www.stopstigmanow.org

MEDICATIONS FOR OPIOID USE DISORDER

See the end for mutual support, peer & other resources, & videos of peoples' stories.

Opioid use disorder (OUD), sometimes called opioid addiction, is a long-term treatable medical condition that causes changes in the brain. This leads to loss of control over opioid use despite harmful consequences. Opioids include pain pills, heroin and fentanyl.
There are many risk factors including one's genetic background.

Methadone and buprenorphine, which are themselves opioids, are recognized as the gold standard for OUD treatment. They can stop withdrawal symptoms, help reduce cravings and allow people to lead normal lives. They are most often needed long-term. Their gradual effects, lasting over 24 hours, allow people to feel well and function normally.
Like the difference between nicotine patches and cigarettes, the slow effects of these medications avoids addicting properties. OUD **treatments without medication, or with short-term medication, have very poor outcomes on average**, typically with over 80% returning to drug use. See the references at end of this document for more about this.

Medications are not "trading one addiction for another." 'Addiction' is the wrong word for methadone or buprenorphine. However, methadone and buprenorphine do cause 'physical dependence.' This is different from 'addiction,' which is a loss of control that causes problems. Using medication to treat OUD is similar to using insulin to treat diabetes.

People on methadone can have essentially any job including many that involve driving. There is no "high" and reaction time is not affected. Drowsiness does not occur unless used with other drugs, or if the dose was not adjusted correctly.

On average, people with OUD who receive treatment with methadone or buprenorphine are healthier, live longer, are less likely to use illicit drugs, to be arrested, to have mental health symptoms, to get HIV or hepatitis or to die from an overdose. They are also more likely to be employed, to have social connections and improved quality of life compared to people who do not receive medication treatment. **These benefits are more likely with longer periods of medication treatment.**

It is not necessary to tell an employer about methadone or buprenorphine. If they show up on an employment drug test, a letter from the doctor may be given to an independent Medical Review Officer who would report the test result as "negative."

The most common methadone side effects are constipation and sweating. There is no evidence that methadone causes bone or dental problems. Methadone used with alcohol or sedatives can cause drowsiness, accidents or overdose, which are less likely with buprenorphine. Any long-term opioid can cause a low testosterone level. Opioids can worsen sleep apnea, and can be risky with certain medical conditions. **Otherwise, there are no long-term health risks caused by methadone or buprenorphine themselves.**

Injectable naltrexone ("Vivitrol") is a non-opioid treatment approved for OUD. Compared to methadone and buprenorphine, it has less evidence of effectiveness over time, and people using it may be more likely to leave treatment too early, increasing their risk of drug use or of overdose. Whether to start a medication for OUD, and which one to use, is a decision each person should make together with a healthcare professional

Most people who successfully meet their goals remain on medication treatment for many years or indefinitely. However, some taper off of medication and remain stable.
People have the right to choose to taper off of medication whether or not the provider believes it is a good idea. People are not congratulated for coming off of medication; the goal of treatment is abstinence and recovery regardless of medication use.

REFERENCES ON MEDICATION TAPERING:

1. Bart G. Maintenance medication for opioid addiction: the Foundation of Recovery J Addict Dis. 2012; 31(3):207-25. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3411273/
2. Nosyk B, et al. Defining dosing pattern characteristics of successful tapers following methadone maintenance treatment: results from a population-based retrospective cohort study. Addiction. 2012;107(9):1621–9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3376663/
3. pg. 40, Medications for opioid use disorder save lives. National Academies of Sciences, Engineering, and Medicine. 2019. https://www.nap.edu/download/25310
4. Hser Y-I et al. Long-Term Course of Opioid Addiction. Harvard Review of Psychiatry. Volume 23(2) 2015. Abstract: https://pubmed.ncbi.nlm.nih.gov/25747921

SHORT VIDEO STORIES ABOUT TREATMENT:

http://bit.ly/GinterVideo1 http://bit.ly/GinterVideo2 http://bit.ly/GinterVideo3
http://bit.ly/JWoodsVideo http://bit.ly/CatherineVideo http://bit.ly/KurtVideo

ONLINE/IN-PERSON MEETINGS THAT WELCOME PEOPLE ON MEDICATION:

- SMART recovery: www.smartrecovery.org
- MARA www.mara-international.org/ or www.facebook.com/groups/451374255284619/
- LifeRing Secular Recovery www.lifering.org
- SOS (Secular Organizations for Sobriety) www.sossobriety.org
- Women for Sobriety https://womenforsobriety.org
- Crystal Meth Anonymous www.crystalmeth.org
- Methadone & Bup Discussion Support: facebook.com/groups/MethadoneTreatment
- In The Rooms: www.intherooms.com/home/category/community-and-meetings/

PEER AND OTHER RESOURCES:

- Stop Stigma Now (www.stopstigmanow.org) developed this document.
- National Alliance for Medication Assisted Recovery: www.facebook.com/NAMARecovery/
- Article & 6-minute video: More OUD Treatment Needed: https://tinyurl.com/y2nu9faf
- The Addiction Treatment Forum: http://atforum.com
- Government information: https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions
- Drug Policy Alliance: https://drugpolicy.org/sites/default/files/aboutmethadone.pdf
- A new Movement to End Addiction Stigma: www.shatterproof.org/endstigma
- For discrimination due to addiction or medication: www.lac.org/resource/mat-advocacy-toolkit

Updated 4-2-2021