

MYTHS FOR OPIOID USE DISORDER

...AND
FINALLY
ASKED
FOR HELP!

-MAT PARTICIPANT

"SUBOXONE HAS STOPPED MY CRAVINGS AND PREOCCUPATION WITH GETTING HIGH."

"TAKING SUBOXONE [A MEDICATION USED IN MAT] HELPED ME TO STAY SOBER LONG ENOUGH TO CONCENTRATE ON HEALING MY TRAUMA WITH A CLEAR HEAD."

"MEDICATION-ASSISTED TREATMENT IS A BIG PART OF MY RECOVERY."

For information about opioid use disorder treatment options, talk to your primary care provider or contact:

VOICES OF SUCCESS FROM MAT PARTICIPANTS

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"EVEN THOUGH SOME DAYS ARE STILL HARD, I KNOW THAT I CAN MAKE IT THROUGH THE TOUGH TIMES. I NOW HAVE A GOOD JOB, A HOUSE, AND MY FAMILY!"

DISPELLING ABOUT MEDICATION ASSISTED TREATMENT

"I'VE BEEN SOBER SINCE THAT DAY FIVE YEARS AGO WHEN I WALKED INTO MY DOCTOR'S OFFICE..."



California Consortium
for Urban Indian Health

[Tribal
MAT]

A unified response to
the opioid crisis in
California Indian Country



MYTH #1:
Addiction is not treatable,
why invest in people who
don't want to change?

MYTH #2:
Medication-Assisted
Treatment (MAT) substitutes
one addictive drug for
another.

MYTH #3:
Once you start these
medications, you can't stop.

MYTH #4:
MAT is a short term solution
to opioid addiction.

FACT: #1

This is **NOT true**. Opioid Use Disorder (OUD) is a treatable chronic disease. Physical, behavioral, and emotional support can help a person to heal.

Chronic disease recovery requires difficult behavioral changes and relapse is a part of the illness. Data show, however, that outcomes for addiction treatment are as good as the treatment for other chronic conditions, such as diabetes and COPD.

Medication Assisted Treatment (MAT) is the use of medications (buprenorphine, methadone, or naltrexone) in combination with behavioral health therapies. MAT has been proven to help a person recover from OUD.

FACT: #2

This is **NOT true**. Taking medication for OUD is like taking medication for any other chronic disease, such as diabetes or asthma. MAT has been proven to cut overdose rates in half while decreasing illicit drug use, HIV, and Hepatitis-C transmission.

People who utilize MAT are also significantly more likely to stay longer in treatment compared to individuals participating in abstinence only programs.

FACT: #3

This is **NOT true**. The American Society of Addiction Medicine recommends maintaining MAT for at least 1-2 years. After this time, voluntary, slow tapers can be done. People early in the disease can successfully taper, however, if cravings come back, it is a sign the taper is too soon or the patient is not ready. People with long-term opioid use have permanent brain chemistry changes that may require more long-term or lifelong MAT.

Lifelong treatment is acceptable for other chronic diseases (like diabetes, HIV, or high blood pressure). OUD is a chronic relapsing disease, some people may too need lifelong treatment.

FACT: #4

This is **NOT true**. People participate in MAT programs to help them achieve long-term recovery from OUD. They can also participate in long-term counseling and cultural activities to address past experiences, intergenerational trauma, and other factors which increase the risk for OUD.

FACT: #5

This is **NOT true**. There are many paths to recovery. Some of these may involve abstinence only approaches, but others include the use of medications to help a person along the way.

MAT programs provide a safe and effective way to recover from OUD. By giving control back to the person in recovery, these medications also help a person to improve the quality of their life.

FACT: #6

This is **NOT true**. MAT medications like buprenorphine do not produce a euphoric high. Instead, they lessen withdrawal symptoms and cravings. This makes it possible for people in MAT programs to go to school and work, as well as to participate in other cultural and social activities to heal from OUD.

FACT: #7

This is **NOT true**. The medications used in to treat OUD help people tolerate opioid withdrawal symptoms, reduce cravings, and decrease the chances of an opioid overdose. Studies show, as access to MAT increases in a community, the number of deaths due to opioid overdose decreases.

FACT: #8

This is **NOT true**. MAT often includes a combination of medication to treat the physical aspects, and counseling for the mental and spiritual aspects of healing. Together, these methods help people walk the road to recovery. When behavioral and mental health resources are not available, however, as seen in some rural, underserved communities, the use of medications alone to treat OUD has equally successful outcomes.

FACT: #9

This is **NOT true**. Naloxone distribution is a cost-effective strategy to reduce opioid overdose deaths and hospitalizations. Communities with increased access to naloxone and opioid overdose prevention education have seen greater reductions in opioid-related overdose mortality, compared to those without. No data show an increase in drug use when naloxone is available.

MYTH #5:
MAT is a medication-only
approach.

MYTH #6:
A person gets just as high
on MAT medications as when
they take other opioids.

MYTH #7:
MAT medications increase
someone's risk of overdose.

MYTH #8:
MAT is not recovery.

MYTH #9:
Naloxone (NARCAN) just
encourages risky drug use.