

# MEDICATION-ASSISTED TREATMENT

An eBook for Parents & Caregivers of  
Teens & Young Adults Addicted to Opioids



Is your teen or young adult addicted to opioids such as prescription painkillers or heroin? Medication-assisted treatment may be helpful for your child.

This eBook will help you learn more about medication-assisted treatment – what it is, how it’s used, where to find it and how you can best support your child through treatment.

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## INTRODUCTION: IS YOUR CHILD ADDICTED TO OPIOIDS?

**i** NOTE: Words appearing in italics are defined in the glossary on page 31.

### Do You Have A Teenager Or Young Adult Addicted To Opioids?

Opioids are prescription painkillers — like OxyContin, Percocet and Vicodin — as well as the street drug heroin.

One of the most important things you can do to help your child is to educate yourself about opioid abuse and addiction and what options there are for treatment.

### One Option is Medication-Assisted Treatment

Medication-assisted treatment is the use of medication, along with therapy and other supports, to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention.

### Treatment Can Help Your Child Overcome Addiction

Addiction is a chronic brain disease that distorts a person's thinking, feelings and perceptions. It is characterized by compulsive drug seeking and use, despite harmful consequences. Addiction can be devastating for the person addicted and everyone



"My son has an addiction to opioids. Over the course of five years, he'd been in six or seven different treatment programs and lived in a number of halfway houses. He kept relapsing and at times was close to dying from this disease. I thought I was going to lose him. About two years ago, after completing a nine-month program and relapsing again, he called me crying and said, 'Dad, I don't know why I'm doing this to myself.' He really wanted to stop. He then began Suboxone treatment. The Suboxone reduced his cravings and helped him manage his addiction. It has allowed him to lead a normal, productive life. He's become a mature, honest young man, and while he still has his struggles, he's not using drugs and has become a young man that I'm proud of."

— Mark, father of Alex, age 26

who loves him or her. Professional help and evidenced-based treatment are often needed to successfully overcome addiction and maintain long-term recovery. Teens and young adults who are abusing substances frequently need to address other issues, such as trouble in school and difficulty with mood or attention, so it is important to have a comprehensive approach to treatment.

Many teens and young adults overcome opioid addiction and regain normal, healthy lives. Medication-assisted treatment is one approach that might help your child.

 Before we learn more about medication-assisted treatment, let's first find out about the teen brain and how opioid addiction occurs.

## Understanding the Teen and Young-Adult Brain

The human brain is developing until about age 25. The teen brain has a strong impulse to seek pleasure and less ability to consider the consequences, so teens are especially vulnerable when it comes to the temptations of drugs and alcohol. And because their internal reward systems are still being developed, teens' ability to bounce back to normal after abusing drugs may be compromised due to how drugs affect the brain. If a person starts using drugs early in life, it can cause changes to the brain's structure and function. The brain can recover if a person stops using opioids, but that recovery can take months — or even years.



“With a strong motivated family, a treatment system that sees to medication and psychiatric care and social supports, there is tremendous hope — no child has to be lost.”

— Dr. John Knight, Director of the Center for Adolescent Substance Abuse Research at Boston Children's Hospital

The brain is made up of billions of nerve cells. Nerves control everything by sending electrical signals throughout the body. The signals get passed from nerve to nerve by chemical messengers called neurotransmitters.

Some of the signals that neurotransmitters send cause a feeling of satisfaction or pleasure. These natural rewards are the body's way of making sure we look for more of what makes us feel good. The main neurotransmitter of the "feel-good" message is called dopamine.

The effects of drugs on the brain don't just end when the high wears off. When a person stops taking a drug, his dopamine levels are low for some time. He may feel down, or flat and unable to feel the normal pleasures in life. His brain will eventually restore the dopamine balance by itself, but it takes time — anywhere from hours, to days or even months, depending on the drug, the length and amount of abuse and the person.

## Opioids Q&A

### WHAT ARE OPIOIDS?

Opioids are drugs that reduce the intensity of pain signals. The word "opioid" comes from opium, a drug made from the poppy plant. Opioids refer both to certain prescription painkillers and to heroin.

### HOW DO OPIOIDS WORK?

They slow down some body functions such as heartbeat and breathing, and cause a person to feel increased pleasure. They also can make a person drowsy, nauseous, confused or constipated.



"The teen years are an extremely vulnerable period when an individual starts using and experimenting with drugs. Drugs can hijack the brain and overpower the brain biochemically and make it very difficult for a person to resist impulses and to stop that habit."

— Ken Winters, PhD, Director of the Center for Adolescent Substance Abuse Research, Professor in the Department of Psychiatry at the University of Minnesota

<http://www.drugfree.org/why-do-teens-act-this-way/>

### WHAT ARE THEY USED FOR?

Many teens and young adults first use opioids when they are prescribed them by a dentist or oral surgeon, often for removal of molars. Other teens and young adults may be prescribed them for a sports injury.

### WHAT ARE COMMON PRESCRIPTION OPIOIDS?

Codeine: An ingredient in some prescription cough syrups and pain relievers (i.e. Tylenol with Codeine)

Fentanyl: Duragesic

Hydrocodone: Vicodin, Lortab or Lorcet

Hydromorphone: Dilaudid

Morphine: MSContin, MSIR, Avinza or Kadian

Oxycodone: Percocet, OxyContin or Percodan

Oxymorphone: Opana

Propoxyphene: Darvocet or Darvon

### WHY DO SOME TEENS AND YOUNG ADULTS ABUSE OPIOIDS?

For a variety of reasons — to party and get high, or to cope with academic, social or emotional stress.

### HOW DO THEY ABUSE THEM?

Sometimes people get high by crushing many pills into powder to snort, swallow or inject (after dissolving it in water). Heroin is an illegal opioid that can be injected, snorted or smoked.

### DEFINITIONS



**ADDICTION:** A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.

**DEPENDENCE:** A state in which a person functions normally only in the presence of a drug.

**TOLERANCE:** Occurs when a person no longer responds to the drug in the way he or she initially responded and more of the drug is needed to achieve its effects.

### WHERE DO THEY GET THE DRUGS?

The vast majority of teens and young adults abusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some hand out or sell their extra pills, or pills they've acquired or stolen from classmates. A very small minority of teens and young adults say they get their prescription drugs illicitly from doctors, pharmacists or over the internet. Some young people start abusing prescription opioids and then switch to heroin because it is cheaper.

## How Does Opioid Addiction Occur?

Opioid abuse can create brain changes that lead to addiction. This can happen when a person takes heroin to get high or takes more of a painkiller than has been prescribed by a doctor. Some teenagers and young adults are at greater risk of becoming addicted because of their genes, temperament or personal situation, such as having a mental health disorder or experiencing trauma in childhood. (See "4 Common Risk Factors Associated with Teen Drug Abuse" chart on page 8 for more on this.)

A person who is addicted develops an overpowering urge for the drug. This is called craving. The person also experiences a loss of control, making it more difficult to refuse the drug, even when use becomes harmful. Most people who are addicted to opioids cannot taper off (use less of the drug over time) without help.



"Tolerance and physical dependence can occur even when an individual is taking a drug under supervision for chronic pain problems."

— Dr. Herbert Kleber,  
New York State Psychiatric  
Institute and Columbia  
University

Two thirds of teens and young adults who use prescription pain relievers get them from friends and family, often for free when sharing medication or without their friends' or families' knowledge (i.e., from unsecured medicine cabinets).



2011 National Survey on Drug Use and Health

Addiction to opioids impacts the brain more severely than addiction to other substances. Habitual long-term use of opioids, including heroin and prescription painkillers, results in intense physical cravings for continued use of more opioids.

## Tolerance, Dependence and Withdrawal

Drugs of abuse overload the body with dopamine — in other words, they cause the reward system to send too many “feel-good” signals. In response, the body’s brain systems try to right the balance by letting fewer of the “feel-good” signals through. As time goes on, the body needs more of the drug to feel the same effects as before. This is known as tolerance.

People can also develop a dependence on opioids, which means they feel sick if there are no opioids in the body. This sickness, called withdrawal, can cause many unpleasant and painful symptoms.

## 4 COMMON RISK FACTORS ASSOCIATED WITH TEEN DRUG AND ALCOHOL ABUSE



Several decades of research shows that some teens are more at risk for developing a substance abuse problem than other teens. Understanding risk factors is very important when a child with more risk has already experimented with substances or has a problem. Knowing the risk factors will give you a clearer picture of why certain things might have happened and how to get the right kind of treatment.

**FAMILY HISTORY:** Family history of drug or alcohol problems, especially when it is the parent’s history, can place a child at increased risk for developing a problem.

**MENTAL OR BEHAVIORAL DISORDER:** If your child has a psychiatric condition like depression, anxiety or Attention Deficit Hyperactivity Disorder (ADHD), he or she is more at risk for developing a drug or alcohol problem.

**TRAUMA:** Children who have a history of traumatic events (such as witnessing or experiencing a car accident or natural disaster; being a victim of physical or sexual abuse) have been shown to be more at risk for substance use problems later in life.

**IMPULSE CONTROL PROBLEMS:** Children who frequently take risks or have difficulty controlling impulses are more at risk for substance use problems.

LEARN MORE ABOUT RISK FACTORS:

<http://www.drugfree.org/think-child-using/is-your-teen-at-risk-for-drug-use/>

[http://www.drugfree.org/wp-content/uploads/2014/03/partnership\\_components\\_tool\\_revised\\_031612.pdf](http://www.drugfree.org/wp-content/uploads/2014/03/partnership_components_tool_revised_031612.pdf)

Source: [6 Parenting Practices](#)

## GETTING HELP FOR AN OPIOID ADDICTION

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### Opioid Addiction: A Chronic Disease

“If people can think of this as a disease, it’s no different than having a child with severe ADHD – you get them on medication but at the same time you provide them with the tools to compensate for some of things they have issues with.” — Carol Allen, teacher, and mother of teen committed to recovery

Opioid addiction is a chronic disease, like ADHD, diabetes or asthma. It may last for life. While it may not be cured, it can be managed. As Carol says, helping a young person with addiction to opioids is much like helping a child with any chronic condition. They may need medical treatment, as well as tools for living with the condition.

When someone is diagnosed with a chronic disease such as diabetes or heart disease, a doctor may prescribe medication such as insulin or statins and often recommend lifestyle changes such as more exercise and a healthier diet. Treating opioid addiction also can involve a combination of medication, therapy and lifestyle changes.

The good news is that there are a variety of effective treatments for opioid addiction that will allow a person to return to a life that is healthy and addiction-free. This process is called recovery.



Carol Allen and her husband before their daughter's high-school graduation

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## Stopping Opioid Use

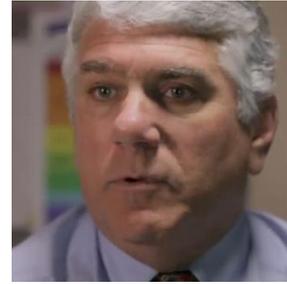
Most people are unable to stop taking drugs “cold turkey.” Substance abuse treatment providers and doctors can help young people stop using the drug they are addicted to, control their cravings and get them through withdrawal. While many people would like to recover from long-term opioid addiction without the help of medication, they often find they relapse — go back to using drugs — if they do not receive medication-assisted treatment.

Treatment also helps people deal with underlying issues related to their addiction, such as negative feelings about themselves or bad situations at home or school.

A specialist treating a teen or young adult for an opioid addiction will probably suggest a comprehensive approach. This means that in addition to tailoring medications to help address your child’s cravings during detoxification and withdrawal, the specialist will likely suggest therapy or counseling as well. A therapist or counselor will help address behavioral issues, support your child’s recovery and prevent relapse. Family therapy is especially effective for teens and young adults to address substance abuse and other issues.

In addition, if your child has been diagnosed with depression, anxiety, ADHD, bipolar disorder or another co-occurring disorder, your doctor may prescribe medicine to treat that condition as well.

Learn more about treatment for teens and young adults in [Partnership for Drug-Free Kids' Treatment eBook](#).



“Remission or recovery, which I use synonymously, are goals that can be met by many patients by a variety of different treatments.”

— Dr. Edwin A. Salsitz,  
Medical Director, Office-Based  
Opioid Therapy at Beth Israel  
Medical Center

## Medication-Assisted Treatment Can Help Reduce Cravings and Withdrawal

Medication-assisted treatment is often a good choice for young people battling opioid addiction. “My advice to parents and teens is to check out medication,” says Dr. Knight. “If it’s available to you, it could be life-saving. It could make the difference and help your child turn the corner and find sobriety.”

Medication-assisted treatment can help a person stop thinking constantly about the problem drug, and help reduce cravings and withdrawal. This allows the person to focus on returning to a healthy lifestyle.

“One way of understanding addiction to opioids is thinking of it as riding a chemical highway, driving a Porsche,” suggests Dr. Josh Hersh, Suboxone Certified Physician, Staff Psychiatrist at Miami University Student Counseling Service. “You’re driving erratically miles and miles down this chemical highway, and while you’re driving down the chemical highway you’re making a lot of changes to the brain,” he says. “Your brain, after you’ve traveled months or years down this chemical highway, is very different. Your brain is reliant on opioids and has...lots of changes that are involved in this disease of addiction.”

To recover, a person has to travel back the other way. Dr. Hersh compares medication-assisted treatment to driving a minivan. “You’re driving safely back, and that takes time. You’ve got to head back slowly and it could take months or even years to get back where you started.”



“Why waste time and risk your life if you can get on something (like Suboxone or Methadone) that’s safe and you can get back to functioning normally?”

— Elizabeth, in long-term recovery

## Cravings and Triggers

Craving is partly a response to powerful cues or triggers to use drugs, such as people, places or things linked to drug use. Seeing the drug itself, or anything that has to do with getting or using drugs can produce cravings in the part of the brain where the memory is implanted. That is why a person recovering from addiction should stay away from triggers under their control. Family members can play an important role in providing healthy alternative activities and encouraging growth of new friendships.

“Justin walked into his boss’s office and saw a painkiller script bottle on the desk as he bent over to work on her computer....he shared that he instantly began sweating profusely and had to run to the bathroom with diarrhea. It hit him immediately in a physical sense.”

— Lea Minalga, mother of Justin who is in recovery

Intense cravings may be related to long-term changes in the brain caused by addiction. Medication-assisted treatment can help prevent these cravings, which can be an extra support as all triggers can’t be avoided.

## Withdrawal Symptoms

As explained earlier, when people become dependent on opioids, they feel sick if there are no opioids in the body. This sickness, called withdrawal, can cause many unpleasant and painful symptoms.

- Yawning and other sleep problems
- Sweating more than normal
- Anxiety or nervousness



“I went through withdrawals that were sheer torture and lasted for a week. I coughed and sweated non-stop. Couldn’t eat. Couldn’t sleep. Any sleep I did get was filled with horrible nightmares. My whole body hurt...even the hairs on my head caused enormous pain. I spent most of those days lying curled in a fetal position, crying.”

— [Anonymous](https://www.drugfree.org/thehopeshare),  
drugfree.org/thehopeshare

- Muscle aches and pains
- Stomach pain, nausea or vomiting
- Diarrhea
- Weakness

Source: Medication-Assisted Treatment for Opioid Addiction (SAMHSA)

## Misunderstandings About Medication-Assisted Treatment

You may encounter some misunderstandings within the recovery community and elsewhere about using a medication as part of treatment. You may hear that medication-assisted treatment doesn't lead to recovery. Some people in treatment programs for addiction, or who are seeking help through a 12-step program, may be told that medication-assisted treatment is simply substituting one addictive drug for another. This is NOT true.

"The co-founders of AA [Alcoholics Anonymous] decided to take no position on medication at all," explains Dr. Knight. "And that is still the official position of all of the twelve-step fellowship programs."

As a parent, you are responsible for helping your child be healthy and safe, no matter what others think or say. You are your child's biggest advocate, so never let embarrassment stand in the way of getting your young adult the help he or she needs and deserves.



"Many addicts need medication to get well... Doctors who really know this stuff told me that anyone who tries to treat an opioid patient that does not use a medication like Suboxone or Methadone, as controversial as they are, is failing their patients because all the research backs up the fact that if somebody is on these medications the likelihood that they'll stay sober is so much higher. Not on its own, it has to be paired with treatment and therapy."

— David Sheff, author of "Clean: Overcoming Addiction and Ending America's Greatest Tragedy"

Taking medication for opioid addiction is like taking medication for any other chronic disease, such as diabetes or asthma. When it is used according to the doctor's instructions, the medication will not create a new addiction.

Patty, who is in long-term recovery says, "Methadone allowed me to acclimate back into society and become a productive member."

Many people, like Patty, who have successfully used medication-assisted treatment, say it has allowed them to get their lives back.

## Medication Options for Treating Opioid Dependence

The four most-common medications used to treat opioid addiction are:

- Buprenorphine with Naloxone
- Buprenorphine without Naloxone
- Naltrexone
- Methadone

"No matter which treatment a person begins with, it if does not work, it's important to try another treatment, instead of going through repetitive relapse cycles using the same treatment. All treatments work for some people, but no one treatment works for everyone."

— Dr. Edwin A. Salsitz,  
Medical Director, Office-Based  
Opioid Therapy at Beth Israel  
Medical Center

## MEDICATIONS FOR TREATING OPIOID DEPENDENCE (Taken as Prescribed)

	BUPRENORPHINE	NALTREXONE	METHADONE
<b>Common Brand Names</b>	Suboxone (Buprenorphine with Naloxone), Generic Buprenorphine, Generic Buprenorphine with Naloxone	ReVia, Vivitrol, Depade	Generic Methadone
<b>Effect</b>	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.	Treats addiction by blocking the effect of opioid drugs. Particularly helpful in preventing relapse.	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.
<b>Formulations</b>	Pill (generic buprenorphine or generic buprenorphine with naloxone) or Sublingual Film (Suboxone) — a film placed under the tongue and kept there until it's dissolved.	Pill, Depot Injectable (gradual release)	Pill, Liquid, Injectable
<b>Frequency</b>	Generally daily or twice a day	Pill — taken daily; Depot Injectable (gradual release) — administered every 30 days.	Taken daily
<b>Administration</b>	Buprenorphine can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.	Can be accessed in all treatment settings.	Can only be accessed and administered in a federally-licensed opioid treatment program (OTP).
<b>When to Begin</b>	Should be started when mild to moderate opioid withdrawal occurs. Taking it too soon can make withdrawal worse.	Cannot be taken until opioids are completely out of the body, usually 7-10 days after withdrawal begins. Taking it too soon can make withdrawal worse.	Should be started when mild opioid withdrawal is present. Initial dose should be low and carefully monitored to avoid sedation and/or overdose.

NOTE: Discuss the options with your child's doctor. Cost and insurance coverage can vary for different medication-assisted treatments.

## Where to Find Medication-Assisted Treatment for Your Child



Allison

“Eventually, enough was enough and I could no longer live the life I was living, so I went to a different rehabilitation facility. This facility actually cares about my health and well-being. They helped me get into counseling... I am also seeing a doctor who helps me get discounts on my prescription of Suboxone and on the

office visits...I am able to hold down a job now. I have a stable living environment and I now am in contact with my family. They are now surrounding me with support and love.”

— Allison, from her story on [medicineabuseproject.org](http://medicineabuseproject.org)

Finding the right facility for addiction treatment is crucial. As Allison explains, it is important to feel the facility is caring and looking out for your best interests. An essential first step is to consult with your doctor to find the right approach and medication for your teen or young adult.

The following directories can help you find medication-assisted treatment in your area. Simply enter your state and obtain a list of clinics and phone numbers:

### The Opioid Treatment Program Directory

Find opioid treatment programs in your state:

<http://dpt2.samhsa.gov/treatment/directory.aspx>

### Suboxone Doctor Locator

Find certified doctors near you who can prescribe a private, in-office treatment for addiction to opioid prescription painkillers or heroin:

[http://www.suboxone.com/patients/opioid\\_dependence/find\\_a\\_doctor.aspx](http://www.suboxone.com/patients/opioid_dependence/find_a_doctor.aspx)

## HOW MEDICATION-ASSISTED TREATMENT WORKS

### Assessment

To find out which medication-assisted treatment is best for your child, you'll need to make an appointment with a doctor for your teen or young adult. The doctor or other medical staff member will ask a series of comprehensive questions called an assessment.

The assessment will cover topics such as:

- Length of opioid use
- Use of other drugs and alcohol
- Previous treatment
- Other medications the patient is using
- Other health issues and treatment
- Mental health (ADHD, conduct disorder, oppositional defiant disorder, anxiety, depression)
- School issues
- Arrest record
- Special needs
- Goals for recovery
- Support network of family and friends
- Potential treatments
- Rules that must be followed to stay in treatment
- Overview of next steps

A physical exam will be done, which probably will include a drug test. The doctor or treatment provider will review treatment choices. Your teen or young adult



“As a parent, my initial reaction was anything I can do to keep my daughter alive is what I will do. From everything I read and everything I researched, it seemed as though Suboxone was key...So I knew at that point we needed a little support past just counseling and out-patient treatment. Suboxone for us seemed to be the best solution. We knew there was a huge sacrifice for the family putting her on it because it requires such constant supervision and monitoring. But it seemed to us the best possible solution to get her through the beginning stages of recovery.”

— Carol Allen, teacher and mother of young adult committed to recovery

will agree to a plan that includes goals of the treatment, which medication will be used, the treatment schedule, the counseling plan (including individual, group and family), other steps such as support group attendance, how success will be measured and plans for aftercare.

## How Treatment Begins

When medication-assisted treatment starts depends on which medication is used. Buprenorphine is started once a person has begun withdrawal. A person treated with methadone can safely take it at the beginning of recovery. A person treated with naltrexone cannot be started on the medication until opioids are completely out of the body. This generally occurs 7-10 days after the beginning of withdrawal. If a person takes buprenorphine or naltrexone too soon, it can worsen the symptoms of withdrawal.

Because buprenorphine and methadone can cause drowsiness at first, a person starting to take either medication should avoid driving or performing other high-risk tasks, to avoid accidents. If the drug continues to cause drowsiness, the dose levels may be adjusted.

After a young person starts treatment, medical staff members will check to make sure it is working, monitor side effects and ensure the medication is taken according to directions. Staff will meet with the person several hours after the first dose, and then regularly for the first week or two. It is very important to follow directions about taking the medication exactly as prescribed, because improper use can lead to overdose or death.



“On February 1, 2012, I went to my parents and told them I need help. They got me into a rehab in Jacksonville, Florida that night....When I got there I was already withdrawing they gave me some meds and that was the beginning of my new life... I was there for 45 days and they saved my life.... I’ve been clean since July 4, 2012. I’m currently on an opiate blocker shot called Vivitrol [Naltrexone]. That’s a life saver....It helps with the cravings....Since I’ve gotten clean I’ve got my own place and I’m currently in college.”

— Anonymous,  
[http://www.drugfree.org/  
 stories-of-hope/](http://www.drugfree.org/stories-of-hope/)



## GOALS IN MEDICATION-ASSISTED TREATMENT

### GOAL 1: Withdraw from the Problem Opioid.

- Stop taking the opioid drug.
- Work with the doctor to select a medication.
- Reflect on whether use of alcohol or other drugs is interfering with recovery.
- Receive medical treatment to improve overall health.
- Begin counseling to improve health, behavior and coping skills and address substance abuse issues.

### GOAL 2: Begin Recovery.

- Work with the doctor to adjust the medication and dose as needed.
- Replace unhealthy behaviors with healthy behaviors. For example, join a support group, find a new hobby or look for a job.
- Work to improve or repair relationships.
- Learn to recognize and avoid triggers (places or activities that cause drug cravings to come back).
- Learn how to avoid relapse.
- Learn to take medication at home (if permitted).
- Get random drug tests.

### GOAL 3: Stay in Recovery.

- Keep a normal routine. For example, work or go to school, go to support groups or counseling, build relationships and enjoy healthy activities.
- Schedule regular visits with the doctor to check dose levels and to get refills.
- Continue to avoid triggers and relapse.
- Get random drug tests.

### GOAL 4: Live Addiction Free.

- Keep strong habits of healthy behavior.
- Check in with the doctor or substance abuse treatment provider every 1 to 3 months.
- Continue to draw strength from family, friends and support groups.
- Continue counseling for substance abuse and other issues, as needed.

Source: "Medication-Assisted Treatment for Opioid Addiction" SAMHSA

A medication is considered a good match if the person feels normal, has few or no side effects, has controlled cravings and does not experience withdrawal. The doctor can adjust the dose of the medication or change to another treatment if it is not working as expected. Changing or adjusting medication may cause some symptoms similar to withdrawal.

## Length of Treatment

Medication-assisted treatment is safe to undergo for months, a year, several years or even for life. People who feel that they no longer need the medication and would like to stop taking it must consult a doctor. Buprenorphine and methadone must be stopped gradually to prevent withdrawal. Stopping naltrexone does not cause withdrawal.

For many teens who have not abused drugs for many years, medication-assisted treatment can be temporary.



Maia Szalavitz

“Young people should be aiming for abstinence at first but maintenance should not be ruled out or seen as failure and parents should not pressure kids who are doing well on maintenance to come off, simply because

they feel that ‘drug-free is better.’” — Maia Szalavitz, award-winning journalist and author

In many cases, after a certain amount of time, the doctor will try tapering off the medication. This is done



“I finally understood all my reasons for not staying clean in the past. It had nothing to do with me being weak or selfish. I’d had true brain trauma (as a result of my addiction). After going to classes and taking Suboxone, I had no withdrawal and no cravings which had doomed me many times before. I am now one year clean.”

— [Anonymous](http://medicineabuseproject.org/), <http://medicineabuseproject.org/>

gradually to avoid withdrawal symptoms. If the cravings start to come back, the doctor may maintain a low dose to prevent relapse. It is very important that tapering off is done under a doctor's supervision.

## Benefits of Counseling

Counseling is an integral component of medication-assisted treatment, and can be very helpful to teens and young adults. Counseling can be either individualized or in a group with others who are also in treatment. In group counseling, teens and young adults can benefit from being challenged and supported by others who are facing similar issues. These groups are a place to make new friends who are committed to not using drugs.

Counseling can provide:

- Information about the disease of addiction
- Insights into what led to one's addiction and the problems his/her addiction has caused
- Coping skills
- Encouragement and motivation to stick with treatment
- Strategies to prevent relapse
- New ways to handle stress
- Ways to make healthy decisions

## Family Therapy

Family therapy is an important element in treating drug abuse in teens and young adults. Family members can find out more about their child's addiction and



“Family therapy can be a critical component of a comprehensive treatment plan for teens and young adults struggling with an addiction to opioids. To achieve the best results from medication-assisted treatment, the prescribing physician and family therapist work closely together.”

— Gayle Dakof, PhD, Associate Research Professor, Center for Treatment Research on Adolescent Drug Abuse, University of Miami, Miller School of Medicine

treatment, how to offer their support and how to deal with the problems their loved one's addiction has caused.

By the time your child starts treatment, you and other family members will probably be feeling angry, resentful, emotionally exhausted, physically tired, distrustful and hurt by your child's behavior when he or she was abusing drugs or alcohol. This is understandable and it is important to address the damage that the family as a whole — and as individuals — has experienced as a result of the drug or alcohol abuse.

Therapists can help families:

- Talk about their feelings and experiences
- Repair relationships
- Create healthy communication strategies and patterns to help the addicted individual stay sober

Just as your child needs to get healthy and recover from drug or alcohol abuse, you and the family need help to recover from the pain of having a child who has the disease of addiction.

## Support

Family and friends of a person dealing with addiction can get help from support groups specifically designed for them, such as [Al-Anon](#), [Nar-Anon](#), [Families Anonymous](#), [Smart Recovery](#) or [Faces and Voices of Recovery](#).

Medication, counseling and support: together they can help your child.

“Dealing with your child's addiction is a stressful situation for both you and your spouse/partner/ex and you will need one another's support. Do not blame your partner for your teen's or young adult's drug or alcohol use, or allow him/her to blame you. Your teen's problem is no one's fault, but you and partner do need to work together to deal with it.”

— Dr. Jane Greer,  
Marriage and Family Therapist





Patti

“It is reassuring to talk to people that have similar problems in their life. I’ve also started going to a Nar-Anon meeting...it’s very helpful to share ideas with them and learn things that they went through and solutions they’ve found that have

helped them cope with their loved ones’ addictions.”

—Patti, mother of Mike, a young-adult committed to recovery

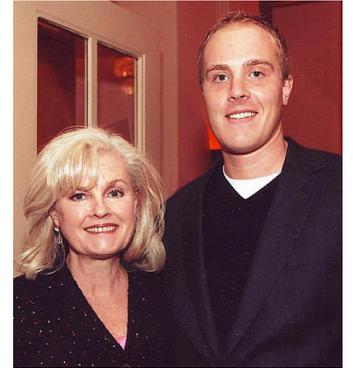
Visit Partnership for Drug-Free Kids for online support at <http://www.drugfree.org/get-help> for parents of a child struggling with a drug or alcohol problem, or call the Partnership's Parents Toll-Free Helpline 1-855-DRUGFREE.

## Preventing Relapse

To help prevent a relapse, work with your teen or young adult to anticipate high-risk situations (such as a party where alcohol will be served) and plan ways to avoid them or prepare to cope with them. You can learn strategies for preventing relapse and handling cravings in therapy and through 12-step groups.

Many people in treatment relapse once or more before they are able to remain drug-free. A person who experiences a relapse should not feel like a failure. People who relapse can continue with treatment and achieve a full recovery.

A person who experiences a relapse needs to get back into treatment, and the family needs to continue attending a support group, professional counseling or both. Experts have found that a relapse can serve as an important opportunity for the recovering person and other family members to identify what triggered the relapse in the first place — and find ways to avoid it in the future.



“Relapse is common because of craving or a powerful ‘hunger’ for drugs that can continue long after a person stops using them, as happened with Justin.”

— Lea Minalga, mother of Justin who is in recovery; parent coach, Partnership for Drug-Free Kids; and director, Hearts of Hope

## FAMILY: A CRITICAL COMPONENT OF RECOVERY

### Involving the Family

“Parents are so important to their teenage children,” says Dr. Knight. “Kids may push you away, but you are so important — they care what you think. Parents have tremendous power to motivate their children to enter and stay in treatment.”

Families have a key role to play in a teen or young adult’s addiction treatment. While caring for a loved one suffering from any disease is stressful, substance-abuse treatment is especially demanding and often occurs after a considerable period of stress in the family.

You should educate yourself as much as possible. Reading this e-book is a great first step. Learning about treatment can help you advocate for the needs of your family, and obtain the services you need. Close monitoring and collaboration with your teen or young adult’s treatment team will be critical.

### How Family Can Help

Family members can be very important to successful recovery. They can:

- Motivate a young person to enter and stay in treatment
- Provide transportation to treatment
- Offer a safe living space



“I was already so mad that I knew I was just going to have to be at home all the time, my mom was going to be right there nagging me, which is what I thought at the time. She was doing it because she cares and I’m glad that she’s there.”

— Jordan, young adult committed to recovery

- Help the person in recovery find a job and healthy activities
- Help the person in recovery avoid or overcome relapses

## Monitoring Your Child's Behavior

It is especially important to set rules and consequences for your teen and young adult when he or she is beginning treatment. Keep a close eye on your child and his or her friends, activities, communications and comings and goings. If you're not able to be around, try to have another adult you trust there to supervise. It's a lot of work — and it's ongoing — but it will be essential to your child's recovery.

Dr. Hersh tells families they need to abide by three rules for the young person starting treatment: no phone, no car and no money.

"I definitely had to change my network of friends," says Mike, a young adult committed to long term recovery. "My old friends were gone because they thought I was still part of their lifestyle and I wasn't. I did what had to be done, and I deleted most of their numbers and I deleted all my drug dealers' numbers because I didn't need them anymore."

## Supervising Your Child's Medication

If your child requires medication to help with his or her substance addiction, it is critical that he or she receives appropriate medical supervision and monitoring. Parents have a very important role to play in making sure medication is taken correctly, exactly as prescribed.



"When you're on a medication like Suboxone I feel it's essential for the patient to have a supportive person to help keep the medication safe and to assist them in taking it correctly."

— Dr. Josh Hersh, Suboxone Certified Physician, Staff Psychiatrist at Miami University Student Counseling Service

Dr. Hersh tells parents they need to be in possession of the medicine, and dispense it to the teen or young adult. Mike's mother Patti began by following his advice. "Every morning I would get up and give him his tablets and watch him take them, and made sure he was being where he should be. And at some point I started trusting him to do it, which probably wasn't a really good idea [because he relapsed], so we went back to every morning I dispensed his medication."

## Monitor, Secure, Dispose of the Medicine in Your Home

A key role for families is to ensure no prescription medications are easily accessible — this includes medication the person in treatment is taking as well as drugs prescribed for anyone else in the family.

Here are tips for safeguarding your prescription (Rx) and over-the-counter (OTC) medicine to help keep your child safe and prevent relapse:

### MONITOR YOUR MEDICINE

- Take note of how many pills are in each of your prescription bottles or pill packets.
- Keep track of your refills. This goes for your own medicine, as well as for your children and other members of

## WARNINGS ABOUT MEDICATIONS

Medications kept at home must be locked in a safe place. If young children take them by mistake, they can overdose or die. This is especially true for methadone, because it often comes as a colored liquid. Children can mistake it for a soft drink.

- Signs of methadone overdose:
  - » Difficulty breathing or slow, shallow breathing
  - » Extreme drowsiness
  - » Blurry vision
  - » Confusion
  - » Feeling faint, dizzy, or confused

A person on methadone who has these symptoms needs immediate medical attention.

- Although overdose is less likely with buprenorphine and unlikely with naltrexone, it is still important to take these medications exactly as the doctor prescribes to avoid problems.
- A person using buprenorphine, methadone or naltrexone should NOT use other opioid medications, illegal drugs, alcohol, sedatives, tranquilizers or other drugs that slow breathing. Combining large amount of any of these substances with the treatment medication can cause overdose or death.

Source: SAHMSA

the household. If you find you need to refill your medicine more often than expected that could indicate a problem.

- If your teen or young adult has been prescribed a medicine, be sure you control the medicine, and monitor dosages and refills. You need to be especially vigilant with [medicines that are known to be addictive and commonly abused by young people](#).
- Make sure your friends and relatives — especially grandparents — are also aware of the risks. Encourage them to regularly monitor their own medicines.

If there are other households your teen or young adult has access to, talk to those families as well about the importance of monitoring and safeguarding their medications.

## SECURE YOUR MEDICINE

- Take prescription medicines out of the medicine cabinet and secure them in a place only you know about.
- If possible, keep all medicines, both RX and OTC, in a safe place, such as a locked cabinet your teen or young adult cannot access.
- Tell relatives, especially grandparents, to lock their medicines or keep them in a safe place.
- Talk to the parents of your child's friends. Encourage them to secure their prescriptions as well.



To learn about medicines that are known to be addictive and commonly abused by young people, visit The Medicine Abuse Project at [medicineabuseproject.org](http://medicineabuseproject.org)

## DISPOSE OF YOUR MEDICINE

- Take an inventory of all of the medicine in your home. Start by discarding expired or unused Rx and OTC medicine when your children are not home.
- To help prevent teens and young adults from retrieving discarded prescription medicines from the trash, mix the medicine with an undesirable substance, such as used coffee grounds or kitty litter. Put the mixture into an empty can or bag and discard.
- Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.
- To help prevent unauthorized refills and protect your own and your family's privacy, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.

Learn more at the Partnership's Medicine Abuse Project website, [medicineabuseproject.org](http://medicineabuseproject.org).



"I would recommend medication-assisted treatment but would insist parents and patients search for a doctor with a program that includes counseling and treatment too — and that the patient be drug-tested often. Medication-assisted treatment is not for everyone but I do believe that with serious and life-threatening drugs like opioids, it can be life-saving, a port in the storm, a way to keep a young person sober long enough until their brain has matured and healed."

— Lea Minalga, mother of Justin who is in recovery; parent coach, Partnership for Drug-Free Kids; and Director, Hearts of Hope

## CONCLUSION: RECOVERY IS POSSIBLE.

### Your Child Can Get Better

Addiction is a chronic brain disorder that distorts a person's thinking, feelings and perceptions. It is characterized by compulsive drug seeking and use, despite harmful consequences. It is often devastating for the person addicted and everyone who loves him or her.

An addiction to opioids — including heroin and prescription painkillers — impacts the brain more severely than addiction to other substances.

The good news is that there are a variety of effective treatments available for teens and young adults to overcome an opioid addiction. One is medication-assisted treatment. The three key parts of medication-assisted treatment are medication, counseling and support from family and friends.

Recovery takes work. Some people think that after a 30-day treatment program their child will be fine — cleansed of cravings and ready to go back to school and/or work. After your child completes a treatment program, everything is NOT automatically fine again. He or she will need a system of support to prevent relapse to help him or her deal with cravings and the triggers that set off cravings.



“The one thing I’ve realized in this whole thing is that no medication is going to be the key. It’s going to be a combination of the right treatment by medication, the right counseling and the right social group to share experiences with.”

— Larry, father of young adult committed to long-term recovery

Recovery takes commitment every day. But recovery is possible.

With the right treatment, counseling and support, your child can recover and return to a life that is healthy and addiction-free.

Partnership for Drug-Free Kids is committed to helping parents and caregivers find appropriate help for their teen and young adult children struggling with abuse of or addiction to opiates. This eBook is intended to provide parents and caregivers with clear, accurate and accessible information relating to medication-assisted treatment.



For more information, please visit

[www.drugfree.org](http://www.drugfree.org)

or call the Parents Toll-Free Helpline:

1-855-DRUGFREE.

Medication, counseling and support:  
together they can help your child.



“I held my newborn son in my arms and looked into his eyes and I knew. I was here to give my son the life I never had. I was here to be a father to my son. I left the hospital that day and got enrolled into the Suboxone program to help me get back on my feet and become a person again.”

— *Anonymous*, <http://www.drugfree.org/stories-of-hope/>

## GLOSSARY

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### 12 Step

A program designed to assist in the recovery from addiction or compulsive behavior, especially a spiritually-oriented program based on the principles of acknowledging one's personal insufficiency and accepting help from a higher power. Named for the 12 guiding concepts of the Alcoholics Anonymous (AA) program for curbing alcohol addiction.

### Aftercare

The system of support for a person once intensive treatment is over. Support includes programs and activities to prevent relapse by helping the person in recovery deal with cravings and the triggers that set off cravings.

### Addiction

A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

### Chronic Disease

A medical condition for life. It cannot be cured, but it can be managed. Examples are heart disease, diabetes and opioid addiction.

### Counseling

An interactive helping process focusing on the needs, problems and feelings of the patient to enhance or support coping, problem solving and interpersonal relationships.

### Craving

A powerful, often uncontrollable desire for drugs or alcohol.

### Dependence

Dependence develops when the neurons adapt to repeated drug exposure and only function normally in the presence of the drug.

### Detoxification (or Detox)

A process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal; often the first step in a drug treatment program.

### Dopamine

A brain chemical, classified as a neurotransmitter, found in regions of the brain that regulate movement, emotion, motivation and pleasure.

### Medication-Assisted Treatment

The use of medication to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention. The medications used with teens or young adults with an opioid dependence are buprenorphine with and without naloxone, methadone and naltrexone.

### Neurotransmitter

Chemical compound that acts as a messenger to carry signals or stimuli from one nerve cell to another.

### Opioids

Opioids are drugs that affect the brain to reduce the intensity of pain signals. They slow down the actions of the body, such as breathing and heartbeat and cause a person to feel increased pleasure. The word “opioid” comes from opium, a drug made from the poppy plant. Opioids refer both to certain prescription painkillers — like Codeine, OxyContin, Percocet and Vicodin — as well as the street drug heroin.

### Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

### Relapse

A person who has not been using any drugs or alcohol, and is committed to continuing this pattern, returns to using alcohol or other drugs again. Relapses are often very upsetting to both the drinker/drug user and to the family.

### Support Groups

A group of individuals with a common problem, usually meeting to express feelings, vent frustrations, provide emotional support and explore effective coping strategies.

### Taper Off

Take less and less of a medication over time.

### Tolerance

Occurs when a person no longer responds to the drug in the way he or she initially responded and more of the drug is needed to achieve its effects.

### Withdrawal

The sickness one feels when there are no drugs in the body. Symptoms can include sleep problems, sweating more than normal, anxiety or nervousness, muscle aches and pains, stomach pain, nausea or vomiting, diarrhea and weakness.

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Some material appearing in this e-book was informed by SAMHSA's Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends. Available in English and Spanish:

English: <http://store.samhsa.gov/shin/content//SMA09-4443/SMA09-4443.pdf>

Spanish: <http://store.samhsa.gov/shin/content//SMA10-4443SPANISH/SMA10-4443SPANISH.pdf>

## ADDITIONAL RESOURCES

### The Facts About Buprenorphine

English: <http://store.samhsa.gov/shin/content//SMA09-4442/SMA09-4442.pdf>

Spanish: <http://store.samhsa.gov/shin/content//SMA10-4442SPANISH/SMA10-4442SPANISH.pdf>

### Follow Directions, How to Use Methadone Safely

[dpt.samhsa.gov/methadonesafety/downloads/follow\\_directions\\_methadone\\_brochure.pdf](http://dpt.samhsa.gov/methadonesafety/downloads/follow_directions_methadone_brochure.pdf)

### The Facts About Naltrexone

English: <http://store.samhsa.gov/shin/content//SMA12-4444/SMA12-4444.pdf>

Spanish: <http://store.samhsa.gov/shin/content//SMA10-4444SPANISH/SMA10-4444SPANISH.pdf>

### Information about Suboxone

[suboxone.com](http://suboxone.com)

Guide to Commonly-Abused Drugs <http://www.drugfree.org/drug-guide/>

## Directories

### The Opioid Treatment Program Directory

Find opioid treatment programs in your state <http://dpt2.samhsa.gov/treatment/directory.aspx>

### Suboxone Doctor Locator

Find certified doctors near you who can prescribe a private, in-office treatment for addiction to opioid prescription painkillers or heroin. [http://www.suboxone.com/patients/opioid\\_dependence/find\\_a\\_doctor.aspx](http://www.suboxone.com/patients/opioid_dependence/find_a_doctor.aspx)

PARENTS  
TOLL-FREE  
HELPLINE



1-855-DRUGFREE  
(1-855-378-4373)

Speak to a Parent  
Specialist today.

We're here to help you.  
Call us Monday to Friday,  
10:00 am – 6:00 pm ET

## PARENTS HELPING PARENTS



Watch videos of experts, parents and teens talking about medication- assisted treatment: <http://www.drugfree.org/videos/>



For online support for parents of a child struggling with drugs and alcohol visit: <http://www.drugfree.org/get-help>



Visit The Partnership at Drugfree.org's blog: <http://new.drugfree.org/community/>



Your story can change someone else's.  
Visit: <http://www.drugfree.org/stories-of-hope/>

### NOTE OF APPRECIATION:

This eBook was informed by discussions with Dr. Herbert Kleber and Dr. Stephen Donovan, of the New York State Psychiatric Institute at Columbia University. We greatly appreciate their generosity in sharing their time and expertise to inform parents and caregivers about important considerations regarding medication-assisted therapy for their teens and young adults.

Special thanks to Substance Abuse and Mental Health Services Administration (SAMHSA)

This eBook was made possible through an unrestricted grant from



