

HEROIN, FENTANYL & OTHER OPIOIDS

A Comprehensive Resource for
Families with a Teen or Young Adult
Struggling with Opioid Use



INTRODUCTION

Fueled by drugs like heroin, fentanyl and the misuse of prescription pain pills, the opioid epidemic in our country has impacted countless families.

We created this guide because we want parents and families like yours to know what opioids are and to understand the risks associated with their use. We want you to be prepared with the knowledge and skills to spot early use and to take action effectively.

We know that if your son or daughter is actively using opioids, you may be experiencing many negative emotions and concerns. We want you to know that you are not alone in this struggle.

We hope that the information and resources in this guide will move you and your child in the direction of greater well-being and health.



Substance use disorders don't discriminate. They affect the rich and the poor, all socioeconomic groups and ethnic groups. They affect people in urban areas and rural ones. Far more people than we realize are affected. It's important for us to bring people out from the shadows, and get them the help that they need."

Dr. Vivek Murthy
Former U.S. Surgeon General

WHAT'S INSIDE THIS GUIDE

KEY TAKEAWAYS	4
WHAT ARE OPIOIDS?	5
How Do Opioids Affect the Body?	6
What Makes Them So Dangerous?	6
HOW DID THE “OPIOID EPIDEMIC” HAPPEN?	8
How Does Dependence on Rx Pain Relievers Turn into Heroin or Fentanyl Use?	9
How Do Kids Get Started with Opioids?	11
What Are The Risks of “Early Use” (Whether Prescription or Recreational)?	12
WHAT STEPS CAN I TAKE TO PROTECT MY CHILD FROM MISUSING OPIOIDS?	13
Address Risk Factors	13
Talk to Your Child About the Risks	14
Seek Non-Opioid Alternatives for Managing Pain for Injury	17
Monitor, Secure and Dispose of Prescription Opioids in Your Home	18
How Can I Find Out If My Child Is Using Opioids?	19
WHAT CAN I DO IF MY CHILD IS ALREADY ACTIVELY MISUSING OPIOIDS?	21
Ensure Safety First	21
Get Your Child an Evaluation to Determine What Kind of Care Is Needed	21
Learn About Detox in a Medical Setting	22
Treatment Locator Services	23
Suggest Treatment to Your Child	23
Listen for “Change Talk”	24
Provide Incentives and Use Leverage	25
Know the Realities of Getting Your Child into Treatment	26
Ensure High-Quality Treatment for Your Child	29
Explore Medication-Assisted Treatment (Anti-Craving Medicine)	31
Understand Health Insurance & Paying for Treatment	31
Help Prevent an Overdose	32
Know the Signs of an Overdose	33
Take Action if You Suspect an Overdose	34
Learn How to Administer Life-Saving Naloxone (Narcan)	35
Encourage Your Child to Take Precautions to Reduce Risk of Harm	36
Practice Self-Care – It’s Not Just for Yourself	39
Prepare for ‘Continuing Care’ and Know Why It’s Essential	42
Understand the Potential for Relapse After Treatment	44
A Word on Hope	46
GLOSSARY OF TERMS	47
RESOURCES: Additional Help from the Partnership for Drug-Free Kids	51

KEY TAKEAWAYS

There's a lot of information provided in this eBook and we realize it might be overwhelming for some parents and caregivers. So, here are seven key takeaways to keep in mind in case you don't have time to read through the whole eBook.

- 1. Have on-going conversations** with your teen or young adult about the risks of substance use, especially opioids (i.e., prescription pain medications like Percocet® and Vicodin®, as well as heroin). ➔ [See page 14](#)
- 2. Seek non-opioid alternatives to manage your child's pain** from any injuries, dental work or other situations requiring pain management. ➔ [See page 17](#)
- 3. Monitor, secure and properly dispose** of any prescription pain medications in your home. While it may be tempting to keep pain medications "just in case you might need them," the safer course of action is to dispose of all expired or unused medication since family and friends are the primary source of prescription pain pills. ➔ [See page 18](#)
- 4. Know the signs of opioid misuse** such as pinpoint pupils, fatigue, weight loss, drug paraphernalia, wearing long sleeves, etc. ➔ [See page 19](#)
- 5. Get an evaluation to determine your treatment options** if your child is misusing opioids including medications. Comprehensive, evidence-based treatment works — the earlier you intervene and take action, the better. ➔ [See page 21](#)
- 6. Get and know how to use Naloxone (Narcan®)** as a precautionary measure against overdose. ➔ [See page 35](#)
- 7. Practice self-care** which may include your own counseling and attending a support group. You are your child's best advocate and your resiliency matters. ➔ [See page 39](#)

WHAT ARE OPIOIDS?

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl and prescription pain relievers such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®, Percocet®), oxymorphone (e.g., Opana®), morphine (e.g., Kadian®, Avinza®), Tylenol® with codeine and more. Opioids have been used for hundreds of years to address pain and, since the 1990’s, to treat chronic pain. Pictured in the following table are some of the more common opioids along with brand names and slang terms:

COMMON OPIOID	BRAND NAMES OR SLANG TERMS	COMPONENTS	APPEARANCE
Prescription Pain Relievers (Opioids) 	OxyContin®, Percocet® and Vicodin®	Pain-relieving drugs either naturally derived from poppy flowers or lab-made, semi-synthetic substitutes.	Primarily tablets and capsules.
Heroin 	Big H, Black Tar, Brown sugar, Dope, Horse, Junk, Skag, Smack, China White, H, White Horse	Heroin is a highly addictive drug derived from morphine, which is obtained from opium poppy plants—otherwise known as an ‘opioid.’	White to dark brown powder or tar-like substance.
Fentanyl & Other Synthetic Opioids 	China Girl, China White, Murder 8, Tango and Cash, Pink	Fentanyl and similar compounds like carfentanil are powerful synthetic opioids 60 to 100 times more potent than morphine. It shows up in illicit forms that are frequently combined with heroin, cocaine and other street drugs, and carries a high risk of overdose and fatality.	Non-pharmaceutical, illicit forms of synthetic opioids are sold as a powder; spiked on blotter paper; mixed with or substituted for heroin; or as tablets that mimic other, less potent opioids.
Morphine 	Duramorph, M, Miss Emma, Monkey, Roxanol, White Stuff	Morphine is an opiate, derived from the poppy plant. It is classified as a narcotic and is commonly prescribed to manage pain.	Morphine is commonly available in the form of a tablet, syrup, injection or as a suppository. Depending on its form, morphine may be injected, swallowed, or even smoked.
Opium 	Aunti Emma, Black Pill, Chandoo, Dover’s Powder, Dream Stick, Easing Powder, Gee, Gondola, Goric, Guma, Midnight Oil, Mira, Pen Yan, Pin Gon, Pox, Skee, Toxy, When-shee, and Zero	An opioid or narcotic, made from the white liquid in the poppy plant.	Typically, opium is found as a black or brown block of tar like powder. It is also available in liquid and solid.

How do Opioids Affect the Body?

Opioids act on opioid receptors located in the spinal cord, brain and other parts of the body to reduce the body's perception of pain. In addition to relieving pain, opioids can also stimulate the brain's reward regions, creating a sense of euphoria and well-being, which is thought to be a contributing factor for potential misuse and addiction.

In addition to relieving both physical and emotional pain, use of opioids can lead to:

- constipation
- nausea, vomiting and dry mouth
- drowsiness and dizziness
- confusion
- depression
- low levels of testosterone that can result in lower sex drive, energy and strength
- increased sensitivity to pain
- itching and sweating
- tolerance — needing to take more of the medication for the same pain relief
- physical dependence — having symptoms of withdrawal when the medication is stopped
- Opioid Use Disorder (OUD) — a medical diagnosis related to mild, moderate or severe reliance on opioids

**ADDITIONAL
LEARNING:**
[Brain Development,
Teen Behavior and
Preventing Drug Use](#)

What Makes Them So Dangerous?

When taken as prescribed by a doctor and for a short period of time, opioid pain relievers are generally safe for most (but not all) people. Because pain relievers produce a sensation of euphoria and well-being, in addition to pain relief, some people

take them for longer periods of time and increase the dosage in order to not only reduce pain, but to achieve the euphoric effect that they experienced when they initially started taking them.

These medications can be misused in several ways:

- Taken in larger quantities or administered in a way other than prescribed (i.e. snorted or injected)
- Taken without a doctor's prescription
- Used with other medications, drugs or alcohol that can depress breathing

When these medications are misused, the risk of overdose increases because they depress the body's respiratory system to dangerous levels. Taking opioids with central nervous system depressants like alcohol, sleeping pills or benzodiazepines (i.e. Xanax®, Klonopin®), can further increase the risk of an overdose and death.

Over time, a person engaged in problematic opioid use who has developed a high tolerance for opioids will need them just to feel normal. They feel they have to use opioids even though they may no longer get any pleasure from doing so and worse, experience withdrawal when they don't use them.

Withdrawal means feeling sick from lack of opioids if the body is dependent on them. Symptoms can include diarrhea, vomiting, fatigue, cramping, anxiety and severe sweating. Some people describe it as similar to having a severe case of the flu.

In cases where an individual has stopped using opioids for a period of time due to detox, treatment, incarceration or other reasons resulting in abstinence, tolerance will be much lower. If the person resumes taking opioids at the level they were accustomed to, he or she will be at high risk for an overdose.

HOW DID THE “OPIOID EPIDEMIC” HAPPEN?

The opioid epidemic refers to the dramatic increase in the use of both prescription (Rx) and non-prescription opioids in the United States, and the subsequent exponential increase in the number of overdose deaths from that use. It was a “perfect storm” beginning in the 1990’s when doctors wanted to address chronic pain experienced by cancer patients and others. Pharmaceutical companies introduced opioid pain relievers with the approval of the FDA and aggressively marketed them as non addictive.

During this same time, the pain scale was introduced as the “fifth vital sign,” asking people to report their subjective pain experience on a scale of “none” to “intolerable.” Doctors began prescribing opioids to address the patients’ perception of pain, even though there was little evidence that these drugs were effective when taken long term. In addition, these medications were also preferred by insurance companies over other more costly treatments for chronic pain like biofeedback, physical therapy and massage.

As a result, doctors began to prescribe more opioids, not only for chronic pain, but also for acute pain related to injuries and dental procedures. This meant more pills were available to be diverted (to another person for any illicit use) or misused (used in a way other than prescribed or without a prescription). Many people who took the medications as prescribed found themselves dependent on opioids, and would ask for refills. If the doctor refused to write another refill, patients turned to other sources including “pill mills” (clinics where they could easily get an opioid prescription) or “doctor shopping” (going to multiple doctors to get many prescriptions).



I used to drink a six-pack of beer or more which left me feeling bloated and hungover the next day. Then my friend gave me an Oxy he took from his grandma’s house – it was a good high with no hangover, but after a while, I got hooked – it was miserable.”

Andy
22 year-old in recovery

While many people who were legitimately prescribed these medications became addicted, others began using opioids for recreational purposes or to self-medicate, as a way to address uncomfortable emotions and problems. This was more likely to be true of teens and young adults who were already using marijuana and alcohol. Although untrue, many people using opioids recreationally perceived the risk as lower than heroin, due to the fact that these pills were often legally obtained, made in a lab and prescribed by a doctor.¹

How Does Dependence on Rx Pain Relievers Turn Into Heroin or Fentanyl Use?

While steps have been taken to curb access to opioid-based pain relievers, the epidemic continues, fueled by heroin and fentanyl. There are a few factors contributing to the rise of heroin and fentanyl: changes in prescription opioid availability, the purity of heroin and economics.

Many efforts are underway to address the opioid crisis including educating doctors on addiction, the risks associated with opioids and pain management options available that do not include opioids. Additionally, prescription drug monitoring programs have helped to reduce “doctor shopping.” Changes have been made to prescribing guidelines by the CDC and others, and law enforcement has cracked down on and prosecuted “pill mill” operators. Further, consumers have been advised to [safeguard and safely dispose of medications](#). The net result is that there are fewer prescription pain relievers available for misuse and diversion.

As tolerance grows, meaning that a person needs more prescription pain pills to achieve the same effect, the expense associated with paying for the pills and finding doctors who are

ADDITIONAL LEARNING:

[Watch our video “Epidemic”](#)

¹ <https://doi.org/10.1542/peds.2015-1364>

willing to prescribe enough of them has become more difficult — in large measure due to the actions explained previously. Prescription painkillers and heroin are both opioids, but heroin is much cheaper and often easier to obtain than painkillers. For example, in some parts of the country, a prescription pain pill can cost \$30, while a bag or fold of heroin can be \$4.

In addition to economics, heroin is relatively pure, so it can be snorted rather than injected. For many people, the thought of using needles made heroin prohibitive, but that’s no longer the case. They can achieve similar highs through snorting or smoking opioids.

More than half of young people who inject heroin start by using prescription drugs.

Many overdose deaths are now being driven by heroin laced with fentanyl, a synthetic opioid, or similar compounds which are even more powerful and deadly. Fentanyl is extremely dangerous, as it’s 50 to 100 times more potent than morphine. It is relatively cheap to produce, so its presence has been increasing in illicit street drugs. Deaths from fentanyl and other synthetic opioids (not including methadone), rose a staggering 72 percent in just one year, from 2014 to 2015.

According to a report from the Office of National Drug Control Policy, evidence suggests that fentanyl is being pressed into pills that resemble OxyContin®, Xanax®, hydrocodone and other sought-after drugs, in addition to being cut into heroin and other street drugs. Someone buying illicit drugs may think they know what they’re getting, but there’s a very real risk of it containing fentanyl, which can increase the risk of overdose.

How Do Kids Get Started with Opioids?

Teens and young adults get started on opioids in one of three ways:

- a legitimate prescription from a doctor
- self-medicating to escape painful emotions or problems
- recreationally

Opioids may be prescribed to teens to treat certain illnesses and severe pain — such as pain from dental surgery or serious sports injuries. A [2017 study](#) found most teens who misuse prescription opioids first received the medicine from a doctor. The researchers found a strong link between teens taking opioids for medical reasons and later taking them for nonmedical reasons.

Some teens and young adults believe that because an opioid is prescribed by a doctor, it must mean it’s safe. But there are many short- and long-term consequences of taking opioids in a way that is not prescribed by the doctor — particularly becoming addicted and risking overdose.

Two-thirds of teens who report misuse of prescription medicine are getting it from friends, family and acquaintances, often taking it directly from household medicine cabinets. Some young people share prescription medicines among themselves — handing out or selling their own pills or those they’ve acquired or stolen. A small number of teens say they get their prescription medicine illicitly from doctors, pharmacists or over the internet.

What Are the Risks of “Early Use” (Whether Prescription or Recreational)?

Research shows that the younger someone starts using drugs, the more likely they are to become addicted and suffer serious social and medical consequences. This is in part because drugs affect the brain, and the brain is still developing until early adulthood, so drugs may change the normal developmental pattern.

In addition, people who use drugs when they are very young often have other problems that may have contributed to their substance use in the first place. For example, they may have difficult family situations, have experienced trauma or bullying or have other mental health problems such as depression, anxiety or ADHD.

While substances are often used to cope, they can interfere with success in school, in sports, and in relationships with friends and family. They take a toll on physical and mental health, creating even more problems. Drug use doesn't happen in a vacuum — it addresses a need, whether it's to fit in socially, escape problems, help with sleep, tackle boredom, for thrill-seeking and more.



The teen years are an extremely vulnerable period when an individual starts using and experimenting with drugs. Drugs can hijack the brain and overpower the brain biochemically and make it very difficult for a person to resist impulses and to stop that habit.”

Ken C. Winters, PhD
Senior Scientist
Oregon Research Institute and
Adjunct Faculty
Department of Psychology
University of Minnesota

WHAT STEPS CAN I TAKE TO PROTECT MY CHILD FROM MISUSING OPIOIDS?

Let your child know that you care about them, and that's why you want to have a conversation about the dangers of prescription pain pills, heroin and other opioids. Here are some steps to take to protect your child from developing an opioid use disorder.

Address Risk Factors

There are certain factors to watch out for that may put your child at a greater risk for addiction. It is important to keep in mind that **risk factors do not determine a child's destiny** — instead, they provide a general gauge as to the likelihood of drug use or susceptibility to addiction. Understanding risk factors is also very important when a child has already experimented with substances like alcohol and marijuana because he or she may be more susceptible to trying opioids.

- **Family history** of drug or alcohol problems can place a child at increased risk for developing an addiction to opioids. While there is a stronger biological risk if a child's parent(s) have addiction problems, he or she is still at an elevated risk if an aunt, uncle, grandparent or cousin has an addiction or is in recovery.

If there is a history of a dependence or addiction in your family, you should let your child know since he or she is at a higher risk for developing a substance use problem. Discuss it in the same way you would if there was a family history of a disease like diabetes.

- **Mental health problems** like depression, anxiety or Attention Deficit Hyperactivity Disorder (ADHD), place a child at more risk for a substance use problem. Although

not all young people with these disorders will develop a substance use problem, the chances are higher when they have difficulty regulating their thoughts and emotions. It is a good idea to talk with your health care providers about the connection between psychiatric conditions and substance use. Managing and treating underlying psychiatric conditions, or understanding how emotional and behavioral problems can trigger or escalate a substance use problem, is important for reducing risks.

- **Traumatic events** (such as witnessing a car accident, experiencing a natural disaster, being a victim of physical or sexual abuse, etc.) have been shown to increase the risk for substance use problems later in life. Therefore, it is important for parents to recognize the possible impact of trauma on their child and get help for their child to address the issue.
- **Impulse control difficulties** and/or engaging in risky behaviors are often correlated with substance use. If this is the case with your child, it's helpful to have conversations about the consequences of his or her actions, to reinforce times when your child demonstrates control or chooses safety over risk and to teach mindfulness skills. Professional counseling may also be helpful in either individual or group settings.

Talk to Your Child About the Risks

Having meaningful, ongoing conversations about substance use, and especially opioids, is an essential part of helping to keep your son or daughter healthy and safe. Here are a few tips on how to foster mutual understanding and break through communication barriers so that you and your child can feel more connected to one another.

Choose a good time and place. Look for opportunities to talk when both you and your child are most receptive. While it may be tempting to start a conversation when your child is rushing off to school or work, it is not ideal. Some parents find taking a walk, going for a drive or working on chores together are good times for conversations.

Use active listening. Be curious as to what your teen or young adult thinks about substance use.

- **Open-ended questions** like “What do you think motivates kids to take pain pills recreationally?” or “What causes people to overdose?” are questions that ask your child to elaborate as opposed to giving one-word answers.
- **Reflect back what you hear** to let your child know you heard what was said. Reflections do not mean that you necessarily agree, but that you understand what your child was trying to convey. (Example: “You’re concerned that some of the guys at your school are drinking and taking pain pills.”)
- **Use “I” statements to express yourself** without your child feeling judged, blamed or attacked. Describe his or her behavior, how you feel about it, how it affects you and what you would prefer him or her to do. (Example: saying “I’m upset when you borrow my car and use all of the gas. Please fill it when it gets to a 1/4 tank.” instead of “What’s the matter with you? Do you have any idea how ticked off I am when I’m trying to get to work on time in the morning and have to stop to get gas? Do you ever think about anyone other than yourself?”)

Understand your influence as a parent. Teens say that when it comes to drugs and alcohol, their parents are the most important influence. Clearly communicate that you do not want

him or her misusing prescribed medications, taking anyone else's medications and using alcohol and drugs. Talk about the short- and long-term effects drugs can have on his or her mental and physical health, safety and ability to make good decisions.

Ask your child what might happen if he or she does try to experiment with opioids. This gets your child to think about the future, what his or her boundaries are around substance use — and some possible negative consequences. (Example: “It’s not worth the risk to get kicked off the team and ruin my chances for a scholarship by partying with pain pills.”)

Share stories. Stories can be powerful teaching tools — whether it’s people struggling with opioid use, [people in recovery](#) or [loved ones lost to overdose](#). Explain that this epidemic can affect anyone, from all walks of life. Ask your child his or her thoughts and feelings after reading the stories or hearing them in the news – especially about opioids.

For example:

- *What have you heard about opioids?*
- *What do you know about them and how addictive they are compared to other substances?*
- *Does anyone in your school take or sell pills? Do any of your friends?*
- *Have you ever been offered a pill? If so, what did you say? If not, what would you say?*
- *What are the signs of an overdose? What would you do if you witnessed someone overdosing?*

Offer empathy & support. Let your child know you understand. The teen years can be tough. Acknowledge that everyone struggles sometimes, but substances are not a useful or healthy way to cope with problems, no matter how normalized they may seem. Remind your child that you are always there for support

and guidance — and that it's important to you that he or she is healthy, happy and makes safe choices.

Seek Non-Opioid Alternatives for Managing Pain for Injury

You might do all you can to help your teen or young adult avoid opioids, but when you take them to the emergency room for a broken bone or other injury, they may receive a prescription for an opioid painkiller. Your son or daughter may also receive an opioid prescription after dental surgery. Ask your healthcare provider whether there are any alternatives to ease the pain that don't involve opioids. Some pain-relief alternatives may include:

- **Non-steroidal Anti-inflammatory Drugs (NSAIDs):** These drugs, which include ibuprofen (Advil®, Motrin®) and naproxen (Aleve®) reduce swelling and soreness. They are often used alone for mild to moderate pain.
- **Acetaminophen:** Used alone, acetaminophen (Tylenol®) is often effective in treating headaches, fever and minor aches and pains, but does not reduce the inflammation and swelling that can accompany a muscle sprain.
- **Local Anesthetics:** These can block pain in a small area of the body. They are given in a shot (or multiple shots) near your surgical incision, or as an epidural through a small tube in your back.
- **Alternative approaches:** Acupuncture, physical therapy, biofeedback, massage and hypnosis, can be used to reduce the need for opioids.²

Communicate your concern to the medical professional and don't be afraid to speak up on behalf of your teen or young adult.

² <https://www.nytimes.com/2016/06/14/health/pain-treatment-er-alternative-opioids.html>
<http://orthoinfo.aaos.org/topic.cfm?topic=A00650>
<http://www.npr.org/sections/health-shots/2017/02/26/513865623/dentists-work-to-ease-patients-pain-with-fewer-opioids>

Monitor, Secure and Dispose of Prescription Opioids in Your Home

Sometimes you can't avoid it, and an opioid is prescribed to someone in your home. How do you ensure that it's not misused or abused? There are three easy steps you can take.

Monitor

Start by taking note of how many pills are in each of your prescription bottles or pill packets, and keep track of refills. This goes for your own medicine, as well as for other members of the household. If you find you need to refill prescriptions more often than expected, that could indicate a problem.

If your teen or young adult is the one who has been prescribed a medication, be sure you control and monitor dosages and refills, and be vigilant about it.

Make sure your friends, parents of your son's or daughter's friends, neighbors and relatives — especially grandparents — are also aware of the risks. Encourage them to regularly monitor the medicines in their own homes.

Secure

If possible, keep all medicines, both prescription and over-the-counter, in a safe place, such as a locked cabinet your child or your child's friends cannot access. Spread the word to other households that your son or daughter may have access to, and encourage them to secure their prescriptions as well.

Dispose

The ideal way to safely dispose of expired or unused medicine is by participating in a safe drug disposal program. This includes a

drug take-back day, a drug deactivation bag or a drug mail-back program. To find a take-back location or event near you, visit the [American Medicine Chest Challenge](#) or the [DEA website](#).

If none of these options are available to you, unused medicine can be disposed of at home as a last resort. To prevent teens and young adults from retrieving discarded prescription medicine from the trash, mix the medicine with an undesirable substance, such as used coffee grounds or kitty litter, and discard. Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.

To help prevent unauthorized refills, be sure to remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.

How Can I Find Out If My Child Is Using Opioids?

Figuring out if your child is using opioids or other drugs can be challenging as some of the signs and symptoms may look like typical teen or young-adult behavior or they may look like a mental health issues. That said, there are physical and behavioral signs to look for in addition to recognizing actual drug use.

Common physical signs to look for:

- Fatigue and drowsiness, changes in sleep patterns
- Pinpoint pupils, dark circles under the eyes
- Rapid weight loss
- Deterioration of hygiene or personal appearance
- Health complaints such as being constipated or experiencing nausea



I thought my son had bipolar disorder, only to find out he was using opiates and cocaine.”

Maria M.
Parent

Common physical signs to look for:

- Isolating from family and friends and/or change in friends
- Skipping school or work, drop in grades or performance
- Lack of interest in hobbies and recreational activities
- Mood changes such as agitation, increasing depression or anxiety
- Asking for more money for questionable reasons or missing money or valuables
- Wearing long-sleeved shirts in warm weather (associated with IV use)

Obvious signs to look for:

- Missing prescription medications
- Empty pill bottles
- Prescriptions filled at the pharmacy that you weren't aware of
- Small bags or folds often marked with names like “Crazy Horse” or “Superman”
- Paraphernalia used to prepare opioids for consumption including:
 - syringes or hypodermic needles
 - shoelaces, piece of rubber hose or string
 - bottle caps and kitchen spoons
 - cotton balls
 - cigarette filters
 - aluminum foil
 - lighters or candles
 - straws



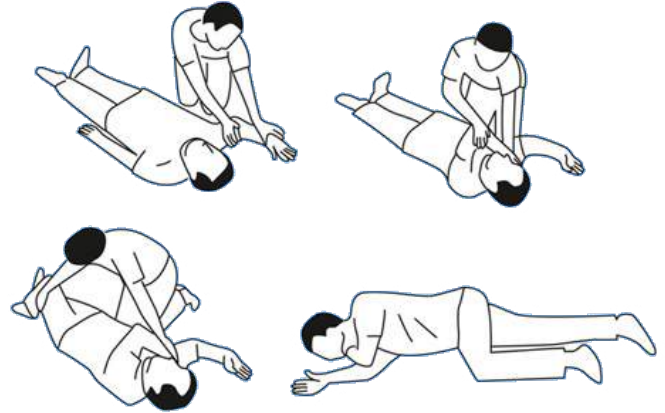
My son kept complaining of stomach pain and so I took him to his pediatrician who couldn't find anything wrong. We finally went to a specialist thinking it might be irritable bowel syndrome. I was so shocked when he told me my son's problems were from opioid use.”

Maribeth D.
Parent

Take Action if You Suspect an Overdose

1. Call 911

If you suspect an overdose and your loved one is unresponsive, call 911. If you must leave the person alone to make the call, **put them in the recovery position** (see image to the right) — on their side with the bottom arm under the head and top leg crossed over the body to avoid aspiration (vomit that blocks their airway). Give the address or location and as much information as you can (i.e., unconscious, not breathing, drugs used, etc.).



2. Administer Naloxone

Note that Naloxone is only effective in the case of an opioid overdose. However, if you are unsure of the substance(s) involved, it's best to err on the side of caution and administer it. Naloxone is not known to cause any harm in the case of a non-opioid overdose.

3. Conduct Rescue Breathing

If the person has labored breathing or is not breathing at all, it is vital to conduct rescue breathing. Tilt the head back, pinch the nose closed and give one slow breath every five seconds until the person resumes breathing on their own or until the paramedics arrive. Watch to see that their chest rises and falls with each breath.

4. Comfort and Support

Once the person is breathing on their own, place them in the recovery position until paramedics arrive. Comfort the person as he or she may be confused, upset and going through withdrawal (feeling sick from lack of opioids if their body is dependent on them) when revived. Do not allow them to use drugs.

5. Aftermath of an Overdose

Once your loved one has been stabilized, this may be an opportunity to suggest detox and treatment.

Learn How to Administer Life-Saving Naloxone (NARCAN®)

Naloxone (brand name NARCAN®) is a medication that reverses an overdose and administered as a nasal spray or via injection. Here are the four options:

EVZIO® (naloxone HCl injection)

The auto-injector administers a single dose of Naloxone with a retractable needle. To use, place the black end against the middle of the person's outer thigh, through clothing (pants, jeans, etc.) if necessary. Then press firmly and hold in place for five seconds. For extra reassurance, the device has a voice recording that provides step-by-step instructions, including letting you know once it's okay to stop applying pressure and remove from the person's thigh.

NARCAN® Nasal Spray

NARCAN® Nasal Spray is very easy to use. There is nothing to assemble and each package comes with two devices pre filled with a single dose each. Simply hold the device with your thumb on the bottom and your first and middle fingers on either side of the nozzle. Gently insert the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose. Once in place, press the plunger firmly to spray the entire dose of Narcan into one nostril. There is no need to spray into both nostrils.

→ Luer-Lock Nasal Atomizer

This nasal atomizer is a pre-filled cartridge of Naloxone. The white cone nosepiece is sold separately. If you cannot get the nosepiece from your drug store, it can be ordered from a number of medical supply companies without a prescription. Once the atomizer and capsule are fully assembled, insert the nosepiece into the person's nostril. Give a short vigorous push on the end of capsule to spray into the nose, using one half of its contents in each nostril.

→ Injection Via Syringe

An injection into the muscle of the upper thigh or upper arm is a common way to administer. Many Naloxone kits come with a syringe and a vial or a pre-filled cartridge of Naloxone. The shot can be administered through clothes.

Talk to your pharmacist about the proper dose for Naloxone. 0.4 mg/mL is commonly recommended. A second dose of 0.4 mg/mL is sometimes needed if the first dose does not reverse the overdose and restore breathing.

Encourage Your Child to Take Precautions to Reduce Risk of Harm

While your goal is to help your child stop using opioids, there are techniques you should know about to reduce the risk of harm if she or he is still using them.

→ Have a Safety Plan.

While not endorsing the use of substances, it's important to accept the reality of it and focus on reducing harmful consequences. Discussing a safety plan with your son or



When you are the parent of someone using drugs, you are so busy trying to get them to stop that you don't give advice on how to stay alive while they are using."

Robin Elliott
Parent

daughter as a precautionary measure can help reduce those opportunities for accidental overdose. A safety plan can contain the advice listed below, as well as letting your child know that you care and you want to stay involved in their life in a positive way.

Get Naloxone for both you and your child.

As mentioned on [page 35](#), Naloxone is a life-saving medication that can stop an opioid overdose. You should always have Naloxone available to both you and your child, just in case, as you would a first-aid kit. It can be purchased at most pharmacies or acquired through community organizations offering training and free kits.

Educate your child about the risks of overdosing due to lowered tolerance.

If your son or daughter is abstinent from using opioids for any period of time, regardless of the reason, they are at greater risk of overdosing, as their tolerance isn't what it once was. A change in tolerance can happen as a result of detoxing, completing a treatment program, periods of incarceration, illness, prematurely discontinuing certain forms of medication-assisted treatment or simply choosing not to use substances. As a result, your child's "usual" dose could be life-threatening. It's important to have ongoing conversations about the risks associated with lowered tolerance as part of your overall safety plan.

Warn your child about combining opioids with other substances.

People who use opioids often do so in combination with other substances such as stimulants (i.e. Adderall®, cocaine, meth) and depressants (i.e. benzodiazepines, alcohol, sleep medications),

placing them at greater risk of an overdose. In combination, these substances can tax the heart and/or the respiratory system, greatly compromising your child's health. Be sure your child is aware of these dangers.

Emphasize the dangers of Fentanyl.

Make sure your child knows about [Fentanyl](#), a drug that is 50-100 times more potent than morphine and can be deadly. Because it is relatively cheap, it is often mixed in with heroin and pressed into what is perceived to be prescription pain pills.

Encourage your child to avoid using opioids alone, as no one would be available to help if needed.

If all else fails and an overdose occurs, it's primarily going to be up to those present to do something to help. If your child is the one experiencing distress, people around him or her must be able to recognize the signs of an overdose — especially unresponsiveness, slow or erratic breathing and blue lips and fingertips — call 911 and administer Naloxone. Encourage your son or daughter to surround him- or herself with trustworthy people who understand that [Good Samaritan](#) laws offer protection in most states should something go wrong. Teach your son or daughter to do the same for others.

Practice Self-Care – It’s Not Just for Yourself

As a parent or caregiver, it’s not unusual to be consumed by your child’s struggle with opioids. You may be experiencing a myriad of [negative emotions](#) including fear, anger, resentment, shame and guilt. You may feel isolated, unable to talk to anyone who understands what is happening in your family, or staying at home waiting for “the next shoe to drop.” Some parents report being unable to sleep or focus at work as their thoughts are consumed by their child’s situation. You may not be on the same page as other family members as to what to do. Understandably, feelings of helplessness and hopelessness can set in.

So what can you do?

Remember to take care of yourself.

The idea of self-care may make you roll your eyes and ask, “*You want me to do something enjoyable for myself when my world is crumbling around me?*” Yes. And we aren’t the only ones.

According to Dr. Barbara Fredrickson, principal investigator of the Positive Emotions and Psychophysiology Laboratory at the University of North Carolina, self-care increases positive emotions like joy, gratitude, hope and serenity:

“When people increase their daily diets of positive emotions, they find more meaning and purpose in life. They also find that they receive more social support — or perhaps they just notice it more, because they’re more attuned to the give-and-take between people.”

“They report fewer aches and pains, headaches and other physical symptoms. They show mindful awareness of the present moment and increased positive relations with others. They feel more effective at what they do. They’re better able to savor the good things in life and can see more possible solutions to problems. And they sleep better.”

When you feel better and more optimistic, you’re better able to handle things. You can think, plan and act more effectively. You’re able to use your best judgment and problem solve better. This is so important, because when you feel depleted from your child’s struggle, it’s easy to react and make snap decisions instead of taking time to think things through.

In addition, self-care can make you more resilient, meaning you can adapt and roll with life’s ups and downs better, without falling into despair or getting angry when your child has a setback.

Self-care allows you to model healthy behavior and coping skills for your son or daughter. For example, if you come home from work, tell your child that it was a really stressful day and then go for a walk or take a hot shower to relax, you are modeling a healthy way to deal with life’s challenges.

This may sound difficult, but give it a try. Remember that your worry is not a proxy for the love you feel for your child, so try to take a break from worrying, however short or long. Staying in the present moment can be helpful — instead of fixating on “what if.”

Some people find it helps to connect with the present moment by using their senses. Take a few deeper breaths and then focus on what you can smell, feel, hear, touch and see



I used to have small panic attacks just going to the mailbox because I was so worried that there would be more letters from the court about my son’s legal charges related to his opioid use. Then my Parent Coach suggested I try something different to address this trigger. It dawned on me that someone else in the family could get the mail, or I could set up a P.O. box for him. Just thinking that there were options was a relief.”

Angela M.
Parent

around you. Is there a scent in the air or on your clothing? What does the ground feel like underneath your feet or the chair beneath you? Do you hear any sounds nearby or in the distance? Just a few minutes connecting in this way can be soothing.

Examining your emotional triggers, how you typically respond and how you might respond more effectively can be helpful. For example, if you wake up in the middle of the night and your mind spins about your child, try something different. Some people find listening to a guided meditation or audiobook helpful. Others find writing their thoughts down in a notebook next to the bed works to lessen their concerns.

Try infusing your life with something positive on a daily basis for the next week. Treat yourself to a cup of coffee with a friend, buy some fresh flowers, light a candle, take a nature walk, spend 10 minutes doing a puzzle, take a yoga class, listen to a podcast, get a haircut or read a book. Go for a run, cook your favorite meal, watch a funny movie or take a long, hot bath. Whatever feels like a welcome break to you.

You are not alone in this struggle and isolating yourself can make it worse. Part of self-care is being able to acknowledge and talk about how your child's struggle with opioids affects you. Individual counseling as well as parent support groups can be very helpful as you deal with a child who is using opioids. You can learn from the experiences of parents who have been there, and they can provide emotional and social support to you.



It's important to remember that to take care of anyone else, including your own child, you have to take care of yourself. It's like what they say on airplanes: put your own oxygen mask on first before helping others. It's not selfish. Making sure you're recharged, renewed and resilient is the best way to help your child and your family."

Arianna Huffington
Parent, Founder of The Huffington Post and Founder and CEO of Thrive Global

ADDITIONAL LEARNING:

Find a support group through [SAMSHA](#) or the [Support Group Project](#).

Prepare for “Continuing Care” and Know Why It’s Essential

Substance use treatment isn’t over once your child is discharged from a program. Instead, it’s better to think of this time as putting newly learned skills to work. For example, stepping down from residential care to a Partial or Intensive Outpatient Program or stepping down from an Intensive Outpatient Program to individual counseling.

While the hope is that treatment will resolve all problematic substance use behaviors, more than likely your child will need an on-going support program, known as Continuing Care or aftercare.

A good Continuing Care plan will be tailored to the specific needs of your child. It may address:

- Appointments for individual and family counseling needs
- Living arrangements
- Plans to provide daily structure (i.e. job/school, chores, recovery appointments, physical fitness, volunteer activities, hobbies/sports, etc.)
- Recovery support groups
- Psychiatric appointments
- Ongoing psychiatric medications and/or medication-assisted treatment
- Recovery coach or alumni mentor
- What steps will be taken if a relapse occurs

Things to consider:

- Even though your son or daughter is the one receiving treatment, the rest of the family may greatly benefit from regular counseling and support groups of their own. This can be a difficult time of transition for your family. It's critical everyone is supported and has help coping and addressing any issues that may come up.
- Is your son or daughter going to need a ride to and from an outpatient program or to counseling or support groups? Since this is vital to their recovery, if transportation is needed, make arrangements ahead of time with your employer or hire someone to drive him or her to appointments, programs or meetings.
- You may need to make plans to take time off from work to attend family meetings that are a part of your child's aftercare program. Your continued involvement matters very much to your child — despite what he or she may say.
- Your child may need help in finding healthy friends and activities, given that many of their friends are likely still using substances.

If your child is living in a halfway house, sober housing or in an Intensive Outpatient Program with boarding or other options instead of coming home, you will want to become familiar with the requirements and rules for his or her stay in this type of living community.

Ideally the time to start thinking about Continuing Care services is while your child is in treatment so that the right plan can be developed and appointments made ahead of time; especially if

alternative living arrangements are needed. If the treatment program does not provide a Continuing Care plan, then you and your child will need to develop one, preferably with the help of a counselor or medical professional.

The first few weeks and months of recovery vary from family to family. Some teens and young adults will be riding what is known as the “pink cloud” where they are really happy to be in recovery. Others may struggle because they are not used to dealing with life without substances as a coping mechanism.

Regardless, it will be a period of adjustment for everyone. It helps immensely to recognize any and all positives, and offer hope and compassion. There isn't a “one-size-fits-all” road map to recovery, so flexibility and understanding is key.

Understand the Potential for Relapse After Treatment

Young people in recovery, and their parents and families, are often fearful of relapse. But like most things it's best if you're prepared for it and understand it.

Relapse is common.

Although relapses are not inevitable, they are common. Many people have one or more relapses before achieving long-lasting recovery. A relapse is a learning opportunity to assess what got in the way of recovery goals. As a parent or caregiver, it's helpful to not take a relapse personally, and instead look for ways to help your child get back on track.

**ADDITIONAL
LEARNING:**
[Download the
Continuing Care
eBook](#)

➔ Work together to prevent relapse.

People in recovery may have frequent urges to drink or use drugs, and feel guilty about it, even though these urges are a normal part of recovery. It's important to work together to anticipate high-risk situations (such as a party where alcohol will be served) and plan ways to manage them.

➔ Relapse can happen during good times, too.

Sometimes relapse occurs when the person is doing well with their recovery. He or she feels healthy, confident and/or “cured” and believes that he or she is ready to go back to casual, regular or “controlled” use of drugs or alcohol. The person may remember the honeymoon period of their use (even though it may have been long ago) — where his or her use didn't cause problems and may want to return to that place. But this is often impossible and risky since addiction changes the physical makeup of the brain and the person in recovery is no longer able to use drugs or alcohol in a controlled fashion.

➔ Get professional help if relapse occurs.

If a relapse happens to your child, it may mean that he or she needs to reconnect with treatment, increase attendance at support group meetings, re-evaluate the effectiveness of medications, etc. Mental health and medical professionals who specialize in substance use disorders can be an extremely important asset during a time of relapse. They can help you assess the situation and recommend the level of care that will be most helpful for your child, strengthen relapse prevention and suggest social and life skills (behavioral tools designed to help a teen or young adult cope with the stresses and challenges of daily life and develop greater self-esteem in order to better manage their recovery.)



Reality check: How many times have some of us tried to diet, exercise or quit smoking? It isn't always one and done. Our teens didn't get so deep into the deep dark woods of their substance use overnight. Seldom is there one straight path out of those woods – from chaos to clarity.”

Paul Kusiak
Parent and Advocate

Learn from relapse.

Experts have found that a relapse can serve as an important learning opportunity for the recovering person and other family members to identify what triggered the relapse in the first place. In some cases the trigger can be avoided; however, others will need a game plan to manage through it. Be patient and ask your child what you can do to help.



A Word on Hope

Anyone can be afflicted with this awful disease. It's nothing to be ashamed of or embarrassed about. Yes, you will experience emotions like you never have before. And you will more than likely embark on the biggest roller coaster ride of your life. But you will get through it. Trust me. You will get through it. You will learn from experience and from others' experiences. You will cry. You will mourn. You will wonder why the hell this is happening to you. You will love. And you will probably hate. You will experience a loss of trust. But you can get through it. One day at a time.

Dean,
Parent posting on Stories of Hope

GLOSSARY OF TERMS

Here are definitions of terms you may come across. Some of these terms are mentioned in this eBook and others are ones you may hear throughout the course of your journey.

12 Step: A self-help program based upon a guiding set of principles to address addiction or compulsive behaviors. Examples include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-anon, Nar-anon, or Families Anonymous (FA).

Aftercare: (also called Continuing Care): Activities after addiction treatment which can include communication with the treatment program after the patient leaves, outpatient counseling sessions (group or individual), phone follow-ups, counseling or family therapy and life and social skills training.

Agonist: A substance or drug that binds to receptors in the brain, producing an effect. Opioid agonists include Oxycontin® and Methadone.

Addiction: A chronic, relapsing brain disease that is characterized by compulsive drug-seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

Antagonist: A substance or drug that binds to receptors in the brain, but rather than producing an effect, it blocks effects. It has no abuse potential. Opioid antagonists include Naltrexone.

Chronic Disease: A medical condition for life. It cannot be cured, but it can be managed. Examples are heart disease, diabetes and addiction.

Continuing Care (also called Aftercare): Activities after addiction treatment which can include communication with the treatment program after the patient leaves, outpatient counseling sessions (group or individual), phone follow-ups, counseling or family therapy and life and social skills training.

Counseling: An interactive process with the guidance of a licensed professional (i.e. counselor, social worker, psychologist) focusing on the needs, problems and feelings of the person to enhance or support coping, problem solving and interpersonal relationships.

Craving: A powerful, seemingly uncontrollable desire for drugs or alcohol.

Dependence: A condition that develops when neurons in the brain adapt to repeated drug exposure and only function normally in the presence of the drug. When the drug is withdrawn, several physiologic reactions occur that can be mild such as with caffeine, or life-threatening (such as with alcohol).

Detoxification (or Detox): A process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal; often the first step in an alcohol, benzodiazepine or opioid treatment program.

Dopamine: A brain chemical, classified as a neurotransmitter, found in regions of the brain that regulate movement, emotion, motivation and pleasure.

Diversion: The transferring of medicine from the individual for whom it was prescribed to another person for any illicit use.

Inpatient Treatment: A type of treatment provided in specialty units of hospitals or residential facilities (rehab) offering services to address substance use.

Life Skills: Behavioral tools designed to help a teen or young adult cope with the stresses and challenges of daily life and develop greater self-esteem in order to better manage their recovery.

Medication-Assisted Treatment: The use of medication to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention. The medications used to treat opioid dependence are buprenorphine (with and without Naloxone), methadone and naltrexone.

Misuse: The intentional or unintentional use of medication without a prescription, in a way other than prescribed or for the experience or feeling it causes.

Naloxone (Narcan®): Naloxone (brand name Narcan®) is a medication that can reverse an overdose if used in a timely manner, and is administered as a nasal spray or via injection.

Neurotransmitter: A chemical compound that acts as a messenger to carry signals or stimuli from one nerve cell to another. Prescription opioids and heroin can produce effects that are similar to (but more pronounced than) those produced by the neurotransmitters endorphin and enkephalin, such as increased pain relief, decreased alertness, and slowed respiration.

Opioids: A class of drugs that include heroin, synthetic opioids such as fentanyl, and prescription pain relievers such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®, Percocet®) oxymorphone (e.g., Opana®), morphine (e.g., Kadian®, Avinza®), codeine and more. The word “opioid” comes from opium, a drug made from the poppy plant.

Opioid Epidemic: The dramatic increase in the use of both prescription (painkillers) and non-prescription opioids (i.e. heroin) in the United States, and the subsequent exponential increase in the number of overdose deaths from that use.

Opioid Use Disorder (OUD): A diagnosis in the Diagnostic and Statistical Manual V, DSM-V, given if a person meets two or more of the 11 symptoms within a 12-month period such as tolerance, withdrawal, and craving.

Outpatient Treatment: A type of treatment also referred to as an intensive outpatient program (IOP) or partial hospitalization program (PHP). The person struggling with substance use typically attends 9 to 30 hours of programming at a specialty facility but lives at home. Intensive outpatient programs may offer services in the evenings and on weekends so the individual can still attend school or work.

Partial Agonist: A drug that binds to the opioid receptors in the brain and activates them, but not to the degree of a full agonist. It has the potential to be abused. (Example: Buprenorphine)

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

Relapse: When a person who has not been using any drugs or alcohol and returns to using alcohol or other drugs again.

Residential Treatment: A type of treatment provided in a residential setting. Programs may be offered for a couple of weeks or longer depending on substance use severity, insurance coverage, and other factors.

Self-Care: Any activity done in order to take care of one's mental, emotional, and physical health. The goals are typically to improve one's mood and resiliency while reducing stress.

Support Groups: A mutual aid group with a common problem, usually meeting to express feelings, vent frustrations, provide emotional support and explore effective coping strategies. (Examples include Alcoholics Anonymous (AA), Families Anonymous (FA) and SMART Recovery for Family and Friends)

Taper Off: To take less and less of a medication over time.

Tolerance: A condition that occurs when a person no longer responds to the drug in the way he or she initially responded and more of the drug is needed to achieve its effects.

Treatment: Occurs in a variety of settings, in different forms, and for different lengths of time. Typically individualized to some degree based on the characteristics of the patient, treatment programs usually address an individual's physical, psychological, emotional, and social issues in addition to his or her drug use.

Withdrawal: Refers to the physical and emotional problems a person experiences if he or she is dependent on a substance (such as alcohol, benzodiazepines, heroin, prescription pain pills, etc.), and then suddenly stops or drastically reduces intake of the substance.

RESOURCES: Additional Help from the Partnership for Drug-Free Kids

The Partnership has trained and caring master's-level specialists ready to help any parent struggling with a child's drug or alcohol use. They are here to listen, help you find answers and make an action plan. To get one-on-one help:

- Call the [Parent Helpline \(855-DRUGFREE\)](tel:855-DRUGFREE)
- Connect via [live chat](#)
- [Email us](#) to get help

All communications are free and confidential.

WHAT ARE OPIOIDS?

Heroin: <https://drugfree.org/drug/drug-heroin/>

Prescription Pain Pills: <https://drugfree.org/drug/prescription-pain-relievers-opioids/>

Fentanyl & Other Synthetic Opioids: <https://drugfree.org/drug/fentanyl-other-synthetic-opioids/>

HOW DID THE OPIOID EPIDEMIC HAPPEN?

An Overview of the Opioid Epidemic:

<https://www.youtube.com/watch?v=UtMi9ciJN70&feature=youtu.be>

An Example of the Journey from Prescription Pills to Heroin:

<https://drugfree.org/article/rx-to-heroin/>

WHAT PROTECTIVE MEASURES CAN I TAKE AS A PARENT TO PROTECT MY CHILD FROM OPIOIDS?

Risk Factors & Why Teens Use Substances:

<https://drugfree.org/article/risk-factors-why-teens-use/>

Brain Development & Teen Drug Use:

<https://drugfree.org/article/brain-development-teen-behavior/>

How to Talk with Your Teen:

<https://drugfree.org/article/how-to-talk-with-your-teen/>

American Medicine Chest Challenge Take-Back Locations:

<http://www.americanmedicinechest.com>

DEA Take-Back Locations:

<https://takebackday.dea.gov/>

Skills to Keep Yourself & Your Family Healthy:

<https://drugfree.org/landing-page/get-help-support/keep-yourself-family-healthy/>

WHAT CAN I DO IF MY CHILD IS ALREADY ACTIVELY USING OPIOIDS?

Help & Hope by Text if Your Son or Daughter is Struggling with Opioids:

<http://www.drugfree.org/helpandhope>

How to Administer Life-Saving Naloxone:

<https://drugfree.org/article/overdose-response-treatment/>

Suggesting Treatment to a Loved One:

<https://drugfree.org/article/suggesting-treatment/>

Intervention eBook:

<https://drugfree.org/download/intervention-ebook/>

How to Navigate the Addiction Treatment System:

<https://drugfree.org/article/navigating-the-treatment-system/>

How to Spot the Red Flags of Low-Quality Treatment:

<https://drugfree.org/parent-blog/what-to-look-for-and-what-to-avoid-when-looking-for-an-addiction-treatment-program/>

What Do You Do If You Have No Insurance for Treatment?:

<https://drugfree.org/parent-blog/no-insurance-rehab-addiction-treatment/>

Coping with Fear, Anger & Other Negative Emotions:

<http://drugfree.org/article/coping-fear-anger/>

Practicing Self-Care:

<https://drugfree.org/article/self-care-isnt-just-for-yourself/>

SAMSHA Treatment Provider Database:

<https://findtreatment.samhsa.gov/>

Treatment eBook:

<https://drugfree.org/download/treatment-ebook/>

Medication-Assisted Treatment eBook:

<https://drugfree.org/download/medication-assisted-treatment/>

Continuing Care eBook:

<https://drugfree.org/download/continuing-care-ebook/>

Support Group Locator:

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