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Ambassadors for Recovery

CONSUMER GUIDE TO MEDICATION- ASSISTED RECOVERY

*Honoring different pathways
to recovery....*



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Introduction

There are many pathways to addiction recovery. One of those pathways is Medication-Assisted Recovery—the use of medication, as prescribed and overseen by a physician, to support recovery from a substance use disorder. The purpose of this *Consumer Guide to Medication-Assisted Recovery* is to educate the “consumer”— anyone considering medications to aid their addiction recovery, and anyone who has reservations or questions about this option. A well-informed person can make wise decisions about their recovery.

We know that people who suffer from the disease of addiction need each other to recover. Ironically and tragically, the one place individuals in Medication-Assisted Recovery might expect to find support, tolerance and empathy—within the addiction treatment and the recovery communities—they are all too often viewed as not being abstinent, criticized, and denied their legitimate status as a person in recovery.¹ This Guide is designed to dispel the myths, misconceptions, and the stigma that surround this lifesaving pathway to recovery.

Some view the use of a medication to abstain from a drug as “just substituting one drug for another.” However, decades of research and treatment experience show that it is not. To understand why and how these medications work, please keep reading.

The *Consumer Guide to Medication-Assisted Recovery* offers general information about leading medications used in the treatment of addiction. You must consult with your doctor (primary care physician) or treatment provider to find out if a particular medication would be helpful to you.


Welcome to recovery.

Revised: November 10, 2006



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There are tools for you to use throughout this guide. This symbol:  and a number will alert you to questions to ask your doctor or treatment provider. These numbered questions are listed on the questionnaires in the back of the guide. Words in **bold** are defined in the Glossary on pages 15 and 16.

What is Medication-Assisted Recovery?

The phrase “Medication-Assisted Recovery” is a practical, accurate, and non-stigmatizing way to describe a pathway to recovery made possible by physician-prescribed and monitored medications,¹ along with other recovery supports, e.g., counseling and peer support. Although no medications cure **dependence** on drugs or alcohol, some do play a significant and lifesaving role in helping people begin and sustain recovery.

Many treatment programs and primary care physicians use medications as an important tool in the treatment of addiction, for purposes such as:

- to detoxify a person/prevent withdrawal
- to reduce the frequency and intensity of **cravings**
- to block the experience of feeling “high” (intoxication)
- to provide a shield against impulsive use
- to treat or control symptoms of a medical or mental disorder, that if left untreated could lead to relapse.

Co-occurring Disorders

Many people with substance use disorders also have problems such as depression, anxiety, or post-traumatic stress disorder. Treating co-occurring (substance use and mental health) disorders together increases the chances of long-term recovery. Mental health care often and appropriately includes the use of medications, such as antidepressants.¹ It is vital for the safety of individuals with co-occurring disorders to inform all their treating professionals about each medication they are taking.

When is a drug a drug?

In this publication, we will use the terms “drugs” and “medications” to mean two different things. When we say “drug” we mean a substance that is often illicit (illegal), sometimes addictive, consumed for its intoxicating effects, and causes disruptive changes in behavior and perception. When we use the word “medication” we are referring to a natural or artificial substance prescribed by a doctor that is given to treat or prevent disease, or to reduce pain.

Tobacco and Nicotine Addiction[‡]

Tobacco **addiction** is a complex phenomenon. Because tobacco addiction affects all aspects of our being—physical, mental, emotional and spiritual—it becomes completely integrated into every aspect of our personality. We build our entire response to life around our cigarettes. That is why tobacco can be very difficult to overcome.

When we begin to smoke cigarettes we slowly become absorbed by the culture of the drug. It protects us completely and becomes our way of coping with stress, dealing with anger and frustration, and celebrating. Over time tobacco becomes a core part of our identity. We become a smoking person not just a person who smokes.

Tobacco addiction has one of the highest **relapse** rates of any drug in widespread use among human beings. When we stop smoking, nicotine is out of our system within five days and our bodies no longer crave tobacco even though we may feel the physical effects of healing for some time. It is the mind that tells us we need to smoke again.

Did You Know?

Variables in the manufacturing of cigarettes are manipulated to increase the speed and intensity of nicotine delivery¹, such as the burn rate of the tobacco, the amount of tobacco per cigarette, the porosity of the paper, the number of ventilation holes in the paper wrapped around the filter, the temperature of the smoke and many other factors. Manufacturers claim that ammonia is added to enhance the flavor. The truth is that when ammonia in a cigarette burns, it creates a “free base” of nicotine (i.e., turns it into a gas) that facilitates the delivery of smoke to the lungs and increases the absorption of nicotine there. The result is that most people who use tobacco do so by smoking cigarettes, since it is more addictive than chewing tobacco.



About Nicotine Replacement Therapy‡

Nicotine replacement therapy (NRT) replaces nicotine obtained from smoking or other tobacco usage. Various nicotine delivery methods are available. These products are intended for use in smoking cessation efforts to help people deal with withdrawal symptoms and cravings caused by the loss of nicotine from cigarettes. Several forms of NRT [✖Q7] have been marketed, including the nicotine patch, inhaler, nasal spray, gum, sublingual tablet, and lozenge. NRT is thought to be useful and beneficial for tobacco users who want to quit their addiction and is for most people perfectly safe [✖Q15]. Cigarettes on the other hand cause the early deaths of about 5 million people each year¹. These people are not killed by the nicotine in the cigarette, but by other constituents of tobacco smoke such as Carbon Monoxide and tars. It is the nicotine that keeps the smoker addicted.

Did you know?

A small number of people who use NRT, especially nasal spray and nicotine gum, will go on to use it on a longer term basis. These are usually highly nicotine dependent smokers who would not have been able to quit without the help of such medication. There is currently no evidence that such long term usage is harmful to health [✖Q20], especially when compared to smoking.

How it works

NRT delivers nicotine to the smoker's brain more slowly than cigarettes do. This helps to damp down the urges to smoke that most smokers have in the early days and weeks after quitting, rather than remove them totally [✖ Q2]. It gives the smoker the chance to break smoking cues in their daily lives, and might provide a more comfortable exit from the smoking habit. NRT however is best used with some form of support, ideally from someone who knows something about smoking cessation.

Alcohol Dependence[‡]



Many adults can have an occasional glass of wine or a beer without any significant impact on their daily lives. Alcohol misuse occurs when you repeatedly drink alcohol even though it causes significant problems in your life. The misuse of alcohol disrupts your health and your relationships, can cause you to miss work (often due to hangovers), or to neglect personal and work obligations. It can also lead to legal problems, such as being arrested for disorderly conduct or drinking while driving. You don't have to drink daily or drink large amounts of alcohol to have an alcohol problem.

If alcohol misuse continues, it can lead to dependence—a physical and emotional addiction to alcohol. You may reach a point where you are not able to quit drinking on your own, even when you want to. With dependence, you feel compelled to drink, and it dominates your life. You may plan your activities around alcohol. You may drink secretly or hide the amount that you drink. Over time, it will take larger amounts of alcohol before you feel its effects. You may get irritable or shake or have other **withdrawal** symptoms when you are unable to drink or try to quit on your own. With help, you can stop drinking, weather withdrawal symptoms, and begin living a sober life.

Did you know?

Excessive long-term use of alcohol can actually disrupt the balance of the brain's chemistry. It is believed that this change is linked to alcohol dependence. Alcoholism is not based on poor morals or a character flaw, but on how alcohol interacts with certain physical and mental conditions, functions, and processes within the human body.

About Antabuse®‡

Antabuse® (Disulfiram) is a medication that causes a bad reaction if people drink alcohol while taking it. Because people know the medication will make them very ill if they drink alcohol, it helps them not to drink it.

[✖Q16] The reaction is flushing, nausea, vomiting, and anxiety. Even small quantities of alcohol, such as from food sauces and cough medicines, and even inhaled traces from shaving lotions and varnishes may induce the same symptoms.

Used alone, without proper motivation and without supportive therapy, Antabuse® is not a cure for alcoholism, and it is unlikely that it will have more than a brief effect on the drinking pattern of the chronic alcoholic.

[✖Q12] Antabuse® is taken daily.

Did you know?

Antabuse® is the trade name for the drug tetraethylthiuram disulfide. The effects of Antabuse® were discovered in the 1930s when workers exposed to tetraethylthiuram disulfide, a chemical used in the rubber industry, became ill after drinking alcoholic beverages.

How it works

Antabuse® is nontoxic, but it alters the metabolism of alcohol in the body by increasing the concentration of acetaldehyde. Acetaldehyde is the first break-down product of alcohol, as it is metabolized by the body. **[✖ Q19]** This increased concentration makes it impossible for one who is taking Antabuse® to drink without experiencing severe discomfort.

About Campral®‡

Campral® (acamprosate calcium) is a medication that helps people stay alcohol-free in combination with counseling or support groups, once they have stopped drinking. Campral® helps reduce the emotional discomfort and physical distress (e.g., sweating, anxiety, sleep disturbances) associated with staying alcohol-free.

[✖ Q9] Treatment with Campral® should begin as soon as possible following alcohol withdrawal, once alcohol abstinence is achieved. Campral® should be taken daily. Should you relapse, treatment can be continued and you should discuss your relapse with your doctor.

Campral® should be used as part of a comprehensive management program that includes psychosocial support such as counseling and support groups.

Did you know?

Campral® has been used by over 1.5 million patients worldwide.

[✖ Q18] It can be used by people with mild to moderate liver problems. **[✖ Q17]** Campral® can be taken with many other medications, including medications for anxiety, depression, and sleep disorders. **[✖ Q19]** Campral® is not addictive.



How it works

Campral® is thought to work by restoring the chemical imbalance in the brain caused by chronic exposure to alcohol. **[✖ Q2]** This makes it easier for people not to drink.

About Naltrexone[‡]

Naltrexone (ReVia[®]) is a medication that reduces the craving for alcohol, and also reduces the pleasurable effects of alcohol. This can help keep people who drink a small amount of alcohol from drinking more of it.

Programs also sometimes use naltrexone to treat heroin or other opioid dependence because it blocks the drug's effects. [✖Q9] It is important for people who use heroin to go through detox first, so they are heroin free before starting to take naltrexone.

If a person does detoxify from opioids and begins to take naltrexone, it still will not work well for this purpose unless a person has a strong social support system, including someone who will make sure that he or she continues to take the medication regularly. [✖Q22] When an adolescent is taking naltrexone to treat opioid dependence, it is particularly important that parents provide strong support and supervision.

Did you know?

Naltrexone will not prevent you from becoming impaired while drinking alcohol. [✖ Q19] It will not produce any narcotic-like effects or cause mental or physical dependence.

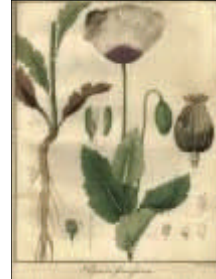
Naltrexone is available only with your doctor's prescription. In deciding to use any medication, the risks of taking the medicine must be weighed against the good it will do. This is a decision you and your doctor will make.

How it works

[✖ Q20] Naltrexone is not a narcotic. It works by blocking the effects of narcotics, especially the "high" feeling that makes you want to use them. It also may block the "high" feeling that may make you want to continue to use alcohol.

Opioid Dependence[‡]

More and more, **opioid** dependence is being accepted as a chronic disease, much like high blood pressure or diabetes. Yet unlike these other diseases, opioid **dependence** carries a very powerful **stigma**. To illustrate: Imagine that you are interviewing for a new job. Would you think twice before asking whether the company's health plan covers costs related to your insulin dependence? What about for coverage of costs related to your opioid dependence? Would you feel equally at ease asking that question?



This stigma is rooted in the centuries-old belief that opioid dependence is a moral failure. It has only been within the last 20 years that researchers began to realize that opioid dependence is a medical condition caused by changes in the brain—changes that didn't go away, sometimes for months, after patients stopped using opioids.

Today, opioid dependence (to heroin and to prescription opioids, e.g., percoset, codeine, etc.) in the United States is again on the increase. Sadly, fear of the stigma associated with treatment keeps many people from seeking help.

Removing the stigma of opioid dependence is critical to helping patients receive proper care. A key part of achieving this goal is wider recognition that opioid dependence is a medical—not a moral—issue.

Did you know?

Typically, the changes that cause opioid dependence will not correct themselves right away, even though the opioid use has stopped.² In fact, these changes can trigger cravings months and even years after a patient has stopped using opioids. Consequently, overcoming opioid dependence is not simply a matter of eliminating narcotic drugs from the body.¹

About Buprenorphine[‡]

Buprenorphine (Suboxone[®]) helps suppress withdrawal from prescription pain medications, heroin, or similar opioids. It helps decrease cravings for and also reduces the effects of other opioids.

[✖Q2] It is the first medication approved for the treatment of opiate dependence that can be prescribed in a doctor's office. Many people are able to take buprenorphine at home, just like any other medicine for other medical conditions, after the doctor has determined the right dose. **[✖Q12]** Daily visits for treatment are not necessary after the dose is established. A doctor treating a patient with buprenorphine generally will also provide or refer the patient for counseling.

Because it is very difficult for a person to detoxify from opiate drugs, many people don't make it that far; buprenorphine is sometimes used to help people make that transition.

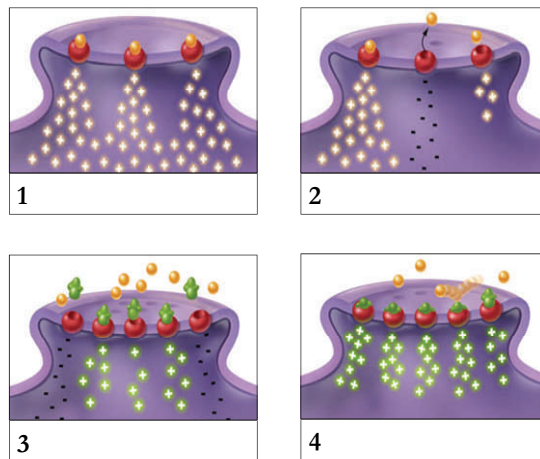
Only qualified doctors with the necessary DEA (Drug Enforcement Agency) identification number are able to start in-office treatment and provide prescriptions for ongoing medication. CSAT (the Center for Substance Abuse Treatment) maintains a Web site to help patients locate qualified doctors (see page 17).

Did you know?

[✖ Q5] Patients can switch from methadone to buprenorphine. It is also possible for patients receiving buprenorphine to be switched to methadone. The two medications are very different. A number of factors affect whether buprenorphine is a good choice for someone who is currently receiving methadone. Patients interested in finding out more about the possibility of switching treatment should discuss this with the doctor who is prescribing their medication.

How it works

Buprenorphine is a narcotic that blocks other opioids from attaching to receptors in the brain. [XQ20] Buprenorphine is an **opioid partial agonist**. This means that, although buprenorphine is an opioid, and therefore can produce typical opioid **agonist** effects and side effects such as euphoria and respiratory depression, its maximum effects are less than those of full agonists like heroin and methadone. [XQ2] At low doses buprenorphine produces enough agonist effect to enable opioid-dependent individuals to stop misusing opioids without experiencing withdrawal symptoms.



1. When opioids attach to the mu receptors, dopamine is released, causing pleasurable feelings to be produced.^{1,2}
2. As opioids leave the receptors, pleasurable feelings fade and withdrawal symptoms (and possibly cravings) begin.¹
3. Buprenorphine attaches to the empty opioid receptors, suppressing withdrawal symptoms and reducing cravings.¹ As a partial opioid agonist, buprenorphine works by controlling withdrawal symptoms and cravings and produces a limited euphoria or "high."¹
4. Buprenorphine attaches firmly to the receptors. At adequate maintenance doses, buprenorphine fills most receptors and blocks other opioids from attaching. Buprenorphine has a long duration of action, which means its effects do not wear off quickly.

About Methadone

Methadone is a medication that prevents opioid withdrawal symptoms for about 24 to 36 hours. [✂Q12] It must be taken daily. After a doctor has determined the right dose, methadone should not make a person high, but instead allow him or her to function normally. Properly administered methadone blocks the “high” a person gets from opioids (e.g., heroin, OxyContin, or vicodin).¹

Different treatment programs dispense methadone for varying lengths of time (i.e., **induction** or **maintenance**). [✂Q6] The amount of time a person is on methadone varies per person. It is determined by each individual and his or her a medical professional. [✂Q11] To achieve stable recovery, some people need to stay on methadone treatment for long periods of time or for life; others need to use methadone only temporarily.

About Methadone Clinics

Methadone clinics offer medication-assisted outpatient treatment for people who are dependent on opioid drugs. These programs use methadone to help a person abstain from illicit opioids or from misuse of pain-relieving prescription opioids. Methadone clinics provide counseling and other services along with the medication. Methadone is administered under a physician’s supervision.

Did you know?

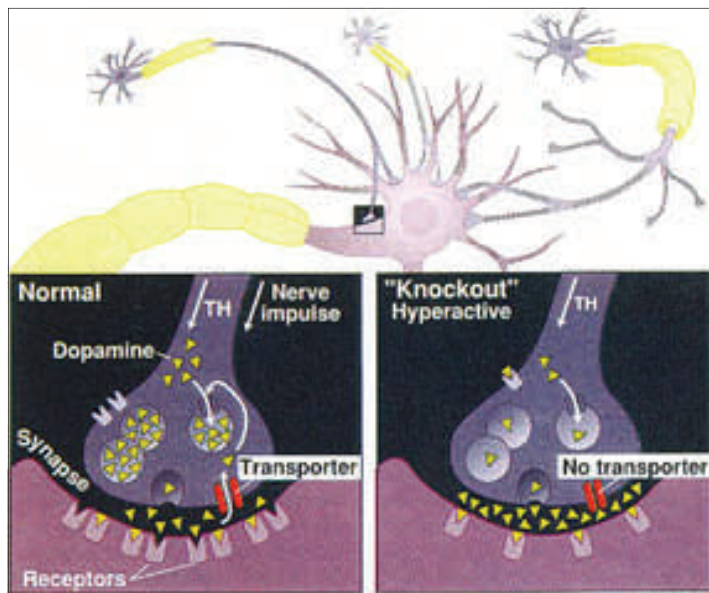
[✂Q3] This synthetic narcotic has been used to treat opioid addiction for more than 40 years. At the correct dose, methadone has no adverse effects on mental capability, intelligence, or employability. It is not sedating or intoxicating, nor does it interfere with ordinary activities such as driving a car or operating machinery. Patients are able to feel pain and experience emotional reactions.

[✂Q2] Most importantly, methadone relieves the craving associated with **opiate** addiction.³ [✂Q1] People receiving this treatment often have good jobs and lead happy, productive lives.²

How it works

Every cell in our body has many types of “receptors” on it. Receptors allow substances, such as **dopamine** (a naturally occurring brain chemical that allows us to feel well) to enter cells. Without receptors a substance can have no effect because it can not enter the cell.

Pictured below on left is the normal relationship between nerve cells in the brain and dopamine. On the right, heroin releases an excess of dopamine in the body and causes users to need an opiate to continuously occupy the opioid receptors in the brain. Methadone works by filling these receptors. This is the stabilizing factor that allows the opiate-dependent person on methadone to change their behavior and to discontinue heroin use.⁴ Methadone is an **opioid full agonist**.



5

Glossary[‡] & Commonly Used Terms

Addiction: A chronic disorder precipitated by a combination of genetic, biological/pharmacological and social factors. Addiction is characterized by the repeated use of substances or behaviors despite clear evidence of negative consequences related to such use.

Agonist: A drug or medication that can interact with receptors to stimulate drug actions or effects.

Full opioid agonist: A drug or medication that stimulates activity at opioid receptors in the brain that are normally stimulated by naturally occurring opioids. Examples of full opioid agonists include morphine, methadone, oxycodone, hydrocodone, heroin, codeine, meperidine (Demerol[®]), propoxyphene, and fentanyl.

Partial opioid agonist: A drug or medication that can both activate and block opioid receptors, depending on the clinical situation. Under appropriate conditions, partial agonists can produce effects similar to those of either agonists or antagonists. Buprenorphine is a partial opioid agonist.

Antagonist: A drug or medication that prevents molecules of other drugs/medications from binding to a receptor (e.g., an opioid receptor). Antagonists can also displace other opioids and can precipitate withdrawal, or block the effects of other opioids. Examples of antagonists include naltrexone and naloxone.

Compulsive: The type of behavior a person exhibits that is overpowering, repeated, and often irrational.

Craving: The intense desire for something.

Dependence (physical or psychological): As a general term, the state of needing or depending on something or someone for support or to function or survive. As applied to alcohol and other drugs, the term implies a need for repeated doses of the drug to feel good or to avoid feeling bad. In the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM-IV, dependence is defined as “a cluster of cognitive, behavioral and, physiologic symptoms that indicate a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences.”

Being compelled to keep using a drug—even when you realize that you have a physical or psychological problem that is probably caused or

made worse by the drug.

Dopamine: A naturally occurring chemical that helps to cause feelings of pleasure in the brain.

Induction: The first phase of treatment, detoxification, when a medication is given to ease a person's withdrawal symptoms. The length (number of days) of the induction phase varies, depending upon the type of medication.

Maintenance: The phase of treatment when the person is taking a stable dose and working with a physician or counselor to address other issues affecting his/her dependence and ability to rebuild his/her life.

Opiate: A drug created directly from opium or a naturally occurring substance, such as a hormone, that has sedative or narcotic effects similar to those of opium. Morphine and codeine are both opiates.

Opioid: A drug with opium-like qualities, which means that it reduces pain, causes relaxation or sleepiness, and carries an addictive potential. Opioids may be either 1) derived from opiates; or 2) chemically related to opiates or opium. Opioids include some prescription painkillers, such as oxycodone and hydrocodone. Buprenorphine, methadone, and heroin are also opioids.

Overdose: When a chemical substance is taken in quantities or concentrations that are large enough to overwhelm the body, causing life-threatening illness or death.

Relapse: The return of signs and symptoms of a disease after a patient has enjoyed a remission (disappearance of signs, symptoms).

Stigma: Something that takes away from the character or reputation of a person or group; a symbol of disgrace.

Tolerance: A decrease in response to a drug dose that occurs with continued use. An increase in the dose of a drug is required to achieve the effects originally produced by lower doses.

Triggers: Activities, sounds, places, people, images, events, or other things that can cause a dependent person to want to have the pleasurable feeling of the misused drug or medication again. Triggers can bring on cravings.

Withdrawal: The uncomfortable symptoms (such as pain, cramps, vomiting, diarrhea, anxiety, sleep problems, cravings) that develop when a person stops taking a drug or medication on which he or she has become dependent.

Information & Support Resources

1-800-221-6333 Information Line, 24-hours/7 days per week

SPECIFICALLY FOR SMOKING CESSATION

- www.quitnet.com
- nicotine-anonymous.org 12 Step program of recovery
- 1-877-724-1090 PA Quitline

SPECIFICALLY FOR BUPRENORPHINE

For more information about opioid dependence and SUBOXONE® treatment:

- www.buprenorphine.samhsa.gov
Substance Abuse and Mental Health Services Administration buprenorphine Web site; includes Buprenorphine Physician Finder
- www.naabt.org
The National Alliance of Advocates for Buprenorphine Treatment (NAABT)
- www.OpioidDependence.com
- www.suboxone.com
- **SUBOXONE Help Line 1-877-SUBOXONE** (1-877-782-6966); available 8am to 8pm EST, Monday through Friday

SPECIFICALLY FOR METHADONE

Consumer Advocacy Groups:

- www.afirmfwc.org Advocates for the Integration of Recovery and Methadone (AFIRM)
- www.methadone.org National Alliance of Methadone Advocates

Methadone-based Recovery Mutual Aid Societies:

- www.methadonesupport.org Methadone Anonymous SUPPORT

Professional Advocacy Groups:

- www.aatod.org The American Association for the Treatment of Opioid Dependence

FEDERAL GOVERNMENT RESOURCES[†]

- www.findtreatment.samhsa.gov/facilitylocator.doc.htm Substance Abuse and Mental Health Services Administration; (SAMHSA's) Substance Abuse Treatment Facility Locator
- **1-800-729-6686 and www.ncadi.samhsa.gov** SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI); publications and 24-hour helpline (English and Spanish)
- **1-800-789-2647 and www.mentalhealth.samhsa.gov** SAMHSA's National Mental Health Information Center
- **www.csat.samhsa.gov** SAMHSA's Center for Substance Abuse Treatment (CSAT)

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Questions to ask your doctor: (page 1 of 3)

On the following pages, please find 2 identical sets of questionnaires. If you are comparing medications, these questions are intended to help you. You may want to use them when you talk your doctor about Medication-Assisted Recovery options.

1. How will this medication benefit me?
2. How effective is this medication?
3. How long has this medication been used to treat (tobacco/nicotine, alcohol, opioid) dependence?
4. Why is it important to take this medication as directed?
5. Can I switch from methadone to buprenorphine or from buprenorphine to methadone?
6. How long will I stay on this medication?
7. What will my course of treatment on a medication be like?
8. How do I start medication-assisted recovery?

✂ Questions to ask your doctor, continued (page 2 of 3)

9. Do I need to be in withdrawal

10. What happens when I first start taking my prescribed medication?

11. What happens in the maintenance phase?

12. How do I take my prescribed medication?

13. How can I increase my chance of success with this particular medication?

14. What are some important directions about using this medication?

15. What safety information should I know about?

16. What are the commonly reported side effects?

✂ Questions to ask your doctor, continued (page 3 of 3)

17. What about combining this medication with other medications/drugs?

18. What pre-existing medical conditions should I be concerned about when considering this medication?

19. What effects should I watch for and contact my doctor about?

20. What is the potential for dependence on *this* medication?

21. What about using this medication and driving or operating machinery?

22. Has this medication been approved for use in children younger than 16?

23. What about using this medication and pregnancy?

24. What about using this medication and breast-feeding?

✂ Questions to ask your doctor: (page 1 of 3)

1. How will this medication benefit me?
2. How effective is this medication?
3. How long has this medication been used to treat (tobacco/nicotine, alcohol, opioid) dependence?
4. Why is it important to take this medication as directed?
5. Can I switch from methadone to buprenorphine or from buprenorphine to methadone?
6. How long will I stay on this medication?
7. What will my course of treatment on a medication be like?
8. How do I start medication-assisted recovery?

✂ Questions to ask your doctor, continued (page 2 of 3)

9. Do I need to be in withdrawal?

10. What happens when I first start taking my prescribed medication?

11. What happens in the maintenance phase?

12. How do I take my prescribed medication?

13. How can I increase my chance of success with this particular medication?

14. What are some important directions about using this medication?

15. What safety information should I know about?

16. What are the commonly reported side effects?

✂ Questions to ask your doctor, continued (page 3 of 3)

17. What about combining this medication with other medications/drugs?

18. What pre-existing medical conditions should I be concerned about when considering this medication?

19. What effects should I watch for and contact my doctor about?

20. What is the potential for dependence on *this* medication?

21. What about using this medication and driving or operating machinery?

22. Has this medication been approved for use in children younger than 16?

23. What about using this medication and pregnancy?

24. What about using this medication and breast-feeding?

Conclusion

Your journey may lead you along a variety of pathways to recovery. Medication-Assisted Recovery may be a part of your recovery process. If conventional methods of recovery alone are not enough, Medication-Assisted Recovery may be the missing link. You deserve to live free of the pain and unmanageability of alcohol and other drug addiction, and free of stigma for the recovery-based choices you make. It is our goal and hope that this *Consumer Guide to Medication-Assisted Recovery* helps you as you consider your options.

We have faith in your ability to recover and congratulate you for having the courage to seek information about Medication-Assisted Recovery. If you want more detailed information or have additional questions about specific medications, contact your physician. If you would like support or to talk about other recovery issues, please call this toll-free 24-hour Information Line: 1-800-221-6333.

Find what works for you. You are worth it.

PRO-ACT is a grassroots organization of members of the recovery community. Our organization is hosted by The Council of Southeast Pennsylvania, Inc., a private non-profit organization. Together, The Council and PRO-ACT run the 24-hour Information Line mentioned above. It is within PRO-ACT's mission to educate the community about issues pertaining to alcohol and other drugs, including Recovery Support Services such as Medication-Assisted Recovery.

PRO-ACT is partially funded by the following entities: The City of Philadelphia, Department of Behavioral Health/Mental Retardation Services, Bucks County Drug and Alcohol Commission, Inc., under a contract between the Pennsylvania Department of Health and the County of Bucks, and the Montgomery County Mental Health/Mental Retardation/Drug and Alcohol/Behavioral Health Programs and the Department of Health, Chester County Dept. of Drug and Alcohol Services, Commonwealth of Pennsylvania.

“All you really need is a truly open mind.”

Twelve Steps and Twelve Traditions, p. 26

Medication-Assisted Recovery is a lifesaving option that is giving millions of people a chance to live free of the unmanageability of active alcohol and other drug addiction.

Using a medication to abstain from drugs of “abuse” may seem like “just substitution”; however, research and experience shows that it is not.

This **Consumer Guide to Medication-Assisted Recovery** has been developed to dispel myths and misconceptions, and to provide general information about Medication-Assisted Recovery. For more information and support, call **1-800-221-6333**. This line is available 24-hours a day, 7 days per week.



PRO-ACT

(Pennsylvania Recovery Organization-Achieving Community Together)

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