INTRO: Hello, and welcome back to *Sex, Drugs, & Self Care!* This is a podcast brought to you by UNC’s Center for Peer Education and hosted by me, Elliot! What is up, it has been a minute, but I’m so excited to be back and to be talking to you today about drugs. Opioids, more specifically.

Opioid misuse in the United States has been considered an epidemic since 2017, and like everything else, it’s gotten worse since COVID hit. Opioids are a real presence in our lives, even if we don’t talk about them. Like, college students aren’t somehow magically immune to those statistics. So, it’s important for us to know what they are, and how they work, and how to recognize and prevent overdoses.

This is your official explicit heads up that drug abuse and overdose will be discussed throughout this episode. If you or someone you know is affected by these topics and you want to find further support, the Substance Abuse and Mental Health Services Administration hotline, also known as SAMHSA, is a great place to get started. They can help you find supports in whatever community you’re in. You can connect with them by calling 1-800-487-4889. In the event of an overdose, always call 911. For UNC folks, the Counseling Center does not provide intensive substance use counseling, but they’re still a place to get started. North Range Behavioral Health also offers group and individual supports. And of course, you can also always reach out to us here at the Center for Peer Education.

It’s also important to note that even though we’re going to talk about the basics of spotting an opioid overdose and administering Narcan or naloxone, this podcast is not! Not not not! A substitute for Narcan training. If you want to be trained in administering Narcan, you can and should reach out to us at CPE or any of the other sources we’ll discuss throughout the episode.

Without further ado, I am excited to introduce you to today’s guest, an absolute gem who is doing really important harm reduction work right now at UNC. Danielle Ananea, who uses they/them and she/her pronouns, is the Harm Reduction Research Intern at CPE. She’s currently investigating how to reduce harm for students who may use opioids, and they also recently presented some really impressive results from a survey they conducted about student knowledge and attitudes regarding opioid overdoses. I learned so much from Danielle in this interview, and I think you will too!

[intro music fades, intro ends]

*E: Welcome, Danielle! I’m so excited!*

DA: Thank you for having me! I’m pretty stoked to talk with you too, Elliot.

*E: Thank you for coming on*.

DA: Well, and as you know, researchers love a monologue, so --

(laughter)

DA: Any opportunity to talk about it, I’m really, I’m really stoked.

*E: Totally, that’s awesome. Yeah, I mean I guess we’ll just hop right into it. Since your research is around opioids and avoiding overdose and education and stuff, can you tell us what opioids are?*

DA: Yeah! Um, opioids are substances that are naturally found in the opium poppy plant and they work on specific receptors in the brain to reduce pain. Some common opioids that you might recognize are like, codeine, oxycodone, hydrocodone, tramadol, morphine, fentanyl, and a new one called carfentanil. The last two are synthetic opioids, which means they’re manufactured in a lab.

*E: Gotcha. Okay, cool. You said that they reduce pain. Is that like the main draw of them, I guess? Or like, what else attracts people to opioids?*

DA: Well, opioids are extremely addictive. You can show symptoms of addiction within five days, even with prescription medication, even when you’re in pain. They work on the opioid receptors which do not only a physical numbing of pain, but an emotional, psychological numbing, which could also be part of the draw.

*E: That makes sense. Five days! That’s wild. I’ve never heard that before.*

DA: Yeah! I actually heard it from a UC Health poster in an elevator, and I was so grateful to see them educating people and like, educating themselves about keeping their patients safe.

*E: Definitely. Yeah, it’s something that has been talked about more in recent years, but yeah, still not enough. I’ve also heard that like, people have been cutting other, like, street drugs with it or adding it in?*

DA: Yeah! Um, actually that’s something I was hoping we would address, so thank you for bringing it up. Actually, a student in Boulder at CU Boulder who died last year in March, that student had purchased what they believed to be Xanax, and it ended up being completely tampered with and was completely fentanyl. And that student didn’t have any signals to recognize an opioid overdose because they believed that the drug they were taking not to have opium in it.

DA: And the tampering is actually at an all-time high right now because distribution is affected by the pandemic, so there’s not as much coming in. So not only are other drugs not available, it’s cheaper, it’s more cost effective for the distributors to utilize fentanyl instead of other drugs.

*E: That’s so interesting. Is there a way that people could tell if something is tampered with? I mean obviously it depends on the drug but like, is it just kind of a thing where you don’t know until you take it?*

DA: Um, I mean, sort of. There are places like the Harm Reduction Action Center down in Denver that offer fentanyl testing strips, but it could only check for fentanyl. It couldn’t check for other opioids. Oftentimes the fentanyl strips are used to check things like heroin or illicit drugs, but if someone were to request that I can pretty confidently guarantee that they would test for you at the Harm Reduction Action Center, but only for fentanyl.

DA: That’s why it’s important to know overdose symptoms, so that if you don’t know if the substance has opioids or not, you can still recognize an opioid-specific overdose. And then it doesn’t really – I mean, it matters if your drug is tampered with. But if you’re prepared, you have something to reverse the effects of overdose, and you’re aware of what those symptoms are and to look for them, then it decreases the risk of death by overdose from tampering with drugs.

*E: Yeah, absolutely. That makes so much sense. So yeah, what are the symptoms of an opioid overdose that people would need to look out for?*

DA: I’m glad you asked! Loss of conscious is kind of the biggest one, if they’re unresponsive to stimuli. On campus we are not allowed to do sternal rubs, but as peer to peer and as a friend or as a person, it is standard to do a sternal rub. So if you see someone unconscious, it’s just taking your knuckles and rubbing the center of the chest up and down kind of aggressively, it hurts if you do it to yourself. (laughs) And that usually will solicit some type of jolting reaction, but someone who has overdosed on opioids won’t respond to that at all.

DA: The other less obvious signs are if they’re breathing really shallow or slow or not at all. Same with their heartbeat. If their heartbeat is slow, erratic, or not present at all, that’s a symptom of overdose. Some people experience choking or gurgling-like sound.

DA: And if you have lighter skin, when your brain and your body is lacking oxygen – which is what happens when you overdose on opioids – your skin will turn like a greyish or purple-y blue. And if you have darker skin, it’ll turn like an ashen grey. And so, the skin of the person and the nailbeds will look like they don’t have oxygen, with the bluish tone.

DA: And then, let’s see, I think the only other thing is pupils. The pupils of the person who has overdosed will be tiny, but that’s not a symptom enough to say it’s an overdose. Because people who are just using opioids, like recreationally using the substance, their pupils will get really small. And sometimes they’ll experience something called ‘nodding off.’ And nodding off is exactly what it sounds like, which is not a symptom of overdose. Nodding off, they’ll kind of start to doze off, and then it’s like when you kind of fall asleep sitting up and you jolt back awake and then go back to sleep. That’s not a concern for overdose, but that’s someone I might watch to see if that waking cycle stops.

*E: Right. Okay, that makes sense. Are there any… like, are there symptoms that you could feel for yourself that would be like, “okay, I’m not just high, I’m getting into a dangerous zone,” like, before you get to that passing out point?*

DA: That is an excellent question. I don’t have any lived experience with opioids, so I can’t speak on that in particular for myself. (sighs) That is an excellent question, Elliot. I would think that, no. Um, similarly to freezing to death or hypothermia, I – and this is, um, I would like to do research before giving a solid answer, but just based on what I have observed – I would say that people are probably, by the time they notice symptoms, if they suspect it at all, if they’re starting to drowse out and doze off, that it might be a little too late to call for help for yourself.

DA: So that’s why it’s so important to be able to recognize it in others, because it is challenging to address it once you’re noticing those symptoms. Because the effects of opioids are getting tired, it does make you drowsy, it can induce sleep. And so, unless that person has someone with them, I don’t really think that it’s too terribly likely that they would notice the symptoms within themselves.

*E: Definitely. Yeah, it makes sense that it’s so important to just be able to know what to watch out for with other people, especially when it’s something that can happen so unexpectedly. Like, you can just suddenly be doing this drug you didn’t think you were doing! That’s so scary.*

DA: Yeah. Right, well especially if it’s something like, let’s say someone went to go get Adderall. They’re expecting to feel awake and they’re expecting to feel focused and kind of like, you know, the effects of a stimulant. And let’s say it’s cut with fentanyl, that would be, you know, kind of traumatic and terrifying.

*E: Yeah, absolutely. I know you also do a lot of work around making Narcan more accessible, which I know is a drug that um, reverses… does it reverse or stop the effects of an opioid overdose?*

DA: It reverses the effects! So, Narcan is an FDA-approved drug that works to reverse the effects of known or suspected opioid overdose. So even if a person doesn’t have opium in their system and they utilize Narcan, they will not have any negative side effects. It’s also known to be effective on children for known or suspected overdoses as well. So it doesn’t have to be confirmed that they even took an opioid; it is safe to use if you even suspect it.

DA: Narcan, specifically, is a nasal spray. There’s also naloxone, which is an intramuscular injection, which just means it goes into the muscle. But we’re working towards Narcan, which is nasal, and it doesn’t require inhalation. So if you spray that up someone’s nose who’s unconscious and they’re not breathing, it will still work. There’s no side effects that are known, other than putting the person into rapid withdrawal, which is pretty terrible, so it’s best to stay with that person until help arrives, if that’s safe to do so.

DA: And it has a half-life that’s shorter than opioids! So, Narcan is extremely effective, however, it wears off before the opioids wear off. So it is important to get help because even if you reverse the overdose effects, they could go back into that same overdose and re-experience it.

DA: Fentanyl takes more doses than regular opioids because it’s a synthetic opioid. Regular opioids can take 1 to 2 doses, rarely do you need a third. Carfentanil, which is a new, stronger synthetic opioids, can take up to 6 to 10 doses [of Narcan] to take effect because it is so strong. And so Narcan is extremely important to have on campus, and it’s also important to have excessive amounts of it available, because if a student accidentally gets their hands on carfentanil, 2 to 3 doses won’t be enough.

*E: Mm-hmm. So different types of opioids require different types of Narcan to reverse. If you don’t know what somebody took, how much would you give? Would you just go for the full 6 that the worst would need?*

DA: So if someone is experiencing an overdose and you’ve already administered one dose of Narcan or naloxone, you do rescue breathing to make sure that their brain is still getting oxygen, and you wait 3 minutes while you pump the heart. If after that 3 minutes they’re not responding, then you give a second dose. And then again, 3 minutes, if they’re not responding, a third dose. And if they’re not responding by that third dose, I would give then a fourth, and you just kind of give it that time.

DA: But if you’re using more than one dose, *please* make sure that the second step that you do is put your phone on speaker and call 911, because they will absolutely need follow up medical care. Because if they’re gonna need that many doses of Narcan, that means that they have synthetic opioids in their system and they will need professional care to ensure that they don’t repeat that overdose.

*E: Yeah, absolutely, that makes sense. I wanted to ask you to say more about, um, you said that when a person receives Narcan they can possibly experience rapid withdrawals. Can you say more about like, what that means and what it would look like?*

DA: Yeah! Um, so someone who’s going into rapid withdrawals will very, (laughs) most certainly, be very agitated, um, probably a little sad and nauseous, extremely nauseous. And they will be in a lot of pain because they’re going through withdrawals as if they were not meeting their body’s required dosage, but (snaps) quicker. It’s not just that they’re weaning off of something, it’s that all of it is removed from their system.

DA: And so, that enables them to breathe, but it also completely removes the high they were experiencing and pulls them back into reality. And so, someone who’s utilizing opioids intentionally will probably be a little upset because they spent money on the drugs that they used, and they intentionally used them. And so, yeah, it’s good to explain to them what happened because a lot of times when someone is coming out of an overdose, they’re not exactly sure what’s going on or why they’re feeling the way they’re feeling. Um, and maybe just offer some water or something because the nausea, from what I’ve seen and heard, is unreal.

*E: Yeah, totally. Um, so just to clarify, like, the withdrawal – like, this could happen to someone who was using this for the first time? It’s not like withdrawal in the effects that we talk about when we’re saying like, “Oh I’m having withdrawals from, maybe, stopping a drug I’ve been using for a long time,”…?*

DA: Yeah! It’s very different. So you could use opium or opioids for the first time and overdose and have Narcan administered, and you will still experience the effects of rapid withdrawal. It’s different than regular withdrawal because it’s rapid – (laughter) it happens suddenly, all of it is erased! And so there’ll be cold, clammy skin; you’ll physically see that this person is feeling unwell. It’s visually very clear. That, and the biggest sign that they’ve come to and that they’re going through that is that they’re conscious. So if they’re communicating with you after you’ve given them Narcan, they’re on the road to wellness. (laughs)

*E: That’s great! Okay, cool. So Narcan, obviously super important, super effective – is it, like, expensive? How would people access something like that?*

DA: (singing) I’m so glad you asked! (laughter) So, Colorado is very unique. We have a standing order, which is a physician’s order which means anyone at any time at any pharmacy can get Narcan or naloxone. If you have insurance, almost all insurances will cover it. And if you don’t, the pharmacy can help connect you with somewhere that can either help you apply for insurance or give you the cost. At the rate that it is now, I believe it’s around $30-$35 for two doses and two syringes, which is enough to reverse an opioid that is not fentanyl or carfentanil. The copay that I had with insurance I think was honestly like a dollar, but anyone can get it at any time.

DA: If you are unable to get it at a pharmacy or you feel uncomfortable getting it from a pharmacy or from your physician, you can go to a website called NaloxoneForAll (naloxoneforall.org). It’s a free program that will mail it to your door. You scroll down on the home page to a little link that says “get started,” and it’ll ask you questions about where you live, what state, and if you can access naloxone in your community. And then if you can’t, they give you – I think it’s a four question quiz, and have you watch maybe a 7 minute video and then they ship it to your house, to your door, in discreet packaging within 3 days with 2 doses and 2 syringes.

*E: That is so incredible.*

DA: Yeah, it’s my favorite thing. The people at the Harm Reduction Action Center in Denver actually pack it up so, if you want to send out good vibes if you decide to go ahead and get yourself some Narcan or naloxone, send it their way. (laughter)

*E: Definitely. Cool, yeah, so like anybody can just get that and have it in their bag in case someone needs it.*

DA: Yep! Yeah, there was actually an incident here in Greeley where I went to go get some naloxone and I mentioned the standing order and they did not have it. And they were sort of uncomfortable discussing it with me and asked me why I needed it, which is totally inappropriate. If I needed it for myself or someone else, it shouldn’t and doesn’t matter. And then when I did get the supply, it took 5 days and they refused to give me syringes. And so I ended up calling down to a nonprofit who has legal representation and this nonprofit’s legal representative called down to the pharmacy. And I think it was the next week, there’s purple signs everywhere that say, “We carry naloxone!” and that they have it on hand.

DA: So, um, (laughter) there shouldn’t be any issues but there still is a lot of stigma surrounding substance use and substance use disorder as well as overdoses, so.

*E: Yeah, absolutely. So, you’ve got the Narcan, you’ve got the naloxone, whatever, how would you actually administer it to somebody who needs it?*

DA: So the Narcan is nasal. That’s what we’re banking on. But it is significantly cheaper to use intramuscular, which is a needle. You use a syringe, you draw it up in the vial, and then you inject it into the person. You can actually go through their clothing and do it either in the thigh or the upper arm. It’s recommended to do it in the thigh for non-experts because you can just, I mean, it’s hard to miss that muscle. Um, and the nasal spray, it’s just puff puff! (laughter) It’s real simple.

*E: Easy peasy.*

DA: Yeah, easy peasy! If you recognize the signs of overdose and you suspect that someone needs it, it is always better to have and to use it and not need it than to need it and not have it.

*E: Cool. Um, wow. That is so cool that it’s so, like, powerful and that it seems to have no negative effects that we know so far. That seems like, miraculous in some way. I know it’s science, but.*

DA: Truly! But it truly does feel like a miracle. The example that I give is kind of silly and rudimentary, but it paints a good enough picture. Let’s say this is your opioid receptor in your brain, right? This is the receptor, you’ve got opium that comes in and fills it. And this person now is, let’s say they have excess, and they’re overdosing, right? Narcan will come in and it’ll boot out the opium and it’ll fill the receptor itself.

*E: Ohhhh.*

DA: And so it fits like a puzzle piece the same way that opioids do, except it doesn’t have the numbing effects.

*E: That’s amazing! I know you’re doing work on campus around this stuff; what is like your end goal, your dream vision, for the UNC community’s relationship with Narcan?*

DA: Oh my gosh, okay. So the end goal with the UNC community’s relationship with Narcan, that is… So in a perfect world, I would love to see Narcan supplies at every station that there is an AED. The AEDs are the defibrillators that shock people’s hearts if they’re having an irregular heartbeat and they need it to be re-jumpstarted. Those have a pretty high liability because if you use that on someone who is not needing it, it can actually kill them. Whereas Narcan and naloxone, if I use it on someone who doesn’t need it, they’re going to go on with their day and there’s going to be no impact.

DA: And so I would love to see it supplied everywhere, I would love to see an open communication on campus, and I would love to see a decriminalization of all substances because I believe that by adding moral value to substance use disorder, we’re preventing people from accessing care. We’re preventing people from reaching out. And I would love for students to feel that they have a safe place, not just at the Center for Peer Education, but at the University of Northern Colorado. That they belong. That they’re a bear. And if they have a substance use disorder, that they know where to go and that they feel supported, safe, and secure.

*E: Yeah, absolutely. I know. It’s so absurd to me, like, how much research we have about the damage that moralizing things like this does. And we know that to be true for every other type of mental, psychological condition somebody might be working with! Like… yeah.*

DA: Well the War on Drugs has really impacted social perception and public relationship with that. The War on Drugs has been just detrimental. If anyone is interested in a good read, there’s a book called *Chasing the Scream* by Johann Hari and it chronologically goes through from the beginning to the present day on the War on Drugs, and how it’s classist, racist, sexist, and um, yeah. (laughs) It’s a great read, and it’s extremely informative!

*E: Absolutely. Cool! Okay, do you know if there are any, like, protections for people calling for help with overdoses?*

DA: So, there is. So the same kind of protection as with alcohol and other substances, it’s the Good Samaritan Law. But that’s a subjective kind of situation. So when you call in, you can even call and say, “I’m calling under the Good Samaritan Law and I’d like to announce that,” and to try to protect yourself, but it is up to the officer’s discretion. So it is subjective, but if you do announce it, try to notate that. It is best to call, it is best to stay if you can, and it is best to mention the Good Samaritan Law.

*E: Right. Good to know, for sure. So last big question for you, I think. You mentioned working with the Harm Reduction Action Center and I know our office really operates off of a basis of harm reduction. Can you tell me about what harm reduction means to you and why it’s important to you?*

DA: Yes! Harm reduction is extremely important to me because life is inherently risky. We drive cars, that’s risky, we walk across the street, we eat food. You know, all of these things are actually inherently risky! And so harm reduction is really like a set of strategies and values that are aimed at mitigating negative consequences associated with behaviors that have risk. It’s also a social justice movement that believes that people are worthy of respect and agency. So a lot of the phrases, like, “meet people where they’re at,” you know.

DA: So, cigarette filters! Obviously if your choice is between smoking and not smoking, the healthier, least harmful choice would be not smoking. But some people have an addiction to nicotine and so cigarette filters are a way to reduce how many carcinogens get into the person smoking’s lungs. There’s also things like alcohol and marijuana regulations. When you crack open a beer, you want to know that it’s 6% and not 20%, and you want to know that all six of the beers that you purchased are at the same quality and same level of alcohol. That’s a way to keep you safe so you can track your alcohol level and you’re not operating a vehicle, you know? You know how much alcohol you’ve consumed! It’s a way to provide agency.

DA: Other really cool examples of harm reduction are shoes, they protect our feet and reduce the harm from walking. We have seat belts, which we all know what those do. Woodchips in playgrounds is one of my favorite ones to talk about. That reduces harm of injury when falling in a playground because it’s dangerous to play which is so funny to think about. And helmets for bicycles, motorcycles. Condoms are a way to reduce harm to protect against STDs and to decrease the risk of pregnancy. And traffic signs! Those are another way to reduce harm. That way everyone’s kind of on the same page of where we’re going and it reduces the risk of driving.

DA: And obviously, last but not least, opioid reversal drugs are harm reducing. People are going to use drugs, people are going to use opioids, and people are going to continue to have substance use disorders. And someone who is dead cannot recover. So if we provide a way to reduce the risk of death, then we allow that person a chance at life, you know? And I believe that people should have the rights to make their own choices and have agency in that. So harm reduction just supports that, your right to agency, but also staying alive. (laughter)

*E: Yeah, completely! This is so much good information. I knew that Narcan was important, but I didn’t know, like, how helpful it can really really be. That’s so cool.*

DA: Yeah, real miracle drug. It’s, you know, advil and ibuprofen have more side effects than Narcan does. And higher risks! I mean, you can get ulcers from repeated or overuse of ibuprofen, but you know. (laughs)

*E: Yeah! Okay, last last question, I promise.*

(laughter)

*E: If people want to get involved with this, where would you recommend they direct that energy?*

DA: Yes! Um, please reach out to me. Depending on what someone’s specific interests are, there’s a lot of different avenues if someone’s interested. There’s policy, there’s outreach, there’s behind the desk stuff, there’s all kinds of different avenues. You can also reach out to the Harm Reduction Coalition, which is, if you just google search “harm reduction coalition,” they have some trainings. And if you email them and ask nicely, they might give it to you for free. (laughs) Especially if you’re excited about it! Harm reductionists love excited people, so even if you just want to talk about it, someone there or myself would be happy to talk to anyone who’s excited. Especially if you’re interested in what’s going on on campus or you want to help out, or if you have questions about accessing things yourself.

DA: But there’s a ton of resources. The Harm Reduction Action Center website, I think it’s hrac.org, has a lot of resources as well, as well as local agencies that provide resources because we don’t have anything like what they do here in Greeley, so they’re pretty unique. I also would like to plug my own email, if you have questions about how to get naloxone or how to access training or if you just want to talk about substance use disorder.

*E: Awesome. Yeah, I will definitely, you know, get links on all of that stuff in the description if anyone wants to check it out more. Thank you so so much for talking to me about this, Danielle.*

DA: Yeah dude, thanks! This was so much fun, I really enjoyed it!

*E: Yay! Thank you everybody, see you next time.*

DA: Bye!

[outro music begins]

E: Thanks for sticking with us through this episode. Stay tuned for 3 more episodes coming before the end of the semester. We’re talking about menstrual equity, suicide prevention, and self-compassion. You won’t want to miss it, so make sure you’re subscribed to this feed and following us on our Instagram, @unco\_cpe.

I want to thank Danielle Ananea again for joining me on this episode, and for all of the important work they do. This podcast is brought to you by the University of Northern Colorado’s center for Peer Education and was recorded in Greeley, Colorado, by Danielle Ananea and Elliot Sutton. Our incredible theme music is by Cole Ramirez. You can listen to more of his work on soundcloud @ Cole Ramirez. Editing and mixing by Elliot Sutton.

This is tough stuff, but you’re way tougher, and you’ve got this. We’re almost through to the end. Stay cool, stay healthy, and stay safe out there. I love you. Bye.

[outro music fades, end of episode]