



bela recovery
a division of BELA Charities, Inc.

7110 W. 127th Street, Palos Heights, IL 60643 708-620-6910
www.belarecovery.org IL License # A-4110-0001-A

BELA Charities Patient Orientation Packet

I have received my BELA client orientation and related materials.

Client Signature

Date

***Adolescent Prevention & Early Intervention *Adolescent & Adult Substance Use Treatment & Continuing Care
*Family, School & Community Education *Healthy Relationships and Domestic Violence Prevention *DUI Classes**

About BELA Recovery

BELA Recovery is a division of BELA Charities, a non-profit founded in 1995 committed to the prevention of domestic abuse. BELA Recovery is continuing the mission to promote healthy individuals and families by focusing on substance abuse services such as outreach, education, adolescent and adult substance use treatment and DUI services.

BELA Recovery works with schools, churches, and community organizations committed to supporting healthy individuals and families. We have a particular commitment to serving the underserved and those who traditionally have lacked access to support and treatment. As a non-profit organization, BELA Recovery offers these services on a sliding scale based on income. Our staff includes caring, committed licensed educators and certified addiction counselors.

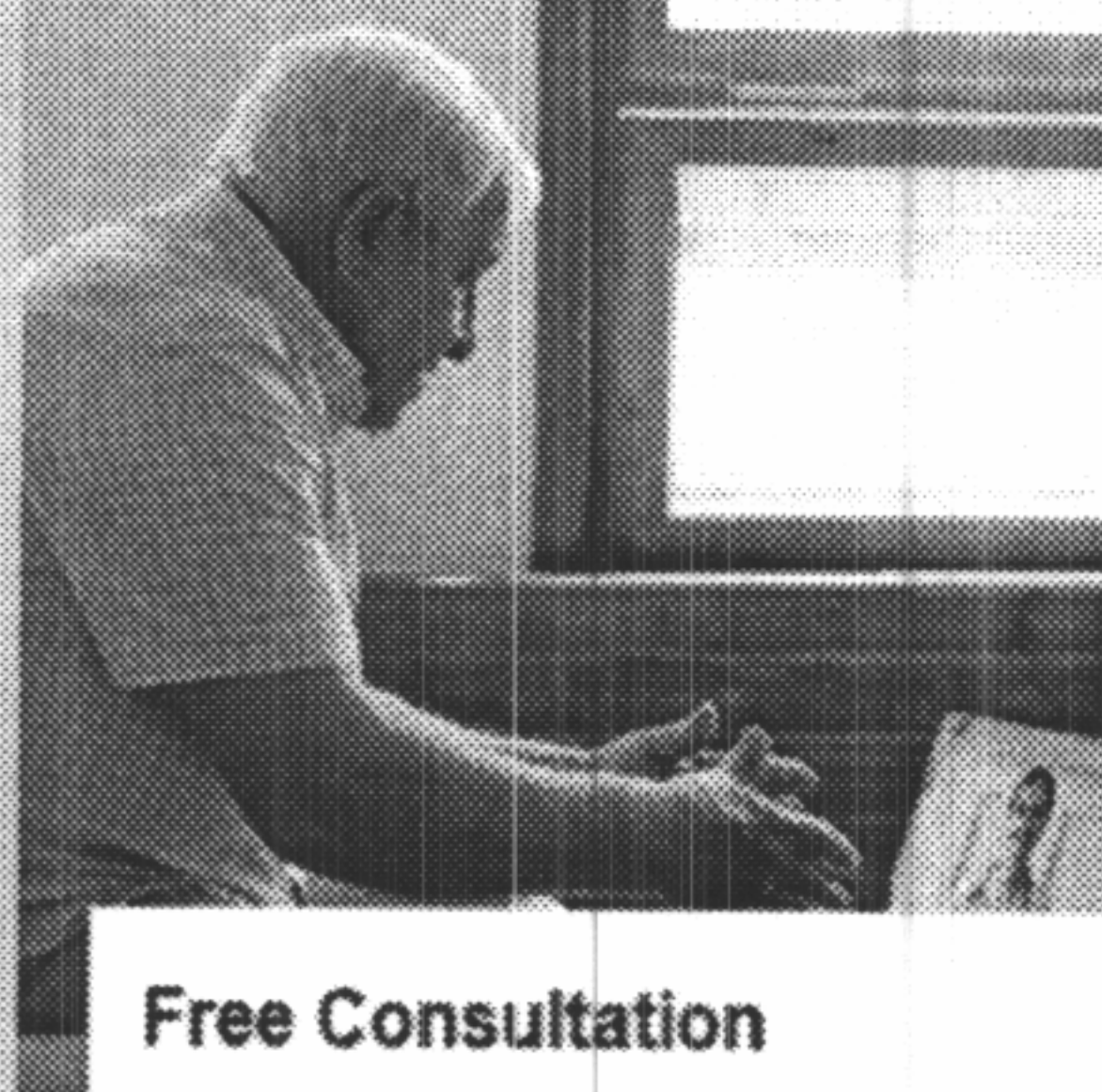
**State of Illinois SUPR License #
A-4110-0001-A**

BELA Recovery is licensed by the State of Illinois to offer a range of substance use treatment services, including intervention, intensive outpatient, outpatient, continuing care treatment, and DUI services to the community. Our mission is to provide the highest quality prevention, intervention, and treatment services for individuals and families in our community.

BELA Recovery services include prevention services in the form of community awareness and education and outreach to local organizations and educational institutions. We work with schools, churches, and community organizations committed to supporting healthy individuals and families.

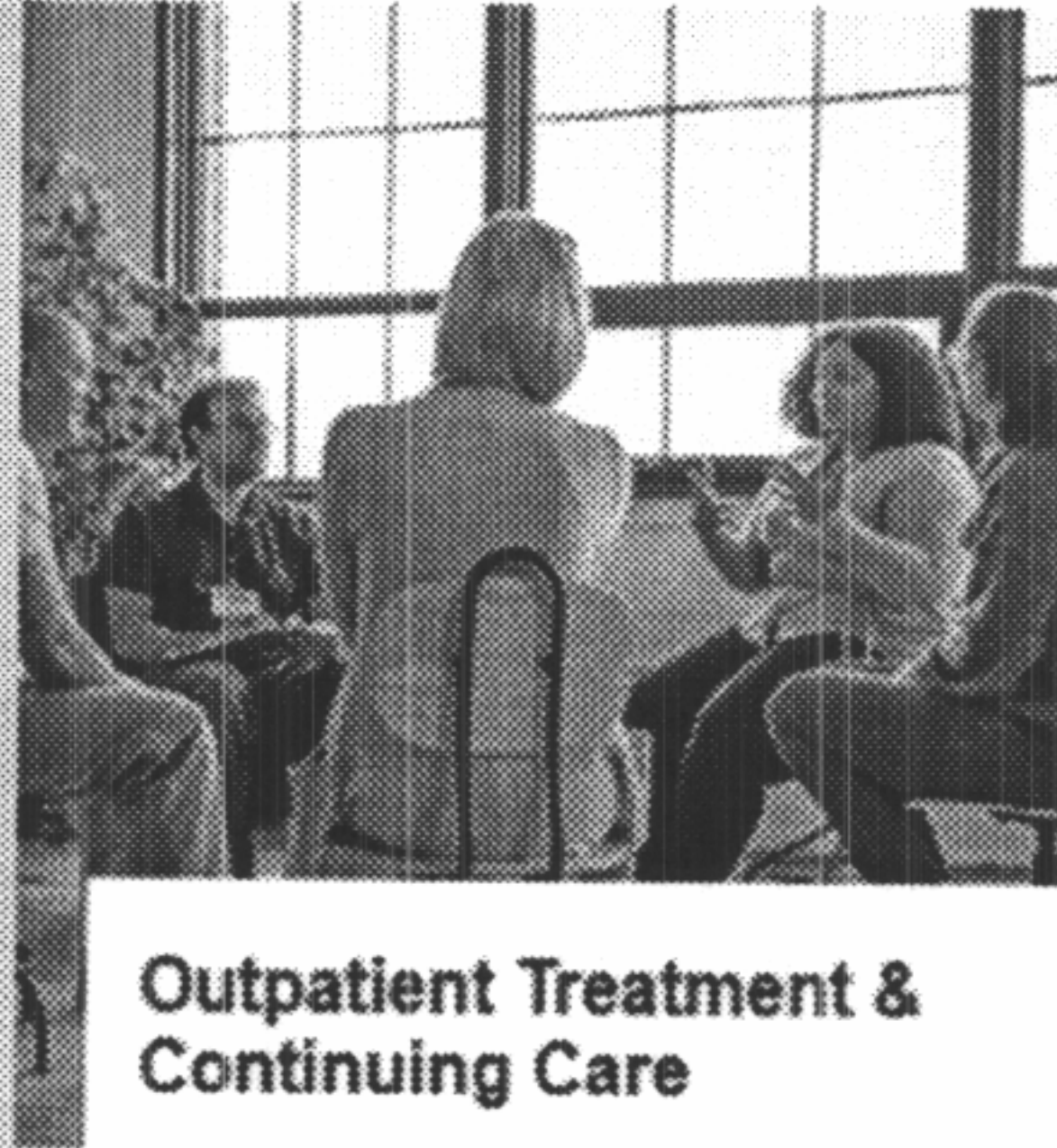
Our Services

- Are you experiencing pain and uncertainty over your substance use?
- Has it impacted your life in negative ways? There is hope and peace of mind to be had with the right kind of support and professional help.
- We can assist you in identifying where you are and where you want to be. We offer assessments to determine if there is a problem and, if so, the level of severity and recommended treatment.
- We are committed to offering the highest quality, evidenced based treatment options customized to your unique needs and goals. Our licenced and certified professionals are committed to supporting you in achieving your goals.



Free Consultation

Free 30-minute consultation to see if our services are right for you. Let's discuss your needs and goals and see if we can work together to meet them. [Click here to book appointment.](#)



Outpatient Treatment & Continuing Care

Outpatient Level 1 care includes education, individual and group counseling. Continuing care includes bi-weekly group counseling and support.



Intensive Outpatient Treatment

Level 2 treatment and includes at least 9 hours per week of education as well as individual and group counseling, and relapse prevention planning.



Substance Use Assessment

This is a formal and confidential evaluation of your history of use and current challenges. We then provide recommendation for the appropriate level of care you may need going forward.

You have a DUI.

Worried about your future?

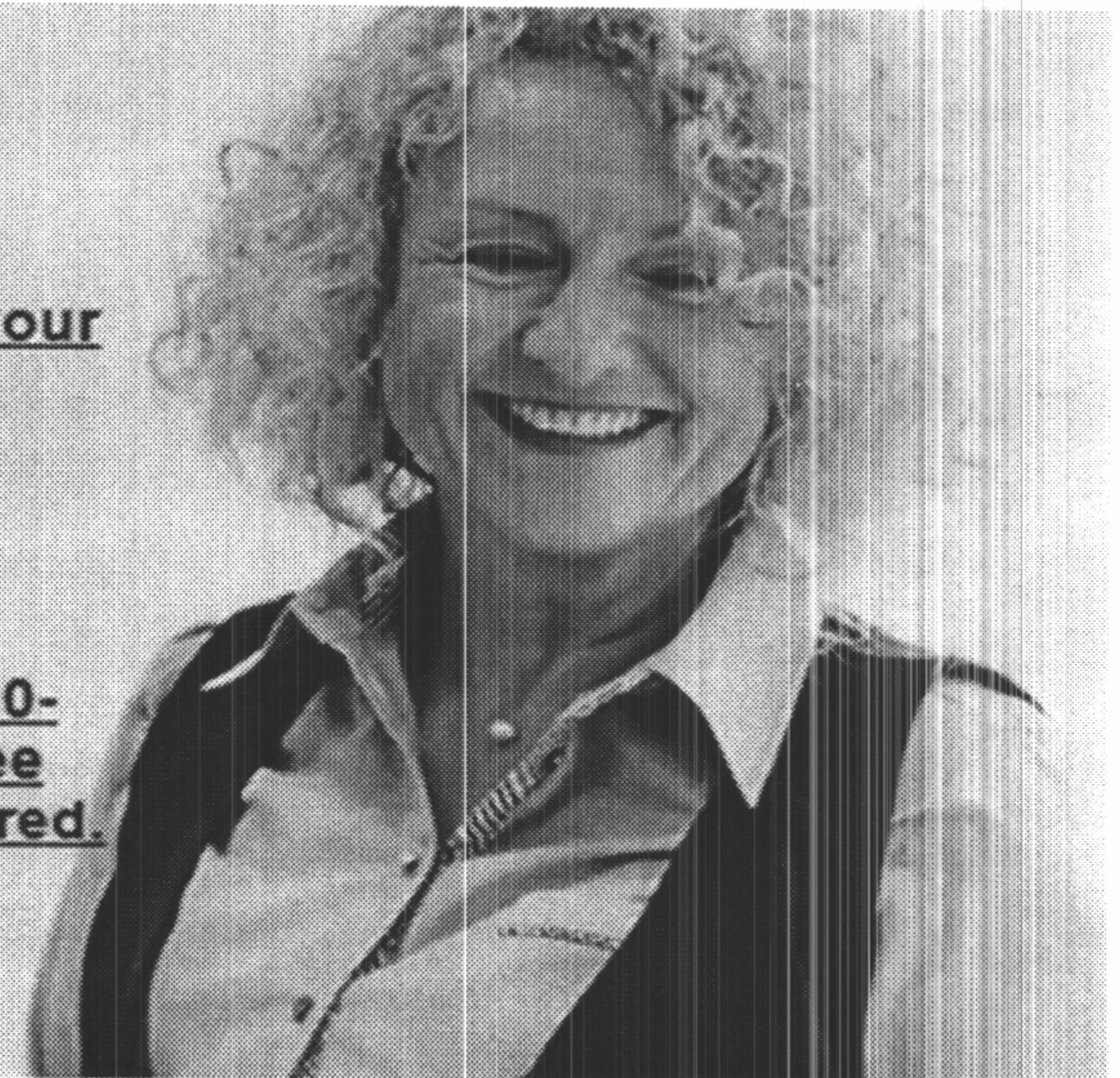
Uncertain about meeting DUI requirements?

Wondering how you can meet your obligations in your busy life?

We can help. Our caring certified counselors understand what you are going through.

We offer convenient, online Illinois state-required 10-hour DUI risk education classes. We also offer a free consultation and DUI counseling that may be required.

You can get through this. Contact us today.



MEDICATION ASSISTED TREATMENT – FACT SHEET

What is Medication Assisted Treatment (MAT)?

- MAT is the use of medications for treatment of opioid use disorder (OUD) or alcohol use disorder, typically in combination with counseling and behavioral services to provide a “whole-patient” approach to the treatment of substance use disorders.
- For opioid use disorder, MAT (specifically methadone and buprenorphine) have the highest efficacy at preventing overdose death as compared to all other treatments, including naltrexone, counseling, and residential treatment.
- The FDA has approved several different medications to treat alcohol and opioid use disorders
 - The FDC has not approved any medications to treat marijuana, amphetamine, or cocaine use disorders.
- Opioids = heroin, morphine, codeine, oxycodone, hydrocodone, fentanyl, and others
- MAT can be provided in outpatient settings as specified below:
 - Methadone treatment for OUD can only be administered in opioid treatment programs.
 - Buprenorphine (e.g., Suboxone) can be prescribed by any licensed health practitioner with a federal waiver.
 - Naltrexone (i.e., Vivitrol) can be prescribed by any licensed health practitioner.
- MAT can be short or long-term treatment and is safe to use for months, years, or even a lifetime. The longer the treatment, the better the health outcomes.
- Methadone and buprenorphine prevent withdrawal symptoms and cravings. Naltrexone prevents cravings. By having physiological symptoms controlled, people can better focus on psychological and social issues associated with substance use disorder.
- Addiction = misuse of substance despite negative consequences. MAT is not another addiction, because MAT uses medications as prescribed and results in positive consequences.
- Medications used for MAT are the gold standard of care. Methadone and buprenorphine are the first line treatment for pregnant women with OUD.

MEDICATION ASSISTED TREATMENT – FACT SHEET

Types of FDA Approved MAT

1. Buprenorphine (Suboxone, Subutex)

- a. Partial opioid antagonist – reduces cravings and withdrawal
- b. Available as a daily tablet, cheek film, monthly injection, or 6-month implant
- c. Suboxone – has buprenorphine *and* naloxone (to prevent injection behavior)
- d. Subutex – only has buprenorphine; is used for pregnant women
- e. At an appropriate dosage prevents other opioids from activating the mu opioid receptors
- f. Requires partial detoxification first
- g. Requires a prescriber with a federal waiver to prescribe buprenorphine

2. Naltrexone

- a. Opioid antagonist – blocks the activation of opioid receptors; prevents any opioid drug from producing the euphoric effects of opioids
- b. Requires complete detoxification first
- c. Vivitrol – extended release form of Naltrexone (administered once/month)
- d. Oral (pill form) is not considered evidence-based for opioid use disorder, but is effective for alcohol use disorder

3. Methadone

- a. Full opioid antagonist - dramatically reduces cravings and at an appropriate dosage prevents other opioids from activating the mu opioid receptors

4. Alcohol use disorder treatments: Acamprosate, Naltrexone, Disulfiram (Antabuse)

What We Need to Consider

- Research for more than three decades has demonstrated the effectiveness of MAT
- MAT is the most effective OUD treatment for preventing overdose deaths. MAT also reduces risky behaviors that lead to spreading of communicable disease, help stabilize families, and helps reduce criminal behaviors
- Florida standards say the Court should not exclude individuals just because they are on MAT
- National standards say the Court should not exclude individuals who are prescribed or considering MAT from entering, remaining in, or completing a Family Treatment Court; and courts should not prohibit MAT use by participants

OSHA® FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

BELA Charities Client Rules and Expectations

The following is an outline of the ways in which we participate in group:

- I am responsible for being on time and honoring group expectations. If I am unable to attend the group, I will notify my counselor prior to group.
- I am responsible for turning off communication devices or televisions, muting notifications and putting away reading materials at the start of group. I will not eat in group, take medications, or use tobacco products in group. Writing materials, knitting, crocheting, etc. are allowed provided I am able to remain active and attentive in group.
- I am responsible for practicing honesty with the group through the sharing of my concerns and issues. I will notify my counselor and group of any alcohol or other drug use while in treatment.
- I am responsible for respectfully addressing any member whose behavior is disruptive to the group. Examples of disruptive behavior would include monopolizing the group, telling war stories, interrupting, the use of disrespectful language or talking about suicide in a flippant manner.
- I am responsible for listening to feedback from other group members. Constructive feedback from others is an important way I can gain insight and direction in my recovery.
- I am responsible for speaking for myself and not the group as a whole when giving feedback or sharing. I am responsible for using statements with the "I", "me", and "my" when giving feedback or sharing.
- I am responsible for allowing other group members to experience their feelings in the safety of our presence, without trying to comfort them emotionally. The group does not offer solutions or advice – unless asked for.
- I am responsible for remembering that confidentiality is a cornerstone of recovery. This means that "what is shared in group, stays in group" and is not to be discussed outside of group unless I am talking about myself and what I learned. In addition, I am responsible for being located in a private space and should anyone enter this space where they would be able to hear or see my screen, I will leave group and return when conditions are again confidential.

I understand that while participating in the drug-alcohol-group, I am expected to:

1. Maintain "confidentiality" about other clients during group.
2. Attend all sessions, unless otherwise excused.
3. Be on time for all scheduled classes/groups, appointments, and groups.
4. Participate in all group activities, including and not limited to 12-Step meetings group lectures etc.
5. Textbook, supplies and supplemental materials/ assignments are required at all group sessions.
6. Adhere to not smoking in the building.
7. Not drink any alcoholic beverages.
8. Not use any mood- or mind-altering drugs unless prescribed by a physician and approved by our medical doctor.
9. If I do not follow these rules and expectations, I understand I may be discharged and referred back to my Probation Officer and or referring agency.
10. Other reasons I may be discharged from group include:
 - a. Engage in Random Drug Screening
 - b. Positive drug or alcohol UAs during treatment.
 - c. Outstanding/unpaid balance.
 - d. Violent/Aggressive behavior or verbal threats made toward other clients or staff members.
 - e. Possession of alcohol, drugs or paraphernalia on premises.
 - f. Lack of meaningful and significant progress in the program/group therapy.

Client's Signature

Date

By signing my name, I acknowledge that I have received a full explanation of the above. I understand and agree to comply with these rules

1-877-YALEMDS

Avoiding Infectious Diseases

Overview

There are all sorts of ways to get an infectious disease. They can pass from person to person. Insect or animal bites can transmit disease. Infectious diseases are also acquired by eating contaminated food or drinking dirty water, or being exposed to harmful organisms in the environment.

These diseases can be caused by bacteria, viruses, parasites and other micro-organisms.

Yale Medicine has a skilled team dedicated to testing, diagnosing and treating infectious diseases, ensuring that patients get the best possible care.

What are some examples of an infectious disease?

One of the most common infectious diseases is the seasonal flu. Symptoms last about seven to 10 days, then resolve on their own. The flu, like many infectious diseases, can range from mild to severe.

“Depending on the individual, it could be a more mild presentation of a couple days, just body aches and fever, up to and including complications like pneumonia, depending on the strain,” says Christine Ngaruiya, MD, assistant professor of global health and international emergency medicine in the Department of Emergency Medicine at Yale Medicine. “Also it depends on the patient’s general health status.”

Other common infectious diseases in the United States include pneumonia, urinary tract infections and meningitis.

Due to concern over the Zika virus, which first emerged overseas but has been reported in the continental United States, travelers, especially pregnant women and women who wish to become pregnant, are urged to avoid visiting places where Zika virus is prevalent.

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MANAGE COOKIES

ACCEPT ALL

Patients who have traveled to such high-risk areas as West Africa during the Ebola epidemic, or South America and parts of Southeast Asia since the emergence of the Zika virus, should be especially alert to those symptoms.

"If you're coming back from an affected area and you have a fever, you should be evaluated by your provider for the source of the infection," Dr. Ngaruiya says.

How are patients evaluated for infectious diseases?

Yale Medicine has a triage system to gauge how sick a patient is and to determine whether he or she needs immediate attention. Specialists then determine whether precautions must be taken to quarantine the patient from other patients or providers.

"Providers will talk to you about your symptoms and risk factors based on the rest of your history, travel behaviors or possible exposures," says Dr. Ngaruiya.

For the most common viruses, Yale Medicine can administer noninvasive diagnostic tests, including nasal swabs, that can pick up some types of the flu. Blood tests can identify specific viruses or infections and cultures can grow the type of bacteria that's being assessed. Specialists can check stool samples, especially for some of the parasites and types of bacteria that primarily affect the gut.

"We also have immunological types of tests where the specialist can assess for evidence of the bug from the person's blood or other body fluid," says Dr. Ngaruiya.

There is now a blood and urine test available for Zika virus.

How are infectious diseases transmitted?

Infectious diseases are usually transmitted by contact with body fluids, including blood, sputum, semen, or vaginal secretions, and mucus membranes—the eyes, mouth, or nose.

While some infectious diseases can be passed in this way from person to person, others may be transmitted by bites from insects or animals. Others may be acquired by drinking or eating contaminated food or water.

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The incubation period is important because patients may not know that they have a disease until they've spread it to somebody else, or they may never know that they have the disease.

"It's easy to miss, so it's hard to study a disease when the majority of patients don't even know that they're sick," Dr. Ngaruiya says. "That's why these diseases have been so effective in spreading so rapidly."

How can patients avoid exposure to infectious diseases?

A number of vaccines are available to prevent infectious diseases, including those for hepatitis A and hepatitis B, depending on where you go, says Dr. Ngaruiya. "You might also get what's called a meningococcal vaccine, to prevent a certain type of bad meningitis infection that is most prevalent in certain parts of Sub-Saharan Africa."

Malaria prophylaxis (medications taken just before or during and after the travel) is also available.

Practicing safe sex is essential, because HIV and other sexually transmitted diseases are even more of a problem in many international settings, Dr. Ngaruiya says.

Regarding the mosquito-borne Zika virus, a few cases of transmission through insect bites have been reported in the United States. The majority of those who have contracted the disease in the United States have been health care providers or someone who has been in intimate contact with an infected person's body fluids, Dr. Ngaruiya says.

What if I've been exposed to the Zika or Ebola virus?

To have been exposed to Ebola, a person needs to have been at an endemic or epidemic outbreak site.

Patients who have been to an affected location would undergo a 21-day observation period just to make sure that they don't develop symptoms.

"With regards to Ebola and Zika, we're recommending safe sexual practices because again, the disease is transmitted sexually," says Dr. Ngaruiya. "Especially in the case of Zika, since it's particularly detrimental to an unborn fetus."

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- Close windows and make sure there are shields along windows and doors that bugs cannot get through.
- Bed nets can also keep mosquitoes away at night.

“Prevention is better than cure with these cases,” Dr. Ngaruiya says.

How are patients treated for infectious diseases?

Depending on the disease, a patient may be treated with antibiotics, antifungals, antivirals, or antiparasitics.

That said, not every disease has a treatment, and the severity of infectious diseases varies. Mild infections may improve with rest, while some life-threatening infections may require hospitalization.

“Viruses are very elusive, and there are no cures for Zika or Ebola,” says Dr. Ngaruiya. “It’s about being safe before you go and then, if you are to develop symptoms, seeking care early and, in the case of Zika, evaluation of the fetus if you become pregnant.”

What makes Yale Medicine’s approach to infectious diseases unique?

At Yale Medicine, there’s an entire team dedicated to treating infectious disease.

“As an academic center, we’re definitely at the forefront with any testing, treatment and diagnostics with these diseases,” says Dr. Ngaruiya.

Patients fearing that they’ve been exposed to an infectious disease should feel secure that Yale Medicine is prepared to deliver extraordinary care. “We have all the tools necessary to handle a case,” Dr. Ngaruiya says.

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FACTS ABOUT NARCAN®

NASAL SPRAY

Opioid emergencies can happen anytime, anywhere.

NARCAN® Nasal Spray is available for over-the-counter purchase at most retailers nationwide.

Easy to use. No swabs or injections needed.

WHEN TO USE

NARCAN® Nasal Spray is designed to rapidly reverse the effects of a life-threatening opioid emergency.

- ✦ Use to “revive” someone during an overdose from many prescription pain medications or street drugs such as heroin
- ✦ Safe to use even if opioids are not present

SIGNS & SYMPTOMS

- ✦ Will not wake up or respond to a loud voice or rubbing firmly on the middle of their chest
- ✦ Breathing is very slow, uneven, or has stopped
- ✦ Center part of eye is very small, sometimes called “pinpoint pupils”
- ✦ Fingernails and lips turning blue or purple

For opioid emergencies, call 911.

For questions on NARCAN® Nasal Spray, call 1-844-4NARCAN (1-844-462-7226) or go to **NARCAN.com**

HOW TO USE

Emergency Treatment of Opioid Overdose

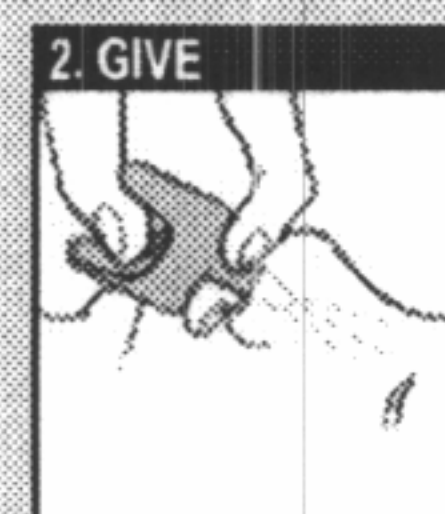
IMPORTANT:

- › For use in the nose only
- › Do not test nasal spray device before use
- › 1 nasal spray device contains 1 dose of medicine
- › Each device sprays 1 time only



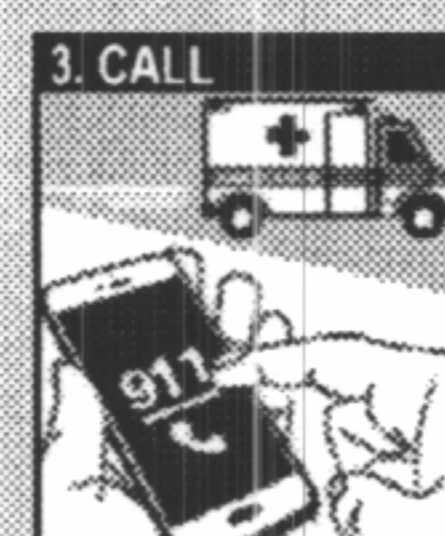
STEP 1: CHECK IF YOU SUSPECT AN OVERDOSE

- CHECK for a suspected overdose: the person will not wake up or is very sleepy or not breathing well.
- Yell “Wake up!”
- Shake the person gently.
- If the person is not awake, go to Step 2.



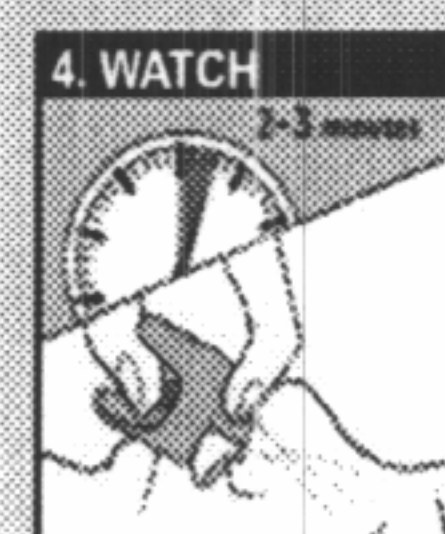
STEP 2: GIVE 1ST DOSE IN THE NOSE

- HOLD the nasal spray device with your thumb on the bottom of the plunger.
- INSERT the nozzle into either NOSTRIL.
- PRESS the plunger firmly to give the 1st dose.
- 1 nasal spray device contains 1 dose.



STEP 3: CALL

- CALL 911 immediately after giving the 1st dose.



STEP 4: WATCH & GIVE

- WAIT 2-3 minutes after the 1st dose to give the medicine time to work.
- If the person wakes up: go to Step 5.
- If the person does not wake up:
 - CONTINUE TO GIVE doses every 2-3 minutes until the person wakes up.
 - It is safe to keep giving doses.



STEP 5: STAY

- STAY until ambulance arrives: even if the person wakes up.
- GIVE another dose if the person becomes very sleepy again.
- You may need to give all the doses in the pack.

FAQS

For more information,
visit NARCAN.com



What are the possible side effects of NARCAN® Nasal Spray?

When using this product some people may experience symptoms when they wake up, such as shaking, sweating, nausea, or feeling angry. This is to be expected.

How should NARCAN® Nasal Spray be stored?

At room temperature or refrigerated: between 36°F to 77°F (2°C to 25°C). Do not freeze. Avoid excessive heat above 104°F (40°C). Protect from light.

Please adhere to the expiration date as printed on the package.

What are the benefits to NARCAN® Nasal Spray being available over the counter?

Broader access to a lifesaving medication, no prescription required. NARCAN® Nasal Spray, available over the counter, provides the same product in original prescription strength with the same ability to save a life.

How does NARCAN® Nasal Spray come packaged?

Individually in sealed blisters containing two single-dose nasal spray devices. *Do not use if the blister is open or torn, or if the device appears damaged.*

Who can purchase NARCAN® Nasal Spray?

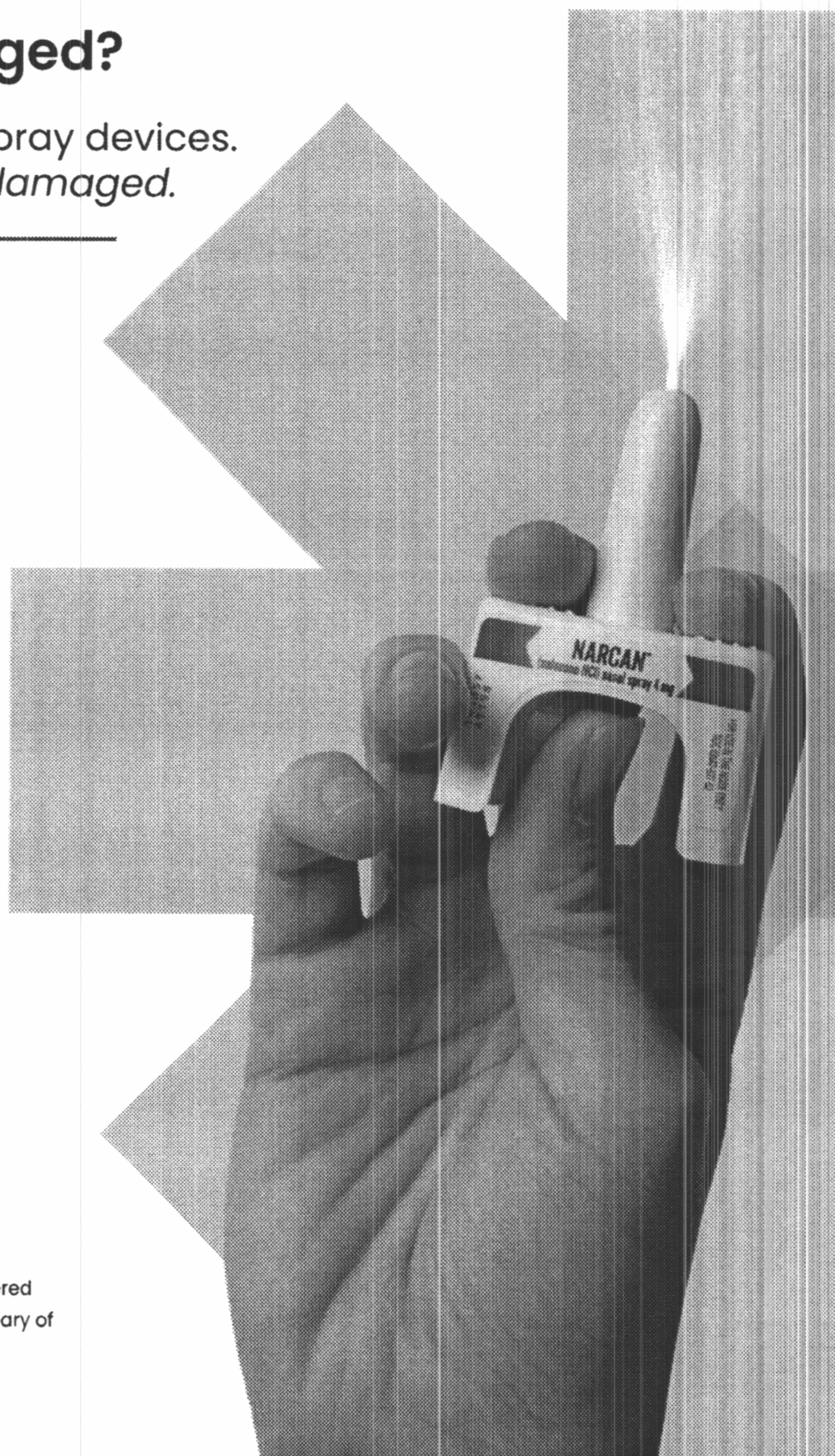
Anyone can purchase NARCAN® Nasal Spray. No age limit, prescription, or ID required.

Most opioid emergencies happen at home and in front of a loved one, and around 91% of opioid related deaths were found to be accidental.

NARCAN® Nasal Spray gives everyone the ability to help save a life.



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What Is the Risk of Disease Related to Substance Use Disorders?

Adapted from:
Trey Dyer, drugrehab.com and Kristena Ducre, stdcheck.com

1

Substance abuse drastically increases a drug user's odds of contracting life-changing diseases like HIV, Hepatitis B and C, and other STDs. Once a habitual drug abuser is infected, diseases progress quickly and can lead to severe illness and death.

Drug users are not only at risk of short-term harm, but also possible long-term health consequences that can be completely life changing. Drug abuse weakens the body's immune system and makes users more likely to engage in risky behavior, either to attain drugs or while under the influence of them.

2

Diseases linked to substance abuse are frequently serious and can have fatal consequences.

Common diseases that may stem from drug abuse include:

AIDS/HIV
Hepatitis B
Hepatitis C
STDs
Tuberculosis

3

Risky Drug Abuse Behavior

Substance abuse is linked to risky behaviors with a high potential for disease contraction. These behaviors include:

Sharing needles

Sharing needles fosters possible exposure to infected blood or body fluids and is one of the most common ways individuals develop diseases such as HIV or Hepatitis.

Reusing drug paraphernalia

Recycling drug paraphernalia increases the risk of disease among drug users. Reusing contaminated water in drug solutions, bottle caps or spoons used to melt substances, or small pieces of cotton or cigarette ends to filter particles out of drugs are all examples of drug-paraphernalia recycling that can result in disease contraction.

Sexual behavior

Drug abuse is associated with sexual risk behaviors that are often linked to illnesses or infections. Those under the influence are more likely to engage in high-risk sexual behaviors, such as unprotected sex or sex with multiple partners.

4

Injection Drug Abuse

Injection drug users (IDUs) have one of the highest risks of acquiring an infectious disease.

The most common diseases attributed to injection drug use include Hepatitis B and C and HIV/AIDS.

5

Hepatitis B & C

Injection drug users have the highest rate of contracting Hepatitis C out of any risk-group. Statistically, every IDU infected with Hepatitis C will infect another 20 people. Injection drug use remains one of the biggest factors in the increasing cases of Hepatitis C.

IDUs also have high rates of Hepatitis B. In 2010, IDUs had a Hepatitis B infection rate of 20 percent. This statistic is particularly disheartening as there is a vaccine that can prevent Hepatitis B.

Stats for IDUs with Hepatitis C:

- **40 percent** of IDUs contract Hepatitis C within two years of their first injection.
- **50 – 80 percent** of IDUs contract Hepatitis C within five years of their first injection.
- **53 percent** of the 17,000 new cases of Hepatitis C in 2010 were among IDUs.

6

HIV/AIDS

Each year, approximately 10 percent of new HIV diagnoses are the result of injection drug use. Of the new HIV cases caused by injection drug use in 2010, about 62 percent were men and 38 percent were women.

Since the beginning of the HIV/AIDS epidemic, injection drug use has been responsible for one-third of adult and adolescent AIDS cases in the country.

Through 2012, 28 percent of those who died from AIDS since the beginning of the HIV/AIDS epidemic could be attributed to injection drug use.

Additionally, another eight percent of those who died from AIDS since the initial outbreak can be attributed to male-to-male sexual contact with an IDU.

7

Non-Injection Drug Users

Non-injection drug users also face increased risks of contracting HIV, Hepatitis B and C, and other infectious diseases. While non-injection drug users may not face the added risks of blood or bodily fluid exchange as a result of needle sharing or injection practices, they are still just as likely as IDUs to engage in high-risk sexual and other behaviors with a high potential for disease exposure.

According to the National Institute on Drug Abuse, some studies show that non-injection drug users contract HIV at similar rates to IDUs, showing the prevalence of sexual transmission of HIV among drug users.

Non-injection drug users also face increased risk of tuberculosis and have two to six times the chance of contracting the disease as non-drug users. Furthermore, non-injection drug users are twice as likely to develop tuberculosis as IDUs.

8

Substances with High Disease Risks

Certain drugs are linked to higher rates of disease among drug users than others. Diseases caused by drug abuse could be a direct result of an individual's drug use or a result of behavior that occurs under the influence of substances.

Heroin

Heroin, one of the most commonly injected drugs of abuse, increases the risks of HIV, viral hepatitis and sexually transmitted diseases. Users often reuse and share needles and other drug paraphernalia to get high, exposing other users to blood or body fluids that could be infected.

Heroin users are also more likely to engage in unprotected sex and sex with multiple partners, increasing their risk of contracting a sexually transmitted disease.

9

Cocaine

Although the majority of cocaine users do not share the same risks as injection drug users, they do face an increased risk of acquiring an infectious disease. Cocaine users are more likely to engage in risky sexual behaviors, such as unprotected sex, and therefore have higher odds of STDs.

According to the National Institute on Drug Abuse, inner-city youth who smoke crack cocaine have three times the risks of HIV as those who do not.

10

Steroids

Other popular injectable drugs are anabolic steroids. Steroid users share the same disease risks as other IDUs.

Additionally, steroid abuse can lead to endocarditis, a dangerous inflammation of the inner lining of the heart, and a number of different viral infections at injection sites.

11

Methamphetamine

Injection and non-injection methamphetamine users each face higher risks of contracting and transmitting Hepatitis B and C, HIV and other viral infections.

Methamphetamine abuse is also closely associated with high-risk sexual behavior and can increase an individual's libido, making them more susceptible to sexually transmitted diseases.

Methamphetamine use among those with HIV can worsen the progression of the virus, causing more severe neuronal injury and cognitive impairment, and exponentially increasing the odds of developing AIDS.

12

Other Drugs

Ecstasy, ketamine, GHB, poppers and other club drugs present an increased disease risk for users.

These drugs impair users' judgement and decrease inhibitions, which can lead to unplanned or unprotected sex and drug use that has higher risks of disease.

13

Danger to Others

Drug users, particularly IDUs, pose a danger not only to their own health, but also to their spouse's or sexual partner's health.

According to the International Center for Research on Women, 30 percent of drug users have a sexually transmitted disease.

A study by the International Center for Research on Women found that the wives of drug users in Vietnam have high rates of HIV, likely higher than HIV infection rates among female prostitutes in Vietnam.

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Disease and Substance Prevention

Substance abuse treatment and community outreach programs that prevent substance abuse and promote safer drug-using habits can be extremely effective in preventing the spread of HIV and other infectious diseases, especially among injection drug users.

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Prevention outreach efforts typically included short encounters between IDUs and outreach workers who provided education about HIV transmission, condoms and bleach.

An evaluation of 20 of the communities found that the percentage of IDUs at high risk of HIV infection fell from 62 percent to 31 percent six months after the initial contact with an outreach worker. Additionally, the number of IDUs who engaged in high-risk sexual behavior fell by nearly 50 percent.

Methadone maintenance programs reduced injection drug use from 81 percent to 29 percent after five years of treatment, according to UC Davis researchers.

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Needle exchange programs also reduce the spread of disease among IDUs. The success of needle exchange programs is often measured by the number of IDUs who exchange used needles for sterile ones and the number of needles exchanged. Needle exchange programs generally lower disease risks among IDUs.

Treatment clinics that provide services like methadone maintenance treatment can greatly decrease the number of IDUs who contract infectious diseases. For example, a study by researchers at the University of California Davis found that that injection drug use among those in the methadone maintenance program fell from 81 percent to 42 percent after 3.5 years of treatment.

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STD Risks: Sex, Drugs, & Alcohol

The explosion of STDs and HIV in the past 30 years has created an environment where precautions are necessary to prevent the spread of diseases among sexual partners.

Some STDs can't be prevented by condoms, meaning there are additional steps necessary to avoid infection.

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Substance abuse is the leading risk factor in STD and HIV transmission, especially among men who have sex with men. Alcohol use is related to an increased chance of using intravenous drugs, which itself is a high-risk behavior for STD transmission.

Alcohol slows down the brain and impairs judgment which leads to a higher likelihood of participating in risky behaviors, such as unprotected sex or sex with multiple partners. A higher likelihood of risky sexual behavior equates to a higher likelihood of contracting or spreading an STD.

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One recent study concluded that out of 671 STD clinic patients surveyed, 30% of women reported binge drinking.

Among those women, receptive anal sex at more than twice the rate of non-binge drinkers and at three times the rate of sober women.

Binge drinking women reported having multiple sexual partners at twice the rate and suffered from gonorrhea at five times the rate of their sober counterparts.

Intravenous drug use is at the top of the list of STD risk factors because sharing needles makes drug users susceptible to blood-borne infections, especially HIV and hepatitis C. In addition to spreading infection through needle use, drugs also impair judgement in the same manner as alcohol.

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The likelihood of unprotected sex, sex with multiple partners, and receptive anal sex goes up with recreational drug use at similar rates as alcohol. Drug addiction can also lead to situations where sex is traded for drugs, increasing the risk of exposure to HIV and other STDs.

Cocaine, opioids such as heroin and Oxycotin, amphetamines (speed) and methamphetamine (crystal meth), ketamine, the date rape drug gamma-Hydroxybutyric acid (GHB), amyl nitrate (poppers), and MDMA or ecstasy are known as "sex drugs" because the euphoric side effects are said to also enhance sexual arousal, function, and pleasure.

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Conclusion

Drugs and alcohol lower inhibitions, stimulate arousal, and create a sense of euphoria that goes hand in hand with risky sexual behavior.

Alcohol or drug abuse take a heavy toll on a person's body on their own, but the addition of an STD could be fatal.

When you're under the influence, using a condom may not be the first thing on your mind but it is incredibly important.

Practicing safe sex and getting tested for STDs regularly, especially after sexual contact, are the only ways to ensure good sexual health.

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