NCADD's Consumer Guide to Medication-Assisted Recovery

Honoring different pathways to recovery…..

NCADD
NATIONAL COUNCIL ON ALCOHOLISM
AND DRUG DEPENDENCE, INC.

Introduction

There are many pathways to addiction recovery. One pathway can be Medication-Assisted Recovery—the use of medication, as prescribed and overseen by a physician knowledgeable about addiction care, to support recovery from a substance use disorder. The purpose of ***NCADD's Consumer Guide to Medication-Assisted Recovery*** is to educate the "consumer"—anyone considering medications to aid their own addiction recovery or that of a family member, 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 generally 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—is where they are all too often viewed as not being abstinent, criticized, and denied their legitimate status as a person in recovery. This Guide is designed to dispel some of the myths, misconceptions, misinformation and the stigma that surround this often lifesaving pathway to recovery.

Some wrongly 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.

NCADD's Consumer Guide to Medication-Assisted Recovery offers general information about leading medications used in the treatment of addiction. We do not support or reject any particular medication. You must consult with your doctor or other treatment provider to find out if a particular medication could help you.

NCADD is grateful to our Affiliate, **The Council of Southeast Pennsylvania** (formerly the Bucks County Council on Alcoholism and Drug Dependence) in Greater Philadelphia, PA and its program, **PRO-ACT,** for creating the original Consumer's Guide, which was edited and updated by the Medical/Scientific Committee of the National Council on Alcoholism and Drug Dependence, Inc.

Inside this Guide

About Medication-Assisted Recovery

Understanding that prolonged use of alcohol and other drugs can change the structure and function of the brain helps explain why pharmacological treatment can have an important role in the treatment of addiction. Unless restorative, rebalancing treatment is provided, these functional brain derangements can result in worsening or sabotage of recovery attempts.

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, along with other recovery supports, e.g., counseling and peer support. Although no medications cure dependence on drugs or alcohol, some can play a significant and lifesaving role in helping people begin and sustain recovery. However, some medications may interfere with the recovery process. Therefore, when considering use of medications, we suggest you always consult a prescriber who is knowledgeable about and successfully experienced in treating substance use disorders. Since these medications can, if misused, be dangerous, always obtain them with a legitimate prescription.

Many treatment programs and 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 dampen or block the experience of feeling "high" or intoxicated
- 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 with depression, anxiety, post-traumatic stress disorder or attention deficit 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, bipolar medications and anti-anxiety drugs. It is vital for the safety of individuals with co-occurring disorders to inform all their treating professionals about each medication they are taking. Full review of these medications is beyond the scope of this guide. We suggest that you always consult with an experienced health professional knowledgeable about co-occurring addiction and mental health disorders.

Tobacco/Nicotine Addiction

Nicotine addiction is a complex phenomenon, usually involving overuse of tobacco, which is rich in nicotine. Nicotine is a powerfully addictive drug, and the destructive effects of smoking tobacco are well-known and include cancer, lung destruction and circulatory problems, such as heart disease. Smokers, on average, reduce their life expectancy considerably, but regain much of their longevity if they quit smoking.

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 hours but our bodies may crave tobacco for weeks, months or even years. Changes in the brain induced by heavy nicotine intake tell 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 delivery, 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 cigarette thus becomes an excellent vehicle for administering the drug nicotine, but chewing tobacco also has highly significant addiction potential.

About Nicotine Replacement Therapy

Nicotine replacement therapy (NRT) replaces nicotine obtained from smoking or other tobacco usage. Various nicotine delivery methods are available, some without prescription. 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 quitting. Several forms of NRT have been marketed, including the nicotine patch, inhaler, nasal spray, gum, sublingual tablet, and lozenge. Nicotine-mist "cigarettes" deliver the drug without actually smoking, but nicotine in any form is addictive. NRT is thought to be useful and beneficial for tobacco users who want to quit their addiction and is for most people perfectly safe. Cigarettes on the other hand cause the early deaths of about 5 million people each year. These people are not killed by the nicotine in the cigarette, but by other constituents of tobacco smoke leading to heart and lung disease and cancer. 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. Such long term usage is much less harmful to health than smoking, but is still a compulsive pattern of use.

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, without removing nicotine completely. 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 counseling and support, as recommended by the U.S. Public Health Service.

OTHER MEDICATIONS

Bupropion (Zyban, Wellbutrin SR), and varenicline (Chantix) have all been shown to help some smokers quit. These drugs are only available by prescription, and come with some cautionary warnings. Your doctor should decide if they are best for you.

Alcohol Dependence

Alcohol is a drug, legal for adults over 21 to consume. Many adults can have an occasional glass of wine or a beer without any significant impact on their daily lives. Alcohol misuse occurs when someone repeatedly drinks alcohol even though it causes significant problems in his or her life. If alcohol abuse or misuse continues, it can lead to dependence—a physical and emotional addiction to alcohol which disrupts health and relationships, can cause missing work (often due to hangovers), or neglect of personal and work obligations. It can also lead to legal problems, such as being arrested for disorderly conduct or drinking and driving. You don't have to drink daily or drink large amounts of alcohol to have an alcohol problem.

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 may dominate your life. You may find that you plan your activities around alcohol. You may drink secretly, hide or lie about 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, safely weather withdrawal symptoms, and begin living a sober life.

DID YOU KNOW?

Excessive long-term use of alcohol disrupts the balance of the body's and brain's chemistry. Alcohol dependence or alcoholism is not based on choice, poor morals, lack of willpower or a character flaw, but on how alcohol interacts with the brain and body. Like other chronic diseases, there is often a genetic or familial predisposition to alcohol problems, but such problems may or may not occur in members of susceptible families.

Individuals from at-risk families are well advised to exercise caution in their exposure to alcohol.

Medications for Treating Alcohol Dependence

About Disulfiram

Antabuse® (Disulfiram) is a prescription 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.

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, solvents and varnishes may induce the same symptoms.

HOW IT WORKS

Antabuse® 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 and it causes the uncomfortable reaction described above. This reaction makes it impossible for one who is taking Antabuse® to drink without experiencing discomfort or illness. Not everyone can tolerate Antabuse® or take the risk of an Antabuse-alcohol reaction.

About Acamprosate

Acamprosate Calcium (Campral®) 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.

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. It can be used by people with mild to moderate liver problems. Campral® can be taken with many other medications, including medications for anxiety, depression, and sleep disorders. 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. This makes it easier for people not to drink.

About Naltrexone

Naltrexone (ReVia®) is an oral medication that reduces the craving for alcohol, and also reduces the pleasurable effects of alcohol. This effect can help people reduce their drinking.

Vivatrol, a long-acting form of naltrexone, is used to treat problem drinking and alcoholism. This drug is administered by injection and each shot lasts about a month.

DID YOU KNOW?

Naltrexone will not prevent you from becoming impaired while drinking alcohol. 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 might do. This is a decision you and your doctor will make.

HOW IT WORKS

Naltrexone is not a narcotic. It works by blocking the "high" feeling that makes you want to use alcohol or narcotics.

Opioid Dependence

Today, opioid dependence (addiction to heroin and to prescription opioids, *e.g.*, Percocet, 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. Untreated, opiate dependence can spiral rapidly out of control and can result in death by overdose (accidental or intentional), suicide and other complications.

More and more, opioid dependence is being accepted as a chronic disease, much like alcoholism, high blood pressure or diabetes.

This stigma is rooted in the centuries-old belief that addiction is a moral failure or lack of willpower. 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 or years after patients stopped using opioid drugs.

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 in the brain caused by opioid dependence will not correct themselves right away, even though the opioid use has stopped. In fact, these changes can trigger cravings for the drug 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.

Medications for Treating Opioid Dependence

About Methadone

For detoxification, methadone is a medication that prevents opioid withdrawal symptoms for about 24 to 36 hours. For maintenance, 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" from opioids (*e.g.*, heroin, OxyContin, or vicodin).

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

About Methadone Clinics

Methadone maintenance 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 medication. Methadone is administered under a physician's supervision.

DID YOU KNOW?

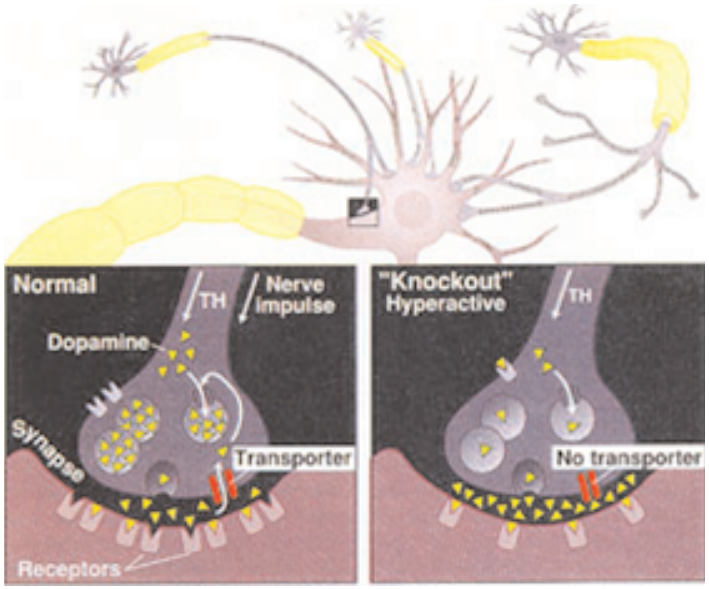
This synthetic narcotic has been used to treat opioid addiction for more than 40 years. At the correct dose, methadone has no adverse effects on mental capability, intelligence, or employability. It is not sedating or intoxicating, nor does it interfere with ordinary activities such as driving a car or operating machinery. Patients are able to feel pain and experience emotional reactions. Most importantly, methadone relieves the craving associated with opioid addiction. People receiving this treatment often have good jobs and lead happy, productive lives. The same is true of buprenorphine.

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 good), to enter cells. Without receptors a substance can have no effect because it cannot enter the cell.

Pictured below on the 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. Methadone is an opioid full agonist.



About Buprenorphine

Buprenorphine (Suboxone®) appears to have some advantages over methadone and naltrexone. It helps suppress withdrawal from prescription pain medications, heroin, or opioids. It helps decrease cravings and reduces the effects of other opioids. "Bupe" can block or arrest opioid withdrawal, and generally produces no "high."

Buprenorphine is approved for treating opiate dependence and can be prescribed in a doctor's office. Many people can take "Bupe" at home, like medicines for other medical conditions, after the doctor determines the right dose. Daily visits for treatment aren't necessary after dose is established. Generally, a doctor treating a patient with buprenorphine will also provide or refer the patient for counseling.

Because it is often very difficult for a person to detoxify from opiate drugs, many people don't make it that far; buprenorphine can be used to help people make that transition. Alternatively, it can be prescribed for long-term maintenance, often with excellent results.

Only qualified doctors with a DEA (Drug Enforcement Agency) identification number can start in-office treatment and provide prescriptions for ongoing medication. CSAT (Center for Substance Abuse Treatment) has a website that helps patients locate qualified doctors (see Information and Support Resources—page 17).

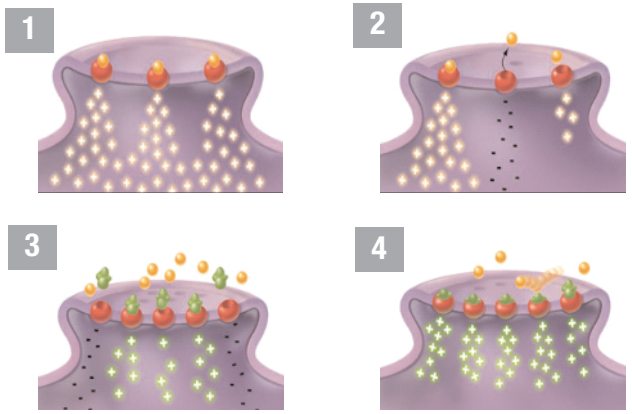
DID YOU KNOW?

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 or clinic prescribing their medication.

For opioid dependent pregnant women, methadone has been the standard for opioid replacement, but buprenorphine was shown to be effective in recent studies. Children born to mothers on these medications may experience withdrawal and need detoxification.

HOW IT WORKS

Buprenorphine is a narcotic that blocks other opioids from attaching to receptors in the brain. Buprenorphine is an opioid partial agonist. This means that, although buprenorphine is an opioid, and therefore can produce typical opioid beneficial effects and side effects such as mild euphoria and respiratory depression, its maximum effects are far less than those of full a gonists like heroin and methadone. 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.
2. As opioids leave the receptors, pleasurable feelings fade and withdrawal symptoms (and possibly cravings) begin.
3. Buprenorphine attaches to the empty opioid receptors, suppressing withdrawal symptoms and reducing cravings. As a partial opioid agonist, buprenorphine works by controlling withdrawal symptoms and cravings and produces a limited euphoria or "high."
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.

WARNING:

Addictive Nature of Buprenorphine and Methadone

It should be noted that buprenorphine (Suboxone, Subutex) and methadone do not remove dependency on opiates; these medications are substitute drugs which are legal when properly obtained, and do not produce a "high" or impair functioning. These medications eliminate craving and drug-seeking for illegal or unauthorized opiate drugs, and while they allow their users to function normally, they don't eliminate physical dependency on opiates. If the medications are stopped abruptly the user will experience withdrawal and may find it difficult to stop the medication entirely without professional help.

About Naltrexone

Naltrexone can be used to treat heroin or other opioid dependence because it blocks the drug's effects. It is important for people who use opiates to go through detoxification (detox) first, so they are opiate-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. When an adolescent is taking naltrexone to treat opioid dependence, it is particularly important that parents provide strong support and supervision.

The long lasting, injectable form of Naltrexone (Vivitrol®) has been approved by the Food and Drug Administration (FDA) for use in opioid-dependent patients. This preparation blocks the effects of opiates for about one month, with one injection.

For many years, methadone and naltrexone have been the principal medications available for the treatment of opioid dependence. Both can block the "high" from opioids. Methadone suppresses withdrawal and craving but is only available from special clinics and new patients must go every day; overdoses can be fatal. Naltrexone can be prescribed in a doctor's office but does not suppress withdrawal and craving. Overdoses are non-fatal with naltrexone.

QUESTIONS TO ASK YOUR HEALTH PROFESSIONAL:

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?**
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?**
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 out 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 if I am pregnant?**
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. It is our goal and hope that this Guide helps you as you consider your options.

With commitment and help, anyone can recover from alcohol or drug addiction. We 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 a physician specifically trained and experienced in the diagnosis and treatment of addiction.

NCADD gratefully acknowledges our Affiliate, The Council of Southeast PA and it's program, PRO-ACT, for creating the original Consumer's Guide, edited by NCADD's Medical-Scientific Committee.

Information About NCADD:

Founded in 1944 by Marty Mann, the first woman to recover from alcoholism in Alcoholics Anonymous (AA), the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) and its National Network of Affiliates is dedicated to increasing awareness and reducing the stigma often associated with the disease of alcoholism and drug dependence and advocates for the elimination of discrimination in terms of access to appropriate treatment within the health care system and in the workplace. NCADD Affiliates provide community education, prevention, information/referral, intervention, training, recovery support and advocacy services.

Last year, 43 million individuals and families were served by NCADD and the National Network of

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 nerve cell 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 and endorphins. 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, to need or depend on something or someone for support, function or survival. As applied to alcohol and other drugs, the term implies a need for repeated use to feel good or to avoid feeling bad. The Diagnostic and Statistical Manual of Mental Disorders, or DSM-IV, defines dependence as "a cluster of cognitive, behavioral and physiological 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, even when you know that physical or psychological problems are being caused or made worse by the drug.

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

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 synthetic substance 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.

Recovery: Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship.

Relapse/Reoccurance: 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 an addicted person to want to again use the drug to which they were addicted. Triggers can bring on cravings.

Withdrawal: The uncomfortable symptoms (such as pain, cramps, vomiting, diarrhea, anxiety, sleep problems, cravings) that develop.

Information & Support Resources

National Council on Alcoholism and Drug Dependence, Inc. NCADD Affiliate Referral: 800-622-2255 **www.ncadd.org**

American Society of Addiction Medicine **www.asam.org**

MUTUAL AID/SELP-HELP SUPPORT RESOURCES

www.aa.org Alcoholics Anonymous (AA)
www.al-anon.alateen.org Al-Anon Family Groups
www.na.org Narcotics Anonymous (NA)
www.nar-anon.org Nar-Anon Family Groups

SPECIFICALLY FOR SMOKING CESSATION

www.quitnet.com
www.nicotine-anonymous.org 12 Step program of recovery

SPECIFICALLY FOR BUPRENORPHINE

For more information about opioid dependence and SUBOXONE® treatment:
www.buprenorphine.samhsa.gov Substance Abuse and Mental Health Services Administration website; includes Buprenorphine Physician Finder
www.naabt.org The National Alliance of Advocates for Buprenorphine Treatment (NAABT)
www.suboxone.com and Suboxone Help Line (877-782-6966)
Operated by Reckitt Benckiser, manufacturer of Suboxone

SPECIFICALLY FOR METHADONE

Consumer Advocacy Groups:
www.afirmfwc.org Advocates for the Integration of Recovery and Methadone
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 Substance Abuse and Mental Health Services Administration; (SAMHSA) Treatment Facility Locator
www.NIAAA.nih.gov National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.NIDA.nih.gov National Institute on Drug Abuse (NIDA)

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http://www.suboxone.com

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About Campral®

http://www.campral.com/about.aspx

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http://www.whitehousedrugpolicy.gov/publications/factsht/methadone

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http://www.macalester.edu/psychology/whathap/UBNRP/Dopamine/alcoholtobac.html

About Naltrexone

http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202388.html#SXX07

About Nicotine Replacement Therapy (NRT)

http://en.wikipedia.org/wiki/Nicotine_replacement_therapy

Wikipedia, citation verified 11/09/06: http://www.who.int/tobacco/en/

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http://health.yahoo.com/ency/healthwise/hw130547

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NCADD

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.

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The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) and its Affiliate Network is a voluntary health organization dedicated to fighting the Nation's #1 health problem – alcoholism, drug addiction and the devastating consequences of alcohol and other drugs on individuals, families and communities.

OVER 65 YEARS OF PROVIDING HOPE, HELP AND HEALING TO INDIVIDUALS, FAMILIES AND COMMUNITIES.