OPIOID MISUSE: HELP IS AVAILABLE
KNOWING REDUCES OPIOIDS IMPACT AMONG OUR PEOPLE

OPIOIDS
A group of chemically similar drugs used to relieve pain.
- heroin (illegal drug).
- fentanyl (synthetic opioid, 50-100x stronger, lethal).
- prescription pain relievers (such as oxycodone, hydrocodone, codeine, or morphine)

When taken not as prescribed, leads to dependence or in serious cases, death.

DATA
BILLINGS AREA AMERICAN INDIANS
Hydrocodone, tramadol, and codeine are the Top 3 medically prescribed drugs in the Rocky Mountain region.

Billings IHS service units report more than 1,300+ healthcare encounters annually. 9.6% of patients are opioid-related.

Opioid exposure rates among AIs is 15.3 per 100 persons.

MEDICATION-ASSISTED TREATMENT (MAT)
METHADONE, BUPRENORPHINE, AND NALTREXONE
- Effective and FDA approved
- Interacts in the brain targeting the same opioid receptors
- Decreases opioid use among people with substance use disorders
- Safe for pregnant women with opioid use disorder

METHADONE
Brands: Dolophine, Methadose
Long-acting that prevents withdrawal symptoms by reducing cravings.
Taken orally, licensed opioid treatment programs.

BUPRENORPHINE
Brands: Cizdol, Suboxone
Helps reduce/eliminate withdrawal symptoms, low overdose risk; safe for 16 years and pregnant women with opioid use disorder
Taken once daily, orally

NALTREXONE
Brands: Depade, ReVida, Vivitrol
Long-acting, no physical dependence/abuse, need to stay clean for seven days before using.
Taken orally or injection

COUNSELING/BEHAVIORAL THERAPY
COGNITIVE BEHAVIORAL THERAPY, PEER-PEER, 12 STEP
- Goal: Identifying unhealthy behaviors/triggers, learning positive coping strategies
- Group or individual level
- Inpatient or outpatient

For more information:
Rocky Mountain Tribal Leaders Council Tribal Opioid Response (TOR) Project
2929 Third Avenue North, Suite 300
Billings, MT 59101
406.252.2550
www.rmtlc.org

Source: National Institute on Drug Abuse, 2012
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