

Transcript for Medication Addiction Treatment Video

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The use of medication for addiction to heroin and other opioids, such as Vicodin, Percocet and Oxycontin, has been common for decades. Medication is seen as a primary option for getting into recovery from an opioid use disorder. Three of the most commonly used medications for opioid use disorders are methadone, buprenorphine and naltrexone. Although methadone is the most researched medication, all three are considered evidence-based treatments. Methadone and buprenorphine are both synthetic opioids. Methadone is a full opiate agonist. An agonist excites an opioid receptor, while an antagonist shuts it down. As an agonist, methadone impersonates the original addictive drug, reducing the cravings and withdrawal symptoms and blocking the high. This allows individuals to focus on therapy and long-term recovery. Methadone is also an effective medication for pain management. When being prescribed for an opioid use disorder, it must be taken on daily basis and dispensed from a certified methadone clinic. However, after a recommended period of time, clients become eligible for take-home doses, making it easier for those who have jobs. Methadone is the recommended option for people with a long history of opioid use and typically treatment is needed for several years as an individual stabilizes his or her recovery. Because a person can develop a strong dependence and tolerance for methadone, dosages are to be reviewed regularly and adjusted with caution. The second drug, buprenorphine, is combined with naloxone to create Suboxone, which is a unique drug because it is both an opiate agonist and an opiate antagonist. Buprenorphine by itself is considered a partial opioid agonist meaning that it triggers the opioid receptors in the brain only partially, so the highs are quite low and it is not as habit-forming. This provides a way for the person to be gradually weaned off their original opioid while minimizing cravings and withdrawal symptoms. Suboxone's other component, naloxone, is an opioid antagonist which shuts down and blocks opioids from reaching the receptor sites in the brain. The benefit of this combination is that it prevents misuse by injection and has a lower risk of fatal overdose than methadone. It is available in dissolvable tablets and sublingual strips. Unlike methadone, Suboxone can be prescribed in a doctor's office or an outpatient clinic, making it more convenient than daily visits to a clinic. When clients obtain their Suboxone from an outpatient clinic, they also have the benefit of an array of other treatment and recovery support resources. As a partial opioid agonist, Suboxone creates dependence over time. As a result, when individuals are ready to get off of Suboxone, they should only taper the dosage under medical supervision. Vivitrol is the injectable form of naltrexone and is an opioid antagonist, or an opioid blocker. If a person who is on Vivitrol uses any form of opioids, they will get no effect. Vivitrol is administered by a medical professional once a month by injection after the patient has been opiate-free for approximately 10 to 14 days. Because Vivitrol effectively combats opiate cravings and can make opioids or alcohol less desirable, a relapse is less likely. Knowing that the option of getting high is not available allows a person in early recovery the time and emotional energy to focus on developing an effective recovery program. In addition, not having to remember to take a pill every day can make it easier for some individuals to comply with their recovery plans. Not everyone can take Vivitrol, however. Vivitrol may not be safe for women who are pregnant or breast feeding. Vivitrol can cause liver damage if it's taken in more than the recommended dose. You have to be willing to see a doctor or a nurse monthly for a shot. Skipping a shot could

jeopardize your recovery. Vivitrol is typically more expensive than other medications. A fatal drug overdose while on Vivitrol is still possible since users don't feel the effects of the drugs they take for pleasure, they sometimes take more of the drug just to feel the effects. This can place the user at risk of severe respiratory depression and death. There are multiple pathways to sustained recovery, including medication, counseling and self-help. The choice whether to use medication to assist in opiate addiction recovery is a personal decision that is best made with accurate information and support from an informed addiction healthcare team.