



**Understanding Medication
in Addiction Treatment**
for Drug Court Participants

Introduction

This pocket guide is for drug court participants who may be prescribed or considering medication as a part of addiction treatment, as well as their families and support systems, including peer mentors, recovery coaches, and peer recovery specialists.

This pocket guide was produced by the American Society of Addiction Medicine (ASAM) and the National Association of Drug Court Professionals (NADCP). It reflects up-to-date, evidence-based information and has been created by addiction medicine specialists and criminal justice experts to help support optimal outcomes for justice-involved individuals.

Readers will:

- Review the definition of addiction and the reasons medication is included in therapies you may be offered in drug court, often called medication-assisted treatment (MAT).
- Understand details regarding the kinds of medications your doctor may prescribe – such as methadone, buprenorphine, or naltrexone – and other issues that can arise during treatment, including opioid overdose and withdrawal.
- Identify what assessment, treatment planning, treatment, and other services to expect when receiving MAT.
- Identify questions to ask your doctor or counselor about addiction treatment and the use of medications.



Understanding Addiction and Medication in Addiction Treatment

Addiction is a chronic brain disease in which a person regularly finds and uses drugs or regularly does something (such as gambling) despite the negative things that can happen. It is a brain disease because addiction can change how the brain works. Besides harming a person's health, it can change how someone thinks and feels. This may last a long time, lead to other harmful actions, and include difficult relationships with family and friends. Without treatment and recovery, addiction may keep getting worse.

(Modified from ASAM Definition of Addiction www.asam.org/for-the-public/definition-of-addiction)

- Addiction is about brains, not just about behaviors. Addiction treatment has focused on behaviors and counseling in the past, but medications are often necessary for many people with opioid use disorder (OUD) to address the brain changes in addiction.
- Medication is used as one of the tools in the addiction treatment toolkit. It is not substituting one addictive drug for another. Medications used to treat addiction have specific actions on receptor sites in the brain that decrease cravings to use drugs, help people feel normal, shorten the length of any relapses, and help people better focus on recovery.
- OUD is a lifelong condition that often requires ongoing medication in the same way that diabetes or high blood pressure does. While some people are able to gradually taper off, many require long-term or even lifelong treatment.
- Treatment saves lives, and medications reduce the risk of overdose and death.

Assessment

Seeking help is the first important step to recovery.

Congratulations for having chosen to take this step. The next step in the process is to meet with a qualified clinician such as an addiction counselor or mental health therapist. Other team members like a physician, psychiatrist, psychologist, or nurse may also be involved if medication or mental health treatment is prescribed, or if psychological or nursing services are needed. The clinician will review how you are doing. This first meeting is called an assessment. The goal of this meeting is to help the clinician understand you and your background so that he or she can develop a treatment plan that best matches your needs.

Getting Started

- The clinician will ask questions about many parts of your life. The more that is known, the better treatment can be planned with you.
- Examples of common assessment questions that will be asked include:
 - How long have you been using alcohol or other drugs?
 - What medications have you taken?
 - Do you have special social or financial circumstances or needs?
 - Do you have a family history of addiction?
 - Do you have mental, emotional, or health problems with which you may want help?
- The next step is a complete physical examination to check your overall health. This includes checking for mental health problems. It also means checking for other conditions that result from drug use, such as HIV, hepatitis, and other infections, which are important to consider during treatment planning.
- The physical examination will include tests to find both health problems and drugs in someone's body. The most common drug test uses your urine and is called urine analysis.

Treatment Overview

After the assessment, the doctor and care team will discuss all recommended treatment options with you. Everyone's situation is different. While many of your drug court activities are determined by the court as outlined in your participation agreement, treatment activities are different. Choosing the best treatment options is a shared decision between you and the clinician. However, the court and your probation officer will expect you to fully participate in treatment as outlined in your treatment plan.

There are three main choices for medication to treat opioid addiction:

- Methadone
- Buprenorphine
- Naltrexone

Each choice has different benefits and risks. These medications are used along with counseling and other support.

Treatment can occur in several different places or settings depending on the medication used, your particular situation, and other factors. It's important to discuss the many treatment settings, from outpatient to residential and inpatient services, with the clinician to determine which is most appropriate and acceptable for you.



Treatment Plan

- After discussing the assessment and treatment choices with the clinician, it's time to finish your treatment plan.
- It is common for both you and the clinician to sign an agreement about what to expect during treatment. This can include treatment goals, which medications are used, treatment schedule, and counseling plan.
- The treatment plan may also include:
 - Regular visits to the treatment center/doctor/care team
 - Counseling groups and individual sessions with a counselor or therapist
 - Medications: usually methadone, buprenorphine, or naltrexone. If there are other mental or physical health needs, additional medications may also be necessary.
 - Commitment to actively participate in treatment
 - Help to prevent and manage relapse and other safety concerns



Opioid Overdose

Dos and Don'ts in Responding to Opioid Overdose

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION

✓ DO

- Call for help (dial 911).
- Support the person's breathing by administering oxygen or performing rescue breathing.
- Administer naloxone (a drug also called Narcan that blocks the effect of opioids) as an injection or a nasal spray.
 - **All friends/family should have naloxone prescriptions and know how to use them.**
- If the person is breathing independently, put the person on his or her side in the "recovery position."
- Stay with the person and keep him/her warm.

✗ DON'T

- Slap or try to forcefully stimulate the person – it will only cause further injury. If shouting, rubbing knuckles on the sternum (center of the chest or rib cage), or light pinching will not awaken the person, he or she may be unconscious.
- Put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- Inject the person with any substance (salt water, milk, "speed," heroin, etc.). The only safe and appropriate treatment is naloxone.
- Try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause death.

Naloxone

Naloxone is used to reverse an opioid overdose if someone has taken too much. It is available as an injection and as a spray for the nose. Naloxone only works for opioids. It may need to be given more than once for an opioid overdose, since its effects may wear off before the opioid does.

To ensure your safety, you should also ask for a prescription for naloxone for your friends and family members – or sometimes even the actual medication itself. Having naloxone can help save a person who may relapse or take so much of an opioid that she/he stops breathing.

Opioid Withdrawal

- Opioid withdrawal refers to the wide range of symptoms that occur after stopping the use of opioid drugs. Withdrawal can last up to 10 days, but most often lasts between 3-5 days.
- Although withdrawal can cause very troubling symptoms (such as vomiting, cramps, and sweating), it is rarely life-threatening when treated appropriately.
- Using medications to control withdrawal, such as methadone or buprenorphine (also called withdrawal management), is almost always recommended over trying to quit “cold turkey.” When you do try to quit or are in a situation where medications are not used to control withdrawal (such as jail or some other facility) and opioids are abruptly stopped “cold turkey,” this can lead to risky complications, stronger cravings, and continued use.
- Withdrawal management (“detox”) is not treatment by itself. It is only one part of the overall treatment plan. For many people, continued treatment with counseling and medication rather than withdrawal will enable successful recovery and reduce chances for relapse.

Medications to Treat Opioid Addiction

Medication	Brand names
Buprenorphine	Probuphine® (implant) *, generics, Sublocade™ (extended-release injection)
Buprenorphine and naloxone	Suboxone® (under tongue film), Zubsolv® (tablets), Bunavail® (cheek film), generics
Methadone	Generics
Extended-release naltrexone	Vivitrol® (injection)

* Other extended-release buprenorphine formulations expected to come to market

Many treatment plans will include medication. The type of medication chosen depends on a number of factors, including your particular situation and the treatment setting.

- The most common medications used in the treatment of opioid addiction are methadone, buprenorphine, and naltrexone.
- Counseling and other treatment services will be provided in addition to the use of each of these medications.
- Each medication works in a different way and has its own risks and benefits. These should be discussed between you, the doctor, and care team. When feasible, your preferences and decisions should be respected.
- Each of these medications has a special way to be started – once started, they can be taken safely for years.
- When used properly, these medications will NOT create a new addiction; rather, they help you manage addiction so that you can recover.

- If the first medication does not work well, talk to your clinician to find the right medication for your needs.
- Some people have special situations, such as pregnancy, mental health issues, or chronic pain. If any of these special situations applies to you, work with your doctor/care team to find the right medication for your situation.
 - During pregnancy, it is particularly important to immediately start medication treatment with methadone or buprenorphine.
 - These medications are safe during pregnancy and breastfeeding.
 - Withdrawal management during pregnancy can be dangerous for the fetus and puts the woman at risk for relapse, which also can be dangerous for the fetus.
 - Naltrexone is generally not recommended during pregnancy.



Methadone

- Methadone relieves withdrawal and cravings to use other opioids. The goal for a person taking methadone is to feel normal, not intoxicated or in withdrawal.
- Methadone can also reduce cravings. Becoming sleepy can be a sign of a dose that is too high. If you are treated with methadone, you can safely take it at the beginning of recovery, even before withdrawal symptoms have started.
- Methadone to treat opioid addiction is taken daily and is given only at specially licensed treatment centers.
- Methadone is taken once per day in liquid form in special Opioid Treatment Programs, but the dosing may change over time.
- People who are in stable recovery may be provided a supply of medication to take at home. Take-home doses should always be stored in a locked box due to the potential for fatal overdose when taken by others, particularly children.
- You should not drive or operate machinery during the dose stabilization period (usually several weeks), but once on a stable dose, there are no driving restrictions.
- Stopping methadone abruptly will result in withdrawal symptoms. Some people taking it must plan ahead to ensure they have an adequate supply and do not miss scheduled appointments.
- Acute pain caused by events such as major trauma or surgery can be successfully managed for a person taking methadone. Please tell the nurse or doctor who is treating your pain that you are prescribed methadone.

Buprenorphine

- Buprenorphine reduces the powerful desires for opioids (also known as cravings) and relieves withdrawal symptoms. The goal is to help a person feel normal.
- Buprenorphine comes as film, tablets, extended-release implants, and monthly injections. Many versions of this medication are combined with naloxone to prevent possible misuse; when misused (injected, snorted, or other) it can bring on unwanted withdrawal symptoms.
- If you are prescribed buprenorphine, you should wait until you are experiencing mild to moderate opioid withdrawal before taking the first dose.
- Insurance coverage and price may help determine which form of buprenorphine should be chosen. The doctor and care team will make sure you have a dosage and form that meets your particular medical needs.
- When in film and tablet form, buprenorphine is typically taken once per day, but the dosing may change over time.
- Not all doctors, nurse practitioners, or physician assistants can prescribe buprenorphine, so it is important to find an approved doctor able to prescribe this medication. Please refer to the end of this guide for websites that can be used to locate addiction treatment providers and providers that specifically prescribe buprenorphine.



- Doses should always be stored in a locked box due to the potential for fatal overdose when taken by others, particularly children.
- Participants should not drive or operate machinery during the dose stabilization period (usually several weeks), but once on a stable dose, there are no driving restrictions.
- Stopping buprenorphine abruptly will result in withdrawal symptoms. Some people taking it must plan ahead to ensure they have an adequate supply and do not miss scheduled appointments.
- Acute pain caused by events such as major trauma or surgery can be successfully managed for a person taking buprenorphine. Please tell the nurse or doctor who is treating your pain so they know that you are prescribed buprenorphine.

Extended-release Naltrexone

- Naltrexone works by blocking opioids from acting on your brain; this takes away the reward of getting high on a misused opioid. For some, it may stop drug cravings. This makes naltrexone a good option for preventing relapse among highly motivated participants.
- You cannot have any opioids in your body when starting naltrexone. If you do, withdrawal will be very strong. If you are prescribed naltrexone, before a doctor starts you on naltrexone, you must go through withdrawal under a doctor's or care team's supervision. This period can last anywhere from 7-10 days.
- Naltrexone is available in an extended-release form that is injected in the buttocks. The injection is administered by the clinician in his/her office once a month.
- Naltrexone may be especially useful if you are confined to drug-free environments, such as prison or inpatient rehabilitation. It may also be useful for individuals who are highly motivated.
- Stopping naltrexone abruptly does NOT result in withdrawal.

- If you have been maintained on naltrexone, you will be more sensitive to opioids if you stop taking naltrexone. This means that you won't need as large of a dose of opioids now to get the same effect as before. The danger in this is that if you relapse and take the amount of opioids that once gave you a high, that dose may be too large of a dose now, and you can overdose and even die. As a result, the drug court will work with you to ensure you have the support you need once the court is no longer supervising you.
- Acute pain caused by events such as major trauma or surgery requires specialized management since the drug will block the effects of any opioid pain medication. If you are on naltrexone, please tell the nurse or doctor who is treating your pain.



Medication Use Summary

- Every participant is different, and the right medication is found when you feel normal, have little to no side effects, do not feel withdrawal, have cravings under control, and are able to successfully begin long-term recovery.
- When used correctly, and when the treatment plan is being followed, these medications can be taken safely for years.
- As with medication for other illnesses that need ongoing treatment, like diabetes, hypertension, asthma, schizophrenia, and bipolar disorder, there is no recommended length of time for medication in addiction treatment. Some people may be able to eventually taper.
- Any plans to stop taking a medication, change dosage, or switch medications should always be discussed with the doctor or care team. This should be a shared decision, with all benefits and risks discussed and understood between you and your care team.
- You will continue to see the clinician and participate in counseling and support groups based on the agreed-upon treatment plan.
- Relapse may occur as part of this chronic disease. If you relapse while using medication, the clinician will work with you to revise the treatment plan and strategies as needed.

Warnings

- Medications kept at home must be locked in a safe place.
- Women should let their doctor or care team know if they are or become pregnant.
- Participants on these medications should not use other opioid medications or illegal drugs. You should not drink alcohol or take sedatives, tranquilizers, or other drugs like “downers” and sleeping pills that slow breathing. This can cause deadly side effects, such as overdose.

Participant Collaboration

- When you collaborate with your care team in treatment and recovery, you improve your chances for good outcomes. Treatment or other recovery support will be ongoing, as addiction is a chronic disease. For this reason, an agreed-upon treatment plan ahead of time is strongly recommended.
- At the same time, you should expect to be treated with respect and dignity and have your concerns listened to when starting or changing the treatment plan.
- To avoid health problems, the clinician must know if any other medications are being used or if you are regularly drinking alcohol. This is very important; certain medications and regular alcohol use can cause major problems with addiction treatment medications.
- Common participant responsibilities include:
 - Keeping all your appointments
 - Agreeing to drug testing on a regular basis
 - Taking medications as prescribed
 - Not using any drugs that you are not prescribed and admitting it if you have
 - Allowing and encouraging involvement of family and friends
 - Avoiding persons, places, and situations that may cause you to use again after a period of not using (also known as relapse)
 - Abiding by all that is outlined in your drug court participation agreement
 - Telling the truth, even when it's difficult to do so



Counseling

- Counseling is an important part of treatment and may sometimes be offered by the doctor providing medication treatment or by a separate behavioral health clinician.
- Counseling helps you address all life issues that may contribute to your addiction. Examples can be:
 - Lack of understanding or ability to avoid using drugs even when you want to avoid it
 - Difficult situations at work or home
 - Spending time with people who use alcohol or other drugs
 - Feelings of low self-worth

Support from Family and Friends

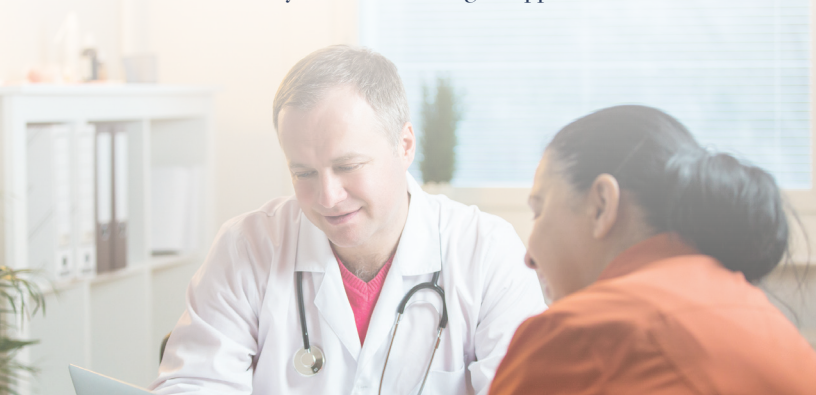
- As a family member or friend of a drug court participant, you play a key role, and should try to educate yourself as much as possible to improve the chances of a long-lasting recovery for your loved one.
- Families and friends should be supportive while also holding the person accountable for following through on his/her treatment. This can be hard for families who have become skeptical as a result of many broken promises. However, medication combined with counseling offers hope for success.
- Places, persons, and events associated with addiction may contribute to a relapse. It is very important that a participant avoids reminders of his/her drug use. This requires the continued support and encouragement of friends and family who support his/her long-term recovery.

12-step Peer Support Groups and Medications

When you are prescribed medications in addiction treatment, you can benefit and participate fully in peer support groups, like 12-step Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Recovery is more than just taking medication, and mutual help groups can help you build a network of recovery support.

The traditions in 12-step groups do not require you to acknowledge any medications you are prescribed, as long as you are taking those medications as prescribed and not seeking to get high. You are under no obligation to discuss your medications. If you decide to share this information, or if it becomes otherwise known to group members, there are some things you should know. There are some 12-step groups that are more open to participants who are prescribed medications, and there may be some groups where certain members might question whether you are sober if on any medication. Don't be discouraged if you encounter such members. If you find yourself in such a situation, you can:

- Find another AA or NA group that is more accepting of people on medication.
- Offer this pocket guide to help a member understand better what you are taking and why.
- Talk it over with a sponsor who understands that medications in addiction and mental health may be necessary to establish recovery.
- Talk it over with your counselor to get support.



Questions to Ask Your Doctor or Clinician about Addiction Treatment and the Use of Medications

- What are the symptoms of opioid addiction?
- What types of treatments are available?
- What should I do if I think I'm addicted to opioids?
- How long do I need treatment?
- How long will I need to be on medication?
- Where can I find more information on treatment and recovery?
- Are opioid treatment medications addictive?
- Are there differences in cost for treatment medications?
- Does insurance cover the cost of treatment medications?
- Where will I be treated?

Find an Addiction Treatment Provider

The following websites provide directories of physicians, nurse practitioners, physician assistants, and treatment agencies specializing in addiction medicine and addiction psychiatry. Most of the websites can be queried by city, state, and zip code to identify medical practitioners in a location that is convenient for you:

American Society of Addiction Medicine:

community.asam.org/search

American Board of Addiction Medicine:

abam.net/find-a-doctor

American Board of Preventive Medicine:

<https://certification.theabpm.org/physician-lookup>

American Board of Psychiatry and Neurology:

<https://www.abpn.com/check-physician-status/search-board-certified-physician/>

American Academy of Addiction Psychiatry:

aaap.org/patient-resources/find-a-specialist

SAMHSA Buprenorphine Treatment Physician Locator:

findtreatment.samhsa.gov

SAMHSA Behavioral Health Treatment Services Locator:

samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator



NADCP
National Association of
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