



P.O. Box 1063 • Mission, Kansas • 66222-0063
Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

Welcome to Heartland Regional Alcohol and Drug Assessment Center (Heartland RADAC),

I am honored that you have chosen this agency to assist you in evaluating the impact alcohol and/or drug use is having on your life. The clinical staff are all credentialed and/or licensed through the State of Kansas, which can assure you that they are well trained and able to assess your clinical needs. I trust you will find the staff professional and dedicated to helping you achieve your goals.

The mission statement of Heartland RADAC states that we are committed to serving individuals, families and communities affected by the impact of substance abuse. We strive to accomplish this through several services: objective alcohol and drug assessments, case management, care coordination, and education. By using nationally recognized tools, and best practices, we feel confident that you will receive quality services.

All services at Heartland RADAC begin with an alcohol and drug assessment to determine if you will benefit from treatment due to alcohol and/or drug use. The results of our assessment are strictly confidential. However, if you consent, written documentation of the assessment results and recommended course of action can be provided to any person that you identify. Just let us know how we can assist you. If treatment is recommended, our staff will assist you in identifying an educational group, community support group, or formalized treatment program that best matches your individual needs. In some instances, additional services and support can be provided through case management and care coordination.

A substance use disorder is recognized as a medical disease that impacts many individuals and their families. This illness crosses all gender, racial and economic lines...and it is possible to manage and recover.

Heartland RADAC staff is dedicated to providing you with the best opportunity to address substance abuse issues. If you ever have questions concerning your access to treatment, please contact us at 913-789-0951.

Respectfully,

A handwritten signature in black ink, reading "Jason B. Hess". The signature is written in a cursive style and is positioned above a horizontal line.

Jason Hess, LCAC
Executive Director
Heartland Regional Alcohol/Drug Assessment Center



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COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURE

Complaints regarding services provided by the staff of Heartland RADAC may be addressed in the following manner.

1. Contact Sara Jackson, Clinical Director at (913) 789-7152.

If the complaint is not resolved, proceed to the next level.

2. Contact Executive Director in writing and mail to at Heartland RADAC's main office.

Heartland Regional Alcohol and Drug Assessment Center
Attn: Jason Hess
P.O. Box 1063
Mission, KS 66222-0063

If written grievance relates to a negative concurrent review and/or placement, the Executive Director will:

1. Collect and review all clinical information related to the grievance.
2. Contact the party filing the grievance in writing within 5 working days with a determination.
3. If the dispute cannot be resolved, the parties may hire an impartial Independent Reviewer to review all clinical information and render an opinion. All costs associated with the Independent Reviewer will be shared equally between the Heartland Regional Alcohol and Drug Assessment Center and the party filing the grievance. **TIME FRAME: 10 working days.**
4. If the opinion of the Independent Review is not accepted by either party, an appeal process may be requested.
5. If the dispute cannot be resolved, the grievance will be referred to:

The State of Kansas Department for Aging and Disability Services
Behavioral Health Services
503 S. Kansas
Topeka, Kansas 66603
(785) 296-6807



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CONFIDENTIALITY OF
ALCOHOL AND DRUG ABUSE CLIENT RECORDS

Federal law and regulations protect the confidentiality of alcohol and drug abuse client records maintained by this agency. Generally, the agency may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser **UNLESS:**

1. The client consents in writing; OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
4. The client commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district or to KDADS/Behavioral Health Services.

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.

(See 42 U.S.C.290add-3 and 42 290ee-3 for Federal laws and CFR part 2 for Federal Regulations.)

Heartland RADAC is in compliance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA). This client notice form describes how we may use and disclose your protected Health Information (PHI).



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CLIENT RIGHTS AND RESPONSIBILITIES

Heartland Regional Alcohol & Drug Assessment Center shall support and protect the fundamental human, civil, constitutional, and statutory rights of each client and family member. Clients will be given a copy of their rights at the time of the assessment or as soon thereafter as is practical. Each client is entitled to the following rights and privileges without limitations:

1. To be treated with dignity and respect,
2. To be free from abuse; neglect; exploitation; restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation,
3. To a safe, sanitary, and humane living environment that provides privacy and promotes dignity,
4. To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or a medical condition, and ability to pay for the services,
5. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for photographing for identification and administrative purposes, as provided by R03-602, or video recordings used for security purposes that are maintained only on a temporary basis,
6. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights,
7. To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, KDADS/Behavioral Health Services staff, or other individuals unless restriction of such communication is clinically indicated and is documented in the client record,
8. To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy,
9. To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief,
10. To receive an individualized treatment plan that includes the following:

- a. Client participation in the development of the plan,
 - b. Periodic review and revision of the client's written treatment plan,
11. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health,
 12. To receive a referral to another program if the licensee is unable to provide a treatment service that the client requests or that is indicated in the client's assessment or treatment plan,
 13. To have the client's information and records kept confidential and released according to R03-602,
 14. To be treated in the least restrictive environment consistent with the client's clinical condition and legal status,
 15. To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client,
 16. To exercise the licensee's grievance procedures,
 17. To receive a response to a grievance in a timely and impartial manner,
 18. To be free from retaliation for submitting a grievance to a licensee, KDADS/Behavioral Health Services.
 19. To receive one's own information regarding medical and psychiatric conditions, prescribed medications including the risks, benefits, and side effects, whether medication compliance is a condition of treatment, and discharge plans for medications,
 20. To obtain a copy of the client's clinical record at the client's own expense,
 21. To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the
 - a. Fees the client is required to pay, and
 - b. Refund policies and procedures, and
 22. To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

CLIENT RESPONSIBILITIES

1. Client agrees to present accurate information regarding financial and personal history.
2. Client will make every effort to complete referral and keep scheduled appointments.
3. Clients will conduct themselves in an appropriate manner at all appointments.

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Infectious Diseases

What is an infectious disease?

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many microorganisms colonize in and on our bodies. Signs and symptoms of infectious diseases vary, but often include fever and chills. Mild complaints may respond to home remedies, while some life-threatening infections may require hospitalization and intravenous antibiotics.

How do you contract infectious diseases?

Infectious diseases can be spread in a variety of ways. Some diseases can be spread through spores ejected into the air by an infected person's cough in close spaces, but most of these diseases are spread through direct contact or sexual contact with an infected person.

High risk behaviors:

Participating in high risk behaviors is a leading cause of infectious disease cases. To prevent the spread of disease, **avoid** these behaviors.

- Intravenous drug use
- Sharing needles
- Sex with (or as) a prostitute
- Anal Sex
- Multiple Sex partners
- Sex with someone of the same gender.

Tuberculosis

“TB” is short for a disease called tuberculosis. Tiny germs that can float in the air spread TB. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs. You cannot get TB from someone's clothes, drinking glass, handshake, or toilet.

TB Symptoms Include:

- Cough
- Unexplained weight loss
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite

For more information about tuberculosis or any lung disease, contact American Lung Association at 1-800-586-4872 or visit the website at www.kslung.org.

HIV/AIDS

How HIV is spread?

HIV is spread by having vaginal, anal or oral sex with an infected person, by sharing needles or syringes and during pregnancy, birth or breast-feeding from an infected mother to her baby. Body fluids of an infected person that spread HIV are semen, blood, vaginal fluid, and breast milk.

Stopping the spread of HIV/AIDS

The most effective way to stop the spread of HIV is through avoiding high risk behaviors, using clean needles (if individual is IV drug user), and wearing a condom the correct way **EVERY SINGLE TIME** during sexual intercourse.

National AIDS Hotline (CDC): 1-800-342-AIDS or 1-800-342-SIDA

Hepatitis

Hepatitis is a disease that is characterized by the inflammation of the liver. There are 5 different types of Hepatitis. Hepatitis A,B,C,D, and E. The cause of these diseases can vary but high risk behaviors and substance abuse is a leading cause of contracting a Hepatitis virus.

Hepatitis Symptoms:

In almost all cases of Hepatitis, abdominal pain, weakness, loss of appetite, jaundice, aching joints, headaches, fevers, nausea, dark-colored urine, enlarged liver, digestion problems are present. If you think you, or someone you know is infected, contact a physician immediately for testing.

Sexually Transmitted Infections (STI's)

STI's are diseases such as Herpes, Chlamydia, Genital Warts, HPV (Human Papillomavirus), Gonorrhea, Syphilis etc...

There are many varying symptoms of STI's; these diseases are spread through **unprotected** anal, vaginal, and oral sex with an infected individual. The easiest way to avoid contracting an STI is through safe sexual habits such as:

- ✓ **Abstinence:** The most reliable way to avoid infection is to not have sex (i.e., anal, vaginal or oral).
 - ✓ **Reduced number of sexual partners:** Reducing your number of sex partners can decrease your risk for STI's. It is still important that you and your partner get tested, and that you share your test results with one another.
 - ✓ **Mutual monogamy:** Mutual monogamy means that you agree to be sexually active with only one person, who has agreed to be sexually active only with you. Being in a long-term, mutually monogamous relationship with an uninfected partner is one of the most reliable ways to avoid STI's. But you must both be certain you are not infected with STI's. It is important to have an open and honest conversation with your partner.
 - ✓ **Protection (Condoms):** Correct and consistent use of the latex condom is highly effective in reducing STI transmission. Use a condom **every time** you have anal, vaginal, or oral sex.
-
- ❖ If you are at risk of any of these conditions, contact a physician immediately for testing.
 - ❖ For more information on any of these conditions, and other infectious diseases contact the Center for Disease Control and Prevention at www.cdc.gov OR call 1-800-232-4636 (800-CDC-INFO). This is an integrated CDC hotline service. This line will accommodate English and Spanish.

HEARTLAND REGIONAL ALCOHOL & DRUG ASSESSMENT CENTER

ELIGIBILITY & SCHEDULING

Eligibility & Fee Schedule Guidelines

It is the policy of Heartland RADAC to offer an assessment and/or treatment to any individual who requests our services. If the individual is willing to provide proof of personal and demographic information regarding residency, income and household size, we will be able to determine whether they fall within eligibility guidelines to enable a portion of the fee to be paid by Federal Block Grant, Medicaid funds or other third-party payers.

Federal Block Grant funds are available for clients who are documented residents of Kansas **and** who have documented income at, or below, 200% of the Federal Poverty Guidelines (FPG). Clients must meet **both** residency requirements and income eligibility before they will be considered eligible for Federal Block Grant funds.

To determine eligibility for Federal Block Grant funding, clients are required to submit documentation to Heartland RADAC, which confirms that their income is within Federal Poverty Guidelines and affirms Kansas Residency. If the client is unable or unwilling to provide the eligibility documentation, they will be charged the fee for the assessment service, due by the assessment.

Residency Determination

As evidence of Residency, each client will be asked to provide one of the following:

- Social Security Card
- Current Kansas Driver's License
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Birth Certificate
- INS Employment Authorization, or
- Any document under list A of the Federal I-9 form (passport, permanent resident card, alien registration card)

AND

- Kansas Driver's License
- KS Native American Tribal Document
- Kansas Medical Card
- Kansas Identification Card
- Apartment or house rental receipt in the client's name with a Kansas address
- Utility Bill in client's name and with a Kansas address.
- Signed statement of a family member upon which the client is dependent upon for shelter.
- Signed letter on agency letterhead from a criminal justice staff person or probation officer
- Signed letter on agency letterhead from a social services staff person or similar professional (homeless shelter, therapist, KDCFS case worker, social worker, etc) affirming the person is a resident of KS.
- Individuals incarcerated in Kansas need to provide documentation of scheduled release within the next 60 days.

Income Determination

Compliance with Federal Poverty Guidelines (see most recent FPG at <http://aspe.hhs.gov/poverty/>) shall be documented through financial documents:

- Pay Stubs
- Income Tax Returns
- Letter of unemployment benefits
- Annual benefits letter
- Bank statements
- Signed statement of a family member upon which the client is dependent upon for food or shelter
- Signed letter on agency letterhead from a criminal justice staff person or probation officer
- Signed letter on agency letterhead from a social services staff person or similar professional (homeless shelter, therapist, KDCFS case worker, social worker, etc)

Income is described as earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, etc.

Noncash benefits such as food stamps and housing subsidies do not count as income.

Income will be determined by the following guidelines at the time of assessment:

- a. Income will be calculated based on earnings over the 90 day period (three months) immediately preceding the date services are requested.
- b. A single person age 18 or older will be considered a household of one, regardless of living arrangements, and only his/her income will be counted.
- c. The income of a person who considers him or herself to be married (legally, common-law, or represents themselves as married) will be based on the combined income of the client and the spouse, and the household size will be two plus any dependent children living in the home.
- d. The income of a client who is a single parent will be based on the client's income, and the household size will be one plus any dependent children living in the home.
- e. A client under 18 years of age living with both legal parents will have his/her income determined based on his/her parents' combined income, and the household size will be three (both legal parents + client) plus any additional dependent children living in the home in accordance with "c" above.
- f. A client under 18 years of age living with a single (legal) parent will have his/her income based on his/her single parent's income and the household size will be two (client + parent) plus any additional dependent children living in the home in accordance with "d" above.
 - *This standard can apply to an adolescent client whose bio-parent is married, but the step-parent has not legally adopted the client. Step-parents would not be counted in income or number in household, unless the child has been legally adopted.*
- g. JJA Clients in State custody, and living at home, will have his/her income determined based on his/her parent(s) income and the household size will be determined based on household size, including parents and any additional dependent children in the home as in "e" or "f" above.

Definition of dependent child: 17 and younger, unmarried, received more than half of his or her support from the parent with whom they reside, must reside with the parent for more than 6 months of the year and meet the residency requirements.

Service Fee Schedule

Household Income		Below 100% of Federal Poverty Guidelines		Between 100% & 200% Federal Poverty Guidelines		Above 200% FPG		
Eligibility	Medicaid	<u>Meets</u> Kansas Residency Eligibility	<u>Does Not Meet</u> Kansas Residency Eligibility	<u>Meets</u> Kansas Residency Eligibility	<u>Does Not Meet</u> Kansas Residency Eligibility	<u>Does Not Meet</u> Eligibility for Federal Block Grant	1 st / 2 nd DUI Pre- Sentence Evaluation	3 rd & Subsequent DUI w/ Journal Entry
Payer Source	Medicaid	Federal Block Grant	Client Self-Pay	Federal Block Grant + Client Co-Pay	Client Self-Pay	Client Self-Pay	Client Self-Pay	3 rd DUI Contract
SUD Assessment	\$0.00	\$0.00	\$100.00	\$100.00 Client Co-Pay	\$200.00	\$200.00	\$200.00	\$0.00
Individual Treatment	\$0.00	\$0.00	\$25 per 15 minutes	\$0.00	\$25 per 15 minutes	\$25 per 15 minutes	\$25 per 15 minutes	\$0.00
Group Treatment	\$0.00	\$0.00	\$10 per 15 minutes	\$0.00	\$10 per 15 minutes	\$10 per 15 minutes	\$10 per 15 minutes	\$0.00

***In the event that a fee has been collected in error, the money will be refunded. The refund will be made to the person or organization (payer) who paid the fee. The fee will be returned to the payer within 14 days of receiving request.

100% of Federal Poverty Guidelines

Number In Family	1	2	3	4	5	6	7	8	Each Additional Person
Annual Income	\$15,960	\$21,640	\$27,320	\$33,000	\$38,680	\$44,360	\$50,040	\$55,720	\$5,680
Monthly Income	\$1,330	\$1,803	\$2,277	\$2,750	\$3,223	\$3,697	\$4,170	\$4,643	\$473
Hourly Income	\$7.67	\$10.40	\$13.13	\$15.87	\$18.60	\$21.33	\$24.06	\$26.79	\$2.73

200% of Federal Poverty Guidelines

Number In Family	1	2	3	4	5	6	7	8	Each Additional Person
Annual Income	\$31,920	\$43,280	\$54,640	\$66,000	\$77,360	\$88,720	\$100,080	\$111,440	\$11,360
Monthly Income	\$2,660	\$3,607	\$4,553	\$5,500	\$6,447	\$7,393	\$8,340	\$9,287	\$947
Hourly Income	\$15.35	\$20.81	\$26.27	\$31.73	\$37.19	\$42.65	\$48.11	\$53.58	\$5.47

Updated: 02/2022, 09/2022, 3/2023, 2/2024, 1/2025, 1/2026



What Everyone Needs to Know About Alcohol and Other Drug Use During Pregnancy

Myth: Very few women use alcohol or other drugs while pregnant.

Fact: Over 12% of all pregnant women surveyed have used alcohol in the previous month and approximately 15% of women have used illegal drugs during their pregnancy.

Myth: Most women stop using alcohol or other drugs when they learn they are pregnant.

Fact: If offered treatment, 94% of addicted pregnant women refuse. However, when educated about the effects of drugs on their baby, women are more likely to quit.

Myth: It is legal to use alcohol and tobacco. They aren't considered drugs and won't hurt my baby.

Fact: Alcohol and tobacco are drugs. The effects of alcohol and tobacco are just as harmful to a baby as other drugs. In fact, alcohol use during pregnancy is the #1 cause of mental retardation in children.

Myth: I've been using alcohol and other drugs during my pregnancy, so why should I stop now?

Fact: Stopping substance abuse at any point during pregnancy will increase the chances that the baby will be born healthy. To continue to use alcohol or other drugs may adversely affect the child throughout his or her life.

Myth: Drug use during pregnancy does not affect my child's ability to learn.

Fact: The child of a mother who uses substances during pregnancy is more likely to have special education needs, learning disabilities and be subject to emotional and psychological difficulties.

Myth: A child's school performance is not affected by parents' substance use during and after pregnancy.

Fact: Children whose parents abuse drugs or alcohol are more likely to be diagnosed with ADHD and suffer from concentration problems in school.

Myth: Drug use of parents does not affect their parenting ability.

Fact: Drug use is a contributing factor to abuse and neglect of children and can result in the removal of Kansas children from their families.

Myth: Prenatal care is too expensive.

Fact: Prenatal care is available and affordable for all mothers. Contact your local county health agency for information about prenatal care.

Myth: A child who is born to a substance abusing mother will not have lifelong effects.

Fact: Maternal substance abuse is the single most important factor in whether children will abuse substances later.

Myth: It doesn't cost more to raise a drug-exposed child over his or her lifespan.

Fact: Total costs of a drug-exposed child can exceed \$1.5 million during their lifetime.

Myth: I can seek prenatal care later. My pregnancy isn't affected by how early I go to the doctor.

Fact: Early prenatal care lowers the rate of special healthcare needs and premature births.

Myth: I have used alcohol or other drugs during my pregnancy. If I go to prenatal care, the doctor will report me and my baby will be taken away.

Fact: Your health care provider is not required to report you for substance abuse when going for prenatal care. However, if you continue to use and your baby is born with drugs in his or her system, you may be encouraged to participate in services to address the impact of substance abuse in your ability to care for your newborn. If your substance abuse isn't addressed, your baby may be taken out of the home.

Myth: Because I am pregnant and have children, there is no place for me to receive help for alcohol or other drug use.

Fact: Help and support are available for pregnant women and women with children. Visit www.hradac.com/centers.htm to locate an assessment center.

Myth: Kansas is doing nothing about substance-exposed newborns being born in our communities.

Fact: A group of state leaders has formed the Kansas Alliance for Drug Endangered Children and is establishing plans to address this problem.

Content adapted from materials created by KADEC – Shawnee County.

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For further information, contact:

Cristi Cain, Kansas Alliance for Drug Endangered Children

Phone: (785) 266-8666

E-mail: ccain@parstopeka.com

Website: www.ksmethpreventionproject.org

THE FACTS ABOUT

FENTANYL

FENTANYL FACTS

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.¹

Fentanyl is a synthetic opioid that is up to

50x

stronger than heroin

100x

stronger than morphine

There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

ILLICITLY MANUFACTURED FENTANYL

Illicitly manufactured fentanyl (IMF) is available on the drug market in different forms, including liquid and powder¹. Fentanyl-laced drugs are extremely dangerous, and many people may be unaware that their drugs are laced with fentanyl.



Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine and made into pills that are made to resemble other prescription opioids.



In its **liquid form**, IMF can be found in nasal sprays, eye drops, or dropped onto paper like small candies.

Street Names for Fentanyl

- Apache
- Dance Fever
- Friend
- Goodfellas
- Jackpot
- Murder 8
- Tango & Cash¹

DRUGS DO NOT COME WITH

AN INGREDIENTS LIST.

MANY CONTAIN DEADLY

DOSES OF FENTANYL.

FENTANYL AND OVERDOSE

Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths.¹ Even in small doses, it can be deadly.

150

Over 150 people die every day from overdoses related to synthetic opioids like fentanyl.²

Drugs may contain deadly levels of fentanyl, and you wouldn't be able to see it, taste it, or smell it. It is nearly impossible to tell if drugs have been laced with fentanyl unless you test your drugs with fentanyl testing strips. Testing strips are inexpensive, typically give results within 5 minutes, and can be the difference between life or death. Even if the test is negative, caution should be taken as test strips might not detect more potent fentanyl-like drugs, like carfentanil.³

SIGNS OF OVERDOSE

Recognizing the signs of opioid overdose can save a life. Here are some things to look for:

- Small, constricted "pinpoint pupils"
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold, clammy, and/or discolored skin

WHAT TO DO IF YOU THINK SOMEONE IS OVERDOSING

It may be hard to tell whether a person is high or experiencing an overdose. If you aren't sure, it's best to treat the situation like an overdose—you could save a life.

1

Call 911 immediately.*

2

Administer naloxone,** if available.

3

Try to keep the person awake and breathing.

4

Lay the person on their side to prevent choking.

5

Stay with them until emergency workers arrive.

1. Wilson N, Kariisa M, Seth P, Smith H 4th, Davis NL. Drug and opioid-involved overdose deaths—United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–7. 10.15585/mmwr.mm6911a4

2. NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015–2019 are based on final data (available from: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.html>).

3. Bergh, Marianne Skov et al. "Selectivity and sensitivity of urine fentanyl test strips to detect fentanyl analogues in illicit drugs." The International journal on drug policy vol. 90 (2021): <https://doi.org/10.1016/j.drugpo.2020.103065>

* Most states have laws that may protect a person who is overdosing or the person who called for help from legal trouble.

** Naloxone is a life-saving medication that can reverse the effects of opioid overdose and save lives. It is available in all 50 states and can be purchased from a local pharmacy without a prescription in most states.





American
Heart
Association.

ANSWERS
by heart



Lifestyle + Risk Reduction
Smoking

How Can I Quit Smoking?

Smoking harms almost every tissue and organ in the body, including your heart and blood vessels. Nicotine, one of the main chemicals in cigarettes, causes your heart to beat faster and your blood pressure to rise. Carbon monoxide from smoking also gets into the blood and robs your body of oxygen. Nonsmokers who are exposed to secondhand smoke are also harmed.

If you smoke or vape, you have good reason to worry about its effect on your health and the health of your loved ones and others.

Deciding to quit is a big step. Following through is just as important. Quitting tobacco and nicotine addiction isn't easy, but others have done it, and you can, too.



Is it too late to quit smoking or vaping?

It's never too late to quit. Quitting smoking has both short-term and long-term benefits for lowering your cardiovascular risk. No matter how much or how long you've smoked when you quit, your risk of heart disease and stroke starts to drop. People who quit smoking generally live longer than people who continue to smoke.

While you may crave tobacco or nicotine after quitting, most people feel that becoming tobacco-free is the most positive thing they've ever done for themselves.

How do I quit?

You are more likely to quit for good if you prepare for two things: your last cigarette and the cravings, urges and feelings that come with quitting. Think about quitting in five steps:

1. **Set a quit day.** Choose a date within the next seven days when you will quit smoking or vaping. Tell your family members and friends who are most likely to support your efforts.
2. **Choose a method for quitting.** There are several ways to

quit, including:

- Stopping all at once on your quit day.
- Cutting down the number of cigarettes per day or how many times you vape until you stop completely.
- Smoking only part of each cigarette. If you use this method, you need to count how many puffs you take from each cigarette and reduce the number every two to three days.

3. **Decide whether you need medications or other help to quit.** Talk with your health care professional to find out which medicine is best for you. Get instructions for using it. Therapies may include nicotine replacement (gum, lozenges, spray or patches) or prescription medications, such as bupropion hydrochloride or varenicline. You could also ask about a referral for a smoking cessation program.
4. **Plan for your quit day.** Get rid of all the cigarettes, matches, lighters, ashtrays and smoking products in your home, office and car. Find healthy substitutes for smoking. Go for walks. Keep sugarless gum or mints with you. Munch carrots or celery sticks.
5. **Stop smoking on your quit day.**

(continued)



What if I smoke or vape after quitting?

It's hard to stay off tobacco and nicotine once you've given in, so do everything you can to avoid that "one." The urge will pass. The first two to five minutes will be the toughest. If you do smoke or vape after quitting:

- This doesn't mean you're a smoker again — do something now to get back on track.
- Don't punish or blame yourself — tell yourself you're still a nonsmoker.
- Think about what triggered the urge and decide what to do differently the next time.
- Sign a contract to stay tobacco-free.

What happens after I quit?

- Your senses of smell and taste improve.
- Your smoker's cough will go away.
- You'll breathe more easily.
- You'll be free from the mess and smell and the burns on your clothing.
- You'll increase your chances of living longer and lower your risk of heart disease and stroke.



HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721) or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up for our monthly *Heart Insight* e-news for heart patients and their families, at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write down questions for the next time you see your health care professional.

For example:

When will the urges stop?

How can I keep from gaining weight?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk of heart disease, manage your condition or care for a loved one. Visit heart.org/AnswersByHeart to learn more.