

# Supporting the Health of Youth Who Use Fentanyl/Opioids:

*Information for Family  
and Friends*



## Introduction

Family and friends feel a wide range of emotions when a young person they care about is using substances. Strong emotions are normal and understandable. But everyone wants their loved one to be safe and healthy.

Most of us have beliefs about substance use – what’s good, what’s bad, which treatments work, and which don’t. There is no one right answer for everyone. It’s important to have accurate information about substance use and services. Everyone should have access to care that has been proven to work and be able to choose the types of support they want.

Focus on these key ideas:

**Staying connected + Health and safety**

## Staying connected

Staying connected with a person who is using fentanyl/opioids can be tough. But it’s very important.

### Why connection is important

Many people in recovery say it was crucial they had someone who “didn’t give up on them” so they wouldn’t give up on themselves.

Setting boundaries to keep everyone physically and emotionally safe is also important.

To do this, family and friends also need their own support. This support may come from other family members or friends. If you run into judgment or blame, keep reaching out until you find someone who really listens and is helpful.



Another support may be Community Reinforcement and Family Training (CRAFT). This is an evidence-based counseling approach that teaches family and friends how to care for themselves and talk more successfully with a young person who is using drugs. See the resources section for links to more information on CRAFT and CRAFT training or support groups in WA State.

## Why isolation is harmful

People who use drugs often feel shame and guilt. They may try to hide their substance use and withdraw from others. This is dangerous because a person using opioids alone is more likely to die if they overdose. If a young person lacks connection with family and friends, they might fill that void with new people who don't care as much about them or their health and safety.



Often, our instinct is to draw hard lines about substance use. We may think a person needs to feel harsh consequences that will convince them to stop using. We may see this as helping. But punishments can backfire and push people away into more isolation.

The definition of opioid use disorder (OUD) includes this sign: *continued use despite knowing it is causing harm*. People don't need to "hit rock bottom" before they can start to recover from substance use. This is a myth.

*"Young people find their way out of fentanyl addiction mostly with support, patience, and having some form of community to be part of."*

-Johnny Ohta, SUDP

## "But if I keep supporting them, am I enabling more drug use?"

No. A person may continue to use drugs for a while. But your support *can* enable a loved one to stay alive and have a chance at health, recovery, and a meaningful life.

# Medications are the best treatment for OUD

Medications are *the gold standard* treatment for opioid use disorder. They support recovery and reduce the chances of dying from an overdose by more than 50%.<sup>7,8</sup> Not everyone with OUD may want treatment medications. Each person should make a fully informed choice if medications are right for them.

The fact sheet [Medications for opioid use disorder for youth](#) has more information for friends and family of people who are using fentanyl.<sup>9</sup>

This easy-to-read patient program brochure can help. [Medications for Opioid Use Disorder](#) (MOUD) describes the pros and cons of different treatment medications and how to get them.



Treatment options	Methadone	Buprenorphine	Naltrexone
<b>How does this medication work?</b> <ul style="list-style-type: none"><li>Methadone is a <b>full</b> opioid medication.</li><li>The more you take the <b>more you will feel</b> its effects.</li><li>Manages cravings and withdrawal by binding to opioid receptors.</li></ul>	<ul style="list-style-type: none"><li>Buprenorphine is a <b>partial</b> opioid medication.</li><li>Has a ceiling effect, so above a certain dose you <b>stop feeling more</b> of its effects.</li><li>Manages cravings and withdrawal by binding to opioid receptors.</li></ul>	<ul style="list-style-type: none"><li>Naltrexone is an opioid <b>blocker</b>.</li><li>It is not an opioid, so you <b>won't feel</b> an opioid effect.</li><li>Helps manage cravings for some people.</li></ul>	
<b>Does it lower my risk of dying?</b> <i>Based on research that tracked outcomes in the real world.</i> <ul style="list-style-type: none"><li><b>Lowers</b> risk of death by about 50%.</li></ul>	<ul style="list-style-type: none"><li><b>Lowers</b> risk of death by about 50%.</li></ul>	<ul style="list-style-type: none"><li><b>Has not been shown</b> to lower the risk of death.</li></ul>	
<b>How long does it last, and how do I take it?</b> <ul style="list-style-type: none"><li>Lasts about <b>24 hours</b> and is taken by <b>mouth</b>.</li></ul>	<ul style="list-style-type: none"><li>Lasts about <b>24 hours</b>, usually taken by <b>mouth</b> (tablet or injection powder).</li></ul>	<ul style="list-style-type: none"><li>As an <b>injection</b> that lasts for <b>28 days</b>. You can't use any opioids for 7-10 days before taking naltrexone.</li></ul>	
<b>Where can I get it, and how often do I need to go?</b> <ul style="list-style-type: none"><li>Dispensed only at <b>opioid treatment programs</b>.</li><li>You will need to visit the OTP <b>6 days a week to start</b>, but this can decrease over time.</li></ul>	<ul style="list-style-type: none"><li>Can be <b>prescribed</b> by a medical provider and <b>picked up</b> at a pharmacy, or dispensed at some <b>opioid treatment programs</b>.</li><li>Visits vary from daily to monthly.</li></ul>	<ul style="list-style-type: none"><li><b>Prescribed and given</b> by a medical provider, or provided at an <b>opioid treatment program</b>.</li><li>Visits vary from weekly to monthly.</li></ul>	
<b>Will I need to go to counseling?</b> <ul style="list-style-type: none"><li>Requires <b>regular urine drug testing</b> and counseling.</li></ul>	<ul style="list-style-type: none"><li>Most providers require urine drug testing and some require counseling.</li></ul>	<ul style="list-style-type: none"><li>Some providers require urine drug testing and counseling.</li></ul>	

## Are medications working if a person keeps using substances?

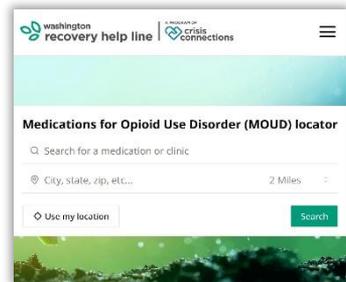
Generally, yes. Many people don't stop opioids right away and many use off and on during treatment and recovery. Research shows that it takes more than two years on average for people to recover from OUD.<sup>10</sup> Many who are on MOUD may keep using fentanyl/opioids or other substances. Over time, most people will decrease or stop using opioids if they stay on their medication. Medications lower their risk of dying from an overdose during this time.

If a person keeps using substances, they might need a different medication, dose, or treatment approach. A health care provider can talk about options or other physical and mental health care that could help.

## How to get help

**1. Find a health care or OUD treatment provider** who is experienced with medications for OUD. Even if you or your loved one with OUD isn't sure about treatment medications, it's best to talk with a provider who knows about OUD and all treatment options available.

The [Washington State Recovery Helpline](#) can explain care options and help find providers. Their webpage also has search options to find care that's a good fit for your youth. Some medications can be prescribed via an online "virtual" medical visit.



**2. High quality counseling and social supports can be invaluable** for youth *and* their loved ones. A mental health or substance use disorder professional can help you understand drug use and how to help. They often start with the young person alone and ask if they want to involve family/friends in their counseling or mental health care. Many young people will say no, which can be painful to family/friends. This is common and should not stop you from getting *your own* counseling and support.

Community Reinforcement and Family Training (CRAFT) is a proven approach to support caregivers and improve communication with youth who are using drugs. See the Resources section.

**3. The earlier you start help, the better.** With help, young people are often able to get back on track much faster than adults. Again, staying connected is key.

## Health and safety: preventing fatal overdoses and infectious diseases

No one wants to see their loved one overdose, get HIV or hepatitis, or develop painful wounds while they are using drugs. Here are some ways to help prevent serious health risks of using fentanyl/opioids. The Resources section also has links to online information, training and tools.

### Preventing overdoses and death

**Know how to recognize and respond to an overdose.** If response is quick enough, most overdoses can be reversed before a person dies or gets permanent injuries.<sup>4</sup>

Opioid treatment medications reduce the chance of dying from an overdose by at least 50%.

**Get naloxone and talk with your youth about how to use it.** This can be a signal to a young person that you care and will support them no matter what. It can also help you talk about ways to prevent overdoses in the first place, such as using smaller amounts or in way that leads to slower absorption (e.g. by mouth versus smoking). There is a useful conversation guide in the Resources section.



### Drug checking

Another way to lower risk is to test the drugs to learn what is in them so a person can make informed decisions about using them. Because non-prescription fentanyl/opioids and other drugs are unregulated, they can contain dangerous substances. “Drug checking” can be done at home with fentanyl and other drug test strips or at community drug checking programs.<sup>5</sup>

Test strips and/or onsite testing are available at some health departments, harm reduction programs, and syringe services programs in WA State:

[Syringe Service Program Directory](#)

Directory | WA DOH

[WA State Community Drug Checking Network](#)

Info page | ADAI CEDEER

## Preventing infectious disease

Clean supplies to inject or smoke drugs reduce the risk of getting or spreading infectious diseases for those who use drugs.<sup>6</sup>

Providing clean supplies to people who already use drugs helps them:

- Take steps to protect their health
- Connect with caring people and reduce isolation
- Learn about other health care and treatment services

Find these services through the WA DOH [SSP Directory](#).



## How to help youth who have stopped using fentanyl

Recovery is defined as *“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”* In addition to substance use, recovery also involves positive social relationships and mental and physical wellbeing.

Recovery is an ongoing process that can look different for each person. For example, people may define “recovery” as:

- No substance use of any kind
- No use of the “problem” substance(s)
- Less or more managed use of a substance that used to be a bigger problem

Improved health and safety are possible with any of these patterns of substance use.

Ongoing use or a slip back to use from time to time (i.e., relapse) are normal in recovery. It’s important to remember the health and safety tools described above and to encourage people to use them.

Recovery is very personal, and recovery needs and support vary widely. Many young people, as well as family and friends, find benefit from peer support groups.



## RESOURCES FOR SUPPORT

[Recovery Helpline](#) or 1-866-789-1511

Talk to trained people about opioid use disorder and treatment options. Or use the online search tool to find treatment providers by location, medications offered, insurance, and other services.

[Teen Link](#) or 1-866-833-6546

“Our teen volunteers are trained to listen to your concerns and talk with you about whatever’s on your mind – bullying, drug and alcohol concerns, relationships, stress, depression or any other issues you’re facing. Calls and chats are confidential.”

[Crisis Text Line](#)

Text HOME to 741741 to connect with a volunteer crisis counselor.

[SMART recovery groups](#)

Their family and friends meetings utilize a CRAFT-aligned approach to help stay connected with a loved with substance use disorder.

[Washington Mental Health Referral Service for Children and Teens](#) or 1-833-303-5437

[Cares NW Seattle Area Therapists](#)

WA State therapists with expertise in substance use disorder. Some offer individual or group Community Reinforcement and Family Training ([CRAFT](#)), an evidence based treatment.

[Center of Parent Excellence Project](#)

Help and peer support for parents navigating the children’s behavioral health system.

# INFORMATION ABOUT OPIOIDS, OVERDOSE & TREATMENT

## [Medications for opioid use disorder for youth](#)

Fact sheet. Co-produced by the WA State Health Care Authority and the Addictions, Drug & Alcohol Institute.

## [Medications for Opioid Use Disorder](#)

Patient flier. A fact based, easy to read overview of treatment medications and where to access them.

## [Talking points for adults](#)

Guide. Talk with youth about their fentanyl/opioids use and overdose risk.

## [StopOverdose.org](#)

Website. Provides young people facts on how to recognize and respond to overdose and the Good Samaritan Law, which protects overdose victims and those who call for help.

## [LearnAboutTreatment.org](#)

Website. Includes video trainings, podcasts, information and tools for substance use disorder treatment and health care providers and summaries of research on treatment of OUD for youth.

## BIBLIOGRAPHY

1. Singh, Samyukta, Palayew, Adam, Banta-Green CJ. Preliminary Results: Time to Onset of Opioid Use Disorder for People Using Fentanyl Versus Heroin: Results From a Cross-Sectional Study in Seattle, WA. Presented at: College on Problems of Drug Dependence; June 16, 2024; Montreal, Canada.
2. Coffin PO, Maya S, Kahn JG. Modeling of overdose and naloxone distribution in the setting of fentanyl compared to heroin. *Drug and Alcohol Dependence*. 2022;236:109478. doi:10.1016/j.drugalcdep.2022.109478
3. Godley MD, Passetti LL, Subramaniam GA, Funk RR, Smith JE, Meyers RJ. Adolescent Community Reinforcement Approach implementation and treatment outcomes for youth with opioid problem use. *Drug and Alcohol Dependence*. 2017;174:9-16. doi:10.1016/j.drugalcdep.2016.12.029
4. Davidson PJ, Wheeler E, Proudfoot J, Xu R, Wagner KD. Naloxone distribution to drug users in California and opioid-related overdose death rates. *Drug and Alcohol Dependence* 2015;156:e54. doi: 10.1016/j.drugalcdep.2015.07.1064
5. Maghsoudi N, Tanguay J, Scarfone K, et al. Drug checking services for people who use drugs: a systematic review. *Addiction*. 2022;117(3):532-544. doi:10.1111/add.15734
6. Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214-222. doi:10.1016/j.drugalcdep.2006.12.035
7. Pierce M, Bird SM, Hickman M, et al. Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England. *Addiction (Abingdon, England)*. 2016;111(2):298-308. doi:10.1111/add.13193
8. Larochelle MR, Bernson D, Land T, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality. *Annals of Internal Medicine*. Published online June 19, 2018. doi:10.7326/M17-3107
9. Washington State Health Care Authority, Addictions, Drug & Alcohol Institute, University of Washington. *Fact Sheet: Medications for Opioid Use Disorder for Youth.*; 2024. <https://www.hca.wa.gov/assets/billers-and-providers/moud-for-youth-fact-sheet.pdf>
10. Kelly JF, Greene MC, Bergman BG. Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults. *Alcohol Clin Exp Res*. 2018;42(4):770-780. doi:10.1111/acer.13604

## Citation

Banta-Green CJ, Ball A, Adwell A (2025). *Supporting the health of youth who use fentanyl/opioids: Information for family and friends*. Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, School of Medicine, University of Washington.

## Acknowledgements

Huge thanks to wonderful care providers who helped inform this guide with their conversations, interviews, and presentations including Johnny Ohta, Lara Okoloko, Dr. Taryn Hansen, and Abbie Woods. Thank you also to colleagues involved in qualitative interviews and research that helped inform this document including Samyukta Singh and Drs. Teresa Winstead and Anthony Floyd.

This guide was produced with support from the Paul G. Allen Family Foundation.

This information is for educational purposes only. It is not a substitute for professional medical advice.



CENTER FOR COMMUNITY-ENGAGED  
DRUG EDUCATION, EPIDEMIOLOGY,  
AND RESEARCH

[LearnAboutTreatment.org](https://www.LearnAboutTreatment.org)

[StopOverdose.org](https://www.StopOverdose.org)

[ADAI CEDEFER](https://www.ADAI.CEDEFER)