



# Opioid Screening: Identifying Risk, Signs & Symptoms

## May 14, 2026

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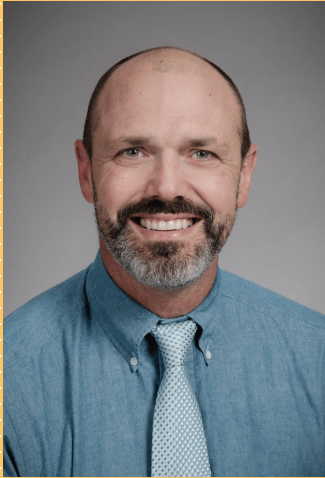
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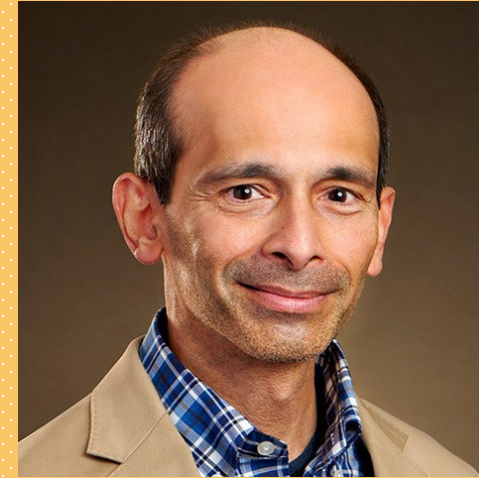
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# Featured Presenters



**Dr. Christopher Buresh, MD, MPH, DTM&H, FAAP, FACEP**  
**Associate Professor, Department of Emergency Medicine,**  
**Assistant Program Director, Emergency Medicine Residency Program**  
**University of Washington**

Dr. Christopher Buresh is an emergency medicine physician and pediatrician, who serves as an associate professor in the Department of Emergency Medicine with the University of Washington and assistant program director of its Emergency Medicine Residency Program. He sees patients at Harborview Medical Center and Seattle Children's Hospital. His focus is on optimizing the care of adult and pediatric populations when they have acute time-sensitive injuries or illnesses. He also has an interest in understanding how policies, social structures, and economic factors impact people's health, how they seek care, and their outcomes. Dr. Buresh has a special interest in emergency medicine education. He strives to teach the next generation of emergency medicine doctors how to provide exceptional clinical care. Additionally, he helps them examine the ways that a patient's social and economic realities that impact their health can be understood and addressed. Dr. Buresh serves as the Assistant Program Director for the Emergency Medicine Residency Program.



**Dr. Abhilash Desai, MD**  
**Medical Director, Idaho Memory & Aging Center, P.L.L.C.**  
**Clinical Associate Professor, Department of Psychiatry**  
**and Behavioral Sciences, University of Washington**  
**School of Medicine, Idaho Track**

Abhilash Desai, MD, is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and clinical associate professor in the Department of Psychiatry and Behavioral Sciences at University of Washington School of Medicine, Idaho track. He is the co-author, along with his mentor Dr. George Grossberg, a national and international leader in geriatric psychiatry, of the book "Psychiatric Consultation in Long-term Care: A guide for Healthcare Professionals," 2nd edition, published by Cambridge University Press in 2017. Dr. Desai was the guest editor for Clinics of Geriatric Medicine special issue titled "Healthy Brain Aging: Evidence-based Methods to Preserve Brain Function and Prevent Dementia," in 2010. His practice focuses on helping individuals living with mental health and addiction challenges, and their family members live the best life possible in all care settings – home, post-acute and long-term care, hospital and hospice. He has been in practice for more than 26 years. He loves hiking and traveling with his wife and son.

# Featured Presenter



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**Associate Professor, Department of Emergency Medicine,**  
**Assistant Program Director, Emergency Medicine Residency Program**  
**University of Washington**



Partnership for a  
Drug-Free New Jersey

In Cooperation with the Governor's Council on  
Substance Use Disorder and the NJ Dept. of Human Services

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# Adolescent Opioid Use

Chris Buresh, MD, MPH

University of Washington

Department of Emergency Medicine



# Disclosures

- No relevant disclosures
- Off-label use of Buprenorphine

# Objectives

- Why adolescents use
- Epidemiology
- Screening
- Clinical conversations
- Treatment



# Why Teens Use

- Coping
- Isolation
- Sensation seeking
- Peers
- Invincibility

# Neurodevelopment

- Immature executive function
- High reward sensitivity
- Higher addiction risk



# Early Use Matters

- Fewer exposures
- Age of first use correlated to likelihood of adult use disorder
- 50% adults with addiction using by age 18
- 80% by age 21

Simon KM, Levy SJ, Bukstein OG. Adolescent Substance Use Disorders. *NEJM Evid.* 2022;1(6):EVIDra2200051. doi:10.1056/EVIDra2200051

Degenhardt L, Bharat C, Glantz MD, et al. Association of Cohort and Individual Substance Use With Risk of Transitioning to Drug Use, Drug Use Disorder, and Remission From Disorder: Findings From the World Mental Health Surveys. *JAMA Psychiatry.* 2019;76(7):708-720. doi:10.1001/jamapsychiatry.2019.0163

# Adolescent Overdose

- On average, **a classroom of adolescents** dies each week from opioid overdoses in the United States.
- OODs are the **third leading cause** of death for pediatric patients nationwide

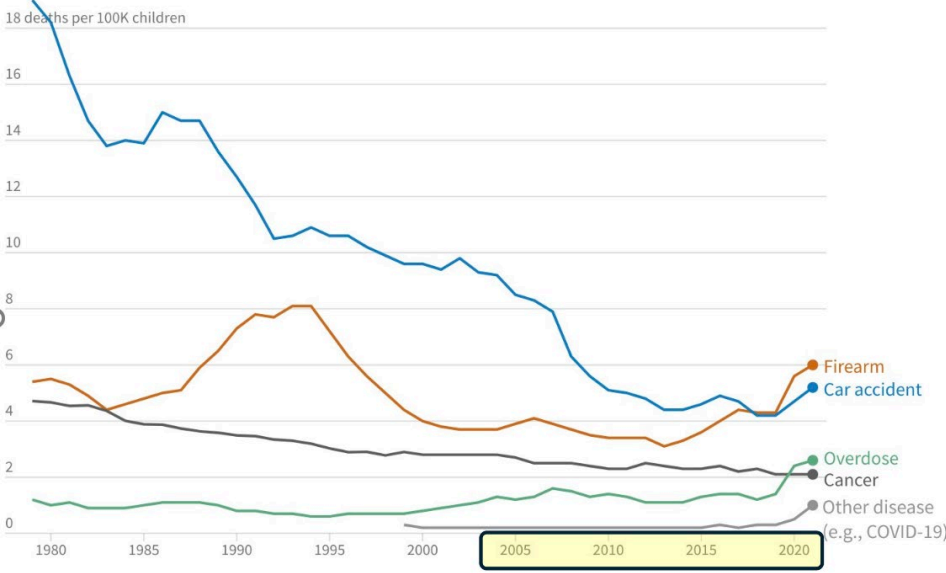
Baird S, Choonara S, Azzopardi PS, et al. A call to action: the second Lancet Commission on adolescent health and wellbeing. *Lancet*. 2025;405(10493):1945-2022. doi:10.1016/S0140-6736(25)00503-3

Miller M, Wheeler-Martin K, Bunting AM, Cerdá M, Krawczyk N. Changes in Synthetic Opioid-Involved Youth Overdose Deaths in the United States: 2018-2022. *Pediatrics*. 2025;155(6):e2024069488. doi:10.1542/peds.2024-069488

# Epidemiology

## In 2020, firearm injuries became the leading cause of death in children

Rates are deaths per 100K children, ages 1 through 19



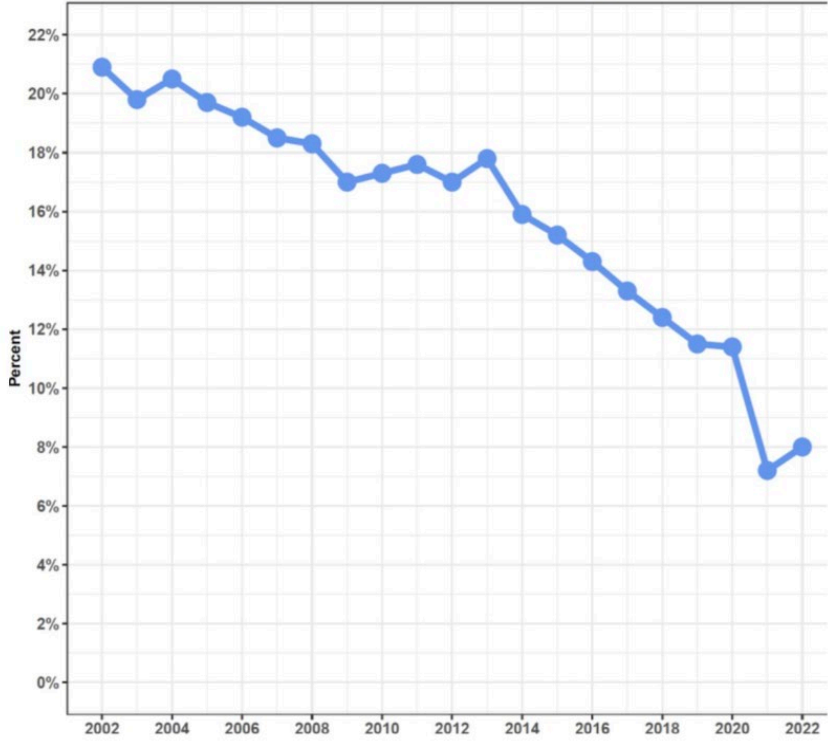
Sources: Centers for Disease Control and Prevention

Note: Data shows "Injury mechanisms and all other leading causes." The categorizations of diseases, including the category that eventually would include COVID-19, changed in 1998. Only data categorized via the most recent definition is displayed.

Injury-related deaths shown combine homicide, suicide, and unintentional deaths



## B) Past-Year Illicit Substance Use (Besides Cannabis) Among 12th Graders



# Key Context



61% at Home



66% had Bystander



66% had no history of Opioid Use Disorder

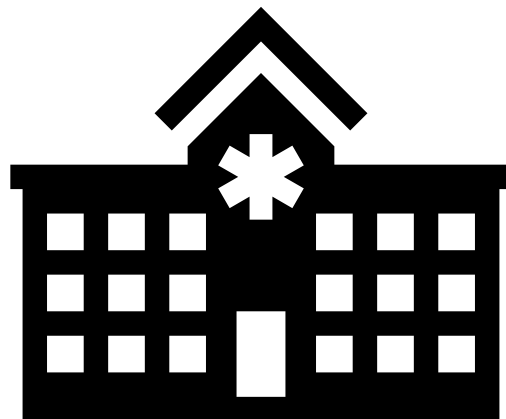


30% got Naloxone

# Healthcare Exposure

**25%** of adolescent and young adult decedents had a healthcare visit within **7**

**days** of their deaths



# Adolescents Want to Talk

	Important to Discuss		Actually Discussed	
	13-14yo	15-18yo	13-14yo	15-18yo
<b>Drugs or Alcohol</b>	<b>72%</b>	<b>71%</b>	<b>42%</b>	<b>51%</b>

# Screening During Visit

- S: Strengths :What are you proud of? What are you good at?
- S: School: What grade? Where? How is it? What do you like/dislike? Absences? Bullying?
- H: Home: Who do you live with? How do you get along with them? Any changes in life at home? Who could you talk to at home?
- A: Activities: How do you spend your time? What do you do for fun?
- **D: Drugs and Substance Use**
- E: Emotions, eating, depression: Stressed? Nervous? Depressed? Suicide Ideation? SelfHarm Behavior? Body Image? Relationship with food?
- S: Sexuality and Gender Identity: Are you attracted to guys, girls, neither, both? Kissing,touching, sex? What kind? Who are your partners? Goals around pregnancy? How to keepyourself safe? What is your gender? Pronouns? Safety around these identities
- S: Safety: Safe at home and school? Abuse? Threats? Bullying? Safety in relationships?

# Screening Tools

- S2BI (Screening to Brief Intervention)
  - BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs)
  - CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)
- 
- ~5 minutes



# Going Deeper

- Why do they use?
- What do they use?
- Route of use (i.e. smoke, snort, inject)
- How often?
- How much?
- With whom?
- Where do they get the drugs?
- How do you pay?



# Pro Tips 1

- Initiate conversations with curiosity
- Be mindful and direct about confidentiality
- Understanding motivations can help guide next steps
- Substance use can relieve distressing symptoms

## Pro Tips 2

- Stay calm and non-judgmental.
- DON'T use scare tactics
- Make it salient
- DO give honest recommendations
- Keep the conversation going.
- Several short conversations work better than one “Big Talk.”

**“Can you tell me what you know about fentanyl and lacing?”**

**“Can you tell me what you know about Naloxone?”**

**“Have you heard of a drug called fentanyl? What have you heard?”**

**If you ever have any questions about fentanyl – or any drug – talk to me. It’s my job to help keep you safe and healthy.”**

# Responding to a Positive Screen: 5 R's

REVIEW screening results

RECOMMEND not to use

RIDING/DRIVING risk counseling

RESPONSE elicit self-motivated  
statements

REINFORCE self-efficacy



# Confidentiality

- Send out confidentiality policy
- Discuss confidentiality policy
- Limits to confidentiality
  - Safety concerns
  - Billing
- Ask parents to step out
  - Have private time at each visit
- Periodically remind teen of confidentiality

# Harm Reduction

- Safety

- Don't using alone
- Don't mix substances
- Naloxone
- Fentanyl test strips
- Avoid injecting

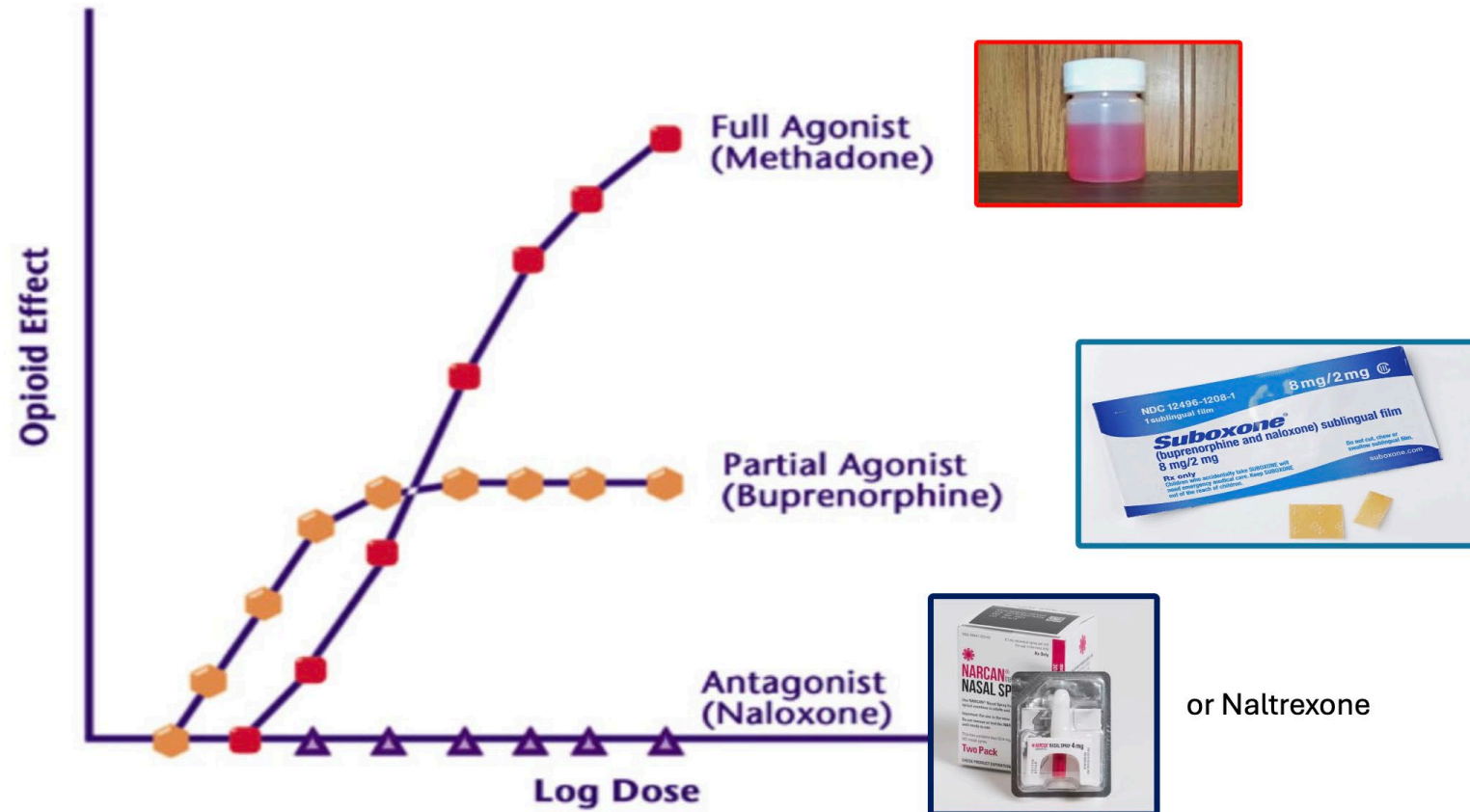
- Goals

- Not using before school/work
- Using a decreased amount or less often
- Focus on mental health



# Treatment

- Counseling
- Medications



# MOUD

Methadone and Buprenorphine decrease mortality by **40-50%**

Safe

Counseling/abstinence is not a pre-requisite

Messmer SE, Perri MM, Davis AM. Management of Opioid Use Disorder. *JAMA*. 2026;335(11):999-1000. doi:10.1001/jama.2025.25464

Dahan A, Yassen A, Bijl H, et al. Comparison of the respiratory effects of intravenous buprenorphine and fentanyl in humans and rats. *Br J Anaesth*. 2005;94(6):825-834. doi:10.1093/bja/aei145

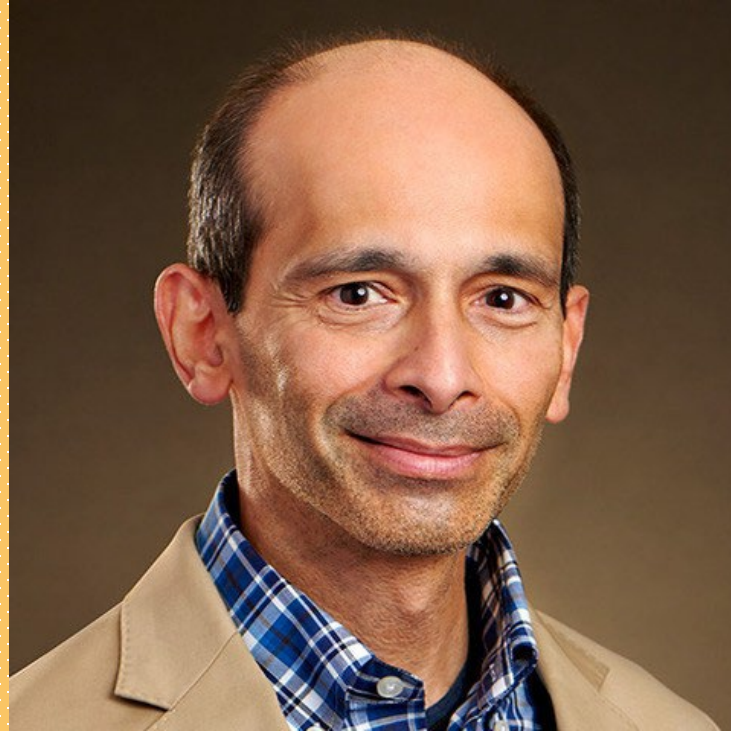
# Key Takeaways

- Ado = high risk/high reward
- Dangerous
- Intervention across settings
- Screening Tools and Techniques
- Harm reduction
- MOUD
- Dead kids don't recover

**Thank You**

Questions?

# Featured Presenter



Dr. Abhilash Desai, MD

Medical Director, Idaho Memory & Aging Center, P.L.L.C.

Clinical Associate Professor, Department of Psychiatry and Behavioral  
Sciences, University of Washington School of Medicine, Idaho Track

# Opioid Screening: Identifying Risk, Signs & Symptoms.”

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5/14/2026

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# Financial disclosures

None

# Learning objectives

Identify risk factors, signs and symptoms of Opioid Use Disorder (OUD)

Employ screening practices for OUD utilizing evidence-based tools

Define and identify key steps of brief intervention and referral to treatment

# Definitions / Descriptions

- Opioid misuse: A broad clinical syndrome of using opioids without a prescription or in doses and frequencies greater than prescribed, and for purposes other than its medical use.
- Opioid addiction = Opioid use disorder (OUD): Chronic mental health condition that involves problematic pattern of compulsive opioid use
- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Opioid Use Disorder Diagnosis

Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)  
criteria recommended (meeting 2 out of 11 criteria within a 12-month  
period)

- American Psychiatric Association 2022. DSM-5-TR.

# Case

- 42-year-old male electrician comes with his wife to their primary care physician (PCP)
- Wife reports that her husband is using prescription opioids “too much.”
- Screening with DAST – 10 indicates severe problem (scored 9 points)
- The PCP does brief intervention to improve patient’s insight into the seriousness of the problem and praises the patient for agreeing to treatment
- The PCP refers the patient for buprenorphine-naloxone and intensive outpatient treatment to a local addiction treatment center

# Learning objective #1

Identify risk factors, signs and symptoms of Opioid Use Disorder (OUD)

# Opioid Risk Tool (ORT)

- Family history of substance abuse (alcohol, illegal drugs, prescription drugs)
  - Personal history of substance abuse
  - Age 16-45
  - History of preadolescent sexual abuse in females
  - Psychological disorders (e.g., ADHD, Bipolar disorder, Schizophrenia)
- 
- Webster and Webster. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. *Pain Med.* 2005; 6(6): 432.

# Opioid misuse (OM) and opioid use disorder (OUD) risk factors

Opioid risk tool (ORT) score of 4 or higher (not validated in older adults but has some clinical utility)

Prescription of opioids for acute pain longer than usual

Prescribing opioids for chronic non-cancer pain in individuals with 4 or more score on ORT

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Opioid misuse (OM) and opioid use disorder(OUD) risk factors

Higher dose and longer duration of prescription opioid use

Trauma - cumulative (high ACE scores, high PCL-C scores)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Opioid misuse (OM) and opioid use disorder(OUD) risk factors

Permissible social biome (friends / family using misusing opioids)

Social determinants of health (e.g., social isolation, *LOSILDA / LSD*)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Opioid misuse (OM) and opioid use disorder(OUD) risk factors

Access to opioids

Conduct disorder in childhood

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Prescription Drug Monitoring Programs

- PDMPs are state-run databases
- Track prescription of controlled substances including opioids
- Identify patients engaging in “doctor shopping”
- PDMPs can be integrated with electronic health records

# Signs and Symptoms

- Risky use: signs of opioid overdose (e.g., falling asleep in the daytime)
- Unsuccessful attempts to cut down
- Failure to fulfill obligations (e.g., relationships, work)
- Social challenges / social withdrawal
- Needing more opioids to achieve the same effect (tolerance)
- Withdrawal symptoms
- Craving
- Persistent use despite physical or mental health problems

# Red flags

Frequent early refill requests

Escalating dose without consulting physician

Multiple emergency room/urgent care presentations for opioid treatment

Seeking opioids from multiple prescribers

- OUD: Diagnosis and Treatment Guidelines. Kaiser Permanente 2022.

# Red flags

Recurrent lost or stolen medications

Stealing or borrowing from others

Disruptive behavior

Not taking as prescribed

- OUD: Diagnosis and Treatment Guidelines. Kaiser Permanente 2022.

# Learning objective #2

Employ screening practices for OUD utilizing evidence-based tools

# Screening vs Diagnosis

Screening tools should not be used for diagnosis

# NIDA Quick Screen for Substance Use Disorder

- Short and Long version
- Short version: In the past year, how often have you used the following?
  - Alcohol (men, 5 or more drinks; women, 4 or more drinks a day)
  - Tobacco Products
  - Prescription drugs for non-medical reasons
  - Illegal drugs

# CAGE-AID

## CAGE questions adapted to include drug use

- Cut down drinking or drug use
- Annoyed by criticism about drinking or drug use
- Guilty
- Eye-opener – drink or drug use in the morning to steady your nerves

- Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wis Med J.* 1995;94:135-40.

# Drug Abuse Screening Tool (DAST) - 10

- Assesses illicit drug use in the past year and degree of problems related to use
  - 10 item tool (e.g., have you had medical problems as a result of your drug use [e.g., memory loss])
  - 0 or 1 point given for each item
  - Depending on points, no problem (zero) to moderate problem (3-5 points) to severe problems (9-10 points)
- 
- Addiction Research Foundation 1982

# Prescription Opioid Misuse Index (POMI)

- Opioid Use Disorder Tool: Developed by the Center for Effective Practice in collaboration with the Ontario College of Family Physicians and the Nurse Practitioners Association of Ontario
  - Section B of this tool: Screening for OUD using POMI, a six-point questionnaire
- 
- Journal of American Pharmacist Association 2016.

# Current Opioid Misuse Measure (COMM)

- Patient self-assessment to monitor chronic pain patients on opioid therapy
- 17-item (e.g., how often have you taken medications differently from how they are prescribed)
- 0 to +4 points for each item (never, seldom, sometimes, often, very often)
- 9 or more points = positive screen
  - Butler SF, Budman SH, Fernandez KC, et al. Development and validation of the current opioid misuse measure. *Pain* 2007;130(1–2):144–56.
  - Utah Medical Association and Uprise Health

# The Screener and Opioid Assessment for Patients with Pain – Revised (SOAPP-R)

- Done prior to prescribing opioid
  - 24 items (e.g., how often do you feel bored?)
  - 0 to +4 for each item (0 = never; 4 = very often)
  - 18 or more points = positive screen
- 
- Butler SF, Fernandez K, Benoit C, et al. Validation of the revised Screener and Opioid Assessment for Patients with Pain (SOAPP-R). *J Pain* 2008;9(4):360–72
  - Uprise Health

# Early accurate diagnosis – DSM 5-TR criteria

Routine periodic screening using validated tools

Routine use of Prescription Drug Monitoring Program (PDMP)

Family / friend / staff / professional caregiver input

Falls, confusion, memory problems, daytime sleepiness

Red flags

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

# Learning Objective #3

Define and identify key steps of brief intervention and referral to treatment

# SBIRT

- Screening: to assess presence of substance use disorder and assess severity
  - Brief Intervention (5-10 minutes)
  - Referral to treatment
- 
- Substance Abuse and Mental Health Services Administration, United States of America. SAMHSA

# SBIRT – Flow chart

- Screening
  - Low risk: no further intervention
  - Moderate risk: Brief intervention (5-10 minutes)
  - Moderate to high risk: Brief treatment (5-12 sessions)
  - Severe risk, dependency: Referral to specialty treatment
- 
- Substance Abuse and Mental Health Services Administration, United States of America. SAMHSA. White paper on SBIRT. 2011

# Brief intervention

- Assess motivation to address the problem and increase insight
- Educating patient and their family
- Motivational interviewing (MI): a type of counseling approach to help clients explore ambivalence to change behaviors and resolve ambivalence
- 4 stages of behavior change: precontemplation, contemplation, preparation, action

# Motivational interviewing: key principles

- Empathy
- Support self-efficacy (belief in one's ability to overcome challenges)
- Improve awareness of cognitive dissonance: that their current behaviors (e.g., drug use) does not match long-term goals
- Collaboration

# Motivational interviewing: four stages

- Engaging (involves active listening)
- Focusing (establishing SMART goals – specific, measurable, achievable, relevant, time-limited)
- Evoking (having a “change talk” to encourage clients to express and write down reasons for change)
- Planning (collaborating on a concrete plan to achieve goals that includes utilizing social support network)

# Brief intervention: Buprenorphine-naloxone

Buprenorphine-naloxone is for a chronic condition (OUD) similar to insulin for Diabetes

Buprenorphine is a partial agonist to the mu opioid receptor, thus:

- causes much less euphoria compared to full agonists
- Extremely difficult to overdose on buprenorphine alone as due to being a partial agonist, there is built in “ceiling effect.”

Buprenorphine-naloxone alone (without any other treatment) has been found to be effective for OUD

It can be continued for as long as patient prefers

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

# Referral to treatment based on severity and acuity of OUD

- Medications for Opioid Use Disorder (MOUD)
- Specialty care including Integrated Dual Diagnosis Treatment (IDDT)
- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Pharmacological interventions for OUD

Naloxone (for overdose management)

Lofexidine, clonidine (for withdrawal symptoms)

Naltrexone (for OUD)

**Buprenorphine (for OUD)**

Methadone (for OUD)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

# Brief interventions and Referral

- Psychosocial interventions
- Resource education: educational pamphlets, local brick and mortar and online resources
- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Psychosocial interventions for OUD

Education of patient, family and professional caregivers

Motivational interviewing

Individual therapy / counseling

Group therapy

Mutual-aid support groups

Contingency management (if stimulant use disorder also present)

- Desai and Grossberg. Substance use disorders in post-acute and long-term care. *Psychiatric Clinics of North America* 2022.

# Referral to treatment based on severity and acuity of OUD

- Referral to the nearest emergency department
  - Inpatient addiction treatment centers
  - Intensive outpatient addiction treatment centers
- 
- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

# Pharmacological interventions for OUD

Slow-release morphine as second line agent (Buprenorphine and methadone are first line)

- Canadian 2024 Guidelines. Opioid Use Disorder.

# Key Takeaway Messages

Quick reliable screening tools are available

Brief intervention is sufficient for majority of patients

Referral to treatment can save lives for almost all complicated OUD patients

# Confronting Reality – Atul Gawande

*We're caught in a transitional phase. However miserable the old system has been, we are all experts at it. We know the dance moves. With this new way, in which we together try to figure out how to face mortality and preserve the fiber of a meaningful life with its loyalties and individuality, we are plodding novices. We are going through a societal learning curve, one person at a time.*

Book: Being Mortal – Medicine and What Matters in the end.

# Resources

Partnership to End Addiction: obtain free support for family members concerned about a loved one's opioid use (<https://drugfree.org/get-support>. opens in new tab)

Fentanyl poisoning and counterfeit pills (<https://drugfree.org/fentanyl-poisoning/>. opens in new tab)

Supporting a loved one's recovery (<https://drugfree.org/recovery-resource-center/>. opens in new tab)

Comprehensive guide for families with a teen or young adult struggling with opioid use (<https://drugfree.org/wp-content/uploads/2018/03/Heroin-Fentanyl-Other-Opioids-eBook-Partnership-for-Drug-Free-Kids.pdf>. opens in new tab)

Information on medications used to treat opioid use disorder (<https://drugfree.org/article/medications-to-treat-opioid-use-disorder/>. opens in new tab).

# Rainer Maria Rilke

*Ultimately, and precisely in the deepest and most important matters, we are unspeakably alone; and many things must happen, many things must go right, a whole constellation of events must be fulfilled, for one human being to successfully advise or help another.*