Medication Options for Opioid Use

Support, not judgment.
Options, not pressure.

If you're thinking about cutting back, quitting, or just learning more, there are medications that can help reduce opioid cravings, ease withdrawal, and lower overdose risk.

WHAT IS MOUD?

Medications for Opioid Use Disorder (MOUD) refers to medications that help people reduce or stop using non-prescribed opioids safely.

These medications are proven to be safe and effective in helping people reach their goals!

Most Common MOUD Options

Buprenorphine (aka Bupe)

What: Buprenorphine is an FDA-approved medication. It's a partial opioid agonist, meaning it activates opioid receptors in the brain, but not as strongly as full opioids (like heroin or fentanyl). It helps with cravings and withdrawal. It is usually taken as a film or tablet that dissolves under your tongue. There is also a long-acting injectable form.

Co-prescribing of overdose reversal agents such as naloxone is also recommended.

Key Points

- Prescribed by doctors or clinic
- Need to be in light withdrawal before starting
- Daily clinic visits often not required
- Lowers overdose risk
- Flexible, take it at home
- Those who are pregnant or breastfeeding can safely take buprenorphine.

Methadone

What: Methadone is an FDA-approved medication used to treat opioid use disorder. It is a long-acting full opioid agonist meaning, it attaches to and activates the opioid receptors in the brain. When taken daily as prescribed, it helps reduce cravings and withdrawal, and it blocks the effects of other opioids. It comes in liquid or tablet form.

Key Points

- Taken at a clinic with provider support
- People can take additional methadone doses home to reduce the number of clinic visits.
- Need to be in light withdrawal before starting
- Those who are pregnant or breastfeeding can safely take methadone.

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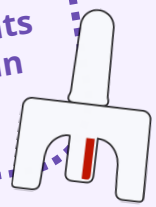
Naltrexone

What: Naltrexone is an FDA-approved non-opioid medication used to treat opioid use disorder (OUD) and alcohol use disorder (AUD). It binds and blocks opioid receptors and reduces and suppresses opioid cravings. It is available in a daily pill form for AUD or as a monthly injection for AUD and OUD.

After stopping naltrexone, even small amounts of opioids can lead to overdose.



Key Points:

- Before starting naltrexone and to avoid severe withdrawal, wait:
  - 7 days after short-acting opioids
  - 10–14 days after long-acting opioids
- Administered by any practitioner licensed to prescribe medications.
- Not typically recommended during pregnancy.

Common Questions

Do I have to be ready to quit completely?

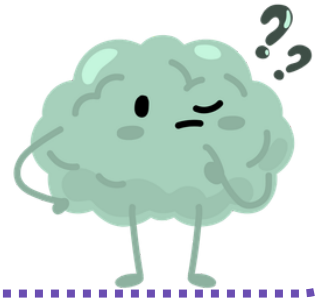
- Not with buprenorphine or methadone. These meds can help you feel better and safer, no matter where you're at in your journey.

Can I use these meds and still come to the SSP?

- Absolutely. You're always welcome here, no matter your path.

Can I talk to someone about this?

- Yes! Ask a staff member—we're here to support, not judge.



No Wrong Door. Your Choice Matters.

You can get support even if you're not ready to start treatment.

We're here when you're ready.

There's no one right way, just the way that works for you.

SAMHSA's Find A Treatment Provider

Learn More About Treatment Options

Tennessee's Treatment & Recovery Resources