

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

Buprenorphine (Suboxone®)

Naltrexone (Vivitrol®)

What you'll feel



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



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



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

What you'll take



Methadone is a liquid that you drink.



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.



Vivitrol® is injectible naltrexone that lasts for 28 days.

When you'll take it



You can start methadone at any time after you are enrolled in services at a methadone clinic, if you are physically able.



You need to feel withdrawal before starting, which depends on your personal opioid use.



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

Where you'll go to get it



Go to a dedicated clinic every day for a dose until you are eligible for take-home doses.



Bring your prescription to a pharmacy after visiting a certified clinician.



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

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.



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.



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.

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

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.

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.

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.

Issues you should discuss with your provider

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

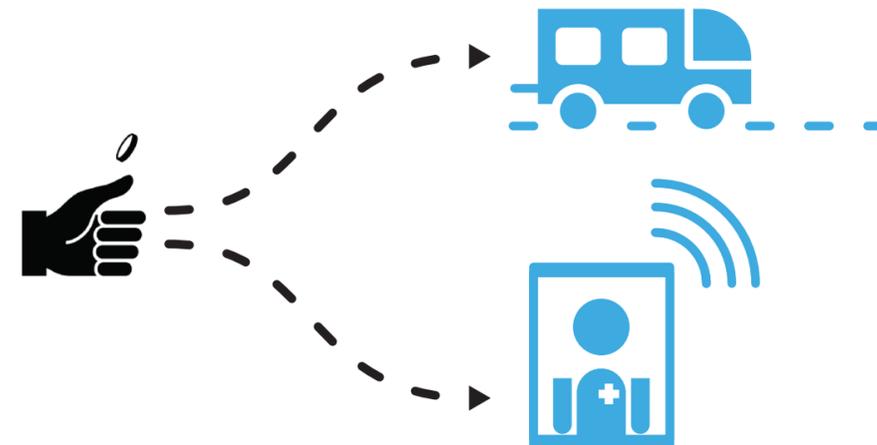
Your prior experiences with medications for opioid use disorder treatment.

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.