People do not think it could happen to their family or friends. They think only other people misuse opioids: people on the news or people who are weak or bad. But people from all backgrounds can misuse opioids. They are not bad or weak. They are the people we know. They are our family members or friends. Opioid misuse has become a national crisis.

Recognizing opioid misuse

Not all opioid use is misuse. Some people safely use opioids their doctors give them. In some cases, legal opioids can help treat acute, or short-term, pain. People may use opioids after surgery or an accident.

How can you tell if someone is misusing opioids? There are many signs, including:

- Changes in how he looks, acts, and relates to other people
- Changes in physical or behavioral health
- Sneaking around or lying
- Missing work or school
- Poor work or school performance
- Problems with personal relationships
- Increased dangerous behavior
- Switching groups of friends
- Slurred speech or stumbling
- Empty prescription bottles
- Track marks from needle use
- Taking opioid medicine after her injury or illness is healed

One example

*Dot had knee surgery in May. She felt better by June. She and her friend Susan rode bikes, went out to lunch, and met friends for poker every Wednesday night. Then, Dot started acting strangely. She cancelled plans and did not answer the phone. Dot seemed confused on poker night. She mumbled and slurred her words. She picked a fight when Susan drove her home. Susan was surprised and worried. Dot’s usually tidy house was a mess. There were dishes in the sink, clothes on the floor, and prescription bottles on the counters. Susan told Dot she was worried. Dot said she was fine. Her medicine for knee pain made her sleepy, she said. Susan remembered Dot’s knee feeling better a couple weeks ago. Why was she still taking medicine? Susan realized Dot’s medicine might be*
the root of the problem. She wanted to help, but what could she do?

How not to help

- Do not try to save him.
- Do not tell her to just stop and never use again.
- Do not yell or nag.
- Do not threaten him in any way.
- Do not force her to go to a support group or rehab.
- Do not argue with him about the misuse.

How to help

You cannot fix opioid misuse for someone else. It is not easy to stop misusing opioids. A person’s body becomes used to opioids. They change the way the brain handles pain and pleasure. After a while, the body needs the opioid to function. The person may need more and more opioids to feel good. This creates a cycle that is hard to break. Asking someone to simply stop is not fair. It is almost never possible. Professionals say opioid misuse should be treated like a chronic illness.

What kind of help can you give? Your role is to give kind support.

- **Let the person know you care, and offer your support.**
- **Talk to him about your concerns.**
- **Let her share her thoughts and feelings.** Do not assume you know how she feels.
- **Let him know that he is not alone.** Urge him to seek help. Encourage him to talk to a doctor about it, even if he does not think it is a problem. Offer to take him to a support group. Many religious and nonreligious groups offer substance misuse support.
- **Help her find treatment choices.** Different insurance plans cover different services. The insurance provider can give her information. There are many types of treatment programs. Offer to help her pick a place to start.
- **Try to ease his mind about what opioid misuse treatment looks like.** The most common image is of a cold-turkey detox—suddenly stopping the opioid and going through a withdrawal. Though detox followed by a 12-step program is still common, it is generally not the best method. This is also called “abstinence-only”.
  “Abstinence-only” approaches may work for some but not all. Everyone who misuses opioids deserves to understand all treatment options including medication-assisted treatment (MAT). MAT is backed by science. There are MAT medicines that help people detox and not start using again. These medicines include:
  - **Methadone**—stops or reduces withdrawal symptoms and cravings
  - **Buprenorphine** (Butrans®, Subutex®, Belbuca®)—relieves cravings for opioids, but produces less sedation and risk or respiratory depression compared with opioid painkillers
  - **Naltrexone** (Vivitrol®, Revia®, Depade®)—blocks the effects of opioid by blocking opioid receptors
- **Help reduce stigma.** There is a lot of negative judgment about substance misuse. Many people do not understand it. They believe things that are not true. Common stereotypes show people who misuse opioids as bad, lazy, or dangerous. This makes it
hard to see the person instead of just the misuse. People may be prejudiced against these stereotypes. That leads to unfair treatment and unkind words or actions. It makes people who misuse opioids feel ashamed and depressed. This makes them avoid seeking help and makes it harder to stick with treatment.

- **Be aware of your own beliefs and stereotypes.** Avoid judging the person. Be kind and open-minded. Make it clear that you see the person, not just the misuse. Make your relationship with the person or your home a stigma-free zone. It may help to learn more about substance misuse. You can also speak to others in your life about this type of stigma.

- **Help her look at the way her family uses or misuses substances such as alcohol or drugs.** This includes pain medicine. Sometimes substance misuse runs in families. It is partly genetic—certain DNA handed down to each generation. It is also partly behavioral. Families may have habits or actions that make using alcohol or drugs risky. Looking for substance use or misuse patterns in families can help someone understand her own misuse.

**Resources**

Narconon  
www.narconon.org  
(800) 775-8750

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

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