

# Using the *Medications for Opioid Use Disorder* Brochure

## What is Treatment Decision Making?

All people deserve to be actively involved with decisions about their health. This includes people with opioid use disorder. They should be provided with accurate information about all possible options for treatment so they can make an informed decision about the kind of care *they* want.

Similar to other chronic health conditions, opioid use disorder can be treated with medications. Research shows that medications work best for most people to:

- Help stabilize their lives,
- Reduce relapse,
- Cut their chances of dying.

Medications have also been shown to:

- Reduce criminal activity and incarceration,
- Improve functioning,
- Lower the risk of getting HIV and HCV,
- Substantially reduce costs.

(Clark et al., 2011; MacArthur et al., 2012; Nolan et al., 2014; Nordlund et al., 2004; Tkacz et al., 2014; Tsui et al., 2014; White et al., 2014).

Patients and many healthcare providers may have incomplete knowledge about medications to treat opioid use disorder and they may not know about new, easier ways to access medications. Talking about opioid use disorder and medication treatment is an opportunity to address any misconceptions people have and fill in any gaps in knowledge.

## Talking about medications

### Ask

Start by asking about someone's specific goals, interest, and experience with trying to cut back or stop their opioid use. If they give a vague answer like "get healthy," ask them "what that would look like for you?" Try to use the same language they use to talk about their goals for cutting back or stopping. Language like "treatment" or "recovery" may be helpful for some clients and not for others.

## Explore and Educate

Many people already have experience with treatment/counseling and/or medications for opioid use disorder. Talking about past experiences is important to understand their perspective and identify any misperceptions or gaps in understanding. You can then provide accurate information and correct any misconceptions about medications for OUD.

Let them know that you are just providing an introduction to the care settings and medications. You can't provide any medical advice of any kind; they'll need to talk with a medical provider about whether a medication is right for them.

Walk patients through the brochure, one point at a time, allowing space for questions or discussion. Do not just read the brochure to them; look for their reactions (confusion, skepticism, interest?), and check in with them about what they are thinking about the information you are sharing. If you see them looking at a particular section, ask them if they'd like to go over information in that section first; people like information presented in different ways, and the brochure purposefully has the information organized in different ways, e.g. by treatment setting vs. by medication.

People will often want to talk about medication doses, how medications interact with other medications they are on, or other health conditions. In every instance, restate that you are providing basic information so that they can pick out a reasonable next step to pursue. You could help them organize their medical questions by writing them down so they remember to ask their provider about all the concerns and questions they have.

## Support and Empower

Let the client know that you are there to help support whatever decision they make.

If you can provide ongoing navigation services let them know you will be there to help them access services at this time, or later if they are not ready. If they start care, and decide to stop, or relapse, you will be there for them.

Encourage them to fully explore what will work for them and how they will move forward with their personal plan.

**Sample script:**

*What types of things have you done in the past to cut back on your use? What has worked well and what has not?*

*I'd like to talk to you about treatment options and what types of treatment you would like to try. There are new medications, new places, and new ways to get care.*

*We'll talk about:*

- *What exactly opioid use disorder is*
- *Different treatment options, including medications*
- *Your preferences*
- *Some of the pluses and minuses of options*

*If there is an option you want to try, I will work with you to find treatment near you. If you're interested in medications, you'll need to meet with a medical provider to find out if a particular medication is appropriate for you.*

*[If providing care navigation] After today, I will continue to be available to work with you to talk about how treatment is going, if you'd like to try a different type of treatment, and help you get back on treatment if you stop.*

*I will keep working with you whether or not you relapse. Treating opioid use disorder is like treating other health conditions. Often different treatments need to be tried until the one that works best is found*

## Use the brochure as a guide, talking through each point.

### 1. Talking points: What is OUD?

- Physical dependence on an opioid and OUD are two different things. Anyone who takes an opioid for a while will develop physical dependence. They will go through some symptoms of withdrawal. OUD involves thinking and social problems as well.
- Regular, continued use of treatment meds can help decrease the chaos of addiction and get people stabilized.
- OUD is chronic, relapsing condition, and medications can help with this.

### 2. Talking points: What can medications do for me?

- A person taking Opioid Treatment Medications (OTM) as directed without psychological or social dysfunction is in recovery.
- Medications are an integral part of treatment and for some people are all the treatment they need. Addiction medicine providers are clear that most people with OUD will benefit from OTM.

- Overdose is not that big of a concern to most people with OUD. Recurrence of use is likely a much more important concern to them.
- Many large [studies](#) show that methadone and buprenorphine cut opioid overdose (and all-cause mortality rates) dramatically, by about 50%. This is in comparison to people not in treatment or in counseling without medications.

### 3. Treatment options

When talking about medications, feel free to use the brand names Suboxone and Vivitrol. Ask if they are familiar with these medications or have heard them called other names (Subs, Bupe, etc.).

Washington State Medicaid pays for all medications; other insurers pay for most of them. Exploring medication options with payers and pharmacies when setting up a program is important to ensure smooth starts on medications.

For some people the setting where they receive care is the most important factor, followed the medication(s) they're interested in. Ask about their preference for:

- How often they want to go
- Counseling requirements or availability
- How much structure they want

Some people care most about being on a specific medication, with the care setting being secondary. For them, you can start with discussing medications and *then* talk about the 3 different treatment settings.

Remember not all care setting options will be available in your community.

#### Opioid Treatment Program

- Intensive model of care, therefore it can be a good fit for people who benefit from a lot of structure and supports.
- Individual and group counseling is typically required.
- OTP's vary somewhat in the structure, philosophy and requirements of their programs.

#### 4. Talking points: Methadone

- Helps prevent overdose by keeping tolerance high.
- Very effective, but it is a strong medicine and has to be used very carefully.
- Can get a bad rap as some people don't commit to making it their primary opioid or may be on too high a dose. That doesn't mean it can't be an effective medication.

#### 5. Talking points: Buprenorphine

- Strongly protective of overdose because it binds to opioid receptors more strongly than most opioids.
- Many people may have tried buprenorphine off the street, not from a medical provider. If this comes up, ask them how that was, and let them know that taking it under the care of a medical provider can be better because they can get a proper and stable dose to manage cravings and withdrawal.
- Newer forms are injectable or implantable. These are not widely available; determine local availability.
- Most forms are combined with naloxone to prevent it from being misused, e.g., injected. When taken orally, the naloxone has little to no effect. When injected, the naloxone blocks the effect of the buprenorphine.

#### 6. Talking points: Naltrexone

- No research has shown that naltrexone reduces mortality in the real world. This might be because most people will not stay on it very long. It has been shown to reduce illicit opioid use and some people do well on it.
- Also used to treat alcohol use disorder.
- Can be taken as a pill daily, but is not effective long-term for OUD orally.
- As the medication levels decrease over several weeks some people "test" by using opioids and can get an effect and even overdose.
- Many people with OUD say they feel "normal" on opioids. For these people, being on an opioid blocker may not help them feel "normal."
- People with planned medical procedures for which an opioid would be used need to discuss their multiple medical conditions with a health care provider.

## 7. Your preferences

- Good chance to ask, "What have you learned that's new? What questions do you have? What options interest you?" Help them identify which settings and/or medications are of interest.
- Clients may express interest in counseling or other treatment that does not involve medications. Acknowledge that counseling or social supports are valuable to many people.
- If they discuss treatment options that ban or may not be supportive of medications, point that out to them and encourage them to pursue supportive services that let them make their *own* decisions about what types of care they want now or in the future. Let them know that you support them in any decision they make.

## 8. What's next?

If your client is ready to start treatment, work with them to identify concrete action steps. This can include:

- Calling the Washington Recovery Help Line with them, or referring them to the Help Line to find an appropriate provider
- Offer to take help them set up an appointment with a provider
- Go with them to a program that has rapid access to medications or assessments

If they are still processing what they learned, encourage smaller steps. Offer to call or text them in a few days, or set up a follow up appointment.

Help them make a specific plan that includes next-steps and short-term goals for addressing their OUD.

## What's next?

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Connect to medication options near you:

**Washington Recovery Help Line**  
1.866.789.1511  
[www.warecoveryhelpline.org](http://www.warecoveryhelpline.org)

**Find naloxone and overdose info:**  
[www.stopoverdose.org](http://www.stopoverdose.org)

**Learn more about medication:**  
[www.learnabouttreatment.org](http://www.learnabouttreatment.org)  
[www.samhsa.gov/medication-assisted-treatment](http://www.samhsa.gov/medication-assisted-treatment)

**ADAI** | ALCOHOL & DRUG ABUSE INSTITUTE

This brochure provides basic information for educational purposes. Speak with a health care professional to make an informed decision that best fits your needs including learning the risks and benefits of all treatment options.

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## Your preferences

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Setting: \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

Clinic visit frequency: \_\_\_\_\_

Counseling: \_\_\_\_\_

Support group: \_\_\_\_\_

Medication options: \_\_\_\_\_

Other: \_\_\_\_\_

Call the Washington Recovery Help Line to talk about your options and connect to care.

*Washington*  
**Recovery Help Line**  
24-Hour Help for Substance Abuse, Problem Gambling & Mental Health  
1.866.789.1511  
[www.warecoveryhelpline.org](http://www.warecoveryhelpline.org)

## About OUD

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### What is Opioid Use Disorder?

Opioid Use Disorder (OUD) is a long term, medical condition. People with the condition are physically dependent on opioids and have brain changes that affect their thinking and relationships.

OUD can come back if not treated properly. You may need to try more than one type of treatment to find what works best for you.

### What can medications do for me?

Medications are proven to work the best at treating opioid use disorder.

#### They help:

- Manage craving and withdrawal.
- Reduce illicit opioid use.
- Cut the risk of dying by overdose in half.

Medications can provide stability, allowing people to address other things in their lives.

**You can be in recovery and be on medications at the same time.**

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## Medications for Opioid Use Disorder



## Treatment options

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There are **three** places where you can get medications for Opioid Use Disorder:

### 1. Opioid treatment program (OTP)

- **Methadone, buprenorphine, and/or naltrexone** available.
- Highly structured—counseling and supervised dosing required.

### 2. Medical office

- **Buprenorphine** and/or **naltrexone** available.
- Familiar medical office setting.
- Less structure (often weekly or monthly visits, some don't require counseling).

### 3. Community service provider

- **Buprenorphine** and/or **naltrexone** available.
- Other services offered (syringe exchange, housing supports, etc.)

## Methadone

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### Methadone:

- A full opioid medication. The more you take the more you will feel the opioid effect.
- Manages cravings and withdrawal by binding to opioid receptors.
- Lasts about 24 hours and is taken by mouth.
- Provided only at opioid treatment programs. At the beginning of treatment most days you will be observed while taking your dose.
- Requires regular urine drug testing and counseling.

## Buprenorphine

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### Buprenorphine:

- A partial opioid medication. At a certain dose you stop feeling more opioid effect.
- Manages cravings and withdrawal by binding to opioid receptors.
- Lasts about 24 hours, usually taken by mouth (implant or injection possible).
- Can be prescribed by a medical provider and picked up at a pharmacy.
- Can also be dispensed at some opioid treatment programs that offer more structure and counseling.

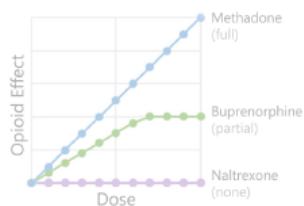
## Naltrexone

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### Naltrexone:

- An opioid blocker. It is not an opioid.
- Can manage cravings for some people.
- An injection that lasts for 28 days. You should not use any opioids for 7-10 days before taking naltrexone.
- Prescribed and given by a medical provider. Providers may require urine drug testing and counseling.

Opioid Effect of Treatment Medications



Opioid effect	Full	Partial	None
Typical form	Daily oral medication	Daily oral medication	Monthly injection
Setting	Opioid treatment program (OTP)	Medical office, OTP, or community service provider	Medical office
Visit frequency	6 days a week to start, can decrease over time	Varies from daily to monthly	Varies from weekly to monthly
Counseling	Required	Requirements vary	Requirements vary