

Heroin, Opioid and Prescription Drug Information and Resource Guide

This Guide was designed to help members of the seven North Shore communities in combatting drug use, abuse and addiction. It includes information on prevention, as well as identification and intervention strategies useful for families and community members.



NORTH SHORE
HEALTH DEPARTMENT

Serving the communities of Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood and Whitefish Bay, Wisconsin

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Given the alarming increase in overdoses and overdose deaths due to heroin, fentanyl, and abuse of prescription medications, community agencies including the North Shore Health Department saw a need to collect information and resources for citizens in our communities.



Each of the personal stories in this Resource Guide are excerpts from longer personal reflections, written in the user's or parent's own words. To read the stories in their entirety, visit www.redgen.org/stories-of-addiction-recovery/



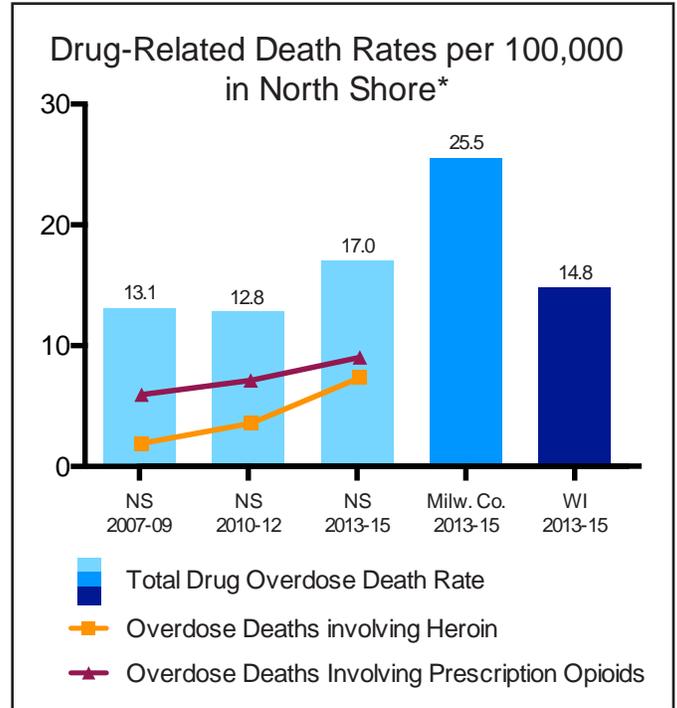
“Sophomore year in High School we had Chaz see a counselor because he was argumentative and unhappy. He did not want to be there so the counselor discontinued seeing him...in January of 2014 when Chaz moved home, we realized he had an addiction problem. We got him into an outpatient rehab center. It was at the intake interview that we learned that it was heroin he was addicted to. It was a complete shock that he would be doing heroin... Chaz went to outpatient counseling 3 times/week and AA meetings and seemed to do well for awhile...He fell back into old habits...When we once again realized what was happening, Chaz agreed to go...for detox. From there he went to a counselor that worked with a doctor that prescribed Suboxone and he began to use it. When we noticed he was not taking it, we again found signs that he was using...And the story continues with these cycles until he died, August 2016... Remember, your child does not want to be an addict—hate the disease, love him/her.”

—Betsy (Chaz P.'s mother)

Scope of the Problem

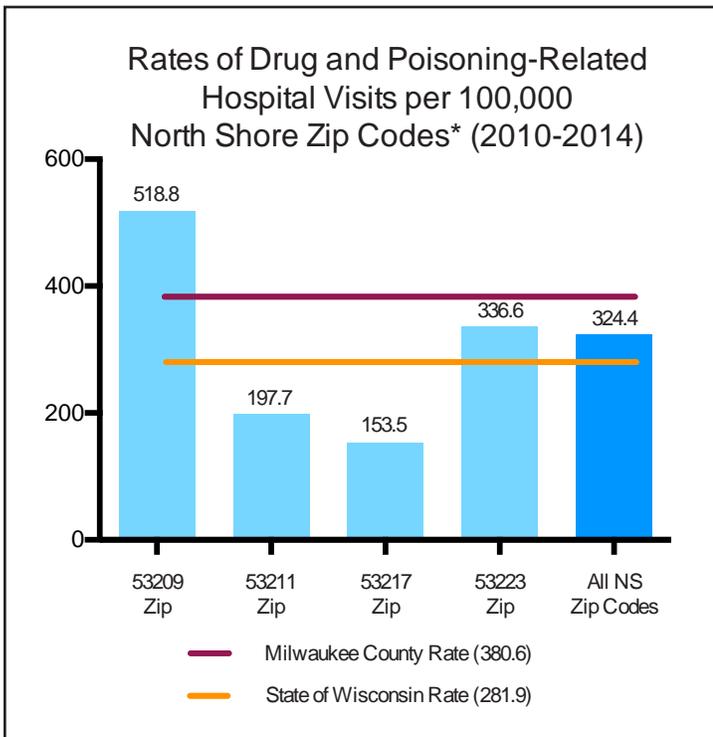
Drug Overdose Deaths in the North Shore by Zip Code*

- Over the past 10 years in the North Shore:
 - The total number of fatal drug overdoses increased by 30%.
 - The number of drug overdoses involving prescription opioids increased by 52%.
 - The number of drug overdoses involving heroin increased by almost 300%.
- In 2013-2015, 43% of fatal drug overdoses involved heroin compared to 15% in 2007-2009.
- In 2013-2015, the rate of drug overdose deaths in the North Shore was lower than Milwaukee County, but higher than Wisconsin.



Source: Wisconsin Department of Health Services, 2016

*North Shore zip codes are 53209, 53211, 53217, and 53223 and include data for North Shore and Milwaukee residents living in these zip codes.



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Trends in North Shore Drug Overdose Deaths

- In the North Shore and in Wisconsin most deaths are associated with multiple drug use, including heroin, opioid medications, depressants, anti-anxiety and antidepressants, alcohol, and other substances.
- The average age of someone in the North Shore dying of a drug overdose is 35 years old.
- Sixty percent of the North Shore residents who died were male.
- Most of the fatal overdoses occurred in the homes of those who died.
- Over half of overdoses occurred among people who had some college or a college degree.

Cycle of Addiction: Initial Drug Use

People initiate drug use for a variety of reasons, including the alleviation of emotional or physical pain. Alternatively, people may use drugs or alcohol in social settings for a variety of reasons including:

To feel good—the euphoria caused by opiates is followed by feelings of relaxation and satisfaction.

To feel better—stress, anxiety, and depression can all play a major role in abusing drugs.

To do better—stimulants and steroids can chemically enhance cognitive and athletic abilities.

Curiosity or peer pressure—teens are influenced by thoughts that “everyone is doing it.”

Intervene Early
Early behavioral health interventions/treatment can stop the cycle. For a link to find providers, see page 17.



“My prescription drug use started with the removal of my wisdom teeth. I really liked how it felt. When I went to college, I was offered those same pain pills again. My addiction to pain pills led me down a dark and dangerous path. My drug use led directly to heroin.”

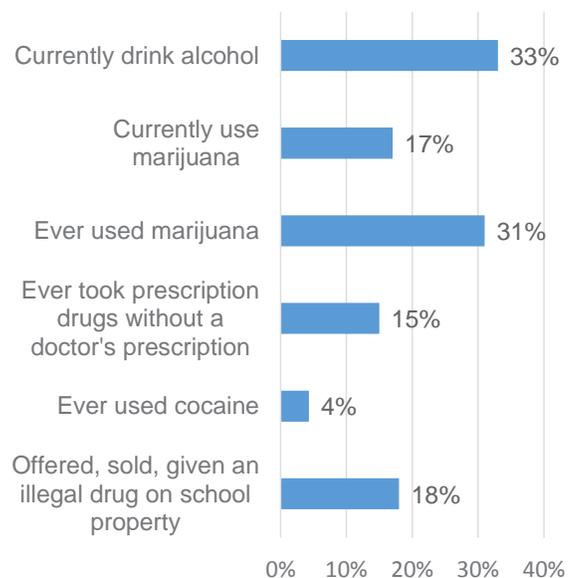
—Asher K., sober since September, 2015



“My drug use started with marijuana. I did it once and fell in love with it. My pot use became an everyday thing for about a year. Then one of my friends gave me an Adderall, which would become my drug of choice. I manipulated my doctor into writing me a prescription and I was off to the races. Never once did I take my dose as prescribed. First it was 100 mg/day, then 200 mg, and by the end I was taking up to 300 mg of Adderall, smoking weed, and doing any other pills I could find on top of that. The first time I did a prescription drug was when I was 17 years old. This continued for 3 years for me.”

—Taylor D., sober since May, 2016

Alcohol and Drug Use
WI High School Students, 2013*



*Wisconsin Youth Risk Behavioral Survey, 2013 (Most current data available on youth drug and alcohol use).

Cycle of Addiction: Risk and Protective Factors

Research has shown that the key risk periods for drug abuse occur during major transitions in people’s lives. Key transition times include:

- **Elementary school to middle school/junior high school**—Due to a wider peer group and greater academic performance expectations, students may encounter cigarettes, alcohol, and drugs for the first time.
- **Entering high school**—Because of additional social, psychological, and educational challenges, students may be exposed to greater availability of cigarettes, alcohol and drugs and attendance at social engagements involving alcohol and drugs.
- **Late adolescence**—Moving away from home and away from parental supervision (for example, to attend college) may introduce substance abuse, particularly alcohol, as a problem during this time.
- **Young adulthood**—Newly entering the workforce or getting married can cause people to confront new challenges and stressors that may place them at risk for alcohol and drug abuse in an adult environment.

Strengthening protective factors for children and adolescents at multiple levels can help them successfully navigate these transition periods.



Risk Factors	Domain	Protective Factors
Early aggressive behavior, early use, mental health issues	Individual	Self control, resiliency
Lack of parental supervision, history of family addiction, availability of substances	Family	Parent monitoring, positive parenting style
Negative relationships, poor social skills	Peer	Positive friend groups
Drug availability, academic failure, unengaged in school/recreational activities	School	Anti-drug use policies, academic competence, involved in school
Poverty, proximity to drug activity	Community	Strong neighborhood attachment

Cycle of Addiction: Abuse and Addiction

What is drug abuse?

Drug abuse is an extreme desire to obtain and use increasing amounts of one or more substances. The use of drugs begins to cause problems in an individual's life.

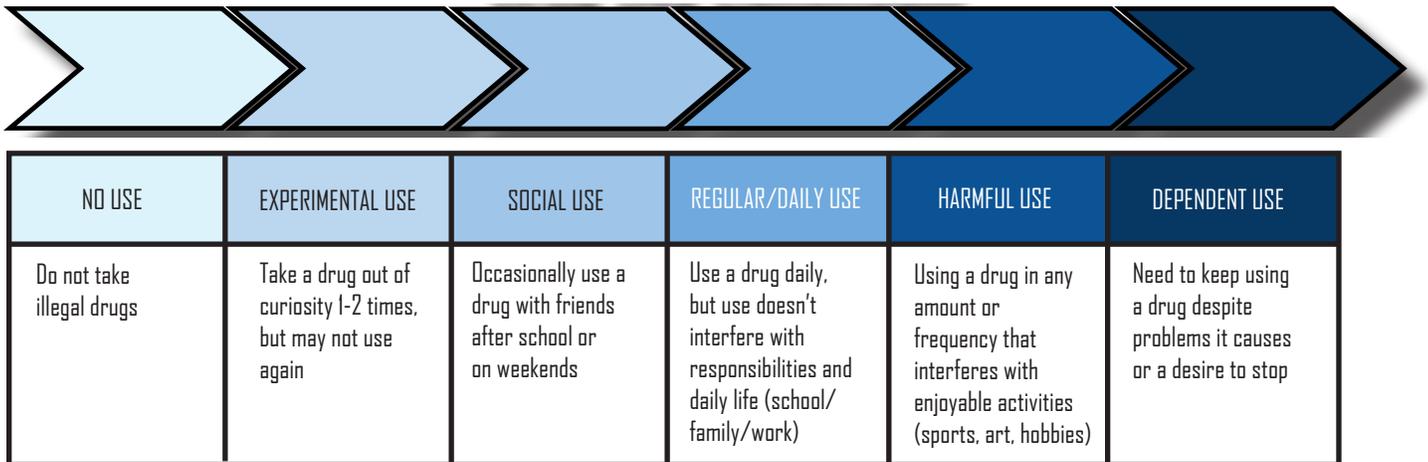
What is drug addiction?

Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.

What are the symptoms of addiction?

- Tolerance, or developing resistance to the substance over time
- Withdrawal, a painful or unpleasant physical response when a substance is withheld
- Inability to control drug use
- Continued drug use despite negative consequences
- Devoting a significant amount of time to getting drugs
- Avoidance of school, family, work, or social activities

DRUG USE CONTINUUM



Many factors contribute to the likelihood of addiction. These can include:

Biology/Genes—Scientists estimate that genetic factors account for 40-60% of a person's vulnerability to addiction.

Environment—Chaotic home and abuse, family use and attitudes, peer and community may influence addiction.

Early Use—The earlier a person begins to use drugs the more likely he or she will develop a problem.

Methods of Administration—Smoking or injecting a drug increases its addictive potential.

Prescription Medications

Some medications have psychoactive (mind-altering) properties and, because of that, are sometimes abused. Abuse happens when prescriptions are taken for reasons or in ways not intended by a doctor, or taken by someone other than the person for whom they are prescribed. Prescription and over the counter drugs are, after marijuana and alcohol, the most commonly abused substances by Americans fourteen and older. Below are some examples of commonly abused prescription medications.

Pain Medications are among the most abused prescription medications among adults and teens. Prescribed as painkillers, or analgesics, these opiates can be ingested in various ways. Prescription opiates are typically taken in pill form and sometimes with alcohol to intensify the effects. They can be crushed to sniff, snort, or inject, similar to heroin. Some commonly abused medications are listed below. The medication brand name is in brackets.

- Oxycodone [Oxycontin, Roxicodone, Percocet, Endocet, Percodan]
- Hydrocodone [Vicodin, Lorcet, Lortab, Norco]
- Codeine [Promethazine Syrup with Codeine, Tylenol w/Codeine]
- Hydromorphone [Dilaudid]
- Meperidine [Demerol]
- Methadone [Dolophine, Methadose]
- Morphine [MS Contin]
- Fentanyl [Sublimaze]

Sedatives are prescribed to treat anxiety, insomnia, for smoking cessation and as muscle relaxants. The most abused include:

- Alprazolam [Xanax]
- Clonazepam [Klonopin]
- Diazepam [Valium]
- Lorazepam [Ativan]
- Temazepam [Restoril]
- Zolpidem [Ambien]

Stimulants are prescribed to treat Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD). Abused medications include:

- Dextroamphetamine/amphetamine [Adderall]
- Methylphenidate [Ritalin, Concerta]

Anabolic Steroids are prescribed to treat anemia or boost testosterone production. Those which can be abused include:

- Oxymetholone [Anadrol]
- Durabolin [Nandrolone Phenylpropionate/Decanoate]
- Depo-Testosterone [Testosterone Cypionate injection]

Cough/Cold Medicines, either via prescription or over-the-counter, are psychoactive when taken in higher-than-recommended amounts.

- Dextromethorphan (DXM) [Zicam, Robitussin, Delsym]
- Promethazine-codeine cough syrup [Phenergan, Phenadoz]

Mixing Alcohol with Medicine:

Alcohol, like some medications, can make you sleepy, drowsy, or lightheaded. Combining alcohol with medications can cause vomiting, headaches, drowsiness, fainting and loss of coordination. Combining alcohol and prescription pain medications may cause dangerous slowing of heart rate and breathing leading to coma and death.

Pill Identification Tool

Visit webmd.com/pill-identification/ to view images and to look up the identification of unknown prescriptions or over-the-counter pills.

Includes: pill identifier, drug look-up, pictures of commonly abused pills, common pill imprints, and information about prescription drug abuse.

Cycle of Addiction: From Prescription to Illegal Drugs

How Does an Individual Go From Prescription Pills to Heroin or Other Illegal Drugs?

Prescription drug use is a major risk factor for heroin use. Current research suggests that 80% of heroin users report using prescription pain relievers prior to heroin; however, only four percent of people who abused prescription pain relievers started using heroin within five years (Muhuri et al, 2013). This research suggests prescription drug abuse is only one pathway to heroin and that heroin users are likely to be frequent users of multiple substances. People who transitioned from prescription opioid abuse to heroin say that heroin is cheaper, more available, and provides a better high.

Illegal (Street) Drugs

Cannabinoids: Marijuana, Hashish

Opioids: Heroin, Opium, Fentanyl

Stimulants: Cocaine/Crack, Methamphetamine

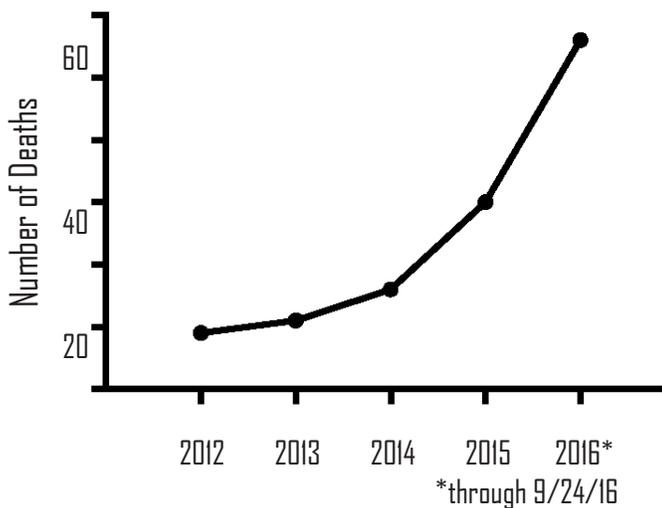
Hallucinogens: LSD, Mescaline, Psilocybin (mushrooms)

Club Drugs: MDMA (Ecstasy)

Synthetic Cathinones: MDPV (bath salts)



Milwaukee County Fentanyl-Related Overdose Deaths



Of the 191 opioid-related overdose deaths between January 1, 2016 and September 24, 2016, 29% involved the drug fentanyl. In 2015, only 13% of opioid related overdose deaths involved fentanyl; the rate of overdose deaths involving fentanyl for the first nine months of 2016 alone already surpasses the rate for all of 2015.

Data analysis: Medical College of Wisconsin Department of Emergency Medicine;
Data Source: Milwaukee County Medical Examiner – Opioid-related overdose deaths Jan 1, 2012 - Sept 24, 2016.

Fentanyl-laced heroin

is worsening the nation's overdose crisis. Some drug dealers increase the potency of heroin with an illicit version of the anesthesia drug fentanyl. Fentanyl and fentanyl analogues (drugs structurally similar to fentanyl) are up to 100 times more powerful than morphine and 30-50 times more powerful than heroin. Fentanyl and its analogues are potentially lethal, even at very low levels, and dealers are not likely to disclose the fentanyl content.



"Somewhere in my Sophomore year someone gave me heroin disguised as 'Xanax that was already crushed up...' I did that for a few weeks under the impression that it was Xanax, and then the boy who was giving it to us told us what it really was and at that point I was already physically addicted and didn't stop again till I got clean."

-Chloe S., sober since September, 2015

Prevention: Minimizing Access to Prescription Medications

1

Where do Teenagers Get Prescription Drugs?

- Sixty-four percent of youth ages 12-17 who have abused pain relievers say they got them from friends or relatives, often without the other person's knowledge.
- More than half of teenagers say prescription pain relievers are easy to get from the medicine cabinet at home.
- Almost 40% of youth ages 14-20 say it is easy to get prescription drugs online or by phone.
- Research says, however, that while less than one percent of teens acquire prescription drugs from the Internet, they do visit manufacturer and pro-drug websites to obtain dosage information, identify pills, learn about drug interactions and effects, and to find out how to pass drug tests.

2

Eliminate Access to Medications

- Keep medications in a locked drawer, cabinet, toolbox or lock box—include pets' medications and grandparents' medications.
- Dispose of medications once they are not in use.
- Do not fill prescriptions if drugs are not needed.
- Shred or destroy prescription slips if not intending to fill.

The majority of teens and young adults abusing prescription drugs access them from theirs or another's home
—National Safety Council, 2014

3

Ask Questions of Your Physician Before Filling an Opioid Prescription

- What are some alternatives for pain management?
- Can you prescribe a non-opioid pain medication?
- If my child must take opioids for pain relief, how can I minimize risks of dependency?
- If you must prescribe an opioid, will you please limit the quantity?

4

Educate Your Children, Monitor Their Behavior, and Know the Legal Consequences

- Communicate dangers of abusing pain medications to children regularly; ONCE IS NOT ENOUGH!
- Share your knowledge, experiences and support with other parents/community members.
- Take inventory of medications; for a printable home inventory, visit www.trumbullmhrb.org/pdfs/Inventory-Card.pdf.
- Discuss your family's genetic disposition to addiction with your children, if one exists.
- Explain that it is a federal offense for any individual to take a drug that is not prescribed to them.
- Set clear rules, monitor behavior, and lead by example.

Prevention: Minimizing Access to Prescription Medications

Medication* Disposal Information from the North Shore Police Departments

Police department collections are open to residents within the participating community.

Village	Address	Phone number	Availability
Bayside	9075 N Regent Rd.	(414) 351-9900	24 hours/ 7 days
Brown Deer	4800 W Green Brook Dr.	(414) 371-2900	M-F 8am-4:30pm
Fox Point	7300 Santa Monica Blvd.	(414) 351-8911	M-TH 8am-4pm F 8am-12pm
Glendale	5909 N. Milwaukee River Pkwy.	(414) 228-1753	24 hours/ 7 days
River Hills	7650 N Pheasant Ln.	(414) 247-2302	M-F 8am-5pm
Shorewood	4057 N Wilson Dr.	(414) 847-2610	M-F 8am-6pm Sat 8am-2pm
Whitefish Bay	5300 N Marlborough Dr.	(414) 962-3830	M-F 8am-6pm Sat 10am-2pm

*No injectable, illegal drugs, sharps (syringes or lancets), biohazards or liquid medications
 *Pills must be in a clear, zip lock type plastic bag; no pill bottles accepted
Call police department for current requirements



Courtesy of Shorewood Police Department

CVS Pharmacies have partnered with the City of Milwaukee and Metropolitan Milwaukee Sewerage District (MMSD) to launch a 2-year pilot drug mail-in program. Watch for more details. For additional drug drop-off locations, see takebackyourmedsmilwaukee.org/disposal-locations/



“I have also learned that it is SOOOOOOO important to either dispose of or lock up unused meds. I was careless about this and that is where Taylor got some of his drugs. If you are going to lock them up, get a safe; we locked up our meds in a metal box with a combination lock only to find out that it was pretty easy to break into.”

—Becky (Taylor D.'s mom)

Action: Suspicion of Use

Parents or friends may struggle with what actions to take if they fear their loved one is using or abusing substances. There are signs to look for, but several of the signs and symptoms of substance abuse are also, at times, typical adolescent behavior. Many are also symptoms of mental health issues, including anxiety or depression disorders.



Suggestions of Things to Tell Your Loved One

- You **LOVE** them and you are worried that they might be using alcohol or drugs.
- You **KNOW** that alcohol or drugs may seem like the thing to do, but using can have serious consequences.
- It makes you **FEEL** worried and concerned about them when they use alcohol or drugs.
- You are there to **LISTEN** to them.
- You **WANT** them to be a part of the solution.
- You **WILL** help them.

Know that you will have this discussion many, many times. Talking to your loved one about alcohol and drugs is not a one-time event.

Some Physical Signs to Look for

- Change in pupil size, bloodshot eyes, avoiding eye contact
- Poor hygiene/lack of care about appearance
- Red, flushed cheeks or face
- Nodding off
- Chewing gum or mints to cover up breath

For more specific signs, visit: www.drugfree.org/resources/is-your-teen-using-signs-and-symptoms-of-substance-abuse/

When Someone You Love is Addicted

- Educate yourself about addiction, searching reliable government (.gov), university (.edu), medical and research-based (.org) websites.
- Be aware of “Doctor Shopping”—the practice of requesting prescriptions from multiple locations.
- Attend family support groups such as Al-Anon, Ala-Teen, or Nar-Anon.
- Set boundaries and limits, making sure to support but not enable.
- Focus conversations toward recovery, not blame, and be a part of the process.
- Reinforce that addiction is an illness.
- Take care of yourself!

For more information: www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs



“I would say trust your gut. If something doesn't feel right with your child and you suspect something is going on, it probably is. My gut was right every time. There were days I hated that but am now grateful because I kept fighting for our son and will continue to fight for him for the rest of his life. The other thing that I can now say that I did that I wouldn't do again is that I enabled Taylor and his drug use. I gave him money, paid bills, had surgery and was careless with my own meds, numerous things that now that I have lived through this, I know that I did wrong.”

—Becky (Taylor D.'s mom)

Action: Overdose/Crisis

IF YOU SUSPECT AN OVERDOSE, CALL 911 IMMEDIATELY

Responding to an Opioid Overdose

1. Call for Help—Dial 911: All you have to say is: “Someone is not breathing.”
2. Give a clear address or description of your location.

Signs of **OVERMEDICATION**, which may progress to overdose, include:

- Unusual sleepiness or drowsiness
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure

Signs of an **OVERDOSE**, which is a life-threatening emergency, include:

- Extremely pale face and/or clammy to the touch
- Limp body
- Blue or purple-cast fingernails or lips
- Vomiting/gurgling noises
- Cannot be awakened from sleep or is unable to speak
- Very slow or stopped breathing
- Very slow or stopped heartbeat

More information at www.samhsa.org

For an Opioid Overdose

DO

DO support the person’s breathing by administering oxygen or performing rescue breathing.

DO try and wake the person by shouting, rubbing your knuckles on the sternum, or light pinching.

DO administer Narcan. (See page 14 for more information on Narcan.)

DO stay with the person and keep him/her warm.

DON'T

DON'T slap or try to forcefully stimulate the person—it will only cause further injury.

DON'T put the person in a cold bath or shower—this increases the risk of falling, drowning, or going into shock.

DON'T inject the person with any substance (salt water, milk, “speed”, heroin, etc.).

DON'T try to make the person vomit drugs that he or she may have swallowed.

Legal Issues: Opioid Use and Abuse

Good Samaritan Protections safeguard those who may attempt to rescue a person who is overdosing, including administering Narcan (Naloxone).

Wisconsin's Good Samaritan Statute (895.48) for emergency medical care says:

"Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care."

These protections further extend to immunity from criminal prosecution for calling 911, summoning a first responder, delivering a person to an emergency room, or for possession of drug paraphernalia, controlled substances or analogues, or masking agents (WI Statute 961.443).



Taking medication not prescribed for you is illegal.

- It is illegal to alter, change or manufacture a prescription to obtain any medicine.
- It is illegal to order prescription medication over the Internet or from outside the United States without a legal prescription.
- It is illegal to transfer any prescribed medication to any other individual. **Even giving a friend or family member one pill is an illegal act.**
- It is illegal to intentionally take a higher than prescribed dose of your own medicine.
- It is illegal to obtain a prescription for a controlled substance for any medical issue from a second physician, without advising the second physician that you have already received a similar prescription.

HOPE (Heroin, Opiate, Prevention, and Education) Agenda

The HOPE Agenda is a legislative effort, which has received unanimous bipartisan support, aimed at combating Wisconsin's heroin epidemic.

Learn more, and keep up on the newest legislation proposals at:
<http://legis.wisconsin.gov/assembly/hope/>



"We grounded Taylor, took away the car, kept him from hanging out with the friends he was using with, anything we could think of to try and keep him away from drugs. Eventually he was kicked out of our home numerous times and we finally had him arrested. Having him arrested was the thing that finally made him realize that he had a problem."

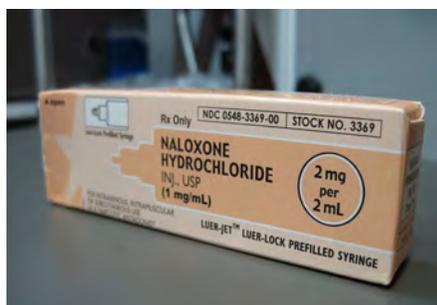
—Becky (Taylor D.'s mom)



"My advice to parents is to nip it in the bud if you find out your child is using. Explain to them the dangers of addiction in their childhood. My experience is that my parents, when they'd had enough, turned me into the police for stealing from them. That was the best thing that has happened to me because it's gotten me to where I am now."

—Taylor D., sober since May, 2016

NARCAN



Narcan (Naloxone) is a medication known as an opioid antagonist. It is available as an injectable or nasal spray. Because opioids depress the central nervous and respiratory systems, taking too much of one may stop a person from breathing, resulting in death. If given soon enough, naloxone can counter the overdose effects, usually within minutes, allowing an overdose victim to breathe normally.



“Once, I was already at the emergency room when they [used Narcan] because I was falling asleep again. I remember feeling like I was going to throw up. It was an odd sensation, like I could feel my body coming back to life. The opposite of what drugs did for me.”

—Asher K., sober since September, 2015

As of August 2016, pharmacies in Wisconsin can use a standing medical order written by the State’s Chief Medical Officer to dispense Naloxone to those at risk of opioid overdose, or to those who can help people at risk, including friends and family. This includes people who have a history of opioid use, people currently taking a high dose of prescription opioids, people with concurrent alcohol or medication use (including antidepressants), or with certain diseases such as HIV/AIDS, renal dysfunction, and respiratory illness, or caregivers who voluntarily request Naloxone.

Many insurance plans cover Naloxone. Check with your plan to determine coverage. For private payers, coupons are available online.



The AIDS Resource Center of Wisconsin also distributes Naloxone at its Prevention Center, located at 3716 W. Wisconsin Ave., Milwaukee, WI 53208 (phone 414-225-1608 or 800-359-9272). Naloxone is provided free of charge to anyone who completes a 15 minute training.

Naloxone is not a substitute for Emergency Medical Care. When administering Naloxone, always be sure to call 911 right away, even if the person wakes up. Keep the patient under surveillance or close watch. If breathing does not return to normal or if breathing difficulty resumes, give additional doses every 2-3 minutes until help arrives. Naloxone can wear off quickly, necessitating additional medical assistance.

Remember that Good Samaritan Laws in Wisconsin protect someone who calls 911 for a potential overdose from criminal prosecution for providing emergency care, or possession (see page 13 for specifics).



“The most scary time I’ve ever had to use Narcan was with one of my best friends...I started doing CPR and he wasn’t breathing or anything. I went and got my Narcan from my car and hit him with it once...a few minutes passed and he still hadn’t moved and I was freaking out...I ended up having to hit him 3 times with the Narcan and he FINALLY came to...I KNOW it...the new laws allowing anyone to get Narcan has saved my life many times over and many others that I have been around.”

—Chloe S., sober since September, 2015

Resources and Services: Treatment Options

Emergency & Acute- CALL 911

Detox and Withdrawal - An individual stops using prescription drugs and begins to overcome the physical dependence of the drugs. The effects of withdrawal will vary from person to person depending on frequency, dose, and length of time using. Individuals can seek help with withdrawal from a local emergency room, primary care physician or on a behavioral health unit.

Medical Intervention (Medication Assisted Therapy) - Medication (Suboxone, Methadone, Naltrexone [Vivাত্রol]) alleviates withdrawal symptoms and physical dependence of opiates. This can be a long-term solution that may require several years on the medication.

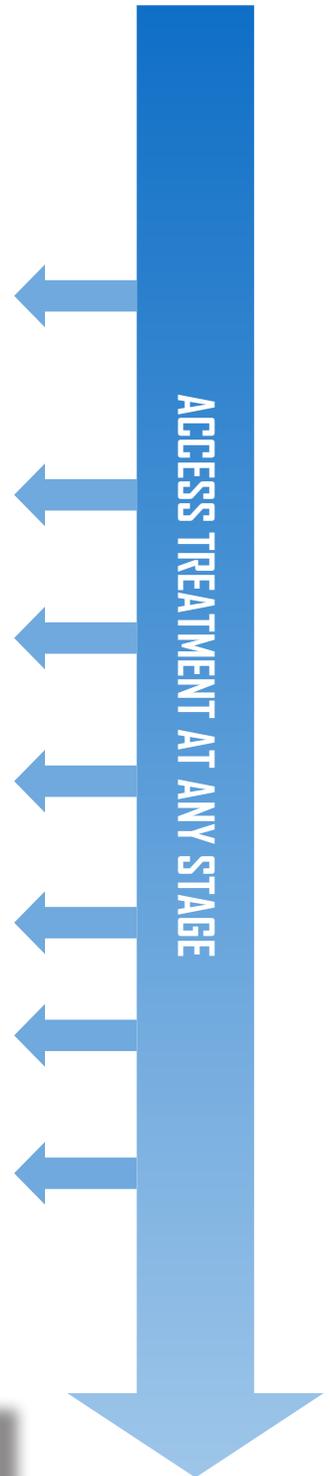
Inpatient Care - Behavioral health unit or psychiatric hospital with a length of stay from a couple of days to a couple of weeks. This involves detox and limited individual and group therapy.

Residential Treatment - Individuals reside for 28-90 days in a facility specific to substance abuse treatment. Individuals are immersed in treatment throughout the day.

Partial Hospitalization and Day Treatment - Individual attends daily treatment but stays home at night.

Intensive Outpatient - Individual attends group therapy that meets 2-4 times a week for more than an hour at a time.

Outpatient Counseling/Therapy - Individual therapy 1-2 times a week to address any previous trauma or pain that may have led to drug use. Counseling can also help identify any triggers and assist in preventing relapse.



When to Consider a More Intensive Level of Care

If the person:

- has been attending treatment consistently and following recommendations of the treatment but still uses
- is struggling with medical complications
- shows a decrease in level of functioning

Resources and Services: Finding a Network of Support

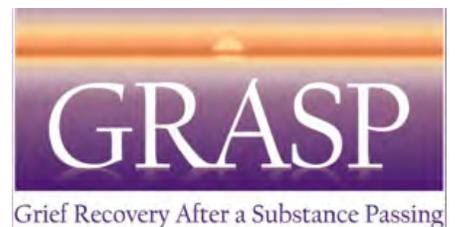
Survivors of opioid overdose have experienced a life-changing and traumatic event. They have had to deal with the emotional consequences of overdosing, which can involve embarrassment, guilt, anger, and gratitude, all accompanied by the discomfort of opioid withdrawal. Most need the support of family and friends to take the next steps toward recovery.

While many factors can contribute to an opioid overdose, it is not often associated with a suicide attempt. Moreover, the underlying problem that led to opioid use—most often pain or substance use disorder—still exists and continues to require attention. In addition, the individual who has experienced an overdose is not the only one who has endured a traumatic event. Family members and friends often feel judged or inadequate because they could not prevent the overdose. It is important for family members to work together to help the overdose survivor obtain the help that he or she needs.

FINDING SUPPORT

As with any disease, it is not a sign of weakness to admit that a person or a family cannot deal with the trauma of drug use, abuse or an overdose without help. It takes real courage to reach out to others for support and to connect with members of the community to get help. Health care providers, including those who specialize in treating substance use disorders, can provide structured, therapeutic support and feedback.

Source: Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 16-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.



GRASP provides help, compassion and understanding to those who have lost a loved one to substance abuse or addiction.

<http://grasphelp.org/>

Find additional local grief resources on page 18.

Recovery Options

After treatment, people often benefit from support during their recovery.

Support Groups are usually peer-driven groups or meetings that offer social supports and connections.

- For addicts (Alcoholics Anonymous - 414-771-9119 or www.aamilwaukee.com; Narcotics Anonymous, etc.)
- For families and supporters (Al-Anon, Nar-Anon, United We CAN, etc.)

Aftercare meets once weekly, facilitated by a therapist.

Transitional Living/Sober Living Houses are for a group of individuals living in a structured environment in efforts to maintain sobriety and are an option only after treatment is completed.

Resources and Services: Where to Find Help

Call 1-800-662-HELP (4357) or use the link below from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a full listing of substance abuse providers in Wisconsin.

Behavioral Health Treatment Services Locator: findtreatment.samhsa.gov

Find alcohol, drug, and mental health treatment facilities and programs around the country, including providers to address behavioral health issues before times of crisis.

Local Resources: Inpatient and Outpatient Treatment and Recovery Options

Aurora Psychiatric Hospital—414-454-6600 or www.aurorahealthcare.org/services/behavioral-health-addiction

Columbia St. Mary's/Ascension Behavioral Health—800-457-6004 or www.columbia-stmarys.org/Behavioral_Medicine

Exodus House—Kewaskum, WI—262-626-4166 or www.exodus-house.com

Froedtert/Medical College of Wisconsin Behavioral Health—414-805-3666 or www.froedtert.com/behavioral-health

Hazelden Betty Ford Foundation—Minnesota and Chicago -800-257-7810 or www.hazelden.org

Meta House—for women only; 414-962-1200 or metahouse.org

Nova Counseling Services—Oshkosh, WI—800-298-8170 or www.novaoshkosh.com

Rogers Memorial Hospital—800-767-4411 or www.rogershospital.org

Rosecrance—Milwaukee area—888-928-5278 or www.rosecrance.org/substance-abuse/ j

Shorewood House—Inpatient; for women only; 414-977-5890 or <http://www.shorewoodhouse.org/>

Transitional and Sober Housing: SALS Recovery Houses, Guest House of Milwaukee, Healing Point, Butterfly House, and many of those listed above also offer transitional and sober housing

Medication Therapy Treatment

Suboxone (Buprenorphine and Naloxone) Physician & Treatment Program Locator: Find information on locating physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers.

www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

Opioid Treatment Program Directory (Methadone Providers): Find treatment programs in Wisconsin and across the country that treat opioid addiction and dependence, including heroin and prescription pain relievers.

dpt2.samhsa.gov/treatment/

Vivitrol (Naltrexone): A medication therapy that acts differently than Suboxone and Methadone. Naltrexone binds and blocks opioid receptors, and is reported to reduce opioid cravings. Learn more at:

<http://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

Resources and Services: Phone or text



Local Resource Services

Includes Individual Support and Grief Recovery Services

Milwaukee County Services—

For individuals who are experiencing a mental health or substance abuse crisis, help is available 24 hours a day, 7 days a week, 365 days a year via the Crisis Line.

414-257-7222

<http://county.milwaukee.gov/BehavioralHealthDivi7762/CrisisServices.htm>

For community based mental health or substance abuse services, contact Milwaukee County Behavioral Health Division, Community Access to Recovery Services (CARS).

414-257-8095

<http://county.milwaukee.gov/BHD-CARS.htm>

COPE—Provides emotional support and crisis intervention through the COPE hotline.

262-377-COPE

<http://www.copeservices.org/>

IMPACT-211— Provides a central access point for people in need. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents to get connected to information and assistance.

211

www.impactinc.org/impact-2-1-1/

Starting Point—Builds healthy communities by empowering individuals and families through innovative substance abuse prevention and intervention resources.

1-262-241-1004

www.startingpointwi.org/

Wisconsin Public Health Information and Referral—Includes a listing of providers, searchable by zip code. Offers live chat and free 24/7 phone availability.

1-800-722-2295

<http://www.referweb.net/mchh/>

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The references listed throughout this resource guide may not be current.
No endorsement is intended or implied based on inclusion.

Find the most current edition at:
<http://www.nshealthdept.org/heroin>

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NORTH SHORE HEALTH DEPARTMENT

Serving the Wisconsin communities of Bayside, Brown Deer,
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