

HELPING THEM HEAL

Supporting a Friend or Family
Member Through Recovery With
Medication-Assisted Treatment



 Workit Health

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HAVING A LOVED ONE WHO IS STRUGGLING CAN BE CONFUSING

Addiction can be scary, and often comes with consequences that impact a whole circle of friends and family. You're doing your best to offer support, but it's normal to have questions, confusion, and fears. For a lot of people, many of those questions and fears center around not knowing what to expect. This guide will answer your questions and share helpful resources.

It can feel very isolating to love someone who is dealing with addiction, but you're not alone.

SUBSTANCE USE LITERALLY CHANGES THE BRAIN

It can be hard to understand the thoughts and choices of people who have substance use disorders. One of the reasons for that is because alcohol and drugs can lower inhibitions and impede thought processes and memory. Another reason is that the brain is literally being changed over time by substance use.

A lot of these changes come down to neurotransmitters. Neurotransmitters are chemicals that control communication in the brain. The brain releases neurotransmitters from a nerve cell and transfers it to another nerve cell and so on, sort of like an in-brain game of telephone. All of our basic functions require neurotransmitters to do their jobs, as nerve cells communicate with one another and share information.

You may be familiar with the names of two neurotransmitters: serotonin and dopamine. Serotonin helps control important functions like mood, sleep, and appetite. Dopamine is linked to how we think and feel, as well as to our brain's pleasure and reward centers.



We also have naturally occurring neurotransmitters called endogenous opioids, which just means opioids that our body produces internally. You've probably heard of endorphins, especially in reference to exercise or a runner's "high." The term endorphins actually comes from "endogenous morphine."

These neurotransmitters—serotonin, dopamine, and endogenous opioids—are natural stress and pain fighters. Because our bodies can't produce enough of these organic opioids to save us from feeling severe or chronic pain or from suffering from extreme stress, people have found other ways to ease these pains. These ways often include opioids, alcohol, and other substances.

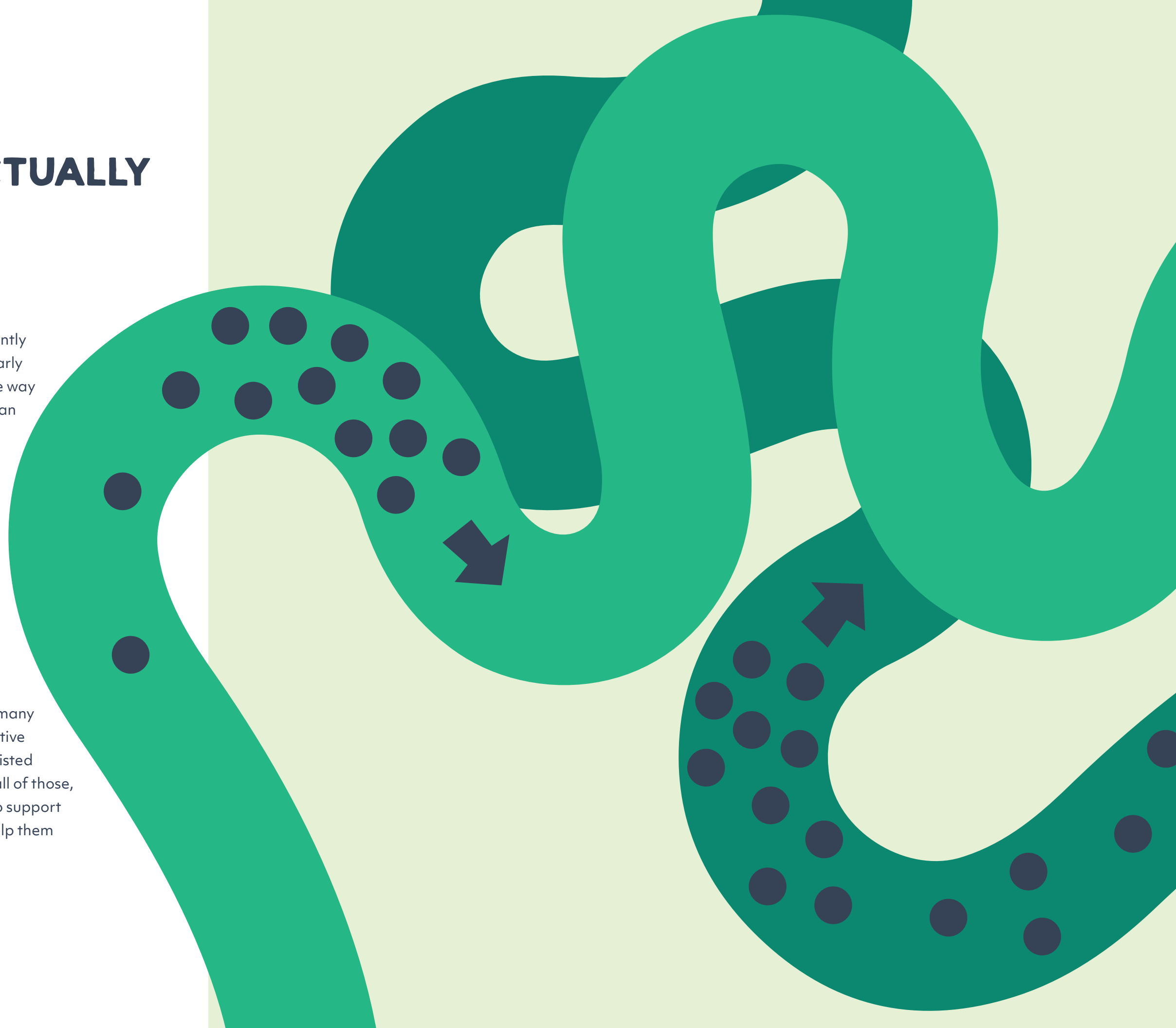
These substances mimic those naturally occurring feel-good neurotransmitters but in much larger quantities. They attach to the brain's natural opioid receptors and flood the brain's reward and pleasure systems, signaling the brain to block out pain, lower stress, and calm down.

SUBSTANCES ACTUALLY ALTER BRAIN CHEMISTRY

Once altered, the brain literally responds differently to stress and pain. Our natural opioids aren't nearly enough. Long-term substance use also alters the way the brain responds chemically to triggers. One can be triggered to use simply by being around the people, places, and/or objects associated with regular drinking or drug use.

IT'S NOT A MATTER OF WILLPOWER OR CHARACTER WEAKNESS THAT SOMEONE TRIGGERED AROUND OLD HAUNTS—IT'S AN ACTUAL ALTERATION IN THE BRAIN AS A RESULT OF SUSTAINED SUBSTANCE USE.

All of this sounds pretty daunting, but the good news is that the brain has the ability to heal and adapt. That's what we do in addiction recovery: build new neural pathways and heal. There are many avenues to achieving this kind of healing—cognitive behavioral therapy, meditation, medication-assisted treatment, 12-step programs, combinations of all of those, etc. There is no one, true way, so it's important to support your loved one when they find a path that will help them and their brain to recover.



Traditional Treatment

Expectations

Reality

PACKING A BAG
AND GOING AWAY

COMING BACK
"FIXED" AND HAPPY

IN-PERSON
IS EXPENSIVE

OVER-SUPERVISION
CAN FEEL LIKE
JUDGEMENT



BEING HEAVILY
SUPERVISED



STAYING SOBER
THANKS TO
WILLPOWER

RECOVERY IS
A PROCESS, NOT
A QUICK FIX

THERE ARE
MANY AVENUES
TO RECOVERY

REACHING A
BREAKTHROUGH
THAT MAKES
THE DIFFERENCE

STAYING SOBER
THANKS TO MUTUAL
SUPPORT GROUPS

IN-PERSON IS
TIME-CONSUMING

THEY MAY NEED
MEDICATION-ASSISTED
TREATMENT

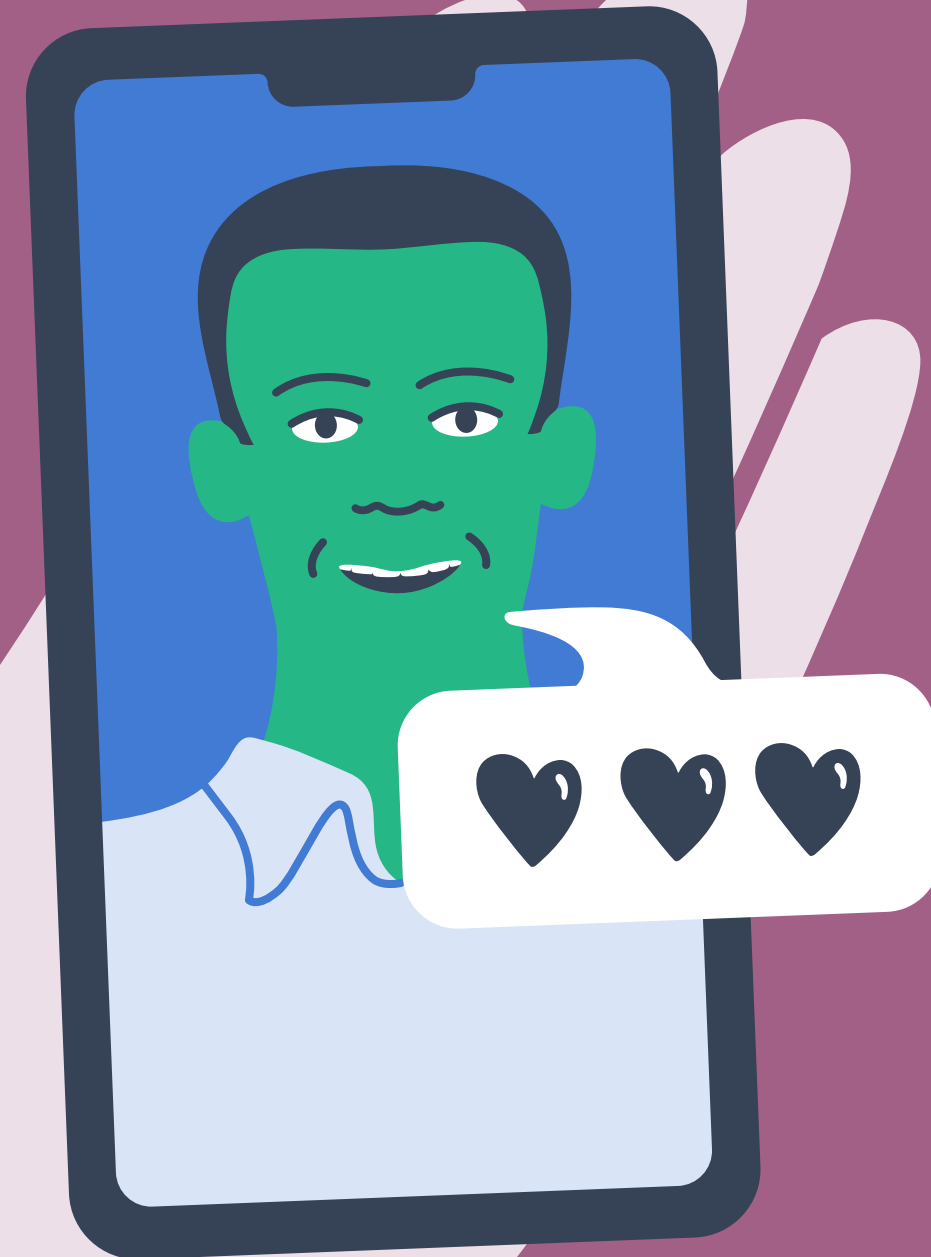
HOW TO SUPPORT A LOVED ONE WHO IS DRINKING OR USING

Let them know that you love them. You can see they're in pain and know that isn't a happy way to live. Tell them how much you care about them, and that you want them to find their way back to being healthy again.

Remember that substance use disorder is a medical condition. It is not a choice or a moral failing. Try not to be judgmental or shaming when you talk to your loved one about their use.

Set healthy boundaries and stand by them. It's important *not* to protect your loved one from the natural consequences of their own actions. Stepping in to solve the problems they create can quickly cross the line into enabling. This includes covering up for them and making excuses. We understand how hard it is to see your loved one struggle! But enabling their substance use can create a damaging relationship and make them less likely to seek treatment.

Encourage your loved one to get help. This might include researching the options available to them and sharing what you find. It can be a good idea to reach out for support yourself. Not only do you deserve help and support during this hard time, but you will also be setting an excellent example.





HOW TO SUPPORT A LOVED ONE IN ADDICTION RECOVERY

Research shows that having the support of friends and family can make a huge difference in people's recovery journey. You can help by encouraging your loved one and recognizing the strides they're making in recovery. Let them know that you are grateful for their recovery and proud of how far they've come.

Be supportive of the actions they are supposed to take. This is easier if you are able to stay informed about their treatment program. Provide privacy for virtual counseling appointments, remind them if they have trouble remembering to take their meds, be accepting of the time commitments if they go to recovery group meetings.

BE KIND TO THEM AND TO YOURSELF.

Hold them responsible for their actions, but try to avoid blaming them for their substance use disorder. Don't bring it into unrelated disagreements, because that can make a person in recovery feel helpless—like their efforts will never make a real difference. Set and maintain healthy boundaries.

IS THIS REPLACING ONE ADDICTION WITH ANOTHER?

No, not at all. There is a lot of stigma about MAT, so you've probably heard some of the myths and misconceptions about it. The truth is that MAT saves lives. Addiction can rewire the brain, and many people need help to heal from that. The medications approved to treat substance use disorders are part of that help. When taken as directed and as part of a treatment plan, these medications function very differently from the substances that your loved one is addicted to.

There are great resources about the efficacy of MAT from respected sources like the World Health Organization, the U.S. Department of Health and Human Services, and a number of detailed articles and studies by a variety of addiction experts. It is true that because methadone and buprenorphine are opioid-based medications, they will cause a continued dependency on opiates. But dependency and addiction are not the same thing.

Dependency describes a physical habituation to a substance, while addiction is a psychological state marked by compulsive use despite negative consequences. **WHEN USED AS PRESCRIBED, METHADONE AND BUPRENORPHINE TREAT ADDICTION; THEY DON'T CAUSE IT.** Think of the physical dependency as similar to someone who takes insulin or antidepressants. They need those medications to manage their health conditions. MAT is the same.





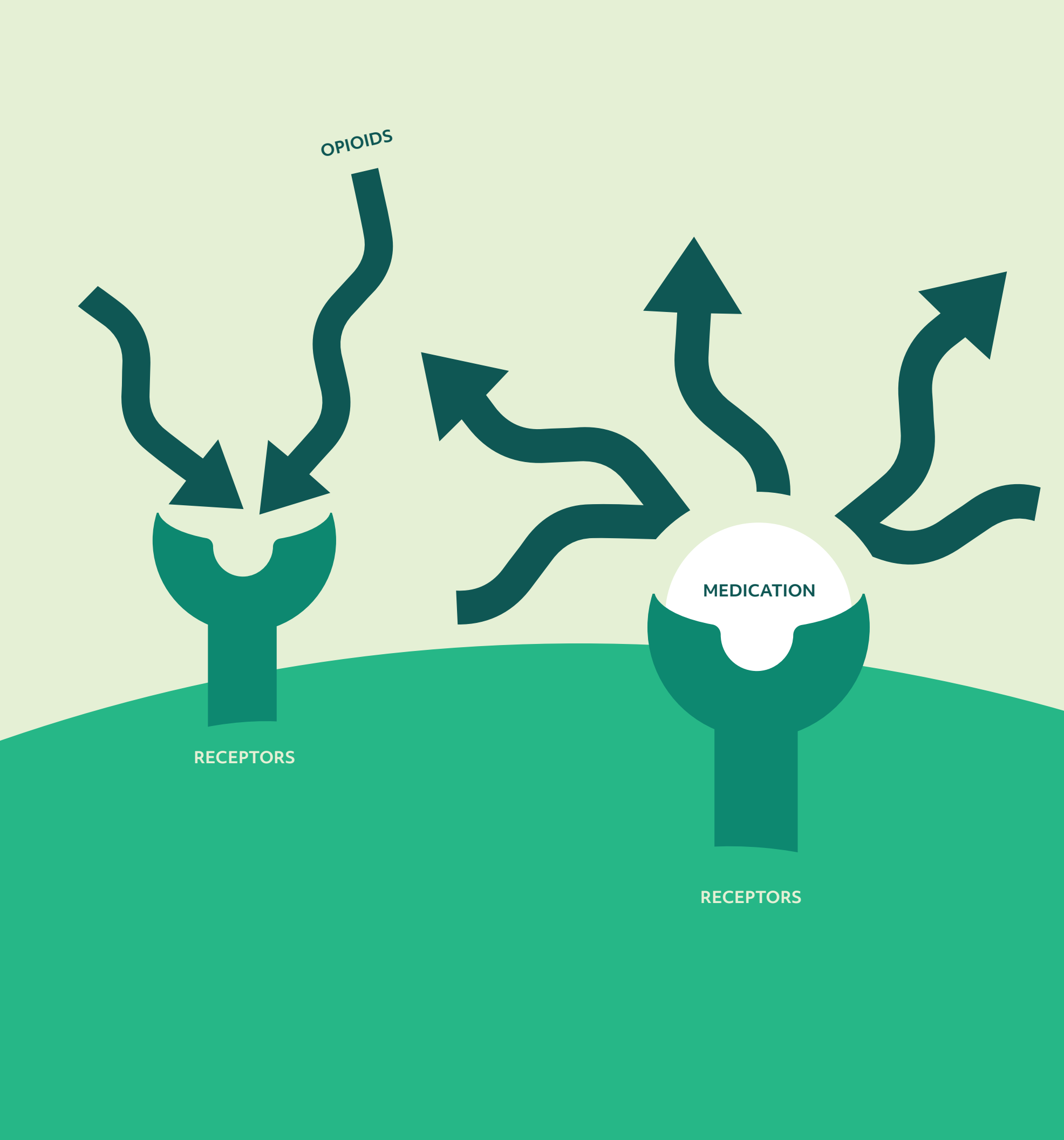
CAN'T THEY JUST GO TO REHAB OR A 12-STEP?

Some people can enter long-term recovery through those traditional routes. But for many with substance use disorder, recovery is a process that requires additional or different support than they can receive in those institutions. Traditional inpatient rehab is often expensive, judgmental, and difficult to find.

Many treatment centers aren't regulated and don't utilize scientific research in their care. And while 12-step programs have been impactful for many, they do not work for everyone and tend to have less positive outcomes for substances than for alcohol.

Substance use disorder is a health condition that impacts all aspects of a person's life, and can also have consequences for those around them.

IT DOESN'T MAKE SENSE TO BLOCK OFF A VITAL, EFFECTIVE AVENUE OF TREATMENT JUST BECAUSE IT WASN'T AVAILABLE BACK IN 1935.



WHAT ROLE DOES MEDICATION PLAY IN ALL OF THIS?

As discussed in the section on how substances affect the brain, we have opioid receptors in our brains for our naturally occurring endogenous opioids.

The opioids that are commonly taken (oxycontin, hydrocodone, morphine, heroin, fentanyl, etc.) fill these opioid receptors more efficiently than our natural neurotransmitters can. This sets off a vicious cycle in which the greater “high” of opioids leads to cravings for more, while our brains actually produce less due to the influx of artificial opioids. It can be incredibly difficult to break out of this cycle without assistance, especially when you add in uncomfortable and painful withdrawal symptoms.

Fortunately, there is assistance.

**BUT WHICH MEDICATION-
ASSISTED TREATMENT
IS RIGHT FOR THEM?**

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OPIOID USE

SUBOXONE

Suboxone (buprenorphine/naloxone) is a medication approved by the FDA to treat opioid use disorder. Buprenorphine has a strong ability to bind to opioid receptors, replacing and blocking other opioids so that they become ineffective. It is a partial agonist instead of a full agonist, meaning that it causes limited pleasurable effects rather than a “high.” For most people, the effect is just enough to stop withdrawal symptoms. Buprenorphine also takes a relatively long time to dissipate, creating a steady effect on the receptors instead of erratic ups and downs. In addition to buprenorphine, Suboxone contains naloxone, which blocks opioid receptors. Buprenorphine is well absorbed through the mouth, while naloxone is not. This means that when taken as directed, the naloxone in Suboxone has little to no impact, but it does make Suboxone less likely to be misused or diverted.

Suboxone is a controlled substance, and providers need a special waiver to prescribe it. Many general practitioners may not be willing or able to prescribe this type of medication. In order to receive Suboxone treatment, one must seek out a doctor who has the necessary waiver. SAMHSA offers a Buprenorphine Practitioner Locator to help people locate a waived doctor in their area, and Workit Health offers telemedicine Suboxone treatment in many states.



OPIOID USE

METHADONE

Methadone is the oldest medicine approved by the FDA to treat opioid use disorder. Despite some lingering stigma, when it is taken as prescribed, methadone is safe and effective. Methadone helps individuals achieve and sustain long-term recovery.

Methadone is a long-acting opioid agonist. It occupies and activates the opioid receptors in the brain, but does so more slowly than other opioids. In this way, therapeutic doses of methadone usually don't produce a euphoric effect, or the “high” that fuels the dangerous using cycle of illicit opiates. Methadone reduces cravings and withdrawal symptoms, and blunts the effects of opioids.

Traditionally, methadone must be taken at approved clinics (called Opioid Treatment Programs) where patients go in every day to receive their dose. With the advent of COVID-19, some states loosened restrictions to allow people to receive a month's supply of methadone at a time and to be prescribed via telehealth. It is not apparent whether these lighter restrictions will remain or will spread across the nation post-pandemic. SAMHSA offers an Opioid Treatment Program Directory to help you locate an Opioid Treatment Program in your area.



OPIOID USE

NALOXONE

Naloxone (brand name Narcan) is an FDA-approved rescue medication designed to rapidly reverse an opioid overdose. It is a full opioid antagonist that dislodges opioid molecules from the brain's receptors and blocks them from binding again. This effect can quickly restore a person's breathing to normal if that person's breathing has slowed down or stopped because of an opioid overdose. Naloxone WILL NOT improve breathing in people who have overdosed on other substances (such as alcohol) or for other reasons (such as asthma). Naloxone is a life-saving antidote in opioid overdose emergencies, but it cannot treat the underlying problem that caused the overdose: addiction to opioids.

Naloxone can be found at most pharmacies without a prescription, through insurance, and from some community organizations. There are local drives in some areas that provide naloxone for free, to help reduce overdose deaths in the area. Its availability varies from state to state. You can find out how to get Narcan via the Narcan website.



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OPIOID USE

ALCOHOL USE

NALTREXONE

Naltrexone is an opioid antagonist. It binds to and blocks opioid receptors, which can reduce cravings for opioids like heroin or pain pills. It reduces the euphoric effects of opioid medications like heroin, methadone, and oxycodone. Since naltrexone functions by binding to the opioid receptors in the brain, it can block any opioids that have been taken and can cause precipitated withdrawal, with all of the symptoms and discomfort that entails. For this reason, it is recommended that one be abstinent from all opioids for 7-10 days before beginning naltrexone treatment.

Naltrexone also reduces the euphoric effects of alcohol, reducing cravings and making it easier to resist the urge to drink. Regular use of naltrexone can help people stay in recovery and avoid relapse. It can also be taken in a targeted manner (an hour before drinking) for people who want to drink less but not to quit drinking entirely.

Naltrexone is not classed as a controlled substance, so it can be prescribed by any licensed physician. Because naltrexone blocks the effects of opioids, it should not be taken by anyone who is using opioid pain relievers.

ALCOHOL USE

ACAMPROSATE

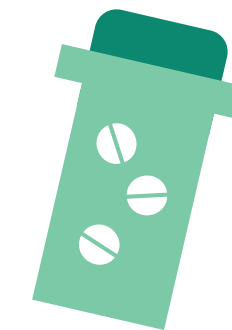


Campral (acamprosate) helps to correct some of the brain changes caused by chronic alcohol consumption. As mentioned above, drinking affects some of the neurotransmitters that make you feel calm, leading to cravings and distress when you quit drinking. Acamprosate decreases these cravings and discomfort by affecting neurotransmitters in the brain that cause excitability. It does not prevent withdrawal symptoms, though. It has not been shown to work in people who continue drinking alcohol, so it should be used by those who are fully abstinent from alcohol.

Acamprosate is not a controlled substance, and can be prescribed by any licensed physician.

ALCOHOL USE

DISULFIRAM



Disulfiram (brand name Antabuse) is intended as negative reinforcement to discourage resuming drinking after someone has stopped. If a person drinks while taking disulfiram, they experience unpleasant side effects (nausea, headache, vomiting, chest pains, difficulty breathing). These effects can occur within minutes after drinking and keep happening for more than an hour. Disulfiram is primarily used when people are in stable recovery, to provide added discouragement from resuming drinking. Disulfiram is not a controlled substance and can be prescribed by any licensed physician.



Workit Health is a telemedicine provider specializing in substance use disorder and mental health. Our co-founders, Robin and Lisa, experienced the traditional rehab system firsthand and saw too many of their peers slipping through the cracks. That's why they brought clinicians, advocates, and technologists together to build a better type of treatment.

Workit Health brings gold-standard addiction care to the privacy of home, combining research-backed therapeutic programming with FDA-approved medication.

For more information about substance use disorder, recovery, and medication-assisted treatment, visit us online at workithealth.com