PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

- Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Revised 2020

FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

/HarmReductionCoalition /HarmReductionCoalition @harmreduction @harmreduction

NATIONAL HARM REDUCTION COALITION

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services

risk reduction:

Tools and services to reduce potential harm

The "risk itself (e.g. related to drug use or sex work) that you're discussing

The "mindset" that someone brings to the situation, including thoughts, mood, and expectations

The physical and social environments of where the person is, and their pereception of how that can promote/reduce risk

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?

Case Study : Jessica

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.

Revised 2020

FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

NDCI
NATIONAL DRUG COURT INSTITUTE

Drug Court Practitioner
Fact Sheet

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Naloxone: Overview and Considerations for Drug Court Programs

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Approximately one in five people who use heroin will have an overdose each year, and about one in one hundred will die from an overdose. Pharmaceutical opioids such as morphine, codeine, oxycodone, and methadone also are involved in many overdoses. With brief training, people who use heroin and other opioids, and members of their families and social networks, can effectively recognize and respond to an opioid overdose and successfully administer naloxone, the opioid overdose antidote. Distributing naloxone to laypersons has resulted in thousands of overdose reversals and has saved many lives.

In 2015 the board of directors of the National Association of Drug Court Professionals passed a resolution supporting providing naloxone to people who may be present at an overdose. Drug courts are beginning to get involved in overdose education and in making take-home naloxone available to drug court participants.

This fact sheet provides an overview of opioids, overdoses, and naloxone and discusses considerations for implementing programming to provide overdose education and take-home naloxone to drug court clients.

What is an opioid overdose?

Opioids bind to opioid receptors in the body, including the brain. In addition to reducing pain, opioids can cause sleepiness or euphoria, and they can slow down and eventually stop breathing.

Opioids include heroin and pharmaceutical medicines such as:

- hydrocodone (Vicodin®)
- hydromorphone (Dilaudid®)
- morphine (MS Contin®)
- codeine
- oxycodone (OxyContin®, Percocet®)
- fentanyl (and related illicitly manufactured drugs)
- methadone

What are the signs and risks of opioid overdose?

An opioid overdose occurs when a person consumes more opioids than the body can handle, causing breathing to slow and then stop. Depending on which opioid is involved and how much has been consumed, an opioid overdose can happen suddenly or slowly over a few hours. Without oxygen, the person loses consciousness, can experience brain damage, and may die.

A person who has overdosed before is more likely to overdose again. However, their self-perception of risk decreases quickly.

Signs of an opioid overdose include:

- Person cannot be woken up
- Slow or no breathing
- Gurgling, gasping, or snoring
- Clammy, cool skin
- Blue or gray lips or nails

The following factors increase the risk of an opioid overdose:

- Resuming opioid use after a period of abstinence (i.e., while in jail, in a hospital, or undergoing detox or treatment) when tolerance has dropped
- Using opioids in combination with stimulants (cocaine or methamphetamine), depressants such as benzodiazepines (Valium® or Xanax®), or alcohol, or with additional opioids
- Taking opioid medications more often or in higher doses than prescribed
- Using someone else's opioid medications
- Using opioids of unknown strength or heroin that may be laced with other drugs
- Having any current or chronic illness that reduces heart or lung function
- Injecting drugs, which is associated with higher overdose risk than oral or transdermal (patch) use or smoking
- Having a history of a substance use disorder

Using opioids while alone also increases the chances that a person will die from an overdose.

What is naloxone?

Naloxone is a prescription medicine that can temporarily stop the effect of opioids and help a person start breathing again. Naloxone is the generic name of a medication that is also sold under the brand names Narcan® and Evzio®.

Naloxone works only on opioids, so it has no effect on someone who is not using opioids. It does not work on other drugs or alcohol, but it can still be helpful in an opioid overdose in which these other drugs are involved.

Because naloxone temporarily stops opioids from working and can cause withdrawal, it cannot be used to get high and is not addictive. Medical providers have used naloxone for decades, and laypeople began using it in 1996. Research shows that providing overdose education and take-home naloxone to opioid users does not increase opioid use or overdoses.

The two injectable and two intranasal products currently available. Sources (left to right): Calvert County (Maryland) Health Department website; Kaleo, Inc. website; Therapeutic Intranasal Drug Delivery website; ADAPT Pharma, Inc. website.

Naloxone can be sprayed into the nose or injected into a thick muscle such as the thigh or upper arm. The four naloxone products currently available (as of August 2016) are similar in their effectiveness, but cost and availability may vary. A side-by-side comparison of these four products is available at the Prescribe to Prevent website, *www.prescribetoprevent.org*.

How does naloxone work?

Naloxone displaces opioids from their receptors in the brain, which usually restores breathing and consciousness in about two to five minutes. However, naloxone lasts only thirty to ninety minutes. Some opioids can last for many hours. When naloxone wears off, any remaining opioids return to the receptors, which can cause the person to go back into overdose.

Naloxone: Overview and Considerations for Drug Court Programs

After receiving naloxone and waking up, an overdose victim may experience symptoms of opioid withdrawal, such as pain, sweating, nausea, and vomiting. The person may also feel confused, anxious, or slightly agitated, but is rarely combative or violent.

What are the laws about naloxone?

Medical prescribers been able to prescribe take-home naloxone to their patients since it was approved by the Food and Drug Administration (FDA) in 1971. Most states have passed laws that explicitly allow laypersons, such as those who use opioids and their friends, family, or other potential overdose bystanders, to be prescribed, possess, and administer naloxone. Additional laws in some states permit nonmedical persons to *distribute* naloxone under a prescriber's standing order.

Most states have also passed Good Samaritan overdose laws to encourage people to call 911 to seek medical help during an overdose. These laws provide immunity from some civil liabilities to individuals who make a good faith effort to assist a person experiencing an overdose. The types of actions for which immunity is granted vary widely across states.

When planning an overdose education and naloxone distribution program, you should work with the relevant local entities, such as your prosecutor's office or health department, to ensure alignment with applicable laws and coordination with existing services. To review your state's relevant naloxone and Good Samaritan laws, go to the Law Atlas website, *www.lawatlas.org*.

How does someone get naloxone?

Naloxone is a nonaddictive prescription medication and can be obtained in several ways:

1. Any prescriber can write a prescription for naloxone. Some Medicaid and commercial health insurance plans cover at least one form of naloxone, although coverage and co-pays vary widely.
2. Many pharmacists have the ability to directly prescribe naloxone on behalf of a health care provider under an arrangement called a collaborative drug therapy agreement. These agreements enable a customer to obtain naloxone directly at the pharmacy without seeing a health care provider, similar to getting a flu shot.
3. Most states also have community organizations and/or health departments that distribute naloxone under a health care provider's standing order. A list of these programs can be found at *www.prescribetoprevent.org*. Using this same model, many organizations, such as housing providers, substance use treatment centers, jails, and drug courts, also distribute naloxone to clients at risk for overdose.

Should all drug court clients get naloxone?

Any drug court clients who have used or are currently using heroin or pharmaceutical opioids (either illicitly or under a health provider's care for pain or treatment of opioid use disorder) should consider having naloxone on hand. Similarly, members of a drug court client's family or social network may use opioids, and thus clients may want to have naloxone in case they witness an overdose.

Drug court clients, however, may not believe they are at risk of an overdose and therefore may not be interested in naloxone. They may minimize their opioid use for fear of legal consequences or may feel confident that they have stopped using drugs permanently and therefore perceive themselves not to be at risk. It can be helpful, therefore, to share messages like these with *all* drug court clients:

- Opioids are widespread in the community, and overdoses are at record levels. Getting overdose response training and naloxone is no different than learning how to do CPR so you can be ready to help someone.
- If you or others have opioids for pain or for treating opioid use disorder, those opioids are a potential overdose risk to anyone in the household. Have naloxone around "just in case," like a fire extinguisher.
- Relapse happens, even among those who are most committed to their recovery. A person using opioids after a break in use is also at greater risk of an overdose.

The essential goal of distributing naloxone and educating people about how to prevent, recognize, and intervene in overdoses is to prevent deaths. Other goals, such as decreasing or stopping drug use, can be accomplished only if the person is alive.

How can we connect clients with overdose education and naloxone?

Drug court staff have an important role to play in educating clients about overdose prevention and response, and in helping them access naloxone. Staff can:

1. Refer clients to outside organizations that can provide overdose education and naloxone, or encourage clients to ask their health care provider for a prescription for naloxone.
2. Provide basic education on overdose prevention to clients and then refer them to places to get naloxone (e.g., health care providers, community programs, or pharmacies).
3. Provide "in-house" education on overdose prevention and naloxone to clients (assuming local laws permit naloxone to be distributed in this way). This can be done by drug court staff or by partnering with a community organization or local health department to provide those services regularly on site.

Years of collective experience among medical- and community-based naloxone distribution programs have shown that referrals to naloxone are not usually effective. Whenever possible, it is best to get naloxone directly into clients' hands at the time they receive overdose education.

To determine which approach might work best for your organization:

- Determine what state and local laws apply to distributing naloxone.
- Identify local options for providing naloxone in your area and community naloxone programs that might be willing to partner with you to provide overdose education and naloxone at your site.
- If your agency decides to provide its own overdose and naloxone training, develop a naloxone distribution policy and training curriculum and have it reviewed by legal and medical experts. Also find a funding source for the naloxone.

*Research has found that making naloxone available does **not** encourage people to use opioids more. In fact, distributing naloxone often opens the door to discuss other client needs, such as treatment or social services.*

How do we provide overdose response and naloxone training?

Training can be offered in a variety of ways and does not require significant time. Less than 15 minutes is usually sufficient for most people. Options for training include:

- One-to-one conversation, usually within the context of a regular meeting with drug court staff
- Group "classroom" sessions
- Client self-directed training, usually by video or online

Training can include overdose education only or overdose education plus take-home naloxone. Some programs also offer brief behavior change counseling and motivational interviewing to help clients change behaviors that place them at risk of an overdose.

It can also be helpful to designate a "point person" for questions and refresher training on overdose response and naloxone at each site that carries naloxone.

Training in basic overdose response and naloxone administration should cover the following topics:

- Risks for opioid overdose
- Recognizing the signs of an opioid overdose
- Steps in responding to an overdose: Try to wake the person up, call 911, give naloxone, perform rescue breathing until the person wakes up or medical help arrives
  - How to administer naloxone
  - How to perform rescue breathing
- Local Good Samaritan laws and other relevant laws and policies

Naloxone: Overview and Considerations for Drug Court Programs

Are training resources available?

A number of excellent training curricula, print materials, training videos, evaluation tools, and other resources are available at:

- StopOverdose, *www.stopoverdose.org*
- Harm Reduction Coalition, *www.harmreduction.org*
- Prescribe to Prevent, *www.prescribetoprevent.org*
- Law Enforcement Naloxone Toolkit, *www.bjatraining.org/tools/naloxone/Naloxone-Background*

Always supplement these with local information, such as local laws, services, and resources.

An online opioid overdose risk assessment tool is available at *ndci.org/resources/training/e-learning/naloxonetraining/*. You may wish to incorporate this tool into your training so that clients can learn more about their own overdose risks and how to address them.

How do we pay for the naloxone?

Agencies must find internal resources to pay for naloxone they purchase for clients. Funds designated for community naloxone distribution may be available from local, county, state, or federal organizations. Check with your local health department to find out if there are funds in your area. Some state Medicaid programs will cover the cost of naloxone for Medicaid recipients. To provide naloxone for their clients who receive Medicaid, some agencies have worked with a pharmacy that can bill Medicaid directly for the naloxone.

How should I work with community partners?

Collaborating with community partners is essential to realizing the potential benefit of an overdose education and naloxone distribution program. Implementing such programming can be an opportunity to engage and educate the community about opioid overdose as well as the underlying medical condition of opioid use disorder. Community stakeholders with whom it may be appropriate to collaborate include:

- Law enforcement
- Public health
- Treatment and health care providers
- Community prevention coalitions, churches, and nonprofits

Communicating with the public increases awareness of your program and the need for community awareness of overdose prevention and intervention more generally. Some ways to do this are through:

- Websites
- Twitter
- Facebook

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UNDERSTANDING MEDICATION TO TREAT OPIOID USE DISORDER

for Treatment Court Participants

Contents

Introduction

This guide provides up-to-date, evidence-based information to help treatment court participants understand and benefit from medications as a part of treatment and recovery management. This guide is for any treatment court participant who has decided or is thinking about including medication as a part of their recovery plan.

This guide is also for families and other supportive people (e.g., peer mentors, recovery coaches, peer recovery specialists, sponsors, friends, religious/spiritual mentors) so they can help along the road of recovery.

Online readers will find links to the resources referenced here embedded in the resource titles. Both print and online readers can also find all links listed in the resources section at the end of this guide.

What is addiction?

- Addiction is a chronic brain disease;[1] it changes how the brain works.
- It involves changes to brain circuits involved in motivation, reinforcement of behaviors necessary for survival, stress, and impulse control. In addition to harming a person's health, it can change how they think, feel, and behave.
- These changes may last a long time, lead to other harmful actions, and create difficulties in relationships with family and friends.
- Addiction is about both the brain and behaviors. Counseling and group therapy focus on behaviors, thoughts, and emotions. Medications are also necessary for many people with opioid use disorder to stabilize brain function, enabling them to work toward getting and staying well.

[1] Modified from the ASAM Definition of Addiction.

What are opioids?

Opioids are drugs often used for the treatment of moderate to severe pain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor.[2] However, they can produce a "high" in addition to pain relief, so they can be misused (taken in a different way or in a larger quantity than prescribed or taken without a doctor's prescription). These drugs can also cause sleepiness and can slow or stop breathing, leading to overdose and death.

Regular use—even as prescribed by a doctor—can lead to misuse and addiction, which can lead to loss of freedom, unemployment, eviction, overdose, and death. People with opioid addiction often feel sick and have strong cravings when no opioid is plugged in.

The following are examples of opioids:

- Heroin
- Codeine
- Vicodin, Hycodan (hydrocodone)
- MS Contin, Kadian (morphine)
- OxyContin, Percocet (oxycodone)
- Dilaudid (hydromorphone)
- Duragesic (fentanyl)
- Fentanyl (nonprescription)

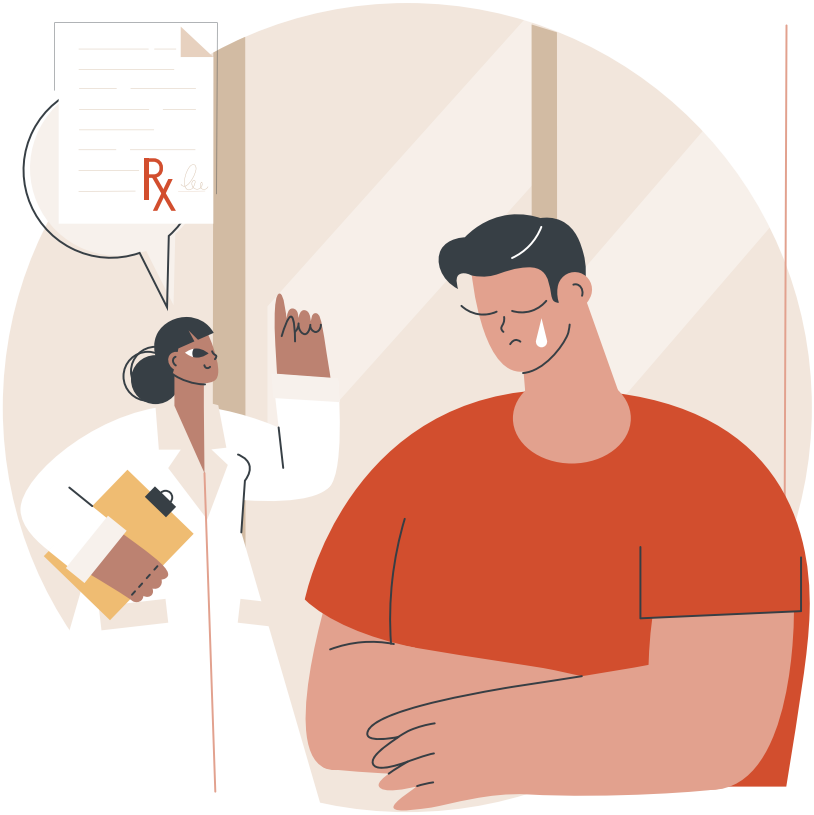
What do I need to do if I am in, or being considered for, treatment court?

- If you have an opioid use disorder but are not currently in treatment, tell the treatment court representative, counselor, case manager, or whoever is working with you about this medical condition and your desire for treatment.
- If you have an opioid use disorder and are currently receiving treatment, tell the treatment court representative, counselor, case manager, or whoever is working with you about the treatment you are receiving, including any medications. They should connect you to an addiction treatment provider that can prescribe medication as soon as possible. (See the Resources section at the end of this guide.)
- When you work closely with your doctor and counselors in treatment, chances for good outcomes will improve. Treatment and other recovery support should be ongoing, as addiction is a chronic disease.
- Expect to be treated with dignity and to have your concerns listened to when starting or changing the treatment plan.
- Please talk to the medical provider and the defense attorney (or advocate) if medications or other addiction treatments are being denied, as denying you medication against your wishes may be a violation of the Americans with Disabilities Act.

[2] In this setting, we use "doctor" to mean any licensed professional; this may include physicians, nurse practitioners, physician assistants, etc.

What are some symptoms of opioid use disorder, and why should I seek medication for it?

- Needing more opioids—such as heroin, oxycontin, or Percocet—to get the same effect or to prevent withdrawal symptoms
- Not being able to always control opioid use
- Craving opioids
- Feeling sick from not using (withdrawal)
- Isolating from friends and family
- Having difficulty taking care of children or giving them the attention they need
- Missing work, school, or other important events
- Stealing from family, friends, or businesses
- Being dishonest about opioid use



How does medication for opioid use disorder work in the brain?

- Each medication works in a different way and has its own risks and benefits. You should discuss this with the doctor and your counselor. Your preferences and decisions regarding medication should be respected.
- Opioids work at specific receptors in the brain.
- Medications for opioid use disorder fit into the opioid receptor like a plug fits into an outlet and help restore balance to the parts of the brain impacted by addiction. They reduce opioid cravings and withdrawal symptoms, helping patients manage their addiction and work toward recovery.[3]

What medications are available to treat opioid addiction?

There are three evidence-based treatments for opioid addiction, including buprenorphine, methadone, and extended-release naltrexone.

They work differently in the brain:

- Methadone and buprenorphine are safe and effective medications that treat opioid addiction because they act on the same parts of the brain as opioid drugs. They help reduce the desire to use opioids and prevent withdrawal symptoms.
- Methadone plugs in and fully activates the receptor.
- Buprenorphine plugs in but only partially turns the receptor on.
- Naltrexone is like a plug cover that blocks the receptor without activating it. Naltrexone cannot be used until about 7 to 10 days after the last opioid use. It does not treat withdrawal or pain but can reduce or eliminate cravings.

TABLE 1. MEDICATIONS FOR OUD

MEDICATION	BRAND NAMES
Buprenorphine	Sublocade™ (extended-release injection), generics
Buprenorphine and naloxone	Suboxone® (under-tongue film), Zubsolv® (tablets), Bunavail® (cheek film), generics
Methadone	Dolophine®, Methadose, generics
Extended-release naltrexone	Vivitrol® (injection)

[3] Modified from *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update*.

Buprenorphine

What forms does buprenorphine come in?

Buprenorphine comes in different forms: a daily film or tablet that dissolves under the tongue (most common), and an injection.

Sublocade (extended-release injection) is a form of buprenorphine injected under the skin in the abdomen that lasts for a month. It comes in two doses: 300 mg (about the same as 16 to 24 mg of buprenorphine taken daily) and 100 mg (equivalent to 8 to 12 mg of buprenorphine taken daily).

What does buprenorphine do?

- It reduces cravings and relieves withdrawal symptoms.
- It partially blocks the effects of other opioid drugs.
- It can treat current pain caused by major trauma or surgery. Please tell the nurse or doctor treating your pain so they know you are taking buprenorphine.
- It prevents overdose and death.

What are the side effects?

- Taking buprenorphine right after taking other opioids can cause withdrawal symptoms.
- Other side effects include constipation and nausea.

What are the typical dosages?

- Normal dosage is 8 to 24 mg (film or tablet).
- When in film and tablet form, buprenorphine is typically taken once or twice per day.
- Injections are given once every month.

What do I need to know about taking buprenorphine?

- Doses should always be stored safely due to the potential for fatal overdose when taken by others, particularly children.
- Injectable forms must be given by a trained clinician in a medical treatment area and are not dispensed by a prescription to be filled in a pharmacy.

How do I know if buprenorphine is working for me?

- You should not have cravings or withdrawal symptoms.
- You will not feel high or sleepy.

What if I stop taking buprenorphine without talking to my doctor?

- Stopping the medication suddenly will result in withdrawal symptoms.
- Make sure to plan ahead so the medication won't run out.
- Try not to miss scheduled appointments.

Methadone

What does methadone do?

- It relieves withdrawal symptoms and cravings.
- Its effects last longer than other opioids (such as heroin or oxycodone), preventing the cycles of highs and lows.
- Methadone can be taken at the beginning of recovery even before withdrawal symptoms have started.
- It can treat current pain caused by major trauma or surgery.

What are the side effects?

- Sleepiness
- Constipation
- Heart arrythmias (abnormal heartbeat) at high doses (your doctor will monitor for this if needed)
- Tell the doctor if you are taking other medications.

What are the typical dosages?

- To start, 40 mg will usually help with reducing withdrawal symptoms. Next, doses will slowly be increased to decrease craving; these doses tend to be higher than 60 mg a day.
- It may take several weeks to get to a stable dose.
- Methadone is taken once per day in liquid form, but the dosing may change over time.
- The doctor will work closely with you to find the right dose that reduces cravings without causing you to feel drowsy or sedated.

What do I need to know about taking methadone?

- People who are in stable recovery may be provided a supply of medication to take at home. **Take-home doses should always be stored in a locked box** due to the potential for fatal overdose when taken by others, particularly children.
- Do not drive or operate machinery until a stable dose is achieved. This can take a few weeks. Once you are on a stable dose, there are no driving restrictions.
- It is given only at specially licensed treatment centers called opioid treatment programs or OTPs.

What if I stop taking methadone without consulting a doctor?

- Stopping the medication abruptly will result in withdrawal symptoms.
- People taking it must plan to ensure that they have an adequate supply and do not miss scheduled appointments.

Extended-Release Naltrexone

What does naltrexone do?

- Naltrexone works by blocking opioids from acting on the brain. This prevents the effects of taking opioid drugs. It's like a plug cover that blocks the receptor without activating it.
- Naltrexone cannot be used until about 7 to 10 days after the last opioid use.
- Both the pill and injection forms of naltrexone are effective for treating alcohol use disorder.
- It cannot be used to treat current opioid withdrawal.
- It can be used to reduce or eliminate cravings and help prevent you from returning to opioid use.
- It cannot treat pain.
- If you are prescribed pain medications, be sure to tell the doctor that you are taking extended-release naltrexone.

What are the side effects?

- Because it is an injection in the buttock, it can cause swelling and pain.
- Other side effects include nausea and headaches.
- In rare cases, it can cause an abscess or skin infection.

What do I need to know about taking naltrexone?

- Opioid addiction is treated using the extended-release form, and it is injected into the buttocks every 28 days.
- The pill form of naltrexone is not effective in treating opioid use disorder. It is effective for alcohol use disorder.
- Naltrexone cannot be started if other opioids are in the body; if there are, it can cause severe withdrawal.
- Naltrexone has not been shown to be safe during pregnancy, and you may need to stop taking it if you are pregnant or trying to become pregnant.

What is the typical dosage?

- Extended-release naltrexone has only one dose: a 380 mg intramuscular injection.

What if I stop taking extended-release naltrexone without consulting a doctor?

- You will not go through withdrawal.
- You will be at high risk of overdose and death if you return to opioid use.

What should I know when I start medication for opioid use disorder?

- Medication for opioid use disorder helps the brain decrease cravings to use opioids (e.g., heroin, fentanyl, prescription opioids), and it decreases the risk of overdose and death.
- It helps people feel normal.
- Each medication works in a different way and has its own risks and benefits. These should be discussed between you, your doctor and care team, and your counselor. Your decisions regarding medications should be respected.
- Treatment and recovery can help improve your relationships and your quality of life.
- You do not need to be in treatment court to receive medication for opioid use disorder. However, your treatment court team may be able to help you access medication for opioid use disorder if you are having difficulty.
- Medication may start before a full assessment is done or while you are waiting to get into treatment court and begin counseling.
- If you are already in treatment court, it is important to inform the counselor or supervision officer before beginning medication for opioid use disorder so that it can be incorporated into your treatment/case management plan. This will also help you avoid receiving a drug testing infraction, **because unprescribed use of methadone or buprenorphine is an infraction in treatment court**.
- Stopping medication for opioid use disorder quickly leads to opioid craving and may lead to a return to use, overdose, and death.
- **Medication for opioid use disorder can save your life.**

Is medication for opioid use disorder safe?

How safe are these medications?

Each of these medications has a unique way that you start taking them, but once started, they can be taken safely for years.

I had a bad experience the last time I took medication. Will this be the same?

If the first medication does not work well, you can discuss other medication options with your doctor or nurse to find the right medication for your needs.

If taking medication for opioid use disorder is so safe, does it matter where I keep them?

These medications are safe when taken as prescribed by the person for whom they were prescribed, but prescribed medications should never be shared. Medications kept at home must be locked in a safe place to keep them away from children, pets, and people for whom they are not prescribed.

If I was taking medication previously to stop cravings, can I restart even if I have not used in a while?

Yes, but only with a new prescription from your doctor.

Will taking these medications create more addictions down the line?

No; if used correctly, these medications will not create a new addiction. Addiction causes a person's life to be out of control. These medications will allow you to regain control of your life and allow you to do the things that are important to you. If you decide that medications are the right treatment for you, they will help you manage your addiction so you can recover.

Can I take medications while pregnant?

Methadone and buprenorphine have been proven safe and effective for treating opioid use disorder during pregnancy. Naltrexone is not recommended during pregnancy. Talking with a doctor or care team is important to help you find the right medication. If you become pregnant, you should notify your doctor or care team as soon as possible.

- During pregnancy, it is particularly important to immediately start medication treatment with methadone or buprenorphine.
- These medications are safe during pregnancy and breastfeeding.
- Withdrawal during pregnancy can be dangerous for the fetus and puts the woman at risk for returning to use, which also can endanger the fetus.

What happens if I stop taking medication?

If you stop methadone or buprenorphine, it can lead to opioid withdrawal. Stopping naltrexone will not cause withdrawal. Stopping your medication can also put you at risk for opioid overdose and death.

What is opioid withdrawal? What are the symptoms?

- Opioid withdrawal refers to the wide range of symptoms (e.g., irritability, nausea, vomiting, diarrhea, itchiness, anxiety, runny nose) that occur after stopping the use of opioids, including medications like buprenorphine or methadone.
- Using medications to control withdrawal, such as methadone or buprenorphine (also called withdrawal management), is always recommended over trying to quit "cold turkey." These medications can prevent overdose and death if taken as prescribed.
- Cravings increase once medication for opioid use disorder is stopped and can lead to a return to opioid use, which in turn can lead to overdose and death.

What is withdrawal management, and what does it entail?

- Withdrawal management ("detox") is not full treatment for opioid use disorder. It is only one part of the overall treatment plan.
- If you take buprenorphine or methadone for withdrawal management, it is recommended that you continue taking this medication for as long as recommended by your doctor to prevent a return to use.
- Opioid withdrawal should be avoided during pregnancy due to fetal risk and potential for returning to use. Buprenorphine and methadone are safe to take (as prescribed) during pregnancy.

- Any plans to stop taking a medication, change dosage, or switch medications should always be discussed with your doctor or care team and your counselor—**this should be a shared decision**, with all benefits and risks discussed and understood between you and your providers. **No one should mandate or pressure you to stop, reduce, or change your medications**.

What is opioid overdose, and what should I know to be able to prevent it and treat it?

Opioid Overdose Basics

Prescription opioids (like hydrocodone, oxycodone, and morphine) and illicit opioids (like heroin and illegally made fentanyl) are powerful drugs that have a risk of a potentially fatal overdose. Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe. Anyone who uses opioids can experience an overdose, but certain factors may increase risk, including but not limited to:

- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illegally manufactured opioids, like heroin or fentanyl, that could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

If you have not yet fully stopped using, do not give up hope. It often takes multiple attempts before a person can stop using completely and progress on the road of recovery. In the meantime, if you ever use again, here are suggestions to reduce the risk of overdose and other harmful consequences:

- Try not to use alone.
- Have naloxone nearby.
- Have a phone nearby.
- Go slow; if possible, try to get fentanyl strips and test your drugs for fentanyl. Fentanyl is more likely to cause an overdose.
- Do not use shared drug equipment, as it increases the risk of HIV and hepatitis C.
- Talk to the doctor about PrEP (pre-exposure prophylaxis to prevent HIV) if you inject drugs or engage in risky sexual behavior.
- Find out where nearby syringe service programs are.

Signs and Symptoms of an Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It is important to recognize the signs[4] and act fast. Signs include:

- Small, constricted "pinpoint" pupils
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

[4] Source: CDC, *Preventing an Opioid Overdose* Tip Card

It may be hard to tell if a person is high or experiencing an overdose. If unsure, it is best to treat it like an overdose—**you could save a life**.

1. Call 911 immediately.
2. Administer naloxone, if available.
3. Try to keep the person awake and breathing. Perform CPR if the person is not breathing.
4. Lay the person on their side to prevent choking.
5. Stay with them until emergency workers arrive.

It is also important to know what not to do.

- Do not slap or try to forcefully stimulate the person—it will only cause further injury. If shouting, rubbing knuckles on the sternum (center of the chest or rib cage), or light pinching will not awaken the person, they may be unconscious.
- Do not put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- Do not inject the person with any substance (salt water, milk, "speed," heroin, etc.). The only safe and appropriate treatment is naloxone.
- Do not try to make the person vomit drugs they may have swallowed. Choking or inhaling vomit into the lungs can cause death.

How can I get medication for opioid use disorder?

Your treatment court counselor can help you find a doctor who can prescribe medication. This may be a physician, psychiatrist, or nurse. (Please see the Resources section for provider directories.)

What do I need to tell the doctor?

Deciding to seek help is an important early step to recovery. To decide if medication is right for you, the first step is either to meet with a counselor who can connect you to a qualified prescriber or to seek one out yourself. This first meeting is called an assessment. The goal of this meeting is to help the care team understand you and your situation so that they can work with you to develop a treatment plan that best matches your needs.

To avoid health problems, your medical provider must know if you are taking any other medications or if you regularly drink alcohol or use any other drugs. Certain medications and regular alcohol or other drug use can cause major problems with some treatment medications.

Below are some common questions you may be asked by a medical provider:

- How long have you been using alcohol or other drugs?
- What medications are you taking?
- Are there special social or financial circumstances or needs?
- Is there a family history of addiction?
- Are there any mental, emotional, or health problems that you may want help with?

The next step is a complete a physical examination to check your overall health, which includes checking for mental health problems. It also means checking for other conditions that can result from drug use, such as HIV, hepatitis, and other infections, which are important to consider during treatment planning.

The physical examination will include tests to find both health problems and drugs in your body. The most common drug test uses your urine and is called a urinalysis or urine drug screen. If you are in treatment court, you are accustomed to these tests. However, these tests will be performed by

your medical provider. The tests are not to punish you; they are a tool to help your treatment team work with you and help you succeed in treatment.

Treatment Overview

After the assessment, the team will discuss all recommended treatment options with you. Every situation is different. While many of your other treatment court activities (e.g., reporting to court, drug testing, seeing your supervision officer) are determined by the court as outlined in your participation agreement, treatment activities are different. Choosing the best treatment options is a shared decision between you and the treatment team. However, full participation in treatment and other types of recovery support is expected as outlined in your treatment plan.

What is the treatment plan?

After discussing the assessment and treatment choices, it is time to finish your treatment plan. It is common for both you and someone from the team to sign an agreement about what to expect during treatment. This can include treatment goals, which medications are used, treatment and visit schedule, and counseling plan.

The treatment plan **may** also include:

- Counseling groups and individual sessions with a counselor or therapist
  - While counseling will be required while in treatment court, it is not required before you start medication for opioid use disorder. Medication for opioid use disorder can begin before, after, or at the same time as counseling.
- Other mental or physical health needs for which additional medications may be necessary
- Commitment to actively participate in treatment
- Help to prevent and manage returning to use and other safety concerns
- Assistance with housing, jobs, and other life needs

When I start treatment, what is expected of me?

- Treatment or other recovery support will be ongoing, as addiction is a chronic disease. For this reason, you will need to discuss and agree to a treatment plan. The treatment plan should be revisited at various points in your treatment, just as you would with any other chronic illness. You will continue to see the medical provider and participate in counseling, mutual help groups, and other recovery supports based on the agreed-upon treatment plan.
- Expect to be treated with respect and dignity. Your concerns should be considered when starting or changing the treatment plan.
- Common participant responsibilities include:
  - Keeping all your appointments
  - Agreeing to drug testing on a regular basis
  - Taking medications as prescribed
  - Not using any nonprescribed drugs, and if you do, admitting that you have
  - Allowing and encouraging involvement of family and friends

Who needs to know that I'm taking this medication?

- The nurse or doctor providing your medical, mental health, or pain management care should know that you are being prescribed medications for opioid use disorder.
- The treatment court counselor or supervision officer will also need to be informed that medication has begun.

How long is medication treatment?

As with medication for other illnesses that need ongoing treatment like diabetes, hypertension, asthma, schizophrenia, and bipolar disorder, there is no "right" amount of time to take medication for opioid use disorder. Some people will eventually taper off medication. Others will continue to benefit from medication for many years.

How can counseling help?

Counseling can help you:

- Connect with others dealing with addiction and recovery.
- Address life issues that may contribute to or result from your addiction.
- Deal with difficult situations at work or home.
- Manage stress.
- Learn skills necessary to begin and maintain recovery, health, and wellness.
- Confront feelings of inadequacy, guilt, or shame.

While counseling may not be required to maintain your medication, full participation in counseling is required to remain in and successfully complete treatment court. It is important to remember that counseling does not prevent opioid withdrawal and may not be enough to prevent a return to use or death in those living with severe opioid use disorder. This is why medications are an important part of the treatment plan.

How can my family and loved ones help?

- Family members and supportive friends can educate themselves, as they play a key role in enhancing your chances of a long-lasting recovery.
- It is helpful if they remember that places, people, and events associated with addiction may contribute to a return to use. They can help you avoid some triggering situations. For example, they can help by keeping alcohol or drugs out of your presence.
- Sometimes addiction leads us to do things repeatedly that disappoint, harm, anger, or frighten our loved ones. Eventually, we must accept and acknowledge responsibility for that. It may take them time to trust you again. Be patient with them and stay on your recovery journey. If they are not able to give you the support you need right away, find others who can connect with you, encourage you, guide you, and help you keep the promises you make to yourself.
- Your loved ones may need to seek their own counseling and support.

How do I address my use of medication with my peer recovery support group?

- You can speak about medication for opioid use disorder with the group by:
  - Offering this guide to help a member understand better what medications you are taking and why.
  - Talking it over with a sponsor who understands that medications in addiction and mental health treatment may be necessary to establish recovery.
  - Talking it over with a counselor to get support.

- Peer support groups are to be a "safe space" for people who are seeking recovery from addiction. Hopefully, your peers will understand the use of medication to treat addiction and support recovery. If not, you may need to seek out a support group that does understand this.
- You are not required to disclose your use of any medications to your support group if you choose not to.

What should I do if I return to use?

- Your counselor should work with you to develop a plan to prevent and manage a return to use. The plan should include everything you should do if you use again—even once.
- Talk about it right away with someone in your support network and on your treatment court team.
- Show up for drug testing even if you will likely test positive. Admit that you have used even before you are tested.
- This is not a failure. Many people get off track, survive it, and get right back on the road to recovery.
- Continue to work with your counselor and doctor on your treatment plan; together, you may decide to make some changes to prevent further returns to use.

Resources

The following websites provide directories of physicians, nurse practitioners, physician assistants, and treatment agencies specializing in addiction medicine and addiction psychiatry. Most of the websites can be searched by city, state, and zip code to identify providers in a location that is close to you.

- Substance Abuse and Mental Health Services Administration (SAMHSA), Find Treatment: findtreatment.gov/
- SAMHSA, Behavioral Health Treatment Services Locator: findtreatment.samhsa.gov
- American Board of Addiction Medicine, Find a Physician: abam.net/find-a-physician
- American Board of Preventive Medicine, Physician Lookup: certification.theabpm.org/physician-lookup
- American Board of Psychiatry and Neurology, Search for an ABPN Board-Certified Physician: abpn.com/check-physician-status/search-board-certified-physician/
- American Academy of Addiction Psychiatry, Addiction Psychiatrists by State: aaap.org/education/resources/patients/find-a-specialist

Other Resources

- ASAM Definition of Addiction: asam.org/quality-care/definition-of-addiction
- *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update:* asam.org/quality-care/clinical-guidelines/national-practice-guideline
- Centers for Disease Control and Prevention (CDC), *Preventing an Opioid Overdose* Tip Card: cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf

This guide was created by addiction medicine specialists with criminal justice expertise from the American Society of Addiction Medicine (ASAM) and treatment court professionals with addiction treatment expertise from the National Association of Drug Court Professionals (NADCP). It reflects up-to-date, evidence-based information to support good outcomes for individuals living with opioid use disorder.