

Opioid Use Disorder

Opioid use disorder is often associated with the commission of drug-related crimes (e.g., possession or distribution of drugs, forgery, burglary, robbery, larceny, receiving stolen goods; APA, 2013). Interpersonal difficulties, relationship difficulties, and unemployment are also often associated with opioid use disorder at all socioeconomic levels (APA, 2013). These factors are often important when assessing the appropriate level of care for treatment of the client. For example, a client who is engaging in intravenous heroin use, has had legal uses, and does not have a strong support system will likely need an intensive level of care (e.g., intensive outpatient, inpatient treatment).

Biological testing is also an important assessment component as it helps the counselor determine the appropriate level-of-care for client treatment. For example, clients who are using intravenous heroin may need a higher level of care (e.g., inpatient) and may require medical detoxification and/or medication-assisted treatments (e.g., buprenorphine, methadone) compared to those who are intermittently using intranasal heroin.



Methadone is used as a replacement therapy for clients with severe opioid use disorders. Methadone works by binding to the opioid receptor, thereby decreasing an individual's withdrawal symptoms associated with heroin and preventing cravings associated with use (O'Neill, 2014). Methadone typically suppresses opioid withdrawal and drug craving for 24 to 36 hours in most people with opioid use disorders (Center for Substance Abuse Treatment, 2005).

Buprenorphine works similar to methadone; however, it does not fully bind to the opioid receptor. Buprenorphine can be prescribed on an outpatient basis and does not require daily dosing. Naltrexone, an opiate antagonist, blocks and reverses the physical effects of opioids (i.e., one cannot get "high" on an opioid while on naltrexone; O'Neill, 2014). Naltrexone can be helpful in conjunction with outpatient counseling treatments.

Medication Assisted Treatment Resources:

Centers for Disease Control (CDC) overview of methadone maintenance treatment: <http://www.cdc.gov/idu/facts/MethadoneFin.pdf>

Information regarding accreditation of methadone maintenance programs: <http://dpt.samhsa.gov/pdf/001218accred.pdf>

SAMHSA Methadone and Pregnancy handout:
<http://store.samhsa.gov/shin/content//SMA14-4124/SMA14-4124.pdf>

SAMHSA overview of buprenorphine treatment:
<http://buprenorphine.samhsa.gov/about.html>

SAMHSA treatment with buprenorphine handout:
<http://store.samhsa.gov/shin/content//SMA14-4442/SMA14-4442.pdf>

SAMHSA handout for opioid use treatment with naltrexone:
<https://store.samhsa.gov/shin/content/SMA12-4444/SMA12-4444.pdf>

SAMHSA Hepatitis and Medication Assisted Treatment information:
<http://www.dpt.samhsa.gov/comor/hepatitis.aspx>

SAMHSA handout for Hepatitis:
<http://store.samhsa.gov/product/Take-Action-Against-Hepatitis-C/SMA14-4853>

Resource for overdose prevention:
Substance Abuse and Mental Health Services Administration's (SAMHSA) Opioid Overdose Toolkit:
http://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf

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