

# FACT SHEET:

## Opioid Use Disorders and Medication Assisted Treatment

Division of Behavioral Health



**Alaska**, along with the rest of the United States, is in the midst of an opioid epidemic. This fact sheet explains opioid use disorders and medication assisted treatment (the evidence-based best practice for treating them).

Medication assisted treatment (or MAT) is the use of counseling and behavioral therapies plus medication to provide a holistic approach to treating patients with opioid use disorders. The Alaska Division of Behavioral Health supports its use as part of the division's standard of using evidenced-informed practices for mental health and substance use disorder treatment.

### What is an Opioid?

An opioid is a drug that affects the brain. Opioids are used to relieve pain and to address other health problems such as severe coughing. "Opioid" is a broad term that refers to both prescription pain medication (such as oxycodone, OxyContin, fentanyl) and illegal substances (heroin and carfentanil). When abused, opioids increase the risk of certain infections, accidents, and death.

### Opioids can be Addictive

People may become dependent on or addicted to prescription opioids. This can happen when taking them long-term, misusing or abusing them (taking a prescription improperly, buying prescription opioids illegally, or snorting, injecting or smoking them), or by use of illegal opioids such as heroin. When a person becomes addicted, they begin to experience cravings for opioids, as well as a loss of control over their use. Misuse of legal opioids is often linked to use of illegal opioids.

Substance Use Disorders (addiction) is a medical condition like heart disease or diabetes.

### Opioid Addiction is Treatable

MAT treats dependence and addiction by using medication to ease withdrawal and ongoing cravings, and must include counseling to address root causes of the dependence and to strategize recovery plans. Taking medication for opioid addiction is much like taking medication to control diabetes or heart disease: use of

appropriate medications greatly improves treatment outcomes and quality of life for patients and decreases costs and medication may need to be taken for a period of years. MAT has been shown to increase patient survival, reduce the risk of human immunodeficiency virus (HIV) infection and viral hepatitis by reducing needle sharing, increase patient's participation in treatment, decrease illegal opioid use, increase patient's ability to get and keep employment, and improve birth outcomes for pregnant women with substance use disorders who are pregnant. Some people are eventually able to stop using MAT and maintain long-term recovery.

### MAT Medications

The federal Drug Enforcement Agency (DEA) and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) have approved three medications for medication assisted treatment.

#### Methadone

There is a large body of research supporting methadone's efficacy in treating patients with opioid addiction<sup>1</sup>. Methadone is a "full agonist" — it allows the areas of the brain affected/damaged by the abused drug to feel normal again. However, methadone at appropriate maintenance doses does not make patients feel intoxicated, or "high". Patients can participate normally in work, school, or other productive activities. Methadone prevents symptoms of opioid withdrawal and reduces cravings.

Methadone is administered on a daily basis by mouth in a clinic at the beginning of treatment; however as treatment progresses, a patient may be able to take the medication on their own at home. Some patients need methadone treatment for a matter of months; others may need methadone treatment for the rest of their life. If patients stop using methadone, they must do so gradually under a physician's care.

## Buprenorphine

Buprenorphine is a "partial agonist" —it has a "ceiling effect", which means larger doses do not generally increase the effect of the medication. Buprenorphine can be used for medically supervised withdrawal, as well as for addiction treatment. Buprenorphine can be prescribed by providers with special approval from the Federal government and is taken by mouth at home. Buprenorphine patients generally do not experience a "high" because of the "ceiling effect". If a patient chooses to stop using buprenorphine, they need to be monitored as they go through withdrawal.

*Suboxone®, is buprenorphine mixed with naloxone. Naloxone (Narcan®) is an "antagonist", which means that it blocks the effect of opioids if the drug is misused by injecting it. Thus, Suboxone decreases withdrawal symptoms and blocks the chance of experiencing a "high", which helps discourage patients in recovery from abusing buprenorphine or other opioids. Another treatment medication is Subutex®, which is buprenorphine without naloxone.*

*Patients need to discuss what buprenorphine medication works best for them in treating their opioid use disorder.*

## Naltrexone

Naltrexone injection (Vivitrol®) works differently than methadone or buprenorphine. Naltrexone is an "opioid antagonist" — it completely blocks the effects of opioids. This means that if a patient attempts to abuse opioids they do not experience a "high". This also means that a patient must be completely off of opioids for 7 to 10 days prior to the initiation of naltrexone in order to prevent instant withdrawal upon receiving the medication. This medication can be given once a month as an injection, or by daily pills. Naltrexone is most appropriate for those who are highly motivated, can completely change their social situation, and cannot risk any impairment.

## Opioid Addiction Recovery

MAT should be provided as part of a comprehensive treatment plan which is intended to support to support how patients function in all aspects of their lives. In MAT, patients must be assessed and monitored by a medical provider, meet consistently with a behavioral health professional, and follow treatment plans based on the patient's goals for treatment. Providers and patients must both comply with safety requirements. Medication, counseling, and support from loved ones are all important factors that contribute to success in recovery.

### Additional information and references for:

1. MAT in drug courts: [store.samhsa.gov/shin/content/SMA14-4852/SMA14-4852.pdf](https://store.samhsa.gov/shin/content/SMA14-4852/SMA14-4852.pdf)
2. MAT for providers and the public: [www.samhsa.gov/medication-assisted-treatment/treatment](https://www.samhsa.gov/medication-assisted-treatment/treatment)
3. MAT for families and friends: [go.usa.gov/xNX5S](https://go.usa.gov/xNX5S)
4. Methadone: [www.samhsa.gov/medication-assisted-treatment/treatment/methadone](https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone)
5. Buprenorphine: [www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine](https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine)
6. Naltrexone: [www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone](https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone)
7. The U.S. opioid epidemic: [www.cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose)
8. Practice guideline for MAT: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
9. Naltrexone side effects and highly motivated individuals: <https://store.samhsa.gov/shin/content/SMA12-4444/SMA12-4444.pdf>
10. More about naltrexone: <https://store.samhsa.gov/shin/content/SMA14-4892R/SMA14-4892R.pdf>
11. Opioid prevention in Alaska: [www.opioids.alaska.gov](https://www.opioids.alaska.gov)