### What does an overdose look like?

Learn the signs of an opioid overdose and educate those around you.

Three strong signs of overdose are:

- Tiny, pinpoint pupils
- Slow and shallow breathing
- Unconsciousness and/or unresponsiveness

#### What do I need to do?

- 1) Try to wake the person up
- 2) CALL 911
- 3) Give the first dose of Naloxone
- 4) Check for breathing
- 5) Be prepared to give a second dose of Naloxone if needed

# If someone has overdosed, a Naloxone kit can be used to save them.

You can get a kit from a specially trained pharmacist without a prescription, but it may not be covered by your medical insurance unless your doctor writes an order.

If you would like to receive a kit for free, please ask your counselor, doctor or call us at (831) 424-6655.

#### Mission & Vision

As a leading treatment provider for Substance Use Disorders, such as Opioid Use Disorder, serving Monterey County and San Benito County, Valley Health Associates offers a combination of behavioral therapy and medication therapy known as Medication Assisted Treatment. This treatment strategy is the most effective way to help a person struggling with Opioid Use Disorder, a serious and chronic illness.

#### Important Reminder

MAT Medications & Child Safety

It's important to remember that if medications are allowed to be kept at home:

- 1) They must be locked in a safe place away from children
- 2) Methadone in its liquid form is colored & is sometimes mistaken for a soft drink
- 3) Children who take medications used in MAT may overdose & die



## Walking the road of recovery together.

CONTACT INFO.

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Valley Health Associates has established partnerships with:

Monterey County Behavioral Health, Alcohol & Drug Division United States Probation and Pretrial Service System

#### Valley Health Associates is licensed, certified & accredited by:



**MONTEREY COUNTY** 

BEHAVIORAL HEALTH

State of California, Department of Health Care Services

Substance Abuse and Mental Health Services Administration

J.S. Department of Health and Human Services

Monterey County Behavioral Health Administration



The Drug Enforcement Agency (DEA) The Commission on Accreditation of Rehabilitation Facilities (CARF)



Valley Health Associates offers comprehensive
Outpatient Medication-Assisted
Treatment Services (MAT)

## Medicines for Treating Opioid Use Disorder:

What you need to know when choosing the best treatment for you



#### **Buprenorphine**

(Suboxone®, Subutex®, Zubsolv®)

#### **BENEFITS**

- It is a well-studied medicine, and safe for long-term use.
- People who take buprenorphine are less likely to overdose or die than people who do not take it.
- It blocks cravings and prevents feeling "high" if you slip and use.
- It is more effective for chronic pain than methadone or naltrexone.
- It blocks withdrawal symptoms (unlike naltrexone or no medications).
- You can get to a comfortable dose in a couple of days (faster than with methadone).
- It does not produce a "high."
- Most people get it from a primary care doctor who can provide up to one month of medicine at a time—no need to go every day or go to a special clinic.
- Some people prefer the counseling and support of a methadone clinic—many clinics now also offer buprenorphine at the window.
- Safely used by patients who have employee health screens or on parole.
- It is covered by most health insurance programs.

#### **A** CAUTIONS

- Side effects are rare AND less severe and less frequent than other opioids. All opioids can cause trouble sleeping, nausea, headaches, or overdose if mixed with other drugs.
- Some AA/NA groups, treatment programs, and police/judges may not support this.
- Usually, you should be in some withdrawal before you take the first dose.
- Stopping buprenorphine often is done slowly and with support of medical team.

#### Methadone

#### **BENEFITS**

- It is a well-studied medicine that is safe for long-term use.
- People who take methadone are less likely to overdose or to die than people who do not take it.
- It blocks cravings and prevents feeling "high" if you slip and use.
- It helps with chronic pain, but less than buprenorphine.
- It blocks withdrawal symptoms (unlike naltrexone or no medications) and may take longer to get to a comfortable dose than buprenorphine.
- It does not produce a "high" if taken at the right dose.
- Methadone users are less likely than those who don't take it to relapse, get HIV, or go to prison.
- Methadone clinics offer counseling and case management support.
- You do not need to go into withdrawal before starting it.
- It is covered by most health insurance programs.

#### **A** CAUTIONS

- Side effects may include sleepiness (if dose is too high), constipation, or dangerous heart rhythms—these can be prevented by working with your medical team.
- If you take too much or mix with other drugs, you can overdose.
- It can only be taken by going to a methadone clinic daily.
- Stopping methadone must be done slowly and with support of medical team.

#### No Medication

#### **BENEFITS**

- Some patients prefer to be off all medicines, even when there is a higher risk of relapse and overdose.
- Medication side effects are avoided. The side effect of no medication is increased risk of relapse and overdose death.

#### **A** CAUTIONS

- You are much more likely to relapse, overdose, and die in comparison to results from buprenorphine or methadone.
- Cravings and withdrawal are not controlled when you are not taking medicines, and if you slip and use it can be much harder to stop.
- Your tolerance goes down when you don't take any opioid medicine. That
  means if you return to using, you have a bigger risk of dying than if you
  took methadone or buprenorphine.
- Because of increased risk of overdose death without medication, you should have naloxone rescue kit at home for your safety.





California Bridge disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients. Documents are periodically updated to reflect the most recent evidence-based research. Materials provided through the California Bridge may be utilized for the sole purpose of providing substance use disorder information. Such materials may be distributed with proper attribution from the California Bridge Program. Questions may be submitted via email to info@BridgeToTreatment.org.