



# **Substance Use Disorders Crisis Intervention Training (CIT)**

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**Grayken Center for Addiction  
Training & Technical Assistance  
Boston Medical Center**



# Funders





# Disclosure and Disclaimer

**The faculty and planning committee have no relevant financial relationships to disclose.**

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# Agenda

Following this training, participants will:

- Understand the prevalence of substance use disorders (SUD).
- Develop a basic understanding of substance use disorder as a chronic medical condition and the impact of stigma on treatment.
- Develop a basic understanding of medications for addiction treatment.
- Identify basic harm reduction interventions and the role of community police departments in overdose prevention.

# Resources First Responders

First responders are at high risk for occupational trauma.

If you or a colleague are experiencing problems with mental health or substance use,  
it is important to know where you can find treatment.

**On-Site Academy** is strictly Law Enforcement and First Responders program for treatment of mental health related to critical incident stress <http://onsiteacademy.org/> 774-396-6477

**LEADER (Law Enforcement, Active Duty, Emergency Responder) program** at McLean Hospital provides specialized mental health and addiction services, designed specifically for men and women in uniform. Their team of physicians, psychologists, social workers, nurses, and counselors are experienced and experts in working with police, active military, and first responders. <https://www.mcleanhospital.org/treatment/leader>

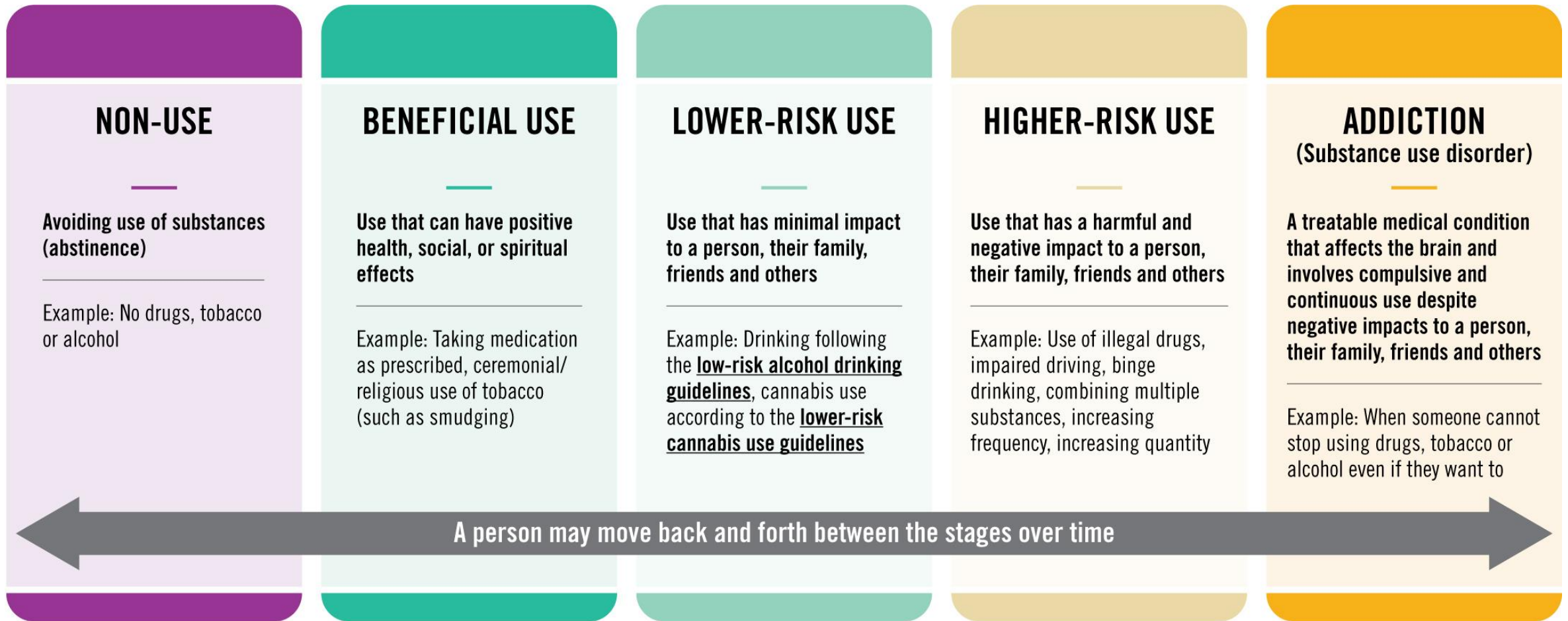
**CopLine** is dedicated to serving active and retired law enforcement officers and their loved ones. The CopLine provides 24/7, confidential services for callers who are dealing with various stressors encountered both on and off the job that impact a significant number of law enforcement officers and their families. <https://www.copline.org/>

**MindWise Innovation** in partnership with the Riverside First Responder Suicide Prevention program to provide specialized support for first responders experiencing mental health challenges. <https://learn.mindwise.org/first-responders>

# Defining Addiction

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# Substance Use Exists On A Spectrum





# Defining Substance Use Disorders



"Addiction is defined as a chronic, relapsing disorder characterized by **compulsive drug seeking and use despite adverse consequences**. It is considered a **brain disorder**, because it involves functional changes to brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs."

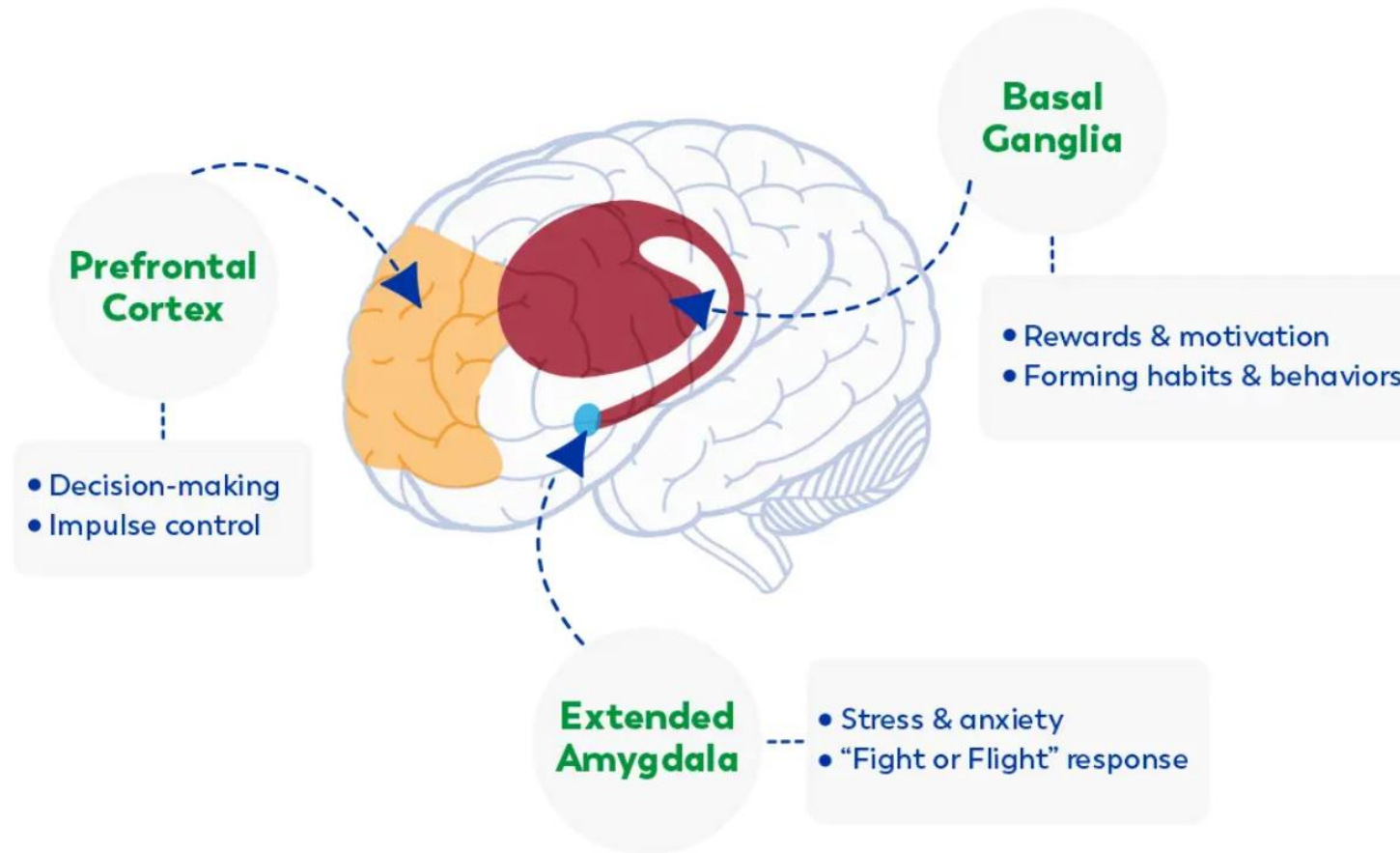


"Addiction is a treatable, **chronic medical disease** involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases."

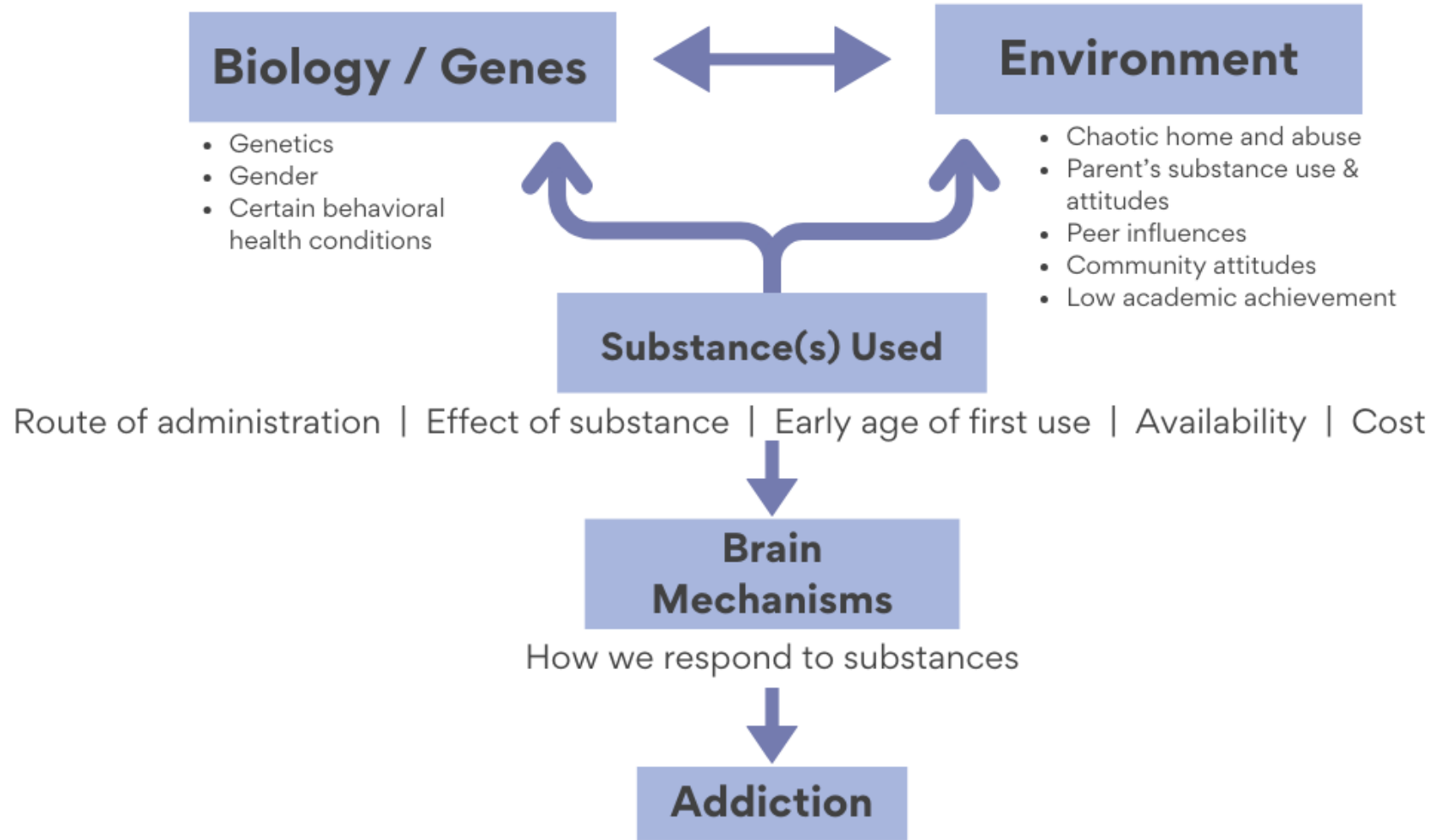


# Brain Changes Associated With Substance Use

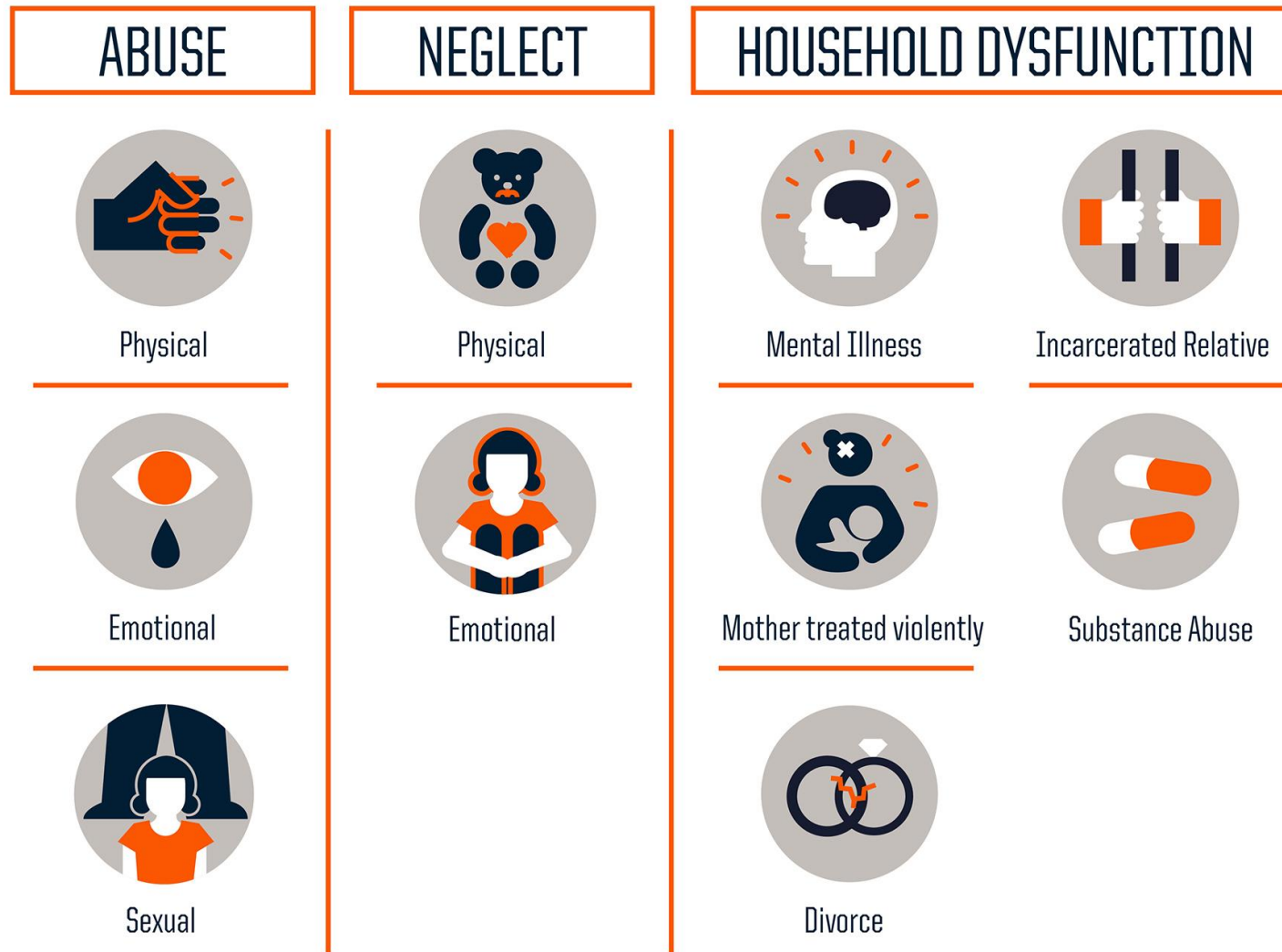
**Dopamine:** a neurotransmitter that helps the brain to regulate emotion, motivation, and cognition  
**Positive reinforcement** of pleasurable behaviors - Substance use increases dopamine



# Risk Factors For Substance Use



# Adverse Childhood Experiences (ACEs) Increase Risk For SUD



# Stigma & Language

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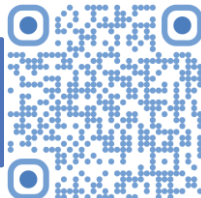
# Stigma Contributes To Poor Outcomes

Stigma is a process in which a group, quality or circumstance is labeled, stereotyped and devaluated

Involves false perception of control over the condition and perceived fault acquiring the condition

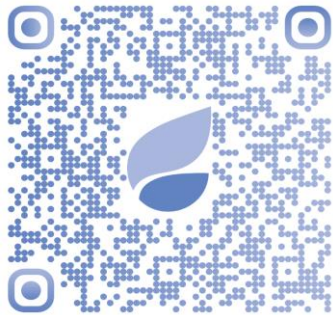
## Stigma leads to:

- **Barriers to treatment:** prevents people from seeking help for fear of judgement, discrimination, social isolation
- **Limited social support:** may result in isolation, loneliness
- **Internalized stigma:** creates negative self-perception, feelings of shame and guilt
- **Discrimination:** can lead to biased practices in employment, education, housing, healthcare, policies and programming
- **Negative outcomes:** hospitalization, overdose, involvement in criminal-legal system



# Words Matter

“Words Matter”  
pledge available in  
English and  
Spanish on our  
website



Say this...	Instead of this...
Person with a substance use disorder Person with addiction Person who uses drugs	Addict, junkie Crackhead, tweaker Abuser, pill-popper
Risky or unhealthy alcohol or drug use	Abuse
Medication for addiction treatment (MAT) Medications for opioid use disorder (MOUD)	Medication-assisted treatment (MAT) Replacement therapy
Negative or positive toxicology test Expected or unexpected results	Dirty or clean urine
Altered perception of reality Experiencing delusions	Delusional, nuts, crazy, tweaking
Protective behaviors Trauma response	Violent, aggressive, monsters
Supporting Unwilling to give up on a loved one	Enabling Co-dependent
Incarcerated or formerly incarcerated person Person involved in criminal-legal or carceral system	Inmate, offender, convict, felon Probationer/parolee

# The Epidemic

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# The Impact of Addiction



2023 NSDUH survey found that 48.4 million people aged 12+ (17.1%) met criteria for any substance use disorder (SUD) in the past year



1 in 4 people aged 12+ (12.8 million people) received SUD treatment in the past year



7.9% (20.4 million people) of adults 18+ have both an SUD and any mental illness

Provisional data indicates >107,543 fatal overdoses in 2023



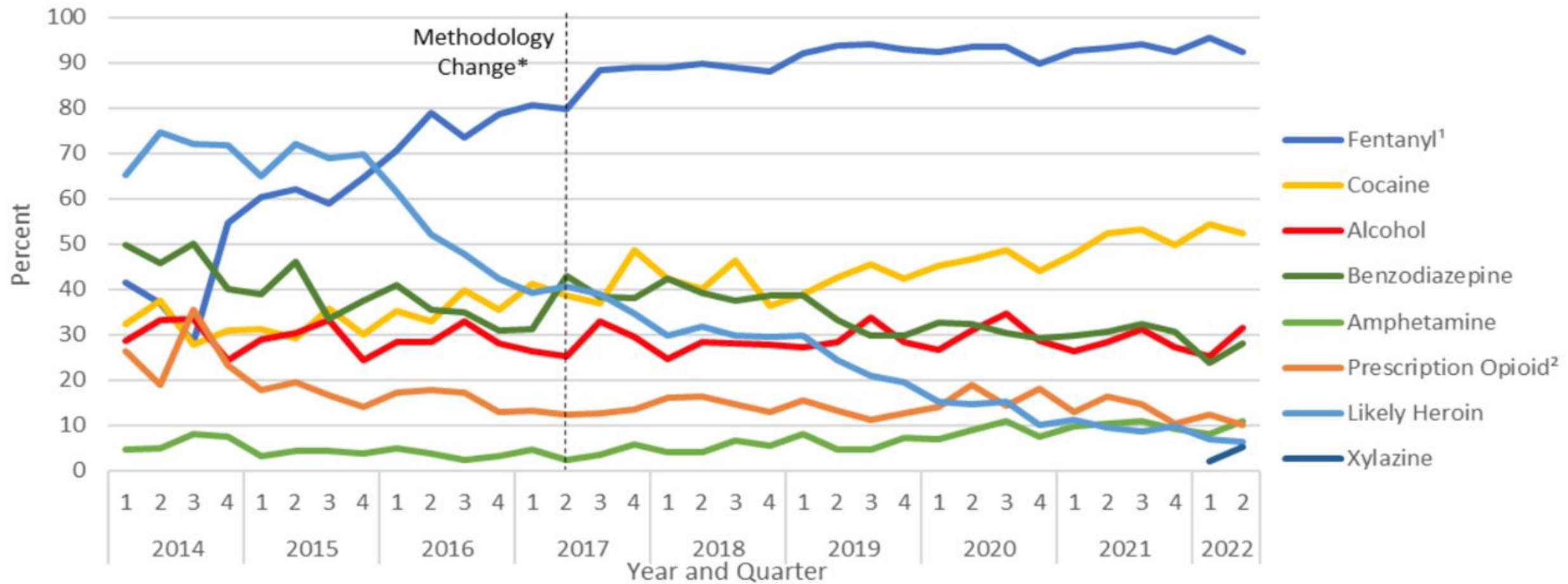
From 2011-2021, over 321,000 US children lost a parent to an overdose



Annual medical costs associated with SUD in emergency department and inpatient settings >\$13 billion

(Tanz et al., 2024)  
(Peterson et al., 2021)  
(SAMHSA, 2023)  
(Jones et al, 2024)

# Overdose Deaths In Massachusetts, 2014–2022

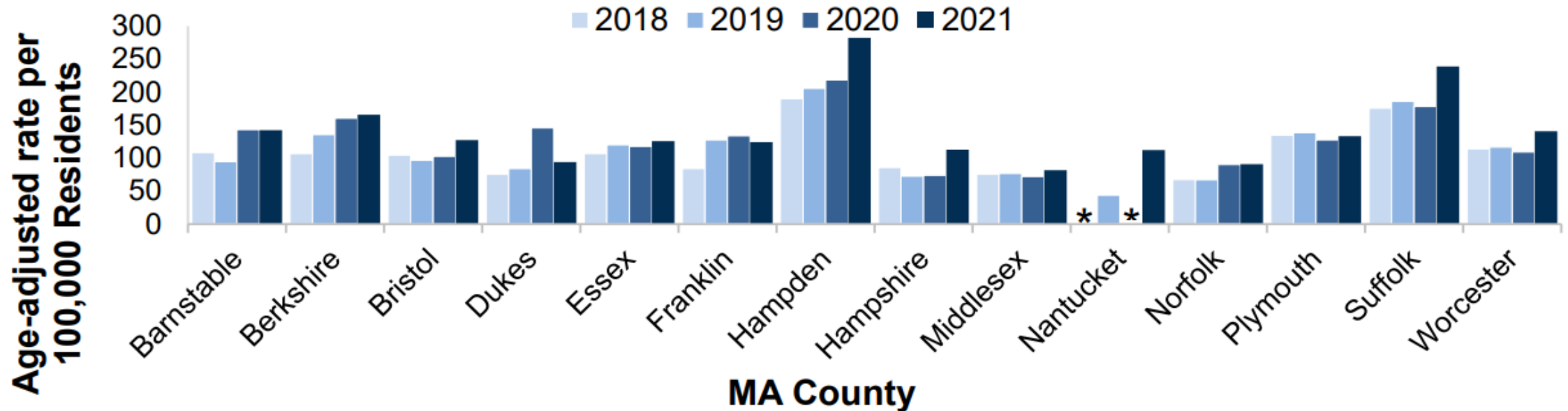


# Stimulant-related Incidents In MA (2021)

Highest rates of stimulant-related EMS incidents in: **Hampden County, Suffolk County, and Berkshire County**

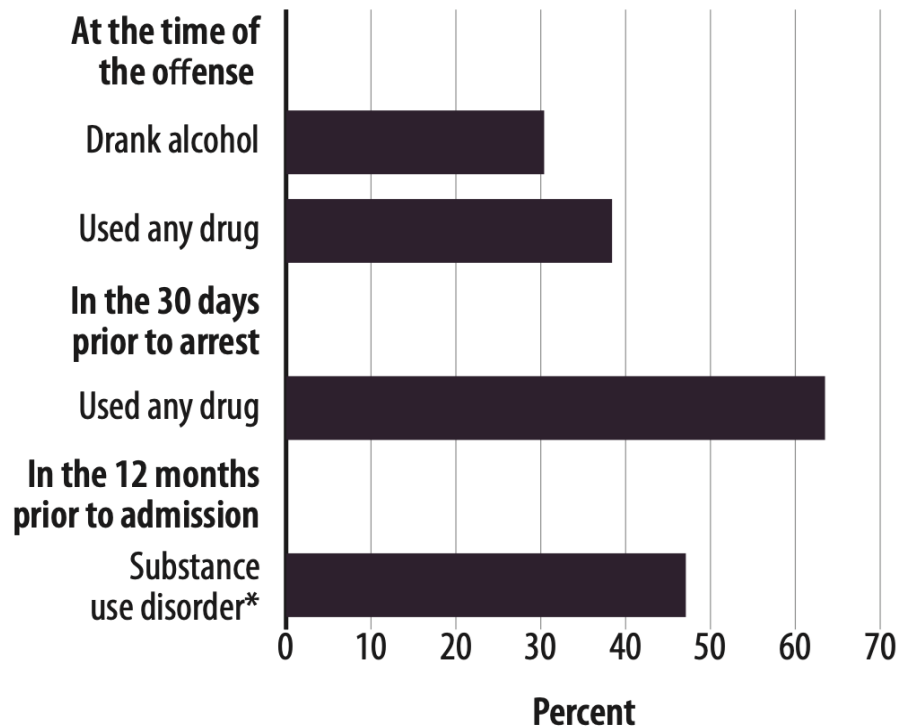
Black non-Hispanic populations had the highest rates of stimulant-related ED visits, followed closely by the Hispanic population.

**Figure 16: Rate of Stimulant-Related Incidents by County, Massachusetts: 2018-2021**



# Substance Use During Arrest

**FIGURE 1**  
**Alcohol use, drug use, and substance use disorder among state and federal prisoners, 2016**

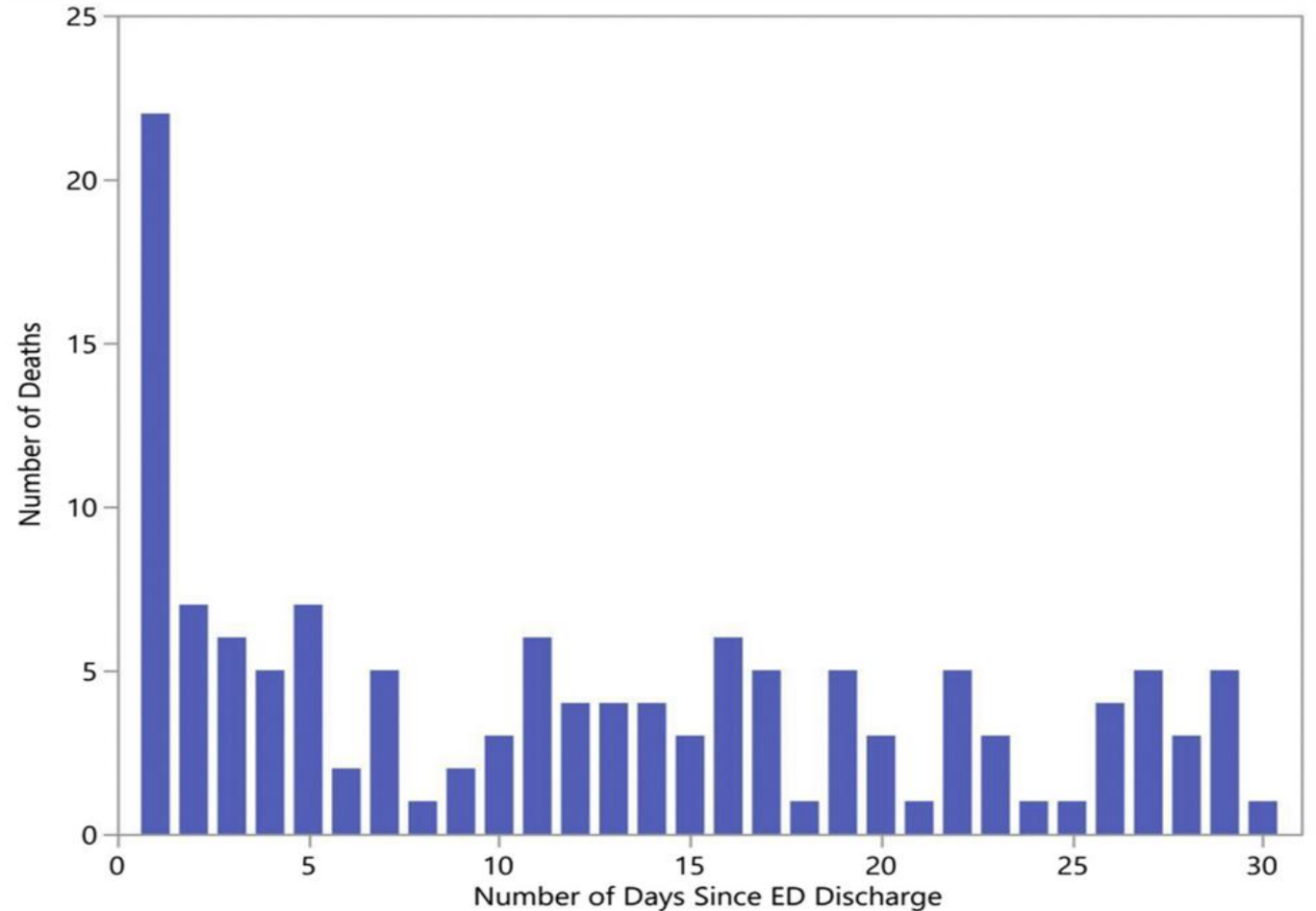


- Almost two thirds of incarcerated individuals reported alcohol or drug use at the time of arrest
- In the year prior to arrest, almost 50% of those individuals had a diagnosis of a substance use disorder
- Stimulant-related offenses accounted for more than 75% of all federal drug offenses in 2019
- Increased risk for overdose in 2 weeks following release
- Young adults with arrest history associated with mental health concerns, substance use and suicide risk

# Mortality Risk After Non-fatal Overdose: MA

11,557 patients treated for non-fatal overdose (NFO) in the ED

- 635 died within the year
- 130 (20.5%) died within the month
- **29 (4.6%) died within 2 days**
- **1 in every 11 people who had NFO from 2013 to 2021 later experienced fatal overdose**



(Gene et al., 2022)  
(Weiner et al., 2020)  
(MA DPH, 2023)  
(Binswanger, 2007)  
(Hartung et al., 2023)

# Adulterants In Local Drug Supply

Adulterants in the local drug supply can increase risk for medical issues or overdose  
Understanding the effects of adulterants can help guide your interventions (e.g. rescue breathing, wound assessments, drug checking strips)

Adulterants	What is it?	Risks	Naloxone response
<b>Xylazine</b>	Animal tranquilizer that causes CNS depression	-Sedation and overdose -Injury or assault -Rapid wound development (necrosis, slow healing)	No
<b>Levamisole</b>	Animal parasitic agent produces euphoria similar to stimulants used to cut <u>cocaine</u>	-Wounds or lesions (purple, erythematous) -Kidney failure and weak immune system	No
<b>Fentanyl</b>	Illicit high-potency synthetic opioid Risk for contamination of <u>non-opioids</u> (ex – pressed pills, cocaine)	Overdose in individuals not on medications for opioid use disorder (MOUD) or unknowingly using opioids	Yes
<b>Nitazene</b>	Synthetic opioid, potential for higher potency, street name "iso" "Tony"	Linked to overdose in several states	Yes



# First Responder Safety

- Fentanyl is not efficiently absorbed through the skin because of its extremely poor penetration of the skin barrier
- Fentanyl also unlikely to be carried in the air
- Toxicology experts have concluded that “the risk of clinically significant exposure to emergency responders is extremely low”

## WHEN YOU SUSPECT ILLICIT DRUGS ARE PRESENT:

**DO**

wear your personal protective equipment.



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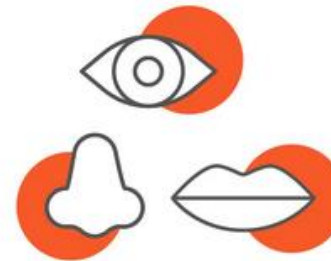
**DO**

wash your hands with soap and water.



**DO NOT**

touch your eyes, nose, and mouth.



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**DO NOT**

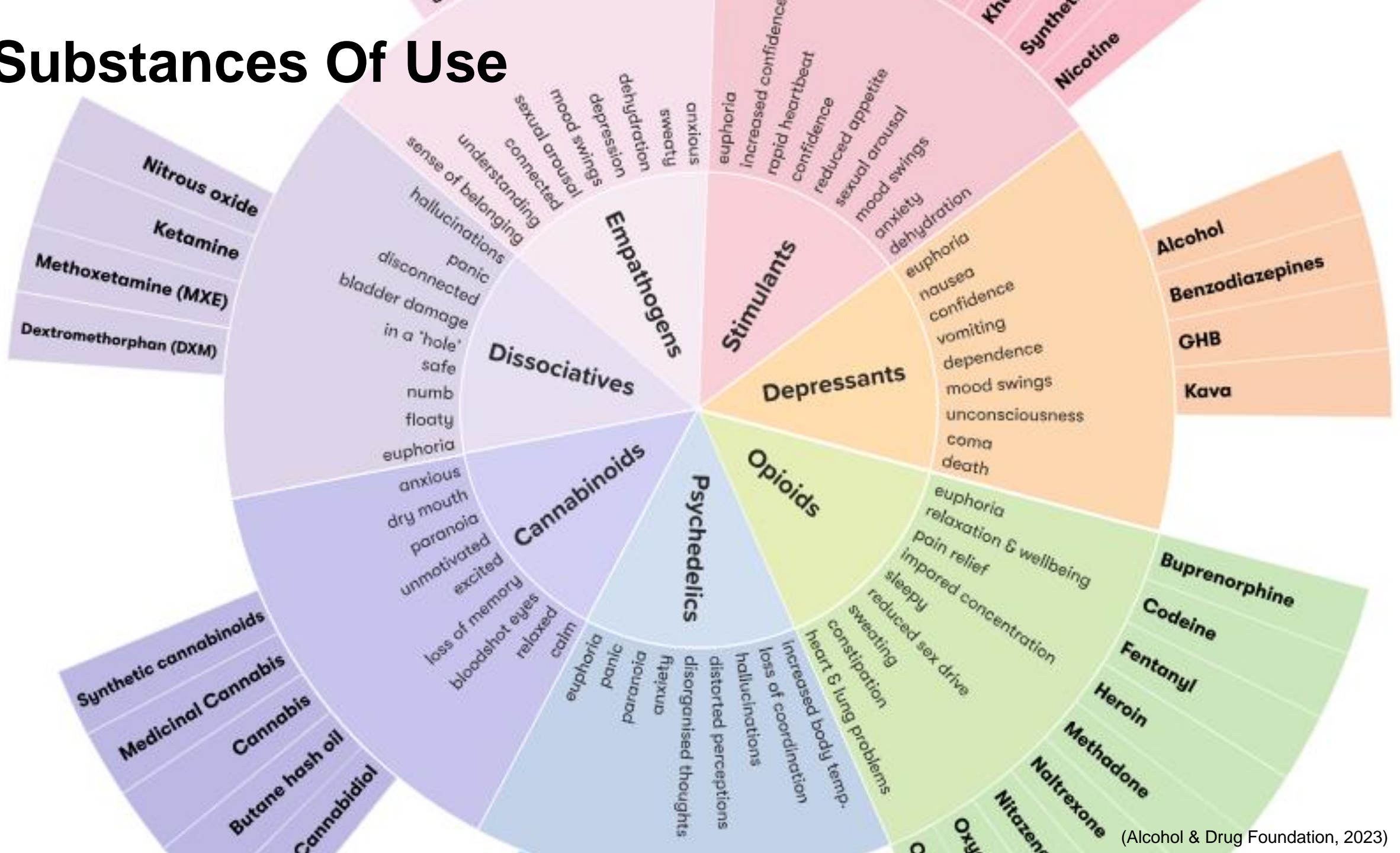
use hand sanitizer, eat, drink, smoke, or use the bathroom.



(Herman et al., 2020)  
(Del Pozo et al., 2021)



# Substances Of Use



# Opioids

Examples: morphine, codeine, heroin, fentanyl

Causes **CNS depression** leading to decreased respiratory rate and heart rate that can result in **opioid overdose**

Continued use results in tolerance, withdrawal and dependency

Medications for opioid use disorder (MOUD) manage withdrawal, cravings and reduce overdose risk

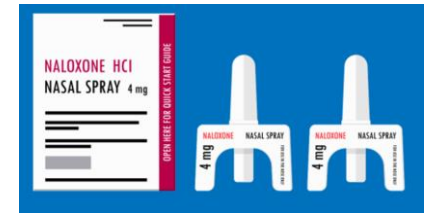
Intoxication	Withdrawal
Decreased respiratory rate, bradycardia - overdose	Elevated heart rate
Hypothermia	Hyperthermia, Sweating, Rhinorrhea, Lacrimation
Constricted pupils	Dilated pupils
Analgesia or pain management	Bone or joint aches
Decreased GI motility - constipation	GI upset (diarrhea, nausea, vomiting)
Itching (due to histamine release)	Piloerection
Sedation, Euphoria	Restlessness, Anxiety, Irritability
Fatigue	Insomnia
	Yawning, Tremor
<b>Intervention: If overdose suspected, administer naloxone and encourage emergency room assessment</b>	<b>Intervention: Unmanaged withdrawal can lead to medical complications that can be life threatening</b>

# Naloxone (Narcan): Opioid Overdose Reversal Agent

**An opioid overdose is a life-threatening emergency where the use of a toxic amount of opioids results in suppressed breathing and other dangerous symptoms.**

**Naloxone** reverses an opioid overdose by knocking opioids off of the receptors to allow the person to breathe

Most common formulation: 4 mg intranasal dose



Starts to work in approx. 2-3 minutes and wears off after 30-90 minutes

Available in all 50 states and over-the-counter (OTC) without a prescription

# Recognizing & Responding To An Opioid Overdose

## Signs & Symptoms of Opioid Overdose

- Small, constricted “pinpoint” pupils
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking, gurgling, or snoring sounds
- Limp body
- Cold and/or clammy skin
- Skin discoloration (lips and nails) – blue/purple
- Lighter skin tones: Blue or purple
- Darker skin tones: Gray or ashen

## Intervention: Overdose Response

- Attempt to rouse person with voice and sternal rub
- Administer intranasal **naloxone**
- Provide rescue breaths or administer oxygen
- Provide cardiac support if indicated
- Place in the recovery position
- Monitor for return to breathing
- Repeat naloxone administration every 2-3 minutes
- Welcome the person back
- Attempt to engage in local services for care and medications for opioid use disorder

# Scenario 1

You receive a call from a bystander reporting an unconscious individual in a car in your area of responsibility.

When you arrive on the scene, a bystander rushes you over to you and says they noticed the individual wasn't moving so they called 911.

The individual appears pale/limp, unresponsive to voice/sternal rub, no evidence of respirations, and you palpate weak radial pulse. You notice a small empty plastic bag on the middle console and a tourniquet on the individual's right arm.

**What is your intervention?**

# Scenario 1 (continued)

You provide intranasal naloxone and rescue breathing resulting in the individual returning to consciousness as EMS arrives.

The individual is assessed by EMS and declines transfer to the local emergency department. You recognize the individual from a previous call due to opioid overdose.

As you approach, the individual appears distressed and states “Oh great, you again. I don’t need another lecture about how I need to stop using drugs – if I could, I would.”

**What is your response?**

**What overdose prevention strategies would benefit this individual?**



# Alcohol

Alcohol is the most commonly-used substance in the U.S.

**CNS depressant** causing decreased respiratory rate, risk for falls/injury

Alcohol withdrawal symptoms can begin a few hours after last drink with positive breathalyzer

**Severe alcohol withdrawal can result in seizure within 72 hours of last drink and can be life threatening**

Intoxication	Withdrawal
Euphoria	Elevated heart rate/blood pressure
Analgesia (pain relief)	Headache
Ataxia, loss of balance	Tremor
Impaired judgement	Nausea, vomiting
Drowsiness, sedation	Sweating
Nausea, vomiting	Anxiety, Agitation
Decreased heart, respiratory rates	Delirium Tremens – visual/auditory/tactile disturbances
Alcohol poisoning or overdose: Vomiting, aspiration, coma, death	Disorientation
	Seizure and death
<b>Intervention: Monitor for decreased respiratory/heart rate. If risk for suicidality, assess safety or transport for assessment</b>	<b>Intervention: Emergency medical assessment for symptoms of withdrawal to decrease risk for seizure/death</b>



# Stimulants

**Examples:** Cocaine, methamphetamines, nicotine, caffeine, prescription stimulants

**Routes of use:** Oral, intranasal, inhalation, intravenous, intrarectal/intravaginal

- **Binge patterns** are common with cocaine and methamphetamines
- **Higher the dose** and/or potency of substance **increases effects and risks**
- Withdrawal may persist beyond last use of stimulants requiring prompt psychiatric assessment and treatment
- Fatigue, dehydration, poor nutrition and perceptual disturbances or paranoia require support in acute withdrawal

Intoxication: Physiological Effects	Intoxication: Psychological Effects	Withdrawal
Dilated pupils, sweating Elevated BP, HR, temperature Decreased appetite, weight loss Nausea and vomiting Abnormal body movements, bruxism Lack of sleep, decreased fluid/food intake, tremors	Euphoria Increased alertness Agitation, restlessness, irritability Increased sexual libido Hypervigilance Fearlessness Paranoia, Perceptions of persecution	<b>Acute: Depression, Suicidal ideation,</b> fatigue, irritability, hallucinations <b>Subacute: Depression,</b> mood swings, irritability, fatigue/exhaustion, brain fog, poor sleep, sexual dysfunction
<b>Intervention: Complaints of severe headache, back pain or chest pain warrant emergency medical assessment due to risk for cardiac event, stroke, kidney failure, and seizure</b>	<b>Intervention: Attempt to de-escalate the individual to decrease agitation and risk for protective behaviors. Offer fluids, food and rest. May warrant medication management through EMS or emergency department (benzodiazepines)</b>	<b>Intervention: Increased risk for suicidality - connection to counseling or follow-up safety checks may be indicated. Hallucinations or paranoia that persists beyond acute intoxication and withdrawal require medication management.</b>

(SAMHSA TIP 33, 2021)  
(Batki et al., 2023)

# Overamping: Recognition & Response

## Physical Symptoms

- Headache, hyperthermia
- Jaw grinding, dry mouth
- Spastic Movements
- Chest pain, High blood pressure
- Seizure
- Passing out but still breathing

## Psychological Symptoms

- Paranoia, persecutory perceptions, psychosis
- Altered perception of reality
- Auditory hallucinations
  - Visual hallucinations (shadow people)
  - Tactile hallucinations/disturbances (bugs on/in skin)
- Protective behaviors: hypervigilance, fear, anxiety, panic, agitation, increased sensory awareness.

## Understanding Protective Behaviors

- Protective behaviors are a fear response due to a threat to one's personal safety
- When people think they are at risk for harm they will do things they normally would not do to survive
- Individuals who are overamping may be fearful for their lives due to psychosis from substance use

**Intervention: De-escalate, provide reassurance, decrease stimulation. Sedatives and antipsychotics may be beneficial to de-escalate patients with acute psychosis. Address acute medical complications from stimulant use. Supportive care: Rest, Hydration, Nutrition, Safety.**



Grayken TTA Video (3 min)  
Reframing and Responding to Protective Behaviors  
Associated with Stimulant Use  
<https://www.addictiontraining.org/resources/?category=8>



(Harding et al., 2022)  
(Mansoor et al., 2022)  
(Harm Reduction Coalition, 2023)  
(Grayken TTA, 2023)

# Scenario 2

You receive a call regarding a person behaving erratically. When you arrive at the scene, the parents state their adult son has been behaving strangely, talking to himself, ripping apart clothing looking for recording devices from the government, and believes he is being “gaslighted” by his parents into thinking he is crazy.

They disclose they have put off calling the police because the individual has a history of engagement with the criminal-legal system. When you enter the home, the individual is locked in the bathroom and you can hear him talking to himself.

**What strategies can you use to approach the individual?**

**How might you attempt to de-escalate him?**

# Treatment For SUD

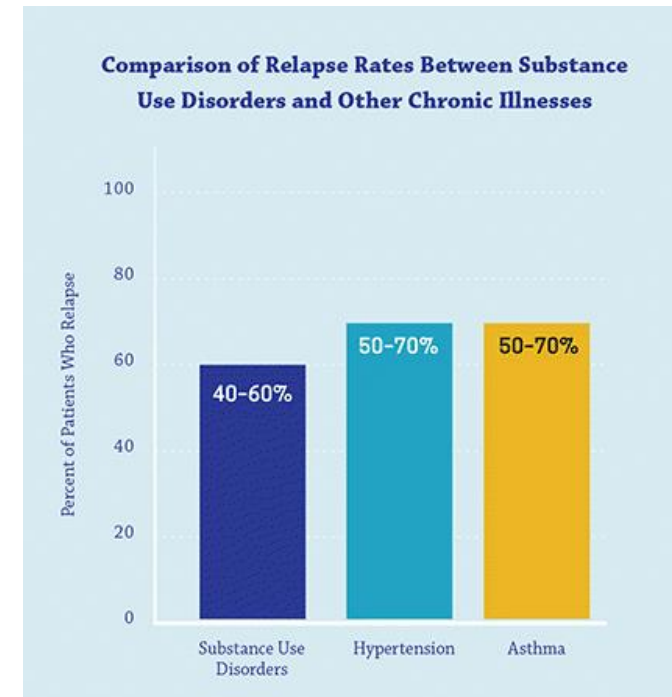
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# Chronic Disease Management Of SUD

Substance use disorders are chronic medical conditions that respond best using evidence-based, patient-centered, ongoing comprehensive medical care

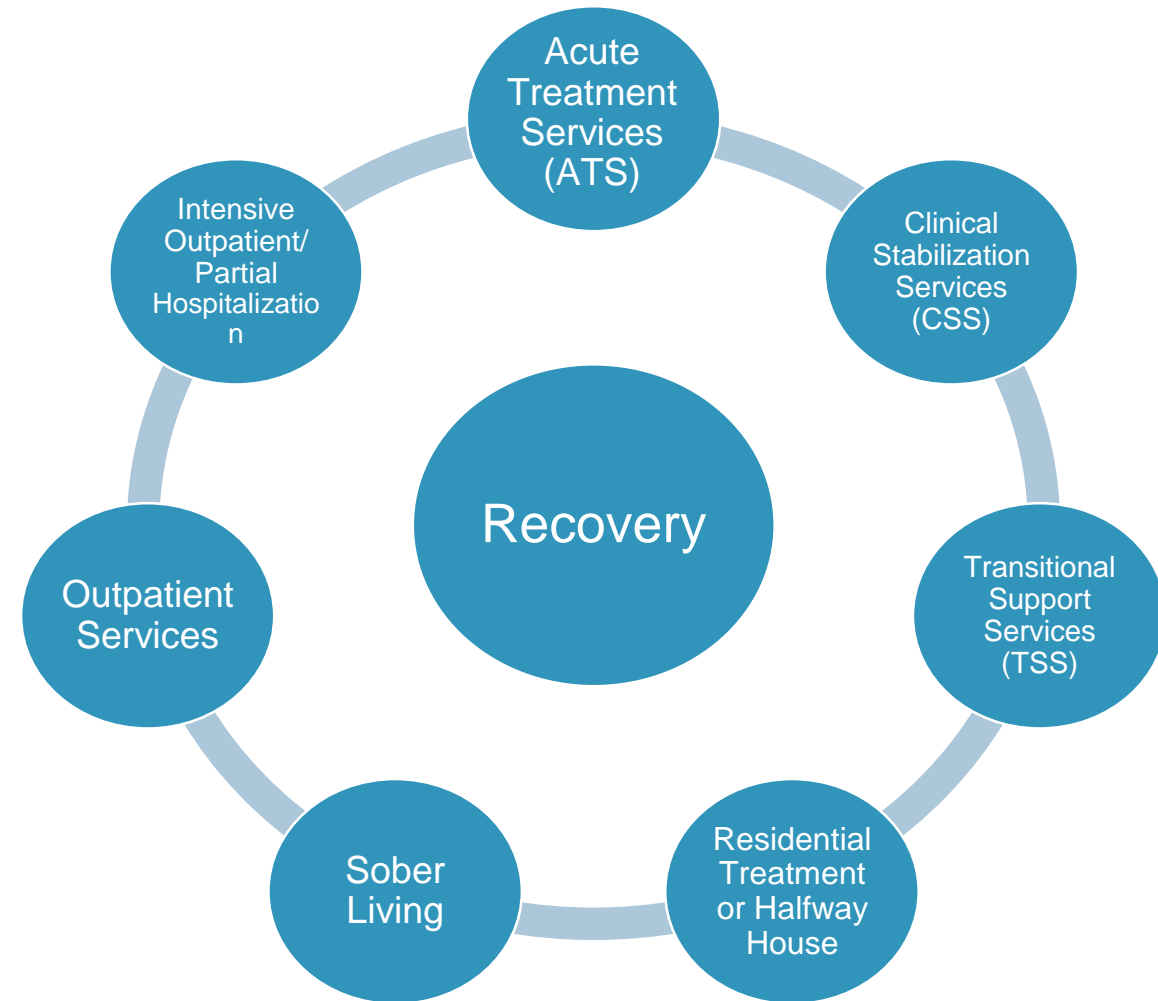
- Recurrence of use is > 90% after acute treatment services (ATS) aka detox alone
- Increased rates of overdose due to decreased tolerance
- Chronic disease management for addiction is key for:
  - Improving health outcomes
  - Decreasing recurrence of use
  - Reducing overdose risk

Visit our website for a list of  
[Harm Reduction Resources](https://addictiontraining.org)



# Principles Of Treatment For SUD

- Long-term treatment improves outcome
- No single treatment is right for everyone
- Treatment modalities may include:
  - Medication
  - Behavioral interventions – counseling, groups
  - Treatment of co-occurring disorders
  - Recovery support programs
- Goals of treatment:
  - Cessation or reduction in harmful substance use
  - Active participation and engagement in treatment
  - Restoration of physiologic functions
  - Improvement in one's quality of life
  - Risk reduction without stopping behavior



# Risk Reduction Is Best Practice

- Risk reduction is considered best practice in many settings for management of various chronic medical conditions and behaviors to improve health outcomes
- Uses evidenced-based interventions to reduce negative consequences associated with behaviors
- “Meet people where they are” - caters treatment to personal goals and comfort level
- Supports any positive change but does not require change
- Promotes low threshold access to services
- Examples include: low-barrier access to MOUD, alternative routes of use, fentanyl test strips for non-opioids, HIV prevention, overdose prevention centers

Visit our website for a list of  
[Harm Reduction Resources](https://addictiontraining.org/harm-reduction-resources)





# Medications For Addiction Treatment

## **Opioid Use Disorder (OUD)**

Buprenorphine

Methadone

Naltrexone

## **Alcohol Use Disorder (AUD)**

Acamprosate

Disulfiram

Naltrexone

## **Stimulant Use Disorder (StUD)**

No FDA approved medications – evidence-supported medications specific to treatment for cocaine and methamphetamine use

Contingency management combined with any other behavioral intervention (counseling, CBT, exercise supported recovery)

# MOUD Reduces Overdose Risk

## Methadone



Oral tablet or liquid - ability to start while using opioids

Manages withdrawal, cravings and reduces overdose risk

Dispensed by opioid treatment program (OTP) - daily dosing, can limit access

## Buprenorphine



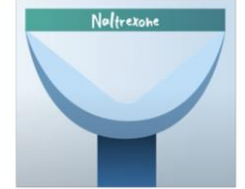
Transmucosal film/tablet, monthly injection

Start 24 hours since last use

Manages withdrawal, cravings and reduces overdose risk

Prescribed outpatient and picked up at local pharmacy

## Naltrexone



Tablet or monthly injection

Start 7-10 days after last use to start

Manages cravings - does NOT manage withdrawal

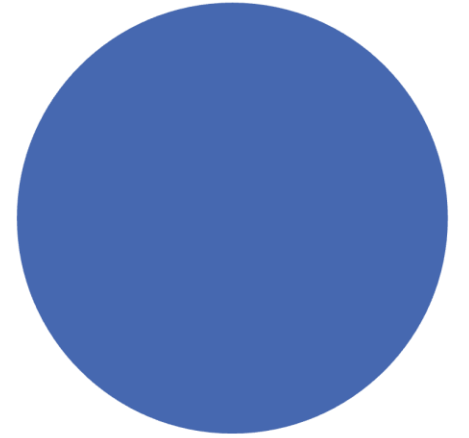
Increased risk for fatal overdose if person discontinues and resumes opioid use



# Medications For Opioid Use Disorder (MOUD)

- Only 1 in 5 U.S. adults with opioid use disorder received MOUD in 2021
- Decrease illicit opioid use, reduce opioid overdose and retain people in treatment
- Methadone and buprenorphine shown to reduce overdose risk and acute care incidents related to opioid use better than any other pathway
- Buprenorphine has a lower misuse potential less than full opioid agonists (i.e. fentanyl, methadone) due to limited euphoria in non-opioid dependent individuals
- Collaboration among healthcare organizations, police departments, criminal-legal system, harm reduction coalitions, and community/peer support is important in improving outcomes

# Public Safety & Public Health



# Role Of Public Safety In Public Health

## Non-arrest Pathways to Treatment

- Pre-arrest diversion to addiction treatment programs have potential to impact outcomes through community policing initiatives.
- Burlington, VT had a **50% reduction in opioid overdose deaths** due interventions **led by local police department** including low-barrier access to buprenorphine, naloxone expansion and non-arrest/prosecution policy for non-prescribed buprenorphine

## Post-overdose Outreach Programs

- Home-based outreach following overdose events by police alongside community or public health personnel to provide referrals to treatment/MOUD, recovery support and naloxone education.

## Community Initiation of Buprenorphine

- EMS permitted to initiate buprenorphine with a standing order as post-overdose intervention

## Transfer to Overdose Prevention Centers (OCPs)

- Transfer for individuals with acute intoxication to OCPs as an evidence-based, life-saving tool that aligns with MA DPH's approach to reduce the harms of substance use

# Initiating MOUD In Carceral Settings Improves Outcomes

- Across the criminal justice system, MOUD has been found to reduce criminal activity and arrests, as well as probation revocations and re- incarcerations.
- Studies in carceral facilities show reduce risk of recidivism among those offered buprenorphine during incarceration
- Highly vulnerable to fatal overdose and may be opioid naïve at time of presentation.
- U.S. DOJ announced that all facilities in MA either have full access to medications for opioid use disorder or the plans for full access by the end of 2022
- Studies in carceral facilities show reduce risk of recidivism among those offered buprenorphine during incarceration

# Summary

- Law enforcement play a critical role in the substance use epidemic: responding to overdoses, helping people get into treatment, ensuring public safety.
- Changing the view of addiction as a crime → addiction as a disease
- Medications for addiction treatment decrease death rates, improve quality of life, and reduce recidivism.
  - 3 FDA-approved meds for OUD: buprenorphine, methadone, naltrexone
  - 3 FDA-approved meds for AUD: acamprosate, disulfiram, naltrexone
  - StUD: Contingency management and behavioral interventions
- Recovery is possible with the right treatment and support.



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# Resources

The background features a large, solid blue shape on the left side. On the right side, there is a smaller solid blue circle and a white circle with a blue outline. The white circle is partially overlapping the large blue shape.



# Safe Spot: Overdose Prevention Hotline

Operators will ask you for your exact location before you use. In the rare event that you stop responding, the operator will get you help either through a predetermined responder or by notifying your local Emergency Medical Services.

1-800-972-0590  
<https://safe-spot.me/>



Visit our website to watch a video on how to use an overdose prevention hotline

<https://www.addictiontraining.org/resources/?category=8>







### STEP 1

Put clean water in cooker, or bottle cap and add small amount of powder substance (as small as a grain of rice).

### STEP 2

Hold the **BLUE** end of test strip and dip it into water up to the wavy lines for 15 seconds.



### STEP 3

Take strip out of the water and lay flat for 5 minutes.



### STEP 4

Read the result

**FENTANYL POSITIVE**



**FENTANYL NEGATIVE**



**Results are only accurate for 10 minutes.**

Visit our website to download our fentanyl test strip pamphlet

[https://www.addictiontraining.org/documents/resources/285\\_Fentanyl\\_Test\\_Strip\\_Brochure.png](https://www.addictiontraining.org/documents/resources/285_Fentanyl_Test_Strip_Brochure.png)



**Fentanyl positive,**  
high risk for overdose.  
If you don't use opioids,  
avoid using substance.

**Fentanyl not detected,**  
still possibility of fentanyl  
in substance.

**Massachusetts  
Substance Use  
HELPLINE:  
800-327-5050**

# Xylazine Patient Handouts

### WOUND CARE SUPPLIES

Sterile saline, A+D ointment, Medihoney, ACE bandage, Medical tape, Coban, Soap, Gauze, Kerlix

## XYLAZINE

// zai · luh · zeen //

AKA "Tranq" or "Tranq Dope"

A cutting agent making its way into the drug supply. Contamination with xylazine increases risk of sedation, overdose, and wounds that are hard to heal.

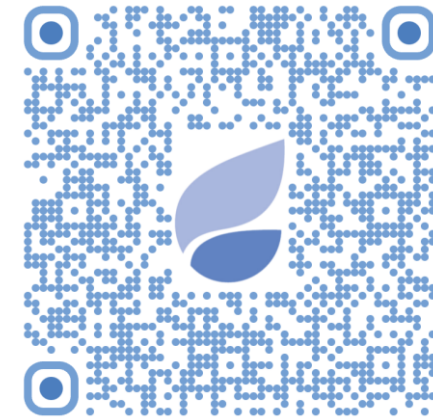
This guide focuses on xylazine wounds >>>

Last updated: 02/2023; Design by: Maggie Shang MD

University of Pittsburgh  
Grayken Center for Addiction Training & Technical Assistance  
Boston Medical Center

### SELF-CARE STEPS

- 1 Clean hands with soap & water or hand sanitizer before touching wounds
- 2 Gently wash wound with soap & water or with saline at least every 2-3 days
- 3 Put ointment on gauze & place on entire wound. Cover with more dry gauze
- 4 Wrap wound with kerlix and secure with medical tape. Make sure wrap is not too tight
- 5 Cover dressing with ACE wrap or coban or with long sleeves/pants if no other option
- 6 Change dressing every 1-3 days. Watch for red flags



SCAN QR CODE OR  
[CLICK THIS LINK](#) TO  
DOWNLOAD THE PDF

## XYLAZINE WOUNDS

Xylazine wounds can appear anywhere on the body regardless of where you are injecting, particularly in **YELLOW** areas.

Check these areas regularly for any wounds that may develop.

Wounds can occur even if you're just snorting or smoking.

### RED FLAGS to SEEK MEDICAL CARE

- Fever or chills
- Skin turns dark or black
- Skin is red, hard, & hot to touch
- Thick, smelly yellow or green drainage
- Severe or worsening pain at wound site
- Pain & decreased ability to move joint
- Pieces of tissue falling off
- Exposed bone or tendon
- New numbness

Xylazine wounds can look like a combination of:

- Blisters
- Large ulcers
- Small scabs
- Eschar (dark/black pieces of dead tissue)

### HELPFUL TIPS

- Keep your skin moisturized with A+D ointment
- Avoid using alcohol/hydrogen peroxide on wounds
- Keep wounds covered with a clean bandage
- Wear long sleeves, pants, socks, and gloves to prevent yourself from scratching your skin
- Eat protein & stay hydrated to help with healing
- Avoid injecting into or around your wounds
- Use new supplies every time and avoid sharing
- Not every wound is infected. Avoid taking non-prescribed antibiotics

Even though xylazine isn't an opioid, you should still give naloxone in an overdose as opioids are often present.

Calling or texting  
988 or chatting  
988Lifeline.org will  
connect you to  
compassionate care  
and support for  
mental health-  
related distress.  
#988Lifeline

**988**  
**24/7 Crisis  
& Support**







# HOPE IS HERE.

**GET HELP**

 **800.327.5050**

## Why the Helpline

The Helpline is the only statewide, public resource for finding substance use treatment and recovery services. Helpline services are free and confidential. Our caring, trained Specialists will help you understand the treatment system and your options.



# “On The Fly” Resource Apps



HelpSteps  
Health & Fitness

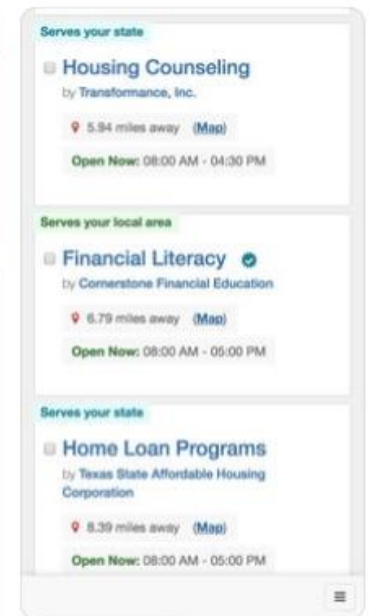
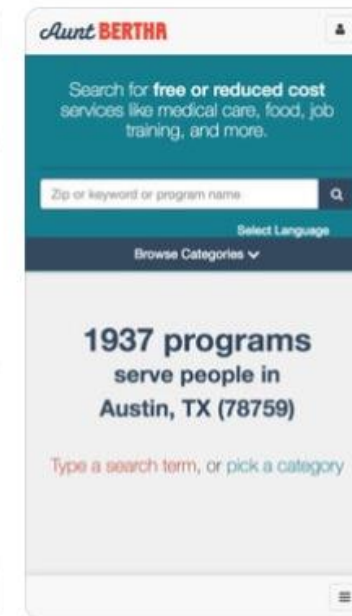
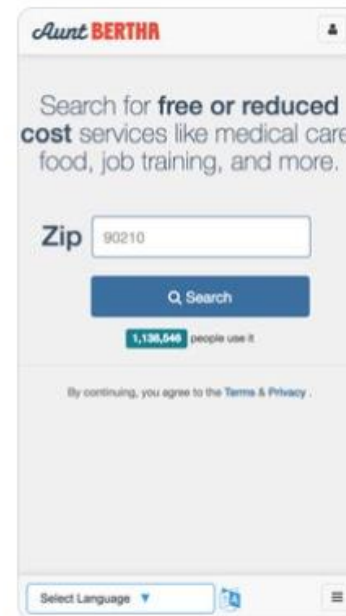
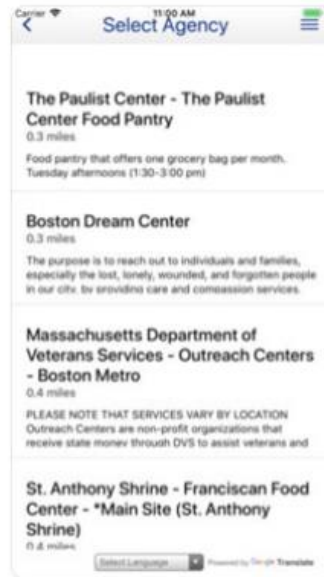
OPEN



AuntBertha  
Reference

★★★★☆ 6

OPEN



# Virtual Drop-in Office Hours

*Monthly opportunities to ask your addiction-related questions*



To learn more and join an upcoming session, [click here](#) or scan QR code!

## General Office Hours:

2<sup>nd</sup> Thursday of each month from 5 – 6pm EST

## Stimulant-Focused Office Hours:

3<sup>rd</sup> Thursday of each month from 5– 6pm EST



Hosted by BMC Grayken TTA Clinical Educators



Open to all clinical providers and staff supporting those with substance use



# Empowering Loved Ones of People with Addiction

## *An Educational Group*

*Empowering Loved Ones* is a FREE educational program for family members, partners, and friends of people who use substances problematically. Information given to families can, directly and indirectly, impact the course of a loved one's substance use disorder. Just as the course of a loved one's substance use disorder can, directly and indirectly, impact family members and their wellbeing.

The group offers education, up-to-date information, and skill-building to promote the health of those impacted by a loved one's substance use.

**When?** 2nd and 4th Wed of every month  
7:00 to 8:30 PM EST

**Where?** Virtual via Zoom

**Who?** This group is only for family members, partners, and friends impacted by the substance use of a loved one.

### To sign up

**Email:** [EmpoweringFamilies@bmc.org](mailto:EmpoweringFamilies@bmc.org)

**Text:** FAMILYGROUP to 22828

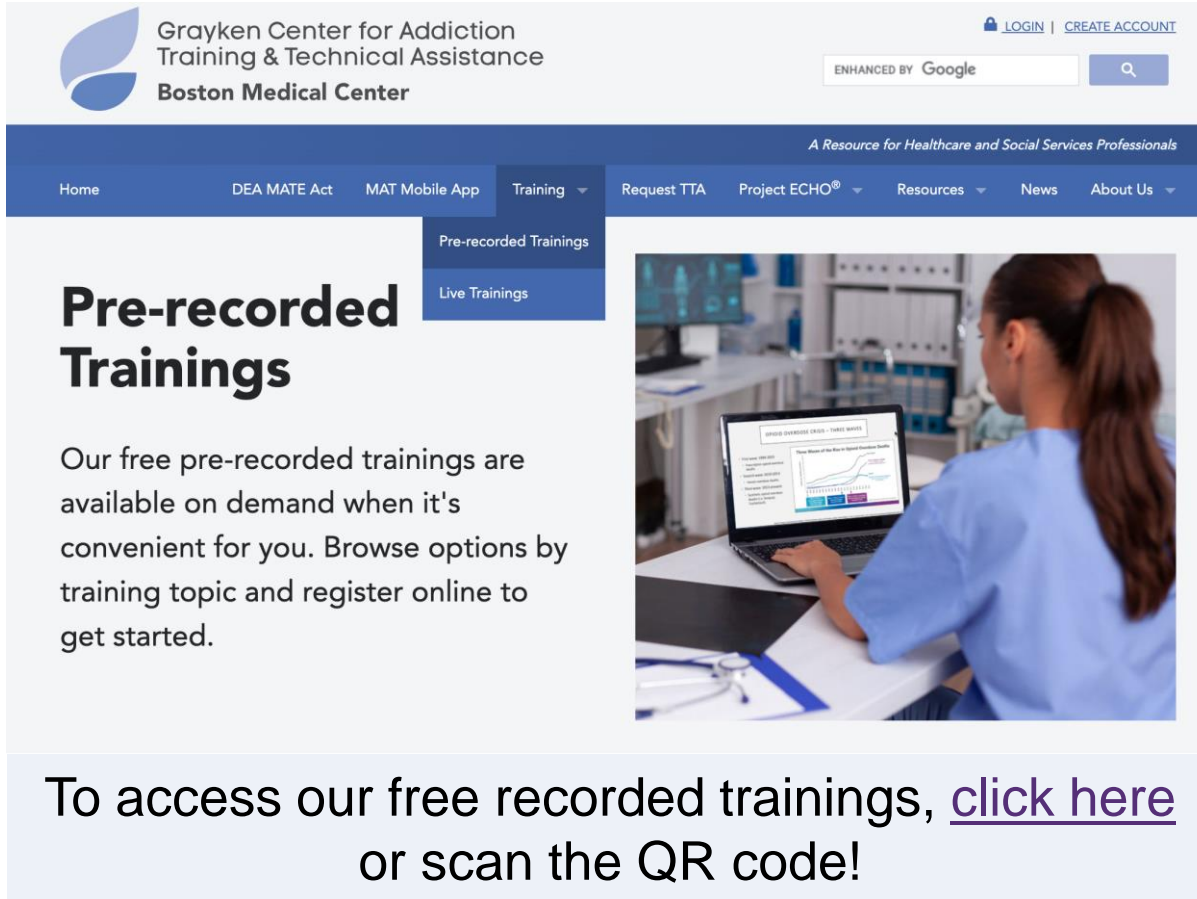
Once added to our listserv, session registration and other resources will be emailed.





# FREE Pre-Recorded Trainings

*Advancing Addiction Treatment: Building Knowledge of Substance Use & Specialty Topics; Substance Use Disorders 101; Nuts & Bolts of Buprenorphine Treatment*



Grayken Center for Addiction Training & Technical Assistance  
Boston Medical Center

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A Resource for Healthcare and Social Services Professionals

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Pre-recorded Trainings  
Live Trainings

## Pre-recorded Trainings

Our free pre-recorded trainings are available on demand when it's convenient for you. Browse options by training topic and register online to get started.

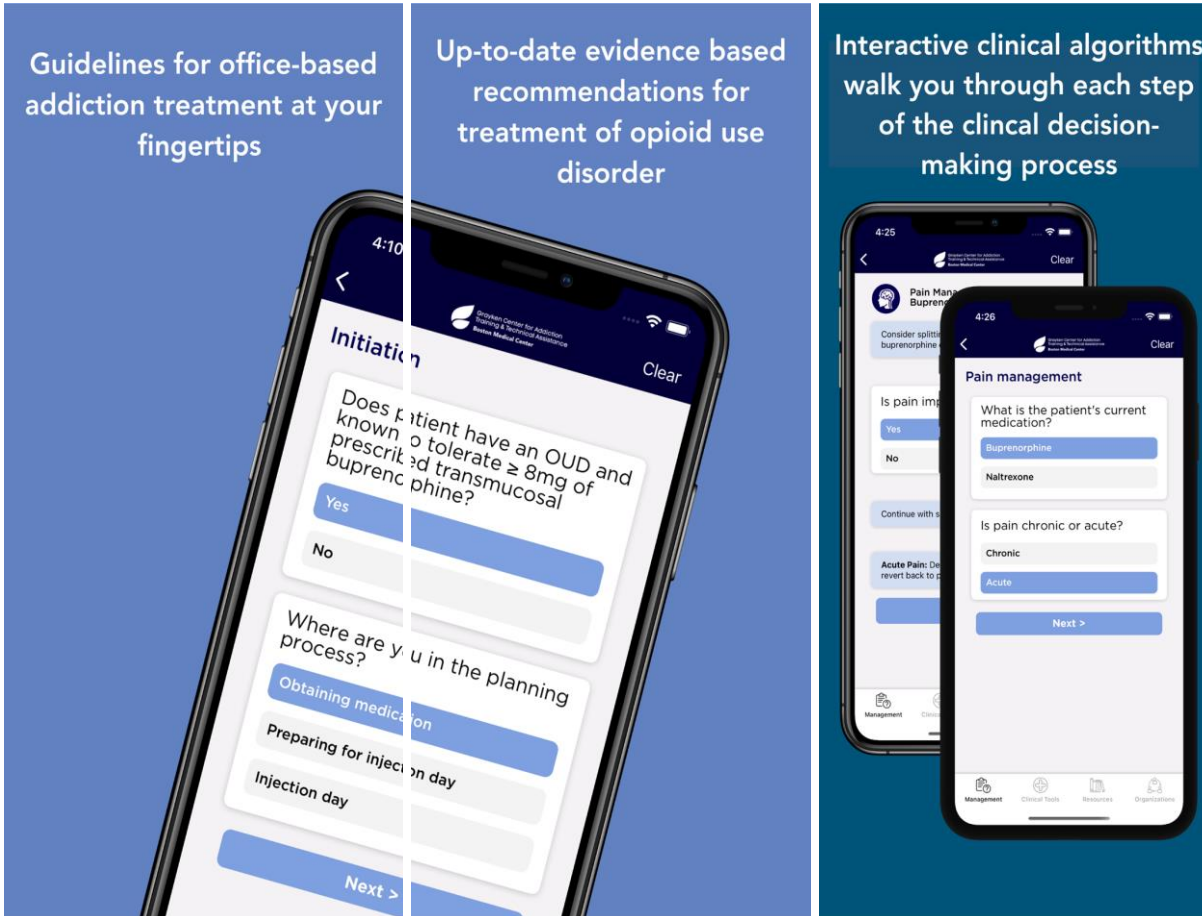
To access our free recorded trainings, [click here](#) or scan the QR code!

- ✓ 20 separate trainings on various **specialty topics**
- ✓ Count towards **DEA MATE Act** requirement
- ✓ **FREE** CME/CE & completion certificates
- ✓ **On-demand** 24/7



# BMC MAT Quick Start App

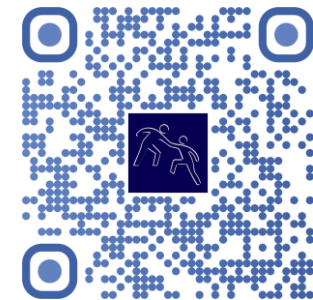
*Free interactive tools & resources for medications for addiction treatment*



**Provides real-time access to:**

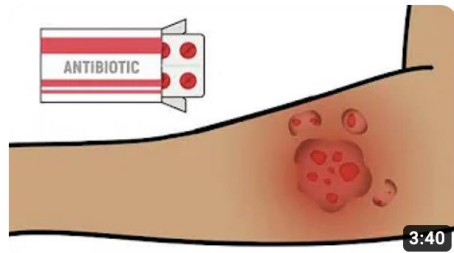
- ☒ Algorithms for initiation of buprenorphine and naltrexone
- ☒ Pain management decision-making tools
- ☒ Guidelines, handouts and resources

**Available for download on [iOS](#) and [Android](#), free of charge! [Web version](#) also available.**



# Short Explainer Videos

*Expert-authored short videos covering a variety of substance use disorder topics*



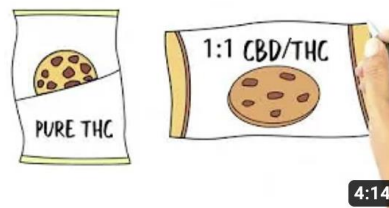
**Xylazine 102: Focus on Wound Care**

1.7K views • 2 months ago



**Pharmacodynamics of Medications for Opioid Use Disorder**

1.8K views • 3 months ago



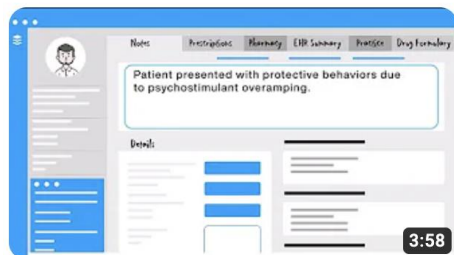
**Harm reduction strategies for cannabis use**

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514 views • 5 months ago



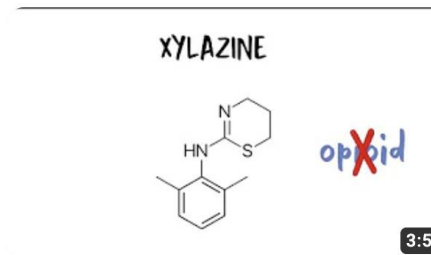
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**How to use an overdose prevention helpline**

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**Information impacts action: Debunking myths about the family and recovery**

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[addictiontraining.org](#)



# Harm Reduction Short Videos

*we're excited to announce our new*

## HARM REDUCTION SHORT VIDEO SERIES



The new Harm Reduction Educational Series is a collection of **15 short videos** now available as part of our virtual harm reduction toolkit developed to equip healthcare professionals and community partners with **practical harm reduction skills to better support patients who use substances**. Topics covered include **safer smoking**, **injecting**, **sniffing**, **booty bumping**, and **overdose prevention and reversal**.



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QR code to watch!





# More from Grayken Center for Addiction TTA

*A free education, support and capacity building resource on best practices for caring for patients with substance use disorder*



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