



Medication Supported Recovery™ for Addiction Treatment

Designed to aid in the recovery process.

Our primary purpose at Ashley is to help those with substance use disorders who are suffering. We are committed to using all available tools. We teach and encourage 12-Step or other mutual support program participation along with Gold Standard addiction treatment modalities. Ashley uses the least restrictive level of care and use of medication to maximize each individual's human potential, while keeping every person engaged at their level of readiness. This philosophy of care is persistent. We believe in the art of therapy, the science of medicine, and the compassion of spirituality.



BENEFITS OF MEDICATION SUPPORTED RECOVERY™

- Ease withdrawal symptoms
- Lessen or eliminate cravings
- Create a more focused state of mind
- Improve physical health by removing harmful substances from your life
- Engage in treatment
- Build a foundation for long-term recovery

FOR OPIOID USERS:

1. Buprenorphine and Naloxone: prescribed to block the effects of opioids and reduce cravings for opioids; comes in film and tablet form
2. Extended release Naltrexone (Revia): prescribed to block the effects of opioids; comes in tablet form
3. Extended release Naltrexone (Vivitrol): prescribed to block the effects of opioids and to reduce craving for opioids; given as a monthly injection

FOR ALCOHOL USERS:

1. Disulfiram (Antabuse): prescribed to deter alcohol use; comes in tablet form
2. Extended release Naltrexone (Revia): prescribed to block the effects of alcohol; comes in tablet form
3. Extended release Naltrexone (Vivitrol): prescribed to block the effects of alcohol; given as a monthly injection
4. Acamprosate (Campral): prescribed to reduce craving for alcohol; comes in tablet form

Frequently Asked Questions



Isn't use of a mind or mood altering substance like buprenorphine or methadone just a substitution?

Recovery requires substitution. The goal is to substitute healthy behaviors for unhealthy ones, namely substance misuse. Some claim that a 12-Step program is just a substitution, and to some extent it is. Substituting misuse of a drug for a physician prescribed medication, when taken as prescribed and with good intentions, can help keep a patient engaged long enough to move through the stages of change and levels of readiness.

What about the risk of misuse and diversion?

MSR™ is not a cure. It is a tool to help people with substance use disorder enter into recovery. Addictive behaviors are not simply extinguished when buprenorphine or naltrexone is started. Whether abstinent or on MSR™, reoccurrence of use is common and should be anticipated/expected and treated. Buprenorphine and methadone are excellent engagement tools that can help retain people in treatment, which is a key element in the successful pathway to lifelong recovery.



How can people on Medication Supported Recovery™ participate in 12-Step groups and other mutual help organizations?

There is a lot of stigma surrounding MSR™ in 12-Step groups and other mutual help organizations and this is unfortunate. The only requirement for membership is a DESIRE to stop drinking or using. We are told not to take the inventory of others, but judging others based on the medication they are taking is doing just that. Our primary purpose is to help the alcoholic and addict, and judging them or discriminating against them is doing just the opposite. There are plenty of excellent rooms where this is not an issue at all. In fact, AA welcomes and appreciates the cooperation of medical professionals.

Buprenorphine and methadone have been around for a long time. Why is there such a change in thinking now?

The evidence for the effectiveness of MSR™ has evolved over the years and continues to mount. Amongst addiction specialists, this is not a recent change in thinking. However, the addiction pandemic has opened the eyes of everyone to the seriousness of the problem. The death rate from overdose is increasing at rates that we have only seen with epidemics of infectious diseases like AIDS and the flu. It is a critical time to truly evaluate what is working and what is not. We should look for the best possible solutions by examining the facts. Medication has been proven to help retain people in treatment and reduce substance use and this can save lives, which is of primary concern to everyone. We aim to build bridges to recovery and not walls.



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