

ColoradoMAT

Medicines for Treating Opioid Use:

What you need to know when choosing the best treatment for you

Buprenorphine

(Suboxone®, Subutex®, Zubsolv®)

BENEFITS

- It is a well-studied medicine, and safe for long-term use.
- People who take buprenorphine are less likely to overdose or die than people who do not take it.
- It blocks cravings and prevents feeling “high” if you slip and use.
- It is more effective for chronic pain than methadone or naltrexone.
- It blocks withdrawal symptoms (unlike naltrexone or no medications).
- You can get to a comfortable dose in a couple of days (faster than with methadone).
- It does not produce a “high.”
- Most people get it from a primary care doctor who can provide up to one month of medicine at a time – no need to go every day or go to a special clinic.
- Some people prefer the counseling and support of a methadone clinic – many clinics now also offer buprenorphine at the window.
- Safely used by patients who have employee health screens or on parole.
- It is covered by most health insurance programs.

CAUTIONS

- Side effects are rare AND less severe and less frequent than other opioids. All opioids can cause trouble sleeping, nausea, headaches, or overdose if mixed with other drugs.
- Some AA/NA groups, treatment programs, and police/judges may not support this.
- Usually, you should be in some withdrawal before you take the first dose.
- Stopping buprenorphine often is done slowly and with support of medical team.

Methadone

BENEFITS

- It is a well-studied medicine that is safe for long-term use.
- People who take methadone are less likely to overdose or to die than people who do not take it.
- It blocks cravings and prevents feeling “high” if you slip and use.
- It helps with chronic pain, but less than buprenorphine.
- It blocks withdrawal symptoms (unlike naltrexone or no medications) and may take longer to get to a comfortable dose than buprenorphine.
- It does not produce a “high” if taken at the right dose.
- Methadone users are less likely than those who don’t take it to relapse, get HIV, or go to prison.
- Methadone clinics offer counseling and case management support.
- You do not need to go into withdrawal before starting it.
- It is covered by most health insurance programs.

CAUTIONS

- Side effects may include sleepiness (if dose is too high), constipation, or dangerous heart rhythms – these can be prevented by working with your medical team.
- If you take too much or mix with other drugs, you can overdose.
- It can only be taken by going to a methadone clinic daily.
- Stopping methadone must be done slowly and with support of medical team.

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Medicines for Treating Opioid Use: (continued)

Naltrexone (Vivitrol®)

BENEFITS

- It blocks opioid and alcohol cravings and stops you from feeling high if you use opioids.
- You only need to get the shot once a month.
- It is not an opioid and does not cause withdrawal symptoms if you stop taking it.
- Even though studies show buprenorphine and methadone are as helpful, some AA/NA groups, treatment programs, and police/judges may prefer naltrexone.

CAUTIONS

- Upon the first injection, if you have opioids in your system you will likely go into withdrawal. You must go through detox first and not use for 1-2 weeks.
- It can be very hard to start. Unlike methadone and buprenorphine, it does not help with withdrawal symptoms and can cause withdrawal for up to 2 weeks if taken too soon.
- It does not help with chronic pain.
- It can be expensive and hard to get; many insurance plans do not pay or only cover it after a long process.
- Your tolerance goes down when you don't take any opioid medicine. That means if you return to using, you may have a bigger risk of dying than if you took methadone or buprenorphine.
- If you need emergency surgery or have sudden bad pain, opioids will not work well.
- It is less well studied than buprenorphine and methadone. We don't know if it prevents overdose and deaths like those medicines do.

No Medication

BENEFITS

- Some patients prefer to be off all medicines, even when there is a higher risk of relapse and overdose.
- Medication side effects are avoided. The side effect of no medication is increased risk of relapse and overdose death.

CAUTIONS

- You are much more likely to relapse, overdose, and die in comparison to results from buprenorphine or methadone.
- Cravings and withdrawal are not controlled when you are not taking medicines, and if you slip and use it can be much harder to stop.
- Your tolerance goes down when you don't take any opioid medicine. That means if you return to using, you have a bigger risk of dying than if you took methadone or buprenorphine.
- Because of increased risk of overdose death without medication, you should have naloxone rescue kit at home for your safety.