QUIT OPIOIDS

FOR GOOD

WITH MEDICATION

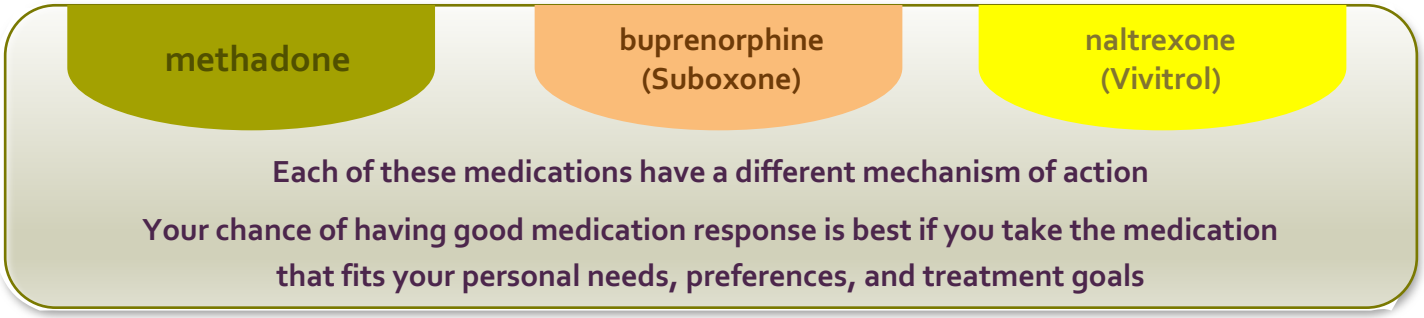
REASONS TO CONSIDER MEDICATION

AND

WHICH MEDICATION IS BETTER FOR YOU?

Few words about opioid addiction

- Opioid addiction (a.k.a. Opioid Use Disorder) is **a chronic medical condition**, once it develops it remains present whether people are using opioids or not
- Patients with opioid addiction have abnormal function of some brain centers which cause them to have strong, and difficult to resist urges to use opioid drugs
- In people with opioid addiction, stopping opioid use is a first step to improve quality of their life, **BUT**, most people are unable to resist using opioids **without the help of a medication**
- Many who go to the hospital to detoxify off opioids and return home **without medication relapse within few weeks, and some die of overdose**
- There are three medications to help with craving and the urge to use to prevent relapse and overdose



- The medical provider is here to help you make a choice about your path to the recovery

Addiction is difficult to cure, but it is a disorder that can be successfully managed, like diabetes or hypertension, with medications and lifestyle changes

POSITIVES about taking medications

- People relapse because they cannot stop thinking about the drug. With the right medication, craving and intrusive thoughts go away and decisions to abstain from the drug are easier to make.
- Medication reduces rate of overdose by half for those who stay on medication
- Medication can be used together with therapy or can be used without it, both strategies are effective
- Medication can help with the recovery effort, they are bridge to long term recovery
- Some people may not need to remain on medication once stable in your recovery. Working with your doctor you can re-evaluate if it is safe to come off the medication.

NEGATIVES about taking medications

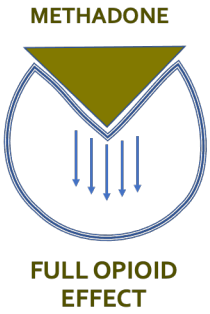
- It can take time to get used to the medication
- Medication can cause side-effects
- Medications and doctor's visits can be expensive, though some insurance may help to cover it
- Medications can be a reminder of having a problem with drugs and people may be judgmental about you taking them.

If you are not sure about being on a medication, you can always try it for 1-2 months to see if it is helpful for you

What medications can I take?

METHADONE





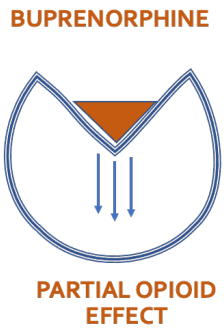
- A "gold standard" in the treatment of opioid addiction that has been in use for more than 50 years
- Methadone strongly activates opioid receptors in the brain (similarly to heroin), and eliminates withdrawal, reduces craving, and blocks the high from heroin/painkillers
- Patients taking methadone either stop using heroin or other opioids, or use much less, have fewer medical problems, and have better social and work functioning

METHADONE DOWNSIDES

- Methadone can only be given in a specialized methadone clinic, where you need to go every day at the beginning of treatment to receive the dose and be observed
- Needs to be taken every day and if you miss the dose you may go into withdrawal
- Methadone is a potent medication and can cause sedation and overdose if not taken properly and if mixed with alcohol or sedatives
- Methadone may produce side-effects like nausea, sweating, constipation, sexual problems, and heart problems

BUPRENORPHINE
(e.g., Suboxone, Zubsolv)





- Works similarly to methadone, eliminates withdrawal and drug craving, but it only partially activates opioid receptors and therefore is safer and has fewer side effects
- Buprenorphine is safer than methadone, and therefore it can be prescribed by a doctor or a nurse and taken at home
- Both methadone and buprenorphine will protect you from the overdose, but only if you keep taking the medication every day

BUPRENORPHINE DOWNSIDES

- Need to be in withdrawal before taking the first dose
- Occasional side-effects such as nausea, constipation, headache, and drowsiness
- Overdose can occur if buprenorphine is mixed with large amount of sedating medications or alcohol
- Both methadone and buprenorphine cannot be stopped abruptly, or you will experience withdrawal symptoms

NALTREXONE
(Vivitrol)





- Naltrexone works differently from methadone or buprenorphine. It completely blocks opioid receptors
- It can be used only after completing detoxification
- Naltrexone can decrease your craving for opioids to prevent relapse
- If you use opioids while on naltrexone, it will block opioid "high" and will prevent craving for more drugs
- It has no abuse potential, no overdose risk, and there is no withdrawal when it is stopped
- Is available as a monthly injection given into the buttock muscle

NALTREXONE DOWNSIDES

- You can only receive the first naltrexone injection after you have been fully withdrawn from the opioids (aka detoxified), which usually takes a week and can be difficult because of withdrawal symptoms and urges to use while waiting
- When you take naltrexone, opioid painkillers will not control your pain, but in emergency the adequate pain control can be provided in the hospital
- Injection of naltrexone can be painful and irritate injection site
- Other side-effects include nausea, decreased appetite, headache, and insomnia
- There is an increased risk of overdose if you stop treatment or miss a dose and start using opioids

MYTHS about medications for opioid addiction

There are no good medication treatments and in order to get better you have to have the willpower to want to stop, go to a residential rehabilitation program, and go to meetings afterwards

TRUTHS

- Medications are very effective, for many they are more effective and less expensive than going to a residential program
- The risk of relapse to opioids is high among people discharged from a residential program without medication; the risk of overdose is also increased
- The risk of relapse and overdose can be reduced by starting medication before leaving the residential program

Medication like buprenorphine replaces one drug with another and keeps you from reaching true recovery

TRUTHS

- Buprenorphine and a steady dose of methadone does not produce high, which is what perpetuates craving and makes the heroin addictive, on buprenorphine you feel "normal" all the time
- Buprenorphine replaces some of the effects of heroin which is why it takes away craving and withdrawal
- It is much easier to work towards the recovery if you are on the medication and you do not have to cope with incessant craving

You only need the buprenorphine for a short time, if you take it for too long you will get addicted

TRUTHS

- The longer you stay on buprenorphine the more it can help to improve the quality of your life and protect you against the relapse and overdose
- Over time, most people are taking lower doses and have no side-effects

When you feel well for few months it means it is time to stop the medication

TRUTHS

- This is a common misconception - feeling well means that the medication is a good choice for you and you should continue taking it
- Stopping the medication too soon puts you are a very high risk of relapse
- The most important things to consider in considering stopping medication is how much your life has changed since you stopped using illicit opioids

TREATMENT PLAN

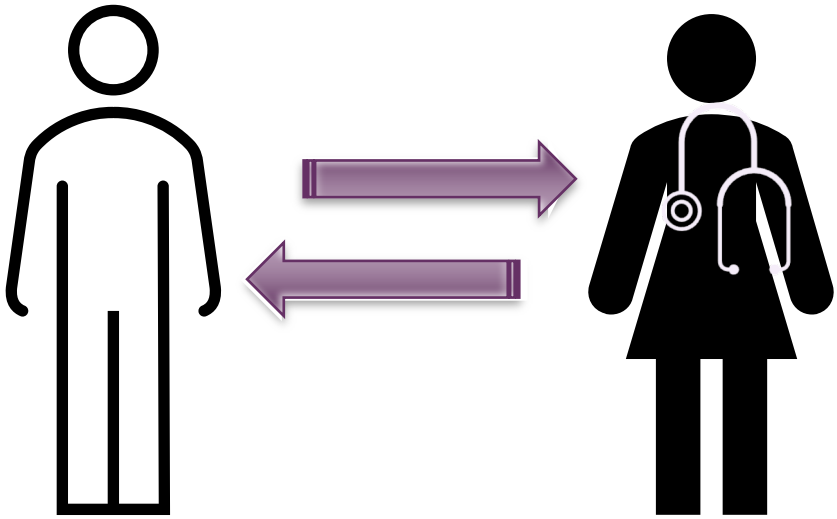
You and your doctor have discussed ALL medication options

methadone

buprenorphine (Suboxone)

naltrexone (Vivitrol)

and made a decision today about the BEST medication to help you overcome your addiction to opioids



MEDICATION NAME

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