



# Cuyahoga County Opioid Use Disorder Information & Resource Guide

Developed by the MetroHealth Office of  
Opioid Safety's First Responders Project



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# What is Opioid Use Disorder?

Opioid Use Disorder (OUD) is a type of drug addiction. Addiction is a chronic brain disease in which a person continuously uses a drug despite negative and harmful consequences. Addiction is a brain disease because it changes the chemistry of the brain and how the brain works. Addiction affects a person's health, their behavior, and even how a person thinks and feels. This can last a long time and have other negative impacts on a person's life.

OUD is characterized by:

- Inability to give up drug use
- Inability to control one's behavior
- Craving
- Inability to recognize problems with one's behaviors and relationships
- Dysfunction in emotional response

Like other chronic diseases such as diabetes and heart disease, addiction involves cycles of relapse and recovery. Without proper treatment, addiction is progressive and can result in disability or premature death. There is **hope**, however, as there are treatment options for addiction and people **do** recover.



## Assessments

An *assessment* is the next step toward recovery. An assessment will help a qualified clinician determine what type of care is appropriate for an individual by reviewing detailed questions that help to gain a thorough understanding of the patient. The clinician will ask patients about various aspects of a patient's life. A detailed patient profile helps a clinician develop an appropriate treatment plan for the patient.

Common assessment questions include:

- How long has a person been using drugs?
- Is there a family history of addiction?

Following an assessment, an individual will need to complete a physical examination to assess the individual's physical health. This will also include tests such as a drug urine test also known as a urine toxicology screen.

# Treatment Overview

Following an assessment, the clinician will discuss recommended treatment options with the patient. Every person is different, and so, treatment should be appropriate to fit the needs of each individual. Addiction treatment should be ongoing because addiction is a chronic disease.

There are several medication options for opioid use disorder including: methadone, buprenorphine, and naltrexone.

All medications should be used alongside other treatment supports such as counseling.

Treatment can occur in different care settings including:

- Outpatient
- Intensive outpatient or partial hospitalization
- Residential addiction treatment or in a hospital setting





## Counseling

Counseling is a key component of treatment. Counseling is done by a qualified clinician and can be done in the same place a treatment medication is given or in a different setting. The purpose of counseling is to help a patient identify personal, social, or other problems that contribute to the addiction. Common problems addressed in counseling include:

- Feelings of low self-worth
- Difficult situations at home
- Spending time with others who use drugs or alcohol
- Experiences of trauma

Counseling can be conducted in a private one-on-one setting with the clinician and the patient or counseling can be done in group a setting, also known as support groups.

Counseling is also available for family members or friends of individuals with substance use disorders.

## Opioid Withdrawal

After repeated drug use, individuals can develop a dependence to a drug. When a person stops using that drug, the individual will experience withdrawal. Opioid withdrawal includes a number of symptoms such as nausea, vomiting, cramps, sweating, anxiety, and headaches. Withdrawal can last up to 10 days, but usually lasts between 3-5 days. While opioid withdrawal symptoms are quite uncomfortable, they are rarely life-threatening.

Withdrawal management, also called detoxification or detox, is recommended over trying to quit “cold turkey” or trying to stop on one’s own. When individuals try to stop drug use “cold turkey” they face strong cravings and often relapse.

Detox alone is **not** a treatment for opioid addiction and can increase the risk of relapse and increase the risk of overdose and overdose death. Treatment options following detox can include inpatient or outpatient therapy and/or naltrexone treatment. Medication assisted treatment in combination with counseling, however, is the recommended treatment route for opioid use disorder because it less often results in relapse.



# Medication Assisted Treatment: How Does It Work?

Research has shown that individuals with opioid use disorder who complete drug detoxification followed by complete abstinence are more likely to relapse and return to drug use than individuals who receive medication assisted treatment. Relapse after a period of abstinence can be life threatening because of the risk for fatal opioid overdose due to lowered drug tolerance. An important treatment method in supporting recovery for opioid addiction is treatment with medications that reduce withdrawal and craving without producing euphoria or a high that the original drug of abuse caused. **Methadone** and **buprenorphine** are medications approved for this purpose.

The type of medication chosen for an individual depends on the person and the type of treatment setting. Medications used for medication assisted treatment of opioid use disorder include: methadone, buprenorphine, and naltrexone.



- Counseling is recommended with each MAT medication.
- Each medication works differently and has its own risks and benefits.
- Each medication has a special way to be started and can be safely used for years.
- When used properly, MAT medications will NOT create a new addiction, instead, these medications help the patient manage addiction and recover.

Bart G. Maintenance medication for opiate addiction: the foundation of recovery. *J Addict Dis.* 2012;31(3):207-225. doi:10.1080/10550887.2012.694598.

Davoli M, Bargagli AM, Perucci CA, et al. Risk of fatal overdose during and after specialist drug treatment: the VEdeTTE study, a national multi-site prospective cohort study. *Addict Abingdon Engl.* 2007;102(12):1954-1959. doi:10.1111/j.1360-0443.2007.02025.x.

# Medication Assisted Treatment for Opioid Use Disorder

## Buprenorphine

- Buprenorphine helps to relieve opioid withdrawal symptoms and drug cravings without producing a high or euphoria.
- Buprenorphine comes in the form of a tablet or film. Several types of buprenorphine are combined with naloxone to prevent potential misuse.
- Buprenorphine can be prescribed in an office-based setting by certified providers including physicians, nurse practitioners and physician assistants.
- Patients are advised to wait until they are experiencing mild to moderate opioid withdrawal before taking the first dose.
- Buprenorphine is taken once per day and the dosage can be adjusted over time.
- Insurance can play a role in which form of the medication should be chosen.

## Methadone

- Methadone, like buprenorphine, helps to reduce cravings and withdrawal.
- Methadone for medication assisted treatment can only be

provided in a federally qualified methadone clinic.

- Methadone can be safely started at the beginning of opioid withdrawal.
- Methadone comes in various forms including as a pill, liquid, or wafer. It is taken once per day, but over time dosing may change.
- People who are in stable recovery may be provided a supply of medication to be taken at home, otherwise, doses must be taken at the methadone clinic.

## Naltrexone

- Naltrexone blocks the effects of opioids on the brain. This takes away the ability for a person to get high if he/she uses an opioid.
- Naltrexone is a good option for preventing relapse and may reduce drug cravings.
- Naltrexone is available in a daily tablet or monthly injection (Vivitrol) in office-based settings.
- A person must be completely detoxed from opioids before starting naltrexone. If a person has opioids in his/her system, the person will experience strong opioid withdrawal.



# Inpatient Treatment for Substance Use Disorders

Treatment for substance use disorders can be provided in residential or inpatient settings. Longer-term residential facilities can have a period of stay that can last six to twelve months, however, these treatment programs are relatively uncommon. This type of program aids an individual in changing their behavior in a highly structured environment.

Short-term residential treatment is more common and available to those seeking residential treatment options. This may or may not include detoxification as well as providing intensive therapeutic treatment and preparation for return to community-based settings in a structured environment.



# Outpatient Treatment for Substance Use Disorders

Partial hospitalization or intensive outpatient treatment is an alternative to residential or inpatient treatment for substance use disorders. In this type of treatment, individuals attend intensive and regular treatment sessions several times a week during their early treatment phase.

After completing partial hospitalization or intensive outpatient treatment, individuals often move toward regular outpatient treatment, which meets less frequently and for fewer hours per week to help support recovery.

## Recovery Housing

Recovery housing is housing provided in a drug-free, safe, and supported environment for persons recovering from substance use disorders. Successful recovery is often accompanied by peer and community support, employment supports, and a safe drug-free living environment.

Who is a Good Candidate for Recovery Housing?

- People seeking recovery.
- People who desire a safe, structured living environment with others seeking recovery.
- People who wish to participate in supportive or treatment services to promote their recovery.
- People at risk of homelessness after exiting treatment, incarceration, military duty or who are in a living environment that does not support recovery.

Adapted from the Ohio Mental Health and Addiction Services, 2016

## Recovery Support Groups

Recovery support groups consist of individuals with similar conditions and similar life experiences. Peer support can help assist individuals in maintaining long-term recovery from drug-related problems. Recovery support groups can serve as a valuable social support for individuals in early and long-term recovery, but are not recommended alone as a substitute for treatment for those in early recovery. Peer support groups are also helpful for family members, friends, or caregivers of individuals with substance use disorders. Examples of recovery support groups can include, but are not limited to:

- Narcotics Anonymous
- Heroin Anonymous
- Alcoholics Anonymous
- Nar-Anon
- Families Anonymous



## Harm Reduction

Harm reduction is a set of strategies aimed at reducing the negative consequences associated with drug use. Until a person decides to stop using drugs and seek help for treatment and recovery from addiction, it is important that the individual has access to lifesaving harm reduction services. In addition to their services, harm reduction programs can also help to connect individuals to treatment programs.

Examples of harm reduction services:

- **Naloxone access programs**

The goal of these programs is to help reduce opioid overdose death and save lives by providing access to the lifesaving opioid overdose antidote naloxone as well as provide education on overdose prevention and overdose response measures.

- **Sterile syringe access or syringe exchange programs:**

The goal of these programs is to reduce the spread of infectious diseases such as HIV and Hepatitis C among persons who inject drugs by providing access to sterile syringes and a means for disposing of used syringes as well as providing prevention education.

## MetroHealth Project DAWN

Project DAWN is the community's overdose education and naloxone distribution program. Project DAWN provides free access to naloxone for individuals at personal risk of opioid overdose or for individuals who may be in a potential position to help someone at risk of an opioid overdose. Visit any Project DAWN walk-in site for your own free naloxone kit.

Project DAWN contact information:

216-778-5677  
[metrohealth.org/projectdawn](http://metrohealth.org/projectdawn)

### **Four Convenient Locations**

All locations offer free parking to visitors and guests

#### **The Cuyahoga County Board of Health**

5550 Venture Drive, Parma, Ohio 44129  
Walk-in hours: Friday, 9 a.m. - 12 Noon  
216-201-2000

#### **Circle Health Services**

12201 Euclid Ave, Cleveland, Ohio 44109  
Walk-in hours: Tuesday, 12 Noon - 4 p.m.  
and Friday 1 - 5 p.m.  
216-721-4010

#### **Thomas F. McCafferty Health Center**

4242 Lorain Ave, Cleveland, Ohio 44113  
Walk-in hours: Monday and Wednesday,  
8 a.m. - 4:30 p.m. and Thursday  
12 Noon - 8 p.m.  
216-664-6603

#### **City of Cleveland - EMS Headquarters**

1701 Lakeside Ave, Cleveland, Ohio 44114  
Walk-in hours: Monday - Friday,  
9 a.m. - 4 p.m.  
216-664-2555

# Naloxone in Pharmacies Without a Written Prescription

In Ohio, at certain pharmacies, individuals can obtain narcan without requiring that the individual first receive a written prescription for narcan from his/her doctor. At these pharmacies across Ohio, individuals can request to have their own narcan in case of an emergency. The cost of narcan can either be covered by one's insurance or the cost can be paid out of pocket.

For an online list of participating pharmacies in your area, please visit: [pharmacy.ohio.gov/Licensing/NaloxonePharmacy.aspx](http://pharmacy.ohio.gov/Licensing/NaloxonePharmacy.aspx)



## Circle Health Services Syringe Exchange Program

### Circle Health Services

12201 Euclid Ave  
Cleveland, OH 44106

Monday - Thursday: 11 a.m. - 7 p.m.  
Friday: 10 a.m. - 5 p.m.

### Hispanic UMADAOP Circle Health Services Syringe Exchange Van

3305 West 25<sup>th</sup>  
Cleveland, OH 44109

Monday - Friday  
9 a.m.-12 Noon & 1 p.m. - 3 p.m.

## National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Call 1-800-273-8255



# I am ready for help!

## Where should I start?

If you or someone you know is in crisis and seeking help for a heroin, fentanyl or other opioid addiction, call the ADAMHS Board 24-hour Crisis Hotline at:

**216-623-6888**



If you are looking for where to find treatment or social service supports for your addiction, call United Way 2-1-1 Greater Cleveland by simply dialing:

**211**



To find local treatment providers at your fingertips, visit:

**Relink.org**



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