

MEDICATION TREATMENT FOR OPIOID ADDICTION

What is opioid addiction?

Opioid addiction is a long-term treatable medical condition that causes changes in the brain. These changes lead to a loss of control over opioid use, even when this is causing serious harm. Opioids include some prescribed pain pills, heroin, fentanyl and other drugs. The medical term for opioid addiction is Opioid Use Disorder (OUD for short). There are risk factors that increase the chance of becoming addicted, including if it runs in a person's family.

Why use medications for opioid addiction?

Most people with opioid addiction who are treated *without* medication return to using drugs. Over 80,000 Americans died in 2021 from opioid overdoses. People who are taking a stable dose of medication for opioid addiction are half as likely to die as those who are not. On average, people who receive treatment with methadone or buprenorphine are less likely to use dangerous drugs, get HIV or hepatitis or commit suicide, and are more likely to be employed, have an improved quality of life and live longer compared to people who do not use these medicines. These benefits are more likely with longer periods of medication treatment.

What medications are helpful?

Methadone and buprenorphine are opioid medications that are important tools to help people regain control over drug use. They allow people to feel normal and to function normally, without withdrawal symptoms, cravings or feeling high. And medications don't get in the way of working, taking care of family or other responsibilities. People on methadone or buprenorphine can have essentially any job, including many that involve driving. Reaction time is not affected. On the right dose, drowsiness does not occur unless other drugs are also taken.

Injectable naltrexone (brand name: Vivitrol) is a non-opioid used to treat opioid addiction. Unlike methadone or buprenorphine, naltrexone has not been shown to reduce overdose or death. With less evidence of effectiveness, it is considered by many to be a second-line option, compared to first-line methadone or buprenorphine, for most individuals with moderate or severe OUD. However, injectable naltrexone is an important option that may be preferred in some circumstances.

Is medication for opioid addiction just “trading one addiction for another”?

NO. Methadone and buprenorphine are opioids, and if you stop taking them suddenly, you do have withdrawal symptoms. The medical term for this is “physical dependence.” But addiction is much more than just withdrawal symptoms. There are long-term changes in the brain and psychological cravings for more and more of a drug even when this is causing serious harms. Patients on methadone and buprenorphine can be free of cravings and can regain control.

How long should these medications be used?

People should typically remain on medication until they are in long-term recovery for at least

several years because of the very high risk of relapse. Some people come off slowly after several years and do well. But many or most people who do well stay on medication for many years or decades. People have the right to gradually come off of medication even if the doctor recommends against it. People are not congratulated for coming off of medication; the goal of treatment is recovery with whatever tools a person chooses.

What are risks of taking these medications long term?

Opioids including methadone, if used with alcohol or sedatives, can cause drowsiness or overdose. A methadone overdose could occur if it is increased too quickly. Any opioids, including methadone, can cause or worsen sleep apnea, and can be more risky with certain medical conditions. Any opioids could potentially reduce testosterone in men, which can cause sexual problems. Low testosterone could also cause low bone density, especially with other risk factors such as tobacco or alcohol use, HIV or poor nutrition. As a precaution, an EKG is done at certain doses of methadone, to see if there is any risk of a very rare irregular heart rhythm. All of these risks are lower with buprenorphine compared with methadone or other opioids. Otherwise, there are no significant long-term health risks from methadone or buprenorphine.

SHORT VIDEO STORIES ABOUT TREATMENT:

Although videos on addiction stigma are common, it is rare to find authentic, short (1-2 minute) videos by real people telling their stories about how maintenance medication is often a necessary part of *recovery*: See www.stopstigma.org/media-library

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

- SMART recovery www.smartrecovery.org
- MARA (Medication-Assisted Recovery Anonymous) 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.crystallmeth.org
- Methadone & Bup Discussion Support: [facebook.com/groups/MethadoneTreatment](https://www.facebook.com/groups/MethadoneTreatment)
- In The Rooms: www.intherooms.com/home/category/community-and-meetings/

PEER AND OTHER RESOURCES:

- Stop Stigma Now (www.stopstigma.org) developed this document, and others.
- National Alliance for Medication Assisted Recovery: <https://namarecovery.org/>
- 6-minute video: More outpatient medication 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>
- From the Drug Policy Alliance: <https://drugpolicy.org/sites/default/files/aboutmethadone.pdf>
- A new Movement to End Addiction Stigma: www.shatterproof.org/endstigma
- Help for people who face discrimination in housing, employment or medical care due to addiction or use of medication: www.lac.org/resource/mat-advocacy-toolkit
- Discrimination in recovery houses against people on MOUD is often illegal: <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>

When posting this document or an excerpt, please link to www.StopStigmaNow.org as the source

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