

# MEDICATION ASSISTED TREATMENT & RECOVERY SUPPORT

## WHAT IS MEDICATION ASSISTED TREATMENT & RECOVERY?

Medication for Addiction Treatment & Recovery is a model of treatment that uses medications approved by the US Food and Drug Administration in combination with in-person counseling or tele-counseling and behavioral therapies to treat opioid use disorder resulting from abuse of prescription or illicit opioids.”<sup>1</sup> There are 3 medications commonly used to treat opioid addiction.

1. Methadone
2. Naltrexone
3. Buprenorphine (Suboxone)

## HOW DO THE MEDICATIONS WORK?

These medications reduce cravings for opioids and the related euphoria (high). Multiple studies have shown that MAT, compared to treatment without medications, helps to reduce relapse, overdoses, and infectious complications. MAT has become the standard of care for people with opioid use disorder and has been safely used in millions of individuals for decades (Dr. Gijssels, personal communication, November 25, 2019).

For more information please view our FAQ sheet with commonly asked questions by employers with employees participating in a MAT/R program. Learn about what enrollment might involve for the employee, and what it may mean to the safety of your workplace.



## HOW DO I SIGN UP?

As an employer, you could refer an employee who you suspect has an issue with opioids and who wants help. You can refer employees to our program for a brief assessment to determine if this model of treatment would be effective.

Employees can call (866) 679-0831 for a brief telephone assessment and to get enrolled.

For additional assistance call 603-532-9888 or fill in this request form at: [realitychecknow.org/information](https://realitychecknow.org/information)



# MEDICATIONS FOR ADDICTION TREATMENT & RECOVERY

## **OVERVIEW**

Medications for Addiction Treatment & Recovery includes medications approved by the US Food and Drug Administration used in combination with counseling and behavioral therapies, to treat opioid use disorder. There are 3 medications commonly used to treat opioid addiction:

**Methadone**

**Naltrexone**

**Buprenorphine (Suboxone)**

These medications reduce cravings for opioids and the related euphoria (high). Multiple studies have shown that MAT, compared to treatment without medications, reduces relapse, overdoses, and infectious complications. MAT has become the standard of care for people with opioid use disorder and been safely used by millions of people. (Dr. Gijssels, personal communication, Nov.25, 2019).

## ***FREQUENTLY ASKED QUESTIONS . . .***

### **Is it safe for employees taking these medications to operate equipment or vehicles?**

Central nervous system (CNS) depression (sedation, sleepiness) is a side effect of taking methadone and buprenorphine. It is recommended people do not drive or do activities requiring them to be significantly alert until they are used to medication effects. (2,3)

Sedation and cognitive effects occur when methadone or buprenorphine are started or there is a dose-increase, and will generally lessen over time as the individual develops tolerance.(2) During the first few weeks being on the medication or during a dose increase, employees may need restrictions or limits on job duties including being on roofs, operating motor vehicles, forklifts, cranes, other types of heavy equipment, or making decisions that affect the health and safety of others.

ALTHOUGH NALTREXONE DOES NOT NORMALLY CAUSE CNS DEPRESSION LIKE BUPRENORPHINE AND METHADONE, DIZZINESS AND/OR SLEEPINESS MAY OCCUR. INDIVIDUALS TAKING THE MEDICATION SHOULD AVOID DRIVING OR OPERATING HEAVY MACHINERY UNTIL THEY KNOW HOW NALTREXONE AFFECTS THEM.(5)

Bottom Line: Employees who are starting methadone or buprenorphine or who have received a dose increase, should avoid driving and potentially hazardous situations until used to the sedating effects. Naltrexone is less likely to cause these effects, but it is a good idea to hold off on driving or operating machinery until you know how the medication will affect you.

Note: Consuming alcohol or other opioid medicines (drugs that make you sleepy: pain medications, sleeping pills, anxiety medications, etc.) while taking these medications can also cause CNS effects including severe drowsiness, decreased awareness, breathing issues, coma, and death. Employees should be checking with a pharmacist or doctor before taking other medications, including over the counter medications, while taking an agent for MAT/R, and refrain from drinking alcohol.(3,4)

### Which agents used in MAT/R show up on a typical drug screen?

Buprenorphine will not show up on a typical drug test. The drug panel would need to be designed to test for buprenorphine in order to show up.(6,7)  
Methadone will only show up on a drug test specifically designed to find it. (8)  
Naltrexone will not show up on a test.

### Which drugs can still provide a high, if not taking it as prescribed?

Taking more Methadone than prescribed or taking methadone with other drugs can provide a high and has the potential to cause overdose.(3,9) If misused, Buprenorphine can cause euphoria (a high) that is normally less intense than full agonist opioids such as heroin. The euphoric effect plateaus if large doses are taken (after a certain amount it will no longer produce an effect.) Buprenorphine is often combined with naloxone to deter misuse. If buprenorphine/naloxone (brand name: Suboxone) is injected or snorted, the naloxone blocks buprenorphine's effects.(4,10) Naltrexone is not an opioid (cannot produce a high. (5)

### What are signs of misusing MAT?

Although these medications can be misused, the risk is low. Individuals with opioid use disorder have a tolerance to opioids and the pharmacology of these agents is different than of commonly misused agents such as heroin. These agents are treatment for opioid use disorder only, so people might still use other drugs, which would become apparent; ie: missing appointments/showing up late, erratic behavior, change in physical appearance, requesting work off. (Dr. Gijssel, personal communication, November 25, 2019)

#### References

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