



Prescription Drug Community Action Kit

Early Intervention Treatment and Recovery

EARLY INTERVENTION

While many people are becoming addicted to and dying from opioid painkillers, it doesn't have to happen. Early identification and intervention can prevent people who abuse opioids from becoming addicted, and treating those already addicted can be very successful.

MOST PEOPLE'S ADDICTIONS DEVELOP IN STAGES:



Once addiction has developed, the brain has suffered chemical and structural changes that make logical reasoning impossible. For that reason, it is ideal to identify and treat problems before the addiction stage. This is called early intervention.

HERE ARE SOME THINGS TO LOOK FOR:

AT HOME

- Often family members may notice a change of behavior before anyone else. If someone is abusing opioids, they may appear more mellow at times and more irritable at other times. They may begin missing meals or family events. Money may start disappearing.
- If a family member is taking opioid painkillers for more than a few days after an injury, you should be concerned. These medications often cause a condition known as hyperalgesia where the body becomes more sensitive to pain. Hyperalgesia results in the consumption of more opioids and can begin the downward spiral to addiction.

AT WORK

- When an employer discovers substance abuse or addiction and refers the employee to treatment, the treatment is more likely to succeed than if an individual self-refers.
- Appropriate drug-free workplace programs can deter abuse and prevent addiction.
- For more information, download the NSC Employer toolkit at <http://safety.nsc.org/rxemployerkit>

AT MEDICAL/DENTAL OFFICE

- Screening, Brief Intervention and Referral to Treatment (SBIRT) is a proven technique for medical offices to identify, prevent, or treat alcoholism. It is unclear if it works as well in opioid dependence, but likely it does in areas where there is a higher incidence of opioid prescribing and abuse.
- TAP 33 is a resource produced by SAMHSA for those who want to learn more, <http://store.samhsa.gov/shin/content/SMA13-4741/TAP33.pdf>

TREATMENT

For those who are addicted, several treatment options exist:

- Detox followed by abstinence
- Detox followed by once monthly shots of naltrexone
- Medicated assisted treatment with buprenorphine
- Medicated assisted treatment with methadone

DETOX FOLLOWED BY ABSTINENCE

This is the least effective of the four treatment options. It can be successful in individuals who are highly motivated and have the resources for residential treatment followed by major changes in their social environment.

Many people who have been addicted have structural and chemical changes of their brain. Some of these changes never return to normal and many will suffer from depression, anxiety, fatigue and drug cravings when abstinent.

DETOX FOLLOWED BY NALTREXONE INJECTION.

Naltrexone is a medication that helps people maintain abstinence. It will block the effects of all opioids. If an individual takes an opioid pain medication, it will have no effect. Naltrexone comes in both pill and injection but is only effective if given as a sustained-release injection once a month.

People must go through detox prior to getting their first shot. That makes this very difficult to use. It is also very expensive; each shot costs about \$1,500.

Naltrexone will not correct the brain changes that have occurred. For that reason, many people getting naltrexone shots will still struggle. It is most successful in those that are highly motivated and have a strong support system. Naltrexone is not impairing and can be used by pilots and other professionals.

MEDICATION ASSISTED TREATMENT (MAT) WITH BUPRENORPHINE OR METHADONE

MAT with both buprenorphine and methadone are the most effective treatments for opioid addiction. Both medicines are opioid-type medications but this is not trading one addiction for another. When prescribed appropriately, individuals on these medicines do not feel high. In fact, they feel normal. Because these medications address some of the chemical imbalance in the brain, people do not have as much depression or anxiety, and they do not have drug cravings. Buprenorphine and methadone also prevent most of the effects of opioid painkillers.

Methadone is somewhat stronger than buprenorphine and must be provided through a certified methadone clinic. Buprenorphine can be prescribed by physicians with special certification.

More information about these medications are available at:

- MAT
<http://www.samhsa.gov/medication-assisted-treatment>
- Buprenorphine
<http://www.samhsa.gov/buprenorphine-information-center>
- Methadone
<http://dpt.samhsa.gov/medications/methadone.aspx>



RECOVERY

Recovery is the ongoing treatment stage of opioid addiction. Individuals in early recovery face major challenges as they try to get their lives back on track. It is very important that communities support those in recovery. Consider sponsoring a community-wide event. Getting back to work or becoming involved in the community is an important part of treatment. The support of family and friends is also very important.

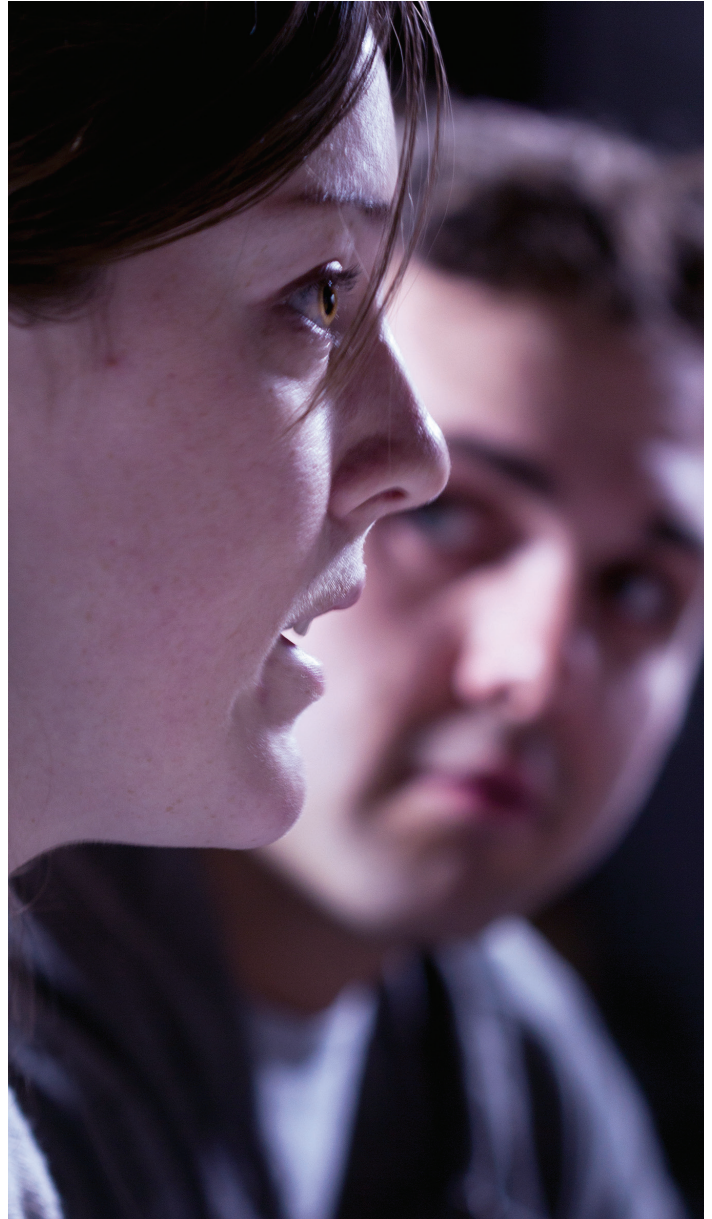
DEFINITIONS:

Detoxification (detox)

is when someone stops taking an opioid and subsequently goes through withdrawal. Withdrawal symptoms are extremely uncomfortable but are not life-threatening. Symptoms may last 21 days or more.

Abstinence

from opioids means avoiding the use of opioids even if they are prescribed.



HELPFUL RESOURCES

Learn more about recovery and community action here:

<http://www.samhsa.gov/recovery>

<http://manyfaces1voice.org/>

<http://www.facesandvoicesofrecovery.org/>

