Medication Assisted Treatment Toolkit for Counselors

DHCS

This resource was created by Harbage Consulting
with support from the Department of Health Care Services

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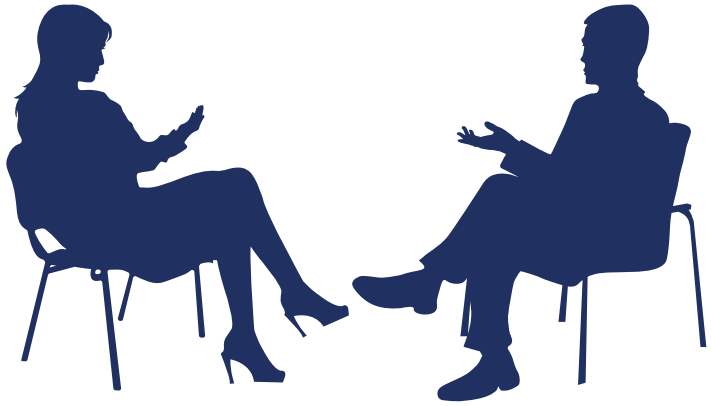

GLOSSARY OF TERMS

Acamprosate: Medication that reduces the craving to drink alcohol.

Alcohol Use Disorder (AUD): Drinking that is problematic and becomes severe is given the medical diagnosis of AUD. AUD is characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not drinking.

Benzodiazepine: A class of drugs used to relax the central nervous system, commonly used to treat anxiety, seizures, and trouble sleeping.

Buprenorphine: Medication that makes the brain think it is still receiving the problem opioid. It stops cravings and withdrawal symptoms and blocks the effect of other opioids. It can be given in a doctor's office, clinic, or narcotic treatment program (NTP).

Chronic Disease: Long-lasting conditions that usually can be controlled but not cured. People living with chronic illnesses often must manage daily symptoms.

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DATA 2000 Waiver: A special training available to physicians, nurse practitioners, and physician assistants that allows them to prescribe buprenorphine.

Disulfiram: Medication used to treat AUD. Causes severe vomiting if someone drinks alcohol after taking it.

Hepatitis C: Hepatitis C is a virus that causes inflammation of the liver. Hepatitis C often does not have symptoms early on. Without treatment, hepatitis C may lead to cirrhosis (scarring and damage in the liver), liver failure, and liver cancer. It is spread through contact with infected blood, most commonly by sharing needles and unprotected sex.

HIV: HIV stands for human immunodeficiency virus. It is a condition that harms the immune system by destroying the white blood cells that fight infection. People with HIV are at risk for serious infections and certain cancers. It is spread through contact with infected blood, most commonly by sharing needles and unprotected sex.

Medication Assisted Treatment (MAT): MAT uses medications with counseling to treat the whole patient. MAT stabilizes the brain, controlling cravings and helping patients do the hard work of recovery.

Methadone: Medication that makes the brain think it is still receiving the problem opioid. It stops cravings and withdrawal symptoms but does not block the effect of other opioids. It can only be given in a highly regulated NTP setting.

Naloxone: Medication that reverses an opioid overdose. Naloxone works by temporarily blocking the opioid receptors in the brain.

Naltrexone: Medication that blocks the opioid receptors in the brain. Can be taken as a daily pill or an injection that is effective for one month.

Narcotic Treatment Program (NTP): NTPs are the only settings allowed to offer methadone. In addition to methadone, they offer other medications, counseling, and recovery services.

Obstetrician: Doctor who specializes in pregnancy and childbirth.

Opioid Use Disorder (OUD): A pattern of behavior characterized by craving, increased tolerance, withdrawal when use stops, and persistent use of opioids despite adverse consequences. This includes the misuse of prescription opioids and the use of heroin or fentanyl.

Outpatient Substance Use Disorder (SUD) Provider: Outpatient treatment programs are programs where patients come for services during the day rather than staying at the facility. They typically offer counseling, case management services, and recovery services, and may offer MAT.

Relapse: Return to use after a period of abstinence from using an addictive substance.

Residential Treatment Facilities: Residential treatment facilities offer 24-hour care for individuals seeking treatment for SUD. They typically offer counseling and group therapy, and may offer other forms of therapy and enrichment activities.

Substance Use Disorder (SUD): Problematic use of alcohol and/or other substances causing significant problems, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Withdrawal: The feeling of sickness that happens when someone stops using an addictive substance.

PART ONE:

Basic Overview of Medication Assisted Treatment

What is Medication Assisted Treatment (MAT)?

Addiction is a disease. Treatment works. Recovery is possible.

MAT uses medications with counseling to treat the whole patient. Addiction is a chronic disease, meaning that it does not have a cure and patients will have to manage their symptoms. In this way, it is similar to diabetes or heart disease. Long-term opioid or alcohol use damages the part of the brain responsible for motivation, organization, human bonding, and rewards. MAT stabilizes the brain, controlling cravings and helping patients do the hard work of recovery.

WHAT IS MAT?

FDA-approved medication + Counseling and behavioral therapies = Whole patient approach to treatment

Why should patients take medications?

Without MAT, patients with opioid use disorder (OUD) are at high risk of using again and possibly overdosing. Patients with alcohol use disorder (AUD) who do not receive MAT are less likely to stay sober. MAT reduces the chances of relapse. It also reduces many other risks. For example, methadone and buprenorphine help people stop using illicit opioids. As a result, they are less likely to be arrested, or contract HIV and hepatitis C by sharing or using dirty needles.[1] More treatment settings are beginning to embrace MAT as a best practice for OUD and AUD because of the strong evidence behind it. Recent court cases and legislation have also reinforced treatment providers' obligation to provide access to MAT for the patients they serve.[2]

While MAT is a best practice for patients with AUD or OUD, there are currently no medications approved for methamphetamine (meth) or other substance use disorders (SUDs). Patients should talk to their medical provider about any other substances that they may be using. For example, if they also use meth or benzodiazepines like Xanax or Valium,

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[1] National Institute on Drug Abuse. "Effective Treatments for Opioid Addiction." Available at bit.ly/2ZMYNQG

[2] NPR, "Setting Precedent, A Federal Court Rules Jail Must Give Inmate Addiction Treatment." May 4, 2019. Available at https://n.pr/2Vc9eK5;

SB 992, 2018. Available at bit.ly/2pXyq9K

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this is important for the provider to know. Having more information will help the provider determine the right course of treatment for the patient. Patients on MAT can be considered abstinent or "clean and sober" if they are taking medications to treat their addiction. This is no different than a patient taking medications to manage their diabetes and working with their doctor to make lifestyle changes. Telling patients they are "not really clean or sober" if they use MAT prevents patients from seeking and staying in treatment.

80% of people with OUD who receive treatment without MAT relapse within 2 years.

What medications are commonly used in MAT?

MAT FOR OPIOID USE DISORDER

Buprenorphine and buprenorphine products: Medication that stops cravings and withdrawal. Buprenorphine blocks other opioids, making it harder to feel "high" when on the medication. Offered as a daily dissolving tablet or film that is placed under the tongue or inside the cheek, a monthly injection, or as a 6-month implant under the skin. Buprenorphine can be given in a doctor's office or clinic, as well as in a narcotic treatment program (NTP). Many buprenorphine products contain naloxone to prevent the medication from being injected. If injected, the naloxone causes severe withdrawal symptoms. If taken as prescribed, the naloxone has no effect.

Methadone: Medication that stops cravings and withdrawal symptoms. It also reduces the risk of overdose if given in a controlled setting. Methadone does not block the effect of other opioids. Methadone is given as a daily liquid dispensed only in highly regulated programs known as NTPs.

Naltrexone: Medication that blocks the effects of opioids and reduces cravings. Offered as a monthly injection. Naltrexone can be prescribed or administered in any health care setting.

MAT FOR ALCOHOL USE DISORDER

Naltrexone: Medication that blocks the intoxication and "feel-good" effect of alcohol and reduces cravings. Naltrexone is proven to help people with AUD drink less or stop drinking. Offered as a daily pill or monthly injection.

Acamprosate: Medication to reduce cravings for patients who have already stopped drinking. It does not help with withdrawal but does reduce cravings. Patients can continue taking this medication in the event of a relapse. Offered as a tablet taken three times a day.

Disulfiram: Medication that causes severe vomiting if someone drinks alcohol. Offered as daily pill.

For more information about MAT and considerations for patients, see the "MAT Quick Guide" in this toolkit.

NOTE: Not all medications used in MAT are listed here.

WITHDRAWAL

Many people with OUD or AUD continue to use opioids or alcohol simply to avoid withdrawal. Withdrawal is an extremely painful process. Many compare opioid withdrawal to the worst flu of your life. Symptoms include fever, nausea, vomiting and diarrhea. People also experience drug cravings, anxiety and/or depression.

Withdrawal from alcohol can cause anxiety, shaking, headache, nausea, and vomiting. In some cases, it can cause hallucinations or seizures.

Withdrawal is a medical condition and should be treated seriously. Talk to patients about medications that can help them avoid withdrawal, such as methadone or buprenorphine. You can also discuss ways to manage their withdrawal safely. For example, some patients may want to check into a facility that can monitor them during the process.

NALOXONE FOR OPIOID OVERDOSE

Naloxone is a life-saving medication that reverses an opioid overdose. Naloxone is safe for people without medical training to use. There is no risk of misuse. If you give it to someone who is not experiencing an overdose, it will do no harm.

Naloxone blocks opioids, wakes people up if unconscious, and re-starts breathing. Naloxone can be given by nasal spray or injection (in the muscle, under the skin, or in a vein).

Naloxone should be given when someone appears to have overdosed (unconscious, with slowed breathing, or if breathing has stopped).

Programs that treat people with SUDs should keep naloxone onsite in the case of emergencies.[3] For more information on naloxone, including videos and patient education, see Prescribe to Prevent at bit.ly/2HLO9UL.

[3] For more information on naloxone regulations for treatment programs, see Mental Health and Substance Use Disorders Services (MHSUDS) Information Notice 17-048 available at bit.ly/2Yk7DVc.

How does MAT help the patient?

MAT stabilizes the brain – it helps break the cycle of cravings and withdrawal, which can last for years after the last drug use. This allows patients to fully benefit from counseling and peer support.

Addiction is a chronic disease, and many patients will relapse before they are ready to be sober for good. Medications help support patients during the recovery process. They decrease the risk of relapse and help prevent relapse from resulting in overdose death.[4]

For patients taking methadone or buprenorphine, the provider may need to adjust the dose in the early stages to control cravings. Patients should stay on the dose that works for as long as they need before trying to slowly decrease the dose (known as "tapering"). Patients should never be forced to taper off. If cravings come back when someone tapers, it means they need to stay on treatment longer. It all depends on the individual needs of each patient and how severe and long-lasting the addiction has been.

The relapse rate for a patient with OUD who receives treatment without MAT is 80% within two years. This means only one out of five patients can recover without using medication.[5] Buprenorphine and methadone cut the risk of overdose in half. Buprenorphine and methadone also stop patients from returning to illicit drug use. This means there is less chance of them of getting HIV or hepatitis C, or getting arrested.[6] Detox alone usually does not work for OUD. The longer patients stay in treatment, the greater their chance of long-term survival.[7]

BENEFITS of MAT

- Reduce or eliminate withdrawal symptoms
- Reduce or eliminate cravings
- Block the feel-good effects of opioids & alcohol
- Stabilize brain chemistry that drives motivation and bonding with others

VIDEO

See this video to understand how MAT works on the brain, and why OUD treatment works better with medications.

YouTube

youtu.be/bwZcPwlRRcc

[4] Larochelle, Marc et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. Annals of Internal Medicine. 2018;169:137–145. Available at bit.ly/2Blzy4

[5] Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," Journal of Addictive Diseases 31.3 (2012): 207–225. Available at bit.ly/8z3bTk0.

[6] American Society of Addiction Medicine. "Medication-Assisted Treatment with Buprenorphine: Assessing the Evidence." Available at bit.ly/Z6fg0n1.

[7] Mathers, Bradley M et al. "Mortality among People Who Inject Drugs: A Systematic Review and Meta-Analysis." Bulletin of the World Health Organization 91.2 (2013): 102–123. Available at bit.ly/r5bx8j;

Cursi, Karen et al. "Opiate substitute treatment is associated with increased overall survival among injecting drug users." Evidence-Based Mental Health 13 (2010): 111. Available at bit.ly/2V0mpxF;

Cornish, Rosie et al. "Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database." British Medical Journal 341 (2010): 5475. Available at bit.ly/2vDqFZW;

Kimber, Jo et al. "Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment." British Medical Journal 341 (2010): 3172. Available at bit.ly/2VIazwt.

MAT FOR PREGNANT WOMEN WITH OUD[8]

Current medical advice for treating pregnant women with OUD says that[9]:

- The woman's obstetrician and addiction treatment provider should work together. She should also receive counseling and services to help her achieve a stable life.
- Treatment with methadone or buprenorphine during pregnancy is recommended. Treatment with naltrexone is not recommended during pregnancy, because detox could harm the baby.
- Newborns of women who take OUD medication often show symptoms of Neonatal Abstinence Syndrome (NAS). NAS is treatable. NAS from MAT is not as harmful to the fetus as continued use of illicit opioids during pregnancy.
- Mothers taking medication for OUD are encouraged to breastfeed.

What is the length of treatment?

Every patient is different, but research shows that the longer patients are on MAT, the better their rates of long-term success. Some patients may be on MAT for the rest of their lives. There is no right or wrong length of time – it all depends on the patient's needs. Research shows that patients should receive medication for as long as it provides a benefit. This is known as "maintenance treatment." Maintenance treatment reduces cravings and lowers the risk of relapse. It allows patients to focus on other parts of their life, like finding a job or taking care of family. Ongoing maintenance treatment for OUD or AUD is no different than taking medicine to control high blood pressure, high cholesterol, or diabetes.

LONG-TERM SUCCESS

The longer patients are on MAT, the better their long-term rates of success.

Who pays for MAT?

MAT is covered by public (Medi-Cal/Medicare) and private forms of insurance. It can also be paid for out-of-pocket. It is always important to have a conversation with the patient to help them explore treatment options that are sustainable and affordable.

For more information on how patients can get coverage for MAT, see the insert "Helping Patients Access MAT" in this toolkit.

[8] While evidence suggests that methadone and buprenorphine are preferred options for women with OUD, there is currently less evidence for the safety of MAT options for AUD in pregnant women. Pregnant women with AUD should speak with their medical professionals about options for treatment during pregnancy. For more information, see Heberlein, Annemarie et al. "The treatment of alcohol and opioid dependence in pregnant women." Current Opinion in Psychiatry 25 (2012): 559-64. Availalbe at bit.ly/3vb8pk1

[9] This guidance summary comes from SAMHSA Tip 63 Part 4, "Partnering Addiction Counselors With Clients and Healthcare Professionals" available at bit.ly/2HgVHgX and "A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders" available at bit.ly/2FEb4yR.

Where is MAT offered?

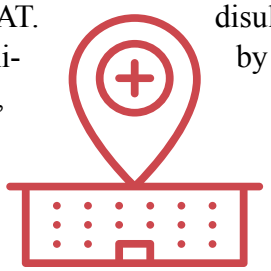
MAT may be offered in many different places, including:

1 Narcotic Treatment Programs (NTPs):

- Only settings where methadone is offered.
- May also offer other MAT medications, as well as counseling and recovery services.[10]

2 Outpatient SUD Treatment Programs:

- Offer counseling and recovery services and may offer MAT.
- May be found in community clinics, doctors' offices, and addiction treatment clinics.



3 Primary Care Settings:

- MAT can be provided in doctor's offices, community clinics, and other primary care settings.
- Buprenorphine can only be prescribed in a doctor's office or clinic by providers who have special training (called a DATA 2000 waiver).[11]
- Naltrexone, acamprosate and disulfiram can be prescribed by any provider.

4 Emergency Departments (EDs) and Hospitals:

- Any provider in a hospital or ED may give patients a three day supply of buprenorphine to reduce withdrawal symptoms and help patients get into treatment.

5 Residential Treatment Facilities:

- MAT may be offered within residential treatment facilities. Facilities can allow patients to bring their medications and store them onsite. Or, the facility can prescribe and administer medication onsite if they have a trained prescriber.[12]

[10] Recovery services are for people who have already been through treatment and need help maintaining their sobriety.

[11] For more information about the DATA 2000 waiver process for physicians, see the Prescriber Toolkit available at bit.ly/2GFgw5f.

[12] The process for receiving DHCS approval to provide IMS is discussed in Information Notice 18-031 available at bit.ly/2PuHan8 and in this toolkit for residential treatment facilities available at bit.ly/2Os2RR2.

What steps should I take if my workplace wants to provide MAT?

1 Speak with leadership: Discuss how MAT can help many of the patients seeking help at your facility. Not only can it help patients achieve recovery, it can prevent relapse and overdose. Many patients are looking for programs that offer medications to support their recovery. Offering MAT can help your program stand out as evidence-based and effective.

2 Find a prescribing medical professional: In order to provide MAT at your facility, you will need a medical professional who can prescribe and administer the medication. This will likely be a physician, a nurse practitioner, or physician assistant. If you want to provide buprenorphine, the provider will need to have a DATA 2000 waiver.

3 Check the requirements: DHCS is the agency charged with licensing and regulation of SUD services in California. Check the DHCS website to find information about licensing requirements for different types of facilities: bit.ly/2MNgny8.

What are common myths about MAT?

Research has shown that MAT can help patients with OUD or AUD, but many people still have a stigma against MAT. Some of the common myths include:

- The belief that MAT is just trading one drug for another.
- That patients using MAT are "under the influence."
- That people are not really "clean and sober" if they take medications.

See "Challenging the Myths about MAT" from National Council for Behavioral Health for responses to common misunderstandings at bit.ly/2ppAaen.

Not allowing patients to have MAT is much more likely to result in an overdose death. This is why it is so important for all drug treatment providers to embrace MAT for OUD. Only one out of five of people with OUD can achieve two years of sobriety without medications, and those who relapse are at high risk of death.[13] Once someone has overdosed once, the chance of dying in the next year is one in ten.[14] And, increased access to MAT can reduce a patient's risk of getting HIV and hepatitis C or being arrested.[15]

MAT for those with OUD or AUD is no different than medication for other chronic conditions like diabetes or heart disease. Patients may rely on their medications either short term or throughout their lifetime to help them lead healthy, productive lives.

[13] Bart, Gavin. "Maintenance Medication for Opiate Addiction: The Foundation of Recovery," Journal of Addictive Diseases 31.3 (2012): 207–225. Available at bit.ly/8z3bTk0.

[14] Mattick, Richard P. et al. "Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence," Cochrane Database of Systematic Reviews 3 (2009). Available at bit.ly/2ZWbHvV;

Comer, Sandra D. et al. "Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial," Archives of General Psychiatry 63, no. 2 (2006): 210–218. Available at bit.ly/2JgyGvy;

Fudala, Paul J. et al. "Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone," New England Journal of Medicine 349, no. 10 (2003): 949–58. Available at bit.ly/2Ha2V51.

[15] Schwartz, Robert P. et al. "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917-22. Available at bit.ly/2UXlDk0.

How can counselors help patients who are receiving MAT?

Counselors can help patients who are receiving MAT the same way that they help any other patient with an SUD. Counseling and case management services are very important to patients that are on the path to recovery. Counseling helps patients:

- Learn skills to resist returning to drug use
- Build new social networks
- Repair family relationships
- Find assistance for health care needs, legal issues, housing and employment

Many of the techniques that counselors use are helpful for treating people with OUD and AUD. Counselors can motivate individuals to seek treatment. They can also help patients learn to manage the urge to use drugs.[16] Counselors are also good at identifying gaps and barriers in a person's life that can prevent them from achieving their goals. Because of this, they can help individuals find the resources they need to move forward in recovery.[17]

Counselors can also help family members understand the patient's path to recovery. They can share resources with family members and encourage family involvement in the process. SAMHSA's[18] "Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends" Handbook provides a helpful starting point for working with families and is available at bit.ly/2VM4xYa.

Counselors should let patients know that there are many paths to recovery, and medication may play a role at any time in that journey. They should support patients in making informed decisions about their treatment. This includes helping them to understand their options and what might work best for them.[19]

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[16] McHugh, R Kathryn et al. "Cognitive behavioral therapy for substance use disorders." The Psychiatric Clinics of North America vol. 33,3 (2010): 511-25. Available at bit.ly/2Y5ZB1s.

[17] Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for Substance Abuse Treatment, 2000 available at bit.ly/2H3xRF1.

[18] The Substance Abuse and Mental Health Services Administration is the agency within the U.S. Department of Health and Human Services that oversees behavioral health services.

[19] See "Decisions in Recovery" Handbook available at bit.ly/2EMNFuA.

THERE ARE MANY PATHS TO RECOVERY

How do I know if MAT is appropriate for my patient?

Decisions about MAT must always be made between the patient and their health care provider. Counselors can have an important role in talking to patients about their options for MAT and talking about patients' concerns. Many factors determine what medications may work best, including:

- History of drug and alcohol use
- Treatment history
- Mental and physical health factors
- Family and community support
- Employment responsibilities

Counselors should work with patients on making a treatment plan with the patient's goals in mind. Focusing on the patient's goals can improve engagement in treatment and lead to better long-term recovery outcomes.[20]

HOW TO TALK TO PATIENTS ABOUT MAT

ASK. Ask patients if they have ever considered using medication to stop their cravings for opioids or alcohol. Ask about their feelings toward using medications to help with recovery. Use facts to combat stigma and disprove myths about MAT. See the "Challenging the Myths about MAT for Opioid Use Disorder" handout in this toolkit and available online at bit.ly/2ppAaen.

INFORM. Describe MAT options that may be available to the patient. Inform them about the benefits of MAT. Discuss their recovery goals to help them make informed decisions about treatment. See "MAT Quick Guide" in this toolkit for quick facts on the different OUD and AUD medication options. For information about how to talk to a patient about MAT see the "Decisions in Recovery" Handbook available at bit.ly/2EMNFuA.

ENCOURAGE. Recommend that they talk with a medical provider to learn more. Provide referrals and connect patients to external providers if MAT is not available at your location.

[20] White, William and Mojer-Torres, Lisa, 2010. "Recovery-Oriented Methadone Maintenance." Available at bit.ly/2WnBefp.

How should I communicate with a patient's MAT prescriber?

Counselors can provide valuable support to a patient's MAT prescriber. They see patients more often than prescribers and have more information about the patient's life. Counselors can also help make sure that patients are sticking to their treatment plan.

The patient must agree to let their counselor and medical provider share information. If your organization does not have a consent form, examples can be found on the Legal Action Center website at bit.ly/2wqLTJE. When speaking with the patient's provider, you should protect personal information by using only secure forms of communication, such as encrypted emails or phone calls.

When speaking with a patient's prescriber, remember to:

- **Identify the patient.** Use the patient's name, birthday, and medical record number if available.
- **Share the purpose of the call upfront,** even if it is just to get in contact about a shared patient.
- **Share relevant information about the patient.** Let them know about any side effects or concerns about the patient's behavior.
- **Discuss next steps and plan for continued communication.**

How can I help my patient find an MAT provider?

Counselors can play an important role in helping patients find an MAT provider. For more information on steps you can take, see the insert "Helping Patients Access MAT" in this toolkit.

SB 1228 AND PATIENT BROKERING

Patient brokering is the practice of giving or getting anything of value (for example, money or promotions) in exchange for patient referrals. Patient brokering can include:

- Giving or getting anything of value in exchange for a patient referral.
- Giving anything of value to a patient in exchange for going to a facility or provider.
- Giving anything of value to any call center or company in exchange for a patient referral.
- Selling potential patient information to other providers in order for them to enroll patients.

In 2018, California passed SB 1228, which created penalties for any licensed facilities or individuals engaged in patient brokering. Penalties can include a $2,000 fine, suspending a facility's license, or denying future license applications. Counselors could have their registration or certification suspended or removed. It is important to know the rules around patient brokering when referring or receiving referrals for patients. Ensure that other staff are aware of the rules and avoid any situations that may present a conflict.

How does a patient's MAT status affect counseling?

If a patient is taking their medication properly, there should be no difference between patients taking MAT medications and patients who are not taking medications. MAT should be treated like any other factor in the journey toward the patient's recovery.

Medication status should not impact group sessions. Counselors should make sure that group members are respectful of each other's decisions. For group sessions that include patients taking MAT and those not taking MAT, counselors should encourage accepting attitudes about different paths to recovery. Set ground rules about being respectful, avoiding negative comments, and keeping group conversations private.

Can patients on MAT attend mutual-help programs like A.A. or N.A.?

Mutual help groups like Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.) can be helpful for many individuals in treatment and recovery. However, patients on MAT have sometimes found challenges in attending mutual help groups. This is partly because each A.A. and N.A. group makes its own rules, and beliefs about medications can differ from group to group.

If patients are interested in participating in A.A. or N.A., counselors can encourage them to sit in on different groups and explore which groups in their community may be the best fit for them.

Other mutual-help groups focus on different parts of personal identity, whether it be a medication-assisted approach, religious or non-religious.[21]

[21] For more information on mutual help groups, see bit.ly/2DN7IrS.

Personal story: David's journey with MAT

David credits his counseling & medication with helping him get back on track

David grew up in a family of 15 children, and often did agricultural work to help support the family. After years of working in the fields led to back and neck problems, he had a series of surgeries. After surgery, David was prescribed pain medication to cope with the pain. Eventually, David was taking pain medication around the clock, just to feel normal and avoid the pain of withdrawal. One day, while under the influence of pain medication, David ran a stop sign. He was arrested for driving under the influence and the court ordered him to enter treatment.

When David began treatment, his counselor talked to him about buprenorphine. At first, David was worried about going through withdrawal and continued pain from his back problems. After starting buprenorphine, David found that his withdrawal symptoms went away, and his pain was under control. David now felt freed from thinking about his next pill and worrying about withdrawal. Starting buprenorphine allowed him to focus on group therapy sessions and getting the help he needed. David is now able to do the things that bring him happiness, like going fishing and walking his dog. He credits his counseling and medication with helping him get back on track. He keeps his program graduation certificate on his wall as a reminder of his success.

Where Can I Find More Information?

Additional resources for counseling patients who are receiving MAT

1 SAMHSA Tip 63, Part 4: Partnering Addiction Treatment Counselors with Clients and Healthcare Professionals. This resource from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides information for counselors about how to work with patients receiving MAT for OUD. Available at bit.ly/2HgVHgX

2 NIDA, Principles of Effective Treatment. This short guide from the National Institute on Drug Abuse (NIDA) provides 13 guiding principles to treating patients with substance use disorder. Available at bit.ly/2ehRqro

3 Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Buprenorphine and Suboxone. This resource provides specific tasks and strategies for programs that provide services to patients who take buprenorphine or suboxone. Available at: bit.ly/2NLxuAH

4 Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Recovery-Oriented Methadone Maintenance. This resource provides specific tasks and strategies for programs that provide services to patients who take methadone. Available at: bit.ly/2VG0rAD

5 Decisions in Recovery: Medications for Opioid Use Disorder. This handbook is geared toward patients with OUD, to help them make decisions about treatment and recovery. Available at: bit.ly/2EMNFuA

6 Are You in Recovery from Alcohol or Drug Problems? Know Your Rights: Rights for Individuals on Medication-Assisted Treatment. This brochure provides information on the legal rights of individuals with alcohol and drug problems in housing, employment, and other settings. Available at: bit.ly/2HgebhK

7 Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends. This booklet provides information about MAT for OUD and is geared toward friends and family. Available at bit.ly/2VM4xYa

8 A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. This guide was created to help health care professionals and service providers in addressing the needs of women with OUD and their infants and families. Available at bit.ly/2FEb4yR

9 Legal Action Center: Sample Forms for Substance Use Confidentiality. The Legal Action Center provides template forms for patient information sharing that comply with federal confidentiality laws. Available at bit.ly/2wqLTJE

10 SAMHSA Opioid Overdose Prevention Toolkit. This toolkit provides resources and strategies for preventing and responding to opioid overdose. Available at: bit.ly/2AqVDXH

11 Prescribe to Prevent. This website contains videos and resources to help family, friends, patients and providers recognize an overdose and administer naloxone. Available at: bit.ly/2HLO9UL

12 Addiction Neuroscience 101. This video provides an overview of how MAT works on the brain, and why treatment works better with medications. Available at bit.ly/2zL87s0

DHCS

QUICK GUIDE:

Helping Patients Access Medication Assisted Treatment

HOW DO I KNOW IF A PATIENT CAN BENEFIT FROM MAT?

MAT may be a good choice for a patient if:

1 They are seeking treatment for an alcohol or opioid use disorder, or alcohol or opioids are among the substances for which they are seeking treatment; and/or

2 They have tried stopping or reducing use of alcohol or opioids in the past but have been unsuccessful.

HOW CAN I HELP MY PATIENT FIND AN MAT PROVIDER?

Ask your patient where they get their insurance, as this will determine what provider they can see. For information about different insurance sources and what they cover, see the table on the back of this document. Regardless of insurance source, counselors and their patients can take the following steps to find a provider:

1 Check the MAT locator. Help the patient call providers to see if they take their insurance and have availability for an appointment.

2 Check the provider directory for your patient's insurance plan.

- For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. In most counties, the county behavioral health department must have a provider directory (or provider list) posted on their website. You may also be able to call an access line for help. Access lines and websites for each county are listed at bit.ly/2V4lfGs.
- Other insurance plans also post provider directories online. These can be accessed using an online patient portal. Information about the online patient portal should be listed on your patient's insurance card.

3 Check with the patient's doctor. Your patient's doctor may be able to prescribe MAT medications or may know of other providers who are able to help.

MAT LOCATOR

- For a list of providers and facilities offering MAT in your area, visit: http://choosemat.org/.
- Type in zip code and filter for providers that offer "Outpatient methadone/buprenorphine or naltrexone treatment"

WHAT ARE NEXT STEPS?

Check in: Once you have found a provider who takes your patient's insurance and can provide treatment, help your patient make their appointment. Regularly check in with your patient to be sure they are showing up for each appointment. Be sure to schedule a follow-up with your patient to discuss next steps and treatment planning.

Make connections: Once you have helped your patients find a provider, begin making a list of providers in your area that offer MAT and accept your patients' insurance. This will make it easier to make referrals in the future.

CONTINUED ON THE BACK

QUICK GUIDE:

Helping Patients Access Medication Assisted Treatment

FORM OF INSURANCE	WHAT IS IT?	WHAT IS COVERED?
MEDI-CAL	Medi-Cal is a health insurance program for low income individuals.	Medi-Cal covers all types of MAT for OUD (methadone, buprenorphine, naltrexone) and AUD (naltrexone, acamprosate, and disulfiram), but may not cover all forms of the drug. Patients with Medi-Cal do not have a co-pay (a portion of the cost that they must pay themselves) for MAT medications.
COVERED CALIFORNIA	Covered California is a website that allows people to purchase insurance coverage.	Whether or not MAT is covered depends on the plan. Plans may require prior authorization (the need for the plan to review the medication before approving coverage). Patients may have a co-pay for medications or services.
EMPLOYER-SPONSORED	Many people receive health insurance through their employer.	Whether MAT is covered depends on the plan. Plans may require prior authorization. Patients may have a co-pay for medications or services.
MEDICARE	Medicare is a health insurance plan for people over the age of 65, or for people under the age of 65 with a disability.	Medicare covers some forms of buprenorphine and naltrexone but does not cover methadone. Patients may have a co-pay for medications or services.
MEDI-CAL/ MEDICARE	Some people are eligible for both Medi-Cal and Medicare.	Medicare and Medi-Cal both cover certain MAT medications. Medi-Cal can cover extra services that Medicare will not.
NO INSURANCE	Some patients may not have access to insurance.	Many substance use providers have grants that can cover uninsured patients. If your patient does not have insurance, check with your local narcotic treatment program (NTP) about whether they may be able to help. A directory of NTPs is available at bit.ly/2OR4I1Y.

QUICK GUIDE: MAT Use for Opioid Use Disorder

Implant Pill Patch Liquid Injection

	BUPRENORPHINE	METHADONE	NALTREXONE
COMMON BRANDS	Suboxone, Zubsolv, Bunavail, Subutex, Probuphine, Sublocade	Methadose, Diskets, Dolophine	Vivitrol
TYPE			
HOW IT WORKS	• Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Buprenorphine can be prescribed by a trained provider in a doctor's office or other health care setting, as well as in a narcotic treatment program (NTP).	• Makes the brain think it is still getting the problem opioid. Prevents cravings and withdrawal symptoms and reduces the risk of overdose. • Methadone is dispensed only in highly regulated NTPs.	• Blocks the effects of opioids. • Naltrexone is not a controlled substance and can be prescribed or administered in any health care or substance use disorder (SUD) setting, such as a doctor's office or clinic.
THINGS TO CONSIDER	• Treatment can start quickly, as soon as someone enters withdrawal. • Flexible dosing schedule. • Relapse risk increases if you forget or choose not to take medication. • Common side effects are headache, nausea, and constipation.	• Treatment can start right away, no need for detoxification. • Less flexible schedule. Dosing occurs in the early morning. • Side effects include constipation, sexual problems, swelling, and sweating and potential heart problems.	• Less evidence for effectiveness in OUD treatment than buprenorphine or methadone. • Does not cause physical dependence. • Not recommended for pregnant women as detox can harm the baby. Methadone or buprenorphine are recommended for pregnant women with OUD.

CONTINUED ON BACK

QUICK GUIDE: MAT Use for Opioid Use Disorder

CONTINUED FROM FRONT	BUPRENORPHINE	METHADONE	NALTREXONE
THINGS TO CONSIDER	• Causes physical dependence. If or when you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms. • Buprenorphine is sometimes used short term to relieve pain associated with detox, but more often used long term, known as maintenance treatment.	• Causes physical dependence. If you want to come off the drug, you will need to do so slowly to minimize the discomfort of detox symptoms. • May cause drowsiness at first before maintenance dose is determined. • Methadone is often a good option for people who have used opioids for a long time or have been unsuccessful with other treatments.	• Detox from opioids is required before taking naltrexone. Side effects may include stomach pain, nausea, vomiting, headache, joint pain, trouble sleeping and anxiety. Some people also report soreness in the area of the injection. • Injection form of the medication lasts for about 30 days before it wears off. Overdose risk can be higher after naltrexone wears off due to decrease in tolerance.
QUESTIONS FOR CLIENTS	• Can you commit to taking this medication daily? • Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox?	• Have you used opioids for a long time, or have you found other treatments have not worked well for you? • Can you come to the clinic in the early morning for dosing? Will you need to make arrangements for work or transportation? • Do you work in an industry with heavy machinery? Could your work be affected by possible drowsiness during your initial dosing period? • Are you comfortable with taking a medication that requires time to taper off to minimize the discomfort of detox?	• Have you detoxed from opioids, or would you be willing to detox to take this medication? • Can you commit to making an appointment once every month to continue receiving the injection? • Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?

QUICK GUIDE: MAT Use for Alcohol Use Disorder

Pill Injection

	NALTREXONE	ACAMPROSATE	DISULFIRAM
COMMON BRANDS	Revia, Vivitrol	Campral	Antabuse
TYPE			
HOW IT WORKS	• Medication that blocks the effects of alcohol and reduces cravings. • Offered as a daily pill or monthly injection. • Naltrexone is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.	• Medication to reduce cravings for patients who have already stopped drinking. It does not help with withdrawal symptoms but does reduce cravings. If relapse occurs, patients can continue taking the medication without needing to detox first. • Offered as a tablet taken three times a day. • Acamprosate is not a controlled substance and can be prescribed or administered in any health care or SUD setting, such as a doctor's office or clinic.	• Medication that causes severe vomiting if someone drinks alcohol. • Offered as daily pill. • Disulfiram is not a controlled substance and can be prescribed or administered in any health care or SUD setting such as a doctor's office or clinic.
THINGS TO CONSIDER	• Detoxification from alcohol is required before taking naltrexone. • Relapse risk increases if you forget or choose not to take pill form of the medication.	• Detoxification from alcohol is not required but is highly recommended before starting on acamprosate. • Relapse risk increases if patients forget or choose not to take medication.	• Detoxification from alcohol is required. • Relapse risk increases if you forget or choose not to take medication.

CONTINUED ON BACK

QUICK GUIDE: MAT Use for Alcohol Use Disorder

CONTINUED FROM FRONT	NALTREXONE	ACAMPROSATE	DISULFIRAM
THINGS TO CONSIDER	• Injection form of the medication lasts for about 30 days before it wears off.	• Common side effects include stomach pain, dizziness or dry mouth; more rarely patients may experience anxiety or depression.	• Side effects are not common but may include headache, drowsiness or rash. • Disulfiram can be a good option for compulsive drinking (everything is fine and then you have a strong urge to drink).
QUESTIONS FOR CLIENTS	• Have you detoxed from alcohol, or would you be willing to detox to take this medication? • Can you commit to taking this medication daily, or would a month-long injection be a better option? • Do you have any medical needs that would be affected by blocking the opioid receptors? For example, do you use opioids to reduce chronic pain?	• Can you commit to taking this medication three times a day? • Do you feel that craving reduction alone is enough to help you stop drinking, or do you need something more? For example, disulfiram makes you vomit if you drink, and naltrexone takes away the pleasurable feeling of drinking.	• Have you detoxed from alcohol, or would you be willing to detox to take this medication? • Can you commit to taking this pill daily? • Do you work in an industry with exposure to alcohol-based products (i.e., paint thinner, varnish, etc.) which could react with the medication? • Are you willing to run the risk of severe vomiting should you relapse?

NARCAN™ (naloxone HCl) NASAL SPRAY 4mg

Instructions for Use

Opioid Overdose Response Instructions

NARCAN™ Nasal Spray is a pure opioid antagonist indicated for emergency use outside of a hospital to reverse known or suspected opioid overdose, as manifested by respiratory and/or severe central nervous system depression.

NARCAN™ Nasal Spray can be administered by a bystander (non-healthcare professional) before emergency medical assistance becomes available, but it is not intended to be a substitute for professional medical care. Emergency medical assistance (calling 911) should be requested immediately when an opioid overdose is suspected, before administering naloxone.

Important: For use in the nose only.
Do not remove or test the NARCAN™ Nasal Spray until ready to use.

1 Identify Opioid Overdose

Call for Emergency Medical Help

Check for signs of an opioid overdose:

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest
- Breathing is very slow, irregular or has stopped
- Centre part of the eye is very small, like a pinpoint

Call 911 or ask someone to call for you.

Lay the person on their back.

2 Give NARCAN™ Nasal Spray

Remove device from packaging. **Do not test the device.** There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.

Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into one nostril. Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

3 Evaluate and Support

Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For more information on NARCAN™ Nasal Spray, visit **narcannasalspray.ca**

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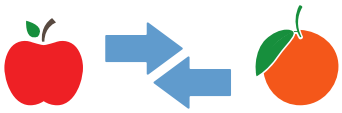
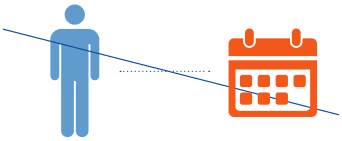
CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



MAT JUST TRADES ONE ADDICTION FOR ANOTHER: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)

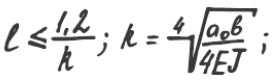


MAT IS ONLY FOR THE SHORT TERM: Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT: MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).

MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS: MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)

PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS: MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.



THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE: MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)

MOST INSURANCE PLANS DON'T COVER MAT: As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (5)

FOR MORE INFORMATION,
PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN ADDICTIONS, AT NICKS@THENATIONALCOUNCIL.ORG

1) http://www.shatterproof.org/blog/entry/medication-assisted-treatment-for-addiction 2) https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf 3) http://www.overdosefreepa.pitt.edu/education-toolbox/medication-assisted-treatment-mat-2/#clarifying 4) http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final 5) http://store.samhsa.gov/shin/content/SMA14-4854/SMA14-4854.pdf 6) http://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000 7) http://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone 8) http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations 9) https://www.federalregister.gov/articles/2016/03/30/2016-07128/medication-assisted-treatment-for-opioid-use-disorders 10) http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview 11) " 12) https://www.congress.gov/bill/114th-congress/senate-bill/524/text 13) http://pcss-mat.org/waiver-eligibility-training/ 14) "MAT Maintenance Treatment and Superior Outcomes" PowerPoint, Dr. Arthur Williams 15) https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment

Medication-Assisted Treatment for Opioid Addiction

Facts for Families and Friends

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

"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 setback, 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://www.unhooked.com 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.cfiwest.org/sos/index.htm 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

Substance abuse treatment facility locator

800-662-HELP (4357) (English and Español)
800-487-4889 TDD (for hearing impaired)
http://dasis3.samhsa.gov

Free booklets

- The Facts About Buprenorphine for Treatment of Opioid Addiction (SMA) 09-4442 (also in Spanish)
- The Facts About Naltrexone for Treatment of Opioid Addiction (SMA) 09-4444 (also in Spanish)
- Introduction to Methadone (SMA) 06-4123
- Faces of Change: An Illustrated Booklet for Consumers (SMA) 08-4174
- What Is Substance Abuse Treatment? A Booklet for Families (SMA) 08-4126 (also in Spanish: (SMA) 08-4098)
- Motivación para el Cambio (Spanish only) (SMA) 06-4170

Electronic access and printed copies

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"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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