About OUD

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.

Your preferences

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
1.866.789.1511
www.warecoveryhelpline.org

Find naloxone and overdose info:
www.stopoverdose.org

Learn more about medication:
www.samhsa.gov/medication-assisted-treatment

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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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:
- 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:
- A partial opioid medication. Above 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.

### Extended-release 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

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