

# Health Care Treatments for Heroin and Opioid Misuse

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Treatment for opioid misuse looks the same in most movies and shows. First, people who misuse opioids suddenly stop using them. Some call this “*cold turkey*”. Next, they go through a long, hard withdrawal. They get violently sick. Then, they go to an *inpatient rehabilitation center*. Counseling teaches them how to live without opioids. In the movies, all it takes to stop using opioids is willpower.

Real life is not like the movies. It takes much more than willpower to stop using opioids.

Opioid misuse causes long-term or permanent changes in the brain. It is a long-term, or chronic, condition. Treatment should include different types of care over a long time. It should help people learn to manage their opioid misuse.

It is not enough to treat opioid misuse as a short-term condition. People who get long-term care are less likely to start misusing opioids again. That is important because 2.5 million people misuse opioids in the U.S. More than 33,000 people died from opioid overdoses in 2015 alone.

Long-term care can include medication-assisted treatment (MAT). Examples of MAT are methadone or buprenorphine with Naloxone. When someone is on MAT, they are not using one “drug” instead of another. When someone is on MAT he is not “still using;” he is in recovery. MAT can be a life-saving treatment option. MAT is an evidenced-based best practice.

## **Health care treatments**

There are different types of treatment for opioid misuse. They can be very expensive. People looking for treatment should contact their health care providers. They should ask what types of treatments are covered by their insurance. The goal is to get the most effective care.

The most effective care varies from person to person. Experts say the best treatment plans:

- Are centered on the person
- Use methods that work best for that person
- Use methods that limit the person the least

## **Settings**

There are two main settings for opioid misuse treatments:

- **Inpatient withdrawal management**—stay at a hospital or rehabilitation center for care
- **Outpatient withdrawal management**—stay at home and go to a doctor, hospital, or rehabilitation center for care

*Inpatient withdrawal management settings* offer safe, 24-hour a day care. Programs are highly structured. Clients get medical care and counseling. Not everyone needs inpatient or residential treatment.

Types of inpatient settings include:

*Inpatient withdrawal management:*

- This used to be called “inpatient detox.”
- This level of care helps people stop misusing substances.
- MAT may be started while inpatient.
- Aims to help people get ready for outpatient treatment.

*Short-term residential programs:*

- Used in the beginning of treatment
- Helps people through withdrawal management
- Begin counseling
- Get people ready for outpatient treatment

*Recovery housing:*

- Supervised group living
- Safe place to live after inpatient/residential treatment
- Often teach life-skills like using transportation and finding work
- Aims to ease people back into the community

***Outpatient settings*** include many types of treatment. They often focus on behavioral treatments for opioid misuse. Behavioral therapies include:

- Psychotherapy
- Cognitive-behavioral therapy (CBT)
- Family therapy
- Mindfulness-based Stress Reduction (MBSR)

The outpatient setting is where ongoing MAT occurs. While MAT may be started during inpatient withdrawal management, it continues in the outpatient setting. Some people do not need inpatient treatment and may start MAT in the outpatient setting.

Settings include:

- Hospitals
- Treatment centers
- Doctors’ and therapist’ offices

Successful outpatient treatment includes medical treatment. Medication-assisted Treatment (MAT)

combines behavioral therapy and medicine.

## **Medication-assisted Treatment (MAT)**

MAT helps people more than medicine or behavioral therapy alone. Some people do not understand using medicine for opioid misuse. They think it trades one bad habit for another. This is not true. People who misuse opioids have strong cravings. Some medicines help reduce those cravings.

MAT helps people use opioids less. It leads to fewer deaths from overdose. It leads to fewer illegal acts and shared diseases. MAT helps people be more social and stay in treatment longer. MAT is helpful for pregnant women. It leads to fewer babies born dependent on opioids. It also shortens mothers' hospital stays.

Doctors use several medicines to treat opioid misuse. They include:

- Methadone (Methadose®, and Dolophine®)
- Buprenorphine (Butrans®, Subutex®, Belbuca®, Probuphine®)
- Naltrexone (Vivitrol®, Revia®, Depade®)
- Naloxone (Narcan®)

*Methadone* has been around for a long time. It can make withdrawal easier by stopping or reducing symptoms and cravings. It is safe to take with opioids. Doctors decide how much people should take each day. Some people take pills at home. Others take liquid doses or wafers at a doctor's office or clinic.

People must be careful with methadone. It builds up in the body. People could get sick or overdose if they take too much. People should tell their doctors if they take other medicines. They should avoid alcohol and other opioids.

*Buprenorphine* is a very weak type of opioid. It lasts a long time. This reduces people's cravings. People take it every day as a film, tablet, or skin patch. Doctors mostly use buprenorphine with other medicines.

The U.S. Food and Drug Administration just approved a new type of buprenorphine. Doctors put a Probuphine® implant under clients' skin. It lets out a small amount of buprenorphine for six months. Doctors only give it to people who have been stable on buprenorphine. They hope Probuphine® will help people stick to their treatment plans.

*Naltrexone* blocks the effects of opioids. People take naltrexone as a pill or long-lasting injection. Long-lasting injections are more effective for opioid misuse.

*Naloxone* is used for opioid emergencies. It blocks opioid receptors to reverse opioid overdoses. Emergency professionals carry naloxone. It comes as a shot that can go under the skin or into a muscle or vein. It also comes as a nasal spray.

Clients or their families may be able to get naloxone so they have it at home and are prepared in case of an opioid overdose emergency.

## Looking ahead

Researchers are looking for new ways to treat opioid misuse. Experts are testing the following treatments to see if they work and are safe. They include:

- Naltrexone implant
- Vaccine to keep opioids away from the brain
- Transcranial Direct Current Stimulation (TDCS)

## Resources

Narconon

[www.narconon.org](http://www.narconon.org)

(800) 775-8750

National Institute on Drug Abuse

[www.drugabuse.gov](http://www.drugabuse.gov)

(301) 443-1124

Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

(877) 726-4727

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