UNDERSTANDING SUBSTANCE USE DISORDERS & THE USE OF MEDICATIONS FOR TREATMENT

Education Materials for Patients, Families, Educators and Non-Prescribing Providers

2024

HMA
Health Management Associates

DHCS

This toolkit is made available through a joint effort of the California Department of Health Care Services Opioid Response Project and Health Management Associates. The coaching and technical assistance is funded through DHCS by State Opioid Response Funds from SAMHSA.

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Special thank you to **Mayur Chandriani** for his contributions and thoughtful review of this product.

Understanding Substance Use Disorders & the Use of Medications for Treatment: Education Materials for Patients, Families, Educators and Non-Prescribing Providers

Resource Overview

The Systems of Care (SOC) program team of consultants came together to create this resource kit to be used across all SOC learning collaborative members in multiple CA counties. In this resource, we include materials meant to educate and inform multiple audiences in both English and Spanish. The materials can be used to broadly disseminate information across a community or with individual patients, family members and non-prescribing providers. Each educational material was created using the latest research and information available. They are meant to be concrete and easily accessible with simple language that promotes increased understanding of each topic. Some of the information included is technical and medical in nature and should be used as reference points that can serve as the foundation for conversations and engagement with patients and their family members. Similarly, for the provider-facing materials that are meant to be used by non-prescribing professionals, we have designed the materials to maximize their accessibility.

In general, these materials are designed to provide education on the following topics:

- Understanding substance use disorder (SUD), including opioid use disorder (OUD), and how these conditions affect the brain
- Evidenced-based treatment options for substance use disorder, including opioid use disorder
- Other supports, in addition to treatment, that are available to support individuals living with the chronic disease of SUD
- Reducing the stigma associated with mental illness and substance use disorders
- What direct service professionals, including counselors, therapists, and peers, need to promote evidence-based treatment for their patients
- Helping families understand the disease of SUD and how they can support their loved ones
- Community-centric systems approach to overcome the SUD epidemic

Resource Materials Format

Each resource material has a statement of the topic with definitions and background information. For many of the materials, we have included common myths associated with the topic area along with facts and data to combat these myths. If applicable, we also included live links to additional resources on the topic and all references are listed.

Patient & Family Facing Materials

In this section you will find a series of one-pagers that inform patients about an array of topics while also helping to reduce the stigma that exists within the field. While these materials are stand-alone resources, we encourage using them as mechanisms for engaging with patients, family members, friends and advocates. These materials are available in English and Spanish.

Provider Facing Materials

The materials in this section are meant to educate a workforce that is mostly engaged with patients in treatment, community and support groups. The workforce that is primarily responsible for providing direct treatment is critical to ensuring the communities are well informed of the latest research and can help overcome misconceptions and myths that often become an obstacle for accessing treatment.

School Based Resources

There are collaterals in the section which can be used with school personnel, parents and adolescents/youth. The latest research supports the use of medications for SUD and OUD for adolescents, and schools are well-positioned to inform and educate on this topic. In this section you will also find materials explaining the dangers of cannabis use in brains that are not fully developed. That parent materials are available in both English and Spanish.

Additional Sections

Towards the end of the toolkit, you will find a Glossary of Terms table that provides a simple definition and explanation of specific terms that may be technical or not commonly used or understood. Following that section, we also include a table with each material and the applicable resources that can enhance the existing document and references for the information sources.

Table 1 provides an overview of all the materials included in this toolkit along with a description and its intended use and audience. You can use the live links to print PDF versions of each document.

Table 1 – Educational Materials by Category

Category	Resource	Intended Use
Patient and Family Facing Materials	Long-Acting Injectable Buprenorphine (English/Spanish)	For patients to understand what extended-release buprenorphine is, how it is given, and its role in treatment of opioid use disorder.
	Methadone (English/Spanish)	For patients to understand the use, side effects, and benefits of methadone to treat opioid use disorder.
	Mutual Support (English/Spanish)	For patients to understand mutual support groups and their role in supporting recovery from substance use disorder.
	Recurrence of Use (English/Spanish)	For patients to understand and manage recurrence of substance use.
	Precipitated Withdrawal (English/Spanish)	For patients to understand precipitated withdrawal and how it can be treated or prevented.
	Understanding Substance Use Disorder as a Brain Disease (English/Spanish)	For patients to be informed as to how substance use disorder is a brain disease.
	Medications for Alcohol Use Disorder (English/Spanish)	For patients to understand that alcohol use disorder is a substance use disorder and that there are medications that can be used to treat it.

Provider Facing Materials	Recurrence of Use	For non-prescribing providers to understand and assist their patients with managing recurrence of substance use.
	Compassion Fatigue	For caregivers to recognize and address issues of compassion fatigue.
	Lived Experience	For peer supports, recovery coaches, or other community workers to understand how lived experience with substance use disorder can be used to support recovery.
	Understanding MAT, MAR, & MOUD	For non-prescribing providers to better understand Medication for Opioid Use Disorder as a treatment option.
	Understanding Substance Use Disorder as a Brain Disease	For non-prescribing providers to be informed as to how substance use disorder is a brain disease
	Understanding the Substance Use Disorder Treatment System Framework	For non-prescribing providers to better understand the treatment system framework for substance use disorder.
	Clinical Supervision in Medications for Addiction Treatment	For treatment providers to understand clinical supervision for treatment of substance use disorder and important considerations.
	Cultural Considerations in Medications for Addiction Treatment	For treatment providers to understand how to have culturally responsive prescribing and engagement with patients and families.
	Buprenorphine Prescriber Guide	For prescribers of transmucosal buprenorphine to understand evidence-based treatment and standards of clinical care.
	Medications for Alcohol Use Disorder	For non-prescribing providers to understand that alcohol use disorder is a substance use disorder and that there are medications that can be used to treat it.
School Based Resources	Parent Resources for High School Students (English/Spanish)	For parents of high school students to understand what opioid use disorder is and how medications for opioid use disorder can be used for treatment.
	School Based Education (English/Spanish)	For school personnel to better understand substance use disorder, opioid use disorder, and medications for treating opioid use disorder.
	Adolescent - Overdose Prevention and Awareness-Infographic (English/Spanish)	For youth to understand opioid use, overdose awareness, and what can be done to prevent it.
	Cannabis for Youth	For youth to understand what cannabis is, the risks, and the long-term effects.
	Cannabis for Parents (English/Spanish)	For parents to understand what cannabis is, the risks, and what they can do for their teen.
	Cannabis for School Based Personnel	For school personnel to understand the dangers of cannabis amongst youth, the risks, and what can be done to help their students.

TABLE OF CONTENTS

PATIENT AND FAMILY FACING MATERIALS

In this section you will find a series of one-pagers that inform patients about an array of topics while also helping to reduce the stigma that exists within the field. While these materials are stand-alone resources, we encourage using them as mechanisms for engaging with patients, family members, friends and advocates. All these materials are available in English and Spanish.

What is Extended-Release Buprenorphine?

What is buprenorphine?

Buprenorphine is one of the three prescription medications that is approved by the U.S. Food and Drug Administration, to treat opioid use disorder (OUD).

- Buprenorphine is an opioid and partially acts on the same area of the brain as other opioids.
- Unlike other opioids, buprenorphine has a "ceiling effect," which means that at some point taking higher amounts does not add any more of an effect.
  - This makes it safer than other opioids.

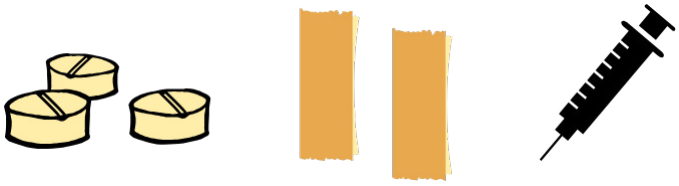
How does it work?

Because it is longer acting than other opioids, buprenorphine works by:

- Controlling and preventing withdrawal symptoms
- Reducing and preventing cravings
- Blocking the effects of other opioids
- Decreasing the risk of overdose

What is extended-release buprenorphine (BUP-XR)?

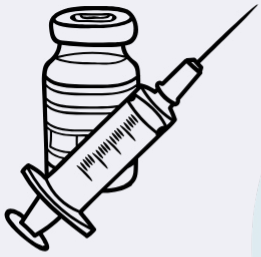
For the treatment of OUD, buprenorphine comes in different formulations — tablets, films, and now a long-acting injectable form. The injectable form of buprenorphine is often called extended-release buprenorphine or BUP-XR because after it is injected the medicine is slowly released over time (days to weeks).



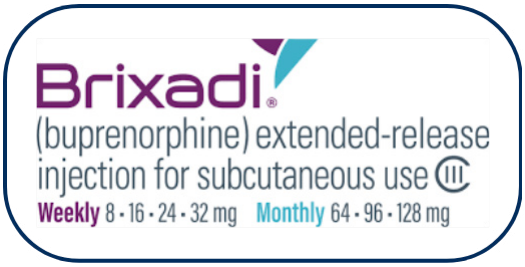
BUP-XR may be an option for anyone interested in taking buprenorphine to treat OUD. It may be especially helpful for people who forget or don't like to take medication every day or have difficulty getting their prescriptions filled on time.

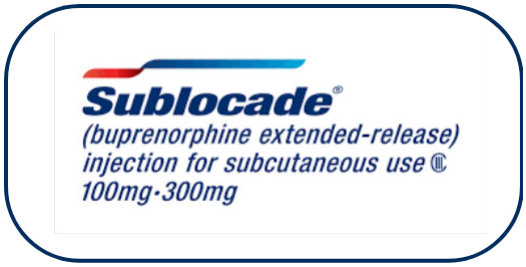
How is BUP-XR given?

BUP-XR is injected under the skin and should only be given by a licensed health care professional in a healthcare setting.



There are two different brands of BUP-XR: Brixadi® and Sublocade®





Brixadi®

- Brixadi® comes as weekly (every 7 days) and monthly (every 28 days) injections.
- Weekly dose sizes are 6mg, 16mg, 24mg, and 32mg.
- Monthly dose sizes are 64mg, 96mg, and 128mg.
- Before starting Brixadi®, it is recommended that you have taken at least one dose of buprenorphine by mouth (either tablet or film).

Sublocade®

- Sublocade® comes as a monthly (every 28 days) injection.
- There are two dose sizes (100mg and 300mg).
- The first two months' injections are typically 300mg, then the dose drops to 100mg monthly.
  - Some patients may continue with a dose of 300mg every month.
- Before starting Sublocade®, it is recommended that you have been on buprenorphine film or tablet at a dose of at least 8mg a day for at least seven days.

Side effects of BUP-XR

The side effects of buprenorphine are the same as those caused by other opioids. The most common side effects include:

- Constipation
- Nausea
- Headache
- Dry mouth

In addition, to the above side effects, because it is an injection, BUP-XR may have additional side effects at the injection site:

- Redness
- Pain/irritation
- Infection (this is not common)

SAVES LIVES — Buprenorphine greatly decreases the risk of overdose.

If you have opioid use disorder, ask your treatment provider if BUP-XR might be an option for you.

For more information about BUP-XR:

Brixadi® Patient Brochure

Sublocade® Patient Information

To find a buprenorphine prescriber near you please go to:

https://addictionfreeca.org/treatment-locators.

¿Qué es la buprenorfina de liberación prolongada?

¿Qué es la buprenorfina?

La buprenorfina es uno de los tres medicamentos recetados aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (por sus siglas en inglés, FDA) para tratar el trastorno por consumo de opioides (por sus siglas en inglés, OUD). La buprenorfina es un opioide y actúa parcialmente en la misma área del cerebro que otros opioides. A diferencia de otros opioides, la buprenorfina tiene un "efecto techo", lo que significa que en algún momento tomar cantidades más altas no agrega más efecto. Esto lo hace más seguro que otros opioides.

¿Cómo funciona?

Debido a que tiene una acción más prolongada que otros opioides, la buprenorfina actúa de la siguiente manera:

- Controla y previene los síntomas de abstinencia.
- Reduce y previene antojos.
- Bloquea los efectos de otros opioides.
- Disminuye el riesgo de sufrir una sobredosis.

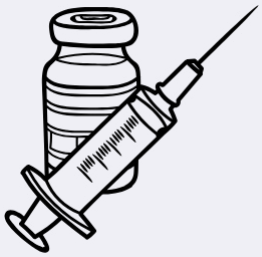
¿Qué es la buprenorfina de liberación prolongada (BUP-XR)?

Para el tratamiento del OUD, la buprenorfina viene en diferentes formulaciones: tabletas, comprimidos sublinguales recubiertos con película y ahora en una forma inyectable de acción prolongada. La forma inyectable de buprenorfina a menudo se llama buprenorfina de liberación prolongada o BUP-XR porque después de inyectarse, el medicamento se libera lentamente con el tiempo (días a semanas).

La BUP-XR puede ser una opción para cualquier persona que esté interesada en tomar buprenorfina para tratar el trastorno por consumo de opioides. Puede ser particularmente útil para las personas que olvidan o no les gusta tomar un medicamento todos los días o tienen dificultades para surtir sus recetas a tiempo.

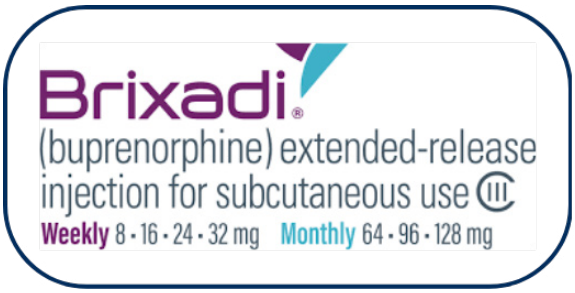
¿Cómo se administra BUP-XR?

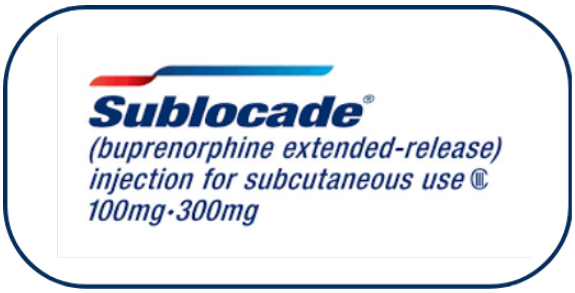
BUP-XR se inyecta debajo de la piel y solo debe ser administrado por un profesional de la salud con licencia en un entorno de atención médica.



La buprenorfina disminuye en gran medida el riesgo de sobredosis.

Hay dos marcas diferentes de BUP-XR: Brixadi y Sublocade.





Brixadi®

- Brixadi viene en forma de inyecciones semanales (cada 7 días) y mensuales (cada 28 días).
- Los tamaños de dosis semanales son 6 mg, 16 mg, 24 mg y 32 mg.
- Los tamaños de dosis mensuales son 64 mg, 96 mg y 128 mg.
- Antes de empezar a tomar Brixadi, se recomienda que haya tomado al menos una dosis de buprenorfina por vía oral (ya sea en comprimidos o en película).

Sublocade®

- Sublocade es una inyección mensual (cada 28 días).
- Hay dos tipos de dosis (100 mg y 300 mg).
- Las dos primeras inyecciones mensuales suelen ser de 300 mg y luego la dosis baja a 100 mg mensuales.
  - Algunos pacientes pueden continuar con una dosis de 300 mg cada mes.
- Antes de comenzar a tomar Sublocade, se recomienda que haya estado tomando un comprimido sublingual recubierto con película o tableta de buprenorfina en una dosis de al menos 8 mg al día durante al menos siete días.

Efectos secundarios de BUP-XR

Los efectos secundarios de la buprenorfina son los mismos que los causados por otros opioides. Los efectos secundarios más comunes incluyen:

- Estreñimiento.
- Náuseas.
- Jaqueca.
- Xerostomía.

Además de los efectos secundarios anteriores, debido a que se trata de una inyección, BUP-XR puede tener efectos secundarios adicionales en el lugar de la inyección:

- Enrojecimiento.
- Dolor/irritación.
- Infección (esto no es común).

Si tiene un trastorno por consumo de opioides, pregúntele a su proveedor de tratamiento si BUP-XR podría ser una opción para usted.

For more information about BUP-XR:

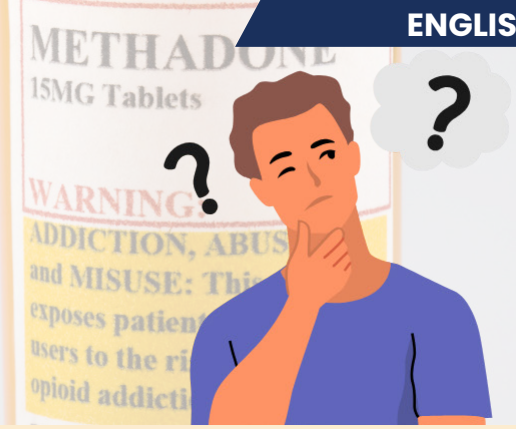
Brixadi: Panfleto para pacientes

Sublocade: Panfleto de educación

Para encontrar un profesional que recete buprenorfina cerca de usted, visite:

https://addictionfreeca.org/treatment-locators.

What is Methadone?



Methadone is the first medication that was approved to treat opioid use disorder (OUD) and is the medication for which we have the most data.

- Like heroin or fentanyl, methadone is an opioid.
- However, unlike heroin or fentanyl, methadone is a long-acting opioid, which is why it is effective for treatment of OUD.
- With higher doses of methadone, you get increasing effects.
  - For this reason, some patients find that methadone works better for treating their OUD, compared to buprenorphine.

How does it work?

Because it is longer acting than other opioids, methadone works by:

- Controlling and preventing withdrawal symptoms
- Reducing and preventing cravings
- Blocking the effects of other opioids

Methadone in correct doses does not cause drowsiness or sedation and decreases the risk of overdose.

SAVES LIVES: Methadone greatly decreases the risk of overdose.

What are the side effects of methadone?

Because methadone is an opioid, it has the same potential side effects as other opioids. Some of the more common side effects include:

- Constipation
- Nausea
- Headache
- Heavy sweating
- In rare instances, methadone can cause an irregular heart rhythm that in some people may become fatal (lead to death).
- When methadone is used along with other sedating substances the risk for overdose goes up.
  - Avoid using other opioids, benzodiazepines, or alcohol when taking methadone.

What are the benefits of methadone?

- Decreased opioid use
- Improved treatment retention
- Decreased cravings
- Improved withdrawal symptoms
- Improved birth outcomes for babies born to mothers with OUD
- Decreased transmission of infectious diseases (HIV, Hepatitis C)
- Improved viral suppression in persons living with HIV
- Increased employment
- Decreased criminal activity

How do patients get methadone for treatment of OUD?

Methadone for OUD can only be given by a licensed opioid treatment program (OTP)/ narcotic treatment program (NTP). Methadone must be given under the supervision of a practitioner/provider who works at the OTP/NTP. After a period of stability, patients may be able to take methadone at home in between visits to the program. During the COVID-19 public health emergency, the Substance Abuse Mental Health Services Administration (SAMHSA), which writes the rules/regulations for OTPs/NTPs, temporarily changed the rules to make it easier for patients to get methadone doses to take at home.

How do I find Narcotic Treatment Programs (NTPs) that offer methadone in California?

California NTP Locator:

California NTP Provider Directory:

¿Qué es la metadona?

La metadona es el primer medicamento que se aprobó para tratar el trastorno por consumo de opioides (por sus siglas en inglés, OUD) y es el medicamento del que tenemos más información y datos.

- Al igual que la heroína o el fentanilo, la metadona es un opioide.
- Sin embargo, a diferencia de la heroína o el fentanilo, la metadona es un opioide de acción prolongada, por lo que es eficaz para el tratamiento del OUD.
- Con dosis más altas de metadona, se obtienen efectos cada vez mayores.
    - Por esta razón, algunos pacientes encuentran que la metadona funciona mejor para tratar su OUD, en comparación con la buprenorfina.

¿Cómo funciona la metadona?

Cuando se administra en la dosis correcta, la metadona puede controlar los síntomas de abstinencia, controlar los antojos, bloquear los efectos de otros opioides y no causa somnolencia ni sedación.

SALVA VIDAS:
LA METADONA DISMINUYE EN GRAN MEDIDA EL RIESGO DE SOBREDOSIS.

¿Cuáles son los efectos secundarios de la metadona?

Debido a que la metadona es un opioide, tiene los mismos efectos secundarios potenciales que otros opioides. Algunos de los efectos secundarios más comunes incluyen estreñimiento, náuseas, dolor de cabeza, y sudoración intensa. En raras ocasiones, la metadona puede causar un ritmo cardíaco irregular que en algunas personas, puede llegar a ser mortal (provocar la muerte).

¿Cuáles son los beneficios de la metadona?

Se ha descubierto que la metadona, como medicamento para el OUD, tiene muchos beneficios. Consulte la lista a continuación para ver todos los beneficios asociados con la metadona:

- Disminuye el consumo de opioides
- Mejora la retención o que la persona continue en tratamiento
- Disminuye antojos
- Mejora los síntomas de abstinencia
- Muestra mejores resultados de parto para bebés nacidos de madres con OUD
- Disminuye la transmisión de enfermedades infecciosas (VIH, hepatitis C)
- Mejora de la supresión viral en personas que viven con VIH
- Incrementa la posibilidad de que las personas mantengan sus empleos
- Muestra disminución de actividad delictiva

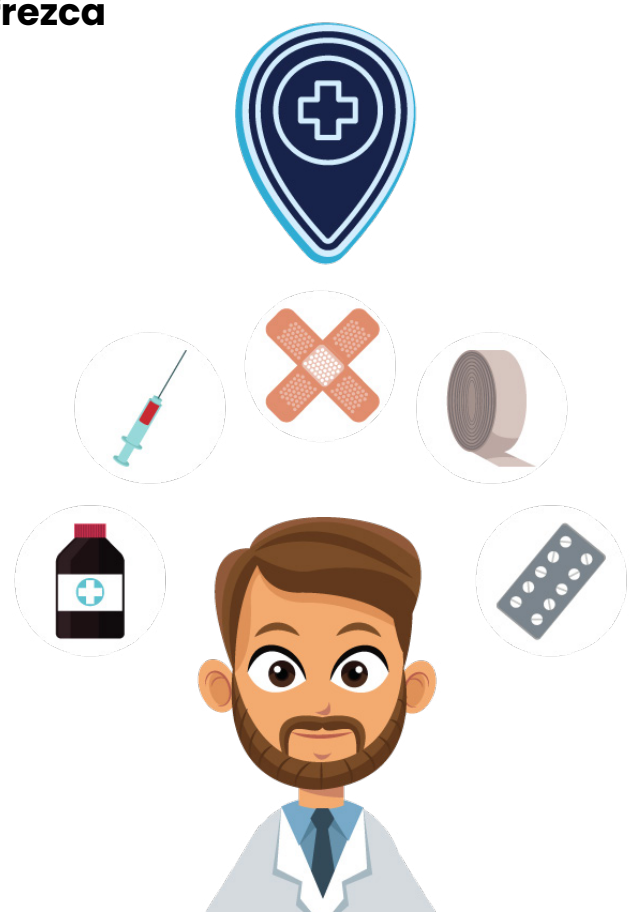
¿Cómo obtienen los pacientes metadona para el tratamiento del OUD?

La metadona para el OUD solo puede administrarse mediante un programa de tratamiento de opioides (por sus siglas en inglés, OTP) o un programa de tratamiento de narcóticos (por sus siglas en inglés, NTP) con licencia. La metadona debe administrarse bajo la supervisión de un profesional o proveedor que trabaje en el OTP/NTP. Después de un período de estabilidad, los pacientes pueden tomar metadona en casa entre las visitas al programa. Durante la emergencia de salud pública por COVID-19, la Administración de Servicios de Salud Mental por Abuso de Sustancias (por sus siglas en inglés, SAMHSA), que redacta las reglas/regulaciones para OTP/NTP, cambió temporalmente las reglas para facilitar que los pacientes obtengan dosis de metadona para tomar en casa.

¿Cómo encuentro un Programa de Tratamiento de Narcóticos (NTP, por sus siglas en inglés) que ofrezca metadona en California?

Localizador de NTP de California:

Directorio de proveedores de NTP de California:



Mutual Help Groups

Mutual help groups are made up of members who share similar problems and support each other in the journey of recovery from those problems.

- Unlike support groups and group therapy, mutual help groups are not led by professionals, such as counselors or therapists.
- Instead, mutual help groups are led by members of the group.
- Some people refer to mutual help groups as 12-step groups, but this is not accurate because not all mutual help groups follow a 12-step program.

What is Recovery?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as **"a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."** There are many pathways to recovery and the journey of recovery is personal and different for different people.

How do mutual help groups support recovery from substance use disorder (SUD)?

Mutual help groups support recovery by:

- Connecting people with SUD to other people who may be going through or have gone through similar issues and are also working towards recovery
- Providing a social support network that is supportive of recovery
- Providing role models for recovery
- Providing a sense of belonging to a community
- Providing increased opportunities to participate in non-substance using activities

Studies show that people who attend mutual help groups are more likely to complete treatment and more likely to stop using than people who don't attend mutual help groups.

Studies also show that starting mutual help groups while still in treatment is associated with better outcomes.

What to know before attending a mutual help group

- You do not have to stop using before attending a group.
  - For most groups, the only qualification is a desire to stop using.
- Each meeting, even different meetings within the same larger group, has its own culture.
  - You may need to go to a few different meetings in your area or online before you find one that is the best fit for you.
- Some groups are less accepting of people who use medication to treat their opioid or other substance use disorder.
  - Remember recovery is personal and different people have different journeys to recovery.
  - If you have decided to take medication to treat your SUD, don't let anyone make you feel bad or funny about your choice.
  - If people at a meeting make you feel uncomfortable about taking medication for SUD, consider finding a different meeting.

What are the different types of mutual help groups?

There are many different types of mutual help groups, which means there is likely to be one for you. Examples of some of the different types of groups are below.

When do mutual help groups meet?

- Mutual help groups meet 7 days a week and at different times — morning, afternoon, and evening/night.
- Some groups meet in person and others meet virtually or online.
- Information about different meeting dates and times can usually be found online.

Mutual help groups based on spirituality:

- Alcoholics Anonymous (AA)®
  https://www.aa.org
- Dual Recovery Anonymous™ (DRA)
  https://draonline.org
- Medication Assisted Recovery Anonymous (MARA)®
  https://www.mara-international.org
- Narcotics Anonymous (NA)®
  https://www.narcotics.com/na-meetings

Secular mutual help groups

- AA Agnostica
  https://aaagnostica.org
- Secular Organizations for Sobriety
  https://www.sossobriety.org
- Self-Management and Recovery Training (SMART Recovery)®
  https://smartrecovery.org
- Women for Sobriety
  https://womenforsobriety.org

Mutual help groups associated with religious traditions:

- Celebrate Recovery®
  https://www.celebraterecovery.com
- Millati Islami
  http://www.millatiislami.org
- Recovery Dharma
  https://recoverydharma.org
- Refuge Recovery
  https://refugerecovery.org

Grupos de Apoyo Mutuo

Los grupos de ayuda mutua o apoyo mutuo están formados por miembros que comparten problemas similares y se apoyan mutuamente en el camino de la recuperación de esos problemas. A diferencia de los grupos de apoyo, los grupos de ayuda mutua no están dirigidos por profesionales, como consejeros o terapeutas. En cambio, los grupos de ayuda mutua son dirigidos por miembros del grupo.

Algunas personas se refieren a los grupos de ayuda mutua como grupos de 12 pasos, pero esto no es exacto porque no todos los grupos de ayuda mutua siguen un programa de 12 pasos.

¿Qué es la recuperación?

La Administración de Servicios de Salud Mental y Abuso de Sustancias (por sus siglas en inglés, SAMHSA) define la recuperación como "un proceso de cambio a través del cual las personas mejoran su salud y bienestar, viven vidas autodirigidas y se esfuerzan por alcanzar su máximo potencial". Hay muchos caminos hacia la recuperación y el trayecto de recuperación es personal y diferente para diferentes personas.

Los estudios muestran que las personas que asisten a grupos de ayuda mutua tienen más probabilidades de completar el tratamiento y más probabilidades de dejar de consumir drogas que las personas que no asisten a grupos de ayuda mutua.

Los estudios también muestran que iniciar grupos de ayuda mutua mientras aún se está en tratamiento se asocia con mejores resultados.

¿Cómo apoyan los grupos de ayuda mutua en la recuperación del trastorno por consumo de sustancias (SUD)?

Los grupos de ayuda mutua apoyan la recuperación de la siguiente manera:

- Conectan a las personas con trastorno por consumo de drogas con otras personas que pueden estar pasando o han pasado por problemas similares y que también están trabajando para recuperarse.
- Proporcionan una red de apoyo social que apoye la recuperación
- Proporcionan modelos a seguir para la recuperación
- Proporcionan un sentido de pertenencia a una comunidad
- Proporcionan mayores oportunidades para participar en actividades que no sean de consumo de sustancias.

¿Qué saber antes de asistir a un grupo de ayuda mutua?

- No es necesario dejar de usar antes de asistir a un grupo.
  - Para la mayoría de los grupos, el único requisito es el deseo de dejar de consumir.
- Cada reunión, incluso las diferentes reuniones dentro del mismo grupo más grande, tiene su propia cultura.
  - Es normal, que a veces usted deba asistir a algunas reuniones diferentes en su área o virtuales antes de encontrar una que sea la mejor opción para usted.
- Algunos grupos aceptan menos a las personas que usan medicamentos para tratar su trastorno por consumo de opioides u otras sustancias.

- Recuerde que la recuperación es personal y que diferentes personas tienen diferentes caminos hacia la recuperación.
- Si ha decidido tomar medicamentos para tratar su trastorno por consumo de sustancias, no deje que nadie le haga sentir mal o raro por su elección.
- Si las personas en una reunión lo hacen sentir incómodo acerca de tomar medicamentos para el trastorno por consumo de sustancias, busque una reunión diferente.

¿Cuáles son los diferentes tipos de grupos de ayuda mutua?

Hay muchos tipos diferentes de grupos de ayuda mutua, lo que significa que es probable que haya uno para ti. A continuación se muestran ejemplos de algunos de los diferentes tipos de grupos.

¿Cuándo se reúnen los grupos de ayuda mutua?

- Los grupos de ayuda mutua se reúnen los 7 días de la semana y a diferentes horas del día: mañana, tarde y noche.
- Algunos grupos se reúnen en persona y otros se reúnen virtualmente o en línea.
- Por lo general, la información sobre las diferentes fechas y horas de las reuniones se puede encontrar en línea.

Grupos de ayuda mutua basados en la espiritualidad:

- Alcohólicos Anónimos (AA)® (https://www.aa.org/)
- Recuperación Dual Anónimos TM (DRA) (https://draonline.org/)
- Recuperación Asistida por Medicamentos Anónimos (MARA, por sus siglas en inglés)® https://www.mara-international.org/
- Narcóticos Anónimos (NA)® (https://www.narcotics.com/na-meetings/)

Grupos de ayuda mutua asociados a tradiciones religiosas:

- Celebre la recuperación® (https://www.celebraterecovery.com)
- Millati Islami (http://www.millatiislami.org)
- Dharma de recuperación (https://recoverydharma.org/)
- Recuperación para Refugiados (https://refugerecovery.org)

Grupos seculares de ayuda mutua

- AA agnóstica (https://aaagnostica.org)
- Organizaciones Seculares por la Sobriedad (https://www.sossobriety.org)
- Capacitación en Autocuidado y Recuperación (SMART Recovery)® (https://smartrecovery.org)
- Mujeres por la sobriedad (https://womenforsobriety.org)

Recurrence of Use (vs. Relapse)

What is Recurrence of Substance Use?

Recurrence is a return to problematic use of a substance or substances in someone who had a period of time when there were no problems related to substance use. Some people may refer to this as a relapse. However, the term recurrence is more in line with the language that is used for other chronic diseases and is less stigmatizing.

Recurrence or Return to Use is Common

- Addiction is a chronic disease and just like other chronic diseases, addiction has periods of recurrence (when the symptoms of the disease return).
- Recurrence or returning to problematic substance use **is common**.
  - About 40-60% of people who receive treatment for addiction to substances have a recurrence.
  - This is about the same rate of recurrence for other chronic diseases like high blood pressure, diabetes, or asthma when treatment or lifestyle changes are stopped.
- Like other chronic conditions, addiction is not curable, but it is treatable and long-term remission (absence of disease symptoms) is possible.
- **Recurrence is not a sign of weakness or failure.**
  - It is incorrect to view recurrence as a failure. Instead, it can be seen as something to learn from and use the knowledge gained towards one's own recovery journey.

Potential Dangers of Recurrence

- While recurrence can be common, for some people it can be dangerous and even deadly.
- When a person uses a substance regularly, their body becomes used to a certain level or amount of the substance.
- Once a person stops using a substance, the tolerance for a substance decreases or the amount their body is used to goes down.
  - If they return to using the substance, they may be at risk for overdose.
  - This is especially true for opioids and is why it is important to always have naloxone on hand to reverse an opioid overdose.

Why Does Recurrence Happen?

Recurrence can happen for many different reasons. One of the factors that contributes to recurrence is the fact that repeated use of an addictive substance or substances causes changes in the brain that make it much more difficult to stop using.

- Substances change the brain's reward center, the area of the brain that is responsible for the pleasurable effects of healthy activities such as eating, spending quality time with family and friends, and sex.

- Substances also alter the brain's response to stress, increasing stressful feelings like anxiety, irritability, and discomfort when the effects of a substance wear off.
  - This triggers people to continue to use and over time, people will use a substance to get rid of this discomfort as opposed to getting "high."
- Repeated use of substances also changes the area of the brain that controls judgment, decision-making, and self-control, making it harder for a person to avoid using substances.

Are the brain changes permanent?

The brain can heal. Research shows that while the changes described above may last a long time, up to at least a year after the last use, the brain can heal.

Managing Recurrence

- When a person has a recurrence, it doesn't mean that they are weak, it just means that they need to start, return to, change, or try another treatment plan.
  - For some people, especially those with opioid use disorder, this may include starting or adjusting medication for opioid use disorder (MOUD).
- Often, the best place to start is by talking to a healthcare provider, and/or counselor or therapist.
- Having and reaching out to a social support system, such as a mutual help group, may also be useful.

Triggers for Recurrence

- People, places or things that remind a person of their substance use.
- Cravings.
- Stressful situations, including relationship problems.
- Upsetting emotions.
- Untreated mental health or physical symptoms.

Warning Signs of Recurrence

Most times, recurrence doesn't happen suddenly. There are often clues that someone is at risk for recurrence. Some of these clues include:

- Staying away from others, even those people who support not using.
- Not expressing emotions.
- Changes in attitudes or thinking that are more supportive of using substances.
- Returning to unhealthy behaviors.
- Hanging out with people and/or going back to places connected to previous substance use.
- If they stop going to mutual help meetings or if they stop treatment.

Decreasing the Risk of Recurrence

There are some things that a person can do

- to decrease their risk of recurrence.
- Identify your own triggers and warning signs.
- Identify high-risk situations.
- Identify healthy ways to manage stress and cravings.
- Identify positive habits and activities that can take the place of substance use.
- Come up with a recurrence prevention plan for how to manage triggers, cravings, and high-risk situations before they occur.
  - Different people have different triggers and warning signs, so the recurrence prevention plan should be unique to the person.
- Develop a network of people who will be supportive of efforts to reduce or stop substance use.
- Get treatment for any untreated mental health or physical symptoms.
- Get treatment for substance use, which may include the use of medication to treat addiction.

Reincidencia al Uso de Sustancias (vs. Recaída)

¿Qué es la reincidencia al uso o consumo de sustancias?

La reincidencia es un retorno problemático al uso de una sustancia o sustancias en alguien que tuvo un período de tiempo en el que no hubo problemas relacionados con el consumo de sustancias. Algunas personas pueden referirse a esto como una recaída. Sin embargo, el término reincidencia está más en línea con el lenguaje que se utiliza para otras enfermedades crónicas y es menos estigmatizante.

La reincidencia o el retorno al uso es común

- La adicción es una enfermedad crónica y al igual que otras enfermedades crónicas, la adicción tiene períodos de reincidencia (cuando los síntomas de la enfermedad regresan).
- Es común la reincidencia o el retorno al consumo problemático de sustancias.
  - Alrededor del 40-60% de las personas que reciben tratamiento para la adicción a las sustancias tienen una reincidencia.
  - Esta es aproximadamente la misma tasa de reincidencia para otras enfermedades crónicas como la presión arterial alta, la diabetes o el asma cuando se suspende el tratamiento o los cambios en el estilo de vida.
- Al igual que otras afecciones crónicas, la adicción no es curable, pero es tratable y es posible la remisión a largo plazo (ausencia de síntomas de la enfermedad).
- **La reincidencia no es un signo de debilidad o fracaso.**
  - Es incorrecto ver la reincidencia como un error. En cambio, puede verse como algo para aprender y utilizar los conocimientos adquiridos para su recuperación.

Potential Dangers of Recurrence

- Si bien la reincidencia puede ser común, para algunas personas puede ser peligrosa e incluso mortal.
- Cuando una persona consume una sustancia con regularidad, su cuerpo se acostumbra a un cierto nivel o cantidad de la sustancia.
- Una vez que una persona deja de consumir una sustancia, su tolerancia a esa sustancia disminuye.
  - Si vuelve a consumir la sustancia, pueden estar en riesgo de sufrir una sobredosis.
  - Esto es especialmente cierto en el caso de los opioides y es por eso que es importante tener siempre naloxona a mano para revertir una sobredosis de opioides.

¿Por qué ocurre la reincidencia?

La reincidencia puede ocurrir por muchas razones diferentes. Uno de los factores que contribuye a la reincidencia es el hecho de que el uso repetido de una sustancia o sustancias adictivas provoca cambios en el cerebro que hacen que sea mucho más difícil dejar de consumir.

- Las sustancias cambian el centro de recompensa del cerebro, el área del cerebro que es responsable de los efectos placenteros de las actividades saludables como comer, pasar tiempo de calidad con la familia, los amigos y el sexo.

- Las sustancias también alteran la respuesta del cerebro al estrés, aumentando los sentimientos estresantes como la ansiedad, la irritabilidad y el malestar cuando los efectos de una sustancia desaparecen.
  - Esto hace que las personas continúen consumiendo y con el tiempo, las personas usarán una sustancia para deshacerse de esta incomodidad.
- El uso repetido de sustancias también cambia el área del cerebro que controla el juicio, la toma de decisiones y el autocontrol, lo que hace que sea más difícil para una persona evitar el uso de sustancias.

¿Los cambios cerebrales son permanentes?

El cerebro puede sanar. La investigación muestra que, si bien los cambios descritos anteriormente pueden durar mucho tiempo, hasta al menos un año después del último uso, el cerebro puede sanar.

Manejo de la reincidencia

- Cuando una persona tiene una reincidencia, no significa que es débil, solo significa que necesita comenzar, regresar, cambiar o probar otro plan de tratamiento.
  - Para algunas personas, especialmente aquellas con trastorno por consumo de opioides, esto puede incluir comenzar o ajustar la medicación para el trastorno por consumo de opioides.
- A menudo, el mejor lugar para comenzar es hablar con un proveedor de atención médica y/o un consejero o terapeuta.
- También puede ser útil tener un sistema de apoyo social, como un grupo de ayuda mutua, y ponerse en contacto con él.

Factores que inducen a la reincidencia

- Personas, lugares o cosas que le recuerdan a una persona sobre su consumo de sustancias.
- Antojos.
- Situaciones estresantes, incluyendo problemas en sus relaciones personales.
- Emociones perturbadoras.
- Síntomas físicos o de salud mental no tratados.

Señales de advertencia de reincidencia

La mayoría de las veces, la reincidencia no ocurre repentinamente. A menudo hay pistas de que alguien está en riesgo de reincidencia. Algunas de estas pistas incluyen:

- Mantenerse alejado de los demás, incluso de aquellas personas que apoyan el no consumir.
- No expresar emociones.
- Cambios en las actitudes o pensamientos que son más favorables al consumo de sustancias.
- Volver a comportamientos poco saludables.
- Salir con otras personas y/o volver a lugares relacionados con el consumo previo de sustancias.
- Dejar de ir a las reuniones de ayuda mutua
- Interrumpir el tratamiento.

Disminución del riesgo de reincidencia

- Hay algunas cosas que una persona puede hacer para disminuir su riesgo de reincidencia.
- Identificar sus propios desencadenantes y señales de advertencia.
- Identificar situaciones de alto riesgo.
- Identificar formas saludables de controlar el estrés y los antojos.
- Identificar hábitos y actividades positivas que puedan reemplazar el consumo de sustancias.
- Elaborar un plan de prevención de recurrencias sobre cómo manejar los desencadenantes, los antojos y las situaciones de alto riesgo antes de que ocurran.
- Diferentes personas tienen diferentes desencadenantes y señales de advertencia, por lo que el plan de prevención de recurrencias debe ser único para cada persona.
- Desarrollar una red de personas que apoyen los esfuerzos para reducir o detener el consumo de sustancias.
- Recibir tratamiento para cualquier síntoma de salud mental o físico no tratado.
- Recibir tratamiento para el consumo de sustancias, que puede incluir el uso de medicamentos para tratar la adicción.

What is Precipitated Withdrawal?

Precipitated withdrawal is:

- A sudden onset of intense withdrawal symptoms that occurs after a medication has been taken or given
- Sometimes happens after someone has taken buprenorphine to treat withdrawal symptoms
- Could also happen after someone gets naloxone (Narcan) to treat an opioid overdose

How is precipitated withdrawal different from typical opioid withdrawal?

With regular, repeated use of opioids, the body becomes used to having a certain level of opioids in the system. When the level of opioids that the body is used to drops, a person will begin to experience opioid withdrawal. This is usually a gradual process that happens over time.

With precipitated withdrawal, the decrease in opioids that the body is used to is caused by taking or being given a medication and it occurs suddenly. For some people, this rapid onset of symptoms can be scary.

What are the symptoms of precipitated withdrawal?

The symptoms of precipitated withdrawal are generally the same as opioid withdrawal symptoms and can include:

- Anxiety
- Restlessness
- Stomach cramping
- Sweating
- Nausea/vomiting
- Diarrhea
- Rapid heartbeat
- Cold chills/goose bumps

How is precipitated withdrawal treated?

It may seem funny, **but the best way to treat precipitated withdrawal is to take even more buprenorphine. The goal is to get enough buprenorphine in the body so that most of the opioid receptors in the brain are covered by buprenorphine**. Buprenorphine can treat precipitated withdrawal that starts after taking buprenorphine or after being given naloxone. If a person is going through precipitated withdrawal, their healthcare provider will most likely continue giving them buprenorphine until their symptoms stop.

If you are experiencing precipitated withdrawal – Do this:

Get medical help: When someone begins to experience precipitated withdrawal symptoms, they should seek medical attention as soon as possible. Trying to go it alone can make it even more difficult.

Take more buprenorphine: Continue taking more buprenorphine until the symptoms stop.

Drink a lot of water: With precipitated withdrawal, it is common for excessive sweating, diarrhea, and vomiting to happen. This can cause the body to lose too much fluid and become dehydrated. Drinking water and staying hydrated is important.

Treat symptoms as they occur: With the guidance of a healthcare provider, a person can treat symptoms of precipitated withdrawal as they happen. For example, medications like Imodium® can help control diarrhea. There are also medications that can control nausea and vomiting.

How can precipitated withdrawal be prevented?

- The risk for precipitated withdrawal is lower when a person is already experiencing some symptoms of withdrawal, especially when they are symptoms that other people can also see, such as watery eyes, runny nose, large pupils, restlessness.
- Waiting until you are having symptoms of withdrawal before starting buprenorphine is the best way to cut down on the likelihood of precipitated withdrawal.
- Starting with higher doses of buprenorphine (at least 8mg).

A study of almost 900 participants, done in California emergency departments, found that less than 2% of people with an opioid use disorder had precipitated withdrawal when given a starting dose of buprenorphine of 8mg or higher and less than 5% of people who reported using fentanyl had precipitated withdrawal.

¿Qué es la abstinencia precipitada?

La abstinencia precipitada es cuando hay una aparición repentina de síntomas intensos después de haber tomado o administrado un medicamento. Ocurre con mayor frecuencia después de que alguien ha tomado buprenorfina para tratar los síntomas de abstinencia o después de que se le ha administrado naloxona (Narcan) para tratar una sobredosis de opioides.

¿Cuáles son los síntomas de la abstinencia precipitada?

Los síntomas de la abstinencia precipitada son generalmente los mismos que los síntomas de abstinencia de opioides y pueden incluir:

- Ansiedad.
- Inquietud.
- Calambres estomacales.
- Transpiración.
- Náuseas/vómitos.
- Diarrea.
- Latidos cardíacos rápidos.
- Escalofríos/piel de gallina.

¿En qué se diferencia la abstinencia precipitada de la abstinencia típica de opioides?

Con el uso regular y repetido de opioides, el cuerpo se acostumbra a tener un cierto nivel de opioides en el sistema. Cuando el nivel de opioides al que el cuerpo está acostumbrado disminuye, una persona comenzará a experimentar abstinencia de opioides. Por lo general, este es un proceso gradual que ocurre con el tiempo.

Con la abstinencia precipitada, la disminución de opioides a la que el cuerpo está acostumbrado es causada por tomar o recibir un medicamento y ocurre repentinamente. Para algunas personas, esta rápida aparición de los síntomas puede ser aterradora

¿Cómo se trata la abstinencia precipitada?

Puede parecer gracioso, pero la mejor manera de tratar la abstinencia precipitada es tomar aún más buprenorfina. El objetivo es obtener suficiente buprenorfina en el cuerpo para que la mayoría de los receptores opioides en el cerebro estén cubiertos por buprenorfina. La buprenorfina puede tratar la abstinencia precipitada que comienza después de tomar buprenorfina o después de recibir naloxona. Si una persona está pasando por una abstinencia precipitada, lo más probable es que su proveedor de atención médica continúe administrándole buprenorfina hasta que sus síntomas desaparezcan.

Si está experimentando una abstinencia precipitada, haga lo siguiente:

Busque ayuda médica: Cuando alguien comienza a experimentar síntomas de abstinencia precipitados, debe buscar atención médica lo antes posible. Tratar de hacerlo solo puede hacerlo aún más difícil.

Tome más buprenorfina: Continúe tomando más buprenorfina hasta que los síntomas desaparezcan.

Beba mucha agua: Con la abstinencia precipitada, es común que se produzca sudoración excesiva, diarrea y vómitos. Esto puede hacer que el cuerpo pierda demasiado líquido y se deshidrate. Beber agua y mantenerse hidratado es importante.

Trate los síntomas a medida que ocurren: Una persona puede tratar los síntomas de abstinencia precipitada a medida que ocurren con la guía de un proveedor de atención médica. Por ejemplo, medicamentos como Imodium®, pueden ayudar a controlar la diarrea. También hay medicamentos que pueden controlar las náuseas y los vómitos.

¿Cómo se puede prevenir la abstinencia precipitada?

- El riesgo de abstinencia precipitada es menor cuando una persona ya está experimentando algunos síntomas de abstinencia, especialmente cuando son síntomas que otras personas también pueden ver, como ojos llorosos, secreción nasal, pupilas grandes, inquietud.
- Esperar hasta que tenga síntomas de abstinencia antes de comenzar a tomar buprenorfina es la mejor manera de reducir la probabilidad de abstinencia precipitada.
- Comenzando con dosis más altas de buprenorfina (al menos 8 mg)

Un estudio de casi 900 participantes, realizado en los departamentos de emergencias de California, encontró que menos del 2 por ciento de las personas con un trastorno por consumo de opioides habían precipitado la abstinencia cuando se les administró una dosis inicial de buprenorfina de 8 mg o más y menos del 5 por ciento de las personas que informaron haber usado fentanilo habían precipitado la abstinencia.

Understanding that Substance Use Disorder is a Brain Disease

Do you or a loved one suffer from the negative emotions or shame of addiction?

Just like diabetes, heart disease, and other chronic diseases addiction is a chronic disease of the brain. Multiple areas of the brain are involved in the neurobiology of addiction. According to the American Society of Addiction Medicine (ASAM), "addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry."

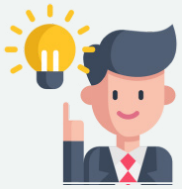
A substance use disorder (SUD) of any kind, whether it's an alcohol use disorder (AUD) or an opioid use disorder (OUD), requires medical treatment. It is **NOT A MORAL FAILING** and this is why we no longer use phrases like, "what is your drug of choice?" or "Just stop."

SUD is a chronic condition that alters the brain and affects its structure and function. Even after a person stops using the substance, it takes a long time for the brain to return to its normal state and function. The picture to the right provides a visual representation of this, where the yellow areas represent normal brain activity. The brain that has not been exposed to drug use is lit up in yellow, while the other two show significantly decreased activity. Even after over three months of no drug use the brain still shows notably decreased activity in comparison to the one that was not exposed.

The picture above provides a visual representation of how substance use may affect the brain, where the yellow areas represent normal brain activity. The brain that has not been exposed to drug use is lit up in yellow, while the other two show significantly decreased activity. Even after over three months of no drug use, the brain still shows notably decreased activity in comparison to the one that was not exposed.

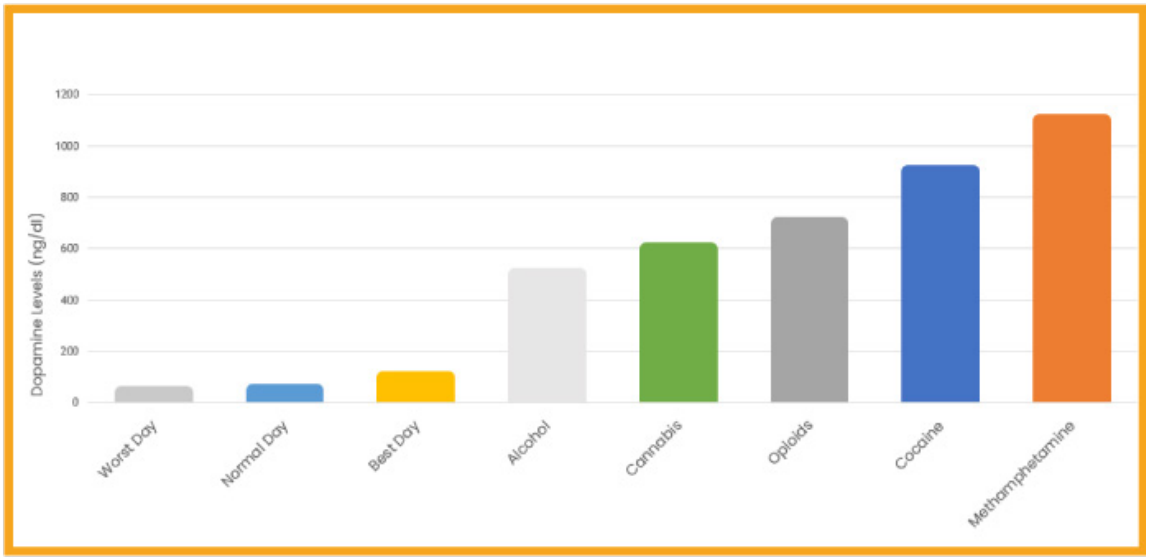
Dopamine

To understand how SUD affects the brain we must start with understanding the chemical dopamine.



Dopamine is a chemical that gets released in the brain when there is a pleasurable experience, such as eating your favorite food or spending time with your favorite people. It is often referred to as the reward or "feel good" chemical and contributes to feelings of pleasure and motivation. When we engage in pleasurable activity our brain releases a certain amount of dopamine. When a substance is used the brain is flooded with dopamine and the reward pathway becomes overloaded. This feeling reinforces the behavior of using the substance repeatedly. Over time the brain adapts to the increased surge of dopamine, and it requires higher levels of the substance to achieve the same feeling — this is called tolerance. Repeated substance use can also cause changes in the brain that lead to a diminished response to natural rewards, e.g. food and time with family, making it more difficult for people with SUD to experience pleasure.

This table shows how much dopamine is released for each of these activities:



Dopamine is also involved in cravings and withdrawal symptoms. If a person with SUD encounters a cue or trigger that reminds them of using a substance, the dopamine level can spike and result in intense cravings even in the absence of the substance. On the other end when a person first stops using the substance, the dopamine levels are often so low that it can result in dysphoria and depressive symptoms.

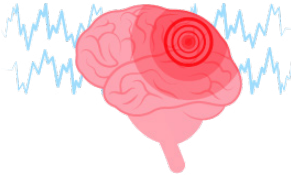
In addition to the changes in the reward system of the brain, chronic use of substances also affects the body's stress response or the "fight, flight, or freeze" system causing an excessive response to stressful events, especially substance withdrawal. In addition, changes occur to the brain area that controls judgment, decision-making, and impulsivity. These changes make it more difficult for people to stop using substances and increase the risk that someone may return to use even after stopping.

How does the brain change with a SUD?

- There are neurochemical changes that impact dopamine and neurotransmitters in the brain, which are chemical messengers that the body can't function without.
- Brain structure changes – altering areas of the brain that control impulses and judgment.
- Brain circuit changes – prioritize drug-seeking behaviors over everything else; losing control.

Why is it a chronic disease?

- The brain remains altered for a long time after removal of the substance
- The brain is vulnerable to recurrence, much like other chronic disease



Comprendiendo que el trastorno por consumo de sustancias es una enfermedad cerebral

¿Usted o un ser querido sufre de las emociones negativas o la vergüenza de la adicción?

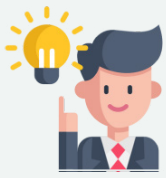
Al igual que la diabetes, las enfermedades cardíacas y otras enfermedades crónicas, la adicción es una enfermedad crónica del cerebro. Múltiples áreas del cerebro están involucradas en la neurobiología de la adicción. Según la Sociedad Americana de Medicina de la Adicción (ASAM, por sus siglas en inglés) "la adicción es una enfermedad primaria y crónica de la recompensa cerebral, la motivación, la memoria y los circuitos relacionados".

Un trastorno por consumo de sustancias (SUD, por sus siglas en inglés) de cualquier tipo, ya sea un trastorno por consumo de alcohol o un trastorno por consumo de opioides requiere tratamiento médico. **NO ES UNA FALLA MORAL** y es por eso que ya no usamos frases como "¿cuál es tu droga preferida?" o "simplemente para y deja de usar drogas".

El trastorno por consumo de sustancias es una afección crónica que altera el cerebro y afecta su estructura y función. Incluso después de que una persona deja de consumir la sustancia, el cerebro tarda mucho tiempo en volver a su estado y función normales. La siguiente imagen proporciona una representación visual de esto, donde las áreas amarillas representan la actividad cerebral normal. El cerebro que no ha estado expuesto al consumo de drogas se ilumina en amarillo, mientras que los otros dos muestran una actividad significativamente disminuida. Incluso después de más de tres meses de consumo de drogas, el cerebro todavía muestra una actividad notablemente disminuida en comparación con el que no estuvo expuesto.

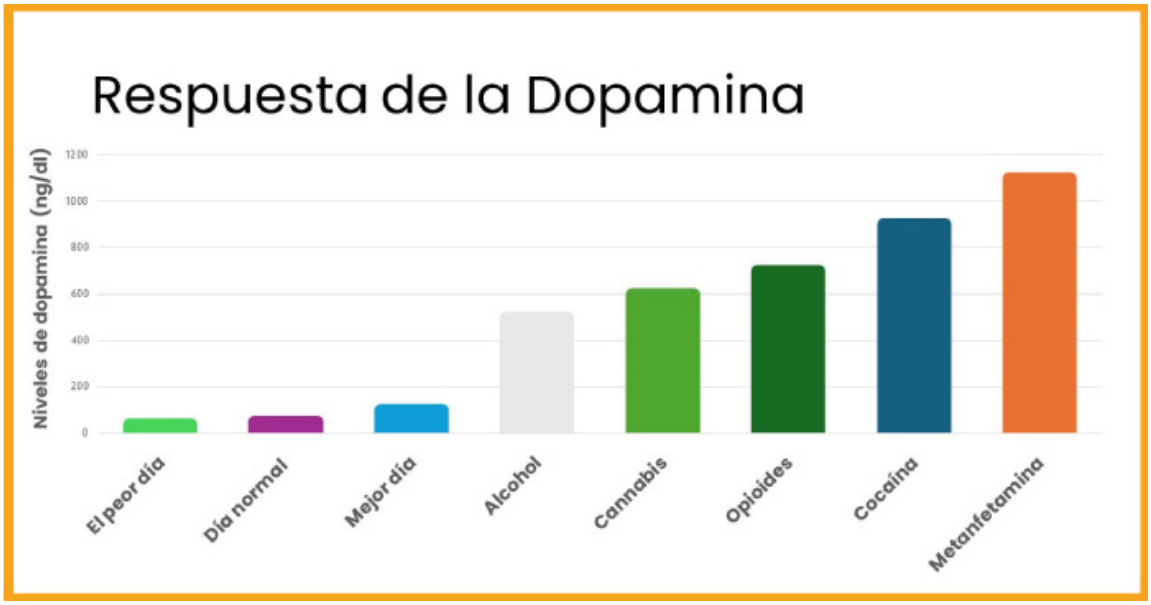
Dopamina

Para entender como el SUD afecta el cerebro, debemos empezar por entender la química de la dopamina.



La dopamina es una sustancia química que se libera en el cerebro cuando hay una experiencia placentera, como comer tu comida favorita o pasar tiempo con tus personas favoritas. A menudo se le conoce como el químico de "sentirse bien" o de recompensa y contribuye a los sentimientos de placer y motivación. Cuando participamos en una actividad placentera, nuestro cerebro libera una cierta cantidad de dopamina. Cuando se usa una sustancia, el cerebro se inunda de dopamina y la vía de recompensa se sobrecarga. Este sentimiento refuerza el comportamiento de usar la sustancia repetidamente. Con el tiempo, el cerebro se adapta al aumento de la dopamina y requiere niveles más altos de la sustancia para lograr la misma sensación, esto se llama tolerancia. El consumo repetido de sustancias también puede causar cambios en el cerebro que conducen a una disminución de la respuesta a las recompensas naturales, por ejemplo, la comida y el tiempo con la familia, lo que dificulta que las personas con trastorno por consumo de sustancias experimenten placer.

Esta tabla muestra cuánta dopamina se libera durante cada una de estas actividades:



La dopamina también está involucrada en los antojos y los síntomas de abstinencia. Si una persona con trastorno por consumo de sustancias se encuentra con una señal o un factor que incentive el uso o que le recuerda el uso de una sustancia, el nivel de dopamina puede aumentar y provocar antojos intensos incluso en ausencia de la sustancia. Por otro lado, cuando una persona deja de consumir la sustancia por primera vez, los niveles de dopamina suelen ser tan bajos que pueden provocar disforia y síntomas depresivos.

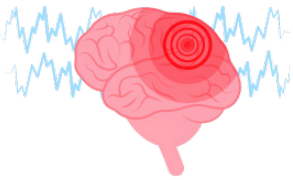
Además de los cambios en el sistema de recompensa del cerebro, el uso crónico de sustancias también afecta la respuesta al estrés del cuerpo o el sistema de "lucha, huida o congelación", lo que provoca una respuesta excesiva a los eventos estresantes, especialmente la abstinencia de sustancias. Además, se producen cambios en el área del cerebro que controla el juicio, la toma de decisiones y la impulsividad. Estos cambios hacen que sea más difícil para las personas el dejar de consumir sustancias y aumentan el riesgo de que alguien pueda volver a consumir sustancias.

¿Cómo cambia el cerebro con un trastorno por consumo de sustancias?

- Cambios neuroquímicos: dopamina y neurotransmisores, que son mensajeros químicos sin los que el cuerpo no puede funcionar.
- Cambios en la estructura del cerebro: alteración de las áreas del cerebro que controlan los impulsos y el juicio.
- Cambios en los circuitos cerebrales: priorizar los comportamientos de búsqueda de drogas sobre todo lo demás, perder el control.

¿Por qué es una enfermedad crónica?

- El cerebro permanece alterado durante mucho tiempo después de la eliminación de la sustancia
- El cerebro es vulnerable a la reincidencia, al igual que otras enfermedades crónicas



Medications for Alcohol Use Disorder (MAUD)

Alcohol use is very common. It is present at restaurants, gatherings, and almost every social event. This can make it easy to drink too much, and hard to know if your drinking is becoming a problem. We hope the information here can help.

Alcohol Use Disorder (AUD) is a medical condition that can cause problems in a person's life including their relationships, their work or school, and even their mental health. Many people with AUD have a hard time trying to stop using alcohol. AUD is a chronic condition that can be treated. This table provides information on how drinking too much alcohol can affect the body:

Organ System	Effect of Alcohol
Nervous system	Alcohol interferes with the brain's communication pathways. This can affect balance and coordination, make it harder to think clearly, and can lead to a form of dementia. Alcohol can also cause damage to nerves that can lead to pain, tingling, and numbness.
Heart	Heavy alcohol use can lead to an irregular heartbeat or high blood pressure. It can also lead to cardiomyopathy, a condition that causes stretching of the heart muscle which can make it difficult for the heart to effectively pump blood.
Liver	Alcohol can cause significant inflammation to the liver leading to cirrhosis, liver failure, and liver cancer.
Pancreas	Alcohol causes the pancreas to make toxic substances that can lead to inflammation and swelling in the pancreas, a condition called pancreatitis.
Muscles	Regular, heavy alcohol use can result in muscle wasting.
Bones	Chronic, heavy drinking can lead to decreased bone density, making the bones more fragile and increasing the risk for fractures
Immune system	Drinking too much can weaken the immune system
Multiple	Heavy alcohol use is associated with several cancers including head and neck cancer, esophageal cancer, liver cancer, colon cancer, and breast cancer.

Signs That You Might Have Alcohol Use Disorder

Physical and social signs

- You have developed a **tolerance** to alcohol.
  - It takes more for you to feel the positive effects of alcohol than when you first started drinking
- You experience **withdrawal symptoms** when you stop drinking
  - Withdrawal symptoms may include:
    - Upset stomach/vomiting
    - Shaking
    - Anxiety
    - Headache
    - Racing heart
    - Irritability
    - Trouble sleeping
    - Seizures
- You have experienced **problems** because of your drinking
  - Problems may include:
    - **Relationship problems such as:**
      - Friends/family are worried about your drinking
      - Less energy to play with children/ complete household tasks due to being hungover or intoxicated
      - Conflicts with partner or other loved ones
      - Hiding some or all of your drinking from loved ones

- **Employment problems such as:**
  - Being late to work due to being hungover
  - Missing deadlines
  - Leaving work early to drink
  - Drinking on the job when it is not allowed
  - Conflicts with coworkers during/after events where you are drinking
- **Trouble with law enforcement**
- **Risky behavior including:**
  - Unsafe sexual encounters
  - Driving under the influence
  - Use of other substances you would not normally use

Medications for Alcohol Use Disorder (MAUD)

There are 3 medications approved by the FDA to treat AUD:

- Acamprosate (brand name Campral®)
- Disulfiram (brand name Antabuse®)
- Naltrexone (brand name Revia® or Vivitrol®)

Each of these works in different ways. Please talk with your prescriber to see which might be a good fit for you.

Acamprosate (brand name Campral®)

- A pill that can help reduce cravings for alcohol and is usually taken as two pills by mouth three times a day.

Side effects:

- Most common side effect is diarrhea, which typically goes away in a few weeks
- Should not be taken by people with kidney disease

Disulfiram (brand name Antabuse®)

- Pill taken once a day
- Makes you feel sick if you drink alcohol, including:
  - Nausea and vomiting
  - Headache
  - Flushing
  - Heart racing
- Some people have limited success with this medicine because it won't work if you don't take it every day

Side effects:

- The symptoms of sickness can occur with any alcohol that a person is exposed to (i.e., mouthwash with alcohol, hand sanitizer) so people taking this medication must avoid all exposure to alcohol
- It can interact with medications including antibiotics, blood thinners, and diabetes medications
- It can cause liver inflammation so a person should be monitored by a healthcare provider regularly

Naltrexone (brand name Revia® or Vivitrol®)

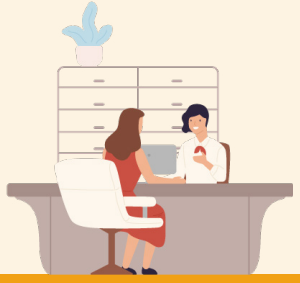
- Can be taken as a pill once a day, or an injection once a month
- It limits the effects of alcohol which people find pleasurable, so it helps people want to drink less

Side effects:

- Some of the most common side effects are nausea, dizziness, and headache

Drug Interactions:

- Naltrexone cannot be used by anyone who is taking opioids (a type of pain medication) on a regular basis



Medicamentos para el trastorno por consumo de alcohol

Información para el paciente

El consumo de alcohol es muy común. El Alcohol está presente en restaurantes, reuniones y casi todos los eventos sociales. Esto puede hacer que sea fácil beber demasiado y difícil saber si su consumo de alcohol se está convirtiendo en un problema. Esperamos que la siguiente información sea de ayuda. **El trastorno por consumo de alcohol** es una afección médica que puede causar problemas en la vida de una persona, incluyendo en sus relaciones, su trabajo o escuela e incluso en su salud mental. Muchas personas con trastorno por consumo de alcohol tienen dificultades para tratar de dejar de consumir alcohol. El trastorno por consumo de alcohol es una afección crónica que se puede tratar.

La siguiente tabla proporciona información sobre cómo beber demasiado alcohol puede afectar al cuerpo:

Sistema u órganos	Efectos del consumo de alcohol
Sistema Nervioso	El alcohol interfiere con las vías de comunicación del cerebro. Esto puede afectar el equilibrio y la coordinación, dificultar el pensamiento con claridad y puede conducir a una forma de demencia. El alcohol también puede causar daño a los nervios y puede provocar dolor, hormigueo y entumecimiento.
Corazón	El consumo excesivo de alcohol puede provocar latidos cardíacos irregulares o presión arterial alta. También puede provocar miocardiopatía, una afección que provoca el estiramiento del músculo cardíaco, lo que puede dificultar que el corazón bombee sangre de manera efectiva.
Hígado	El alcohol puede causar una inflamación significativa del hígado que conduce a cirrosis, insuficiencia hepática y cáncer de hígado.
Páncreas	El alcohol hace que el páncreas produzca sustancias tóxicas que pueden provocar inflamación e hinchazón en el páncreas, una afección llamada pancreatitis.
Músculos	El consumo regular y excesivo de alcohol puede provocar desgaste muscular.
Huesos	El consumo excesivo de alcohol crónico puede provocar una disminución de la densidad ósea, lo que hace que los huesos sean más frágiles y aumenta el riesgo de fracturas
Sistema inmune	Beber demasiado puede debilitar el sistema inmune
Varios	El consumo excesivo de alcohol se asocia con varios tipos de cáncer, como el cáncer de cabeza y cuello, el cáncer de esófago, el cáncer de hígado, el cáncer de colon y el cáncer de mama.

Señales de que usted podría tener un trastorno por consumo de alcohol

Signos físicos y sociales

- Ha desarrollado **tolerancia** al alcohol.
  - Necesita tomar más para que sienta los efectos del alcohol que cuando comenzó a beber.
- Yo experimenta **síntomas de abstinencia** cuando deja de beber
  - Los síntomas de abstinencia pueden incluir:
  - Malestar estomacal/vómitos
  - Se siente tembloroso
  - Ansiedad
  - Jaqueca
  - Corazón acelerado
  - Irritabilidad
  - Tiene problemas para dormir
  - Convulsiones
- Ha experimentado **problemas** debido a su consumo de alcohol
  - Los problemas pueden incluir:
    - **Problemas en sus relaciones:**
      - Sus amigos o familiares están preocupados por su consumo de alcohol.
      - Menos energía para jugar con los niños/completar las tareas domésticas debido a la resaca o la intoxicación.
      - Conflictos con su pareja u otros seres queridos.
      - Oculta parte o la totalidad de su consumo de alcohol

- **Problemas de empleo como:**
  - Llegar tarde al trabajo debido a la resaca.
  - Incumplimiento de plazos.
  - Salir temprano del trabajo para beber.
  - Beber en el trabajo cuando no está permitido.
  - Conflictos con compañeros de trabajo durante/después de eventos en los que está bebiendo.
- **Problemas con la ley**
- **Comportamientos riesgosos, incluyendo:**
  - Encuentros sexuales inseguros.
  - Conducir bajo los efectos del alcohol.
  - Uso de otras sustancias que normalmente no consumiría.

Medicamentos para el trastorno por consumo de alcohol

Existen 3 medicamentos aprobados por la FDA para tratar el trastorno por consumo de alcohol:

- Acamprosato (nombre comercial: Camral)
- Disulfiram (nombre comercial: Antabuse)
- Naltrexona (nombre comercial: Revia o Vivitrol)

Cada uno de ellos funciona de diferentes maneras. Hable con su médico para ver cuál podría ser una buena opción para usted.

Acamprosate (brand name Campral®)

- Una pastilla que puede ayudar a reducir los antojos de alcohol y que generalmente se toma en dos pastillas por vía oral tres veces al día.

Side effects:

- El efecto secundario más común es la diarrea, que generalmente desaparece en unas pocas semanas.
- No debe ser tomado por personas con enfermedad renal.

Disulfiram (brand name Antabuse®)

- Pastilla que se toma una vez al día.
- Le hace sentir enfermo si bebe alcohol, algunos efectos son:
- Náuseas y vómitos
- Jaqueca
- Flushing
- Corazón acelerado
- Algunas personas tienen éxito limitado con este medicamento porque no funciona si usted no lo toma todos los días.

Efectos secundarios:

- Los síntomas de enfermedad pueden ocurrir con cualquier alcohol al que una persona esté expuesta (por ejemplo, enjuague bucal con alcohol, desinfectante de manos), por lo que las personas que toman este medicamento deben evitar toda exposición al alcohol.
- Puede interactuar con medicamentos como antibióticos, anticoagulantes y medicamentos para la diabetes.
- Puede causar inflamación del hígado, por lo que una persona debe ser monitoreada por un proveedor de atención médica con regularidad.

Naltrexona (Nombre comercial: Revia® or Vivitrol®)

- Se puede tomar en forma de pastilla una vez al día o en forma de inyección una vez al mes.
- Limita los efectos del alcohol que las personas encuentran placentero, por lo que ayuda a las personas a querer beber menos.

Efectos secundarios:

- Algunos de los efectos secundarios más comunes son náuseas, mareos y dolor de cabeza.

Drug Interactions:

- La naltrexona no puede ser utilizada por ninguna persona que esté tomando opioides (un tipo de analgésicos) de forma regular.

PROVIDER FACING MATERIALS

The materials in this section are meant to educate a workforce that is mostly engaged with patients in treatment, community, and support groups. The workforce that is primarily responsible for providing direct treatment is critical to ensuring the communities are well informed of the latest research and can help overcome misconceptions and myths that often become an obstacle for accessing treatment.

Recurrence of Use (vs. Relapse?)

What is Recurrence of Substance Use?

Recurrence is a return to problematic use of a substance or substance(s) in someone who had a period when there were no problems related to substance use. Some people may refer to this as a relapse. However, the term recurrence is more in line with the language that is used for other chronic diseases, e.g. diabetes.

Recurrence or Return to Use is Common

- Substance Use Disorders (SUD) are chronic diseases and just like other chronic diseases, SUDs may have periods of recurrence (when the symptoms of the disease return).
- Recurrence or return to problematic substance use is common.
- About 40-60% of people who receive treatment for addiction to substances have a recurrence.
- This is about the same rate of recurrence for other chronic diseases like high blood pressure, diabetes, or asthma when treatment or lifestyle changes are stopped.
- Like other chronic conditions, addiction is not curable, but it is treatable, and long-term remission (absence of disease symptoms) is possible.
- **Recurrence is not a sign of weakness or failure.**
  - It is incorrect to view recurrence as a failure. Instead, it can be seen as something to learn from and use the knowledge gained towards one's own recovery journey.

40–60%
of people who receive treatment for substances have a recurrence

Potential Dangers of Recurrence

- While recurrence can be common, for some people it can be dangerous and even deadly.
- When a person uses a substance regularly, their body becomes used to a certain level or amount of the substance.
- Once a person stops using a substance, the tolerance for a substance decreases or the amount their body is used to goes down.
- If they return to using the substance, they may be at risk for overdose.
- This is especially true for opioids and is why it is important to always have naloxone on hand to reverse an opioid overdose.

Triggers for Recurrence

- People, places or things that remind a person of their substance use
- Cravings
- Stressful situations, including relationship problems
- Upsetting emotions
- Untreated mental health symptoms

Understanding why recurrence happens will help you help your patients or clients

Recurrence can happen for many different reasons. One of the factors that contributes to recurrence is the fact that repeated use of an addictive substance or substances causes changes in the brain that make it much more difficult to stop using. recovery journey.

Be on the lookout for warning signs of recurrence

Most times, recurrence doesn't happen suddenly. There are often clues that someone is at risk for recurrence. Some of these clues include:

- Staying away from others, even those people who support not using
- Not expressing emotions
- Changes in attitudes or thinking that are more supportive of using substances
- Returning to unhealthy behaviors
- Hanging out with people and/or going back to places connected to previous substance use
- If the individual stops going to mutual help meetings or stops treatment

Helping your patients/clients manage a recurrence

- When a person has a recurrence, it doesn't mean that they are weak, it just means that they need to start, return to, change, or try another treatment plan.
- For some people, especially those with opioid use disorder, this may include starting or adjusting medication for opioid use disorder (MOUD).
- Often, the best place to start is by having a conversation with your patient/client.
- Make sure your patient/client has a social support system, such as a mutual help group.

Decreasing the Risk of Recurrence

There are some actions your patients can take to decrease their risk of recurrence.

- Identify their own triggers and warning signs.
- Identify high-risk situations.
- Identify healthy ways to manage stress and cravings.
- Identify positive habits and activities that can take the place of substance use.
- Come up with a recurrence prevention plan for how to manage triggers, cravings, and high-risk situations before they occur.
- Different people have different triggers and warning signs, so the recurrence prevention plan should be unique to the person.
- Develop a network of people who will be supportive of efforts to reduce or stop substance use.
- Get treatment for any untreated mental health symptoms.
- Get treatment for substance use disorder, which may include the use of medication to treat the SUD.

Here is what you can do to help your patients:

1. Understand recurrence as both an event and a process and learn to identify warning signs of the breakdown of the recovery process.
2. Identify high-risk situations and develop effective cognitive and behavioral coping skills.
3. Enhance communication skills and interpersonal relationships and develop a recovery-oriented support network.
4. Reduce, identify, and manage negative emotional states.
5. Identify and manage cravings and urges that can trigger relapse.
6. Identify and challenge cognitive distortions.
7. Work toward a more balanced, healthier lifestyle.
8. Consider the use of medications in combination with psychosocial treatments.
9. Facilitate a smooth transition between levels of care for patients completing residential or hospital-based inpatient treatment programs, or structured partial hospital or intensive outpatient programs.
10. Incorporate strategies to improve adherence to treatment and medications.

What is Compassion Fatigue?

Have you ever felt exhausted after watching an especially traumatic event? Or after being around people who are experiencing grief? You may feel emotionally drained and physically exhausted. This feeling is a form of compassion fatigue. While most people will only experience this in specific situations, people who work in the field of substance use disorder treatment, at any level, are more likely to experience higher levels of compassion fatigue.

What is Compassion Fatigue?

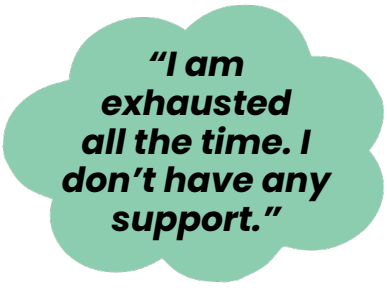
This is a feeling of exhaustion resulting from repeated exposure to the suffering or trauma of others, and after extended periods of this exposure, direct service staff may lose their sense of compassion and empathy. If you, as one of these providers, do not recognize compassion fatigue, you may be inadvertently hurting your clients and yourself resulting in:

- Unconscious mistreatment of clients
- Unconscious judging or stigmatizing behavior responses towards clients
- Not providing the emotional support needed

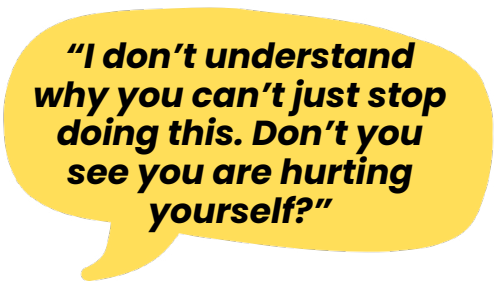
AND MISCONCEPTIONS
WHAT IS NOT UNDERSTOOD

There are significant behavioral healthcare workforce shortages, and compassion fatigue and compassion stress may be barriers to entering the profession. Understanding that compassion stress, which comes from a sense of empathy and the desire to alleviate emotional stress, can grow worse if it is not recognized. The last thing we want is for our direct service personnel, who are key to a person's treatment and recovery, to lose their empathy because of compassion fatigue and end up leaving the profession.

Giving up or realizing that they are helpless

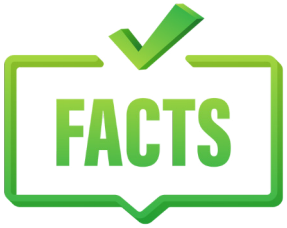


A sense of loneliness and hopelessness



Losing empathy or developing stigmatizing beliefs or attitudes

EVIDENCED-BASED



RE-EDUCATING; BREAKING DOWN BARRIERS

How do you recognize compassion fatigue?

- Emotional – Are you angry? Irritable? Feel hopeless?
- Physical – Are you tired? Do you have unexplained headaches, stomach aches, or insomnia?
- Behavioral – Are you experiencing a lack of joy in things you used to enjoy? Are you using unhealthy coping strategies, such as calling off work regularly?
- Cognitive – Is it difficult for you to stop thinking about your clients and their stress or blaming yourself?

OUTCOMES/BENEFITS – SAVING LIVES, QUALITY OF LIFE, METRICS

As more peers and other non-traditional direct service personnel enter the workforce to support people with an SUD, there are increasingly varying levels of background and experience. Investing in the overall emotional well-being of the direct service personnel will help minimize the risk of compassion fatigue among some of the most critical members of the comprehensive and interdisciplinary treatment team.

Unaddressed compassion fatigue can turn into stigmatizing actions towards patients or clients themselves. The more aware we can be of this possibility, the better able we will all be to address it before it has a negative effect on our patients.

To continue providing the best care to our clients,

1. **Step 1:** Be self aware so you can recognize if you are experiencing compassion fatigue.

2. **Step 2:** Take action.

Here is a tool that can help to address this very real and growing problem by focusing on compassion resilience: https://eliminatestigma.org/events/compassion-resilience-training-of-facilitators-mar-19-2024

Using Lived Experience To Support Individuals Struggling With SUD

If you are reading this, our first message to you is THANK YOU! You have decided that you want to use your lived experience to help others who are struggling with a substance use disorder like you did. Now you are at a point in your recovery where you want to share your personal stories of struggle and success to help others engage in treatment. Whether you are a new or seasoned peer or recovery coach, it is important for you to have self-awareness as you engage with people you are working with.

In recent years peers are becoming increasingly involved in the treatment community and are being engaged in various roles:

As engagement specialists conducting screenings, assessments or motivational interviewing

As motivational speakers educating people with SUD and/or families, friends and allies

As recovery coaches helping with transitions between treatment levels and re-entry into communities

As mentors and/or recovery advocates

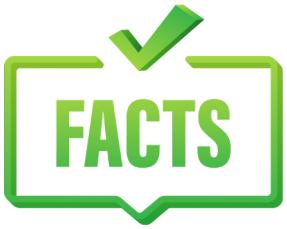
As the behavioral health workforce shortages continue to pose barriers for accessing treatment the roles you fulfill are growing in scope and your knowledge and understanding of Medications for Opioid Use Disorders (MOUD) is just as critical as your firsthand experiences.

Whether or not your journey to recovery included the use of medications, in today's world we know that evidenced-based treatment includes the use of pharmacology to treat SUD as any other chronic disease. While some treatment approaches promote a no-medication approach-based and/or 12-step programs, research has shown that the use of FDA-approved medications is highly effective for treating opioid use disorders, and using them is part of evidenced based best practice of medicine.

AND MISCONCEPTIONS

- Using peers will increase recurrence
- Using peers will replace other recovery promoting behaviors
- Using peers will replace engagement with family and friends

EVIDENCED-BASED



RE-EDUCATING; BREAKING DOWN BARRIERS

- Peers increase likelihood of staying in recovery
- Peers promote engagement in active treatment
- Peers enhance acceptance of treatment

While your personal experience is key to your success as a peer, training and preparation for engaging with Individuals and/or families is necessary to ensure that you are comfortable, ready, and effective in your role. While states' certification for peers varies, most have set forth training requirements and processes for peers to become certified. Some of these are modeled after the use of community health workers to engage diverse community members and empower those who become certified with valuable skills to serve in peer, coach, and mentor roles, while also understanding their roles within the treatment team.

OUTCOMES/BENEFITS SAVING LIVES, QUALITY OF LIFE, METRICS

Evidence shows that using peers can:

- Increase motivation for treatment
- Reduce recurrence
- Improve treatment engagement and retention
- Facilitate communication between patients and their treatment providers, friends, family, and other members of their social support network
- Increase satisfaction with treatment experience

EDUCATE YOURSELF ABOUT

- MOUD
- Local resources
- Local community cultural and linguistic needs
- Tools for client engagement
- Tools for supporting families
- Tools for supporting other members of the treatment plan
- How to recognize compassion fatigue and what to do about it

HOW CAN YOU BE PART OF THE SOLUTION?

As a peer specialist, recovery coach, community navigator, or community health worker, your lived experience is critical to the success of a well-designed treatment program. However, before you embark on becoming one of these, you should become certified and ask for training and support. There are many aspects of your role that you will need to learn, especially how to engage with the people you are supporting, whether they are patients or family members. In this role, you will have a level of trust and engagement with the patient that others on the treatment team will not have and for this reason, make sure you understand that everything you say will be heard and will have an impact. Be self-aware and know that at times you must deal with compassion fatigue, which is when you have to take care of yourself.

Understanding MAT, MAR & MOUD

If you are a current therapist or counselor, either working with individuals or families, chances are that you have encountered people with co-occurring diagnoses of mental illness and substance use disorders. As you think about whole-person treatment plans to meet the needs of your patients or clients, you should consider the use of culturally appropriate treatment plans, take into consideration your patients' current state of being, and the use of pharmacological interventions, which we currently refer to as Medications for Opioid Use Disorders (MOUD).

MOUD

This refers to the role of pharmacological interventions using FDA (Food and Drug Administration) approved medications as a primary component for the treatment of opioid use disorders

PREVIOUS TERMINOLOGY

Understanding the difference between Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR), and the use of Medications for Opioid Use Disorders (MOUD).

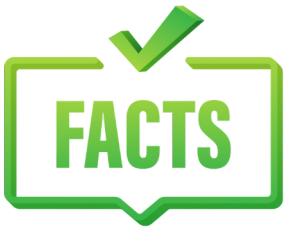
MAT – This term was first used during the start of active treatment for substance use disorder; this combines behavioral therapy with medications. From this terminology we moved to **MAR –** This refers to the long-term and ongoing use of medications to support long-term recovery by helping patients manage cravings, maintain sobriety, and prevent recurrences over a period.

AND MISCONCEPTIONS

WHAT IS NOT UNDERSTOOD

The conversations related to addiction or substance use disorders continue to have underlying themes of stigma which are often a barrier to people accessing life-saving treatment. Using medications to treat a chronic disease is considered best practice within physical health management, e.g. for the use of diabetes, high blood pressure, and epilepsy. However, the use of medications to treat the chronic disease of SUD continues to be controversial and often the cause of losing a loved one. While the opioid epidemic is taking lives every day, especially as a result of the use of fentanyl and other drugs, the prevalence of alcohol use disorders (AUD) is also taking lives and can additionally be treated with the use of medications.

EVIDENCED-BASED



RE-EDUCATING; BREAKING DOWN BARRIERS

There are three FDA-approved medications, Methadone (which has been in use for this purpose for over 50 years), Buprenorphine, and Naltrexone. They all have different properties, but the impact is the same – they allow people living with the chronic disease of addiction to achieve quality of life. Which medication to use is based on the patient's person-centered treatment plan and is decided between the treatment provider and the patient.

OUTCOMES/BENEFITS - SAVING LIVES, QUALITY OF LIFE, METRICS

Years of research demonstrate the evidence behind including pharmacology for the treatment of substance use disorder.

- **Improves treatment retention**
- **Decreases withdrawal symptoms**
- **Improves birth outcomes**
- **Decreases substance use**
- **Improves functioning**
- **Decreases cravings**
- **Increases employment**
- **Decreases overdose**
- **Restores healthy brain function**
- **Decreases criminal behavior**
- **Helps people feel stable**
- **Decreases intravenous drug use (IVDU) and complications**
- **Decreases risk of death**

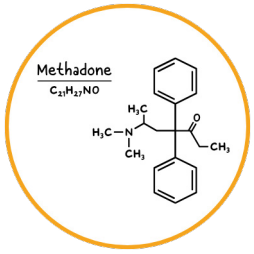
HOW CAN YOU BE PART OF THE SOLUTION? WHAT CAN YOU CONTRIBUTE?

85% of individuals that are not treated with mediations return to Opioid use within one year. As a family therapist, counselor, or individual, you are a trusted professional to an individual or family and can work to reinforce that the use of the FDA approved medications are part of an evidenced based treatment plan. They are also covered under insurance and Medicaid and are not a replacement for the use of other substances that are killing thousands of people every day – they are part of the solution and using them will benefit each patient in their own unique way. One of the best outcomes of the use of these medications is an increase in participation and attendance in companion treatment focused on behavioral interventions.

Medications for Opioid Use Disorder (MOUD)

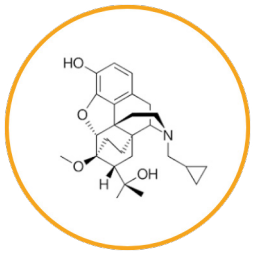
METHADONE

is a full agonist at the opioid receptor. This means it fully turns on the receptor and with higher doses of methadone, you get increasing effects (see **blue** line below). For this reason, some patients will benefit from methadone, compared to buprenorphine. You can only get it from a special clinic called an opioid treatment program (OTP)/narcotic treatment program (NTP).



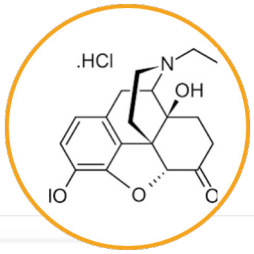
BUPRENORPHINE

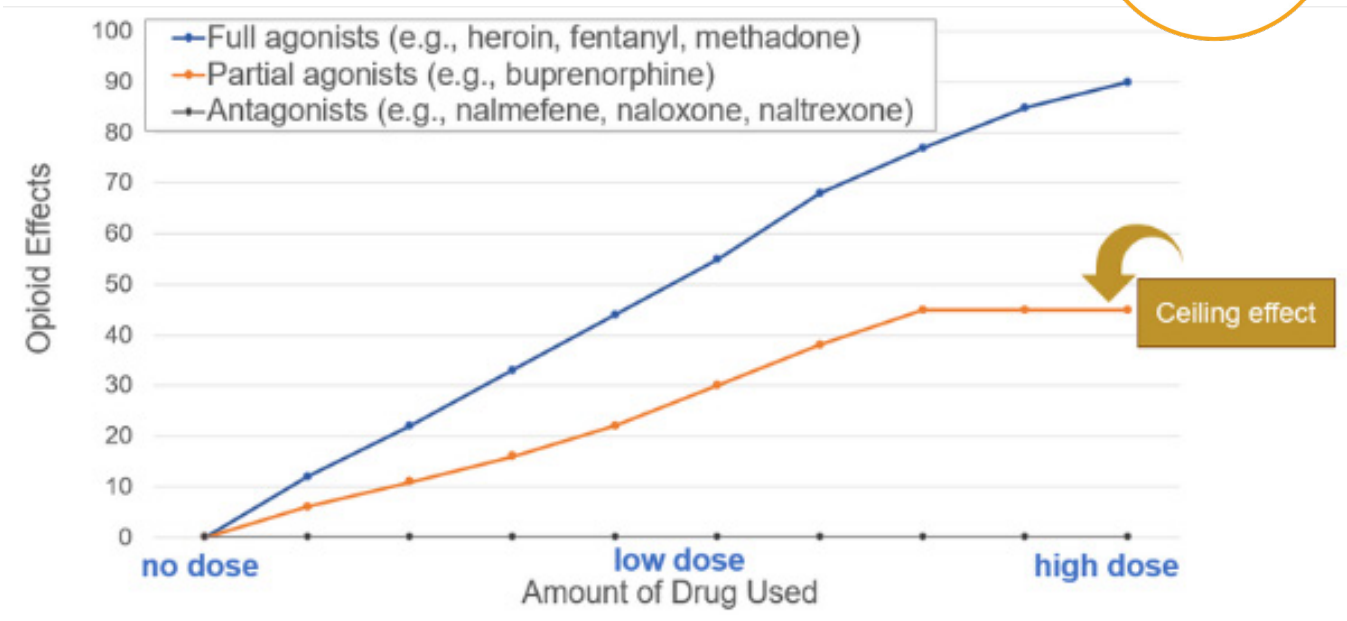
is a partial opioid agonist. This means it only partially turns on the opioid receptor (see **orange** line below). It has a ceiling effect, which means that you don't get more of an effect even with higher doses. This makes it safer than methadone if taken in excess. Buprenorphine can be prescribed without going to an OTP or NTP.



NALTREXONE

is an opioid antagonist. This means it blocks the opioid receptor but does not turn it on (see **gray** line below). Naltrexone can be prescribed without going to an OTP or NTP.





- MOUD is safe.
  - MOUD can be used by pregnant and breastfeeding persons.
  - MOUD can be used by teenagers.
- MOUD is much safer than illicit opioid use.
- MOUD is effective.
  - MOUD can decrease withdrawal symptoms, use, and cravings.
- MOUD saves lives.
  - MOUD helps people restore functionality, improve quality of life, and reintegrate into their families/communities.

"The chronic nature of addiction means that some people return to relapse or drug use after an attempt to stop. Relapse rates to drug use are similar to rates for other chronic medical illnesses. If people stop following their medical treatment plan, they are likely to relapse." (NIDA, 2020).

Length of time for MOUD treatment is based on the needs of the individual. For some, it may be indefinite.

Benefit	Methadone	Buprenorphine	Naltrexone
Decreases withdrawal symptoms	Yes	Yes	No
Decreases cravings	Yes	Yes	Yes
Decreases opioid use	Yes	Yes	Yes
Decreases transmission of infectious diseases (HIV, Hepatitis C)	Yes	Yes	Yes
Decreases criminal activity	Yes	Yes	Yes
Decreases overdoses	Yes	Yes	No
Decreases risk of death	Yes	Yes	No
Improves treatment retention	Yes	Yes	Yes
Improves birth outcomes	Yes	Yes	Data not available
Increases employment	Yes	Yes	Yes

Understanding That Substance Use Disorder Is a Brain Disease

A substance use disorder (SUD) of any kind, whether it's an alcohol use disorder (AUD) or an opioid use disorder (OUD) is considered a brain disease. It is important as a provider to share with your patients and staff members that SUD is **NOT A MORAL FAILING** and to accept that individuals may be at different phases in their recovery journey.

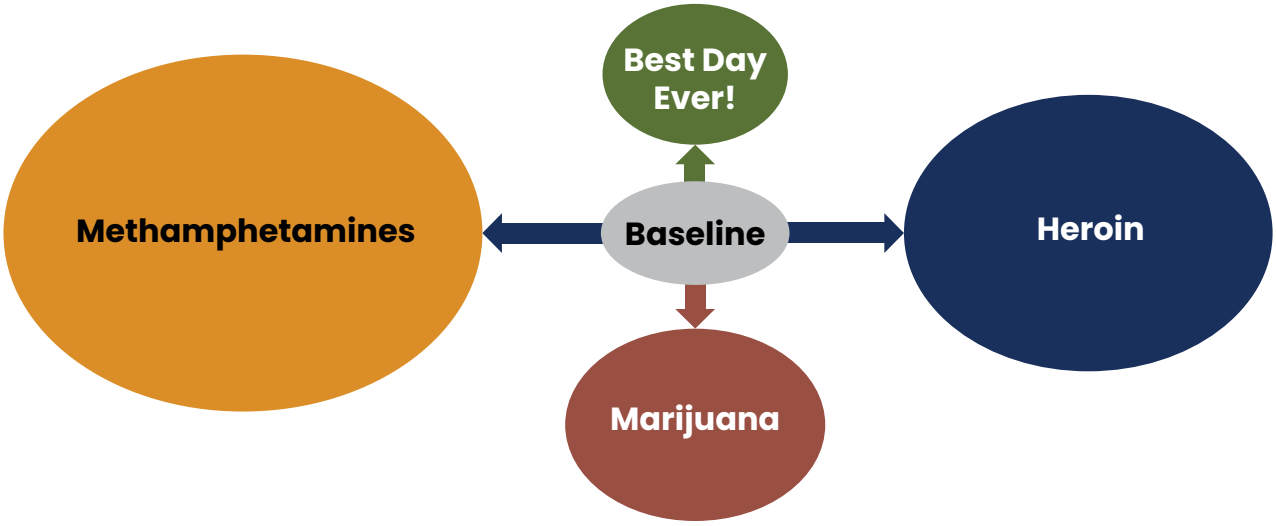
How does the brain change with an SUD?

SUD is a chronic condition that alters the brain and affects its structure and function.

- Neurochemical changes – changes in how dopamine and neurotransmitters act as messengers in the body
- Brain structure changes – altering areas of the brain that control impulses and judgment.
- Brain circuit changes – prioritize drug-seeking behaviors over everything else; losing control.
- Even after a person stops using the substance, it takes a long time for the brain to return to its normal state and function.

The picture above provides a visual representation of how Substance Use may affect the brain, where the yellow areas represent normal brain activity. The brain that has not been exposed to drug use is lit up in yellow, while the other two show significantly decreased activity. Even after over three months of now drug use, the brain still shows notably decreased activity in comparison to the one that was not exposed.

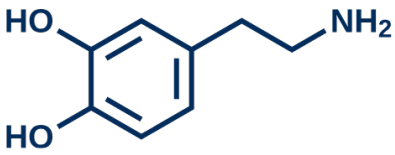
Repeated substance use can also cause changes in the brain that lead to a diminished response to natural rewards, e.g. food and time with family, making it more difficult for people with SUD to experience pleasure. The graphic below shows how dopamine levels change with the use of different drugs:

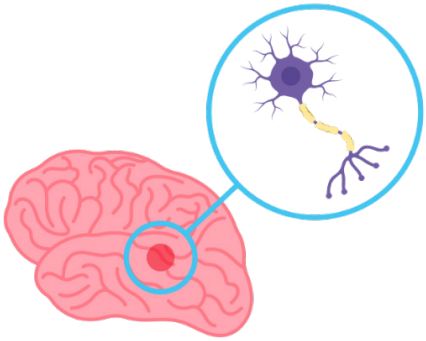


Dopamine

To help patients and families understand how SUD affects the brain we must start by explaining to them what dopamine is.

- Dopamine is a chemical that gets released in the brain when there is a pleasurable experience, such as eating your favorite food or spending time with your favorite people.
- It is often referred to as the reward or "feel good" chemical and contributes to feelings of pleasure and motivation.
- When we engage in pleasurable activity our brain releases a certain amount of dopamine.
- When a substance is used the brain is flooded with dopamine and the reward pathway becomes overloaded. This feeling reinforces the behavior of using the substance repeatedly.
- Over time the brain adapts to the increased surge of dopamine, and it requires higher levels of the substance to achieve the same feeling — this is called tolerance.



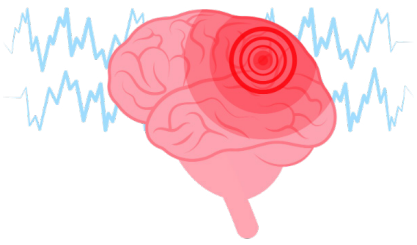


Dopamine is also involved in cravings and withdrawal symptoms. If a person with SUD encounters a cue or trigger that reminds them of using a substance, the dopamine level can spike and result in intense cravings even in the absence of the substance. On the other end when a person first stops using the substance, the dopamine levels are often so low that it can result in dysphoria and depressive symptoms.

In addition to the changes in the reward system of the brain, chronic use of substances also affects the body's stress response or the "fight, flight, or freeze" system causing an excessive response to stressful events, especially substance withdrawal. In addition, changes occur to the brain area that controls judgment, decision-making, and impulsivity. These changes make it more difficult for people to stop using substances and increase the risk that someone may return to use even after stopping.

Why is it chronic disease?

- The brain remains altered for a long time after removal of the substance
- The brain is vulnerable to recurrence, much like other chronic disease



Understanding the Systems of Care: Using a Whole Health Approach to SUD

The system of care for people with substance use disorders (SUD) and specifically opioid use disorders (OUD) is complex and often driven by community characteristics and resources. To understand the system of care, we need to recognize that SUD is a chronic condition and that people who need treatment can move in and out of the continuum of care. By focusing on a whole health approach there will be no wrong door for a person with SUD to access treatment and life-long recovery support. The framework below describes a whole community continuum of care that includes prevention, treatment, crisis support, and recovery support. A full continuum is necessary to ensure that as an SUD ecosystem, we are available to everyone who needs treatment.

"A recovery oriented system of care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems."

SAHMSA, 2023

Harm Reduction

Harm reduction is an evidence-based approach to treating people who use drugs with dignity, respect, and autonomy. It encompasses a spectrum of services including those that directly stop the harms of drug use, including overdose prevention, naloxone distribution, syringe access programs, and the provision of medications for substance use disorder. As an approach, it can be applied in a number of settings to improve engagement, retention, and satisfaction of substance use disorder treatment clients. Harm reduction is community-centered and grounded in public health.

It also includes:

1. Infectious disease testing and co-location of treatment
2. Drug testing and education for people who use drugs
3. Overdose prevention and response education for people who use drugs

Prevention/Health Promotion

Prevention and health promotion is education and outreach that reduces stigma by applying community-driven strategies for engaging people in determining the public health response that is best for them. It includes:

- Public education campaigns to increase knowledge and reduce stigma
- Empowering everyone to be a part of the solution
- Assessing community policies and practices that may be barriers to prevention and treatment

Recognizing that substance use is part of the human experience, a social act, and can be traced throughout human history will help reduce the stigma and further support that SUD is a brain disease – and should be treated as any other physical illness.

Treatment

We must include a biopsychosocial approach to treatment, where medication is a primary component of a holistic and comprehensive treatment plan and is based on the guidelines by the American Society for Addiction Medicine (ASAM) to determine level of care recommendations.

We need to promote healthcare coverage/ payment for treatment that is high-quality, evidence-based, and equity-focused. This means moving beyond the mental health parity requirement towards full treatment access that matches each patient's unique needs and situations.

Dimensions of Recovery

- Health – Focusing on both mental and physical health, and overall wellbeing
- Home – Ensuring a safe and stable housing environment
- Purpose – Having meaningful engagement every day, either work, school, or family obligations
- Community – Relationships and networks of social support

Recovery Supports

As people move through a continuum of support, it is important to understand the interplay of recovery capital, which refers to internal and external factors that can impact someone's ability to stay in recovery.

- **Internal, e.g. personal coping skills, values, and beliefs**
- **External, e.g. social support networks**

Recovery support doesn't happen after treatment, these supports are available in the community to be accessed before, during, or after treatment and are focused on non-clinical supports. These are often wraparound services that address the social determinants of health needs and are provided by networks of providers, peers, community-based organizations, and even religious institutions.

Recovery is often defined as any positive change and should support people as they seek to improve their relationship with substances and achieve self-determined goals.

Clinical Supervision for the Use of Medications for Substance Use Disorder Treatment

Clinical supervision is a process in which an approved supervisor provides formal observation, instruction, mentorship, and guidance for treatment professionals.

It promotes:

- Improved client care
- Improved job performance
- Enhanced proficiency in knowledge, skills, and attitudes essential for effective job performance
- Decreased risk for clients and agency

Structured clinical supervision specific to the treatment of substance use disorders ensures clients are consistently being screened for:

- **Medication for substance use disorder treatment service needs**
- **Effectiveness of medication**
- **Appropriate level of care**

Clinical supervision should be documented on an approved form. It is recommended that the supervisee complete the supervision form before the meeting so that the discussion is focused and intentional. Additionally, this will help track themes in supervision.

Discussions regarding culture, race, language, ethnicity, and ethics should be included in all supervisory interactions.

IMPORTANT TOPICS TO INCORPORATE:

- Expedient access to medications for Substance Use Disorder (SUD)
  - Although comprehensive diagnostic history and assessment of SUD is ideal for treatment planning, best practices tell us that medications can be initiated following a focused history and exam.
- Ongoing education
  - For those who are appropriate to receive medications to treat their substance use disorder, but are not receiving it, initial and ongoing client education regarding the potential benefits of treatment is critical.
- Comprehensive review of ancillary supports
  - These include individual, group, and family counseling; peer support; care coordination; employment services; transportation; and spiritual supports.
- Cultural considerations and supports
  - Culture, race, language, ethnicity, and ethics impact all aspects of clinical care. It is important to ensure clinicians are aware of disparities and are comfortable exploring how a client's identity impacts their clinical care.
- "Golden Thread" in treatment and discharge planning
  - Treatment and discharge planning should clearly outline how each of the client's identified goals are connected to the current and ongoing planned services.
- Evaluation of medication efficacy and side effects
- Discharge planning
  - Starts at the beginning of treatment and ensures that the client has aftercare for all identified needs. Barriers such as transportation, housing, and childcare are addressed.
- Identification of any educational or training needs that may improve the efficacy of medications for substance use disorder care delivery.

Cultural Considerations

Cultural considerations impact every aspect of prescribing medications for substance use disorder treatment.

Race, ethnicity, gender identity, sexual orientation, disability, and other cultural factors influence the level of understanding and openness to medications experienced by the client and family.

Ensuring cultural responsiveness promotes equitable prescribing of medications for substance use disorders which decreases disparities.

DISPARITIES

- Racial and ethnic minority patients are more likely to discontinue buprenorphine treatment earlier than white patients. This is thought to be linked to lack of appropriate supports and resources.
- Asian Americans and Pacific Islanders with opioid use disorder had the lowest rate of opioid-specific treatment at 1.2%.
- Only one in twelve Black people who died of an opioid-related overdose had engaged in treatment. This is half the rate of the white population.
- Black and Brown communities were found to have limited access to all approved forms of medications for substance use disorder treatment.
- Teens often do not have equitable access to medications for substance use disorder treatment.

1.2%

DEFINITIONS

- Cultural competence is the ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.[1]
- Cultural responsiveness means understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions. Cultural responsiveness requires valuing diversity, seeking to further cultural knowledge, and working toward the creation of community spaces and workspaces where diversity is valued.[4]
- Cultural humility is a lifelong personal examination of one's own beliefs and cultural identities to better understand the beliefs and cultural identities of others.[1]

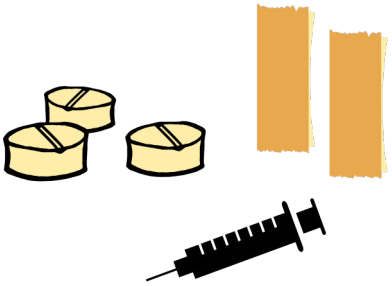
TIPS FOR CULTURALLY RESPONSIVE PRESCRIBING:

- Policies and procedures should establish access to training, supervision, and congruent policies that enable staff to respond in a culturally appropriate manner to clients' psychological, linguistic, and physical needs.
- Use data to monitor programs, outcomes, and disparities.
  - Examine demographics of people served vs. local population.
    - Who is under-represented?
  - Monitor clinical outcomes for disparities and create a strategy to proactively address needs in this area.
- Ensure that you have high-quality interpretation and translation services available (language, ASL, braille)
  - Interpretation services should be provided by a certified interpreter (not a family member).
  - Hire staff who are culturally diverse including: bilingual, and of various races, gender identities, sexual orientations, ages, and abilities.
- Promote culturally, linguistically, and ability-related accessible education to patients and their families, as appropriate.
- Ensure your screening tools are indicated for the cultures you serve or are culturally neutral.
  - See SAMHSA's TIP 59 (https://store.samhsa.gov/sites/default/files/sma14-4849.pdf) for a list.
- Complete cultural competency assessments for staff and agency at least once per year to determine areas of strength and need.

Buprenorphine Outpatient Prescriber Guide

This handout is intended for prescribers of transmucosal buprenorphine. Long-acting injectable buprenorphine is not addressed in this handout. This document, "Buprenorphine Outpatient Prescriber Guide," IS NOT A CLINICAL RECOMMENDATION, but represents evidence-based clinical treatment and standards of care.

- Buprenorphine is a high-affinity, partial opioid agonist with a ceiling effect. It is safe and highly effective for treating opioid use disorder (OUD).
- Buprenorphine can be prescribed by anyone with a DEA registration that includes Schedule II medication. There are no requirements for a special license, and there are no limits to the number of patients that can be treated.



Before you start transmucosal buprenorphine

1 Take patient history.
- This can be a problem-focused history and exam in person or via telehealth.

2 Do not withhold medication because of other medical/psychiatric diagnoses or substance use (other than allergy to buprenorphine)
- The only absolute contraindication to buprenorphine is allergy.

3 Have a risk, benefits, and alternatives discussion with the patient.

4 Order LFTs, hepatitis panel, HIV, urine toxicology, and urine HCG in females.
- These results do NOT have to be available to start medication.

5 Refer to psychosocial substance use disorder treatment and mutual support groups.
- Do not withhold treatment from someone who refuses SUD treatment or mutual support.

6 Buprenorphine is usually given as buprenorphine/naloxone and comes in films or tablets that dissolve under the tongue. Buprenorphine is also available in long-acting injections.

Treatment Duration

- **As long as benefits outweigh the risks, treatment can be continued.**
- **Current recommendations are to discontinue treatment, only in those who want to discontinue treatment and have reached treatment goals.**
  - **Taper over months and stop taper (and increase to prior dose) if cravings or use occur.[2]**

Don't Forget

1. **Ensure diagnosis of OUD is documented in electronic medical records.**
2. **Prescription Drug Monitoring Program (PDMP) should be checked and documented.**
3. **Document Informed Consent**
   - In the State of California, patients 16 years or older can consent to treatment with buprenorphine.
4. **Discontinue other opioids.**
5. **Prescribe or provide access to overdose reversal agent of your choice.**
6. **Prescribe medication.**
7. **Arrange follow-up.**

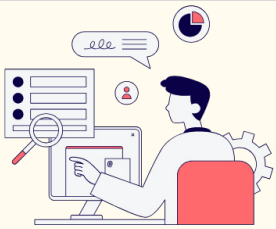
For those patients in danger of opioid withdrawal:

- Prescribe enough to take up to 16-32mg/day until next appointment.
- Less than 5% will experience precipitated withdrawal using standard or high dose initiation.

For those who have already completed withdrawal, yet remain at risk of return to opioid use:

- Start 2-4mg daily (lower starting dose due to loss of tolerance).
- Use a slower titration rate than you would for a patient who was using opioids regularly before starting buprenorphine
- Adjust the dose as clinically indicated to control cravings.

Monitoring patients



1. **How is the patient doing?**
   - Side effects?
   - Drug or alcohol use?
   - Cravings?
   - Attendance at SUD treatment and/or mutual support?
2. **Check urine toxicology.**
   - More frequently at the beginning of treatment
   - Monthly for the remainder of the first year of remission
   - After the first year of remission,
   - every two months
3. **Check liver functions if signs or symptoms of liver disease present & annually.**

If patient is doing well, then continue current treatment plan and see patient back regularly.

Arrange **follow-up** 1-2 days after initiation, weekly for 4-6 weeks, then schedule visits biweekly, followed by monthly for first 6-12 months of remission; can extend beyond monthly with extended remission.

If patient is not doing well, then check the following:

1. **Is their dose of buprenorphine therapeutic?**
   - Treatment works better at ≥16 mg/day than lower doses.
     - Are they taking medication correctly (SL not PO)?
     - Are they pregnant and need higher or more frequent dosing?
     - Are they a hyper metabolizer or have drug interactions and need a higher or more frequent dose?
2. **Does the patient have co-occurring disorders that need addressing?**
3. **Are they better served by a higher level of addiction treatment?**
   - What level of psychosocial SUD treatment are they getting?
   - What mutual support are they attending?
   - Would they be better served getting daily observed buprenorphine dosing from a narcotic treatment program?
4. **Do NOT stop buprenorphine for inconsistent toxicology test or lack of psychosocial treatment/mutual support; adjust the treatment plan.**

Medications for Alcohol Use Disorder (MAUD)

Information for Non-Prescriber Providers

Although substance use providers are growing increasingly aware of medications for opioid use disorder, alcohol use disorder (AUD) can also be treated with medications and has been for many years.

What is Alcohol Use Disorder (AUD)?

Alcohol use disorder (AUD) is the medical term used to describe chronic, compulsive drinking of alcohol despite associated medical, psychiatric, and/or social consequences. Similar to opioid use disorders, medications can help individuals struggling with AUD to decrease cravings and side effects from withdrawal, while also increasing motivation for recovery.

It is important to remember that withdrawal from alcohol is incredibly dangerous and unlike opioid use disorders, it can cause seizures and death and should be monitored carefully by a medical provider

What are the symptoms of Alcohol Use Disorder (AUD)?

AUD is defined by the presence of 11 symptoms, which can be classified into the three categories below: physiological, loss of control, and associated consequences.

- **Physiological:** tolerance and withdrawal
- **Loss of control:** Use more than intended, inability to cut down or control use, craving, great deal of time obtaining, using or recovering from effects of alcohol
- **Associated consequences:** Role failure (such as difficulty caring for loved ones or showing up for work), recurrent interpersonal or social problems, or use in hazardous situations (such as driving).

Tips on Care Management

Medications can be lifesaving, but there can be some barriers to accessing medications for AUD, e.g.:

- Lack of availability
- Insurance no longer paying for medication
- Lack of awareness of AUD medications
- Incarceration
- Lack of transportation due to history of DUI
- Recurrence or intoxication

Because withdrawal from alcohol can be dangerous, after someone has an episode of recurrence, they may need an assessment to determine if medically monitored detox is required before attempting medications again.

As a case manager, therapist, or peer specialist, you can act as a patient advocate and ensure your client is receiving the care they need by speaking with the provider and providing warm handoffs between services.

Stigma can also play a role, as it is common for some support networks to believe that sobriety is only obtained through complete and full abstinence.

Here are some ways you can help your patient/client stay engaged with their medications:

- Be on the lookout for running out of medications early or having multiple pills leftover. (This may be a sign of danger of not taking medications as prescribed.)

- Regularly check for return of cravings
- or recurrence.
- Be on the lookout for your patient/client feeling sick or unwell. (This can be a sign of using alcohol or not taking medications depending on which medication is being used.)
- Complete toxicology reports or breathalyzers (should only be used as a clinical tool and not as a form of punishment).
- Regularly ask about negative side effects and encourage the patient/client to be open and honest with their provider. You can also work with the prescribing provider with appropriate consent.

Medications for Alcohol Use Disorder (MAUD)

Acamprosate (brand name Campral®)

- Acamprosate is thought to decrease alcohol withdrawal symptoms by decreasing the output of a chemical in the brain that contributes to those symptoms. The exact way it works is still unclear.
- Acamprosate is taken as two pills by mouth three times daily.

Side Effects:

- The most common side effect is diarrhea, which usually goes away in a few weeks.
- Because acamprosate is cleared from the body by the kidneys, the dose may need to be decreased for people with moderate kidney disease and avoided altogether for people with severe kidney disease.

Disulfiram (brand name Antabuse®)

- By interfering with how the body breaks down alcohol, disulfiram causes a buildup of a toxic alcohol byproduct that makes the person feel ill when they drink. This may look like:
  - Nausea and vomiting
  - Headache
  - Flushing
  - Heart racing

The idea behind disulfiram is that people will be less likely to drink alcohol while taking it to avoid getting sick.

- Disulfiram is taken as a pill by mouth once day.
- Disulfiram may be more effective when the person is directly observed taking the medication, as they may not want to take it if they think they will drink that day.

Side Effects:

- The disulfiram reaction occurs with any alcohol that a person may be exposed to, such as mouthwash containing alcohol or hand sanitizer. Thus, anybody taking disulfiram should avoid any products containing alcohol.
- Disulfiram also interacts with other medications, including some antibiotics, blood thinners, and diabetes medications.
- Disulfiram can cause inflammation in the liver, and anyone taking it should have their liver labs checked and monitored regularly by a healthcare provider.

Naltrexone (brand name Revia® or Vivitrol®)

- Naltrexone is an opioid antagonist and works by sitting on the opioid receptor and blocking other opioids from binding.
- You may wonder why Naltrexone, which is primarily taken for opioid use disorder, is also used to treat AUD.
  - It is thought that opioid receptors also contribute to the rewarding effects of alcohol and by blocking them, Naltrexone may decrease the positive effect of alcohol.
- Naltrexone comes in two forms:
  - Pills that can be taken by mouth once daily.
  - A long-acting injectable that is given in the gluteal muscle every 28 days.

Side Effects:

- Some of the most common side effects are nausea, dizziness, and headache.
- Naltrexone is an opioid antagonist and cannot be used by anyone who is taking opioids regularly.

SCHOOL BASED RESOURCES

The materials in this section can be used for school personnel, parents and adolescents/youth. The latest research supports the use of medications for SUD and OUD for adolescents and schools are well-positioned to inform and educate on this topic.

What is OUD and why should we use MOUD for youth?

Adolescents are very vulnerable to misunderstanding the risks associated with opioids. **More than 6 in 10 deaths of young adults and 90% of overdose deaths involve opioids.** Research has taught us that substance use disorders (SUD), which are often misunderstood and stigmatized, are chronic diseases. Best practice tells us that for any chronic disease, like diabetes, we must focus on early intervention and prevention. Just as we focus on our children's physical health and well-being, we should also focus on their mental health. Starting with education and conversations with your teen is a good first step.

Know the Signs of Potential Substance Use

- Negative changes in grades
- Skipping classes or school
- Dropping longtime friends
- Loss of interest in usual activities
- Changes in appearance
- Changes in general behavior, including sleeping and eating habits

Opioids can include:

Prescription Opioids (Painkillers)

- Oxycodone (Oxycontin)
- Hydrocodone (Vicodin)
- Morphine
- Fentanyl
- Codeine
- And more

What makes these drugs so dangerous is there are fake versions of these drugs everywhere that can look like the real thing. Unless these drugs come from a doctor it is hard to tell if the drugs are from a real source.

If you didn't get a pill directly from a doctor or pharmacy, it is almost impossible to know if it is real or fake.

Fentanyl

Fentanyl is a powerful synthetic opioid that is 50 to 100 times more potent than morphine. More than 60% of counterfeit pills have been found to contain a potentially deadly dose of fentanyl. One fake pill that is laced with fentanyl can kill. The amount of fentanyl it takes to create a deadly dose can fit on the tip of a pencil.

Fentanyl can be presented in many forms such as powder, liquid, or pill, and can be included in but not limited to:

- MDMA ("Ecstasy," "Molly")
- Heroin
- Cocaine
- Methamphetamine
- Illicit Marijuana

Treatment Options

Opioids disrupt the brain's reward-learning pathways. Over time the body adapts and exposure to the drug is necessary to keep the same feeling of euphoria that the brain begins to crave. The American Academy of Pediatrics recommends that adolescents with opioid use disorder be offered pharmacotherapy with buprenorphine, naltrexone, or methadone. No age-specific safety concerns have been found. However, without medication to treat opioid use disorder (MOUD), the result could be death. **Using MOUD saves the lives of adolescents and can positively affect their engagement in other treatments or their substance use disorder (SUD).**

Starting the Conversation

Most teens aren't using prescription pills that have been prescribed to them. In fact, they are using fake pills that could potentially contain fentanyl. Talk to your teen and educate them so they know to refuse pills if they are offered to them. Make sure your teen knows that the pills they are offered can be fake even if it is offered by a friend or peer. Talking with your teen about the dangers of fentanyl and the risks that are associated with opioids can save your teen's life.

Resources

https://truthinitiative.org/sites/default/files/media/files/2021/03/The-Truth-About-Opioids-1-pager-final.pdf

https://youngpeopleinrecovery.org/wp-content/uploads/2023/05/YPR-Parents-Harm-Reduction.pdf

https://youngpeopleinrecovery.org/

https://www.connecteffectco.org/youth

https://www.operationprevention.com/sites/default/files/PDFs/DEA_OP_ParentToolkit_May20.pdf

https://www.samhsa.gov/sites/default/files/starting-the-conversation-guide.pdf

https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/what-parents-need-to-know-about-naloxone-for-opioid-overdose.aspx

¿Qué es el desorden por el uso de opioides y por qué deberíamos usar medicinas para tratar a jóvenes?

Los adolescentes son muy vulnerables a malinterpretar los riesgos asociados con los opioides. Más de 6 de cada 10 muertes de adultos jóvenes y el 90% de las muertes por sobredosis involucran opioides. Las investigaciones indican que el desorden por consumo de sustancias (SUD) es a menudo incomprendido y estigmatizado y en realidad es una enfermedad crónica. Las mejores prácticas nos dicen que para cualquier enfermedad crónica, como la diabetes, debemos centrarnos en la intervención temprana y la prevención. Así como nos enfocamos en la salud física y el bienestar de nuestros hijos, también debemos enfocarnos en su salud mental. Comenzar con la educación y las conversaciones con su hijo adolescente es un buen primer paso.

Reconozca las señales de un posible consumo de sustancias

- Cambios negativos en las calificaciones.
- Faltar a clases o a la escuela.
- Dejar amigos de toda la vida.
- Pérdida de interés en las actividades habituales.
- Cambios en la apariencia.
- Cambios en el comportamiento general, incluyendo en los hábitos de sueño y alimentación.

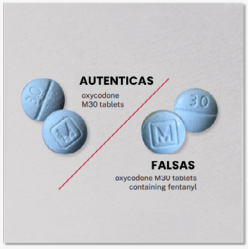
Los opioides pueden incluir:

Opioides recetados (analgésicos)

- (Oxycontin)
- Hidrocodona (Vicodin)
- Morfina
- Fentanilo
- Codeína
- Y más

Lo que hace que estas drogas sean tan peligrosas es que hay versiones falsas de estas drogas en todas partes que pueden parecerse a las reales. A menos que estos medicamentos provengan de un médico, es difícil saber si los medicamentos son falsos.

Si no obtuviste una pastilla directamente de un médico o farmacia. Es casi imposible saber si es real o falsa.



Fentanyl

El fentanilo es un potente opioide sintético que es de 50 a 100 veces más potente que la morfina. Se ha descubierto que más del 60% de las píldoras falsificadas falsas contienen una dosis potencialmente mortal de fentanilo. Una píldora falsa mezclada con fentanilo puede matar. La cantidad de fentanilo que se necesita para crear una dosis mortal puede caber en la punta de un lápiz .

El fentanilo se puede presentar en muchas formas, como polvo, líquido o pastilla, y se puede añadir entre otros a:

- MDMA (“Éxtasis”, “Molly”)
- Heroína
- Cocaína
- Metanfetamina
- Mariguana ilícita

Opciones para el tratamientos

Los opioides interrumpen las vías de aprendizaje y de recompensa del cerebro. Con el tiempo, el cuerpo se adapta y la exposición a la droga es necesaria para mantener la misma sensación de euforia que el cerebro comienza a anhelar. La Academia Americana de Pediatría recomienda que a los adolescentes con trastorno por consumo de opioides se les ofrezca farmacoterapia con buprenorfina, naltrexona o metadona. No se han encontrado problemas de seguridad específicos por edad. Sin embargo, sin medicamentos para tratar el trastorno por consumo de opioides (MOUD, por sus siglas en inglés), el resultado podría ser la muerte. **El uso de MOUD salva la vida de los adolescentes y puede afectar positivamente su participación en otros tratamientos para el uso de sustancias.**

Iniciando la conversación

La mayoría de los adolescentes no usan las píldoras que se les han recetado y en realidad están usando píldoras falsas que podrían contener fentanilo. Hable con su hijo adolescente y edúquelo para que sepa que debe rechazar las píldoras si se las ofrecen. Asegúrese de que su hijo adolescente sepa que las píldoras que se le ofrecen pueden ser falsas, incluso si se las ofrece un amigo o compañero. Hablar con su hijo adolescente sobre los peligros del fentanilo y los riesgos asociados con los opioides puede salvarle la vida.

Recursos en inglés

https://truthinitiative.org/sites/default/files/media/files/2021/03/The-Truth-About-Opioids-1-pager-final.pdf

https://youngpeopleinrecovery.org/wp-content/uploads/2023/05/YPR-Parents-Harm-Reduction.pdf

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https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/what-parents-need-to-know-about-naloxone-for-opioid-overdose.aspx

Understanding SUD and OUD and Medications for School Personnel

America is facing an "overdose epidemic" and our children are dying. Schools must be a part of the solution. School personnel can observe and intervene in a way many others can't. Educating school professionals about the basics will help save lives.

FACTS Scary Facts:

Drug overdoses are killing young Americans in unprecedented numbers — **between July 2019 and December 2021 more than 2,200 youth between the ages of 10-19 died from a drug overdose.** This represented a 109% increase in the median number of overdose deaths per month.

For youth, 90% of fatal overdoses involved opioids, and 84% involved illicitly manufactured fentanyl, which is a synthetic opioid. Approximately 25% involved evidence of counterfeit pills.

Know the signs of potential substance use

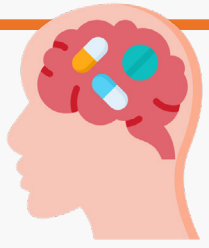
- Negative changes in grades
- Skipping classes or school
- Dropping longtime friends
- Loss of interest in usual activities
- Changes in appearance
- Changes in general behavior, including sleeping and eating habits

What is a substance use disorder (SUD)?

Substance use disorder (SUD) is the diagnostic term used for addiction to substances and is determined by the presence of 11 criteria indicating physical dependence, loss of control over use, and consequences associated with substance use.

We know from years of research, that SUDs are often misunderstood and there is much stigma associated with SUD. The more we can explain that SUD is a disease of the brain and a chronic condition, the more we can work to reduce the stigma. Best practice tells us that for any chronic disease, like diabetes for example, we must focus on early intervention and prevention. Similarly, for youth, starting with outreach and education is a good first step.

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.



Let's teach:

- Substance use disorders (SUD)
- are diseases of the brain.
- Treatment for SUD is available
- and possible.
- Treatment for opioid use disorder (OUD) includes using medications, which is called Medications for Opioid Use Disorders (MOUD)
- MOUD is proven and effective for use with adolescents.
- With early recognition and treatment, overdose associated with opioids can be reversed with naloxone.

Why do we need MOUD?

Substances, including opioids, can cause changes in the brain, including disrupting the brain's reward pathways, altering the response to stress, and affecting areas of the brain involved with judgment and impulsivity.

Youth are particularly vulnerable to these changes because their brain is still developing. With repeated use of substances, such as opioids, the brain adapts and leads to the person becoming less able to experience pleasure from the substance, but also other things they used to enjoy like food, hobbies, and hanging out with friends. Exposure to the drug is necessary to maintain the same feeling of euphoria that the brain begins to crave.

The American Academy of Pediatrics recommends that adolescents with OUD be offered pharmacotherapy with buprenorphine, naltrexone, or methadone. No age-specific safety concerns have been identified.

What can schools do?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach that can be used in schools to screen and identify individuals engaged in substance use. The completion of SBIRTs can help schools identify students who may need further assessment and referral to treatment.

Medications for opioid use disorders (MOUD)

Buprenorphine: A partial opioid agonist and a controlled substance that can be prescribed by all providers who have a current DEA registration that includes Schedule III authority. For more information, visit the SAMHSA web page on Waiver Elimination. (See resources below for the provided link.)

- Available through Medi-Cal and most other insurance plans without prior authorization and dispensed at most pharmacies.
- Initiated when a patient is in opioid withdrawal.
- Can be initiated at home but is more commonly initiated in a clinical setting.
- Many clinicians find that managing buprenorphine is more straightforward than other medications routinely used in primary care. (School Health Center, 2020).

Naltrexone: Case reports show that it has good results when used to treat youth with OUD, especially those with co-occurring alcohol use or living in less stable circumstances. This is important because youth generally have lower rates of treatment retention compared with adults, underscoring the need to deliver developmentally appropriate treatment to achieve the best outcomes (School Health Center, 2020).

Methadone: Rarely used with minors since there are strict federal guidelines related to its dispensing (School Health Center, 2020). However, federal law does allow for parental consent for methadone treatment for adolescents under 18.

OVERDOSE PREVENTION & AWARENESS

If you, your family, or your friends are using opioids it is important to understand how they interact with your brain, how they may cause an overdose, and how you can prevent it.

Why does this matter to me?

Learning how to save someone from an overdose should be part of first aid as an overdose could happen to:

- Family members with pain medication.
- Friends using or experimenting with drugs.
- People unaware of fentanyl being in a drug.

What is an Opioid?

A type of drug that includes illegal drugs, man-made or fake opioids like fentanyl, and drugs available with a prescription and/or given by a doctor or during a hospital stay.

Opioids affect what are called opioid receptors in the brain and when they do, they lessen the feeling of pain and increase feelings of pleasure. These feelings increase a chemical called dopamine in the brain. Dopamine is produced in our brain when we do something enjoyable, e.g. eating our favorite food or having a great day with friends.

Examples of Opioids

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol With Codeine, TyCo, Tylenol #3
Fentanyl	Durasegic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

What is Fentanyl?

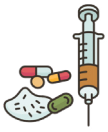
Fentanyl is a strong synthetic opiod, and it has been illegally added to substances causing overdoses, and sometimes those overdoses end up killing a person.

50X Stronger than Heroin

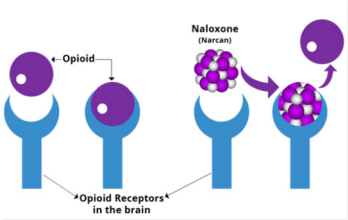
100X Stronger than Morphine

IT IS VERY HARD TO TELL THE DIFFERENCE BETWEEN FAKE PILLS AND PRESCRIBED PILLS FROM PHARMACY

- Powdered fentanyl can be injected, smoked, or snorted/sniffed. As a liquid, it may be found in nasal sprays, eye drops, or dropped onto blotter paper.
- It has also been found in other drugs like heroin, meth, cocaine, and fake pills. People may be unaware that their drugs contain fentanyl.
- Fentanyl can be found in:
  - Counterfeit pills including Percocet, Oxycodone, Xanax, Klonopin, Vicodin, and Adderall
  - Party drugs like MDMA (ecstasy, molly)
  - Meth, cocaine, heroin, and other drugs
- Fentanyl is added to street drugs as it is cheap to manufacture and it increases overall feelings of pleasure, or euphoria, and potency.



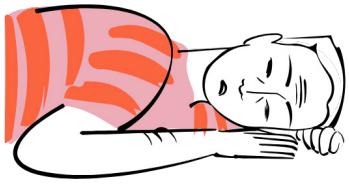
What is an Overdose?



An opioid overdose happens when a person takes more opioids, either alone or combined, than their body can handle. Opioids stick to our brain receptors and flood them. These receptors control our breathing.

Lack of oxygen = **unconsciousness, coma, brain injury, and possible death.**

How do you know if someone is having an overdose?



- Slow, light breathing
- Loss of consciousness
- Extreme drowsiness
- Pale or blue lips and nails
- Small pupils
- Low body temperature or clammy skin
- Gurgling or snoring

Myths or misconceptions

- There is a lot of shame, embarrassment and bad information related to substance use disorder (SUD). These feelings are sometimes called **stigma**. Because of stigma, many people think that SUD only happens to unhoused people. It is important to understand it may affect anyone including people we care about.
- A person who is suffering from SUD or who is addicted to opioids may not be able to stop taking them, even if they want to. This is why we don't use the word "choice." Using drugs changes the brain, and a person may not be able to stop because their brain needs it. This is why SUD is considered a disease of the brain.

BREAK the STIGMA

When we reduce or dismantle stigma...

- We reduce fear and shame.
- We develop or increase trust.
- We improve connections with family, providers, and friends.

How do we reduce or dismantle stigma?

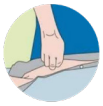
- Offer compassionate support.
- Show kindness towards people in vulnerable situations.
- See people for who they are, not the drugs they use.
- Stop using hurtful labels (addict, drug addict, etc.).

How can you be part of the solution?

- **Learn how to use Naloxone (Narcan) and bring it with you!**
- **Use the Buddy System:** Bring a friend(s) when going to a party, keep track of your friends, and do not leave without them. Please check on them if they have been gone for a while (in the bathroom, car, etc.)
- **Have a plan:** If you are going to be out in a remote area, tell an adult/someone you trust where you are going to be and when you should be heading home. Make sure you have cell service just in case you need to call 911. Keep your iPhone locator on in case others need to find you.
- If you are not sure if someone is overdosing and you have Narcan, use it – it WON'T HURT them and it has absolutely no effect unless it is a real overdose.

How to use naloxone (brand name Narcan)?

1 **Identify opioid overdose and check for response**



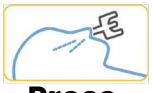
Check for responsiveness before giving Narcan.
- Shout loudly to see if the person responds.
- If there is no response, grind your knuckles into their breastbone (sternal rub).

If there is no response to the sternal rub, give Narcan.

2 **Give Naloxone (brand name Narcan)**

Peel

Place



Press

3 **After giving Narcan put the person on their side to prevent choking.**

4 **CALL 911 for medical help. Tell them someone is not breathing.**

USING NALOXONE/NARCAN CAN SAVE THE LIFE OF SOMEONE WHO IS OVERDOSING

PREVENCIÓN Y CONCIENTIZACIÓN SOBRE SOBREDOSIS

Si tú, tu familia o tus amigos están usando opioides, es importante comprender como interactúan con su cerebro, como pueden causar una sobredosis y como puedes prevenirla.

¿Por qué esto es relevante o importante para ti?

Aprender cómo salvar a alguien de una sobredosis debe ser parte de primeros auxilios ya que una sobredosis podría ocurrirle:

- A miembros de tu familia con analgésicos.
- A tus amigos que consumen o experimentan con drogas.
- A personas que no saben que el fentanilo está en una droga.

¿Qué es un Opioide?

Un tipo de drogas que incluye drogas ilegales, opioides artificiales o falsos como el fentanilo y drogas disponibles con receta médica y/o administradas por un médico o durante una estadía en el hospital.

Los opioides afectan a los receptores de opioides en el cerebro y cuando lo hacen disminuyen la sensación de dolor y aumentan la sensación de placer. Estos sentimientos aumentan una sustancia química llamada dopamina en el cerebro. La dopamina se produce en nuestro cerebro cuando hacemos algo agradable, por ejemplo, comer nuestra comida favorita, tener un buen día con amigos.

GENÉRICO	MARCA COMERCIAL
Hidrocodona	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxicodona	Percocet, OxyContin, Roxicodona, Percodan
Morfina	MSContin, Kadian, Embeda, Avinza
Codeína	Tylenol con Codeína, TyCo, Tylenol #3
Fentanillo	Durasegic
Hidromorfona	Dilaudid
Oximorfona	Opana
Meperidina	Demerol
Metadona	Delfina, Metadona
Buprenorfina	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

¿Qué es el Fentanilo?

El fentanilo es un opioide sintético fuerte y se ha agregado ilegalmente a sustancias que causan sobredosis y a veces, esas sobredosis terminan matando a una persona.

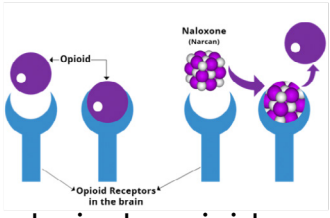
50 Veces más fuerte que la heroína

100 Veces más fuerte que la morfina

- El fentanilo en polvo se puede inyectar, fumar o inhalar/oler. Como líquido, se puede encontrar en aerosoles nasales, gotas para los ojos o en papel secante.
- También se ha encontrado en otras drogas como la heroína, la metanfetamina, la cocaína y las píldoras falsas. Es posible que las personas no sepan que sus drogas contienen fentanilo.
- El fentanilo se puede encontrar en:
- Píldoras falsificadas, como Percocet, Oxicodona, Xanax, Klonopin, Vicodin, Adderall.
- Drogas de fiesta como MDMA (éxtasis, molly).
- Metanfetamina, cocaína, heroína y otras drogas.
- El fentanilo se agrega a las drogas callejeras ya que es barato de fabricar, aumenta la sensación general de placer o euforia y potencia.

ES MUY DIFÍCIL NOTAR LA DIFERENCIA ENTRE LAS PÍLDORAS FALSAS Y LAS PÍLDORAS RECETADAS EN LA FARMACIA

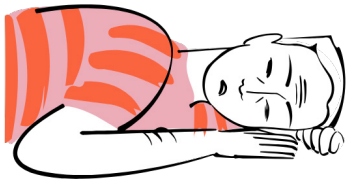
¿Qué es una Sobredosis?



Una sobredosis de opioides ocurre cuando una persona toma más opioides de los que su cuerpo puede manejar, ya sea solos o combinados. Los opioides se adhieren a nuestros receptores cerebrales y los inundan, estos receptores controlan nuestra respiración.

Falta de oxígeno = **pérdida del conocimiento, coma, lesión cerebral y posible muerte.**

¿Cómo saber si alguien está teniendo una sobredosis?



- Respiración lenta y ligera.
- Pérdida del conocimiento.
- Somnolencia extrema.
- Labios y uñas pálidos o azules.
- Pupilas pequeñas.
- Temperatura corporal baja o piel húmeda.
- Gorgoteo o ronquidos.

Mitos o conceptos erróneos

- Hay mucha vergüenza y mala información relacionada con el trastorno por consumo de sustancias (SUD). Estos sentimientos a veces se denominan estigma. Debido al estigma, muchas personas piensan que el trastorno por consumo de drogas solo les ocurre a las personas sin hogar. Es importante entender que puede afectar a todos, incluyendo a las personas que nos importan.
- Una persona que sufre de SUD o que es adicta a los opioides puede no ser capaz de dejar de tomarlos, incluso si lo desea, es por eso que no usamos la palabra "elección". El uso de las drogas cambia el cerebro y es posible que una persona no pueda dejar de hacerlo porque su cerebro lo necesita. Esta es la razón por la que el trastorno por consumo de drogas se considera una enfermedad del cerebro.

Cuando reducimos o desmantelamos el estigma...

- Reducimos el miedo y la vergüenza.
- Desarrollamos o aumentamos la confianza.
- Mejoramos las conexiones con familiares, proveedores y amigos.

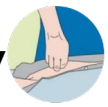
¿Cómo reducimos o desmantelamos el estigma?

- Ofreciendo apoyo compasivo.
- Mostrando amabilidad hacia las personas en situación de vulnerabilidad.
- Viendo a las personas por lo que son, no por las drogas que consumen.
- No usando etiquetas hirientes (adicto, drogadicto, etc.)

¿Cómo puedes ser parte de la solución?

- **¡Aprende a usar Narcan y llévalo contigo!**
- **Usa el sistema de amigos:** Trae a un amigo o amigos cuando vayas a una fiesta, haz un seguimiento de tus amigos y no te vayas sin ellos. Por favor, verifica si se han ido por un tiempo: al baño, al coche, etc.
- **Ten un plan:** Si vas a estar en un área remota, dile a un adulto o alguien de confianza donde vas a estar y cuando debes regresar a casa. Asegúrate de tener servicio celular en caso de que necesites llamar al 911. Mantén el localizador de tu celular encendido en caso de que otros necesiten encontrarte.
- Si no estás seguro si alguien está teniendo una sobredosis y tienes Narcan, **úsalo: NO LE HARÁ DAÑO y no tiene absolutamente ningún efecto a menos que sea una sobredosis real.**

¿Cómo usar la naloxona (nombre comercial Narcan)?



1 **Identifica la sobredosis de opioides y actua**

Verifica la capacidad de respuesta antes de administrar naloxona.

- Grita fuerte para ver si la persona responde.
- Si no hay respuesta, presiona los nudillos contra el esternón (roce esternal).

Si no hay respuesta al roce esternal, administre naloxona

2 **Administra la naloxona (Narcan)**

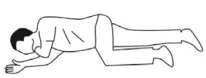

Pela


Coloca


Presiona

Salva vidas!

3 **Después de administrar naloxona,coloca a la persona de lado para evitar que se ahogue.**



EL USO DE NALOXONA O NARCAN PUEDE SALVAR LA VIDA DE ALGUIEN QUE TIENE UNA SOBREDOSIS

4 **LLAMA al 911 para obtener ayuda médica. Diles que alguien no está respirando.**

Cannabis

What is it?

Cannabis (also known as marijuana, weed, or pot) is a psychotropic drug that is a mix of dried flowers, stems, seeds, and leaves from the cannabis plant. Delta-9 tetrahydrocannabinol, more commonly known as THC, is the ingredient in cannabis that causes someone to feel high.

How strong is cannabis today? Some Important Facts

You may have heard that the pot that is available now is different than what was available years ago. This is because the Cannabis plants today contain higher amounts of THC.

The Risks

As a young person, you should know that your brain is still developing. While most girls stop growing at age 14 or 15 and most boys stop growing at age 19 or 20, the brain does not stop developing and changing until the mid to late twenties. Using cannabis during this period may have a negative effect on your brain's development. In fact, heavy and regular use of cannabis may cause permanent damage to the developing brain.

It is important to understand the negative changes cannabis can have on a developing brain.

- Negative effects can include:
- Problems with memory, learning, and problem-solving
- Problems with focus and maintaining attention
- Problems with school and work performance
- Impaired reaction time
- Increased risk of mental health problems, such as depression, anxiety, or psychosis

Possible long-term effects

Using cannabis over a long period of time may result in health problems like:

- Increased coughing and breathing difficulty
- Higher potential for lung infections and lung scarring
- Regular use of cannabis has been associated with a 2-3 times greater risk of having schizophrenia, which is a mental health disorder characterized by disorganized thinking and behavior, hallucinations, and paranoia.

About 3 out of every 10 people who use cannabis regularly will develop an addiction.

How can I tell if I have a problem?

- Do you feel like you need to use cannabis every day to get through the day?
- Do you want to stop but feel like you can't?
- Are you spending all your money and/or energy on finding cannabis?
- Are you hiding your use of cannabis from your parents, friends, and family?
- Are you having trouble in school or at work that you didn't have before?

If the answer to any of these questions is YES, you can ask for help. Schools have many options to help students and by taking a short screening you can learn more about yourself and what may help you.

What if I want to quit?

- You need to know that a substance use disorder is a brain disease and just like any other disease, there are treatment options you can access.
- Today there are many programs and services available to youth who need and want treatment
- Getting the right type of treatment will help you treat this disease

If you have been using cannabis for a long time and you stop, you may feel sick — these are withdrawal symptoms

- A person experiencing withdrawal may feel irritable, anxious, depressed, or have trouble sleeping and eating.
- Quitting cannabis use might feel a bit like kicking a caffeine habit: the toughest part usually hits a day or two after you stop, but it gets easier over time. Within a week or two of quitting, most of those withdrawal feelings fade away.
- You should not feel ashamed or embarrassed about asking for help — it takes courage to ask for help and the right program for you is available.
- You don't need to do this alone — find a supportive adult in your life to talk to.

Resources

Youth Cannabis Prevention Initiative:

https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/default.aspx

Nemours TeensHealth:

https://kidshealth.org/en/teens/marijuana.html#:~:text=Long%2DTerm%20Effects,-People%20who%20use&text=Cough%20more%2C%20get%20more%20lung,%2C%20social%2C%20and%20school%20problems

Parents: Understanding the Dangers of Early Cannabis Use

What is it?

Cannabis is a psychotropic drug that comes from the cannabis plant. Cannabis may also be referred to as marijuana, pot, kush, and weed. Delta-9 tetrahydrocannabinol, more commonly known as THC, is the ingredient in cannabis that causes someone to feel high.

Did you know that:

- Cannabis, although now legal for recreational use in many states, continues to be considered an illegal substance at the federal level.
- Like alcohol, cannabis is easily accessible to teens and youth.
- Cannabis use is more common among teens than binge drinking and smoking.
- Much of the vaping that is occurring among teens is with cannabis.
- Adolescence is an important time for brain development, but brains are not fully developed until the mid to late 20s, and the use of cannabis can negatively affect the developing brain.
- Synthetic cannabis, sometimes referred to as K2 or Spice, is more dangerous than cannabis from the cannabis plant.

How is it used?

Cannabis can be used in multiple ways including smoking, edibles, vaping, and topicals.

Cannabis potency

Cannabis is much stronger now than it was years ago because cannabis plants today contain higher amounts of THC. Between 1995 and 2021, the average percentage of THC in cannabis seized by the Drug Enforcement Administration (DEA) increased from about 4% to 15%. **Higher amounts of THC may cause larger effects on the brain and behavior.**

The Risks

Cannabis use can negatively affect the developing brain in the following ways:

- Problems with memory, learning, and problem-solving
- Problems with focus and maintaining attention
- Problems with school performance
- Impaired reaction time
- Increased risk of depression, anxiety, and psychosis

Potential long-term effects

- Decreased IQ – often manifested in poor performance in school and work
- Regular use of cannabis has been associated with a 2-3 times greater risk of having schizophrenia, which is a mental health disorder characterized by disorganized thinking and behavior, hallucinations, and paranoia.
- Highest risks are seen with early onset use of cannabis, higher use intensity, and high THC content
- Becoming addicted and developing cannabis use disorder. This means being unable to stop using marijuana even when it causes health, social, and school problems.
- About 3 out of every 10 people who use cannabis regularly will develop an addiction.

Mixed signals about cannabis use

Because cannabis is legalized for adult use in many states, you may get mixed signals about its effect. The inconsistent messaging related to cannabis makes it difficult for youth to decide the risks versus the consequences of using cannabis. Even though alcohol is legal for adult use, parents often talk to their children about the dangers of alcohol use. Cannabis should also be a topic of conversation between parents and children.

What can parents do?

- Educate yourself on the risk of underage cannabis use
- Start the conversations early – research suggests that talking to children as early as 9 years old is helpful in beginning to educate them
- Model healthy and safe behaviors
- Make sure your teen has the information they need to reduce the likelihood of cannabis use
- If you think your teen has a cannabis use disorder, seek help
- Do not shame your teen — stigma and shame can be a barrier to accessing and accepting treatment

Resources

Guide for Chatting with Your Teen About Cannabis

https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/default.aspx

Talking to Kids About Alcohol and Other Drugs

https://kidshealth.org/en/teens/marijuana.html#:~:text=Long%2DTerm%20Effects,-People%20who%20use&text=Cough%20more%2C%20get%20more%20lung,%2C%20social%2C%20and%20school%20problems

Padres: Entendiendo los Peligros del Consumo Precoz de Canabis

¿Qué es el canabis?

El canabis es una droga psicotrópica que proviene de la planta de canabis. El canabis también puede denominarse marihuana, mota, kush y hierba. El Delta-9 tetrahidrocannabinol, más conocido como THC, es el ingrediente del canabis que hace que alguien se sienta drogado.

¿Sabía que?

- El canabis, aunque ahora es legal para uso recreativo en muchos estados, sigue considerándose una sustancia ilegal a nivel federal.
- Al igual que el alcohol, el canabis es fácilmente accesible para adolescentes y jóvenes.
- El consumo de canabis es más común entre los adolescentes que el consumo excesivo de alcohol y de tabaco.
- Gran parte del vapeo (la inhalación del vapor creado por un cigarrillo electrónico) que se produce entre los adolescentes es con canabis.
- La adolescencia es un momento importante para el desarrollo del cerebro, pero el cerebro no está completamente desarrollado hasta mediados o finales de los 20 años y el consumo de canabis puede afectar negativamente al cerebro en desarrollo.
- El canabis sintético, a veces denominado K2 o Spice, es más peligroso que el canabis de la planta de canabis.

¿Cómo se utiliza?

El canabis se puede usar de múltiples maneras, se puede fumar, comer, vapear y también usar en la piel de manera tópica.

Potencia del canabis

El canabis es mucho más fuerte ahora que hace años atrás, porque las plantas de canabis de hoy en día contienen mayores cantidades de THC. Entre 1995 y 2021, el porcentaje medio de THC en el canabis incautado por la Administración para el Control de Drogas (DEA) aumentó de alrededor del 4% al 15%. Cantidades más altas de THC pueden causar mayores efectos en el cerebro y el comportamiento.

Los riesgos

El consumo de canabis puede afectar negativamente al cerebro en desarrollo de las siguientes maneras:

- Problemas con la memoria, el aprendizaje y la resolución de problemas.
- Problemas para concentrarse y mantener la atención.
- Problemas con el rendimiento escolar.
- Deterioro del tiempo de reacción.
- Mayor riesgo de depresión, ansiedad y psicosis.

Posibles efectos a largo plazo

- Disminución del coeficiente intelectual: a menudo se manifiesta en un bajo rendimiento en la escuela y el trabajo.
- El consumo regular de canabis se ha asociado con un riesgo 2-3 veces mayor de tener esquizofrenia, que es un trastorno de salud mental caracterizado por un pensamiento y comportamiento desorganizados, alucinaciones y paranoia.
- Los mayores riesgos se observan con el inicio temprano del consumo de canabis, una mayor intensidad de consumo y un alto contenido de THC.
- Volverse adicto y desarrollar un trastorno por consumo de canabis. Esto significa no poder dejar de consumir marihuana, incluso cuando causa problemas de salud, sociales y escolares.
- Aproximadamente 3 de cada 10 personas que consumen canabis con regularidad desarrollarán una adicción.

Señales contradictorias sobre el consumo de canabis

Debido a que el canabis está legalizado para uso adulto en muchos estados, es posible que recibas señales contradictorias sobre su efecto. Los mensajes incoherentes relacionados con el canabis dificultan que los jóvenes decidan entre el riesgo y las consecuencias del consumo de canabis. A pesar de que el alcohol es legal para adultos, los padres a menudo hablan con sus hijos sobre los peligros del consumo de alcohol. El canabis también debe ser un tema de conversación entre padres e hijos.

¿Qué pueden hacer los padres?

- Infórmate sobre el riesgo del consumo de canabis en menores de edad.
- Comience las conversaciones temprano: las investigaciones sugieren que hablar con los niños a partir de los 9 años es útil para comenzar a educarlos.
- Modelar comportamientos seguros y saludables.
- Asegúrese de que su hijo adolescente tenga la información que necesita para reducir la probabilidad de consumo de canabis.
- Si cree que su hijo adolescente tiene un trastorno por consumo de canabis, busque ayuda
- No avergüence a su hijo adolescente: el estigma y la vergüenza pueden ser una barrera para acceder y aceptar el tratamiento.

Recursos

La Marihuana: Lo que los padres deben saber.

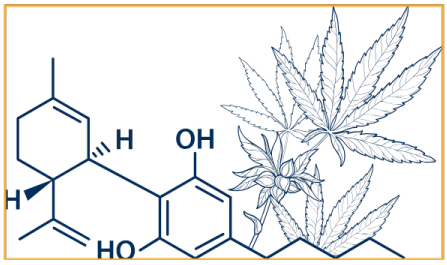
Instituto Nacional sobre el Abuso de Drogas:

https://nida.nih.gov/sites/default/files/nida_mj_parentssp.pdf

Understanding Dangers of Cannabis Use Among Youth

What is it?

Cannabis is a psychotropic drug that comes from the cannabis plant. Cannabis may also be referred to as marijuana, pot, kush, and weed. Delta-9 tetrahydrocannabinol, more commonly known as THC, is the ingredient in cannabis that causes someone to feel high.



Did you know that:

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- Cannabis use is more common among teens than binge drinking and smoking.
- Much of the vaping that occurs amongst teens is with cannabis.
- Synthetic cannabis, sometimes referred to as K2 or Spice, is more dangerous than cannabis from the cannabis plant.

The Risk

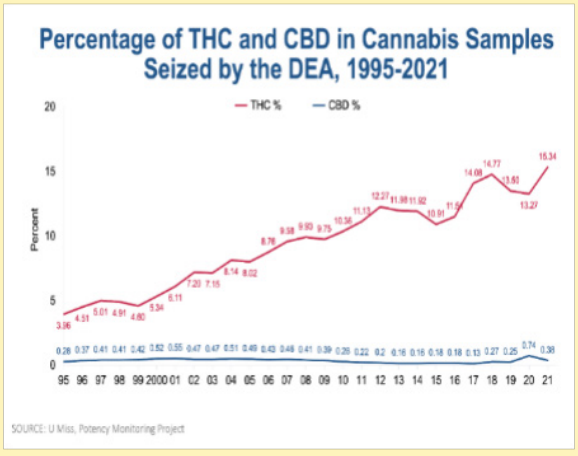
Adolescence is an important time for brain development, but brains are not fully developed until the mid-20s. Cannabis use can negatively affect the developing brain in the following ways:

- Problems with memory, learning, and problem-solving.
- Problems with focus and maintaining attention.
- Problems with school performance.
- Impaired reaction time.
- Increased risk of depression, anxiety, and psychosis.

Cannabis Potency

Cannabis is much stronger now than it was years ago because cannabis plants today contain higher amounts of THC. Between 1995 and 2021, the average percentage of THC in cannabis seized by the Drug Enforcement Administration (DEA) increased from about 4% to 15%.

Higher amounts of THC may cause greater effects on the brain and behavior.



Long-Term Effects

Long-term, regular use of cannabis can have potentially negative effects on the developing brain of a young person:

- Decreased IQ – manifested in poor or decreased performance in school or work.
- Regular use of cannabis has been associated with a 2-3 times greater risk of having schizophrenia, which is a mental health disorder characterized by disorganized thinking and behavior, hallucinations, and paranoia.
- Highest risks are seen with early onset use of cannabis, higher use intensity, and high THC content.
- Developing cannabis use disorder, where youth are not able to stop using cannabis even when it causes health, social, and school problems.
- About 3 out of every 10 people who use cannabis regularly will develop an addiction.

What can be done

- Focus on early education and outreach about the topic — prevention is key to the solution.
- Watch your students/patients and if you notice changes in behavior, school or work performance, or changes in relationships don't ignore them.
- Adopt brief screening approaches and tools that can be easily used in non-threatening environments or situations.
- Educate yourself about local resources in your community to provide referrals, help, and support.
- Focus on destigmatization — providing nonjudgmental supports.
- Be aware that often cannabis use is a coping mechanism for other potential mental health conditions or emotions.

Resources

Peer Support Services Guide - Los Angeles County, Department of Public Health SAPC

http://publichealth.lacounty.gov/sapc/docs/providers/trainings/SAPC-Peer-Support-Services-Guide.pdf

Orange County Peer Support Services

https://www.ochealthinfo.com/services-programs/mental-health-crisis-recovery/adult-18-services/social-emotional-recovery-0

Substance Abuse Hotlines for California

https://americanaddictioncenters.org/alcohol-drug-hotline/california

GLOSSARY OF TERMS

Term	Definition
Abstinence	The practice of not doing something.
Acamprosate	Medication that is taken orally as a tablet to maintain abstinence from alcohol during the treatment of alcohol use disorder.
Addiction	Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.
Adverse reaction	A harmful or unpleasant reaction, resulting from an intervention related to the use of a medical product.
Agonist	Chemical substance capable of combining with a specific receptor on a cell and initiating the same reaction or activity typically produced by the binding of endogenous substance.
Alcohol Use Disorder (AUD)	Is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.
American Society of Addiction Medicine (ASAM) Criteria	The ASAM Criteria is the most widely used and comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions. Formerly known as the ASAM patient placement criteria, The ASAM Criteria is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. Many states across the country are using The ASAM Criteria as the foundation of their efforts to improve the addiction treatment system.
Antagonist	A chemical that acts within the body to reduce the physiological activity of another chemical substance (such as an opioid).
Buprenorphine	Medication to control moderate to severe pain and treat opioid use disorder. Buprenorphine is a partial opioid agonist.

Cannabis	Cannabis (also known as marijuana, weed, or pot) is a psychotropic drug that is a mix of dried flowers, stems, seeds, and leaves from the cannabis plant.
Cannabis Use Disorder	Unable to stop using cannabis even though it's causing health and social problems in their lives.
Chronic Disease	Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.
Compassion fatigue	This is a feeling of exhaustion resulting from repeated exposure to the suffering or trauma of others, and after extended periods of this exposure, people may lose their sense of compassion and empathy.
Continuum of Care	Is a concept involving an integrated system of care that guides and tracks patient over time through a comprehensive array of health services spanning all levels of intensity of care.
Co-Occurring Disorders	People with substance use disorders (SUDs) are at particular risk for developing one or more primary conditions or chronic diseases. The coexistence of both a mental illness and SUD is known as a co-occurring disorder, and is common among people in treatment for SUD
Depression	(Also known as major depression, major depressive disorder, or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.
Disulfiram (Antabuse)	A medication that acts by interfering with how the body metabolizes or breaks down alcohol. By interfering with how the body breaks down alcohol, disulfiram causes the buildup of a toxic alcohol byproduct that makes the person feel ill when they drink.
Dopamine	Neurotransmitter made in your brain. It plays a role as a "reward center" and in many body functions, including memory, movement, motivation, mood, attention and more.
Dysphoria	A state of feeling very unhappy, uneasy, or dissatisfied.
Extended Release (XR)	Designed to slowly release a drug in the body over an extended period of time especially to reduce dosing frequency.
Fatal	Causing or capable of causing death.
Fentanyl (Duragesic)	Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally manufactured fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed in to counterfeit prescription pills.

Harm Reduction	Is an evidence based, client-based and community-centered, public health approach intended to reduce health and social harms associated with SUD. It includes programs and services that are focused on meeting the person where they are.
Heroin (Street drug)	An opiate (narcotic) drug processed from morphine and extracted from certain poppy plants. Heroin comes in a white or brownish powder, or a black sticky substance known as "black tar heroin." Often "cut" with other drugs or substances such as sugar or powdered milk. User is unaware how much actual heroin is being used, creating likelihood of overdose.
Illicit	The nonmedical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/ cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA).
Implementation	The process of making something active or effective.
In-Patient Treatment	Treatment that medically requires a patient to stay in the hospital overnight for treatment, care and observation.
Medication Assisted Recovery (MAR)	This refers to the long-term and ongoing use of medications to support long-term recovery by helping patients manage cravings, maintain sobriety, and prevent recurrences over a period.
Medication-assisted treatment (MAT)	This term was first used during the start of active treatment for the substance use disorder; this combines behavioral therapy with medications; it is no longer best practice to use this terminology, but it is important to understand where the term comes from.
Medications for Alcohol Use Disorder (MAUD)	There are three FDA approved medications for Alcohol Use Disorder (AUD): acamprosate, disulfiram, and naltrexone.
Medications for Opioid Use Disorders (MOUD)	This refers to the role of pharmacological interventions using FDA (Food and Drug Administration) approved medications as a primary component for the treatment of opioid use disorders; medications are the first line of treatment for OUD.
Methadone	Is the first medication that was approved to treat opioid use disorder (OUD) and is the medication for which the greatest amount of data exists. Like heroin or fentanyl, methadone is a full opioid agonist. However, unlike heroin or fentanyl, methadone is a long-acting opioid without a ceiling effect, which is why it is effective for treatment of OUD.
Morphine	Morphine is a non-synthetic narcotic with a high potential for abuse and is derived from opium. It is used for the treatment of pain.

Mutual Support Groups	Are made up of members who share similar problems and support each other in the journey of recovery from those problems. Unlike support groups, mutual help groups are not led by professionals, such as counselors or therapists; there are many different types of mutual support groups.
Naloxone (Pharmaceutical name: Narcan)	Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids.
Naltrexone	Is an opioid antagonist- it works by sitting on but not activating the opioid receptor in the brain and blocking other opioids from binding.
Narcotic Treatment Programs (NTP)	Is the most widely known and well researched treatment for opioid use disorder. The goals of therapy are to decrease opioid use, reduce opioid cravings, and block the euphoric effects of illicit opioid use.
Neurotransmitters	A substance (such as norepinephrine or acetylcholine) that transmits nerve impulses across a synapse.
Opioid	Are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.
Opioid Overdose	This type of overdose occurs when a person has ingested a toxic amount of opioids into the body and can result in respiratory difficulty and even death; not all opioid overdoses are fatal.
Opioid Treatment Program (OTP)	Provide medication-assisted treatment (MAT) for people diagnosed with an opioid use disorder (OUD). OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body
Opioid Use Disorder (OUD)	Is when chronic opioid use causes the problems described above with SUD and results in significant suffering and damage to a person's everyday life.
Opioid withdrawal	The syndrome of often painful physical and psychological symptoms that follows discontinuance of an addictive substance.
Outpatient treatment	Treatment provided without staying in a hospital overnight is usually provided in a community setting, clinic, or associated facility for diagnosis or treatment.
Overdose	A physical condition that happens to the body when a toxic amount of substances are ingested into the body and manifests itself in dangerous reactions, e.g. not breathing, increase heart rate.
Oxycodone	Oxycodone is a semi-synthetic narcotic analgesic and historically has been a popular drug of abuse among the narcotic abusing population.

Partial Hospitalization Program (PHP)	Day treatment option that is an intensive and highly structured form of outpatient rehab that usually lasts all day and allows patients to live outside of a hospital or inpatient treatment center; usually step-down after residential treatment or hospitalization depending on the individual's needs.
Peer	Refers to individuals who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This can also refer to family members.
Precipitated withdrawal	Is when there is sudden onset of intense withdrawal symptoms that occurs after a medication has been taken or given.
Recovery	A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential; refers to people living in recovery from SUD or Mental Illness.
Recurrence	Is a return to problematic use of a substance or substance(s) in someone who had a period of time when there was no use of addictive substances. Some people may refer to this as a relapse.
Stigma	A set of negative and unfair beliefs that a society or group of people have about something; stigma is a significant barrier to accessing treatment and provide harm reduction interventions in communities.
Substance Abuse and Mental Health Services Administration (SAMHSA)	The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
Substance Use Disorder (SUD)	This diagnosis refers to a chronic brain disease; it is manifested by a person's use of alcohol, tobacco, and/or other drugs, resulting in physical dependence on the substance, loss of control over use, and health issues and/or other problems with everyday life.
Tolerance	Occurs when your body adjusts to a substance, causing you to need larger or more frequent doses of the substance to achieve the same effects. It is a natural biological process that can occur with any type of drug, legal or illicit.
Withdrawal	The syndrome of often painful physical and psychological symptoms that follows discontinuance of an addicting drug

GLOSARIO DÉ TÉRMINOS

Término	Definición
Abstinencia	Término utilizado para describir los síntomas físicos y mentales de una persona cuando deja de fumar o reduce de manera repentina el consumo de una sustancia adictiva, como opioides, los productos de nicotina o las bebidas alcohólicas.
Acamprosato	Medicamento que se toma por vía oral en forma de tableta para mantener la abstinencia de alcohol durante el tratamiento del trastorno por consumo de alcohol.
Adicción	La adicción es una enfermedad médica crónica tratable que implica interacciones complejas entre los circuitos cerebrales, la genética, el medio ambiente y las experiencias de vida de un individuo. Las personas con adicción consumen sustancias o se involucran en comportamientos que se vuelven compulsivos y a menudo continúan a pesar de las consecuencias dañinas. Los esfuerzos de prevención y los enfoques de tratamiento de la adicción suelen ser tan exitosos como los de otras enfermedades crónicas.
Reacción adversa	Una reacción dañina o desagradable, resultante de una intervención relacionada con el uso de un producto médico.
Agonista	Sustancia química capaz de combinarse con un receptor específico de una célula e iniciar la misma reacción o actividad producida típicamente por la unión de una sustancia endógena.
Trastorno por consumo de alcohol (TCA)	Es una afección médica caracterizada por un deterioro de la capacidad para detener o controlar el consumo de alcohol a pesar de las consecuencias sociales, ocupacionales o de salud adversas.
Criterios de la Sociedad Americana de Medicina de la Adicción (ASAM)	Los Criterios ASAM son el conjunto de estándares más ampliamente utilizados y completos para la colocación, el servicio continuo y la transferencia de pacientes con adicción y afecciones concurrentes. Anteriormente conocidos como los criterios de colocación de pacientes de ASAM, los criterios de ASAM son el resultado de una colaboración que comenzó en la década de 1980 para definir un conjunto nacional de criterios para brindar atención orientada a resultados y basada en resultados en el tratamiento de la adicción. Muchos estados de todo el país están utilizando los Criterios ASAM como base de sus esfuerzos para mejorar el sistema de tratamiento de adicciones.
Antagonista	Sustancia química que actúa dentro del cuerpo para reducir la actividad fisiológica de otra sustancia química (como un opioide).

Buprenorfina	Medicamentos para controlar el dolor moderado a intenso y tratar el trastorno por consumo de opioides. La buprenorfina es un agonista parcial de los opioides.
Cannabis	El cannabis (también conocido como marihuana, hierba o marihuana) es una droga psicotrópica que es una mezcla de flores, tallos, semillas y hojas secas de la planta de cannabis.
Trastorno por consumo de cannabis	El ser incapaz de dejar de consumir cannabis a pesar de que le está causando problemas sociales y de salud.
Enfermedad crónica	Las enfermedades crónicas se definen en términos generales como afecciones que duran 1 año o más y requieren atención médica continua o limitan las actividades de la vida diaria o ambas.
Fatiga por compasión	Se trata de una sensación de agotamiento que resulta de la exposición repetida al sufrimiento o al trauma de los demás y después de períodos prolongados de esta exposición, las personas pueden perder el sentido de compasión y empatía.
Atención continua	Es un concepto que implica un sistema integrado de atención que guía y rastrea al paciente a lo largo del tiempo a través de una amplia gama de servicios de salud que abarcan todos los niveles de intensidad de atención.
Trastornos concurrentes	Las personas con trastornos por consumo de sustancias (SUD) corren un riesgo particular de desarrollar una o más afecciones primarias o enfermedades crónicas. La coexistencia de una enfermedad mental y el trastorno por consumo de drogas se conoce como un trastorno concurrente y es común entre las personas en tratamiento para el trastorno por consumo de alcohol.
Depresión	(También conocido como depresión mayor, trastorno depresivo mayor o depresión clínica) Es un trastorno del estado de ánimo común pero grave. Causa síntomas graves que afectan la forma en que una persona se siente, piensa y maneja las actividades diarias, como dormir, comer o trabajar.
Disulfiram (Antabuse)	Medicamento que actúa interfiriendo con la forma en que el cuerpo metaboliza o descompone el alcohol. Al interferir con la forma en que el cuerpo descompone el alcohol, el disulfiram causa la acumulación de un subproducto tóxico del alcohol que hace que la persona se sienta enferma cuando bebe.
Dopamina	Neurotransmisor que se produce en el cerebro. Desempeña un papel como "centro de recompensa" y en muchas funciones corporales, como la memoria, el movimiento, la motivación, el estado de ánimo, la atención y más.

Disforia	Un estado de sentirse muy infeliz, inquieto o insatisfecho.
Liberación extendida (XR)	Diseñado para liberar lentamente un medicamento en el cuerpo durante un período prolongado de tiempo, especialmente para reducir la frecuencia de dosificación.
Fatal	Causa o puede causar la muerte.
Fentanilo (Duragesic)	El Fentanilo farmacéutico es un opioide sintético, aprobado para tratar el dolor intenso, generalmente el dolor por cáncer avanzado. Es de 50 a 100 veces más potente que la morfina. Sin embargo, el Fentanilo fabricado ilegalmente se vende a través de los mercados de drogas ilícitas por su efecto similar al de la heroína y a menudo se mezcla con heroína u otras drogas, como la cocaína o se presiona para falsificar píldoras recetadas.
Reducción de daños	Es un enfoque de salud pública centrado en el cliente y en la comunidad destinado a reducir los daños de salud y sociales asociados al trastorno por consumo de sustancias. Incluye programas y servicios centrados en atender a la persona donde se encuentra en su camino hacia la recuperación.
Heroína (droga callejera)	Un opioide (estupefaciente) elaborado a partir de la morfina y extraída de ciertas plantas de amapola. La heroína se presenta en polvo blanco o parduzco o en una sustancia negra pegajosa conocida como «heroína de alquitrán negro». A menudo se «corta» con otras drogas o sustancias como azúcar o leche en polvo. El usuario no es consciente de la cantidad real de heroína que consume, lo que aumenta la probabilidad de una sobredosis.
Ilícito	El uso no médico de una variedad de medicamentos que están prohibidos por la ley. Estas drogas pueden incluir: estimulantes de tipo anfetamínico, marihuana/cannabis, cocaína, heroína, otros opioides y drogas sintéticas, como el fentanilo (IMF) y el éxtasis (MDMA) fabricados ilícitamente.
Implementación	El proceso de hacer que algo sea activo o eficaz.
Tratamiento hospitalario	Tratamiento médico que requiere que un paciente permanezca en el hospital durante la noche para recibir tratamiento, atención y observación.
Recuperación Asistida por Medicamentos (MAR)	Se refiere al uso continuado y a largo plazo de medicamentos para apoyar la recuperación a largo plazo ayudando a los pacientes a controlar los antojos, mantener la sobriedad y prevenir las recaídas durante un periodo.
Tratamiento asistido por medicamentos (MAT)	Este término se utilizó por primera vez durante el inicio del tratamiento activo del trastorno por consumo de sustancias el cual combina la terapia conductual con la medicina. Ya no es lo mejor utilizar esta terminología, pero es importante entender de donde procede el término.

Medicamentos para el trastorno por consumo de alcohol (MAUD)	Hay tres medicamentos aprobados por la FDA para el trastorno por consumo de alcohol (TCA): Acamprosato, Disulfiram y Naltrexona.
Medicamentos para los trastornos por consumo de opioides (MOUD)	Esto se refiere al papel de las intervenciones farmacológicas que utilizan medicamentos aprobados por la FDA (Administración de Alimentos y Medicamentos) como componente principal para el tratamiento de los trastornos por consumo de opioides. Los medicamentos son la primera línea de tratamiento para el OUD.
Metadona	Es el primer medicamento que se aprobó para tratar el trastorno por consumo de opioides (OUD) y es el medicamento del cual existen la mayor cantidad de datos. Al igual que la heroína o el fentanilo, la metadona es un agonista opioide completo. Sin embargo, a diferencia de la heroína o el fentanilo, la metadona es un opioide de acción prolongada sin efecto techo, por lo que es eficaz para el tratamiento del OUD.
Morfina	La morfina es un estupefaciente no sintético con un alto potencial de abuso y se deriva del opio. Se utiliza para el tratamiento del dolor.
Grupos de apoyo mutuo	Están formados por miembros que comparten problemas similares y se apoyan mutuamente en el camino de la recuperación de esos problemas. A diferencia de los grupos de apoyo, los grupos de ayuda mutua no están dirigidos por profesionales, como consejeros o terapeutas; Hay muchos tipos diferentes de grupos de apoyo mutuo.
Naloxona (nombre farmacéutico: Narcan)	La naloxona es un medicamento que revierte rápidamente una sobredosis de opioides. Es un antagonista de los opioides. Esto significa que se adhiere a los receptores opioides, revierte y bloquea los efectos de otros opioides.
Naltrexona	Es un antagonista de los opioides: Funciona sentándose sobre el receptor opioide en el cerebro, pero sin activarlo, y bloquea la unión de otros opioides..
Programas de Tratamiento de Narcóticos (NTP)	Es el tratamiento más conocido y mejor investigado para el trastorno por consumo de opioides. Los objetivos de la terapia son disminuir el consumo de opioides, reducir los antojos de opioides y bloquear los efectos eufóricos del consumo ilícito de opioides.
Neurotransmisores	Sustancia (como la norepinefrina o la acetilcolina) que transmite impulsos nerviosos a través de una sinapsis.

Opioide	Son una clase de drogas que incluyen la droga ilegal heroína, opioides sintéticos como el fentanilo y analgésicos disponibles legalmente con receta, como oxicodona (OxyContin®), hidrocodona (Vicodin®), codeína, morfina y muchos otros.
Sobredosis de opioides	Este tipo de sobredosis ocurre cuando una persona ha ingerido una cantidad tóxica de opioides en el cuerpo y puede provocar dificultad respiratoria e incluso la muerte. No todas las sobredosis de opioides son mortales.
Programa de Tratamiento de Opioides (OTP, por sus siglas en inglés)	Proporcionar tratamiento asistido por medicamentos (MAT) para personas diagnosticadas con un trastorno por consumo de opioides (OUD). Las OTP deben estar certificadas por SAMHSA y acreditadas por un organismo de acreditación independiente aprobado por SAMHSA
Trastorno por consumo de opioides (OUD)	Es cuando el uso crónico de opioides causa los problemas descritos anteriormente con el trastorno por consumo de drogas y resulta en un sufrimiento significativo y daño a la vida cotidiana de una persona.
Abstinencia de opioides	El síndrome de síntomas físicos y psicológicos a menudo dolorosos que sigue a la interrupción de una sustancia adictiva, en este caso de opioides.
Tratamiento ambulatorio	El tratamiento que se proporciona sin pasar la noche en el hospital suele proporcionarse en un entorno comunitario, una clínica o un centro asociado para el diagnóstico o el tratamiento.
Sobredosis	Una condición física que le sucede al cuerpo cuando se ingiere una cantidad tóxica de sustancias en el cuerpo y se manifiesta en reacciones peligrosas, por ejemplo, no respirar, aumentar la frecuencia cardíaca.
Oxicodona	La oxicodona es un analgésico narcótico semisintético e históricamente ha sido una droga popular de abuso entre la población que abusa de narcóticos.
Programa de Hospitalización Parcial (PHP)	Opción de tratamiento diurno que es una forma intensiva y altamente estructurada de rehabilitación ambulatoria que generalmente dura todo el día y permite a los pacientes vivir fuera de un hospital o centro de tratamiento para pacientes hospitalizados. Por lo general, se reducen después de un tratamiento residencial u hospitalización, según las necesidades del individuo.
Compañero	Se refiere a personas que comparten experiencias similares de haber sido diagnosticadas con afecciones de salud mental, trastornos por uso de sustancias o ambos. Esto también puede referirse a los miembros de la familia.

Síndrome de abstinencia precipitada	Es cuando hay una aparición repentina de síntomas intensos de abstinencia que se produce después de haber tomado o administrado un medicamento.
Recuperación	Un proceso de cambio a través del cual las personas mejoran su salud y bienestar, viven vidas autodirigidas y se esfuerzan por alcanzar su máximo potencial. Se refiere a las personas que viven en recuperación de SUD o enfermedad mental.
Recurrencia	Es un regreso al uso problemático de una sustancia o sustancias en alguien que tuvo un período de tiempo en el que no hubo uso de sustancias adictivas. Algunas personas pueden referirse a esto como una recaída.
Estigma	Un conjunto de creencias negativas e injustas que una sociedad o grupo de personas tiene sobre algo; el estigma es una barrera importante para acceder al tratamiento y proporcionar intervenciones de reducción de daños en las comunidades.
Administración de Servicios de Salud Mental y Abuso de Sustancias (SAMHSA, por sus siglas en inglés)	La Administración de Servicios de Salud Mental y Abuso de Sustancias (SAMHSA, por sus siglas en inglés) es la agencia dentro del Departamento de Salud y Servicios Humanos de EE. UU. que lidera los esfuerzos de salud pública para promover la salud conductual de la nación.
Trastorno por consumo de sustancias (SUD)	Este diagnóstico se refiere a una enfermedad cerebral crónica; se manifiesta por el consumo de alcohol, tabaco y/u otras drogas por parte de una persona, lo que resulta en dependencia física de la sustancia, pérdida de control sobre el consumo y problemas de salud y/u otros problemas con la vida cotidiana.
Tolerancia	Ocurre cuando su cuerpo se adapta a una sustancia, lo que hace que necesite dosis más grandes o más frecuentes de la sustancia para lograr los mismos efectos. Es un proceso biológico natural que puede ocurrir con cualquier tipo de droga, legal o ilícita.
Deprivación o abstinencia	Síndrome de síntomas físicos y psicológicos a menudo dolorosos que sigue a la interrupción de una droga adictiva.

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Methadone	**Resources** California NTP locator: https://cadhcs.maps.arcgis.com/apps/webappviewer/index.html?id=9e5a0f7f82de4eaf981be7987bafa24d California NTP Provider Directory: https://www.dhcs.ca.gov/individuals/Documents/NTP-Provider-Directory.pdf **References** Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). Methadone. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone
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https://www.brixadi.com/pdfs/in-office-patient-brochure.pdf

https://www.sublocade.com/Content/pdf/sublocade-education-brochure.pdf

Addiction Free CA: https://addictionfreeca.org

American Society of Addiction Medicine: https://www.asam.org

CA Bridge Program: https://bridgetotreatment.org/addiction-treatment/ca-bridge

Grayken Center for Addiction: https://www.bmc.org/addiction

Providers Clinical Support System (PCSS): https://www.samhsa.gov/providers-clinical-support-system-pcss

University of California, San Francisco (UCSF)'s Substance Use Management Support, a free clinical consultation hotline for non-California healthcare providers. The hotline, which operates Monday-Friday from 9am to 8pm ET, can be accessed by calling **(855) 300-3595**. More information can be found at: https://nccc.ucsf.edu/clinician-consultation/substance-use-management.

University of California, San Francisco (UCSF)'s California Substance Use Line, a free clinical consultation hotline specifically for California healthcare providers. The hotline, which operates 24 hours a day/7 days a week, can be accessed by calling **(844) 326-2626**. More information can be found at: https://nccc.ucsf.edu/clinician-consultation/substance-use-management/california-substance-use-line.

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School Based Resources	
Parent Resources for Highschool Students **(English/Spanish)**	**Resources** https://www.connecteffectco.org/youth https://youngpeopleinrecovery.org/wp-content/uploads/2023/05/YPR-Parents-Harm-Reduction.pdf https://youngpeopleinrecovery.org/wpcontent/uploads/2023/09/CDL_RACK_CARD_2SIDED_ENGLISH_4X9.pdf https://truthinitiative.org/sites/default/files/media/files/2021/03/The-Truth-About-Opioids-1-pager-final.pdf https://www.operationprevention.com/sites/default/files/PDFs/DEA_OP_ParentToolkit_May20.pdf https://www.samhsa.gov/sites/default/files/starting-the-conversation-guide.pdf https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/what-parents-need-to-know-about-naloxone-for-opioid-overdose.aspx https://www.ama-assn.org/delivering-care/overdose-epidemic/5-tips-safely-storing-opioids-home https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know https://www.cdc.gov/wtc/pdfs/WTC_Factsheet_Prescription_Medicine_WEB_0319-P.pdf https://www.youtube.com/watch?v=2kAklblMi24&t=141s https://www.dea.gov/takebackday#resources **References** Centers for Disease Control and Prevention (CDC). Your prescription medicine: tips for safe storage and disposal. WTC Health Program.

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School Based Education **(English/Spanish)**	**Resources** https://www.cdc.gov/stopoverdose/stigma/pdf/stigma_fact_sheet_508c.pdf https://operationprevention.com/opioid-and-prescription-drugs#ms https://www.schoolhealthcenters.org/wp-content/uploads/2020/06/CSHA-MAT-SBIRT-Quick-Guide.pdf

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https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/Community-Toolkit.aspx

https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/marihuana.aspx

https://www.bing.com/ck/a?!&&p=9f3087ffbd5c7acbJmltdHM9MTcxODQ5NjAwMCZpZ3VpZD0xMWQ2YzliNS04ZDY2LTYwNjAtMmU0MS1kZGI0OGMxODYxZTMmaW5zaWQ9NTQ5Mw&ptn=3&ver=2&hsh=3&fclid=11d6c9b5-8d66-6060-2e41-ddb48c1861e3&psq=how+early+should+you+talk+to+your+children+about+the+dangers+of+drinking&u=a1aHR0cHM6Ly93d3cuc2FtaHNhLmdvdi9aXRlcy9kZWZhdWx0L2ZpbGVzL3RhbGtfdG9feW91cl9raWRzXzVfY29udmVyc2F0aW9uX2dvYWxzLnBkZj9mYmNs&ntb=1

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Adolescent - Overdose Prevention and Awareness- Infographic **(English/Spanish)**	COPE Project Materials
Cannabis for Youth	**Resources** Youth Cannabis Prevention Initiative: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/default.aspx **Teens Health:** https://kidshealth.org/en/teens/marijuana.html#:~:text=Long%2DTerm%20Effects,-People%20who%20use&text=Cough%20more%2C%20get%20more%20lung,%2C%20social%2C%20and%20school%20problems. **References** California Department of Public Health (CDPH). (n.d.) Let's Talk Cannabis: Cannabis and Teen Mental Health. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/LTC_Fact_Sheet_2_Teen_Mental_Health_English.pdf California Department of Public Health (CDPH). (n.d.). Let's Talk Cannabis: Mentors and Community Leaders Toolkit. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/CDPH-Toolkit-Mentors-English.pdf California Department of Public Health (CDPH). (n.d.). Let's Talk Cannabis: Parents and Guardians Toolkit. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/CDPH-Toolkit-Parents.pdf California Department of Public Health (CDPH). (2023). How Cannabis is Used. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/How-Cannabis-Is-Used.aspx National Institute on Drug Abuse National Institutes of Health (NIDA). (2016). Marijuana: Facts Parents Need to Know. https://nida.nih.gov/sites/default/files/parents_mj_brochure_2016.pdf Nemours Children's Health. (2023, January). Marijuana. https://kidshealth.org/en/teens/marijuana.html#:~:text=Long%2DTerm%20Effects,People%20who%20use&text=Cough%20more%2C%20get%20more%20lung,%2C%20social%2C%20and%20school%20problems.
Cannabis for Parents (English/ Spanish)	**Resources** https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/How-Cannabis-Is-Used.aspx

	https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/Lets-Talk-Cannabis.aspx https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/Community-Toolkit.aspx https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/marihuana.aspx https://www.bing.com/ck/a?!&&p=9f3087ffbd5c7acbJmltdHM9MTcxODQ5NjAwMCZpZ3VpZD0xMWQ2YzliNS04ZDY2LTYwNjAtMmU0MS1kZGI0OGMxODYxZTMmaW5zaWQ9NTQ5Mw&ptn=3&ver=2&hsh=3&fclid=11d6c9b5-8d66-6060-2e41-ddb48c1861e3&psq=how+early+should+you+talk+to+your+children+about+the+dangers+of+drinking&u=a1aHR0cHM6Ly93d3cuc2FtaHNhLmdvdi9zaXRlcy9kZWZhdWx0L2ZpbGVzL3RhbGtfdG9feW91cl9raWRzXzVfY29udmVyc2F0aW9uX2dvYWxzLnBkZj9mYmNs&ntb=1 **References** California Department of Public Health (CDPH). (n.d.) Let's Talk Cannabis: Cannabis and Teen Mental Health. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/LTC_Fact_Sheet_2_Teen_Mental_Health_English.pdf California Department of Public Health (CDPH). (n.d.). Let's Talk Cannabis: Mentors and Community Leaders Toolkit. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/CDPH-Toolkit-Mentors-English.pdf California Department of Public Health (CDPH). (n.d.). Let's Talk Cannabis: Parents and Guardians Toolkit. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/CDPH%20Document%20Library/CDPH-Toolkit-Parents.pdf California Department of Public Health (CDPH). (2023). How Cannabis is Used. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/How-Cannabis-Is-Used.aspx National Institute on Drug Abuse National Institutes of Health (NIDA). (2016). Marijuana: Facts Parents Need to Know. https://nida.nih.gov/sites/default/files/parents_mj_brochure_2016.pdf
Cannabis for Provider	Resources http://publichealth.lacounty.gov/sapc/docs/providers/trainings/SAPC-Peer-Support-Services-Guide.pdf https://www.ochealthinfo.com/services-programs/mental-health-crisis-recovery/adult-18-services/social-emotional-recovery-0 https://americanaddictioncenters.org/alcohol-drug-hotline/california **References** California Department of Public Health (CDPH). (2023). How Cannabis is Used. https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/How-Cannabis-Is-Used.aspx

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We hope you will be able to use the information in this toolkit in your day-to-day work to support and empower the people you serve.

Recommended citation for this body of work: Alvanzo, A., Garate, T., Robinson, S., Johnson-Yates, R. (2024). Understanding Substance Use Disorders & the Use of Medications for Treatment: Education Materials for Patients, Families, Educators and Non-Prescribing Providers. HMA.