



FACT SHEET

NARCOTIC TREATMENT PROGRAMS

FREQUENTLY ASKED QUESTIONS

An opiate is a medication or illegal drug, derived from opium poppies, which depresses activity of the central nervous system, reduces pain, and induces sleep. Opiates include heroin, morphine, or any natural or synthetic opiate identified in the California Uniform Controlled Substances Act. The terms “opiate treatment” and “Narcotic Replacement Therapy” (NRT) are often used interchangeably. In California, persons addicted to opiates may be admitted to a Narcotic Treatment Program (NTP) licensed by the Department of Alcohol and Drug Programs (ADP) for NRT with medications approved by the United States Food and Drug Administration (FDA).

1. What is NRT?

NRT is comprehensive treatment with synthetic opiates approved by the FDA for the treatment of opiate-addicted patients. NRT has been used for treating opiate addiction for over 30 years. The goals of NRT are to prevent abstinence syndrome (relapse), reduce narcotic cravings, and block the euphoric effects of illicit opiate use. NRT has been shown to be the most successful treatment in helping individuals stop opiate abuse and is extremely effective when combined with counseling, medical services, and other necessary treatment to help the patient return to a life without addiction.

Methadone and buprenorphine are available to patients receiving treatment in a licensed NTP. The use of methadone and buprenorphine in the treatment of opiate addiction has been shown to be effective for selected opiate-addicted patients. To receive medications in a licensed NTP, patients are required to participate in a comprehensive treatment

program which includes a medical evaluation, counseling, and body specimen testing to ensure their health, safety and general welfare while in treatment.

2. What are the types of NRT Services?

There are two types of NRT program services: Detoxification and Maintenance.

Detoxification

In this type of treatment, patients are given a narcotic replacement medication daily at decreasing dosage levels, determined by the NTP physician, to ease adverse physical and psychological effects caused by withdrawal from the use of opiates.

California regulations allow up to 21 days for detoxification. Federal regulations allow up to 180 days for long-term detoxification.

Maintenance

In this type of treatment, patients are given a narcotic replacement medication at a

sustained, stable dosage level determined by the NTP physician while the patient is provided a comprehensive range of treatment services.

The purpose of maintenance treatment is to reduce or eliminate chronic opiate addiction. Once patients are maintained on a stable dosage level, it is often possible to address other chronic medical and psychiatric conditions.

3. Is NRT effective?

NRT has been shown to decrease opiate abuse, assist in preventing the transmission of infectious and communicable diseases among intravenous drug users, reduce infant mortality, increase employment, and decrease criminal activity.

Studies show that remaining in treatment for more than six months reduces opiate abuse. Methadone maintenance is an important component of an effective treatment plan for the opiate addicted patient.

4. What is methadone?

Methadone is a long-acting synthetic opiate used in the treatment of opiate addiction. When used as directed, methadone is a safe alternative for treating opiate addiction. Methadone suppresses withdrawal symptoms without producing a euphoric effect.

Methadone is the most widely known pharmacologic treatment for opiate dependence and is effective in reducing opiate abuse and retaining patients in treatment. Ongoing treatment using methadone also decreases the risk of contracting infectious and communicable diseases among drug users and is considered a cost-effective intervention.

5. What is buprenorphine?

Buprenorphine is an approved medication used for treatment of opiate addiction. Buprenorphine prevents withdrawal symptoms so that a person can stop taking the opioid drug to which he or she is addicted. A doctor who is qualified to treat opiate addicted patients with buprenorphine can determine if this medication is a good choice for the patient. Buprenorphine relieves withdrawal symptoms for up to 48 hours.

6. Are the medications used for NRT addictive?

Like several other useful medications, narcotic replacement medications produce physical dependence. However, the term "addiction" refers to behavior that is compulsive, out of control, and persists in spite of adverse consequences. If someone on NRT is not using illicit drugs and is using only the narcotic replacement medications under the order and care of the NTP physician, this therapy can be viewed as simply another medication.

7. How long do patients continue with NRT?

Patients continue with NRT as long as medically necessary to reduce or eliminate the craving to abuse opiates. A medical decision to discontinue NRT would come directly from the NTP physician after discussing options with the patient. NRT should not be discontinued without the full cooperation of both the physician and the patient.

8. Do the medications used for NRT have side effects?

Aside from producing physical dependence, narcotic replacement medications have no known serious, or prolonged, side effects even when taken daily for several years.

9. Why are medications used for NRT helpful in the treatment of narcotic addiction?

Methadone and buprenorphine are longer acting than heroin and other street narcotics. Each medication is ingested orally. They are generally administered once daily; however, buprenorphine may be administered less often for stabilized patients.

None of the problems common with intravenous drug abuse are present with the oral administration of narcotic replacement medications. Rather than cycling from craving to a euphoric state, to restlessness, and back to craving every few hours as occurs with opiate abuse, the narcotic replacement medications provide patients with a more stable life. This stability permits patients to participate in normal daily activities without the disruptive effects of an illicit drug-using lifestyle.

10. How are NRT services funded?

NRT services in California may be both privately paid and publicly funded. Federal, State, and local funds go to programs through county and direct provider contracts to assist with payment for services to patients who are unable to pay. Funding sources may also include Medi-Cal and third-party payers, such as insurance companies.

11. Who operates NTPs?

The majority of California's NTPs are privately operated, and the remaining NTPs are operated by local government agencies. Treatment aspects of each program are under the supervision of a licensed medical director. Overall program operation is the responsibility of a designated program director.

12. What is ADP's role in licensing and regulating NTPs?

NTPs are licensed and regulated by ADP. ADP is responsible for ensuring that patients who enroll in NTPs receive therapeutic care in an environment that ensures and protects patient health and safety.

Annual inspections are conducted by ADP staff to monitor each NTP for compliance with the California Code of Regulations and other State and federal laws and regulations. In administering the licensure of NTPs, ADP works in collaboration with the following federal agencies: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), and the Drug Enforcement Administration (DEA).

13. Is NRT cost-effective?

At an average cost of \$11 to \$13 per day, methadone maintenance treatment is clearly a cost-effective alternative to incarceration or hospitalization.

To locate a licensed NTP in your area, call (800) 879-2772 or check the ADP website at <http://www.adp.ca.gov>