


<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 1039 2016 1315" style="text-align: right;">  <p>CA BRIDGE TREATMENT STARTS HERE</p> </div>