

**United Community Services, Inc.**  
**401 SW 8<sup>th</sup> Street**  
**Des Moines, IA 50309**

**METHADONE CLIENT  
HANDBOOK**

**(515) 280-3860**

**March 2007**

**Dosing Hours:** Monday – Friday 6:30 a.m. to 8:15 a.m.  
Saturday 7:00 a.m. to 8:15 a.m.

**Phone numbers:** Main: 280-3860  
Emergency/Crisis Line 988-3950

# United Community Services, Inc.

[www.ucsonline.org](http://www.ucsonline.org)

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# WELCOME

Dear Client:

Welcome to United Community Services, Inc! We hope your association with us will help you to acquire the skills needed to lead a substance free lifestyle.

This handbook is designed to educate and orientate you with the services and treatment we provide and to answer many of your questions. Should you have further questions after reading the handbook, please feel free to ask any clinic staff. The better you understand chemical dependency, the better your chances are of having a positive treatment experience.

The Staff of United Community Services will work with you as a partner to develop comprehensive Outpatient medical and rehabilitative treatment. We are here to help you, but the success of treatment depends on you and your investment. We cannot make your recovery happen for you, but we will provide a safe, structured treatment environment that stresses honesty and openness.

The staff hopes to make your treatment a positive experience. We encourage you to be an active part of your treatment. If you have any questions, our staff will attempt to answer your questions thoroughly and expediently. Please remember, the staff at United Community Services is required to follow all Federal, State, and regulatory rules and regulations regarding opiate treatment which includes your treatment.

To complete the treatment program successfully, you will need to attend individual and/or group sessions and complete any assignments you receive. Attendance and follow through will be monitored by your counselor. If special needs arise, please notify your counselor or nurse.

The remainder of this text explains the program. It is not intended as a detailed explanation of all policies and procedures. It covers the basics. There are other rules that govern the program. These will be explained by staff as you progress through the program. The staff invites your questions to help increase understanding. Remember, the key to recovery is working on your program each day. *This is your treatment and your life.*

The Staff at UCS

## INTRODUCTION

People usually enter methadone treatment because they feel overwhelmed by their dependence on heroin or other opioids such as pain pills. But not everyone who comes into methadone treatment has the same goals. Some people want to stop taking street opioids for good. Some want to temporarily stop taking street opioids. And some want to reduce or re-regulate their use of street opioids.

Some people begin methadone treatment with the belief that they will need this medication indefinitely. While others feel that they will only need it for a short time. However, regardless of what you may or may not hope to get from this treatment. All the evidence agrees on the following points:

- People dependent on street opioids or prescribed pain medication who receive methadone treatment are healthier and safer than those who do not. They live longer, spend less time in jail, are hospitalized less often, and are less often infected with HIV, HCV and commit fewer crimes
- Longer periods of methadone maintenance are better than shorter periods. The longer you stay on methadone maintenance, combined with counseling, the better the overall outcome. Indefinite treatment often means life-long extension of good health and freedom from incarceration.
- Methadone maintenance is treatment for people who are dependent on opioid drugs. It is not a treatment for people whose major problems are with other drugs--such as cocaine, alcohol, benzodiazepines, or cigarettes.

Clinicians, administrators, and clients have many concerns regarding the purpose of maintenance and the success of detoxification. Methadone treatment is a medical treatment in response to a medical problem. As with many other medical problems, the length of time you will need to remain in treatment depends on several factors, which include, but are not limited to:

- Biochemical condition of your brain
- Past psychological trauma, coping skills, needs, expectations, withdrawal fears, and motivation you bring into your treatment plan.
- Medical realities concerning your body and your physical health. For some clients, methadone treatment is a life-long need and will be essential for attaining and maintaining a quality and fulfilling lifestyle. The decision to convert from methadone to abstinence (detoxification) is a serious commitment and represents only one of many available options.

**Methadone is a potentially dangerous drug if misused. You are responsible for keeping your medications in a secure place. Your dosage is FATAL TO A CHILD OR NONTOLERANT ADULT. It can be fatal if mixed with alcohol, Valium, oxycodone, benzodiazepines, or barbiturates.**

The symptoms of an overdose of methadone are air hunger or shortness of breath and sedation. **Telephone 911 or Poison Control 800- 222-1222 if methadone overdose is suspected**

## INTAKE/ADMISSION INFORMATION

### All Clients

There are a number of consent forms you are requested to sign before you complete admission into our program. Most of these consents are required by the Federal and State Authorities governing Methadone Treatment. You are encouraged to ask questions about any consent you do not understand, before you sign it.

Your name, social security number, physical characteristics and any other pertinent information will be forwarded to the State of Iowa's Central Registry for confirmation that you are not admitted to any other Methadone Clinic.

All Clients must obtain venereal disease (VD) and sexually transmitted disease (STD) testing by Polk County Health Department or a private physician within 14 days of being admitted to the program. A tuberculosis (TB) test is also required.

**Note:** Additional information regarding HIV/ AIDS, STD's and TB has been provided as part of this manual.

TB tests can be administered by the program nurse and must be read within 48-72 hours of testing. Written results become a part of your permanent file. If medical staff are unable to perform venipuncture, the physician is to be notified and appropriate documentation from the medical staff is to be provided to the clinic staff.

The initial "intake" process will include an assessment performed by a substance abuse counselor to include your psychiatric, substance abuse, and psychosocial behavior. The nurse will conduct a health screening.

The intake process includes a medical evaluation you will receive by the nurse and a physical performed by the physician. You will be interviewed for necessary medical, psychiatric, substance abuse and psychosocial concerns. You will also have a physical exam where blood is collected for lab testing for infectious disease, a tuberculosis skin test (PPD), and other tests that are deemed appropriate by our medical staff. A urine sample is required of all clients at the time of admission in order to verify drug use. It is important that you give the Clinic Staff and the Medical Director accurate and truthful answers during this interview process about your health habits, drug use and medical history.

You will be scheduled to see the doctor for an initial physical examination. All clients are scheduled to see the physician at 12:00 on the date of their intake appointment. You will not be dosed until you have seen the physician for your physical examination.

Based on federal guidelines the physician evaluating you will determine if you are a candidate for methadone maintain or detoxification and will place you in our program if, and only if the physician determines such treatment is appropriate and medically necessary. At the time of admission by the Medical Director, a prescription will be written for the initial dose of methadone, not to exceed thirty (30) milligrams for new clients or as recommended by the Medical Director.

After ingesting your initial dose of methadone you will be required to remain at the clinic for the purpose of observation.

### **Transfer Clients**

Once you have decided that you would like to enter our program and leave your prior program, we require a medical authorization be signed by you authorizing us to obtain any and all medical records, including but not limited to, urine tests, counseling notes, physicals and any other data relating to your treatment history. If you have had a TB test within 90 days a new test will not be needed; however, you will be required to see the physician at 12:00 on the date of your initial intake. You will need to attend an appointment with the physician prior to beginning your dosing with United Community Services. Clients transferring to United Community Services from another licensed Methadone Program will be individually assessed with regards to service requirements and take home privileges; however, generally speaking most clients take home privileges and dose levels will not be changed.

## **COUNSELING and REHABILITATIVE SERVICE**

Upon admission you will meet with a counselor, who will assist you with the admission process. Your counselor will assist you in identifying and developing goals to address your needs. You will be required to attend individual sessions with your counselor. The frequency of sessions will be determined based on your individual need and length of time in treatment. Your counselor will address your immediate concerns in an appropriate time frame. You must schedule and ensure that appointments are made and kept.

Your counselors are here for you. Counseling sessions are tailored to your individual needs and can be done in person or over the phone. Your counselor should be made aware of any significant problems in your life. A counselor can assist you with setting personal goals that are achievable. Your counselor will work with you to help you resolve a problem, change behavior, foster personal growth and awareness, discuss relapse prevention issues, and develop short and long term goals. Your counselor will not tell you what to do but will assist you in developing solutions to problems or concerns. Your counselor is an advocate for you. The counseling process does take time. We must remember to take things one day at a time we didn't become addicts over night and recovery takes time. Your counselor can assist you in feeling hope and feeling positive changes in your life.

## **HOURS OF OPERATION:**

### **1. Dispensing Hours:**

6:30 to 8:15 a.m. Monday through Friday

7:00 to 8:15 a.m. Saturday (not available for weekly or bi-weekly dosers)

\*\*If you do not arrive by 8:15 a.m. you will be charged and must pay \$80 at the time of dosing to be dosed that day. It is recommended that you plan to arrive by 8:00 to ensure dosing.

No methadone is dispensed on Sunday or Holidays or as designated when agency is closed. You will receive take home doses for these days.

## **Observed Holidays:**

MLK Jr. Day  
Memorial Day  
Thanksgiving  
New Years Day

Good Friday  
Independence Day  
Day after Thanksgiving

Labor Day  
Veteran's Day  
Christmas

## **Administrative Hours:**

Generally, methadone staff are available until 3:30 p.m. Monday through Thursday and 10:30 a.m. on Friday. If you are in need of assistance additional United Community Services staff are available Monday through Thursday from 8:30 a.m. to 5:00 p.m. and Friday from 8:30 a.m. to 12:00 p.m.

Phone coverage is available 24 hours a day, seven (7) days a week for emergency situations (hospitalization or incarceration), after clinic hours call 988-3950.

## **Individual Counseling Hours:**

It is recommended that you schedule an appointment with your assigned counselor. Not all counselors are available during ALL times listed below.

- a. 6:30 a.m. to 2:30 p.m. Monday through Thursday
- b. 8:30 a.m. to 10:00 a.m. on Friday

We encourage all clients to attend twelve step or other support meetings/groups. Meeting lists are generally available in the clinic area or you may contact the central offices for Alcoholics Anonymous at 282-8550 and Narcotics Anonymous at 244-2277 for meeting information. Additional support group listings are available in the local newspapers or in the phone book.

## **CLIENT FEES:**

We want you to feel comfortable in a pleasant environment. However, in order for the clinic to maintain a professional level of employee staff and maintain a quality environment, we must insist that accounts be paid consistently on time.

Any variation to normal payment arrangements must be approved in advance. Do not discuss financial arrangements at the dosing window or reception window.

★ **While we do maintain a waiting list for our subsidized services, we do encourage all clients to apply for eligibility and be placed on the waiting list at the time of admission.**

★ You will be charged a fee of \$80.00 for late doses and/or pharmacist call-in. This fee must be paid at the time of your dosing.

★ A fee of \$12.00 will be charged for all urinalysis confirmations requested.

### **Subsidized:**

★ If you meet eligibility criteria you may be financially subsidized by the State of Iowa, Department of Public Health, Division of Substance abuse and Health Promotion and the Federal Government for part of the cost of treatment.

- ★ All clients eligible for and receiving subsidized services are required to provide annual proof of income to remain eligible for subsidized services.
- ★ Failure to provide proof of income in a timely manner will result in the loss of your subsidized slot.
- ★ All clients are expected to pay for services in full by the 10<sup>th</sup> of each month.
- ★ You will not receive any take homes until your account is paid in full.

**Private Pay:**

- ★ You are expected to pay \$56 per week or \$8.00 per day. If you are unable to pay for your dose that day you may not be dosed.

**EMERGENCY PROCEDURES:**

A. If the clinic must close due to Natural disaster or other unforeseen circumstances, the staff will put a message on the emergency phone as well as counselor's voicemails. In the case of adverse weather conditions, announcement may be made through the use of the Des Moines area Television Station KCCI and Radio News Media WHO.

**B. Lost or Stolen Doses**

1. **Methadone is a Scheduled II narcotic and should be considered dangerous. It can be fatal if consumed by a child or someone not prescribed or used to opiates.** Your take-home doses are a privilege and should be considered a trust given to you in your treatment. Methadone and all medicines should be stored under lock and key so unauthorized persons will not have access. If, your take-home doses are lost or stolen it must be reported to the police. A police report must be filed and a copy provided to United Community Services. Since Methadone is a federally regulated narcotic and your bottle label contains your name, this could result in a loss of confidentiality of your treatment. Lost, stolen, or spilled take-home medication may not be able to be replaced and can result in the loss of take home privileges.

**DOSING PROCEDURES**

You are required to check in with the counselor at the front desk Monday through Friday prior to proceeding to the dosing window. At this time you will be informed of any fees due and the need to submit a urinalysis.

Upon proceeding to the pharmacy window if you must wait you must sit/stand behind the designated area (water cooler) until the window is available. When the pharmacist is available you will approach the pharmacy window facing the pharmacist. You will state your name and ID number. You may ask the pharmacist about your dosage at that time.

You will receive your prescribed methadone and drink your dose at the window in front of the pharmacist. You will need to talk to the pharmacist and open your mouth. You will not walk away from the window until after completely drinking your dose. You will need to throw your cup away prior to leaving the dosing area.

All client's who receive take-home medication will be given doses for self administration as prescribed. A LOCK BOX is ENCOURAGED to ensure safety and protection of your doses.

### **Fit for Dosing**

All clients should be fit for dosing; this includes but is not limited to zero intoxication from alcohol or other drugs. You may be asked to take a Breathalyzer or give a urine sample. Failure to do so jeopardizes your treatment program. Any client that appears to be negatively under the influence of any mood altering substance WILL NOT BE DOSED until meeting with the nurse and/or counselor.

The nurse and pharmacist have the right to withhold dosing. If sobriety is in question you may be given a urinalysis or breathalyzer test by clinical staff.

### **Dose Changes**

We request that if the nurse is available you request any dose changes with the nurse first. During the first week of treatment or after any change in dose 48-72 hours are usually required for the full effect of methadone to be felt. Do not expect a dose change to be effective during the first day. Methadone blood levels are constant for 24-36 hours, which explains why you need to take it only once per day.

***When an increase may be warranted:*** Moderate to severe physical symptoms experienced 4-16 hours after the observed dose.

***Note:*** Clients coming into treatment will need more time for the medication to be effective for a 24 hour period. During the first 7 to 10 days some clients may experience mild withdrawal symptoms, anxiety and/or insomnia while others will show none of these symptoms. The clients needs more time for the medication to become effective not more medication.

***When to reduce dose:*** Any sensation of being sedated, high, or loaded. Remember the dose response/effect will be more pronounced after the next dose, assuming steady state has not been reached.

**NOTE:** Changes in your body, metabolic rate, and biochemistry may affect your dosage levels. If you feel you are in need of a dose change please contact the nurse.

### **Vomiting Your Dose**

We may not be able to replace a vomited dose due to DEA and CSAT (Center for Substance Abuse Treatment) regulations. If you are nauseated consult with the pharmacist or nurse before dosing. Doses vomited at home cannot be replaced. For nausea we recommend chewable Meclizine or other anti-nausea medication. Doses vomited in the clinic and in the presence of a staff member may be replaced with the Medical Director's approval.

## **DRUG SCREENING REQUIREMENTS**

It is the policy of United Community Services to monitor the use of drugs and alcohol by collecting random temperature-monitored urine samples at a frequency determined by clinical staff in accordance with Federal and State regulations. Urine samples are collected and tested to assist in stabilizing a client on the proper dosage of methadone.

Drug test results may suggest that a dosage adjustment should be made or that a more intensive level of care is needed. Positive urinalyses alone will not be used as the sole basis for dismissal from the program.

Any client who submits a drug screening that is positive for illicit, non-prescribed drugs or alcohol and/or is negative for methadone will be reviewed by the counselor and nurse or Medical Director and appropriate protocol will be applied and documented.

Any refusal by a client to complete a drug screening test upon request will be considered a positive drug screen.

Any client unable to complete a drug screening test upon request will be afforded the opportunity to drink liquids in order to go. If that is impossible you will be given until 12:00 on the day of the request to return to complete a drug screen. If you do not return, it will be considered a positive drug screen.

A breathalyzer test may also be collected at any time by clinic staff.

It is important that you keep the clinic informed of all medications you are taking as some prescribed medications will result in a positive urinalysis. If you are taking a medication that is not prescribed to you and your urinalysis tests positive for that substance it will be considered positive.

Should you provide a positive drug screen which you believe is inaccurate you do have the right to request a confirmation at a cost of \$12.00. Any requests for confirmation must be made within 48 hours.

**Substances Screened are:**

**Amphetamines**

**Ethanol/Alcohol**

**Methadone**

**Phencyclidine**

**Benzoyllecgonine-Cocaine Metabolites**

**Marijuana Metabolite**

**Opiates**

**Propoxyphene**

**BARBITURATES (including)**

Amytal (amobarbital)

Butisol (Butobarbital)

Donnatal

Fiorinal

Nembutal

Phenobarbital

Seconal (secobarbital)

**BENZODIAZEPINES (including)**

Ativan

Serax

Klonopin

Tranxene

Dalmane

Valium

Halcion

Xanax

Librax

Librium

Restoril

The laboratory used does a screening test and a GC/MS confirmation test to eliminate the possibility of false positives.

For any test returning positive for cocaine, it will be assumed that cocaine has been used. Be aware that there are no false positives for cocaine. Drugs such as Lidocaine, Benzocaine, and Procaine, do not cause urine testing to show positive for cocaine.

A positive drug screen can result in loss of take-home privileges and may require dosing in the clinic on a daily basis. The same conditions apply to the abuse of other non-prescribed drugs and alcohol.

## **TAKE HOME MEDICATION**

Guidelines have been published that spell out the situations in which ‘take-home’ doses are to be allowed. Specifically, the Guidelines state that after the first ninety days, providing all urine samples are free of illicit drugs and alcohol, one take home in addition to Sunday’s can be given. Take homes are a privilege that must be earned. However, the time guideline is the minimum reference point and does not mean that you are eligible for take home privileges. In order to get any take homes, it is expected that some measure of ‘functional stability’ has been achieved. What does this mean? Simply, it requires a client to be moving towards a ‘normal’ lifestyle. Criminal charges, family troubles, increasing financial concerns, unemployment ... all imply functional instability. On the other hand, if someone in the program is not just staying clean but repairing all the insults in their life, then take homes may be given. This means we would expect that some effort is being made to either gain employment or go back to school, resolve any old criminal charges (including drivers license suspension), improve family relations and lastly to be making some kind of effort to improve themselves. So, when asking if you are eligible for take homes, do not assume that just because you have clean urines it is your right to have the take homes, take homes are a privilege. **Rather, you gain the privilege of getting take homes providing your urine samples are not only clean but that some measure of functional stability has been achieved.**

### **Federal Time Guidelines for Take Homes:**

<b>1-90 days: 1 (Sunday)</b>	<b>3-6 months: 1 + Sunday</b>
<b>6-9 months: 2 + Sunday</b>	<b>9-12 months: 5 + Sunday</b>
<b>12 + months: 13 days</b>	

### **Minimum Requirement for Take Homes:**

- ★ **Time in Treatment**
- ★ **Absence of recent abuse of drugs and alcohol, and positive for methadone**
- ★ **Regular attendance at the clinic for dosing & participation in rehabilitative services.**
- ★ **Absence of recent criminal activity**
- ★ **Absence of serious behavioral problems at the clinic**
- ★ **Stable home environment and social relationships**
- ★ **Acceptable length of time in comprehensive maintenance treatment.**
- ★ **Assurance that medication can be safely transported and stored by the client for the Clients own use.**
- ★ **Determination that rehabilitative benefits of decreased clinic attendance outweighs the potential risk of diversion**

- Special take home doses or emergency doses may be approved by the Medical Director and may require documentation of reason for request. Reasons include illness, personal or family crisis, travel or exceptional circumstances related to employment. Generally, requests for non-emergency take-homes must be made one week in advance.

**Once you have received regular take-homes, it is your responsibility to maintain them by staying drug-free. You must decide between drug use and take-homes.**

**You may be called to come to the clinic to verify the amount of take homes you have.**

## **METHADONE MAINTENANCE**

Methadone maintenance is intended to do three things for the clients who participate.

1. **Keep the client from going into withdrawal.** – The standard initial dose, as currently recommended, is 30 milligrams per day. After several days we may adjust your dose as needed. This is a medical decision that is approved by the medical director.
2. **Keep the client comfortable and free from craving “street” opioids.** – Having a craving means more than just having a desire to get high. It means feeling such a strong need for opioids that people may have dreams about using drugs, think about drugs to the exclusion of anything else and/or do things they wouldn’t normally do to get drugs.
3. **“Block” the effects of street opioids.** – If the client is stabilized on methadone, it keeps the client from getting much, if any effect from the usual doses of “street” opioids.

### **Detoxification/Tapering**

The goal of narcotic treatment is total rehabilitation of the client. “Eventual withdrawal from the use of **all** drugs is an appropriate treatment goal.” Every client is evaluated for the feasibility of methadone withdrawal at regular intervals and at the client’s request. The decision to begin methadone withdrawal is a serious one and is dependent upon your readiness.

**Voluntary Tapering or Medical Withdrawal:** The client determines that they have successfully completed their treatment and have reached their goals and objectives and are ready to begin a scheduled withdrawal from methadone. The dose changes and the pace will be individualized. During voluntary detoxification, you retain the option of asking for a dose change or a return to maintenance status.

It is imperative that you and your counselor take your journey of tapering together. Withdrawal symptoms may or may not occur in a gradual tapering. In order to encourage your success United Community Services will offer aftercare services to you at no cost.

# DRUG INTERACTION AND ABUSE

## PRESCRIPTIONS AND OTHER DRUGS

Methadone can interact with other prescription and non-prescription medications. Every prescription and non prescription medication must be reported to the nurse.

The prescription will not be taken from you. It is not acceptable to have or to take anyone else's (relative, friend, etc) prescription medicine. In some cases, the physician who provided you with the prescription may have to be contacted in order to assure appropriate medical care and information regarding your treatment. You will be asked to sign a release of information to the treating physician.

Combining methadone and tuberculosis or seizure medications may cause some unpleasant side effects. Let the physician or pharmacist know immediately if you begin taking these drugs.

Using Narcan, naltrexone (or ReVia), Stadol and Talwin will result in withdrawal symptoms. Do not allow these drugs to be prescribed by a physician except in the case of an overdose.

Methadone in combination with any of the following may cause serious physical injury up to and including death: sleeping pills, (e.g. barbiturates or benzodiazepines), hallucinogens (e.g., LSD), anti-anxiety medications, anti-depressants (e.g., Elavil), stimulants, (e.g., cocaine, amphetamines), and alcohol. Do not take propoxyphene (Darvon, Darvocet) with methadone as it interferes with the action of methadone.

Our medical staff or pharmacist will be glad to discuss any prescription medication as well as methadone at any time.

## Drug Abuse

Oxycontin is a long acting narcotic. Methadone is also a long acting narcotic. Combining or mixing Methadone and Oxycontin can be **fatal!** DO NOT combine or mix these two substances at any time. Any client that test positive for Oxycontin or any opiate will lose all take-home privileges immediately.

If you have a prescription for this medication, you must sign a release of information for the Clinic to contact the doctor that prescribed the medication. Take home medication will not be restored until the clinic is convinced that Oxycontin usage has been discontinued or has verification from your physician that this medication is required to treat your diagnosis and he/she is aware of your participation in methadone treatment.

## WARNING: INTERACTIONS OF METHADONE WITH CENTRAL NERVOUS SYSTEM DEPRESSANTS

Methadone is a synthetic opioid analgesic with multiple actions and side effects similar to other opioid compounds (such as Dilaudid, heroin, morphine, codeine, Darvon, Demerol, Percodan etc.), the most prominent of which involve the central nervous system (the brain) and structures composed of smooth muscle. Although the potencies and specific adverse side effects of various opioids differ, the overall effect upon the brain and its vegetative centers, such as the breathing center, is addictive.

THEREFORE, IT IS IMPERATIVE THAT YOU STOP USING ALL OPIOID DRUGS AFTER YOU BEGIN METHADONE MAINTENANCE OR DETOXIFICATION. CONTINUED USE OF OTHER OPIOIDS DURING THE PERIOD OF STABILIZATION OF YOUR METHADONE DOSE COULD POTENTIALLY BE FATAL.

The major hazards of excessive consumption of any opioid drug in non-tolerant individuals (people who have not used significant amounts of opioids) are:

***SEVERE SEDATION, RESPIRATORY DEPRESSION, WHICH CAN LEAD TO RESPIRATORY ARREST, CIRCULATORY COLLAPSE AND CARDIAC ARREST. FORTUNATELY, THE ABSORPTION OF METHADONE AND OTHER ORAL OPIOIDS FROM THE GI TRACT OCCURS OVER 2 TO 6 HOURS PROVIDING A WARNING PERIOD OF IMPENDING RESPIRATORY PROBLEMS, e.g. INCREASING SHORTNESS OF BREATH OR AIR HUNGER. IF YOU ARE EXPERIENCING ANY BREATHING DIFFICULTY OR FEEL UNUSUALLY SEDATED, GO TO AN EMERGENCY ROOM FOR EVALUATION. THEY CAN REVERSE THE EFFECTS OF EXCESSIVE OPIOIDS USING A DRUG CALLED NARCAN.***

These effects are uncommon in persons significantly tolerant of opioids, but they can occur if you continue to use illicit opioids, including “street methadone”.

Methadone clients should not use other opioids, including “street methadone”, major or minor tranquilizers (e.g. antipsychotic drugs, barbiturates, benzodiazepines), tricyclic antidepressants, or any other sedating drug without notifying and obtaining permission from a physician or medical personnel at the clinic.

Excessive use of alcohol is particularly dangerous when combined with other sedating drugs.

High doses of cocaine and other stimulants can also be dangerous. Therefore, do not use any mood altering or sedating drugs without permission of the Medical Director or medical personnel at the clinic. Combining drugs can potentiate sedation and respiratory depression that can be fatal.

## **NON COMPLIANCE**

You are considered in non-compliance due to unexcused absences from any required program treatment plan activity, continued positive urinalysis, lack of compliance with treatment activities, failure to adhere to dosing procedures. You are expected to keep all scheduled appointments and attend the clinic as scheduled. If you cannot keep scheduled appointments or attend the clinic you should contact your counselor to inform of the reason why.

Non-compliance will be assessed on an individual basis resulting in one or a combination of the following:

- Placement on probationary status
- Requirement to attend an increased number of counseling sessions
- A loss of take home privileges.
- Discharge from the program (medical detoxification will be provided).

## **No-Shows**

If you do not show for regular methadone dosing three (3) days in a row, you are considered to have left treatment against medical advice (AMA). Re-instatement to the program will be the decisions of the methadone staff and the physician. If you are on subsidized program you may lose your slot on the subsidized program for lack of attendance.

## **Misconduct**

Our program's goal is to treat our clients with dignity and respect and help them feel at home. In return, we expect our clients to treat each other, and our staff with respect. Loitering, abusive language, threatening language, arguing with staff or with any client at the clinic will not be tolerated. You are expected to act and to be treated respectfully at all times.

Physical threats, assault, carrying or concealing any weapon **WILL** result in immediate dismissal.

Suspected or confirmed selling or providing of drugs to any client at the clinic could result in immediate dismissal from the clinic. Selling, loaning or providing methadone or any other controlled substance to anyone other than the client for whom it is intended may result in immediate dismissal from the program.

Any crime committed against the clinic revokes your confidentiality privilege and right.

## **Dismissal from the Program**

UCS, Inc. may dismiss clients from the program at the direction of the Medical Director when it has been determined that the program or the client's treatment will be adversely affected by the conduct of the client. Examples of such conduct include:

- Continued illegal use of narcotics or other drugs
- Repeated failure to keep appointments in the program.
- Repeated failure to take medication as directed.
- Conduct which adversely affects the client or other clients or UCS Inc.
- Any attempt to take a dose out of the clinic that has been prepared for oral consumption at the pharmacy window may result in being placed on a 14 day detoxification schedule.
- Any verified attempt to sell or give a prescribed methadone dosage to any individual by the person for whom the medication was prescribed will result in being placed on a detoxification schedule.

If you are dismissed from our care for any of these violations, readmission to our clinic at a later date will be staffed prior to admission.

Client's who are dismissed from the program for misconduct may appeal the dismissal decision through UCS Inc.'s Formal appeal procedure that has been developed by the clinic. Decisions of all appeals will be documented in your file. Upon entrance in the program you will be advised of your rights to the appeal procedure and, upon dismissal,

will be advised and assisted upon request in exercising your rights under the appeal process.

- If a client becomes unruly, obnoxious, boisterous, vulgar or otherwise exhibits inappropriate behavior whether chemically induced or not, the client will be asked to cease the behaviors and leave the clinic. If the client refuses the proper authorities will be notified.

## **CONFIDENTIALITY**

- A. Clients are not allowed in any private office or administrative area unless a staff member is present; this is for the protection of your confidentiality.
- B. All clients will be expected to follow all rules, regulations and laws with regards to Federal Confidentiality Guidelines. In other words, what you see or hear within the confines of the facility, stays in the facility. Federal and State law will be invoked with regard to penalties for breaching confidentiality rules.

### **Confidentiality of Alcohol and Drug Abuse Client Records**

Alcohol and drug abuse client records are protected by Federal confidentiality law and regulations. Generally the program may not say to a person outside the program that a client attends the program, or disclose any information identifying client as a drug or alcohol abuser UNLESS;

1. The client authorizes the disclosure in writing.
2. The disclosure is allowed by a court order
3. The disclosure is made to medical personnel in a medical emergency, or
4. The disclosure is made to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulation. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate State or local authorities (42 CFR Part 2 for Federal regulations).

All clients shall adhere to all rules, State and Federal law as it pertains to race, age, religion, sexual preference, pregnancy or disability, national origin, ancestry, marital status or handicapped status with regard to public assistance and any other applicable status.

## **GREIVANCE POLICY/PROCEDURE:**

Client's have the right to address any concerns they have regarding their treatment. If a client feels that they have been: violated, their rights have been abused, disagree with a discussion or any other concern, they have the right to file a formal complaint with United Community Services. Clients will not be punished for making a complaint.

If the grievance applies to the Program, the client may use the following chain of command to file a grievance.

1. The forms are located in the lobby of suite 401 or the reception office at 1211 Vine Street, are in the client handbook, or may be received from a staff member.
2. The form is filled out by the client and is given to the client's primary counselor. The primary counselor will review the grievance with the Clinical Director, who will complete an investigation, make a decision and report that decision to the client within 5 business days.
3. If the client is not satisfied with the outcome, he/she has the right to appeal to the next level, which consists of the Executive Director and then the Board of Directors.

UCS Inc. clients who are dismissed from the program for misconduct may appeal the dismissal decision through UCS Inc.'s grievance procedure. **The program Physician and Executive Director have the ultimate authority with respect to your continuance on the Methadone Program.**

## **CLINIC POLICIES AND CLIENT EXPECTATIONS**

### **Smoking**

United Community Services, Inc. is a tobacco-free campus. Tobacco free campus means that there is to be no use of any tobacco products within the facilities or on the property of United Community Services at any time. The policy applies to the use of tobacco products in personal vehicles on United Community Services property.

### **Parking**

The front parking lot is lined. Please be sure that you park between the lines. It is necessary that you receive your dose and leave the premises as soon as possible for the convenience of others. "Car Hopping" or visiting with friends in the parking lot is especially discouraged as it gives the impression of loitering to our business neighbors.

### **Transfer**

If you are transferring from your current clinic to United Community Services, we will need your medical records from the date you began treatment. You will be asked to sign a medical authorization so we can obtain your records. It is your responsibility to authorize the request and to follow-up until they are received.

If you wish to transfer to another methadone clinic from United Community Services, we will make every effort to cooperate. We request that you allow your counselor to conduct an exit interview in order to complete your request. Although, the exit interview is not mandatory it will give the clinic the ability to correct any misunderstanding and/or mistakes.

All fees must be paid up to date before your records will be released. We will, however, verify your dose and length of time in treatment to the clinic to which you are transferring.

## **Travel (Guest) Dosing**

We will make the appropriate dosing arrangements at a clinic near your destination, if the request is reasonable and if the regulations allow for it. Any request for travel medication should be made at least five (5) days in advance to allow for verification of records.

## **FIRE/SAFETY**

Emergency exit signs are located in suites 401, 403 & 405. Fire extinguishers are located in suites 401 and 405. A first aid kit is available in the exam room in suite 401.

## **CONSENT FOR FOLLOW-UP SERVICES**

UCS, in conjunction with the Iowa Consortium for Substance Abuse Research and Evaluation, does regular follow-up on former clients. This will occur within six months (180 days) after discharge from UCS. IT would be appreciated if you would keep UCS informed of your current telephone number or address and cooperate in answering questions regarding your situation at the time of the follow up contact.

The information obtained from you during follow up is confidential and will not be released to any agency, organization or individual without your expressed written consent.

## **ADDITIONAL INFORMATION**

### **Relapse**

Re-using illicit or unauthorized drugs after being drug free can be a temporary slip. During your treatment, it is possible to learn skills and strategies to prevent a temporary return to drug use from snowballing into a total loss of your drug free goals, loss of family, loss of job and loss of health. For each client there are unique reasons that trigger a relapse, including subconsciously setting up a situation where it is impossible to resist re-using.

Being unprepared for the possibility of relapse is like not having a spare tire with you on a long journey. When you might need it is not the time to wish you had it. Clients enrolled in maintenance are able to attend group sessions which can be set up by your counselor. Group sessions are held at our office located at 1211 Vine Street in West Des Moines. All clients can attend individual sessions with your methadone maintenance counselor.

### **Driving**

If you drive or have a job that requires good reflexes or precision, your abilities should not be impaired by your properly prescribed dose of methadone. Your methadone dose when taken as prescribed, will not affect motor control or motor skills, vigilance, concentration or thinking.

### **Family**

Your family suffered with your condition at its worse and your family can be the most help to you in your recovery. The quality of your relationship with your family, especially your children, and the behavior you display towards them strongly influences the type of person they will be in the future.

Studies confirm that the children of parents who drink alcohol and use drugs are at an increased risk of abusing alcohol and drugs. Therefore, it is important that you involve your family in your treatment. Your family will need help learning to adjust to your new behavior. Your family is your emotional support system and important to your recovery. This would be an excellent time to get your family involved in drug prevention and awareness.

### **Sexuality and Relationships**

Loving, caring relationships begin and grow once real treatment of addiction occurs. Self-esteem and self-image are in a state of flux and are central to how you relate to your spouse or lover. No one likes to talk openly about a problem with intimacy, physical and mental abuse or sexual functioning, but trying to ignore the problem is a serious threat to methadone treatment and to avoiding drugs or alcohol. We encourage you to discuss any unsatisfactory aspects of your relationship with your counselor and/or physician.

Referrals to specialized services can be made to further assist you in discussing domestic violence or abuse issues.

### **Additional Information**

When a client starts on methadone, constipation is a common side effect, which will disappear. This can be taken care of by taking a natural fiber laxative. Methadone clients may have excessive sweating and should increase fluid intake. Methadone does not make a client gain weight, but the change in lifestyle can. A change in eating habits, what you eat, and exercise can counteract this.

Methadone doses that are effective do not cause drowsiness or euphoria. The purpose of methadone treatment is to make a client feel as normal as possible with no drug cravings or insomnia. A client is the best judge of effective levels at which functioning is optimal *but do not forget your purpose in coming in for help.*

Alcohol consumption is not recommended when on methadone. If you feel you have an alcohol problem, please discuss this with your counselor.

Methadone may cause decreased libido or impotence. This side effect may or may not disappear. Taking a lower dose may alter it.

Female clients who wish to become pregnant are asked to discuss this with their counselor. If you find you are already pregnant, please inform your counselor. *Detoxification is not recommended.* Prenatal care will be mandatory and a release to discuss your care with your physician will be required. Early prenatal care, stable dose, and avoiding all other drugs/alcohol will enhance your chances of delivering a healthy normal baby.

## ***MYTHS ABOUT METHADONE & OTHER MISINFORMATION***

### **Myths**

Makes you gain weight  
Rots your bones  
Soaks into your bones  
Rots your teeth  
Makes you ache  
Dulls your mind  
Keeps you from sleeping  
Causes liver problems  
Leads to cocaine abuse

### **Misinformation**

Methadone is more addictive than heroin, dilaudid, etc.  
Methadone gets “washed out” of the body by alcohol.  
Methadone is for losers.  
No one needs more than 30 mg of methadone.  
Hard manual labor uses up methadone faster.  
People could get off methadone only if they wanted to.  
All prescription drugs are safe when methadone is taken.  
People on methadone are not “normal.”

## **General Methadone Information**

Methadone maintenance was introduced by Drs. Dole and Nyswander in early 1960 and has proven effective when combined with psychotherapy and psychosocial counseling. Methadone maintenance has been the focus of intensive study, research and investigation which has demonstrated unequivocally, that methadone when properly administered in a treatment program, provides a medically safe, relatively economical and efficacious treatment for narcotic addiction.

Methadone maintenance is the most widely employed treatment for narcotic addiction in the United States. Maintenance provides daily, long-term administration of oral methadone to prevent withdrawal symptoms, reduce drug craving and drug seeking activities, block euphoria, “getting high”; and stabilizes, supports and supplements the normal balancing mechanism of the brain and nervous system, including neurotransmitters such as endorphins (our natural opiate system). As the body and brain become stabilized, lifestyles, relationships, physical health and mental health become stable. Medically prescribed methadone has no serious physical effects, regardless of time in treatment. The effects of methadone have been studied for over 25 years; this includes over several hundred million client days of use.

The most common long-term side effects of methadone are no different than other opiates, e.g., constipation, sweating, decreased libido, and occasional swelling in the hands and feet. Usually, these complaints correct themselves within 6-12 months. If these side effects particularly bother you please arrange to speak with the Medical Director or Staff Physician.

Methadone clients experience medical problems in the same way as the general population. Medical problems often exist before the client enters treatment, but are not diagnosed because the client has not previously sought medical care. Medical problems can develop because of poor diet, improper hygiene and many other causes. When you enter treatment, your total health is evaluated and early problems brought to your attention; problems that may or may not be related to your use of drugs other than methadone.

Despite many scientific attempts to determine opiate/methadone equivalency, there is no precise answer to the question of dose equivalency between heroin (or dilaudid, etc) and methadone. The correct, stabilizing dose for each client depends on the amount of opiates

used, other drugs used, fluid intake, kidney and liver function, physical condition and perhaps more than any other variable, expectations and suggestions you have heard from other clients.

Methadone begins to be effective after swallowing your first dose. It takes 15 - 60 minutes for withdrawal symptoms to begin lessening.

Because of the long plasma life of methadone, abruptly stopping use will result in withdrawal symptoms in 36-72 hours after the last dose. These symptoms peak around the sixth (6<sup>th</sup>) or Seventh (7<sup>th</sup>) day and disappear in ten (10) to twenty (20) days. Mild symptoms may persist for several months. However, stress, depression, poor sleeping and eating habits may also cause these symptoms.

Withdrawal symptoms may or may not occur as methadone is gradually reduced to zero.

Methadone maintenance has advantages and disadvantages. Advantages include knowing you will always receive the same dose, which decreases anxiety about withdrawal or detoxification symptoms. It is much more affordable than a heroin, dilaudid or pill habit. It avoids the risks of injecting drugs. It is a legal substance. Maintenance can provide additional time for seeking or continuing employment, for marriage, friends, children and personal growth in general.

However, being on maintenance continues a physiologic dependence on an opiate and can influence your motivation to be drug free. Becoming drug free requires a major effort involving a sincere commitment to change and the mobilization of significant emotional, physical and spiritual energy. Humans are more into keeping the status quo than relishing the thought of change. The fear of being sick after detoxification, or hearing old war stories about detox can be a major problem in planning withdrawal from methadone. Learning about the meaning of these fears is a significant part of your treatment program.

### **Pain Management**

Although, you may not realize it, people perceive and respond to pain differently. For example, most people can undergo extensive dental work without requiring narcotics to manage pain. Others seem to respond intensely to the smallest degree of discomfort. Pain tolerance and intensity of the pain experience have been shown to vary in people from different cultural backgrounds.

Pain and its management is a frequent concern for opiate users. Methadone clients bring these concerns into treatment. Many years of experience with methadone clients demonstrate that following stabilization of one's methadone dose, pain perception returns to a normal baseline. Exceptions do exist, for example, in clients with pain arising from nerve, bone or cancerous tissues.

There is no hard-and-fast rule regarding pain management while on methadone. A physician or medical personnel will evaluate your pain and discuss any dose changes with the medical director.

## **Additional Information**

- A. Federal and State law will be invoked with regard to penalties for breaching confidentiality rules.
- B. All clients will have access to their complete treatment records.
- C. All clients shall have the right to request a methadone dosage reduction or a medically supervised withdrawal/detoxify from methadone.
- D. All clients will be assisted by staff to set up guest dosing at another agency when needed. Cost to the client at another agency to guest dose is dependent on that agency's policy.
- E. At no time will placebos be used.
- F. UCS Inc. will not allow firearms, pellet guns or other weapons admitted on the premises of the facilities including sprays, stun guns, knives, etc. unless in the possession of a law enforcement officer or otherwise licensed personnel.
- G. Any type of violence will not be tolerated. Anyone acting in a violent, threatening manner will be asked to leave the clinic immediately. Refusal to do so may result in a request for assistance by the police department.

## **CLIENT RIGHTS**

As a client in this program you have certain rights, which include:

1. You have the right to be treated with respect and dignity.
2. You have the right to obtain current information regarding your status in treatment.
3. You have the right to request referral to other agencies for treatment or other assistance
4. You have the right to leave treatment. If you are on probation, court ordered, involved with Child Protective Services, etc. it is our responsibility to inform those agencies of your decision.
5. You have a right to file a grievance. Grievance procedures will be explained to you at the time of admission and you may follow those procedures.
6. You have a right to confidentiality. Your treatment and all information in your records are protected under Federal law. We cannot confirm that you are, or ever have been a client in this program unless there is a signed Release of Information in your file that is specific for the person or agency requesting the information.
7. If someone telephones and wishes to speak to you, or come to a program to visit you the agency cannot simply acknowledge that you are present, since that would be an

unauthorized disclosure of client identifying information. Moreover, permitting visitors to roam through a program and see not just the client they are visiting, but other clients, violates the confidentiality of those other clients. Therefore, unauthorized visitors are not allowed in the facility.

8. The program will avoid making any disclosures by having the client “self-disclose” If someone calls or visits, the receptionist will simply say “please hold” or “please wait”- without indicating that the person requested is a client. If the client wishes to speak with the caller, the client can pick up the phone or come out to the entrance of the program to meet the visitor. “Disclosure” by the client is not prohibited by the federal law or regulations. If the client does not wish to speak with the caller, the receptionist will inform the caller that federal law does not permit even the disclosure of whether the individual sought is at the program.
9. You have the right to make a complaint and/or file a grievance (see Section 5 – A2). If you make a complaint, the situation will be investigated and resolution of any infringement of rights will be made.
10. If you want to make a complaint or grievance without the knowledge of your counselor, you may call the Clinical Director or Executive Director and they can give you a form to complete so that you will not be concerned about retaliation or barriers to the service you receive.

You have the right to feel safe. Physical abuse by another client or by a staff member will not be tolerated.

### **Principles**

1. Treatment provided will be fair and impartial regardless of race, sex, age, source of payment, etc., and conveys a sense of dignity and trust between program and client.
2. Treatment will be provided according to accepted clinical practice.
3. Clients will be fully informed, as evidenced by a client’s written acknowledgement, at the time of admission and during ongoing treatment (once the client is stabilized), of their rights and responsibilities. Such rights and responsibilities are posted at the treatment site and/or provided to the client in writing and/or by tape or video or other electronic media as appropriate, and are reviewed with the client following admission, at the end of the stabilization period, and then if any changes have occurred. Clients who are unable to read will have the rules and regulations explained to them verbally, and such actions documented.
4. Clients will receive adequate and humane services.
5. Clients will receive services within the least restrictive and intrusive, and most accommodating manner.
6. Clients will receive an individualized treatment plan, participate in the development of the plan, receive treatment based on the plan, and a periodic, joint staff/client review of the client’s treatment plan.
7. The program will provide an adequate number of competent, qualified, and experienced professional clinical staff to implement and supervise the treatment plan, consistent with client needs.

8. Clients will be informed about alternative medication, treatment alternatives, alternative modalities and scientific advances affecting treatment.
9. Clients will be informed about potential interactions with and adverse reactions to other substances, including those reactions that might result from interactions and advised reactions to alcohol, other prescribed or over-the-counter pharmacological agents, other medical procedures, and food.
10. Clients will be encouraged and assisted throughout treatment to understand and exercise his/her rights as a client, including: reporting, without fear of retribution, any instances of suspected abuse, neglect, or exploitation of clients being served in the program; a grievance and appeal process, in accordance with State laws and regulations; and input into program policies and services through client satisfaction surveys.
11. Clients will be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees.
12. Clients will be given an assessment, acceptance into the program or, in the case of denial of admission, a full explanation and referral to another program based upon the results of the initial assessment.
13. Programs have the responsibility to protect other clients, staff, and the public from a client who acts out. However, programs also have a responsibility to determine the cause of the behavior so an appropriate referral to an alternative method of care can be made.
14. Clients have the right to communicate with program staff in confidence and to have confidentiality of their individually identifiable health care information protected. Clients also have the right to review and copy their own medical records and request amendments to their records.

# **HIV/ AIDS INFORMATION**

## **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease caused by the Human Immunodeficiency Virus (HIV). HIV attacks the immune system which is the part of our bodies that protects us against infections and illnesses. People with AIDS become very ill and die because their bodies can't fight off diseases.

## **What is the difference between AIDS and HIV?**

HIV is the virus that causes AIDS. A person can be infected with HIV and not have AIDS or ever get AIDS. Once infected, the average time it takes to develop AIDS is about 10 years. For infants and some adults, this time may be much shorter, depending on the health of the immune system that fights disease. Symptoms may appear anywhere from a few weeks to many years after infection.

## **What are the symptoms of AIDS?**

Symptoms of HIV/AIDS are similar to those of many other diseases. Only a medical doctor can diagnose AIDS. Common symptoms include fatigue, chills, night sweats, swollen glands, pink to purple spots on skin, white spots and sores in mouth, persistent diarrhea, weight loss of 10 pounds or more, a dry heavy cough, shortness of breath, and repeated serious vaginal yeast infection in women.

## **What behaviors increase the chance of getting AIDS?**

You are at risk if you have oral, vaginal, or anal intercourse with a person infected with HIV, or share intravenous needles with an infected person. A pregnant woman who is infected can infect the unborn child. Anyone who had a blood transfusion between 1978 and 1985 may be at risk. Having had sex with multiple partners is also a high risk.

## **How can you protect yourself?**

Abstain from oral, vaginal, or anal sex and do not have sex with anyone unless you know he/she is not infected. Use a condom every time you have sex. Abstain from sex with multiple partners. Use "universal precaution" guidelines to protect yourself at work or anywhere you may come in contact with blood, pre-seminal fluid, semen, vaginal secretions, or breast milk, regardless of whom the fluid comes from.

## **What is the AIDS test?**

A blood test known as the HIV antibody test is the only way to know if a person is infected with the HIV virus. It takes 6 weeks to 6 months for a test to be positive once a person is infected. A positive test means the person is infected and can pass the HIV virus to someone else.

## **What types of close contact are safe?**

HIV is not spread by touching, kissing, sneezing, coughing, sharing silverware, cups or plates with an infected person. You cannot get the virus from swimming pools, bathtubs, showers, toilet seats, drinking fountains or insect bites. It is completely safe to donate blood and it is very rare that someone gets HIV from a blood transfusion.

### **Should I be concerned about getting AIDS?**

Yes, if you have unprotected oral, vaginal, or anal sex with someone you don't know or if your partner is infected with HIV. You are also at risk if you or your partner shoot drugs, share needles, or have had a blood transfusion, organ transplant or hemophilia treatments between 1978 and 1985. You cannot tell if someone is infected by looking at them. If you are concerned about possible exposure, get HIV tested.

### **What is the difference between safe and safer sex?**

Safe sex is not having oral, vaginal, or anal sex at all. Safer sex is using a condom every time you have sex.

### **How do condoms help?**

Sex is a major way that bodily fluids such as blood, semen and vaginal secretions are exchanged between people. A latex condom prevents these fluids, which carry HIV, from being passed between partners.

### **How safe are condoms?**

Condoms are not 100% safe, especially when they are not used every time or are used wrong. In order to get the best possible protection, you need to use a latex condom every time you have sex, and use it correctly. If you have questions about using a condom, talk to your nurse, doctor, pharmacist, health department, AIDS service organization, or call the national AIDS hotline (1-800-342-AIDS).

### **What do I need to know about condoms?**

The most important thing to know is how to use a condom correctly. A condom may tear or break if used incorrectly. Use only latex condoms with a water-based lubricant. Animal skin condoms are available for those with latex allergies; however, they will not protect you against HIV infection. Remember, a latex condom must be used every time you have sex and used correctly to get the best protection.

### **What is partner won't use a condom?**

Remind your partner that latex condoms add protection against spreading HIV, herpes, syphilis, and gonorrhea. They also help prevent pregnancy. Latex condoms can save lives. Make a choice; don't have sex without using a condom.

### **What is a spermicide?**

A spermicide is a substance that kills sperm, however, their ability to kill HIV in the vagina during sex is uncertain. Spermicides alone should not be used for HIV protection.

### **Why is AIDS considered an epidemic?**

Right now there are no medicines to prevent AIDS. The long period between contracting HIV and developing symptoms makes AIDS very difficult to control. Millions of symptomless people may be HIV positive and not know it. Unless we protect ourselves against AIDS, millions more will become infected and die. However there are many new medications on the market to treat HIV with once there is a positive test. These medications are being used to slow the disease process and boost the immune system response, which has been weakened.

### Summary

If you think you may have been exposed to HIV, it is of utmost importance to be tested. If positive, it is important to get treated early and closely follow the treatment regimen given. HIV tests are usually offered at no charge at public health clinics and, in most states, results are confidential. Keep yourself healthy. Make any lifestyle changes you need to make to promote overall health and well-being. Make sure you have a balanced diet, plenty of rest, and regular exercise and relaxation. Avoid straining your immune system. Avoid acquiring other sexually-transmitted diseases or using recreational drugs. Make sobriety a cornerstone of your healthy living, HIV-survival strategy.

**And remember the importance of using universal precaution:  
Handwashing!!!!!!!!!!!!!!**

### Tuberculosis

Tuberculosis (TB) is a bacterium that causes a degenerative disease primarily in the lungs. The bacteria are spread by infected individuals through coughing, sneezing, talking or spitting. An average of 10 to 12 million people die of TB year, and the prevalence of drug resistant strains are beginning to increase dramatically. UCS believes in sustaining the health of all its staff and clients to the fullest extent possible. Since people working with or living in substance abuse treatment and jail settings are at increased risk of acquiring tuberculosis, it is UCS to test all full time employees on a yearly basis. Tests are done by administration of a small injection just under the skin. The results are observed within 2 to 3 days by qualified medical personnel. All full time employees are to report to the Medical Supervisor within 1 week of their initial hire for TB testing. The Medical Director will administer and assess the test. Employees who can provide verification of negative test results within the past year do not need to take the test. The test is to be repeated within one week of your anniversary date with UCS or one year from your last skin test date. There is no vaccine for TB, but it can usually be successfully treated if it is treated in the early stages of development.

## **SEXUALLY TRANSMITTED DISEASES**

Sex brings together your physical and chemical self while also bringing together your personality, beliefs, desires and needs. No matter what activity you engage in to express it, it's one of the most important parts about who you are. There is a darker side to all this stuff about sex. There are diseases passed when you engage in certain sex acts. Some infections can make a male or female sterile. Many people with sexually transmitted diseases don't have symptoms and spread them without knowing it. Remember, the most important body part involved in making sexual decisions is your brain.

There are many different tests for each of the different Sexually Transmitted Disease's (STD's). Some can be tested with a simple blood or urine test. Some can only be tested for by culturing body fluid from the penis, vagina or open sore on the body.

You can get tested at the local health department, community clinic, private doctor or Planned Parenthood. The national STD Hotline can look up free or low cost clinics in your area. You can call them at 1-800-227-8922, Monday through Friday, 9AM to 6PM or visit their website at [WWW.ASHASTD.ORG](http://WWW.ASHASTD.ORG) You can also call the American Health Association at 919-361-4848 to listen to pre-recorded messages about Sexually Transmitted Infections (STI's) and STD's.

STD's can cause physical symptoms like bumps or sores on the skin, itchy discharge, painful or burning urination, fever or flu like symptoms. However, some STD's do not cause any symptoms at all. Sometimes it takes weeks, months, or years before symptoms show; however the disease can still be spread.

It is not very likely to get an STD from a public restroom. Most STD's are only transmitted during sexual contact, either by skin to skin contact or through body fluid exchange. Getting an STD from kissing is possible but not very common. STD's can be transmitted during oral sex.

Chlamydia is one of the most common STD's and is caused by bacteria.

Gonorrhea is also caused by bacteria. It can infect various parts of the body including the genitals, rectum, throat, and eyes. Symptoms include frequent and painful urination with a discharge from the penis or vagina.

Syphilis is a highly contagious disease, if left untreated, it progresses through three stages, each more serious than the last. The first signs of syphilis are small painless sores on the penis or within the vagina. These sores are highly infectious. In the second stage, the bacteria circulate through the bloodstream to cause more serious rashes on the palms and soles of the feet. The third stage involves infections of any body organ, including the heart, lungs, and brain.

Genital warts result from infection of the skin by the Human Papillomavirus (HPV). Warts are also one of the most common STD's. Without treatment, genital warts will stay the same or progress.

Genital herpes is a recurrent, lifelong infection caused by a virus known as herpes simplex type-2. It is spread primarily through genital fluids and is highly contagious. Following the initial bout, the virus "goes into hiding" within the nerves of the body, and reappears intermittently in a milder form. During these reoccurrences the virus can be transmitted to a sexual partner and can also be given to an infant during childbirth.

The use of a latex condom is the most effective means of preventing the transmission of disease during sexual contact.

If you suspect you have contracted any form of an STD, see your doctor immediately. Even the curable disease can cause serious or life-threatening conditions if left untreated.

If your doctor tells you that you have an STD, tell any sexual partners so they can also seek treatment immediately.

