



Frequently Asked Questions About Medication-Assisted Recovery

Answers You Need About Medication-Assisted Recovery for Opioid Use Disorder



What is Opioid Use Disorder?

Opioid Use Disorder (OUD) is a problematic pattern of opioid use that leads to a physical or mental reliance on opioids. It is informally referred to as “addiction,” and can describe the misuse of prescription opioids or the use of illicit opioids, like heroin or fentanyl.

Examples of behaviors by someone with OUD include:

- Repeated attempts or desires to reduce use without success
- Cravings for more opioids (of any kind)
- Experiencing withdrawal
- Continuing to use even though using is causing challenges at home, at work, or in relationships

How do I know if I have OUD?

If you are experiencing any of the examples above, or suspect that using opioids is hurting your life, you may have OUD. Please contact a doctor so they can help you reduce or discontinue your use, or contact the Helpline by calling 833-234-6343 or by texting “HELP” to 833234.



What is Medication-Assisted Recovery? Medication + Counseling

Overcoming problems with opioid use is challenging, but there is something that can help you: Medication-Assisted Recovery (MAR). MAR is a type of treatment where you use a medication to reduce your cravings and withdrawal symptoms, allowing you to stay strong in recovery and regain stability in your life. The goal of MAR is to recover

from OUD. It does NOT replace one addictive drug with another. It provides a safe, controlled level of medication to overcome the use of a problem opioid.

Taking MAR medications is typically combined with behavioral counseling to help you make change for good. When taken consistently and as directed, any of the three OUD medications used in MAR produce stronger outcomes for patients than abstinence-based treatment. MAR also succeeds in producing longer periods of recovery.

MAR also allows you to receive treatment in a way that makes the most sense for you by offering different recovery pathways. MAR can have success rates up to 80% when taken consistently. And, according to studies, people who use MAR versus stopping cold turkey are more likely to remain off opioids one year later.



Why is MAR an Important Tool for Overcoming OUD?

It's not easy to overcome an OUD, but you can do this. Taking opioids, including heroin and fentanyl, teaches your brain to want more of that substance to make it feel good. Quitting cold turkey is especially difficult with opioids because your brain has learned to expect more. The medications for MAR block the part of your brain that craves opioids, providing you with support in reducing your desire to use.

What does it mean to be in MAR?

There are three medications used in MAR. Each is proven effective, and the process and experience of each is different. You may find that one works better for you than others, as your care is personally customized. Work with a health care provider to find the one that's right for you.

1. Methadone (Dolophine[®], Methadose[®]):

This is the most well-known medication for OUD, and has been around the longest.

How It's Taken: Methadone must be taken daily, at specific locations, and dispensed by a licensed health care professional.

Experience: It may take a little bit to find a dose that feels right for you, but methadone is a well-studied way of reducing cravings and preventing withdrawal. Methadone clinics offer additional support and services that may help you overcome your opioid use. Methadone may make you sleepy, and stopping methadone must be done slowly to prevent withdrawal. It may also help reduce chronic pain, depending on your dosage.

2. Buprenorphine (Suboxone[®], Subutex[®], Probuphine[®], Sublocade[™]):

Buprenorphine can be taken at home and more independently than methadone. There is also an option of a monthly injection administered by a doctor.

How It's Taken: You must first be in some level of withdrawal (typically 12–24 hours) or buprenorphine may make you feel very sick. Once on it, you may need to see your doctor only weekly or monthly, however you must take buprenorphine regularly.

Experience: There are typically fewer side effects with buprenorphine, and many people report feeling “clearer” once on it. It reduces cravings and feelings of withdrawal without making you feel high. Stopping buprenorphine must be done slowly to prevent withdrawal. It also helps reduce chronic pain.

3. Naltrexone (Vivitrol[®]):

Naltrexone reduces cravings for both opioids and alcohol.

How It's Taken: Naltrexone is given as a shot once a month. You must not have used opioids for 7–10 days before starting on naltrexone or it may make you feel sick.

Experience: Naltrexone is effective at reducing cravings, but does not help with withdrawal. **If you happen to return to opioid use, you are at higher risk for overdose.**

Medicaid insurance in Illinois covers all three medications, and many private insurances cover them as well. All three medications are proven to help you overcome OUD and regain control of your life. Talk to your doctor to figure out which will work best for you.

Realistic Expectations

Many people in treatment relapse one or more times before remaining free from opioid use. Relapse does not mean you've failed. You can relapse and continue with treatment to remain successful in your recovery. You can prevent relapse by staying away from triggers, like avoiding former drug-use hangouts and staying away from friends who use drugs. You have the power and the strength to do this, and with MAR, you have the support.

Ready to Start?

To start, go to any doctor or emergency room. There is no commitment in asking about your options, and there are no legal risks sharing about your use.



For more information and resources about
Medication-Assisted Recovery, visit [RethinkRecoveryIL.com](https://www.RethinkRecoveryIL.com).

