



Opioid Crisis

Student Study Guide

For First Responders & Medical Practitioners Prepared by Ann Rush

ABOUT THIS CURRICULUM

The Opioid Crisis Curriculum explores current opioid misuse challenges that First Responders and Medical Practitioners may experience at work and at home, how these challenges can manifest as Opioid Use Disorder, and skills to mitigate the effects of pain and opioid use. The curriculum has three elements:

1 — ONLINE MODULE

Opioid Crisis Moodle Module — on-line training completed prior to the in-person session.

2 — FILM

Lifelines — Opioid Crisis — 10-minute film viewable during the Moodle Module or in-person class.

3 — CLASSROOM LESSON

Opioid Crisis Classroom Lesson — in-person training addressing the handout portion of training.

TRAINING OBJECTIVES

By the end of this training, the participant will be able to:

- Identify general opioid statistics.
- Understand possible motives for opioid use amongst First Responders and Medical Practitioners.
- Recognize occupational stress injury in First Responder and Medical Practitioner professions.
- Understand the comorbidity of PTSD and chronic pain.
- Recognize warning signs and symptoms of opioid misuse.
- Understand how stigma and moral injury may keep an individual from seeking help.
- Apply the Stress/Pain/Opioid Use Continuum (SPOC) model.
- Identify appropriate skills to mitigate chronic pain and/or opioid misuse.
- Receive a list of available resources.

BACKGROUND

The Opioid Crisis & Those Who Serve

2.5M

adults with OUD in 2021
(18+, NTDA)

224

CO drug-related overdose
deaths in 2021 (up from
141 in 2016)

30%

of First Responders
develop behavioral health
conditions (vs. 20% gen.
pop.)

1 in 7

healthcare professionals
will misuse drugs/alcohol in
their lifetime

Since 2017, opioid crisis-related deaths have been a consistent trend. Methamphetamine-related deaths (107) increased 18% over 2020 totals, with 25% of all drug-related deaths involving fentanyl. The number of drug-related overdose deaths increased from 141 in 2016 to 224 in 2021.

Trinkoff and Baek's 2022 research revealed that over **100,000 medical professionals** struggle with abuse or addiction, with narcotics such as oxycodone and fentanyl being the most commonly involved substances.

The American Addiction Center reported that 1 in 10 to 1 in 7 healthcare professionals will misuse drugs or alcohol during their lifetime. Doctors are **five times** more likely than the average person to struggle with addiction to prescription medications, especially opioids and anti-anxiety benzodiazepines.

Impacts of opioid misuse include mental health symptoms from cumulative/repeated exposures, burnout, compassion fatigue, safety concerns, negative attitudes, cynicism, and frustration with lack of resources.

MAIN POINT 1

"Why" Opioid Misuse

MOTIVES FOR OPIOID USE

- Coping with pain
- Coping with negative affect and anxiety
- Recreational motives (to get high)
- Social motives
- To relax

The most commonly endorsed motives in the literature relate to **management of pain** leading to opioid misuse. First responders may have increased access to opioids from their professions, but given efforts to address the epidemic, many providers tend to avoid opioid use themselves.

IMPACTS OF OPIOID MISUSE

- Mental health symptoms from cumulative/repeated exposures
- Burnout and compassion fatigue
- Safety concerns on the job
- Negative attitudes or cynicism
- Frustration with lack of resources to address opioid use
- Impaired performance and decision-making

DISCUSSION QUESTION

What may be a reason for a First Responder or Medical Practitioner to misuse opioids?

MAIN POINT 2

Comorbidity of PTSD & Chronic Pain

POST-TRAUMATIC STRESS INJURY (PTSD)

PTSD symptoms may include flashbacks or nightmares; sadness, fear, or anger; feeling detached from others; avoidance of situations that remind one of the traumatic event; and strong negative reactions to ordinary stimuli. Triggers can range from life-threatening events (car accidents, shootings) to mundane but important stressors (work deadlines, exams).

CHRONIC PAIN (JOHNS HOPKINS MEDICINE)

"Chronic pain is long standing pain that persists beyond the usual recovery period or occurs along with a chronic health condition." It may affect people's ability to work, eat properly, take part in physical activity, or enjoy life. It accounts for an estimated **\$75–\$100 billion/year** in U.S. lost productivity and health-care costs.

COMORBIDITY IN FIRST RESPONDERS

PTSD and chronic pain co-occur at a high rate and may interact in ways that negatively impact the course of either condition. Patients with accident-related pain and high PTSD report higher levels of pain and affective distress. A study of 129 combat veterans with PTSD found that **80% reported a chronic pain condition**; increased PTSD re-experiencing was associated with increased pain level and disability.

Carleton et al. (2018) surveyed 5,093 Canadian First Responders across six categories (dispatchers, corrections, firefighters, police, paramedics, RCMP). **23.1%** self-reported clinically significant comorbid concerns with both mental disorders and chronic pain. First Responders with chronic pain were significantly more likely to screen positive for PTSD, major depressive disorder, generalized anxiety disorder, social anxiety disorder, and alcohol use disorder.

DISCUSSION QUESTIONS

Why do you think someone experiencing chronic pain and using opioids may also be experiencing these mental health symptoms?

Do you think that someone experiencing Opioid Use Disorder can stop misusing opioids? Why?

MAIN POINT 3

Limitations to Seeking Help

STIGMA

Stigma is a powerful barrier to seeking help for opioid misuse. Societal attitudes that label people with addiction as weak or morally flawed prevent individuals from acknowledging a problem or seeking treatment.

For First Responders and Medical Practitioners, professional cultures of self-reliance and strength intensify this stigma — fear of repercussions, career impacts, and judgment from peers can keep people from reaching out even when help is available.

MORAL INJURY

Moral injury is the psychological damage caused when one's actions — or inactions — violate deeply held moral beliefs. For First Responders, witnessing traumatic events, being unable to save lives, or being asked to act against personal values can lead to moral injury.

Moral injury can contribute to avoidance of help, isolation, and opioid misuse as a coping mechanism. Understanding how stigma and moral injury interact is a critical step toward supporting those who need help.

MAIN POINT 4

Resilience Skills & Resources for Pain and Stress Management

Here are common resilience skills one can apply when feeling stressed, in pain, and/or traumatized. **Identify 3 new ones that you may be interested in learning about.**

MANAGE YOUR LOAD

- Prioritize tasks; simplify or delegate
- Take a day off or a vacation
- Unplug from social media and disturbing content
- Identify and manage triggers
- Seek therapy (find a therapist you can work with)

BODY-BASED PRACTICES

- Breathing exercises (pranayama)
- Grounding; sensory engagement; mindfulness
- Pet an animal, feel soft fabric, blow bubbles
- Being in nature, get outside (GOD — Great Out Doors)
- Walking barefoot in the grass (creates negative ions)
- Yoga, Tai Chi, dance, Martial Arts, Qigong
- Myofascial tissue release, psoas release
- Massage, acupuncture, acudetox, tapping, TRE
- Mudras, neck rolls, trap squeeze
- Yoga Nidra; recline, head below heart, legs up wall
- Ear pulling; Cat/Cow (spine 6 ways)
- Mindful eating and swallowing

NUTRITION & NATURAL SUPPORTS

- Fiber, probiotics (gut health)
- Essential oils for calming: lavender, cypress, marjoram, melissa, patchouli, chamomile, sandalwood, vetiver, ylang ylang, blends

"Let us temper our criticism with kindness. None of us comes fully equipped."

— Carl Sagan

MINDFULNESS & GROUNDING

- **5-4-3-2-1 Technique:** 5 things you can see, 4 you can touch, 3 you can hear, 2 you can smell, 1 you can taste
- Visualization: safe container, happy place, positive memories
- Pray, chant, use a Rosary or Mala Beads
- Building community; find your tribe; emotional safety
- Co-regulation with a safe person: touch, hugs, comfort, talking, processing

SOUND & CREATIVE ARTS

- Play a musical instrument; sound healing
- Meditative music (YouTube), alpha waves, binaural beats
- Humming, singing; mantras (soothes the vagus nerve)
- Puzzles, Zentangle
- Art: painting, ceramics, stained glass, drawing, sculpting, pottery, photography, digital art, mandalas, Celtic knots

RADICAL ACCEPTANCE

- Acknowledge your values, wishes, and emotional reactions — don't judge them
- When you find yourself judging, don't judge your judgment
- Approach reactions with curiosity; practice a growth mindset
- Accept reality as it is — the facts of the past and present
- Recognize that life can be worth living even with painful events in it
- Everything has a cause, including events that cause you pain and suffering

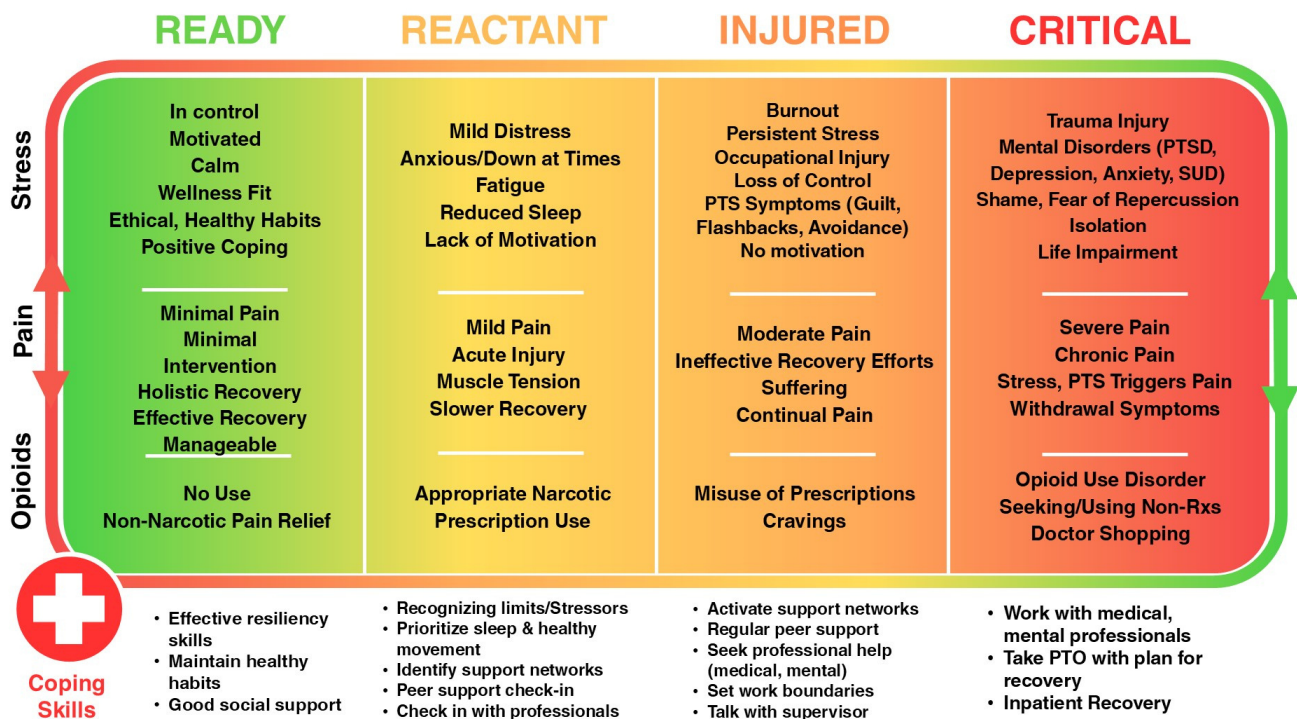
PHYSICAL MOVEMENT & RELEASE

- Yoga, Tai Chi, Qigong, dance, Martial Arts
- Massage, acupuncture, trap squeeze
- Nutrition, fiber, probiotics (gut-brain connection)
- Position and recline: head below heart, legs up wall

The SPOC Model — Stress/Pain/Opioid Use Continuum

The **Stress Injury Continuum** is a visual tool to help us check in with ourselves — to know where we might be in terms of occupational stress, burnout, and self-care. Originally created by the U.S. Marine Corps for combat settings, it has been adapted for many industries and applied here to **stress, pain, and opioid use**.

Individuals can cycle through any of these phases. Anyone can move from green to red, red to green, and anywhere across the spectrum as they utilize different coping skills and experience various levels of stress or pain.



Opioid Crisis Resource Listing

CRISIS & IMMEDIATE SUPPORT

Organization	Website	Phone / Contact
988 Suicide & Crisis Lifeline	988lifeline.org · 988lifeline.org/chat	Call or Text: 988
Colorado Crisis Services	coloradocrisisservices.org	844-493-8255 · Text TALK to 38255 or BADGE 741741
SAMHSA Helpline	findtreatment.gov	800-662-4357
Veterans Crisis Line	veteranscrisisline.net	Call 988 then Press 1 · Text: 838255
Safe Call Now	safecallnow.org	206-459-3020
NAMI Helpline	nami.org/help	—
IAFF Center of Excellence	iaffrecoverycenter.com	855-900-8437
Badge of Life	badgeoflife.org	—
CopLine	copline.org	800-267-5463
Firefighter Behavioral Health Alliance	ffbha.org	—
NVFC Share the Load Program	nvfc.org/help	—

NATIONAL OUD TREATMENT NAVIGATION

Organization	Website	Phone
SAMHSA Opioid Treatment Directory	dpt2.samhsa.gov/treatment/directory.aspx	—
SAMHSA Buprenorphine Locator	samhsa.gov/medication-assisted-treatment/find-treatment	—
Am. Society of Addiction Medicine	asam.org/find-a-physician	301-656-3920
FindTreatment.gov	findtreatment.gov	—
Shatterproof	shatterproof.org	855-378-4373
Partnership to End Addiction	drugfree.org	—
National Institute on Drug Abuse	nida.nih.gov	—
CDC Overdose Prevention	cdc.gov/overdose	—
Chateau Recovery	chateaufrecovery.com	888-971-9380

Colorado Resources

COLORADO STATEWIDE OUD SYSTEMS

Organization	Website	Phone
Colorado Behavioral Health Administration	bha.colorado.gov	—
Peak View Behavioral Health	peakviewbh.com	888-235-9475
Achieve Whole Recovery	achieviewholerecovery.com	719-259-1548
Insight Services	insightservicescs.com	719-578-7474
Palmer Lake Recovery	palmerlakerecovery.com	719-602-0914
Recovery Village at Palmer Lake	therecoveryvillage.com	719-602-0914
Women's Recovery	womensrecovery.com	833-754-0554
Sandstone Care Detox Center	sandstonecare.com	719-249-4333

PEER RECOVERY

Organization	Website / Phone
Smart Recovery	smartrecovery.org
Alcoholics Anonymous	aa.org
Narcotics Anonymous	na.org
Celebrate Recovery	celebraterecovery.com
Oxford House Colorado Springs	oxfordhouse.org · 303-832-3786
Advocates for Recovery CO	advocatesforrecoveryco.org · 720-389-6393
Hazelbrook Community Center	hazelbrookcommunity.org · 303-800-7009
Health Solutions Crisis Living Room (Pueblo)	719-545-2746
Serenity Recovery Connection (SRC)	srchope.org · 719-465-2295

FAMILY SUPPORT

Organization	Website
Al-Anon	al-anon.org
Nar-Anon	nar-anon.org
SMART Recovery Family & Friends	smartrecovery.org/family

EDUCATION & POLICY

Organization	Website
Comprehensive Opioid, Stimulant & Substance Use Program	bja.ojp.gov/program/cossup
CMS Opioid Treatment Program	cms.gov
Nat. Assoc. of Addiction Treatment Providers	naatp.org
Providers Clinical Support System	pcssnow.org
Faces & Voices of Recovery	facesandvoicesofrecovery.org

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