MEDICATION-ASSISTED TREATMENT

An eBook for Parents & Caregivers of Teens & Young Adults Addicted to Opioids

Partnership™
for Drug-Free Kids
Where families find answers

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INTRODUCTION: IS YOUR CHILD ADDICTED TO OPIOIDS?

NOTE: Words appearing in italics are defined in the glossary on page 38.

Do You Have a Teenager or Young Adult Addicted to Opioids?

Opioids are prescription painkillers — like OxyContin, Percocet and Vicodin — as well as the street drug heroin.

One of the most important things you can do to help your child is to educate yourself about opioid misuse and addiction and what options there are for treatment.

One Option is Medication-Assisted Treatment

Medication-assisted treatment is the use of medication, along with therapy and other support, to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention.

Treatment Can Help Your Child Overcome Addiction

Addiction is a chronic brain disease that distorts a person's thinking, feelings and perceptions. It is characterized by compulsive drug seeking and use, despite harmful consequences. Addiction can be devastating for the person addicted and everyone

"My son has an addiction to opioids. Over the course of five years, he'd been in six or seven different treatment programs and lived in a number of halfway houses. He kept relapsing and at times was close to dying from this disease. I thought I was going to lose him. About two years ago, after completing a nine-month program and relapsing again, he called me crying and said, 'Dad, I don't know why I'm doing this to myself.' He really wanted to stop. He then began Suboxone treatment. The Suboxone reduced his cravings and helped him manage his addiction. It has allowed him to lead a normal, productive life. He's become a mature, honest young man, and while he still has his struggles, he's not using drugs and has become a young man that I'm proud of."
— Mark, father of Alex, age 26

who loves him or her. Professional help and evidenced-based treatment are often needed to successfully overcome addiction and maintain long-term recovery. Teens and young adults who are misusing substances frequently need to address other issues, such as trouble in school and difficulty with mood or attention, so it is important to have a comprehensive approach to treatment.

Many teens and young adults overcome opioid addiction and regain normal, healthy lives. Medication-assisted treatment is one approach that might help your child.

Before we learn more about medication-assisted treatment, let's first find out about the brain and how opioid addiction occurs.

Understanding the Teen and Young-Adult Brain

The human brain is developing until about age 25. The teen brain has a strong impulse to seek pleasure and less ability to consider the consequences, so teens are especially vulnerable when it comes to the temptations of drugs and alcohol. And because their internal reward systems are still being developed, teens' ability to bounce back to normal after misusing drugs may be compromised due to how drugs affect the brain. If a person starts using drugs early in life, it can cause changes to the brain's structure and function. The brain can recover if a person stops using opioids, but that recovery can take months — or even years.

"With a strong motivated family, a treatment system that sees to medication and psychiatric care and social supports, there is tremendous hope — no child has to be lost."

— Dr. John Knight, Director of the Center for Adolescent Substance Abuse Research at Boston Children's Hospital

The brain is made up of billions of nerve cells. Nerves control everything by sending electrical signals throughout the body. The signals get passed from nerve to nerve by chemical messengers called *neurotransmitters.*

Some of the signals that neurotransmitters send cause a feeling of satisfaction or pleasure. These natural rewards are the body's way of making sure we look for more of what makes us feel good. The main neurotransmitter of the "feel-good" message is called *dopamine.*

The effects of drugs on the brain don't just end when the high wears off. When a person stops taking a drug, his dopamine levels are low for some time. They may feel down, or flat and unable to feel the normal pleasures in life. Their brain will eventually restore the dopamine balance by itself, but it takes time — anywhere from hours, to days or even months, depending on the drug, the length, the amount of misuse and the person.

Opioids Q&A

WHAT ARE OPIOIDS?

Opioids are drugs that reduce the intensity of pain signals. The word "opioid" comes from opium, a drug made from the poppy plant. Opioids refer both to certain prescription painkillers and to heroin.

HOW DO OPIOIDS WORK?

They slow down some body functions such as heartbeat and breathing, and it may cause a person to feel increased pleasure. They also can make a person drowsy, nauseous, confused or constipated.

"The teen years are an extremely vulnerable period when an individual starts using and experimenting with drugs. Drugs can hijack the brain and overpower the brain biochemically and make it very difficult for a person to resist impulses and to stop that habit."

— Ken Winters, PhD, Director of the Center for Adolescent Substance Abuse Research, Professor in the Department of Psychiatry at the University of Minnesota

drugfree.org/article/brain-development-teen-behavior/

WHAT ARE THEY USED FOR?

Many teens and young adults first use opioids when they are prescribed by a dentist or oral surgeon, often for removal of molars. Other teens and young adults may be prescribed them for a sports injury.

WHAT ARE COMMON PRESCRIPTION OPIOIDS?

Codeine: An ingredient in some prescription cough syrups and pain relievers (i.e. Tylenol with Codeine)

Fentanyl: Duragesic

Hydrocodone: Vicodin, Lortab or Lorcet

Hydromorphone: Dilaudid

Morphine: MSContin, MSIR, Avinza or Kadian

Oxycodone: Percocet, OxyContin or Percodan

Oxymorphone: Opana

Propoxyphene: Darvocet or Darvon

WHY DO SOME TEENS AND YOUNG ADULTS MISUSE OPIOIDS?

For a variety of reasons — to party and get high, or to cope with academic, social or emotional stress.

HOW DO THEY MISUSE THEM?

Sometimes people get high by crushing many pills into powder to snort, swallow or inject (after dissolving it in water). Heroin is an illegal opioid that can be injected, snorted or smoked.

DEFINITIONS

ADDICTION: A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.

DEPENDENCE: A state in which a person functions normally only in the presence of a drug.

SUBSTANCE USE DISORDER: A diagnosis given when one is engaged in substance use that results in Impaired control, social impairment, risky use and pharmacological indicators (tolerance and withdrawal).

TOLERANCE: Occurs when a person no longer responds to the drug in the way he or she initially responded and more of the drug is needed to achieve its effects.

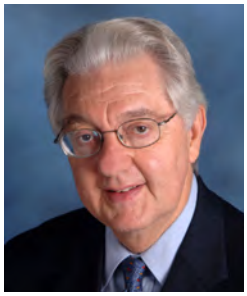
WHERE DO THEY GET THE DRUGS?

The vast majority of teens and young adults misusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some hand out or sell their extra pills, or pills they've acquired or stolen from classmates. A very small minority of teens and young adults say they get their prescription drugs illicitly from doctors, pharmacists or over the internet. Some young people start misusing prescription opioids and then switch to heroin because it is cheaper.

How Does Opioid Addiction Occur?

Opioid misuse can create brain changes that lead to addiction. This can happen when a person takes heroin to get high or takes more of a painkiller than has been prescribed by a doctor. Some teenagers and young adults are at greater risk of becoming addicted because of their genes, temperament or personal situation, such as having a mental health disorder or experiencing trauma in childhood. (See "4 Common Risk Factors Associated with Teen Drug Misuse" chart on page 8 for more on this.) To learn more, visit: drugfree.org/article/rx-to-heroin/

A person who is addicted develops an overpowering urge for the drug. This is called *craving.* The person also experiences a loss of control, making it more difficult to refuse the drug, even when use becomes harmful. Most people who are addicted to opioids cannot *taper off* (use less of the drug over time) without help.



"Tolerance and physical dependence can occur even when an individual is taking a drug under supervision for chronic pain problems."

— Dr. Herbert Kleber, New York State Psychiatric Institute and Columbia University

Nearly two thirds of teens and young adults who use prescription pain relievers get them from friends and family, often for free when sharing medication or without their friends' or families' knowledge (i.e., from unsecured medicine cabinets).

2014 National Survey on Drug Use and Health

Addiction to opioids impacts the brain more severely than addiction to other substances. Habitual long-term use of opioids, including heroin and prescription painkillers, results in intense physical cravings for continued use of more opioids.

Tolerance, Dependence and Withdrawal

Substances overload the body with dopamine — in other words, they cause the reward system to send too many "feel-good" signals. In response, the body's brain systems try to right the balance by letting fewer of the "feel-good" signals through. As time goes on, the body needs more of the drug to feel the same effects as before. This is known as *tolerance.*

People can also develop a *dependence* on opioids, which means they feel sick if there are no opioids in their body. This sickness, called *withdrawal,* can cause many unpleasant and painful symptoms.

4 COMMON RISK FACTORS ASSOCIATED WITH TEEN DRUG AND ALCOHOL MISUSE

Several decades of research shows that some teens are more at risk for developing a substance misuse problem than other teens. Understanding risk factors is very important when a child with more risk has already experimented with substances or has a problem. Knowing the risk factors will give you a clearer picture of why certain things might have happened and how to get the right kind of treatment.

FAMILY HISTORY: Family history of drug or alcohol problems, especially when it is the parent's history, can place a child at increased risk for developing a problem.

MENTAL OR BEHAVIORAL DISORDER: If your child has a psychiatric condition like depression, anxiety or Attention Deficit Hyperactivity Disorder (ADHD), he or she is more at risk for developing a drug or alcohol problem.

TRAUMA: Children who have a history of traumatic events (such as witnessing or experiencing a car accident or natural disaster; being a victim of physical or sexual abuse) have been shown to be more at risk for substance use problems later in life.

IMPULSE CONTROL PROBLEMS: Children who frequently take risks or have difficulty controlling impulses are more at risk for substance use problems.

LEARN MORE ABOUT RISK FACTORS:

drugfree.org/article/risk-factors-why-teens-use/

GETTING HELP FOR AN OPIOID ADDICTION

Opioid Addiction: A Chronic Disease

Opioid addiction is a *chronic disease*, like ADHD, diabetes or asthma. It may last for life. While it may not be cured, it can be managed. As Carol says, helping a young person with addiction to opioids is much like helping a child with any chronic condition. They may need medical treatment, as well as tools for living with the condition.

When someone is diagnosed with a chronic disease such as diabetes or heart disease, a doctor may prescribe medication such as insulin or statins and often recommend lifestyle changes such as more exercise and a healthier diet. Treating opioid addiction also can involve a combination of medication, therapy and lifestyle changes.

The good news is that there are a variety of effective treatments for opioid addiction that will allow a person to return to a life that is healthy and addiction-free. This process is called *recovery.*

Carol Allen and her husband before their daughter's high-school graduation

"If people can think of this as a disease, it's no different than having a child with severe ADHD – you get them on medication but at the same time you provide them with the tools to compensate for some of things they have issues with."

— Carol Allen, teacher, and mother of teen committed to recovery

Stopping Opioid Use

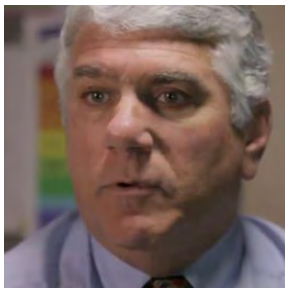
Most people are unable to stop taking opioids "cold turkey." Treatment providers and doctors can help young people stop using the drug they are addicted to, control their cravings and get them through withdrawal. While many people would like to recover from long-term opioid addiction without the help of medication, they often find they *relapse* — go back to using drugs — if they do not receive medication-assisted treatment.

Treatment also helps people deal with underlying issues related to their addiction, such as negative feelings about themselves or bad situations at home or school.

A specialist treating a teen or young adult for an opioid addiction will probably suggest a comprehensive approach. This means that in addition to tailoring medications to help address your child's cravings during *detoxification* and withdrawal, the specialist will likely suggest therapy or *counseling* as well. A therapist or counselor will help address behavioral issues, support your child's recovery and prevent relapse. Family therapy is especially effective for teens and young adults to address substance misuse and other issues.

In addition, if your child has been diagnosed with depression, anxiety, ADHD, bipolar disorder or another co-occurring disorder, your doctor may prescribe medicine to treat that condition as well.

Learn more about treatment for teens and young adults in Partnership for Drug-Free Kids' Treatment eBook: drugfree.org/download/treatment-ebook



"Remission or recovery, which I use synonymously, are goals that can be met by many patients by a variety of different treatments."

— Dr. Edwin A. Salsitz, Medical Director, Office-Based Opioid Therapy at Beth Israel Medical Center

Medication-Assisted Treatment Can Help Reduce Cravings and Withdrawal

Medication-assisted treatment is often a good choice for young people battling opioid addiction. "My advice to parents and teens is to check out medication," says Dr. Knight. "If it's available to you, it could be life-saving. It could make the difference and help your child turn the corner and find sobriety."

Medication-assisted treatment can help a person stop thinking constantly about the problem drug, and help reduce cravings and withdrawal. This allows the person to focus on returning to a healthy lifestyle.

"One way of understanding addiction to opioids is thinking of it as riding a chemical highway, driving a Porsche," suggests Dr. Josh Hersh, Suboxone Certified Physician, Staff Psychiatrist at Miami University Student Counseling Service. "You're driving erratically miles and miles down this chemical highway, and while you're driving down the chemical highway you're making a lot of changes to the brain," he says. "Your brain, after you've traveled months or years down this chemical highway, is very different. Your brain is reliant on opioids and has...lots of changes that are involved in this disease of addiction."

To recover, a person has to travel back the other way. Dr. Hersh compares medication-assisted treatment to driving a minivan. "You're driving safely back, and that takes time. You've got to head back slowly and it could take months or even years to get back where you started."

"Why waste time and risk your life if you can get on something (like Suboxone or Methadone) that's safe and you can get back to functioning normally?"

— Elizabeth, in long-term recovery

Cravings and Triggers

Craving is partly a response to powerful cues or triggers to use drugs, such as people, places or things linked to drug use. Seeing the drug itself, or anything that has to do with getting or using drugs can produce cravings in the part of the brain where the memory is implanted. That is why a person recovering from addiction should stay away from triggers under their control. Family members can play an important role in providing healthy alternative activities and encouraging growth of new friendships.

> "Justin walked into his boss's office and saw a bottle of prescription painkillers on the desk as he began to work on her computer...he said that he instantly began sweating profusely and had to run to the bathroom with diarrhea. It hit him immediately in a physical sense."
> — *Lea Minalga, mother of Justin who is in recovery*

Intense cravings may be related to long-term changes in the brain caused by addiction. Medication-assisted treatment can help prevent these cravings, which can be an extra support as all triggers can't be avoided.

Withdrawal Symptoms

As explained earlier, when people become dependent on opioids, they feel sick if there are no opioids in the

"I went through withdrawals that were sheer torture and lasted for a week. I coughed and sweated non-stop. Couldn't eat. Couldn't sleep. Any sleep I did get was filled with horrible nightmares. My whole body hurt...even the hairs on my head caused enormous pain. I spent most of those days lying curled in a fetal position, crying."

— Anonymous, hope.drugfree.org

body. This sickness, called withdrawal, can cause many unpleasant and painful symptoms.

- Yawning and other sleep problems
- Sweating more than normal
- Anxiety or nervousness
- Muscle aches and pains
- Stomach pain, nausea or vomiting
- Diarrhea
- Weakness

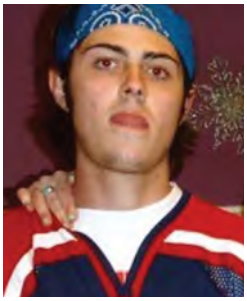
Source:
Medication-Assisted Treatment for Opioid Addiction (SAMHSA)

Relief From Withdrawal Symptoms

If your child is suffering from opioid withdrawal, there are ways a doctor can help. Going through withdrawal under a doctor's care is called detoxification or detox.

"There are two main ways a doctor can help alleviate distress from opioid withdrawal," explains Adam Bisaga, MD, Research Scientist, New York State Psychiatric Institute and Professor of Psychiatry, Columbia University Medical Center. "First, by administering another opioid but a long-acting one, such as methadone or buprenorphine, and then gradually lowering the dose over a period of three-to-five days to minimize the severity of withdrawal.

The second way is to not administer any opioids but instead give various medications to alleviate specific symptoms of the withdrawal. For example, clonidine to decrease restlessness/stress, anxiolytic to relieve anxiety, hypnotic to induce sleep, analgesic to help with pain, anti-nausea medication and/or anti-diarrhea medication to help with gastric distress."



"I've been through withdrawal and wouldn't wish it on my worst enemy. It's the worst thing you could think of. You're hot but freezing, you're yawning, your eyes are watering, you're sweating, your body aches and you're in pain, your stomach hurts, like someone's ripping your guts out, you're in and out of the bathroom, you can't eat and you can't sleep. But the worst part is the mental aspect. It lasts five days. And there's nothing longer than those five days. Nothing comforts you. You feel terrible."

— Mike, 24, Naltrexone/Vivitrol patient committed to recovery

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Misunderstandings About Medication-Assisted Treatment

You may encounter some misunderstandings within the recovery community and elsewhere about using a medication as part of treatment. You may hear that medication-assisted treatment doesn't lead to recovery. Some people in treatment programs for addiction, or who are seeking help through a *12-step program,* may be told that medication-assisted treatment is simply substituting one addictive drug for another. This is not accurate as the medication is prescribed by a doctor, at a specific dosage and monitored. It does cause dependence which means that a long taper will be required to minimize withdrawal symptoms.

You may want to think of MAT much like using a nicotine patch for cigarette addiction. These patches contain nicotine but help to relieve withdrawal symptoms and do not have the same harmful effects as smoking.

"The co-founders of AA [Alcoholics Anonymous] decided to take no position on medication at all," explains Dr. Knight. "And that is still the official position of most of the twelve-step fellowship programs."

As a parent, you are responsible for helping your child be healthy and safe, no matter what others think or say. You are your child's biggest advocate, so never let embarrassment stand in the way of getting your young adult the help he or she needs and deserves.

"Doctors who really know this stuff told me that anyone who tries to treat an opioid patient that does not use a medication like Suboxone or Methadone, as controversial as they are, is failing their patients because all the research backs up the fact that if somebody is on these medications the likelihood that they'll stay sober is so much higher. Not on its own, it has to be paired with treatment and therapy."

— David Sheff, author of "Clean: Overcoming Addiction and Ending America's Greatest Tragedy"

Taking medication for opioid addiction is like taking medication for any other chronic disease, such as diabetes or asthma. **When it is used according to the doctor's instructions, the medication will not create a new addiction.**

Patty, who is in long-term recovery says, "Methadone allowed me to acclimate back into society and become a productive member."

Many people, like Patty, who have successfully used medication-assisted treatment, say it has allowed them to get their lives back.

"No matter which treatment a person begins with, it if does not work, it's important to try another treatment, instead of going through repetitive relapse cycles using the same treatment. All treatments work for some people, but no one treatment works for everyone."

— Dr. Edwin A. Salsitz, Medical Director, Office-Based Opioid Therapy at Beth Israel Medical Center

Medication Options for Treating Opioid Dependence

The four most-common medications used to treat opioid addiction are:

- Buprenorphine with Naloxone
- Buprenorphine without Naloxone
- Naltrexone
- Methadone

A Closer Look

BUPRENORPHINE is an oral tablet or film dissolved under the tongue or in the mouth prescribed by a doctor in an office-based setting. It is taken daily and can be dispensed at a physician's office or taken at home. Buprenorphine is a partial agonist. Partial agonists bind to the opioid receptors in the brain and activate them, but not to the full degree as agonists. As Buprenorphine is an opioid, it causes dependence and, therefore, has the potential to be misused.

EXTENDED-RELEASE IMPLANT of BUPRENORPHINE, also known as PROBUPHINE, is a six-month implant of buprenorphine for a person who has achieved stability on low-to-moderate doses of a transmucosal buprenorphine- containing product (i.e., doses of no more than 8 mg per day of Subutex or Suboxone sublingual tablet or generic equivalent). It is inserted in the arm by a physician with specialized training. A second implant in the other arm is possible after the initial six-month period. This medication has an abuse potential and causes dependence. The treatment plan should include a plan at the end of one year of use to transition to another form of medication.

EXTENDED-RELEASE INJECTABLE BUPRENORPHINE, also known as SUBLOCADE, is intended for those who have initiated treatment with the oral tablet or film (Suboxone), followed by an adjusted dose for at least seven days. No detox is required before starting Suboxone and then moving on to Sublocade. It also removes the need for patients to remember to take their medication every day. It should be noted that Sublocade is only available through a restricted program, as it can be very dangerous to self-administer.

EXTENDED-RELEASE INJECTABLE NALTREXONE, also known as VIVITROL, is administered by a doctor monthly through an injection in the buttocks. It can be prescribed by any healthcare provider licensed to prescribe medication and no special training is required. Patients must have been abstinent from opioids for a period of time prior to starting on Naltrexone, which can be difficult for some to achieve. Naltrexone is an opioid antagonist. Antagonists bind to opioid receptors, but rather than producing an effect, they prevent other opioids such as heroin or painkillers from exerting effects (i.e. functions as a blocker). It has no abuse potential.

METHADONE is dispensed through a certified opioid treatment program (OTP). It is taken orally and usually witnessed at an OTP clinic until the patient receives take-home doses. Methadone is an opioid 'agonist', although its effects are slower than those of other strong painkillers. Agonists are drugs that activate opioid receptors in the brain, producing an effect. While methadone blocks the high you can get from other opioids, it causes dependence and has the potential to be misused.

MEDICATIONS FOR TREATING OPIOID DEPENDENCE (Taken as Prescribed)

	BUPRENORPHINE	NALTREXONE	METHADONE
Common Brand Names	Suboxone, Bunavail, Sublocade, Probuphine, Zubsolv, Generic, Generic with Naloxone, Cassipa, Subutex	ReVia, Vivitrol, Depade	Generic Methadone
Effect	Helps to manage withdrawal symptoms and reduces cravings.	Treats addiction by blocking the effect of opioid drugs. Particularly helpful in preventing relapse.	Helps to manage withdrawal symptoms and reduces cravings.
Formulations	Pill, Sublingual Film, Injection or Implant.	Pill, Depot Injectable (gradual release)	Pill, Liquid, Injectable
Frequency	Generally daily or twice daily in the pill/film formulation, monthly for Sublocade, six months for Probuphine.	Pill — taken daily; Depot Injectable (gradual release) — administered every 30 days.	Taken daily
Administration	Buprenorphine can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.	Can be accessed in all treatment settings.	Can only be accessed and administered in a federally-licensed opioid treatment program (OTP).
When to Begin	Should be started when mild to moderate opioid withdrawal occurs. Taking it too soon can make withdrawal worse. Sublocade and Probuphine are administered when stability on the oral form is established.	Cannot be taken until opioids are completely out of the body, usually 7-10 days after withdrawal begins. Taking it too soon can make withdrawal worse.	Should be started when mild opioid withdrawal is present. Initial dose should be low and carefully monitored to avoid sedation and/or overdose.

NOTE: Discuss the options with your child's doctor. Cost and insurance coverage can vary for different medication-assisted treatments.

A Note on Naltrexone

Naltrexone blocks opioids from acting on the brain, so it eliminates the possibility of euphoria, takes away the reward of getting high. This feature makes naltrexone a good choice for preventing relapse in people who have been detoxified from opioids.

There is oral naltrexone, a pill, taken every one to three days. The two brand names are ReVia and Depade and a lower-cost generic.

Naltrexone is also available in an extended-release injectable form known by the brand-name Vivitrol. The injection is administered by a physician or another medical provider once a month. This is different than the daily dosing with methadone, buprenorphine and oral naltrexone.

Injectable naltrexone is helpful for patients who find it difficult to stick with daily treatment. Especially since missing daily doses of those medications can sometimes lead patients to relapse.

"My patients say that every time they hold that tablet of oral naltrexone in their hand, they get a craving – they know if they don't take it that day, they can get high," says Herbert Kleber, MD, Professor of Psychiatry and Director of the Division on Substance Abuse at the Columbia University College of Physicians and Surgeons and the New York State Psychiatric Institute. "You don't totally remove that feeling with extended-release Naltrexone/Vivitrol, but at least you're pushing it down the road for a month."

"You never know which patient will have a better response to Naltrexone/Vivitrol versus Buprenorphine. In general, Naltrexone/Vivitrol is a better choice for patients who like to be detoxified, opioid-free and want to be protected from relapse."

— Adam Bisaga, MD, Research Scientist, New York State Psychiatric Institute and Professor of Psychiatry, Columbia University Medical Center

Some Naltrexone/Vivitrol patients have stronger cravings after the third week, leading up to their next monthly injection. "It is very important, particularly during the first few months of treatment, that medication is administered on time or earlier," explains Adam Bisaga, M.D., Research Scientist, New York State Psychiatric Institute and Professor of Psychiatry, Columbia University Medical Center. "Some doctors like to give it every three weeks during that time, while others may choose to add oral naltrexone during the fourth week for additional protection."

Adherence to the medication schedule as prescribed by the doctor is very important, especially in the first few months of recovery. In this case the parent can play an important role of assuring that the patient is coming regularly for scheduled injections, or that they take an oral medication under a supervision if there is a delay in administering injection, to assure that the patient is well protected against relapse with a sufficient dose of medication.

Naltrexone may be a good choice if your child is completely past withdrawal, fully detoxified and highly motivated to stay in recovery and be protected against relapse. There should be no opioids in the body before starting Naltrexone/Vivitrol. Otherwise, withdrawal will be severe.

Naltrexone can have a few mild side effects. Usually these go away after the medicine is taken for a while. But patients should talk with their doctor or substance misuse treatment provider since there are things patients can do to reduce side effects. An adjustment in dosage or a change in medication might also help.

"I attend meetings, I go to therapy weekly and I have an amazing support group available to me through my close friends and family."

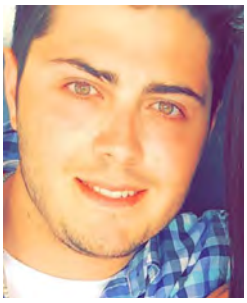
— J.C., 30, Naltrexone/Vivitrol patient committed to recovery

Naltrexone/Vivitrol helps patients avoid relapse. It cannot be misused and it is not addictive. Patients can stop taking naltrexone at any time with no withdrawal or craving. However, patients should always consult with their doctor before deciding to stop treatment with Naltrexone/Vivitrol.

Warning:

If your child is taking naltrexone, he or she cannot get high from other opioids because the medication blocks the effects. Sometimes people take large amounts of opioids to try to overcome this block. This is very dangerous and can cause overdose or death. Also, if the patient stops taking the medication without consulting with the doctor and resumes use of opioids when the blockade has worn off (i.e., 5-6 weeks after the last injection) they are high risk of overdose or death, similarly to when they relapse right after coming out of the detoxification/residential treatment.

Medication, counseling and support: together they can help your child.



"I'm back in school, I have a full-time job, my family trusts me and wants to be around me, I have a great girlfriend and people like being around me again. I've gained weight and am back working out again. Life will happen, there are still ups and down. But every day alive is a good day."

— Mike, 24, Naltrexone/Vivitrol patient committed to recovery

What About Cost?

The cost of medication-assisted treatment varies for different medications. You may need to take this into account when considering your treatment options.

Extended-release injectable naltrexone, Sublocade and Probuphine have a higher pharmacy cost than buprenorphine and methadone, but some research suggests that its use may reduce inpatient admissions, emergency room visits and other long-term and health system costs.

If you have questions about paying for treatment, you can ask your treatment provider or health insurance provider. You can also check the manufacturers' websites for coupons or payment assistance plans to reduce the cost of the medications.

Where to Find Medication-Assisted Treatment for Your Child

Finding the right facility for addiction treatment is crucial. As Allison explains, it is important to feel

"I had a bad opioid addiction, it had its hooks in me real deep. For me Vivitrol was very helpful early on knowing that using wasn't an option because Vivitrol would block it. It helped with anxiety and took away a lot of the temptation. I don't know what would have happened without it. It's a big problem solver."

— Mike, 24, Naltrexone/Vivitrol patient committed to recovery

the facility is caring and looking out for your best interests. An essential first step is to consult with your doctor to find the right approach and medication for your teen or young adult.

The following directories can help you find medication-assisted treatment in your area. Simply enter your state and obtain a list of clinics and phone numbers:

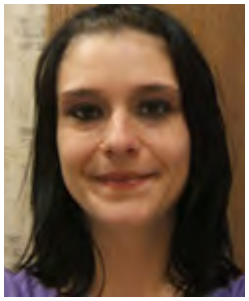
THE BUPRENORPHINE TREATMENT PROGRAM DIRECTORY
Find opioid treatment programs in your state:
samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

SUBOXONE DOCTOR LOCATOR
Find a certified doctor near you who can prescribe a private, in-office treatment for addiction to opioid prescription painkillers or heroin:
suboxone.com/treatment-plan/findadoctor

SUBLOCADE TREATMENT LOCATOR
InSupport™, the company that make Sublocade, has a treatment locator that allows you to search by zip code to find a treatment provider who can prescribe and administer the medication:
insupport.com/specialty-product/patient/find-treatment

FIND A NALTREXONE/VIVITROL DOCTOR
Find a certified doctor near you who can talk with you about Vivitrol (naltrexone for extended-release injectable suspension), administered once monthly:
vivitrol.com/find-a-treatment-provider

PROBUPHINE DOCTOR LOCATOR
Find a doctor who has the required surgical experience to provide the Probuphine implant:
probuphinerems.com/probuphine-locator/



"Eventually, enough was enough and I could no longer live the life I was living, so I went to a different rehabilitation facility. This facility actually cares about my health and well-being. They helped me get into counseling... I am also seeing a doctor who helps me get discounts on my prescription of Suboxone and on the office visits...I am able to hold down a job now. I have a stable living environment and I now am in contact with my family. They are now surrounding me with support and love."

— Allison, from her story on medicineabuseproject.org

HOW MEDICATION-ASSISTED TREATMENT WORKS

Assessment

To find out which medication-assisted treatment is best for your child, you'll need to make an appointment with a doctor for your teen or young adult. The doctor or other medical staff member will ask a series of comprehensive questions called an assessment.

The assessment will cover topics such as:

- Length of opioid use
- Use of other drugs and alcohol
- Previous treatment
- Other medications the patient is using
- Other health issues and treatment
- Mental health (ADHD, conduct disorder, oppositional defiant disorder, anxiety, depression)
- School issues
- Arrest record
- Special needs
- Goals for recovery
- Support network of family and friends
- Potential treatments
- Rules that must be followed to stay in treatment
- Overview of next steps

A physical exam will be done, which probably will include a drug test. The doctor or treatment provider will review treatment choices. Your teen or young adult

"As a parent, my initial reaction was anything I can do to keep my daughter alive is what I will do. From everything I read and everything I researched, it seemed as though Suboxone was key...So I knew at that point we needed a little support past just counseling and out-patient treatment. Suboxone for us seemed to be the best solution. We knew there was a huge sacrifice for the family putting her on it because it requires such constant supervision and monitoring. But it seemed to us the best possible solution to get her through the beginning stages of recovery."

— Carol Allen, teacher and mother of young adult committed to recovery

will agree to a plan that includes goals of the treatment, which medication will be used, the treatment schedule, the counseling plan (including individual, group and family), other steps such as *support group* attendance, how success will be measured and plans for *aftercare.*

How Treatment Begins

When medication-assisted treatment starts depends on which medication is used. Buprenorphine is started once a person has begun withdrawal. A person treated with methadone can safely take it at the beginning of recovery. A person treated with naltrexone cannot be started on the medication until opioids are completely out of the body. This generally occurs 7-10 days after the beginning of withdrawal. If a person takes buprenorphine or naltrexone too soon, it can worsen the symptoms of withdrawal.

Because buprenorphine and methadone can cause drowsiness at first, a person starting to take either medication should avoid driving or performing other high-risk tasks, to avoid accidents. If the drug continues to cause drowsiness, the dose levels may be adjusted.

After a young person starts treatment, medical staff members will check to make sure it is working, monitor side effects and ensure the medication is taken according to directions. Staff will meet with the person several hours after the first dose, and then regularly for the first week or two. It is very important to follow directions about taking the medication exactly as prescribed, because improper use can lead to overdose or death.

"On February 1, 2012, I went to my parents and told them I need help. They got me into a rehab in Jacksonville, Florida that night....When I got there I was already withdrawing they gave me some meds and that was the beginning of my new life... I was there for 45 days and they saved my life.... I've been clean since July 4, 2012. I'm currently on an opiate blocker shot called Vivitrol [Naltrexone]. That's a life saver....It helps with the cravings....Since I've gotten clean I've got my own place and I'm currently in college."

— Anonymous,
hope.drugfree.org

GOALS IN MEDICATION-ASSISTED TREATMENT

GOAL 1: Withdraw from the Problem Opioid.

_____ Stop taking the opioid drug.

_____ Work with the doctor to select a medication.

_____ Reflect on whether use of alcohol or other drugs is interfering with recovery.

_____ Receive medical treatment to improve overall health.

_____ Begin counseling to improve health, behavior and coping skills and address substance misuse issues.

GOAL 2: Begin Recovery.

_____ Work with the doctor to adjust the medication and dose as needed.

_____ Replace unhealthy behaviors with healthy behaviors. For example, join a support group, find a new hobby or look for a job.

_____ Work to improve or repair relationships.

_____ Learn to recognize and avoid triggers (places or activities that cause drug cravings to come back).

_____ Learn how to avoid relapse.

_____ Learn to take medication at home (if permitted and applicable).

_____ Get random drug tests.

GOAL 3: Stay in Recovery.

_____ Keep a normal routine. For example, work or go to school, go to support groups or counseling, build relationships and enjoy healthy activities.

_____ Schedule regular visits with the doctor to check dose levels and to get refills.

_____ Continue to avoid triggers and relapse.

_____ Get random drug tests.

GOAL 4: Live Addiction Free.

_____ Keep strong habits of healthy behavior.

_____ Check in with the doctor or substance misuse treatment provider every 1 to 3 months.

_____ Continue to draw strength from family, friends and support groups.

_____ Continue counseling for substance misuse and other issues, as needed.

Source: "Medication-Assisted Treatment for Opioid Addiction" SAMHSA

A medication is considered a good match if the person feels normal, has few or no side effects, has controlled cravings and does not experience withdrawal. The doctor can adjust the dose of the medication or change to another treatment if it is not working as expected. Changing or adjusting medication may cause some symptoms similar to withdrawal.

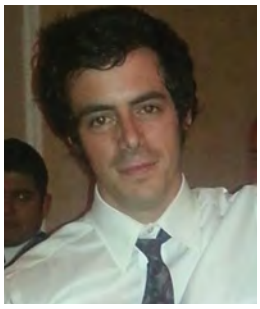
Length of Treatment

Medication-assisted treatment is safe to undergo for months, a year, several years or even for life. People who feel that they no longer need the medication and would like to stop taking it must consult a doctor. Buprenorphine and methadone must be stopped gradually to prevent withdrawal. Stopping naltrexone does not cause withdrawal.

For many teens who do not have a long history of drug misuse, medication-assisted treatment can be temporary.

Maia Szalavitz

"Young people should be aiming for abstinence at first but maintenance should not be ruled out or seen as failure and parents should not pressure kids who are doing well on maintenance to come off, simply because they feel that 'drug-free is better.'"
— *Maia Szalavitz, award-winning journalist and author*



"My son has been through several rehab programs and I have attended the Family Programs in those that offer them. They all preached the 12-Step approach. The problem is that they don't include ANY other information that might be helpful – no discussion of medications that ease the symptoms associated with withdrawal, Suboxone, Vivitrol, other programs besides 12-Step. The preaching, and it often feels just like preaching, is that 12-Step is the one and only way to control the addiction. But it's not."

— Derek's mother, Amelia

In many cases, after a certain amount of time, the doctor will try tapering off the medication. This is done gradually to avoid withdrawal symptoms. If the cravings start to come back, the doctor may maintain a low dose to prevent relapse. It is very important that tapering off is done under a doctor's supervision.

Benefits of Counseling

Counseling is an integral component of medication-assisted treatment, and can be very helpful to teens and young adults. Counseling can be either individualized or in a group with others who are also in treatment. In group counseling, teens and young adults can benefit from being challenged and supported by others who are facing similar issues. These groups are a place to make new friends who are committed to not using drugs.

Counseling can provide:

- Information about the disease of addiction
- Insights into what led to one's addiction and the problems his/her addiction has caused
- Coping skills
- Encouragement and motivation to stick with treatment
- Strategies to prevent relapse
- New ways to handle stress
- Ways to make healthy decisions

Family Therapy

Family therapy is an important element in treating drug misuse in teens and young adults. Family

"Family therapy can be a critical component of a comprehensive treatment plan for teens and young adults struggling with an addiction to opioids. To achieve the best results from medication-assisted treatment, the prescribing physician and family therapist work closely together."

— Gayle Dakof, PhD, Associate Research Professor, Center for Treatment Research on Adolescent Drug Abuse, University of Miami, Miller School of Medicine

members can find out more about their child's addiction and treatment, how to offer their support and how to deal with the problems their loved one's addiction has caused.

By the time your child starts treatment, you and other family members will probably be feeling angry, resentful, emotionally exhausted, physically tired, distrustful and hurt by your child's behavior when he or she was misusing drugs or alcohol. This is understandable and it is important to address the damage that the family as a whole — and as individuals — has experienced as a result of the drug or alcohol misuse.

Therapists can help families:

- Talk about their feelings and experiences
- Repair relationships
- Create healthy communication strategies and patterns to help the addicted individual stay sober

Just as your child needs to get healthy and recover from drug or alcohol misuse, you and the family need help to recover from the pain of having a child who has the disease of addiction.

Support

Family and friends of a person dealing with addiction can get help from support groups specifically designed for them, such as Al-Anon, Nar-Anon, Families Anonymous, Smart Recovery and Faces and Voices of Recovery.

"Dealing with your child's addiction is a stressful situation for both you and your spouse/partner/ex and you will need one another's support. Do not blame your partner for your teen's or young adult's drug or alcohol use, or allow him/her to blame you. Your teen's problem is no one's fault, but you and partner do need to work together to deal with it."

— Dr. Jane Greer,
Marriage and Family Therapist

Patti

"It is reassuring to talk to people that have similar problems in their life. I've also started going to a Nar-Anon meeting...it's very helpful to share ideas with them and learn things that they went through and solutions they've found that have helped them cope with their loved ones' addictions."
—Patti, mother of Mike, a young-adult committed to recovery

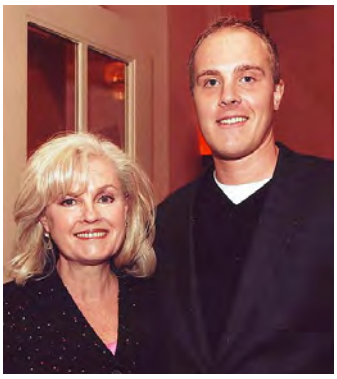
Visit Partnership for Drug-Free Kids for online support for parents of a child struggling with a drug or alcohol problem, or connect with the **Parent Helpline** by calling **1-855-DRUGFREE** or texting a question to **55753**.

Preventing Relapse

To help prevent a relapse, work with your teen or young adult to anticipate high-risk situations (such as a party where alcohol will be served) and plan ways to avoid them or prepare to cope with them. You can learn strategies for preventing relapse and handling cravings in therapy and through 12-step groups.

Many people in treatment relapse once or more before they are able to remain drug-free. **A person who experiences a relapse should not feel like a failure. People who relapse can continue with treatment and achieve a full recovery.**

A person who experiences a relapse needs to get back into treatment, and the family needs to continue attending a support group, professional counseling or both. Experts have found that a relapse can serve as an important opportunity for the recovering person and other family members to identify what triggered the relapse in the first place — and find ways to avoid it in the future.



"Relapse is common because of craving or a powerful 'hunger' for drugs that can continue long after a person stops using them, as happened with Justin."

— Lea Minalga, mother of Justin who is in recovery; a parent coach at Partnership for Drug-Free Kids; and director, Hearts of Hope

What if My Child Needs Pain Medicine for an Injury, Accident or Surgery?

Pain management in people receiving all forms of medication-assisted treatment can be challenging. Some people can be safely and effectively treated with non-pharmacologic remedies, such as physical therapy, massage or acupuncture as long as the injection site is protected.

Pain relief may also be obtained from non-opioid topical medications, non-steroidal anti-inflammatory agents, regional blocks and non-opioid painkillers such as gabapentin and atypical antidepressants.

Use of opioid-containing pain medicine may aggravate pre-existing addiction disorders and cause relapse. People with opioid dependence who require opioid therapy for chronic pain should be managed by pain management specialists. Extended-release injectable Naltrexone/Vivitrol may not be appropriate for these patients but in case of emergency the pain relief can be provided under the supervision of an anesthesiologist.

Talk to your child's doctor about your concerns.

Some people using these medications carry a medical card in case they need emergency care. The card explains that they cannot receive medications containing opioids and they will need special care if they are in pain. Find out from your child's doctor if your child should carry a card.

"It was the worst thing that ever happened to me. Wouldn't wish on my worst enemy. Every part of my day revolved around the next fix, how to get it, where to get it, who to get it from and how will I pay for it this time? The risks I took to get my drugs were out of control, driving high, cancelling on family plans, isolation, consistently depressed when not high. Once your body is hooked, you're screwed. Without with rehab and medication-assisted treatment, I would never have been able to kick my addiction."

— J.C., 30, Naltrexone/Vivitrol patient committed to recovery

FAMILY: A CRITICAL COMPONENT OF RECOVERY

Involving the Family

"Parents are so important to their teenage children," says Dr. Knight. "Kids may push you away, but you are so important — they care what you think. Parents have tremendous power to motivate their children to enter and stay in treatment."

Families have a key role to play in a teen or young adult's addiction treatment. While caring for a loved one suffering from any disease is stressful, treatment for substance misuse is especially demanding and often occurs after a considerable period of stress in the family.

You should educate yourself as much as possible. Reading this eBook is a great first step. Learning about treatment can help you advocate for the needs of your family, and obtain the services you need. **Close monitoring and collaboration with your teen or young adult's treatment team will be critical.**

"I was already so mad that I knew I was just going to have to be at home all the time, my mom was going to be right there nagging me, which is what I thought at the time. She was doing it because she cares and I'm glad that she's there."

— Jordan, young adult committed to recovery

How Family Can Help

Family members can be very important to successful recovery. They can:

- Motivate a young person to enter and stay in treatment
- Provide transportation to treatment
- Offer a safe living space

- Help the person in recovery find a job and healthy activities
- Help the person in recovery avoid or overcome relapses

Monitoring Your Child's Behavior

It is especially important to set rules and consequences for your teen and young adult when he or she is beginning treatment. Keep a close eye on your child and his or her friends, activities, communications and comings and goings. If you're not able to be around, try to have another adult you trust there to supervise. It's a lot of work — and it's ongoing — but it will be essential to your child's recovery.

Dr. Hersh tells families they need to abide by three rules for the young person starting treatment: no phone, no car and no money.

"I definitely had to change my network of friends," says Mike, a young adult committed to long term recovery. "My old friends were gone because they thought I was still part of their lifestyle and I wasn't. I did what had to be done, and I deleted most of their numbers and I deleted all my drug dealers' numbers because I didn't need them anymore."

Supervising Your Child's Medication

If your child requires medication to help with his or her substance addiction, it is critical that he or she receives appropriate medical supervision and monitoring. Parents have a very important role to play in making sure medication is taken correctly, exactly as prescribed.

"When you're on a medication like Suboxone I feel it's essential for the patient to have a supportive person to help keep the medication safe and to assist them in taking it correctly."

— Dr. Josh Hersh, Suboxone Certified Physician, Staff Psychiatrist at Miami University Student Counseling Service

Dr. Hersh tells parents they need to be in possession of the medicine, and dispense it to the teen or young adult. Mike's mother Patti began by following his advice. "Every morning I would get up and give him his tablets and watch him take them, and made sure he was being where he should be. And at some point I started trusting him to do it, which probably wasn't a really good idea [because he relapsed], so we went back to every morning I dispensed his medication."

Monitor, Secure, Dispose of the Medicine in Your Home

A key role for families is to ensure no prescription medications are easily accessible — this includes medication the person in treatment is taking as well as drugs prescribed for anyone else in the family.

Here are tips for safeguarding your prescription (Rx) and over-the-counter (OTC) medicine to help keep your child safe and prevent relapse:

MONITOR YOUR MEDICINE

- Take note of how many pills are in each of your prescription bottles or pill packets.
- Keep track of your refills. This goes for your own medicine, as well as for your children and other members of

WARNINGS ABOUT MEDICATIONS

Medications kept at home **must** be locked in a safe place. If young children take them by mistake, they can **overdose** or **die**. This is especially true for methadone, because it often comes as a colored liquid. Children can mistake it for a soft drink.

- Signs of methadone overdose:
  - **Difficulty breathing or slow, shallow breathing**
  - **Extreme drowsiness**
  - **Blurry vision**
  - **Confusion**
  - **Feeling faint, dizzy, or confused**

  A person on methadone who has these symptoms needs immediate medical attention.

- Although the risks of overdose with buprenorphine and naltrexone are lower, it is still important to take these medications exactly as the doctor prescribes to avoid problems.
- A person using buprenorphine, methadone or naltrexone should NOT use other opioid medications, illegal drugs, alcohol, sedatives, tranquilizers or other drugs that slow breathing. Combining large amount of any of these substances with the treatment medication can cause overdose or death.

Source: SAHMSA

the household. If you find you need to refill your medicine more often than expected that could indicate a problem.

- If your teen or young adult has been prescribed a medicine, be sure you control the medicine, and monitor dosages and refills. You need to be especially vigilant with medicines that are known to be addictive and commonly misused by young people. such as opioids, stimulants and benzodiazapenes.
- Make sure your friends and relatives — especially grandparents — are also aware of the risks. Encourage them to regularly monitor their own medicines.

If there are other households your teen or young adult has access to, talk to those families as well about the importance of monitoring and safeguarding their medications.

SECURE YOUR MEDICINE

- Take prescription medicines out of the medicine cabinet and secure them in a place only you know about.
- If possible, keep all medicines, both Rx and OTC, in a safe place, such as a locked cabinet your teen or young adult cannot access.
- Tell relatives, especially grandparents, to lock their medicines or keep them in a safe place.
- Talk to the parents of your child's friends. Encourage them to secure their prescriptions as well.

THE MEDICINE ABUSE PROJECT

To learn about medicines that are known to be addictive and commonly misused by young people, visit The Medicine Abuse Project at **medicineabuseproject.org**.

"My family was terrified throughout my use and there was nothing they could do. My parents were probably scared every time the phone rang. Now, my family is there for me. I am part of my family dynamic and family life again. I actually enjoy being with them."

— J.C., 30, Naltrexone/Vivitrol patient committed to recovery

DISPOSE OF YOUR MEDICINE

- Take an inventory of all of the medicine in your home. Start by discarding expired or unused Rx and OTC medicine when your children are not home.
- To help prevent teens and young adults from retrieving discarded prescription medicines from the trash, mix the medicine with an undesirable substance, such as used coffee grounds or kitty litter. Put the mixture into an empty can or bag and discard.
- Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.
- To help prevent unauthorized refills and protect your own and your family's privacy, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.

Learn more at the Partnership's The Medicine Abuse Project, **medicineabuseproject.org**.

"I would recommend medication-assisted treatment but would insist parents and patients search for a doctor with a program that includes counseling and treatment too — and that the patient be drug-tested often. Medication-assisted treatment is not for everyone but I do believe that with serious and life-threatening drugs like opioids, it can be life-saving, a port in the storm, a way to keep a young person sober long enough until their brain has matured and healed."

— Lea Minalga, mother of Justin who is in recovery; a parent coach at Partnership for Drug-Free Kids; and Director, Hearts of Hope

CONCLUSION: RECOVERY IS POSSIBLE

Your Child Can Get Better

Addiction is a chronic brain disorder that distorts a person's thinking, feelings and perceptions. It is characterized by compulsive drug seeking and use, despite harmful consequences. It is often devastating for the person addicted and everyone who loves him or her.

An addiction to opioids — including heroin and prescription painkillers — impacts the brain more severely than addiction to other substances.

The good news is that there are a variety of effective treatments available for teens and young adults to overcome an opioid addiction. One is medication-assisted treatment. The three key parts of medication-assisted treatment are medication, counseling and support from family and friends.

Recovery takes work. Some people think that after a 30-day treatment program their child will be fine — cleansed of cravings and ready to go back to school and/or work. After your child completes a treatment program, everything is NOT automatically fine again. He or she will need a system of support to prevent relapse to help him or her deal with cravings and the triggers that set off cravings.

"The one thing I've realized in this whole thing is that no medication is going to be the key. It's going to be a combination of the right treatment by medication, the right counseling and the right social group to share experiences with."

— Larry, father of young adult committed to long-term recovery

Recovery takes commitment every day. But recovery is possible.

With the right treatment, counseling and support, your child can recover and return to a life that is healthy and addiction-free.

Partnership for Drug-Free Kids is committed to helping families find appropriate help for their teen and young adult children struggling with misuse of or addiction to opiates. This eBook is intended to provide parents and caregivers with clear, accurate and accessible information relating to medication-assisted treatment.

For more information, please visit
www.drugfree.org
or call the **Parents Helpline: 1-855-DRUGFREE.**

Medication, counseling and support: together they can help your child.

"I held my newborn son in my arms and looked into his eyes and I knew. I was here to give my son the life I never had. I was here to be a father to my son. I left the hospital that day and got enrolled into the Suboxone program to help me get back on my feet and become a person again."

— Anonymous,
hope.drugfree.org

GLOSSARY

12 Step
A program designed to assist in the recovery from addiction or compulsive behavior, especially a spiritually-oriented program based on the principles of acknowledging one's personal insufficiency and accepting help from a higher power. Named for the 12 guiding concepts of the Alcoholics Anonymous (AA) program for curbing alcohol addiction.

Aftercare
The system of support for a person once intensive treatment is over. Support includes programs and activities to prevent relapse by helping the person in recovery deal with cravings and the triggers that set off cravings.

Agonist
A drug that activates opioid receptors in the brain, producing an effect. It has the potential to be misused. Example: Methadone

Addiction
A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

Antagonist
A drug that binds to opioid receptors, but rather than producing an effect, it blocks the effect of other opioids. It has no misuse potential. Example: Naltrexone

Chronic Disease
A medical condition for life. It cannot be cured, but it can be managed. Examples are heart disease, diabetes and opioid addiction.

Counseling
An interactive helping process focusing on the needs, problems and feelings of the patient to enhance or support coping, problem solving and interpersonal relationships.

Craving
A powerful, often uncontrollable desire for drugs or alcohol.

Dependence
Dependence develops when the neurons adapt to repeated drug exposure and only function normally in the presence of the drug.

Detoxification (or Detox)
A process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal; often the first step in a drug treatment program.

Dopamine
A brain chemical, classified as a neurotransmitter, found in regions of the brain that regulate movement, emotion, motivation and pleasure.

Maintenance Drug Therapy
The continued administration of a therapeutic agent, at the lowest dose possible to achieve therapeutic effect and minimize side effects, so as to prevent relapse or worsening of the symptoms of the condition being treated.

Medication-Assisted Treatment
The use of medication to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention. The medications used with teens or young adults with an opioid dependence are buprenorphine with and without naloxone, methadone and naltrexone.

Neurotransmitter
Chemical compound that acts as a messenger to carry signals or stimuli from one nerve cell to another.

Opioids
Opioids are drugs that affect the brain to reduce the intensity of pain signals. They slow down the actions of the body, such as breathing and heartbeat and cause a person to feel increased pleasure. The word "opioid" comes from opium, a drug made from the poppy plant. Opioids refer both to certain prescription painkillers — like Codeine, OxyContin, Percocet and Vicodin — as well as the street drug heroin.

Partial Agonist
A drug that binds to the opioid receptors in the brain and activate them, but not to the full degree as full agonists. It has the potential to be misused. Example: Buprenorphine

Recovery
A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

Relapse
A person who has not been using any drugs or alcohol, and is committed to continuing this pattern, returns to using alcohol or other drugs again. Relapses are often very upsetting to both the drinker/drug user and to the family.

Support Groups
A group of individuals with a common problem, usually meeting to express feelings, vent frustrations, provide emotional support and explore effective coping strategies.

Taper Off
Take less and less of a medication over time.

Tolerance
Occurs when a person no longer responds to the drug in the way he or she initially responded and more of the drug is needed to achieve its effects.

Withdrawal
The sickness one feels when there are no drugs in the body. Symptoms can include sleep problems, sweating more than normal, anxiety or nervousness, muscle aches and pains, stomach pain, nausea or vomiting, diarrhea and weakness.

Some material appearing in this eBook was informed by SAMHSA's *Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends.*

ADDITIONAL RESOURCES

SAMSHA Medication-Assisted Treatment
samhsa.gov/medication-assisted-treatment

Continuing Care: A Parent's Guide to Your Teen's Recovery from Substance Abuse
drugfree.org/download/contiinuing-care-eBook

PARENT HELPLINE

1-855-DRUGFREE
(1-855-378-4373)
Connect with a Helpline Specialist today.

We're here to help you get answers and make an action plan;
drugfree.org/get-help

Directories

The Opioid Treatment Program Directory
Find opioid treatment programs in your state
dpt2.samhsa.gov/treatment/directory.aspx

Suboxone Doctor Locator
Find certified doctors near you who can prescribe a private, in-office treatment for addiction to opioid prescription painkillers or heroin.
suboxone.com/patients/opioid_dependence/find_a_doctor.aspx

Find a Naltrexone/Vivitrol Doctor
Find a certified doctor near you who can talk with you about Vivitrol (naltrexone for extended-release injectable suspension), administered once monthly:
vivitrol.com/getstarted/findadoctor?s_mcid=url-vivproviders

Probuphine Doctor Locator
Find a doctor who has the required surgical experience to provide the Probuphine implant:
probuphinerems.com/probuphine-locator/

Sublocade Treatment Locator
InSupport™, the company that make Sublocade, has a treatment locator that allows you to search by zip code to find a treatment provider who can prescribe and administer the medication:
insupport.com/specialty-product/patient/find-treatment

PARENTS HELPING PARENTS

Watch videos of experts, parents and teens talking about medication-assisted treatment: youtube.com/drugfreechannel

For support for parents of a child struggling with drugs and alcohol visit drugfree.org/landing-page/get-help-support/

Visit the Partnership for Drug-Free Kids' parent blog: drugfree.org/parent-blog/

Read others' recovery stories – and share your own. Visit hope.drugfree.org/

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