



Western Pennsylvania Guide to Good Health

Health News You and Your Family Can Use



Ask an EXPERT

EXPERT: Julia D'Alo, MD, Chief Medical Officer, Gateway Rehab



A substance use disorder is a chronic medical condition. Effective evidence-based treatment models incorporate the use of medications to treat this disease. One of our region's experts, Dr. Julia D'Alo, helps to answer important questions about these medications. Dr. D'Alo is a board-certified Addiction Medicine and Emergency Medicine specialist and serves as Chief Medical Officer at Gateway Rehab, a nonprofit addiction treatment provider who has served the Pittsburgh region for 50 years.

Q: What medications are available to treat substance use disorder?

A: The Food and Drug Administration has approved three medications: Methadone, which reduces opioid cravings and withdrawal symptoms; Buprenorphine, which diminishes withdrawal symptoms and cravings to use opioids, and blocks the effects of other opioids; and Naltrexone, which treats both alcohol use disorder (AUD) and opioid use disorder (OUD), by blocking the euphoric and sedative effects of opioids.

Q: Can someone overdose on these medications?

A: As with any medication, there can be serious risks related to misuse. Overdose is unlikely if used as prescribed and not combined with other sedating substances such as alcohol or sedative medications.

Q: Why is it difficult to find an inpatient treatment program to admit a patient prescribed Methadone?

A: As opposed to Buprenorphine or Naltrexone, prescribing Methadone can only be provided in certified Opioid Treatment Programs (OTP). Not all treatment programs hold OTP certification. At Gateway Rehab, although we are not an OTP facility, we partner with Pinnacle Treatment Center in Aliquippa, who is OTP certified. This partnership allows us to admit and treat patients in need of detox and inpatient while maintaining Methadone use based on individual needs.

Q: What does the acronym MOUD stand for?

A: MOUD stands for Medications for Opioid Use Disorder

Q: What is the recommended standard of care when prescribing MOUD?

A: Utilization of MOUD should be provided as part of a comprehensive treatment plan that also includes therapeutic interventions. At Gateway Rehab, we proudly adhere to this standard of care. MOUD is offered in both inpatient and outpatient levels of care alongside behavioral health counseling. If behaviors, trauma and environmental factors are not addressed, that person is not receiving the best possible care. When treating the whole person, in body, mind and spirit, chances of sustained recovery are greater.

Q: Is it safe to use these medications long-term?

A: Like other medications used to treat other chronic medical conditions, long-term use is appropriate to support healthy maintenance. We use Buprenorphine and Naltrexone at Gateway Rehab as maintenance medications. A patient can start on these medications while in our inpatient care and continue them in outpatient care. MOUD are used for varying lengths of time, but we recommend patients remain on them for a minimum of one year and reassess with their medical provider on a yearly basis.

Q: What if someone receiving addiction treatment does not want to use medications?

A: There is shared decision-making between the medical provider and the patient when choosing which medication may be a good fit for an individual. Some choose not to take medications. We encourage individualized treatment plans and are supportive of all roads to recovery.

Continued on following page.

Q: Isn't the use of medications to treat substance use disorder just replacing one drug for another?

A: This is a common misconception. Current medical literature demonstrates that Buprenorphine helps to stabilize the brain chemistry of people with OUD and does not lead to euphoria or respiratory depression. It allows individuals to focus on treatment, work, family, and long-term recovery because, for most, it eliminates withdrawal symptoms and cravings to use opioids. Many people with OUD who take their medication as prescribed report they can more easily maintain recovery.

Q: Will the use of medication result in someone appearing intoxicated?

A: Those who are stable on Buprenorphine appear no different than someone not on the medication. They do not display symptoms of substance misuse because they do not experience those symptoms. They function normally.

Q: What is a common barrier for a patient prescribed MOUD?

A: There is undeniably a stigma associated with MOUD, specifically Buprenorphine and Methadone because they are themselves opioids. Patients can experience shame with the use of

medications because their peers may not consider them “in recovery.” For those who do well on these medications, there is no shame in staying on a maintenance dose like other medications used to treat chronic diseases, like insulin. If someone has achieved behavioral changes, restored their life, gained employment, etc., their journey to recovery should be celebrated.

Q: What if someone chooses to stop their medications?

A: For those who choose to stop methadone or buprenorphine, there are safe ways to wean them. A patient should discuss this decision with their medical provider first. Buprenorphine and methadone should never be stopped abruptly as risk of returning to use of illicit opioids is very high. We also know that when someone returns to using, the risk of overdose is extremely high as a person's tolerance is much lower than it was prior to treatment. Also, the drug supply is heavily adulterated with illicitly manufactured fentanyl resulting in greater potency and likelihood of fatal overdose.



To learn more about evidence-based addiction treatment available in your area, visit gatewayrehab.org or call (412) 604-8900.