

Treatments For Opioid Use Disorder



A variety of effective treatments are available for opioid use disorder, including pharmacological (medications) and behavioral health treatments. Both approaches can help a person recover from opioid use disorder and live a happy and productive life. Although pharmacologic and behavioral health treatments can be extremely beneficial when utilized alone, research shows that for many people, integrating both types of treatment is the most effective approach.

- Pharmacological (medication) and behavioral health therapies are effective treatments for opioid use disorder. Medication and behavioral health therapies are most effective when utilized together.
- Medications can lessen the severity of withdrawal symptoms and increase retention in treatment programs.
- Behavioral health therapies can help individuals learn and practice coping skills, so that they can manage life stress without using substances.

What Are Opioids?

Opioids are a class of drugs that interacts with opioid receptors on nerve cells in the body and brain, and reduces the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids such as fentanyl, which is often made illegally; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine.

What Is Opioid Use Disorder?

Opioid use disorder (OUD) occurs when opioid misuse causes significant impairment and distress. A diagnosis of OUD is based on specific criteria such as unsuccessful efforts to cut down or control misuse, or misuse resulting in a failure to fulfill obligations at work, school, or home, among other criteria.

Pharmacological Treatments (Medication-Assisted Treatment)

Medications developed to treat OUD work through the same opioid receptors as the addictive drug, but are safer and less likely to produce the harmful behaviors that characterize a substance use disorder. Three types of medications include:

- Agonists, which activate opioid receptors
- Partial agonists, which also activate opioid receptors but produce a smaller response
- Antagonists, which block the receptor and interfere with the rewarding effects of opioids

A qualified medical practitioner will review the individual's specific needs and other factors to prescribe the best medication type for effective treatment.



Wheeler

**CONNECTICUT
Clearinghouse**
a program of the Connecticut Center
for Prevention, Wellness and Recovery

800.232.4424 (phone)
www.ctclearinghouse.org

A Library and Resource Center on Alcohol, Tobacco, Other Drugs, Mental Health and Wellness

Effective medications include:

- **Methadone (Dolophine® or Methadose®)** is a slow-acting opioid agonist. Methadone is taken orally so that it reaches the brain slowly. It dampens the "high" that occurs with other routes of administration while preventing withdrawal symptoms, such as agitation, sweating, muscle aches, vomiting, and diarrhea. It has been used since the 1960s to treat opioid use disorder and is still an excellent treatment option, particularly for people who do not respond well to other medications. Methadone is only available through approved outpatient treatment programs, where it is dispensed to individuals on a daily basis.
- **Naltrexone (Vivitrol®)** is an opioid antagonist. Naltrexone blocks the action of opioids, is not addictive or sedating, and does not result in physical dependence. Vivitrol® is the injectable formulation of naltrexone; it is administered once a month to prevent relapse to opioid dependence following heroin detoxification.
- **Buprenorphine (Suboxone®)** is a partial opioid agonist. It relieves drug cravings without producing the "high" or dangerous side effects of opioid misuse. Suboxone® is a novel formulation of buprenorphine that is taken orally or sublingually and contains naloxone (an opioid antagonist) to prevent attempts to get high by injecting the medication. If someone with an opioid use disorder were to inject Suboxone, the naloxone would induce withdrawal symptoms, which are averted when taken orally as prescribed. Buprenorphine can be prescribed by certified physicians, which eliminates the need to visit specialized treatment clinics. Buprenorphine is also available in subdermal and injectable formulations, which eliminates the treatment barrier of daily dosing.

Behavioral Therapies

The many effective behavioral treatments available for opioid use disorder can be delivered in outpatient and residential settings. Approaches such as contingency management and cognitive-behavioral therapy have been shown to effectively treat opioid use disorder, especially when applied in concert with medications. Contingency management uses a voucher-based system in which individuals earn "points" based on negative tox screens, which they can exchange for items that encourage healthy living. Cognitive-behavioral therapy is designed to help modify the person's expectations and behaviors related to substance misuse and to increase skills in coping with various life stressors. An important goal is to identify the best treatment approach to meet the particular needs of the individual.

Connecticut residents can call the **24/7 Access Line (1.800.563.4086)** for information and support on OUD treatment options, available programs, and transportation to and from inpatient or residential programs, if needed.

Connecticut Resources

CT Department of Mental Health and Addiction Services

www.ct.gov/DMHAS

24/7 Access Line

1.800.563.4086

2-1-1 of Connecticut

www.211ct.org or call 2-1-1

National Resources

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov