

# Which medication for opioid use disorder is right for me?

These medications are proven to lead to better recovery outcomes than other types of treatment.

## Methadone

What you'll feel



You will have less intense withdrawal symptoms and your cravings will improve.

What you'll take



Methadone is a liquid that you drink.

When you'll take it



You can start methadone any time after you are enrolled in services at a methadone clinic. Enrollment could take a few days to complete.

Where you'll go to get it



This medication requires the most time commitment. You will go to a dedicated clinic every day for a dose until you are eligible for limited take home doses.

Steps you'll take



**1.** You schedule an intake appointment at a methadone clinic.



**2.** During the appointment, you will be evaluated and agree on a treatment plan.



**3.** You are most likely started on methadone that day or the next if the clinician feels it is appropriate.



74–80% of people stay in treatment after 1 year.\*

This medication has been shown to reduce risk of overdose and death. The daily commitment provides a high level of accountability. Risk of overdose is high if you use other opioids or depressants with methadone. Counseling is required.

## Buprenorphine (Suboxone®)



You will have less intense withdrawal symptoms and your cravings will improve.



Buprenorphine often comes in a film called Suboxone® that dissolves in your mouth. You can take home a 1–30 day supply. Pills, 30-day injections, and implants are less common.



You can receive a prescription the same day as your appointment. You will need to feel a few withdrawal symptoms before starting, but the medication will ease the symptoms.



You only need to see the clinician to get your prescription and future refills. Then bring the prescription to a pharmacy to get it filled.



**1.** You schedule an appointment at a clinic or health center.



**2.** You are evaluated and prescribed buprenorphine.



**3.** You may pick up your buprenorphine from a pharmacy as soon as your appointment is done.



60–90% of people stay in treatment after 1 year.\*

This medication has been shown to reduce risk of overdose and death. Comes in different flavors, but choice might be limited by your insurance. Counseling is recommended.

## Naltrexone (Vivitrol®)



You will not feel the effects of opioids or feel high. You might also have reduced cravings for opioids.



Vivitrol® is injectible naltrexone that lasts for 28 days.



You have to be completely off of all opioids for 7–10 days before you can get this injection.



Visit any clinician who will write a prescription and provide the injection.



**1.** After you stop using opioids, wait 7–10 days.



**2.** You return to a clinician for the injection.



**3.** A health-care worker will follow up about symptoms and another injection every 28 days.



10–21% of people stay in treatment after 1 year.\*

This medication has *not* been shown to reduce risk of overdose or death. If you miss an injection, your risk of overdose increases greatly.

## More information

\*California Health Care Foundation. *Why health plans should go to the MAT in the fight against opioid addiction.*

Jarvis et al. *Addiction*. 2018;113(7):1188-1209

## Issues you should discuss with your provider

Your questions about outpatient detox, withdrawal symptoms, and discomfort.

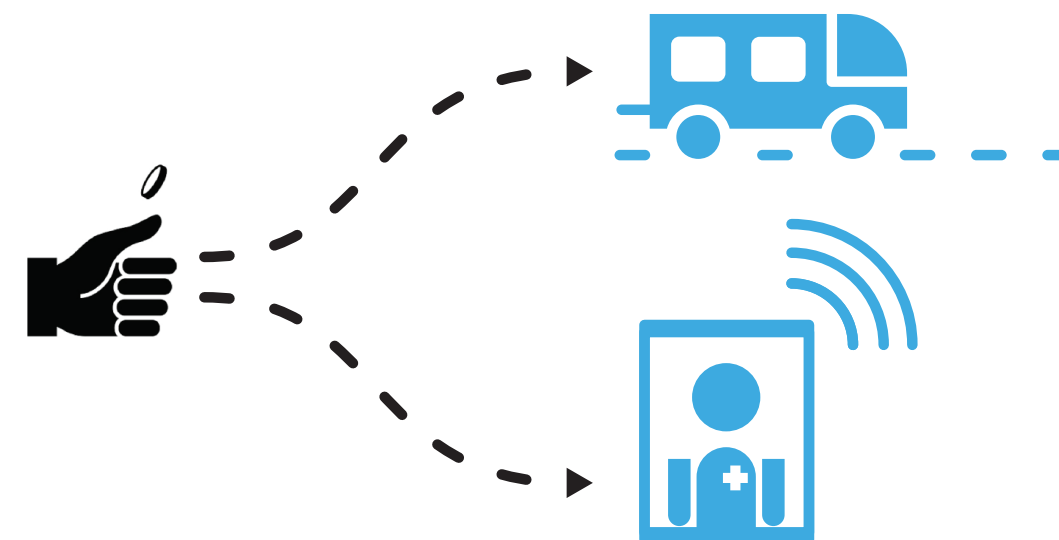
Your prior experiences with medications for opioid use disorder treatment.

Possible interferences with treatment like employment, transportation, or child care.

Access to the medicine that reverses opioid overdose: naloxone/Narcan® You could use it to save someone else's life, or someone could use it to save yours.



STAMINA specifically seeks to compare two different ways of connecting people to medication for addiction treatment in order to figure out which one is better.



STAMINA is a research study that is trying to link people to proven medications for opioid use disorder (OUD). This includes Methadone, Suboxone®, and Vivitrol®. These medications have all been shown to improve recovery. However, people often struggle to access these treatments. As a result, they often go without treatment or start treatments that might not work as well to help them achieve recovery.