Health Monitor Living

Explore your treatment options

P. 4

Missing the music scene? Give sober concerts a try!

P. 20

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"Medication-assisted treatment saved my life!"

Opioid Use Disorder

After years of struggling with addiction, Lisa Marshall found her way to sobriety. By sharing her story, she's helping others reclaim their lives, too.

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After years of struggling with addiction, Lisa Marshall found her way to sobriety. By sharing her story, she's helping others reclaim their lives, too.

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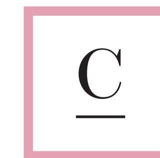
CED24

Cover photo by Whitney Morgan Photography

Your future is in *your* hands!

Freedom from addiction is within reach—even if you're one of the 2.5 million Americans living with opioid use disorder (OUD). Start by opening up to your care team and investigating your treatment options.



Chances are, when you first received a prescription for opioid painkillers, you thought nothing of it. But for some people, this short-term solution for pain can lead to opioid use disorder (OUD). The good news is, today, there are are more treatment options available than ever.

For inspiration, look to Lisa Marshall, featured on p. 8 of this guide. Lisa grew up in a stable home and was never exposed to drugs and alcohol in her teenage years. That all changed after she struggled with grief from her divorce, leading her to seek an escape in the form of using drugs.

After hitting rock bottom, Lisa leaned on her support system and decided to go through a detox program. Afraid to get her recovery derailed, Lisa looked into medication assisted treatment. It made all the difference. "Everyone around me noticed. The feeling was a breath of fresh air."

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

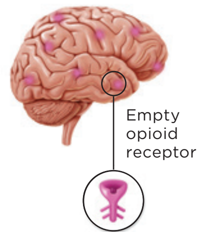
1 IN 4
PEOPLE GIVEN A PRESCRIPTION FOR OPIOIDS MAY GO ON TO DEVELOP AN ADDICTION.

What are opioids?

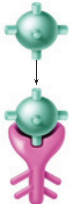
Opioids are painkillers prescribed to bring relief from serious injuries and chronic conditions like arthritis, and to offer temporary relief after surgery. Commonly prescribed opioids include codeine, oxycodone, fentanyl and hydrocodone. (Illegal opioids, such as heroin, are drugs made to act like these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

How MAT medications work

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

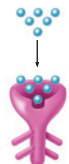


Methadone



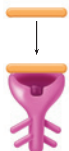
Full agonist: generates opioid effect but in a more controlled way

Buprenorphine



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

Naltrexone



Antagonist: blocks the effect of opioids

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

What is OUD?

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

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

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

Who's at risk?

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

What are the treatment options?

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

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

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

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

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

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

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

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

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

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

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

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

MEET YOUR HEALTHCARE TEAM

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

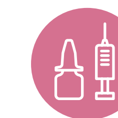
Addiction psychiatrist A board-certified doctor with specialized training in the diagnosis, treatment and management of addiction. May also provide or refer to counseling.

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

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

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

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



About naloxone, the OD antidote

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

Opening up to your care team

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

COULD YOU HAVE OUD?

Check any of the following that describe you:

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

YOUR HISTORY WITH OPIOIDS

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

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

How much do you know about treatment?

Take this quick quiz to find out.

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

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

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

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

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

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

YOUR SETUP FOR SUCCESS

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

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

— COVER STORY —

“MAT *saved* my life!”

After years of struggling with addiction to meth, opioids and heroin, Lisa Marshall finally got the help she needed—in the form of an injectable medication. Today she's determined to let her success story pave the ways for others to finally get sober.
—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE

Travel to West Virginia in the fall, and you may see 38-year-old Lisa Marshall and her family decked out in Mountaineer gear, preparing to cheer on their favorite college football team. Or you may find them out for a walk, enjoying the beautiful scenery Appalachia has to offer, or sharing stories over a laughter-filled family dinner. Lisa, most of all, cherishes these times with her husband, Bruce, and two children because a few short years ago, everything she held dear was tainted by opioid addiction.

Lisa grew up in a stable, loving home and admits to being sheltered from drugs and alcohol during her teen years. When she married in 2005, she was excited to live out her parents' example of a long, happy life together. Instead, she suffered cruel treatment from her then-husband, and the marriage ended in divorce.

"Those were the worst years of my life. My mental health deteriorated, and I suffered from depression, anxiety and a constant state of fear," remembers Lisa. Reeling from grief and seeking an escape, she soon found herself with a new friend group that was involved in the drug scene. "They were getting high on meth, and I thought, *Why not? I don't have anything to lose.*'

Soon after, Lisa was involved in an accident and prescribed pain pills for her injuries. "That's when I realized how easy it was to fake injuries and get more pills—I was already in the drug scene, so my addiction to opioids came on very quickly." When she couldn't get enough pills to maintain a high, Lisa turned to heroin.

"For a long time, I hid my addiction from my family, which I did by avoiding them as much as I could. My mom got suspicious when I started losing weight, but I blamed it on trying to reinvent myself after the divorce." It wasn't long before Lisa began stealing from her family to support her habit. "I treated them the worst. I was in denial that I had a problem," she admits.

Photos by Whitney Morgan Photography

"I finally hit rock bottom"

Soon after, Lisa met Bruce Marshall, and they started building a life together in 2016, eventually getting married. However, six months in, things began to unravel. "He started putting two and two together and became suspicious when I would leave. He saw on Google Maps that I was at a house in a bad location and showed up there. He didn't know how to help me, and I wasn't ready for help."

Due to Lisa's addiction, Bruce moved out. Lisa tried medication-assisted treatment (MAT)—a program in which a person takes a medication that helps reduce opioid cravings—three times but never stuck with it. "I would start, fail the screens and quit." Following her third failed attempt, Lisa nearly died when a "friend" gave her a heroin hot shot (heroin laced with a mix of strong opioids).

Finally, Lisa hit her rock bottom after her apartment was broken into and her car was stolen. "I remember standing in my empty apartment wrecked. I didn't know what to do. I'd lost everything. I realized I had to fix this. I decided to go to detox for seven days."

Alone in the apartment, Lisa called Bruce. "I told him, 'I don't want to die, but it's coming.' " Bruce sensed the brokenness and desperation in Lisa's voice and moved back in the night before she started the detox program. "I wrote him a letter each of the seven days I was gone and gave him the stack to read when I returned. He's been my biggest cheerleader."

"Switching to a monthly injection was a turning point"

After finishing detox, Lisa once again began MAT, relying on a medication she had to take daily. It wasn't ideal, and she was worried it was going to derail her again.

"Then a friend sent me an article about a monthly MAT injection." Lisa researched and found a practitioner, Kristie Sisler, FNP, who agreed to meet and discuss making the switch. "Our meeting was the biggest pivot in my recovery. I went from thinking about addiction every single day to feeling normal again. The shot is a temporary pain for a clear head."

Lisa wasn't the only one who saw changes from the new treatment. "Everyone around me noticed. My mom remarked, 'You're in such a good mood! You're acting differently. You seem rested.' The feeling was a breath of fresh air."

Lisa finally felt free to be the wife, mother and daughter she wanted to be. After taking the shots monthly for a year, Lisa skipped one. She experienced no withdrawal symptoms and decided she no longer needed MAT to stay sober.

Today, still drug- and alcohol-free, Lisa is actively helping others on the road to recovery. She is a state-certified peer recovery support specialist (PRSS) with Family Options Providers, LLC, specializing in MAT and harm reduction. "This is one of the best jobs I've ever had. It makes my recovery even stronger because I'm helping and advocating for others. I see bits and pieces of myself in them."

Next year, she will complete a PRSS Doula certification, which will allow her to support expectant moms through pregnancy, childbirth and beyond. Lisa's life has come full circle, and she's thankful for her redemption story. "I wouldn't change all of the stuff I've gone through. I'm a better version of myself than I could ever be, and it's because of my journey from addiction to recovery to now. It's a story of hope, and I want others out there in the throes of addiction to know that change is possible."

TRIUMPHING OVER YOUR TRIGGERS

When it comes to recovery, one of the toughest aspects can be overcoming the everyday hurdles. Here, Brittany Deruosi, an Addiction Recovery Management Service (ARMS) recovery coach at Massachusetts General Hospital—who is, herself, in recovery—shares her top strategies. Ask your healthcare provider if they're right for you!

For euphoria urges,
TRY AEROBIC EXERCISE.
"You want to be exhausted and happy in a healthy way," says Deruosi. And research shows that doing moderate to vigorous workouts can activate the reward center of the brain, according to the Centers for Disease Control and Prevention. So, grab a calendar and fill in at least three days a week with cardio activities like brisk walking, running, hiking, swimming or cycling.

For stress relief,
TRY MIND-BODY THERAPIES.
Techniques like yoga, guided meditation, mindful walking, breathing techniques and art and music therapy can promote emotional, physical and psychological well-being. "These practices have been helpful for many of the people I work with to recognize their thought patterns, learn new ways to cope with anxiety and recognize high-risk situations that could lead to relapse," says Deruosi.

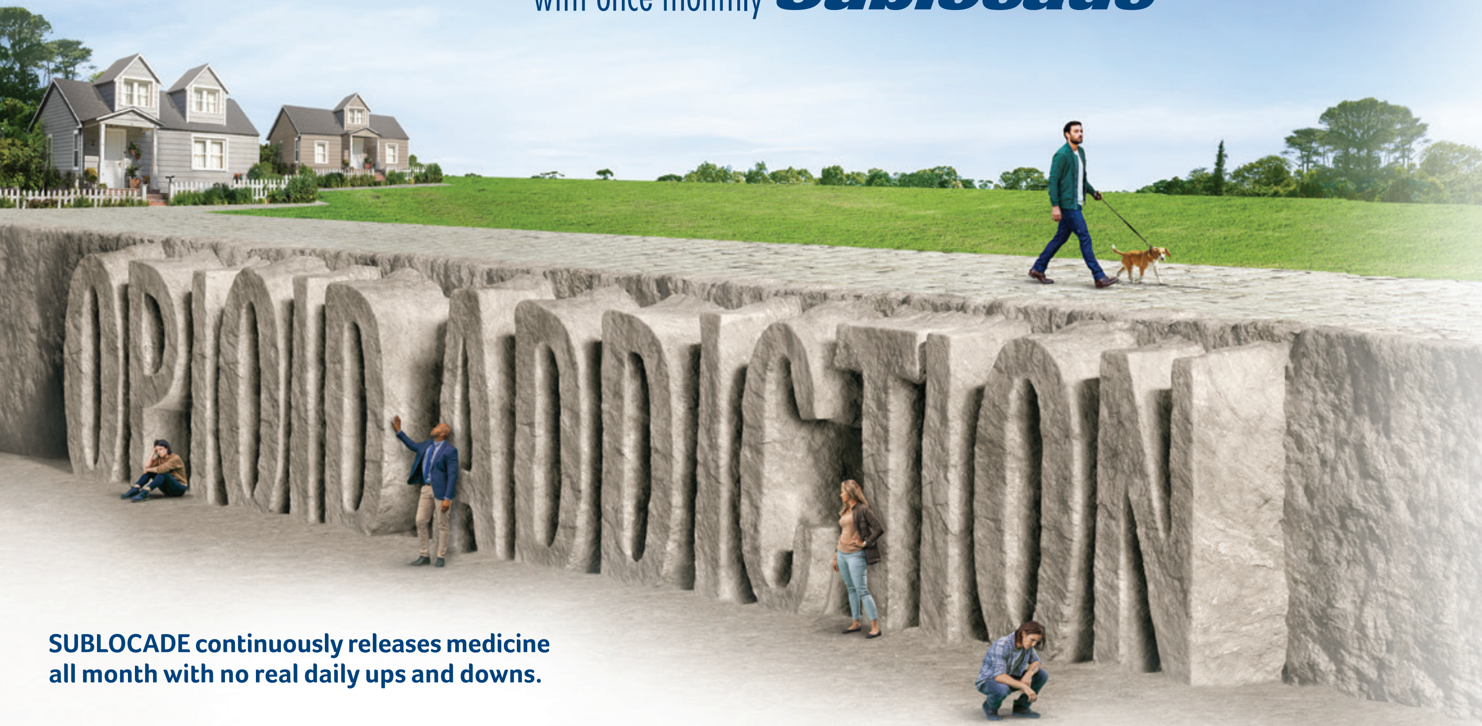
For loneliness,
TRY MUTUAL-HELP GROUPS.
Peer support and positive connections can help people achieve long-term recovery, according to the National Institutes of Health HEAL Initiative. "It's vital to have a supportive network," says Deruosi. "Anonymous addiction meetings, sober friends, treatment recovery coaches and cognitive and behavioral therapists are all great options."

For environmental triggers,
TRY DESENSITIZATION TRAINING.
Deruosi notes that things like a street corner where drugs may be available are common triggers for those in recovery. What worked for her? First was finding a different route to avoid encountering old associates or buildings. "Once you feel more confident, the next challenge is to go past the trigger with a trusted friend. Repeat it until the new attitude is 'this isn't part of my life anymore.' It's a step-by-step process but you can get there!"

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

KEEP MOVING TOWARDS RECOVERY

with once-monthly **Sublocade®**



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

Individuals depicted are for illustrative purposes only.

SUMMARY OF IMPORTANT SAFETY INFORMATION

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

Because of the serious risk of potential harm or death from self-injecting SUBLOCADE into a vein (intravenously), it is only available through a restricted program called the SUBLOCADE REMS Program.

- **SUBLOCADE is not available in retail pharmacies.**
- **Your SUBLOCADE injection will only be given to you by a certified healthcare provider.**

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

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

SUBLOCADE may cause serious and life-threatening problems. Get emergency help right away if you:

- feel faint
- feel dizzy
- are confused
- Feel sleepy or uncoordinated
- have blurred vision
- have slurred speech
- are breathing slower than normal
- cannot think well or clearly

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

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

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

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

Who should not take SUBLOCADE?

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

Before starting SUBLOCADE, tell your healthcare provider about all of your medical conditions, including if you have:

- trouble breathing or lung problems
- a curve in your spine that affects your breathing
- Addison's disease
- an enlarged prostate (men)
- problems urinating
- liver, kidney, or gallbladder problems
- alcoholism
- a head injury or brain problem
- mental health problems
- adrenal gland or thyroid gland problems

Tell your healthcare provider if you are:

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

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

What should I avoid while being treated with SUBLOCADE?

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

Scan here to learn more

— OR —

Visit www.SUBLOCADE.com, and ask your healthcare provider if SUBLOCADE is right for you.

What are the possible side effects of SUBLOCADE?
SUBLOCADE can cause serious side effects, including:

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

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

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

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

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

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"We're getting back what we lost!"

Cassidy and Alexander know firsthand how much opioid addiction can take over your life. Read on to learn how they moved past setbacks, took control and found true freedom in recovery. —DANIELLE TUCKER

Photo by cwhitefilms.com

> "Get the support you need."
>
> CASSIDY TAYLOR, 41
> FAYETTEVILLE, WV

Growing up, Cassidy was driven to success—she was an accomplished athlete, honor student and college scholarship recipient. Drugs and alcohol didn't factor into her plans. But as a young adult, she started going to concerts and shows where drugs were extremely prevalent (see p. 20 for more on navigating the music scene after battling addiction). What started as occasional pot smoking progressed to daily smoking and eventually to a pain pill addiction after she had her wisdom teeth removed. From that point on, Cassidy would be caught in a downward spiral that would last for almost seven years. Today, thanks to medication-assisted treatment (MAT), Cassidy is reclaiming her lost years and making every moment count. Here, she shares the tips she's learned along the way.

Find specialized support.

Cassidy was at the peak of her opioid addiction when she became pregnant with her daughter. A move from Maine to Virginia was a game-changer when she found an OB/GYN who specialized in addiction. "I was terrified for my baby, but he put me on MAT for the duration of my pregnancy. As a precaution, my daughter stayed in the NICU for 10 days, but she was perfect and healthy."

If you're on MAT, make sure you don't run short.

Cassidy thought she was prepared with an ample supply of medication when she made another move with her family. "I left with a month's supply of MAT but had difficulty seeing a new practitioner to renew my script. Due to that, I ran out and my opioid cravings came back with a vengeance. I went through awful withdrawal for nearly a month. Access needs to be better!" Unfortunately, Cassidy's withdrawal led to a six-month relapse. "I was miserable. I was unable to actively participate in being a mom. Family members had to step in and take care of my daughter. I decided then that I was done!"

Use the right strategy.

At the time, there were no long-acting MAT options available, and Cassidy feared what would happen if access to her daily medication was cut off again. So she entered an outpatient detox program and eventually transitioned off medication altogether. "MAT was an essential first step for me for sobriety; I will always be thankful for it and what it did for me." While some people do benefit from staying on MAT indefinitely, for Cassidy the detox program was a success. Now 13 years sober, her life has changed dramatically. "When you don't have to live one hour to the next and hide your addiction, it's so freeing. It wasn't easy, but we have a beautiful life now!" ►

"It's a long road, but it's worth it!"

ALEXANDER MANZONI, 38
SPOKANE, WA

Author and poet Alexander Manzoni started using drugs at a young age. In his early teens, he had a reputation around town for inhaling gasoline and eventually graduated to opioids and stimulants in young adulthood. As he began writing his first novel at 16, he was enamored by the works of author Hunter S. Thompson, who often credited the use of drugs for his creativity—Alexander was convinced that drug use would inspire his writing, as well. He also battled bipolar disorder and often turned to street drugs to regulate his mood. After several failed rehab attempts, jail time and homelessness, he would turn his life around with the help of inpatient recovery, individualized therapy and medication-assisted treatment (MAT). Here are his top tips for navigating the journey to sobriety…

Do it for yourself.

There were many times that Alexander's family pleaded with him to seek help and he would make the attempt only to fall on old habits. "I was sent to a recovery house, but I'd save my urine in bags so I could pass drug tests and still continue to use drugs on the weekends. I was resigned to be an addict." In 2014, feeling lost and like he needed a new direction, he left everything behind and decided to move to Spokane. "I really had no plan—no job, nowhere to stay. I took a week-long train trip to get there with just $15 in my pocket." The journey and change of scenery did the trick. When he arrived in Spokane, he found a job and an apartment, and he also met his long-time girlfriend, Sophia, with whom he now has a son. He eventually entered a recovery program and, with the help of MAT, "changed his life for the better."

Keep going—even if you stumble.

"You won't see major changes overnight. A misstep or two is not the end of the world. You have to give yourself grace and get back to it." Alexander has lost many friends to the ravages of addiction, and remembering them helps him stay on track. "I've lost 12 to 15 friends. I try to live for those who've gone before me. There was a time when I didn't care about anything or anyone, but today, I'm trying to regain some of what I lost. I want to be a good influence and encourage my son to make good decisions."

Write your own story.

Throughout his addiction and recovery, Alexander never stopped writing. He began a journal recounting his experiences, which he eventually turned into a novel that he recently self-published under the title *The Spokane Story*. "It's a 10-year labor of love, my pride and joy. It's a story of redemption. I wanted to include heroes for people living on the street but also make it clear that you won't change their thinking or actions by beating them over the head." If you'd like a copy of his book or to read more about Alexander's journey, contact him on Instagram and TikTok *@writingmanzoni*.

"You won't see major changes overnight. A misstep or two is not the end of the world. You have to give yourself grace."

Health Monitor

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Tools for your journey

HOW TO TALK TO YOUR MEDICAL PROVIDER ABOUT PAIN

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

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

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

THE HELP YOU NEED NOW!

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

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

ADDITIONAL RESOURCES:

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

Q A

Answers to your questions about opioid use disorder

MAKING SOBRIETY STICK I have been determined to beat my opioid addiction for months, but I'm stuck in a cycle of quitting cold turkey and then relapsing. I tried going to NA meetings a few times, but they weren't my vibe at all. Are those the only types of support groups out there? Are there others you recommend? Is there anything else I can try to make my sobriety stick better?

A: While the experience you've described is common among those recovering from addiction, its commonality doesn't make it any less frustrating– but you should be proud of your efforts. The truth is, while going cold turkey is often cited as the main strategy to quit an addiction, it is not typically successful for those affected by severe substance abuse disorders. One reason: Through a process called neuroadaptation, your brain adjusted to more and more opioid use, which drove to worsening cravings. It can take months for your brain to readjust. So I would suggest talking to a healthcare provider about medication treatment options like buprenorphine or naltrexone to help manage those cravings. That will help your brain gradually readapt to being sober, which will make you less likely to relapse.

Regarding NA, there are certainly other support groups out there. A fair amount of people also try AA instead and tend to find that shift helpful; others try SmartRecovery meetings. You can also build community support and help through things like sober gyms or other sober social gathering clubs. *MeetUp.com* can be one source to find those near you.

Depression concerns

Q: *I was prescribed painkillers in college after I got injured during a basketball game—a sport I had hopes of going pro with. I became addicted after I found out I could no longer play the sport I loved; the pills felt like they were helping me manage both my physical and emotional pain. Now that years have passed, I know I should quit, but I'm scared of how I'm going to feel if I get sober again. What do I do if and when the crushing feeling of depression comes back?*

A: Being injured in sports and receiving a prescription for painkillers is an all-too-common pathway to becoming dependent. When the injury is compounded by losing something you love, it's easy to understand how you fell into a depression. However, stopping the use of an opiate is only part of the story to wellness for many people. Getting into therapy to help learn skills to manage your mental health symptoms will help you better address your substance use. It may also be helpful to talk to a psychiatrist to see if they would suggest any medication to help with the depression and any ongoing cravings for opiates. Finding other pleasurable, rewarding activities will also be key to your recovery journey.

OUR EXPERT: **James McKowen, PhD,** Licensed Psychologist, Assistant Professor of Psychology, Harvard Medical School/ Massachusetts General Hospital and Clinical Director, Addiction Recovery Management Service, Massachusetts General

The new way to love *live music*

How sober concert venues are changing the game—and building communities—for those battling addiction. —AMY CAPETTA

Over the years, legendary musicians have spoken about the profound effects creating, playing and listening to tunes can have on one's life:

"You can tell your guitar things that you can't tell people. And it will answer you with things people can't tell you."
—Paul McCartney

"Music has healing power. It has the ability to take people out of themselves for a few hours."
—Elton John

"Music is powerful. As people listen to it, they can be affected. They respond."
—Ray Charles

However, there can be a dark side to the music scene, regardless of whether you're the person singing on stage or clapping in the audience. Numerous artists such as Eminem, Keith Urban, Ozzy Osbourne, Eric Clapton, Steven Tyler and Elton John have shared their personal battles with addiction–and roads to recovery. ►

The concertgoer's temptation

When it comes to the concertgoer, the American Addiction Centers reports a deep-seated connection between intoxication and live music events. In fact, statistics from their latest survey reveal that 57% of people attending festivals admit to drinking alcohol and using drugs (ranging from marijuana to ecstasy, hallucinogens, cocaine, benzodiazepines and opioids).

Interestingly, the researchers found that the music genre plays a role: Electronic dance music topped the list, with more than 67% of concert attendees admitting to consuming drugs and/or alcohol during a show, whereas between 62% and 50% of listeners of heavy metal, alternative, Indie rock, reggae, hip-hop, folk, classic rock and blues concerts reporting being intoxicated. Even classical musical isn't immune: Nearly 4 in 10 people surveyed participated in drug or alcohol use before taking their seat at the opera, ballet or symphony.

The sober alternative

"Listening to music without chemicals is a beautiful thing, and we're trying to help people understand that you can still have that connection—mind, body and spirit—without them," says Ryan O'Brien, a licensed alcohol and drug counselor at the Massachusetts General Hospital Charlestown HealthCare Center in Boston, who has been in long-term recovery for a decade. "My activity in the music community has not only been a part of my recovery, but it's also where I work."

In fact, these days, Ryan provides (as well as receives) support and solace by working with recovery groups within the music industry. And key to those efforts are sober music spaces: small venues to stadium-sized arenas around the country where those in recovery can attend an alcohol-free, drug-free concert. Groups (such as 1 Million Strong and Sober AF) and festivals (like Sober Fest in Houston and the Phoenix Rising Music Festival) offer such experiences—sometimes with a wellness tent where you can grab a mocktail!

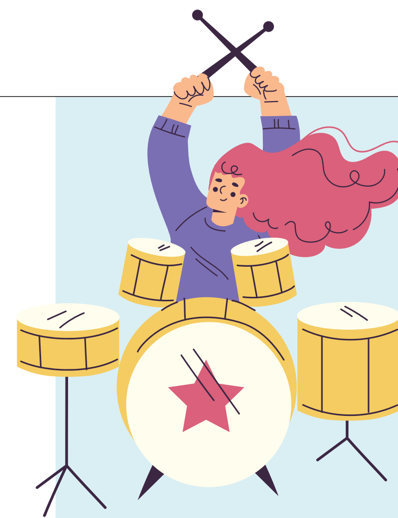
"There's a lot of fear in getting clean and then going back to a place where many of us were inebriated—and I speak from experience," continues Ryan, who works at recovery tables during performances, doing everything from handing out literature to chatting with those who stop by. "It can be scary, but meeting like-minded folks in recovery, feeling welcomed, finding strength in numbers and being able to make that connection through music is beautiful. Today I'll even bring my two kids, ages 8 and 10, to shows. If you're looking for a safe space, it's there."

In addition to safety, sober music spaces also provide something invaluable: the "permission" to let go and have fun belting out your favorite songs at concerts.

Sober music experiences near you

To find a sober-music group, Ryan advises heading online (whether it's Google or a social media app) and typing in the terms "sober festivals" and "sober concerts," as well your favorite artist or band's name or the word "recovery" into the search engine. "It's becoming a worldwide movement," he adds. "Awareness is everywhere because people are sober curious—there's a spiritual revolution going on!"

"There's a saying on p. 32 of *The Big Book of Alcoholics Anonymous:* 'We absolutely insist on enjoying life.' Even though our past may be dark, our future is bright. We have an illness, a disorder, a disease—whatever label you want to put on it—that we can overcome. We do not have to hang our heads in shame. The whole point of recovery is to enjoy life—and I am an example that it can be done."



4 WAYS MUSIC THERAPY CAN HEAL

Music therapy is often prescribed along with medication and other types of interventions for all sorts of conditions, including addiction. During a session, people are typically encouraged to do at least one of the following tasks: listen to music, discuss the lyrics of a song, create music, sing or move to the rhythm of a song.

In fact, Massachusetts-based licensed alcohol and drug counselor Ryan O'Brien leads recovery groups through a 26-week program where they discuss the themes of addiction, sadness, fear and seeking sobriety found within song lyrics. For example, Pink Floyd's "The Wall" ("I don't need no arms around me. And I don't need no drugs to calm me. I have seen the writing on the wall. Don't think I need anything at all.") and Fiona Apple's "Fast As You Can" ("I let the beast in and then I even tried forgiving him, but it's too soon. So I'll fight again, again, again, again, again.")

So how exactly can music strengthen and restore? For one, a research article in *Frontiers in Psychology* reports that music serves as a companion and provides a feeling of comfort. And other studies say music therapy has been shown to:

1 Reduce stress. An analysis of studies found that music therapy can significantly reduce stress-related symptoms—including lowering heart rate, lowering blood pressure and reducing worrisome thoughts. Interestingly, the type of the musical therapy—i.e., whether the person played an instrument, sang or just listened to music—did not have an impact on the overall effectiveness, according to the study in *Health Psychology Review*.

2 Lower anxiety. Studies have shown a significant correlation between opioid addiction and generalized anxiety disorder (GAD), suggesting that people with GAD are at a higher risk of developing opioid addiction, and vice versa. Yet study subjects instructed to listen to either relaxing music, the sounds of rippling water or no music at all found that those listening to music reported the lowest levels of the stress-hormone cortisol, according to research in *PLOS One*. A clinical trial also found that calming music and auditory beat stimulation (a technique that uses sound waves to create repetitive beats) could be effective in treating patients with moderate anxiety.

3 Ease depression. An analysis of 26 studies discovered that listening to jazz and classical musical or participating in drum circles (a group session of people playing percussion instruments together) over a series of multiple sessions may help decrease negative feelings associated with depression.

4 Limit cravings. Medical reviewers studied the data of multiple trials involving music therapy for people with substance use disorder, and their findings were promising: In three studies, the subjects reported that music therapy resulted in a reduction in cravings lasting one to three months.

Health Monitor Living

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Questions to ask at today's exam

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

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

2. How can we assess my readiness for treatment?

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

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

5. Will the medications used to treat OUD make me feel "high"?

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

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

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

On treatment and need help covering the cost?

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