

Changing the Culture of Construction



Training Manual

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WHAT IS AN EAP?

EAP stands for Employee Assistance Program

AN Employee Assistance Program is a free and confidential worksite-based program available to members as well as any family members living in the same house.

How can they help?

There are many ways EAP's can provide assistance to members and their families including the following:

- Health
- Drugs and Alcohol
- Marital and Family
- Emotional
- Financial/Legal
- Stress

MYTH VS FACT

Taking the first step and reaching out for help is often the hardest part of the treatment process. This section of the training addresses some of those myths that prevent people from accessing services through their EAP provider.

Some myths include:

- 1.) Asking for help is a sign of weakness
- 2.) The counselor cannot understand me unless he/she has had similar experiences or is of the same background

- 3.) If I use my company's EAP my boss will find out
- 4.) I do not have time for counseling

Roles and Benefits

This section outlines the role and benefits EAPs provide and how they are beneficial for both employers and employees. Here are a few of the benefits:

- Attract and retain employees
- Boost morale
- Increase productivity
- Decrease medical costs

Allied Trades EAP.

ATAP was created to address the needs of union members and their families, arising out of substance abuse and mental health issues.

Note

Instructors can encourage students to share any myths they have heard about counseling for substance abuse and mental health problems. Ask students to identify what barriers contribute to people not reaching out for help.

Module

2

ETHICS AND CONFIDENTIALITY

Confidentiality is defined as “spoken, written or acted on, etc., in strict privacy or secrecy.”

Ethics and confidentiality are an essential aspect of understanding the treatment process. Prior to starting the process of finding treatment resources for yourself or a family member, it is extremely important to be aware of how the treatment process works. Most services provided by a therapist are confidential. It is also important to be aware of the limits of confidentiality.

HIPPA

1. Health Insurance Portability Act: a brief description of the HIPPA law is provided
2. What HIPPA was created for and how it protects healthcare consumers is described.

Exceptions

Exceptions to confidentiality are identified. While most aspects of interactions between therapist and client are kept strictly confidential, there are some exceptions. Some examples of exceptions are:

1. Court orders
2. Patient consent
3. Internal Communications
4. Disclosures without identification of the Client
5. Medical Emergencies
6. Research and audits
7. Child and elder abuse
8. Duty to warn

ACTIVITY: Vignettes; Several vignettes are provided that describe some examples of exceptions to confidentiality.

Note

Instructors can review vignettes with the students. Discuss what confidentiality means as well as identify the exceptions. Encourage students to identify what they already knew about confidentiality and what surprised them. How does this topic change the way they feel about treatment?

Module

3

ALCOHOL

It was not until 1983 that alcoholism was recognized as a disorder

Since the beginning of recorded history, Alcoholism has been present. Attitudes toward persons who have suffered from this disorder have been negative and pejorative. Alcoholism has been thought of as a lack of willpower, mental problem and a moral issue. Individuals dealing with this disease were often shunned and stigmatized.

HISTORY

A brief history of alcoholism is provided.

DENIAL

Denial is a defense mechanism. It is an unconscious process in which the person or persons refuse to acknowledge painful realities, thoughts or feelings. Denial is often an integral part of the disease of alcoholism it affects not only the individual abusing alcohol but also the entire family system.

SYMPTOMS

Symptoms of alcoholism are identified including physical, active and emotional

A.) Physical- motor control, hand eye coordination, stagger, speech, blackouts

B.) Active- Irresponsible, tardiness, absenteeism, dishonesty, broken promises

C.) Emotional-compulsion, low self-esteem, grandiosity, shame, remorse, depression, anxiety, self-pity, rage, paranoia

WITHDRAWAL

The four steps of withdrawal are identified:

Stage 1: Tremors, excessively rapid heartbeat, hypertension, heavy sweating, loss of appetite and insomnia

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Stage 2: Hallucinations- auditory, visual, and tactile or a combination of these and rarely olfactory signs

Stage 3: Delusions, disorientation, delirium- sometimes intermittent in nature followed by amnesia

Stage 4: Seizure activity

Note

Instructors can review the case studies with students. Discuss stigma and attitudes toward alcoholism and the impact it has had on people access treatment. Define denial and have students identify examples of denial they have seen whether in relation to substance abuse, mental health or any other kind of issue. Alcoholism is a family disease it affects the dynamics within the entire family not just the individual abusing alcohol. Encourage students to identify examples of the impact of alcoholism and all family members.

Module

4

MARIJUANA

Pot, grass, weed, marijuana has many different names but whatever you call it, it's the nation's most commonly used illicit drug.

While there may be a great deal of controversy surrounding marijuana and its use, the fact is that there are many negative consequences to marijuana use both short term and long term.

What is Marijuana?

Marijuana is a greenish-gray mixture of dried and shredded leave, stems, seeds and flowers of cannabis sativa. T.H.C. causes the mind-altering effects of marijuana intoxication.

What are the effects of Marijuana?

The effects of marijuana are both short and long term. Short term acute affects (present during intoxication) are:

- 1.) Impaired short term memory
- 2.) Impaired attention, judgement and other cognitive functions
- 3.) Increased heart rate
- 4.) Anxiety, paranoia
- 5.) Psychosis (uncommon)

There are also long term health consequences of marijuana use including:

- 1.) Can lead to addiction
- 2.) Gateway drug
- 3.) Increased risk of chronic cough, bronchitis and emphysema
- 4.) Cognitive impairment

- 5.) Potential reduction in IQ
- 6.) Difficulty making decisions
- 7.) Potentially increased risk of anxiety and depression

Medical Marijuana

Medical marijuana has been legalized in 23 states as of 2015. Its recreational use has been legalized in 4 states as of October 2015. There are pros and cons to its legalization.

ACTIVITY

Case Study: A case study is provided illustrating the dangers of marijuana use and its progression from casual to more chronic use. Some effects of marijuana use such as cognitive difficulties, tardiness and workplace errors are highlighted.

Note

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss pros and cons of marijuana legalization. Lastly, discuss the gateway drug concept.

Module

5

Prescription Drugs

Prescription drug abuse is on the rise in the United States. They are easier to get and harder to get caught using.

The abuses of prescription drugs is an insidious problem that often begins innocently by taking medications prescribed by a doctor. However, if not taken according to the doctor's prescription or if used to self-medicate, prescription drug use can quickly lead to an addiction. It is imperative for people to understand the most commonly abused prescription drugs, their affects and how to avoid developing a tolerance and eventually and addiction to them.

ON THE RISE

52 Million People in the U.S. over the age of 12 have used prescription drugs non-medically in their lifetime. About 6.1 Million People have used prescription drugs non-medically in the past month. The abuse of a wide variety of prescription drugs will soon surpass smoking as the number one health problem in America.

MOST COMMONLY ABUSED PRESCRIPTION DRUGS

- 1.) Opioids- prescribed for pain
- 2.) Central Nervous System Depressants- prescribed for anxiety and sleep disorders
- 3.) Stimulants-prescribed for ADHD, Narcolepsy and obesity

WHAT IS PRESCRIPTION DRUG ABUSE?

- 1.) Multiple doctor shopping
- 2.) Forged prescriptions
- 3.) Illegal online pharmacies
- 4.) Theft (hospitals, residences, pharmacies)

- 5.) Obtaining from family and friends

ACTIVITY

Case Study: A case study is presented about prescription drug abuse. How the problem can evolve from being prescribed medication for legitimate purposes to self-medicating, building a tolerance, doctor shopping and addiction is described.

Note

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss some of the difficulties in addressing this issue including denial. What are some of the factors that lead to the medication being abused including stress, unemployment, and chronic pain issues etc.?

Module

6

COCAINE

Although statistics show a drop in cocaine use, without proper education and the availability of proper treatment and because cocaine is very seductive and appealing drug, we may see heroin and methamphetamine sitting on the sidelines while cocaine resurges to the top.

Cocaine has had a long history of use in this country. The use of coca leaves for a sense of well-being can be traced back to 500 AD. Despite known dangers of the drug, more than 400,000 infants are born addicted to cocaine in the U.S. There are .7 million new male users each year and .5 million new female users demonstrating that cocaine use is a major problem.

History

Cocaine has been used since 500 AD. By 1000 AD the coca shrub was extensively cultivated in Peru. Inca surgeons used coca leaves as a local anesthesia. It was even used by Sigmund Freud in 1884 who experimented with the leaves to find a therapeutic use. He was also one of the first to recognize the negative effects. Cocaine was even used in Coca Cola in 1903. By 1914, 46 U.S. states passed laws to regulate its use and distribution, as they became aware of the negative psychological effects of the drug.

How Cocaine is used

There are various forms of cocaine including:

- Crack or Rock
- Coca Paste
- Freebase
- Cocaine Hydrochloride
- Chewing and Sucking Coca leaves
- Snorting or sniffing powder
- Intravenous

- Smoking

Dangers of Cocaine Use

Acute Toxicity-Acute cocaine poisoning leads to profound central nervous system stimulation, progressing to convulsions that may lead to cardiac arrest.

Chronic Toxicity

- Chronically inflamed, runny nose
- Malnutrition
- Irritability and restless
- Paranoia that could lead to a full blown paranoid psychosis in which the individual loses touch with reality

ACTIVITY

Case Study: A case study is presented describing cocaine abuse. The evolution of using the drug occasionally to “party” to the drug interfering with daily functioning and responsibility is depicted.

Note

Instructors can review the case study with students. Encourage students to identify some of the warning signs of addiction in the case study. Discuss some of the difficulties in addressing this issue including family dynamics and tendency toward denial and minimization.

Module

7

METHAMPHETAMINE

Methamphetamine is a strongly addictive stimulant, particularly when injected or smoked.

Methamphetamin or Meth as it is commonly called is a potent central nervous system stimulant which affects neurochemical mechanisms responsible for regulating heart rate, body temperature, blood pressure, appetite, attention, mood and responses associated with alertness or alarm conditions. It also has a long history of use from medicinal purposes to keeping soldiers alert. It is now made and distributed by various groups including motorcycle gangs, prison gangs, organized crime etc.

History

- First synthesized from ephedrine in Japan in 1893
- One of the early uses of amphetamine occurred in WWII where it was dispensed to troops under the name Pervitin.
- In the 1950's methamphetamine was prescribed to the American public for narcolepsy, post-encephalitic, Parkinsonism, alcoholism, certain depressive statements and treatment of obesity.

Side Effects

Methamphetamine has serious side effects including;

Acute Use: Twitching, jittery, agitation, repetitive behavior, jaw clenching or teeth grinding, diarrhea, nausea etc.

Chronic Use: drug craving, weight loss, withdrawal related depression, erectile dysfunction, tooth decay etc.

ACTIVITY

Case Study: A case study is presented describing Meth use. The ways in which the drug interferes with daily functioning and can lead to criminal behavior such as theft is depicted.

Note

Instructors can review the case study with students. Encourage students to identify some of the signs of drug abuse. Discuss the videos and student's reaction to them

Module

8

HEROIN

Heroin is a concentrated form of opium, that has determined the history of nations, been the cause of major wars and today has become our newest epidemic.

Today heroin is one of the most utilized illegal substances. Occurrences of overdoses and addiction, due to heroin use, are at and all time high and seem to be on the rise. One use of heroin can lead to an addiction.

History

- Heroin was first placed on the market in 1898 by Bayer Laboratories. It was originally marketed as a non-addicting substitute to codeine.
- The use of heroin began to increase after the Civil war due to being given to wounded veterans.
- By 1906, the food and drug act was passed, due to the concern of the number of people becoming addicted.
- In 1915, the Supreme Court ruled that possession of smuggled opiates was a crime but physicians continued to support their use.
- By 1922, the only source for opiates was through illegal drug dealers
- 1970 Heroin was sold openly in South Vietnam leading many veterans returning home from the Vietnam War addicted to heroin
- 1980's and 1990's new high potency heroin that can be mixed with crack and inhaled through a pipe increased its appeal to the young.
- Today Heroin appears to be on a parallel path with the previous cocaine epidemic. Heroin purity is very high and the drug is being snorted by all socioeconomic classes.

Dependence

Physical - as each dose begins to wear off, withdrawal symptoms appear- the body needs the drug

Psychological - once withdrawal symptoms begin to appear, the mind demands the drug

Addiction

Heroin is a short-acting drug and must be taken every few hours to avoid painful withdrawal symptoms. Tolerance develops rapidly and with continued use dependence and addiction are a virtual certainty. Addicts still crave the drug after years of abstinence and relapse rates are high.

ACTIVITY

Case Study: A case study is presented describing heroin addiction. Themes addressed are the common progression from pain medication to heroin. The drug's impact on mood, behavior and daily functioning are highlighted.

Note

Instructors can review the case study with students. Encourage students to identify some of the signs of drug abuse. Discuss the videos and student's reaction to them. Have students share personal examples of friends or family members who have been affected by this epidemic.

Module

9

DESIGNER DRUGS

A designer drug is “a synthetic analog of a legally restricted or prohibited drug, devised to circumvent drug laws”

Today there are many popular synthetic drugs known as designer drugs. This training explores several of them including; Molly, K2, Bath Salts and Flakka. Although marketed as “natural” all of these drugs have serious side effects and health consequences.

Molly/Ecstasy

What is it? Ecstasy is often called the “love pill” because it heightens perceptions of color and sound and supposedly it amplifies sensations when one touches or caresses another, particularly during sex.

History- Ecstasy was originally developed by Merck pharmaceutical in 1912. As “MDMA” It was not until 1970 that MDMA started being used as a party drug. Still legal in 1984, it was being sold under the name Ecstasy. By 1985 it was banned due to safety concerns. It has now been renamed Molly.

Health Consequences- There are numerous negative health effects to Ecstasy/Molly that are described throughout this training such as; emotionally damaging (depression, confusion, severe anxiety, paranoia, psychotic behavior), smothers the natural alarm systems of the body often leading to becoming overheated leading to heatstroke. Some of the long term effects include; depression, concentration problems, sleep, mood disturbances tremors and memory problems

K2

What is it? - Synthetic marijuana or “fake weed.” It’s a synthetic cannabinoid that are sprayed on dried shredded plant material and can be smoked. Although marketed as a safe alternative to marijuana, it may affect the brain much more powerfully than marijuana. K2 is an addictive substance.

Health Effects- Often other chemical compounds are added to this substance making its affects unpredictable. Some known effects have been reported; extreme anxiety, confusion, paranoia, hallucinations, rapid heart rate, violent behavior and suicidal thoughts.

Bath Salts

What is it? “Bath salts” are the name given to a family of drugs that have one or more manmade chemicals related to cathinone. Cathinone is an amphetamine-like stimulant. Bath salts are an addictive substance.

Health Effects- They health consequences of this substance are numerous and severe. It can cause severe intoxication as well as violent behavior, paranoia, hallucinations, chest pain and panic attacks.

Flakka

What is it? –It’s a drug that produces powerful hallucinogenic effects. It’s inexpensive and powerful leading to a high appeal to the poor and young people.

Health Effects- It often leads to a state of “excited delirium.” The individual becomes psychotic, they often rip off their clothes and run into the street violently and have an adrenaline-like strength. They can die if they do not receive immediate medical attention.

Activity-A case study is presented describing designer drug addiction. The drugs impact on mood, behavior and daily functioning are highlighted.

Note- Encourage students to identify their own personal experiences with these drugs. What have they learned now?

Module

10

CO-OCCURRING DISORDERS

A co-occurring disorder is the existence of both a substance abuse disorder and a mental health disorder at the same time.

People with mental health disorders are more likely to experience an alcohol or substance abuse disorder than those who have not been diagnosed with a mental health disorder. In 2014, 45% of Americans seeking substance abuse treatment have been diagnosed as having a co-occurring mental health diagnosis.

Risk and Protective Factors

There are both genetic and environmental factors that contribute to the likelihood of developing either a mental health or substance abuse disorder. Individual protective factors include; positive self- image, self-control or social competence.

Symptoms to Look for

The warning signs of substance abuse and mental health disorders often overlap and it can be difficult to differentiate one from the other and if they are in fact, co-occurring. It requires the intervention of trained professionals to treat these disorders. Many people with co-occurring disorders struggle with;

- An inability to maintain employment
- An inability to maintain functional relationships
- Legal problems
- Financial issues
- Extreme mood swings and an inability to control their emotions

Continuum of Care

Promotion, Prevention, Treatment and Recovery are the key to treating the complexities of co-occurring disorders.

Promotion- Strategies designed to create environments that support individual's behavioral health and the resiliency or ability to withstand these challenges.

Prevention- Interventions designed to stop these disorders before they start. Education is primary in reducing risk of underage alcohol and drug use and the mental health issues that can be caused, triggered or exacerbated by substance abuse.

Treatment- Professional treatment including 12 step programs, outpatient care, inpatient treatment etc. designed for people diagnosed with co-occurring disorders.

Recovery- Support individuals' abilities to live productive lives in the community

Activity

A case study is provided to illustrate some of the challenges faced by persons with co-occurring disorders and barriers to treatment.

Note- Encourage students to identify some of the issues specific to co-occurring disorders. Identify some warning signs. Finally, discuss some of the myths that create barriers to people accessing treatment for co-occurring disorders.

Module

11

BEHAVIORAL/PROCESS ADDICTIONS

A behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug related behavior despite any negative consequences to the person's physical, mental, social or financial wellbeing.

Behavioral addictions sometimes called process addictions continue to be a source of controversy. Controversy exists over these issues being just an excuse for bad behavior or a legitimate disease like alcoholism or prescription drug abuse. Research on the neurological components of addiction show us that behavioral addictions are very similar to chemical addictions in their process, effect on the brain's reward systems and the necessity of professional treatment to maintain recovery from them.

Gambling Addiction

What is it? Gambling addiction also known as pathological gambling is a type of impulse control disorder. Compulsive gamblers cannot control the impulse to gamble even when they know their gambling is hurting themselves or loved ones.

Symptoms-

- Person feels the need to be secretive about their gambling
- When a person has trouble controlling their gambling
- When a person gambles even though they don't have money
- When family and or friends are worried about a person's gambling

Food Addiction

What is it? A food addiction is a “behavioral addiction that is characterized by compulsive consumption of high fat and high sugar foods- the types of foods which markedly activate the reward systems in humans and other animals despite adverse consequences.”

Symptoms- Throughout this training the many symptoms of food addiction are defined. Here are a few;

- End up eating more than planned when eating certain foods
- Keep eating certain foods even if you are no longer hungry
- Eat to the point of feeling ill

Sex Addiction

What is it? - “Sexual addiction is best described as a progressive intimacy disorder characterized by compulsive sexual thoughts and acts.”

Symptoms

- Might become easily involved with people sexually or emotionally
- Because most sex addicts fear abandonment they may stay in unhealthy relationships or jump too quickly from relationship to relationship
- When alone, they may feel empty or incomplete. They might also suffer from feelings of guilt, loneliness or fear.
- Feeling immobilized due to sexual or emotional obsessions.

Internet Addiction

What is it? - “Internet addiction is defined as any online-related behavior which interferes with normal living and causes severe stress on family, friends, loved ones, and one’s work environment.

Some Common Warning Signs

- Preoccupation with the internet
- Use of internet in increasing amounts of time in order to receive the same satisfaction
- Repeated unsuccessful attempts to control, cut back, or stop internet use

- Feelings of restlessness, moodiness, depression or irritability when trying to cut back on internet use.

Activity- Case Study- A case study is provided to illustrate the effects of behavioral addiction. Gambling and its effect on relationships and finances are highlighted. Intergenerational issues and their impact on the development of these issues are also explored.

Note- Encourage students to identify some of the issues specific to behavioral addictions. Identify some warning signs.

Module

12

SAMPLES IN DRUG TESTING

The drug free workplace is a policy adopted in the 1990's in response to the growing number of employees abusing substance in the workplace.

The Omnibus Transportation Employees Testing Act was established to reduce incidence of substance abuse in the workplace. Employees are mandated to participate in drug testing and employers may require this testing if an employee gives probable cause or suspicion to believe they are abusing substances in the workplace

Professions with High Rates of /Substance Abuse

Statistically the professions with the highest recorded rate of substance abuse are;

- 1.) Construction
- 2.) Food Preparation
- 3.) Waiters/Waitresses

Types of Testing

There are several different types of testing utilized to detect alcohol or drug abuse. Urinalysis (81%) is by far the most popular means of drug testing. Blood testing (15%) and hair testing (2%) are the next most common types of testing

Reasonable Cause/Probable Suspicion Testing Procedures

Step 1: Identify the Individual to be Tested

Step 2: Preparation for Notification of Testing the "Impaired" Individual

Step 3: Notify and Escort the Individual to Testing

Step 4: Ask Employee to Sign Permission Form

Step 5: Conduct Test; Breath Alcohol and Urine Sample

Step 6: After testing and collection the individual should be transported back to their residence

Step 7: Results- breath alcohol results are provided immediately and urine tests are available within 5 days

Step 8: Action- The individual suspected must be taken out of service until all results are returned to the company

Step 9: Notify the Individual of test results

Note- Encourage students to discuss the drug free workplace concept. Have students identify ways in which these policies protect both employer and employees. What are some of the ways substance abuse can negatively impact a work environment?

Module

13

TREATMENT LEVELS OF CARE

The best treatment outcomes stem from individualized treatment

Treatment for mental health and substance abuse disorders are covered in this module. Levels of care are explored. It is important that individuals diagnosed with a mental health or substance abuse disorder and their family members are empowered with knowledge to understand the treatment process in order to achieve the best results from the treatment experience.

Outpatient Care

Treatment begins with a full evaluation of the client's current mental/emotional state as well as a detailed history of current and past substance abuse. After the evaluation is complete a mental health and or substance abuse professional will recommend a level of care, which means what type of treatment will be most helpful in helping the individual return to their previous level of functioning.

Outpatient care includes 12 step programs like AA Alcoholics Anonymous or NA Narcotics Anonymous. It can also include individual therapy, medication evaluation or group therapy, known as routine outpatient care. It can include an evaluation by a psychiatrist who evaluates the need for medication.

Intensive Outpatient Care

Is structured treatment that teaches how to better manage stress and cope more effectively with emotional and behavioral issues. IOP for substance abuse teaches about the concepts of addiction and recovery. It consists of frequent visits usually 3-4 days a week and an average of 3-4 hours of treatment per day. Often includes an evaluation by a psychiatrist.

Partial Hospitalization

Is an intensely structured program. It typically consists of 5-7 days per week 6 hours each day. It's often recommended for those have actively participated in higher levels of care such as inpatient. Often includes an evaluation by a psychiatrist.

Ambulatory Detox

Provided on an outpatient basis for people who are highly motivated for recovery but require medical treatment for complicated withdrawal symptoms as a result of substance abuse.

Inpatient Treatment

Is intended for people who need 24-hour care and daily doctor visits in a hospital setting to help stabilize psychiatric issues. Treatment can last for a few days. Family involvement is a very important aspect of this process. For substance abuse treatment this is recommended when individual require 24-hour intensive medical care to ensure safety. In substance abuse treatment it is intended for people whose situations are medically complicated or who are plagued with serious withdrawal symptoms.

Residential Treatment

Should only be considered when all available and appropriate outpatient treatment approaches have been tried first. It is intended for people who do not need medical attention. Not appropriate for people who are unmotivated for change and recovery. For substance abuse treatment it may last 28 days or more.

Note- Have students discuss any misconceptions they may have had about treatment for substance abuse and mental health disorders.

MEDICATIONS FOR TREATMENT

Recovery from a drug addiction can be very difficult. Many people require additional help getting back to normal, healthy living. One important form of help is called medication-assisted treatment.

Medication assisted treatment (MAT) is designed for treatment of opiate/opioid addiction. It involves the administration of FDA medications such as Methadone, Naltrexone, and Buprenorphine. For sustained recovery, it is essential that counseling, support from family and friends and self-help are done in conjunction with the medications as a part of the individual's treatment plan.

Methadone

It reduces withdrawal symptoms in individuals addicted to heroin or other narcotic drugs without causing the “high” associated with drug addiction. It improves function, lessens symptoms and discomfort and lowers the mortality associated with addiction.

Naltrexone

It blocks opioids from acting on the brain, so it takes away the reward of getting high on the problem drug. This feature makes naltrexone a good choice for preventing relapse.

Buprenorphine

Is used to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine. Other names include Suboxone and Subutex.

Activity

A match up activity is included to assess students' knowledge of the different types of MATs (mediation assisted treatment)

Note- Have students discussed any misconceptions they may have had about medication assisted treatment. Do they believe it is a valid treatment method?