

Which treatment would be the best option for me?

ASK YOURSELF:

"What has and has not worked for me in the past?" Consider trying again if you had some successes prior; sometimes starting new can have a better result than it did before.

Patients treated with either buprenorphine or methadone are more likely to be engaged in treatment at one year. They are less likely to get HIV or Hepatitis C and less likely to die from complications related to opioid use.



SUBOXONE/ BUPRENORPHINE

- Patients treated with Suboxone were 75% more likely to be engaged in treatment after 1 year, compared to those not on medication
- Suboxone can be accessed in the privacy of an office along with treatment for blood pressure, asthma or any other illness
- Weekly appointments and options to receive a once monthly injections of Sublocade to decrease pharmacy and clinic visits.
- Are you worried about precipitated withdrawal? We can start off slowly with a low dose pathway that is well tolerated by patients who do not have withdrawal symptoms.



METHADONE

- Patients treated with Methadone for 3 months had a 32% risk reduction in serious opioid-related complications, compared to people not on medication
- Your clinic must be located in the county in which you have your health insurance
- We can help you start methadone tomorrow by doing some pre-testing in the ED today.
- Methadone may take a few weeks to get to a dose that works for you; it must be increased very slowly for safety and based on federal regulations.
- Continuing methadone means daily visits to your clinic. Some people find this difficult to do with their life dynamics, so consider this commitment when choosing treatment options.



THE IMPORTANT DIFFERENCE BETWEEN INPATIENT TREATMENT AND DETOX

- Detox tapers patients off of all substances, so at discharge there are no medications in your system to prevent you from overdosing if you get a craving to return to use. This is not a safe option for people in the early stages of recovery.
- Inpatient treatment WITH MEDICATION (like Suboxone or Methadone) can be life saving in a safe, controlled environment until they can be stabilized and have support for discharge.
- **Patients who go more than 24 hours without using drugs and do not have Suboxone or Methadone in their system are HIGHEST RISK to experience a fatal overdose if they return to use.**

