

One size does not fit all.

- Every patient is different, so choosing the best option is a decision made between the patient and the provider.
- The type of medication chosen depends on a variety of different factors, including the patient's situation and the treatment setting.
- Your provider will discuss all recommended treatment options, any contraindications and possible side effects.
- The right medication is found when the patient does not feel the withdrawal, has little to no side effects, and has cravings under control.
- Always speak with your provider first if you are thinking about stopping the medication, changing dosage, or switching medications. All benefits and risks should be discussed and understood before a decision is made.

The Anne Arundel County Department of Health's medication-assisted treatment clinics in Annapolis and Glen Burnie offer buprenorphine, methadone and naltrexone along with counseling services. For more information, call 410-222-0117.



Medication-Assisted Treatment (MAT) Fast Facts

Buprenorphine
Methadone
Naltrexone (Vivitrol)

Anne Arundel County
Department of Health
www.aahealth.org
410-222-0117

Buprenorphine

Can be prescribed and dispensed in doctor offices and settings other than a certified opioid treatment program. Helps prevent withdrawal symptoms and reduce craving.

Administration:

- Oral tablets or sublingual film (daily)
- Subdermal implant (lasts 6 months)
- Subcutaneous extended release (lasts 30 days)

Phase of Treatment: Medically supervised withdrawal and maintenance.

Considerations for Buprenorphine Use:

- Must be willing to follow safety precautions for treatment.
- Must be motivated to adhere to the treatment plan, which may include counseling or therapy.
- People using benzodiazepines or alcohol may not be appropriate or will need to be closely monitored.

People who are hypersensitive or allergic to buprenorphine or naloxone, who currently are using opioids, or have compromised respiratory functions should not use buprenorphine.

Methadone

Dispensed in a certified opioid treatment program. Helps prevent withdrawal symptoms and reduce craving.

Administration:

- Oral tablets or liquid (daily)

Phase of Treatment: Medically supervised withdrawal and maintenance.

Considerations for Methadone Use:

- Has not had treatment success with buprenorphine or naltrexone.
- Has access to an opioid treatment program where the medication is dispensed.
- Has a lengthy history of substance abuse.
- Is willing to commit to a minimum of 12 months of treatment.
- People using benzodiazepines or alcohol may not be appropriate or will need to be closely monitored.

People with acute or severe asthma or who have severe respiratory depression should not take methadone.

Naltrexone (Vivitrol)

Prescribed by a health care provider who is licensed to prescribe medications. Blocks opioids from acting on the brain; takes away the ability to get high.

Administration:

- Oral tablets (daily)
- Intramuscular extended release (lasts 30 days)

Phase of Treatment: Prevents relapse to opioid dependence, following medically supervised withdrawal.

Considerations for Naltrexone Use:

- Has not had treatment success with buprenorphine or methadone.
- Must have been opioid-free for a minimum of 7-10 days.
- Must have a short or less severe history of dependence.
- Has a high level of motivation for abstinence.
- May have experienced increased stress or relapse triggers.
- Adolescents or young adults who are not eligible for treatment at opioid treatment program facilities.

People who are receiving long-term opioid therapy, who are currently engaged in opioid use; or are allergic to naltrexone should not take naltrexone. Accidental overdoses and death have occurred in people who used opioids at or near the end of the 1-month dosing interval, missed a dose, or attempted to overcome the opioid blockade.

For more information on buprenorphine, methadone and naltrexone, call the Anne Arundel County Department of Health at 410-222-0117 or visit www.samhsa.gov.