bluegrass recovery

GUIDE 03 MEDICATION-ASSISTED TREATMENT

Medication for addiction, explained for families.

What the medicines do, how they are used at Bluegrass, the myths families hear, and how you can help keep everyone safe at home.

Admissions, 24 hours a day
(502) 385-4424

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Louisville, KY 40209

INSIDE THIS GUIDE

One of the best-studied treatments there is.

For opioid and alcohol use disorders, medication is used alongside therapy to ease withdrawal and cravings and to lower the risk of overdose. Families often have questions, and sometimes worries. This guide answers both.

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PART 1

What medication does.

Eases withdrawal and cravings

So your loved one can sleep, think clearly and take part in therapy.

Lowers overdose risk

Especially important while fentanyl is in the drug supply.

Is prescribed and monitored

A prescriber sets the dose and reviews it. It is not taken to get high.

Supports the real work

Therapy, routines and relationships do the rest.

How a clinician decides

After an assessment, the prescriber looks at the substance used, health history, other medications, pregnancy, and what the person wants. Medication is offered, never required.

> The goal is a person who is safe, steady and able to do the work of recovery.

Bluegrass prescribes buprenorphine and naltrexone. Bluegrass does not offer methadone.

PART 2

Buprenorphine (Suboxone).

Used for opioid use disorder, including fentanyl.

QUESTION	ANSWER
What it does	A partial opioid that eases withdrawal and cravings and blocks much of the effect of other opioids.
How it is taken	Usually a film or tablet that dissolves under the tongue, once a day.
When it starts	When withdrawal has begun, so it does not trigger sudden withdrawal. The prescriber guides timing.
Common side effects	Constipation, headache, nausea or trouble sleeping, often easing over time.
Important	Mixing it with alcohol, benzodiazepines or other sedatives can be dangerous. Tell the prescriber about every medication.

What you might notice

Many families say the first change is calm: fewer emergencies, steadier sleep, a person more present at dinner.

PART 3

Naltrexone, including Vivitrol.

Used for opioid use disorder and for alcohol use disorder.

QUESTION	ANSWER
What it does	Blocks the effects of opioids and reduces alcohol cravings. It is not an opioid and is not habit-forming.
How it is taken	Vivitrol is a monthly injection. Naltrexone also comes as a daily tablet.
Before starting	For opioid use, a person must be opioid-free first, typically for 7 to 10 days, or it can cause sudden withdrawal.
Common side effects	Nausea, headache, tiredness, or soreness at the injection site.
Important	Because tolerance drops, using opioids after stopping naltrexone carries a high overdose risk.

Keep naloxone at home.

Anyone in recovery from opioid use, on any medication, should have naloxone nearby.

PART 4

Myths and facts.

These are the four things families tell us they hear most.

MYTH	FACT
*““It’s trading one drug for another.””	A stable, prescribed dose that ends cravings and lets someone work, parent and attend therapy is the opposite of addiction, which is compulsive use despite harm.
MYTH	FACT
*““They should be able to quit on willpower.””	Opioid and alcohol use disorders change how the brain handles stress and reward. Medication treats that, the way insulin treats diabetes.
MYTH	FACT
*““Medication is only for a few weeks.””	Many people do best on medication for months or years. The prescriber and patient decide together when, or whether, to taper.
MYTH	FACT
*““If they’re on medication, they don’t need therapy.””	Medication works best alongside therapy, routines and support. At Bluegrass it is always part of a wider plan.

PART 5

Safety at home, and what to ask.

1. **Store medication safely.**
   Lock it away from children, teens and guests.

2. **Keep naloxone in the house.**
   And tell everyone where it is.

3. **Back the plan.**
   Any change to a dose goes through the prescriber, not the family.

4. **Watch for mixing.**
   Alcohol and sedatives with buprenorphine can be dangerous.

Questions you or your loved one can ask the prescriber

- [ ] **Which medication do you recommend, and why?**
  And what are the alternatives?

- [ ] **How long might they take it?**
  And how would stopping work, if they want to?

- [ ] **What side effects should we watch for?**
  And when should we call you?

- [ ] **Is it covered by their insurance?**
  Admissions can check this for you.

General information, not medical advice. Based on public guidance from SAMHSA and the FDA.

WHEN YOU ARE READY

Talk to someone who does this every day.

Bluegrass Recovery Center is a Joint Commission accredited outpatient program in Louisville, licensed by the Kentucky Cabinet for Health and Family Services (AODE license #811092).

Call or text, any hour

(502) 385-4424. Admissions answers 24/7. If we miss you, we call back as soon as possible.

A free benefits check

We accept most major private insurance plans and explain what is covered before anyone decides anything.

Three levels of care

Partial hospitalization (PHP), intensive outpatient (IOP) and outpatient (OP), with the same team as you step down.

Help with what comes first

If detox is needed, admissions arranges it at a vetted partner. Bluegrass works with a partner organization that provides supportive housing.

In an emergency

Call 911. For a mental health or substance use crisis, call or text 988, the Suicide & Crisis Lifeline.

This guide is general information for families and is not medical, legal or financial advice. Updated October 2026.