Important Information from SAMHSA

This handbook is for informational purposes only. The information provided is not intended to diagnose, treat, cure, or prevent any disease or condition, including opioid use disorder. The Substance Abuse and Mental Health Services Administration (SAMHSA) does not approve or endorse any specific treatment. If you have a health condition or concern, contact a health care provider.

Decisions about treatment of opioid use disorder are the sole responsibility of you and your treatment providers. Not all the options presented may be appropriate for your situation. Talk with your treatment providers about your situation and the role of medication in your recovery from opioid use disorder.

Every effort has been made to ensure the information in this handbook, and on the decision support tool website for which it was developed, is accurate and up-to-date. However, medical information is continually changing and can become quickly outdated. Talk with your providers about the most recent research findings as they relate to your situation.

SAMHSA recognizes that widespread use of various medications to support addiction recovery is a new and rapidly changing practice. SAMHSA respects the diverse opinions of the recovery community on its use.

SAMHSA acknowledges that this handbook and decision support website do not explore all effective treatment approaches, alternative treatments, or recovery pathways for opioid use disorder. These tools are intended to help make objective, research-based information accessible to individuals and families facing specific decisions about medication for opioid use disorder, rather than to promote any single treatment option.

SAMHSA emphasizes that evidence supports that medications are best used in combination with recovery support, lifestyle changes, and professional treatment.

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Which Medication Can Support My Recovery? 415.Tw.13.0.0.13.353.1143.494.5897 Tm

This handbook is a companion to a website for the electronic decision support tool: Decisions in Recovery: 7 U H D W P H Q W for Opioid Use Disorder. Visit http://www.samhsa.gov/brss-tacs/shared-decision-making for more information, videos of people talking about their experience with medication-assisted treatment, and links to resources.

Whether Medication Can Support My Recovery

Thinking About Making a Change?

If you have thought about cutting down or stopping your use of narcotics, prescription painkillers, heroin, or any other opioid drug, this tool has information about some of your treatment options and ways to locate a provider who can help. It also has links to online videos of people who have been where you are. They found a way to succeed in recovery and reclaim their lives. So can you.

Whether it is your first try at stopping or reducing opioid use, or a fresh start after many attempts, give yourself credit for having the courage to change. Although no single pathway to recovery is right for everyone, research has shown people seeking recovery from opioid problems are more successful when they combine a prescribed medication used to treat addiction with professional counseling and a strong support system.

Watch videos about making a change:
https://www.youtube.com/playlist?list=PLBXgZMI_zqfTGp5CW6NTaljlGUeXGCpxk

Why is it so hard to stop?

Opioids are synthetic or natural drugs that have certain unique effects on the brain and body. Opioids relieve pain and give a people a sense of well-being or euphoria by changing the body and brain chemistry. The first change many people notice is tolerance, or the need for more of a drug to get the desired effect.

Learn more at the end of this section: Opioids and pain "Opioids and pain" on page 15

Over time, the need for the drug becomes a powerful motivator to keep using, even when there is a strong desire to stop. When people need the drug to function normally, they are no longer using to feel good, but rather to avoid withdrawal symptoms and to stop feeling sick.

Videos about BRSS TACS Decisions in Recovery: Planning for Success:
https://www.youtube.com/playlist?list=PLBXgZMI_zqfS3zQA5XEvDT66vLM_gytdS

How do people stop?

Recovery begins when you start to think your life might be better without opioids. It is normal to want to stop using one day and then feel unsure or unable to do so the next. Quitting is tough, and change does not happen overnight. Most people need support to become ready, willing, and able to quit.

However, even people who are certain they no longer want the daily grind of getting drugs, using drugs, and watching drugs damage their lives and health usually can't just walk away. They need a plan of action and support. Research shows that when people include a medication prescribed to treat opioid use disorder as part of their recovery plan, their chances of success increase. This doesn't mean medication is right for everyone. Many people also recover from opioid use disorder without medication. But, it is important information for anyone looking at treatment options.

Learn more at the end of this section: "How do people stop?" on page 16

Tool: My Reasons for Stopping

People stop using opioids or cut down for very good reasons. This worksheet lists some of them.

Directions: For each statement, select the choice that best describes how much it matters to you. Skip any statements that do not apply. Then make note of your three most important reasons for quitting. Use the space at the bottom to add any other reasons.

Share this worksheet with people in your support network when you talk over treatment options and what matters most to you.

Make a copy for yourself to remember the reasons you decided to get help.

Refer to it when you are tempted to use.

For myself	This matters to me: a lot	some	a little
1. I am worried about my health.	○	○	○
2. I do not want to go to jail/prison.	○	○	○
3. I want the law off my back.	○	○	○
4. I want to keep or get a job.	○	○	○
5. I do not want to feel sick all the time.	○	○	○
6. I want to go to or stay in school.	○	○	○
7. I cannot afford my drug use.	○	○	○
8. I am tired of the hassle.	○	○	○
9. I do not like being around other users.	○	○	○
10. Getting and using drugs takes all my time.	○	○	○

For the people I love

	This matters to me: a lot	some	a little
11. I am or want to get pregnant.	○	○	○
12. I want to set a better example for my children.	○	○	○
13. I want to see my children more.	○	○	○
14. I want better relationships with my family/partner.	○	○	○

For my quality of life

	This matters to me: a lot	some	a little
15.			

What Is Medication-Assisted Treatment (MAT)?

Medication-assisted treatment (MAT) for opioid use disorder combines counseling and other recovery supports with prescribed medications. These medications help reduce cravings and withdrawal symptoms that come from stopping opioid use. The medications approved for MAT are methadone, buprenorphine, and naltrexone.

Practical concerns

This matters to me:	a lot	some	a little
10. I do not know if I can pay for treatment.	○	○	○
11. I have a hard time getting to appointments.	○	○	○
12. I have a lot of health problems that worry me.	○	○	○
13. I don't know how to tell my partner.	○	○	○
14. I cannot go get meds every day.	○	○	○
15. I am on probation, and they drug test me.	○	○	○

Attitudes and beliefs

This matters to me:	a lot	some	a little
16. People may look down on me for getting help.	○	○	○
17. My family or friends do not think I need treatment.	○	○	○
18.			

Concerns about pregnancy

Many women who become pregnant while using opioids make immediate plans to quit. This is a good instinct. Studies find that women who use substances during pregnancy have more early births, deliver babies with lower birth weights, and have more problems during labor and delivery. Yet, going off of opioids too quickly during pregnancy is risky. When a pregnant woman uses opioids, they cross over into the bloodstream of the developing fetus and affect it. If the pregnant woman suddenly quits cold turkey, the fetus also experiences withdrawal. This can result in sudden abortion, early birth, and other dangerous complications. It is very important for women who become pregnant while using opioids to have immediate and regular prenatal care from a qualified medical provider and to seek care and consultation regarding their opioid use from their doctor.

It is also important to note that none of the medications used to treat opioid use disorder are approved by the FDA for use during pregnancy. However, in some situations, under close medical supervision, they have been used during pregnancy for the treatment of opioid problems and can help decrease some of the potential harm to the fetus and reduce certain maternal health risks. For example, methadone may help control withdrawal symptoms and to help stabilize heart rate, blood pressure, and other maternal and fetal functions.

Decisions about the right course of treatment are best made by each woman, with the help of doctors and providers that specialize in treating pregnant women. Some women have strong feelings about treatment with medications during pregnancy, and may wish to withdraw from opioids. It is important that they find a doctor or program that specializes in working with recovering women during pregnancy. Experienced providers can supervise a safe withdrawal and make recommendations that will protect the health of pregnant women and fetuses.

Although none of the medications used to treat opioid use disorder are approved by the FDA for use during pregnancy, methadone has been used safely for a number of years and has been widely researched. As with any treatment, there are some risks, but they are weighed against the risks pregnant women with untreated opioid use disorder may face. Infants born to mothers treated with methadone during pregnancy are at risk for withdrawal symptoms, sometimes severe enough to require medication and delay discharge from the hospital. These symptoms can be monitored and

Tool: Weighing My Gains and Losses

Use this page to help you think about what you might gain or lose if you start MAT, and if you do not start MAT. Share it with your provider or others when discussing your options.

Directions: In the top two sections of the page, list what you could gain and what you could lose if

Inform medical providers that you take naltrexone.

If possible, postpone use of pain medications until you are no longer experiencing the effects of naltrexone.

Stop naltrexone before you start taking a prescribed opioid medication.

Wait at least seven days after the last dose of opioid medication before starting naltrexone again.

WARNING: There is a high risk of overdose if people start using again after a period of treatment with naltrexone. Their tolerance lowers while they are free of all opioids. If they go back to taking amounts they were taking before treatment, it can be fatal. There is a high risk of overdose when people try to "override" naltrexone's blocking effect by taking larger doses of opioids.

Why do people start using?

People try opioids for many reasons. Sometimes when doctors prescribe opioid medications for pain, for one reason or another, some people may start taking more than is prescribed. Others are curious about the opioid high. When given a chance to try it, often through a friend or acquaintance, they do. But not everyone who experiments with opioids becomes addicted. It is not clear why some people become addicted and others do not. Research shows that addiction has a strong hereditary component. Other factors can increase a person's chance of becoming addicted. People are more likely to start taking drugs if they are easily available or if family members, friends, or neighbors are also experimenting with drugs. Nearly all people with serious drug and alcohol problems start to use in their teens or early twenties. People who begin using before age 18 have an increased risk of addiction.

Research also links addictions such as alcoholism or injection drug with a history of physical, sexual, and emotional trauma or abuse, especially during childhood. About two thirds of adults in public treatment centers report a history of physical or sexual abuse.

How do people stop?

Reducing or stopping compulsive alcohol and drug use is a key part of addiction recovery. Medication provides one of the most effective ways to help people stop opioid use and break the cycle of addiction. For some, achieving abstinence marks the beginning of their recovery. For others, recovery is a process. There are many different pathways to recovery and what works for one person may not work for another. Each person finds their individual path.

Recovery: One definition of recovery is "a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential." Input from more than 2,000 people helped to identify four key things that support a life in recovery: health, home, purpose, and community.

Counseling: Counseling for addiction often begins by talking with a helping professional about drug use, the problems it has caused, and ways to overcome those problems. It helps to find a counselor with whom you feel comfortable. Research shows that people do better when they have a good relationship with their counselor. Counselors have different ways of working. For example, counseling can be individual or group settings. Counselors can encourage and support people as they deal with day-to-day stress and setbacks, providing them with the tools they need to build a life in recovery. Most counseling for addiction includes some or all of the following:

- Education about addiction and its effects
- Support and guidance to reduce or eliminate substance use
- Help to identify and cope with stressful life issues
- HIV risk reduction counseling, access to confidential testing, and hepatitis screening
- Help to develop ways to prevent and manage setbacks
- Referral to resources in the community, such as peer support groups, housing, and faith-based groups.

Individual counseling may include setting goals, talking about setbacks, and celebrating progress. It may also include discussing legal concerns and family problems.

Group counseling can help people feel that they are not alone with their issues. In groups, you can hear about the difficulties and successes of others dealing with the same challenges. This helps people learn strategies to deal with situations they may encounter.

Family counseling includes parents, partners or spouses, children, siblings, or others who are close to you. It is up to you to decide if family members should be involved in treatment and who should participate. When there is a history of violence in the family, counseling should not include anyone with whom you do not feel safe.

Treatment: Treatment programs are structured, often intensive, time-limited services for dealing with addiction. Programs may be outpatient, daily, weekly, residential, or even hospital-based. Most programs help you learn about addiction and find new ways to deal with life. Some programs include detoxification and follow-up counseling or support. But, detoxification alone is not considered treatment.

Treatment usually includes an assessment that allows the staff to understand how severe your problem is and to help create an effective personal treatment plan with you. Treatment helps identify thought patterns and belief systems that cause problems. It also helps you to recognize high-risk situations and practice new ways of thinking and acting. Treatment programs may specialize in different kinds of addictions such as marijuana, opioids, alcohol, or gambling. There are programs for just men, women, adolescents, and other groups. Some treatment programs last for a few weeks; others last for many months.

Options: MAT includes several treatment approaches. What is right for you will depend on your situation, your needs, and what is important to you.

Detoxification (or "detox") is medically supervised gradually reduced doses of medication to ease withdrawal symptoms and cravings. The goal is to reduce the dosage slowly and discontinue medication by discharge. It is short-term, usually lasting no more than 21 days. Research shows that without further support or treatment, medication-assisted detoxification is not likely to result in long-term recovery.

Maintenance is long-term MAT, usually for at least a year, with periodic reassessment of the need for ongoing treatment. Maintenance therapy can help control cravings and stabilize functions over the long haul, which allows time to focus on building a life in recovery. Research shows that maintenance therapy is more effective than detoxification.

Health conditions: Your provider needs to know about all your health conditions and the drugs you use. All medications involve some degree of risk, but sharing this information can help avoid harmful drug interactions and minimize other health risks. You and your primary care provider can go over the risks and benefits in light of your situation.

Using medications safely: MAT involves taking powerful prescription drugs, storing them properly, following instructions carefully, and working with your provider to get the dose right. All medications should be stored in a locked cabinet out of reach of children or pets. Medications should only be taken by the person for whom they were intended. Doses tolerated in some individuals can cause serious harm to others, or even fatality to children or pets. Excess medication should be disposed of properly.

office-based treatment for opioid use disorder. Patients usually need to see their doctor frequently during the initial weeks of treatment with buprenorphine, but if they make good progress, their doctor can prescribe a take home supply of buprenorphine, often for up to a month. Any qualified medical professional can administer an extended release long-acting naltrexone injection once a month or prescribe it in pill form to take daily. This includes a nurse practitioner or a physician's assistant.

More about pregnancy

If you are using opioids and think you may be pregnant, you can take steps to increase your baby's chances of getting a healthy start:

Avoid other substances, including alcohol and cigarettes.

Get good prenatal care as early in the pregnancy as possible.

Begin treatment for opioid use disorder.

Frequently, pregnant women who are using do not have the social support they need. They are often judged harshly and subjected to discrimination. Many pregnant women who try to stop using relapse again and again. They may try to get off opioids in an effort to do the best thing for their baby, but are not able to stick with it. This cycle can be very dangerous for the baby.

Abrupt withdrawal from opioids during pregnancy can be risky and MAT is recommended. Most states have facilities that specialize in treating pregnant women and families. If you call your state substance abuse service agency, they can tell you where to get help.

Pregnant women are granted priority admission to treatment by federal mandate. Most programs for women offer family-based treatment so they can bring their children with them. Learn more about what women should know about pregnancy, substance use, and MAT.

Here are some links to help get you started:

Research on the advantages of buprenorphine during pregnancy, presented to the American College of Obstetricians and Gynecologists at
https://www.nih.gov/news-events/news-releases/buprenorphine-treatment-pregnancy-less-distress-babies

Methadone Treatment for Pregnant Women at
http://store.samhsa.gov/product/Methadone-Treatment-for-Pregnant-Women/SMA14-4124

The National Institutes of Health information page on Neonatal Abstinence Syndrome (NAS) at
https://www.nlm.nih.gov/medlineplus/ency/article/007313.htm

State-by-state listing of Women's Substance Abuse Service Coordinators to help you find providers to help with both pregnancy and opioid dependence at
http://www.cffutures.org/files/webinar-handouts/SSA-WSN-CFSR%20Coordinator%20Directory.pdf

Research: Studies show that the longer people stay in treatment and remain involved with recovery support programs, the better they do at maintaining recovery. Studies measure success a number of ways:

- How long people stay in treatment and whether they complete treatment.
- Whether they remain free from or reduce their drug use.
- If they reduce risk behaviors for contracting HIV and HCV infections.
- If they reduce criminal justice involvement.
- If they maintain stable housing.
- If they maintain stable employment.
- Whether they report fewer problems with mental health.
- Lower death rates.

Overall, the evidence shows that MAT helps people overcome opioid use disorder and sustains

Which Medication Can Support My Recovery?

Three medications are approved in the United States for treating opioid use disorder: methadone, buprenorphine, and naltrexone. They are dispensed differently and have different side effects. Some work better than others in certain situations. The information that follows is not intended as advice. The following sections are intended to make it easier to compare medications for opioid use disorder, to consider the side effects, and to understand the risks and benefits of each. These comparisons can help you prepare to talk with a qualified professional about what is best for you. The following does not cover every side effect or all the risks and warnings. Medications may interact with alcohol, illicit drugs, other prescribed medications, over-the-counter medicines, vitamins, herbs, and supplements.

Everyone needs to be aware of the increasing overdose rates, especially for people taking opioid pain medications, and steps that reduce the risk of harm. Talk with your doctor before starting any medication. Make sure you are familiar with the overdose prevention tools listed in the resource section of this handbook, which also provides Internet sites with more information.

Visit Medline Plus at https://www.nlm.nih.gov/medlineplus to learn more about each medication. For FDA approved product labeling, package inserts, warnings, and patient counseling information, visit DailyMed at https://dailymed.nlm.nih.gov/dailymed. You can learn more about what medications are not safe to take together on the FDA's page about Avoiding Drug Interactions at http://www.fda.gov/forconsumers/consumerupdates/ucm096386.htm.

About Methadone

What it is

Methadone is a long-acting opioid medication that reduces cravings and withdrawal symptoms. It is usually taken by mouth in liquid form. It is dispensed to addiction treatment clients daily in single doses, but only at certified opioid treatment programs. Limited take-home dosing may be permitted and can become more frequent over time. But, in order to begin methadone treatment, you should be able to get to an opioid treatment program daily.

What it does

Methadone satisfies the areas of the brain that opioids act on, calms withdrawal symptoms, and reduces drug cravings. It can block the intense euphoric effects of heroin and other short-acting opioids. Methadone can have a "leveling effect," with fewer highs and lows. People taking a prescribed dose of methadone that is right for them feel normal, can continue to work, and can

usually perform tasks like driving. Because it controls withdrawal symptoms and blocks cravings, people who are addicted to opioids tend to stick with it. This allows them to rebuild a life in recovery and avoid the health hazards and problems that come with illegal drug use.

Where you get it

Methadone is usually given daily and only at licensed, federally regulated opioid treatment programs. Limited take-home dosing may be permitted and can become more frequent for those doing well in long-term treatment. The provider can explain the guidelines about "take-home medication."

Cost

Methadone is typically the least expensive of the three MAT options. However, the real cost to an individual varies depending on the state where the person lives, health insurance coverage, and other factors. The provider will have information about real cost and payment options.

Who it works for

Methadone can work for people who have made other unsuccessful attempts to stop. It is a recommended treatment for opioid use disorder during pregnancy. Methadone has been effective for people who are undergoing treatment for HIV/AIDS. It may be a good choice for those who also have chronic pain. People who are starting methadone have to be able to get to an opioid treatment program every day.

Research outcomes

Methadone has been in use for many years. It is the best-studied approach to MAT for opioid use disorder. Research shows that methadone treatment can be highly effective when combined with counseling and recovery support.

Starting methadone

Methadone can be started at any time. There is no need to wait after the last use for withdrawal symptoms to begin. However, providers will not begin methadone treatment with anyone who seems to have just used or appears intoxicated.

After the first dose of methadone, people typically stay at the treatment center for a few hours. The doctor or nurse usually checks on them regularly to watch their reaction. If withdrawal symptoms are a problem, two to four hours after the first dose, another small dose may be given.

The goal is to find the dose that controls withdrawal symptoms with the fewest side effects by beginning low and increasing slowly.

Side effects

Most people have some side effects from methadone such as constipation, sleepiness, and sweating. The package insert product information has a complete list of side effects and includes a warning about the risk of serious heart problems. Sexual side effects have been reported by people taking methadone for long-term maintenance treatment.

Warnings

Some warnings are listed below. For complete information, visit the websites listed at the end of this section.

High dosages may stop a person's breathing

success rates. Some people take methadone for many years. Others decide to taper off gradually under medical supervision. Some research shows that many people return to drug use when they stop taking methadone. This is one reason some people stay on methadone maintenance for long periods. It is best to periodically assess the need for ongoing treatment with your doctor or treatment provider. Withdrawal from methadone can be difficult, especially when it is stopped quickly. Working with your doctor or treatment provider to cut down the dosage very slowly over several months can reduce withdrawal symptoms. This is the last phase of MAT, known as tapering or medically supervised withdrawal.

WARNING: Overdose fatality risk is high for people who return to opioid use after a period of MAT. Decisions about stopping medication should be made carefully and in consultation with your doctor or treatment provider.

Pregnancy

Although none of the medications used to treat opioid use disorder are approved by the FDA for use during pregnancy, methadone has been used safely for a number of years and has been widely researched. As with any treatment, there are some risks, but they are weighed against the risks pregnant women with untreated opioid use disorder may face. Infants born to mothers treated with methadone during pregnancy are at risk for withdrawal symptoms, sometimes severe enough to require medication and delay discharge from the hospital. These symptoms can be monitored and managed in most hospitals. Women receiving medications are usually encouraged to breastfeed, although trace amounts of methadone may be found in breast milk.

HIV/AIDS

Structured methadone programs may be beneficial for people who are being treated with HIV medications. Methadone can interact with some of the medications used to treat HIV/ AIDS, and dosages of one or both medications may need to be adjusted.

Hepatitis and liver disease

Methadone is usually safe for people with hepatitis unless the liver is functioning poorly. People being treated for Hepatitis C have safely used methadone in combination with interferon. Talk with your doctors about your situation.

Pain

Methadone for maintenance therapy is only taken once a day, which is not enough to control pain. Methadone can be used with other opioid medications prescribed for pain, but dosage must be watched carefully due to the overdose risk. People who use methadone for MAT may have a high

About Buprenorphine

What it is

Buprenorphine is usually taken daily and dissolved under the tongue or in the mouth. It comes in pill form and as a film. Doctors who have completed the required training and certification process can prescribe buprenorphine for opioid use disorder in their office or at treatment programs. Patients seen at a doctor's office are referred to counseling services and monitored to ensure they are making satisfactory progress. If they are making good progress, they may receive a prescription for a supply of buprenorphine to take at home.

Buprenorphine has proven very effective. Although it has not been more effective than methadone, it may offer advantages for some people. Office-based treatment with prescribed buprenorphine can allow patients a great deal more flexibility. Risk of overdose is lower and withdrawal from buprenorphine may be milder. It is widely available in a formula that contains added naloxone, which discourages abusing or injecting it. Buprenorphine is also made in a single drug formula without added naloxone, which is sometimes used for MAT during pregnancy. Access to buprenorphine has helped many individuals seek treatment who otherwise might not have. Some common side effects are headache, nausea, and constipation.

What it does

Buprenorphine helps control withdrawal symptoms and blocks cravings. People taking a prescribed dose of buprenorphine that is right for them should feel normal, can continue to work, and can usually perform tasks like driving.

Where you get it

Once doctors complete the training and certification process, they can prescribe buprenorphine for opioid use disorder to patients they see in their office or for clients in treatment programs. At the beginning of treatment, patients seen at a doctor's office usually have frequent appointments, are referred to counseling services, and are monitored to ensure they are making satisfactory progress. Then they may receive a prescription for a supply of buprenorphine to take at home. They can fill it at any public pharmacy.

Cost

Buprenorphine is typically more expensive than Methadone, but less expensive than Naltrexone. However, the real cost to an individual varies depending on the state where the person lives, health insurance coverage, and other factors. The provider will have information about real cost and payment options.

Who it works for

Access to buprenorphine has helped many individuals seek treatment who otherwise might not have. It can also work for people who want to switch from methadone. It offers a safe and effective alternative for those unable to get to an opioid treatment program on a regular basis, and has been used safely by pregnant women seeking treatment. It works best for people who are able to adhere to treatment plan and take the medication as directed.

Research outcomes

Since buprenorphine was approved for MAT only a few years ago, in comparison to methadone, there are fewer long-term studies of safety and effectiveness. So far, the research suggests that long-term treatment with buprenorphine is safe and very effective when combined with counseling and recovery support.

Starting buprenorphine

It is necessary to wait 12 to 24 hours after the last opioid use before starting buprenorphine to avoid uncomfortable symptoms. After the first dose, people typically stay at the doctor's office or treatment center for a few hours while the doctor or nurse checks on them regularly to watch their reaction. If withdrawal symptoms are a problem, dosages can be adjusted.

Side effects

Most people have some side effects from buprenorphine such as headache, nausea, and constipation. Some people using buprenorphine for long-term maintenance treatment MAT have reported sexual side effects or liver problems.

Warnings

Some warnings are listed below. For complete information, see the websites listed at the end of this section.

- High dosages may stop a person's breathing
- Moderate to high risk of overdose when combined with other substances, including alcohol
- High risk of overdose when combined with benzodiazepines (Valium, Ativan, Xanax)
- Risk of driving impairment at the start of treatment or during dosage adjustments
- Possible risk of liver damage

All medications should be stored in a locked cabinet out of reach of children or pets.

Doses tolerated by some individuals can cause serious harm, even death, to others. Only the person they were intended for should take medications. Dispose of excess medication properly.

How long you need to take it

The decision of how long to take buprenorphine is an individual choice people make with their doctor or treatment provider. It is safe to stay on buprenorphine for a long time, and generally outcomes are better with long-term treatment. When they are ready, most people work with their doctor or treatment provider to slowly reduce the dose of buprenorphine. Withdrawal tends to be milder for some people than it is with methadone.

Pregnancy

Although there are fewer long-term studies on buprenorphine treatment during pregnancy and while nursing, a substantial amount of research has shown it can be used safely. Infants born to mothers treated with buprenorphine are at risk for experiencing withdrawal; however, current medical guidelines consider buprenorphine an option for pregnant women who prefer it or are already taking it. Buprenorphine only, in the single drug formula, is used to treat pregnant women. Formulations containing naloxone are not recommended, since its effects during pregnancy are unknown.

HIV/AIDS

People with HIV/AIDS may use buprenorphine. There are fewer interactions with HIV drugs than with methadone. It is possible that it may still interact with some HIV medications and require an adjusted dose. Talk with your doctors about your situation.

Hepatitis and liver disease

People with liver disease should check with their doctors before starting buprenorphine. It is possible it may contribute to liver damage, especially in people who already have a liver condition. Liver function tests are recommended before beginning buprenorphine. Studies show people with Hepatitis C can be safely treated with buprenorphine and can use it with interferon. Talk with your doctors about your situation. Combination products containing naloxone should not be used if there is severe liver impairment.

Pain

People who use buprenorphine for MAT often have a high tolerance to the opioid medications used for pain. They may have difficulty getting relief with the typical dosage. Buprenorphine can also decrease the effectiveness of other opioids used to manage pain. If you have chronic pain

and are considering buprenorphine for MAT, talk with a treatment provider or physician who has experience managing pain in people with histories of opioid problems.

Legal issues

Buprenorphine treatment does not keep people from getting a driver's license as long as they are not using illegal drugs or abg illesiption medicationms.

Buprenorphine may affect eligibility for certain jobs (CDL) and insurance statems.

About Naltrexone

What it is

Naltrexone blocks opioids from acting on the brain to induce euphoria and relieve pain. This removes the rewarding aspects of opioid use that create a desire for more. Reduced cravings can help people stop using. Naltrexone does not help with withdrawal and cannot be started until seven to ten days after the last opioid use, when withdrawal symptoms have passed. It is available in extended-release injectable form, administered every 30 days, and in tablet form, taken daily by mouth.

The injectable form has been the most effective form of naltrexone for addiction treatment. It can help people stay in treatment, reduce cravings, and prevent relapse when combined with recovery supports.

Risk of overdose is high when people use large amounts of opioids while taking naltrexone to try to override its blocking effect. There is an increased risk of overdose if people skip dosages, are at the end of a dosage cycle, and use again after a period of taking naltrexone. This is because their tolerance goes down while they are free of opioids. Taking amounts that they once tolerated can result in overdose fatality.

What it does

Naltrexone is not a controlled substance and has no potential for abuse. People feel completely normal while taking it. When tablets were the only form of naltrexone available, people with

a strong impulse to use simply stopped taking their pills, and the blocking effect no longer stood in their way. The extended-release injectable form has been much more effective for opioid use disorder. Once administered, the blocking effects are active until four weeks have passed.

However, if people addicted to opioids do not stop completely for at least seven to ten days before taking naltrexone, they risk bringing on withdrawal symptoms that can be quite severe. Naltrexone can also block the effects of opioid pain medication. People who may need to take a prescribed opioid medication for chronic pain should keep this in mind when they consider MAT options.

Where you get it

Any doctor, physician's assistant, or nurse practitioner can administer an injection or write a prescription for naltrexone tablets. They do not need special training and can treat people in their offices.

Cost

The extended release injectable form of naltrexone is typically the most expensive MAT option. However, the real cost to an individual varies depending on the state where the person lives, health insurance coverage, and other factors. The provider will have information about the real cost and payment options.

Who it works for

Naltrexone works for highly motivated people who can get through opioid withdrawal and remain opioid-free for at least seven to ten days prior to beginning treatment. It is a good option for those who want to eliminate all opioids right away and for people who do not want to deal with withdrawal when they stop MAT. The injectable form is helpful for people who have a hard time with daily pills

Warnings

Some warnings are listed below. F or complete information visit the websites listed at the end of this section.

High risk of opioid overdose if people treated with naltrexone use large amounts of opioids to try to override blocking effect

Moderate to high risk of opioid overdose during relapses into opioid use due to lowered tolerance

Risk of causing severe withdrawal symptoms if administered to opioid-dependent patients without waiting seven to ten days from last use

Risk of canceling effects of opioid paayncM9⁄jf112p ge 42.y11()e bµx[illegible]a[illegible]a7scn/TT1 11.75 0tomess lis

Tool: Comparing medications for opioid use disorder

These charts are not intended as advice. They are designed to help you compare the approved medications so you are prepared to discuss your options with a qualified health professional.

Methadone

Who it works for

People who: Are able to get to an approved program; Benefit from structured programs; Have severe or chronic pain issues; Are being treated for HIV/AIDS; Are pregnant or post-partum

Side effects

Most people have some side effects. Talk to your doctor if they are severe or do not go away. This is not a complete list of possible side effects. See product labeling for more information. Serious side effects are not very common. Call your doctor immediately if you experience any.

Examples of side effects reported by people taking methadone: Sweating; Headache; Constipation; Sleepiness; Nausea/vomiting; Abdominal pain; Dizziness; Tiredness; Light-headedness; Loss of appetite; Decreased sexual desire/ability; Weight gain; Memory and concentration problems

Examples of serious methadone side effects: Seizures; Itching; Hives; Rash; Trouble breathing; Shortness of breath; Fast heartbeat; Chest pain; Swelling of the face, eyes, tongue or throat; Extreme drowsiness; Light-headedness when changing positions; Any symptom of overdose

Symptoms of overdose: Small pinpoint pupils; Slow or shallow breathing; Drowsiness; Cool, clammy, or blue skin; Loss of consciousness; Limp muscles

Accessibility

Cost: Varies depending on insurance coverage and other factors. Talk to provider about payment options

Common forms: Liquid; Other forms may be available

How it is taken: Taken daily at approved programs; Some take-home dosing; More frequent if doing well in treatment

Health concerns

Pregnancy and breastfeeding: Safe during pregnancy; Breastfeeding is recommended since only trace amounts are found in breast milk; Risk of withdrawal symptoms in infants born to mothers treated with methadone during pregnancy

HIV/AIDS: May be used during treatment for HIV; Watch for drug interactions that require dosage adjustments; Talk with your doctors

Hepatitis: Used safely by people with hepatitis and during treatment with interferon for Hepatitis C; Check with your doctors Chronic pain: Usually safe with other opioid medications prescribed for pain; Watch dosage carefully due to overdose risk

Starting and stopping

When can I start: Immediately; Risk of methadone overdose during the initial weeks of treatment

How long do I take it: Best results when used for long-term treatment; Safe for long-term maintenance; Periodic assessment of ongoing treatment based on individual needs

What happens if I stop: Significant methadone withdrawal symptoms; Dose can be gradually reduced to lessen discomfort

What if I use opioid drugs on this medication: High risk of opioid overdose because it stays in the system so long; May not have euphoric effect; Overdose fatalities also reported when combined with benzodiazepines, alcohol, and other drugs

Buprenorphine

Who it works for

People who are: Best treated in doctors' offices; Motivated to try buprenorphine; Able to adhere to a treatment plan; Being treated for HIV/AIDS; Pregnant or post partum

Side effects

Most people have some side effects. Talk to your doctor if they are severe or do not go away. This is not a complete list of possible side effects. See product labeling for more information. Serious side effects are not very common. Call your doctor immediately if you experience any.

Examples of side effects reported by people taking buprenorphine: Sweating; Headache; Constipation; Nausea/vomiting; Stomach or back pain; Difficulty falling or staying asleep; Impaired driving; Mouth numbness, redness, or sores; Tongue pain, swelling, or burning; Excess fluid and swelling of feet or legs; Blurred vision; Intoxication; Disturbance in attention; Irregular heart beat (palpitations); Fainting; Dizziness; Sleepiness

Examples of serious buprenorphine side effects: Itching; Hives or skin rash; Difficulty breathing or swallowing; Light-colored stools; Upset stomach/nausea; Swelling of face, eyes, tongue, or throat; Extreme tiredness; Dizziness when changing positions; Slowed reflexes and breathing; Dark-colored urine; Yellow skin or eyes; Pain in upper right stomach; Loss of appetite, energy, or coordination; Bruising or bleeding; Confusion or inability to clearly; Blurred vision; Slowed speech

Accessibility

Cost: Varies depending on insurance coverage and other factors; Talk to provider about payment options

Common forms: Film or pills; Other forms seldom used for addiction treatment

How it is taken: Taken daily; Must dissolve under tongue or in mouth; Available at approved treatment programs and from trained physicians for office-based treatment; A qualified physician can prescribe a supply to take at home

Health concerns

Pregnancy and breastfeeding: Studies show buprenorphine has been used safely during pregnancy and breastfeeding; The form without added naloxone is used during pregnancy; Risk of withdrawal symptoms in infants

HIV/AIDS: May be used during treatment for HIV; Smaller risk of drug interaction; Talk with your doctors

Hepatitis: Liver function tests recommended; Check with your doctor; Has been used safely by people with hepatitis; Liver damage reported mostly in people with pre-existing liver conditions; Forms with naloxone should not be used when liver impairment is severe

Chronic pain: Use of opioid pain medications during treatment with buprenorphine must be monitored carefully to prevent risk of overdose; At high doses, buprenorphine can cancel out pain-relieving effects of other opioid pain medications

Starting and stopping

When can I start: 12 to 24 hours after last use

How long do I take it: Best results when used as a part of long-term treatment; Safe for long-term maintenance; Periodic assessment of ongoing treatment based on individual needs

What happens if I stop: Withdrawal symptoms less intense but unpleasant; Dose gradually reduce to lessen discomfort

What if I use opioid drugs on this medication: Moderate risk of overdose; May cancel out pain relieving effects of other opioids; Overdose fatalities when combined with benzodiazepines: Use of alcohol or other drugs increases overdose risk

Chronic pain: May block effects of opioids taken for pain; Can cause withdrawal in people

process to prescribe buprenorphine can treat you in their offices and link you to other treatment and support services. They also may prescribe buprenorphine at various treatment programs. Patients making satisfactory progress may receive a prescription to take at home. Here are some examples of places you can go for treatment for an opioid problem:

- Approved methadone treatment programs. Some also offer other medications
- Private offices with doctors who can prescribe buprenorphine
- Addiction treatment centers that offer counseling, structured programs, and residential care may also offer one or more types of MAT
- Some community health centers
- Some mental health centers

What to look for

Look for providers who take the time to give you all the information and make sure that you fully understand your options. You want to be able to ask questions, talk comfortably about your concerns, and feel confident about your decision.

Learn more at the end of this section: page 48

Here are some tips to help you choose a MAT provider:

- Find providers who specialize in treating opioid use disorder. They may be able to connect you with support and resources that are just for people who want to stop using opioids.
- Ask about their approach. Do they offer outpatient counseling or residential treatment? What types of medicines do they offer? Try to talk to someone who has been to one of these programs before. What questions do you have about (What) TJEMC /Span <</Lang (en-US)/MC4D 1883 BDC070.051 -1.34le to c

Tool: Talking With a Provider

Directions: Fill out this page and take it with you to your appointment to help you talk with your provider about what is important to you.

Prepare: What questions do you have? What information do you need? (Make note of all that apply.)

What treatment options do you offer for opioid use disorder? What medication(s) do you offer? How soon can I begin treatment?

How long will I need to be treated?

What are the program hours and requirements?

How flexible is the program? Will I be able to do this with my work schedule? What are the costs? How do people pay for treatment?

Are there financial programs that might help me pay for treatment or for medication? Are there any research studies on opioid treatment that are recruiting subjects?

What other kinds of help are available? Choose from this list or make note of what else you need.

Childcare

Help with transportation

Help with benefits and medical coverage

Counseling

Support groups

Other: _____

Make note of any other questions or concerns you may want to ask about.

Gather Your Information: The provider will want to know about you. The information you will need is listed below. You can print this page out and use it to gather the information you will need when you go to your appointment.

List all your current health conditions and concerns.

List the medications and supplements you use now.

List the opioid drugs you have been using, how long, and an estimate of how much.

List any other legal or illicit drugs you use (For example: marijuana, tobacco, valium, alcohol, etc.).

List dates and details of any past or current treatment for opioid use disorder (For example: where, when, and how it worked out).

REMEMBER: Bring any paperwork and any relevant medical records or test results you have to your appointment.

What to Expect

Addiction treatment clients have the right to confidentiality, respect, accurate information, and decisions about their treatment.

Learn more at the end of this section: "Your rights" on page 49

Providers gather and review information from an assessment of your drug use and from your health checkup. They will talk with you about treatment options and goals. Providers will then work with you to create a treatment plan to help you achieve your goals. Your concerns and your questions need to be part of the discussion and treatment planning.

Learn more at the end of this section: "What to expect" on page 50

Starting MAT

There are four stages of MAT: induction, stabilization, maintenance, and tapering.

1. Induction is the starting phase. Your doctor will keep a close watch to make sure you adjust to the medication safely.
2. Stabilization begins when you are on the right dose and your body and brain have adjusted to the new medication.
3. Maintenance is the long-term use of medication while remaining drug free and rebuilding a life in recovery.
4. Tapering is medically managed withdrawal from a medication by gradually reduced doses.

Preparing for your first appointment

When you go in for your appointment, it helps to be prepared. You can use the tool Talking With a Provider to make sure you have the information you need and to help organize and remember your questions.

Here are some tips to help you prepare:

Have a list of all current prescribed medications.

Provide details of any substances you use or take so drug interactions can be avoided.

Arrange a ride home from your first few MAT appointments. You will not be able to drive until the side effects of methadone or buprenorphine are stable.

Have a long-term plan for reliable transportation if you have to get to an opioid treatment program daily.

Tool: Who's In My Corner?

This tool helps you map out your support network and think about ways to expand it.

Directions: List the people in your life under the category where they fit best. Put those you are closest to first and the people that you are not as close to last.

After you make your lists, look over the names in each category.

Make note of the ones who are supporters and allies.

Make note of the ones who might provide practical help.

Make note of the ones you might be tempted to use with.

Tool: Next Steps

What else do you need before you are ready to talk to someone who can help you with MAT?

Directions: Use this page to decide your next steps. Check all that apply. Print the page and use it to remind yourself of what you will do. You may cross off items when you have completed them.

I need more information about (check all that apply)

Learn More … About the Topics Covered in This Section

Professionals offer intensive services and support that help people to stop using and move into recovery. They know about treatment approaches and how to minimize risks. They provide structure and check on your progress over time.

Doctors

- Can give methadone for addiction treatment only through a registered opioid treatment program
- Can prescribe buprenorphine for office-based treatment if they complete special training and certification
- Can write prescriptions for a take home supply buprenorphine that can be filled at a public pharmacy
- Can administer injections of long acting naltrexone or prescribe the pill form without any special training

Addictions counselors

- Are licensed or certified by each state
- Are required to keep up with new addiction research
- Are trained to encourage and support clients
- Are required by law to keep information about your treatment confidential
- Are trained to help people prepare for situations where they may be tempted to use

Treatment programs

- May offer more than one approach
- May work with doctors who prescribe buprenorphine or naltrexone as part of treatment

State drug and alcohol offices

- Offer information about all available treatment programs in the state
- Have a designated staff member in charge of MAT (for the contact in your state visit http://dpt2.samhsa.gov/regulations/smalist.aspx)

Advocacy organizations (including RCOs)

- Support people in recovery
- Look out for the interests of people in recovery
- Have websites with helpful information

Mental health professionals

- May be familiar with MAT
- May help you find treatment
- May help you consider your options

Recovery support specialists

- Are usually people with personal experience in recovery or family members experienced with addiction
- Are usually given specialized training or are certified
- Are not professional counselors
- Are knowledgeable about recovery and support all recovery pathways
- May work in a treatment program or through a recovery community organization
- May be volunteers or paid employees

Your rights

The federal government has recognized that stigma, discrimination, and fear of prosecution can keep people from entering drug treatment. There are special laws that protect people in addiction treatment. The best way to protect your rights is to know what they are. Here are some of your rights in MAT:

- You have the right to fair and respectful treatment.
- Information about your treatment is confidential. You have a right to know about any exceptions.
- Opioid treatment programs are required to help with medical, counseling, and vocational needs.
- You also have the right to be informed before you give your consent for treatment. Information should be understandable and in your best language. It should include
  - a program's rules and regulations;
  - your rights and responsibilities;
  - medication risks and possible drug interactions;

Employment and means of support Sample question: How many days were you paid for working in the last 30 days?

Legal status Sample question: Are you on parole or probation?

Family and social relationships Sample question: With whom do you spend most of your free time?

Mental status Sample question: Have you ever been prescribed any medication for psychological or emotional problems?

Health checkup: The doctor will usually begin by asking about your health history. You will also have a number of routine health screenings, including blood and urine tests. You will be offered confidential, voluntary screening for HIV and hepatitis. Sometimes people who use opioid drugs avoid regular health checkups and medical care. Some people are very anxious before their checkup. They may have health conditions that need attention or may be uneasy about hearing the results of various tests. Many health problems are treatable and may be easier to treat if diagnosed early. Most people in recovery feel that it is better to deal with health issues before beginning treatment than to have them come up after they get started.

After the assessment, health checkup, and tests are completed, your doctor or counselor will talk with you about the results. You will find out if you can begin MAT safely. This is also the time to discuss your concerns and questions, talk about your preferences, and ask about the risks and precautions that go along with MAT. The information from the assessment and checkup is used to help create a treatment plan. Your individual treatment plan is an agreement between you and your providers. It is a roadmap to help you get to where you want to go, tailored to your situation and your goals.

Getting started: When you begin a medication, your body will have to adjust to it. After the first dose of methadone or buprenorphine you will usually stay at the clinic or doctor's office for a few hours. The doctor or nurse should check on you to see how you react. If withdrawal symptoms are a problem two to four hours after taking the first dose, you may be given another small dose. The goal

For more information about starting MAT read the SAMHSA Treatment Improvement Protocol (TIP) 43 MAT for Opioid Addiction at http://www.ncbi.nlm.nih.gov/books/NBK64164

Building recovery support

In some communities, recovering people gather and open a center, club, or organization. Some operate various types of services for people in or seeking recovery and their families, and may offer a range of supports, such as peer recovery coaching, clean and sober social activities, and assistance locating appropriate housing and employment. Below are some of the different types of recovery support people find helpful.

Recovery community organizations (RCOs): These organizations often host walks, rallies, and other events to celebrate recovery. You may be interested in joining one of these if there is one in your community. There is not currently a comprehensive listing of RCOs, however the Association of Recovery Community Organizations (http://www.facesandvoicesofrecovery.org/who/arco) may be able to help you determine if there is one in your community.

Family, friends, and allies: Friends, relatives, and allies can be important sources of emotional support and practical help. Research shows recovery is more likely when clients invite the important people in their lives to take part in treatment activities. "Family" means people in your life that understand and support you. This may include your relatives or others you are close to. Who do you like to spend the holidays with? Who do you call when you want to share good news? Your friends, family, and other people you are close to can become part of your support team. If they would be pleased to see you stop using, then they can become allies in your effort to get in and stay in recovery. Research shows that this type of support is a huge advantage in treatment and in recovery from opioid use disorder.

It is important not to let shame or the fear of disappointing your family and others close to you hold you back from accepting the support of those who love you unconditionally. Sometimes, people manage to keep their family from knowing about their opioid problem, so they are hesitant to let them know about treatment and recovery. But, chances are the people who are close to you know something is wrong and will probably be relieved to know about your decision to get help.

In other instances, people damage their relationship to family and friends through their addiction. When this is the case, family or friends may not always be a source of support, although that can sometimes change over time. Regardless of whether or not your family and friends can be supportive at this time, other people in recovery, who have had similar experiences to yours are always available to provide support through recovery community organizations, mutual aid groups, treatment groups, and so forth.

Community resources: Recovery is the beginning of many things, not just an end to using. There are usually resources to help people making a new start. But, many people are not sure what is available in their area. Helpful resources can include job training programs, community health

centers, housing programs, and public libraries. Legal aid and advocacy groups may also be available. People in recovery need the same things as anyone else. They need a home, health, purpose, and community.

Who needs to know?

How much do they need to know? It is useful to have a brief explanation prepared in advance. It can be as simple as "I found a treatment approach that works for me." You do not have to tell your story or go into detailed explanations. You are in control of how much information you share.

Your employer: Most people would rather not tell an employer about MAT, especially if the information could end up in a personnel file. An exception is when a boss knows you have a drug problem and has requested you get help or required you do so if you want to keep your job. In that case, it may be important to let the boss know you are in treatment, but ask yourself: Does my boss really need to know details about my treatment?

Your sponsor: Some people who choose MAT also attend 12-step meetings and work with a sponsor. Some sponsors understand and accept MAT; others do not. If you have a sponsor who is not supportive, ask yourself: What do I want from a sponsor?

Dating partners: Honesty is part of healthy relationships. But it has risks, too. When a relationship begins to get serious, you may consider saying something about MAT and recovery. Before you do, ask yourself: Is the benefit greater than the risk? It is often recommended that one avoid starting new romantic relationships or major undertakings during the first year or so of recovery as these can distract you from building the support networks and recovery skills you need and can also be the source of anger, stress, frustration, or hurt that can put you at risk of relapse. If you have a sponsor, counselor, or other mentor, you may wish to discuss this.

Family: Some family members are supportive, but some are not. If you have supportive relatives that you think will stand by you, it may be beneficial to talk with them. You may have other family members who are likely to criticize and disapprove. Before you tell those family members, ask yourself: Do I expect them to change? You may be positively surprised by the reaction of some family members. It is also possible that some you thought would be supportive are not. Be prepared for that and know who you can turn to for support if you need it in such a time.

Children: Some people in recovery feel they need to tell their children about their drug use, others do not feel their children need to know, and some think it could be harmful for them to find out. Every family situation is different. Before you talk with your children, ask yourself: Who can I talk with about what is best for my children?

Others: Reaching out to other people in your life who could become allies is an excellent strategy for building your support network. Addiction touches the lives of many families, and you probably know people who can relate to your situation. Ask yourself: Who might become an ally?

When to share: Not only do you want to consider who to talk to, you also want to think about the best time to talk to them. Here are some tips for when to talk to others about MAT:

Before you start MAT: Talk with people you want to help with your decisions about treatment. If you need rides or other practical help, ask people in advance. Asking for help can be difficult, but it is an important skill for people in recovery.

During early treatment: After you have started treatment and are feeling better, you may decide some people you are close to need to know. If you start with the people who are the easiest to tell, you will be in practice by the time you get to the more challenging ones.

Later: It may be best to wait until you are further along in recovery and have some time free from using substances before talking to people who may not be supportive. They might see things differently if they know you have something that is working for you.

Stages of Medication-assisted Recovery: There are several stages of medication-assisted

What has been helpful—even a little bit?

What has not been helpful?

What are your strengths and weaknesses?

What caused you to relapse in the past?

What pitfalls are the most risky for you?

What do you need the most help with now?

Who can help you with that?

Finding meaning

When people are addicted to opioids, they often wake up in the morning with the thought: How do I get the drugs I need today? They know they will spend much of their time finding or using drugs. Part of recovery is finding new reasons to get out of bed and new things to do with your day. You will find activities that give your life meaning and purpose. They could include work, family, spirituality, creative expression, or volunteering.

Remember, when you head for a new destination, you need a map to show you the roads you can take. A treatment plan is a roadmap of the route you and your providers agree upon to treat your opioid use disorder. A recovery plan is like a snapshot of your destination. It is based on your vision of the things you want to do and who you want to be once you are clean. It keeps you motivated and takes you from vision to action and back again. Both are helpful for building a track record of success. It is important to occasionally look back and acknowledge how far you have come. Best of luck with your journey in recovery. We hope to see you on the road to happy destiny.

Appendix

Glossary

Abstinence is an intentional choice not to use alcohol or drugs or to abuse medications. It is a commitment many people make when they want to overcome an addiction.

Addiction is physical dependence on a drug and compulsive using behavior that causes problems in many life areas.

AIDS (acquired immunodeficiency syndrome) is an incurable disease caused by a virus (see HIV). It can be passed on through sexual contact or injection drug use. When someone has AIDS, it means the virus has affected the body's ability to fight diseases. It can be fatal. New medications can save lives when HIV/AIDS is detected and treated.

Assessment is a standard set of questions that help doctors, counselors, or other providers determine how severe a person's drug problem is. It lets them know what treatment approach is best and what other services are needed.

Belief system is a set of ideas and thoughts people hold as true about themselves and the world around them. These include beliefs about what is right or wrong. Individuals, groups, communities, and cultures can have belief systems that influence the way they see things.

Benzodiazepines are a group of addictive medications used for anxiety. They have sedative and relaxing effects. These drugs include Valium, Ativan, and others. They can be fatal when mixed with some medications used to treat opioid use disorder.

Cognitive behavioral therapy (CBT) is a type of counseling that works well for people with drug problems. The counselor helps the person change the thoughts and feelings that lead to using. Then they practice new coping skills.

Cognitive skills are thinking skills. They include the ability to learn, to put ideas together, to remember, and to communicate. Cognitive skills are used to solve problems and make decisions.

Cold turkey is a term for quitting opioids with no medical help or preparation. It involves abruptly stopping drug use in an effort to quit for good. The term refers to one of the symptoms of withdrawal, "goose flesh" (horripilation).

Complementary treatments are helpful things like vitamins, yoga, or exercise. People may do them along with their drug treatment and as an ongoing part of their recovery.

Confidentiality in drug treatment is governed by law. It means information about people in drug treatment is private and cannot be given out without permission.

Counseling in addiction treatment usually includes working on a treatment plan and checking in on progress. It teaches skills that help people stay away from drug use. It also helps people work out other problems and connects them to other services as needed.

Craving is an urgent, overpowering need to use a substance. Anxious, depressive, or negative feelings usually go along with it. The urges are intense because they are related to changes in the brain that result from addiction.

Dependence is a physical change that the body goes through when it gets used to having a substance. Once it happens, people have withdrawal symptoms when they stop or rapidly decrease the drug.

Detox/Detoxification is supervised stopping of drug use. Medications are often used for a short period to help and medical supervision is often required.

Drug interaction is when two drugs do not mix well when they are taken together. Drug interactions can be very dangerous. A prescription medication can interact with a street drug or two or more prescriptions can interact, as can two or more street drugs.

ECG/EKG is an electrocardiogram. It is a test that measures the electrical activity of the heart to see if it is functioning normally.

Heart problems include a change in the heartbeat that puts people at risk for abnormal heart rhythm and sudden death. Methadone use increases the risk of this kind of problem.

Hepatitis C virus (HCV) is an infectious disease that affects the liver. There is a high rate of HCV infection among people who use drugs. It can be passed to others. Some of the ways it gets passed include tattooing, sharing razors, and especially sharing needles, spoons, and other things used to inject drugs. There is also a small risk of getting it through sexual contact with a person who has it. A simple and quick blood test can tell if someone is infected.

Hereditary means something is passed down from parents to children. Each parent gives a set of genes to their children. The genes determine eye and hair color and can make children prone to the same illnesses as their parents.

Highly motivated describes people who are ready to make a change. They have important reasons for doing so and are committed. Motivation can change as people become more certain they want to stop using.

HIV (human immunodeficiency virus) is an infection that can lead to AIDS. It is a virus that can be passed on to someone through sexual contact or though sharing needles, spoons, and other things used to inject drugs. A simple and quick test can tell if someone is infected with HIV. When people know they have it, they can get treatment.

Induction

Inpatient or residential treatment programs are centers where people live for a period of time while they get counseling and support. Some programs are long-term and offer housing and other services.

Intensive outpatient treatment programs are recovery services people can attend three to five times a week for several hours while living at home. They treat severe to moderate substance addiction.

Interferon is a medication used to treat hepatitis C virus (HCV).

Liver function tests are blood tests that check how well the liver is working.

Maintenance is the long-term part of MAT. People in maintenance may stay on medication for a long time or they may gradually cut down their dosage under medical supervision.

Mutual aid groups are also known as self-help groups. They are made up of people recovering from addiction who help and support each other. Peer support groups such as AA and NA are one type of mutual aid group.

Neonatal abstinence syndrome (NAS) is something that happens with babies born to mothers who are using opioids. The infant goes through some degree of withdrawal after birth, which can require medical care. This also can occur when the mother is receiving MAT. About half of the time medical care is required before the infant goes home.

Opiates are a class of drugs that come from the opium poppy, but many people use the word to mean all drugs that belong to the same class, including synthetic opioids.

Opioid drugs are synthetic or natural substances that have a very specific action on the brain and body. They are often used in medicine to relieve pain. They create a feeling of well-being, have sedating effects, and can easily result in physical addiction. Large doses can cause respiratory failure and death.

Outpatient treatment services are often scheduled weekly and may include both group and individual counseling.

Peer support is when people who are in recovery from addiction give and receive help to others in or seeking recovery.

Peer recovery support services are provided by a person in recovery. They can include coaching or mentoring, assistance locating housing and employment, and support developing a recovering social network. Peer specialists usually offer them through a recovery community organization or treatment center.

Prenatal care is working with a doctor and others to take care of pregnant women and the fetus during pregnancy.

Prescribed medications are given to you by a doctor to help with a medical problem. For opioid use disorder, they include methadone, buprenorphine, and naltrexone.

Providers are professionals who give services to people in need of drug and alcohol treatment and other health-related services.

One way of defining recovery is as a process of change through which people work to improve their health and well-being, live a self-directed life, and strive to achieve their full potential. Many people with addiction achieve recovery by abstaining from alcohol and illegal or non-medically required drug use.

Recovery community is made up of people and families who are in recovery from drug and alcohol problems. They share common interests and activities. They support each other and serve as a voice of recovery in the greater community. They sometimes form advocacy or support organizations.

Recovery lifestyle begins when people choose to try and overcome a problem with substances and live a healthier and more fulfilling life, often by adding new goals, activities, and social connections.

Recovery pathways are individual routes to overcoming addiction. There is no one single pathway to recovery and no single definition of recovery that works for everyone. People find their recovery pathway by looking at what has worked for others and trying out approaches they think might work for them.

Recovery skill building is learning strategies and skills to avoid risky situations and seek help when one is having difficulty, experiencing cravings or a desire to use, or both, while learning to cope with challenges or without using drugs or alcohol.

Recovery supports are people, places, and things that help with staying clean and sober. Each

Sudden cardiac death is caused when the electrical system to the heart functions abnormally. The heart is not able to keep blood moving through the body.

Support system is the combination of people and things that help a person get in and stay in recovery.

Thought patterns are set ways of thinking. Sometimes they center on a set of assumptions that may or may not be true. For example: If I can't get high, I'll never be able to have fun again. Often changing thought patterns is part of changing behavior.

Tolerance is the body's adaptation to regular use of a drug. As the body gets used to having the drug, one or more of the drug's effects decrease over time. It begins to take larger amounts to get the desired effect.

Trauma is an experience that a person finds threatening and frightening, that may have a long-lasting effect. Trauma can relate to childhood experiences such as sexual abuse, domestic violence, or loss or to later experiences, such as combat, street violence, domestic violence, or sexual assault. People who are addicted to substances or have a history of addiction often have traumatic past experiences that affect them in the present.

Treatment plan is a written document mapping out the approach the client and the treatment provider have agreed to try.

Treatment programs are usually licensed. They provide counseling, groups, medications, and other services to people seeking help with drug and alcohol problems.

Urine retention is when people have a hard time urinating (peeing) or emptying their bladders.

Withdrawal is what happens when someone is physically dependent on a drug and stops taking it or decreases the amount abruptly. Withdrawal from opioids can be intensely uncomfortable.

Withdrawal symptoms are physical and psychological. They begin shortly after someone stops taking a drug they are physically addicted to. Most of the intense withdrawal symptoms improve with time.

Resources

General Information from the U.S. Department of Health and Human Services

Opioids: The Prescription Drug & Heroin Overdose Epidemic
http://www.hhs.gov/opioids

Treatment Locators

National Treatment Locators:
http://www.samhsa.gov/find-help

Opioid Treatment Program Locator:
http://dpt2.samhsa.gov/treatment/directory.aspx

Buprenorphine Physician and Treatment Locator:
http://buprenorphine.samhsa.gov/bwns_locator

National Alliance of Advocates for Buprenorphine Treatment (NAABT) Physician/Patients Matching System:
http://www.naabt.org

State-by-State Listing for State Opioid Treatment Authority Designees:
http://dpt2.samhsa.gov/regulations/smalist.aspx

Rights

"Know Your Rights: Rights for People on MAT" and Other Related Publications:
http://lac.org/resources/substance-use-resources/medication-assisted-treatment-resources

Educating the Courts, Other Government Agencies, and Employers About Methadone:
http://www.lac.org/doc_library/lac/publications/Educating_about_Methadone.pdf

About MAT

Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends:
http://store.samhsa.gov/product/Medication-Assisted-Treatment-for-Opioid-Addiction-Facts-for- Families-and-Friends/SMA09-4443

SAMHSA TIP 43 MAT for Opioid Addiction:
http://www.ncbi.nlm.nih.gov/books/NBK64164

Topics in Brief: Medication-Assisted Treatment for Opioid use disorder:

Seeking Drug Abuse Treatment: Know What to Ask:
http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications

About MAT Medications

Federal Guidelines for Opioid Treatment:
http://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP

Drug Information: Methadone

Overview:
http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682134.html

Complete Product Labeling Information:
3/SMA09-2[3.pdfpan <Lang (en-US)/MCID 2965 BS07092 0.371 0.177 scn20 0 0 20 35.9625 548.7269 Tm38Q0-15.1(ug Inf)-20.3(ormation:)79.

Heroin Anonymous:
http://www.heroinanonymous.org

Cocaine Anonymous:
http://www.ca.org

SmartRecovery:
http://www.smartrecovery.org

Dual Recovery Anonymous:
http://draonline.org

Alcoholics Anonymous (AA):
http://www.aa.org

Double Trouble in Recovery:
http://www.bhevolution.org/public/doubletroubleinrecovery.page

Recovery Advocacy Organizations