

**IN YOUR
CORNER**

OPIOID & OTHER DRUG AWARENESS TOOLKIT

BROUGHT TO YOU BY:

In Your Corner - Alameda County Young Adult Opioid Initiative



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The Opioid and Other Drug Awareness Toolkit was developed to assist advocates and service providers for young adults in extended foster care (probation officers, case managers, social workers, housing staff, and others) in **gaining the knowledge and skills in order to identify, have conversations with and refer to treatment, young adults misusing substances, at risk of developing or with substance use disorders.** This work is part of a larger initiative led by the Alameda County Probation Department with support from the Alameda County Behavioral Health Department, Social Services, a multi-agency Task force and community providers including, La Familia. This project was made possible through funding from the Office of Juvenile Justice and Delinquency Prevention. Recognizing that addiction is not exclusive to opioids, this information may also be applicable for alcohol and other drugs.

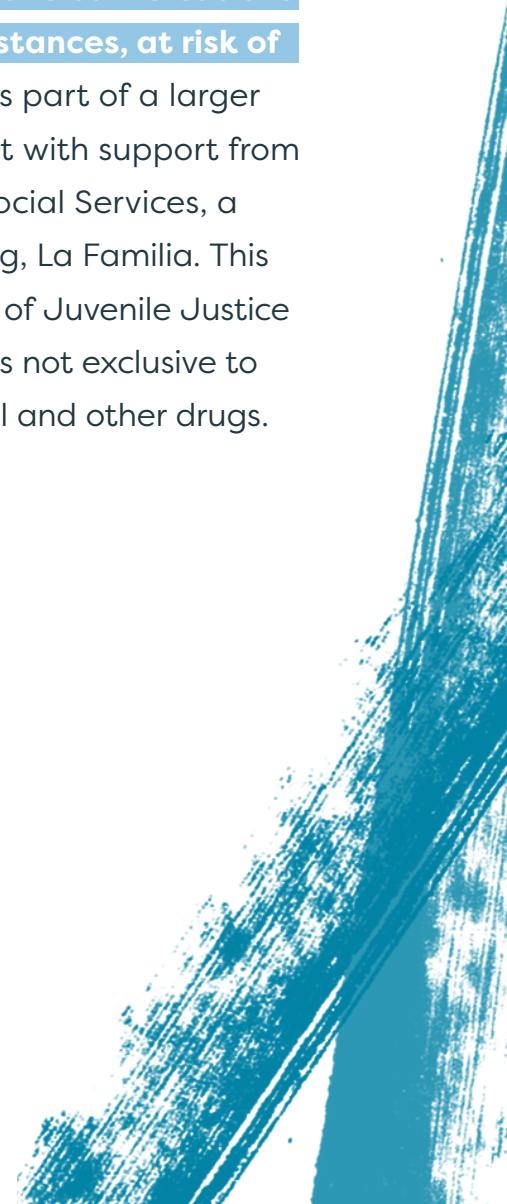


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SPOT THE SIGNS

Learn what opioids are, how to spot signs of addiction, and how to respond to an overdose.

SUBSTANCE USE CAN BE VIEWED ON A SPECTRUM

Substance use occurs on a spectrum, from total abstinence to chaotic use and a whole host of behaviors in between. There are many degrees of use, and the extent to which substance use affects or interferes with a person's life varies by substance and by circumstance. Understanding where a person is on this spectrum is important for meeting people where they are at, and providing appropriate care options that promote health and reduce risk or harm. It is important to note that while abstinence is a part of the 'substance use spectrum', harm reduction approaches do not require it; harm reduction supports safer drug consumption even (and especially) in chaotic use.



ADDICTION AND THE BRAIN

Many addictions develop from use that starts during adolescence. This is due in part to the fact that a youths brain is still developing during adolescence and up until the age of 25, which leads to an increased risk for addiction. Addiction or substance use disorders exert a long and powerful influence on the brain that manifests in three distinct ways: craving for the substance, loss of control over its use and continuing use despite negative consequences.

When a person takes opioids, such as morphine, fentanyl, or illicit heroin, the drug enters the central nervous system and binds to receptors known as ‘opioid receptors’. These receptors are located in the areas of the brain called the “pain pathway” and the “reward pathway”. Thus, when opioids are taken they provide a sense of pain relief as well as a sense of euphoria. The sense of euphoria experienced is a result of a release of the chemical called dopamine in the brain, which “rewards” us with a sense of calm or pleasure.

This release of dopamine takes place in the “reward pathway” which drives us to repeat natural things we enjoy, or need to do to survive, like eating when hungry. As opioids trigger a flood of dopamine, after time, the brain may be rewired, needing higher levels of opioids to achieve a “high” (drug tolerance) as well as needing opioids to feel “normal” (drug dependence). Long term opioid use, including those who take opioids as prescribed by their doctor, changes the way nerve cells work in the brain.

The nerve cells grow used to having opioids around; therefore, when they are taken away suddenly, the person experiences symptoms of [withdrawal](#) such as vomiting, high blood pressure, seizures and more. In addition, opioids also disrupt an individual's brain stem, which controls basic functions that are critical to life, including breathing and sleeping. This interference explains why opioid overdoses can cause depressed breathing and death.

You can learn more about your brain, opioids and addiction [here](#) and [here](#).

SUBSTANCE USE PROBLEMS AND YOUNG ADULTS IN FOSTER CARE

Substance use problems are among the [most frequently reported](#) mental health concerns for young adults in foster care with [prevalence rates](#) for alcohol misuse, drug misuse, and drug dependency at two to five times higher than their peers with no histories of foster care involvement. Additionally, studies have found that foster care youth who are using substances are more likely to have issues with misuse/dependency, rather than using recreationally. The prevalence may be in part due to the transition to adulthood, as well as the high likelihood of experienced trauma, abuse and neglect amongst this population.

WHAT ARE OPIOIDS?

The current opioid epidemic is one of the largest drug epidemics recorded in U.S history for all racial and ethnic groups. Opioids include prescription medications used to treat pain, as well as illegal drugs such as heroin and fentanyl.

Prescription opioids are prescribed by doctors to treat severe pain such as a sports injury, dental work, or cancer. When taken as prescribed, opioids are relatively safe and can reduce someone's pain for the short term. But even though they are prescribed by a doctor they do have serious risk and side effects, especially when misused. Common types of prescription opioids include oxycodone – brand name Oxycontin, hydrocodone – brand name Vicodin, morphine, Percocet, and codeine. Recently, the Drug Enforcement Administration (DEA) issued a warning, alerting the public of a mass influx of counterfeit prescription pills containing fentanyl to the illegal drug market.

Fentanyl is a synthetic opioid, meaning it is made in a lab using the same chemical structure of the poppy plant. Pharmaceutical fentanyl, is a synthetic opioid pain reliever that is many times more powerful than other opioids, including 50 to 100 times more potent than morphine. It is approved for the treatment of severe pain and most commonly used for advanced cancer patients. **Illegally made or distributed fentanyl is now one of the most common drugs involved in drug overdose deaths in the United States, as it being added to heroin, cocaine, counterfeit pills and other drugs more frequently - with or without the user's knowledge - in order to increase its euphoric effects.**

FACT:

72%

deaths from fentanyl and other synthetic opioids, rose a staggering 72% in just one year, from 2014 to 2015.

CDC Opioid Basics (2017)

Heroin is an illegal, highly addictive opioid made from morphine that is typically injected but can also be snorted or smoked. It is typically sold as a white or brownish powder but also sold as “black tar” heroin which is sticky like roofing tar or hard like coal.

COMMON STREET NAMES

Many substances are discussed and sold illicitly under different drug street names, especially amongst youth. The below are common names for opioids:

- | | | | |
|-------------|---------------|---------|---------|
| • Captain | • White Stuff | • Percs | • Snow |
| • Cody | • Pain Killer | • Juice | • Horse |
| • Schoolboy | • Apache | • TNT | • Brown |
| • Boy | • China Girl | • Smack | • Beast |
| • Loads | • China White | • H | • Hero |
| • Miss Emma | • Goodfella | • Junk | • Syrup |
| • Monkey | • Oxycat | • Skag | • Lean |

You can learn more from the American Society for Addiction Medicine [here](#)

SIGNS OF OPIOID INTOXICATION

Regardless of the potency and duration of opioid use, the signs and symptoms of intoxication are all the same. These signs include:

- | | |
|---|------------------------------|
| • Constricted/pinpoint pupils | • Problems with coordination |
| • Flushed skin | • Slurred speech |
| • Agitation, drowsiness or sedation | • Slow reflexes |
| • Sleeping intermittently
(nodding off) | • Depressed breathing |
| • Runny nose or nose sores
(if snorting drugs) | • Mood swings |
| • Needle marks
(if injecting drugs) | • Apathy |
| | • Euphoria |
| | • Depression |

Signs of Opioid Addiction:

Addiction is characterized by increased tolerance, uncontrollable cravings, and an inability to control use even though it is having negative effects on major role obligations, such as school or relationships.

Behavioral signs and symptoms of use can vary from person to person; however, there are common physical and behavioral signs and symptoms that you can recognize.

PHYSICAL AND BEHAVIORAL SIGNS

- 1. Change in peer group**
- 2. Missing classes, skipping school or work**
- 3. Loss of interest in favorite activities**
- 4. Changes in appetite or sleep patterns**
- 5. Carelessness with grooming**
- 6. Isolation from family and friends**
- 7. Money loss, asking for money loans or missing items from family/friends**

SIGNS OF OPIOID OVERDOSE

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act quickly.

- Small constricted “pinpoint” pupils
- Reduced level of responsiveness or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue or cold/clammy skin

IF YOU ARE CONCERNED ABOUT AN OVERDOSE

It can be difficult to tell whether a person is high or experiencing an overdose. If you aren't positive, it's best to treat it as an overdose and follow the below steps.

1. Call 9-1-1 immediately, all you have to say is ‘Someone is unresponsive and not breathing’ and provide a clear address and/or description of your location
2. Administer Naloxone, if available
3. Try to keep the person awake and breathing, perform [rescue breathing](#) if needed
4. Put the person in a [recovery position](#)
5. Stay with them until emergency workers have arrived

FACT:

90+

Americans die after overdosing on opioids everyday.

CDC Opioid Basics (2017)

WHEN TO SEEK EMERGENCY HELP

Call 9-1-1 if the individual has taken any substance and shows any of the below signs:

- May have overdosed
- Shows changes in consciousness
- Has trouble breathing
- Has seizures or convulsions
- Has signs of a possible heart attack, such as chest pain or pressure
- Has any other troublesome physical or psychological reactions to the use of a drug

DO'S & DON'TS OF RESPONDING TO AN OVERDOSE

- DO support the person's breathing by administering oxygen or performing rescue breathing.
- DO administer Naloxone
- DO stay with the person and keep him/her warm
- DON'T hit or try to forcefully wake or move the person – it will only cause further injury, if you are unable to wake the person by shouting, rubbing your knuckles on their sternum, or light pinching, it is likely they are unconscious
- DON'T put the person in a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- DON'T try to make the person vomit. This increases the risk of choking or inhaling vomit into the lungs and can cause a fatal injury.

Naloxone:

Available without a physician's prescription, Naloxone (brand name: Narcan) is a safe and effective medication that can quickly reverse an opioid overdose. It can be injected into the muscle or sprayed into the nose to rapidly block the effects of the opioid on the body.

Due to its lifesaving abilities, all law enforcement, practitioners, providers, family, and friends that may encounter an individual who uses opiates are recommended to carry it. You can obtain Naloxone at most pharmacies, often at no cost with insurance. For a full list of local organizations that distribute Naloxone, [click here](#).

OTHER DRUGS

While this toolkit is primarily focused on opioids, it is not uncommon for young adults to use other substances in conjunction with or without opioids. To learn more about the signs and symptoms, as well as facts on other drugs of choice click the links below:

- [Alcohol](#)
- [Medicine](#)
- [MDMA](#) (Ecstasy or Molly)
- [Cocaine](#)
- [Inhalants](#)
- [Methamphetamines](#)
- [Cough and Cold](#)
- [Marijuana](#)
- [Prescription Drugs](#)

SUBSTANCE USE AND MENTAL HEALTH

Many individuals who develop substance use disorders, are also diagnosed with mental health disorders, and vice versa. In fact, research has found that about half of those who experience a mental illness during their lifetimes, will also experience a substance use disorder, and again, vice versa.

This also holds true for adolescents, as it was found that 60% of adolescents in substance use disorder treatment also meet diagnostic criteria for mental illness. Although substance use disorders commonly occur with mental health disorders, it does not mean necessarily that one caused the other, even if one appeared first. The research does however suggest three possibilities for this frequent occurrence:

1. Mental health and substance use disorders share common risk factors that can contribute to both such as genetics, stress, trauma and other environmental influences.
2. Mental health disorders may contribute to substance use and addiction.
3. Substance use and addiction can contribute to the development of mental health disorders.

The high rate of comorbidity between substance use and mental health disorders calls for a comprehensive approach to treatment that addresses both. Therefore, **anyone seeking help for substance misuse, addiction or other mental health disorders should be evaluated for both.** You can learn more from the National Institute on Drug Abuse at the links below.

- [What is Comorbidity?](#)
- [Common Comorbidities with Substance Use Disorders Research Report](#)

Human Trafficking & Addiction:

Individuals with substance misuse or substance use disorders are especially vulnerable to trauma and victimization by human traffickers.

The research has found that some traffickers may even recruit individuals directly from detox and addiction treatment facilities. Within the past several years, the United States has

prosecuted multiple sex trafficking cases where the perpetrator used addiction as a tool of coercion. Understanding the role addiction can play in human trafficking, as well as the signs of human trafficking is essential for providers working with those with substance use disorders.

TO LEARN MORE ABOUT THESE ISSUES VISIT THE LINKS BELOW:

- [U.S Department of State - The Intersection of Human Trafficking and Addiction](#)
- [National Institute on Drug Abuse: Human Trafficking and Drugs](#)
- [Homeland Security: What Is Human Trafficking?](#)

ADDRESS YOUR CONCERNS

**Learn how to have an honest and open conversation,
as well as how to respond to an overdose.**

ADDRESSING THE STIGMA THAT SURROUNDS ADDICTION

The stigma of substance use disorders and particularly opioid use disorders (OUD) is significant. More than three-quarters of respondents in a [2016 national survey](#) reported viewing individuals with OUD as to blame for their substance use. Stigma is a major barrier to help-seeking, according to 2019 estimates, less than 35 percent of adults with OUD had received treatment for opioid use in the past year and the delay between disease onset and initial treatment receipt has been estimated to be, on average, in the range of four to seven years. Further, research has found that stigma can negatively influence health care provider perception of substance use disorders, which can impact the care that they provide. The findings of our local research for this project echoed this as fear of the consequences, stigma, lack of trust and understanding from adults were all things young adults in extended foster care reported prevented them from seeking help.

“I feel like society really frowns on people for substance abuse, people have a negative view on others with mental illnesses. They are just mean to people like that and it’s just difficult to exist in a society when everyone thinks you are a bad person”

- Alameda County, Young Adult in Extended Foster Care

“It’s just difficult to admit that you need help sometimes, it’s difficult to admit that something is wrong. It’s also just really scary because you don’t even know if you get help what are the consequences of what’s going to happen? It’s just scary and really confusing”

- Alameda County, Young Adult in Extended Foster Care

One way you can help break down this barrier is by learning to have an effective conversation with a young person who is struggling. An effective conversation begins with taking a hard look at the language we use and the signals it sends to the young people we want to support.

Stigmatizing language, whether used intentionally or unintentionally, can construct a space that may be unwelcoming. Many common phrases used to talk about people who use drugs imply stigma, judgment, and shame. This is easy to understand in overtly derogatory instances like the use of terms such as “junkie,” “crackhead,” etc., but language matters in much more subtle ways and can reveal assumptions about a person or their substance use that may be unfair, inaccurate, and harmful.

Instead of...	Try this...
Addict, Junkie, User	Person with substance use disorder, person who uses drugs, person who injects drugs
Drug problem, Drug abuse	Drug use, substance use, non-prescribed use
Needle-sharing program	Syringe service program, Syringe exchange program
Clean	Not actively using, abstinent, tested negative; (re: supplies) sterile, unused
Relapse, On a bender	Return to use, Currently using drugs
Enabling	Supporting, helping, overdose prevention

You can learn more about terms to use and avoid when talking about addiction [here](#). This information was adapted from the National Harm Reduction Coalition, you can read more [here](#).

WHAT TO DO IF YOU ARE CONCERNED ABOUT SOMEONE'S OPIOID USE OR ADDICTION?

While it may be necessary at some point, harsh confrontation or accusing the young adult can be potentially damaging causing them to shut down. The first step is an honest and open conversation.

BEFORE THE CONVERSATION

Prior to engaging a young adult in a conversation about substance use there are some steps you can take that may help you be more prepared.

- If you're nervous before the conversation try doing something that relaxes you, like taking a walk.
- Find a comfortable and private space to have the conversation.
- Be aware of your organizational policies and procedures in regards to client substance use.
- Educate yourself on the facts about substance use, specifically what substance you are concerned about the young adult using.
- Be informed about their treatment options should they agree to help.
- Have hotline, warmline and crisis line information on hand to provide as a resource.



COMMUNICATION TIPS FOR DISCUSSING OPIOID USE OR ADDICTION CONCERN

While there is no one-size-fits-all approach to successful dialogue with a young adult about substance use, the principles below may be helpful.

Ask open-ended questions: Open ended questions are questions that cannot be answered with a 'yes' or a 'no'. They are phrased in a way that requires a more expansive response and can lead to more rich discussions.

- **Open-Ended**

“Can you tell me what you heard or know about opioids?”

“Tell me what is appealing or interesting about drugs?”

“Why do you think some of your friends would use drugs?”

- **Close-Ended**

“Do you know about drugs or opioids?”

“So, you aren’t using drugs, are you?”

“I know you and your friends are using drugs, right?”

Use active listening: Active listening is the practice of listening to a person while providing feedback indicating that the listener both hears AND understands what the person is saying. Active listening can help to build trust and establish rapport.

- **Verbal Affirmations**

“I see”

“I understand”

“Tell me more”

- **Non-Verbal Affirmations**

Nodding

Eye contact

Leaning forward

- **Be non-judgmental**

- **Don’t make assumptions**

- **Offer empathy and support**

- **Listen and affirm what they know and offer additional information or facts**

EXAMPLES OF EFFECTIVE COMMUNICATION

The below includes reflective listening and empathetic statements to destigmatize addiction while promoting open and positive communication.

- “Sometimes medications cause problems that we cannot anticipate”
- “You are not alone. All kinds of people have problems with opioids”
- “I understand you have been struggling and know that discussing change can be distressing”
- “Getting help for this is like getting help for any other chronic medical problem”
- “I want you to have the best possible care and this difficult, but productive conversation is the first step for us”
- “There are a number of treatment options. Let’s explore them together”
- “We will work together to find a treatment plan that works best for you”

For additional tips on how to start the conversation or conversation starters visit the links below:

- [Tip Sheet: Prescription Drugs](#)
- [Tip Sheet: Alcohol](#)
- [Tip Sheet Marijuana](#)

WHAT TO DO AFTER THE CONVERSATION?

- **Let them know you're there to talk in the future.** The first conversation is the first step in what might be an ongoing conversation about drug and alcohol use, it's important that the young adult knows they can talk to you again.
- **Ask them “permission” to check-in.** This opens the door for you to follow up with them in the future. You might check-in with the young adult again in a week or even the following day to see how they are doing.
- **Connect them with a substance use professional and/or treatment.** In order to perform a proper assessment, as well as to potentially help reduce or stop their drug or alcohol use assist them in finding the right services when they are ready.
- **Provide them with the ‘In Your Corner’ pocket card (insert link).** It's important for them to walk away with resources, this resource includes valuable local and national hotline and warmline information.



What if they do not want to change or receive help?

If they do not want to change or receive help encourage them to learn how to reduce their risk of harm until they're ready to stop using drugs or alcohol. Harm reduction strategies, such as the below, are aimed at meeting individuals "where they are at" by reducing negative consequences associated with drug use.

The National Harm Reduction Coalition explains it this way: "Harm Reduction supports and celebrates any positive change while resisting a narrative that would treat the substance use spectrum as a moral ladder. A positive change is one that reduces risk to oneself and one's community, that makes space for a person to pursue spiritual, emotional, and physical health and wholeness, that emerges from and increases their agency. One person's positive change may be to start smoking heroin instead of injecting it, thereby reducing the risk both of overdose and of many infections; another's may be to shift from heavy use to occasional use in order to make more time for a job, hobby, or relationship; another's may entail giving up one or more substances entirely to prevent harm. Principles of non-judgment and non-coercion require that none of those choices be treated as morally superior or inferior to another. Everyone's path is their own, but Harm Reduction offers compassionate, evidence-based support on the journey."

Syringe Access:

If individuals are injecting drugs, it is possible to completely avoid or reduce injection related health risks if they have a sterile syringe and proper equipment for every injection. Syringe service programs (SSPs) such as the HIV Education and Prevention Project of Alameda County (**HEPPAC**) distribute sterile syringes, safer drug use supplies and education to people who inject drugs.

Opioid Overdose Prevention:

Educate clients and family members on signs and symptoms of overdose, as well as what to do in the event of an overdose. This can include sharing information and access to Naloxone, the opioid overdose reversal drug.

Fentanyl Test Strips:

Overdose deaths involving fentanyl have **quadrupled in recent years** and many individuals consume fentanyl without knowledge, while others use it intentionally because of its potency.

Other:

Other harm reduction strategies for opioids specifically include 1) adjusting dosage to a lower dose preventing the likelihood of overdose 2) staggering when using within a group so someone is alert enough to react if there is an overdose 3) switching from injecting to smoking or snorting 4) making sure that at least one person in the group using has Naloxone. 5) not using alone, always having a friend with you to monitor.

The above serves as a glimpse into available harm reduction strategies, you can learn more about from the National Harm Reduction Coalition [here](#) as well as from the HIV Education and Prevention Project of Alameda County (HEPPAC) [here](#).

TRAUMA-INFORMED APPROACHES

It has been found that substance use tends to escalate through adolescence and into young adulthood and can be amplified by experiences of trauma and maltreatment, mental illness and exposure to parent alcohol and drug use.

Given the presence of trauma in the lives of many extended-foster care youth and the comorbidity between substance use and trauma, systems and providers are encouraged to adopt trauma-informed approaches to providing services. Trauma-informed approaches acknowledge the need to understand the client's life experiences in order to deliver and provide effective care, and has the potential to improve client engagement, treatment adherence, health outcomes and provider and staff wellness.

THE FOUR (R'S)

Substance Abuse and Mental Health Services Administration (SAMHSA)

In order to increase sensitivity in client care, as well as prevent re-traumatization SAMHSA developed the Four R's of a trauma-informed approach to guide individuals as well as organizations:

Realizing the widespread impact of trauma and understanding the potential paths of recovery. This includes an understanding that trauma impacts individuals coping strategies, as well as plays a role in mental and substance use disorders.

Recognize the signs and symptoms of trauma in clients, families, staff and others involved in the system. This may include utilizing trauma screenings and assessments.



Respond by fully integrating knowledge about trauma into your own practices, policies and procedures. This can include ways in which you promote trust, fairness and transparency in your work, as well as provide opportunities to empower the client and utilize strengths based approaches.

Resist Re-traumatization individuals with histories of trauma and substance use are more likely to engage in high risk behaviors and to experience subsequent traumas. Assist clients in identifying unsafe coping mechanisms and self destructive behaviors and replacing them with safe and healthy coping strategies. This also includes making sure that you're making.

To learn more about trauma-informed approaches to care, and what you, as well as your organization can do click [here](#).



CONNECT WITH LOCAL RESOURCES

Local resources and where to make a referral

The best thing that you can do if you are concerned about a young adult in your life is to reach out for help. Utilize the below information for local, statewide, and national resources for providers and young adults.



CAN DRUG OR ALCOHOL ADDICTION BE TREATED?

YES! Addiction is a treatable disorder, with an estimated 22 million individuals in the United States currently in recovery. According to SAMHSA, recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. An individual's process and journey through recovery is highly personal and can occur through many pathways.

Hope, the belief that challenges and conditions can be overcome, is the foundation of recovery. Recovery from drug or alcohol addiction is characterized by continual growth and improvement in one's health and wellness, that includes setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

FACT:

**Addiction
is a
treatable
disorder.**

SUBSTANCE USE DISORDER TREATMENT OPTIONS


Research on the science of addiction and treatment methods for substance use disorders has led to the development of research and evidence-based methods that help people stop using drugs or alcohol, also known as being in recovery.

Because addiction can affect so many aspects of a person's life, treatment should address the needs of the whole person in order to be successful. There are countless treatment options a person can choose from and there is no one-size-fits-all approach.

WITHDRAWAL MANAGEMENT - DETOX:

Detoxification, detox or withdrawal management is the process of safely, comfortably and effectively flushing out all of the toxins in an individual's system accumulated from drug or alcohol use through medical, holistic and therapeutic approaches. For opioids the purpose of this type of treatment is to safely manage withdrawal symptoms such as nausea and anxiety, which if left unassisted may not be life threatening, but may be highly uncomfortable and lead to a higher chance of using again.

It is important to note that some drugs, especially alcohol, have more significant withdrawal symptoms than others and may be life threatening. Learn more about alcohol withdrawal symptoms [here](#) and other commonly used drugs withdrawal symptoms [here](#). Regardless of the drug used, if there is prolonged or heavy use, withdrawal management may lead to a higher chance of sustained abstinence.



OPIOID TREATMENT PROGRAM (OTP) / MEDICATION-ASSISTED TREATMENT (MAT):

OTP or MAT is the use of FDA approved medications, in combination with counseling or behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. The use of medications in the treatment of opioid use disorder has been found to result in a reduced rate of opioid use, fewer overdose deaths related to opioids, decreased criminal activity, and increased retention in treatment. Overall, the medications used in this type of therapy aid in managing cravings and withdrawal symptoms, enhancing the chance for overall recovery.



RESIDENTIAL OR INPATIENT SERVICES:

This is the highest level of care, for individuals who are battling chronic forms of addiction, or those requiring a safe living environment. Lasting typically anywhere from 3 - 6 weeks long, individuals reside in a substance-free facility and receive around the-clock medical and therapeutic support.

INTENSIVE OUTPATIENT OR OUTPATIENT TREATMENT:

A step down from residential or inpatient services, these types of programs offer many of the same kinds of services including individual, group and family therapy; however, while attending this type of treatment individuals do not reside in the same building as they are receiving treatment rather they will live at home or in a recovery residence. Outpatient programs vary in the types and intensity of services, with treatment being attended typically a few days and hours a week, sometimes as little as two hours for one day per week.

RECOVERY RESIDENCE:

Oftentimes for individuals who have been using substances, removing themselves from their environment in which they were using, may help to reduce the chance of relapse. Sometimes referred to as a 'Sober Living' or 'Recovery Homes', these types of residences are monitored living environments that help to provide ongoing structure and support in an alcohol and drug free setting. Individuals may choose to live in a recovery residence while attending treatment, as well as afterwards.

RECOVERY SUPPORT SERVICES:

Many individuals at some course in their treatment will engage in recovery support services, often in the context of meetings. This includes support meetings such as alcoholics anonymous or narcotics anonymous. These types of meetings provide individuals with the opportunity to connect with others who have also struggled with addiction, to form a network of peers working towards the same goal: sustained recovery from drugs or alcohol.

LOCAL RESOURCES & WHERE TO REFER YOUNG ADULTS IN EXTENDED FOSTER CARE

The below is a selection of local drug, alcohol, and harm reduction service providers serving young adults in extended foster care throughout the city of Oakland and Alameda County. For a full list of treatment providers, visit [SAMHSA's treatment locator](#).

- **BAART**

Services: Medication-assisted treatment, substance use disorder counseling

Location: Oakland, CA

Phone: 510.533.0800

Website: baartprograms.com

- **Beyond Emancipation**

Services: Range of services for current and former foster youth including: employment, transitional housing, education, and emancipation support.

Location: Oakland, CA

Phone: 510.667.7686

Website: <https://beyondemancipation.org/>

- **Berkeley Addiction Treatment Services (BATS)**

Services: Medication-assisted treatment and detox services

Location: Berkeley, CA

Phone: 510.644.0200

Website: <https://batsrecovery.org/>

- **BI-BETT CORP**

Services: Substance use treatment

Location: Hayward, CA

Phone: (510) 535-0611

Website: <https://www.bibett.org>

- **City of Fremont - Substance Use Disorder Program**

Services: Telemedicine, crisis, substance use disorder intervention and counseling

Location: Fremont, CA

Phone: 510.790.6940

Website: <https://fremont.gov/246/Youth-Family-Services-Counseling-Program>

- **H.A.A.R.T**

Services: Medication-assisted treatment, substance use disorder treatment

Location: Oakland, CA

Phone: 510.875.2300

Website: <http://www.haartoakland.org/>

- **HEPPAC/Casa Segura**

Services: Education, prevention, harm reduction, naloxone and fentanyl strip distribution

Location: Oakland, CA

Phone: 510.434.0307

Website: <https://casasegura.org/>

- **Highland Hospital**

Services: Substance use disorder programs, including case management, intensive outpatient and outpatient services.

Location: Oakland, CA

Phone: 510.437.5192

Website: <http://www.alamedahealthsystem.org/>

- **Horizon Services**

Services: Substance use disorder programs, including detox and residential

Location: Oakland, CA

Phone: 510.582.2100

Website: <https://www.horizonservices.org/>

- **La Familia**

Services: Substance use services, education, employment, outpatient mental health, housing, diversion and re-entry programs.

Location: Oakland, CA

Phone: For a full listing of sites and contact information [click here](#)

Website: <https://www.lafamiliacounseling.org/>

- **Lifeline Treatment Services**

Services: Medication-assisted treatment and detox services

Location: Oakland, CA

Phone: 510.777.8448

Website: <https://www.americanhealthservices.org/oakland-california.html>

- **Magnolia Women's Recovery**

Services: Substance use services for women

Location: Oakland, CA

Phone: 510.535.1344

Website: <https://www.magnoliarecovery.org/>

- **Needle Exchange Emergency Distribution (NEED)**

Services: Medication-assisted treatment and detox services

Location: Berkeley, CA

Phone: 510.463.1843

Website: <https://www.berkeleyneed.org/>

- **New Bridge Foundation**

Services: Medication-assisted treatment and detox services

Location: Berkeley, CA

Phone: 866.772.8075

Website: <https://www.newbridgefoundation.org/>



- **Oakland Behavioral Health Clinic**

Services: Mental health and substance use treatment

Location: Oakland, CA

Phone: 510.587.3400

Website: <https://www.northerncalifornia.va.gov/visitors/oakmhc.asp>

- **Second Chance**

Services: Mental health and substance use treatment

Location: Newark, CA & Hayward, CA

Phone: 510.792.4357

Website: <http://secondchanceinc.com/>

- **Trust Health Center**

Services: Primary health care, psychiatry, psychotherapy, recovery focused medical care, and housing coordination

Location: Oakland, CA

Phone: 510.210.5050

Website: <https://www.achch.org/trust-health-center.html>

- **West Coast Children's Clinic**

Services: Individual, group and family therapy

Location: Oakland, CA

Phone: 510.269.9043

Website: <https://www.westcoastcc.org/>

- **West Oakland (WOHC)**

Services: Medication-assisted treatment and opioid maintenance

Location: Berkeley, CA

Phone: 844.682.7215

Website: <https://westoaklandhealth.org/behavioral-health/>

SYRINGE EXCHANGE PROGRAMS

Syringe exchange programs provide people who cannot or will not stop injecting illegal drugs with new syringes and a place to safely dispose of used syringes. The sites also may serve as a point of access to health education and other physical and mental health services such as: free naloxone distribution, referrals to drug treatment, and first aid. A list of syringe exchange programs throughout the Bay Area can be found [here](#).

SAFE DISPOSAL SITES

The best way to dispose of old, unused, unwanted, or expired medicines (both prescription and over the counter) is to drop them off at a local drug take-back site. A full list of local safe disposal sites is provided by the Alameda Contra Costa Medical Association [here](#).

FOOD & SHELTER:

Call **2-1-1** for help in Alameda County

WARM, HELP & HOT LINES:

Alameda County's Mental Health ACCESS Program

800-491-9099

Alameda County Behavioral Health Care Services (BHCS) is the system-wide point of contact for information, screening, and referrals for mental health and substance use services and treatment for Alameda County residents. Licensed mental health clinicians are available between M-F from 8:30 – 5:00 PM for general behavioral health questions and eligibility for outpatient services. After hours calls are answered by Crisis Support Services of Alameda County.

CALIFORNIA POISON CONTROL:

800-309-2131

The California Poison Control provides 24/7 free, immediate, and expert treatment advice including: identification of opioid withdrawal, medication-assisted treatment, and solutions or troubleshooting a plan to connect patients with treatment providers.

CALIFORNIA SUBSTANCE USE WARM LINE:

844-326-2626

Staffed 24/7 by experienced physicians and pharmacists, the California Substance Use Line provides free, fast, reliable, patient-tailored guidance and resources that can facilitate substance use prevention and treatment efforts.

CALIFORNIA YOUTH CRISIS LINE (CYCL)

800.843.5200

Operates 24 hours a day, seven days a week as the statewide emergency response system for youth and young adults aged (12-24) and families in crisis. Individuals have the option of calling or texting the crisis line.

CRISIS SUPPORT SERVICES OF ALAMEDA COUNTY:

800-309-2131

Trained counselors are available 24/7 for individuals struggling with difficult circumstances or uncomfortable thoughts and emotions.

NATIONAL SUBSTANCE USE WARM LINE:

855-300-3595

Available M-F 6 AM-5 PM PST, the Warm Line provides free telephone consultation from addiction medicine-certified physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation, pharmacotherapy, and management.

NATIONAL SUICIDE PREVENTION LIFELINE:

800-273-8255

The National Suicide Prevention Lifeline provides 24/7 free support for individuals in distress, as well as prevention, crisis resources, and best practices for professionals.

THE ALAMEDA COUNTY SUBSTANCE USE REFERRAL HELPLINE

844-682-7215

Staffed by Alameda County Social Services Agency, the Alameda County Substance Use Referral Helpline is available 24 hours a day/7 days a week for screening and treatment referrals to any substance use level of care.

SAMHSA'S NATIONAL HELPLINE:

1-800-622-HELP (4357)

Free, confidential, 24/7 365-day-a-year treatment referral and informational services (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

ADDITIONAL RESOURCES:

SCREENING & TOOLS:

The National Institute on Drug Abuse's (NIDA) **Opioid Risk Tool** and the **NIDA Quick Screen** are available to help practitioners screen for substance use in general medical settings. Visit NIDA at **drugabuse.gov** for additional information and to access the screening tools.

GENERAL:

- Active Listening: Hear What People Are Actually Saying
- Drugs, Brains and Behavior: The Science of Addiction Treatment and Recovery
- Easy to Read Drug Facts
- Get Smart About Drugs: A Resource For Parents, Educators and Caregivers
- Heroin, Fentanyl & Other Opioids: A Comprehensive Resource for Families with a Teen or Young Adult Struggling with Opioid Use
- How Do You Talk About Addiction? Stigma and Language
- If You Have a Problem with Drugs: For Teens and Young Adults
- National Center on Substance Abuse & Child Welfare: Child Welfare Training Toolkit
- National Institute on Drug Abuse (NIDA)
- Partnership for Drug-Free Kids
- SAMHSA: Opioid Overdose Prevention Toolkit
- Toolkit for Communities of Faith Facing Overdose
- Words Matter: How Language Choice Can Reduce Stigma

