

### Can I switch from methadone to MAT-B?

Perhaps, but first you need to cut down to a low dose of methadone (under 30mg best) for a week with a last dose 24 hours or more. If you are doing well on methadone, it is likely better to continue this treatment instead. If you are pregnant, buprenorphine may be taken; however, methadone is the most studied and proven effective with this patient group.

### Does buprenorphine have side-effects?

Side-effects are different for different people. They are usually mild and temporary; they can include constipation, nausea, headache, dry mouth, insomnia and sleep apnea. There are often fewer changes in sexual drive or function with buprenorphine than with methadone.

### How long is treatment with buprenorphine?

With some patients the minimum time is 6 months; the average treatment period may be 1-2 years for many patients. Others stay on buprenorphine maintenance indefinitely and do not stop treatment.

### Which MAT is best for me?

Your AHC healthcare team will consider many factors in making this determination: kind, duration and amount of drug use history; previous addiction treatment experiences; other physical and mental health conditions; strength and level of social support; stability of lifestyle (family, employment, housing, legal); your personal preferences (medication side-effects, cost; clinic type, convenience, auxiliary services); and recovery goals/objectives (abstinence, substitution, or moderation of drug/alcohol use, improved overall health & wellness, better quality of life). There are many options and pathways to recovery, and no single approach works for everyone.

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## MAT-B

*Medication Assisted Treatment with Buprenorphine (MAT-B)* is a recovery option for people who are dependent on opioid painkillers or heroin. We use a generic tablet usually combined with naloxone (bup/nx). It is often popularly called “bup.” The brand name for the film product is *Suboxone®* and for the injectable product *Sublocade®*.

**RECOVERY =**

*Medication +Counseling +Support*

## **What is buprenorphine?**

It is a generic medication to treat dependency on opioids, such as prescription painkillers and heroin. It was approved by the FDA in 2002. It is most commonly known by the brand name “*Suboxone*,” which is a sublingual film. Other company names for this addiction medicine are *Zubsolv* and *Bunavail*. Buprenorphine may also be used “off label” for pain control.

## **What are the benefits of buprenorphine?**

- You can get buprenorphine by dispensing/administration in our main clinic or by prescription in a retail pharmacy. You take it in the clinic and/or from home every day by dissolving the tablet(s) or film under your tongue for 5-15 minutes. 3x/week or alternate day dosing is also possible with buprenorphine. Some patients may start buprenorphine at AHC by supervised dosing in the clinic with gradual increases in take-homes doses and later possible transfer to buprenorphine by prescription. You may also be transferred to a methadone program if you need more structure and support for your treatment plan.
- The frequency of visits to the clinic depends on your treatment adherence and progress; usually 2-4 visits per month are common for buprenorphine by dispensing or by prescription.
- Buprenorphine helps you get control of a drug-dependent lifestyle so that there is more stability at home and at work.
- Buprenorphine may be safer than methadone but not as effective with persons having chronic, heavy opioid addiction since it is a partial agonist, Schedule III narcotic (methadone is Schedule II).
- Buprenorphine induction (starting treatment) and tapering (weaning down or off medication) may be easier than with methadone for most patients. It is also easier to transfer from buprenorphine to methadone than the reverse.

## **Buprenorphine treats addiction by:**

- Preventing withdrawal symptoms.
- Stopping or reducing cravings.
- Blocking the opioid high or euphoria effect of drug use.

## **Can buprenorphine cause overdose?**

It's less risky to overdose on buprenorphine by taking too much. However, overdose can occur if you are not currently physically dependent on or tolerant to opioids. It is very dangerous to mix buprenorphine with alcohol or sedatives/benzodiazepines.

## **What is the clinical process for MAT-B?**

**Intake** -- At the first appointment, your NP/MD and you will decide if you qualify to take buprenorphine. You will have to sign a treatment agreement to enroll in the program.

**Induction** -- During induction, you take your first dose of buprenorphine in the clinic or at home. You must be in mild, persistent withdrawal to start the induction. You may have to visit the clinic several times a week during the first few weeks of treatment, and you will have to be available by telephone contact as needed.

**Stabilization** -- The goal of stabilization is to find the minimum dose necessary to keep you from feeling withdrawal, stop you from craving other opioids, and block the high of any other opioid use. This period is approximately your first three months of program participation.

**Maintenance** -- During maintenance, you continue taking your assigned daily dose of buprenorphine in the clinic and/or from home. You will visit the medical clinic or recovery office 2 -4 times per month. You will be asked to take random drug screenings on a regular basis to monitor your treatment progress.

**Relapse/Restarts** - The recovery pathway is often filled with many difficult choices and serious consequences regarding drug use. Repeated or prolonged absences in treatment may jeopardize reaching your personal goals for a better life. Multiple restarts also may increase your intake fees and result in more clinic visits.

## **Buprenorphine addresses only the physical side of opioid addiction.**

It is important to focus on the mental health side of addiction as well. This could be through counseling, self-help or support groups, and/or relapse prevention classes noted in your treatment plan as determined by the prescribing NP/MD and other team members. Mental health services may be onsite or via referral elsewhere.

## **Will my health insurance pay for buprenorphine?**

Medicaid and most private insurances pay for buprenorphine but sometimes only one of all available products (tablets, film or injection). Check with your insurance carrier to make sure the type of buprenorphine you use is on the approved drug list for payment. We also accept self pays with cash or credit card. We can also assist you to apply for NM Medicaid Centennial Care.