Health Monitor Living

Get the facts on MAT—and whether it could help *you!*

P. 4

Tap into the healing power of nature

P. 22

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"MAT gave me my life back!"

Opioid Use Disorder

After nearly a decade of opioid addiction that led Dusti Berrelez to homelessness, rehab visits, relapses and eventually prison, she finally broke free thanks to medication-assisted treatment. Today she's sharing her story in the hopes she can help others take back their lives, too.

Contents

Health Monitor Living **Opioid Use Disorder**

6
"MAT gave me my life back!"
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THE BASICS

3
Your future is in *your* hands!
Today's treatments can help you get started

YOU & YOUR CARE TEAM

10
Open up to your doctor
Being honest with your care provider can help ensure you get treatment that works

11
How much do you know about treatment?
Take this quiz to find out

19
Q&A
Answers from addiction specialist James McKowen, PhD

24
Questions to ask today

EVERYDAY STRENGTH

18
Tools for your journey
These resources can provide additional support

20
Eating for a healthier recovery
Believe it or not, the foods you fill up on can help you stick to your plan

22
The healing power of nature
Getting out there can help you beat OUD

TRUE INSPIRATION

14
"We're in charge–not addiction!"
Katrina and Victoria share how they overcame opioid use disorder and are sustaining sobriety

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NAJ24

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Your future is in *your* hands!

Freedom from addiction is within reach—even if you're one of the 2.7 million Americans living with opioid use disorder (OUD). Start by opening up to your care team and investigating your treatment options.

After John G. had dental surgery, his doctor prescribed a course of opioid painkillers–a decision that would go on to impact the next 10 years of his life.

"I was addicted almost immediately," John recalls. "I spent the next decade in and out of rehab, unable to work. I even used heroin for a while."

What finally turned things around for John? Medication-assisted treatment, or MAT, which includes counseling, behavioral therapy and a monthly injection of a drug called buprenorphine.

"The MAT helps curb the cravings, while the counseling helps me work through other issues. It's a comprehensive approach–and it works!"

If, like John, you've been living with OUD but are still trying to find your path to recovery, keep reading. You'll learn about the available treatments, get insight from others in recovery and find tools that can make it easier for you to open up to your healthcare providers.

1 IN 4 PEOPLE GIVEN A PRESCRIPTION FOR OPIOIDS MAY GO ON TO DEVELOP AN ADDICTION.

What are opioids?

Opioids are painkillers prescribed to bring relief from serious injuries and chronic conditions like arthritis, and to offer temporary relief after surgery. Commonly prescribed opioids include codeine, oxycodone, fentanyl and hydrocodone. (Illegal opioids, such as heroin, are drugs made to act like these medicines.) The drugs work by binding to the reward center of the brain, reducing the sensation of pain and sometimes producing a sense of euphoria.

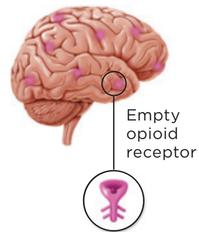
Trouble is, opioids can be highly addictive–in fact, one in four people given a prescription for opioids may eventually develop an addiction, according to a study in *Drug and Alcohol Dependence*. The result is the opioid health crisis that accounts for nearly 70,000 deaths by overdose every year.

What is OUD?

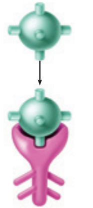
OUD is a chronic condition that occurs when the continued use of opioids can alter, possibly long-term, the brain's reward center, leading to intense cravings and causing users to become preoccupied with pursuing the drug over all other aspects of their day-to-day lives. ►

How MAT medications work

Medication-assisted treatment (MAT) for OUD relies on these options:

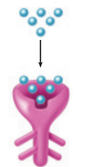


Methadone



Full agonist: generates opioid effect but in a more controlled way

Buprenorphine



Partial agonist: generates opioid effect but in a more limited way and blocks other opioids

Naltrexone

Antagonist: blocks the effect of opioids

People in the early stages of OUD tend to seek increasing amounts because, as the brain gets used to the drug, it takes more of it to produce the blissful response they first experienced. In time, the pleasurable effects drop off dramatically, and people crave the drug simply to avoid the emotional (crushing anxiety, depression and irritability) as well as the physical (vomiting, nausea, diarrhea, shaking and wracking pain) symptoms of withdrawal.

Along with having the side effects of regular opioid use like constipation, depression, hot flashes and weight gain, people with OUD may show these signs: using more than the prescribed amount; feeling helpless to stop the cravings; acting recklessly in attempts to get more drugs; dropping out of family and social activities; being unable to do tasks at home, work or school; mood swings; and agitation.

Who's at risk?

People at risk for OUD may have a genetic predisposition and usually have psychological and social triggers—some common ones include emotional trauma, poverty, a personal history with other addictions (such as alcohol or tobacco), a family with addiction issues and friends who misuse opioids. But even people who are well adjusted and have no family history of addiction need to be cautious when using prescription opioids: Consider that about 80% of people who use heroin say they misused a legal opioid first.

Don't let these myths stand between you and a brighter future!

Unfortunately, the following misconceptions about opioid addiction can get in the way of people receiving the care they need.

MYTH: "OUD is just a psychological disorder that can be overcome with abstinence and willpower." The evidence shows just the opposite: Stopping without treatment is more likely to lead to relapse, it's also more likely to lead to overdose as the body's tolerance decreases. That means the same amount of drug a person might have used before abstaining can cause their breathing to stop afterward.

MYTH: "Using MAT is like replacing one addiction with another." As Tracy Cohen, MD, Chief Medical Officer of national outpatient addiction program CleanSlate, puts it, "Although methadone and buprenorphine are opioids, they facilitate treatment, which is regular and predictable. You take your meds and go about your day. Treatment is the opposite of addiction. Addiction is chaos. You don't care about anything except chasing your high."

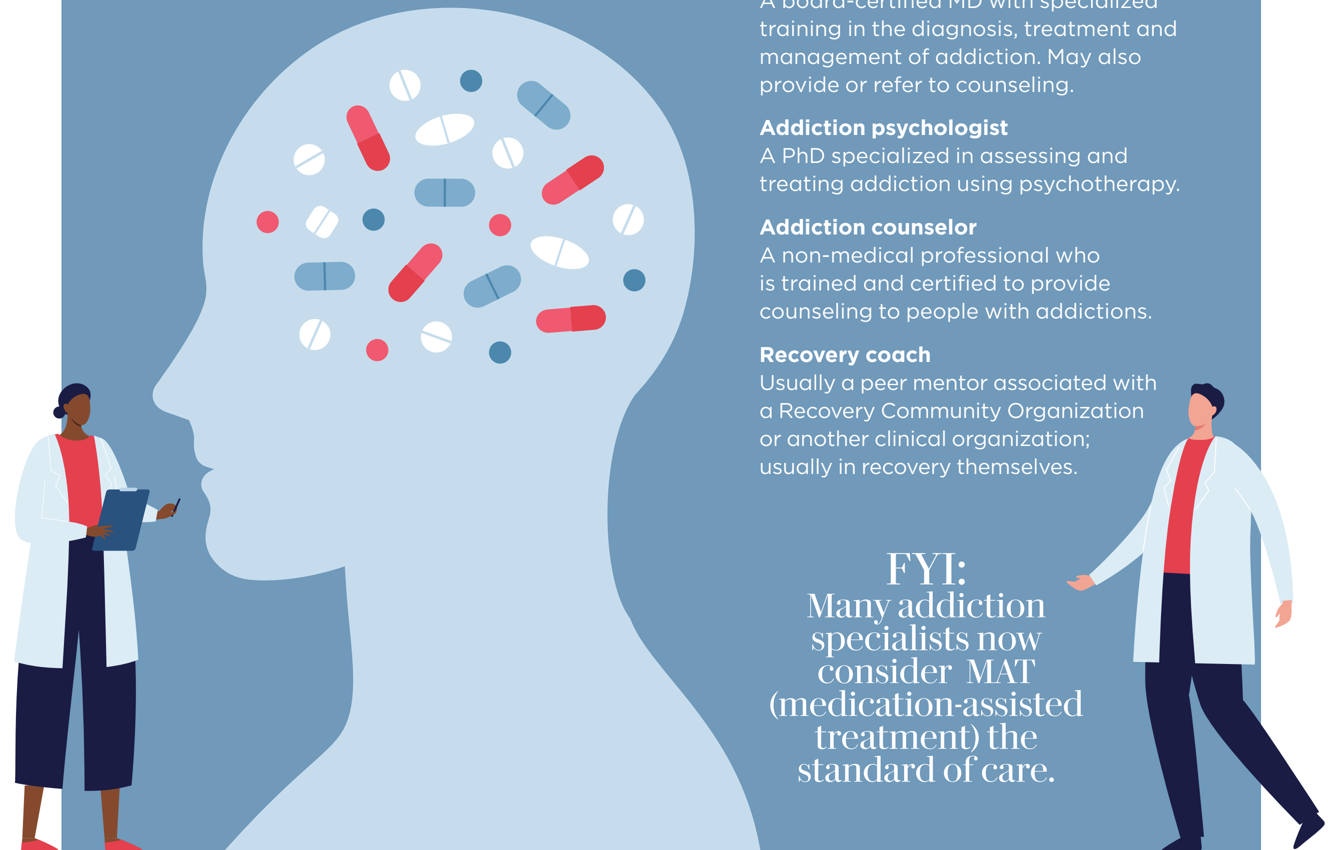
What are the treatment options?

The good news is that OUD is a disease that can be treated successfully, and many addiction specialists now consider MAT (long-term drug therapy and behavioral counseling) as the standard of care. "The evidence is conclusive that medication-assisted treatment significantly decreases the chance of an overdose and significantly increases the chance for better health and a better quality of life," says Tracey Cohen, MD, a specialist in addiction medicine and Chief Medical Officer of CleanSlate, a national outpatient addiction program based in Rhode Island.

The FDA has approved the following medications to treat OUD, enabling the possibility for a sustainable recovery:

• **Methadone.** Taken once a day, methadone is available in liquid, powder, tablet and diskette form. Although it's an opioid itself, it is given in doses that reduce cravings and fend off withdrawal symptoms without creating a "high." Methadone is available only in opioid treatment clinics.

• **Buprenorphine.** This medication (also an opioid) is available in several forms. The oral form is usually combined with naloxone, which helps reverse the effects of opioids, taken once or twice a day (naloxone is not used if you're pregnant). A long-acting version of buprenorphine is injected once a month; and an implant delivers the medication for up to six months. People who tend to forget to take their medication may do better with the injection or implant. Buprenorphine may be prescribed and administered by certified physicians, nurse practitioners and physician associates in their offices.



Meet your healthcare team

Addiction medicine physician
A board-certified MD who has undergone special training in diagnosing and treating addiction.

Addiction psychiatrist
A board-certified MD with specialized training in the diagnosis, treatment and management of addiction. May also provide or refer to counseling.

Addiction psychologist
A PhD specialized in assessing and treating addiction using psychotherapy.

Addiction counselor
A non-medical professional who is trained and certified to provide counseling to people with addictions.

Recovery coach
Usually a peer mentor associated with a Recovery Community Organization or another clinical organization; usually in recovery themselves.

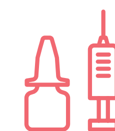
FYI: Many addiction specialists now consider MAT (medication-assisted treatment) the standard of care.

• **Naltrexone.** Unlike methadone and buprenorphine, naltrexone—available in a daily oral form or a once-monthly extended-release injection—is not an opioid. Instead, it blocks the brain's reward center, preventing a person with OUD from getting high. Before using it, a person must be opioid free for at least seven to 10 days.

Methadone and buprenorphine, in particular, work well for two key reasons. First, says Dr. Cohen, "what they do right in the moment, which is critical, is they put an end to withdrawal—and it's quick. Once you dose, in like 20 minutes you're a lot better." Second, she adds, "people who are taking them as part of an addiction treatment program are not getting high from the medication."

How long to stay on MAT depends on several factors, including how long a person has had OUD. For some, maintenance MAT (i.e., staying on the therapy indefinitely) is the best way to prevent relapse and stay healthy and productive.

As John's story shows, finding the right treatment may take trial and error—in fact, many people try different treatment types before landing on a strategy that works for them. "People get healthy," says Dr. Cohen. "They really do improve their lives. It's amazing to see."



About naloxone, the OD antidote

Available as a nasal spray or pre-filled injection, this medication quickly reverses and blocks the effects of opioids. In the case of an overdose, it can restore normal breathing in a person whose respiration has slowed or stopped. The nasal spray is available without a prescription nationwide.

COVER STORY

“MAT gave me *my life back!*”

Nearly a decade and a half of opioid addiction led Dusti Berrelez to homelessness, rehab visits, relapses and eventually prison. Luckily, she broke free thanks to medication-assisted treatment (MAT). Today she's sharing her story in the hope of inspiring others to take back their lives, too.

—BY DANIELLE TUCKER

To anyone looking at Dusti Berrelez, they'd see nothing but a success story. The 33-year-old mom of four and stepmom to one—whom she lovingly refers to as her "bonus child"— spends her days caring for her family, including husband Marcus, as well as running a successful network marketing business. She's also on a health journey, losing more than 100 lbs. in the past year thanks to surgery and a new commitment to a healthy lifestyle.

Yet Dusti's story hasn't always been one studded with accomplishments. Just six years ago, she was still struggling with addiction to prescription pain killers and battling opioid use disorder (OUD)—a condition that had followed her since her teens and resulted in multiple stays in rehab and prison.

"If it wasn't for medication-assisted treatment, I wouldn't be where I am today," admits the Centre Hall, PA, resident. "Rehab didn't work, and prison didn't change that pattern, either."

"I figured I had nothing left to lose"

Dusti's introduction to opioids started early when she fell into the wrong friend group at school. By age 12, she was stealing her mom's prescription pain pills, partying and slacking on her schoolwork. When most teens were practicing to get their driver's license, Dusti was entering rehab for the first time. Unfortunately, it didn't work, and once released, she went right back to using and partying, eventually resulting in multiple pregnancies. By age 18, Dusti had two children, and while she would remain clean while pregnant, her addiction would only worsen after each birth, eventually resulting in her losing custody of both kids.

"When I lost my children, it didn't resolve me to change anything," she laments. "Instead I thought, *Well, now there's nothing left to lose*, and my drug use only became heavier."

"I felt so stuck"

Over the course of the next eight years, Dusti would be jailed in eight states and 11 counties on drug and prostitution charges.

"My addiction was so bad, I was shooting up in the bathroom at the D.A.'s office," she remembers. "Between stays in prison, I was living on the streets, using heavily, and all that entails." In her time experiencing homelessness, Dusti also survived multiple robberies and an attempt on her life. "I wanted better, especially after each time in prison, but you get out and you just feel stuck. Like you've messed everything

up so badly you can never go back, never start over."

When Dusti needed money, she would call her mom and pretend to be pregnant again and say she needed the money for the baby.

"She eventually got to the point she didn't believe me anymore, so that lie no longer worked, which made it especially hard when I did, in fact, become pregnant again."

Dusti recalls that time as being her final wakeup call.

"This time I wasn't able to go clean like before," she says. "I was so sick. I would take a hit and throw up. That was my 'aha' moment. I realized for the first time that I was a drug addict. I couldn't stop on my own."

Dusti, who at the time was living in Texas, wanted to return home to her mom and kids, but the only way her parole officer would issue a travel pass was if she passed a drug test.

"I knew I wasn't clean, but I took the test anyway. This is when I knew God was real: despite the results, the parole officer threw out the test and issued the travel pass anyway."

But the officer also made a deal with Dusti, who had warrants out in her name in Virginia. She had to stop there first to serve out her sentence before she could return home to Pennsylvania.

"It was a forced way to stay clean in the interim and get my life straight," she recalls. So 13 weeks pregnant, she boarded a bus and entered the Virginia prison system. She was released 10 days before her third child was born and with a new resolve to start a clean life.

"My life is finally beginning!"

After her release, Dusti returned to Pennsylvania with a healthy baby girl. She moved in temporarily with her sister and saw her older son and daughter for the first time in eight years.

In an effort to change the patterns she'd been living with the past decade and a half, she started addiction counseling and was later prescribed buprenorphine, which helps reverse the effects of opioids.

"The medication was a game changer! It helps stop the cravings. Thanks to that, I've been clean since October 17, 2017. I feel like my life began six years ago."

With her older children still living with her mom for stability, Dusti and her youngest daughter moved out of her sister's house and started building a life.

"It was tough at first. As a convicted felon, no one wanted to hire me." Living in a bed bug-infested place without a running car, Dusti reached out to a guy—Marcus—she'd left behind eight years ago. "I actually messaged him for his car," she laughs. That turned out to be another huge step toward an even better, and more stable, life. Now, they are happily married and raising a family together. Dusti feels like she's come full circle.

While she initially was on an oral version of buprenorphine, she found taking a daily pill cumbersome, and eventually switched to a monthly injectable version, which she's been on ever since.

"That really has been the key, it's kept any withdrawal issues at bay. Now I've created this new, incredible life, and I want others to know they can, too," says Dusti, who candidly talks about her story on her Facebook page *@Dusti Allee Berrelez*. "I didn't get to start living until I was 27 years old. Looking back at everything I've accomplished in such a short amount of time is amazing, and I'm so grateful for it, but I'm just getting started!"

DUSTI'S TOP TIPS
for reaching your goals

Dusti has used these five guiding principles for all the changes she's made in the past six years—from getting clean and losing weight to starting her business. See if they could work for you, too!

1. Write them down.
"Without goals, you're just existing. But most people have no clue what their goals are, so take time to put them into words. That will help you center yourself."

2. Expect obstacles.
"No matter what your goal is, there is always a chance for barriers that are going to try to stop you. But if you anticipate them, you can create plans to avoid or accommodate them in advance. This will reduce the possibility of setbacks or failure."

3. Think small.
"Goals that are measured will not only show your progress more frequently, they will also inspire you to keep going when you see the data showing you're making gains. They also give you a chance to celebrate small wins when you reach a milestone."

4. Stay accountable.
"Studies show that people who set up a way to be accountable for their goals will be twice as likely to achieve them. There are four ways to do that: tell a friend; create or join an accountability group; use technology, like setting measured milestones on an electronic calendar; or hire a coach."

5. Remove negativity.
"The one big thing I do in my life is eliminate anything and anybody that does not align with the direction I am headed. It's gonna be an amazing year—I believe that with every part of me. Make sure you do, too!"

Opening up to your care team

It can be difficult to be honest with your doctor about opioid use disorder (OUD). Unfortunately, that's a big reason why **1 in 10 Americans with addiction aren't getting the help they need.** If you think you may have a problem with opioid use, fill out and review this worksheet with your doctor—it may make it easier to broach the topic.

COULD YOU HAVE OUD?

Check any of the following that describe you:

- ☐ I've hoarded painkillers.
- ☐ I've doubled and even tripled up on my pain medication.
- ☐ I run out of my prescribed pain medication early because I take more than I'm supposed to.
- ☐ I've gotten prescriptions for painkillers from more than one doctor.
- ☐ I've filled opioid prescriptions at different pharmacies in order to get more.
- ☐ I've bought opioids (any form) on the street.
- ☐ I've stolen opioids from friends or family members.
- ☐ I'm concerned about my dependence on opioids.
- ☐ I think about the drug all the time and about how I'm going to get more in the future.
- ☐ I need more and more medication to get any pain relief.
- ☐ My eating and sleeping patterns have been disrupted.
- ☐ My relationship with my family is strained.
- ☐ I haven't been seeing my friends.
- ☐ I haven't been able to focus on my work.
- ☐ I haven't been participating in leisure activities I used to enjoy.
- ☐ I've tried to quit painkillers but haven't been able to.
- ☐ I feel physical symptoms, such as pain, nausea, diarrhea, mood swings, fatigue and chills, if too much time goes by between doses.

YOUR HISTORY WITH OPIOIDS

Answer the following questions and share the answers with your doctor:

1. When did you start using opioids and why? ______
2. What made you think you had a problem with opioids? ______
3. What situations, stressors or triggers contribute to your use of opioids? ______
4. Have you ever tried stopping before? If so, what method did you try and what happened? ______
5. What's your reason for trying treatment now? ______
6. What are your short- and long-term goals? ______
7. Do you have any mental illnesses, such as depression, bipolar disorder or schizophrenia? ______
8. Use this space for any other information you'd like your doctor to know: ______

How much do you know about treatment?

Take this quick quiz to find out.

1. Taking a medication to treat OUD is basically substituting one addiction for another.
☐ True ☐ False

2. People who have enough willpower can stop using opioids easily.
☐ True ☐ False

3. Abstinence (stopping the use of opioids with psychological support but without the use of medication-assisted treatment) is associated with a higher rate of relapse and accidental overdose.
☐ True ☐ False

4. OUD is a chronic disease, so maintenance therapy is an important tool in long-term recovery.
☐ True ☐ False

5. Checking into a residential facility is the best way to get off opioids.
☐ True ☐ False

ANSWERS

1. False. The National Institute on Drug Abuse (NIDA) emphasizes that this is not the case. These medications are used in dosages that do not cause a "high"—they are used to reduce cravings and help people with OUD avoid withdrawal symptoms.
2. False. OUD has nothing to do with a lack of willpower, moral failings or any other personality weaknesses. Genetics, how your brain is wired and other factors make some people more susceptible to OUD than others.
3. True. Medication-assisted treatment (counseling combined with the use of medications that reduce cravings and prevent withdrawal symptoms) has been shown to be more effective than psychological interventions alone, according to a study in the journal *Addiction*.
4. True. Taking medication to treat OUD is the equivalent of taking insulin to treat diabetes or an antidepressant to treat depression.
5. False. The best treatment is individualized to a person's needs. A spectrum of programs—from outpatient and day treatment to hospitalization and long-term residential—is available, and you can decide which makes the most sense for you with your doctor's help.

YOUR SETUP FOR SUCCESS

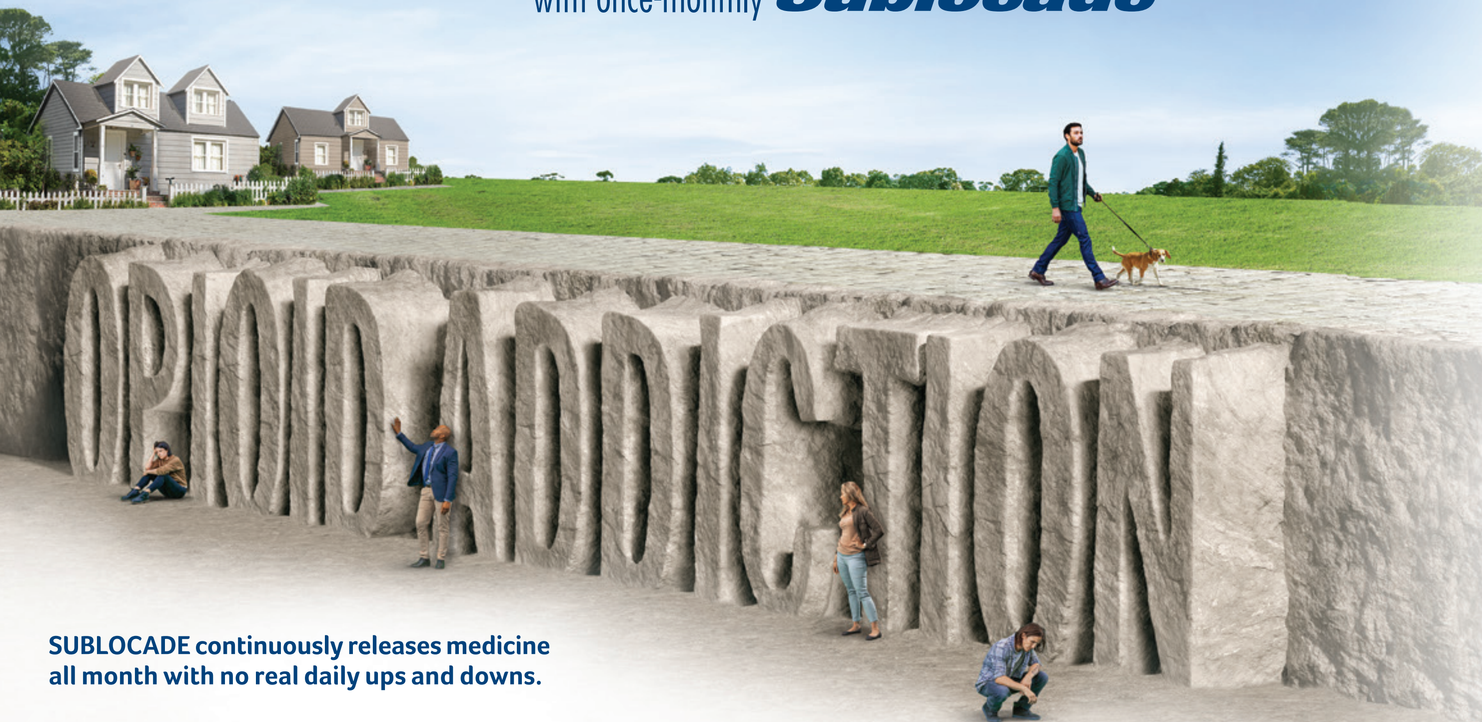
You can boost your chances of long-term recovery from OUD by thinking about and preparing for the journey ahead. Review the following topics with your care team:

- ☐ Readiness for and commitment to long-term treatment
- ☐ What to tell my close friends and family about OUD
- ☐ Structuring my day to foster recovery
- ☐ Creating a support system
- ☐ Commitment to ongoing treatment and follow-up appointments
- ☐ Willing to establish an open and honest relationship with my care team
- ☐ How to address any underlying mental health issues, such as depression and anxiety
- ☐ How to treat pain without opioids
- ☐ How to avoid or handle stressful situations/triggers
- ☐ What to do if opioid cravings strike

SUBLOCADE® (buprenorphine extended-release) injection, for subcutaneous use, CIII, is a prescription medicine used to treat adults with moderate to severe addiction (dependence) to opioid drugs (prescription or illegal) who have received an oral transmucosal (used under the tongue or inside the cheek) buprenorphine-containing medicine at a dose that controls withdrawal symptoms for at least 7 days. SUBLOCADE is part of a complete treatment plan that should include counseling.

KEEP MOVING TOWARDS RECOVERY

with once-monthly **Sublocade®**



SUBLOCADE continuously releases medicine all month with no real daily ups and downs.

Individuals depicted are for illustrative purposes only.

SUMMARY OF IMPORTANT SAFETY INFORMATION

What is the most important information I should know about SUBLOCADE?

Because of the serious risk of potential harm or death from self-injecting SUBLOCADE into a vein (intravenously), it is only available through a restricted program called the SUBLOCADE REMS Program.
- **SUBLOCADE is not available in retail pharmacies.**
- **Your SUBLOCADE injection will only be given to you by a certified healthcare provider.**

SUBLOCADE contains a medicine called buprenorphine. Buprenorphine is an opioid that can cause serious and life-threatening breathing problems, especially if you take or use certain other medicines or drugs.

Talk to your healthcare provider about naloxone. Naloxone is a medicine that is available to patients for the emergency treatment of an opioid overdose. If naloxone is given, you must call 911 or get emergency medical help right away to treat overdose or accidental use of an opioid.

SUBLOCADE may cause serious and life-threatening problems. Get emergency help right away if you:
- feel faint
- feel dizzy
- are confused
- Feel sleepy or uncoordinated
- have blurred vision
- have slurred speech
- are breathing slower than normal
- cannot think well or clearly

Do not take certain medicines during treatment with SUBLOCADE. Taking other opioid medicines, benzodiazepines, alcohol, or other central nervous system depressants (including street drugs) while on SUBLOCADE can cause severe drowsiness, decreased awareness, breathing problems, coma, and death.

In an emergency, have family members tell emergency department staff that you are physically dependent on an opioid and are being treated with SUBLOCADE.

You may have detectable levels of SUBLOCADE in your body for a long period after stopping treatment with SUBLOCADE.

Death has been reported in those who are not opioid dependent who received buprenorphine sublingually.

Who should not take SUBLOCADE?
Do not use SUBLOCADE if you are allergic to buprenorphine or any ingredient in the prefilled syringe (Indivior's proprietary buprenorphine gel depot delivery system, a biodegradable 50:50 poly(DL-lactide-co-glycolide) polymer and a biocompatible solvent, *N*-methyl-2-pyrrolidone (NMP)).

Before starting SUBLOCADE, tell your healthcare provider about all of your medical conditions, including if you have:
- trouble breathing or lung problems
- a curve in your spine that affects your breathing
- Addison's disease
- an enlarged prostate (men)
- problems urinating
- liver, kidney, or gallbladder problems
- alcoholism
- a head injury or brain problem
- mental health problems
- adrenal gland or thyroid gland problems

Tell your healthcare provider if you are:
- **pregnant or plan to become pregnant.** If you receive SUBLOCADE while pregnant, your baby may have symptoms of opioid withdrawal at birth that could be life-threatening if not recognized and treated. Talk to your healthcare provider if you are pregnant or plan to become pregnant.
- **breastfeeding or plan to breastfeed.** SUBLOCADE can pass into your breast milk and harm your baby. Talk to your healthcare provider about the best way to feed your baby during treatment with SUBLOCADE. Monitor your baby for increased drowsiness and breathing problems if you breastfeed during treatment with SUBLOCADE.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

What should I avoid while being treated with SUBLOCADE?
- **Do not drive, operate heavy machinery, or perform any other dangerous activities until you know how SUBLOCADE affects you.** SUBLOCADE can make you sleepy, dizzy, or lightheaded. This may happen more often in the first few days after your injection and when your dose is changed.
- **Do not drink alcohol** or take prescription or over-the-counter medicines that contain alcohol during treatment with SUBLOCADE, because this can lead to loss of consciousness or even death.

What are the possible side effects of SUBLOCADE?
SUBLOCADE can cause serious side effects, including:
- **Trouble breathing.** Taking other opioid medicines, benzodiazepines, alcohol, or other central nervous system depressants during treatment with SUBLOCADE can cause breathing problems that can lead to coma and death.
- **Sleepiness, dizziness, and problems with coordination.**
- **Physical dependence.**
- **Liver problems.** Call your healthcare provider right away if you notice any of these symptoms: your skin or the white part of your eyes turns yellow (jaundice), dark or "tea-colored" urine, light colored stools (bowel movements), loss of appetite, pain, aching, or tenderness on the right side of your stomach area, or nausea.
- Your healthcare provider should do blood tests to check your liver before you start and during treatment with SUBLOCADE.
- **Allergic reaction.** You may have rash, hives, itching, swelling of your face, wheezing, low blood pressure, or loss of consciousness. Call your healthcare provider or get emergency help right away.
- **Opioid withdrawal.** Call your healthcare provider right away if you get any of these symptoms: shaking, sweating more than normal, feeling hot or cold more than normal, runny nose, watery eyes, goose bumps, diarrhea, vomiting, or muscle aches.
- **Decrease in blood pressure.** You may feel dizzy when you get up from sitting or lying down.
- **The most common side effects of SUBLOCADE include:** constipation, headache, nausea, injection site itching, vomiting, increase in liver enzymes, tiredness, or injection site pain.
- SUBLOCADE may affect fertility in males and females. Talk to your healthcare provider if this is a concern for you.

These are not all the possible side effects. Call your healthcare provider for medical advice about side effects.

This is only a summary of important information about SUBLOCADE and does not replace talking to your healthcare provider about your condition and your treatment. Talk to your healthcare provider if you have questions about SUBLOCADE. Share this important information with members of your household.

To report a pregnancy or side effects associated with taking SUBLOCADE or any safety related information, product complaint, request for medical information, or product query, please contact PatientSafetyNA@indivior.com or 1-877-782-6966. You are encouraged to report negative side effects of drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

To learn more about SUBLOCADE, go to SUBLOCADE.com. For REMS information visit www.sublocadeREMS.com.

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"WE'RE IN CHARGE— *NOT* ADDICTION!"

Katrina and Victoria have traveled through homelessness and been separated from their children due to opioid addiction. Despite these setbacks, with the help of medication-assisted treatment (MAT), they are clean and looking forward to the future. Find out how they are overcoming addiction and living out their dreams. –BY DANIELLE TUCKER

"Share your story!"

KATRINA CARRIER
BARTON, VT

Thirty-year-old Katrina Carrier has struggled with addiction for half her life. She started using opiates at 15 and quickly became a heavy user. "I didn't really understand what I was doing. I just knew it was fun and felt good," recalls Katrina about her early drug use, adding that she soon noticed that friends would overdose on a fraction of the amounts of drugs she was using.

The mom of two learned later that she came from a family with a history of addiction: A great-uncle died as a result of a heroin overdose, and a great-aunt was addicted to the same drug. It wasn't until her latest recovery efforts that she started seeing a psychiatrist.

"These sessions were eye-opening," Katrina says. "I learned I had complex post-traumatic stress disorder (PTSD) due to childhood trauma, and the drugs provided a welcome numbing and escape from reality." She also learned she had previously undiagnosed attention-deficit/hyperactive disorder (ADHD), which caused her to respond to drugs differently than most and was part of why she was able to handle much larger doses without overdosing.

Today, Katrina is staying clean thanks in part to a new medication-assisted treatment (see p. 4). "I had used oral forms of buprenorphine, but if I missed a dose, the withdrawal was intense." She's now completed four monthly injections of a long-acting injectable version and hasn't experienced withdrawal symptoms since. Here, she shares the other tips that eventually helped her remain clean.

Continued on page 16 ►

Photo by James Buck

Find connection. "The path to recovery doesn't magically end when you walk out of a treatment center's doors," Katrina warns. As someone who had tried and failed recovery multiple times before, the difference this go around was a solid aftercare plan, including counseling and group meetings. Katrina completed six weeks of inpatient rehab in June 2023 but stressed that "Rehab isn't enough. I'm at the center every week." Katrina found a counselor she clicked with after seeing a few that weren't the right fit. She also found a supportive recovery group to share her weekly struggles and wins. "If you don't connect with those going through the same thing, you feel so alone and isolated," explains Katrina. Her counselor, Lila Bennett, at Journey to Recovery in Newport, VT, provided help and encouragement when Katrina needed it most. "When you're going through your own recovery, you feel like no one understands. Even though my dad was an alcoholic, he didn't understand my addiction. It was different."

Discover your "why." Katrina's relapse in late 2022 was a turning point after her children were taken away and placed in her father's care. He issued an ultimatum that would spur her to take control of her addiction: She couldn't see her children again until she completed rehab again and proved she could stay clean. "The two months without seeing my children was tough, but I knew I had to change things for them." Released from treatment in June, she now sees them daily and looks forward to them moving in again with her soon. She's also found a stable job, an apartment and is saving money to buy a car.

Be open. While she can't change her past, Katrina wants her experiences to change the future of others. "I fully believe in recovering out loud," Katrina says. "I have a story and want to share it with others. We need to end the shame stigma!"

"Do the work!"

VICTORIA STACKHOUSE
ANDERSON, IN

"MAT is an amazing new treatment that saved our lives—we're a clean family now!"

Photo by Michelle Freed Photography

At the age of 16, Victoria Stackhouse was in and out of hospitals due to mononucleosis complications. As part of her treatment for that, she was prescribed opiate-containing syrups. Fast forward three years, and she was prescribed 500 Vicodin pills after a Cesarean section. The prescribing doctor was later arrested for over-prescribing pain medications.

A second pregnancy followed close behind the first, and she was again prescribed opioid pain pills to deal with sciatic nerve pain.

"We didn't learn about the dangers of opiates in school," she recalls. "So I took all these medications without realizing how dangerous they could be." Victoria would try going off the medications when her prescriptions ran out, but every time she would feel so terrible, she'd be back asking for another prescription.

Eventually, Victoria, whose husband was also an addict, would turn to meth and other drugs if she couldn't get access to prescription painkillers, which led to the couple losing their home and custody of their kids. Here Victoria shares the efforts that helped her finally get and remain clean.

Fight for access. Victoria and her husband were both introduced to MAT in 2009, but the lack of consistent access made staying clean difficult. "Our insurance didn't cover it, so we had to get it on the street or buy it from doctors at a high price. We probably wouldn't have gone down the path of losing our kids and house if we had consistent access." Finally, Victoria was introduced to a low-cost insurance program when she became pregnant with her youngest daughter. She also found a new doctor who specialized in addiction treatment and was willing to fight to get her and her husband access to a monthly injectable treatment, which would ensure they didn't experience withdrawals like they had on the oral versions. Going through the insurance approval process took time, but she considers it worth it. "It is an amazing new treatment that literally saved our lives. We celebrated our first Thanksgiving as a clean family last year."

Treat the whole. Over time, Victoria learned that addiction can affect the whole body—in fact, she eventually needed gallbladder surgery due to opioid-abuse-induced complications. Therapy and counseling uncovered she had developed depression and anxiety, and in the height of her addiction, she even began to lose her hair. "Because of that, when it comes to healing from this disorder, you need to heal your whole self—seek treatment for the mental aspects, get your whole body examined. Sometimes the addiction is the result of something previously undiagnosed, and sometimes it's caused issues itself. Either way, those need to be treated, too, if you're going to be successful in recovery."

Find a new passion. Research into whole-body wellness during her recovery led Victoria to pursue a degree as a holistic practitioner. Today, in addition to regular MAT treatments, she incorporates herbal medicine, acupuncture and other holistic practices to manage her stress and anxiety. Her dream is to open a holistic healing center with addiction being a key focus. "You've got to do the mental work, but it is 100% possible to go from homeless to homeowner and go from addicted to clean and having your children back. It's a lot of work, but it's joyful work!"

Health Monitor

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Tools for your journey

HOW TO TALK TO YOUR MEDICAL PROVIDER ABOUT PAIN

Most people who struggle with opioid use disorder (OUD) will experience pain in recovery. Whether that pain is the result of an accident that requires an emergency room visit, an emergency surgery, or an outpatient procedure, it is very important to discuss your OUD with your medical provider. Here's what to do:

- **Be honest.** Inform your provider that you are in recovery from OUD. This will establish trust and avoid a difficult and potentially tempting situation in which you are offered a medication you do not want.
- **Be specific.** Let your provider know exactly what medications you are currently prescribed and what medications you want to avoid.
- **Think differently.** Tell your provider that you are interested in alternative pain treatment. Be sure to discuss nerve blocks, injections, topicals, and/or non-opioid medications.
- **Stand your ground.** Be persistent with your provider. They may be used to prescribing opioids in a certain way or may not be familiar with management of OUD. Don't be discouraged if your provider encourages you to take opioids. If needed, ask for a second opinion.
- **Stay accountable.** Always tell a friend or a family member that you are in pain and may be offered opioid pain medication. Ask them to check in with you periodically to see how you're doing.

Eleanor Graber, PA-C, Department of Emergency Medicine, Brigham and Women's Hospital, is a recipient of a PA Foundation NIDA Mentored Outreach Award in cooperation with the National Institute on Drug Abuse Clinical Trials Network Dissemination Initiative.

THE HELP YOU NEED NOW!

Mental Health America (MHA) is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all. Visit *mhanational.org* or call 800-969-6642 to learn more.

Caregiver Action Network (CAN) is the nation's leading family caregiver organization working to improve the quality of life for the more than 90 million Americans who care for loved ones with chronic conditions, disabilities, disease, or the frailties of old age. CAN provides education, peer support, and resources to family caregivers across the country free of charge. Visit *caregiveraction.org* or call 855-227-3640 to learn more.

ADDITIONAL RESOURCES:

- Allied Against Opioid Abuse, *againstopioidabuse.org*
- Dual Recovery Anonymous, *draonline.org*, 913-991-2703
- LifeRing, *lifering.org*, 800-811-4142
- Narcotics Anonymous, *na.org*
- National Alliance of Advocates for Buprenorphine Treatment, *naabt.org*
- Secular Organizations for Sobriety, *sossobriety.org*
- Women for Sobriety, Inc., *womenforsobriety.org*

Q A

Answers to your pressing questions about opioid use disorder

WITHDRAWAL FEARS I want to come off opioids—I started taking the pills in high school, and haven't been able to stop—but I'm afraid of the anxiety, pain, sweats, vomiting and other symptoms associated with withdrawal. What are my options for lessening the trauma?

A: I completely understand your anxiety. Luckily, there are very effective treatments to help get you through this. Treatment can come in the form of going to a medical detox for 5 to 7 days and getting prescribed medications, such as benzodiazepines, for a brief time. However, if you prefer, you can opt for medication-assisted treatment (MAT) as an outpatient instead.

AM I CURED YET?

Q: *I've been doing really well on medication-assisted treatment to help me manage my triggers and haven't used opioids in six months! I'm optimistic that I can stay clean from now on, but my doctor thinks it's premature to take me off my treatment plan. When will I be considered "cured"?*

A: We often suggest being on medication treatment for at least a year. This gives the brain time to heal and rewire itself. It's often tempting to say, "My life is so much better; surely, I can stop this medication now." Depending on whom you ask, addiction is a lifelong issue to manage. This does not mean you need to be on a medication forever, but if you have managed to get a year under your belt of sobriety, have improved your stress management, have better general functioning (e.g., have a stable job, are back in school and managing the workload, and have solid peer and family supports), it may be time to start to taper gradually off your medication treatment.

MANAGING POST-SURGERY PAIN

Q: *I'm in recovery from opioid use disorder—it's been two and a half years now—and I'm about to have knee replacement surgery. What types of pain killers will I be able to use?*

A: Pain can be a trigger to relapse, as can being prescribed an opioid painkiller. Fortunately, there are several options: First, this may be a time to increase your social support, check-ins with your sponsor or therapist. Learning meditation and cognitive-behavioral therapy (CBT) strategies can assist with pain management. Secondly, there are many effective non-opioid medication options such as nonsteroidal anti-inflammatory drugs (NSAID), muscle relaxants, topical agents, anti-convulsants and even certain anti-depressants. Physical therapy and acupuncture can also help with pain management. Finally, it is possible to be prescribed a few days of an opioid painkiller which is closely monitored by your doctor, or by a close friend/family member. If you are taking MAT at the same time, it is key to talk with your provider as this may affect safe dosages.

OUR EXPERT
James McKowen, PhD, Clinical Director, Addiction Recovery Management Service (ARMS) Massachusetts General Hospital, Assistant Psychologist, Harvard Medical School

Eating your way to a *smoother recovery*

Believe it or not, the foods you fill up on can help you stick to your plan.
—BY BETH SHAPOURI

If you're in recovery, you might find yourself craving your fast food favorites more than usual. It's a common phenomenon: It's the body's way of helping you replace the dopamine rush you once got from opioids with junk foods. While an occasional indulgence is fine, constantly filling up on empty calories is not the healthiest way to go. "It can make your blood sugar go out of whack—and that can really affect mental health," says Alex Elswick, PhD, assistant professor of substance use, prevention and recovery at the University of Kentucky and founder of the recovery community organization Voices of Hope. "It creates psychosocial stress, which is a driver of relapse."

And don't forget: Being in recovery means your body is already dealing with the physical consequences that opioids can have on your system, such as constipation, weight loss and metabolic changes, according to a 2020 research review in *Psychology of Addictive Behaviors*. So slacking on your nutritional needs can actually "exacerbate some of the drug-related harms," says Dr. Elswick—it's a challenge he knows about first-hand as he is in recovery from OUD himself.

Okay, so if junk foods can hurt, can eating well help? It looks that way: A study in the *Journal of Addiction Research & Therapy* that looked at the use of nutritional programs in methadone maintenance programs suggested that proper nutrition can reduce both cravings and relapse rates.

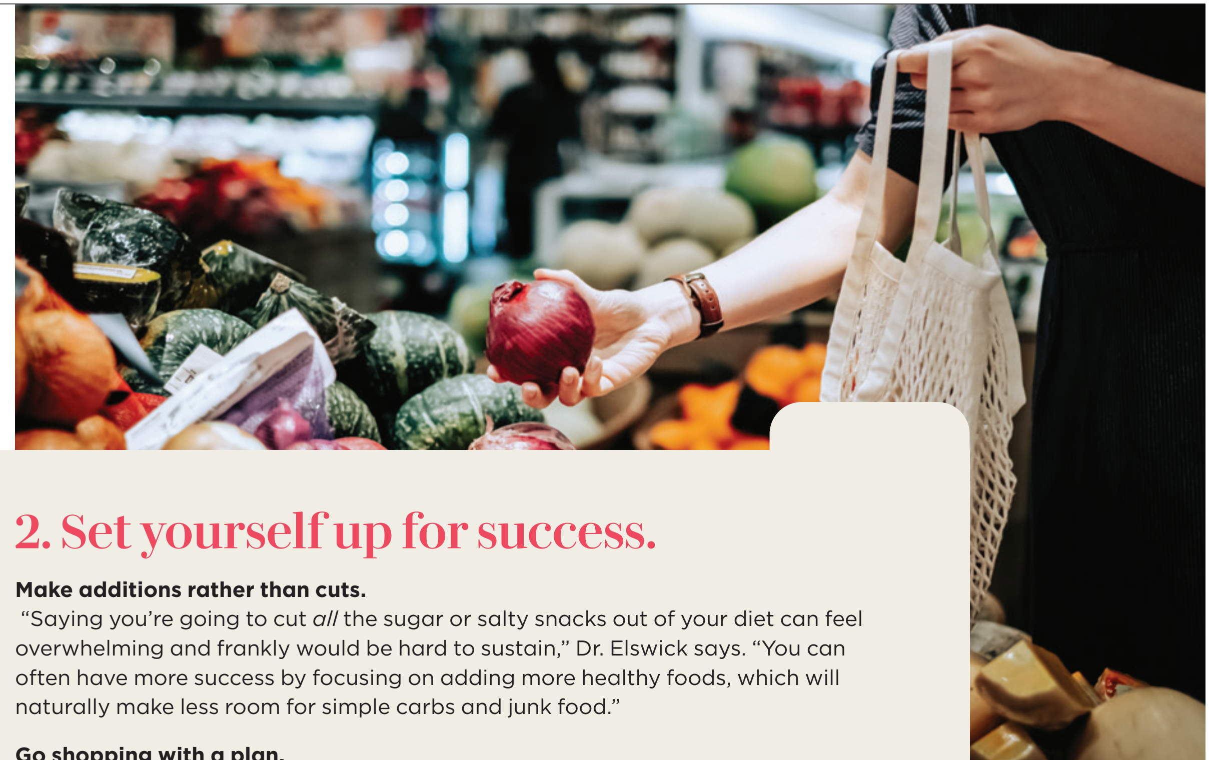
Ready to make healthy eating a part of your recovery? Start with these three areas.

1. Focus on the basics.

Make it a daily habit.
"I tell people to start simple, eating three square meals a day with two snacks," says Dr. Elswick. Scheduling them into your day can help keep your blood sugar steady, which prevents crashes that may lead to cravings.

Emphasize the right nutrients.
Research in *Nutrition Reviews* suggests recovery is supported by increasing proteins (think lean sources like chicken, fish, and tofu) and replacing simple carbs like sugary foods and breads made with white flour with complex carbohydrates in the form of vegetables and whole grains. Not only are these foods generally considered good choices, but the amino acids in proteins support mental health while the fiber in complex carbs can help ease OUD-related constipation.

Stay hydrated.
Here's a reason to fill up your water bottle in recovery: "There's evidence of chronic dehydration among people who use drugs," says Dr. Elswick. That means you may not be in touch with your thirst signals. And drinking more water can help your body run optimally!



2. Set yourself up for success.

Make additions rather than cuts.
"Saying you're going to cut *all* the sugar or salty snacks out of your diet can feel overwhelming and frankly would be hard to sustain," Dr. Elswick says. "You can often have more success by focusing on adding more healthy foods, which will naturally make less room for simple carbs and junk food."

Go shopping with a plan.
"Have you ever shopped at the supermarket, then come home and thought, *I don't have anything to cook this week*?" asks Dr. Elswick. "It happens all the time, and it ends up with people picking up things on-the-go, which are not always the healthiest or most cost-effective options." That's why he recommends people in recovery plan out their meals and make a grocery list before heading to the store.

Have an escape plan for social situations.
Going to parties where you're surrounded by not-so-healthy snacks—and alcohol—can be hard when you're in recovery. Dr. Elswick has a simple solution: "What I've learned is you have to be able to escape. Drive yourself and park in a spot that's easy to get out of." He says even if you never choose to leave, just knowing you can may make you feel more in control.

3. Turn the focus inward.

Try mindful eating.
"There's a kind of a mind-body disconnection that happens in part because of addiction," explains Dr. Elswick. That's why he calls mindfulness "organic medicine to the addicted brain." To do: At meal times, find a quiet spot, turn off your devices and put the focus on the textures and tastes of every bite.

Notice how food makes you feel.
Paying attention to how you feel before and after eating can keep you on the right track. When you see how you crash after eating ice cream, it may suddenly not be as tempting to reach for it. Plus, Dr. Elswick says it can help you avoid what is called craving confusion. "It occurs when a person experiences a hunger cue, but they misinterpret it as a craving," he explains. One thing that might help? Keeping a food journal of how each meal and snack affects your body.

GETTING OUT THERE CAN HELP YOU BEAT OUD

Ecotherapy is a new buzzword in the field of recovery—for good reason. That's because science is showing that immersing yourself in nature can help curb cravings and much more. Here's how it works. —BY BETH SHAPOURI

Mother Nature is calling—and she may come with benefits if you're in recovery from opioid use disorder (OUD). Experts who specialize in helping those with OUD are increasingly advising patients to incorporate ecotherapy (the use of guided nature-based activities to improve mental health) into their care routines.

"It may sound sort of hippie-dippie—until you find some real, solid data to show that it's actually quite compelling," says James McKowen, PhD, a clinical psychologist at Massachusetts General Psychiatry Center for Addiction Medicine. In fact, a 2021 study in *Behavioural Processes* that looked into the use of greenspace in helping people in treatment for OUD found evidence it could help reduce pain, boost mental and physical health, decrease impulsive decision-making, encourage social connection and even reduce substance cravings.

Plus, as McKowen points out, many outdoor activities are typically done sober, so heading outdoors may provide something to look forward to that feels safe. He adds, "Part of recovery is about building a life around hobbies and interests that give you a natural dopamine surge. For many people, one of those things is getting outdoors."

Don't worry—you don't have to schedule day-long hiking sessions to get the benefits (though you're welcome to if that's up your alley!). Research shows that even small doses of nature can make a difference. And get this—you can reap some of the rewards without leaving the house! Here, easy ways to get Mother Nature's special brand of TLC.

Sit by a window.

If spending significant time out among the trees isn't in the cards for you, good news: Even being outdoors-adjacent may provide some benefits. McKowen points to a study in *Landscape and Urban Planning*. "They had kids in randomized classrooms that had a view of the grounds and trees compared to kids that had a view of something like a wall." The kids next to the nature views, he says, "seemed to have better attention and fewer behavior issues, so even these kinds of daily micro-exposures [to nature] can really be helpful."

Take exercise outside.

If you're already someone who makes sure to get exercise, McKowen sees this as an opportunity to kill two birds with one healthy stone: Take your runs, hikes, or cardio sessions outdoors when the weather permits. This is a great way to add some outdoor time to your day without cutting into an already packed schedule!

Think about gardening.

Growing plants is one way to experience all nature has to offer. Doing it outside is great, but if you don't have a yard or the will to garden beyond your walls, McKowen says even having an indoor plant or two will help keep the feeling of the outdoors nearby. Not only can it increase the amount of greenery you interact with in a day, but Dr. McKowen insists that growing a plant can give someone a sense of control, which may help a person in recovery feel empowered.

Practice mindfulness.

By now we probably don't have to convince you that mindfulness is a healthy practice, but it can be especially helpful when done in natural settings. One study published in the journal *Healthcare* found that just five days of a mindfulness program done in a natural setting helped to regulate stress in students.

To try it, McKowen's advice is simply to focus on the moment and take in the sights and sounds around you. "Mindfulness is designed to try to help control your thinking, and allow you some ability to let things go, so just going out in the forest, quieting your mind and focusing on the sound of birds or the wind can be a good mindful practice."

Make it a social event.

The fact that being in nature often means being out in public can be key for those with OUD. "People in recovery have to find new ways of relating to people," Dr. McKowen explains. Whether it's joining a game of pick-up basketball or volunteering in a community garden, many things done outdoors often offer a chance for connection with new people—and he urges those in recovery to take it! You can also make activities social by choice, like asking a friend to be your hiking buddy!

Bring natural elements indoors.

Don't live by green space? A 2020 study in the *Journal of Addiction Medicine* found that simply looking at nature imagery can be therapeutic, with participants with substance abuse disorder showing similar reductions in heart rate and improvements in mood when they viewed nature scenes as when they practiced mindfulness techniques. That means you may want to hang some nature photos or even turn on a nature documentary from time to time—it could be a sneaky boost to your recovery!

Health Monitor Living

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Questions to ask at today's exam

Getting the answers will help you stay informed about your treatment. Don't forget to take notes.

1. Do I have OUD? How can we be sure?

2. How can we assess my readiness for treatment?

3. What kind of approach or combination do you recommend? Out-patient, "rehab," 12-step, etc.?

4. Is medication-assisted treatment (MAT) a good idea for me?

5. Will these drugs make me feel "high"?

6. Can you explain the difference between the meds used to treat OUD (methadone, buprenorphine and naltrexone)? Would one be better for me and why?

7. Will I be able to stop MAT therapies any time I want?

8. What other types of healthcare providers can help me during my journey?

On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.