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MAGAZINE

'I choose to climb instead of fall'

One woman's story of opioid use disorder and joining an NIH clinical trial

Rachel George is in recovery for opioid use disorder (OUD). Now she's sharing her story with NIH MedlinePlus Magazine to let others with OUD know they are not alone and there are people who want to support them. A participant in OUD-related clinical trials at the National Institute on Drug Abuse (NIDA) in Baltimore, Maryland, Rachel hopes her experience can help researchers study treatments and better understand addiction.

Rachel George, pictured here with her late cat McAdoo, has participated in clinical trials for OUD at NIDA. She dedicates her story to McAdoo.

Why did you start taking opioids? What did you know about how they might affect you?

I started using opioids in 1997, when I was 15. I used to smoke a lot of weed and take LSD frequently until I experienced a "bad trip" and ended up in an intensive outpatient program. I stopped smoking weed because they gave me urine tests and instead sought out drugs such as ecstasy and heroin (an opioid) that would get out of my system faster.

The only information I had about opioids at that time was from one of my favorite movies. But it did not exactly glamorize the lifestyle. Once I felt the effects of opioids, I had no reason or motivation to stop using them until the legal issues, and later the addiction issues, started.

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IMAGE CREDITS: TOP, GETTY IMAGES; MIDDLE RIGHT, RACHEL GEORGE; BOTTOM, GETTY IMAGES

When did you first think you might have OUD?

I have only recently learnt the term "opioid use disorder." As soon as I heard it, I was relieved to have an identity word that wasn't "junkie" regarding my addiction. I didn't know I had a problem with opioids until my 20s when I started doing extreme things to get money to get high. It was also around that time when I started experiencing withdrawal symptoms.

By then, I had used opioids for about seven years. The withdrawals were not too bad at first—I could sleep through them with the aid of prescription drugs I got from my neighbor—but it turned into a beast I could not ignore. I was in jail when I experienced the worst withdrawal I had ever felt. At home, I had the opportunity to go make money and use. In jail, there was no option. That experience taught me withdrawal has a very heavy mental and psychological side to it.

Once at a high school party, I decided to whip out my works and shoot up in front of everyone there. I'm pretty sure people there thought I had a problem. My friends knew when I stopped hanging out with them. And my family knew when I told them I was stealing from them and I had been arrested for robbery.

What is it like for you to live with OUD? What are the effects on your health and well-being?

Living with OUD is like being on a rollercoaster. I have built my life up four or five times just to have it pawned away from a few months of using. I've been fortunate enough to be able to keep climbing out of the holes I dug—some deeper than others. But one thing I have realized is it gets harder to pick myself back up each time.

I haven't had any serious long-term physical effects from my OUD aside from intravenous scars and deteriorating teeth. Mentally, I've learnt I will need to make amends for the things I've done during my active addiction, especially to myself. If I don't take care of that, my mind will surely sabotage everything I try to do in recovery. It takes a lot of mental strength to get clean. I've had to deal with legal issues (I am now no longer on probation!) and attempt to find work without lying about myself, all while trying to acclimate back into society.

When did you consider getting help for OUD? Who did you first talk to about it?

Once I talked about my OUD to someone else, I had to do something about it, such as ask myself, "Do I want to use or not?" Naturally, as an addict, my answer will always be that I want to. It takes strength and work to say no, and until then, that was the opposite of what I had been doing.

When I first realized I had a problem, I went to my mom. We are very close, and she is very "tough love," so I thought she could fix me. But no one but me can fix me, and it was very unfair to put that expectation on her. I let her know how I was feeling every day, and I told her every time I used. We could not figure out why I continued to use opioids even though I didn't want to anymore.

NIDA's Intramural Research Program operates clinical trials for a range of substance use disorders and treatments.

I have always been an "I can do anything" kind of person. I bought a house when I was 22. I have three college degrees. I got my insurance to pay for an elective plastic surgery procedure. I thank my parents for putting that kind of belief in myself.

So we were all baffled when in 2013, when I was 33, I shot up behind the wheel and overdosed. The car veered off the highway, thankfully not hitting anybody. I literally thank God to this day for that miracle. When I regained consciousness, a cop was knocking on my window, and there were so many people surrounding my car and giving their witness statements. I heard someone say as they took me away, "She's on drugs? But she's so pretty!" Drugs do not discriminate. They take the pretty. They take the ugly. Rich, poor, old, young. No one is immune from this.

I ended up in rehab where I told counselors I was *done*—I did not want to live like that anymore. I was on methadone to treat OUD at the time, and they detoxed me off of everything. I came out of there clean. For almost seven years, I was in 12-step recovery.

Why did you decide to seek treatment for OUD?

After those seven years, I started using fentanyl [a powerful synthetic opioid] because heroin was replaced on the streets with fentanyl. I realized the withdrawal from fentanyl was significantly worse than when I was using heroin. I knew things would get worse, so I got into a clinic before it got too bad. I also decided to stop using because the drug supply was not consistent. The quality and effects were less predictable than before. One time I felt like I was breathing gasoline for a week! The experience of using changed, and I did not like it anymore.

"You can change things, but give yourself the time and space to recover and heal."

IMAGE CREDITS: NATIONAL INSTITUTE ON DRUG ABUSE

Why did you decide to participate in NIH clinical trials?

Back in the late 1990s, I used to drive to Baltimore to get high, and I'd see ads in the back of the newspaper for drug trials. It sounded pretty cool back then, but I had other ways of getting money.* When I decided to find ways to make honest money, I remembered these ads and found NIDA. I knew it was the right fit for me after the first trial.

What was your experience in the clinical trials? How has your life changed since?

I was looking forward to the studies when I first went in, but I was not expecting to be treated with such kindness and respect by the friendliest professionals I had ever met. I am not shy about my OUD, so I have experience with a wide range of attitudes toward addicts. NIDA has people who know how to make an addict feel welcomed and respected. The trials were fun and interesting, there were no surprises, and everything was discussed up front. I was happy to be a part of modern addiction science—and to be paid for it!

I qualified for multiple studies, including a 21-day inpatient study where I went through several days of moderate withdrawal from methadone. Everybody involved, from the head doctors to the interns, were so nice and worked hard to make me feel as comfortable as possible. I met some people I got really close to, and they would check on me in the housing unit where I stayed during the clinical trial because it was an inpatient study. The studies allow me to feel like I am contributing to making the world better for people with OUD. There aren't many good things to come out of my addiction, but this is definitely the best.

Since the studies, I've become involved in productive activities, including this article. I am a member of a NIDA Community Advisory Board that makes decisions regarding clinical studies. I've also shared my story at a NIDA conference. I really am grateful for all the opportunities that came out of the studies I participated in.

How would you describe your physical and mental health today?

My physical health today is pretty good. My mental health, on the other hand, is not so good. I'm not sure whether it's from the OUD or from some realizations I recently made. I'm going through some anxiety due to post-traumatic stress disorder. I am on a high dose of methadone and, compared to being off opioids completely, I think it makes me mentally cloudy and anxious. On a positive note, the methadone has made it much easier to manage my OUD—I am very grateful it was available when I needed it.

I also see a counselor twice a month. I get along well with her, and we laugh a lot. I've found it extremely helpful to have her so I can get everything off my chest, and she provides very helpful feedback.

I am in new territory when it comes to how I am dealing with life. I am struggling. It would be easy to fall back into using every day to avoid what I am dealing with, but I choose to climb instead of fall.

> "No matter what you have done in your addiction, you are not only salvageable, but you are a strong, beautiful individual."

What would you say to someone else with OUD who may be struggling or considering treatment?

What I would say is: You are not alone. And make sure you are not alone when you *are* using! Especially with the uncertainty of the drugs out there, some small adjustments in the way you use could mean the difference between life and death.

If you are considering treatment, my best advice is to try it! What else do you have to do today? Also, don't be so hard on yourself. You can change things, but give yourself the time and space to recover and heal.

It's a very cool process to come out of active addiction and see what kind of person you have been holding back with drugs. I have amazed myself more than once with the things I achieved in recovery. No matter what you have done in your addiction, you are not only salvageable, but you are a strong, beautiful individual. Never give up. Keep coming back.

What advice would you give to anyone who wants to support someone with OUD?

I would say get some help yourself, especially if you are really close to the person. You are also not alone. I've learnt through 12-step programs that the people supporting the addicts need support themselves. There are even support groups for loved ones.

There isn't only one way to help someone with OUD. If you need to love someone from far away for your own health, do it. Some people in my life cut me off while I was using, and it later turned into motivation to stay clean. Others did things that might be called "enabling," but they provided the only love I felt when I was all alone using. And that got me through to another day.

If your person with OUD is using, notice how helping them makes *you* feel. If you feel guilty or hurtful, seek help. If your person is seeking recovery or in recovery, do everything you can to help. But again, pay attention to how it is affecting you.

Is there anything else you want our readers to know?

We have come a long way in understanding addiction, and I am so lucky to be able to witness the positive changes in society. I think participating in these studies and the other work I am doing is helping these changes along. I am so grateful to have the opportunity to turn such a devastating part of my life into something wonderful. I thank everyone who has allowed me to help and, of course, my family for always being there no matter what I have done to hurt them. Thank you for allowing me to make amends. I dedicate this story to my late cat, McAdoo (2010–2024). ■

**Editor's note: NIH research trials may offer compensation to participants.*

8 tips for talking (and listening) to your teens about drugs and alcohol

How families can have better, nonjudgmental conversations

Having multiple little talks with your teens about substance use can be more effective than one "big talk." These talks can be short and informal.

Talking to your children about drugs and alcohol can be...well, awkward. It's hard to know what to ask them, what to say, and if you'll get through to them. But talking about substance use is important for promoting healthy behaviors.

If you're not sure how to get the conversation started, these tips from the Substance Abuse and Mental Health Services Administration (SAMHSA) may help. No matter what, be open-minded, well-informed, supportive, and an active and compassionate listener.

1. Keep conversations short, informal, and frequent.

When it comes to talking about substance use, having multiple little talks can be more effective than one "big talk." Talking *frequently* builds trust with teens. They are less likely to misuse alcohol or drugs when they have strong, trusting relationships with their parents and guardians. You can have these talks anytime—on the way to the store, at dinner, or after sports practice.

FAST FACT

In 2023, an estimated **2.2 million people ages 12 to 17** had a substance use disorder in the past year.

SOURCE: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

2. Have solid goals for the conversation and make your position clear.

When talking about alcohol and substance use with your child, SAMHSA recommends you:

- Make it clear that you disapprove of underage drinking and substance misuse.
- Tell your child you care about their health and success.
- Show them you're paying attention and that you'll discourage risky behaviors.
- Build up your child's strategies for avoiding underage drinking and substance misuse, even if you don't think they will want to try them.
- Show them you are a trustworthy source of information about these topics or, if you don't know the answer, that you can help them to find it. That's because...

3. You don't have to be an expert to know where to get the facts.

When it comes to alcohol and substance use, it can be hard for people of all ages to know what's true...and what's not. Before talking with your child, make sure you have the facts straight. The National Institute on Drug Abuse's (NIDA) Parents & Educators webpage is a great place to start. Its expert-reviewed information covers substance use and related topics in English and Spanish.

IMAGE CREDITS: GETTY IMAGES

Read answers to teens' 10 most frequently asked questions received during NIDA's National Drug and Alcohol Facts Week. Top questions included, "Is vaping bad for you even if it's just flavoring?" and "Can marijuana be used as medicine?"

NIDA's video library also has teen-friendly Q&As with scientists on a range of addiction topics. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has quick explainers about the effects of alcohol in their Short Takes Video Series.

4. Be prepared for the conversation to change over time.

As children get older, their environment, experiences, and personal relationships will change. So will the way they learn—how you talk to a fifth grader about drugs and alcohol will be different from how you talk to a high school senior. Adjust the information you share and the language you use so it's understandable to your child or teen.

For young people headed to college, NIAAA has useful guides for parents and students to make the transition easier and to help them avoid underage and other unhealthy drinking.

5. If you notice something's different, ask your child about it.

There is no one "type" of person who develops an addiction or experiences other health problems related to substance use. Anyone can develop an addiction. Consider talking to your child if you notice any of the following signs:

- They've lost interest in their favorite activities.
- Their eating, sleeping, or personal hygiene habits are changing.
- They're hanging out with different friends than usual.
- They're having more problems with family members or friends.
- They're getting lower grades, missing classes, or skipping school.
- They're getting in trouble in school or with the law.

6. Have a "code word" for risky situations.

It's a good idea for you and your child to come up with strategies to help them avoid underage drinking and other substance misuse. But even with a plan, young people can find it difficult to make safe decisions in the moment.

Consider having a code word or phrase your child can text you or someone else they trust if they need help in an uncomfortable situation. Your child may worry about asking for your help for fear of getting in trouble, so make it clear and show them that if they or someone else are in danger, they can come to you for help. Offer them a safe ride home or arrange a ride from another trusted driver.

Anyone can develop an addiction. Talk to your child if you notice signs such as changes in their eating, sleeping, or personal hygiene habits, or if they've lost interest in their favorite activities.

7. Be ready to listen to your child, too.

The conversation should go both ways, so listen to what your children have to say about alcohol and substance use. Take their feelings and concerns seriously.

If your child asks you about your own past or current substance use, many experts recommend being honest. Even if you drank alcohol or used drugs as a teen, it shouldn't stop you from discouraging your own child from repeating that behavior now. And if you and your child are comfortable, you can even share relatable stories from your own life.

8. If your child tells you they are struggling, support them.

If your child is misusing drugs or alcohol, show you love them and get help. Contact their health provider or go to FindTreatment.gov for mental health and substance use disorder services in your area. You can also call the SAMSHA National Helpline at 1-800-662-HELP (4357) (TTY: 1-800-487-4889), which is free and open 24/7, 365 days a year. This service provides referrals to local treatment facilities, support groups, and community-based organizations. ■

Did you know: Why is the drinking age 21?

The national drinking age was set to 21 in 1984 in an effort to reduce teen binge drinking and related vehicle accidents. Motor vehicle crashes are the leading cause of death for teens in the United States. In 2020, 29% of drivers ages 15–20 killed in crashes had been drinking.

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

IMAGE CREDITS: GETTY IMAGES

A better way to say that:

Stigmatizing language affects how we treat addiction

Changing the way we talk about addiction can help reduce stigma and may even improve treatment outcomes.

Substance use disorders (SUDs) are chronic, treatable conditions that people can recover from, but stigma around them makes it hard to seek treatment. SUDs are very common and can affect anyone, but the disorders are often misunderstood. In 2023, an estimated 16% of people with SUDs reported that they did not seek treatment because they worried about what their community would think.

Stigma refers to negative attitudes about people based on their characteristics. People can also have "internalized stigma," where they hold negative beliefs about their own traits or features. Internalized stigma can lower self-esteem or increase stress, which are both bad for mental health!

> People can internalize stigma about themselves, which can worsen their mental health.

FAST FACT

In 2023, around **85% of people** in the United States **ages 12 and older** with substance use disorders did not receive treatment in the past year.

SOURCE: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Changing the ways we talk about addiction can help reduce stigma and may even improve treatment outcomes. It's important to understand why stigma happens and how the words we use to describe addiction matter.

Addiction is a medical disorder, not a moral failing

Addiction is a health condition that can improve with medical treatment. But for much of our history, medical professionals and others incorrectly saw addiction as a character flaw. This has led to bias among health care providers who may give inadequate treatment—or no treatment at all—to people with SUDs.

IMAGE CREDITS: GETTY IMAGES

Since 2013, when clinical guidelines changed, people have started saying "alcohol use disorder"(AUD) instead of "alcohol abuse" or "alcohol dependence." "SUD" is also replacing terms like "drug abuse." The newer guidelines acknowledge that AUD and SUD are treatable, that they vary in severity, and that people can recover from them.

Changing medical language is a good start, but changing mindsets takes time. We can help by being more mindful of the way we talk about addiction.

Using person-first language

When talking about addiction, it's typically best to use neutral, person-first, and person-centered language. This means describing an illness or disorder as only one part of a person's life rather than defining the person by their condition. For example:

- Instead of calling someone an "alcoholic," say they are a "person with alcohol use disorder."
- Instead of saying someone "is an addict," say that they "have a substance use disorder."

Learning a "new" addiction language takes time

Simple changes in language can help reduce or avoid harmful stigma around SUDs. It takes work to slow down and choose the right words. Language also changes all the time, and it can be hard to know what's a helpful or harmful thing to say in every situation. But with practice, you'll soon be fluent! Here are some tips to help:

- Person-first language is usually the best option.
- Let someone choose how they want to be described. If you're not sure what words to use, just ask!
- It's OK to ask questions, but respect their privacy.
- Be open-minded and ready to learn.
- Be kind to others and yourself.
- Call out stigmatizing language when you hear it. ■

Next time you need help finding the right words to talk about SUDs, consider using this chart inspired by the National Institute on Drug Abuse.

Person-first language for talking about addiction

Instead of…	Use…	Because…
Addict, user, substance or drug abuser, or junkie	Person with a substance use disorder (SUD), person with an opioid use disorder (OUD), or person with opioid addiction	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person *has* a problem or illness, not that they *are* the problem. It doesn't blame the individual for their disorder.
Alcoholic or drunk (noun)	Person with alcohol use disorder (AUD) or person who misuses alcohol or engages in unhealthy/hazardous alcohol use	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person *has* a problem or illness, not that they *are* the problem. It doesn't blame the individual for their disorder.
Former or reformed addict	Person in recovery or person who previously used drugs	Person-first language helps emphasize that SUD is a medical condition. It also shows that a person *has* a problem or illness, not that they *are* the problem. It doesn't blame the individual for their disorder.
Dirty, failing a drug test	Testing positive (on a drug screen)	Using medically accurate terminology helps people stay hopeful that they can make a change.
Habit	SUD or drug addiction	Describing an SUD as a habit may make it seem less serious than it is and may imply living with an SUD is a choice.
Abuse	Use (for illicit drugs) or misuse (for prescription medications used other than as prescribed)	The word "abuse" brings on negative judgments and associations with punishment.
Clean	Being in remission or recovery, abstinent from drugs, not drinking or taking drugs, or testing negative (on a drug screen)	Saying someone is "clean" inappropriately suggests that if they're not in recovery, they are "dirty."
Addicted baby	Baby born to a parent who used drugs while pregnant, baby with signs of withdrawal from prenatal drug exposure, newborn exposed to substances, or baby with neonatal abstinence syndrome	Babies cannot be born with addiction because addiction is a behavioral disorder. Emphasize the medical condition without judgment.

How naloxone reverses opioid overdoses (and why it's important to have on hand!)

Naloxone is a powerful tool for preventing deaths from opioid overdoses. First responders and health care providers use this medication in their day-to-day work, but anyone can keep it on hand and save lives, too.

What is naloxone and how does it work?

Naloxone is an "opioid antagonist" medicine. It attaches to opioid receptors in the brain to reverse and block the effects of opioids. Opioids include heroin, fentanyl, oxycodone, and morphine, to name a few. When someone overdoses on opioids, their breathing can slow or stop altogether. Naloxone can quickly and safely restore regular breathing.

Naloxone can be given to someone you think might be having an opioid overdose. Anyone can carry naloxone. It is an especially good idea to have naloxone nearby if you or someone you know might use drugs. Even though naloxone only *reverses* overdoses caused by opioids, it should be given any time you think someone may be overdosing from any drug. That's because many other substances—such as cocaine, counterfeit prescription pills, and methamphetamine—may be contaminated with opioids.

If you are concerned that giving naloxone can unintentionally harm someone, don't worry: Naloxone does not affect people who don't have opioids in their system.

Common signs of an opioid overdose include:

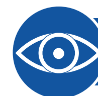
- Slow or shallow breathing
- Unconsciousness
- Very small pupils
- Inability to speak
- Vomiting
- Faint heartbeat
- Limp arms and legs
- Pale skin
- Purple lips and fingernails

HOW TO RECOGNIZE THE **SIGNS OF AN OVERDOSE**

UNRESPONSIVE

IRREGULAR BREATHING

GRAY, BLUE, OR PALE SKIN COLOR


VERY SMALL PUPILS

HOW TO **REVERSE AN OVERDOSE**

Immediate action saves lives! Some states' Good Samaritan laws protect you when you are trying to help someone in need.

CALL 911 IMMEDIATELY

Call 911, or direct someone nearby to call, and say that you are supporting a suspected overdose.

ADMINISTER NALOXONE

Even though the person is unresponsive, 1) announce that you are going to give naloxone and 2) spray the naloxone in the person's nose.

ADMINISTER CPR

Tilt the individual's head back to make sure their airways are open. Apply chest compressions.

GIVE NALOXONE AGAIN

Administer additional naloxone if the person does not regain color or breathing, otherwise continue chest compressions until help arrives.

REMAIN CALM & COMFORTING

If the person is revived, remain calm and compassionate and encourage them to accept help or stay in a public place.

Harm reduction is all about keeping people safe in a practical way. Simple tips are to:

CARRY NALOXONE | NEVER USE ALONE | GO SLOW | TEST YOUR DRUGS

SOURCE: NATIONAL INSTITUTE ON DRUG ABUSE

IMAGE CREDITS: GETTY IMAGES

Narcan is a brand of naloxone and is available as a nasal spray.

Naloxone can be given as a nasal spray or an injection. The medicine is fast acting but only works in the body for 30 to 90 minutes. It may take multiple doses to counteract stronger opioids such as fentanyl. A pharmacist can provide more information on how to use it properly.

If you believe someone may be experiencing an opioid overdose, start by calling or having someone call 911. Follow the instructions that come with the naloxone medication and/or follow the instructions from the 911 operator. Stay with them until emergency help arrives.

Getting naloxone

Hospitals carry naloxone and, increasingly, so do first responders, including police and firefighters. But you can also get naloxone from a doctor or pharmacist, as well as from local health departments and public health clinics. Ask your pharmacist whether your insurance can cover the cost of naloxone. Some local distribution programs can also provide naloxone at low or no cost and provide training on how to use it.

There can be barriers to getting naloxone, including cost, supply, stigma, or lack of information about local laws. People who need it may not always be able to get it. The availability of naloxone may depend on your area. Check your state's laws on getting naloxone from a pharmacist. Some states have "Good Samaritan laws" that can protect you and the person overdosing from drug possession charges when you call 911. These laws encourage people to seek medical help in the event of an overdose.

NIDA supports research to address this and other aspects of the drug overdose crisis.

After an overdose

As effective as naloxone is, this lifesaving medicine specifically works by reversing an opioid overdose and does not treat a substance use disorder (SUD). SUDs, including opioid use disorder, are chronic, treatable conditions from which people can recover. People with SUDs have trouble stopping drug use despite the negative consequences. People who survive an opioid overdose are still at risk for continued substance misuse. FindTreatment.gov can help find treatment for SUDs across the United States. ■

Looking for NALOXONE?

Visit www.naloxoneforall.org

First responders and health care providers use naloxone in their day-to-day work, but anyone can keep it on hand and save lives, too.

IMAGE CREDITS: TOP, NATIONAL INSTITUTE ON DRUG ABUSE; BOTTOM, GETTY IMAGES

Fentanyl 101

Fentanyl can be made into pills or powders, which can unknowingly get mixed into other drugs.

According to the Drug Enforcement Administration, 2 mg of fentanyl (which can fit on the tip of a pencil) can be enough to kill the average American.

Fentanyl is a powerful synthetic (lab-made) opioid. Prescription fentanyl is FDA-approved to treat severe pain related to surgery or complex pain conditions. Over the past decade, fentanyl that is made and distributed illegally has become increasingly common in the illegal drug supply and has contributed to a surge in drug overdose deaths.

People sometimes take illegally-made fentanyl knowingly, either by itself or with other drugs in various forms, such as powders or pills. People can also unknowingly consume fentanyl when it is mixed into or sold as other drugs, including heroin, cocaine, or counterfeit pills.

Can a person overdose on fentanyl?

Yes. Because fentanyl is about 50 to 100 times more potent than morphine, even a very small dose of fentanyl can be deadly. Using a drug that has been contaminated with or replaced by fentanyl can greatly increase the risk of a life-threatening overdose. However, an emergency medicine called naloxone can reverse an opioid overdose related to fentanyl. Learn more about naloxone.

Is fentanyl addictive?

Using fentanyl regularly can lead to an opioid use disorder (OUD). OUDs are chronic but treatable medical conditions that involve changes in our brains, which makes stopping very difficult without support. Fortunately, help is available. Effective medications that address cravings and withdrawal symptoms, as well as behavioral treatments, can help people with OUDs. Learn more about finding help on FindTreatment.gov.

What are the possible effects of fentanyl?

- Feeling of extreme happiness (euphoria)
- Feeling relaxed
- Pain relief
- Confusion
- Drowsiness
- Dizziness
- Nausea or vomiting
- Constipation or difficulty urinating
- Very small pupils
- Sedation
- Breathing problems
- Unconsciousness
- Opioid overdose

The National Institute on Drug Abuse supports research to develop new ways to treat OUD and to help people find treatments that are right for them. ■

IMAGE CREDITS: TOP, DRUG ENFORCEMENT ADMINISTRATION; BOTTOM, GETTY IMAGES

Substance use disorders: Get the facts and find support

Like other chronic medical conditions, SUDs can be managed.

Millions of Americans are affected by substance use disorders (SUDs). SUDs are chronic but treatable medical conditions that change the brain and behavior. While it is not an official diagnosis, some SUDs are more commonly called "addictions." SUDs are complex conditions that make it difficult to control substance use, even when it causes harm.

If you or someone you know is struggling with substance use, you're not alone. According to a 2023 national survey, 1 in 6 Americans older than age 12 reported experiencing an SUD in the past year. More than 85% of them did not receive substance use treatment during that time.

In this article are trusted government resources and tools that can help navigate the path to and through recovery. Whether you're seeking treatment, supporting a loved one, or raising awareness, these resources are here to guide you.

FAST FACT

In a 2023 national survey, **7 out of every 10 adults who ever had a substance use problem** considered themselves to be in recovery or recovered.

SOURCE: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Understanding substance use disorders

Over time, repeated drug use can lead to SUDs. Certain substances have a powerful effect on the brain's reward system. This may make people with SUDs experience cravings and withdrawal symptoms that can make it difficult to quit using these substances.

Both legal substances (such as alcohol and nicotine) and illegal substances (such as heroin and cocaine) can lead to an SUD if used regularly. Even prescription and over-the-counter medications (such as some painkillers, sleep aids, and cough medicines) can be misused, which may also lead to an SUD.

Learn more with the National Institute on Drug Abuse

- **Why are Drugs so Hard to Quit?** This video from the National Institute on Drug Abuse (NIDA) breaks down what happens to the brain when someone uses drugs, explains why quitting drugs can be so difficult, and describes how treatment can support recovery.
- **Dr. Volkow Explains the Basics of Drugs & Addiction.** NIDA Director Nora Volkow, M.D., goes over basic information about substance use and SUDs and describes how NIDA research aims to better understand these topics and improve health.
- **What Is Addiction?** Scientists from NIDA address common questions that teens have about drug use and addiction in their *Virtual Q&A* series. This episode covers the brain's reward system, how it develops, and how addiction science is improving treatment for SUDs.

IMAGE CREDITS: GETTY IMAGES

Recovery is possible

The good news is that SUDs are treatable. Like other chronic conditions, they can be managed effectively. Thanks to ongoing research, there are evidence-based methods to help people with SUDs improve their health and lives. While many people use other terms, this process is often known as being "in recovery" or "in remission."

Treatment approaches

Several different treatment approaches exist for SUDs, and they each work in different ways. Some treatments help change thoughts and behaviors. Others focus on managing cravings and withdrawal symptoms. Effective SUD treatments address the whole person, often combining multiple approaches tailored to the individual's needs. Types of treatment include:

- **Medications** to ease withdrawal symptoms, reduce cravings, and prevent using substances again
- **Behavioral therapy** to develop coping skills, address personal challenges, and build skills for managing triggers
- **Holistic support** to meet a person's medical, social, work-related, and legal needs

Learn more about treatment options

- **Types of Treatment.** This resource from the Substance Abuse and Mental Health Services Administration (SAMHSA) has detailed information on different treatment approaches. It covers care settings, harm reduction, and therapy. It also explains how medications can help manage cravings and withdrawal symptoms.

If you or someone you know is struggling or in crisis, call or text 988 or chat 988Lifeline.org. No matter where you are in the United States, you can reach a caring, trained counselor who can help.

- **Medications for Substance Use Disorders.** This SAMHSA resource offers information on FDA-approved medications for treating opioid, alcohol, and tobacco use disorders. It explains how these medications work, their benefits, and how they fit into a comprehensive treatment plan.
- **Medications for Opioid Use Disorder.** This easy-to-understand video from NIDA explains different medications that are commonly used for opioid use disorder (OUD), including how they work and their different forms. It's also available as an infographic.

Getting help

If you are looking for help related to substance use, these resources are a good place to start.

- **SAMHSA's Treatment Services Locator.** This free resource helps individuals locate treatment services across the United States, including for substance use and mental health care. Find local treatment facilities at FindTreatment.gov.
- **SAMHSA National Helpline.** Call 800-662-4357 (800-662-HELP) or TTY: 1-800-487-4889 for information and treatment referrals for substance use and mental health disorders, prevention, and recovery. It's free, confidential, and accessible 24 hours a day, 365 days a year.

Help for alcohol use

The National Institute on Alcohol Abuse and Alcoholism has additional resources available to those specifically concerned about drinking. They provide clear information about alcohol use disorder (AUD) and tools to assess your drinking habits.

- **Alcohol's Effects on Health.** Learn about how alcohol affects your body and brain, including the risks and health consequences of underage and binge drinking.
- **Rethinking Drinking.** Understand the risks of drinking, your relationship with alcohol, and how to change your drinking habits.
- **Alcohol Treatment Navigator.** Find information about AUD, treatment options, and quality care near you.
- **Short Takes.** Watch brief, informative videos on topics related to alcohol and health. Learn about AUD and options for treating it, how alcohol affects different populations, and more. ■

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