

The background of the slide is a watercolor-style wash of blue and white. The blue is a vibrant, slightly darker shade on the left, fading into a lighter, almost white blue on the right. The texture is soft and painterly, with visible brushstrokes and color blending.

LIVED EXPERIENCE

WITH MEDICATION

ASSISTED

RECOVERY

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RECENT

DATA

- **In 2023 the overdose death rate topped 112,00 in a 12 month period for the first time according to the Center for Disease Control and Prevention.**

Who is medication-assisted recovery for?

Medication-Assisted Recovery or MAR is primarily used in the treatment of Opioid Use Disorders and to help people sustain recovery.

The World Health Organization states medication-assisted treatments should be included on a list of “essential medicines.”

Medication-Assisted Recovery, combined with counseling and behavioral therapies, is an effective pathway to treat substance use disorders and to prevent opioid overdose.

Medication-Assisted Recovery is now the preferred phrase, which is considered less stigmatizing than Medication-Assisted Treatment.



Why is this important?

The medications work to normalize brain chemistry, relieve cravings, block the effects of alcohol and opioids, and normalize bodily functions.

Opioid use disorder affects 2.5 million Americans. Of the 70,000 Americans who died of a drug overdose in 2017, 68 percent of those deaths were attributed to an opioid, including prescription painkillers, illicit opioids like heroin, and fentanyl. Those numbers continue to rise year over year. The Centers for Disease Control and Prevention state that opioid-related deaths are six times higher than in 1999. On average, 130 Americans die every die from opioid overdose.

*They are also used for the treatment of alcohol use disorder and smoking cessation

According to the Substance Abuse and Mental Health Services Administration, medication-assisted recovery is proven to be clinically effective and to significantly reduce the need for inpatient treatment services. MAR provides a comprehensive tailored program that combines medication and therapy, as well as offering additional support services. It has been shown to:

Improve rates of patient survival

Increase social function and retention in treatment programs

Decrease illicit opiate use, opioid-related overdose deaths, criminal activity, and infectious disease transmission

Increase the patient's ability to gain and maintain employment

Improve outcomes in opioid-dependent pregnant women and their babies

HOW

EFFECTIVE IS

MAR?

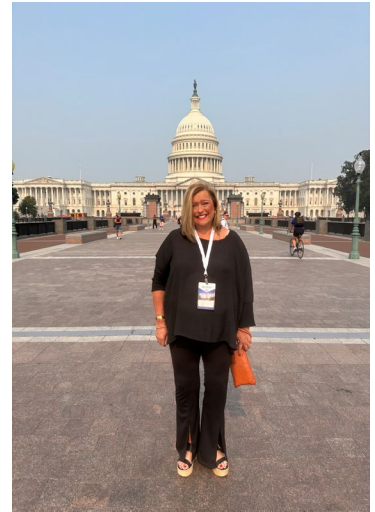
The World Health Organization states “The accumulated data demonstrate that treatment of opioid dependence with buprenorphine is a major public health tool in the management of opioid dependence and in HIV/AIDS prevention and care for opioid dependent injecting drug users.”



Unfortunately, less than half of privately funded substance use disorder treatment programs offer medication-assisted recovery, and only one-third of patients with opioid dependence in these programs receive it. According to the National Institute on Drug Abuse, the treatment plans including MAR fell from 35 in 2012 to 28 percent in 2012. They state that the US does not have sufficient treatment capacity to provide MAR to all patients with opioid use disorder.

MY LIVED EXPERIENCE BEING ON MAR

- HOW I GOT ON MAR/WHAT HAPPENED
- SWAPPING ONE DRUG FOR ANOTHER
- WHAT IT'S LIKE BEING ON MAR (DOSAGE)
- HOW IT MAKES YOU FEEL
- WHAT IF I HAVE A MEDICAL PROBLEM, WHAT DO I DO?
- STIGMA SURROUNDING HEALTH PROFESSIONALS, PHARMACIES, AND FAMILY



Which medications are used in MAR?

There are three types of medication used to treat substance use disorders:

Agonists: These medications activate the same parts of the brain as particular drugs and serve to offset withdrawal symptoms. While they mimic the effects of drugs, they only produce a mild effect. Methadone (brand names Dolophine and Methadose) is the main agonist used in MAR.

Antagonists: These medications block the effects of opioids. They include naltrexone (brand name Vivitrol) and naloxone (brand name Narcan).

Mixed agonist-antagonists or partial agonist/antagonists have the dual effect of mildly activating opioid receptors in the brain and blocking the effects of opioids and suppressing withdrawal symptoms. These medications include buprenorphine (brand names Suboxone, Subutex, Probuphine, and Sublocade) and the combination of buprenorphine and naloxone (brand names Suboxone, Zubsolv, and Bunavil).

MEDICATIONS	BRAND NAMES	TYPE	EFFECTS	ROUTE OF ADMINISTRATION	FOR WHOM	SIDE EFFECTS
Injectable Naltrexone	Vivitrol	Antagonist	Blocks the pleasurable effects of opiates to reduce the likelihood of relapse & opiate overdose	Intramuscular injection once monthly	For patients that may struggle to remember to take a daily medication	Nausea, headache, weakness, injection site reactions
Buprenorphine	Buprenex, Belbuca, Butrans, Probuphine, Subutex	Mixed Agonist-Antagonist	Prevents opiate withdrawal & cravings with its agonistic effects, also blocking against opiate overdose through its antagonist action	Orally - take daily or transdermally (skin patch) - worn daily	For patients with low likelihood of misuse potential	Headache, dizziness, trouble sleeping, tingling sensation
Buprenorphine + Naloxone	Suboxone, Zubsolv, Bunavil	Mixed Agonist-Antagonist	Prevents opiate withdrawal & cravings with its agonistic effects, also blocking against opiate overdose through its antagonist action. The added naloxone decreases the misuse potential	Orally - sublingual tablets or films taken daily	For patients with opioid use disorder with access to an office-based licensed prescriber. Misuse potential	Constipation, dizziness, drowsiness, headache
Methadone	Dolophine, Methadose	Agonist	Prevents opiate withdrawal and cravings, but at prescribed doses, does not create opiate-like effects	Orally - taken daily, administered by a SAMSHA certified treatment program or clinic	For patients with the proximity & availability to attend a clinic daily. Misuse potential	Sleep problems, anxiety, restlessness, dry mouth, nausea, decreased sex drive
Naloxone	Narcan	Antagonist	Counters the effects of an opiate overdose	Injection or oral spray - administered only during an overdose emergency	For opiate users during an overdose	Chest pain, shortness of breath, nausea, headache, anxiety, confusion

OPIOID SUBSTITUTION (METHADONE OR SUBOXONE)



Reduced cravings
Improved stability
and social function

Medically managed
withdrawal
experience

Reduces harm by
not using high risk
substances

How It Works

The prescribed medication operates to:



Source: Substance Abuse and Mental Health Services Administration

Medications Used

	Metadone	Buprenorphine	Naltrexone
Brand Names	Dolophine, Methadose	Subutex, Suboxone, Zubsolv	Depade, ReVia, Vivitrol
Used	Taken orally once per day; methadone can only be administered in a licensed opioid treatment program and patients need to visit the clinic daily for their medication	Taken orally usually once per day; buprenorphine and naltrexone can be administered by a physician in the office	Taken orally or by injection
Effects	Reduces opioid cravings and withdrawal symptoms.	Reduces opioid cravings and withdrawal symptoms.	Not addictive or sedating and does not make patient physically dependent. Patient needs to be clean for seven days before administering.

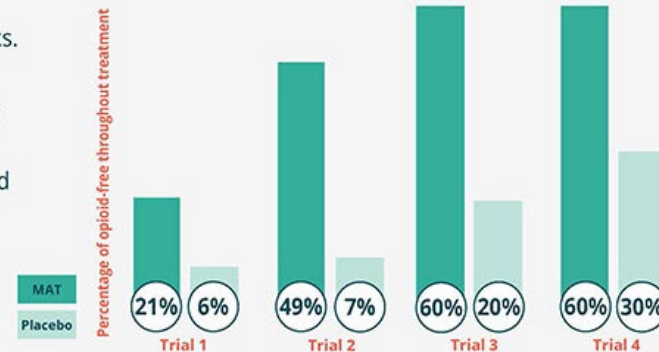


Source: New England Journal of Medicine. <https://www.nejm.org/doi/full/10.1056/NEJMp1402780>

Success Rate

Medication-assisted treatment works.

Clinical trials on methadone, buprenorphine, and naloxone show that twice as many patients have curbed their opioid use as compared to a placebo.



Source: Connery's 2015 study in the Harvard Review of Psychiatry. <https://www.ncbi.nlm.nih.gov/pubmed/25747920>

COMMON MISCONCEPTIONS ABOUT MAR



Terms like “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a misconception.

The dosage of medication used in treatment for Opioid Use Disorder does not result in a “high,” rather it helps to reduce opioid cravings and withdrawal.

Counseling and behavioral treatment

The second crucial component of MAR is behavioral treatment. Most programs require regular attendance with a counselor, as well as individual and possibly group therapy. And depending upon whether the patient is in inpatient or outpatient treatment, the frequency of sessions varies from multiple sessions a week to once or twice per week. The types of therapies include:

Cognitive behavioral therapy — helping the patient to identify triggers and stressful situations, and develop coping strategies

Family therapy — designed to address teen drug use within the family unit and improve family functioning

Motivational interviewing — a client-centered therapy that helps the person find the motivation to change

Motivational incentives — uses methods of positive reinforcement to maintain recovery

PEER

SUPPORT

People with lived experience offering non-judgmental support.

Using our stories to provide, hope assistance, guidance, understanding & encouragement.

Advocating for the individuals we serve and teaching them to have a voice.

Creating a safe space for individuals with substance use disorder

HOW STIGMA IMPACTS RECOVERY



STIGMA CAN...

REDUCE WILLINGNESS TO SEEK PROFESSIONAL HELP

CAUSE RELUCTANCE TO ATTEND TREATMENT

LIMIT ACCESS TO HEALTHCARE, HOUSING, AND EMPLOYMENT

DIMINISH SELF-ESTEEM

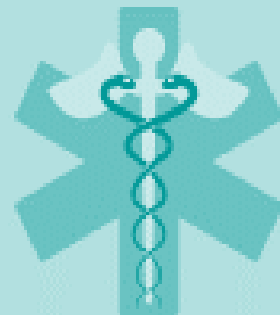
EXACERBATE DEPRESSION

AFFECT PERSONAL RELATIONSHIPS AT A TIME THEY'RE NEEDED MOST

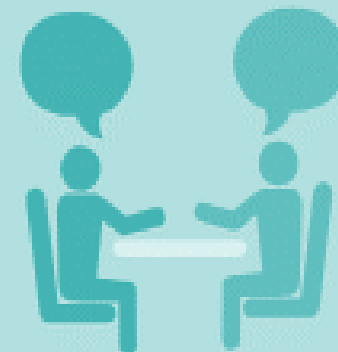
Help Put an End to Substance-Use Stigma



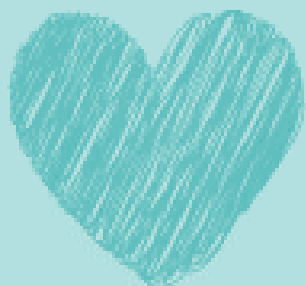
**United Way
Centraide**
Simcoe Muskoka



Understand that it's a
medical illness.



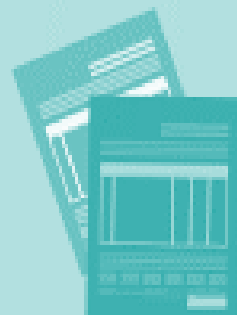
Change the words
you use and avoid
labels.



Treat people with
dignity and kindness.



Listen without
judgement.



Replace prejudice
with evidence and
facts.



Speak up when you
see any kind of
stigma.



TIME FOR QUESTIONS



SOURCES

[Medication-Assisted Recovery: What you need to know - Faces & Voices of Recovery \(facesandvoicesofrecovery.org\)](https://facesandvoicesofrecovery.org)

<https://uwsimcoemuskoa.ca/wp-content/uploads/2019/04/Help-Put-an-End-to-Substance-Use-Stigma>

[Drug Overdose Deaths | Drug Overdose | CDC Injury Center](#)

[Medication Assisted Treatment | PAMED \(pamedsoc.org\)](#)

[Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic | NEJM](#)

[opioid use disorder medications – Recovery Research Institute \(recoveryanswers.org\)](#)