



## SUQUAMISH TRIBE HEALING HOUSE

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### **Common questions about Medication Assisted Treatment (MAT)**

#### How can Medication Assisted Treatment (Buprenorphine, Naltrexone, or combined Buprenorphine/Naloxone) help with Opioid Use Disorder (OUD)

Recovering from opioid dependence is a process that takes practice over time. Most people who stop opioid use after detox or by going cold turkey quickly relapse to using opioids again. It takes time to learn skills and find support that help you stop using opioids for good. MAT helps prevent withdrawal symptoms and cravings so you can get involved with counselors to learn and practice these skills.

#### How does MAT work?

Buprenorphine acts on opioid receptors in the brain. Opioid receptors are where heroin and opioid pain medicines, such as morphine and oxycodone, affect you by making you feel 'high' and relieving pain. While other opioids turn the receptors on all the way, buprenorphine turns these receptors on only halfway. In terms of Harm Reduction, this means that buprenorphine can keep you from getting sick and prevent cravings from withdrawal but will not likely make you feel high.

Naltrexone blocks various opioid receptors.

Naloxone also blocks the effects of opioids. Naloxone in combination with Buprenorphine (Suboxone) keeps people from getting high when using this treatment. If injected, naloxone would block the effects of buprenorphine and cause withdrawal symptoms that will likely cause you to feel sick and have cravings. If Buprenorphine/Naloxone is dissolved under the tongue, naloxone will not counteract the effects of the buprenorphine and you will not feel sick from withdrawal or have cravings. For these reasons, you should only take this medication as prescribed by your doctor.

#### How do I take MAT?

Suboxone is taken by mouth. You place the tablet under your tongue and let it dissolve. It usually takes 5-10 minutes for a tablet to dissolve completely under the tongue. Any part of the tablet that doesn't dissolve will not release medicine into your body. Suboxone is usually taken once a day, but it can be taken more or less frequently depending on what you need.

Vivitrol (Naltrexone) is a monthly injection.

Sublocade (Buprenorphine) is a monthly injection.

### How long will I need to take MAT?

Opioid dependence is a chronic condition and it can take several months to years for patients to know and practice the recovery skills needed to stay away from opioid use. Research shows that the longer patients take MAT, the better they do with staying off opioids when taken as prescribed by a doctor.

### What else will I need to do while being treated with MAT?

Treatment with MAT can help you stabilize so that you can work with a counselor to learn and practice skills you need for recovery. You will meet with a counselor for an evaluation to help determine the best counseling plan for you. You will sign a Release of Information form that allows your doctor to talk with your counselor to make sure you are getting the best care.

You will also provide urine samples at least monthly, including randomly, during the first six months and then at the discretion of the clinician.

This will help ensure your safety and keep track of your progress in stopping opioid use. If you stop going to counseling or don't provide a urine sample, your doctor will stop prescribing MAT.

### What other things do I need to know about this treatment?

Although MAT is safer than other opioids, it is dangerous when taken with other sedating drugs or substances like alcohol and benzodiazepines (Xanax, Klonopin, Valium). If you are using any of these substances, your clinician will not prescribe MAT because of the safety risk.

Dental problems including dental caries, abscesses, and damaged teeth, many of which have required extraction may be associated with the use of buprenorphine formulations dissolved in the mouth. Patients who use oral dissolving buprenorphine should rinse around the teeth and gums with water once the film has completely dissolved. Individuals taking buprenorphine formulations should notify their dentist that they are taking the drug and follow up with routine scheduled dental care. The U.S. Food and Drug Administration has issued a safety advisory for this issue and will be mandating a related label change for buprenorphine.

Buprenorphine can only be prescribed by a specially licensed buprenorphine clinician. Prescriptions will be refilled only at the time of a scheduled appointment; refills will not be accommodated during walk in visits, after regular clinic hours, or on weekends. Missed appointments require rescheduling before medication will be refilled.

A prescription for Naloxone to reverse opioid overdose is recommended to have available.

## **Clinician Responsibility for Prescribing Medication for OUD**

- Possess active DEA license with Buprenorphine waiver (DEA-X).
- Access Prescription Monitoring Program (PMP) regularly.
- Order random urine drug screens to assess safety and compliance.

### **Medication Assisted Treatment (MAT) Agreement**

#### **Patient Responsibility while taking Buprenorphine/Naloxone, Buprenorphine, or Naltrexone**

\_\_\_ Keeping supply of medicine safe from children, other adults, and diversion. Physician/NP/PA will not replace prescription if medicine is lost or stolen.

\_\_\_ Taking medications as instructed by MAT clinic; do not change the way medications are taken or adjust the dose until approved by prescribing physician/NP/PA.

\_\_\_ See MAT physician/NP/PA on a regular basis and to only obtain MAT from this clinician.

\_\_\_ Bring medication to each visit for monitoring.

\_\_\_ Notify the clinic immediately in case of relapse to drug abuse. Relapse to opiate drug abuse can be life threatening, and an appropriate treatment plan must be developed as soon as possible. The physician/NP/PA should be informed about a relapse before any urine test shows it.

\_\_\_ Inform MAT physician/NP/PA and all other members of care team of all current medication. This is important for safety and to assure that another medication is not prescribed which may lead to harmful side effects.

\_\_\_ Written consent to allow the staff of the Suquamish Tribe Wellness Clinic and Healing House to provide other health care clinicians with information regarding medication usage as needed for treatment or as otherwise permitted or required by law.

\_\_\_ Agree to remain free of all other illegal substances of abuse (because the Wellness Center and Healing House are federally funded, this includes Marijuana), testing for which will be undertaken at the discretion of my MAT physician/NP/PA. Failure to comply with this will result in the discontinuation of participation in the program and no more prescriptions for MAT will be dispensed.

\_\_\_ Altered or forged prescriptions, selling or in any way distributing prescribed narcotics or other controlled medications, including buprenorphine, to any other person, will result in termination of care immediately and informing the pharmacy and legal authorities of this felony act.

\_\_\_ Understand concurrent mental health or substance abuse counseling is highly recommended.

\_\_\_ Required urine drug screens will occur at least monthly, and may be random, during the first six months and then on a schedule that is at the discretion of the clinician.

\_\_\_ Failure to upholding this agreement may result in Wellness Center and/or Healing House discontinuing medicated assisted treatment.

**Appointment schedule**

| <b>Visit Type</b> | <b>Follow-Up</b>          | <b>Prescription</b>             |
|-------------------|---------------------------|---------------------------------|
| Induction         | Usually day 3 and 7       | Maximum 7 days                  |
| Weeks 2 through 4 | Weekly visits             | Maximum 7 days                  |
| Weeks 5 through 8 | Every 2 weeks             | Maximum 14 days                 |
| Week 9 through 16 | Every 4 weeks             | 14-30 days                      |
| Week 16 & beyond  | At clinician’s discretion | 14-30 days, may include refills |

I acknowledge the above Medication Assisted Treatment agreement and agree to abide by these expectations. I have been given information about the program and adequate time to have my questions answered. I voluntarily consent to the program.

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Patient signature \_\_\_\_\_ Date \_\_\_\_\_

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Physician/NP/PA signature \_\_\_\_\_ Date \_\_\_\_\_