



Reducing Harms Associated with the Current Opioid Epidemic Issue XLII | Dec. 2017

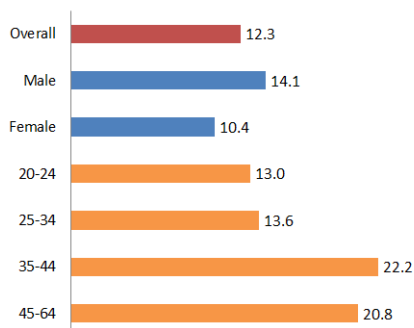
Every overdose is someone's son or daughter

The opioid epidemic has been declared a national public health emergency. In 2016, an [estimated 64,000 Americans](#) died of a drug overdose; that is approximately 175 deaths per day. In Colorado, there is a fatal overdose every [nine hours and 36 minutes](#). In Denver, the opioid epidemic claimed the lives of 103 community members in 2016.

The current opioid epidemic has disproportionately impacted younger people. While the rate of fatal overdoses in Denver appears to be highest among people age 35 and older, the same may not be true for nonfatal overdoses. In a 2015 survey of people who inject drugs in the Denver metro area, 26% of those who were 29 years or younger said they had overdosed at least once in the past 12 months. Nearly two-thirds of younger people who inject drugs also reported witnessing an overdose in the past 12 months.

Denver opioid-related deaths

Rates per 100,000 in 2016



Data source: Colorado Department of Public Health and Environment



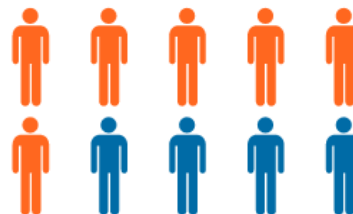
1 in 4 young people who inject drugs overdosed at least once in the past 12 months

Overdose death is preventable

One way to decrease fatal overdose is to increase overdose awareness and access to naloxone. Naloxone is a non-addictive prescription medication that reverses an opioid overdose.

Signs of overdose include:

- Shallow breathing or not breathing at all.
- Snoring or gurgling sounds (this can mean that a person's airway is partly blocked).
- Blue lips or fingertips.
- Floppy arms or legs.
- No response to stimulus.
- Disorientation.
- Unconsciousness.



6 out of 10 young people who inject drugs witnessed an overdose in the past 12 months

Data source: National Behavioral Surveillance, Denver data, 2015

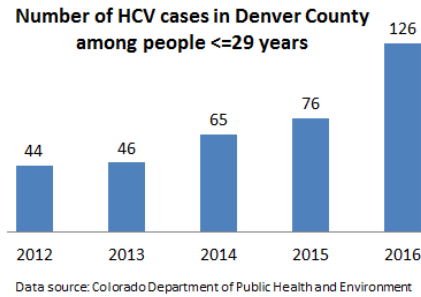
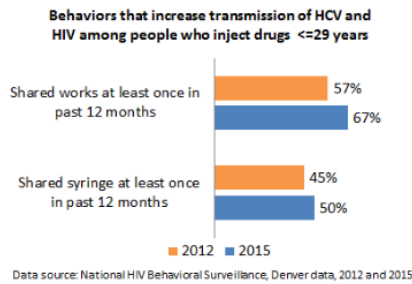
Paramedics and law enforcement officers carry naloxone, but anyone can access it at [participating pharmacies](#) through standing orders. Standing orders allow pharmacies and harm reduction agencies to distribute naloxone without individual prescriptions to expand access to those who need it most.

Increasing access to sterile syringes and supplies reduces transmission of disease

In addition to rapidly rising mortality, the current opioid epidemic has increased other health concerns such as injection drug use. Sharing needles, syringes, and other injection equipment (also known as “works”) puts people who inject drugs at increased risk for blood-borne infections such as hepatitis C virus (HCV) and HIV. Despite availability of syringe access programs in the Denver metro area, not everyone who injects drugs uses syringe access programs (63% reported getting a syringe from a syringe access program in 2015). People continue to share syringes and works, particularly younger people.

- Between 2012 and 2015, the proportion of those 29 years or younger who reported sharing works or syringes in the past 12 months **increased**: From **57% to 67%** for shared works, and **45% to 50%** for shared syringes.
- During that same time, Denver has also seen a **dramatic increase in cases of HCV** among those 29 years or younger.

Targeting efforts to engage younger people who inject drugs by expanding syringe access services, referrals for treatment, and [reducing stigma](#) is essential to addressing the opioid epidemic in our community.



What are we doing?

- [Denver Public Health](#) (DPH) and [Denver's Department of Public Health and Environment](#) (DDPHE) support Denver's two syringe access programs, [Harm Reduction Action Center](#) and [Access Point](#).
- [Denver Health](#) is expanding availability of Medication Assisted Treatment in the Emergency Department, the Denver County Jail, Outpatient Behavioral Health Services, and community health centers.
- Denver Health is providing naloxone upon release from the Emergency Department and the Denver County Jail, and DDPHE and DPH are training employees on naloxone use.
- Denver Public Health surveys people who inject drugs every three years to monitor risk behaviors and access to prevention services. For more information and summary of findings, visit denverpublichealth.org/nhbs.
- DDPHE is convening diverse stakeholders to develop Denver's collective impact plan to address the opioid epidemic.

What can you do?

- If you have family members or friends who use opioids, have naloxone on hand and know how to use it. Download the [OpiRescue app](#) for directions and resources.
- Call 3-1-1 to report and request removal of discarded syringes on public property.
- Practice **safe use, safe storage, and safe disposal** by [securing](#) and [properly disposing](#) of personal unused prescriptions. Misuse of prescription opioids is a [risk factor](#) for heroin use.
- Avoid [stigmatizing language](#) when speaking to, or about, people who use drugs. Person-first language is proven to reduce stigma and improve treatment, as it is nonjudgmental and neutral. Specifically, it focuses on not defining a person based on any medical disorder or behavior.

About Denver Vital Signs

Published by [Denver Public Health](#) and [Denver Department of Public Health and Environment](#), [Denver Vital Signs](#) is a bi-monthly publication on important public health topics for policymakers, public health professionals and interested citizens of Denver County.

