


<h2>Buprenorphine</h2> <p>(Suboxone®, Subutex®, Zubsolv®)</p>	<h2>Methadone</h2>	<h2>Naltrexone</h2> <p>(Vivitrol®)</p>	<h2>No Medication</h2>
<p>✓ BENEFITS</p> <ul style="list-style-type: none"> It is a well-studied medicine, and safe for long-term use. People who take buprenorphine are less likely to overdose or die than people who do not take it. It blocks cravings and prevents feeling “high” if you slip and use. It is more effective for chronic pain than methadone or naltrexone. It blocks withdrawal symptoms (unlike naltrexone or no medications). You can get to a comfortable dose in a couple of days (faster than with methadone). It does not produce a “high.” Most people get it from a primary care doctor who can provide up to one month of medicine at a time—no need to go every day or go to a special clinic. Some people prefer the counseling and support of a methadone clinic—many clinics now also offer buprenorphine at the window. Safely used by patients who have employee health screens or on parole. It is covered by most health insurance programs. <p>⚠ CAUTIONS</p> <ul style="list-style-type: none"> Side effects are rare AND less severe and less frequent than other opioids. All opioids can cause trouble sleeping, nausea, headaches, or overdose if mixed with other drugs. Some AA/NA groups, treatment programs, and police/judges may not support this. Usually, you should be in some withdrawal before you take the first dose. Stopping buprenorphine often is done slowly and with support of medical team. 	<p>✓ BENEFITS</p> <ul style="list-style-type: none"> It is a well-studied medicine that is safe for long-term use. People who take methadone are less likely to overdose or to die than people who do not take it. It blocks cravings and prevents feeling “high” if you slip and use. It helps with chronic pain, but less than buprenorphine. It blocks withdrawal symptoms (unlike naltrexone or no medications) and may take longer to get to a comfortable dose than buprenorphine. It does not produce a “high” if taken at the right dose. Methadone users are less likely than those who don’t take it to relapse, get HIV, or go to prison. Methadone clinics offer counseling and case management support. You do not need to go into withdrawal before starting it. It is covered by most health insurance programs. <p>⚠ CAUTIONS</p> <ul style="list-style-type: none"> Side effects may include sleepiness (if dose is too high), constipation, or dangerous heart rhythms—these can be prevented by working with your medical team. If you take too much or mix with other drugs, you can overdose. It can only be taken by going to a methadone clinic daily. Stopping methadone must be done slowly and with support of medical team. 	<p>✓ BENEFITS</p> <ul style="list-style-type: none"> It blocks opioid and alcohol cravings and stops you from feeling high if you use opioids. You only need to get the shot once a month. It is not an opioid and does not cause withdrawal symptoms if you stop taking it. Even though studies show buprenorphine and methadone are as helpful, some AA/NA groups, treatment programs, and police/judges may prefer naltrexone. <p>⚠ CAUTIONS</p> <ul style="list-style-type: none"> Upon the first injection, if you have opioids in your system you will likely go into withdrawal. You must go through detox first and not use for 1-2 weeks. It can be very hard to start. Unlike methadone and buprenorphine, it does not help with withdrawal symptoms and can cause withdrawal for up to 2 weeks if taken too soon. It does not help with chronic pain. It can be expensive and hard to get; many insurance plans do not pay or only cover it after a long process. Your tolerance goes down when you don’t take any opioid medicine. That means if you return to using, you may have a bigger risk of dying than if you took methadone or buprenorphine. If you need emergency surgery or have sudden bad pain, opioids will not work well. It is less well studied than buprenorphine and methadone. We don’t know if it prevents overdose and deaths like those medicines do. 	<p>✓ BENEFITS</p> <ul style="list-style-type: none"> Some patients prefer to be off all medicines, even when there is a higher risk of relapse and overdose. Medication side effects are avoided. The side effect of no medication is increased risk of relapse and overdose death. <p>⚠ CAUTIONS</p> <ul style="list-style-type: none"> You are much more likely to relapse, overdose, and die in comparison to results from buprenorphine or methadone. Cravings and withdrawal are not controlled when you are not taking medicines, and if you slip and use it can be much harder to stop. Your tolerance goes down when you don’t take any opioid medicine. That means if you return to using, you have a bigger risk of dying than if you took methadone or buprenorphine. Because of increased risk of overdose death without medication, you should have naloxone rescue kit at home for your safety. <div data-bbox="1575 1088 1995 1347" style="text-align: right;">  <p>CA BRIDGE TREATMENT STARTS HERE</p> </div>