

## MEDICATION TREATMENT FOR OPIOID ADDICTION

(Online at '[www.stopstigmanow.org](http://www.stopstigmanow.org) – SSN Materials,' & a longer version)

### **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. The medical term for opioid addiction is Opioid Use Disorder (OUD for short). The chance of becoming addicted can run in families, and there are other risk factors.

### **Why use medications for opioid addiction?**

The great majority of people with opioid addiction who are treated *without* medication return to using drugs, and are twice as likely to die of an overdose. On average, people treated with methadone or buprenorphine are more likely to be employed, to have an improved quality of life, to live longer, and to remain free of HIV or hepatitis. These benefits are more likely with longer periods of medication treatment.

### **What medications are helpful?**

Methadone and buprenorphine are opioid medications needed by most people with OUD to regain control over drug use. They allow people to feel normal and to function normally, without withdrawal symptoms, cravings or feeling high. These medications allow people to work, and to take care of family and other responsibilities. People on methadone or buprenorphine can excel at essentially any job including many jobs that involve driving. On the right dose, the ability to function is not affected by these medications and drowsiness does not occur (unless also using certain other medications or drugs, or with health conditions that can cause drowsiness).

Injectable naltrexone (brand name : Vivitrol) is a non-opioid used to treat opioid addiction. Unlike methadone or buprenorphine, it has not been shown to reduce fatal overdose. With less evidence of effectiveness, it is currently considered 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 medication that may be preferred by some individuals and in some circumstances. See: [https://bit.ly/naltrexone\\_secondline](https://bit.ly/naltrexone_secondline) It also treats alcohol use disorder.

### **Is using methadone or buprenorphine just “trading one addiction for another”?**

*NO.* Since these medications are opioids, withdrawal symptoms occur if they are stopped too suddenly. The medical term for this is “physical dependence,” not “addiction.” Addiction is much more than just withdrawal symptoms; addiction causes problems and makes it difficult to function. Perhaps the greatest barrier to treatment is “medication stigma,” a form of misunderstanding and discrimination about the use of methadone or buprenorphine that prevents many people from accessing these life-saving medications. See: [www.bit.ly/MOUD-stigma](http://www.bit.ly/MOUD-stigma)

### **How long should these medications be used?**

Most people with moderate to severe OUD benefit from staying on medication until they are in long-term stable recovery for at least several years. Otherwise, the risk of returning to drug use is very high, on average. Some people come off slowly after several years and do well. But many or most people who do well have stayed 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.

### **Can these medications cause drowsiness or overdose?**

All opioids, including methadone or buprenorphine, could cause drowsiness or overdose in some circumstances, such as being combined with drugs, alcohol, or some prescriptions. Drowsiness or overdose from methadone can happen in someone whose body is not already used to opioids. They could also happen if the dose is increased too quickly, especially when first started (or re-started). But on a regular dose, methadone and buprenorphine are safe. There is less overdose risk with buprenorphine but it can cause an overdose in children, or possibly when combined with certain drugs. These medications must be kept where others cannot get them. However, both medications actually save lives by **cutting overdose deaths in half**. They both “block” the effects of other opioids, at least partially, so people are much less likely to feel the effects of fentanyl, for example, or to die from it.

### **What are other risks or side effects?**

Any opioid could potentially reduce testosterone in men, which can cause sexual and other problems. Low testosterone could also cause low bone density (osteoporosis), especially with other risk factors such as tobacco or alcohol use, HIV or poor nutrition, and can be treated with testosterone replacement. An EKG is done at certain doses of methadone, as a precaution, to see if there is any risk of a very rare but serious irregular heart rhythm. This is not a complete list of possible risks or side effects. Except for people with certain medical conditions, there are no significant long-term health risks otherwise.

### **SHORT VIDEO STORIES ABOUT TREATMENT:**

See real people telling their stories about medication for OUD at [www.stopstigmanow.org](http://www.stopstigmanow.org)

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

- SMART recovery [www.smartrecovery.org](http://www.smartrecovery.org)
- MARA (Medication-Assisted Recovery Anonymous) [www.mara-international.org/](http://www.mara-international.org/) or [www.facebook.com/groups/451374255284619/](https://www.facebook.com/groups/451374255284619/)
- LifeRing Secular Recovery [www.lifering.org](http://www.lifering.org)
- SOS (Secular Organizations for Sobriety) [www.sossobriety.org](http://www.sossobriety.org)
- Women for Sobriety <https://womenforsobriety.org>
- Crystal Meth Anonymous [www.crystalmeth.org](http://www.crystalmeth.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/](http://www.intherooms.com/home/category/community-and-meetings/)

### **PEER AND OTHER RESOURCES:**

- Stop Stigma Now ([www.stopstigmanow.org](http://www.stopstigmanow.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://bit.ly/SAMHSAmethadone>
- From the Drug Policy Alliance: <https://drugpolicy.org/sites/default/files/aboutmethadone.pdf>
- A new Movement to End Addiction Stigma: [www.shatterproof.org/endstigma](http://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](http://www.lac.org/resource/mat-advocacy-toolkit)
- Discrimination in recovery houses against people on MOUD is often illegal: <https://bit.ly/LAC-residences>

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**We are a volunteer-run non-profit, and depend on individual contributions to continue our work.**

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