

Are you or someone you know struggling with

opioids?

**Medication
may be the answer**



The most effective **medications for opioid use disorder (MOUD)** are methadone, buprenorphine, and naltrexone, which are approved by the Food and Drug Administration¹

Medication-assisted treatment (MAT) combines behavioral therapy and medication to treat substance use disorders to promote and maintain recovery.

Is medication for opioid use disorder (MOUD) right for me?

- ▶ Do you become sick when you stop using opioids?
- ▶ Have you ever injected drugs?
- ▶ Have you ever experienced an opioid overdose?
- ▶ Have you tried other forms of treatment, such as counseling, withdrawal management (detox) services or rehabilitation, but returned to using?
- ▶ Have you been diagnosed with an opioid use disorder?

If you answered yes to any of these questions, **MOUD or MAT** might be right for you.

Before making a decision, it is important to talk with a medical provider to learn more about available treatments.

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Arizona State University

AHCCCS
Arizona Health Care Cost Containment System

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1) www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat

What is an Opioid Use Disorder?

Opioids include legal and prescription substances like **hydrocodone** (Vicodin®), **oxycodone** (OxyContin®, Percocet®), **codeine** and **fentanyl**, as well as illegal substances, such as **heroin**.

The use of legal or illegal opioids can lead to addiction. Opioid use disorder is a chronic brain disease, which may result in death.

Research shows this illness often develops as a result of genetics, mental illness, traumatic events, or physical pain.¹

Opioid Withdrawal Symptoms

Have you experienced any of the following symptoms when you have tried to stop using opioids?

- Anxiety
- Dilated pupils
- Cramping or abdominal pain
- Sweating
- Nausea
- Restlessness
- Insomnia
- Rapid heart rate
- Excessive yawning
- Tremors
- “Goose bumps”
- Watery eyes
- Diarrhea
- Vomiting

Medication can reduce, or in some cases stop, these withdrawal symptoms.



Frequently Asked Questions

Is one medication better than another?

No. Treatment is **individualized.**

The best medication is the one that **works for you.**

Your treatment team (doctors, nurses, counselors, etc.) may consider many factors, including your response to a medication and your opioid use history.

Will I become addicted to my medication? Will I just replace one addiction with another?

No. Dependence is not addiction; **addiction causes cravings and a loss of control.**

This means a person who is addicted may use a substance compulsively, to get high, even when they experience negative consequences. With medications, like methadone, a person may become physically dependent, but the medication is used to feel and stay well, not to get high.



Frequently Asked Questions (continued)

How do I prevent an opioid overdose?

If you or a loved one has opioid use disorder, **carrying naloxone may prevent an accidental fatal overdose.**

Carrying naloxone is an important part of opioid overdose prevention.

Having the medication naloxone or “Narcan” on hand can save lives. If you are with someone experiencing an overdose, call 9-1-1 and administer naloxone.

Administering naloxone could save a life. Administering naloxone to someone not experiencing an overdose will not harm them.

Naloxone can be obtained over-the-counter at Arizona pharmacies and through Sonoran Prevention Works.

For more information on obtaining a free naloxone kit or fentanyl test strips, visit

**Sonoran Prevention Works at:
spwaz.org/overdoseprevention
or call: (480) 442-7086**

Is recovery possible with medication?

Science shows us that medication not only improves a person’s ability to stay in treatment and stabilize their lives, but also reduces cravings and use of illegal opioids like heroin.

Treatment has also been shown to prevent overdose and death due to opioid misuse.^{2,3,4}

Medication can reduce withdrawal symptoms or cravings.

Remember medication is only one part of a recovery program and works best when paired with behavioral health services, such as counseling.

What can I do with unused prescription opioids?

Visit azpoison.com/content/safe-medication-disposal.



I am pregnant. Can I start treatment?

Yes. Medication is the recommended treatment for pregnant women with opioid use disorders.

MAT helps to prevent the miscarriage of the baby that can occur with opioid use or withdrawal from opioid use. If you are pregnant and addicted to opioids, talk to medical professionals at an opioid treatment program (OTP) to ensure you and your baby stay safe.

According to the CDC, some medications for use with pregnant women have been studied more than others. More information can be found here: <https://www.cdc.gov/pregnancy/opioids/treatment.html>

Where can I get treatment services?

1. Go to substanceabuse.az.gov
2. Click the **treatment** box
3. Type in your **zip code** and click the search button
4. Click on the last option, **medication-assisted treatment**

or

Call the Opioid Assistance and Referral (OAR) line at:

1-888-688-4222

Open 24 hours
Seven days a week



What medications are available?

	methadone (Methadose®, Dolophine®) FDA Approval: 1964	buprenorphine/ naloxone (Suboxone®, Sublocade®) FDA Approval: 2002	naltrexone (Vivitrol®, Revia®, or Depade®) FDA Approval: 1984
How does it work?	This medication acts like other opioids, and will prevent feelings of sickness when opioid use is stopped; it also helps with cravings	This medication will prevent feelings of sickness when opioid use is stopped; it also blocks opioid effects, so if an opioid is used while taking this medication the person will not feel “high”	This medication prevents an opioid effect (i.e., “high”) when opioids are used
How do I take it?	Daily, in a medically supervised opioid treatment program (i.e., methadone clinic); take-home doses may be allowed after successful use of the medication is demonstrated	Daily, at home, with weekly visits to a prescriber, followed by monthly visits	Daily, at home, with initial weekly visits to a prescriber; or a once a month injection is available
Other things to consider	<p>There is no need to be free from (abstinent from) opioids before starting this treatment</p> <p>If opioids have been used for many years, this medication may provide better control of withdrawal symptoms and cravings</p> <p>FDA-approved for pregnant women</p> <p>This medication is 100% covered by AHCCCS and may be covered by private insurance, by an assistance program or by a state block grant; check with your provider</p>	<p>Opioid use must be stopped approximately 24 hours before starting this treatment</p> <p>Take-home dosing is available</p> <p>This treatment may be more successful with support from friends and family</p> <p>This medication is 100% covered by AHCCCS and may be covered by private insurance, by an assistance program or by a state block grant; check with your provider</p> <p>Sublocade® is the extended release version of buprenorphine which is administered monthly. Some find a monthly injection a more sustainable option because the medicine is released over the course of the month without daily ups and downs</p>	<p>Opioid use must be stopped 7-14 days prior to starting this treatment</p> <p>Physical dependency is not a characteristic of this medication, meaning some patients stop the medication against medical advice</p> <p>Some find a monthly injection more convenient than other forms of treatment</p> <p>This medication lowers opioid tolerance. Those who stop using this medication, and return to opioid use are at a higher risk for overdose</p> <p>This medication is 100% covered by AHCCCS and may be covered by private insurance, by an assistance program or by a state block grant; check with your provider</p>

***Note: the above are medications for opioid use disorder, but there are also medications available to treat alcohol addiction. You can learn more at [samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat](https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat)**

¹ National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services (2018). Drugs, brains, and behavior: The science of addiction. Washington, D.C.: author.

² Bart G. (2012). Maintenance medication for opiate addiction: the foundation of recovery. *Journal of Addictive Diseases*, 31(3), 207-25.

³ Degenhardt, L., Randall, D., Hall, W., Law, M., Butler, T., & Burns, L. (2009). Mortality among clients of a state-wide opioid pharmacotherapy program over 20 years: risk factors and lives saved. *Drug and Alcohol Dependence*, 105(1-2), 9-15.

⁴ Kelly, E., & Hulse, G. (2017). Morbidity and mortality in opioid dependent patients after entering an opioid pharmacotherapy compared with a cohort of non-dependent controls. *Journal of Public Health*, 1-6.

⁵ Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2009). Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database of Systematic Reviews*, (3).



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