



THE OARS BUCKET® PHILOSOPHY FOR OPIOID ADDICTION

Opioid addiction is a complicated disease. The OARS Bucket makes it easier to understand. We use the Bucket to illustrate how opioid chemicals (narcotics) work on the brain and show how we help make recovery possible through evidence-based Medication Assisted Treatment (MAT) used with counseling and behavioral modification.

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President and CEO, OARS*

THIS IS YOUR BRAIN ON 3 TYPES OF OPIOIDS.

We all have natural opioid receptors in our brains that act like parking stations for opioid chemicals. Different opioids create different responses.

"MAT chills the ID"

1 FULL OPIOID AGONISTS FULLY ACTIVATE OUR OPIOID RECEPTORS

There's a reason people chase Full Opioid Agonists. They stimulate receptors up to 100%, releasing dopamine - the chemical in the brain that reduces pain, makes you feel good, and gives you that "high" that you chase.

When you take 100% opioids, your Bucket can fill to the top. If you overfill your Bucket, you can die of an opioid overdose.

As your Bucket empties, you have to keep using more opioids, and keep refilling your Bucket,

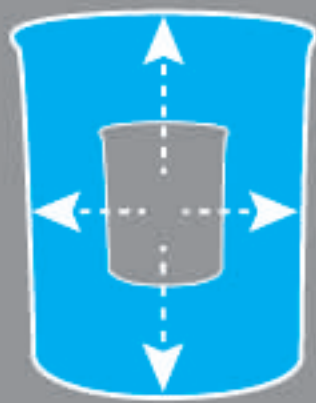


"Stop playing opioid Russian roulette"

or you experience serious withdrawal symptoms. One 100% opioid can stack on another. For example, patients on Methadone are more likely to overdose if they take another 100% opioid.

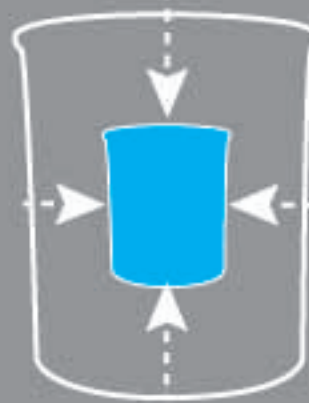
THE 100% CLUB INCLUDES:

- Methadone - FDA approved for MAT
- Prescription opioids - Vicodin, Oxycodone, Percocet, Opana, Heroin, and all Fentanyl derivatives.
- Street opioids - Heroin, Fentanyl, etc.



WHAT'S TOLERANCE?

As you make a habit of using opioids, over time, your bucket grows. As your bucket grows, you need more opioids to fill the larger bucket to the same level. You need more to get the same effect.



WHAT'S REVERSE TOLERANCE?

As you use fewer opioids, over time, your bucket shrinks. This makes it easier to fill and overdose. This happens frequently after someone comes out of rehab or jail and uses the same amount of opioids they used before they went in.



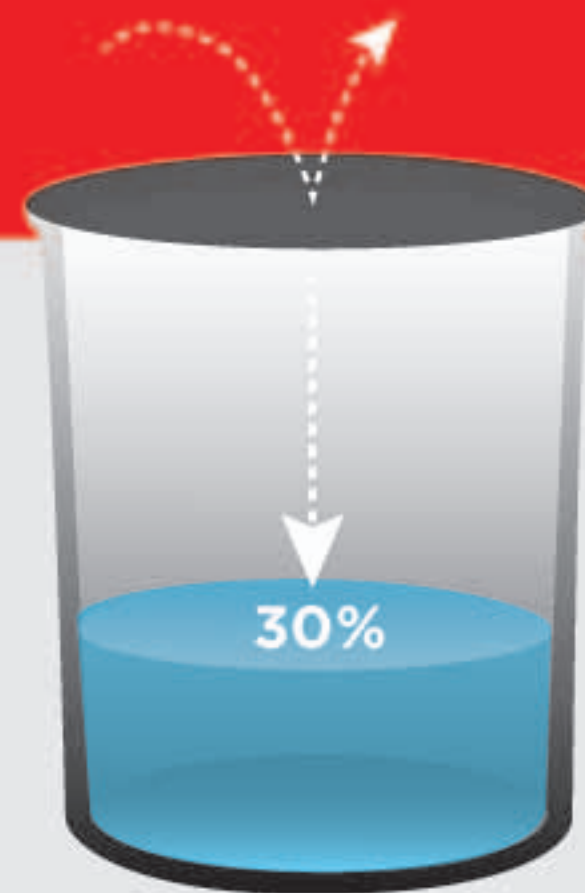
WHAT'S AN OVERDOSE?

The more opioids you take, the more at risk you are of overdosing. With too many opioids, the bucket fills, the brain stem falls asleep, breathing stops, and if the opioids stay on the receptors, you die of an overdose.

2 PARTIAL OPIOID AGONISTS PARTIALLY ACTIVATE OUR OPIOID RECEPTORS

Partial Opioid Agonists have a higher affinity than the Full Opioid Agonists, and block these 100% opioids from entering the Bucket. They activate our receptors only up to 30% (approx.) and also help prevent overdoses. Partial Opioid Agonists are **more closely** related to the normal agonists in our endogenous opioid system (i.e., endorphins and enkephalins) that activate our receptors from 0-10% at any given time.

To treat your addiction, we'll get your brain accustomed to using less opioids.



"Feeling more normal, every day"

Using MAT, we'll empty your Bucket to 30%, and keep it from filling up again. You won't feel high, but you won't have withdrawal symptoms, either.

THE 30% CLUB INCLUDES:

- Buprenorphine products - FDA approved for MAT

Daily Sublingual Medications	Monthly Subcutaneous Shot
<ul style="list-style-type: none"> • Subutex • Suboxone • Zubsolve 	<ul style="list-style-type: none"> • Sublocade

3 OPIOID ANTAGONISTS TOTALLY BLOCK OUR OPIOID RECEPTORS

Opioid Antagonists attach even more tightly to our opioid receptors than Full Agonists or Partial Agonists. They shut down our receptors and completely block all other opioids from parking on them. They are **most closely** related to our normal and endogenous opioid system. They're an overdose's worst enemy.

Our ultimate goal is to reformat your brain chemistry to a normal of 0% external narcotics. To do this, we cap your Bucket with more MAT.



"Creating a life that's opioid free"

When no more unwelcome opioids are allowed in, you'll be one step closer to recovery.

THE 0% CLUB INCLUDES:

- Naloxone (Narcan)
- Naltrexone products: Revia and Vivitrol - FDA approved for MAT



Narcan lasts for **20 minutes**
Revia lasts for **1 day**
Vivitrol lasts for **1 month**

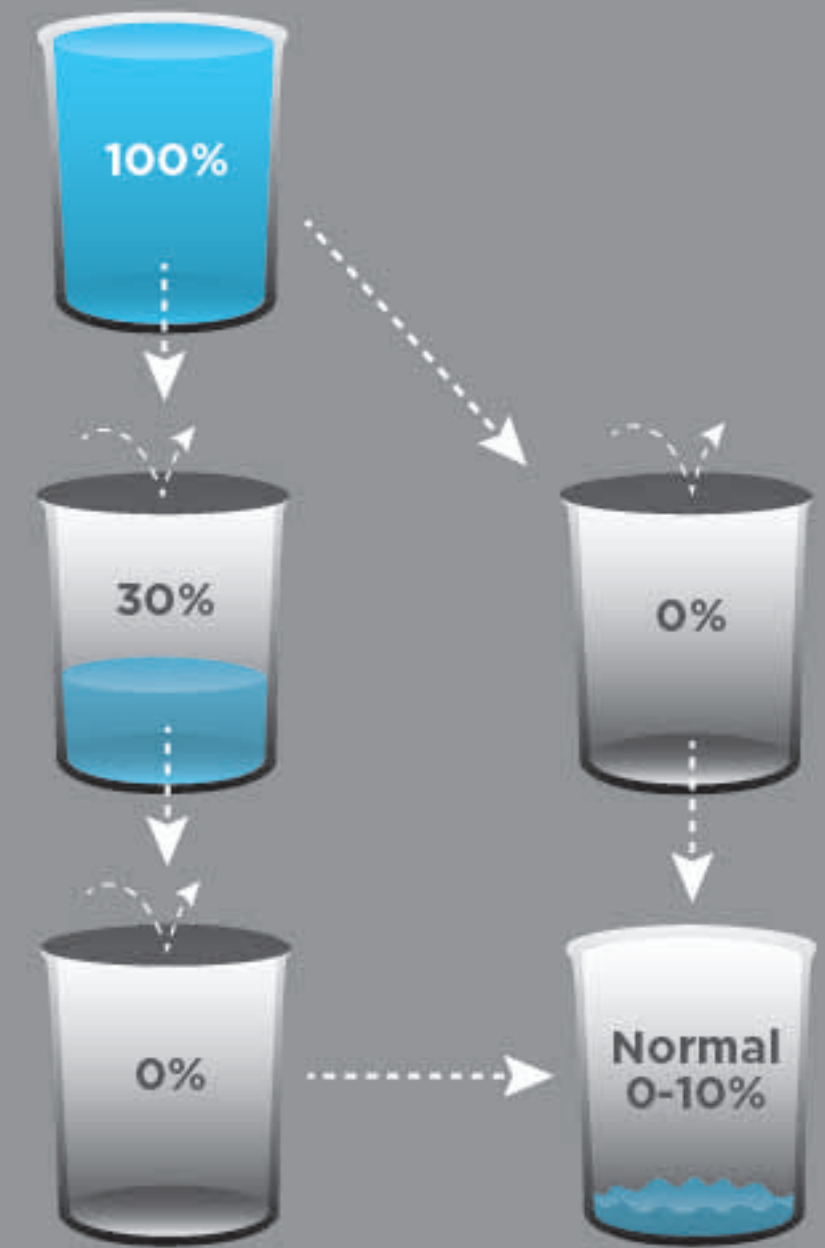
AFTER OARS, THERE'S A NEW NORMAL.

"THE OARS GOAL"

By using MAT in a structured and compassionate way, we slowly and carefully transition patients from 100% opioids to 30% opioids to 0% external narcotics. Sometimes, we take patients directly from 100% to 0%. The goal is to take your Bucket from full to empty - while preventing withdrawal and reducing overdoses. Once we get your opioid receptors back to normal, you can begin to create a life that's healthy and opioid dependency/addiction-free.

KEYS TO A SUCCESSFUL RECOVERY

- We care for individuals who are using 100% opioids in unsafe ways, are filling their buckets to the top, and are at risk of overdosing.
- We provide 30% or 0% FDA-approved medications to help prevent overdoses by blocking the receptors and preventing the 100% drugs from entering.
- We do treatment gradually, to help individuals avoid withdrawal symptoms.
- We work with patients to meet their counseling, social, and family needs.
- We support individuals every step of their recovery journey.
- We welcome you into our OARS recovery family.



THE WORLD IS FULL OF 100% OPIOIDS.

Opioids come in all different strengths. Here are the most common ones - from weakest to strongest.

A MAN-MADE OPIOID CRISIS.

Most of the overdose deaths in the past two years have occurred because of the synthetic - or man-made - opioids which are exponentially stronger than all other opioids.

Opioid	Strength (relative)	Equivalent dose (10 mg oral morphine)
Codeine	1/10-3/20	67-100 mg (PO)
Hydrocodone	1	10 mg
Morphine (oral)	1	10 mg
Oxycodone	1.5	6.67 mg
Methadone (acute)	3-4	2.5-3.33 mg
Methadone (chronic)	2.5-5	3.33 mg
Hydromorphone	4	1.5 mg (SC)/(IV)/(IM), 7.5 mg (PO)
Heroin	4-5	2-2.5 mg (IM)/(IV)
Oxymorphone	7	10 mg (PO). 1 mg (IV)
Fentanyl	50-100	0.1 mg (100 mcg) IM/IV
Sufentanil	500-1,000	.01 mg (10-20 mcg)
Carfentanil	10,000	.001 mg (1.0 mcg)

TO LEARN MORE, CALL 724-912-OARS (6277)

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