

How can prescription drug addiction be treated?

Years of research have shown that substance use disorders are brain disorders that can be treated effectively. Treatment must take into account the type of drug used and the needs of the individual. Successful treatment may need to incorporate several components, including detoxification, counseling, and medications, when available. Multiple courses of treatment may be needed for the patient to make a full recovery.⁵⁸

The two main categories of drug use disorder treatment are behavioral treatments (such as contingency management and cognitive-behavioral therapy) and medications. Behavioral treatments help patients stop drug use by changing unhealthy patterns of thinking and behavior; teaching strategies to manage cravings and avoid cues and situations that could lead to relapse; or, in some cases, providing incentives for abstinence. Behavioral treatments, which may take the form of individual, family, or group counseling, also can help patients improve their personal relationships and their ability to function at work and in the community.⁵⁸

Addiction to prescription opioids can additionally be treated with medications including buprenorphine, methadone, and naltrexone (see "[Medications for Opioid Use Disorder](#)" below). These drugs can prevent other opioids from affecting the brain (naltrexone) or relieve withdrawal symptoms and cravings (buprenorphine and methadone), helping the patient avoid relapse. Medications for the treatment of opioid addiction are often administered in combination with psychosocial supports or behavioral treatments, known as medication-assisted treatment (MAT).⁵⁹ A medication to reduce the physical symptoms of withdrawal (lofexidine) is also available.

Expand All

Medications for Opioid Use Disorder

Methadone is a synthetic opioid agonist that prevents withdrawal symptoms and relieves drug cravings. It works by acting on the same mu-opioid receptors as other opioids such as heroin, morphine, and opioid pain medications but at less intensity and for longer duration. Methadone has been used successfully for more than 40 years to treat heroin addiction but is generally only available through specially licensed opioid treatment programs.

Buprenorphine is a partial opioid agonist—it binds to the mu-opioid receptor but only partially activates it—and can be prescribed by certified physicians, nurse practitioners, and physician assistants in an office setting. Like methadone, it can reduce cravings and is well tolerated by patients. In 2016, the U.S. Food and Drug Administration (FDA) approved the NIDA-supported development of an implantable formulation of buprenorphine that provides 6 months of sustained medication delivery; and in 2017, a month-long injectable formulation was approved. These formulations eliminate the need for daily dosing and will give patients greater ease in treatment adherence, especially if they live far from their treatment provider.

There has been a popular misconception that methadone and buprenorphine replace one addiction with another. This is not the case. In people addicted to opioids, these drugs do not produce a high but simply prevent withdrawal and craving so that they can function in life and engage with treatment while balance is restored to brain circuits that have been affected by their disorder.

Naltrexone is another type of medication, an antagonist, which prevents other opioids from binding to and activating opioid receptors. An injectable, long-acting form of naltrexone (Vivitrol®) can be a useful treatment choice for patients who do not have ready access to health care or who struggle with taking their medications regularly.

While medications are the standard of care for treating opioid use disorder, far fewer people receive medications than could potentially benefit from it. Not all people with opioid use disorder seek treatment. Even when they seek treatment, they will not necessarily receive medications. The most recent treatment admissions data available show that only 21 percent of people admitted for prescription opioid use disorder have a treatment plan that includes medications.⁶⁰ However, even if the nationwide infrastructure were operating at capacity, between 1.3 and 1.4 million more people have opioid use disorder than could currently be treated with medications; this is due to limited availability of opioid treatment programs that can dispense methadone and the regulatory limit on the number of patients that physicians can treat with buprenorphine.⁶¹ Coordinated efforts are underway nationwide to expand access to opioid use disorder medications, including a recent increase in the buprenorphine patient limit from 100 patients to 275 for qualified physicians who request the higher limit.⁶²

NIDA is supporting research needed to determine the most effective ways to implement medications for opioid use disorder. For example, recent work has shown that buprenorphine maintenance treatment is more effective than tapering patients off of buprenorphine.⁶³ Also, starting buprenorphine treatment when a patient is admitted to the emergency department, such as for an overdose, is a more effective way to engage a patient in treatment than referral or brief intervention.⁶⁴ Finally, data have shown that treatment with methadone, buprenorphine, or naltrexone for incarcerated individuals improves post-release outcomes.^{65–67}

For more information on medications to treat opioid use disorder, see NIDA's [Medications to Treat Opioid Use Disorder Research Report](#).

Reversing an Opioid Overdose with Naloxone

The opioid overdose-reversal drug naloxone is an opioid antagonist that can rapidly restore normal respiration to a person who has stopped breathing as a result of overdose on prescription opioids or heroin. Naloxone can be used by emergency medical personnel, first responders, and bystanders. For more information, visit NIDA's webpage on [naloxone](#).

Treating Addiction to CNS Depressants

Patients addicted to CNS depressants such as tranquilizers, sedatives, and hypnotics should not attempt to stop taking them on their own. Withdrawal symptoms from these drugs can be severe and, in the case of certain medications, potentially life-threatening.³¹ Research on treating addiction to CNS depressants is sparse; however, patients who are dependent on these medications should undergo medically supervised detoxification because the dosage they take should be tapered gradually. Inpatient or outpatient counseling can help individuals through this process. Cognitive-behavioral therapy, which focuses on modifying the patient's thinking, expectations, and behaviors while increasing skills for coping with various life stressors, has also been used successfully to help individuals adapt to discontinuing benzodiazepines.

Often CNS depressant misuse occurs in conjunction with the use of other drugs (polydrug use), such as alcohol or opioids.⁶⁹ In such cases, the treatment approach should address the multiple addictions.

At this time, there are no FDA-approved medications for treating addiction to CNS depressants, though research is ongoing in this area.

Treating Addiction to Prescription Stimulants

Treatment of addiction to prescription stimulants such as Adderall® and Concerta® is based on behavioral therapies that are effective for treating cocaine and methamphetamine addiction. At this time, there are no FDA-approved medications for treating stimulant addiction. NIDA is supporting research in this area.⁴¹

Depending on the patient, the first steps in treating prescription stimulant addiction may be to taper the drug dosage and attempt to ease withdrawal symptoms. Behavioral treatment may then follow the detoxification process (see "[Behavioral Therapies](#)" in NIDA's [Principles of Drug Addiction Treatment: A Research-Based Guide](#)).

Where can I get further information about prescription drug misuse?

To learn more about prescription drugs and other drugs, visit the NIDA website at [drugabuse.gov](#) or contact the *DrugPubs* Research Dissemination Center at 877-NIDA-NIH (877-643-2644; TTY/TDD: 240-645-0228).

The NIDA's website includes:

- information on drugs and related health consequences
- NIDA publications, news, and events
- resources for health care professionals
- funding information (including program announcements and deadlines)
- international activities
- links to related websites (access to websites of many other organizations in the field)
- information in Spanish (en español)

NIDA websites and webpages

- [drugabuse.gov](#)
- [teens.drugabuse.gov](#)
- [easyread.drugabuse.gov](#)
- [drugabuse.gov/drugs-abuse/prescription-drugs-cold-medicines](#)
- [researchstudies.drugabuse.gov](#)
- [irp.drugabuse.gov](#)

For physician information

- NIDAMED: [drugabuse.gov/nidamed](#)

Other websites

Information about prescription drug misuse is also available through the following websites:

- [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)
- [U.S. Drug Enforcement Administration](#) (DEA)
- [Monitoring the Future](#)
- [Partnership for Drug-Free Kids](#)