

MEDICATIONS

The treatment approach shown to be most effective for long-term management of Opioid Use Disorder (OUD) is a combination of FDA-approved medications with counseling and behavioral therapies tailored to the patient, also known as medication-assisted treatment (MAT).

Medication-assisted recoverySM (MAR) is the use of FDA-approved medications in combination with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders.

The three FDA approved medications for treating OUD are methadone, buprenorphine and naltrexone. The decision on which medication to use for each patient is a medical decision made by patients in collaboration with their physician, nurse and counselor. Methadone and buprenorphine are both opioid agonists, meaning they activate mu-opioid receptors in the brain. However, unlike other opioids, they do so in a way that provides withdrawal symptom relief and curbs cravings while blocking the high of other opioids. Methadone is a “full agonist” that fully binds to opioid receptors. Buprenorphine, a “partial agonist”, only partially binds to opioid receptors creating a ceiling on the medication’s effect.

In contrast to these opioid agonists, naltrexone is an opioid antagonist that simply blocks opioid receptors rather than activating them. Since opioid antagonists do not activate opioid receptors, they do not provide relief for physical withdrawal symptoms or cravings and require full detoxification before starting treatment.

To be eligible for medication maintenance treatment an individual must

-
1. Be at least 18 years of age.
-
2. Consent in writing to voluntary participation in treatment.
-
3. Be dependent upon opiate drugs for a one year period prior to admission to treatment.
-
4. Be currently physiologically dependent upon opiate-like drugs.
-

During the initial interview, the staff interviewer will be responsible for thoroughly informing the patient of the available program services, regulations, and requirements governing patient conduct, and a general description of the program. Following this explanation, should you still want admission to the program; the interviewer will proceed with the completion of the other required intake procedures. No one will be denied admission based upon race, ethnicity, religion, or disability.

OPIOID USE DISORDER MEDICATION SIDE EFFECTS

	Methodone	Buprenorphine*	Naltrexone
RISK ⚠️ Risk of overdosing by trying to take more opioids to feel a drug effect	✓	✓	✓
Risk of fatal overdose if you take too much medication	✓	✓/!	-
Risk of dangerous heart rhythm abnormalities	✓	-	-
Risk to stop breathing when combined with alcohol and sedating drugs (like benzodiazepines)	✓	✓	-
Risk of abusing the medication	✓✓	✓	-
Risk of withdrawal if the medication is stopped abruptly	✓	✓	-
Risk of overdosing on opioids if a single dose is missed/late	-	-	✓
Risk of allergic reactions	✓	✓	✓
Risk of suicidal thoughts	-	-	✓
Risk of depression	-	-	✓
Risk of injection site infection, abscess or injury	-	-	✓
Risk of liver damage	-	-	✓
Risk of gall bladder problems	-	-	✓
Risk of an allergic-type pneumonia	-	-	✓
Risk of seizures	✓	✓	-
Low blood pressure	✓	✓	-
Risk of withdrawal symptoms at first	-	✓	✓
Sedation	✓	✓	✓/!
Constipation	✓	✓	-
Sexual problems (mostly for men)	✓	✓/!	-
Sweating	✓	-	-

**Buprenorphine is almost always used in combination with a medication called naloxone. You'll see this written as buprenorphine/naloxone. This combination is what is used in Suboxone, Bunavail, and Zubsolv. The naloxone is put in this medication to stop people from taking it in any other way other than in their mouths. When the medication dissolves in your mouth, you do not absorb the naloxone and it passes harmlessly through your body. Most states only let people get buprenorphine alone if: a) they are pregnant or b) they have medically proven allergies to naloxone.*