

Common Misconceptions

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In short, medication can make recovery possible for people for whom recovery was previously almost impossible.

That's what we'll tell you if you come to us and say,

"Doc, I don't want to use drugs to get off drugs."

We'll never make you do anything. If you don't want to use medication, we honor your choice and respect your wishes. We won't (we can't) make you take it. We will, however, offer you the evidence we presented above, and give you the treatment you'll accept when you're ready to accept it.

A common misconception about methadone and buprenorphine (Suboxone®) is that it is harder to stop using than heroin. As you walk your path of recovery, if a time comes when you feel ready to gradually reduce the amount of medication you are taking, your counselor and our medical professionals will work with you to put a plan in place that makes the taper safe and comfortable to avoid withdrawal and minimize the potential for relapse.



About Aegis Treatment Centers

Aegis was acquired by Pinnacle Treatment Centers in 2020.

All Aegis opioid addiction treatment locations provide medication-assisted treatment (MAT), which involves the prescription of a longer-acting opioid, such as methadone or buprenorphine, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

Founded in 1998, Aegis Treatment Centers provides treatment for substance use disorder through its 38+ Opioid Treatment Program (OTP) and Med Unit locations throughout California. With more than 20 years of expertise in treating opiate addiction, Aegis has shaped its model of delivering care by combining medication-assisted treatment with:

- Caseload Management, Coordination of Medical Care and Crisis Intervention
- Individual, Family and Group Counseling
- Keys To Recovery (K2R) Support Group
- Social Work Services
- Educational Programs
- Discharge Planning and Aftercare Services

WHERE THERE IS TREATMENT,
THERE IS HOPE.

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Medication-Assisted Treatment (MAT)



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Overview BF-0522-MAT-CA

What is MAT?

Medication mitigates the cravings and physical symptoms of opioid withdrawal – that's the first step. Our programs provide maintenance and medically supervised withdrawal that allow you to begin your recovery journey. The long-term goal for treatment is abstinence from illicit drugs, but don't be intimidated by that word: using medication to treat opioid addiction is an important step along the way.

Medications such as methadone, buprenorphine (Suboxone®), and naltrexone (Vivitrol®) can make the difference. The course of treatment you choose depends on your experience and your current goals for treatment. We respect any choice you make, and we'll listen, learn, and collaborate with you to create the best possible plan for you.

10 Facts about Medication-Assisted Treatment (MAT)

1. Is a scientifically proven effective treatment for substance use disorders.
2. Is most often offered in conjunction with counseling and behavioral therapy.
3. Is especially effective for people with opioid use disorders.
4. Increases time in treatment.
5. Decreases illicit opioid use in people with opioid use disorders.
6. Decreases criminal behavior in individuals with substance use disorders.
7. Increases ability to seek, gain, and maintain employment.
8. Can reduce the need for detox services for people struggling with heroin use.
9. Is highly regulated at the local, state, and federal levels.
10. Improves patient survival by reducing overdose risk.

Common Misconceptions

Medication-assisted treatment for substance use disorders carries an abundance of unwarranted negative baggage. What's surprising is that people struggling with substance use disorders encounter the most strident resistance to this type of treatment from other individuals in recovery who advocate a type of abstinence that prohibits the use of medication in recovery. It's unfortunate, because this point of view is based on misinformation and a lack of understanding about what medication-assisted treatment really is.

We want to make something perfectly clear right away:

Using the best available medication to treat a substance use disorder is not – we repeat – NOT the same thing as using drugs to get high.

If we could broadcast this message to every person impacted by opioid addiction and overcome these dangerous misconceptions, we would. The stigma against medication-assisted treatment is a barrier that we're committed to removing.

Members of our clinical staff say that one of the most important things about MAT – in addition to saving lives and mitigating the extremely uncomfortable symptoms of withdraw – is that it gets people feeling well enough to engage in therapy.

That's a big deal.

When you use drugs – particularly opioids – for an extended period of time, your brain undergoes drastic changes. When you remove drugs from your system, your brain overreacts. It floods the body with stress hormones. You feel sick. You become agitated, unhappy, and it's difficult to carry out the most basic activities in life. Medication can normalize the brain functioning and reduce levels of circulating stress hormones thereby enabling you to participate in regular daily activities. You can go to work, take care of your kids, and be an active spouse or partner – and you can start participating in recovery activities.

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Methadone

Methadone, a synthetic opioid, is the medication for opioid addiction that we have the longest experience with. The opioid dependent patient takes a daily dose of methadone as a liquid or pill.

The initial goal of methadone treatment is to ease withdrawal symptoms that occur when you stop taking opiates. The discomfort of withdrawal is one of the primary reasons people struggling with opioid addiction stay addicted: they can't make it through withdrawal.

Methadone helps you through the worst parts of withdrawal so you can begin the real journey: recovery.

Methadone does not cure addiction.

Methadone is one part of a successful individual treatment plan. Total recovery and sustainable abstinence from opioids require physical health, mental health, positive coping skills, and the ability to restore and/or develop healthy relationships.

Your individualized treatment plan for opioid addiction addresses the whole you: mind, body, and spirit.

Methadone helps to normalize the part of the brain damaged by addiction to opioids to improve participation in recovery activities like group and individual counseling and development of a network of support.

Buprenorphine (Suboxone®)

Like methadone, buprenorphine (Suboxone®) works to reduce the strong cravings of addiction and reduce the discomfort of withdrawal symptoms. Unlike methadone, however, buprenorphine (Suboxone®) can be prescribed in a doctor's office rather than in a clinic. Buprenorphine (Suboxone®) occupies the same parts of the brain that drugs of addiction occupy.

Can buprenorphine (Suboxone®) be abused to get high?

Like many other medications, when taken improperly buprenorphine (Suboxone®) can be abused. When prescribed, administered and taken appropriately, there should be no euphoric effects. When a patient is being inducted on buprenorphine (Suboxone®), the prescribing doctor is working toward establishing a stable, therapeutic dose, which may cause some drowsiness which can be interpreted as an opiate high. Detoxification from other drugs during the buprenorphine (Suboxone®) induction may also cause drowsiness. In a residential or inpatient treatment setting, the structured environment (set times to go to bed and wake up, daily schedule of emotionally charged therapeutic activities, etc.) may also influence patients' energy levels.

What happens when patients want to stop taking buprenorphine (Suboxone®)?

When and if the time comes to titrate from buprenorphine (Suboxone®), our doctors facilitate this process in a slow, deliberate way that ensures patient safety and comfort while keeping with medical protocol.

Source: National Institutes of Health (NIH), The Substance Abuse and Mental Health Services Administration (SAMHSA)