For press inquiries to NIDA: https://www.drugabuse.gov/news-events/contact-press-office

Background: Medications for Opioid Use Disorder (adapted from NIDA's Medications to Treat Opioid Use Disorder Research Report).

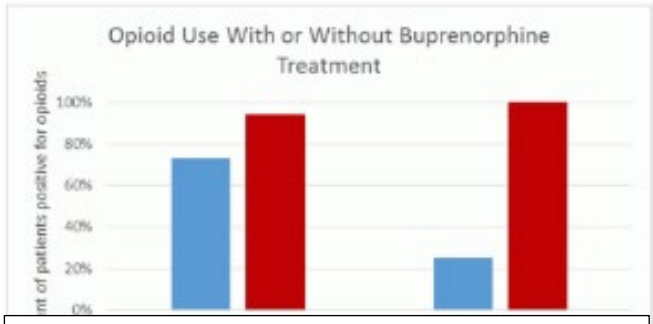
Studies show that people with opioid use disorder who stop taking opioids, even under the guidance of a health care provider, are very likely to return to using the drug (relapse). Relapse is common. It is best to consider it as a learning opportunity, rather than focus on relapse as a failure. Relapse can be life threatening due to the high the risk for fatal overdose. There are three FDA approved medications that can lower the risk of relapse and overdose. These medications improve a person with opioid use disorder's function, productivity and participation in other treatment. These medications include: Methadone, buprenorphine and naltrexone.

Abundant evidence shows that these medications:

- reduce opioid use and opioid use disorder-related symptoms.
- reduce the uncomfortable effects of withdrawal and cravings without producing euphoria.
- increase the likelihood they will stay in treatment.
- reduce criminal behavior associated with drug use.
- reduce criminal justice involvement.
- reduce the risk of infectious disease, including HIV and HCV transmission.
- increase likelihood of employment.

Methadone is an opioid agonist, meaning it activates opioid receptors in the brain—the same receptors activated by opioids such as heroin, morphine, and pain medications. It helps to eliminate withdrawal symptoms and relieves drug cravings. Methadone has been used successfully for more than 50 years. Federal and state regulations require that patients go to in-person to a clinic regularly for dosing. It can be started before a person completes the opioid withdrawal process, and the treatment doses do not produce euphoria.

Buprenorphine is a partial opioid agonist, meaning that it binds to those same opioid receptors but activates them less strongly than methadone. It also can reduce cravings and withdrawal symptoms without producing euphoria. It can be prescribed by certified health care providers in a doctor's office. Research has found buprenorphine to be similarly effective as methadone for treating opioid use disorders, and can be started before a person completes withdrawal.



FYI: https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder

Caption: Research shows that buprenorphine is more effective than

Naltrexone is an opioid antagonist, which means that it works by blocking the activation of opioid receptors. It works by preventing any opioid drug from producing the "high." Since 2010, it has been available in an injectable, long-acting form (Vivitrol®), a medication originally approved for alcohol use disorders. It is a good option for patients who do not have ready access to health care or who struggle with taking their medications regularly. However, the patient must fully stop using opioids for 5-7 days before treatment can begin, and that can be an obstacle to successful treatment.