

Franklin County Rural Health Clinic – Heal and Recovery Program  
Contact: Beverly Austin 903-537-8222 or 903-305-2277 Cell



**The Franklin County Rural Health Clinic  
(FCRHC)**

**Heal and Recovery Program**

**offers Counseling and Prevention, Treatment  
and Recovery for Opioid and Substance Use  
Disorder for Franklin, Titus Morris Counties  
and surrounding areas.**

**For Help: Call 1-903-537-8222**

Services available Monday - Friday 9 am to 5 pm

Emergency Services on Saturday and Sundays

Franklin County Rural Health Clinic  
506 Texas Highway 37  
Mount Vernon, Texas 75447

[www.healandrecovery.com](http://www.healandrecovery.com)

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*The Rural Communities Opioid Response Program, RCORP-Medication-Assisted Treatment Expansion initiative is aimed for high-risk rural communities. Under this initiative, the Franklin County Rural Health Clinic (FCRHC) offers convenient opioid and substance use options close to home and work.*

*For more information contact: Beverly Austin, Project Director*

*903-537-8222 or 903-305-2277 Cell*

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## **JOIN US!**

**We are hiring Physicians (DO/MD) and Licensed Professional Counselors (LPC)**

**We are a NHSC Loan Repayment Center which can help repay student loans. However, we have to disclose that joining our clinic is no guarantee of repayment as the NHSC has to approve your application**

WHICH ONE IS RIGHT FOR YOU?

PROGRAM TYPE NHSC Loan Repayment Program NHSC SUD Workforce Loan Repayment Program NHSC Rural Community Loan Repayment Program:

Physicians (DO/MD) • Nurse Practitioners (NP) • Physician Assistants (PA) • Certified Nurse Midwives (CNM) Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC) DISCIPLINES ELIGIBLE FOR ALL PROGRAMS

<https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-all-loan-repayment-programs-comparison.pdf>

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The Rural Communities Opioid Response Program, RCORP-Medication-Assisted Treatment Expansion initiative is aimed for high-risk rural communities. Under this initiative, the Franklin County Rural Health Clinic (FCRHC) offers convenient opioid and substance use options close to home and work.

Our program, called **FCRHC Heal and Recovery Program**, offers expert counselors, daytime outpatient program hours, our clinic provides the optimal outpatient program for children, adults, and busy professionals ready to start their path to recovery. We are the only treatment center within a 65-mile radius that offers the Medication-Assisted Treatment program.

We have an affiliation agreement with Glen Oaks Hospital for patients who require treatment in an inpatient or specialty facility. We also have an affiliation agreement with Titus Regional Medical Center for inpatient services. We take all patients regardless of their inability to pay for services. Also, if transportation is a prohibiting factor from coming to the program, give us a call to arrange transportation to and from the clinic.

In addition to our affiliation agreements, we use a vast amount of recovery-related networks including having a partnership with the East Texas Council on Alcoholism and Drug Abuse (ETCADA) for classes and support services.

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All outpatient services at our clinic combine evidence-based therapeutic practices along with the latest scientific knowledge and research about addiction—always leading with the respect, dignity and individualized attention that have set our care apart.

We take a holistic and personalized approach in developing each patient's rehabilitation plan by providing:

- Tailored outpatient substance use treatment planning to fit your specific situation, challenges and needs
- Comprehensive care for your mind, body and spirit
- Integrated mental health care to address co-occurring conditions such as anxiety or depression
- Discrete and confidential processing of patient's care.

By working with you to understand your whole picture—your physical and mental health, family history, the types of drugs you are using, and many other influences and variables—our addiction experts are able to develop the best possible outpatient treatment plan to help you get well and stay well.

**If you or a loved one is struggling with substance abuse, [contact us](#) or call 903-5378222 to learn more about the Heal and Recovery programs available at our outpatient treatment center.**

## **Outpatient Treatment Service at Franklin County Rural Health Clinic Heal and Recovery Program**

FCRHC is a force of healing and hope for individuals, families and communities affected by addiction opioid and substance use. FCRHC collaborates with an expansive network throughout health care.

Outpatient Opioid and Substance Use Disorder programs at our Franklin treatment center operate under the same evidence-based principles and practices.

We align time-tested Twelve Step recovery wisdom with the latest applications of neuroscience, mindfulness and other research-based therapeutic approaches. This means your comprehensive outpatient treatment sessions at our clinic will involve:

- Mental health, social, and substance abuse (opioid, heroin, alcohol and other drugs) assessments to ensure an accurate diagnosis and inform treatment planning
- An individualized addiction and mental health rehab plan to specifically address your condition and circumstances

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- Continuing care recommendations to support and reinforce your development of healthy routines and behaviors post-treatment

Our outpatient treatment program goals and expectations are designed to ensure that you have the best opportunity to learn, change and heal—with the ultimate goal of experiencing lasting freedom from drug addiction, alcoholism, and other addictions.

In developing your outpatient addiction treatment plan—and with your permission—our clinicians will also welcome the opportunity to collaborate with other professionals you may be working with in order to ensure continuity of care.

Outpatient addiction treatment at our clinic in Mount Vernon, Texas is offered weekdays with convenient morning and afternoon sessions available, Monday through Friday, 9 am to 5 pm.

## **Extended Outpatient Treatment**

As you progress through outpatient opioid and/or substance use disorder rehab and begin implementing newly gained recovery principles and practices into your daily life, you will attend rehab sessions less frequently while transitioning into our extended outpatient level of care. Extended care is designed to give you more opportunities to solidify your abstinence from substance use disorder by building healthy new routines, developing your recovery support network, identifying relapse triggers and practicing relapse prevention skills.

In counselor-facilitated extended care group sessions, you will explore and discover how to restore your sense of trust, community, hope, and—most of all—belief in yourself. You will gradually develop independence from treatment programming as you appreciate the importance of prioritizing your recovery on a daily basis.

*Recovery has many pathways. The pathway we recommend for you depends on your experience.*

*One of the most important steps in Recovery is preparing a Treatment Plan which includes introducing you to a Wellness or Support Group. The plan involves pairing you with the appropriate Peer Specialist. A Peer Specialist is a person in recovery that has significant life altering experiences – called “lived experiences.” These individuals support individuals with struggles pertaining to mental health, psychological trauma or substance use.*

## **Family Support**

Addiction affects everyone in the family. And every family member needs help in their own right to understand the disease of addiction and work through the chaos and pain it causes. Once family members begin to understand the disease of addiction, they can embark on their own healing process.

Beginning February 2020, we will offer free, weekly workshops for families held every Thursday from 5:45–7 p.m., the workshops are open to the public and you are welcome to attend as often as you would like. Registration is not required.

These workshops provide a safe, nonjudgmental place for families faced with addiction to:

- Learn about the disease nature of addiction
- Understand the importance of taking responsibility for their own happiness and wellbeing
- Identify ways to open the lines of communication and set healthy boundaries.

*We realize that life can seem overwhelming during recovery. But you have made the right decision. Congratulations! You will soon be on your way to wellness. We will help guide you through the process, the resources, and obtaining the things you need to help restore your peace of mind.*

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## **Heal and Recovery Management**

Addiction is a chronic disease that has no cure, but there are effective solutions. Most people who go to treatment programs not only stop using drugs, they also improve their occupational, social and psychological functioning.

Much like learning to manage other chronic conditions such as diabetes or heart disease, recovery from addiction involves learning to live differently—replacing what had been a drug using lifestyle with healthy new routines, activities and interests. Scientific research identifies ongoing involvement in recovery-related activities as the best predictor of long-term sobriety. Active engagement is of utmost importance during the first 18 months of recovery when risk of relapse is most intense.

Participating in a Twelve Step or other mutual-help program, staying connected with your recovery community, and pursuing new recreational and creative interests are all important ways to sustain and strengthen your sobriety.

The Franklin County Rural Health Clinic (FCRHC) Heal and Recovery Program offers a wide range of in-person, online and mobile recovery support resources and services to help you thrive in recovery over the long haul. These support options include web/phone-based recovery coaching, monitoring and accountability services, family education and guidance, Twelve Step recovery enrichment retreats and workshops, and many more helpful resources.

**Don't wait. Call today to learn more about outpatient options and insurance coverage for addiction treatment at our Clinic.**

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## Meet the Teams

**Jean Latortue, M.D., MPH, Family Physician, Medical Director**  
<http://www.fcrhc.com/drjean.html>



### CLINICAL STAFF

(Left to right)

Angelica Nunez, Receptionist,

Christine Marquez, Receptionist

Jessica Mendez, Receptionist

Pablo Guterrez, Medical Assistant

Brenda Castro, Medical Assistant

Lucy Telles, Weight Loss Coordinator

**Jean Latortue, Family Physician, Medical Director, RCORP-MAT EXPANSION PROGRAM**

Lynzie Henry, Nurse Practitioner, MSN, FNP-BC, RCORP-MAT EXPANSION PROGRAM

Elizabeth Lopez, LVN and Office Manager, RCORP-MAT EXPANSION PROGRAM

Selena Pearce, Medical Assistant

Cynthia Smith, Referral Coordinator

Paige Green, LVN

Judy Killingsworth, Billing

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## **RCORP MAT INTAKE STAFF – FCRHC Heal and Recovery Program**

Elizabeth Lopez, LVN and Office Manager

Brenda Castro, Medical Assistant

Jessica Mendez, Receptionist

## **RCORP-MAT EXPANSION TEAM**

**(left to right)**

Dr. Jean Latortue, M.D., MPH, Family Physician, Medical Director

Paul Hoffmann, RCORP-MAT EXPANSION, Program Manager

Beverly Austin, RCORP-MAT EXPANSION, Project Director

Lynzie Henry, Nurse Practitioner



Dr. Jean Latortue is a family medicine physician whose legacy began in 2007 serving communities in Northeast Texas. His patient and compassionate bedside manners have earned him many awards and accolades throughout the years. As Medical Director of the Franklin County Rural Health Clinic (FCRHC) and Franklin County Health Commissioner, he is making great strides in offering different services to the communities he services.

In 2019, he was awarded the Health Resources & Services Administration (HRSA) for Opioid Use Disorder for the prevention, treatment, and recovery of Opioid and Substance Use Disorders.



Paul Hoffman, Program Manager, Principal Investigator – Develops evaluation measures and reporting requirements. Develop reporting and monitoring tools and instruments. Refine evaluation measures with input from staff members. Approve Evaluation Plan. Review Progress on meeting objectives and make appropriate adjustments. Identify staff and community members most appropriate to implement ongoing and new activities.

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**Beverly Austin**

FCRHC Project Director – Recruit, develop and implement training curriculum for staff team, develop and implement new clinical workflows, coordinate with partner organizations for community outreach and referrals, develop reporting and evaluation components, develop processes for sustaining MAT, develop processes to disseminate information about MAT services, develop processes for engaging with target rural population, develop processes to coordinate with other SUD/ODU initiatives, Initiate MAT services, establish FCRHC as a NHSCs approved loan repayment site and recruit and retain NHSC physician, and review progress on meeting objectives and revise and update activities as required.

Contact Beverly at 903-305-2277



Lynzie Henry, MSN, FNP-BC was born and raised in East Texas. She graduated top in her class from Northeast Texas Community College with an Associate Degree in Nursing in 2003. Lynzie earned both her Bachelor of Science and Masters of Science degree in Nursing at the University of Texas in Tyler, TX. She received extensive training at surrounding healthcare centers and varying private practices throughout East Texas. Her clinical work experience as a Registered Nurse includes intensive care, emergency, cardiology, surgery and management.

She thoroughly enjoys working with her patients and delivering the very best care possible to help them maintain good health. Lynzie believes that empowering her patients to be active participants in their own healthcare can lead to patients achieving their health goals. Lynzie focuses on disease prevention through health promotion. She emphasizes lifestyle modifications to enhance her patients' overall quality of life.

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## “WE ARE HERE TO HELP, SUPPORT, AND LEAD YOU TO RECOVERY”

**Below is a list of resources for immediate shelter. If you do not find help, please contact Beverly Austin at 903-537-8222 or 903-305-2277. We also have resources for transportation, food, and clothing.**

### Outreach Support Centers

Our extended outreach program groups meet conveniently on weeknights and afternoons, as follows: The following are Christ-centered recovery groups offering 12 Steps and other classes.

#### **Celebrate Recovery**

Naples Church of Christ  
303 West Main Street  
Naples, Texas 75568  
Minister, Steve Curtis  
Tuesdays at 6 PM  
903-897-5917

#### *Gravel Hill Baptist Church (21.4 mi)*

3209 FM 1326, DeKalb, Texas 75559 United States  
903-278-6101  
Category: Group Celebrate Recovery  
Contact: Pastor Sam Yancy  
Meeting Time: Sunday 5:00 PM

#### *Emmanuel Baptist Church (22.5 mi)*

831 Loop 179, Pittsburg, Texas 75686 United States  
903-452-2145  
Category: Group Celebrate Recovery  
Contact: Kyle & Mary Beth Young  
Meeting Time: Friday 7:00 PM

#### *New Covenant Life Fellowship (24.0 mi)*

620 E. Hoskins St., New Boston, Texas 75570 United States  
903-293-6402  
Category: Group Celebrate Recovery  
Contact: Wendy Glass  
Meeting Time: Monday 7:00 PM

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## **Other Resources:**

### **Life Skills:**

#### **New Life Family Education**

105 Broadnax  
Daingerfield, Texas 75638  
Linda White, Retired Registered Nurse  
903-767-6167  
Tuesday 5:30 pm to 6:00 pm – Dinner serviced – Free  
6 pm to 7 pm – Parenting Classes  
6:45 pm to 8 pm Life Skills and Addiction Recovery

### **Peer Support Groups:**

#### **Living Water Church & Mission**

101 W. Well Doc Dobson  
Naples, Texas 75568  
903-733-3746  
David Bond, Minister  
Wednesday    CLOSED  
Thursday     7 PM – 8 PM  
Friday        5 PM – 10 PM  
Saturday     CLOSED  
Sunday        9 AM – 3 PM  
Monday       6:30 PM – 7:30 PM; and 8 PM – 9 PM  
Tuesday      6:30 PM – 7:30 PM

### **In-Patient Rehabilitation:**

#### **Glenoaks Hospital**

301 E. Division  
Greenville, Texas 75402  
903-454-6000

#### **Azelway Substance Abuse Program**

Big Sandy, Texas 75755  
903-636-9800  
Medicaid, Private Pay, Self-Pay  
Residential Long-Term Rehab, Gay and Lesbian, Court Appointed

#### **Cenikor Foundation**

1827 West Gentry Parkway  
Tyler, Texas 75702  
903-630-7461  
1-888-236-4567 ACCESS CENTER 9 AM – 6 PM

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## **Housing and Shelter**

**Safe-T / ShelterListings.org**  
903-575-9999

**Oxford House**  
Oxfordhouse.org

**House of Disciples**  
210 Green Street  
Longview, TX 75601  
903-553-0952

**Community Housing of Kilgore**  
903-984-2958

**Salvation Army**  
903-215-8463  
903-295-0904  
903-295-7846  
903-295-7526

**New Hope – Paris, TX**  
903-783-0353

**Highway 80 - Longview**  
903-234-2583

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## **The FCRHC Heal and Recovery Program partners with the East Texas Council on Alcoholism and Drug Abuse (ETCADA) for Services.**

**Here are some additional resources in directing you or your loved ones toward a life in recovery.**

[AA Central Service, Tyler, Texas Online!](#)

The Central Service Office in Tyler was established in April, 1983 as a state chartered nonprofit corporation to serve Alcoholics Anonymous

Crisis Text Line

Text from anywhere in the USA to text with a trained counselor. *Text Home 741741*

Al-Anon

Is your Life affected by someone's drinking?

Center for Substance Abuse Prevention

CSAP works with states and communities to develop comprehensive prevention systems that create healthy communities.

Community Anti-Drug Coalitions of America

Building Drug Free Communities

Hazelden Foundation

Hazelden — Addiction treatment, publishing, education, research, and recovery support

National Institute on Drug Abuse

NIDA's mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction

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### Partnership for a Drug Free America

The Partnership for a Drug-Free America is a nonprofit organization uniting communications professionals, renowned scientists and parents.

Texas Health and Human Services  
Web of Addictions

The Web of Addictions is dedicated to providing accurate information about alcohol and other drug addictions.

## **Recovery**

Burgess Recovery Center

**“Where HOPE lives”**

Do you or someone you know need help with an alcohol and/or drug problem?

Maybe they aren't ready for treatment but feel they need support or direction?

If so, our Recovery Coaches can help.

Our Recovery Coaches focus on helping you reach your own goals at your own pace. Whether your goal is to go to treatment, to get back on your feet while in recovery, or to simply find someone who will listen, the Recovery Coaches are here for you.

ETCADA Contact: **903-753-7633** or come by

**700 A Glencrest Lane, Longview, Texas 75601. (Map it)**

There is NO CHARGE TO YOU for any of our recovery services.

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## Recovery Group Meetings

\*\*\*IMPORTANT UPDATE: With the coronavirus (COVID-19) causing trouble right now, we are getting creative to meet the community's needs, while keeping everyone safe, by opting to do ALL support groups via teleconference! If you would like to participate, simply call 903-753-7633 and ask to speak to a recovery coach for details. \*\*\*

Click on the group names for links to fliers for the three newest groups going on in the Recovery Center, **700 Glencrest Lane in Longview**, located in the Guthrie Creek Office Suites Complex near McCann Road.

### Men's Group

"Men's Group" is for adult men who have issues pertaining to substance use and is held every **Thursday from 6:00 pm -7:30 pm.**

### Women's Group

"Recovery Rocks Group" is for adult women who have issues pertaining to substance use and is held every **Tuesday and Thursday at noon.**

### Winner's Circle

The "Let it Begin With Me Group" meets every **Tuesday from 6:00 pm -7:30 pm.**

## East Texas Recovery Initiative – ROSC

East Texas ROSC consists of local treatment providers, half-way houses, support groups, people in recovery, family members, community leaders and churches that are dedicated in helping individuals and their families recover from alcohol and drug problems.

### What is ROSC?

(Recovery Oriented Systems of Care)

It is a coordinated network of community based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and

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improved health, wellness and quality of life for those with or at risk of alcohol and drug problems.

ROSC values are:

- Person-centered
- Self-directed
- Strength-based
- Family participation
- Community participation

*The FCRHC Heal and Recovery Treatment program includes counseling, which include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services.” Our goal is to provide services that treat the “whole person.”*

## **What is Medically Assisted Treatment?**

**The FCRHC Heal and Recovery Program uses Medically Assisted Treatment (MAT), Buprenorphine which is ADA approved and effective. In cases where Buprenorphine is not effective in treatment, we will refer you to another resource for treatment.**

## **Medication and Counseling Treatment**

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

Medication-Assisted Treatment (MAT) is the use of medications, in combination with [counseling and behavioral therapies](#), to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the [substance use disorders](#) that MAT is designed to address.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. [Medications used in MAT](#) are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or valium.

## Opioid Treatment Programs (OTPs)

Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an [opioid use disorder](#). OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

OTPs must be accredited by a [SAMHSA-approved accrediting body](#) and certified by SAMHSA. The [Division of Pharmacologic Therapies \(DPT\)](#), part of the [SAMHSA Center for Substance Abuse Treatment \(CSAT\)](#), oversees accreditation standards and certification processes for OTPs. Learn more about the [certification of OTPs](#) and SAMHSA's [oversight of OTP Accreditation Bodies](#).

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. Learn more about the [legislation, regulations, and guidelines](#) that govern OTPs.

As of 2015, OTPs were located in every U.S. state except North Dakota and Wyoming. The District of Columbia and the territories of Puerto Rico and the Virgin Islands also had OTPs in operation.

## Counseling and Behavioral Therapies

Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services. Learn more about these [treatments for substance use disorders](#).

## MAT Effectiveness

In 2013, an estimated 1.8 million people had an [opioid use disorder](#) related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full [recovery](#), including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival

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- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to [HIV, AIDS, Viral Hepatitis, and other common comorbidities](#) that occur with substance use disorders.

Unfortunately, MAT is greatly underused. For instance, according to [SAMHSA's Treatment Episode Data Set \(TEDS\) 2002-2010](#), the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010. The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients is also a factor, despite state and federal laws clearly prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.

## **MAT and Patient Rights**

SAMHSA's [Partners for Recovery Initiative](#) produced a brochure designed to assist MAT patients and to educate and inform others.

Under the [Confidentiality Regulation, 42 Code of Federal Regulations \(CFR\) 2](#), personally identifiable health information relating to substance use and alcohol treatment must be handled with a higher degree of confidentiality than other medical information.

*At FCRHC Heal and Recovery Program, we know that the most effective behavioral health approach involves a combination of counseling and medication. Early treatment is best. A trained professional will do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and symptoms.*

### **Medications Used in MAT**

FDA has approved several different medications to treat opioid addiction and alcohol dependence.

A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

Medications used in MAT for opioid treatment can only be dispensed through a SAMHSA-certified OTP. Some of the medications used in MAT are

controlled substances due to their potential for misuse. Drugs, substances, and certain chemicals used to make drugs are classified by the [Drug Enforcement Administration \(DEA\)](#) into five distinct categories, or schedules, depending upon a drug's acceptable medical use and potential for misuse. Learn more about DEA [drug schedules](#).

## Opioid Dependency Medications

Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. Plans to stop a medication must always be discussed with a doctor.

### Methadone

Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur. Learn more about [methadone](#).

Pregnant or breastfeeding women must inform their treatment provider before taking methadone. It is the only drug used in MAT approved for women who are pregnant or breastfeeding. Learn more about [pregnant or breastfeeding women and methadone](#).

### Buprenorphine

Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue. Learn more about [buprenorphine](#).

### Naltrexone

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria. Learn more about [naltrexone](#).

## Opioid Overdose Prevention Medication

FDA approved [naloxone](#), an injectable drug used to prevent an [opioid overdose](#). According to the World Health Organization (WHO), naloxone is one of a number of [medications considered essential to a functioning health care system](#).

## Alcohol Use Disorder Medications

Disulfiram, acamprostate, and naltrexone are the most common drugs used to treat alcohol use disorder. None of these drugs provide a cure for the disorder, but they are most effective in people who participate in a MAT program. Learn more about the impact of [alcohol](#) misuse.

### **Disulfiram**

Disulfiram is a medication that treats chronic alcoholism. It is most effective in people who have already gone through detoxification or are in the initial stage of abstinence. This drug is offered in a tablet form and is taken once a day.

Disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol. Unpleasant side effects (nausea, headache, vomiting, chest pains, difficulty breathing) can occur as soon as ten minutes after drinking even a small amount of alcohol and can last for an hour or more.

### **Acamprosate**

Acamprosate is a medication for people in recovery who have already stopped drinking alcohol and want to avoid drinking. It works to prevent people from drinking alcohol, but it does not prevent withdrawal symptoms after people drink alcohol. It has not been shown to work in people who continue drinking alcohol, consume illicit drugs, and/or engage in [prescription drug misuse and abuse](#). The use of acamprosate typically begins on the fifth day of abstinence, reaching full effectiveness in five to eight days. It is offered in tablet form and taken three times a day, preferably at the same time every day. The medication's side effects may include diarrhea, upset stomach, appetite loss, anxiety, dizziness, and difficulty sleeping.

### **Naltrexone**

When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment, avoid relapses, and take medications. Learn more about how [naltrexone](#) is used to treat alcohol dependency.

Access [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide – 2015](#) to learn more about MAT for alcohol use disorder.

## **MAT Medications and Child Safety**

It's important to remember that if medications are allowed to be kept at home, they must be locked in a safe place away from children. Methadone in its liquid form is colored and is sometimes mistaken for a soft drink. Children who take medications used in MAT may overdose and die.

## **Find Treatment**

- [Opioid Treatment Program Directory](#)
- [SAMHSA's Behavioral Health Treatment Services Locator](#)
- [SAMHSA's Buprenorphine Treatment Physician Locator](#)

## **Additional Resources**

Access information about SAMHSA's federal partners, associations, and other [support organizations](#) that offer MAT-related resources for consumers and substance use treatment professionals.

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## DEFINITIONS

### GLOSSARY

**Denial** - The thought process in which a person does not believe he or she has a problem, despite strong evidence to the contrary. It is a way of protecting oneself from painful thoughts or feelings.**DE**

**Detoxification** (or “detox”) - A process that helps the body rid itself of substances while the symptoms of withdrawal are treated. It is often a first step in a substance abuse treatment program.

**Follow-up care** - Also called continuing care. Treatment that is prescribed after completion of inpatient or outpatient treatment. It can be participation in individual or group counseling, regular contact with a counselor, or other activities designed to help people stay in recovery.

**Halfway house/sober house** - A place to live for people recovering from substance use disorders. Usually several people in recovery live together with limited or no supervision by a counselor.

**Inpatient treatment**- Treatment in a setting that is connected to a hospital or a hospital-type setting where a person stays for a few days or weeks.

**Outpatient treatment** - Treatment provided at a facility. The services vary but do not include overnight accommodation. Sometimes it is prescribed after inpatient treatment.

**Relapse** - A recurrence of symptoms of a disease after a period of improvement; that is, a person in recovery drinks or uses drugs again after a period of abstinence.

**Relapse prevention** - Any strategy or activity that helps keep a person in recovery from drinking alcohol or using drugs again. It may include developing new coping responses; changing beliefs and expectations; and changing personal habits, lifestyles, and schedules.

**Residential treatment** - Treatment in a setting in which both staff and peers can help with treatment. It provides more structure and more intensive services than outpatient treatment. Participants live in the treatment facility. Residential treatment is long term, typically lasting from 1 month to more than 1 year.

**Self-help/12-Step groups** - Support groups consisting of people in recovery that offer a safe place where recovering people share their experiences, strengths, and hopes. AA’s 12 Steps help the members recover from addiction, addictive behavior, and emotional suffering. These groups are free and are not supported by any particular treatment program.

**Supportive living** - Also called transitional apartments. A setting in which the skills and attitudes needed for independent living can be learned, practiced, and supported. It provides a bridge between supervised care and independent living.

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**Therapeutic community** - Long-term residential treatment that focuses on behavioral change and personal responsibility in all areas of a person's life, not just substance use.

**Treatment plan** - A plan that provides a blueprint for treatment. It describes the problems being addressed, the treatment's goals, and the specific steps that both the treatment professionals and the person in treatment will take.

**Treatment team** - A team of professionals (e.g., clinical supervisor, counselor, therapist, and physician) responsible for treating a person and helping his or her family.

**Trigger** - Any event, place, thing, smell, idea, emotion, or person that sets off a craving to drink alcohol or use drugs.

Federal Government Resources Substance Abuse and Mental Health Services Administration's (SAMHSA's)

Behavioral Health Treatment Services Locator <http://findtreatment.samhsa.gov> SAMHSA  
<http://store.samhsa.gov>

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