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INFORMATION SHEET

Medically Assisted Recovery for Opioid Use Disorder

Treatment of opioid use disorder involves extremely complex medical treatments and should be considered only after consultation with a physician who has received training in these therapies for individuals with opioid use disorders.

There are currently three FDA-approved medications for use in the treatment of opioid dependence: methadone, naltrexone, and buprenorphine. They are effective because they interact with the same receptors in the brain as opioids such as heroin and prescription opiates do.

A comprehensive approach to treatment is needed for individuals who abuse opioids because they often abuse other substances, as well, and addiction is a chronic relapsing condition. This comprehensive plan should include assessment, diagnosis, treatment planning, psychosocial treatment and medication monitoring to ensure that people use their medications consistently and appropriately. Clients may need the support of various social services as they build new drug-free lives and enter long-term recovery. Services may need to continue indefinitely, as relapse can be a lifelong risk.

Buprenorphine

Buprenorphine was approved by the FDA in 2002. It is a partial agonist whose effects are similar to, but weaker than, those of full agonists. This also helps prevent withdrawal symptoms. It is capable of producing opioid agonist effects and side effects, including euphoria and suppression of respiratory function, but its maximal effects are generally milder than those of full agonists like heroin and methadone.

Physicians may prescribe buprenorphine in an office setting after completing a special training program in its use and receiving a waiver granted by the DEA. Buprenorphine is available both by itself (brand name Subutex) and in combination with naloxone, a drug used to counter the effects of an overdose of opiates such as heroin or morphine (brand names Suboxone and Zubsolv). Both of these formulations are designed to be taken sublingually (placed under the tongue and allowed to dissolve). The naloxone has little effect when taken this way, but if a client injects the medication, the naloxone enters the bloodstream and blocks the buprenorphine, causing the client to enter opioid withdrawal. This combination formulation may discourage abuse through injecting because abusers are motivated to avoid unpleasant withdrawal symptoms.

Buprenorphine side effects

Common side effects of buprenorphine include chills, constipation, diarrhea, dizziness, drowsiness, flushing, headache, nausea, sleeplessness, stomach pain, sweating, vomiting and weakness. Rare, but more serious, side effects include severe allergic reactions, anxiety, dark urine, confusion, depressed mood, pale stools, slow or shallow breathing, severe

or persistent stomach pain and yellowing of eyes or skin.

Common side effects of buprenorphine/naloxone include constipation, dizziness, drowsiness, headache, lightheadedness, mild stomach pain, nausea, sweating, trouble sleeping, vomiting and weakness and burning, numbness, pain, redness or tingling of the mouth or tongue. Rare, but more serious, side effects include severe allergic reactions, anxiety, blurred vision, confusion, decreased attention, fainting, feeling of intoxication, fever, chills, persistent sore throat, irregular heartbeat, loss of coordination, depressed mood, severe or persistent stomach pain or constipation, difficulty breathing, slowed reflexes, slurred speech, swelling and liver problems.

Buprenorphine may be dangerous when taken in combination with alcohol, certain sedatives (such as benzodiazepines), tranquilizers and other central nervous system depressants, especially at high doses.

Naltrexone

Naltrexone is an opioid antagonist. It blocks opioid receptors so they cannot be activated, even in the presence of opioids such as heroin, keeping the abused drugs from exerting their effects. As an antagonist, naltrexone does not have the same effects as opioids. It does not cause euphoria and is non-addictive. Instead, it simply blocks opioid receptors so that other opiate substances present in a client's system cannot act on them. A client who has taken naltrexone and then takes an opiate drug will not feel any of the opioid's effects due to naltrexone's blocking action. It is possible to override the blockade by taking very large doses of an opioid, but this is highly dangerous and may cause death by overdose.

Naltrexone side effects

Naltrexone is available as an oral tablet taken once daily and as an injectable long-acting medication (brand name Vivitrol) designed to be given once a month. It should be used only in clients who have been detoxified from opioids and have not had any opiates in their system for 7 – 10 days. Naltrexone can trigger opioid withdrawal symptoms if administered in a client who still has opiates in their system.

It is important to emphasize that there is a risk of narcotic overdose and death if a client who is being treated with naltrexone misses a dose and then takes an opioid such as heroin or morphine, or if the patient takes large amounts of opioids in an attempt to "break the blockade" in order to get high.

Methadone*

Methadone is a synthetic opioid that has been available for over 40 years. It is called an agonist, which means that it stimulates or "turns on" opiate receptors. Its effects are less intense, come on more slowly, and last longer than the abused drugs. This helps prevent opioid withdrawal symptoms and, at higher doses, blocks the effects of heroin and other opiates. Maintenance treatment of opioid dependence with methadone is approved only when provided with appropriate social and medical services. Methadone can be dispensed only at an outpatient opioid treatment program (OTP) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and registered with the Drug Enforcement Administration (DEA) or to a hospitalized client in an emergency. OTP facilities give out daily doses until the client is considered stable enough to receive take-home doses.

Methadone side effects

Common side effects of methadone include lightheadedness, dizziness, drowsiness, nausea, vomiting and sweating. Less common side effects include allergic reactions, flushing, slow heart rate, heart palpitations, faintness/fainting, euphoria, depressed mood, weakness, sleeplessness, agitation, confusion, visual changes, dry mouth, loss of appetite, spasm of the bile duct, difficulty urinating, reduced sex drive, impotence and reduced platelet count in clients with chronic liver disease.

Methadone can be dangerous when taken in combination with certain sedatives (such as benzodiazepines), tranquilizers and other central nervous system depressants, especially at high doses.

** Methadone is not an available treatment at Rosecrance.*

This information sheet is intended as an introduction to medications that are available for the treatment of opioid dependence. It is not intended to replace a thorough discussion of the topic with your clinician.