# Medical Group Plan

## Week 1: Rule Setting and Managing Acute Withdrawal..........................Page 8

The initial group during the 12-week medical group cycle should focus on creating ground rules for the group. Establish group rules about taking turns talking, any subjects that may be off limits, strategies to maintain group cohesion, and confidentiality. Additionally, the first group should provide education about what to expect from acute withdrawal from stimulants. Set expectations about the amount of sleep needed, the potential for suicidal thoughts, and muscle aches and discomfort. Engage with patients around their most significant symptoms of withdrawal.

**Patient Materials**

Handouts:

1. *Just the Facts: Acute Cocaine Withdrawal*...............................................Page 9
2. *Just the Facts: Acute Methamphetamine Withdrawal*............................Page 10
3. *Over-the-Counter Medication for Stimulant Withdrawal*.......................Page 11

Worksheets

1. *Patient Safety Plan Template*..................................................................Page 12

**Activity:** Provide patients with a mock safety plan. Educate patients on strategies to remain safe in the setting of acute stimulant withdrawal and potential suicidal ideation.

## Week 2: Sleep Hygiene.......................................................................Page 13

Given the importance of sleep and re-regulating sleeping patterns for patients with stimulant use disorder, the second group should focus on the importance of sleep hygiene. Educate patients on what happens during sleep, including the different types of sleep. Set expectations about sleep difficulty in early recovery and how appropriate sleep hygiene may work to improve and regulate sleep more regularly. Emphasize the importance of setting bedtimes, creating a pre-bed ritual, and what to do in cases of insomnia or restless sleep.

**Facilitator Materials**

1. *Treating Sleep Problems of People in Recovery from Substance Use Disorders*...................................................................................Page 14

**Patient Materials**

Worksheets:

1. *Pre-Bed Ritual Patient Worksheet*.........................................................Page 22

**Activity**: Provide patients with an example of a pre-bed ritual and ask patients to create their own pre-bed ritual to share with the group, including a tech time off and environment

concerns.

## Week 3: Fatigue Management.......................................................................Page 23

Fatigue is a major component associated with the first 3-4 weeks of stimulant withdrawal and can be a major barrier to patients being able to engage in traditional treatment programs. Define fatigue and provide examples to patients. Educate patients on the types of disorders/diseases that can be associated with fatigue. Discuss strategies that patients may use to address their own symptoms of fatigue and what they believe drives these symptoms. Provide strategies to conserve energy and address underlying factors associated with fatigue in early stimulant recovery.

**Facilitator Materials**

1. *Fatigue in Stimulant Withdrawal*............................................................Page 24

**Patient Materials**

Handouts:

1. *Vitamins in Recovery from Stimulant Use*..............................................Page 25

Worksheets:

1. *Fatigue Management Worksheet*.............................................................Page 26

**Activity**: Develop an individualized fatigue management plan with the patients. Allow patients to describe strategies they want to employ to manage their own fatigue symptoms.

## Week 4: Addressing Polysubstance Use......................................................Page 27

Given the high prevalence of polysubstance use among patients who use stimulants, it is important to provide a basic overview of the effects of other drugs and substances and how they may impact stimulant use disorder. Discuss the risk for overdose associated with combining drugs, including opioids, benzodiazepines, gabapentinoids, and alcohol. Review the risks of adulterated drug supplies and strategies to address opioid overdose and manage withdrawal from multiple substances.

**Patient Materials**

Handouts:

1. *Just the Facts: Polysubstance Use*.........................................................Page 28

Worksheets:

1. *My Personal Overdose Response Plan*..................................................Page 29

**Activity:** Create an overdose response plan. Patients using illicit substances should all know how to respond to opioid overdose in the setting of illicit fentanyl in the illicit drug supply. Review the steps of overdose response and ask patients to develop their own overdose

response plan. Provide nasal naloxone if patients are interested.

## Week 5: Optimizing Lung Health...........................................................Page 30

Breathing is essential to life. Patients who have a history of using stimulants may or may not recognize its impact on lung tissue or lung disease. Discuss risks associated with smoking illicit stimulants and ways to limit intoxicant exposure. Review strategies to optimize lung health in other ways, including quitting tobacco, aerobic exercise, and incentive spirometry. Potentially discuss PFTs, what they mean, and why they are important. Discuss risks associated with smoking cannabis (particularly for those who are immunocompromised). Review vaccines that may be helpful in preventing lung disease, including pneumococcal, influenza, and coronavirus vaccinations.

**Patient Materials**

Handouts:


1. *Smoking Cessation Education*...............................................................Page 31
2. *Vaccine Information Statement: Influenza (Flu) Vaccine*.......................Page 32
3. *Vaccine Information Statement: Pneumococcal Conjugate Vaccine (PCV13)*..........................................................................................Page 34
4. *Pneumococcal Polysaccharide Vaccine (PPSV23)*...............................Page 36


Worksheets:


1. *Breathe Better Plan*..................................................................................Page 38


**Activity**: Work with patients to create a “Breathe Better” plan, including optimization of potential lung health issues like COPD and asthma, smoking cessation, vaccination, and aerobic exercise.

## Week 6: Improving Nutrition in Recovery...............................................Page 39

After periods of chaotic stimulant use, it is common that patients demonstrate profound weight loss in the setting of forgetting to eat. In early recovery from stimulant use disorder, it is common for patients to gain a considerable amount of weight. This is important to help maintain and improve vital body functions. Emphasize the importance of consuming healthy meals and adding on good weight.

**Patient Materials**

Handouts:


1. *Eating Strategies to Gain Weight*..........................................................Page 40
2. *Quick and Easy Breakfast and Snack Ideas*...........................................Page 41
3. *Foods to Choose When You Need More Calories*..................................Page 42
4. *Healthy Additions and Substitutions*......................................................Page 43

5. *Sample Weight Gain Menu*......................................................................Page 44

**Activity**: Visit the demonstration kitchen to discuss cooking and eating strategies to optimize diet and nutrition in early recovery.

## Week 7: Optimizing Liver and Kidney Health.........................................Page 45

Stimulants are metabolized and excreted through the liver and kidneys. It is vital that patients understand what the liver and kidneys are and what they do for the body. Review the role of the liver and contrast it with the role of the kidneys. Discuss hepatitis C (HCV), strategies to avoid acquisition (including non-injection), and treatment options. Educate patients about the role of alcohol on liver health. Educate patients about the importance of hydration status for renal health. Review vaccinations that can help promote hepatic health, including hepatitis A (HAV) and hepatitis B (HBV) vaccinations.

**Patient Materials**

Handouts:

1. *Take Care of Your Kidneys and They Will Take Care of You*.................Page 46
2. *Hepatitis C Basics for People Who Use Drugs*.......................................Page 48
3. *Sex-C: Sexual Transmission of Hepatitis C*............................................Page 54
4. *Vaccine Information Statement: Hepatitis A Vaccine*.............................Page 60
5. *Vaccine Information Statement: Hepatitis B Vaccine*.............................Page 62

Worksheets:

1. *Healthy Hydration Worksheet*..................................................................Page 64

**Activity**: Provide patients with the "Healthy Hydration" worksheet. Work with patients to develop strategies to improve hydration to prevent renal disease in the high-risk group of people who use stimulants.

## Week 8: Improving Exercise in Recovery................................................Page 66

Exercise has many beneficial effects on a person's overall health and mood. Review the positive health benefits of exercise. Compare and contrast aerobic and anaerobic exercise and what these exercise strategies do within the body. Educate patients on the role of exercise in regulating dopamine. Review low-impact exercise strategies, particularly for patients with complicated past medical histories.

**Patient Materials**

Handouts:

1. *Exercise in Recovery Education Sheet*...................................................Page 67

Worksheets:

1. *Creating a Home Workout Plan*............................................................Page 68

**Activity**: Provide patients with an exercise plan and have them work with you to develop a home exercise routine without any extra gym equipment. Have patients share their home workout routines with each other and critique/compliment them.

## Week 9: Optimizing Cardiovascular Health............................................Page 69

Stimulants can have a profound effect on cardiovascular health, both acutely and chronically. Discuss the impact of stimulants on the heart. Review what blood pressure is and discuss normal and crisis blood pressure ranges. Review what cholesterol is, the different types of cholesterol, and appropriate cholesterol levels. Review what chest pain is and why it is important to have it evaluated, particularly in the setting of stimulant use. Discuss strategies to reduce the risk of cardiovascular health problems, including smoking cessation, statin therapy, managing blood pressure, and of course, abstinence from stimulants.

**Facilitator Materials**

1. *Promotora Guide: How to Control Your Fat and Cholesterol: How to Control Your Cholesterol Numbers*......................................................................Page 70

**Patient Materials**

Handouts:

1. *How to Control Your Fat and Cholesterol: How to Control Your Cholesterol Numbers*..........................................................................................Page 78
2. *Stimulants and Heart Health*.................................................................Page 102

Worksheets:

1. *Chest Pain Plan*.........................................................................Page 103

**Activity**: Work with patients to develop a Chest Pain Plan with the entire group. Review the concerns with chest pain, the importance of evaluation, and where evaluation should happen.

## Week 10: Improving Cognition in Early Recovery.................................Page 105

It is common for patients in early recovery to complain of significant changes to their cognitive status, including impaired memory, brain fog, and confusion. Educate patients on the risks of brain injury in the setting of substance use, with particular emphasis on the effects stimulants have on cognition. Discuss strategies for managing memory loss, including calendars, phone reminders, and whiteboards. Educate patients on activities that have demonstrated effects in improving cognition, including puzzles, crosswords, and sudoku.

**Patient Materials**

Handouts:

1. *Memory and Cognition in Early Recovery*............................................Page 106

Worksheets:

1. *Forget Me Not*..........................................................................Page 107
2. *Crossword puzzle*......................................................................Page 108
3. *Sudoku*....................................................................................Page 109
4. *Word Search*..............................................................................Page 111

**Activity**: Provide patients with the “Forget Me Not” worksheet and assist patients in developing their own memory loss management strategy.

## Week 11: Optimizing Oral Health..........................................................Page 112

Stimulants can have significant effects on oral health, which can, in turn, lead to major health and self-esteem issues for many individuals. Educate patients on why stimulants can cause deterioration of gums and teeth. Review the role of dry mouth and the effect that smoking may have in worsening oral health outcomes for patients who use stimulants. Review what optimum oral health practices look like, including daily toothbrushing and regular visits to a dental practice. Educate patients on strategies for preventing oral health deterioration in the setting of active stimulant use, including using hard candies, improving hydration, and using non-abrasive methods to clean the mouth.

**Patient Materials**

Handouts:

1. *Oral Health and Stimulants*..................................................Page 113
2. *Drug Use and Your Mouth*....................................................Page 114
3. *How to Choose a Dentist (in Four Steps)*............................................Page 124

Worksheets:

1. *Oral Health Assessment Tool*...............................................Page 126
2. *Oral Health Worksheet*.........................................................Page 127

**Activity:** Provide patients with the “Oral Health Assessment Tool” and “Oral Health Worksheet". Allow them to self-appraise their oral health. Then, in a group discussion, review the impacts oral health and oral health care (or lack thereof) have had on patients' self-esteem.

## Week 12: Sex and Recovery..................................................................Page 128

Sex is a normal and healthy part of life that can be drastically affected by active substance use and the use of stimulants when having sex. Educate patients on the effect that early recovery and cessation of stimulant use can have on libido and sexual functioning. Educate

patients on sexually transmitted infection (STI) and pregnancy prevention strategies. Provide information on resources and places to receive additional support if patients have experienced sexual assault or abuse in the past. Importantly, do not have patients discuss their traumas; instead, educate all patients about sexual violence.

**Patient Materials**

Handouts:

1. *Chemsex First Aid Guide*......Page 129
2. *Chemsex & HIV*......Page 149
3. *About PEP*......Page 155
4. *Post-Exposure Prophylaxis (PEP) Medication Assistance Programs*..Page 156
5. *PrEP Brochure*......Page 158
6. *Paying for PrEP*......Page 160
7. *About Sexual Violence*......Page 161
8. *Truvada Medication Information Sheet for Patients*......Page 165
9. *10 Things to Know About HIV Suppression*......Page 167

Worksheets:

1. *Creating New Boundaries*......Page 171

**Activity**: Provide patients with the "Creating New Boundaries" worksheet to assist them in developing a sexual health plan. Patients should be encouraged to write down their plan to discuss sex with their current or future partner(s) and ways to prevent sex from triggering relapse.

# Week 1

## Rule Setting and Managing Acute Withdrawal

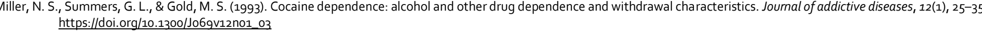
# Just the Facts: Acute Cocaine Withdrawal

**How long does it last?** Acute withdrawal from cocaine may start within 90 minutes of last use and lasts up to 7 days depending on the amount consumed and for how long. Acute withdrawal is often referred to as a "Cocaine Crash" as that is how patients describe it. For patients who drink alcohol and use cocaine it is important to seek medical treatment for alcohol withdrawal to prevent seizure.

**Physical vs. Psychological?** Cutting down or stopping use of cocaine may affect how your body feels (physical) as well as your emotions and thoughts (psychological). It is important to recognize and monitor symptoms of acute cocaine withdrawal.

| Physical symptoms of withdrawal | Psychological symptoms of withdrawal |
|---|---|
| • Feeling tired/exhausted<br>• Sleeping for many hours a day<br>• Small muscle tremors/shakiness<br>• Joint and muscle aches<br>• Hunger<br>• Light sensitivity (lights may bother your eyes) | • Anxiety<br>• Depression, including thoughts of self-harm<br>• Irritability<br>• Mood changes<br>• Intense feelings of dissatisfaction. |

*Department of Health | The cocaine withdrawal syndrome*. (n.d.). Retrieved May 10, 2021, from https://www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-modpsy-toc~drugtreat-pubs-modpsy-3~drugtreat-pubs-modpsy-3-7~drugtreat-pubs-modpsy-3-7-cws#nat



Miller, N. S., Summers, G. L., & Gold, M. S. (1993). Cocaine dependence: alcohol and other drug dependence and withdrawal characteristics. *Journal of addictive diseases*, *12*(1), 25–35. https://doi.org/10.1300/J069v12n01_03

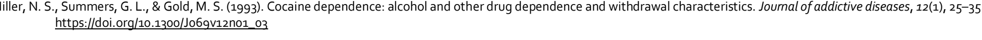
Coffey, S. F., Dansky, B. S., Carrigan, M. H., & Brady, K. T. (2000). Acute and protracted cocaine abstinence in an outpatient population: a prospective study of mood, sleep and withdrawal symptoms. *Drug and alcohol dependence*, *59*(3), 277–286. https://doi.org/10.1016/s0376-8716(99)00126-x

# Just the Facts: Acute Methamphetamine Withdrawal

**How long does it last?** Acute withdrawal from methamphetamines lasts between 7-10 days. Physical symptoms usually get better as the days progress, but mental health symptoms may be worst at the end of the week.

**Physical vs. Psychological?** Cutting down or stopping use of methamphetamine may affect how your body feels (physical) as well as your emotions and thoughts (psychological). It is important to recognize and monitor symptoms of acute methamphetamine withdrawal.

| Physical symptoms of withdrawal | Psychological symptoms of withdrawal |
|---|---|
| • Feeling tired/exhausted<br>• Sleeping for many hours a day<br>• Dry mouth<br>• Head aches<br>• Muscle spasms<br>• Joint and muscle aches<br>• Loss of appetite followed by increase in appetite | • Anxiety<br>• Depression, including thoughts of self-harm<br>• Paranoia<br>• Lack of motivation to do anything<br>• Intense cravings for meth. |



*Department of Health | The cocaine withdrawal syndrome*. (n.d.). Retrieved May 10, 2021, from https://www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-modpsy-toc~drugtreat-pubs-modpsy-3~drugtreat-pubs-modpsy-3-7~drugtreat-pubs-modpsy-3-7-cws#nat

Miller, N. S., Summers, G. L., & Gold, M. S. (1993). Cocaine dependence: alcohol and other drug dependence and withdrawal characteristics. *Journal of addictive diseases*, *12*(1), 25–35. https://doi.org/10.1300/J069v12n01_03

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Reach us at (617) 714-7490.

# Over-the-Counter Medication for Stimulant Withdrawal

**Why take over the counter medication?** Stimulant withdrawal can cause physical discomfort such as joint pain, aches, insomnia, and upset stomach. These medications can ease these feelings of discomfort during the 7-10 days of acute withdrawal. Ask your doctor if you would benefit from other medications to assist you in making healthy decisions surrounding your stimulant use

❖ **Acetaminophen (Tylenol)**
May be helpful to take this medicine to help with bone and joint aches associated with stimulant withdrawal. May be harmful to the liver if taken a lot in high doses.

❖ **NSAIDs (ibuprofen, aspirin)**
May be helpful to take this medicine to help with bone and joint aches associated with stimulant withdrawal. May be harmful to the stomach if taken a lot. Always take with food to avoid injury to the stomach.

❖ **Vitamin C**
Some patients report that taking high doses of vitamin help to reduce some of the negative symptoms of withdrawal.

❖ **Thiamine**
In patients who also drink alcohol they may benefit from taking extra thiamine as it is hard to absorb when drinking alcohol. Thiamine helps to prevent issues with the patient's brain.

❖ **Melatonin**
May help patients to get to sleep at night if they have issues in falling asleep.

❖ **Fluticasone (Flonase)****
May help with nasal congestion for patients who had been snorting drugs.

❖ **Cepacol Lozenges (cough drops)**
May help soothe a sore throat after smoking large amounts of stimulants. They may also be helpful in providing saliva in the setting of dry mouth.

❖ **Biotene (alcohol-free mouth wash)**
May be helpful in providing moisture for patients experiencing dry mouth and may help prevent further tooth or oral decay.

❖ **Bacitracin (triple antibiotic ointment)**
Used on small cuts or scabs to help with healing and help avoid picking.

❖ **Vitamin E capsules**
May be punctured and used on sites of injection to reduce scarring or used on picking sites to promote healing.

❖ **Calcium carbonate (Tums)**
Help with some of the upset stomach that can occur in early recovery.

❖ **Alumina, Magnesia, Simethicone (Maalox)**
Helps with upset stomach and heartburn

**May interact with some HIV drugs. Ask before taking

# Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. ____________________
2. ____________________
3. ____________________

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. ____________________
2. ____________________
3. ____________________

**Step 3: People and social settings that provide distraction:**

1. Name____________________ Phone____________________
2. Name____________________ Phone____________________
3. Place____________________ 4. Place____________________

**Step 4: People whom I can ask for help:**

1. Name____________________ Phone____________________
2. Name____________________ Phone____________________
3. Name____________________ Phone____________________

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name____________________ Phone____________________
   Clinician Pager or Emergency Contact # ____________________
2. Clinician Name____________________ Phone____________________
   Clinician Pager or Emergency Contact # ____________________
3. Local Urgent Care Services____________________
   Urgent Care Services Address____________________
   Urgent Care Services Phone____________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. ____________________
2. ____________________

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The one thing that is most important to me and worth living for is:

____________________

# Week 2

## Sleep Hygiene

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

In Brief
Fall 2014 • Volume 8 • Issue 2

# Treating Sleep Problems of People in Recovery From Substance Use Disorders

Sleep problems are a common complaint among people with substance use disorders (SUDs). They can occur during withdrawal, but they can also last months and years into recovery[1] and can be associated with relapse to substance use.[2] This *In Brief* alerts healthcare providers to the relationship between sleep disturbances and SUDs and provides guidance on how to assess for and treat sleep problems in patients in recovery.

## Sleep Disturbances and Substance Use

Many Americans suffer from unhealthy sleep-related behaviors. The prevalence of insomnia symptoms (difficulty initiating or maintaining sleep) in the general population is estimated at 33 percent, with an estimated 6 percent having a diagnosis of insomnia.[3] According to a 12-state survey conducted by the Centers for Disease Control and Prevention:[4]

- 35.3 percent of survey respondents obtain less than 7 hours of sleep on average during a 24-hour period.
- 48.0 percent snore.
- 37.9 percent unintentionally fall asleep during the day.

Substance/medication-induced sleep disorder is recognized in the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition.[5] Substance use can exacerbate sleep difficulties, which in turn present a risk factor for substance use or relapse to use.[6] The types of sleep problems vary by substance used and can include insomnia, sleep latency (the time it takes to fall asleep), disturbances in sleep cycles and sleep continuity, or hypersomnia (excessive daytime sleepiness).[5] Specific findings on the relationship between sleep disturbances and substance use are presented below.

### Alcohol Abuse

Insomnia and other sleep disturbances are common symptoms of alcohol dependence.[1,7] Many people with alcohol use disorder (AUD) have insomnia before entering treatment.[7] Reported rates of sleep problems among people with AUD in treatment range from 25 to 72 percent.[8] Some people in recovery from AUD may continue to have sleep problems, including insomnia or sleep-disordered breathing (such as sleep apnea), for weeks, months, or sometimes years after initiating abstinence.[9,10,11]

### Illicit Drug Use

Sleep disturbances are common among people abstaining from chronic substance use. People stopping marijuana use can experience sleep problems in the first days of withdrawal,[12] and these problems can last for weeks.[13,14] People in detoxification from opioids often report symptoms of insomnia.[15,16] A study that objectively measured sleep in people who chronically use cocaine found that sleep quality deteriorated during a period of abstinence, even though the subjects perceived their sleep to be improving.[17] Another study of people in withdrawal from cocaine found that three-quarters experienced poor sleep quality.[18] In a study of college students, those who reported a history of nonmedical psychostimulant use or current use reported worse subjective and overall sleep quality and more sleep disturbance compared with those who had not used such substances.[19]

## The Effects of Sleep Loss During Recovery

Sleep loss can have significant negative effects on the physical, mental, and emotional well-being of people in recovery. It can also interfere with substance abuse

treatment. Persistent sleep complaints after withdrawal are associated with relapse to alcohol use.[20,21] Poor sleep quality before a quit attempt from cannabis use is a risk factor for lapsing back into use within 2 days.[22]

### Medication-Assisted Treatment and Sleep Disorders

Disrupted sleep, including central sleep apnea and related daytime sleepiness, is prevalent in people on methadone maintenance therapy for opioid dependence.[23,24] Methadone dose and duration of opioid use prior to treatment correlate linearly with sleep problems.[23] The prevalence of sleep problems is attributable to the methadone, which is a full μ-opioid agonist, and to concurrent factors that often affect patients in recovery from opioid addiction, such as mental disorders, benzodiazepine abuse, and chronic pain. Buprenorphine, a partial μ-opioid agonist, at routine therapeutic doses has also been found to induce significant alterations of breathing during sleep.[25]

## Assessing Sleep Disorders

If a patient initiating withdrawal from a substance or recovering from an SUD complains of a sleep disturbance, the healthcare provider should assess for causes by doing the following:[26]

- Determine the duration of recovery and medications used for SUD treatment.
- Ask questions about difficulty falling asleep, waking during the night, amount of sleep per night, snoring, sleep apnea, excessive movements during sleep, uncontrollable movements that are relieved by getting up and walking, and excessive daytime sleepiness. If possible, ask significant others the same questions about the patient.
- Rule out other causes of the sleep problem, such as stress, a life crisis, or side effects of medications the patient is taking.
- Ask the patient to write in a sleep diary or log immediately on awakening. The patient should record total time in bed, time of sleep onset, number of times awakened, and total time spent awake.
- Determine the frequency and duration of symptoms of insomnia. If difficulties occur two or three nights per week and last for 1 month or more, the patient warrants a diagnosis of insomnia.

Note that some patients tend to overestimate the quality and duration of their sleep on self-report questionnaires and in sleep logs.[27,28] If warranted, a referral for an objective sleep study in a sleep laboratory can be made.

## Treatments

The association between insomnia and relapse calls for treatment that addresses insomnia during recovery. The first step in treating insomnia should focus on the status of the patient's recovery. Patients should be receiving treatment from an appropriate substance abuse treatment program. It is important to address other psychological, social, and medical problems that may contribute to insomnia, such as co-occurring mental and medical disorders, use of medications that disturb sleep, and nicotine use.[29,30]

### Nonpharmacological Treatments

Nonpharmacological treatments are preferred because many pharmacological treatments for insomnia have the potential for abuse and can interfere with SUD recovery. Research on cognitive–behavioral therapy (CBT) to treat insomnia has shown positive results, generally[26,31,32] and

### What Healthcare Providers Can Do

- Screen for insomnia among people in recovery from SUDs.
- Include questions about sleep during the routine patient history.
- Rule out other causes of sleep problems (e.g., stress, medications).
- Educate patients about sleep hygiene, and make referrals to a specialist if necessary.
- Conduct a careful evaluation, and consider risk factors, before prescribing sedative–hypnotic medications to treat insomnia.
- Monitor patients for signs of abuse or diversion of scheduled medications prescribed to treat insomnia and other sleep disorders.

### Exhibit 1. Nonpharmacological Treatments

- **Mindfulness meditation.** The patient moves into a state of restful, present-moment alertness, which reduces stress and improves self-control.[33,34]
- **Progressive muscle relaxation.** The patient concentrates on tensing and relaxing groups of muscles.[8,35]
- **Biofeedback.** The patient becomes aware of physiologic stress responses and how to control them.[26]
- **CBT for insomnia.** The patient's dysfunctional beliefs and behaviors are modified to improve his or her emotional state.[26,36]
- **Stimulus control.** The patient reassociates the bedroom with the rapid onset of sleep.[37]
- **Exercise.** Regular physical activity relieves stress and tires the patient.[26]
- **Sleep restriction therapy.** The patient limits sleep to a few hours and progressively increases it until the desired amount of sleep time is achieved.[26]
- **Bright-light therapy.** Exposure to a natural bright light while awake helps promote normal sleep patterns.[38]
- **Dental devices and continuous positive airway pressure machines.** These devices help the patient with obstructive sleep apnea breathe more easily during sleep.[39]

also in patients who are alcohol dependent.[40] Exhibit 1 lists several nonpharmacological interventions that have shown some degree of effectiveness. Combining approaches may be more effective than using one approach.[38]

Healthcare providers can educate patients about simple nonpharmacological techniques that can improve sleep[41] (see Exhibit 2). Sleep education includes teaching about sleep, the effects of recovery from substance use on sleep, and health practices and environmental factors that affect sleep.[38] Sleep can be improved by limiting bedroom activities to sleeping (e.g., refraining from activities such as reading the newspaper, paying bills, or working on electronic devices) and going to bed only when sleepy and at about the same time each day. These activities help reassociate the bed and bedroom with going to sleep.[37] Establishing a relaxing presleep routine, which can include progressive muscle relaxation,[35] imagery,[42] or a warm bath,[41] also promotes sleep. Some patients may benefit from referral to a sleep medicine specialist.

## Pharmacological Treatments

### Over-the-counter medications and dietary supplements

Some people who have trouble sleeping have tried over-the-counter sleep medications or dietary supplements to help them sleep. Patients may ask about these, and care should be taken to explain their safety and efficacy. Many over-the-counter sleep medications contain antihistamines that cause sedation.[38] They are not recommended as a long-term treatment for insomnia because they negatively affect the natural sleep cycle and have side effects such as morning grogginess, daytime sleepiness, and impaired alertness and judgment.[43,44] Furthermore, evidence supporting their long-term effectiveness is insufficient.[43]

Popular dietary supplements taken with the intent to promote sleep include valerian and melatonin. Valerian, an herb, is thought to have sedative effects.[45,46] However, studies of valerian offer mixed results,[47,48] and evidence supporting the supplement's efficacy is insufficient to warrant its use.[49,50] In addition, valerian could damage the liver.[47] Melatonin is a brain hormone that helps regulate sleep patterns.[51] Limited evidence shows that it can treat chronic insomnia in some people and, to date, there is no evidence that it is harmful.[52]

### Prescription medications without known abuse potential

Medications without known abuse potential should be the first treatment option when pharmacotherapy is necessary to treat insomnia during recovery. Ramelteon and doxepin are the only unscheduled prescription medications approved by the U.S. Food and Drug Administration (FDA) for the treatment of insomnia. Ramelteon decreases the amount of time it takes to fall asleep.[53,54] Doxepin, originally FDA approved as an antidepressant, has been approved for treating insomnia typified by problems staying asleep. These medications may be suitable for treating insomnia in patients in recovery, because they do not appear to have potential for abuse.[55,56,57]

**Exhibit 2. Promoting Sleep Hygiene: Tips for a Good Night's Sleep[58,59]**

- Go to bed and get up at the same times each day.
- Use natural light (that comes through a window) to remind yourself of when it's time to be asleep and awake. This can help you set a healthy sleep–wake cycle.
- Exercise regularly.
- If you take naps, keep them short and before 5 p.m.
- Don't eat or drink too much when it is close to bedtime.
- Avoid caffeine (in coffee, tea, chocolate, cola, and some pain relievers) and nicotine for several hours before bedtime.
- Wind down before going to bed (e.g., take a warm bath, do light reading, practice relaxation exercises).
- Keep the bedroom a relaxing place—avoid working or paying bills in bed.
- Sleep in a dark, quiet room that isn't too hot or too cold.
- Don't lie in bed awake. If you can't fall asleep within 20 minutes, get up and do something relaxing.

### Off-label medications

Other medications are often prescribed off label (for purposes other than the medication's FDA-approved use) to treat insomnia. According to a survey of addiction medicine physicians, the sedating antidepressant trazodone is the medication most often prescribed for the management of sleep disorders in patients in early recovery from AUD.[60] One study found that its use among people in recovery from AUD improved sleep efficiency.[61] Studies of its effects on abstinence and relapse in persons with AUD are conflicting. A 2008 study comparing trazodone with placebo for people after detoxification from alcohol showed that the trazodone group had improved sleep quality but had less improvement in the proportion of days abstinent while taking the medication. Furthermore, when the medication was discontinued, the trazodone group experienced less improvement in abstinence days and an increase in the number of drinks per drinking day.[62] In contrast, a study published in 2011 of patients discharged from residential treatment did not find an association between trazodone use and relapse or return to heavy drinking.[63] A study of patients on methadone maintenance treatment found that trazodone use provided no improvement in sleep.[64]

Other sedating antidepressants that have been used to treat insomnia include amitriptyline, mirtazapine, nefazodone, and nortriptyline.[65] In a study of the use of mirtazapine on subjects with cocaine dependence and co-occurring depression, the medication decreased sleep latency; however, it had no measurable effect on treatment for cocaine dependence and depressive symptoms.[66]

Gabapentin, an anticonvulsant with sedative properties, also has evidence of efficacy for treating insomnia.[50,67] It has been found to be more effective in promoting sleep than lorazepam (an anxiolytic commonly prescribed to treat insomnia) among people withdrawing from alcohol.[67] It has also been found to be more effective than trazodone in promoting sleep among those in early recovery.[68] Acamprosate, a medication used to maintain alcohol abstinence, may also improve sleep during withdrawal from alcohol.[21,69]

### Prescription medications with known abuse potential

Sedative–hypnotic medications, such as benzodiazepines and nonbenzodiazepines, are commonly prescribed to treat sleep problems. However, these medications should be avoided by people with histories of SUDs, who are at increased risk for abusing them.[44,70] Benzodiazepines, such as alprazolam, diazepam, and triazolam, are especially risky for use with people with SUDs because they are potentially addicting. They can also cause residual daytime sedation, cognitive impairment, motor incoordination, and rebound insomnia.[50] Long-term treatment of insomnia with benzodiazepines may lead to withdrawal symptoms (e.g., anxiety, irritability, seizures) when patients stop taking

the medications. A careful clinical evaluation is needed to ensure appropriate prescribing. Measures to prevent abuse include the following:[71]

- Observe closely and perform ongoing evaluations.
- Prescribe a few tablets at a time.
- Schedule frequent office visits.
- Conduct occasional urine screenings.
- Use one source to dispense the medication.
- Occasionally taper the medication.
- Be attentive to risk factors such as antisocial personality disorder and dependence on multiple substances.

Alternatives to benzodiazepines include sedative–hypnotic medications such as zaleplon, eszopiclone, and zolpidem. These medications all have the same mechanism of action as benzodiazepines but lack some of the negative side effects. However, some research indicates that at high doses they may have the same side effects as benzodiazepines.[72] The three medications are Schedule IV controlled substances, indicating abuse potential. For these reasons, these medications should be used only for short-term treatment of insomnia in people with a history of SUDs.

## Web Resources

**American Academy of Sleep Medicine**
http://www.aasmnet.org

**National Center on Sleep Disorders Research**
http://www.nhlbi.nih.gov/about/org/ncsdr

**National Sleep Foundation**
http://www.sleepfoundation.org

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## *In Brief*

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Name: ___________________________

# Pre-Bed Ritual Patient Worksheet

Sleep Time: ______________

Caffeine End-Time: ______________

Technology Time-Out: ______________

| Personal Hygiene Routine |
| --- |
| |
| **Create your Sleep Environment** |
| |
| **Reduce Stress** |
| |



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# Week 3

## Fatigue Management

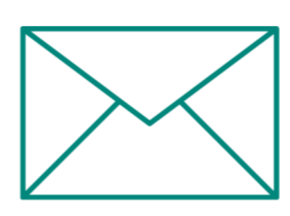
# Fatigue in Stimulant Withdrawal

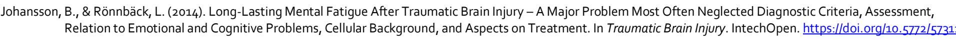
Fatigue is an expected and confusing sign of stimulant withdrawal. Fatigue may be physical or mental or both and is often correlated with patients who feel depressed. Fatigue may be expected by people in recovery from stimulants, but it may be important to ensure there is no other cause of fatigue. During stimulant withdrawal and in early recovery, low dopamine levels in the brain mean that there is a decreased brain function or that the brain functions more slowly than normal which may be why there is a huge relationship between fatigue and stimulant withdrawal. Fatigue during stimulant withdrawal and recovery may last upwards of 2-4 weeks and you should be prepared to plan for the fatigue symptoms.

**What is an energy envelope?** When patients are feeling fatigue there is a level at which if they continue to exert themselves, they will experience a lot more fatigue than usual. It is important for people to establish their energy envelope and then share that information with others. Setting expectations around capabilities within the energy envelope is important.

**What things help with fatigue?** Limiting naps during the day, working within the energy envelope, and increasing physical activity/exercise within the energy envelop are all beneficial in limiting the intensity and duration of episodes of fatigue during stimulant withdrawal.

**Will the fatigue ever go away?** Yes. For most people experiencing fatigue during stimulant withdrawal, it goes away after more than 8-12 weeks without stimulants and the introduction of an exercise regimen. Re-regulating the normal amount of dopamine in the brain will likely help in returning patients to their baseline.





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# Vitamins in Recovery from Stimulant Use

Patients who are using stimulants may experience less hunger than when they are using stimulants. Especially, when patients have been using for many days in a row, there may be large vitamin deficiencies (not having enough) from forgetting to eat.

- **Vitamin A:** In patients with a substance use disorder vitamin A levels have been low compared to the general population. Vitamin A may impact vision, the immune system, and reproduction. Increasing dietary vitamin A through eating fish, fortified cereal, broccoli, or squash will help to restore vitamin A levels.
- **B-Vitamins:** B-vitamins, particularly vitamin B1(thiamine), B2(riboflavin), B3(niacin), B6(pyridoxine), B9(folate) and B12(cobalamin) are all important and have been low in patients with a substance use disorder suffering from malnutrition. Increasing B vitamins in the diet may help with cognition and energy. Sources of dietary vitamin B through meat, fish, poultry, or leafy green vegetables.
- **Vitamin C:** Similar to A and B vitamins, vitamin C levels may be low because of not eating while using drugs. Vitamin C (ascorbic acid) is important in helping protect your body from things like cancer and heart disease. Increasing sources of dietary vitamin C during early recovery will help to protect your body against getting other health problems. One study even showed a reduction in withdrawal symptoms when taking vitamin c. Sources of dietary vitamin C includes citrus fruits, potatoes, berries, tomatoes, and peppers.
- **Vitamin D:** Particularly among patients who use cocaine, vitamin D deficiency has been associated with heart disease. Dietary sources of vitamin D include oily fish, red meat, and egg yolks. It may be important to take vitamin d supplements for a significant period of time to fix vitamin d levels in patients who have a long history of stimulant (particularly cocaine) use.
- **Vitamin E:** May be low in patients who have been losing weight while using substances. Vitamin E helps to keep the skin and eyes healthy and has a role in boosting the immune system. Sources of dietary vitamin E include olive oil, nuts, seeds, and wheat germ. Vitamin E capsules may also be helpful in helping skin sores heal if the ointment in the capsule is applied directly to the scar tissue.


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Name: ___________________________

# Fatigue Management Worksheet

Out of the last 7 days, how many days have you experienced fatigue? ____________________

On a scale of 0-10, where 10 is the worst fatigue you've ever had and 0 is no fatigue at all, how bad is your fatigue today? ____________________

Think about what is your energy envelop? Describe your energy envelope to your best friend:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

__________________________________________________________________________

Describe the signs that you are reaching your energy envelope:

______________________________________________________________________________

______________________________________________________________________________

____________________________________________________________________________

Rank the following fatigue management strategies seem the most important to you; where 6 is the least important and 1 is the most important.

____Taking breaks while working on large projects

____Create an understanding with your supervisor about when you need more time.

____Exercise regularly to the best of your physical activity level will allow.

____Try to plan the day's activities at least 24 hours in advance to reduce stress and reduce feeling overwhelmed.

____Avoiding naps during the day.

____Consuming foods with simple sugars may provide you with a burst of energy. Some foods to consider include apples, oranges, and strawberries.

____Prioritize events that you would like to participate in

____ Stress/relaxation techniques or mindfulness

____ Sleep hygiene


Johansson, B., & Rönnbäck, L. (2014). Long-Lasting Mental Fatigue After Traumatic Brain Injury – A Major Problem Most Often Neglected Diagnostic Criteria, Assessment, Relation to Emotional and Cognitive Problems, Cellular Background, and Aspects on Treatment. In *Traumatic Brain Injury*. IntechOpen. https://doi.org/10.5772/57311

*Managing Fatigue or Weakness*. (n.d.). Retrieved May 12, 2021, from https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fatigue/managing-cancer-related-fatigue.html

Tur, C. (2016). Fatigue Management in Multiple Sclerosis. *Current Treatment Options in Neurology*, *18*. https://doi.org/10.1007/s11940-016-0411-8

Reach us at (617) 714-7490.

# Week 4

## Addressing Polysubstance Use

# Just the Facts: Polysubstance Use

**What is polysubstance use?** Polysubstance use is when a person uses multiple difference substances and/or alcohol at the same time

**What are some of the risks of polysubstance use?** Polysubstance use increases the risk for opioid overdose and overamping. When peoples heart and lungs are given different amounts of drugs it can affect how they work. For example, uppers like cocaine and methamphetamine when combined may increase the risk for extra work on the heart.

**What is adulteration?** Adulteration is what happens when a little bit of an unexpected drug gets mixed into the supply of a particular substance that you were planning to use. For example, having some fentanyl in a purchased amount of cocaine. Adulteration of stimulants is a major concern for opioid overdose.

## Strategies to Manage Polysubstance Use

- Use substances in an order that will allow you to be able to consider or change your mind after initiating treatment.
- Have nasal naloxone even if you don't use opioids.
- Use fentanyl test strips to check for the presence of a deadly adulterant.
- Improve the care of other potential conditions contributing to the use of multiple substances.
- Reducing the amount of varied substances to hone in on one primary substance.
- Consider addressing all of the substances that are used, not just the one that brings you in today.


Compton, W. M., Valentino, R. J., & DuPont, R. L. (2021). Polysubstance use in the U.S. opioid crisis. *Molecular Psychiatry*, *26*(1), 41–50. https://doi.org/10.1038/s41380-020-00949-3

Theodore J. Cicero, Matthew S. Ellis, and Zachary A. Kasper, 2020: Polysubstance Use: A Broader Understanding of Substance Use During the Opioid Crisis
American Journal of Public Health **110**, 244_250, https://doi.org/10.2105/AJPH.2019.305412

Name: ____________________

## My Personal Overdose Response Plan

1) Have you overdosed before? If so, what substances were involved in your overdose?

______________________________________________________________________

______________________________________________________________________

2) Do you have nasal naloxone (Narcan®)? ☐ Yes ☐ No

3) Where will I store my nasal naloxone? ______________________________

4) Who will I teach how to use naloxone in case I should ever need it administered to me? ______________________________

5) How will I try to avoid an overdose in the future?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

6) If I do experience an overdose in the future, who will I tell and which medical facility will I request to go to?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________



START
Stimulant Treatment and Recovery Team
Reach us at (617) 714-7490.

# Week 5

## Optimizing Lung Health

| Medication Name | What is it? | Who should use it? | Who shouldn't use it? | Doses | How to use it? | Potential Side Effects | Drug Interactions | Any testing or monitoring? |
|---|---|---|---|---|---|---|---|---|
| **Nicotine Patches** | Nicotine replacement therapy, transdermal patch | Patients interested in quitting/reducing tobacco smoking. | People with sensitive skin. | 7mg, 14mg, 21mg. | Apply a patch daily to the skin. | Skin irritation. Weird dreams if left on at night. | Beta blockers, bronchodilators, decongestants | |
| **Nicotine Gum** | Nicotine replacement therapy, oral gum | Patients interested in quitting/reducing smoking. | People with poor teeth or pain with chewing. | 2mg, 4mg | Chew the gum until soft and then stick to cheek or lower jaw. | Indigestion, heartburn, hiccups, throat irritation | No significant interactions | |
| **Nicotine Lozenges** | Nicotine replacement therapy, oral medication | Patients interested in quitting/reducing smoking. | People with pre-existing heartburn. | 2mg, 4mg | Allow to dissolve in the mouth over 20-30 minuntes | Throat irritation, mouth sores, heartburn, hiccups | No significant interactions | |
| **Nicotine Inhaler** | Nicotine replacement therapy, inhaler | Patients interested in quitting/reducing smoking. | People who don't like menthol. | 4mg | Inhale from device multiple times as needed. | Headache, cough, change in taste | No significant interactions | Contains menthol |
| **Nicotine Nasal Spray** | Nicotine replacement therapy, nasal spray | Patients interested in quitting/reducing smoking. | People who have poor absorption in the nose. | 0.5mg/spray | Spray and inhale through the nose. | Nose bleeds, nasal ulcer | Nasal vasoconstrictors (certain cold medicines) | |
| **Varenicline (Chantix)** | Oral tablet | Patients interested in quitting/reducing smoking. | People who have previously had an adverse reaction to it. | 0.5mg, 1mg<br><br>Comes as a starter pack | Take tablet 1x daily and then 2x daily with a big glass of water. | Nausea, Sleep problems, gas, constipation | Lamictal, Tivicay (dolutegravir), | You do not need to stop smoking to start this. |
| **Bupropion XL (Zyban)** | Oral tablet | Patients interested in quitting/reducing smoking. | People with a history of seizure disorder or anorexia. | 150mg tablet | Take 1 tablet daily and then 2x daily. | Agitation, nausea, dry mouth, anxiety | MAO inhibitors, selegeline, phenelzine | |

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1 Why get vaccinated?

**Influenza vaccine** can prevent **influenza (flu)**.

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's **www.cdc.gov/flu**

# Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1 Why get vaccinated?

**Pneumococcal conjugate vaccine (PCV13)** can prevent **pneumococcal disease**.

**Pneumococcal disease** refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

## 2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

**Infants and young children** usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

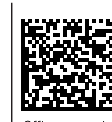
## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
PCV13



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10/30/2019 | 42 U.S.C. § 300aa-26

# Pneumococcal Polysaccharide Vaccine (PPSV23): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1 Why get vaccinated?

**Pneumococcal polysaccharide vaccine (PPSV23)** can prevent **pneumococcal disease**.

**Pneumococcal disease** refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:
- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

## 2 PPSV23

PPSV23 protects against 23 types of bacteria that cause pneumococcal disease.

PPSV23 is recommended for:
- All **adults 65 years or older**,
- Anyone **2 years or older with certain medical conditions that can lead to an increased risk for pneumococcal disease**.

Most people need only one dose of PPSV23. A second dose of PPSV23, and another type of pneumococcal vaccine called PCV13, are recommended for certain high-risk groups. Your health care provider can give you more information.

People 65 years or older should get a dose of PPSV23 even if they have already gotten one or more doses of the vaccine before they turned 65.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an **allergic reaction after a previous dose of PPSV23**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone PPSV23 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PPSV23.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Redness or pain where the shot is given, feeling tired, fever, or muscle aches can happen after PPSV23.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement
PPSV23 Vaccine

Office use only

10/30/2019

Name: ___________________________

# Breathe Better Plan

1) What health conditions do you have that may impact your breathing (ex. Asthma, COPD)?

______________________________________________________________________

______________________________________________________________________

2) What behaviors may negatively impact my breathing (ex. Smoking tobacco or stimulants)?

______________________________________________________________________

______________________________________________________________________

3) What behaviors may positively impact my breathing (ex. Vaccines, Incentive spirometry)?

______________________________________________________________________

______________________________________________________________________

## MY PLAN

| Reducing Negative Impacts | Increasing Positive Impacts |
| --- | --- |
| | |
| How am I going to manage my breathing conditions | |
| | |

# Week 6

## Improving Nutrition in Recovery

# Eating Strategies to Gain Weight

It costs 3500 calories to gain one pound. That means, in order to gain one pound a week, you have to consume 500 extra calories every day. Here are some tips for getting those extra calories into your daily meal plan.

- **Eat frequently!** -- Make time for 3 large meals and 2-3 hefty snacks every day.
- **Eat larger** than normal portions at meals!
- **Eat higher calorie foods**! -- Choose dried fruit, starchy vegetables, dense whole grain breads and cereals, hearty bean soups, nuts...
- **Add lots of "extras" to food!** -- Don't eat anything plain.
  - Add healthy unsaturated fats: olive and canola oil, nuts, seeds, peanut butter, avocados.
  - Add healthy carbs and protein: honey, jam, dried fruit, wheat germ, nonfat dried milk powder, soy protein powder.
- **Make beverages count!** -- Drink shakes, milk, juice, etc. instead of water, coffee, tea, and diet sodas.
- **Do resistance exercises!** -- Weight training helps convert the extra calories into muscle rather than flab. Aim for 2-3 times per week.

## TRY THESE QUICK-N-EASY BREAKFAST IDEAS:

⇒ Whip together 2 cups fruit juice, 1 cup fresh, frozen or canned fruit, 1 cup yogurt, 1/4 cup dried nonfat milk powder, and 1/4 cup wheat germ or oat bran for a high energy liquid meal to go.

⇒ Spread peanut butter, honey, or jam on large bagels, muffins, hearty whole wheat bread/toast, graham crackers or stoned wheat crackers. Grab an extra large banana and wash it down with a tall glass of milk

⇒ Fill a plastic bag with raisins and nuts (trail mix) or your favorite dry cereal. Grab an 8 oz container of fruit yogurt and a couple cans/boxes of fruit juice.

⇒ Nontraditional ideas:

* Heat up leftover pizza, pasta, or Chinese food from last night's dinner.
* Make a peanut butter and honey, grilled cheese, tuna, or turkey sandwich.
* Pop a baked potato in the microwave for 5-10 minutes; top with chopped veggies (frozen ones are quickest) and melted cheese, canned chili, or hearty bean soup.
* Wrap vegetarian refried beans, shredded low fat cheddar cheese, and tomato salsa in a couple of flour tortillas.

## TRY THESE QUICK-N-EASY SNACK IDEAS:

⇒ **Dry cereal**: Wheat Chex, Shredded Wheat, Cheerios, Oat Squares, granola. NOTE: Add raisins or other dried fruits to boost the calories and carbs.

⇒ **Pretzels**: Naturally fat free. Look for reduced salt or salt-free varieties if you are watching your salt intake.

⇒ **Crackers**: Stoned wheat, sesame, bran, RyKrisp, or other low fat or fat free brands NOTE: Spread with peanut butter or add slices of cheese to boost the calories and protein.

⇒ **Bagels**: The bigger the better. Look for whole wheat, pumpernickel, rye, or ones with seeds to get the most nutrients. NOTE: Spread with peanut butter, honey, jam, or low fat cream cheese to boost the calories.

⇒ **Fruits**: Bananas, apples, oranges, grapes, or other fresh fruits. NOTE: Dried fruits (like raisins, apricots, and dates) are especially easy to pack and very calorie dense.

⇒ **Nuts and seeds**: Peanuts, pistachios, almonds, sunflower seeds and other nuts/ seeds are high in calories and good sources of protein, healthy monounsaturated fats, vitamin E, and several other vitamins and minerals.

⇒ **Sports bars, breakfast bars, and low fat granola bars**: Prewrapped, very portable, and very tasty.

# Foods to Choose When You Need More Calories

- **Breads**
  Choose hearty, dense breads such as whole wheat, oat bran, pumpernickel, or rye (as opposed to fluffy white breads). The bigger and more thickly sliced the better! Spread generously with peanut butter, jam, honey, hummus, or low fat cream cheese.
- **Cereals**
  Choose dense cold cereals such as granola, muesli, Grape-Nuts, Cracklin Oat Bran, Shredded Wheat n Bran or Wheat Chex (instead of flaked or puffed cereals). When making oatmeal and other hot cereals, use low fat milk instead of water. Add extra nuts and dried fruits for flavor.
- **Vegetables**
  Starchy vegetables such as potatoes, peas, corn, carrots, winter squash, and beets have more calories than watery veggies like broccoli, cauliflower, zucchini, green beans, and cucumbers.
- **Fruits**
  Bananas, pears, apples, pineapple, and all dried fruits (raisins, dates, dried apricots, etc.) have more calories than watery fruits such as oranges, peaches, plums, berries, and watermelon. Buy canned fruit packed in heavy syrup, instead of its own juice, for extra calories.
- **Soups**
  Select hearty black bean, lentil, split pea, chili with beans, barley, or minestrone soups. These soups have more calories and carbohydrates than brothy chicken, beef, and vegetable types.
  NOTE: Creamed soups and chowders are also high-calorie choices, but they are very high in saturated fat and should be eaten in moderation.
- **Salads**
  Rather than filling up on watery lettuce, pile on the garbanzo and kidney beans, green peas and corn, chopped vegetables, sunflower seeds and chopped walnuts, raisins, cottage cheese, lean meats, tuna fish, and croutons. Top with a liberal amount of vinegar and oil type dressing.
  NOTE: Creamy dressings are high in calories, but also high in saturated fat.
- **Beverages**
  Quench your thirst with fruit juices and nectars, low fat milk, shakes, fruit smoothies, and regular soft drinks. Avoid filling your stomach up with non caloric beverages like water, coffee, tea, and diet soft drinks.

## HEALTHY HIGH-FAT ADDITIONS

| Try... | Instead of... |
|---|---|
| canola or olive oil | |
| • use to stir fry vegetables, chicken, and lean meats | • butter |
| • add to pasta, tomato sauce, and salads | • creamy sauces and creamy salad dressings |
| nuts and seeds * | |
| • add to hot or cold cereals, stir fry dishes, vegetables, casseroles, salads | |
| natural peanut butter * | |
| • spread on bread, bagels, crackers | • butter, cream cheese |
| trans-free tub margarine | |
| • add to potatoes and other vegetables, hot cereals, soups, breads, rice | • instead of gravy, sour cream, and butter |
| low fat and fat free cheeses * | |
| • sprinkle on casseroles, soups, and salads | • regular cheeses |
| • melt on vegetables | |
| • serve on sandwiches and crackers | |
| low fat and fat free cream cheeses | |
| • spread on bagels and crackers | • regular cream cheese |
| • serve with fruit | |
| avocado | |
| • add to sandwiches, salads, and Mexican dishes | • mayonnaise, sour cream |

## HEALTHY HIGH-CARBOHYDRATE AND PROTEIN ADDITIONS

- Add Carnation Instant Breakfast, Nestle's Quick, Ovaltine, or malt powder to flavor low fat milk.
- Add dried fruit, sugar, or maple syrup to sweeten hot or cold cereals.
- Spread honey, jam, or jelly on breads, bagels, and crackers.
- Add wheat germ or oat bran to casseroles, hot cereal, or power shakes.
- Mix nonfat dry milk powder or soy protein powder into shakes, casseroles, mashed potatoes, soups, and hot cereal.

* Also a good source of protein.

# Sample Weight Gain Menus

The key to gaining weight is to consistently…
eat larger than normal portions,
choose healthful, high calorie foods and beverages,
and make time for three meals plus one or more hefty snacks every day!

These sample menus suggest healthful, high calorie, carbohydrate rich sports meals and snacks.

## Eating at Home:

| | **Approximate Calories** |
|---|---|
| *Breakfast* | |
| 1 ½ cups orange juice | 165 |
| 1 cup granola | 500 |
| 1/4 cup raisins | 120 |
| 1 large banana | 130 |
| 2 cups 1% low fat milk | 200 |
| Total | 1115 |
| *Lunch* | |
| 1 7-inch pita pocket | 240 |
| 1 6.5 oz can tuna | 200 |
| 4 Tbs. lite mayo | 150 |
| 1 tomato + lettuce/sprouts | 50 |
| 1 can lentil soup | 360 |
| 1 1/2 cups apple juice | 200 |
| Total | 1200 |
| *Dinner* | |
| 3 cups spaghetti | 600 |
| 1 cup Prego pasta sauce | 300 |
| 1 10 oz pkg. frozen spinach or 1 1/2 cups frozen mixed veggies | 75 |
| 1/4 cup parmesan cheese | 120 |
| 1 slice hearty wheat bread | 100 |
| 1 1/2 cup 1% low fat milk | 150 |
| Total | 1345 |
| *Snack* | |
| 2 slices hearty wheat bread | 200 |
| 2 Tbs. peanut butter | 200 |
| 3 Tbs. jelly | 150 |
| 2 cups 1% low-fat milk | 200 |
| 2 medium carrots | 60 |
| Total | 810 |

**Day's Total: 4470 calories**

## Eating on the Run:

| | **Approximate Calories** |
|---|---|
| *Breakfast* (at Bagel Shop) | |
| 2 large bagels | 600 |
| 3 oz lite cream cheese | 260 |
| 1 cup low fat fruit yogurt | 250 |
| 12 oz orange juice | 165 |
| Total | 1275 |
| *Lunch* (at McDonald's) | |
| 1 Grilled Chicken Delux | 330 |
| 1 sm french fries | 210 |
| 16 oz low fat chocolate shake | 340 |
| 1 large (32 oz) Sprite | 310 |
| 1 large banana | 130 |
| Total | 1320 |
| *Dinner* (at Pizza Place) | |
| 1 medium (10-inch), thick crust cheese + veggie pizza | 1200 |
| Salad Bar (1 cup lettuce + 1/2 cup each green pepper, broccoli, carrots, tomato, and garbanzo beans) | 255 |
| 2 Tbs. Italian salad dressing | 100 |
| Water | 0 |
| Total | 1555 |
| *Snack* (Cafeteria) | |
| 2 slices hearty wheat bread | 200 |
| 3 oz turkey breast | 165 |
| 1 tomato + lettuce/sprouts | 50 |
| 1 large apple | 100 |
| 1 cup (8 oz) 2% low fat milk | 120 |
| Total | 635 |

**Day's Total: 4785 calories**

# Week 7

## Optimizing Liver and Kidney Health

# TAKE CARE OF YOUR KIDNEYS AND THEY WILL TAKE CARE OF YOU.

## Your Kidneys May Not Work Well If You Have Diabetes.

Diabetes can cause kidney disease, also known as chronic kidney disease (CKD). The good news is that there is a lot you can do to prevent kidney problems, including keeping your blood sugar and blood pressure under control.

**Having kidney disease increases the chances of having heart disease, heart attacks, and strokes.**

**Keeping your kidneys healthy will help take care of your heart.**

**Centers for Disease Control and Prevention**
National Center for Chronic Disease Prevention and Health Promotion



CS277591

## What Happens If You Have Kidney Damage?

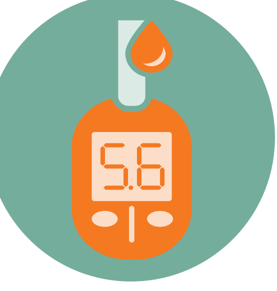
Changes or damage to your kidneys may cause your kidneys to fail. If your kidneys fail, your blood must be filtered (dialysis treatments) several times a week.

You may also need to have a kidney transplant.

## How Will You Know If You Have Kidney Problems?

- Ask your doctor to test your blood and your pee.
- If the doctor finds protein (albumin) in your pee, it is a sign of the start of kidney disease caused by diabetes.
- Get tested yearly.
- Get tested more often if:
  - » **Your test shows protein in your pee or;**
  - » **Your kidneys are not working as they usually do.**

## If You Have Diabetes, Take These Steps:




- Meet blood sugar targets as often as you can.
- Get tested for your average level of blood sugar over the past three months (A1C test).
- Get your A1C test at least twice a year, but ideally up to four times a year.
- If your blood pressure is high, check it regularly and get it under control to make sure your kidneys stay healthy.
- Talk to your doctor about medicines that harm your kidneys and other ways to lower your blood pressure.

## What is the Best Way to Keep Your Kidneys Healthy?

- Keep your blood pressure below 140/90, or ask your doctor what the best blood pressure target is for you.
- Stay in your target cholesterol range.
- Eat foods lower in salt.
- Eat more fruits and vegetables.
- Stay active.
- Take your medications as directed.

## Who is More Likely to Develop Kidney Disease?

- Approximately 1 of 3 adults with diabetes and 1 of 5 adults with high blood pressure may have CKD.
- In addition to diabetes and high blood pressure, other problems that put you at greater chance of kidney disease include: heart disease, obesity (being overweight), and a family history of CKD. Kidney infections and a physical injury can also cause kidney disease.

## What Can You Do to Prevent Kidney Failure?

- Get tested for CKD regularly if you are at risk.
- Find it early. Treat it early.
- Ask your doctor to test your blood or pee. If you have diabetes, get tested yearly.
- If you have diabetes, stay in your target blood sugar range as much as possible.
- Lose weight if you are overweight.
- Get active. Physical activity helps control blood sugar levels.
- Quit smoking.
- Getting a checkup? Make sure to get your kidneys checked too.
- Take medications as directed.
- If you have CKD, meet with a dietitian to make a kidney-healthy eating plan.

Learn more: www.cdc.gov/ckd

# Hepatitis C Basics

You can take steps to prevent getting hepatitis C. If you have hepatitis C, new treatments can cure it and keep your liver healthy.

## For People Who Use Drugs

Injection drug use is the most common way people get hepatitis C. If you share injection equipment with someone who is infected with hepatitis C, this puts you at risk. Even a tiny amount of blood— so small you can't see it—can contain the virus. This is why hepatitis C can be passed on (transmitted) by sharing any equipment that may have come in contact with someone's blood while injecting.

If you are getting high, you can protect yourself and others from getting hepatitis C. Getting tested, talking about your status, and injecting safely can reduce your risk of contracting or passing the virus onto others.

**With safer injection and harm reduction tips inside.**

**Distributed by Harm Reduction Coalition**

**www.harmreduction.org**
**212-213-6376**

## What is Hepatitis C?

Hepatitis C (HCV) is a virus that can cause liver damage. Hepatitis C is spread through direct blood-to-blood contact, meaning the blood of someone who is infected with hepatitis C must directly enter your bloodstream. The most common way this happens is by sharing syringes and injection equipment.

"Hepatitis" is a general term for inflammation of the liver, which can be caused by heavy alcohol use, prescription medications, and other factors. Most commonly, hepatitis is caused by viruses, like hepatitis A, B, and C.

## Hepatitis C and Your Liver

When someone first contracts hepatitis C, the virus travels to the liver, and causes inflammation. In some cases the immune system "clears" the virus within the first six months of being infected; however most people develop long-term (chronic) hepatitis C.

For people with chronic hepatitis C, some may experience no liver-related complications, while others may eventually develop serious liver scarring called cirrhosis. The more your liver scars, the less it can do, which can lead to problems. In few cases, people with cirrhosis may develop liver cancer or liver failure.

Because hepatitis C can impact how well our liver functions, it's important to avoid things that can harm the liver, and take active steps to keep it healthy.

***See liver care tips on the reverse.***

**The liver filters everything we breathe, eat, drink, inhale, and inject into our bodies.**

### Chronic Hepatitis C: See Your Doctor

If you have hepatitis C, it's important to see your doctor to check the health of your liver. Because hepatitis C often progresses slowly, routine follow up visits with your doctor can help address issues before complications occur. In partnership with your doctor, you will determine which tests need to be done and how often.

## Getting Tested for Hepatitis C

Get tested if you have ever injected drugs, even once. If you test negative, this can be a big relief, and you can take steps to reduce your risk of contracting the virus. If you test positive, you can take steps to avoid passing the virus onto others, learn ways to care for your liver, and talk to your doctor about treatment options.

### These Are Two Common Tests To Determine If You Have Hepatitis C

**HCV Antibody Test:** A positive result means at some point you contracted hepatitis C. This test is very accurate, but may not detect if you are still infected. To confirm your result, ask your doctor for a diagnostic test.

**HCV RNA/Diagnostic Test:** This confirms if you are currently living with hepatitis C by detecting the virus in your blood. These results are reported as undetectable or detectable. A detectable result means you have chronic (long-term) hepatitis C.

# Treatment for Hepatitis C

There have been new advances in treatment for hepatitis C, including highly effective medications that show **the majority of people can be cured.** Treatment is also easier than in the past because it usually involves pills only (no injections), there are fewer side effects, and treatment typically takes only 8–12 weeks.

## Hepatitis C Treatment: Things to Consider

- There is a good chance treatment can cure hepatitis C, meaning after treatment, the virus is no longer present in your body. If you're cured, you can no longer pass the virus onto others, but it's important to take steps to prevent getting re-infected.
- Treatment works best when you take all of the pills on schedule. If you skip or miss some pills, treatment may not cure you. Think about how you can adhere to your medications before starting treatment.
- If you are HIV-positive, getting treated for hepatitis C can improve your overall health, make your HIV medications more effective, and increase HIV treatment options.
- Some people may be initially denied access to treatment based on drug or alcohol use or degree of liver damage. If you are denied access to treatment by your insurance company, you have the right to an appeal!

### Hepatitis C Cure

New hepatitis C treatment is pills only, with fewer side effects, shorter treatment times, and high cure rates.

# Living with HIV and Hepatitis C

If you have HIV and hepatitis C, you may be at greater risk for liver inflammation and scarring. There are things you can do to stay healthy, such as getting routine follow ups with your doctor, taking all HIV medications as prescribed, and getting treated for hepatitis C.

## HIV Medications and Hepatitis C

Talk to your doctor about all medications you're taking because HIV medications may need to be adjusted for people who have hepatitis C. Adhering to your HIV treatment can raise CD4 levels, improve immune function, and prevent liver-related complications from hepatitis C.

## Hepatitis C Treatment and HIV

New hepatitis C medications show high cure rates in people co-infected with HIV, although treatment may take longer (up to 24 weeks), and your HIV medications may need to be adjusted while you're being treated.

### About Harm Reduction Coalition

Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Our efforts advance harm reduction policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, we work to uphold every individual's right to health and well-being and their competence to participate in the public policy dialogue.

**www.harmreduction.org**

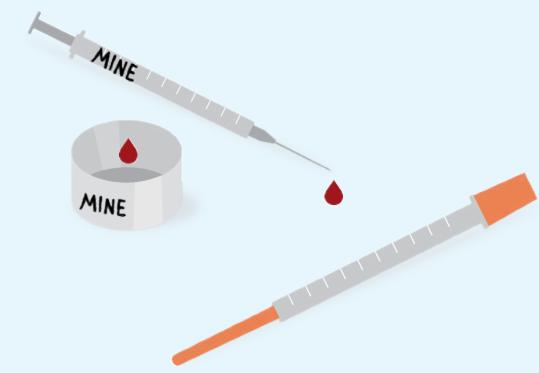
Design by Imaginary Office

# Safer Injecting Strategies

## Use Sterile Injection Equipment. Avoid Reusing or Sharing.

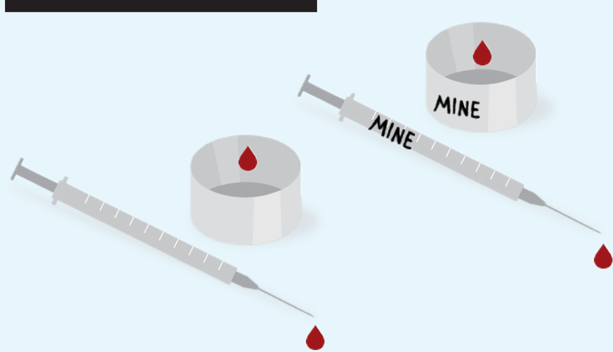
**Your blood may end up on any item you touch or use when injecting,** including syringes, cookers, cottons, water, and ties. Use new, sterile equipment each time you inject.

## Have a New Spare Sterile Syringe To Split Drugs.



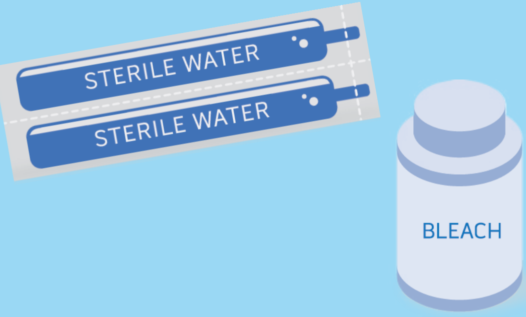

**Get an extra syringe for splitting drugs.** Use an extra sterile syringe to split drugs, using your own cooker and cotton. Avoid drawing up from a cooker if someone else has used it. There may still be blood on it.

## If You Must Reuse Equipment, Then Mark Yours.




**Avoid sharing any injection equipment.**
**The virus is alive in blood outside the body.**
If you must reuse, keep a set of works with markings on it so you know it's yours.

## If You Must Share a Syringe, Then Bleach It.

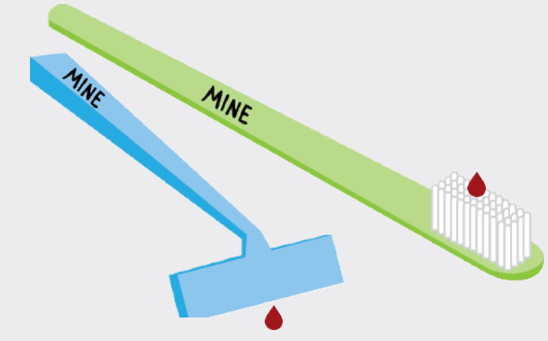



**If you must share a syringe, then clean it with bleach and sterile water.**
Step 1: Rinse the syringe with sterile water.
Step 2: Rinse the syringe with bleach.
Step 3: Rinse again with (new) sterile water.

## Use Sterile Tattoo and Piercing Equipment and Single-Use Inkpots.

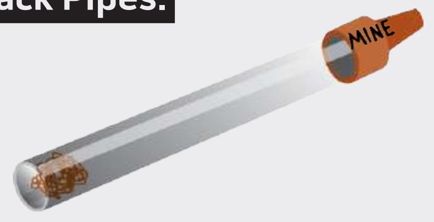
Ensure sterile equipment, including inkpots, is used and **not shared** by others.

## Avoid Sharing Toothbrushes, Razors, and Nail Clippers.




**Household Items:** Have your toothbrush, nail clipper, and razor clearly identified. Seek care if you have dental problems, including bleeding gums, abscesses, or other dental issues.

## Use Your Own Snorting Straws and Crack Pipes.




**Snorting Straws:** Snorting drugs can cause irritation to the inside of your nose, which may lead to bleeding. To be safe, use your own straw when snorting cocaine or others drugs.

**Crack Pipes:** A hot stem may burn or crack lips which can cause bleeding. Use your own pipe, or cover a shared pipe with your own rubber stem cover.

## Use Condoms and Lubrication, and Get Tested.

**Sexual Transmission:** Hepatitis C can be transmitted through sex that involves blood-to-blood contact, such as during anal sex, rough vaginal sex, or while a woman is menstruating. Risks increase if you have multiple sex partners, or have been diagnosed with any STIs or STDs, including HIV. Using condoms and lubrication and getting tested or treated for STIs and STDs can protect both you and your sexual partners.

## Reduce Alcohol Consumption.

Moderate-to-heavy drinking can increase your risk for developing fibrosis and cirrhosis. Since there is no safe cutoff for people with hepatitis C, **reducing the amount you drink, or not drinking at all, is the safest option.**

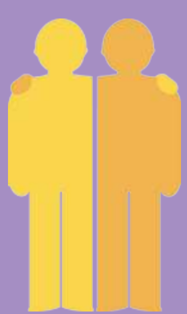
## Review Your Medications and Supplements.

Discuss all over-the-counter, prescribed medications, and herbal supplements with your doctor because **some may be hard on your liver.**

## Get Hepatitis A and B Vaccinations.

**There is no vaccine for hepatitis C,** but there are vaccinations for hepatitis A and hepatitis B. If you have hepatitis C, get vaccinated for both hepatitis A and B to protect your liver.

## Get Emotional Support.



**Because of the stigma** attached to hepatitis C and injection drug use, it's not always easy disclosing your status to friends, family, and even healthcare providers. Accessing hepatitis C services and support groups can be helpful for gathering resources and sharing your feelings in a safe, non-judgmental, and confidential environment.

# SEX-C

## Sexual Transmission of Hepatitis C

In HIV-negative people, sexual transmission of hep C is rare. It can happen, but sex alone is not considered a reason for routine hep C testing.

The following activities have been shown to increase risk of sexual transmission of hep C in MSM:

- **Multiple partners**
- **Serosorting and condomless anal sex**
- **Anal fisting**
- **Rough sex toy play**
- **Genital ulcerative STIs (herpes, primary syphilis, or LGV)**
- **HPV**
- **Use of non-injection drugs with sex**

# TEST FOR HEP C ROUTINELY.

## If you are either HIV-positive or a person who injects drugs, get tested on a regular basis.

Testing for hep C alone is not prevention, but knowing your status so you can seek treatment and prevent transmitting it to others is very important.

# TEST FOR STIs ROUTINELY.

## Get tested every 3-6 months.

Sores and warts from STIs such as syphilis, anal warts, and herpes can be an entry point for hep C. If you test positive for an STI, get treated and try to give the sore time to heal before resuming sexual activity.

# AVOID SHARING SUPPLIES.

## If using drugs during sex, avoid sharing any supplies.

Avoid sharing syringes, cookers, cotton, water, straws, or pipes. Hep C can survive for days to weeks on surfaces and in syringes, and anything with hep C-infected blood on or in it can transmit the virus.

# WEAR A CONDOM FOR ANAL SEX.

## Tops and bottoms are at increased risk for sexual transmission of hep C during anal sex.

Hep C is generally transmitted via blood-to-blood contact. It is also found in semen and rectal fluids of HIV-positive MSM. Lube minimizes the chance for tears and bleeding.

# PRACTICE SAFER FISTING.

## Both tops and bottoms are at risk for sexual transmission of hep C when fisting.

Check your hands for any cuts or bleeding cuticles. Wear latex gloves and change into new, unused ones for each new partner.

# KEEP YOUR SEX TOYS CLEAN.

Cover toys with condoms and ensure new condoms with each partner. Wash toys thoroughly before using them on another person.

**Learn more about hep C testing and treatment.**

Understand the difference between being antibody positive and being chronically infected.

**If you have hep C, discuss treatment options with your provider.**

**You can be cured and treatments are better than ever!**

**FOR MORE INFORMATION VISIT www.endhepcsf.org**

**OR CALL HELP-4-HEP (877-435-7443)**

**Hepatitis C (hep C) is a serious, but curable liver disease.** There are often no symptoms, so the only way to know if you have it is to get tested.

Hep C is most commonly transmitted via blood-to-blood contact, especially by sharing syringes and other injection equipment (cookers, cotton, waters, etc.)

Sexual transmission of hep C is a complicated topic, and we're still learning more about it. Hep C has been found in the semen and non-bloody rectal fluids of HIV-positive MSM (men who have sex with men).

**This brochure will give you some harm reduction tips** to help you better understand and prevent sexual transmission of hep C.

# Hepatitis A Vaccine:
## *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1 Why get vaccinated?

**Hepatitis A vaccine** can prevent **hepatitis A**.

**Hepatitis A** is a serious liver disease. It is usually spread through close personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

## 2 Hepatitis A vaccine

**Children** need 2 doses of hepatitis A vaccine:
- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

**Older children and adolescents** 2 through 18 years of age who were not vaccinated previously should be vaccinated.

**Adults** who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is recommended for the following people:
- All children aged 12–23 months
- Unvaccinated children and adolescents aged 2–18 years
- International travelers
- Men who have sex with men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease
- Any person wishing to obtain immunity (protection)

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine within 2 weeks after exposure.

Hepatitis A vaccine may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an **allergic reaction after a previous dose of hepatitis A vaccine, or has any severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis A vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis A vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

# Hepatitis A Vaccine

Office use only

07/28/2020 | 42 U.S.C. § 300aa-26

VACCINE INFORMATION STATEMENT

# Hepatitis B Vaccine:
## *What You Need to Know*

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

## 1 Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B.** Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

## 2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

**Children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults:**

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

Hepatitis B vaccine may be given at the same time as other vaccines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

## 3 Talk with your health care provider

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- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

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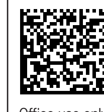
Vaccine Information Statement (Interim)
Hepatitis B Vaccine



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8/15/2019 | 42 U.S.C. § 300aa-26

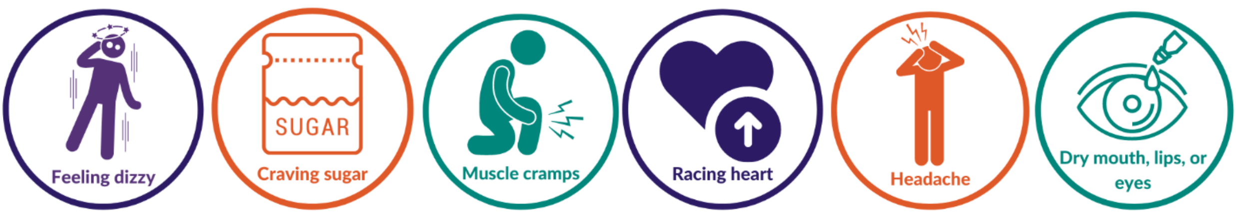
# Healthy Hydration Worksheet

**Why it matters?** People who use stimulants like cocaine and methamphetamines are at risk for kidney disease. Conditions that may occur as a result of stimulant use like heart failure or high blood pressure, may increase the risk for someone to have problems with their kidneys. Furthermore, stimulants themselves may cause problems to the kidney because they can lead to dehydration.

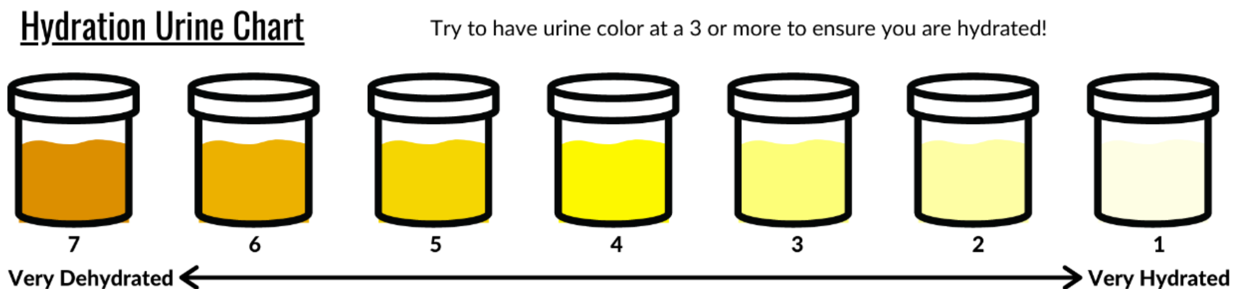
## How to prevent kidney problems?

- Manage other conditions including: diabetes, heart failure, HIV, and high blood pressure.
- Take breaks from using.
- Exercise and eat healthy.
- Stay hydrated.

## What are signs of dehydration?




## How can I use my urine as a tool to monitor hydration?





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Belval, L. (2015, March 5). *Hydration | Korey Stringer Institute*. https://ksi.uconn.edu/prevention/hydration/

Name: ______________________________

# Your Hydration Assessment

1) Please answer the following questions about your hydration:

Urine Color (1 to 7):

______________

Skin Turgor (if you pinch your skin how long until it returns to normal):

______________ seconds

How many glasses of water do you drink a day?

______________ glasses

2) What are ways to increase the amount of water you drink daily?

______________________________________________________________________

______________________________________________________________________

3) How can you increase your water intake if you were using stimulants?

______________________________________________________________________

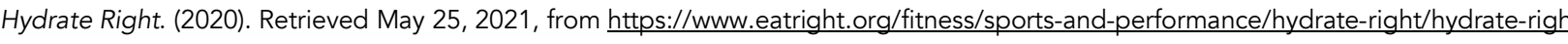
______________________________________________________________________

**Keep track of how many glasses of water you drink in the next week. Each raindrop= an 8oz serving of water.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| --- | --- | --- | --- | --- | --- | --- |
| | | | | | | |


Roy, S., Konala, V. M., Adapa, S., Naramala, S., & Bose, S. (2020). Cocaine and Alcohol Co-Ingestion-Induced Severe Rhabdomyolysis With Acute Kidney Injury Culminating in Hemodialysis-Dependent End-Stage Renal Disease: A Case Report and Literature Review. *Cureus, 12*(6), e8595. https://doi.org/10.7759/cureus.8595

*Hydrate Right.* (2020). Retrieved May 25, 2021, from https://www.eatright.org/fitness/sports-and-performance/hydrate-right/hydrate-right



Belval, L. (2015, March 5). *Hydration | Korey Stringer Institute.* https://ksi.uconn.edu/prevention/hydration/

*Reach us at (617) 714-7490.*

# Week 8

## Improving Exercise in Recovery

# Exercise in Recovery Education Sheet

Physical activity has demonstrated improved outcomes in recovery for people who use stimulants. Studies that looked at incorporating aerobic and/or anaerobic exercise into recovery treatment plans showed patients had less cravings and improved outcomes overall.

| | Aerobic Exercise | Anaerobic Exercise |
|---|---|---|
| What is it? | Exercise that increases your breathing due to a need for increased oxygen. | Exercises that does not necessarily require extra oxygen. |
| Examples | Running, swimming, brisk walking | Lifting weights, calisthenics |
| How often to do it for? | 75-150 minutes weekly | 2-3 days a week |

## Benefits of Physical Activity

**Physical**: Doing exercise weekly can improve physical health outcomes for patients. Exercise can be helpful in improving cardiovascular health, blood sugar control, and breathing capacity. Physical activity will also hep to build muscle and improve bone health in recovery.

**Mood**: Weekly exercise has positive effects for people's moods as well. When doing exercise weekly serotonin and dopamine (chemicals in the brain) are released. These chemicals are responsible for helping people have an improved mood, and can help reduce stress levels experienced by people in early recovery.

## Incorporating Physical Activity in Recovery

- Consider including physical activity into your recovery plan. Just like going to self-help meetings including AA, NA, or SMART Recovery, going to a health center or a gym can be an important part of recovery.
- Plan time to go to activity classes or fitness centers.
- Don't overdo it. Exercise is important but start small.
- Try different activities that may be more fun for you like sports, games, or dance classes.


Physical Activity Guidelines for Americans, 2nd edition. (n.d.). 118.
Working out boosts brain health. (2020). Https://Www.Apa.Org. Retrieved June 8, 2021, from https://www.apa.org/topics/exercise-fitness/stress
De La Garza, R., Yoon, J. H., Thompson-Lake, D. G. Y., Haile, C. N., Eisenhofer, J. D., Newton, T. F., & Mahoney, J. J. (2016). Treadmill Exercise Improves Fitness and Reduces Craving and Use of Cocaine in Individuals with Concurrent Cocaine and Tobacco-use Disorder. Psychiatry Research, 245, 133–140. https://doi.org/10.1016/j.psychres.2016.08.003

Reach us at (617) 714-7490.


AshaRani, P., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: A systematic review. Drug and Alcohol Dependence, 212, 108060. https://doi.org/10.1016/j.drugalcdep.2020.108060
Rawson, R. A., Chudzynski, J., Mooney, L., Gonzales, R., Ang, A., Dickerson, D., Penate, J., Salem, B. A., Dolezal, B., & Cooper, C. B. (2015). Impact of an exercise intervention on methamphetamine use outcomes post-residential treatment care. Drug and Alcohol Dependence, 156, 21–28. https://doi.org/10.1016/j.drugalcdep.2015.08.029
Thompson, T. P., Horrell, J., Taylor, A. H., Wanner, A., Husk, K., Wei, Y., Creanor, S., Kandiyali, R., Neale, J., Sinclair, J., Nasser, M., & Wallace, G. (2020). Physical activity and the prevention, reduction, and treatment of alcohol and other drug use across the lifespan (The PHASE review): A systematic review. Mental Health and Physical Activity, 19, 100360. https://doi.org/10.1016/j.mhpa.2020.100360

Name: ___________________________

# Creating a Home Workout Plan

**Warm-Up**: Identify 3-5 quick exercises to warm up. Try things like jumping jacks, squats, or lunges for 10-20 seconds each.

_______________ _______________ _______________

_______________ _______________ _______________

**Workout**: Try 3 different exercises that you can do for a set of 10 each and repeat X3. Think about exercises like squats, push-ups, crunches, planks. If you are looking for examples of body weight exercises check out resources from the Phoenix or LiveStrong.

_______________ _______________ _______________

_______________ _______________ _______________

**Stretching/Cool Down:** Take time to stretch after completing your exercises. Stretch major muscle groups including arms and legs. This could be an opportunity to practice mindfulness as well.

_______________ _______________ _______________

_______________ _______________ _______________

https://www.livestrong.com/article/13731805-best-bodyweight-exercises/

# Week 9

## Optimizing Cardiovascular Health

# PROMOTORA

## HOW TO CONTROL YOUR FAT AND CHOLESTEROL

LEARNING TO CONTROL YOUR CHOLESTEROL AND FAT INTAKE

WHOLE MILK

UTHealth
The University of Texas
Health Science Center at Houston
School of Public Health
*El Paso Regional Campus*

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Dear Promotoras:

We hope you like the fotonovela, "How to Control your fat, and cholesterol." This fotonovela is number 3 of the series starting with "Cómo controlar su hipertensión." Raymundo and his family would like you to read this fotonovela with community members and help them learn about how to control your cholesterol and fat intake.
We thank you for your interest in this new fotonovela. We welcome feedback on your experience of putting it into use.

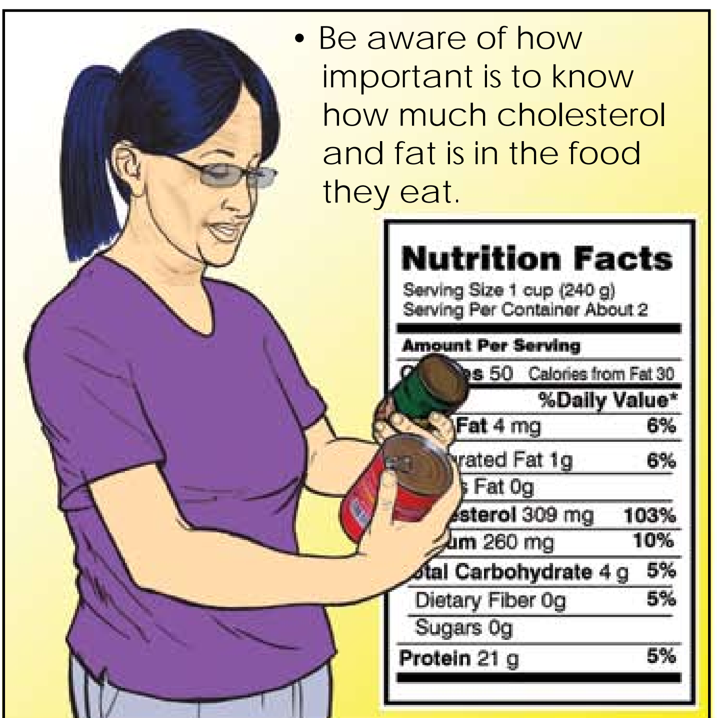
Sincerely:

Dr. Héctor Balcázar
UT-SPH Principal Investigator
Email:
Hector.G.Balcazar@uth.tmc.edu

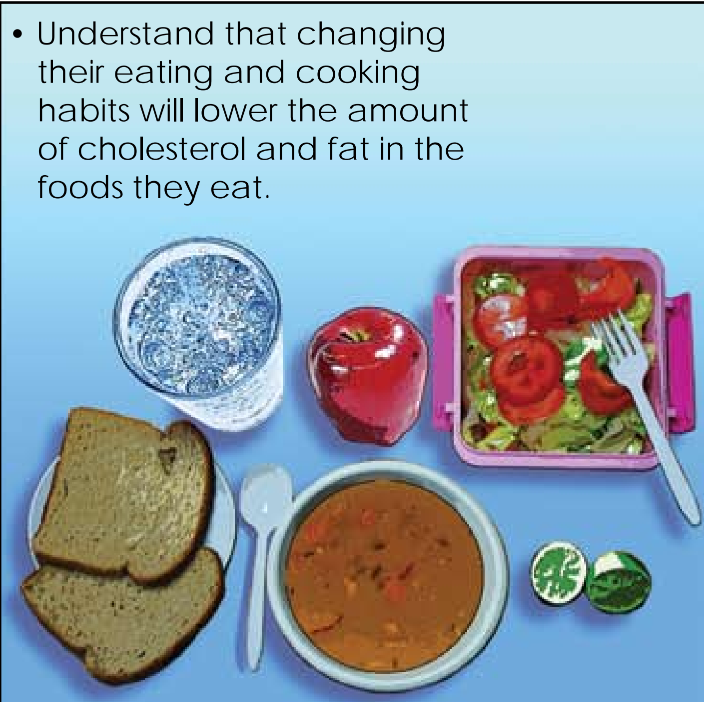
Dr. Nell Brownstein
CDC/ONDIEH/NCCDPHP
Email:
jnb1@cdc.gov

Art & Design: Salvador Sáenz

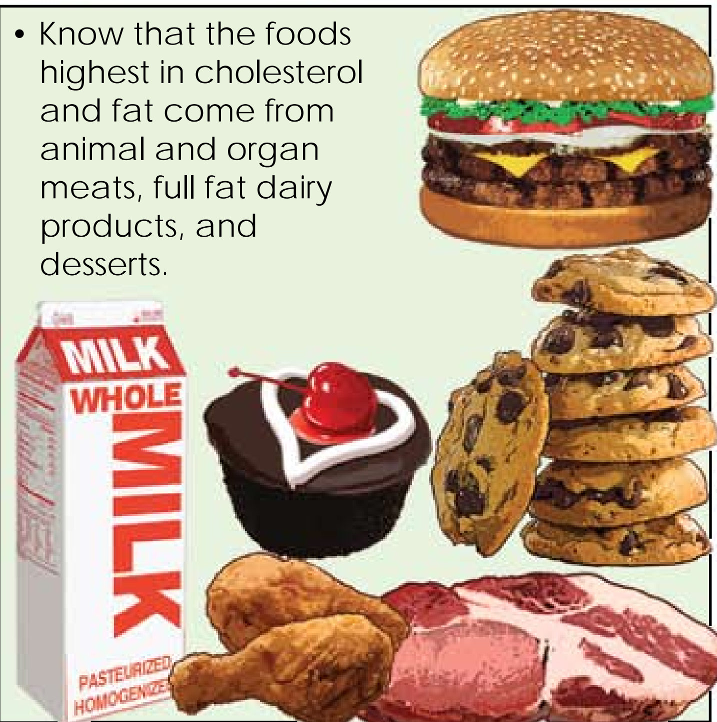
# After reading this fotonovela participants will:




- Be aware of how important is to know how much cholesterol and fat is in the food they eat.



- Understand that changing their eating and cooking habits will lower the amount of cholesterol and fat in the foods they eat.




- Know that the foods highest in cholesterol and fat come from animal and organ meats, full fat dairy products, and desserts.

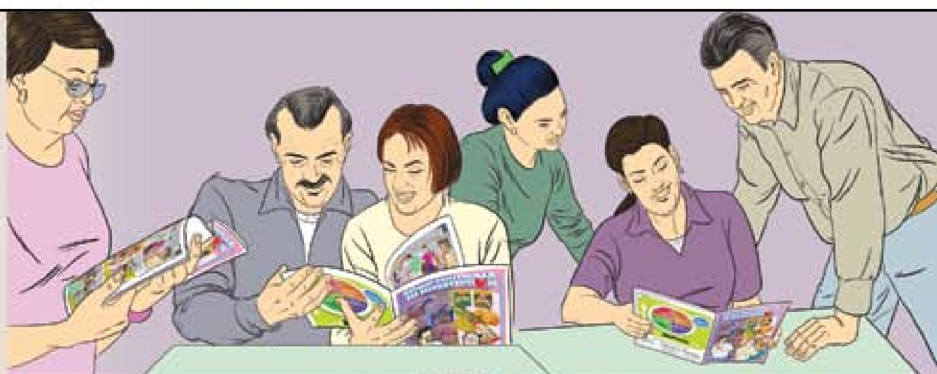
- Learn how to read nutrition food labels to choose food that are lower in cholesterol and fat.

- Learn to eat a variety of fruits and vegetables and 100% whole grain products and eat fewer fatty foods.

# We offer some helpful hints:

- Please welcome all members of each group of people; introduce yourself, and ask each member to introduce him or herself.

- You may ask people if they would like to read the fotonovela together. Several people might like to read the parts for the various family members. When people read out loud it will help those group members who cannot read.



- When you read the fotonovela you can add extra activities. For example:

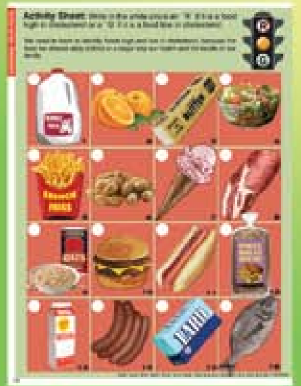
o Bring some empty cans or boxes of popular foods that people often eat. Ask or help people to read the labels and find the amount of cholesterol and fat (such as total fat, saturated fat, trans fat) in a single serving of that food. Practice with the groups using the Activity Sheet on page 14 of the fotonovela.

o Find places or events in your community where people can get their cholesterol checked.

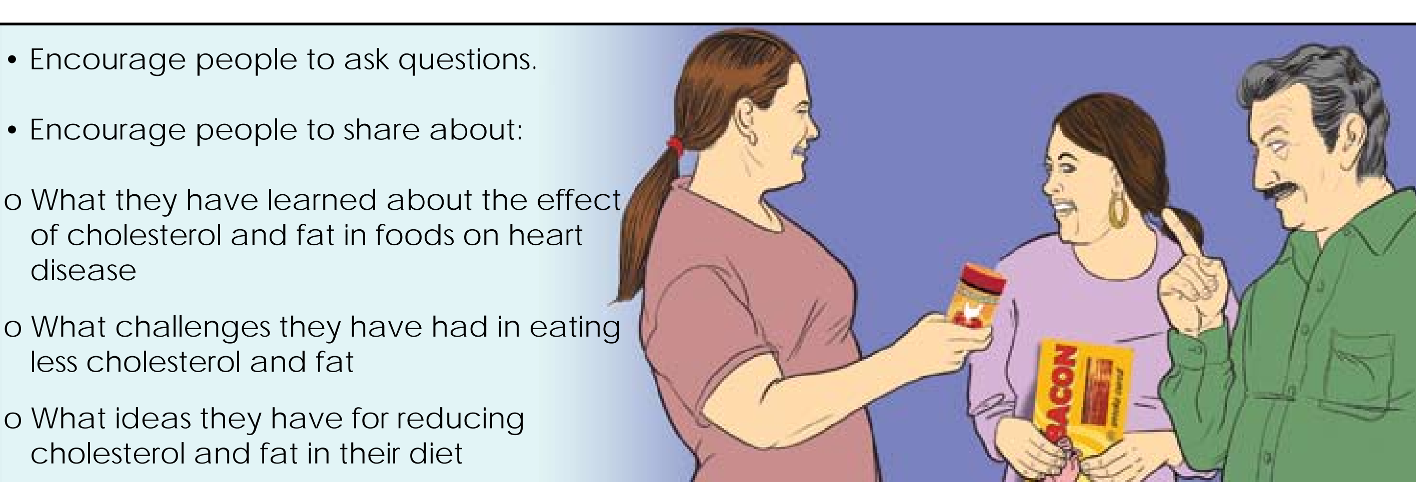
o Help people understand the best numbers for total cholesterol, HDL (good cholesterol) and LDL (bad cholesterol) for a healthy heart.

| | | DESIRABLE | BORDERLINE | UNDESIRABLE |
|---|---|---|---|---|
| HDL Cholesterol | children (9-12) | more than 45mg/dl | 40-45mg/dl | less than 40mg/dl |
| | adults | more than 40mg/dl | | less than 40mg/dl |
| LDL Cholesterol | children (9-12) | less than 110mg/dl | 110-129mg/dl | more than 130mg/dl |
| | adults | less than 100mg/dl | 100-189mg/dl | more than 190mg/dl |

o Help people understand the types of fat available in foods. Read from the fotonovela the section: Knowing your food.



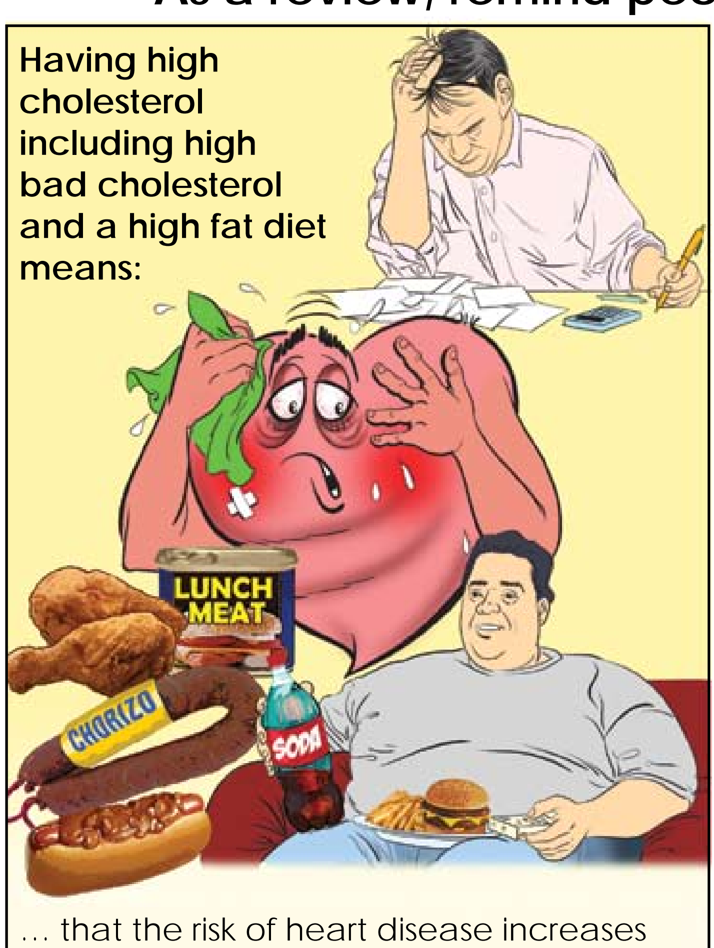
o Help people read labels and understand the amount of cholesterol and type of fat in a serving of that food. Practice with the group using the Activity Sheet on Page 21 of the fotonovela.




- Encourage people to ask questions.
- Encourage people to share about:
  - o What they have learned about the effect of cholesterol and fat in foods on heart disease
  - o What challenges they have had in eating less cholesterol and fat
  - o What ideas they have for reducing cholesterol and fat in their diet
  - o What changes have worked for them and their families

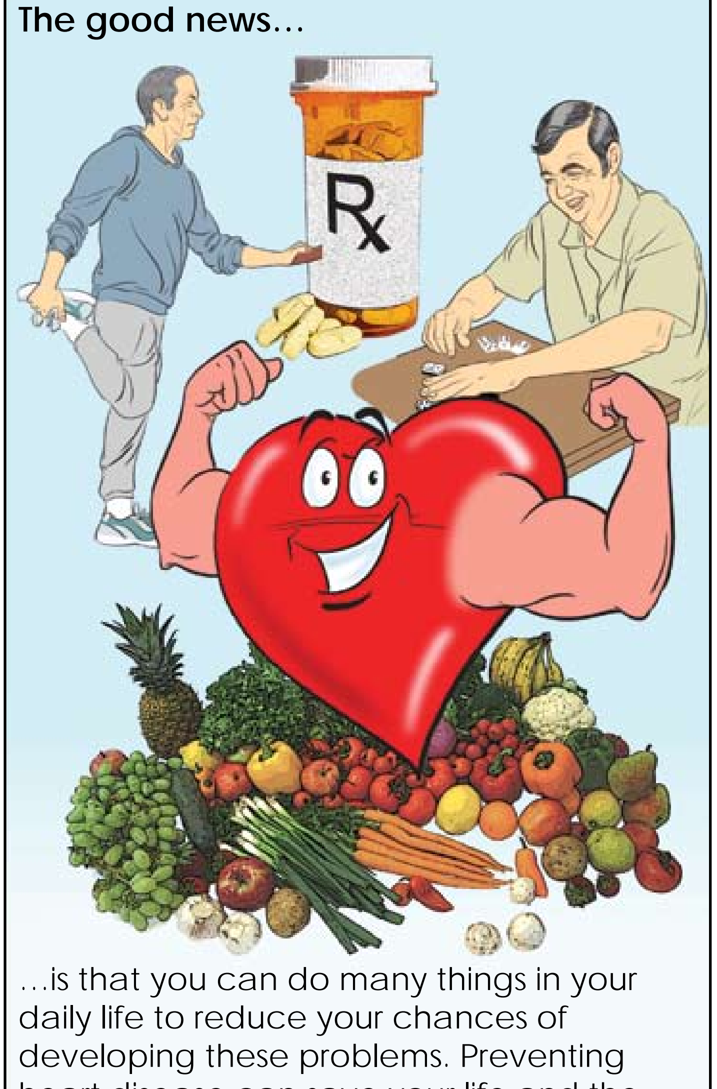
## As a review, remind people of the following facts:

**Having high cholesterol including high bad cholesterol and a high fat diet means:**




… that the risk of heart disease increases for that person including heart attacks and stroke, especially if the person is not physically active, has an unhealthy weight, and eats an unhealthy diet, and/or has a history of high cholesterol, high blood pressure, diabetes, or heart problems.

The good news…

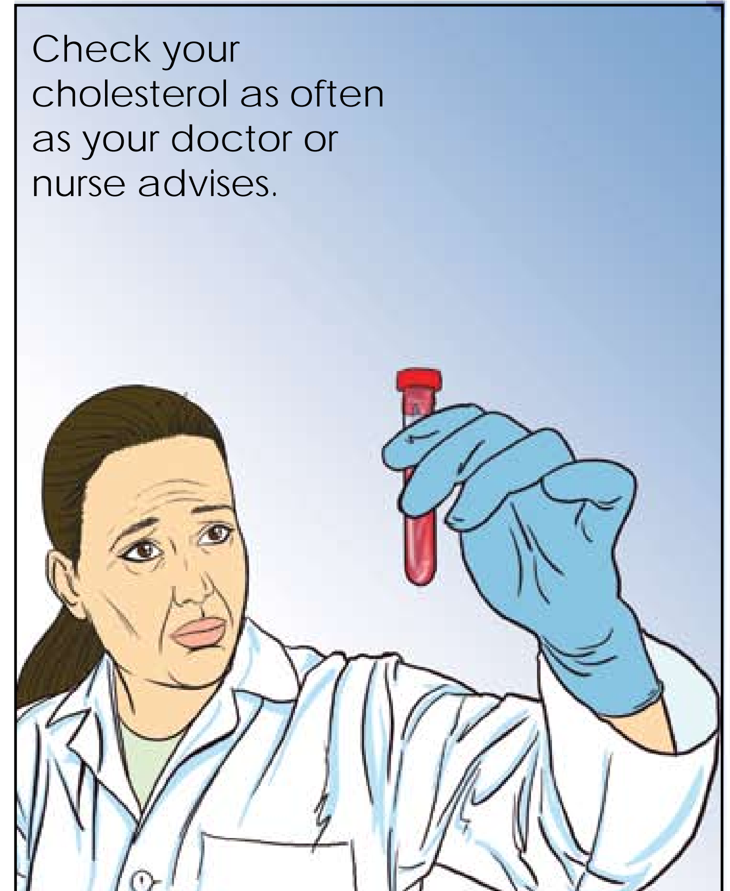


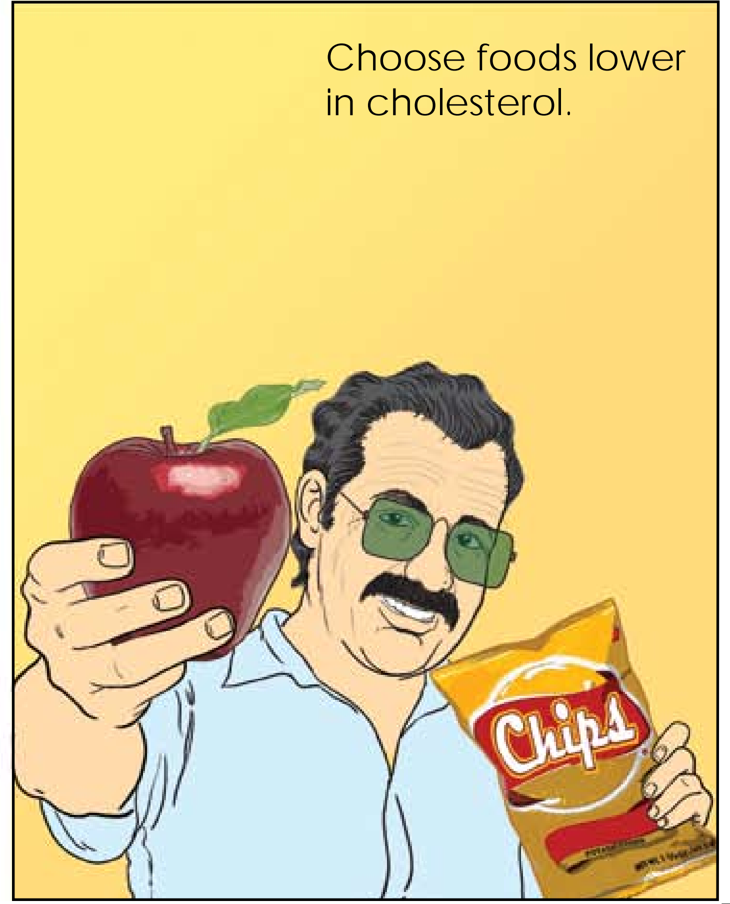

…is that you can do many things in your daily life to reduce your chances of developing these problems. Preventing heart disease can save your life and the lives of your family members.

As a review activity ask group members to tell you good ways to prevent heart disease and examples of keeping a healthy lifestyle.

# • Answers may include:

# • Answers may include:



# Resources:

CDC Sourcebook in English and Spanish
http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/pdfs/sourcebook.pdf
http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/index_spanish.htm

NHBLI CHL booklet: http://www.nhlbi.nih.gov/health/public/heart/other/latino/chol/cholesterol.pdf

NHLBI resources: http://www.nhlbi.nih.gov/health/healthdisp/lat.htm

HOW TO CONTROL YOUR CHOLESTEROL NUMBERS

WHOLE MILK

UTHealth
The University of Texas
Health Science Center at Houston
School of Public Health
El Paso Regional Campus

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

NUMBER 3 OF THE SERIES: UT HEALTH-CDC

# Acknowledgments

Raymundo and his family would like to invite you to read this fotonovela and learn about how to control fat and cholesterol in your diet. This fotonovela can be used by many community health workers and Promotoras de Salud to help people control their cholesterol levels.

We would like to thank the Centers for Disease Control and Prevention project team of: J Nell Brownstein, PhD, Carma Ayala, RN, PhD, and Elena Kuklina, PhD, MD for their leadership and support.

- National Center for Chronic Disease Prevention and Health Promotion.
- Elena Kuklina who made a major contribution to the script.

We would like to acknowledge the members of our UT SPH team and the promotoras de salud from AYUDA who helped in the development and focus groups activities.

Sincerely:

Dr. Héctor Balcázar
UT-SPH Principal Investigator
Email:
Hector.G.Balcazar@uth.tmc.edu

# Content

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What you need to do to keep a heart healthy....................4

What is the difference between good and bad cholesterol? ....................6

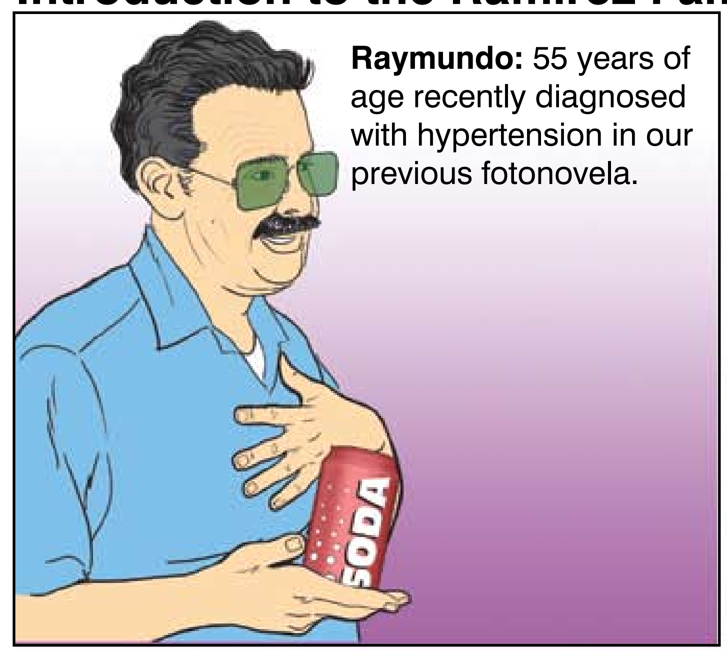
Knowing your Food....................12

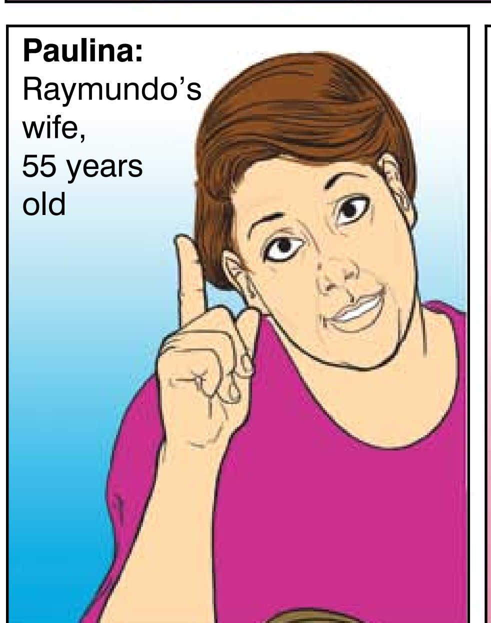
Put it into practice ....................23

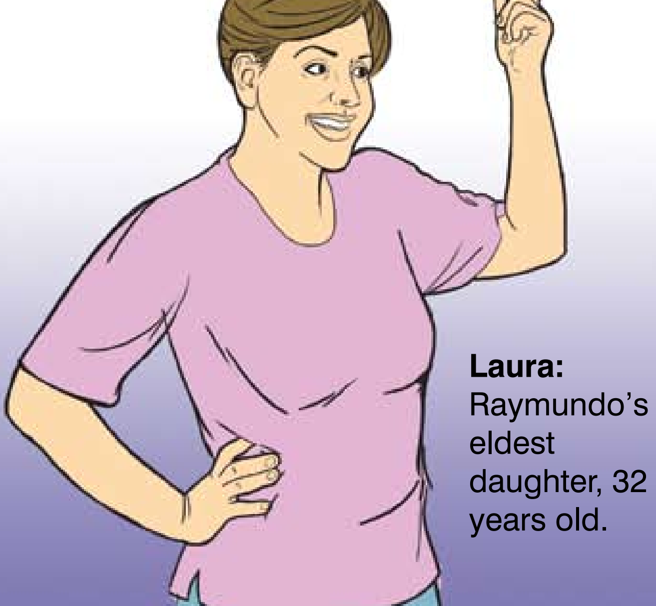
Illustration and design by Salvador Sáenz

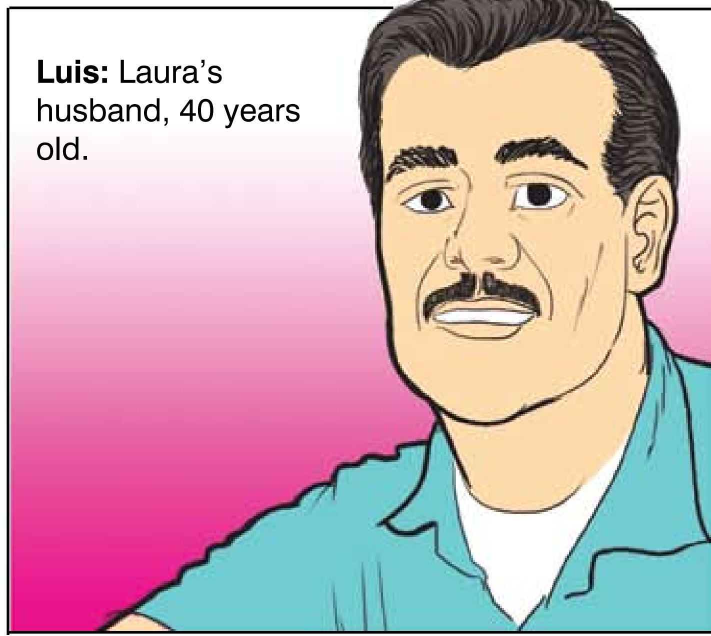
For more information about this fotonovela please contact Doctor Balcázar at Hector.G.Balcazar@uth.tmc.edu or 915 747-8507

# Introduction to the Ramirez Family and to Olivia, the Promotora







Laura and her 7 year old son, Pedro are visiting Doctor Rosales' office for Pedro's yearly check up.

Hi doctor, I hope all is well.

Good morning Laura, I need to tell you something.

*The doctor talks privately to Laura.*

What is the matter?

Laura, I wanted to talk with you about your lab test results because it shows that your cholesterol is high. That makes it hard for blood to move through your body.

High blood cholesterol can lead to heart disease, heart attacks, and stroke. You can do things that will help. Losing weight can help bring down cholesterol levels. Eating healthy and being more physically active can help people lose weight and is good for the whole family.

*This is what a healthy blood vessel with normal cholesterol looks like.*

HEART DISEASE

HEART ATTACK

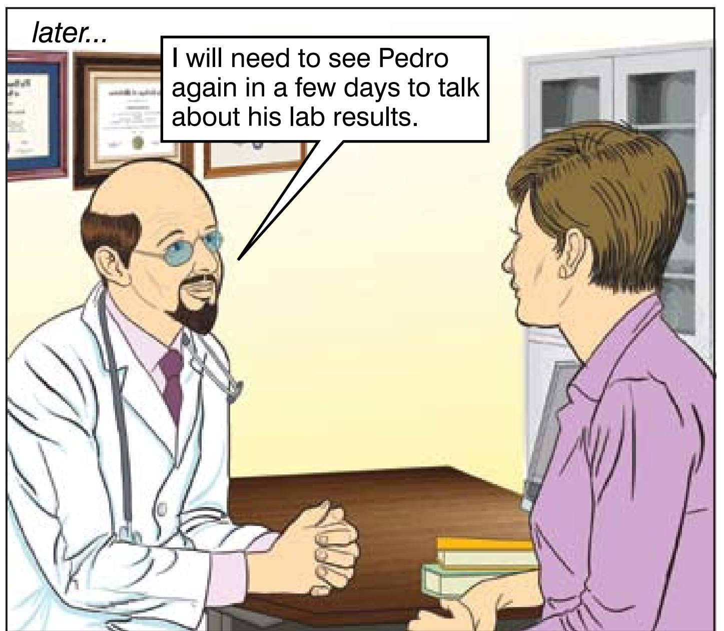
STROKE

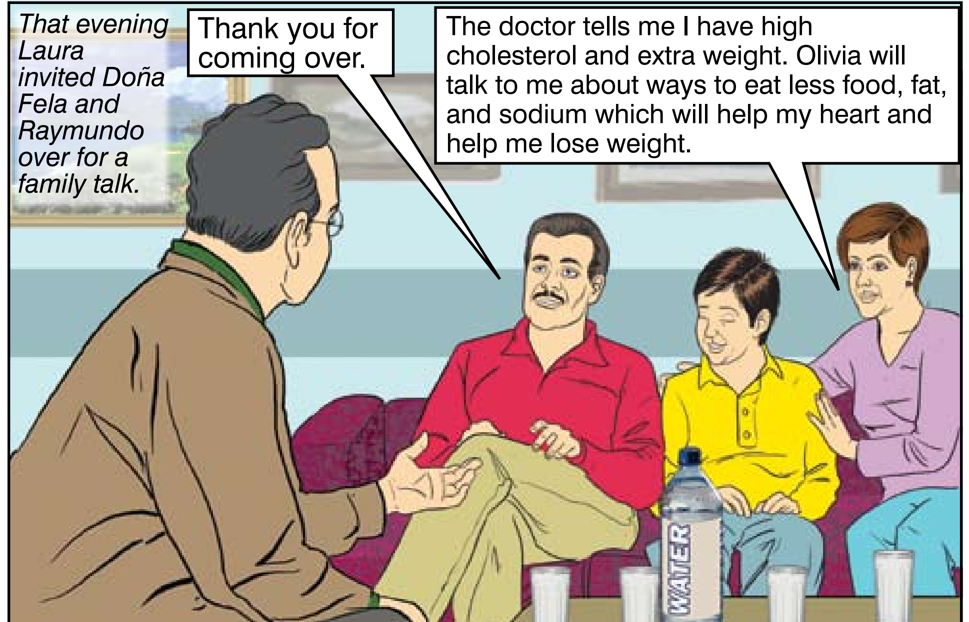
HIGH BLOOD CHOLESTEROL

Now let´s talk about Pedro, he is above the weight that is healthy for his height. I would like to check his cholesterol today.

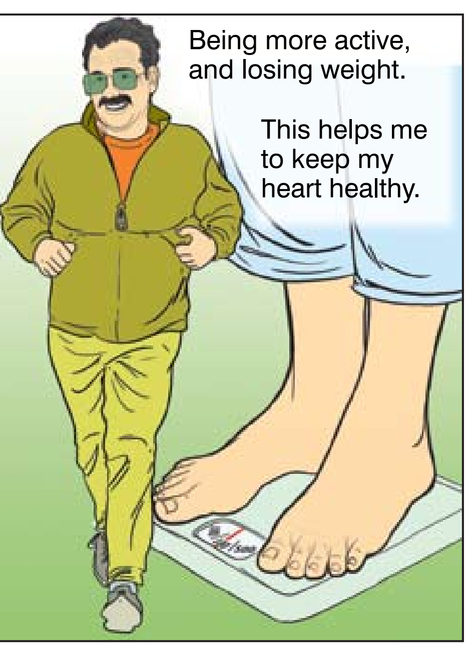
We were in a hurry, so he has not eaten anything yet.

If Pedro didn´t have breakfast this morning I will be able to check his cholesterol today.

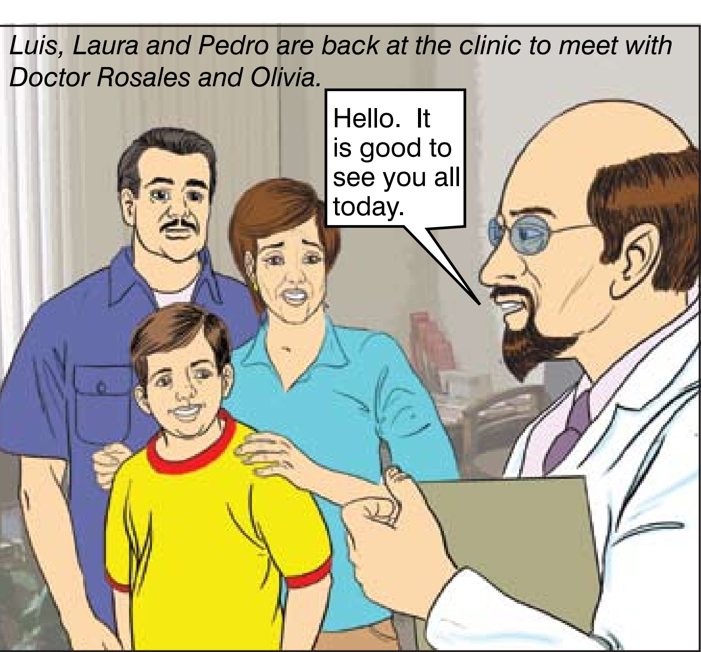




## WHAT YOU NEED TO DO TO KEEP A HEART HEALTHY



## WHAT IS THE DIFFERENCE BETWEEN GOOD AND BAD CHOLESTEROL?



Pedro's lab results show that his total blood cholesterol is 206, but it should be less than 170.

His "bad" cholesterol is 148, but it should be less than 110. His "good" cholesterol is 54, which is fine. His "good" cholesterol should not be less than 45.

| | | DESIRABLE | BORDERLINE | UNDESIRABLE |
|---|---|---|---|---|
| HDL Cholesterol | children (9-12) | more than 45 mg/dl | 40-45 mg/dl | less than 40 mg/dl |
| | adults | more than 40 mg/dl | | less than 40 mg/dl |
| LDL Cholesterol | children (9-12) | less than 110 mg/dl | 110-129 mg/dl | more than 130 mg/dl |
| | adults | less than 100 mg/dl | 100-189 mg/dl | more than 190 mg/dl |

## Guidelines for Total Cholesterol in Children and Teenagers (ages 2-19)

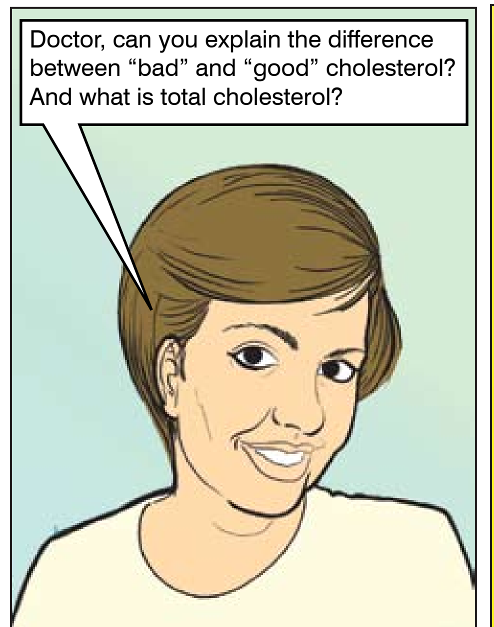
**LDL (BAD) CHOLESTEROL:**
*Keep it low!*
Less than 110 mg/dl is best.

**HDL (GOOD) CHOLESTEROL:**
*The higher, the better!*
Keep it 45 mg/dl or higher.

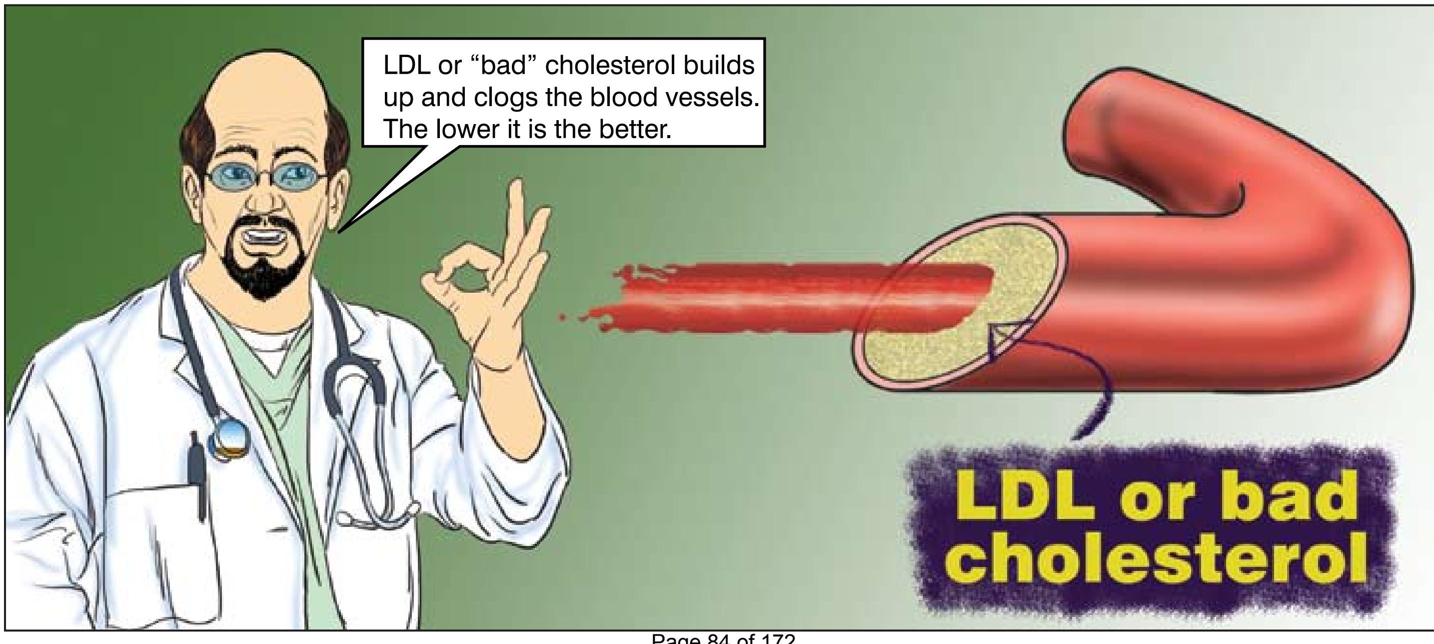
**TOTAL CHOLESTEROL:**
Less than 170 is good.
Numbers 170-199 are on the borderline,
200 or more is high.

200+ High!
170-199 Alert!
Less than 170

http://www.nhlbi.nih.gov/guidelines/cvd_ped/summary.htm#chap9




**Total cholesterol is the amount of all types of cholesterol in the blood.**



HDL or “good” cholesterol helps keep the blood vessels from getting clogged. The higher it is the better.
HDL
LDL

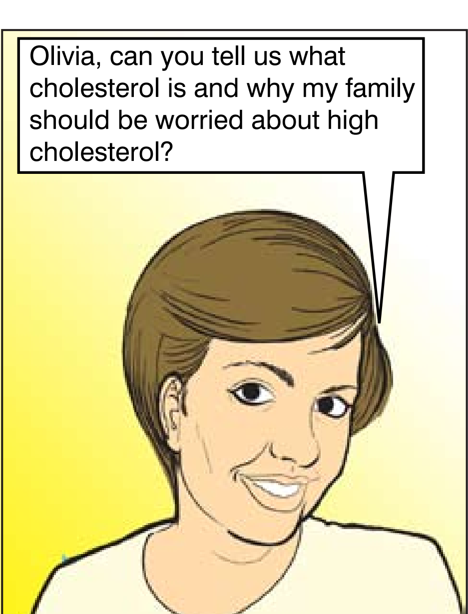
Laura, your lab results show that your total cholesterol is 245, but it should be less than 200. Your “bad” cholesterol is 168, but it should be less than 100. Your “good” cholesterol is 55, so I am not worried about it.
Wellbee says:
be well
be clean
Cover your Cough

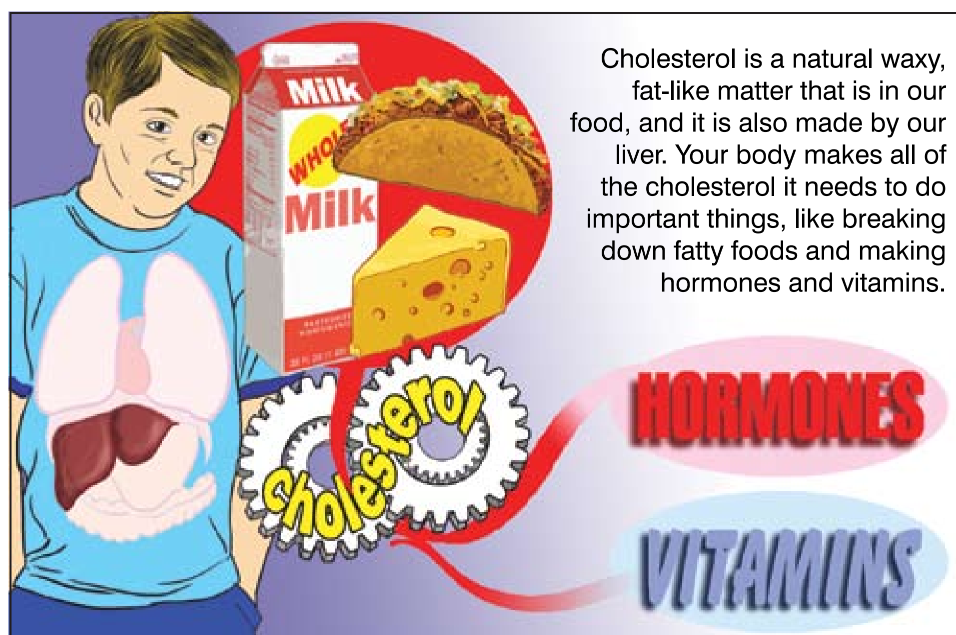
Laura and Pedro can lower their cholesterol, but they need to work together to eat healthy foods, be more active, and get to a healthier weight. It is good that Laura does not smoke because smoking also raises total cholesterol levels.

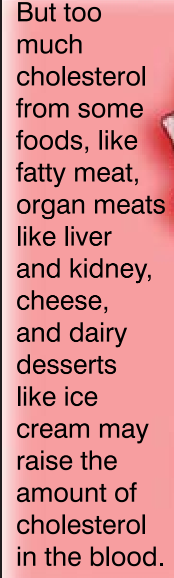
Olivia, can help you to make your diet healthy and get enough physical activity also she has some cooking tips and recipes that will help you and your family along the way.

Thank you for your help. We will make the time and effort to drop our “bad” cholesterol.
Great! I will see you in six months to check your weight and cholesterol again.

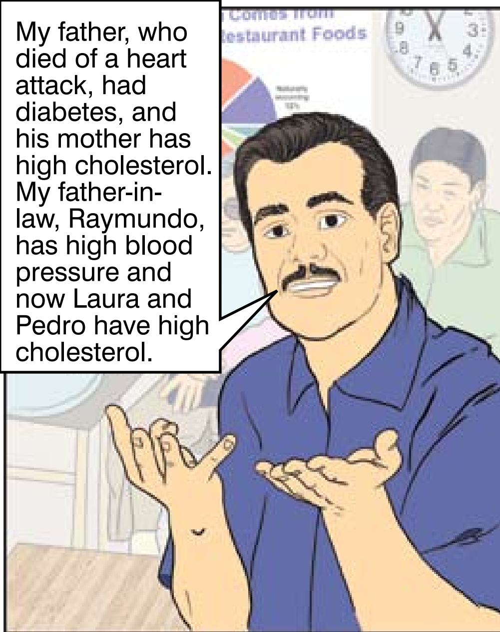
Hello, I have been working with kids and adults for the past 15 years. I’m sure that with your support, we will be able to help Pedro and you make healthy choices.



**One egg yolk a day does not increase the risk of heart attack in healthy people.**

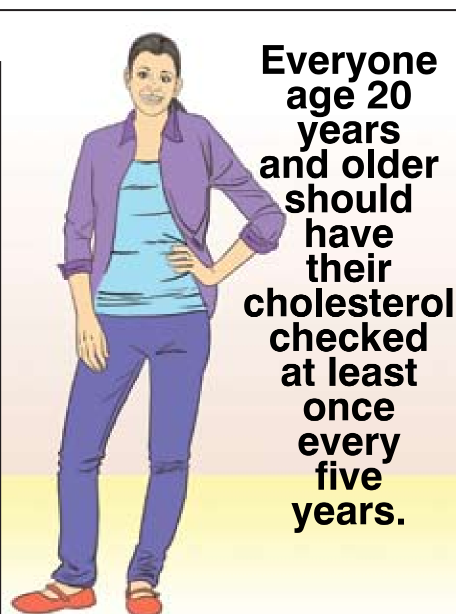


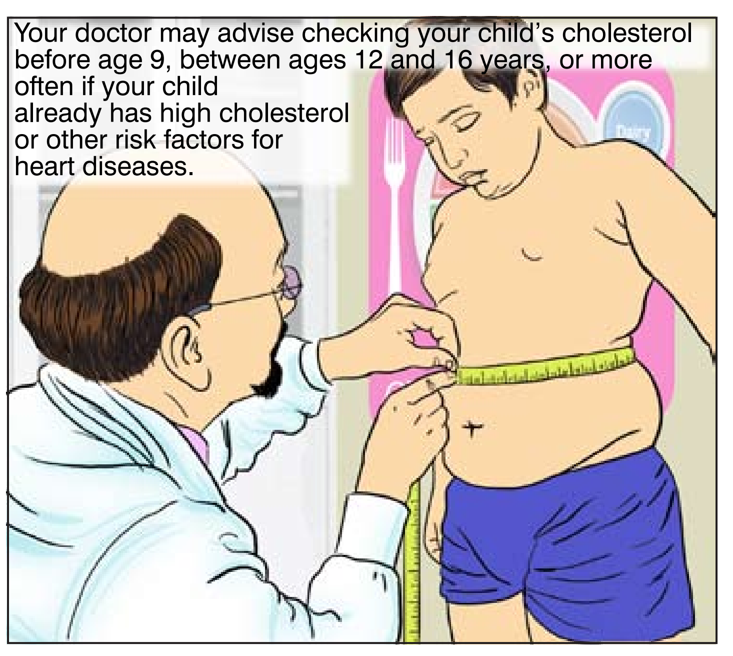
Many things can cause high LDL, or bad cholesterol, but having a family history of high cholesterol, diabetes, high blood pressure or heart problems, not being active, eating an unhealthy diet, being at an unhealthy weight, and being of older age increases the risks and makes it especially hard for your family to have a healthy life style.

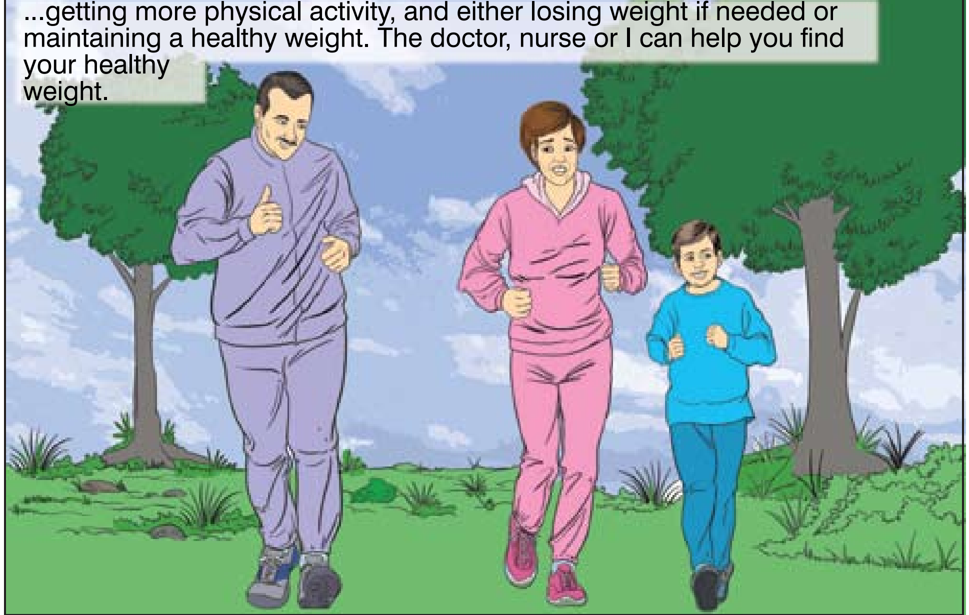
● *Relatives with history of high cholesterol, diabetes, high blood pressure or heart problems.*

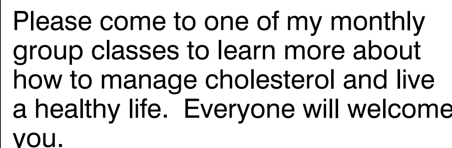
Milk
WHOLE MILK
Milk

Healthy children should have their cholesterol checked between ages:

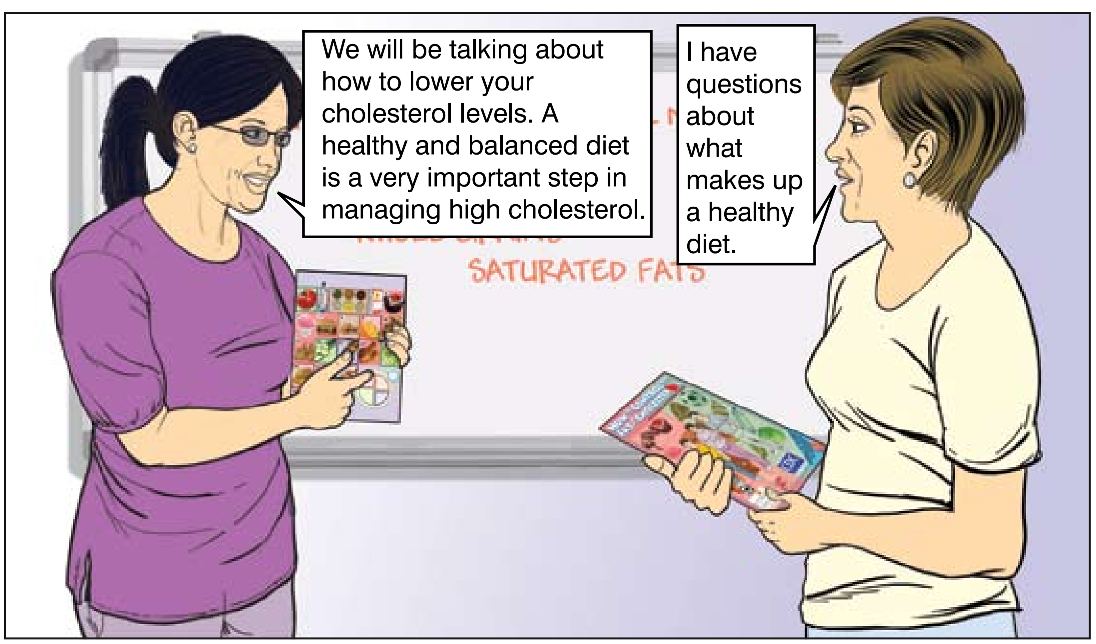


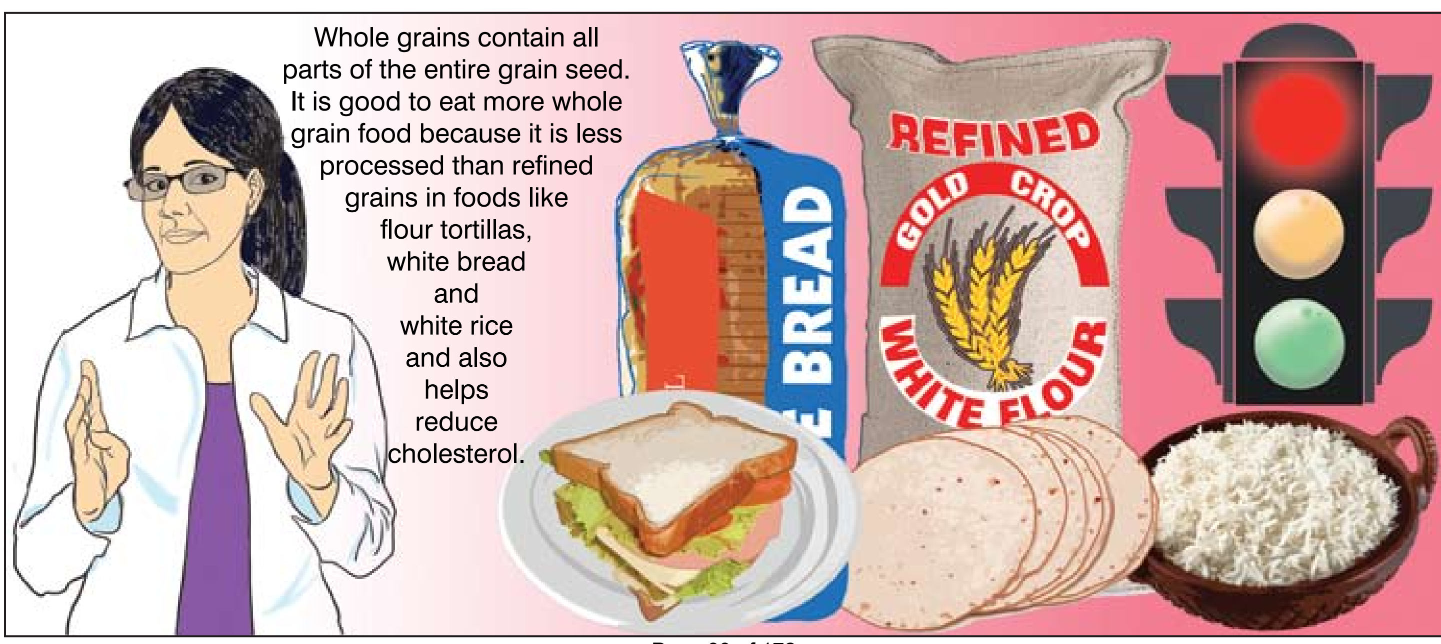


The following week...
ChooseMyPlate.gov
We are ready to start the session. Thanks everyone for coming. Let me introduce you to Luis, Laura, and their son Pedro. They will be taking part in our classes.
ChooseMyPlate.gov

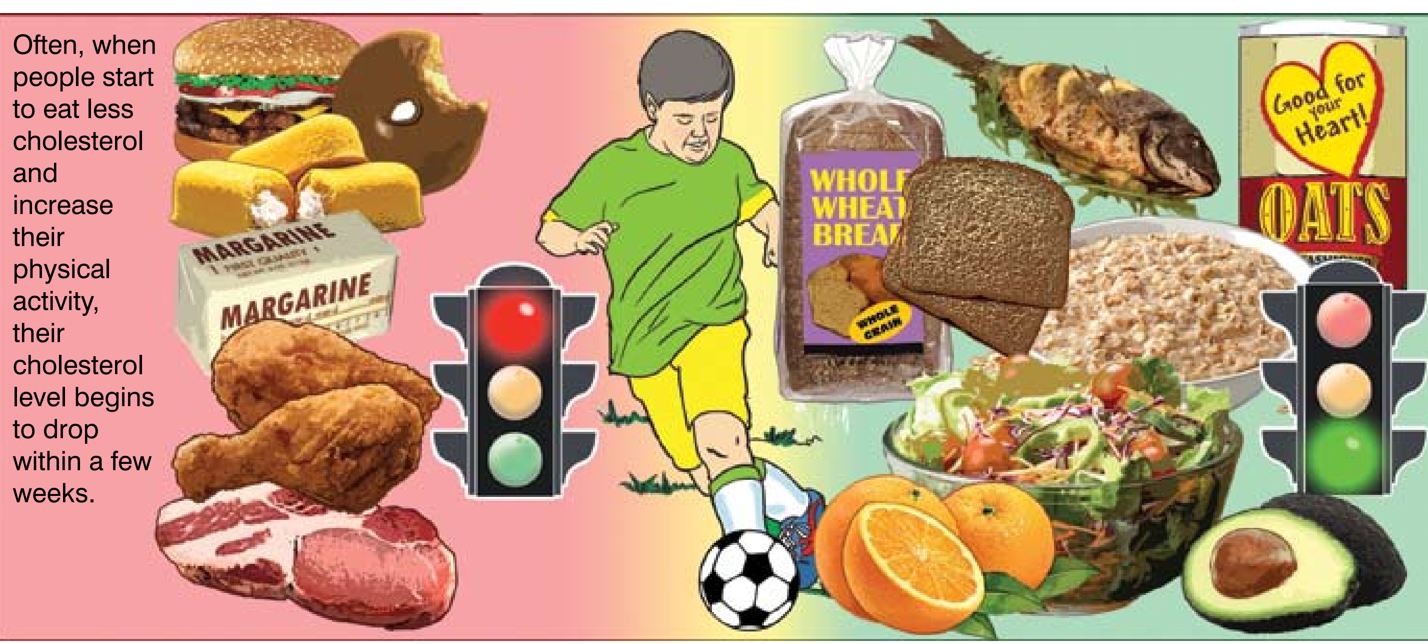

We will be talking about how to lower your cholesterol levels. A healthy and balanced diet is a very important step in managing high cholesterol.
I have questions about what makes up a healthy diet.
SATURATED FATS

What foods have grains and why do we need to eat more whole grain? What is saturated fat?


Whole grains contain all parts of the entire grain seed. It is good to eat more whole grain food because it is less processed than refined grains in foods like flour tortillas, white bread and white rice and also helps reduce cholesterol.
REFINED
GOLD CROP
WHITE FLOUR

Examples of foods with whole grains include: brown rice, wild rice, oats, whole-wheat bread, whole-wheat tortillas, whole-grain crackers, and whole wheat pasta. Look for the “whole grain” label on food.

Often, when people start to eat less cholesterol and increase their physical activity, their cholesterol level begins to drop within a few weeks.




Saturated fats and cholesterol are found in foods that come from animals.

They can be found in foods like whole fat milk and cheeses, butter, cream, ice cream, fatty meat, fatty poultry, lard, and pork fat. Tacos, sausages, bologna, hot dogs, and beef burgers may contain a lot of saturated fat.

**Activity Sheet:** Write in the white circle an ¨R¨ if it is a food high in cholesterol or a ¨G¨if it is a food low in cholesterol.

We need to learn to identify foods high and low in cholesterol, because the food we choose daily defines in a major way our health and the health of our family.

WHOLE MILK
1

2

SALTED BUTTER
NET WT. OZ (113g)
3

4

FRENCH FRIES
5

6

7

8

OATS
9

10

11

WHOLE WHEAT BREAD
WHOLE GRAIN
12

Milk
LOW FAT 2%
Milk
13

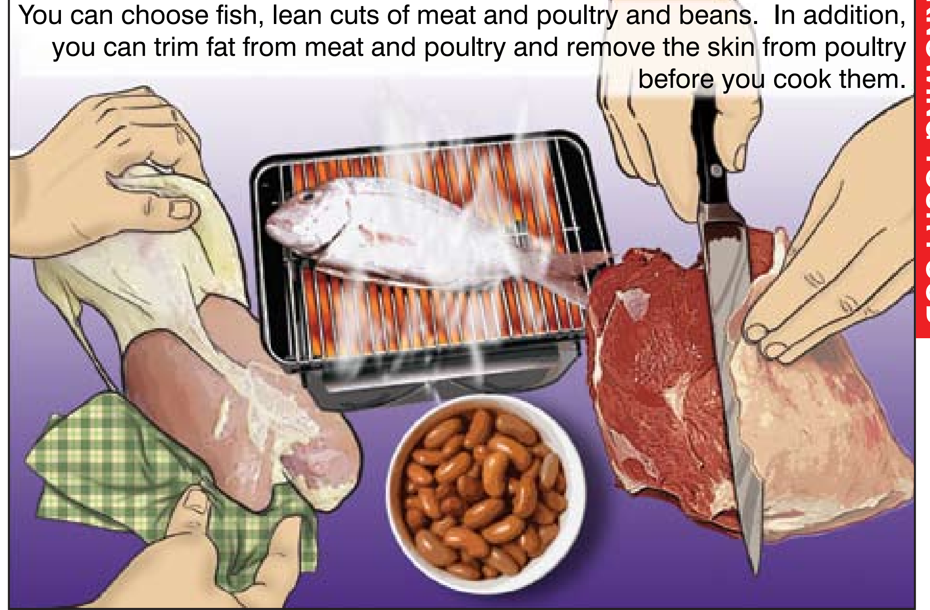
14

LARD
15

16

Answers: 1-R, 2-G, 3-R, 4-G, 5-R, 6-G, 7-R, 8-R, 9-G, 10-R, 11-R, 12-G, 13-G, 14-R, 15-R, 16-G

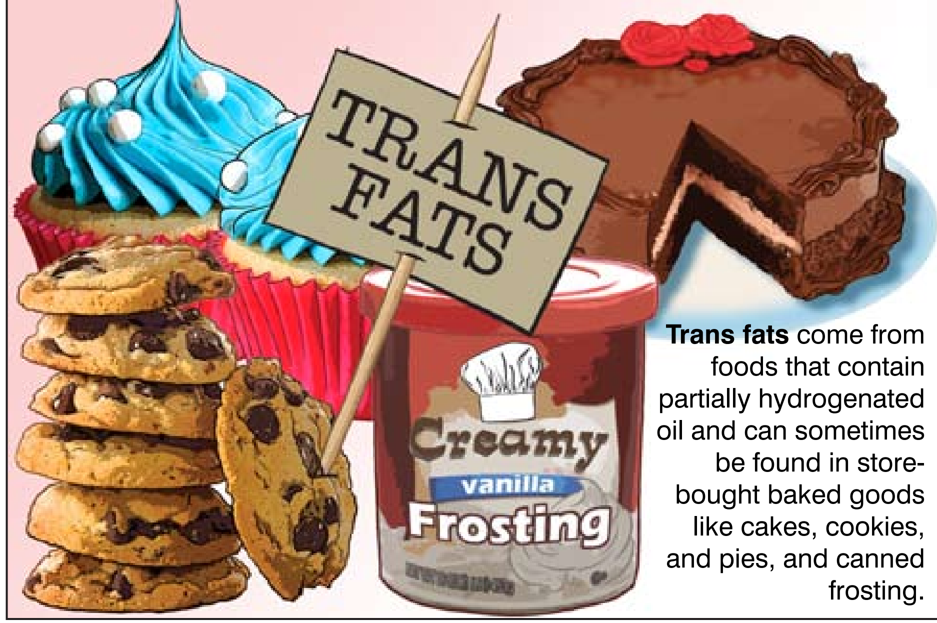
I thought foods from animals are high in protein. If these foods are also high in cholesterol what kinds of foods with protein should we be eating?

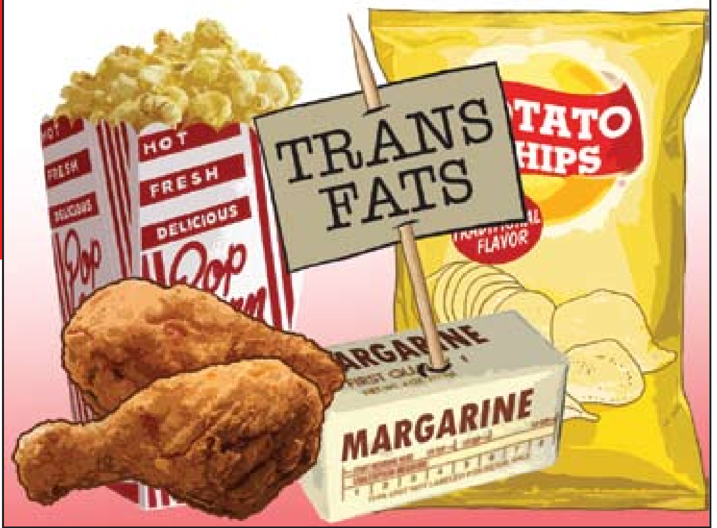

You can choose fish, lean cuts of meat and poultry and beans. In addition, you can trim fat from meat and poultry and remove the skin from poultry before you cook them.

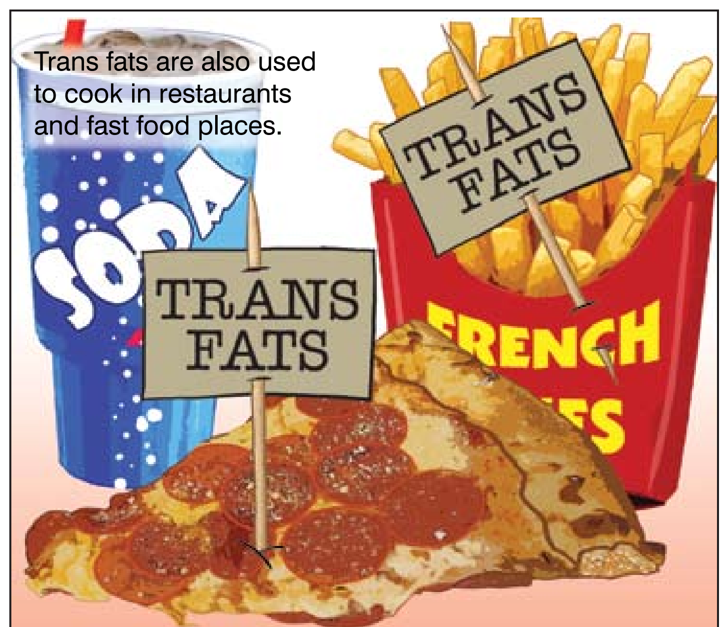
I replace animal fats such as lard and butter in my cooking with1 teaspoon of oils such as canola, olive, soybean, safflower, corn, sunflower, or flaxseed.
BUTTER
LARD
100%
corn
oil
soybean
OIL

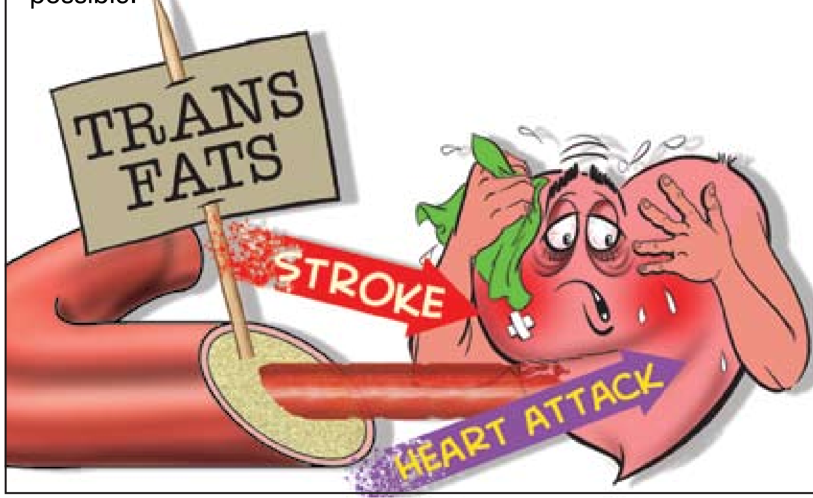
But, stay away from packaged food with palm and coconut oils since they are very high in **saturated fats**. It is also very important to try to avoid foods with "**trans fats.**"
snack

The amount for **trans fat** in a food is listed on the **Nutrition Facts label**.


TRANS FATS
Creamy
vanilla
Frosting
**Trans fats** come from foods that contain partially hydrogenated oil and can sometimes be found in store-bought baked goods like cakes, cookies, and pies, and canned frosting.

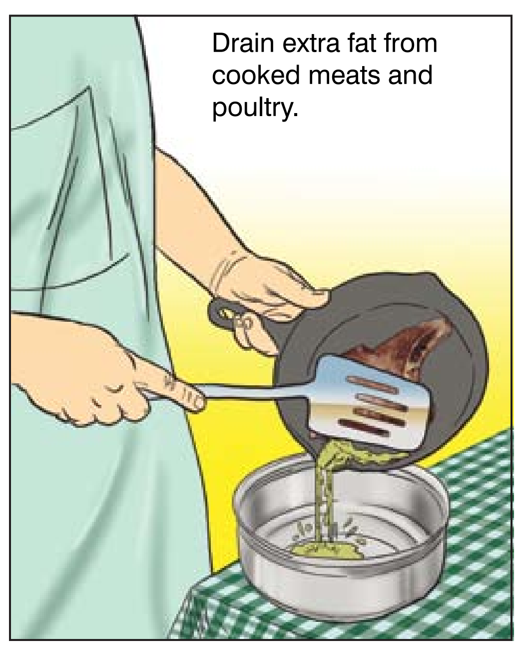

They are also in stick margarines, some fried foods, and may be in snack foods like chips and popcorn.
TRANS FATS
HOT
FRESH
DELICIOUS
MARGARINE
FLAVOR


Trans fats are also used to cook in restaurants and fast food places.
SODA
TRANS FATS
TRANS FATS


**Trans fats** can raise your bad cholesterol levels in your blood and damage your blood vessels, which can lead to heart attack or stroke. You should try to eat foods with **trans fats** as little as possible.
TRANS FATS
STROKE
HEART ATTACK

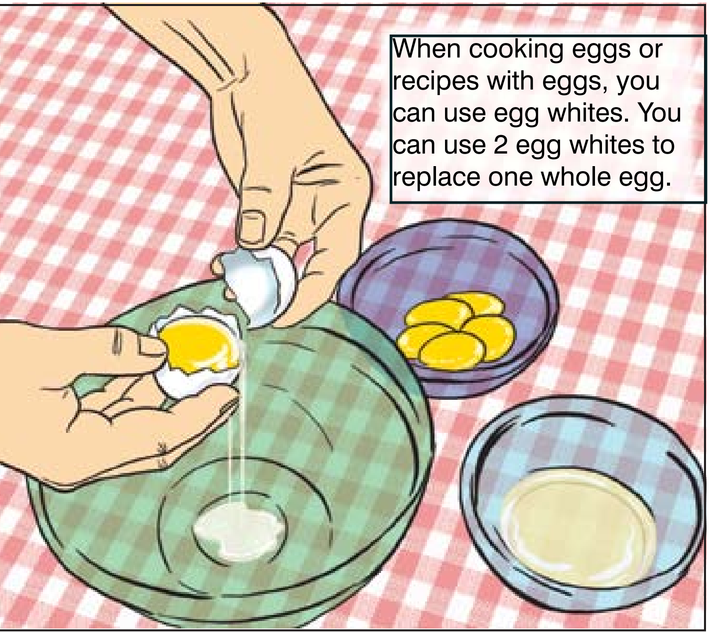
You said to use different kinds of cooking oils and whole grains. What other changes can I make when I'm cooking?
There are many things you can do.

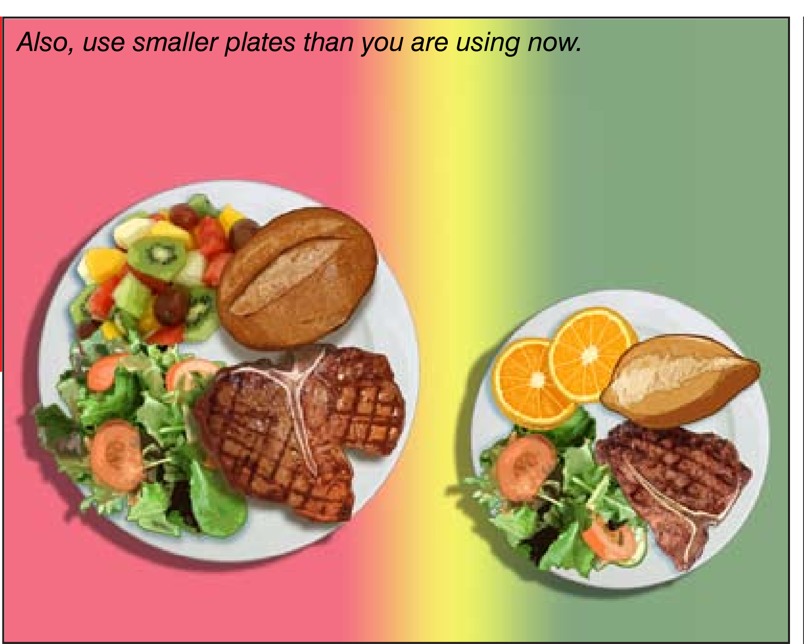
Instead of frying meat, fish or potatoes, try baking, broiling, or grilling.


Drain extra fat from cooked meats and poultry.

Cooking and eating at home more often saves money, and it is better than the high-fat food at fast food places.

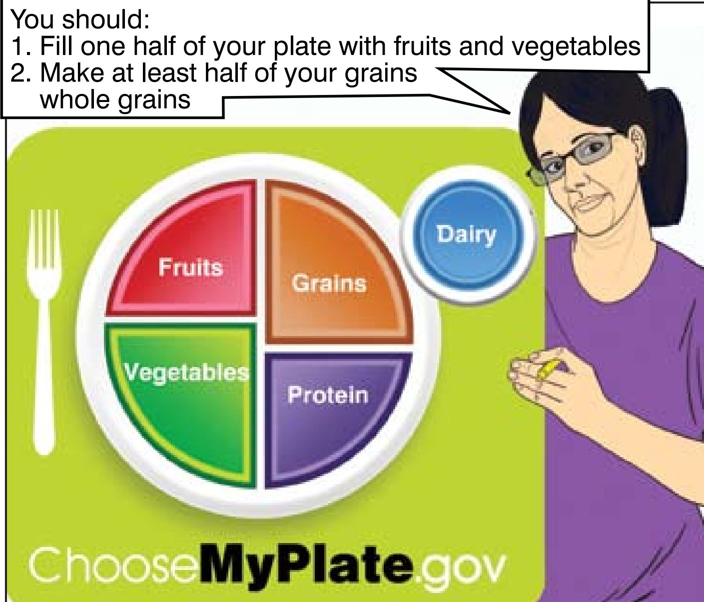
If you cook and eat at home, you can control the amount of fat in your food.




*Also, use smaller plates than you are using now.*

And eat more vegetables and fruits and limit the foods you eat with added sugars.
snack cake

When eating out at restaurants, eat smaller amounts of food, share a meal, or take part of your meal home.

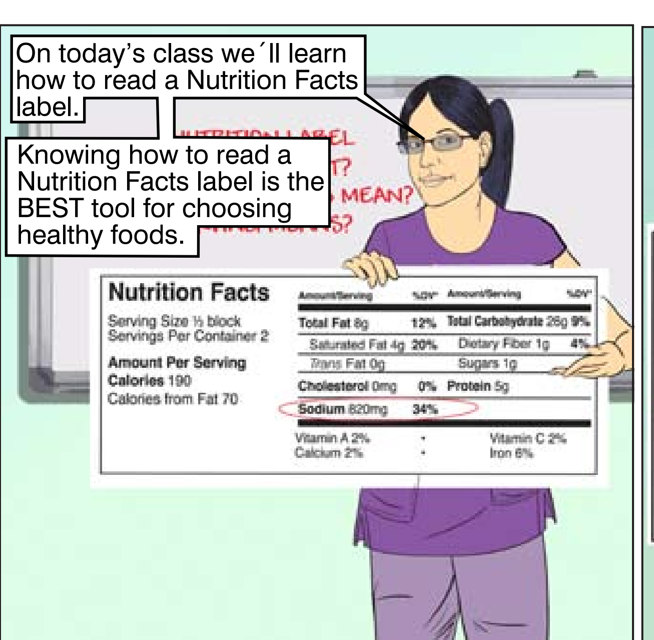

You should:
1. Fill one half of your plate with fruits and vegetables
2. Make at least half of your grains whole grains
Fruits
Grains
Dairy
Vegetables
Protein
ChooseMyPlate.gov

3. Pick a variety of high-protein foods that are low in saturated fat and cholesterol
4. Switch from full-fat (regular) to low-fat (1%) or fat-free milk products
Milk
LOW FAT 1%
Milk

Today I want to finish the class by teaching you to read a Nutrition Facts label.
HDL LDL
Saturated Fat 4g 20%
Trans Fat 0g
Dietary Fiber 1g
Sugars 1g
Cholesterol 0mg 0%
Protein 5g
Sodium 820mg 34%
Vitamin C 2%
Iron 6%

Next week, I invite you all to attend my Low-Fat Cooking class. We will be making a low fat chicken and rice (arroz con pollo) recipe. I hope you will all be able to come.
LOW FAT COOKING CLASS
ARROZ CON POLLO

**Activity Sheet:** Fill in your plate, choosing healthy foods, write the numbers you select in my Food Plate below *¨ChooseMyPlate.gov.¨* See page 18 for grouping foods with "ChooseMyPlate.gov."
1
2
WATER
3
4
Milk
LOW FAT 1%
Milk
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
WHOLE MILK
20
Answers
2, 4
9, 16, 20
3, 8
1, 12, 15
13, 17, 18




Today we're focusing on items to eat less of as shown on the **Nutrition Facts label**. The items to eat less of include: **calories, total fat, saturated fat, trans fat, cholesterol, sodium and sugars.**

**Nutrition Facts**
Serving Size ½ block
Servings Per Container 2
**Amount Per Serving**
**Calories** 190
Calories from Fat 70

| Amount/Serving | %DV* | Amount/Serving | %DV* |
|---|---|---|---|
| **Total Fat** 8g | 12% | **Total Carbohydrate** 26g | 9% |
| Saturated Fat 4g | 20% | Dietary Fiber 1g | 4% |
| *Trans* Fat 0g | | Sugars 1g | |
| **Cholesterol** 0mg | 0% | **Protein** 5g | |
| **Sodium** 820mg | 34% | | |

Vitamin A 2% • Vitamin C 2%
Calcium 2% • Iron 6%

Check out our fotonovela "How to Control your Hypertension: Learning to Control Your Sodium Intake," which explains how we have used the Nutrition Facts labels to teach people how to control sodium in their diet.

Start by looking at the **"Serving Size"** printed right under **"Nutrition Facts."** The Nutrition Facts label tells us the numbers of servings there are in the package or can. It tells us the amount of calories, saturated fats, trans fats, cholesterol, sodium and sugar for one serving.

**Nutrition Facts**
Serving Size ½ block
Servings Per Container 2
**Amount Per Serving**
**Calories** 190
Calories from Fat 70

| Amount/Serving | %DV* | Amount/Serving | %DV* |
|---|---|---|---|
| **Total Fat** 8g | 12% | **Total Carbohydrate** 26g | 9% |
| Saturated Fat 4g | 20% | Dietary Fiber 1g | 4% |
| *Trans* Fat 0g | | Sugars 1g | |
| **Cholesterol** 0mg | 0% | **Protein** 5g | |
| **Sodium** 820mg | 34% | | |

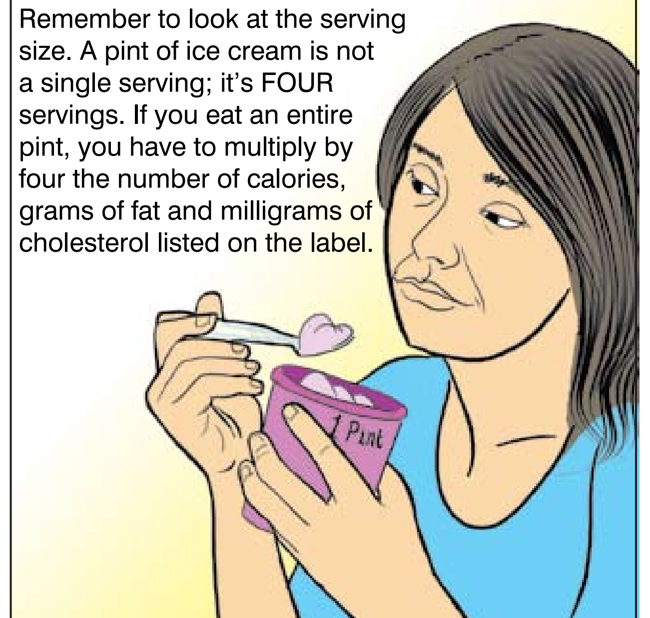
Vitamin A 2% • Vitamin C 2%
Calcium 2% • Iron 6%

Many packages and cans have more than one serving. Check the serving size and how many servings you are actually eating. If you eat double the serving size, you will also eat double the amount of calories, saturated fat, cholesterol, sodium and sugar.

**Nutrition Facts**
Serving Size ½ block
Servings Per Container 2
**Amount Per Serving**
**Calories** 190–380
Calories from Fat 70–140

| Amount/Serving | %DV* | Amount/Serving | %DV* |
|---|---|---|---|
| **Total Fat** 8g | 12% | **Total Carbohydrate** 26g | 9% |
| Saturated Fat 4g | 20% | Dietary Fiber 1g | 4% |
| *Trans* Fat 0g | | Sugars 1g | |
| **Cholesterol** 0mg | 0% | **Protein** 5g | |
| **Sodium** 820mg | 34% | | |

Vitamin A 2% • Vitamin C 2%
Calcium 2% • Iron 6%



**Activity Sheet:** Fill in the blank sheet comparing Nutrition Facts labels per serving.

**Nutrition Facts**
Serving Size 1/4 cup (58g)
Servings Per Container About 7

| Amount Per Serving | |
|---|---|
| Calories 50 Calories from Fat 30 | |
| | % Daily Value* |
| Total Fat 3.5g | 5% |
| Saturated Fat 2g | 10% |
| Trans Fat 0g | |
| Cholesterol 15mg | 5% |
| Sodium 260mg | 11% |
| Total Carbohydrate 4g | 1% |
| Dietary Fiber 0g | 0% |
| Sugars 0g | |
| Protein 2g | 4% |

1

**Nutrition Facts**
Serving Size 1/2 oz. (14g)
Servings Per Container About 6

| Amount Per Serving | |
|---|---|
| Calories 80 Calories from Fat 45 | |
| | % Daily Value* |
| Total Fat 5g | 7% |
| Saturated Fat 1.5g | 8% |
| Trans Fat 0g | |
| Cholesterol 20mg | 6% |
| Sodium 140mg | 6% |
| Total Carbohydrate 0g | 0% |
| Dietary Fiber 0g | 0% |
| Sugars 0g | |
| Protein 9g | Not a significant source of protein. |

2

**Nutrition Facts**
Serving Size 1 oz (28g/About 11 chips)
Servings Per Container About 2

| Amount Per Serving | 1 oz | Entire Pkg |
|---|---|---|
| Calories | 140 | 290 |
| Calories from Fat | 70 | 140 |
| | % Daily Value* | |
| Total Fat 8g, 17g | 12% | 26% |
| Saturated Fat 1g, 2.5g | 6% | 12% |
| Trans Fat 0g, 0g | | |
| Cholesterol 0mg, less than 5mg | 0% | 1% |
| Sodium 210mg, 440mg | 9% | 18% |
| Total Carbohydrate 16g, 34g | 5% | 11% |
| Dietary Fiber 1g, 2g | 4% | 9% |
| Sugars 0g, less than 1g | | |
| Protein 2g, 4g | | |

3

**Nutrition Facts**
Serving Size 1 Tbsp (13g)
Servings Per Container about 33

| Amount Per Serving | |
|---|---|
| Calories 90 Calories from Fat 90 | |
| | % Daily Value* |
| Total Fat 10g | 15% |
| Saturated Fat 1.5g | 8% |
| Trans Fat 0g | |
| Polyunsaturated Fat 6g | |
| Monounsaturated Fat 2.5g | |
| Cholesterol 5mg | 2% |
| Sodium 90mg | 4% |
| Total Carbohydrate 0g | 0% |
| Dietary Fiber 0g | 0% |
| | 0% |

4

**Nutrition Facts**
Serving Size 2/3 cup (156g)
Servings 1 can
Calories 150
Fat Cal 45
*Percent Daily Values (DV) are based on a 2 000 calorie diet

| Amount/serving | %DV* | Amount/serving | %DV* |
|---|---|---|---|
| Total Fat 5g | 8% | Sodium 550mg | 23% |
| Saturated Fat 3.5g | 17% | Total Carb 10g | 3% |
| Cholest 3500mg | 1170% | Protein 16g | |
| Vitamin A 0% | Vitamin C 10% | Calcium 0% | |
| Not a significant source of fibers and sugars | | | |

5

1. Which label has the highest cholesterol?______

   How much?______

2. Which label has the least cholesterol?______

   How much?______

3. Which food has the most saturated fat?_______

   How much?______

4. Which label has the highest amount of total fat? ______

   How much?______

5. How much total fat is 1 serving of the food in label # 1?______

Answers:
(1.)Label 5, 3 500 mg;
(2.)Label 3, 0 mg;
(3.)Label 5, 3.5 g;
(4.)Label 4, 10 g;
(5.) 3.5 g.

Look for: Total Fat, Saturated Fat, Trans Fat and Cholesterol: Under Total Fat, you'll find Saturated Fat and Trans Fat, then Cholesterol listed in bold. These all raise your cholesterol levels.

**Nutrition Facts**

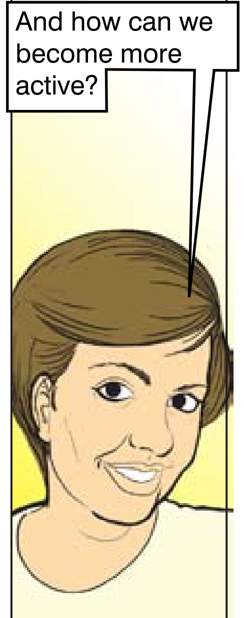
Serving Size ½ block
Servings Per Container 2

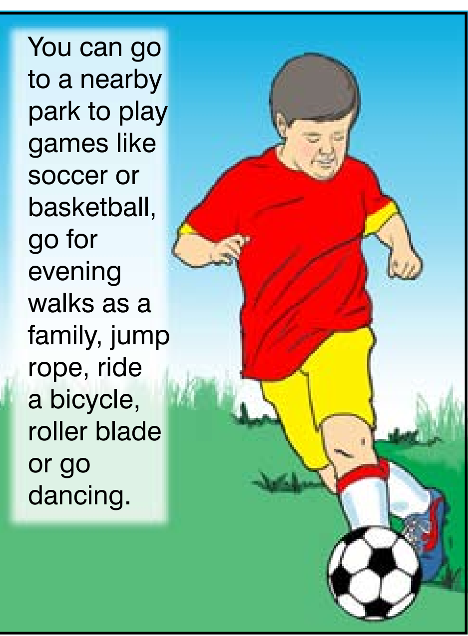
**Amount Per Serving**
**Calories** 190
Calories from Fat 70

| Amount/Serving | %DV* | Amount/Serving | %DV* |
|---|---|---|---|
| **Total Fat** 8g | 12% | **Total Carbohydrate** 26g | 9% |
| Saturated Fat 4g | 20% | Dietary Fiber 1g | 4% |
| *Trans* Fat 0g | | Sugars 1g | |
| **Cholesterol** 0mg | 0% | **Protein** 5g | |
| **Sodium** 820mg | 34% | | |

Vitamin A 2% • Vitamin C 2%
Calcium 2% • Iron 6%

Keep in mind that fat-free doesn't mean a food is calorie-free. Some lower-fat items have the same number of calories as the full-fat item because they may have more added sugar. You also need to eat foods lower in sodium.



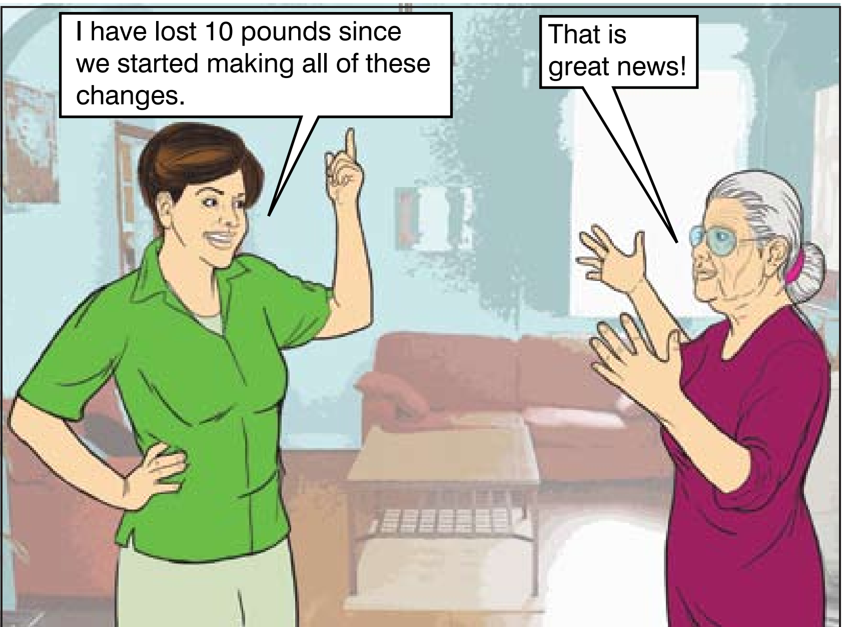



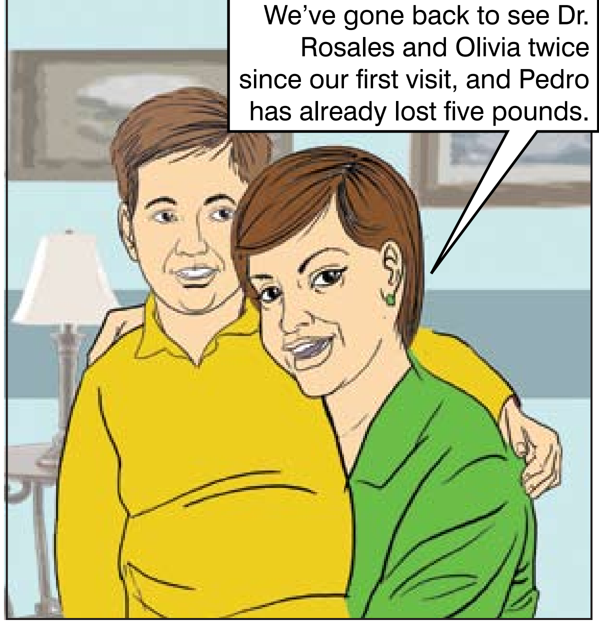
I'll be home from work earlier. If I can't, I will go with you to a dancing class in the evening and to the park on the weekend.
Luis and Laura: if you don´t have any other questions...

...it was very nice to see you all. We'll see you in one month!

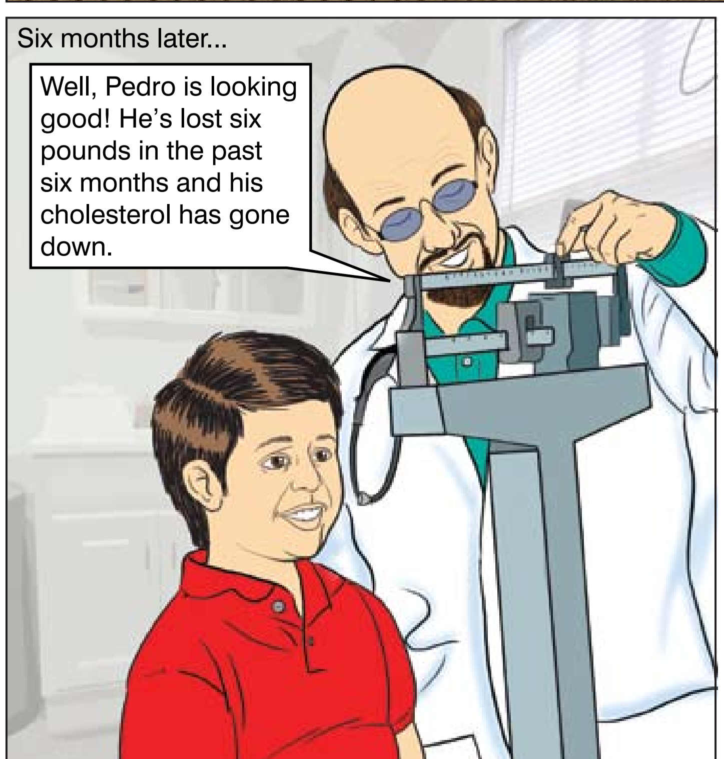
Thank you Olivia…. You'll see. We're going to do exactly what you told us. You won't be disappointed.

Laura, how everything is going?
Doña Fela, everything is going great! We've been eating healthier foods, eating smaller portions, and going to the park several days a week to walk laps or play soccer. And we are having fun at the Zumba classes at the community Center.


I have lost 10 pounds since we started making all of these changes.
That is great news!

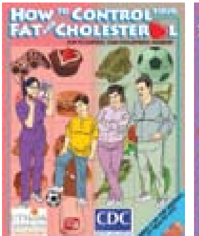

We've gone back to see Dr. Rosales and Olivia twice since our first visit, and Pedro has already lost five pounds.

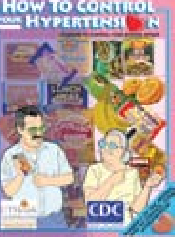
*"Now the entire family is enjoying a heart healthy lunch and laughing."*

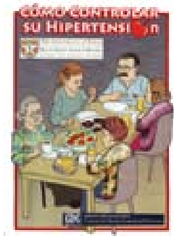


*These fotonovelas were done through a CDC-ASPH grant program. We hope you and your family learn through the fotonovelas how to have a healthier lifestyle.*

***Fall 2013***







# Stimulants and Heart Health

**What happens to my heart while I'm using stimulants?** When you use stimulants, your heart begins to beat faster. When your heart beats faster it can also cause your blood pressure to go higher. A fast heart beat and high blood pressure can all lead to problems with your heart including a heart attack or stroke.

**How to know if I have a fast heart rate or high blood pressure?** Symptoms of high heart rate are fast pulse, chest pain, and shortness of breath. Symptoms of high blood pressure include headache, chest pain, nose bleeds, or visual changes.

**Does the way I use stimulants change the problems with my heart?** Yes. Routes that result in faster high blood levels of stimulants can have worse effects than routes that result in lower blood levels over longer periods of time. Binging, without taking any breaks, can also lead to longer term bad health outcomes compared to sporadic or infrequent use.

**What happens to my heart if I've been using stimulants for a long time?** Using stimulants for a long time can expose your heart to having a high heart rate or high blood pressure for a long time. The extra stress on your heart for a long time may result in long term bad effects for your heart including congestive heart failure or peripheral artery disease.

**What are some things to do to prevent long term bad effects to your heart from stimulant use?** Limiting stimulant use, taking breaks from use, and trying to avoid daily use can give your heart a break from the damage caused by stimulants. Activities that promote heart health like an exercise routine and healthy nutritious diet can also help prevent long term side effects. It is also important to treat other heart conditions to prevent worsening episodes of heart problems.

Limit use

Take breaks

Exercise

Eat healthy


Martin, T. C. S., Gianella, S., Franklin, D., Hsue, P., & Smith, D. M. (2020). Methamphetamine and cardiac disease among people with HIV infection. *HIV Medicine*, *21*(10), 635–641. https://doi.org/10.1111/hiv.12918

Paratz, E. D., Cunningham, N. J., & MacIsaac, A. I. (2016). The Cardiac Complications of Methamphetamines. *Heart, Lung and Circulation*, *25*(4), 325–332. https://doi.org/10.1016/j.hlc.2015.10.019

Reddy, P. K. V., Ng, T. M. H., Oh, E. E., Moady, G., & Elkayam, U. (2020). Clinical Characteristics and Management of Methamphetamine-Associated Cardiomyopathy: State-of-the-Art Review. *Journal of the American Heart Association: Cardiovascular and Cerebrovascular Disease*, *9*(11). https://doi.org/10.1161/JAHA.120.016704

Richards, J. R. (2017). Beta Blockers and the Cardiac Complications of Methamphetamine. *Heart, Lung and Circulation*, *26*(4), 416–417. https://doi.org/10.1016/j.hlc.2016.07.018

Varian, K. D., & Gorodeski, E. Z. (2020). The Other Substance Abuse Epidemic: Methamphetamines and Heart Failure. *Journal of Cardiac Failure*, *26*(3), 210–211. https://doi.org/10.1016/j.cardfail.2020.01.007



START
Stimulant Treatment and Recovery Team
Reach us at (617) 714-7490.

Name: ______________________________

# Chest Pain Plan

1) What health conditions do you have that may result in chest pain (high blood pressure, angina, GERD, etc)?

☐ High blood pressure
☐ Asthma
☐ Angina (reduced blood flow to the heart)
☐ Heart burn
☐ Hernia
☐ Other(s): ________________________________________
________________________________________
☐ Muscle injury
☐ Panic attacks

2) What are my behaviors that may result in increased chest pain?

☐ Anxiety
☐ Exercise
☐ Smoking cigarettes or cannabis
☐ Eating spicy food
☐ Coughing
☐ Other(s): ________________________________________
________________________________________
☐ Using stimulants
☐ Rib injury

3) What behaviors may make the chest pain better?

☐ Taking a prescribed medicine
☐ Cough pillows/support pillows
☐ Lying down
☐ Drinking water
☐ Chest/vapor rub
☐ Taking deep breaths
☐ Taking antacids
☐ Taking cough medicine
☐ Other(s): ______________________________________________________________________

# MY PLAN

| My Symptoms of Chest Pain | My Strategies for Preventing Chest Pain |
| --- | --- |
| | |

| My Chest Pain Plan |
| --- |
| |

| I WILL GO TO THE EMERGENCY ROOM OR CALL 911, when…. |
| --- |
| |

# Week 10

## Improving Cognition in Early Recovery

# Memory and Cognition in Early Recovery

**How is memory affected in early recovery?** It is common in early recovery from drugs or alcohol for patients to experience memory loss. Memory loss may be related to lack of sleep, change in brain chemistry, or trauma. Examples of memory loss may include forgetting your keys, not keeping appointments, forgetting to take medicine, etc.

**What is cognition and how is it affected in early recovery?** Cognition is the process by which people think and process information. In early recovery it is common for patients to describe fuzzy thinking or trouble thinking through problems. This may be related to lack of sleep, changes in brain chemistry, or trauma.

**Will my memory and cognition improve?** It is possible that memory and cognition will make a full recovery, but it may take several months to a year. Having patience with yourself and developing ways to remember important activities or appointments can be important.

**What are some ways that I can work to improve my memory and cognition?**
Neurocognitive training, or games like word searches, crosswords, and sudoku may all be helpful in building back memory and cognitive abilities. Increasing a physical activity and improving nutritional status with vitamins and a well rounded diet may also help to fix memory and cognitive issues.

**When should I worry?** If your memory loss is impacting your daily activities significantly or your memory or cognition is not improving overtime talk with your provider. A neurology work up may be helpful in identifying the exact problem with your memory or cognition.


Basedow, L. A., Kuitunen-Paul, S., Wiedmann, M. F., Ehrlich, S., Roessner, V., & Golub, Y. (2021). Verbal learning impairment in adolescents with methamphetamine use disorder: A cross-sectional study. *BMC Psychiatry*, *21*. https://doi.org/10.1186/s12888-021-03169-3

Ekhtiari, H., Rezapour, T., Sawyer, B., Yeh, H.-W., Kuplicki, R., Tarrasch, M., Paulus, M. P., & Aupperle, R. (2021). Neurocognitive Empowerment for Addiction Treatment (NEAT): Study protocol for a randomized controlled trial. *Trials*, *22*. https://doi.org/10.1186/s13063-021-05268-8

Fitzpatrick, R. E., Rubenis, A. J., Lubman, D. I., & Verdejo-Garcia, A. (2020). Cognitive deficits in methamphetamine addiction: Independent contributions of dependence and intelligence. *Drug and Alcohol Dependence*, *209*, 107891. https://doi.org/10.1016/j.drugalcdep.2020.107891

Shin, E.-J., Dang, D.-K., Tran, T.-V., Tran, H.-Q., Jeong, J. H., Nah, S.-Y., Jang, C.-G., Yamada, K., Nabeshima, T., & Kim, H.-C. (2017). Current understanding of methamphetamine-associated dopaminergic neurodegeneration and psychotoxic behaviors. *Archives of Pharmacal Research*, *40*(4), 403–428. https://doi.org/10.1007/s12272-017-0897-y

Reach us at (617) 714-7490.

Name: ______________________

# Forget Me Not

In early recovery it is important to be prepared for memory and cognitive issues associated with stopping substance use. Use this work sheet to strategize ways to make up for your memory loss and cognition in early recovery. Then strategize ways to do activities that may help improve memory or cognition in the long term.

| Memory Compensation Strategies | Cognitive Compensation Strategies |
| --- | --- |
| Memory Training | Cognitive Training |

Puzzlemaker is a puzzle generation tool for teachers, students and parents. Create and print customized word search, criss-cross, math puzzles, and more-using your own word lists.

# START Medical Group

ACROSS
3. an acronym for post-acute withdrawal symptom frequently associated with memory loss
6. a word used to describe a stimulant overdose
10. physical activity that results in heavy breathing and needs excess oxygen
11. a therapeutic modality providing incentives for recovery engagement
12. an illicit stimulant substance derived from the coca plant

DOWN
1. a neurochemical responsible for feeling happy and increases with stimulant use
2. a medication used to reverse opioid overdose
4. physical activity that does not require excess oxygen to occur, like lifting weight
5. an illicit stimulant substances that is synthetic and must be 'cooked'
7. a psychiatric condition that occurs after people experience traumatic events
8. the ability someone has to understand and process information
9. a symptom often described as feeling exhausted or without energy

## Use the clues to fill in the words above.

Words can go across or down.
Letters are shared when the words intersect.

12 of 12 words placed.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7 | 4 | | | 3 | | | 1 | |
| | 1 | 9 | | 6 | 8 | 5 | | 2 |
| | | | | | 4 | 3 | | |
| | 5 | 6 | 3 | 7 | | | | 1 |
| | | 1 | 8 | | | | 9 | 5 |
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| 1 | | 3 | 4 | | 7 | 2 | | |
| 5 | | | 2 | | | | | 8 |
| | 8 | | | | 1 | 4 | 7 | |

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|---|---|---|---|---|---|---|---|---|
| 7 | 4 | 8 | 5 | 3 | 2 | 9 | 1 | 6 |
| 3 | 1 | 9 | 7 | 6 | 8 | 5 | 4 | 2 |
| 6 | 2 | 5 | 9 | 1 | 4 | 3 | 8 | 7 |
| 4 | 5 | 6 | 3 | 7 | 9 | 8 | 2 | 1 |
| 2 | 3 | 1 | 8 | 4 | 6 | 7 | 9 | 5 |
| 8 | 9 | 7 | 1 | 2 | 5 | 6 | 3 | 4 |
| 1 | 6 | 3 | 4 | 8 | 7 | 2 | 5 | 9 |
| 5 | 7 | 4 | 2 | 9 | 3 | 1 | 6 | 8 |
| 9 | 8 | 2 | 6 | 5 | 1 | 4 | 7 | 3 |

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Puzzlemaker is a puzzle generation tool for teachers, students and parents. Create and print customized word search, criss-cross, math puzzles, and more-using your own word lists.

# START Medical Group

```
M W N Y N E O G C J X X Z N B V X B K A S H C O J F E J V E U U V C H D C L H W
C E J N K H A T A V C K R O R Y Q D Y Q X L R O L Y J S Q J C F X E G O W I N S
U Z T W Q I A U M Z Y Q F I V H E J P S H S I G J O I Z I E G G G N B Y K G T H
K Q V H K N B C Y D S E S T I V F Y I S P Q K X D I W R S C S K A H M C U X Y P
B F J J A L B Z F P Z R M C A B A O S S G N F R V R Z Y W U R M K O I H N A X R
G E X E S M E H C Q T K R U Q X Q H T N E M E G A N A M Y C N E G N I T N O C M
B F R M I U P Y X B E T M D J F J Q M P U J W O J C B I E L D W X N K W R H I O
N F Q Z D W X H Q R W N O E M U J B Q G G N U J I M L K A M T A A E O D J J G Q
A A E F G Q W I E B N T G R K V M O M A A I W M U Q M M H K Z M W Z K L P P E Z
M W L L T L N F S T Q E O M L I J K I J R Q A Y Y E F C X F L W M F P X A U J D
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L U N A A Y H L Q F G E O Q K O Q O A U V Y B R D Z S V U K G L C B W I Z J I H
K U C P N G Y W L S M N R A P C R Q L T T Y W P S O A R E Z C I H A F W F V Q X
V O T D N C Y S R J R N I L B P G Z T T R D J U D X N F V B Q A B A C O O A G O
Q U Q H B G W U F A F N H J H D U Z R K N A E B I I E G U C E W W J Q N H H S B
P W W Z M U D H M B D S B I L K C Q E X T Z T H Q I F R O N A T P T A H O F D D
S O I J P V L A M X J P N W J I Q J X R E T F W K F O A O J H M V M K Y H U Z D
N A A E U A W X T D P E M O Y F Z M O M R C C P W K E N T Z T E O Z S Z V B Q F
A R R V X W O U Z U L C V O N R F K N X Y R R G M K B F D J G K M N O Q C O F F
O P E D R L D H K A Z E U Q K M G J E N O N V J U D E C I X M U O N F N O U W E
N P N U J Y F A B F R P L I A S J X D A M O T G N D Y J W A G Q K X K A S A U C
G B R C U I T D B A K R P M V L G V O T O V A N E Y N P V F Z H N V K B Q R F W
J Q O O Y O A P M A Q X C J Y Y W E R B G N K Q X K F H D Z I N J Z X A V D B T
K O M C J C U P D P O Y S Z W A Y J R T R U O A K M J D G E E Y P U X W V S Y I
L Q F A V P I W P S E D L F T O D E Z M E I T Z U F V F U N D E T E C T A B L E
Y K W I S N H G M R Q K X F Z L L I U D D F O N S H A O R G U L G U O E Z A E K
C J B N G R Q C K S R A K Z N B X T P G L F Z Q O T S B D U X L V P X D C C C E
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F R N E X T Z P E O U D B M W M A Q M M K T J L W R X G S Y P B Y B M M N S J B
L U U L E J Y F D I X O X X Z J E L M V W C A F C Y J U H E X K W L S P K M S U
B G R H J S L G G C U W K T P T M E S H M S C F N K N E B U V H M K S C T U O N
W Z U P E V T E T W G O F C J D G R F M B L V C L B A E J A F L D F T O S G N K
Q Q H A T G R R R F C G W K P E C S Q S V G M L E B L O P M Y X Q X H S C A N O
E Z E S S E C E I I J P H Y B N F R J I C V R N A F F P Z P W P S I G Y N Q G H
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| | | |
|---|---|---|
| buprenorphine | bupropion | chemsex |
| cocaine | contingencymanagement | exercise |
| fatigue | harmreduction | methamphetamines |
| naloxone | naltrexone | overamping |
| prep | undetectable | |

## Find the word in the puzzle.

Words can go in any direction.
Words can share letters as they cross over each other.

14 of 14 words placed.

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# Week 11

## Optimizing Oral Health

# Oral Health and Stimulants

## Introduction

Patients using stimulants may experience negative effects on their oral health care. Oral healthcare includes care that occurs in someone's mouth including teeth, gums, the roof of the mouth, tongue, and cheeks. There are many different healthcare providers who may be necessary to provide good oral healthcare including dentists, dental hygienists, oral surgeons, providers that specialize in the head, eyes, ears, nose, and throat, and many others. Oral health can impact both physical and mental well-being and may be important to you now or at sometime in the future.

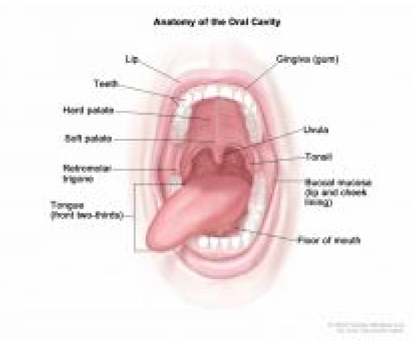
## What are symptoms of stimulant use that may affect my oral health?

Many people who use stimulants experience dry mouth, jaw grinding, mouth soreness, and mouth swelling.

| | Effect on oral health | Strategies to help |
|---|---|---|
| *Dry Mouth (xerostemia)* | One of the biggest problems for people who use stimulants is dry mouth. This can occur with many drugs but is especially a problem for people who use stimulants. Dry mouth can increase the risk for infections and tooth decay. | Try hard candies (especially sour ones), increase the amount of water that you drink, consider mouth rinses like Biotene. |
| *Jaw Grinding (bruxism)* | Some people will grind their jaw and not realize that they have been doing so in the setting of stimulant use. Jaw grinding can lead to tooth destruction and may also cause sores or bites in the mouth that can be painful and hard to heal. | Reduction in stimulant use, mouth guards, and chewing gum may all help in preventing injury from jaw grinding. |
| *Mouth soreness or swelling (stomatitis)* | Using stimulants for a long period of time, especially during a binge, can cause some mouth soreness or swelling. A combination of dry mouth, jaw grinding, and lack of oral hygiene practices may contribute. | Take breaks and perform gentle oral hygiene, salt water rinses may also help ease the pain and promote healing, if the problem is ongoing it is important to seek an evaluation by an oral health specialist like a dentist. |

*Caring for Patients Who Abuse Methamphetamine*. (n.d.). Dimensions of Dental Hygiene. Retrieved June 9, 2021, from https://dimensionsofdentalhygiene.com/amp/article/caring-for-patients-who-abuse-methamphetamine/
Hegazi, F., Alhazmi, H., Abdullah, A., Alamer, N., Nelson, J., Aldosari, M., Tillman, N., Bahdila, D., Odani, S., Agaku, I., & Vardavas, C. (2021). Prevalence of oral conditions among methamphetamine users: NHANES 2009–2014. *Journal of Public Health Dentistry*, *81*(1), 21–28. https://doi.org/10.1111/jphd.12389
Klasser, D. G. D. (2005). *Methamphetamine and Its Impact on Dental Care*. *71*(10), 4.
Nassar, P., & Ouanounou, A. (n.d.). Cocaine and methamphetamine: Pharmacology and dental implications. *Canadian Journal of Dental Hygiene*, *54*(2), 75–82.

# Drug Use and Your Mouth




*Courtesy of PubMed Health*

Anatomy of the Oral Cavity

In collaboration with the National Institute of Dental and Craniofacial Research

## How does drug use affect the mouth?

When dentists say, "open wide," they can see a treasure trove of information about your overall health. Your mouth can give the dentist clues about your eating habits, oral hygiene, and other behaviors such as smoking and drug use.

Using drugs can harm your teeth and gums, the roof of your mouth (the hard palate and soft palate); the area under the tongue (floor of your cheeks; the tongue; lips; salivary glands; chewing muscles

Did you find what you were looking for?
Yes No

Studies show that people with substance use problems have worse oral (mouth) health than other people, including more tooth decay and gum disease.[2]

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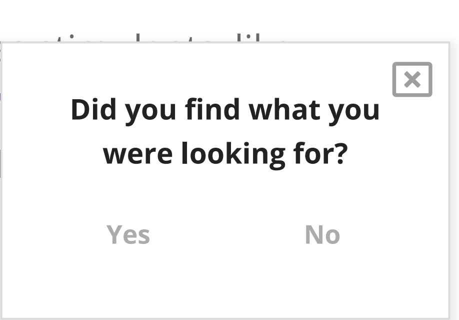
[1] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

[2] Baghaie H, Kisely S, Forbes M, Sawyer E, and Siskind DJ. A systematic review and meta-analysis of the association between poor oral health and substance abuse. *Addiction.* 2017, 112: doi:10.1111/add.13754.

## What are the effects of other drugs on the mouth?

Many drugs affect the mouth, including illegal drugs that people take to get high. These effects include:

- **Dry mouth.** A common side effect of some drugs is that a person's mouth does not make enough saliva. When someone has dry mouth regularly, it can be difficult to chew, swallow, or even talk. Dry mouth also increases the risk for tooth decay or fungal infections in the mouth because saliva helps keep harmful germs in check.[3]
- **Tooth decay.** Some drugs cause an increased urge for sugary snacks and drinks. If you eat frequently throughout the day—especially high-sugar snacks and drinks—you can develop cavities.
- **Jaw pain from clenching teeth.** Drugs that work a methamphetamine, cocaine, and Ecstasy ("Molly" clench and grind teeth. Over time, this can lead to l teeth, or pain in the jaw muscles and joint.



- **Erosion of tooth enamel.** Sometimes people rub cocaine on their gums and near their teeth to get high. The mixture of cocaine and saliva is acidic, which can cause erosion of tooth enamel (the protective outer layer of the tooth). It can also cause sores on the gums.

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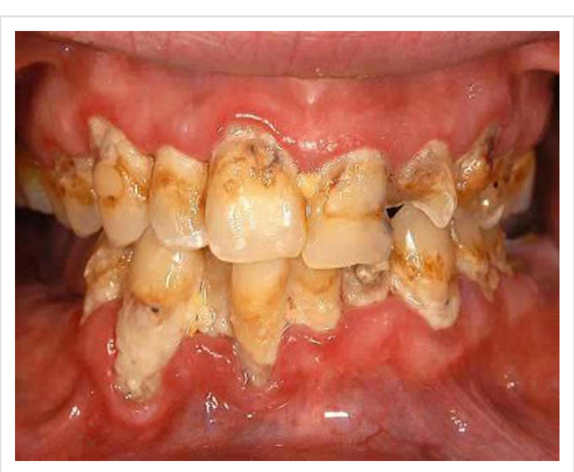
[3] U.S. Department of Health and Human Services. National Institutes of Health. National Institute of Dental and Craniofacial Research. "Dry Mouth." Available at https://www.nidcr.nih.gov/health-info/dry-mouth.

## What is meth mouth?

You have probably heard that "meth mouth" is caused by using methamphetamine (meth), a very addictive drug. Methamphetamine is a stimulant, which means it can boost mood, increase energy, and make you feel extra alert. However, it has serious and dangerous effects—like raising your heart rate and blood pressure—and using it can lead to addiction. It can also ruin your teeth.



*Courtesy of the American Dental Association*

Several things can lead to mouth problems in people who use methamphetamine. While using, people often crave sugary drinks like soda and also go for long periods of time without taking care of t combination can lead to severe tooth decay. Unfortuna struggle with addiction do not take care of their mouth. mouth from methamphetamine use include:

Did you find what you were looking for?

Yes No

- brown or blackened, stained teeth
- tooth decay
- bad breath
- loose teeth that may need to be removed
- gum disease
- dry mouth
- jaw muscle and joint pain

These effects can become so bad that the damaged teeth cannot be treated, and they must be removed.

A NIDA-funded study of more than 500 people who repeatedly used methamphetamine found 96 percent had experienced dental cavities and 58 percent had untreated tooth decay. Only 23 percent retained all of their natural teeth, compared to a tooth retention rate of 48 percent among the U.S. general population. The study found that the more methamphetamine a person used, the more likely they were to have untreated tooth decay.[4]

Learn more about **methamphetamine and its effects**.

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[4] National Institute on Drug Abuse. 2015. High Rates of Dental Gum Disease Occur Among Methamphetamine Users. Available at **https://www.drugabuse.gov/news-events/news-releases/2015/11/high-rates-dental-gum-disease-occur-among-methamphetamine-users**.

Did you find what you were looking for?

Yes No

## What about prescription drugs such as op

Dentists and oral surgeons most often prescribe opioids to manage dental pain that lasts for a short time, called "acute pain." The short-term pain from dental surgery such as wisdom tooth extraction is an example of acute pain. Dentists rarely prescribe opioids for long-term pain, called "chronic pain."

When taken for a short time and used as prescribed, opioid pain medications are relatively safe and can reduce pain. However, when used incorrectly, they can increase the risk of opioid misuse, addiction, and overdose deaths.

In 2016, the American Dental Association issued recommendations for dentists about prescribing opioids. The recommendations say dentists should consider a type of pain medication called non-steroidal anti-inflammatory drugs, NSAIDS (like ibuprofen, for example), as the first option for acute pain.

## What can teens do to prevent addiction to opioid pain medications?

For many teens, their first experience with opioid pain medications is through a prescription from their dentist or oral surgeon to manage acute pain after a dental procedure. Some research says that even taking opioids as prescribed, such as after wisdom teeth extraction, makes teens 33 percent more likely to misuse opioids later on.[5] Teens might like how prescription opioids make them feel. They could ask for more medication just to get that feeling again, not realizing how dangerous these medications can be when used for the wrong reasons.

Together with your parents, talk with your dentist abou manage dental pain. You can also include your pediatri especially if you are being treated with other kinds of m health issues.

Did you find what you were looking for?
Yes No

## Non-Opioid Options for Managing Mouth Pain

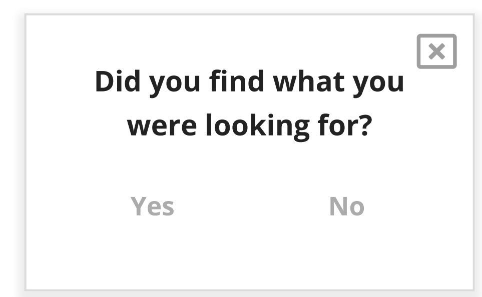
Ask your dentist or oral surgeon if there is an option other than prescription opioids to treat your pain. Research in adults suggests that non-opioid medications might offer the best balance between benefits and possible harms. Non-opioid options include the following over-the-counter drugs either alone or in combination:

- non-steroidal anti-inflammatory drugs (NSAIDS) like ibuprofen (example: Advil)
- acetaminophen (example: Tylenol)[6]

## What To Do if Opioids Are Prescribed

If the dentist or oral surgeon decides to prescribe an opioid pain medicine:[7,8]

- Ask if there are other ways to relieve the pain besides opioids.
- Ask when you can switch to a non-opioid pain medication.
- Tell the dentist or oral surgeon about your medical history and any medications you are taking. It might not be safe to take opioids with some other medications.
- Tell the dentist or oral surgeon about any substance use disorders or addiction in your family. This will help the dentist decide if opioids are safe for you.
- Ask the dentist or oral surgeon about the medication prescribed:
  - When and how should you take the medication?
  - How long should you take it?
  - What are the side effects?
  - Should you take it with food?



- Is it okay to drive while you're on the medication? Read about **drugged driving**.

- Take the medication according to the directions.
- Never mix opioid medications with alcohol.
- Never share the medication with others or sell it to anyone.
- Store the medication in a cool, dry place, out of reach of young children.
- Dispose of unused medication properly. Read about how to **dispose of prescription drugs**.

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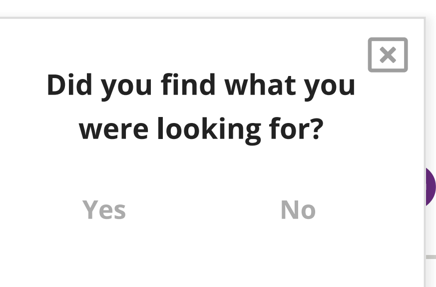
[5] Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription opioids in adolescence and future opioid misuse. *Pediatrics*. 2015 Nov;136(5):e1169-77. doi: 10.1542/peds.2015-1364. (National Institute on Drug Abuse [NIDA] and National Institute on Alcohol Abuse and Alcoholism grant support).

[6] Moore PA, Ziegler KM, Lipman RD, Aminoshariae A, Carrasco-Labra A, Mariotti A. Benefits and harms associated with analgesic medications used in the management of acute dental pain: An overview of systematic reviews. *JADA*. April 2018, 149(4):256–265.

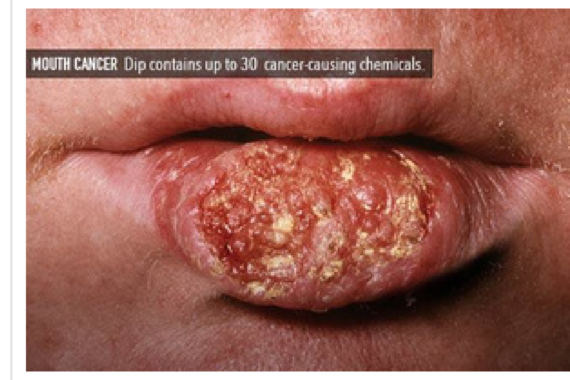
[7] U.S. Department of Health and Human Services. National Institutes of Health. National Institute of Dental and Craniofacial Research (NIDCR). "Opioids." Last Reviewed July 2018. Available at **https://www.nidcr.nih.gov/health-info/opioids/more-info**.

[8] American Dental Association, Mouth Healthy. "Opioids." Available at **https://www.mouthhealthy.org/en/az-topics/o/opioids**.




## What are the effects of tobacco products

We know tobacco contains chemicals that can have harmful effects throughout the body, including increased risk for different types of cancers. Tobacco also contains nicotine, which is highly addictive, and can keep you hooked. (Read about the many effects of **tobacco and nicotine**.)




*Dip contains up to 30 cancer-causing chemicals. Photo courtesy of* ***The Real Cost***

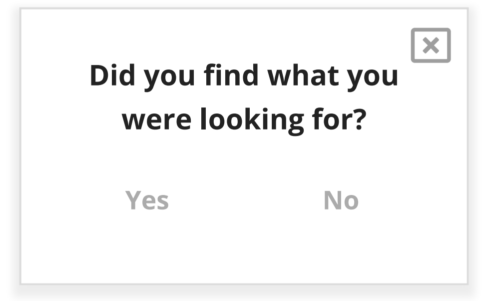
A person who smokes tobacco cigarettes or uses chew or snuff (smokeless tobacco) is at increased risk for oral health problems. Here are some effects tobacco cigarettes and chew and snuff can have on the mouth:

### Tobacco Cigarettes

- gum disease
- slow healing after injury, tooth extraction, or other oral surgery
- oral cancer[9]
- stained teeth

### Smokeless Tobacco (Chew or Snuff)

- wearing down of teeth
- gums pulling away from teeth
- tooth decay
- white patches that may turn into cancer
- oral cancer




### E-Cigarettes and Vaping

Vaping devices containing nicotine or THC (the psychotropic ingredient in marijuana) are becoming increasingly popular. Sometimes called "e-cigarettes," these devices contain a liquid that is vaporized by a metal heating element. A growing body of research suggests these devices are not completely safe, and health officials are looking into whether vaping contributed to serious lung illnesses and seizures found in people who vaped nicotine, THC, or other "home brews." There is not much known about the oral health effects of these e-cigarettes or other vaping devices. Vaping liquids often contain solvents and flavorings, whose safety profiles when vaporized and inhaled are unknown. One study suggests some sweet flavorings in e-cigarettes may increase the risk of tooth decay. Other research suggests that the heated metal in these devices delivers potentially toxic chemicals like cadmium, chromium, lead, manganese, and nickel to the mouth and lungs. More research is underway.

We do know that teens who either vape nicotine products or smoke regular cigarettes are exposing their brains to the highly addictive nature of nicotine. We also know that teens who try e-cigarettes often start using regular tobacco cigarettes within a year, which carries the risk of a lifetime of smoking and the many diseases that result from it.

### What about quitting?

Teens and young adults who smoke or vape but want to quit have good options for help. If you or someone you know needs more information or is ready to quit, read more about **quitting the use of tobacco and nicotine**. If you have a friend who smokes, it puts you at higher risk for starting.[10] You might decide to step away from the friendship for a while to protect your own health. Even secondhand smoke is bad for your health.

Did you find what you were looking for?

Yes No

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[9] American Dental Association, Mouth Healthy. "Smoking a
**https://www.mouthhealthy.org/en/az-topics/s/smoking-a**

[10] Mamudu HM, Want L, Owusu D., Robertson C, Collins C, Littleton MA. Prospective study of dual use of e-cigarettes and other tobacco products among school-going youth in rural Appalachian Tennessee. Ann Thorac Med. 2019 Apr-Jun;14(2):127-133.

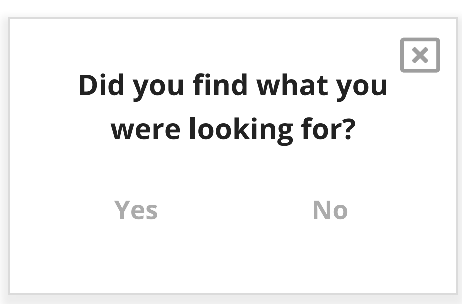
## What should I do if someone I know needs help?

If you or a friend struggle with drug addiction, or are in any kind of crisis and need to speak with someone now:

- **Call the National Suicide Prevention Lifeline at 1-800-273-TALK** (they don't only talk about suicide—they cover a lot of issues and will help put you in touch with someone close by).

If your friend is not in crisis but you just aren't sure how you can help, you can:

- Share resources from this site, including this page
- Point your friend to **NIDA's Step by Step Guide for Teens and Young Adults**.
- Encourage your friend to speak with a trusted adult.



# How to Choose a Dentist (in Four Steps)

When you're looking for a new dentist, you're searching for more than someone to just clean your teeth. "Your dental health is such a vital part of your overall health, so it's important for every patient to have a dental home," says Dr. Cathy Taylor-Osborne, an ADA dentist and director of the Kansas Department of Health and Environment's Bureau of Oral Health. "That means there is always someone looking out for the best interest of you and your family."

Having a dental home allows you to feel comfortable when you're dropping in for a regular visit and gives you a safe and trusted place to turn for a procedure or dental emergency. Here's how to find the best dental fit for you and your family.

## Start with the Basics

Regular visits are key to a healthy smile, so start with the details that work best with your lifestyle and dental care needs. Some things to consider include:

- Is the office easy to get to from your home or job?
- Do they have convenient office hours?
- If you have dental benefits, is this dentist in your network?
- Doctor-patient communication is very important. Do you need translation or interpreter services?
- Is the dentist a member of the ADA? (Learn about the 5 promises all ADA dentists make to their patients.)

## Launch the Search

Now that you're looking for a dentist, you're probably noticing advertisements online, in the newspaper and even in your mailbox. Social media sites may also have patient reviews of dentists near you, but remember that every person's dental health needs and experiences are their own.

Here are some great places to start looking for a dentist:

- The ADA's Find-A-Dentist tool. Search by name and, location and specialty.
- Your local dental society. They can give you a list of dentist's names in your area.
- A trusted friend or relative. If your mother says she loves her dentist, check them out!
- If you don't have benefits or have trouble affording dental services, your local health department or nearby dental schools can help you find care. Here are some helpful resources.

Once you've found a few good candidates, visit their websites and see if their offices are on social media to learn more about them.

## Meet and Greet

To find the right dentist, don't be shy about calling or visiting the dentists on your list before deciding. "Schedule consultation time with the dentist to meet with the dentist and staff before making an appointment," Dr. Taylor-Osborne says. "Make a list of questions and bring your records so the dentist can take a look at your dental history if you want to ask something more specific." You'll also be able to see if the office is welcoming, comfortable and neat.

A few questions you might want to ask are:

- Will the dentist explain ways to help you prevent dental health problems? Is dental health instruction provided?
- How does the dentist and office staff handle emergencies outside of office hours?
- Is the office staff familiar with your benefit plan, and do they offer financial options for treatment costs?
- Will your medical and dental history be recorded and placed in a permanent file?

Dr. Taylor-Osborne encourages anyone looking for a dentist to share past dental experiences or dental concerns, includin any anxiety. "Make sure the dentist understands your concerns and answers all your questions," she says.

## Pick a Partner

Above all, you want to choose a dentist who can be a part of your total health care team. "So much of your dental health can impact your overall health," Dr. Taylor-Osborne says. "Look for someone who can be a coach to motivate you, a trusted advisor to turn to when health issues arise and a partner to make dental care decisions with."

## More from MouthHealthy

- Your top 9 questions about going to the dentist—answered!
- What to do in a dental emergency
- 12 signs it's time to see a dentist

# Oral health assessment tool

Resident: Completed by: Date:

**Scores** – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
**0 = healthy 1 = changes* 2 = unhealthy***

**Lips:**

| | |
|---|---|
| Smooth, pink, moist | 0 |
| Dry, chapped, or red at corners | 1 |
| Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners | 2 |

**Dental pain:**

| | |
|---|---|
| No behavioural, verbal, or physical signs of dental pain | 0 |
| There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression | 1 |
| There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) | 2 |

**Natural teeth Yes/No:**

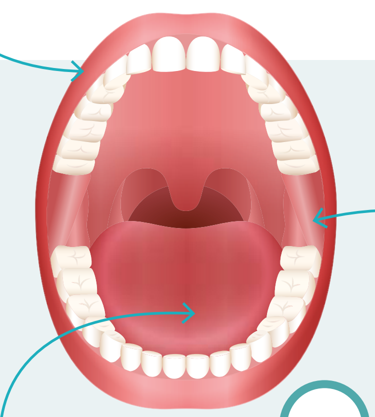
| | |
|---|---|
| No decayed or broken teeth or roots | 0 |
| 1–3 decayed or broken teeth or roots or very worn down teeth | 1 |
| 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth | 2 |

**Oral cleanliness:**

| | |
|---|---|
| Clean and no food particles or tartar in mouth or dentures | 0 |
| Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath) | 1 |
| Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) | 2 |

**Dentures Yes/No:**

| | |
|---|---|
| No broken areas or teeth, dentures regularly worn, and named | 0 |
| 1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose | 1 |
| More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named | 2 |



**Saliva:**

| | |
|---|---|
| Moist tissues, watery and free flowing saliva | 0 |
| Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth | 1 |
| Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth | 2 |

**Tongue:**

| | |
|---|---|
| Normal, moist roughness, pink | 0 |
| Patchy, fissured, red, coated | 1 |
| Patch that is red and/or white, ulcerated, swollen | 2 |

**Gums and tissues:**

| | |
|---|---|
| Pink, moist, smooth, no bleeding | 0 |
| Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures | 1 |
| Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures | 2 |

- ☐ Organise for resident to have a dental examination by a dentist
- ☐ Resident and/or family or guardian refuses dental treatment
- ☐ Complete oral hygiene care plan and start oral hygiene care interventions for resident
- ☐ Review this resident's oral health again on date:

**TOTAL:**

**SCORE: 16**

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009).
Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

Name: ___________________________

# Oral Health Worksheet

1) What was your score on the oral health assessment? ___________________________________

2) How would you rate your smile on a scale from 0-10 where 0 is bad and 10 is worthy of a toothpaste commercial?

**0 1 2 3 4 5 6 7 8 9 10**

**Awful** **Excellent**

3) How does your oral health affect your self-esteem?

☐**Negative** ☐**Neutral** ☐**Positive**

4) Are you happy with your overall oral health?

☐**Yes** ☐**No**

## ORAL HEALTH ACTION PLAN

6) Identify your oral health needs: ___________________________________________

7) Find a clinic near your place (and takes your insurance): ___________________________________________

8) Make an appointment: ___________________________________________

9) Write a list of things you need to improve or maintain your oral health

_____________________________________ _____________________________________

_____________________________________ _____________________________________

_____________________________________ _____________________________________

10) What oral health supplies do you need?

☐ **Toothbrush** ☐ **Toothpaste** ☐ **Mouthwash (alcohol free)** ☐ **Floss**

☐ **Oral rinse** ☐ **Mouth guard** ☐ **Hard candies (sugar free)**

# Week 12

## Sex and Recovery

# CHEMSEX FIRST AID

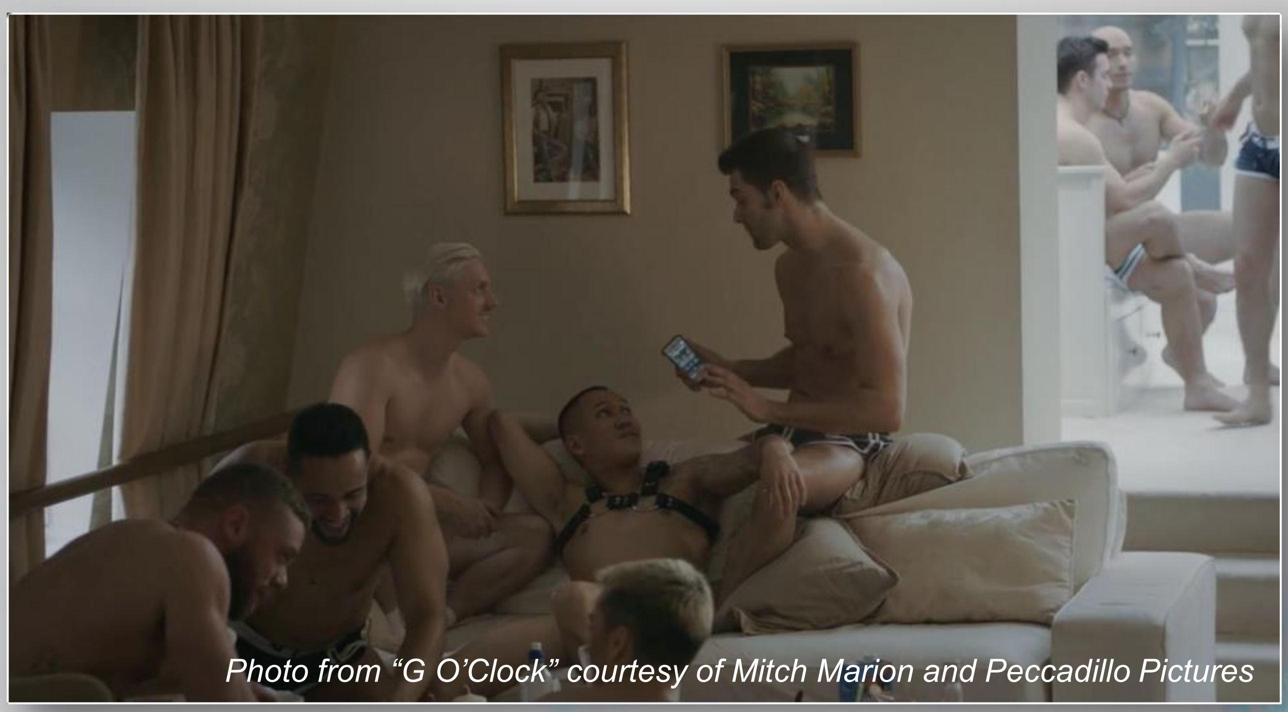


*Photo from "G O'Clock" courtesy of Mitch Marion and Peccadillo Pictures*

**_One of the best resources we have, to keep ourselves and our friends safe in chemsex environments, is each other._**

*Being skilled-up with harm reduction information and some First Aid skills – while remembering how vulnerable we can all be under the influence of chems - can improve our chances of avoiding accidents, overdoses and deaths. It can help keep ourselves, and the people we're playing with, safer.*

# CHEMSEX FIRST AID

This booklet covers some general First Aid practices for some specific chemsex-related emergencies.
It includes some information on how to make judgment calls, and when not to; when to call an ambulance, as well as some tips to help avoid some of the most common emergencies that can happen in chemsex environments.

*This booklet is not a comprehensive harm reduction resource. This booklet focuses on emergency situations and First Aid that might be applied in them. Harm reduction information regarding chems is much more extensive.*

This document was written and prepared by David Stuart and Ignacio Labayen De Inza. Sept 2018

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   - If someone is having withdrawal symptoms, what should I do? .....................Page 7
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CHEMSEX FIRST AID

# Section 1: GHB/GBL

**The most urgent risks associated with GHB/GBL are;**

- •Harms that can occur from how a person acts, when highly intoxicated.
- •Overdose (too much of the drug in a short space of time)
- •Withdrawal symptoms (when a person who is physically dependent on GHB/GBL- doing multiple times a day for more than 7 days- runs out of the drug suddenly

## If you feel a person is too high on G, what can you do?

Firstly, what does "too high" mean?

Respecting a person's autonomy over their own actions, choices, behaviour is very important; even if that behaviour might manifest as (what you believe to be) not in their best interests. But; if their behaviour suggests that they might acutely harm themselves or others, or that they might not be able to consent to things that are currently happening/about to happen – you might choose to intervene. Of course there is a difficult judgment call here.

Are they upright, or mobile?
When you speak to them do they respond, or acknowledge you?
If so, there are some dos and don'ts and suggestions here. *(If they are completely non-responsive, there is a section below about what to do; pages 5 and 6).*

**Don't** induce vomiting. Although there is a logic to forcing a potentially fatal dose of GHB/GBL out of the stomach by vomiting, it carries other risks to do with aspiration, breathing, infection of the lungs, choking. Vomiting can be a helpful thing when the body does it naturally (and that should never be prevented if it occurs), but forcing a vomiting episode upon oneself (or someone else) is a violent thing to do to the stomach, oesophagus and airway, and is not advised in a chemsex environment. Call an ambulance; in London, an ambulance can be with you in approximately eight minutes guaranteed. Tell the telephone operator that the person has ingested a potentially fatal dose of a toxin.

**Don't** give them any more drugs; one myth is that giving them a stimulant (eg, methamphetamine, cocaine or mephedrone) can be helpful; this isn't true, and just adds to the toxicity that is causing the problem in the first place. (Even if this method seems to have worked in the past, don't do this; the negative consequences outweigh the positive consequences, so best not. Giving the person more drugs will increase the person's toxicity, and it is toxicity that is causing the problem; it is more likely to complicate the situation. Simple rule of thumb; don't give a person who is too high, more drugs.

**Don't** give them any liquids. There is a myth that orange juice or a sugary drink can be helpful, but this is not true. As above, it can accelerate the movement of the drug from the stomach, to the bloodstream. Of course if a conscious person feels thirsty and wishes to drink, do not intervene in this choice.



*Continued on next page....*

CHEMSEX FIRST AID

***If you feel a person is too high on G, what can you do?***

*Dos and Donts (continued)*

**Do** keep them safe within the environment; any sex that might be happening ought to stop, and in case the person starts fitting or flailing or having a seizure, keep them away from objects that might hurt them or cause injury. Use a blanket or some clothing to protect the head from injury.

**Do** call an ambulance? An intoxicated person who is mobile/responsive and breathing does not necessarily need an ambulance; but if they are having a seizure, or their drug high is causing them to behave in a way that is harmful to themselves, to you or others, and you can't keep the person (or those around them) safe, call emergency services. When Emergency services arrive, it can be really helpful to tell them what drugs have been taken, how much and how recently, if you know. Remind Emergency Services that GHB and GBL are physically addictive drugs, so the symptoms might also be caused by withdrawal symptoms, if they are physically dependent/addicted.

**Do** wake them if they are sleeping; they could slip into a coma and stop breathing. Wake them, and keep them awake and observed. Nearly all of deaths that happen occur while people are in a G-sleep. Even if you have observed many G-sleeps that were not fatal, there is no guarantee that the person will wake from the next G-sleep, and the safest thing to do, is to wake them and keep them awake. (If they are unwakeable, see section below)

**DO** be mindful of consent issues; many people are able to consent on certain amounts of G, at certain times amid their high. There's often a point where the G-high surpasses one's ability to consent, and this can be a difficult judgment call for those in the vicinity. If the person is not responding to your direct questions, if you're unable to get their attention, if they seem too intoxicated to acknowledge your concerns – then it is possible that they are unable to consent. You might have to make a decision about this – to keep them safe.

*"John; you seem really high, like you're having a good time, and I'm glad; I am too. I'm a tiny bit worried about your ability to consent, and I wondered if we could take a break together in the kitchen, or to splash some water on our faces in the bathroom, just to put me at ease?".*

***Or***;

*"John; my high is really kicking in, and I'm a tiny bit worried about my ability to consent. Could you spare a few minutes with me in the bathroom to pull myself together, maybe splash some water on my face? I'd really appreciate it."*

The way a person responds to this might help you get a better idea of their high, and their ability to consent.



***Continued on next page....***

# CHEMSEX FIRST AID

***DO*** *be mindful of consent issues (continued):*

If it is difficult to get a person to respond to these questions, and if your instinct is that their high is impacting their choices, and their ability to consent, then the person could be in danger. This person might be asking for more drugs, or inviting sex, despite being possibly unable to consent to these things. Make a decision about whether this person is safe from harm, given the consent issue. A second opinion can be helpful if you are planning to intervene, someone in the vicinity whose objectivity and kindness you trust. Make a decision about whether you need to intervene to keep them safe;

- *stopping any sex that might be happening*
- *stopping any photographing or filming that might be happening*
- *stopping anyone from giving them more drugs or liquids*
- *stopping them from walking out into dangerous areas like traffic, or a pool area at a sauna*
- *stopping them from sending explicit images from their phone*

and decide if an ambulance need to be called to keep them safe, or if injury looks imminent and unpreventable. If in doubt, the person who answers the Emergency Services call, will help you decide if police or ambulance are needed; it's better to be safe than sorry. In London, an ambulance will be with you in an estimated 8 minutes, regardless where you call from.

**If a person is asleep on G, *BUT WAKEABLE* what do I do?**

Breathing can stop at any time when a person is in a G-sleep. There might be some warning signs of problematic breathing, or abrupt snoring, but not always. An ambulance should be called if breathing slows to less than eight breaths a minute.
Although many people do awake naturally from a G-sleep, you cannot guarantee if the person you are with, will be that lucky. Wake them up, and keep them awake. If you're unable to keep them awake, don't just let them sleep it off; always call an ambulance, you will not be wasting anybody's time, and you could save a life. A reminder that in London, a person dies in a G-sleep every month.

If they can be woken, and kept awake and observed, great. If they are unresponsive, always always call an ambulance. Save a life.

**If a person is *UNWAKEABLE/UNCONSCIOUS* on G, what do I do?**

Check if they are responsive? Can you wake them, by shaking them a little?
A lot? How is their breathing? Is it irregular or interupted? If breathing slows to less than eight breaths a minute, call an ambulance.

Try firmly squeezing their trapezius muscle (that's the muscle in the shoulder). If that doesn't wake them, they are '**unresponsive**'. **Call an ambulance**, follow the First Aid instructions on the following page:



***Continued on next page....***

# CHEMSEX FIRST AID

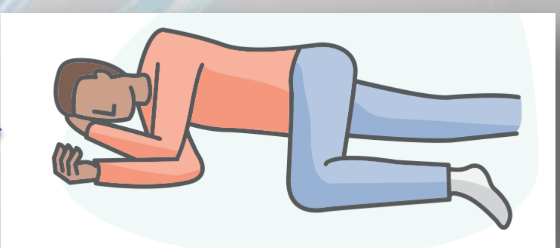
**When a person is UNRESPONSIVE; call an ambulance and follow these instructions.**

*Move the person onto their side, and tilt the head back to clear the airway*

*Check for normal breathing; look, listen, feel*

*If they are NOT BREATHING, call an ambulance and start CPR – give chest compressions by pushing firmly in the middle of their chest and then releasing. Repeat this at a regular rate*

*If they ARE breathing, put them in the recovery position*





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CHEMSEX FIRST AID

**What do I do if someone is having withdrawal symptoms from GHB/GBL – "Cold Turkey"**

If someone is using GHB or GBL multiple times daily, and has been doing so for two weeks or more, it's possible they have formed a physical dependence to the drug. If they run out of the drug, they are likely to have some withdrawal symptoms that can be extremely unpleasant, but also dangerous. The symptoms to worry about are extreme panic, uncontrollable shaking, a confused state of mind, losing time or memory, or fits/seizures. This physical state is called "delirium", or Delirium Tremens" ("DTs") and can easily cause death. An ambulance should absolutely be called; tell the telephone operator that a person is having withdrawal symptoms from the physically addictive drug GHB. The ambulance will be with you very shortly.

**How do I avoid getting too high, or overdosing, dying**?

The trick to avoiding overdoses and deaths, all comes down to dosing a safe amount, at appropriate time intervals. A "safe amount" or a "safe dose" varies enormously from person to person, and it depends on a broad variety of circumstances. Mostly, it comes down to experience, and trial and error. If you are unfamiliar with G dosing, it's always wiser to start with a very low dose (an example of a low dose of GBL might be 0.5ml), and to increase it if it is ineffective, by a very small increment. Be aware though, that G-dosing is the most dangerous element of chemsex, and the cause of the most deaths.

- Avoid repeating a dose within a two hour period
- Don't dose continually for 6 hours or more – that can increase likelihood of overdose as well. Don't mix GHB or GBL with ketamine, alcohol, heroin, valium, morphine or other depressants/relaxants/painkillers
- People who are taking HIV medicines may need smaller doses, because their medicines can boost levels of GHB/GBL, increasing intoxication
- Although GBL is more commonly available, and although GBL is commonly mistaken for GHB; GHB is a very different concentration, and the concentration varies more than GBL.

Be well-informed; don't be shy to visit a gay charity or LGBT drug service (or any drug support service that is familiar with GHB/GBL) to get skilled up with GHB/GBL harm reduction information. If you prefer to access harm reduction information online, there is one example here; http://dean.st/chemsex-support/

# Section 2:

## Crystal methamphetamine and mephedrone (cathenone) related emergencies

**The most urgent First Aid risks are associated with GHB/GBL; other urgent harms also exist with crystal methamphetamine and mephedrone (cathenones including 3-MMC, 4-MMC)**

**Behavioural harms from the meth, meph high.**

*The high from meth or meph is not like the high from G; a person who is very high on meth or meph is usually very alert, aware of what is happening around them, so (possibly) less likely to be vulnerable to the clumsiness, falls, cuts and scrapes that a G-high can cause. Being very high on meth or meph might result in manic behaviour, panic attacks, hyperactivity, or behaviour from a person who feels invincible or invulnerable to harm; which of course might lead to harm occurring.*

**If you feel a person is "too high"** on meth or meph, acting manically or super-human, what can you do?

*Firstly, what does "too high" mean?*

Respecting a person's autonomy over their own actions, choices, behaviour is very important; even if that behaviour might manifest as (what you believe to be) not in their best interests.

But; if their behaviour suggests that they might acutely harm themselves or others, or that they might not be able to consent to things that are currently happening/about to happen – you might choose to intervene. Of course there is a difficult judgment call here. When you speak to them do they respond, or acknowledge you?

If so, there are some **dos and don'ts** and suggestions here.

**Don't** give them any more drugs; one common response is giving them a relaxant like GHB/GBL or valium or alcohol; this may help, but by doing this, you are increasing the general toxicity the person is experiencing, and the result can be unpredictable. It's also possible that there is already G or valium or alcohol in the person's system, and adding more suppressants can be very dangerous, causing an overdose. (Even if this method seems to have worked in the past, don't do this; the negative consequences outweigh the positive consequences, so best not. Giving the person more drugs will increase the person's toxicity, and it is toxicity that is causing the problem; it is more likely to complicate the situation. Simple rule of thumb; don't give a person who is too high, more drugs.

**Do** keep them safe within the environment; any sex that might be happening ought to stop, and if the person is acting manically or chaotically, keep them away from objects that might hurt them or cause injury.



*Continued on next page....*

**If you think a person might be too high – Dos and Don'ts, continued...**

**Do call an ambulance.** An intoxicated person who is mobile/responsive and breathing does not necessarily need an ambulance; but if their meth/meph high is causing them to behave in a way that is harmful to themselves, to you or others, and you can't keep the person (or those around them) safe, call emergency services. When Emergency services arrive, it can be really helpful to tell them what drugs have been taken, how much and how recently, if you know.

**Sexual Consent issues**;

many people are able to consent while under the influence of meth or meph, though that can change at certain times during their high. There's often a point where the meth/meph high surpasses one's ability to consent, and this can be a difficult judgment call for those in the vicinity. If the person is not responding to your direct questions, if you're unable to get their attention; if they seem too intoxicated to acknowledge your concerns – then it is possible that they are unable to consent. You might have to make a decision about this – to keep them safe.

*"John; you seem really high, like you're having a good time, and I'm glad; I am too. I'm a tiny bit worried about your ability to consent, and I wondered if we could take a break together in the kitchen, or to splash some water on our faces in the bathroom, just to put me at ease?".*

Or;

*"John; my high is really kicking in, and I'm a tiny bit worried about my ability to consent. Could you spare a few minutes with me in the bathroom to pull myself together, maybe splash some water on my face? I'd really appreciate it."*

The way a person responds to this might help you get a better idea of their high, and their ability to consent.

If it is difficult to get a person to respond to this, and if your instinct is that their high is impacting their choices, and their ability to consent, then the person could be in danger. A person very high on meth and or meph, can exhibit behaviour of extreme horniness, unaware of the dangers or consequences of that behaviour. They might be asking for more drugs, or inviting sex, despite being possibly unable to consent to these things. They can attempt injecting chaotically or without caution; they can consume lots of alcohol or G, they can take sexual health risks they might regret later. They might ignore requests from lovers to stop what they are doing.



*Continued on next page....*

**DO be mindful of consent issues (continued)..**

You might need to make a decision about whether this person is safe from harm, given the consent issue. A second opinion can be helpful if you are planning to intervene, someone in the vicinity whose objectivity and kindness you trust. Make a decision about whether you need to intervene to keep them safe;

•*stopping any sex that might be happening*

•*stopping any photographing or filming that might be happening*

•*stopping anyone from giving them more drugs or liquids*

•*stopping them from walking out into dangerous areas like traffic, or a pool area at a sauna*

•*stopping them from sending explicit images from their phone*

and decide if an ambulance needs to be called to keep them safe, or if injury looks imminent and unpreventable. If in doubt, the person who answers the Emergency Services call, will help you decide if police or ambulance are needed; it's better to be safe than sorry. In London, an ambulance will be with you in an estimated 8 minutes, regardless where you call from. This might not be the case in all cities.

**Psychosis**. "Drug-induced psychosis" is a scary term, but it is something that is very common when we do Tina or Meph, and miss some sleep. It can be very frightening for those experiencing it, as well as those observing it. Common symptoms related to chemsex specifically, can be as follows;

•*Feeling like people are listening under the door/outside the house*

•*Feeling like the phone/PC/electrical items are bugged. Hidden cameras*

•*Feeling at the centre of a plot devised by a gang or a cult*

•*Feeling like someone has caused a deliberate infection of HIV/hepatitis C*

•*Hearing whispers, or cruel persecutory voices, or being followed*

•*Seeing floating presences in the periphery of vision.*

•*Feeling like insects are under the skin - or a compulsive need to pick at the skin*

•*An awareness of incredible coincidences that no one else can see or interpret*

•*A feeling of being judged by everyone for being high/having gay sex/having HIV/being effeminate/being unsexy/not fitting in/for having particular fantasies or fetishes*

•*Feeling that something urgent or dangerous is at play, feeling unsafe.*



*Continued on next page....*

**Psychosis, continued...**

Drug induced psychosis is more commonly associated with crystal methamphetamine and cathenones like mephedrone, 3MMC, 4MMC. It is more likely to occur if the person is in an environment where they perceive judgment or feel unsafe; it is more common amongst people who have a mental health vulnerability, or who are prone to feel self-conscious or who may have some shame or guilt or trauma associated with sex or social environments. It is more common when a person has missed a night's sleep, or when the drug has been injected (as opposed to snorted, swallowed, booty-bumped or smoked). But regardless of these considerations, drug induced psychosis can happen to anyone, and can be a difficult condition to manage, or to observe.

The most effective help we can provide a person who is experiencing drug-induced psychosis, is to help them to feel safe and relaxed in the environment they are in; this might be changing the lighting, music, stopping pornography that might be playing, or moving them to a room they feel safer in. Anything that makes them feel safer, more relaxed, less "observed" is helpful; and providing options and choice for them is important; feeling trapped, feeling like they have no choice, or without options only exacerbates the condition.

These things might be helpful, but they are no guarantee of being effective at stopping the symptoms.

Drug induced psychosis only becomes a "First Aid" situation, when the person is so distressed that they need medical help; some people might become a danger to themselves or others in their attempts to protect themselves or others  from perceived dangers. In these cases, the person ought to be encouraged to call either Emergency services or the police, whichever they feel more comfortable with. In many cases, the paranoia that might be driving the psychosis might make the person distrusting of Emergency services and the police; and of your own efforts to help them. It is never pleasant to intervene in a person's own liberties, but if you judge someone to be a possible danger to themselves or others, and they are distrustful of or unwilling to call emergency services or the police; call those services yourself, and let the telephone operator guide assist you in determining the safest course of action.

*Continued on next page..*

**How do I avoid harm when injecting drugs?**

**Although there are a number of harms related to injecting drugs, there are only three things that would be considered an emergency. 1, an intravenous infection, 2 HIV infection, 3 large amount of air into a vein**

**1. Intravenous infection**

When we get an infection from a needle in the skin surrounding the injection site, an infection can develop over the following days and weeks. This is not an emergency, but could become one if ignored, so do visit a doctor as soon as possible. However, sometimes the infection goes directly into the vein we are injecting into. Certain types of bacteria can cause septicemia; The symptoms of septicemia usually start very quickly, and develop quickly. Even in the first stages of the illness, a person can look very sick. The most common initial symptoms are:
chills
elevated body temperature (fever)
very fast respiration
rapid heart rate
More severe symptoms will begin to emerge as the septicemia progresses without proper treatment; within minutes or hours. These include the following:
confusion or inability to think clearly
nausea and vomiting
red dots that appear on the skin
reduced urine volume
inadequate blood flow (shock)
If you or someone is exhibiting these symptoms after injecting drugs, call emergency services ASAP.

**2. HIV infection**

If an HIV negative person is injected with a needle that may have been used by an infectious HIV positive person, then there is a medicine called PEP (Post Exposure Prophylaxis) which can be taken within three days of the possible infection. It is not something you need to call emergency services for; but it is important to access PEP, within the next 72 hours. If you are unaware how to access PEP in your city, emergency services do sometimes provide it, or can point you in the right direction.



*Continued on next page..*

***How do I avoid harm when injecting drugs? (Continued)...***

**3. Air injected into the vein**

Injecting large amounts of air into a vein can cause an embolism. These are rarely an urgent emergency, but when they are urgent, the symptoms might include:

- difficulty breathing or respiratory failure
- chest pain or heart failure
- muscle or joint pains
- stroke
- mental status changes, such as confusion or loss of consciousness
- low blood pressure
- blue skin hue

If you or anyone you are with experience any of these symptoms after injecting air into a vein, call emergency services ASAP.

**Complications from mephedrone and pre-existing heart conditions**

Cathenones (mephedrone, 3MMC, 4MMC) are vasculo-toxic, pro-thrombotic, cause vasoconstriction, and are associated with acute myocardial infarction. This means that they can be damaging to the walls of our veins, can potentially cause clotting of the blood, can constrict the blood vessels, which can potentially cause a heart attack. Sometimes, people can feel the blood pumping through the constricted vessels, and this in itself, can cause panic attacks; which are often mistaken for heart attacks. But real heart attacks can happen, and often do when cathenones are used. People who have a pre-existing heart condition should be especially avoidant of cathenones. If a person using cathenones (or any chems) experiences any of the following symptoms, call emergency services;

- pressure or tightness in the chest
- pain in the chest, back, jaw, and other areas of the upper body that lasts more than a few minutes or that goes away and comes back
- shortness of breath
- sweating
- nausea
- vomiting
- anxiety
- a cough
- dizziness
- a fast heart rate

*Continued on next page..*

**Overdoses from meth and meph**

Fatal overdoses from these drugs are quite rare – but they can happen. They are extremely unlikely to happen from snorting the drug, or smoking, but in very rare cases, can happen from injecting intravenously or booty bumping too much up the anus.

When someone injects too much meth or meph, the symptoms are usually a powerful and scary headrush, fast beating of the heart accompanied by a dangerous increase in body temperature. A person will feel that something is wrong; they will feel panicky, and they'll have an overwhelming urge to cool down either by lying down, taking a cold shower or bath, or to go outside if it is much cooler there. These symptoms usually pass within 5 or 10 minutes, and anything they can do to cool down and feel calmer is helpful. However, if the symptoms persist for more than five or ten minutes, or if their temperature stays consistently at or above 39.4 degrees celsius (103 degrees fahrenheit), then call Emergency Services. Say that the person has injected a stimulant, and that their temperature is very high; you'll be guided through the rest by the telephone operator.

Note; Sometimes these overdoses are caused by additives to the drug; a common additive in Canada and USA is fentanyl, which is an opiate and can be fatal even in very small amounts. In Europe, it is currently(Sept 2018) very rare for fentanyl to be found in meth, meph or other cathenones like 3-MMC, 4-MMC). If the overdose is caused by fentanyl, the symptoms will be different. The person will become unconscious quite quickly, and their breathing will slow dramatically and possibly stop (respiratory collapse). CALL emergency service.

*Continued on next page....*

CHEMSEX FIRST AID

# Section 3:
# Other chemsex related emergencies

**Not all of the below are "First Aid" situations by definition; so they may not be covered as comprehensively as they deserve. But they can be dangerous and/or upsetting emergencies.**

**Lodged objects.**

Sometimes, objects might become lodged in the anus, and we might have some difficulty removing them. Clenched muscles, anxiety, or an inability to relax associated with chems can make this more difficult. If some hours have passed, and relaxing or sitting on the toilet has not helped, it might be necessary to go to Accident & emergency. (General Practitioners, or doctors' offices do not always have the right equipment to assess the danger, or to remove the object; accident and emergency department would be the right place to go.

If the object is not something designed to be used in the rectum; if it is something that could break, or cause damage to the rectum, it might be more of an emergency situation. If the lodged object is accompanied by other symptoms such as abdominal pain, rectal bleeding, nausea or fever, then go to Accident and Emergency as soon as possible. Although it's embarrassing, this is more common to emergency services than you might think. And punctures within the anus from foreign lodged objects can be dangerous, so better to be safe than sorry; go to Accident and Emergency as soon as possible, or call emergency services to discuss it (frankly) with them on the phone to help you decide what to do.

**Cuts, bleeds knocks.**

All sorts of harms can result from clumsy G highs, or from manic meth/meph highs;

•Head injury; apply something cold to the injury, like frozen peas wrapped in a towel. If you think the injury is serious; if they begin acting strangely, become drowsy or sleepy; if they vomit or if their condition deteriorates, call Emergency Services

•Bleeding heavily; apply pressure to the wound, using anything that is available, like a piece of clothing or a towel. The purpose is to stop the flow of blood. If necessary, call emergency services.

•Burns: a burn is best treated by running the burn under cold water for at least ten minutes. (The longer a burn is kept cooled, the less chance there is of scarring). After the burn has been cooled for a good long time, cover it with cling film or clean plastic (eg, a clean plastic bag, clean sandwich bag).



*Continued on next page....*

# CHEMSEX FIRST AID

**A likely HIV infection** can be considered an emergency;

**PEP** (Post Exposure Prophylaxis) ought to be sought within **72 hours** to prevent the exposure to HIV becoming a permanent infection. Sharing needles or someone ejaculating inside you are the most common forms of HIV infection. If the person you are sharing needles with, or who ejaculated inside you, is known to be HIV positive, on treatment **with an undetectable viral load**, then PEP would not be necessary. If the person is HIV positive and not on treatment, PEP would be recommended. If the person is HIV negative, or does not know their status, a healthcare practitioner can evaluate the risks with you, based on what you do know about the person's sexual history.

*A likely infection of another STI, including hepatitis C, is not considered an emergency, as there are no time-sensitive emergency prevention methods. But if you become aware of any infections, do avoid passing any possible infections to anyone else, and (when you have slept off your chem-high), go to see your local or preferred sexual health clinic.*

**Priapism** is a long-lasting, painful erection.

It can cause permanent damage to your penis if not treated quickly.

Priapism is not very common; it mostly commonly affects people with sickle cell disease. But it can result from mixing erectile function drugs (such as Viagra and Caverject) with chems for long sex sessions.

Priapism may get better on its own within 2 hours. There are things you can try to reduce your erection.

*Do*

- switch off porn, change the mood of the environment you're in
- try to go for a pee
- have a warm bath or shower
- drink lots of water
- go for a gentle walk
- try exercises, such as squats or running on the spot
- take painkillers like paracetamol if you need to

*Don't*

- apply ice packs or cold water to your penis – this can make things worse
- have sex or masturbate or try to ejaculate – it won't make your erection go away
- drink alcohol
- Smoke



*Continued on next page....*

**Priapism, continued...**

Call 999 or go to A&E if you have an erection that lasts unstimulated for more than 2 hours
An erection that lasts this long needs to be treated in hospital as soon as possible to help avoid permanent damage to the penis.
Hospital treatments to help reduce your erection include:
tablets or injections directly into your penis
using a needle to drain blood from your penis, done while the area is numbed under local anaesthetic
surgery to drain the blood through a tiny cut, done while you're asleep under general anaesthetic

**Anaphylaxis; allergic reactions to drugs.**

Many drugs are mixed with (or “cut” with) other substances, affecting quality; sometimes these adulterants can be toxic, or we can have allergic reactions to them. Similarly, too much of a pure (unadulterated) substance can cause toxicity, or an allergic reaction. Sometimes, when the allergic reaction is extreme, it can be very dangerous, “anaphylaxis” can result, which can be an urgent emergency situation.

These are the things to look for:

- Difficulty breathing
- Swelling of the tongue and throat
- Itchy or puffy eyes
- An outbreak of blotchy skin
- Anxiety
- Signs of shock

“Shock”, in this context, is not meant to mean the emotional reaction to something shocking, but a dangerous medical emergency; shock is when the circulatory system fails to provide enough oxygenated blood to the body, depriving the vital organs of the oxygen it needs to function.

Signs of shock include:

- pale, cold, clammy skin
- Sweating
- rapid, shallow breathing
- weakness and dizziness
- feeling sick and possibly vomiting
- Thirst
- Yawning
- Sighing

Seek medical help immediately if you notice that someone has any of the above signs of shock.



*Continued on next page....*

**Sexual assault, physical assault**

A sexual assault might not be a First Aid situation, but it certainly can be an emergency if anyone is concurrently at risk from the perpetrator. If so, do not pause to contact emergency services as fast as possible.

In regard to sexual assault, there can be a time sensitivity relating to a forensic examination that can help to accrue forensic evidence of the assault, which might help toward pursuing a criminal conviction.

Not all cities have sexual assault services that are sensitive toward assaults upon males, or homosexual assault. Hopefully, emergency services can provide some information about where to seek emotional or forensic or legal support following an assault. If not, a second choice might be a trusted doctor, or a charity/sexual health service that is familiar with gay/LGBT issues.

*Sometimes, after being awake for some days, under the influences of chems, or in a heady sexually liberated environment, we can be less empathetic, less sensitive to the vulnerabilities of the people we are having sex with. A lot of confusion regarding consent exists within chemsex contexts, and assault or rape might not be as obvious as a cruel perpetrator knowingly committing an assault or a crime.*

*Sometimes we might be guilty of sexual assault ourselves in a confusing chemsex environment, without knowing it; that might be because the person we are having sex with might appear to be consenting, but they might be very intoxicated by a drug, beyond the ability to consent. It can sometimes be difficult to judge these nuances, when we are very intoxicated or un-slept ourselves.*
*When that might be the case, it can be very upsetting coming to terms with our own behaviour; that conflict can manifest in ways that require some advice or emotional support. Many sexual assault charities or services also support the perpetrators of assault (or help to signpost to the correct services).*


*Section 4 begins on next page....*

# Section 4:
# SUMMARY, of First Aid situations

The most urgent and common emergencies that happen in chemsex environments include;

- •GHB/GBL overdose
- •GHB/GBL withdrawal symptoms
- •Meth or meph induced psychosis/paranoia/perceptions of persecution
- •Sexual assaults
- •Injecting harms
- •Possible HIV infection
- •Meth/meph overdose
- •Heart problems
- •Accidents, cuts, bleeds, knocks that occur in chemsex environments

But there are other very urgent situations that can occur; some chemsex-related, some not. These are the most common general First Aid situations;

- •loss of consciousness
- •an acute confused state
- •fits that aren't stopping
- •chest pain
- •breathing difficulties
- •severe bleeding that can't be stopped
- •severe allergic reactions
- •severe burns or scalds
- •Shock

Call emergency services immediately if you or someone else is having a heart attack or stroke, or if there has been any serious head trauma.
Every second can count.

**How you can help the emergency services when they arrive**

- •try to remain calm if possible
- •call the ambulance service back if the person's condition changes
- •if there are other people with you, ask someone to open the door and direct the emergency service staff to where they're needed
- •lock away pets
- •gather the person's personal effects if they are strewn about, especially identification.
- •have as much information about the person's condition, and events/drugs that you can to help the emergency services provide better care.



*Continued on the next page....*

# CHEMSEX FIRST AID

**Will calling emergency services also involve the police?**

Laws vary country to country, and common practice can vary too. Often, it is a judgment call made by the emergency services telephone operator, or by the arriving emergency services staff.

They might decide to call the police if

- there is some suspicion that a crime has been committed
- they feel there is danger at the scene, that someone at the scene (including you, or emergency services, or the patient themselves) might be harmed
- If entry to the premises might need to be forced

All of those things can be arbitrary.

It's mostly the case that saving a person's life is prioritised. But that does not always preclude the police taking action on crimes they witness at the scene.

In many countries (not all), having drugs in your bloodstream, is not against the law. In many countries, having used drugs, is not against the law. In most cases, having drugs in your possession is the crime mostly commonly acted upon.

It's crucial that emergency services are aware of what drugs have been taken by the person they are trying to save. That information could save that person's life.

If a police officer asks you questions about your own drug use, and you are not the person being attended to by emergency services, you could choose not to answer them until you have sought some advice from a solicitor or lawyer.

However, if the police do decide that a crime has been committed, or if there is a fatality that requires investigation – withholding information from the police can be considered a crime in some countries.

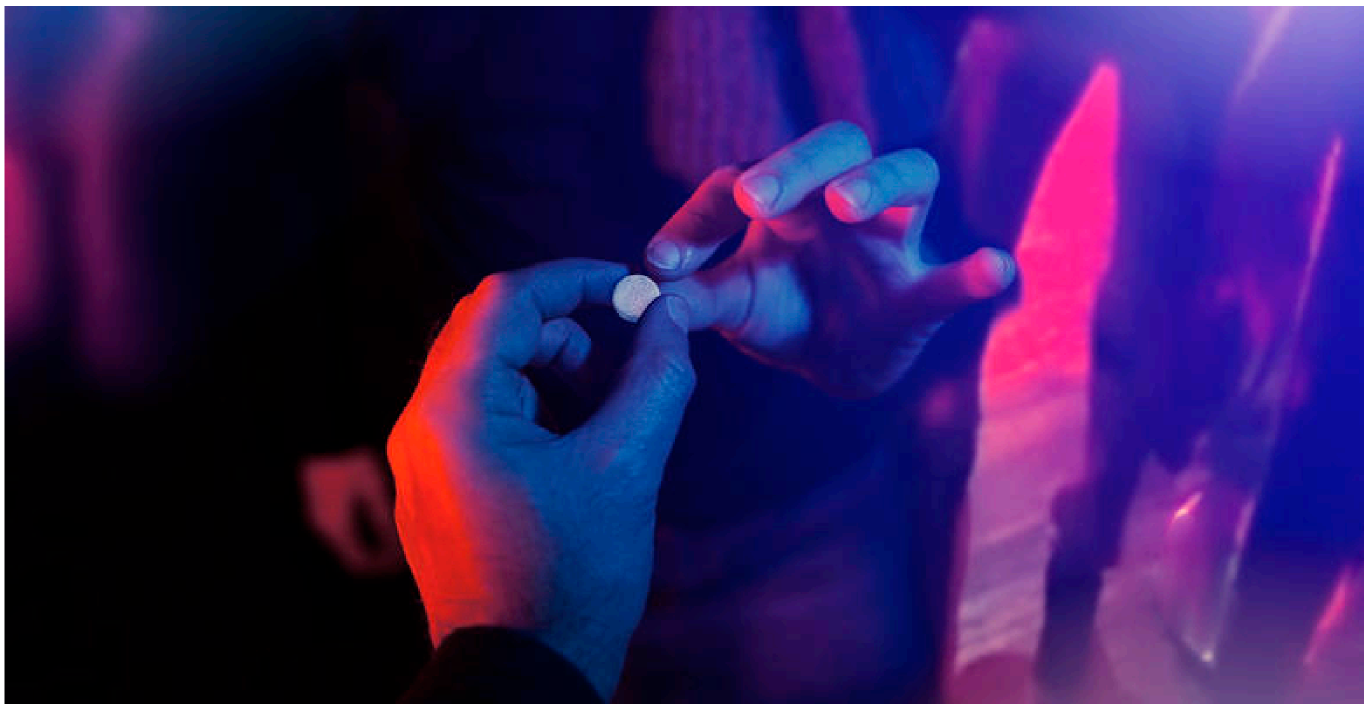
It's an obvious thing to say, but if there were no drugs to be found at the premises where an ambulance has been called, then it is harder to identify a crime.

It's also important to say, delaying calling an ambulance while drugs are disposed of can result in someone dying, and you could be held legally responsible.

*When things go wrong in chemsex environments, or while we are under the influence of chems, it can be frightening, disconcerting.*

*Try to remain calm, remain kind, and amongst all the concerns, prioritise the opportunity you have to save a person's life by acting quickly and responsibly. If in any doubt, call emergency services who will be glad to talk you through the situation.*

# Chemsex & HIV



FAST FACTS

- Chemsex involves using drugs to enhance sex, often by increasing desire and reducing inhibitions.
- The three main drugs used for chemsex are GHB, mephedrone and crystal meth. Each has very different mental and physical effects.
- Chemsex can be dangerous and involves serious risks for your sexual health, but you can take precautions to make it safer and to protect yourself from HIV.
- If you've had chemsex and are worried you've put yourself at risk of HIV infection, get advice from a medical professional as soon as you can.

Chemsex is sometimes called chemfun, party and play or PNP. Using drugs for chemsex is different to drinking alcohol or taking drugs recreationally.

Here we look at the risks involved in chemsex and why it increases your chances of HIV infection.

## What is chemsex?

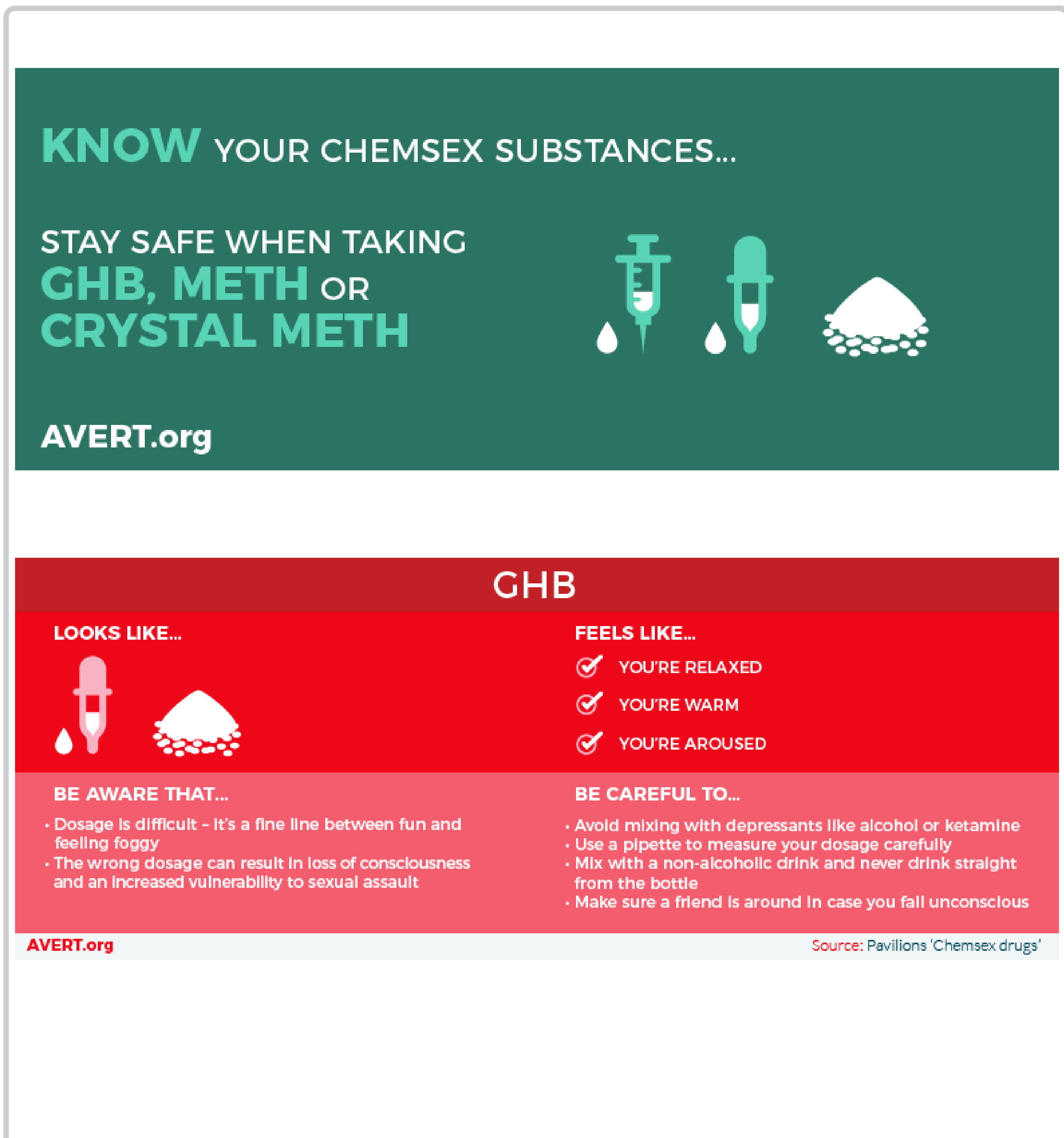
Chemsex involves using drugs to enhance sex. Usually people do it to change the physical sensations they have during sex (increasing pleasure and their ability to have sex for longer), or to change their psychological experiences (increasing their confidence or removing inhibitions). Chemsex can last for many hours at a time and often with multiple sexual partners (for example at parties) but can also just involve a couple or lone masturbation. It is most common among gay men, but straight people often use drugs and alcohol to enhance sex too and there can be sexual health (and other) risks for them as well.

## Which drugs are used for chemsex?

The three most popular drugs used during chemsex are:

- gammahydroxybutyrate/gammabutyrolactone (also known as GHB/GBL, G or Gina)
- mephedrone (meph or meow)
- crystal methamphetamine (crystal meth)

They are taken on their own or together with alcohol or other drugs (such as cocaine or ecstasy).



# MEPH

**LOOKS LIKE...**

**FEELS LIKE...**

- YOU'RE CONFIDENT
- YOU'RE AROUSED
- YOU'RE CLOSE TO THOSE AROUND YOU

**BE AWARE THAT...**

- Tolerance can build quickly with Meph - people often feel like they need to take more to generate the same effects
- Injecting is more addictive than snorting and may cause long term dependency

**BE CAREFUL TO...**

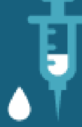
- Drink plenty of water
- Always use clean needles or snorting equipment
- Avoid using if you have a history of heart problems or high blood pressure

AVERT.org

Source: Pavilions 'Chemsex drugs'

# CRYSTAL METH

**LOOKS LIKE...**



**FEELS LIKE...**

- YOU'RE WIDE AWAKE
- YOU'RE IMPULSIVE
- YOU'RE AROUSED

**BE AWARE THAT...**

- Crystal Meth interacts poorly with some HIV medicines and anti-depressants, and when they are mixed it can result in heart attacks or strokes
- It's easy to forget to sleep or eat when using which can leave you feeling exhausted and paranoid

**BE CAREFUL TO...**

- Avoid using if you are taking HIV medication (ARVs) or anti-depressants
- Take regular breaks between use
- Always use clean needles if slamming
- Dispose of injecting equipment safely

AVERT.org

Source: Pavilions 'Chemsex drugs'

If you feel unwell or are worried about your health or safety you should seek advice from your nearest healthcare provider immediately.

AVERT.org

# What are the risks of chemsex?

Chemsex drugs change how you feel and behave. When you mix them with sex you increase your risk of HIV and sexually transmitted infections (STIs) in a number of ways.

- With fewer physical inhibitions you're less likely to use condoms, even if you intended to beforehand.
- You may not remember what you've done and whether you used condoms.
- During a long session you might forget to take your pre-exposure prophylaxis (PrEP) medication, making you more vulnerable to HIV if you're not using condoms.
- If you're living with HIV, you might forget to take your HIV medication, which helps keeps you undetectable and prevents you from passing HIV onto your partners.
- You may have sex with strangers (such as people you've hooked up with through social media or the internet) and you may have sex with multiple partners. This increases your chances of exposure to HIV and other STIs.
- You may have more forceful sex than usual, because of the anaesthetic effects of drugs like GHB. The thin lining of the anus is easily damaged or torn during unlubricated anal sex, increasing the risk of HIV infection and other STIs, including hepatitis C.
- If you have a particularly long sex session you may not think about accessing emergency post-exposure prophylaxis treatment (PEP) to prevent HIV transmission until it is too late. PEP only works if it is taken within 72 hours of infection.
- You may inject mephedrone or crystal meth with shared needles (otherwise known as slamming), increasing your risk of both HIV and hepatitis C infection.

The drugs used in chemsex also have other health risks. It is easy to take too much GHB. This can cause you to 'pass out', leaving you more vulnerable to sexual assault. Whatever the circumstances, and whatever drugs you have taken, remember that sexual assault is never acceptable and is never your fault.

Chemsex drugs change how you feel, sometimes in unwanted ways. They can make you confused, paranoid or frightened and in some cases you can lose touch with reality and have very convincing hallucinations.

It is also common for people to have a 'comedown' after a chemsex session where they feel depressed or low. Certain anti-HIV drugs have been known to interact badly with chemsex drugs. In particular there have been cases of deaths resulting from interactions between ritonavir and crystal meth.

## How can I reduce the risks of chemsex?

Some people enjoy exploring their sexuality through chemsex but taking these drugs is never completely safe. Don't ever let anyone pressure you into taking anything that you don't want to.

If you do plan on participating in chemsex follow these tips to reduce the risks for you and the people you party with.

- Pack some protection – make sure you have lots of condoms and lube to hand. You could also consider pre-exposure prophylaxis (PrEP) to protect you from HIV.
- Know your status – most HIV transmissions happen among people who have recently caught HIV and don't yet know that they are positive. Regular testing to check your status and to screen for other STIs will help to keep you and others healthy.
- Party with people you trust – plan in advance how you will look out for each other and be sure to tell someone where you are going if you leave with someone you don't know.
- Set your limits – before you get high, decide what you are prepared to do sexually and talk about which methods of protection you want to use.
- Stay aware – keep tabs on what drugs you've consumed and be aware when to stop. Don't share needles or syringes and never let someone else inject you.
- Set reminders – if you're taking PrEP to prevent HIV or need to take anti-HIV medication because you are living with HIV, use an alarm to make sure you take your pills at the right time.
- Don't play too long or too often – the longer you party the more likely you are to experience bad side effects like hallucinations. Also, the more often you have chemsex the more likely you are to become dependent on drugs and feel low or depressed when you stop taking them.

## What support is available?

If you've had chemsex and are worried that you may have put yourself at risk of HIV, you should

speak to a sexual health professional or visit an accident and emergency department as soon as possible for advice.
You will probably be offered PEP as a form of emergency treatment if you've contacted them within 72 hours of suspected HIV exposure. At a clinic you will also be offered tests for sexually transmitted infections (STIs), including HIV.

Your healthcare provider can help if you are concerned about addiction or other effects that chemsex drugs are having on your physical or mental wellbeing. You could also get in touch with specialist drug and alcohol counselling services for non-judgemental support, advice and information. Many sexual health clinics have staff that are familiar with chemsex and can offer support.

If you're finding it difficult to find a healthcare advisor in your area, check out this interactive online tool in multiple languages, for more advice on how to stay safe and make manageable lifestyle changes.


# HELP US HELP OTHERS

Avert.org is helping to prevent the spread of HIV and improve sexual health by giving people trusted, up-to date information.

We provide all this for FREE, but it takes time and money to keep Avert.org going.

Can you support us and protect our future?

Every contribution helps, no matter how small.

PLEASE DONATE NOW


Last full review:
03 February 2020
Next full review:
03 February 2023

Sources:


NAM (2015) 'Interactions between HIV treatment and recreational drugs'

Let's Talk about It 'Chemsex Support'

Terrence Higgins Trust (2018) 'Recreational drugs and HIV'

Dean Street Express 'Chemsex tips'

# What is PEP?

PEP (post-exposure prophylaxis) means taking medicine to prevent HIV after a possible exposure.

## PEP Must Be Started Within 72 Hours of Possible Exposure to HIV

Talk right away (within 72 hours) to your health care provider, an emergency room doctor, or an urgent care provider about PEP if you think you've recently been exposed to HIV:

- during sex (for example, if the condom broke),
- through sharing needles, syringes, or other equipment to inject drugs (for example, cookers), or
- if you've been sexually assaulted.

The sooner you start PEP, the better. Every hour counts. If you're prescribed PEP, you'll need to take it daily for 28 days.

## PEP is for Emergency Situations

- PEP is given after a possible exposure to HIV.
- PEP is not a substitute for regular use of other HIV prevention.
- PEP is not the right choice for people who may be exposed to HIV frequently.
- If you are at ongoing risk for HIV, such as through repeated exposures to HIV, talk to your health care provider about PrEP (pre-exposure prophylaxis).

# How well does PEP work?

If taken within 72 hours after possible exposure, PEP is highly effective in preventing HIV. But to be safe, you should take other actions to protect your partners while you are taking PEP. This includes always using condoms with sexual partners and not sharing needles, syringes, or other equipment to inject drugs.

# Are there any side effects?

- PEP is safe but may cause side effects like nausea in some people.
- In almost all cases, these side effects can be treated and aren't life-threatening.

# PEP Topics

Paying for PEP

PEP and Workplace Exposures

# POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATION ASSISTANCE PROGRAMS

## MANUFACTURER-BASED PROGRAMS:

1. **Gilead's "Advancing Access®":** FTC/TDF (Truvada®) 200/300mg once daily: **1-800-226-2056** https://services.gileadhiv.com/content/pdf/gilead_enrollment_form.pdf
   a. Provider/Patient Advocate (e.g., RN, MA, pharmacist, SW/case manager) must first fax enrollment form: **1-800-216-6857**
   b. Call Advancing Access® program (Option 1) 30 minutes after faxing form: **Monday – Friday, 9am-8pm ET**
   c. Patient will be screened over the phone—immediate medication access (voucher) number is given if patient qualifies
   d. Patient picks up medication from any pharmacy with voucher

2. **Merck's SUPPORT™:** Raltegravir (Isentress®) 400mg twice daily: **1-800-727-5400**
   a. Patient and provider complete application together: https://www.merckhelps.com/docs/MPAP_Enrollment_Form_English.pdf
   b. Write "Urgent" or "PEP" across top of form, & fax to: 1-800-528-2551
   c. If form is submitted by 2:30 pm ET, medication will be delivered to patient's home address by 1:30 pm ET next day

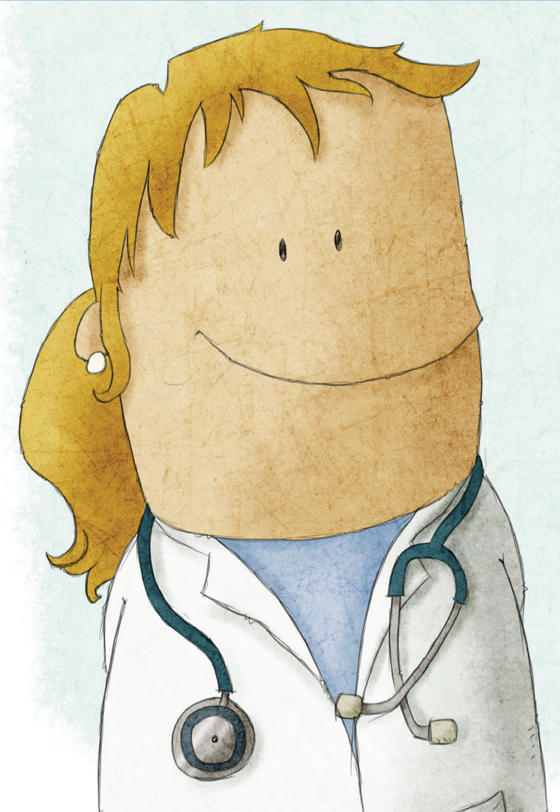
3. **Viiv:** Dolutegravir (Tivicay®) 50mg once daily: **1-844-588-3288**
   a. Patient Advocate calls or enrolls online
      i. Access Coordinator between **8am-11pm ET** to complete patient enrollment process & receive voucher number; OR
      ii. Use web-based enrollment option (available 24/7): https://www.viivconnect.com/portal/
   b. 30-day supply available at no charge for patients who qualify (cannot have Medicare Part D coverage; must earn less than 500% FPL; must be U.S. resident)
   c. Viiv activates voucher: patient then takes voucher number to any pharmacy for same-day pick up



This information is subject to change - contact programs directly to verify current enrollment process. October 2019.

# POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATION ASSISTANCE PROGRAMS

## NON-MANUFACTURER - PATIENT ADVOCATE FOUNDATION CO-PAY RELIEF PROGRAM:



1. Provider must register online via secure online patient portal (available 24/7): https://www.copays.org/providers (provider Tax ID, NPI number, & valid email address are required to complete registration process)
2. Application process takes ~7-10 minutes
3. Eligibility decisions are determined by completion of a signed Physician Verification Form
4. Application categories: patient's reported income, diagnosis, & insurance coverage information
5. Some patients randomly selected to submit documentation of reported income within 30 days of approval date

This information is subject to change - contact programs directly to verify current enrollment process. October 2019.

This project is supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services (HHS) under grant number U1OHA28686. This information or content & conclusions are those of the authors & should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

## GET INFORMED.

## MAKE THE RIGHT CHOICE FOR YOU.

# YOU ARE IN CONTROL

## ARE YOU READY FOR PrEP?

**Start Talking. Stop HIV.**

/StartTalkingHIV

/StartTalkingHIV

**Learn more by visiting cdc.gov/StartTalkingHIV**

# PrEP 101

## PrEP Basics

PrEP stands for **Pre-Exposure Prophylaxis**

The word "prophylaxis" means to prevent or control the spread of an infection or disease

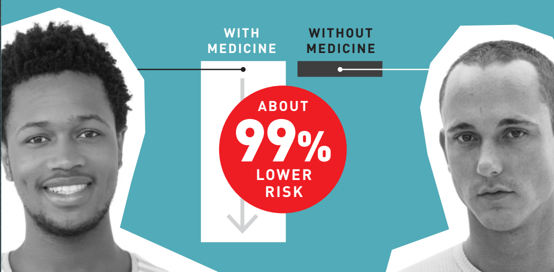
PrEP can help prevent you from getting HIV if you are exposed to the virus

PrEP is an HIV prevention option that works by taking **one pill every day**

## How Does It Work?

**Some of the same medicines prescribed for the treatment of HIV can also be prescribed for its prevention**

In several studies of PrEP, the risk of getting HIV from sex was much lower — about 99% lower — for those who took the medicines consistently than for those who didn't take the pill




When taken every day, PrEP can provide a high level of protection against HIV, but, only condoms protect against other STDs like syphilis and gonorrhea

People who use PrEP should take the medicine every day and return to their health care provider every 3 months for follow-up and prescription refills

**SIDE EFFECTS** Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away in the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your health care provider if these or other symptoms become severe or do not go away.

# PrEP Access

## How Can I Start PrEP?

**Talk** with your doctor or health care provider to determine if PrEP is right for you

If you and your health care provider agree that PrEP might reduce your risk of getting HIV, he or she will test you for HIV and other sexually transmitted diseases

**Your health care provider will also test to see if your kidneys are working well**

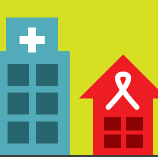
If PrEP is a good option for you, your health care provider will give you a **prescription**

## How Do I Pay for PrEP?

**PrEP is covered** by most insurance programs

If you do not have insurance, your health care provider can direct you to medication assistance programs that may help pay for PrEP

You can also contact your local health department and HIV/AIDS service organizations for more information



**Start Talking. Stop HIV.**

/StartTalkingHIV /StartTalkingHIV

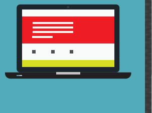


# Is PrEP Right For Me?

## I am thinking about PrEP to prevent HIV. What now?

**Do your research.** Seek out information to help you decide

*cdc.gov/hiv/basics/prep.html*



**Make a list** of why you think PrEP would be right for you

**Talk to your health care provider** if you have more questions

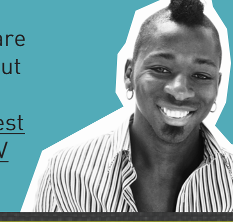
## Frequently Asked Questions

- Would PrEP be a good option for me?
- How much would PrEP lower my risk of getting HIV?
- What else can I do to lower my risk of getting HIV?
- Will the daily pill work for my routine?
- Can I get help paying for PrEP?
- Are there any side effects to PrEP?
- How often will I be tested for HIV and other sexually transmitted diseases?
- Will you prescribe and manage PrEP for me?

## If you decide PrEP is right for you

Take your pill every day

Follow your health care provider's advice about how to take your pill. This will give it the best chance to prevent HIV



Tell your health care provider if you have trouble remembering to take your pill or want to stop PrEP

PN 222331

# Paying for PrEP

## Covering the Cost of PrEP Care

### Insured

| Medication | Lab Test | Clinic Visits |
|---|---|---|
| • Bill insurance<br>• Apply for copay assistance from Gilead or PAF | • Bill insurance | • Bill insurance |

### Not insured But may be eligible for Medicaid or ACA Plans

**Apply**

### Not eligible for Medicaid or ACA plans OR Insurance denies claim

#### Household Income 500% FPL or less

| Medication | Lab Test | Clinic Visits |
|---|---|---|
| • Gilead Medication Assistance Plan<br>• WA State Medication Assistance | • Care at CHC with sliding fee scale<br>• NY State PrEP Assistance Plan | • Care at CHC with sliding fee scale<br>• NY State PrEP Assistance Plan |

#### Household Income more than 500% FPL

| Medication | Lab Test | Clinic Visits |
|---|---|---|
| • Bill insurance<br>• Apply for copay assistance from Gilead or PAF | • Bill insurance | • Bill insurance |

### PrEP Medication Assistance Program

| Family Size | 500% Federal Poverty Level Household Annual Income must be less than: |
|---|---|
| 1 | $58, 850 |
| 2 | $79, 650 |
| 3 | $100, 450 |
| 4 | $121,250 |
| 5 | $142,050 |
| 6 | $162,850 |

## ABBREVIATIONS:

**ACA** - Affordable Care Act
**FPL** - Federal Poverty Level
**CHC** - Community Health Center
**PAF** - Patient Advocate Foundation

## DEFINITIONS:

**PrEP:** Daily pill to prevent HIV infection (pre-exposure prophylaxis)

**Co-pay:** Fixed amount to be paid by insured person per prescription

**Co-insurance:** Fixed percentage of prescription cost to be paid by insured person

**Deductible:** Amount of health care cost (including prescriptions) that must be paid by the insured person before insurance begins to cover costs

## PrEP MEDICATION ASSISTANCE PROGRAM:

**(Gilead Sciences)**
***People eligible for this program must:***

- Be 18 years of age or older
- Be without insurance or have payment declined by their insur-ance carrier
- Be resident in the US (social security number not required)
- Have family income ≤ 500% of the federal poverty level

***Once enrolled in this program:***

- Medication will be sent to the provider, a pharmacy, or the patient's home
- Patients can get their medication at no charge from their provider or pharmacy for as long as they are eligible
- Eligibility must be confirmed every 6 months by the provider

## RESOURCES:

**To apply for health insurance on the federal exchange:** www.healthcare.gov
**Community Health Center Locator:** findahealthcenter.hrsa.gov
**NASTAD on-line tool to assist with paying for PrEP at** PrEPcost.org
**Gilead Sciences: Medication Assistance Program and Co-Pay Assistance -** www.truvada.com/how-to-get-truvada-for-prep/truvada-cost
**Patient Advocate (PAF) Foundation: Co-Pay Relief Program -** www.copays.org/diseases/hiv-aids-and-prevention

# Education



## About Sexual Violence

Sexual violence is any form of sexual interaction without consent (or permission). Consent means that you want to be engaged in whatever sexual behavior is happening. If someone is feeling pressured, coerced, manipulated, or threatened, that is not consent. If someone is incapacitated due to drugs or alcohol, that is not consent. Ultimately, sexual violence is about an offender exerting power and control over someone else—and it is never a survivor's fault. Survivors need, and deserve, support.

Sexual violence affects people of all genders, ages, races, religions, incomes, abilities, ethnicities, and sexual orientations. Survivors often know the person who assaulted them. Sexual

violence, which is significantly underreported, also takes many forms:

- Rape or sexual assault
- Childhood sexual abuse and incest
- Sexual harassment
- Sexual exploitation and trafficking
- Unwanted sexual contact/touching
- Exposing one's genitals to others without consent
- Masturbating in public

## A few statistics

- In the United States, more than two in five women (43.6%) and almost one in four men (24.8%) have experienced some form of contact sexual violence during their lifetime. Approximately one in five women (21.3%) and one in 38 men (2.6%) in the United States have been raped (completed or attempted) at some time in their lives. (Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey 2015 Data Brief (https://www.cdc.gov/violenceprevention/datasources/nisvs/2015NISVSdatabrie
- Almost one in two transgender people (47%) surveyed have been sexually assaulted at some point in their lifetime. (U.S. Transgender Survey (http://www.ustranssurvey.org/))
- One in four girls and one in six boys will be sexually abused before they turn 18 years old. (National Sexual Violence Resource Center (http://www.nsvrc.org/))
- People with a disability of any kind have an age-adjusted rate of rape or sexual assault that is more than twice the rate for people without disabilities. (The National Crime Victimization Survey (https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245) and the 2010 Massachusetts Behavior Risk Factor Surveillance System (http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/dmoa/healtl survey/brfss/))
- One in five women and one in 16 men are sexually assaulted while in college. (National Sexual Violence Resource Center

(http://www.nsvrc.org/))

For more in-depth information and statistics on sexual violence, please visit the National Sexual Violence Resource Center (http://www.nsvrc.org/) website.

## Common survivor reactions to sexual violence and assault

Each survivor copes with sexual violence differently. It is important to remember that there is no right way for a survivor to feel, and there is no set timeline for when a survivor should be feeling better. To heal, survivors need to draw on their individual strengths and skills and find what works best for them.

Many survivors do share several common reactions to sexual violence. The feelings may be intense at times. Sometimes they seem to go away for a while and then come back again. These reactions include:

- **Guilt:** Many survivors feel guilty. We live in a culture that tends to blame victims, but sexual assault is never the survivor's fault. No one deserves to have been raped, even if they drank to excess, dressed in revealing clothing, or consented to other sexual activity, like kissing.
- **Fear:** Sexual assault is traumatic, and it is normal to feel afraid after experiencing it. Some survivors find it hard to be alone at night or in a setting that reminds them of the one in which they were raped.
- **Avoidance:** It is common to avoid or want to avoid anything that is associated with the assault. Many survivors avoid getting assistance because it reminds them of the assault. Although avoidance can initially help in coping, most survivors find that it is not a viable long-term solution.

- **Anger:** Survivors may feel angry—at the offender, at the people they love, at the world, even at themselves. Feeling angry can be an important part of healing emotionally after sexual assault.
- **Mood swings:** Survivors' moods may change rapidly or dramatically. Coping with a sexual assault can be overwhelming, and intense emotional reactions are normal. Most survivors experience many ups and downs in their healing process.
- **Distrust:** It may take the survivor a while to feel like they can trust people again. If a survivor was assaulted by someone they knew, they may feel like they have lost confidence in their sense of judgment about other people. If they were assaulted by a stranger, they may feel that they can't trust people they don't know.
- **Loss of control:** Sexual assault robs people of control over their bodies, and many survivors often feel out of control or powerless as a result. One of the most important elements of healing is regaining control.
- **Numbness:** Sometimes it takes a while for survivors to feel anything at all. Going numb is one of the ways some people cope with crisis.
- **Reexperiencing.** Many survivors have nightmares, flashbacks, or intrusive thoughts about sexual assault. This reexperiencing can sometimes feel as difficult to cope with as the assault itself. These disruptions also may make it difficult to sleep or to concentrate.

It is important for survivors to remember, no matter how they are feeling, that they are not alone. If you or someone you care about is experiencing any of these feelings, BARCC can help (/help). Call our 24-7 hotline at 800-841-8371 or request an appointment (/help/make-appointment).

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# Truvada Medication Information Sheet

## Truvada Medication Information Sheet for Patients

**Brand name:** Truvada (tru va duh)

**Generic name:** tenofovir disoproxil fumarate and emtricitabine

### Why is this medication prescribed?

- Truvada is one of several medications that are currently used to treat human immunodeficiency virus (HIV) and hepatitis B virus infection.
- Truvada is now being used to *prevent* HIV infection.
- Truvada is sometimes prescribed to some people who do not have HIV infection (for example, those who do not always use condoms or who have a sex partner that has HIV infection) to help reduce their chances of getting HIV infection
- When you take Truvada to prevent HIV infection, doctors refer to this use as "pre-exposure prophylaxis" or "PrEP".

### How does Truvada (PrEP) help prevent HIV infection?

- HIV is a virus that attacks your body's immune cells (the cells that work to fight infections).
- The 2 medications that make up Truvada (tenofovir and emtricitabine) block important pathways that viruses use to set up infection.
- If you take Truvada as PrEP daily, the presence of the medication in your bloodstream can sometimes stop the virus from establishing itself and slow the spread of HIV in your body.
- By itself, PrEP with Truvada does not work all the time so youshould also use condoms during sex for the most protection from HIV infection.

### How should this medicine be used?

- You must take one tablet of Truvada by mouth every day .
- Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand.
- Do not stop taking Truvada without talking to your doctor. When your supply of Truvada starts to run low, contact your doctor or pharmacist to get more.
- You may be at higher risk of becoming infected with HIV if you miss doses or stop taking Truvada than if you take it every day.

### What special precautions should I follow?

Before taking Truvada (tenofovir and emtricitabine) you must do the following:

- Tell your doctor and pharmacist if you are allergic to tenofovir, emtricitabine, or any other medications.
- Tell your doctor and pharmacist about all prescription and nonprescription medications, (vitamins, nutritional supplements, and herbal products) you are taking. Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- Tell your doctor if you have or have ever had kidney or liver disease.
- Tell your doctor if you become pregnant or if you are breastfeeding

## What special dietary instructions should I follow?

- Continue your normal diet unless your doctor tells you otherwise.

## What should I do if I forget a dose?

- Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule.
- Do not take a double dose to make up for a missed one.

## What side effects can this medication cause?

You may experience the following side effects while taking Truvada:

- upset stomach
- headache
- vomiting
- loss of appetite

These side effects usually fade during the first month of taking Truvada for PrEP. Tell your doctor if any of these symptoms are severe or do not go away.

Truvada may cause other side effects. Some side effects can be serious. Call your doctor immediately if you have any unusual problems while taking this medication or if you have any of the following:

- fever or chills especially with
- sore throat, cough, rash or other signs of infection

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online (at http://www.fda.gov/Safety/MedWatch) or by phone (1-800-332-1088).

## How should I store Truvada in my home?

- You should keep Truvada in the container it came in, tightly closed, and out of reach of children.
- You must store it at room temperature and away from excessive heat and moisture.
- Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

## What should I do in case of emergency/overdose?

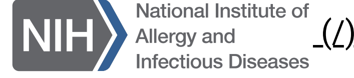
- In case of overdose, call your local poison control center at 1-800-222-1222. If the person has collapsed or is not breathing, call local emergency services at 911.

## What other information should I know?

- Do not let anyone else take your medication.
- Ask your pharmacist if you have any questions about refilling your prescription.
- Write a list of all of your prescription and over-the-counter medicines, as well as any vitamins, minerals, or other dietary supplements that you take.
- Bring your medication list with you each time you visit a doctor or if you are admitted to a hospital. Keep it with you always in case of emergencies.

COVID-19

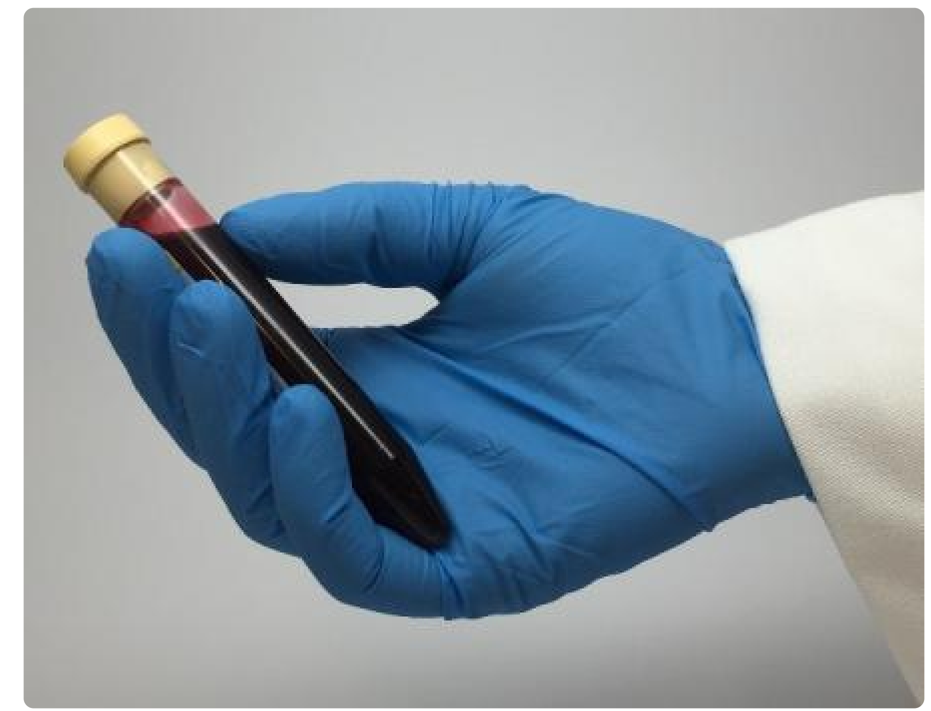
Get the latest public health information from CDC (https://www.cdc.gov/coronavirus). | Get the latest research information from NIH (https://covid19.nih.gov/). Información de NIH en español (https://salud.nih.gov/covid-19/).



(/)

# 10 Things to Know About HIV Suppression

Development of antiretroviral drugs to treat HIV has turned what was once an almost always fatal infection into a manageable chronic condition. Daily antiretroviral therapy can reduce the amount of HIV in the blood to levels that are undetectable with standard tests. Staying on treatment is crucial to keep the virus suppressed. NIAID-supported research has demonstrated that achieving and maintaining a “durably undetectable” viral load (the amount of HIV in the blood) not only preserves the health of the person living with HIV, but also prevents sexual transmission of the virus to an HIV-negative partner.



A vial of blood

*Credit: NIAID*

## What is viral suppression?

Antiretroviral therapy keeps HIV from making copies of itself. When a person living with HIV begins an antiretroviral treatment regimen, their viral load drops. For almost everyone who starts taking their HIV medication daily as prescribed, viral load will drop to an undetectable level in six months or less. Continuing to take HIV medications as directed is imperative to stay undetectable.

What Is Viral Suppression?

## What does it mean to be durably undetectable?

Taking antiretroviral therapy daily as prescribed to suppress HIV levels leads to an “undetectable” status. A person is considered to have a “durably undetectable” viral load if their viral load remains undetectable for at least six months after their first undetectable test result. It is essential to continue to take every pill every day as directed to maintain an undetectable viral load.

## Does being durably undetectable mean that the virus has left my body?

Even when viral load is undetectable, HIV is still present in the body. The virus lies dormant inside a small number of cells in the body called viral reservoirs. When therapy is halted by missing doses, taking a treatment holiday or stopping treatment, the virus emerges and begins to multiply, becoming detectable in the blood again. This newly reproducing virus is infectious. It is essential to take every pill every day as directed to achieve and maintain a durably undetectable status.

## How does being durably undetectable affect my risk of transmitting HIV to a sexual partner?

People living with HIV who take antiretroviral medications daily as prescribed and who achieve and then maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

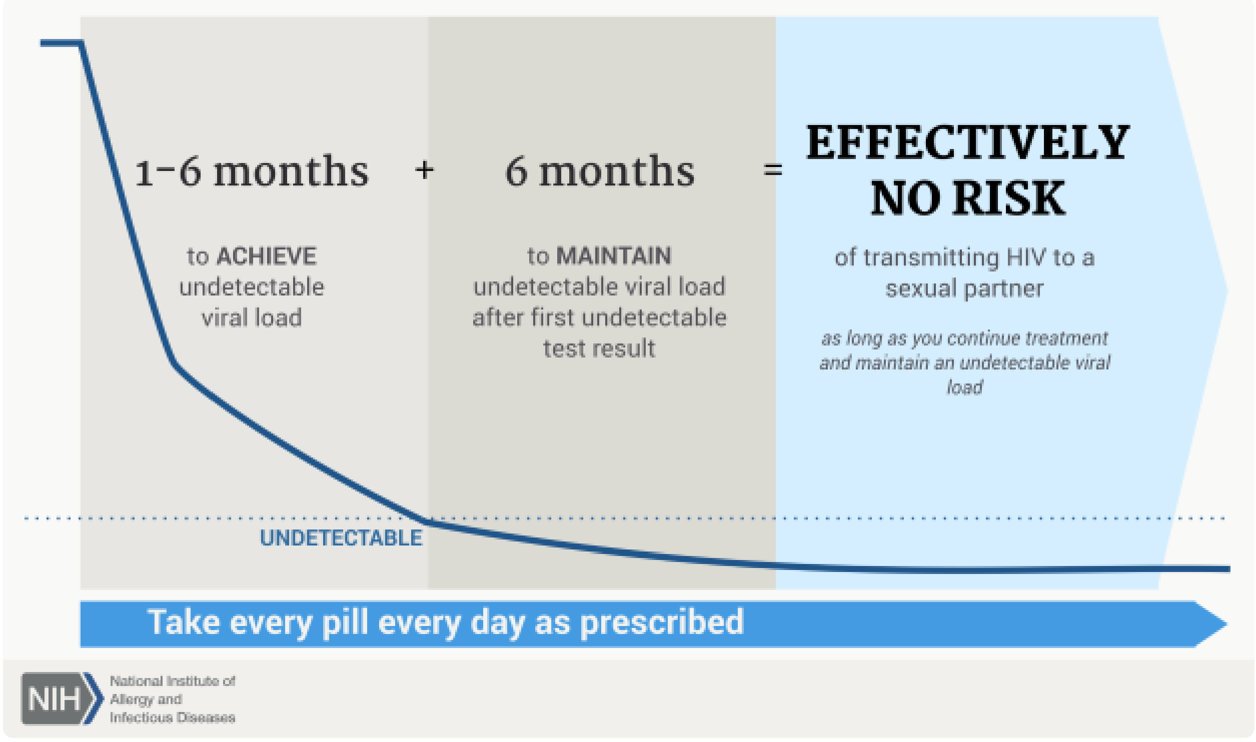
Three large multinational research studies involving couples in which one partner was living with HIV and the other was not—HPTN 052 (https://www.nih.gov/news-events/news-releases/hiv-control-through-treatment-durably-prevents-heterosexual-transmission-virus), PARTNER (https://jamanetwork.com/journals/jama/fullarticle/2533066) and Opposites Attract (https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30132-2/fulltext)—observed no HIV transmission to the HIV-negative partner while the partner with HIV had a durably undetectable viral load. These studies followed approximately 3,000 male-female and male-male couples over many years while they did not use condoms. Over the course of the PARTNER and Opposites Attract studies, couples reported engaging in more than 74,000 condomless episodes of vaginal or anal intercourse.

Learn more about HIV treatment as prevention (https://www.niaid.nih.gov/diseases-conditions/treatment-prevention).

## After I begin HIV treatment, how long does it take for the risk of sexually transmitting HIV to become effectively zero?

There is effectively no risk of sexual transmission of HIV when the partner living with HIV has achieved an undetectable viral load and then maintained it for at least six months. Most people living with HIV who start taking antiretroviral therapy daily as prescribed achieve an undetectable viral load within one to six months after beginning treatment.

A person’s viral load is considered “durably undetectable” when all viral load test results are undetectable for at least six months after their first undetectable test result. This means that most people will need to be on treatment for 7 to 12 months to have a durably undetectable viral load. It is essential to take every pill every day to maintain durably undetectable status.




*Credit: NIAID*

## What happens if I stop taking antiretroviral therapy?

When therapy is stopped, viral load rebounds, and the risk of transmitting HIV to a sexual partner in the absence of other prevention methods returns. NIAID-supported research has provided clear-cut scientific evidence to support the benefits of staying on continuous antiretroviral treatment. In 2006, NIAID's large clinical trial called SMART showed that people receiving intermittent antiretroviral treatment had twice the rate of disease progression compared to those receiving continuous treatment.

Taking antiretroviral treatment daily as directed to achieve and maintain durably undetectable status stops HIV infection from progressing, helping people living with HIV stay healthy and live longer, while offering the benefit of preventing sexual transmission. Stopping and re-starting treatment can cause drug resistance to develop, making that treatment regimen ineffective and limiting future treatment options.

## How often do I need to be tested to confirm that I'm durably undetectable?

According to U.S. HIV treatment guidelines, viral load typically should be measured every three to four months. People living with HIV should talk with their health care teams to determine an appropriate schedule for viral load testing.

## What are viral load "blips"?

Even if a person is durably undetectable and taking antiretroviral therapy daily as prescribed, they may experience small, transient increases in viral load called "blips" followed by a decrease back to undetectable levels. Having a blip is relatively common and does not indicate that antiretroviral therapy has failed to control the virus. Scientists are working to better understand what causes blips.

## How do I talk to my partner about their risk of acquiring HIV?

People living with HIV can involve their partners in their treatment plans. Research shows that adhering to treatment often can improve with support from loving relationships and from the community.

Pre-exposure prophylaxis (PrEP), in which an HIV-negative person takes antiretroviral medication to prevent infection, can be part of the conversation. Learn more about PrEP (https://www.niaid.nih.gov/diseases-conditions/pre-exposure-prophylaxis-prep).

# Do I still need to worry about other sexually transmitted infections?

Neither HIV treatment nor PrEP prevents other sexually transmitted infections, or STIs.

Ways to reduce the risk of STIs include having both partners tested, limiting the number of sexual partners and using condoms. Vaccines are available to prevent some STIs, including hepatitis B and human papillomavirus (HPV).

Content last reviewed on June 12, 2020

Name: ________________________

# Creating New Boundaries

## Exploring your relationship to sex

People who use drugs and have sex at the same time can have trouble beginning to have sex again when they become sober. Sober sex may be strange or uncomfortable for people who are use to have sex while under the influences of substances. It is important to remember that sex may be different now and that is okay. It is important to explore new ways to have healthy sex in the absence of substances to continue to promote your own health overall.

| What do you like about sex? | What don't you like about sex? |
| --- | --- |
| | |
| What makes you nervous about sex? | What makes you more comfortable about sex? |
| | |

## Building healthy relationships

Finding new partners to have sex with may be helpful in creating a different dynamic around your sex life. However, it can be difficult for people in recovery to find new partners. Develop some strategies to meet and build relationships with a person or people you may want to have sex with then identify your safety zones and what to do when experiencing each of the different levels of safety/comfortability.

1) Where can you meet new friends?

______________________________________________________________________

______________________________________________________________________

2) How do you know if someone is interested in you?

______________________________________________________________________

______________________________________________________________________

| Safety Zones | Action items |
|---|---|
| Green: | |
| Yellow: | |
| Red: | |