Opioid Use Disorders:

A Toolkit for Members and Families

COMMUNITY CARE
Behavioral Health Organization

Contents

How to Use This Document

This toolkit has a lot of information and helpful hints about opioid use and treatment of opioid use disorder. There is a lot of information in this document, so you don't need to read it all in one sitting. You can click on the information in the Table of Contents to find out more information about each topic. The topics have information and links to click on for more information.

Who is this toolkit for?

This toolkit is for Community Care members who want to learn more about opioid use. If you are a family member or loved one of someone with an opioid use disorder, you also might find some information in the document to be helpful.

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If you need immediate assistance, please call the Community Care Customer Service number for your county of residence, If you are not a Community Care member and need help, please contact your Single County Authority, or SCA, for your county of residence.

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Introduction

With understanding and help, there is hope.

People have been researching how to help families and friends of persons who are struggling because of their use of substances. Education and coaching have proved effective. Knowing what to do and what you can't do is helpful. It is important to understand how hard it is for the person who is struggling with substance use. It helps to support them with positive affirmation and affection, rather than rejection and avoidance. And it is important to understand that any healing process takes time.

Overview of Information on Opioid Use Disorders

What is an opioid?

Opioids are a type of chemical that exist as medications that you get from your doctor or as drugs that can be bought on the street. Opioids are used for pain relief. Some people misuse opioids because they make you feel good. Common opioid medications given for pain include hydrocodone (e.g., Vicodin®), oxycodone (e.g., Percocet®), codeine, and morphine. These medications are effective when taken as prescribed by a doctor. Opioid medications work well for managing pain, but they can be risky over time if you don't follow your doctor's advice. Opioid medications tend to be safe at low dosages but can have more dangerous side effects at higher dosages. For a full list of opioid medicines, their brand name, generic name, and some street names, click here.

Heroin is a common street opioid that people misuse. Heroin works in your body like opioid medications but is more powerful than pills. Your body gets used to heroin quickly because it is a strong opioid. Your body can process heroin much faster than medicines. This makes you use heroin more often to feel good.

Fentanyl is a medication used to treat pain and is sometimes given after a person has surgery. It is 50-100 times stronger than morphine. When prescribed, it comes in the form of a shot, a patch, or an oral form like a cough drop. Most street fentanyl is made in a laboratory. Fentanyl is cheap and easy to make. Fentanyl is sometimes used as a filler for heroin, methamphetamine, cocaine, and ecstasy. A person buying substances from the street might not know that there is fentanyl in the substance, and the person selling might not know either. Sometimes, substances change hands several times before they get to the person who uses the substance. There is no way to know who has added anything into the substance in the process. Only a small amount of fentanyl is needed for a person to feel the effects. Because it is cheap to make and a small amount is required to feel the effects, it is safe to assume that powder substances might contain fentanyl. To learn more about fentanyl, click here.

Our bodies produce natural opioids for pain relief and energy. You might be familiar with endorphins, which are the most common natural opioids in your body. We experience natural highs when our body releases large amounts of endorphins, such as when playing sports, eating spicy foods, or riding on a roller coaster. Our brain and spinal cord have a built-in receptor for natural opioids, called the mu receptor. When our body releases endorphins, the mu receptor is activated in the brain and spinal cord, creating the dual feelings of pain relief and pleasure. To read more about opioids, click here.

Imagine you are playing catch. A person throws you a ball (or an endorphin) and you catch it with a glove (or a mu receptor). The sting (or feelings of pain and pleasure) you feel is the activation of the endorphin on the mu receptor.

If we keep using man-made opioids, like medication or heroin, our body builds up a tolerance. This means that we need more of the product to feel the same effect. With tolerance, we need more medication to feel pain relief. For street opioids, we need more to feel good. Tolerance of street opioids can cause a person to accidentally overdose because street opioids are man-made. There is no way to know how powerful the street opioid is before using it.

The human body develops a rapid tolerance to powerful opioids and processes them quickly through your body. Heroin is more powerful and processes faster through your body than medications, so your body builds a rapid tolerance. As a result, over 60% of people will develop an opioid use disorder, or OUD, within 12 months of the first use of heroin if the person uses heroin regularly. On the other hand, less than 10% of people who take prescription opioid medications for pain will develop an OUD.

Everyone who develops a substance use disorder (SUD) will struggle to avoid using their substance of choice. The good news is that people can learn to live without opioids, alcohol, or other substances. It will take time to develop the skills needed to avoid using these substances. The bad news with opioids is that the relapse rate is higher for opioids than other substances, like alcohol or cocaine. The desire to use opioids can last up to five or more years, which is longer than the urge to use other substances. This occurs because once your body gets used to having large amounts of opioids, it quickly adapts to having more of them. For example, your mu receptors evolve to accept more opioids over time. When you stop using opioids, your mu receptors will continue to send signals to your brain, telling you to keep using opioids. These signals can remain strong and constant for many years, which is why most people who develop an OUD will return to opioid use when they try to stop.

> Imagine you (mu receptor) are in the outfield at a baseball diamond. Your friend turns on a pitching machine for you to catch balls (endorphins). The pitching machine sends one ball at a time, which you catch easily. The machine starts sending more than one ball at a time and you feel overwhelmed (mu receptor overload). More friends come out to help you catch the balls (mu receptors evolve to accept more endorphins). The machine turns off, but you and your friends (mu receptors) are still in the outfield. You and your friends start begging for the machine to be turned back on (cravings).

People who develop an OUD are as motivated to stop as people with other SUDs, such as a person with an alcohol use disorder (AUD). However, OUD presents additional challenges to stopping. Therefore, the treatment for an OUD is different than the treatment for other SUDs.

What is the difference between talk therapy and medication therapy?

There are two types of effective therapy for an OUD: 1. talk therapy and 2. medication therapy. Talk therapy is when you meet with a therapist in a group or individual setting and discuss relapse prevention skills. If you have been in treatment before, you may have heard of the therapist talk about CBT or DBT, which are both forms of talk therapy. Medication therapy is used to help people with an opioid use disorder manage the desire to use opioids. For additional social support, you could attend a mutual support meeting (like 12-step or SMART Recovery), which we are going to talk about later in this document.

Talk therapy and medication therapy combined have the best outcomes for people. People who receive medication (methadone, buprenorphine, or naltrexone) and talk therapy at the same time, stay in treatment longer and are less likely to return to opioid use than people who do talk therapy, without medications. Talk therapy can also be used to address any other substance misuse patterns. It is common for people to switch from heroin to another substance, like methamphetamine or alcohol. A specific type of talk therapy, known as relapse prevention, can help you manage your urges, including the possible desire to use other substances that can be dangerous if mixed with your medications for an OUD.

Treatment outcomes, which may include length of time in treatment and no return to opioid use, improve the longer that people remain on their medications for OUD. Some people think that medication for OUD is only needed temporarily, but if the medication is working, a person should not stop taking it. Medication for OUD is the same as medication for high blood pressure or diabetes—the symptoms are reduced because the medication is working. Research shows that the best treatment outcomes are with people who were on methadone or buprenorphine for at least two years. Buprenorphine, methadone, and naltrexone help to reduce the urge to use opioids, however, none of these medications will help reduce the urge to use other substances, like cocaine, methamphetamines, or marijuana, which is why talk therapy can also be helpful when taking the medications.

Sometimes people who have immigrated do not get help because of translation issues. If you go to a treatment provider for help, they are required to get a translator to speak to you. Other times, immigrants may be afraid to seek help, because they think they are at risk of being deported. In Pennsylvania, it is illegal for a treatment provider to tell anyone you are in treatment without your permission, unless it is an emergency, and you cannot give permission.

What does my family need to know about therapy?

When you go to therapy, regardless of which level of care you enter, your treatment provider will probably recommend that your family be involved in treatment. Typically, families get involved to offer support through your recovery journey. Family involvement does not always mean that families attend therapy and talk about everything that happened while you were actively using substances. Most times, families are involved to make sure you have a safe place to stay during and after treatment, as well as making sure that families understand what you need while you are attending treatment and aftercare. For your treatment provider to talk to your family about your care, you will have to sign a release of information, which is sometimes referred to as a ROI. If you do not sign a ROI, then your treatment provider is not able to give your family any information about you, including if you receive treatment at the

agency. When you sign a ROI, you can decide which information is shared. Sometimes, treatment providers might recommend that you sign a ROI for a family member just to let them know that you are in treatment and safe. Other times, treatment providers might recommend that your family comes to the agency to participate in treatment with you. It is your decision on what you want to share with your family and what you want your treatment provider to share. If you don't want to share information with your family, you might want to consider signing a ROI for someone to let them know that you are safe and in treatment.

Why do people overdose from heroin and other opioids?

Opioid medications are safe if you take them as prescribed by a doctor and you do not take other substances, like alcohol or illicit drugs, while taking opioid medicines. The most dangerous side effect of opioids is the risk of an overdose, which can cause your breathing to slow or even stop completely, which is called "respiratory depression." Suppose the mu receptor is flooded with powerful opioids, like heroin, or when taking too many prescription medications (beyond what is prescribed). In that case, it can result in decreased breathing and sometimes complete cessation of breathing. The resulting lack of oxygen can produce severe consequences, including death.

People at high risk of an overdose from heroin or other opioids, include those:

- Using heroin or illegal fentanyl are at high risk of an overdose due to the potency of these drugs.
- Injecting opioids and other drugs with a needle (referred as IV use).
- Combining heroin or other opioids with other substances, such as alcohol, benzodiazepines (e.g., Xanax® or valium), cocaine, methamphetamine, or gabapentin.
- Who have health problems, such as lung disease (e.g., COPD), heart disease (e.g., congestive heart failure), or diabetes.
- With a mental illness, such as depression or anxiety disorders.
- Leaving residential programs: People who leave residential programs have an increased risk of experiencing an overdose due to fast drops in tolerance to opioids. Many people overdose on heroin after residential programs because their tolerance to heroin drops rapidly, within about 5 days. Most people are unaware that their tolerance to opioids diminishes so quickly and tend to use the same amount of heroin that they were using before they went to a residential program.
- Leaving any outpatient program, including medication assisted treatment programs (places that prescribe methadone or buprenorphine)

- Leaving jail: People who leave jails have an increased risk of experiencing an overdose due to fast drops in tolerance to opioids. Many people overdose on heroin after jail because their tolerance to heroin drops rapidly, within about 5 days. Most people are unaware that their tolerance to opioids diminishes so quickly and tend to use the same amount of heroin that they were using before they went to jail.

For more information about risk factors for an opioid overdose, please click here.

What does an overdose look like?

Overdoses can start within a few minutes or up to two hours after consuming or injecting opioids. People who inject heroin or fentanyl tend to experience the fastest overdose, due to the potency of these two opioids. To access SAMHSA's Opioid Overdose Prevention toolkit, click here.

There is a medicine called Narcan® (also known as naloxone) that can help reverse an opioid overdose. Pennsylvania has a standing order for Narcan®, which means that you can go to the internet here, print it out, and take it to any pharmacy to get it filled. Some pharmacies do not require you to bring the standing order with you, because they keep it on file. To access those pharmacies, click here.

Signs of an Overdose:

- No color in the face and clammy skin
- Blue lips and fingertips
- No response when name is said
- Slow or no breaths
- Snoring or a gurgling sound
- Slow or no heartbeat

Medicaid covers the cost of Narcan, and Community Care members can receive it under their physical health benefits with Medicaid. Doctors are encouraged to prescribe Narcan® if they know someone is using an opioid (either prescribed or not prescribed). If you go to a residential treatment program, like rehab, your program may order you Narcan® as part of your medication list while you are there. If they do not, you can ask them for Narcan® before you leave treatment. You can also ask an outpatient provider to help you get Narcan®.

It is also important that your family has access to Narcan® and knows how to use it. Your family should know how to use Narcan® in case you are not able to administer it. Your family members can ask their doctors or treatment providers to help them get Narcan®. Your family members can also ask their doctors or treatment providers to help them learn how to use Narcan®, as well as to answer any questions that they might have about Narcan®.

If you or someone you know has an OUD, it is important to have Narcan® with you in case you have an overdose or someone else you are with has an overdose. The reality is that anyone that uses opioids, is at risk for an overdose and that having Narcan® available helps people have a better chance of surviving an overdose and getting help. Even if someone receives a dose of Narcan®, they might not survive the overdose. If Narcan® is administered, 911 should be called. For a short video on why Narcan® is important, click here.

Safety Tip: Call 911 after you administer Narcan

The person might need additional doses of Narcan® and might also need medical attention and monitoring. Narcan® stays in someone's system for up to 90 minutes. However, the opioid may stay in someone's system longer than the Narcan®. A person might have multiple overdoses but only may have used opioids once in the day. This occurs when the opioid is more powerful than the Narcan®. Medical attention and observation are necessary after an overdose, even when Narcan is administered. For more information about Narcan®, please click here.

Safety and Opioid Use

If you are using opioids, it is important to use them safely. This means taking a prescription as prescribed, not using someone else's medications, using clean needles, and not mixing medications or other substances with opioids. Some people lock up their opioid prescription so only they can access it, which is an additional safety measure.

If you are receiving a prescription, it is important to take the prescription as your doctor indicates. If for some reason, you feel you need more medicine to feel better, you should contact your doctor. Your doctor can monitor your symptoms and make sure you receive an appropriate and a safe dose of the prescription. If you want to read more information about being safe when using prescription opioids, click here.

You also should let your doctor know about all your medications that you take, even if you are only going in for a checkup or think you might have a cold. Some prescription cough medicines have an opioid in them (codeine), which can cause you to be very sick if you are prescribed methadone, buprenorphine, or naltrexone.

Sometimes you might get an opioid prescription and have some of the medication left over. It is important to properly dispose of leftover medication. You might have heard that it's okay to flush medicine down the toilet or throw it in the garbage. Disposing of medication in these ways can be dangerous. If you flush some medicine down the toilet, you expose the water source to the medications, which means that your drinking water could contain chemicals found in medications. If you throw your medication in the garbage, you risk someone being able to take the medication and either use it or sell it. The Food and Drug Administration (FDA) has information about how to dispose of medications, which can be found here.

There are places in Pennsylvania that will take your leftover medicine and dispose of it. This is referred to as a "Drug Take Back Program." The programs will take the medication as long as they are in a sealed container (like the prescription bottle) or sealed bag (like Ziploc®). If you take your medication in the prescription bottle, the programs recommend that you remove any personal information that is on the container or cross it out with a marker. For more information about prescription medication take back programs, click here. To find a location of Drug Take Back Programs in the United States, click here.

Safety Tip: Use Drug Take Back Programs to properly dispose of medications

When injecting opioids, it is important to make sure that you are using unused needles. Sharing needles can lead to the spread of blood diseases, such as hepatitis C or HIV. Using clean needles and properly discarding used needles helps to stop the spread of disease. If you are sharing needles, you should consider getting tested for HIV, hepatitis C, and STDs. You may also want to make sure you always have Narcan® with you. For more information about dangers of injection opioid use, please click here.

Sometimes, people might use benzodiazepines (like Xanax®, Ativan®, or Klonopin®) or gabapentin (Neurontin®) while they are using opioids. The use of these medications with opioids can increase the likelihood of an overdose because the medications are also depressants. Combining depressants can cause your brain to not get enough oxygen, because your breathing slows down or might stop completely.

What if I am in recovery but I need opioid pain medication?

People in recovery sometimes have surgeries, injuries, or medical conditions that require pain management. It is important to be honest and upfront with your doctor about your substance use, so that your doctor can safely manage your pain. Doctors may want you to try non opioid medication first to see if the pain can be managed without an opioid, such as ibuprofen or acetaminophen. In addition, nonmedication-based interventions including physical therapy, meditation, psychotherapy, etc. may be considered. For more information about pain management and recovery, please click here.

Depending on the nature and the severity of the pain (like a broken bone or after surgery), the doctor may start an opioid medication. If you get an opioid prescription, the doctor or one of the people on their medical team may work with you on developing a safe plan to take the prescription or may ask if you have a family member or loved one that can help make sure you are taking the medicine as prescribed. The Centers for Disease Control (CDC) has recommendations on how to talk with your doctor about opioid prescriptions for pain management, which can be found here.

For people who don't want to receive opioid medications for pain management, there are other options. The CDC has a tip sheet on which non-opioid medications might help with pain for different substances, which is found here. Another option is to consider treatment that does not include medications, which could be physical therapy, occupational therapy, surgery, or talk therapy with a mental health clinician. You and your doctor will work together to find the best option to manage your pain.

How do I treat the cravings and withdrawal for opioids?

Sometimes you might have a hard time stopping using opioids, even if you don't feel sick. This is due to having habits where you are used to using opioids. You might have people that call you that you used with in the past. You may also have people call you that want to give you substances or want you to try new things. This can make it hard to stop using opioids.

Triggers for Recurrence:

- Being stuck in old habits
- Contact with people you used with
- Contact from people you got opioids from
- Contact from people who want you to try new substances

The best way to manage the experiences that come with stopping opioids (including craving and withdrawal symptoms) is through taking medication. There are three kinds of medicine that help stop cravings when someone has an opioid use disorder.

The three medicines approved by the FDA are methadone, buprenorphine, and naltrexone. These medicines work in different ways to stop cravings to opioids.

Methadone and buprenorphine are both opioids, whereas naltrexone is a non-opioid medication. You may wonder why you would be offered methadone or buprenorphine for treatment if they are opioids, and you are trying to avoid other opioids. Methadone and buprenorphine are highly effective for the treatment of an OUD for the following reasons:

- Your brain and spinal cord will be altered if you use heroin and other opioids for many years. When you stop using opioids, your mu receptors will beg your body to start using opioids again, which is known as cravings.
- When you take heroin or other opioids for many years, your body stops producing its natural opioids, including endorphins. It might take many months or years before your body starts making natural opioids again. This causes you to feel pain more than before you started using opioids.
- Methadone and buprenorphine take a long time for your body to process and are not very powerful compared to heroin or other prescription medications. Both methadone and buprenorphine fill the mu receptor, causing it to stop begging for an opioid. Methadone and buprenorphine do not overload your brain and overwhelm it with endorphins like other opioids. People can function in their daily activities while taking methadone and buprenorphine but cannot function while on heroin or high dosages of hydrocodone or oxycodone.
- Naltrexone is designed to block the mu receptor signal from being sent to the brain. Naltrexone tends to be less effective than methadone or buprenorphine in the early phase of recovery when you first stop using heroin or other opioids.
- All three medications can be used over time, though only one can be used at any one time. The choice of an individual medication is best made by considering your history, your phase of recovery, and your personal preferences. For those who have taken heroin for many years or use IV heroin, the two opioid medications, methadone and buprenorphine are more effective, at least as the first line of treatment. Once you are feeling more confident in your recovery and can handle the mild signals from the mu receptor, you may consider transition to naltrexone if you want to try a non- opioid medication.
- Any changes in your medication need to be discussed with your treatment team, to make sure that your medication is right for your recovery. Sometimes, people in early recovery might feel confident, which could impact a decision about medication.
- Family involvement in medication discussions is important. Families can help support medication decisions and medication adherence. Families might have questions about certain medications and how a person might feel or act when taking the medication. You might want to sign a release of information for your family to get information about your medication.

Will medicine help me?

Just like people use medicine for physical health or mental health conditions, medicines are effective for people to take if they have an opioid use disorder. Medicine helps with cravings, reduces symptoms, and helps you feel better. The three types of medications approved by the FDA are methadone, buprenorphine, and naltrexone. Methadone and buprenorphine are known as agonist medications, which means that they act like opioids and help you by filling the mu receptor. Naltrexone is an antagonist, which means that it helps you by blocking the mu receptor. For a short video on all three medications, click here.

Some people think that taking medicine for your opioid use disorder is replacing one substance with another. Some people think people using opioids can quit "cold turkey." Opioids are strong and your body becomes physically dependent on the opioid, which makes it hard to stop. For a short video on how medicine does not replace a substance, click here.

FDA-Approved Medications for Opioid Use Disorder		
Medication	**Where to Get**	**Dosing Frequency**
Methadone	Methadone clinic, known as opioid treatment provider (OTP)	Daily at OTP until take-home is approved
Buprenorphine	Office-based opioid treatment (OBOT) provider (could be a PCP, psychiatrist, or other specialist).	Twice per week up to 1 month, depending on progress
Naltrexone	Any medication prescriber	Daily (pill form) or monthly (injectable form)

If you would like a one page fact sheet on these medicines, please click here.

Methadone reduces cravings and withdrawal symptoms, helping you to do daily activities. It comes in various forms and is taken once a day. You can get methadone only at an opioid treatment program, while under doctor supervision. Methadone treatment is based on your individual needs. It might take a few weeks for the doctor to get your methadone dose stabilized. During this time, you might feel urges and cravings to use other opioids.

You should talk to your doctor and therapist about the urges and cravings to make sure that your methadone dose is stable. You can start taking methadone at any time.

Buprenorphine is like methadone but has fewer side effects and is not as powerful. It may not stop all cravings for some people. You can get buprenorphine in a primary care office, behavioral health agency, or hospital. You can start taking buprenorphine soon after your last substance use, and while having withdrawal symptoms. Buprenorphine comes in many different forms, including an oral form and an injection. The oral form is typically referred to as a "film" and it is placed under the tongue, which is called "sublingual." The film looks like a breath mint strip. The film may be taken as a single dose or split into multiple doses. Your doctor will talk with you about any withdrawal symptoms or cravings you are experiencing and determine how to take the medication. The injectable form is taken once a month. There is also a buprenorphine implant that is used for some people, but it is not common in Pennsylvania. In this document, when we talk about buprenorphine, we are also talking about Subutex® (oral), Suboxone® (oral), Zubsolv® (oral), Bunavail® (oral), Probuphine® (implant), and Sublocade® (injection).

Naltrexone blocks the effects of opioids and helps to reduce cravings, but it does not help with withdrawal. It comes in a pill form or as an injectable. You cannot start naltrexone until 7 to 10 days after your last opioid use. Because there is a high risk of overdose if you stop naltrexone and continue using opioids, it is not the best option for everyone.

If you are taking medicine for your opioid use disorder, you might start to feel better. But you still are at risk to trying new substances or continuing use of old substances (like cocaine, methamphetamines, or marijuana). These substances might help you feel good or "high," but they could interfere with your medicine working and interfere with your body and brain from healing after substance use.

What should I tell my doctor?

You should talk with your doctor about your opioid use and how you want to stop using. If you are interested in starting medicine for an opioid use disorder, you should let your doctor know. You should talk with your doctor about which medication would work best for you. Some people talk with their primary care physician (PCP) about referrals. Sometimes, your PCP might not understand the treatment of opioid use disorders. You might need help with getting information and referrals. Sometimes, it helps if you have a written plan for what you want to talk about with your doctor.

If you do not have a PCP, you can go to the Pennsylvania Medicaid Enrollment website and follow the steps to getting a PCP. On the Pennsylvania Medicaid Enrollment website, you can also find information about what your physical health plan may or may not cover.

If you and your doctor determine methadone is the best form of medication, your doctor will refer you to a methadone clinic. Methadone is only dispensed through a licensed methadone clinic. At the methadone clinic, you will meet with a doctor to discuss your withdrawal symptoms and a small dose will be initiated. Your dose may increase once the doctor observes how you tolerate the initial dose. You will be assigned a counselor to meet with to discuss how the medicine is working and relapse prevention techniques. If you think that your medicine is not working or you are still experiencing withdrawal symptoms, your counselor can help you develop a plan and schedule you to meet with the doctor to discuss your dose. Your counselor will also work with you on how to manage stressors in your home environment to avoid returning to use. At first, you will have to go to the methadone clinic every day to get the medicine. This is a requirement from the federal government. After some time, the methadone clinic will work with you to develop a take home plan that will support your recovery.

If you and your doctor determine buprenorphine is the best form of medication, your doctor will refer you to a buprenorphine prescriber. It could be an outpatient SUD treatment clinic or another doctor's office. You will talk with the prescriber about your withdrawal symptoms and a small dose will be initiated. Your dose may increase once the prescriber observes how you tolerate the dose. You might have to meet with your buprenorphine prescriber one to two times a week at first, based on the practices of the prescriber. Your prescriber might also ask you to go to talk therapy or mutual support group meetings while you are in treatment, to help you with relapse prevention.

If you and your doctor determine naltrexone is the best form of medication, your doctor will give you a prescription for the pill form. You will need to stop using opioids for seven to ten days before taking the medication. If you take it while opioids are still in your system, you could get very sick. If your body tolerates the pill form, your doctor might switch you to the naltrexone shot, which is referred to as Vivitrol. You could receive the Vivitrol shot once per month and your PCP can prescribe and administer it. Your doctor may recommend that you participate in talk therapy and mutual support group meetings while you are in treatment to help you with relapse prevention.

Regardless of which medication is best for you, it is important to take the medication as prescribed. For tips on how to remember to take your medicine, please click here.

The American Society of Addiction Medicine (ASAM) has recommended dosages for each medication. If you want a one-page sheet to take with you to your doctor, you can find it here.

If you are on medicine, you should tell all your health care providers about all your medicines. It is important to let your health care providers talk to each other, so that they know all your medicine and they can help monitor you if your medicine is not working like it should. For information about the importance of letting your health care providers talk to each other, click here.

If you talk with your doctor and need additional help or resources, Community Care can help you. Community Care can also help you with advocacy while you are talking to your provider. Please call the Customer Service number associated with your county of residence.

What should I expect when I start taking medicine for an opioid use disorder?

When you start taking medicine, you may start on a lower dose to make sure your body does not have a negative response to the medicine. The doctors will also want to find out how you feel once you start taking your medicine. The first couple days that you take your medicine, you might feel sick and you might want to use opioids to avoid feeling sick. If this happens, you should inform your provider.

How long will I have to take medicine?

You will take the medicine as long as you need it. It might be for a year or it might be for the rest of your life. Medicine for opioid use disorders is just like any other medicine that you might take for diabetes, high blood pressure, or depression. Short term medicines, like antibiotics, are used to cure infections. Long term medicines, like those used for diabetes or high blood pressure, are used to help reduce symptoms. Just because you start to feel better and no longer have symptoms, that does not mean that you stop taking the medicine.

You will be prescribed medicine as long as you need it. If you feel like the medicine isn't effective, talk to your doctor about changing your dose or type of medication.

Do people misuse medicine?

Yes, sometimes people misuse medicine. Misusing medicine means that they may take more medicine than they need. If someone is misusing medicine, it may mean that they are not on the right dose. If you are still feeling sick after taking medicine, you may need a higher dose. It is important to tell your doctor about your symptoms so that you are prescribed the correct dose. If you are on an appropriate dose of your medicine, you will be less likely to misuse your medicine.

What are the dangers of using a prescription that is not yours?

Taking someone else's prescription is dangerous. When you take a prescription that is not yours, you could experience side effects of the medication and could put your own health at risk. Some of the things associated with taking prescriptions that aren't yours include: short and long-term side effects, interference with other medications you might be prescribed, worsen some of your health conditions, and drug allergies. Sometimes, people use up all their prescription and store other medication in the pill bottles, so even if you read the label, that might not be the medication you take.

It is also illegal to take another person's prescription for opioids, for either pain or for the treatment of an OUD. If you are found with someone else's prescription, you can be arrested and face legal consequences. Opioid medications are controlled substances, and the only legal way to take the opioid medications is through a prescription with your name on it.

Is medication safe and effective for youth and young adults?

Medications are safe and effective for youth and young adults. Methadone and naltrexone have been proven to be safe and effective for people aged 18 and older, according to the Food and Drug Administration (FDA). Adolescents under 18 years old can obtain methadone with parental permission and medical documentation that methadone is needed. Buprenorphine has proven to be safe and effective for people aged 16 and older according to the FDA. As with any medication, you will want the prescriber to work with your primary care physician or pediatrician to make sure that the medication is the right one for you.

Is medication safe and effective for the elderly population?

Medications for OUD are safe and effective for the elderly population. Doctors are more likely to prescribe opioids for pain management in elderly people, which can lead to a dependency on opioids. To learn about risks of substance use for older adults, click here.

Some people believe that medications for OUD are not safe because they will interact with other medications that elderly people take. When taken correctly, medications for OUD are the same as any other medication you might be prescribed. Care coordination between providers allows your doctors to talk to each other and make the best treatment decision based on all your medical conditions.

What if I am pregnant or have a newborn baby?

Using opioids when you are pregnant poses significant risk: your baby might be dependent on opioids when it is born and may also experience withdrawal, which is known as neonatal abstinence syndrome. You are also at risk for having a miscarriage or for your baby having a low birth weight. Agonist medication (methadone and buprenorphine) are helpful for pregnant women with an active OUD. If you are using opioids while pregnant, it is important to tell your doctor. Your doctor will treat you with prescriptions of buprenorphine or methadone, and which are safer for you and your baby as well as psychosocial interventions.

Buprenorphine is the first line of treatment for pregnant women. As part of a statewide learning collaborative, many OB-GYNs in Pennsylvania prescribe buprenorphine as part of your prenatal care if you have an OUD.

If you have a newborn baby, methadone and buprenorphine are safe options for you and your baby while breastfeeding. Naltrexone is not safe for you or the baby and should only be taken when you are not pregnant or breastfeeding.

Should I go to a 12-step meeting or a mutual support meeting?

Some people in recovery or struggling with opioid use find attending a 12-step meeting to be helpful. Some meetings are closed, which means that only people that use substances can attend. Most meetings are open, which means that everyone can attend. There are three types of 12-step meetings:

- Discussion Meeting: The group agrees on a couple of topics and people in the meeting take turns sharing about the topic.
- Lead Meeting: In this meeting, there is a speaker that talks about their recovery journey. The speaker may mention substance use, but the focus is on how to start the recovery process and continue in the recovery journey when faced with triggers.
- Big Book Meeting: In this meeting, the group leaders pick a section of the Narcotics Anonymous or Alcoholics Anonymous book and they discuss that section during the meeting.

Depending on your comfort level with sharing your experience and where you are in your recovery journey, you might like some meetings better than others. If you try one meeting and you do not like it, do not get discouraged. It might have been the wrong meeting for you. You might want to try a couple different meetings and different types of meetings before deciding if 12-step meetings are not for you. If you are interested in finding a Narcotics Anonymous meeting, click here.

Some people want to talk with people about recovery but are uncomfortable going to 12-step meetings. SMART Recovery is a different type of mutual support group that looks at substance use as a disease and focuses on how to stay in recovery based on research, rather than working through the steps. If you are uncomfortable with 12- step meetings, you may want to try a SMART Recovery meeting to see if it is a better fit for you. For information on SMART Recovery, please click here.

Some self-help meetings promote abstinence, and they do not recognize medication for OUD as part of recovery. This can make people with an OUD feel uncomfortable when they are attending self-help meetings. There are some mutual-help groups specifically for people taking medication for OUD, called MARA, which stands for medication-assisted recovery anonymous. For more information about MARA or online MARA meetings, click here.

How does stigma impact me?

You may have heard of the word stigma or that a substance use disorder is a stigmatized disease, but you may not realize the impact of stigma on your ability or readiness to seek treatment.

Stigma is a label of shame or disgrace that people place on other people, based on an attribute (e.g., skin color, ethnicity, where you live, what you eat, sexual orientation, religious background, income, or acquired disease). People with an SUD are often stigmatized for having the disease of addiction.

The stigma associated with an SUD usually includes the following assumptions about people with an SUD:

- caused the disease, i.e., it's their fault
- can stop the use of alcohol or other substances at any time and are choosing not to stop, and
- are not motivated to change and cannot be trusted

The impact of this stigmatizing and inaccurate view of people with an SUD can occur through three elements of the person's life:

- Public Stigma: If you are feeling shame because of having an SUD, it could be the result of public or social stigma associated with people who suffer the impact of an SUD. Most of your feelings of shame about your SUD may come from the stigma and misinformation about substance use disorders and how the disease occurs. Social policies, such as the war on drugs and mass incarceration of people who have an SUD, are rooted in stigmatizing views of people who use or misuse these substances.
- Self-Stigma: You may not realize that you are already feeling and experiencing the impact of self-stigma. The most dangerous outcome of stigma is that you may begin to believe some of the shaming statements that were made by others. You may believe that you are unmotivated to change or that you are weak and should be able to stop on your own. The most dangerous aspect of self-stigma is that you may feel that you don't deserve effective treatment and that you should stop using heroin or other substances on your own. You may also view yourself as hopeless or helpless because you cannot stop on your own.

- Structural Stigma: Even if you take the important step of asking for help, you may encounter another level of stigma, referred to as structure or organizational stigma. Many institutions adopt policies and procedures that are based on stigma, such as denying access to care to people with an SUD or removing them from treatment once an SUD is detected. Structural stigma may also exist with SUD treatment provider policies, which might include kicking people out of treatment after a return to substance use or policies that promote "abstinence-only," which deny access to MAT for people with an OUD.

If you want to learn more about stigma, click here.

How to Overcome the Impact of Self-Stigma

Here are some tips to help you overcome self-stigma:

- Do not refer to yourself as "drug addict" or "dope-fiend" and, instead, refer to yourself as a person who has an OUD; if you continually refer to yourself this way, it may prevent you from being able to make meaningful changes.

- Ask family members and friends to also refer to you as a person who has an OUD, instead of a "drug addict" or other negative labels; people are more likely to recover with positive social support and less likely to recover from criticism or shame.

- If you want to stop using heroin or other opioids, you are motivated! Motivation is needed, but not enough to stop using opioids – treatment with medications is needed to stop using opioids.

- You deserve all lifesaving medications, like methadone, buprenorphine, or naltrexone. Medications are used to treat all chronic health conditions, including your OUD. Medications, such as methadone, buprenorphine or naltrexone are lifesaving treatments and the most effective intervention for people with an OUD – you may need to be on these medications for many years.

- Recovery is a marathon, not a sprint; very few people will achieve abstinence after one treatment episode; most will need many months or years to achieve sustainable abstinence. Look for 12-step or mutual support groups that promote MAT; there are a growing number of support groups that welcome people with an OUD who are taking medications.

What stigma exists with medication for OUD?

Stigma exists specifically for medication for OUD. Some people in long term recovery think that since they were able to quit "cold turkey," then everyone should be able to quit "cold turkey." Some people believe that taking medication for OUD is replacing one opioid with another opioid. As a result of this stigma, people might be denied access to life-saving medication. The truth is that opioids today are much more powerful than opioids in the past, and it is difficult to remain in recovery without taking medication for OUD. It is important to talk to your doctor about opioid use and make sure that you get a referral to medication if you have trouble stopping use of opioids.

How do opioids impact African American people?

African American people are 29% less likely to get prescribed pain medication than white people when they experience pain. Some doctors believe that African American people inaccurately report pain or want to get high from medicine. African American people should not be denied access to pain medication. When denied pain medication, African American people may turn to heroin, fentanyl, or buying someone else's prescription to manage pain.

Medicine helps people with an opioid use disorder and should be given based on your needs. However, African American people are more likely to receive methadone, instead of getting the optimal medication to manage OUD. You should talk to your doctor about buprenorphine or naltrexone if you think either of those would help you more.

African American people are less likely to seek help for opioid use disorders than White/European Americans, in part due to a fear of being turned over to the criminal justice system, if they reveal their use of illicit substances. Treatment providers are mandated by federal and state confidentiality laws to not repeat anything that is talked about as part of treatment. Treatment providers are mandated by state law to report abuse or neglect of children. Substance use alone is not considered a crime, abuse, or neglect.

To find out more about the impact of opioids on the African American population, click here.

How does opioid use impact the Hispanic/Latino population?

Hispanic/Latino people are also impacted by opioid use. Hispanic/Latino youth are using opioids at a higher rate than the general population in their age range. Hispanic/Latino youth admit to using pain pills to relieve pain, to help with feelings, or to help with sleep. If you are feeling pain, either physical or emotional, it is important to let your doctor know, because there might be better medicines to take to help relieve pain. If you need assistance accessing prescription medication, you can call your physical health plan (the number on your insurance card) to get assistance with other pharmacy options. If you do not have your insurance card or need help talking to your physical health plan, you can call the Community Care Customer Service number for your county.

For more information about how Hispanic/Latino people are impacted by opioid use, click here.

How does opioid use impact the LGBTQIA+ population?

People in the LGBTQIA+ population are impacted by opioid use. Lesbian, gay, and bisexual people are more likely to misuse opioid medication and three times more likely to have an opioid use disorder than heterosexual people. People in the LGBTQIA+ population may experience stigma and discrimination based on sexual orientation and gender identity. Victimization also is part of opioid misuse in the LGBTQIA+ population.

In addition to stress experienced by sexual orientation and gender identity, people who are transgender have an increased risk to misuse opioids Opioid pain medication might be prescribed as aftercare to transition surgery, which has the potential to develop into an opioid use disorder. Hormone replacement therapy could interfere with medications used to treat opioid use disorder, which means that cravings and urges to use opioids might be more powerful than the desire to not use. For more information about how opioid use impacts the LGBTQIA+ population, click here.

How does criminal justice involvement impact my opioid use?

About 65% of people in prison have a substance use disorder. When people in prison receive treatment for their substance use disorder, they are less likely to commit future crimes or return to use once they leave prison. For more information about opioid use and criminal justice, click here.

People involved in the criminal justice system are at a higher risk to overdose on opioids, especially if they are recently released from jail. The overdose risk increases after release from jail or prison because tolerance to opioids drops within 2-4 days of not using any opioids. People who stop using heroin or other opioids because of incarceration typically return to using the same amount of opioids when they are released from incarceration. Because tolerance for opioids drops within 2 to 4 days, most people leaving jail will not be able to safely handle the pre-incarceration level of opioids and may experience an overdose. People leaving jail should talk to the jail staff about getting Narcan® before being released. People in the criminal justice system that use opioids should talk to their doctor and their probation/parole agent about taking medicine to help with the opioid use disorder. Medicine will help reduce overdoses and will help someone avoid engaging in criminal behavior to get opioids outside of a prescription. Medicine also helps to reduce disease transmission from injection use.

There is a myth that people on probation or parole cannot take medicine for opioid use disorder. People on probation or parole can take medicine, but they might have to sign a release of information so that their probation officer or parole agent can talk to their doctor. To find resources created specifically for people using substances in the criminal justice system, click here.

How does mental health impact my opioid use?

People with a mental health diagnosis are more likely to use opioids than people without a mental health diagnosis. Some studies show that the population in the United States with a mental health disorder receive over half of the opioid prescriptions. Some people with a mental health diagnosis use an opioid to self-treat their mental health diagnosis.

Some people are in a lot of pain, which can lead to depression. The opioids help relieve the pain, which improves depressive symptoms. Some people who experience depression feel like they need to take opioids to help them escape from their problems. People who have experienced a form of trauma also might use opioids to escape from their problems. People using opioids to address emotional pain or escape from problems might end up taking higher doses of opioids, which can lead to an OUD.

Opioid medication helps with an opioid use disorder or to manage physical pain but should not be used to treat symptoms of a mental illness. There are many effective medications for mental illness, and you can talk to your doctor about medication therapy for depression, anxiety, or other conditions. You want to make sure that you take mental health medication to manage your symptoms of a mental illness and take the opioid medication to manage your pain or OUD. If you need to find a doctor for a mental illness, you can call Community Care Customer Service to get assistance with a referral to a psychiatrist. If you want more information about mental health and opioid use, click here.

Community Care Customer Service

If you have questions about your care or how to get care, you can always call Customer Service at the number below for your county.

Adams	1.866.738.6849	Luzerne	1.866.668.4696
Allegheny	1.800.553.7499	Lycoming	1.855.520.9787
Bedford	1.866.483.2908	McKean	1.866.878.6046
Berks	1.866.292.7886	Mifflin	1.866.878.6046
Blair	1.855.520.9715	Monroe	1.866.473.5862
Bradford	1.866.878.6046	Montour	1.866.878.6046
Cameron	1.866.878.6046	Northumberland	1.866.878.6046
Carbon	1.866.473.5862	Pike	1.866.473.5862
Centre	1.866.878.6046	Potter	1.866.878.6046
Chester	1.866.622.4228	Schuylkill	1.866.878.6046
Clarion	1.866.878.6046	Snyder	1.866.878.6046
Clearfield	1.866.878.6046	Somerset	1.866.483.2908
Clinton	1.855.520.9787	Sullivan	1.866.878.6046
Columbia	1.866.878.6046	Susquehanna	1.866.668.4696
Delaware	1.833.577.2682	Tioga	1.866.878.6046
Elk	1.866.878.6046	Union	1.866.878.6046
Erie	1.855.224.1777	Warren	1.866.878.6046
Forest	1.866.878.6046	Wayne	1.866.668.4696
Greene	1.866.878.6046	Wyoming	1.866.668.4696
Huntingdon	1.866.878.6046	York	1.866.542.0299
Jefferson	1.866.878.6046	All Counties	
Juniata	1.866.878.6046	TTY (Dial 711)	1.833.545.9191
Lackawanna	1.866.668.4696	En español	1.866.229.3187

If you are not a Community Care member, you can call your primary insurance provider. You can also call the Single County Authority, or SCA, to get a treatment referral. You can also visit Pennsylvania Get Help Now or call them at 1.800.662.HELP (4357).

Resources

General Information on Opioid Use Disorders

- Shatterproof is an organization that provides education on substance use and recovery. Shatterproof also focuses on reducing stigma for people with substance use disorders.
- SAMHSA is a resource that helps support people in recovery. Their website provides information on substance use and information on treatment.
- National Institute on Drug Abuse (NIDA) is an organization that provides education on substance use and how it affects people. They have information on a lot of substances that people use and the impact of substance use on a person.
    - Read more about how opioids impact your brain and body
- SAMHSA's Opioid Overdose Prevention toolkit
- The American Society of Addiction Medicine (ASAM) has information about SUD and medication for OUD
    - ASAM Opioid Addiction Treatment: A Guide for Patients, Families, and Friends
- If you are a Community Care member and you want more information about Community Care, please visit members.ccbh.com

Medicine for Opioid Use Disorders

Methadone:

- Information on methadone
- Short video on how methadone works
- Fact sheet on methadone safety tips

Buprenorphine:

- Information on buprenorphine
- Short video on how buprenorphine works

Naltrexone:

- Information on naltrexone
- Short video on how naltrexone works

Narcan® (also known as naloxone)

- Access the standing order in Pennsylvania
- List of pharmacies to obtain Narcan®
- Basic information on Narcan®
    - Additional information about Narcan®
- Short video on why Narcan® is important

Short Educational Videos about Opioid Use Disorders

- Disease Model of Addiction
- How opioids impact pain and pleasure
- The short- and long-term effects of opioids
- Tolerance and withdrawal

Mutual Support Groups

- Narcotics Anonymous is a group run by people in active recovery.
- SMART Recovery is a type of mutual support group that focuses on recovery through science, not the 12 steps.
- Medication-Assisted Recovery Anonymous (MARA) are specific meetings for people taking medication for OUD.
- For a full list of online mutual support groups, visit web-based-mutual-support-resources-sud.pdf (ccbh.com).

Local Organizations

- The Commonwealth Prevention Alliance Campaign to Stop Opiate Abuse
- County of Northumberland Opioid Coalition
- Cumberland County Task Force
- Heroin Task Force, Delaware County
- Mon-Valley Opioid Coalition
- The Opioid Epidemic Toolkit from Chester County
- Opioid Task Force Pike County
- Pennsylvania Harm Reduction Coalition
- Washington Opioid Overdose Coalition