Medication-Assisted Treatment for Opioid Addiction

Facts for Families and Friends

Substance Abuse and Mental Health Services Administration
SAMHSA
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"A lot of times family members just think that there's just a 'say no' type approach, that if you're not gonna get high, end of story, it should be all better, let's go back to life as we knew it. They fail to understand that sometimes...we quit being the family member that loved ones thought we were. We become somebody else."

Mike M.

Has an opioid addiction turned someone you care about into "somebody else"? Is there something that can be done to help your friend or loved one overcome this addiction?

Medication-assisted treatment is one way to help those with opioid addiction recover their lives. There are three, equally important parts to this form of treatment:

- Medication
- Counseling
- Support from family and friends.

These three parts work together to help people recover. Medication-assisted treatment may be helpful to your friend or loved one.

NOTE: Important words often used in treatment are introduced in this booklet in **bold type**.

Opioids are powerful drugs.

Opioids are drugs that slow down the actions of the body, such as breathing and heartbeat. Opioids also affect the brain to increase pleasant feelings. They get their name from opium, a drug made from the poppy plant.

People take opioids for medical reasons.

Doctors prescribe opioid medication to treat pain and sometimes for other health problems such as severe coughing. The medication comes in a pill, a liquid, or a wafer. It also comes in a patch worn on the skin. Examples of prescribed opioid medications include:

- **Codeine**—an ingredient in some cough syrups and in one Tylenol® product
- **Hydrocodone**—Vicodin®, Lortab®, or Lorcet®
- **Oxycodone**—Percocet®, OxyContin®, or Percodan®
- **Hydromorphone**—Dilaudid®
- **Morphine**—MSContin®, MSIR®, Avinza®, or Kadian®
- **Propoxyphene**—Darvocet® or Darvon®
- **Fentanyl**—Duragesic®
- **Methadone.**

People sometimes misuse opioids.

Opioid medications are sometimes misused to self-medicate or to get a good feeling, called a "rush" or "high." People misuse medications by taking their own prescriptions improperly, stealing medications, going to multiple doctors to get extra, or buying them from drug dealers. Sometimes to get high they drink a large amount of liquid medicine or crush a lot of pills to ingest, snort, or inject. And some people seek a high from heroin, an illegal opioid that can be smoked, snorted, or injected.

Opioids have side effects.

A person who takes opioids can become **tolerant** to them. This means that more of the drug is needed to obtain its effects. It is also possible to become **dependent** on opioids—to feel sick if there are no opioids in the body. This sickness is called **withdrawal**.

Tolerance and dependence are common side effects of prescribed opioid medication. If tolerance is a problem, doctors may adjust the person's dose or change the medication. People who have become dependent on opioid medication but are ready to stop taking it can **taper off** (take less and less) to avoid withdrawal. This should be done under a doctor's care.

Tolerance and dependence also occur in people who misuse medications or take heroin. Over time, such people often begin to feel uncomfortable without the opioid. They need to take it just to feel normal.

Opioids can be addictive.

Addiction is a disease that results when the opioid has made changes to the brain. A person using medication properly is not likely to get addicted, but this sometimes happens. Addiction usually occurs through misuse. Some people are at higher risk of addiction because of their genes, temperament, or personal situation. The signs of addiction are:

- **Craving**—The mind develops an overwhelming desire for the drug.
- **Loss of control**—It becomes harder to say no to using the drug. Use is compulsive and continues even when it causes harm.

It is not usually possible to taper off an addiction. More help is needed because the cravings are so strong and the fear of withdrawal is so great.

Opioid addiction can be treated.

Opioid addiction is a **chronic disease**, like heart disease or diabetes. A chronic disease is a medical condition for life. It cannot be cured, but it can be managed. A person with addiction can regain a healthy, productive life.

Most people cannot just walk away from addiction. They need help to change addictive behavior into nonaddictive, healthful patterns. They can get this help with **treatment**—with the care of doctors and substance abuse treatment providers.

Treatment helps people stop using the problem drug. It helps them get through withdrawal and cope with cravings. Treatment also helps them move away from other harmful behaviors, such as drinking alcohol or abusing other drugs.

Just as important, treatment helps people address life issues they might have that are tied to the addiction, such as feelings of low self-worth, a bad situation at work or home, or spending time with people who use drugs. In short, treatment helps people move into healthy, addiction-free lifestyles—into a way of living referred to as **recovery**.

Treatment may include medication.

Medication-assisted treatment is treatment for addiction that includes the use of medication along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction.

If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows. It frees the person from thinking all the time about the drug. It can reduce problems of withdrawal and craving. These changes can give the person the chance to focus on the lifestyle changes that lead back to healthy living.

Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addictive drug for another. Used properly, the medication does NOT create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained.

There are three main choices for medication.

The most common medications used in treatment of opioid addiction are **methadone** and **buprenorphine**. Sometimes another medication, called **naltrexone**, is used. Cost varies for the different medications. This may need to be taken into account when considering treatment options.

Methadone and buprenorphine trick the brain into thinking it is still getting the problem opioid. The person taking the medication feels normal, not high, and withdrawal does not occur. Methadone and buprenorphine also reduce cravings.

Naltrexone helps overcome addiction in a different way. It blocks the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again. This feature makes naltrexone a good choice to prevent **relapse** (falling back into problem drug use).

All of these medications have the same positive effect: they reduce problem addiction behavior.

All three medications come in pill form. Methadone also comes as a liquid and a wafer. Methadone is taken daily. The other two medications are taken daily at first. After time, buprenorphine is taken daily or every other day, and doses of naltrexone are taken up to 3 days apart.

Methadone to treat addiction is dispensed only at specially licensed treatment centers. Buprenorphine and naltrexone are dispensed at treatment centers or prescribed by doctors. A doctor must have special approval to prescribe buprenorphine. Some people go to the treatment center or doctor's office every time they need to take their medication. People who are stable in recovery may be prescribed a supply of medication to take at home.

Medication is matched to the person.

When a person decides to try medication-assisted treatment, the first step is to meet with a doctor or other medical staff member. This first meeting is called an **assessment**. The person is asked questions such as:

- How long have you been taking the opioid drug?
- Are you taking any other drugs?

- Do you drink alcohol?
- What are your drug-taking and drinking habits and patterns?
- Have you been in treatment before?
- Do you have other health problems?
- Are you taking any medicines?
- Have you ever had reactions to medicines?
- Are you pregnant?
- Do you have any special needs?
- What are your goals for recovery?
- Do you have family or friends to support you through treatment?

During this meeting, the person learns about treatment choices, rules that must be followed to stay in treatment, and what to expect next.

A physical exam also is part of the assessment. This exam finds out about the person's general health. It also checks for diseases that are common to people who have been abusing drugs. The exam often includes a drug test. This is usually a check of urine or saliva.

After the assessment, the doctor or substance abuse treatment provider discusses treatment choices with the person, who may choose to include family or friends in the discussion.

The person agrees to a treatment plan. This covers:

- The goals for treatment
- The decision on which medication to use and the dose level to start
- The schedule for visits to the treatment center
- The plan for counseling

- Other steps to take, such as attending a support group
- How success toward goals will be measured.

The plan describes what happens if it is not followed. The person may be asked to sign a form showing that he or she agrees to follow the plan.

Medication is introduced carefully.

Methadone can be safely taken at the start of recovery. Buprenorphine can be taken once withdrawal has begun. Naltrexone cannot be taken until opioids are completely out of the body, usually 7 to 10 days after withdrawal begins. Taking buprenorphine or naltrexone too soon can make withdrawal worse.

Medical staff members meet with the person a few hours after the first dose is taken and regularly for a week or two. These meetings are to make sure the medication is working, that side effects are not too uncomfortable, and that the person is taking medication exactly as told. Following directions is important, because taking the medication improperly can lead to overdose or death.

WITHDRAWAL SYMPTOMS

- Yawning and other sleep problems
- Sweating more than normal
- Anxiety or nervousness
- Muscle aches and pains
- Stomach pain, nausea, or vomiting
- Diarrhea
- Weakness

If the medication is not working as expected, the doctor may adjust the dose up or down or prescribe a different medication. The person may feel some symptoms similar to withdrawal as adjustments are made.

Methadone and buprenorphine can cause drowsiness at first. For this reason, a person starting on either medication should not drive or perform other high-risk tasks, to avoid accidents. If drowsiness continues to be a problem, the doctor may adjust dose levels.

The right medication has been found when the person feels normal, has minor or no side effects, does not feel withdrawal, and has cravings under control.

Medication can be taken safely for years.

People can safely take treatment medication as long as needed—for months, a year, several years, even for life. Sometimes people feel that they no longer need the medication and would like to stop taking it. Use of methadone and buprenorphine must be stopped gradually to prevent withdrawal. Stopping naltrexone does not cause withdrawal. Plans to stop taking a medication should ALWAYS be discussed with a doctor.

Counseling can help.

Many people on medication-assisted treatment benefit from **counseling**—from the opportunity to talk with a professional either one-on-one or in a group with others in treatment.

Through counseling, people learn about the disease of addiction. They also learn why the addiction occurred, the problems it has caused, and what they need to change to overcome those problems.

Counseling can provide encouragement and motivation to stick to treatment. It can teach coping skills and how to prevent relapse. And, it can help people learn how to make healthy decisions, handle setbacks and stress, and move forward with their lives.

In **group counseling**, people connect with others in treatment and make new friends who don't use drugs. They can get these benefits from **support groups**, too. These are informal meetings of people facing similar challenges.

Family and friends are important, too.

It is very hard to go through recovery alone. Support from family and friends is very important. Love and encouragement can help a person make the decision to enter treatment and stick with it.

Family and friends can provide help in practical ways—for example, by offering rides to treatment, a safe place to live, or help finding work. Family and friends also can help the person in recovery avoid or overcome setbacks.

Some treatment programs offer counseling for loved ones. They do this because being close to a person with addiction can be very hard and can cause pain and anger or feelings of shame and hopelessness.

Counseling is a useful way for family and friends to learn more about the person's situation, how to help, and how to handle the problems their loved one's addiction has caused them, too. It is a safe place to express feelings and to find out what help is available for them.

There are support groups, too, that are just for family and friends. These are safe places to share information and encourage others who have loved ones who are dealing with addiction.

Many people overcome opioid addiction and regain normal, healthy lives. One way they do this is with medication-assisted treatment. Medication, counseling, and support: together they can help your loved one or your friend.

"Recovery is work. It's a lifetime of work with the biggest payoff."

Tim S.

WARNINGS

- Medications kept at home **must** be locked in a safe place. If children take them by mistake, they can **overdose** or **die**. This is especially true for methadone, because it often comes as a colored liquid. Children can mistake it for a soft drink.
- All three medications have side effects in some people, such as upset stomach and sleep problems. These are usually minor.
- People on any of these medications should be checked by a doctor for liver problems.
- People on any of these medications should talk to their doctor before stopping or starting any other medications.
- Women should let their substance abuse treatment provider know if they are pregnant or breast-feeding. Only methadone is recommended for these women.
- Be aware of the signs of methadone overdose:
  - Trouble breathing or shallow breathing
  - Extreme tiredness or sleepiness
  - Blurred vision
  - Inability to think, talk, or walk normally
  - Feeling faint, dizzy, or confused.

  Anyone on methadone who has these symptoms should get medical attention immediately. NOTE: Overdose is less likely with buprenorphine and unlikely with naltrexone. However, to avoid problems, any medication for opioid addiction should be taken exactly as the doctor prescribes.
- People on any of these medications should NOT use other opioid medications or illegal drugs. They should NOT drink alcohol or take sedatives, tranquilizers, or other drugs that slow breathing. Taking any of these substances in large amounts along with the treatment medication can lead to overdose or death.

ADDICTION

WHAT'S TRUE AND WHAT'S NOT

Addiction is a disease. It cannot be cured, but it can be treated with medication, counseling, and support from family and friends. Addiction is NOT a sign of weakness. It is NOT TRUE that all anybody needs to kick addiction is to "be strong."

The goal of medication-assisted treatment is to recover from addiction. It does NOT replace one addictive drug with another. It provides a safe, controlled level of medication to overcome the use of a problem opioid.

A substance abuse treatment provider must obtain informed consent (agreement in writing) before sharing information about patients. There are two exceptions to this privacy rule: (1) if it appears that patients may harm themselves or others and (2) if patients have been ordered into treatment by the courts. To learn more about privacy rights, talk to a substance abuse treatment provider.

Recovery is possible. But it takes work. After treatment is finished, everything is NOT automatically fine again. Recovery takes commitment every day, through treatment and beyond.

GOALS FOR RECOVERY

Goal 1: Withdraw from the problem opioid.

This stage is also called **detoxification** or **detox**.

_____ Stop taking the opioid drug.
_____ Work with the doctor to select a medication.
_____ Reflect on whether use of alcohol or other drugs is interfering with recovery.
_____ Receive medical treatment to improve overall health.
_____ Begin counseling to improve health, behavior, and coping skills.

Goal 2: Begin recovery.

_____ Work with the doctor to adjust the medication and dose as needed.
_____ Replace unhealthy behaviors with healthy behaviors. For example, join a support group, find a new hobby, or look for a job.
_____ Work to improve or repair relationships.
_____ Learn to recognize and avoid **triggers** (places or activities that cause drug cravings to come back).
_____ Learn how to avoid relapse.

A GOAL FOR ALL STAGES:

Many people in treatment relapse one or more times before getting better and remaining drug free. Each relapse is a set-back, but it does not mean failure. People who relapse can continue with treatment and achieve full recovery.

A person can prevent relapse by staying away from triggers, for example, by avoiding former drug-use hangouts and staying away from friends who use drugs.

Another way to prevent relapse is to guard against impatience or overconfidence. A person who makes these statements (or

IN MEDICATION-ASSISTED TREATMENT

_____ Learn to take medication at home (if permitted by program, State, and Federal rules).
_____ Get random drug tests.

Goal 3: Stay in recovery.

_____ Keep a normal routine. For example, work or go to school, go to support groups or counseling, build relationships, and have fun.
_____ Schedule regular visits with the doctor to check dose levels and to get refills.
_____ Continue to avoid triggers and relapse.
_____ Get random drug tests.

Goal 4: Live addiction free.

_____ Keep strong habits of healthy behavior.
_____ Check in with the doctor or substance abuse treatment provider every 1 to 3 months.
_____ Continue to draw strength from family, friends, and support groups.
_____ Continue in counseling for other issues, as needed.

AVOID RELAPSE AND TRIGGERS

even thinks them) might need to return to an earlier goal for recovery:

"This treatment isn't working!"

"I thought I wasn't supposed to feel cravings."

"I'm cured! I can control it if I only use with my friends."

"There's no way I can relapse!"

"I can stay away from drugs by myself."

"When I got high, I had so much fun! I never had problems."

Support groups and information

- This is not a complete list. Listing here does not mean that the Substance Abuse and Mental Health Services Administration (SAMHSA) endorses any of the organizations.
- Some support groups have abstinence-only policies and do not look favorably on medication-assisted treatment. The programs listed here do not have abstinence-only policies, but individual group meetings vary. You may need to try several support groups to find the right one.
- Some support programs are for people with a substance use disorder, and others allow families and friends to attend meetings or have separate meetings for them. Check with each organization for details.
- An Internet-based support group may be your best option if no groups meet in your community. Another option is to contact Alcoholics Anonymous (AA, http://www.aa.org) to find out whether AA meetings in your community are open to people in recovery from other substances besides alcohol.

Dual Recovery Anonymous
http://www.draonline.org or 913-991-2702

LifeRing
http://lifering.org or 800-811-4142

Methadone Anonymous
http://www.methadoneanonymous.info

National Alliance of Advocates for Buprenorphine Treatment
http://www.naabt.org

National Alliance of Methadone Advocates
http://www.methadone.org or 212-595-NAMA (6262)

Rational Recovery
http://www.rational.org or 530-621-4374

Secular Organizations for Sobriety
http://www.sossobriety.org/home.html or 323-666-4295
SMART Recovery
http://www.smartrecovery.org or 866-951-5357
Women for Sobriety, Inc.
http://www.womenforsobriety.org or 215-536-8026

Behavioral health treatment services locator

800-662-HELP (4357) (English and Español)
800-487-4889 TDD (for hearing impaired)
http://findtreatment.samhsa.gov

Free booklets

- The Facts About Buprenorphine for Treatment of Opioid Addiction (also in Spanish)
- The Facts About Naltrexone for Treatment of Opioid Addiction (also in Spanish)
- What Every Individual Needs To Know About Methadone Maintenance Treatment: Introduction to Methadone
- Faces of Change: An Illustrated Booklet for Consumers
- What Is Substance Abuse Treatment? A Booklet for Families (also in Spanish)
- Motivation for Change: John's Story–Consequences of His Heavy Drinking and His Recovery (also in Spanish)

Electronic access and printed copies

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Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

"For me, recovery is about creating a better life for myself and for my family and ultimately for my community. Because when I'm better, they're all better."

Tom C.

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