

Medication Options for Opioid Use Disorder

There are 3 FDA approved medications for the treatment of Opioid Use Disorder:

1. **Buprenorphine** (oral and injection)
2. **Methadone** (oral)
3. **Naltrexone** (oral and injection), also known as Vivitrol

1. Buprenorphine (Suboxone, Subutex, Sublocade)

Buprenorphine is a partial opioid agonist, meaning that it partially activates the opioid receptors. This helps decrease opioid withdrawal, decrease craving, and stabilize the opioid receptors so that people can focus on recovery.

Research shows that buprenorphine:

- decreases death by over two times (overdose and all-cause death).
- decreases opioid use.
- improves social functioning and quality of life.

Dose: Varies depending on the person, typically 8-16 mg dissolved under the tongue daily

Side Effects: The most common side effects are constipation and nausea. Buprenorphine can also cause sedation/sleepiness.

Caution: Buprenorphine can cause slowed breathing, especially in combination with other medications or substances (such as alcohol, benzodiazepines, other opioids). Buprenorphine has a lower risk of sedation and overdose compared to methadone.

2. Methadone

Methadone is a long-lasting opioid agonist, meaning that it fully activates the opioid receptors. Methadone relieves opioid withdrawal and decreases opioid cravings. It is important to know that people must go to an opioid treatment program (methadone clinic) to receive methadone.

Research shows that methadone:

- decreases risk of overdose and all-cause death.
- decreases opioid use.
- improves social functioning and quality of life.

Dose: Varies depending on the person. People receive doses at the methadone clinic, starting with daily dosing and gradual titration of the dose over weeks.

Side Effects: Methadone can cause constipation, nausea, vomiting, sedation (sleepiness), slowed breathing, and overdose.

Caution: Methadone has medication interactions that you should talk with your provider about. It can also cause heart rhythm problems which need to be monitored. Methadone can cause sedation, slowed breathing, and overdose, and is especially dangerous in combination with other medications or substances that can cause sedation (such as alcohol, benzodiazepines, other opioids).

3. Naltrexone (Vivitrol)

Naltrexone works by blocking opioid receptors and blocking the effects of opioids. Naltrexone also reduces opioid cravings and is not habit-forming. Research shows that naltrexone may protect against overdose and decreases relapse to opioid use.

People cannot have any opioids in their system when starting naltrexone, so may need to go through opioid withdrawal before starting naltrexone. This can make it harder to start this medication, but it may still be the right choice for certain people.

Dose: 1 tablet (50 mg) by mouth once daily, or Vivitrol injection once a month.

Side Effects: Most people do not have side effects. Some people can have nausea, vomiting, or liver toxicity.

Caution: Avoid naltrexone if you have very abnormally high liver tests. You cannot take naltrexone if you are also taking opioids because naltrexone can cause precipitated opioid withdrawal if taken within 5-10 days of opioid use.

For more information on treatment and medications, talk with your IMPACT team. For online resources, refer to SAMHSA (Substance Abuse and Mental Health Services Administration): www.samhsa.gov