

The top 10 ways to recover from opioid abuse

With so much at stake, it's important to know the facts about the different types of treatment. From least to most effective, these are the top ten methods of treating opioid abuse.

Outpatient treatment programs (less than 3% success rate)

Outpatient programs vary in terms of cost, type, and intensity, but they are generally cheaper than inpatient programs and easier to attend for people who work or who have family commitments. They always educate patients about the effects of drugs and nearly always provide group counseling, but some are more intensive and can include:

- Cognitive behavioral therapy.
- Family therapy.
- Individual counseling.
- Job therapy and training.
- Marriage counseling.
- Peer support systems.

They also tend to have more staff members with advanced degrees than methadone maintenance programs do, though fewer staff members in general. But since the success rates of outpatient programs are so low (less than 3% abstinence at a 90-day follow-up for drug-free programs following inpatient detox), reduced drug use, improved employment status, and reduced criminal activity are more realistic goals than sobriety for this treatment method.

Narcotics Anonymous (5-31% success rate)

Narcotics Anonymous (NA) is a 12-step program, meaning that it's based on conforming to the ideas of accepting that:

- Substance use disorders are chronic, relapsing-remitting diseases.
- You have no control over your disease.
- Willpower alone isn't enough to help you recover.
- Surrendering to a higher power is crucial to recovery, as is the support structure of the 12-step community.
- Being actively involved in NA is key.

Some people might be turned off by the religious aspects or the strict adherence to abstinence, but there is evidence that the longer you stay in NA, the longer people stayed sober. A study that followed people over three years of 12-step attendance showed that over time, people were 4.1 to 8.6 times more likely to abstain from drug use. However, 91% of people in NA did stop attending for a

month or longer, according to the same study. People in NA also tend to stop and start attending meetings with regularity. This contributes to the lowered success rates.

The important takeaway is that if you want to make NA a part of your recovery plan, three or more meetings per week are associated with complete abstinence, while two meetings per week are associated with major increases in abstinence. In essence, when it comes to NA, more is more.

Ibogaine (13-66% success rate)

Ibogaine is a psychoactive drug that comes from the West African shrub iboga. In small doses, it is a mild stimulant, but in larger doses, it's a psychedelic that can help people withdraw from opioids and eliminate cravings.

In the United States, it's a Schedule I drug, meaning that it has no accepted medical use and a high potential for abuse, but international studies have shown its efficacy. A Mexican study showed that 20% of people treated with ibogaine made it more than six months without aftercare and relapsing. About 13% abstain from opioid abuse for over a year.

Then again, over 33% of people relapse in the first three months after treatment and about 0.3% or 1 in 300 people die from ibogaine treatment due to slowed heart rate, interactions with other substances, and liver damage. It's also quite pricey; depending on the clinic you go to, treatment can cost between \$2000 and \$6500. Perhaps one day research will yield a safe (and American-accepted) version of ibogaine so that others can benefit from its effects.

Inpatient treatment (29-43% success rate)

Inpatient treatment takes place in a hospital and involves supervised detox by a medical team. Traditionally, it has lasted 28 days, but recent developments in substance use research have allowed for stays as short as three days and for much longer stays, as well. Usually, people who undergo inpatient treatment meet several criteria, including:

- Freebasing opioids or using them intravenously.
- Using other substances concurrently.
- Having medical or psychiatric illnesses.
- Having failed at outpatient treatment.

Some programs are therapy-based, meaning they focus on counseling, individual and family education, and behavioral training. These programs usually last 4-12 weeks but can last longer. Multimodal programs use a variety of services and techniques to help achieve recovery, including medical care, job training, family

therapy, drug education, group and individual psychotherapy, and [coping techniques](#).

Not everyone benefits from such treatment, including mothers with children since these programs rarely offer childcare. People without health insurance and with low income can also be deterred by the high price tag. However, one study found that 43% of opiate dependent people were abstinent six months after inpatient rehab and, after 12 months, 29% of those with opiate use disorders and 22% of opiate misusers remained sober, suggesting that these programs are effective. The important thing to remember is that most relapses occur during the first month after leaving an inpatient facility, suggesting that aftercare is crucial.

Methadone maintenance (50-90% success rate)

Methadone is an opiate itself and can be used as a pain reliever, but it can be used to treat opiate use disorders by preventing withdrawal. It also produces similar effects as opiates without some of the harmful side-effects.

It does produce side-effects of its own, such as:

- A sore tongue.
- Change/changes in your mood.
- Drowsiness.
- Dry mouth.
- Headaches.
- Itchiness.
- Sleep problems.
- Stomach pain.
- Trouble urinating.
- Vision trouble.
- Weight gain.

However, research has shown that one year of methadone maintenance can lower:

- Opioid use by 54%.
- Your time spent unemployed by 18.7%.
- Your time spent involved in criminal activity by 19.3%.
- Your time spent dealing drugs by 30.4%
- Your time in jail by 25%.

It also lowers your risk of contracting HIV and can decrease the likelihood of using other substances, particularly cocaine and alcohol. It is also a safe option for pregnant women, making methadone maintenance therapy one of the best options for opioid use disorders.

Buprenorphine (63-79.3% success rate)

Buprenorphine is a partial opioid agonist, meaning that it acts on the same receptors in the brain as drugs like heroin and prescription narcotics, but, much like methadone, it doesn't produce the same high or the same side-effects. It does produce euphoria and respiratory depression, but these effects level off at a certain point, which lowers the risk of misuse and dependency. Also, unlike methadone, it doesn't have to be dispensed in clinics but can be prescribed by doctors and taken at home.

There are side-effects, such as:

- Constipation.
- Cramps.
- Difficulty sleeping.
- Fever.
- Irritability.
- Muscle aches.
- Nausea.
- Vomiting.

However, it does decrease withdrawal symptoms and cravings and increases your safety in case of accidental overdose. High-dose buprenorphine is more effective than low-dose methadone in terms of negative drug screens and more time in treatment. Another study found that buprenorphine was just as safe as methadone for babies born to opioid-dependent women, and in fact, those treated with buprenorphine spent a shorter time in the hospital. Buprenorphine also has fewer drug interactions than methadone, especially HIV medications. Because of this, buprenorphine might be a better treatment option for you than methadone, even though methadone has a more established treatment history.

Contingency management (65% success rate)

Contingency management (CM) focuses on rewarding people for negative drug screens with either vouchers or the chance to win cash prizes. The vouchers can be exchanged for tangible prizes that promote a drug-free lifestyle, while the cash-based incentives are essentially lottery tickets to win a jackpot. Generally, the value of the vouchers and the number of tickets you receive starts small but increases over time.

Not only does CM promote sobriety, but it also improves clinic attendance rates and compliance with medication-assisted treatment. This leaves people freer to focus on the psychological and social aspects of treating opioid abuse — while giving you a chance to win money or prizes.

Ultra-rapid opioid detoxification (66-84% success rate)

Usually, detox isn't a treatment in and of itself, but ultra-rapid opioid detoxification (UROD) can be a successful measure on its own. Over the course of two days, a patient is sedated with general anesthesia and given Naltrexone, an opioid antagonist. This allows the symptoms and process of withdrawal to speed up while the patient skips the uncomfortable side-effects.

The American Society of Addiction Medicine (ASAM) does not officially support UROD as a treatment for opiate use disorders unless another form of treatment is taken, but, according to a study by the Waismann Institute in California, 84% of prescription opioid users are sober after six months, and 66% of all opioid users remain sober after one year. Another problem is that treatment costs about \$10,000, more than most people can afford. However, it may be worth the cost depending on your circumstances.

Be that as it may, going against the recommendation of ASAM is a serious undertaking that should be discussed with a doctor or therapist before you spend that much money.

Probuphine (88% success rate)

Probuphine, four buprenorphine-containing rods implanted under the skin of the inner arm, is a new treatment for opioid abuse. The first patients to use it were treated in June 2016. While the fact that this is a new treatment might put off some people who would prefer tried and true techniques, Probuphine has some serious advantages.

For instance, since the implants last six months, it can help patients stay on their medications with greater regularity. It also prevents people from selling their medications or misusing them. Furthermore, one study found that Probuphine is 8.8% more effective than a combination of buprenorphine and naloxone when it came to negative urine drug screens.

Of course, there are drawbacks. There is the risk of the implant migrating, protruding, or being ejected from the body, but these risks are low. Currently, Probuphine only comes in an 8mg dose, which rules out patients on different doses. However, the manufacturer says that different doses are in the works. It's also an expensive investment, costing about \$825 per month versus \$130-190 for medications in pill form. However, many health insurance companies have decided to cover it, and if yours doesn't, the benefits might be worth the cost.

Therapeutic communities (90% success rate)

Therapeutic communities are [long-term](#) residential facilities that encourage people to help themselves. The rationale behind the "self-help" method is that

drug use is a result of a culmination of personal, psychological, and educational problems rather than a disease-based issue. The combination of supportive and confrontational techniques allow people to become aware of their specific areas of growth so they can learn how to re-enter society and live drug-free.

The communities are highly structured, mainly because the majority of people who come to therapeutic communities have failed at other types of treatment. The staff is most composed of people who have recovered from their substance use disorders, as well as some psychologists. New residents are assigned to menial work duties but can earn better jobs based on time spent in the community and personal growth.

The main drawback to therapeutic communities is that they are demanding, both physically and psychologically. This results in a high drop-out rate. However, if you remain in a therapeutic community, they are highly effective. In fact, the longer you stay, the more likely you are to remain drug-free.

Ultimately, the best way to treat opioid abuse is to combine therapies. These methods don't need to exist in a vacuum or be used one at a time. Medication can be taken alongside different forms of therapy, [detox](#), community, and inpatient services, providing you with the best combination of care available. Take the facts and the success rates and find the method that works for you. In the end, that's the best way to succeed in recovery.