

OPIOID USE DISORDER AMONG PEOPLE WITH DISABILITIES

FACT SHEET – MEDICATION TREATMENT

Medication treatment for opioid use disorders works, is safe, and has minimal side effects, for people with and without disabilities.

WHAT IS OPIOID USE DISORDER?

Opioids include certain prescription medications (such as oxycodone, hydrocodone, codeine), heroin, morphine, and fentanyl. Misuse of any opioids can lead to opioid use disorder, including use of medications prescribed by a doctor if they are used to get high or are used in a way that the doctor did not prescribe.

Repeated opioid use causes changes over time in the way the brain functions. These changes make it very difficult to stop using opioids, even if the person wants to stop. **Opioid use disorder** is defined by a series of symptoms related to opioid use that may include:

- **loss of control** over one's use of opioids
- **use in risky ways**
- **impaired social functioning** due to opioid use (problems with social skills and connecting to other people)
- **craving** for opioids
- **increased tolerance** (need more to feel the same effect)
- **withdrawal** (physical and/or mental symptoms when one stops taking the opioid)

Opioid use disorder is a long-term (chronic) condition that can come back even if you stop using opioids for some time. Fortunately, opioid use disorder is treatable.

People with and without disabilities may have opioid use disorder. People with disabilities may have additional risk factors (such as pain), although little is known to date.

This fact sheet describes medications to treat opioid use disorder, which are safe, effective, and have few side effects, whether or not you have a disability.

HOW IS OPIOID USE DISORDER TREATED?

For many people, medications are the best way to treat opioid use disorder. The Food and Drug Administration (FDA) has approved three medications: **methadone, buprenorphine, and naltrexone**. Long-term treatment with medications is recommended as the best way to treat opioid use disorder. It's important to know that taking medications that help you treat your addiction ***is not the same thing as using drugs***.

Medications to treat opioid use disorder reduce or stop withdrawal symptoms, block the effects of opioids, and reduce or stop cravings to use opioids. Some people use different treatments, like outpatient or residential programs, but without medications they are not as effective in helping people to stop opioid use and not start again.

WHAT SHOULD I KNOW ABOUT MEDICATIONS FOR OPIOID USE DISORDER?

Opioid use disorder treatment medications may be used short-term to help people stop using opioids. For most people, however, long-term (“maintenance”) use of medication treatment is needed to ensure that you do not start misusing opioids again.

Each of these medications functions somewhat differently.

- **Methadone and buprenorphine** act as **opioid replacements in the brain**.
- **Naltrexone blocks the opioid receptors** in the brain.
- **Buprenorphine** is usually combined with **naloxone**, which also **blocks the opioid receptors** in the brain and **minimizes the ability to use buprenorphine to get high**.

The **table** describes each medication in more detail, including where you get them and how you take them.

If you have insurance or Medicaid, the costs of medication treatment are usually covered for at least one of the medications. Check if there are rules about who can provide the medications, which types are allowed, if a specific medication must be tried first, and how much each medication costs.

It can be challenging to find where to get medication treatment, since programs and individual providers may be limited by law, such as the need for a federal license for methadone programs or special approval to prescribe buprenorphine. See **resources** for information on how to find a provider in your area.

TABLE: OVERVIEW OF THE THREE FDA-APPROVED OPIOID USE DISORDER TREATMENT MEDICATIONS

	Methadone	Buprenorphine	Naltrexone
What else is it called?	--	Suboxone®, Probuphine®	Vivitrol®
How is it taken?	A liquid that you drink.	A piece of film dissolved under your tongue. Once stable on buprenorphine film, an implant under your skin is available.	An injection or shot in your muscle. A pill taken by mouth is available, but is infrequently used for opioid use disorder.
How long does it last?	24 hours.	Up to 24 hours (film) or 6 months (implant).	1 month (injection) or 24 hours (pill).
Who gives it to me?	An opioid treatment program (also known as a methadone program).	A prescribing doctor, nurse, or physician’s assistant, who may work alone, in a group, or at a substance use treatment program.	A doctor, nurse, or physician’s assistant trained to give injections, who may work alone, in a group, or at a substance use treatment program.
Do I need a prescription?	No, but you need to go to the opioid treatment program daily. After some time, you may be able to get “take-home” doses, so you only need to go weekly or less often.	Yes, you will fill a prescription at a drugstore, like any other medication. You may need to refill the prescription frequently at first, and monthly later.	No, you will get a monthly shot from a doctor or nurse.
Can I still be on opioid pain medications?	If you are currently using opioids, you may be able to start methadone. Talk to your provider to be sure.	You will need to be in withdrawal to start taking buprenorphine, though you may not need to be completely off the opioids you are already taking. Talk to your provider to be sure.	No, you will need to be completely off any opioids before you get the shot, usually for 1 to 2 weeks. This usually requires going through a withdrawal program.
What else should I know?	Methadone programs require daily attendance, often at specific times of the day, which may be a challenge. Methadone is only available at federally licensed opioid treatment programs.	Buprenorphine must be prescribed by someone who has received special training and permission (a “waiver”). You must see your provider regularly to check in and to get your prescription.	Naltrexone (injection) may not be available from substance use or mental health providers without medical staff.

DO I NEED TO GO TO OTHER TREATMENT TOO?

Many people need additional treatment or supports as they move towards recovery from opioid use disorder, but medications alone are OK once patients are stable.

Most people are more likely to stay on medications and less likely to return to opioid misuse if they receive additional types of treatment or supports. You may attend counseling or therapy, join self-help or mutual-help groups, or work with peer support such as recovery coaches. Connecting with other people is an important way to support you after you have decided to enter treatment for opioid use disorder. Getting support can also help you stay in treatment and improve your condition. Most importantly, getting treatment and support may also help you return to a healthy life in the community. You get to decide what “healthy” and “functioning” mean for you and your life.

ARE THERE CONCERNS ABOUT MEDICATION TREATMENT FOR OPIOID USE DISORDER?

Medication treatment for opioid use disorders is safe and effective, and at least one of the medications will work for most people with an opioid use disorder.

Some people have side effects, but they are not usually serious for most people. Some side effects are the same as for taking opioid medications, such as feeling sleepy or being constipated. For naltrexone injections, there is sometimes pain or swelling at the injection site.

Some people should use caution if considering medications to treat opioid use disorder, for instance if you have liver disease or are on certain medications for other diseases. Be sure to talk with your doctor or other healthcare providers about your specific needs.

- **Benzodiazepines**, which are usually used to help with anxiety, can be dangerous when used in combination with any opioid, including methadone and buprenorphine.
- People who use **prescription opioids to manage pain** may be treated with methadone or buprenorphine. Since methadone and buprenorphine are also opioids, they provide some of the same effects on pain, and you likely will be tapered off of the originally prescribed opioid.
- You should not take naltrexone if you are **pregnant, but buprenorphine can be prescribed**.
- If you have **another substance use disorder**, it is important to address them together.
- If you have a **physical or mental health condition that makes it hard for you** to take medications in a certain way or to take medications consistently or go to a treatment program every day, you should talk with your healthcare providers about the best approach for you. For example, the naltrexone injection is given once a month and may be easier for you.
- **Since methadone and buprenorphine are also opioids, you should not stop taking them without advice from your provider.**

Medication treatment for opioid use disorder should be **as safe and effective for people with disabilities as for people without disabilities.**

Some people believe that medication treatment for opioid use disorder is “just trading one addiction for another.” Medication treatment is treatment. It stops the symptoms and associated problems due to misuse of opioids. Addiction is defined by the presence of those problems. If medication treatment helps to get rid of the associated problems, then it is not addiction.

HOW DO WE KNOW MEDICATION TREATMENT FOR OPIOID USE DISORDER WORKS?

Many researchers have looked at methadone, buprenorphine and extended-release naltrexone to determine if they are safe and effective. Over time, researchers have found that medication treatment reduces the likelihood of relapse, overdose, and death. People on medication treatment for opioid use disorder also have fewer medical issues related to opioid use (including HIV, Hepatitis C, and infections) and fewer risky behaviors.

Researchers continue to study medication treatment to learn the best ways to support people who need help with an opioid use disorder.

RECOVERY FROM OPIOID USE DISORDERS IS POSSIBLE.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery encompasses:

- **health and well-being**
- **a stable and safe place to live**
- **activities** that give purpose and meaning
- **relationships and social networks** that provide support, friendship, love, and hope

People can and do recover from opioid use disorder. As with any chronic disease, it may be a life-long process. Medications can help people with opioid use disorder to become more stable, address the problems that were associated with the opioid use disorder, and move toward a life in recovery.

RESOURCES FOR HELP FINDING TREATMENT

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides resources about substance use disorders, including opioid use disorders.

- For help finding substance use treatment: <https://www.findtreatment.samhsa.gov>
- For a list of buprenorphine prescribers by state: <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

- For a list of opioid treatment programs that offer methadone by state:
<https://dpt2.samhsa.gov/treatment/directory.aspx>

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

REFERENCES

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FUNDER

The contents of this issue brief were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DPGE0007). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this issue brief do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

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April 1, 2019