize its harmful effects** rather than simply ignore or condemn them.

Understands drug use as a complex, multi-faceted phenomenon that **encompasses a continuum of behaviors** from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

Establishes **quality of individual and community life** and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

Calls for the **non-judgmental, non-coercive** provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Ensures that drug users and those with a history of drug use routinely **have a real voice** in the creation of programs and policies designed to serve them.

Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to **empower users** to share information and support each other in strategies which meet their actual conditions of use.

Recognizes that the **realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities** affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

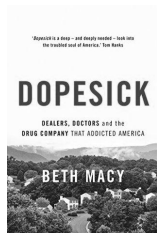
Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Drug use & library policy

Take stock of your present library environment.

- Have staff seen Naloxone and spoken to someone who has administered it?
- Do you have Naloxone at your library? Do you know who in the library is comfortable using it?
- What happens if a staff member administers Naloxone? Is there a policy?
- Are trainings offered where staff feel comfortable asking questions?
- What are policies surrounding data retention and sharing in regards to patron behavior?
- Is the priority on supporting library users and the health and wellbeing of the community, or are we profiling people by anticipating potential disciplinary problems?

Book club picks



Dopesick, by Beth Macy

Very well-rounded account of opioid use, and how over prescribing and increased manufacture helped ignite the current crisis.

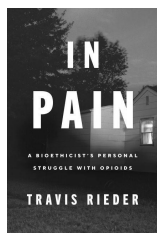
Chasing the Scream, by Johann Hari

The history of the War on Drugs over the past century, told in an engaging way through personal accounts.



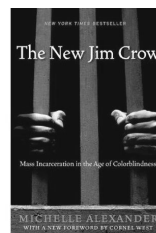
In Pain, by Travis Rieder

Unique perspective of a bioethicist who first used opioids after a motorcycle accident; grapples with his use of drugs within his professional framework, particularly around pain management.



The New Jim Crow, by Michelle Alexander

Explores how the War on Drugs contributed to mass incarceration, particularly of Black men.



Harm reduction improves communities and benefits everyone, not just those who are directly impacted!



laura chow, radical roadmaps

Key Points – Harm Reduction 101

- Harm reduction embraces all possible responses to risk behavior, from total abstinence to safer continued use.
- When people feel judged, they avoid connecting. By avoiding judgment and focusing on safety, harm reduction approaches allow for alternate outcomes.
- People know themselves best.
- A concern for safety underlies all harm reduction efforts.
- Harm reduction strategies can be used in engagement, assessment, treatment planning and service delivery.



Community Technical Assistance Center of NY
Presentation by Jenna Tine, LCSW & Naomi Weinstein, MPH
"Harm Reduction 102" 10/11/18

Harm reduction in practice: Needle exchanges

Needle exchanges provide sterile needles for community members. Clients can also dispose of used needles, obtain Naloxone and sharps boxes, get tested for HIV and hepatitis C, and discuss questions and concerns with a healthcare provider. Many needle exchanges also go into the community to exchange needles with community members.

Health Equity Alliance – Bangor

304 Hancock Street, Suite 3B, Bangor, ME 04401
207-990-3626
www.mainehealthequity.org

Health Equity Alliance – Ellsworth

5 Long Lane Road, Suite 1, Ellsworth, ME 04605
207-667-3506

Health Equity Alliance – Machias

7 VIP Drive, Machias, ME 04654
207-255-5849

MaineGeneral Next Step - Augusta

9 Green Street, Augusta, ME 04330
207-621-3750
www.maine-general.org

MaineGeneral Next Step – Waterville

149 North Street, Waterville, ME 04330
207-861-3500

Portland Needle Exchange

103 India Street, Portland, ME 04101
207-756-8024




For a national list,
check the North
America Syringe
Exchange Network:
nasen.org

Inclusive title

Opioids & Our Community

OCTOBER 31, 2019
5:00PM-7:00PM
BAYVILLE LIBRARY AUDITORIUM

Welcoming image & event description



Join us for a judgment-free discussion about recovery, harm reduction and opioid use.

- [Social Worker], Bayville Police Department
- [Nurse Practitioner], Bayville Needle Exchange
- [Volunteer], Overdose Prevention Network
- [Outreach Coordinator], Bayville Recovery Center


Panelists who are in the community (and who may have lived experience using drugs)

Smart programming

Stigmatizing image and description

The Opioid Crisis

OCTOBER 31, 2019
5:00PM-7:00PM
BAYVILLE LIBRARY AUDITORIUM



Who are our community leaders?

Learn how our community leaders are responding to the addiction crisis:

- [Chief of Police], Bayville Police Department
- [District Attorney], Bayville District Court
- [Journalist], *The Bayville Times*
- [CEO], Bayville Recovery Center

Authoritarian, recovery-focused panel

Harm reduction in your pocket: Naloxone

Naloxone binds to opioid receptors, temporarily blocking the effects of opioids.

The only function Naloxone serves is reversing an opioid overdose.

It is not mood-altering, not habit forming, and has no street value.

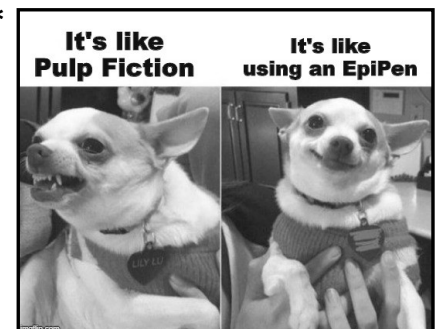
It is available in two forms: nasal spray and intramuscular injection*.

Community access to Naloxone is endorsed by the American Medical Association, the World Health Organization, & the National Institutes of Health.

Pass me a Kleenex, please...

Narcan is a brand of Naloxone. Much like "Kleenex" and "tissue," these terms are used interchangeably, but they refer to the same thing. Narcan is a brand name, while Naloxone is the generic.

*



Where to obtain Naloxone

In Maine, you can get Naloxone through a pharmacy without a prescription. You can also obtain a prescription from your doctor. There are no age restrictions.

It is legal to carry Naloxone. It cannot be confiscated by law enforcement.

Organizations who distribute Naloxone in Maine are:

Health Equity Alliance

304 Hancock Street, Suite 3B, Bangor, ME 04401

207-990-3626

www.mainehealthequity.org

Maine Access Points

207-319-8823

INFO@MAINEACCESSPOINTS.ORG

www.maineaccesspoints.org

Portland Needle Exchange

103 India Street, Portland, ME 04101

207-756-8024



On February 6, 2019, Governor Mills signed Executive Order 2: "An Order To Implement Immediate Responses To Maine's Opioid Epidemic." Maine purchased 35,000 doses to be distributed to individuals and organizations.

III. OVERDOSE AND DEATH PREVENTION	
To help prevent overdoses and deaths, the Director of Opioid Response shall:	
A.	Make Naloxone more widely and readily available, affordable and accessible. Such efforts shall include making Naloxone available:
1.	Without prescriptions in pharmacies;
2.	Through health care providers and emergency rooms;
3.	At geographically identified overdose "hot-spots;" and
4.	At public facilities where employees are likely to interact with people who have overdosed.

Favorite books

Our Top Two Suggestions

The Opioid Epidemic, by Yngvild Olsen and Joshua M. Sharfstein
Oxford University Press, 2019 (\$16.95)

Over the Influence: The Harm Reduction Guide for Managing Drugs & Alcohol, by Patt Denning
Guilford Publishing, 2017 (\$16.95)

Other Suggested Titles

American Fix: Inside the Opioid Addiction Crisis - and How to End It, by Ryan Hampton

Buzzed: The Straight Facts About the Most Used and Abused Drugs From Alcohol to Ecstasy, by Cynthia Kuhn

Fighting for Space: How a Group of Drug Users Transformed One City's Struggle With Addiction, by Travis Lupick

Overcoming Opioid Addiction: The Authoritative Medical Guide for Patients, Families, Doctors, and Therapists, by Adam Bisaga

Unbroken Brain: A Revolutionary New Way of Understanding Addiction, by Maia Szalavitz

Woman of Substances: A Journey into Drugs, Alcohol, and Treatment, by Jenny Valentish

As library workers, we do not have to decide for individuals whether harm reduction or recovery is the “correct” path.

Harm reduction is supported by authoritative medical bodies. We have a professional obligation to make harm reduction materials available in our libraries.

Overdose facts

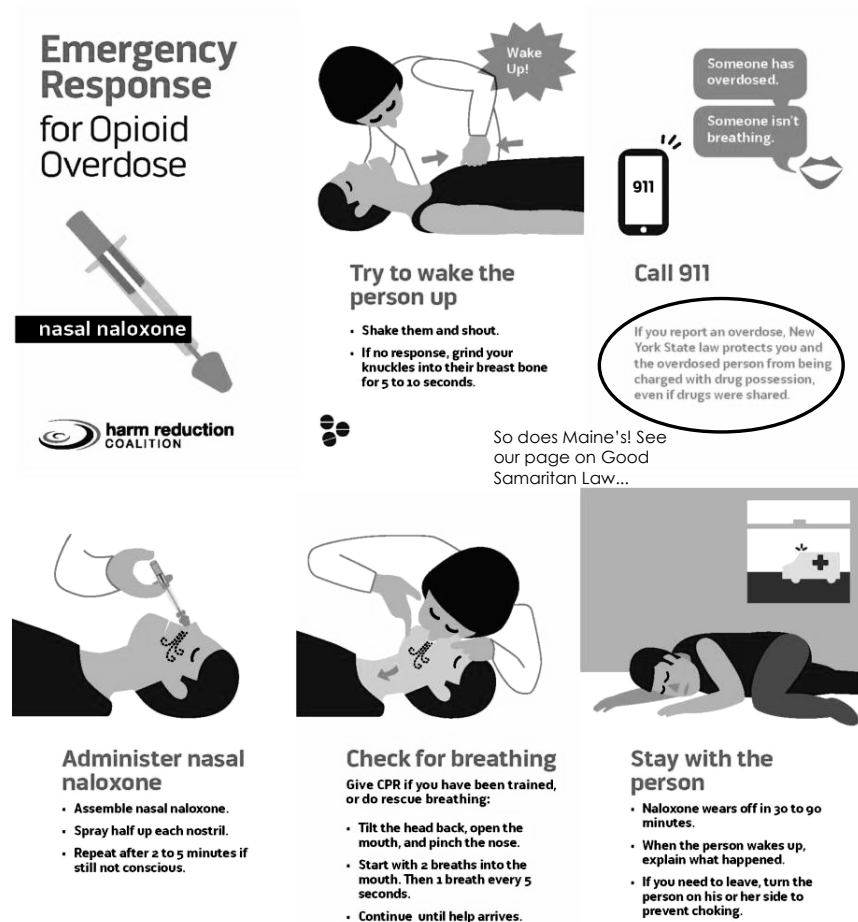
Opioids affect the brain stem, which is responsible for breathing. When you take opioids, it slows your breathing rate. When an overdose occurs, your breathing rate is so depressed that it stops.

Physical Signs of an Overdose

(From the Harm Reduction Coalition)

- Loss of consciousness
- Unresponsive to outside stimulus
- Awake, but unable to talk
- Breathing is very slow and shallow, erratic, or has stopped
- For lighter skinned people, the skin tone turns bluish purple. For darker skinned people, it turns grayish or ashen.
- Choking sounds, or a snore-like gurgling noise
- Vomiting
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- Pulse (heartbeat) is slow, erratic, or not there at all

Public perception



In 2019, *Information, Communication & Society* published a study that analyzed posts and comments related to opioid use. The researchers reviewed Facebook pages of 42 Ohio newspapers between 2013 and 2017. The researchers found posts fit into four frames:

Awareness of the Opioid Epidemic & Affected Populations (34.0%)

'Are police warning about fentanyl on shopping carts?' - *Springfield News-Sun*

Programs, Policies, and Interventions (29.5%)

'Heroin leading overdose calls: First responders stressed' - *Portsmouth Daily Times*

Crime, Punishment, Legal Cases, and Law Enforcement (28.2%)

'67 grams of black tar heroin seized in arrests' - *Portsmouth Daily Times*

Narratives of Addiction and the Long Road to Recovery (8.3%)

'Ohio's lieutenant governor reveals sons' opioid addictions' - *Akron Beacon Journal*

Facebook comments on these stories fit into five themes*:

Emotion and Support

Get yourself clean, kid! Stay clean!! You got this!

Choice and Responsibility

You mess with the bull, you get the horns.

Disease and Treatment

Addiction is a terrible illness.

Worthiness

I can think of many ways that money could be better spent.

Attention and Action

Need to go after the Doctors who prescribe it ...

"News organizations actively promoted the opioid epidemic as an issue worthy of increased attention, including through a **near-constant stream of crime reporting and overdose coverage**. Some of this reporting, especially stories with minimal context or investigative resources may promote stigmatization of opioid use."

David Russell, Naomi J. Spence & Kelly M. Thames (2019) 'It's so scary how common this is now:' frames in media coverage of the opioid epidemic by Ohio newspapers and themes in Facebook user reactions. *Information, Communication & Society*, 22:5, 702-708.

*Actual quotes from the study

Naloxone & overdose training resources in Maine

You do not need special training to administer Naloxone.

However, training provides many benefits for you and your organization, including:

- Providing Naloxone dispensers for staff to handle
- Asking questions in a nonjudgmental environment
- Learning firsthand from someone who has administered Naloxone
- Allowing for open conversation about thoughts, fears, anxieties, and unknowns

Organizations in Maine who provide training are:

Health Equity Alliance

207.990.3626

info@mainehealthequity.org

www.mainehealthequity.org

Maine Access Points

207-319-8823

info@maineaccesspoints.org

maineaccesspoints.org

MaineGeneral's Prevention & Healthy Living program

(207) 872-4102

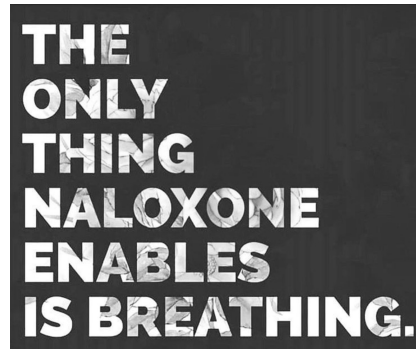
www.mainegeneral.org

Portland Needle Exchange

103 India Street, Portland, ME 04101

207-756-8024

<https://www.portlandmaine.gov/866/Needle-Exchange-Program>



[instagram.com/maineaccesspoints](https://www.instagram.com/maineaccesspoints)

Common questions about overdose

Can I overdose by touching someone who has?

Opioids cannot be absorbed through skin contact. You cannot overdose by touching someone who has used opioids.

Will I hurt someone by administering Naloxone if they aren't overdosing?

No. Naloxone will have no effect on someone who is not overdosing.

How long does Naloxone take to work?

Naloxone does not work instantaneously. It may take 3-5 minutes for someone to begin breathing.

Will someone have a violent response after I administer Naloxone?

Naloxone itself does not create a violent reaction; however, it does induce withdrawal symptoms, which can make someone disoriented and sick.

Good Samaritan Law in Maine

Maine has established Good Samaritan law that covers library workers.

Title 14, Section 164, Immunity from Civil Liability, states:

“...[A]ny person who voluntarily[...] renders first aid, emergency treatment or rescue assistance to a person who is unconscious, ill, injured or in need of rescue assistance, shall not be liable for damages for injuries alleged to have been sustained by such person nor for damages for the death of such person...”

Maine also has established Good Samaritan law protecting those who call 911.

In May 2019, Governor Mills signed into law LD 329, An Act To Exempt from Criminal Liability Persons Reporting a Drug-related Medical Emergency.

“This bill exempts from arrest or prosecution a person who in good faith seeks medical assistance for another person experiencing a drug-related overdose or who is experiencing a drug-related overdose and is in need of medical assistance.”

This means someone does not have to hide drugs or drug paraphernalia before calling 911. (This law does not protect someone from arrest for outstanding warrants.)

A note on 911

When making the call:

- Give as much information as possible about your location. If you are inside of a building, give specifics as to where.
- Describe what you see, using words such as “not breathing, turning blue, unconscious, non-responsive,” etc.
- When the paramedics arrive, give them as much information as you can. Let them know if you administered Naloxone.
- In many communities, the police will also respond to a 911 call. They may arrive before the paramedics. If possible, stay with the individual until the paramedics arrive.

“The fear of arrest and police involvement is substantial. Agencies should try to learn from participants what the real risk is and work with police and emergency personnel to address the fear of arrest and police involvement.”
Harm Reduction Coalition, “Call for Help.”