



Understanding Medications for Opioid Use Disorder

Opioid use disorder (OUD), also called opioid addiction, affects people and families across Texas. Overdose deaths and the misuse of prescription and illicit opioids make it one of today's most urgent public health crises.

While the crisis is complex, one proven solution is helping people recover. Medications for opioid use disorder (MOUD) are effective in reducing opioid-related harm and supporting recovery.



WHAT IS MOUD?

MOUD refers to medications approved by the U.S. Food and Drug Administration, such as methadone, buprenorphine and extended-release naltrexone, used to treat OUD, a chronic condition with high recurrence and overdose risks. By addressing the brain changes caused by addiction, these medications ease withdrawal symptoms, reduce cravings, and lower the risk of recurrence and overdose.





MOUD AND MAT: COMPREHENSIVE TREATMENT OPTIONS

MOUD focuses on medication to treat OUD, while medication-assisted treatment combines MOUD with behavioral therapies, counseling and care for overlapping conditions such as mental health needs or hepatitis C. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends combining medication with mental health support for the most effective treatment.



BARRIERS TO TREATMENT

Despite their proven effectiveness, MOUD and medication-assisted treatment are not widely used. Many barriers affect access to both types of care, including a shortage of qualified prescribers, limited treatment availability, long waiting times, financial and transportation challenges, and limited information about available programs. For some, negative experiences with treatment and peer pressure to continue using can also discourage people from starting or staying in treatment.

Stigma is another significant barrier that MOUD faces. Some people in recovery believe those who use MOUD are replacing one substance with another.¹ This can make people who use medications like methadone, buprenorphine or naltrexone feel misunderstood. Misconceptions ignore the strong evidence that medications are essential for sustaining long-term recovery and preventing overdose.

Research shows that people who remain in treatment, and those who use medication-assisted treatment for a year or longer, experience better results and greater long-term stability.²



HOW MOUD SUPPORTS RECOVERY

- **MOUD balances brain chemistry.** It reduces cravings and supports mental functioning.
- **It can begin at any stage of recovery.** MOUD is an effective treatment that plays a central role in a person's care plan.
- **MOUD helps people safely manage dependence and reduce the risk of recurrence.** Some people taper off under medical guidance, while others use them longer. Both are valid recovery paths.
- **Taking medication as prescribed is recovery.** MOUD helps people manage conditions responsibly, just as other medications do. For example, people with diabetes often take insulin to regulate their blood sugar levels.
- **Addiction is a health condition. It doesn't define anyone.** People using MOUD can include parents, co-workers, friends and community members.



WHERE TO FIND HELP

When people have access to MOUD and the understanding and support to use them, recovery becomes possible and sustainable. To find treatment and recovery programs for you or a loved one, visit txopioidresponse.org/resources.

1. Dickson-Gomez, J., Spector, A., Weeks, M., Galletly, C., McDonald, M., & Green Montague, H. D. (2022). "You're not supposed to be on it forever": Medications to treat opioid use disorder (MOUD) related stigma among drug treatment providers and people who use opioids. *Substance Abuse: Research and Treatment*, 16, 11782218221103859. <https://doi.org/10.1177/11782218221103859>
2. Baus, A. D., Carter, M., Boyd, J., McMullen, E., Bennett, T., Persily, A., Davidov, D. M., & Lilly, C. (2023). A better life: Factors that help and hinder entry and retention in MAT from the perspective of people in recovery. *Journal of Appalachian health*, 5(1), 72–94. <https://doi.org/10.13023/jah.0501.06>

