



How Opioid Use Disorder Is Treated



Introduction | Opioid use disorder is a chronic medical condition. This means it lasts a long time. Getting better can be hard, but treatment works! The path to recovery is different for each person. Being informed will help you find the treatment and support you need to get your life back.

In this resource, you will learn:

- How opioid use disorder is treated and
- Where to find treatment for opioid use disorder.

How Opioid Use Disorder Is Treated

The path to recovery from opioid use disorder often includes both medication and counseling.

1. **Medication** helps the brain recover by reducing the craving for opioids. Some medications to treat opioid use disorder also ease withdrawal symptoms and help reduce pain.
2. **Counseling** helps to manage thoughts, emotions, and behaviors for recovery from addiction. Seeing a counselor is helpful and recommended, but it is not a requirement to get medication treatment.

The Path to Recovery

Addiction is a chronic medical condition. It cannot be cured. Self-care for managing addiction is a lifelong process. Besides medication and counseling, support from others who have had similar experiences can help.

- People who regularly take part in peer recovery programs are more likely to stay in recovery. They are also more satisfied with treatment.¹
- Whatever treatment and types of support you choose, it is important to participate fully in a recovery plan.





1. Medication to Treat Opioid Use Disorder

Medication breaks the cycle of addiction and helps the brain get well. People with more severe opioid use disorders do better when they are treated with medications for opioid use disorder than people who don't.^{2,3,4} Taking medication for an extended time improves the chance of a lasting recovery.

There are three types of medications for treating opioid use disorder. The medications work by acting on the opioid receptors in the brain. They block the feeling of “high” that people get from opioids. They also reduce or stop opioid cravings. Only one type of medication is needed at a time.

Medications to Treat Opioid Use Disorder

	Buprenorphine (byoo-puh-NOR-feen)	Methadone (MEH-thuh-doan)	Extended-Release (XR) Naltrexone (nal-TREK-sown)
Other names	<ul style="list-style-type: none"> Suboxone® (suh-BOKS-own) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Vivitrol® (VIV-uh-trol)
How it works	<ul style="list-style-type: none"> Dulls or blocks the feeling of being “high” Decreases cravings Reduces opioid withdrawal symptoms 	<ul style="list-style-type: none"> Dulls or blocks the feeling of being “high” Prevents cravings Reduces opioid withdrawal symptoms 	<ul style="list-style-type: none"> Dulls or blocks the feeling of being “high” Decreases opioid cravings
How it is taken	<ul style="list-style-type: none"> Pill that dissolves under the tongue Film that dissolves against the cheek 	<ul style="list-style-type: none"> Liquid or tablet dissolved in water 	<ul style="list-style-type: none"> Shot
How often it is taken	<ul style="list-style-type: none"> Daily 	<ul style="list-style-type: none"> Daily 	<ul style="list-style-type: none"> Every 4 weeks

Your provider will help you decide which medication is right for you. Some things to consider when choosing a medication are:

- Type of provider.** Only certain types of providers can prescribe medication for opioid use disorder. The type of provider differs depending on the medication.
- Where medication is given.** Methadone has to be taken at an opioid treatment program at first. The other medications can be taken at home.
- Severity of addiction and type of treatment needed.** People with more severe addiction, mental health conditions, and social challenges may do better in an addiction treatment program that offers a variety of services.
- Medication cost and insurance coverage.** Health insurance may cover only certain medications.
- Treatment of symptoms.** Buprenorphine and methadone help with opioid withdrawal symptoms and pain.
- Your motivation and preference.** Extended-release naltrexone is given only to people who are highly motivated to take it because it causes certain side effects.

Differences in the Medications Used to Treat Opioid Use Disorder

Types of Differences	Buprenorphine (byoo-puh-NOR-feen)	Methadone (MEH-thuh-doan)	Extended-Release (XR) Naltrexone (nal-TREK-sown)
When to stop opioid before starting treatment	<ul style="list-style-type: none"> 12 to 24 hours before starting buprenorphine 	<ul style="list-style-type: none"> No requirement (can start methadone right away) 	<ul style="list-style-type: none"> 7 to 10 days before starting naltrexone
Controlled substance	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> Yes 	<ul style="list-style-type: none"> No
Who is allowed to prescribe	<ul style="list-style-type: none"> Providers who go through training and have a special permission called a waiver. Primary care providers and pain specialists may become waived. Addiction specialists don't need a waiver. 	<ul style="list-style-type: none"> Only certified opioid treatment programs are allowed to give out methadone. 	<ul style="list-style-type: none"> Any healthcare provider licensed to prescribe medication.
Common side effects	<ul style="list-style-type: none"> Constipation, vomiting, headache, sweating, trouble sleeping, blurred vision 	<ul style="list-style-type: none"> Constipation, vomiting, sweating, drowsiness 	<ul style="list-style-type: none"> Trouble sleeping, nausea, vomiting, low energy, joint or muscle pain, tiredness, anxiety
Other advantages	<ul style="list-style-type: none"> Safer than methadone. Reduces withdrawal symptoms and pain. Can get buprenorphine from some provider offices. 	<ul style="list-style-type: none"> Reduces withdrawal symptoms and pain. Most effective drug for reducing opioid cravings. Outpatient treatment programs offer counseling too. 	<ul style="list-style-type: none"> Does not need to be tapered (slowly reduced) to stop use. Not a controlled substance. Can get naltrexone from a provider office.
Disadvantages	<ul style="list-style-type: none"> More expensive than other drugs. May need to be tapered to stop use. 	<ul style="list-style-type: none"> Requires daily visits to an opioid treatment program. With time, visits may be done at home. In some cases, the program may be able to get state permission for the person to take the medication home. An opioid treatment program may not be located nearby. 	<ul style="list-style-type: none"> Does not reduce opioid withdrawal symptoms. Causes reduced tolerance to opioids. This means a person could overdose if they take opioids. Less effective than the other two drugs in reducing cravings. Effective in highly motivated people only.
Link to online resources to find a provider	<ul style="list-style-type: none"> Buprenorphine Practitioner Locator 	<ul style="list-style-type: none"> Addiction Treatment Services Locator 	<ul style="list-style-type: none"> Buprenorphine Practitioner Locator Addiction Treatment Services Locator

For detailed information about medication to treat opioid use disorder treatment, go to this handbook: [Decisions in Recovery: Treatment for Opioid Use Disorder](#) (Substance Abuse and Mental Health Services Administration, or SAMHSA).



2. Counseling

Many people benefit from seeing a counselor while taking medication to treat opioid use disorder. Counselors help people learn new thinking strategies and ways to cope with life's challenges.

Reasons to seek counseling

- To understand what led you to become addicted.
- To learn new behaviors to prevent returning to opioid use.
- To learn to cope with thoughts, feelings, and behaviors that may occur with disability and chronic pain.
- To learn how to overcome depression or anxiety. Depression and anxiety are common in people with opioid use disorder and people with disability.
- To learn how to relax and reduce stress.

Where to get names of counselors to consider

- Call the member services department on your health insurance card. Ask them for a list of the mental health counselors and addiction counselors they cover.
- Ask family or friends who may know about treatment resources.
 - If you are not insured, look for a counselor who has a sliding fee scale. This means they will adjust the fee based on your income. Go to [Therapy for Every Budget: How to Access It](#) for ideas on where to find affordable counseling.
- You can also find counselors in your area by using this online resource: [Behavioral Health Treatment Services Locator](#).

What to look for in a counselor

Not all counselors are the same. Look for a licensed counselor who specializes in the challenges that you would like help with. Some counselors treat addiction. Other counselors treat depression and anxiety. They may or may not be skilled in helping people cope with chronic pain. Here are some things to consider as you look for a counselor:

- How long they have been in practice?
- What types of problems do they treat? Do they treat people with the same needs as you?
- Where were they trained, and what is their degree?
- Do they take your insurance?

You should feel comfortable talking with your counselor. Talk to the counselor on the phone or schedule one visit to “try them out.” It may take several tries to find the right counselor for you. It is okay to try other counselors. Here are some questions to ask yourself about a counselor you are seeing:

- Do they understand your experience as a person living with chronic pain and disability?
- Do they listen to you?
- Does their advice make sense to you?

Explore online counseling if you prefer not to see a counselor in person or if you can't find a counselor nearby. Early research shows that internet-based therapy can be effective.⁵ The resources below give information on things to consider when choosing an online counselor and links to online therapy services.

- [What You Need to Know Before Choosing Online Therapy](#) (American Psychological Association)
- [A Growing Wave of Online Therapy](#) (American Psychological Association)
- [What Is Online Group Therapy? Here's How to Find it](#) (Healthline)



3. Peer Recovery Support

Peer recovery support groups offer a space for people in recovery to share their personal experiences, build community, and encourage one another. They are a source of ongoing support when addiction treatment ends. The groups are free of charge. Look for a group that is run by a set of principles and follows a structured approach. Here are some examples of different types of groups:

- 12-step programs, like Narcotics Anonymous (na.org)
- SMART Recovery® built on the 4-Point Program® (smartrecovery.org)
- LifeRing Secular Recovery (<https://lifering.org/>)

Where to find peer support

Local groups: Groups hold regular meetings in the community at different times of the day and week. Find a group near you by going to these links:

- [Start Your Recovery](#)
- [Peer-Based Recovery Support, Recovery Research Institute](#)
- [Faces & Voices of Recovery](#)

Online groups: Online groups can offer useful tips. Peers answer questions posted by members. Look for an expert moderated group and one with a reputable sponsor. Also look for a group that is positive, supportive, and focuses on solutions. Here are links to groups you can explore:

- Inspire.com
- [Patientslikeme®](#)

More Intensive Sources of Addiction Treatment

Some people benefit from more intensive treatment in a licensed addiction treatment program. These programs are offered in outpatient and residential settings.

- In *outpatient treatment programs*, people attend individual and group sessions from nine to 20 hours per week. Evening programs enable people to continue working.
- In *residential treatment programs*, people being treated for addiction live together and support one another as they go through treatment.

Outpatient and residential treatment programs are staffed with addiction specialists who work together to provide a package of services. Many programs do not offer medication to treat addiction. Be sure to ask. Also, check with your health insurance company to see what programs they will cover.

- To find information on what to look for in a licensed treatment program, go to the *Knowledge Hub* resource [What to Look For in an Intensive Addiction Treatment Program](#).
- To find a licensed treatment facility, go to the [Addiction Treatment Services Locator](#).
- To find an addiction psychiatrist, go to this [Addiction Psychiatrist Locator](#).



Resources

For more information about opioid use disorder treatment, check out these *Knowledge Hub* resources:

- [Answers to Common Questions About Accessing Opioid Use Disorder Treatment](#). This resource answers the following questions:
 - How long does addiction treatment take?
 - Does my health insurance cover treatment for opioid use disorder?
 - What if I don't have health insurance?
 - How will addiction treatment affect my pain?
 - If I go to an addiction treatment program, what should I do to make sure it is accessible to me?
 - What if there is no addiction treatment program nearby?
 - Does my health insurance cover treatment for opioid use disorder?
- [What to Look For in an Intensive Addiction Treatment Program](#)
- [Accommodations to Look For in Substance Use Treatment Programs](#)
- [How Family and Friends Can Support Recovery From Opioid Use Disorder](#)



For more information visit: Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers | [KnowledgeHub.air.org](https://www.knowledgehub.air.org)

Endnotes

- 1 Travy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7, 143–54. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/pdf/sar-7-143.pdf>
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- 3 Nielsen, S., Larance, B., Degenhardt, L., Gowing, L., Kehler, C., & Lintzeris, N. (2016). Opioid agonist treatment for pharmaceutical opioid dependent people. *Cochrane Database of Systematic Reviews*, 2016(5), 1–6.
- 4 Sees, K. L., Delucchi, K. L., Masson, C., Rosen, A., Clark, H. W., Robillard, H., Banyas, P., & Hall, S. M. (2000). Methadone maintenance vs 180-day psychosocially enriched detoxification for treatment of opioid dependence: A randomized controlled trial. *JAMA*, 283(10), 1303–1310.
- 5 King, V. L., Stoller, K. B., Kidorf, M., Kindbom, K., Hursh, S., Brady, T., & Brooner, R. K. (2009). Assessing the effectiveness of an Internet-based videoconferencing platform for delivering intensified substance abuse counseling. *Journal of Substance Abuse Treatment*, 36(3), 331–338. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0740547208001219>

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