



## Person served handbook

# *Welcome!*

Welcome to VICTA, a fully integrated treatment program for individuals with concerns about their substance use and/or their mental health. We know that you have choices when you are seeking treatment and recovery services, and we truly appreciate your trust in choosing us. We are here to support your recovery goals, so that you can begin to live the healthy and productive life that you seek and deserve.

Services provided by VICTA are designed to meet the unique treatment needs of each individual. These services are offered to all individuals seeking treatment who are eligible and appropriate, as noted in our admission requirements. The VICTA team understands that recovery may look different for everyone, and we believe in working closely with you to develop a partnership that makes the most of our expertise and your lived experience.

While simply stopping the use of substances or starting on a medication for your mental health may improve the quality of life for some people, studies support the fact that a more successful recovery is achieved when you also engage in counseling and other support services, especially during the early phases of your recovery. For this reason, counseling, health home, peer support, and other support services are offered to you as part of your individual program.

Whichever services or pathway that you choose, it is VICTA's goal to work with you so that you may improve your health and wellness, live a self-directed life, and reach your full potential. You are valuable to your community, and we want you to be able to bring your best self to everything you do.

Our Best,

*Alexander Donoyan*, CEO

*Lisa Petersen*, COO



### What is Substance Use Disorder?

People who use substances often say they take them to have fun, get high, or feel better. For many individuals, what started as a good time, or an escape, turns into a source of additional pain and suffering. People who develop a Substance Use Disorder (SUD) may struggle with continuous urges to use alcohol or other drugs in spite of negative consequences. They may also experience cravings or withdrawal symptoms when they try to stop using the substance.

Here's what we know that you may need to know:

- Addiction is a condition that is complex but treatable.
- Prolonged drug use affects brain function.
- Drugs are classified as controlled substances under federal and state law. They are monitored and enforced by the Drug Enforcement Agency (DEA).

For over a century, researchers have been trying to figure out what leads people to become addicted to substances (or compulsive behaviors, like gambling). While there's no single root cause of addiction, experts think a combination of the following can contribute:

**Your role models.** In your early years, your caregivers and others in your living environment can affect whether you experiment with alcohol and other drugs. This can be impacted by parenting styles and whether people in your environment used substances. Our early role models influence our behavior – but that's not always a bad thing! They can also teach us appropriate ways to handle problems, manage emotions, and navigate relationships; these coping skills make it less likely someone will develop an addiction. A family history of SUD is also linked to an increased risk for the individual. For more on the role of genetics, go the "Risk Factors" section.

**Your personal history.** Stressful or traumatic events, including abuse or neglect, living in poverty, and other "Adverse Childhood Experiences" (ACEs), can increase the risk of developing substance use disorder and other negative health outcomes. Other factors include the availability of alcohol and other drugs, peer pressure, and whether or not your friends and family use drugs – all are associated with a greater likelihood of developing SUD.

**Your individual psychology.** How you feel about yourself (self-esteem), your natural temperament, a tendency toward impulsive behavior, your ability to 'bounce back' from stressful situations and setbacks, and your sense of control over yourself and your environment can all impact whether someone uses substances and whether they become addicted.



### What is Recovery?

Most people with substance use and mental health problems can and do get better. Treatment and recovery are ongoing processes that happen over time. The first step is asking for help – and you’re doing that! Recovery is a process of change through which individuals improve their health and wellness and strive to achieve their full potential. In that process, you may experience ‘bumps in the road’, re-occurrence of substance use, or the proverbial relapse. Recovery is not a straight line, and with your treatment team, we will help you get back to your individualized recovery plan.

Research shows that combining appropriate treatment medications with behavioral therapy (counseling) has the most impact. Treatment approaches must be tailored, and continuously adapted, to address each individual’s patterns of use, symptoms, and related medical, psychiatric and social problems.

## About VICTA

VICTA’s mission is *Empowering Individualized Recovery*.

Our Vision is to provide compassionate, personalized, and comprehensive care to promote mental and physical well-being to address the needs of persons served in an integrated model.

VICTA’s values are exemplified in its **HEART** core value system:

**Honesty:** We value honesty and integrity.

**Excellence:** We abide by ethical standards of high-quality care in addiction treatment.

**Accountability:** We hold ourselves, and our persons served, to the highest levels of accountability and confidentiality.

**Respect:** We treat all individuals with dignity and respect.

**Teamwork:** We believe that positivity and supporting each other will result in successful recovery progress for our persons served.



### **VICTA is licensed to provide:**

**Medications for Opioid Use Disorder (MOUD)**, including methadone, all forms of buprenorphine, and Vivitrol.

**Health Home Services**, such as care coordination and case management.

**Outpatient counseling**, including individual, group, and family therapy.

**Intensive Outpatient Programs** for those who need additional support with more frequent services

**Peer Recovery Coaching** to support your recovery through non-clinical services.

Whatever you are looking for at this time, your individual needs may change and require referral to a different type of treatment in the future. To assist you in the referral process, your counselor can speak with you about choosing the type of service that best meets your changing needs. Other treatment options include:

- Medical and Social-Setting Inpatient Detoxification
- Long- and Short-Term Residential Treatment
- Day Treatment
- Mutual Aid groups

### **About Medications for OUD**

Methadone and buprenorphine treatments are highly regulated, and persons served are required to meet very specific criteria to participate in these services. Studies have consistently shown that methadone/buprenorphine treatment is a valuable and effective recovery tool, reducing many of the health risks associated with the unregulated drug supply. When combined with clinical and other types of medical or social services, individuals can make changes that stabilize their lives and foster personal growth.

Because of the state and federal regulations, your commitment to this type of treatment is critical to your success. You will be required to present daily at the clinic until such time as your treatment team determines that it is safe to decrease the frequency of visits and increase your take-home medication. To achieve this, you will be expected to attend all scheduled medical, group, individual, and case management appointments. We will draw your blood at or close to admission to make sure that it is safe to give you methadone or buprenorphine.

If you believe that you will not be able to dedicate the time and energy that the initial phases of methadone or buprenorphine treatment require, your intake counselor will assist you in accessing the best alternative and least restrictive treatment options available.



### **Understanding Methadone/Buprenorphine**

It is important that you understand the medicine that you will be taking if you choose to be admitted to the program. Methadone and buprenorphine are medications used successfully in treating Opioid Use Disorder. Both medications are synthetic opioids, which are administered daily to treat opioid withdrawal syndrome and to manage opioid cravings. Unlike heroin or fentanyl, methadone and buprenorphine are long acting, usually preventing withdrawal symptoms for 24-36 hours once you are on the right dose. With methadone, it could take up to two weeks or longer to find the right dose and feel comfortable. To benefit from methadone/buprenorphine treatment, we encourage you to use our other services and supports to allow yourself time to stabilize, including not using other opioids or any drugs or alcohol.

It is important to take methadone/buprenorphine as prescribed daily around the same time to achieve the intended benefits, which is to feel no opiate cravings or withdrawal symptoms for 24 hours and to stop all other opioid use. Changing the timing of your dose can cause the effects to wear off, potentially leading to cravings or withdrawal symptoms. Using other opiates with methadone/buprenorphine is very dangerous and puts people at high risk for overdose or causing sudden (precipitated) withdrawal.

The side effects of methadone are usually minimum and short lived. They mostly occur in the early stages of treatment. Some common side effects may include sweating, constipation, and changes in sexual drive. Symptoms of too high a methadone dose may include: over-sedation (tiredness/sluggishness, 'nodding out'), nausea/vomiting, and headache. Please notify the medical staff if you experience any of these symptoms or any ankle swelling or skin rash. Keep the medical staff informed if you experience any new or unusual symptoms, even if they are not listed here. Your safety is our priority!

The side effects of buprenorphine may include: numbness and tingling, mild dizziness or feeling 'drunk', drowsiness or insomnia, constipation, or trouble concentrating. Symptoms of buprenorphine overmedication are: headaches (usually later in the day), nausea or vomiting.

### **Opiate Overdose**

In an overdose, opiates can result in slowed to stopped breathing, heavy sedation, and even death. Naloxone (Narcan) is medication that reverses these effects. It does not work on other drugs or alcohol. Naloxone (Narcan) usually takes effect in 3-5 minutes and lasts 60-90 minutes. Overdose most often occurs when someone takes a large amount of opiates, mixes with alcohol with other drugs and/or has had recent changes in tolerance levels (such as returning to use after a period of abstinence). The illicit drug supply is highly unpredictable and often cross-



contaminated, further increasing the risk of drug poisoning or overdose. If someone is not responsive to verbal or physical cues, or is not breathing, they may be experiencing an overdose. Time is of the essence to initiate Naloxone (Narcan) administration. Your counselor and/or medical provider will provide additional education on overdose response to you and your family members.

VICTA understands there may be times when other medications are necessary. There are some medications that when combined with methadone/buprenorphine can produce potentially fatal results. Other medications may decrease the effectiveness of your dose and lead to cravings or withdrawal symptoms. Please notify your other prescriber(s) that you are on methadone/buprenorphine and notify VICTA staff if you are taking any kind of medication, including over the counter medicines and supplements. It is important that you are honest with your medical providers about being in treatment and receiving methadone/buprenorphine. Being honest helps to ensure your safety. All medications, both prescription and over the counter, must be validated by our nursing department. This means that you need to bring in prescription paperwork prior to taking the medication so that we may register it in our computers and educate you as to any potential risks or considerations. As with heroin and other narcotics, it is never safe to drink alcohol while using methadone. Excessive use of alcohol combined with methadone can cause breathing to stop, resulting in coma or death.

Please inform VICTA if you are going to have any medical procedure performed, especially those where you will receive any other medication. If you are taking buprenorphine, we will need to provide you with instructions on when to stop taking it prior to the procedure/surgery. Certain procedures require anesthesia. Anesthesia in conjunction with methadone/buprenorphine may not be safe or may be complicated. Medications that you should avoid altogether while taking methadone/buprenorphine include all "Opioid Antagonists" such as naloxone (Narcan, Trexan) or naltrexone (Vivitrol). If you are taking buprenorphine, you should avoid the benzodiazepine Versed (midazolam) as it can have a fatal interaction. If you need a prescription for pain relief you should request a non-narcotic analgesic. Prescriptions such as Oxycontin, Vicodin, Percocet, Percodan, Morphine and Codeine should be avoided, as they contain opioids that may cause overdose. These opioids are also not safe to be taken with buprenorphine as the buprenorphine may block their effects or cause sudden, severe withdrawal symptoms. If you have any questions about safe medication use, please speak with your prescriber.

Medication for opioid use disorder is considered the 'gold standard' of treatment, and it significantly reduces mortality (death) rates. Despite over 50 years of evidence, many people are misinformed or view these medications negatively.

***Relying on the facts will increase the chance that people will enter and sustain recovery from opioid addiction.***



### **Myths and facts about MOUD**

**Myth 1:** MOUD substitutes one addiction for another.

**Fact:** Though these medications are opioid based, they are fundamentally different from short acting opioids such as heroin, fentanyl, and prescription pain killers. The latter go right to the brain and ‘narcotize’ the individual, causing sedation and euphoria known as a “high.” In contrast, addiction medications like methadone and buprenorphine reduce drug cravings and prevent relapse without causing a “high.” They can help people disengage from other drug use and related unhealthy behavior and become more receptive to counseling and changes in support of recovery.

**Myth 2:** MOUD is a ‘crutch’ and prevents ‘true recovery’.

**Fact:** Leading addiction professionals and researchers have concluded that individuals stabilized on methadone can indeed achieve true recovery. This is because people do not use illicit drugs, do not experience euphoria, sedation, or other functional impairments; and do not meet diagnostic criteria for addiction. Methadone/buprenorphine treatment does not consist of medication only, but also behavioral interventions like counseling and Health Home services. The medication normalizes brain chemistry so that individuals can focus on counseling and participate in support groups necessary to enter and sustain recovery.

**Myth 3:** MOUD should not be for long term treatment.

**Fact:** There is no “one size fits all” duration for MOUD. The Substance Abuse and Mental Health Service Administration (SAMSHA) recommends a “phased approach”, beginning with stabilization (withdrawal management, assessment, medication induction, and psychosocial counseling), and moving to a middle phase that emphasizes medication maintenance and deeper work in counseling. The third phase is “ongoing rehabilitation”, when the patient and provider can choose to taper off medication or pursue longer term maintenance, depending on the individual’s needs. For some patients, MOUD could be indefinite. The National Institute on Drug Abuse (NIDA) describes addiction medications as an “essential component of an ongoing treatment plan” to enable individuals to “take control of their health and their lives.” For methadone maintenance, NIDA recommends that individuals be in treatment for a minimum of 12 months.

### **Counseling**

As helpful as methadone/buprenorphine will be in your treatment, medications alone are often not enough to achieve your recovery goals. Persons served at VICTA are expected to participate in all parts of their treatment program, which may include individual counseling, family counseling, group counseling, and Health Home services. Individual and group counseling can





help you learn to manage the psychological components of your substance involvement as well as any underlying factors that have contributed to substance use disorder.

While methadone/buprenorphine will stop you from getting sick, counseling will get you better. If you are looking to “dose and go”, this program may not be the best choice for you. Shortly after your admission to the clinic, you will be assigned to a primary clinician that you will meet at least 1 hour per month in an individual session. Some of the groups available at VICTA include: Orientation, Overdose Prevention Education, Early Recovery/Relapse Prevention, Women’s Group, and DBT skills. Please ask your counselor about each group’s curriculum and attend the one that best fits your needs.

VICTA believes that each person served should be treated at the least restrictive level of care. To accomplish this the clinic will follow the outline phase system listed below.

**Phase One - Stabilization:** The goal of this phase is to find the most effective dosage and achieve physical stabilization such as reduction in withdrawal symptoms or cravings. In this phase, you will work with the treatment team to develop an individual treatment plan that will focus on your Strengths, Needs, Ability, and Preferences.

**Phase Two - Substance use education/relapse prevention:** Once you have attained physical stability on your medications, you will be better able to participate in the process of treatment and recovery by meeting the goals you have developed on your treatment plan and increasing skills to avoid a return to illicit use.

**Phase Three - Decision making:** At this phase, you may explore whether your recovery goals are best supported by ongoing maintenance with MOUD or with a medically supervised withdrawal. Both are valid options, and this decision should be made in conjunction with your treatment team and your support system.

Success in treatment is individually defined and is recognized when a person served has met their unique goals and objectives. For example, someone may find themselves utilizing healthy coping mechanisms in place of drug or alcohol use or may have set a positive boundary to protect their recovery and wellness. ALL steps towards your goals are successes and we want to celebrate them with you!

### **Withdrawal Management/Detoxification**

#### **Medically supervised withdrawal (MSW):**

At some point in treatment, you might consider getting off methadone/buprenorphine. Your treatment team will assist you with making an educated decision.

To initiate MSW, the person served should have at least six months free of alcohol and non-prescribed drug use. The rate of your dose decrease is determined by approved by your medical team, with consideration of factors discussed with your counselor. An MSW, or ‘taper’, will be





closely monitored by the nursing staff to ensure that you are comfortable and that your risk of returning to use is kept low. You can pause or stop an MSW at any time if you feel it is unsafe for your recovery goals.

**Against Medical Advice (AMA):**

AMA is another option available for persons served who want to come off methadone/buprenorphine, but the treatment team does not believe this is safe for your recovery. As with the MSW, you can pause or stop an AMA taper at any time to regain stability. Your clinician will work with you on transition planning, relapse prevention, aftercare services and any necessary referrals. The Health Home team may help with setting up appointments for aftercare, such as primary care physician, mental health provider, or other specialists, or by providing you information on social supports available in the community.

**Involuntary detox:**

There are times when the management and medical team may decide to take person served off methadone/buprenorphine. That may occur when medically it is not safe for the person served to continue to receive these medications or due to ongoing/repeated violations of your responsibilities.

**Aftercare and Follow-Up Agreement**

To assist you in your ongoing recovery efforts, our staff members will attempt to contact you after you complete treatment. These contacts are intended to provide you with additional support as you adjust to your new life.

At admission, you will be asked whether or not you would agree to authorize VICTA staff to contact you during the first 30 days after you leave treatment. This contact will not only let us know how you are doing, but it will also give you a chance to provide feedback about your treatment experience. The information you provide will help us to better serve those in need in the future.

**Urinalysis Drug Screening Policy**

- Federal regulations require that individuals provide at least eight (8) random toxicology screens per year.
- Urinalysis drug screens may either be observed by staff of the same gender identity of the person served, or they may be unobserved. This decision depends on a variety of clinical factors and your individual care plan.
- Once stabilized on an adequate dose of methadone/buprenorphine, persons served are expected to demonstrate stability by providing urinalysis drug screens that are free of all nonprescribed substances.
- A “positive” urinalysis drug screen result indicates the presence of illicit substances in your body. Upon provision of a “positive” urinalysis drug screen, the primary counselor



may recommend more intensive treatment services including a reduction in take home medication; increased individual and group counseling; increased frequency of urinalysis drug screens; medication dose adjustment; or referral to a more intensive level of care.

- If the person served disagrees with a urinalysis drug screen test result, they can elect to have the original sample re-tested at a charge of \$20.00.
- VICTA uses drug screening solely to inform the safety of our prescribing practices and your individual treatment needs. Results will not impact your ability to continue receiving services, rather it tells us that your individual plan may need to be adjusted.

### **Methadone/Buprenorphine Take Home Practices**

Methadone/buprenorphine take home privileges are extended to persons served who have met certain eligibility criteria and for whom take home medications are a safe option. These are regulated at the federal and state level but are ultimately determined by your treatment team based on your unique needs and goals.

In order to be considered for take-home privileges, persons served must maintain adherence to all program responsibilities and participate in all treatment plan goals and objectives.

1. In order to receive and maintain methadone/buprenorphine take home doses, you must meet the following criteria:
  - a. Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
  - b. Regularity of attendance for appointments and supervised medication administration;
    - i. Please provide at least 24 hours' notice if you are unable to attend as scheduled.
  - c. Absence of serious behavioral problems that endanger the patient, the public or others;
  - d. Absence of known recent diversion activity; and
  - e. Whether take home medication can be safely transported and stored; and
  - f. Any other criteria that the medical director or medical practitioner considers relevant to the health and safety of the person served and the public.
2. Your responsibilities when receiving take-home doses include:
  - a. Bring a metal lock box, with a working lock, to pick up take homes doses.
    - i. Keep medication out of reach of children and safe from theft.
    - ii. Methadone/buprenorphine, even in very small doses, can be deadly to children and to anyone other than myself. I may be held legally



responsible should harm come to any person due to misuse/unsafe storage of my take home medication.

- b. Return all empty take home bottles, with labels intact in your locked box on the day you return to the clinic.
          - i. If you lose your medication or it is stolen, you must file a police report in the town/city where the loss or theft occurred. You will need to bring a copy of this report to the clinic.
        - c. Provide VICTA with the correct phone number so that we can reach you when needed.
        - d. Return to VICTA with all remaining take homes within 24 hours of a “call back” from the clinic.
        - e. Provide documentation upon request by VICTA staff to support your continued take-home status.
        - f. Take your methadone/buprenorphine dose(s), and any other medications only as prescribed.
3. Your take-home privileges may be changed for any of the following reasons, and you will be required to return any unused take-home doses:
  - a. Failure to attend a counseling or medical appointment.
  - b. Provision of a positive drug screen for illicit drugs or alcohol.
  - c. Failure to attend the clinic on a scheduled day.
  - d. Failure to provide a metal lock box, with a working lock, to transport and safeguard your doses.
  - e. Failure to return all empty bottles or return of bottles with altered labels.
  - f. Inappropriate behavior, which includes but is not limited to yelling and/or foul language.
  - g. Involvement in any criminal activity or other behavior that poses a threat to yourself or the community.
  - h. Giving away or selling your methadone.
    - i. This may also result in discharge from the program and/or criminal charges.
  - i. If the program cannot contact you by phone.
  - j. Failure to return to the clinic within 24 hours of a “call back” for dose verification.
  - k. Suspicion of methadone/buprenorphine diversion. (giving away or selling your methadone/buprenorphine)
4. You will be asked to sign a form that indicates your understanding of the above criteria and responsibilities.



5. Reinstatement of take-home privileges must be discussed and approved in an individual session with my counselor.
  - a. I understand that the loss or reduction of my take home privileges, for any of these reasons, is not an issue that I can file a grievance for, unless:
    - i. I cannot get an appointment with my counselor to discuss the issue.
    - ii. I do not believe the reinstatement process is fair.
6. I understand that the Medical Director makes all final decisions regarding take-home privileges.
7. I understand that I may be asked to provide additional toxicology screens at the discretion of VICTA staff to support the safety of initiating or continuing take-home medications.

#### **Becoming pregnant while on methadone/buprenorphine**

##### **For all persons served who may become pregnant:**

You are being given this information because you are on methadone/buprenorphine and have the potential of becoming pregnant. We want all our potentially pregnant persons to understand that a baby will be dependent on methadone/buprenorphine and subject to opioid withdrawal if the birthing parent is on methadone/buprenorphine during pregnancy.

Conceiving on methadone/buprenorphine typically means that the baby will also be on methadone/buprenorphine throughout the pregnancy. Please inform your counselor as soon as you think you are pregnant. It is common for pregnant people to need to adjust their dose as pregnancy progresses. It is important to inform medical staff if you experience withdrawal symptoms at any point in your pregnancy. Withdrawal symptoms can precipitate (cause) a miscarriage. The medical staff is instructed to contact the Medical Director immediately to assess if a dose adjustment is needed. Withdrawing from methadone/buprenorphine while pregnant is not recommended and should only be done in a medical inpatient setting where the fetus is closely monitored to avoid distress in the womb.

At the time of delivery, the baby will be assessed in the hospital for signs and symptoms of withdrawal, which is called Neonatal Abstinence Syndrome (NAS) or Neonatal Opioid Withdrawal Syndrome (NOWS). Most babies will have some symptoms of withdrawal regardless of the birthing parent's dose is, and babies often require medication to help with the withdrawal symptoms after delivery. The average length of stay at Women & Infants Hospital for infants affected by NAS is 12-14 days.



For some people, conceiving on methadone/buprenorphine is the surest way to have a drug-free pregnancy. Methadone/buprenorphine treatment provides support to avoid other substance use, stay healthy, and focus on preparing for parenting. We respect a person's decision to conceive on methadone/buprenorphine for these reasons. The good news is that babies conceived on methadone/buprenorphine and exposed during the whole pregnancy do well after the period of withdrawal. There is no evidence of long-term complications related to methadone/buprenorphine exposure throughout pregnancy. Also, you can and are encouraged to nurse your baby while on methadone/buprenorphine.

In summary, we are committed to supporting anyone who conceives on methadone/buprenorphine to have the best possible birth outcome. If you have any questions, please contact our medical staff for more information.

#### **Benzodiazepine Information**

- Benzodiazepines (Benzos) are sedatives prescribed for seizures, sleep, anxiety, panic attacks, and muscle spasms.
- Benzodiazepines include clonazepam (Klonopin®), alprazolam (Xanax®), and diazepam (Valium®) and lorazepam (Ativan®), Temazepam (Restoril®), midazolam (Versed®), Oxazepam (Serax®), Chlordiazepoxide (Librium®), and others.
- Benzodiazepines may cause anterograde amnesia, which is the partial or complete inability to recall events that occur while taking the medication. This condition is dangerous as it can cause you to forget that you have taken medicine (including Benzodiazepines) or drugs, and you could take more, leading to overdose and death.
- Use of benzodiazepines may lead to tolerance, physical dependence and addiction.
  - Studies have shown that long-term use of benzodiazepines can affect your brain function and can cause early dementia. Benzodiazepines have been linked with increased risk of Alzheimer's Disease.
- Benzodiazepines go through the same pathway in your brain as alcohol.
  - Withdrawal symptoms of benzodiazepines are similar to that of alcohol and SHOULD NOT BE DONE OUTSIDE OF A MEDICAL SETTING OR MEDICAL SUPERVISION. If benzodiazepines are decreased or stopped abruptly, side effects can occur such as: anxiety, panic attacks, seizures, stroke, hallucinations, coma and death.



### **Risks Associated with Methadone/Buprenorphine Treatment**

Benzodiazepines interact dangerously with opioids (methadone, heroin, fentanyl, Oxycontin, Percocet, etc.) which can result in overdose and death. Both benzodiazepines and opioids (including methadone/buprenorphine) are 'downers' causing breathing to slow down. If breathing slows down too much or for too long, not enough oxygen is able to reach major organs like the brain, heart, lungs, kidneys, liver, etc., causing them to be damaged or shut down. This can ultimately lead to death. Also, there is a potentially fatal interaction with the benzodiazepine, Versed, and buprenorphine.

Due to the poor safety profile of combined methadone/buprenorphine and benzodiazepines use, VICTA will closely monitor benzodiazepine use with persons served. If you are taking prescribed benzodiazepines, you will be asked to review and sign an agreement as part of your methadone/buprenorphine treatment.

### **QTc Prolongation and Methadone/Buprenorphine**

Research has shown that one side effect of methadone/buprenorphine can potentially be cardiac arrhythmia (irregular heartbeat) complications, specifically QTc prolongation and Torsades de Pointes. Methadone/buprenorphine use alone, however, does not account for the majority of these complications. Factors contributing to QTc prolongation include:

- Assigned female at birth (naturally slightly longer QTc interval)
- Genetic predisposition (congenital or undiagnosed pre-existing QTc prolongation)
- Underlying heart conditions (ex: cardiomyopathy) and heart diseases
- Hypokalemia (low blood potassium)
- HIV infection
- Cirrhosis (liver damage) or kidney failure
- Taking multiple nonprescribed drugs
- Medications known to prolong QTc interval including methadone/buprenorphine.

Higher doses of methadone are related to greater risk of QTc prolongation. Individuals with prolonged QTc interval usually have no symptoms, but some may develop palpitations, syncope (fainting), seizures or cardiac arrest (heart attack).

Medication-induced prolonged QTc syndrome is a rare but serious condition that can be a risk factor for developing Torsades de Pointes (TdP), a potentially lethal heart ventricle arrhythmia. TdP may deteriorate into ventricular fibrillation (V-fib) and lead to sudden death. Many medications can prolong the QTc interval, but a much smaller number of medications is



associated with medication-induced TdP, which is often accompanied by the risk factor bradycardia (slowed heartbeat of less than 60 beats per minute).

The international regulatory guidance suggests a threshold for QTc prolongation of 450 milliseconds. Generally, it is thought that significant risk of TdP occurs at measurements over 500 milliseconds.

VICTA's policy is that any person served with a QTc interval of 500 millisecond or more will be referred to a cardiologist, the methadone/buprenorphine dose will be decreased immediately at a rate determined by a medical director, and the EKG will be repeated in 60 days.

Below is a list of medications that can affect QTc intervals. Please inform VICTA staff if you are taking or begin to take any of these medications.

Amiodarone (Cordarone, Pacerone)	Fluoxetine (Prozac, Sarafem)	Amitriptyline (Elavil)	Galantamine (Reminyl)
Chlorpromazine (Thorazine)	Haloperidol (Haldol)	Clarithromycin (Biaxin)	Hydroxyzine (Vistaril, Atarax)
Ciprofloxacin (Cipro)	Imipramine (Tofranil)	Citalopram (Celexa)	Itraconazole (Nizoral)
Clomipramine (Anafranil)	Levofloxacin (Levaquin)	Desipramine (Pertofrane)	Lithium (Lithane, Lithobid)
Dexmethylphenidate (Focalin)	Methylphenidate (Concerta, Methylin, Ritalin)	Diphenhydramine (Benedryl)	Metoclopramide (Reglan)
Doxepin (Sinequan)	Mexiletine (Mexitol)	Erythromycin (Erythrocin E.E.S)	Nortriptyline (Pamelor)
Fluconazole (Diflucan)	Ondansetron (Zofran)		





### **Financial Information**

VICTA is required by its licensing and funding sources to obtain and document the income and financial status of all persons served. This will be completed at intake and at various intervals throughout your treatment process. Please provide all requested financial information in a timely manner. Your failure to do so may result in loss of certain clinic privileges.

### **Financial Agreement**

I understand and agree to the following financial terms:

- I am responsible for payment of any copay or deductible determined by my insurance plan.
- I will inform my counselor or a member of the Welcome Center team of any changes in my income or medical insurance status. I will also provide VICTA with any financial documentation that may be required by funding sources.
- The self-pay rate weekly treatment fee is eighty-five dollars (\$85.00).
  - Self-pay balance is due, in full, each Monday in advance of receiving treatment services.
- State-funded reduced-fee treatment slots are provided for individuals who are uninsured or underinsured. This is available for individuals who are taking methadone or buprenorphine. Please speak to your counselor or Welcome Center staff to apply.
- If I am unable to fulfill my financial obligations prior to leaving treatment, I authorize the clinic and/or their agent to contact me to arrange for payment of any outstanding treatment balance.

### **Emergency Evacuation Procedures**

In case of fire or other emergencies, please be aware of the location of each exit. Please familiarize yourself with these exits so that you will be able to easily evacuate the building in case of emergency. The clinic has two (2) emergency exit doors – one (1) of them is located on the 1<sup>st</sup> floor (front of the building), and one (1) is located on the 2<sup>nd</sup> floor next to the conference room.

### **Inclement Weather Policy**

1. If there is the threat of a major storm, if a major storm or a natural disaster occurs, the following procedures will be followed:
  - a. Emergency take home medication will be provided to persons served who are eligible;
  - b. Information will be available on RI Broadcasting Association.



- c. The clinic voicemail will have a message with instructions regarding any changes in the dosing schedule.
- d. The clinic will be open (if approved by the State Authority) for one (1) hour to provide medication to persons served who are not eligible to obtain emergency take home medication.
- e. The clinic will make decisions that best address both the persons served safety and needs.
- f. Speak with your primary counselor if there are any questions about the inclement weather policy or procedures.

### **Person served rights**

As a participant in services at VICTA, you have the following rights at all times:

- 1. To be informed of your rights during admission/orientation to the organization, when the organization makes a change in the rights of persons served and upon request.
- 2. To express a concern or complaint about services, staff, or the operation of the organization.
  - a. You will be informed of the organization's concern and complaint resolution procedure during orientation, whenever there is a change in the procedure and upon request.
  - b. You will be asked to sign an acknowledgment that you have been informed and received a copy of this procedure. If you are unable or unwilling to sign, it will be noted as such.
- 3. To be encouraged and assisted throughout treatment to exercise your rights without fear of discrimination, restraint, interference, or recrimination.
- 4. To be informed of your rights and to receive services in a language and manner that you understand.
- 5. To not have services denied based on race, religion, gender identity, sexual orientation, ethnicity, age, disability, or source of financial support.
- 6. To receive the following information about the organization upon admission or during orientation and upon verbal or written request throughout the course of treatment:
  - a. Accreditation status,
  - b. Discharge policies
  - c. General services provided by the organization
  - d. Areas of treatment specialization
  - e. Hours of operation
  - f. Emergency contact procedures



- g. Rights of persons served
- 7. To receive a copy of the responsibilities of persons served at admission, before being asked to leaving treatment for not fulfilling the responsibilities of the program, or upon request.
  - a. If you are asked to leave the program, you will be provided with:
    - i. Assistance in resolving issues related to discharge
    - ii. Assistance in accessing alternative services
    - iii. Written notification of the pending discharge and the individual rights of appeal
- 8. To be provided with information about the cost of services and upon request, information regarding charges billed to, and payments made by, the insurance company on your behalf.
- 9. To receive upon request information about the credentials, training, professional experience, treatment orientation and specialization of providers and their supervisors.
- 10. To be provided with services administered by staff who are required to receive current and ongoing training in evidenced-based treatment approaches in their respective disciplines.
- 11. To treatment and services that are considerate and respectful of your culture, values, and beliefs.
- 12. To privacy, security, and confidentiality of your information.
- 13. To be provided with treatment and services in an environment free from abuse, neglect, mistreatment, humiliation, retaliation, financial exploitation, and any other human rights violation.
- 14. To be protected from all coercion.
- 15. To be informed about what to expect during the treatment process.
- 16. To be informed about, and to participate in, decisions regarding treatment and services, including at minimum for your informed decision-making:
  - a. Current diagnoses
  - b. Proposed interventions, treatment, services and medications
  - c. Potential benefits, risks, and side effects of proposed interventions, treatment, services and medications
  - d. Potential risks if treatment is not provided
  - e. Limitations on confidentiality
  - f. Ongoing progress/status regarding treatment goals and objectives
  - g. Significant alternative medication, treatments, services or interventions, when appropriate



- h. Your right to refuse interventions, treatment, services or medications
- i. Projected discharge date and plan
- j. To individualized treatment and services, including:
  - i. Provision of services within the most integrated setting appropriate for the individual
  - ii. An individualized treatment or service plan that promotes recovery
  - iii. Ongoing review and mutually agreed upon adjustments of the treatment or service plan
  - iv. Competent, qualified, experienced staff to supervise and to carry out the individual's treatment or service plan
- 17. To be present and actively participate in the design of your own treatment plan and in all periodic reviews, and to choose people to assist in the development and monitoring of the plan.
- 18. To be offered a copy of the treatment plan.
- 19. To request a review of the treatment plan at any time during treatment.
- 20. To seek an independent opinion from a mental health or substance use disorder professional of your choosing, regarding treatment and services.
- 21. To request a change of provider, clinician or service; if the request is denied the individual shall receive a written explanation.
- 22. To be given reasonable notice of, and reason for, any proposed change in the staff responsible for your treatment or service.
- 23. To object to any changes in treatment, services, or personnel, and to receive a clear explanation if such objection cannot be accommodated.
- 24. To refuse any treatment, procedure or medication, to the extent permitted by law, and to be advised of the potential risks and impact of refusal on your treatment.
- 25. To be referred to an alternative service, program or treatment setting if you would be better served at a different type or level of care.
- 26. To be present for, and participate in, planning aftercare activities and referrals to other services you may want or need.
- 27. To provide authorization, or refuse to provide authorization, for the release of confidential information to family members and/or others.
- 28. To provide authorization, or refuse to provide authorization, for family members and others to participate in his or her treatment.
- 29. To access your own records in compliance with applicable state and federal laws;
- 30. To be provided with information regarding your pertinent legal rights relative to the Representative payee process, when applicable.



31. To be offered enrollment in the Rhode Island Health Information Exchange, known as CurrentCare.
32. Each individual who is asked to participate in a research project, shall receive full explanations of the following, in a language and manner that promotes the opportunity for informed choice and authorization:
  - a. The reason the person is being asked to participate in a particular research project
  - b. The treatment being proposed
  - c. Elements of the proposed treatment that are considered experimental research or a clinical trial
  - d. The benefits to be expected, the potential discomforts and risks, alternative services that might benefit you
  - e. The procedures to be followed, especially those that are experimental in nature
  - f. Methods of addressing privacy, confidentiality and safety
  - g. The right to refuse to participate in any research project without compromising access to the organization's services
  - h. The right to refuse participation may occur at any time during the research process
  - i. Adherence to research guidelines and ethics, and investigation and resolution of any alleged infringement of rights
33. To have access or referrals to:
  - a. Legal entities for appropriate representation
  - b. Mutual aid/self-help support services
  - c. Advocacy support services
34. To be treated with courtesy, consideration, respect, dignity and individuality
35. To be informed of the option for consent, refusal, or expression of personal choice regarding service delivery, release of information, concurrent services, and composition of the service delivery team.

### **Grievance Process**

#### **Definitions**

**Concern:** Any issue that a person served has related to VICTA or an employee of VICTA including belief that their rights have been violated, that a policy and procedure is unfair, that a mistake has been made impacting their treatment, or any other issue that they would like to bring to the attention of VICTA staff.

**Complaint:** A concern becomes a complaint when it can't be resolved during the initial response.



**Human Rights Officer (HRO):** The person responsible for ensuring that persons served are informed of their rights and who will assist the person served with exercising these rights and/or with any complaint.

**BHDDH:** The Department of Behavioral Health, Developmental Disabilities, and Hospitals which serves as VICTA's licensing and regulatory body.

All persons served have the right to file a concern and complaint without fear of retaliation or barrier to service, as ensured by VICTA's Human Rights Officer (HRO).

If you have a concern or complaint:

- Present this concern by completing a Concern form or by speaking with a staff member; you can present your concern to any staff member that you feel comfortable with, or you can enlist the assistance of an advocate to do so.
- The staff member providing assistance will offer you a copy of this procedure.
- The staff member providing assistance will make every attempt to resolve the expressed concern in a timely and equitable manner without discrimination or recrimination.
- The staff member will inform you of your right to immediately contact an advocate of your choice or at the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) if you perceive an immediate danger or fear retaliation.
- If the concern is not resolved at this stage, it shall be considered a formal complaint and you will be offered assistance in writing and submitting the complaint to the HRO, and in accessing an advocate if requested.
- All complaints shall be forwarded to the organization's HRO.
- Within 4 business days of making the formal complaint, the HRO will provide you with a written and verbal confirmation of the HRO receipt of the complaint.
- Within 5 business days of the receipt of the formal complaint, the HRO shall make an attempt at an early resolution. If the issue is resolved, a report noting the resolution shall be forwarded to the Management Team.
- If the issue cannot be resolved, the HRO will investigate the complaint by gathering all available facts and by speaking with the people involved and/or those with collateral information. This investigation shall be completed within fifteen (15) business days from the date of the HRO receipt of complaint.
- If the complaint is still not resolved, you will be informed of your right to appeal with the BHDDH. If you exercise this right, assistance will be offered. You will be reminded of your



right to choose an advocate, and assistance with contacting an advocate will be offered.

The appeal may be addressed to:

BHDDH

14 Harrington Rd.

Cranston, RI 02920

Phone: 401-462-4680

### **Confidentiality and Privacy**

We want to ensure that you understand your rights as they relate to your privacy and confidentiality.

The confidentiality of alcohol and drug related patient records maintained by this program is protected by State and Federal Laws and Regulations including 42 CFR part 2 and HIPPA.

Generally, the program may not state to a person outside of the agency that an individual is in treatment for Substance Use Disorder(s) unless you consent in writing. For example, the clinic must obtain your written consent before it can disclose information to your health insurer in order to be paid for services.

However, federal law permits us to disclose information without your written permission in the following circumstances:

- In accordance with qualified service organizations/business associates.
- For research, audit or evaluation purposes.
- To report a crime committed on the clinic premises or against the clinic personnel.
- To medical personnel in a medical emergency.
- To report suspected child abuse or neglect.
- As required by a court order.

For example, the clinic can disclose information without your consent to a partner organization with whom VICTA has a qualified services organization/business associate agreement. These partners are required to adhere to the same privacy and confidentiality regulations in relation to any information exchanged.

Employees of VICTA are mandated reporters. This means that staff are required by State Law to report any abuse, mistreatment, or neglect towards children. If you want to report this on your own, the phone numbers to do so are:

Department of Children, Youth, and Families 1-800-RI-CHILD

Department of Health 401-222-5200





## **42CFR PART 2**

This federal regulation specifically protects confidentiality of records of individuals who have applied for or been given a diagnosis or treatment for a Substance Use Disorder at federally assisted programs. 42 CFR part 2 is generally more protective of privacy in comparison to HIPAA. If there is discrepancy between State or Federal privacy regulations, VICTA follows the most stringent protections.

### **Definitions**

**Disclosure:** A release to persons or entities other than to the patient who is the subject of the information.

- Disclosure for treatment and payment: Individual's authorization is required.
- Within a program or between a program and an entity having direct administrative control for purposes related to provision of services: Individual's authorization is not required
- Disclosure to contracted outside organizations: PHI can be disclosed pursuant to an agreement to a Qualified Services Organization.
- Public Health Reporting Activities: Limited to no authorizations required to report cause of death.
- Child abuse, neglect: Disclosure is permitted without authorization
- Health Care oversight activities: information may be disclosed for audit and evaluation activities. If records are copied or removed, written agreement must be in place requiring security protections, destruction of a document and compliance with limits on disclosure or use.
- Judicial and Administrative proceedings: Information may be disclosed under a court order meeting requirement of 42 CRFS part 2. A subpoena is not sufficient.
- Law Enforcement: Disclosure without authorization is limited. Regulation does allow disclosure without authorization to inquiry related to death. Limited disclosure (name, status, address) is applied when reporting a crime on the premises or against program personnel.
- Disclosures to the individual: a written request is required.

### **Responsibilities of Persons Served**



- Present, upon request, a form of ID at the dosing window before receiving your medication. Please take off your sunglasses when receiving your dose.
- Methadone must be swallowed, and buprenorphine must be dissolved, in front of the nurse.
- Take homes must be transported to and from the clinic in a locked metal box as required by State regulations.
- Random urine samples will be required, at minimum, eight (8) times per year and are included in your treatment fee. Additional urine samples may be required, as clinically appropriate. In the event that you cannot provide or refuse to provide a urine screen the results will be listed as “assumed positive, refused to provide”.
- Missing your daily methadone/buprenorphine dose may interfere with recovery efforts. If you miss a dose, your next dose may decrease to avoid accidental overdose.
  - Dosing Hours:
    - Monday & Friday 6am-2pm
    - Tuesday – Thursday 6am-4pm
    - Saturday/Sunday as needed
- It is your responsibility to pay your weekly treatment fees. Fees are due on Monday. All additional urine screens and take-home doses must be paid for in advance.
- Please do not enter the medical or staff offices without permission.
- The clinic has a staff member on call at all times 24 hours a day 7 day a week. You may reach them by calling our main number, which will be forwarded to our after-hours phone. This service is for emergencies such as verification of dose levels. If you believe you are having a medical emergency, you should call 911.
- Persons served are responsible for registering medications taken that are prescribed or over the counter with the nursing department.
- Failure to follow through with all medical requirements including TB testing, chest x-rays, EKG, lab work and drug screens may result in loss of privileges.
- Alcohol, illicit drugs and weapons are not allowed in the clinic or on the premises.
- Smoking/vaping is not allowed in the clinic.
- Appropriate dress, such as shirt and shoes, shall be worn at all times in the clinic.
- Please do not loiter in the building or around the clinic.
- To reduce risk of overdose, medical staff may withhold your dose if you appear to be under the influence of alcohol or other drugs.
- Please arrive on time for individual and group counseling sessions.



- The clinic does not engage in any type of seclusion or restraint. However, in the event of an emergency 911 will be called.
- Persons served are expected to treat one another and VICTA staff and visitors with dignity and respect.
- Yelling, arguments, intimidating, threatening or violent behavior may be cause for termination from the program.



### **Code of Ethics**

VICTA employees adhere to all Professional Codes of Ethics.

The Code of Ethics for Addiction Professionals can be found at:

<https://www.naadac.org/code-of-ethics>

VICTA also has an internal compliance program and code of conduct intended to promote ethics and integrity while carrying out our mission: *“Empowered individualized recovery”*.

Do not hesitate to ask for assistance from our Compliance Officer if you have any questions or concerns regarding our code of conduct or any other compliance related issues. The name and contact information for our Compliance Officer (name and contact) is posted in the lobby.

### **Central Registry**

Before admitting an individual to the clinic VICTA utilizes available mechanisms to prevent the enrollment of a potential person served who is enrolled with another OTP in our area.

- VICTA uses the State of Rhode Island’s Behavioral Health Online Database (BHOLD) to identify current OTP enrollments.
  - Applicants shall not be admitted to OTP services at VICTA when the central registry shows them as currently enrolled in another OTP.
- Additionally, arrangements have been entered into with other OTPs to provide necessary information to each other for the purposes of preventing dual enrollment.
  - During the screening procedure, staff will obtain a signed release of information allowing us to contact other OTPs within a 50-mile radius.

# Hepatitis C

## What is hepatitis?

Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. Although all types of viral hepatitis can cause similar symptoms, they are spread in different ways, have different treatments, and some are more serious than others.

**All adults, pregnant women, and people with risk factors should get tested for hepatitis C.**

## Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus. When someone is first infected with the hepatitis C virus, they can have a very mild illness with few or no symptoms or a serious condition requiring hospitalization. For reasons that are not known, less than half of people who get hepatitis C are able to clear, or get rid of, the virus without treatment in the first 6 months after infection.

Most people who get infected will develop a chronic, or lifelong, infection. Left untreated, chronic hepatitis C can cause serious health problems including liver disease, liver failure, liver cancer, and even death.

## How is hepatitis C spread?

The hepatitis C virus is usually spread when someone comes into contact with blood from an infected person. This can happen through:

- ➔ **Sharing drug-injection equipment.** Today, most people become infected with hepatitis C by sharing needles, syringes, or any other equipment used to prepare and inject drugs.
- ➔ **Birth.** Approximately 6% of infants born to infected mothers will get hepatitis C.
- ➔ **Healthcare exposures.** Although uncommon, people can become infected when healthcare professionals do not follow the proper steps needed to prevent the spread of bloodborne infections.
- ➔ **Sex with an infected person.** While uncommon, hepatitis C can spread during sex, though it has been reported more often among men who have sex with men.
- ➔ **Unregulated tattoos or body piercings.** Hepatitis C can spread when getting tattoos or body piercings in unlicensed facilities, informal settings, or with non-sterile instruments.
- ➔ **Sharing personal items.** People can get infected from sharing glucose monitors, razors, nail clippers, toothbrushes, and other items that may have come into contact with infected blood, even in amounts too small to see.
- ➔ **Blood transfusions and organ transplants.** Before widespread screening of the blood supply in 1992, hepatitis C was also spread through blood transfusions and organ transplants.



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Control and Prevention

## Symptoms

Many people with hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: yellow skin or eyes, not wanting to eat, upset stomach, throwing up, stomach pain, fever, dark urine, light-colored stool, joint pain, and feeling tired. If symptoms occur with a new infection, they usually appear within 2 to 12 weeks, but can take up to 6 months to develop.

People with chronic hepatitis C can live for years without symptoms or feeling sick. When symptoms appear with chronic hepatitis C, they often are a sign of advanced liver disease.

**People can live with hepatitis C without symptoms or feeling sick.**

## Getting tested is the only way to know if you have hepatitis C.

A blood test called a hepatitis C antibody test can tell if you have been infected with the hepatitis C virus—either recently or in the past. If you have a positive antibody test, another blood test is needed to tell if you are still infected or if you were infected in the past and cleared the virus on your own.

## CDC recommends you get tested for hepatitis C if you:

- Are 18 years of age and older
- Are pregnant (get tested during each pregnancy)
- Currently inject drugs (get tested regularly)
- Have ever injected drugs, even if it was just once or many years ago
- Have HIV
- Have abnormal liver tests or liver disease
- Are on hemodialysis
- Received donated blood or organs before July 1992
- Received clotting factor concentrates before 1987
- Have been exposed to blood from a person who has hepatitis C
- Were born to a mother with hepatitis C

## Hepatitis C can be cured.

Getting tested for hepatitis C is important to find out if you are infected and get lifesaving treatment. Treatments are available that can cure most people with hepatitis C in 8 to 12 weeks.



## Hepatitis C can be prevented.

Although there is no vaccine to prevent hepatitis C, there are ways to reduce the risk of becoming infected.

- Avoid sharing or reusing needles, syringes or any other equipment used to prepare and inject drugs, steroids, hormones, or other substances.
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as glucose monitors, razors, nail clippers, or toothbrushes.
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.



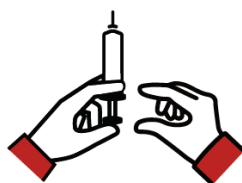
# HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

## HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



During Pregnancy, Birth, or Breast/Chestfeeding

## HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

## PROTECT YOURSELF FROM HIV

- Get tested at least once or more often if you have certain risk factors.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you engage in behaviors that may increase your chances of getting HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



## KEEP YOURSELF HEALTHY AND PROTECT OTHERS IF YOU HAVE HIV

- Find HIV care and stay in HIV care.
- Take your HIV treatment as prescribed.
- Get and keep an undetectable viral load. This is the best way to stay healthy and protect others.



- If you have an undetectable viral load, you will not transmit HIV through sex.
- If your viral load is not undetectable—or does not stay undetectable—you can still protect your partners by using other HIV prevention options.



Scan to learn more!



Ending  
the  
HIV  
Epidemic

For more information, please visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv).



# INFORMACIÓN BÁSICA SOBRE EL VIH

Sin tratamiento, el VIH (virus de la inmunodeficiencia humana) puede hacer que una persona esté muy enferma, e incluso causarle la muerte. Aprender lo básico sobre el VIH puede mantenerlo saludable y prevenir la transmisión de este virus.

## EL VIH PUEDE SER TRANSMITIDO



Mediante el contacto sexual



Al compartir las agujas para inyectarse drogas



Durante el embarazo, el parto o el pecho/lactancia materna

## EL VIH NO SE TRANSMITE



A través del aire o del agua



Mediante la saliva, el sudor, las lágrimas o los besos con la boca cerrada



Por los insectos o por las mascotas



Al compartir el inodoro, los alimentos o las bebidas

## PROTÉJASE DEL VIH

- Hágase la prueba al menos una vez o con más frecuencia si tiene ciertos factores de riesgo.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales.
- Elija actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales.
- No se inyecte drogas, pero si lo hace, no comparta las agujas, jeringas, u otro equipo de inyección de drogas.



- Si tiene comportamientos que pueden aumentar sus posibilidades de contraer el VIH, pregúntele a su proveedor de atención médica si la profilaxis preexposición (PrEP) es adecuada para usted.
- Si cree que se ha expuesto al VIH dentro de los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica acerca de la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



## SI TIENE EL VIH, MANTÉNGASE SALUDABLE Y PROTEJA A LOS DEMÁS

- Busque atención médica para el VIH y no deje de recibir la atención médica para el VIH.
- Tomar el tratamiento para el VIH según las indicaciones.
- Obtenga y mantenga una carga viral indetectable. Esta es la mejor manera de mantenerse saludable y proteger a los demás.



- Si tiene una carga viral indetectable, no transmitirá el VIH a su pareja sexual.
- Si su carga viral no es indetectable, aún puede proteger a sus parejas utilizando otras opciones de prevención del VIH.



¡Escanea para obtener más información!



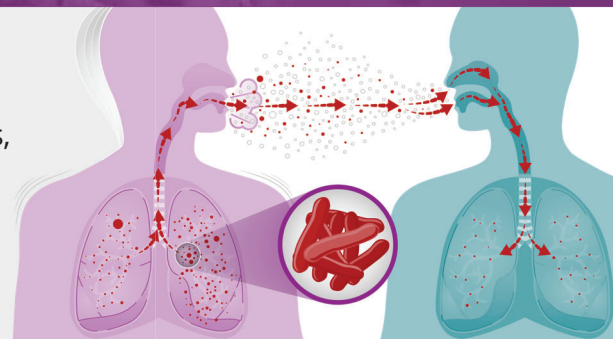
Ending the HIV Epidemic

Para obtener más información, visite la página [www.cdc.gov/hiv/spanish](http://www.cdc.gov/hiv/spanish).

# What You Need to Know About Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.

Not everyone infected with TB germs becomes sick. As a result, two TB-related conditions exist: latent TB infection (or inactive TB) and TB disease. If not treated properly, TB disease can be fatal.



## The Difference Between Inactive TB and Active TB Disease

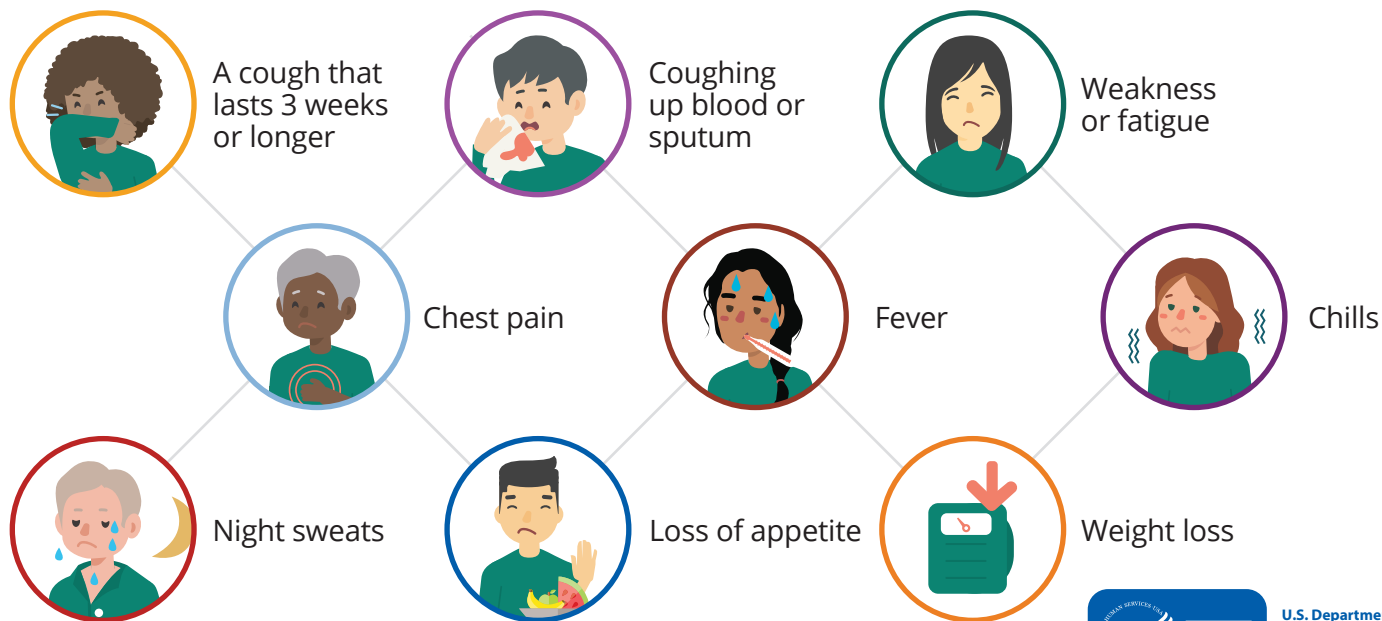
### A Person With Inactive TB

- Has a small amount of TB germs in their body that are alive but inactive.
- Has no symptoms and does not feel sick.
- Cannot spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- Has a normal chest x-ray and a negative sputum smear.
- Needs treatment for inactive TB to prevent active TB disease.

### A Person With Active TB Disease

- Has a large amount of active TB germs in their body.
- Has symptoms and feels sick.
- May spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- May have an abnormal chest x-ray, or positive sputum smear or culture.
- Needs treatment for active TB disease.

**If your body cannot stop TB germs from growing, you develop active TB disease. Symptoms of active TB disease include:**



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## Testing for TB



Getting tested and treated for TB can protect yourself, your family and friends, and your community. There are two types of tests for TB infection: the **TB blood test** and the **TB skin test**.

### **A Positive Test For TB Infection**

You have TB germs in your body. Your doctor will do other tests to determine if you have inactive TB or active TB disease. These tests may include a chest x-ray, and a test of the sputum you cough up.

### **A Negative Test For TB Infection**

A negative test means you likely do not have inactive TB or active TB disease.

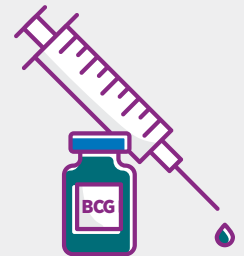
#### **Your doctor may do more tests if:**

- You have symptoms of active TB disease, like coughing, chest pain, fever, weight loss, or tiredness.
- You have HIV infection.
- Your exposure to TB germs was recent.

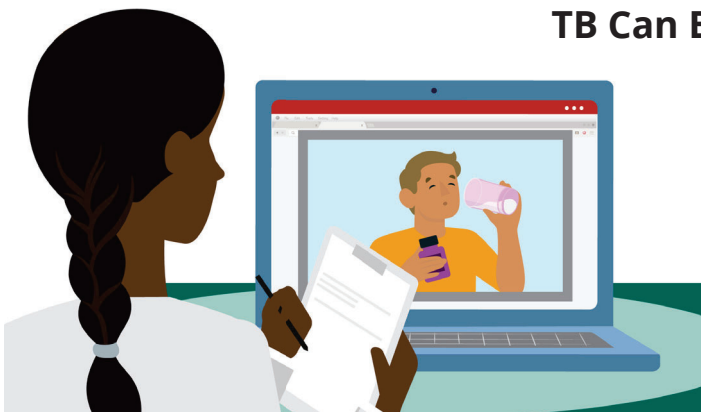
## **Tell Your Doctor if You Received a TB Vaccine**

TB blood tests are the preferred test for people who have received the bacille Calmette-Guérin (BCG) TB vaccine. Unlike the TB skin test, TB blood tests are not affected by BCG vaccination.

Many people born outside of the United States have received the BCG TB vaccine. BCG vaccination does not completely prevent people from getting TB. A positive reaction to a TB skin test may be due to the BCG vaccine itself or due to infection with TB germs.



## **TB Can Be Treated**



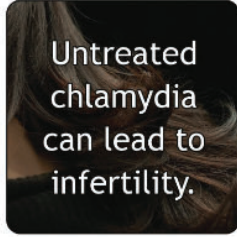
TB germs can live in your body for years without causing symptoms. If you have inactive TB, treating it is the best way to protect you from getting sick with active TB disease.

If you have been diagnosed with active TB disease, you can be treated with medicine. You will need to take and finish all of your TB medicine as directed by your doctor or nurse. This is to help you feel better and prevent other people from getting sick.

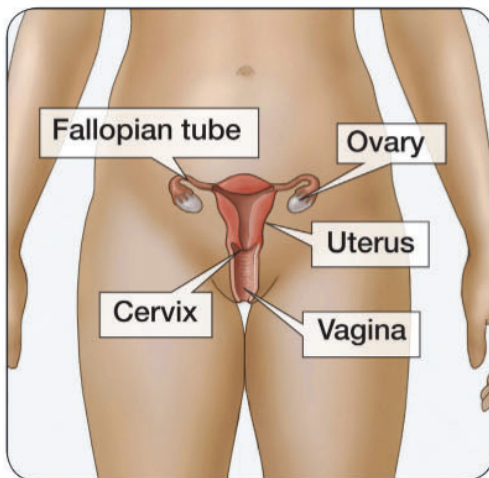
The best way to remember to take your medicines for active TB disease is by receiving directly observed therapy (DOT). Through DOT, you will meet with a health care worker every day or several times a week either in-person or virtually. The health care worker will make sure that the TB medicines are working as they should.



# Chlamydia – CDC Fact Sheet



*Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.*



## What is chlamydia?

Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

## How is chlamydia spread?

You can get chlamydia by having anal, vaginal, or oral sex with someone who has chlamydia.

If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum).

If you've had chlamydia and were treated in the past, you can still get infected again if you have unprotected sex with someone who has chlamydia.

If you are pregnant, you can give chlamydia to your baby during childbirth.

## How can I reduce my risk of getting chlamydia?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

## Am I at risk for chlamydia?

Anyone who has sex can get chlamydia through unprotected anal, vaginal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can be spread through oral and anal sex.

Have an honest and open talk with your health care provider and ask whether you should be tested for chlamydia or other STDs. If you are a sexually active woman younger than 25 years, or an older woman with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should get a test for chlamydia every year. Gay, bisexual, and men who have sex with men; as well as pregnant women should also be tested for chlamydia.

## I'm pregnant. How does chlamydia affect my baby?

If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.

If you are pregnant, you should be tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.



## How do I know if I have chlamydia?

Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice

- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include

- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum, either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause

- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

## How will my doctor know if I have chlamydia?

There are laboratory tests to diagnose chlamydia. Your health care provider may ask you to provide a urine sample or may use (or ask you to use) a cotton swab to get a sample from your vagina to test for chlamydia.

## Can chlamydia be cured?

Yes, chlamydia can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. When taken properly it will stop the infection and could decrease your chances of having complications later on. Medication for chlamydia should not be shared with anyone.

Repeat infection with chlamydia is common. You should be tested again about three months after you are treated, even if your sex partner(s) was treated.

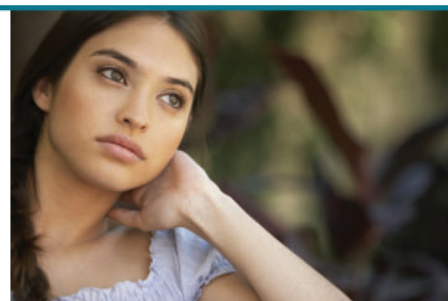
## What happens if I don't get treated?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydia can lead to serious health problems.

If you are a woman, untreated chlamydia can spread to your uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID often has no symptoms, however some women may have abdominal and pelvic pain. Even if it doesn't cause symptoms initially, PID can cause permanent damage to your reproductive system and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever. Rarely, chlamydia can prevent a man from being able to have children.

Untreated chlamydia may also increase your chances of getting or giving HIV – the virus that causes AIDS.



## I was treated for chlamydia. When can I have sex again?

You should not have sex again until you and your sex partner(s) have completed treatment. If your doctor prescribes a single dose of medication, you should wait seven days after taking the medicine before having sex. If your doctor prescribes a medicine for you to take for seven days, you should wait until you have taken all of the doses before having sex.

## Where can I get more information?

Division of STD Prevention  
(DSTDP)  
Centers for Disease Control and  
Prevention

[www.cdc.gov/std](http://www.cdc.gov/std)

CDC-INFO Contact Center  
1-800-CDC-INFO  
(1-800-232-4636)

Contact [www.cdc.gov/info](http://www.cdc.gov/info)

CDC National Prevention  
Information Network (NPIN)  
<https://npin.cdc.gov/disease/stds>  
P.O. Box 6003  
Rockville, MD 20849-6003  
E-mail: [npin-info@cdc.gov](mailto:npin-info@cdc.gov)

American Sexual Health  
Association (ASHA)  
<http://www.ashastd.org/>  
P.O. Box 13827  
Research Triangle Park,  
NC 27709-3827  
1-800-783-9877

# Gonorrhea - CDC Fact Sheet



**Anyone who is sexually active can get gonorrhea. Gonorrhea can cause very serious complications when not treated, but can be cured with the right medication.**

## What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

## How is gonorrhea spread?

You can get gonorrhea by having vaginal, anal, or oral sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth.

## How can I reduce my risk of getting gonorrhea?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting gonorrhea:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex. (<https://www.cdc.gov/condomeffectiveness/>)

## Am I at risk for gonorrhea?

Any sexually active person can get gonorrhea through unprotected vaginal, anal, or oral sex.

If you are sexually active, have an honest and open talk with your health care provider and ask whether you should be tested for gonorrhea or other STDs. If you are a sexually active man who is gay, bisexual, or who has sex with men, you should be tested for gonorrhea every year. If you are a sexually active woman younger than 25 years or an older woman with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection, you should be tested for gonorrhea every year.

## I'm pregnant. How does gonorrhea affect my baby?

If you are pregnant and have gonorrhea, you can give the infection to your baby during delivery. This can cause serious health problems for your baby. If you are pregnant, it is important that you talk to your health care provider so that you get the correct examination, testing, and treatment, as necessary. Treating gonorrhea as soon as possible will make health complications for your baby less likely.

## How do I know if I have gonorrhea?

Some men with gonorrhea may have no symptoms at all. However, men who do have symptoms, may have:

- A burning sensation when urinating;
- A white, yellow, or green discharge from the penis;
- Painful or swollen testicles (although this is less common).



Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Women with gonorrhea are at risk of developing serious complications from the infection, even if they don't have any symptoms.

Symptoms in women can include:

- Painful or burning sensation when urinating;
- Increased vaginal discharge;
- Vaginal bleeding between periods.

Rectal infections may either cause no symptoms or cause symptoms in both men and women that may include:

- Discharge;
- Anal itching;
- Soreness;
- Bleeding;
- Painful bowel movements.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD, such as an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

### **How will my doctor know if I have gonorrhea?**

Most of the time, urine can be used to test for gonorrhea. However, if you have had oral and/or anal sex, swabs may be used to collect samples from your throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

### **Can gonorrhea be cured?**

Yes, gonorrhea can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not undo any permanent damage caused by the disease.

It is becoming harder to treat some gonorrhea, as drug-resistant strains of gonorrhea are increasing. If your symptoms continue for more than a few days after receiving treatment, you should return to a health care provider to be checked again.

### **I was treated for gonorrhea. When can I have sex again?**

You should wait seven days after finishing all medications before having sex. To avoid getting infected with gonorrhea again or spreading gonorrhea to your partner(s), you and your sex partner(s) should avoid having sex until you have each completed treatment. If you've had gonorrhea and took medicine in the past, you can still get infected again if you have unprotected sex with a person who has gonorrhea.

### **What happens if I don't get treated?**

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, untreated gonorrhea can cause pelvic inflammatory disease (PID). Some of the complications of PID are

- Formation of scar tissue that blocks fallopian tubes;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

In men, gonorrhea can cause a painful condition in the tubes attached to the testicles. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child.

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening.

Untreated gonorrhea may also increase your chances of getting or giving HIV – the virus that causes AIDS.

### **Where can I get more information?**

Division of STD Prevention  
(DSTDP)  
Centers for Disease Control and  
Prevention  
[www.cdc.gov/std](http://www.cdc.gov/std)

CDC-INFO Contact Center  
1-800-CDC-INFO  
(1-800-232-4636)  
[https://wwwn.cdc.gov/dcs/  
ContactUs/Form](https://wwwn.cdc.gov/dcs/ContactUs/Form)

CDC National Prevention  
Information Network (NPIN)  
<https://npin.cdc.gov/disease/stds>  
P.O. Box 6003  
Rockville, MD 20849-6003 E-  
mail: [npin-info@cdc.gov](mailto:npin-info@cdc.gov)

American Sexual Health  
Association (ASHA)  
[http://  
www.ashasexualhealth.org/  
stdsstis/](http://www.ashasexualhealth.org/stdsstis/)  
P. O. Box 13827  
Research Triangle Park, NC  
27709-3827  
1-800-783-9877



# Syphilis – CDC Fact Sheet



Syphilis is a sexually transmitted disease (STD) that can have very serious complications when left untreated, but it is simple to cure with the right treatment.

## What is syphilis?

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary). There are different signs and symptoms associated with each stage.

## How is syphilis spread?

You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. You can find sores on or around the penis, vagina, or anus. You can also find them in the rectum, on the lips, or in the mouth. Syphilis can spread from an infected mother to her unborn baby.

## What does syphilis look like?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with **primary syphilis** generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of **secondary syphilis** include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are no signs or symptoms. **Tertiary syphilis** is associated with severe medical problems. A doctor can usually diagnose tertiary syphilis with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

## How can I reduce my risk of getting syphilis?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis;

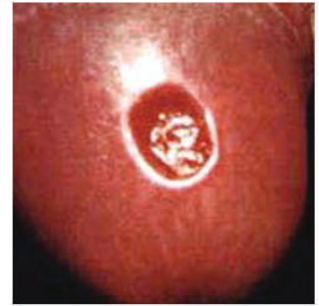


National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of STD Prevention





- Using latex condoms, the right way, (<https://www.cdc.gov/condomeffectiveness/male-condom-use.html>) every time you have sex. Condoms prevent transmission of syphilis by preventing contact with a sore. Sometimes sores occur in areas not covered by a condom. Contact with these sores can still transmit syphilis.



Example of a primary syphilis sore.

## Am I at risk for syphilis?

Any sexually active person can get syphilis through unprotected vaginal, anal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs.

- All pregnant women should be tested for syphilis at their first prenatal visit.
- You should get tested regularly for syphilis if you are sexually active and
  - o are a man who has sex with men;
  - o are living with HIV; or
  - o have partner(s) who have tested positive for syphilis.

## I'm pregnant. How does syphilis affect my baby?

If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or stillborn (a baby born dead). To protect your baby, **you should be tested for syphilis at least once during your pregnancy. Receive immediate treatment if you test positive.**

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

## What are the signs and symptoms of syphilis?



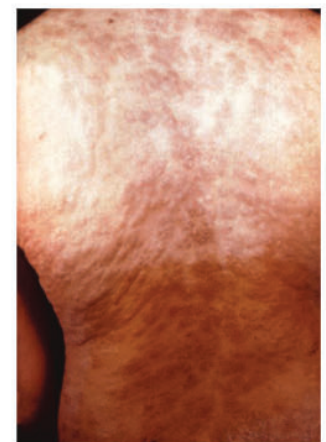
Secondary rash from syphilis on palms of hands.

Symptoms of syphilis in adults vary by stage:

### Primary Stage

During the first (primary) stage of syphilis, you may notice a single sore or multiple sores. The sore is the location where syphilis entered your body. Sores are usually (but not always) firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore usually lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even after the

sore goes away, you must still receive treatment. This will stop your infection from moving to the secondary stage.



Secondary rash from syphilis on torso.

### Secondary Stage

During the secondary stage, you may have skin rashes and/or mucous membrane lesions. Mucous membrane lesions are sores in your mouth, vagina, or anus. This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won't itch and it is sometimes so faint that you won't notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The



symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly tertiary stages of syphilis.

### *Latent Stage*

The latent stage of syphilis is a period of time when there are no visible signs or symptoms of syphilis. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms.

### *Tertiary Stage*

Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen it can affect many different organ systems. These include the heart and blood vessels, and the brain and nervous system. Tertiary syphilis is very serious and would occur 10–30 years after your infection began. In tertiary syphilis, the disease damages your internal organs and can result in death.

### *Neurosyphilis and Ocular Syphilis*

Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis) or to the eye (ocular syphilis). This can happen during any of the stages described above.

Symptoms of neurosyphilis include:

- severe headache;
- difficulty coordinating muscle movements;
- paralysis (not able to move certain parts of your body);
- numbness; and
- dementia (mental disorder).

Symptoms of ocular syphilis include changes in your vision and even blindness.

## **How will I or my doctor know if I have syphilis?**

Most of the time, a blood test is used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.

## **Can syphilis be cured?**

Yes, syphilis can be cured with the right antibiotics from your health care provider. However, treatment might not undo any damage that the infection has already done.

## **I've been treated. Can I get syphilis again?**

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be re-infected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your health care provider is recommended to make sure that your treatment was successful.

It may not be obvious that a sex partner has syphilis because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth. Unless you know that your sex partner(s) has been tested and treated, you may be at risk of getting syphilis again from an infected sex partner.

## **Where can I get more information?**

Syphilis and MSM - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-msm-syphilis.htm>

Congenital Syphilis - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

STDs during Pregnancy - Fact Sheet

<https://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm>

STD information and referrals to STD Clinics

CDC-INFO Contact Center

1-800-CDC-INFO (1-800-232-4636)

TTY: (888) 232-6348

Contact CDC-INFO

<https://wwwn.cdc.gov/dcs/ContactUs/Form>



Darkfield micrograph of *Treponema pallidum*.