Medication-assisted Treatment in Opioid Addiction

**COURSE TITLE:** Medication-assisted Treatment in Opioid Addiction  
**Course Code:** EL-MATOA-ADXN-0  
**Staff Writer:** Luc R. Pelletier, MSN, PMHCNS-BC, FAAN & Steve Jenkins, Ph.D.

**Course Outline:**

I. Section 1: Introduction  
   A. Course Contributors  
   B. About This Course  
   C. Learning Objectives

II. Section 2: Opioid Addiction  
   A. Meet Rafael  
   B. Scope of the Problem: Opioid Addiction  
   C. More About Opiate Addiction  
   D. What Are Opiates?  
   E. Opiates and the Brain  
   F. Commonly Prescribed Opiates  
   G. What is Opiate Addiction?  
   H. Characteristics of Addiction  
   I. Common Terms in Opioid Addiction  
   J. Test Your Knowledge  
   K. Section Summary

III. Section 3: Medication-Assisted Treatment for Opioid Addiction  
    A. Treatment for Opioid Addiction  
    B. Components of Treatment  
    C. Principles of Effective Addiction Treatment  
    D. A Few More Principles of Effective Addiction Treatment  
    E. Let’s Practice the Principles  
    F. The Principles  
    G. What is Medication-Assisted Treatment (MAT)?  
    H. Medications Used to Treat Opioid Addiction  
    I. How Do These Drugs Work?  
    J. Dosages and Dispensing  
    K. Advantages of Buprenorphine  
    L. Treatment with Buprenorphine  
    M. Using Buprenorphine Carefully  
    N. Before Medication-Assisted Treatment Begins  
    O. Warnings About Taking a Medication for Opioid Addiction  
    P. More Steps for Ensuring Safe Medication Use  
    Q. Side Effects of Medication  
    R. Common Side Effects and Simple Ways to Reduce Them
S. Adjusting Medications
T. Course of Treatment
U. MAT Programs Are Effective
V. Test Your Knowledge
W. Michael's Medication
X. Section Summary

IV. Section 4: Assessment, Treatment, and Confidentiality
   A. Assessing the Patient
   B. Introducing Medication Carefully
   C. Associated Medical Problems in Persons Who Are Opioid Addicted
   D. The Individualized Plan of Care
   E. Counseling
   F. Family and Friends are Important Too!
   G. Support Groups
   H. Goals for Recovery from Opioid Addiction
   I. Let’s Practice Developing a Plan of Care
   J. Confidentiality Guidelines
   K. Confidentiality and Privacy Specific to Opioid Treatment
   L. Things to Remember About Opioid Addiction and Treatment
   M. Rafael Continued
   N. Section Summary

V. Section 5: Conclusion
   A. Resources
   B. Summary
   C. References

SECTION 1. INTRODUCTION

Course Contributors

Luc R. Pelletier, MSN, PMHCNS-BC
Mr. Pelletier, Essential Learning’s Senior Healthcare Quality Consultant, has 27 years of experience in the behavioral healthcare field and is a licensed psychiatric nurse. His expertise is in the areas of managed behavioral healthcare, mental health and addictions nursing, clinical informatics, quality and performance improvement, data quality, policy development, and accreditation and regulatory compliance. Mr. Pelletier has an impressive editorial resume as editor, contributor, and reviewer for premier nursing journals. He is currently the Editor-in-Chief of the Journal for Healthcare Quality, a peer-reviewed journal of the National Association for Healthcare Quality and the recipient of the APEX Award of Excellence in many categories since 2002. Mr. Pelletier is a Fellow with the American Academy of Nursing, the National Association for Healthcare Quality, and the American College of Mental Health Administration.

Steve M. Jenkins, Ph.D.
Dr. Jenkins is a counseling psychologist and a professor at Wagner College in New York that has extensive clinical expertise working in corrections and other behavioral healthcare settings. His forensic experience includes bridging communication gaps and improving relations between adolescent and adult inmates and corrections officers and prison staff. He has conducted anger-management groups for violent offenders and recidivism prevention groups for sexual offenders. Dr. Jenkins has developed workshops and trainings on psychoeducation and best practices in evidence-based individual and group psychotherapy based on his own experiences. Dr. Jenkins is an associate fellow and completed his post doctoral training at the Albert Ellis Institute for Rational Emotive Behavioral Therapy. He has been published in top psychological journals and books including the *Journal of College Counseling, The Counseling Psychologist, Contemporary Family Therapy*, and *Counseling Psychology Quarterly*. Dr. Jenkins also regularly presents his research at national conferences.

**About This Course**

Opioid addiction is a significant public health concern. Its effects on individuals, as well as populations, are costly and burdensome. This course is targeted to a broad healthcare audience, including individuals with either basic or more advanced levels of medication-assisted treatment experience. By clearly defining the scope of the problem and giving the definitions of opiates and the processes involved in opiate addiction, this training discusses the principles of effective medication-assisted addiction treatment, with special emphasis on assessing the opioid-addicted individual who seeks care. Using various teaching tools, including instructive information and interactive exercises, this course will help you to formulate a plan of care, goals for recovery, and confidentiality guidelines for individuals seeking treatment in your own setting. Step-by-step guidelines derived from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) “Medication-assisted treatment for opioid addiction: Facts for families and friends” will further assist your learning and application of these concepts. This course is appropriate for anyone who has had difficulties with opioid addiction, or anyone who may be involved with the treatment of opioid addiction.

**Learning Objectives**

After completing this course, you should be able to:

1. Discuss the self-management techniques you can employ to safely administer medications for opioid addiction.
2. Describe the four core elements of addiction.
3. Formulate goals with the individual who wants to withdraw from the problem opioid.

**SECTION 2. OPIOID ADDICTION**

**Meet Rafael**
Rafael is a 48-year-old man who has had chronic neck pain for five years. He lives alone and pretty much keeps to himself. At the suggestion of his doctor, he finally agreed to have neck surgery. Prior to the surgery, Rafael’s physician prescribed him OxyContin, an opiate for chronic pain. OxyContin did not control the pain, so Rafael was switched to methadone, which significantly relieved his pain, however, Rafael was hopeful that the surgery would take more of the pain away. Although his pain diminished, he now thinks that he is “addicted” to these medications and wants to get himself “off the painkillers” but doesn’t know how to do that. Rafael feels that his predicament is hopeless and overdoses on his medication.

To help Rafael with his problem with methadone, his doctor started him on suboxone and told him the plan is to "detox" him off of the methadone by titrating it down slowly. Rafael has been very uncomfortable at times, and discussed his anxiousness and agitation with the prescribing physician, saying, "I just don't know how anyone does this. I think it is just too hard!" The physician told him that he just needs to tough it out for a while, and that his feelings are a normal part of the recovery process.

A few days later, Rafael decided he was just going to quit methadone "cold turkey." Not long afterwards, the cravings and feelings of isolation led him back to his oxycodone addiction.

**What could Rafael's doctor have done differently?**

As you will learn in this course, medication-assisted treatment is more than simply taking a drug. Other components of care such as counseling or group therapy could have helped Rafael regain a pain and drug-free life.

**Scope of the Problem: Opiate Addiction**

Nearly half a trillion dollars are spent in the United States yearly on the medical, economic, social, and criminal consequences caused by the use and abuse of addictive substances including opioid pain medications, illicit drugs, alcohol, and nicotine.

Nonmedical use of prescription pain relievers such as hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin), morphine, and similar medications is a matter of increasing public health concern. The use of prescription pain relievers can produce dependence or abuse, particularly when these drugs are taken without a physician’s direction and oversight.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance abuse treatment admissions reporting primary pain reliever abuse increased from 18,300 in 1998 (1.1% of all admissions) to approximately 105,680 (5.6%) in 2008.

**More about Opiate Addiction**
Between 1980 and 2000, there was an increase from 8% to 16% in the number of patients receiving opioids for chronic musculoskeletal pain and an increase in use from 8% to 11% for acute musculoskeletal pain. In 2002, reports show a 222% increase in the absolute number of prescriptions for opioid narcotics over the previous 10-year period.

Patients who report opioid abuse miss more than 2.2 days of work monthly, compared with the 0.83 days per month missed by the average employee.

In the criminal justice system, people who use heroin account for an estimated one-third of the $17 billion spent each year for legal responses to drug-related crime.

**What Are Opiates?**

Opiates are made from opium, which comes from the poppy plant. They can have important medical benefits: they are powerful painkillers, are sometimes prescribed to control severe diarrhea, and also can be found in cough medicine.

Maybe you've heard of drugs called Vicodin, morphine, or codeine. These are examples of opiates. When used properly for medical purposes, they can be very helpful. Opioid medications are prescribed to treat pain and sometimes for other health problems such as severe coughing.

Opiates used without a doctor's prescription or in ways other than how they are prescribed can be dangerous and addictive. Heroin is an illegal opioid that is smoked, snorted, or injected to get a good feeling, often called a “rush” or “high.” Sometimes, people will seek this same feeling by taking large doses of prescription opioids.

**Opiates and the Brain**

Opiates act on many places in the brain and nervous system, including the: Limbic system, which controls emotions. Acting here, opiates can produce feelings of pleasure, relaxation, and contentment. Brainstem, which controls things your body does automatically, like breathing. Opiates can act on the brainstem to slow breathing, stop coughing, and lessen feelings of pain. Spinal cord, which transmits sensations from the body. Opiates also act here to decrease feelings of pain, even following serious injuries.

**Commonly Prescribed Opiates**

Examples of prescribed opiates include: Codeine—an ingredient in some cough syrups and in one Tylenol product Hydrocodone—Vicodin, Lortab, or Lorcet Oxycodone—Percocet, OxyContin, or Percodan
Hydromorphone—Dilaudid
Morphine—MSContin, MSIR, Avinza, or Kadian
Propoxyphene—Darvocet or Darvon
Fentanyl—Duragesic
Methadone

What is Opiate Addiction?

If you take opioids, you can become tolerant to them. This means that more of the drug is needed to obtain its effects. It is also possible to become dependent on opioids. This means that if you stop taking them, you will feel sick. This sickness is called withdrawal. Dependence is not the same as addiction, but sometimes dependence leads to addiction.

Tolerance and dependence are common side effects of prescribed opioid medication that can be managed under a doctor’s care. Tolerance and dependence are side effects from misuse of opioids as well. Addiction is not likely to develop in a person using medication properly, but this sometimes happens. Addiction usually occurs through misuse. Some people are at higher risk of addiction because of their genes, temperament, or personal situation.

Characteristics of Addiction

According to the American Psychiatric Association (2000), “addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.”

Its characteristic behaviors include one or more of the following:
- Impaired control over drug use
- Compulsive use
- Continued use despite harm
- Craving

The 4 core elements of addiction (the 4 Cs) include:
- Compulsive use
- Inability to Control the quantity used
- Craving the psychological drug effects
- Continued use of the drug despite its adverse effect

Not everyone who uses opioids gets addicted, but it is difficult to stop using opioids after you have become addicted because the cravings are so strong and the fear of withdrawal is so great.

Common Terms in Opioid Addiction
Let’s learn some terms that will be helpful in understanding this material.

<table>
<thead>
<tr>
<th><strong>Abstinence</strong></th>
<th>Non-use of illicit drugs, as well as non-abuse of medications normally obtained by prescription or over the counter.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling</strong></td>
<td>A treatment service in which a trained counselor and a case manager evaluate both the patient’s external circumstances and immediate treatment progress and offer appropriate advice and assistance or referral to other experts and services as needed. A major objective is to provide skills and support for a substance-free lifestyle and encourage abstinence from opioids.</td>
</tr>
<tr>
<td><strong>Craving</strong></td>
<td>Urgent, seemingly overpowering desire to use a substance, which is often associated with tension, anxiety, or other dysphoric, depressive, or negative affective states.</td>
</tr>
<tr>
<td><strong>Dependence</strong></td>
<td>State of physical adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, and/or decreasing blood level of a substance and/or administration of an antagonist.</td>
</tr>
</tbody>
</table>

**Test Your Knowledge**

A craving is a state of physical adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, and/or decreasing blood level of a substance and/or administration of an antagonist.

True
False

The correct answer is false. Not a craving but a dependence is a state of physical adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, and/or decreasing blood level of a substance and/or administration of an antagonist.

**Section Summary**

Now that you have completed the first section of this course, let's pause to reflect on some of the key points you have learned.

You should now be able to:

- Describe opiates as drugs that are made from opium, which comes from the poppy plant.
- List several commonly prescribed opiates, such as codeine, oxycodone, and morphine.
- Recite the four core elements of addiction.
- Define terms often used when discussing opioid addiction and treatment.
You've got the basics of what opioids are and what opiate addiction is so in the next section, you will learn about treatment of opioid addiction.

**SECTION 3. Medication-Assisted Treatment for Opioid Addiction**

**Treatment for Opioid Addiction**

Opioid addiction is a **chronic disease**, like heart disease or diabetes. A chronic disease is a medical condition for life. **It cannot be cured, but it can be managed.** A person with addiction can regain a healthy, productive life.

But if you are like most people, you cannot walk away from addiction on your own. **Treatment** includes the care of medical professionals and substance abuse treatment providers, and it can help.

Treatment helps you give up the problem drug. It helps you get through withdrawal and cope with cravings. Treatment also helps you change addictive thinking into nonaddictive, healthful patterns. It can help you move away from other harmful behaviors, too, such as drinking alcohol or abusing other drugs besides the problem opioid.

Just as important, treatment helps you address life issues you might have that are tied to the addiction such as feelings of low self-worth, a bad situation at work or home, or spending time with people who use drugs. In short, treatment helps you move into a healthy, addiction-free lifestyle. It helps you move into a way of living referred to as **recovery**.

**Components of Treatment**

As you can see, opioid addiction is problematic on many levels. So, how do you escape from the misery and risks of drug addiction? Most people cannot do it on their own. They need help to return to normal, healthy living. One important form of help is called medication-assisted treatment.

There are three, equally important parts to this form of treatment:

- **Medication**
- **Counseling**
- **Support from family and friends**

**Principles of Effective Addiction Treatment**

The National Institute on Drug Abuse has developed evidence-based principles of effective addiction treatment. These principles include:
1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just her/his drug abuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

A Few More Principles of Effective Addiction Treatment

- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets her/his changing needs.
- Many drug-addicted individuals also have other mental disorders.
- Medically assisted detoxification is only the first stage of addiction treatment, and, by itself, does little to change long-term drug abuse.
- Treatment does not need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should assess patients for the presence of HIV/ AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.

Let’s Practice the Principles

Treatment needs to be voluntary to be effective.

True

False

The correct answer is false. Treatment does not need to be voluntary to be effective.

The Principles

Now that you have reviewed the National Institute on Drug Abuse’s principles of effective treatment, let’s learn specifically about one such method: Medication-assisted Treatment (MAT).

What Is Medication-Assisted Treatment (MAT)?
As you learned earlier, MAT is treatment for addiction that includes the use of medication, along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction.

If you are addicted, medication:
- Allows you to regain a normal state of mind free of drug-induced highs and lows.
- Frees you from thinking all the time about the drug.
- Can reduce problems of withdrawal and craving.
These changes can give you the chance you need to focus on the lifestyle changes that lead back to healthy living.

Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addictive drug for another. Used properly, the medication does NOT create a new addiction. It helps you manage your addiction so that the benefits of recovery can be maintained.

**Medications Used to Treat Opioid Addiction**

The common medications used to treat opioid addiction include:
- Methadone
- Buprenorphine (Subutex)
- Buprenorphine + Naloxone (Suboxone)
- Clonidine
- Naltrexone

Cost varies for the different medications. You may need to take this into account when considering your treatment options.

**How Do These Drugs Work?**

Methadone and buprenorphine work by tricking the brain into thinking it is still getting the opioid. The person taking the drug feels normal, not high, and withdrawal does not occur. These drugs also reduce cravings.

Clonadine and naltrexone help people overcome addiction in a different way. They block the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again. This feature makes these medications a good choice to prevent **relapse** (falling back into problem drug use).

All of these medications have the same positive effect: they reduce problem addiction behavior.
**Dosages and Dispensing**

All three medications come in pill form. Methadone also comes as a liquid or wafer, and buprenorphine is also available in a sublingual “film” form. If you take methadone, you will take it daily. If you take one of the other two medications, you will take them daily at first. After time taking buprenorphine, you will start to take it every other day. If you are taking naltrexone, you may take them up to three days apart.

Methadone is only dispensed to treat addiction at specially licensed treatment centers. Buprenorphine and naltrexone are dispensed at treatment centers or prescribed by doctors. A doctor must have special approval to prescribe buprenorphine. Some people go to the treatment center or doctor’s office every time they need to take their medication. People who are stable in recovery may be prescribed a supply of medication to take at home.

**Advantages of Buprenorphine**

While the other medications to treat opioid addiction can be effective, there are some particular advantages to the drug buprenorphine. The main advantages of buprenorphine are:

- You are unlikely to overdose on buprenorphine if you take it properly.
- Buprenorphine is long acting. This means that after an initial period, your doctor may have you take the pill every other day rather than once a day.
- Doctors can prescribe buprenorphine so that you can take doses at home.

**Important:** Not all doctors have approval to prescribe this medication, and not all doctors provide counseling for addiction. Also, daily check-in at a treatment center can be helpful to recovery. Therefore, for some people, a treatment center is the best place to receive medication for opioid addiction.

**Treatment with Buprenorphine**

As you have already learned, if you take buprenorphine, you will feel normal, not high. However, the brain thinks it is receiving the problem opioid, so your withdrawal symptoms stay away. Buprenorphine also reduces cravings. If cravings continue to be a problem, your doctor will adjust your medication or help you find other ways to reduce them.

You take buprenorphine as a pill that dissolves under the tongue. You do NOT chew or swallow it. There are two forms:

- **Suboxone** contains buprenorphine plus another medication called **naloxone**. The naloxone is added to prevent abuse; it brings on withdrawal in people who abuse buprenorphine by injecting it.
• Subutex contains only buprenorphine. This form is prescribed if you should not take naloxone for any reason, such as if you are allergic to it or are pregnant.

The pill is taken once a day. Over time, the dose interval may stay at once a day or change to every other day.

Now that you know the basics of medications used to treat opioid addiction, in the next few pages, we’ll provide some steps you can take to ensure safe medication administration.

Using Buprenorphine Carefully

Your doctor will prescribe a low dose to start taking after withdrawal symptoms begin. Dose levels may be adjusted up as needed. Always take doses exactly as prescribed by your doctor. Buprenorphine can make you feel drowsy at first. You should not drive or perform other high-risk tasks until you know how this medication affects you. If drowsiness continues to be a problem, your doctor may adjust dose levels.

You may take buprenorphine for days, months, or years . . . as long as it is needed to prevent relapse. However, you should be checked often by a doctor if you have liver disease.

If you are stable in your recovery and want to stop taking buprenorphine, you must do it slowly, over time. This is called tapering. Tapering works best with the help of your doctor or substance abuse treatment provider after progress has been made in treatment.

Before Medication-Assisted Treatment Begins

Before you are given the first dose of any medication for opioid addiction, your doctor will ask you questions about your addiction, health, and other problems. You will get a drug test, usually by checking your urine or saliva. You also will have a physical exam and tests for diseases that are common to people who have been abusing drugs. Your liver will be checked to make sure the medication can be safely taken. If buprenorphine is safe and appropriate for you, your doctor may recommend it.

You and your doctor or substance abuse treatment provider decide together on a treatment plan. The plan describes the medication routine, the counseling and other services that will be provided, and the rules that must be followed. These rules will be explained to you and you will get them in writing.

Warnings about Taking a Medication for Opioid Addiction

First of all, while you taking medication for opioid addiction, you should NOT take other medications without consulting your doctor first. You should also be sure to talk to your doctor before stopping or starting any other medications.
Similarly, you should NOT use illegal drugs, drink alcohol, or take sedatives, tranquilizers, or other drugs that slow breathing. **Taking any of these substances in large amounts along with your opioid addiction medication can lead to overdose or death.**

If you keep your medication at home, it **must** be locked in a safe place to prevent accidental use by others, especially children. If children take them by mistake, they can overdose or die. This is especially true for methadone, because it often comes as a colored liquid. Children can mistake it for a soft drink.

If you are a woman and are pregnant or breast-feeding, methadone is safer than buprenorphine for both mother and child. In special circumstances, doctors may recommend the naloxone-free form of buprenorphine instead of methadone. Ask your doctor for more information.

If you are taking any medications to treat opioid addiction, you should be checked by a doctor for liver problems. Liver problems are rare but can occur. If you have a pre-existing liver condition, your doctor should conduct regular tests on your liver.

**More Steps for Ensuring Safe Medication Use**

- Be aware of the signs of methadone overdose:
  - Trouble breathing or shallow breathing
  - Extreme tiredness or sleepiness
  - Blurred vision
  - Inability to think, talk, or walk normally
  - Feeling faint, dizzy, or confused

Anyone on methadone who has these symptoms should get medical attention immediately.

*NOTE: Overdose is less likely with buprenorphine and unlikely with naltrexone. However, to avoid problems, any medication for opioid addiction should be taken exactly as the doctor prescribes.*

- People on any of these medications should NOT use other opioid medications or illegal drugs. They should NOT drink alcohol or take sedatives, tranquilizers, or other drugs that slow breathing. Taking any of these substances in large amounts along with the treatment medication can lead to overdose or death.

**Side Effects of Medication**

All three medications we have discussed so far have side effects in some people, such as upset stomach and sleep problems. These are usually minor.
Side effects are feelings of discomfort or sickness that come with taking medicine. Buprenorphine has a few mild side effects. Usually these go away after the medication is taken for a while. If you have side effects, you should NOT stop taking the medication. Instead, talk with your doctor or substance abuse treatment provider. An adjustment in dosage or a change in medication may help. There are some simple things you can do to reduce side effects, too. Go on to the next page to find out.

Common Side Effects and Simple Ways to Reduce Them

Click on each title for more information

Body aches, headaches, and cold or flu-like symptoms
Check with your doctor about over-the-counter medicines you may take.

Dizziness
Stand up slowly. Call your doctor if problems persist.

Constipation
Drink more water and juice. Eat food with fiber. Exercise more.

Sweating
Shower often. Dress in layers.

Sleep problems, including tiredness
Take the pill in the morning. Avoid naps. Go to bed at the same time every night. Exercise. Do not drink caffeine after lunchtime.

Upset stomach or vomiting
Take the pill after you have eaten. Take an antacid product as directed by your doctor.

Mood swings
Exercise more. Do fun things that do not involve the old drug lifestyle. Relax. Talk to your substance abuse treatment provider.

Serious side effects
For extreme stomach pain, vomiting, or diarrhea, contact your doctor right away. Also seek help if the following side effects appear, because they may indicate serious liver problems:

- Dark or tea-colored urine
- Bad stomachache
- Light-colored bowel movements
- Yellowing in the whites of the eyes
- Yellow skin

Adjusting Medications
Any changes to your medication regimen should only be done under the care of your prescriber. If the medication is not working as expected, the doctor may adjust the dose up or down or prescribe a different medication. You may feel some symptoms similar to withdrawal as adjustments are made.

Methadone and buprenorphine can cause drowsiness at first. For this reason, when you are starting on either medication, you should not drive or perform other high-risk tasks in order to avoid accidents. If drowsiness continues to be a problem, the doctor may adjust your dose levels.

The right medication has been found when you feel normal, have minor or no side effects, do not feel withdrawal, and have your cravings under control.

Course of Treatment

People can safely take treatment medication as long as needed: for months, a year, several years, and even for life. Sometimes people feel that they no longer need the medication and would like to stop taking it. Use of methadone and buprenorphine must be stopped gradually to prevent withdrawal. Stopping naltrexone does not cause withdrawal.

Plans to stop taking a medication should ALWAYS be discussed with a doctor.

MAT Programs Are Effective

According to SAMHSA’s Division of Pharmacologic Therapies, as part of a comprehensive treatment program, MAT has been shown to:

- Improve survival
- Increase retention in treatment
- Decrease illicit opiate use
- Decrease hepatitis and HIV seroconversion
- Decrease criminal activities
- Increase employment
- Improve birth outcomes with perinatal addicts

Test Your Knowledge

Rafael was addicted to methadone through no fault of his own. It served its purpose by controlling chronic pain, but now his body required a steady dose of the medication even though he no longer needed it for pain. Rafael talked with his primary care provider and was referred to a pain management clinic that would help him get off of the medication. He knew this was going to be a long and careful process.
Which of the following drugs are commonly used in medication-assisted treatment for opioid addiction?

A. Methadone
That’s partially correct, but are there other drugs commonly used in addition to this? Try again.

B. Buprenorphine
That’s partially correct, but are there other drugs commonly used in addition to this? Try again.

C. Naltrexone
That’s partially correct, but are there other drugs commonly used in addition to this? Try again.

D. All of the above
Correct! All of these drugs are currently used to treat people who want to recover from opioid addiction.

Michael’s Medication

Michael, an otherwise healthy 25-year-old male, is taking buprenorphine as part of his treatment for oxycodone addiction. He has been taking the drug for several weeks now, and feels pretty confident that he will be able to recover from his addiction. However, he is feeling a little anxious today. Which of the following should Michael NOT do to ease his anxiety?

a. Go to the gym and get in a good workout. (Try again. It is OK to exercise while taking buprenorphine.)

b. Prepare a nice meal of shellfish gumbo. (Try again. There are no dietary restrictions with buprenorphine)

c. Have a single glass of wine (Correct! You should NOT use illegal drugs, drink alcohol, or take sedatives, tranquilizers, or other drugs that slow breathing)

Section Summary

We covered quite a bit of information in this last section, so let’s review some of the things you learned. After completing this section, you should be able to:

- List the three equally important parts in the treatment of opioid addiction as medication, counseling, and support from family and friends.
- Describe the common medications used to treat opioid addiction, and how they work.
- Identify the particular advantages to the drug buprenorphine.
- Name the steps for insuring safe medication use.
• Apply simple techniques for reducing common side effects of medication treatment.
• Discuss the course of medication treatment and that people can safely take treatment medication for as long as needed: months, a year, several years, and even for life.

Knowing about medication treatment is certainly important in treatment, but in order to safely prescribe medications, a medical doctor must first perform a careful assessment. In the next section, you will learn about assessment, treatment, and confidentiality.

SECTION 4. Assessment, Treatment, and Confidentiality

Assessing the Patient

When a person decides to try medication-assisted treatment, the first step is to meet with a doctor or other medical staff member. This first meeting is called an assessment. During this meeting, you will learn about treatment choices, rules that must be followed to stay in treatment, and what to expect next. You will be asked questions such as:

• How long have you been taking the opioid drug?
• Are you taking any other drugs?
• Do you drink alcohol?
• What are your drug-taking and drinking habits and patterns?
• Have you been in treatment before?
• Do you have other health problems?
• Are you taking any medicines?
• Have you ever had reactions to medicines?
• Are you pregnant?
• Do you have any special needs?
• What are your goals for recovery?
• Do you have family or friends to support you through treatment?

Questions such as these help the treatment team develop an individualized plan of care.

After the assessment, the doctor or substance abuse treatment provider discusses treatment choices with the person, who may choose to include family or friends in the discussion.

Introducing Medication Carefully

Just as a careful medical exam is needed to avoid complications, medication for opioid addiction needs to be introduced carefully as well.

Methadone can be safely taken at the start of recovery, and buprenorphine can be taken once withdrawal has begun. However, you should not take naltrexone until opioids are completely out of the body, usually 7 to 10 days after withdrawal begins.
If you take buprenorphine or naltrexone too soon, it can make withdrawal worse. Medical staff members should meet with you a few hours after you take your first dose, and then regularly for a week or two. These meetings are to make sure the medication is working, that side effects are not too uncomfortable, and that you are taking medication exactly as you were instructed. Following directions is important because if you take the medication improperly, it can lead to overdose or death.

**Associated Medical Problems in Persons Who Are Opioid Addicted**

People who are addicted to opioids also may have associated medical problems. Clinicians should be alert and knowledgeable about these potential medical issues, facilitate preventive measures, and provide or refer for ongoing medical care and emergency treatment. A physical examination should be a part of the initial assessment.

Medical issues can include:

- Acute, Life-threatening Infections
- Endocarditis
- Soft-tissue infections (abscesses and cellulitis)
- Necrotizing fasciitis (flesh eating infection)
- Wound botulism

- Infectious Diseases
- Tuberculosis

**Sexually Transmitted Illnesses**

- Syphilis
- Chlamydia and gonococcus infections
- Hepatitis (A, B, C)
- HIV/AIDS

**The Individualized Plan of Care**

An individualized plan of care should be developed with the client, and families and friends if the person chooses for them to be involved. The plan of care typically covers:

- The goals for treatment
- The decision on which medication to use and the dose level to start
- The schedule for visits to the treatment center
- The plan for counseling
- Other steps to take, such as attending a support group
- How success toward goals will be measured
Medication is one part of treatment for opioid addiction. For many people, another important part is counseling. Counseling can give you the opportunity to talk with a professional either one-on-one or in a group with others in treatment. Through counseling, you learn about the motivations and behaviors that led to your opioid addiction. You also learn how to commit to a more healthful lifestyle, gaining support and skills while working with others to manage your recovery long term.

**Counseling can provide you with encouragement and with motivation to stick to treatment.**
It can help you learn how to make healthy decisions, handle setbacks and stress, and move forward with your life.

In **group counseling**, you connect with others in treatment and make new friends who don’t use drugs. You can get these benefits from support groups, too. These are informal meetings of people facing similar challenges.

**Family and Friends Are Important Too!**

It is very difficult to go through recovery alone. Support from family and friends can be extremely important in recovery. Love and encouragement can help you make the decision to enter treatment and stick with it. Some treatment programs offer counseling for your loved ones. They do this because your addiction may have caused pain and anger or feelings of shame and hopelessness. **Counseling is a useful way for family and friends to learn more about your situation, how to help, and how to handle the problems your addiction has caused them.** It is a safe place for them to express feelings and to find out what help is available for everyone affected.

There are support groups for family and friends, too. These are safe places to share information and encourage others who have loved ones who are dealing with addiction.

Many people with an opioid addiction regain normal, healthy lives. One way they do this is with medication-assisted treatment. Medication, counseling, and support: together they can help you, your loved ones, and your friends.

**Support Groups**

Joining a support group is another thing you can do to help with your recovery. If you do join a support group, you should keep in mind that some support groups have abstinence-only policies, and do not look favorably on medication-assisted treatment.

Support groups and even individual group meetings vary, **so you may need to try several support groups to find the right one.** Some support programs are just for people with a substance use disorder, and others allow families and friends to attend meetings or have separate meetings for them. Check with each organization for details.
An internet-based support group may be your best option if no groups meet in your community. Another option is to contact Alcoholics Anonymous (AA, [http://www.aa.org](http://www.aa.org)) to find out whether AA meetings in your community are open to people in recovery from other substances besides alcohol.

**Goals for Recovery from Opioid Addiction**

Although the goal for recovery includes withdrawal and stopping the use of the opioid, the person must set realistic expectations, acknowledging that a significant number of people (some say as high as 80%) relapse one or more times before getting better.

A study by Woody and Cacciola (1994) found the risk of relapse was the highest during the first 3-6 months after cessation of opioid use.

A person can prevent relapse by staying away from “triggers”—those things that in the past supported the addiction. For example, avoiding former drug-use hangouts and staying away from friends who use drugs.

Another way to prevent relapse is to be mindful of impatience and overconfidence. These are example statements that should warn someone that they are about to relapse:

- “This treatment isn’t working!”
- “I thought I wasn’t supposed to feel cravings.”
- “I’m cured! I can control it if I only use with my friends.”
- “There’s no way I can relapse!”
- “I can stay away from drugs by myself.”
- “When I got high, I had so much fun! I never had problems.”

**Let’s Practice Developing a Plan of Care**

Let’s help Rafael develop a plan of care. Consider the actions that need to be completed to meet each goal.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Tasks to be Completed by Rafael</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal # 1: Withdraw from the problem opioid. This stage is also known as detoxification (or “detox”).</td>
<td></td>
</tr>
</tbody>
</table>
_____ Stop taking the opioid drug.  
_____ Work with the doctor to select a medication.  
_____ Reflect on whether use of alcohol or other drugs is interfering with recovery.  
_____ Receive medical treatment to improve overall health.  
_____ Begin counseling to improve health, behavior, and coping skills. |
Goal # 2: Begin recovery.

- Work with the doctor and treatment team to adjust the medication and dose as needed.
- Replace unhealthy behaviors with healthy behaviors. For example, join a support group, find a new hobby, or look for a job.
- Work to improve or repair relationships.
- Learn to recognize and avoid triggers (places or activities that cause drug cravings to come back).
- Learn how to avoid relapse.
- Learn to take medication at home.
- Get random drug tests.

Goal # 3: Stay in recovery.

- Keep a normal routine. For example, work or go to school, go to support groups or counseling, build relationships, and have fun.
- Schedule regular visits with the doctor to check dose levels and to get refills.
- Continue to avoid triggers and relapse.
- Get random drug tests.

Goal # 4: Live addiction free.

- Keep strong habits of healthy behavior.
- Check in with the doctor or substance abuse treatment provider every 1 to 3 months.
- Continue to draw strength from family, friends, and support groups.
- Continue in counseling for other issues, as needed.

In addition to assessing and developing an individualized plan of care, you also have to be aware of important federal laws that protect an individual’s right to privacy and confidentiality.

**Confidentiality Guidelines**

Title 42 Code of Federal Regulations, Part 2, Subpart C—Disclosures with Patient’s Consent guarantee a person’s privacy and confidentiality. The privacy and confidentiality of individually identifiable information is protected by this law.

Clinicians are responsible for assuring that personal information shared in the screening, assessment, and treatment planning is safe and confidential. The treatment team can share information with other agencies only with the individual’s written permission.
Clinicians are complying with the law when they obtain a signed patient consent before disclosing PHI to any third party. It’s especially important to obtain consent when telephoning or faxing prescriptions to pharmacies since this constitutes disclosure of protected information.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996:
- Mandates standardization of exchange formats for patient health, administrative, and financial data;
- Requires development of unique identifiers for individuals, employers, health plans, and health care providers; and
- Establishes security standards for protecting the confidentiality and integrity of individually identifiable health information.

Confidentiality and Privacy Specific to Opioid Treatment

Privacy and confidentiality issues that can arise in the course of opioid addiction treatment are:
- Information covered by the doctor/patient privilege
- Circumstances in which confidential information is protected from disclosure
- Exceptions to state laws protecting ethical information
- Duty to report potential threats of violence or child or elder abuse
- Communications with third parties (e.g., families, employers, allied health care providers, third-party payers, law enforcement officers, responses to subpoenas)

To summarize:

<table>
<thead>
<tr>
<th>Title 42 CFR Part 2</th>
<th>HIPAA: The Privacy Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs may not use or disclose any information about any patient unless the patient has consented in writing (on a form that meets the requirements established by the regulations) or unless another very limited exception specified in the regulations applies. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.</td>
<td>The Privacy Rule permits uses and disclosures for “treatment, payment and health care operations” as well as certain other disclosures without the individual’s prior written authorization. Disclosures not otherwise specifically permitted or required by the Privacy Rule must have an authorization that meets certain requirements. With certain exceptions, the Privacy Rule generally requires that uses and disclosures of personal health information (PHI) be the minimum necessary for the intended purpose of the use or disclosure.</td>
</tr>
</tbody>
</table>
Before you get a chance to help Rafael (who you met at the beginning of the course) with his recovery, let's review a few things for you to keep in mind about opioid addiction and treatment. Click on each number to start!

1. Addiction is a disease. It cannot be cured, but it can be treated with medication, counseling, and support from family and friends. Addiction is NOT a sign of weakness. It is NOT TRUE that all anybody needs to kick addiction is to “be strong.”

2. The goal of medication-assisted treatment is to recover from addiction. It does NOT replace one addictive drug with another. It provides a safe, controlled level of medication to overcome the use of a problem opioid.

3. A substance abuse treatment provider must obtain informed consent (agreement in writing) before sharing information about patients. There are two exceptions to this privacy rule: (1) if it appears that patients may harm themselves or others, and (2) if patients have been ordered into treatment by the court. To learn more about privacy rights, talk to a substance abuse treatment provider.

4. Recovery is possible, but it takes work! After treatment is finished, everything is NOT automatically fine again. Recovery takes commitment every day, through treatment and beyond.

**Rafael Continued**

A few months after his relapse, Rafael wound up in the hospital after overdosing on opioids. He met with his doctor and they developed a more comprehensive plan. As Rafael does not have a partner or any close friends to help him through his recovery, his doctor suggested one-on-one therapy and a support group to supplement his medication this time. Rafael was prescribed Buprenorphine and Naloxone. He started feeling withdrawal symptoms today. His doctor told him some important information about when to take one of the medications, but now he can't remember what it was. Can you help Rafael remember?

a. He should only take the buprenorphine every other day (Try again. In the beginning, buprenorphine should be taken daily.)

b. He should wait 7-10 days before taking naltrexone (Correct! You should not take naltrexone until opioids are completely out of the body, usually 7 to 10 days after withdrawal begins.)

c. He should take the medication at night, as they cause drowsiness (Try again. These medications should usually be taken in the morning.)

**Section Summary**
You are almost done! However, before we wrap things up, let's reflect on what you learned in this previous section. After carefully going over the information in this section, you should be able to:

- Explain that assessment entails a meeting where you will learn about treatment choices, rules that must be followed to stay in treatment, and what to expect next.
- Recognize that people who are addicted to opioids also may have associated medical problems.
- Describe different types of counseling, such as one-on-one, group counseling, and support groups.
- Name the goals for recovery from opioid addiction, beginning with detoxification, and ending with living addiction-free.
- Cite confidentiality guidelines related to medication as well as confidentiality and privacy guidelines specific to Opioid Treatment.

SECTION 5. Conclusion

Resources

The following resources can be helpful to those in recovery from an opioid addiction.

**Alcoholics Anonymous (AA);** some programs also welcome people with substance use problems.  
http://www.aa.org

**Center for Substance Abuse Treatment (CSAT) Buprenorphine Information Center**  

**Dual recovery Anonymous**  
http://www.draonline.org or 913-991-2702

**Federation of State Medical Boards (FSMB)  
Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office**  
http://www.fsmb.org/grpol_policydocs.html

**Food and Drug Administration (FDA)/Center for Drug Evaluation and Research (CDER)**  
http://www.fda.gov/cder/drug/infopage/subutex_suboxone/default.htm or 888–INFO–FDA

**Join Together: National Poll of Physicians on Barriers to Widespread Buprenorphine Use**  
http://www.jointogether.org/sa/issues/hot_issues/bupe/

**Lifering**  
http://www.unhooked.com or 800-811-4142
Summary

Now that you have completed the course, you should be able to:

- Describe types of opioids, as well as types of medications to treat opioid addiction.
- Discuss the self-management techniques you can employ to safely administer medications for opioid addiction.
- Recite the steps for ensuring safe medication use.
- Define the four core elements of addiction.
- Formulate goals with the individual who wants to withdraw from the problem opioid.
• Name non-medication factors, such as counseling and support groups, that can be an important part of medication-assisted treatment.
• Cite confidentiality guidelines related to medication, and confidentiality and privacy guidelines specific to Opioid Treatment
• Apply simple techniques for reducing common side effects of medication treatment

References


