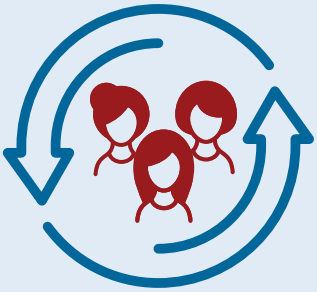

Addiction as a chronic medical disease

Key takeaways

- Addiction is a manageable disease. Like other diseases, there are ups and downs. Women with OUD need support over time.[5,6]
- Most addictive substances change the brain. When these changes occur, a person might have intense cravings for the substance and will continue to use it despite negative consequences.[4]
- Opioid use is different from other types of substance use. It can lead to physical dependence faster.[7]
- The words people use to talk about addiction can help address misconceptions about the disease.[8,9]

There's more information in the toolkit!

Evidence-based treatments for opioid use disorder

Additional resources

Misconceptions about addiction, especially among providers, can prevent women with opioid use disorder (OUD) from engaging in treatment. This tool describes how addiction is a manageable chronic medical disease and corrects myths providers may have heard.

What is addiction?

Addiction is a treatable, chronic medical disease involving complex interactions among a person's brain system, genetics, environment, and life experiences. People with addiction use substances despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases."[1]

⊗ *Myth: Addiction is caused by a woman's choice to use substances, which means it is not a disease.*

✓ Fact: Addiction is defined as a disease by medical associations including the American Medical Association. "Like diabetes and cancer, addiction is caused by behavioral, environmental, and genetic factors"[2,3]

⊗ *Myth: Substance use does not change the brain.*

✓ Fact: In addition to physical changes, most addictive substances cause the brain to release high levels of certain chemicals that are associated with pleasure. "Continued release of these chemicals causes changes in the brain system involved in reward, motivation, and memory."[4] When these changes occur, a person might need the substance to feel normal. The person might also "experience intense cravings for the substance and will continue to use it despite…[negative] consequences."[4] Addiction can cause a person to prioritize drug use over their own or other's well-being.[4]

Myth: Opioid use is the same as other types of substance use.

Fact: Opioids can lead to physical dependence faster than other types of substances, and women become dependent faster than men.[10] Physical dependence can occur in as little as 4-8 weeks. In addition, overdose and death are more likely consequences of first-time opioid use compared to many other substances.[7]

Myth: Addiction is not manageable.

Fact: All forms of addiction can be managed, usually with long-term treatment and monitoring and support for recovery.[5] The consequences of unmanaged addiction include physical and mental health disorders; problems in relationships with others; and difficulty managing work, school, or home.[11] "If left untreated over time, addiction becomes more severe, disabling, and life-threatening."[4]

Myth: The words people use to talk about addiction do not matter.

Fact: The words people use to talk about addiction can result in misunderstandings and stigma about the disease and the provision of worse care. It is important to use person-first, non-judgmental, and medically accurate language about addiction to address mistaken beliefs. Below are tips on how to talk about OUD.

Words to avoid	Words to use	Why?
Opioid misuse or abuse	Opioid use, "experience with opioids"	Medically accurate and non-judgmental language emphasizes that OUD is a medical disease, not misconduct by the woman.
Non-compliant	Not engaged with health care plan	
Relapsed	Had a setback, recurrence of use	
Addict, junkie, drug seeker	Woman with OUD	Person-first language does not define a woman by her medical disease.
Former addict	Woman in recovery	
Opioid replacement	Medications for Opioid Use Disorder (MOUD)	Medically accurate language emphasizes that medication is a critical part of treatment rather than implying that illegal opioid use is replaced with legal opioid use.
Medication is a crutch	Medication is a treatment tool	
Being "clean"	In recovery	Non-judgmental language does not imply that a woman using opioids is dirty.
"Dirty" drug screen	Positive drug screen	

Sources: Government of Canada. "Changing How We Talk about Substance Use." 2019. Available at https://www.canada.ca/en/health-canada/ services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html.; and National Council for Behavioral Health. "Language Matters." n.d. Available at https://www.thenationalcouncil.org/surgeon-general-toolkit/language-matters/.

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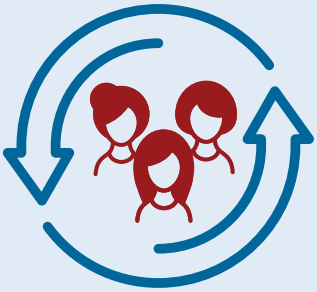

Evidence-based treatment options for opioid use disorder

Key takeaways

- Three medications have approval from the FDA to treat OUD: buprenorphine, methadone, and naltrexone. Providers can receive training to administer medication treatment to women with OUD.[7]
- A woman and her providers should work together to determine which of the three medications will work best for her.[1]
- When delivered with one of the three medications, counseling and social support is an evidence-based treatment for OUD.[2]
- People are starting to say "medication treatment" instead of "medication- assisted treatment" because it emphasizes that medication is critical to treatment.[6]
- Evidence suggests methadone and buprenorphrine maintenance treatments are superior to withdrawal management alone.[8]

There's more information in the toolkit!

Addiction as a chronic medical disease

Opioid use disorder (OUD) is a treatable disease. If a woman with OUD and her providers understand available treatment options, she is more likely to engage with the treatment option that best meets her needs.[1] This tool offers some facts providers need to know about evidence-based treatment options for OUD. This includes issues to consider when developing a woman's health care plan.

Myth: Medication is not an evidence-based treatment for OUD.

Fact: Three medications, approved by the Food and Drug Administration (FDA), can treat OUD:

- Buprenorphine
- Methadone
- Naltrexone

Research shows that medication treatment can help a person eliminate or reduce their non-medical or illicit opioid use. Medication treatment can restore balance to the brain systems affected by addiction, relieve physical cravings for the substance, and return body functions to normal.[2,3,4,5] "Medication used in treatment does not get a person high."[2]

Myth: Counseling and social support, delivered alone, is an evidence-based treatment for OUD.

Fact: Research shows that combining one of three medications (buprenorphine, naltrexone, or methadone) and counseling and social support can treat OUD. This combination works because medication can address the physical and psychological aspects of OUD, and counseling and social support can encourage a woman with OUD to change and identify coping strategies to prevent setbacks.[2,6]

Myth: Withdrawal management alone is an evidence-based treatment for OUD.

Fact: Withdrawal management, sometimes referred to as detoxification, on its own is not a recommended method to treat OUD. In fact, a woman is at greater risk of overdose if she stops her use of opioids and later starts again. This is because her tolerance level is lower than before. A woman with OUD and her providers might, however, consider including withdrawal management as part of her comprehensive health care plan. Lofexidine is an FDA-approved medication used for withdrawal management. Clonidine is also used for withdrawal management, but it is not approved by the FDA.[8,9]

Myth: Naloxone will prevent a woman with OUD from engaging in treatment.

Fact: The FDA-approved medication naloxone reverses opioid overdoses. Some people might believe that having access to a medication that reverses overdoses discourages people with OUD from getting treatment because it makes opioids easier to use. But there is no evidence showing that naloxone prevents anyone with OUD from getting treatment.[10,11]

Factors to consider when developing a health care plan:

A woman with OUD and her providers should work together to develop her health care plan. This includes deciding which of the three OUD treatment medications (buprenorphine, naltrexone, or methadone) best meets her needs. Here are a few factors to consider when choosing:

Factor to consider	Buprenorphine	Methadone	Naltrexone
Pregnant or breastfeeding*	Recommended by clinical guidelines	Recommended by clinical guidelines	May be used with caution
Co-occurring physical and mental health conditions	May be used with caution by women who have, for example, alcohol use disorder	May be used with caution by women who have, for example, decompensated liver disease	May be used with caution by women who have, for example, psychiatric disorders
Availability	Prescribed or dispensed in various settings by trained and qualified health care providers	Dispensed through opioid treatment programs	Prescribed in any setting by a health care provider licensed to prescribe medications

Sources: Input gathered from an expert workgroup; Center for Disease Control. "Module 5: Assessing and Addressing Opioid Use Disorder." n.d. Available at https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html. Accessed April 6, 2020.; and The American College of Obstetricians and Gynecologists. "Opioid Use Disorder and Pregnancy." 2020. Available at https://www.acog.org/patient-resources/faqs/pregnancy/opioid-use-disorder-and-pregnancy.

** Pregnant or breastfeeding women with OUD may be hesitant to take medication as part of their addiction treatment because they are afraid it will hurt their baby. Research, to date, does not show that buprenorphine or methadone cause birth defects. Babies born to women taking methadone or buprenorphrine can have temporary withdrawal symptoms, which can be managed. The decision to use naltrexone treatment before pregnancy should involve careful discussion with the patient comparing limited safety data and potential risk of relapse. Mothers who are stable on buprenorphine or methadone are generally encouraged to breastfeed. Women with OUD and their care teams should discuss the benefits and risks of breastfeeding while taking medication as part of treatment.*[12]

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Additional resources

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Shifting the Culture around Addiction and Treatment

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Engaging women with opioid use disorder (OUD) in care

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