

Better long-term success at sobriety is obtained with a combination of a MAT (Medication Assisted Treatment) and participation in substance use services.

Withdrawal is often the first step to recovery!

Intravenous (IV) opiate users or long-term users have a better long-term success at sobriety when receiving a MAT (Medication Assisted Treatment). One of these medications is Vivitrol™, a monthly injection that stops the ability to get high, blocks the pleasure receptors in the brain, and decreases urges/cravings to use. Other types include Sublocade and Suboxone. MAT combined with regular participation in substance use services is proving to be an important path to successful sobriety!

If there is a return to using, DO NOT resume the previous amount of opiates! This can lead to life threatening overdose.

Do not use alcohol or any benzodiazepines like diazepam (Valium™), alprazolam (Xanax™), lorazepam (Ativan™), or clonazepam (Klonopin™) when you are also taking opiates. This can cause overdose and death.

Surround yourself with positive supports and avoid people who place you at risk of relapse.

Having a support system is a MUST to maintain sobriety.

Psychological withdrawal from opiates, and cravings, can last much longer than physical withdrawal. That is why supportive treatment to understand addiction and medication assistance is so important.

Cravings are a natural occurrence. In the short-term, it can help to verbalize feelings to someone who is supportive. This can help decrease the intensity of the cravings. Psychological withdrawal/cravings will decrease over time, becoming less severe and more manageable.

Seek support through Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Celebrate Recovery or Smart Recovery. All are free.

Go to a group meeting every day. With the support of others, success is possible!

Check with insurance and other financial resources that may be available through family and friends to obtain support and counseling through professional resources. MAT can assist with obtaining insurance coverage for the uninsured consumer.

**RECOMMENDATION
FOR SAFE
WITHDRAWAL
FROM OPIATES AT
HOME**



Health and Human Services

111 E Mullett St.
Portage, WI 53901
(608)742-9227 ext. 2 then:
#1 Crisis After hours
#2 MH/AODA Business hours
fax: (608)742-9700
website: www.co.columbia.wi.us
E-mail: DHHS@co.columbia.wi.us
MAT Application & Support
1-888-552-6642
(via Northwest Connections)

Information for Consumers

Recommendations for Safe Withdrawal from Opiates at Home

Physical withdrawal from opiates will last between two (2) to ten (10) days.

Withdrawal from long-acting opiates like Suboxone™ and methadone can last up to 21 days. The worst symptoms usually occur between Day 2 and Day 5.

Symptoms can include: watery eyes, runny nose, yawning, sweating, chills, a sense of restlessness, irritability, loss of appetite, nausea, vomiting, tremors, depressed mood, diarrhea, muscle and joint aches. **THIS IS NOT LIFE THREATENING** in the absence of other medical conditions such as heart disease. A hospital admission is usually not medically necessary; however, seek out emergency medical services if you feel they are warranted. Use of supportive actions and medication can make the symptoms more tolerable.

Our MAT Case Managers can refer you for:

- Daily contact and support in person and on the phone.
- Education for consumer and family.
- Assessment of withdrawal symptoms.
- Access to comfort medications.
- Coordination for Vivtrol™ or Suboxone appointments.
- Support for consumer and family.

Prepare for withdrawal by having the following medications on hand:

Over-the-Counter medications:

- Ibuprofen (Motrin™) or related products such as naproxen (Aleve™) for aches/pains; limit 2400 mg/day.
- Acetaminophen (Tylenol™) can also be used with ibuprofen or naproxen for aches/pains; limit 4000 mg/day.
- Loperamide (Imodium™) for diarrhea.
- Limited supplies on hand. Talk to your MAT Case Manager.

Supportive measures to ease symptoms:

- Warm baths or showers.
- Warm, not hot, heating pad used for short period of time (20 minutes) to sore back, legs, joints.
- Increase intake of fluids such as water; no caffeinated soda or herbal tea.
- Bland foods such as crackers, toast, and cereal may taste better and stay down.
- Have a supportive person to stay or keep in touch throughout the withdrawal process.
- Stay active! Try not to lounge around and dwell on the discomfort. Go with support person on a walk, trip to the store, or other things that are active.
- Distraction! Rent a movie, binge watch a show, read a book.

Medications available by prescription:

It is best to get these from your Primary Care Provider or an Urgent Care Clinic:

- Clonidine (Catapres™) for the withdrawal syndrome, particularly anxiety and agitation. NOTE: Clonidine also lowers blood pressure so it can cause light-headedness or blurry vision if standing up too quickly. It can also cause sleepiness.
- Dicyclomine (Bentyl™) for GI cramping.
- Ondansetron (Zofran™) for nausea/vomiting.
- Gabapentin (Neurontin™) for anxiety and sleep.
- Trazodone (Desyrel™) for sleep.

YOU MUST BE ABLE TO IDENTIFY A SAFE, COMFORTABLE LOCATION AND A NATURAL SUPPORT TO BE ELIGIBLE FOR WITHDRAWAL ASSISTANCE IN THE COMMUNITY.



MAT

Medication Assisted Treatment Program